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

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

7 November 2018 09:00 - 7 November 2018 11:15

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 - Judy Falcao Note	Ch	
2.2	Declaration of Interests Note	Ch	
2.3	Minutes of the Board Meeting held on the 3rd October 2018 and Outstanding Actions Approve 18.10.03 - 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 39	CE	
2.6	Strategic Issues		
2.6.1	Devon Sustainability and Transformation Partnership Update Report and STP Commitment to Carers Verbal	DSI	
3	Delivery Issues		

#	Description	Owner	Time
3.1	Integrated Performance Report - Month 6 Review Integrated Performance Report - Month 6.pdf 63	DSI/DoF/DWOD	
3.2	Winter Plan Approve Winter Plan.pdf 129	ICOO	
3.4	Proposed Continuation of ICO RSA with Torbay Council and SD and Torbay CCG Decision Proposed Continuation of ICO RSA.pdf 179	DSI	
3.6	Peninsula Pathology Network Strategic Outline Case Approve Pathology Network SOC.pdf 225	DoF	
4	Governance Issues		
4.1	Guardian of Safe Working Hours Update Information Report of the Guardian of Safe Working Hours.pdf 341	MD	
4.2	Freedom to Speak Up Guardian Update Approve Report of the Freedom to Speak Up Guardians.pdf 347	DWOD	
4.3	Board Assurance Framework Approve Board Assurance Framework.pdf 353	DoF	
4.4	Outcome of the 2018 NHSE/CCG External Assessment of the Trust Against EPRR Responsibilities and National Standards Decision 2018 EPRR Assurance Report.pdf 379	DECD	

#	Description	Owner	Time
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 - 10th October 2018 Information QAC 18.10.10 Chairs report to Board.docxV3.pdf 385	S Taylor	
6.1.2	Finance, Performance and Investment Committee - 30th October 2018 Information 2018.10.30_FPI_Cttee_Report_to_Board.pdf 387	R Sutton	
6.1.3	Audit Committee - 19th October 2018 Information Report of the Audit and Assurance Committee Chai... 389	S Taylor	
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 391	ICOO	
6.2.2	Education and Training Mid Year Report Information Education and Development Mid Year Report.pdf 397	CN	
6.2.3	Quality Account Update Note Quality Account.pdf 413	CN	
6.3	Compliance Issues		
6.4	Any Other Business Notified in Advance	Ch	

#	Description	Owner	Time
6.5	Date of Next Meeting -9.00 am, Wednesday 5th December 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 3RD OCTOBER 2018

PUBLIC

Present:	Sir Richard Ibbotson	Chairman
	Mr P Richards	Non-Executive Director
	Mrs J Marshall	Non-Executive Director
	Mrs V Matthews	Non-Executive Director
	Mrs S Taylor	Non-Executive Director
	Mr J Welch	Non-Executive Director
	Ms L Davenport	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
	Mr C Helps	Interim Company Secretary
	Ms N Goswell	System Leader Candidate
	Ms J Gratton	Joint Head of Communications
	Ms S Lehmann	Associate Director of Workforce and OD
	Dr J Retief	Locum Consultant Anaesthetist

Governors:	Mrs W Marshfield	Mr K Allen	Mr P Coates
	Dr C Davidson	Mrs A Hall	Ms A Hopkins
	Mrs L Hookings	Mrs B Inger	Mrs E Welch

		ACTION
	PART A: Matters for Discussion/Decision	
160/10/18	**User Experience Story** Maria Mortimer, Matron for Obstetrics and Gynaecology gave the User Experience Story. It concerned a lady, Gemma, who developed Placenta Accreta and required a lot of multi-disciplinary support and planning throughout her pregnancy, planned C-section and after care.	

The Board noted that this pregnancy complication was very rare; however the Trust had experienced two in the current year. The Medical Director reported that both mother and baby could die from the complication and it was not something that could be referred to a specialist centre. The Trust's multi-disciplinary process that has been put in place to deal with the condition worked very well and provided excellent support to the mother.

Mr Welch asked Maria if she felt the Trust's midwifery resource was adequately staffed and she explained that the Trust never had a problem recruiting to vacant posts because the Trust was considered to run an exemplar service and people wanted to work here. She said that she was aware that in wider area and nationally there have been difficulties in recruiting to midwifery posts.

As part of the story Gemma had kindly agreed to record a short video of her talking about her journey which she is happy for the Trust to use to help other mothers in the same position.

161/10/18 **Apologies for Absence**

Apologies were received from Mrs J Lyttle and Mr R Sutton.

162/10/18 **Declaration of Interests**

Nil.

163/10/18 **Minutes of the Board Meeting held on the 1st August 2018 and Outstanding Actions**

The minutes of the meeting held on the 1st August 2018 were approved as an accurate record of the meeting held.

164/10/18 **Report of the Chairman**

The Chairman reported as follows:

- Liz Davenport had formally been appointed as the Trust's substantive Chief Executive. The Chairman thanked the Board and Governors for their input into the selection process.
- MHRA have informed Torbay Pharmaceuticals that they would be visiting the site from the 8th October to undertake a routine inspection.
- The Chairman attended a Rural Health and Social Care Enquiry at Westminster and presented to a group of MPs and members of the House of Lords. The Trust was introduced to the group as an exemplar in the delivery of integrated care.
- The first STP Collaborative Board chaired by the new Chair, Suzi Leather, had taken place.
- Following interviews for the Company Secretary, Jane Downes had been appointed and would commence with the Trust in the New Year. In the meantime Charlie Helps would continue to deliver the Company

Secretary function.

- The Chairman and Chief Executive attended a recent meeting of the community League of Friends Chairs where the offer of support from the Charitable Funds Committee was discussed and well-received.

- There had been good attendance at the recent Annual Members Meeting, with positive feedback received. Following the meeting a short unveiling of the Chalice and Paton donated by Ella Rowcroft took place and the Chairman wished to thank the Director of Estates and Commercial Development and her team for facilitating this event.

165/10/18 **Report of the Chief Executive**

The Chief Executive reported as follows:

- Thanks for all the support she received from the Board and Governors during the appointment process.

- The Trust had been formally informed that it was the preferred bidder for the Children's and Young Person's bid and the Chief Executive wished to thank the Director of Strategy and Innovation and the Director of Estates and Commercial Development, their teams and clinical teams for delivering the programme of work that enabled the Trust to reach this stage of the process.

- The Trust recently entered a team into the recent NHS Military Exercise. The team had not met before the weekend of the event and came 8th out of 17th NHS organisations. The Board noted the national strategy in the Military in terms of the intention to reduce full time officers and increase the use of reservists and as a NHS organisation the Trust had key role to play in this transition.

- The Board noted the recent outcome of the Ofsted review of Children's Services at Torbay Council which, although improvements have been made, remained as 'inadequate'. It was noted that the Emergency Duty Service had made significant improvements and Ofsted noted a very well-supported service.

- Board members were encouraged to have their flu immunisation jabs now that the Trust's immunisation programme had commenced.

Mr Welch queried the detail in the report about community services, significant financial gaps and the work being undertaken by Meridian. The Chief Executive explained that the Trust was aware that the community could work more efficiently and Meridian was supporting the collection of data to inform how this could be achieved. The Community team were in full support of this work and were working with Meridian.

Mr Welch asked for greater detail in respect of the Trust's performance against key national targets in the community and it was agreed this would be taken through the Finance, Performance and Information Committee.

Mrs Marshall wished to note the work that had been undertaken to improve the Mortuary and that the Trust was administering the 4-virus flu vaccine.

Strategic Issues

166/10/18 **Devon Sustainability and Transformation Partnership Update**

Report Summary

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, 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:

- **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.

- **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.

- **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.

The Director of Strategy and Innovation highlighted the following to the Board:

- Boards have been asked to support a refreshed strategy for Living Well with Learning Disabilities in Devon and this would be brought to a future Board meeting with an action plan.

- Digitisation – bids were being submitted on the 5th October and the Trust was submitting two bids. One was in respect of the roll-out of community integration of technology following the go-live in Coastal and the other, hosted by the Trust, was for Rowcroft hospice.

- Integrated Care Systems were now the national direction of policy and Devon was included in the next wave due to commence in April 2019. The Board noted the plan on a page which was the basis of the ICS and the overarching ambitions for the Devon partners.

Mrs Matthews queried if, as ICS become more 'business as usual', there would be a move to Devon-wide integrated targets rather than targets at Trust level. It was noted that there were no plans to remove targets at Trust level, however regulators have for some time looked at targets at system level to measure performance. The Chairman added that the Board needed to consider the fact that South Devon and Torbay and NEW Devon CCGs were likely to merge next year and this was acknowledged.

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

167/10/18 **STP Commitment to Carers**

Report Summary

- 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.

The Board approved the STP Commitment to Carers to progress to the next step – PDEG.

Delivery Issues

168/10/18 **Integrated Performance Report – Month 5**

Report Summary

The Board is 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.

RTT and Cancer Waits

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.

Integrated Care model Balance Scorecard - Proof of Concept Discussion Paper

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.

Quality

Never event - One reported Never Event has been reported in August. No harm to the patient and the processes involved are being reviewed.

Workforce

Workforce metrics and progress against plan are covered in Part One summary of the report and Focus Report.

Finance

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.

Dependencies and Risk

This report reflects the following corporate risks:

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

The following was highlighted to the Board:

Performance

- Performance against the 4 hour target has been significantly challenged, the route cause being flow through the system and high occupancy rates. A good engagement process was in place with clinical and operational leads, the CCG and NHSI. Work was taking place to ascertain how occupancy levels could be reduced and NHSI was providing support through the use of their bed model to test the Trust's bed capacity. NHSI were also providing support to look at some of the Trust's systems to see if they could be streamlined.

- Other risks affecting performance against the 4 hour target were domiciliary care capacity and the vulnerability of the service; staffing, and the resilience of the Trust's medical model

- Mr Welch queried the model to support the capital funding in ED and asked if this would improve the Trust's 4 hour performance. The Interim Chief Operating Officer explained that it would support improvements but this development was just one element of the factors that affected performance.

- Mr Welch then queried diagnostic performance, it was noted the flow through the diagnostic process was managed on a priority basis for the most urgent and cancer care, and to try to protect patient flow.

- The Board noted that the Trust was not unique in being challenged in its diagnostic performance, and was in fact performing better than other Trusts in the STP footprint. The need to work as a wider system on a more strategic basis was acknowledged.

- The Chairman voiced a concern that following the last winter period staff were very tired and only after a very short period of time the Trust was again under pressure and he was not sure staff would be able to cope with a another winter like the one that had just occurred. He said that he would like assurance that contingency planning was being put in place – for example a Trust last week stopped delivering their A&E service because they had run out of resources. The Interim Chief Operating Officer stated that the Trust had escalation capacity in place if required.

- The Chief Executive added that the system was managed through the Devon and Torbay and South Devon A&E Delivery Boards – these groups looked at how to best optimise each step in the pathway and both Boards have been working on the winter plan for the coming winter.

- Mrs Matthews asked if bank staff were included in the plan to give greater flexibility and the Interim Chief Operating Officer confirmed that this was the case. It was noted that there was a finite number of staff available to work in the system, which could be reduced by Brexit. It was agreed that the Trust's Winter Staffing Plan would be presented to the next meeting. ICOO

- The Board noted that the Trust's Flow Board was working on a different model of admissions whereby a cohort of patients that currently attended in A&E would no long do so and it was hoped this would improve performance.

- 52 Week Waits – the Trust was required to reduce by half the number of patients it had waiting in March 2018 by March 2019. The Interim Chief Operating Officer was able to confirm that the Trust now had a plan in place that should meet this target. In addition the 2 week waits and 61 day cancer standards would be met. A key risk to this delivery would be the impact of winter.

- It was noted that the Trust was receiving support from other Trusts in terms of meeting the 52 week target, and the Trust was also providing support to other Trusts in a similar way.

- The Board noted that a cold snap and snow before the end of the year had been forecast and system planning for this event had already commenced. The Director of Estates and Commercial Development reported a risk around temperature control in the Trust's theatres and that a contingency plan was in place.

Quality

- Risks existed to the provision of domiciliary care and the quality of care provided and the Trust was working with the system to resolve these issues.

- There had been one never event since the last report to the Board. There had been no harm to the patient and feedback has allowed the team involved to look at their processes.

- VTE – staff had been appointed and it was hoped that performance would improve in the near future.

- The Trust's mandatory training target had been met.

Workforce

- Improvements have been made to sickness absence.

- A self-assessment against the new National Health and Wellbeing Framework had been undertaken to identify areas of best practice and these would be rolled out across the Trust over the new few months.

- There had been an improvement in appraisal performance and it was felt the new Achievement Review process had contributed to this improvement as this process was now much more streamlined and easier to manage.

Finance

- The Trust was reporting a deficit of just over £7m for Month 5, which was £400,000 behind plan. Associated to this was the loss of STF performance associated with ED performance.

- The Trust was £190,000 better than plan against its Control Total (which excluded STF monies).

- The Trust had an unidentified savings target of £5.9m still to achieve and part of this would form the savings expect to be realised from the work with Meridian in the community. A robust programme of work was in place to identify savings that could be made.

- In terms of meeting the gap, the Chief Executive and Director of Finance had would be meeting with Council colleagues to discuss how benefits could be accrued from the improved better care fund.

- At present the Trust's savings plan contained a large degree of non-recurrent savings and unless savings could be found recurrently these

could be carried over into next year's position. It was noted that the financial benefits expected from the changes to the Trust's community model would be on a recurrent basis.

- The Trust's cash position was strong and capital spend slightly below target.

Overview

- Based on the Trust's current performance the Trust would not meet the STF target for ED in Quarter 2.

- The Board was asked to review the new Balanced Scorecard document attached to the report and feedback any comments. Mrs Taylor welcomed the report and the detail it contained, however raised a concern at the amount of time it took to produce and the balance between providing this information to the Board and information required to manage the Trust's business.

The Board formally reviewed the documents and the evidence presented.

169/10/18 **Mortality Surveillance Scorecard**

Report Summary

- 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.

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.

The Medical Director informed the Board that several Trusts in Devon were showing red for mortality and it had been agreed to investigate the reasons for this. A Variation Group had been established to review how each trust in the STP recorded mortality data and how data was coded with the aspiration that consistency in recording was applied across all Trusts. This could affect the standardisation of the data, however it was possible the Trusts were experiencing the same data issue as this Trust a little while ago. The Medical Director assured the Board that there were no concerns in respect of mortality in the Trust.

Following the Harold Shipman independent review all Trusts were required to have a Medical Examiner role in post by April 2019. This post would be required to review deaths and determine if there were any concerns in how the deaths were managed by the Trust. There was a lack of clarity around the post and how it would be funded as national guidance had not yet been received, but it was hoped this would be resolved in the near future. It was possible the Trust would be required to fund the post, which would result in a cost pressure.

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

170/10/18 **Business Planning 2019/20**

Report Summary

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.

The Board noted the proposed business planning process for 2019/20 and how it formed part of the Trust's key engagement process with staff.

The Board reviewed the report presented and approved the proposed approach to meet organisational requirements for business planning 2019/20.

171/10/18 **Staff Engagement Bi-Annual Update**

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

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.

The Director of Workforce and Organisational Development briefed the Board on the work that had taken place since the last meeting and the detail of the engagement strategy that was due to be launched in the very near future which focused on the Trust's integration journey and a look forward to the

future. It was hoped this would engage staff in the Trust's journey and for them to think about how they can contribute to the Trust's future. This process would also feed into the Trust's business planning process.

The Chief Executive highlighted to the Board the amount of work that had taken place and how important it was for the Trust to gain feedback from staff to help shape the Trust's strategy for the future.

The Board reviewed the document and endorsed the approaches taken.

Governance Issues

172/10/18 **Annual Revalidation Report**

Report Summary

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

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.

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

The Medical Director reported that due to approval requirements this report had to be approved by the Chairman and submitted before the October Board meeting. He said that he felt the report demonstrated good progress and the value senior medical staff placed on the process. He added that the Trust now provided revalidation support to senior consultants and doctors at the Hospice with the Medical Director as their Responsible Officer.

The Trust Board noted the contents of the report and the risks and assurance highlighted.

173/10/18 **Report on Safeguarding Adults and Deprivation of Liberty Safeguards**

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.

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.

The Chief Nurse highlighted the following from her report:

- The report reflected the close working relationship between Torbay Council and the Trust.

- The service did not have mandatory KPIs to meet, however the service had set its own KPIs which measured the care provided to adults, and these had been met.

- The Quality Assurance Team continued to provide a good service and monitored the quality of care provided in the Trust's care homes and also were part of the service that provided support if a whole home review took place.

- A critical issue for the Trust was around the deprivation of adults and the need to undertake a mental capacity assessment. Individuals have the right to an assessment before being deemed not to have capacity and the Trust was not able to meet demand – this was also a national problem. The Trust had invested in two Best Interest assessors to try to meet demand, however has had difficulty in recruiting to the posts. Each case was triaged and those deemed to be at highest risks were assessed and those at lower risk and in a safe place, for example at home or in a care home with a good CQC assessment, were not given such a high priority.

- Mrs Marshall asked if this meant that individuals were being kept against their will whilst waiting assessment. The Chief Nurse explained that there could be individuals who were being deprived their liberty on safety grounds, but in a caring and compassionate way – they could be living in the family home and were able to go out whilst supervised for example.

The Board noted the contents of the report for assurance.

174/10/18 **CQC Update**

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.

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

The Chief Nurse stated that the report gave the Board a good overview of the Trust's performance against the CQC 'Must Dos' and 'Should Dos' following their recent assessment. Most actions had been completed and those marked amber related firstly to mandatory training for medical staff and work was taking place to ensure medical staff had opportunity to either attend or access mandatory training easily. The second amber scored action was in relation to the Fracture Clinic and it was expected this would turn to green shortly.

In terms of the 'Must Do' actions, these were being resolved and the CQC had not flagged any concern in respect of the Trust's progress against these actions.

The Board noted the report.

175/10/18 **Revision to the FT Constitution**

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.

Dependencies and Risk

There is no assessed legislative or regulatory risk associated with this recommendation.

The Board approved the revisions to the FT Constitution as detailed in the report.

176/10/18 **Governors' Questions**

Mrs Marshfield asked the following question:

Governors have been aware for some weeks that the Trust has been struggling with capacity and that OPEL 3 and 4 has been declared on a number of occasions particularly after weekends. This is obviously prior to winter when the situation will be even more pressured. Given this position, governors would like to have a clearer understanding of the reasons for this and how the Trust is trying to mitigate the risks. We recognise that some of the factors are outside of the Trust's control, but would ask how the situation is being reported both to the CCG and to NHSI. We wish to support the organisation but at the same time are seeking assurance on the transparency of information provided

The Interim Chief Operating Officer stated that he hoped part of the question had been answered earlier in the meeting, however he added that the South Devon and Torbay A&E Delivery Board reviewed pressures across the whole system which included encouraging members of the public to ready themselves for winter without the need for attending at A&E. The Board worked with GP colleagues in terms of demand management, and how to manage demand in a different way and the opportunities in the community including intermediate care.

In addition, the Trust's commissioners were fully involved in discussions around managing the Trust's performance in areas such as cancer, RTT or the 4 hour wait to ensure they were happy with the governance and actions taken in this respect.

The Chief Executive added that she chaired both the Devon and South Devon and Torbay A&E Boards, both of which were attended by the Trust's regulator and both Boards have reviewed the Trust's and wider system Winter Plan to ensure risk was managed across the system. She added that a number of new initiatives were being rolled out across the system this year based on learning from last year's winter period.

Finally, the Board noted that the NHS Quicker app, the development of which was supported by teams at the Trust, had been nominated for two national awards.

PART B: Matters for Approval/Noting Without Discussion

Reports from Board Committees

177/10/18 **Quality Assurance Committee – 18th August 2018**

Noted.

178/10/18 **Finance, Performance and Investment Committee – 28th August and 25th September 2018**

Noted.

Reports from Executive Directors

179/10/18 **Report of the Interim Chief Operating Officer**

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.

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.

The Trust Board reviewed the content of the report.

180/10/18 **Report of the Chief Nurse**

Report Summary

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.

The Board noted the content of the report.

181/10/18 **Safe Staffing Report**

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

Dependencies and Risk

Registered Nurse Recruitment remains a challenge both locally and nationally.

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.

182/10/18 **Annual Review of University of Plymouth Clinical Schools at TSDFT**

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.

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.

The Chief Nurse presented to the Board the first report that detailed the work that had been undertaken between the Trust and the University of Plymouth South West Clinical School. She said that she felt the Trust had benefitted from having such a strong research and academic profile and the work had

had a very positive impact within the Trust.

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.

183/10/18 **Report of the Director of Strategy and Improvement**

Report Summary

This is the quarterly report for the Strategy and Improvement Directorate for the period Quarter 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.

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

The Board formally reviewed the document and the evidence presented.

184/10/18 **Report of the Director of Estates and Commercial Development**

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.

Dependencies and Risk

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

The Director of Estates and Commercial Development highlighted the following:

- Assurance that the water system issues that had been flagged before any risk to staff or patients had been managed and mitigating actions in place.

- The improvements in maintenance performance over the last two months following a number of staff changes in the Estates teams over the past two years.

- The very positive outcome of the recent Annual PLACE assessment. The Trust compared very well regionally and was above the national average for all targets. The Board noted the direction provided to the Trust from the Disability Awareness Action Group that was chaired by Stephen Macey, and attended by Bob Bryant, Trust Governor.

- The Board formally recorded its thanks to the teams and those involved in the assessments.

The Board noted for information the Trust EFM and H&S exception report for July and August 2018, and the 2018 PLACE results.

185/10/18 **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).

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.

The Board acknowledged the progress in delivering the achievement review target.

The Board noted the report.

186/10/18 **Compliance Issues**

Nil.

187/10/18 **Any Other Business Notified in Advance**

Nil.

188/10/18 **Date of the Next Meeting – 9.00 am, Wednesday 7th November 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	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	**Completed** - The Chairman reported that the recent Charitable Funds Committee had discussed this issue and would be providing support to community League of Friends if required.	01/08/18
2	Bring Winter Plan to November Board meeting.	ICOO		03/10/18

Cover sheet for a report to the Trust Board					
Report title: Chief Executive's Business Update					**Date: 7 Nov 2018**
Report sponsor	Chief Executive				
Report author	Director of Strategy and Improvement Joint Heads of Strategic Communications				
Report provenance	Report reviewed by Executive Directors (30 October) and Chief Executive				
Confidentiality	Public				
Report summary	An update from the 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 (30 October) and the 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: 7 Nov 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 3 October are as follows:

1.1 Safe Care, Best Experience

More physio space for Dartmouth Clinic
Work started this month (5 November) to expand the physiotherapy space at Dartmouth Clinic. The £37,500 project, which is expected to take six weeks, will deliver a new gym space and three full treatment cubicles, rather than the two existing small treatment bays. This will mean the small team of two physiotherapists and their assistant can offer more appointments, including running new clinics for children, as well as outpatient and stroke rehabilitation. The local physiotherapy service moved to Dartmouth Clinic when Dartmouth Hospital closed, and since that time, physiotherapy activity has increased from 2,090 patients seen by the Dartmouth physiotherapy team in the year ended March 2016, to 3,460 by year ending March 2018 – a rise of 65%. As well as expanding the facilities, we will also be improving soundproofing to better protect patient privacy. There will inevitably be some disruption whilst works are underway, but our contractors will work hard to keep this to a minimum. Dartmouth Clinic will remain open whilst works are carried out, although some physiotherapy appointments will be re-arranged to take place in Totnes or Brixham.

Positive feedback for cancer services
The National Cancer Patient Experience Survey for 2017 was published in September. Patients gave Torbay Hospital an average score of nine out of ten for their care, making ours one of the highest rated services in the country. Both Devon's CCGs were also rated as 'outstanding for this year and last in NHS England's assessment of cancer services.

Comment: Whilst we are experiencing challenges in meeting some of the national targets for cancer, this feedback reflects the dedication, skill and compassion of those delivering cancer care in Devon. Whilst we know we have further work to do to achieve national targets, high quality treatment and patient experience are always a top priority. As part of the Peninsula Cancer Alliance, we work with colleagues across Devon and Cornwall to learn from each other, share best practice and to do all that we can to reduce waiting times and improve outcomes.

Supporting people with dementia and cognitive impairment with support of Purple Angel MP3 players
In our Emergency Department and two of our Emergency Assessment Units, we have been working with Purple Angels founder, Norms McNamara, to trial the use of MP3 players for patients with dementia, cognitive impairment or indeed anyone who may find the clinical environment distressing. The aim is to provide comfort and distraction.

Comment: Whilst we have been very mindful to ensure these are always appropriately used and their use monitored to ensure it is having a positive effect, the overwhelming opinion is that these have been really beneficial. One patient with learning difficulties was becoming really upset by the bright and busy environment in our Emergency Dept. We gave him an MP3 player and his 'face just lit up' he was singing and clapping and his carer was amazed at how calm and reassured he was.

Expanding urgent care capacity

Work is now underway to increase our urgent care capacity in time for winter. We received £340,000 from the national winter funding monies to extend our Acute Medical Unit (AMU) on level 2 at Torbay Hospital. This will enhance the existing facilities and provide a separate waiting area for patients and families, as well as giving clinicians more space to work, and increasing privacy and dignity when seeing and treating patients. The AMU will gain four additional clinical treatment areas and one clinical room, and the waiting area will be separate to the clinical area. The work is due to be complete by the first week of December.

Additional resource for social care for winter

We have commissioned additional live in capacity in domiciliary care of 650 hours from 25 of October, with the extra capacity increasing over the following month. We are continuing to work with local domiciliary care providers in a range of innovative ways to increase capacity to support us over the winter period; this includes the awarding of a contract for our local Personal Assistant (PA) service which will put much needed capacity and infrastructure into Torbay. The PA service will provide a real alternative for people from the traditional domiciliary care market. There are currently 600 hours of care being provided this way and we will look to further develop and enhance this, in particular with respect to picking up emergency packages.

Comment: There are local challenges in relation to recruitment of a workforce to meet demand for domiciliary care, which mirrors the national picture. The Living Well at Home contract is affected and experiencing capacity issues, which are impacting on its ability to cover current packages and undertake its role in market development. The operational teams are working in partnership with the provider to actively manage and mitigate risk. However this remains an area of significant risk for the system, both in terms of covering current clients in receipt of domiciliary care, and those on the unsourced list. Unfortunately we have seen a significant number of handbacks from domiciliary care within both South Devon and more recently Torbay. Operational Teams have been working exceptionally hard to ensure that clients are continued to be supported using our local health and social care teams. Given the level of instability within this element of provision there is a significant system-wide risk in relation to supporting people in the community after a hospital stay, which will have a negative impact on acute and community hospital flow.

Cardiac rehabilitation

Over the last four years, we have seen an increase in referrals to the Torbay Cardiac Rehabilitation Service from 900 patients a year up to 1,300. We continue to maintain an average of around 40% uptake into the Phase 3 Exercise and Education Programme, which is just above the national average. Cardiac rehabilitation is proven to reduce cardiovascular mortality by 26%, reduce hospital admissions by 18% and all-cause

mortality by 13% (BHF 31/7/ 2018). The benefits continue to be life changing for patients and the service is very cost effective. We continue to review the service regularly, with home exercise programmes now available, and some Exercise Instructor home visits. We also offer a range of different pre-assessment options and are continuing to adapt the service to individual patients' needs.

Telephone-based health coaching

From the 15 October a new telephone-based coaching has been available as part of our health and wellbeing offer. The service is aimed at patients who are frequent attenders at ED, with the aim of reducing the number of avoidable admissions using a proactive, telephone-based, health coaching approach and signposting, so they can take more control and improve their quality of life. The service, provided by Health Navigator, is provided by a team of five health coaches with health care backgrounds. Their role, once patients have been identified as appropriate to the service, will be to meet the patients face to face in a hospital setting (ward/meeting) prior to discharge, or by letter if they have been discharged, followed by telephone support. They will offer them access to the service for between three and four months.

Audiology services receive full accreditation from UKAS

The Trust's Audiology services have maintained full accreditation for their service from the United Kingdom Accreditation Services (UKAS). Audiology refers to the range of services available to support people with a hearing need and the UKAS accreditation provides recognition that this service is safe, has competent practice and is able to deliver a high quality service to patients. It assesses services against the IQIPS (Improving Quality in Physiological Services) standard and covers assessments in four key areas including safety, workforce and facilities, patient and clinical. The Trust has to submit evidence every year of how they meet the standards and the audiology department receives a visit from the UKAS assessment team every two years. Our audiology services were the first service in the South West to receive accreditation back in 2014 and this year's report commended the service on the exceptional skills of the staff to tailor their patient focus for each appointment.

The report highlights the following:

- How reactive the service is to patients and listens to feedback
- Good control of policies, procedures, and checklists
- High levels of patient satisfaction with the service
- Training compliance
- Patient focused service

The accreditation applies to every aspect of the service including paediatric and adult complex and routine services that are run from Newton Abbot, Totnes, Teignmouth, Dawlish and Brixham Community Hospitals, and Dartmouth and Paignton Health and Wellbeing Centres, as well as Torbay Hospital.

1.2 Well Led

2017/18 Month 6 (September) service delivery and financial performance headlines

Key service delivery and financial performance headlines for Month 6 from the integrated performance report to draw to the Board's attention are as follows:

National performance indicators
For Month 6 the Trust did not meet the agreed Operational Plan trajectories against the following national performance standards:

- **4 hour ED standard:** In September 83.8% of patients were discharged or admitted within 4 hours of arrival at our Accident and Emergency Departments. This is a deterioration on last month (87.2%) and is below the planned month 6 trajectory (90%) and national standard (95%).
- **Referral to Treatment standard (RTT):** performance dropped slightly in September with 81% (82.2% last month) of patients waiting for treatment under 18 weeks. This is below the M6 trajectory (82.7%) and well below the national standard (92%). At the end of September, 87 people were reported as waiting over 52 weeks, an increase on last month's 77, but better than our revised trajectory of improvement agreed with NHSI of 89 for September.
- **Diagnostic waits:** The diagnostics standard was not met with 7.7% of patients waiting over 6 weeks against the standard of 1%. This is a deterioration on last month (6.6%).
- **Dementia screening** – 86% of people were screened against a target of 90%.

The Trust did achieve **the 62 day cancer standard** with 86% of people treated within 62 days (validated 18th October 2018) which is 1% above the 85% national standard and exceeding the agreed trajectory of improvement for September (65%) with a plan achieve the National standard from January 2019. Due to the August performance, the Trust will not achieve the 62 day target for Quarter 2 – currently at 83.3%

Finance headlines:

- **Overall financial position:** The financial position for the financial period to 30 September 2018 is a deficit of £8.27m against a budgeted deficit of £7.14m.
- **CIP savings delivery position:** The current month position shows an over delivery position against the plan in month. There is a £0.6m cumulative surplus against a £5.82m target.
- **Forecast:** Based on M6 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.

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.

Approach to 2019/20 planning: Publications Gateway Reference 08559

On 16 October the regulators published a gateway letter (Attached Appendix 1) setting out the national approach to long term planning following the Government's announcement of a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 that includes annual real-term growth rate over five years of 3.4%. In return for this commitment, the Government has asked the NHS to develop a Long Term Plan which will be published in late November or early December 2018.

Key points for the Board to note include:

- During the first half of 2019-20 all Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to develop and agree their strategic plan for improving quality, achieving sustainable balance and delivering the Long Term Plan
- Individual organisations will be required to submit one-year operational plans for 2019/20, which will also be aggregated by STPs and accompanied by a local system operational plan narrative.
- The regulators will also be publishing 5-year commissioner allocations in December 2018, giving systems a high degree of financial certainty on which to plan.
- A revised financial framework for the NHS will be set out in the Long Term Plan, with detail in the planning guidance which regulators will publish in early December 2018
- NHS payment system reform proposals are currently being considered including the options they are considering for the 2019/20 National Tariff including proposals to move to a blended payment approach for urgent and emergency care from 2019/20.
- Medium term aim to move away from control totals and return to a position where breaking even is the norm for all organisations. This will allow them to phase out the provider and commissioner sustainability funds; instead, these funds will be rolled into baseline resources. 2019/20 will form a transitional year, in which they will set one year, rebased, control totals
- the current CQUIN scheme will be significantly reduced in value with an offsetting increase in core prices. It will also be simplified, focussing on a small number of indicators aligned to key policy objectives drawn from the emerging Long Term Plan.
- Commissioners and providers are expected to do even more in 2019/20 to ensure that plans and contracts within their local systems are both realistic and fully aligned between commissioner and provider.

Organisations, and their boards/governing bodies, will need to ensure that plans are stretching but deliverable and will need to collaborate with local partners to develop well-thought-out risk mitigation strategies.

All local systems and organisations are being asked to respond to the information set out in the letter with a shared, open-book approach to planning. Regulators expect boards and governing bodies "to oversee the development of financial and operational plans, against which they will hold themselves to account for delivery, and which will be a key element of NHS England's and NHS Improvement's performance oversight. Early engagement with board and governing bodies is critical, and we would ask you to ensure that board / governing body timetables allow adequate time for review and sign-off to meet the overall timetable".

National planning guidance, with confirmation of the detailed expectations, will follow in December 2018.

Comment: Clarity from the centre on long term planning and funding allocations is welcomed. The Trust has already launched the 2019/20 planning round (ref last month's Board approval to approach) and is in discussions with commissioners regarding longer term planning and the next Risk Share Agreement (see separate paper in the Board pack for further details). We are also actively involved in the Devon STP strategy refresh discussions. Directors and their teams are reviewing the impact of the latest national guidance and timeline to ensure our organisational, local and STP planning approaches are aligned with this latest national guidance.

1.3 Valuing our Workforce, Paid and Unpaid

A celebration of the life of Richard Heafield, Consultant Radiologist
Last month, I reported to the Board that we had learned of the death of our friend and colleague, Richard Heafield on Saturday 25th August at Rowcroft Hospice.

We have now confirmed plans for a celebration of Richard's life and his time at Torbay and are holding an informal event from 5.30 to 7pm, in Anna Dart on 22nd November. Light refreshments will be served and there will be an opportunity to hear about Richard's contributions to working life in Torbay and South Devon, as well as to share memories of him. Richard's family are very supportive of this and some members will attend. Anyone who knew Richard and wishes to attend is welcome. Those who feel they have a contribution to make to the informal presentations about Richard are asked to contact Rebecca Green or Pete Kember for further information.

System Directors appointed
Following the recent rigorous selection process we have appointed, subject to any final employment checks, to the System Director roles. The appointed candidates to the six system roles, three for South Devon and three for Torbay are as follows:

System Directors

- Operations – Shelly Machin and Karen Kay
- Nursing and Professional Practice – Jacquie Phare and Natasha Goswell
- Medical – Dr Ian Currie and Dr Joanne Watson

These roles are the first phase of recruiting to our new delivery model and we will now be moving at pace to recruit to the Community Service Delivery Units (CSDUs). Thank you to everybody from the Trust and partner organisations who took part in the selection process, your involvement was invaluable.

Substantive Company Secretary appointment
We have recruited a new Company Secretary, Jane Downes, who is due to join us on 1 January 2019. Jane will be spending a few 'in touch' days with us between now and then, including joining us at our November board meeting. Jane is a Chartered Secretary with experience in both public and private sector roles and will be joining us from Airedale NHS Foundation Trust, where she is currently Assistant Director, Corporate Governance and Group Company Secretary. We are very grateful for the invaluable support Charlie Helps has provided as Interim Company Secretary, and for remaining with us until Jane takes up her role in the New Year.

Nursing apprenticeship programme
The Trust is soon to gain six new fully qualified nurses as the first set of Assistant Practitioners begin their studies as part of a new Nursing Apprenticeship programme. Working in partnership with the University of Plymouth, we have launched a new nursing degree apprenticeship scheme where existing Assistant Practitioners within the Trust will have the opportunity to obtain a BSc Degree in Nursing following completion of the two year programme. The Trust recently celebrated as the first cohort of Level six Nursing Degree Apprentices signed their paperwork with the University of Plymouth who will be delivering the programme.

Staff survey
The NHS national staff survey was launched in October week and we are encouraging all staff to complete it. The results are analysed by an independent company and fed back to the Trust. The survey only takes a few minutes to complete and the feedback on what is important to staff is very important to the development of the organisation.

Comment:
We frequently ask our staff for feedback because it is such a valuable way of getting a better understanding of how they are feeling and experiencing work in the Trust. The information that they give helps us set priorities for the following year. Last year staff told us that they wanted to feel more engaged and involved, so we responded by making a number of changes: we launched a staff engagement and communication strategy and plan, which included sessions with the Chairman and executives across the Trust. We introduced 'randomised coffee trials' to get each other speaking to different people, and launched staff wellbeing initiatives such as the coaching programme and the staff-focussed HOPE sessions. A key new development will be the staff engagement programme we are launching in November. I picked up from staff some concerns about whether the survey is truly anonymous. I know how important this is to people and I have made it very clear that no individual data comes back to the Trust. No responses can be identified and the opinions people express are done so securely and anonymously. We look at the overarching data and the themes and use this information to identify what changes need to happen. I very much hope to see a full and open response to the survey by staff right across our organisation.

Speak Up! month
October was SpeakUp! month, and we took the opportunity to highlight some of the ways in which we encourage our staff to raise concerns. It is really important that everyone feels they can speak up if they are worried about something. By raising concerns, we are able to pick up and tackle issues that can make a real difference for people who use our services, and often for our colleagues too. If someone speaks up early, their intervention could prevent a minor issue from becoming a major problem. We encourage a culture of openness and learning across our organisation. Sometimes, it can be difficult to be the one who speaks up first – but if anyone has a niggling doubt or worry about any aspect of our services, we encourage them to speak up, either to their line manager or professional lead, one of the Guardians, or one of the executives. It's the first step to making things better for everyone.

National award for CAMHS team
Congratulations to our Child and Adolescent Mental Health Services team, who last week won the Nursing Times Award 2018 for the Crisis Intervention and Home

Treatment Team in the Child and Adolescent category. The team won this award because of their innovation, flexibility and integrated approach. Their provision of a rapid, flexible community response for young people in mental health crisis has not only improved children and young people's lives, but also significantly reduced hospital admissions and length of stay. The team was also shortlisted for Team of The Year Award.

World mental health day
On 10 October we held a half day conference entitled 'Look out for your work colleagues'. The conference was a really vibrant and energetic event organised by Paul Norrish in our Education Department.

Comment: I felt very privileged to open this conference, which covered a number of topics about supporting each other's mental health in the workplace. Paul's courage in challenging us about health and wellbeing of our staff is leading to real innovation, and we will be following up a number of challenges and ideas that came out of the conference. It was also good to see many staff supporting Young Minds campaign #helloyellow by wearing yellow on the day.

Torquay Podiatry Team awarded funding to evaluate HOPE
The Torquay podiatry team has been awarded £10,000 funding by Urgo to undertake a feasibility study to evaluate the HOPE programme for diabetic patients. The aim of the research is to demonstrate improved patient outcomes as a result of the HOPE Programme (Help overcoming problems effectively) for patients with Diabetes. The HOPE programme has been trialled but not specifically on patients with diabetic foot ulcer or at risk of developing foot ulcers. Diabetes can be a leading cause of ulceration and lower limb amputations and lead to permanent disability. The aim of the research is to provide evidence to roll out the HOPE programme if it proves that it prevents diabetes foot and lower limb complications and improves self-management/care

2 Chief Executive Engagement: October

Internal	External
• Staff Side • Medical Staff Committee • Trust Talks • Freedom to Speak Up Guardians • World Mental Health Day event • Cornwall and Isles of Scilly Visit • Shadow Community OT for AHP Week • Staff Engagement Session – Torbay Hospital • SPI Walkaround – Dunlop	• STP Chief Executive's Meeting • STP Programme Delivery Executive Group • Director of Adult Services, Torbay Council • Chief Officer for Adult Care & Health, Devon CC • Interim Accountable Officer South Devon & Torbay CCG • Devon A&E Board • Chief Executive, STP • Torbay Council Overview and Scrutiny Board • NHSI Chair/Chief Executive Induction Event • Dartmouth PPG Meeting • Croft Hall Wellbeing Hub – Volunteer Development • Health and Social Care Mentors Meeting • Chief Executive, Devon Doctors • Chief Executive, AHSN

3 Local Health and Care Economy Developments

3.1 Service Developments/Changes

Proposals for co-location of services in Teignmouth
The vision for Teignmouth is that the Health and Wellbeing team co-locate with the three local GP practices on one site along with voluntary services and community clinics with other more specialist services also accessible within the locality. Earlier this year the Clinical Commissioning Group supported by this Trust carried out engagement with local people to find out their thoughts on co-locating heath and care services potentially on a new site in the town. The report summarising the feedback can be read on the South Devon and Torbay CCG website. The CCG, in partnership with Teignmouth GPs and the Trust have been discussing potential proposals with local representative groups with the aim of formulating potential options. These will form part of a public consultation planned for the end of the year.

Community Health and Wellbeing in Torquay
We have been exploring different models for Health and Wellbeing Centres in Torquay, and as part of this are working closely with the Windmill Centre, a local community centre based in Hele, and 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. Since April, we have been working with the Windmill Centre, building links between frontline staff in our Torquay locality team and exploring ways to work together.

As an example of how this partnership is making a difference, the Windmill Centre is working with local supermarkets to set up a “food bank plus” for NHS and social care referrals. They can now 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.

Extended GP access in Devon
Patients in Devon are now able to make routine GP appointments in evenings and at weekends. The aim of the GP improved access service, which launched across Devon this month, is to make it easier for people to get an appointment at a time that suits them. This new scheme is an extension of the usual GP practice services that patients will be used to – it is not a walk-in service. Patients will still need to contact their GP practices directly to make an appointment if they want to see a GP between the longer opening hours during weekday evenings, weekends and bank holidays. Practices across Devon are working together to offer a service that meets the needs and preferences of their patient population, and GP practices will be promoting the local service to their patients. When using the improved-hours service, patients might not be able to see their usual doctor. If that is the case, the clinician they see will be from another GP practice in their local area. They can also prescribe medication or refer the patient for further treatment if necessary. If a patient sees a GP at a different practice, their own GP will receive electronic notes of the consultation to ensure the records are up to date.

3.2 Partner updates

Devon Sustainability and Transformation Partnership

Call for more home care workers across Devon
There is a lot of demand in Devon for care and support for people living in their own homes. But there are too few people working in the profession, which means that meeting that demand is really difficult at times. Demand for care always increases in the winter. With partners across the Devon Sustainability and Transformation Partnership (STP) a number of things are being done to prepare for winter to help people to stay well and prevent avoidable hospital admissions and support people who do need treatment to return home safely following hospital discharge. Devon STP partners are concerned about staffing levels in the home care sector, and whether domiciliary care organisations have sufficient numbers of care workers to meet demand. We are encouraging people to consider careers in care, and especially in the domiciliary care sector. The opportunities are available online at www.proudtocaredevon.org.uk

Healthwatch Torbay

National Award for Healthwatch Torbay
Healthwatch Torbay received a national Highly Commended award for its work in training residents to improve their access to health and social care via the internet. The award was in the 'Giving people the advice and information they need' category, in response to the impact made by the Digital Inclusion project. The project included Healthwatch Torbay working with Torbay practices to hold digital 'drop-in' sessions, helping patients work through the GP appointment training and supporting them to register for online services.

Devon CCGs developments

Update on CCGs' merger
The two Devon CCGs are continuing to work closely with GPs on their proposed merger. A formal 'Expression of Interest' to merge the CCGs in Devon was submitted to NHS England during the summer and in September a poll was carried out of GP members asking whether they supported the merger. Across the whole of Devon, 103 GP practices out of 133 took the opportunity to express their views through the poll. The results show that overall there is a large majority of practices in Devon supportive of merging the two organisations. In total 71 practices out of the 103 voted in support of merger – around 69 per cent in favour. However, in South Devon and Torbay 12 practices voted for merger whilst 14 voted against and two abstained. The CCGs are now taking the time to meet up with local GP practices in South Devon and Torbay to listen to their views. In parallel the CCG is keeping the door open to the possibility of merger by working with NHS England on the next steps.

CCGs' commitment to engagement
Both Devon CCGs are committed to enhancing how the NHS engages with local communities, patients and the public. Plans are underway, working closely with local authority partners, to enhance how they positively engage with local communities across Devon, as well as with important organisations like GP Practice Participation Groups (PPG) and Leagues of Friends. Some recent engagement work has now been

recognised nationally as good practice – such as the work between the NHS and local government with local people in Okehampton and Holsworthy, and the recent Devon-wide engagement with over 2,500 mums and mums-to-be on improving maternity care. Key priorities in the coming months will be:

- better supporting the PPG network and the seven PPG forums.
- taking forward plans to "Positively engage with our communities".
- managing a new 'gateway process' to enhance plans by the CCGs to engage with local people.
- continuing to support dialogue with local people on NHS issues, such as in Holsworthy, Okehampton, Totnes, Dartmouth, Teignmouth and a range of other communities

Councils updates

Torbay Council budget
Torbay Council has a duty to set a balanced budget. On 2 November the Council launched a public consultation on the proposed budget for 2019/20. As a key founding partner in our Integrated Care Organisation and a major commissioner of adult social care. Lifestyle services and some of our childrens services, the Council's budget plans are of huge relevance for the Trust. Directors will update the Board on the detail which is currently embargoed. The Board will want to agree a formal response to the consultation.

Devon County Council position on Community Hospitals
Secretary of State for Health and Social Care, Matt Hancock's comments on community hospitals have been widely quoted. Devon County Council discussed this at its full council meeting last month and agreed the following motion:

> *"That Council welcomes the statement by the Health Secretary at the Conservative Party Conference that "the era of blindly, invariably closing community hospitals is over" and therefore while this is a matter for the NHS, this Council will work in partnership to influence decision making in the direction of retaining all community hospitals,* ***where appropriate****, to be used as health and wellbeing centres for their areas."*

A longer motion (and other amendments) calling for all remaining Community Hospitals to remain open was defeated in favour of this version. So, whilst the council wants community hospitals to remain open, in principle in some shape or form, this does not mean reverting to a bed-based model of care, and their suggested use as health and wellbeing centres is only where appropriate. The council recognises that these decisions are for the NHS and will depend on various factors including local need, the state of the building, staffing, and a sustainable local service offer.

4 National Developments and Publications

Details of the main national developments and publications since the Board meeting on 3 October 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

Additional NHS funding confirmed in budget

In his last budget before Brexit, Philip Hammond confirmed that the NHS will receive an additional £27.6bn a year by 2023-24. Health and social care secretary Matt Hancock confirmed that an additional £20.5bn pledged to the NHS over the next five years was guaranteed, regardless of the wider economic situation. The Chancellor pledged more money for mental health and social care. He emphasised that the money should go to frontline services and that the upcoming ten-year plan for the NHS would show how waste would be eradicated

Brexit preparations

Secretary of State for health and Social Care, Matt Hancock, and NHS England Chief Executive, Simon Stevens, have been giving interviews about government preparations for Brexit and how the NHS will be affected. They are keen to retain the European Health Insurance Card scheme post-Brexit and to maintain frictionless trade and just-in-time supply arrangements so that critical goods, including medicines, will be unaffected. There are also plans in place for 'stockpiling' medicines in a no-deal scenario. The contribution to the NHS by European nationals has also been recognised, and Trusts will be asked to support these workers in applying for 'settled status', once a scheme is open. The UK is keen to retain active participation in the European Medicines Agency and to continue to collaborate with the

Regulation for physician associates

Matt Hancock, Secretary of State for Health and Social Care, has announced the introduction of statutory regulation for physician associates and physician assistants in anaesthesia, following direct engagement with the NHS workforce. This move will provide these workforce groups with an important foundation, supporting them through a strong regulatory framework and reassuring patients that they are continuing to receive the highest quality of care from the NHS. Engagement from the Secretary of State with the NHS workforce through this platform demonstrated that there was enthusiastic support for formal regulation of these two groups.

Comment: We welcome the strengthening of governance for these new roles, which have an important part to play in easing some of the recruitment challenges facing eh NHS. We were one of the first trusts to embrace the role of nurse practitioner and to create a development through to qualified nursing positions for our healthcare assistants. As the NHS changes to meet new demands, the introduction of new roles is vital, and they must be fully supported through both training and assurance routes.

4.2 NHS England

NHS to save £150 million by switching to new versions of most costly drug

NHS England chief executive Simon Stevens has asked NHS hospitals to ensure they are ready to realise savings of up to £150 million a year to reinvest in frontline care after the patent on the NHS's most costly drug ended this week. Adalimumab is the single medicine on which hospitals spend the most, at a cost of more than £400 million a year. More than 46,000 patients are prescribed the drug, which is only currently available under the brand name Humira®, for hospital treated, serious conditions such as rheumatoid arthritis, inflammatory bowel disease and psoriasis. However, doctors are

now being asked to also consider equally effective, safe, 'biosimilar' versions of Adalimumab after the exclusive patent on the drug expired on Tuesday 16th October. NHS England has issued guidance to Trusts and CCGs telling them that nine out of 10 new patients should be started on the best value medicine within three months of a biosimilar launch. At least 80% of existing patients should be switched to the best value biologic (which could be the originator or a biosimilar) within 12 months. Biosimilar versions of Adalimumab are expected to be available to NHS patients from December this year, and could help save at least £150 million per year by 2021 depending on the price agreed for the drugs. The ongoing use of Humira® may also continue where clinically appropriate and where it is best value.

Cutting sales of sugary drinks

Every NHS hospital has agreed to cut sales of sugary drinks on their premises as part of NHS England action to curb rising levels of obesity. All 227 trusts across England have pledged to reduce sales of sugar-sweetened drinks to 10% or less of their total drinks sales. Growing numbers of hospitals have signed up since NHS England introduced cash rewards for those that hit the target last year. The latest data shows that the proportion of drinks sold on NHS premises that contain added sugar has reduced for seven months in a row falling to just 7.4% in participating Trusts in June 2018. Nearly 30 million teaspoons of sugar have now been removed from NHS canteens, shops and vending machines as a result.

Supporting doctors' mental health

A new mental health support scheme is to be introduced to cover all doctors working in the NHS. NHS England chief executive Simon Stevens announced the move, which will see the NHS GP Health Service expanded to cover an additional 110,000 doctors. Currently, support for the mental health of hospital doctors falls to NHS Trusts or CCGs, but provision is not universal. Meanwhile, Health Secretary Matt Hancock has insisted that mental health needs to be taken far more seriously and given the same priority as physical health.

4.3 NHS Improvement

NHSI to require business cases for subsidiary companies

NHSI has proposed a consultation for a new framework that will change the way that NHS Trusts subsidiaries are reported to and approved by NHS Improvement. The purpose for this change is to ensure that there is an appropriate balance between assurance whilst respecting NHS freedoms and the ability of the NHS to innovate.
At the same time NHSI will be seeking assurance that only those business cases that genuinely create value for the NHS and public sector are able to proceed. The consultation period is for four weeks and closes on the 16th of November 2018.
This move comes weeks after non-clinical staff at two trusts in York and East Kent went on strike in protest at being moved into subsidiary companies. Workers at Bolton Foundation Trust also went on strike after rejecting a pay offer lower than the government's agreed deal for Agenda for Change staff. Last month NHSI asked trusts to pause their plans to establish subsidiaries ahead of the consultation being launched. Under Labour's National Health Service Act 2006, Foundation Trusts (FTs) can set up subsidiaries to deliver several services such as healthcare, pharmacy, catering, estates management, and to generate income. Non-FTs can only establish subsidiaries to generate income.

Comment: We are very proud of our history of innovation and currently have a number of subsidiaries that were set up with dual purpose: to improve services and to generate income. SDH Developments Ltd was established in 2013 and employs seven people, it provides pharmacy services to people attending Torbay Hospital as outpatients. The benefit for those people is that they can collect their prescribed medication whilst on site, saving a trip to a community pharmacy and meaning they can start their course of treatment straightaway. The cost to the Trust is of fulfilling the prescriptions is lower than it would be from a community pharmacy.

Health and Care Innovations was established in 2016, to meet an internally identified need to create resources that would enable digital transformation of pathways of care. We entered a partnership where the Trust provides clinical knowledge and expertise and Rocklands Media brings expertise in video production and business development. Both parties contributed to start up investment and share risk and retain their own staff.

We are in the process of setting up a Limited Liability Partnership (LLP) for the Strategic Estates Partnership. This will be jointly managed by the Trust and our private sector partners, Healthcare Innovation Partners. No staff will be transferred to provide the service. On behalf of the Trust the Commercial Development Team and Finance will submit a response to the NHSI consultation. The Commercial Committee Terms of Reference are updated to review, oversee and undertake a due diligence process for any further proposals to form Trust subsidiaries for recommendation to the FPIC and the Trust Board.

Closer working with Health Education England

NHS Improvement and Health Education England (HEE) have announced plans to work more closely together to ensure the national workforce system is well aligned.

This includes a role for both organisations in developing the mandate set by the Government on workforce planning, staff education and training, and the NHS Leadership Academy becoming part of the new People function, which will be hosted by NHS Improvement. The Government's announcement of the five-year funding settlement and the development of the long-term plan has demonstrated the importance of national, regional and local organisations working together effectively to support the NHS. The arrangement will build on the close working arrangement that NHS Improvement and HEE have on workforce matters already, including jointly overseeing the workforce elements for the NHS's long-term plan. As part of this, NHS Improvement is moving towards integrating its national and regional functions with NHS England and it is shifting its focus from regulation to improvement. This includes the creation of a Chief People Officer role and a People directorate, which will be hosted by NHS Improvement and will be responsible for providing a cohesive approach to recruiting, retaining, deploying and developing the current NHS workforce.

4.4 Care Quality Commission

CQC fees consultation

The CQC has published a consultation document about the fees it proposes to charge registered providers in 2019/20. The fees paid by providers enable CQC to fulfil its purpose of making sure health and social care services provide people with safe, effective, compassionate, high-quality care. The consultation proposals follow the plans

set out by the CQC in previous consultations to meet the Treasury's requirement to recover its chargeable costs in full from providers. In 2015/16 its budget was agreed at £249 million and after a concerted cost-saving effort, its planned expenditure for 2019/20 is £217 million.

In addition to the proposed fee restructuring, most NHS trusts and NHS GPs will see a small change to their fees from April 2019 because of the changes we made to their fees structure last year. This is because each provider's fee is calculated by looking at their size against the total size of the sector, both of which change year-on-year. However, this will not alter the total fees collected overall for these sectors. Community social care providers will also be affected by the structural changes made last year, as well as an overall increase to bring fees in line with CQC costs.

The CQC will analyse feedback from this consultation in January 2019 before preparing a response and a final fees scheme. CQC's Board will then recommend the final fees scheme to the Secretary of State for Health and Social Care, for implementation on 1 April 2019.

Comment: We will be reviewing the proposals in detail to understand their impact upon the Trust and will then file a submission to the CQC in response to its consultation.

4.5 Other bodies

NHS Providers report on winter

The coming winter is likely to be even more difficult than the last for NHS trusts, staff and patients, a report has warned. In *"Steeling ourselves for winter 2018/19"* NHS Providers said that while last year trusts and frontline staff made "extraordinary efforts" to maintain services, the quality of care fell short of what is expected and the challenges this winter are likely to be even more severe. Current performance data shows that the NHS is in a more challenging position going into winter than it was at the same time last year. The steep and relentless rise in demand has meant that the gap between what all health and care services are being asked to deliver and what they are able to deliver continues to grow.

Comment: I know from what people are telling me that many of our staff are worried about again having to face some of the huge challenges we saw last year. We simply cannot repeat that experience. Staff ended up going way beyond the call of duty to ensure services continued to be safe and were left feeling very tired. Many people across our organisation have been working hard to develop a plan with our partners aimed at improving how we meet the pressure of winter and become more resilient. The plan has been informed by what went well last year and what we agreed were our greatest challenges, including what people who use our services have told us. As well as investing in expanded urgent care facilities at Torbay Hospital, as already described, we are introducing Health Navigators, planning to recruit additional nursing and medical staff and improving coordination of transport during any periods of inclement weather. In fact, we have already held our first briefing for our 4x4 volunteer drivers, and are now recruiting more people to join their ranks. We have also identified funding to have a 4x4 on site at Torbay Hospital in severe weather. As winter progresses we will continuously review and update the plan and will be asking for staff and service user feedback to help us with this.

Supporting patients with terminal diagnoses

A report from the Royal College of Physicians suggests there is a need to improve the conversations we have with patients about dying. Honest conversations can often help patients make decisions to end their lives in greater dignity and less pain, but many doctors do not want to be seen as "giving up". The guidance also suggests that medical students should have to tell a certain number of patients they are dying before they can qualify.

Could it happen here?

There is no doubt that there is room for improvement and benefits to be achieved from the way we communicate with patients and their families and the Medical Director and Chief Nurse will work together on a strategy for improvement. This will include ensuring that there is uptake of good training. However, achieving a good conversation about dying is about so much more than training and confidence. It is also about being able to find sufficient time and the right place for the conversation within the confines of busy services and buildings that are designed for other purposes. The Medical Director and Chief Nurse will report back to Board based on our practice at baseline and the changes that are required to improve this key part of the care that we provide to our service users.

5 Local Media Update

Winter planning

As system lead for the STP A&E delivery board, I represented provider Trusts in Devon at a media briefing on how the NHS prepares for winter. I was interviewed by the BBC and ITV and we had ITV filming in our MIU at Newton Abbot.

News releases and campaigns:

- We have been supporting the CCG's flu campaign messaging, as well as running an internal campaign to encourage our staff to have the flu vaccine. For every member of staff who receives a flu jab, we donate a tetanus jab to someone in a developing country.
- We are taking part in the system-wide winter messaging campaign, encouraging staff and public to have their flu vaccinations, promoting wider access to GPs at evenings and weekends and highlighting the availability of NHS111 online.
- We held family open day events at our Health and Wellbeing Centres in Dartmouth and Teignmouth. Those who attended the events found them really useful, and we have had positive feedback and media coverage as a result.
- As part of Mouth Cancer Action month, our special care dental service team are travelling around in their mobile dental van, raising awareness of Mouth Cancer and encouraging those most at risk, to drop-in and get a free screening. People who are not registered with a dentist, or who haven't seen their dentist recently are encouraged to take the opportunity to visit the mobile dental van for a free mouth cancer screening.
- Supporting Allied Health Professionals week and nursing apprenticeship campaigns

6 Recommendation

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

AW/JG/CF
2 Nov 2018

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To:
CCG AO
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CC:
NHS Improvement and England Regional Directors
NHS Improvement and England Regional Finance Directors

Publications Gateway Reference 08559 16 October 2018

Approach to planning

The Government has announced a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 - an annual real-term growth rate over five years of 3.4% - and so we now have enough certainty to develop credible long term plans. In return for this commitment, the Government has asked the NHS to develop a Long Term Plan which will be published in late November or early December 2018.

To secure the best outcomes from this investment, we are overhauling the policy framework for the service. For example, we are conducting a clinically-led review of standards, developing a new financial architecture and a more effective approach to workforce and physical capacity planning. This will equip us to develop plans that also:

- improve productivity and efficiency;
- eliminate provider deficits;
- reduce unwarranted variation in quality of care;
- incentivise systems to work together to redesign patient care;
- improve how we manage demand effectively; and
- make better use of capital investment.

This letter outlines the approach we will take to operational and strategic planning to ensure organisations can make the necessary preparations for implementing the NHS Long Term Plan.

Collectively, we must also deliver safe, high quality care and sector wide financial balance this year. Pre-planning work for 2019/20 is vitally important, but cannot distract from operational and financial delivery in 2018/19.

Planning timetable

We have attached an outline timetable for operational and strategic planning; at a high-level. During the first half of 2019-20 we will expect all Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to develop and agree their strategic plan for improving quality, achieving sustainable balance and delivering the Long Term Plan. This will give you and your teams sufficient time to consider the outputs of the NHS Long Term Plan in late autumn and the Spending Review 2019 capital settlement; and to engage with patients, the public and local stakeholders before finalising your strategic plans.

Nonetheless, it is a challenging task. We are asking you to tell us, within a set of parameters that we will outline with your help, how you will run your local NHS system using the resources available to you. It will be extremely important that you develop your plans with the proper engagement of all parts of your local systems and that they provide robust and credible solutions for the challenges you will face in caring for your local populations over the next five years. Individual organisations will submit one-year operational plans for 2019/20, which will also be aggregated by STPs and accompanied by a local system operational plan narrative. Organisations, and their boards / governing bodies, will need to ensure that plans are stretching but deliverable and will need to collaborate with local partners to develop well-thought-out risk mitigation strategies. These will also create the year 1 baseline for the system strategic plans, helping forge a strong link between strategic and operational planning. We will also be publishing 5-year commissioner allocations in December 2018, giving systems a high degree of financial certainty on which to plan.

We are currently developing the tools and materials that organisations will need to respond to this, and the timetable sets out when these will be available.

Payment reform

A revised financial framework for the NHS will be set out in the Long Term Plan, with detail in the planning guidance which we will publish in early December 2018. A number of principles underpinning the financial architecture have been agreed to date, and we wanted to take this opportunity to share these with you.

Last week we published a document on 'NHS payment system reform proposals' which sets out the options we are considering for the 2019/20 National Tariff.

In particular, we are seeking your engagement on proposals to move to a blended payment approach for urgent and emergency care from 2019/20. The revised approach will remove, on a cost neutral basis, two national variations to the tariff: the marginal rate for emergency tariff and the emergency readmissions rule, which will not form part of the new payment model. The document will also ask for your views on other areas, including price relativities, proposed changes to the Market Forces Factor and a proposed approach to resourcing of centralised procurement. As in

previous years, these proposals would change the natural 'default' payment models; local systems can of course continue to evolve their own payment systems faster, by local agreement.

We believe that individual control totals are no longer the best way to manage provider finances. Our medium-term aim is to return to a position where breaking even is the norm for all organisations. This will negate the need for individual control totals and, in turn, will allow us to phase out the provider and commissioner sustainability funds; instead, these funds will be rolled into baseline resources. We intend to begin this process in 2019/20.

However, we will not be able to move completely away from current mechanisms until we can be confident that local systems will deliver financial balance. Therefore, 2019/20 will form a transitional year, in which we will set one year, rebased, control totals. These will be communicated alongside the planning guidance and will take into account the impact of distributional effects from any policy changes agreed post engagement in areas such as price relativities, the Market Forces Factor and national variations to the tariff.

In addition to this, we will start the process of transferring significant resources from the provider sustainability fund into urgent and emergency care prices. The planning guidance will include further details on the provider and commissioner sustainability funds for 2019/20.

Incentives and Sanctions

From 1 April 2019, the current CQUIN scheme will be significantly reduced in value with an offsetting increase in core prices. It will also be simplified, focussing on a small number of indicators aligned to key policy objectives drawn from the emerging Long Term Plan.

The approach to quality premium for 2019/20 is also under review to ensure that it aligns to our strategic priorities; further details will be available in the December 2018 planning guidance.

Alignment of commissioner and provider plans

You have made significant progress this year in improving alignment between commissioner and provider plans in terms of both finance and activity. This has reduced the level of misalignment risk across the NHS. We will need you to do even more in 2019/20 to ensure that plans and contracts within their local systems are both realistic and fully aligned between commissioner and provider; and our new combined regional teams will help you with this. We would urge you to begin thinking through how best to achieve this, particularly in the context of the proposed move to blended payment model for urgent and emergency care.

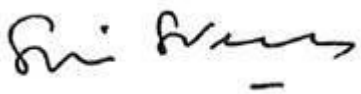
Good governance

We are asking all local systems and organisations to respond to the information set out in this letter with a shared, open-book approach to planning. We expect boards and governing bodies to oversee the development of financial and operational plans, against which they will hold themselves to account for delivery, and which will be a key element of NHS England's and NHS Improvement's performance oversight. Early engagement with board and governing bodies is critical, and we would ask you to ensure that board / governing body timetables allow adequate time for review and sign-off to meet the overall timetable.

The planning guidance, with confirmation of the detailed expectations, will follow in December 2018. In the meantime, commissioners and providers should work together during the autumn on aligned, profiled demand and capacity planning. Please focus, with your local partners, on making rapid progress on detailed, quality impact-assessed efficiency plans. These early actions are essential building blocks for robust planning, and to gauge progress we will be asking for an initial plan submission in mid-January that will be focussed on activity and efficiency (CIP / QIPP) planning with headlines collected for other areas.

Thank you in advance for your work on this.

Yours sincerely



Simon Stevens
Chief Executive
NHS England

Ian Dalton
Chief Executive
NHS Improvement

Annex

Outline timetable for planning	Date
NHS Long Term Plan published	Late November / early December 2018
Publication of 2019/20 operational planning guidance including the revised financial framework	Early December 2018
Operational planning	
Publication of • CCG allocations for 5 years • Near final 2019/20 prices • Technical guidance and templates • 2019/20 standard contract consultation and dispute resolution guidance • 2019/20 CQUIN guidance • Control totals for 2019/20	Mid December 2018
2019/20 Initial plan submission – activity and efficiency focussed with headlines in other areas	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
Draft 2019/20 organisation operating plans	12 February 2019
Aggregate system 2019/20 operating plan submissions and system operational plan narrative	19 February 2019
2019/20 NHS standard contract published	22 February 2019
2019/20 contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019
Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Final 2019/20 organisation operating plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions and system operational plan narrative	11 April 2019
Strategic planning	
Capital funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Summer 2019

Cover sheet and summary for a report to the Trust Board					
Report title: Integrated Performance Report: 2018/19 Month 6 (Sept 2018)					**Date:** 7 November 2018
Report sponsors	Director of Strategy and Improvement Director of Finance				
Report author	Head of Performance				
Report provenance	Service Delivery Unit Quality and Performance Review meetings (18 October 2018) Executive Director scrutiny (30 October 2018) Finance, Performance, and Investment Committee (30 October 2018)				
Confidentiality	Public				
Report summary	The Integrated Performance Report (IPR) sets out the headline performance for Month 6 (September) 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 September the Trust did not meet the following national performance standards or agreed planned improvement trajectories: • Urgent care 4 hour standard - 83.8% (trajectory 90%) • Referral to Treatment times (RTT) - 81% (trajectory 82.7%) • Diagnostic waiting times – 7.7% over 6 weeks (target 1%) • Dementia screening – 86% (target 90%) **Financial performance against 2018/19 plan:** • **Overall financial position:** The financial position at 30th September 2018 is a £8.27m deficit, which is £1.13m behind the budgeted position. • **CIP savings delivery position:** The current month position shows a £1.1m surplus against £1.0m target. There is a cumulative surplus of £0.6m against a £5.8m target. • **Forecast:** The forecast at Month 6 for the Trust is a surplus of £1.08m, against a plan of £1.73m. This position reflects				

	the loss of the A&E Performance related Provider Sustainability Fund (PSF) for the first and second quarters of this financial year based on recent activity information. • **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 6, 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.
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: • Service Delivery Unit Quality and Performance Review meetings (18 October 2018) • Executive Director scrutiny (23 October 2018) • Finance, Performance, and Investment Committee (30 October 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: **19 October 2018**

Reporting Period: **Month 6**

Data Up To : **30 September 2018**

Version Control

Version	Meeting	Date of Circulation	Date of Meeting	Owner	This Version
Draft 1	Trust Executive	19/10/18	23/10/18	Paul Procter	☒
Published Report	FPI Committee	24/10/18	30/10/18	Ann Wagner Paul Cooper	☒
Published Report	Trust Board	31/10/18	07/11/18	Ann Wagner Paul Cooper	☒

Contents

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

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

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

Report Format

The main detail of the report, which follows from this ***Performance Summary***, 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 is supported by the following appendix:

Appendix 1: Board Dashboard (PDF file)

This Report has been informed by discussions and actions at:

- Service Delivery Unit Quality and Performance Review meetings (18 October 2018)
- Executive Director scrutiny (23 and 30 October 2018)
- FPIC (30 October 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 6 (September 2018)

Key headlines for quality and safety, workforce standards and metrics, operational performance, and financial delivery for Month 6 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 4 were RAG rated RED for September (4 RED in August) as follows in Table 1:

Table 1: Local Quality indicators RAG rated RED:

Standard	Target	Last month Month 5	This month Month 6
STEIS – strategic executive information system (reported to CCG and CQC)	0	4	8
VTE – risk assessment on admission (acute)	>95%	91.1%	92.6%
Fractured Neck of Femur	>90%	62.5%	66.7%
Follow ups past to be seen date (excluding Audiology):	3,500	6858	6566

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

2.2 Workforce Headlines

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

- **Turnover (excluding Junior Doctors): GREEN** - the Trust's turnover rate was 10.58% for the year to September 2018. This is an increase from last month's 10.35% but within the target range of 10% to 14%
- **Staff sickness/absence: RED** – The annual rolling sickness absence rate of 4.22% at the end of August 2018 (reported 1 month in arrears) is a marginal increase from 4.21% for the month of July. This is against the target rate for sickness of 3.80%.
- **Mandatory Training rate: GREEN** – At the end of September 2018 the overall mandatory training rate had increased to 88.03% from August at 85.77%. 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 September is at 81.12% against a target rate of 90%, which is an increase from August's figure of 80.61%.

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 5,441.84 worked WTE at the end of March 2019. As at end of September 2018, the plan was to have 5524.18 WTE worked, the actual worked was 5488.74 WTE.
- **Agency Expenditure –** As at month 6 (end of September) the Trust is overspending against plan by £641K, however there was a significant decrease in expenditure in September.

2.3 Operational Headlines

2.3.1 Community and Social Care Summary

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

Table 2: Community and Social Care Framework RAG Rated RED

Standard	Target	Last month Month 5	This month Month 6
Delayed transfers of care bed days (acute)	64 days per month	181	164
Carers Assessments completed Year to Date	40% Year end	9.9% (15% M5 trajectory)	13.3%
CAMHS - % of patients waiting under 18 weeks at month end	>92%	93.7%	86.7%

Of the remaining indicators, 7 were rated GREEN, 2 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 6 the Trust has reported the following 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 5	This month Month 6	Risk
A&E - patients seen within 4 hours (PSF)	>92%	87.2%	83.8%	High
	Trajectory	93.3%	90%	
RTT – 18 weeks	>92%	82.2%	81%	High
	Trajectory	82.6%	82.7%	
Cancer – 62 day wait for first treatment – 2ww referral	>85% standard (improvement trajectory 73% August)	76.6%	86.0%	Moderate
Diagnostic tests longer than the 6 week standard	<1%	6.6%	7.7%	Moderate
Dementia Find – monthly report	>90%	95.6%	86.0%	Moderate

- **4 hour ED standard:** In September the Trust achieved 83.8% of patients discharged or admitted within 4 hours of arrival at Accident and Emergency Departments (ED). This is a deterioration on last month (August 87.2%).

Risk: High Performance in September confirms that the Q2 performance related elements of the provider sustainability fund was not achieved.
Following on from a disappointing August, in September there has again been higher than expected levels of escalation (22 days at OPEL 3 compared to 15 days in August) with difficulties accessing beds being the main cause of patients waiting over 4 hours in the ED. This level of escalation is not normally expected for this time of year prior to the onset of winter where additional pressures on beds is expected from increased number of patients requiring assessment and admission with flu like symptoms and related complications. Torbay is not alone however with other providers in the region experiencing similar pressures and lower than expected performance.

This performance highlights the importance of having confirmed actions in place for this winter to build operational resilience across all parts of the urgent care pathway - from prevention to assessment, diagnosis and treatment and discharge to normal place of residence.

An update on the detailed planning for managing winter pressures is contained in the Interim Chief Operating Officer's report to Board.

During September the system had to deal with an unplanned drop in domiciliary care capacity. There is continued fragility in the domiciliary care market. This is causing challenges in securing and sustaining packages of care for people needing support to stay at home. Supporting people to stay in their own homes is at the core of the Trust's Care Model - it is also critical to support safe and appropriate use of other parts of the emergency care system. At times recently other teams in the community have needed to step in to support people where packages of care have not been available. This diverts these teams from their core roles in delivering other aspects of the care model.

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. New Model of Acute assessment led by the Acute Physicians schedule to start in December 2018.
    a. Maximising general high acuity assessment capacity on EAU3 for GP referred patients.
    b. Expansion of AMU capacity for ambulatory patients.

c. Re-provision of medical beds on Warrington – newly refurbished ward with 18 beds (including 6 side rooms).
d. Identification of decant facility.

2. SAFER 7 – focus on discharges processes and Improving discharges processes at weekends
3. Optimising flow through rehabilitation pathways across our system.

Outstanding risks 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 81.04%, 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 fall of 2.4% since April 2018 in line with our operational plan commitment to maintain or reduce total number waiting.
  For September, 87 people will be reported as waiting over 52 weeks, this being an increase on last month's 77 - however better than our revised trajectory of improvement agreed with NHSI of 89 for September. 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 has now concluded with 2 Consultants for Urology appointed starting in early 2019, 1 Consultant for Colorectal appointed starting in early 2019 and 1 for UPGI appointed and started (approval for another has been given and recruitment is underway). Locum posts remain problematic to fill in these specialties to cover until the new consultants commence, although Respiratory have recruited 2. Capacity from the independent sector is being sourced in these specialties and being planned for Trauma & Orthopaedics. In addition, insourcing capacity has been commissioned for Gastroenterology and Ophthalmology. (insourcing is using 3rd party contracting of clinical teams to use TSDFT facilities outside of normal hours).

  Whilst the performance is remaining static and longest waits over 52 weeks have increased in September, overall numbers waiting over 40 weeks have reduced by 7% - it is expected that the injection of capacity, internally and externally, will improve the position and mitigate any potential loss of capacity in the proposed winter 'elective pause' - It has been agreed that Trauma & Orthopaedics will retain protected beds to support routine inpatient elective surgery to stabilise the waiting list position through the winter months. Analysis of the longest waiting 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 11 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 86.% (validated 18th October 2018) performance is 1% above the 85% national standard and exceeding the agreed trajectory of improvement for September (65%) with a plan achieve the National standard from January 2019.

In September we saw an increase in the number of patients receiving treatment on a skin pathway with confirmed cancer diagnosis and this has helped improve performance ahead of trajectory. Our plan remains to achieve sustainable delivery of 85% from January 2019.
A significant element of achieving the 62 day treatment standard is the 14 day time from urgent referral to appointment. In September we saw a further improvement to 79.6% (target 93%). We are now forecasting that the plan to achieve 93% from October will not be met. This is largely due to the inability to recruit into Locum Consultant posts in Colo-rectal and the lost locum capacity in Urology for a short period of time. The delivery of the 14 day standard will continue to be 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 recruitment delays in Urology and Colo-rectal.
There are two 104 day breaches reported in September.

Due to the August performance, the Trust will not achieve the 62 day target for Quarter 2 – currently at 83.3%

Current October performance is 83% with high numbers of patients treated in month.

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 waiting times to see urgent referrals have extended 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 7.7% of patients waiting over 6 weeks against the standard of 1%. This is a 1% deterioration over last month and does not meet 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 with limited capacity available. Ultrasound has seen the greatest increase in numbers over 6 weeks with additional sessions being arranged to manage this in the coming months.
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 Trust did not achieve the Dementia Find standard of 90% with 86% achieved in September. This deterioration in performance is due to the HCA being assigned to other duties relating to escalation and not being able to support the correct transcribing to the data collection system for completed screens. This highlights the vulnerability of our reporting processes as being so person reliant.

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 September 2018 (9 RED RAG rated in August). The indicators RAG rated RED are summarised in Table 4:

Table 4: Local Performance Indicators RAG Rated RED

Standard	Standard/ target	Last month Month 5	This month Month 6
Cancer 2ww urgent GP referral	>93%	76.8%	79.5%
RTT waits over 52 weeks:	0	77	87
On the day cancellations for elective operations	<0.8%	1%	1.2%
Ambulance handovers > 30 minutes:	0	88	144
Ambulance handovers > 60 minutes:	0	4	10
A&E patients (ED only):	>92.9%	80.1%	75%
Trolley waits in A&E > 12 hours from decision to admit	0	0	4
Care plan summaries % completed within 24 hrs of discharge weekdays:	>77%	67.2%	68.0%
Care plan summaries % completed within 24 hrs discharge weekend:	>60%	30.1%	35.7%
Clinic letter timeliness - % specialties in 4 working days	>80%	63.6%	68.2%

Of the remaining indicators, 12 were rated GREEN, 1 AMBER, and 2 indicators do not yet have an agreed target.

2.3.4 Integrated Care model

All of the performance indicators that we view in this report contribute to our understanding of how our integrated care system is working. In addition there are several indicators that have been drawn from a much larger data set which when triangulated with other data provides a meaningful and whole system view of how our integrated care organisation is evolving in response to changes we are making as part of the care model. This helps us to consider how we are meeting specifically our care model objectives:

- 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.

Optimising our care model changes:
The foundations of our care model are responsive urgent assessment and support offered in the community to enable more care for more acute people at home. This requires dependable domiciliary care support or rapid response and re-ablement. Due to the recent challenges in accessing personal care services, the level and volume of care we can provide in the community under intermediate care is reduced and means we become more reliant on short term placements to support people with higher level needs. This impacts on how many admissions we can avoid and how quickly we can support discharges out of hospitals. Teams are working hard to mitigate this by using our collective capacity across the health and wellbeing teams and continuing to work closely with GP colleagues.

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 at 30th September 2018 is a £8.27m deficit, which is £1.13m behind the budgeted position.

Total pay run rates decreased by £1.61m; £1.39m relate to Substantive and Bank staff cost reflecting in month spend compared to M5 which included 3 months of backdated pay award. £0.22m relates to reduction in Agency spend compared to M5.

The non-pay underspend as at M6 is £1.45m including underspend in investment reserve (Drugs, Bloods, devices, Clinical supplies, premises and other operating costs).

CIP savings delivery position: The current month position shows a £1.1m surplus against £1.0m target. There is a cumulative surplus of £0.6m against a £5.8m target.

Forecast out-turn (FOT) delivery of Current Year Projects:
The CIP target, excluding “Balance to FYE of 18/19 schemes”, is £26.9m against which we have £21.0m 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 £11.0m 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 6 for the Trust is a surplus of £1.08m, against a plan of £1.73m. This position reflects the loss of the A&E Performance related Provider Sustainability Fund (PSF) for the first and second quarters of this financial year 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 £3.8m and £4.3m 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 £6.7m in comparison with the approved plan of £27.3m. Most notably slippage on some Radiology equipment replacements (£2.8m) and on the ED/UCC new development (£3.1m). A separate report has been prepared for the FPIC to describe the reasons for the variances, the learning that has occurred and actions being put in place to implement the schemes as quickly as possible.

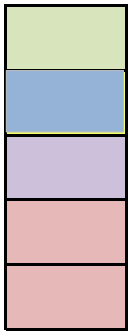
Use of Resources Risk Rating: NHS Improvement no longer publish a planned risk rating for Trusts, due to changes they have made to the risk rating calculation. However, at Month 6, the Trust had an actual Use of Resources risk rating of 3 (subject to confirmation by NHS Improvement). The Agency risk rating of 3 is worse than the planned rating of 2.

Torbay and South Devon NHS
NHS Foundation Trust

Integrated Performance Report

October 2018: Reporting period September 2018 (Month 6)

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 6 (performance to end of September 2018)

Quality and Safety Summary

Quality and Safety Summary September 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. STEIS - Eight Strategic Executive Information System (STEIS) reportable incidents where reported in August. This are as follows:

- 5 * Falls on IP wards (4 # NOF 1 # elbow 1 Head injury)
- Community Pressure Ulcer
- Ward MRSA

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).

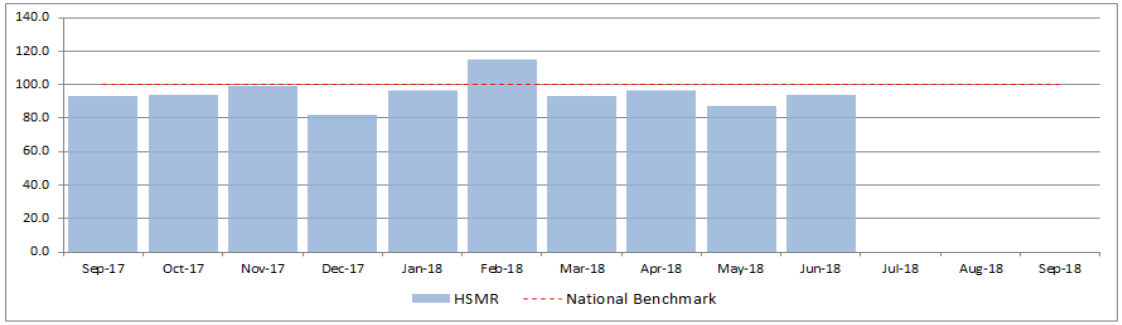
6. Clinic Follow ups - the number of patients waiting 6 weeks or more for a follow up appointment beyond the intended to be seen by date has reduced from 6858 in August to 6566 in September.

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

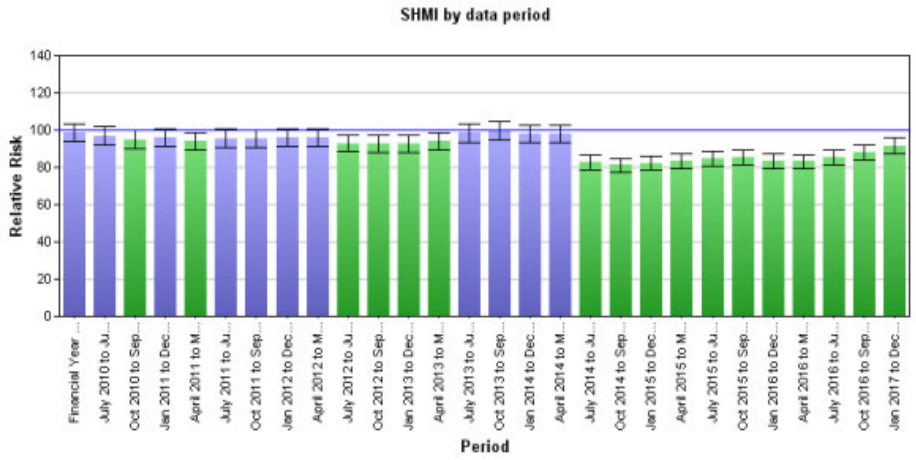
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
HSMR	93.3	93.8	99.1	81.9	96.4	114.7	93.0	96.4	87.0	93.6			
National Benchmark	100	100	100	100	100	100	100	100	100	100	100	100	100



Trust wide mortality is reviewed via a number of different metrics, however, Dr Foster allows for a standardised rate to be c reated 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 93.6. which show a better than benchmark rate (100 = Natio nal benchmark rate) Mortality does have a cyclical nature and

SHMI by data period



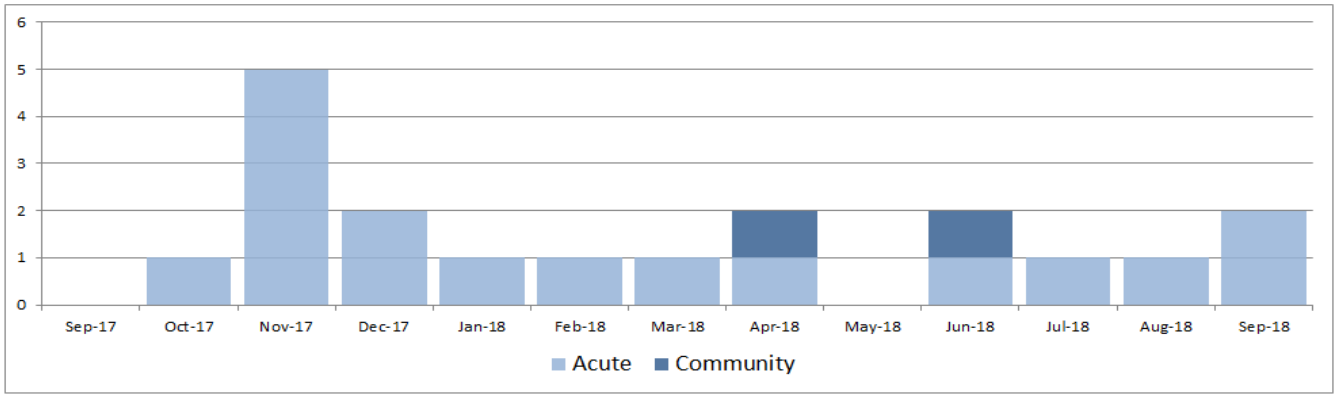
The SHMI data reflects all deaths recorded either in hospital or within 30 days of discharge from hospital.
The data is released on a quarterly basis and the latest data release from the DH is January 2017 to December 2017 and records the Trusts at 91.59 against a national average benchmark of 100.

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

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



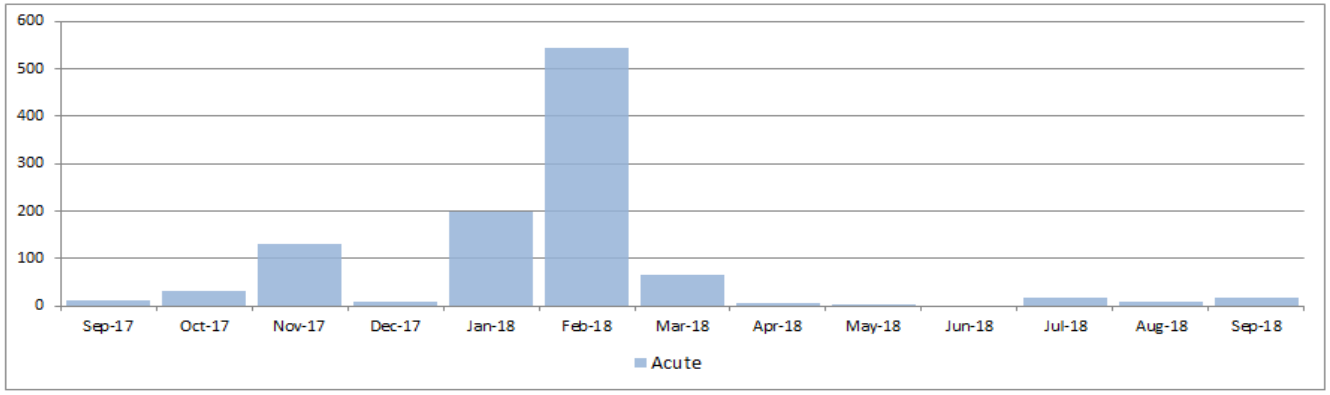
In September there were two reported C-diff cases. The culmulative total is 8 cases with 3 cases identified as a lapse in care.

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)

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



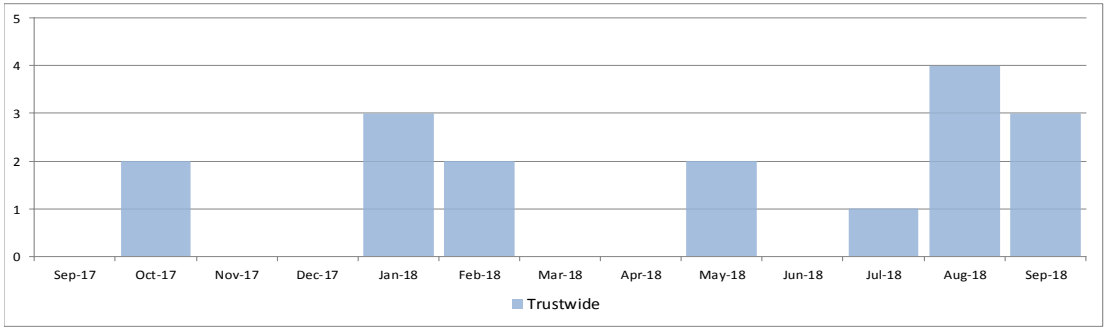
The Infection Control Team continue to manage all cases of outbreaks with individual case by case assessment and control plans.

In September there were 18 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

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

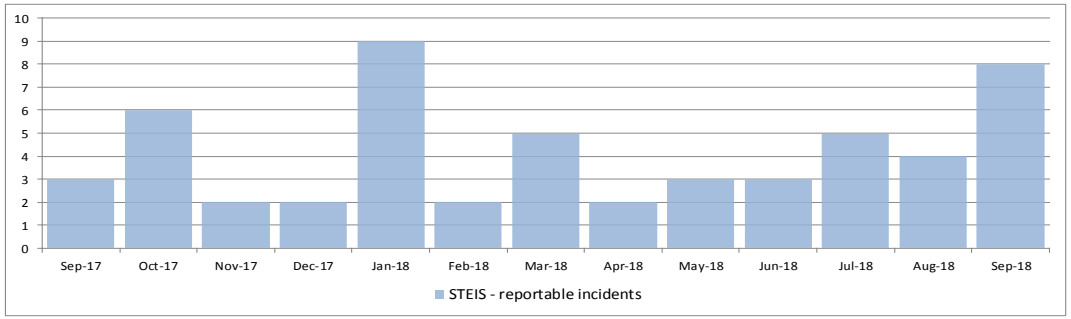


In September 2018 the Trust recorded 3 incidents as Major or Catastrophic which will follow normal process of investigation: The sites of recorded incidents are:
- Emergency Department
- Emergency assessment unit
- PACU

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

STEIS Reportable Incidents

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



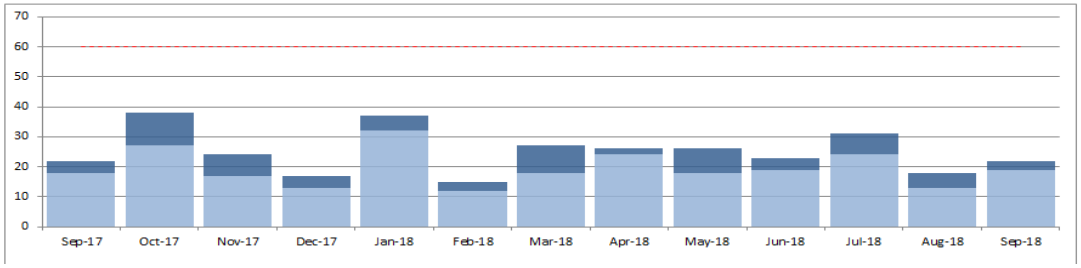
The Trust reported 8 incidents in September on the Strategic Executive Information System (StEIS).

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

5 * Falls on IP wards (4 # NOF 1 # elbow 1 Head injury)
Community Pressure Ulcer
Ward MRSA

Formal complaints

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Acute	18	27	17	13	32	12	18	24	18	19	24	13	19
Community	4	11	7	4	5	3	9	2	8	4	7	5	3
Total	22	38	24	17	37	15	27	26	26	23	31	18	22
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



In September the Trust received 22 formal complaints.

The number of formal complaints are shown in the table opposite. This shows the split of 19 relating to the Acute site and 3 in the Community.

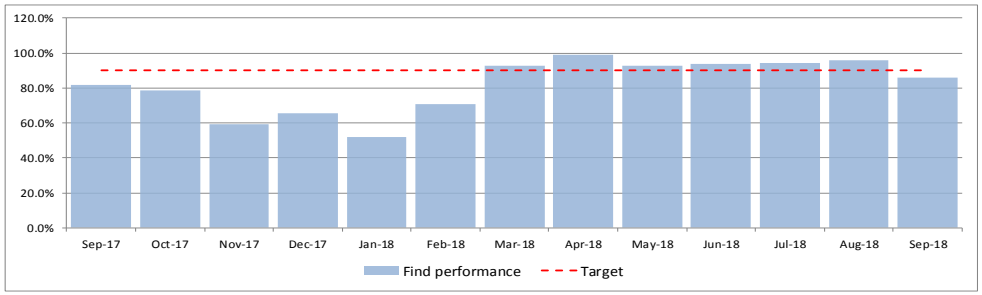
The main themes from the complainants are funding allocations, communication, attitude of staff, and treatment.

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

Quality and Safety - Exception Reporting

Dementia - Find

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Numerator	455	422	318	396	356	345	380	205	477	467	427	479	326
Denominator	536	508	479	552	594	457	403	206	509	492	447	495	379
Find performance	81.8%	78.6%	59.0%	65.5%	52.1%	70.8%	92.7%	99.2%	92.6%	93.8%	94.3%	95.6%	86.0%
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%



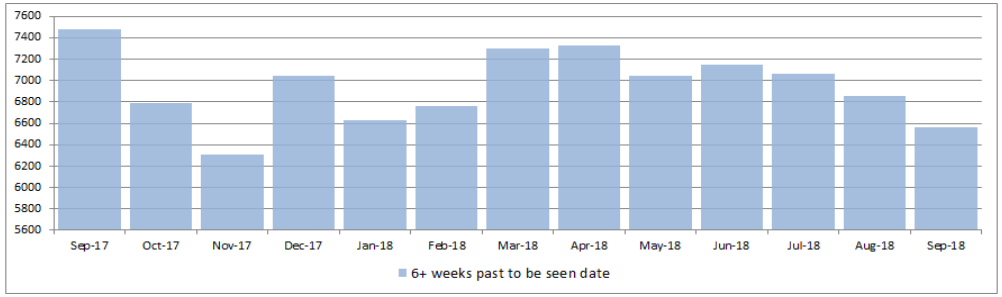
Dementia Find: The NHS I Single Oversight Framework (SOF) includes Dementia screening and referral as one of the NHSI priority indictors.

The Dementia Find performance deteriorated in September from 95.6% to 86%.

This change reflects how reliant the process id on teh HCA to transcribe paper assessment data onto teh electronic system used to collect the data. The HCA ceased their support for 2 weeks in September due to operational

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

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
6+ weeks past to be seen date	7477	6790	6308	7041	6630	6761	7301	7323	7042	7144	7063	6858	6566

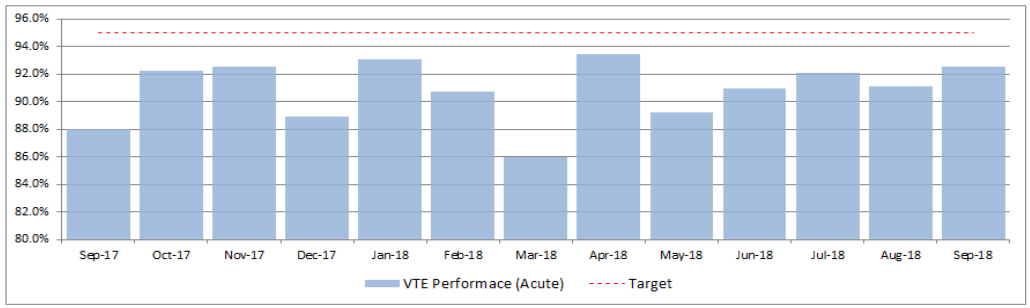


Follow ups: The number of follow up patients waiting for an appointment greater that six weeks past their 'to be seen by date' reduced in September to 6566 (6858 last month). This is a reduction of 12% (911 patients) from September 2017.

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 2961; Rheumatology 600; Dermatology 301; Urology 354; Paediatrics 391.

VTE Risk assessment on admission - (Acute)

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
VTE Numerator	5560	5720	5748	5104	5878	5036	4875	5627	5630	5755	5962	5944	5361
VTE Denominator	6317	6200	6209	5740	6318	5549	5671	6021	6308	6328	6474	6526	5791
VTE Performace (Acute)	88.0%	92.3%	92.6%	88.9%	93.0%	90.8%	86.0%	93.5%	89.3%	90.9%	92.1%	91.1%	92.6%
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 6 (performance to end of September 2018)

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

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	530.03	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	1,219.77	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	1,742.19	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	363.74	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	444.12	0.00	0.00	0.00	0.00	0.00	0.00
Healthcare Scientists	91.14	90.38	91.31	91.63	92.98	93.30	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	1,095.59	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**	**5,488.74**						
movement												

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	23.93						
Nursing And Midwifery Registered	-65.08	-89.15	-88.74	-95.19	-96.11	-78.95						
Support To Clinical Staff	-82.37	-63.96	-84.38	-105.94	-49.87	-61.98						
Add Prof Scientific and Technic	-15.19	-18.31	-30.09	-25.96	-18.82	-17.02						
Allied Health Professionals	-23.04	-19.72	-30.54	-30.99	-19.14	-15.79						
Healthcare Scientists	-15.22	-15.86	-14.77	-13.31	-11.78	-11.31						
Administrative And Estates	85.32	70.25	96.90	97.61	135.94	125.67						
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00	0.00						
Total Staff Worked WTE	**-101.63**	**-149.57**	**-177.13**	**-158.05**	**-30.40**	**-35.44**	**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 5441.84 WTE at the end of the financial year from 5550.89 WTE .

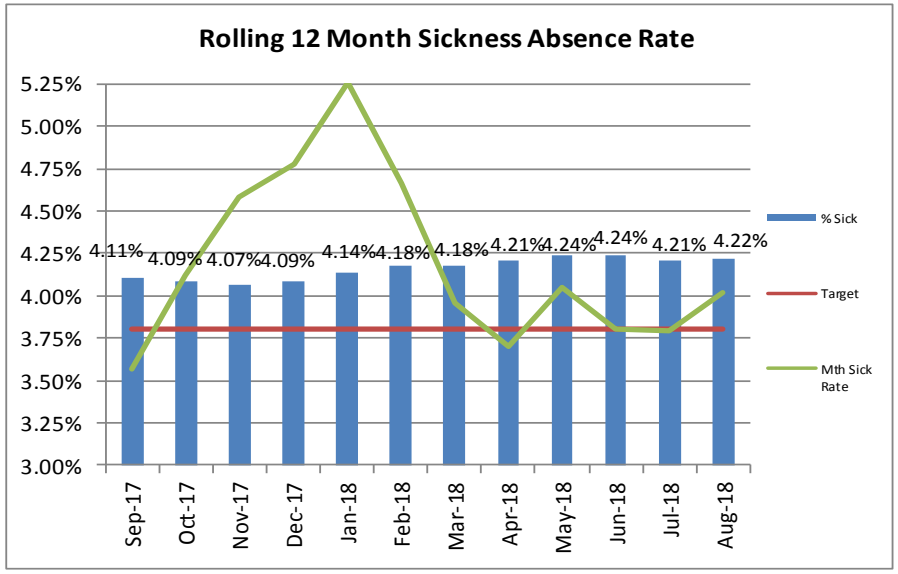
Actual Worked 2018/19: This table shows the outturn against the plan for each month of the year to date as at the end of September 2018. T

The outcome at the end of August 2018 for WTE worked is a reduction in worked WTE of 35.44 staff in month against plan.

This is consists of a reduction in contracted staff of 69.21 WTE in the month of September 2018. The worked WTE for bank was 31.78 above plan and agency 1.99 WTE above plan.

Workforce - Sickness absence

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



The annual rolling sickness absence rate of 4.22% at the end of August 2018 is a marginal increase from 4.21% for the month of July. This is against the target rate for sickness of 3.80%.

The monthly sickness figure for August was 4.02% which is a rise from the 3.79% as at the end of July.

The inaugural coaching conference day "Coaching for Wellbeing" was held in September 2018. 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.

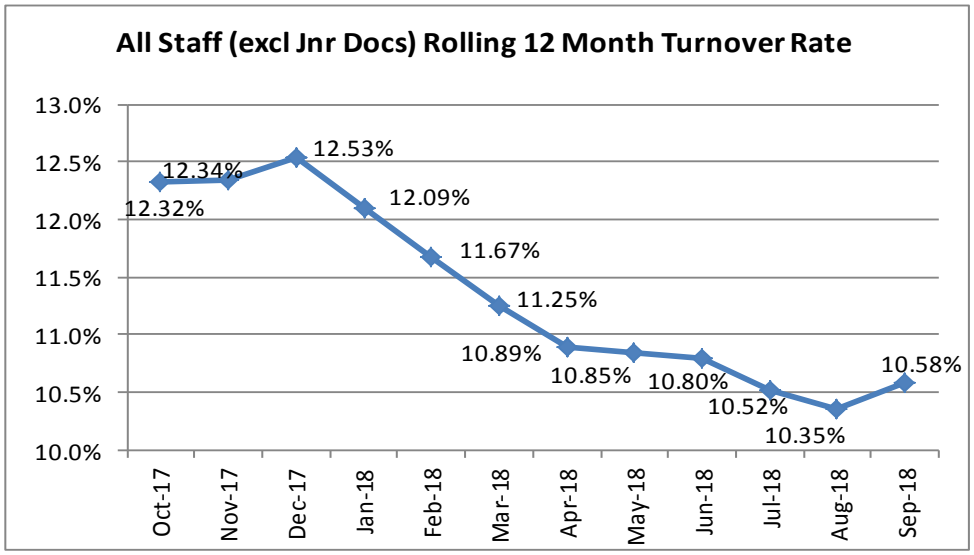
The HOPE programme has been rolled out to include staff. The first cohort consisted of 13 staff from a range of backgrounds, some of which were currently on long term sickness or have recently returned from absence, whilst others recognise they need support to stay well. The Programme is designed to 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. The second cohort will commence in November and there is currently a waiting list for future cohorts.

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.

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

Workforce - Turnover

All Staff Turnover

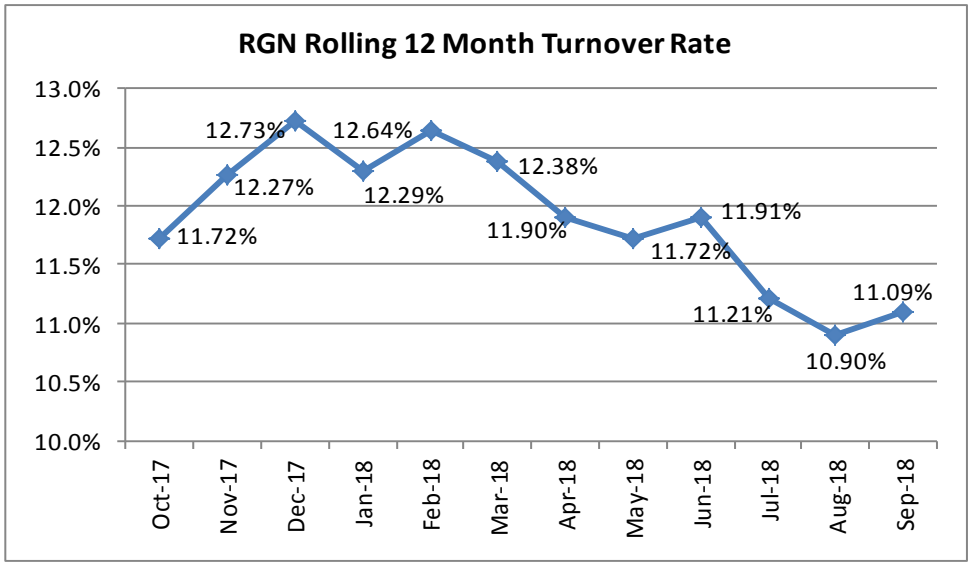


All Staff Rolling 12 Month Turnover Rate

The following graph shows that the Trusts turnover rate now stands at 10.58% for the year to September 2018. This is an increase from last month's 10.35% and within the target range of 10% to 14%.

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

RGN Turnover

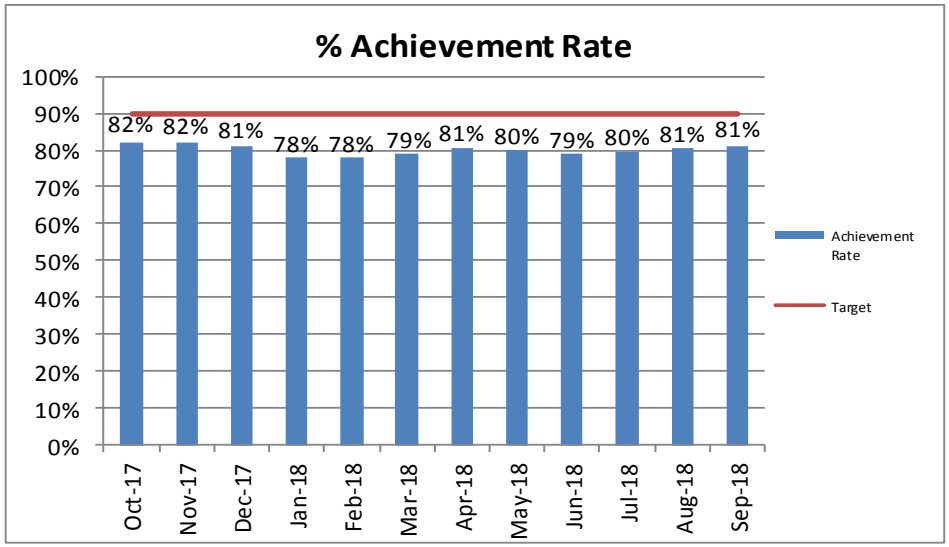


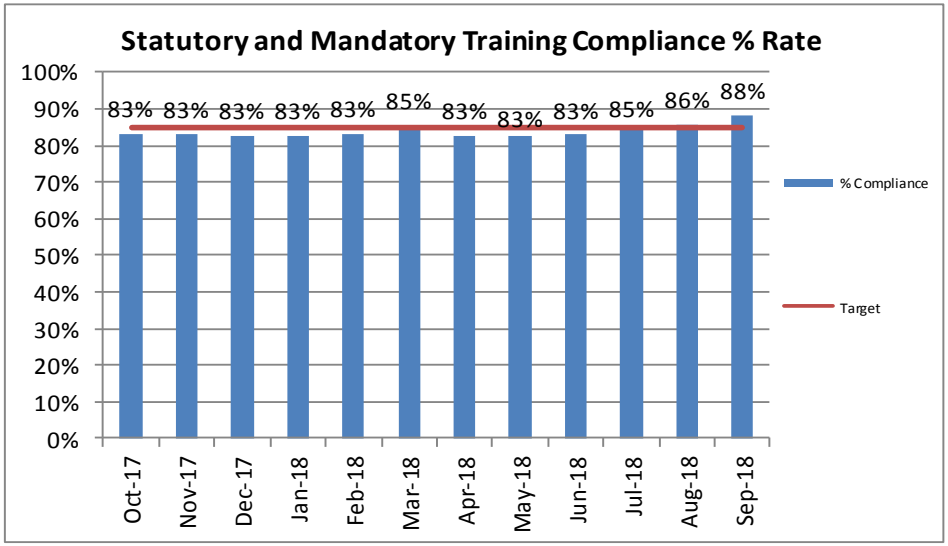
RGN Rolling 12 Month Turnover Rate

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 September 2018 stood at 11.09% which has increased from last months 10.90%.

Workforce - Appraisal and training





Achievement Review (Appraisal) - The Achievement Review rate for the end of September is at 81.12% against a target rate of 90%, which is an increase from August's figure of 80.61%. 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 88.03% for September from to 85.77% in August. All staff are now receiving a monthly email containing their current compliance , plus budget holders are also receiving a monthly update which has helped the increase in compliance. Improved data quality checking of the Hive has enabled more accurate transfer of information to ESR. The Trust holds all competencies completed in ESR to ensure compliance 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 06: The Trust's annual cap for agency spend, set by NHSI, 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 6 (end of September) the

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	186							1,364
Scientific, Therapeutic and Technical	86	105	73	112	79	104	0	0	0	0	0	0	559
of which Allied Health Professionals	77	105	67	107	74	101							531
of which Other Scientific, Therapeutic and Technical Staff	9	0	6	5	5	3							28
Support to clinical staff (HCA)	0	0	1	0	-1	0							0
Total Non-Medical - Clinical Staff Agency	318	364	275	299	377	290	0	0	0	0	0	0	1923
Medical and Dental Agency													0
Consultants	193	189	223	183	198	101							1,087
Trainee Grades	104	89	63	120	157	111							644
Total Medical and Dental Agency	297	278	286	303	355	212	0	0	0	0	0	0	1731
Non Medical - Non-Clinical Staff Agency	73	43	38	39	21	28							242
Total Pay Bill Agency and Contract	688	685	599	641	753	530	0	0	0	0	0	0	3896
Over (Under) Spend	95	83	40	129	271	23	-462	-450	-487	-513	-501	-512	-2284

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	-78							**-£ 267**
Scientific, Therapeutic and Technical	29	48	16	55	22	47							**£ 217**
of which Allied Health Professionals	24	52	14	54	21	48							213
of which Other Scientific, Therapeutic and Technical Staff	5	-4	2	1	1	-1							4
Support to clinical staff	0	0	1	0	-1	0							0
Total Non-Medical - Clinical Staff Agency	-19	26	-55	-27	56	-31							-50
Consultants	20	0	60	42	77	-40							159
Trainee Grades	54	47	30	103	145	94							473
Total Medical and Dental Agency	74	47	90	145	222	54							632
Non Medical - Non-Clinical Staff Agency	40	10	5	11	-7	0							59
Total Pay Bill Agency and Contract	95	83	40	129	271	23							641

Workforce - Agency WTE

Budgeted Bank WTE 2018/19

Staff Group	Budget WTE	Budget WTE	Budget WTE
	Jul-18	Aug-18	Sep-18
Medical And Dental	6.30	6.30	6.30
Nursing And Midwifery Registered	39.97	40.08	40.08
Support To Clinical Staff	137.69	134.09	131.26
Add Prof Scientific and Technic	0.00	0.00	0.00
Administrative And Estates	38.65	36.43	36.43
Any Others - Provisions	0.00	0.00	0.00
Total Staff Budgeted WTE	**222.61**	**216.90**	**214.07**

Budgeted Agency WTE 2018/19

Staff Group	Budget WTE	Budget WTE	Budget WTE
	Jul-18	Aug-18	Sep-18
Medical And Dental	14.45	14.45	14.45
Nursing And Midwifery Registered	43.99	43.21	45.28
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	2.61	2.55	2.55
Any Others - Provisions	0.00	0.00	0.00
Total Staff Budgeted WTE	**70.48**	**69.64**	**71.71**

Actual Bank Worked 2018/19

Staff Group	Worked WTE	Worked WTE	Worked WTE
	Jul-18	Aug-18	Sep-18
Medical And Dental	6.53	12.11	10.84
Nursing And Midwifery Registered	30.49	33.05	33.32
Support To Clinical Staff	137.87	172.40	151.82
Add Prof Scientific and Technic	0.95	0.94	0.49
Allied Health Professionals	2.33	3.57	2.65
Healthcare Scientists	0.20	0.95	0.20
Administrative And Estates	37.03	47.99	46.53
Any Others - Provisions	0.00	0.00	0.00
Total Staff Worked WTE	**215.39**	**271.01**	**245.85**

Actual Agency Worked 2018/19

Staff Group	Worked WTE	Worked WTE	Worked WTE
	Jul-18	Aug-18	Sep-18
Medical And Dental	18.29	22.72	13.48
Nursing And Midwifery Registered	30.39	34.73	38.62
Support To Clinical Staff	0.00	-0.13	0.00
Add Prof Scientific and Technic	4.80	5.67	3.70
Allied Health Professionals	18.19	15.54	13.57
Healthcare Scientists	0.00	0.00	0.00
Administrative And Estates	12.42	10.73	4.33
Any Others - Provisions	0.00	0.00	0.00
Total Staff Worked WTE	**84.09**	**89.25**	**73.70**

Variance to Budget Bank 2018/19

Staff Group	Variance WTE	Variance WTE	Variance WTE
	Jul-18	Aug-18	Sep-18
Medical And Dental	0.23	5.81	4.54
Nursing And Midwifery Registered	-9.48	-7.03	-6.76
Support To Clinical Staff	0.17	38.30	20.56
Add Prof Scientific and Technic	0.95	0.94	0.49
Allied Health Professionals	2.33	3.57	2.65
Healthcare Scientists	0.20	0.95	0.20
Administrative And Estates	-1.62	11.56	10.10
Any Others - Provisions	0.00	0.00	0.00
Total Staff Worked WTE	**-7.22**	**54.11**	**31.78**

Variance to Budget Agency 2018/19

Staff Group	Variance WTE	Variance WTE	Variance WTE
	Jul-18	Aug-18	Sep-18
Medical And Dental	3.84	8.27	-0.97
Nursing And Midwifery Registered	-13.60	-8.48	-6.66
Support To Clinical Staff	0.00	-0.13	0.00
Add Prof Scientific and Technic	4.51	5.38	3.41
Allied Health Professionals	9.05	6.40	4.43
Healthcare Scientists	0.00	0.00	0.00
Administrative And Estates	9.81	8.18	1.78
Any Others - Provisions	0.00	0.00	0.00
Total Staff Worked WTE	**13.61**	**19.61**	**1.99**

The tables opposite show the bank and agency WTE budgeted and actual worked.
As at the end of September 2018, the bank usage was up against plan by 31.78 WTE, but was a reduction against August 2018.
Agency was 1.99 WTE above plan as at

Medical and Dental Agency: The table opposite shows the WTE agency (13.48) and bank (10.84) workers used during September 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

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 has been undertaken. In addition the Trust has hosted a review of the agency booking process across the STP organisations.

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 6 (performance to end of September 2018)

Community services and Social care Summary - Page 1

Operational Headlines –

Meridian are working with our 5 locality Health and Wellbeing teams and our Rapid Response services in order to deliver these aims;

- To review productivity within community services and understand how all our community health assets could be used more effectively.
- This project is a pre curser to further development of self-managed teams to help people understand what each team is required to deliver.

They are well underway with reviewing community nursing services and are now starting with Intermediate Care and Therapies. The work is expected to conclude by Christmas.

Discharge Hub : The joint South Devon and Torbay discharge hub is up and running and performing really well. This new service has brought together existing health and social care staff from Torbay and South Devon to a hub based at St Edmunds. This team has simplified discharge processes making it easier for wards to refer and ensuring that patients are on the right pathway most appropriate for their needs. This in turn has reduced delays and supports system flow and accurate information sharing.

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. This risk has worsened with the provider being unable to cover all allocated visits within the Coastal area and 400 hours of handbacks have been recently received within the Torbay area. This risk is being managed at a senior level both within Devon and Torbay and with operational teams providing additional support and resilience. All Rapid Response teams and Social Care Reablement teams are supporting this work.
3. Continuing Health Care (CHC) for placed people volume and price pressures.

Torbay Services –Health and Social care -

- We have been successful in recruiting to key social work posts within Torbay and this work remains ongoing. Torbay Council have commissioned an organisation- the 'National Development Team for Inclusion' to support us in our social care transformation programme. This will help us further develop our community led work in Social Care enabling closer integration between our locality teams and the community and voluntary sector. This is an 18 month programme that will also enable our staff to link with other areas of excellence across the country so we can learn together.
- The recent tendering process for 0-19 services in Torbay has concluded and the contract has not been awarded. We will now be entering a process of negotiation which will start mid-November and conclude mid-December. Performance remains good in Public Health services however we have noticed a small deterioration in the drug and alcohol system outcomes and we are looking into the reasons for this and working with our commissioners in relation to an action plan.
- Older Peoples Mental Health team are continuing their excellent work in the Care Home Education and Support Team which is expanding into South Devon. This team improves the quality of care for people with dementia in care homes and reducing cost. The bank worker project is continuing to develop with 6 bank workers training in supporting people with dementia in care homes when extra support is required. The bank workers feedback to the OPMH team which enables them to adjust support and care plans to improve the quality of care.
- There are significant pressures within the domiciliary care market in Torbay with 400 hours of handbacks received from our prime provider on 23 October 2018. Significant insufficiency has also been experienced within the Coastal area from the 23rd September with a high number of clients not receiving care. Both of these issues are being managed through senior management calls led by the respective local authorities and all efforts have been made to minimise risk of harm to clients using our in house rapid response and reablement services along with the spot markets.
- Community services are continuing their programme of work to maximise the benefits of the care model and engagement with GPs .

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.

Community services and Social care Summary - Page 2

Continuing Health Care (CHC) -

Revised 2018 National Framework : This sets out the principles and processes of NHS Continuing Healthcare and NHS-funded Nursing Care. This guidance replaces the previous version (published November 2012) and was implemented on 1st October 2018. The 2018 National Framework is intended to provide greater clarity to individuals and staff through a new structure and style, whilst reflecting legislative changes since the 2012 publication. The revisions primarily reflect the implementation of the Care Act 2014. It should be noted that the threshold for establishing eligibility for NHS Continuing Healthcare has not changed. The revised Framework and associated practice guidance is intended to clarify a number of policy areas including:

- That the majority of NHS Continuing Healthcare assessments should take place outside of acute hospitals
- Provision of additional advice for staff on when individuals do and do not need to be screened for NHS Continuing Healthcare in order to reduce unnecessary assessment processes
- Clarity on the main purpose of three and 12 month reviews
- The introduction of new principles regarding local resolution where individuals request a review of the eligibility decision and,The provision of clearer guidance on the roles of CCGs and local authorities in relation to NHS-funded Nursing Care, inter-agency disputes, well managed needs and the Fast Track Pathway Tool

Performance indicators: NHSE continue to monitor CHC performance monthly through monthly monitoring CHC providers on a number of quality performance areas. Torbay and South Devon have achieved the first part of the national target which was zero assessments for CHC to be undertaken in an acute setting. Our performance against the 28 day target continues to improve and we have gone from 28% to 64% which puts us as the highest achieving area across the South West region based on Q1 data. Q2 is not yet published

Continuing Healthcare Hub : This continues to support the management of CHC cases from checklist triage to decision. This has had a significant impact on waiting lists and we are currently one of the only areas in the region with no backlog waiting list for new assessment (other than LD)

Learning Disability : LD continues to be a challenge with a current waiting list for new assessments and reviews. The assessment and review function sits inside DPT with the budget in the Trust. THE CHC hub has taken the checklist screening in to the Trust hub so we can monitor activity and allocate work to DPT nurses when they are appointed. The South Devon LD team currently has no nursing capacity allocated to CHC work. The Torbay area has 1.2 wte's in post. This is insufficient capacity to be able to clear the backlog and manage the future demand. 89% of all CHC eligible LD clients are overdue a review of their eligibility

CHC review : The CCG are looking at CHC across South Devon and Torbay and NEW Devon area. NEW Devon currently achieving 25% of assessments within 28 days and have a backlog waiting list of 500 cases waiting for assessment. Chief Officer of CCG's has commissioned a review of CHC functions across the whole of Devon by the South West Academic Health Science Network. The review will start towards the end of October and will make recommendations to the CCG by December.

Personal Health Budgets : 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. However there is considerable work to do to develop and infrastructure that is fit for purpose to deliver PHB's at scale.

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.

* Recruitment of Registered nurses remains a challenge with approx 15wte vacancies across the 4 units. A number of different strategies have been considered to try to improve the situation however this vacancy position remains significant.

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

Social Care Programme Board	2018/19 Performance Scorecard to 30 September 2018			
Torbay Social Care KPIs	**2018/19 full year target**	**2018/19 YTD target**	**Outturn YTD**	**Comment**
% clients receiving self-directed support	92%	93%	93% (93%)	On target
% clients receiving direct payments	28%	28.0%	26.7% (28.0%)	Within agreed tolerance
% clients receiving a review within 18 months	93%	93%	90% (93%)	Within agreed tolerance
No. of permanent care home placements (snap shot)	617	600	619 (600)	Within agreed tolerance
Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	599.0	450.0	562.9 (450)	Below target. Figure expected to improve after validation. (199 admissions)
Carers receiving needs assessment, review, information, advice, etc.	43%	18.0%	13.3% (18.0%)	Below target. Impacted by a process change to care management system. Carers lead monitoring to ensure staff are following new process. (401 /3017)
% carers receiving self directed support	85%	85%	86% (85%)	On target
% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	100%	100%	100% (100%)	On target
% Repeat safeguarding referrals in last 12 months	8.0%	8.0%	6.8% (8.0%)	On target
% Adults with learning disabilities in paid employment	4.0%	3.5%	2.8% (3.5%)	Below target. Recording reset in April 2018 to improve accuracy. Outturn expected to increase throughout year as reviews are completed. (12 / 435)
% Adults with learning disabilities in settled accommodation	75%	76%	74% (76%)	Within agreed tolerance
Delayed transfers of care from hospital (delays per day) - Torbay residents (BCF)	9.2	9.2	9.9 (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 Community Board.

Corporative Objective	Measure	Target 2018/2019	13 month trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to date 2018/19
PUBLIC HEALTH SERVICES																	
	CAMHS - % Urgent referrals seen within 1 week	88.0%		83.3%	66.7%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	66.7%	100.0%	66.7%	50.0%	100.0%	84.0%
	CAMHS - % patients waiting under 18 weeks at month end [B]	92.0%		98.4%	100.0%	100.0%	98.9%	100.0%	98.3%	97.9%	98.4%	97.6%	94.1%	96.2%	93.7%	86.7%	94.0%
	% of face to face new birth visits within 14 days *	95.0%		79.0%	96.8%	90.5%	91.2%	93.1%	93.7%	89.9%	95.9%	91.8%	94.1%	92.1%	91.0%	96.2%	93.3%
	Children with a child protection plan * [B]			254	235	198	176	160	146	149	146	153	166	166			166
	4 week smoking quitters (Quarterly) ** [B]			156			232			342			61				61
	Opiate users - % successful completions of treatment (Quarterly) ** [B]			7.9%			7.8%			8.0%			7.5%				7.5%

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

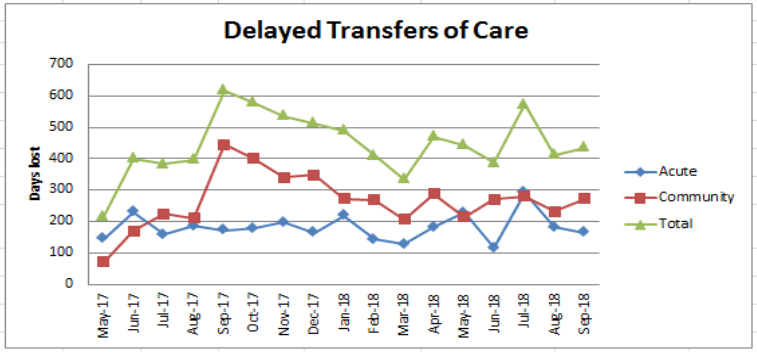
CAMHS - Target waiting times from referral to assessment have not been met in July and August. This will be reviewed at the community performance review meeting.

Community Services and Social Care metrics

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

	Act. 15/16 Outturn	16/17 Year End Target	Target Sep-18	Sep-18	Total	YTD Target	Cum. Direction of Travel
Admissions / Discharges							
Total Admissions (General)	2,841	2,841	242	232	1,411	1,413	→
Direct Admissions (General)	274	274	12	24	152	133	↑
Transfer Admissions (General)	2,567	2,567	230	208	1,259	1,280	↓
Stroke Admissions	301	301	27	24	158	155	↑
Transfers from CH to DGH	52	52	28	11	115	129	↓
Beds							
Bed Occupancy [1]	90.9%	90.0%	90%	90.7%	90.1%	90.0%	
Bed Days Lost to Delays [2]	3,190	0	266	272	1,569	1,595	↓
Bed Days Lost to Bed Closure	99			43	309		
Length of Stay							
Delayed Discharges				37	226		
Average Length of Stay - Overall (General)	11			10.4	11.1		↓
Average Length of Stay - Direct Admissions	8.4	12.0	12.0	7.1	7.7	12.0	↓
Average Length of Stay - Transfer Admissions	11.3	12.0	12.0	10.7	11.5	12.0	↓
Average Length of Stay - Stroke	15.1	0.0	0.0	14.2	14.4	18.0	↓
Long LoS (>30 days)	171	171	14	13	85	70	↑
MIUs							
Total MIU Activity [3]	37,308	37,308	3,178	3,725	23,603		
New MIU Attendances	31,645	31,645	2,708	3,190	20,284	17,105	↑
All Follow Up Attendances	5,663	5,663	121	535	3,319	2,944	↑
Planned Follow Up Attendances [4]	4,857	4,857	382	409	2,693	2,491	↑
Unplanned Follow Up Attendances [4]	806	806	88	126	626	453	↑
MIU Four Hour Breaches	2	2	0	0	1	1	
Average Waiting Time (Mins) - 95th Pctile	28	45	45	50	49	45	

Corporative Objective	Measure	Target 2018/2019	13 month trend	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to date 2018/19
COMMUNITY BASED SERVICES													
	Nursing activity (F2F)	204,385		17,615	15,792	15,533	17,074	18,633	17,633	18,057	17,085	13,788	102,270
	Therapy activity	65,415		5,771	5,066	4,411	5,558	5,874	6,026	5,942	5,795	4,835	34,030
	No. intermediate care urgent referrals [B]	2,189		222	187	161	203	163	163	172	156	124	981
	No. intermediate care placements	0		149	112	114	115	95	72	92	87	85	546
	Intermediate Care - placement average LoS [B]	12.0		16.4	14.1	17.5	14.9	16.4	17.5	16.0	12.5	13.9	15.2



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) is 11.1 days (10.6 last month). 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 slight increase in bed days lost due to delayed discharges to 272 in September from 232 in August.

Minor injury Units
Waiting times in MIUs are being maintained with a median time of 49 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 15.2 days. There remains variation between different zones in the utilisation of IC and the percentage of referrals that convert to placement, this is being reviewed as part of the wider ICO evaluation work.

Transfers of Care (DToC)
The number of bed days reported as lost to delayed transfers of care (opposite) increased in August. Teams continue to validate and escalate delays on a daily basis. The recent go live of the discharge HUB that is a single 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 6 (performance to end of September 2018)

NHS I Performance indicator Summary

STP / NHSI Operational Plan - Monitored indicators

Indicator	National Standard	Operational plan / revised trajectory (M6)	Trust performance (M6)
A&E 4hr waits (PSF)	95%	90.0%	83.8%
RTT 18 week waits	92%	82.7%	81%
62 day Cancer waits	85.0%	73.0%	86.0%
Diagnostics waits < 6 weeks	99.0%	>94%	92.3%
Dementia Find	90%	90%	86.0%

NHSI Operational Plan indicators (Month 6)

A+E: Trajectory **not met** - Performance for September (83.8%) This is a fall on the previous month (87.2%).

RTT: The RTT performance is **not met** (81%) - Recovery plans are being implemented and we continue to work with the NHSI support team to evaluate further opportunities in the most challenged areas .

Cancer: Recovery plan Trajectory and National standard forecast to be **met** in September 86.0% (pre final validation).

Diagnostics: The diagnostics trajectory is **not met with** 92.3% of patients waiting under 6 weeks.

Recovery trajectories and regulator monitoring - NHSI are now monitoring our performance on a weekly basis against agreed recovery plans and performance trajectories as set out below:

1. RTT longest waits over 52 weeks - Original NHSi plan 40 over 52 weeks at end of March 2019. Revised plan 16 over 52 weeks - performance is currently following the expected trajectory that shows an increase up to end of September followed by a gradual reduction to end of March - weekly meetings are in place with teams and operational plans remain on track to deliver this trajectory of improvement.

2. Cancer urgent referral (2week wait) - compliant by October 2018 - This is now forecast not to be met due to shortage of locum support in Urology and Colorectal surgery. This is delaying the recovery plan. Operational teams are in the process of reprofiling the recover y plan and this will be shared with NHSI.

3. 62 day cancer referral to treatment standard to be compliant by January 2019 - Current forecast with plans in place is that this can be delivered - however the impact of winter pressures on IP elective routine and urgent work will be subject to review.

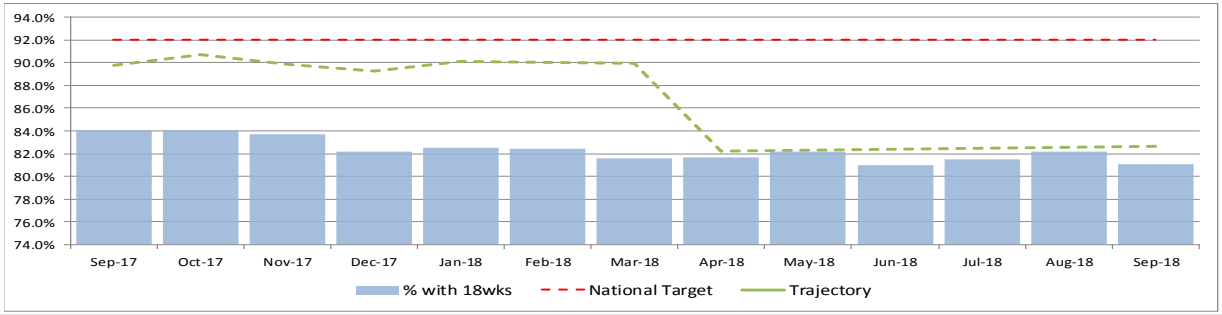
Further detail on the latest performance against the NHSi indicators is included in the following focus report pages

NHSI Indicator - Referral to Treatment

Submitted Spec	Total >18 weeks	Grand Total Incomplete Pathways	% < 18wk
Dermatology	111	1137	90.24
Cardiology	112	1132	90.11
Rheumatology	115	426	73.00
Gastroenterology	116	1214	90.44
Pain Management	118	551	78.58
Neurology	124	475	73.89
Colorectal Surgery	156	417	62.59
Paediatrics	179	915	80.44
Respiratory Medicine	186	884	78.96
Oral Surgery	192	1109	82.69
Urology	219	1088	79.87
Upper Gastrointestinal Surgery	344	718	52.09
Ophthalmology	499	2238	77.70
Trauma & Orthopaedics	677	2321	70.83
Grand Total	3558	18762	81.04

Referral to Treatment - Incomplete pathways

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Incomplete <18wks	15403	15713	14945	14669	14752	14952	15386	15693	16057	15693	15416	15385	15204
Incomplete >18wks	2932	2985	2902	3173	3127	3186	3473	3524	3490	3688	3494	3338	3558
% with 18wks	**84.0%**	**84.0%**	**83.7%**	**82.2%**	**82.5%**	**82.4%**	**81.6%**	**81.7%**	**82.1%**	**81.0%**	**81.5%**	**82.2%**	**81.0%**
National Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Trajectory	89.8%	90.7%	89.9%	89.3%	90.1%	90.0%	90.0%	82.2%	82.3%	82.4%	82.5%	82.6%	82.7%



RTT performance has remained static with the proportion of people waiting less than 18 weeks remaining at 81.04%, 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 2.4% since April 2018 in line with our operational plan commitment to maintain or reduce total number waiting.

For September 87 people will be reported as waiting over 52 weeks, this being an increase on last month's 77 however better than our revised trajectory of improvement agreed with NHSI of 89 for September. Operational pressures and slippage against plans to recruit to posts remain a risk to continued reduction of the number of patients waiting over 52 weeks for treatment.

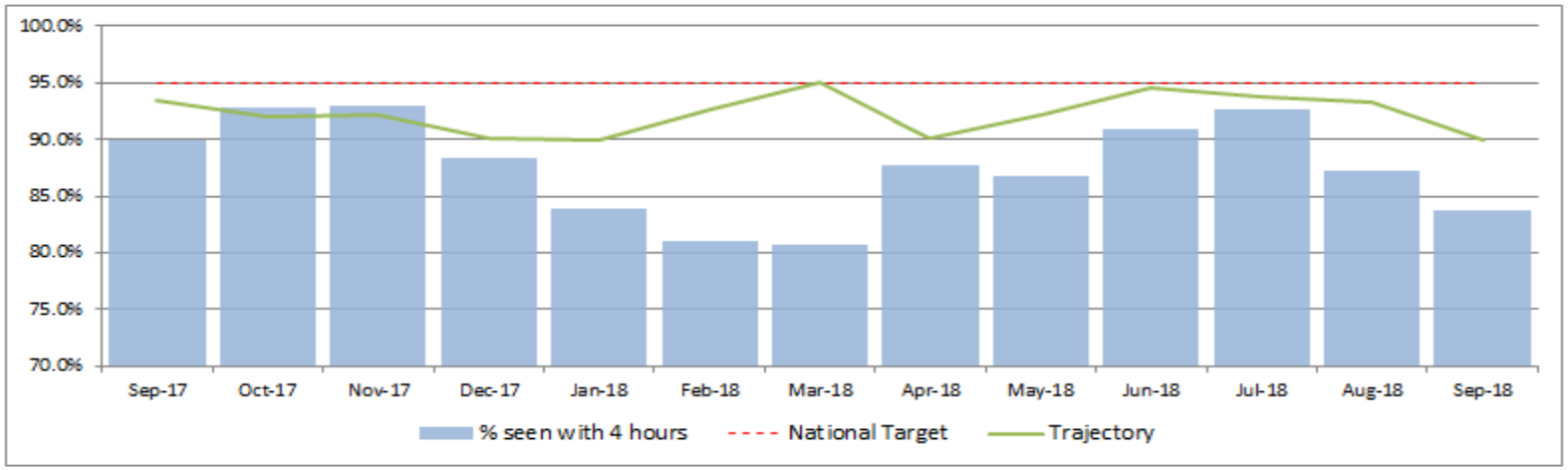
Risk: High There is significant risk to delivering the increased levels of activity needed to maintain the 82% RTT performance standard and reduce the longest waits over 52 weeks. Several specialties continue to have capacity and demand imbalances that will see a continued increase in access times. Investment 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 has now concluded with 2 Consultants for Urology appointed (starting in early 2019), 1 Consultant for Colorectal appointed (starting in early 2019) and 1 for UPGI appointed and started with approval for another and recruitment is underway. Capacity from the independent sector is being sourced in these specialties and being planned for Trauma & Orthopaedics. In addition, insourcing capacity for Gastroenterology and Ophthalmology is being planned. (insourcing is using 3rd party contracting of clinical teams to use TSDFT facilities out side of normal hours).

Monitoring patients waiting longer than 52 weeks: Whilst the performance is remaining static and longest waits over 52 weeks have increased in September, overall numbers waiting over 40 weeks have reduced by 7% - it is expected that the injection of capacity, internally and externally, will improve the position and mitigate any potential loss of capacity in the proposed winter 'elective pause' - It has been agreed that Trauma & Orthopaedics will retain protected beds on Ella Rowcroft to support routine inpatient elective surgery to stabilise the waiting list position through the winter months. Analysis of the longest waiting 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 11 patients who have chosen to wait longer than 52 weeks.

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 September with 83.8% (87.2% last month) against the trajectory of 90%.
In September there were 22 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 October 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 September, four patients are reported as having a trolley wait from decision to admit to admission to an inpatient bed of over 12 hours.

Opel status summary

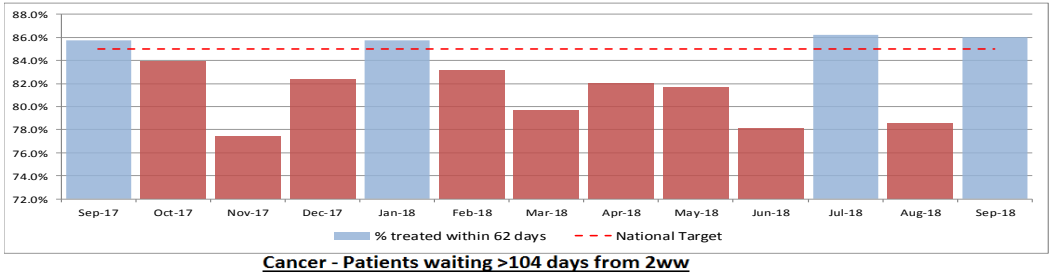
Opel status	September	October	November	December	January	February	March	April	May	June	July	August	September
Opel 1	4	12	15	6	0	0	2	10	9	26	22	7	0
Opel 2	9	14	11	11	2	2	5	9	6	4	7	9	2
Opel 3	17	5	4	13	23	24	14	10	15	0	3	15	22
Opel 4	0	0	0	1	6	2	10	1	1	0	0	0	0
Performance	89.90%	92.80%	92.90%	88.30%	83.80%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

Cancer treatment and cancer access standards

CWT Measure	Target	September 2018 Within Target	September 2018 Breached Target	September 2018 Total	September 2018 Performance	Quarter 2 Total Within Target	Quarter 2 Total Breached Target	Quarter 2 Total Total	Quarter 2 Total Performance
14 Day - 2ww referral	93%	947	243	1190	79.6%	2757	1025	3782	72.9%
14 Day - Breast Symptomatic referral	93%	81	1	82	98.8%	264	15	279	94.6%
31 Day 1st treatment	96%	184	5	189	97.4%	543	11	554	98.0%
31 Day Subsequent treatment - Drug	98%	56	0	56	100.0%	202	0	202	100.0%
31 Day Subsequent treatment - Radiotherapy	94%	44	2	46	95.7%	154	3	157	98.1%
31 Day Subsequent treatment - Surgical	94%	29	0	29	100.0%	92	5	97	94.8%
31 Day Subsequent treatment - Other		23	0	23	100.0%	85	0	85	100.0%
62 day 2ww / Breast	85%	89	14.5	103.5	86.0%	250	50	300	83.3%
62 day Screening	90%	13	1	14	92.9%	42	1	43	97.7%

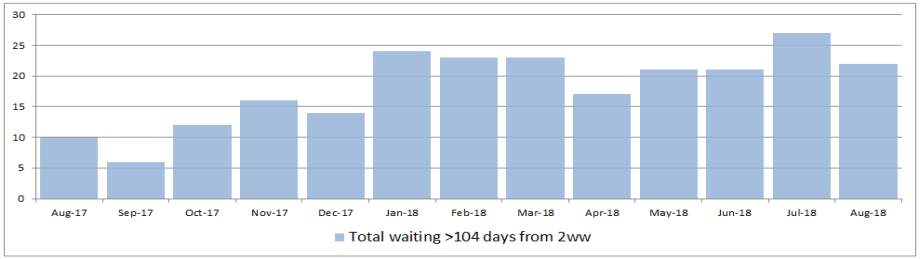
Cancer - 62 day wait for 1st treatment from 2ww referral

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
1st treatments (from 2ww)	98	84	97.5	85	94.5	83	91	108.5	109	112	87	109.5	103.5
Breaches of 62 day target	14	13.5	22	15	13.5	14	18.5	19.5	20	24.5	12	23.5	14.5
% treated within 62 days	85.7%	83.9%	77.4%	82.4%	85.7%	83.1%	79.7%	82.0%	81.7%	78.1%	86.2%	78.5%	86.0%
National Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



Cancer - Patients waiting >104 days from 2ww

	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 forecast for September and Q2 performance (at 17th October 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.*
Two cancer treatment time standards are not met in September:

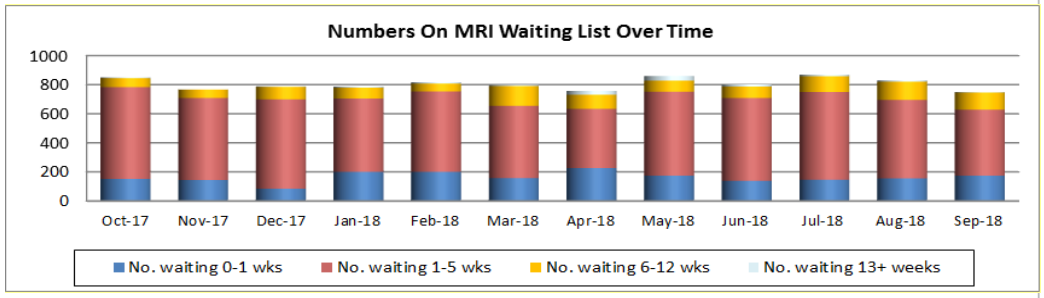
Urgent cancer referrals 14 day 2ww: At 79.6% in September this remains below the standard of 93% although is showing improvement against our trajectory of improvement to meet the 93% standard in October 2019. Loss of a urology locum and continued difficulties in recruiting and maintaining locum capacity remains a challenge and is a risk to achieving the trajectory of improvement against this and 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.

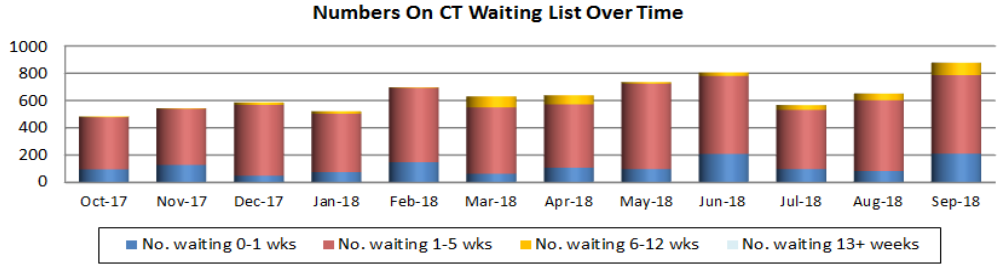
NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard has been met in September 86.0% .
Significant risk remains in the pathways for Urology and Lower GI linked to the capacity constraints and long wait for first appointment.

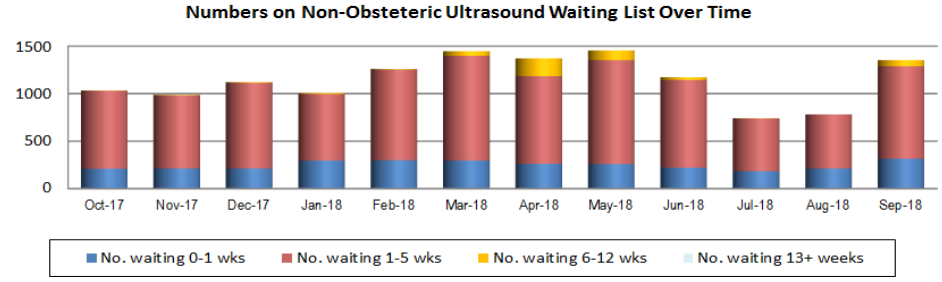
Longest waits greater than 104 days
In September, 2 Patients received treatment having a waiting time over 104 days.

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







The number of patients with a diagnostic wait over 6 weeks has risen in September to 323 (7.7%) from 222 (6.6%) in August.

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.

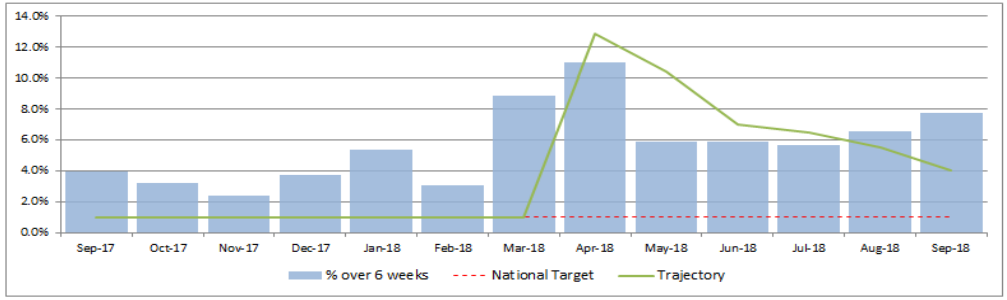
The highest number of patients with long waits in August is for MRI with 121 patients waiting over 6 weeks. The largest increase has been seen in non-obstetric ultrasound which is reliant on additional sessions to maintain the 6-week standard.

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.

Diagnostic Tests Longer than the 6 week standard

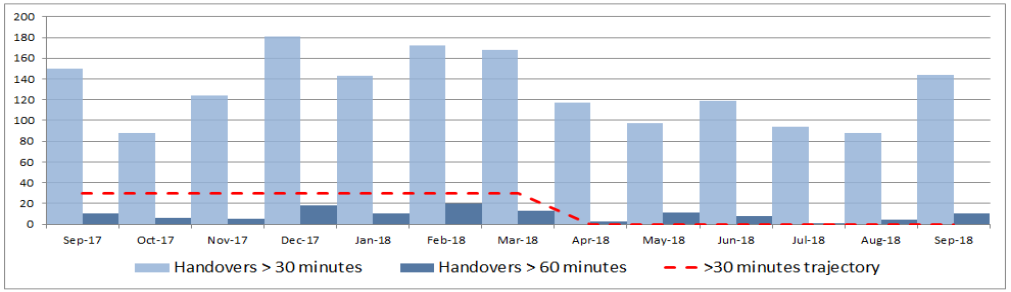
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Patients	3900	3550	3382	3591	3550	4058	4283	4166	4370	3939	3352	3377	4173
Waiting longer than 6 weeks	153	114	81	134	191	125	380	458	256	231	191	222	323
% over 6 weeks	3.9%	3.2%	2.4%	3.7%	5.4%	3.1%	8.9%	11.0%	5.9%	5.9%	5.7%	6.6%	7.7%
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%	12.84%	10.42%	7.03%	6.48%	5.54%	4.01%



Other performance exceptions

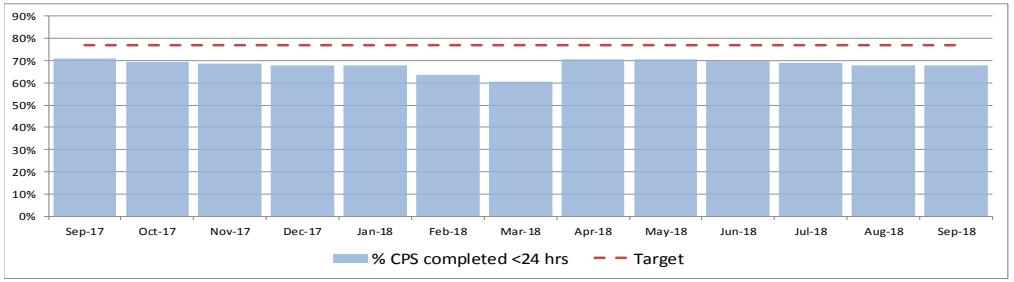
Ambulance handovers

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Handovers > 30 minutes	150	88	124	181	143	172	168	117	97	119	94	88	144
Handovers > 60 minutes	10	6	5	18	10	20	13	3	11	8	1	4	10
>30 minutes trajectory	30	30	30	30	30	30	30	0	0	0	0	0	0



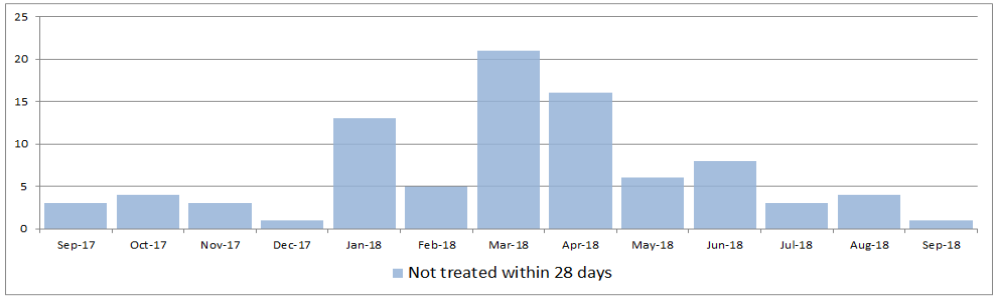
Care Plan Summaries completed with 24 hours of discharge - Weekday

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Discharges	1239	1269	1251	1104	1161	959	1014	1146	1298	1240	1247	1259	1044
CPS completed within 24 hours	1746	1825	1821	1625	1716	1511	1677	1628	1844	1776	1804	1859	1535
% CPS completed <24 hrs	71%	70%	69%	68%	68%	63%	60%	70%	70%	70%	69%	68%	68%
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

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



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)

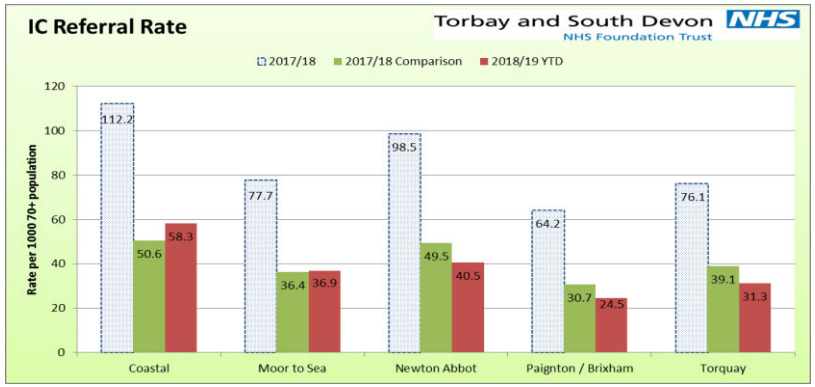
Improvement remains a challenge to complete CPSs within 24 hours of discharge with 68% achieved in September for weekday discharges against the internal target for improvement of 77%. The challenges remain with the manual processes and duplication of information already recorded. The strategy is to reduce the manual entry requirements and demands on junior doctor time by increasing the automatic transfer of data from existing electronic records.

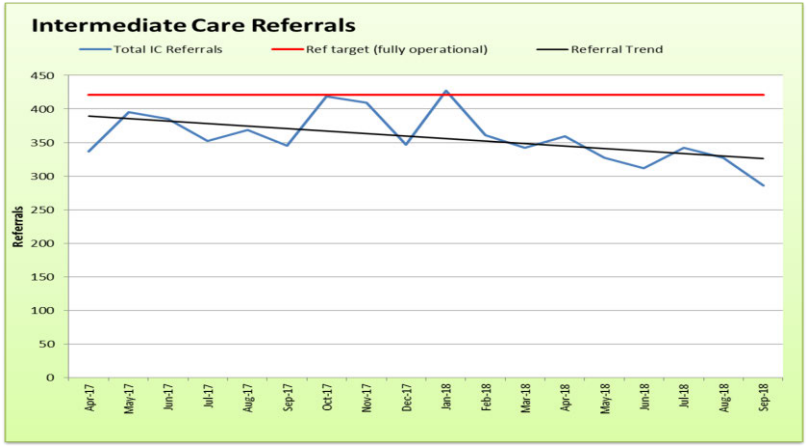
The current performance is slightly lower for the same period last year.

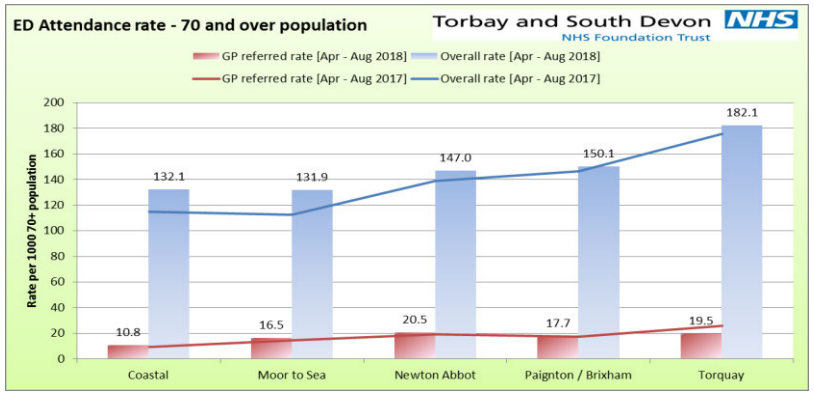
Cancelled operations

In September, 1 patient requiring rebooking had to wait longer that 28 days following cancellation by the hospital.

Integrated Care model







Integrated Community record: In September we rolled out the much anticiapted integrated community record using System One for the coastal locality. As a consequence the ICO Metrics, Locality Dashboards and IC dashboard information does not have any data from SystmOne this month for coastal. This will be updated next month.

Last month we saw the implementation of the **Enhanced Care at home GP contract**. By 18th October, locality review meetings with GP leads and IC teams will have taken place in all localities except coastal which is being planned. These meetings 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.

The number of bed days used for the over 70's in Acute, Community Hospital and IC Placements has fallen each month since April, however we have used almost 3,000 more bed days in comparison to the same period the previous year for this cohort of patients. Each locality has dropped in line with this monthly fall other than in Coastal where the bed days used seem to be static a contrast to the other localities.

We continue to see less referrals from GP's into Intermediate Care (IC) compared to this time last year. The ratio of GP referrals to IC compared to GP referrals to ED is shown below[IC:ED]:

Coastal 1:1
Moor to Sea 1:2
Newton Abbot 1:3
Paignton / Brixham 1:3
Torquay 1:5

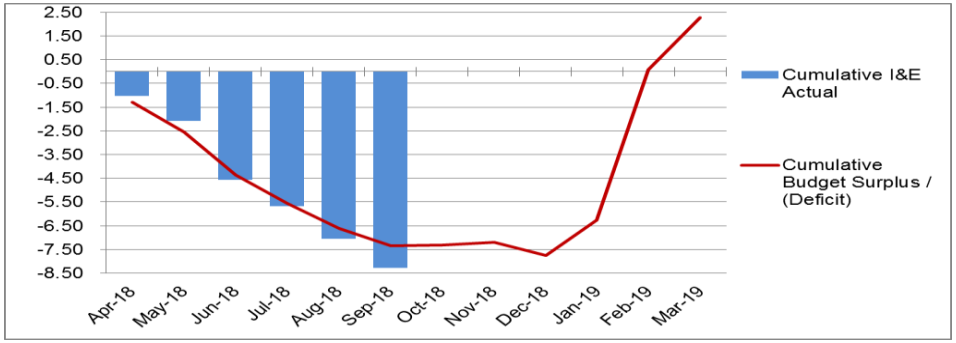
We continue to see a difference in the number of actual referrals and the expected level of referrals . One of the reasons offered for this by teams is that this is because of changes to pathways which means the wider health and wellbeing team support with referrals previously identified as IC. Teams continue to focus 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

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	207.85	1.90	209.74	207.91	(1.83)	421.47	421.98
Pay	(113.15)	(1.17)	(114.31)	(115.14)	(0.83)	(225.16)	(227.85)
Non Pay	(94.66)	(0.25)	(94.91)	(93.46)	1.45	(179.63)	(179.57)
EBITDA	**0.04**	**0.48**	**0.52**	**(0.69)**	**(1.21)**	**16.69**	**14.56**
Financing Costs	(7.41)	(0.25)	(7.66)	(7.58)	0.08	(14.41)	(12.32)
SURPLUS / (DEFICIT)	**(7.37)**	**0.23**	**(7.14)**	**(8.27)**	**(1.13)**	**2.28**	**2.24**
NHSI Exclusions	0.04	0.00	0.04	0.31	0.27	(0.56)	(0.56)
Plan Adjusted Surplus / (Deficit)	**(7.32)**	**0.23**	**(7.10)**	**(7.96)**	**(0.86)**	**1.72**	**1.68**
Remove PSF Income	(2.15)	0.00	(2.15)	(1.51)	0.65	(6.15)	(6.15)
Variance to Control Total (Excl PSF)	**(9.48)**	**0.23**	**(9.25)**	**(9.47)**	**(0.22)**	**(4.42)**	**(4.47)**

Cash Balance	1.10			5.07	**3.97**	**1.33**	
Capital Expenditure	6.69	0.00	6.69	2.45	**(4.24)**	**27.34**	
CIP Delivery	5.82	0.00	5.82	6.37	**0.55**	**26.93**	

KPIs (Risk Rating)	YTD Plan	YTD Actual
Indicator	**Rating**	**Rating**
Capital Service cover rating	4	4
Liquidity rating	4	4
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

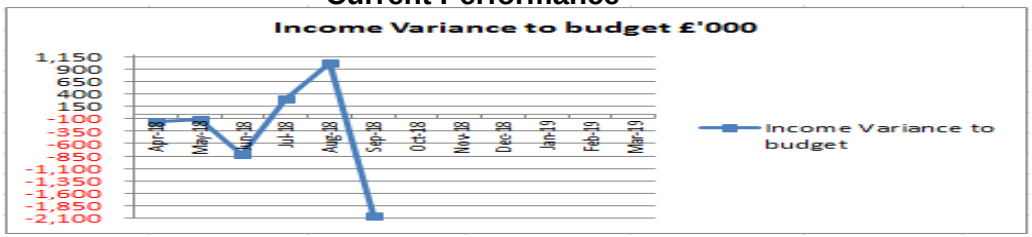
- The Trust has a Control Total for the year of a surplus of £1.725m, which includes income from the Provider Sustainability Fund (PSF).
- The financial position at 30th September 2018 is a £8.27m deficit, which is £1.13m behind the budgeted position.
- Excluding the income and expenditure not used by NHS Improvement in their assessment framework, a deficit of £7.96m is recorded; £0.86m 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 slightly better than plan at £9.47m deficit.
- There is a net movement in re-categorisation of plan to budget of £0.23m relating mainly to funding of the 2018/19 Agenda for Change pay award and re-phasing of budget for the Medical pay award.
- The Trust did not earn the performance element of the Provider Sustainability Fund (PSF) at Q1 or Q2 and Q3 PSF is looking extremely challenging to achieve. The finance element of the PSF was secured at Q1 and Q2, but this position will reduce available cash balances by £0.65m by year end relating to Q1 and Q2 with Q3 looking unlikely and Q4 will require a significant performance improvement if that is to be received.
- 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 £3.8m of this forecast is at 'idea / concept' stage and a further £4.8m at the validated stage. A significant proportion of the programme remains non-recurrent at present.
- Total pay run rates decreased by £1.61m; £1.39m relate to Substantive and Bank staff cost reflecting in month spend compared to M5 which included 3 months of backdated pay award. £0.22m relate to reduction in Agency spend compared to M5.
- Non pay expenditure run rates are slightly higher at £15.84m. The non pay underspend as at M6 is £1.45m including underspend in investment reserve.
- The CIP target for year to date is £5.82m, against which a total of £6.37m has been delivered; an overachievement of £0.55m.
- 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 £6.69m underspent.
- The Trust's Finance Risk Rating is a 3 at M6. The Agency spend rating remains adverse to Plan. If the current level of I&E deficit continues, the overall rating is likely to drop to a 4 during Q3.

Summary of Financial Performance

	Month 06					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	30.94	1.64	32.58	30.91	(1.67)	185.76	1.83	187.60	186.61	(0.98)	0.69	(1.67)	371.25	374.89
Other Operating income	4.03	(0.03)	4.00	3.62	(0.38)	22.08	0.06	22.15	21.30	(0.85)	(0.46)	(0.38)	50.22	47.09
Total Income	**34.98**	**1.61**	**36.58**	**34.53**	**(2.05)**	**207.85**	**1.90**	**209.74**	**207.91**	**(1.83)**	**0.22**	**(2.05)**	**421.47**	**421.98**
Employee Benefits - Substantive	(18.26)	(1.38)	(19.65)	(18.12)	1.53	(109.89)	(1.46)	(111.35)	(111.25)	0.10	(1.43)	1.53	(218.98)	(222.11)
Employee Benefits - Agency	(0.51)	0.04	(0.46)	(0.53)	(0.07)	(3.25)	0.29	(2.97)	(3.90)	(0.93)	(0.86)	(0.07)	(6.18)	(5.75)
Drugs (including Pass Through)	(2.84)	0.01	(2.83)	(2.62)	0.21	(17.03)	0.06	(16.97)	(15.80)	1.17	0.96	0.21	(32.61)	(32.49)
Clinical Supplies	(2.13)	(0.01)	(2.14)	(1.93)	0.20	(12.62)	(0.06)	(12.68)	(12.28)	0.40	0.20	0.20	(23.86)	(23.99)
Non Clinical Supplies	(0.41)	0.11	(0.30)	(0.42)	(0.12)	(2.40)	0.13	(2.27)	(2.45)	(0.19)	(0.07)	(0.12)	(4.56)	(4.29)
Other Operating Expenditure	(10.43)	(0.02)	(10.45)	(10.86)	(0.41)	(62.61)	(0.38)	(62.99)	(62.93)	0.06	0.47	(0.41)	(118.59)	(118.80)
Total Expense	**(34.57)**	**(1.26)**	**(35.83)**	**(34.48)**	**1.35**	**(207.80)**	**(1.42)**	**(209.22)**	**(208.61)**	**0.62**	**(0.73)**	**1.35**	**(404.79)**	**(407.42)**
EBITDA	**0.40**	**0.35**	**0.75**	**0.04**	**(0.71)**	**0.04**	**0.48**	**0.52**	**(0.69)**	**(1.21)**	**(0.51)**	**(0.71)**	**16.69**	**14.56**
Depreciation - Owned	(0.72)	0.00	(0.72)	(0.70)	0.02	(4.24)	0.00	(4.24)	(4.19)	0.06	0.04	0.02	(8.73)	(8.73)
Depreciation - donated/granted	(0.06)	0.00	(0.06)	(0.05)	0.01	(0.37)	0.00	(0.37)	(0.31)	0.06	0.05	0.01	(0.74)	(0.74)
Interest Expense, PDC Dividend	(0.52)	0.00	(0.52)	(0.51)	0.01	(3.12)	0.00	(3.12)	(3.08)	0.04	0.04	0.01	(6.23)	(6.23)
Donated Asset Income	0.16	0.00	0.16	0.00	(0.16)	0.33	0.00	0.33	0.00	(0.33)	(0.16)	(0.16)	1.30	1.30
Gain / Loss on Asset Disposal	0.00	(0.15)	(0.15)	0.00	0.15	0.00	(0.25)	(0.25)	0.00	0.25	0.10	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)	**(0.73)**	**0.20**	**(0.53)**	**(1.22)**	**(0.68)**	**(7.37)**	**0.23**	**(7.14)**	**(8.27)**	**(1.13)**	**(0.44)**	**(0.68)**	**2.28**	**2.24**
Adjusted Plan Position														
Donated Asset Income	(0.16)	0.00	(0.16)	0.00	0.16	(0.33)	0.00	(0.33)	0.00	0.33	0.16	0.16	(1.30)	(1.30)
Depreciation - Donated / Granted	0.06	0.00	0.06	0.05	(0.01)	0.37	0.00	0.37	0.31	(0.06)	(0.05)	(0.01)	0.74	0.74
Impairment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adjusted Plan Surplus / (Deficit)	**(0.83)**	**0.20**	**(0.63)**	**(1.16)**	**(0.53)**	**(7.32)**	**0.23**	**(7.10)**	**(7.96)**	**(0.86)**	**(0.33)**	**(0.53)**	**1.72**	**1.68**
NHSI Adjustment to Control Total														
Remove PSF Income	(0.41)	0.00	(0.41)	(0.29)	0.12	(2.15)	0.00	(2.15)	(1.51)	0.65	0.52	0.12	(6.15)	(6.15)
Variance to Control Total Excluding PSF	**(1.24)**	**0.20**	**(1.04)**	**(1.45)**	**(0.41)**	**(9.48)**	**0.23**	**(9.25)**	**(9.47)**	**(0.22)**	**0.19**	**(0.41)**	**(4.42)**	**(4.47)**

Income

Current Performance



Operating Income	Year to Date - Month 06					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	157.13	0.84	157.97	156.78	(1.20)	0.54	(1.74)
Council Social Care (inc Public Health)	22.92	0.94	23.85	23.40	(0.45)	(0.37)	(0.08)
Client Income	4.49	0.06	4.56	5.06	0.51	0.40	0.11
Private Patients	0.89	0.03	0.92	0.82	(0.10)	(0.08)	(0.02)
Other Income	0.33	(0.03)	0.30	0.55	0.25	0.20	0.05
Operating Income from patient care activities	**185.76**	**1.84**	**187.60**	**186.61**	**(0.99)**	**0.69**	**(1.67)**
Other Income	15.46	0.04	15.50	14.83	(0.67)	(0.41)	(0.25)
Research and Education	4.47	0.02	4.49	4.96	0.47	0.47	(0.01)
Sustainability & Transformation funding	2.15	0.00	2.15	1.51	(0.65)	(0.52)	(0.12)
Other operating income	**22.08**	**0.06**	**22.15**	**21.30**	**(0.85)**	**(0.46)**	**(0.38)**
Total	**207.85**	**1.90**	**209.74**	**207.91**	**(1.83)**	**0.22**	**(2.06)**

Contract income by Commissioner	Year to Date - Month 06					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	88.37	0.04	88.40	88.37	(0.04)	(0.03)	(0.01)
North, East & West Devon Clinical Commissioning Group	2.94	(0.46)	2.48	2.48	0.00	0.00	0.00
NHS England - Area Team	3.84	0.00	3.84	3.72	(0.12)	(0.06)	(0.06)
NHS England - Specialist Commissioning	15.19	0.00	15.19	14.03	(1.16)	(0.88)	(0.28)
Other Commissioners	4.64	0.63	5.27	5.29	0.02	1.47	(1.44)
South Devon & Torbay Clinical Commissioning Group (Placed People and Community Health)	41.13	0.46	41.59	41.53	(0.05)	(0.04)	(0.01)
Other Commissioners	1.03	0.18	1.20	1.35	0.15	0.09	0.06
Operating Income from patient care activities	**157.13**	**0.84**	**157.97**	**156.78**	**(1.20)**	**0.54**	**(1.74)**

MEMO - CCG Block Adjustment	Year to Date - Month 06					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Plan -	Change
	£m	£m	£m	£m	£m	£m	£m
CCG Block adjustment	(3.24)	0.00	(3.24)	(2.97)	0.27	(0.09)	0.36

Key points

- Overall Operating Income from Patient Care Activities in M6 is behind budget by £0.99m. Total operating income is £1.83m behind budget year to date.
- Within this, income from contract healthcare is £1.2m behind budget. The main variance reflects a reduction in pass through activity of £1.0m. The other £0.2m relates to non-pass through activity with the NHS Dental/Public Health contract, as well as NCA's and Specialist Commissioning.
- Council social care income is behind budget by £0.45m due to improved Better Care Fund (iBCF) and expected Levy income, currently under discussion with the Council.
- Client income is ahead by £0.51m due to over recovery on residential and nursing client contributions (matched by increase in spend) totalling £0.35m and £0.13m income CIP overachievement.
- Private patient income is behind budget by £0.1m due to lower activity in Radiology relating to staff capacity.
- Other income is higher than budget by £0.25m; of this £0.17m is due to anticipated iBCF monies to cover emergency domicilliary care cover from external providers, £0.09m from CAMHS activity offset by underachievement in Community services £0.01m.

Income

Other Operating Income	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	4.47	0.02	4.49	4.96	0.47	0.47	(0.01)
Site Services	1.09	0.06	1.15	1.16	0.01	0.00	0.01
Revenue from non-patient services to other bodies	1.86	0.33	2.19	2.35	0.16	0.16	(0.00)
Provider Sustainability Fund (PSF) Income	2.15	0.00	2.15	1.51	(0.65)	(0.52)	(0.12)
Misc. other operating revenue	12.51	(0.35)	12.16	11.32	(0.84)	(0.58)	(0.26)
Total	**22.08**	**0.06**	**22.15**	**21.30**	**(0.85)**	**(0.46)**	**(0.38)**

At Month 6, Other Operating income is lower than the cumulative budget by £0.85m.

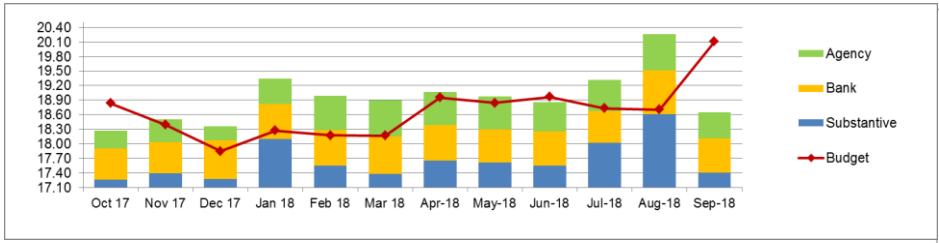
Key headlines / variances are:

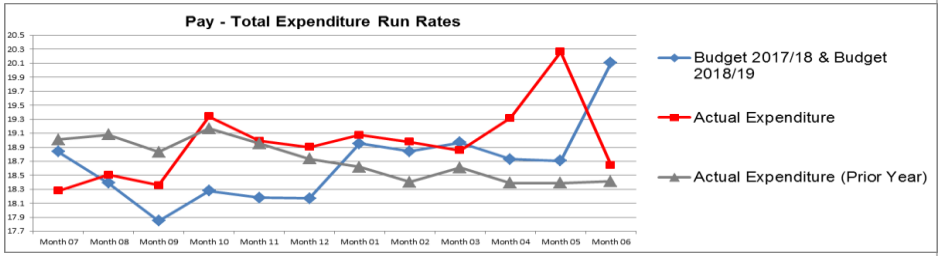
- R&D and Education income ahead of budget by £0.47m due to MADEL and NMET income.
- Non patient services to other bodies are £0.16m ahead of budget due to recharge to other NHS organisations.
- Provider Sustainability Fund (PSF) income behind budget by £0.65m due to loss of perfomance element of the income for Quarters 1 and 2.
- Other Income £0.84m behind budget mainly due to Torbay Pharmaceuticals totalling £1.29m offset by increase in various income sources amounting to £0.45m.

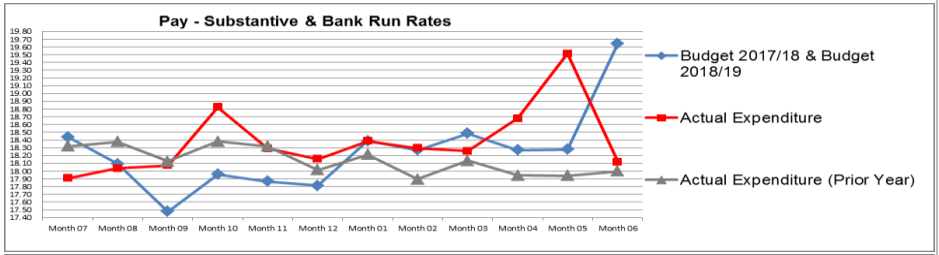
Annual PSF funding of £6.15m has been budgeted; at Month 06, £1.51m has been included in the position.

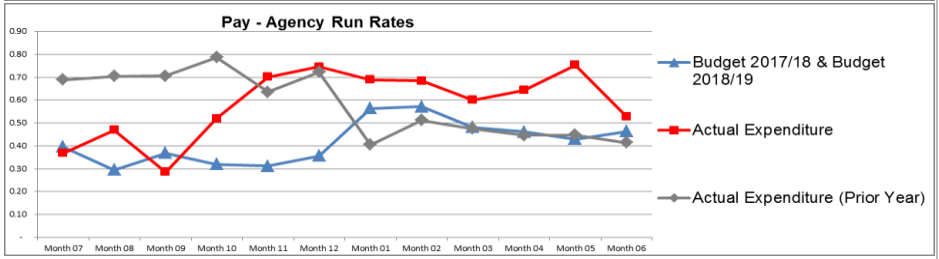
Pay Expenditure

Current Performance









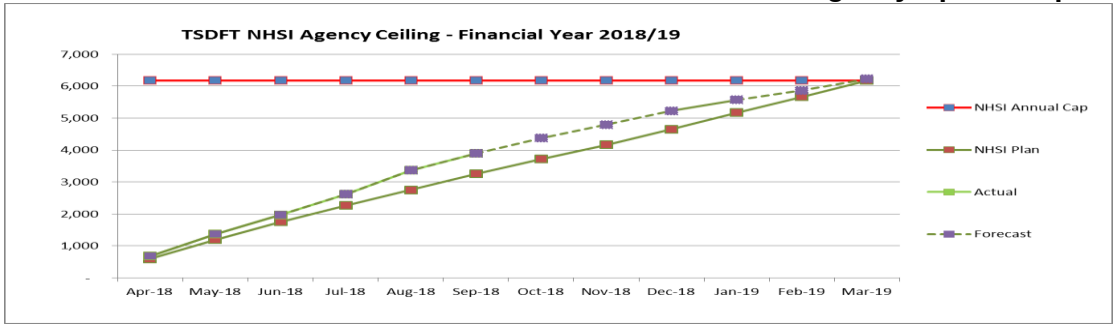
	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M
Medical and Dental	(27.32)	1.11	(26.21)	(25.73)	0.48	(54.30)	(52.50)
Nursing and Midwifery	(43.85)	(0.33)	(44.18)	(44.37)	(0.19)	(87.88)	(88.64)
Other Clinical	(25.67)	(1.27)	(26.94)	(25.90)	1.03	(51.33)	(53.91)
Non Clinical	(16.31)	(0.68)	(16.99)	(19.13)	(2.15)	(31.65)	(32.80)
Total Pay Expenditure	**(113.15)**	**(1.17)**	**(114.31)**	**(115.13)**	**(0.82)**	**(225.16)**	**(227.85)**

Key points

- Total pay costs are showing an overspend against year to date budget at Month 6 of £0.82m. The national pay award funding was transacted in month resulting in budget movement of £1.38m to date.
- Substantive and Bank pay costs are £0.10m lower than budget, and agency costs are overspent by £0.93m (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 overspend of £0.93m is mainly due to increased use of Medical Staff and Other Clinical Staff, principally CAMHS.
- Total pay run rates decreased by £1.61m; £1.39m relate to Substantive and Bank staff cost reflecting in month spend only compared to M5 which included 3 months of backdated pay award.
- Agency run rate decreased by £0.22m during September.
- The Apprentice levy balance at Month 6 is £1,036,727 (£967,754 at month 5). The Trust is currently at risk of not using levy monies before the rolling two year access window starts to close. The Trust's apprenticeship strategy is being reviewed and schemes are constantly 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	September
	£m	£m	£m	£m	£m	£m
Agency Plan 2018/19 (NHSI Ceiling)						
Planned Agency Cost	(0.59)	(0.60)	(0.56)	(0.51)	(0.48)	(0.51)
Total Planned Staff Costs	(18.97)	(18.98)	(18.94)	(18.81)	(18.73)	(18.78)
% of Agency Costs against Total Staff Cost	***3.1%***	***3%***	***3%***	***3%***	***3%***	***3%***
Agency Actual Costs 2018/19						
Agency Cost	(0.69)	(0.68)	(0.60)	(0.64)	(0.75)	(0.53)
Actual Staff Cost	(19.07)	(18.98)	(18.86)	(19.60)	(19.99)	(19.03)
% of Agency Costs against Total Staff Cost	***3.6%***	***4%***	***3%***	***3%***	***4%***	***3%***
Agency Cost vs Plan	(0.10)	(0.08)	(0.04)	(0.13)	(0.27)	(0.02)
% of Agency Costs against Total Staff Cost	***-0.5%***	***0%***	***0%***	***1%***	***1%***	***0%***

Agency - Nursing	April	May	June	July	August	September
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Agency Nurse Staff Cost	(0.23)	(0.26)	(0.20)	(0.19)	(0.30)	(0.19)
Actual Registered Nurse Staff Cost	(4.65)	(4.59)	(4.49)	(4.54)	(4.74)	(4.57)
% of Agency Costs against Nursing Staff Cost	***5%***	***6%***	***4%***	***4%***	***6%***	***4%***

Agency - All Staff Groups	Q1	M4	M5	M6	YTD 2018-19
	£m	£m	£m	£m	£m
Agency Plan 2018/19 (NHSI Ceiling)					
Planned Agency Cost	(1.75)	(0.51)	(0.48)	(0.51)	(3.26)
Total Planned Staff Costs	(56.89)	(18.81)	(18.73)	(18.78)	(113.21)
% of Agency Costs against Total Staff Cost	***3%***	***3%***	***3%***	***3%***	***2.9%***
Agency Actual Costs 2018/19					
Agency Cost	(1.97)	(0.64)	(0.75)	(0.53)	(3.90)
Actual Staff Cost	(56.91)	(19.60)	(19.99)	(19.03)	(115.53)
% of Agency Costs against Total Staff Cost	***3%***	***3%***	***4%***	***3%***	***3.4%***
Agency Cost vs Plan	(0.22)	(0.13)	(0.27)	(0.02)	**(0.64)**
% of Agency Costs against Total Staff Cost	***0%***	***1%***	***1%***	***0%***	***0.5%***

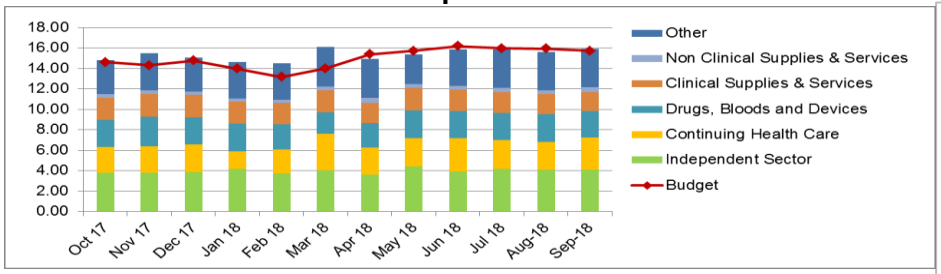
Agency - Nursing	Q1	M4	M5	M5	YTD 2018-19
	£m	**£m**			**£m**
Agency Nurse Staff Cost	(0.69)	(0.19)	(0.30)	(0.19)	(1.36)
Actual Registered Nurse Staff Cost	(13.74)	(4.54)	(4.74)	(4.57)	(27.58)
% of Agency Costs against Nursing Staff Cost	***5%***	***4%***	***6%***	***4%***	***5%***

Agency staff costs in Month 6 across all staff groups is £0.53m. This is slightly higher than the NHSI cap of £0.51m. The overall Agency cap for the Trust is £6.18m in FY 2018/19.

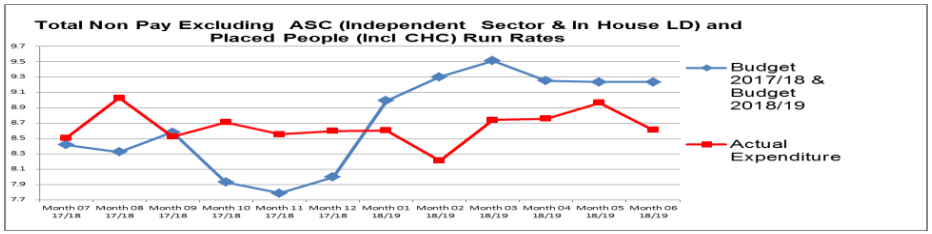
- The Agency usage to date is £3.90m against a cap of £3.26m which is £0.64m higher.
- With out any actions, the projected full year Agency spend as at M6 is £7.54m, £1.36m higher than the cap based on spend to date and anticipated operational and winter pressures. This is being reviewed and actions 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. With mitigations, the forecast is £6.23m which with further actions bring this back to the cap.
- Medical agency spend is £0.21m at Month 6 which is £0.06m higher than the £0.15m plan.
- Nursing Agency spend at Month 6 is £0.19m, which is lower than the £0.26m plan. Spend in month decreased by £0.11m from Month 5.
- The adverse Agency cost variances are mainly in the following areas: Medical Staff and Other Clinical Staff, principally CAMHS.
- The individual price rates for Nursing and Medical staff are all above NHSI individual shift rates.

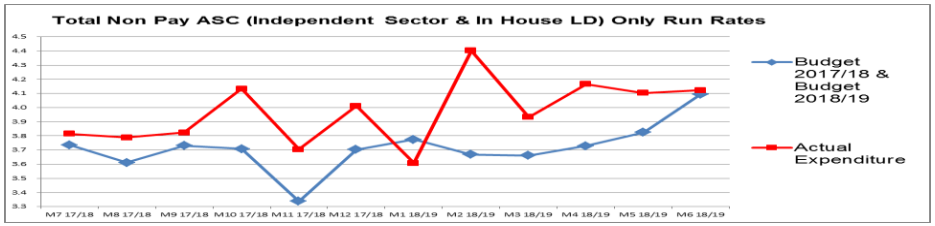
Non Pay Expenditure

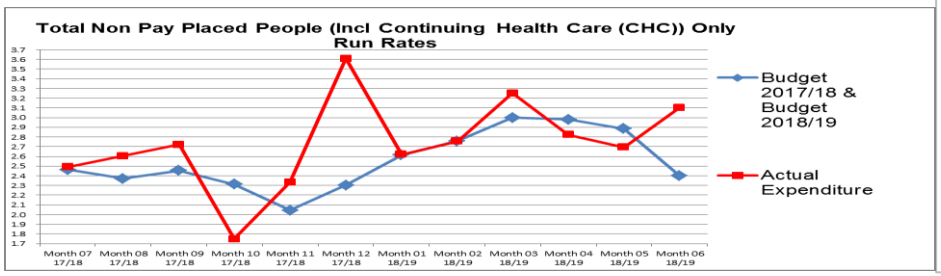
Current performance



	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	(17.03)	0.06	(16.97)	(15.80)	1.17	(32.61)	(32.49)
Clinical Supplies & Services	(12.60)	(0.06)	(12.66)	(12.17)	0.50	(23.89)	(24.02)
Non Clinical Supplies & Services	(2.40)	0.13	(2.26)	(2.45)	(0.19)	(4.55)	(4.28)
Other Operating Expenditure	(23.71)	0.09	(23.62)	(21.46)	2.16	(41.64)	(43.49)
ASC (Independent Sector & In House LD)	(22.68)	(0.07)	(22.75)	(24.33)	(1.58)	(44.61)	(42.10)
Placed People (Incl Continuing Healthcare)	(16.24)	(0.41)	(16.64)	(17.25)	(0.61)	(32.33)	(33.19)
Total Non Pay Expenditure	**(94.66)**	**(0.25)**	**(94.91)**	**(93.46)**	**1.45**	**(179.63)**	**(179.57)**



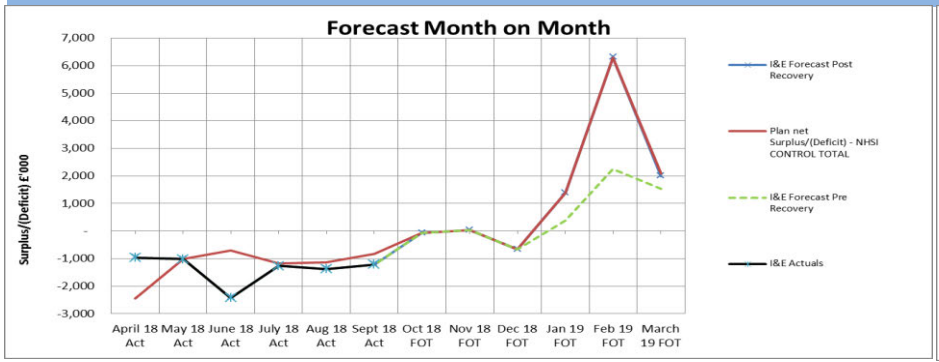


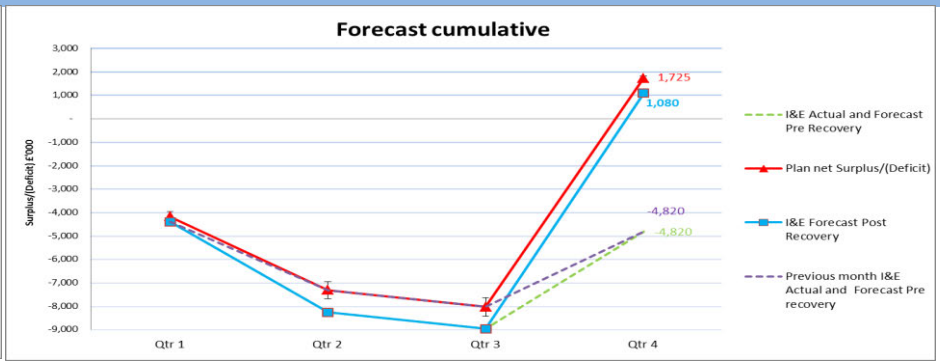


Key Points

- Drugs, Bloods and Devices - Underspent by £1.17m mainly due to pass through (£1.00m) for which income is similarly reduced for NHS England.
- Clinical Supplies – Spend is lower by £0.50m compared to budget at Month 6; underspends in Surgery and Torbay Pharmaceuticals are offset by overspend in Womens and Children (laboratory managed service and X-ray equipment / chemicals) and in Health Informatics contract maintenance. Run rates have decreased again from Month 5 by £0.03m.
- Non Clinical Supplies – Over spend of £0.19m as at end of M6 due to increased spend in month mainly relating to contracts and records management. Run rate decreased by £0.06m from the previous month.
- Placed People (including Continuing Healthcare) - Overspend of £0.61m against budget at Month 6 mainly due to transfer of Learning Disability (LD) cases from Devon County Council.
- Adult Social Care (Independent sector) - Overspend by £1.58m 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 £2.16m reflecting:
  - Premises costs underspent by £0.30m.
  - Purchase of social care net underspent by £0.76m; £0.31m relate to savings from Intermediate Care beds in South Community services, £0.55m in reserves due to phasing, Domicilliary care and Direct payments £0.03K offset by overspend in residential short stay in Community £0.13m.
  - Underspends in Education and Training £0.16m; lower Provision for Bad debt £0.57m, Establishment and Transport £0.12m and Clinical Negligence £0.50m.
  - Leases £0.05m and Other cost £0.02m offset by:
  - Purchase of Healthcare from non NHS bodies - £0.32m overspent - Women and Child's Health for Radiology, Breast Care Medical services provided and CT Scanning outsourcing (£0.19m) and Intermediate Care medical cover (£0.13m).

Forecast





Forecast position with mitigations	Plan £m	Forecast £m	Variance £m
Income			
Gross	418.02	417.97	(0.05)
Planned CIP	4.28	3.36	(0.92)
Net position	422.30	421.33	(0.97)
Pay			
Gross	(235.52)	(238.28)	(2.76)
Planned CIP	10.22	8.72	(1.50)
Net position	(225.30)	(229.56)	(4.26)
Non Pay			
Gross	(207.70)	(211.44)	(3.74)
Planned CIP	12.43	14.85	2.42
Net position	(195.27)	(196.59)	(1.32)
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 6 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 and second quarter of this financial year 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 £3.8m and £4.3m 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.

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 £15.5m deficit, a further £1m increase due to cost pressures within our Independent Sector and our acute emergency services; this does not reflect the central actions to mitigate the risk such as 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 is expected to bring down the forecast to £5.93m. The Trust continues to develop benchmarking including model hospital and 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.

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	207.85	1.90	209.74	207.91	(1.83)	421.47	421.98
Pay	(113.15)	(1.17)	(114.31)	(115.14)	(0.83)	(225.16)	(227.85)
Non Pay	(94.66)	(0.25)	(94.91)	(93.46)	1.45	(179.63)	(179.57)
EBITDA	**0.04**	**0.48**	**0.52**	**(0.69)**	**(1.21)**	**16.69**	**14.56**
Financing Costs	(7.41)	(0.25)	(7.66)	(7.58)	0.08	(14.41)	(12.32)
SURPLUS / (DEFICIT)	**(7.37)**	**0.23**	**(7.14)**	**(8.27)**	**(1.13)**	**2.28**	**2.24**
NHSI Exclusions	0.04	0.00	0.04	0.31	0.27	(0.56)	(0.56)
Plan Adjusted Surplus / (Deficit)	**(7.32)**	**0.23**	**(7.10)**	**(7.96)**	**(0.86)**	**1.72**	**1.68**
Remove STF Income	(2.15)	0.00	(2.15)	(1.51)	0.65	(6.15)	(6.15)
Variance to Control Total (Excl STF)	**(9.48)**	**0.23**	**(9.25)**	**(9.47)**	**(0.22)**	**(4.42)**	**(4.47)**

Key Drivers

The year to date position is a deficit of £8.27m against a budget deficit of £7.14m.

Further analysis by Income and Expenditure categories 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	0.50	0.10	0.60	0.94	0.34	0.99	1.08
Pay	(19.27)	0.08	(19.19)	(19.72)	(0.54)	(38.17)	(37.87)
Non Pay	(4.66)	(0.40)	(5.06)	(4.96)	0.10	(8.52)	(9.30)
Financing Costs	(0.89)	0.00	(0.89)	(0.90)	(0.01)	(1.77)	(1.77)
Surplus / (Deficit)	**(24.31)**	**(0.22)**	**(24.54)**	**(24.64)**	**(0.11)**	**(47.47)**	**(47.86)**

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 it 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	4.68	0.06	4.74	5.46	0.71	9.36	9.46
Pay	(0.45)	(0.01)	(0.47)	(0.63)	(0.16)	(1.01)	(0.95)
Non Pay	(22.68)	(0.07)	(22.75)	(24.33)	(1.58)	(44.61)	(42.10)
Surplus / (Deficit)	**(18.46)**	**(0.02)**	**(18.47)**	**(19.50)**	**(1.03)**	**(36.26)**	**(33.59)**

The £1.03m overspend is driven by £700k in unachieved TWIP. In addition to this, ASC and In House services are £335k overspent collectively. The underachievement in TWIP is linked to a lack of schemes to cover the full value of the target, with the schemes we do have largely expecting to deliver in the latter part of the year. Mental Health (under 65) is the driver of the overspend in ASC, specifically due to a surge in residential and non-residential care activity since the start of the year. In addition to this, Community Equipment spend has been moved into this area from the Corporate SDU and represents a £90k unfunded pressure.

	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	(0.57)	0.03	(0.55)	(0.44)	0.10	(1.06)	(1.09)
Non Pay	(16.24)	(0.41)	(16.64)	(17.25)	(0.61)	(32.33)	(33.19)
Surplus / (Deficit)	**(16.81)**	**(0.38)**	**(17.19)**	**(17.68)**	**(0.49)**	**(33.39)**	**(34.28)**

The main driver of the £490k overspend is a £600k overspend in CHC South, itself entirely due to the transfer of LD cases from Devon County Council (ASC) to this area. This pressure is the largest within the whole of the Independent Sector and discussions are being held at a senior level between ourselves and the CCG to mitigate the prior year financial impact (which is not included within these figures). Outside of this; CHC Torbay is overspent by circa £200k however underspends across Intermediate Care and Individual Patient Placements (IPPs) has helped to offset this.

Financial Position by SDU

Key drivers

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Medical Services							
Income	48.92	0.00	48.92	48.22	(0.70)	98.69	98.69
Pay	(22.16)	(0.59)	(22.75)	(24.37)	(1.62)	(44.39)	(45.93)
Non Pay	(13.36)	(0.07)	(13.43)	(13.26)	0.17	(25.34)	(25.49)
Surplus / (Deficit)	**13.40**	**(0.66)**	**12.75**	**10.59**	**(2.15)**	**28.97**	**27.27**

The main drivers behind the year to date overspend of £2.15m are unachieved TWIP which is £565k for the year to date plus continued overspends against pay which are £1m 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 £443k to date. Underachievement of Income amounting to £700k mainly relate to patient care activities which is £649k behind the plan for the period.

	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	36.15	0.01	36.16	36.51	0.35	72.27	72.32
Pay	(23.98)	(0.37)	(24.36)	(25.08)	(0.72)	(47.32)	(48.57)
Non Pay	(10.93)	0.02	(10.91)	(10.48)	0.43	(20.27)	(20.22)
Surplus / (Deficit)	**1.23**	**(0.34)**	**0.88**	**0.94**	**0.06**	**4.67**	**3.54**

M01-06 Patient related income does not contain our 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. The bulk of this will be used to fund RTT catch up. CIP is under delivering by £74k. £2,946k under delivery FY.

	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
Women's, Children's, Diagnostics and Therapies							
Income	22.74	0.12	22.86	22.84	(0.02)	46.09	46.33
Pay	(18.94)	(0.38)	(19.32)	(19.59)	(0.27)	(37.78)	(38.62)
Non Pay	(4.21)	(0.28)	(4.50)	(4.91)	(0.42)	(7.58)	(8.05)
Surplus / (Deficit)	**(0.41)**	**(0.54)**	**(0.95)**	**(1.66)**	**(0.71)**	**0.73**	**(0.34)**

The main drivers behind the year to date overspend of £706k are overspends against pay mainly as a result of unachieved vacancy factor target which is £450k to date aswell as 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 outsourced CT & MRI in Radiology which are not yet fully funded. Income is underachieving by £168k and is mainly against patient related income. Savings targets are overachieving by £168k to date and are helping to offset the overspend.

	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	95.19	1.60	96.79	93.94	(2.85)	195.37	195.40
Pay	(27.77)	0.08	(27.69)	(25.31)	2.38	(55.44)	(54.82)
Non Pay	(22.58)	0.96	(21.62)	(18.27)	3.35	(40.98)	(41.23)
Financing Costs	(6.85)	(0.25)	(7.10)	(6.68)	0.42	(13.93)	(11.84)
Surplus / (Deficit)	**37.99**	**2.40**	**40.38**	**43.68**	**3.30**	**85.03**	**87.51**

Income - For Month 06, Central Income holds the block adjustment £1.453m adverse for the Trust; Pharmacy Manufacturing Unit (TP) sales under budget £1.265m.
Pay - Underspent by £2.38m; Investment reserves £914k (funding held in reserves with cost pressures in SDU's), Medical Pay inflation reserve £369k and Vacancies across the SDU including, Pharmacy £252k, TP £442k, Education / Research & Development £367k, Estates & Facilities £54k, offset with unachieved CIP across the Corporate SDU.
Non pay - Overall underspend £3.35m; Contract Income bad debt provision under spent £566k, investment budget held in reserves £1.05m (funding held in reserves with cost pressures in SDU's), TP £476k, (bad debt) provisions; HR underspend in overseas recruitment costs £227k, over achievement of CIP £1.1m.

Items outside of EBITDA

	Year to Date - Month 06			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Operating income/expenditure outside EBITDA					
Donated asset income	0.33	0.00	(0.33)	(0.16)	(0.16)
Depreciation/Amortisation	(4.61)	(4.50)	0.11	0.08	0.03
Impairment	0.00	0.00	0.00	0.00	0.00
Total	**(4.29)**	**(4.50)**	**(0.21)**	**(0.08)**	**(0.13)**
Non-operating income/expenditure					
Interest expense (excluding PFI)	(0.80)	(0.76)	0.04	0.03	0.01
Interest and Contingent Rent expense (PFI)	(0.89)	(0.90)	(0.01)	(0.01)	(0.00)
PDC Dividend expense	(1.46)	(1.46)	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	0.04	0.01	0.01	0.00
Total	**(3.12)**	**(3.08)**	**0.04**	**0.04**	**0.01**
Total items outside EBITDA	**(7.41)**	**(7.58)**	**(0.17)**	**(0.04)**	**(0.12)**

Key points

- Donated asset income £0.3m adverse due to delay in these charitable projects. NB this variance falls outside the adjusted SoCI position.

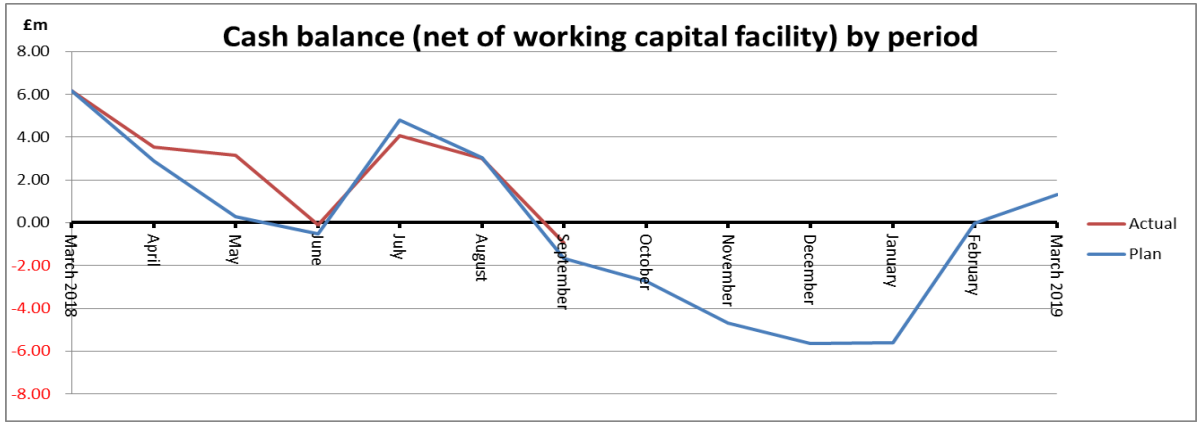
Balance Sheet

	Year to Date - Month 06			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Non-Current Assets					
Intangible Assets	9.62	8.74	(0.88)	(0.69)	(0.19)
Property, Plant & Equipment	165.52	162.40	(3.11)	(1.65)	(1.46)
On-Balance Sheet PFI	15.14	15.01	(0.13)	(0.11)	(0.02)
Other	2.37	2.38	0.01	0.02	(0.01)
Total	**192.64**	**188.53**	**(4.11)**	**(2.43)**	**(1.68)**
Current Assets					
Cash & Cash Equivalents	1.10	5.07	3.97	(0.04)	4.01
Other Current Assets	31.13	31.72	0.59	1.38	(0.78)
Total	**32.22**	**36.79**	4.57	**1.34**	**3.23**
Total Assets	**224.86**	**225.32**	**0.46**	**(1.09)**	**1.55**
Current Liabilities					
Loan - DH ITFF	(9.66)	(12.90)	(3.24)	0.00	(3.24)
PFI / LIFT Leases	(0.84)	(0.84)	0.00	0.00	(0.00)
Trade and Other Payables	(32.42)	(30.66)	1.76	1.08	0.68
Other Current Liabilities	(1.66)	(1.66)	0.00	(0.37)	0.37
Total	**(44.58)**	**(46.06)**	**(1.48)**	**0.71**	**(2.19)**
Net Current assets/(liabilities)	**(12.36)**	**(9.27)**	**3.09**	**2.05**	**1.04**
Non-Current Liabilities					
Loan - DH ITFF	(53.71)	(53.69)	0.02	0.02	(0.00)
PFI / LIFT Leases	(19.07)	(19.12)	(0.06)	(0.05)	(0.01)
Other Non-Current Liabilities	(4.94)	(4.78)	0.15	(0.02)	0.17
Total	**(77.71)**	**(77.59)**	**0.12**	(0.04)	0.16
Total Assets Employed	**102.57**	**101.67**	**(0.90)**	**(0.42)**	**(0.48)**
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	0.72	(0.18)	(0.90)	(0.42)	(0.48)
Total	**102.57**	**101.67**	**(0.90)**	**(0.42)**	**(0.48)**

Key points

- Intangible Assets, Property, Plant & Equipment and PFI are £4.1m adverse. This is primarily due to capex £4.2m lower than planned.
- Cash is £4.0m favourable, as explained on the commentary to the Cash Flow Statement.
- Other Current Assets are £0.6m higher than Plan, largely due to income received in arrears £0.5m, stock £0.7m and ASC debtor £0.9m, partly offset by reduced PSF A&E debtor £0.4m and reductions in general debtors.
- Current loans are £3.2m higher than planned, due to increased use of the working capital facility, as explained in the commentary to the Cash Flow Statement.
- Trade and Other Payables are £1.8m lower than Plan, largely due to the paying down of the capital creditor £1.7m and reductions in general creditors, partly offset by income received in advance from NHSE £1.3m.

Cash



	Year to Date - Month 06			Previous Month YTD	
	Plan	Actual	Variance	Variance	Movement in Variance
	£m	£m	£m	£m	£m
Opening cash balance (net of working capital facility)	**6.17**	**6.17**	**(0.00)**	**(0.00)**	**0.00**
Capital Expenditure (accruals basis)	(6.69)	(2.46)	4.23	2.53	1.70
Capital loan drawndown	0.00	0.00	0.00	0.00	0.00
Capital loan repayment	(2.38)	(2.40)	(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	0.57	(1.11)	(1.67)	(0.79)	(0.88)
Other capital-related elements	0.47	(0.01)	(0.48)	(0.12)	(0.36)
Sub-total - capital-related elements	**(8.04)**	**(5.98)**	**2.06**	**1.59**	**0.47**
Cash Generated From Operations	0.04	(0.69)	(0.73)	(0.38)	(0.36)
Working Capital movements - debtors	4.98	4.39	(0.59)	(1.38)	0.78
Working Capital movements - creditors	(0.01)	(0.10)	(0.09)	(0.30)	0.21
Net Interest	(1.40)	(1.35)	0.04	0.34	(0.29)
PDC Dividend paid	(1.68)	(1.68)	(0.00)	(0.00)	(0.00)
Other	(1.72)	(1.67)	0.05	0.09	(0.04)
Sub-total - other elements	**0.21**	**(1.12)**	**(1.33)**	**(1.63)**	**0.30**
Closing cash balance (net of working capital facility)	**(1.66)**	**(0.93)**	**0.73**	**(0.04)**	**0.77**

Closing cash balance	1.10	5.07	3.97	(0.04)	4.01
Closing working capital facility	(2.76)	(6.00)	(3.24)	0.00	(3.24)
Closing cash balance (net of working capital facility)	**(1.66)**	**(0.93)**	**0.73**	**(0.04)**	**0.77**

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 £2.1m favourable due to capital expenditure £4.2m favourable, partly offset by the paying down of the capital creditor £1.7m.

Other elements:

- Cash generated from operations is £0.7m adverse, largely due to reduced PSF A&E income £0.6m.
- Working Capital debtor movements is £0.6m adverse, mainly due to income received in arrears and the ASC debtor.
- Working Capital creditor movements is £0.1m adverse , mainly due to reduced general creditors, partly offset by income received in advance from NHSE.

Use of working capital facility

- Use of the facility was £3.2m higher than planned, in part as requests have to be submitted several weeks before month end, meaning that allowance has to be made for uncertain receipts. In addition, NHSE unexpectedly paid their M7 block income £2.4m in advance, resulting in the closing Cash balance being significantly favourable to Plan.

Capital

Current Performance

	Year to date Mth 06 - 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	6.69	6.69	2.45	(2.41)	(2.41)	27.34	20.65	(6.69)
Significant Variances in Planned Expenditure by Scheme:								
HIS schemes	2.21	2.21	0.63	(1.58)	(1.58)	5.01	5.63	0.62
Estates schemes	2.50	2.50	0.92	(1.58)	(1.58)	9.22	7.55	(1.67)
Medical Equipment	0.83	0.83	0.25	(0.58)	(0.58)	7.79	5.71	(2.08)
Other	0.00	0.00	0.00	0.00	0.00	0.04	0.14	0.10
PMU	0.58	0.58	0.65	0.07	0.07	1.32	1.32	0.00
Contingency	0.57	0.57	0.00	(0.57)	(0.57)	3.96	0.30	(3.66)
Planned slippage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	6.69	6.69	2.45	(4.24)	(4.24)	27.34	20.65	(6.69)
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	0.20	0.00	0.00	0.00	0.00	5.71	2.95	(2.76)
PDC	0.00	0.00	0.00	0.00	0.00	3.62	1.46	(2.16)
Charitable Funds	0.33	0.33	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	6.16	6.36	2.45	(4.24)	(4.24)	13.65	9.88	(3.77)
Total	6.69	6.69	2.45	(4.24)	(4.24)	27.34	20.65	(6.69)

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 £3.96m was reported to NHSI.
- The full prioritisation of the program has now concluded and £3.46m 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 £6.69m. Most notably slippage on both some Radiology equipment replacements (£2.76m) and on the ED/UCC scheme £(3.10m). A more detailed report to describe the reasons for the slippage has been prepared for the FPIC's attention.
- The cumulative capital expenditure at 30th September 2018 totals £2.45m, which is £4.24m 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	16,306	16,790	484	510	3%
Elective	3,379	1,741	1,765	24	19	1%
Non-Elective Emergency	29,875	14,974	14,152	-822	-543	-5%
Non-Elective Non-Emergency	3,189	1,648	1,662	14	59	1%
Non-Elective CDU	4,576	2,262	2,318	56	101	2%
Non-Elective AMU	3,275	1,240	2,117	877	818	71%
TOTAL APC	**76,410**	**38,171**	**38,804**	**633**	**964**	2%
New	107,775	53,486	54,005	519	73	1%
F-Up	258,463	128,883	130,042	1,159	1,557	1%
TOTAL OPA	**366,238**	**182,369**	**184,047**	**1,678**	**1,630**	1%
A&E	79,143	41,955	41,725	-230	54	-1%

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%. September RTT performance (~81%) remains 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 however thereis a large increase in the number referred on a urgent two week wait cancer pathway of 15%.

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. Operational Plan included ring fencing of elective orthopaedic beds to maintain this capacity. Outsourcing for Urology and upper GI surgery is planned to continue (circa 20 cases per month).

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 reman critical.

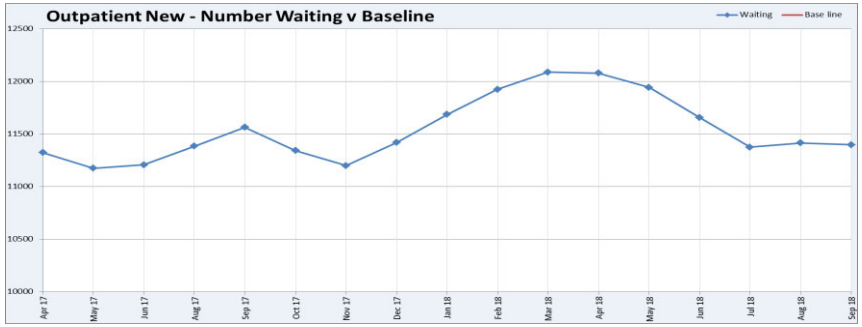
Activity variances to plan -Month 6

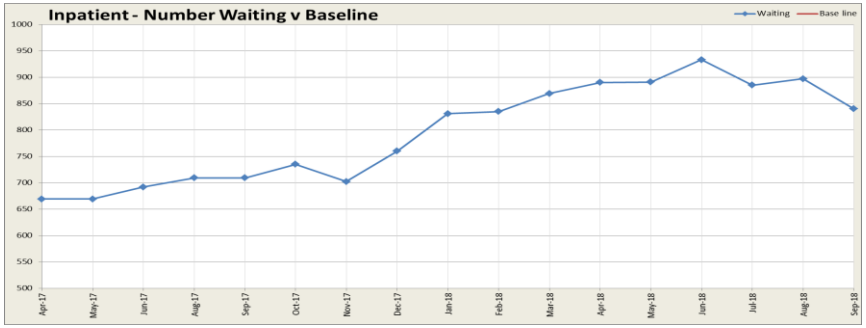
Activity variances for M6 against the contract activity plan are shown in the table opposite. In M6, Day Case and Outpatient activity is above plan. Non Elective Emergency activity is behind plan. Both AMU and CDU activity are both above plan. For AMU the activity phasing is based on 2017/18 actuals and there was a noticeable incremental increase in activity from September, and again in November. Therefore we will continue to see an overperformance throughout the year.

At treatment function level the greatest variance in day cases is within Gastro where activity is 441 attendances above plan (in PBR terms £234k).

Within Outpatients, the specialties with the greatest variances are, Dermatology which is 609 New attendances above plan (in PBR terms £35k), and Rheumatology which is 346 attendances above plan (in PBR terms £67k). Trauma & Orthopaedics is 747 attendance s below plan (in PBR terms £9k).

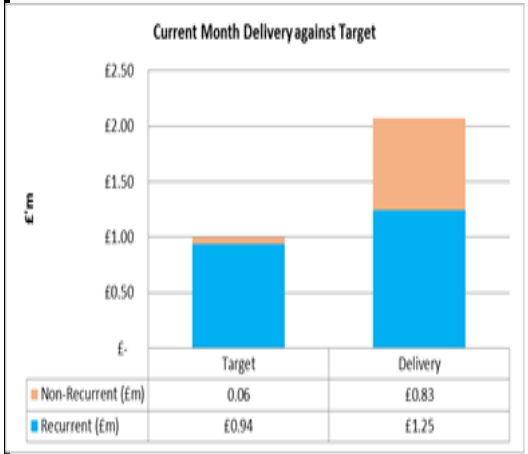
For Follow Ups, Dermatology is 1,264 attendances above plan (in PBR terms £230K), and Paeds are 840 attendances above plan (in PBR terms £87k). Trauma & Orthopaedics is 1,621 attendances below plan (in PBR terms -£111k).

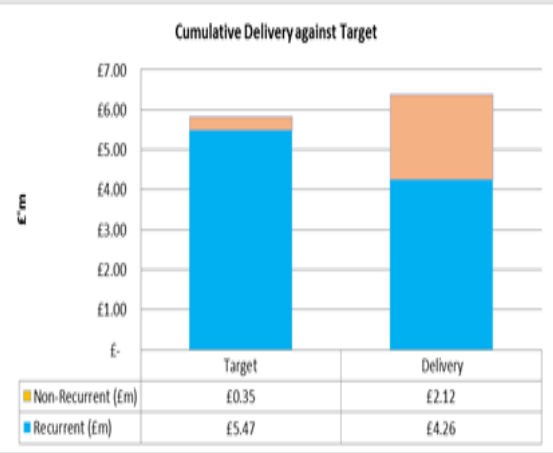




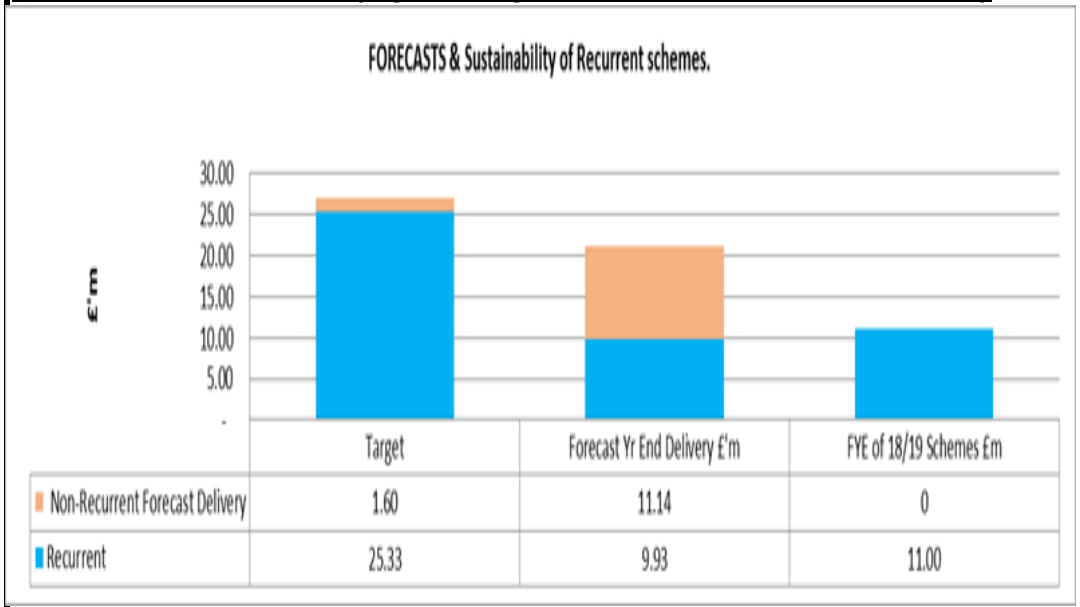
CIP Delivery: Current Mth, Cumulative & Forecast

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: £1.1m surplus

-Cumulative variance: £0.6m surplus

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

Target: The CIP target shown is £26.9m

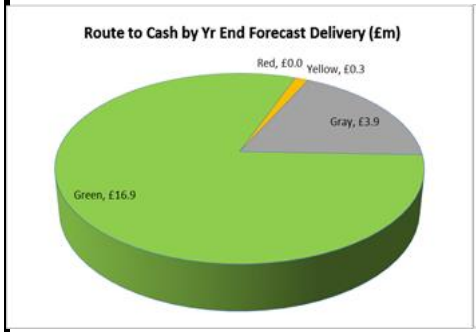
Target:	**£26.9m**
Year End Forecast Delivery:	**£21.0m**
Shortfall:	**£5.9m**

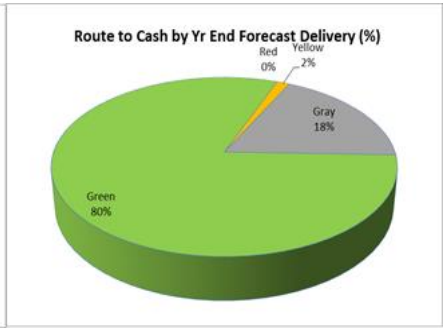
Forecast FY 19/20 FYE Recurrent delivery of FY 18/19 projects is £11.0m.
Further recurrent projects need to be found to close the FYE gap.

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

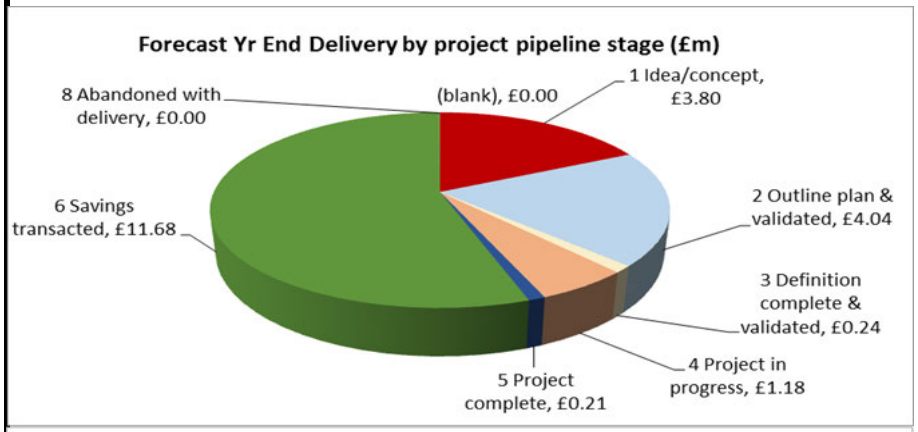
CIP- Delivery Assurance - Year end delivery forecast -

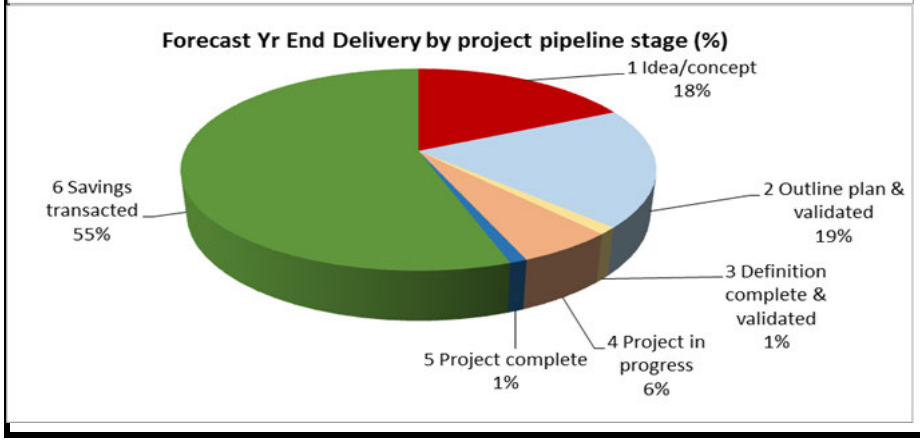
c) CIP Delivery Assurance- Route to Cash (RTC)





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

outline plan

Of the projects comprising the £21.0m forecast delivery:

£11.89m (56%) of projects either delivering savings or are complete, pending savings delivery.

£1.18 (6%) relates to schemes which are in progress.

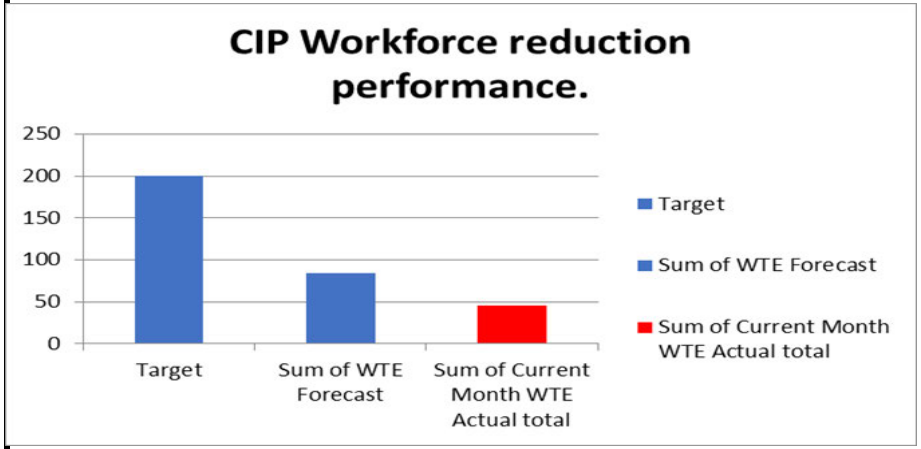
£4.28m (20%) relates to schemes where definitions are complete and validated or outline plans are validated.

£3.8m (18%) relates to schemes which are in Ideas/concept pipeline.

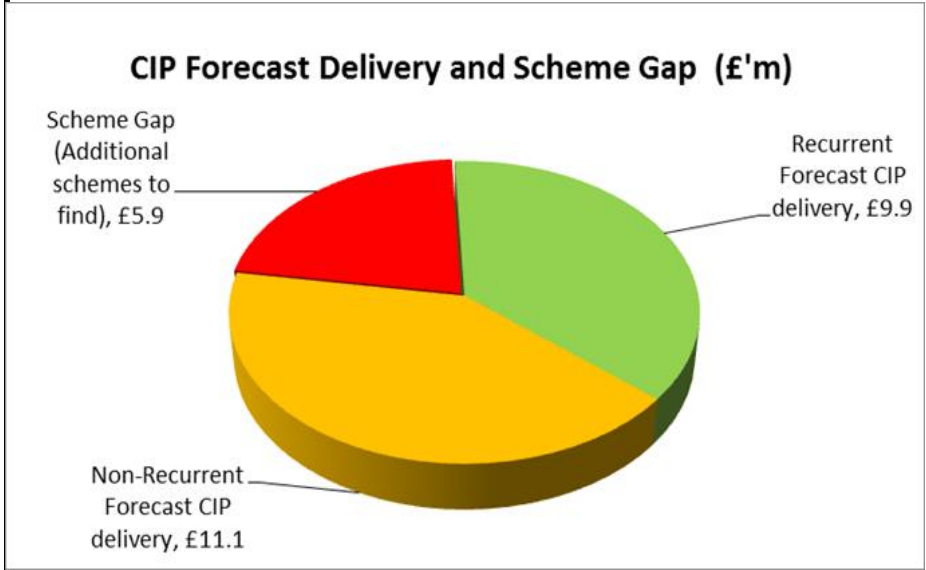
There is a need for additional projects to be identified to close the Scheme Gap.

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 opportunities
-5 new workstreams 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 opportunities are optimised.

Corporative Objective		Target 2018/2019	13 month trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to date 2017/18
QUALITY LOCAL FRAMEWORK																	
1	Safety Thermometer - % New Harm Free	>95%		96.0%	97.2%	96.4%	97.1%	96.2%	96.4%	97.8%	95.3%	97.1%	98.0%	96.5%	96.8%	97.1%	96.8%
1	Reported Incidents - Major + Catastrophic *	<6		0	2	0	0	3	2	0	0	2	0	1	4	3	10
1	Avoidable New Pressure Ulcers - Category 3 + 4 * (1 month in arrears)	9 (full year)		0	0	1	1	2	0	2	1	0	0	0	0		1
1	Never Events	0		0	0	0	0	0	0	1	0	0	0	0	1	0	1
1	Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	0		3	6	2	2	9	2	5	2	3	3	5	4	8	25
1	QUEST (Quality Effectiveness Safety Trigger Tool) - Red Rated Areas / Teams	0		0	0	0	1	1	0	0	0	0	0	0	0	0	0
1	Formal Complaints - Number Received *	<60		22	38	24	17	37	15	27	26	26	23	31	18	22	146
1	VTE - Risk assessment on admission - (Acute)	>95%		88.0%	92.3%	92.6%	88.9%	93.0%	90.8%	86.0%	93.5%	89.3%	90.9%	92.1%	91.1%	92.6%	91.5%
1	VTE - Risk assessment on admission - (Community)	>95%		97.9%	100.0%	97.5%	96.1%	98.9%	94.6%	100.0%	97.8%	97.9%	98.7%	100.0%	93.2%	100.0%	98.0%
1	Medication errors resulting in moderate to catastrophic harm	0		0	0	0	0	2	1	0	1	0	1	0	1	1	4
1	Medication errors - Total reported incidents (trust at fault)	N/A		68	63	48	42	55	49	40	41	46	40	58	38	40	263
1	Hospital standardised mortality rate (HSMR) - 3 months in arrears	<100%		93.3%	93.8%	99.1%	81.9%	96.4%	114.7%	93.0%	96.4%	87.0%	93.6%				94.7%
1	Safer Staffing - ICO - Daytime (registered nurses / midwives)	90%-110%		100.0%	99.0%	104.2%	106.6%	105.2%	104.3%	106.6%	105.6%	107.3%	99.0%	95.1%	99.0%	99.0%	100.8%
1	Safer Staffing - ICO - Nightime (registered nurses / midwives)	90%-110%		101.4%	103.3%	101.7%	105.6%	105.8%	100.4%	103.9%	103.2%	106.6%	103.3%	97.3%	103.3%	103.3%	102.8%
1	Infection Control - Bed Closures - (Acute) *	<100		12	30	130	8	198	544	64	6	4	0	16	8	18	52
1	Hand Hygiene	>95%		99%	98%	96%	95%	89%	96%	91%	97%	94%	93%	84%	96%	106%	95%
1	Fracture Neck Of Femur - Time to Theatre <36 hours	>90%		73.5%	68.6%	76.3%	71.4%	75.6%	71.0%	80.0%	79.4%	81.1%	68.8%	63.4%	62.5%	66.7%	70.4%
1	Stroke patients spending 90% of time on a stroke ward	>80%		77.1%	79.4%	83.3%	72.5%	84.4%	66.7%	92.3%	77.8%	75.0%	87.8%	88.9%	92.9%	95.1%	86.3%
1	Follow ups 6 weeks past to be seen date (excluding Audiology)	3500		7477	6790	6308	7041	6630	6761	7301	7323	7042	7144	7063	6858	6566	6566

Corporative Objective		Target 2018/2019	13 month trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to date 2017/18
WORKFORCE MANAGEMENT FRAMEWORK																	
2	Staff sickness / Absence (1 month arrears) Rolling 12 months	<3.8%		4.11%	4.09%	4.07%	4.09%	4.14%	4.18%	3.96%	3.70%	4.05%	3.80%	3.79%	4.02%		4.02%
2	Appraisal Completeness	>90%		82.00%	82.00%	82.00%	81.00%	78.00%	78.00%	79.00%	81.00%	80.00%	78.92%	79.61%	80.61%	81.12%	81.12%
2	Mandatory Training Compliance	>85%		83.00%	83.00%	83.00%	83.00%	82.79%	83.24%	85.00%	83.00%	82.00%	83.00%	84.50%	85.77%	88.03%	88.03%
2	Turnover (exc Jnr Docs) Rolling 12 months	10% - 14%		12.39%	12.32%	12.34%	12.53%	12.09%	11.67%	11.25%	10.85%	10.89%	10.80%	10.52%	10.35%	10.58%	10.58%
COMMUNITY & SOCIAL CARE FRAMEWORK																	
1	Number of Delayed Discharges (Community) *	16/17 Avg 315		445	401	340	348	272	267	206	288	215	270	292	232	272	1569
1	Number of Delayed Transfer of Care (Acute)	16/17 Avg 64		172	177	197	165	218	144	128	207	228	116	281	182	164	1178
1	Timeliness of Adult Social Care Assessment assessed within 28 days of referral	>70%		77.2%	78.3%	79.1%	79.1%	79.0%	78.5%	79.0%	78.6%	77.6%	76.6%	71.5%	72.6%	73.5%	78.6%
3	Clients receiving Self Directed Care	>90%		93.6%	93.1%	93.2%	92.8%	92.3%	92.5%	92.6%	92.6%	93.7%	93.9%	93.9%	93.5%	93.0%	92.6%
2	Carers Assessments Completed year to date	40% (Year end)		31.1%	33.9%	34.5%	35.9%	38.1%	41.1%	42.2%	1.4%	3.1%	4.5%	6.8%	9.9%	13.3%	1.4%
	Carers Assessment trajectory			21.5%	25.1%	28.7%	32.3%	35.8%	39.4%	43.0%	3.0%	6.0%	9.0%	12.0%	15.0%	18.0%	18.0%
3	Number of Permanent Care Home Placements	<=617 (Year end)		638	632	637	634	629	608	604	602	605	616	625	625	619	619
	Number of Permanent Care Home Placements trajectory			629	627	625	623	621	619	617	630	630	630	630	630	630	630
1	Children with a Child Protection Plan (one month in arrears)	NONE SET		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%			7.5%				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%		93.2%	92.7%	93.2%	92.4%	93.1%	95.0%	92.6%	92.9%	94.6%	86.3%	86.7%	89.5%	90.7%	92.9%
1	CAMHS - % of patients waiting under 18 weeks at month end	>92%		98.4%	100.0%	100.0%	98.9%	100.0%	98.3%	97.9%	98.4%	97.6%	94.1%	96.2%	93.7%	86.7%	98.4%
1	DOLS (Domestic) - Open applications at snapshot	NONE SET		579	596	603	609	610	597	569	556	557	560	584	605		556
1	Intermediate Care - No. urgent referrals	113		151	200	204	171	222	187	161	203	163	163	172	156	124	981
1	Community Hospital - Admissions (non-stroke)	NONE SET		242	241	224	252	278	223	235	237	222	217	237	266	232	1411

Corporative Objective		Target 2018/2019	13 month trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-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%		89.9%	92.8%	92.9%	88.3%	83.8%	81.1%	80.6%	87.7%	86.7%	90.9%	92.7%	87.2%	83.8%	88.3%
	A&E - trajectory [STF]	>92%		93.5%	92.0%	92.2%	90.2%	89.9%	92.6%	95.0%	90.1%	92.1%	94.6%	93.7%	93.3%	90.0%	90.0%
1	Referral to treatment - % Incomplete pathways <18 wks	>92%		84.0%	84.0%	83.7%	82.2%	82.5%	82.4%	81.6%	81.7%	82.1%	81.0%	81.5%	82.2%	81.0%	81.0%
	RTT Trajectory			89.8%	90.7%	89.9%	89.3%	90.1%	90.0%	90.0%	82.2%	82.3%	82.4%	82.5%	82.6%	82.7%	82.7%
1	Cancer - 62-day wait for first treatment - 2ww referral	>85%		85.7%	83.9%	77.4%	82.4%	85.7%	83.1%	79.7%	82.0%	81.7%	78.1%	86.2%	78.5%	86.0%	81.9%
1	Diagnostic tests longer than the 6 week standard	<1%		3.9%	3.2%	2.4%	3.7%	5.4%	3.1%	8.9%	11.0%	5.9%	5.9%	5.7%	6.6%	7.7%	7.2%
1	Dementia - Find - monthly report	>90%		81.8%	78.6%	59.0%	65.5%	52.1%	70.8%	92.7%	99.2%	92.6%	93.8%	94.3%	95.6%	86.0%	92.8%
LOCAL PERFORMANCE FRAMEWORK 1																	
1	Number of Clostridium Difficile cases - Lapse of care - (ICO) *	<17 (year)		0	0	3	2	0	0	0	1	0	0	1	1	0	3
1	Cancer - Two week wait from referral to date 1st seen	>93%		61.1%	63.1%	70.4%	76.0%	77.7%	67.4%	71.7%	60.8%	55.0%	75.3%	62.1%	76.9%	79.6%	68.3%
1	Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	>93%		69.7%	94.7%	95.1%	93.2%	94.6%	97.6%	94.5%	93.4%	91.2%	87.0%	91.7%	94.4%	98.8%	92.7%
1	Cancer - 31-day wait from decision to treat to first treatment	>96%		98.9%	95.5%	95.0%	98.0%	90.8%	96.1%	98.1%	97.8%	97.9%	96.0%	98.2%	98.5%	97.35%	97.6%
1	Cancer - 31-day wait for second or subsequent treatment - Drug	>98%		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%	100.0%
1	Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	>94%		98.1%	95.2%	100.0%	97.7%	96.3%	95.1%	100.0%	98.4%	98.3%	97.8%	98.3%	100.0%	95.7%	98.2%
1	Cancer - 31-day wait for second or subsequent treatment - Surgery	>94%		91.1%	95.8%	94.6%	100.0%	97.1%	97.1%	100.0%	100.0%	100.0%	93.3%	93.9%	91.4%	100.0%	96.3%
1	Cancer - 62-day wait for first treatment - screening	>90%		100.0%	87.1%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	92.9%	96.1%
1	Cancer - Patient waiting longer than 104 days from 2ww				12	16	14	24	23	23	17	21	21	27	22	0	0
1	RTT 52 week wait incomplete pathway	0		16	26	36	42	29	33	34	43	53	41	64	77	87	87
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%		1.0%	1.1%	0.7%	1.6%	0.9%	1.4%	4.5%	1.1%	1.4%	0.6%	0.8%	1.0%	1.2%	1.0%
1	Cancelled patients not treated within 28 days of cancellation *	0		3	4	3	1	13	5	21	16	6	8	3	4	1	38
1	Number of standed patients (daily average)			91	89	93	94	106	104	101	107	102	90	95	101	115	

Corporative Objective		Target 2018/2019	13 month trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to date 2017/18
LOCAL PERFORMANCE FRAMEWORK 2																	
1	Ambulance handover delays > 30 minutes	0		150	88	124	181	143	172	168	117	97	119	94	88	144	659
	Handovers > 30 minutes trajectory *			30	30	30	30	30	30	30	0	0	0	0	0	0	0
1	Ambulance handover delays > 60 minutes	0		10	6	5	18	10	20	13	3	11	8	1	4	10	37
1	A&E - patients seen within 4 hours DGH only	>95%		85.5%	89.7%	90.0%	84.0%	77.2%	72.8%	72.3%	81.8%	81.1%	86.0%	88.6%	80.1%	75.0%	82.2%
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%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
1	Trolley waits in A+E > 12 hours from decision to admit	0		0	0	0	1	8	3	6	1	0	0	0	0	4	5
1	Number of Clostridium Difficile cases - (Acute) *	<3		0	1	5	2	1	1	1	1	0	1	1	1	2	6
1	Number of Clostridium Difficile cases - (Community)	0		0	0	0	0	0	0	0	1	0	1	0	0	0	2
1	Care Planning Summaries % completed within 24 hours of discharge - Weekday	>77%		71.0%	69.5%	68.7%	67.9%	67.7%	63.5%	60.5%	70.4%	70.4%	69.8%	69.1%	67.7%	68.0%	69.3%
1	Care Planning Summaries % completed within 24 hours of discharge - Weekend	>60%		38.5%	25.1%	35.9%	25.6%	28.0%	39.1%	28.6%	30.5%	34.6%	35.6%	34.9%	30.3%	35.7%	33.8%
1	Clinic letters timeliness - % specialties within 4 working days	>80%		90.9%	86.4%	90.9%	90.9%	81.8%	90.9%	86.4%	81.8%	72.7%	81.8%	68.2%	63.6%	68.2%	72.7%
NHS I - FINANCE AND USE OF RESOURCES																	
4	Capital Service Cover	2		4	4	4	4	3	3	2	4	4	4	4	4	4	4
	Plan			4	4	3	3	3	2	2	4	4	4	4	4	4	4
4	Liquidity	4		4	4	4	4	3	3	3	3	3	3	3	3	4	4
	Plan			4	4	4	4	4	4	4	3	3	3	3	4	4	4
4	I&E Margin	1		4	3	3	3	2	2	1	4	4	4	4	4	4	4
	Plan			4	4	3	3	2	2	1	4	4	4	4	4	4	4
4	I&E Margin Variance from Plan			1	1	1	1	2	2	1	1	1	2	2	2	2	2
4	Variance from agency ceiling	1		1	1	1	1	1	1	1	3	3	3	3	3	3	3
	Plan			3	2	2	2	2	2	1	2	2	2	2	2	2	2
4	Overall Use of Resources Rating			3	3	3	3	2	2	2	3	3	3	3	3	3	3

Corporative Objective		Target 2018/2019	13 month trend	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to date 2017/18
FINANCE INDICATORS - LOCAL																	
4	EBITDA - Variance from PBR Plan - cumulative (£'000's)			-543	-1123	-2545	-3560	-4464	-5587	-3832	1469	664	-275	-175	-376	-734	
4	Agency - Variance to NHSI cap			1.41%	1.27%	1.09%	1.05%	0.89%	0.65%	0.44%	-0.50%	0.50%	0.40%	0.89%	0.58%	0.50%	
4	CIP - Variance from PBR plan - cumulative (£'000's)			1475	3114	3711	2813	2263	1565	3417	-820	-758	-129	-402	-488	553	
4	Capital spend - Variance from PBR Plan - cumulative (£'000's)			11689	13770	14723	17672	19886	22110	22318	955	2413	1531	1995	2527	4228	
4	Distance from NHSI Control total (£'000's)			1503	1201	89	495	-15	-674	2287	1488	1486	-228	-117	-303	-633	
4	Risk Share actual income to date cumulative (£'000's)			0	0	0	0	0	0	0	0	0	0	0	0	0	
INTEGRATED CARE MODEL																	
	Intermediate Care Referrals (All)			345	419	409	347	427	361	342	358	329	311	342	322	n/a	
	Intermediate Care GP Referrals			87	90	97	86	101	76	91	80	66	76	88	74	n/a	
	Average length of Intermediate Care episode			20.92	20.84	19.45	17.07	23.31	19.43	16.56	22.21	19.99	20.80	19.04	15.89	n/a	
	Total Bed Days Used (Over 70s)			9348	9337	10265	9505	11269	9965	10737	10970	9688	9866	9231	0		
	- Emergency Acute Hospital			5045	5090	5293	5281	6076	5811	5680	5964	5332	5309	5057	0		
	- Community Hospital			2935	2918	2963	2918	3427	2762	3051	3094	2918	3021	2689	0		
	- Intermediate Care			53	17	15	0	90	36	143	72	72	149	29	0		
3	Number of Emergency Admissions - (Acute)			3030	3232	3130	3176	3258	2913	3145	3103	3150	3125	3214	3309	#N/A	#N/A
3	Average Length of Stay - Emergency Admissions - (Acute)			2.9	2.8	2.7	2.7	3.1	3.2	3.1	3.1	3.0	2.8	2.8	2.7	0.0	2.9
3	Hospital Stays > 30 Days - (Acute)			32	34	28	28	41	38	30	38	37	37	31	31	#N/A	#N/A

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

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 of Directors					
Report title: Winter Plan				Date: 7th November 2018	
Report sponsor	Interim Chief Operating Officer				
Report author	Head of Operations				
Report provenance	The report has been informed by the work of the South Devon and Torbay A&E Board and the Trust Flow Board and takes into account learning from the winter of 2017/18.				
Confidentiality	Public				
Report summary	• The winter plan has been developed through a process of engagement with key stakeholders and has been overseen by the A&E Delivery Boards and Trust Flow Board • A review of the winter in 2017/18 has informed the plan • Planning has been supported by NHSI who have reviewed early iterations and provided advice and guidance • A winter leadership team has been put in place and will oversee delivery reporting to Flow Board • Workforce issues remains the key risk over winter impacting on Trust services and domiciliary care capacity				
Purpose (choose 1 only)	**Note** ☐	**Information** ☐	**Review** ☐	**Decision** ☐	**Approve** ☒
Recommendation	The Board is asked to approve the winter plan.				
Summary of key elements					
Strategic context	The report provides the Board of Directors with a summary of the winter plan to deliver a clinically safe service and meets the requirements of national access standards to ensure compliance with the STF				
Dependencies and risk	Key operational risks and issues: • Domiciliary care availability, especially for the complex patients • A vulnerable care home market • Medical, nursing and support workforce • Impact of infection control issues • Adverse weather service disruption.				
Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: • Flow Board • A&E Delivery Board • NHSI • Chief Executive				

Stakeholder engagement	The following stakeholders were consulted during the compilation of this report: • Engagement through the Patient Flow Board, local and Devon A&E delivery board and include the involvement of all key partners
Other standards affected	All changes are subject to quality and equality impact assessments. No specific issues identified.
Legal considerations	None noted.

Report title: Winter Plan		Date: 7th November 2018
Report sponsor	Interim Chief Operating Officer	
Report author	Head of Operations	

1 Purpose

The report provides the Board of Directors with oversight of the winter planning process in order to:

- Provide assurance of optimal resilience over the winter period
- Demonstrate the system-wide engagement and partnership working in the development of the plan
- Demonstrate compliance with national requirements
- Confirm that the plan has been through all appropriate approval processes

2 Provenance

The report is informed by the following:

- Minutes and actions of the local A&E delivery board
- Minutes and actions from the Patient Flow Board
- Minutes and actions of the Regional A&E delivery board

3 Background

Winter planning is influenced by both national and local drivers. The 2017/18 winter period for the south west region was extremely challenging both in terms of infection control issues – notably flu and the prolonged period of adverse weather into March 2018. The South-west regional system published a winter planning approach for 2018/19 "Refreshing NHS Plans for 2018/19" issued by NHSE and NHSI. In addition the Sustainability Planning South West also provided guidance on winter debrief, day-to-day activity, data collection and other system feedback.

Locally the Trust has held a full staff survey on lessons learnt from last winter and improvement opportunities. Also a series of local debriefs and planning events have been undertaken to identify key areas of development in response to learning from the last winter as well as existing or emerging risks.

<u>Risks to the Organisation of Non Delivery</u>

- A clear national priority is placed upon winter preparedness.
- Performance against RTT and 4-hour standard.
- Eligibility to financial support.

Risks to delivery of the winter plan

An impact assessment of the key risks associated with winter pressures has highlighted:

- Complex/dependant case mix leading to an increase in length of stay and a subsequent impact on capacity, especially ICU, paediatrics and respiratory patients.
- Patients waiting longer than four hours to be treated in ED and delays in corridors – delayed access to care and treatment.
- Delays in releasing ambulances from the ED thus increasing the risk of delayed response times for people waiting in the community.
- Cancelled operations including 52 week wait patients and loss of orthopaedic surgical capacity. Impact on patient safety, experience and waiting times.
- Increase in the number of patients whose discharge is delayed or for whom hospital admission is necessary due to issues with domiciliary care market and demand on community services.
- Workforce issues both medical and nursing due to significant vacancies and predicted levels of sickness.
- Impact of infection control issues and demand for side rooms.
- Adverse weather – disruption of services.

Our assessment of winter resilience is then formed on the basis of our ability to minimise the identified risks through the impact of three complimentary workstreams:

1. the effectiveness of our winter plan
2. our organisational response to escalation
3. the impact of continuous improvement to our services

In April and May debriefs and learning from the winter period commenced based on the key challenges faced in 2017/18:

- Impact of extreme weather conditions and regional response;
- High levels of infection control – flu and norovirus.
- Workforce capacity – sickness absence particularly during January and February and the impact of annual leave in March.
- Escalation resilience particularly in terms of workforce: staff wellbeing and system capacity.
- Domiciliary care capacity and impact on community services and admission avoidance.

In June 2018 the system re-set work started based on learning from other acute Trusts and a 4-hour improvement group was established with clinicians and managers to identify key improvement themes:

- Increased patient discharge from bed-based care across 7 days:
- Optimising Flow through rehabilitation pathways across our system
- Management of the Urgent Care Floor
- Day to day management of urgent and emergency care demand.

These projects were developed as a result of a Patient Flow engagement exercise and a reflection of local assessment of risk.

4 The Winter Plan

A comprehensive winter plan document has been produced which details work with the stated aim of:

- understanding the pressures and demand patterns on urgent and emergency care
- providing enough resilience to enable achievement of our contractual performance and quality standards.

The full document is attached as appendix one.

The plan was developed in response to national guidance and in response to local debriefing and planning events attended by a wide range of staff.
The Chief Operating Officer holds executive responsibility for the winter plan with delegated responsibility being shared with Head of Operations and the Commissioning Manager for Urgent and Emergency Care within the CCG. The local plan has been used at various stages of development to inform the overarching Devon STP Plan co-ordinated with NHS England.

A brief summary of the key domains within the winter plan is shared below for information.

4.1 Workforce

Key learning from last winter was the impact on the workforce of:

- Consistent high levels of escalation;
- Staff sickness absence;
- Reliance on agency staff;
- Ability to provide robust, resilient rota coverage.
- Business continuity at times of adverse weather or internal significant incidents.

As part of the Trust's business planning process high priority was given to winter feedback and across the medical SDU alone, £2.4 million has been invested in safer staffing levels on the wards, additional physicians, senior nurse leadership in ED and the medical workforce.

4.2 Occupancy: Demand and Capacity Planning

The Trust's Operational Plan 2018/19 set out detailed analysis of capacity and demand forecasting. In summary, the 2018/19 demand planning process concluded that the overall number of admission and attendances will remain within 1% of historical levels. The key next steps include working with ECIP on their demand and capacity bed model to understand the acute and community requirements in more detail. The results of this will be presented to the Flow Board, with ECIP in attendance in November.

4.3 Elective flow

In previous years, occupancy levels have been reduced to 85% pre-Christmas to provide some operational headroom, which has been successful in supporting non elective requirements over the festive period. We will therefore be reducing elective operating from mid-December and throughout January to ensure that our resources are focussed on our emergency pathway. Additional to reducing elective bed demand, we have taken a number of actions to increase ring-fenced bed capacity to protect RTT pathways and maximise screening for patients to optimise beds. Also to re-focus teams and resources towards non-elective activity that would not be sustainable to achieve normally throughout the year.

4.4 Emergency Department

Ambulance handover

The Emergency Department are working with SWASFT towards a reduction in lost time for handovers taking more than 15 minutes, against an improvement trajectory set by SWASFT that takes effect from August 2018 onwards. The June and July 2018 position was better than 2017 and a good start.

Average handover times at Torbay ED have improved during 2018. In July/August 2017, the average was 18 minutes. In July/August 2018 this had reduced to 11 minutes. Maintaining this performance will enable SWASFT crews to become available for the next incident sooner. This is a key Trust target.

The Torbay team have visited RCHT (Treliske) who had made significant improvements in their management of ambulance handover. The approach taken was based on some simple themes linked to their control function (Gold Command) established in March 2018 which demonstrated improved performance. Success factors:

- Consistent 7-day leadership; working with all staff throughout the hospital and the wider health community.
- Strong focus on flow across the system
- Maximise discharge opportunities 7-days a week.
- Executives walk the floor, engage with staff, patients and the SAFER processes.

The A&E Delivery Board have commissioned further work to understand ambulance demand at source and how primary care, SWASFT and emergency teams can work together to smooth surges in demand.

Part of the Gold Command philosophy is based on operational information to support flow and is a key priority in the Trust's improvement plan. The Trust focus has been on information sharing and intelligence gathering via a daily system stocktake call with the Integrated Urgent Care Service (IUCS) and 999. The calls have improved understanding of each provider's position and pressures and highlighted issues for proactive resolution and debate.

Prevention of avoidable 4 hour breaches within the emergency department

The Emergency Department (ED) continues to review urgent and emergency care pathways to reduce delays and maximise the opportunity for admission avoidance. The ED team have undertaken a significant amount of quality improvement work to ensure that the service is adequately resourced and that workforce capacity matches required demand. The clinical workforce for ED has increased to 10wte consultants with associated team of junior doctors providing resilience 24/7. This year the Trust has invested in 24/7 senior nurse cover in ED to maintain leadership and support flow through and out of Emergency Department.

New ways of working and leading in ED have been implemented and enhanced throughout 2018 as part of the Orchestration of Urgent care Project. This project aims to improve the prioritisation, assessment and timeliness of care of patients accessing our urgent care system through improvements to the consistency of the 'management of the floor' in Urgent and Emergency care. This will positively Impact on management of pressures within ED and escalation.

Arrangements for provision of alternatives to admission - Joint Emergency Team (JET)

JET is the consolidation of the admission avoidance work at the front door to bring together the Rapid Assessment and Discharge Team (RADS) with acute therapists, social-care support and rapid response and increase utilisation of the hub. The aim is to maximise early assessment, avoid admission and provide supported discharge home. This also offers telephone triage in ED and improved medical response to the team.

Management of high risk patient groups

A pilot of Proactive Health Coaching (PHC) commenced on 8th October 2018. The aim of the service is to put patients at the centre of their own care and give them the information and choices to improve their health and wellbeing through support which is specifically designed to be short-term and non-dependence based.

The PHC service is triggered by an algorithm which identifies those likely to benefit from the intervention. It could provide the next step change in our system in creating an empowered population who have improved health and wellbeing outcomes. Proactive health coaching will address all four of the Devon STP four strategic priorities:

- 'Enable more people to be and stay healthy',
- 'Enhance self-care and community resilience',
- 'Integrate to improve community care and care in peoples homes' and
- 'Deliver modern safe and sustainable services'), especially enhancing self-care and community resilience.

The Proactive Health Coaching approach offers immediate benefit to the patient but also contributes to service sustainability in several ways: diverting future emergency admissions, reducing length of stay, reduced diagnostics.

4.4 Acute Assessment Model

The Trust is funding a 4-month test of change to support a new method of acute assessment, based on the urgent and emergency care strategy for the £13m re-design of the emergency care floor.

The model of acute assessment has been reviewed by a team of physicians and whilst multi factorial, aims to create a High Acuity Assessment Unit (HAAU) from 1st December 2018 until 31st March 2019. Delivery plans will be reliant on increasing the capacity of key areas of workforce including senior medical, nursing and allied health professionals, as well as evolving existing process and supporting services. Aspects of this programme of work include single clerking, Internal Professional Standards and weekend processes. Progress is monitored through the 4-hour improvement board with executive attendance.

The critical outcome is to create a method of assessment that will enable the Trust to better cope with the expected increase in demand for services and to provide better care for our patients.

The key success factors are briefly summarised:

1. Development of a high acuity assessment unit on EAU3 taking direct referrals from GPs and ED. This will be managed by the physicians and will also receive GP referrals to surgery.
2. Warrington Ward – newly refurbished 18-bedded ward with 6 side rooms will provide additional general medical bed capacity. The ward will have dedicated consultant cover and consistent SHO cover with a nominated matron, nursing, AHP and discharge co-ordination.
3. EAU4 will be rebraded as a short stay medical ward with maximum length of stay of 48 hours.

This model will rely on good patient flow from ED to ensure the most appropriate patients go to this Unit and clear criteria to guide these pathways is being developed.

The new clinical site managers will be working closely across this floor, to support the patient flow co-ordinators to make these decisions both in hours and out of hours.

There are three main risks:

- Medical workforce – active recruitment is underway and locums will be used.
- Out of hours and weekends – the intention is to offer an extended post-take on at least three evenings of the week (eg Mon, Tues, Fri) in line with last Winter.
- EAU3 currently provides 25 beds which will convert to a mixture of beds, assessment trolleys and chairs – Warrington Ward will be used to off-set

4.5 Other supporting projects

There are many other pieces of work that to varying degrees will collectively support the Acute Care Model. These include:

i. Implementation of safety netting to support discharge.
ii. Review of processes for receiving GP calls and communicating options including use of patient transport to collect some patients.
iii. Optimisation of support teams at the 'front door' including RADS, AHPs, discharge coordinators, medical admissions and avoidance team.
iv. Development of processes for referral transfer to / between areas including understanding implications to activity coding.
v. Healthcare of the older person daily consultant support to 'front door' / AAU.
vi. Improvement of weekend processes to support discharge and assist coordination of medical reviews.
vii. Ward process including red to green days, SAFER review, staff development.

4.6 Ambulatory Medical Unit (AMU) is also about to expand, with the creation of a larger waiting area and the provision of four new curtained cubicle areas (to allow treatment to be delivered with more privacy). Low acuity medical and surgical patients will still be seen and assessed there throughout the week.

4.7 Paediatrics

Plans are in place to increase paediatric and adolescent bed capacity which will include the opening of an additional paediatric HDU bed from November to March 2019. The team will be rostering an additional consultant at weekends.

<u>CAMHS</u>

CAMHS crisis outreach service provides cover 7 days per week 8-8 and as part of parity of esteem investment an additional function has been developed with the Community Outreach Team to support any young person who has mental health needs within the acute setting.

The community CAMHSs team also provide a community crisis response in working hours and there is a consultant on call 24/7.

CY POS has now commenced and there is an expectation that this will be completed by the winter which will reduce the police using ED for patient assessment.

5 Management of patient flow and effective discharge processes

The winter plan details the activities that will be undertaken to both support good patient flow within the Trust as well as to manage specific risks during any periods of reduced patient flow. Key areas to highlight include:

- Management of early day discharge
- Response to long waits for admission within the emergency department

- Management of surge or waits for handover within the ambulance service
- Review of patients with a longer length of stay to ensure appropriate management

5.1 Torbay Discharge Hub

The newly established Discharge Hub – a joint integrated service between South Devon and Torbay, is now fully operational. It aims to enhance and co-ordinate discharge pathways for patients reducing multiple hand offs of care. It will ensure that patients have an opportunity to receive a short term offer that enables patients to become as independent as possible utilising the full range of community services.

The Discharge Hub now manages the Discharge to Assess pathway, which is now embedded in South Devon and Torbay and work continues to increase the number and complexity of Discharge to Assess home referrals. The benefit of this team managing these patients is to ensure that the capacity across all the community Intermediate Care (IC) teams is utilised and localities with capacity can assist their neighbouring localities to ensure the patient does not experience a delayed discharge. This is achieved by the IC teams stretching their boundaries. The IC teams' capacity for Discharge to Access is reported to the Discharge Hub and they work collaboratively with the IC teams to maximise use of the available resources.

There is a local agreement which means that patients can access interim health funding for 4 weeks. This is based on a nurse led assessment. If there is a positive checklist that is completed in the Community, this funding will move to a full assessment for CHC and funding arrangements will follow that outcome. In Torbay there is step down funding from the ICO to care home placements based on clinical decision making – made between the hospital discharge team and the lead CHC nurse on the day. In addition in Torbay there is a risk share agreement in place between health and social care commissioners and the ICO which means in effect we have pooled budget arrangements for health and social care which supports the placement without prejudice system. There is a process in place whereby urgent funding requests are considered via a virtual High Cost Panel, with membership from the ICO, CCG and care co-ordinators. There is a project lead in post and a plan is completed and progressing with the project lead.

For off contract placements at times of escalation, Care Homes are accepting a referral direct from intermediate care teams rather than assessing clients face to face. The Trusted Assessor project leads are working towards an implementation timeline of November 2018 and are currently working through the engagement phase with locality leads, CHC, QAIT, CDP, Older Peoples Mental Health Services and acute and community teams. The project lead is working with developing a matrix to capture the activity and data. Updated documentation has been agreed with the local care home representatives including pathways and referral form.

Gap analysis is being undertaken to identify opportunities and roles for the voluntary sector to support discharge processes, this should be available in November.

6 Community Services

The SDU has commissioned Meridian to undertake a review of capacity within each of the locality health teams and also the Rapid Response team. Their report and recommendations will look at the efficiency of resources, indicating where this could be improved to better target resources to support winter.

In addition to this intermediate care demand and capacity reporting is split by locality, to facilitate the planning process from an operational team perspective.

A deficit in the availability of short term packages of care in comparison to demand has resulted in further investment in this sector with the aim of reducing this gap. However, there remains capacity constraints within the independent sector with recruitment being cited as the largest challenge across Devon and nationally. There are fortnightly meetings with the domiciliary care provider, Mears, and weekly calls to push forward a reduction in our unsourced package of care list. The Trust is working closely with Mears to consider further developments that will enhance their capacity to provide support during the winter period. The iBCF funding within DCC and Torbay council will be used to drive transformation in the domiciliary care market.

Additional investment has been provided for the Torbay Rapid Response teams to increase capacity over the winter period and improve the short term provision focussing on re-ablement for patients leaving hospital and reducing dependence on bed based care.

Intermediate Care is focussing on ways to increase the acuity of patients being supported in intermediate care alongside further work with our clinical directors to increase referrals from GP practices to support admissions avoidance.

7 Care Homes: Support for Admission Avoidance

Enhanced primary care support - the one care home, one practice recommendation has been partially implemented in areas where primary care capacity is available to support this initiative. Across Devon the Medicines Optimisation in Care Homes (MOCH) scheme has provided dedicated pharmacy and pharmacy technician support to care homes.

Clinical capacity to the Quality Assurance and Improvement Teams (QAIT), which offers dedicated support to care homes has been expanded via IBCF monies. QAIT are working with CCG and Public Health colleagues to develop a programme of training workshops for nominated individuals from care homes and domiciliary care providers to act as Health & Wellbeing Champions within their services. The training is delivered by key health and social care partners through quarterly sessions and will focus on a variety of topics including Falls, Respiratory & COPD, flu and infectious diseases, UTIs, sepsis and diabetes contributing towards admission avoidance

Through iBCF dementia support has been expanded through the development of the Care Home Education and Support Team (CHEST) with Devon Partnership Trust to provide dedicated Older Person's Mental Health support to care homes.

The aim of this service is to ensure that care homes receive the support that they need to manage patients with dementia, by supporting care homes with particular patients during periods of escalation. This service will provide and agreed care pathway across Devon for managing behavioural and psychological symptoms in patients with dementia who live in care homes to reduce hospitals admissions by 30%. It will also develop resilience within care home settings and to have meaningful conversations about future care input with individuals with dementia or their families. Some of the key objectives are:

- Increased specialist support for staff
- Appropriate support for GP's whilst minimising inappropriate referrals
- Minimise high cost care packages in homes and reduce the level of high cost individual 1 to 1 care being requested
- Improved hospital discharge rates.
- Education for residential care home employees on managing patient specific issues
- A team approach to provide residential care homes with consistency of support and advice
- Learn from experience to create a centre of expertise

The End of Life Care STP group has developed a dedicated care homes e-learning training package for dementia and end of life care. The hospices across the county provide dedicated face to face end of life care training to homes.

8 Arrangements for infection prevention and control

The winter plan focusses on the organisation's approach to management of Influenza and Norovirus as the two highest risk events. These plans will be tested through a table top exercise in November and detailed action cards have been included within the Escalation policy.

The flu season in 2017/18 caused considerable system strain. Care home outbreaks predominated and significant educational facility outbreaks. Hospital pressures were significant particularly due to the two different strains of Influenza A & B and the impact on side room isolation capacity.

Public Health England 2018/19:

- Vaccine composition has been updated; a new adjuvanted vaccine will be available for older adults and a quadrivalent flu vaccine for younger adults, which protects against both the main B strains and the two main flu A subtypes.
- https://www.gov.uk/government/collections/annual-flu-programme
- Multi-agency investigation will be undertaken for any reported incident when influenza like illnesses/symptoms are prevalent.

Due to significant operational disruption, the Flu Debrief Meetings and Patient Flow Board made the following recommendations and actions have been taken:

- Additional side rooms have been created within the acute Hospital.
- Implement 24 hour flu testing on EAU3.
- Isolate flu contacts only if the index patient is actively coughing and sneezing.

- Bay closure only if index patient present in a bay for 8 hours, as above.
- Improve flu recognition in community hospitals.
- Considerable pre-flu season education of front-line staff and communications throughout the Trust and including domiciliary care providers, intermediate care, rapid response and end of life team.
- Email to all staff with risk assessments, information about flu, isolation and testing.

The flu vaccination programme for core staff and patient groups, including care home staff and domiciliary care workers is being delivered across the Trust. To-date high numbers of staff vaccinations have been provided and the communication and sharing of information will continue to ensure the target of 75%.

9 Adverse weather and business continuity

Snow debrief reports highlighted several areas for action which have been addressed:

- Merging of cells with partner organisations eg. co-ordinating 4 x 4 vehicle support.
- Development of memorandum of understanding with the Devon and Cornwall 4 x 4 response group.
- Management of elective activity and surge after adverse weather event.
- Clear guidance on the approach to absence and what constitutes 'non-essential' staff.

The extreme weather procedures have been updated and we have implemented over 80 recommendations identified in lessons learned. Significant changes:

- Development of a new Incident Control Centre (ICC) in the Parentcraft Room.
- Management of 4x4 cell briefings starting from December.
- Bringing together other system partners to explore whether we can jointly use our 4x4 management process to better allocate resources.
- Preparation of PTS vehicles eg. snow socks for tyres.
- Review of the Inclement Weather Policy providing advice to staff on their contractual expectation.

<u>Arrangements for business continuity over Christmas and Bank Holidays</u>

The frequency of weekend and bank holiday days over the festive period provides a predictable decrease in system capacity and capability. The winter plan therefore provides specific attention to staffing levels over this 2-week period and describes expectations for key speciality availability.

10 24/7 Leadership Arrangements

The Trust has introduced a new team of 6 senior clinical site managers who will provide 24/7 cover and first-line escalation. The team will provide a central management function under the leadership of the Head of Operations. They are

made up of senior nurses and will work closely with the on-call managers, specialty areas and bed management team to ensure:

- Clinical and operational risks are mitigated and
- System issues are promptly facilitated.
- Receive and understand new or emerging risks associated to winter pressures

11 Process of Assurance and sign off

The Torbay and South Devon winter plan forms part of a wider Devon STP winter plan. Several versions of the plan have been developed following feedback from NHS England, local and regional stakeholder groups as well as continuing revised guidance actively being generated from the Department of Health.
An overview of the oversight and approval process is detailed below:

- Initial submission to NHS England as part of the wider Devon STP winter plan 31st August 2018
- First Review at Patient Flow Board 12th September 2018
- Feedback received from NHS England 26th September 2017 with recommendations
- Final review Patient Flow Board 14 November 2018
- Trust Board November 2017

12 Monitoring of Delivery - Winter Leadership Team

A winter leadership team has been nominated again this year to oversee the implementation of the Winter Plan including completion, evaluation and updates to the Trust OPEL Policy and to support the newly established clinical site management function 24/7.

The winter team comprises of:

Cathy Gardner, Head of Operations	Management Lead
Ian Currie, Deputy Medical Director	Clinical Lead
Cathy Bessent, Deputy Director of Nursing	Nurse Lead
John Harrison, interim Chief Operating Officer	Executive Lead

The winter team reports to the Patient Flow Board, and will meet on a weekly basis and provide updates to the Executive Directors on the effectiveness of the plan; emerging risks and mitigation.

13 Summary of Risks and Issues

- Domiciliary care availability, especially for the complex patients
- A vulnerable care home market
- Reduced bed capacity
- Medical and nursing workforce
- Impact of infection control issues.
- Extreme weather service disruption.

14 Recommendations

To note the assessment and consultation undertaken to ensure provision of a winter plan appropriate to respond to local need, satisfy national requirements and deliver service improvement.

To note the existence of residual risks to delivery and provide challenge to the acceptance of currently described mitigating actions

APPENDIX 1

SOUTH DEVON WINTER PLAN 2018-19

1. Introduction

The plan has been developed in collaboration with stakeholders across South Devon and Torbay A&E Delivery Board. The aim is to ensure quality, safety and operational resilience and to complement plans of partner providers, to ensure the delivery of safe and high quality services to the population of South Devon and Torbay during the winter period. Historical experience and facilitated 'lessons learnt' debrief events, alongside the Five Year Forward View and "Refreshing NHS Plans for 2018/19" issued by NHSE and NHSI have been used to develop this plan.

In 2017/17 the system experienced a challenging winter period with high levels of flu presentations, adverse weather conditions, regular periods of surge demand and high levels of staff sickness. A full staff engagement exercise was undertaken to encourage learning and feedback from these extreme conditions to inform improvements to this year's plan.

The potential impact on the patient experience is considerable and during the winter period we will aim to ensure:

- No avoidable deaths, injury or illness
- No avoidable harm
- No unnecessary waiting or delays
- No inequality of access to our services

The development of this Plan has been produced in association with key partners including South West Ambulance Services NHS Trust, Torbay Council, Devon County Council, Devon Doctors, South Devon and South Devon & Torbay CCG. Key work has been led through the Torbay and South Devon Patient Flow Board and using the local A&E Delivery Board as a vehicle for debate and approval for system and process changes.

2. South Devon and Torbay Quality Impact Assessment

As part of the winter review and learning from winter 2017/18 several debrief and planning events were held across South Devon which identified key risks:

- A Complex/dependant case mix leading to an increase in length of stay and subsequent impact on capacity, especially ICU, paediatrics and respiratory wards.
- Patients waiting longer than four hours for treatment in ED and delays in access to care and treatment.
- Delays in releasing ambulances from the ED thus increasing the risk of delayed response times for people waiting in the community.
- Cancelled operations including 52 week wait patients and loss of orthopaedic surgical capacity. Impact on patient safety, experience and waiting times.
- Increase in the number of patients whose discharge is delayed or for whom hospital admission is necessary due to issues with the domiciliary care market and demand on community services.

- Workforce issues both medical and nursing due to vacancies and predicted levels of sickness.
- Impact of infection control issues and demand for side rooms.
- Adverse weather and impact on service provision.

3. A&E Delivery Board Risks and Mitigation action:

The September Devon A&E Delivery Board undertook a partnership review of the key system-wide risks associated with winter pressures and the actions being undertaken to mitigate these risks:

- Workforce gaps: 111, nursing , paramedics, agency, care home sector, domiciliary care
  Action: Review rules relating to agency staff to ensure that there are not unintended consequences. Devon STP workforce event held on 27th September focussed on plans for shared roles, 7 day working, advanced roles, staff health & wellbeing, staffing, retention and domiciliary care.

- Communication to public: to help us to manage this winter
  Action: Coordination of simple messages to the public, capitalising on learning from Cornwall. Devon A&E Delivery Board signed off communications plan and a media event was held on 17th October 2018.

- Escalation policy: mutual support triggers
  Action: Devon A&E Delivery Board agreed a framework for assessing mutual support for inclusion in individual system escalation plans.

- Bed capacity to include intermediate and care home capacity
  Action: To complete bed modelling in all areas.

- Vulnerable children
  Action: To take to STP children's work stream for agreement on cross system planning

- Rapid transfer from ED to adult mental health services
  Action: DPT to review and standard operating process

4. Workforce, Demand and Capacity

A priority in advance of winter has been accurate demand forecasting to inform capacity and workforce plans.

4.1 Workforce

Key learning from last winter was the impact on the workforce of:

- Consistent high levels of escalation;
- Staff sickness absence;
- Reliance on agency staff;
- Ability to provide robust, resilient rota coverage.
- Business continuity at times of adverse weather or internal significant incidents.

As part of the Trust's business planning process high priority was given to winter feedback and across the medical SDU alone, £2.4 million has been invested in safer staffing levels on the wards, additional physicians, senior nurse leadership in ED and the medical workforce.

In addition an investment in the region of £400,000 for a new senior clinical team has been made to provide consistent and robust site management cover 24/7. The team will provide a central management function under the leadership of the Head of Operations. The team are made up of experienced urgent and emergency care senior nurses who will work closely with the on-call managers, specialty areas and bed management team to ensure:

- Clinical and operational risks are mitigated;
- System issues are promptly facilitated;
- Receive and understand new or emerging risks associated with winter pressures;
- First line of escalation to ensure adherence to OPEL actions and de-escalation.

They will enhance the resilience of the existing team of bed managers, complex care discharge nurses and ward based discharge co-ordinators to maximise patient flow and generate early bed capacity.

The introduction of this new clinical site management team will release around 50 hours per week of senior nurses and matrons time from across the Trust who previously provided this service both in/out of hours and at weekends. These nurses will therefore be available from 1st December 2018 to 31st March 2019 to provide additional resilience and support to their specialty areas or in the event of escalation.

To further supplement the workforce considerable work has been carried out across support services including:

- Education and training;
- Quality Improvement project managers;
- HR and recruitment
- Finance and performance.

These support teams now have specific action cards of activity, training and meetings to stand-down in the event of escalation. They have also identified secondary roles that they are trained and able to carry out to support direct clinical services in the event of staff shortages.

<u>Domiciliary care</u>

Additional resource for social care for winter to support the domiciliary market has been commissioned. This includes additional live-in capacity in domiciliary care of 650 hours which started on the 25th of October. This extra capacity will increase over the following months to maximise stability.

The Trust continues to work closely with local domiciliary care providers in a range of innovative ways to increase capacity to provide support during the winter period. One example of this is the awarding of a contract for our local Personal Assistant (PA) service which will put much needed capacity and infrastructure into Torbay. The PA service will provide a real alternative for people from the traditional domiciliary care market. There are currently 600 hours of care being provided this way and the Trust will continue to look at ways to further develop and enhance this healthcare resource, particularly with respect to picking up emergency packages.

4.2 Demand and Capacity

A system of monitoring demand and performance against capacity and the 4 hour A&E waiting time target forms part of daily system wide communication, this is aimed at highlighting pressures and raising awareness within the local healthcare community.

As part of a performance improvement initiative, daily system conference calls are held with SWASFT, DDoC, 111 and commissioners. This provides rapid feedback on system pressures and actions being taken to escalate. Learning from these interactions will be used to inform opportunities for improved planning and service change. This daily exchange of information will be continued as part of the winter plan.

The Trust has completed a review of last year's winter system performance. This review combined activity and performance metrics with clinical and operational feedback and culminated in a targeted action plan to create capacity and increase system resilience. This plan sets out a number of actions and improvement initiatives across four themes. The delivery of these actions is being led by the COO and monitored through weekly meetings.

The themes are:

Theme 1 - 'SAFER 7': Optimisation of patient discharge from bed-based care across 7 days - focusing on:

- Patients medically fit for discharge
- Enhanced weekend discharges
- Safer 7 improved ward processes and leadership.
- Stranded patient monitoring.

Theme 2 - Optimising Flow through rehabilitation pathways across our system

- Maximise potential of Enhanced Intermediate Care activity
- Short term offers: rapid response, reablement, night sitting
- Discharge Hub
- Delayed transfers of Care
- Domiciliary care provision

Theme 3 - Management of the Urgent Care Floor

- Management of patients in ED by the Clinical Teams
- Ambulance handovers (No over 30 minute handovers)
- Acute Assessment Model (EAU3) Bed Utilisation and reducing LOS
- Internal professional standards

Theme 4 - Day to day management of the urgent care demand.

- Improved operational information to improve earlier decision making and support flow
- Improved control room processes and site management to support teams to improve flow

One of the key measureable outcomes of the actions in the improvement plan, whilst maintaining best possible care, is to reduce overall bed occupancy levels. We know that having a bed occupancy level of < 90% is key to maintaining performance against the 4 hour standard.

In addition to the actions set out in the improvement plan the winter plan also incorporates a proactive approach to planned escalation that will include:

1. Planned reduction of elective in-patient activity to support emergency bed based care from mid-December for a defined 6 week period and potential to extend.
2. Reduction in elective clinic activity across key medical specialties to allow an increase in medical assessment capacity to cover weekends and extended days for senior decision making.

The Trust's Operational Plan 2018/19 set out detailed analysis of capacity and demand forecasting. In summary, the 2018/19 demand planning process concluded that the overall number of admission and attendances will remain within 1% of historical levels.

The challenge remains the ability of our systems to respond to the variation in both daily demand influenced by changes in acuity and prevalence of illness in our population, including flu, and our ability to maintain planned levels of capacity.

The next key steps include working with ECIP to complete an activity and performance analysis of our system data and bed modelling. The results of this will be presented to the Flow Board, with ECIP in attendance in November and any significant risks and recommendations identified will be used to inform further improvement work.

5. Elective Plans

A review of orthopaedic bed and theatre utilisation has been undertaken and the impact on last year's activity and waiting times. This has resulted in a proposal to restrict and protect urgent elective activity and use surgical beds differently to meet the additional emergency demand for the winter period.

Plans have been completed and there is confidence that these will improve resilience within the Trust, even if the winter period extends into March as it did in 2017/18. These are summarised as follows:

- Implementing an elective pause in activity. In previous years occupancy levels have been reduced to 85% prior to Christmas, and the 2018/19 festive period will be no exception and scheduling of surgical elective in-patient activity will be reduced for the period Monday 17th December 2018 to Sunday 27th January 2019 with a managed incremental return to normal activity levels.
- To achieve this aim and to minimise impact on RTT there will be a shift in the ratio between in-patient and day case pathways.
- In addition to ensure that we minimise elective cancellations and protect elective pathways, 5 additional beds will be opened on Ella Rowcroft which will be ring-fenced for elective orthopaedics and screened trauma patients.
- Due to predicted trauma demand, from mid December until early February a second trauma list will be scheduled each day to prevent delays between emergency admission and surgery, aimed at reducing length of stay
- Re-deployment of specialty staff to support emergency workload eg anaesthetists, surgeons, theatre nurses and support staff.

6 Urgent and Emergency Care Plans

6.1 Emergency Department

Ambulance Handover

The Emergency Department are working with SWASFT towards a reduction in lost time for handovers taking more than 15 minutes, against an improvement trajectory set by SWASFT that commenced in August 2018. Performance in June and July 2018 was better than 2017 and a good start to achievement of these improvement plans.

Average handover times at Torbay ED have improved during 2018. In July/August 2017, the average was 18 minutes. In July/August 2018 this had reduced to 11 minutes. Maintaining this performance will enable SWASFT crews to become available for the next incident sooner. This is a key Trust target.

The Torbay team have visited RCHT (Treliske) who had made significant improvements in their management of ambulance handover. The approach taken was based on some simple themes linked to their control function (Gold Command) established in March 2018 which demonstrated improved performance. Success factors:

- Consistent 7-day leadership; working with all staff throughout the hospital and the wider health community.
- Strong focus on flow across the system
- Maximise discharge opportunities 7-days a week.
- Executives walk the floor, engage with staff, patients and the SAFER processes.

Part of the Gold Command philosophy is based on operational information to support flow and is a key priority in the Trust's improvement plan. The Trust focus has been on information sharing and intelligence gathering via a daily system stocktake call with the Integrated Urgent Care Service (IUCS) and 999. The calls have improved understanding of each provider's position and pressures and highlighted issues for proactive resolution and debate.

The A&E Delivery Board have commissioned further work to understand ambulance demand at source and how primary care, SWASFT and emergency teams can work together to smooth surges in demand.

Zero tolerance on minor breaches

The delivery of internal professional standards includes the expectation of zero minors breaches. It is recognised that at times of peak escalation the department needs to flex capacity to reflect clinical risk. The escalation plans include the ability to flex capacity across acute and MIU to ensuring delays for minor injury patients are minimised.

Joint Emergency Team (JET)

JET is the consolidation of the admission avoidance work at the front door to bring together the Rapid Assessment and Discharge Team (RADS) with acute therapists, social-care support and rapid response and increase utilisation of the hub. The aim is to maximise early assessment, avoid admission and provide supported discharge home. This also offers telephone triage in ED and improved medical response to the team.

Sufficient Clinical Input

The clinical workforce for ED has increased to 10wte consultants with an associated team of junior doctors providing resilience 24/7. This year the Trust has invested in 24/7 senior nurse cover in ED to maintain leadership and support flow throughout the Emergency floor.

Internal Professional Standards

A group has recently been established, led by the Medical Director and supported by Quality Improvement (QI), to consider the national recommendations in relation to Internal Professional Standards (IPS) within the Emergency Department. All the Trust specialties with significant volumes of emergency admissions have engaged with this process. Clinical Directors from the Emergency Department (ED), Acute Medicine, General Surgery, Orthopaedics, Paediatrics, Obstetrics and Gynaecology have met and are committed fully to the principles within the IPS. A self-assessment of compliance with the standards has been performed and compliance with each of the standards is variable and dependent on other responsibilities of the specialties in relation to urgent care. Assessment of some standards is dependent on the ability to accurately record activity, for example response times after referral by ED. Work is in progress in a number of specialties to improve electronic referral and management systems that will support the compliance with the standards and the recording of compliance.

It is accepted in the group that, though all standards are appropriate, the achievement of some is challenging in a medium-sized DGH. However there is commitment to working towards achievement by 3rd December 2018 when the new acute assessment model is implemented. There is also appreciation that achievement of the standards for specialties requires change in the working patterns of staff in the ED. This view is supported by the recent Getting It Right First Time (GIRFT) feedback which identified opportunities for more rapid decision-making and referral were required. There is established support from the QI team in place in ED which will support work on this.

Orchestration of Urgent care – Hospital (OUC-H) Project

This leadership project aims to improve the assessment and timeliness of care of emergency patients accessing the urgent care system through improvements to the consistency of the ‘management of the floor’.

The project is focussed in ED where a training package has been implemented for medical and nursing staff based on the hospital MIMMS silver and bronze roles adopting the five “C”s principles of Command, Control, Communication, Cooperation and Coordination. Silver and bronze role responsibilities have been defined and supported by actions cards specific to the Torbay ED setting.

Current focus relates to observing/mentoring to support staff, monitoring and reviewing of ED measurements/outcomes, with future plans to explore the expansion of this methodology to other parts of the hospital such as medicine.

Psychiatric Liaison Service

The Liaison Psychiatry teams function well within ED providing timely and appropriate clinical assessments, interventions and guidance to ensure patients are seen in the most appropriate setting. The service is available 24/7 providing practitioner led response in ED and a response with 24 hours to wards.

A Mental Health Triage pilot commenced in September 2018, enabling Liaison Psychiatry to triage patients upon arrival, rather than wait until ED have completed their assessment and treatment

There is a plan in place for the expansion of Psychiatric Liaison services at Torbay Hospital to achieve CORE 24 (24 hour service, 7 days a week) status by April 2019. Recruitment of staff to this team has progressed more quickly than expected in the context of national recruitment pressure. A new Psychiatric Liaison consultant commenced in August 2018 and the team are in a position to achieve CORE 15 (15 hour service, 7 days a week) status. Further recruitment is underway which will allow full CORE 24 to be reached and enable greater input of the Psychiatric Liaison team into the frailty pathway. The expanded team will also be able to provide a service to people with medically unexplained symptoms within the inpatient wards.

The Psychiatric Liaison team, working closely with the ED team have successfully achieved a reduction in ED attendances in an identified cohort of people who attend ED frequently with MH diagnoses. A multi-disciplinary team approach was taken to some individuals with complex problems whilst others required more simple individual interventions exploring the reasons for their frequent attendance. This approach remains in place for 18/19 as part of the national CQUIN.

Behaviour Change and Social Marketing

The Trust have been working with behavioural change specialists to utilise social marketing and influence change in public behaviour. Part of this work has been to understand why patients access urgent and emergency care services in the way they do. This work was undertaken to understand demand with a view to shaping capacity and looking at possible ways of influencing future behaviour.

The team were based in ED and Newton Abbot urgent treatment centre for a week and this information will be used at workshops involving clinicians, operational staff, voluntary sector and service users to map the desired entry points of the system and what will motivate patients to use the most appropriate services for their health needs. The output of this event is to co-design campaign materials and identify local assets/communication channels that could be used to support improvements in independent and supported health and care system navigation.

6.2 Ambulatory Medical Unit (AMU) has been expanded and is scheduled to open on 3rd December 2018. This extension and improvement to the environment includes the creation of a larger waiting area and the provision of four new curtained cubicle areas (to allow treatment to be delivered with more privacy). Low acuity medical and surgical patients will still be seen and assessed there throughout the week.

6.3 Primary Care Streaming: 7-day on-site access to GPs was developed before last Winter and is now well established with excellent processes and relationships with ED. This provides a further opportunity to stream urgent patients to the most appropriate doctor.

6.4 The Acute Assessment Model

The Trust is funding a test of change to support a new method of acute assessment based on the urgent and emergency care strategy for the £13m re-design of the emergency care floor.

The model of acute assessment has been reviewed by a team of physicians and whilst multi factorial, aims to create a High Acuity Assessment Unit (HAAU) from 1st December 2018 until 31st

March 2019. Delivery plans will be reliant on increasing the capacity of key areas of workforce including senior medical, nursing and allied health professionals, as well as evolving existing process and supporting services. Aspects of this programme of work include single clerking, Internal Professional Standards and weekend processes. Progress is monitored through the 4-hour improvement board with executive attendance.

The critical objective being to implement a method of assessment which will enable the Trust to better cope with the expected increase in demand for services and to provide better care for our patients.

The key success factors are briefly summarised below:

A. The development of a high acuity assessment unit

One of the Emergency Assessment Units (EAU3) will become a separate "receiving unit" for medical and surgical patients, taking both referrals from GPs and ED. Patients will ideally spend less than 6 hours (and not more than 12 hours) being assessed in this area before a decision is made to discharge or admit to an inpatient ward.

This will be managed by the physicians who will run a rolling on-take ward round between 8am and 6pm in order to facilitate earlier decision-making. Most of this will be done by the Acute Physicians, although General Medicine consultants will be rostered for post-take work between 2 and 6pm to support these processes.

Using the SAFER Red and Green methodology, 'hours' in this environment will be coded as red or green hours. All endeavours will be made to reduce the number of "red hours" experienced by medical patients, for example by proactively managing delays to diagnostic, decision making and also seeking out patients suitable for direct consultant review and discharge.

Key to the success in streamlining the process is a review of the assessment documentation. There is a group of clinicians working on single-clerking process which will reduce unnecessary duplication of work.

In addition there is a review of the EAU Operational Policy with particular attention to EAU professional standards to provide greater clarity around assessment and referral expectations. This will be actively monitored and measured.

There are three main risks:

- Medical workforce – active recruitment is underway and locums will be used.
- Out of hours and weekends:
    - the intention is to offer an extended post-take for at least three evenings of the week (eg Mon, Tues, Fri) in line with last Winter.
    - At peak periods additional medical resilience will be introduced at the weekend.
- EAU3 currently provides 25 assessment beds which will convert to a mixture of beds, assessment trolleys and chairs – Warrington Ward will be used as an inpatient ward.

B. Warrington ward

Based on learning from last year, this ward has been refurbished and is now an 18-bedded unit with 6 side rooms - the initial intention being to use this as decant capacity from January to

December. However, with the new assessment model this ward will substantively opened as a general medical ward to provide additional ward and side room capacity from 1st December until 31st March.

Warrington Ward will have dedicated consultant cover from the team of general physicians with consistent SHO level cover for the ward and a nominated matron to oversee leadership and governance supported by nursing, AHPs and discharge co-ordination.

Elizabeth Ward (14-beds) or McCallum Ward (14 beds) will be utilised as a decant ward in the event of infection control requirements or business continuity measures.

C. Emergency Assessment Unit 4 (EAU4)

EAU4 will be re-branded as a short-stay medical ward, with a maximum length of stay of 48 hours. This means that good patient flow from ED is absolutely essential to ensure the most appropriate patients go to this Unit and clear flow-criteria to guide this is being developed. The new clinical site managers will be working closely across this floor, to support the patient flow coordinators to make these decisions both in-hours and out-of-hours.

Benefits and metrics

Benefits are expected to include:

- As some of the patients conveyed by the ambulance will be taken direct to the Acute Assessment Unit:
    - Reduction of handover delays. For example, a reduction of 10mins delay for 7 patients would save 70 minutes a day or circa 6hrs a week.
    - Reduction in time taken for ED to assess and refer to medics. For example if 7 patients per day had a reduction in the waiting time for referral of 2hrs, this would save 70hrs a week.
- Less patients being managed through ED should reduce 'crowding', increase the ability for the ED team to respond more timely to other patients and improve the 4hr performance.
- Currently EAU3 has an average length of stay of 28hours. The aim is to have an average time spent in the Acute Assessment Unit of 6-7hrs.
- Reduction in the number of patients who attend being admitted. Expected reduction in admissions by 3 per day (100 per month) with the associated work of the new Joint Emergency Team (JET) and the 'follow-up' nurse.
- With increased senior decision making at the start of an admission, there should be a reduction in the overall length of stay. Whilst difficult to estimate, it is reasonable to expect movement back towards an average length of stay of 4 days which has seen an increase in 18/19 to 4.5 days.
- The correlation between 4hr performance and bed occupancy is clearly acknowledged. The Trust has seen an increase in its occupancy level by 5% to 93%. The collective programme of work under the Acute Care Model would expect to see a reduction in occupancy, particularly across the Medical Service Delivery Unit.
- Essential qualitative improvements are expected including that of patient experience and staff morale and confidence.

Supporting projects

There are many other pieces of work that to varying degrees will collectively support the Acute Care Model. These include:

i. Implementation of safety netting to support discharge.
ii. Review of processes for receiving GP calls and communicating options including use of patient transport to collect some patients.

iii. Optimisation of support teams at the 'front door' including RADS, AHPs, discharge coordinators, medical admissions and avoidance team.
iv. Development of processes for referral transfer to / between areas including understanding implications to activity coding.
v. Healthcare of the older person daily consultant support to 'front door' / AAU.
vi. Improvement of weekend processes to support discharge and assist coordination of medical reviews.
vii. Ward process including red to green days, SAFER review, staff development.

In addition, the Healthcare of the Older Person's team are aiming to provide specialist Consultant Geriatrician input working alongside Consultants in Acute Medicine and the wider MDT/Discharge professionals, to patients referred to Medicine in the Emergency Department/Assessment Units, with the aim of preventing admission to specialist wards.

Plans are also in place to support improved clinical management of end of life patients, to avoid acute admission, by the community teams. Increased focus within the community teams is to ensure TEP forms are up to date and in place in partnership with the local GP's.

Risks: Plans are dependent on workforce and currently there are a number of substantive posts that have not yet been appointed to. There will therefore be an increased reliance on availability of agency staff although mitigating actions have been identified. The Trust has been working since the summer to source agency placements however, availability of workforce remains the most significant risk to plans this winter. Recruitment to safe staffing levels on the medical wards continues and will do so until all vacancies have been filled.

6.5 Paediatrics

Plans are in place to increase paediatric and adolescent bed capacity which will include the opening of an additional paediatric HDU bed from November to March 2019. The team will be rostering an additional consultant at weekends.

<u>CAMHS</u>

CAMHS crisis outreach service provides cover 7 days per week 8-8 and as part of parity of esteem investment an additional function has been developed with the Community Outreach Team to support any young person who has mental health needs within the acute setting.

The community CAMHSs team also provide a community crisis response in working hours and there is a consultant on call 24/7.

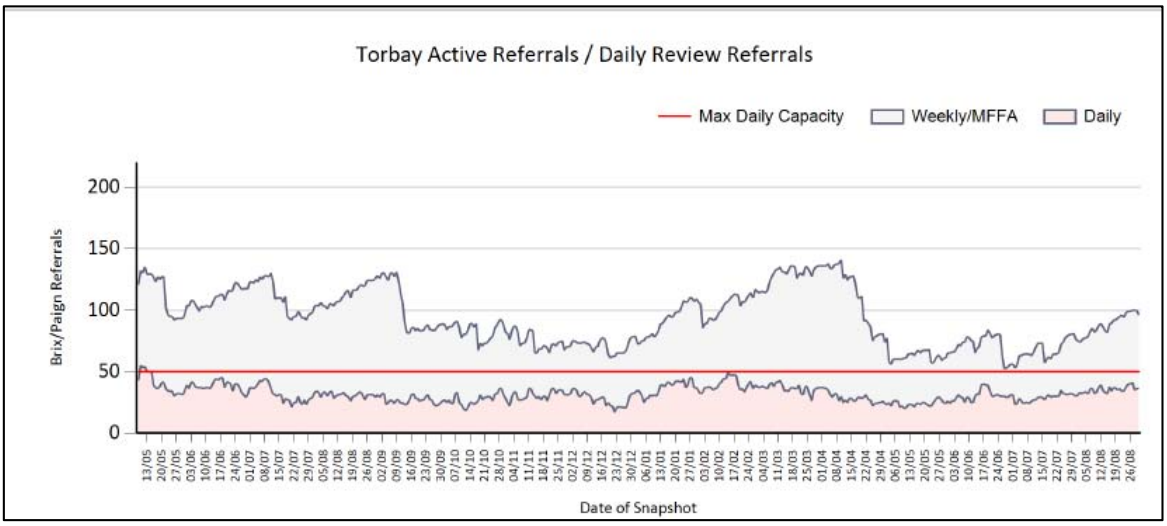
Development of the Children and Young persons (CYP) place of safety (POS) has now commenced and there is an expectation that this will be completed by January 2019 which will avoid the requirement for the police to use ED for patient assessment.

7 Our Local Community Plans

7.1 The community Service Delivery Unit (SDU)

Work has been commissioned with Meridian to undertake a review of capacity within each of the locality health teams and also the Rapid Response team. Their report and recommendations will look at the efficiency of resources, indicating where this could be improved to better target resources to support winter.

In addition to this intermediate care demand and capacity reporting is split by locality, to facilitate the planning process from an operational team perspective, an example of this data is below.



A deficit in the availability of short term packages of care in comparison to demand has resulted in further investment in this sector with the aim of reducing this gap in capacity and demand and this is in addition to that which was commissioned last year. However, there remains capacity constraints within the independent sector with recruitment being cited as the largest challenge across Devon and nationally. There are fortnightly meetings with the domiciliary care provider, Mears, and weekly calls to push forward a reduction in our unsourced package of care list. The Trust is working closely with Mears to consider further developments that will enhance their capacity to provide support during the winter period.

Additional investment has been provided for the Torbay Rapid Response teams to increase capacity over the winter period and improve the short term provision focussing on re-ablement for patients leaving hospital and reducing dependence on bed based care.

A review of the Rapid Response teams within Torbay and South Devon has started and already identified some key workforce issues to be addressed. Alongside this Meridian will work with the teams to identify further opportunities to increase capacity. The iBCF funding within DCC and Torbay council will be used to drive transformation in the domiciliary care market.

With the further development of intermediate care nursing and enhancing the links between community intermediate care and the Rapid Assessment Discharge Service within the Emergency Department, and the MAT team these improved links and relationships will further enhance our offer this winter to ensure as many people as possible are supported to remain well at home or leave hospital quickly. Intermediate Care is focussing on ways to increase the acuity of patients being supported in intermediate care alongside further work with our clinical directors to increase referrals from GP practices to support admissions avoidance.

The CHES team are building on their success in Torbay rolling out services to support people with dementia and behavioural issues within care homes to South Devon.

7.2 Care Homes Support for Admission Avoidance

The Trust's integrated care model is designed to support people to prevent ill health, promote wellbeing, maintain independence and stay well at home, this includes ensuring that people who are living in a care home are also able to stay at home where possible. Part of this work involves implementing the Enhanced Health in Care Framework with further gap analysis planned.

Enhanced primary care support - the one care home, one practice recommendation has been implemented in areas where primary care capacity is available to support this initiative. Across Devon the Medicines Optimisation in Care Homes (MOCH) scheme has provided dedicated pharmacy and pharmacy technician support to care homes to support medicine administration within homes including polypharmacy review to minimise harm. The MOCH teams form part of an integrated primary care, community and acute pharmacy offer aligned to the community-based health and wellbeing teams and the QAIT teams.

Throughout South Devon and Torbay the multidisciplinary ways of working have develoed robust community based health and social care teams which include intermediate care, community nursing, therapy, social workers, social care re-ablement, rapid response services. Contracts are in place with nursing homes to provide intermediate care placements working under the principles of trusted assessor methodology.

Discharge coordinators are aligned to the community-based teams and a discharge to assess model has been implemented to enable complex assessment at home and care home assessments within 24 hours across Devon.

Clinical capacity to the Quality Assurance and Improvement Teams (QAIT), which offers dedicated support to care homes has been expanded via IBCF monies. QAIT are working with CCG and Public Health colleagues to develop a programme of training workshops for nominated individuals from care homes and domiciliary care providers to act as Health & Wellbeing Champions within their services. The training is delivered by key health and social care partners through quarterly sessions and will focus on a variety of topics including Falls, Respiratory & COPD, flu and infectious diseases, UTIs, sepsis and diabetes contributing towards admission avoidance

Through iBCF dementia support has been expanded through the development of the Care Home Education and Support Team (CHEST) with Devon Partnership Trust to provide dedicated Older Person's Mental Health support to care homes. The aim of this service is to ensure that care homes receive the support that they need to manage patients with dementia, by supporting care homes with particular patients during periods of escalation which may be causing management problems, and by educating staff around the management of dementia and thus building resilience in the care setting. This service will provide and agreed care pathway across Devon for managing behavioural and psychological symptoms in patients with dementia who live in care homes to reduce hospitals admissions by 30%. It will also develop resilience within care home settings and to have meaningful conversations about future care input with individuals with dementia or their families. Some of the key objectives are:

- Increased specialist support for staff
- Appropriate support for GP's whilst minimising inappropriate referrals

- Minimise high cost care packages in homes and reduce the level of high cost individual 1 to 1 care being requested
- Improved hospital discharge rates.
- Education for residential care home employees on managing patient specific issues
- A team approach to provide residential care homes with consistency of support and advice
- Learn from experience to create a centre of expertise

Through the iBCF we will trial the use of an Enhanced Health in Care Homes Framework Toolkit app to prompt care home staff to be curious about changes in a resident's behaviour. Having changes assessed at the earliest possible opportunity should mean any deterioration in either physical or mental health is identified and can be addressed and monitored proactively. The toolkit will also prompt care home staff to ensure each resident has an up-to-date and complete set of electronic notes (including TEP form) and escalation plans.

The End of Life Care STP group has developed a dedicated care homes e-learning training package for dementia and end of life care. The hospices across the county provide dedicated face to face end of life care training to homes.

In Devon there is a well-established Provider Engagement Network and in Torbay a Care Managers Forum the aim of these groups are to engage with providers.

The STP has a joint workforce development group and is part of the Proud to Care campaign which promotes careers in health and social care.

We are developing plans for the introduction of NHS email (NHSmail) into care homes and other care providers. NHS Digital is working to ensure information flows efficiently and securely across the health and social care system to improve patient and service user outcomes. As a system we want to integrate the care provided to people as much as possible. This means that we need to communicate with each other in a secure and safe way. We are supporting providers to join NHSmail. This means that we will be able to transfer information between providers and the hospital, between providers and GPs and between providers themselves easily and securely supporting clinical care and support. The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool for data security which organisations need to complete before they can have NHS mail. We are supporting organisations to complete the Toolkit and then set up NHS mail accounts.

A leadership development programme for care home managers is underway across Torbay and aims to provide managers with a leadership skill set that includes:

- **Reflection** and **analysis** including self-evaluation and staff/setting skills 'audit' (diagnostic phase)
- **Collaboration** and **openness** – enjoyable group problem-solving, active listening, working across staff and resident groups, trying something new, challenging habitual behaviours
- Being **proactive** and taking **'risk'** including when and how to bring in new expertise
- Individual **drive** – exploring personal and professional motivations
- **Integrating** skills and approaches - keeping the 'home' a happy place to live and work, supporting self and others through action learning, peer to peer mentoring / feedback

7.3 Minor Injury Units

MIU staffing levels have been planned to meet anticipated capacity and demand over the winter period including bank holidays. MIUs will continue to support the Emergency Department over the winter period including supporting diverts of minors patients from ED during periods of escalation.

8 Ensuring safe and timely discharge

The Trust clearly outlines a strategy of patient independence and care closer to home moving away from the traditional model of bed-based care towards community provision. This is a model of prevention, re-ablement and draws upon a strength based approach to encourage independence and patient self-care. This has led to a low and sustained level of DToC rates and also consistently good performance in 7 and 21 day length of stay patients.

Key enablers to this are:

7.2 The Discharge to Assess (D2A) model with extended intermediate care capacity
7.3 Proactive management of delayed transfers of care (DToC) across all bed-bases
7.4 Improved patient flow: SAFER2 principles of best practice on all wards
7.5 Enhanced focus on 7-day service provision and discharge
7.6 Early escalation processes across health and social care with clear role centred actions
7.7 Management of the complex long stay (>10 day) patients across acute and community

8.1 SAFER Ward Processes

A re-launch of the SAFER programme across the acute and community hospitals was initiated during Spring 2018 with a specific focus on 7-day services and maintaining discharge objectives. This has served to review and revitalize the established SAFER work-stream across all acute and community wards utilising a system of intensive weeks focusing on each ward individually and on increasing morning discharges.

Key areas concentrated upon are:

- Senior reviews for every patient by 12 midday every day
- The timing and content of MDT/ board rounds and afternoon SAFER huddles
- Clearly recorded clinical criteria for discharge (CCD) to enable nurse-led and weekend discharge
- Better communication between wards, bed managers and assessment units so patients start to be pulled into admitting wards before 10 am
- Early identification and case management of likely complex discharges
- Better awareness of the various discharge pathways available for patients
- Red to Green days – challenging what is holding up each patient's care plan
- Better communication of discharge plans with patients and their families – 4 questions
- Improved SAFER data pack that is user friendly to inform wards on their progress with SAFER
- Medically fit patients are reviewed at daily MDT meetings and escalated to community services and teams as necessary.
- The GP contract for community hospitals and intermediate care has now been formalised giving services consistent cover throughout the week

In parallel to SAFER phase 2, improvements will be made to the TTA process and the timeliness of patient transport when collecting patients for discharge.

Key metrics are driven on a daily basis both at ward level at 9am and 3pm huddles and through the daily control room meetings to ensure review of long stay patients, high level of am discharges, 3pm planning of next-day discharges. The SAFER 2 project forms part of the Overarching Discharge Programme of Work which reports into the Patient Flow Board.

Stranded Patient Audit and mini-MADE events

All medically fit patients are reviewed at the daily discharge meeting and the numbers are monitored through the daily control meetings and part of SAFER huddles, with 7 day reviews of stranded patients being undertaken routinely. Agreed thresholds will trigger an escalated response from a multi-disciplinary team of health and social care leads to fast-track onward care decisions and actions.

The initiatives embedded within the Trust to support reducing length of stay have been operating successfully and regional benchmarking indicates that South Devon and Torbay worked well to maintain this position.

Length of stay	>7 days	>21 days
Region	47.5%	17.8%
TSD	33.5%	7.0

Recent attendance at the NHS Improvement Stranded Patient workshop has been shared locally to further improve length stay and occupancy levels through shared learning.

8.2 Torbay Discharge Hub

The newly established Discharge Hub – a joint integrated service between South Devon and Torbay, is now fully operational. It aims to enhance and co-ordinate discharge pathways for patients reducing multiple hand offs of care. It will ensure that patients have an opportunity to receive a short term offer that enables patients to become as independent as possible utilising the full range of community services.

The Discharge Hub now manages the Discharge to Assess pathway, which is now embedded in South Devon and Torbay and work continues to increase the number and complexity of Discharge to Assess home referrals. The benefit of this team managing these patients is to ensure that the capacity across all the community Intermediate Care (IC) teams is utilised and localities with capacity can assist their neighbouring localities to ensure the patient does not experience a delayed discharge. This is achieved by the IC teams stretching their boundaries. The IC teams' capacity for Discharge to Access is reported to the Discharge Hub and they work collaboratively with the IC teams to maximise use of the available resources.

There is a local agreement which means that patients can access interim health funding for 4 weeks. This is based on a nurse led assessment. If there is a positive checklist that is completed in the Community, this funding will move to a full assessment for CHC and funding arrangements will follow that outcome. In Torbay there is step down funding from the ICO to care home placements based on clinical decision making – made between the hospital discharge team and the lead CHC nurse on the day. In addition in Torbay there is a risk share agreement in place between health and social care commissioners and the ICO which means in effect we have pooled

budget arrangements for health and social care which supports the placement without prejudice system. There is a process in place whereby urgent funding requests are considered via a virtual High Cost Panel, with membership from the ICO, CCG and care co-ordinators. There is a project lead in post and a plan is completed and progressing with the project lead.

For off contract placements at times of escalation, Care Homes are accepting a referral direct from intermediate care teams rather than assessing clients face to face. The Trusted Assessor project leads are working towards an implementation timeline of November 2018 and are currently working through the engagement phase with locality leads, CHC, QAIT, CDP, Older Peoples Mental Health Services and acute and community teams. The project lead is working with developing a matrix to capture the activity and data. Updated documentation has been agreed with the local care home representatives including pathways and referral form.

Gap analysis is being undertaken to identify opportunities and roles for the voluntary sector to support discharge processes, this should be available in November.

8.3 Patient Transport Services

The Trust benefits from its own excellent PTS service and crews operate every day of the year, to ensure that essential patient care and hospital discharges are fully supported.

This year the team are working closely with the new Acute Assessment model and enhancements to AMU to provide GPs an alternative to SWASFT for the transfer of stable patients to Hospital. This is to ensure patients arrive promptly for their assessment and treatment to avoid any delays or potential admission. In addition this will support SWASFT to reduce some PTS demand and maximise their response time.

At peak times and during escalation the benefit of the Trust's own PTS service means that capacity can be flexed to meet discharge demand across the South Devon system.

During the adverse weather conditions the Trust's PTS 4 x 4 vehicles were invaluable in our ability to safely transfer patients across our 5 localities.

8.4 Proactive Health Coaching

A pilot of Proactive Health Coaching (PHC) commenced on 8th October 2018. The aim of the service is to put patients at the centre of their own care and give them the information and choices to improve their health and wellbeing through support which is specifically designed to be short-term and non-dependence based.

The PHC service is triggered by an algorithm which identifies those likely to benefit from the intervention. It could provide the next step change in our system in creating an empowered population who have improved health and wellbeing outcomes. Proactive health coaching will address all four of the Devon STP four strategic priorities:

- 'Enable more people to be and stay healthy',
- 'Enhance self-care and community resilience',
- 'Integrate to improve community care and care in peoples homes' and
- 'Deliver modern safe and sustainable services'), especially enhancing self-care and community resilience.

The Proactive Health Coaching approach offers immediate benefit to the patient but also contributes to service sustainability in several ways: diverting future emergency admissions, reducing length of stay, reduced diagnostics.

The nurse receives the list of high risk patients in the morning and can then visit the patient on the ward to invite them to participate in the service. Invitations can also be sent to patients through letters. The advantage of this real-time approach is that a patient accepting PHC can be supported to discharge early from hospital with the appropriate support and reducing the risk of a future admission and readmission.

Immediately post-discharge the patient will have a one-hour face to face meeting with the nurse consisting of a structured interview assessing the patient's situation. Together, the patient and nurse develop a joint plan to prevent and mitigate future crisis and emergency care events. Drivers of emergency care visits are carefully analysed and discussed with the patient and an action plan is developed to deal with each driver of future risk.

The nurse will identify the gaps in the person's health and social needs and provide support to reduce the risk of a future visit and admission. Support could take the form of supporting diagnosis, coaching, education, links with health and social care teams. Using nurses within the service means that they should be quick to identify the need and will act on behalf of the patient to pull in the right support. A large focus is put on activating the patient, increasing health literacy and supporting the patient to improved self-care and independency

9. 24/7 Winter Leadership Arrangements

There are established arrangements in place both in and out of hours for matters to be escalated throughout the health and social care community. The CCG and local providers share on-call rotas to enable issues to be escalated where necessary in a timely manner whilst ensuring that all appropriate guidance is followed.

A winter leadership team has also been nominated again this year to oversee the implementation of the Winter Plan including completion, evaluation and updates to the Trust OPEL Policy and to support the newly established clinical site management function 24/7.

The winter team comprises of:

John Harrison, interim Chief Operating Officer	Executive Lead
Ian Currie, Deputy Medical Director	Clinical Lead
Cathy Bessent, Deputy Director of Nursing	Nurse Lead
Cathy Gardner, Head of Operations	Management Lead

The winter team reports to the Patient Flow Board, and will meet on a weekly basis and provides updates to the Executive Directors on the effectiveness of the plan.

10. SITREPS and Dashboards

Formal control meetings are held throughout the day including senior representation from acute, community, social care and ambulance service. These control meeting are further supported by specific workforce, infection control and logistical meetings to ensure that the safety and quality of care is maintained. During these meetings operational pressures are continually monitored, with actions identified and managed to resolve issues. The intention to commence escalation actions before there is a negative impact upon patient flow and performance.

These control functions are supported by a clinical site team, on call manager and senior Executive 24/7 and in addition to the meetings described above escalation conference calls are scheduled across all systems to provide collaborative oversight and management of patient flow.

Significant progress has been made over the last year to automate information sources, enabling live data feeds to be accessed both as part of the site meetings and also remotely by Commissioners and across acute, community and social care providers. Examples include:


P1105 - IP Dashboard (8).pdf


P1129 - ED Dashboard.pdf


P1393 - Control Room Data.pdf

11 System Escalation

OPEL Framework and Triggers

System alignment through the review of Operational Pressures Escalation Levels Framework (OPEL)triggers is being undertaken by the Devon A&E Delivery Board to ensure consistency of approach and declaration across the STP footprint. This important piece of work will be completed prior to the winter period.

A system for declaring and sharing OPEL status across the STP footprint has been in operation since 2017, this has been further developed in line with national reporting requirements, ensuring a consistent approach to OPEL status, including de-escalation.

Daily UCCCC Escalation Status as at 24/08/2018 (Today)

Individual Locality Organisation RAGB Status	Northern	Eastern	Western	Southern
Acute Trust	NDDH (OPEL 2)	RD&E (OPEL 2)	PHNT (OPEL 2)	SDHT (OPEL 3)
Community Provider	NDHT (OPEL 2)	RD&E (OPEL 2)	Livewell (OPEL 2) / KPCH (OPEL 1)	SDHT (OPEL 3)
Adult Social Care	NDHT (OPEL 2)	RD&E (OPEL 2)	Livewell (OPEL 2)	SDHT (OPEL 2)
Mental Health Provider	DPT (OPEL 3)	DPT (OPEL 3)	Livewell (OPEL 1)	DPT (OPEL 3)
OOHs Provider	DDOCS (OPEL 1)			
NHS 111	NHS 111 (OPEL 1)			
SWASFT 999	SWAST (OPEL 2)			
Patient Transport	FCA (OPEL 1)	FCA (OPEL 1)	FCA (OPEL 1)	SDHT (OPEL 1)
Virgin	Virgin			
Overall Locality OPEL Status	**OPEL 2**	**OPEL 2**	**OPEL 2**	**OPEL 3**
Overall NEW Devon CCG Status	**OPEL 2**			

Within South Devon and Torbay a locality based daily escalation report is also produced which highlights pressures in the urgent and emergency care system.

Escalation Briefing.docx

<u>Escalation Policies</u>

Refreshed Escalation Policies are being reviewed and revised across Torbay and South Devon in preparation for winter, learning lessons from last winter as well as from the implementation of the OPEL framework, established in 2016 and operationally implemented for the first time in 2017.

Local escalation processes ensure that pressures within any individual part of the system are highlighted at the multiple daily control meetings, which are attended by colleagues from across the health and social care system. This process enables actions to be put in place, wherever possible, before reaching trigger levels, and also has been shown to be key in de-escalating when OPEL 3 or 4 have been reached.

On behalf of the Devon A&E delivery board, UHP and Torbay and South Devon have been leading a review of the Devon wide process for escalation including triggers, establishing best practice for standardising declaration of OPEL status and learning from “hard resets”. The collective view was there were too many triggers which were applied inconsistently across organisations and that actions taken to de-escalate were not always successful. A set of standard triggers for each OPEL level is recommended and actions, which can be used across all locality systems. Early access to shared information across providers, including 111 and 999, was highlighted as useful and the engagement of other organisations in system and reset calls was noted as positive and will continue through winter. The core triggers and actions to inform local escalation plans for each OPEL level are included in the presentation below.

Escaltion Triggers
Devon A&E Devlivery

12. INTEGRATED PARTNERSHIP PLANS

12.1 Mental Health

There is on-going pressure on local mental health acute bed capacity with a number of people being placed out of area. This compromises the ability of the mental health provider to transfer people in a timely manner to an acute MH bed particularly out of hours. A plan has been agreed to provide additional acute beds in Torbay through a newly built facility however, this will not be operational until at least 19/20.

Building work is continuing on The Junipers, a brand new, purpose-built Psychiatric Intensive Care Unit (PICU) for Devon, based in the grounds of Wonford House in Exeter. The Junipers will be a state-of-the-art, 10 bed unit for men and women, serving the population of Devon. The Unit is due to open in January 2019.

A 12 month pilot has been agreed to extend an existing commissioned service in Plymouth into South Devon and Torbay and to reduce the current waiting list in Plymouth. The service offers systemic family therapy and will be available to those families who would otherwise fall outside of CAMHS criteria.

Assurance has been gained from DPT regarding improved planning for peaks in demand over weekends and bank holidays – staffing rotas for inpatient wards are completed 6 weeks in advance using the electronic Health Roster system to ensure safe staffing levels. Crisis Resolution and Liaison Psychiatry team rotas are also done in advance. For extended holiday periods including bank holidays a planning assurance framework is completed to show whether there is assurance in the delivery of our core services.

Investment has been secured for the remainder of 18/19 and 19/20 through Devon County Council and Torbay Council iBCF funds to commission Crisis cafes for people in mental health crisis. These will provide a predominantly social response to mental health crisis as an alternative to health based crisis response and support people in self-management of their own mental health. Discussions with the existing Third Sector provider of mental health crisis beds in South Devon and Torbay are underway in order to explore the extension of the current contract for a test of change of non-bed based crisis provision. It is expected that crisis cafes will be commissioned and go live in South Devon and Torbay sometime between October 2018 and January 2019.

DPT are currently working with Step One, the provider of crisis and step down beds to widen access to these beds to wider Devon in order to meet need and maximise the use of capacity. A pilot will be running from 3rd September for an initial four week period to allow efficient utilisation of beds across Devon.

A priority of the Children and Young Persons (CYP) STP work stream, is enhancing community provision when children and young people are either in or approaching crisis. One of the key impacts of this work is to reduce admission to acute paediatric wards. Through this enhanced

community provision and earlier identification of potential escalation, CYPs' should be diverted from presenting at the emergency department.

The community CAMHs also provide a community crisis response in working hours and there is a consultant on call 24/7. Mandatory training for the COT team will be completed by October to ensure there is no reduction to provision over the winter period.

CYP Place of Safety (POS) – the development of the purpose built CYP Place of Safety (POS) has now commenced and there is an expectation that this will be completed by the winter which will reduce the potential of the police using ED due to the current facility being used by the inpatient unit. Substantive staff have been recruited. (The CYP POS is a Place of safety for under 18's who have been detained under s136/135 of the mental health act via the police. The CYP POS is not an escalation bed and will not be agreed to be used as such for the system)

12.2 Integrated Urgent Care Service (IUCS)

111 on line

NHS 111 on line went live in July 2018 as a soft launch with the first tranche of communication anticipated for late September to coincide with university fresher's weeks and then further communications as we move into the winter period.

This allows more individuals to use this mode of contact, the national assumption is that a channel shift will occur which should reduce the number of calls to 111 as people manage their symptoms on line. No reductions in activity have been assumed in our planning, although the evidence from the original pilots is promising.

Demand and capacity planning

The Integrated Urgent Care Service for Devon continues to be provided by Devon Doctors as the lead provider with Vocare as the telephony provider. The front end service managed by Vocare has had considerable challenges in relation to maintaining adequate call handling and clinical staffing levels.

A daily weekday average number of callers are circa 700 rising to circa 1,600 on a Saturday and about 1,200 on a Sunday. There is some seasonal variation which is expected and the figures anticipated for the Christmas period are described below. Managing in day variation is somewhat more unpredictable and small variations in numbers can impact on call queues significantly.

A mix of challenges to recruit sufficient numbers combined with high attrition levels means that the key indicator of calls answered within 60 seconds is infrequently achieved, although there are other areas of improved practice which support the wider system with good effect within our model. These will be beneficial in helping with resilience going into the winter. The service, at the time of writing has managed to meet recruitment numbers for call handlers for the first time since the contract commenced but remains challenged around the clinical capacity which has such an impact on the confidence of front line call handlers and enables high levels of clinical validation to take place.

Both Devon Doctors and Vocare have already projected activity levels based on previous year's local Devon data and the assurance checks provided by the NHSE. These are being used to predict capacity requirements to deliver a good service in a timely way. As well as front end calls being answered quickly and efficiently we are ensuring that there is sufficient clinical capacity to support clinical validations of ED and 999 outcomes as well as any additional work directed from NHS 111 online.

Despite all the planning work it is reasonable to anticipate that the target of 95% of call calls will be answered within 60 seconds will not be met at all times across the Christmas and New Year period. Reviews suggest that a large proportion of these people rang back when unable to get through the first time, but it is not unreasonable to assume that this could have had an adverse impact on other services. However, the positive impact of people using 111 first before attending other options is a major change in behavior and it is critical that 111 responds in a timely and positive way to embed this behaviour change.

The projected activity levels are subject to scrutiny, and once agreed will be reviewed to suggest operational performance expectations. Clinical validation of 999 and 111 calls is a top priority and additional transformation funding will be invested for the winter to support this to the optimal levels. New standard operating procedures have been embedded in September and October which will support calls from over 80's and under ones, with direct to clinician outcomes. Direct booking from 111 to the Cumberland Centre has also commenced.

Devon	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon
	23/12/2017	24/12/2017	25/12/2017	26/12/2017	27/12/2017	28/12/2017	29/12/2017	30/12/2017	31/12/2017	01/01/2018
2017 Demand	2481	2420	1269	2338	904	759	759	2544	2297	1995

Devon	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon
	22/12/2018	23/12/2018	24/12/2018	25/12/2018	26/12/2018	27/12/2018	28/12/2018	29/12/2018	30/12/2018	31/12/2018
2018 Forecast	2445	2219	2074	1815	2561	1361	1394	1945	1815	1487

Devon	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon
	22/12/2018	23/12/2018	24/12/2018	25/12/2018	26/12/2018	27/12/2018	28/12/2018	29/12/2018	30/12/2018	31/12/2018
2018 Variance %	-1.5%	-8.3%	63.5%	-22.4%	183.3%	79.4%	83.6%	-23.6%	-21.0%	-25.5%

2

Last winter, the key issues experienced were significant surges in requests for repeat prescriptions, increased demand and suboptimal use of the remote clinician model. The significant risk for this winter will be the availability of sufficient workforce to achieve clinical validation and call handling standards. Additionally, a risk created by the changes in mental health support by DPT is not yet fully understood. The commissioners are facilitating a meeting to review this.

Validation of 999 and ED dispositions

The use of clinical resource to validate dispositions which affect the wider system is a critical function and there has been continued pressure to maintain a high level of validation with an appropriate downgrading level. By July over 85% of category 3&4 calls were reviewed with a downgrade of 61% and 73% of ED outcomes were revalidated with a 43% downgrade. The target for each is 85% validation so there is still some work to do with regards to ED validation but it is moving in the right direction.

The overall level of ambulance activations has been a challenge to the service, a deep dive has been completed which gave a number of indicators of further work but the rate is still above 15% of calls reaching an ambulance disposition, with a target of no more than 10% of all calls.

The STP has prioritised £200,000 of the transformation funding to focus more effort on this area as it has such an impact on the wider system.

Other support to the wider system.

Devon Doctors provide the current Out of Hours and the clinical assessment components of the integrated IUCS. They also provide a range of other services for the local community, including primary care streaming, MIU advice and guidance, clinical support to clinicians in the community such as paramedics and community teams, out of hours cover for community hospitals and the prison visiting service. They also provide an intermediate care service to care homes in Plymouth to offer temporary resident primary care cover and cover for flu outbreaks. They are also one of the core providers for improved access for primary care.

Clinical Advice Service / Out of Hours Primary Care

The star 6 (*6) number for care homes is fully operational and provides a direct support to care homes for their residents. This reduces calls to 999 services and creates greater ability to manage patients in their own home.

The CAS provides a direct by pass line for community teams who need primary care advice, this year this has been extended to 24/7 and is predominantly used by paramedics but also community nurses etc. as well.

The service introduced NUMSAS in April. This service directs people requesting repeat prescriptions to community pharmacists. This was a particular challenge last year in the weekend before Christmas, on the Saturday over 900 people called the service for a repeat prescription as they believed they had not been able to access a repeat in time from their own practice. This communication issue has been addressed with the support of practices but the NUMSAS offers a useful additional access route to community pharmacy.

Another community pharmacy based service comes on line In October 2018, this is the digital minor injury service (DMIRS) which will direct a cohort of patients with specific outcome codes and symptoms to a community pharmacist to manage their care to prevent them being directed to primary care. Devon is a second wave pilot and is keen that this works well.

The fragility of some primary care service across Devon leads to an increased utilisation of out of hour's services to meet primary care demand. This remains a challenge, although the development of improved access capacity will be helpful. A large proportion of extended access which goes live in October is being provided across the system by Devon Doctors which means there will be a good link between primary care capacity and the out of hours capacity to manage more care in the community.

Devon Doctors also continue to provide the ED streaming service across all acute providers and will be working with acute services to ensure there is sufficient capacity and capability. It also continues to provide medical cover to community hospitals and advice and support to minor injury units

12.3 Ambulance

Demand and Capacity Planning

Subject to approval by SWASFT's executive team at the end of August 2018, SWASFT have identified 5 key priorities for winter:

1. Continued work to reduce handover delays
2. Development of an Escalation Plan to replace the current Demand Management Plan and REAP
3. Development of secondary roles to provide support during extremis
4. Development of a separate Christmas and New Year Plan (and Easter Plan) to be included within SWASFT's Winter Plan
5. Review of 4x4 arrangements (multiagency and internally)

The above means that SWASFT will do the following differently this coming winter:

- Winter Planning being led by the EPRR team
- Operations taking a more active role in delivery
- Escalation Plan replacing REAP and Demand Management Plan
- Developing Christmas and New Year arrangements, including Incident Coordination Centre staffing
- Pre-determined secondary roles
- Action Plans with A&E Delivery Boards to address handover delays.

SWASFT are predicting a 5.2% increase in activity compared to the equivalent period in 2017/18 between 10 December 2018 and 6 January 2019. The prediction for conveyances to Torbay ED ranges from 77 up to 108 on 1 January 2019.

SWASFT are planning on have staffing of at least 100% throughout winter, taking into account 5% sickness absenteeism (8% over Christmas and New Year). In addition, an additional 6% relief capacity will be generated through restricting leave and non-essential training. To support this, SWASFT are aiming to vaccinate at least 57% (the figure achieved in 2017/18) of all frontline staff against influenza.

All the CCGs who commission the ambulance service have agreed to implement the ambulance response programme improvement plan, to achieve the ambulance response standards within two years. There is a provider aspect to the plan, which covers:

- Reducing extended response times
- Improving Call Answering performance
- Delivering appropriate improvements in the proportion of incidents resolved through the Hear and Treat outcome (i.e. telephone advice/referral)
- Recruiting Hub Clinicians to fill current vacancies
- Reducing the impact of inappropriate activity transferred from NHS111 to the ambulance service
- Improving the consistency of frontline resourcing levels in line with operational plans
- Delivering improvements in operational call cycles where appropriate
- Supporting changes to the Trust operating model that will be embedded during delivery of the Transition Plan

There is also a STP component to the plan, which aims to manage rising demand for 999 services through the following workstreams:

Theme	Key Phase 1 (18/19) tasks
NHS111	• All STPs to work with NHS111 providers to increase the percentage of CAT3 & 4 calls subject to clinical validation (target 60% downgrade). • Development of case for change and robust evidence to support warm transfer of category 2 calls.
High Intensity Users	• STPs to map existing support for high intensity users and ensure availability to SWASFT. Target is to reduce the high frequency volume from 2% of total to 1.7% of total. • Development of business case to operate a high intensity user's service in / for SWASFT.
HCP Calls	• STPs to review support services for care homes which regularly request ambulance conveyance. • IQPMG to develop best practice support guidance for STPs on support for care homes, STPs to implement new approaches, achievable within existing resources, to support a reduction in ambulance calls from care homes by 5%. (Additionally benefiting from reduced use of ED services). • IQPMG to lead the development of a business case to support the development of the 'green desk' for HCP4-240 calls.
Falls	• IQPMG commissioners to take care home and dom care training and lifting equipment requirement for consideration in STPs. • IQPMG to compile best practice guide to response models. • DoS to be reviewed to ensure clear and complete information is provided.
Mental Health	• Each STP to review the range of services available on the DoS (and accessible to 111 and SWASFT). • Review of voluntary sector services and ensure accessible to SWASFT.
Frailty	• IQPMG to initiate scoping exercise to identify correlations in conveyances and existing direct access (i.e. non-ED). • STPs to review direct access and ensure NHS111 and SWASFT have appropriate direct access to existing alternative support.
Handover Delays	• Development of materials and learning from the Plymouth and Cornwall pilots for use across the SW. • Commissioner workshop to be run in June 2018. • Implementation ahead of winter 18/19 required.
Alternative Pathways	• Coordination of workshops to assess the DoS for all the identified workstreams. • Ongoing review of the impact of DoS updates across the SW.

This is accompanied by a significant financial commitment from the STP, which this year sees investment in the ambulance service increase up to 2.3% to reflect rising demand for services. In addition, the Trust will continue to receive "winter resilience" funding from NHS England to ensure that sufficient capacity is available to meet demand."

Ambulance Handovers

Reducing ambulance handover delays is a key priority for the Devon A&E delivery board. The executive and managerial leads for Urgent and Emergency Care for the CCGs will shortly meet with the COO or deputy from each hospital in Devon and the county commander from the ambulance service. The meetings will focus on how each Trust can reduce delays due to handover by 50% by March 2019, to meet the south west ambition. The outcomes from each meeting will form the basis for a place-based joint plan to reduce delays due to handover, focusing on the action areas outlined in the bullet point list below

We are aware that the position does vary by Trust; the information provided by NHS England for June 2018 shows the hospitals in the following positions:

Hospital	Expected resource time lost in Aug 2018 (hh:mm)	Expected resource time lost in March 2019 to meet target (hh:mm)	Ranking across SWASFT (1=worst, 19=best)
University Hospitals Plymouth	134.37	82.19	1
Torbay Hospital	146.28	65.21	2
Royal Devon & Exeter	129.16	24.39	4
North Devon	58.26	69.01	10

SITREP reporting will be completed monthly to the A&E Delivery Board (AEDB) and the SWASFT contract meeting, and cover compliance with actions known to reduce hours lost to ambulance handover including:

- Patients on trolleys assessed for their suitability to be transferred to wait in a chair ('Fit to sit')
- Clinical assessment of patients arriving by ambulance started within 30 minutes of their arrival at an ED
- Clinically stable patients referred to an ED by a GP directly taken to an assessment service
- Escalation plans triggered when objective measures indicate the system is under significant pressure
- Weekly ops meeting with SWAFT to review delays, DATIX and learning
- Daily validation of all delays - Zero tolerance for 60min breaches
- Joint handover policy for front line staff
- System full capacity protocol developed
- Extra therapy staff at weekends
- Early discharge on all wards to clear morning DTAs with senior consultant ward rounds for stranded patients
- Focus from sites on timely patient moves, as wards work in days, ED in hours and ambulance services in minutes
- GP cases direct to AMU, to reduce demand upon ED and facilitate targeted diagnostics;
- Earlier identification and involvement with frailty to encourage rapid turnaround of this patient group

- Promotion of deconditioning awareness for ambulance crews and mobility challenge for patients
- Increase capacity within Ambulatory care with direct access for ambulance borne and ED patients to maximise early discharge and community management

We know that improving the position of hours lost to ambulance handover across the Devon hospitals will make a significant improvement to the ambulance service's capacity, hence the priority afforded to this by the board.

12.4 Primary Care

The CCGs have commissioned during 2018/19 on a recurrent basis a new service specifically Improving Access to Primary Care. The service, which went live across Devon on 1st October, will build to provide 45 minutes per 1,000 population of additional capacity in the evenings (6.30-8.00pm) and over weekends and bank holidays to better meet population demand. This is a 7 days a week, 365 days a year service, and will thus provide additional system capacity for the winter period where pressures across the system are known to increase both in terms of raw demand and complexity.

Within South Devon we are meeting regularly with GPs and project leads across the 5 localities to look at ways in which we can improve this new primary care service in terms of access to diagnostics and courier service for pick-up and delivery of bloods.

There is a requirement for the models to enable the 111 service to be able to book into specified slots allocated to them at the weekends and bank holidays. These slots can be used when a patient requires routine primary care. This should therefore relieve pressure on other parts of the healthcare system including ED and Out of Hours allowing resource within those services to focus on meeting more urgent need. Roll out of 111 allocated slots will be managed though a phased approach building on the existing model in Exeter and extending to Plymouth and South Devon initially.

The additional capacity (total of approximately 9,000 hours per week for Devon) will be GP led and supported with other clinicians who normally operate within or alongside General Practice to provide an efficient, effective and holistic service that is comparable to established 'in hours' provision.

The precise models will vary across the county (summary below) to allow population and neighbourhood specific tailoring, but all models will operate 'at scale' on a hub basis with clinicians seeing any patients from within the defined locality, not just patients from their usual practice.

North	North Devon Collaborative	Rotating hub
East	East Devon Health	Rotating hub
Mid	Mid Devon Health (part) DDoc (part)	Rotating hub Hub (Tiverton)
Exeter	Exeter Primary Care	Rotating hub

West	Beacon (part) DDoc (part)	 Hub (Mount Gould)
South	Southern Primary Care Collaborative Board	Rotating hubs (weekdays) Two hubs (weekends)

Roll out of GP online consultations ("eConsult") is also progressing across Devon with 60 (48%) practices currently live. This will support both in terms of managing demand and business continuity in adverse weather.

Each of the localities within the Devon STP have broadly similar Collaborative Boards made up of representatives of the GP Practices within the place based footprint. The boards were formed to provide a vibrant and consistent voice for GP providers and to ensure strong representation within the local health economy. With GP Federation or locality representation from at least 1 GP and Practice Manager elected to the board. The board has been successful in working with both the CCG and other local providers to enhance local GP Primary care.

It is our intention to develop with system partners sustainable additional (in hours) service to focus on high-risk groups such as housebound patients and those residing within care or residential setting. A number of pilots were operated through last year's winter period and were very successful at supporting these groups of more vulnerable patients, reducing admissions and also supporting overall system resilience.

In particular early visiting and systematic visiting of care homes has resulted in patients receiving more effective, efficient and proactive care. The Primary Care Teams working at scale in this way have also enabled them to reach out to more patients, and more effectively deploy combined capacity and capability. The visiting teams were able to add additional indirect benefits such as providing education and reassurance to the care home staffing teams.

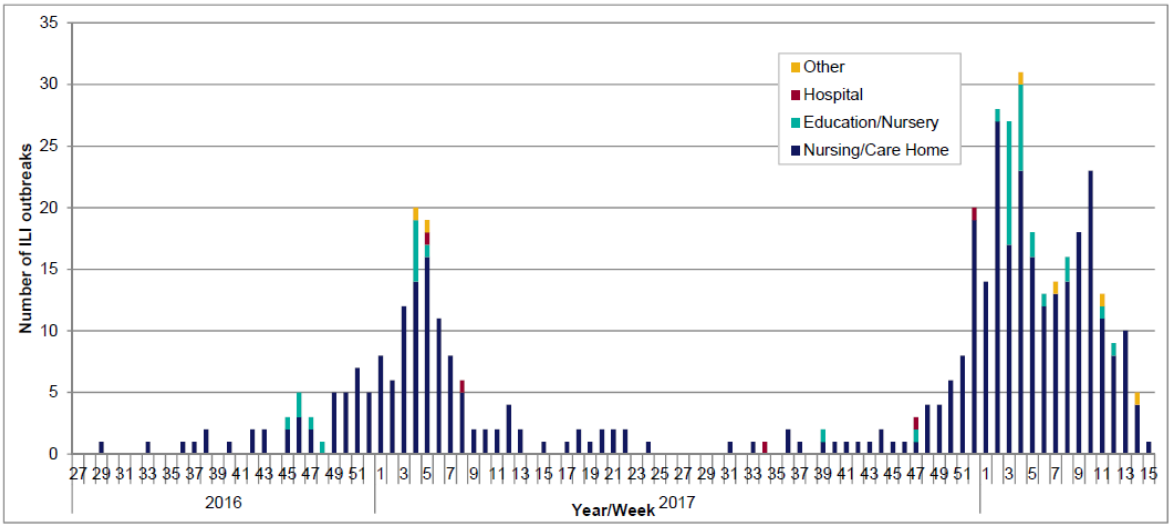
We aim to extend an early visiting pilot service across the South Devon and Torbay footprint to introduce dedicated GP support for care homes in the form an early visiting service that is integrated with the health and well-being team. Using winter monies from 17/18 we tested an early in the day visiting services for nursing homes in the South locality. The service comprises a named GP and nurse undertaking nursing home visits to proactively manage patients and avoid non-elective admissions. The test of change has shown a positive impact on the quality and continuity of care delivered to people living in the homes and also on the practices workload and primary care resilience. The intention is for the service to expand and work more closely with the medicines optimisation in care homes pharmacists and the community-based teams to provide a multi-disciplinary offer to homes for winter 18/19. This test of change will be evaluated with the potential to roll out across Devon.

Guidance for GPs relating to mediations relating to high risk groups, such as preventative rescue medication courses for COPD patients can be found in the joint formulary and awareness raising relating to these initiatives will be facilitated using the GP forum.

13. INFECTION CONTROL INCLUDING FLU

The winter plan focusses on the organisation's approach to management of influenza and norovirus as the two highest risk events. These plans will be tested through a table-top exercise in November and detailed action cards have been included within the escalation policy.

The last season's higher level of flu activity is an important reminder that flu can have a significant impact and is highly unpredictable. 2017/18 saw record flu vaccination levels, with nearly one and a half million more people getting the vaccination than last year. The 2017/18 season saw influenza A(H3N2) circulation with care home outbreaks and increased excess mortality particularly in the elderly, together with circulation of influenza B. All reports of influenza-like illness (ILI) outbreaks/clusters by setting, Public Health England South West, 2016 week 27 to 2018 week 15



The flu season in 2017/18 caused considerable system strain. Care home outbreaks predominated, although there were significant educational facility outbreaks. Hospital pressures were significant particularly due to the two different strains of influenza A & B and the impact on side room and isolation capacity.

Public Health England 2018/19

Following a review to establish learning from 2017/18 the following actions will be undertaken:

- 2018/19 vaccine composition has been updated; a new adjuvanted vaccine will be available for older adults and a quadrivalent flu vaccine for younger adults, which protects against both the main B strains and the two main flu A subtypes.
- https://www.gov.uk/government/collections/annual-flu-programme
- Multi-agency investigation will be undertaken for any reported incident when influenza like illnesses / symptoms are prevalent.

For 2018/19 each organisation will monitor uptake and report back monthly to the Strategic Flu Group using a reporting template as per Public Health England (PHE).

Frontline Health Care Workers (FHCWs) involved in direct patient care are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza.

Frontline health and social care workers will be provided with flu vaccination by their employer. This will form part of each organisations' policy for the prevention of transmission of infection (flu) to help protect patients, residents, and service users as well as staff and their families. This includes staff in all NHS trusts, general practices, care homes, and domiciliary care.

A multi-agency Flu Planning group has regular tele-conferences and have an action plan in progress which includes:

- Funding bid application in progress through iBCF for additional nurses to support care home staff and domiciliary care staff vaccinations
- Use of key public areas (e.g. Torbay museum) to educate and promote the vaccination
- Close liaison with Local Authorities to promote high vaccine uptake amongst employees with particular focus on frontline healthcare workers and other priority groups
- Alignment of Flu Plans with Public Health Teams / SD&T and NEW Devon CCG
- Posters to support care homes in managing outbreaks have been sent via the 3 Quality Assurance & Improvement Teams (QAIT)
- Offering flu vaccines at out-patient clinics and to specific 'at risk' groups e.g. respiratory
- Effective flu vaccination programme being delivered in maternity services
- There is scope for Community Pharmacies to support in areas where the GP Practice has staff recruitment issues (Beacon Pilot)
- Public Health will monitor all outbreaks in education settings and share information with local Flu Committee
- PHE and Local Authorities are exploring ways of working with secure units, in particular the MOD secure unit in Plymouth, Devonport
- Flu vaccination is available from the beginning of October 2018 for all DPT staff, and some identified in-patient groups (OPNH, long stay i.e. secure and rehab patients as well as at risk groups including pregnant women)
- Peer and roving vaccinators recruited and trained in immunisation and all aspects of campaign throughout health provider organisations
- Flu vaccine champions recruited from all Directorates and professional groups, role specification provided
- Infection control link practitioners briefed on their role in promotion of flu vaccine
- Improved manager sign-up to the strategy, including briefing of senior staff
- Communications strategy using in-house materials, "flu fighter" materials, DH patient materials, vaccinator education, on-line news and social media.
- The access to antivirals protocol (out of season) is a pan Devon protocol.
- There is currently a specification being developed across Devon for in and out of season outbreak management in care homes
- Norovirus/D&V – each NHS provider has policies and protocols for managing norovirus outbreaks in hospital/bed based care settings and this includes deep clean requirements. As detailed above we are also currently proposing a service specification to support care homes.

TSDFT FHCW Flu Action Plan 2018 - 19

A flu preparation briefing paper was also presented at the CCG Quality Committee's in Common.

Flu Planning
Summary Report QCi(

Where infection outbreaks occur in care homes this has the potential to negatively impact on patient flow across the system. Outbreak management in care homes is supported by the public health team working with community health teams and the CCG's and we aim to improve responsiveness. Protocols have been developed that enable access to antivirals. For specific infection control issues likely to occur during winter, there are triggers in place with associated responses across departments for outbreaks of norovirus and flu. A specification is currently being developed across Devon for in and out of season outbreak management in care homes.

Dedicated deep cleaning resource is in place for all provider organisations to provide a timely response across acute and community sites to outbreaks/HPV cleans and a decant ward facility. The South locality examples of protocols are attached below, the other locality protocols are available upon request:

2018-19 Norovirus
Escalation Plan.docx

2018 Flu
Campaign.docx

2018 - Flu staged
response.docx

Due to significant operational disruption, the Torbay and South Devon Flu Debrief Meetings and Patient Flow Board made the following recommendations and actions have been taken:

- Additional side rooms have been created within the acute Hospital.
- Implement 24 hour flu testing on EAU3.
- Isolate flu contacts only if the index patient is actively coughing and sneezing.
- Bay closure only if index patient present in a bay for 8 hours, as above.
- Improve flu recognition in community hospitals.
- Considerable pre-flu season education of front-line staff and communications throughout the Trust and including domiciliary care providers, intermediate care, rapid response and end of life team.
- Email to all staff with risk assessments, information about flu, isolation and testing.

The flu vaccination programme for core staff and patient groups, including care home staff and domiciliary care workers is being well delivered across the Trust. As at 31st October 2018 high numbers of staff vaccinations have been provided and the communication and sharing of information will continue to ensure the target of 75%.

14 ADVERSE WEATHER PLANNING

Following the 1 in 10 year weather event experienced in March 2018, when an unprecedented red alert was issued by the Met Office, arrangements for managing services during inclement weather have been reviewed. Snow Debrief reports highlighted several areas for action which are now being addressed, including:

- Merging of cells with partner organisations e.g. co-ordinating 4x4 vehicle support
- Development of Memorandum of Understanding with the Devon and Cornwall 4x4 Response Group
- Management of elective activity during and surge immediately after the weather event
- Clear guidance on the approach to absence and what constitutes non-essential staff

The extreme weather procedures have been updated and within Torbay and South Devon we have implemented over 80 recommendations identified in lessons learned. Significant changes:

1. Development of a new Incident Control Centre (ICC) in the Parentcraft Room.
2. Management of 4x4 cell briefings starting from December.
3. Bringing together other system partners to explore whether we can jointly use our 4x4 management process to better allocate resources.
4. Preparation of PTS vehicles eg. snow socks for tyres.
5. Review of the Inclement Weather Policy providing advice to staff on their contractual expectation.

These revisions link well with the PTS Booking service and the PTS BCMs. Part of the revision is explicit recognition that there are times and geographies where it is not safe for patient transport to operate in. This has been formulated in conjunction with Devon and Cornwall Police and Highways England around specific cases where clinical expectations led to frail elderly being conveyed over roads deemed unsafe by the Police and Highways agency - e.g. a 90 mile round trip on hazardous roads when alternate clinical provision is available less than 2 miles away.

BCM plans were tested in terms of the management of patient risk through liaison with clinicians to identify patients at most clinical need. Innovative solutions were explored, including boat transport and helicopter where isolated communities were completely cut-off to all road-based blue-light services.
Examples of BCM plans are:


2017 July Trust Business Continuity P


2018 September Extreme Weather Ass

Arrangements for business continuity over Christmas and Bank Holidays

The frequency of weekend and bank holiday days over the festive period provides a predictable decrease in system capacity and capability. The winter plan therefore provides specific attention to staffing levels over this 2-week period and describes expectations for key speciality availability.

15 Communication and Public Messaging

The NHS and local authority organisations in Devon Sustainability and Transformation Partnership (STP) work together each winter on a system-wide winter communications and marketing plan to utilise public websites, social media, newspapers, outdoor and digital advertising and direct mail to help inform and advise the public on being prepared for winter, choosing the right service and what they can do to help themselves. Examples of the information included are:

- Self-care
- Planning ahead for colder months i.e. keeping their house warm, keeping medicines cabinet stocked, etc.
- Promoting flu vaccination to vulnerable groups
- Opening times and available services, especially over weekends and bank holidays
- Stay Well This Winter national campaign including NHS 111 (and online), pharmacy and extended GP access.

Other communication channels used include:

- Social media – especially to communicate urgent messages
- Utilisation of community teams to speak directly to service users, their carers and family and other healthcare professionals
- Messaging in GP surgeries
- Message in all-staff bulletins
- Press releases
- Outdoor advertising

Where there is heightened pressure/or an awareness that pressures are building within the local system communications are cascaded to partner organisations to alert and request assistance where possible, for example if the acute trust are experiencing pressures within the ED communications will cascaded to primary care, ambulance service and the public.

Torbay and South Devon NHS Foundation Trust publishes live waiting time information on their website, including the number of patients currently in the department and waiting to be seen for all Minor Injury Units (MIUs) and the Emergency Department, via the following link:
https://www.torbayandsouthdevon.nhs.uk/services/urgent-and-emergency-care/ed-miu-waiting-times/

16 Table Top Exercise

The Trust is utilising opportunities with ECIST to test capacity and to forecast how improvement initiatives will impact on patient flow within the system. It is intended to undertake a cross-provider table top exercise, aimed at testing the actions, reactions and cross boundary communications between provider and commissioning organisations at the various stages of escalation. This is being organised by Jonathan Taylor-Edmondson, Head of Safety, Security and Emergency Planning.

17. Process of Assurance and Sign Off

The Torbay and South Devon winter plan forms part of a wider Devon STP winter plan. Several versions of the plan have been developed following feedback from NHS England, local and regional stakeholder groups as well as continuing revised guidance actively being generated from the Department of Health.

An overview of the oversight and approval timeline is detailed below:

- Initial submission to NHS England as part of the wider Devon STP winter plan 31st August 2018
- First Review at Patient Flow Board 12th September 2018
- Feedback received from NHS England 26th September 2017 with recommendations
- Torbay and South Devon Trust Board 7 November 2017
- NHSE 7 November 2017
- Patient Flow Board 14 November 2018
- South Devon & Torbay A&E Delivery Board on 28th November 2018.

Cover sheet and appendices for Trust Board					
Report title: Proposed continuation of ICO Risk Share Agreement with Torbay Council and South Devon and Torbay CCG					**Date:** 7th November 2018
Report sponsors	Director of Strategy & Improvement Director of Finance				
Report author	Director of Strategy & Improvement Director of Finance				
Report provenance	**System:** Torbay Council Policy Development & Decision Group 1 Oct 2018 CCGs Finance Committee in Common (Oct 2018) RSOG Sept 2018 **Trust:** Executive Directors 30th Oct 2018 FPIC 30th October 2018				
Confidentiality	Public				
Report summary	The establishment of the ICO in October 2015 was underpinned by a commitment by Torbay Council and South Devon & Torbay CCG to pool health and care budgets through a contractually binding risk-share agreement (RSA). By aligning service delivery and financial incentives this has become a fundamental pillar supporting our shared integrated care vision and a key enabler to realise the benefits of our new model of care. This paper provides an update on current negotiations with a view to securing support from all 3 parties to continue with the RSA when the current agreement expires (Oct 2020). Agreement is required in advance so that in the event that any party decides to terminate the agreement, they can meet the required 12 months notice period.				
Purpose	**Note** ☐	**Information** ☐	**Review** ☐	**Decision** ☒	**Approve** ☐
Recommendation	**Following review by FPIC (30th October), the Board is recommended to:** • commit in principle to continuing with the RSA with full proposals for consideration and approval in March 2019				
Summary of key elements	The Board is asked to note the following highlights: • The Trust is asked to set out its intention as a principle to continue to be party to a financial risk share for the provision of health and care in our community for a further period, currently considered as a 5 year period (2020-25). • Attached to this cover sheet are 4 key documents to provide context and assurance: draft Memorandum of Understanding; review of original ICO business case; STP strategy on a page; and draft CCG future commissioning				

	intentions. At this stage this is a commitment in principle and if agreed officers of the 3 organisations will do detailed work on the improved outcomes and financial case to be brought back for consideration and agreement in Spring 2019.
Strategic context	The advent of Sustainability and Transformation Partnerships (STPs) has required health and social care systems to work together to produce plans to deliver service and financial sustainability over the medium term. Across SD&T, the partners to the ICO have built on a track record of integration that has been enabled through pooled financial risk share arrangements. Continuation of the RSA is in line with system and national policy with a focus on greater integration and emphasis on supporting people to stay well, and to maintain independence in the community rather than being cared for in a traditional, medical bed-based model of care.
Dependencies and risk	Failure to reach agreement on the continuation of the RSA could impact on our shared integrated care aspirations and will have financial implications both at system and organisational levels.
Summary of scrutiny	This report has been subject to challenge, due diligence, and risk assessment by: • Executive Director scrutiny (October 2018) • FPIC (30th October) • SD&T Exec scrutiny (RSOG Sept 2018) • Torbay Council PDDG (Oct 2018) • CCGs Finance Committees in Common (Oct 2018)
Stakeholder engagement	Elected members of Torbay Council considered the paper (PDDG 1 October). Governors are represented on the Finance, Performance and Investment Committee where this paper was reviewed on 30th October. CCG Governing Body including lay members will consider the paper at their meeting on November.
Other standards affected	Failure to secure agreement could impact on the Trust's ability to achieve NHS Constitutional and Adult Social Care standards.
Legal considerations	RSA is a legally binding document. Failure to secure agreement will require a 12 month notice period.

Draft Memorandum of Understanding for the continuation of the Risk Share Agreement between the South Devon and Torbay CCG, Torbay Council and Torbay & South Devon NHS Foundation Trust

1. Background to current position

   The contractual and financial environment in operation in the local system since the formation of Torbay and South Devon NHS Foundation Trust as an Integrated provider of health and adult social care, is a multi-year block contract with a Risk Share Agreement, to which South Devon and Torbay CCG, Torbay and South Devon NHS Foundation Trust and Torbay Council are all parties. This contract at present sets the income level for the Trust for 2018/19 years and this level of income / expenditure is reflected in the respective plans of the CCG, Trust and Torbay Council.

   The advent of Sustainability and Transformation Plans (STP) has required health and social care systems to work together to produce plans to deliver service and financial sustainability over the medium term.

2. Aim

   The overall aim from this review is the continued development of the risk share arrangements in the community, including a review of delivery so far with a view to arriving at a place where the intentions and commitment of all parties is clear and negotiations start for the RSA which would need to be in effect from 1st October 2020.

   This would require 3 way agreement and commitment to continuation of ASC contract and extension of RSA with the supporting financial framework effective 1st April. This secures continued investment in the integrated system since October 2015, and the contract for ASC since 2005; It is our intention that this would need to be negotiated and agreed by end of March 2019;

   There is therefore a working assumption that minor additions/variations to the RSA may take place, which we remain open to, but all three parties remain with the agreement;

3. Process

   This process is being undertaken by the members of the Risk Share Oversight Group/Joint Executives. Representation was provided by:

   CCG: John Dowell, Derek Blackford, Jo Turl,

   Torbay Council: Caroline Taylor, Martin Philips, Anne-Marie Bond

T&SDNHSFT: Paul Cooper, Rodney Muskett, Ann Wagner

Recommendations when produced will be presented to the CCG Governing Body, Torbay Council and T&SDFT Board for approval.

4. Timeline

This paper was developed for approval through Organisations' Governance Processes in autumn 2018.

The key points on the timeline are: *(please also refer to flow diagram)*

1st October – Policy Development Group, agreement of principles;
7th November – Trust Board, T&SDFT;
18th October – Finance Committees in Common, SD&T CCG & NEW Devon CCG;

5. Context and Regulatory Framework

It is anticipated at present that the agreement would continue/be renegotiated in its present legal format but consideration needs to be given to the following:

- *NHS England consulting on a contract for Integrated Care – new form of standard NHS contract available to work in context of integrated/single system; All parties should take part in the consultation and give feedback and this will need to be reviewed as we progress towards negotiation and agreement and eventual contract form;*
- *Commissioners to review original Adult Social Care contract by end of November to inform development;*

A review of the arrangements for Governance/oversight potentially with amendments to the current framework; It is anticipated that this would ensure that Risk Share Oversight Group feeds into a fully functioning Joint Executive Committee, with oversight of transformation plans and delivery against the ambitions set out and would exist separately to each of the existing organisations own governance arrangements;

It should also be the intention to review Social Care Programme Board/Contract Review Meeting/Joint Technical Working Group etc. to ensure the right level of focus and attention on this development; with Joint Executives or Risk Share Oversight Group sub-group sponsorship etc., with membership, ownership and accountability pitched at the right level for each.

6. Position Statement from each partner

   a. South Devon and Torbay CCG

   All partners in the Devon STP have signed a Memorandum of Understanding that sets out some core principles of how we will work together. With regard to contractual arrangements, these should seek to support the MoU principles.

   The CCG supports the continued development of the approach taken to date for this community within the Devon STP. In this context we do not think a return to standard terms and conditions NHS contract would best support this and therefore we seek to negotiate variation to the current Risk Share Agreement.

   The CCG is under Legal Directions issued by NHS England, primarily due to a deteriorating financial position in 2015/16 through to 2017/18, and its financial plan for 2018/19 currently holds a £5m deficit on behalf of the community. As a result of this, we are subject to NHS England scrutiny from a national perspective and a focus on the return to financial balance and therefore delivery against the financial recovery plan, set for 2019-20.

   There is, in fact, a legal duty placed on the CCG, as the Organisation currently accountable for managing to a capitated budget, which may place direct restrictions on our ability to sign up to a contract which makes financial commitments beyond the financial allocation made to us for the local population.

   As referenced above, The CCG is subject to a local and National Level review and challenge which will continue to require options to be presented for how expenditure can be reduced to within the allocation provided for the population. It is clear therefore, that any contractual agreement entered into by the CCG must demonstrate how this will be achieved over the term of the contract.

   b. Torbay Council

   The Council needs support the needs of our community, particularly vulnerable people, and to grow our economy, and to reach a sensible, prudent financial position whilst being compliant with our statutory duties. We continue to play a central role in the quality of life of the residents,

businesses and communities of Torbay through the services and employment we provide, the purchases we make and partnerships in which we work. Over recent years, we have had to reprioritise our investment and reduce the extent and breadth of our service offer. Inevitably, the savings the Council has made have had an impact on service delivery and the headcount of the Council has reduced by 400 staff across all services.

Moving forward, to achieve financial stability, we need to narrow our focus further onto:

- Reducing the costs of our high-cost services
- Reducing the demand for and into our high-cost services
- Increasing the Council's income from Council Tax, National Non-Domestic Rates, fees, charges, rents and investments

We will continue to deliver the best Core Offer we can around:

- Health, Adult Social Care and Public Health Integration
- Children's Social Care
- Waste Collection and Disposal

This will be underpinned by our Core Offer for our Place and our plans for Growth. We will continue to base everything we do on three main principles:

- Use reducing resources to best effect
- Reduce demand through prevention and innovation
- Take an integrated and joined up approach

We will continue to contribute towards early intervention where this will prevent, delay or reduce need.

We are committed to working, through the Local Government Association, with Government to ensure that the needs of Torbay as a small coastal unitary authority are recognised. We will be clear with Government that we are already close to the Core Offer. We will work with other authorities and organisations such as the Association of Directors of Adult Social Services, the Association of Directors of Children's Services and F40 (representing the group of the lowest funded education authorities in England) to ensure that the costs associated with these areas of the Council's statutory responsibility are fully recognised by the Government. And we will continue to raise awareness within our communities about the financial pressures facing the Council and the inter-relationships between social care and growth.

c. Torbay & South Devon NHS Foundation Trust

Torbay and South Devon NHS Foundation Trust remains fully committed to deliver and extend the ambitions sets out in the ICO business case in October 2015; we firmly believe that delivering integrated care through partnership working delivers the best, most cost effective service to the population that we serve.

This document describes significant achievements thus far and, as we move into the next phase of our integration journey we will focus on:

1. 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.
2. 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.
3. 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.
4. Strengthening Partnerships
   Working with our partners across all care sectors to create sustainable services that accomplish the best outcomes for people.
5. Staying Well
   Working with our communities so that people can stay well and live full lives.

As we move forward we see great value in extending the scope of our system's integrated model towards the care of children, young people and their families, those with mental health conditions and to a better integration of Trust and primary care delivered services.

The Trust has, in 2017/18 delivered a significant turnaround in its financial position, largely as a result of delivering on the ICO business case, moving back into a surplus position. The financial outlook does, however remain challenging. In that context, the Board believe that the principles of the Risk Share Agreement should remain central to our approach going forward. The existing agreement has ensured that our collective system has a single, joint focus on delivering quality and reducing the direct cost of delivery; maintaining that focus in the face of future pressures will be important.

7. Consideration of Alternative Contract form

The following contract options have previously been considered and may be reviewed against a range of criteria, aimed at balancing the various organisational imperatives, the desire to continue the strategic development of an Accountable Care Delivery System and the Regulatory environment:

a. *Retain Current Risk Share Agreement – in the form of RSA2;*
b. *Current RSA with Opportunity to expand RSA as strategy develops in support;*
c. *NHS Integrated Contract;*
d. *National T&Cs, standard NHS contract;*

The matrix summarising the advantages and disadvantages of each option against the chosen criteria will continue to be developed and therefore included in future iterations of this paper.

8. Financial Considerations

8.1 Stated Financial Planning Assumptions incl. confirmation of baseline assumptions:

A review of the opening Baseline assumptions has been shared and agreed in the initial development meeting but work continues through the finance leads of the three parties to understand and set out the financial framework and therefore determine the respective contributions in support of the agreement.

Whilst it is expected that this will continue to be incredibly challenging as it has been in each of the last two financial years, the partners will work together to agree financial planning assumptions and the associated savings plan and outcomes/deliverables alongside an affordability assessment and consideration of alternatives for comparative purposes.

It is anticipated that we will set out the timeline which should see negotiations conclude toward the end of December 2018 or as part of the normal planning process that would take us into 2019-20 with the Director of Finance/Chief Finance Officer of three bodies concluding on the approach to CIP planning and risk share buyout arrangements as a result;

8.2 Comparison of contract payments driven by Proposed Variation versus a PbR based valuation

An Initial draft has been developed which needs to be discussed and finalised between partners which is intended to illustrate the financial implications for each organisation as a potential alternative to the agreement of risk share;

8.3 Comparison of cost of provision of Adult Social care versus current contributions and risk share buyout arrangement

An Initial draft has been developed which needs to be discussed and finalised between partners which is intended to illustrate the financial implications for each organisation as a potential alternative to the agreement of risk share;

9. Review of Original Business Plan and Delivery of Outcomes against Care Model

Whilst the care model benefits realised by the end of year 3 may not be to the level originally forecast in some areas due to changing circumstances, the qualitative and quantitative results that are emerging do demonstrate positive impact and return on investment. The detailed review and appraisal is included in support of this document but the conclusions include:

- Health and well-being has improved significantly, with many positive stories of lives turned around with significant improvements in independence reported. At 68.4% client satisfaction with adult social care in Torbay was higher than England, South West and comparator group averages, and in the top quartile of England Local Authorities in 2016/17. Latest 2017/18 demonstrates a further improvement to 69.2%.
- 40% of people cared for at home enabling a reduction of 99 beds
- Delayed transfers of care remain amongst lowest in Country
- Fewer people admitted to a care home as their permanent residence - for those funded by adult social care aged 65+
- Workforce shape changed and overall headcount reduced from 5,369 (2014/15 baseline year) to 5,101
- Service utilisation significantly improved overall, when nationally have seen an increase in demand - e.g. total bed days used reduced by 21.2% compared to national reduction of 2.1% with bed days used by the over 65s reduced by 27.8% compared to national reduction of 2%
- Total £13.23m recurrent cash releasing system savings generated of which £6.4m reinvested in care model and £19.9m of cost avoided by reducing

demand which, when added to general efficiencies delivered over the period derive a total benefit calculated at £69.35m.

10. Commissioning Intentions/Strategy

The draft documents are attached in support of this document and set out the Commissioning Intentions and STP plan on a page as they are currently described;

11. Appetite for Revision/Variation to Existing Risk Share Arrangements

The partners remain committed to the Risk Share Agreement in its current form but also leave open the possibility of extending this subject to the appropriate consideration, due diligence and agreement of all parties

12. Conclusion

The preferred option is to process a variation to the current block contract and risk share agreement in line with the continued development as described. This option represents the best balance of recognising all the individual organisational imperatives and the overall system conditions.

It also avoids the need to return to a standard national terms and conditions contract, e.g. with Payment by Results for acute services, and the Local Authority returning to more traditional arrangements for adult social care which would be contrary to the national direction of travel.

The CCG, Trust and Council have worked together to ensure that we have an agreement which seeks to preserves the strategic direction for the community, allows continued development of the Integrated care model in order to maximise the amount of transformational change that can be delivered and delivers a clear plan for return to financial balance in the total community.

13. Recommendation

The CCG Governing Body, Council Members and Trust Board are asked to note the stated intentions and support the continued development as described, acknowledging that the financial and contractual environment we are seeking to achieve must clearly reach the best accommodation of 3 very clear imperatives:

I. Trust to be able to set credible plan for delivery of control total without an unacceptable level of delivery risk associated with cost reductions linked to change in demand profile for its services;

II. Council to achieve a total block (capped risk) contract;

III. CCG to have a contract which demonstrably shows how the value will reduce to the affordable level for the resources allocated to it for its population, supporting its return to financial balance;

Review of ICO performance measured against original 5 years business case with a focus on delivery of care model outcomes

1 Introduction

The creation of the Integrated Care Organisation (ICO) in 2015 through the acquisition of Torbay & Southern Devon Health & Care NHS Trust by South Devon Healthcare NHS Foundation Trust was underpinned by a 5 year business case that had at its core a new model of integrated care, designed to empower individuals to take ownership of their own health and care needs. This re-ablement focus and restorative and capacity-building approach focussed on empowering citizens to retain or improve their independence - an important factor in improving the management of demand in the system. The aim was that this strength-based approach would result in a shift of resources from a reactive diagnosis and treatment medical model, to a more holistic, joined-up model of health and social care.

This paper describes what we set out to achieve; the criteria for measuring success; the outcomes we expected to achieve and a high level assessment of what has been delivered so far benchmarked against national trends and set against changing context.

2 What did we set out to achieve?

The **aim** of the integrated care model was for people to stay as active as possible for as long as possible through the course of their lives, supported in taking responsibility for their own health and wellbeing. Instead of assuming ever-increasing dependency or constant decline, the aim was to retain or improve independence and self-worth but also to recognise that there can come a time in life when intensive medical intervention is the best course of action.

The original ICO business case described 5 high level **goals** and 8 national and local **priorities** that applied across the whole system of health and care provision:

High level goals:

1. Improve people's experiences of health and care;
2. People should have a bigger say, not only in the priorities we set and the care we provide, but also to support people in managing their own health and to help people improve their wellbeing;
3. Reduce inequalities in health and care;
4. Continue to support and develop a motivated, flexible workforce with the right staff and right resources in the right place; and
5. Maintain a financially stable and sustainable health and care system.

National and local priorities:

Urgent and emergency care	Community health and social care
Dementia care	Long-term conditions
Joined-up professional practice	Seven day health and care
Troubled families	Substance misuse, (alcohol and smoking)

Underpinning the business case was a belief that the expansion of personal social care and personal health budgets would act as a catalyst to empowering citizens to take greater ownership for managing their own health and care needs.

The business case was informed by **priorities of local people** following a range of public engagement and consultation events where people shared what was important to them:

Table 1: Community Services Engagement Reports: what's important to local people?	
Accessibility of services	Opening hours, public transport and buildings that are fit for purpose. Also, access to information.
Communication and coordination	Joined-up IT systems and information for patients, so people know who to contact.
Education, prevention and self-care	People want to know more about their condition – what it is and how to manage it themselves
Reliability, consistency and continuity of services	People want to know who will come to see them and when they will come. Building relationships with carers is important in making people feel safe.
Support to stay at home	There is a great range of statutory and voluntary services that people consider important to help them stay in their own homes.
Wellbeing and community support	Making more use of voluntary services to help people live at home, using support already in communities – 'neighbourliness.'

To achieve these goals and address the priorities, a number of **work streams** were created to deliver the fundamental changes to the care model being sought by commissioners and local people to deliver what was important to them. These work streams were organised around the principal that *"services should wrap around the person and family to create a single system of health and care delivery"* and included:

Table 2: ICO Integration Work streams	
development of a single point of contact	*a multi-media gateway to both signpost appropriately and to mobilise the appropriate assessment and equipment needed*
realignment of community resources including looking at existing community hospitals and utilising them in a different way	*to further support the self-care and prevention agenda and to help move from a reactive model of care to a proactive model of care*
new frailty pathway	*a whole system pathway of care starting with risk stratification of the most vulnerable patients and integration of community, social care and medical teams to better support the cohort of frail elderly patients.*
introduction of a new Multiple Long Term Conditions service for people with multiple LTCs	*to provide coordinated multidisciplinary management of coexisting medical conditions in one place at one time; outside of the acute setting where possible and avoiding multiple appointments per condition*
outpatient service redesign	*the development of a number of clinical service innovations with the objective of providing care closer to home, self-care and assessment avoiding multiple appointments per condition*
inpatient innovation	*series of clinical service transformation projects with the aim of reducing length of stay or avoiding an admission*

3 What benefits did we expect to see?

Delivery of these work streams was expected to **drive significant change in service utilisation** including a reduction of acute and community hospital beds, a reduction in outpatient appointments and a reduction in A&E attendances with resources freed up to be reinvested in a new model of care to better meet the needs of individuals. Many tangible and qualitative outcomes were anticipated through a shift in resources as a result of the new care model, including improvements in citizens health and wellbeing, enhanced patient experience and staff experience and more resilient services and communities.

In addition to the care model benefits, the physical creation of the ICO via the vertical integration of a high performing small DGH trust with a high performing, international exemplar community health and social care provider was expected to **deliver tangible system benefits** through the following:

Table 3: ICO vertical integration system benefits	
Increasing the pace of service developments	*without organisational boundaries, transactional barriers and conflicting incentives impeding decision-making*
Improving the scale of development opportunities	*With more clear oversight and influence along a much greater proportion of pathways, the scale of ambition can realistically be greater*
Removing boundaries to align incentives and reduce transactions	*where patient benefits and community-wide interests are prioritised above individual organisational concerns; many other benefits to the quality and experience of care, and service efficiency arise from the alignment of incentives and the removal of interfaces between services and reduction of transactions between organisations*
Integrating the workforce to deliver the new care model	*bringing together teams to share a single set of values, maximise their effectiveness in delivering organisational goals and provide the best quality for service users*
Delivering financial return on investment	*maximising the benefits arising from delivering integrated care at pace through organisational consolidation, optimising the economies of scale through management integration, and offering greater value for money through better contracting arrangements*
Enabling change and mitigating risk through a Risk Share Agreement	*building on the principles of the Better Care Fund to pool the resources available and align financial incentives across the community in the best interests of service users. The intention was to balance the risks across the key local partner organisations, and incentivise all signatories to make best use of resources for the local community*

Integrating the health and care workforce was expected to **deliver significant workforce benefit**:

- fewer staff working on the acute hospital site;
- greater numbers of staff working in community settings;
- changing ratios between registered and non-registered staff in community settings, moving away from a very profession-centric workforce to one of skilled care workers;
- new generic roles in community settings at both a professional and care worker level;
- new professional roles for physicians' associates and surgical care practitioners;
- holistic approaches to care in all settings; and
- more specialist medical support in community settings.

By creating the ICO and delivering the planned service developments the following **financial benefits** were anticipated:

Table 4: ICO creation: anticipated return on investment	
Back office and supporting function cost reduction	(£1.9m)
Care model cost reduction	(£12.4m)
Care model investments in community settings	£6.1m
Net cost reduction	**(£8.2m)**

Note: In the business plan and accompanying Risk Share Agreement the financial benefits were phased across the first three years, with most of the care model benefits accounted for in years two and three. There would be a deficit anticipated in the first two years**,** moving to a surplus by year three. Cash reserves would be maintained and were expected to be generally improving by year five.

4 What were the key tests to demonstrate success?

The following **criteria** describe the agreed **key tests** included in the business plan to demonstrate the ICO's success in delivering the integrated care model:

- maintain and improve the **quality of health and care outcomes** delivered for the community it serves, reflecting the changing nature of the community's needs;
- move the balance of services away from reactive to proactive, with a **greater focus on prevention and self-management**;
- provide services in the most appropriate locations, as **close to patients' homes** as possible – central to this was an intention to review and redesign community hospitals;
- **reduce interfaces** between separate health and care services, within and without the ICO;
- meet all **mandatory performance and financial targets**;
- **manage increasing demand within a restricted cost base**, with greater flexibility to invest resources for the benefit of the community;
- develop an appropriately **skilled and dedicated workforce**; and
- ensure that service users and commissioners feel **engaged** with existing services and future service developments.

5 What were the expected activity and financial outcomes of the care model?

The following tables are taken from the original business case and set out the anticipated activity and financial impact of the care model. This was the anticipated position at the time of submission (February 2015) and was the basis on which the ICO creation and acquisition was assessed by the regulator with an expectation the ICO would be established on 1 April 2015.

Table 5: ICO creation: care model activity impact

Service line	Demand scenario	Baseline 2014/15 FOT	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
A&E attendances	**Demand without ICO**	**80,972**	**81,931**	**83,537**	**85,142**	**86,748**	**88,353**	**89,959**
	ICO impact	-	(8,485)	(25,454)	(33,938)	(33,938)	(33,938)	(33,938)
	Demand with ICO	**80,972**	**73,447**	**58,083**	**51,204**	**52,810**	**54,415**	**56,021**
Non-elective admissions	**Demand without ICO**	**34,713**	**35,071**	**35,416**	**35,780**	**36,158**	**36,550**	**37,001**
	ICO impact Care Homes	-	(188)	(563)	(750)	(750)	(750)	(750)
	ICO impact LTCs	-	(927)	(2,782)	(3,709)	(3,709)	(3,709)	(3,709)
	ICO impact MH	-	(36)	(107)	(142)	(142)	(142)	(142)
	ICO impact emergency	-	(102)	(307)	(409)	(409)	(409)	(409)
	Demand with ICO	**34,713**	**33,818**	**31,658**	**30,770**	**31,148**	**31,540**	**31,991**
Outpatient attendances	**Demand without ICO**	**408,594**	**412,479**	**422,172**	**431,864**	**441,557**	**451,249**	**460,942**
	ICO impact	-	(7,493)	(22,478)	(29,971)	(29,971)	(29,971)	(29,971)
	Demand with ICO	**408,594**	**404,987**	**399,694**	**401,893**	**411,586**	**421,278**	**430,971**

Table 6: ICO creation: care model financial impact

	Activity Changes			Savings		Investments		
Element	Bed reduction	ED attendance reduction	Outpatient appointment reduction	Pay £	Non pay £	Pay £	Non pay £	Net impact
Acute Frailty	24	4,000	-	893,405	169,743	849,224	-	
Community frailty	-	-	-	175,000	-	310,000	-	
Single Point of Contact	-	-	-	-	-	-	20,000	
Community Localities	-	-	-	383,790	63,980	425,580	610,332	
Community Hospitals	18	3,000	-	2,016,579	1,318,105	-	101,000	
e Acute Innovations	15	24,000	29,500	4,767,850	1,683,171	1,374,420	30,000	
MAAT	8	4,000	-	399,196	65,543	289,312	10,000	
Intermediat e Care	-	-	-	-	499,276	-	-	
A&E Investment	-	-	-	-	-	1275,000	-	
Medical skill mix*	-	-	-	-		-	-	
Sub total	**65**	**35,000**	**29,500**	**8,635,820**	**3,799,818**			
TOTAL				**12,435,638**		**6,055,804**		**6,379,834**

The tables reflect an expectation that as a result of the vertical integration and introduction of the new care model the following impact would be realised:

- **a reduction in A&E attendances** – from 80,972 in 2014/15 to 56,021 by March 2021
- **a reduction in non-elective admissions** – from total of 34,713 in 2014/15 to 31,991 by March 2021
- **a reduction in outpatient attendances** – from 408,594 in 2014/15 to 401,893 by March 2021
- **a reduction in beds** – 65 beds would be taken out as a result of the care model changes

together with anticipated savings of £12.4m in response to investment of £6.05m – a return on investment of £6.3m.

6 What has been delivered?

Due to delays in national decision making, the ICO go live originally planned for 1 April 2015 was delayed with go live date actual being 1 October 2015. Therefore at the time of producing this report the ICO has been operating as an integrated care organisation for nearly 3 years.

For the purpose of measuring progress against the original care model activity and financial impact outcomes, the tables that follow use the latest full year outturn position (2017/18) as the review point.

During the period 2014/15 to 2017/18 the overall population of Torbay and South Devon grew by 1.98%. The over 65s – the population that the new model of care was particularly targeted at – grew by 7.24%.

Set against this growing population context, the following tables demonstrate that when comparing 2017/18 against the 2014/15 base year, population growth was accommodated and service utilisation changed as follows:

- **total A&E attendances reduced by 3.7%** compared to a national increase of 5.7%
- **A&E attendances by the over 65s reduced by 1.5%** compared to a national increase of 13.8%
- **Total bed days used reduced by 21.2%** compared to national reduction of 2.1%
- **Bed days used by the over 65s reduced by 27.8%** compared to national reduction of 2%
- **Total outpatient attendances reduced by 3.5%** compared to national increase of 10.9%
- **Outpatient attendances for the over 65s reduced by 0.9%** compared to national increase of 13.2%

Table 7: Context: National trends and population change 2014/15 – 2017/18 actual

	All A&E Attendances %	65+ A&E attendances %	Bed days used %	65+ Bed days used %	OP Attendances %	65+ OP Attendances %
National trend	**5.7**	**13.8**	**-2.1**	**-2.0**	**10.9**	**13.2**
ICO change	**-3.7**	**-1.5**	**-21.2**	**-27.8**	**-3.5**	**0.9**
Population growth	**1.98**	**7.24**	**1.98**	**7.24**	**1.98**	**7.24**

Table 8: ICO creation: care model activity impact actual against plan

Population context:

- From 2015/15 to 2017/18 whole population grew by 1.98% from 284,720 to 290,364
- From 2014/15 to 2017/18 the care market target segment (over 65 population) grew by 7.24% from 69,222 to 74,236

Service line	Demand scenario	Baseline 2014/15 FOT	2017/18 plan	2017/18 actual
	Demand without ICO	**80,972**	**85,142**	
A&E	**ICO impact**	-	(33,938)	
attendances	**Demand with ICO**	**80,972**	**51,204**	**75,061**

Comment:

- 2017/18 actual activity reduced by 7.3% against the business case 2014/15 FOT baseline
- 2017/18 difference from plan was an additional 23,857 attendances
- Nationally A&E attendances increased overall by 5.7% between 2014/15 and 2017/18 compared to the ICO activity which saw a reduction in A&E attendances of -3.7%
- Nationally A&E attendances for over 65s increased by 13.8% between 2014/15 and 2017/18 compared to ICO activity which saw a reduction in A&E attendances for over 65s of -1.5%

Service line	Demand scenario	Baseline 2014/15 FOT	2017/18 plan	2017/18 actual
	Demand without ICO	**34,713**	**35,780**	
	ICO impact Care Homes	-	(750)	
	ICO impact LTCs	-	(3,709)	
Non-elective admissions	ICO impact MH	-	(142)	
	ICO impact emergency	-	(409)	
	Demand with ICO	**34,713**	**30,770**	**37,159**

Comment:

- 2017/18 actual activity increased by 7% against the business case 2014/15 FOT baseline
- 2017/18 difference from plan was an additional 6,389 attendances

Service line	Demand scenario	Baseline 2014/15 FOT	2017/18 plan	2017/18 actual
	Demand without ICO	**408,594**	**431,864**	
Outpatient attendances	ICO impact	-	(29,971)	
	Demand with ICO	**408,594***	**401,893**	**412,038**

Comment:

- 2017/18 actual activity increased by 1% against the business case 2014/15 FOT baseline
- 2017/18 actual activity ahead of plan by 10,145 attendances

Note: this table does not include the additional investment in social care (£9m in Torbay 2017/18) and additional efficiencies made in the ICO in 2017/18 which exceeded the Trust's total £42m savings and income target to deliver its overall control total.

Care model: financial impact

The financial impact of the first 3 years of the care model (see following tables) is calculated as:

- **Total £13.23m recurrent cash releasing system savings generated** of which £6.4m reinvested in care model
- **Further efficiencies, associated with avoiding growth in expenditure** of £19.9m
- Total **£69.35m** system benefit derived during this period, including cost avoidance calculation using national trends and PBR and other, general efficiencies delivered by the Trust.

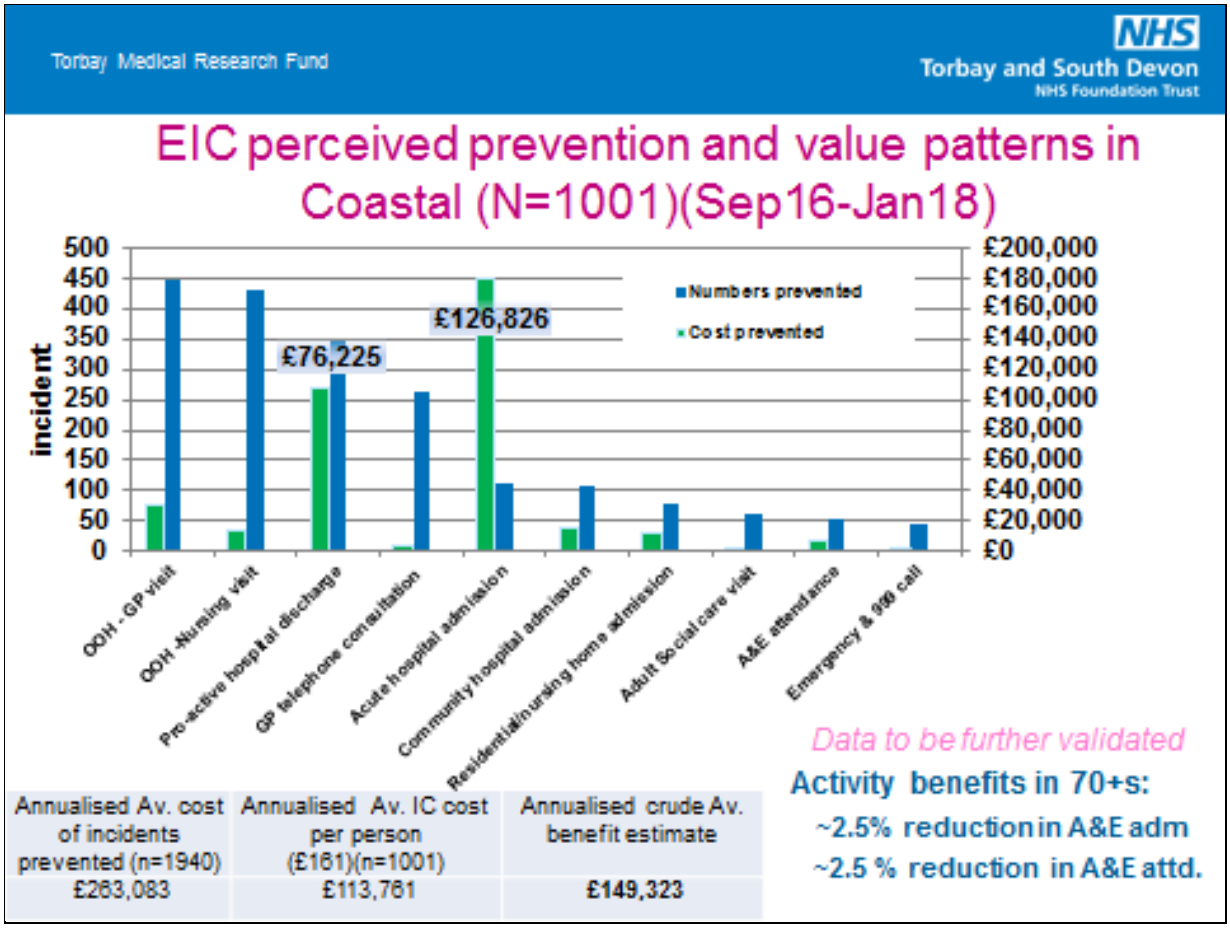
Table 9: ICO care model: actual financial impact 2017/18 and 2018/19 forecast					
Care model development	**ICO Business Case Target** £m	**Savings Actual 2017/18** £m	**Forecast savings 2018/19** £m	**Grand total Recurrent savings** £m	**Comment**
Further acute beds – frailty/front door	1.06	0.00	0.00	**0.00**	*16 further acute beds for front door removed from plans*
Recurrent care model/intermediate care/MAAT	4.92	5.52	1.51	**7.04**	
Acute outpatient innovations	3.00	0.00	0.00	**0.00**	*OP Innovations work is absorbing growth and reducing waiting lists - not cash releasing*
Acute inpatient innovations	3.45	1.93	0.00	**1.93**	
Other Trust recurrent integration related savings above original ICO schemes	0.00	4.06		**4.06**	
Non recurrent community other	0.00	1.64			*these were investments in the IC teams that slipped due to vacancies in 2017/18*
Subtotal delivered Trust	**£12.44**	**£13.15**		**£13.03**	
Primary care savings - prescribing		0.20		0.20	
TOTAL delivered across CCG & ICO	**£12.44**	**£13.35**		**£13.23**	

Table 10: ICO care model: system benefit calculation 2015/16-2017/18	
Service utilisation indicator	**£**
A&E attendances less than national average (PBR value)	974,255
Bed day reduction compare to national position (PBR value)	9,941,926
Outpatient reduction compared to national average (PBR value)	9,050,831
Care model (excluding bed savings)	4,060,000
- Other care model	742,000
- Care Model MATT	1,640,000
- NR Community	200,000
- Primary care prescribing	1,900,000
- Back office merger savings	
ICO system efficiencies, excluding care model and additional commissioner income	40,842,500
Total	**69,351,512**

Additional economic impact of elements of the care model have been estimated by independent Researchers in Residence from the Universities of Plymouth and Exeter who have been evaluating the impact of enhanced integrated care in the Coastal locality for the period Sept 2016-Jan 2018.

They have calculated the potential value of savings accrued through prevention of hospital admissions, avoidance of A&E attendances and proactive hospital discharges as an annualised benefit of £149k for that locality when costed against tariff for expected activity without the care model.

Their analysis also demonstrates benefits to the wider health system, particularly general practice, and not just the acute and community services.



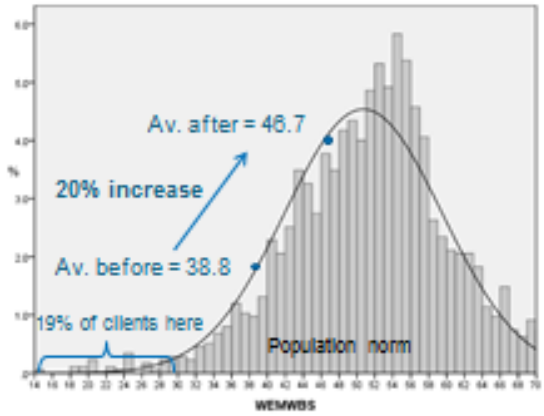
Care model: Qualitative impact

The Researchers in Residence have also undertaken a qualitative study of the wellbeing coordination (WBC) service – a key care model programme. Through their evaluation they have demonstrated:

- **WBC programme has helped over 1,500 people over 50 years ≥2 LTCs,** many frail and elderly in the first year
- **Health and well-being improved significantly,** with many positive stories of lives turned around
- **a statistically significant improvement in quality of life** for the cohort of citizens interviewed using both the Warwick Edinburgh Mental health and Well-being scale (WEMWBS) and Patient Activation Measures (PAM)
- **a positive impact on frailty** with a significant improvement in independence reported using the Rockwood score scale

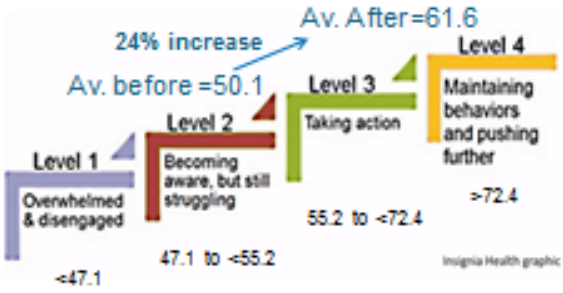
Impact on health and well-being and activation

Warwick Edinburgh Mental Health and Well-being scale (WEMWBS)



There was a statistically significant improvement in quality of life (n=92)

Patient Activation Measure (PAM)



Impact on frailty

Rockwood score scale

Dependency for ADLs

Av. score 4.71

41% reduced
1-2 levels

Av. score 4.35

Independence

Care model: client satisfaction

The 2016/17 Adult Social Care (ASC) Survey (latest published benchmarked data available) showed that at 68.4% service user satisfaction in Torbay was higher than England, South West and comparator group averages, and in the top quartile of England Local Authorities.

Note: 2017/18 data demonstrates a further improvement to 69.2% .

Table 11: ICO Care model: client satisfaction

ASCOF Measure	2016/17 S. West ave	2016/17 Comparator group ave	2016/17 England ave	2016/17 Torbay
(3A) Overall satisfaction of people who use service with their care and support	67.4%	66.6%	64.7%	68.4%

Care model: workforce impact

The original ICO business case assumed that the shape and size of the integrated work force would change as a result of the creation of the new integrated care organisation and implementation of the care model and corresponding new ways of working.

The following table sets out the original indicative projection for overall establishment figures for the ICO after all organisation and service changes in the first five years with a planned 13.5% reduction in staff over seven years.

Table 12: ICO Original business case - workforce transformation projections

Staff group	2014/15 (Baseline)	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Consultants	184	183	176	170	169	167	165	165
GP	9	9	9	9	9	9	9	9
Dental	11	11	11	11	11	11	11	11
Junior Medical	227	226	222	221	220	220	220	220
Nursing, midwifery & health visitors (exclude HCAs)	1,818	1,786	1,759	1,667	1,640	1,629	1,624	1618
Other clinical staff -social workers	234	234	234	234	234	234	234	234
Other clinical staff costs (include HCAs)	473	475	444	358	323	311	305	299
Scientific, therapeutic & technical	582	575	562	562	546	531	523	515
Non clinical staff	1,831	1,754	1,729	1,684	1,649	1,614	1,594	1574
Total	**5,369**	**5,252**	**5,144**	**4,916**	**4,800**	**4,725**	**4,683**	**4644**

The following table demonstrates by the end of March 2018 the workforce had reduced overall from 5,369 (2014/15 baseline year) to 5,101 – albeit not to the full extent of the original assumptions of a planned reduction to 4916.

Workforce - by staff group

Staff in Post by staff Group

Table 1

Staff Group	2015 / 09	2016 / 03	2016 / 09	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03
Add Prof Scientific and Technic	274.87	270.11	282.27	295.47	297.23	296.89	294.47	298.28	286.21	286.06	278.68	286.70	281.92	292.11	289.95	297.48
Additional Clinical Services	1,016.24	1,039.05	1,058.88	1,073.29	1,070.59	1,075.01	1,076.72	1,068.81	1,070.32	1,068.69	1,059.85	1055.60	1,059.49	1,091.59	1,079.62	1,080.69
Administrative and Clerical	1,345.55	1,342.79	1,340.26	1,292.95	1,268.78	1,265.77	1,267.43	1,258.83	1,259.13	1,256.09	1,244.10	1244.19	1,230.87	1,250.64	1,252.45	1,241.09
Allied Health Professionals	403.03	398.12	397.08	405.45	401.10	402.55	400.26	401.56	403.33	403.50	396.19	395.15	391.76	404.09	403.18	398.95
Estates and Ancillary	389.95	389.27	399.86	392.86	380.83	378.78	375.22	375.56	372.50	368.07	363.74	368.03	365.91	368.77	368.04	362.10
Healthcare Scientists	92.69	91.59	93.75	91.85	92.27	91.47	90.47	91.13	88.13	89.13	94.23	85.93	86.93	85.77	85.77	84.17
Medical and Dental	425.99	414.22	437.41	435.50	456.88	452.43	451.28	488.13	468.13	467.08	465.11	463.99	458.94	465.75	468.89	469.83
Nursing and Midwifery Registered	1,182.09	1,197.97	1,192.73	1,196.66	1,178.26	1,174.32	1,173.08	1,161.42	1,161.89	1,166.97	1,168.77	1160.94	1,154.69	1,168.25	1,177.70	1,166.40
Students	5.69	5.09	3.90	1.50	2.50	2.00	2.00	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Total	**5,136.11**	**5,148.21**	**5,206.14**	**5,186.13**	**5,148.43**	**5,139.21**	**5,130.91**	**5,145.74**	**5,111.65**	**5,105.54**	**5,070.66**	**5,060.52**	**5,030.52**	**5,126.97**	**5,125.60**	**5,100.71**

Table 2

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

Table 3

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

Table 4

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

Table 5

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

Notes: In addition to the 9.00 WTE Executive Directors shown above in 2015/09 there were 2 further
Senior Managers as TSDHCT acting in Executive Director Roles and remunerated accordingly.
A further 2 Directors from SDHFT at 2015/09 were also covering Director Roles at TSDHCT
At 2015/09 the role of Medical Director at TSDHCT was vacant
In total across SDHFT and TSDHCT there would normally have been a compliment of 14.00WTE Executive Directors
Medical and Dental staff numbers from April 2017 includes the adjustment for hosting a cohort of GP Trainees
Total year reductions to date are 84.82 as at the end of March against the 162.99 target by the end of March 2018 which is 99.43 behind original plan

The tables opposite show the WTE in post figure by staff group back to September 2015, the month before the Integrated Care Organisation (ICO) commenced, up to March 2018.
Table 1 shows current whole time equivalent staff in-post by staff group from September 2015 (prior to the ICO commencing) to February 2018.
Table 2 shows the number of staff by pay bands. Those staff in Band 8 are predominantly in management roles.
Table 3 shows the same pay bands by ratio.
Tables 4 and 5 show the number of Non-Executive Directors and Executive Directors over the same period.

This difference reflects changing circumstances including:

- the delayed go live date which coincided with increased demand in the system compared to when the workforce modelling was developed for the original business case;
- changed requirements in terms of new junior doctors contract implementation;
- growth in demand particularly in cancer related specialties; and
- quality improvement requirements in response to CQC safety concerns e.g. Emergency Department staffing, safe staffing on wards and specialling has grown with the more complex patient groups including mental health related complications.
- other workforce growth areas outside of the care model eg Torbay Pharmaceuticals expansion and other income generation areas.

Overall savings were made to a greater extent in non-pay related rather than the 70: 30 split assumed in the business case assumptions.

7 Conclusions

Whilst the care model benefits realised by the end of year 3 may not be to the level originally forecast in some areas due to changing circumstances, the qualitative and quantitative results that are emerging do demonstrate positive impact and return on investment and include:

- **Health and well-being has improved significantly,** with many positive stories of lives turned around with significant improvements in independence reported. At 68.4% client satisfaction with adult social care in Torbay was higher than England, South West and comparator group averages, and in the top quartile of England Local Authorities in 2016/17. Latest 2017/18 demonstrates a further improvement to 69.2%.
- **40% of people cared for at home** enabling a reduction of 99 beds
- **Delayed transfers of care** remain amongst lowest in Country
- **Fewer people admitted to a care home as their permanent residence -** for those funded by adult social care aged 65+
- **Workforce shape changed** and overall headcount reduced from 5,369 (2014/15 baseline year) to 5,101
- **Service utilisation significantly improved overall, when nationally have seen an increase in demand** - eg total bed days used reduced by 21.2% compared to national reduction of 2.1% with bed days used by the over 65s reduced by 27.8% compared to national reduction of 2%
- **Total £13.23m recurrent cash releasing system savings generated** of which £6.4m reinvested in care model and **£19.9m of cost avoided by reducing demand** which, when added to general efficiencies delivered over the period derive a **total benefit calculated at £69.35m.**

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

Integrated Care System Core Work

Current Strategic Focus	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"	…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"
	So that resources can be mobilized to meet the needs of the people of Devon; 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 to enable co-design and co-production	In order to drive change and innovation; offer more flexible services; 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

Commissioning Intentions (Final)

South Devon & Torbay

What next for Torbay and South Devon as an integrated health and care system care and population health?

What next for Torbay and South Devon as an integrated health and care system care and population health?

Integrated care happens when NHS, Local Government and third sector and communities work together to meet the needs of their local population. To date the focus has been on improved care and enabling care to be closer to home, mainly focused on the adult population in a situation of overall reduction in the taxpayer pound that can be spent on health and care. The most ambitious forms of integrated care aim to improve population health by tackling the causes of illness and the wider determinants of health. This is the intended focus of the next 5 years of the health and care system in Torbay and South Devon, in a context of continuing financial pressure in the public sector.

NHS Northern, Eastern and Western Devon Clinical Commissioning Group
NHS South Devon and Torbay Clinical Commissioning Group

Context

Strong history of integration between partners

- Health and social care teams
- Integrated Care Organisation
- Risk share agreement
- Joint commissioning arrangements for health and social care
- Primary and secondary care integration
- Acute services review – hospital network

Progress so far

- Successful consultation and implementation of service changes, including health & wellbeing teams
- Reduction of 99 community and acute beds
- Increase in Intermediate Care referrals of x%
- Successful procurement of IUCS service and implementation of GP streaming
- GP federations and collaborative board in place
- Reduction in GP referrals of over 4%
- Achievement of 4 hour trajectory in Q1-3
- DToC within the tolerance
- Reduction in TCP cohort
- Increased use of consistent MIU offer
- Reduction in length of stay in acute and community

Case for change

- Increasing demand driven by aging population, wider determinants and health inequalities, multiple LTCs, technology and drugs
- Workforce constraints: medical (physical and mental health), nursing, GPs, domiciliary care, paramedics, social workers
- System deficit of £12m plus capital constraints
- Performance resilience in A&E waiting times, RTT waiting times, 52 week waiters, cancer 62 days waits, diagnostic waits, physical health checks for patients with MH conditions, ambulance handovers, cat 1 response times, 111 conversions to 999/ED
- Patients (children and adults) waiting for mental health placements on physical health wards
- Patient flow, leading to long waits in ED, stranded patients, inefficiencies
- Standardised emergency and readmission admission rates are higher than expected
- Insufficiency of complex care home placements
- Integration of physical and mental health at a local level
- Insufficiency of good affordable housing stock
- High levels of poverty, deprivation and homelessness

System priorities

Devon Integrated Care System

System Quality Assurance indicators

- Under utilisation of care
- Care delivery
- Experience of care delivery
- Over utilisation of care
- Reduction of long-term independence

System outcomes

Strategic Commissioner Outcomes Framework (draft)

- More people will be living independently in resilient communities
- More people will be choosing to live healthy lifestyles and less people will be becoming unwell
- There will be a reduction in premature mortality and inequalities of health across the population
- People who do have health conditions will have the knowledge, skills and confidence to better manage them
- The healthcare system will be equipped to intervene early and rapidly, to avert deterioration and escalation of health problems
- More care will be available in the community and less people will need to visit, or be admitted to, hospital
- People will have far greater control over health services and will be equal partners in decisions about their care
- People who need treatment will be treated effectively and quickly in the most appropriate care setting
- People will go into hospital when necessary and will be discharged efficiently and safely with the right support in their community

Urgent and emergency care

Strategy

To make it easy for people to choose the most appropriate service through a consistent offer and a single point of access. Identify gaps and improve pathways, particularly working with primary care. Commission safe and high quality urgent and emergency care services.

Delivery

- Implementation of 111 online by Jun'18
- Implement plans to reduce dispositions to ED/999 through IUCS validation
- Designation of an Urgent Treatment Centre in Newton Abbot Mar'19. Plans for other sites to be finalised and further integration with primary care in 18/19
- Direct booking into primary care from IUCS by Mar'19
- Improve patient flow through embedded use of SAFER, red/green days, daily review of stranded patients and focus on complex discharges
- Implementation of 24/7 psychiatric liaison
- Implementation of alternatives to 999 ambulance services for low-acuity services
- Alternative pathways for ambulance services including rapid response

Measurement

- Achievement of the 4 hour A&E trajectory (90% by Sep'18, 95% by Mar'19)
- Reduction in conveyances from 111 to ED/999 based on national comparator
- Reduction in time lost to ambulance handovers based on national comparator
- Improved Ambulance Response times
- Increase in weekend discharges
- Reduction in length of stay

Integrated Care

Strategy

To work with the public and our partners to design and implement out of hospital services which help people to stay well, independent and in their own homes for as long as possible. We will do this through providing information, advice and support specific to individuals needs. Services will be delivered locally where appropriate and of high quality.

Delivery

- Implementation of the Integrated Care Model (ICM) Blueprint, including risk stratification and the care homes framework
- Full implementation of Health & Wellbeing Hubs?
- Workforce trained in 'Making Every Contact Count'
- Integration of mental health into Health & Wellbeing Hubs
- Work with the voluntary sector to identify gaps and any support needed
- Review the use of intermediate care to identify further improvements
- Further roll-out of pooled budgets between health and social care

Measurement

- Increase in number of people referred to non-bed based intermediate care
- Reduction in emergency admissions from care homes and ACS conditions
- Reduction in length of stay
- Reduction in social isolation
- Reduction in residential care
- Increase in number of Personal Health Budgets (PHBs)
- Patient/user feedback

Health & Wellbeing Hubs

Universal

Effective website, service directory & digital offer and high quality, consistent and effective information and signposting across all universal services

Targeted

Will support the local universal network and act as a focal point for services that respond holistically to people and communities (including mental health), co-located where possible.

Example interventions/services:

- Community ‘bridging’ roles
- Advice and information
- Healthy lifestyles
- Peer support / volunteering
- Domestic abuse support
- Group work – self care and management, healthy lifestyles, parenting, employment
- Housing, education, employment and training advice
- One to one enabling support

Specialist

Develop a new model of care where specialist clinical health and care services are delivered in a local community setting, driven by need and may include:

Community health services/social care/community beds/rehabilitation and reablement/mental health/specialist clinics/complex diagnostic (e.g. imaging, pathology)/therapy services (e.g. physiotherapy)/children’s health services/follow up / outpatient appointments

Primary Care

Strategy

Provision of stable, resilient and high quality General Practice as part of a safe and holistic health and care system. Identification of improved pathways and appropriate contribution to delivering such, including through redesign of workforce and expansion of delivery models including online. Provision of safe, effective and efficient prescribing.

Delivery

- Improved access for 100% of population by October 2018
- Online offer (econsult) available to 100% of GP Practices by March 19
- 'At scale' transformational plans delivered by March 19 under terms of agreed MoUs
- Delivery of operational and community level operational plan aligned to GP strategy
- Further integrated working with health and wellbeing teams
- Connecting patients to community-led, non-medicalised groups and activities that promote health and wellbeing (health navigation/social prescribing)
- Increased appropriate use of intermediate care
- CCG led (delegated light) commissioning of General Practice
- Enhanced influence in commissioning of community pharmacy
- Application of Time for Care High Impact Changes across General Practice
- Delivery of £4m prescribing efficiency programme

Measurement

- All GP practices to have good or outstanding CQC ratings
- Patient satisfaction ratings to be above national average and on upward trajectory
- Programme specific rollout, activity and satisfaction evaluation
- Financial evaluation for each work-stream within prescribing efficiency programme

Mental Health

Strategy

To promote mental health and wellbeing, focusing on preventing mental illness as early as possible through personal and community resilience. To support people with serious mental illnesses to live their lives and avoid escalation of their illness. When patients need inpatient care this should be delivered close to home to enable patients to resume their lives as easily as possible.

Delivery

- Whole system approach to delivery of integrated mental and physical health services
- Integration into Health & Wellbeing Hubs to support families
- Robust alternatives to admission for children and adults e.g. assertive outreach, intensive home treatment
- Commission a high quality community eating disorder services
- Commission high quality services to support people with dementia
- Roll-out of IAPT support for people with long-term conditions
- Work with the voluntary sector to identify gaps and any support needed
- Commission an all age First Response service
- Work with primary care to support appropriate referrals through advice and support
- Better access to employment and housing

Measurement

- Reduce out of area admissions to 0 by 20/21
- Reduce admissions for eating disorders
- Reduce number of inappropriate referrals to community mental health teams
- Reduce admissions to acute trusts for dementia and mental illnesses

Long-term conditions

Strategy

To promote health and wellbeing, reducing the number of people with long-term conditions and multiple long-term conditions. Commission information, advice and support for people with long-term conditions to help them live independent lives and avoid unnecessary hospitalisation. To commission long-term condition services based on clinical evidence and NICE guidelines

Delivery

- Implementation of the diabetes transformation project, including full rollout of Eclipse and virtual clinics to practices and the national diabetes prevention programme
- Implement a polypharmacy review across Devon
- Implementation of a standard App to support multiple long-term conditions
- Implementation of Patient Activation Measures (PAM) and Help Overcoming Problems Effectively (HOPE) to support self-care
- Completion of home oxygen review across Devon
- Work with Health & Wellbeing Hubs to support people with long-term conditions / frailty
- Commission a comprehensive leg ulcer service across Devon

Measurement

- Improved compliance with diabetes treatment targets
- Reduce unplanned admissions linked to polypharmacy
- Reduce unplanned admissions linked to COPD, asthma, diabetes, and CVD
- Reduced spend on home oxygen
- Reduce unplanned admissions linked to frailty
- Improved health rates for leg ulcers

Children and young people

Strategy

Working with our providers and partners to deliver improvements in the pathways of care which support children, young people and their families across Devon, which is based on the Thrive Framework.

Delivery

- Deliver successful procurement, which started 4th February 2018. Work with the successful provider(s) ready to start delivery of the contract by 1st April 2019 and ensure that they are a genuine system leader
- Successful procurement of an integrated 0-19 service between Torbay Public Health and children's services
- Whole system approach to delivery of children's services
- Commission improved access to communication support e.g. speech and language services
- Address the wait times for diagnostic services in particular in relation to ASD and ADHD
- Work to embed new processes which support timely response to Education Health and Care Plan request and address service pressure areas
- Working STP wide, review and update the Asthma pathway addressing inconsistencies and variations

Measurement

- Reduce by half the number of children and young people awaiting an Autistic Spectrum Disorder diagnosis/treatment
- Continue to meet CAMHS waiting times during 18/19
- Reduce family breakdown, placements out of area for children/young people presenting with complex emotional health or challenging behaviours
- Reduce emergency attendances and admissions due to asthma/wheeziness

Maternity

Strategy

To ensure that local maternity services are integrated into a Devon-wide, robust and sustainable, integrated maternity system, through operating shared clinical governance across organisations. To deliver the Seven Key Themes from Better Births (continuity of carer, safer care, better postnatal and perinatal mental health care, multi-professional working, working across traditional boundaries and a reformed payment system).

Delivery

- Targeted focus in areas of deprivation to ensure that women have healthy pregnancies and babies have the best start in life
- Choice of antenatal and postnatal care that is close to home and easy to access
- Continuity of care to be provided in both the antenatal and postnatal period; continuity may not be deliverable in the intrapartum period
- Women able to choose their place of birth between obstetric-led unit, alongside midwifery-led unit, free standing midwifery-led unit, and home
- Implementation of the “Saving Babies’ lives” guidelines

Measurement

Improving choice and personalisation of maternity services so that:

- all pregnant women have a personalised care plan
- all women are able to make choices about their maternity care, during pregnancy, birth and postnatally
- most women receive continuity of the person caring for them during pregnancy, birth and postnatally
- more women are able to give birth in midwifery settings (at home, and in midwifery units)
- continuity of carer for 20% of women
- reduced rates of stillbirth and neonatal death, maternal death and brain injuries during birth by 20% by 2020 and 50% by 2030

Learning Disabilities

Strategy

- To improve outcomes for people who have a learning disability by ensuring care and support is personalised, co-ordinated and easy to use, through tackling health inequalities, promoting citizenship and optimising independence, and developing the workforce and market.

Delivery

- Transforming Care Programme – compliance with national case for change
- Implement and deliver STOMP programme (over-prescribing of anti psychotropic medication)
- Better support and access to mainstream physical and mental health services
- Implement a Mortality Review (LeDeR) when notified, and to understand and reduce lower life expectancy, sharing best practice across Devon
- Implement Welcoming Communities campaign and support Market Management work stream
- Development of a sustainable provider market that meets the needs of individuals, including housing

Measurement

- Number of people with a learning disability, autism, challenging behaviours currently in hospital under a MHA section is within national trajectory. 100% of Care Treatment Reviews are completed within timescales
- Increase uptake of Annual Health Checks and Screening Programmes and develop a quality assurance process for AHC's
- People with learning disabilities have equal access to universal healthy living services

Planned Care

Strategy

To commission planned care services based on clinical evidence and NICE guidelines. Review existing services to identify how these are best delivered across Devon within the financial envelop. Patients waiting for planned care treatment should wait an appropriate amount of time based on clinical risk and need.

Delivery

- Deliver a safe and sustainable waiting list position, particularly but not only, for patients on high risk pathways e.g. cancer
- Implement demand management based on Patient Reported Outcome Measures
- Complete acute service reviews in Orthopaedics, Ophthalmology and Dermatology
- Cost-effective implementation of clinical review of referrals and provision of better patient level support for shared decision making
- Embed alternatives to face to face appointments including advice and guidance

Measurement

- Waiting list size will not increase during 18/19 and RTT performance will not fall below 82%
- There will be no patients waiting >52 weeks for treatment end Q1 18/19
- 97% of patients will waiting no longer than 6 weeks to test
- Reduction in GP referrals in appropriate specialties
- Reduction in face to face appointments

Cancer

Strategy

To design and standardise cancer pathways that respond to individual needs and aim to reduce the steps from diagnosis to treatment in order to consistently achieve waiting times targets and improve survival waits.

Delivery

- Ensure all 8 waiting time standards for cancer are met. The ’10 high impact actions’ for meeting 62 day should be implemented
- Support the implementation of the new radiotherapy service specification
- Ensure implementation of the nationally agreed rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers
- Progress towards the 2020/21 ambition for 62% of cancer patients to be diagnosed at stage 1 or 2 and reduce the proportion of cancers diagnosed following an emergency admission
- Support the rollout of FIT in the bowel cancer screening programme during 18/19
- Ensure implementation of the new cancer waiting times system in April 2018 and data collection in preparation for 28 day faster diagnosis standard by 2020

Measurement

- Achieving and sustaining all the performance standards
- Achieving implementation milestones for lung, prostate and colorectal cancer pathways including Fit rollout
- Improvement in staging data
- Trust ready to collect data for new waiting times

Market sufficiency

Strategy

To ensure there is sufficiency in the market both in terms of quantity and quality so that people are able to remain in their own homes with both formal and informal support from within their community. Aids, adaptations and assistive technology are easily available to support independent living and high quality domiciliary care will be available with people having a choice of care through a care agency and or a personal assistant. Where people need to move, there will be a range of accommodation based options to suit individual need and optimise independence.

Delivery

- Implementation of Care Home Strategy
- Review of Domiciliary Care Strategy
- Review of Personal Health Budgets, direct payments and individual service funds
- Procurement for aids, adaptations and assistive technology
- Development of Workforce strategy for private, independent and voluntary sector skilled staff
- Review of contract arrangements for independent providers

Measurement

- Increase in number of care homes providing high quality services with a good or outstanding CQC rating
- Increase in care homes able to meet the needs of people with complex needs
- Reduction in number of unsourced packages of care
- Increase in number of people using personal health budgets, direct payments and individual service funds

Housing

Strategy

- Increase supply of affordable housing fit for all stages of life, through a partnership approach to provision of accommodation and support for vulnerable people including, rough sleepers, people experiencing domestic abuse and young people.

Delivery

- Transforming Care Partnership housing strategy to identify need and housing supply for people with learning disabilities, autism and poor mental health
- Recommissioning of community equipment services with Home Improvement and DFG service linked to assistive technology strategy
- Housing company business plan to identify sites and development opportunities
- Design and develop extra care housing as an alternative to residential care
- Transition to specialist housing procurement framework for supported living
- Develop Housing First approach to reduce homelessness and rough sleeping
- Revised ‘whole system’ approach to aids and adaptations
- Work with landlords to improve standards in private rented sector accommodation

Measurement

- Affordable housing targets (tbc)
- An extra care housing scheme developed by 2020
- Housing standards – warmth, hazards, homes in multiple occupation and empty homes (tbc)
- Housing First team in place and % reduction (tbc) in single homelessness and rough sleeping

How will we deliver

- Governance arrangements (see next slide)
- Organisations working together to deliver as teams, using the best people for the right jobs regardless of organisation
- Single PMO to co-ordinate work plans
- Taking best practice from other LCPs and wider
- Fully participating in STP work programmes
- Working closely with the Mental Health LCP
- Doing once across Devon where appropriate
- Involving patients and users at the beginning
- Working closely with communities and local councillors
- Commissioning based on evidence and value for money
- Measuring changes and quantifying benefits
- Locality based delivery models within ICO
- Networked service delivery where appropriate
- Working in collaboration with the Digital work stream

Governance

South Devon & Torbay Local Care Partnership

System groups

Leadership:

- *SD&T Execs Group*
- *SD&T Partnership Group*
- *Health and Wellbeing Boards*

Strategic:

- *Community Services Transformation Group*
- *A&E Delivery Board*
- *Prevention Board*

Operational:

- *Care Model Delivery Group*

Organisational groups

- *Governing Bodies/Boards*

Other

- *Health Overview and Scrutiny*
- *Joint Collaborative Commissioning Group*
- *Primary Care Collaborative Board*

Governance still to be agreed

Cover sheet and summary for a report to the Board of Directors					
Report title: Peninsula Pathology Network Strategic Outline Case				Date: 7 November 2108	
Report sponsor	Director of Finance				
Report author	Peninsula Pathology Network				
Report provenance	Executive Directors				
Confidentiality	Public				
Report summary	Developed by the Peninsula Pathology Network, representing provider and commissioner organisations across Devon and Cornwall, the attached Strategic Outline Case (SOC) represents the first formal submission to NHS Improvement under the national programme to modernise Pathology services. It describes the current configuration of Pathology services across the two counties, what has been achieved in recent years and a short list of options for its future state. A very strong emphasis on clinical effectiveness is a key feature of the model, with the configuration of facilities being driven from that perspective. The model will drive common quality standards and adoption best practice which could, subject to the evaluation of options result in: • Consolidation of low volume, non-urgent and specialist tests; • Repatriation of some tests to the Peninsula; • Aspiration to deliver a common LIMS or at the very least interoperability between systems; • A longer term plan to replace existing Managed Service Contract with a single contract. Costs & benefits of any service change will be distributed equitably across organisations and there will be complete openness and transparency in business developments, staffing changes and procurements across the Network. The development of the SOC has been led by clinical teams across the Peninsula, and is supported across all communities. The Network will, following agreement of this SOC move to select a preferred option for presentation to Boards in early 2019.					
Purpose (choose 1 only)	**Note** ☐	**Information** ☐	**Review** ☐	**Decision** ☐	**Approve** ☒
Recommendation	The Board is recommended to: • Endorse the SOC and, in doing so agree to support further work narrowing the listed options to a preferred solution for submission in March 2019.				

	• Commit its share of resources – in the order of £25k to £30k – to support the establishment of the clinical effectiveness process and the development of the outline business case.
Summary of key elements	
Strategic context	The proposal has the potential to impact across all domains of the Trust strategy: • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led
Dependencies and risk	The proposal will reference to and potentially address some key risks previously discussed at Board, most notably recruitment, IT and Estates challenges.
Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: • Peninsula Pathology Network Board • STP Performance Delivery Executive Group • Executive Directors • Previous Board briefings
Stakeholder engagement	The following stakeholders were consulted during the compilation of this report: • Devon and Cornwall provider Trusts • NHS Improvement • Devon and Cornwall Clinical Commissioning Groups • Senior clinical staff
Other standards affected	No significant considerations at this stage. In selecting a preferred option, there will be an impact on various standards and clinical registration and regulatory functions that will be addressed at that stage.
Legal considerations	No significant considerations at this stage. In selecting a preferred option, there will be wide ranging legal considerations – staff, procurement etc – that will be addressed at that stage.

NHS

Peninsula Pathology

NHS Network

Strategic Outline Case

October 2018

Our vision is to provide high-quality, innovative pathology services, which will be at the heart of new models of patient-centred care

Contents

National context

Introduction

The NHS in England spends approximately £2.5 to 3 billion per annum on pathology. It is a core component of circa 70% of clinical interventions or pathways and hence underpins how patients are treated and their experience of health care. In cancer services, for example, having a 'tissue diagnosis' (from a Histopathology laboratory) made by a cellular pathologist (or "Histopathologist") is usually a prerequisite for starting treatment. Any delays in diagnosis can potentially affect the patient's outcome.

The core services provided under the auspices of a Pathology service, within the scope of our strategic case are:

- Blood sciences (clinical chemistry, haematology, Immunology, HandI, point of care and blood transfusion).
- Clinical microbiology (bacteriology, serology, virology).
- Cellular pathology (histopathology, cytology and molecular pathology).
- Logistic services.
- IT result and request management systems.

It should be noted that Pathology also provides itself, or is closely aligned to the following services, depending on local management arrangements:

- Mortuary and bereavement services.
- Phlebotomy.

Background

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

These proposals followed two reviews by Lord Patrick Carter, which highlighted that up to £200 million could be saved nationally across England if pathology networks were established, services were consolidated, and unwarranted variation removed. NHSI have set the Peninsula Pathology Network a combined savings target of £4.5 million compared to the 2015/16 budget.

The national case for change

The national case for change as provided by NHSI states:

“Consolidating pathology services allows for most consistent, clinically appropriate turnaround times ensuring the right test is available at the right time. It makes better use of our highly skilled workforce to deliver improved, earlier diagnostic services supporting better patient outcomes. Taking a hub and spoke approach to this consolidation can ensure an appropriate critical mass to support specialist diagnostics, so that patients have equal access to key tests and services are sustainable.

Pathology data collected from providers, and now available on the Model Hospital, shows considerable variation in terms of pay and non-pay cost. This variation is not linked to size or type of hospital but seems to be linked to the desire to adopt best practice and innovative ways of working.

NHSI are aware, for example, that advanced roles enable services to deliver faster turnaround times at a lower pay cost. As a first step trusts should seek to adopt advanced roles and undertake skill-mix reviews. A saving of approximately £50 million can be achieved in the short term by trusts with below average work rate efficiencies and achieving a staff saving of up to 10% through a more efficient use of their workforce. A further saving of approximately £29 million can be realised if all trusts achieve staff efficiency in line with the top 25%, this can be completed in advance of networking.

The data collected so far demonstrates that maximum overarching efficiency for blood sciences requires a hub where direct access activity is more than 50% of the total pathology workload and which is located in the centre with the highest overall activity. This takes advantage of the higher concentration of workforce providing a more efficient test per full-time equivalent (FTE) seen in these centres.

NHSI plan to release the pathology quality assurance dashboard (PQAD) to demonstrate the current variation in quality of services. However, all services must be accredited to ISO 15189 standards where these apply and an equivalent recognised accreditation standard in other settings”

Increasing demand for pathology

The demand for pathology services is increasing. Contributing factors to this increase include:

- Increase in population size.
- Increased disease detection and prevalence, due in part to ageing population.
- Increased disease survival.
- Increase in efforts to diagnose disease earlier:
    - Reduction in threshold for referral.
    - Changes to diagnostic pathways, such as the introducing of the 28-day 'Faster Diagnosis Standard'.
    - Increase in capacity and activity of other diagnostic areas.
    - Increase in sensitivity of other tests in diagnostic areas, leading to higher rate of detection of abnormalities.
    - Changes in clinical practice, so higher likelihood of pathology being requested.

Increasing complexity

In addition to an increase in demand, there has also been an increase in the amount of work required in relation to each patient referred to pathology. Data obtained from laboratories shows that the number of blocks and slides processed within histopathology has typically grown at a faster rate than the number of requests suggesting a greater amount of complexity per patient. Reasons for this include:

- Changes in clinical practice, for example, more biopsies are being taken from each patient.
- Newer tests, which are often required in addition to existing tests rather than replacing them.

Increasing turnaround times

Despite some improvements in throughput and capacity, increased demand is having a negative impact on turnaround times.

Changing technology

Technology is changing, presenting new opportunities to improve the impact of pathology. For example, the level of provision of molecular diagnostic tests has been audited by NHS England to understand if there are areas where patients are not receiving the requisite level of testing.

Nationally and locally, the standardisation of testing could be achieved through a Network or National Laboratory Medicines Catalogue, intended to act as the professional reference for all pathology tests approved for use in the local area or across the UK.

Pathology services will have to adapt to new technologies, improve the flexibility in where services are delivered, increase and improve the requesting and reporting portals to patients and clinicians, and to better utilise the higher skilled specialist staff delivery services.

Pathway impact

A key part of improving Pathology services and its impact on pathways will come from developing a better understanding of longitudinal, patient centric Pathology data. The collection, analysis and subsequent actions from this can lead to better predictive and preventative actions against specific diseases or conditions, potentially mitigating future disease management costs for the health community.

Pathology services should be seen as improving patient pathways across the spectrum from “brain to brain”, i.e. from the point a test is considered to a point where a result of report is received.

Appropriate testing

It is clear that Pathology services can improve their efficiency and productivity, and can reduce or remove testing where there is limited clinical value to patient pathways. The removal of unwarranted variation of service provision and of unwarranted variation in demand via requesting has been recognised via the Model Hospital metrics and the “Choose Wisely” initiative respectively.

Optimising workforce

While demand for pathology services has been increasing over recent years, the number of staff has not been increasing at the same rate.

A critical part of improving patient care and expediting patient pathways will be linked to the short, mid and long term staff numbers and skills capabilities of a Pathology workforce. A key aspect of the case for change is to recognise and act on current and predicted shortages of clinical and scientific staff such that the right staff with the most appropriate skills are in a location (within or outside laboratory settings) to maximise benefit.

Delivery of pathology services is currently getting more expensive due to the increasing cost of overtime and outsourcing. To tackle this, pathology will need to utilise ‘skill mix’ approaches, where health professionals take on different but complementary roles and activities.

However, efficiency and skill mix approaches will only go so far. In the long term, increasing demand means that we will need more clinical and scientific staff. A sustainable workforce is critical:

- The Peninsula Network must develop a methodology to “grow our own”.
- Technological and digital developments will require staff to change and support different roles by learning different skill sets.
- A focus on patient pathway improvement and keeping patients “closer” to home will require some staff to change where they work.
- Optimising test requesting by providing information and support to clinicians across the peninsula.

Peninsula Pathology NHS Network

Overview

The Peninsula Pathology NHS Network incorporates:

- The **five acute Trusts** in Devon and Cornwall (see appendix 1 for more details on each organisation):
    1. Northern Devon Healthcare NHS Trust (NDHT)
    2. Royal Cornwall Hospital NHS Trust (RCHT)
    3. Royal Devon and Exeter NHS Foundation Trust (RD&E)
    4. Torbay and South Devon NHS Foundation Trust (TSD)
    5. University Hospitals Plymouth NHS Trust (UHP)
- **Pathology services**, providing Clinical Microbiology, Cellular Pathology, Blood Sciences including Clinical Chemistry, Immunology, Haematology and Blood Transfusion services (further specific services plus phlebotomy and mortuary services are also provided but will likely remain with local trust sovereignty)
- **Two STP** footprints:
    1. Devon
    2. Cornwall

In addition, the Peninsula:

- Covers a population of circa 1.8million residents.
- Is circa 10,000 square km and approximately 150 miles West to East with a mixed geography of rural, semi-rural and urban areas with poor interconnecting transport systems.
- Contains 194 GP practices (133 in Devon, 61 in Cornwall).
- Is staffed by circa 800 WTE staff.
- Performs circa 32 million tests (or equivalent) per annum at a cost of circa £65 million per annum.

Peninsula Pathology NHS Network Board

The Peninsula Pathology NHS Network Board was established in December 2017, is chaired by Ann James, Chief Executive of University Hospitals Plymouth NHS Trust and meets on a monthly basis. The membership includes Executive Directors, clinical and laboratory management representatives from the 5 acute Trusts across Devon and Cornwall, together with representatives from CCGs and primary care. The membership of the Peninsula Pathology NHS Network is shown at Appendix 3.

The Terms of Reference of the Peninsula Pathology NHS Network Board was agreed in February 2018 and its Governance Structure approved in May 2018. (Appendix 4 and 5). In January 2018, networks were asked to confirm their commitment to move towards the Hub and Spoke model. The Peninsula Pathology NHS Network replied to this challenge with a *"commitment to working together and with NHSI to develop the most efficient, effective and appropriate model of service delivery across the Peninsula".*

Our approach

> Our vision is to provide high quality, innovative pathology services, which will be at the heart of new models of patient centred care

Previous experience with the Peninsula Pathology Partnership, up to 2012, and the experience of others across the UK, shows that creating laboratory networks is complex with a high risk of failure.

We believe that a focus on consolidation alone misses a wider opportunity to deliver improvements in effectiveness that could leverage savings as well as improvements in quality across the whole health system. Looking internationally, systems that have focussed on efficiency but not effectiveness have ended up with lower transactional costs but much greater total costs.

We are committed to developing an approach focussed on clinical effectiveness, as there is evidence that this approach is likely to provide more significant improvements in patient pathway cost and quality, with reductions in patient harm than could be achieved through a focus on pathology service consolidation and efficiency alone.

A key part of the our improvement programme will be to align services to the recently launched Pathology Getting It Right First Time (GIRFT) programme under a group led by Dr Tom Lewis from Northern Devon Healthcare NHS Trust, who has been appointed joint national lead for this programme.

We recognise that delivery of value necessitates paying attention to efficiency and a focus on effectiveness does not exclude these challenges. The Model Hospital Dashboard provides an insight into the current variation in cost and delivery of Pathology services.

Using this data will enable the Peninsula Pathology laboratories to reduce unwarranted variation by standardising the approach to service delivery, staff numbers and skill mix and supplier contracts. This in turn will enable us to reduce costs in line with the NHSI requirements. A focus of this work will be via the “Grip and Control” proposals from NHSI.

Following the Peninsula Pathology Network Board meeting in June 2018, Ewan Cameron, South of England Lead for Diagnostic Services, NHSI was asked to clarify expectations with regard to the development of the Strategic Outline Case. The key messages were that NHSI expect to see an approach, which could deliver:

- Service redesign and modernisation.
- The consolidation of services, where appropriate.
- Hub and spoke arrangements, where and if appropriate, including potentially multiple hubs. How this all manifests itself is for us to decide.

We explained that we did not want to refer to service configurations as ‘Hubs and Spokes’ because the experience of the Peninsula Pathology Partnership was that it could be divisive and disengage the clinical community.

Although an approach based on clinical effectiveness may be compelling, in practice there are likely to be significant political, financial and clinical hurdles to overcome. It is vitally important, therefore, that the approach is fully endorsed by Trusts and CCGs. To that end, each Trust and the key STP bodies were briefed (between June and August 2018) on progress to date and asked to formally endorse the approach. All organisations did so.

What the approach means for organisations

A key consideration in securing the support of Trusts and CCGs will be explaining what the programme will mean for organisations. To that end some of the key principles and the approach are outlined below:

Principles

- The Network is committed to developing an approach focussed on **clinical effectiveness**, as there is evidence that this approach is likely to provide more significant improvements in patient pathway cost and quality, with reductions in patient harm than could be achieved through a focus on pathology service consolidation and efficiency alone.
- A focus on **improving patient outcomes** and releasing value to the whole health system.
- A **common Pathology quality policy and quality standards** for tests and services across all sites.
- Adoption of the Devon STP principles of **mutual support** to ensure continuing service delivery during normal operations and in times of crisis.
- The development of **services outside the acute hospital** setting to promote patient access closer to home and/or in the local community.
- **Reducing unwarranted variation**; the principles of GIRFT will be adopted across organisations and pathways.
- 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.
- 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 where clinically and financially this makes sense.
- The **configuration model** is aligned with service portfolio and requirements of providers.
- An assurance that the **cost, price and benefits** of any service change are distributed equitably across organisations.
- Delivery of a **single common LIMS platform** or at the very least interoperability and interconnectivity between systems to allow for the easy and safe transfer of work where required.
- A willingness to be **open and transparent** where business developments, staffing changes and procurements are being considered.

Approach

- 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).
- **Engagement and education** of users and patients to further expand the understanding of the impact and importance of appropriate Pathology requesting, testing and reporting.
- A longer term plan to **replace the existing MLS contracts with a single contract** across all South 1 services, to the mutual benefit of all sites and to allow for the development of new services and the adoption of new technologies.
- A **trained and competent workforce** to support changing processes and 24/7/365 delivery.
- The introduction of **new technologies, tests and techniques**, specifically to include molecular and digital technology.

Service delivery networks (SDNs)

The Acute Services Review in Devon recommended the development of a ‘network’ solution as a key enabler to deliver the recommended clinical proposals. An outline Service Delivery Network (SDN) was developed in October 2017 and it was agreed to build a consensus on the level of network for each of the service areas identified (Appendix 13).

These service networks, are open to the involvement of Cornwall, will be the means through which new, sustainable models of care are developed. The Pathology Network Board will oversee the options appraisal for Pathology services, as referred to in this SOC, and will ensure that changes support plans emerging from the SDNs.

Our strategic options

This Strategic Outline Case will review the options for the delivery of a patient pathway focused and quality centred Pathology service across the Peninsula, to deliver the financial savings target set by NHSI. The case will explore the long list of options about “where” services should reside and consider “which” services are joined together and “how” services work together.

This case will consider the time line of changes over the short, medium and longer term, up to and past the point where the current managed laboratory services will require replacement.

Short-term

The short-term focus (12-24 months) will support the:

- Repatriation of tests currently referred outside the Peninsula, to support cost reduction and an improved turnaround time.
- Aggregation of testing on fewer than five sites in circumstances where the requirement for quality and turnaround time can be achieved.
- Application of quality standards to the requesting and reporting of tests in highlighted areas, in support of improvements in clinical pathways and patient outcomes.
- Development of a digital histopathology reporting network.
- Removal of unwarranted variation linked to service delivery (process and workforce).
- Transition to a Service Delivery Network.
- Identify opportunities for collaborative procurement.

Medium-term

The medium term focus (two to five years) will support the:

- Removal of unwarranted variation linked to service delivery.
- Continued transition of Pathology services to become an “outcome” based, rather than “test” based service.
- Integrated and interoperable IT systems.
- Improvement of logistic arrangements between the five sites.
- Development of a common “test list atlas” for the Peninsula Pathology Network.

Long-term

The long-term focus (five years and beyond) will support the:

- Replacement of current (2018) managed laboratory service within each Trust.
- Laboratory (and extra laboratory) accommodation requirements for Peninsula Pathology services.

Strategic options – the long list

Option 1
- No change

Option 2
- A new single laboratory for all Pathology Specialties in the Peninsula with Essential Services Laboratories on each site

Option 3a
- Central hub and spoke model

Option 3b
- Multiple hubs and spokes model

Option 4
- Reduce the number of consultant led reporting laboratories *(an option specifically for Histopathology)*

Option 5a
- Consolidation of all low volume and specialist services on less than five sites

Option 5b
- Consolidation of individual low volume and specialist services on less than 5 sites

Option 6
- Public/private commercial partnerships

In the development of the Outline Business Case, these options will be assessed against both Hurdle and Evaluation criteria.

Hurdle criteria

Hurdle Criteria are questions designed to give a yes or no answer ('?' if insufficient information is available to make the assessment). They are applied to rapidly filter out options that are not viable. The hurdle criteria selected for use in this SOC are those used during the Devon STP Acute Service Reviews in 2017/18 and are set out below

Implementable

- Is the option implementable (can it be done)?

Clinically Sustainable

- Is the option clinically sustainable?
- Will it address workforce vulnerability?

Best care for the Peninsula

- Does the option represent the best care for the Peninsula?
- Does it deliver the requisite quality standards including PQAD?

Acceptable timeframe

- Can the option be implemented within an acceptable timeframe?
- Can it be delivered within the timeframe set by NHS Improvement?

Financially viable

- Is the option financially viable?
- Can we afford it from both a capital and revenue perspective?

An assessment of each of the options on the long list against the hurdle criteria is shown at Appendix 6. If an option fails to meet more than 1 of the hurdle criteria it is considered non-viable.

Strategic options – the medium list

Following the assessment against the hurdle criteria, the medium-list of viable options is as follows:

Option 3a
- Central hub and spoke model

Option 3b
- Multiple hubs and spokes model

Option 5a
- Consolidation of all low volume and specialist services on less than five sites

Option 5b
- Consolidation of individual low volume and specialist services on less than five sites

Option 6
- Public/private commercial partnerships

Evaluation criteria

The next step will be to evaluate the remaining medium against a set of Evaluation Criteria, which have improvements in the quality of patient care at their centre. These criteria were agreed at the Peninsula Pathology Network Board in February 2018.

Safety	Maintains or improves patient or staff safety
Effectiveness	Optimises patient pathways and outcomes. Improves hospital efficiency and effectiveness. Optimises demand
Quality and access	Achieves quality measures on the PQAD including specified turnaround times
Service sustainability	Results in improved sustainability and addresses known and/or imminent workforce challenges
Workforce	Improves sustainability and supports workforce challenges e.g. recruitment, training, role development
Financial improvement	Reduces the cost of Pathology service delivery or care delivery
Productivity	Improves productivity. supports the delivery of upper quartile benchmarking
User experience	Provides a satisfactory user experience

Short List Enablers

Once a review against the Evaluation Criteria is undertaken a Short List of options will be taken forward for consideration within the outline business case:

Finally, the three key overarching themes necessary to deliver change and an improvement in patient outcomes can be summarised as follows:

1	The enhanced digital and IT environment: • Enhanced interoperability or interfacing of laboratory and clinical systems • Improved requesting and decision support • Development of a capability to collect, analyse and act on longitudinal patient data • The use of digital technology and its direct interface to patients and clinicians
2	Patient, public, clinician and stakeholder engagement and education: • Such that there is a clear understanding of what Pathology can do, and its value • To encourage and manage the most appropriate use of Pathology services • To engage our Pathology staff further towards a patient centric focus. “A blood tube is a patient, not a tube of blood”
3	Service Delivery Network (SDN): • It is likely that the development of the Peninsula Pathology Network will require a pan Pathology SDN to be in place, such that the requirements across the Peninsula can be managed collaboratively and that unwarranted variation is removed or reduced where not appropriate. In order that this SDN is effective in its delivery, there will be a requirement for a set of guiding principles and support from executive across the five sites

Quality and effectiveness

Background

Approximately 70-80% of patient interactions with the NHS involve pathology services, equating to about 200 million requests per year. The NHS Atlas of Variation has demonstrated significant geographical variability in laboratory testing rates in the UK which cannot be accounted for by differences in socio-demographic or other descriptive indicators.

The potential for inappropriate diagnostic tests to cause harm is increasingly recognised. This harm is expensive, generating considerable downstream costs from onward investigations and unnecessary treatment.

Systematically aligning testing to clinical questions has been shown to lead to substantial reductions in cost and harm. For example, work in North Devon has shown that improving the testing of chronic conditions in primary care may lead to an avoidance of downstream costs that are in the order of 10% of the total pathology budget, and about 0.5% of the total pathology budget in terms of marginal test costs.

Similarly, work from Plymouth has shown that improving the use of immunology tests can lead to large reductions in testing costs. Both approaches lead to better diagnosis, with more timely and targeted interventions, and reduced potential for iatrogenic harm.

Work carried out for NHS Improvement has suggested efficiency savings could be made from consolidation of laboratory services in a “Hub and Spoke” model. However, international comparisons show that a focus on efficiency alone may (or may not, above a certain volume) lead to reduced costs per test, but with a paradoxical increase in total testing costs as test volumes increase.

The Peninsula Pathology Network conclude that a focus on effectiveness is likely to provide larger and faster improvements in cost and quality, with reductions in patient harm, than could be achieved through a focus on consolidation and efficiency alone.

However, there are almost certainly gains in quality and efficiency that could be made through reorganising how low-volume and non-urgent tests are performed across the laboratories of the peninsula, removing improving efficiency of both staff and equipment, with the potential to develop expertise that comes with increased volumes.

This then puts value and outcome benefits at the heart of the proposed network solution. Maximising benefit to the patient while minimising costs to the system.

Defining effectiveness through a focus on end-to-end quality

The Peninsula Pathology Network propose using a common quality policy based on the following framework for assessing the performance of the pre-analytical, analytical and post-analytical phases of testing aligned to clinical pathways.

Pre-analytical

- There is a well-formulated **clinical question**.
- The proposed tests are **necessary** and sufficient to answer the clinical question being posed.
- With a **prior understanding** of the actions to be taken as a result of the answer.
- And which incorporates an understanding of what is **normal for the patient**.
- And of which the patient has **sufficient understanding**.
- The request arrives at the **point of testing** in a time and in a state that allows the question to be answered.

Analytical

- The **consistency** (or uncertainty) of the answer is described.
- The answer is available in **time** to answer the question.

Post-analytical

- Results are **meaningful** and **helpful**; within the context of shared understanding of what matters to the life of the individual.

The proposed structure of the effectiveness workstream

The proposed structure is modelled on the structure of the Medicines Optimisation Programme.

Clinical policy committee (CPC)

The CPC (either the existing structure, or a similarly resourced parallel organisation) will appraise technologies for whether they are likely to deliver enhanced value to the healthcare system. Usually, this work will focus on commissioning decisions surrounding new technologies.

Peninsula Pathology Effectiveness Group (PPEG)

This purpose of this group, as illustrated in the Governance Framework in Appendix 4, is three fold:

1. To develop **clinical pathways** which involve testing.
2. To seek **assurance** that these are being implemented.
3. To prioritise **workstreams**.

PPEG will be constituted by:

- A **clinical chair** who will be a **consultant Pathologist** (1 day per week).
- A **managerial lead** (3 days per week).
- **Secondary care (clinical)** representation from each locality.
- **Primary care (clinical)** representation from each locality.

Policies and guidelines for consideration by the group will be developed by pathology specialist advisors working with all relevant stakeholders. These policies and guidelines will include test specifications that are derived from the common quality policy.

Where there is disagreement on approach between stakeholders, these will be considered by the PPEG (in the same way that prescribing decisions are heard by the Formulary Interface group).

The role of specialty groups and laboratory managers

Specialty groups and laboratory managers will have the following responsibilities:

- Deliver the test specifications set by the PPEG in way that is most cost effective across the network.
- Monitor and respond to deviations from the common quality policy, and report these to the PPEG (not all laboratories will currently have this capability, and this will require new approaches to sharing of common data).
- Suggest new workstreams to the PPEG.
- Ensure laboratories meet the requirements of the Pathology Quality Dashboard (PQAD) and ISO15189 (UKAS accreditation).
- Ensure procurement processes remains grounded in clinical necessity and deliver best value.

Establishing the network by developing a shared quality policy

In order to ensure that the proposed network has the greatest positive impact in the shortest possible time it is critical to go through a short but deliberate period of shared sense making.

Having a common purpose and shared governing principles will provide an excellent foundation but these will need to be explored and translated into an operational understanding of what they mean for everyday practice.

To expedite this we propose that members of the PPEG use a small number of workstreams as the basis of a short, intensive project together as part of establishing the network. The workstreams will be chosen as being likely to be deliverable in principle, but will rapidly surface barriers to change. The anchor for this process will be to develop a shared Quality Policy, working together and engaging members of the broader network in developing shared and explicit quality criteria which can used as the basis for all future projects.

This will serve four purposes:

1	It will help to create a shared understanding of what the purpose and governing principles mean in practice.
2	It will enable areas of uncertainty or difference to be explored and resolved early in the life of the network so that focus can quickly move past discussion onto action to deliver outcomes.
3	It will enable the PPEG to surface issues and opportunities to improve then to prioritise their focus for action.
4	It will create shared commitment to those priorities throughout the network by generating them as a consequence of co-production, therefore setting the context for faster more effective delivery.

Suggested governing principles of the network

All members of the Network have signed up to the following governing principles:

1. A **governing body** ("Peninsula Pathology Network Board") that has the permission to make decisions on testing, usually aligned to defined clinical questions, and based on what matters to patients and delivery of value, and that includes:
    a. An appraisal of the **evidence**.
    b. The advice and opinion of varied **stakeholders**.
    c. An analysis of variation of **current approaches**.
    d. An analysis of the **harms** and **benefits** of current and alternative approaches.
2. **Testing specifications** will be set on the basis on the above decisions and align with the common quality policy.
3. The performance of any test against the specification should not be affected by whether the laboratory that performs the test is **local or non-local**.
4. The PPEG will use **assessment of performance** against a common quality policy.
5. Where significant commissioning decisions are to be made (e.g. introduction of new tests) then these will be referred to the **Clinical Policy Committee** for an assessment of value to the health system.
6. The PPEG will ask for action from the board if there is a breach of the **governing principles**.

Resource implications

The table below identifies the resources required to support the approach outlined in this section:

Resource	Details	Cost
Clinical Policy Committee time	Will require CCG support	
Clinical Chair, consultant Pathologist	One day per week	£20k
Managerial lead	Three days per week 8c	£50k
Secondary care (clinical) representation from each locality	Costs to be supported by Trusts	£0
Primary care (clinical) representation from each locality	Half-day per month x five localities	£20k
Secretarial support		£10k
Pathology advisors (nominally secondment from secondary care)	Two BMS band 7-8a	£100k
Data analysis (estimate)		£25k
Total		**£225k +**

NHSI have informed the Network that there is no national funding to support the delivery of the programme. It is possible that some of the roles described above can be covered by a re-purposing of roles, however, there will still need to be a considerable financial investment to support the delivery of the programme. As a general principle the five acute Trusts will be asked to make a contribution to the costs of running the programme, however, as the most significant benefits will be in reducing the downstream costs from onward investigations and unnecessary treatment, the CCGs will also be asked to contribute.

Workforce

Workforce analysis

We have undertaken an initial analysis of workforce data across the five Trusts. From that analysis it is clear that there is considerable variation in staff profiles and bandings.

There are also challenges faced by all laboratories to recruit suitably qualified Biomedical Scientists (BMS). Therefore the workforce workstream will be focusing on:

- Standardising lab profiles across specific bands e.g. Band 5 and 6.
- Exploring the differences between bands to ensure consistency across laboratories as to expectations of any given band.
- Looking at the best options for the Peninsula to develop local teams and essential key roles going forward e.g. Dissection Practitioners.

There is also an awareness of the demographics of the current staffing cohort and therefore the workforce workstream will be undertaking a focused piece of work to look at the age profiles across bands and roles in the Peninsula.

Reducing unwarranted variation

Clear variation exists within the Peninsula, some of this may well be warranted however, the workforce workstream will be looking to understand specific variation in relation to:

- Out-of-hours agreements across each laboratory.
- Banding roles and responsibilities.

Next steps

Our finance workstream has undertaken a focused review of the financial and staffing profiles of each laboratory. The workforce workstream will undertake a further analysis of this data. The first stage will be to validate the data to ensure all sites have counted and recorded staffing information consistently. The next stage will be to explore the variations the data presents. An initial analysis of this data has thrown up some anomalies that the workforce workstream leads will review locally and report back by the end of the summer to enable the group to take forward our understanding of the differences and any options for adjustment this might present.

Workforce development

One specific area identified relates to the considerable variation across the network with regards to service provision outside of core hours (09:00-17:30 Monday to Friday). Any extended provision has been implemented in response to local demand and capacity analysis and the limits of logistics in an area. Increasing moves towards a 24/7 service have led to extensions in the working day and weekend services in many specialties i.e. evening and weekend OPD clinics, Phlebotomy, elective lists and GP services. This is no longer a localised picture and prompts the need to revisit demand and capacity collectively.

In response to this the workforce workstream intends to carry out an impact assessment relating to aforementioned increasing demand and workforce requirement to provide a pathology service that mirrors this more closely. The impact assessment will also include elements of horizon scanning in a bid to future proof services with regards to workforce.

Training

Pathology services within the Peninsula should include the NHS Scientific Training Programme and Higher Specialist Scientific Training Programme in its future workforce planning. These programmes offer high calibre training for scientists to progress to Consultant Grade Clinical Scientists.

This will ensure that we have a high quality workforce appropriately remunerated to support retention and recruitment of the necessary workforce to provide horizon scanning, validation and verification of new assays to repatriate tests into the region and to develop tests for new income opportunities.

The training supports both progression into managerial posts and Consultant level roles, helping in the succession planning in these roles, which may be difficult to recruit to in the future. This applies to all Pathology disciplines and will be explored further by the workforce workstream for recommendations to be presented to the Peninsula Pathology NHS Network Board.

Apprenticeships

Apprenticeships provide routes into a variety of careers in the NHS and are an excellent opportunity to earn, gain work experience and achieve nationally recognised qualifications at the same time. Within Pathology Services these opportunities are being explored by a number of sites to help with Workforce Planning and to develop flexibility within the workforce. This workstream will look to review how apprenticeships may benefit the future configuration of pathology services across the region.

Finance, investment and procurement

Finance

A detailed data collection exercise, completed using principles and methodologies defined in the Model Hospital Initiative has been completed. The table below sets out the cost of Pathology services across each of five Trusts over the last four years. From this base, the Network has been challenged to deliver £4.5 million of efficiency savings.

Outturn expenditure by year					
	2015/16	2016/17	2017/18	2018/19 (planned)	TOTAL
TRUST	£'000	£'000	£'000	£'000	£'000
UHP	£17,671	£18,012	£18,673	£19,002	£73,358
RCHT	£13,461	£13,863	£13,719	£14,579	£55,623
RD&E	£13,448	£13,793	£14,115	£14,320	£55,676
TSD	£7,731	£9,740	£9,724	£8,637	£35,832
NDDH	£5,602	£5,956	£5,798	£5,918	£23,274
TOTAL	**£57,913**	**£61,364**	**£62,029**	**£62,456**	**£243,763**

Against a backdrop of significant growth in demand, from the broadly stable cost base since 2015/16, it is clear that Trusts in the Network have, already delivered significant productivity improvement during this period. The table below sets out those achievements in more detail.

Recurrent CIP delivered by Year					
TRUST	2015/16	2016/17	2017/18	2018/19 (planned)	TOTAL
	£'000	£'000	£'000	£'000	£'000
UHP	£115	£0	£497	£176	**£788**
RCHT	£186	£271	£84	£345	**£886**
RD&E	£88	£74	£488	£36	**£657**
TSD	£16	£245	£321	£29	**£611**
NDDH	£238	£169	£207	£100	**£714**
TOTAL	**£614**	**£759**	**£1,597**	**£686**	**£3,656**

Separately within each organisation, and largely through a combination of workforce efficiencies and the letting of managed service contracts for Pathology equipment and consumables, Network providers have delivered £2.9 million of savings since the 2015/16 baseline year. From the approach set out in this document, the Network is now targeting further efficiencies of at least £1.7 million.
This will be achieved through a combination of:

- The development of a standardised operating model, moving all providers toward the lowest possible cost per test. Appendix 1 sets out the current variation in test cost and indicates significant potential for improvement.
- Reductions in the volume of testing effected through the clinical effectiveness programme, reducing consumable and, in the medium term staffing costs.
- The appropriate consolidation of services.

The financial evaluation of options developed through this Strategic Outline Case will be assessed against this framework.

Recognising that cost and benefit associated with forthcoming changes is unlikely to fall evenly, all organisations within the Network have committed to a financial risk share agreement. This means that there will be a clear focus on delivering efficiency at a Network level. Any adverse impact at organisational level will be mitigated, through this agreement, ensuring that no organisation suffers financial loss associated with any proposal arising from this Strategic Outline Case.

Investment

The relative capital costs of the options considered in this Strategic Outline Case will, equally be an important criteria in the assessment framework.

The working assumption at present, and purely from a capital perspective, is that investment in technology, linking providers across a network is likely to offer the more cost effective solution. This is relevant in that the financial position of Trusts across the Network is such that it is unlikely to be able to support investment requirements from locally generated resources. The availability of capital could become a critical hurdle criteria unless there is access to external sources of finance.

Procurement

The Peninsula Purchasing and Supply Alliance (PPSA) is a collaborative procurement organisation in the South West. The organisation has successfully delivered collaborative procurement projects since its inception in 2002. It is funded by its member Trusts, on a daily fee basis dependent on how many days of work are required for each procurement project equally divided by the number of member Trusts included in that project. The PPSA looks to aggregate volume and to utilise standardisation and economies of scale to bring about lower prices and system efficiencies.

With the implementation of the new national procurement arrangements ‘Category Towers’, the PPSA is seen as a delivery arm in the South West for some of the Towers to realise their strategic aim and objectives and the PPSA is working closely with the Category Tower providers. The PPSA are also engaged with Mark Gronow from NHS Improvement.

The PPSA will embark on collaborative (or single Trust) work that is required from the Peninsula Pathology Network. The PPSA has an annual work plan; this work plan is dynamic and can change depending on the strategic importance of the project and/or the value of savings and efficiencies the project will deliver.

The PPSA has a history of successfully delivering cash releasing savings, standardisation and efficiencies within Pathology for the Peninsula Network group of Trusts as illustrated in Appendix 7.

Future procurement priorities for the PPSA are the repatriation of outsourced tests, a common LIMS solution, Order Comms, Histopathology outsourcing capacity and a Histopathology digital network.

Information technology

Key elements of ideal pathology IT systems

The essential elements of a pathology information technology (IT) system are:

- Guiding clinicians on the appropriate use of tests.
- Recording tests ordered by GPs and acute clinicians) and patient details.
- Interfacing with analytical equipment and third party systems.
- Undertaking further data analysis and supporting interpretation of results.
- Providing access to results for GPs, acute clinicians and other professionals.
- Support contingency/Business Continuity plans across Laboratory network.
- Providing management information for service users and provider staff.
- Managing access to information across multiple organisations and geography i.e. interoperable systems.
- Storing data for future reference.
- Delivering IT across as few as systems as possible to minimise training requirements for clinical and scientific staff across networks (to maintain business continuity).
- Data management to support POCT connectivity and Telemedicine.

Appraisal of current IT capabilities

Laboratory Information Management System (LIMS)

Currently there are a number of systems are deployed across Devon and Cornwall with little interoperability:

- Royal Cornwall and Torbay and South Devon: Clinisys Winpath 5.32 (though both contracts are independently managed by each Trust).
- University Hospital Plymouth: ISoft.
- Royal Devon and Exeter: currently using IHCS but will be implementing the EHR Epic with a contractual obligation to use the associated LIMS Beaker.
- North Devon: currently using Clinisys LabCentre. However the Trust is implementing an EHR LIMS solution Intersystems TrakCare Laboratory Enterprise with ‘go live’ in 2019.

Order comms

Again, there are a variety of systems employed with varying coverage:

- Torbay and South Devon: now live in most acute areas and all GP practices with Clinisys Cyberlab
- University Hospital Plymouth: Primary Care Order Comms via ICE. Internal Order Comms via ICM
- Cornwall: Project implementation of ICE currently on-going
- North Devon: Primary Care via Emis T Quest. Internal Order Comms is included in the TrakCare Laboratory Enterprise solution with go live' in 2019
- Royal Devon and Exeter: No Primary Care capability. Currently out to tender

Middleware/lab-to-Lab connectivity:

There has been little IT connectivity between the five laboratories. Some flow of results information does occur between Plymouth/Truro and Plymouth/South Devon via Clinisys Electronic Referral module. However, unidirectional interface (results only not requests) means requests referred to Plymouth are subject to errors from manual inputting at reception stage.

However, Plymouth, North Devon and RDE are now in differing stages of implementing NPex. North Devon are live with NPEx for some sendaways outside of the peninsula and awaiting RDE to go live to realise the benefit fully. Royal Cornwall and Torbay and South Devon have presented Business Cases/Managed Service proposals but funding has not yet been finalised.

Point of care (POCT) connectivity

Again, there is variation across the labs in terms of point of care result storage in electronic healthcare records. Records in the main are stored in propriety data managers e.g. Cobas IT1000 or Werfen Gemweb but not always interfaced to the LIMS. Torbay and South Devon does use a Clinisys NPT Module/Siemens Conworx to facilitate POCT results in the Cyberlab record. However, this is acute focused and does not include GP/community POCT. POCT records are therefore in silos.

Digital histopathology

No functionality across the Peninsula Pathology Network at present. A bid has been submitted against Wave 4 STP Capital Funds.

Principles

As can be seen from this appraisal, there are a number of solutions and strategies being used. This issue is compounded by a number of corporate IT strategies being explored across Devon and Cornwall. Some of the IT strategies discussed involve one or two Trusts - not the geography of the Peninsula Network (which spans two STPs).

As a result the Chief Clinical Information and Chief Information officer of Devon CCGs were consulted. They have leading roles in the Devon STP Digital Board and have agreed to support our work and to maintain a common direction for both group objectives. They would particularly endorse a solution in which patient results could be seen across Devon (a major operational problem with the current patient flows across Trusts) and would help in applying for National funding. The South 1 Work stream IT lead attended the STP Digital programme Board meeting on 17/7/2018 and the importance of core functionality in relation to core order comms/electronic records, LIMS and Digital Histopathology was discussed.

Ultimately, true standardisation can only be achieved by a common LIMS approach. This would allow the development of harmonised processes and data structures which could be maintained globally. There was unanimous agreement from the Peninsula Pathology NHS Network that this should be the ultimate goal.
This would fit in with the existing IT strategies for those Labs who are looking to procure to replace contracts expiring in 2020. A pathology IT Managed Service could arise as a result, with similar advantages to the Peninsula PACS service. Options such as Shared data centres could be explored (such as in Bristol network). Opportunities from the development of EHR systems such as Epic/TPP will be explored.

In the short-term, some movement of processes/services could be facilitated by the use of bidirectional interfacing i.e. Npex, though this will require funding.

Order Comms will need to be established for Primary and Secondary care to enable some benefits. However, most sites have existing projects on-going or are about to start projects.

Proposals

1. Investigate the potential for the procurement of an IT solution that will allow all partners to select the ultimate supplier of a common Laboratory Information System (LIMS). The solution must be scalable to allow other partners to join. Suppliers will be asked to provide interfacing/middleware solutions for Trusts that will not be migrating to new LIMS or will be undertaking their own Trust strategy. Systems must be interoperable with existing EHR projects and functionality and must comply with STP and National strategies.
2. Procurement will include Order Comms and other functionality. A meeting where suppliers are to demonstrate their products/solutions has recently taken place. Funding will be required – therefore, a bid for Wave 5 funds will be prepared.
3. Discuss with Peninsula Purchasing a Supply Alliance the process for joint IT procurements.
4. IT solutions should achieve greater parity/standardisation across the Trusts to store POCT results in central healthcare records. This should include the possibility of supporting community POCT (including 'lab in a bag' initiatives and other developments in telemedicine).
5. Expand Npex usage to remaining South 1 Trusts.

Estates and logistics

Estates and facilities

The estate and associated logistics required to deliver the chosen model of Pathology service in the network will be determined by which option is finally agreed. In preparation for this it is important to understand the existing estate and the connectivity within the locality of each Pathology provider as well as between providers.

Recent refurbishments, within or without of Managed Services, albeit minor or of a limited scale have illustrated the requirement of significant investment to deliver these improvements. The local benefits of this investment could be lost dependent on the preferred model chosen. Indeed significant additional investment would be required to deliver the original NHSI proposal for a hub and spoke model.

Either, large scale, redevelopment of existing space or the provision of a bespoke new location, through new build or conversion of an existing facility would be required to deliver the hub model. Estimates based on work carried out in other networks and other sources suggest an investment of between eight and twelve million, including the equipment. There is currently no identified new source of capital for further changes to existing estate within the Peninsula Network.

In the absence of central funding, any capital would have to be within existing budgets, either locally or within the STP competing with existing plans and would require reprioritisation to be agreed.

Current facilities and planned activity

North Devon District Hospital NHS Trust (NDHT)

Cellular Pathology requires an upgrade of their cut up facility general refreshment of their laboratory furniture and Microbiology also requires a general refresh. Investment through the Roche Managed Service has provided a new blood Sciences Laboratory.

Planned activity

The reconfiguration of old Haematology/Transfusion lab to provide office accommodation for senior Pathology staff. Planning for winter pressures includes the requirement for additional capacity, including bariatric, for the mortuary. Refurbishment of the cut up has been agreed and will be completed by March 2019 Included in the Estate strategy is the requirement for a pneumatic tube system for the efficient movement of samples from service users to the laboratory.

Royal Cornwall Hospitals NHS Trust (RCHT)

Cellular Pathology is housed in the oldest part of building and requires a refresh but has sufficient office space for Histopathologists. Cytology service has no adjacency and is located in Microbiology. Microbiology has a distinct purpose built facility including dedicated molecular rooms and a large library. Security of the facility was recently upgraded due to Counter Terrorism Security Advice requirements. Blood Sciences is split across two locations. Planned refurbishment of Haematology will provide combined Blood Sciences and reception in current footprint.

Planned activity

The possible relocation of the Blood Sciences laboratory within five years. The redevelopment within this capital project opens the potential for a consolidation of all disciplines clustered on and around the existing Microbiology facility. To meet regulatory and statutory requirements as well as the delivery of an efficient and effective service to users, significant investment will be required to the existing mortuary facilities currently based in west Cornwall and on site.

Royal Devon and Exeter NHS Foundation Trust (RD&E)

Cellular Pathology and Microbiology are housed in the Old Path Block – slightly distant from main hospital but accessible on foot, and samples are received by a POD system. The Mortuary building is adjacent. The Old Path block will require extensive work in the medium to long term due to water ingress in roof and basement. Space for cellular pathology expansion is limited; space is available for expansion in the Molecular Hub (routine diagnostic molecular tests for all disciplines); space is available in microbiology/serology for expansion. Blood sciences are in the main hospital and are undergoing reconfiguration currently – limited room for further expansion. Molecular genetics has excellent facilities in the RILD building.

Planned activity

A mortuary refresh, due to lack of capacity is planned for late Autumn. Blood Sciences MSC and laboratory reconfiguration in hand for later this year.

Torbay and South Devon NHS Foundation Trust (TSD)

Cellular Pathology is located in a porta cabin, which is unsuitable estate and requires a new facility. Microbiology has no current issues although with developing molecular technologies they lack expansion space. Within the managed services implementation there are ongoing works to facilitate the installation of the new equipment and process flow. Other reconfiguration will facilitate the relocation of Blood Bank and central reception.

Planned activity

The reconfiguration of the mortuary to meet the areas of non-conformity identified by the HTA inspection.

University Hospitals Plymouth NHS Trust (UHP)

Cellular Pathology lacks suitable reporting space for the Histopathologists. There are no opportunities within the existing footprint to deliver additional capacity. Microbiology has similar office requirements to Cellular Pathology and a plan to redevelop the space has been proposed for consolidation of Pathology wide molecular based assays into a single laboratory has been put on hold due to lack of capital.

Blood Sciences is at the end of the implementation phase of its managed service with most equipment in place. However, this has resulted in the contraction of space available for reporting and an overall reduction in space in general.
Mortuary space is at a premium, particularly during the winter.

Planned activity

The Trust's five-year site plan includes additional Pathology space. In addition the Trust has explored the option of off-site office accommodation in Plymouth Science Park which in turn would enable the reuse of current estate for additional processing capacity. There are also opportunities to move much of the processing and production facilities to this location through long term lease of existing buildings. Costs are significantly lower than delivering the capital option explored.
Integrated blood science department comprising of Biochemistry, Blood Transfusion Haematology and Coagulation, Diagnostic Immunology, Histocompatibility and Immunogenetics (HandI), Molecular Haemato-oncology and Point Of Care testing. The service also integrates with Infection Sciences sharing ELISA workstations and housing-tracked serology and blood culture incubators for 24/7 processing. The service also provides stem cell services from an offsite private facility.

Logistics

As with Estate requirements, the logistics required to deliver the chosen model of Pathology service in the network will be dependent on the preferred option for service delivery.

Courier services within the Peninsula have evolved at a local level with a multiplicity of interdependencies both in what they carry but also the hosting arrangements. The commissioning of these services and the agility to reconfigure has proved challenging, historically and at times attempts have been abandoned due to the complexity or the lack of influence that Pathology has been able to bring to that process.

Change has been hampered where the service is hosted in another organisation or organisations, where there are conflicting demands on that service i.e. not a single courier for only Pathology samples and where there are interdependencies between more than one provider across the sample journey.

There remains pressure from primary care users for changes in routes, additional collections, later collections all of which are possible, subject to new resource. Any modelling of the Pathology service would have to reconcile these demands into the delivery process within each provider.

An overarching, bespoke Pathology courier service, would add significant additional cost into the Pathology charges. Work done in one of the Trusts where this exercise was pursued, would have added a two million pound postage cost.

Current courier and sample transport arrangements

North Devon District Hospital NHS Trust (NDHT)

NDHT do not have a dedicated Pathology courier service but includes, post, medical records and pharmacy, the service being hosted by Sodexo, part of the hotel services contract. Supplementary services are provided by ad hoc taxis, Dx, TNT and Royal Mail. Sodexo provide a daily courier service to RD&E. The cost of these services is not apparent.

Royal Cornwall Hospitals NHS Trust (RCHT)

RCHT do not have a dedicated Pathology courier service but includes, post, medical records and pharmacy, the service being hosted by Cornwall Partnership as a shared service. Supplementary services are largely ad hoc with a regular delivery to UHP. Blood bikes have been utilised for some transport. The cost for the shared service is £521,000.

Royal Devon and Exeter NHS Foundation Trust (RD&E)

RD&E do not have a dedicated Pathology courier service but includes any items collected from GP practices, the service being hosted by in house RD&E Transport service. Supplementary services are provided by Blood Bank drivers for community hospitals and City Sprint for bespoke transport/specimen needs.

Torbay and South Devon NHS Foundation Trust (TSD)

TSD do not have a dedicated Pathology courier service but includes, radiology and pharmacy, the service being hosted by TSD Trust Transport Department. Supplementary services are provided by TNT, Dx and City Sprint for transport of histopathology samples to RD&E. The cost sits in Trust overheads and is not broken down.

University Hospitals Plymouth NHS Trust (UHP)

UHP do not have a dedicated Pathology courier service but includes post, SDU and MEMS equipment, the service having been brought back in house recently having previously been hosted by Livewell CIC is now hosted by UHP. Supplementary services are provided by Blood bank drivers with additional rounds from GP Practices. The annual cost is £253k + £25.8k for the supplementary service.

Risk

Our Board is aware of material strategic, clinical and financial risks which must be mitigated in order to achieve our vision. These will evolve as the project progresses, but most critical at this stage are the risks that:

- All partners do not support, and resource, the work needed to take the vision forward.
- We do not achieve a consistent and robust process of wider public and stakeholder engagement. This is a complex process of change, which impacts on all health services across Devon and Cornwall and should not, therefore be underestimated.

Current specific risks are listed below, together with a high-level summary of the current mitigations.

	Risk and implication	Likelihood	Impact	Score (L x I)	Mitigation plan
1	The savings from a remodelled Pathology network do not align with NHSI expectations leading to rejection of plans	2	5	**Medium**	Outline and full business case process will identify direct and indirect savings and benefits from network model.
2	Trust and CCG boards reject the network recommendations as they do not meet individual organisations needs or key issues like financial smoothing are not agreed	2	5	**High**	**1.** Engagement with stakeholder organisations throughout OBC and FBC process with plans adjusted accordingly so no surprises **2.** Key issues identified and addressed as they arise.
3	Trust and CCG Boards do not approve the resources required to implement the clinical effectiveness approach	3	5	**High**	Secure Trust support at Pathology Board and PDEG and secure CCG support prior to their Board
4	There is insufficient management and clinical capacity across the Network to support delivery of plans	3	4	**Medium**	**1.** Existing capacity prioritised and aligned within and across South 1 to support delivery of plans. **2.** Additional capacity secured from outside South 1 area.
5	There is insufficient IT interconnectivity across the network to support standardisation of testing and consolidation/repatriation of low volume testing	3	3	**Medium**	Progress towards a common LIMS system and interoperability of IT systems and interfaces

	Risk and implication	Likelihood	Impact	Score (L x I)	Mitigation plan
6	Retention and Recruitment of scientific and clinical staff remains poor and impacts capacity and capability on and across the networks pathology services	3	3	**Medium**	**1.** South 1 recruitment and retention agreement/policy. **2.** A cohesive short/mid/long term training programme **3.** Continued identification of skill mix and technological solutions to maintain service delivery and quality
7	Commercial managed laboratory service providers in the network do not allow cross and between site changes due to existing contractual terms and conditions leading to a reduction in potential benefit and savings	1	4	**Medium**	**1.** Pathology service leads ensure issues highlighted **2.** Continued dialogue with commercial sector **3.** Mid/long term planning to replace existing contracts with single South 1 contract
8	Delivery of current service and cost improvement programs is disrupted through the diversion of effort to deliver network plans.	3	4	**Medium**	Current programs prioritised with adequate resource maintained so they deliver the expected service and/or cost improvement. Network plans evaluated and prioritised accordingly as short, medium and long term.
9	Difficulties in maintaining schedule of accreditation to ISO 15189 (UKAS) and PQAD metric performance as services are reconfigured. The network structure prohibits accreditation to ISO 15189 as it does not meet clause 4.1.1.2: The laboratory or the organisation of which the laboratory is a part shall be an entity that can be held legally responsible for its activities.			**Medium**	**1.** Project plans to consider and plan extension to scope to ensure each test is accredited to ISO 15189 as soon as practicable. **2.** Appropriate plans that include delivery of PQAD metric benchmarks with appropriate KPI's and trajectories during service reconfiguration. **3.** Structure network as a legal entity or partner labs retain separate accreditation.
10	Commercial managed laboratory service providers in the network do not allow cross and between site changes due to existing contractual terms and conditions leading to a reduction in potential benefit and savings	1	4	**Low**	**1.** Pathology service leads ensure issues highlighted **2.** Continued dialogue with commercial sector **3.** Mid/long term planning to replace existing contracts with single South 1 contract

Speciality workgroups

Strategic context

The Pathology speciality disciplines in Devon and Cornwall have been part of an established and well-recognised Pathology network for many years. Successful joint procurement of equipment, reagents and consumables, working with the Peninsula Pathology Supply Alliance has delivered economies of scale and significant non-pay savings. Within the Devon and Cornwall Blood Sciences network, consolidation of specialised testing onto a single site within the Peninsula and repatriation of referral tests also produced savings.

In April 2006, the Peninsula Blood Sciences laboratories entered into a joint Managed Service Contract (MSC) with Roche Diagnostics for eight years with an option to extend for a further two years. This was one of the first such partnerships in the UK agreeing a new, long-term contract to deliver new analytical equipment linked by robotics. Benefits included improved turnaround times, pay savings and savings through VAT reclamation and economies of scale from purchasing together.

More recently, in 2015, the Microbiology laboratories entered into similar joint Managed service with Roche Diagnostics. The scope of the Microbiology contract included Dorset, NDHT, RD&E, TSD, RCHT and UHP, however UHP chose not to award.

After the collapse of the previous Peninsula Pathology programme in 2013, individual Trusts carried out respective processes to assess options to replace existing MSC arrangements. Options assessed included procurement of new MSC's, partnerships with other Peninsula Trusts and the provision of Pathology services from the private sector. Individual Trusts presented Full Business Cases to their Boards and where appropriate, the Trust Development Agency and NHS Improvement. Approval was gained by each Trust for their preferred option. Most trusts adopted a pan Pathology MSC approach including Microbiology and Histopathology joint procurement process or novation.

Each Trust extended the Roche contract to meet the start date of the replacement Managed Services. After the recent procurements RD&E, NDHT and TSD selected Roche Diagnostics and UHP and RCHT selected Abbott Diagnostics. With the exception of RCHT, which has just commenced implementation, the other four Trusts are nearing the completion or have completed their respective implementations.

The contracts vary in scope across Pathology and complexity with some Trusts including enabling and refurbishing estate works as well as equipment, reagents and consumables. This procurement of new specialist equipment through the MSC enabled individual Trusts to develop new financial improvement programmes and significantly reduce turnaround times by repatriating some tests, previously consolidated within the network.

Whilst workforce challenge exists in all disciplines across the peninsula it is currently most acute in Histopathology where over the next three years, there will be up to 17.5 WTE Histopathology consultant vacancies due to retirements, across Devon and Cornwall (34% of the Peninsula workforce). In addition, there are shortages in Histopathologist cover within the Peninsula for specialist reporting in Renal, Liver, Sarcoma and Lymphoma diagnosis.

This represents a significant risk to timely cancer diagnosis and staging and if not mitigated will have a considerable impact on the achievement of cancer access targets across the Peninsula.

In response to this, a Histopathology Acute Services Review (ASR) was established in February 2017. This programme is now part of the Peninsula Pathology Board programme for NHS Improvement South 1. As part of this, a strategy to support the service at TSDHT, where Histopathologist staffing levels became a significant risk to service provision in the short term, has been implemented – this has so far included transfer of some work (breast) to RDE, and use of ‘Backlogs’, but is under careful review.

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Efficiency and quality improvements

The Peninsula Pathology laboratories have a successful record of delivering cost and quality improvement schemes over a many years, providing significant contributions to the individual Trust's recovery plans.
Some of the key improvements include:

- Previously established a network across Devon and Cornwall, which centralised specialist testing onto a single site within the peninsula along with the repatriation of referral tests.
- Introduction of tracked and robotic analytical equipment in 2006.
- Introduction of a VAT efficient Managed Equipment Service contract for Blood Sciences in 2006.
- Introduction of a VAT efficient Managed Equipment Service contract for Microbiology in 2015.
- Movement of a range tests from esoteric platforms requiring manual intervention onto automated platforms to increase efficiency
- Workforce remodelling to increase the proportion of support staff to qualified scientists.
- Implementation of Lean processes, using both internal and external expertise, which have enabled efficient process re-design.
- Novation of existing contracts into the previous and existing Managed service arrangements, enhancing VAT efficiency.
- Introduction of electronic ordering systems for primary and secondary care to improve the quality and timeliness of data entry and result reporting.
- Maintenance of all relevant accreditation standards, including accreditation for Point Of Care Testing services and more recently meeting the challenge of UKAS accreditation.
- Partial implementation of agenda for change out-of-hours terms and conditions.
- Initial plans have been developed to support services at TSD, including the transfer of Breast pathology, a substantial body of diagnostic work to the RD&E, providing an early example of how collaboration can help to support a sustainable future for the service.
- A business case for a Digital Histopathology Network has been submitted by the Devon STP, supported by all five stakeholder Trusts. RCHT and RD&E have demonstrated adaptability to provide services across a wider population for cervical cytology screening. In addition, there are links across South 1 network with histopathology departments with arrangements in place to support Colposcopy multidisciplinary teams.

In summary, Pathology has already delivered significant efficiency and quality improvements and needs the new opportunities afforded by the Peninsula Pathology programme for South 1 to achieve further improvements and benefit to patient pathways.

Existing services

The services provided by pathology at each site are summarised below.

Service	NDHT	RCHT	RD&E	TSD	UHP
ED, ICU, medicine and surgery	✓	✓	✓	✓	✓
General practice and community hospitals	✓	✓	✓	✓	✓
Renal	✓	✓	✓	✓	✓
Paediatrics	✓	✓	✓	✓	✓
Gastroenterology	✓	✓	✓	✓	✓
Endocrinology	✓	✓	✓	✓	✓
Neurosurgery					✓
Cardiothoracic surgery					✓
Renal and bone Marrow transplantation					✓
Hepatology					✓
Rheumatology	✓	✓	✓	✓	✓
Allergy and immunodeficiency					✓
Neonatal intensive care					✓
High-risk obstetrics					✓
Support to clinical trials and RandD	✓	✓	✓	✓	✓
Services to support MoD					✓
Major trauma centre					✓
Tertiary cancer centre		✓	✓		✓

Service	NDHT	RCHT	RD&E	TSD	UHP
Histocompatibility and Immunogenetics					✓
Sexual medicine	✓	✓	✓	✓	✓
Infection control and prevention team	✓	✓	✓	✓	✓
Post-mortem services to the coroners	✓	✓	✓	✓	✓
Neuropathology services					✓
Electron microscopy service					✓
Orthopaedic revision surgery		✓	✓		✓
Cystic fibrosis screening	✓	✓	✓	✓	✓

Blood sciences

Key services and stakeholders

Blood sciences services are provided on the five Acute Hospital sites, within Devon and Cornwall.

All five laboratories provide general and acute hospital services to ED, ICU, Medicine and Surgery and services to general practise and a number of community hospitals.

The Royal Cornwall Hospital laboratory supports services required for a rural population and the range of acute services at RCH, SMH and WCH hospitals. The laboratories supports RDandI studies. Specialist expertise is available in HPLC. Point of Care testing has been extended outside the core acute setting into community and community hospital settings.

The RD&E provides specialist services, which include first trimester Down's screening, qFIT screening and referral centre for Diabetes antibodies and anti-TNF alpha drug and antibody testing. Key services supported include

- Renal.
- Genetics.
- Paediatric.
- Gastroenterology.
- Endocrinology.
- The University of Exeter.

The laboratory also supports various RandD projects, including central laboratory for pan-European studies and multi-centre PANTS study.

Torbay and South Devon NHS Foundation Trust is an Integrated Care Organisation formed from the merger of two organisations: South Devon Healthcare NHS FT (Acute) and Torbay Care Trust (Community). The departments also have a close relationship with RandD and have involvement in a number of clinical trials.

The Trust has recently been awarded £13 million to redevelop Urgent Care services, expanding its Emergency Department and the construction of two new Urgent Care Centres. Torbay and South Devon Laboratory Medicine will have a role in the instigation of these services. Torbay and South Devon also supports coroner's work in Clinical Biochemistry and provides services to support research and development.

University Hospitals Plymouth NHS Trust provides a range of acute hospital based core and specialist services for the Peninsula including:

- Neurosurgery.
- Cardiothoracic surgery.
- Renal and bone marrow transplantation.
- Neonatal intensive care and high-risk obstetrics.

UHPT supports an integrated Ministry of Defence Hospital Unit, a Major Trauma Centre, tertiary Cancer Centre and an increasing volume and quality of research and development activity.

The laboratory supports specialist services to a wider South West England catchment of almost 2 million people (such as neurosurgery, cardiothoracic surgery and neonatal intensive care). The laboratory also supports a regional haemophilia centre, regional HandI service, Haematological Diagnostic Malignancy Service for Plymouth and Truro; a Lipid Clinic Service and Immunology services the following specialities:

- Specialist immunodeficiency.
- Specialist allergy.
- Haematology and BMT.
- Specialist hepatology.
- Rheumatology.

The key features of the services are shown in Appendix 14.

The activity (numbers of annual tests) and cost of service provision in terms of pay and non-pay are summarised below:

	TSD	RDE	UHP	NDHT	RCHT
Total pay	£2,246,000	£2,906,000	£4,403,000	£1,560,669	£3,214,000
Whole time equivalent (WTE)	44.97	76.70	100.12	34.91	84.07
Total non-pay	£2,512,000	£3,872,530	£6,034,000	£1,691,000	£6,394,000
Total activity	6,235,376	6,534,280	8,893,561	2,973,461	8,115,908
Total spend	£4,758,000	£5,266,000	£10,437,000	£3,251,669	£9,608,000

Previous workload increases in the Peninsula and in other UK centres, along with the likely sources of increased demand, indicate that workload will continue to increase at around 5% per annum.
The demand for Pathology services will increase due to:

- The ageing population associated with a higher rate of chronic disease.
- The increasing demand for personalised medicine.
- Advances in disciplines such as genomics that will increase demand for predictive and preventative investigations.
- The potential of Summary Care Records to support identification of trends and warning signs in individuals' health events.
- The need to reduce inpatient length of stay.

Appendix 15 details the major equipment in use at each Trust.

Microbiology

The five Microbiology departments provide time-sensitive results for the diagnosis and control of infection. Public Health England produces National Standard Methods for Investigation (SMI) and therefore laboratory practises are broadly similar, however, there will be some areas where convergence needs considering.

There are five laboratories in South 1 – three of whom already have an informal network, and have Managed Service Contracts (MSC) with Roche; the other 2 have (or will have) MSC with Abbott. The commonality between contracts results from recent procurements and encourages joint testing strategies and shared test repertoires to minimise duplication and referral out of region. Any expansion to repertoire will be considered as a network with tests offered collectively to the South 1 group, rather than as individual laboratories. Further merging of the MSC may produce further savings in the longer term.

Key services and stakeholders

All five laboratories provide:

- General and acute hospital services to ED, ICU, Medicine and Surgery.
- Services to general practise and a number of community hospitals.
- Antenatal screening (woman's and children's services).
- Sexual medicine – screening, treatment and therapeutic monitoring.
- ICPT – supported by rapid molecular diagnostic techniques
- Fertility/reproductive screening.
- Cystic fibrosis screening.
- Surveillance and epidemiological data to PHE
- Supports to clinical trials and research and development Trust and University driven

In addition, UHP provides:

- Organ transplant- donor and recipient screening.
- Kidney Dialysis Support Unit.
- Orthopaedic revision surgery.
- Cystic Fibrosis Regional Service.

In addition, RD&E provides:

- National chlamydia screening.
- Kidney Dialysis Support Unit.
- Orthopaedic revision surgery.
- Cystic Fibrosis Regional Service.

In addition, RCHT provides:

- Kidney Dialysis Support Unit.
- Cystic Fibrosis Regional Service.

The key features of the services are described in Appendix 16.

The activity and cost of service provision in terms of pay and non-pay are summarised below:

	TSD	RDE	UHP	NDHT	RCHT
Total pay	£1,072,000	£2,247,000	£2,529,000	£668,000	£1,827,000
Whole time equivalent (WTE)	24.85	48.08	47.36	17.61	42.08
Total non-pay	£825,000	£1,390,000	£1,649,000	£293,000	£1,262,000
Total activity	633,299	942,218	927,906	318,712	876,274
Total spend	£1,897,000	£3,637,000	£4,178,000	£961,000	£3,089,000

The workload in Microbiology is likely to continue to increase due to:

- Increased bacterial/viral resistance which will require extensive surveillance to minimise spread and cost elsewhere in health-care system.
- Increasingly complex patients (due to immunosuppression, aging, travellers etc…).
- Mobile population with chronic infections e.g. HIV, Tuberculosis.
- Increased use of molecular diagnostics will replace traditional culture, sensitivity and typing methods.

Appendix 17 summarises the main routine equipment in use and current assets available to offer specialist testing.

Cellular pathology

Workforce pressures

Over the next three years, it is predicted that there will be up to 20.5 WTE Histopathology consultant vacancies, due to retirements, across Devon and Cornwall (40% of the Peninsula workforce) as shown in the table below. This represents a significant risk to timely cancer diagnosis and staging and if not mitigated will have a considerable impact on the achievement of cancer access targets across the Peninsula.

				Over 60				
	Current Establishment (WTE)	Current in Post (WTE)	Current Vacancies (WTE)	1 April 2019 (WTE)	1 April 2021 (WTE)	Other Vacancies by 1 April 2021 (WTE)	Total Potential Vacancies by 1 April 2021 (WTE)	% of Establishment
NDHT	4.58	4.58	0.00	0.00	0.00	3.00	3.00	66%
UHP	13.35	10.38	2.97	1.90	0.00	0.00	4.87	36%
RD&E	17.19	13.51	3.68	3.30	0.90	0.00	7.88	58%
TSD	5.50	3.00	1.50	0.00	0.00	2.00	3.50	64%
RCHT	10.80	9.60	1.27	0.00	0.00	0.00	1.27	12%
Peninsula total	**51.42**	**41.07**	**9.42**	**5.20**	**0.90**	**5.00**	**20.52**	**40%**

Compounding the problem of consultant retirements, there are insufficient trainees both locally and nationally to fill vacant posts. In the south-west peninsula there will be only two trainees eligible to apply for consultant posts in the next two years with a further six trainees in four years, assuming they pass their exams and want to remain in south west.

Recognising the risk presented by the impending loss of consultant Histopathologist staff, the Histopathology Acute Services Review (ASR) was established to recommend options for service models that will ensure safe and sustainable services with equitable access in the peninsula.

In the short term, a comprehensive strategy was needed to support the service at TSD where Histopathologist staffing levels are near to crisis levels. This resulted in plans to support TSD which included the transfer of Breast pathology, a substantial body of diagnostic work to the RD&E. This is a significant achievement given RD&E also has a stretched clinical service and a clear example of the determination of South 1 to move things forward by collaborating to deliver a sustainable, safe service for patients.

Next steps for the acute services review

1. Continue to develop short, medium and long term plans for supporting services at TSD.
    - Approval for and appointment of an advanced dissection practitioner.

2. Improve recruitment - proactive ongoing recruitment across all services with vacancies.

3. Develop a plan of work to address the issues relating to Histopathologist cover where there are a small number of people specialist reporting, namely; Renal, Liver, Sarcoma and Lymphoma.

4. Encourage and promote flexible working- work from home, retire and return, waiting list reporting.

5. Network approach for rates of pay for work outside of job plans and encourage a network approach to report waiting list cases.

6. Joint approach for a Histopathology Outsourcing capability to reduce the cost per case. This will include the use of digitisation to further reduce costs and to improve turnaround times and efficiency.

7. Develop training and posts for Biomedical Scientist advanced dissection practitioners and other advanced roles that can help reduce the Histopathologist reporting deficit.

8. Investigate the approach to MDT to understand the variation across sites, the complexity and any duplication and therefore identify opportunities to improve flow and increase efficiency.

Key services and stakeholders

All five laboratories provide:

- Routine histopathology and diagnostic cytology services to all acute hospital services.
- Routine histopathology and diagnostic cytology services to support all cancer sites.
- Routine histopathology and diagnostic cytology services to general practise and a number of community hospitals.
- Diagnostic immunohistochemical and molecular pathology services to support acute hospital and cancer services.
- Post mortem services to the coroners.
- Supports to clinical trials, 100K Genomic service and RandD Trust and University driven.

In addition, UHP provides:

- Histopathology services to support Organ transplant.
- Histopathology services to support regional cancer specialist services such as thoracic, HPB, head and neck.
- Neuropathology services to support regional neurosurgical and neurology.
- Histopathology services to support Ministry of Defence services.
- Provision of regional electron microscopy service.

In addition, RD&E provides:

- Histopathology services to support breast cancer work from SDH.
- Histopathology services to support Gynaecological cancer work form NDH and SDH.
- Histopathology services to support complex urological cancer work.
- Provision of regional cytogenetic/molecular services.

In addition, RCHT provides:

- Provision of Molecular pathology service for breast work (Her 2 testing)).
- Provision of cervical cytology screening service for UHP.

The key features of the services are described in Appendix 18.

The activity and cost of service provision in terms of pay and non-pay are summarised below:

	TSD	RDE	UHP	NDHT	RCHT
Total pay	£1,264,000	£2,755,000	£3,398,000	£923,000	£2,384,000
Whole time equivalent (WTE)	18.82	40.73	55.15	13.80	44.26
Total non-pay	£238,000	£544,000	£539,000	£141,000	£416,000
Total activity	74,776	226,120	193,014	61,496	190,509
Total spend	£1,502,000	£3,299,000	£3,937,000	£1,064,000	£2,800,000

The workload in Histopathology and Cytopathology is likely to continue to increase due to:

- Case complexity e.g. conversion of TRUS biopsies to Template biopsies.
- Changes to screening programmes e.g. Bowel cancer screening.
- Increased referrals, particularly for cancer.
- Recruitment of additional surgeons/clinicians to some specialties.
- Introduction of personalised medicine and molecular testing pathways for cancer patients that will result in the introduction of new tests.
- Genomic medicine, which generates new work as fresh tissue is required for analysis.
- Increase in complex surgery.
- Additional MDM requirements and number of cancer patient cases.
- Increase in statutory duty and regulatory compliance, for example, UKAS, RCPath, NHS screening programmes, EQA.
- Increase in clinical support including Mohs dermatology, transbronchial biopsies, pancreatic EUS FNA, Head and neck FNA and thyroids one stop clinics.

Appendix 19 summarises the main routine equipment in use and current assets available to offer specialist testing.

Speciality workgroup

Objectives

The following are considered as key programme objectives for the three Pathology services:

- Collaborate with partners to optimise patient pathways and provide savings for the wider healthcare community.
- Improve the quality of the service for patients and clinicians.
- Ensure the Peninsula services are best placed to respond to the local population needs including development of tertiary and specialised services.
- Support early implementation of innovative technologies and new tests, including emerging technologies of personalised medicine and molecular testing.
- Support and develop individual Trust's Research and Clinical Trial aspirations.
- Enable workforce redesign and manage the demographic challenge facing the service over the next 5-10 years, including the Consultant Histopathologist reporting capacity deficit.
- Contribute to NHS Improvement efficiency plans by ensuring sustainable services for the future.
- Delivery of cancer services standards, relevant PQAD metrics, UKAS ISO15189 accreditation and the requirements of national screening programmes.

Risks

The key risks to service delivery and progress of the NHSI South 1 programme have been identified as:

- Potential planning blight with NHSI proposals / resource implications.
- Staff recruitment and training, including Consultant Haematologists, Histopathologists and Microbiologists.
- Age profiles suggest likely challenge from future retirements.
- Current Trust strategies not in line with South 1, for example, IT.
- Current CIP programmes have already commenced repatriation projects ahead of South 1 potential plans. These include purchase of specialist equipment to support repatriation.
- Lack of income transparency – barrier to consolidation of testing.
- Potential capital redevelopment of maternity services at Royal Cornwall may necessitate Blood Science move.
- Non-buy in from Trusts to the concept of a South 1 versus local trust economy and local priorities.

Constraints

The key constraints identified are:

- Current MES contracts – Each Trust has recently contracted new managed service agreements for seven years. There are substantial penalty clauses for early termination. The contracts make provision for individual Trust requirements and are therefore likely to constrain early reconfiguration options.
- Capital and Revenue - The availability of capital is likely to be limited in the foreseeable future.
- Footprint – Any future reconfiguration of services will be constrained by the current footprint of the five blood science laboratories, many of which are already challenged for space.
- Recruitment and retention - The uncertainty surrounding the future provision of the Pathology services is likely to affect recruitment and retention until the preferred way forward is delivered.
- Silo budgeting, preventing the introduction of appropriate tests which have potential to make savings along the patient pathway.

Dependencies

Key dependencies have been identified as:

- Transport – modern sample collection and transportation are required to improve pre-analytical quality and improve phlebotomy service in primary care and improve inter trust transport arrangements will be required to facilitate any reconfiguration of existing services.
- IT – integration of records and connectivity between primary care, secondary care and between peninsula trusts and with Trust's EPR systems.
- Clinical and staff support – resistance to change is likely to be a key element in delivering the preferred option. Any change to the provision of existing services has the potential for clinical concern and disruption to the workforce.
- Admin and project support – essential to provide support to existing staff to progress the project.
- Data analytics - measure performance and improve to determine measurable KPI's against local and national targets.

Opportunities

The Peninsula Pathology Speciality Workgroups support the vision of the Pathology Effectiveness Group in the principles of GIRFT and Pathology optimisation. Spend in Pathology may need to increase in order to support initiatives that will benefit the wider healthcare economy.

National minimum retesting intervals in pathology

The group will be reviewing the 'National minimum retesting intervals in pathology'. Although these are complex for Biochemistry there will be areas of Blood Sciences and Microbiology that can incorporate these into requesting protocols with potential savings.

Grip and control pathology efficiency suggestions

The speciality workgroups have reviewed the NHS Improvement Grip and Control suggestions and a summary of the Blood Science Workgroup is shown in Appendix 9. Many of the points were already actioned by each site and offered no opportunities and others are limited by the contractual arrangements of the recent Managed Service Contracts. Key opportunities identified were:

- Consolidation of send away tests to one provider to reduce cost.
- Repatriation of referrals back into the Peninsula to reduce cost – potential to ensure each site retains specialist interest.
- Review of low volume high cost tests performed on multiple sites within the Peninsula and consolidate into fewer sites to reduce cost - potential to ensure each site retains specialist interest.
- Harmonisation of out of hours costs.
- Potential for clinical cross cover of out of hours across the Peninsula.
- Consolidation of consumable contracts across the Peninsula to reduce cost.
- Removal of ad-hoc delivery charges through improved stock control.
- Consolidation of processes into one across traditional disciplines.
- Torbay and South Devon are involved in project meetings regarding £13 million investment to expand ED and urgent care services.

The cost of the top referral tests from RD&E, UHP and RCHT are in excess of £320,000 of annual expenditure. The tests identified by the Blood Science workgroup for early review of potential repatriation or consolidation are listed in Appendix 9.

Key investments

IT and transport have been consistently identified as essential enablers to progressing with the South 1 programme. Npex connectivity, Peninsula wide compatible LIMS and improved peninsula transport links between sites are essential for any reconfiguration of services.

Furthermore, Pathology LIMS will require the ability to integrate with future Electronic Patient Record and clinical decision support systems to support demand management and optimisation and support clinical decisions, provide advice and alerts.

A digital histopathology network between sites is considered an essential investment to support the movement of work between sites and to potential outsourcing options to meet current Histopathologist reporting capacity deficit.

Clinical leadership and engagement are also seen as key to the delivery of the programme along with Managerial and clinical capacity deliver the program of work.

Next steps

The next steps for the speciality workgroups are outlined below. The plans will evolve as South 1 progresses to OBC and the options are assessed against both Hurdle and Evaluation criteria.

Blood sciences

The work plan for the next twelve months is outlined in Appendix 10. The focus of the plan is set out below:

- Review sendaways with a view to consolidating activity to a single provider or repatriating within the Peninsula.
- Review low volume, high cost tests performed in the Peninsula with a view to consolidating onto one or two sites, ensuring a range of specialist interest for each site.
- Review out of hours services and remove variation.
- Review staffing structures and identify best practice, harmonise structures and identify areas for consolidation and joint working to increase efficiency.
- Develop common training, education and workforce development strategies to improve recruitment and retention.
- Review order sets and demand management initiatives from NDDH
- Work with Pathology Effectiveness Group to share Immunology optimisation work from UHP.
- Review RD&E RCPath re-test intervals that are already in place and identify efficiencies that could be shared.
- Review Grip and Control opportunities (see opportunities above and Appendix 8).
- Review Peninsula contingency planning arrangements in the light of recent MSC awards.

Individual laboratories already have plans in place to introduce further efficiencies in the coming months. These include:

- RCHT – implementation of new managed service equipment from Abbott Diagnostics to include the creation of a new refurbished blood science department. Continue building case for funding of NPEX and digital histopathology. Continue to develop relationships with users in primary and secondary care to support improved patient pathways.
- RD&E – implementation of fully automated pre- and post-analytics in Blood Sciences. Introduction of GP ordercomms and NPEX lab to lab systems.
- TSD – relocation of Blood Bank to adjacent to current laboratory. Continue work on proposal to introduce Npex.
- UHP – Continue work with Infection Sciences to consolidate working practices across the two disciplines. The projects include a joint reception; optimising new combines processes for serology and ELISA testing and review out of hours arrangements to support molecular testing, plating out of positive blood cultures and introduction of high throughput testing in common 24/7 laboratory footprint e.g. Urine testing. Continue with roll out of Npex to other referral partners.

Microbiology

- GIRFT workstreams – this is the key to improving pathology services, as it will integrate laboratory testing into clinical pathways.
- Link with Workforce Group to review specialised Staffing including training and retention, medical cover, scientific staff and out-of-hours cover.
- Assessment of unwarranted variation in laboratory testing: the group has identified several areas which merit further investigation e.g. MRSA testing. The workgroup will assess these areas through the entirety of the clinical pathway from specimen selection to result interpretation and eventual treatment. This will include a cost analysis and critical laboratory aspects such as required turnarounds to meet clinical imperatives.
- Review of tests classified as urgent.
- Review of referred tests, in particular those with wide variation in cost or testing frequency across the peninsular e.g. Parvovirus Molecular testing. Appendix 12 lists the potential opportunities.
- Review of repeat intervals on standard tests to bring each laboratory into line with the RCPath National Guidance.
- Genito-Urinary Medicine (GUM) testing strategies – new guidelines are emerging which recommend molecular testing for an extended range of pathogens, in addition there is an increasing shift towards POCT. The workgroup will review with clinical colleagues.
- Review of potential for a regional service: Mycobacterial liquid culture; dermatophyte testing; parasitology; Cystic Fibrosis service; complex tissues e.g. revision joint surgery; GUM. This will require careful planning, logistics, IT links and additional facilities.
- Review scope for consolidation of Bacteriology - facilitated by laboratory automation, IT and artificial intelligence applications which will enable staff to generate and report results remotely.
- Review provision of Serology – this can be co-located to blood sciences but needs expert oversight by well-trained Biomedical or Scientific staff (this could be done remotely); consolidation of testing on to one (or more) sites is also possible and may save money, but needs careful planning, Review Molecular testing - there is scope for enormous change. The service is increasingly using CE-marked kits on a reagent rental basis so that tests from different disciplines (e.g. gynae-cytology, tumour markers and haematology) can be co-located. The increasing simplicity of the technology and the limited hands-on time, and the time sensitivity of the results, gives it great potential for moving to the patient's bedside with the appropriate support (Point-Of-Care Testing POCT) – with the obvious caveat of quality assurance and control accredited by UKAS. This will not be cheaper, but is of particular importance for Infection Prevention and Control and patient flow, and removes the need for confirmatory testing in the laboratories, and includes testing in non-traditional settings e.g. community pharmacies or phlebotomy hubs.

Histopathology

- Continue to develop short, medium and long term plans for supporting services at TSD.
- Approval for and appointment of an advanced dissection practitioner
- Improve recruitment - proactive ongoing recruitment across all services with vacancies.
- Develop a plan of work to address the issues relating to Histopathologist cover where there are a small number of people specialist reporting, namely; Renal, Liver, Sarcoma and Lymphoma.
- Encourage and promote flexible working- work from home, retire and return, waiting list reporting.
- Network approach for rates of pay for work outside of job plans and encourage a network approach to report waiting list cases.
- Joint approach for a Histopathology Outsourcing capability to reduce the cost per case. This will include the use of digitisation to further reduce costs and to improve turnaround times and efficiency.
- Develop training and posts for Biomedical Scientist advanced dissection practitioners and other advanced roles that can help reduce the Histopathologist reporting deficit.
- Workgroup to review activity data and 'Grip and Control' efficiency suggestions e.g. workload, staffing, procurement, equipment and service configuration across the five laboratories with the aim of reducing unwarranted variation and delivering some savings.
- Repatriation of sendaways or second opinion referrals back in to south 1.
- Evaluate the possibility for the consolidation for processing and/or reporting some specimen types, Immunocytochemistry stains and molecular tests at one or more sites.
- Investigate the approach to MDT to understand the variation across sites, the complexity and any duplication and therefore identify opportunities to improve flow and increase efficiency.

Horizon scanning

Pathology does and will play a key role in the improvements required to close the gaps between the health of the population, quality of care and funding. Pathology will play a central role in helping deliver a responsive, high quality and sustainable health system to benefit patients. Seven-day services, an ageing population and advances in personalised medicine and technologies mean that the demands on pathology services will continue to change and increase.

As training pathologists and scientists takes between five and ten years it is vital that a commitment to a sustained programme to create a modern and flexible workforce is started now. Pathology will need to adapt to shortages of trained clinical and non-clinical staff, reassignment of traditional roles and departments, adapting to and using new technologies such as artificial intelligence, digital systems and further development of rules based requesting.

Molecular pathology

Molecular diagnostic is an emerging discipline within Pathology, which is focused in the study and diagnosis of disease through the examination of molecules within organs, tissues or bodily fluids. By understanding and classifying the molecular differences between the different groups of people with a shared condition, Pathology can more accurately diagnose, better understand how conditions will progress, and determine which treatments are most likely to be effective for individual patients.

Rather than providing high volume testing as cheaply as possible there will be future focus on rapid, clinically relevant results on lower volume tests. In many cases, these will avoid hospital admission or minimise length of stay. These will be more expensive than conventional alternatives, but the savings in the patient pathway will exceed the increased test cost.

This will shift diagnostic testing away from laboratories and to the bedside and clinic. We need to keep abreast of developments in this area, and aspire to be trailblazers providing the best care for our patients.

Diagnostic support for personalised medicine will be required through genetic analysis. Next generation sequencing is revolutionising personal cancer treatment plans with the potential to save on drugs costs and treatments for the side effects of cytotoxic drugs where treatment is ineffective due to the specific gene rearrangement.

National commissioning of molecular pathology tests would ensure availability of this vital service across the country and will give a clearer picture of how these services will be provided going forwards.

Pathology's role in health screening - prediction and prevention

Worldwide, Pathology is under ever-increasing pressure to decrease costs with some markets driving privatisation of services to reduce cost. This strategy risks the quality of the services provided and Pathology needs to look outwards and ensure the value of Pathology is utilised to reduce whole economy costs.
In the US, there are initiatives to move from volume based to value based health care. Blood Sciences has a unique opportunity to reduce the total cost of care through optimisation of time to diagnosis and time to effective therapeutics. Pathology has an opportunity to support wellness, healthcare screening programmes and monitoring.

Utilising the unique data in our LIMS systems there is opportunity, through increased screening to enter in a new era of prediction and prevention. The laboratory could play a role in identifying patients at risk for escalation in care and optimising outcomes.

There is also opportunity to increase provision of private and direct to patient services in this field.

Phlebotomy

There will be a focus on delivering sample collection in new community settings closer to the patient and providing patient choice on location and time. The set-up of new phlebotomy hubs in partnership with private pharmacy practices is already emerging. This is very likely to change the pattern of delivery of samples to the laboratory, requiring flexible transport arrangements and new laboratory working patterns.

Point of care testing (POCT)

POCT will become increasingly important and lead to eventual redundancy of large centralised laboratories. This will require a paradigm shift in our thinking, with peripatetic Biomedical Scientists leading quality assurance programmes. As this technology develops, POCT will take place in phlebotomy hubs, GP practises, community sites and even in patients' own homes.

Information technology (IT)

The impact on Pathology provision will be around point of care delivery, phlebotomy and clinical IT systems interoperability. Pathology services will need modern, agile information systems that provide the functionality to capture, share, analyse, and act upon vast amounts of detailed data. These new systems will need to work in far more diverse and flexible ways to deliver the Pathology service that is needed.

Results will need to be delivered directly into the patient record. Clinicians GP's and patients will expect instant access to results via Internet browsers, using the latest mobile devices. Mobile POCT devices are already shaping the management of chronic disease and the results from these will need to be part of the patient record. New systems will need to deliver appropriate infrastructures for information management and support rapid, safe access.

Clinical trials, and research and development

The discipline will require the ability to provide a full range of diagnostic testing to support research and clinical trials and develop closer relationships with higher education establishments. There will be a need for increased portfolio of specialist referral and research workload and increased partnerships with pharma for companion diagnostics, specifically in the high cost monoclonal drug arena.

Quality

Quality and Pathology are intrinsically linked, pathology services will be improved via enhanced accreditation requirements and patient outcomes improved by a focus on pathology quality indicators (for example PQAD)

The Peninsula Pathology Effectiveness Group (PPEG) will help doctors and patients make choices that:

- Are supported by evidence.
- Do not duplicate tests or procedures.
- Minimise harm.
- Are necessary.

The PPEG will standardise requesting, reporting and of pathology tests that will be validated for use in the Peninsula. This would mean that hospital doctors, GPs and other health professionals could be certain they are requesting the right test every time and that the results of these tests are comparable with past and future test results.

Appendices

Appendix 1 – Acute Trusts in Devon and Cornwall

North Devon Healthcare NHS Trust

Provides acute, specialist and community services across a number of sites including, North Devon District Hospital in Barnstaple and community hospitals in Bideford, Holsworthy, Ilfracombe, South Molton and Torrington. For more information, please visit www.northdevonhealth.nhs.uk.

Royal Devon and Exeter NHS Foundation Trust

Provides acute, specialist and community services at a number of sites across Eastern Devon including, the Royal Devon and Exeter hospital and around a dozen community hospitals across Eastern Devon. For more information, please visit www.rdehospital.nhs.uk

Torbay and South Devon NHS Foundation Trust

An integrated organisation providing acute health care services from Torbay Hospital, community health services and adult social care. The Trust runs Torbay Hospital as well as five community hospitals, from Dawlish to Brixham. For more information, please visit www.torbayandsouthdevon.nhs.uk.

University Hospitals Plymouth NHS Trust

Provides acute, specialist and community services at a number of sites across Plymouth including, Derriford Hospital, the Plymouth Dialysis Unit and the Child Development Centre. The Trust also runs minor injuries units in Plymouth, Tavistock and Kingsbridge. For more information, please visit www.plymouthhospitals.nhs.uk.

Royal Cornwall Hospitals NHS Trust

Provides acute and specialist health services across three main hospitals. Royal Cornwall Hospital in Truro, West Cornwall Hospital in Penzance and St Michaels's Hospital in Hayle. The Trust also runs 13 community hospitals from Stratton to Falmouth. For more information, please visit www.royalcornwall.nhs.uk.

Appendix 2 – Establishing and implementing pathology networks (NHS Improvement letter)

NHS Improvement

7th September 2017,
Plymouth Hospitals NHS Trust

ESTABLISHING AND IMPLEMENTING 29 PATHOLOGY NETWORKS ACROSS ENGLAND

Dear Ann James, Phil Hughes & Neil Kemsley,

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

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

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

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

About your proposed network

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

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

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

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

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

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

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

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

- Provide written confirmation to NHS Improvement that your Trust Board has formally agreed on a partnership or outsourcing model with the aim of rationalising pathology services.

- Provide NHS Improvement with a written update on progress made to establish where services will be delivered, the anticipated savings, and implementation timeline.

Learning from established networks

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

Our support offer to your network

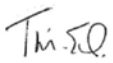
We recognise that a programme of this scale delivered at pace requires guidance and support, and we aim to ensure you are helped at every phase. There will be a series of activities over the coming three months to ensure your network is learning from our pathfinders as well as being supported with the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

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

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

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

Dr Jeremy Marlow
Executive Director of Operational Productivity



Professor Tim Evans
National Director of Clinical Productivity

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

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

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

1. Network Identification

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

Step 1: Future Hub Shortlist

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

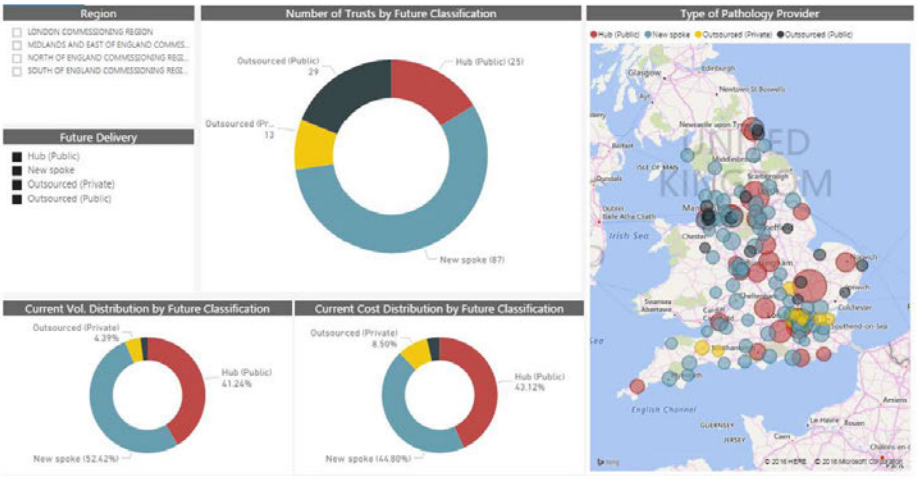


Figure 1: Workload and cost distribution analysis

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

Step 2: STP & Population Alignment

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

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

Step 3: Network Refinement

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

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

Step 4: Model Hub Selection

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

Other Consideration

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

2. **Savings Calculation**

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

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

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

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

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

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

2.5. Cost of consolidated service: This is calculated by adding the future cost of the hub as calculated above to the cost of each spoke lab also as calculated above. The cost of the calculated work that is transferring from the spoke to the hub, also calculated above, is then added to the total. This figure is the predicted cost of the new network.

2.6. Consolidated savings: Savings are calculated by subtracting the new cost of the network as a consolidated service from the original cost of current operations.

South 1

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

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

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

Summer 2017: NHS Improvement proposed pathology networks

Appendix 3 – Pathology board, Invitees and attendance record

Organisation/Name	Designation	Attendance	Comments
NHS Improvement			
Ewan Cameron	Diagnostics Lead NHSI South	3	
Northern Devon Healthcare NHS Trust			
Tom Lewis	Consultant and GIRFT Lead	7	
Andy Robinson	Finance Director (STP)	1	Stepped down January 2018
Colin Dart	Finance Director	1	
Lee Luscombe	Laboratory Manager	7	
Torbay and South Devon NHS Foundation Trust			
Paul Turner	Clinical Director	7	
Paul Cooper	Director of Finance	7	
Tony Lowe	Laboratory Manager	7	
University Hospitals Plymouth NHS Trust			
Ann James	Chair and Chief Executive Officier	5	
David Hilton	Clinical Director/Lead	5	
David Edwards	SRO and Programme Director	7	
Richard Miles	Cluster Manager	5	
Simeon Green	Operations Manager	4	
Mike Biscombe	Operations Manager	3	
Anna Orrock	Care Group Manager	1	Stepped down May 2018

Organisation/Name	Designation	Attendance	Comments
Royal Devon and Exeter NHS Foundation Trust			
Cressida Auckland	Consultant, Clinical Lead	5	
Natalie Wickins	Divisional Director	5	
Sarah Hodder	Cluster Manager, Diagnostics	5	
Keith Pearn	Finance Project Accountant	3	
Royal Cornwall Hospitals NHS Trust			
Simon Fleming	Pathology Specialty Director	5	
Ethna McCarthy	Director of Strategy	5	
Bruce Daniel	Pathology Service Manager	7	
Clinical Commissioning Group (CCG) representatives			
Mick Braddick	GP Chiddenbrook Surgery	4/5	
Simon Knowles	GIRFT Lead and NED RD&E	3/4	
Andrew Millward	Communications Lead, Devon STP	4	
Richard Croker	Commissioning Lead NEW DCCG	4	
Bev Parker	Head of Planned Care Comm'g SDandT CCG	4/5	

Appendix 4 – Pathology board terms of reference

1. Name

1.1 Peninsula Pathology (South 1) Network Project Board

2. Context

2.1 NHS Improvement have constructed a comprehensive map of pathology services across the country building upon the Lord Carter's pathology service reviews of 2006 and 2008 and work looking into operational performance and productivity in acute trusts published in 2016. The mapping exercise and validation of recent acute pathology data has revealed continued unwarranted variations across England in how rapidly and efficiently services are delivered to patients and how productively laboratories are run.

2.2 NHS Improvement, using the national data from acute non-specialist providers, has identified 29 potential pathology networks to be run as a hub and spoke model – preserving essential laboratory services relevant to each hospital on site, whilst centralising within each the performance of both high volume and more complex tests. The purpose of this redesign work is that NHS Improvement believe these new structures will support high quality services to patients and facilitate the introduction of a new generation of investigations; enhance the career opportunities for clinical scientific and technical staff working within the service; and be more efficient, delivering recurrent projected annual savings to the NHS of at least £200m.

3. Purpose

3.1 The purpose of the Project Board is to:

- Provide the strategic direction and decision-making for the South 1 pathology network project and the oversight and implementation of the South 1 Pathology Network Working Groups
- Agree the resources to operationalise a project steering group to deliver the outputs of the project
- To oversee the development of an options appraisal and agree a preferred option for the South 1 Pathology Network and
- Provide the oversight to ensure timely, efficient and effective implementation of the preferred option across the South 1 Pathology Network.

4. Objectives

By the end of January 2018

4.1 Develop a governance structure, timetable and deliverables for South 1 Pathology Network Project Board to oversee the delivery of the project.

4.2 Provide a commitment from all network partners to a timetable for achieving formal board agreement on the most appropriate operational pathology service model for the South 1 network.

4.3 Provide oversight for the formation and resource commitment of a project steering group to progress the rapid delivery of:

- A strategic outline business case, approved by all partnership boards, for provision of pathology across a network;
- A local engagement plan on how patients and the wider public, the clinical and scientific communities responsible for delivering the service, will be kept informed and engaged as network is implemented.

4.4 Provide NHS Improvement with a written update on progress made to establish where services will be optimised and delivered, the anticipated savings, the wider benefits of an optimised service to the STP clinical models and implementation timeline.

5. Accountability

5.1 The South 1 Pathology Network Project Board is accountable to each Trust Board.

6. Chair, Membership and Governance

6.1 The Chair of the South 1 Pathology Network Project Board is Ann James (CEO PHT) The membership is shown in Annex 1 and the Governance Structure in Annex 2.

7. Quorum

7.1 In order for the meeting to be quorate and for formalisation of any decisions, representation from every organisation must be present.

8. Decision Making and Authority

8.1 The Board will seek to reach a consensus in deciding its recommendations. Views which oppose the majority view will be recorded. The Board is authorised to instigate any activity within its terms of reference. Recommendations are to be validated by Trust Boards.

9. Frequency

9.1 The Board will meet on a monthly basis initially.

9.2 If a designated member is unable to attend, they must send a representative in their place.

10. Governance

10.1 The governance structure is attached

11. Confidentiality

11.1 Documents circulated by the South 1 Pathology Network Project Board and the notes from the meetings, can be shared by members externally unless expressly stated as confidential or in draft form.

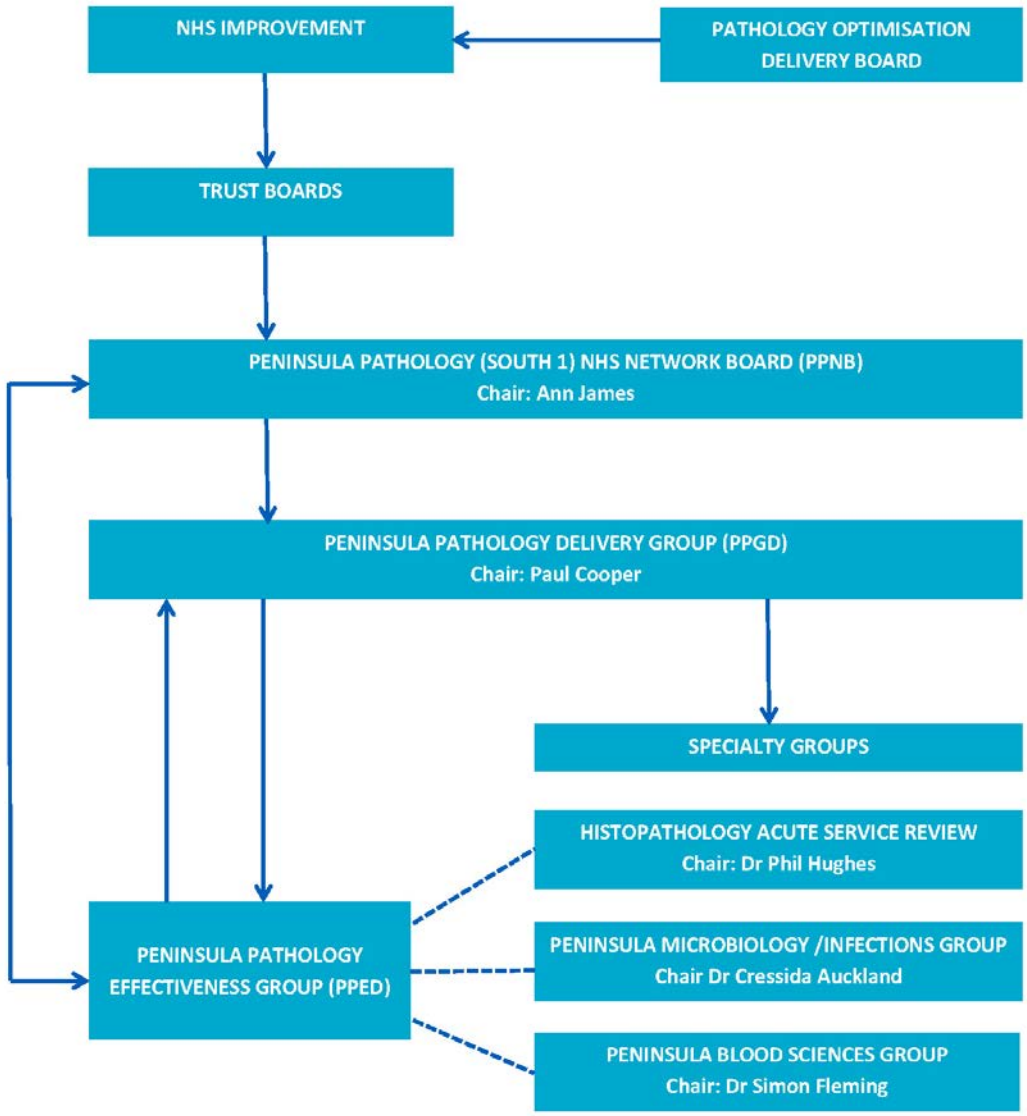
11.2 Members are required to respect confidentiality of specific topics discussed at the meeting as requested by other members of the group or guest speakers.

12. Date approved

12.1 Membership and chairing arrangements will be reviewed on an annual basis if the group requirement extends beyond a year. Next scheduled review date of the Terms of Reference will be January 2019.

Approved by the Board on: 22 February 2018

Appendix 5 – Clinical effectiveness framework



Appendix 6 – Strategic options assessment

Hurdle criteria

Hurdle Criteria	Option 1 No Change	Option 2 New Single Lab for the Peninsula	Option 3a Central Hub & Spoke Model	Option 3b Multiple Hubs & Spokes Model	Option 4 Reduce the number of Consultant led Reporting Labs	Option 5a Low Volume & Specialist Services Consolidate all in a Single Lab	Option 5b Low Volume & Specialist Services Consolidate Individual Services	Option 6 Public/Private Commercial Partnerships
Implementable	Yes	Yes	Yes	Yes	Yes	?	?	Yes
Clinically Sustainable	No	No	?	Yes	No	?	?	Yes
Best Care for Peninsula	No	No	No	Yes	No	?	?	Yes
Acceptable Timescale	Yes	?	Yes	Yes	Yes	Yes	Yes	Yes
Financially Viable	No	No	Yes	Yes	Yes	Yes	Yes	?
Outcome	**Non-Viable**	**Non-Viable**	**Viable**	**Viable**	**Non-Viable**	**Viable**	**Viable**	**Viable**

Evaluation criteria

Evaluation Criteria	Option 1	Option 2	Option 3a	Option 3b	Option 4	Option 5a	Option 5b	Option 6
	No Change	New Single Lab for the Peninsula	Central Hub & Spoke Model	Multiple Hubs & Spokes Model	Reduce the number of Consultant led Reporting	Low Volume & Specialist Services		Public/Private Commercial Partnerships
						Consolidate all in a	Consolidate Individual	
Safety								
Effectiveness								
Quality & Access								
Service Sustainability								
Workforce								
Financial Improvement								
Productivity								
User experience								
Outcome								

Key:
CSL - Comprehensive Services Laboratory
ESL - Essential Servces Laboratory

	Definitions
Safety	Maintains or improves patient or staff safety
Effectiveness	Optimises patient pathways & outcomes. Improves hospital efficiency & effectiveness. Optimises demand
Quality & Access	Achieves quality measures on the PQAD including specified turnaround times
Service Sustainability	Results in improved sustainability & addresses known and/or imminent workforce challenges
Workforce	Improves sustainability & supports workforce challenges e.g. recruitment, training, role development
Financial Improvement	Reduces the cost of Pathology service delivery or care delivery
Productivity	Improves productivity. Supports the delivery of upper quartile benchmarking
User experience	Provides a satisfactory user experience

Appendix 7 – Procurement savings

Project	Total
Automated Electropheresis System	£3,559
Automated Urine Analyser	£30,703
Blood Bank Analysers (inc in Roche)	£76,384
Blood Collection Systems	£142,636
Blood Culture	£9,204
Blood Gas Analyser	£115,233
Blood Glucose Meters - Addition to Managed Service	£28,395
Blood Glucose Meters (inc in Roche)	£12,906
Chlamydia Testing	£229,152
Clotting Factors - Wave 1 - Recombinant Blood Products	£807,540
Commitment Rebate - Blood Collection Consumables - Becton Dickinson (928)	£9,123
Commitment Rebate - Blood Collection Consumables - Griener (1260)	£5,795
Haematology Analyser (inc in Roche)	£74,188
HbA1C Tests (diabetes)	£22,010
Human Albumin Solution / Anti D	£61,528
Liquid Based Cytology (inc in Roche)	£20,992
Managed Equipment Service - Additions to Contract, Blood Bank Analysers	£61,605
Managed Equipment Service - Additions to Contract, Haematology Analysers	£15,248
Pathology Automation - Reduction in LSC	£34,716
Pathology Automation (Current Roche Contract)	£648,956
Pathology Managed Service - NDHT and TSDFT	£528,748
Pathology Managed Service - RD&E	£342,541
Prepared Media	£134,119
Roche Contract - 3rd Party Supplier Inclusion	£376,703
Urine Test Strips - Addition to Managed Service	£11,249
Urine Test Strips (inc in Roche)	£32,629
Microbiology Managed Service	£450,386
Grand Total	**£4,286,248**

Appendix 8 – Grip and control efficiencies

Actions	
1) Rapid Actions	
Consolidate referral activity to a single diagnostic provider.	Review top ten sends out of region for all Trusts, may provide savings. Unlikely to be one supplier for all tests and concern that this could lead to a potential monopoly. Consolidation has taken place in the network over the last 10 years and more recently in the east with the Roche managed service. There may be some further opportunity in the west with Abbott; Torbay - majority of referal activity is undertaken locally to most cost efficient supplier- but is not possible to refer all testing (e.g. meatabolic screens) within STP. RCHT - Referrals sent to most cost effective provider although opportunity to review limited.
Review service contracts – Level of cover versus clinical requirement.	All Trusts have just entered a 7-year Managed Service Contract. RD&E - Concern that UKAS drivers to take out over specified contracts makes this a difficult approach
Review logistics - operational delivery and contracting arrangements.	Sodexo provide a shared service, not bespoke for Pathology for North Devon; UPHT service in now provided by the Trust but remains a shared service with SDU, Pharmacy, Mail and other stakeholders; RCHT - Pathology looking to control transport across Cornwall, but not a Path specific service

Business cases and Capex review.	UHP developing business case for test cost model, transportation link from ED to lab, replacement LIMS, POC Troponin analyser; Business planning already complete in Torbay.
Demand management of testing – RCPath guidance	Group noted that a review is due immently. Order comms can help to support this. Implementation of the context specific minimum re-test intervals, as indicated in the dated RCPath guidelines, would be too complex, even for sophisticated IT systems. For example there are 16 clinical scenarios specified for UandE. RD&E - Most of the simple MRI's have been set up within the LIMS and where used OCS; Torbay - Under review but may be difficult dependent on LIMS functionality, some of it already in place (TFT, haematinics, BNP,), currently vetting send aways and automatic demand management in LIMS. NDHT, with full engagement with primary care have a well-established optimisation programme that has cut demand significantly in some areas and increased testing volumes where appropriate. Philosophy centred around right test at right time and minimalisation of downstream harm caused by inappropriate testing. RCHT - Looking at this via Order Comms System, some in place, but still work to do.

2) Governance and Comms	
Clear delivery plan on and around consolidation	Action with Pathology Board
Engage staff and key stakeholders. Particularly Clinical users.	Action with Pathology Board - Speciality workgroup to support as required
Clinical need rather than clinical want	Action to sit with Clinical Effectiveness Group. Ongoing reviews in relation to NICE at local Trusts

3) Pay cost actions	
Reduce reliance on agency / locums;	NDHT - Agreed but recruitment very difficult and ageing workforce retiring etc. need to revert to part-time training. 1 locum used in last 3 years; UPHT - Minimal use during implementation; extremely rare otherwise. RD&E - No reliance; Torbay - None. RCHT - Currently 2 locums in Clinical Chemistry to provide long term sickness cover, especially out of hours service provision.
Review Out of hours arrangements where the are outside of AfC	NDHT / UPHT under review and cost reduction at present, outside A4C. Need to be careful re retention especially during a period of significant change. RD&E - AfC compliant for 5 years; Torbay - Current agreement not A4C but in line with Plymouth (NDHT Blood Sciences Out of Hours reviewed in 2016 with significant reduction in payments. Although not AFC it addressed a long standing issue and ensures we have robust cover. It will be reviewed again as part of South 1.). Move to A4C was put forward to Trust as possible CIP . However, number of other professions (e.g. Radiology) also on non A4C contracts and no corporate move to change. RCHT - Currently local agreements based on sessional payment - moving to AfC shifts Jan 2019

Review sample delivery time to reduce out of hour staffing requirements	Likely that meeting user needs and patient choice (late evening GP surgeries etc) will spread delivery times 7/7 and potentially increase staffing costs; Sample delivery will be reviewed according to urgent care centre project currently ongoing in Torbay and South Devon. NDHT all primary care specimens arrive during core working hours. GP centrifugation facilitates this. RCHT - Pathology looking to control transport across Cornwall, but not a Path specific service
Review Consultant Job plans	Action with Service Line Directors / Managers - assume this is done annually; ongoing review in Torbay
Increase staff availability – remote and flexible working	NDHT - Impracticable - travel, training, commitments outside work, also staffing level currently meets needs of service but does not exceed this.; UPHT - Flexible working largely supported to the point that we are now questioning a review to meet service needs; potential for clinical cross cover for interpretation across Peninsula? Currently rota for out of hours cover for Clinical Biochemistry for Torbay , UPHT and Truro
Improve staff retention –Training and Development	NDHT - staff more concerned about their pay; Working within budget we have created new trainee BMS posts to mitigate against recruitment difficulties. Have had several staff complete MSc and many staff completing IBMS portfollios. Good relationship to access funding from NDHT workforce development. MLS provided included significant training fund as part of MLS offer. UPHT - Review of staff survey under way, generally dissatisfaction

	about pressures and lack of staff. Range of actions to improve morale which includes training and development, but significant emphasis on staff involvement; RD&E - The production of home grown staff has been a mainstay for the RD&E for many years. Filling posts without this source would be near impossible. Active training for PTB, STP, Specialist Portfolio and CPD in Peninsula. NDHT - what is noteworthy is when we advertise for band 5 or band 5/annex U all the applicants are from London or at least well outside the SW area. RCHT - Staff survey shows levels of dissatifaction with training (currently 13 posts achieved registration in 2 years, difficult to consolidate learning)
4) Non-pay/all cost actions	
Ensure all RandD activities are funded and appropriately priced.	NDHT - Yes; UPHT - Yes though engagement of RandD department; RD&E - Done; Torbay - Reviewed by Head of Department Biochemistry and RandD department. RCHT - Yes
Consolidate referral activity to a single diagnostic provider.	As in 1 above
Demand management of testing – RCPath guidance	As in 1 above

5) Procurement	
Review service contracts – Level of cover versus clinical requirement.	As 1 above; any new contracts outside of MES and above specified level to go to CEG/Board?
Review provision of complex testing against savings of retiring equipment and out sourcing	Yes, ongoing through current workplan within Speciality Workgroup; RD&E - Each case is reviewed on its own merits, before any decision to renew is made; Torbay - Consolidation of testing on main automated platforms already making financial savings in respect to outsourcing. Key part of Torbay CIP program. Some MES contracts have equipment for complex testing as part of the contract for 7 years.
Consolidation of consumables provider, with Trust and across aspirant network	Currently ongoing through PPSA blood collection system tender which is a test case for future collaborative procurement; other examples include HBA1C, Blood products; opportunities likely to exist through further collaborations moving forward; UPHT potential to single supplier (Scientific Laboratory Supplies) to consolidate into MES
Consolidate referral activity to a single diagnostic provider.	As 1 above

6) Inventory management	
Adopt just in time stock management	NDHT - In our experience this causes more problems than it solves, adopting MLS provider's systems; UPHT and RCHT - optimising new inventory control system but question ability of suppliers to respond just in time; RD&E - Also drivers to reduce cost by purchasing a single lot numbers of reagents; Torbay - Only one month stock kept
Introduction of automated stock management systems to meet accreditation requirements and reduce staff time.	NDHT - adopting MLS providers system. UPHT and RCHT - optimising Abbott IMS with RFID tags - not all third parties use these and storage space limitations for optimal use / accuracy issues; RD&E - Using Roche CILMS; Torbay - Implementing Roche Optimal and currently using CIMS.
Remove ad-hoc deliveries via improved stock management.	NDHT - Virtuous, sometimes necessary to do, not massive cost; UPHT and RCHT - Under review post implementation using IMS- Agree this will be done; RD&E - already done wherever possible. Torbay using Roche Optimal

7) Non-recurrent actions	
Ensure all RandD activities are funded and appropriately priced.	As in 4 above
Sale of old equipment	Belongs to suppliers under MLS; UPHT - generally small reward and have encountered some concerns from procurement regarding onward liability, but currently in process of selling old equipment at auction ; RD&E - Have tried to . RCHT - Have purchased old equipment within region.
Asset review. Consolidation on technology type across disciplines	UHP - Fundemental element of MES tender specification; common automated track with technologies linked if possible. Common ELISA and serology workflows etc; moved blood culture incubators to Blood Sciences from Microbiology and planning for Blood Sciences and Microbiology joint reception; other high throughput and speciliast service moves under consideration. RD&E - Serology moving to Blood Sciences. Torbay - Serology and some Haematology/Immunology testing already consolidated on Biochemistry platforms. RCHT - Review of serology testing on new Abbott track in MES.

8) Cash Management	
Governance and cash management – PO or approved testing request route only.	Ordering through Managed Service arrangements or approved PO
Capital and assets opportunities;	Not fully understood - for Finance group?

Appendix 9 – Blood science tests

Blood Science Tests identified for possible repatriation / consolidation:

- IGF1
- Allergy testing
- TPMT
- Selenium
- Chromium
- Cobalt
- Serum ACE
- Caeruloplasmin
- Renin-aldosterone
- Bile Acids
- 3-OH butyrate/free fatty acids
- Homocysteine
- CA 15-3
- HIAA
- Carbamzapine
- Theophylline
- Phenytoin
- Thrombophilia screen
- Pneumococcal serotypes
- Paraneoplastic antibodies
- Coagulation factor assays
- G6PD
- Diagnostic Malignancy services
- Vitamin AandE
- Growth hormone
- Urine metanephrines

Appendix 10 – Work plan

Specialty Group Workstream Workplan

Appendix 11 - Blood sciences speciality group terms of reference

2. Name

1.1 Peninsula Pathology Blood Sciences Speciality Group

3. Context

2.1 A Pathology Network Group has been running for several years now. However, NHS Improvement have constructed a comprehensive map of pathology services across the country building upon the Lord Carter's pathology service reviews of 2006 and 2008 and work looking into operational performance and productivity in acute trusts published in 2016. Consequently a Peninsula Pathology Network (South 1) board has been established chaired by Ann James (CEO Derriford NHS Trust).

2.2 NHS Improvement, using the national data from acute non-specialist providers, has identified 29 potential pathology networks. The purpose of this group is to work closely with the Peninsula Pathology Delivery/Management Group to deliver outcomes that help maintain/improve high quality Blood Science services in a cost effective way, ensure resilience while providing clinical diagnostic results that impact on patient care pathways in a timely manner. This will ensure higher standards of patient care/ outcomes via better diagnostics whilst generating further savings both within pathology and the care organisations as a whole. This group will also work closely with other speciality workgroups and workstreams.

5. Purpose

3.1 The purpose of the Peninsula Pathology Blood Sciences Speciality Group is to:

- Provide evidence based option appraisal and provide recommendations for the optimal delivery of Blood Science services for the Peninsula Pathology Network (South 1)
- Provide minimum requirements for operational Blood Science services to meet demand from acute and primary care patient populations on each site
- Provide and receive information to and from the Peninsula Pathology Delivery/Management Group, other workstreams and speciality groups
- To work closely with the Clinical Effectiveness, GIRFT and Optimisation Group
- To support the development and implementation of the preferred option/ recommendations of the Board following an options appraisal and Board approval
- Provide management and delivery support to ensure timely, efficient and effective implementation of the preferred option across the South 1/ Peninsula Pathology Network.

6. Objectives

4.1 Develop a timetable and deliverables for the Blood Sciences work Specialty Group including scope and recommendations in support of the Project Board/ Project Team options appraisal and key recommendations.

4.2 Provide relevant information and support to the Network Board as well as help implement key recommendations.

4.3 Ensure appropriate representation from the Blood Sciences Speciality Group at the Peninsula Pathology Delivery/Management Group. This will be provided by the Group Chair or nominated deputy.

4.4 Provide the Peninsula Pathology Delivery/Management Group with update on progress from the speciality group to include a summary of interaction with other speciality groups and workstreams.

4.5 Ensure timely implementation of recommendations from the Peninsula Pathology Delivery/Management Group and help produce key reports including delivery objectives/timetables

4.6 Continue to provide a networking opportunity and share information across Trusts

4.7 Continue to provide a shared opportunity using PPSA for joint procurement/ Laboratory Managed Services

6. Accountability

5.1 Accountable to the South 1 Pathology Network Project Board through the Peninsula Pathology Delivery/Management Group.

10. Chair, Membership and Governance

6.1 The Chair of this group will be a Blood Science clinical lead of one the Acute Trusts. The core membership will consist of the chair, and representatives (or deputies in their absence) including Blood Sciences clinical leads for each Acute Trust and Lead Blood Science BMSs/Managerial leads from each Trust. Membership of the Group will ensure representation from each of the Blood Science disciplines. Other speciality representatives may be invited to attend when required. Summary notes/action plan will be made available to the Peninsula Pathology Delivery/Management Group and shared.

11. Quorum

7.1 In order for the meeting / WebEx to be quorate at least one person from every organisation must be present. Formalisation of any decisions will require representation at meetings / WebEx or in writing.

12. Decision Making and Authority

8.2 The Group will seek to reach a consensus in deciding its recommendations. Views which oppose the majority view will be recorded. Recommendations will need to be validated by the Project Board via the Peninsula Pathology Delivery/Management Group prior to implementation.

13. Frequency

9.1 The Group will meet on a six weekly basis initially.

9.2 If a designated member is unable to attend, they must send a representative in their place.

10. Governance

10.2 The governance structure has already been designated by the Pathology Board.

13. Confidentiality

11.1 Documents circulated by the Blood Sciences Speciality Group and the notes from the meetings, can be shared by members externally unless expressly stated as confidential or in draft form.

11.2 Members are required to respect confidentiality of specific topics discussed at the meeting as requested by other members of the group or guest speakers.

14. Date approved

12.1 Membership and chairing arrangements will be reviewed on an annual basis if the group requirement extends beyond a year. If Approved, next scheduled review date of the Terms of Reference will be April 2019.

Approved by the Group/ Board on:

Appendix 12 – microbiology tests

Microbiology tests identified for possible repatriation / consolidation:

- ASO Titre
- Aspergillus Precipitins
- Bk Virus
- Brucella Antibodies
- CMV / EBV Viral Loads
- Enterovirus Serology
- Gonococcal Confirmation
- Hep B Viral Loads
- Hep E
- HSV PCR
- Lyme Screening
- Mycobacteria Fast-Tracks
- Parvo PCR
- Quantiferon Gold
- Respiratory full panel PCR

Appendix 13

Update to	**Boards, Governing Bodies and Local Authority meetings of Devon STP partner organisations**
Date	**December 2017**
Report Author	**Mairead McAlinden, Interim Lead Chief Executive for the Devon STP (Strategic)**
Title	**Monthly Update Report on Devon's STP**

Introduction

The purpose of this regular report is to:

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

Content

This is the third Update Report, and covers developments from the PDEG meeting held on Friday, 15 December 2017. Items covered include:

1. Feedback from a meeting with Michael Macdonnell, Director of Strategy, NHS England, on Accountable Care Systems.
2. National developments and messages.
3. Next steps for reviewing acute services.
4. Process for the review of Service Delivery Networks.
5. Next steps on developing STP estates and capital plans.
6. STP system overview reports.

1. Feedback from a meeting with Michael Macdonnell, Director of Strategy, NHS England, on Accountable Care Systems.

On 8 December 2017, a range of senior representatives from the Devon STP met with Michael Macdonnell, Director of Strategy, NHS England, as well as other regional Directors from our regulators, to discuss the next steps in developing an Accountable Care System (ACS) for Devon.

Michael has a lead role nationally in developing ACSs across England, and the team took the opportunity to discuss plans with him directly.

Mairead McAlinden, Interim Lead Chief Executive for the Devon STP (Strategic), gave an overview of progress and plans in Devon, in particular:

- Strength of our 'partnership' in the STP: working on a system plan, with shared leadership driving forward changes and working collectively on challenges.
- Strong financial grip – with a much reduced gap for next year and a plan for financial balance in 2019/20.
- Working as a system is helping to address performance challenges, for example our new Mutual Support Agreement.
- Devon has achieved some good successes, recognised nationally.
- Organisational design work is putting the right building blocks in place:
    - Single strategic commissioner for Devon and population-based budgets.
    - 'Place based' Local Care Partnerships to drive integrated health and social care delivery at pace with Trusts, primary care, social care and voluntary sector as key delivery partners.
    - Mental health: single care system for Devon and virtual integration at place for those services most utilised by local populations.
    - Hospital service networks: focus on services, not structures. This is helping to engage clinicians in 'Best for Devon' planning and delivery.

Dr Nick Roberts, Chief Officer of NEW Devon and South Devon and Torbay CCGs, gave an update on plans for developing strategic commissioning:

- Single, joint executive team in place for both CCGs and Governing Body in common established.
- Exploring with Local Authority partners how integrated commissioning of health and care and how pooling of commissioning budgets could work in future.
- Public health working together on outcomes for accountability arrangements with Local Care Partnerships.
- We will be taking an evolutionary approach, some areas more ready to progress Local Care Partnerships at pace.

There was then a discussion session with Michael and colleagues on a range of issues, which centred on better understanding our plans for stronger integration of health and care services, and how the proposed Local Care Partnerships would work in practice.

There was positive feedback from Michael and the team at the meeting:

- The good progress made by Devon is recognised nationally, in particular:
  - How leaders from the NHS and Local Authorities are working well together.
  - How we are leading the way nationally on our development of hospital networks.
- Whilst progress on tackling our finances is also recognised, Devon does not, technically meet the ACS 'financial' hurdle criteria and therefore cannot be considered for a 'Wave 2' application.
- However, the regulators are happy to support our plans to continue to put all elements in place for an ACS so that the Devon system is prepared and ready when an application can be made for a future wave.
- To do this the system needs to continue to work towards system breakeven, as well as:
  - Focus on productivity and transformation in our 2018/19 plan.
  - Tackle the challenging decisions ahead, in particular any changes to service provision (such as stroke care).
  - Build on our new model of care, which needs to be tested over winter.
  - Take on primary care commissioning at pace.

2. National developments and messages

- Productivity savings and service transformation will be essential if the NHS is to mitigate a substantial shortage of staff by 2027, according to a new national workforce strategy, published on 13 December by Health Education England. The first national health and care workforce strategy for 25 years sets out the significant challenges the service will face in meeting demand pressures over the next decade.

The strategy shows that if no action is taken to reduce demand through prevention or through better productivity and service transformation, the NHS will need to grow by 190,000 clinical posts by 2027 to meet demand.

- Ian Dalton CBE has been appointed as the new Chief Executive of NHS Improvement. He joined from Imperial College Healthcare NHS Trust where he was Chief Executive Officer. Ian has held a number of senior NHS roles throughout his 30 year career, including Chief Operating Officer and Deputy CEO at NHS England and Chief Executive of NHS North of England, the North East Strategic Health Authority and two acute hospital trusts.

- Mental health services are to be given nearly £20 million of the new £335 million winter resilience funding to help take the pressure off AandEs. NHS England has written to mental health sector leaders asking them to bid for funding.

- Speaking at a recent national event, Simon Stevens, CEO, NHS England, said it was vital that the NHS keeps the show on the road during winter – in particular, meeting national service standards, signposting people to use services in the right way, enhancing vaccination uptake and promoting confidence in the NHS during a challenging winter period. It is also important, he said, that we start to tackle and explain how the NHS needs to change to meet the challenges it faces. Some of this will require innovative thinking – such as a digital revolution, networking and 'twinning' between NHS Trusts.

3. Next steps for reviewing acute services

On 20 October 2017, PDEG received an early indication of the initial shortlist of services selected for review as part of the next steps in reviewing acute hospital services. A group of Chief Operating Officers, Medical Directors and GP clinical chairs
reviewed a range of services using the following selection criteria:

- Value for money/efficiency.
- Patient safety, experience and outcome.
- Service sustainability.

A 'sense check' exercise has been completed and a further analysis is being prepared to understand services which may be significantly vulnerable based on the consultant workforce capacity (for example, those services being provided by single-handed consultants).

The leadership team have now prioritised the following services for the next phase due to the commitment to work within national programmes and their associated timelines. The following were endorsed at PDEG:

1) **Cardiology:** connecting with the review work led by NHS England around complex cardiology devices which has already commenced.
2) **Pathology:** due to the requirement to adhere to national directions around pathology services and associated timeline.
3) **Radiology:** the Devon STP has been successful in obtaining Imaging Network 'early adopter' status as part of the national NHS Improvement Imaging Transformation Programme).

PDEG also endorsed that once the work has progressed into implementation phase for those listed above, the programme will consider the project plan and timelines for the services below:

- Orthopaedics/Ophthalmology: work should progress as part of the STP planned care programme with any proposals which may require service configuration to be transferred to the acute services review programme.
- Gastroenterology.
- Urology.

The parameters for reviewing Cardiology, Radiology and Pathology differ from the Acute Services Review Phase 1 which had a focus on clinical safety and sustainability, equity in access and outcomes. For these proposed areas, financial savings/efficiencies will be considered and will be assessed in terms of opportunity that reduction in variation, collaboration and reconfiguration provide.

There are also national programmes of work connected to each of these service areas which the Devon STP has to align its work with. These areas all also benefit from including Cornwall STP in the reviews or nationally where there has been direction to do so. This was endorsed by PDEG.

The review process for prioritised services will consider opportunity/improvement across four domains:

- Prevention.
- Optimisation/variation/demand.
- Provision system.
- Quality.

In each area, a project mandate will be generated along with further detail on the 'case for change', interdependencies, scope, objectives and resource requirements.

As part of the mandate presented to PDEG a full financial opportunity analysis will be completed and presented. Each review area will need a bespoke process and timeline. The key considerations, endorsed at PDEG, are:

- Aligning to nationally mandated timeframes.
- Ensuring GIRFT and Carter's Model Hospital information is fully embedded in work and GIRFT reviews drive the clinical discussions.
- Identifying the patient engagement/co-design process to support the review.
- Full set of financial information at start of process, which includes delivery cost and a breakdown of workforce costs (including locum and agency spend).
- Reviews need to be well planned and resource and timelines need to reflect this.

The team proposed that a new approach to describing the next set of reviews be undertaken. Given the areas highlighted are driven by the requirement or opportunity to be part of national programmes, it is proposed that the areas are described as being part of either:

1) Devon STP National service reviews, or
2) Devon STP GIRFT/Model hospital service reviews.

4. Process for the review of Service Delivery Networks

The Acute Services Review recommended the development of a 'network' solution as
a key enabler to deliver the recommended clinical proposals. PDEG agreed the outline Service Delivery Network on 20 October 2017.

Further work with Executive teams in all providers was recommended to PDEG on 15 December 2017, and this was endorsed, to build a consensus on the level of network for each of the service areas identified.

This work will look at how to:

- Address the variation in outcomes and cost as a result of different clinical pathways across providers and service specifications between commissioners.
- Operationalise service models and workforce solutions that deliver 'best care for Devon' principles thus ensuring equity of access, quality, experience and outcomes for patients across Devon.
- Address the identified workforce and infrastructure resilience issues that prevent the achievement of the quality and safety standards for 'best care for Devon' specifications on all hospital sites where the clinical recommendation is to retain the service. Establishing an SDN is seen as supporting the implementation of solutions to some of these challenges and may range from clinical collaboration to standardise working practices and service models to

more formal alignment of clinical teams and services under an agreed provider model.

The following actions were agreed:

1) Circulation to Executive team members of all providers and CCG(s) of 'Best Care for Devon' standards and recommendations for clinical service models from the Acute Services Review and completed vulnerable service review areas. The Service Delivery Network outline paper will also be circulated. This will be completed by 20 December 2017.
2) Executive teams will also be provided with a matrix to complete to indicate how the network arrangement will operate by service area, its areas of collaboration and levels required. Teams will be asked to confirm this on behalf of the Devon STP rather than for their individual organisation. It is clear that, to support the agreed clinical model, different network levels may be required for individual providers. There may also be a progression over time.
3) Executive teams will need to respond to STP Medical lead by 5 January 2018 indicating levels of network required, confirming authorisation by their Medical Director/Clinical Chair, CEO and Director of Finance.
4) Executive teams will also be asked to indicate particular Service Delivery Networks where they wish to take a 'host' role in terms of clinical, operational (and financial – depending on level) leadership.

A 'sense- check' session will be convened via the Medical Directors forum to make final recommendations back to PDEG with the specific network level requirements for each review area. A further CEO 'Check and Challenge' Session will also be convened.

5. Next steps on developing STP estates and capital plans

The letter from Jennifer Howells, Regional Director South West of NHS England and NHS Improvement was discussed at PDEG. The letter highlighted that £2.6 billion of capital investment is available over the next several years for STPs to develop facilities, which will help local areas deliver more integrated care for patients and better meet demand for services. T

The Chancellor announced that the first 10% of this funding would be allocated to the highest quality bids from STPs with the strongest potential to help them meet future demand and develop local financial accountability.

A multiyear settlement will enable our regulators to be more strategic approach in allocating capital funding, and they will focus on plans that invest in out of hospital services and support integrated care models that enable more proactive care.

They will be looking for whole STP estates and capital plans, which redesign care and improve the financial viability of the whole system, rather than simply looking at the merits of each individual scheme.

In practice, this means that approval of further STP capital spending will be contingent on having a compelling estates and capital plan which maximises all available disposals opportunities and which is clearly supported by the STP leadership.

In addition, these plans and the individual schemes that comprise them will need to demonstrate both value for money and net savings to the STP over a reasonable payback period. STPs will also be expected to ensure that they maximise opportunities for self-funding of schemes using their own capital, receipts from land disposals and are fully considering the use of private finance where this provides value for money (e.g. LIFT).

This means that STP-wide capital plans should not only consider public capital sources; they should embrace other funding sources and describe how these will work together to maximise return on investment.

The letter asks that STPs take a leading role in shaping system-wide estates and capital plans. Given the potential to share assets, to work together to dispose of un- or under-utilised estate, and to deploy capital funding to support integrated service models.

In order for schemes to be awarded funding, STPs are reminded that business cases should demonstrate both value for money and net savings to the STP as this will be a key criteria for the success of all schemes.

Progress has been made in Devon, with a successfully bid accepted as part of the 'One Public Estate' initiative.

PDEG agreed that it was important to review current plans in light of the letter from Jennifer Howells so that the system had a compelling Strategic Estates Plan for the future and could generate strong bids to support capital developments.

PDEG's attention was drawn to the potential gain from estates rationalisation, and a recognition of the sensitivity of some of the facilities involved. However, it was agreed that there was a need to outline maximum potential, with associated risks, so these can be viewed against the risks of gaps elsewhere in the system plan.

6. STP system overview reports

PDEG received reports on all STP priority workstream areas. Whilst good progress was report overall, there were some emerging risks identified by areas.

One notable risk was the resource challenges identified to work to support the corporate services review. PDEG recognised how incredibly busy all teams are but agreed to ask staff to prioritise this work as continued effort is required to ensure that savings can be unlocked next financial year.

Appendix 14 – Blood sciences key features

North Devon District Hospital NHS Trust (NDHT)

- Integrated Blood Science department comprising:
  - Biochemistry
  - Haematology and Blood Transfusion
  - Point Of Care Testing

Royal Cornwall Hospitals NHS Trust (RCHT)

- Biochemistry and Haematology departments comprising:
  - Biochemistry
  - Point of care
  - Haematology and Blood Transfusion across 24/7
- Haematology and Biochemistry services are currently delivered on split locations with refurbishment into a combined department integral to the new Managed Service from 2019.

Royal Devon and Exeter NHS Foundation Trust (RD&E)

- Integrated Blood Science department comprising:
  - Biochemistry
  - Haematology
  - Immunology and Blood Transfusion
  - Point of Care
  - Stem Cell services
- Providing 24/7 processing.

Torbay and South Devon NHS Foundation Trust (TSD)

- Biochemistry and Haematology departments comprising:
  - Biochemistry
  - Haematology and Blood Transfusion and Point Of Care testing.
- Biochemistry integrates with Infection sciences to provide an automated serology service.

University Hospitals Plymouth NHS Trust (UHP)

- Integrated blood science department comprising of:
  - Biochemistry
  - Blood Transfusion Haematology and Coagulation
  - Diagnostic Immunology
  - Histocompatibility and Immunogenetics (HandI)
  - Molecular Haemato-oncology and Point Of Care testing.
- The service also integrates with Infection Sciences sharing ELISA workstations and housing-tracked serology and blood culture incubators for 24/7 processing. The service also provides stem cell services from an offsite private facility.

Appendix 15 – Blood sciences equipment

North Devon District Hospital NHS Trust (NDHT)

- Three roche modular c501
- Three e601 units
- P612 pre analytical system
- Two Horiba Yumizen H2500
- Two Tosoh G8
- Two Stago StarMax
- Two IBG Lumena, Benson Viscometer
- Sebia hydrasys.

Royal Cornwall Hospitals NHS Trust (RCHT)

- Roche Modular P and E units
- Cobas 6000
- One Tosoh G8
- Two Tosoh G11
- Three Advia 2120 Haematology systems
- Two IL TOPS
- One PAP 8
- Starsted compact
- Two Neo Immucor (equipment due for replacement via new Managed Service contract late 2018 and 2019).

Royal Devon and Exeter NHS Foundation Trust (RD&E)

- Roche Cobas: two 701, one 501, four 601, one GSX, three G8 TOSOH
- Five Beckman Coulter DX
- Two IL TOPS550
- Three DS2 Elisa analysers
- Phadia 250
- Two Bio-Rad H100
- Alpha jacARC
- Quantalyser2
- Sebia Cap2
- BD FACSalibur
- Two Immuncor NEO
- HPLC
- Hamilton Microlab Star
- Benson Viscometer.

Torbay and South Devon NHS Foundation Trust (TSD)

- Roche 8000 pre and post analytical equipment
- Roche 8100
- Two Cobas 702
- Three Cobas 602
- One Cobas 502
- Horiba Yumizen haematology systems
- Two Stago Star Max
- Two Immucor NEO
- Tosoh G11
- Werfen Bioflash
- Sebia Capillarys
- Hydrasys.

University Hospitals Plymouth NHS Trust (UHP)

- Abbott a3600 pre and post analytical track linked to four i2000sr and three c1600
- Abbott Alinity H haematology system
- Two Stago Star Max
- One PAP-8
- Two Sysmex PFA 100 thrombin generation analyser
- Three Tosoh G8
- Two DS2 Elisa analysers
- Two Phadia 250
- Two Luminex
- Two BD FacsLyrics, Werfen Quantalyser, Werfen Bioflash
- Two Immucor NEO
- Helena Nexus
- HPLC
- ICPMS
- Two LCMS.

Appendix 16 – Blood sciences key service features

North Devon District Hospital NHS Trust (NDHT)

- Bacteriology (including MTB), Mycology, Virology: Serology and Molecular diagnostics. Andrology
- Integrated ICPT
- Blood culture satellite unit in Blood sciences On call service

Royal Cornwall Hospitals NHS Trust (RCHT)

- Bacteriology (including MTB), Mycology, Virology: Serology and Molecular diagnostics.
- Integrated ICPT
- Blood culture satellite unit in Blood sciences On call service

Royal Devon and Exeter NHS Foundation Trust (RD&E)

- Bacteriology (including MTB), Mycology, Virology: Serology and Molecular diagnostics.
- Integrated ICPT
- POC Flu testing
- Blood culture satellite unit in Blood sciences
- On call service

Torbay and South Devon NHS Foundation Trust (TSD)

- Bacteriology (including MTB), Mycology, Virology: Serology and Molecular diagnostics.
- Integrated ICPT
- POC Flu testing
- Shared platforms with blood sciences for Serology.
- Blood culture satellite unit in Blood sciences On call service

University Hospitals Plymouth NHS Trust (UHP)

- Bacteriology (including MTB), Mycology, Virology: Serology and Molecular diagnostics.
- Integrated ICPT
- Shared platforms with blood sciences for Serology
- Blood culture satellite unit in Blood sciences
- On call service

Appendix 17 – Microbiology equipment

North Devon District Hospital NHS Trust (NDHT)

- BD Bactec FX400 and FX40
- Vitek 2
- Roche COBAS 4800
- Cepheid GeneXpert
- Werfen DS2.

Royal Cornwall Hospitals NHS Trust (RCHT)

- BD Bactec blood culture system, IQ sprint
- BioMerieux liquid TB
- Vitek automated ID and sensitivity platform
- ABI Prism 7500fast
- Two Qiagen Qiacube
- Hologic Panther, mini VIDAS

Royal Devon and Exeter NHS Foundation Trust (RD&E)

- BD Bactec blood culture system including:
    - FX40
    - Malditof
    - Vitek
    - MGIT
    - IQ Sprint
    - Roche Cobas 6800
    - DS2, Roche e-601(Serology)
    - Vidas3
    - Genexpert (+ four POCT)
    - EliTech InGenius
    - Smartcycler
    - QiaCube

Torbay and South Devon NHS Foundation Trust (TSD)

- BD Bactec blood culture system including:
    - FX40
    - Roche Cobas 4800
    - Enteric Bio- Serocep faecal PCR
    - Roche Lightcycler
    - Launch duplicaprep
    - VIDAS
    - Cepheid GenXpert (+ one POC).

University Hospitals Plymouth NHS Trust (UHP)

- ABI Prism 7300/7500 fast
- Abbott M2000
- Phoenix M50
- BD Bactec blood culture system
- BD AP sensitivity platform
- VIDAS 3, smartcyclers- to be replaced with T-Cor8, WASP
- IQ sprint
- Bruker MALDI-ToF
- Easy MAG
- DS2
- BD Midget liquid TB.

Appendix 18 – Cellular pathology key services

North Devon District Hospital NHS Trust (NDHT)

- Routine Histopathology and Diagnostic Cytology service that covers Breast, Dermatology, GI, Gynaecology, Lung, Urology. The majority of specimens received in the department are small biopsies and skins. Major resections received are small and large bowel, breast and testis (for benign and malignant disease), hysterectomy and oophorectomy (for benign disease and low grade endometrial tumours). A comprehensive Immunocytochemistry service is offered including skin IMF. A Mortuary and Post Mortem service is provided for the Coroner for Exeter and Greater Devon.

Royal Cornwall Hospitals NHS Trust (RCHT)

- The UKAS accredited service supports the Trust's Cancer Centre status for most tumour sites, including rapid frozen diagnostic service, Mohs service and specimen preparation for genomic sequencing and research projects. The main histopathology specialities are:
  - Breast pathology
  - Endocrine pathology
  - Gastrointestinal pathology
  - Genitourinary pathology
  - Gynaecology pathology
  - Haematopathology
  - Renal pathology
  - Respiratory pathology
  - Dermatopathology.

  All are supported by an extensive Molecular Cell Biology and special stains repertoire and offers RT-PCR mutation analysis for RAS/BRAF/EGFR at present. In addition the department processes Her 2 requests for South West Peninsular
- There is a comprehensive routine diagnostic cytology service and Rapid On Site Evaluation (ROSE) clinics for pancreatic, respiratory, liver, adrenal, head and neck and GI. The service works closely with the Molecular Cell Biology Unit to enable application of personalised and targeted therapies by oncology.
- A Mortuary and Post Mortem service is provided for HM Coroner of Cornwall and Isles of Scilly.

Royal Devon and Exeter NHS Foundation Trust (RD&E)

- The UKAS accredited service supports the Trust's Cancer Centre status for most tumour sites, including rapid frozen diagnostic service, specimen preparation for whole genomic sequencing and research projects. The main histopathology specialities are:
  - Breast pathology
  - Endocrine pathology
  - Gastrointestinal pathology
  - Genitourinary pathology
  - Gynaecology pathology
  - Haematopathology
  - Renal pathology
  - Hepatopathology respiratory pathology
  - Dermatopathology.

  All are supported by an extensive immunohistochemistry and special stains repertoire. In addition, the department processes and reports the Torbay hospital breast pathology including MDMs. Cytopathology's main services include the cervical cytology screening service, high risk human papilloma virus testing and a comprehensive diagnostic/ non-gynaecological service.

Torbay and South Devon NHS Foundation Trust (TSD)

- The Cellular Pathology department incorporates Histopathology, Diagnostic non-Gynaecological Cytopathology and Mortuary services. In addition the department provides OSNA for the Breast cancer service, skin immunofluorescence and an urgent frozen section diagnostic service.
- All histopathology specialties are covered except for neuropathology, renal (medical) biopsies and breast cancer. Patients with complex uropathology and ovarian pathology are treated at RD&E.
- A comprehensive immunohistochemistry and special stains repertoire is also provided.

University Hospitals Plymouth NHS Trust (UHP)

Cellular and Anatomical Pathology incorporates Histopathology, Non-Gynae Cytopathology, Neuropathology and Mortuary Services. The Trust is a Cancer Care Centre and provides Tertiary referral services for a range of patients including:

- Cardiothoracic Surgery and Cardiology
- Neurosurgery and Neurology
- Renal Transplant Surgery
- Specialist Cancer Surgery
- Lymphoma
- Plastic Surgery and Burns
- Sarcoma
- Upper gastro intestinal cancer
- Ministry of Defence
- Southwest Liver Unit

The Department also provides Neuropathology Services for Devon and Cornwall and has the only Electron Microscope in the South West.

Appendix 19 – Cellular pathology equipment

North Devon District Hospital NHS Trust (NDHT)

- A single dissection bench scheduled to be replaced
- Two Thermo Excelsior processors
- Thermo Printmate cassette printer
- Thermo Histostar embedding centre
- Four Leica Microtomes
- Leica CV5030 and ST5020 stainer/coverslipper
- Leica Bond III immunostainer (Mini tender completed and it will be replaced imminently).

Royal Cornwall Hospitals NHS Trust (RCHT)

- A double dissection bench (with business case in progress to expand to 4 dissection benches)
- Three Leica Peloris processors
- Two Thermo Printmate cassette printer
- Two Raymond Lamb cassette printers
- One Tissue Tek embedding centre
- One Leica embedding centre
- Five Leica Microtomes
- One Leica linear stainer (Histo)
- Two Leica CV5030 and ST5020 stainer/coverslipper, (one for immuno department and one for cytology department)
- One Leica Cryostat
- Two MacroPath imaging
- Four Ventana immunostainer(leasing)
- Idylla Molecular Platform with two modules
- One Class 1 safety cabinet
- One T2000(leasing)
- Two Leica mini strainers
- One cytospin
- One centrifuge,
-

Royal Devon and Exeter NHS Foundation Trust (RD&E)

- The UKAS accredited service supports the Trust's Cancer Centre status for most tumour sites, including rapid frozen diagnostic service, specimen preparation for whole genomic sequencing and research projects. The main histopathology specialities are:
  - Breast pathology
  - Endocrine pathology
  - Gastrointestinal pathology
  - Genitourinary pathology
  - Gynaecology pathology
  - Haematopathology
  - Renal pathology
  - Hepatopathology respiratory pathology
  - Dermatopathology.

  All are supported by an extensive immunohistochemistry and special stains repertoire. In addition, the department processes and reports the Torbay hospital breast pathology including MDMs. Cytopathology's main services include the cervical cytology screening service, high risk human papilloma virus testing and a comprehensive diagnostic/ non-gynaecological service.

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  - Neurosurgery and Neurology
  - Renal Transplant Surgery
  - Specialist Cancer Surgery
  - Lymphoma
  - Plastic Surgery and Burns
  - Sarcoma
  - Upper gastro intestinal cancer
  - Ministry of Defence
  - Southwest Liver Unit

The Department also provides Neuropathology Services for Devon and Cornwall and has the only Electron Microscope in the South West.

Cover sheet and summary for a report to the Trust Board					
Report title: Report of the Guardian of Safe Working (GOSW) of Junior Doctors' Hours				Date: 7th November 2018	
Report sponsor	Medical Director				
Report author	Mr Shah Punwar, Consultant Orthopaedic surgeon and GOSW				
Report provenance	The report has been considered by the Executive Directors' meeting 30th October 2018.				
Confidentiality	The report is expected to be in the public domain.				
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 has risen significantly. This likely reflects the new intake of junior doctors and increasing awareness of junior doctors hours issues. It may also reflect increasing rota 'gaps' due to failure to recruit and sickness of junior medical staff. • The Guardian has been instrumental in redesign of some on-call rotas including 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 and the situation has worsened since August 2018. The risk relating to junior medical staffing is on the corporate risk register and the risk and mitigations have been updated in October in light of recent changes in staffing levels. 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.				
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. Board members are asked to note the expectation that the level of exception reporting will rise in coming months due to the increased level of vacant junior medical posts.
Summary of key elements	
Strategic context	The content of this report has significance in respect of the following strategic objectives of the Trust: • Safe, quality care and best experience • Valuing our workforce • Well-led
Dependencies and risk	The level of reporting has increased 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. In addition there is a high rate of sickness or restricted practice affecting those doctors who are in post. The level of vacancies is a new Corporate Level Risk and has been update in light of the recruitment and sickness levels.
Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: • Medical Workforce Group 14th September 2018 • Executive Directors meeting dated 30th July 2018
Stakeholder engagement	The Chair of the Trust provides non-executive Board level support to the Guardian of Safe Working. The Guardian links with other Guardians through a NHS England network. Levels of exception reporting are reported to Health Education England and NHS England.
Other standards affected	N/A
Legal considerations	It is recognised at a national level that the new junior doctor contract is disadvantageous to women

Report title: Report of the Guardian of Safe Working		Date 7 November 2018
Report sponsor	Medical Director	
Report author	Mr Shah Punwar, Guardian of Safe Working (GOSW)	

1. Introduction

This report covers a period of approximately three months from 19 July 2018 - 10 October 2018.

2. Exception Reports

This data is collated from the Allocate IT system.

Total number of Exception reports		**173**
Exception Reports submitted within the last 30 days		**83**
Exception Reports submitted within the last 7 days		**21**
Number by specialty/rota	Surgery (F1)	**55**
	Surgery (F2)	**6**
	Medicine (F1)	**50**
	Medicine (F2)	**32**
	A&E	**16**
	Anaesthetics/O&G/Paediatrics/T&O	**5**
	Other	**9**
Nature of exception	Additional hours	**157**
	Variation in rota pattern	**5**
	Education	**11**
Outcomes	Time off in lieu (TOIL)	**15**
	Overtime payment	**67**
	Request for Further Information	**1**
	Agreed no further action required	**4**
	Work schedule review	**4**
	Outstanding	**82**

3. Comment on Exception Reporting

The number of exception reports this period has approximately doubled. The vast majority are F1/F2 doctors in surgery and medicine. This is likely to be a result of greater awareness of the new contract and the exception reporting system among the new starters in August. We have had greater engagement from A+E with 16 reports this period. Previously there were none.

Other acute specialities such as Anaesthetics/O+G and Paediatrics are still under represented. Exception reporting among the non-foundation year trainees remains low. In general exception reports fall into three groups. Firstly, situations where doctors feel they cannot leave on time or need to start early in order to adequately cope with the

sheer volume of the workload. Overtime working in these situations is to protect patient safety and there are multiple references to delayed handover, colleague absence or busy acute takes. The second group is where rotas are scheduled to finish at a certain time and yet there is a known need to provide handover time of approximately 15-20mins. This was the case following ED night shifts. The third group, which is small, is where trainees miss educational sessions due to their working patterns.

We have looked at all exception reports usually in real time and continued to investigate further where there have been safety concerns. We have also noticed where forms have been incorrectly completed and asked for them to be resubmitted.

The majority of exception reports result in overtime payment rather than TOIL.

4. Engagement with Doctors

- Guardian attended the National NHS Employers Guardian Conference in Leeds on 16 September 2018. This was an opportunity to network and share common issues with other Guardians and engage with NHS Improvement. Common themes discussed included raising awareness of the exception reporting system and protecting trainees from pressure not to report.

- Work schedules reviews undertaken for Emergency Department and F1 surgical rotas. This has led to time being allocated following ED night shifts for handover and also for preparation of the surgical list during F1 Hotweek.

- Exception Reporting process clarified with the new Junior Doctor cohort via email. The need to fill and submit a separate claim form has been made very clear.

- Meeting with F1 Lead, Dr Elizabeth Ginn to discuss sickness issues and work related pressures among surgical F1 doctors.

- Met with Nick Mathieu Clinical Director for ED to discuss handover issues prior to rota change.

- Spoken or met with Educational Supervisors where concerns have been raised about specific trainees or posts.

- Met with F2 Medicine doctor to discuss multiple submitted exception reports.

- Visited Doctors mess to speak with junior doctors informally.

- An exception reporting survey has been circulated, led by one of the junior T&O doctors.

5. **Future Plans**

- Clinical Portal IT solution has been trialled by General Surgery in order to help with preparation of the hot week.

- We are gaining information confidentially from practice managers as to rates of work related sickness. We will then be able to target rotas perhaps not showing up on the exception reporting system.

- Guardian Oversight Meeting with new members of the JDC to be arranged in the near future.

- Meeting arranged for the 1st of November 2018 to discuss F1 Cromie post, surgical team to attend.

- We will continue to circulate advice about the ER system to both trainees and Educational supervisors.

- Continue to identify any barriers to reporting

6. **Current Rota Gaps**

ENT
1 x F2 Vacancy – applicant withdrew application – not currently advertised
1 x F2 – due to mat leave
1x Registrar vacancy – Department are trying to secure an MTI
1x GPST – Now covered with Trust Grade for 6 months (12 month post) not yet covered from Feb 2019

Anaesthetics
1 x CT3 possible long term sick thus not an actual vacancy but obvious rota gap
Trust grades covering other gaps in anaesthetics at both Junior & Cons level.

1 x GPST Acute Medicine all year
7 x GPSTs – various specialties
6 x Trust Doctors Acute all year (4 job offers made and accepted to Remedium doctors)
1 x Trust Doctors in General Surgery – 50/50
1 x Trust doctor 75/25 – T & O

1 x ACCS Acute 6 months Aug 2018 – Feb 2019
1 x SpR vacancy in Diabetes and Endocrinology all year (possible Remedium doctor)

From October 2018

1 x StR in Colorectal Surgery (LAS post currently being advertised)

A number of Remedium Doctors that have been appointed, one doctor will start in Medicine Monday 22 October.

7. **Summary**

Engagement with the exception reporting system is increasing. Current challenges are to make sure that under represented specialities report, so we can look at their working patterns. We have tried to make the process clearer and made juniors aware that once their TOIL/Overtime payment is agreed they need to sign this off on Allocate and then submit a separate claim form. Where trainees feel they need to work additional hours and exception report this should ideally be discussed with seniors and agreed. If overtime work is not needed to protect patient safety then trainees should be given permission to leave eg: if completing non-urgent work such as doing audit work. We have changed two rotas where there was a predictable need for additional working time and numerous exception reports related to the same issue. These rotas are still compliant. We will continue to look at working patterns and allocation of the work force to help manage the ongoing workload challenges.

Cover sheet and summary for a report to the Board of Directors					
Report title: Freedom to Speak Up Guardian 6 monthly report				Date: 7/11/2018	
Report sponsor	Director of Workforce and Organisational Development				
Report author	Sarah Burns - Freedom to Speak Up Guardian				
Report provenance	This report has been presented and discussed with the network of Freedom to Speak Up Guardians				
Confidentiality	Public				
Report summary	This report provides an update to the Board on numbers and types of concerns raised with the Freedom to Speak Up Guardians during the last six months. It summarises the themes discussed and associated recommendations to help improve and create a culture of speaking up and enable it to become business as usual.				
Purpose (choose 1 only)	**Note** ☐	**Information** ☐	**Review** ☐	**Decision** ☐	**Approve** ☒
Recommendation	1. Implementation of training for managers in how to respond to concerns. 2. Development of a Speak Up steering group to triangulate cases/barriers to speaking up. 3. Creating and launching the Freedom to Speak Up vision and strategy.				
Summary of key elements					
Strategic context	• Safe, quality care and best experience • Valuing our workforce • Well-led				
Dependencies and risk	Links to the National Guardian Office, Trust and other Freedom to Speak Up Guardians to share approaches and best practice				
Summary of scrutiny	The paper has been discussed with the Chief Executive as part of a regular meeting the discussions included: • Need to review the Trust current Acceptable Behaviour policy • Content of Leadership and Management training to include how managers respond to concerns raised by staff				
Stakeholder engagement	• National Guardian Office • Trust and other local Freedom to Speak Up Guardians • Workforce Directorate Colleagues • Members of the Trusts workforce				

Other standards affected	None noted
Legal considerations	Compliance with the Public Interest Disclosure Act 1998, NHS Constitution, Health and Safety ay Work Act 1974 and the associated duty of care to protect members of the Trusts workforce from health and safety risks.

Report title: Freedom to Speak Up 6 monthly report		Date: 7/11/2018
Report sponsor	Judy Falcao – Director of Workforce and Organisational Development	
Report author	Sarah Burns – Freedom to Speak up Guardian	

1. Introduction

1.1 There is a requirement from the National Guardian Office (NGO) for the Board to receive regular reports from their Freedom to Speak Up Guardians that include information on the number and types of cases they dealt with, barriers to promoting a culture of enabling individual to speak up and details of opportunities for learning and improvement. A report to the Board is provided every six months.

1.2 Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. Having a healthy speaking up culture is evidence of a well led trust. NHS Improvement and the NGO have published a guide setting out expectations of boards in relation to Freedom to Speak Up. This is to help boards create a culture that is responsive to feedback and focused on learning and continual improvement.

2. Discussion

Concerns Raised since 01/5/2018

2.1 A summary of concerns brought to the Guardians is detailed in the table below. There were nine cases added to the confidential database in the last six months

Date	Concern	Status
22/5/18	Safe Staffing	In progress
14/6/18	Unacceptable behaviour regards gender	In progress
05/6/18	Unacceptable behaviour	Closed
15/6/18	Staff safety	Closed
21/6/18	Departmental Culture	In progress
24/8/18	Unacceptable behaviour	In progress
07/9/18	Patient safety	Closed
15/10/18	Patient safety	In progress
18/10/18	Unacceptable behaviour	In progress

2.2 The Freedom to Speak Up Guardians continue to receive reports of unacceptable behaviour in the form of bullying that has not been addressed in a timely manner or in some cases not taken seriously by managers. This is the most common issue raised both locally and nationally. Other common themes include loss of confidence in those who can make a difference in the workplace and a lack of safe spaces in order to share concerns with those who will listen, provide support and act on any concerns raised. We regularly receive soft intelligence from staff that they do not want to be escalated but wish to share with us confidentially. We capture and report this information anonymously, identify

themes and consider ways to remedy. We have open access and communication with the Director and Associate Directors for Workforce and Organisational Development to share and escalate concerns.

2.3 Raising awareness of how to raise concerns and the role of Freedom to Speak Up Guardians continues to be a main focus; it forms part of induction and is also due to be part of mandatory training for our existing staff. We are working on the development of a Speak Up video as part of our communication plan. We know there are still areas of the organisation where our identity, profile and the role we perform is not universally understood.

2.4 The National Guardian Office (NGO) requires local Guardians to support learning from recent case reviews the NGO has undertaken. Over the last 12 months there have been 3 case reviews at Northern Lincolnshire and Goole, Southport and Ormskirk Hospitals and Derbyshire Community Health Services, in all of these case reviews there has been a recommendation that training is provided to managers in how to respond when concerns are raised. The Guardians would ask the Board to support the recommendation for us to provide this training as line managers should always be the first point of contact for raising concerns.

2.5 Sharing of best practice at the regional Freedom to Speak Up Guardian network has highlighted a way of triangulating information from cases raised by people speaking up and barriers to speaking up. The development of a Raising Concerns steering group is recommended to bring alongside other intelligence on patient safety, service quality and staff experience to help inform organisational learning and develop.

2.6 Ongoing feedback is sought from everyone who is supported from a Freedom to Speak Up Guardian. The following statements were part of this quarters (1st July – 30th September) report to the National Guardian office:

"More than satisfied with the support given to us....above and beyond"

"Yes I would speak up again...fundamentally we have to do the right thing no matter how hard it is"

2.7 Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. Having a healthy speaking up culture is evidence of a well led trust. NHS Improvement and the National Guardian Office have published a guide setting out expectations of boards in relation to Freedom to Speak Up. This is to help boards create a culture that is responsive to feedback and focused on learning and continual improvement. We would encourage the board to develop a robust Freedom to Speak Up strategy and vision to enable speaking up at Torbay and South Devon to become business as usual

3. Conclusion

3.1 Numbers of concerns raised has remained stable over the last six months. There is still work to do in relation to raising awareness of the role particularly in the community. Not responding to concerns in a timely way remains a common theme. Triangulation of speaking up will aid in identifying areas that may require support. The development of a Freedom to Speak Up vision and strategy will support speaking up to become business as usual.

4. Recommendations

4.1 Implementation of training for managers in how to respond to concerns.

4.2 Development of a Speak Up steering group to triangulate cases/barriers to speaking up.

4.3 Creating the Freedom to Speak Up vision and strategy.

Cover sheet for a report to the Trust Board					
Report title: Board Assurance Framework Report				Date: 7th November 2018	
Report sponsor	Director of Finance				
Report author	Risk Officer				
Report provenance	Executive Directors Meeting dated 12 October 2018 Audit Committee Meeting dated 19 October 2018				
Confidentiality	Elements of this report may be subject to exemptions under the Freedom of Information Act 2000. If the report is considered in the public session of a meeting of the Board of Directors, it is deemed to be in the public domain.				
Report summary	The Board Assurance Framework (BAF) report is a snapshot précis of the risks and controls recorded by risk-owners in the Corporate Risk Register (CRR) held in the Datix Risk Module (DRM). It records the extent to which Executive leads consider the controls in place are effective in mitigating the risks (i.e. the degree to which Executive leads are prepared to 'underwrite' each risk). Executive Directors assess the level of 'assurance' for each risk based on the availability of evidence of management controls implemented to mitigate risks by risk-owners. The Board of Directors should consider the extent to which it feels 'assured' by the evidence provided that each risk is mitigated or managed and seek further evidence where it deems necessary.				
Purpose	**Note** ☐	**Information** ☐	**Review** ☒	**Decision** ☐	**Approve** ☐
Recommendation	The Board is recommended to review the Board Assurance Framework report and to bring any elements it deems require further scrutiny to the Audit Committees attention (i.e. escalation).				
Summary of key elements					
Strategic context	The purpose of systems of internal control and risk management are to ensure the achievement of the Board's strategic and operational objectives. In particular, the BAF report is concerned with the corporate objectives of: • Providing safe, quality care and best experience • Improving wellbeing through partnership • Valuing our workforce • Being well-led				
Dependencies and risk	The quality of the BAF report is dependent on the quality of data contained in the risk register. The quality of data can be judged on the following tests: • Is the data fit for purpose? • Is the data unique, valid, accurate, complete, consistent, and up-to-date (timely)?				

	The quality of data used in the BAF report relies on individuals and may therefore be variable. This introduces the risk that the Board may inadvertently rely on data that is not fully quality-assured. Furthermore, the scope of the BAF report may not be wide enough to encompass the full range of risk present in the operating environment. This means the Board may be unsighted on strategic risk if it relies solely on the BAF report. The current BAF report is concerned with the operational risks within the Trust. It does not take fully into account the risks inherent in the external operating environment. The Board must ensure that it considers the BAF report in the context of the more strategic, and often ill-defined external risks. These risks may be considered beyond the control of the Board but must be identified when assessing the strategic outlook for the Trust.
Summary of scrutiny	The recommendations in this report have been subject to challenge and scrutiny at the Executive Directors meeting on 12 October 2018 and the Audit Committee on 19 October 2018.
Stakeholder engagement	The following stakeholders were consulted during the compilation of this report: • Executive Directors • Audit Committee • Risk-owners • Interim Company Secretary
Other standards affected	The recommendations made in this report will support the Trust's achievement of compliance with its Provider License.
Legal considerations	This report does not introduce any new legal implications for the Trust.

Board Assurance Framework Report		31 October 2018
Report sponsor	Director of Finance	
Report author	Risk Officer	

1. Introduction

1.1 This report is to brief the Trust Board on the Board Assurance Framework (BAF) dated 19 October 2018.

1.2 Executive Leads are responsible for recording the information contained in the BAF report in the Datix Risk Module (DRM).

1.3 The Risk Officer oversees the BAF and Corporate Risk Registers held in the DRM.

1.4 Executive Directors review the Corporate Risk Register regularly following each meeting of the Risk Group.

1.5 Evidence of risk management actions is recorded in risk registers and forms the basis of the 'assurance status' assigned by Executive Leads to each risk.

1.6 The Audit Committee and the Board of Directors rely on the BAF report to assess their own levels of confidence in the efficacy of the Trust's risk management system.

1.7 The current version of the BAF report does not address strategic risks originating in the external operating environment. These are addressed elsewhere on the Board's agenda.

2. Methodology

2.1 The format is considered easier to follow from left to right and is batched into "Corporate Themes" and shows outstanding "Actions" identified to further mitigate the risk.

2.2 It places ownership with the Executive Lead, as per the Risk Strategy and Risk Policy for a risk of this level, negating the need for Risk Owners to be present at the Audit Committee.

2.3 The "Assurance Level" is calculated using the follow methodology:

2.3.1 Identifying the adequacy of the "Controls" recorded on the DRM.

2.3.2 Adequate = The "Current Score" is lower than the "Initial Score"

2.3.3 Inadequate = The "Current Score" is the same as the "Initial Score"

2.4 Identifying the "Assessment of Assurances"

2.4.1 Positive = Executive Lead feels completely assured that the provided "Assurances" guarantee that the Controls in place are effective.

2.4.2 Neutral = Executive Lead does not feel completely assured that the provided "Assurances" guarantee that the Controls in place are effective.

2.4.3 Negative = Executive Lead does not feel assured that the provided "Assurances" guarantee that the Controls in place are effective, or where no assurances have been submitted.

2.5 The "Overall Assurance Level" is calculated using the matrix below to identify the "Adequacy of Controls" and the "Assessment of Assurances"

Adequacy of Controls	Executive Leads Assessment of Assurances	Overall Assurance Level	Grade
Adequate	Positive	**Excellent**	**A**
Inadequate	Positive	**Good**	**B**
Adequate	Neutral	**Reasonable**	**C**
Inadequate	Neutral	**Fair**	**D**
Adequate	Negative	**Weak**	**E**
Inadequate	Negative	**Inadequate**	**F**

2.6 The "Current Risk Score Heatmap" provides an overview of the BAF and any movement in current level to aid with trend mapping (attachment two).

2.7 The "Assurance level heat map" provides an overview of the BAF and any movement in overall assurance (attachment three).

2.8 The Quality Assurance Committee (QAC) and Finance, Performance, and Investment Committee (FPIC) conduct at least two deep dive reviews of items on the BAF at each meeting. Additional meetings are being identified to provide further scrutiny.

2.9 Executive Directors review the BAF to identify changes in status in advance of presentation to the Audit Committee.

2.10 Further scrutiny and enhancements will continue to take place throughout the year by the Risk Officer, Interim Company Secretary, Risk Group, Executive Directors and Board committees.

2.11 This reporting format was agreed by the Executive Directors on 27 March 2018 and adopted by the Audit Committee on 26 July 2018.

3. Risk Themes

3.1 The overarching corporate risk themes are as follows:

3.1.1 Available capital resources are insufficient to fund high risk / high priority infrastructure / equipment requirements / IT Infrastructure and IT systems.

3.1.2 Failure to achieve key performance / quality standards.

3.1.3 Inability to recruit / retain staff in sufficient number / quality to maintain service provision.

3.1.4 Lack of available Care Home / Domiciliary Care capacity of the right specification / quality.

3.1.5 Failure to achieve financial plan.

3.1.6 Care Quality Commission's rating 'requires improvement' and the inability to deliver sufficient progress to achieve 'good' or 'outstanding'.

3.2 Risks are grouped under these headings in the Corporate Risk Register and consequently the BAF, with details carried through from the Datix Risk Module.

4. Status Quo

4.1 The Risk Group continues to conduct deep dives at its monthly meetings e.g. Medical Service Delivery Unit, Torbay Pharmaceuticals and Health Informatics Services.

4.2 The Risk Group, since previous report, has conducted deep dives into:

4.2.1 August 2018 - Workforce and Organisational Development, Emergency Department & Cancer Services.

4.2.2 September 2018 - Risk Group and consequently the deep dives were cancelled due to system leader interviews.

4.3 The Risk Officer continues to look at risk themes regularly using a combination of soft intelligence from Executive Directors and SDU leads and analytical information from Datix e.g. risks, incidents as well as using reports such as CLICC and deep dives.

4.4 Key Performance Indicators (KPIs) have been replaced by a Risk Management Scorecard for the Risk Group. Performance remains better than targets.

4.5 Internal Audit completed an audit of Risk Management and the Assurance Framework in May 2018, awarding an Assurance Level of Satisfactory.

5. Scrutiny Meeting Outputs

5.1 At their meeting on 19 October the Audit Committee agreed the following.

5.1.1 The new format BAF and the Heat Maps were very helpful. It was noted external strategic risks still need to be included and the DSI confirmed that this will be discussed at the next Board development session.

5.2 At their meeting on 12 October 2018 the Executive Directors agreed the following:

5.2.1 Executive Directors focused on developing the Board Assurance Framework to better reflect the strategic, environmental risks facing the Trust. The current model, being driven from the Risk Register, describes the most significant operational risks currently facing the business; it does not, however cover those wider strategic risks not naturally feeding up from the operational systems.

5.1.2 To that end, the following work programme has been agreed:

- Executive Team to revisit the strategic risks identified in the Board Development session held last year – November 2017.
- Present proposals to the Board Development session – December 2017.
- Development of short form presentation for strategic risks, most likely reflecting the risk, core mitigations and assurances in narrative from, to be led by the incoming Company Secretary – January 2019.
- Strategic Board Assurance Framework operational – February / March 2019.

5.1.3 It is hoped that, with the Strategic Board Assurance Framework in place, it will better inform the setting of the Board agenda as we enter 2019/20.

5.3 At their meeting on 15 August the Executive Directors agreed the following:

5.3.1 Potential Corporate Level Risks DRM ID No 1652- Vulnerability of Junior Doctors Rota in Medicine. (20), be made a Corporate Level Risk under Corporate Theme 3: Inability to recruit / retain staff in sufficient number / quality to maintain service provision.

5.3.2 Potential Corporate Level Risks DRM ID No 2250 - Lack of Critical Ventilation Maintenance of all Operating Theatres. (20), be made a Corporate Level Risk under Corporate Theme 2: Failure to achieve key performance / quality standards.

5.4 At their meeting on 22 August 2018 the Executive Directors agreed the following:

5.4.1 Corporate Risk DRM ID No 1110 replaced by DRM ID No 2294 – Failure to Reach Referral to Treatment Targets (RTT) (52 Weeks) (15)

5.4.2 Potential Corporate Level Risks DRM ID No 2285 - Continuing Health Care Learning Disabilities Assessments. (25), to be made a Corporate Level Risk under Corporate Theme 2: Failure to achieve key performance / quality standards.

6. Summary of BAF Changes

6.1 The following indicators have changed since the previous BAF report:

Corporate Theme 1: Available capital resources are insufficient to fund high risk / high priority infrastructure /equipment requirements / IT Infrastructure and systems.		
DRM ID	**Title**	**Observation**
1050	Special Theatres Ventilation.	**New Potential Assurances:** Ctrl 2. There is an operational contingency plan in place as of the 11th September 2018. Ctrl 4. There is a formal reporting and escalation process. **Directors Assessment of Assurance:** Improved to Neutral. **Overall Assurance Level:** Improved to Fair.
1083	Insufficient Capital Funding and Backlog of Maintenance.	**Directors Assessment of Assurance:** Improved to Neutral. **Overall Assurance Level:** Improved to Fair.
1159	Current IT Systems & Infrastructure Will Not Meet Future Demands.	**Directors Assessment of Assurance:** Deteriorated to Negative. **Overall Assurance Level:** Deteriorated Weak.
1231	Failure to Raise Sufficient Capital.	**Linked Risks:** DRM ID No 2177 CT Scanning Capacity. (Equipment Waiting) (16 down from 20).

Corporate Theme 2: Failure to achieve key performance / quality standards.		
DRM ID	**Title**	**Observation**
1070	Achievement of 4-Hour Standard.	**New Controls:** **9.** 4hr meeting every Tuesday to target performance. **10.** 4hr breach analysis meeting every Wednesday to identify risks to achieving target with all specialty teams involved.
1101	Medical Retina Demand.	**Score reduced to 12 from 15.** As this is no longer a Corporate Level Risk (CLR) it will no longer appear on the BAF.
1110	Follow up Appointments are Followed up in Agreed	**Score reduced to 12 from 15.** As this is no longer a Corporate Level Risk

Corporate Theme 2: Failure to achieve key performance / quality standards.		
	Timescales.	(CLR) it will no longer appear on the BAF.
1266	Poor Patient Experience and Quality of Care.	**Linked Risks:** DRM ID No 1103 General Surgery, Achieve RTT within the 18 weeks target. (12 down from 15) DRM ID No 1104 Urology Achieve RTT within the 18 weeks target. (12 down from 15) DRM ID No 1311 Failure to meet RTT's in Dermatology. (16 down from 20) DRM ID No 2064 Cardiology Out Patient Capacity. (9 down from 12) **New Assurance:** Ctrl 9. Scopes due in October. Ctrl 10. Submitted and now in place. Ctrl 11. 1st round of recruitment unsuccessful - continuing. Ctrl 12. Completed and being implemented. Ctrl 13-14. Replacement in place. Ctrl 15. Executive support is ongoing. Ctrl 16. Data Support stated 03/08/2018. Ctrls 1-16. Risk presented to and discussed at Departmental, Divisional, DGM, Quality and Performance. Risk Group, Executive Team Meeting, Audit and Assurance Committee and Trust Board. **Directors Assessment of Assurance:** Improved to Positive. **Overall Assurance Level:** Improved to Good.
1815	High Quality Patient Tracking to Avoid any Unnecessary CWT Breaches.	**Directors Assessment of Assurance:** Improved to Neutral. **Overall Assurance Level:** Improved to Fair.
2250	Lack of Critical Ventilation Maintenance of all Operating Theatres. **(New)**	**New Assurance:** Ctrl 1. Theatre maintenance has taken place on the first two Fridays in September. **Directors Assessment of Assurance:** Positive **Overall Assurance Level:** Excellent

Corporate Theme 2: Failure to achieve key performance / quality standards.		
2285	Continuing Health Care Learning Disabilities Assessments. **(New)**	**New Assurances:** Ctrl 1. The checklist now comes directly into TSDFT and not from DPT. This means that we have oversight of dates that checklists were completed which enable them to the waiting list CHC assessment waiting list in a timelier manner. Ctrl 2. Due to the checklist coming directly to the Trust, we have a better understanding of clients waiting for CHC assessments and how long they have been waiting. Ctrl 3. Allows TSDFT forecast potential spend into CHC budget based on likelihood to convert to CHC. Ctrl 4. No current assurance available due to strategic levels of discussion that are on-going. Ctrl 5. This control has been delayed by TSDFT Chief Executive pending further information and meeting with Head of CHC. Ctrl 1-5. Risk discussed at CSDU Divisional board, CCG PPGG, Joint DPT, DCC, TSDFT LD meeting (Monthly), CHC weekly team meeting, NHS E assurance monthly meeting. **Directors Assessment of Assurance:** Positive **Overall Assurance Level:** Good
2294	52 Week Waits. **(New)**	**New Assurances:** Ctrl 1. Recovery Plans submitted to Board & NHSI. Ctrl 2. Reviewed as per Risk Management policy. Ctrl 3. RTT Funding released and being tracked as we spend. Ctrl 4. Submitted to Board and NHSI. Ctrl 5. Interviews booked for Sept/October, Applications already received. Ctrl 6. Business case going to next SBMT. Ctrl 7. Saturday working in place plus in week. **New Potential Assurances:** Ctrl 3. Outsourcing to MSH underway. Ctrl 3. Insourcing being organised, must go through OJEU due to value.

Corporate Theme 2: Failure to achieve key performance / quality standards.		
		Directors Assessment of Assurance: Positive **Overall Assurance Level:** Good
Corporate Theme 3: Inability to recruit / retain staff in sufficient number / quality to maintain service provision		
DRM ID	**Title**	**Observation**
1652	Vulnerability of Junior Doctors Rota in Medicine. **(New)**	**New Assurances:** Ctrl 1. New rota produced & operational plus e-mails. Ctrl 2. Rota is evidence of this i.e. new rota only achieved by increased intensity. Ctrl 3. Locums identified on rota; locum contracts agreed with medical recruitment. Ctrl 4. Spreadsheet held by Samantha Taylor showing names of doctors who have accepted offers. Also offer letters available. Ctrl 5. Can be seen on NHS jobs Ctrl 6. This is day to day operational business so no real assurance other than e-mails /WhatsApp messages seeking cover. Ctrl 1-6. Risk discussed at Acute Medicine Meeting but also Directorate &SDU Board. **New Potential Assurances:** Ctrl 3. Mapping exercise in process to map locums & expected locums to approve, ECF's. **Directors Assessment of Assurance:** Neutral **Overall Assurance Level:** Reasonable
1697	Difficulty in Recruiting Service Critical Staff.	**Linked Risks:** 1736 General Medicine, George Earl Ward, Staffing level inadequate. **(12 down from 20)** 1881 (MRI Capacity and Recruitment (Staffing Waiting)) **(12 down from 16)** 2066 Vulnerability of Medical Take. (16) **(New)** 2196 (High Consultant Psychiatry Caseload.) (15) **(New)**

Corporate Theme 4: Lack of available Care Home / Domiciliary Care capacity of the right specification / quality.		
DRM ID	**Title**	**Observation**
75	Viability of Care Homes and Nursing Homes.	**New Control:** 8. Paper regarding spot provision approved by market management and is being implemented **New Control:** CTRL 8. Paper enables a change in strategy to increase spot provision in Torbay to address capacity gap in domiciliary care.
1695	Mears Personal Care Delivery, Failure Concerns Across Torbay & South Devon.	**New Action:** Following the Audit Committee meeting 19 October and Community SDU meeting on 22 October this risk will be superseded by a new CLR, due to an escalation of activity around the delivery of Domiciliary Care in Torbay and South Devon. **New Assurances:** Ctrls 1,3,7 & 12. Agenda's, papers, minutes/notes. Ctrl 1. CQC report. Ctrl 1. Healthwatch report. Ctrl 4. 11 Reports logged, and notes reported on. Ctrl 5. List of clients. Ctrl 5. Up-to-date protocol. Ctrl 6. Protocol in place to use other providers other than Mears. Ctrl 8. Letters to clients. Ctrls 4 & 9. Complaint and incident reports. Ctrl 1-19. IA Report - SDU Governance arrangements. (May 2017), Assurance level satisfactory. Ctrl 10. Judy Falcão has completed on-site visit with Mears to support their recruitment processes. Follow up visit also planned. Ctrl 11-15 Daily monitoring of incidents and escalation of Mears related incidents are managed by CSDU Clinical Governance Lead. David Hickman. Ctrl. 14. Breach of contract notice has been issued. Resulted in fortnightly meetings. Ctrl 1 -19. Due to the level of concerns, decision has been made to put the service into a "Whole service safeguarding process" under a S42 process.

Corporate Theme 4: Lack of available Care Home / Domiciliary Care capacity of the right specification / quality.		
		New Potential Assurance: Ctrl 1. CQC follow-up review Ctrl 1. Healthwatch follow-up review Ctrl 1. Release from provider of concern process Ctrl 2. Receipt of Mears action plan. Ctrl 2. CQC oversight of plan. Ctrl 10. Staff training records Ctrl 10. Staff turnover rates within Mears and sub-contractor. **Directors Assessment of Assurance:** Improved to Positive. **Overall Assurance Level:** Improved to Excellent.

Corporate Theme 5: Failure to achieve financial plan.		
DRM ID	**Title**	**Observation**
2183	Financial Sustainability Risk Rating 2018/19.	**Directors Assessment of Assurance:** Improved to Positive from Neutral. **Overall Assurance Level:** Improved to Excellent.
2209	Impact of Loss/Reduction of a Single Product.	**Current score:** **20 up from 16** **Adequacy of Controls:** Deteriorated from Adequate to Inadequate. **Directors Assessment of Assurance:** Remains Positive. **Overall Assurance Level:** Deteriorated from Excellent to Good, due to reducing in adequacy of Controls.
2227	Increase in Overspends on the Independent Sector. (2018/19)	**New Assurances:** Ctrl 1. Scheduled progress, performance and KPI reports provided to Finance, Performance and Investment Committee and Board. Ctrl 1-2,8. Agenda's, reports, minutes/notes. Ctrl 3. Board approved SFIs and Scheme of Delegation. Ctrl 4. Agreed process Ctrl 5,7. Up-to-date policies and procedures.

Corporate Theme 5: Failure to achieve financial plan.		
		Ctrl 6. Agreed care home fee model and care market consultation process. Ctrl 6. Outcome of judicial review consultation process. Judicial review ruled in the Council's favour. Ctrl 8. Person now in post and liaising with providers and teams. Ctrl 9. Evidence Recorded in smart sheets with monthly presentations to the Community SDU. Ctrl 10. Committee in place, minutes, and agenda of meeting available. Ctrl 1-10. Fran Mason has secured on-going nursing Home provision in Torbay. Ctrl 1-10. Risk deep dived at Finance, Performance, and Investment Committee meeting on 27/03/2018. Ctrls 1-10. Presented to Risk Group 13/03/2018 - Executive Team 13/03/2018 - Audit and Assurance Committee 26/01/2018 - Board 07/03/2018. **New Potential Assurance:** Ctrl 4. Benchmark rates of expenditure. Ctrl 4. Market strategy. **Directors Assessment of Assurance:** Improved to Neutral. **Overall Assurance Level:** Improved to Reasonable.

Corporate Theme 6: CQC rating 'requires improvement' and the inability to deliver sufficient progress to achieve 'good' or 'outstanding'		
DRM ID	**Title**	**Observation**
1095	Safer Care - No Delays in ED.	**New Control:** 11. 4hr Meeting every Tuesday to target improvement in performance which will impact positively on overcrowding. **Updated Assurance:** Ctrls 1-11. Risk presented to and discussed at Daily control meetings. Weekly ED meetings both internal to the department and on Tuesday evening as part of 4-hour action plan, Patient Flow Board monthly meetings, A&E Delivery Board monthly meetings, Devon Delivery Board monthly meetings - Chaired by Trust Chief Exec, Risk Group, Executive Team Meeting, Audit and Assurance Committee and Trust Board.

7. Recommendation

7.1 The Board is recommended to review the Board Assurance Framework and identify any elements for further scrutiny by the Executive or Audit Committee.

Torbay and South Devon NHS
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A Datix Risk Module Report

Actual Risk Details											Assurances					
DRM ID No.	Risk Type	Department	Executive lead.	Strategic Objective	Rating (Initial)	Title	Risk Description	Controls in Place to Mitigate Risk	Rating (Current)	Adequacy of Control	Actual Assurances in Place on Existing Controls in Place	Potential Assurances on Existing Controls in Place	Controls with no Assurances.	Assessment of Assurances	Overall Assurance Level.	Outstanding Actions Identified to Mitigate Risk Further.
Corporate Theme 1 : Available capital resources are insufficient to fund high risk / high priority infrastructure /equipment requirements / IT Infrastructure and systems.																
1050	Corporate Level Risk	Estates Operations	Director of Estates	1. Safe, Quality Care and Best Experience	25	Special Theatres Ventilation.	Causes: A. Due to age and condition of plant etc possible major failure in Special Theatres (Acute). B. Estates unable to carryout effective long term repairs. Effects: A. Loss of Surgical Activity happening regularly. B. Pressure on Estates workload due to lack of resources with in the department. Linked to Risk: DRM ID 1473 Maintenance of Inpatient Theatres & DSU & Ophthalmic Theatres (12)	1. Enhanced maintenance / normally scheduled Planned Preventative Maintenance (PPM.) 2. Plan in place to replace theatres (medium to long term). 3. Operational contingency plan in place. 4. Monitoring, reporting and escalation of critical failure.	25	Inadequate	**Ctrl 1.** Maintenance is carried out at specified frequencies (quarterly, 6 monthly and annual with increasing maintenance taking place at the 6 monthly and annual times) There is now an agreed timetable for all theatre maintenance to assure that the theatre is available for Estates to carry out their works. **Ctrl 4.** Once a failure is known to be critical, due to effect on operation and time factors, Estates to notify appropriate people in departments. Monitoring is not a control in place from Estates point of view. **Ctrl 1-4.** Risk presented to and discussed at Capital infrastructure and environment group, Risk Group, Executive Team Meeting, Audit & Assurance Committee and Board.	**Ctrl 1.** - Estates recording system will show when maintenance took place and validations against it. **Ctrl 2.** There is an operational contingency plan in place as of the 11th September 2018. **Ctrl 4.** There is a formal reporting and escalation process.	**Ctrl 2.** Some discussion on the theatre strategy and the relative priority of the need to replace two inpatient or two day case theatres first.	Neutral	D = Fair	- Completion of replacement programme for Special Theatres.
1083	Corporate Level Risk	Estates	Director of Estates	1. Safe, Quality Care and Best Experience, 4. Well Led.	25	Insufficient Capital Funding and Backlog of Maintenance.	Cause: Lack of available capital funding to spend on backlog maintenance and contingency for Estates emergency expenditure. Effects: A. Failure of key plant or building fabric resulting in impact on service delivery. B. Harm to individual staff, patients or member of the public from deteriorating infrastructure. C. Increased costs on future maintenance. D. Increased staffing cost to carryout future repairs. Linked to Risks: DRM ID No 1057 (Inadequate Street Lighting on Acute Site) (16) DRM ID No 1536 (Environment in Dental Clinic Non-Compliant.) (15) DRM ID No 1732 Plaster Room Not Fit for Purpose. (20)	1. Risk assessment, prioritisations and approval process in place to manage highest risks. High risk elements prioritised in the capital programme. 2. Robust planned preventative maintenance regime in place. 3. PPM performance and critical failures reported and monitored monthly via Capital Infrastructure and Environment Group, Finance, Performance and Investment Committee, Infection Prevention and Control, exceptions to the Board of Directors. 4. Responsible Persons in post (statutory). 5. Rolling programme for testing in place. 6. Capital allocation identified to deliver action plan. 7. Annual review of system management by externally appointed Authorising Engineer. 8. Funding approval granted that will address some of the risks identified. 9. Asset register in place. 10. Estates Strategy presented to Private Board in May 2016. 11. Board has approved plan based on actively considered risks versus maintaining a cash balance.	25	Inadequate	**Ctrl 1.** Reviewed at monthly EFM Risk Meeting. **Ctrl 3.** KPI report produced monthly and reported to CIEG and included in bi-monthly Director EFM Trust Board Report. **Ctrl 1-11.** Risk present and discussed at Capital Infrastructure and Environment Group, Finance Performance and Investment Committee, Infection Prevention and Control, Risk Group, Executive team Meeting, exceptions to the Board of Directors.	None identified.	No Gaps Identified.	Neutral	D = Fair	- No outstanding actions identified

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Corporate Theme 1 : Available capital resources are insufficient to fund high risk / high priority infrastructure /equipment requirements / IT Infrastructure and systems. (continued)																
1159	Corporate Level Risk	IT Operations and Informatics	Director of Strategy and Improvement	4. Well Led.	20	Current IT Systems & Infrastructure Will Not Meet Future Demands.	Cause: Lack of available capital funding to spend on IT infrastructure and IT Systems. Effects: A. Failure of key IT infrastructure and IT systems resulting in impact on service delivery. B. Lack of cyber security investment may expose the Trust to risk of fines equal to 4% of Turnover or £ capped at £17M following a successful cyber-attack similar to the May 2017 "Wannacry" attack. NHS Digital (for NHS England) are highlighting the number of CareCERTs they have mandated that Trusts have mitigated. We currently have 12 unmitigated and are flagging as an outlier regionally. Note: Our plans are predicated on an on-going capital investment plan to ensure optimum performance of service. Linked to Risks: DRM ID No 1158 Malware Attack. (15) DRM ID No 1161 Meeting the Information Governance standards set by Connecting for Health, supported by Monitor. (15) DRM ID No 1168 National Programme for IT HSCIC. (25) DRM ID No 1172 Quickest Access to Diagnosis and Treatment. (8) DRM ID No 1173 Strategic Hardware Platform. (20) DRM ID No 1174 Increasingly Software Companies Are Changing Their Licensing. (16) DRM ID No 1181 Unauthorised Staff May Have Inappropriate Access. (3) DRM ID No 1183 Cost Pressure Relating To Support of IHCS. (9) DRM ID No 1719 IM & T Strategy to Support Care Model Delivery. (5) DRM ID No 1723 Lack of Shared or Centralised Care Records Across the System. (9)	1. ICT Strategy with supporting policies and procedures e.g. Business Continuity Plans 2. Well-developed IM&T service. 3. Upgrade current key systems to mitigate effect. 4. IT Projects and Programme governance in place and linked to organisation's executive groups. IM&IT Group reports, reports to Finance, Performance and Investment Committee. 5. Investment planning to maintain and develop infrastructure capacity. 6. Continued IM&T Strategic investment. Risk assessment based on need and prioritised accordingly. 7. Continual review of emerging technology and adoption where suitable. 8. Minimising critical failure. 9. Management of failure. 10. Internal audit reviews 11. Actions following Information Commissioners Office visit (Sept 2015 & follow up 2018).	16	Adequate	**Ctrl 1.** BCPs have been well tested (in June 18 whole-system BCPs required) **Ctrl 2.** HIS continues to maintain a workforce experienced in supporting the infrastructure and systems in a suboptimal investment environment **Ctrl 3.** Investment delay will result in some clinical systems unavoidably having to run unsupported during 2020 but the IT Clinical User Group will be asked to prioritise **Ctrl 4.** Regular projects dashboard, exception reports and Programme overview produced and reviewed at IM&T Group, CMG and provided to FPIC for information with key issues summarised. **Ctrl 5.** Investment planning activities ongoing each year and part of the agreed process with Finance/Execs. **Ctrl 6.** Investment need prioritised against the wider Trust risks in the estate and medical equipment and operational clinical service support. **Ctrl 7.** Cybersecurity is the emerging evolving technology and investment plans to address submitted and in process of being prioritised. **Ctrl 8.** The disaster-tolerant core infrastructure has performed within the agreed SLA despite the recent Annexe fire which tested this to the limits (5 unannounced power failures to CR1 in a short period of time). **Ctrl 9.** Failures managed as part of standard Trust escalation (e.g. integrated with Major/Critical Incident response and HIS leads feed into the Control Room effectively during such situations). **Ctrl 10.** Internal audit action plans linked to IT infrastructure investment have either been acted upon or are awaiting capital investment to effect (currently being prioritised). **Ctrl 11.** All actions from the ICO visit/assessment have been enacted. **Ctrls 1-11** Risk discussed: Monthly at the HIS TeamTalk - regular agendad item with the Trust Risk Officer in attendance. At regular 1:1s with IT Operations Manager and IT Programme Manager. At monthly IM&T Group - standing agenda item covering IT risks Report from IM&T Group monthly to FPIC with key emerging issues highlighted.	**Ctrl 1.** IT infrastructure architecture continues to be industry best-practice. **Ctrl 2.** Reviewing opportunities to work with the RD&E to maximise resources/efficiency and minimise complexity of IT systems landscape. **Ctrl 3.** Reviewing opportunities to work with the RD&E to maximise resources/efficiency and minimise complexity of IT systems landscape. **Ctrl 4.** Medical Director setting up additional clinical group to focus on IT and provide further clinical engagement. **Ctrl 5.** Looking at opportunity presented through the SEP as procurement included IT services as an option. **Ctrl 6.** Increasing clinical engagement will assist with the prioritisation decisions driven by clinical risk. **Ctrl 7.** Reviewing opportunities to work with the RD&E to maximise resources/efficiency and minimise complexity of IT systems landscape. **Ctrl 8.** Reviewing opportunities to work with the RD&E to maximise resources/efficiency and minimise complexity of IT systems landscape. **Ctrl 9.** Increasing clinical engagement will assist in the business better understanding the risks and therefore plan the response. **Ctrl 10.** There continues to be a good working relationship and understanding of the issues from IA. **Ctrl 11.** No ongoing concerns or request to revisit from the ICO.	No Gaps Identified	Negative	E = Weak	- Seek capital and revenue investment. Ensuring the capital process for HIS reflects the priority investments required to mitigate existing risks.
1231	Corporate Level Risk	Finance	Director of Finance	4. Well Led.	25	Failure to Raise Sufficient Capital.	Cause: Financial position or national capital restrictions limit ability to access Loans or PDC. Effect: Inability to fund necessary infrastructure developments. Linked to Risk: DRM ID No 1732 Plaster Room Not Fit for Purpose. (20) DRM ID No 2013 Medical Devices Rolling Replacement Program. (16) DRM ID No 2177 CT Scanning Capacity. (Equipment Waiting) **(16 down from 20)**	1. All measures to maintain I&E performance. 2. Relationship management with ITFF. 3. Savings Risk high given target levels. 4. Board approved increase in Capital in year and amended annual plan in resubmission 5. CCG paying cash based on Heads of terms and agreed cash plan. 6. Board approved action plan to influence decision makers at centre and to follow up external funding routes. 7. STP capital bid for waive 4 submitted draft 1 (capital allocation for 2019/20). 7. STP capital bid for waive 4 submitted draft 1 (capital allocation for 2018/19). 8. SEP partner approved NHS Digital bid process Live.	25	Inadequate	**Ctrl 1.**Monthly integrated performance report, Monthly Performance review process, Executive actions to seek plans to address CIP gap, Executive actions to secure additional income or schemes to reduce SAC expenditure from 2018/19 BCF, Executive actions to secure I&E benefits from SEP programme. **Ctrl 2.** Good relationship. **Ctrl 3.** Board approved increased capital programme being developed using cash reserves to fund. **Ctrl 4.** Cash received on time to date , monthly RSOG . **Ctrl 5&6.** Board approved plan. **Ctrl 7.** Waive 4 draft 2 in process of submission. **Ctrl 8.** SEP process continuing. **Ctrl 1-8** Risk discussed at SBMT, Executive Group, FPIC, Board , RSOG, Performance meetings and CIEG.	**Ctrl 2.** WCF accessed in June without issue, ITFF visits in 2016/17. **Ctrl 4.** Annual plan resubmitted with increased capital programme included. **Ctrl 6.** Waive 4 bids in progress, Executive keeping in contact with NHSI South Finance Director . **Ctrl 8.** Two bidders still in process.	**Ctrl 1.** Income or cost avoidance from IBCF schemes, I&E benefits from SEP programme, outcomes from gap closure actions. **Ctrl 2.** NHSI latest guidance indicted ITFF loans unlikely to be approved nationally. **Ctrl 4.** Future years capital programme funding. **Ctrl 5.** Additional support above current plans. **Ctrl 6.** Waive 4 and other potential sources of funding still uncertain. **Ctrl 7.** out come of waive 4, IT bidding process not yet underway for waive 4, success in future waves. **Ctrl 8.** Outcome of SEP process.	Neutral	D = Fair	- Board to Consider Further Financials Controls. STP Capital wave 4 submissions underway.

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Corporate Theme 2 : Failure to achieve key performance / quality standards.																
1070	Corporate Level Risk	Emergency Services	Interim Chief Operating Officer	1. Safe, Quality Care and Best Experience	25	Achievement of 4-Hour Standard.	Cause: Patient demand exceeding capacity within the ED department. Effect: Failure of the 95% standard, poor patient experience and possible adverse clinical outcomes as patients not cared for in the correct environment.	1. Good data analysis available - ED dashboard linked with control room - good and accurate weekly data sheets produced to monitor performance. 2. New medical "O" drive - to allow other specialities (Medicine) to be monitored in same way as ED - pressures easier to identify earlier. 3. Escalation policy in place. 4. 3 x daily control meetings with real-time information and appropriate management responses. 5. Ward discharge coordinators have daily meetings to review ward discharges. 6. AMU re-provided on Level 2 from 21/03/16 to divert medically expected patients from ED. 7. "See & Treat" trial in 2017 was successful and is now used during periods of escalation. 8. RADS Team now fully operational to provide support for early discharge. 9. 4hr Meeting every Tuesday to target performance. 10. 4hr breach analysis meeting every Wednesday to identify risks to achieving target with all specialty teams involved.	20	Adequate	**Ctrl 1 - 10.** 4-hour Action Plan now in place to continue to focus on weaknesses across the system impacting on flow. Daily 11am situational conference calls with 111, DDOC, SWASFT and other partners to maintain focus around pressures in the system and identify mitigating actions. Weekly Tuesday meeting to focus on new initiatives "How much and by when" approach to ensuring focus on improving emergency performance. SAFER-7 re-launched to maximise opportunities to support the Hetherington project and improvements to ward processes. **Ctrl 1-10.** Risk presented to and discussed at Daily control meetings, Weekly ED meetings, Tuesday 4-hour improvement board, 11am situation stock-take, Patient Flow Board, A&E Delivery Board, Risk Group, Executive Team Meeting, Audit and Assurance Committee and Trust Board	None Identified.	No Gaps Identified.	Neutral	C = Reasonable	- Expansion of Acute Medical Unit. Successful bid for winter planning to include expansion of AMU.
1815	Corporate Level Risk	Cancer Services	Interim Chief Operating Officer	1. Safe, Quality Care and Best Experience	25	Compliance Against the National Cancer Waiting Time Targets.	Causes: Continued increase in demand on 2ww pathways and 62 day cancer pathways. A. Reduced radiology capacity to provide triple assessment clinics within 14 days for all breast 2ww referrals B. LGI 2ww suspected cancer referrals waiting 6 weeks for first OPA C. Urology 2ww suspected cancer referrals waiting 6 week for first OPA D. Dermatology minor ops waiting list increased due to locums providing 2ww clinics - insufficient capacity to meet 31 and 62 day targets sustainability E. Insufficient capacity in diagnostics - CT, CTC, MRI, MPMRI and colonoscopy to achieve the timed pathways for Lung, Prostate and LGI. Effects: Clinical risk to patients with delays diagnosis and delayed access to treatments. Failing the CWT targets for 14 days referral to first seen, breast symptomatic, 62 day referral and treatment targets and increasing number of patients breaching 104 days. Failure to achieve 28 day referral to diagnosis target Potential loss of transformational funding Potential restriction from applying for future transformational funding Additional work required to escalate, complete breach analysis and recovery plans. Trust reputation.	1. Full time cover for annual leave for all MDT cancer sites. 2. Review of escalation policy underway - Cancer Waits Manager or CSM attending weekly ptl meetings. 3. Highlight report and escalation to fortnightly Trust RTT meeting. 4. Implementing re-allocation of potential breaches to site specific teams to enhance accountability within Operational teams, reduce delays and improve efficiency of escalation.	25	Inadequate	**Ctrl 1.** There is full time cover for planned leave across the Cancer MDT Coordinators. **Ctrl 2,4.** The process has been reviewed and presented but not rolled out due to capacity within the operational teams to change their working practice. **Ctrl 3.** Attendance at Trust RTT meetings in place. **Ctrls1-4.** Risk discussed at Weekly Trust RTT meetings, Cancer Directorate Meetings, Cancer Governance meetings, Cancer Cabinet, Risk Group, Executive Directors Team meeting, Quality and Assurance Committee, Audit Committee, Trust Board.	**Ctrl 1.** Substantive post holders in place. **Ctrl 3.** The Cancer Services Manager or Cancer Waiting Times Manager are committed to attending these meetings. **Ctrl 4.** CSM/CWT Manager attending weekly Divisional RTT meetings to escalate Cancer pathways.	**Ctrl 2,4.** Requires Operational team sign up.	Positive	B = Good	- Redesign of cancer pathways. Implement pre-biopsy MPEST MRI pathway for prostate 2ww patients. Implementation of NOLCP

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Corporate Theme 2 : Failure to achieve key performance / quality standards. (continued)																
1266	Corporate Level Risk	All Departments	Interim Chief Operating Officer	1. Safe, Quality Care and Best Experience	20	Poor Patient Experience and Quality of Care. (RTT Risk)	Cause: Supply and demand imbalance in surgical division across most specialities to meet waiting time, leading to an inability to deliver elective and urgent care access standards. Effect: Poor patient experience and quality of care, reputational impact for the community and the Trust, regulator intervention and commissioners seeking to apply financial penalties. Linked to Risks: DRM ID No 1103 General Surgery (Upper UGI, Achieve RTT within the 18 weeks target. **(12 down from 15)** DRM ID No 1104 Urology, Achieve RTT within the 18 weeks target. **(12 down from 15)** DRM ID No 1311 Failure to meet RTT's in Dermatology. **(16 down from 20)** DRM ID No 1441 RTT Target And Patient Experience Through Long Waits. (16) new DRM ID No 1523 Pain Service. (15) DRM ID No 2064 Cardiology Out Patient Capacity. **(9 down from 12)**	1. Performance reporting and action plans via directorate meetings, RTT/Diagnostic Risk & Assurance Group (meets fortnightly with COO and operational leads), governance meetings, DGM meetings, Divisional Board meetings, Senior Business Management Group, Executive Team meeting, Finance, Performance and Investment Committee and Trust Board. Reports shared with the CCG. 2. Waiting list management process 3. Operational teams identifying additional capacity on an ad hoc basis i.E. Extra lists 4. Support from other specialties within Surgery taking on some of this backlog of work on specific patients i.e. Hernias and Lap Choles helping to create additional capacity for this group. 5. Established clinic timetable. 6. PTL monitoring and tracking in place. 7. Policies and procedures. 8. RTT standing agenda item on the following meetings: - Operational managers - Directorate meetings - Divisional board meeting - Quality and performance meeting - DGM meeting 9. Capital now approved for equipment/estates upgrade to improve efficiency in urology 10. Business case to be submitted at next SBMT for additional resources. 11. PAC manager funding be redirected to operational team to provide support. 12. Options appraisal being worked on for improvement opportunities. To include out/insourcing OT/weekend working 13. Urology locum recruited whilst trying to fill permanent position 14. Locums recruited to cover maternity/sick leave in ophthalmology 15. Executive support to rebalance resource across non elective and elective pathways. 16. IST visit offer of data support.	20	Inadequate	**Ctrls 1,2, 6 & 8.** Meetings and Actions documented. **Ctrl 2, 6.** Recycled vacancy to help support the process. **Ctrl 3, 4.** Ongoing process which is accessed daily. **Ctrl 5.** In place and utilised daily. **Ctrl 7.** All current and up to date. **Ctrl 9.** Scopes due in October. **Ctrl 10.** Submitted and now in place. **Ctrl 11.** 1st round of recruitment unsuccessful - continuing. **Ctrl 12.** Completed and being implemented. **Ctrl 13-14.** Replacement in place. **Ctrl 15.** Executive support is ongoing. **Ctrl 16.** Data Support stated 03/08/2018. **Ctrls 1-16.** Risk presented to and discussed at Departmental, Divisional, DGM, Quality and Performance. Risk Group, Executive Team Meeting, Audit and Assurance Committee and Trust Board.	**Ctrls 1-4.** Business Plans in place to improve efficiency along with recruitment. **Ctrls 1-4.** Process service improvements underway in conjunction with STP and demand management. **Ctrl 2.** Intensive Support Team offered help for next 3 months. **Ctrl 9.** Laser due in April 2019.	No Gaps Identified.	Neutral	D = Fair	- Replace Urology Locum.
2250 **New**	Corporate Level Risk	Theatres	Director of Estates	1. Safe, Quality Care and Best Experience, 4. Well Led.	25	Lack of Critical Ventilation Maintenance of all Operating Theatres.	Cause: Lack of access due to surgical capacity to enable closure of theatres for compliant maintenance. Effects: A. Non-compliance of statutory maintenance of ventilation plant. B. Ventilation plant failure leading to risk to patients. C. Unplanned closure of theatres and loss of list capacity.	1. As of 6/6/18, an agreed maintenance/access plan is in place between Estates Operations and Surgical Division.	15	Adequate	**Ctrl 1.** Theatre maintenance has taken place on the first two Fridays in September.	None Identified.	No Gaps Identified.	Positive	A = Excellent	- No outstanding actions identified
2285 **New**	Corporate Level Risk	Continuing Health Care	Interim Chief Operating Officer	1. Safe, Quality Care and Best Experience, 4. Well Led.	25	Continuing Health Care Learning Disabilities Assessments.	Cause: Lack of systematic approach to processing positive and negative CHS checklist for LD Clients. Effects: A. Cohort of clients who have not received timely assessments of their needs. B. Local authority is funding clients which could potential be health/CHC funded. C. Client's funding could potentially require to be back dated to " Day 29" following completion of the checklist. D. Maximum current potential financial risk is approximately £3m. E. Risk associated to safety of patients who may not be having their needs met as they have not had a full health assessment.	1. Removal of the checklist process provider. 2. Detailed analysis of process and clients. 3. Each client has been risk scored to establish their likelihood of eligibility for CHC. 4. Financial forecast has been submitted to CCG Director's of Finance and Trust's financial director. 5. Additional Nursing Capacity in the Trust CHC team to assess at risk clients.	25	Inadequate	**Ctrl 1.** The Checklist now comes directly into TSDFT and not from DPT. This means that we have oversight of dates that checklists were completed which enable them to the waiting list CHC assessment waiting list in a more timely manner. **Ctrl 2.** Due to the checklist coming directly to the Trust, we have a better understanding of clients waiting for CHC assessments and how long they have been waiting. **Ctrl 3.** Allows TSDFT forecast potential spend into CHC budget based on likelihood to convert to CHC. **Ctrl 4.** No current assurance available due to strategic levels of discussion that are on-going. **Ctrl 5.** This control has been delayed by TSDFT Chief Executive pending further information and meeting with Head of CHC. **Ctrl 1-5.** Risk discussed at CSDU Divisional board, CCG PPGG, Joint DPT, DCC, TSDFT LD meeting (Monthly), CHC weekly team meeting, NHS E assurance monthly meeting.	None Identified.	No Gaps Identified.	Positive	B = Good	- Ensure sufficient CHC team staffing. Ensuring sufficient CHC team staffing to process assessments and on-going case management.

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Corporate Theme 2 : Failure to achieve key performance / quality standards. (continued)																
2294 **New**	Corporate Level Risk	All Departments	Interim Chief Operating Officer	1. Safe, Quality Care and Best Experience, 4. Well Led.	16	52 Week Waits.	Cause: Multiple failures across Surgical SDU to meet Referral to Treatment (RTT) targets and keep within 52 weeks. Effect: As shown in the linked risks we are failing to achieve the RTT levels set by NHS England which will effect our Reputation. In addition we currently have patients waiting close to and over 52 weeks. Linked to Risk: DRM ID 1140 Respiratory Long Waits for Service Users. (RTT) (52 Weeks) (20) DRM ID 1585 Trauma and Orthopaedics Long Waits for Service Users. (RTT) (52 Weeks) (RTT) (52 Weeks)(16) DRM ID 2000 Rheumatology Long Waits for Service Users. (RTT) (52 Weeks)(15) DRM ID 2269 Urology Long Waits for Service Users. (RTT) (52 Weeks)(20	1. Documented / updated process in place. 2. Linked Risks reviewed regularly. 3. Funds released to progress out/insourcing and extra sessions. 4. Plans in place to have no 52 week waiters by March 19. 5. Recruitment approved for urology and colorectal. 6. Approval sort for UGI recruitment. 7. Extra sessions approved for existing staff .	16	Inadequate	**Ctrl 1.** Recovery Plans submitted to Board & NHSI. **Ctrl 2.** Reviewed as per Risk Management policy. **Ctrl 3.** RTT Funding released and being tracked as we spend. **Ctrl 4.** Submitted to Board and NHSI. **Ctrl 5.** Interviews booked for Sept/October, Applications already received. **Ctrl 6.** Business case going to next SBMT. **Ctrl 7.** Saturday working in place plus in week.	Ctrl 3. Outsourcing to MSH underway. Ctrl 3. Insourcing being organised, has to go through OJEU due to value.	No Gaps Identified.	Positive	B = Good	- Insourcing /Outsourcing. Insourcing company identified, detailed arrangements for assistance with ophthalmology and urology to be worked up.
Corporate Theme 3 : Inability to recruit / retain staff in sufficient number / quality to maintain service provision.																
1652 **New**	Corporate Level Risk	General Medicine	Medical Director	1. Safe, Quality Care and Best Experience	20	Vulnerability of Junior Doctors Rota in Medicine.	Cause: Gaps in junior doctor rota for academic year 2018/19 caused by: A. Inability to recruit Trust Doctors for Acute rota B. Unfilled Deanery posts C. Significant levels of sickness in juniors that started in August and also 1 upcoming maternity leave. Effects: A. Inability to run Acute rota as written B. Extreme vulnerability of rota to planned & unplanned absence; shifts likely to go uncovered leaving ward areas short on junior doctor cover. C. Potential for increase in junior doctor exception reporting. Linked to: CLR 2183 Financial Sustainability Risk Rating 2018/19. (20)	1. Acute rota rewritten with an evening clerking shift removed. 2. On-call intensity for specialty SHO's increased to cover on-call rota. 3. Seeking agency locums; 4 short-term locums secured so far. 4. Seeking overseas doctors via Remedium recruitment agency. 5. Trust jobs out to ad again with revised advert. 6. Any gaps reviewed on a daily basis & covered where possible	20	Inadequate	**Ctrl 1.** New rota produced & operational plus e-mails. **Ctrl 2.** Rota is evidence of this i.e. new rota only achieved by increased intensity. **Ctrl 3.** Locums identified on rota; locum contracts agreed with medical recruitment. **Ctrl 4.** Spreadsheet held by Samantha Taylor showing names of doctors who have accepted offers. Also offer letters available. **Ctrl 5.** Can be seen on NHS jobs **Ctrl 6.** This is day to day operational business so no real assurance other than e-mails /WhatsApp messages seeking cover. **Ctrl 1-6.** Risk discussed at Acute Medicine Meeting but also Directorate &SDU Board.	Ctrl 3. Mapping exercise in process to map locums & expected locums to approve, ECF's.	No Gaps Identified.	Neutral	D = Fair	- Recruitment. Trust Doctor jobs still out to advert and Actively seeking locums. '- Longer term junior doctor workforce plan to be developed as part of Business Planning & to take accont of different posts e.g. Physicians Associates or ENP's that could support workforce.

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DRM ID No.	Risk Type	Department	Executive lead.	Strategic Objective	Rating (Initial)	Title	Risk Description	Controls in Place to Mitigate Risk	Rating (Current)	Adequacy of Control	Actual Assurances in Place on Existing Controls in Place	Potential Assurances on Existing Controls in Place	Controls with no Assurances.	Assessment of Assurances	Overall Assurance Level.	Outstanding Actions Identified to Mitigate Risk Further.
Corporate Theme 3 : Inability to recruit / retain staff in sufficient number / quality to maintain service provision. (continued)																
1697	Corporate Level Risk	Human Resources	Director of HR & WP	1. Safe, Quality Care and Best Experience, 2. Improved Wellbeing Through Partnership, 3. Valuing Our Workforce, 4. Well Led.	16	Difficulty in Recruiting Service Critical Staff.	Cause: National shortages mainly due to the deficit between the numbers required and the number of training places and the withdrawal of student bursaries. Effect: Difficulties in delivering on corporate objectives and national targets. Increase in temporary workforce usage including agency leading to budget overspends. Linked to Risks DRM ID no: 1073 Timely And Effective Access To Neurology Service. (20) 1149 (Child Health To Provide Safe And Timely Care.) (16) 1603 (Breast Radiology Team reduced availability - Vacancies in Main Radiology) (16) 1736 General Medicine, George Earl Ward, Staffing level inadequate. **(12 down from 20)** 1830 Cancer Services Vacancy for Breast and Colo-rectal Clinical Oncology. (15) 1881 (MRI Capacity and Recruitment (Staffing Waiting)) **(12 down from 16)** 1953 Haematology Consultant Capacity. (15) 2037 (Reduced Nursing Capacity on Turner Ward and Ricky Grant Day Unit.) (16) 2066 Vulnerability of Medical Take. (16) **(New)** 2126 (Lack of "Medical Physics Expert" support for "Radiation Protection Adviser".) (16) 2181 (Phlebotomy Establishment.) (15) 2196 (High Consultant Psychiatry Caseload.) (15) (**New)**	1. Recruitment updates are reported to Board bi-monthly as part of Workforce Report. 2. Medical Recruitment is being looked at as part of the Trust's Recruitment Strategy working groups. 3. Performance Report identifies where compliance with RTT/ED/STC impacted by workforce shortage. 4. Nursing workforce strategy in place including capacity plan that identifies demand and supply routes (including overseas nursing, redesign and vocational career pathways) monitored by Workforce and OD group. 5. E-Rostering system in place for nursing staff. 6. Restricted use of agency staff. 7. Use of bank staff wherever possible. 8. Additional support from current staff. 9. Risk discussed at Local level with escalation process for risks. 10. 15+ being linked to this risk. 11. Risk discussed at HR SDU meetings. R+R Groups. Workforce OD Group, Quality & SDU Performance meeting, Nursing working board group meeting, Risk Group meeting, Executive Team meeting, Audit & Assurance meeting and Trust Board meeting. 12. STP Workforce and Clinical network development.	16	Inadequate	**Ctrl 1.** Evidence of the control is the workforce report as part of the Board papers ensure that the Board is fully sighted on the current position. **Ctrl 2 .**The Trust is involved in the STP Resourcing Group which includes a focus on the medical workforce. Local actions include the use of a recruitment agency to assist with overseas recruitment. **Ctrl 3.** This is a standing item for discussion at the Nursing & AHP Workforce Programme Board, which feeds into the Workforce & Od Group, e.g. development of nurse apprenticeships. **Ctrl 4.** Allocate is being implemented across the Trust for all nursing areas to ensure the effective rostering of nursing staff. **Ctrl 5.** There is a robust authorisation process for the use of agency. The impact of this resulted in the Trust overachieving against the NHSI cap for 17/18. **Ctrl 6.** Established a medical bank which is managed centrally. **Ctrl 7.** Risk is a standing item for SDU boards. **Ctrl 8.** The identification of risk 15+ and linking to this risk is undertaken by the Risk Officer following approval by the Risk Group. **Ctrl 9.** The notes of the meetings evidence these discussions. **Ctrl 12.** STP agreed Basis for implementing mutual support and clinical networks to address gaps in workforce capacity. **Ctrl 1-12.** Risk discussed at Nursing & AHP Workforce Programme Board, Temporary Staffing & Agency Group. Workforce & OD Group and Risk Group.	None Identified.	No Gaps Identified.	Positive	B = Good	- Utilisation of Temp & Bank Staff. More effective utilisation of our temporary staff and developing our bank staff. - Exploring international recruitment for medical staff. - Development of our own workforce career pathways, apprenticeship's, HCA to a qualified position. - Workforce Planning Exercise to forecast demand and supply routes that will deliver the required nursing workforce over the next 5 years. This includes developing career pathways etc. as described. - Safer Staffing Review. Results of twice yearly - Safer staffing review. - Ensuring the E-Rostering system is in place for the nursing staff.
Corporate Theme 4 : Lack of available Care Home / Domiciliary Care capacity of the right specification / quality.																
75	Corporate Level Risk	Operations (Head Office)	Interim Chief Operating Officer	1. Safe, Quality Care and Best Experience	20	Viability of Care Homes and Nursing Homes.	Cause: Reduction in supply of care homes and care providers due to financial safeguarding/quality concerns. Effects: A. Inability to provide assessed care in a timely way, resulting in delayed transfers of care. Need to find alternative care for clients of failed domiciliary care or care home providers. B. Any care home closures or whole home safeguarding takes significant operational capacity from health and wellbeing teams which impacts on patient flow across the whole system. Note: Risk included at request of Lead Director, Sustainability of care home and nursing home provision within the community at risk. Linked to Risks: DRM ID No 1695 (CLR) Mears Group Risk (16) DRM ID No 1715 Independent Sector Market.(15) DRM ID No 2183 Financial Sustainability Risk Rating 2018/19. (20)	1. There is a robust operational/action plan and procedure in place that manages care home closures. 2. CQC inspection reports monitored by Trust Safeguarding Lead and QAIT team. 3. Financial viability of care homes is being monitored by the Adult Social Care (ASC) commissioners. 4. Quality is monitored via QAIT team and bi-annual care home visits. There is a similar team in place in DCC that undertake this role in South Devon care homes. 5. Escalation process in place. 6. There is a significant amount of work which is undertaken by the operational teams to support the quality of the services in care homes to prevent care homes having to close. 7. These are discussed at Market Management meeting led by commissioners. 8. Paper regarding spot provision approved by market management and is being implemented.	16	Adequate	**Ctrl 1.** Scheduled performance, progress and KPI reports provided to Safeguard / Inclusion Group, Executive Team, Quality Assurance Committee and Board by Chief Nurse. **Ctrl 1.** Up-to-date operational/action plan. **Ctrl 1.** Up-to-date procedures. **Ctrl 2.** CQC inspection reports. **Ctrl 3.** Agendas, papers, minutes/notes of meetings. **Ctrl 4.** Outputs/reports from QuESST and bi-annual reports of care home visits. **Ctrl 5.** Up-to-date process for specific escalation of safeguarding issues. **Ctrl 1,4-6.** Bi Monthly control report considered at Community services Board by Quality Improvement team. **Ctrl 1-5.** Placed People's Board engagement with CCG. **Ctrl 1-6.** IA Report - SDU Governance arrangements. (May 2017), Assurance level satisfactory. **Ctrl 7.** Monthly Market Management meeting in place led by Torbay commissioners with attendance from Senior Officers from the ICO. **Ctrl 1-7.** Risk presented to and discussed at CSDU Board, Social Care Programme Board, Market Management, Risk Group, Executive Team Meeting, Audit and Assurance Committee and Trust Board. **CTRL 8.** Paper enables a change in strategy to increase spot provision in Torbay to address capacity gap in dom care.	**Ctrl 1.** Receipt of Mears action plan. **Ctrl 1, 2.** CQC oversight of plan - In addition the CCG have identified some extra capacity with Jenny Turner who is also supporting this area of work and market development with Council commissioners. **Ctrl 3.** Cost based assessment of care home fees being undertaken to inform 16/17 settlement.	No Gaps Identified.	Positive	A = Excellent	- Market management monitoring. To continue working with market management and relationship development with homes support the QAIt team. on-going monitoring of situation.

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Corporate Theme 4 : Lack of available Care Home / Domiciliary Care capacity of the right specification / quality. (continued)																
1695	Corporate Level Risk	Personal Care Service	Interim Chief Operating Officer	1. Safe, Quality Care and Best Experience, 2. Improved Wellbeing Through Partnership	20	Mears Personal Care Delivery, Failure Concerns Across Torbay & South Devon.	Cause: Lack of management processes and staff at Mears as evidenced by the Care Quality Commission and Health watch reports and the care failure in Torbay over the weekend of 25 - 28 August and additional issues during and since the beginning of October. Effects - Adequate and sufficient volume of Torbay provision that effects: A. Safety and quality of care delivered to clients compromised due to failure to visit/provide double handed care. B. Delayed discharges across the Acute and Community hospitals. C. Lack of public confidence in the provider and the Trust. D. Impact on the residential and nursing home market capacity as winter pressures start. E. Increased level of complaints. F. Risk to organisational strategy for the new model of care development. Linked to Risks: DRM ID No 75 (CLR) Viability of Care Homes and Nursing Homes.(16) DRM ID No 1715 Independent Sector Market.(15)	1. Provider of Concern process invoked to hold the provider to account. 3. Weekly operational review meeting. 4. Daily review of the Outstanding package of care list daily calls with provider to anticipate any issues. 5. Off contract protocol in place to procure Domiciliary Care from alternative sources. 6. Liaison with Devon County Council. 7. Monitor of complaints and incidents. 8. Mears are incentivising staff and their sub contractors to promote better retention and take up of work. 9. Incidents that our staff report relating to care homes and care providers in the south Devon area are notified by David Hickman to DCC 10. Incidents that our staff report relating to Mears in the Torbay Localities (Torquay, Paignton & Brixham) are notified to Cathy Williams, Jon Anthony, Nigel Sutton and Emma Bewes. 11. Non safeguarding concerns incidents relating to MEARS (or a sub-contractor of MEARS) are notified to MEARS via their secure NHS email address for them to investigate and respond to David Hickman in 14 working days using an agreed template. 12. Incidents relating to MEARS (or a sub-contractor of MEARS) which raise possible Safeguarding concerns incidents are notified to the persons in control 13 and also to the TSDFT safeguarding alert email address in the 1st instance for triage prior to provider notifications. 13. Agincare commissioned for 6 months to provide additional dom care capacity to support rapid response. 14. Mears working with other sub-contractors to increase capacity across Torbay and South Devon. 15. Mears have a plan to undertake a review of all BCP for providers by Dec 2018 – this is a large and complex piece of work with and initial stock take being undertaken by August 2018. 16. Paper regarding spot provision was approved at market management and is currently being implemented. 17. Additional capacity procured from the market and additional hours being provided by spot market. 18. Bid has been made to IBCF for a QAIT worker. 19. Commissioners setting up a steering group to address dom care transformation.	16	Adequate	**Ctrls 1,3,7 & 12.** Agenda's, papers, minutes/notes. **Ctrl 1.** CQC report. **Ctrl 1.** Healthwatch report. **Ctrl 4.** 11 Reports logged and notes reported on. **Ctrl 5.** List of clients. **Ctrl 5.** Up-to-date protocol. **Ctrl 6.** Protocol in place to use other providers other than Mears. Ctrl 8. Letters to clients. **Ctrls 4 & 9.** Complaint and incident reports. **Ctrl 1-19.** IA Report - SDU Governance arrangements. (May 2017), Assurance level satisfactory. **Ctrl 10.** Judy Falcão has completed on-site visit with Mears to support their recruitment processes. Follow up visit also planned. **Ctrl 11-15** Daily monitoring of incidents and escalation of Mears related incidents are managed my CSDU Clinical Governance Lead. David Hickman. **Ctrl. 14.** Breach of contract notice has been issued. Resulted in fortnightly meetings. **Ctrl 1 -19.** Due to the level of concerns, decision has been made to put the service into a "Whole service safeguarding process" under a S42 process.	**Ctrl 1.** CQC follow-up review **Ctrl 1.** Healthwatch follow-up review **Ctrl 1.** Release from provider of concern process **Ctrl 2.** Receipt of Mears action plan. **Ctrl 2.** CQC oversight of plan. **Ctrl 10.** Staff training records **Ctrl 10.** Staff turnover rates within Mears and sub-contractor.	No Gaps Identified.	Positive	A = Excellent	- Joint provider of concern meeting held with DCC. 1st meeting was held Feb 26th 2018.

DRM ID No.	Risk Type	Department	Executive lead.	Strategic Objective	Rating (Initial)	Title	Risk Description	Controls in Place to Mitigate Risk	Rating (Current)	Adequacy of Control	Actual Assurances in Place on Existing Controls in Place	Potential Assurances on Existing Controls in Place	Controls with no Assurances.	Assessment of Assurances	Overall Assurance Level.	Outstanding Actions Identified to Mitigate Risk Further.
Corporate Theme 5 : Failure to achieve financial plan.																
2183	Corporate Level Risk	Finance	Finance, Performance and Investment Group (Paul Cooper)	1. Safe, Quality Care and Best Experience, 2. Improved Wellbeing Through Partnership, 4. Well Led.	25	Financial Sustainability Risk Rating 2018/19.	Cause: Inability to meet total recurrent CIP savings target. Effect: Results in a failure to achieve the business plan objectives for 2018/19. Linked to Risks: DRM ID No 75 (CLR) Viability of Care Homes and Nursing Homes. (16) DRM ID No 1652 (CLR)Vulnerability of Junior Doctors Rota in Medicine.(16) **(New)** DRM ID No 2184 Spend On Variable Staffing 2018/19. (15)	1. Performance reports at Senior Business Management Group, CIP Operational Delivery Assurance Group, Joint Executive meeting for STP, Finance, Performance and Investment Committee and Board. 2. Deep dives on schemes undertaken at Finance, Performance and Investment Committee. 3. Programme office and management function established, monitoring and reporting delivery of schemes. 4. Regular updates provided to the Risk Share Oversight Group 5. Exec-led performance monitoring of SDUs/support directorates. 6. CIP plan established for 2018/19. 7. Trust-wide improvement programme for 2018/19 onwards with potential savings verified with reference to external reports. 8. Executive sponsors and management leads identified for schemes. 9. Productivity Improvement meetings PIMs. 10. Benchmark data.	20	Adequate	**Ctrl 1.** Monthly integrated performance reports. **Ctrl 2.** Deep dives in FPIC. **Ctrl 3.** PMO with monthly reporting. **Ctrl 4.** RSOG. **Ctrl 5.** Quality Performance review meetings and check and Challenge. **Ctrl 6-8.** CIP plan. **Ctrl 9**. Executive . **Ctrl 1-10.** Risk discussed at Finance Performance and Investment Committee, Infection Prevention and Control, Risk Group, Executive team Meeting, exceptions to the Board of Directors.	**Ctrl 1.** Monthly integrated performance reports. **Ctrl 2.** FPIC minutes. **Ctrl 3.** Monthly integrated performance reports, EDG and Check an challenge meeting notes. **Ctrl 4.** RSOG minutes. **Ctrl 5.** Performance review minutes and actions. **Ctrl 6.** PMO reports. **Ctrl 7.** IP planning is continuing in SDU's and Executive have set up two work streams t seek schemes to close that gap: Model hospital pilots have been agreed at SBMT in the NHSI 'most opportunity areas. Finance teams have trawled best practice, previously stalled schemes and technical solutions to proved the executive with a long list of potential schemes. **Ctrl 8.** PMO reports.	**Ctrl 1.** GAP is not currently closed and cost pressures could widen the gap. Senior Business Management Group, Efficiency Delivery Group, Joint Executive meeting for STP, Finance, Performance and Investment Committee and Board and Risk Share Oversight Group.	Positive	A = Excellent	- Financial Sustainability Risk Rating. 1. Further Challenge being undertaken to enhance savings plans by Directors. - Financial Sustainability Risk Rating. 2. Model hospital work commenced to identify areas for improvement. - Financial Sustainability Risk Rating. 3. Opportunities review under way.
2185	Corporate Level Risk	All Departments	Interim Chief Operating Officer	4. Well Led.	20	Failure to Secure Fund Monies 2018/19.	Cause: Failure to achieve 2018/19 control total. Effect: Failure to achieve Sustainability and Transformation (STF) and subsequent impact on financial performance plan. Damage to risk rating and reputation with the regulator. Linked to Risk/s: DRM ID No 2171 (Impact of National Clinical Excellence Awards.) (15)	1. Performance reporting and escalation through Service Delivery Units, Finance, Performance and Investment Committee, Financial Improvement Scrutiny Committee and Board. 2. Core financial controls. (Budget setting, Standing Financial Instructions / Scheme of Delegation.) 3. Cash management, cash planning and working capital facility in place. 4. Reporting to regulators. 5. Engagement with regulators to ensure aspects of the Single Oversight Framework covered. 6. Building relationships with NHS-I team. 7.Bi-weekly Productivity Improvement meetings (PIMs) with each SDU monthly CIP Operational Delivery Group meeting to act as CIP assurance on PIMs progress. Executive led corporate programmes and Grip and Control implementation. 8. NHS-I monthly review process with monthly written report to NHSI by Trust. 9. Annual plan delivers control total 10. Re-phased annual plan submitted 2018/19 in NHSI plan review process.	15	Adequate	**Ctrl 1.** CIP forecast has been increasing but GAP still significant and some schemes require commissioners decisions others require innovated solutions from Strategic estates partner. **Ctrl 2.** Monthly Integrated performance report at SDU and Corporate level. **Ctrl 3.** Weekly cash plan and access to WCF(WCF tested in June), Monthly Integrated performance report at SDU and Corporate level. **Ctrl 4.** Latest Well Led report - use of resources as Good, Monthly finance report to regulators. **Ctrl 5-7.** Monthly finance report to regulators. **Ctrl 8.** Signed RSA. **Ctrl 9-10.** Annual plan and update submitted to regulators. **Ctrls 1-10**. Risk discussed at: SDU boards, Check and Challenge meetings, EDG, Performance and Review Meetings, Executive Group SBMT, FPIC, Board. Audit and Assurance Committee and RSOG.	**Ctrl 1.** CIP planning is continuing in SDU's and Executive have set up two work streams t seek schemes to close that gap: Model hospital pilots have been agreed at SBMT in the NHSI 'most opportunity' areas Finance teams have trawled best practice, previously stalled schemes and technical solutions to proved the executive with a long list of potential schemes. **Ctrl 2.** WCF. **Ctrl 3.** Internal audit reports on cash management. **Ctrl 4.** Finance Team keep in regular contact with NHSI so we have a no surprises policy. **Ctrl 5.** Finance Team keep in regular contact with NHSI so we have a no surprises policy. **Ctrl 6.** Finance Team keep in regular contact with NHSI so we have a no surprises policy. **Ctrl 7.** Finance Team keep in regular contact with NHSI so we have a no surprises policy . **Ctrl 8.** Monthly Risk share oversight group (RSOG) meetings with partner organisations.	**Ctrl 1.** GAP is not currently closed and cost pressures could widen the gap.	Neutral	C = Reasonable	- Action Plan 1. STP and regulators engaged in system wide solution to system level change required. - Action Plan 2. Continued focus on CIP plans via QPR. - Action Plan 3. DGM review of investments to identify consequences of staying within budget. - Action Plan 4. Signed Contract. - Action Plan 5. Discussions with council on level and new IBCF monies. - System response to DCC back dating underway. - Further Cost Controls. Executive Directors considering further cost control actions.

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DRM ID No.	Risk Type	Department	Executive lead.	Strategic Objective	Rating (Initial)	Title	Risk Description	Controls in Place to Mitigate Risk	Rating (Current)	Adequacy of Control	Actual Assurances in Place on Existing Controls in Place	Potential Assurances on Existing Controls in Place	Controls with no Assurances.	Assessment of Assurances	Overall Assurance Level.	Outstanding Actions Identified to Mitigate Risk Further.
Corporate Theme 5 : Failure to achieve financial plan. (continued)																
2209	Corporate Level Risk	Torbay Pharmaceuticals	CEO	3. Valuing Our Workforce, 4. Well Led.	20	Impact of Loss/Reduction of a Single Product.	Cause: Loss/reduction of a single product when that product has a significant contribution to financial outcome, maybe due to competition/loss of PL. Effect: Financial loss.	1. Monitoring Digital Platforms. 2. Splitting Market with a new presentation. 3. Increase Exporting activities - globally. 4. Improving batch sizes for efficiency.	20	Inadequate	**Ctrl 1.** Monitoring Digital Platforms. This is performed weekly to give assurance that TP will be aware when competitor is likely to enter the market. This will not prevent competitor from promoting product and potentially gaining sales at detriment to TP product. **Ctrl 2.** Splitting Market with a new presentation. Licensing of new presentation has been brought forward for submission in July 2018. This will be a differentiator from competitor product. **Ctrl 3.** Increase Exporting activities - globally. Registering of manufacturer and products is under way in multiple territories. Export Manager looking for other opportunities. First product approved in New Zealand June 2018. **Ctrl 4.** Improving batch sizes for efficiency. Planning underway to optimise batch size to maximise return from batch. **Ctrl 1-4.** Risk presented to and discussed at Weekly TP Executive Meetings, TP Board Meetings, Commercial Team Meetings, Risk Group, Executive Team Meeting, Audit and Assurance Committee and Trust Board.	**Ctrl 1.** This is a commercial risk and therefore no guarantees can be given that prevents competitor product entering the market. TP are actively ensuring that potential loss is minimised. **Ctrl 2.** This a medium to long term strategy as requires regulatory approval and product development and will not protect against short term loss. **Ctrl 3.** Export Manager is identifying potential leads but regulatory approval in each territories takes several months and will not protect against short term loss. C**trl 4.** This will increase return from batch but will not protect against loss of sales. This will give flexibility on pricing structure.	**Ctrl 1.** This is a commercial risk and therefore none of the assurances can guarantee preventing loss of sales to competitor product. **Ctrl 2.** This is a commercial risk and therefore none of the assurances can guarantee preventing loss of sales to competitor product. **Ctrl 3.** This is a commercial risk and therefore none of the assurances can guarantee preventing loss of sales to competitor product. **Ctrl 4.** This is a commercial risk and therefore none of the assurances can guarantee preventing loss of sales to competitor product.	Positive	B = Good	- Horizon Scanning for potential changes. Remit for Commercial & Strategy Director. - Exporting. Identify suitable opportunities to increase exporting business.
2227	Corporate Level Risk	Personal Care Service	Interim Chief Operating Officer	1. Safe, Quality Care and Best Experience, 2. Improved Wellbeing Through Partnership, 3. Valuing Our Workforce, 4. Well Led.	20	Increase in Overspends on the Independent Sector. (2018/19)	Cause: Increased expenditure on the Independent Sector (Placed People, Adult Social Care) budgets. (2018/19) Effect: This could lead to un-budgeted overspend and effect the Trust's ability to achieve the current business plan objectives.	1. Performance reporting through Service Delivery Units, Finance, Performance and Investment Committee and Board. 2. Placed People Oversight Group. 3. Standing Financial Instructions (SFIs) and Scheme of Delegation. 4. ICO joined Devon County Council, Torbay Council, Plymouth Council, NEW Devon CCG and South Devon and Torbay CCG 2018/19 fee setting process. 5. Policies and procedures for care planning and package approval. 6. Care home fee model and care market consultation process. 7. Policies and procedures for outside of fee rate. 8. Joint Role to oversee market development across the system. 9. We are working on a number of schemes to reduce spend and increase threshold into social care spend-these are identified on the CIP smart sheet schedule. 10. A new Health and Social Care Uplift Committee is in place reporting to Executives, that considers all uplift requests from providers.	16	Adequate	**Ctrl 1.** Scheduled progress, performance and KPI reports provided to Finance, Performance and Investment Committee and Board. **Ctrl 1-2,8.** Agenda's, reports, minutes/notes. Ctrl 3. Board approved SFIs and Scheme of Delegation. **Ctrl 4.** Agreed process Ctrl 5,7. Up-to-date policies and procedures. **Ctrl 6.** Agreed care home fee model and care market consultation process. **Ctrl 6.** Outcome of judicial review consultation process. Judicial review ruled in the Council's favour. **Ctrl 8.** Person now in post and liaising with providers and teams. **Ctrl 9.** Evidence Recorded in smart sheets with monthly presentations to the Community SDU. **Ctrl 10.** Committee in place, minutes and agenda of meeting available. **Ctrl 1-10.** Fran Mason has secured on-going nursing Home provision in Torbay. **Ctrl 1-10.** Risk deep dived at Finance, Performance and Investment Committee meeting on 27/03/2018. **Ctrls 1-10.** Presented to Risk Group 13/03/2018 - Executive Team 13/03/2018 - Audit and Assurance Committee 26/01/2018 - Board 07/03/2018.	**Ctrl 4.** Benchmark rates of expenditure. Ctrl 4. Market strategy.	No Gaps Identified.	Neutral	C = Reasonable	- Liaising with Torbay Council on Budget. 2018/19. DOF and Chief Nurse are liaising with Torbay Council about this budget.

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DRM ID No.	Risk Type	Department	Executive lead.	Strategic Objective	Rating (Initial)	Title	Risk Description	Controls in Place to Mitigate Risk	Rating (Current)	Adequacy of Control	Actual Assurances in Place on Existing Controls in Place	Potential Assurances on Existing Controls in Place	Controls with no Assurances.	Assessment of Assurances	Overall Assurance Level.	Outstanding Actions Identified to Mitigate Risk Further.
Corporate Theme 6: CQC rating 'requires improvement' and the inability to deliver sufficient progress to achieve 'good' or 'outstanding'.																
1095	Corporate Level Risk	Emergency Services	Interim Chief Operating Officer	1. Safe, Quality Care and Best Experience	20	Safer Care - No Delays in ED.	Cause: Overcrowding due to exit block and capacity issues throughout the hospital meaning no flow through department. Effect: Non-achievement of ED quality standards, delayed ambulance handovers. No capacity creates delays to patient assessment, diagnostics, treatment and represents a clinical risk to patients.	1. Intentional rounding and departmental escalation policy in conjunction with hospital escalation plan. Challenging when there are high rates of admission and low rates of discharge i.e. Unable to adjust thresholds further to allow a patient to go home. 2. Two hourly board rounds during high volume situations; pilot use of overcrowding score to be used in conjunction with Trust wide actions. 3. Early escalation of capacity problems to on-call teams. Escalation to Bronze and Silver command in SWAST. 4. ED dashboard will support greater understanding of ED pressures. 5. Performance closely monitored through ED. governance process and trust flow board 6. Policies and procedures including clear SOP's. 7. On call executive rota. 8. 3 x daily control meetings with real-time information and appropriate management responses. 9. Ward discharge coordinators have daily meetings to review ward discharges. 10. SWAST and ED initiative with use of 'expected cards' to highlight if patients could be directed elsewhere e.g. AMU/EAU3. 11. 4hr Meeting every Tuesday to target improvement in performance which will impact positively on overcrowding.	15	Adequate	**Ctrl 1-2.** Embedded in Departmental safety processes. Safety metrics continue to be monitored. **Ctrl 3.** Managed at times of escalation and close liaison between ED and SWASFT. **Ctrl 5.** Regularly reviewed at meetings. **Ctrl 6.** Complete and up-to-date. **Ctrl 7.** Rostered on-call plan. **Ctrl 8.** Exceptions reported and SDU actions at these meetings. **Ctrl 9.** This has been re-launched as part of the SAFER-7 work. Weekly meetings to monitor progress. **Ctrl 10.** Active management of Primary care streaming and maximising use of AMU now open 7 days. **Ctrls 1-11.** Risk presented to and discussed at Daily control meetings. Weekly ED meetings both internal to the department and on Tuesday evening as part of 4-hour action plan, Patient Flow Board monthly meetings, A&E Delivery Board monthly meetings, Devon Delivery Board monthly meetings - Chaired by Trust Chief Exec, Risk Group, Executive Team Meeting, Audit and Assurance Committee and Trust Board.	None identified.	**Ctrl 4.** Risk when the ED dashboard 'goes down' at weekends. Being managed by the HIS team.	Neutral	C = Reasonable	- Monitoring Escalation Plans. Continue to focus on robust escalation plans and safer discharge planning. Review front door assessment with focus on check re-direction. - Creation of Site Management Team. Site management team appointed, due to start Nov 2018.
1504	Corporate Level Risk	Emergency Services	Interim Chief Operating Officer	1. Safe, Quality Care and Best Experience	20	Delays to Mental Health Pathways.	Cause: 2-3 Occurrence's weekly where vulnerable patients are admitted to the EAU's awaiting Mental Health Beds. Effects: A. Delays in transferring patients to appropriate units due to bed availability. B. Poor patient experience. C. Huge strain placed on these wards, often requiring extra staffing to support, adding stress/workload for ward teams. D. We have had patients attempt to self harm with ligature points in bathrooms.	1. Situation regularly escalated. (Averaging weekly occurrence.) 2. Extra staffing can be requested via temporary staffing (as available). 3. Psychiatric liaison team available in hours. 4. Manager on call and/or Executive team for escalation. 5. Appropriate discussion in progress with Devon Partnership Trust.	16	Adequate	**Ctrl 1-5.** continued close working with DPT particularly the psychiatric liaison team; on-call teams provide escalation support; psych liaison rep attends ED clinical governance meetings; DPT are involved in the clinical pathways work as part of the ED build. Issues are discussed and managed through the daily control meetings and proactively managed by Executives to ensure appropriate onward placement for patients. **Ctrl 1-5.** Risk presented to and discussed at Daily control meetings, ED clinical governance meetings, Patient Flow Board, A&E Delivery Board, Risk Group, Executive Team Meeting, Audit and Assurance Committee and Trust Board.	None Identified.	No Gaps Identified.	Neutral	C = Reasonable	- Mental Health Bed Capacity/Availability Issues. To escalate at corporate level for discussion with DPT in reference to solutions for long waits for Mental health beds/placement. - Ligature Risk Assessment. Work to be completed following audit.

Attachment two

BAF Current Risk Score Heatmap

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BAF Heatmap		Likelihood		
		3. Possible	4. Likely	5. Almost Certain
Consequence	5. Catastrophic	15	20	1, 2, 3, 8, 9, 10, 25
	4. Major	12	4, 6, 12, 13, 14, 18, 16, 20	5, 7, 8, 11, 15, 20, 17
	3. Moderate	9	12	16, 19, 15

Trust Strategic Objectives 2016/18

- ❶ = Safe, Quality Care and Best Experience
- ❷ = Improved wellbeing through partnership
- ❸ = Valuing our workforce
- ❹ = Well led

Risk Title:

1. Corp Theme 1, DRM ID No 1050 “Special Theatres Ventilation.” ❶
2. Corp Theme 1, DRM ID No 1083 “Insufficient Capital Expenditure.” ❶❹
3. Corp Theme 1, DRM ID No 1231 “Failure To Raise Sufficient Capital” ❹
4. Corp Theme 1, DRM ID No 1159 “Current IT Systems & Infrastructure Will Not Meet Future Demands.” ❹
5. Corp Theme 2, DRM ID No 1070 “Outpatient & Inpatient RTT” ❶
6. Corp Theme 2, DRM ID No 2294 “52 Week Waits.” ❶❹ (New)
7. Corp Theme 2, DRM ID No 1266 “Poor Patient Experience And Quality Of Care.” ❶
8. Corp Theme 2. DRM ID No 1815 “Compliance against the National Cancer waiting time targets. ❶ (25 up from 20)
9. Corp Theme 2. DRM ID No 2250 “Lack of Critical Ventilation Maintenance of all Operating Theatres.” ❶❹ (New)
10. Corp Theme 2. DRM ID No 2285 “Continuing Health Care Learning Disabilities Assessments.” ❶❹ (New)
11. Corp Theme 3. DRM ID No 1652 “Vulnerability of Junior Doctors Rota in Medicine.” ❶ (New)
12. Corp Theme 3, DRM ID No 1697 “Inability to Attracted Service Critical Staff.” ❶❷❸❹
13. Corp Theme 4, DRM ID No 75 “Reduction in supply of care homes and care providers.” ❶
14. Corp Theme 4, DRM ID No 1695 “Mears Personal Care Delivery, Failure Concerns Across Torbay & South Devon.” ❶❷
15. Corp Theme 5, DRM ID No 2183 “Financial Sustainability Risk Rating 2018/19.” ❹
16. Corp Theme 5, DRM ID No 2185 “Failure To Secure Fund Monies18/19.” ❹
17. Corp Theme 5, DRM ID No 2209 “Impact of Loss/Reduction of a Single Product.” ❸
18. Corp Theme 5, DRM ID No 2227 “Increase In Overspends On The Independent Sector. 2018/19” ❶❷❸❹
19. Corp Theme 6, DRM ID No 1095 “Safer Care - No Delays in ED.” ❶
20. Corp Theme 6, DRM ID No 1504 “Delays to Mental Health Pathways.” ❶

Data collected 19/10/2018

Cover sheet and summary for a report to the Trust Board.	
Outcome of the 2018 NHSE/CCG external assessment of the Trust against EPRR responsibilities and national standards.	Date: 7th November 2018
Agenda item	To provide assurance to the Trust Board on compliance with legislation, standards and regulatory requirements relating to Emergency Planning Resilience and Response.
Report sponsor	Director of Estates and Commercial Development
Report author	Director of Estates and Commercial development Head of Safety Security and Emergency Planning
Report provenance	30/10/18 - Executive Team
Confidentiality	Public Board
Report summary	The formal assessment by NHS England and the CCG of the Trust's EPRR performance against the core National standards for the year ending 2018 was held on the 26th October 2018. The Trust was assessed as substantially complaint. The Trust Board are formally required to receive and sign off the outcome of the assessment and accompanying improvement plan in recognition of its responsibilities as a Category 1 responder under the Civil Contingencies Act (2004). The Board can take assurance that the Trust is substantially compliant and green rated in 57 of the 64 EPRR core standards and will be compliant with four of the seven remaining amber rated standards, by end of 2018. In addition to the assessment against core standards, NHSE and the CCG undertook a deep dive into the provision of an 'incident coordination centre'. Performance against 8 criteria was rated as good with only one concern (amber) in this area; due to the availability of national guidance that is awaiting publication by NHS England. A summary of overall performance is shown in the table below:

Standards	Green	Amber	Red
50 core standards	44	6	0
14 Hazardous Material and CBRN standards	13	1*	0
8 Incident Coordination Centre Deep Dive	5	1	0

* Rather than have a formal rota in place with responsibilities identified in designated roles, the Trust manages this though a volunteer rota. The management of decontamination has been the subject of a recent Executive led task and finish group which has endorsed this approach but proposed an extra duty payment for volunteers to encourage more staff to undergo the training. We currently have 24 volunteers trained and in place, we are confident that we can therefore respond in an emergency. Our nationally set target is 40 so this indicator is likely to remain amber until the Trust has reached this number.

	Of the actions related to the eight amber rated standards, one sits with the safety security and emergency planning team to deliver and the remainder with the operational team. The operational amber related actions are related to business continuity plans being written, a statement of compliance from data protection with regard to governance and executives training portfolios, all of which will be in place by the end of 2018.				
Purpose	**Note** ☐	**Information** ☐	**Review** ☐	**Decision** ☒	**Approve** ☐
Recommendation	The Trust Board are asked to • Formally receive the outcome and action plan of the NHS England/CCG EPPR performance and preparedness assessment for 2018 • Endorse the signing of the required assurance letter for NHS England to that effect.				
Summary of key elements					
Strategic context	• Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led				
Dependencies and risk	Mitigating risk of service interruption in the event of a major incident. Assurance that risk of not responding appropriately in the event of a major incident or business continuity incident is mitigated and significantly robust plans are in place.				
Summary of scrutiny	This assessment has been considered by • Executive Directors • Capital Infrastructure and Environment Group				
Stakeholder engagement	The following stakeholders were engaged • CCG • NHS England area EPRR team • Capital Infrastructure and Environment attendees including governor representative				
Other standards affected	National EPRR standards CQC safe and secure environment				
Legal considerations	The Trust is compliant with its obligation under the Civil Contingencies Act. (2004)				

Torbay and South Devon NHS
NHS Foundation Trust

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Sonja Manton
Director of Strategy
NHS South Devon and Torbay Clinical Commissioning Group

Date: 8th November 2018

Name of Accountable Emergency Officer: Lesley Darke
Organisation: Torbay and South Devon NHS Foundation Trust
Date of statement of compliance: 7th November 2018

Dear Sonja**,**

Following the assessment process that was held with yourselves and the NHSE area EPRR team on the 26th October 2018, I can confirm that the Trust Board formally received an assurance report and assessment against our responsibilities as a Category 1 responder under the Civil Contingencies Act (2004), and accompanying improvement plan, on the 7th November 2018.

The Trust Board has received assurance that it is compliant in 57 out of 64 of the EPRR core standards and all but one in relation to the emergency planning Incident Coordination Centre deep dive.

The one amber for EPRR Hazardous Materials/CBRN will remain amber as detailed in last year's assurance report.

The attached improvement plan sets out the actions the Trust will take against all core standards where full compliance has yet to be achieved and the dates when they will be completed.

Yours Sincerely

Liz Davenport
Chief Executive

cc: Amanda Fisk, Local Area Team Director of Operations and Delivery NHS England, Co-Chair of the Devon, Cornwall and Isles of Scilly LHRP
cc: Neil Vine Head of Emergency Planning Resilience & Response, Devon, Cornwall and Isles of Scilly, NHS England
cc: Lesley Darke, Emergency Accountable Officer TSDFT
cc: Jonathan Taylor-Edmondson, Head of Safety, Security and Emergency Planning TSDFT

Torbay and South Devon NHS
NHS Foundation Trust

Overall assessment:			Substantially compliant						
Ref	**Domain**	**Standard**	Detail	Evidence - examples listed below	**Assessment RAG** Red = Compliance will not be reached within the next 12 months. Amber = Plan to achieve full compliance within the next 12 months. Green = Fully compliant with	**Action to be taken**	**Lead**	**Timescale**	**Comments**
17	**Duty to maintain plans**	**Mass Countermeasures**	In line with current guidance and legislation, the organisation has effective arrangements in place to distribute Mass Countermeasures - including the arrangement for administration, reception and distribution, eg mass prophylaxis or mass vaccination. There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop Mass Countermeasure distribution arrangements. These will be dependant on the incident, and as such requested at the time. CCGs may be required to commission new services dependant on the incident.	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Partially compliant	To be ratified by the EPRR steering group and CEO	SP/LD	Dec-18	Trust Mass Prophylaxis Plan v1 draft [evidence file 014]
28	**Training and exercising**	**Strategic and tactical responder training**	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation	• Training records • Evidence of personal training and exercising portfolios for key staff	Partially compliant	Golds and Silvers to ensure that they complete their portfolios and exercise strategy to be rolled out by SSEP team	Executives	Dec-18	
42	**Cooperation**	**Mutual aid arrangements**	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, co-ordinating and maintaining resource eg staff, equipment, services and supplies. These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA).	• Detailed documentation on the process for requesting, receiving and managing mutual aid requests • Signed mutual aid agreements where appropriate	Partially compliant	Regional and National group to complete action plan - awaits Hants Hospital group first. Local group to be set up through LHRG with NHSE support.	JTE	Apr-19	
50	**Business Continuity**	**Data Protection and Security Toolkit**	Organisation's IT department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Statement of compliance	Partially compliant	Statement to be received based on the national guidance.	Emma Davies	Oct-18	Awaiting statement
51	**Business Continuity**	**Business Continuity Plans**	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure These plans will be updated regularly (at a minimum annually), or following organisational change.	• Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation	Partially compliant	Trust departments need to complete their BC plans	SP	Dec-18	Individual BCP not complete
		Assurance of	The organisation has in place a system to assess the business continuity plans of commissioned	• EPRR policy document or stand alone Business					

Torbay and South Devon NHS
NHS Foundation Trust

Ref	Domain	Standard	Detail	Evidence - examples listed below	Assessment RAG Red = Compliance will not be reached within the next 12 months. Amber = Plan to achieve full compliance within the next 12 months. Green = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
59	**CBRN**	**Decontamination capability availability 24 /7**	The organisation has adequate and appropriate decontamination capability to manage self presenting patients (minimum four per hour), 24 hours a day, 7 days a week.	Rotas of appropriately trained staff availability 24 /7	Partially compliant	Will remain partially compliant due to model of delivery with volunteers	JTE	Ongoing	Good recruitment taking place - on plan. Pathway in place to track staff trained which stands at 24 out of 40.
1	**Incident Coordination Centres**	**Communication and IT equipment**	The organisation has equipped their ICC with suitable and resilient communications and IT equipment in line with NHS England Resilient Telecommunications Guidance.		Partially compliant	Awaiting IT Facilities and installation to take place	JTE	Nov-18	Currently 2 weeks away from new ICC being commissiioned however, the Gold Command room is operational and this is where the Gold will sit. VIOP and Sat phone in place.

Torbay and South Devon NHS
NHS Foundation Trust

Report of Quality Assurance Committee Chair to TSDFT Board of Directors

Meeting dates:	10 October 2018
Report by + date:	Sally Taylor 23 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:

1. The committee received assurance that despite the continued concern about 52 week waits, quality and safety are being closely monitored.
2. QAC noted that the 4 hour target has not been achieved. Healthwatch have recently undertaken 200 interviews with patients in ED which did not highlight user dissatisfaction.
3. VVTE targets are not being achieved but progress is being made in improving recording to fully understand the reasons.
4. It was noted that there had been one Never event. There was no patient harm and the event has been thoroughly investigated.
5. The recent OPEL 3 and Opel 4 status has impacted on ambulance waits and SWAST have raised a critical incident. The Trust will participate in the investigation.
6. QAC received assurance on the weekly meetings focussing on national targets including 4- hour waits, cancer and RTT targets. Detailed reviews are carried out and there is expert clinical involvement.
7. It was reported that ward staff feel that there is continued pressure regardless of OPEL levels. There is no time to 'step off the hamster wheel'. Staff wellbeing is a priority this year but staff continue to report stress and fatigue.
8. The QIG report included reference to the national cardiac arrest audit which indicated that overall our incidence is below average except in the 65 to 74 age group. The use of TEPs and ACPs is therefore under review.
9. The QIG were informed of a recent incident where a patient was incorrectly identified on PAS, e.g. same / similar name. This is under review.
10. The SAE group reported that the MD is reviewing the process of how ED patients are referred to other consultants. SAE also noted a new coroner referral form and a useful BCH report on sepsis treatment.
11. Following concerns about a patient being admitted as an emergency to Torbay when their previous treatment, and medical records had been at Derriford, the MD is to write to SWAST to clarify the pathway.
12. The committee received the report from the Workforce and OD group chair and noted that achievement reviews are not yet at target level but that the improved

process is resulting in staff seeking their reviews, as they perceive them as positive, and Agenda for Change amendments mean that reviews are important for scale progression.

13. Mandatory training is now achieving target.
14. The Committee received a presentation on the Trust's whole person approach to a Health and Wellbeing strategy. The success of the HOPE programme was welcomed. There is concern on how we can support staff to participate in activities, given our work pressures. It is hoped that technology improvements could help.
15. The CQC action plan update was received and it was noted that the only major actions not completed relate to the fracture clinic improvements. A further CQC visit to review maternity, mortuary and fracture clinic is scheduled for early November.
16. Deep dives were carried out on two BAF risks.
17. It was reported that a Medical Workforce programme board has been set up and some HEE support has been made available for workforce planning.

Key Decision(s) Made:

The committee had asked for deep dive reports to be brought to a future meeting to provide assurance on various audits which had taken place. The deferred report on progress with care model implementation was requested to be brought to a future meeting.

Recommendation(s):

1. To note this report and its key actions and decisions

Name: Sally Taylor - Chair

Torbay and South Devon NHS
NHS Foundation Trust

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

Meeting date:	30 October 2018
Report by + date:	Robin Sutton, 31 October 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 6):

1. For assurance the Committee reviewed the Month 6 Financial Performance, which remained broadly in line with plan after taking into account not earning the Q1 and Q2 PSF performance element (£650k). Given the current pressures on A&E it is thought likely that the Trust will miss the targets for earning Q3 PSF. Correspondence with Commissioners and NHSI was referenced by the Committee.

2. For assurance the Committee reviewed the Month 6 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 standard improvements.

3. NHSI self-certification for Month 6 was noted by the Committee.

4. The Committee was assured with respect to the slippage of £6.6m in the revised forecast capital expenditure for the year against plan. The Committee was assured by the Social Care Aged Debt and write off position, this will be revisited in due course.

5. The Committee discussed and reviewed the CIP gap of £5.9m, the launch of new initiatives and the impact of non-recurrent CIP on next year.

6. Torbay Pharmaceuticals financial performance for September 2018 was discussed by the Committee for assurance. The latest forecast shows sales slippage to plan, the bottom line remains in line with plan.

7. Updates to the Finance Risk Register were noted and Board Assurance Framework Risks Numbers 2183 (Financial Sustainability Risk Rating 2018/19) and 2185 (Failure to secure Fund Monies 2018/19) were noted.

8. IM&T report from 4 October 2018 was provided for information and assurance.

9. The business case for The Acute Care Model was reviewed and approved by the Committee. This business case will now be submitted to the Trust Board.

10. The LLP transaction documents for the Strategic Estates Partnership were approved by the Committee.

11. The planned review of the Committee's terms of reference was deferred to a future

meeting to facilitate consistency with other Committee's terms of reference.

12. The Committee approved the Costing Group terms of reference.

13. For information the Committee was updated with respect to the 2019/20 Business planning process, the next stage of the Risk Share Arrangement negotiations, progress on the draft 5 year plan, the latest position with Children and YP tender and the Orthopaedic Centre of Excellence.

14. The Committee undertook a deep dive into Agency Spend and was assured that the causes and controls were understood and appropriate.

15. The Committee undertook a deep dive into Surgery SDU financial performance and was assured by the presentation given.

16. CODAG and SBMT meetings for 12 October 2018 and 11 October 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 Audit Committee Chair to TSDFT Board of Directors

Meeting date:	19 October 2018
Report by + date:	Sally Taylor, 23 October 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 ☐+ Freedom of Information Act exemption [*S43 – commercial interests*]

Key issue(s) to highlight to the Board:-

1. The Committee received the Internal Audit report. Following an earlier report on Visa control, the Committee received assurance that appropriate training has now been put in place for the recruitment team. There had been limited assurance from an HR audit on temporary staffing and it was noted that checks on agencies need to be strengthened. The Trust's Recruitment and Selection policy is due to be renewed. The Committee welcomed the suggestion that Internal Audit should look at operation of the Working Time Directive.
2. Internal Audit had looked at AHP agency booking and made a number of recommendations, particularly on the process of approving requests, which are being implemented.
3. Assurance is being sought as we progress with the children's services bid where we are the Prime stakeholder and hence accountable for the whole service despite not being the main service provider. Risks are however shared across the C&YP Alliance.
4. It was noted that we need some audit work on readmissions - in particular, how we define them in our Trust and across Devon. There is also an intention to look at consultant job planning in next year's Audit programme.
5. It was noted that there were 14 outstanding recommendations from Internal Audit and these mainly related to the area of workforce. However, assurance was received that capacity issues have now been addressed and the new associate director will have the lead and oversight of this area.
6. The Committee had previously requested a review of how we are learning from complex HR cases. A report was received outlining the framework which has been developed for investigating what can be learned at all levels - team, department and organisation.
7. The Committee briefly discussed how best to triangulate their work with other committees to ensure completeness of Assurance without overlap. It was agreed that a full work programme would be developed for next year by the three Board committee chairs with the Company Secretary.
8. The Board Assurance Framework (BAF) was reviewed and it was agreed that it is now very helpful. However, it was noted that we still need to include external strategic risks and this will be discussed at the next Board development session.

Key Decision(s)/Recommendations Made: The Board is asked to note the contents of this report

Name: Sally Taylor (Committee Chair)

Report to the Trust Board of Directors					
Report title: Report of the Interim Chief Operating Officer					Date: 7th November 2018
Report sponsor	Interim Chief Operating Officer				
Report author	Interim Chief Operating Officer				
Report provenance	The report is the product of business transacted through the SDU Boards, Senior Business Management Team, the A&E Delivery Board and other support committees. The Torbay Adult Social Care Programme Board and the Market Development Executive Group.				
Confidentiality	Public				
Report summary	The Integrated Performance Report and the Winter Plan Report already provide the Board with visibility of significant aspects of the operational teams work. This report provides further information on; • Domiciliary Care, an over view of risks are covered in the Chief Executive Report this report identifies the impact and the work being undertaken to mitigate these risks. • Progress in securing the new delivery structure. Recent appointments and the next steps in the Trusts plans to maximise the integration opportunities through the new delivery structure. • Theatre efficiency work, the Surgical Service Delivery Unit (SDU) is engaging with the NHS Improvement team and with support from 4-Eyes who are linked to the national programme of support to Trusts. • 4 Hour Performance, the Trust has received a letter from CCG commissioner setting out concerns regarding progress in delivery of the 4 hour standard. This report supplements the Winter Plan report in providing more information on specific actions being taken to secure improvement. • The achievement of the Child and Adolescent Mental Health Team in securing the Nursing Times Award, Child and Adolescent category for Crisis Intervention and Home Treatment.				
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. Further information is provided on the risks relating to domiciliary care and the impact vulnerability I this area has on the safety and flow of patients through the services. Securing the benefits from the new delivery structure is considered key in the management of these and other risks to operational delivery.
Summary of scrutiny	The content of this report has been subject to challenge, due diligence, and risk assessment by; • The committees identified above • The Chief Executive
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:7th November 2018
Report sponsor	Interim Chief Operating Officer	
Report author	Interim Chief Operating Officer	

1. Purpose

The report provides the Board of Directors with an update on operational work programme.

2. Overview

The report covers areas of operational delivery work in addition to the information available from the routine reports to Board.

2.1) Domiciliary Care

The Board will be aware of the ongoing corporate level risk regarding resilience of domiciliary care provision. In recent weeks this risk has increased across the catchment population of the Trust. In response to this risk the Community SDU delivery teams have provided substantial levels of cover to ensure people are supported to remain safe wherever possible in their own homes. There is a consequential and significant impact of this work on the routine work of community teams as they seek to compensate for the shortfall in domiciliary care capacity and maintain safety. This means that rapid response, night sitters, re-ablement and intermediate care teams are less able to offer he expected level of discharge support to patients in acute and community beds. The Trust and both Local Authorities are engaged in a system-wide response with support also being secured from all available domiciliary care providers to respond in the short and medium term.

Additional resource has been allocated for social care for this winter to support and locally the focus is on stabilising the domiciliary market as far as possible. In Torbay additional capacity in domiciliary care of 650 hours has been secured using an arrangement with carers travelling in from out of area and staying in accommodation locally. Due to the urgency in securing safe care this was introduced rapidly and started on the 25th of October, the extra capacity will increase progressively over the next month. Additionally the Community SDU are continuing to work with local domiciliary care providers in a range of innovative ways to increase capacity over the winter period, this includes the awarding of a contract for our local Personal Assistant (PA) service which will put much needed capacity and infrastructure into Torbay. The PA service provides an alternative for people from the traditional domiciliary care market. There are currently 600 hours of care being provided this way and we will look to further develop and enhance this particular with respect to picking up emergency packages.

The main vulnerabilities in relation to domiciliary care challenges in relation to recruitment of a workforce to meet demand for domiciliary care, this mirrors the national picture. The Living Well at Home contract is being affected by these issues and therefore is experiencing capacity issues which are impacting on its ability to cover

current packages and undertake its role in market development. The Operational teams are working in partnership with the provider in order to actively manage and mitigate risk, however this remains an area of significant risk for the system both in terms of covering current clients in receipt of domiciliary care and those on the unsourced list. The unsourced list has robust risk management processes in place which appropriately manage any high risk clients. Unfortunately there have been a significant number of packages of care for people which the provider has not been able to sustain and has handed back. This has occurred in both South Devon and more recently Torbay. Operational Teams have been working exceptionally hard to ensure that clients are continued to be supported using our local health and social care teams.

Given the level of instability within this element of provision there is a significant system wide risk in relation to safe patient flow which will have a negative impact on performance.

2.2) South Devon and Torbay Delivery Model / Structure

The Board will be aware that moving to a new delivery structure is a key component of the Trusts strategy to maximise the value and opportunities arising from delivering an integrated care offer. The new structure is highly innovative the combination of a locality based model combined with a self-management approach has not been tried elsewhere. It has therefore been crucial to engage meaningfully and carefully to ensure the process has been used to inform the model, this has taken some time.

The Trust has now fully appointed to two new System Leadership Teams, one providing leadership for the South Devon System and the services grouped into that system and another for the Torbay System and the services grouped into the Torbay system.

The two teams comprise;

	South Devon System	Torbay System
System Director	Karen Kay	Shelly Machin
System Director Nursing and Professional Practice	Natasha Goswell	Jacquie Phare
System Medical Director	Ian Currie	Joanne Watson

It is anticipated these teams will be in place at the end of January, however work has immediately commenced to support the new teams to orientate around their new areas of responsibility. In addition the Trusts Workforce and OD Team are planning the support necessary to provide the development space and resources the teams will require.

The next stage of the recruitment process is already being planned and it is envisaged that this will start imminently with processes to appoint to the Community Service Delivery Units (CSDU's). These teams will each take leadership for one of the five localities and will comprise a team of three in common with the System Leadership Teams described above plus the Trusts existing GP Locality CDs.

2.3) Theatre Efficiency & Theatre Programme Board

The Surgical SDU continues to derive theatre efficiency improvement through the Theatre Programme Board. The following is a summary of the current work programme;

- Optimise throughput and efficiency, orthopaedic 4 procedure lists have commenced, day case total hip replacement, additional hours to support the admissions booking office.
- Re-evaluation of the planned theatres replacement build will ensure congruence with the Trusts strategy to deliver safe care in the least acute setting. In this case this means supporting further day case developments whist recognising the urgent need to replace the aging inpatient theatres. In addition plans are in place to extend lists elsewhere to enable us to vacate the most vulnerable theatre stock before it fails.
- Engaging with "4 eyes" to look at opportunity to secure improved learning; 4 eyes are an independent company commissioned by NHSI to help spread good practice, mainly in theatres, across the country. Their analysis of the Trust data suggests that there is an opportunity for improvement, the SDU senior team will be meeting with them during November to progress.

2.4) 4 Hour Delivery Improvement

The CCG wrote to the Trust on the 3rd October seeking a deeper understanding of the causes behind the challenges being faced in securing improvement. The Trust has provided a response which indicates the headline numbers of attenders and admissions are not illustrative of the complexity and acuity of the patients. This is supported with recent analysis showing an increased bed usage across all settings for patients over the age of 70. This increase is not limited to acute bed usage but is predominantly in the acute setting and in total amounts to an increase of 20 more over 70 year olds this year compared to last in bed based care. The causes are multifactorial and include the fragility in domiciliary care and the ability for Community MDT's to keep people safely at home with Intermediate Care. Indicators in these areas are illustrating variation year on year and across our localities.

The Winter Plan identifies the key actions in place to secure improvement. The focus of which is maintaining safe flow through regaining resilience in domiciliary care, optimising ward and community process to secure increased earlier day and weekend discharges and the introduction of the "On-Take" rather than "Post-Take" model of care which brings forward the clinical assessment for patients referred by their GP.

2.5) Child and Adolescent Mental Health Service (CAMHS) award

On Wednesday the 31st October the Torbay CAMHS team won the Nursing Times Award 2018 in the Child and Adolescent category for Crisis Intervention and Home Treatment. The team was also shortlisted for the Team of The Year Award.

The award was won because of the innovation, flexibility and integration of the team within a wider system of care for children and young people with mental health difficulties. This has improved the care pathway that can be offered to children and young people and reduce the impact of mental health challenges on people's lives when

in mental health crisis. The team achieved this by supporting children and young people in their local community with a rapid, flexible response, responding within a 2 hour period with requests for help direct from either children, young people and their families or professionals. The team work intensively, seeing children, young people and their families in an environment that best meets their needs be it at home, school or other community settings which has significantly reduced admissions and length of stay. With these reductions it has had a significant impact and saving on the use of the acute system of care that these children and young people would otherwise have accessed. Lastly, because the team is fully integrated within the CAMHS service this supports a streamlined step up / step down model of care therefore eliminating barriers to accessing care.

3.0) 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.

Cover sheet and summary for a report to the Trust Board of Directors					
Report title: Education & Development Mid-Year Report				Date: 07.11.18	
Report sponsor	Jane Viner				
Report author	Jess Piper				
Report provenance	Workforce and OD Group Chief Executive				
Confidentiality	Public				
Report summary	KPI summary – Mandatory training, HEE and GMC quality results. Key achievements over the last 12 months – education reorganisation, workforce development through the implementation of new apprenticeships programmes and new nursing programmes. Increased community training and development of new ways of delivering mandatory training (e.g. Resus). Impact of Visimeet. Success of the private, voluntary and Independent sector education offer. Key priorities next 12 months – developing community simulation, immersive virtual reality, medical school expansion plans, further development of supporting education to the Private, Independent and Voluntary sector.				
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					
Strategic context	This is the mid-year 6 month report for Education and Development, for the Trust Board's information and assurance. The report highlights performance and developments over the last 6 months and sets out the core priorities for the next 6 month period. Of particular note is the conclusion of the education directorate reorganisation and developments in digital transformation, Apprenticeships, Community and PVI education. The main priorities for the next 6 months will be to develop the education strategy, monitor and review our mandatory training KPI and support staff in the transition in to their new roles and ways of working.				
Dependencies and risk	• Mandatory training compliance remains a concern, although performance is expected to improve through August in to September 2018. An update paper went to Executives on the 10th August for discussion. A mandatory training sub-group will be set up to monitor and review mandatory training compliance and make recommendations for future delivery and policy. This group will report to the Workforce and OD Group. A further strategy paper will be presented to the Workforce and OD Group in				

	September and recommendations made for the future provision. • Leading staff through the changes resulting from the restructure is under way. Changes include increasing staff time delivering training in community and clinical settings and the relocation of some staff. There are a number of vacancies that we are in the process of recruiting to and in the interim some staff are taking on additional tasks to ensure the overall delivery of the service is maintained. • Education estate/facilities – there is a significant reliance on the Horizon Centre for the delivery of meeting space, clinics and recruitment assessment centre needs. A scoping paper is being developed to identify the demand on the Horizon centre over the next 2 years and an options appraisal being developed. • Opportunity for Virtual Reality (VR) /Simulation – project funding was not approved via the STP b. Plans to support this development are being discussed and a proposal will be submitted to Board for consideration. • Developing the education strategy - A proposed vision statement and core objectives will go out for staff consultation in September. • Meeting the cost saving plan for 2018-19 – the reorganisation of the education directorate has contributed £120K to this year's cost saving plan. • Delivering the new academic programmes being implemented including new nursing programmes and Year 3 and 4 medical student programmes. Action plans are being developed – a new multi-professional approach to placement management will be introduced. • PVI sector education plan – 12 month commitment to offer free education covering the priorities ends in January 2019. An update paper and options appraisal for future delivery is being developed and is due at Board for consideration in October 2018. • Overall demand on services to support an increasing number of learner placements and provision of supervision and support due to our new education programmes needs to be highlighted.
Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: • Chief Executive
Stakeholder engagement	Nil

Other standards affected	The recommendations made in this report will impact upon: • CQC • HEE Quality Framework
Legal considerations	Nil

Report title: Education & Development Mid-Year Report		Date: 07.11.18
Report sponsor	Jane Viner	
Report author	Jess Piper	

1. Performance KPIs:

The service has a number of local Key Performance indicators including:

- The number of learners and placements delivered to meet the requirements of the LDA contract with HEE.
- Mandatory training compliance
- Meeting HEE quality assurance standards

1.1 Number of Learners / placements delivered

Placement Type	Number of placements	Expected outcomes
Postgraduate Medical trainees (F1's – ST's) and Trust Doctors	238	Progress on to next level of training programme or secure a training post (if Trust Doctor)
Year 1-4 Medical Students (PCMD)	17	Pass summative SSU assessment required as part of course
Year 5 Medical students (PCMD & St Georges)	89	Graduate and secure F1 post
Physician Associates	6 Sponsored Students undertaking Year 2 4 qualified and allocated substantive post	Graduate and start working in a Physician Associate post
Apprenticeships	122 total being undertaken of which 107 are e3xisting staff and 15 new	Skills development Career development CPD Employment
Traineeships (Project search, PLUS, Employability hub)	6	Skills development that leads in to employment.
Work experience placements	4 (77 placements arranged from July)	Gain experience to support future career choices
Trainee Assistant Practitioners TAPs 1st Year TAP's 2nd Year	16 Seconded from the Trust 14 Honorary Contracts with Trust Placement 27 Seconded 14 Honorary Contracts	15 Seconded Students to transition into year 2 7 Honorary Contract to transition into year 2 Applications in 2019 for: Nursing Apprentiship Occupational therapy Apprentiship

	with Trust Placements	Podiatry Apprentiship
Student nurses (Year 1-3)	270	Ongoing training up to qualifying and securing employment as a nurse
Sponsored student nurses	19	AHP's going on to nursing
Preceptorship	55 (To start Sept 2018)	Supports introduction/transition in to new roles for newly qualified staff
Bridging	17	Last cohort on education Bridging Programme complete
Return to Practice	3	Complete programme and secure nursing post
Nursing Associates	9	Secure a Nursing Associate post or continue on to nursing degree programme
CPD	42 Multi-professional registrants undertaken Degree Master's programme	
Non-Medical Prescribing	25	2 withdrew awaiting outcomes
Total number of placements/learners	**997**	

1.2 Mandatory Training Compliance (up to latest figures received for August)

Month	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**Sept**
Overall compliance %	78.89%	79.79%	81.30 %	82.79 %	83.35 %	84.35 %	84.5%	**85.77%**	**88.03%**
Resus Level 1	72.19%	74.36%	75.16 %	74.14 %	72.04 %	64.67 %	75.73 %	80.67%	88.64%
Moving and Manual Handling	75.57%	76.20%	81.05 %	79.66 %	78.75 %	81.89 %	82.17 %	82.81%	83.72%
Conflict Resolution	83.66%	83.25%	81.46 %	81.26 %	82.64 %	82.48 %	81.63 %	82.49%	84.89%
Prevent	50.49%	54.20%	51.61 %	74.47 %	77.64 %	87.79 %	86.85 %	87.24%	91.12%

Infection control	75.17%	77.07%	76.88 %	80.11 %	80.90 %	83.68 %	84.69 %	84.67%	85.96%
Fire	75.56%	76.89%	93.75 %	98.26 %	93.69 %	93.64 %	92.57 %	93.25%	93.93%
Health and Safety	87.01%	87.23%	86.95 %	86.70 %	87.66 %	87.96 %	88.07 %	89.19%	90.78%
Information Governance	73.10%	75.18%	74.49 %	75.23 %	76.10 %	76.14 %	79.01 %	80.37%	81.92%
Safeguarding Children Level 1	94.03%	93.53%	93.62 %	87.07 %	86.88 %	87.90 %	88.72 %	89.96%	93.20%
Safeguarding Adults Level 1	93.54%	92.76%	92.77 %	92.32 %	92.70 %	93.39 %	93.04 %	93.80%	95%
Equality and Diversity	87.47%	87.02%	86.60 %	86.52 %	87.81 %	88.30 %	88.36 %	89.76%	91.53%

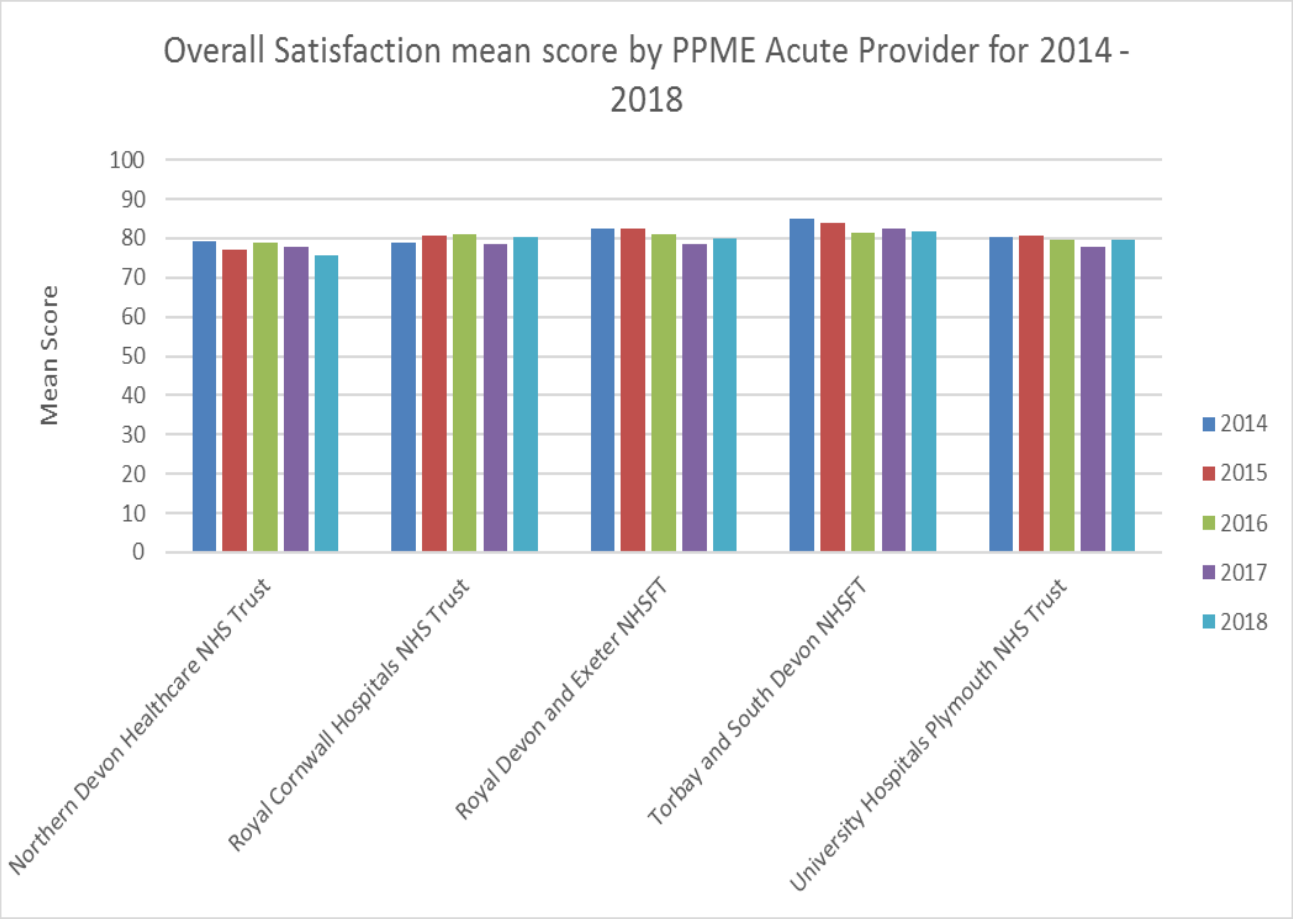
1.3 HEE Quality Assurance Results

National GMC Survey Results for Doctors in Training

Torbay and South Devon NHS Foundation Trust was again ranked top in the Peninsula for Overall Satisfaction, and many other indicators (clinical supervision, feedback, handover, induction, local teaching, access to regional teaching, reporting systems, rota design, team work and most importantly, supportive environment).

The Peninsula Deanery (HEESW) was the top rated Deanery in England for overall satisfaction.

Our Trust had 44 ‘green outliers’ in the results (2nd highest in HEESW) and only 2 ‘red outliers’ (lowest ratio of reds per trainee in HEESW).
Our Trust scored above the national average in 17 of 18 key indicators from the survey.



The interim HEE Contract visit that took place on the 20th July was very positive and the HEE visiting team praised the Trust for performing highly once again in the GMC Survey results. Of particular note were the improved results in Emergency Medicine, Cardiology and Obstetrics and Gynaecology, compared to previous years. Ophthalmology, Palliative care and Core surgical training performed particularly well in the results.

There were no formal updates from HEE in regards to non-medical learner feedback. The HEE mechanism for quality assuring non-medical learners is in development. The Trust is part of the HEE pilot to introduce a quality assessment for non-medical learners and a visit took place on the 29th October. The visiting team met with a number of placement providers, mentors and students. Feedback from this visit will be provided to the Trust at the Annual Contract Visit in December. The National Education and Training Survey (NETS) will go live for the first time in November for all learners on placement (medical and non-medical).

2. Developments over the last 6 months

2.1 Conclusion of the Education Directorate restructure

In July the Education Directorate concluded its restructure. This saw the end of over 12 months of service and team review and implementation of the new organisational structure. The restructure included the implementation of new Band 4, 5 and 6 education roles with an increased focus on delivering training in the community and clinical areas. Some vacancies remain and recruitment processes have been put in place up to the end of September.

2.2 Delivery of the Mandatory Training Action Plan

An action plan was developed by the education team to address low mandatory training compliance rates. Core actions delivered were:

- Aligning to the recommendations for Mandatory training as set out in the Core Skills for Health Framework as per the Streamlining initiative.
- Accepting previous in date mandatory training from other NHS Trusts as per the Streamlining initiative.
- Increased the number of Mandatory training topics available on the Learning Management System (The Hive) to complete via digital means where appropriate.
- Increased mandatory training staff capacity through the restructure and introducing new roles such as the Essential Skills Trainer.
- Increased the amount of face to face delivery of training in the community and in clinical areas.
- Reduced the length of face to face training and developed more bespoke training.
- Arranged additional courses.
- Targeted the most uncompliant areas and/or topics.

The Education team have set up a Mandatory training Sub Group who will report in to the Workforce and OD Group. The Sub Group will be responsible for reviewing mandatory training compliance, developing an ongoing action plan and making recommendations relating to mandatory training.

2.3 Development of the Education Strategy

Through engagement with staff, the Executive team and education directorate teams a draft vision statement and core objectives have been developed for further consultation with service leads across the ICO. Consultation will take place during November ready for a draft Strategy to be presented to Board in December/January.

2.4 Supported STP Workforce Transformation Plans:

The Education team contributed to the submission of a bid to HEE for Workforce Transformation funding to support the development of:

- Intermediate Care Team training
- Community simulation/VR programme

Alongside further projects submitted by the wider STP Training Delivery Group. The bid was partly successful with funding awarded to support the continuation of existing programmes of work including the delivery of masterclasses and Non-medical prescribing places, as well as funding towards a senior project role to support the work of the STP Training Delivery Group.

In addition the Education team submitted a separate bid on behalf of the STP Group to support the development of Mental Health training across the STP and was successful in being awarded £37K.

The Education team have also supported:

- The development of apprenticeships for Allied Health Professionals (see below section). This work has been showcased nationally at the request of HEE and is being shared at the HEE Sharing Good Practice Event to regional partners.
- The implementation of streamlining to implement more flexibility around the transferability of mandatory training (see above section).
- Ongoing engagement with Schools and Colleges and developed improved work experience plans.
- The development of clear career pathways for health professions supported by the opportunities provided by apprenticeships.
- Ongoing developments with plans for the Physician Associate and Nursing associate roles.

-

2.4 Development of new Apprenticeships

A number of new apprenticeships have been developed over the last 6 months in line with key workforce needs. This includes 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. In addition the Cardiology team have successfully appointed a new apprentice to join their team as an Apprentice Healthcare Scientist and in collaboration with the Organisational Development Team the new Exeter Masters programme in Leadership and Management starts this September with seven of our own senior managers registered for the programme.

The new apprenticeship degree in nursing has been developed and is ready to go from this September with 7 registrants.

2.5 Development of career pathways

The Education team have developed career pathways for those wanting to develop in to Allied Health Professional roles e.g. Podiatry which links in with the work around the new developing apprenticeship and bridging programmes.

In addition the team have developed a non-clinical business and management career pathway for those wanting to develop a career in administration and management. There are extended opportunities available as a result of degree and masters level apprenticeships being available. A number of our own staff have been successful in completing the degree level delivered by the University of Exeter and are progressing on to the masters programme.

2.6 Accredited Care Certificate

The trust was successful in a bid that was put forward by John Bryant under the Better Care Fund. The success of the external funding has enabled us to develop the Care Certificate for the Private, Voluntary and Independent sector, look at ways in which we can develop a quality assurance framework around the learning outcomes and how we can ensure we have a process in place that will support the sustainability and transferability across the care system. The milestones we need to deliver are

around engagement, advice and guidance and in particular the voluntary sector, paid and unpaid careers, ensuring they have the opportunity to access the new digital Care Certificate.

2.7 Successful 'Aspire' Programme

In June this year the Trust hosted the graduation ceremony celebrating the success of seven graduates of the Aspire programme that is delivered in partnership with South Devon College. Students as a result of the programme have either secured employment or ongoing training via a traineeship.

2.8 New Preceptorship programme for AHP's

In partnership with Physiotherapy leads we have developed a new preceptorship programme that will focus more on individual staff learning and support needs when newly qualified.

2.9 GRASPIT at the NHS Expo

A universal challenge facing healthcare professionals is the early recognition and treatment of the sick patient. Failure to identify these patients can result in poor outcomes. The GRASPPIT course (Global Recognition and Assessment of the Sick Patient) is designed to help staff meet these challenges and was co-developed by Torbay staff and Kenyan colleagues (based on the Torbay Stabilisation of the Sick course).

Following an approach from Dr Jo Black, Devon Partnership Trust Perinatal Mental Health lead, Dr Matt Halkes and Dr Cathi Hoyer have developed and tested a version of the course for perinatal mental health staff (GRASPPIT - Global Recognition and Assessment of the Sick Perinatal Patient) This has been delivered to the Exeter based team and two further courses have now being commissioned by the South West Perinatal Network.

A successful submission has led to the opportunity to present the course in the Mental Health Zone at the NHS Expo in Manchester on Sept 6th.

2.10 Increased usage of Visimeet (Video-conferencing)

<u>Visimeet Stats - July 2017- July 2018</u>

Number of meetings: 2010
Average monthly meetings: 167
Average time of meetings: 34 minutes (max meeting time 1hour 45 min)
Average number of meetings outside the trust or different sites: 1200
Average number of meetings with 3 (Max number in meeting was 9) or more participates: 300
Total users: 647

Date	Meetings	Meeting users	Meeting hours
August 2017	148	63	90
September 2017	222	84	117
October 2017	186	54	94
November 2017	192	63	108
December 2017	133	80	67
January 2018	201	90	280*
February 2018	105	72	77
March 2018	116	46	51
April 2018	139	66	69
May 2018	115	81	140
June 2018	169	86	77
July 2018	180	90	90

Please note the spike in activity in Jan 2018 as a consequence of the adverse weather.

2.11 Learning Technology Research and Development

With recent approaches from the Royal College of Surgeons, HEE GP Recruitment and Manchester City Council, Cornwall Partnership Trust and Tricuro (adult social care provider Dorset) it is clear that Nick Peres is increasingly recognised as a national lead in the use of immersive VR experiences in health and social care workforce development – particularly around the development of non-technical skills. All these contacts are associated with requests to provide content and associated implementation. Follow up meetings are being arranged in order to understand the needs in more detail and enable the development of a delivery plan (plus associated business plan).

Nick Peres has submitted five case studies to the Topol Review: Exploring how to prepare the healthcare workforce, through education and training, to deliver the digital future.

2.12 Developed Virtual Reality (VR) Opportunities

The HEE funded VR Lab is now up and running in horizon@belmont and has had considerable footfall. This has included surgical trainees reviewing an anatomy experience that was identified as having great utility for medical students and Foundation Dr's. A more advanced programme is required for higher surgical training and this is been explored with the input of Mr Kirk Bowling, Upper GI surgeon. One option is the Virtual Human that has been developed by the Glasgow School of Arts Digital Lab. A bomb disposal game has been trailed as a method of training critical communication for theatres staff as part of human factors training. A call for volunteers resulted in 15 people attending and demonstrated high value. A more formal evaluation project is now planned co-led by Dr Tod Guest. The role and utility of the VR Lab and associated equipment is being collated as part of the HEE project and will inform HEE decisions re wider dissemination of this type of resource.
A strong partnership has developed between the Human Interface Technology Team, University of Birmingham (led by Prof Bob Stone) and Torbay. This has already led to the deployment of a VR experience to support patient rehabilitation, especially for patients in or recently discharged from Intensive Care, with plans to introduce a VR spirometer in the near future.

Building on this, the HIT team visited the Trust on the 10th August in order to demonstrate their inflatable augmented reality training environment, currently used by the RAF to train medical evacuation teams. They also presented VR experiences aimed at providing distraction therapy for children and supporting pain management. This was complemented by Nick Peres presenting the VR tools currently used in the Trust and tutors Julian Wright and Liz Tooby demonstrated how physically simulated environments, in this case a patients home, could be replicated in VR. The day started with hosting the Executive team and then saw around 200 members of staff (and public) visit the demonstration. The feedback from staff (and members of the general public) provided reassurance that this modality of training is not only engaging, but feasible and practical to deliver. Visiting clinical staff immediately saw lots of potential to support their patients and service users – for example distraction in paediatrics, preparing patients for hospital visits, pain management and supporting staff to appreciate what it feels like to be a patient. This has already triggered a number of discussions around potential projects, including research proposals to submit to Torbay Medical Research Fund. The League of Friends representatives who attended have expressed an interest in supporting this further developments in this area.

Prof Bob Stone and team have kindly loaned the Trust a smaller version of the inflatable enclosure they demonstrated. This has arrived and will be commissioned over the next few weeks. The team is keen to explore its potential in not only enabling a range of learning scenarios to be presented, including those encountered by those providing community care, but also the scope for providing a mobile training resource.

2.13 Preparations for the medical school expansion plans

The Clinical skills team from Plymouth Medical School visited the Trust in June for a Tour of the Horizon centre and to start discussions around the clinical skills requirements of Year 3 and 4 curriculums. This includes dedicated clinical skills self-directed learning facilities and additional simulation resources.

An initial meeting took place with the senior Estates team at Plymouth University to discuss the building requirements in relation to Year 3 and 4 curriculum and increasing medical student numbers which are set to double over the next two years. Jess Piper is working with Karen Robertson to develop an options appraisal. Investment from the medical school is likely to support the extended facilities required here when we are at maximum capacity in September 2021.

2.14 Delivering the Private Voluntary and Independent Sector education plan PVI Project:

Through current engagement and activity, a comprehensive training needs analysis has been conducted to clarify and quantify the demand for training and education across the health and care sector. 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.

December 2017 – April 2018

105 organisations have accessed training through the Hive for 846 members of staff. In addition a further 30 members of staff have accessed Health and Social Care Diploma s through the Trusts City Guilds centre.

The initial demand / request for training was 34,870.

If we take the above figures for period Dec 2017 –April 2018 then we would be looking at the actual delivery of training to the PVI being somewhere in the region of 2'538 per annum, there will of course be variables.

Quotes through the Care Mangers PVI network meetings.

I think the Trust's Hive/ LMS is a great idea as we now know where to go for quality education and training. I found the system easy to use, although at first we had some teething problems, but once you log on it's very accessible and easy to navigate around. We now have a point of contact for advice and guidance for all our staff. A more detailed report will be presented to the Workforce and OD Group in November.

3. Priority objectives for the next 6 months (July- December 2018)

3.1 Mandatory training strategy

Following the development of the Mandatory training Action plan the education team are developing a strategy for the future delivery of Mandatory training. Despite efforts to maximise varying methods of delivery and increasing training delivered in the clinical areas and across the community, compliance rates have continued to struggle this year and have only met the 85% target in August and September this year. A mandatory training proposal was presented to the Workforce and OD Group in October which outlined how mandatory training requirements have changed, what the requirements are now and what the cost and time implications are. A number of recommendations were made which were approved by the group to help support future compliance.

A Mandatory training Sub-Group has been set up and met on the 17th October. The group will ensure there is a robust process for the review of the action plan and recommendations for future.

3.2 Education Estate Options Appraisal

Urgent work is required to identify the demands from the new and developing education programmes on the space at the Horizon Centre. Over recent years as some education has moved out in to the community this has enabled an increased number of meetings and patient clinics to be delivered out of the Horizon Centre. However with the medical school expansion requirements a review of the Horizon centre and Belmont Court is required to re-prioritise the space for the most appropriate activity. An options Appraisal will be developed in partnership with the medical school and Estates leads at the Trust. The Estates team from the University of Plymouth are visiting the Trust on the 31st October to

see the Horizon Centre, meet the Trust estate team and continue discussions on future investment.

3.3 PVI Education next steps

Following the Board's agreement to provide 12 months free access to mandatory and core training to the Private, Voluntary and Independent sectors back in December 2017, a full evaluation is underway to inform recommendations for the education offer from January 2019. A paper will be developed for the Work.

We propose three work-streams:

1. Narratives from staff and managers working in the various healthcare settings illustrating how the education has changed the care they provide and their own knowledge and skills.
2. Evaluation of specific routine data collected from care homes and compared to baseline.
3. Evaluation of specific hospital outcome data, comparing to baseline.The Trust currently has a focus on the following five areas of care quality with the aim to reduce unnecessary admissions and re admissions to the Trust and to provide quality education and a standardised approach across the sector.
    1. Falls prevention
    2. Pressure ulcer prevention
    3. Dementia care
    4. End of life care
    5. Care certificate

Full evaluations will be carried out during September with an options appraisal developed for the board to consider for our future education arrangements.

3.4 Support the implementation of the STP mental health education project

Due to the success of the bid to develop and expand mental health education programmes across the STP, the education team will be working with STP colleagues in the delivery of this project. This will include working with our CEPN and social work colleagues and the identification of project management support to develop some of the identified priorities.

3.5 Community Simulation/VR plans

Following the successful showcase of virtual reality and community simulation on the 10th August in partnership with Birmingham University, the Education team will be putting together proposals for how we can develop this across the ICO. As a result of not being successful in receiving funding support from the STP as part of the HEE bidding process and options appraisal will be developed for the proposals and costing exercise undertaken.

3.6 Simman Business case

The current simman 3G is requiring placement due to its age, end of warranty and faults impacting on training. In addition due to the increased number of simulation sessions required for the medical school and developments with

community simulation an additional simman is required. The Team have scoped out costing and some funding identified. A business case will be submitted in the Autumn.

3.7 Develop a marketing and communications strategy

Clarity is required around what education is available to staff for their development as well as what they are mandated to undertake. Improved communication around training including updating ICON and using other communication means available is required. An initial meeting will take place in September to discuss marketing opportunities and agree an immediate action plan to improve communication with our staff.

3.8 Reconnect with our Practice Educators

A networking event is planned for the autumn to bring together our clinical educators across the organisation, to meet with education directorate colleagues and discuss how we can improve the impact of their roles and support from education.

3.9 Graduation ceremony to celebrate all learner achievements

The first overarching education graduation ceremony is planned for February 2018 where all staff will be invited to celebrate their individual learning achievements over the last year.

3.10 HEE Quality Framework for non-clinical learners

The education team will be working closely with Val Heath from HEESW in the development of a system for the quality assurance of non-medical learners as part of the HEE review of the national Quality Framework which sets out the standards required of organisations supporting learners in practice.

3.11 iTEL Project

The digital team are continuing their work to develop HEE immersive Technology Enhanced Learning (iTEL) which is on track with respect to recruiting Trusts who wish to receive training on the adoption of immersive technology into their training programmes.

3.12 Develop an improved Opel 4 plan for education

With operational colleagues we want to improve the management of Opel 4 measures within education. This includes a review of the current process and proposals on how to manage Quarter 4 pressures. In the proposal the risks and impact associated with cancelling training will be highlighted for the Board to consider.

3.13 Development of Apprenticeships

The education team will be continuing their dedicated work with HEE in the development of new apprenticeship programmes. This includes new apprenticeships in social work and for the physician associate role. Evaluation of the new AHP bridging programme will take place and will be shared with HEE for the purposes of developing this initiative across the STP.

3.14 **Next report due: January 2019**

Cover sheet and summary for a report to the Trust Board					
Report title: Quality Account Update				Date: 07.11.18	
Report sponsor	Chief Nurse				
Report author	Chief Nurse				
Report provenance	Progress reviewed at October Quality Improvement Group				
Confidentiality	Public				
Report summary	The Quality Account priorities are progressing well. There is a risk to priority two delivery.				
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					
Strategic context	The Quality Account is a mandated element of the Trust annual plan. The quality account provides an overview of the Trust performance on quality and safety, audit and research. Each year the Trust identifies 4 to 6 quality priorities to deliver. These are developed in collaboration with stakeholders and Trust Governors. For 2018/19 the priorities are: • To understand, learn from and act on the experiences of our local population using our services during the winter period (Dec to March) 2017/18. • To improve the way inpatient sepsis is recorded on the wards to enable improved identification and treatment of ward-based sepsis. • To redesign outpatients to make these services more patient-centred and use resources effectively. • NHS Quicker • Wellbeing and supported self-management: HOPE programme				
Dependencies and risk	The only priority rated amber is that relating to the inpatient sepsis. The recording of risk is still a paper based process.				
Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: • Executive Directors meeting dated 30th October 2018				
Stakeholder engagement	Nil				
Other standards affected	The recommendations made in this report will impact upon: • NHSI regulated report • CQC regulation				
Legal considerations	None				

Report title: Quality Account Update		Date: 7.11.18
Report sponsor	Chief Nurse	
Report author	Chief Nurse	

Quality Account 18/19– Quarter 1 and 2 Report TSDFT

1. Priority 1:

Executive Sponsor Jane Viner, Management Lead Cathy Bessent

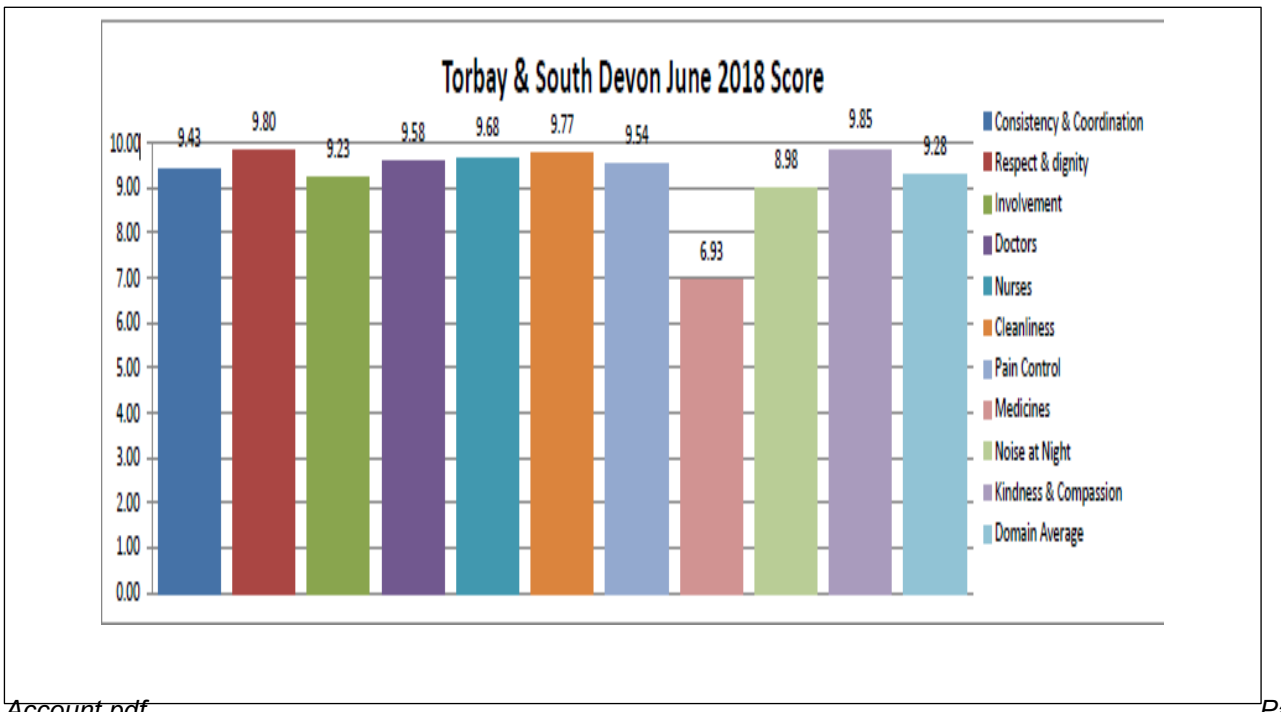
To understand, learn from and act on the experiences of our local population using our services during the winter period (Dec to March) 2017/18.

Objectives:

- Analyse complaints, incidents and other forms of user feedback which relate to aspects of care provided during the winter period.
- Develop a set of principles and mitigating actions which can be included in the planning round for winter 2018/19.
- Proactively monitor what we have put in place ensuring that we can further refine plans and act on issues as they arise.
- Celebrate excellence and share best practice both within the organisation and with our wider community.

Progress made in Q1 & 2 against QA priority 1:

In Autumn 2017 max 30 (adult) patients in TBH surveyed, by Spring 2018- around 100 people surveyed, concentrated in 7 wards (90): total wards 24 (adult). The Torbay team have learnt from leading NHS Trust- Northumbria Healthcare NHS FT (ICO). The process adopted is to survey – ½ number of bed spaces in the ward, every month with results supplied same day to ward coordinator. Survey –questions are similar to the National In-Patient Survey 25 questions covering the 10 domains in patient experience with comments (qualitative & quantitative data). Where there is variance, an immediate review can be undertaken to improve practice real time.



2. Priority 2:

Executive Lead Dr Rob Dyer, Management Lead, Dr John Ingham and Steve Carr

To improve the way inpatient sepsis is recorded on the wards to enable improved identification and treatment of ward-based sepsis.
Objectives:

- Spread the use of the inpatient sepsis proforma which has been developed in 2017/18 on a ward by ward basis.
- Improve our data collection methods on the ward so we can report quarterly the number of patients screened and treated for sepsis.
- Explore the implementation of an electronic sepsis assessment tool and make a business case, if appropriate, for the implementation of the tool.

Progress made in Q1 & 2 against QA priority 2:

Ongoing testing of the inpatient sepsis proforma.
Finalised version presented to Sepsis working group and Deteriorating Patient Group.
Form being submitted for Trustwide approval

3. Priority 3:

Executive Lead Dr Rob Dyer, Management Lead Jane Sangoor

To redesign outpatients to make these services more patient-centred and use resources effectively.

Objectives:

- Improving patient pathways into outpatients from primary care.
- The IT infrastructure to support a live scheduling system for all clinic accommodation in the integrated care organisation.
- The IT infrastructure to offer alternatives to face-to-face appointments.
- Offering appointments in different ways, for example group appointments, telephone, or video phone appointments
- Reducing unnecessary appointments both first and follow up.
- Expanding the use of patient-initiated appointments.

Progress made in Q1 & 2 against QA priority 3:

The Trust has been and continues to be involved with outpatient review and redesign through:

- Involvement as part of STP planned care programme
- Collaboration with the CCG
- Our own initiated projects
-

To date we have been unable to cash release from any budgets, however the operations and finance team are working to determine saving from:

- cost avoidance
- supporting a reduction in appointment slot issues (ASI) and waiting times for first appointments
- reduced backlog and clinical risk associated with the backlog resulting from the implementation of the Patient Activation Measures (PAM) initiative.

Specific Work Streams:

Muskuloskeletal (MSK) – Shoulder - Collaboration between the shoulder surgeons and CCG a revised Clinical Referral Guideline (CRG) has been published and being used by the GPs. In addition across the STP there is a dedicated work stream for shoulders with an aim to reduce activity through engagement with the surgeons. This is an ongoing process which has the agreement of clinical cabinet.

MSK – Foot and Ankle - This is an STP lead work stream and is ongoing, again the aim is to reduce activity through engagement with the surgeons and support from clinical cabinet. However at Torbay we already have podiatry triage in place.

Ophthalmology - Following the GIRFT visits across all four Trusts within the STP it was agreed to a system wide approach to align pathways for cataract, glaucoma and AMD treatment to provide equity of access and treatment. In addition to the system wide approach the team at Torbay have introduced mega clinics for medical retina and macular patients, to has avoided cost of additional clinics over and above those already taking place. The mega clinics have reduced the follow up past to be seen by backlog in macular by 40 and the medical retina patients by 914.

It is acknowledge at STP and clinical cabinet that due to increasing demand on ophthalmology services the only possible saving would be the change in practice from using Lucentis to Avastin and this discussion is taking place nationally.

Gynaecology - An Action Learning Set (ALS) has been established and CRGs/advice for primary care management of HRT are in draft form, the CRGs for this service will be reviewed and roll out the good practice in some areas to all.

Cardiology - ALS established, progress has been slow, however a medical lead has been engaged in several pathway reviews and we expect to see better progress going forward.

ENT / Audiology - There have been a number of service improvements with this speciality working in collaboration with the CCG and primary care through an Action Learning Set (ALS). There has been a de-provision of the simple snoring service, a published CRG for Rhinitis, Audiology listing for grommets and MRI and a change to the three year hearing test follow up.

These initiatives have saved 402 new ENT appointments 183 Follow ups and 2700 audiology appointments. By reducing demand it has enabled ENT to reduce their Appointment Slot issues (ASIs) and improve their RTT position as well as reduce follow ups during a time when there has been consultant absence due to sickness. In addition it has been agreed with the commissioners that patients do not need to have a hearing test follow up post hear aid fitting which was introduced as part of AQP and never funded. Maxillo Facial service has replaced their snoring referrals with max fac patients and increased income due to this speciality being commissioned outside of block.

The ENT consultants have drafted a CRG for Globus and it is currently going through the governance process. An outpatient audit was used to explore opportunities for further protocols and the ENT team have agreed to formally develop them for the following areas:

- patient initiated follow up for chronic conditions
- follow up by phone or letter for results if negative
- medication review via GP with A&G route back (include in clinic letter)

The Head of Audiology has been working with the physiotherapy and ENT consultants to review and redesign the pathway for patients referred with symptoms of dizziness and vertigo. The new process will allow pre choice triage of referrals to the appropriate part of the service and avoid referrals within the service.

Referral Variation in Primary Care - A referral optimisation locally enhanced scheme (LES) for GPs has been written by the planned care clinicians.

This year the Optimising Referrals LES, three specialties have been prioritised Cardiology, Dermatology and Gastroenterology, however releasing medical staff to progress this work has been a challenge that to date remains unresolved.

Community Specialist Nurses - *Parkinson's/Movement disorder, Epilepsy & COPD services* – the referral process for accessing these service were varied with multiple points of contact (telephone, emails, letters and text messages) creating a lot of unnecessary admin for the specialist nurses. The teams have worked well and developed a single pro forma for each service with triaging criteria embedded to determine urgency and improve the timescales of when appointments are made. These pro formas will be used by all referrers into the teams including secondary care consultants.

Parkinson's / movement disorder team – held a current state mapping session which has highlighted varying practice across the geographical patch (Torbay and South Devon). A follow up session is being arranged to stratify patients through a single process to ensure equity of access and experience for our patients regardless of geographical location. Patient leaflets have been updated to help patients / families / carers to better navigate the service.

Epilepsy team – this team had a backlog of patients for some time, by redesigning their pathway they were able to discharge 30 (7%) of their patients and in collaboration with the CCG and local LMC have agreed a discharge process back to the GPs which is compliant with NICE guidance. This template and process will be used for other services.

Respiratory team – working in collaboration with the CCG, consultants and nursing teams there is a joint nursing improvement plan. The key themes of this action plan include respiratory educational events, exploring options for increased the nurses capacity, improving referral criteria and processes and reducing the number of patients presenting to the 'front door' and improving their experience when they present.

The specialist nurse teams are using the patient activation tool to help stratify their patients and help patient motivation through Help Overcoming Problems Effectively (HOPE) programme,

The intranet presence for the community nursing service was out of date and not fit for purpose. An intranet site has been developed, including referral pro forma and processes and partner organisation links and signposting. This site will be launched in the autumn 2018.

Use of Patient Activation Measurement *(PAM) in secondary care* - The use of PAM is well evidenced in primary care nationally, however to date we are the only Trust to see the potential benefit for follow up in long term conditions. PAM is a tool to assess how patient's perceive their self-management skills, knowledge and confidence manage their condition. The PAM team are a group of five, including an apprentice who is providing admin support.

Patient or their carers are asked to complete questionnaire which is then input into a database which gives a score from 1-4. Those patients, who are 1&2s, do not understand their condition, are non-compliant with medication, will access health care support frequently in both primary and secondary care. These patients consume approximately 30% more of the health resources than those scoring 3&4. They require an offer that is 'high touch, light tech' and involves such support as lifestyle coaching or peer support group (HOPE) rather than more medical intervention. With this support they are able to improve their perception to a 3 or 4.

Those patients with scores of 3&4 understand their condition, are compliant with medication and actively manage their condition. Working with the speciality Consultants, where appropriate these patients can be given 'red flags' for their condition with an SOS either via phone or appointment into the service and can be discharged from regular follow up.

We anticipate this tool being used across all long term conditions to support the clinical teams to stratify their follow ups. To date we have been collecting the PAM scores for:

Rheumatology - We have been collecting the PAM score from follow up patients attending clinics across the ICO and the team have been using these in their MDT meetings. Their specialist nurse is also to be trained as a trainer for the HOPE course so they can run these for their patients who are scoring 1&2. We are about to mailshot circa 1500 rheumatology patients on the follow up list so these can be stratified and the clinical team agree their follow up management with this information. The lead consultant and specialist nurse are part of a group including the operational team with QI and executive support to review pathways to reduce their follow ups and improve patient experience.

Diabetes - Following discussion with the Clinical Director for medicine it was agreed to mailshot the follow up patients, there has been a 68% response (616 out of 907), the distribution of scores have been similar to the national average which is circa 40% are 1&2 and 60% 3&4. The clinical team, ops managers, QI and exec group have had their first meeting and a follow up is being arranged to agree how to use the PAM scores to stratify their approach to follow ups.

Respiratory - The PAM team have identified 1700 patients on the follow up list to mailshot and this is being discussed with the lead consultant to gain her support to progress this on 20 September.

E-Referrals - A group have been established, included primary and secondary care consultants lead by the medical director to improve communication and potentially reduce face to face first attendances by looking a alternatives. To date there has been good discussion and specific pieces of work are being undertaken to progress this.

4. Priority 4: NHS Quicker

Executive Sponsor Ann Wagner, Management leads Mr Andrew Fordyce and Susan Martin.

Objectives:

- Increase app usage across the system
- Use learning from the launch to inform future marketing campaigns
- Plan into summer and winter 18/19 campaigns
- Explore links into NHS 111 online and or.NHS.UK

Progress made in Q1 & 2 against QA priority 4:

App usage continue to grow and currently at about 12,000 downloads.
App recognised for two prestigious awards:

- HSJ awards – sharing and enhancing care - finalist
- Times Higher Ed wards - Technological innovation of the year – finalist (Oscars for the universities)

Early evaluation shows positive impact at shifting demands.
Support requested from communications for winter campaign
App planned launch in Somerset in Dec.

5. Priority 5: Wellbeing and supported self-management: HOPE programme

Executive Sponsor John Harrison, Management Lead Helen Davies-Cox & Chris Edworthy (OD)

Objectives:

- To plan and deliver a minimum of 24 HOPE programmes.
- To offer a minimum of 288 places to the people of Torbay and South Devon on the programme during 2018/19.
- To offer a variety of HOPE programmes to both individuals living with similar and shared conditions and those with more generic health and wellbeing self-management concerns. Planned courses already include cardiology and depression and anxiety.
- To increase the number of trained HOPE facilitators available to deliver the HOPE programme across the system from 19 to 30.
- To evaluate the effectiveness of the HOPE programme with regards to improving health and wellbeing as well as impact on services. Measures we will use include:

  Patient activation measure: a measure of knowledge, skills, confidence, and motivation to self-care/self-manage.
  EQ5D5L: a standardized instrument for measuring generic health status.
  Warwick-Edinburgh mental wellbeing scale: a mental wellbeing measure.

Progress made in Q1 & 2 against QA priority 5:

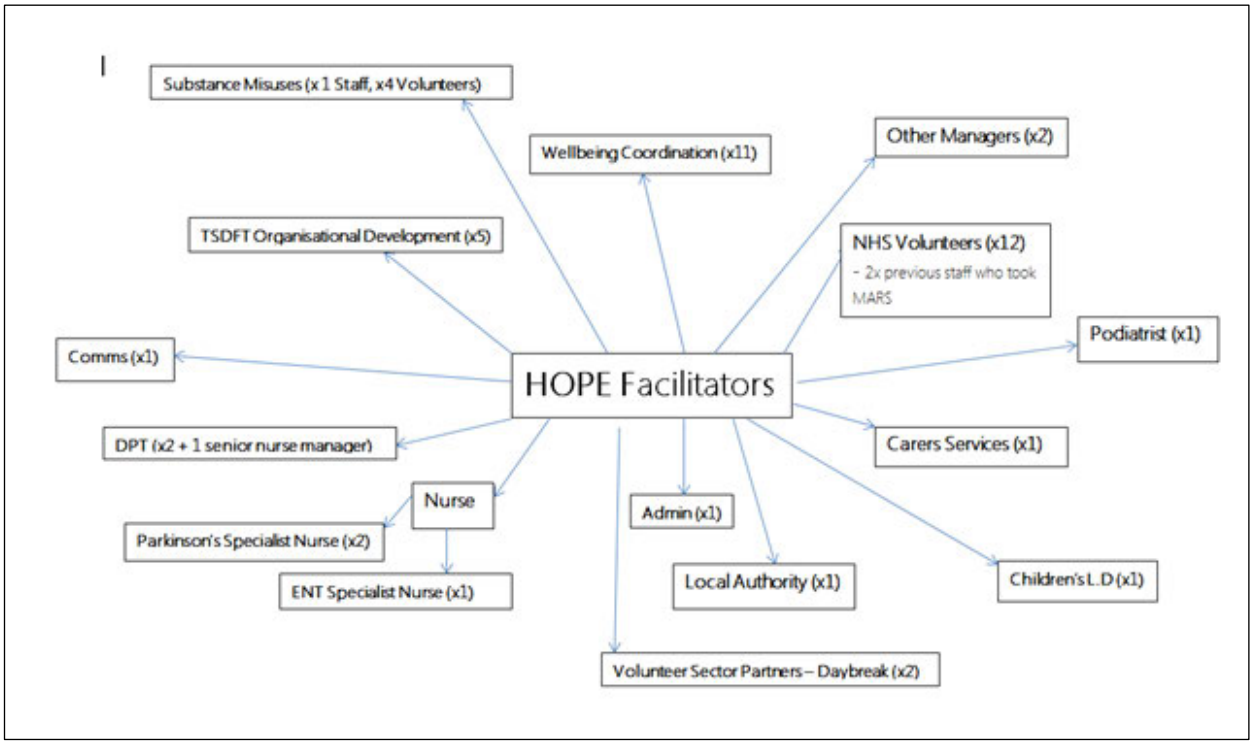
Between 1st April and 30th September 2018 13 HOPE courses were advertised, and run. Each course initially was advertising up to 12 spaces per course. As we developed confidence and the demand grew up to 16 places per course have been offered.

So far we have had 137 people start the programme and 96 people who have completed the program. There are currently 41 people who are part way through their HOPE programme. The variety of HOPE courses that we have offered to date have been:

1. Generic x3
2. Chronic pain x1
3. Carers x2
4. Substance misuse x2
5. Parents of children and young people with complex learning disabilities, autism and ADHD (complex behaviours) x1
6. TSDFT workforce x1
7. Diabetic neuropathy with recurrent leg ulceration (people at high risk of lower limb amputation) x1
8. Wellbeing coordination x 2

By the end of September 2018 there were **44** individuals who had under-taken the 2 day facilitator training. Of this group 22 have run at least 1 programme and have been assessed for quality assurance and accredited. Of the 44, **12** are NHS registered volunteers and 14 are voluntary sector partners.

As a demonstration of the scale and spread the organisations/areas/people delivering HOPE currently are:



Key action for the next quarter is to Improve the number of 6 and 12 month following HOPE programme patient reported outcome measure returns.