







Torbay and South Devon NHS Foundation Trust




Public Board of Directors Meeting

Board Room, Hengrave House, Torbay Hospital, Lowes Bridge, TQ2 7AA
5 December 2018 09:00 - 5 December 2018 11:00

AGENDA

| # | Description | Owner | Time |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|
| | In case of fire - if the fire alarm sounds please exit the Board Room immediately in a calm and orderly fashion. On exiting, turn left, exit the building through the sliding doors and assemble in Hengrave House Car Park. | | |
| | User Experience Story | | |
| 1 | <p>Board Corporate Objectives</p> <p>Information</p> <p> Board Corporate Objectives.pdf 7</p> | | |
| 2 | PART A: Matters for Discussion/Decision | | |
| 2.1 | <p>Apologies for Absence</p> <p>Note</p> | Ch | |
| 2.2 | <p>Declaration of Interests</p> <p>Note</p> | Ch | |
| 2.3 | <p>Minutes of the Board Meeting held on the 7th November 2018 and Outstanding Actions</p> <p>Approve</p> <p> 18.11.07 - Board of Directors Minutes Public.pdf 9</p> | Ch | |
| 2.4 | <p>Report of the Chairman</p> <p>Note</p> | Ch | |
| 2.5 | <p>Report of the Chief Executive</p> <p>Review</p> <p> Report of the Chief Executive.pdf 35</p> | CE | |
| 2.6 | Strategic Issues | | |
| 2.6.1 | <p>Dartmouth Health and Wellbeing Centre</p> <p>Approve</p> <p> Dartmouth Health and Wellbeing Centre Developm... 51</p> | DECD | |

| # | Description | Owner | Time |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------|
| 2.6.2 | <p>Devon Sustainability and Transformation Partnership Update</p> <p>Review</p> <p> STP Update.pdf 61</p> | DSI | |
| 3 | Delivery Issues | | |
| 3.1 | <p>Integrated Performance Report - Month 7</p> <p>Review</p> <p> Integrated Performance Report - Month 7.pdf 73</p> | DSI/DoF/DW OD | |
| 4 | Governance Issues | | |
| 4.1 | <p>Mortality Safety Scorecard</p> <p>Assurance</p> <p> Mortality Safety Scorecard.pdf 139</p> | MD | |
| 4.2 | <p>Research and Development Annual Report</p> <p>Information</p> <p> Research and Development Annual Report.pdf 151</p> | MD | |
| 5 | <p>Governors' Questions</p> <p>Discuss</p> | Ch | |
| 6 | PART B: Matters for Approval/Noting Without Discussion | | |
| 6.1 | <p>Reports from Board Committees</p> <p>Assurance</p> | | |
| 6.1.1 | <p>Finance, Performance and Investment Committee - 27th November 2018</p> <p>Information</p> <p> 2018.11.27_FPI_Cttee_Report_to_Board.pdf 189</p> | R Sutton | |
| 6.2 | Reports from Executive Directors | | |
| 6.2.1 | <p>Safe Staffing Report</p> <p>Information</p> <p> Safer Staffing.pdf 191</p> | CN | |

| # | Description | Owner | Time |
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| 6.2.2 | <p>Report of the Medical Director</p> <p>Information</p> <p> Report of the Medical Director.pdf 215</p> | MD | |
| 6.2.3 | <p>Report of the Director of Estates and Commercial Development</p> <p>Information</p> <p> Report of the Director of Estates.pdf 221</p> | DECD | |
| 6.2.4 | <p>Report of the Director of Workforce and Organisational Development</p> <p>Information</p> <p> Report of the Director of Workforce and OD.pdf 229</p> | DWOD | |
| 6.3 | Compliance Issues | | |
| 6.4 | Any Other Business Notified in Advance | Ch | |
| 6.5 | Date of Next Meeting -9.00 am, Wednesday 6th February 2019 | 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 7TH NOVEMBER 2018**

PUBLIC

| | | | |
|----------------------|--------------------------------------|---------------------------------------------|-------------|
| Present: | Sir Richard Ibbotson | Chairman | |
| | Mr P Richards | Non-Executive Director | |
| | Mrs J Lyttle | Non-Executive Director | |
| | Mrs J Marshall | Non-Executive Director | |
| | Mrs V Matthews | Non-Executive Director | |
| | Mr R Sutton | 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 | |
| | Mr J Harrison | Interim Chief Operating Officer | |
| | Mrs J Viner | Chief Nurse | |
| Mrs A Wagner | Director of Strategy and Improvement | | |
| Councillor J Parrott | Torbay Council Representative | | |
| In attendance: | Mrs Sarah Burns | Freedom to Speak Up Guardian | |
| | Mrs C Carpenter | Member of the Public | |
| | Mrs J Downes | Company Secretary Designate | |
| | Mr C Helps | Interim Company Secretary | |
| | Mr Andrew Fordyce | Freedom to Speak Up Guardian | |
| | Mrs S Fox | PA to Chief Executive | |
| | Ms C Gardner | Head of Operations | |
| | Ms J Gratton | Joint Head of Communications | |
| | Ms S Lehmann | Associate Director of Workforce and OD | |
| | Mr Tony Lowe | Head Biomedical Scientist | |
| | Mrs Julia Pinder | Freedom to Speak Up Guardian | |
| Dr J Retief | Locum Consultant Anaesthetist | | |
| Dr Paul Turner | Consultant Microbiologist | | |
| Governors: | Mrs W Marshfield | Mr K Allen | Mr B Bryant |
| | Mrs C Day | Mr P Coates | Mrs A Hall |
| | Mrs L Hookings | Mrs B Inger | Mrs M Lewis |
| | Mrs E Welch | | |

PART A: Matters for Discussion/Decision189/11/18 **User Experience Story**

The Chief Executive gave the user experience story which concerned a family who used the Trust's services over the past 2-3 years and raised some concerns. These concerns prompted the Trust to reflect on how it engaged with families and what was meant by integration – not just between the Trust and the community, but also between specialties.

The patient had been referred to the Trust on the 2 week cancer pathway with complex conditions and a number of teams in the hospital and community involved in his care. Sadly the patient passed away following a recurrence of his primary cancer. The family felt that the Trust had missed an opportunity to deliver the best care, and also that they had not understood that the patient was at the end of his life and the family had missed the opportunity to have conversations with him that they would have liked to have had.

The issues raised by the family included:

- Care felt fragmented and when calling the hospital to speak to a clinician team the family were told they were speaking to the wrong person and had to be redirected.
- The family asked lots of questions and felt they did not fully understand what was happening or receive adequate responses to their questions.
- A feeling that there were delays in treatment due to a lack of communication and the family not understanding why there were delays.
- Some concerns about the way in which the patient's diet, hydration and pain control was managed.
- The family thought that the patient was on a 'rocky road' to recovery, when in fact the Trust had moved him to a palliative care pathway.

The Chief Executive and Deputy Director of Nursing met with the family to listen to their concerns and to respond to them. All the clinicians involved with the family had been very open and positive in their engagement and acknowledged that the family's experience could have been very different.

As part of the meetings with the family, some improvement actions were agreed, in particular to put in place a single point of contact for patients with complex care needs who were being treated by several specialities.

Following the meetings and agreed actions, the family have written to the Chief Executive to thank her for her engagement and that they now feel that they have been heard and responded to, and can now move on with their lives.

Mrs Taylor asked how involved the GP was with the process and the Chief Executive explained that they had been involved in the initial complaint, but

there were no outstanding issues that needed to be resolved when she met with the family. There was an acknowledgement that the GP did not receive Care Plan Summaries in a timely manner.

Mr Coates asked if the Trust now had a single point of contact and the Chief Executive explained that action was being taken so that every patient who was receiving complex care would have a single, named point of contact. Mrs Taylor asked how this would be achieved especially when patients could be moved from one specialty to another. The Medical Director said that it was very difficult and often it was better to have the GP as the point of contact, however the Trust was working on a mechanism so that a single point of contact could be provided, even if a patient was being moved around specialty. He added that the specialty concerned in this patient's care was one of the most pressured specialties in the Trust, with recruitment difficulties and the consultants themselves have highlighted their concerns around the quality and continuity of service provided.

190/11/18 **Apologies for Absence**

Apologies were received from the Director of Workforce and Organisational Development.

191/11/18 **Declaration of Interests**

Nil.

192/11/18 **Minutes of the Board Meeting held on the 3rd October 2018 and Outstanding Actions**

The Chief Operating Officer asked that the two bullet points at the bottom of page 10 be amended as follows:

- 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 standard *performance was improving in line with trajectories*. 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 *clinical activity, not 52 weeks specifically*, and the Trust was also providing support to other Trusts in a similar way.

Apart from the amendments above, the minutes were approved as an accurate record of the meeting held on the 3rd October 2018.

Councillor Parrott took the opportunity to brief the Board on the LGA Green Paper on Social Care and explained that concern had been raised that the best possible outcome from the paper was an increase of £3.5b for adult social care, which only allowed for a stand still position.

CEPA

The Chairman reported as follows:

- Thank you to Local Council and Governor support for the gold accreditation of the Trust's Fair Train process which reaffirmed the Trust's commitment to training and apprenticeships.
- The Lead Governor and Chairman attended the recent launch of Life Care Radio at Totnes Hospital. The Life Care team were very impressive and had a very different approach to the traditional hospital radio activity which included links with the dementia awareness programme. The team have been asked to give a presentation at a future meeting.
- The Chair of the STP has asked the Chairman to be part of a Task and Finish group which would try to ensure that Trust provider and commissioner Chairs were engaged in the STP delivery process.
- The Chairman attended the recent Plymouth University Health Showcase. He said that the Trust made a strong contribution to the event and it was heartening to hear the university commenting on the value of their links with the Trust. One of the Trust's physiotherapists, who was undertaking research into improving walking for clients with cerebral palsy, had been asked to give the Trust a briefing – she was at the event and was using equipment funded by the League of Friends.
- The Chairman visited St Edmunds earlier in the week and was impressed by the amount of integrated care that took place, all the work was either focussed on prevention or integrated care. In particular, he highlighted the work of the discharge hub which was integrated with Devon County Council as was starting to make a difference to the delivery of integrated care.
- To commemorate the Armistice Centenary the Trust would be holding a commemoration event on the 11th November with a service in the Chapel at 10am followed by the commemoration in the main entrance at 11 am.
- Councillor Parrott raised a concern in respect of a lack of executive input into the Collaborative Board and the Chairman agreed with this view - he added that the Chair of the STP hoped that the new Task and Finish Group would work to remedy this.

194/11/18 **Report of the Chief Executive**

The Chief Executive highlighted the following from her report:

- Work continued in respect of the Trust's Care Model in Dartmouth. Improvements have been made to the clinic to extend the amount of physiotherapy space provided because the team had outgrown their original space and this gave opportunity to provide more clinic appointments.

- The Trust has continued to work with the community of Dartmouth in respect of the health and wellbeing centre and following some consultation meetings, it has been agreed that two issues need to be resolved – the location of the centre (either the top of the town or the old hospital site) and the need for intermediate care beds. A meeting had been held with a broad set of stakeholders to agree a process to decide on the location of the centre, and a meeting later in November would explore the issue of intermediate care beds.
- The Trust received a very powerful presentation from Norms McNamara at the recent AGM on the use of MP3 players for people with dementia to help engage and calm them down – there is real evidence of this working not only for people with dementia but also those with learning disabilities.
- The Winter Plan for the Trust would be discussed later in the meeting. Some capital had been made available to support winter planning and this was being used to expand the Trust's Ambulatory Care Unit. There was also some additional social care funding which was being used to support the community. In partnership with the CCG, £300,000 had been invested in a telephone-based health coaching service for 'frequent attenders' which it was hoped would help to reduce demand. There was some risk in the Winter Plan including the ability of the domiciliary care market to support the Trust and also workforce capacity.
- Appointments have been made to the two senior leadership posts in the new structure which was the first step in developing the next stage of the Trust's integration journey and how services would be delivered in the community in the future.
- The Chief Executive congratulated the Trust's Audiology Team on receiving full UKAS accreditation and also the CAMHS team being awarded a Nursing Times Award for their Crisis Resolution and Home Treatment teams.
- Work continued to realise the CCG merger with South Devon and Torbay and NEW Devon CCGs.
- Torbay Council was in the process of settling their budget for the coming year and the Trust was a key partner in this work. Councillor Parrott added that the Mayor would be holding a public event on the 14th November to discuss the budget.
- Councillor Parrott took the opportunity to thank the Chief Nurse for her support for the 'Are You OK' and White Ribbon campaigns in respect of domestic abuse and sexual violence.
- Councillor Parrott wished the Board to be aware of the pressures in the domiciliary care market, in particular in regard to winter, and that the Council was working closely with the Trust to manage any issues.

- Councillor Parrott queried the Trust's performance in respect of the 62 day cancer wait, and that the 14% of patients were not treated within the target and the experience of those patients. COO to feedback to Councillor Parrott.

ICOO

Strategic Issues

195/11/18 Devon Sustainability and Transformation Partnership Update

The Director of Strategy and Improvement stated that a report had not been circulated by the STP this month which was noted.

Councillor Parrott said that he was aware of the good work that the Trust's Carers' Lead had been undertaking in the STP and he suggested that the Board might wish to be sighted on this. It was noted that the Board received a report on the work of the Carers' Lead recently, and it was suggested that it was the focus of a patient story.

CN/
CEPA

Delivery Issues

196/11/18 Integrated Performance Report – Month 6

Report Summary

The Board is 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.

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 discussed:

Performance

- The Chief Operating Officer and Chief Nurse recently attended an event which focussed on the urgent care system across the South West. The meeting focussed on occupancy as a key tool to assess performance rather than the 4 hour wait, and it was felt to be a much more appropriate measure to use. In terms of occupancy levels, this time last year the Trust was at 88%, and now was c90%, which created stress on staff and on services. There was some emerging information from the locality dashboards that showed the Trust had c20 more over 70 year old patients in beds compared to last year, which was a reflection of the fragility of the domiciliary care system.
- The Trust had very detailed plans in place to manage and reduce 52 week waits, which were starting to have an effect.
- There had been an improvement in the cancer two week wait performance and it was hoped this could be maintained.
- The 62 day treatment target for cancer had been met in September, however it was expected to become more challenging in October.
- Diagnostic performance had deteriorated and was at 7.7% (against a target of 1%). The team were working to identify actions that could improve performance.

Quality

- The Chief Nurse reported that the number of STEIS incidents had increased, however this was due to some natural variation. A deep dive into this area has been agreed which would be fed back to the Quality Assurance Committee.
- There had been four falls resulting in fractures and work was taking place with the Trust's falls lead to see if there needed to be some refresher training in the acute setting.
- There had been a number of grade 3 and 4 pressure ulcers, however there was a good system in place to manage and identify these, so they were not of concern.

Finance

- Financial performance was just in line with plan for Month 6 which meant the Trust would receive the financial element of the STF funding. It would not, however, receive the STF funding related to emergency performance as the targets had not been met.
- High use of agency was a concern for the Trust and the Chief Nurse and Medical Director were undertaking a deep dive on this issue - the most significant area of spend was cover for medical junior doctor rota gaps.
- There was still a residual gap in the Trust's forecast position and CIP performance. A deep dive on this issue would take place at the Executive Directors meeting in the near future. The Trust's communications with NHSI have been clear that the Trust would not be able to meet its original forecast position.
- The cash position was strong, due in part to the underspend on capital, however the Trust has had to use the working capital facility at some times during the month as cashflow was not smooth.
- Capital spend was currently c£4m behind plan and was forecast to be £6m behind plan by year end. Two main elements were affecting this performance – the ED Development and timing of MRI installation.
- CIP performance was underpinned by a significant amount of non-recurring funding, which was of concern.
- The Medical Director reflected on the gaps in the medical workforce and the need to employ locum and agency staff to fill the gaps and to ensure the Trust could work towards meeting its targets and manage winter demand.
- The Chairman suggested that the NHS needed to think differently if it wanted to increase its substantive workforce and suggested that the Trust could form links with its local universities to help them fill, for example, their vacant nursing training places and to make those places more attractive by guaranteeing employment for those graduates, and possibly by helping fund student costs. The Chief Nurse agreed and said that that a Devon-wide STP solution was being considered to support student nurses.
- Mrs Matthews suggested that the Trust should not wait for an STP solution, but should take the initiative and this was acknowledged.
- The Director of Estates and Commercial Development added that work needed to take place in other areas for example the difficult to recruit posts in healthcare engineering – healthcare was not seen as a workplace for engineers and the Trust needed to consider growing its own.
- It was agreed the Chairman would give some consideration to how this issue could be raised and taken forward both locally and at STP level.

Ch

Workforce

- Work continued to reduce staff sickness and focus on preventative measures including health and wellbeing at work and support to staff in terms of coaching and mentoring. The Trust recently ran a very successful Mental Health Conference and also ran the HOPE programme to support staff.
- The Chief Executive informed the Board that the Regional Stocktake led by NHSE and NHSI was taking place later in the week. It was likely that there would be a focus on performance and delivery both locally and across the STP. She added that she had spoken to the Trust's NHSI Regional Director about the need to work collaboratively across the STP footprint to support improvements in performance and a need for equity of access. There was strong support from the Regional Director that integration was the right model for the Trust's community but that it could take some time to realise system benefits balanced with the need to work with the system now to meet the short term challenges.
- Mr Welch suggested that there needed to be a 'short term' push to improve performance. The Chief Executive acknowledged that the Trust's performance was of concern, and that delivering compliance with agreed performance trajectories was a priority for the Trust. There was, however, a belief that the work to drive integration and improve pathways would lead to sustainable improvement in overall performance and the data was starting to show that this was taking place. She added that the issue for the Trust was what it could do locally to improve performance and that it needed to be in collaboration with its partners both in the local system and at STP level.
- The Chairman added that the Trust needed to remember that it could chose, for example, to take action to meet the cancer two week wait target, but that would result in an increased risk for patients not on the two week pathway and the need to balance priorities.
- Mr Richards agreed with the Chairman and added that access to diagnostics for the NHS had not changed for many years and asked what work was taking place in respect of diagnostics and in particular imaging. The Chief Operating Officer stated that that there was a STP group reviewing imaging, the group had undertaken a very detailed piece of work looking at how each Trust's imaging department operated and it was hoped the output of this work would be available in the near future. It was noted that the Trust was the best performing in terms of diagnostics in the STP. The Medical Director added that a process had been agreed across the STP that if a scan was reported in one Trust, that report would be accepted across the STP which should reduce duplication and improve efficiency.
- Mrs Matthews suggested that the Trust needed to consider developing and setting its own targets, which were more achievable and to make them more 'real' to staff. The Chief Executive said that the Trust had no control over national targets, however agreed that local targets

needed to be more 'real' and achievable, for example the view that occupancy levels should be used as a measure of performance.

- Mr Richards queried the Getting it Right First Time (GIRFT) work and the Trust's input into the initiative. The Medical Director informed the Board that the Trust had taken part in every GIRFT review that it had been asked to participate in, and had scored in the upper quartile for almost all of the reviews. There was learning that needed to be taken from all the reviews and there was agreement across the STP to consider the GIRFT reviews jointly and improve practice where appropriate. The Medical Director had also made a request nationally for information on where money has been taken out of the system from this process.
- Mr Sutton raised a concern that if the Trust focused on the short term it could end up funding short term solutions to improve performance, when longer term transformational change programmes were required and this was acknowledged.
- Councillor Parrott suggested that, as part of the performance report, the Trust included benchmarking data against comparable Trusts, so that the Board could understand how other similar organisations were performing.

DSI

The Board formally reviewed the documents and evidence presented.

197/11/18 **Winter Plan**

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

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.

The Chief Operating Officer and Head of Operations briefed the Board on the work that had taken place to produce the Winter Plan:

- The Plan had been formed following a robust consultation process.

- Following the 17/18 winter period, feedback had been sought to inform the plan around what could be done better this year and also to inform transformational change and opportunities. One opportunity that would be tested this year was to have a separate pathway for GP referred patients, ahead of the new ED redesign.
- The Director of Estates and Commercial Development added that the Trust, last winter, experienced several critical internal incidents and she wished to provide assurance to the Board in terms of the Trust's strengthened plans, in particular around flu and adverse weather plans.
- Councillor Parrott wished the Board to be aware that he had tried to obtain flu jab privately, and that he has not yet had one because they are not currently available – this could affect demand on the acute site.
- The Chief Nurse added that at the NHSI urgent care system conference she attended with the Chief Operating Officer recently, it was reassuring to find that the Trust was implementing the best practice being described and that this had been incorporated into the plan.
- The Board noted that the Trust had invited a representative from the national team for urgent care and national lead for ambulatory care to review the Trust's plans and offer any advice.
- Mrs Matthews commended the Winter Plan and added that it was important for staff to be aware of the amount of work that had taken place to ensure their wellbeing over the winter period.
- The Head of Operations added that the Winter Plan needed to be viewed as a living document and that each week there would be Vlogs to highlight the initiatives being put in place to manage winter.

The Board formally approved the Winter Plan.

198/11/18 Proposed Continuation of ICO RSA with Torbay Council and South Devon and Torbay CCG

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 report 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.

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).
- Four 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.

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.

The Director of Strategy explained that the document had been discussed at Finance, Improvement and Performance Committee, and would also be presented to the Council and CCG for approval. The paper sought approval to continue to develop the RSA for the next five years. The detail of the RSA would be discussed at a later meeting.

Councillor Parrott wished to place on record the Council's continued commitment to the RSA which he felt was vital to the wellbeing of the Trust's population.

Mr Sutton stated that the Finance, Improvement and Performance Committee, when discussing the RSA, highlighted the need to communicate to the Trust's population the improvements that have already been made as a result of the care model and this was acknowledged.

The Board committed in principle to continuing with the RSA with full proposals for consideration and approval in March 2019.

199/11/18

Peninsula Pathology Network Strategic Outline Case

Report Summary

Developed by the Peninsula Pathology Network, representing provider and commissioner organisations across Devon and Cornwall, 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.

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.

The Director of Finance gave the following presentation:



Peninsula Pathology Network

Strategic Outline Case Board Briefing Presentation



Background

- 2 reviews of Pathology by Lord Carter
- Up to £200m savings if networks established, services consolidated & unwarranted variation removed
- September 2017 – establishment of 29 pathology networks in England. To be run as a 'Hub & Spoke' model
- Peninsula Network savings target £4.5m (compared to 2015/16 budget)



Peninsula Pathology NHS Network approach

- Peninsula Pathology (South 1) NHS Network Board est. December 2017. Chair - Ann James
- 5 Acute Trusts across Devon & Cornwall, CCG & primary care representation plus NHSI South Diagnostics lead
- The approach to NHSI challenge will be based on clinical effectiveness. 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 service consolidation and efficiency alone
- National & local Pathology GIRFT leads - Dr Tom Lewis (NDH) & Dr Simon Knowles (RD&E)



Strategic Options / Hurdle Criteria

| | Option 1 | Option 2 | Option 2a | Option 2b | Option 4 | Option 5a | Option 5b | Option 5 |
|-------------------------|------------|----------------------------------|---------------------------|------------------------------|----------------------------------------------------|---------------------------------------------------------------------|-----------|----------------------------------------|
| | No Change | New Single Lab for the Peninsula | Central Hub & Spoke Model | Multiple Hubs & Spokes Model | Reduce the number of Consultant led Reporting Labs | Low Volume & Specialist Services Consolidate all in a Single Lab | | Public/Private Commercial Partnerships |
| Hurdle Criteria | | | | | | | | |
| 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 |



What does it mean for the future of services ?

- Common quality standards
- Adoption of the principles of mutual support
- Consolidation of low volume non-urgent & low volume specialist tests
- Repatriation of some tests
- Aspiration to deliver a common LIMS or at the very least interoperability between systems
- Costs & benefits of any service change to be distributed equitably across organisations
- A longer term plan to replace existing MSC with a single contract
- Openness & transparency re business developments, staffing changes and procurements



Resource Implications

- NHS Improvement have informed the Peninsula Pathology NHS Network that there is no national funding to support the programme.
- The SOC details the resources required to support the clinical effectiveness approach. Some of the roles will be covered by a re-purposing of current resources, there will need to be a significant 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 CCG's will also be asked to contribute.



Challenges, Key Issues & Next Steps

- Clinical Effectiveness approach may be compelling, however, there are likely to be significant political, financial and clinical hurdles to overcome
- Trusts in the network have already delivered significant savings (c£3.5m) since 2015/6
- Importance of effective, resourced, clinically led governance arrangements
- Approach has already been endorsed by STP bodies, CCG's & Trusts
- NHSI have requested that the draft SOC is submitted by the end of September with the understanding that it is still to be approved by Boards
- Trusts & CCG's are asked to endorse the SOC at their October or November Board meetings



The following was discussed:

- The Network needed to be seen as an opportunity to provide innovative pathology services as part of high quality patient-centred care.
- It was important that the Trust could retain its history of rapid turnaround of results and this was acknowledged.
- If the network was a success the model could be used to generate commercial income.

- Mrs Marshall asked, given the Trust had already made £1m of efficiencies, if other Trust had made the same level of savings. The Director of Finance confirmed that they had and that the network approach would allow for more savings to be realised.
- One of the benefits of the network would be to reduce variation and this work was helping to challenge variation in the system and create standardisation.

The Board:

- **Endorsed the SOC and, in doing so agree to support further work narrowing the listed options to a preferred solution for submission in March 2019.**
- **Committed 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.**

Governance Issues

200/11/18 **Guardian of Safe Working Hours Update**

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.

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.

The Medical Director highlighted the increased level of reporting – which was partly due to a new cohort of junior doctors commencing with the Trust. It was also felt to be as a result of the new Guardian's work to highlight the need for reports to be submitted and the increase in gaps in on call rotas.

The Trust continued to try to recruit to the vacant junior doctor posts, and in spite of being the top trust in the South West based on the GMC survey, was struggling to fill posts. The Trust had engaged an expert in workforce planning who was looking at the gaps in the junior doctor rota and the tasks undertaken by junior doctors to see if some aspects of the role could be undertaken by other members of staff - in particular administrative work.

The Chief Nurse suggested that it would be helpful if any quality and safety concerns were monitored as a result of the gaps in the junior doctor rotas and the Medical Director agreed. He added that senior staff tended to pick up any gaps in rota during the day and that issues tended to occur out of hours and said that he had already asked one of the Deputy Medical Directors to undertake a review of the out of hours system.

MD

The Board was reminded that it had been identified that the Junior Doctor contract was disadvantageous to women and the Medical Director was asked if this was an issue for the Trust. The Medical Director said that there needed to be a lot of flexibility when running junior doctor rotas and that adjustments had to be made to allow for maternity leave etc.

Mr Sutton queried the fact that some areas submitted many more exception reports than others. The Medical Director explained that some departments were much bigger than others, for example medical, and that if any trends were identified they were managed within the relevant department.

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

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.

Dependencies and Risk

Links to the National Guardian Office, Trust and other Freedom to Speak Up Guardians to share approaches and best practice

The following was discussed:

- The profile of the Freedom to Speak Up Guardians (F2SUG) was felt to be increasing in the Trust which was very positive and the fact that staff were willing to speak to Guardians and raise concerns.
- The need to continue to work to promote open and transparent culture where staff felt able to raise concerns.
- A view that staff still felt for example, that doctors were 'untouchable' and this was highlighted through a recent case – it was felt this was because staff were not necessarily aware of the outcome of any disciplinary process and so did not understand what action might have been taken against an individual.
- The need for the F2SUG role to be part of the Trust's wider culture and this was acknowledged.

The Board approved:

- 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.**

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.

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 Board noted the BAF and that work was taking place to include strategic risk and threats for the Trust – this would form part of the Board Development Session in December.

Mr Sutton queried the number of catastrophic risks on the heat map and it was noted that five of the six risks related to capital. How the risks should be described on the BAF was discussed, for example a capital risk, or operational with significant clinical consequences.

The Director of Strategy reminded the Board that the aim was for the BAF to drive the work of the Board in the future so that those catastrophic risks for the Trust could be debated and managed. It was noted that at the meeting today the Board had, or would be, discussing several of the catastrophic risks on the BAF.

The Board formally reviewed the Board Assurance Framework report.

203/11/18 Outcome of the 2018 NHSE/CCG External Assessment of the Trust against EPRR Responsibilities and National Standards

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 compliant.

The Trust Board is 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 through 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.

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.

The Board noted the paper and the Director of Estates and Commercial Development stated that of the amber standards the Trust would not meet the target in relation to the need for a decontamination rota. The Trust was clear in its response to that risk and that it had the correct processes in place to manage decontamination if required.

The Trust Board formally received the outcome and action plan of the NHS England/CCG EPPR performance and preparedness assessment for 2018 and endorsed the signing of the required assurance letter for NHS England to that effect.

Mrs Marshall queried the Trust's 52 week cancer performance and if the Trust would meet the trajectory that had been set for improvement. She also asked how the demands on staff were being managed when they were dealing with such long waiting lists and if the Trust had considered any alternative solutions to reduce demand. She also asked how many patients chose to delay their treatment and therefore affect performance.

The Chief Operating Officer said that performance against the target had deteriorated in line with expectations, but that the plans the Trust had put in place to start to reduce the target were slowly starting to have effect. The position was predicted to be c67 in November. He added that the Winter Plan would provide resilience to elective care work and provide escalation for 52 week waits if necessary. He said that the Trust did use external providers for both inreach and outsourced work when required.

It was noted that two other questions had been received, one from Craig Davidson which would be addressed through the Governor Log, and one in respect of integrated care which would be answered through a deep dive at the next Council of Governors meeting.

PART B: Matters for Approval/Noting without Discussion

Reports from Board Committees

205/11/18 **Quality Assurance Committee – 10th October 2018**

Noted.

206/11/18 **Finance, Performance and Investment Committee – 30th October 2018**

Noted.

207/11/18 **Audit Committee – 19th October 2018**

Noted.

Reports from Executive Directors

208/11/18 **Report of the Interim Chief Operating Officer**

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 overview 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.

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 in 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.

The Trust Board formally reviewed the content of the report.

209/11/18 **Education and Training Mid-Year Report**

Report Summary

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.

Mr Welch welcomed the establishment of a Mandatory Training Sub-Group.

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

210/11/18 **Quality Account Update**

Report Summary

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.

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

211/11/18 Compliance Issues

Nil.

212/11/18 Any Other Business Notified in Advance

Nil.

213/11/18 Date of Next Meeting – 9.00 am, Wednesday 5th December 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 | Bring Winter Plan to November Board meeting. | ICOO | Completed | 03/10/18 |
| 2 | Update October minutes as described above. | CEPA | Completed | 07/11/18 |
| 3 | Feedback to Councillor Parrott information on the 14% of patients that were not treated within the 62 day cancer day wait target. | ICOO | | 07/11/18 |
| 4 | Arrange for a patient story about Carers. | CN/ CEPA | | 07/11/18 |
| 5 | Consider how best to raise the issue of filling difficult to recruit posts both locally and at STP level. | Ch | | 07/11/18 |
| 6 | Consider use of benchmarking information in performance reports. | DSI | | 07/11/18 |
| 7 | Investigate any quality and safety issues with the junior doctor out of hours rota. | MD | | 07/11/18 |

| Cover sheet for a report to the Trust Board | | | | | |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------|--------------------------------------|-------------------------------------|
| Report title: Chief Executive's Business Update | | | | Date: 5 Dec 2018 | |
| Report sponsor | Chief Executive | | | | |
| Report author | Director of Strategy and Improvement Joint Heads of Strategic Communications | | | | |
| Report provenance | Report reviewed by Executive Directors (27 November) | | | | |
| 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 <input type="checkbox"/> | Information <input type="checkbox"/> | Review <input checked="" type="checkbox"/> | Decision <input type="checkbox"/> | Approve <input type="checkbox"/> |
| Recommendation | The Board is recommended to review the report and consider implications on the Trust's strategy and delivery plans. | | | | |
| Summary of key elements | | | | | |
| Strategic context | Strategic/corporate objectives this report aims to support: <ul style="list-style-type: none"> • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led | | | | |
| Dependencies and risk | This report is set in the context of the following corporate risks: <ul style="list-style-type: none"> • Available capital resources are insufficient to fund high risk/high priority infrastructure/equipment requirements/IT Infrastructure and IT systems. • Failure to achieve key performance standards. • Inability to recruit/retain staff in sufficient number/quality to maintain service provision. • Lack of available Care Home/Domiciliary Care capacity of the right specification/ quality. • Failure to achieve financial plan. • Delayed delivery of integrated care organisation (ICO) care model. | | | | |
| Summary of scrutiny | This report has been reviewed by Executive Directors (27 November) | | | | |
| Stakeholder engagement | This report is shared widely and forms the basis for Trust Talk, 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: 5 Dec 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 7 November are as follows:

1.1 Safe Care, Best Experience

Winter readiness

The winter of 2017/18 was exceptionally challenging for a whole host of reasons, including unprecedented severe weather, high levels of flu and norovirus and capacity issues right across our system. We managed to keep urgent and emergency services running safely – but the impact on staff was unacceptably high, and we need this year to be different.

Our starting point was carrying out a survey of staff to make sure we learned all the lessons we could from last winter, with a series of debriefs in April and May. We then did a 'system reset' in June, looking to make improvements in patient flow across all our services from ED to discharge and support at home. As a result of this listening and learning, we have invested £2.4 million in our winter plan to provide safer staffing levels on the wards, additional physicians, as well as senior nurse leadership in ED and the medical workforce.

Already, we are experiencing challenges across the system, from recruiting enough domiciliary care workers to provide the support people need at home, to dealing with high numbers of very sick people in our ED department. We are putting in place a wide range of measures to help us create capacity and resilience in the coming months, including:

- consolidating our admission avoidance work at the front door through a new Joint Emergency Team, bringing together the Rapid Assessment and Discharge Service with acute therapists, social care support and rapid response.
- expanding the waiting area and creating four new treatment areas in AMU for people who are not going to need a hospital stay overnight
- enhancing our severe weather plans and recruiting more volunteer 4x4 drivers
- running a four month test of change on a new acute assessment model, which involves:
 - developing an Acute Assessment Unit (in EAU3), enabling us to provide 24/7 assessment with consultant cover from 8am to 6pm – and potentially extending to 9pm three days a week)
 - changing EAU4 to a short-stay medical ward, to support patients who are likely to need a stay of less than 48 hours
 - opening Warrington as an 18-bedded general medical ward with dedicated consultant cover over the winter

- reducing elective activity from mid-December through January to focus on our emergency and urgent pathways and having some protected beds to ensure we continue with planned elective work

Comment:

We know that there is likely to be considerable pressure this winter. In view of this we have planned as thoroughly as possible to ensure we are as prepared as we can be. Staff at all levels have been involved throughout and we believe we have a robust plan in place.

Theatres

The reliability of the air management system in two of our theatres at Torbay Hospital has caused concerns. As a result of a detailed inspection, we have closed these two theatres whilst we commission new air handling equipment. Taking two theatres out of action means we have had to re-schedule or cancel operations for some people at very short notice. In addition we have had to temporarily close a third theatre for about a week due to a technical issue. We are directly contacting all patients affected by this. We are prioritising surgery for those with the highest clinical priority and for people who have waited the longest. We appreciate that this will also cause more pressure on staff and want to assure the Board we are doing everything we can to identify alternative theatre capacity, so that we can continue providing the same high quality and timely care that we know people rightly expect of us.

The actions we are progressing to enable us to minimise any further delays, distress and inconvenience for our patients include:

- working with commissioners to offer some orthopaedic patients the choice of having their surgery at Mount Stuart
- expanding our day case surgery capacity by running extended theatre lists
- investigating the possibility of a mobile theatre on site
- investing in a new air handling unit which will be located in theatre B and allow us to re-open theatre A (likely timescale up to six months)
- pursuing a range of in-sourcing and out-sourcing options with other providers.

Comment:

I wish to thank our community for their understanding and patience and front line teams, partners, regulators for their support as we strive to continue to offer the level and quality of service that local people value so highly. As well as short term solutions, critical infrastructure failure of this scale requires significant investment to secure long term mitigation. The risk of theatre failure has been signalled on the risk register for some time. Directors submitted a theatres business case application for national capital allocation and are awaiting a decision. Further detail is included in the Director of Estates report.

1.2 Well Led

Month 7 - Performance against the national NHS I Single Oversight Framework:

In October, whilst performance improved against most indicators compared to the previous month, the Trust did not meet the following national performance standards or agreed planned improvement trajectories:

- **Urgent care 4 hour standard** – Urgent care performance improved in October with the % of people discharged or admitted within 4 hours of arrival at Accident and Emergency Departments (ED) increasing to 85.6% from 83.8% last month. However this was below the 95% national standard and 92.7% operational plan monthly trajectory
- **Referral to Treatment times (RTT)** – RTT performance improved in October with the proportion of people waiting less than 18 weeks increasing to 82.3% from 81% last month. However this was below operational plan trajectory of 82.7% and National standard of 92%. The total number of incomplete pathways (waiting for treatment) is reducing with a fall of 1.0 % since April 2018 in line with our operational plan commitment to maintain or reduce total number waiting.
- **Cancer waiting times** – 62 day urgent referral to treatment - Forecast performance is below the 85% national standard at 74.3%, however above our agreed trajectory of improvement for October (66%) with a plan to achieve the National standard from January 2019.
- **Diagnostic waiting times** – The diagnostics standard was not met with 9.8% of patients waiting over 6 weeks against the standard of 1%. This is deterioration over last month and our worst position since April 2018

October saw the 5th consecutive month that the Trust achieved its target against its >52wk wait trajectory and November would have seen the second consecutive month where we would have achieved a month on month reduction. The Trusts overall RTT performance against the 92% Incompletes access target also saw a significant improvement with a month end position of 82.36% against a trajectory of 82.74%. As expected due to the improvements in the >52wk position and aggregate RTT performance we have also seen our >40wk waiters reduce to its lowest level since July 18.

Month 7 performance against 2018/19 plan:

- **Overall financial position:** The financial position at 31 October 2018 was a £8.33m deficit, which is £1.19m behind the budgeted position.
- **CIP savings delivery position:** The savings position for month 7 is reported as a £1.4m surplus against a £2.0m target. There is a cumulative surplus of £2.0m against a £7.8m target.
- **Forecast:** 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 (£3.3m 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. Operational pressures will need to be addressed to maintain this position; key pressures include agency costs (reflecting staff shortages, RTT and emergency system delivery), CHC, ASC, and more recently the domiciliary care provision and Theatre failures.

Comment:

The continued challenges in delivering key access targets are a cause for concern. We know this has an impact on individual patients and are prioritising clinical need, quality and safety. The Board will want further assurance that plans will deliver and that individual patient safety is not being compromised. The Interim Chief Operating Officer will update separately on the immediate impact of theatre failures on performance and financial forecasts and the development of options to address this loss of operating capacity.

1.3 Valuing our Workforce, Paid and Unpaid

The Staff Heroes Awards

The winners of the November Staff Heroes awards celebrated their success by attending a presentation ceremony on 13 November 2018 in the Bayview Restaurant at Torbay Hospital. Certificates were presented to the winners by members of the Board.

Comment:

Ensuring we have a good system in place to award staff for exceptional work is extremely important. The Staff Heroes Awards are an important way of recognising the hard work and commitment of our people and publicly saying a big thank you to them for going that extra mile. It was particularly gratifying to see people from front line teams and support services nominated for awards from grateful patients and their families, team leaders and colleagues from other teams. We are reviewing the scheme so we can link it more closely to our vision and values. As part of this review we aim to have not just a regular celebration but also a bigger annual celebration.

Our Journey

At the beginning of November we launched our staff engagement programme 'Our Journey'. The programme aims to engage staff right across the Trust in our vision of care. It looks at what we have achieved and encourages our people to see how their work supports the continuation of our journey towards our vision of caring for more people in their homes and communities.

The programme encourages teams to have conversations around their plans and successes and is supported by a suite of materials which include posters, an animation and questions cards. The conversations will lead teams to develop further plans of work in support of the delivery of this vision.



'See Something Say Something' anonymous green boxes launched

Sometimes people find it difficult to speak up about issues affecting patient safety or staff experience. They may not know who to speak up to. They may feel that anything they do raise might not be taken seriously, or that nothing will be done as a result. When there are obstacles to speaking up patients, staff and the organisation itself can suffer because the right actions and learning are not put into place. Now every NHS trust and Foundation trust in England has a Freedom to Speak Up Guardian and last year they handled over 6,700 cases brought to them by NHS workers. Here at Torbay

and South Devon we are launching See Something Say Something Anonymous green boxes. If any member of staff has an issue that is affecting them, and they feel they cannot speak directly to a Guardian or their line manager then they are encouraged to post their concern in one of these green boxes; they are located at various locations across acute and community sites. The boxes will initially be emptied by one of the Guardians on a fortnightly basis with any themes and issues raised published on ICON.

Comment:

The Trust has a number of different ways of supporting staff to raise concerns. An extremely important way is through the Freedom to Speak Up Guardians but sometimes staff prefer to raise a concern completely anonymously and the boxes are designed to support them to be able to do this.

National recognition and influence:

- **British Psychological Society, Obesity Task Force:** Our Lead Clinical Psychologist for the Trust's Specialist Weight Management Service, Dr Ian McKenna, provides leadership nationally to the British Psychological Society (BPS), Obesity Task Force. This task force was commissioned to write a document to present to Government to highlight the psychological aspects of the national obesity crisis. This aims to look at the complexities of obesity and how psychological factors play key roles in development and maintenance of obesity. Currently there is insufficient NICE guidance for Government and Clinical Commissioning Groups on how psychological interventions should be incorporated into treatments at all levels. This has resulted in variation in the provision of psychological services in obesity treatment nationally, inadequate care for individuals living with obesity, reduction in sustainable weight loss, and increased healthcare and economic costs. On 14 November, the BPS Obesity Task Force presented their initial briefing document to the All-Party Parliamentary Group: *Understanding obesity: The psychological dimensions of a public health crisis*. The goal was to highlight the need for Government to address the psychological causal and maintenance factors of obesity, and therefore influence future obesity policies and commissioning for population health, through to primary care, specialist weight management, and bariatric surgery services.
- **National research recognition for Trust podiatrist:** Trust podiatrist, Richard Collings, has been named as one of only 13 Allied Health Profession (AHP) research champions newly appointed by the National Institute for Health Research (NIHR) and Council for Allied Health Professions Research. AHP Research Champions will serve as ambassadors and champion the research work of AHPs, encouraging more AHPs to be aware of and get involved in health and social care research and the work of the NIHR for the benefit of patients. Richard who has worked at Torbay for 11 years as a podiatrist has had a long interest and involvement with research, currently working part time clinically and following a NIHR doctoral studentship, studying part time for his PhD with the University of Plymouth researching into offloading for ulcer prevention for people with diabetes (INSTEP-Insoles to Ease Pressure).
- **Recruitment drive at National Conference:** The Medical Directorate had a stand at the Acute & General Medicine Conference on 20th & 21st November at Excel Arena in London to promote the organisation and region as a place for

clinicians to come and work. Dr Kate Lissett, Consultant in Diabetes and Endocrinology and Clinical Director for Medicine supported by managers Lesley Wade and Sara Dorrans were available across the two days of the conference to discuss current opportunities at the Trust. Dr Maria Saunders, Consultant in Acute Medicine & Gastroenterologist, Dr Catherine Blakemore, Consultant Cardiologist and Dr Gareth Griggs, Consultant Geriatrician also travelled up to talk to doctors including registrars and consultants who might consider coming to work in Torbay and to give more specialty specific insights. There was a lot of interest in the stand and several people sought us out because they had heard of Torbay and South Devon and our work in integration. Being at the conference gave us further opportunity to discuss with people our model of care and aspirations. Several contacts were made across a range of specialties and whilst there the team took the opportunity to visit the stands of other Trusts and hear about their particular challenges and approaches to recruitment.

Remembrance Day commemoration

On Sunday 11 November 2018 we marked Remembrance Sunday and 100 years since Armistice Day. Each year we have held a Sunday morning service in the chapel followed by a Remembrance Day silence - this year it was decided to move to a more public area. A short commemoration was held in Torbay Hospital's main entrance at 10.45am, led by Co-ordinating Chaplain Martin Manley. Trust Chairman, Sir Richard Ibbotson then laid a wreath, and the customary two-minute silence was observed at 11am.

I would like to thank all who supported this moving commemoration – the main entrance is quite a busy area, so a few moments of stillness was particularly special.

2 Chief Executive Engagement: November

| Internal | External |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Staff Side • Medical Staff Committee • Trust Talks • Freedom to Speak Up Guardians • Staff Engagement Session – Dartmouth Clinic • Staff Heroes Event • Torbay Hospital League of Friends | <ul style="list-style-type: none"> • STP Chief Executive's Meeting • STP Programme Delivery Executive Group • Meeting with the Interim Accountable Officer NEW Devon CCG/ South Devon and Torbay CCG • Delivery and Improvement Director, NHSI SW • GP SPCC Meeting • Sarah Wollaston MP • Exec to Exec with Devon County Council • Mayor, Torbay Council • Principal, South Devon College • GP Locality Leads <ul style="list-style-type: none"> - Torquay - Paignton and Brixham - Coastal |

3 Local Health and Care Economy Developments

3.1 Service Developments/Changes

Children's, Young People's and Family Services contract award

The governing bodies of Devon's clinical commissioning groups met on Thursday, 29 November and agreed to the award of the Devon contract to provide services to children, young people and their families to the Devon Children and Families Alliance led by the Trust in partnership with all NHS providers in Devon and the Plymouth contract to Livewell Southwest. The final stages of the contract process will now be concluded.

We were named preferred bidder for the contract in September, and have been working with commissioners to provide further detail since then to provide assurance to enable them to make a final decision. Following contract award there will be a 10 day stand still period before final contract negotiations can conclude. The contract is due to start on 1 April, 2019 and will run for seven years, with a possible three-year extension.

I know that everyone working in those areas is excited to be part of this opportunity to make these services the best they can be, improving and transforming lives.

Comment:

We are delighted that commissioners recognize that our shared vision for the future of services for children, young people and families in Devon will deliver their ambitious outcomes. This has been a fantastic example of true partnership working across Devon to achieve this shared vision. Everyone has worked with dedication, commitment and shared purpose. Whilst we continue to lead the partnership in discussions on the final stages of the contract detail including completing due diligence, we are also working on mobilisation to ensure that we have everything in place for a safe transfer when we take over the contract on 1 April 2019. Final recommendations to Boards to sign the contract will be presented in February and March with the Trust Board signing as prime provider.

Proposals for co-location of services in Teignmouth

We are continuing to work with the Clinical Commissioning Group towards the shared vision for Teignmouth. Our aim is that there is a co-location of the Health and Wellbeing team and 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. The Clinical Commissioning Group supported by this Trust has been continuing engagement around potential options. Discussions with NHS England are also taking place with a view to launching a public consultation of the agreed options early 2019.

Dartmouth Health and Wellbeing Centre

In Dartmouth we continue to engage with representative community groups. A new collaborative working group has been established to work on the planned new Health and Wellbeing Centre. Its first meeting was on 29 October 2018, independently facilitated by Healthwatch Devon. Membership includes representatives of the CCG, Trust, Devon County Council, Dartmouth Area Health Action Group, Dartmouth Medical Practice, Dartmouth Medical Practice PPG, Dartmouth Caring and League of Friends of Dartmouth and District Healthcare.

At the meeting it was agreed that the Working Group's main purpose was to:

- determine the best site for the proposed Health and Wellbeing Centre
- discuss the provision of intermediate care beds (to deliver on one of the outcomes of the formal 2016 CCG consultation process)

It was made clear that the CCG's decision to close inpatient beds further to the formal consultation process would not be changed. The meeting also agreed the criteria for selecting the site for the new-build facility from the shortlist of two locations:

- A site owned by South Hams District Council near the park and ride
- The former Dartmouth Hospital site

The group continues to meet and will work with the Trust to ensure that the new Health and Wellbeing Centre meets the needs of the local community.

In the meantime, a full range of health and wellbeing services is being offered from Dartmouth Clinic as an interim Health And Wellbeing Centre. Building work to create additional physiotherapy space at the clinic is due to be complete by Christmas.

IVF eligibility and funding

NICE guidance recommends access to three cycles of IVF. However the peninsula-wide assisted conception policy, developed by NEW Devon, South Devon and Torbay and Kernow CCGs with clinicians and fertility experts to ensure people can access a range of treatments states eligible couples can receive just one cycle of IVF (In Vitro treatment) and up to four cycles of IUI (Intrauterine insemination). The CCGs have said that this is to give fair opportunity to treatment within the available budget.

Across England, other CCGs which buy healthcare have to make similar decisions based on their population's needs. Of the 208 CCGs in England, only 24 are able to offer three full cycles of IVF. There are a further 50 CCGs which offer two cycles, but the majority of CCGs (127 CCGs), including NHS Kernow, are only able to fund one cycle. There are seven CCGs that have stopped funding IVF services altogether and our understanding is that more that are considering withdrawing funding.

3.2 Partner and partnership updates

Devon Sustainability and Transformation Partnership

Feedback from stocktake with NHS England and NHS Improvement

Each of the STPs across England has regular stocktakes with regulators, NHS England and NHS Improvement. Leaders from the Devon STP met regulators on 8 November 2018. The meeting covered progress against STP priorities, successes, challenges and the support required from regulators. A number of successes were highlighted. For example:

- Progress on finances has seen successive savings of £100 million in 2016/17; and £158 million in 2017/18.
- Good integration in practice:
 - NDHT and RD&E management arrangement was working well.

- Mutual support across four Trusts, and commitment to further develop model of lateral Clinical Service Delivery Networks.
- Local provider partnership has been successful bidder for future Children's Services.
- Collaborative approach to system planning including on capital, technology and leadership bids has paid off.
- Across Devon, 9 out of 10 adult social care providers rated as 'outstanding' or 'good', and all GP Practices also rated as 'outstanding' or 'good'.

However, there was real challenge by the regulators on some of the financial and service performance issues and the system was asked to focus on making rapid improvements.

Developing a workforce strategy for Devon

The workforce strategy developed for the Devon STP sets out the challenges and the direction. There are five key areas of priority:

- i. *Right person, right skills, right place, right time*
- ii. *Growing Devon's future workforce*
- iii. *Effective use of a flexible workforce*
- iv. *Growing Devon's strategic partnerships with local and national education providers*
- v. *The health and social care sector is the best place to work in Devon*

More detail on the latest STP developments can be read in the Director of Strategy and Improvement's STP Update Board paper

Devon CCGs' developments

Update on CCGs' merger

The two Devon CCGs are continuing to discuss their proposed merger with GPs. This follows a poll which asked GP members whether they supported the merger. The results showed an overall support for the merger but 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.

Councils updates

Torbay Council budget

The council's public consultation on the proposed budget for 2019/20 continues until 14 December. As a key partner and a major commissioner the Council's budget plans are of huge relevance for the Trust. The Board will want to agree a formal response to the consultation.

Torbay Council housing survey – Information from Torbay Community Development Trust

Since the Big Vision event in January 2018, the Community Development Trust (TCDT) has been working with 14 older people who volunteered as a working party to develop

an Assembly to give people over 50 a platform to have their voices heard on matters important to them. Through this work, TCDT has been asked to help collect the views and aspirations of people over 50 in relation to housing needs in later life. Through written and online surveys, as well as focus groups, they want people to tell them what they think is important concerning properties in Torbay. It could be what they consider to be necessities in a home, what would inspire someone to live in a particular area, what support they think is key to making these facilities welcoming and useable to all.

As an active partner of Torbay's Ageing Well partnership and supporter of the Torbay Older Peoples Assembly the Trust welcomes the housing survey and encourages people to take part. The online version of the housing survey can be found at the following link: <https://ageingwelltorbay.us18.list-manage.com/track/click?u=b84fca88864ba7a1d240c45d7&id=d8ba024fea&e=1c9799541b> The deadline for responses is 14 December.

Devon County Council - A severe shortage of care workers

The Council has reported that care providers across Devon are currently reporting over 150 job vacancies, with particular problems with recruitment in Exeter and South Devon, making it increasingly difficult for the Council to arrange the right personal support and home care packages for everyone who needs them. Demand for care and support in people's homes is already at an unprecedented level for the time of year and with winter around the corner, there are concerns that demand for care packages will rise further to outstrip supply leaving the health and social care system struggling to cope.

Home care provision in Torbay: Mears plc

CQC Report on Mears Domiciliary Care Provision

Providing good quality domiciliary care is an important part of supporting people to be able to remain living in their own homes. In 2015 we began a five year contract with Mears plc for the provision of home care for people in Torbay. Most of this provision has been through a range of other agencies which Mears co-ordinate and provide a quality assurance function.

Mears have also provided some care directly. Recently they took over the provision of care following one agency in South Devon being rated by CQC as inadequate. At the time Mears assured us and CQC that they would be able to do this safely however it became apparent that there were a number of issues. This led to some complaints to CQC who inspected the service in early October. The inspection report published on 23 November rates the service as inadequate and contain many issues around missed and late appointments.

Comment:

We are currently working very closely with Mears to ensure they can continue to provide a safe service and are considering how this is managed in the longer term. Mears, with our support, are contacting all their clients to make them aware of the report and to reassure them that they will receive good quality care. They are also discussing the report with their staff to reassure them too. It is important to note that the report does not criticise the front line staff but more the leadership and systems and processes. We are grateful to all our staff that are supporting care and to care agencies at this time whose staff provide an invaluable service. All other care agencies are not impacted.

4 National Developments and Publications

Details of the main national developments and publications since the Board meeting on 7 November 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

NHS prevention strategy

Under plans to improve disease prevention to ease pressure on the NHS, health advice will be tailored to class, lifestyle, location and even genetic make-up using people's digital footprints. The health secretary Matt Hancock wants public health bodies to use personal data to target advice on alcohol, diet and exercise. He is urging employers to take more responsibility for workers' physical and mental well-being by offering fresh fruit, bike loans and counselling. More detail is promised next year but a "vision document" published in November highlights so-called "predictive prevention" as a major new element of public health. The announcement signals that prevention will be a key focus of the soon to be published NHS Long Term Plan.

Aim to increase Artificial Intelligence across NHS

Health Secretary Matt Hancock has pledged to increase the use of Artificial Intelligence (AI) across the NHS, with new Department for Health and Social Care figures showing that AI could cut GPs' and nurses' workload by a third. One of the most advanced AI health projects currently in use is taking place at Moorfields Eye Hospital in London, where doctors have partnered with DeepMind to create a system that examines patients' scans to create an algorithm to diagnose early signs of the eye diseases age-related macular degeneration and diabetic retinopathy.

4.2 NHS England and NHS Improvement

Working together to help residents stay healthy: NHS planning update

In June the Government asked the NHS to develop a long-term plan that described the future for the health service in exchange for a five-year funding settlement. Over the past four months, NHS England and NHS Improvement have set up a number of working groups – comprising local and national health and care system leaders, clinical experts and patient/voluntary sector representatives – to engage with partners on developing proposals.

Over the past two years there has been a major push towards a more integrated health and social care system with a greater focus on prevention to ensure people stay healthy for as long as possible and get joined up effective care when needed. The partnership between the NHS and local government and communities has never been more important. The details are still being worked on but there will be a small number of priority areas – mental health services, cancer care, improvement to stroke and heart attack outcomes, children's services, integrated care for older people, and a drive to reduce inequalities.

Next steps:

- **Early December 2018:** The Long-Term Plan for the NHS will be published.
- **December 2018:** NHS England will publish a five-year funding settlement for every local area, giving a greater degree of financial certainty.

- **January – summer 2019:** Using this financial settlement, NHS organisations, local councils and the voluntary sector work together to develop a local strategy, tailored for their particular circumstances, that will help to deliver on the aims of the national long-term plan.

Comment:

Integration work that has already been undertaken locally gives us a strong foundation to accelerate the development of services tailored to best suit local needs. Our close collaboration with Torbay Council and also with Devon County Council puts us well ahead of most in integration. The next part of our journey is extremely important in ensuring our partnership provides the best possible joined up services to support local people live their lives as well as possible.

New NHS England and Improvement structure

The two organisations recently issued their proposed joint executive senior manager structures to staff for consultation. Proposals include a single NHS executive group top team, seven new regions, and 11 national corporate teams.

NHS England and NHS Improvement will lose nearly 50 senior manager posts as they combine their structures. The consultation document issued to both organisations’ staff revealed whole time equivalent posts for executive senior managers would reduce from 373.8 to 325.2. This would cut the overall cost for this tier from £57m to £51.2m – a 10% reduction. Within roles labelled as “admin”, a cut of £8m is planned (17% of the “admin” baseline), while the budget for “programme” roles is due to increase by £2m to £13m (18%). Overall, the two organisations are planning to reduce their baseline administration costs by 15% by 2020-21, with changes at more junior levels taking place in 2019-20.

Subsidiary companies

New guidance to ensure foundation trusts are not creating subsidiary companies if plans are considered too “high-risk” is being issued. A number of trusts have set up subsidiary companies in the last few years, often to deliver savings from non-clinical services and in some cases from VAT. This has led to concerns from unions that the NHS is creating a “two-tier workforce”. In August, NHSI announced a consultation into the use of subsidiary companies after the Department of Health and Social Care said it wanted to strengthen its oversight of the companies. Previously, FTs could set up a subsidiary company on their own, while trusts needed approval from regulators.

In the new guidance, NHSI said all trusts would need to submit business cases for setting up subsidiary companies or making “material changes” to existing companies. These business cases will be reviewed by NHSI, which will take between three and six weeks. If the regulator rates those plans as “red”, it will use its regulatory powers to stop the plan – the guidance states. “Green” or “amber” ratings will allow the trust to continue with its proposals, although this could be subject to “additional oversight and monitoring of transaction-specific risks post transaction”.

Comment:

As a Foundation Trust we have used our ability to create subsidiaries carefully and always with strong business cases. We have two subsidiaries South Devon Developments Ltd which was a strong business case that demonstrated strong clinical benefits and Health and Care Innovations LLP which is a partnership with Rocklands Media Ltd and again had a good business case for income generation from likeminded

parties wanting to gain patient benefits from digital innovation solutions. The business cases for both were presented to the Finance Committee and also to the Board.

4.3 Other bodies

Royal College of Surgeons - Devices and implants – concerns raised about safety

Concern has been raised in the media after a study which was performed by the International Consortium of Investigative Journalists over 36 countries that suggests that controls over the licencing of medical devices and implants may be less stringent than would be expected. It is unclear to what extent this may be having impact in the UK. In response The Royal College of Surgeons is asking for urgent and drastic changes to the rules around medical devices, such as pacemakers to protect patients. It has said it wants a register of every device in every patient set up so doctors know if new innovations are causing harm. The government has said it would look at what changes may be required. Medical devices range from implanted contraceptives to hip replacements to pacemakers in the heart.

Comment:

The Medical Director will lead a detailed review of the medical devices used in Trust services. Many will be well-established with a proven safety record. Concerns about some others are already recognised and checks and controls in place. Any cause for concern raised by the article will be communicated to relevant staff and of course to patients who may be affected. It will be important to be able to offer advice and reassurance to patients where the benefits of their devices are clear. It is important to note that controls are in place through procurement of devices that meet Medicines and Healthcare products Regulatory Agency (MHRA) requirements. We also have a committee, joint with the CCG, called Joint Clinical Effectiveness Group through which permission to use any new device is sought. Similar controls are in place for implants through the CCG drugs and therapeutics committees.

New chairman appointed to Health Education England

Sir David Behan has been appointed chair of Health Education England, it has been announced. Sir David will chair HEE for three years from 1 December 2018, the Department of Health and Social Care has confirmed. Sir David announced he was stepping down as chief executive of the Care Quality Commission early this year after six years leading the regulator.

5 Local Media Update

News releases and campaigns:

- CAMHS team win national award
- Families invited to a weekend of events in memory of babies
- Remembrance Sunday commemoration
- Events for carers as part of Carers Rights day
- Encouragement for people to attend the HOPE programme
- Seeking lifestyles volunteers
- Increasing the uptake of flu jabs particularly for our staff
- World Radiography Day

- Oral cancer screening
- Give HIV the Finger – raising awareness of testing
- Coastal Team and NHS Quicker finalists at the HSJ awards

6 Recommendation

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

AW/JG/CF
27 November 2018

| Cover sheet and summary for a report to the Trust Board of Directors | | | | | | | | | | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--|---------------|----------------------|-------|-----|-----|
| Report title: Dartmouth Health and Wellbeing Centre Development | | | | Date: 5 th December 2018 | | | | | | | |
| Report sponsor | Chief Executive | | | | | | | | | | |
| Report author | Director of Estates and Commercial Development Head of Integrated Care – South: South Devon and Torbay CCG | | | | | | | | | | |
| Report provenance | Dartmouth Health and Wellbeing Centre Working Group 20/11/2018 | | | | | | | | | | |
| Confidentiality | Public | | | | | | | | | | |
| Report summary | <p>A single collaborative forum with all local stakeholders known as the Dartmouth Health and Wellbeing Centre Working Group has been established to address two particular issues of concern to the Local Population of Dartmouth namely:</p> <ul style="list-style-type: none"> • The site of the proposed Health and Wellbeing Centre • The provision of intermediate care beds (to deliver on one of the outcomes of the formal 2016 CCG consultation process) <p>Membership includes representatives of the CCG (Officer and Non Exec) the Trust, (Officers and Governors) Devon County Council (Officer and Councillor), Dartmouth Area Health Action Group (DAHAG), Dartmouth Medical Practice, Dartmouth Medical Practice Patient Participation Group (PPG), Dartmouth Caring and League of Friends of Dartmouth and District Healthcare.</p> <p>The group have firstly considered the site of the new H&WB centre; either on a site at the top of the town or on the existing hospital site. Following two meetings, a set of site evaluation criteria was agreed and a scoring exercise undertaken with each representative organisation, submitting one score each. (DAHAG declined to submit a score). The scoring identified the majority view that the top of the town site was the preferred option for the H&WB centre in Dartmouth.</p> <table border="1" data-bbox="480 1532 1402 1644"> <thead> <tr> <th></th> <th>Hospital Site</th> <th>Top of the town site</th> </tr> </thead> <tbody> <tr> <td>Score</td> <td>108</td> <td>259</td> </tr> </tbody> </table> <p>This was confirmed in a subsequent meeting on the 20th November where the group agreed to recommend the top of the town site to the Trust board for approval.</p> | | | | | | Hospital Site | Top of the town site | Score | 108 | 259 |
| | Hospital Site | Top of the town site | | | | | | | | | |
| Score | 108 | 259 | | | | | | | | | |
| Purpose (choose 1 only) | Note | Information | Review | Decision | Approve | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |

| | |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recommendation | As recommended by the Dartmouth Health and Wellbeing Centre Working Group the Trust Board is asked to approve moving forward with the development of a health and wellbeing centre for Dartmouth on the land owned by South Hams Council at the top of town. |
| Summary of key elements | |
| Strategic context | <p>Highlight which strategic/corporate objective(s) this recommendation aims to support:</p> <ul style="list-style-type: none"> • Safe, quality care and best experience <ul style="list-style-type: none"> ○ <i>Improving the estates portfolio to support best practice standards</i> • Improved wellbeing through partnership <ul style="list-style-type: none"> ○ <i>Co-creation of the Wellbeing Hubs</i> ○ <i>Developing plans with engagement of Patients, Primary Care and Community and Voluntary Organisations</i> • Valuing our workforce <ul style="list-style-type: none"> ○ <i>Providing better and more modern working environments</i> • Well-led <i>Working alongside the best in class partners governed appropriately and in line with the Trust policies and processes</i> |
| Dependencies and risk | Not all the population of Dartmouth will agree with the decision for the health and well-being centre to be at the top of the town. There remains a risk of adverse publicity and dissent from some of the local population particularly the DAHAG. |
| Summary of scrutiny | Healthwatch Devon have independently chaired the Dartmouth Health and Wellbeing Centre Working Group which have scrutinised and agreed the recommendation contained in this paper. |
| Stakeholder engagement | <p>The sites, evaluation criteria and decision has been collaboratively developed and supported by:</p> <ul style="list-style-type: none"> • South Devon and Torbay CCG • Torbay and South Devon NHS FT Governors • Devon County Council • Dartmouth Medical Practice • Dartmouth Medical Practice Patient Participation Group (PPG) • Dartmouth Caring • League of Friends of Dartmouth and District Healthcare. <p>And in the full knowledge and presence of a representative from Dartmouth Area Health Action Group</p> |
| Other standards affected | Nil. |
| Legal considerations | There are no known legal considerations. |

| | |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Report title: Dartmouth Health and Wellbeing Centre Development | Date: 5 th December 2018 |
| Report sponsor | Chief Executive |
| Report author | Director of Estates and Commercial Development Head of Integrated Care – South: South Devon and Torbay CCG |

1. Purpose

The purpose of this paper is to update the Board on the progress made in developing a health and wellbeing centre in Dartmouth and to seek approval to go ahead with the development on a site at the top of town currently owned by South Hams District Council.

2. Background

The NHS has engaged extensively with the local community since 2013 about the future of health and social care in Dartmouth and its surrounding villages.

In 2016, South Devon and Torbay CCG consulted on introducing a new integrated model of care, which involved investing in community services, creating health and wellbeing centres in local towns and consolidating community hospitals and MIUs to one in each CCG locality and closing a number of hospital beds, including those at Dartmouth Hospital.

In January 2017, the CCG's Governing Body agreed changes proposed as a result of the consultation. Dartmouth Hospital closed in March 2017 and Dartmouth Clinic was re-purposed as an interim Health and Wellbeing Clinic offering a wide range of outpatient clinics.

The new Health and Wellbeing Centre was initially proposed to be located within the River View Care Home in Dartmouth but ultimately the scheme was not financially viable and, after a final offer by the Torbay and South Devon NHS Foundation Trust was turned down by the home's private sector owners, this scheme was discontinued in January 2018.

3. Community engagement and involvement

In March 2017 a stakeholder engagement group was established to oversee changes to services, including the creation of a purpose-built new Health and Wellbeing Centre for Dartmouth.

Membership included the CCG, Torbay and South Devon NHS Foundation Trust (Trust), Dartmouth Medical Practice, the League of Friends of Dartmouth and District Healthcare, Dartmouth Patient Participation Group, Dartmouth Town and Parish Councils, Devon County Council, South Hams District Council, Dartmouth Caring (a local voluntary sector care organisation) and constituency MP Dr Sarah Wollaston. The stakeholder group continued to meet monthly until January 2018 when it was renamed as the Dartmouth Health and Wellbeing Partnership and given a broader remit under the leadership of Dartmouth Caring.

Further local engagement, including a meeting and drop-in sessions, took place in May 2018 and the following month, Dr Wollaston facilitated a meeting between the Trust and the newly formed Dartmouth Area Healthcare Action Group (DAHAG). The Trust agreed to provide DAHAG with all the information it requested in order to come forward with its own proposals.

In September 2018, the Trust agreed to set up a single collaborative forum with all local stakeholders – now known as the Dartmouth Health and Wellbeing Centre Working Group. The first meeting of the Working Group was held in October, independently facilitated by Healthwatch Devon. Membership includes representatives of the CCG, Trust, Devon County Council, DAHAG, Dartmouth Medical Practice, Dartmouth Medical Practice PPG, Dartmouth Caring and League of Friends of Dartmouth and District Healthcare.

It was agreed that the Working Group’s main purpose was to:

- Determine the best site for the proposed Health and Wellbeing Centre
- Discuss the provision of intermediate care beds (to deliver on one of the outcomes of the formal 2016 CCG consultation process)

It was made clear that the CCG’s decision to close inpatient beds further to the formal consultation process would not be changed.

4. Site Evaluation

The working group agreed two 2 sites for evaluation in Dartmouth.

- A site owned by South Hams District Council adjacent to the park and ride at the top of the town; and
- The former Dartmouth Hospital site.

Top of the Town Site



Top View



Dartmouth Park and Ride



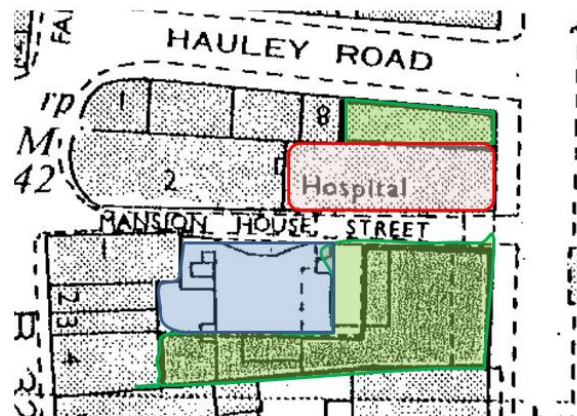
View from Bus Depart Roundabout



Dartmouth Hospital Site



Front Elevation



Front Elevation

5. Site Evaluation Criteria

After significant discussion the working group agreed a set of criteria against which the two sites would be evaluated. This is shown below. To assist with the scoring an objective analysis of each site by criteria was undertaken. This is shown in Annex 1.

| Criteria | Assessment/Analysis | Scoring |
|------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Site area | Is it large enough to accommodate proposed facilities? Could we design an ideal building on the site? | 1 = poor site, 5 = excellent site |
| Parking | Is there space on the site for adequate parking or sufficient parking available nearby? | 1 = poor parking, 5 = excellent parking |
| Public Transport | Is there adequate public transport to and from the site? | 1 = poor public transport, 5 = excellent public transport |
| Access | Does the site provide good access for the people | 1 = poor access, 5 = excellent |

| | | |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| | who most need the services and use most often? Is there safe and suitable vehicular and pedestrian access available? Is the site flat to support easy access? | access |
| Abnormal Costs | Are there any abnormal costs associated with development of site? | 1 = high abnormal costs, 5 = low abnormal costs |
| Deliverability | Could the development be delivered in a timely manner? i.e. considering ownership, legal issues, planning issues, surrounding and existing land use, site constraints, trees/landscape, impact on existing services, public reaction? | 1 = difficulties in deliverability, 5 = ease of deliverability |
| Future proofing | Does the site present the ability to expand services? | 1 = no possibility for future proofing, 5 = opportunities for future proofing |
| Impact of seasonal traffic | Would access to the site be impacted by or affect seasonal traffic? | 1 = high negative impact, 5 = low negative impact |
| Impact on town | Would the site enhance the town centre – would it have an impact on local businesses and retailers? What else could go on site to support town centre? | 1 = low positive impact, 5 = high positive impact |
| Cost | What is the cost of developing the sites? | 1 = high cost, 5 = low cost |
| Operational delivery | What is the cost of developing the sites? | 1 = more difficult for operational delivery, 5 = easier for operational delivery |

6. Scoring

The representatives agreed to complete an evaluation score sheet on behalf of their organisations so that each organisation/group submitted a score, these scores were then combined to give an overall score outlined below. Dartmouth Area Health Action Group declined to submit a score.

| | Hospital Site | Top of Town Site |
|-----------------------------------|---------------|------------------|
| Site Area | 9 | 26 |
| Parking | 7 | 27 |
| Public Transport | 15 | 22 |
| Access | 10 | 28 |
| Abnormal costs | 10 | 18 |
| Deliverability | 9 | 26 |
| Future proofing | 7 | 29 |
| Impact of seasonal traffic | 10 | 21 |
| Impact on town | 17 | 17 |
| Cost | 7 | 17 |
| Operation delivery | 8 | 29 |
| Total | 108 | 259 |

This scoring was discussed at a further working group meeting on the 20th November. In this meeting the majority view was that the site at the 'top of town' be the preferred site for development of the health and wellbeing centre for Dartmouth and the group agreed to recommend this for approval to the Torbay and South Devon NHS Foundation Trust Board

7. Recommendation

As recommended by the Dartmouth Health and Wellbeing Centre Working Group the Trust Board is asked to approve moving forward with the development of a health and wellbeing centre for Dartmouth on the land owned by South Hams Council at the top of town.

| Annex 1 | Trust owned Dartmouth Hospital Site on the Quay in the Centre of Dartmouth | South Hams Council owned site at the top of the Town adjacent to the Park and Ride site |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description of the Site | The Dartmouth Hospital site consists of three separate adjoined buildings that are separately registered with the land registry they do not currently deliver a seamless building. The buildings and site are adjoined by neighbours. | The Council owned site earmarked for possible development of a health and well- being centre is adjacent to the existing park and ride and is a green field site used as an overflow car park in the summer and for Dartmouth Regatta. |
| Site area | The site is 1,040 m2 with a building floor plate of 590m2. The required space for a new build is £1,817m2 consequently a 3/4 storey development is required. Please see deliverability section issues with demolishing and developing the old seaman's mission. | The site area is 7,155 ² . The required space for a new build £1,817m ² and a two story development is planned on a floor plate of c 900m ² . If the opportunity was taken to build and addition 1 or 2 floors for extra care housing for example. This leave the remainder of the site a 3,300m ² which will be re-configured as parking for the centre |
| Parking | Restricted site unlikely to meet the need for parking for GP's, Disabled, users and staff working within the facility Significant parking restrictions in the immediate area | Co-located to the park and ride and adjacent to supermarket parking |
| Public transport | Regular bus services from the park and ride to the centre of town. | Regular bus services from the centre of town to the park and ride site. |
| Access | Site configuration may impact on the ability to provide for easy access for all (DDA compliant) as a multiple storey building may be difficult to navigate for the elderly and the disabled. The centre of Dartmouth is difficult to access in peak holiday season hence the provision of the park and ride by the Council. Further away from the population most needing access to health, well-being and children's services and those in outlying villages. | New build will be maximum two stories purpose build to take account of all DDA provisions. Easily accessible by car or by bus. Close to the population base most needing access to health, well-being and children's services and outlying villages. |
| Abnormal costs | Costs likely to be associated with: Vertical transport in a multiple story building Demolition of the existing building Dealing with the asbestos in the building Replacing the undersized drainage Impact of works in close proximity to neighbours Flood zone implications on foundations and flood proofing the ground floor A secondary works compound due to restricted site and restricted delivery | Costs likely to be associated with: New utilities and drainage to a greenfield site |

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| Deliverability | <p>The Planning approach from DCC and SHDC is to reduce traffic congestion in the centre of town through the use of park and ride. It is likely that a planning application that increases traffic on the lower Ferry approach road and congestion in that area would not receive support from either council. The old Seaman's mission dating from 1850 is part of the Hospital site. It has an attached building not in the ownership of the Trust so would be difficult to demolish and unlikely to be supported by the council or potentially the local population as it is one of the original buildings of Dartmouth. Restricted building area and restricted site compound may impact on the buildability, demolition and deliveries/disposal of rubble etc.</p> | Vacant Green field site with suitable building compound space. Likely to be supported by both councils. |
| Development timeframe | <p>Secondary site compound and demolition will be required before building can commence elongating time to delivery. Controversial planning application may elongate timeline to planning permission</p> | Vacant site exists supported by the council - no implications likely on the development timeline |
| Future proofing | <p>Due to restricted site no flexibility or room for further development/expansion if required in the future.</p> | <p>Room for further development/expansion of the building if required in the future. Co-located to leisure facilities which could accommodate expansion of physio, gym and exercise facilities for the future further enhancing the integrated model of care.</p> |
| Impact of seasonal traffic | <p>Seasonal visitors may impact on access to the services and car parking is likely to be significantly restricted for users and those travelling from Townstall or outlying villages by car in the summer.</p> | <p>Car parking may be reduced for seasonal visitors with a reduction in overflow parking that was in the field. Hard standing H&WB parking will occupy half the previous field site - this will be available to visitors at weekends.</p> |
| Outline Costs | <p>Base scheme cost for 1,817m² - £6m Additional vertical transport 50k Demolition and asbestos removal 115k Replacing undersized drainage 25k Impact of works in close proximity and flood zone implication 20% of works costs £1m A secondary works compound restricted site and delivery £200k Total Cost £7.39m</p> | <p>Base scheme cost for £1,817m² - £6m Costs of sourcing new utilities and drainage 50k Total Cost £6.05m</p> |

| Cover sheet for a report to the Trust Board | | | | | |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------|--------------------------------------|-------------------------------------|
| Report title: STP monthly update | | | | Date: 5 Dec 2018 | |
| Report sponsor | Director of Strategy and Improvement | | | | |
| Report author | Director of Strategy and Improvement Head of Strategic Comms | | | | |
| Report provenance | Report reviewed by Executive Directors (27 November) | | | | |
| Confidentiality | Public | | | | |
| Report summary | A summary from the Director of Strategy and Improvement to accompany the STP monthly update report. | | | | |
| Purpose (choose 1 only) | Note <input type="checkbox"/> | Information <input type="checkbox"/> | Review <input checked="" type="checkbox"/> | Decision <input type="checkbox"/> | Approve <input type="checkbox"/> |
| Recommendation | The Board is recommended to review the report and consider implications on the Trust's strategy and delivery plans. | | | | |
| Summary of key elements | | | | | |
| Strategic context | <p>The Devon Sustainability and Transformation Partnership (STP) provides a single framework through which the NHS, local authorities and other health and care providers work together to transform health and care services. A single board update is now produced monthly following the Programme Delivery Executive Group (PDEG) meetings. This update follows the meeting of PDEG on Friday 16 November.</p> <p>The purpose of this report is to:</p> <ul style="list-style-type: none"> • provide a monthly update that can be shared with Governing Bodies, Board and other meetings in STP partner organisations; • ensure everyone is aware of all STP developments, successes and issues in a timely way; and • 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. | | | | |
| Dependencies and risk | <p>Key items covered this month are:</p> <ol style="list-style-type: none"> 1. Progress on finances and operational service performance challenges. PDEG heard that good progress is being made in dealing with the issues, although Devon is still an outlier (42nd out of 44) for diagnostics. This Trust's strong performance against cancer two-week wait is noted. The national Emergency Care Intensive Support Team are supporting this Trust and Plymouth on urgent care pathways. Financially, the Devon system is off plan by £10m at month 6. 2. Feedback from stocktake with NHS England and NHS Improvement. Each of the STPs across England have regular stocktakes with regulators, NHS England and NHS Improvement. Leaders from the Devon STP met with our | | | | |

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| | <p>regulators on 8 November 2018. The meeting covered progress against STP priorities, successes, challenges and the support required from regulators.</p> <p>3. System strategy and organisational development. PDEG agreed that the imminent publication of the NHS Long-Term Plan – which was expected in early December 2018 – should be the basis for redeveloping the long-term Devon System Strategic Plan.</p> <p>4. System Operating Plan for 2019/20. The 2019/20 Operating Plan is being developed in the context of Devon’s progression towards an Integrated Care System. PDEG was advised of the national planning timelines and deliverables.</p> <p>5. Developing a workforce strategy for Devon. PDEG members received a presentation on a set of priorities for the STP workforce team to focus on over the next 6-12 months and three years. With significant workforce challenges and near full employment in Devon, innovative approaches are required. An initial phase of international recruitment was focused on Registered General Nurse (RGN) recruitment and will be developed further to include mental health nursing in later phases.</p> <p>6. Clinical Service Delivery Networks. The Devon ‘Acute Services Review’ has previously indicated the requirement to develop <i>Clinical Service Delivery Networks</i> to ensure closer system working across providers, reducing areas of unnecessary variation in service delivery and consistency in the ‘offer’ to patients. These networks will help establish new operational delivery models which optimise on joint working between provider teams, build greater resilience and secure more sustainable services for the population of Devon. The establishment of a ‘Business Support Unit’ to support the establishment of the Networks was agreed. This will require investment which will be more clearly defined by the Acute Services Review team. Provider organisations will share the hosting and associated costs of maintenance of the Networks once established. This arrangement has previously been agreed through PDEG. PDEG Members approved the establishment of Level 1 networks over 6 to 12 months for priority service areas, as well as the implementation of the resourcing requirements.</p> <p>Risk As previously identified, the main risk to the Trust remains having the 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.</p> |
| Summary of scrutiny | This report has been reviewed by Executive Directors (27 November) |
| 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 |

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| Other standards affected | Nil |
| Legal considerations | None |

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

Introduction

The purpose of this regular report is to:

- ❖ Provide a **monthly update** that can be shared with Governing Bodies, Board and Cabinet meetings in STP partner organisations.
- ❖ **Ensure everyone is aware** of 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 tenth Update Report, and covers developments from the ***PDEG meeting held on Friday, 16 November 2018.***

Key items covered this month are:

- 1. Progress on finances and operational service performance challenges.**
- 2. Feedback from stocktake with NHS England and NHS Improvement.**
- 3. System strategy and organisational development.**
- 4. System Operating Plan for 2019/20.**
- 5. Developing a workforce strategy for Devon.**
- 6. Clinical Service Delivery Networks.**

1. Progress on finances and operational service performance challenges

At the Operational PDEG meeting, there was a detailed discussion on how Devon is dealing with in-year system performance and finance challenges. PDEG heard that good progress is being made in dealing with the issues, and some of the areas highlighted are as follows:

Performance challenges

- **Diagnostics:** performance for the STP remains an outlier nationally (42nd of 44 STPs), however good improvement has been made in recent months. To highlight the scale of improvement, University Hospital Plymouth's 6-week breach rate fell from 20.1% to 13.5%, for example, with an overall reduction in breaches from around 2,500 in June to 1,400 in September. Whilst imaging breaches are beginning to reduce across the STP and plans are in place for more sustainable long-term capacity, endoscopy capacity continues to be a concern, particularly in the context of increasing cancer referrals.
- The **cancer 2 week wait** breast symptomatic target was achieved for the second month in a row following the significant progress made in August. RD&E and Torbay and South Devon both performed strongly at 100% and 98.8% against the 93% target, although University Hospitals Plymouth and Northern Devon Healthcare were slightly under the standard at 92.2% and 90.0% respectively. Performance against the main two week wait standard continues to be under target, with the STP position falling slightly from 84.4% to 83.2%. Referral growth continues to be a concern with the year-to-date position up by 20% at the RD&E, 16% at University Hospitals Plymouth, 17% at Torbay and South Devon and 18% at Northern Devon Healthcare. Urology, dermatology and breast referrals are all seeing high growth across Devon, and work is now in hand, working with public health, to understand the reasons.
- There was continued good performance against **mental health** targets in September. STP performance remained strong against access to psychological therapies, with both Devon Partnership Trust and Livewell achieving this key target. In Children and Adult Mental Health services, 18 week performance continues to improve, up from 81.2% in August to 82.9% in September, the fourth month-on-month improvement. For Individual Patient Placements, Out Of Area and PICU placements have reduced significantly in September and October. Other highlights include the reduction of Livewell Delayed Transfers of Care in October and November, with only two patients currently delayed. Plans to increase the capacity of mental health services in Devon, including a new psychiatric intensive care unit, a mother and baby unit and crisis cafes, will benefit patients from early 2019.
- **A&E 4-hour waits:** Provisional October figures show an improvement with the STP position at 86.5% against 85.0% in September and all providers are seeing performance increases. Demand growth slowed in October, but November is looking more pressured, with high levels of attendances. The national Emergency Care Intensive Support Team are working with University Hospitals Plymouth to help improve issues such as clinical flow, and are supporting Torbay and South Devon on urgent care pathways.

Finance

PDEG were briefed on the latest system financial position. There remains a planned gap of £12 million to the overall system control total excluding planned unachieved Provider Sustainability Fund (PSF). There is a £17.3 million total gap less £6 million planned unachieved PSF for which savings have not been identified. The Devon system is currently off plan by £10 million (£6.7 million at Month 5) year to date and forecasting to be off plan by £26.5 million at the year end. £11.8 million of the forecast deficit is due to unachieved PSF.

2. Feedback from stocktake with NHS England and NHS Improvement

Each of the STPs across England have regular stocktakes with regulators, NHS England and NHS Improvement. Leaders from the Devon STP met with our regulators on 8 November 2018. The meeting covered progress against STP priorities, successes, challenges and the support required from regulators.

The meeting allowed our leaders to highlight some of the success of working as a system in Devon. For example:

- Progress on finances has seen successive savings of £100 million in 2016/17; and £158 million in 2017/18.
- Good integration in practice:
 - NDHT and RD&E management arrangement was working well.
 - Mutual support across four Trusts, and commitment to further develop Clinical Service Delivery Networks.
 - Local provider partnership has been successful bidder for future Children's Services.
- Collaborative approach to system planning including on capital, technology and leadership bids has paid off.
- Launch of e-Consult across Devon, and 'My Care' at the RD&E.
- Across Devon, 9 out of 10 adult social care providers rated as 'outstanding' or 'good', and all GP Practices also rated as 'outstanding' or 'good'.

However, there was real challenge by our regulators on some of the financial and service performance issues (as shown below) and the system was asked to work together as partners to make rapid improvements:

- In-year service performance challenges in:
 - Diagnostics.
 - Cancer 62 day.
 - A&E.
 - Mental health out of area beds.
 - Children in crisis.
- In-year financial challenges, and the deterioration in the position.

3. System strategy and organisational development

PDEG was briefed on the latest position with developing our new system strategy and organisational development (OD). Around 30 events have been held since July 2018 with a range of groups, from clinicians to system leaders. This work has been supported by external OD expertise.

The main elements of the work include:

- Developing a vision for the new Devon Integrated Care System (ICS), which includes a new 'Strategy on a Page'.
- Emerging thinking on our ICS operating model.
- The Aspiring ICS programme, supported by NHS England.

PDEG took stock of the learning and outputs to date, and reflected that there needs to be a better balance between design and delivery. There has been a lot of activity, much of it involving the same people and we need to pay attention to emerging 'workshop fatigue'.

They also discussed potential areas for re-prioritisation of system time and resources to allow for focus on delivery of the 2018/19 plan and development of the 2019/20 system Operating Plan to meet regulator requirements.

PDEG agreed that the imminent publication of the **NHS Long-Term Plan** – which was expected in early December 2018 – should be the basis for redeveloping the long-term Devon System Strategic Plan. This would set the context for our future priorities and ways of working, and would focus on some of the big issues that Devon still needs to tackle.

4. System Operating Plan for 2019/20

PDEG heard about the national context and local system priorities that are shaping planning and investment decisions for 2019/20.

The national expectation is that the Operating Plan will form the year 1 baseline of a longer-term System Strategic Plan (see above).

The 2019/20 Operating Plan is also being developed in the context of Devon's progression towards an Integrated Care System. There is a real opportunity for Devon's 2019/20 operating plan to reflect a maturing system that both delivers and moves beyond aggregated plans to a fully owned system operating plan.

Adopting this system approach all the way through the planning process and both planning for success at system, place and neighbourhood levels, the aim is a clear and credible system plan that all organisations sign up to and which supports the shared vision for Devon.

In summary the key high level deliverables required of local systems and organisations, as well as the associated NHS national planning timelines are set out as follows:

- i. Initial plan activity and finance submission: 14 January 2019.
- ii. Draft organisation operating plans submission: 12 February 2019.
- iii. Draft aggregate system operating plan and narrative submission: 19 February 2019.
- iv. Organisation Boards/Governing Bodies approval of 2019/20 budgets: 29 March 2019.
- v. Final organisation operating plans submission: 04 April 2019.
- vi. Final aggregate system operating plan and narrative submission: 11 April 2019.

5. Developing a workforce strategy for Devon

A presentation on a set of priorities for the STP workforce team to focus on over the next 6-12 months and then longer term initiatives over the next three years was delivered to PDEG members.

With so many workforce pressures, it is essential to agree the key priorities as a system and then oversee the achievement of those priorities.

These very significant workforce challenges across all aspects of the Devon system are contributing to both performance deteriorating and our financial position worsening.

This is set within the context that Devon has very high levels of employment so we will need to be innovative in the way we approach these challenges.

The workforce strategy developed for the Devon STP sets out the challenges and the direction we need to take. It sets out five key areas of priority:

- i. ***Right person, right skills, right place, right time.*** Priorities moving forward include: developing system-wide portfolio careers; undertaking a system approach to international recruitment for nurses and medics; and, alongside a national recruitment campaign for key workers, a regular cycle of career fairs in Devon.
- ii. ***Growing Devon's future workforce.*** Priorities moving forward include: further developing 'Proud to Care'; creating a structured system approach to work experience in health and social care; creating a system wide attraction, recruitment and retention strategy; and establishing holistic workforce data for proactive system workforce planning.
- iii. ***Effective use of a flexible workforce.*** Priorities moving forward include: establishing a single shared Devon temporary workers bank and creating a competitive pay framework; and creating a Devon recruitment bureau with single streamlined business processes to reduce recruitment time.

- iv. ***Growing Devon's strategic partnerships with local and national education providers.*** Priorities moving forward include: developing close working partnership with Local Enterprise partnerships; building experiential learning through creation of case studies as a mechanism of identifying best practice and enable rapid improvement.
- v. ***The health and social care sector is the best place to work in Devon.*** Priorities moving forward include: continuing to develop the new Devon system leadership programme, working with the Leadership Academy as pilot site; creating a 'Devon Offer' with consistent Terms and Conditions with flexible benefit packages; and establishing flexible shift working to support 7 day working.

PDEG heard that an STP workshop, which took place on 23 October 2018 on 'Workforce - a critical intervention' was attended by more than 70 staff, from Directors of Nursing to front line staff, to further refine thinking.

International recruitment

The NHS Devon system has been carrying significant nursing vacancies for a sustained period of time. The current NHS Devon system registered nurse vacancies are:

- 334.4 Whole Time Equivalents (wte) band 5 general.
- 198.1 wte band 6-8a.
- 46.9 wte critical care.
- 36.7 wte community.
- 77.9 wte mental health.
- TOTAL = 694 wte registered nurse vacancies (September 2018).

It was noted that the initial phase of international recruitment was focused on Registered General Nurse (RGN) recruitment and will be developed further to include mental health nursing in later phases. Livewell, which is not experiencing nurse vacancies in the same way as other providers, is not due to take part in this first phase, but will continue to be part of the group overseeing the work and may take part in later phases.

It should be noted that there are also high levels of unregistered nursing vacancies in the NHS Devon system with 214.1 wte in September 2018. Whilst we have seen a slight improvement in September's figures (due to newly registered nurses joining the workforce), the position has generally worsened over the last 12 months.

PDEG supported the overall approach to workforce. Members also agreed to look at a system approach to international recruitment of nurses. Care was needed in managing Devon's reputation in undertaking this approach.

6. Clinical Service Delivery Networks

The Devon 'Acute Services Review' has previously indicated the requirement to develop **Clinical Service Delivery Networks** to ensure closer system working across providers, reducing areas of unnecessary variation in service delivery and consistency in the 'offer' to patients.

Clinical Service Delivery Networks will help establish new operational delivery models which optimise on joint working between provider teams, build greater resilience and secure more sustainable services for the population of Devon.

The establishment of a 'Business Support Unit' to support the establishment of the Networks was agreed. This will require investment which will be more clearly defined by the Acute Services Review team. Provider organisations will share the hosting and associated costs of maintenance of the Networks once established. This arrangement has previously been agreed through PDEG.

Priority SDNs for Devon

- **Neurology:** closer working between units to support general neuro, IP neuro and lead provider approach to sub specialty service delivery.
- **Stroke:** finalise delivery model to ensure key interventions for stroke patients are offered consistently for the population supporting collaboration between first assessment/treatment, hyperacute/acute stroke care and rehabilitation.
- **Haematology:** teams to focus on areas for greater collaboration in delivery – vulnerabilities across all units (Devon and Cornwall) on call rota and sub specialty.
- **Dermatology:** vulnerabilities in workforce capacity across all units – appetite to describe greater collaboration.

Levels of Networks

There are three levels of collaboration:

- i. **Level 1:** Clinical effectiveness, quality and efficiency network.
- ii. **Level 2:** Operational network between 2 or more providers using staff to support services across more than one provider.
- iii. **Level 3:** sub-specialty service is provided by provider 'A' at provider 'B' site.

Purpose and functions

- **Strategic planning:** setting strategic direction for the delivery of clinical services for the population of Devon (and any neighbouring STPs where it makes clinical sense to do so) with a focus on resilience and efficiency specifically around workforce and new models of care. This will also

incorporate delivery of key clinical priorities and national policy. Digital innovation should be integral in this strategy.

- **Critical review of services** performed in line with the 'Acute Service Review' process agreed by the Devon system. This will use existing intelligence where a SDN has already been the subject of a clinical review. This will inform any operational delivery challenges which the group are responsible for. Solutions may indicate a change in service reconfiguration or a change in operational service delivery approaches. Any recommendation should ensure a reduction in variation in service offer or evidenced outcomes for patients and fully exploit the use of digital enablers.
- **Finance:** an understanding of the budgets associated with all providers and the overall Devon-wide budget and to deliver services within these constraints. Networks will need to continually review opportunities for system-wide working which will deliver efficiencies within the cost envelope and will be the route through which the development of clinical justification for investment in new procedures/care pathways on a Devon-wide basis is achieved.
- **Clinical guidelines and clinical pathways** to agree a set of consistent pathways and guidelines upon which each provider should aim to follow, in as consistent manner as possible to ensure the 'service offer' to patients is equitable across the population covered by the network.
- **Specialist advice to support commissioners and providers:** To advise and make recommendations to commissioners and providers of NHS services in support of the development, delivery and assurance of safe, clinically and cost effective whole pathway of care.
- **Performance** retaining oversight of quality and performance standards along with clinical outcomes, ensuring this supports plans to improve where issues may arise.
- **Workforce:** receive workforce advice, information and support to ensure that current workforce configurations across the network area are used to best support the service offer and outcomes for patients. To identify and develop further opportunity to achieve increased workforce resilience in terms of future workforce strategic planning and opportunities to attract (where necessary) and retain workforce.

Representatives from all STP partnership organisations in Devon should be included in the network and represent the breadth of clinical services, nursing, AHP operational leadership. This should include Primary care representation who are able to speak on behalf of the system. Where a network extends into a neighbouring provider then membership of appropriate organisations/STPs should be included. An example of this could be including Cornwall in the pathology network, cardiac network.

PDEG Members approved the establishment of Level 1 networks over 6 to 12 months for priority service areas, as well as the implementation of the resourcing requirements.

| Cover sheet and summary for a report to the Trust Board | | | | | |
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| Report title: Integrated Performance Report: 2018/19 Month 7 (October 2018) | | | | Date: 5 th December 2018 | |
| Report sponsors | Director of Strategy and Improvement Director of Finance | | | | |
| Report author | Head of Performance | | | | |
| Report provenance | Executive Director scrutiny (20 November 2018) Service Delivery Unit Quality and Performance Review meetings (22 November 2018) Finance, Performance, Investment Committee (27 November 2018) | | | | |
| Confidentiality | Public | | | | |
| Report summary | <p>The Integrated Performance Report (IPR) sets out the headline performance for Month 7 (October) 2018/19 against the key quality and safety, workforce, performance and financial standards that together represent our operational plan for 2018/19.</p> <p>Areas that the Board will want to focus on where the Trust is off trajectory are highlighted below and detailed in the attached main report.</p> | | | | |
| Purpose | Note <input type="checkbox"/> | Information <input type="checkbox"/> | Review <input checked="" type="checkbox"/> | Decision <input type="checkbox"/> | Approve <input type="checkbox"/> |
| Recommendation | The Board is recommended to review the documents and review the evidence presented. | | | | |
| Summary of key elements | <p>The Board are asked to note the following highlights:</p> <p>Performance against the national NHS I Single Oversight Framework: In October the Trust did not meet the following national performance standards or agreed planned improvement trajectories:</p> <ul style="list-style-type: none"> • Urgent care 4 hour standard - 85.6% (trajectory 92.7%) • Referral to Treatment times (RTT) – 82.4% (trajectory 82.7%) • Diagnostic waiting times – 9.8% over 6 weeks (target 1%) <p>On 13th November two operating theatres were closed due to concerns raised with ongoing ventilation and air conditioning issues. These two theatres will remain closed until an alternative provision and or rectification has been completed. On 21 November 2018 a further theatre was closed, again due to air handling issues, it is hoped that this will only be unavailable until 30 November 2018. The COO will update separately on the immediate impact and the development of options to address this loss of operating capacity.</p> | | | | |

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| | <p>Financial performance against 2018/19 plan:</p> <ul style="list-style-type: none"> • Overall financial position: The financial position at 31 October 2018 is a £8.33m deficit, which is £1.19m behind the budgeted position. • CIP savings delivery position: The current month position shows a £1.4m surplus against £2.0m target. There is a cumulative surplus of £2.0m against a £7.8m target. • Forecast: 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 (£3.3m 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. <p>Operational pressures will need to be addressed to maintain this position; key pressures include agency costs (reflecting staff shortages, RTT and emergency system delivery), CHC, ASC, and more recently the domiciliary care provision and Theatre failures.</p> <ul style="list-style-type: none"> • 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 7, the Trust had an actual Use of Resources risk rating of 3. The Agency rating is adverse at 3. If the current level of I&E deficit continues, the overall rating will drop to a 4 this Quarter. |
| <p>Strategic context</p> | <p>This report brings together key areas of delivery into a single integrated view so that the Board can consider performance in the round, review risks and mitigations, and determine whether it is assured the Trust is delivering for the populations of South Devon and Torbay and is on track to deliver key standards including those required by commissioners and the regulators.</p> |
| <p>Dependencies and risk</p> | <p>This report reflects the following corporate risks:</p> <ul style="list-style-type: none"> • Failure to achieve key performance standards. • Inability to recruit/retain staff in sufficient number/quality to maintain service provision. • Lack of available Care Home/Domiciliary Care capacity of the right specification/ quality. • Failure to achieve financial plan. |
| <p>Summary of scrutiny</p> | <p>This report has been subject to challenge, due diligence, and risk assessment by:</p> <ul style="list-style-type: none"> • Executive Director scrutiny (20 November 2018) • Service Delivery Unit Quality and Performance Review meetings (22 November 2018) • Finance, Performance, Investment Committee (27 November 2018) |

| | |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stakeholder engagement | <p>This report is shared with Governors and contributes to a quarterly report considered by the Council of Governors.</p> <p>Governors are represented on the Finance, Performance and Investment Committee and Quality Assurance Committee where the integrated performance report is reviewed.</p> |
| Other standards affected | <p>Delivery of CCG commissioning intentions.</p> <p>Delivery of Torbay Council and Devon County Council Annual Strategic Agreement requirements.</p> |
| Legal considerations | <p>Maintain Foundation Trust terms of authorisation.</p> <p>Delivery of NHS Improvement Single Oversight Framework for</p> <ol style="list-style-type: none"> 1. Operational performance 2. Quality standards 3. Financial risk rating <p>Delivery of NHS Constitution rights and standards.</p> |

MAIN REPORT

Integrated Quality, Workforce, Performance, and Finance Report

Date of Report: **21 November 2018**

Reporting Period: **Month 7**

Data Up To : **31 October 2018**

Version Control

| Version | Meeting | Date of Circulation | Date of Meeting | Owner | This Version |
|-------------------------|-----------------|---------------------|-----------------|---------------------------|-------------------------------------|
| Draft 1 | Trust Executive | 16/11/18 | 20/11/18 | Paul Procter | <input checked="" type="checkbox"/> |
| Published Report | FPI Committee | 21/11/18 | 27/11/18 | Ann Wagner Paul Cooper | <input checked="" type="checkbox"/> |
| Published Report | Trust Board | 29/11/18 | 05/12/18 | Ann Wagner Paul Cooper | <input checked="" type="checkbox"/> |

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

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

Attached as Appendix (in separate PDF):

- Dashboard

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) and Trust Board to:

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

Report Format

The main detail of the report, which follows from 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 are supported by the following appendices:

Appendix 1: Board Dashboard (PDF file)

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

- Executive Director scrutiny (20 November 2018)
- Service Delivery Unit Quality and Performance Review meetings (22 November 2018)

- Finance, Performance, and Investment Committee (27 November 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 7 (October 2018)

Key headlines for quality and safety, workforce standards and metrics, operational performance, and financial delivery for Month 7 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 3 were RAG rated RED for October (4 RED in September) as follows in Table 1:

Table 1: Local Quality indicators RAG rated RED:

| Standard | Target | Last month Month 6 | This month Month 7 |
|--------------------------------------------------------|--------|--------------------|--------------------|
| VTE – risk assessment on admission (acute) | >95% | 92.6% | 91.6% |
| Fractured Neck of Femur | >90% | 66.7% | TBC |
| Follow ups past to be seen date (excluding Audiology): | 3,500 | 6566 | 6020 |

Of the remaining indicators, 12 were rated GREEN, 3 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 10.18% for the year to October 2018. This is an decrease from last month's 10.58% and within the target range of 10% to 14%
- Staff sickness/absence: RED - The annual rolling sickness absence rate of 4.24% at the end of September 2018 is a marginal increase from 4.22% for the month of August. This is against the target rate for sickness of 3.8%. The monthly sickness figure for September was 4.14% which is a rise from the 4.02% as at the end of August. This is against the target rate for sickness of 3.80%.
- Mandatory Training rate: GREEN – At the end of October 2018 the overall mandatory training rate had increased to 88.40% from September at 88.03%. 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 October is at 80.45% against a target rate of 90%, which is a decrease from September’s figure of 81.12%.

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 October 2018, the plan was to have 5505.79 WTE worked, the actual worked was 5581.14 WTE.

- Agency Expenditure – As at month 7 (end of October) the Trust is underachieving against the plan by £894K.

2.3 Operational Headlines

2.3.1 Community and Social Care Summary

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

Table 2: Community and Social Care Framework RAG Rated RED

| Standard | Target | Last month Month 6 | This month Month 7 |
|-----------------------------------------------------------|-------------------|--------------------|--------------------|
| Delayed transfers of care bed days (acute) | 64 days per month | 164 | 261 |
| Carers Assessments completed Year to Date (M7 target 21%) | 40% Year end | 13.3% | 16.3% |

Of the remaining indicators, 9 were rated GREEN, 1 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 7 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 6 | This month Month 7 | Risk |
|---------------------------------------------------------|------------------|--------------------|--------------------|----------|
| A&E - patients seen within 4 hours (PSF) | >92% | 83.8% | 85.6% | High |
| | Trajectory | 90% | 92.7% | |
| RTT – 18 weeks | >92% | 81% | 82.4% | High |
| | Trajectory | 82.7% | 82.7% | |
| Cancer – 62 day wait for first treatment – 2ww referral | >85% | 86.0% | 74.3% | Moderate |
| Diagnostic tests longer than the 6 week standard | <1% | 7.7% | 9.8% | Moderate |
| Dementia Find – monthly report | >90% | 86.0% | 90.9% | Moderate |

4-hour ED standard:

In October, the Trust achieved 85.6% of patients discharged or admitted within 4 hours of arrival at Accident and Emergency Departments (ED). Last month (September 83.8%).

Risk: High Performance in October has seen continued higher than expected levels of escalation (15 days at OPEL 3 and one day Opel 4) compared to previous year.

Teams have continued to implement changes and make further plans to build operational resilience across all parts of the urgent care pathway – these plans focusing on prevention to rapid assessment, diagnosis and treatment, admissions avoidance and discharge to normal place of residence.

One of the most significant changes is the introduction of a High Acuity Assessment Unit that is scheduled to open in December. This will create increased assessment space for referred patients along with enhanced clinical cover to support rapid assessment, admissions avoidance and clinical plans to support earlier discharge from hospital based care.

During October, the number of unfilled home care packages for patients being cared for in the community remained a significant operational challenge and impacted on patient flow from hospital beds. There is continued fragility in the domiciliary care market. 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. 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.

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 front door assessment model for High Acuity 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.

South Devon Winter Plan

The Torbay and South Devon System has been rated as high risk this winter. We have been in communication with NHS England to discuss the details of our winter plans, to provide the local context around key issues and actions.

The following key points and actions were agreed as part of the winter assurance process.

- Develop a winter risk template with the top 6 risks so that key risks, mitigating actions and remaining/residual risks are more clearly defined and can be monitored.
- Conclude demand and capacity planning
 - The trust have been working through a provider model, with Chris Green of Emergency Care Intensive Support team (ECIST) with a meeting scheduled to be held on 21st November at which NHS E/I will be in attendance?
- Work also underway includes:
 - Specific demand analyses over Christmas and New Year, to provide confidence that capacity is in place during these times of particular pressure.
 - Table top exercise to stress test the winter plans?

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

Referral to Treatment - RTT:

RTT performance has improved in October with the proportion of people waiting less than 18 weeks increasing to 82.3%, below Operational Plan trajectory of 82.7% and National standard of 92%. The total number of incomplete pathways (waiting for treatment) is reducing with a fall of 1.0 % since April 2018 in line with our operational plan commitment to maintain or reduce total number waiting.

For October, 72 people will be reported as waiting over 52 weeks, this being a decrease on last month's 87 and better than our revised trajectory of improvement agreed with NHSI of 78 for October.

On 13th November two operating theatres were closed due to concerns raised with ongoing ventilation and air conditioning issues. These two theatres will remain closed until an alternative provision and or rectification has been completed. On 21 November 2018 a further theatre was closed, again due to air handling issues, it is hoped that this will only be unavailable until 30 November 2018. The COO will update separately on the immediate impact and the development of options to address this loss of operating capacity.

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. On 13th November two operating theatres were closed due to concerns raised with ongoing ventilation and air conditioning issues. These two theatres will remain closed until an alternative provision and or rectification has been completed. The COO will update separately on the immediate impact and stage of the development of options to address this loss of operating capacity.

As a result of the theatre closures the delivery of the RTT trajectory for total waits and longest waits will need to be reassessed. Orthopaedics is the area likely to experience the greatest loss of capacity. Recruitment and backfill in accordance to the approved Investment plans however are progressing and improvements in capacity being seen.

Whilst the performance is remaining static and longest waits over 52 weeks have decreased in October, overall numbers waiting over 40 weeks have reduced by 11.8% since July (July – 415 to Oct – 366) - 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.

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 **74.3%** (validated 15th November 2018) forecast performance is below the 85% national standard however above our agreed trajectory of improvement for October (66%) with a plan to achieve the National standard from January 2019.

A significant element of achieving the 62 day treatment standard is the 14 day from urgent referral to appointment. In October we saw a further improvement to 81.6% (last month 79.6% and target 93%). This is behind our intended recovery plan to achieve 93% from October 2018, however following a refresh of plans and agreement with STP and NHSI the latest plan of improvement is to achieve the 93% standard from January 2019.

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). Plans to support increased capacity in the highest risk areas are being delivered.

Diagnostics: The diagnostics standard was not met with 9.8% of patients waiting over 6 weeks against the standard of 1%. This is deterioration over last month and our worst position since April 2018. The pressures on long waiting times remain in CT and MRI however in October ultrasound increased contributing to the worsening position. Action plans are in place to improve, however these will remain contingent on successfully securing sufficient outsourced and mobile diagnostic capacity.

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 achieved the Dementia Find standard of 90% in October. This performance is supported by time from dedicated HCA.

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 11 were RAG rated RED in October 2018 (10 RED RAG rated in September). The indicators RAG rated RED are summarised in Table 4:

Table 4: Local Performance Indicators RAG Rated RED

| Standard | Standard/ target | Last month Month 6 | This month Month 7 |
|----------------------------------------------------------------------|---------------------|--------------------------|--------------------------|
| Cancer 2ww urgent GP referral | >93% | 79.5% | 81.6% |
| Cancer 31 days from decision to treatment | >96% | 97.4% | 94.8% |
| RTT waits over 52 weeks: | 0 | 87 | 72 |
| On the day cancellations for elective operations | <0.8% | 1.2% | 1.8% |
| Ambulance handovers > 30 minutes: | 0 | 144 | 204 |
| Ambulance handovers > 60 minutes: | 0 | 10 | 19 |
| A&E patients (ED only): | >92.9% | 75% | 77.9% |
| Trolley waits in A&E > 12 hours from decision to admit | 0 | 4 | 3 |
| Care plan summaries % completed within 24 hrs of discharge weekdays: | >77% | 68.0% | 73.9% |
| Care plan summaries % completed within 24 hrs discharge weekend: | >60% | 35.7% | 36.5% |
| Clinic letter timeliness - % specialties in 4 working days | >80% | 68.2% | 77.3% |

Of the remaining indicators, 10 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 31st October 2018 is a £8.33m deficit, which is £1.19m behind the budgeted position.

Total pay run rates increased by £1.13m; £0.76m relate to Substantive and Bank staff cost reflecting in month spend compared to M6. £0.37m relate to increase in Agency spend compared to M6 mainly Medical staff.

Non pay expenditure run rates are higher at £16.88m due to increased cost in month on Drugs, Clinical supplies and various operating cost.

CIP savings delivery position: The current month position shows a £1.4m surplus against £2.0m target. There is a cumulative surplus of £2.0m against a £7.8m target.

Despite an increase in the current month CIP target, a surplus position was delivered. This was due to the early agreement of Community income, which was backdated to April 2018 reflecting spend pressures.

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 "Closing the gap" paper, including:-

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

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

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

The forecast full year effect of 2018/19 recurrent projects in 2019/20 is £10.9m 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 the £16m Full Year (next year) recurrent gap.

Forecast: The forecast at Month 7 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 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 (£3.3m 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.

Operational pressures will need to be addressed to maintain this position; key pressures include agency costs (reflecting staff shortages, RTT and emergency system delivery), CHC, ASC, and more recently the domiciliary care provision and Theatre failures.

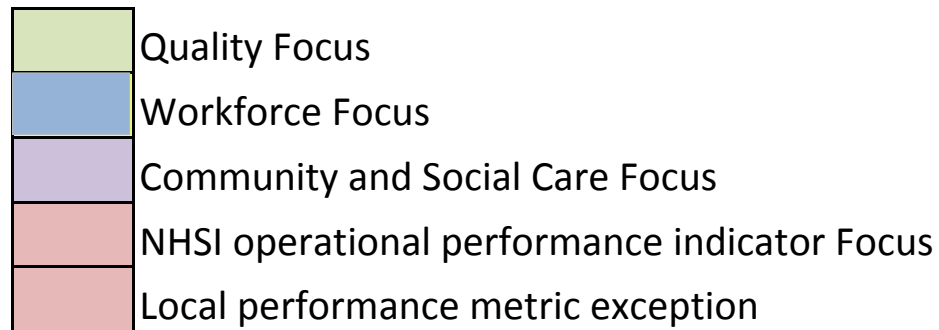
Capital: The capital expenditure program for 2018/19 is forecast to be underspent by circa £6.6m in comparison with the approved plan of £27.3m. Most notably slippage on some Radiology equipment replacements (£2.8m) and on the ED/UCC new development (£3.1m). A separate report was prepared for the FPIC to describe the reasons for the variances. This report will be further updated and presented to future FPIC meetings.

Use of Resources Risk Rating: The Finance Risk Rating is a 3. The Agency rating is adverse at 3. If the current level of I&E deficit continues, the overall rating will drop to a 4 this Quarter.

Integrated Performance Report

November 2018: Reporting period October 2018 (Month 7)

Section 1: PERFORMANCE



Section 2: FINANCE



Quality Focus

Month 7 (performance to end of October 2018)

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

Quality and Safety Summary

Quality and Safety Summary October 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 to July 18 (Dr Foster has a three month data lag). July data has a mortality rate of 98.5 which is within expected limits. 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. These reviews start with 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 - Three Strategic Executive Information System (STEIS) reportable incidents were reported in August. This are as follows:

- * Unexpected death
- * Diagnostic delay - Radiology
- * Fall - Coronary Care Unit

5. Infection Control are reporting a decrease in the number of bed days lost from infection control measures with 58 bed days lost in October (18 in September).

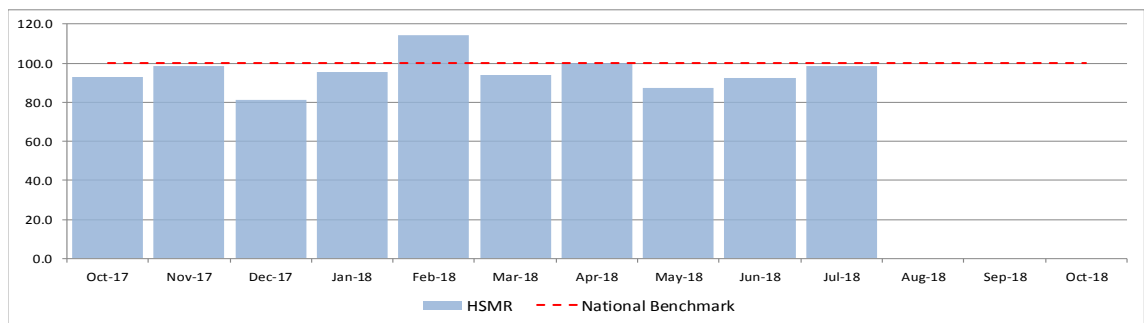
6. Clinic Follow ups - the number of patients waiting 6 weeks or more for a follow up appointment beyond the intended to be seen by date has reduced from 7323 in April to 6020 in October being a 17% decrease in the total from April.

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

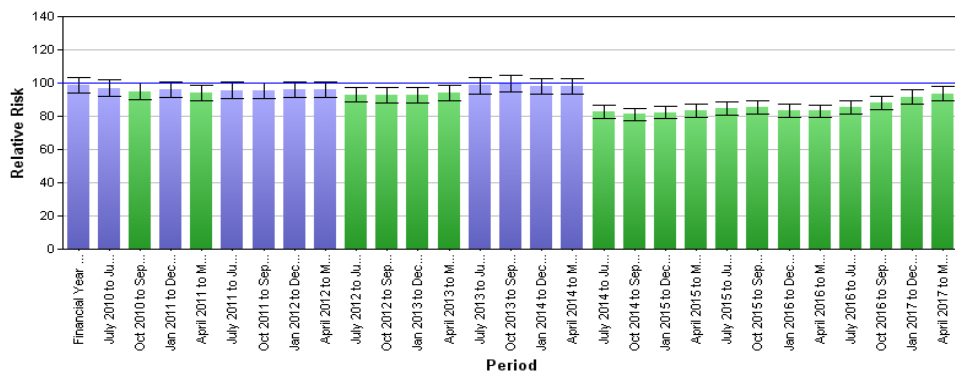
| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| HSMR | 93.1 | 98.3 | 81.3 | 95.6 | 114.1 | 93.7 | 99.8 | 87.5 | 92.5 | 98.5 | | | |
| National Benchmark | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |



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

The latest data for Dr Foster HSMR is showing a relative risk of 98.5, which shows a better than benchmark rate (100 = National benchmark rate). Mortality does have a cyclical nature.

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 April 2017 to December 2017 and records the Trusts at 93.3 against a national average benchmark of 100.

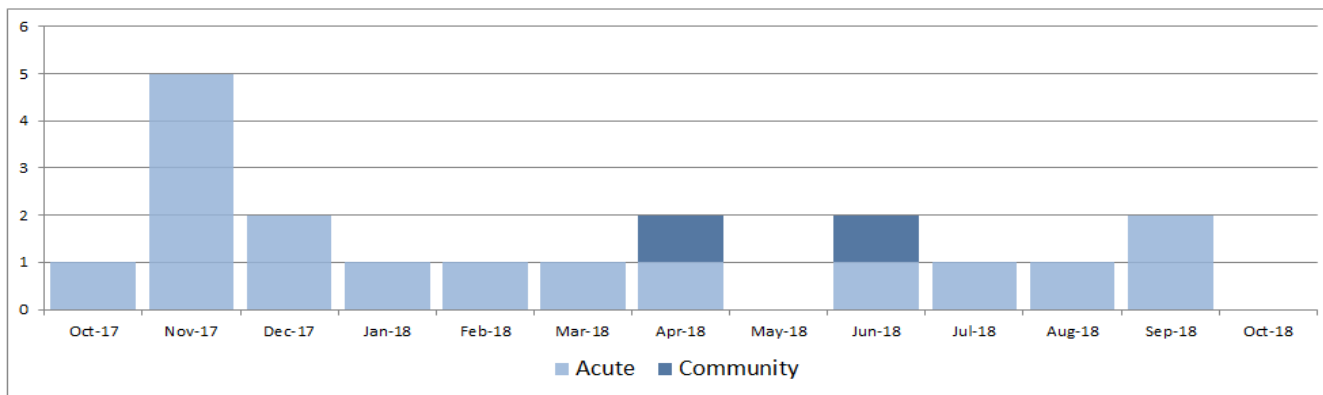
This being a slight increase on last period. The SHMI has remained low for a sustained period of time however is showing an increasing trend seen in the graph opposite. This will be investigated as we have seen changes in the reported mortality rates in the past where there have been changes in organisational 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.

A score of 100 represents the weighted population average benchmark.

Quality and Safety - Infection Control

Number of Clostridium Difficile cases

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



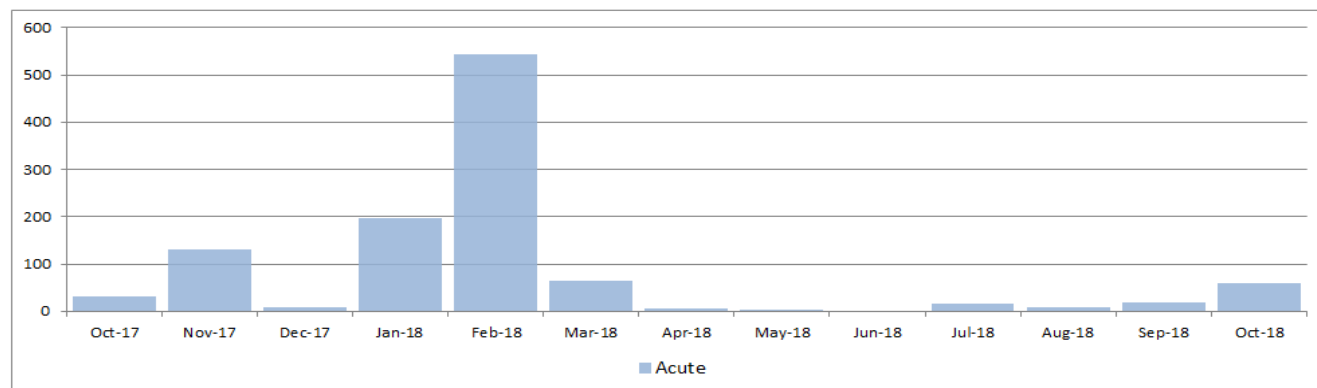
In October there were no reported C-diff cases. The cumulative total is 8 cases with 3 cases identified as a lapse in care.

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)

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Acute | 30 | 130 | 8 | 198 | 544 | 64 | 6 | 4 | 0 | 16 | 8 | 18 | 58 |



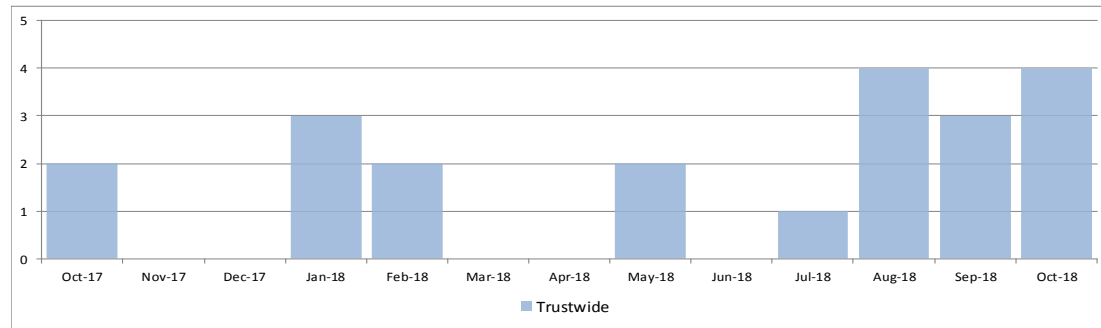
The Infection Control Team continue to manage all cases of outbreaks with individual case by case assessment and control plans.

In October there were 58 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

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

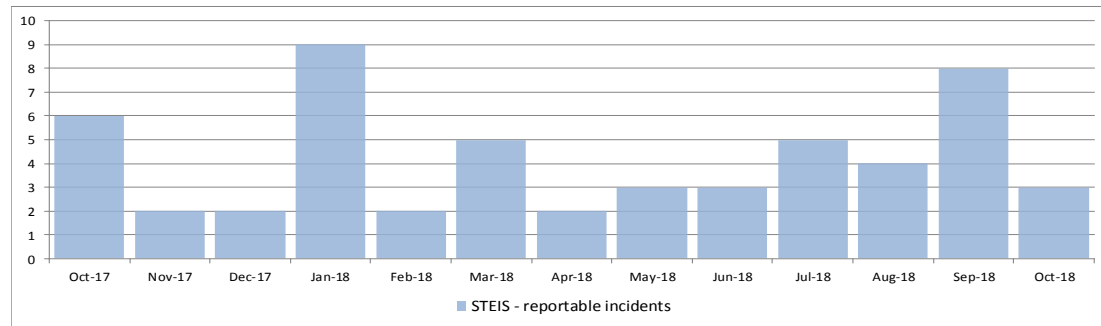


In October 2018 the Trust recorded 4 incidents as Major or Catastrophic which will follow normal process of investigation: The sites of recorded incidents are:

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

STEIS Reportable Incidents

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



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

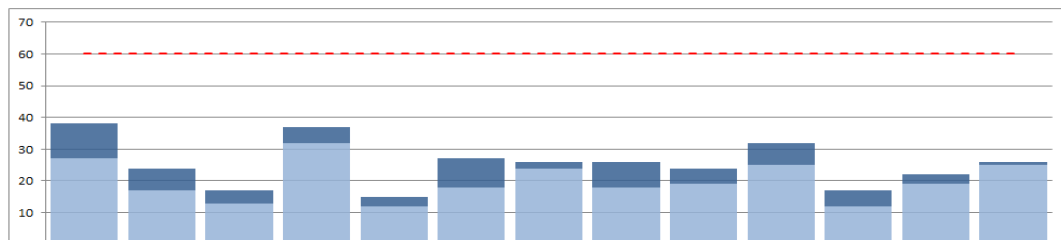
All incidents are being investigated for learning and sharing and have followed the Duty of Candour process .

This are as follows:

- * Unexpected death
- * Diagnostic delay - Radiology
- * Fall - Coronary Care Unit

Formal complaints

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Acute | 27 | 17 | 13 | 32 | 12 | 18 | 24 | 18 | 19 | 25 | 12 | 19 | 25 |
| Community | 11 | 7 | 4 | 5 | 3 | 9 | 2 | 8 | 5 | 7 | 5 | 3 | 1 |
| Total | 38 | 24 | 17 | 37 | 15 | 27 | 26 | 26 | 24 | 32 | 17 | 22 | 26 |
| Target | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 |



In October the Trust received 26 formal complaints.

The number of formal complaints are shown in the table opposite. This shows the split of 25 relating to the Acute site and 1 in the Community.

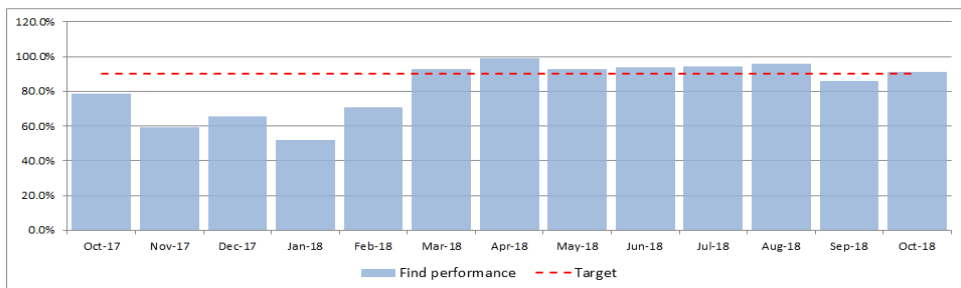
The main themes from the complainants are funding allocations, communication, attitude of staff, and treatment.

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

Quality and Safety - Exception Reporting

Dementia - Find

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Numerator | 422 | 318 | 396 | 356 | 345 | 380 | 205 | 477 | 467 | 427 | 479 | 326 | 370 |
| Denominator | 508 | 479 | 552 | 594 | 457 | 403 | 206 | 509 | 492 | 447 | 495 | 379 | 407 |
| Find performance | 78.6% | 59.0% | 65.5% | 52.1% | 70.8% | 92.7% | 99.2% | 92.6% | 93.8% | 94.3% | 95.6% | 86.0% | 90.9% |
| Target | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% |



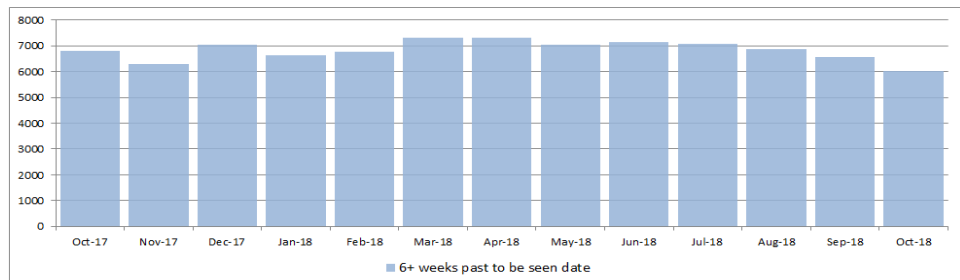
Dementia Find: The NHS I Single Oversight Framework (SOF) includes Dementia screening and referral as one of the NHSI priority indicators.

The Dementia Find performance improved in October from 86% to 90.9%

This change reflects how reliant the process is on the HCA to transcribe paper assessment data onto the electronic system used to collect the data.

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

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|-------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 6+ weeks past to be seen date | 6790 | 6308 | 7041 | 6630 | 6761 | 7301 | 7323 | 7042 | 7144 | 7063 | 6858 | 6566 | 6020 |

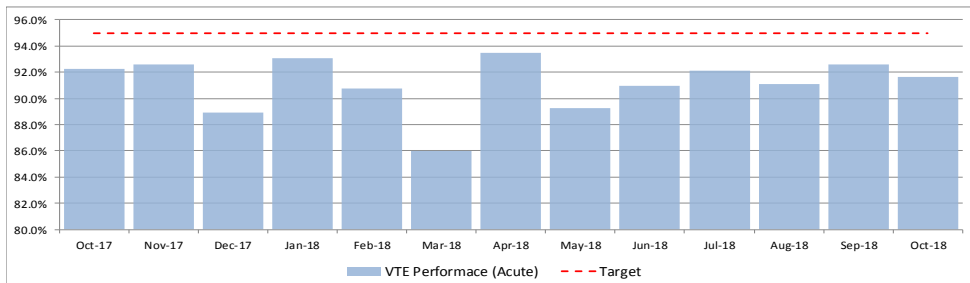


Follow ups: The number of follow up patients waiting for an appointment greater than six weeks past their 'to be seen by date' reduced in October to 6020 (6566 last month). This is a reduction of 12% (911 patients) from September 2017.

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 2707; Rheumatology 541; Dermatology 275; Urology 299; Paediatrics 338.

VTE Risk assessment on admission - (Acute)

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|-------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| VTE Numerator | 5720 | 5748 | 5104 | 5878 | 5036 | 4875 | 5627 | 5630 | 5755 | 5962 | 5944 | 5361 | 6085 |
| VTE Denominator | 6200 | 6209 | 5740 | 6318 | 5549 | 5671 | 6021 | 6308 | 6328 | 6474 | 6526 | 5791 | 6642 |
| VTE Performance (Acute) | 92.3% | 92.6% | 88.9% | 93.0% | 90.8% | 86.0% | 93.5% | 89.3% | 90.9% | 92.1% | 91.1% | 92.6% | 91.6% |
| 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

Workforce Focus

Month 7 (performance to end of October 2018)

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

Workforce - Plan v Actual

Planned Establishment

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

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

NHSi Plan WTE 2018/19

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

Reasons for Movements From Above Plan to Latest Budget

Skill Mix Reviews

Housekeeping - alignment of WTE to £'s

Monthly accrual estimates versus actual (mainly bank & agency)

Budgeted WTE 2018/19

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

Workforce

| 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 | 480.08 | 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 | 1,308.01 | 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 | 1,808.03 | 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 | 388.54 | 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 | 461.98 | 456.57 | 454.87 | 453.14 | 451.38 | 449.58 |
| Healthcare Scientists | 106.36 | 106.24 | 106.08 | 104.94 | 104.76 | 104.61 | 105.96 | 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 | 953.19 | 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 | 5,505.79 | 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 | 541.40 | 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 | 1,241.88 | 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 | 1,782.65 | 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 | 361.25 | 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 | 447.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Healthcare Scientists | 91.14 | 90.38 | 91.31 | 91.63 | 92.98 | 93.30 | 97.17 | 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 | 1,109.76 | 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 | 5,581.14 | | | | | |

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 | 61.32 | | | | | |
| Nursing And Midwifery Registered | -65.08 | -89.15 | -88.74 | -95.19 | -96.11 | -78.95 | -66.13 | | | | | |
| Support To Clinical Staff | -82.37 | -63.96 | -84.38 | -105.94 | -49.87 | -61.98 | -25.37 | | | | | |
| Add Prof Scientific and Technic | -15.19 | -18.31 | -30.09 | -25.96 | -18.82 | -17.02 | -27.29 | | | | | |
| Allied Health Professionals | -23.04 | -19.72 | -30.54 | -30.99 | -19.14 | -15.79 | -14.95 | | | | | |
| Healthcare Scientists | -15.22 | -15.86 | -14.77 | -13.31 | -11.78 | -11.31 | -8.79 | | | | | |
| Administrative And Estates | 85.32 | 70.25 | 96.90 | 97.61 | 135.94 | 125.67 | 156.58 | | | | | |
| Any Others - Provisions | 0.00 | 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 | 75.35 | 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 .

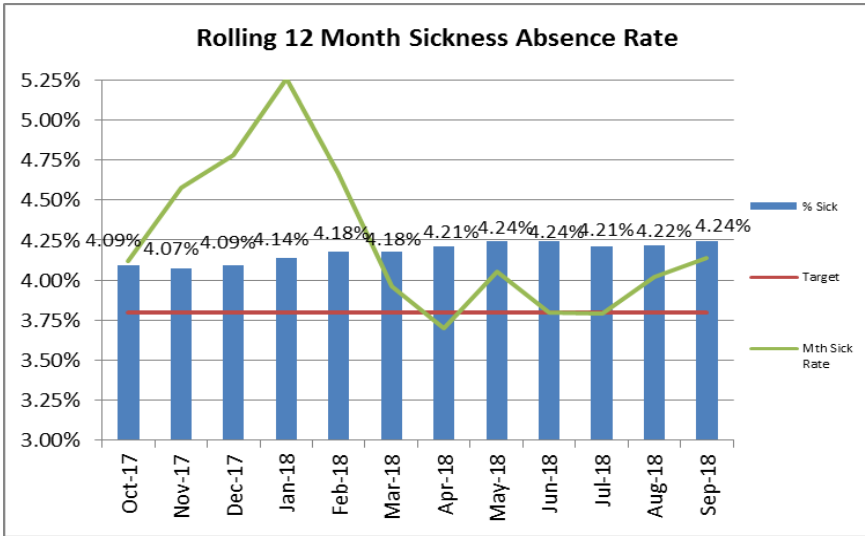
Actual Worked 2018/19: This table shows the outturn against the plan for each month of the year to date as at the end of October 2018.

The outcome at the end of October 2018 for WTE worked is a increase in worked WTE of 75.35 staff in month against plan.

This is consists of a reduction in contracted staff of 41.67 WTE in the month of October 2018. The worked WTE for bank was 82.12 above plan and agency 35.21 WTE above plan.

Workforce - Sickness absence

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



The annual rolling sickness absence rate of 4.24% at the end of September 2018 is a marginal increase from 4.22% for the month of August. This is against the target rate for sickness of 3.80%.

The Monthly sickness figure for September was 4.14% which is a rise from the 4.02% as at the end of August.

The Attendance Policy has been ratified and a programme of training for managers and awareness sessions for staff will be rolled out.

A Health & Wellbeing Charter is being developed.

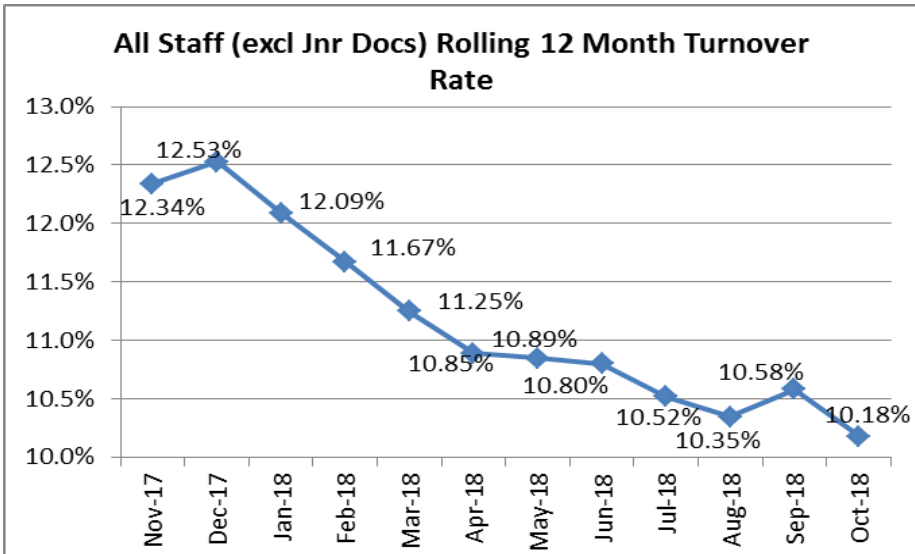
The Absence Action Plan is reviewed and monitored by the Workforce & OD Group.

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.

Workforce - Turnover

All Staff Turnover

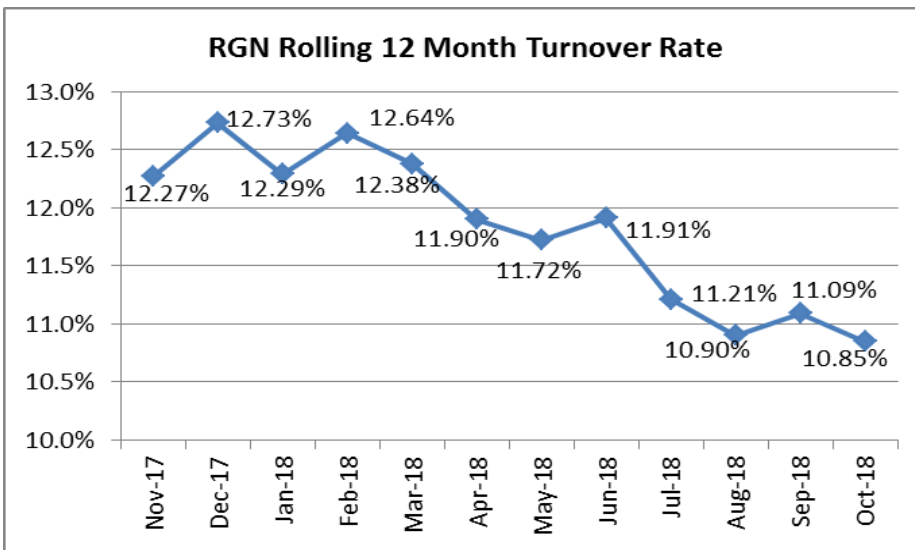


All Staff Rolling 12 Month Turnover Rate

The following graph shows that the Trusts turnover rate now stands at 10.18% for the year to October 2018. This is an increase from last month's 10.58% and within the target range of 10% to 14%.

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

RGN Turnover

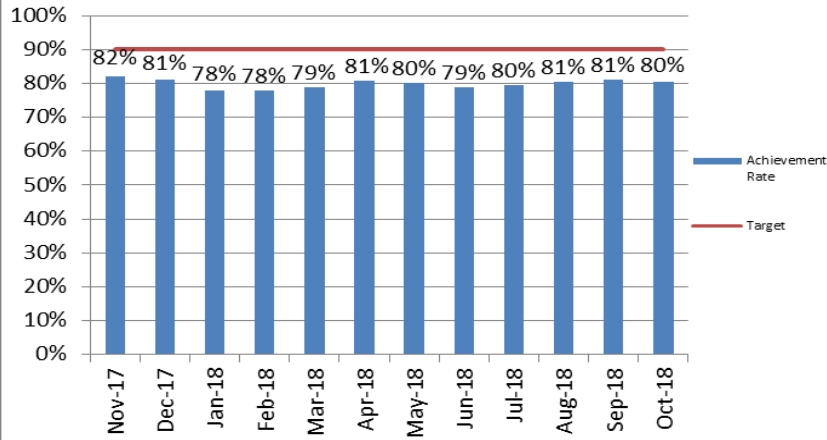


RGN Rolling 12 Month Turnover Rate

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 October 2018 stood at 10.85% which is a decrease from last months 11.09%.

Workforce - Appraisal and training

% Achievement Rate



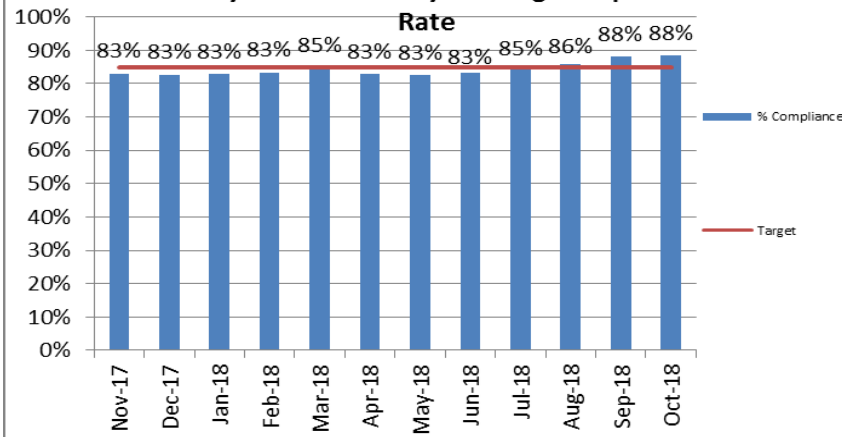
Achievement Review (Appraisal)

The Achievement Review rate for the end of October is at 80.45% against a target rate of 90% which is an decrease from September's figure of 81.12%. 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 again to 88.40% for October from 88.03% in September. 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 we are complying with Core Skills Training Framework requirements as part of the NHS Streamlining agenda. An action plan to further improve the rate has been developed and progress against plan will be monitored through the Workforce and OD Group.

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

Statutory and Mandatory Training Compliance % Rate



| Module | Target | Performance |
|------------------------|---------------|-------------|
| Information Governance | 95% and above | 84.73% |
| Conflict Resolution | 85% and above | 84.44% |
| Manual Handling | 85% and above | 83.86% |
| Safeguarding Children | 90% and above | 81.24% |

Workforce - Agency Expenditure

Agency Spend as at Month 07: 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 7 (end of October) the Trust is underachieving against the plan by £894K, which is a significant increase in expenditure in month. This is predominantly within the medical workforce which was

Total Agency Spend

Financial Year 2018/19

Monthly Values

Plan - Total Agency (see breakdown below)

| M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | Yr End |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| 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 | 297 | | | | | 1,661 |
| Scientific, Therapeutic and Technical | 86 | 105 | 73 | 112 | 79 | 104 | 78 | 0 | 0 | 0 | 0 | 637 |
| of which Allied Health Professionals | 77 | 105 | 67 | 107 | 74 | 101 | 78 | | | | | 609 |
| of which Other Scientific, Therapeutic and Technical Staff | 9 | 0 | 6 | 5 | 5 | 3 | 0 | | | | | 28 |
| Support to clinical staff (HCA) | 0 | 0 | 1 | 0 | -1 | 0 | 0 | | | | | 0 |
| Total Non-Medical - Clinical Staff Agency | 318 | 364 | 275 | 299 | 377 | 290 | 375 | 0 | 0 | 0 | 0 | 2298 |
| Medical and Dental Agency | | | | | | | | | | | | 0 |
| Consultants | 193 | 189 | 223 | 183 | 198 | 101 | 249 | | | | | 1,336 |
| Trainee Grades | 104 | 89 | 63 | 120 | 157 | 111 | 246 | | | | | 890 |
| Total Medical and Dental Agency | 297 | 278 | 286 | 303 | 355 | 212 | 495 | 0 | 0 | 0 | 0 | 2226 |
| Non Medical - Non-Clinical Staff Agency | 73 | 43 | 38 | 39 | 21 | 28 | 24 | | | | | 266 |
| Total Pay Bill Agency and Contract | 688 | 685 | 599 | 641 | 753 | 530 | 894 | 0 | 0 | 0 | 0 | 4790 |

Over (Under) Spend 95 83 40 129 271 23 432 -450 -487 -513 -501 -512 -1390

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

Variance - Over (Under) Spend

Non-Medical - Clinical Staff Agency

| | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | Yr End |
|------------------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-----|--------|
| Registered Nurses | -48 | -22 | -72 | -82 | 35 | -78 | 38 | | | | | | -£ 229 |
| Scientific, Therapeutic and Technical | 29 | 48 | 16 | 55 | 22 | 47 | 21 | | | | | | £ 238 |
| of which Allied Health Professionals | 24 | 52 | 14 | 54 | 21 | 48 | 25 | | | | | | 238 |
| of which Other Scientific, Therapeutic and Technical Staff | 5 | -4 | 2 | 1 | 1 | -1 | -4 | | | | | | 0 |
| Support to clinical staff | 0 | 0 | 1 | 0 | -1 | 0 | 0 | | | | | | 0 |
| Total Non-Medical - Clinical Staff Agency | -19 | 26 | -55 | -27 | 56 | -31 | 59 | | | | | | 9 |
| Consultants | 20 | 0 | 60 | 42 | 77 | -40 | 151 | | | | | | 310 |
| Trainee Grades | 54 | 47 | 30 | 103 | 145 | 94 | 226 | | | | | | 699 |
| Total Medical and Dental Agency | 74 | 47 | 90 | 145 | 222 | 54 | 377 | | | | | | 1,009 |
| Non Medical - Non-Clinical Staff Agency | 40 | 10 | 5 | 11 | -7 | 0 | -4 | | | | | | 55 |
| Total Pay Bill Agency and Contract | 95 | 83 | 40 | 129 | 271 | 23 | 432 | | | | | | 1,073 |

Workforce - Agency WTE

Budgeted Bank WTE 2018/19

| Staff Group | Budget WTE | Budget WTE | Budget WTE |
|----------------------------------|---------------|---------------|---------------|
| | Aug-18 | Sep-18 | Oct-18 |
| Medical And Dental | 6.30 | 6.30 | 4.30 |
| Nursing And Midwifery Registered | 40.08 | 40.08 | 39.19 |
| Support To Clinical Staff | 134.09 | 131.26 | 125.34 |
| Add Prof Scientific and Technic | 0.00 | 0.00 | 0.00 |
| Administrative And Estates | 36.43 | 36.43 | 36.33 |
| Any Others - Provisions | 0.00 | 0.00 | 0.00 |
| Total Staff Budgeted WTE | 216.90 | 214.07 | 205.16 |

Actual Bank Worked 2018/19

| Staff Group | Worked WTE | Worked WTE | Worked WTE |
|----------------------------------|---------------|---------------|---------------|
| | Aug-18 | Sep-18 | Oct-18 |
| Medical And Dental | 12.11 | 10.84 | 11.39 |
| Nursing And Midwifery Registered | 33.05 | 33.32 | 39.36 |
| Support To Clinical Staff | 172.40 | 151.82 | 188.04 |
| Add Prof Scientific and Technic | 0.94 | 0.49 | 1.31 |
| Allied Health Professionals | 3.57 | 2.65 | 1.47 |
| Healthcare Scientists | 0.95 | 0.20 | -0.15 |
| Administrative And Estates | 47.99 | 46.53 | 45.87 |
| Any Others - Provisions | 0.00 | 0.00 | 0.00 |
| Total Staff Worked WTE | 271.01 | 245.85 | 287.28 |

Variance to Budget Bank 2018/19

| Staff Group | Variance WTE | Variance WTE | Variance WTE |
|----------------------------------|--------------|--------------|--------------|
| | Aug-18 | Sep-18 | Oct-18 |
| Medical And Dental | 5.81 | 4.54 | 7.09 |
| Nursing And Midwifery Registered | -7.03 | -6.76 | 0.17 |
| Support To Clinical Staff | 38.30 | 20.56 | 62.70 |
| Add Prof Scientific and Technic | 0.94 | 0.49 | 1.31 |
| Allied Health Professionals | 3.57 | 2.65 | 1.47 |
| Healthcare Scientists | 0.95 | 0.20 | -0.15 |
| Administrative And Estates | 11.56 | 10.10 | 9.54 |
| Any Others - Provisions | 0.00 | 0.00 | 0.00 |
| Total Staff Worked WTE | 54.11 | 31.78 | 82.12 |

Budgeted Agency WTE 2018/19

| Staff Group | Budget WTE | Budget WTE | Budget WTE |
|----------------------------------|--------------|--------------|--------------|
| | Aug-18 | Sep-18 | Oct-18 |
| Medical And Dental | 14.45 | 14.45 | 15.20 |
| Nursing And Midwifery Registered | 43.21 | 45.28 | 42.85 |
| Add Prof Scientific and Technic | 0.29 | 0.29 | 0.18 |
| Allied Health Professionals | 9.14 | 9.14 | 9.14 |
| Healthcare Scientists | 0.00 | 0.00 | 0.00 |
| Administrative And Estates | 2.55 | 2.55 | 2.55 |
| Any Others - Provisions | 0.00 | 0.00 | 0.00 |
| Total Staff Budgeted WTE | 69.64 | 71.71 | 69.92 |

Actual Agency Worked 2018/19

| Staff Group | Worked WTE | Worked WTE | Worked WTE |
|----------------------------------|--------------|--------------|---------------|
| | Aug-18 | Sep-18 | Oct-18 |
| Medical And Dental | 22.72 | 13.48 | 43.10 |
| Nursing And Midwifery Registered | 34.73 | 38.62 | 44.23 |
| Support To Clinical Staff | -0.13 | 0.00 | 0.00 |
| Add Prof Scientific and Technic | 5.67 | 3.70 | 0.22 |
| Allied Health Professionals | 15.54 | 13.57 | 14.83 |
| Healthcare Scientists | 0.00 | 0.00 | 0.00 |
| Administrative And Estates | 10.73 | 4.33 | 2.75 |
| Any Others - Provisions | 0.00 | 0.00 | 0.00 |
| Total Staff Worked WTE | 89.25 | 73.70 | 105.13 |

Variance to Budget Agency 2018/19

| Staff Group | Variance WTE | Variance WTE | Variance WTE |
|----------------------------------|--------------|--------------|--------------|
| | Aug-18 | Sep-18 | Oct-18 |
| Medical And Dental | 8.27 | -0.97 | 27.90 |
| Nursing And Midwifery Registered | -8.48 | -6.66 | 1.38 |
| Support To Clinical Staff | -0.13 | 0.00 | 0.00 |
| Add Prof Scientific and Technic | 5.38 | 3.41 | 0.04 |
| Allied Health Professionals | 6.40 | 4.43 | 5.69 |
| Healthcare Scientists | 0.00 | 0.00 | 0.00 |
| Administrative And Estates | 8.18 | 1.78 | 0.20 |
| Any Others - Provisions | 0.00 | 0.00 | 0.00 |
| Total Staff Worked WTE | 19.61 | 1.99 | 35.21 |

The tables opposite show the bank and agency WTE budgeted and actual worked. As at the end of October 2018, the bank usage was up against plan by 82.12 WTE, which was a significant increase on the previous month. This is predominantly with the Support to Clinical Staff.

Agency was 35.21WTE above plan as at the end of October 2018, which was predominantly within the Medical and Dental Staff Group.

Medical and Dental Agency: The table opposite shows the WTE agency (43.10) and bank (7.09) workers used during October 2018.

The use of medical agency is mainly attributable to a number of consultant vacancies and gaps in the junior doctor rotas.

The Trust continues to work as part of the STP Resourcing Group which is actively working with agencies to improve rates across the STP as well as achieving some consistency in the rates. In addition the Trust/STP is working with a recruitment agency to support with 'hard to fill' posts.

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 to identify shared learning.

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

Community and Social Care Focus

Month 7 (performance to end of October 2018)

| | |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Page 17 | Operational headlines |
| Page 18 | |
| Page 19 | Social Care and Public Health Metrics <ul style="list-style-type: none">Torbay LA social care programme board metricsPublic health metrics including CAMHS |
| Page 20 | Community services <ul style="list-style-type: none">Community HospitalsCommunity servicesIntermediate care servicesDelayed Transfers of care |

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 precursor 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.

| Corporate Objective | Measure | Target 2018/2019 | 13 month trend | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Year to date 2018/19 |
|-------------------------------|-------------------------------------------------------------------------|------------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|
| PUBLIC HEALTH SERVICES | | | | | | | | | | | | | |
| | CAMHS - % Urgent referrals seen within 1 week | 88.0% | | 100.0% | 100.0% | 100.0% | 66.7% | 100.0% | 66.7% | 50.0% | 100.0% | 66.7% | 84.0% |
| | CAMHS - % patients waiting under 18 weeks at month end [B] | 92.0% | | 98.3% | 97.9% | 98.4% | 97.6% | 94.1% | 96.2% | 93.7% | 86.4% | 92.1% | 94.0% |
| | % of face to face new birth visits within 14 days * | 95.0% | | 93.7% | 89.9% | 95.9% | 91.8% | 94.1% | 92.1% | 91.0% | 96.2% | 95.5% | 93.6% |
| | Children with a child protection plan * [B] | | | 146 | 149 | 146 | 153 | 166 | 166 | 168 | 170 | | 170 |
| | 4 week smoking quitters (Quarterly) ** [B] | | | | 342 | | | 61 | | | | | 61 |
| | Opiate users - % successful completions of treatment (Quarterly) ** [B] | | | | 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 October. This will be reviewed at the community performance review meeting.

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

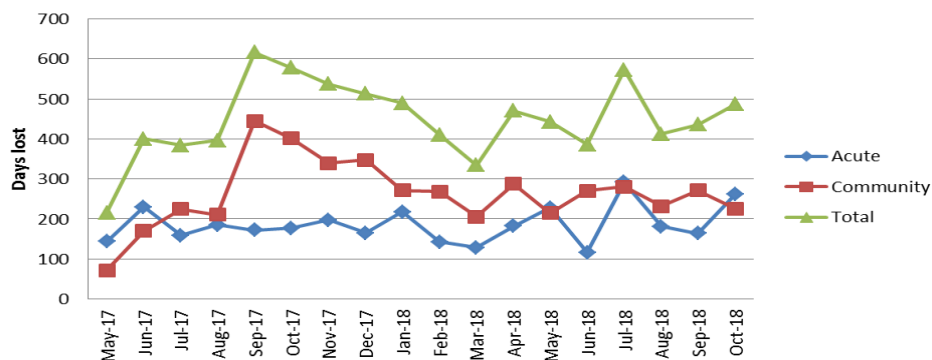
Community Services and Social Care metrics

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

| | Act. 15/16 Outturn | 16/17 Year End Target | Target Oct-18 | Oct-18 | Total | YTD Target | Cum. Direction of Travel |
|-----------------------------------------------------|-----------------------|-----------------------------|------------------|--------|--------|---------------|--------------------------------|
| Admissions / Discharges | | | | | | | |
| Total Admissions (General) | 2,841 | 2,841 | 241 | 248 | 1,667 | 1,654 | → |
| Direct Admissions (General) | 274 | 274 | 14 | 24 | 171 | 147 | ↗ |
| Transfer Admissions (General) | 2,567 | 2,567 | 227 | 224 | 1,496 | 1,507 | ↘ |
| Stroke Admissions | 301 | 301 | 22 | 31 | 191 | 177 | ↘ |
| Transfers from CH to DGH | 52 | 52 | 29 | 14 | 113 | 158 | ↘ |
| Beds | | | | | | | |
| Bed Occupancy ¹ | 90.9% | 90.0% | 90% | 92.7% | 90.5% | 90.0% | ↘ |
| Bed Days Lost to Delays ² | 3,190 | 0 | 266 | 226 | 1,795 | 1,861 | ↘ |
| Length of Stay | | | | | | | |
| Average Length of Stay - Overall (General) | 11 | | | 10.5 | 11.0 | | ↘ |
| Average Length of Stay - Direct Admissions | 8.4 | 12.0 | 12.0 | 8.8 | 8.1 | 12.0 | ↘ |
| Average Length of Stay - Transfer Admissions | 11.3 | 12.0 | 12.0 | 10.6 | 11.4 | 12.0 | ↘ |
| Average Length of Stay - Stroke | 15.1 | 0.0 | 0.0 | 14.7 | 14.2 | 18.0 | ↘ |
| Long LoS (>30 days) | 171 | 171 | 14 | 12 | 97 | 88 | ↗ |
| MIUs | | | | | | | |
| Total MIU Activity ³ | 37,308 | 37,308 | 3,102 | 3,331 | 26,935 | | |
| New MIU Attendances | 31,645 | 31,645 | 2,641 | 2,936 | 23,221 | 19,746 | ↗ |
| MIU Four Hour Breaches | 2 | 2 | 0 | 1 | 2 | 1 | |
| Average Waiting Time (Mins) - 95th Pctile | 28 | 45 | 45 | 53 | 50 | 45 | |

| Corporate Objective | Measure | Target 2018/2019 | 13 month trend | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Year to date 2018/19 |
|-----------------------------------------------|---------|------------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|
| COMMUNITY BASED SERVICES | | | | | | | | | | | | | |
| Nursing activity (F2F) | | 204,385 | | 15,792 | 15,533 | 17,073 | 18,638 | 17,657 | 18,190 | 17,381 | 14,998 | 15,300 | 119,237 |
| Therapy activity | | 65,415 | | 5,066 | 4,411 | 5,558 | 5,874 | 6,026 | 5,944 | 5,801 | 5,009 | 5,462 | 39,674 |
| No. intermediate care urgent referrals [B] | | 2,189 | | 187 | 161 | 203 | 163 | 163 | 172 | 158 | 158 | 186 | 1,203 |
| No. intermediate care placements | | 0 | | 112 | 114 | 115 | 95 | 72 | 92 | 88 | 90 | 93 | 645 |
| Intermediate Care - placement average LoS [B] | | 12.0 | | 14.1 | 17.5 | 14.9 | 16.4 | 17.5 | 16.0 | 12.3 | 14.3 | 15.2 | 15.2 |

Delayed Transfers of Care



The Community Hospital Dashboard highlights

The length of stay (3 month rolling average) is 11.0 days (11.1 last month). Bed occupancy is 90.5% 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 reduction reported in October in bed days lost due to delayed discharges to 226 from 272 in September.

Minor injury Units

Waiting times in MIUs are being maintained with a median time of 50 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 activity this year linked to the cost improvement initiatives of reducing nursing and residential home placements.

Intermediate care urgent referrals Targets have been set based on an uplift on previous year performance. There remains variation on rates of referral across different localities and this is being picked up through the locality review meetings. There continues to be focus on the quality and consistency of data recording. The introduction of "SystemOne" community IT system in Coastal locality has been welcomed and already improving the quality of information available to support clinical staff and accurate reporting of activity.

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 7 (performance to end of October 2018)

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

NHS I Performance indicator Summary

| STP / NHSI Operational Plan - Monitored indicators | | | |
|----------------------------------------------------|-------------------|--------------------------------------------|------------------------|
| Indicator | National Standard | Operational plan / revised trajectory (M7) | Trust performance (M7) |
| A&E 4hr waits (PSF) | 95% | 92.7% | 85.6% |
| RTT 18 week waits | 92% | 82.7% | 82.4% |
| 62 day Cancer waits | 85.0% | 65.0% | 74.3% |
| Diagnostics waits < 6 weeks | 99.0% | >94% | 90.2% |
| Dementia Find | 90% | 90% | 90.9% |

NHSI Operational Plan indicators (Month 7)

A+E: Trajectory **not met** - Performance for October (85.6%) This is a slight improvement on the previous month (83.8%).

RTT: The RTT performance is **not met** (82.4%) - Recovery plans are being implemented and we continue to work with the NHSI support team to evaluate further opportunities in the most challenged areas . The impact on performance from the recent suspension of two operating theatres will be know in the coming weeks.

Cancer: National standard Not met in October - we remain on track against improvement trajectory (October 74.3% pre final validation).

Diagnostics: The diagnostics trajectory is **not met with** 90.9% of patients waiting under 6 weeks. Improvement is predicted however overall capacity remain a challenge for Mari / CT and Ultrasound.

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 NHS i 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) - Improvement against original trajectory is not met due to shortage of locum support in Urology and Colorectal surgery. This has delayed the recovery plan. A revised plan to achieve standard from January has not been submitted to the STP and 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.

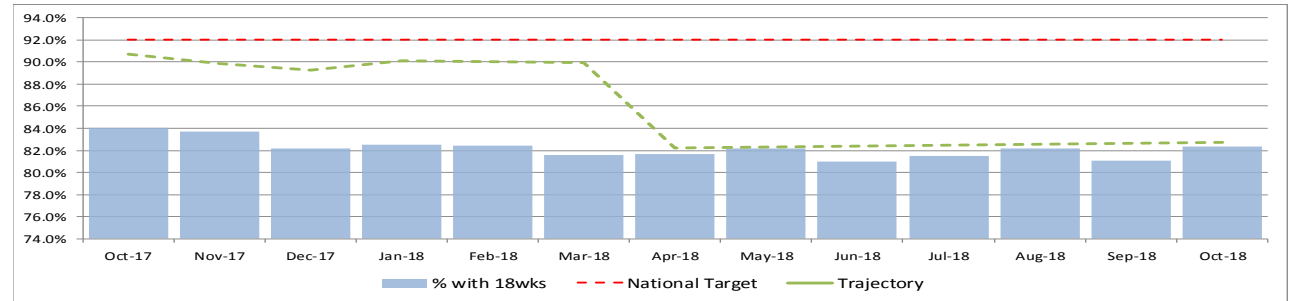
Further detail on the latest performance against the NHS i indicators is included in the following focus report pages

NHSI Indicator - Referral to Treatment

| Submitted Spec | Total >18 weeks | Grand Total Incomplete Pathways | % < 18wk |
|--------------------------------|-----------------|---------------------------------|--------------|
| Pain Management | 101 | 520 | 80.58 |
| Gastroenterology | 102 | 1166 | 91.25 |
| Orthodontics | 108 | 252 | 57.14 |
| Oral Surgery | 114 | 1109 | 89.72 |
| Neurology | 115 | 490 | 76.53 |
| Cardiology | 118 | 1196 | 90.13 |
| Urology | 184 | 1009 | 81.76 |
| Respiratory Medicine | 196 | 899 | 78.20 |
| Colorectal Surgery | 251 | 604 | 58.44 |
| Upper Gastrointestinal Surgery | 341 | 750 | 54.53 |
| Ophthalmology | 509 | 2412 | 78.90 |
| Trauma & Orthopaedics | 632 | 2326 | 72.83 |
| Grand Total | 3354 | 19018 | 82.36 |

Referral to Treatment - Incomplete pathways

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Incomplete <18wks | 15713 | 14945 | 14669 | 14752 | 14952 | 15386 | 15693 | 16057 | 15693 | 15416 | 15385 | 15204 | 15664 |
| Incomplete >18wks | 2985 | 2902 | 3173 | 3127 | 3186 | 3473 | 3524 | 3490 | 3688 | 3494 | 3338 | 3558 | 3354 |
| % with 18wks | 84.0% | 83.7% | 82.2% | 82.5% | 82.4% | 81.6% | 81.7% | 82.1% | 81.0% | 81.5% | 82.2% | 81.0% | 82.4% |
| 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 | 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% |



Referral to Treatment - RTT:

RTT performance has improved in October with the proportion of people waiting less than 18 weeks increasing to 82.3%, this remains however below the Operational Plan trajectory of 82.7% and National standard of 92%. The total number of incomplete pathways (waiting for treatment) is now reducing with a fall of 1.0 % since April 2018 in line with our operational plan commitment to maintain or reduce the total number waiting.

For October 72 people will be reported as waiting over 52 weeks, this being a decrease on last month's 87 and better than our revised trajectory of improvement agreed with NHSI of 78 for October.

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. On 13th November two operating theatres were closed due to concerns raised with ongoing ventilation and air conditioning issues. These two theatres will remain closed until an alternative provision and or rectification has been completed. The COO will update separately on the immediate impact and stage of the development of options to address this loss of operating capacity.

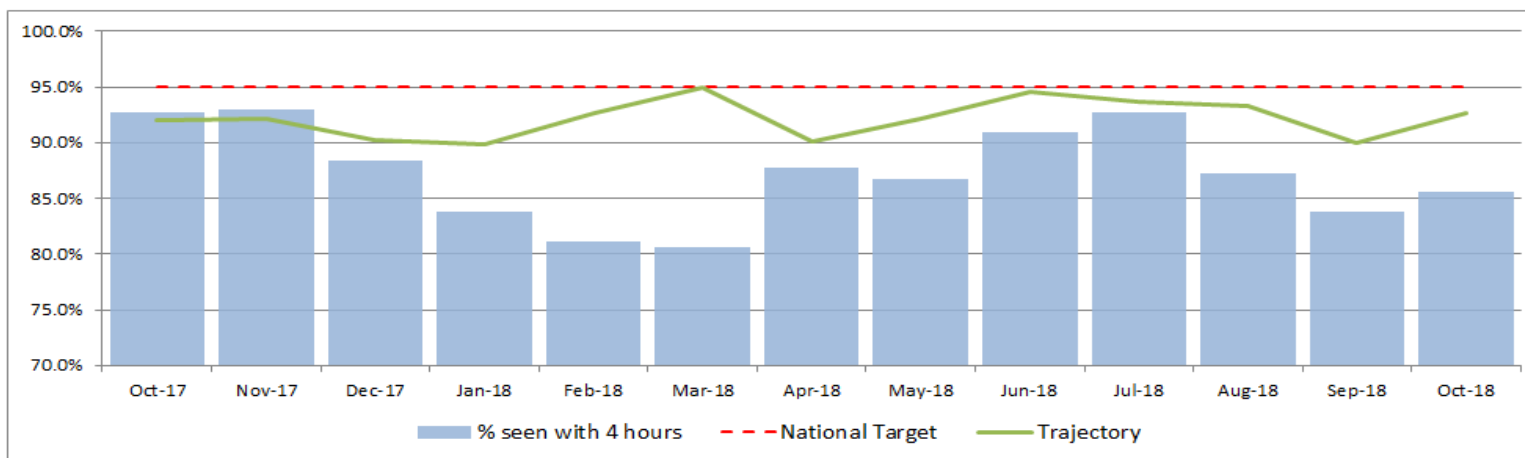
As a result of the theatre closures the delivery of the RTT trajectory for total waits and longest waits will need to be reassessed. Orthopaedics is the area likely to experience the greatest loss of capacity. Recruitment and backfill in accordance to the approved Investment plans however are progressing and improvements in capacity being seen.

Whilst the performance is remaining static and longest waits over 52 weeks have decreased in October, overall numbers waiting over 40 weeks have reduced by 11.8% since July (July – 415 to Oct – 366) - 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.

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.

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 October with 85.6% (83.8% last month) against the trajectory of 92%.

In October there were 15 days at Opel 3 and one day at Opel 4 the highest level of escalation. This being significantly higher than the same period last year and this is reflected in the reported 4 hour performance. The current level of performance remains 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 inpatient 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. The greatest change is the plan to redesign the front door assessment process for medically expected emergency referrals. This is a significant change and is requiring a number of estate moves and re-allocation of clinical areas as well as enhancing the clinical cover for extended hours and resource to support the new assessment model of care. The project has been signed off at the October Finance committee as will incur additional costs.

Progress updates will be taken to the Patients Flow Board in November.

The winter plan approved at the October board meeting details a range of actions to increase resilience for the winter period.

| Escalation status | October | November | December | January | February | March | April | May | June | July | August | September | October |
|-------------------|---------|----------|----------|---------|----------|--------|--------|--------|--------|--------|--------|-----------|---------|
| Opel 1 | 12 | 15 | 6 | 0 | 0 | 2 | 10 | 9 | 26 | 22 | 7 | 0 | 0 |
| Opel 2 | 14 | 11 | 11 | 2 | 2 | 5 | 9 | 6 | 4 | 7 | 9 | 2 | 15 |
| Opel 3 | 5 | 4 | 13 | 23 | 24 | 14 | 10 | 15 | 0 | 3 | 15 | 22 | 15 |
| Opel 4 | 0 | 0 | 1 | 6 | 2 | 10 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| Performance | 92.80% | 92.90% | 88.30% | 83.80% | 81.10% | 80.60% | 87.70% | 87.56% | 90.89% | 92.70% | 87.20% | 83.80% | 85.60% |

Cancer treatment and cancer access standards

| CWT Measure | Target | October 2018 | | | |
|--------------------------------------------|--------|---------------|-----------------|-------|-------------|
| | | Within Target | Breached Target | Total | Performance |
| 14 Day - 2ww referral | 93% | 1049 | 237 | 1286 | 81.6% |
| 14 Day - Breast Symptomatic referral | 93% | 94 | 4 | 98 | 95.9% |
| 31 Day 1st treatment | 96% | 184 | 10 | 194 | 94.8% |
| 31 Day Subsequent treatment - Drug | 98% | 100 | 1 | 101 | 99.0% |
| 31 Day Subsequent treatment - Radiotherapy | 94% | 69 | 3 | 72 | 95.8% |
| 31 Day Subsequent treatment - Surgical | 94% | 32 | 0 | 32 | 100.0% |
| 31 Day Subsequent treatment - Other | | 31 | 0 | 31 | 100.0% |
| 62 day 2ww / Breast | 85% | 87 | 31.5 | 118.5 | 73.4% |
| 62 day Screening | 90% | 12 | 1 | 13 | 92.3% |

Cancer standards - Table opposite shows the forecast for October (at 16th November validation point): *Note these figures are provisional and may change as final validation and data entry is completed for national submission, 25 working days following the month close and at the end of the quarter.*

Three cancer treatment time standards are not met in September:

Urgent cancer referrals 14 day 2ww: At 81.6% in October this is a continuation of recent improvement (97.6% in September) This remains below the standard of 93%.

A revised trajectory of improvement has been shared with the STP and NHSI. This reflects slippage against our original improvement plan to achieve standard from October 2018 with the revised trajectory now being from January 2019.

31 days from diagnosis to treatment: At 94.8% this is just below the standard of 96%.

NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard has not been met in October 73.4% however does meet our improvement trajectory for achieving standard from January 2019.

Significant risk remains in the pathways for Urology and Lower GI linked to the capacity constraints and long wait for first appointment.

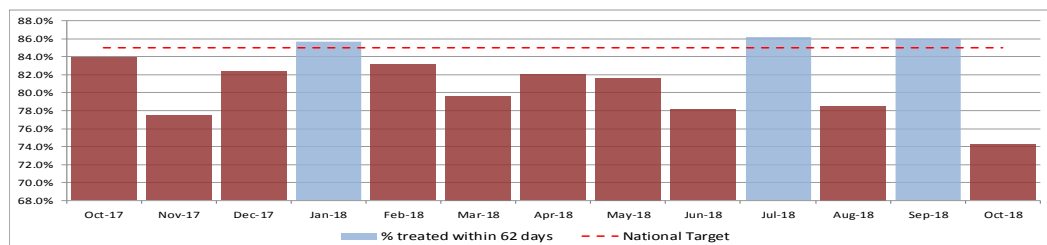
Longest waits greater than 104 days

In October 7 patients with confirmed cancer were treated > 104 days (last month September 2).

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.

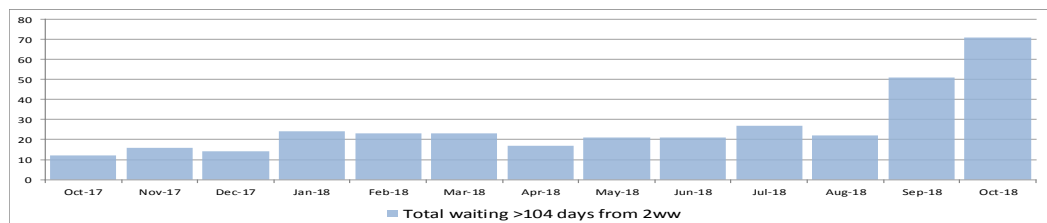
Cancer - 62 day wait for 1st treatment from 2ww referral

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1st treatments (from 2ww) | 84 | 97.5 | 85 | 94.5 | 83 | 91 | 108.5 | 109 | 112 | 87 | 109.5 | 103.5 | 118.5 |
| Breaches of 62 day target | 13.5 | 22 | 15 | 13.5 | 14 | 18.5 | 19.5 | 20 | 24.5 | 12 | 23.5 | 14.5 | 30.5 |
| % treated within 62 days | 83.9% | 77.4% | 82.4% | 85.7% | 83.1% | 79.7% | 82.0% | 81.7% | 78.1% | 86.2% | 78.5% | 86.0% | 74.3% |
| National Target | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% |

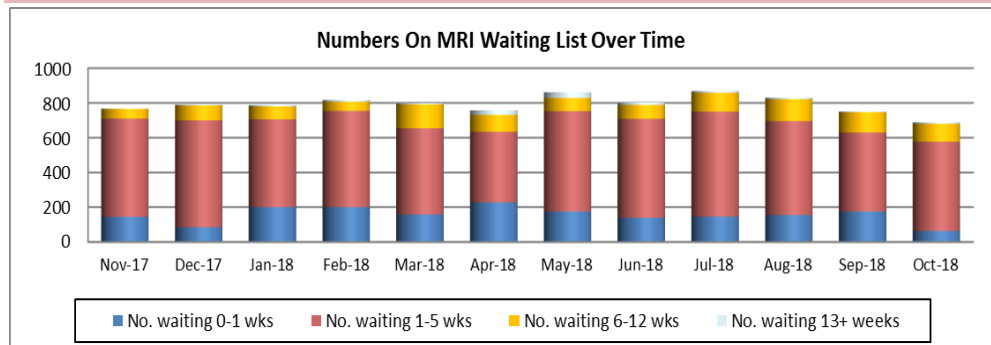


Cancer - Patients waiting >104 days from 2ww

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Cancer not discounted | 7 | 12 | 13 | 15 | 15 | 11 | 10 | 17 | 18 | 22 | 16 | 36 | 61 |
| Confirmed cancer | 5 | 4 | 1 | 9 | 8 | 12 | 7 | 4 | 3 | 5 | 6 | 15 | 10 |
| Total waiting >104 days from 2ww | 12 | 16 | 14 | 24 | 23 | 23 | 17 | 21 | 21 | 27 | 22 | 51 | 71 |



NHSI indicator - patients waiting over 6 weeks for diagnostics



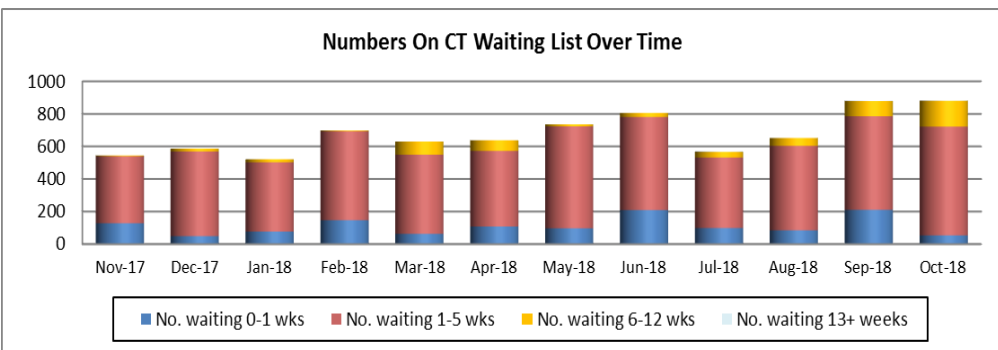
The number of patients with a diagnostic wait over 6 weeks has risen in October to 396 (9.8%) from 323 (7.7%) in September.

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 October is for CT 159, MRI 111 and ultrasound 106 patients 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.

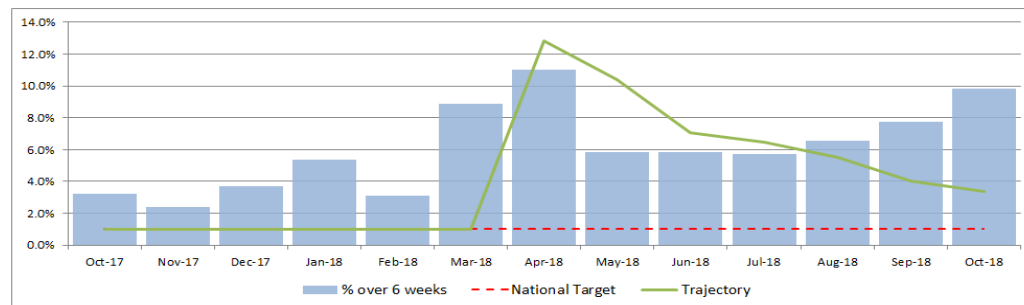
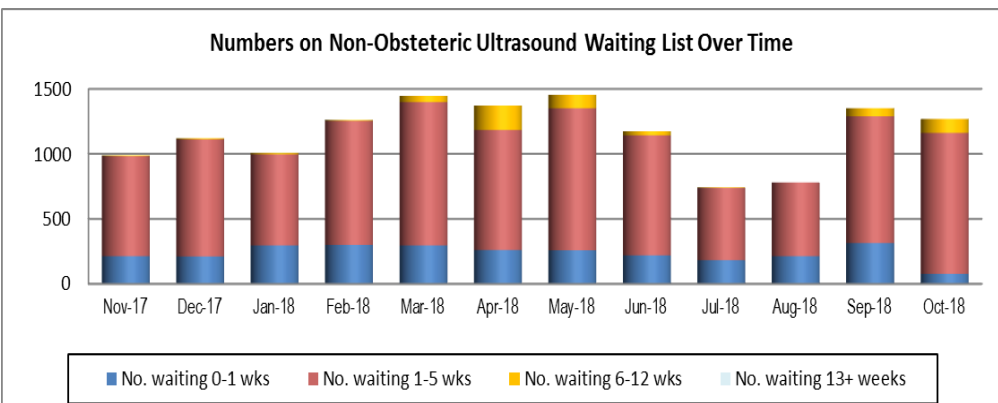
There continues to be pressures from increasing demand across many areas with demand management along with options to increase capacity reviewed as part of business planning.

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

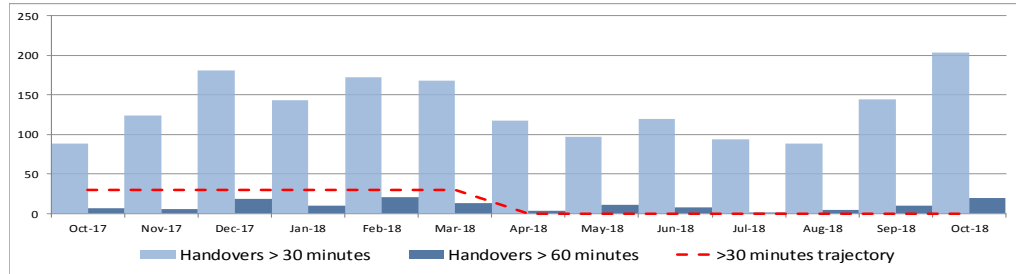
| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Patients | 3550 | 3382 | 3591 | 3550 | 4058 | 4283 | 4166 | 4370 | 3999 | 3352 | 3377 | 4173 | 4027 |
| Waiting longer than 6 weeks | 114 | 81 | 134 | 191 | 125 | 380 | 458 | 256 | 231 | 191 | 222 | 323 | 396 |
| % over 6 weeks | 3.2% | 2.4% | 3.7% | 5.4% | 3.1% | 8.9% | 11.0% | 5.9% | 5.7% | 5.7% | 6.6% | 7.7% | 9.8% |
| 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% | 12.84% | 10.42% | 7.03% | 6.48% | 5.54% | 4.01% | 3.40% |



Other performance exceptions

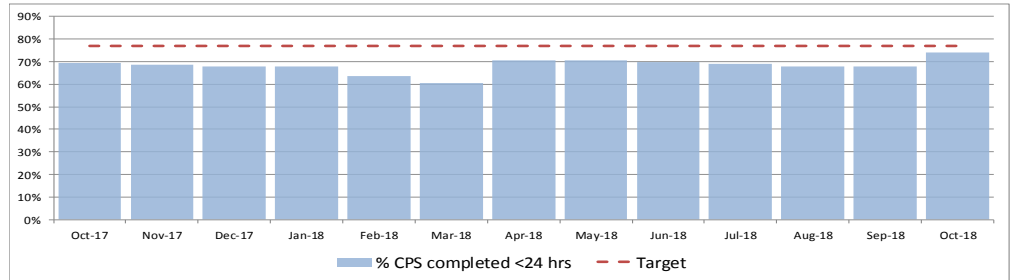
Ambulance handovers

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Handovers > 30 minutes | 88 | 124 | 181 | 143 | 172 | 168 | 117 | 97 | 119 | 94 | 88 | 144 | 204 |
| Handovers > 60 minutes | 6 | 5 | 18 | 10 | 20 | 13 | 3 | 11 | 8 | 1 | 4 | 10 | 19 |
| >30 minutes trajectory | 30 | 30 | 30 | 30 | 30 | 30 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



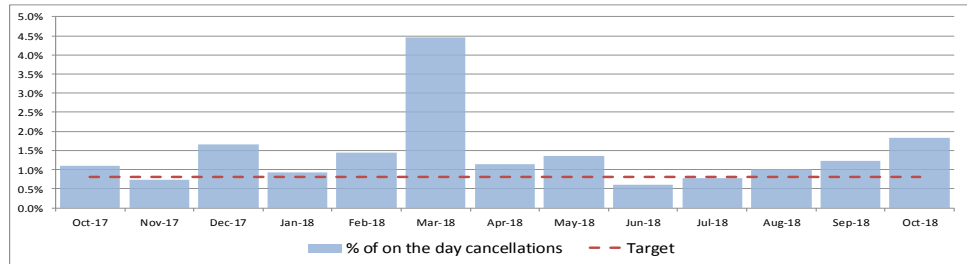
Care Plan Summaries completed with 24 hours of discharge - Weekday

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|-------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Discharges | 1269 | 1251 | 1104 | 1161 | 959 | 1014 | 1146 | 1298 | 1240 | 1247 | 1258 | 1043 | 1368 |
| CPS completed within 24 hours | 1825 | 1821 | 1625 | 1716 | 1511 | 1677 | 1628 | 1844 | 1776 | 1804 | 1859 | 1535 | 1851 |
| % CPS completed <24 hrs | 70% | 69% | 68% | 68% | 63% | 60% | 70% | 70% | 70% | 69% | 68% | 68% | 74% |
| 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% |



On the day cancellations for elective operations

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 |
|-------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Cancellations | 35 | 24 | 45 | 30 | 41 | 118 | 35 | 44 | 20 | 26 | 33 | 37 | 69 |
| Elective spells | 3186 | 3258 | 2730 | 3224 | 2845 | 2642 | 3074 | 3241 | 3286 | 3325 | 3292 | 3010 | 3766 |
| % of on the day cancellations | 1.1% | 0.7% | 1.6% | 0.9% | 1.4% | 4.5% | 1.1% | 1.4% | 0.6% | 0.8% | 1.0% | 1.2% | 1.8% |
| Target | 0.8% | 0.8% | 0.8% | 0.8% | 0.8% | 0.8% | 0.8% | 0.8% | 0.8% | 0.8% | 0.8% | 0.8% | 0.8% |



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)

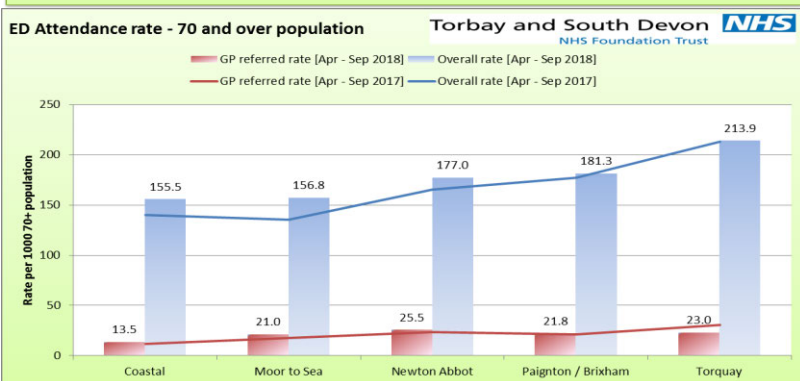
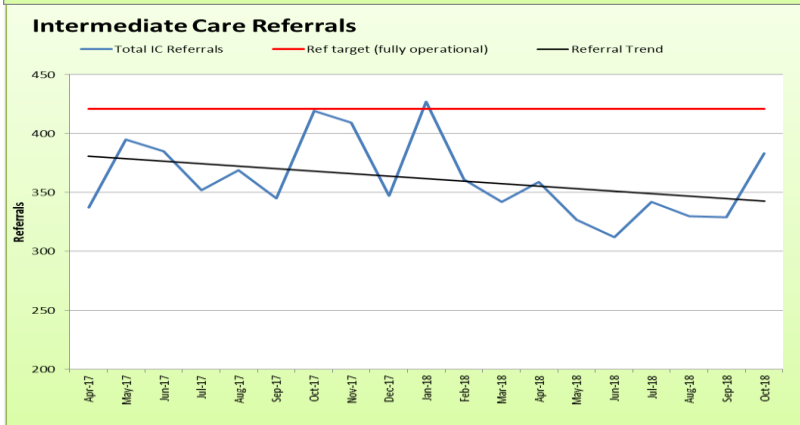
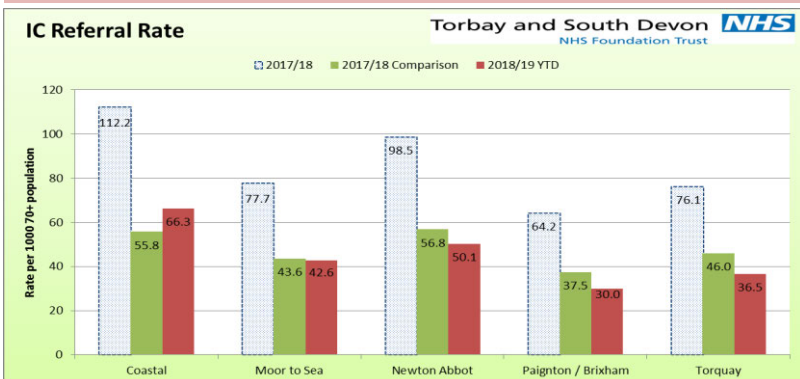
Improvement remains a challenge to complete CPSs within 24 hours of discharge. Improvement has been seen in October however which is greatly encouraging with 74% in 24 hours of discharge achieved for weekday discharges against the internal target for improvement of 77%. The challenges remain with the 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 October the number of operations cancelled on the day of surgery for hospital reason increased to 69 being the highest number recorded this year. This represents 1.8% of all elective procedures undertaken.

Integrated Care model



Integrated Community record: In September we rolled out the much anticipated 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 SystemOne 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.

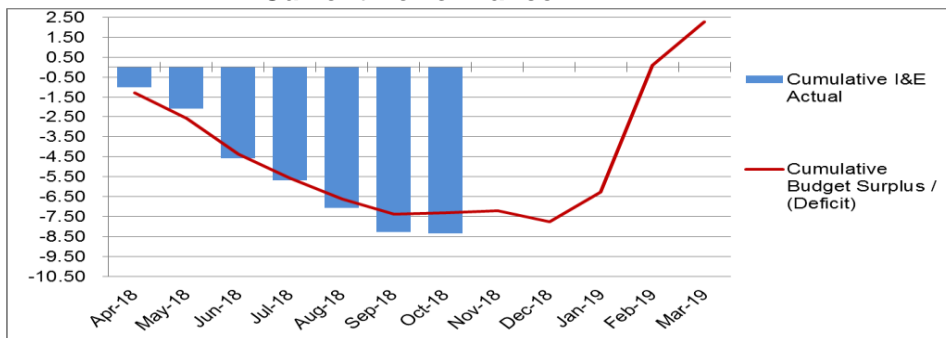
The chart opposite shows the variation across our localities for the number of attendances to ED per head of population. Clearly the proximity of ED units is a factor, however, we continue to work towards greater intervention in the community setting to avoid attendance to ED and likely admission to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

Finance Focus

| | |
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| Page 5 | Income (2) |
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| Page 7 | Pay Expenditure (2) |
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Summary of Financial Performance

Current Performance



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 31st October 2018 is a £8.33m deficit, which is £1.19m behind the budgeted position.
- Excluding the income and expenditure not used by NHS Improvement in their assessment framework, a deficit of £7.97m is recorded; £0.77m 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 £10.09m deficit.
- There is a net movement in re-categorisation of plan to budget of £0.20m 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.
- 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 this quarter; £3.3m of identified schemes are at the validated stage. A significant proportion of the programme remains non-recurrent at present.
- Total pay run rates increased by £1.13m; £0.76m relate to Substantive and Bank staff cost reflecting in month spend compared to M6 (medical pay award applied in month). £0.37m relate to increase in Agency spend compared to M6 mainly Medical staff.
- Non pay expenditure run rates are higher at £16.88m due to increased cost in month on Drugs, Clinical supplies and various operating cost.
- The CIP target for year to date is £7.80m, against which a total of £9.81m has been delivered; an overachievement of £2.01m mainly due to Income.
- 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 operational risk (Agency, RTT, CHC, ASC), with the consequent risks attached to delivery. The significant risks are yet to be fully quantified which include domiciliary care provision challenges and the impact of theatre failures.
- Cash balance is negative at £0.54m due to BACS payments committed at end of October. These were only paid 2 days after receipt of block income, and the bank balance remained positive during this period.
- Capital expenditure is forecast to be circa £6.60m underspent.
- The Finance Risk Rating is a 3. The Agency rating is adverse. If the current level of I&E deficit continues, the overall rating will drop to a 4 this Quarter.

| | Plan for Period | Re-Categorisation | Budget for Period | Actual for Period | Variance to Budget |
|---------------------------------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| | £M | £M | £M | £M | £M |
| Income | 242.85 | 2.18 | 245.04 | 245.81 | 0.78 |
| Pay | (131.83) | (1.44) | (133.27) | (134.91) | (1.65) |
| Non Pay | (109.80) | (0.54) | (110.34) | (110.35) | (0.01) |
| EBITDA | 1.22 | 0.21 | 1.43 | 0.55 | (0.88) |
| Financing Costs | (8.57) | (0.01) | (8.58) | (8.89) | (0.31) |
| SURPLUS / (DEFICIT) | (7.35) | 0.20 | (7.15) | (8.33) | (1.19) |
| NHSI Exclusions | (0.05) | 0.00 | (0.05) | 0.36 | 0.41 |
| Plan Adjusted Surplus / (Deficit) | (7.40) | 0.20 | (7.20) | (7.97) | (0.77) |
| Remove PSF Income | (2.77) | 0.00 | (2.77) | (2.12) | 0.65 |
| Variance to Control Total (Excl PSF) | (10.16) | 0.20 | (9.96) | (10.09) | (0.13) |

| Annual Plan | Annual Budget |
|---------------|---------------|
| £M | £M |
| 421.47 | 422.03 |
| (225.16) | (227.96) |
| (179.63) | (179.51) |
| 16.69 | 14.56 |
| (14.41) | (12.32) |
| 2.28 | 2.24 |
| (0.56) | (0.56) |
| 1.72 | 1.68 |
| (6.15) | (6.15) |
| (4.42) | (4.47) |

| | | | | | | |
|---------------------|------|------|------|--------|---------------|--------------|
| Cash Balance | 1.10 | | | (0.54) | (1.63) | 1.33 |
| Capital Expenditure | 8.60 | 0.00 | 8.60 | 2.82 | (5.78) | 27.34 |
| CIP Delivery | 7.80 | 0.00 | 7.80 | 9.81 | 2.01 | 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 |

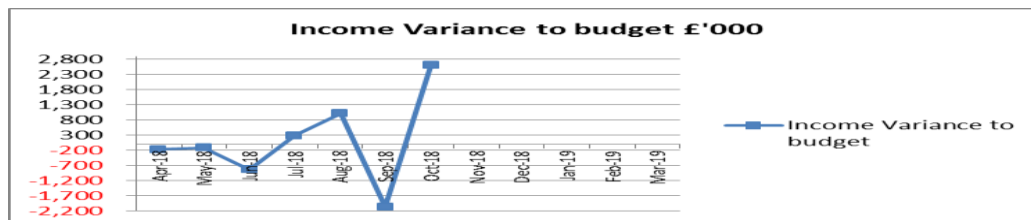
Summary of Financial Performance

| | Month 07 | | | | | Year to date | | | | | Prior Month Variance YTD | Change | Annual Plan | Annual Budget |
|------------------------------------------------|--------------------------|--------------------------------------|----------------------------|----------------------------|-------------------------------------------|---------------------------|--------------------------------------|-----------------------------|--------------------------|------------------------------|--------------------------------|---------------|-----------------|------------------|
| | Current Month Plan | Re- Categoris ation of Plan | Current Month Budget | Current Month Actual | Current Month Variance to Budget | Plan for Period YTD | Re- Categoris ation of Plan | Budget for Period YTD | Actual for Period YTD | Variance to Budget YTD | | | | |
| | £M | £M | £M | £M | £M | £M | £M | £M | £M | £M | | | | |
| Operating income from patient care activities | 30.95 | 0.42 | 31.37 | 33.45 | 2.08 | 216.71 | 2.25 | 218.96 | 220.06 | 1.10 | (0.98) | 2.08 | 371.25 | 375.55 |
| Other Operating income | 4.06 | (0.13) | 3.93 | 4.45 | 0.52 | 26.14 | (0.07) | 26.07 | 25.75 | (0.32) | (0.85) | 0.52 | 50.22 | 46.48 |
| Total Income | 35.01 | 0.29 | 35.29 | 37.90 | 2.61 | 242.85 | 2.18 | 245.04 | 245.81 | 0.78 | (1.83) | 2.61 | 421.47 | 422.03 |
| Employee Benefits - Substantive | (18.22) | (0.30) | (18.52) | (18.88) | (0.36) | (128.11) | (1.75) | (129.86) | (130.12) | (0.26) | 0.10 | (0.36) | (218.98) | (222.11) |
| Employee Benefits - Agency | (0.46) | 0.03 | (0.44) | (0.90) | (0.46) | (3.72) | 0.31 | (3.40) | (4.79) | (1.39) | (0.93) | (0.46) | (6.18) | (5.86) |
| Drugs (including Pass Through) | (2.70) | 0.01 | (2.69) | (3.05) | (0.36) | (19.73) | 0.07 | (19.66) | (18.85) | 0.81 | 1.17 | (0.36) | (32.61) | (32.50) |
| Clinical Supplies | (2.00) | 0.08 | (1.92) | (2.24) | (0.32) | (14.61) | 0.01 | (14.60) | (14.51) | 0.09 | 0.40 | (0.32) | (23.86) | (23.96) |
| Non Clinical Supplies | (0.41) | (0.15) | (0.56) | (0.37) | 0.19 | (2.81) | (0.02) | (2.82) | (2.82) | 0.00 | (0.19) | 0.19 | (4.56) | (4.59) |
| Other Operating Expenditure | (10.04) | (0.22) | (10.26) | (11.23) | (0.97) | (72.65) | (0.60) | (73.25) | (74.16) | (0.91) | 0.06 | (0.97) | (118.59) | (118.46) |
| Total Expense | (33.83) | (0.55) | (34.38) | (36.65) | (2.27) | (241.63) | (1.98) | (243.60) | (245.26) | (1.66) | 0.62 | (2.27) | (404.79) | (407.47) |
| EBITDA | 1.18 | (0.27) | 0.91 | 1.25 | 0.33 | 1.22 | 0.21 | 1.43 | 0.55 | (0.88) | (1.21) | 0.33 | 16.69 | 14.56 |
| Depreciation - Owned | (0.73) | 0.00 | (0.73) | (0.73) | 0.00 | (4.98) | 0.00 | (4.98) | (4.92) | 0.06 | 0.06 | 0.00 | (8.73) | (8.73) |
| Depreciation - donated/granted | (0.07) | 0.00 | (0.07) | (0.05) | 0.02 | (0.44) | 0.00 | (0.44) | (0.36) | 0.07 | 0.06 | 0.02 | (0.74) | (0.74) |
| Interest Expense, PDC Dividend | (0.52) | 0.00 | (0.52) | (0.53) | (0.00) | (3.65) | 0.00 | (3.65) | (3.61) | 0.04 | 0.04 | (0.00) | (6.23) | (6.23) |
| Donated Asset Income | 0.16 | 0.00 | 0.16 | 0.00 | (0.16) | 0.49 | 0.00 | 0.49 | 0.00 | (0.49) | (0.33) | (0.16) | 1.30 | 1.30 |
| Gain / Loss on Asset Disposal | 0.00 | 0.24 | 0.24 | (0.00) | (0.24) | 0.00 | (0.01) | (0.01) | (0.00) | 0.01 | 0.25 | (0.24) | 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) | 0.02 | (0.03) | (0.01) | (0.06) | (0.06) | (7.35) | 0.20 | (7.15) | (8.33) | (1.19) | (1.13) | (0.06) | 2.28 | 2.24 |
| Adjusted Plan Position | | | | | | | | | | | | | | |
| Donated Asset Income | (0.16) | 0.00 | (0.16) | 0.00 | 0.16 | (0.49) | 0.00 | (0.49) | 0.00 | 0.49 | 0.33 | 0.16 | (1.30) | (1.30) |
| Depreciation - Donated / Granted | 0.07 | 0.00 | 0.07 | 0.05 | (0.02) | 0.44 | 0.00 | 0.44 | 0.36 | (0.07) | (0.06) | (0.02) | 0.74 | 0.74 |
| Impairment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Adjusted Plan Surplus / (Deficit) | (0.07) | (0.03) | (0.10) | (0.01) | 0.09 | (7.40) | 0.20 | (7.20) | (7.97) | (0.77) | (0.86) | 0.09 | 1.72 | 1.68 |
| NHSI Adjustment to Control Total | | | | | | | | | | | | | | |
| Remove PSF Income | (0.61) | 0.00 | (0.61) | (0.61) | 0.00 | (2.77) | 0.00 | (2.77) | (2.12) | 0.65 | 0.65 | 0.00 | (6.15) | (6.15) |
| Variance to Control Total Excluding PSF | (0.69) | (0.03) | (0.71) | (0.63) | 0.09 | (10.16) | 0.20 | (9.96) | (10.09) | (0.13) | (0.22) | 0.09 | (4.42) | (4.47) |

- The overall position in Month 07 is a deficit of £0.06m, which is just slightly behind the budgeted position (£0.01m deficit) before NHSI exclusions. For the year to date, the cumulative deficit of £8.33m is £1.19m behind budget.
- Clinical Income is higher than budget by £2.08m in Month 07 mainly due to the £1.75m iBCF income from Torbay Council (£3.00m full year) and pass through income for Drugs of £0.20m; cumulatively income is £1.10m higher than budget due to iBCF as above. Other income is higher by £0.52m in M7 mainly due to non patient services and various income sources.
- Pay expenditure is £0.82m higher than budget in Month 07 due to increase in Bank cost of £0.3m (Support to Nursing staff and Medical Staff) and Agency cost of £0.5m mainly Medical Staff. For the year to date, the pay position is £1.65m higher than budget due to pay award (matched by Income).
- Non-pay expenditure is £1.46m higher than budget in Month 07 due to higher spend in Drugs (£0.2m matched by income) Clinical supplies and various operating costs. The year to date position is in line with budget at £110.3m. The phasing of savings target for non pay is higher starting this month.
- The challenge increases considerably as the year progresses to reduce costs and meet savings targets and address emerging risks in order to achieve the control total excluding PSF.

Income

Current Performance



Key points

- Overall Operating Income from Patient Care Activities in M7 is higher than budget by £2.08m. Total operating income is £0.77m ahead of the budget year to date.
- Within this, income from contract healthcare is £0.98m 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 £0.52m as the iBCF income is showing under Client income.
- Client income is ahead by £2.41m due to receipt of £1.75m iBCF from the Council (£3.0m full year), over recovery on residential and nursing client contributions (matched by increase in spend) totalling £0.52m and £0.14m 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 £0.30m; of this £0.20m is due to anticipated iBCF monies to cover emergency domiciliary care cover from external providers and £0.10m from CAMHS activity.

| Operating Income | Year to Date - Month 07 | | | | | 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 | 183.32 | 0.97 | 184.29 | 183.31 | (0.98) | (1.20) | 0.21 |
| Council Social Care (inc Public Health) | 26.72 | 2.95 | 29.68 | 29.15 | (0.52) | (0.45) | (0.07) |
| Client Income | 5.24 | (1.66) | 3.57 | 5.99 | 2.41 | 0.51 | 1.91 |
| Private Patients | 1.04 | 0.03 | 1.07 | 0.97 | (0.10) | (0.10) | (0.01) |
| Other Income | 0.39 | (0.04) | 0.35 | 0.65 | 0.30 | 0.25 | 0.05 |
| Operating Income from patient care activities | 216.71 | 2.25 | 218.96 | 220.06 | 1.10 | (0.99) | 2.09 |
| Other Income | 18.16 | (0.09) | 18.07 | 17.91 | (0.15) | (0.67) | 0.52 |
| Research and Education | 5.22 | 0.02 | 5.24 | 5.72 | 0.47 | 0.47 | 0.01 |
| Sustainability & Transformation funding | 2.77 | 0.00 | 2.77 | 2.12 | (0.65) | (0.65) | 0.00 |
| Other operating income | 26.14 | 0.07 | 26.08 | 25.75 | (0.33) | (0.85) | 0.52 |
| Total | 242.85 | 2.18 | 245.04 | 245.81 | 0.77 | (1.83) | 2.61 |

| Contract income by Commissioner | Year to Date - Month 07 | | | | | 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 | 103.09 | 0.04 | 103.14 | 103.09 | (0.04) | (0.04) | (0.01) |
| North, East & West Devon Clinical Commissioning Group | 3.48 | (0.54) | 2.94 | 2.94 | 0.00 | 0.00 | 0.00 |
| NHS England - Area Team | 4.47 | 0.00 | 4.47 | 4.37 | (0.10) | (0.12) | 0.02 |
| NHS England - Specialist Commissioning | 17.76 | 0.00 | 17.76 | 16.79 | (0.97) | (1.16) | 0.19 |
| Other Commissioners | 5.34 | 0.73 | 6.07 | 6.15 | 0.08 | 0.02 | 0.06 |
| South Devon & Torbay Clinical Commissioning Group (Placed People and Community Health) | 47.98 | 0.54 | 48.52 | 48.46 | (0.06) | (0.05) | (0.01) |
| Other Commissioners | 1.20 | 0.20 | 1.39 | 1.51 | 0.11 | 0.15 | (0.04) |
| Operating Income from patient care activities | 183.32 | 0.97 | 184.29 | 183.31 | (0.98) | (1.20) | 0.21 |

| MEMO - CCG Block Adjustment | Year to Date - Month 07 | | | | | 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 | (3.78) | 0.00 | (3.78) | (4.73) | (0.94) | 0.27 | (1.21) |

Income

| Other Operating Income | Year to Date - Month 07 | | | | | Previous Month | |
|---------------------------------------------------|-------------------------|--------------------------|--------------|--------------|--------------------|-------------------------------|-------------|
| | Plan | Recategorisation of plan | Budget | Actual | Variance to Budget | Variance to Plan - (adv)/+fav | Change |
| | £m | £m | £m | £m | £m | £m | £m |
| R&D / Education & training revenue | 5.22 | 0.02 | 5.24 | 5.72 | 0.47 | 0.47 | 0.01 |
| Site Services | 1.27 | 0.07 | 1.34 | 1.39 | 0.05 | 0.01 | 0.03 |
| Revenue from non-patient services to other bodies | 2.17 | 0.40 | 2.57 | 2.86 | 0.28 | 0.16 | 0.12 |
| Provider Sustainability Fund (PSF) Income | 2.77 | 0.00 | 2.77 | 2.12 | (0.65) | (0.65) | 0.00 |
| Misc. other operating revenue | 14.72 | (0.56) | 14.15 | 13.67 | (0.48) | (0.84) | 0.36 |
| Total | 26.14 | (0.07) | 26.08 | 25.75 | (0.33) | (0.85) | 0.52 |

At Month 7, Other Operating income is lower than the cumulative budget by £0.33m.

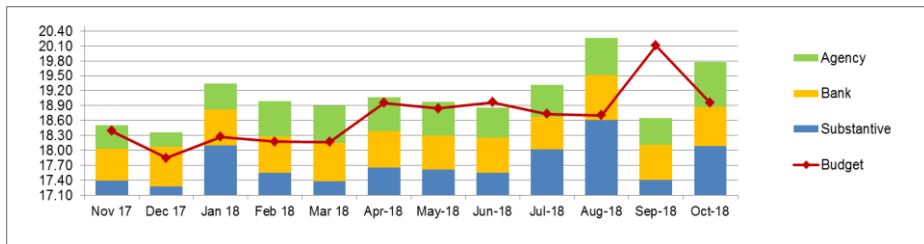
Key headlines / variances are:

- R&D and Education income ahead of budget by £0.47m due to MADEL and NMET income.
- Non patient services to other bodies are £0.28m ahead of budget due to recharge to other NHS organisations.
- Provider Sustainability Fund (PSF) income behind budget by £0.65m due to loss of performance element of the income for Quarters 1 and 2.
- Other Income £0.48m behind budget mainly due to Torbay Pharmaceuticals totalling £1.20m offset by increase in various income sources amounting to £0.72m.

Annual PSF funding of £6.15m has been budgeted; at Month 07, £2.12m has been included in the position.

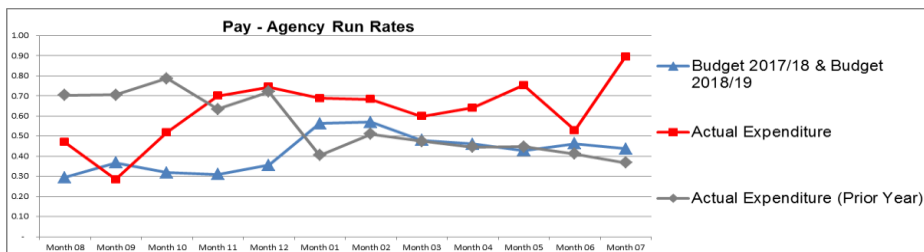
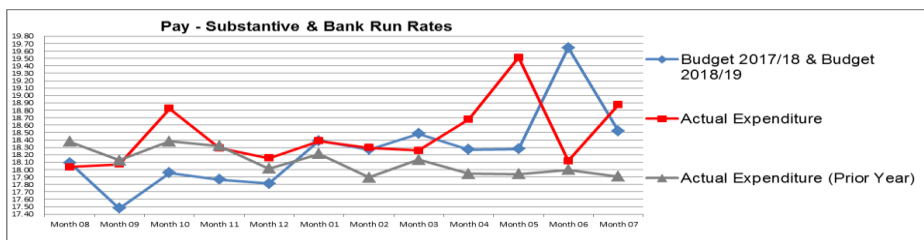
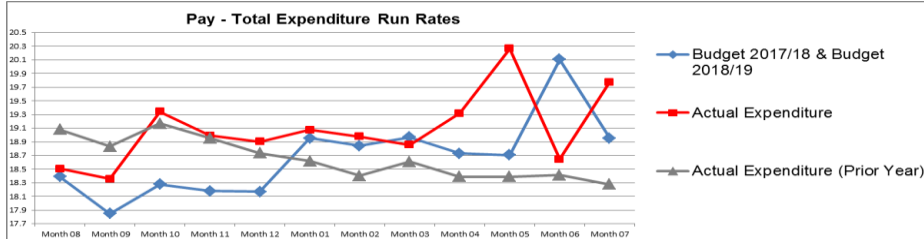
Pay Expenditure

Current Performance



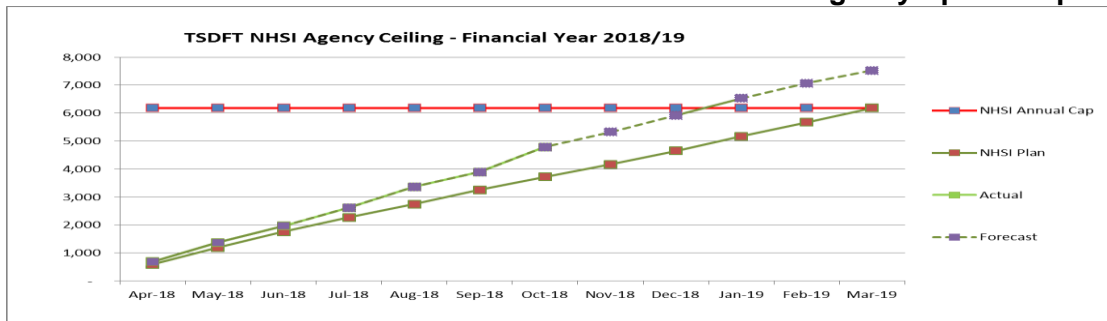
Key points

- Total pay costs are showing an overspend against year to date budget at Month 7 of £1.65m.
- Substantive cost is underspent by £0.57m; Bank pay costs are £0.84m higher than budget, and agency costs are overspent by £1.38m (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 £1.38m is mainly due to increased use of Medical Staff (£1.1m) and Other Clinical Staff, principally CAMHS.
- Total pay run rates increased by £1.13m in M7; £0.76m relate to Substantive and Bank staff cost. Majority of the increase in substantive staff cost is due to pay award for medical staff, support to Nursing staff and Admin and Managers cost.
- Agency run rate increased by £0.37m in M7 due to increase in use of Medical and Nursing staff.
- The Apprentice levy balance at Month 7 is £1,083,236 (£1,036,727 at month 6). 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 reviewed regularly and schemes are constantly developed to ensure actions are taken and this risk is mitigated.



| | 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 | (31.83) | 1.29 | (30.54) | (30.36) | 0.19 | (54.30) | (52.37) |
| Nursing and Midwifery | (51.13) | (0.32) | (51.45) | (51.75) | (0.30) | (87.88) | (88.43) |
| Other Clinical | (29.95) | (1.64) | (31.59) | (30.40) | 1.19 | (51.33) | (54.27) |
| Non Clinical | (18.92) | (0.76) | (19.68) | (22.40) | (2.72) | (31.65) | (32.89) |
| Total Pay Expenditure | (131.83) | (1.44) | (133.27) | (134.90) | (1.64) | (225.16) | (227.96) |

Pay Expenditure Agency Spend Cap



Agency staff cost in Month 7 across all staff groups is £0.89m. This is £0.43m higher than the NHSI cap of £0.46m. The overall Agency cap for the Trust is £6.18m in FY 2018/19.

- The Agency usage to date is £4.79m against a cap of £3.72m which is £1.07m higher.
- With out any actions, the projected full year Agency spend as at M7 is £8.21m, £2.03m 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 reduce this for 2018/19. With mitigations, the forecast is still at £7.52m with the approval of the AMU changes it is unlikely that the expenditure can be brought back within the cap.
- Medical agency spend is £0.50m at Month 7 which is £0.38m higher than the £0.12m plan.
- Nursing Agency spend at Month 7 is £0.30m, which is slightly higher than the £0.26m plan. Spend in month increased by £0.11m from Month 6.
- 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.

| Agency - All Staff Groups | April | May | June | July | August | September | October |
|---------------------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | £m | £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) | (0.46) |
| Total Planned Staff Costs | (18.97) | (18.98) | (18.94) | (18.81) | (18.73) | (18.78) | (18.70) |
| % of Agency Costs against Total Staff Cost | 3.1% | 3% | 3% | 3% | 3% | 3% | 2% |
| Agency Actual Costs 2018/19 | | | | | | | |
| Agency Cost | (0.69) | (0.68) | (0.60) | (0.64) | (0.75) | (0.53) | (0.89) |
| Actual Staff Cost | (19.07) | (18.98) | (18.86) | (19.60) | (19.99) | (19.03) | (19.89) |
| % of Agency Costs against Total Staff Cost | 3.6% | 4% | 3% | 3% | 4% | 3% | 4% |
| Agency Cost vs Plan | (0.10) | (0.08) | (0.04) | (0.13) | (0.27) | (0.02) | (0.43) |
| % of Agency Costs against Total Staff Cost | -0.5% | 0% | 0% | 1% | 1% | 0% | 2% |

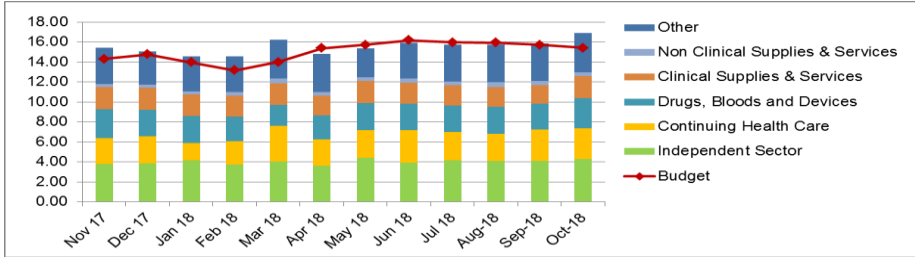
| Agency - Nursing | April | May | June | July | August | September | October |
|-----------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | £m | £m | £m | £m | £m | £m | £m |
| Agency Nurse Staff Cost | (0.23) | (0.26) | (0.20) | (0.19) | (0.30) | (0.19) | (0.30) |
| Actual Registered Nurse Staff Cost | (4.65) | (4.59) | (4.49) | (4.54) | (4.74) | (4.57) | (4.70) |
| % of Agency Costs against Nursing Staff Cost | 5% | 6% | 4% | 4% | 6% | 4% | 6% |

| Agency - All Staff Groups | Q1 | Q2 | M7 | YTD 2018-19 |
|---------------------------------------------------|---------------|---------------|---------------|---------------|
| | £m | £m | £m | £m |
| Agency Plan 2018/19 (NHSI Ceiling) | | | | |
| Planned Agency Cost | (1.75) | (1.50) | (0.46) | (3.72) |
| Total Planned Staff Costs | (56.89) | (56.33) | (18.70) | (131.91) |
| % of Agency Costs against Total Staff Cost | 3% | 3% | 2% | 2.8% |
| Agency Actual Costs 2018/19 | | | | |
| Agency Cost | (1.97) | (1.92) | (0.89) | (4.79) |
| Actual Staff Cost | (56.91) | (58.61) | (19.89) | (135.42) |
| % of Agency Costs against Total Staff Cost | 3% | 3% | 4% | 3.5% |
| Agency Cost vs Plan | (0.22) | (0.42) | (0.43) | (1.07) |
| % of Agency Costs against Total Staff Cost | 0% | 1% | 2% | 0.7% |

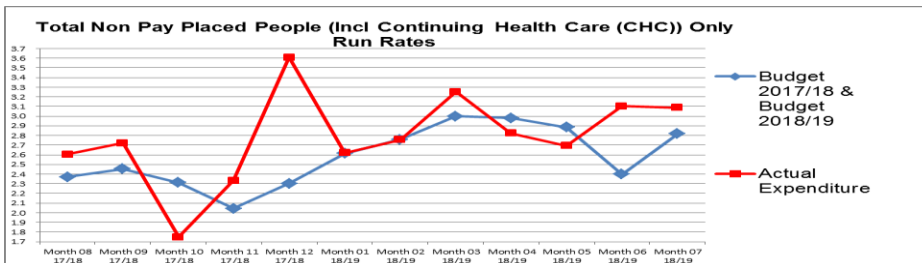
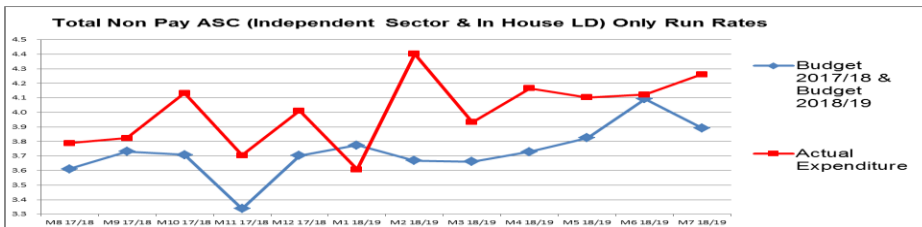
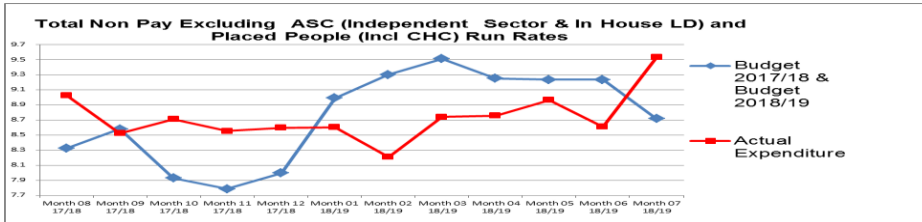
| Agency - Nursing | Q1 | Q2 | M7 | YTD 2018-19 |
|-----------------------------------------------------|-----------|-----------|-----------|-------------|
| | £m | £m | £m | £m |
| Agency Nurse Staff Cost | (0.69) | (0.67) | (0.30) | (1.66) |
| Actual Registered Nurse Staff Cost | (13.74) | (13.85) | (4.70) | (32.29) |
| % of Agency Costs against Nursing Staff Cost | 5% | 5% | 6% | 5% |

Non Pay Expenditure

Current performance



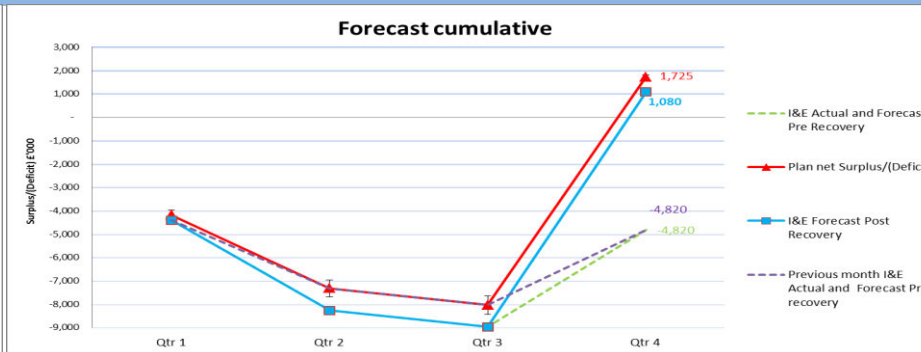
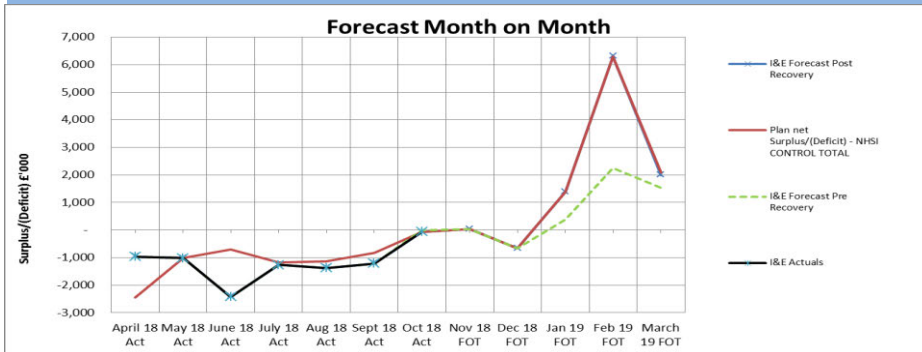
| | Plan for Period | Re-Categorisation | Budget for Period | Actual for Period | Variance | Annual Plan | Annual Budget |
|--------------------------------------------|-----------------|-------------------|-------------------|-------------------|---------------|-----------------|-----------------|
| | £M | £M | £M | £M | £M | £M | £M |
| Drugs, Bloods and Devices | (19.73) | 0.07 | (19.66) | (18.85) | 0.81 | (32.61) | (32.50) |
| Clinical Supplies & Services | (14.60) | 0.01 | (14.59) | (14.39) | 0.20 | (23.89) | (23.99) |
| Non Clinical Supplies & Services | (2.80) | (0.02) | (2.82) | (2.82) | 0.00 | (4.55) | (4.58) |
| Other Operating Expenditure | (27.14) | (0.02) | (27.16) | (25.36) | 1.81 | (41.64) | (43.15) |
| ASC (Independent Sector & In House LD) | (26.55) | (0.10) | (26.65) | (28.60) | (1.95) | (44.61) | (42.10) |
| Placed People (Incl Continuing Healthcare) | (18.98) | (0.48) | (19.46) | (20.34) | (0.88) | (32.33) | (33.19) |
| Total Non Pay Expenditure | (109.80) | (0.54) | (110.34) | (110.35) | (0.01) | (179.63) | (179.51) |



Key Points

- Drugs, Bloods and Devices - Underspent by £0.81m mainly due to pass through (£1.00m) for which income is similarly reduced for NHS England.
- Clinical Supplies – Spend is lower by £0.20m compared to budget as at Month 7; underspends in Surgery and Torbay Pharmaceuticals are offset by overspend in Women's and Children (laboratory managed service and X-ray equipment / chemicals) and in Health Informatics contract maintenance. Run rates increased from Month 6 by £0.30m.
- Non Clinical Supplies – spend is in line with budget as at end of M7. Run rate decreased further by £0.05m from the previous month.
- Placed People (including Continuing Healthcare) - Overspend of £0.88m against budget at Month 7 mainly due to transfer of Learning Disability (LD) cases from Devon County Council.
- Adult Social Care (Independent sector) - Overspend by £1.95m mainly due to Mental Health (under 65) service requirement where both residential and non-residential care have surged since the start of the year. (Income has been agreed amounting to £1.75m to date).
- Other Operating Expenditure - Under spent by £1.81m reflecting:
 - Purchase of social care net underspent by £0.78m; £0.27m relate to savings from Intermediate care beds in South Community services, £0.63m in reserves due to phasing, offset by overspend in residential short stay in Community £0.12m.
 - Underspends in Education and Training £0.20m; lower Provision for Bad debt £0.66m, Establishment and Transport £0.17m and Clinical Negligence £0.56m offset by:
 - Purchase of Healthcare from non NHS bodies - £0.18m overspent due to cost incurred in Women and Child's Health for Radiology, Breast Care Medical services provided, CT Scanning outsourcing and Intermediate Care medical cover .
 - Premises costs £0.15m and various other cost £0.23m.

Forecast



| Forecast position with mitigations | Plan £m | Forecast £m | Variance £m |
|------------------------------------------------------|---------------|---------------|---------------|
| Income | | | |
| Gross | 418.02 | 417.87 | (0.15) |
| Planned CIP | 4.28 | 6.46 | 2.18 |
| Net position | 422.30 | 424.33 | 2.03 |
| Pay | | | |
| Gross | (235.52) | (238.00) | (2.49) |
| Planned CIP | 10.22 | 8.44 | (1.78) |
| Net position | (225.30) | (229.56) | (4.26) |
| Non Pay | | | |
| Gross | (207.70) | (211.62) | (3.92) |
| Planned CIP | 12.43 | 12.03 | (0.40) |
| Net position | (195.27) | (199.59) | (4.32) |
| 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 7 for the Trust is a surplus of £1.08m, against a plan of £1.73m. This represents a £0.65m gap to the 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 (£3.3m 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 risk from domiciliary care and the loss of theatres are still being quantified but put the financial position at further risk.

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 increasing operational risks are mitigated.

Bottom up forecast at indicates a position of £15.1m deficit (based on M6) 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 the Trust is working on 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 |
|---------------------------------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| | £M | £M | £M | £M | £M |
| Income | 242.85 | 2.18 | 245.04 | 245.81 | 0.78 |
| Pay | (131.83) | (1.44) | (133.27) | (134.91) | (1.65) |
| Non Pay | (109.80) | (0.54) | (110.34) | (110.35) | (0.01) |
| EBITDA | 1.22 | 0.21 | 1.43 | 0.55 | (0.88) |
| Financing Costs | (8.57) | (0.01) | (8.58) | (8.89) | (0.31) |
| SURPLUS / (DEFICIT) | (7.35) | 0.20 | (7.15) | (8.33) | (1.19) |
| NHSI Exclusions | (0.05) | 0.00 | (0.05) | 0.36 | 0.41 |
| Plan Adjusted Surplus / (Deficit) | (7.40) | 0.20 | (7.20) | (7.97) | (0.77) |
| Remove PSF Income | (2.77) | 0.00 | (2.77) | (2.12) | 0.65 |
| Variance to Control Total (Excl PSF) | (10.16) | 0.20 | (9.96) | (10.09) | (0.13) |

Key Drivers

The year to date position is a deficit of £8.33m against a budget deficit of £7.15m.

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 | 0.58 | 0.10 | 0.68 | 1.19 | 0.52 | 0.99 | 1.08 |
| Pay | (22.44) | 0.16 | (22.28) | (23.03) | (0.75) | (38.17) | (37.80) |
| Non Pay | (5.34) | (0.56) | (5.90) | (5.90) | (0.00) | (8.52) | (9.67) |
| Financing Costs | (1.04) | 0.00 | (1.04) | (1.05) | (0.01) | (1.77) | (1.77) |
| Surplus / (Deficit) | (28.23) | (0.30) | (28.54) | (28.79) | (0.25) | (47.47) | (48.16) |

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.

| | 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 | 5.46 | (1.66) | 3.80 | 6.48 | 2.69 | 9.36 | 6.46 |
| Pay | (0.54) | (0.00) | (0.55) | (0.74) | (0.20) | (1.01) | (0.95) |
| Non Pay | (26.55) | (0.10) | (26.65) | (28.60) | (1.95) | (44.61) | (42.10) |
| Surplus / (Deficit) | (21.63) | (1.76) | (23.39) | (22.85) | 0.54 | (36.26) | (36.59) |

The £540K underspend is driven by a TWIP overachievement of £970k (linked to phasing of TWIP budgets). Offsetting some of this are cost pressures of £430K mainly as a result of result of price pressures across Residential / Nursing placements.

| | Plan for Period | Re-Categorisation | Budget for Period | Actual for Period | Variance to Budget | Annual Plan | Annual Budget |
|-------------------------------------------------------|-----------------|-------------------|-------------------|-------------------|--------------------|----------------|----------------|
| | £M | £M | £M | £M | £M | £M | £M |
| Placed People (includes Continuing Healthcare) | | | | | | | |
| Income | 0.00 | 0.00 | 0.00 | 0.02 | 0.02 | 0.00 | 0.00 |
| Pay | (0.66) | 0.02 | (0.64) | (0.54) | 0.10 | (1.06) | (1.09) |
| Non Pay | (18.98) | (0.48) | (19.46) | (20.34) | (0.88) | (32.33) | (33.19) |
| Surplus / (Deficit) | (19.64) | (0.46) | (20.10) | (20.85) | (0.76) | (33.39) | (34.28) |

The main driver of the £755k overspend is a £715k 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 £370k however underspends across Intermediate Care and Individual Patient Placements (IPPs) has largely offset this.

Financial Position by SDU

Key drivers

| | Plan for Period | Re-Categorisation | Budget for Period | Actual for Period | Variance to Budget |
|----------------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| | £'M | £'M | £'M | £'M | £'M |
| Medical Services | | | | | |
| Income | 57.36 | 0.00 | 57.36 | 56.77 | (0.59) |
| Pay | (25.81) | (0.81) | (26.62) | (28.70) | (2.08) |
| Non Pay | (15.45) | (0.09) | (15.53) | (15.75) | (0.22) |
| Surplus / (Deficit) | 16.10 | (0.89) | 15.21 | 12.32 | (2.89) |

| Annual Plan | Annual Budget |
|--------------|---------------|
| £'M | £'M |
| 98.69 | 98.78 |
| (44.39) | (46.17) |
| (25.34) | (25.51) |
| 28.97 | 27.10 |

The main drivers behind the year to date overspend of £2.89m are unachieved savings targets which are £843k for the year to date plus continued overspends against pay which are £1.4m 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 £518k to date. Underachievement of Income amounting to £590k mainly relate to patient care activities which is £580k behind the plan for the period.

| | Plan for Period | Re-Categorisation | Budget for Period | Actual for Period | Variance to Budget |
|----------------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| | £'M | £'M | £'M | £'M | £'M |
| Surgical Services | | | | | |
| Income | 42.55 | 0.02 | 42.56 | 43.73 | 1.16 |
| Pay | (27.91) | (0.55) | (28.45) | (29.40) | (0.95) |
| Non Pay | (12.60) | 0.03 | (12.57) | (12.51) | 0.06 |
| Surplus / (Deficit) | 2.04 | (0.50) | 1.54 | 1.81 | 0.27 |

| Annual Plan | Annual Budget |
|-------------|---------------|
| £'M | £'M |
| 72.27 | 72.32 |
| (47.32) | (48.50) |
| (20.27) | (20.22) |
| 4.67 | 3.60 |

Patient related income over recovery £1.04m for RTT Recovery and Ophthalmology block adjustment held centrally. Other income is over recovering due to a 2017/18 transaction. Pay over spend due to medical locums in General Surgery and Trauma & Orthopaedics and waiting list initiatives in Ophthalmology. RTT Delivery Plan funding is held within non-pay £147k to M7 offsetting drugs pressures in Ophthalmology, General Surgery & Trauma & Orthopaedics. CIP is under delivering by £381k. £2,688k under delivery FY.

| | Plan for Period | Re-Categorisation | Budget for Period | Actual for Period | Variance to Budget |
|-------------------------------------------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| | £'M | £'M | £'M | £'M | £'M |
| Women's, Children's, Diagnostics and Therapies | | | | | |
| Income | 26.75 | 0.10 | 26.85 | 26.74 | (0.11) |
| Pay | (22.08) | (0.50) | (22.57) | (22.85) | (0.27) |
| Non Pay | (4.86) | (0.60) | (5.46) | (5.77) | (0.31) |
| Surplus / (Deficit) | (0.19) | (0.99) | (1.18) | (1.88) | (0.69) |

| Annual Plan | Annual Budget |
|-------------|---------------|
| £'M | £'M |
| 46.09 | 46.28 |
| (37.78) | (38.73) |
| (7.58) | (8.63) |
| 0.73 | (1.09) |

The main drivers behind the year to date overspend are overspends against pay mainly as a result of unachieved vacancy factor target which is £520k to date as well 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. Income is underachieving against patient related income. Savings targets are overachieving by £92k to date and are helping to offset the overspend.

| | Plan for Period | Re-Categorisation | Budget for Period | Actual for Period | Variance to Budget |
|----------------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| | £'M | £'M | £'M | £'M | £'M |
| Corporate Services | | | | | |
| Income | 110.65 | 3.63 | 114.28 | 110.87 | (3.40) |
| Pay | (32.40) | 0.24 | (32.16) | (29.65) | 2.51 |
| Non Pay | (26.02) | 1.25 | (24.77) | (21.48) | 3.29 |
| Financing Costs | (8.02) | (0.01) | (8.03) | (7.84) | 0.19 |
| Surplus / (Deficit) | 44.21 | 5.11 | 49.32 | 51.91 | 2.60 |

| Annual Plan | Annual Budget |
|--------------|---------------|
| £'M | £'M |
| 195.37 | 198.41 |
| (55.44) | (54.71) |
| (40.98) | (40.20) |
| (13.93) | (11.84) |
| 85.03 | 91.66 |

Income - For Month 07, Central Income holds the block adjustment £620k adverse for the Trust; Pharmacy Manufacturing Unit (TP) sales under budget £1.291m. Pay - Underspent by £2.44m; Investment reserves £865k (funding held in reserves with cost pressures in SDU's), Medical Pay inflation reserve £431k and Vacancies across the SDU including, Pharmacy £291k, TP £502k, Education / Research & Development £360k, Estates & Facilities £54k, offset with unachieved CIP across the Corporate SDU. Non pay - Overall underspend £3.35m; Contract Income bad debt provision under spent £660k, investment budget held in reserves £1.05m (funding held in reserves with cost pressures in SDU's), TP £358k, (bad debt) provisions; HR underspend in overseas recruitment costs £261k, over achievement of CIP £1.1m.

Items outside of EBITDA

| | Year to Date - Month 07 | | | Previous Month YTD | |
|----------------------------------------------------|-------------------------|---------------|---------------|--------------------|----------------------|
| | Plan | Actual | Variance | Variance | Movement in Variance |
| | £m | £m | £m | £m | £m |
| Operating income/expenditure outside EBITDA | | | | | |
| Donated asset income | 0.49 | 0.00 | (0.49) | (0.33) | (0.16) |
| Depreciation/Amortisation | (5.41) | (5.28) | 0.13 | 0.11 | 0.02 |
| Impairment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total | (4.93) | (5.28) | (0.35) | (0.21) | (0.14) |
| Non-operating income/expenditure | | | | | |
| Interest expense (excluding PFI) | (0.93) | (0.89) | 0.04 | 0.04 | (0.00) |
| Interest and Contingent Rent expense (PFI) | (1.04) | (1.05) | (0.01) | (0.01) | (0.00) |
| PDC Dividend expense | (1.71) | (1.71) | 0.00 | 0.00 | 0.00 |
| Gain/loss on disposal of assets | 0.00 | (0.00) | (0.00) | 0.00 | (0.00) |
| Other | 0.03 | 0.04 | 0.01 | 0.01 | 0.00 |
| Total | (3.65) | (3.61) | 0.04 | 0.04 | (0.01) |
| Total items outside EBITDA | (8.57) | (8.89) | (0.31) | (0.17) | (0.15) |

Key points

- Donated asset income £0.4m adverse due to delay in these charitable projects. NB this variance falls outside the adjusted SoCI position.

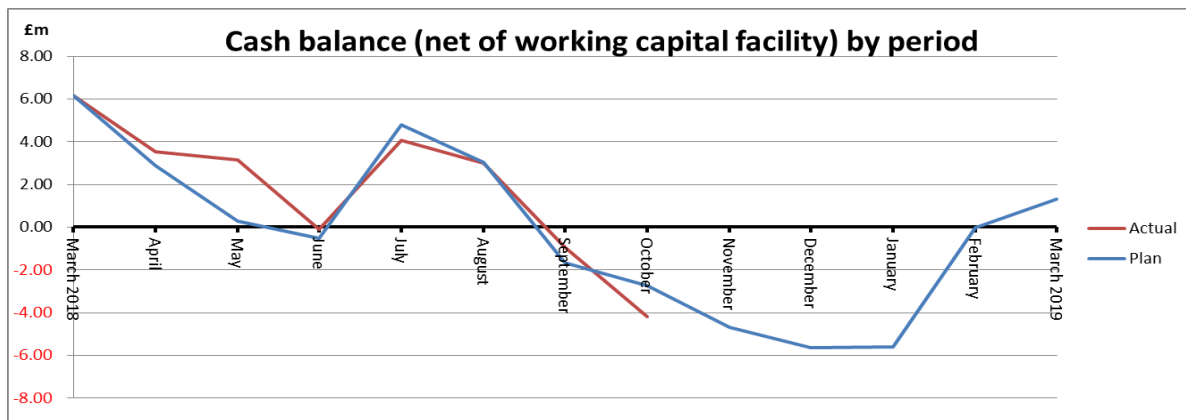
Balance Sheet

| | Year to Date - Month 07 | | | Previous Month YTD | |
|-----------------------------------------|-------------------------|----------------|---------------|--------------------|----------------------|
| | Plan | Actual | Variance | Variance | Movement in Variance |
| | £m | £m | £m | £m | £m |
| Non-Current Assets | | | | | |
| Intangible Assets | 9.78 | 9.04 | (0.74) | (0.88) | 0.13 |
| Property, Plant & Equipment | 166.47 | 161.71 | (4.76) | (3.11) | (1.65) |
| On-Balance Sheet PFI | 15.13 | 14.99 | (0.15) | (0.13) | (0.02) |
| Other | 2.37 | 2.38 | 0.01 | 0.01 | 0.00 |
| Total | 193.76 | 188.11 | (5.64) | (4.11) | (1.54) |
| Current Assets | | | | | |
| Cash & Cash Equivalents | 1.10 | (0.53) | (1.63) | 3.97 | (5.61) |
| Other Current Assets | 31.83 | 34.65 | 2.82 | 0.59 | 2.23 |
| Total | 32.93 | 34.12 | 1.19 | 4.57 | (3.38) |
| Total Assets | 226.68 | 222.23 | (4.45) | 0.46 | (4.91) |
| Current Liabilities | | | | | |
| Loan - DH ITFF | (10.75) | (11.40) | (0.65) | (3.24) | 2.59 |
| PFI / LIFT Leases | (0.85) | (0.85) | (0.00) | 0.00 | (0.00) |
| Trade and Other Payables | (32.66) | (28.80) | 3.86 | 1.76 | 2.10 |
| Other Current Liabilities | (1.95) | (2.05) | (0.10) | 0.00 | (0.10) |
| Total | (46.21) | (43.10) | 3.11 | (1.48) | 4.59 |
| Net Current assets/(liabilities) | (13.28) | (8.98) | 4.30 | 3.09 | 1.21 |
| Non-Current Liabilities | | | | | |
| Loan - DH ITFF | (53.71) | (53.69) | 0.02 | 0.02 | 0.00 |
| PFI / LIFT Leases | (18.99) | (19.06) | (0.07) | (0.06) | (0.01) |
| Other Non-Current Liabilities | (5.18) | (4.77) | 0.40 | 0.15 | 0.25 |
| Total | (77.88) | (77.52) | 0.36 | 0.12 | 0.24 |
| Total Assets Employed | 102.60 | 101.61 | (0.98) | (0.90) | (0.08) |
| Reserves | | | | | |
| Public Dividend Capital | 62.83 | 62.83 | 0.00 | 0.00 | 0.00 |
| Revaluation | 39.03 | 39.02 | (0.00) | 0.00 | (0.00) |
| Income and Expenditure | 0.74 | (0.24) | (0.98) | (0.90) | (0.08) |
| Total | 102.60 | 101.61 | (0.98) | (0.90) | (0.08) |

Key points

- Intangible Assets, Property, Plant & Equipment and PFI are £5.6m adverse. This is primarily due to capex £5.8m lower than planned.
- Cash is £1.6m adverse, as explained on the commentary to the Cash Flow Statement. The accounting cash balance is negative, due to BACS payments committed on 31 October. NB these were only paid on 2 November, after receipt of M08 block income, and the bank balance remained positive throughout this period.
- Other Current Assets are £2.8m higher than Plan, largely due to income received in arrears £2.7m (including Torbay Council iBCF £1.7m) and ASC debtor £0.8m, partly offset by reduced PSF A&E debtor £0.4m.
- Current loans are £0.7m higher than planned, due to increased use of the working capital facility.
- Trade and Other Payables are £3.9m lower than Plan, largely due to the paying down of the capital creditor £2.0m and the timing of non-capital payments £1.3m.

Cash



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 £2.9m favourable largely due to capital expenditure £5.8m favourable, partly offset by the paying down of the capital creditor £2.0m and delayed donated asset income £0.5m and finance lease recognition £0.5m.

Other elements:

- Cash generated from operations is £0.7m adverse, largely due to EBITDA £0.7m adverse (including PSF income £0.6m adverse).
- Working Capital debtor movements is £2.8m adverse, largely due to income received in arrears £2.7m (including Torbay Council iBCF £1.7m) and the ASC debtor £0.8m, partly offset by reduced PSF debtor £0.4m.
- Working Capital creditor movements is £1.9m adverse, mainly due to the timing of non-capital payments £1.3m.

The accounting cash balance at month end was negative, due to BACS payments committed on 31 October. NB these were only paid on 2 November, after receipt of M08 block income, and the bank balance remained positive throughout this period.

| | Year to Date - Month 07 | | | Previous Month YTD | |
|---------------------------------------------------------------|-------------------------|---------------|----------------|--------------------|-------------------------------|
| | Plan £m | Actual £m | Variance £m | Variance £m | Movement in Variance £m |
| Opening cash balance (net of working capital facility) | 6.17 | 6.17 | (0.00) | (0.00) | 0.00 |
| Capital Expenditure (accruals basis) | (8.60) | (2.82) | 5.78 | 4.23 | 1.56 |
| Capital loan drawdown | 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 | 0.81 | (1.17) | (1.98) | (1.67) | (0.30) |
| Other capital-related elements | 0.92 | (0.01) | (0.93) | (0.48) | (0.45) |
| Sub-total - capital-related elements | (9.26) | (6.40) | 2.86 | 2.06 | 0.80 |
| Cash Generated From Operations | 1.22 | 0.55 | (0.67) | (0.73) | 0.06 |
| Working Capital movements - debtors | 4.28 | 1.45 | (2.82) | (0.59) | (2.23) |
| Working Capital movements - creditors | (0.01) | (1.91) | (1.89) | (0.09) | (1.80) |
| Net Interest | (1.63) | (1.46) | 0.18 | 0.04 | 0.13 |
| PDC Dividend paid | (1.68) | (1.68) | (0.00) | (0.00) | 0.00 |
| Other Cashflow Movements | (1.83) | (1.77) | 0.07 | 0.05 | 0.02 |
| Sub-total - other elements | 0.34 | (4.80) | (5.14) | (1.33) | (3.82) |
| Closing cash balance (net of working capital facility) | (2.75) | (5.03) | (2.28) | 0.73 | (3.02) |
| Closing cash balance | 1.10 | (0.53) | (1.63) | 3.97 | (5.61) |
| Closing working capital facility | (3.85) | (4.50) | (0.65) | (3.24) | 2.59 |
| Closing cash balance (net of working capital facility) | (2.75) | (5.03) | (2.28) | 0.73 | (3.02) |

Capital

Current Performance

Key Points

| | Year to date Mth 07 - Based upon June 18 Operational Plan | | | | | Full Year Plan/Forecast | | |
|----------------------------------------------------------------|-----------------------------------------------------------|-------------|-------------|------------------|--------------------|-------------------------|--------------|---------------|
| | Plan | Budget | Actual | Variance to Plan | Variance to Budget | Plan | Forecast | Variance |
| | £m | £m | £m | £m | £m | £m | £m | £m |
| Capital Programme | 8.60 | 8.60 | 2.82 | (2.41) | (2.41) | 27.34 | 20.74 | (6.60) |
| Significant Variances in Planned Expenditure by Scheme: | | | | | | | | |
| HIS schemes | 2.61 | 2.61 | 0.79 | (1.82) | (1.82) | 5.01 | 5.59 | 0.58 |
| Estates schemes | 2.78 | 2.78 | 0.99 | (1.79) | (1.79) | 9.22 | 7.61 | (1.61) |
| Medical Equipment | 1.36 | 1.36 | 0.25 | (1.11) | (1.11) | 7.79 | 5.67 | (2.12) |
| Other | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.04 | 0.14 | 0.10 |
| PMU | 0.71 | 0.71 | 0.79 | 0.08 | 0.08 | 1.32 | 1.32 | 0.00 |
| Contingency | 1.14 | 1.14 | 0.00 | (1.14) | (1.14) | 3.96 | 0.41 | (3.55) |
| Planned slippage | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total | 8.60 | 8.60 | 2.82 | (5.78) | (5.78) | 27.34 | 20.74 | (6.60) |
| 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 | 0.50 | 0.50 | 0.00 | 0.00 | 0.00 | 5.71 | 2.91 | (2.80) |
| PDC | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3.62 | 1.46 | (2.16) |
| Charitable Funds | 0.49 | 0.49 | 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 | 7.61 | 7.61 | 2.82 | (5.78) | (5.78) | 13.65 | 10.01 | (3.64) |
| Total | 8.60 | 8.60 | 2.82 | (5.78) | (5.78) | 27.34 | 20.74 | (6.60) |

- 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 were 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 and underspends in year totalling £6.60m. Most notably slippage on both some Radiology equipment replacements (£2.80m) and on the ED/UCC scheme £(3.10m). A more detailed report to describe the reasons for the slippage was prepared for the FPIC's attention.
- The cumulative capital expenditure at 31st October 2018 totals £2.82m, which is £5.78m 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 | 19,079 | 20,035 | 956 | 510 | 5% |
| Elective | 3,379 | 2,045 | 2,118 | 73 | 19 | 4% |
| Non-Elective Emergency | 29,875 | 17,553 | 16,567 | -986 | -543 | -6% |
| Non-Elective Non-Emergency | 3,189 | 1,921 | 1,925 | 4 | 59 | 0% |
| Non-Elective CDU | 4,576 | 2,669 | 2,581 | -88 | 101 | -3% |
| Non-Elective AMU | 3,275 | 1,540 | 2,474 | 934 | 818 | 61% |
| TOTAL APC | 76,410 | 44,807 | 45,700 | 893 | 964 | 2% |
| New | 107,775 | 63,442 | 63,585 | 143 | 73 | 0% |
| F-Up | 258,463 | 152,573 | 154,959 | 2,386 | 1,557 | 2% |
| TOTAL OPA | 366,238 | 216,015 | 218,544 | 2,529 | 1,630 | 1% |
| A&E | 79,143 | 48,636 | 48,185 | -451 | 54 | -1% |

Activity variances to plan -Month 7

Activity variances for M7 against the contract activity plan are shown in the table opposite. In M7, Day Case and Outpatient activity is above plan. Non Elective Emergency activity is behind plan. AMU activity is above plan. For AMU the activity phasing is based on 2017/18 actuals and there was a noticeable incremental increase in activity from September, and again in November. Therefore we will continue to see an over performance throughout the year.

At treatment function level the greatest variance in day cases is within Gastro where activity is 576 attendances above plan (in PBR terms £291k).

Within Outpatients, the specialties with the greatest variances are, Dermatology which is 585 New attendances above plan (in PBR terms £25k), and Oral Surgery which is 385 attendances above plan (in PBR terms £49k). Trauma & Orthopaedics is 871 attendances below plan (in PBR terms £6k).

For Follow Ups, Dermatology is 1,389 attendances above plan (in PBR terms £283K), and Ophthalmology is 1,750 attendances above plan (in PBR terms £158k). Trauma & Orthopaedics is 1,712 attendances below plan (in PBR terms -£116k).

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%. October RTT performance (~82%) 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.

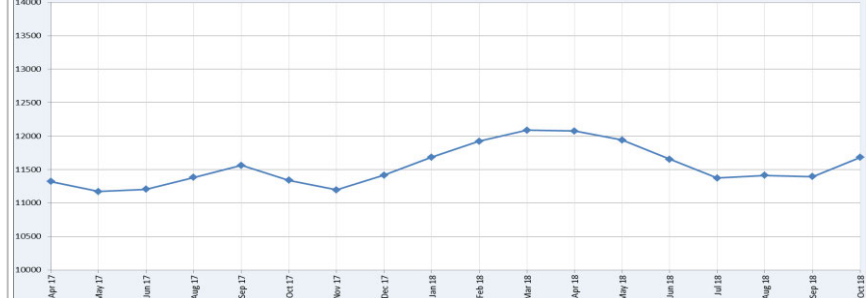
It is noted that new referrals over a rolling 12 month period are remaining at historical levels however there is a large increase in the number referred on a urgent two week wait cancer pathway of 15%.

The winter plan for 18/19 is to manage fewer routine elective admissions in December and January to support emergency care alongside ring fencing of elective orthopaedic beds to maintain minimum levels of capacity. Outsourcing for Urology and upper GI surgery is planned to continue (circa 20 cases per month)

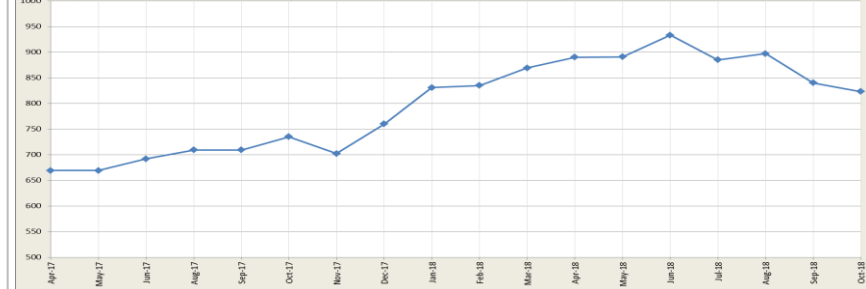
Overall waiting list number for inpatient treatment is considered a risk to patient experience and delivery of agreed RTT trajectories so maintaining bed capacity to support the treatment of these patients remain critical.

Theatre failures will impact on this position over the coming months.

Outpatient New - Number Waiting v Baseline



Inpatient - Number Waiting v Baseline



CIP Delivery: Current Mth, Cumulative & Forecast

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



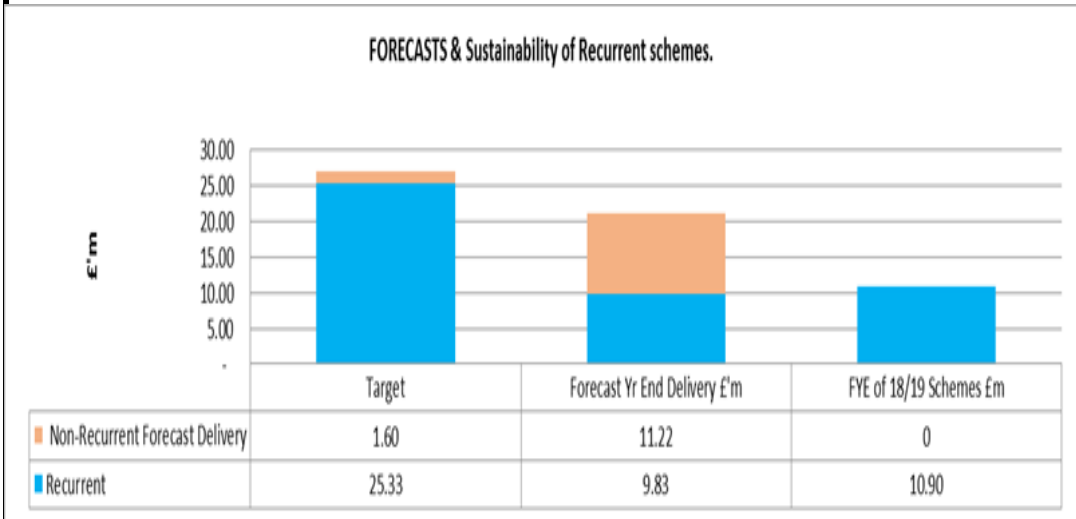
a) Current Month and Cumulative to Current Month Delivery against Target Summary>

-Current Month variance: £1.4m surplus

-Cumulative variance: £2.0m surplus

Despite an increase in the current month CIP target, a surplus position was delivered. This was due to the early agreement of Community income, which was backdated to April 2018 reflecting the spend profile.

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



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

Target: The CIP target shown is £26.9m

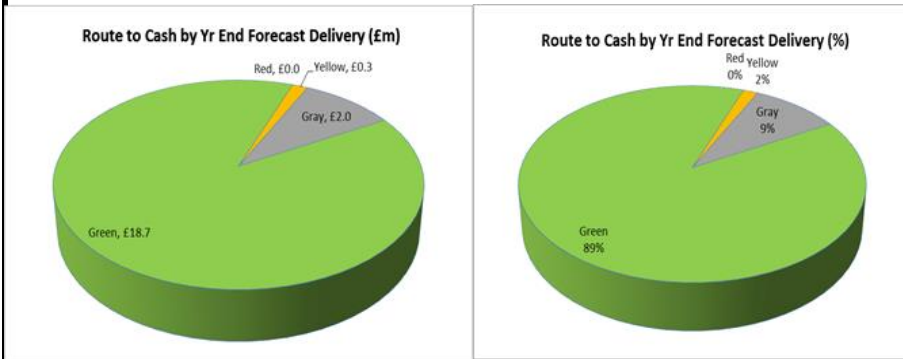
Target: £26.9m
Year End Forecast Delivery: £21.0m
Shortfall: £5.9m

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)



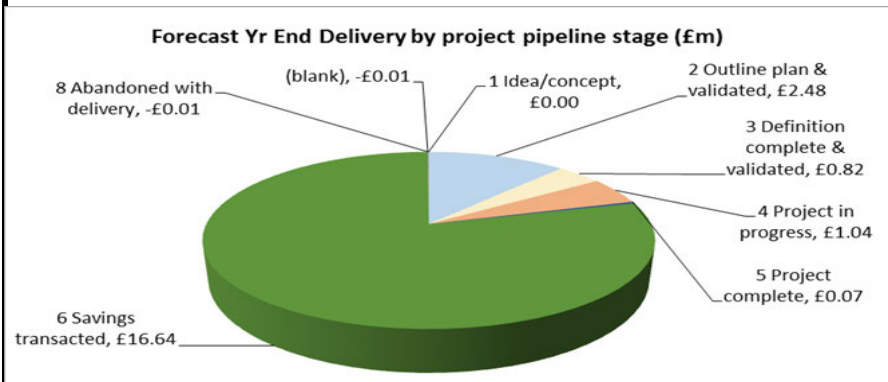
(c) CIP Delivery Assurance:- Route to Cash (RTC)

Good progress continues to be made in moving projects to "Green" RAG.

89% of forecast projects now stand at Green rating.
9% remain in grey and work is ongoing to ascertain deliverability.
Only 2% of projects remain in Amber RTC.

Further projects need to be found to close the current year £5.9m scheme gap.
In addition, £16m of additional recurrent savings will need to be made to close the full year (next year) recurrent gap.

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



(d) CIP Delivery Assurance:- Pipeline stage

Of the projects comprising the £21.0m forecast delivery:

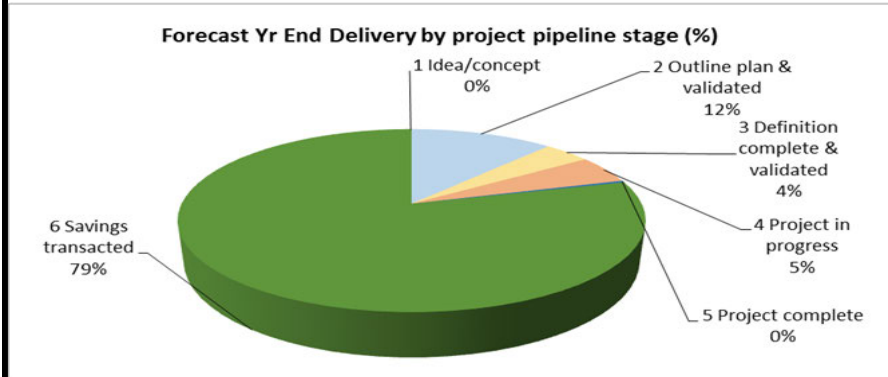
£16.71m (79%) of projects either delivering savings or are complete, pending savings delivery.

£1.04 (5%) relates to schemes which are in progress.

£3.3m (16%) relates to schemes where definitions are complete and validated or outline plans are validated.

£0m (0%) relates to schemes which are in Ideas/concept pipeline.

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

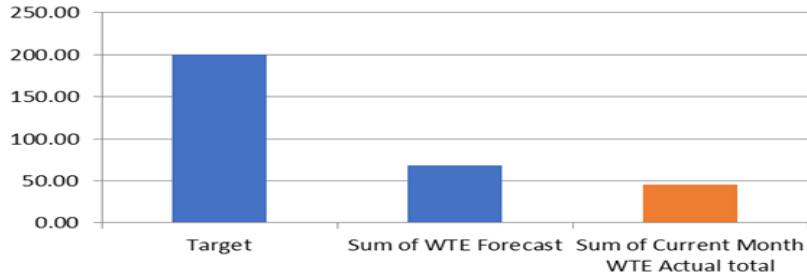


outline plan

CIP- Delivery Assurance - Year end delivery forecast-

e) CIP Workforce reduction against plan

CIP Workforce reduction performance.



e) CIP Workforce forecast reduction

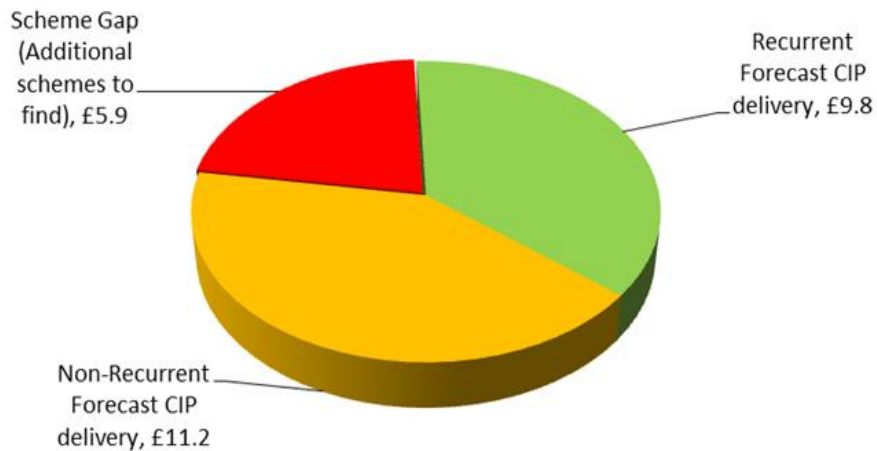
The graph identifies that we have a workforce reduction target of 200 WTE.

From the schemes currently listed within PMO, these are forecast to deliver 64 WTE.

However actual posts removed equate to 46 WTE.

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

CIP Forecast Delivery and Scheme Gap (£'m)



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 "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.

| Corporate Objective | Target 2018/2019 | 13 month trend | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Year to date 2017/18 |
|--------------------------------|-----------------------------------------------------------------------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|
| QUALITY LOCAL FRAMEWORK | | | | | | | | | | | | | | | | |
| 1 | Safety Thermometer - % New Harm Free | >95% | 97.2% | 96.4% | 97.1% | 96.2% | 96.4% | 97.8% | 95.3% | 97.1% | 98.0% | 96.5% | 96.8% | 97.1% | 97.5% | 96.9% |
| 1 | Reported Incidents - Major + Catastrophic * | <6 | 2 | 0 | 0 | 3 | 2 | 0 | 0 | 2 | 0 | 1 | 4 | 3 | 4 | 14 |
| 1 | Avoidable New Pressure Ulcers - Category 3 + 4 * (1 month in arrears) | 9 (full year) | 0 | 1 | 1 | 2 | 0 | 2 | 1 | 0 | 0 | 0 | 1 | 1 | | 3 |
| 1 | Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| 1 | Strategic Executive Information System (STEIS) (Reported to CCG and CQC) | 0 | 6 | 2 | 2 | 9 | 2 | 5 | 2 | 3 | 3 | 5 | 4 | 8 | 3 | 28 |
| 1 | QUEST (Quality Effectiveness Safety Trigger Tool) - Red Rated Areas / Teams | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | Formal Complaints - Number Received * | <60 | 38 | 24 | 17 | 37 | 15 | 27 | 26 | 26 | 24 | 32 | 17 | 22 | 26 | 173 |
| 1 | VTE - Risk assessment on admission - (Acute) | >95% | 92.3% | 92.6% | 88.9% | 93.0% | 90.8% | 86.0% | 93.5% | 89.3% | 90.9% | 92.1% | 91.1% | 92.6% | 91.6% | 91.5% |
| 1 | VTE - Risk assessment on admission - (Community) | >95% | 100.0% | 97.5% | 96.1% | 98.9% | 94.6% | 100.0% | 97.8% | 97.9% | 98.7% | 100.0% | 93.2% | 100.0% | 97.9% | 98.0% |
| 1 | Medication errors resulting in moderate to catastrophic harm | 0 | 0 | 0 | 2 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| 1 | Medication errors - Total reported incidents (trust at fault) | N/A | 63 | 48 | 42 | 55 | 49 | 40 | 41 | 46 | 40 | 57 | 39 | 41 | 63 | 327 |
| 1 | Hospital standardised mortality rate (HSMR) - 3 months in arrears | <100% | 93.1% | 98.3% | 81.3% | 95.6% | 114.1% | 93.7% | 99.8% | 87.5% | 92.5% | 98.5% | | | | 94.7% |
| 1 | Safer Staffing - ICO - Daytime (registered nurses / midwives) | 90%-110% | 103.6% | 104.2% | 106.6% | 105.2% | 104.3% | 106.6% | 105.6% | 107.3% | 103.6% | 95.1% | 99.0% | 103.6% | 105.7% | 102.8% |
| 1 | Safer Staffing - ICO - Nighttime (registered nurses / midwives) | 90%-110% | 105.0% | 101.7% | 105.6% | 105.8% | 100.4% | 103.9% | 103.2% | 106.6% | 105.0% | 97.3% | 103.3% | 105.0% | 106.7% | 103.9% |
| 1 | Infection Control - Bed Closures - (Acute) * | <100 | 30 | 130 | 8 | 198 | 544 | 64 | 6 | 4 | 0 | 16 | 8 | 18 | 58 | 110 |
| 1 | Hand Hygiene | >95% | 98% | 96% | 95% | 89% | 96% | 91% | 97% | 94% | 93% | 84% | 96% | 95% | 96% | 93% |
| 1 | Fracture Neck Of Femur - Time to Theatre <36 hours | >90% | 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% | 79.4% | 83.3% | 72.5% | 84.4% | 66.7% | 92.3% | 77.8% | 75.0% | 87.8% | 88.9% | 92.9% | 95.1% | 93.5% | 87.5% |
| 1 | Follow ups 6 weeks past to be seen date (excluding Audiology) | 3500 | 6790 | 6308 | 7041 | 6630 | 6761 | 7301 | 7323 | 7042 | 7144 | 7063 | 6858 | 6566 | 6020 | 6020 |

| Corporate Objective | Target 2018/2019 | 13 month trend | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Year to date 2017/18 | |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|--------|
| WORKFORCE MANAGEMENT FRAMEWORK | | | | | | | | | | | | | | | | | |
| 2 | Staff sickness / Absence (1 month arrears) Rolling 12 months | <3.8% | | 4.09% | 4.07% | 4.09% | 4.14% | 4.18% | 3.96% | 3.70% | 4.05% | 3.80% | 3.79% | 4.02% | 4.14% | 4.14% | |
| 2 | Appraisal Completeness | >90% | | 82.00% | 82.00% | 81.00% | 78.00% | 78.00% | 79.00% | 81.00% | 80.00% | 78.92% | 79.61% | 80.61% | 81.12% | 80.45% | |
| 2 | Mandatory Training Compliance | >85% | | 83.00% | 83.00% | 83.00% | 82.79% | 83.24% | 85.00% | 83.00% | 82.00% | 83.00% | 84.50% | 85.77% | 88.03% | 88.40% | |
| 2 | Turnover (exc Jnr Docs) Rolling 12 months | 10% - 14% | | 12.32% | 12.34% | 12.53% | 12.09% | 11.67% | 11.25% | 10.85% | 10.89% | 10.80% | 10.52% | 10.35% | 10.58% | 10.18% | |
| COMMUNITY & SOCIAL CARE FRAMEWORK | | | | | | | | | | | | | | | | | |
| 1 | Number of Delayed Discharges (Community) * | 16/17 Avg 315 | | 401 | 340 | 348 | 272 | 267 | 206 | 288 | 215 | 270 | 292 | 232 | 272 | 226 | 1795 |
| 1 | Number of Delayed Transfer of Care (Acute) | 16/17 Avg 64 | | 177 | 197 | 165 | 218 | 144 | 128 | 207 | 228 | 116 | 281 | 182 | 164 | 261 | 1439 |
| 1 | Timeliness of Adult Social Care Assessment assessed within 28 days of referral | >70% | | 78.3% | 79.1% | 79.1% | 79.0% | 78.5% | 79.0% | 78.6% | 77.6% | 76.6% | 71.5% | 72.6% | 73.5% | 74.1% | 78.6% |
| 3 | Clients receiving Self Directed Care | >90% | | 93.1% | 93.2% | 92.8% | 92.3% | 92.5% | 92.6% | 92.6% | 93.7% | 93.9% | 93.9% | 93.5% | 93.0% | 92.8% | 92.6% |
| 2 | Carers Assessments Completed year to date | 40% | | 33.9% | 34.5% | 35.9% | 38.1% | 41.1% | 42.2% | 1.4% | 3.1% | 4.5% | 6.8% | 9.9% | 13.3% | 16.3% | 1.4% |
| | Carers Assessment trajectory | (Year end) | | 25.1% | 28.7% | 32.3% | 35.8% | 39.4% | 43.0% | 3.0% | 6.0% | 9.0% | 12.0% | 15.0% | 18.0% | 21.0% | 21.0% |
| 3 | Number of Permanent Care Home Placements | <=617 | | 632 | 637 | 634 | 629 | 608 | 604 | 602 | 605 | 616 | 625 | 625 | 619 | 629 | 629 |
| | Number of Permanent Care Home Placements trajectory | (Year end) | | 627 | 625 | 623 | 621 | 619 | 617 | 630 | 630 | 630 | 630 | 630 | 630 | 630 | 630 |
| 1 | Children with a Child Protection Plan (one month in arrears) | NONE SET | | 235 | 198 | 176 | 160 | 155 | 150 | 146 | 153 | 166 | 166 | 168 | 170 | | 146 |
| 3 | 4 Week Smoking Quitters (reported quarterly in arrears) | NONE SET | | | | 232 | | | 342 | | | 61 | | | | | 342 |
| 3 | Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears) | NONE SET | | | | 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% | | 92.7% | 93.2% | 92.4% | 93.1% | 95.0% | 92.6% | 92.9% | 94.6% | 86.3% | 86.7% | 89.5% | 90.7% | 92.7% | 92.9% |
| 1 | CAMHS - % of patients waiting under 18 weeks at month end | >92% | | 100.0% | 100.0% | 98.9% | 100.0% | 98.3% | 97.9% | 98.4% | 97.6% | 94.1% | 96.2% | 93.7% | 86.4% | 92.1% | 98.4% |
| 1 | DOLS (Domestic) - Open applications at snapshot | NONE SET | | 596 | 603 | 609 | 610 | 597 | 569 | 556 | 557 | 560 | 584 | 605 | | | 556 |
| 1 | Intermediate Care - No. urgent referrals | 113 | | 200 | 204 | 171 | 222 | 187 | 161 | 203 | 163 | 163 | 172 | 158 | 158 | 186 | 1203 |
| 1 | Community Hospital - Admissions (non-stroke) | NONE SET | | 241 | 224 | 252 | 278 | 223 | 235 | 236 | 222 | 217 | 238 | 267 | 239 | 248 | 1667 |

| Corporate Objective | Target 2018/2019 | 13 month trend | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Year to date 2017/18 |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|
| NHS I - OPERATIONAL PERFORMANCE (NEW SINGLE OVERSIGHT FRAMEWORK FROM OCTOBER 2017) | | | | | | | | | | | | | | | | |
| 1 | A&E - patients seen within 4 hours [STF] | >95% | 92.8% | 92.9% | 88.3% | 83.8% | 81.1% | 80.6% | 87.7% | 86.7% | 90.9% | 92.7% | 87.2% | 83.8% | 85.6% | 87.9% |
| | A&E - trajectory [STF] | >92% | 92.0% | 92.2% | 90.2% | 89.9% | 92.6% | 95.0% | 90.1% | 92.1% | 94.6% | 93.7% | 93.3% | 90.0% | 92.7% | 92.7% |
| 1 | Referral to treatment - % Incomplete pathways <18 wks | >92% | 84.0% | 83.7% | 82.2% | 82.5% | 82.4% | 81.6% | 81.7% | 82.1% | 81.0% | 81.5% | 82.2% | 81.0% | 82.4% | 82.4% |
| | RTT Trajectory | | 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% | 82.7% |
| 1 | Cancer - 62-day wait for first treatment - 2ww referral | >85% | 83.9% | 77.4% | 82.4% | 85.7% | 83.1% | 79.7% | 82.0% | 81.7% | 78.1% | 86.2% | 78.5% | 86.0% | 74.3% | 80.7% |
| 1 | Diagnostic tests longer than the 6 week standard | <1% | 3.2% | 2.4% | 3.7% | 5.4% | 3.1% | 8.9% | 11.0% | 5.9% | 5.9% | 5.7% | 6.6% | 7.7% | 9.8% | 7.6% |
| 1 | Dementia - Find - monthly report | >90% | 78.6% | 59.0% | 65.5% | 52.1% | 70.8% | 92.7% | 99.2% | 92.6% | 93.8% | 94.3% | 95.6% | 86.0% | 90.9% | 92.5% |
| LOCAL PERFORMANCE FRAMEWORK 1 | | | | | | | | | | | | | | | | |
| 1 | Number of Clostridium Difficile cases - Lapse of care - (ICO) * | <17 (year) | 0 | 3 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 3 |
| 1 | Cancer - Two week wait from referral to date 1st seen | >93% | 63.1% | 70.4% | 76.0% | 77.7% | 67.4% | 71.7% | 60.8% | 55.0% | 75.3% | 62.1% | 76.9% | 79.6% | 81.6% | 70.3% |
| 1 | Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients | >93% | 94.7% | 95.1% | 93.2% | 94.6% | 97.6% | 94.5% | 93.4% | 91.2% | 87.0% | 91.7% | 94.4% | 98.8% | 95.9% | 93.2% |
| 1 | Cancer - 31-day wait from decision to treat to first treatment | >96% | 95.5% | 95.0% | 98.0% | 90.8% | 96.1% | 98.1% | 97.8% | 97.9% | 96.0% | 98.2% | 98.5% | 97.4% | 94.82% | 97.2% |
| 1 | Cancer - 31-day wait for second or subsequent treatment - Drug | >98% | 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% | 100.0% |
| 1 | Cancer - 31-day wait for second or subsequent treatment - Radiotherapy | >94% | 95.2% | 100.0% | 97.7% | 96.3% | 95.1% | 100.0% | 98.4% | 98.3% | 97.8% | 98.3% | 100.0% | 95.7% | 95.8% | 97.7% |
| 1 | Cancer - 31-day wait for second or subsequent treatment - Surgery | >94% | 95.8% | 94.6% | 100.0% | 97.1% | 97.1% | 100.0% | 100.0% | 100.0% | 93.3% | 93.9% | 91.4% | 100.0% | 100.0% | 96.9% |
| 1 | Cancer - 62-day wait for first treatment - screening | >90% | 87.1% | 100.0% | 100.0% | 66.7% | 100.0% | 100.0% | 100.0% | 100.0% | 80.0% | 100.0% | 100.0% | 92.9% | 92.3% | 95.5% |
| 1 | Cancer - Patient waiting longer than 104 days from 2ww | | | 16 | 14 | 24 | 23 | 23 | 17 | 21 | 21 | 27 | 22 | 51 | 71 | 71 |
| 1 | RTT 52 week wait incomplete pathway | 0 | 26 | 36 | 42 | 29 | 33 | 34 | 43 | 53 | 41 | 64 | 77 | 87 | 72 | 72 |
| 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% | 1.1% | 0.7% | 1.6% | 0.9% | 1.4% | 4.5% | 1.1% | 1.4% | 0.6% | 0.8% | 1.0% | 1.2% | 1.8% | 1.1% |
| 1 | Cancelled patients not treated within 28 days of cancellation * | 0 | 4 | 3 | 1 | 13 | 5 | 21 | 16 | 6 | 8 | 3 | 4 | 1 | 1 | 39 |
| 1 | Number of standed patients (daily average) | | 89 | 93 | 94 | 106 | 104 | 101 | 107 | 102 | 90 | 95 | 101 | 115 | #N/A | |

| Corporate Objective | Target 2018/2019 | 13 month trend | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Year to date 2017/18 |
|---------------------------------------------|----------------------------------------------------------------------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|
| LOCAL PERFORMANCE FRAMEWORK 2 | | | | | | | | | | | | | | | | |
| 1 | Ambulance handover delays > 30 minutes | 0 | 88 | 124 | 181 | 143 | 172 | 168 | 117 | 97 | 119 | 94 | 88 | 144 | 204 | 863 |
| | Handovers > 30 minutes trajectory * | | 30 | 30 | 30 | 30 | 30 | 30 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | Ambulance handover delays > 60 minutes | 0 | 6 | 5 | 18 | 10 | 20 | 13 | 3 | 11 | 8 | 1 | 4 | 10 | 19 | 56 |
| 1 | A&E - patients seen within 4 hours DGH only | >95% | 89.7% | 90.0% | 84.0% | 77.2% | 72.8% | 72.3% | 81.8% | 81.1% | 86.0% | 88.6% | 80.1% | 75.0% | 77.9% | 81.7% |
| 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% | 99.9% | 100.0% | 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 | 1 | 8 | 3 | 6 | 1 | 0 | 0 | 0 | 0 | 4 | 3 | 8 |
| 1 | Number of Clostridium Difficile cases - (Acute) * | <3 | 1 | 5 | 2 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 2 | 0 | 6 |
| 1 | Number of Clostridium Difficile cases - (Community) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |
| 1 | Care Planning Summaries % completed within 24 hours of discharge - Weekday | >77% | 69.5% | 68.7% | 67.9% | 67.7% | 63.5% | 60.5% | 70.4% | 70.4% | 69.8% | 69.1% | 67.7% | 67.9% | 73.9% | 69.9% |
| 1 | Care Planning Summaries % completed within 24 hours of discharge - Weekend | >60% | 25.1% | 35.9% | 25.6% | 28.0% | 39.1% | 28.6% | 30.5% | 34.6% | 35.6% | 34.9% | 30.3% | 35.7% | 36.5% | 34.1% |
| 1 | Clinic letters timeliness - % specialties within 4 working days | >80% | 86.4% | 90.9% | 90.9% | 81.8% | 90.9% | 86.4% | 81.8% | 72.7% | 81.8% | 68.2% | 63.6% | 68.2% | 77.3% | 73.4% |
| NHS I - FINANCE AND USE OF RESOURCES | | | | | | | | | | | | | | | | |
| 4 | Capital Service Cover | 2 | 4 | 4 | 4 | 3 | 3 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Plan | | 4 | 3 | 3 | 3 | 2 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 4 | Liquidity | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 |
| | Plan | | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 |
| 4 | I&E Margin | 1 | 3 | 3 | 3 | 2 | 2 | 1 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Plan | | 4 | 3 | 3 | 2 | 2 | 1 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 4 | I&E Margin Variance from Plan | | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 |
| 4 | Variance from agency ceiling | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | Plan | | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 4 | Overall Use of Resources Rating | | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

| Corporate Objective | Target 2018/2019 | 13 month trend | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Year to date 2017/18 |
|---------------------|------------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|
|---------------------|------------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|

FINANCE INDICATORS - LOCAL

| | | | | | | | | | | | | | | | | |
|---|---------------------------------------------------------------|--|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|--|
| 4 | EBITDA - Variance from PBR Plan - cumulative (£'000's) | | -1123 | -2545 | -3560 | -4464 | -5587 | -3832 | 1469 | 664 | -275 | -175 | -376 | -734 | -668 | |
| 4 | Agency - Variance to NHSI cap | | 1.27% | 1.09% | 1.05% | 0.89% | 0.65% | 0.44% | -0.50% | 0.50% | 0.40% | 0.89% | 0.58% | 0.50% | 0.72% | |
| 4 | CIP - Variance from PBR plan - cumulative (£'000's) | | 3114 | 3711 | 2813 | 2263 | 1565 | 3417 | -820 | -758 | -129 | -402 | -488 | 553 | 2006 | |
| 4 | Capital spend - Variance from PBR Plan - cumulative (£'000's) | | 13770 | 14723 | 17672 | 19886 | 22110 | 22318 | 955 | 2413 | 1531 | 1995 | 2527 | 4228 | 5782 | |
| 4 | Distance from NHSI Control total (£'000's) | | 1201 | 89 | 495 | -15 | -674 | 2287 | 1488 | 1486 | -228 | -117 | -303 | -633 | -570 | |
| 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) | | 419 | 409 | 347 | 427 | 361 | 342 | 359 | 327 | 312 | 342 | 330 | 329 | 383 | |
| | Intermediate Care GP Referrals | | 90 | 97 | 86 | 101 | 76 | 91 | 81 | 66 | 76 | 88 | 77 | 87 | 99 | |
| | Average length of Intermediate Care episode | | 20.84 | 19.45 | 17.07 | 23.31 | 19.43 | 16.56 | 22.20 | 20.24 | 20.68 | 18.99 | 15.95 | 17.91 | 15.85 | |
| | Total Bed Days Used (Over 70s) | | 9291 | 10411 | 9468 | 11447 | 10002 | 10797 | 10979 | 9680 | 9867 | 9234 | 9131 | 9109 | | |
| | - Emergency Acute Hospital | | 5044 | 5439 | 5244 | 6254 | 5848 | 5740 | 5973 | 5332 | 5310 | 5060 | 5342 | 5156 | | |
| | - Community Hospital | | 2918 | 2963 | 2918 | 3427 | 2762 | 3051 | 3094 | 2918 | 3021 | 2689 | 2681 | 2820 | | |
| | - Intermediate Care | | 17 | 15 | 0 | 90 | 36 | 143 | 72 | 72 | 149 | 29 | 54 | 47 | | |
| 3 | Number of Emergency Admissions - (Acute) | | 3232 | 3130 | 3176 | 3258 | 2913 | 3145 | 3103 | 3150 | 3125 | 3214 | 3308 | 2866 | 3058 | 21824 |
| 3 | Average Length of Stay - Emergency Admissions - (Acute) | | 2.8 | 2.7 | 2.7 | 3.1 | 3.2 | 3.1 | 3.1 | 3.0 | 2.8 | 2.8 | 2.7 | 3.1 | 3.1 | 2.9 |
| 3 | Hospital Stays > 30 Days - (Acute) | | 34 | 28 | 28 | 41 | 38 | 30 | 38 | 37 | 37 | 31 | 30 | 32 | 36 | 241 |

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

| 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 | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------|
| Report title: Mortality Scorecard No 12 | | | | Date: 5 December 2018 | |
| Report sponsor | Medical Director | | | | |
| Report author | Steve Carr, Patient Safety Lead | | | | |
| Report provenance | Quality Improvement Group November 2018 | | | | |
| Confidentiality | The contents of this paper are suitable for presentation to the public. | | | | |
| Report summary | This report provides an update (as at 7 th November 2018) of the current mortality of patients who have used inpatient services of the Trust. | | | | |
| Purpose (choose 1 only) | Note <input type="checkbox"/> | Information <input checked="" type="checkbox"/> | Review <input type="checkbox"/> | Decision <input type="checkbox"/> | Approve <input type="checkbox"/> |
| Recommendation | The Trust Board is asked to consider the risks and assurance provided within this report and to agree any further action required. | | | | |
| Summary of key elements | | | | | |
| <ul style="list-style-type: none"> The standardised mortality statistics for inpatients remain stable and acceptable, being in the lowest tertile of NHS Trusts in England. The benchmarked SHMI has risen. This will be kept under review. The Trust is taking part in a review of recording and benchmarking of factors that affect reported mortality that is being undertaken by the 'Variation Group' of Devon STP. There may be recommendations to change recording which may affect mortality benchmarking. The rate of review of deaths, including potential avoidability, continues to rise, though still less than target. Levels of reported avoidability are low. The Patient Safety Lead and Director of Patient Safety are conducting a review of mortality review processes in light of the national recommendations for the introduction of a Medical Examiner role in 2019. The introduction of this role may have short to medium term resource implications for the Trust. | | | | | |
| Strategic context | <ul style="list-style-type: none"> Safe, quality care and best experience Well-led | | | | |
| Dependencies and risk | Impact of nationally mandated Medical Examiner role to be introduced in 2019. The data can be cross checked in the Board Databook, QIG Dashboard and independently from Dr Foster. | | | | |
| Summary of scrutiny | Quality Improvement Group November 2018. | | | | |
| Stakeholder engagement | | | | | |
| Other standards affected | Compliance with Health and Social Care Act | | | | |
| Legal considerations | Compliance with Health and Social Care Act | | | | |

| | | |
|--------------------------------------------------------|---------------------------------|-----------------------|
| Report title: Mortality Scorecard No 12. November 2018 | | Date: 5 December 2018 |
| Report sponsor | Medical Director | |
| Report author | Steve Carr, Patient Safety Lead | |

Introduction & Data Source

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

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

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

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

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

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

Overview: The Hospital Standardised Mortality Rate (HSMR) and Summary Hospital Mortality Index (SHMI) at T&SDFT remain within the accepted range for our population and over a prolonged period. The latest trends continue to show the monthly trend 'as expected' and the 12 month rolling rate performing within the top third of the Southwest Hospitals.

Appendix 1 Hospital Mortality

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

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

1A The HSMR is based on the *Diagnosis all Groups* using the Mar 18 monthly benchmark and analysed by Relative Risk - Trend / Month

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

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

Chart 1 - HSMR by Month Jul 15 – Jun 18

Chart one (as below) shows a longitudinal monthly view of HSMR as well as highlighting the current month. The latest month's data, June has a relative risk of **100.8** – this may change as more data is processed by Dr Foster. This is on the 100 line and within the expected range. Mortality over 17/18 has been very positive and lower than the preceding years.

Diagnoses - HSMR | Mortality (in-hospital) | Aug 2015 - Jul 2018 | Trend (month)

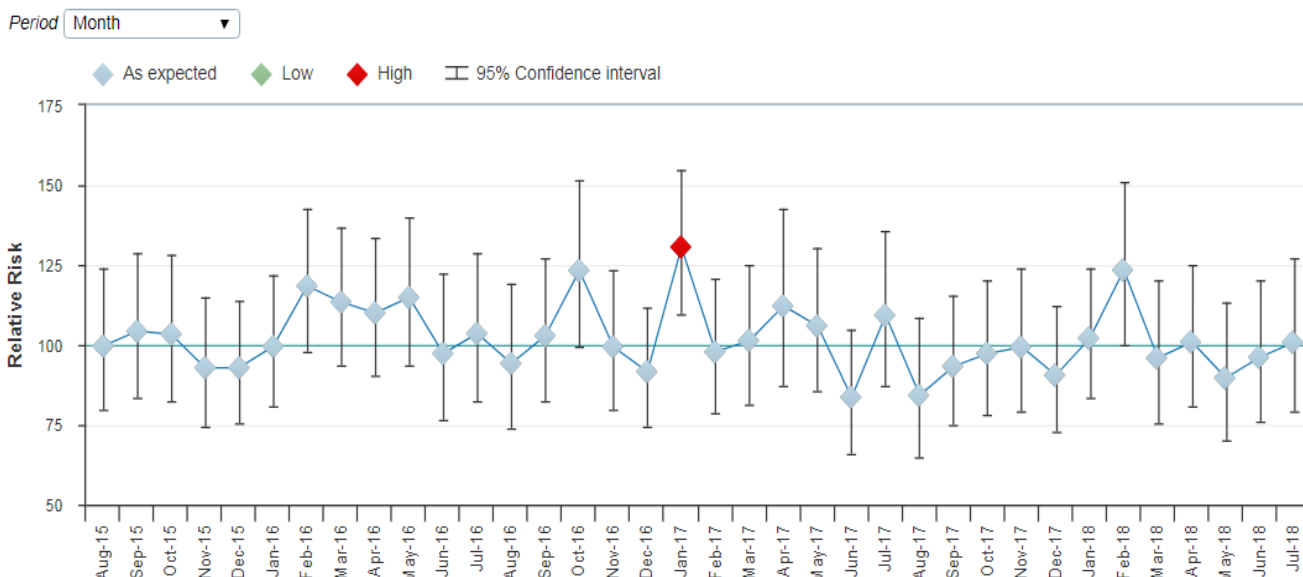


Chart 2, as below, highlights HSMR mortality by peer comparison, across the South West, using a 12 month annual total – Aug 17 to Jul 18. Torbay and South Devon is in the lowest tertile for mortality.

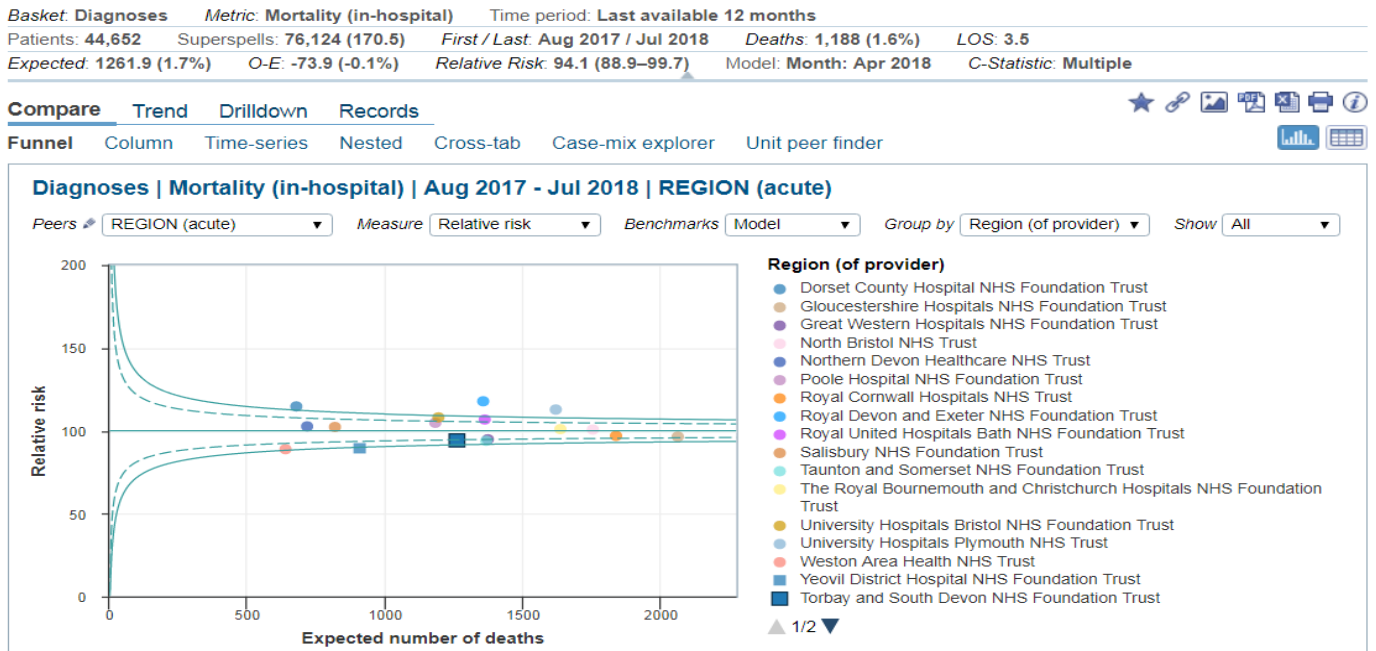


Chart 2

Chart 3 displays the data from chart 2 ranked and as a bar chart

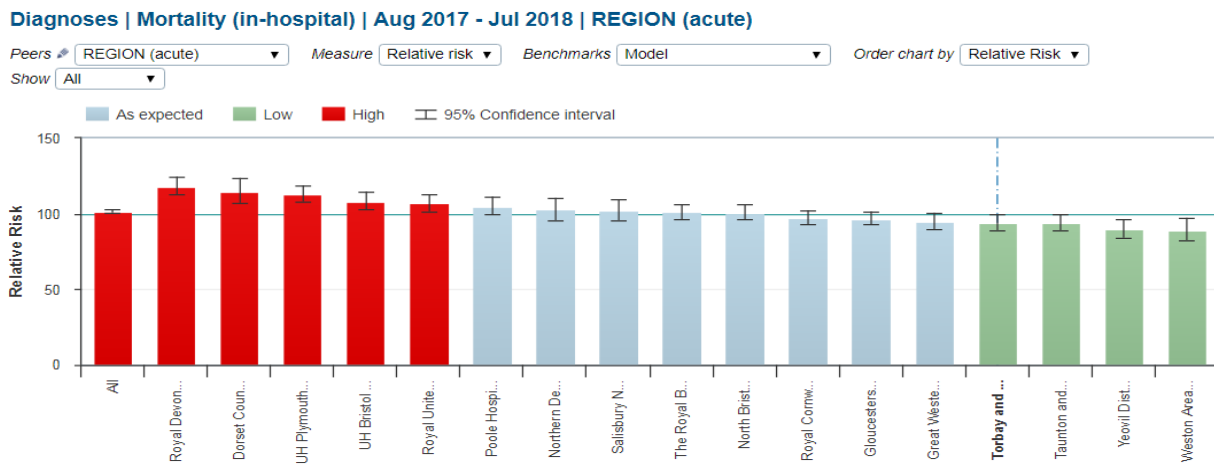


Chart 3

Chart 4 Rolling 12-month Trends

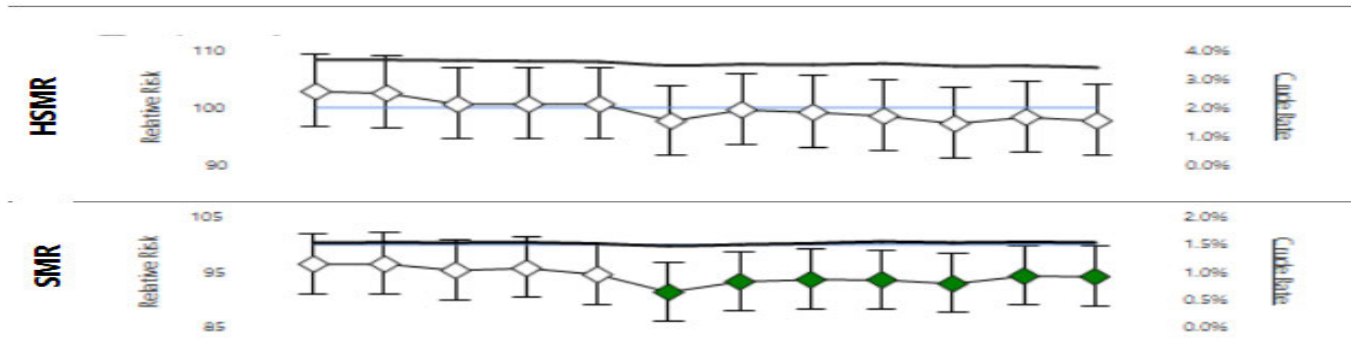


Chart 4

1B Summary Hospital Mortality Index (SHMI) Reporting Period Apr 2017 – Mar 2018

SHMI is derived from Hospital Episode Statistics (HES) data and data from the Office of National Statistics (ONS). SHMI is based upon death up to 30 days post discharge from hospital and this is the main difference between SHMI and HSMR. The data is released on a **3 monthly basis** and is very retrospective therefore, please note *the following data is based on the Apr 2017 – Mar 2018 data period and is different to HSMR.*

Chart 5, as below, highlights SHMI by quarter period with all data points within the expected range and trending over time at our 90 target. The last data quarter has risen and needs to be monitored for any future trend

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

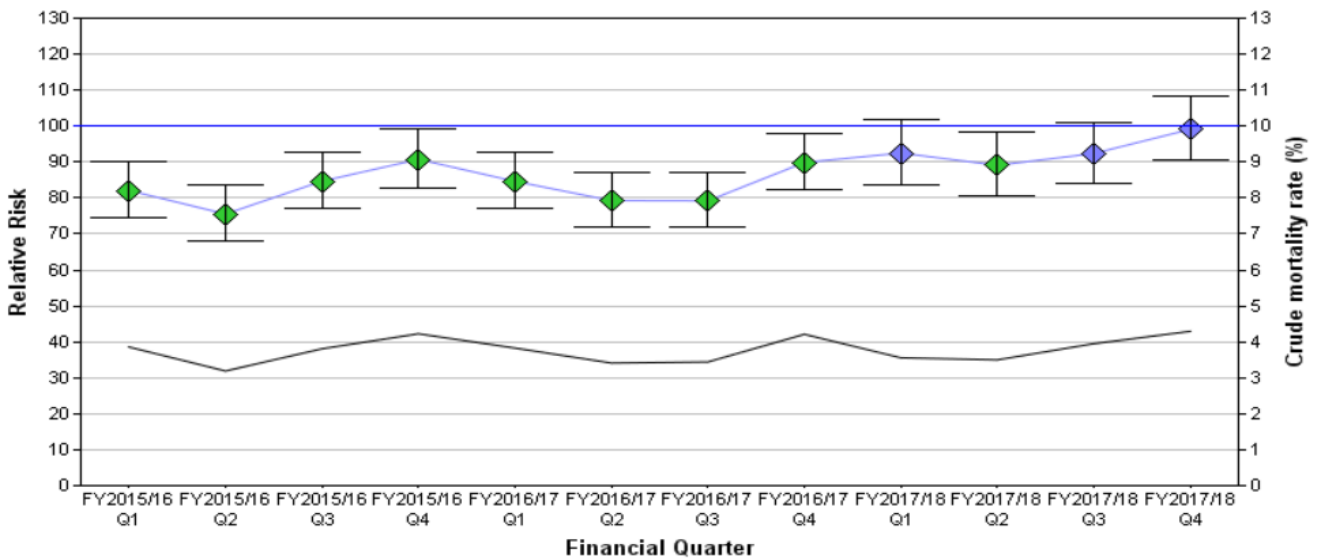


Chart 5 Detailing - SHMI all deaths, SHMI in hospital deaths and HSMR comparison which is in a healthy position

SHMI (all deaths), SHMI* (in hospital) and HSMR for all admissions to Torbay and South Devon NHS Foundation Trust in April 2017 to March 2018

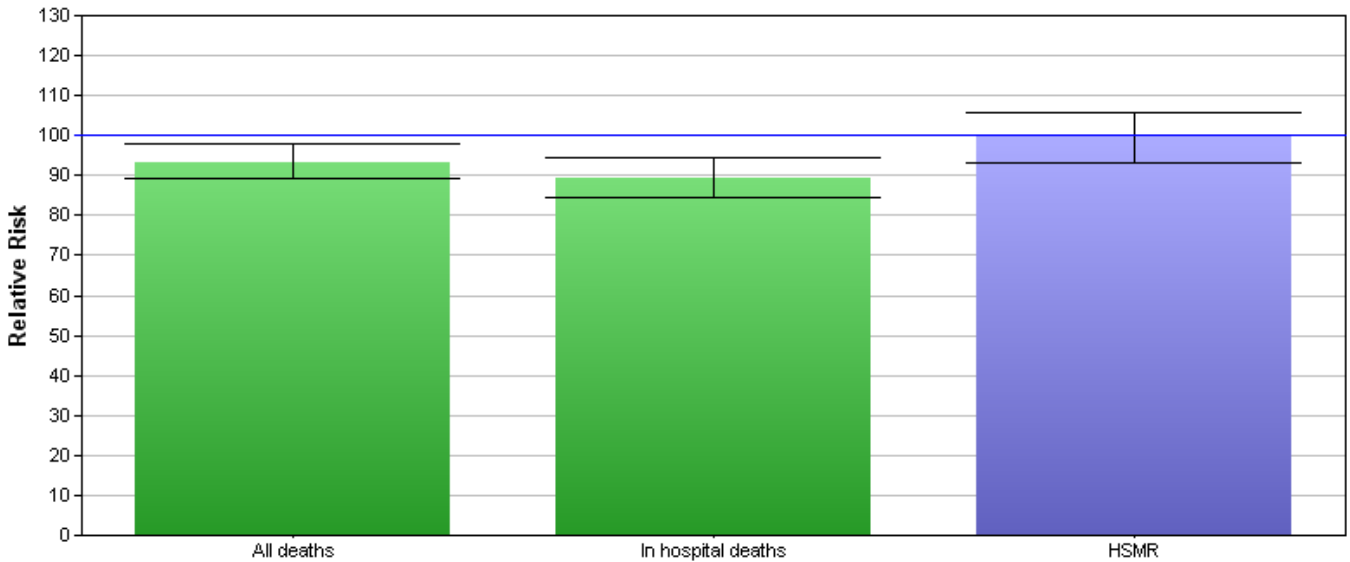


Chart 6 (as above) records all SHMI deaths, deaths in hospital and HSMR. The SHMI data are within expected range and show the in-hospital deaths at a very low relative risk. What this chart does highlight is the differential between HSMR and SHMI.

Chart 7, as below, expresses the 12-month rolling SHMI data by time period and is showing a SHMI below the 100 average, which is good, but the last two data points are rising and this needs to be discussed at the Mortality Surveillance Group

SHMI by data period

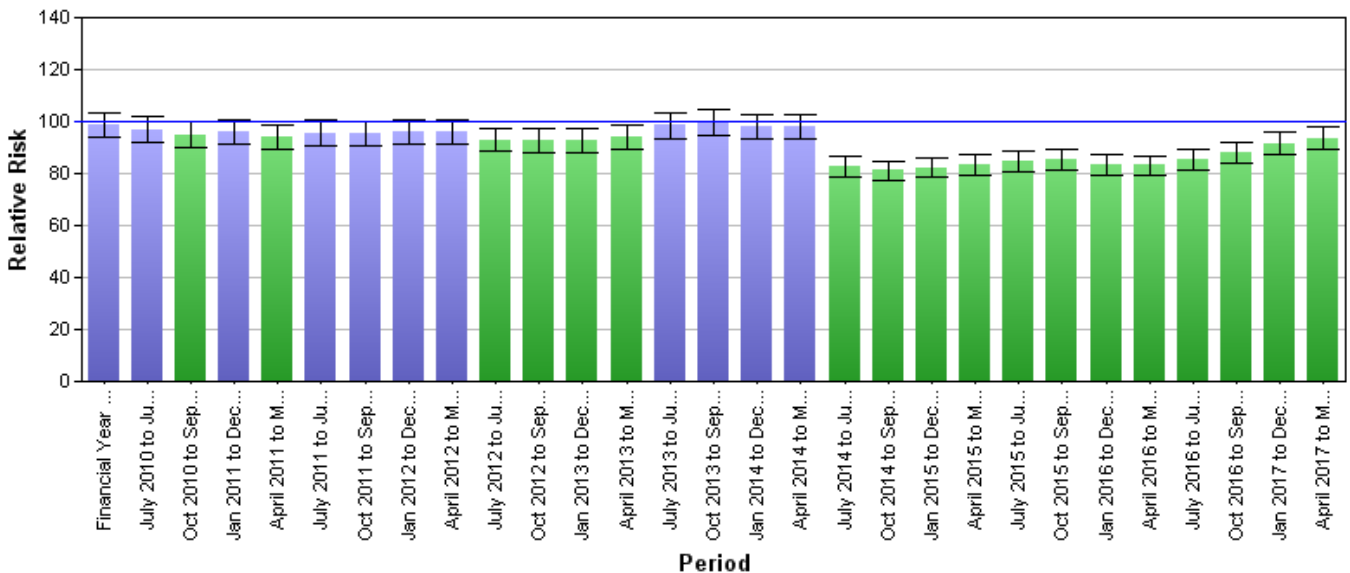
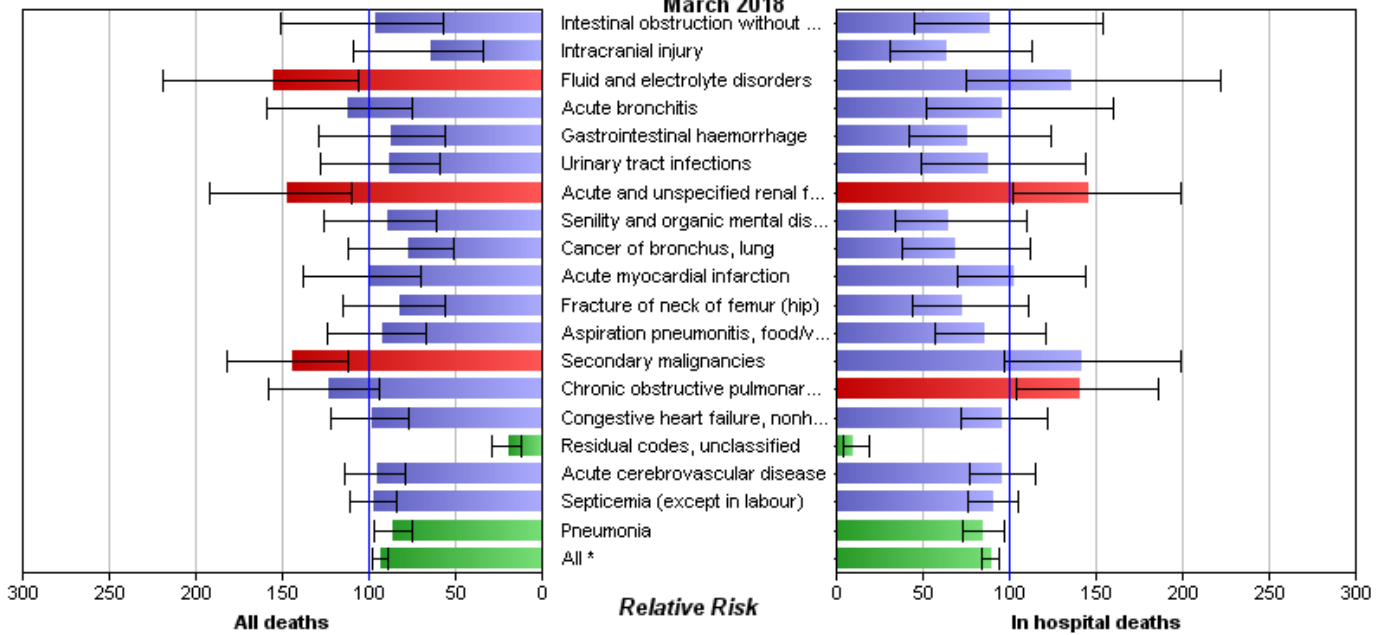


Chart 7 allows a comparison of the mortality clinical classification software (CCS) groups for in hospital and all deaths (i.e. within 30 days post discharge). All areas are within *normal range* or are performing *better than the norm* except (in-hospital) for Chronic Obstruction Pulmonary Disease (COPD) and Acute and Unspecified Renal Failure (A&URF), and secondary malignancies, A&URF and Fluid & Electrolyte disorders, 30 days post discharge.

SHMI* Torbay and South Devon NHS Foundation Trust split by in hospital/all deaths by CCS group for all admissions to Torbay and South Devon NHS Foundation Trust in April 2017 to March 2018



A report on COPD is going to the Mortality Surveillance Group in November and these other apparent outliers will warrant a discussion at the this group too to agree any actions.

Appendix 2

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

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

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

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

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

Chart 9 The unadjusted mortality has to be viewed along with the more in-depth analysis provided by HSMR and SHMI. Mortality rises in the winter periods and this year the peak months have been Jan & Feb 2018. The HSMR data – chart 1 has remained low despite this rise which is encouraging and lately below the 3% Yearly target.

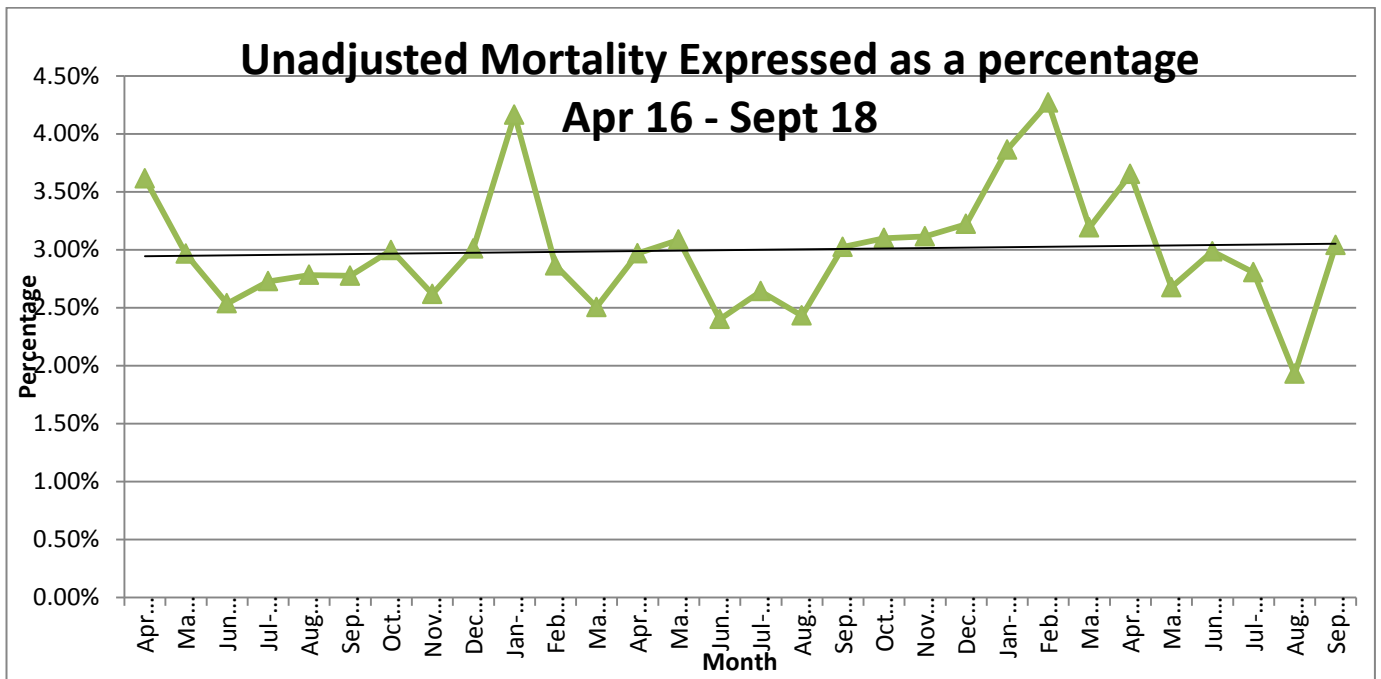
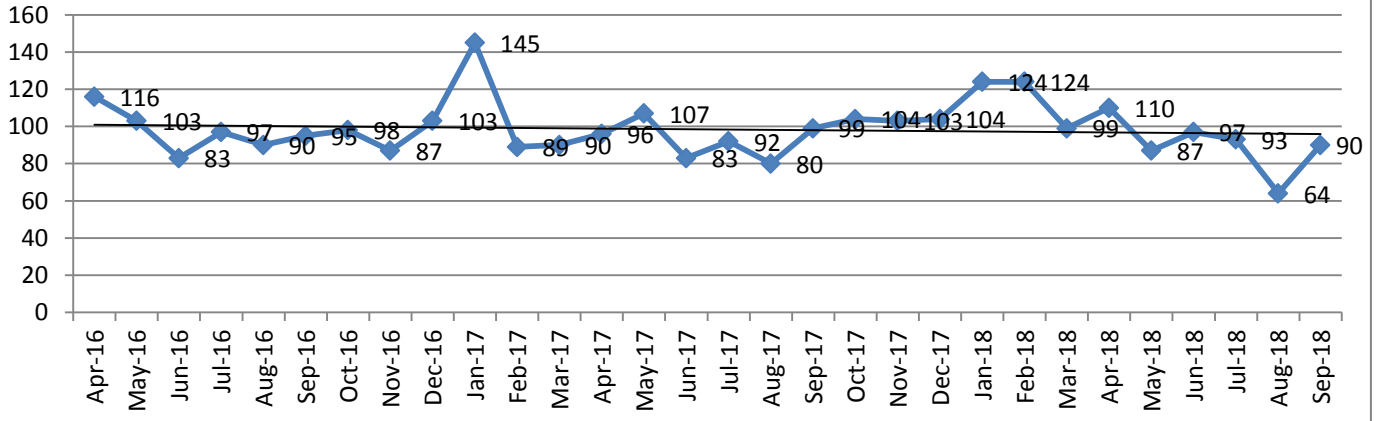


Chart 10 – as below highlights the monthly number of deaths within the hospital based care setting. Jan/ Feb 2018 appear to be the peak winter periods for this year, and numbers by month are reducing thereafter which is to be expected.

Deaths by Number by Month



Trust Mortality distribution by area May 17 to Sept 18

Chart 11 highlights mortality by month by location and all are within expected norms

| Row Labels | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | |
|---------------------------|------------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------|-----------|------------|-----------|-----------|-----------|-----------|-----------|--|
| AINSLIE | 2 | 0 | 1 | 1 | 1 | 4 | 1 | 0 | 1 | 4 | 4 | 0 | 1 | 1 | 2 | 1 | 4 | |
| ALLERTON | 11 | 4 | 4 | 3 | 1 | 5 | 3 | 4 | 5 | 2 | 6 | 10 | 6 | 4 | 5 | 3 | 4 | |
| BRIXHAM | 2 | 2 | 1 | 1 | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 2 | 1 | 1 | 3 | 0 | 3 | |
| CHEETHAM HILL | 14 | 12 | 11 | 9 | 16 | 10 | 15 | 19 | 12 | 10 | 11 | 8 | 12 | 9 | 8 | 10 | 13 | |
| CROMIE | 1 | 1 | 1 | 2 | 3 | 1 | 3 | 3 | 8 | 8 | 9 | 2 | 2 | 2 | 3 | 1 | 1 | |
| DART | 1 | 0 | 0 | 2 | 1 | 2 | 2 | 0 | 1 | 2 | 0 | 3 | 1 | 1 | 3 | 1 | 2 | |
| DAWLISH | 1 | 2 | 1 | 1 | 3 | 2 | 3 | 0 | 4 | 3 | 3 | 3 | 4 | 4 | 1 | 0 | 0 | |
| DUNLOP | 5 | 5 | 2 | 5 | 10 | 3 | 4 | 10 | 6 | 7 | 7 | 5 | 3 | 8 | 3 | 6 | 7 | |
| EAU3 | 4 | 3 | 3 | 7 | 3 | 8 | 11 | 7 | 9 | 7 | 4 | 9 | 6 | 7 | 10 | 5 | 7 | |
| EAU4 | 10 | 1 | 12 | 4 | 6 | 8 | 5 | 8 | 7 | 10 | 11 | 12 | 2 | 7 | 6 | 3 | 7 | |
| ELLA ROWCROFT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 2 | 2 | 0 | 0 | |
| FORREST | 0 | 0 | 1 | 1 | 0 | 3 | 2 | 3 | 5 | 3 | 2 | 4 | 2 | 0 | 1 | 1 | 2 | |
| GEORGE EARLE | 10 | 10 | 14 | 8 | 6 | 11 | 10 | 9 | 14 | 10 | 14 | 6 | 16 | 9 | 10 | 7 | 9 | |
| INTENSIVE CARE UNIT | 16 | 12 | 11 | 6 | 6 | 8 | 9 | 12 | 13 | 12 | 6 | 10 | 8 | 6 | 8 | 5 | 8 | |
| MIDGLEY | 5 | 10 | 7 | 10 | 15 | 11 | 9 | 8 | 12 | 13 | 8 | 11 | 8 | 10 | 8 | 5 | 6 | |
| SIMPSON | 5 | 4 | 7 | 5 | 11 | 8 | 6 | 4 | 6 | 9 | 3 | 9 | 4 | 9 | 10 | 6 | 9 | |
| TEIGN WARD | 2 | 1 | 1 | 1 | 0 | 2 | 3 | 3 | 1 | 3 | 3 | 2 | 1 | 1 | 0 | 3 | 0 | |
| TEMPLAR WARD | 4 | 4 | 3 | 3 | 1 | 4 | 4 | 2 | 1 | 5 | 2 | 1 | 3 | 1 | 3 | 2 | 2 | |
| THEATRES | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| TORBAY CHEST PAIN UNIT | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| TORBAY CORONARY CARE BEDS | 1 | 2 | 2 | 4 | 4 | 2 | 4 | 1 | 3 | 3 | 1 | 3 | 1 | 2 | 2 | 0 | 2 | |
| TURNER | 7 | 7 | 8 | 7 | 11 | 10 | 6 | 6 | 8 | 8 | 3 | 9 | 5 | 13 | 5 | 5 | 3 | |
| Grand Total | 107 | 83 | 92 | 80 | 99 | 104 | 103 | 104 | 124 | 124 | 99 | 110 | 87 | 97 | 93 | 64 | 90 | |

Appendix 3

Dr Foster Patient Safety Dashboard

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

The data was pulled on the 7th Oct 2018 and all of the 15 indicators are within the expected norm with 1 in the low risk category



Appendix 4

Mortality Dashboard of the deaths reviewed this quarter - nil where reported as avoidable

| Total Deaths Reviewed by Mortality Methodology Score | | | | | |
|------------------------------------------------------|---|---------------------------------------------------------------------|---------------------------|--------------------------|--------|
| Score 1 Probably avoidable | | Score 2 Possibly avoidable but not very likely (less than 50:50) | | Score 3 Not avoidable | |
| This Month | 0 | 0.0% | This Month | 0 | 0.0% |
| This Quarter (QTD) | 0 | 0.0% | This Quarter (QTD) | 6 | 9.0% |
| This Year (YTD) | 3 | 1.1% | This Year (YTD) | 16 | 5.8% |
| | | | This Month | 21 | 100.0% |
| | | | This Quarter (QTD) | 61 | 91.0% |
| | | | This Year (YTD) | 259 | 93.2% |

Glossary of Terms

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

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

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

Charlson Index of Comorbidities

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

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

| Cover sheet and summary for a report to the Trust Board of Directors | | | | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|
| Report title: Research and Development Annual Report | | | | Date: 5 December 2018 | |
| Report sponsor | Medical Director | | | | |
| Report author | Dr Fiona Roberts, Director of Research and Development | | | | |
| Report provenance | R&D Committee Trust Executive team | | | | |
| Confidentiality | None | | | | |
| Report summary | <p>This report provides a summary of the Trust's activity, performance and delivery against Government metrics (KPIs) set for R&D in the NHS; as part of the National Institute for Health Research (NIHR) contracts / DH Research Strategy and agendas. This report covers the 2017/18 financial year, and also up to Q2 18/19 status.</p> <p>The annual report for 2016/17 contained a number of areas of major concern including an adverse financial position that was considered a major risk to the future of R&D at TSDFT. This report demonstrates that significant improvements have been made to workforce (HR issues) and finances.</p> <p>Ongoing actions:</p> <ul style="list-style-type: none"> • Recovery plans will continue - to prioritise and focus resources on areas of strength and studies that can demonstrate more added value • Increase commercial trials activity – increase the number of positive expressions of interest • Continue work with NIHR / DH / CRN regarding changes to national funding models • Continue the conversations and work with Devon Clinical Cabinet / STP – to lobby for reinvestment of a % of system savings to support further research. • Establish the new R&D committee and to develop a new research strategy • Work with the Trust in the organisational restructuring and improvement function. To try to embed R&D more, helping to make it everyone's business and to include in new SDU quality and performance reporting. | | | | |
| Purpose (choose 1 only) | Note <input type="checkbox"/> | Information <input checked="" type="checkbox"/> | Review <input type="checkbox"/> | Decision <input type="checkbox"/> | Approve <input type="checkbox"/> |
| Recommendation | <p>The Trust Board is asked to consider the risks and assurance provided within this report and to agree any further action required.</p> <p>The Trust Board is asked to commend the Director of R&D and the R&D operational team for the marked improvement in performance</p> | | | | |

demonstrated in the report. The executive team recognises the challenges that the team has faced in dealing with complex HR issues and the improvement in performance that has been achieved after resolution of those workforce challenges.

Summary of key elements

Performance:

- A smaller and less experience workforce has meant greater lag times to set up metrics and a reduced level of new activity so far in 18/19
- 17/18 = highest ever recruitment to NIHR portfolio studies: 2030 participants; smashing our target by 151%.. Recruitment on track to surpass our 18/19 metric again.
- Performance against our other national KPIs were at least as good compared to the previous year which is to be commended in the circumstances
- Performance against our recovery plan KPIs – also shows improvement to reducing and consolidating the portfolio, closing down completed studies and studies with little activity or value to help re-address the balance to increase commercial activity.

Challenges / risks / issues:

- Ability to increase research activity – especially commercial activity and hence increase income generation and system wide savings (actual and potential); despite a good supply of studies (Trust is turning down a significant % of potential new studies)
- Increasing service and organisation pressures / demands, vacancies and staff shortages in both clinical and supporting services (labs, pharmacy, radiology)
 - The planned replacement to one of the Trusts static MRI scanners will further increase this risk during 2019.
- Lack of consultants willing / able to act as Principal Investigators (PIs). This also links to Consultant Job Plan reviews and how to fund research PAs.
- Loss of dedicated research space (Jubilee Research Unit (JRU))
- Workforce challenges (high staff turnover (lost >50% of staff in 18 months); staff morale, motivation, wellbeing, HR issues and shortages); Also resilience and depth - staffing levels are minimal and difficult to provide cover for absences
- Financial sustainability – R&D is self-financing; therefore is totally reliant on the level of business and activity able to undertake in the SDUs / Trust.
- MHRA inspection ready – areas of improvement needed to evidence and provide more assurance around governance and regulatory compliance (staff time, capacity etc has hampered progress).
- R&D still not widely accepted as part of normal Trust business and SDU improvement plans (Ethos / Culture). Still reliant on a few individuals.
- CQC metrics and inspection frameworks - compliance and evidence base needs strengthening. Being a research active organisation now formerly included from 2018 as this strongly links to quality of care and improved outcomes. The Trust will need to consider strategies on how to promote and embed more research into the organisation more broadly, how to facilitate more research and improve equity of access and opportunities for both patients and staff to engage in research.

Strategic context

- Safe, quality care and best experience
- Improved wellbeing through partnership
- Valuing our workforce
- Well-led

Dependencies and risk

The increased relevance and importance of research and development (R&D) means the Government is increasingly keen to monitor; report on and assess activity, engagement and performance. Each NHS organisation has a responsibility to deliver the Governments vision and strategic

| | |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>ambitions. This report forms part of our accountability framework and the following primary contractual obligations:</p> <ul style="list-style-type: none"> • National Institute for Health Research (NIHR) Clinical Research Network (CRN) contract • DH R&D strategy and Policy • The NHS Constitution • The Health & Social Care Act 2012 • The UK plan for Growth & Industrial Strategy • Prime Minister Dementia Challenge • IQVIA (formerly Quintiles) Prime site contract • CQC Framework (Quality, Safety, experience, well led) |
| Summary of scrutiny | <p>The recommendations in this report have been subject to challenge, due diligence, and risk assessment by:</p> <ul style="list-style-type: none"> • Executive Directors meeting dated 28 November 2018 |
| Stakeholder engagement | Nil |
| Other standards affected | Nil |
| Legal considerations | Nil |

MAIN REPORT

| | |
|----------------------|------------------------------------------------|
| Report to | Trust Board of Directors |
| Date | 5 th December 2018 |
| Lead Director | Medical Director |
| Report Title | Research and Development Annual Report 2017/18 |

1. NIHR Clinical Research Network contract

Research is considered core NHS business (NHS Constitution) and a statutory requirement under the Health & Social Care Act 2012; shown to significantly contribute to improving quality, safety, patient care and outcomes.

Research in England is driven by the National Institute for Health Research (NIHR) as part of the Department of Health; working through Clinical Research Networks (CRNs) to provide a unique opportunity to widen participation within research and help reshape practice with evidence. The Trust is a partner in the NIHR South West Peninsula CRN (SWP:CRN) and is commissioned to provide a clinical trials delivery service and function locally for NIHR studies; with a contribution to purchase research management & governance expertise, advice and services; in line with relevant national R&D strategies and policies and the NIHR Performance and Operating Framework contracts.

The Trusts annual report for 2017/18 was submitted to and accepted by the NIHR South West Peninsula Clinical Research Network (SWP:CRN). Many of the details in this report are contained / represented within this report.

2. NIHR - National Key Performance Indicators (KPIs):

Please see Appendix 1 – for the full dashboard. In summary during 2017/18 the Trust:

- Significantly improved and increased recruitment (best ever year) to NIHR portfolio studies; totalling 2030 against a target of 1387 (151%)
- Significant improvement in the number of new commercial studies approved n=14/15 (93%); compared to n=10/15 (63%) in the previous year.
- Performance against other NIHR KPI metrics remains similar to previous years.
- The number of new approved studies remained the same as last year (n=63) of which 22% were commercial.
- Study set up times need to improve with only 50% new studies approved meeting the 40 day target but with a median of 44 days. We are currently overhauling and streamlining our set up procedures which should improve performance.
- The Trusts performance is comparable when benchmarked against the other regional NHS organisations performances.

3. R&D Recovery plan KPIs:

The level of 'productive' R&D activity has been decreasing = loss in income actual and potential = loss in savings actual and potential. R&D was unable to generate sufficient income from current research activity and contracts (actual and potential) to maintain, sustain and afford the R&D workforce budget of £1.55M from April 2019. A recovery plan was needed to make changes, to make improvements to reverse this situation & trend.

3.1 Recovery plan Aims:

1. To remain research active and ensure R&D operates at a zero deficit and return to income generating from 19/20. Accepting there is level of risk during this transition period
2. To take action now, making changes and improvements to maximise potential for recovery.
3. To rebuild activity and income generation to operate within an affordable and more sustainable financial model with a recommendation following an options appraisal to work towards a new operating framework of circa £1.2-1.3M budget.
4. To downsize and consolidate the R&D portfolio; to re address the balance; supporting areas of strength and studies of value - until recovery = less support for some clinical specialties and less non-commercial trials.
5. Reduce costs through workforce restructure
 - Ensure the Trust can maintain at least (i.e. not compromise) but aim to increase:
 - Total recruitment to portfolio studies – to maximise CRN funding
 - ABF points – increase interventional non-commercial studies – to maximise CRN funding and value to the wider system (savings etc)
 - Income generation actual - increase no of Commercial studies awarded, approved and delivered (will also help increase savings to the system e.g. drug savings)
 - Income generation potential – increase number of positive expressions of interest for commercial studies
6. In addition the actions proposed will also help support recovery plans for the 2 other significant areas of concern:
 - R&D Staffing / workforce issues
 - Regulatory compliance

Good progress has been made: Below shows improvements against the portfolio management KPIs. Performance against increasing income and reducing staff costs, please refer to the finance and workforce section respectively.

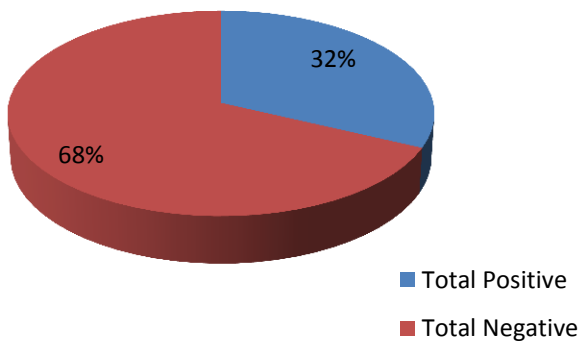
3.2 Summary – Key indicators

| | Baseline Dec-17 | Jun- 18 | DIFF Q1 | Oct- 18 | Cumula tive DIFF @ Q2 | Comments |
|----------------------------------------------------------------|--------------------|------------|------------|------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No. Active Studies | 395 | 324 | -18% | 333 | -16% | As part of downsizing the portfolio and reducing the no. of studies with no / little value |
| No. Studies Open >12mths with no recruitment in last 12 months | 14 | 13 | -7% | 16 | +14% | Out of the original baseline studies 7 have been closed. But Investigators (PI's) have declined to close 4 studies. A further 5 studies now meet the criteria for inclusion at Q2. These studies will be under constant review and will go before the new R&D committee as part of escalation plans if still an issue. |
| No of Studies in FU and complete | 49 | 63 | 29% | 93 | 90% | As part of the backlog and data cleansing exercise / FU burdens - we are moving studies into correct status with the aim to transition out and close down studies accordingly and in a more timely manner (improved portfolio management & oversight) |
| Archiving Backlog | 129 | 79 | -39% | 77 | 40% | Progress has been made although little activity in Q2 due to staffing capacity issues. Many others still going through the archiving process (awaiting sponsor permissions / missing paperwork etc). This programme will kick start again from Q4 once new staff in post and trained up. |
| Non Commercial Open Studies | 99 | 73 | -26% | 76 | 23% | Good progress made as part of re balancing the portfolio and downsizing the number of non-commercial studies we can support. |
| Commercial Open Studies | 16 | 14 | -13% | 18 | +13% | Good progress made in increasing our commercial activity. N.B currently have 10 new commercial studies in pipeline / study set up phase. |
| Portfolio split Comm / Non Comm | 14% / 86% | 16% / 84% | 2% | 19% / 81% | 5% | Progress made towards achieving a 25%:75% split. |
| Average total Recruitment per month | 199 | N/A | | 199 | = | Average remains the same with less studies = greater productivity per study |
| Average Recruitment to commercial studies per month | 11.5 | N/A | | 13.5 | 18% | |
| Average ABF points per month | 642 | N/A | | 768 | 19% | |

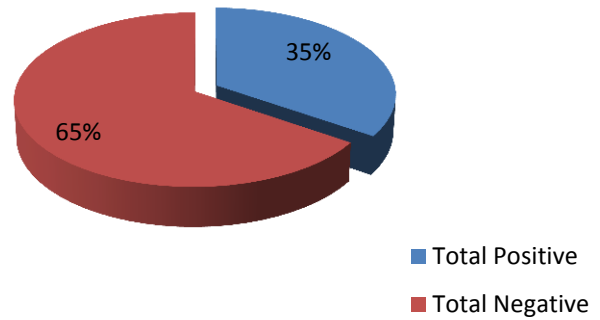
3.3 Expressions of Interest:

The Trust has made a slight improvement to positive responses for new potential studies (expressions of interest); including bidding for more commercial studies. The details below show the Trust is not short of potential new studies and is turning down business. Therefore there is still scope for further improvements.

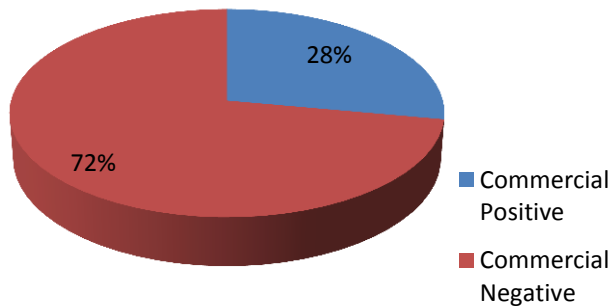
**% Positive ALL EOI's Submitted 17/18
(n = 413)**



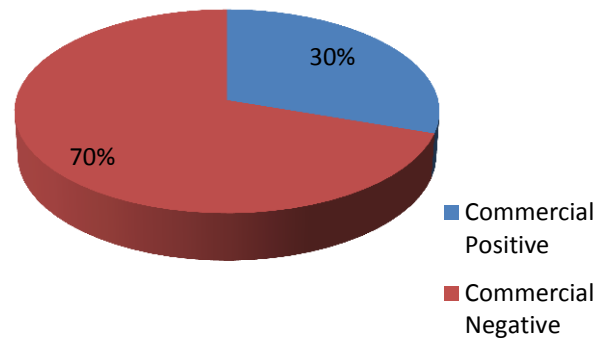
**% Positive ALL EOI's Submitted 18/19 YTD
(n=371)**



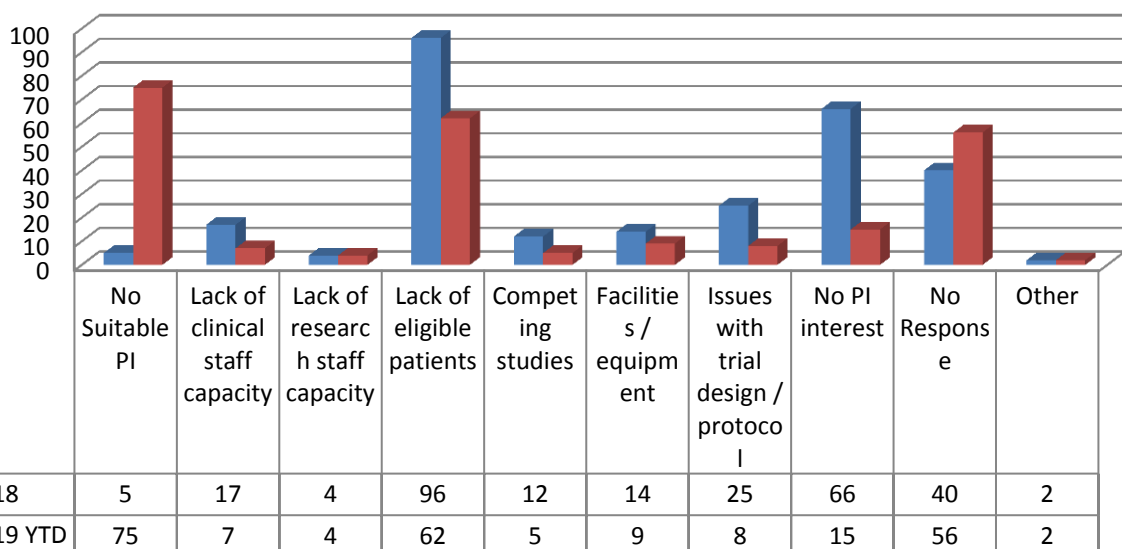
**% Positive Commercial EOI's Submitted
17/18
(n = 323)**



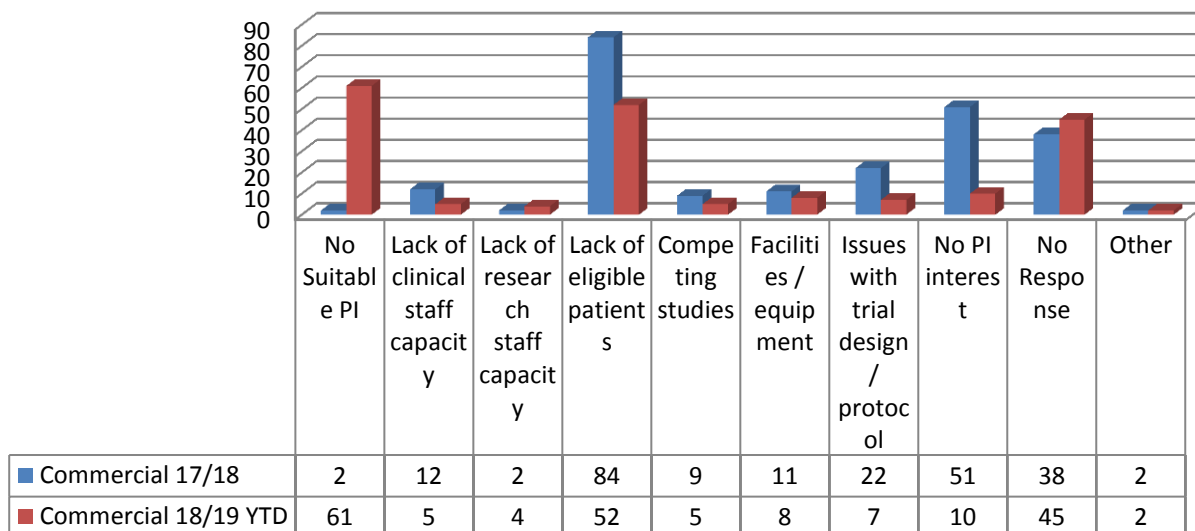
**% Positive Commercial EOI's Submitted
18/19 YTD (n = 285)**



Comparison of Reason for Decline of ALL EOI's



Comparison of Reason for Decline of Commercial EOI's



N.B: In 18/19 we adjusted the feedback to differentiate between no PI interest / no suitable PI to help understanding the issues and barriers better. Excluding the lack of eligible patients, the main reason we are turning down studies is fundamentally due to lack of investigators (PIs) still; due to lack of time, operational pressures, capacity, interest or lack of suitable staff. Unless this problem can be address this will remain one of the key limitations to increasing activity.

4. Summary of other activity and performance

4.1 Research Grants:

Torbay Medical Research fund (TMRF) – a local independent charity.

| Project title | Applicant | Amount awarded |
|-----------------------------------------------------------------------------------------------------------------|------------------|----------------|
| Treating Crohn's disease with a whole-food dietary intervention | Dr Alan Desmond | £39,989 |
| Impact of biologic therapies on humoral immunity to varicella zoster virus in a cohort of rheumatology patients | Dr Matthew Cates | £5,000 |
| Point of care measurement of faecal nitric oxide production for the diagnosis of bacterial gastroenteritis | Dr Kyle Stewart | £49,066 |

NIHR regional CRN Fellowships: awarded by the Clinical Research Network South West Peninsula (CRN SWP) to part-fund Nursing, Midwifery, AHP (NMAHP) fellow roles to support current portfolio delivery as well as supporting where appropriate the development of future portfolio studies or gaining the skills to do so.

- 2017/18: Kathryn Bamforth, Physiotherapist & operational Manager (Medicine) - £26,000
- 2018/19: Elizabeth Bailey; Physiotherapist (circa £19,000)
- 2018/19: Justine Tansely; Podiatrist (£5,049)

NIHR National Fellowships:

- Rachel Rapson, Physiotherapist: Awarded £319,952.00 as part of a NIHR Clinical Fellowship to study for a PhD part time with the University of Plymouth looking at 'A novel interactive dynamic training device to improve walking ability and quality of life for children with cerebral palsy: A mixed methods study'.
- Sarah Pavior, Physiotherapist - HEE/NIHR ICA Pre-doctoral Clinical Academic Fellowship 2018 with University of Exeter (£45,250) – awaiting outcome

Other grant awards:

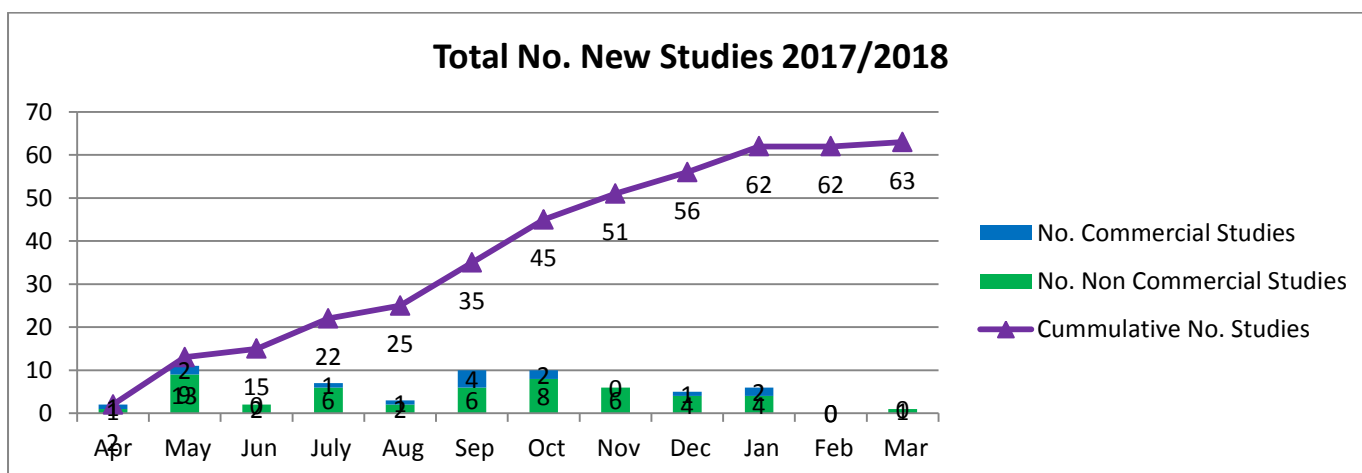
Jennifer Williams, Podiatrist. Awarded £10,000 from the URGO Foundation to support a research study entitled 'Evaluating HOPE, a mixed methods feasibility study'

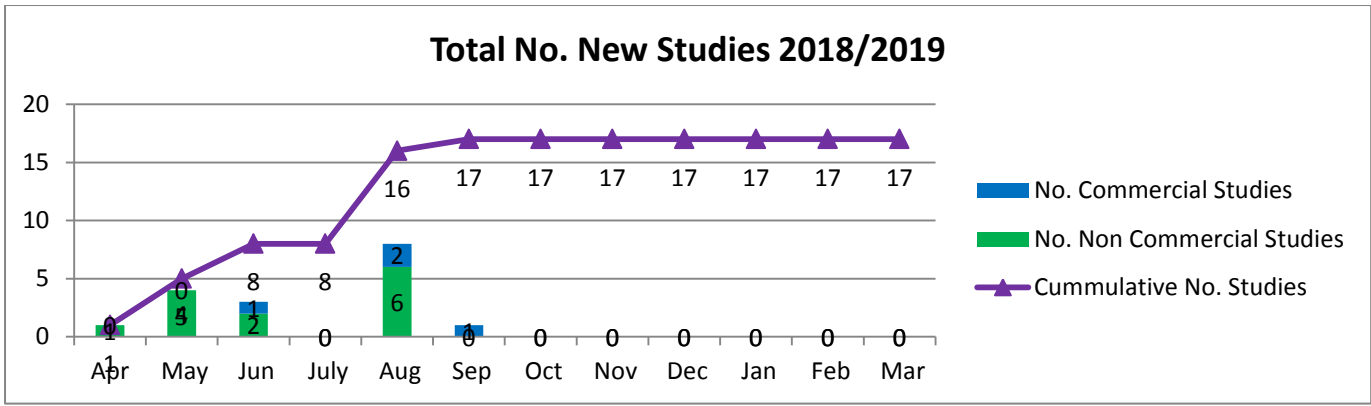
4.2 Hosted research

The Trust's primary business centres around hosting (participating) in multicentre national and international commercial and non-commercial clinical trials (>90% overall business), sponsored by other organisations; many adopted by and part of the National Institute of Health Research Clinical Research Network (NIHR CRN) portfolio.

4.3 Total number of NEW studies approved (NIHR + non NIHR studies):

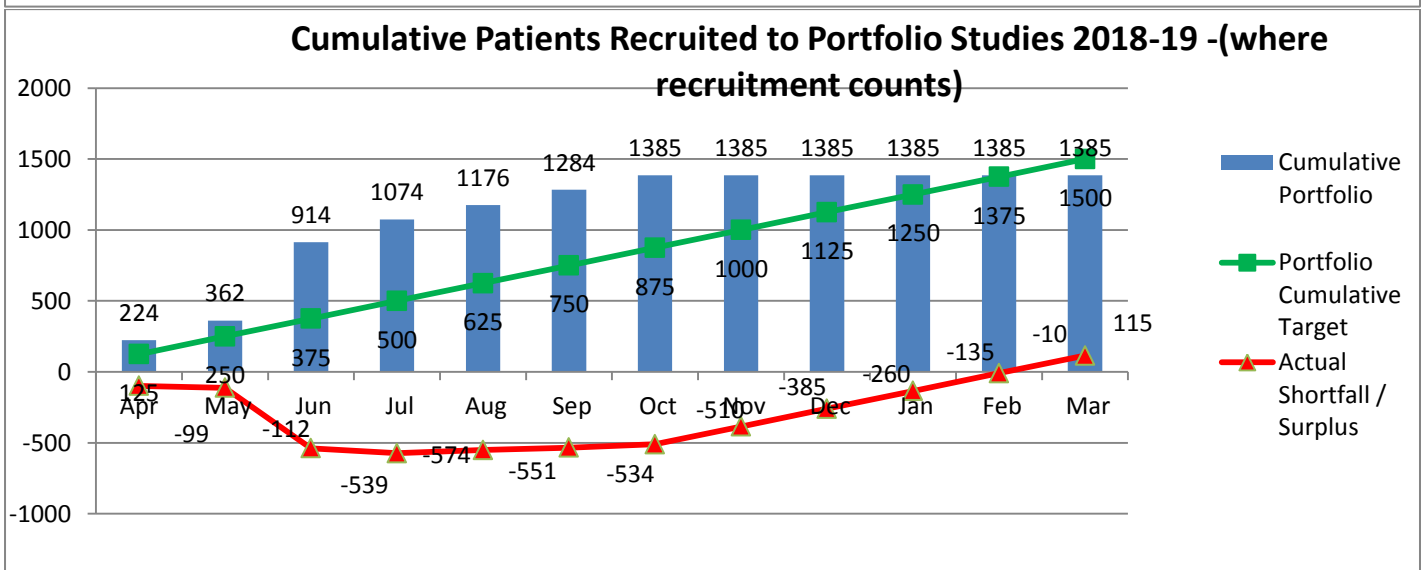
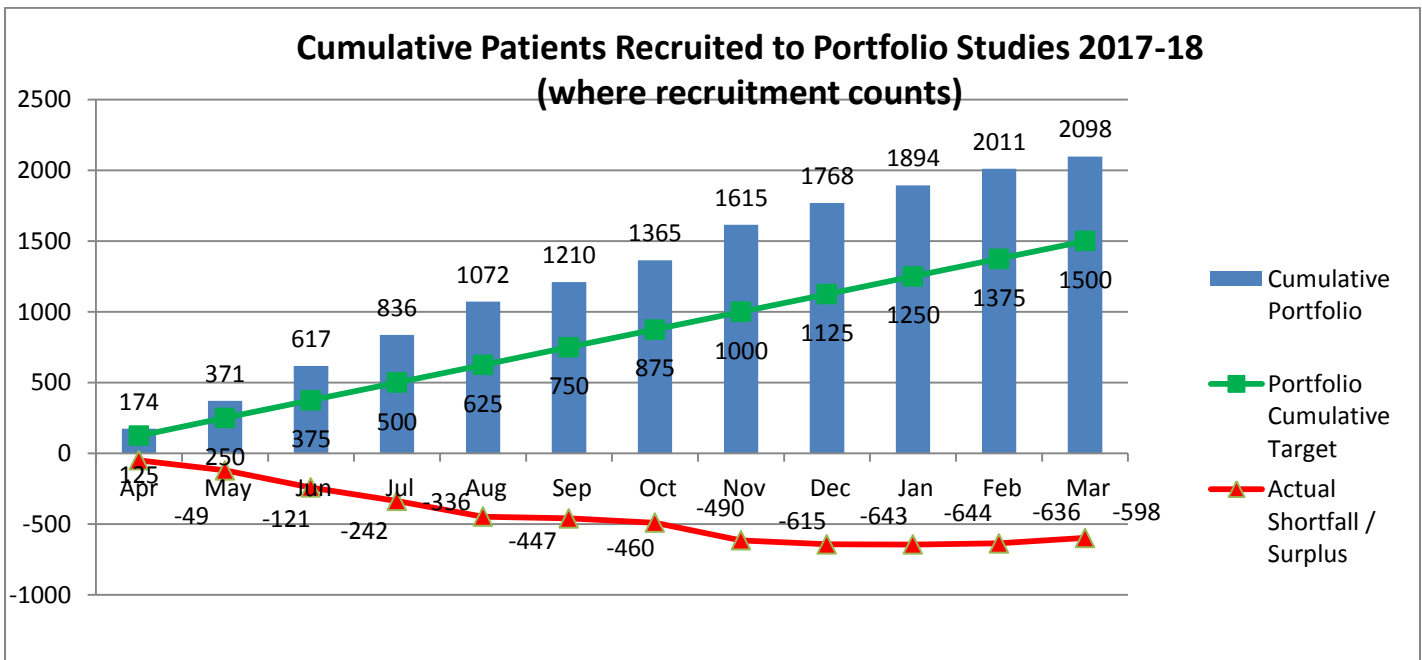
The Trust approved a total of 63 new studies, same as in 2016/17 of which 22% were commercial. This is to be commended based on the workforce and operational difficulties experience in year resulting in a suspension to setting up the majority of new non-commercial studies during Q4. The mid-year 2018-19 activity shows the number of new studies approved = 17; which is significantly lower compared to previous years; although the proportion of commercial (24%) is slightly higher. This can be attributed partly due to a lack of staff due to staff losses or absences and therefore the need to suspend setting up new studies; also as part of our portfolio management and financial recovery action plans in trying to rebalance the portfolio by prioritising the setup of new commercial studies over non-commercial studies with the smaller workforce capacity.



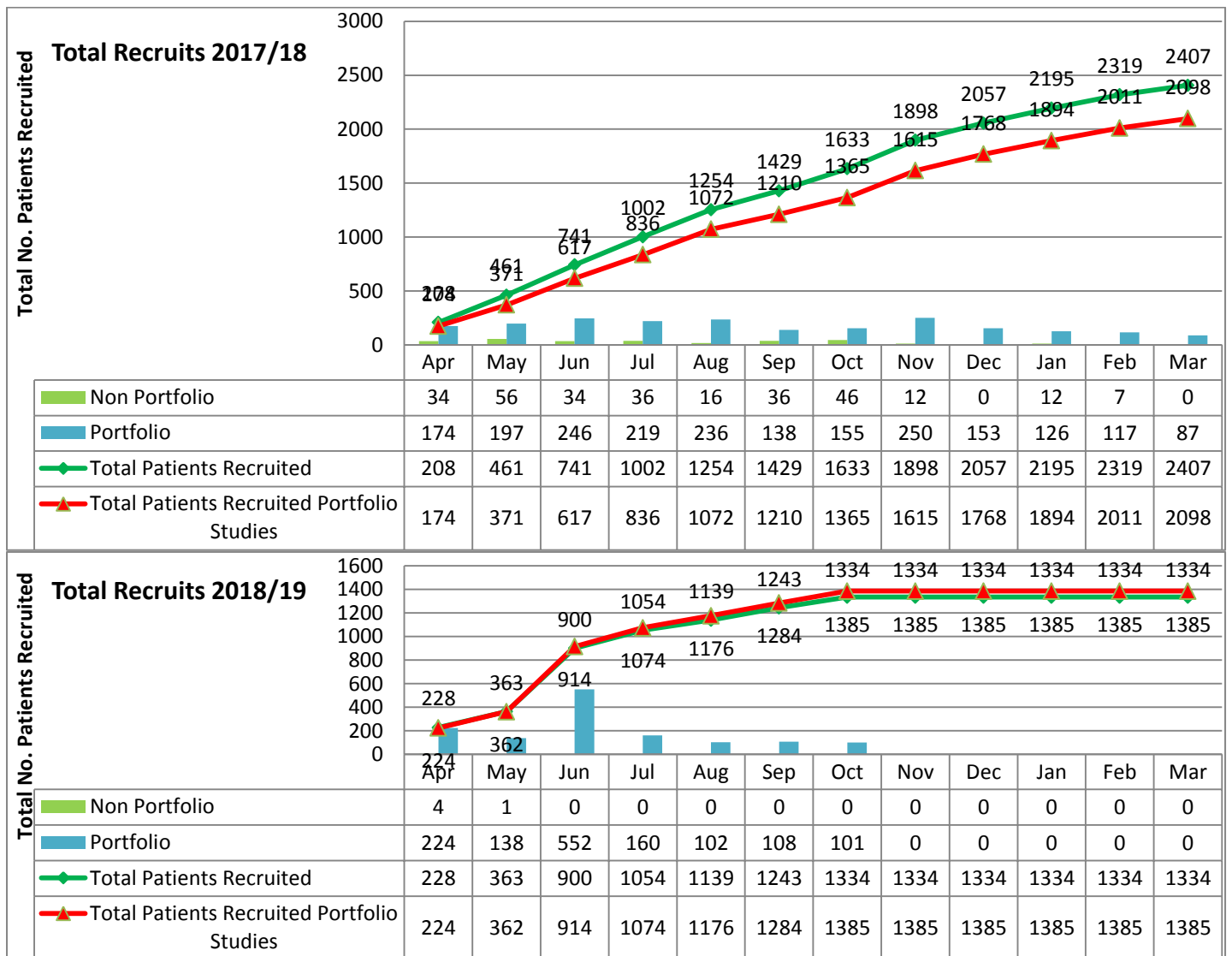


4.4 Recruitment to studies:

A significant improvement to NIHR recruitment compared to the previous year. The Trust hit its highest ever recruitment to NIHR studies, recruiting 2098 participants (target = 1500). The Trust is currently on track to meet recruitment targets in 2018/19 also.

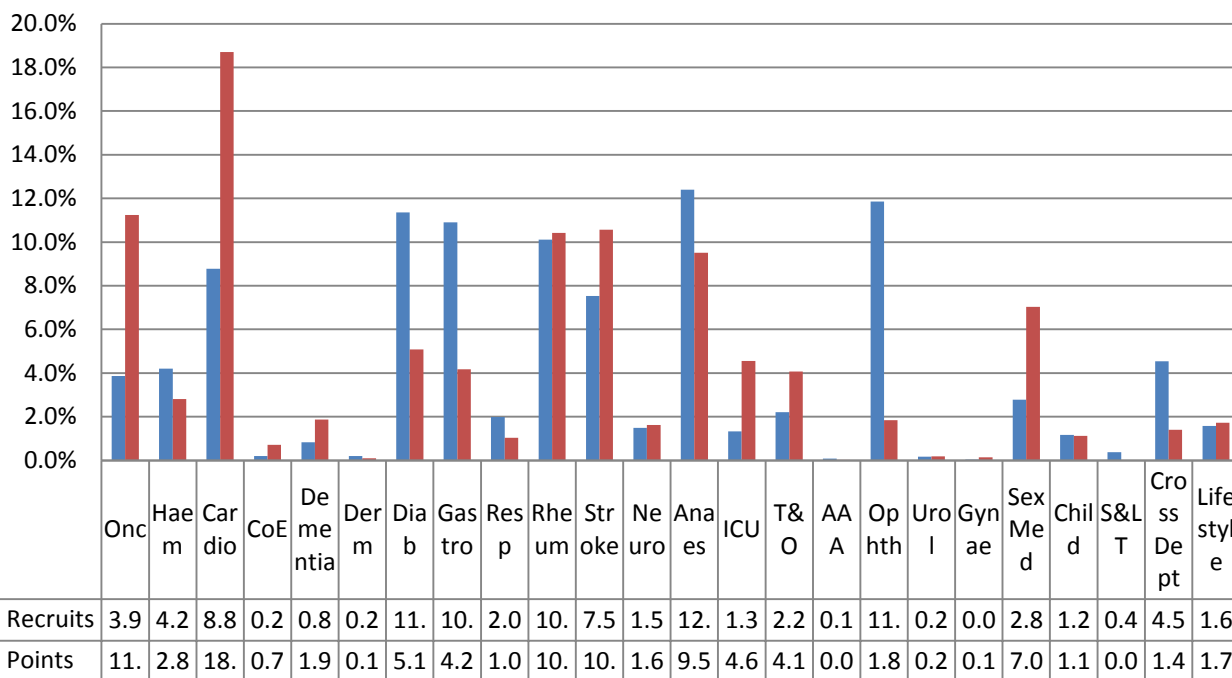


4.5 Recruitment to all studies:



The distribution of research activity (recruitment) across the specialities for 2017/18 is summarised overleaf:

% Total Recruits & Points 2017-2018 Year End



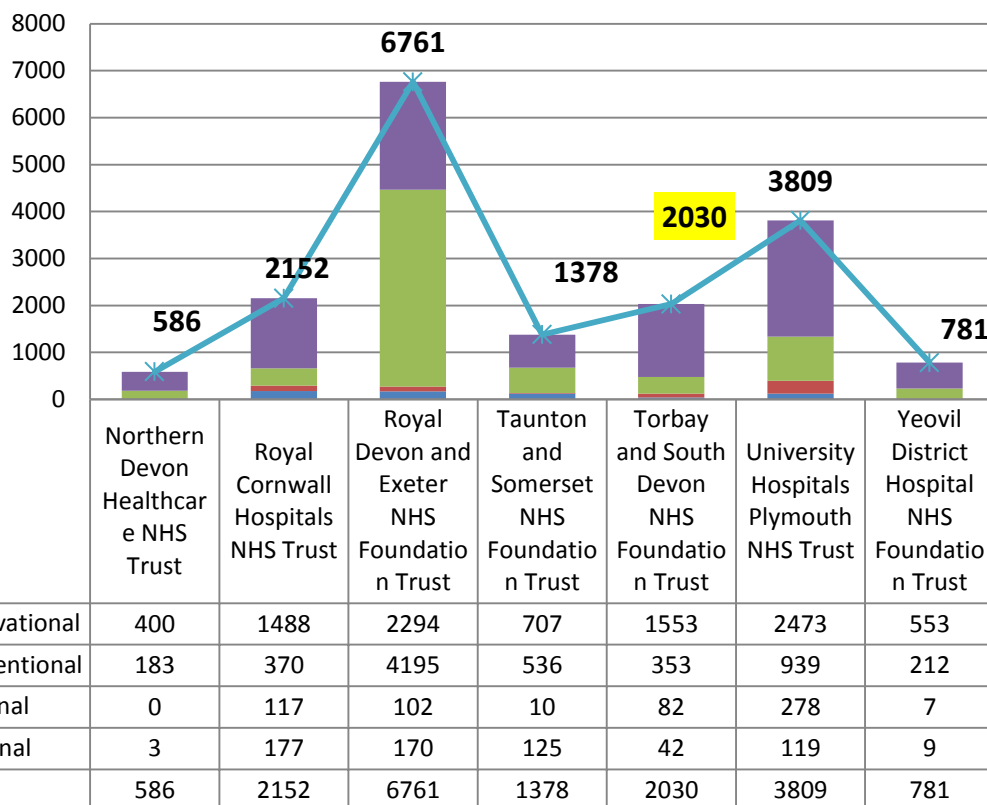
4.6 NIHR portfolio recruitment figures: Benchmarking against the other regional acute sites

NIHR Studies are categorised into Activity Based Funding (ABF) points as per the 3 categories below:

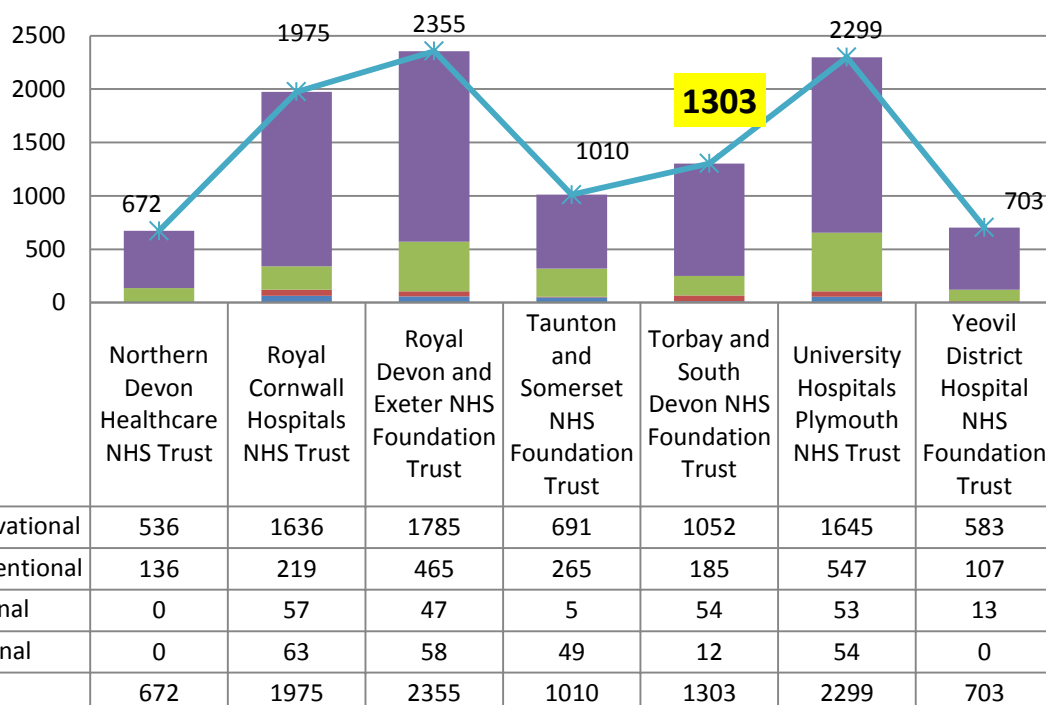
1. Interventional = 11 points per recruit
2. Observational (study total <10,000 recruits) = 3.5 points per recruit
3. Large Observational (study total >10, 000 recruits) = 1point per recruit

Regional performance is shown below detailing recruitment and how this converts to ABF points which is used to help benchmark activity as well as informed NIHR funding allocations per annum.

Total No. Recruited to Portfolio Studies Year End 2017/18



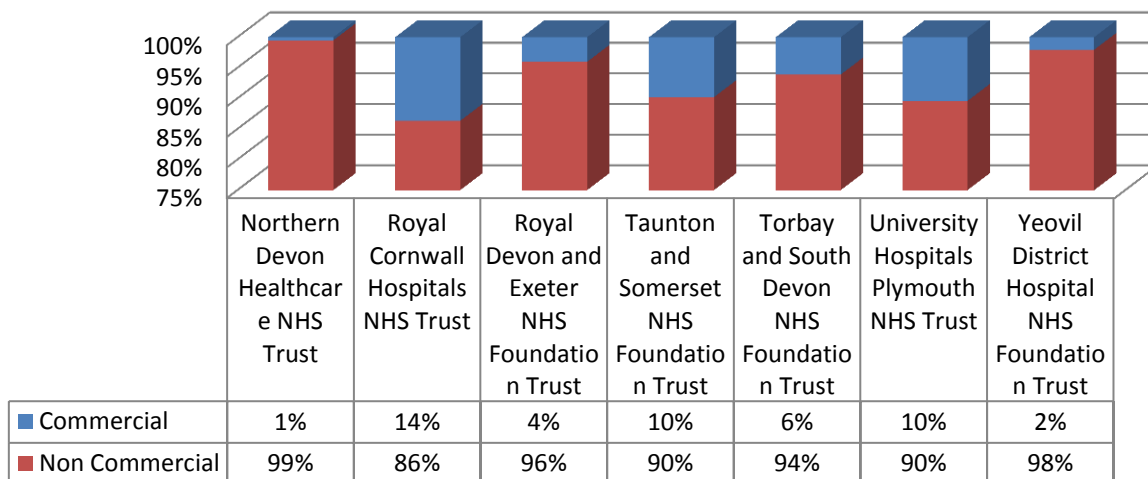
Total No. Recruited to Portfolio Studies @ 30.09.18 on ODP



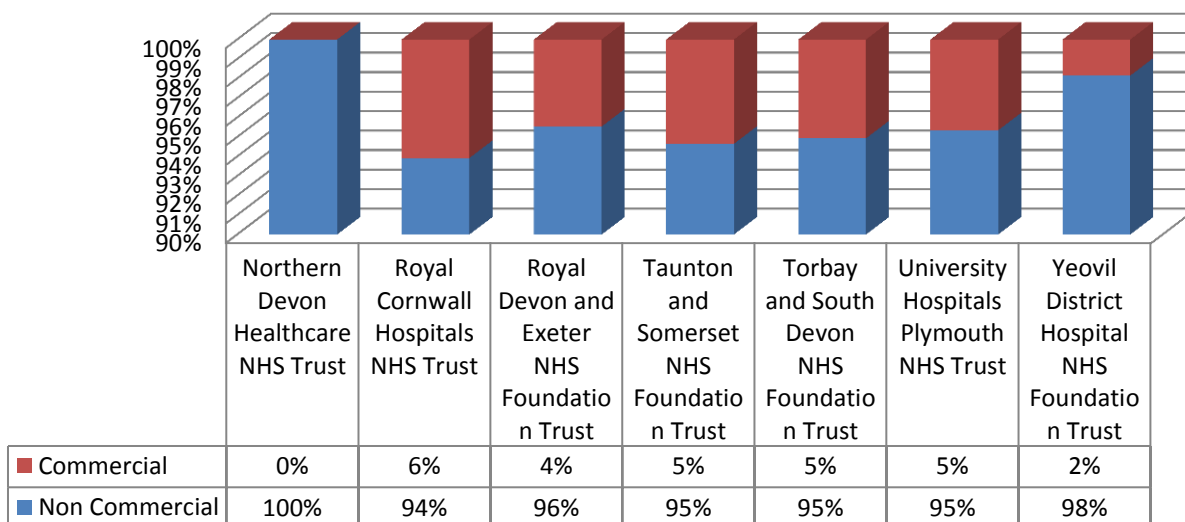
The graphs overleaf show a further split of recruitment activity of all acute regional across the different study types showing the trusts activity reflects others.

Data cut 12.04.18

% Recruitment Commercial v Non Commercial Year End 17/18

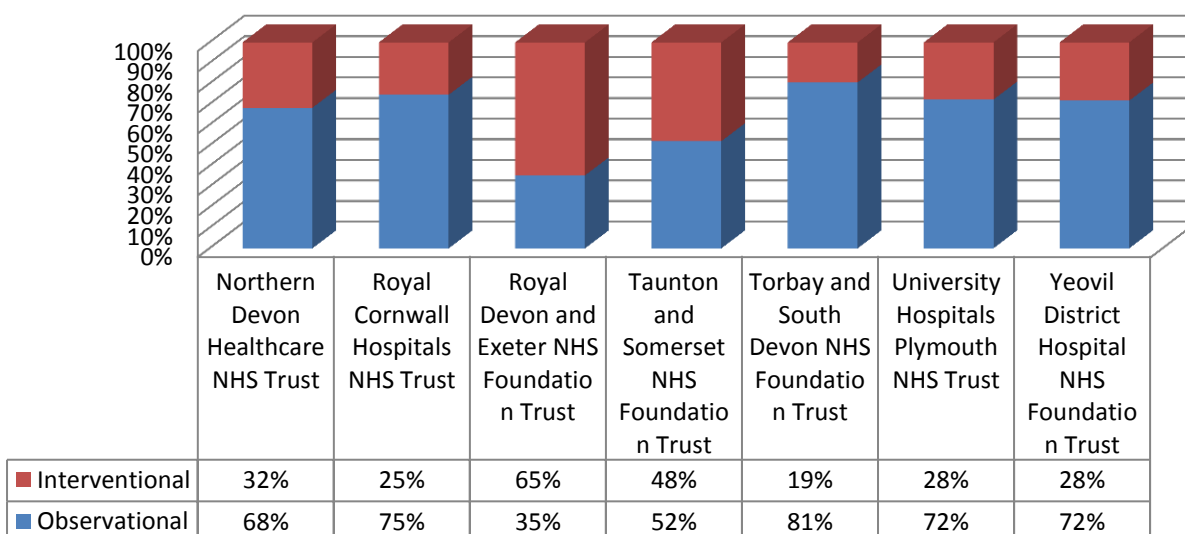


% Recruitment Commercial v Non Commercial YTD to end Q2 18/19

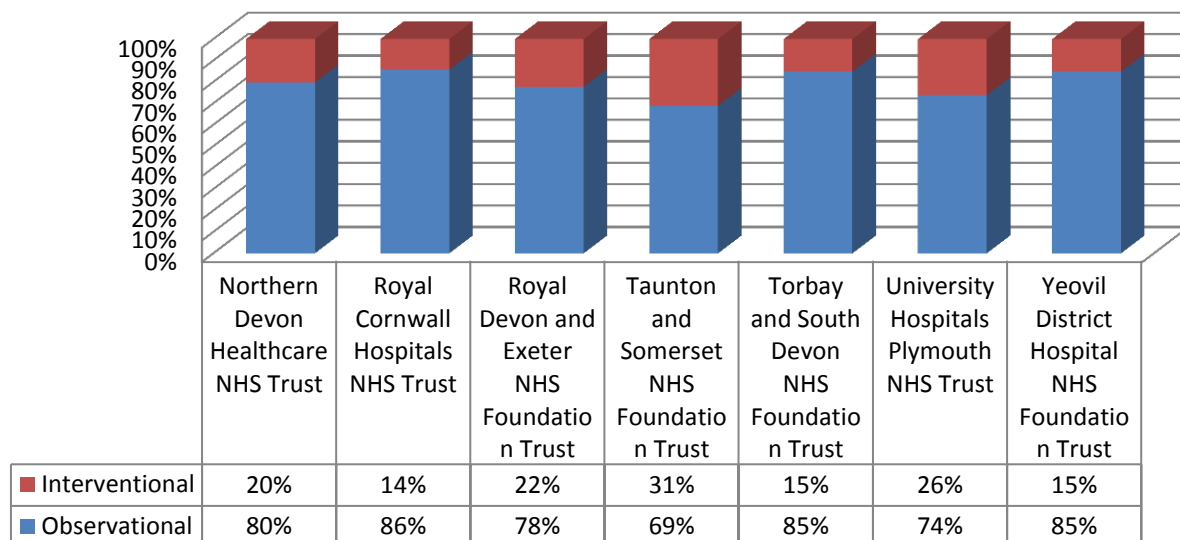


Data cut 12.04.18

% Recruitment Observational v Interventional Year End 17/18



% Recruitment Observational v Interventional YTD to end Q2 18/19



4.7 Research Impacts, Outcomes, Awards and other good news stories:

Appendix 2 summarises the impacts and outcomes from research activity and studies the Trust are or have been involved in and recently reported on. These provide a flavour of the how research has informed the evidence base and influenced quality improvements, clinical care and services.

Three Trust consultants have been appointed to SWP:CRN posts:

- Dr Kirsten Mackay – Clinical Speciality Lead for Musculoskeletal portfolio
- Dr Tom Clarke - Clinical Sub- Speciality Lead for Anaesthetics portfolio
- Dr Agne Straukeine Clinical Speciality Lead for Multiple Sclerosis portfolio

Richard Collings; Podiatrist - NIHR/CAPHR south west peninsula AHP champion for research.

Richard Collings, a podiatrist has been named as one of only 13 Allied Health Profession (AHP) research champions newly appointed by the National Institute for Health Research (NIHR) and Council for Allied Health Professions Research (CAHPR). AHP Research Champions will serve as ambassadors and to champion the research work of AHPs, encouraging more AHPs to be aware of and get involved in health and social care research and the work of the NIHR for the benefit of patients.

Dr Dave Tucker - National Institute of Health Research / British Society for Haematology Researcher of the Year Award 2018

Dr Dave Tucker, Haematology Specialist Registrar has been awarded a prestigious national research prize – “National Institute of Health Research / British Society for Haematology Researcher of the Year Award 2018”. This is in recognition of his contribution to haematology research in general, and particularly in promoting clinical research in non-malignant haematology.

Commendation for anaesthetics research at Torbay:

“With our on-going recruitment to PQIP and recruitment to FLOELA starting in the near future (not to mention recruitment to the next RAFT project DALES and the next SWARM project

COMPASS), I thought I should highlight to you what a power-house Torbay is in terms of recruitment to Anaesthesia studies. We have been ranked number 5 nationally (medium sized trusts) for the second year in a row. The SW is ranked 3rd (adjusted per head of population) once again and Torbay is the third highest recruiter in region (not adjusted for size). This is great news. I do hope that we continue our efforts and continue to be recognised. Well done to all and thanks to everyone who has contributed to any of our projects!

Dr Tom Clark, SWP:CRN sub speciality lead for anaesthetics, Consultant Anaesthetist, Torbay

Commendation for stroke research at Torbay:

I have been to the southwest stroke CRN meeting yesterday and felt proud to represent Torbay as we were highlighted as the best recruiters in the medium sized hospital section being the number one in country for 2017-2018 – Well done!! It is only your hard work and dedication that got us there.

Dr Biju Bhaskaran, Consultant Stroke Physician

5. Developing the investigators of the future:

5.1 University of Plymouths Clinical Schools programme for nursing, midwifery and AHPs

Developing healthcare professionals that are able to undertake quality research and deliver expert care is a national priority. Locally, the opportunities for non-medical staff to pursue a research career have been limited. For these reasons the Trust Chief Nurse Jane Viner developed a partnership with the University of Plymouth to establish the Torbay Clinical School in 2017 to increase research opportunities. We have 2 visiting academics, Professor Mary Hickson (dietician) and Dr Susie Peace (nursing), from Plymouth University, spending at least a day a week working with the Trust and staff to engage, promote, support and facilitate research.

This initiative is already having an impact with staff presenting at the SW regional Clinical Schools Conference in 2017 and contributing to the research poster roadshow held in October. More recently a proposal has been presented to the Torbay Medical Research Fund to look at supporting pre doctoral and doctoral fellowships as part of the next steps in driving forward the NMAHPs research agenda.

5.2 Trust R&D Committee

Work is ongoing to finalise plans to establish more formally a new Trust R&D committee. With the changes to the organisation, the increasing focus on how we can increase research activity but more integrated into core business, increasing focus on integrating into our quality and performance frameworks; alongside changes to care models and our operational delivery structures etc. It is timely to re-establish a group charged with overseeing a more co-ordinated approach; to develop a new strategy, helping to scope and shape the future direction; raise the profile and embed research further. To also be more accountable and look at how we underpin proposals with more robust and sustainable models to support implementation and delivery of research locally etc.

5.3 Consultant Job Plans

As part of the Trust review on consultant job plans; in response to feedback over several years regarding the lack of recognition for research; alongside an increasing need to support and grow senior clinicians to get involved with research. A paper was drafted to bring research in line with

and to be recognised alongside other activities; therefore treated and viewed equally, on a par, in terms of principles and value. This paper has been circulated amongst current research active senior clinicians for comment and endorsement and has now been approved by LMC and will be incorporated into the new Trust policy. This will form a new principle and process through which clinicians can get research activity recognised formerly in their Job plans in a hope this will help to reduce some of the barriers and to help galvanise and incentivise further conversations amongst peers and managers to help drive more research within SDUs.

6. Patient & Public Involvement (PPI)

6.1 NIHR CRN Patient Experience of Research Participation (PRES) 2017/18

This was organised by the NIHR's South West Peninsula Clinical Research Network and conducted across the region from 2nd January 2018 to 23rd February 2018. The PRES this year sought the opinions of patients participating in studies in CRN SWP Cluster 3 and Cluster 4 only. The survey included two specialty areas, mental health and paediatrics specifically recommended for targeted review by the findings from last year's survey and a regional working group. The questionnaire from 2016/17 was used for adults and a paediatric questionnaire was developed by the Team Lead for paediatric research at the Royal Cornwall NHS Trust, in collaboration with their Young People's working group. Different methods for collecting the survey data were also used to evaluate the most effective way to deliver the PRES in future years. Tweet chat and Facebook were also used to promote both the adult and paediatric questionnaire.

Patient experience of research participation supports the region's Clinical Research Network (CRN) to identify where improvements to research may be made. This is the 4th year the CRN has undertaken the PRES and it again confirms a positive research experience. This year the survey found:

22% of participants expected to be asked to participate in research.

96% of staff strongly agreed or agreed that staff that treated them were friendly and helpful.

77% strongly agreed or agreed that they could contact staff to answer their questions.

83% felt that their participation in research was valued.

86% felt that research is a normal part of healthcare.

77% would be happy to take part in another study.

84% had a good experience of taking part in research.

83% would recommend taking part in research to other people.

Some examples of comments and feedback from Torbay and South Devon NHS FT patients:

"Felt valued - Team very good"

"Very happy with whole research project and the staff - thank you"

"The whole experience has been positive. It has not caused any inconvenience to me what so ever but has hopefully been of use to the researchers"

"Feeling part of making a decision"

"I like the fact that I have been able to play a part in research towards medications that can help other people"

"The whole trial was interesting, informative, well planned and excellent staff nurses and doctors"

"Friendly staff, given time and made to feel valued. Made to think about condition"

"Only had a vague idea about my condition before being referred. Research staff informed me much better"

"How to cope a bit better and the feeling of not being on your own"

6.2 **International Clinical Trials Day (May 20th):** Each year this day is celebrated nationally on the anniversary of James Lind, who conducted the first ever recognised clinical trial in 1747 (treating scurvy with citrus fruit). Events are held locally to help promote wider engagement; to help learn more about Clinical Research and learn how to get involved, who can take part, what is needed to get involved etc. The R&D teams hosted a stand in the main entrance with a challenge to see who had the 'steadiest hand' when invited to play the operation game! Stands and posters showcasing the various studies and research activity around the Trust were also on display.

7. **Workforce**

- 2017/18 was an exceptionally challenging year regarding workforce (staff morale, wellbeing, HR issues and shortages) requiring targeted and significant support and changes to address identified issues.
- A human resources programme was developed and actioned in collaboration with HR and OD to address issues and to support the improvement of working relationships within the teams.
- R&D has seen high staff turnover; losing over 50% of staff in 18 months. As a specialist area of work needing expertise, regulatory training and sign off etc; bringing in bank staff was limited; which created further capacity and capability challenges. This has:
 - Impacted on productivity, activity and income generation.
 - Created an opportunity to undertake a workforce restructure resulting in:
 - a reduction in staff costs by circa £200-300K pa
 - improved the skill mix with a broader band width of staff
 - improved development and career progression opportunities and our ability to succession plan better
 - Improved accountabilities and responsibilities of all staff.
 - helped to re skill senior experienced staff to support lower banded staff, as well as release staff to perform duties commensurate with their banding.
 - Led to more flexible, efficient and effective working practices and attitudes.
- Overall situation has improved considerably with improved workforce wellbeing; working relationships, dynamics and environment (A happier workforce & workplace!)
- But risks still remain regarding resilience and depth - staffing levels are minimal and difficult to provide cover for absences / shortages

8, **Clinical Trials Unit (Jubilee Research Unit - JRU)**

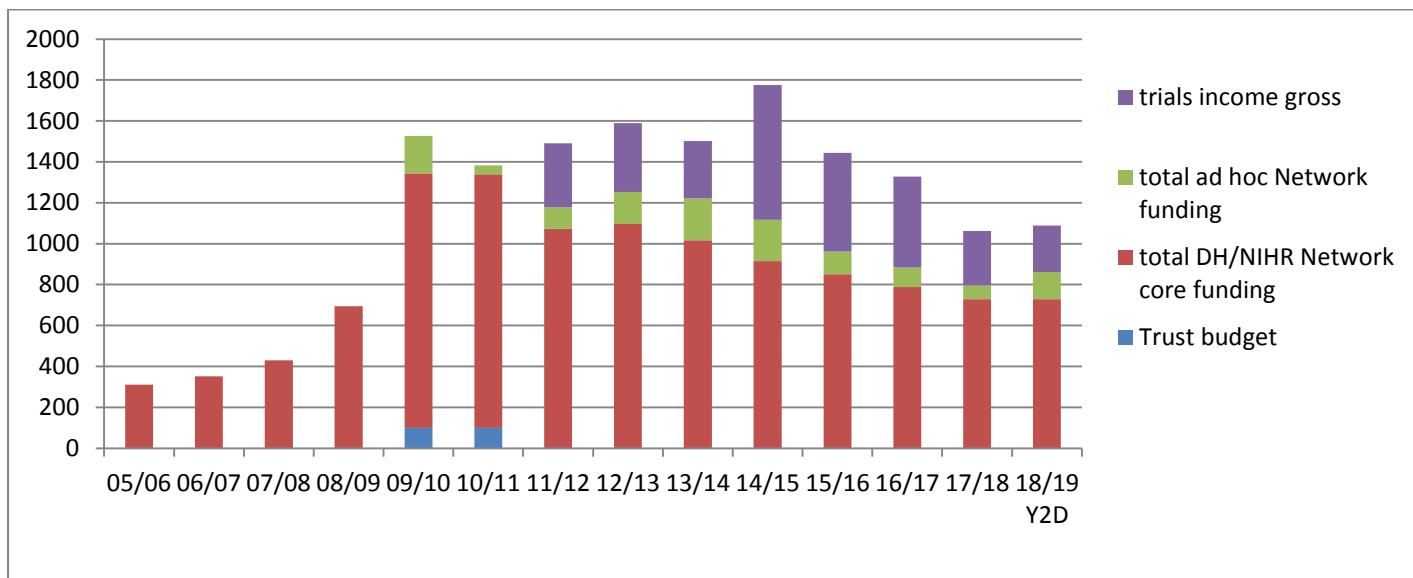
The Lead Research Nurse has worked hard to improve the working environment and relationships to overcome many of the issues and challenges previously reported. However the loss of this dedicated research space does still pose challenges. Many of the issues and risks as reported last year remain:

- Insufficient clinic capacity to see patients
- Loss of identity and dedicated space for research
- Loss of marketing to potential sponsors and loss of confidence by sponsors – Does the Trust have the necessary facilities and infrastructure to expand the portfolio and deliver contracts?
- We have turned down contracts because we are unable to deliver
- We will remain increasingly uncompetitive as sponsors will place business with other Trusts

9. **Finance:**

The graph below summarises the R&D income streams over the years. This has been declining and resulted in the need for an R&D recovery plan (see Appendix 2 for more details). The actions to date are showing a reversal of the trends; with 18/19 income already higher than in 17/18.

These improvements and impacts are expected to continue for the remainder of 18/19 and through to 19/20 to get back on track.



9.1 R&D’s primary funding contract is from the NIHR / DH as part of the Clinical Research Network.

The graph above shows the NIHR research funding awarded to the organisation over the years has declined irrespective of Trust performance; with year on year cuts imposed creating a significant issue in terms of sustainability and delivery of the NIHR contract.

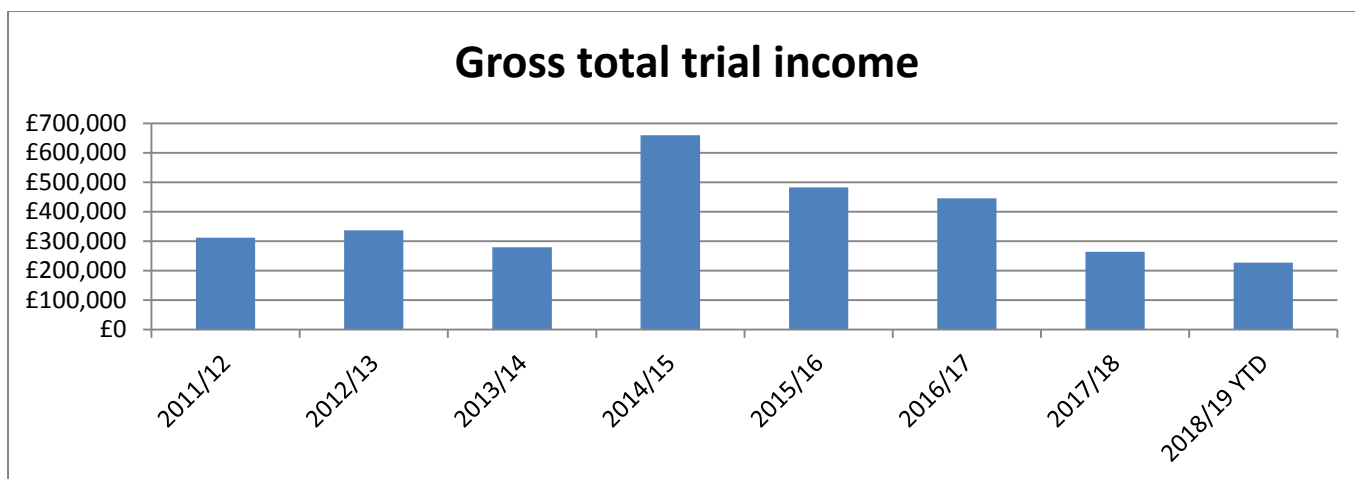
Alongside other partner organisations in the SW region; R&D has raised significant concerns over further proposed cuts of at least 5% in 18/19. The region successfully lobbied NIHR and DH to review the situation and to agree to no further cuts and to review the funding model in subsequent years as it was no longer fit for purpose.

The Trust received no cut to the CRN budget for 18/19 as opposed to the expected 5% cut at least.

9.2 Gross Trials Income Summary

The other main source of funding is from income generated from the clinical trial contracts paid pro rata per study based on recruitment and performance. All commercial trials and some non-commercial trials come with payments. These payments are required to compliment and top up core NIHR CRN funding. Trusts are not allowed to ‘double count’ in financial returns and the NIHR expect Trusts to demonstrate how such income is invested into the research agenda on site. Trusts are also subject to NIHR audit.

The graph below summarises the gross value income per annum showing the decline each year since 2014/15. As forecasted 2017/18 saw the worst levels of income generated hence the need to try to turnaround this trend through the recovery plans. The 2018/19 mid-year data shows income is almost equal to the overall total earned in 17/18, showing actions taken as part of the recovery plans to re balance the portfolio are working.



In addition, we must ensure we maximise our recruitment to current studies. The table below shows the total number of commercial studies that have closed in the past few years and a summary of the income received against the contractual values which shows there is still scope for improvement. By maximising recruitment and reducing the number of non-enrolling studies we can start to improve the return on commercial studies we set up, as well as trying to increase our activity to help increase our income generation (actual and potential).

Commercial Clinical Trials - closed since 2012

| Total No studies (total no. non enrolling studies) | Speciality | No of patients agreed in contract | actual recruitment | % recruitment target met | total contract value (initial) | actual income | variance | % income rec'd |
|----------------------------------------------------|--------------------|-----------------------------------|--------------------|--------------------------|--------------------------------|---------------|--------------|----------------|
| 60 (18) | combined / overall | 578 | 507 | 77% | £ 2,611,378 | £1,520,908 | - £1,041,906 | 69% |
| | £/ per patient | | | | £ 4,517.95 | £ 2,999.82 | | |

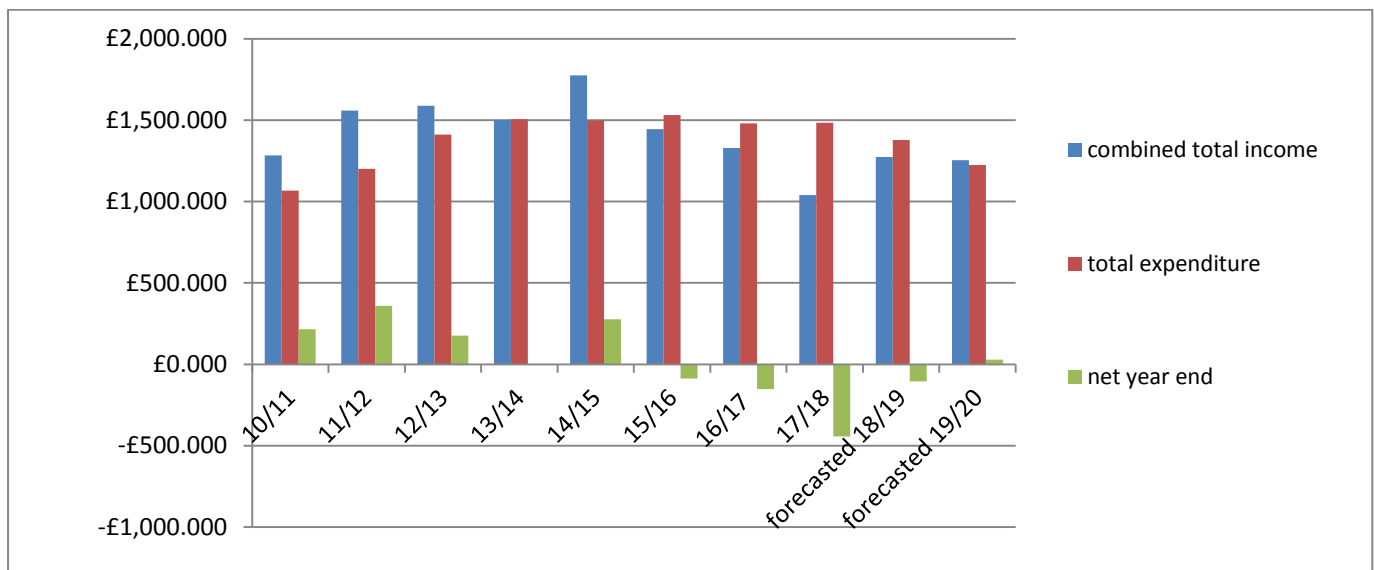
9.3 R&D's expenditure

This has remained steady over many years with 95% of spend accounting for as staff costs. As part of the recovery plan as well as increasing income we needed to look at reducing costs and therefore embarked on a programme of workforce and team restructuring. We had opportunities throughout the year to undertake this naturally; as staff left for one reason or other. R&D has lost over 50% of the original workforce in the last 18 months which has allowed significant changes to be made to improve the skill mix, but decrease staffing costs of circa £200-300K pa.

9.4 Year-end position:

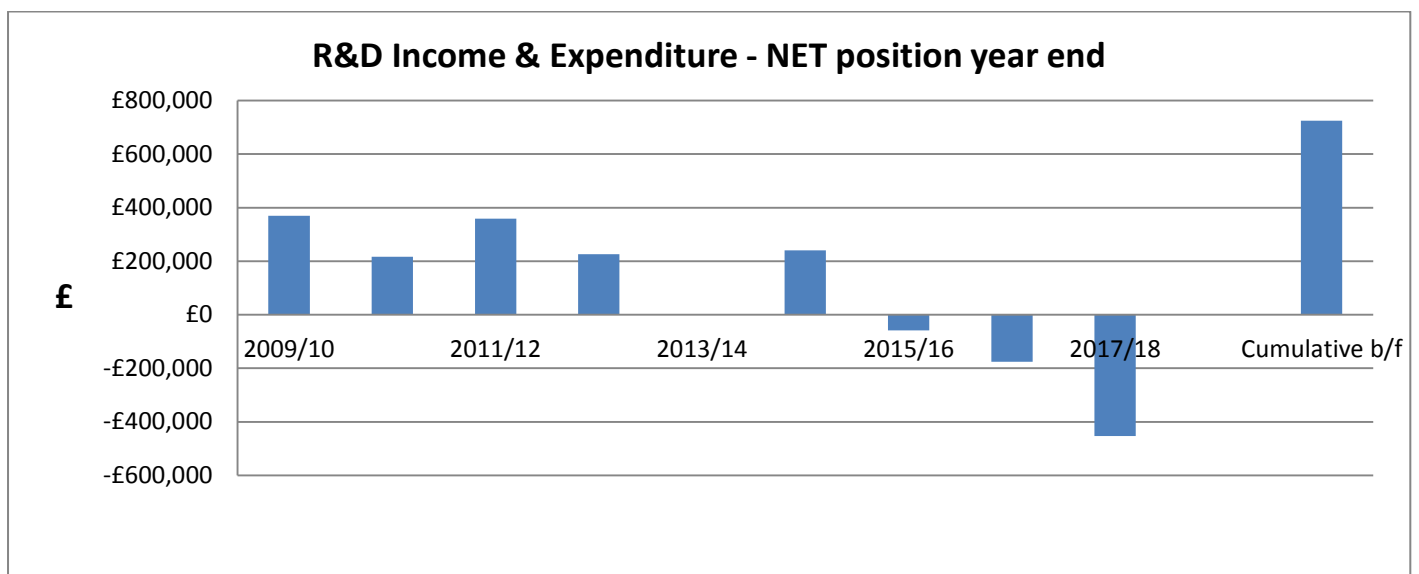
The graph below shows combined total income and expenditure and the forecasted budget situation for 18/19 and 19/20. The recovery plan actions are working and restoring a balance in terms of decreasing costs, increasing income. The forecast is to finish 18/19 with a much smaller deficit circa 50-100K , a significant improvement compared to year end position 17/18. These

improvements will continue and are on track to return to credit year end position in 19/20. N.B this is only possible assuming the actions, improvements and the engagement put in place so far continue. If we can increase income generation above £450K per annum our year end position will naturally improve further. But this is challenge - as per the limitation expressed throughout the report.



Please note: R&D accounts run differently to other NHS accounts although still have to adhere to NHS standing financial instructions. As a consequence R&D accounts - the year end position is 'reinstated' at the beginning of each year to give an R&D reserve (cumulative bring forward). This is because trials payments in contracts cover several financial years and cannot be contained in separate financial years. Research has to earn income up front as well as an annual budget to meet costs both in year and costs in the subsequent years which differ to NHS business models. We generally work with a 12 month rolling 3-5 year plans / model to help mitigate risks.

Whilst 17/18 saw another deficit in year, overall the R&D account remains in profit, although the reserve has been diminished. See summary below:



9.5 **Financial sustainability:**

The recovery plans have started to address the imbalance between what we can earn and what we need to earn and therefore improving the financial sustainability of the service and staff on site. The challenges still remain but a more inclusive and engaged community is helping to sustain improvements.

9.6 **Clinical Cabinet / CCG / STP - Drug / other savings**

An NIHR report (Nov 2016) showed the benefits to the NHS of contract (commercial) research is valued at £192M per annum; (circa £6,658 in revenue per patient and £5,250 per patient in pharmaceutical cost savings). Building on this work; R&D leads, alongside the CRN have started conversations working with Devon's Clinical Cabinet in response to how we could maximise research in the region. A summary of the barriers and examples of savings have been presented to aid understanding that research undertaken in the providers; leads to savings throughout the wider system and therefore we must work together better if we are to make any real impact of increasing this activity to reap further financial savings. We are lobbying for a share of the savings to be reinvestment in research infrastructure in order to increase research activity; to generate greater savings in the whole system. This would also create greater incentivisation for Trusts to do more activity; it is work that is recognised and valued, which in turn will help sustain and perpetuate the research portfolio for greater mutual benefit. In return the commissioners can have greater evidence and assurance that they are contracting with providers that are offering high quality best value for money. The Clinical Cabinet has agreed some principles to work up as a starting point and proof of concept and a business case will be submitted to NHS England to consider some form of a share of the savings through research to be reinvested or a type of CQUIN? The conversations and the lobbying will continue!

Appendix 1: NIHR CRN Key Performance Indicators (KPIs) Dashboard

| | | | |
|---------------------------|------|--------|------|
| Assessment Criteria - Key | >80% | 60-80% | <60% |
|---------------------------|------|--------|------|

| Objective | | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|--------------------|------------------------------------------|------------------------------------|
| Proportion of NIHR CLOSED studies recruiting to Time and Target (T2T) | Commercial | 30% (3/10) | 50% (6/12) | 64% (7/11) | 63% (5/8) |
| | Non commercial | 46% (6/13) | 63% (12/19) | 70% (14/20) | 65% (19/29) |
| | Total | 39% (9/23) | 58% (18/31) | 68% (21/31) | 65% (24/37) |
| Proportion of NIHR studies achieving NHS permission to First Patient First Visit (FPFV) within 30 days of approval (<i>applies to studies recruiting >11 per annum only</i>) | Commercial | 0% (0/3) | 0% (0/1) | 0% (0/1) | 100% (3/3) |
| | Non commercial | 61% (8/13) | 67% (4/6) | 67% (4/6) | 56% (9/16) |
| | Total | 50% (8/16) | 57% (4/7) | 60% (9/15) | 63% (12/19) |
| Proportion of NIHR studies where confirmation issues in <40 days | | 29% (7/24) | 56% (9/16) | n/a due to national changes to approvals | 50% (13/26) Median = 44 days |
| Proportion of agreed NIHR recruitment goal being met | | 108% (1292/1200) | 78% (1011/1296) | 118% (2030 / 1387) | 151% (2098/1387) |
| Increase in new commercial trials approved. | | 67% (8/12) | 100% (12/12) | 67% 10/15 | 93.3% (14/15) |

2017/18: Benchmarking with other Acute Trusts in Network (Network Report / Data) NIHR Time to Target (closed studies)

| Partner Organisation | Commercial | Non Commercial | Total |
|--------------------------------------------------------------------------------------------------------------|-----------------|------------------|------------------|
| North Devon Healthcare NHS Trust | - | 100% (10/10) | 100% (10/10) |
| University Hospitals Plymouth NHS Trust | 70% (24/34) | 76% (31/41) | 73% (55/75) |
| Royal Cornwall Hospitals NHS Trust | 82% (14/17) | 71% (15/21) | 78% (29/38) |
| Royal Devon & Exeter NHS Foundation Trust | 81% (21/26) | 86% (36/42) | 84% (57/68) |
| Torbay and South Devon NHS Foundation Trust | 63% (5/8) | 65% (19/29) | 68% (21/31) |
| Taunton and Somerset NHS Foundation Trust | 57% (4/7) | 83% (20/24) | 68% (24/31) |
| Yeovil District Hospital NHS Foundation Trust | 100% (4/4) | 72% (13/18) | 77% (17/22) |
| NIHR Clinical Research Network: South West Peninsula (for all organisations, acute, partnership, CCG etc) | 77% (95/124) | 77% (166/215) | 77% (261/339) |

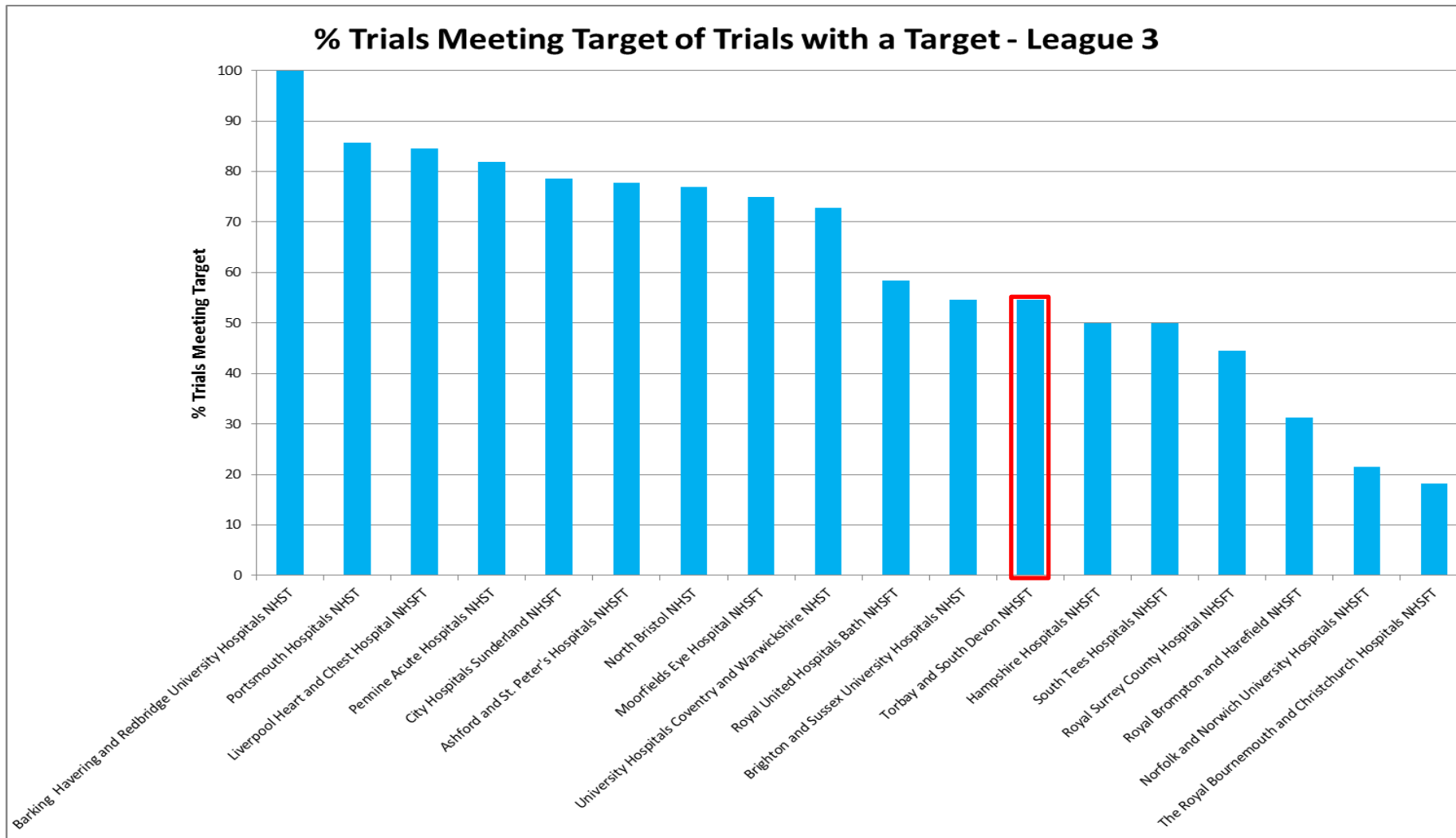
NIHR First Patient First Visit (recruit first patient within 70 days of a valid research application)

| Partner Organisation | Commercial | Non Commercial | Total |
|--------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|-------------------------------|
| North Devon Healthcare NHS Trust | - | 40% (2/5) | 40% (2/5) |
| University Hospitals Plymouth NHS Trust | 56% (5/9) | 50% (13/26) | 51% (18/35) |
| Royal Cornwall Hospitals NHS Trust | 67% (2/3) | 67% (8/12) | 67% (10/15) |
| Royal Devon & Exeter NHS Foundation Trust | 100% (6/6) | 79% (23/29) | 83% (29/35) |
| Torbay and South Devon NHS Foundation Trust | 100% (3/3) | 56% (9/16) | 63% (12/19) |
| Taunton and Somerset NHS Foundation Trust | 33% (1/3) | 50% (9/18) | 48% (10/21) |
| Yeovil District Hospital NHS Foundation Trust | - | 67% (4/6) | 67% (4/6) |
| NIHR Clinical Research Network: South West Peninsula (for all organisations, acute, partnership, CCG etc) | 68% (17/25) | 58% (80/137) | 60% (97/162) |

NIHR Metric – Time from site selected to Trust confirmation (approval) = 40 days

| Partner Organisation | Number of assess / arrange / confirm events | No Number of assess / arrange / confirm events <40 days | % within 40 day target | Median No. of days |
|-----------------------------------------------|---------------------------------------------|---------------------------------------------------------|------------------------|--------------------|
| Cornwall Partnership NHS Foundation Trust | 5 | 2 | 40% | 54 |
| Devon Partnership NHS Trust | 6 | 5 | 83% | 18 |
| North Devon Healthcare NHS Trust | 7 | 4 | 57% | 91 |
| Royal Cornwall Hospitals NHS Trust | 38 | 12 | 32% | 49 |
| Royal Devon & Exeter NHS Foundation Trust | 75 | 53 | 71% | 28 |
| Somerset Partnership NHS Foundation Trust | 10 | 7 | 70% | 28 |
| Torbay and South Devon NHS Foundation Trust | 26 | 13 | 50% | 44 |
| Taunton and Somerset NHS Foundation Trust | 21 | 10 | 48% | 58 |
| University Hospitals Plymouth NHS Trust | 79 | 63 | 80% | 27 |
| Yeovil District Hospital NHS Foundation Trust | 11 | 8 | 73% | 33 |
| Non-NHS Activity in South West Peninsula | 1 | 0 | 0% | - |

2017/18 DH metric: Performance recruiting to time and target / Delivering Research (PD) metric (target = 80% studies) – assigned to leagues based on quantity of studies reported.



Proportion of trials recruiting patients to time and target (per provider, % of closed trials)
 NB: Providers where the % of trials recruiting to time and target is N/A were not included in this figure.

PUBLIC

Appendix 2: Summary of the Impacts and outcomes from studies Torbay Hospital has led or participated in.

| Clinical Specialty | Study details |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A&E | <p>HALT –IT – International Emergency room study use of tranexamic acid for GI bleeds. Trial results awaited. Patients with Gastro intestinal bleed not routinely given tranexamic acid to control the blood loss. If proves successful with GI bleeds tranexamic acid will reduce the need to have blood transfusions, and therefore reduce side effects such as clotting problems. Will also reduce the amount of blood used generally from the National transfusion service.</p> |
| Anaesthetics | <p>PQUIP - National Perioperative quality study. On-going. Looking at improving outcomes for patients following major surgery. The Anaesthetic and Enhanced recovery teams are actively involved in this study with the Junior Doctors within the Anaesthetic team using participation in the study as part of their clinical professional development. The Trial office feedback regular information to the PI on the patient responses to the questionnaires and the outcomes of patients at discharge from hospital. This is allowing the Anaesthetic/Enhanced Recovery team to use real-time information to audit and improve care ie if there is a high incidence of patients reporting nausea and vomiting postop , this problem can be looked at; on a regular basis within the clinical team rather than wait for the results at the end of the study.</p> |
| Cancer - Breast | <p>UK IMPORT LOW trial: Partial-breast radiotherapy after breast conservation surgery for patients with early breast cancer: 5-year results from a multicentre, randomised, controlled, phase 3, non-inferiority trial.</p> <p>The aim of the trial was to improve radiotherapy treatment for women with early breast cancer following breast conservation surgery; by comparing current standard radiotherapy to the whole breast versus reduced dose radiotherapy (involving standard radiotherapy to the area of the breast where the cancer was and a lower dose of radiotherapy to the rest of the breast), versus partial breast radiotherapy involving standard dose of radiotherapy, but only to the area of the breast where the cancer was. In addition the trial tested whether doing this preserves the long term physical appearance of women’s breasts whilst being just as effective as standard radiotherapy at preventing the cancer returning.</p> <p>The study results are important news for women with early breast cancer. The findings suggest that treating a lower volume of breast tissue with radiotherapy (in the area of the original cancer) is as safe and effective as treating the whole breast with radiotherapy. In addition, side effects from radiotherapy are low in all groups and participants rating their breast appearance better in the partial breast</p> |

radiotherapy group than the women in the other groups.

The results generated has produced a consensus statement for radiotherapy after breast conserving surgery advising that partial breast radiotherapy can be considered for selected patients with specific characteristics of low risk tumours and radiotherapy centres are recommended to start implementing the trial techniques if they are not already doing so.

**Cancer –
malignant
Haematology**

FLAIR – Patients randomised to Ibrutinib in this study do not have to stay on the drug indefinitely as they would do out of study. The trial is looking at whether patients who are MRD negative can safely stop the drug and restart if they become MRD positive, which gives them the opportunity to be off treatment.

**Cancer –
malignant
Haematology**

ENRICH study – Patients have the opportunity to be randomised to Ibrutinib - a new oral targeted drug therapy. This drug is not available as a first line treatment out of study. Also patients have a shorter visit when they attend for treatment as a result of having oral treatment as part of their therapy.

**Cancer-
Prostate**

The STAMPEDE (Systemic Therapy in Advancing or Metastatic Prostate cancer: Evaluation of Drug Efficacy) Trial.

STAMPEDE is a multi-centre international, multi-arm, multi-stage (MAMS) platform trial. The aim of the STAMPEDE trial is to test different approaches that try to prevent the tumour re-growth or spread by adding other treatments to the standard hormone therapy. The aim is to improve the survival of men with advanced prostate cancer. One part of the study tested whether adding radiotherapy to the prostate to long-term hormone therapy in men with newly diagnosed disease that had spread beyond the prostate could improve survival.

The results showed that overall, radiotherapy did not improve survival for men whose disease had spread beyond the prostate. But, for the subgroup of men with ‘low burden’ disease (disease that had spread to lymph glands and/or to parts of the bone in the spine and/or pelvis, but not to other parts of the bone or other internal organs), radiotherapy significantly improved survival, with 81% of men alive after three years, compared to 73% in the group receiving drug therapy alone.

Implications of these results

- Radiotherapy to the prostate should now be a standard of care for men with prostate cancer who have a low metastatic burden, but not for men with a high metastatic burden
- Radiotherapy to the prostate is also likely to be beneficial to patients who have non-metastatic, pelvic node-positive disease
- Radiotherapy to the primary tumour may also be beneficial for other types of metastatic cancer with low burden disease; research is needed to test this

- Radiotherapy is relatively low-cost, has modest toxicity and widely available in most parts of the world
- STAMPEDE is continuing to test new approaches to treating prostate cancer, with more results expected in 2019.

Cardiology **IRONMAN study:** Being part of this study has highlighted that we do not routinely check Ferritin levels on patients admitted with worsening heart failure, this has led to a change in practice for appropriate patients.

Cardiology **GALACTIC study:** This study has led to closer working relationship with our well established heart failure team. We have been able to streamline visits so that research and heart failure clinic visits occur on the same day wherever possible. We have been able to minimise the venepuncture requirements for this group of patients by obtaining samples for local clinical requirements at the same time as central bloods, this in turn has helped free up time in heart failure clinics. Our heart failure team have reported greater patient compliance and understanding of their clinical condition for those subjects being followed up as part of research in addition to very positive feelings about their individual research experience.

Cardiology **REVEAL study:** We are receiving great patient feedback on over 180 patients regarding their research experience during our routine 2 year follow-up calls. Patients will sometimes call at random for advice either via telephone or by 'dropping-in'. One patient in particular was identified as becoming 'unstable' with regards to his coronary heart disease status. He was rapidly assessed and identified as requiring an intervention, this early identification and intervention potentially prevented a myocardial infarction.

Diabetes **TRIAL-NET**-looking for antibodies to predict type 1 in families with a child diagnosed with type 1-this is an option for families to have their children tested for the antibodies therefore highlighting children at risk of developing type 1. Without this trial option families would be left stressing whether their other children will develop this disease.

Diabetes **STARTRIGHT Study: Getting the right classification and treatment from diagnosis in adults with diabetes.** Type 1 diabetes is not predominantly a 'disease of childhood' as previously believed, but is similarly prevalent in adults. But many of those with type 1 diabetes after the age of 30 are thought to have type 2 diabetes at first, and not initially treated with insulin to control blood sugar levels. Distinguishing between type 1 or type 2 diabetes matters as it affects the treatment needed. Although much less common than type 2 diabetes in adulthood, it is crucial that type 1 is diagnosed and treated correctly as it can be life threatening with one in nine of the adult onset type 1 diabetes admitted to hospital with diabetic ketoacidosis, a potentially fatal condition that develops when type 1 patients are not given insulin. This study aimed to improve this situation by helping doctors more accurately tell the type of diabetes a person has when they are first

diagnosed.

Case study: Misdiagnosis led to weight loss and vomiting for a Torbay patient (featured on local radio / press)

Helen knew something was amiss with her diagnosis of type 2 diabetes. Slim and active, she felt her lifestyle could not have triggered the condition. More worryingly, the metformin she was prescribed was only worsening her symptoms. She continued to lose weight and had regular bouts of vomiting. It was only when she took part in the Start Right study that she discovered that she actually had type 1 diabetes and had been on the wrong medication for a year. She switched to insulin injections and soon the vomiting stopped and her weight began to stabilise. Helen, a dental hygienist from Torquay, said: "Having the wrong diagnosis was extremely frustrating. I just knew it wasn't right. I'm an active person. I'm always running around with my two young kids and I walk the dog every day." Helen had just turned 40 when she visited her GP after experiencing extreme thirst. Although she was underweight, her blood test strongly indicated diabetes. She was diagnosed with type 2 and prescribed metformin, and sent on a course to learn about lifestyle factors including a low-sugar diet. "All the other people on the course were in their mid 60s and overweight," said Helen. "I was 5'10" and 9.5 stone. I stood out like a sore thumb. When I raised it with nurses or my GP, I was told that type 1 diabetes is always diagnosed in childhood, so I had to be type 2. I felt like I was banging my head against a wall." Helen took the lifestyle advice seriously. She cut out carbs from her diet almost completely to get better blood sugar control -- but she began vomiting up to four times a week. "It was horrible," she said. "Even a single piece of toast would send my blood sugar levels through the roof, and I was losing even more weight. "I'm so pleased I was invited to take part in the trial and I got the right diagnosis. It's such a relief and it's made such a difference. I'm fine now. I haven't had a single episode of vomiting since switching to insulin, and I'm now gaining weight. My year on the wrong treatment was awful. I hope this research ensures more people can get the right treatment more swiftly."

Infection

PREP HIV-due to carrying out this research we have been able to offer men at high risk of contracting HIV a preventative treatment. We currently have 17 men on the trial. It is in high demand and we have a waiting list of 60 men who would like to be involved, but only have 17 places. Outside of this trial these men could pay for treatment online.

Obesity

The SKiM study: Conducted by a research team from the University of Exeter Medical School over the period July 2015 to May 2018 with Torbay participating as a site. The study aim was to develop and evaluate a programme to support long term weight loss by lifestyle change.

The study reported that the SkiM programme had a number of novel elements, which many participants said they liked and found helpful. Existing weight management programmes could probably be made more effective by incorporating some of these elements, particularly understanding personal influences on eating behaviours, dealing with “high risk” situations, managing social influences, and problem-solving.

The data collected showed that for participants the average weight loss 18 months after the start was quite small, but this disguised big differences between individuals. One important caution here is that some participants said their weight was going up before the programme started, but then stabilised or rose more slowly during the study. For them, this was a worthwhile outcome.

Those participants who really engaged with the programme content tended to be most successful, both in losing weight and in keeping it off for at least for a year. However, some attended but did not engage, and significant numbers dropped out altogether. The researchers are looking at the data to figure out whether they could predict engagement and so offer the programme to people who are more likely to stick with it.

Although weight loss maintenance improved between the two rounds, the levels were still not high enough to suggest the SkiM approach might work for everyone. However, some people did very well with the programme, and if we could predict who has the best chance of doing well, SkiM could be targeted on them. Then SkiM might be a very effective programme. The researchers are looking at the data collected to see if it is possible to predict who is more likely to benefit from the SkiM programme.

For people who did not respond as well to the programme, a different type of support may be needed. In the meantime, SkiM might be adapted to make it more effective and economical. For example, it could be split into modules so people could participate in the bits that are most relevant to them. Some of it could be offered in an interactive manual or online, or perhaps used by volunteer-led support groups. All these areas need further research to see if they are viable.

The researchers are writing more detailed reports and papers so that decision-makers and budget-holders can decide whether the SkiM approach should be used to help people manage their weight more effectively in the future.

Ophthalmology

Landmark court ruling follows findings of national clinical trial run in Torbay

A drug at the centre of a landmark court ruling which could save the NHS millions was identified as clinically and cost-effective by a clinical trial previously run in Torbay.

The NHS has won a legal battle with two drug companies to be able to prescribe Avastin, a treatment for patients with wet age-related macular degeneration (AMD) – a serious eye condition that causes severe impairment of the central vision in both eyes.

The IVAN trial, funded in 2007 and published in 2015, investigated two drugs that are used to stop leakage from blood vessels inside the eye. Torbay and South Devon NHS Foundation Trust was one of 23 ophthalmology clinics in the UK which carried out the study- at which 34 patients took part locally.

It found that wet AMD could be treated with bevacizumab (Avastin®), which is non-licensed but far cheaper than the licensed Ranibizumab (Lucentis®). While Avastin costs £28 per injection, Lucentis costs £551. It is thought the use of Avastin could lead to savings of hundreds of millions per year to the NHS.

The study, which assessed 610 patients in England, Wales and Northern Ireland, showed that the Bevacizumab was neither worse nor better than Ranibizumab in terms of best corrected visual acuity.

The findings acted as the basis for recommendations made in the World Health Organisation's (WHO) 2017 report 'The selection and use of essential medicines', in addition to informing NICE clinical guidelines on the treatment of wet AMD.

Lead researcher Professor Usha Chakravarthy, of Queen's University, Belfast, said: "The team welcome the fact that the NHS will have the opportunity to extend the use of Avastin to routine clinical practice."

Orthopaedics

Arthroscopic Sub acromial decompression for sub acromial shoulder pain (CSAW) : A multicentre, pragmatic, parallel group, placebo controlled, three group, randomised surgical trial.

This study compared standard arthroscopic sub acromial decompression, commonly performed surgery offered to patients with persistent sub acromial shoulder pain due to impingement versus placebo therapy (arthroscopic surgery only).

The study results showed that patients who underwent standard therapy of sub acromial decompression showed no difference in improvement when compared to placebo therapy (arthroscopic surgery only). But both surgery options provided greater symptom relief than no treatment.

Recommendations: These findings should be used in consultations during the shared decision making process, questioning the value of this type of surgery for these indications and might discourage some surgeons from offering decompression surgery and dissuade some patients from undergoing surgery.

Orthopaedics **INFINITY** – Commercial ankle replacement observational study following patients for 10 years after surgery with the INFINITY ankle replacement component. This is seen as the most up-to-date and technologically advanced ankle replacement. Patients are referred to the Torbay ankle team from other parts of the Peninsula as not all hospitals have an Ankle replacement team. This Study is also managed with the help of the Surgical Assistant Practitioner within the Orthopaedic team and therefore it has widened the team of people working within research as part of the patient's normal clinical care.

Orthopaedics **HEALTH study** - Hemi v total arthroplasty international study. A patient was in a 2 year follow up plan following a hemiarthroplasty. This patient did not have a planned appointment for 12 months post op as part of normal care, but as participating in the study the patient would be followed up for 24 months. At 9 months the patient was followed by with her Study phone call and reported having pain and difficulty with her hip . At her 12 month research visit she was able to explain her problems to the PI who then booked the patient for a revision of her original hip replacement which then remedied her problems and her mobility greatly improved. The patient was very happy that being in the Study gave her an added opportunity to see the consultant without needing to be referred again via her GP as she had benefitted from the extra Study follow up

Paediatrics **Safety and effectiveness of hormonal treatment versus vigabatrin for infantile spasms (ICISS) a randomised controlled trial:**

Infantile spasms constitutes a severe infantile epilepsy syndrome that is difficult to treat and has a high morbidity. Hormonal therapies or vigabatrin are the most commonly used treatments. The main aim of the study was to investigate if vigabatrin and hormonal treatment (either prednisolone or tetracosactide depot) given together (combined treatment) was better at stopping the spasms than giving just hormonal treatment alone.

The study results showed that hormonal therapy with vigabatrin is significantly more effective at stopping infantile spasms than hormonal therapy alone without increasing known side effects of the treatments. The initial results suggest that the effect seen might be sustained, but this needs to be confirmed at the 18 month follow-up.

One of the other aims of the study was to look for those infants where the spasms stopped and also the EEG (the electroencephalogram which measures the electrical activity in the brain) was no longer significantly abnormal (called an Electro-clinical response). The results showed that a greater number of children who were given combination therapy achieved this “electro-clinical response” than those who had hormonal therapy alone

This study is the largest international trial investigating infantile spasms ever to have been undertaken and the results mean that in the future, doctors may well choose to prescribe hormonal treatment with vigabatrin to treat infantile spasms; a major advance and should improve the treatment of children with infantile spasms in the future.

Respiratory

Singing for Wellness study: A Trust led and sponsored study, funded by the Torbay Medical Research fund. Chief Investigator Dr Elizabeth Ginn.

Is singing a useful way of supporting people in Torbay to self-manage aspects of their COPD? Does a bespoke respiratory choir provide a non-medical intervention for those with COPD in our local community?

Participants were invited to take part in a new 12-week community choir to help us investigate the effect singing in a choir may have on their breathing, COPD management and wellbeing. There was one group choral session each week for the duration of a 12-week period.

The results showed that participants reported outcomes wholly positive- with emotional narrative from participants very encouraging. So powerful were the stories heard, that participants thoughts and emotions were captured (with consent) on a short film by the HiBlio team.

Other outcomes include:

- BBC interested and contacted local Culture board about making a short film.
- Commissioners very excited and three more 12 week courses funded with collaboration with Arts Council and Culture board funding with more groups in Totnes, Brixham (local GP practices supporting self-referral process) and Shiphay, Torquay.
- A great example of ICO working across boundaries of primary and secondary care.
- Extension to other vocal practitioners within the community with new people joining- peer teaching occurring and mentorship for the vocal practitioners.
- The Brompton keen to collaborate using this data and would like it to contribute to a national programme.
- Participants leaving the first cohort have joined other local choirs to continue their participation in singing.
- Mentioned in Great Places: local event held by Culture Board.

**Rheumatology
Torbay was one
of the 7 UK
centres
selected to take
part**

The RAFT Study: Reducing Arthritis Fatigue – clinical Teams using cognitive behavioural approaches: A Randomised Controlled Trial

In Rheumatoid Arthritis (RA) fatigue is common. Group Cognitive Behavioural Therapy (CBT) by CBT therapists is effective but few rheumatology teams have psychologists. This study looked at training rheumatology teams to deliver RAFT - a cognitive behavioural approach (CBA) and to test if usual care plus a group CBA course for RA fatigue delivered by rheumatology teams reduces fatigue impact more than usual care alone, in a randomised controlled trial.

A pair of rheumatology nurses/OTs in each of 7 UK hospitals was trained in RAFT. RAFT involved 6 weekly 2hr group sessions and a consolidation session at week 14. Links between thoughts, feelings and behaviours (pacing, communication, sleep, stress) are addressed, with daily diaries of energy expenditure and weekly goal-setting. Usual care involves a 5 min discussion of the Arthritis Research UK fatigue booklet.

The study showed that rheumatology teams delivering a manualised CBA group intervention addressing fatigue impact, not only improve RA fatigue impact, but also emotional & overall fatigue, living with fatigue and self-efficacy, with very high patient satisfaction. Providing rheumatology teams with CBA skills is a potential new therapeutic approach to change practice and improve patient outcome.

Rheumatology

STRIDE study: Are patients' supported to self-manage their inflammatory rheumatic disease? A patient survey about the care provided by rheumatology teams.

Summary and key take-home messages

This report details the results of the Rheumatology team care: A patient survey research study which aimed to understand whether patients feel they are supported to self-manage their inflammatory rheumatic disease and whether patients perceive there to be a change in self-management support after clinicians received STRIDE training.

The survey was completed by a relatively large sample of patients with inflammatory arthritis utilising rheumatology services between November 2017 – August 2018. Respondents reported a range of ages and rheumatic conditions, and demographics were quite consistent across timepoints. These data could serve as audit data for the local site.

The survey indicated that in many ways patients feel they are supported to self-manage their inflammatory rheumatic disease which is reflected in the high patient satisfaction reported in the two validated outcome measures collected (CQRA and CollaboRATE). These results are broadly very positive as they demonstrate high

patient satisfaction at the local site. Despite the slight reduction in the percentages of respondents who 'agreed' or 'strongly agreed' with some domains including emotional support and overall experience of care across the timepoints, it is important to remember that all domains still contained high percentages of agreement representing high patient satisfaction.

With respect to evaluating the STRIDE training, slight improvements were seen in relation to signposting, emotional support, and overall experience of care on the CQRA outcome measure. Signposting and emotional support were topics that were specifically covered during STRIDE training. However, given the nature of the data and its collection in a 'real-world' setting (rather than RCT) we are unable to attribute any statistical significance to these changes. There was no observable impact of STRIDE training on the CollaboRATE outcome measure which demonstrated high scores across all timepoints.

The results do also suggest some interesting findings when thinking about the amount of time available during consultations. The item asking patients whether they perceive there to be enough time to cover everything during appointments was 'agreed' or 'strongly agreed' with by 84–92% of respondents. This is an area that healthcare professionals often report as problematic, but this does not appear to be perceived by patients in the same way.

The limitations of this evaluation survey include that given the 'real-world' data collection approach (rather than RCT), samples at all timepoints were neither paired nor unpaired. Furthermore, the outcome measures used, particularly the CollaboRATE tool demonstrated ceiling effects at baseline, making it difficult to identify any possible improvements. From a research perspective this highlights questions about which outcome measures are most appropriate to use to demonstrate the outcomes of this type of intervention or training.

Key take-home messages

- High levels of patient satisfaction were reported at all survey timepoints
- Patients report that they are well supported to self-manage their inflammatory rheumatic disease.

Stroke

RESTART- Following ICH consultants are unsure to start or stop anti platelets-adding patients to this trial has been a standardised treatment option for this class of patient whom would normally be treated ad hoc.

Stroke

TICH-2- a study looking at giving tranexamic acid to reduce bleeding in the brain (intracerebral haemorrhage) in stroke patients.

Around 150,000 people in the UK suffer a stroke every year. The majority of these are ischaemic strokes caused by a blocked blood vessel on the brain which can be treated very successfully in many cases with the use of clot-busting drugs (thrombolysis) administered within 4.5 hours of the stroke. However, 15 percent of all strokes are caused by intracerebral haemorrhage, when a blood vessel in the brain bursts, leading to permanent damage. Intracerebral haemorrhage affects 22,000 people every year.

Whilst all people with acute stroke benefit from treatment on a stroke unit and blood pressure lowering, there is currently no specific treatment for intracerebral haemorrhage. Many people affected will die within a few days and those who do survive are often left with disabilities including difficulty walking and speech problems.

The results found that tranexamic acid (TXA), a drug currently used to treat excessive blood loss from major trauma and childbirth, could transform the treatment of stroke patients. "TICH-2 is a significant step in improving treatment for haemorrhagic stroke patients. The study shows that tranexamic acid, a cheap, widely available drug, has the potential to transform treatment and outcomes for stroke patients. The study showed a reduction in the amount of bleeding on the brain, serious complications and early deaths in the first week, for patients who had received the TXA treatment. The study showed no statistical significant change in death and disability at three months.

Stroke

The SOS study: The Stroke Oxygen Study Randomized Clinical Trial: Effect of Routine Low-Dose Oxygen Supplementation on Death and Disability in Adults With Acute Stroke.

IMPORTANCE Hypoxia is common in the first few days after acute stroke, is frequently intermittent, and is often undetected. Oxygen supplementation could prevent hypoxia and secondary neurological deterioration and thus has the potential to improve recovery.

OBJECTIVE To assess whether routine prophylactic low-dose oxygen therapy was more effective than control oxygen administration in reducing death and disability at 90 days, and if so, whether oxygen given at night only, when hypoxia is most frequent, and oxygen.

administration is least likely to interfere with rehabilitation, was more effective than continuous supplementation.

Conclusions: The study concluded that among non-hypoxic patients with acute stroke, the prophylactic use of low-dose oxygen supplementation did not reduce death or disability at 3 months. The study findings do not support low-dose oxygen in this setting.

**Health Services
Research
(HSR):
Service
Delivery &
Organisational
Research**

Can a highly integrated, urgent care pathway for older people featuring ‘early-in-day’ GP home visit, shared patient records, and single points of contact between primary, secondary, and intermediate care in a locality reduce unplanned admissions (number and bed days) and provide higher quality care compared to other developing locality systems without the pathway?

A summary of events and outcomes:

A successful funding bid was announced in October 2016 for a three month analysis. However, health predictive modelling was undertaken and it immediately became apparent that three months would be woefully underpowered to detect a difference. The statistician felt that a year was needed at least. It was not possible to solicit any additional funding to fund the study so it was terminated. Despite the challenges the study achieved several useful outcomes:

- Operationalising a pilot of the above pathway. If operationalised health predictive modelling showed that it could achieve cost savings of £220,000 per year in the community. Staffing costs would be 0.5 GP WTE’s. This would be the only overhead.
- Evaluating a novel risk stratification tool (Newton Predictive Tool) that accurately predicted risk of same day hospital admission, allowing resources to be mobilised early

In terms of publications, two will be published later on this year and early next year:

1. Attwood D, Stevens KN, Jones L, Harris L, Roberts F, *Home visits: a New Screening Tool for Frailty? A Retrospective Exploratory Study*. This is due to be published in Journal of Family Medicine and Primary Care
2. Attwood D, D’Arcy N, Shepherd J, Griffiths A *There and Back Again: the Development of an Ambulatory Care Pathway for Older People Living with Frailty that Begins and Ends in the Patient’s Own Home*. This will be presented at the British Geriatrics Society Autumn Conference in Nov 2017 and will be published (probably May 2018) in Age and Aging.

In addition, the Royal College of General Practitioners (RCGP) have offered to write up the pilot as a case study that they will publicise it nationally as a New Model of Person-Centred Coordinated Care for Older People.

Similarly, there is much interest by GP’s in locality hubs in other regions. They will all be attending the British Geriatrics Society (BGS) Autumn conference and will learn further details.

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

| | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Meeting date: | 27 November 2018 |
| Report by + date: | Robin Sutton, 28 November 2018 |
| This report is for: <i>(please select one box)</i> | Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/> |
| Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i> | 1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/> |
| Public or Private <i>(please select one box)</i> | Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/> |

Key issues to highlight to the Board (Month 7, October 2018):

1. For assurance the Committee reviewed the Month 7 Financial Performance, which remained broadly in line with plan after taking into account not earning the Q1 and Q2 PSF performance element. Given the current pressures on A&E it is thought likely that the Trust will miss the targets for earning Q3 PSF. It was highlighted that the financial performance for Month 8 was likely to deteriorate due to the impact of operating theatre closures and domiciliary care provision issues.
2. For assurance the Committee reviewed the Month 7 Performance Standards together with related management actions and mitigations. Performance standards for Month 8 are also likely to suffer from the impact of operating theatre closures and domiciliary care provision issues.
3. NHSI self-certification and narrative for Month 7 was approved by the Committee.
4. The Committee highlights to the Board that the combination of current operational pressures together with existing risks to the forecast will mean that the Q3 forecast is highly likely to show that the control total for the year will not be met and many of the performance standards will not be achieved by the end of the financial year.
5. Torbay Pharmaceuticals financial performance for October 2018 was discussed by the Committee for assurance. The Committee was pleased to note the strong business performance achieved during the month.
6. It was noted that the Finance Risk Register will need to be updated in light of issues with operating theatres, domiciliary care provision and social care funding, review of the Board Assurance Framework was deferred.
7. IM&T report for November 2018 was provided for information and assurance. The Committee requested an update on GDPR for January.
8. The business case for Torbay Pharmaceuticals Contract Manufacture was reviewed and approved by the Committee, this business case will now be submitted to the Trust Board for approval.
9. The business case for Replacement Defibrillators was reviewed and approved by the Committee, this business case will now be submitted to the Trust Board for approval.

10. The Community IT business case was reviewed and approved by the Committee, this business case will now be submitted to the Trust Board for approval.
11. The EPIC strategic outline business case was reviewed and approved by the Committee, this outline case will be submitted to the Trust Board for approval. .
12. For information the Committee reviewed the paper setting out Adult Social Care Fee setting for 2019/20, the Committee supported the recommendation contained in the paper.
13. The Committee undertook a deep dive into Procurement, due to timing it was agreed to circulate the presentation and take questions at the next FPIC meeting in December.
14. The Committee undertook a deep dive into the progress report from Meridien on resource load modelling in the areas of Community Nursing, Intermediate Care and Community Therapies, this work is ongoing and the savings evaluation will require approval.
15. The Committee was due to undertake a deep dive into Women's and Children's SDU financial performance, this was deferred to December due to operational pressures..
16. CODAG and SBMT meetings for 16 November 2018 and 15 November 2018 were verbally referenced.

Key Decision(s)/Recommendations Made:

1. As above.

Name: Robin Sutton (Committee Chair)

| Cover sheet and summary for a report to the Trust Board | | | | | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------|
| Report title: Safer Staffing | | | | Date: 5 December 2018 | |
| Report sponsor | Jane Viner, Chief Nurse | | | | |
| Report author | Cathy Bessent, Deputy Director of Nursing | | | | |
| Report provenance | Executive Director Meeting | | | | |
| Confidentiality | Public | | | | |
| Report summary | This is the monthly safer staffing report as required by the Chief Nursing Officer NHS England. The report also gives a progress report on the Nursing Workforce Programme streams. | | | | |
| Purpose (choose 1 only) | Note <input type="checkbox"/> | Information ✓ <input type="checkbox"/> | Review <input type="checkbox"/> | Decision <input type="checkbox"/> | Approve <input type="checkbox"/> |
| Recommendation | <p>The ongoing commitment to address nurse recruitment through a variety of strategies.</p> <p>This includes plans for a further overseas recruitment campaign in order to achieve the revised safer staffing levels and reduce the agency nurse overspend.</p> | | | | |
| Summary of key elements. | | | | | |
| Strategic context | <p>Highlight which strategic/corporate objective(s) this recommendation aims to support</p> <ul style="list-style-type: none"> • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led | | | | |
| Dependencies and risk | Registered Nurse Recruitment remains a challenge both locally and nationally. | | | | |
| Summary of scrutiny | <p>The recommendations in this report have been subject to challenge, due diligence, and risk assessment by:</p> <ul style="list-style-type: none"> • Executive Directors meeting dated 27 Nov 2018 | | | | |
| Stakeholder engagement | Devon STP Local Workforce Action Board | | | | |
| Other standards affected | Nursing Quality Board safe staffing levels NHSI safe staffing standards | | | | |
| Legal considerations | Nil | | | | |

| | | |
|------------------------------|-------------------------------------------|-------------------------------------|
| Report title: Safer Staffing | | Date: 5 th December 2018 |
| Report sponsor | Jane Viner, Chief Nurse | |
| Report author | Cathy Bessent, Deputy Director of Nursing | |

1. Purpose of the Report

The purpose of this Report is to provide information and assurance to the Board regarding the Nursing and Midwifery Safer Staffing levels and the subsequent underpinning workstreams as part of the Nursing Workforce Programme Board.

On a monthly basis the number of planned nursing hours (based upon the agreed baseline safe daily staffing numbers for each ward) and actual nursing hours (the total number of nursing hours used each day) for each inpatient ward area is submitted to the national dataset.

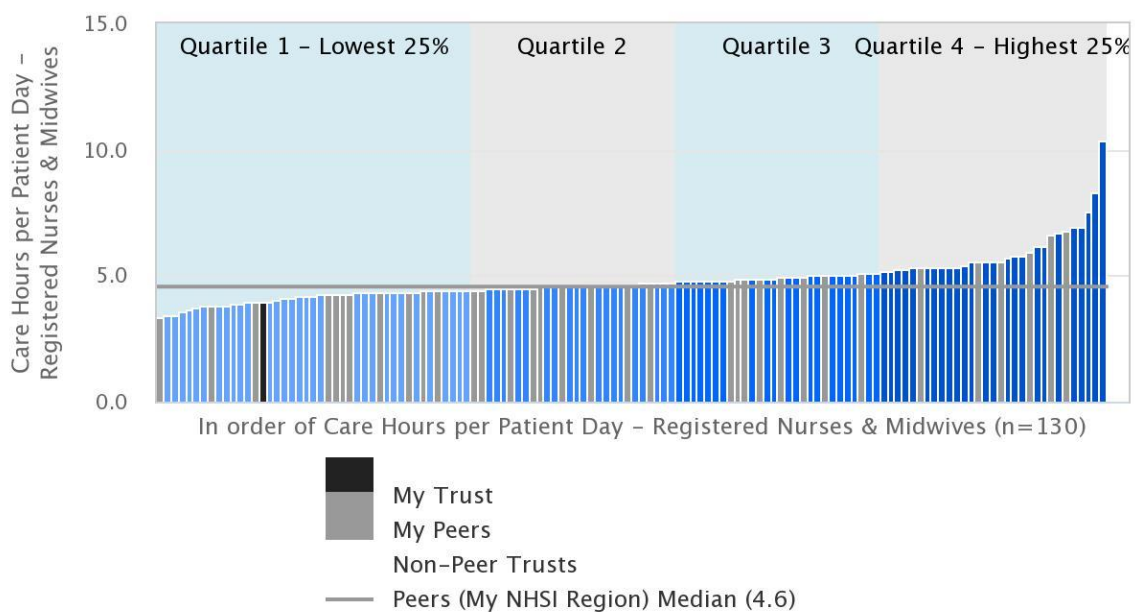
The model hospital dashboard was updated in September 2016 to show the national median data which is 7.76 Total: i.e 4.74 RN & 2.91 HCA.

The snapshot below is taken from the Model hospital as at November 2018, and shows the Trust is above the National total CHPPD, below for Registered Nurses and above for HCA's (Data currently shown in Model hospital)

2. Model Hospital Data

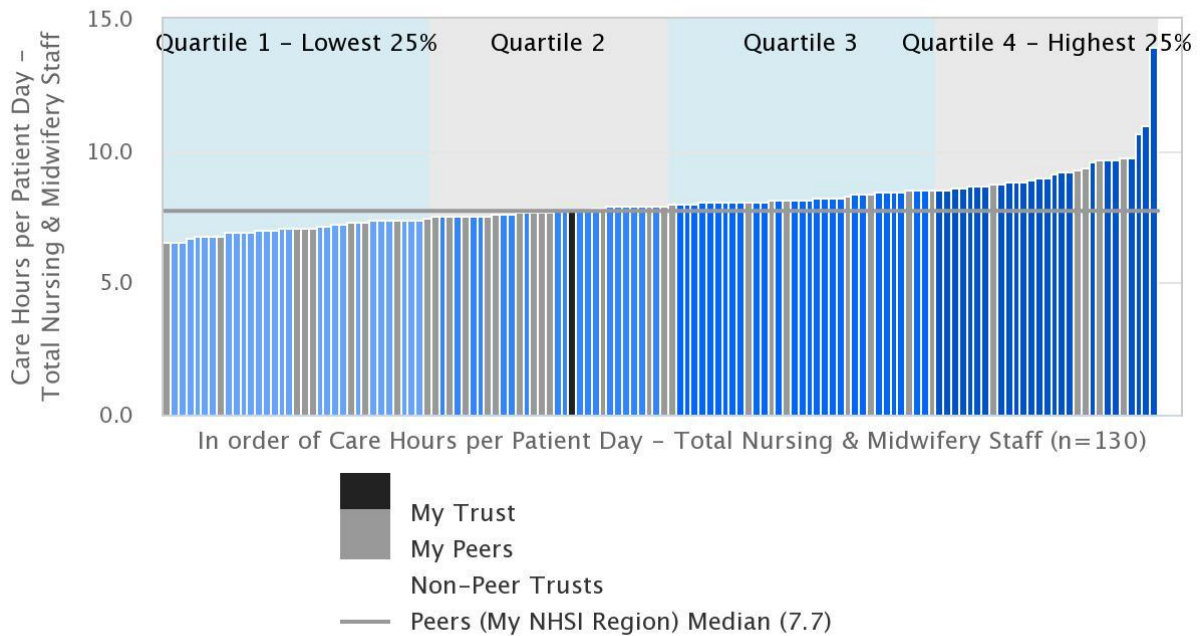
This is reflected in the distribution chart below showing the Trust is in the lowest (least costly) quartile for RN's nationally and the highest quartile for HCA's.

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



The table below shows the distribution for total nursing and midwifery staff

Care Hours per Patient Day – Total Nursing & Midwifery Staff, National Distribution

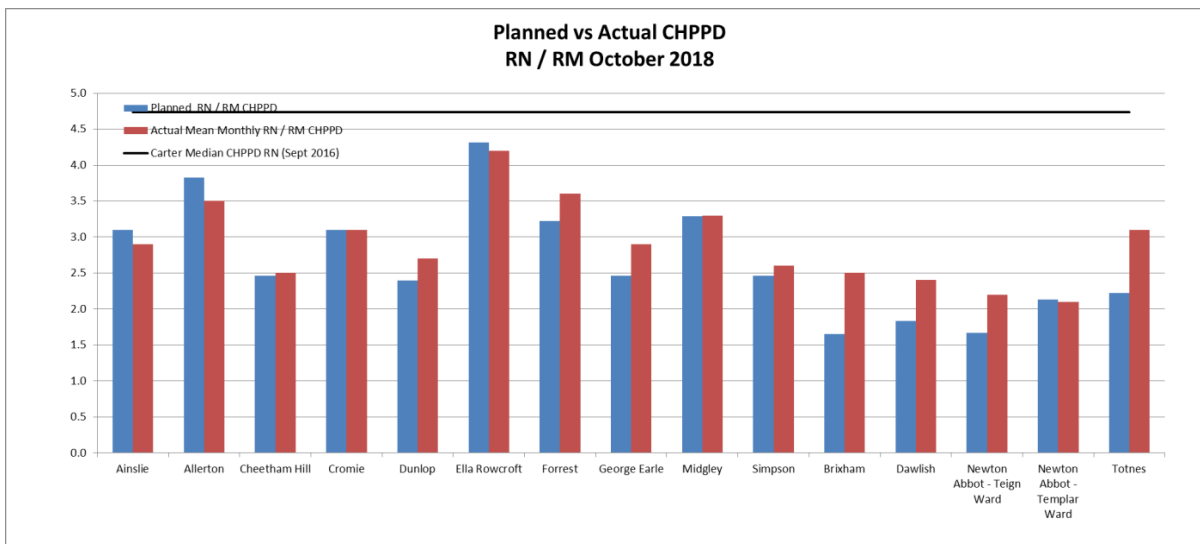
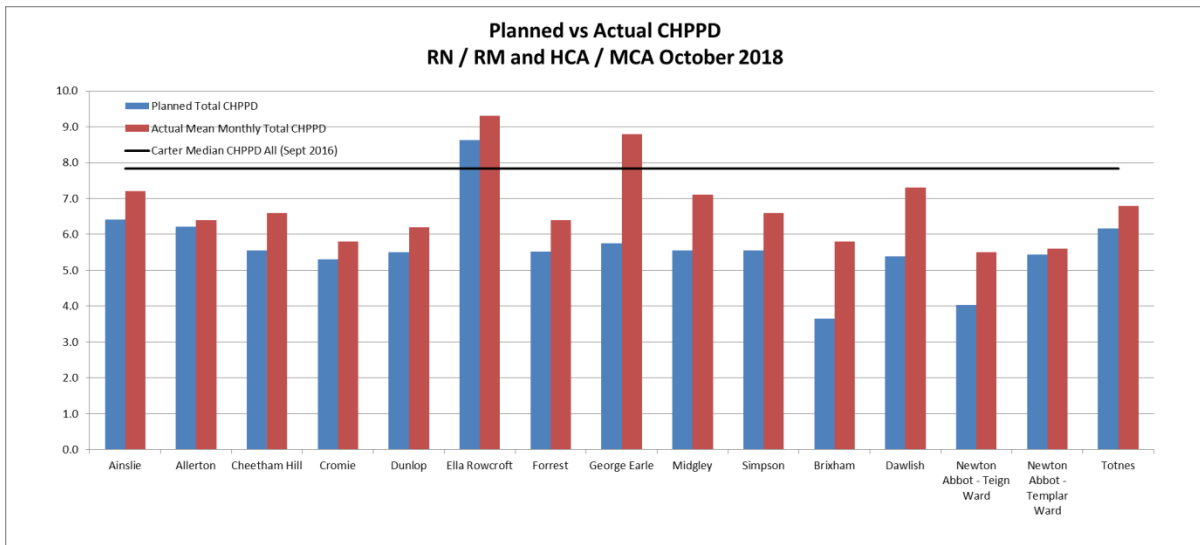


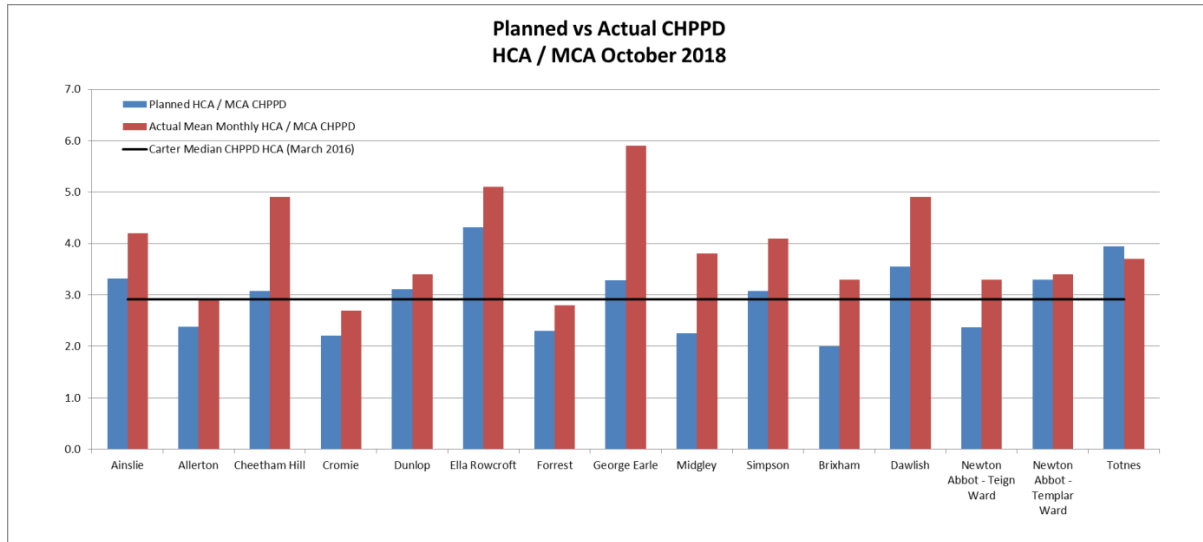
The Table below shows the Trust position for the month of October 2018. Whilst the Trust is almost equal at the National CHPPD Median of 7.76 for combined RN + HCAs, the Trust is still below the national RN range at 3.97 and above the national 2.91 for HCAs at 3.77.

The RN position is expected to improve as recruitment takes place in line with the expansion to the medical wards establishment as recently agreed.

| | TSDFT Oct | TSDFT September 2016 | National Median September 2016 |
|-----------------|-----------|----------------------|--------------------------------|
| Total CHPPD | 7.74 | 7.84 | 7.76 |
| RN/ RM CHPPD | 3.97 | 3.73 | 4.74 |
| HCA / MCA CHPPD | 3.77 | 4.11 | 2.91 |

The 3 graphs below show the detail for wards in the acute and community hospitals.





The graphs shown above reflect a largely stable picture over the previous months. As before, the higher than planned use of HCAs is predominantly due to the additional requirements of patients requiring supportive observation: wards across the Trust continue to identify patients who require additional observational support for example to maintain safety due to confusion and falls risks. Where appropriate the wards cohort patients who require supportive observations.

The graphs above show that there are a number of areas that are above the current planned RN numbers. For example:

- **Forrest** – this is due to the planned specific requirements of a small group of specialty patients who require 1:1 RN support for the first 12 hours of their pathway.
- **NAH Teign** - this is reflective of a temporary enhancement of RN availability resulting from temporary closure of 4 beds for lifecycle decorating.
- **Brixham Hospital** – data quality is being reviewed as it appears the information may include the matron. This is being checked for all community hospitals.
- **Dawlish Hospital** – this reflects a period of lower occupancy, and as above
- **Totnes hospital** – this is indicative of lower levels of occupancy and as above

The areas highlighted in red in the table at appendix 1 show where ward staffing was below that planned and reflect that on occasion we are unable to fill RN rota gaps. These are assessed and managed both through the specialty matrons and overseen through the operational control room function, which seeks to facilitate appropriate allocation of temporary staffing in conjunction with specific operational pressures.

3. Organisational Alert Status

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

The alert status for the organisation for the month of October is summarised in the table below, with the detail for September shown in brackets. The table demonstrates that in October, the Trust experienced more Opel 3 days than in September and escalated to Opel 4 on one occasion. The Emergency Department continued to experience similar attendance numbers as during earlier months, with the time of attendance continuing to build during the afternoon and early evening.

| <i>TSDFT Alert Status October 2018</i> | <i>No Days in Month</i> | <i>% days in Month</i> |
|----------------------------------------|-------------------------|------------------------|
| Opel 1 | 0 | 0% |
| Opel 2 | 15 (8) | 48.39% |
| Opel 3 | 15 (22) | 48.39% |
| Opel 4 | 1 (0) | 3.22% |

4. Medical Services Delivery Unit and Emergency Department

The table below details the daily planned, actual and % fill rates for nurse staffing in the Emergency Department during October 2018. The department is continuing to use resources from temporary staffing, including use of nursing agencies to maintain staffing levels. Where appropriate to do so, HCAs are placed to provide partial backfill to RN gaps. The staffing skill mix is constantly balanced across the EAUs and ED with the senior nursing leaders providing clear leadership. As noted above, the specialty matrons and operational control function balances rota pressures across the organisation.

Recruitment to vacancies in ED has been ongoing and a more stable picture is expected into the New Year when a number of new RNs will begin their supernumerary induction.

| | | Total Planned shifts | | Total Actual Shifts | | RN Shift fill rate | HCA Shift Fill Rate |
|-----|------------|----------------------|-----|---------------------|-----|-----------------------|------------------------|
| | | RN | HCA | RN | HCA | | |
| Mon | 01/10/2018 | 19 | 13 | 20 | 16 | 105.3% | 123.1% |
| Tue | 02/10/2018 | 19 | 13 | 20 | 15 | 105.3% | 115.4% |
| Wed | 03/10/2018 | 19 | 13 | 20 | 17 | 105.3% | 130.8% |
| Thu | 04/10/2018 | 19 | 13 | 19 | 14 | 100.0% | 107.7% |
| Fri | 05/10/2018 | 19 | 13 | 19 | 16 | 100.0% | 123.1% |
| Sat | 06/10/2018 | 19 | 13 | 22 | 14 | 115.8% | 107.7% |
| Sun | 07/10/2018 | 19 | 13 | 17 | 17 | 89.5% | 130.8% |
| Mon | 08/10/2018 | 19 | 13 | 18 | 13 | 94.7% | 100.0% |
| Tue | 09/10/2018 | 19 | 13 | 19 | 14 | 100.0% | 107.7% |
| Wed | 10/10/2018 | 19 | 13 | 20 | 16 | 105.3% | 123.1% |
| Thu | 11/10/2018 | 19 | 13 | 21 | 13 | 110.5% | 100.0% |
| Fri | 12/10/2018 | 19 | 13 | 19 | 15 | 100.0% | 115.4% |
| Sat | 13/10/2018 | 19 | 13 | 20 | 13 | 105.3% | 100.0% |
| Sun | 14/10/2018 | 19 | 13 | 20 | 15 | 105.3% | 115.4% |
| Mon | 15/10/2018 | 19 | 13 | 18 | 14 | 94.7% | 107.7% |
| Tue | 16/10/2018 | 19 | 13 | 19 | 13 | 100.0% | 100.0% |
| Wed | 17/10/2018 | 19 | 13 | 20 | 16 | 105.3% | 123.1% |
| Thu | 18/10/2018 | 19 | 13 | 19 | 14 | 100.0% | 107.7% |
| Fri | 19/10/2018 | 19 | 13 | 21 | 13 | 110.5% | 100.0% |
| Sat | 20/10/2018 | 19 | 13 | 22 | 17 | 115.8% | 130.8% |
| Sun | 21/10/2018 | 19 | 13 | 21 | 16 | 110.5% | 123.1% |
| Mon | 22/10/2018 | 19 | 13 | 19 | 14 | 100.0% | 107.7% |
| Tue | 23/10/2018 | 19 | 13 | 19 | 15 | 100.0% | 115.4% |
| Wed | 24/10/2018 | 19 | 13 | 19 | 14 | 100.0% | 107.7% |
| Thu | 25/10/2018 | 19 | 13 | 21 | 13 | 110.5% | 100.0% |
| Fri | 26/10/2018 | 19 | 13 | 20 | 15 | 105.3% | 115.4% |
| Sat | 27/10/2018 | 19 | 13 | 20 | 16 | 105.3% | 123.1% |
| Sun | 28/10/2018 | 19 | 13 | 19 | 16 | 100.0% | 123.1% |
| Mon | 29/10/2018 | 20 | 13 | 18 | 14 | 90.0% | 107.7% |
| Tue | 30/10/2018 | 20 | 13 | 19 | 13 | 95.0% | 100.0% |
| Wed | 31/10/2018 | 21 | 13 | 20 | 16 | 95.2% | 123.1% |

5. Further Nursing Workforce Programme Updates:

5.1 Recruitment & Retention

The Trust recruitment & retention campaigns continue with a Trust recruitment steering group in place to review marketing and values based recruitment. Strategies to increase the attraction of TSDFT as a place to work in the future continue, for example with drop in sessions for nursing students to discuss career opportunities across the Trust.

The nursing rotation programme has been relaunched, with the standard that all newly qualified nurses will join the programme. The rotation programme includes placement to areas providing experience of surgical and medical specialties, including in community hospitals. Nine newly qualified nurses started on rotation in September 2018 and following a further recruitment open day employment offers have been made to 7 nurses for January 2019.

We secured initial offers for 5 nurses from India in line with HEE's Global Nursing Programme, with further offers planned in early 2019. These nurses will still be subject to NMC competence assessments although have largely already completed their IELTS. The deployment of these nurses has been delayed due to incomplete paperwork; the 1st nurse will now be rostered in the New Year. A final 4 nurses from the previous Philippines cohort will be arriving in the New Year, and will be planning for and undertaking their OSCEs.

Following successful approval for a further Philippines recruitment programme, Trust representatives are ready to travel to the Philippines at the beginning of December 2018. As described in the business case, the same agency as previously used is selecting nurses for interview. Our learning from the previous cohort is informing our process and we are anticipating a more rapid progression through the IELTS process for the next cohorts. Additionally, the NMC is expected to deliver further assessment and advice on the IELTS level to be achieved imminently which, if positive may assist more rapid progression to NMC registration.

Alongside our overseas recruitment, and recruitment from the UK market, we continue to develop our strategies for locally developed progression into UK RN education, for example through the apprenticeship, Assistant Practitioners (AP) and Nursing Associate (NA) routes which will be described in more detail below. These roles have been invaluable in providing aspects of care which release RN time for more highly complex care to the full extent of their licence. The NA role will provide a bridge between the HCA role and the RN role and will work alongside APs in some settings, albeit with slightly different roles.

The Trust is clear that the Assistant Practitioners and Nursing Associates are providing a strong career progression opportunity for staff currently in non-registered nursing posts, and clinical areas are entirely supportive of learners in these roles as well as those on traditional RN programmes.

5.2 Nursing Associates

The NA role has been developed nationally over the past 2 years. NAs will undertake a 2 year foundation degree and complete 2300hours of practice time during the course. The NMC have now confirmed that on successful completion of the programme, NAs will be registered by the NMC, and have issued Standards of Proficiency which the trainee must be able to demonstrate at the point of registration.

The table below provides comparison between the NA and RN roles as described by the NMC.

| Platform | Nursing Associate | Platform | Registered Nurses |
|----------|--------------------------------------------|----------|-------------------------------------------------------|
| 1 | Be an accountable professional | 1 | Be an accountable professional |
| 2 | Promoting health and preventing ill health | 2 | Promoting health and preventing ill health |
| 3 | Provide and monitor care | 3 | Assessing needs and planning care |
| | | 4 | Providing and evaluating care |
| 4 | Working in teams | 5 | Leading and managing nursing care and working in team |
| 5 | Improving safety and quality of care | 6 | Improving safety and quality of care |
| 6 | Contributing to integrated care | 7 | Co-ordinating care |

It can be seen that the key differences relate to RNs retaining accountability for the primary assessment and evaluation of care, together with management and coordination of nursing care. The standards and proficiency guidance notes that the individual NA may develop additional specific skills and competencies, and that their employing organisation is responsible for specifying and assessing compliance with local competencies in these instances.

The Trust has convened a working group consisting of educators, senior nurses and HR practitioner to plan the deployment of the NA role and is working in partnership with an STP wide group, drawing on the experience of partner organisations who participated in the pilot site work.

The NA working group will also map how the NA role will work in relation to other band 4 roles, and make recommendations for future nursing /therapy AP programmes.

We have a small pilot cohort of 6 NAs completing their programme at the end of this year, and are planning a further small cohort of 8 to commence programme in January 2019. The working group will make recommendations regarding the ratio of NAs: RNs and the most appropriate areas in which to deploy the NA roles. This will inform the training numbers the Trust will plan for future cohorts.

Additional guidance on the deployment of the NA role has been issued through the National Quality Board and this document and its recommendations will be reviewed by the working group during December to inform further planning.

6. E rostering:

The Allocate system is now live with all Temporary Staffing and Autoroster has commenced with 5 wards across the Trust. The wards will also be implementing SafeCare which will provide an organisational perspective of staffing levels and acuity of patients. Feedback from the pilot areas has been positive although as with all systems there were some snagging issues which both the ESR and Temporary Staffing teams have been working through with the Allocate support team.

At the time of writing the 5 of the pilot areas are live with auto roster. The Allocate support team are working with the Trust project team to continue to build the workbooks from which the individual ward rosters are compiled. Learning from the experiences of the teams involved in the initial project wards is being utilised in management of the next areas for roll out.

7. Specialty groups staffing models:

During the course of 2018, the National Quality Board (NQB) have produced improvement resources for Maternity, Children and Young People, Neonatal care and Emergency Care.

This report will provide an update on the Trust position against the maternity and neonatal improvement resources. The Board will be updated regarding Children and Young People and Urgent and Emergency care in the February Chief Nurse report.

7.1 Maternity

The NQB resource builds on the policy publication Better Births (2016) which set out the vision for safer and family friendly maternity services delivered by staff working in high performing and well led teams. The NQB document lists 13 recommendations which maternity services have benchmarked against. It is worth noting that prior to this the service undertook a staffing review using the NICE recommended Birthrate plus tool. This assessment showed the service had the appropriate level of midwifery and support staff in post.

The table below shows the current position against each of the NQB recommendations:

TSDFT Response to Safe, Sustainable and Productive Staffing: An Improvement Resource for Maternity Services.

In January 2018, the National Quality Board on behalf of NHS Improvement developed a set of recommendations for organisations outlining the core responsibilities and expectations in relation to safe, sustainable and productive staffing within maternity settings.

The maternity service has undertaken a benchmarking exercise against these standards on behalf of the Trust. This is detailed in the table below, along with planned actions to ensure these recommendations are met.

Table 1: 'Safe, Sustainable and Productive Staffing: An Improvement Resource for Maternity Services' Recommendations, Status and Actions.

| | Recommendation | Status | Evidence | Actions required |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 1 | Boards are accountable for assuring themselves that appropriate tools (such as the NICE-recommended Birthrate Plus (BR+) tool for midwifery staffing) are used to assess multi-professional staffing requirements. | A BR+ assessment was undertaken in August 2017. This demonstrated that the service had the appropriate level of midwifery and support staff in post. As part of the CNST key steps to safety, the obstetric team provided evidence of appropriate obstetric staffing levels. | BR+ report CNST acknowledgment letter of achievement of 10 steps | Consider planning for BR+ update at Devon level through the Local Maternity Service network |
| 2 | Boards are accountable for assuring themselves that results from using workforce planning tools are cross-checked with professional judgement and benchmarking peers. | The data was reviewed by the maternity team. The overall midwifery to birth ratio is in line with our neighbouring Trusts. The report findings were shared with the Executive team when the BR+ report was received. | Executive meeting notes | |
| 3 | Boards must review midwifery staffing annually, aligned to their operational and strategic planning processes and review of workforce productivity, as well as a midpoint review every six months in line with NICE guideline NG4. | An update is provided to the Board via the Chief Nurse report. This is included in the nursing staffing update | | To provide a specific report to the Board every 6 months. |
| 4 | Boards are accountable for assuring themselves that staffing reviews use the RCOG, RCoA and OAA guidelines on effective maternity staffing resources. | Medical and Midwifery staffing levels are assessed daily to respond to unexpected short term absence to maintain safe levels. An annual review is undertaken of Midwifery establishment and medical establishment will also be reviewed. | Weekly rota | Establishment against guidelines will be reviewed annually. |
| 5 | Boards are accountable for assuring themselves that sufficient staff have attended required training and development, and are | Maternity service has a Training needs analysis document that clearly sets out the relevant training requirements for maternity staff. There is a specific | Quarterly training report | To include within staffing report |

| | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | competent to deliver safe maternity care. | education midwife who leads on education with maternity Team able to demonstrate over 90% attendance for all staff groups for CNST submission in June 2018. On trajectory for achieving >90% for the year 2018 | CNST acknowledgment letter of achievement of 10 steps | |
| 6 | Organisations should have action plans to address local recruitment and retention priorities, which are subject to regular review. | Currently there is no recruitment and retention challenges for the midwifery and support workers. Obstetric workforce is being reviewed and actions developed as part of Acute Service Review and Devon Local Maternity System (LMS) | | To be confirmed in line with evaluation at point 4 above. |
| 7 | Organisations should have a local dashboard to assure stakeholders about safe and sustainable staffing. The dashboard should include quality indicators to support decision-making. | Local dashboard in place for clinical indicators and data provided to South West dashboard includes midwifery staffing ratio. Locally developed monthly midwifery staffing report now in place, which includes red flag events. | | To review monthly report to identify if any further indicators be included To identify how this can be replicated for obstetric / anaesthetic colleagues. |
| 8 | Organisations should have clear escalation processes to enable them to respond to unpredicted service needs and concerns about staffing. | Escalation guidance in place | Policy | |
| 9 | Establishments should include an uplift to allow for the management of planned and unplanned leave to ensure that absences can be managed effectively. | In place – supported by BR+ assessment | BR+ report | |
| 10 | Organisations must have mandatory training, development and education programmes for the multidisciplinary team, and establishments must allow for staff to be released for training and development. | In place – see point 5 above | | |
| 11 | Organisations must take an evidence-based approach to supporting efficient and effective teamworking. | SCORE survey feedback demonstrates 79% of the staff surveyed said that people from different disciplines / backgrounds work together as a well co-ordinated team. Training and education is multi-disciplinary. | Score survey Training database | |

| | | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 12 | Services should regularly review red flag events and feedback from women, regarding them as an early warning system. | Midwifery red flag events recorded on datix reporting system | | <p>To ensure all staff are aware of reporting process</p> <p>To ensure that any red flag events are escalated to the Head of Midwifery</p> |
| 13 | Organisations should investigate staffing-related incidents, outcomes on staff and patients, and ensure action, learning and feedback. | Clear governance procedures in place. Staff report staffing incidents via datix reporting system. These are investigated with the relevant personnel and appropriate support and action is taken in response to these. | Newsletters | |

Rachael Glasson (Head of Midwifery and Gynaecology)
 9.11.18

7.2 Neonatal

There are 10 recommendations made in the NQB document regarding neonatal care which is currently being benchmarked by the service. A review of staffing has shown that additional nursery nurses are required for SCBU. However the staffing ratios are within limits i.e. 1 : 2 for HDU and 2 : 4 for special care baby unit. This is provided by a minimum 2 registered nurses and 1 Nursery nurse/HCA per shift day and night.

New appointments will result in the unit becoming compliant with the 70% RN requirement. Staffing levels do not currently support a supernumerary co-ordinator for each shift.

The table on the following pages provide a service response to the assessment against the recommendations in the NQB document.

| | Recommendation | Status |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Boards must ensure there is a strategic multi professional staffing review at least annually (or more frequently if service changes are planned or quality or workforce concerns are identified), which is aligned to the operational planning process, in addition a mid-year review should provide assurance that neonatal services are safe and sustainable. This should assess were the current staffing levels meet the recommended levels and are likely to do so in the future. | Organisationally there is not a formal process to undertake a full establishment review annually. However the unit establishment is reviewed informally on an annual basis and this is fed into the Trust business planning process with any gaps in safe staffing highlighted. |
| 2 | All neonatal units should work collaboratively within an ODN sharing their workforce plan and strategies for recruitment and retention across the ODN. | There is regular attendance at network meetings including focus on safer staffing. This includes discussion re potential network developments and training opportunities. Units within the network share their vacancies. |
| 3 | Skill should be regularly reviewed to ensure that the most suitable staff are in undertaking the correct roles and are available in sufficient numbers. | Skill mix is reviewed regularly and also when vacancies occur. Qualified in Specialty(QIS) figures are monitored and this is fed into our training strategy. |
| 4 | Professional judgement should be used together with appropriate workforce and acuity tools. | Informal establishment reviews are undertaken using professional judgement and appropriate tools. |
| 5 | Data collected using BadgerNet and the neonatal nurse staffing tool (dinning) should be used to calculate the required according to the level of activity. This should be shared with the neonatal ODN. | This is problematic and service dependant due to single rota and capacity of Doctors to complete admission/discharge badgers timely. The information is correct once completed but at times the data available may not accurately reflect the acuity of the unit. We are continually working to improve this. |
| 6 | Training and development must be linked to annual individual appraisals and development plans and must be provided within the resources to the team. | All staff have an annual appraisal and development review. Any additional training and development is highlighted and fed into service needs and business planning and QIS figures. |
| 7 | Organisations should recognise the increasing need for flexible working patterns to meet the fluctuating needs in neonatal services. | Staffing numbers within our level 1 unit are minimum which makes flexible working more of a challenge. However staff are encouraged to use times where the unit is less busy to undertake work around areas of responsibility and for continuing professional development. |
| 8 | All neonatal units should adhere to the pathways agreed with the ODN and specialised commissioning teams to ensure efficient working across the network. | Right baby right cot right time is the ethos of what the south west network aim to achieve. |
| 9 | All neonatal units should input data into BadgerNet to enable national benchmarking | This is embedded within our unit. |

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 | Areas of concern highlighted by parents/families or staff using workforce planning and analysis methods must be carefully scrutinised and appropriate action taken to address | Parent feedback session recently undertaken jointly with local level 2 hospital and outcomes identified and fed into an action plan. There is also a monthly SCBU governance meeting where any issues and safety concerns are raised. All Datix and complaints are also discussed at this meeting. |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

8. Agency Spend:

The table below shows the agency spend in relation to the total nursing budget at month 7.

Actual agency usage in **Month 7** is £297K – this is £111K more than previous month's usage and represents 6.3% of total M7 Nursing spend of £4,704K.

Year to date spend is £1,661K.

| B Actual Year to Date Nursing Agency Spend £K | | | | | | | | | | | | | |
|-----------------------------------------------|-------|-------|-------|-------|--------|-----------|---------|----------|----------|---------|----------|---------|------------|
| Month | April | May | June | July | August | September | October | November | December | January | February | March | FY 2018-19 |
| Spend in Month £K | 232 | 259 | 201 | 187 | 299 | 186 | 297 | | | | | | 1,661 |
| Total Nursing Spend £K | 4,656 | 4,588 | 4,500 | 4,544 | 4,733 | 4,561 | 4,704 | | | | | | 32,286 |
| % Agency over Total | 5% | 6% | 4% | 4.12% | 6.3% | 4.1% | 6.3% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | 5.1% |
| Year to Date Spend £K | 232 | 491 | 692 | 879 | 1,178 | 1,364 | 1,661 | 0 | 0 | 0 | 0 | 0 | |

The table below shows Registered Nurse (RN) bank and agency spend together with budget variance **year to date**.

The Emergency Department, EAU 4, EAU 4 and Warrington account for £689,259 which represents 57% of the total RN agency spend. Department RN overspend is £362,728. Requests for agency follow the established process with off-framework agency approved at the control room meetings. Spend reflects that ED specialist RNs are not widely available in the less expensive agencies. ICU agency spend is 107k at month 7. The agency spend is associated with opening the 10th critical care bed. The department have a budget underspend of £228,650. As reflected earlier in this paper, the agency usage is expected to improve once the new appointments starting in the New Year have completed their supernumerary status.

| WARD Nursing Gross Variances - YTD Month 07, 2018/19 (Include Specialising costs) | | | | | |
|-----------------------------------------------------------------------------------|------------------------------------------------|--------------------|------------------|----------------------|-------------|
| any CIP or Slippage Targets) | | | | | |
| | Cost Centre | YTD Net STD & Bank | YTD Agency | Overall Net Variance | |
| URGENT | 08300-Accident & Emergency | -350,659 | 650,192 | 299,533 | OVER |
| | 02300-Warrington Ward | 18,605 | 7,140 | 25,746 | OVER |
| | 00700-EAU3 - Emergency Assessment Unit Level 3 | 3,337 | 18,070 | 21,407 | OVER |
| | 08400-EAU4 - Emergency Assessment Unit Level 4 | 2,186 | 13,857 | 16,042 | OVER |
| Medicine | 00900-George Earle Ward | -133,458 | 12,334 | -121,124 | Under |
| | 01100-Dunlop Ward | -37,002 | 15,326 | -21,676 | Under |
| | 01300-Midgley Ward | -38,396 | 51,477 | 13,081 | OVER |
| | 02000-Cheetham Hill Ward | -76,400 | 44,677 | -31,723 | Under |
| | 02200-Simpson Ward | -67,392 | 65,800 | -1,592 | Under |
| | 01200-Turner Ward | -77,012 | 60,729 | -16,283 | Under |
| Surgery | 04000-Allerton Ward | 27,537 | 427 | 27,963 | OVER |
| | 04100-Cromie Ward | -44,184 | 52,784 | 8,600 | OVER |
| | 04200-Forrest Ward | 50,472 | 23,303 | 73,775 | OVER |
| | 04300-Intensive Care Unit | -336,010 | 107,320 | -228,690 | Under |
| | 05200-Ella Rowcroft | -40,101 | 9,744 | -30,357 | Under |
| | 05300-Ainslie Ward | -21,987 | 37,735 | 15,748 | OVER |
| Womens / Childrens | 09800-Special Care Baby Unit | -5,443 | 2,173 | -3,270 | Under |
| | 42700-Louisa Cary Ward | 8,271 | 34,052 | 42,323 | OVER |
| Acute Sub Total | | -1,117,638 | 1,207,140 | 89,503 | OVER |

9. Quality & Safety:

There is a robust quality and safety monitoring process in place to ensure patient care is not compromised. Patient incidents are monitored monthly by the senior nursing teams and reported through the monthly Quality Improvement Group (QIG) as a dashboard.

In addition, each clinical area completes the monthly QuESTT tool which triggers actions as highlighted in the escalation procedure. The Deputy Director of Nursing ensures contact is made for any area triggering an amber score and ensures appropriate action is taken place.

A weekly huddle takes place with the Chief Nurse, Associate Directors of Nursing & Deputy Director of Nursing to discuss current staffing, safety & quality issues and concerns. These are closely monitored in terms of acuity of patients, safe staffing levels and any use of agency/temporary staff. In addition staffing levels and ward status is discussed three times a day at the control meetings with the Matron of the week, and on call manager.

The QuESTT Dashboard for October 2018 is shown in the tables below for ward and non-bed based nursing and therapies so as to give a broad overview of staffing trigger points.

In October 2018 the dashboard identified 6 teams triggered amber and no teams triggered red or Purple. 4 teams had not completed the return at the time the QuESTT report was compiled. These have been raised for action through the Quality and Performance Review meetings with the relevant SDU. The detail of the amber rated teams is as follows:

- **Emergency Department** – this reflects the ongoing staffing and overcrowding issues.
- **Urology** - this reflects the infilled vacancies against a newly agreed establishment, together with clinic capacity issues.
- **Moor to Sea Nursing** – largely due to vacancies and long term sickness.
- **Coastal Occupational therapy** – band 6 sick leave, one band 6 vacancy. The team have appointed a band 6 who will commence employment in December.
- **Paignton and Brixham Occupational therapy** - due to unfilled band 6 posts and maternity leave.
- **Podiatry** – although still amber is showing an improving trajectory.

Quality Safety and Effectiveness Trigger Tool (QuESTT)

Torba

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

| Service Type | Team | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 |
|-------------------|-------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| % Complete | | 99% | 98% | 99% | 95% | 94% | 99% | 94% | 94% | 100% | 95% | 95% | 95% |
| Total Purple (L3) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Red (L2) | | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Amber (L1) | | 7 | 6 | 14 | 11 | 12 | 11 | 4 | 5 | 4 | 6 | 11 | 6 |
| Total Green (L0) | | 77 | 76 | 69 | 70 | 68 | 73 | 76 | 75 | 81 | 75 | 70 | 75 |
| Average Score | | 8.6 | 9.0 | 9.6 | 9.7 | 9.3 | 9.0 | 8.8 | 8.9 | 8.7 | 8.7 | 9.4 | 8.9 |
| Acute | Ainslie | 7 | 9 | 8 | 13 | 11 | 10 | 12 | 14 | 10 | 12 | 14 | 11 |
| | Allerton | 14 | 15 | 10 | 11 | 13 | 10 | 13 | 14 | 13 | 14 | 13 | 14 |
| | AMU | 2 | 4 | 6 | 4 | 2 | 3 | 6 | 4 | 4 | 2 | | |
| | Anaesthetics | 9 | 8 | 10 | 9 | 4 | 8 | 9 | 6 | 6 | 7 | 6 | 9 |
| | Breast Care Unit | 1 | 0 | 1 | | 0 | 2 | | 9 | 6 | 6 | 6 | 8 |
| | Cath Lab | 5 | 3 | 5 | 7 | 1 | 0 | 8 | 4 | 4 | 4 | 6 | 4 |
| | Cheetham Hill | 9 | 12 | 9 | 9 | 8 | 9 | 7 | 11 | 10 | 13 | 15 | 10 |
| | Cromie | 3 | 7 | 8 | 17 | 10 | 16 | 11 | 14 | 12 | 8 | 14 | 10 |
| | DSU | 8 | 10 | 2 | 4 | 7 | 11 | 10 | 11 | 9 | 10 | 10 | 12 |
| | Dunlop | | 6 | 7 | 4 | 6 | 7 | 8 | 7 | 10 | 10 | 6 | 6 |
| | Early Pregnancy / Fertility Service | 0 | 2 | 8 | 6 | 8 | 2 | 2 | 6 | 7 | 6 | 6 | 6 |
| | EAU3 | 4 | 7 | 3 | 7 | 14 | 8 | 13 | 4 | 10 | 12 | 10 | 13 |
| | EAU4 | 2 | 7 | 6 | 8 | 6 | 6 | 4 | 4 | 7 | 8 | 8 | 8 |
| | Ella Rowcroft | 9 | 8 | 10 | 8 | 9 | 12 | 13 | 11 | 9 | 8 | 12 | 11 |
| | Emergency Department | 12 | 18 | 14 | 21 | 17 | 18 | 14 | 13 | 14 | 15 | 16 | 19 |
| | Endoscopy | 4 | 6 | 8 | 9 | | 4 | 6 | 4 | 6 | 8 | 4 | 4 |
| | Forrest | 5 | 9 | 8 | 11 | 11 | 4 | 4 | 6 | 15 | 7 | 8 | 12 |
| | General Theatres | 12 | 12 | 8 | 12 | 9 | 11 | 9 | 9 | 7 | 11 | 11 | 8 |
| | George Earle | 10 | | 14 | 8 | 13 | 8 | 6 | 9 | 9 | 9 | 13 | 10 |
| | Gynaecology Out-Patients Dept | 12 | 9 | 5 | 5 | 3 | 3 | 3 | 3 | 4 | 3 | 5 | 11 |
| | Hutchings | 4 | 5 | 10 | 6 | 6 | 9 | 7 | 8 | 10 | 10 | 9 | 8 |
| | ICU | 9 | 7 | 11 | 5 | 4 | 7 | | 5 | 8 | 4 | | 6 |
| | Louisa Cary | 5 | 7 | 7 | 8 | 4 | 4 | | 3 | 6 | 8 | 13 | 15 |
| | MAT / TAIRU | 6 | 6 | 12 | 11 | 3 | 4 | 6 | 7 | 8 | 5 | 7 | |
| | Maternity | 16 | 11 | 9 | 11 | 12 | 14 | 9 | 13 | 13 | 12 | 11 | 13 |
| | Midgley | 11 | 9 | 13 | 9 | 15 | 13 | | | 16 | 11 | 10 | 8 |
| | OPD | 2 | 6 | 6 | 3 | 5 | 4 | 2 | | 4 | 3 | 2 | 2 |
| | Ophthalmology | 7 | 10 | 5 | 6 | 8 | 11 | 11 | 8 | 11 | 10 | 9 | 14 |
| | Ortho Theatres | 13 | 13 | 8 | 15 | 15 | 17 | 17 | 17 | 16 | 16 | 16 | 15 |
| | Pre-assessment | 6 | 2 | 2 | 2 | 4 | 4 | 2 | 6 | 6 | 6 | 8 | 8 |
| | Radiology | 15 | 13 | 13 | 15 | | 11 | 12 | | 11 | 11 | | |
| | Recovery | 7 | 5 | 5 | 6 | 5 | 5 | 7 | 8 | 9 | 6 | 5 | 7 |
| | RGDU | 12 | 15 | 17 | 13 | 19 | 10 | 10 | 17 | 5 | 5 | 6 | 7 |
| | SCBU | 3 | 11 | 8 | 8 | 5 | 4 | | 5 | 10 | 7 | 6 | 3 |
| | Sexual Health | 8 | 8 | 19 | 15 | | 14 | 9 | 10 | 14 | 12 | 10 | 3 |
| | Simpson | 12 | 11 | 8 | 11 | 11 | 14 | 8 | 7 | 11 | 7 | 12 | 7 |
| | TCCU | 2 | 4 | 6 | 11 | 4 | 2 | 4 | 7 | 5 | 4 | 8 | 6 |
| | Turner | 13 | 15 | 12 | 12 | 17 | | 11 | 13 | 6 | 7 | 6 | 7 |
| | Urology | 8 | | 9 | 9 | 9 | 14 | 14 | 14 | 7 | 11 | 14 | 17 |

| | | | | | | | | | |
|----------------------------------|-------------------------------------|----|----|----|----|----|----|----|---|
| Community Hospital | Brixham | 7 | 5 | 9 | 13 | 11 | 8 | 10 | 1 |
| | Dawlish | 3 | 3 | 3 | 7 | 3 | 5 | 8 | 1 |
| | Newton Abbot Teign | 15 | 17 | 17 | 12 | 14 | 12 | 12 | 1 |
| | Newton Abbot Templar | 2 | 9 | 5 | 7 | 7 | 3 | 6 | 1 |
| | Totnes | 6 | 8 | 16 | 9 | 8 | 10 | 2 | 1 |
| MIU | Dawlish | 2 | 4 | 7 | 5 | 2 | 2 | 3 | 1 |
| | Newton Abbot | 5 | 3 | 5 | 2 | 2 | 0 | 2 | 1 |
| | Totnes | 0 | 2 | 0 | 3 | 7 | 3 | 3 | 1 |
| Community Stroke and Neurology | Torbay and South Devon | 10 | 8 | 16 | 16 | 10 | 10 | 10 | 1 |
| Infection Control | Infection Control | 6 | 3 | 10 | 11 | 9 | 4 | 4 | 1 |
| LLTS | LLTS | 4 | 4 | 4 | 4 | 4 | 6 | 6 | 1 |
| Nursing | Brixham and Paignton | 14 | 10 | 12 | 12 | 8 | 11 | 13 | 1 |
| | Coastal | 19 | 18 | 19 | 15 | 18 | 16 | 15 | 1 |
| | Moor to Sea | 11 | 11 | 9 | 13 | 14 | 12 | 9 | 1 |
| | Newton Abbot | 15 | 18 | 9 | 13 | 19 | 8 | 5 | 1 |
| | Torquay | 5 | 6 | 8 | 9 | 7 | 11 | 12 | 1 |
| OOH Nursing | OOH Nursing | 19 | 15 | 16 | | 16 | 10 | 9 | 1 |
| Specialist Nursing | Specialist Nursing | 15 | 10 | 10 | 10 | 12 | 13 | 13 | 1 |
| | Brixham and Paignton | 4 | 6 | 8 | | 16 | 12 | 14 | 1 |
| | Coastal | 13 | 13 | 17 | 19 | 12 | 19 | 12 | 1 |
| | Moor-to-sea | 10 | 7 | 10 | 10 | 12 | 12 | 10 | 1 |
| | Newton Abbot | 9 | 15 | 9 | 13 | 15 | 13 | 17 | 1 |
| Occupational Therapy | Torquay | 12 | 10 | 16 | 10 | 8 | 2 | 8 | 1 |
| | Brixham and Paignton | 16 | 14 | 13 | 16 | 16 | 16 | 13 | 1 |
| | Coastal | 11 | 14 | 23 | 23 | | 17 | 10 | 1 |
| | Moor-to-sea | 10 | 6 | 14 | 10 | 12 | 8 | 14 | 1 |
| | Newton Abbot | 15 | 19 | 15 | 19 | 15 | 13 | 15 | 1 |
| Physiotherapy | Torquay | 6 | 6 | 8 | 6 | 8 | 8 | 10 | 1 |
| | Brixham and Paignton | 16 | 14 | 13 | 16 | 16 | 16 | 13 | 1 |
| | Coastal | 11 | 14 | 23 | 23 | | 17 | 10 | 1 |
| | Moor-to-sea | 10 | 6 | 14 | 10 | 12 | 8 | 14 | 1 |
| Podiatry | Newton Abbot | 15 | 19 | 15 | 19 | 15 | 13 | 15 | 1 |
| | Torquay | 6 | 6 | 8 | 6 | 8 | 8 | 10 | 1 |
| | Brixham and Paignton | 16 | 14 | 13 | 16 | 16 | 16 | 13 | 1 |
| | Coastal | 11 | 14 | 23 | 23 | | 17 | 10 | 1 |
| | Moor-to-sea | 10 | 6 | 14 | 10 | 12 | 8 | 14 | 1 |
| Podiatry | Podiatry | 24 | 18 | 17 | 18 | | 17 | 16 | 1 |
| Public Health - CAMHS | CAMHS | 8 | 12 | 12 | 7 | 10 | 13 | 8 | 1 |
| Public Health - Lifestyles | Lifestyles | 8 | 8 | 7 | 6 | 9 | 9 | 9 | 1 |
| Public Health - Nursing | Brixham | 0 | 2 | 2 | 4 | 3 | 0 | 2 | 1 |
| | Paignton | 12 | 9 | 8 | 4 | 10 | 8 | 4 | 1 |
| | School Nursing | 12 | 15 | 14 | 10 | 4 | 9 | 10 | 1 |
| | Torquay North | 3 | 2 | 2 | 12 | 10 | 16 | 7 | 1 |
| | Torquay South | 4 | 4 | 4 | 4 | 5 | 3 | 2 | 1 |
| Public Health - Substance Misuse | Substance Misuse | 10 | 8 | 8 | 8 | 10 | 10 | 4 | 1 |
| Social Care | Brixham and Paignton | 10 | 14 | 16 | 12 | 20 | 14 | 13 | 1 |
| | Dawlish & Teignmouth | 6 | 6 | 2 | 4 | 4 | 9 | 8 | 1 |
| | HADT - S. Devon | 15 | 13 | | | 9 | 13 | 7 | 1 |
| | HADT - Torbay | 11 | 15 | 11 | 11 | 9 | 9 | 11 | 1 |
| | Newton Abbot | 6 | 10 | 16 | 16 | 20 | 20 | 14 | 1 |
| | Older People Mental Health - Torbay | 2 | 2 | 2 | 0 | 0 | 0 | 2 | 1 |
| | Torquay | 12 | 16 | 20 | 14 | 16 | 14 | 12 | 1 |
| | Totnes & Dartmouth | 20 | 10 | 20 | 6 | 10 | 10 | 10 | 1 |
| Tissue Viability | Tissue Viability | 6 | 9 | 7 | 10 | 8 | 7 | 11 | 1 |

10. Staffing Incidents:

Clinical areas report incidents where staffing levels have been a concern through the Datix system. Incidents are managed through the SDU governance monitoring process, and through to Quality Improvement Group (QIG) dashboard. The QIG dashboard is a comprehensive system which presents data at Trustwide, SDU and individual clinical area level.

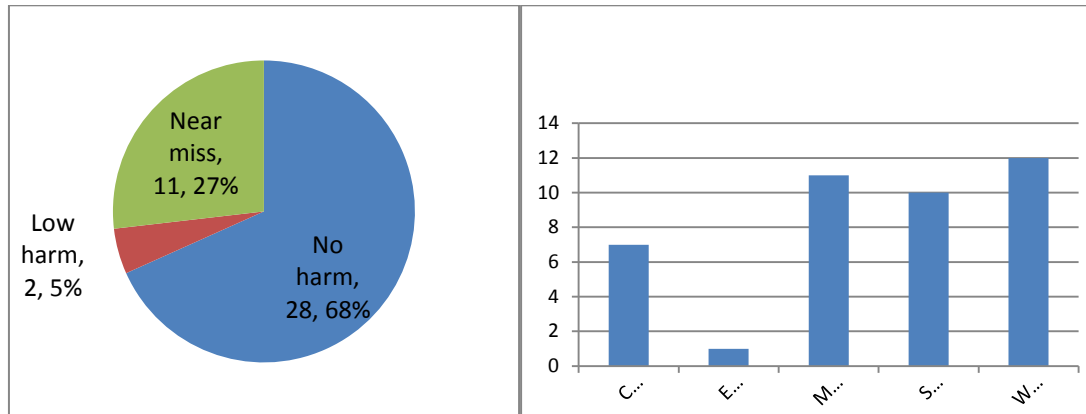
The information charts below show the staffing incidents for the whole of Q2 (being the most recent complete quarter), and then for the month of October.

Incidents recorded on the Datix system have a primary and secondary causal factor. Information for both categories has been included in this report, together with a brief description of the issue where any level of harm has been identified.

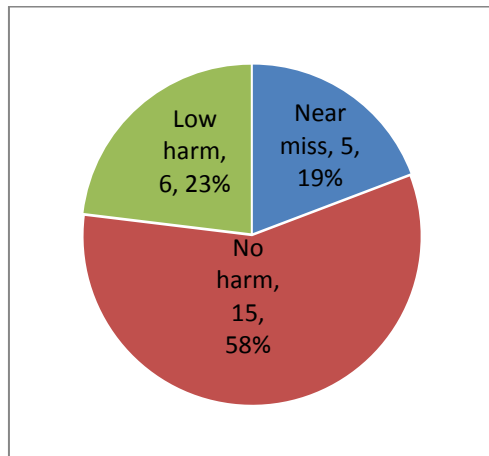
The pie chart below shows there were 41 recorded incidents in Q2 and the distribution according to severity. The majority of these incidents are categorised as near miss or no harm. There were 2 incidents of low harm and these were:

- Lack of phlebotomy service for the wards causing a delay in blood samples being taken and results being assessed for patients' ongoing care.
- A patient fall occurred on a ward where staff had reported insufficient staff for the shift

The bar below chart shows the distribution of incidents across SDUs.

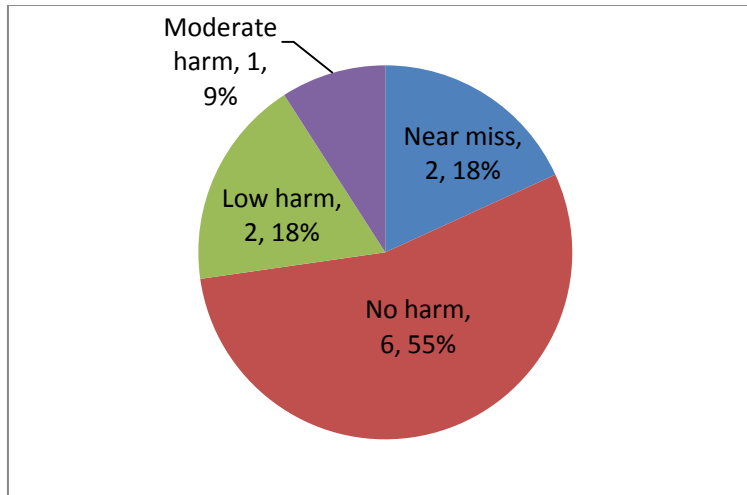


The pie chart below shows there were 26 incidents with a secondary classification of staffing and distribution by severity. There were 6 low harm incidents and these include patient falls, and lack of midwives to manage the workload over 3 consecutive nights in August.

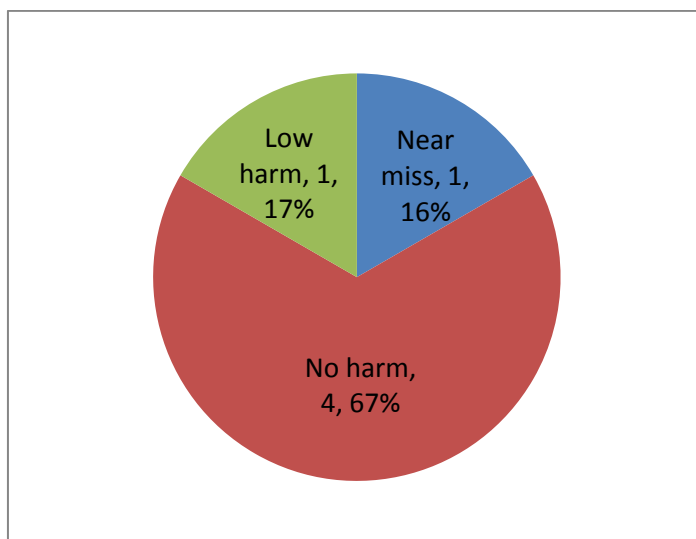


The following information relates to the month of October 2018 and shows 11 primary incidents and severity. The incident of moderate harm is related to the domiciliary care issues in Coastal locality and detail the support provided from the community nursing services to maintain client visits.

The 2 low harms relate to a separate issue with a domiciliary care agency, and short notice sickness resulted in a clinic cancellation with all patients rebooked.



The following pie chart shows the 6 secondary cause of staffing incidents for October 2018 by severity. The low harm relates to a delay in using the point of care test in Ed due to staff error.



Appendix 1 – Care Hours Per Patient Day for Acute and Community Setting Wards
October 2018

| Ward | Planned Total CHPPD | Planned RN / RM CHPPD | Planned HCA / MCA CHPPD | Actual Mean Monthly Total CHPPD | Actual Mean Monthly RN / RM CHPPD | Actual Mean Monthly HCA / MCA CHPPD |
|------------------------------------|---------------------|-----------------------|-------------------------|---------------------------------|-----------------------------------|-------------------------------------|
| <u>Ainslie</u> | 6.4 | 3.1 | 3.3 | 7.2 | 2.9 | 4.2 |
| <u>Allerton</u> | 6.2 | 3.8 | 2.4 | 6.4 | 3.5 | 2.9 |
| <u>Cheetham Hill</u> | 5.5 | 2.5 | 3.1 | 6.6 | 2.5 | 4.9 |
| <u>Coronary Care</u> | 5.8 | 5.8 | 0.0 | 14.8 | 14.0 | 0.8 |
| <u>Cromie</u> | 5.3 | 3.1 | 2.2 | 5.8 | 3.1 | 2.7 |
| <u>Dunlop</u> | 5.5 | 2.4 | 3.1 | 6.2 | 2.7 | 3.4 |
| <u>EAU3</u> | 6.3 | 3.6 | 2.8 | 9.0 | 4.9 | 4.1 |
| <u>EAU4</u> | 7.2 | 3.8 | 3.4 | 2.8 | 5.0 | 4.1 |
| <u>Ella Rowcroft</u> | 8.6 | 4.3 | 4.3 | 9.3 | 4.2 | 5.1 |
| <u>Forrest</u> | 5.5 | 3.2 | 2.3 | 6.4 | 3.6 | 2.8 |
| <u>George Earle</u> | 5.8 | 2.5 | 3.3 | 8.8 | 2.9 | 5.9 |
| <u>ICU</u> | 20.4 | 20.4 | 0.0 | 26.0 | 25.6 | 0.5 |
| <u>Louisa Cary</u> | 6.7 | 4.2 | 2.4 | 17.6 | 10.9 | 6.7 |
| <u>John Macpherson</u> | 4.0 | 2.3 | 1.7 | 16.1 | 11.3 | 4.7 |
| <u>Midgley</u> | 5.5 | 3.3 | 2.3 | 7.1 | 3.3 | 3.8 |
| <u>SCBU</u> | 6.9 | 6.9 | 0.0 | 13.1 | 10.4 | 2.7 |
| <u>Simpson</u> | 5.5 | 2.5 | 3.1 | 6.6 | 2.6 | 4.1 |
| <u>Turner</u> | 7.9 | 3.6 | 4.2 | 12.9 | 5.3 | 7.5 |
| <u>Brixham</u> | 3.7 | 1.7 | 2.0 | 5.8 | 2.5 | 3.3 |
| <u>Dawlish</u> | 5.4 | 1.8 | 3.6 | 7.3 | 2.4 | 4.9 |
| <u>Newton Abbot - Teign Ward</u> | 4.0 | 1.7 | 2.4 | 5.5 | 2.2 | 3.3 |
| <u>Newton Abbot - Templar Ward</u> | 5.4 | 2.1 | 3.3 | 5.6 | 2.1 | 3.4 |
| <u>Totnes</u> | 6.2 | 2.2 | 3.9 | 6.8 | 3.1 | 3.7 |

Key Explanatory notes

RN = Registered Nurse / Registered Children’s Nurse

RM = Registered Midwife

HCA = Healthcare Assistant

MCA = Maternity Care Assistant

Red cells indicate the mean monthly Care Hours per Patient Day (CHPPD) were below that planned and agreed as the budgeted safe staffing level for the ward. Measures to ensure safety are managed on a daily basis by the ward manager and matron.

| Cover sheet and summary for a report to the Trust Board | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------|
| Report title: Medical Workforce Report | | | | Date: 6 December 2018 | |
| Agenda item | Report of the Medical Director | | | | |
| Report sponsor | Medical Director | | | | |
| Report author | Kelly Ebdon- Marks, Medical Workforce and OD Practitioner | | | | |
| Report provenance | Medical Workforce Board | | | | |
| Confidentiality | None | | | | |
| Report summary | <p>This report contains a summary of the current position in relation to recruitment of doctors in training (junior doctors) and the exploratory work that is being done by the Medical HR team to develop a medical and supporting workforce that meets the needs of our present and future services.</p> <p>The national position in relation to junior medical staffing is of great concern with a high proportion of training posts vacant. The position in the South West and TSDFT is worse than the national average because of lower numbers of doctors in training per capita and geographical factors that hamper recruitment.</p> <p>The Medical Workforce Group has been recently established in order to define a medium and long term strategy to sustain resilient services. A multifaceted approach is being undertaken including exploration of the potential benefits of new or extended healthcare roles. The strategy will be complete in the spring of 2019.</p> <p>Recruitment from overseas is showing some early promise. TSDFT is leading on behalf of the STP on recruitment from India through a Medical Training Initiative.</p> <p>The Medical Director is monitoring the risk profile of vacant posts and will provide regular updates to the Board.</p> | | | | |
| Purpose (choose 1 only) | Note <input type="checkbox"/> | Information <input checked="" type="checkbox"/> | Review <input type="checkbox"/> | Decision <input type="checkbox"/> | Approve <input type="checkbox"/> |
| Recommendation | The Trust Board is asked to consider the risks and assurance provided within this report and to agree any further action required. | | | | |
| Summary of key elements | | | | | |
| <p>The report contains details of</p> <ul style="list-style-type: none"> • Overseas Medical Recruitment: Remedium Agency • Overseas Medical Recruitment: Medical Training Initiative (India) • Current junior doctor vacancies • Medical workforce planning approach | | | | | |
| Strategic context | <ul style="list-style-type: none"> • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led | | | | |

| | |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dependencies and risk | The risk relating to junior medical staff vacancies has been highlighted in previous reports to Trust Board. The risk level remains stable but significant. |
| Summary of scrutiny | |
| Stakeholder engagement | |
| Other standards affected | None |
| Legal considerations | None |

| | | |
|-----------------------------------------------|------------------------------------------------------------------|-------------------------------------------|
| Report title: Medical Workforce Report | | Date: 5th December 2018 |
| Report sponsor | Medical Director | |
| Report author | Kelly Ebdon- Marks, Medical Workforce and OD Practitioner | |

1. Overseas Medical Recruitment: Remedium Agency

The Trust has been engaging with an overseas recruitment agency Remedium, as part of a wider STP initiative. Remedium have been sourcing doctors from overseas to help fill some of our vacancy gaps. So far the Trust has offered 9 posts as follows:

| Speciality | Grade | Start Date |
|------------------|-----------|----------------------|
| General medicine | F1 | TBC |
| Obs & Gynae | Registrar | TBC |
| General Medicine | CT grade | Started early Nov |
| Endo & Diabetes | Registrar | Started early Nov |
| General Medicine | CT grade | Started early Nov |
| General Medicine | CT grade | 26 th Nov |
| General Medicine | CT grade | TBC |
| General Medicine | CT grade | TBC |
| Paediatrics | Registrar | TBC |

We will look to update the committee on the progress of the recruitment and the success of the appointments.

2. Overseas Medical Recruitment: Medical Training Initiative

TSDFT have been reviewing the Medical Training Initiative (MTI) in Wales supported by The British Association of Physicians of Indian Origin (BAPIO) which report success of fulfilling gaps in various specialties including Paediatrics. The MTI provides a mechanism whereby these candidates can be sponsored by the Royal College in pursuance of obtaining higher training in the UK for a finite period of two years.

TSDFT have joined together with the RD&E and University Hospitals Plymouth to provide an attractive rotational programme for MTI trainees for two years. TSDFT will undertake the role as Lead Employer.

TSDFT will be accompanying BAPIO out to India in November to recruit 6 candidates to the programme, allowing each Trust to have 2 trainees in post for 2 years. The doctors recruited would be at CT/ST level commensurate with their experience and would progress to receive training and experiences equivalent to the local trainees.

There is no charge from BAPIO for their services in recruiting the trainees, the only cost is towards administration and relocating the trainees to the UK, this will be approximately £5,500 per trainee. All costs will be covered equally by the 3 Trusts.

3. Current Junior Doctor Vacancies

3.1 ENT

- 1 x F2 Vacancy – applicant withdrew application – not currently advertised
- 1 x F2 – due to maternity 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

Due to the decreasing number of ENT trainee doctors (now down to 1:4 with one being a locum), we have been working with the ENT department at the possibility of introducing ENT nurse practitioners to provide night duty cover. This structure has been working well in Ipswich Hospital NHS Trust and is something which is being reviewed and costed as an option for this Trust.

3.2 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.

3.3 All Areas

- 1 x GPST Acute Medicine all year
- 7 x GPSTs – various specialties with a majority in Paediatrics
- 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)

We have been working with Remedium to address the vacancy gaps along with using locums and agency. However long term gaps need to be addressed and if the Paediatric MTI recruitment is successful we will look at the possibility of going out for other specialties.

4. Medical Workforce Planning

The Trust has been fortunate to secure the time of Mark Wilson, Associate Workforce Transformation Lead at Health Education England, who has a significant amount of experience in workforce planning. Mark will be working with the Trust (1-2 days per week until the end of Jan), to produce a template/model which will allow each SDU/Service to then look at their workforce planning needs, to more quickly adapt to the changes and demands required of them going forward. The Director of Workforce and the Medical Director have identified three specialties for Mark to review during his time with us. The objective of the work is to define what skills and competencies are required to provide support in those areas where recruitment of junior doctors is poor.

This work will inform the work of the Medical Workforce Group in the development of its strategy.

There is already an expansion of Advanced Nursing Practitioner roles and in some specialty situations development of additional nursing roles will be the way forward. In addition to nursing roles a number of new professional groups have been described (see 4.1). The Medical Workforce Strategy will propose investment and support in a range of roles depending on skills and competencies and workforce availability.

4.1 Medical Associate Professions (MAPS)

The NHS has seen the emergence of four new MAPs which include:

4.1.1 Advanced Critical Care Practitioners (ACCP)- these are qualified clinical professionals who have undertaken further training to enable them to make clinical decisions when working in critical care units. They work with all members of the critical care team and are trained to diagnose and treat patients or refer them to an appropriate specialist.

4.2.2 Physician Assistants Anaesthesia (PAA)- are part of a multi-disciplinary anaesthesia team and have been trained to provide anaesthetic procedures under the supervision of a consultant anaesthetist. Overall responsibility for the anaesthesia care of the patient remains with the named consultant anaesthetist at all times.

4.2.3 Physician Associates (PA)- have completed a generalist medical education covering a broad medical curriculum. They aid medical staff and are accountable for ensuring that the care of patients is of a high standard at all times.

4.2.4 Surgical Care Practitioners (SCP)- are trained clinical professionals who have undergone further training to work as a member of a surgical team under appropriate supervision. The main responsibility of a surgical care practitioner is to support surgeons and other medical professionals before, during and after medical procedures. Surgical care practitioners are regulated to prescribe medications.

PAs and PAAs are not yet subject to statutory regulation, though they are able to apply for inclusion on managed voluntary registers held by the Royal College of Physicians and the Royal College of Anaesthetists. Following Regulation Consultation at a recent Regional MAP seminar it was announced that the Government have agreed to put PAs and PAAs forward for regulation. This will then allow for them to undertake prescribing. Further details to follow.

The author recently attended an event which explained the benefits of each MAP role and provided the Trust with information on how these roles could be utilised. The event showcased some examples of how MAPs are working successfully in organisations. However as a Trust we need to ensure we have planned and modelled our workforce at a strategic level and ensure that the skills/competencies have been identified and that the incentive for introducing any new role into our workforce is to improve service delivery and patient experience. There is also a need for structured support to these new professional groups including career advancement as there is for other groups.

| Cover sheet and summary report to the Trust Board of Directors | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Report title: EFM and Health and Safety Performance report for September 2018 | Date: 5 th December 2018 |
| Report sponsor | Director of Estates and Commercial Development |
| Report author | Director of Estates and Commercial Development |
| Report provenance | Capital Infrastructure and the Environment Group, 21 November 2018 |
| Confidentiality | Public Board |
| Report summary | <p>Critical Estate Failures: Three critical estates failures were reported in September and three in October. It is of concern that the numbers of critical estates failures continue to increase indicating an elderly estate under increasing pressure and now at substantial risk of failure.</p> <p>Of key concern is the loss (however much anticipated it being a red risk on the Trusts risk register) of theatres A&B before the planned new theatre capacity has been secured - two new inpatient theatres are in the final design stage.</p> <p>A theatres Critical incident group has been established meeting weekly to oversee the actions that are being taken to:</p> <ul style="list-style-type: none"> • Secure additional theatre capacity elsewhere • Understand the impact on RTT and Cancer pathways • Implement plans to change clinical and operational practice to maximise the capacity of existing theatres • Install temporary ventilation in theatre A to get it operational as interim capacity within 6 months, and secure additional on-site theatre capacity as required. <p>The STP prioritised and submitted the Trust's business case for £13.3m capital investment in theatres and surgical pathway as part of the STP and National wave 4 funding bid. A decision on award has been delayed from November to December – the outcome is awaited.</p> <p>Under the leadership of the Chief Executive the Executives have reviewed the all estates risks in detail. The age of the estate and subsequent condition of engineering infrastructure is of concern. The review of risks identified the immediate priorities as the theatre infrastructure and building fabric particularly the windows in the tower block. Mitigation plans are being put in place and capital expenditure in the short term will be focussed on these two immediate areas.</p> |

| | | | | | |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------|
| | <p>The Executive will be leading discussions with the Board on a revised strategic approach to a financial strategy to enable significant investment in the estate.</p> <p>Maintenance performance: Performance has deteriorated over the last two months on reactive indicators. This is related to a continued increase in demand for responsive services reflective of the increasing failure rates of the estate.</p> <p>In light of the age of the estate the EFM management team are considering the need to increase staffing levels to meet the increasing demand if affordable or to reduce non priority activity such that the priority work can be delivered. Action will be taken in December and therefore Performance is expected to improve in February.</p> | | | | |
| Purpose | Note <input type="checkbox"/> | Information <input checked="" type="checkbox"/> | Review <input type="checkbox"/> | Decision <input type="checkbox"/> | Approve <input type="checkbox"/> |
| Recommendation | <p>The Board is recommended to note for information the Trust EFM and H&S performance for September and October 2018. A further update will be provided in January 2018.</p> | | | | |
| Summary of key elements | | | | | |
| Strategic context | <ul style="list-style-type: none"> • Safe, quality care and best experience • Valuing our workforce • Well-led | | | | |
| Dependencies and risk | <p>Risk of significant failure of infrastructure due to a lack of available capital for investment.</p> | | | | |
| Summary of scrutiny | <p>The recommendations in this report have been subject to challenge, due diligence, and risk assessment by:</p> <ul style="list-style-type: none"> • Executive Directors meeting 27 November 2018 • Capital Infrastructure and Environment Group 21 November 2018 | | | | |
| Stakeholder engagement | <p>The following stakeholders were consulted during the compilation of this report:</p> <ul style="list-style-type: none"> • Operational teams • Staff-side (Health and Safety meeting dated 26 July 2018) | | | | |
| Other standards affected | <p>The recommendations made in this report will impact upon:</p> <ul style="list-style-type: none"> • Compliance with Safe Environment Assessment (regulator CQC) • Compliance with Health and Safety Legislation (regulator HSE) • Compliance with Fire Safety Legislation (regulator Fire Service) | | | | |
















| | |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legal considerations | Regulators have been notified of the necessity for the Trust to close two theatres on the grounds of patient safety. This is according to CQC regulations and the Trust statutory responsibility to maintain the safety and security of the healthcare environment. The urgent need for capital investment in the Trust estate has also been escalated to regulators by the Trust Executive. |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|----------------------|--------------------------------------------------------------------------------------|
| Report to: | Capital Infrastructure and Environment Group |
| Date: | November 2018 |
| Author: | Associate Director of Estates & Facilities |
| Report Title: | Estates and Facilities Management and Health and Safety: Issues and exception report |

1. EFM Performance report for September and October 2018

Table 1 below identifies the Key Performance Indicators and variances for Estates and Facilities Management for the month of October 2018. Any area of concern for the attention of the Trust Board with appropriate explanation and action to achieve a resolution is shown in Table 2.

Table 1: October 2018 Scorecard Indicator

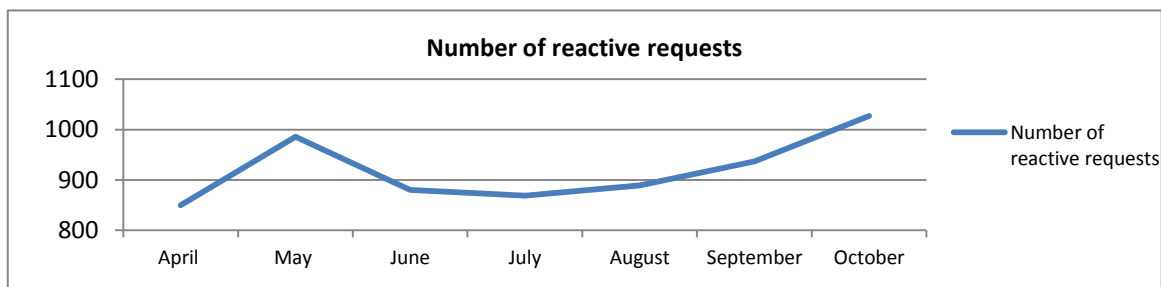
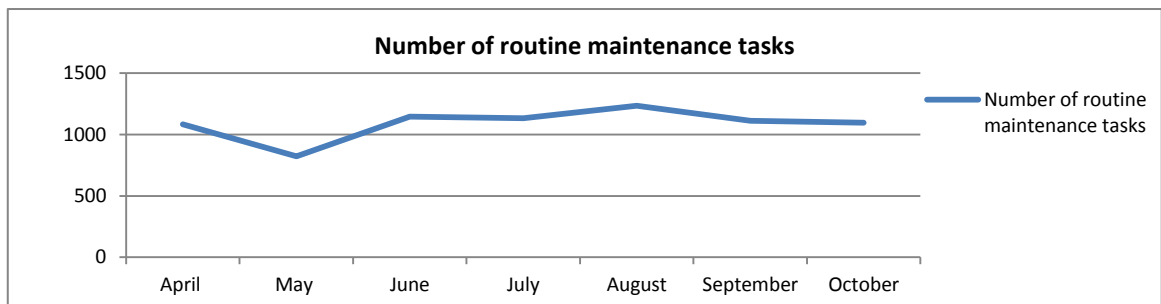
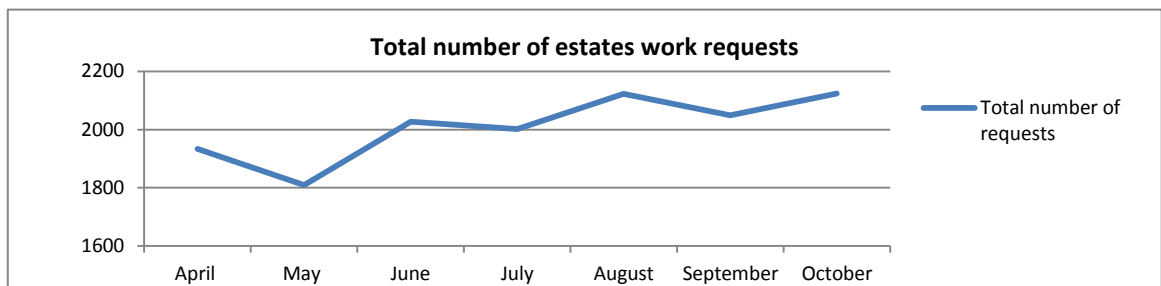
| Green  | Amber  | Red  | September | October |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Improving Indicators | | | | |
| Deteriorating Indicators | | | | |
| 1.12 Routine – P3 <7- 14 Days | | |  |  |
| 1.14 Routine P4 <30 Days | | |  |  |
| 1.6: Routine PPM % success against plan | | |  |  |
| 3.6: % of Total tonnage of Clinical Offensive waste | | |  |  |
| Red rated Indicators with no change | | | | |
| 1.10 Urgent – P2 <1- 4 Days | | |  |  |
| 1.15: Number of Estates Internal Critical failures | | |  |  |

| Table 2: Areas with Specific Cause for Concern | Timeline |
|------------------------------------------------|----------|
|------------------------------------------------|----------|

| | | | |
|----------------|--------------------------------------------|-----------------------------------------------------------------------------|---------------|
| 1.10,1.12,1.14 | % of Reactive work resolved within target. | Urgent - P2 <1- 4 Days Routine - P3 <7- 14 Days Routine - P4 <30 Days | February 2019 |
|----------------|--------------------------------------------|-----------------------------------------------------------------------------|---------------|

Performance over these indicators has deteriorated over the last two months. This is related to a continued increase in demand for responsive services reflecting increasing failure rates of the estate.

The management have assessed the situation and discussed the two options, either to increase staffing levels to meet the increasing demand or to reduce activity such that the priority work can be delivered. The team are currently considering whether to outsource the planned work or to introduce a new process to identify P4 requests that are not able to be undertaken by the team. The assessment will be complete by the end of November and action planned to start at the beginning of December. This is with the aim of maintaining focus on the delivery of routine maintenance and urgent P2 response. Demand is shown graphically overleaf.



| | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.15 | Number of Estates Internal Critical failures |
| Explanation | <p>There were 3 critical failures in October 2018</p> <ol style="list-style-type: none"> 1. Special Theatres A&B Air Handling Unit– Water ingress into the ductwork of the AHU caused high humidity within Theatres A&B resulting in the closure of the theatres for a time. The water ingress was due to continued deterioration of the ductwork. System was ‘dried out’ and monitored. This system is age expired and beyond economical repair. An intensive maintenance programme was recommended by the Authorising Engineer (Ventilation) to check and eradicate mould spores that may be caused by the water ingress. During November, following a follow up review of the plant by the Authorising Engineer, he and the DIPC recommended with the support of senior Clinician’s and the Executive team the closure of the two theatre served by the air handling unit as the safety of patients could no longer be guaranteed. 2. Hydrotherapy pool heating – Failed PRV and thermostatic controller caused the pool to lose heat several times. The faulty parts were replaced. 3. Entonox heating failure – Entonox needs to be kept at a certain temperature to maintain the integrity of the gas. Temporary heating installed and underground heating pipework found to be corroded. Heating pipework replaced. |
| 3.6 | % of Total tonnage of Clinical Offensive waste |
| Explanation | <p>Increased amount of Clinical Offensive Waste</p> <p>The indicator increased from 9.05% to 12.83%, reflecting an increase in Orange Bags from wards affected by winter illnesses.</p> |

2. Recommendations

The Trust Board are asked to note the contents of this report

EFM Key Performance Indicators Month 7 – October 2018

| Area | | Target | Monthly Performance | | | | | | | | | | | | Current year to date (Complete Months) | | Risk Threshold | | | |
|-----------------|--------------------------------------------------|----------------|---------------------|----------|--------|-------|--------|--------|--------|--------|-----|-----|-----|-----|----------------------------------------|--------|----------------|-----------|---------|-------|
| Ref | Description | Monthly | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Target | Yr Avg | RAG Thresholds | | | |
| Estates | | | | | | | | | | | | | | | | | | | | |
| 1.1 | Number of Statutory PPM items planned per month | Variable | 515 | 484 | 530 | 526 | 523 | 436 | 462 | 413 | | | | | | 486.1 | | | | |
| 1.2 | Statutory PPM % success against plan | 97% | 93% | 85% | 84% | 88% | 91% | 91% | 92% | 90% | | | | | 97% | 89.3% | R<85% | A85-96% | G>97% | |
| 1.3 | Number of mandatory PPM items planned per month | Variable | 420 | 238 | 434 | 417 | 509 | 411 | 427 | 511 | | | | | | 420.9 | | | | |
| 1.4 | Mandatory PPM % success against plan | 95% | 90% | 91% | 94% | 89% | 91% | 89% | 92% | 90% | | | | | 95% | 90.8% | R<85% | A85-94% | G>95% | |
| 1.5 | Number of routine PPM items planned per month | Variable | 148 | 101 | 183 | 190 | 202 | 265 | 208 | 221 | | | | | | 189.8 | | | | |
| 1.6 | Routine PPM % success against plan | 70% | 91% | 79% | 99% | 89% | 78% | 86% | 93% | 81% | | | | | 70% | 87.0% | R<60% | A60-69% | G>70% | |
| 1.7 | % of Reactive work resolved within target | Emergency – P1 | Total Requests | Variable | 80 | 65 | 68 | 55 | 54 | 62 | 89 | 59 | | | | 66.5 | | | | |
| 1.8 | | Emergency – P1 | <2 Hour | 95% | 100% | 99% | 98% | 99% | 99% | 99% | 99% | 99% | | | | 95% | 99% | R<90% | A90-94% | G≥95% |
| 1.9 | | Urgent – P2 | Total Requests | Variable | 234 | 384 | 244 | 185 | 205 | 177 | 234 | 282 | | | | 243.1 | | | | |
| 1.10 | | Urgent – P2 | <1- 4 Days | 90% | 74% | 83% | 86% | 66% | 90% | 92% | 84% | 72% | | | | 90% | 79.8% | R<85% | A85-89% | G≥90% |
| 1.11 | | Routine – P3 | Total Requests | Variable | 423 | 446 | 471 | 500 | 497 | 555 | 581 | 782 | | | | 531.9 | | | | |
| 1.12 | | Routine – P3 | <7- 14 Days | 85% | 67% | 86% | 87% | 71% | 75% | 66% | 76% | 72% | | | | 85% | 75% | R<75% | A75-84% | G≥85% |
| 1.13 | | Routine P4 | Total Requests | Variable | 113 | 91 | 97 | 129 | 133 | 143 | 123 | 118 | | | | 118.4 | | | | |
| 1.14 | | Routine P4 | <30 Days | 75% | 54% | 75% | 90% | 69% | 71% | 59% | 68% | 64% | | | | 75% | 68.8% | R<65% | A65-74% | G≥75% |
| 1.15 | Number of Estates Internal Critical Failures | 0 | 4 | 3 | 1 | 2 | 3 | 1 | 3 | 3 | | | | | 0 | 2.4 | R1 | - | G0 | |
| Cleaning | | | | | | | | | | | | | | | | | | | | |
| 2.1 | Compliance Very High Risk Cleaning Audit | 98% | 100% | 100% | 99% | 99% | 99% | 99% | 99% | 99% | | | | | 98% | 99.3% | R<95% | A95-97% | G≥98% | |
| 2.2 | Compliance High Risk Cleaning Audit | 95% | 99% | 98% | 97% | 97% | 97% | 98% | 98% | 99% | | | | | 95% | 97.9% | R≤89% | A90-94% | G≥95% | |
| 2.3 | Compliance Significant Risk Cleaning Audit | 85% | 99% | 99% | 99% | 99% | 98% | 98% | 98% | 98% | | | | | 85% | 98.5% | R<80% | A80-84% | G≥85% | |
| 2.4 | Compliance Low Risk Cleaning Audit | 75% | 99% | 99% | 99% | 99% | 99% | 99% | 99% | 99% | | | | | 75% | 99% | R<70% | A70-74% | G≥75% | |
| 2.5 | No. of Environmental (food hygiene/Waste) Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 | 0 | R1 | - | G0 | |
| Waste | | | | | | | | | | | | | | | | | | | | |
| 3.1 | Total Tonnage per month all waste streams | Variable | 169.34 | 167.69 | 192.67 | 164 | 166.15 | 181.99 | 179 | 171 | | | | | | 174 | | | | |
| 3.2 | % of Total tonnage Recycled Waste | >47.1% | 52.6% | 49% | 57.2% | 54.1% | 51.39% | 48.28% | 57.74% | 51.50% | | | | | >47.1% | 52.9% | ≤40% | 40.1-47% | >47.1% | |
| 3.3 | % of Total tonnage Landfill Waste | <5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | <5% | 0% | ≥15% | 5.1-14.9% | ≤5% | |

| | | | | | | | | | | | | | | | | | | | |
|----------------------------|---------------------------------------------------|----------|-------|-------|-------|--------|--------|--------|--------|--------|--|--|--|--|----------|-------|-------|-------------|----------|
| 3.4 | % of Total tonnage of Clinical Non-Burn waste | 14-24.9% | 15% | 15.4% | 12.2% | 13.1% | 13.96% | 12.48% | 11.88% | 13.55% | | | | | 14-24.9% | 13.4% | >25% | <10.1-13.9% | 14-24.9% |
| 3.5 | % of Total tonnage of Clinical Burn waste | 4.1-7.9% | 7.1% | 6.9% | 4.7% | 5.6% | 6.58% | 4.95% | 5.2% | 5.51% | | | | | 4.1-7.9% | 5.9% | >8% | <4% | 4.1-7.9% |
| 3.6 | % of Total tonnage of Clinical Offensive waste | 5.1-9.9% | 7.1% | 9.4% | 9.0% | 10.16% | 11.38% | 10.07% | 9.05% | 12.83% | | | | | 5.1-9.9% | 9.5% | <5% | >10% | 5.1-9.9% |
| 3.7 | Waste to Energy | <24% | 18.4% | 19.3% | 16.9% | 17.04% | 16.69% | 24.22% | 16.14% | 16.61% | | | | | <24% | 18.4% | >35% | 24-34.9% | <24% |
| 3.8 | Total Waste to Energy | Variable | 25.5 | 26.2 | 21.6 | 22.6 | 23.27 | 29.17 | 21.34 | 22.12 | | | | | | 24.2 | | | |
| 3.9 | Number of Waste Audits undertaken per month | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | | | | | 15 | 15 | R>13 | A13-14% | G15 |
| 3.10 | % of Compliant Waste Audits | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | | | | 100% | 100% | R<80% | A80-84% | G≥85% |
| 3.11 | % Compliance of Statutory Waste Audits | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | | | | 100% | 100% | R≤89% | A90-94% | G>95% |
| Health & Safety | | | | | | | | | | | | | | | | | | | |
| 4.1 | Number of serious/RIDDOR Incidents | 3 | 5 | 1 | 3 | 2 | 1 | 1 | 0 | 1 | | | | | 3 | 1.9 | R≤6 | A4-5 | G≤3 |
| 4.2 | Non-patient incidents resulting in moderate harm | 4 | 2 | 1 | 1 | 3 | 5 | 2 | 2 | 1 | | | | | 4 | 2.3 | R>7 | A5-7 | G≤4 |
| 4.3 | Non-patient incidents resulting in minor harm | 35 | 33 | 20 | 28 | 28 | 38 | 31 | 16 | 29 | | | | | 35 | 27.9 | R>39 | A36-39 | G<36 |
| 4.4 | % of near misses against total incidents reported | 20% | 22% | 15% | 11% | 20% | 22% | 21% | 25% | 28% | | | | | 20% | 19.4% | R<15% | A15-19% | G≥20% |
| 4.5 | % of EFM Staff receiving H & S training in month | 85% | 81% | 87% | 88% | 88% | 88% | 89% | 91% | 90% | | | | | 85% | 87.4% | R<80% | A80-84% | G≥85% |

| Cover sheet and summary for a report to the Trust Board | | | | | |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------|
| Report title: Workforce & OD Board Report | | | 5 th December 2018 | | |
| Report sponsor | Judy Falcão, Director of Workforce & OD | | | | |
| Report author | Julie Turnbull, Human Resources Manager | | | | |
| Report provenance | Workforce & OD Group | | | | |
| Confidentiality | Public | | | | |
| Report summary | <ul style="list-style-type: none"> To update the Board on the activity and plans of the Workforce and Organisational Development (OD) Directorate as reported to and assured by the Workforce and Organisational Development Group. (WODG). To provide the Board with assurance on workforce and organisational development issues. | | | | |
| Purpose (choose 1 only) | Note <input type="checkbox"/> | Information <input checked="" type="checkbox"/> | Review <input type="checkbox"/> | Decision <input type="checkbox"/> | Approve <input type="checkbox"/> |
| Recommendation | This report is for information. | | | | |
| Summary of key elements | | | | | |
| Strategic context | <p>This report aims to demonstrate the Workforce and OD support of the following strategic/corporate objectives :</p> <ul style="list-style-type: none"> Safe, quality care and best experience Improved wellbeing through partnership Valuing our workforce Well-led | | | | |
| Dependencies and risk | <p>Risks are reviewed as part of the agenda of Workforce & OD Group.</p> <ul style="list-style-type: none"> Sickness Absence: The 12 month rolling sickness absence rate for the end of September was at 4.24% and the monthly rate for September was 4.07% against the 3.80% target. Achievement Review: 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%. 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 88.03% for September from to 85.77% in August, which means the Trust is achieving the Trust target of 85%. Risk Register: The risk register currently holds the following risks: | | | | |

| | |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> • Difficulty in recruiting service critical staff due to national shortages • Supporting the delivery of the CIP plans to achieve staffing cost savings • Sickness absence reduction • Appraisal completion rate • Delivery of an effective Temporary Staffing Service • Two additional risks are being developed <ul style="list-style-type: none"> - Staff Survey - Succession planning <p>At the November meeting of the Workforce and OD Group it was agreed to undertake a deep dive into a specific risk at each meeting.</p> |
| Summary of scrutiny | <p>The recommendations in this report have been subject to challenge, due diligence, and risk assessment by:</p> <ul style="list-style-type: none"> • Workforce & OD Group |
| Stakeholder engagement | <p>The following stakeholders are members of the Workforce & OD Group:</p> <ul style="list-style-type: none"> • Governor • Non-Executive Director • Trust representatives |
| Other standards affected | <p>The information in this report will impact upon:</p> <ul style="list-style-type: none"> • CQC Well Led Domain |
| Legal considerations | <p>All equality and diversity implications have been considered in each of the areas outlined in this report.</p> |

| | |
|-------------------------------------|-----------------------------------------|
| Report title: Workforce & OD Report | Date: 5 th December 2018 |
| Report sponsor | Judy Falcão, Director of Workforce & OD |
| Report author | Julie Turnbull, Human Resources Manager |

1. Introduction

The purpose of this report is to:

- update the Board on the activity and plans of the Workforce and Organisational Development (OD) Directorate as reported and assured by the Workforce and Organisational Development Group.
- provide the Board with assurance on workforce and OD issues.

2. Workforce and Organisational Development Group: Key Notes

The Group met on 15th November 2018.

The following summarises the key items scheduled for discussion:

- Review of risk register and associated actions.
- **Achievement Review:** The Achievement Review rate for the end of September 2018 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.
- **Sickness Absence:** The 12 month rolling sickness absence rate for the end of September was at 4.24% and the monthly rate for September was 4.07% against the 3.80% target.
- **Turnover:** The Trust's turnover rate (excluding junior doctors) 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%.
- **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 88.03% for September from 85.77% in August. The Trust is achieving the target of 85%.
- **PVI – Review of Training & Education:** The group endorsed the recommendations. See Appendix A for further information.
- **SW Mandatory & Statutory Training Streamlining Programme:** The group noted the direction of travel. See Appendix B for further information.

3. Medical Recruitment

TSDFT have been reviewing the Medical Training Initiative (MTI) in Wales supported by The British Association of Physicians of Indian Origin (BAPIO) which report success of fulfilling gaps in various specialties including Paediatrics. The MTI provides a mechanism whereby these candidates can be sponsored by the Royal College in pursuance of obtaining higher training in the UK for a finite period of two years.

The Trust has joined together with the RD&E and University Hospitals Plymouth to provide an attractive rotational programme for MTI trainees for two years. The Trust will undertake the role as Lead Employer.

The Trust will be accompanying BAPIO out to India in November to recruit six candidates to the programme, allowing each Trust to have two trainees in post for two years. The doctors recruited would be at CT/ST level commensurate with their experience and would progress to receive training and experiences equivalent to the local trainees.

There is no charge from BAPIO for their services in recruiting the trainees, the only cost is towards administration and relocating the trainees to the UK, this will be approximately £5,500 per trainee. All costs will be covered equally by the three Trusts.

As at 11 October 2018, the following posts have been appointed to and are due to commence employment with the Trust over the next couple of months:

- Consultant in Emergency Medicine
- Consultant in ENT
- Consultant Colorectal Surgeon
- Consultant Corneal Ophthalmologist
- Consultant Community Paediatrician
- Consultant Radiologist interest in Breast Radiology
- Consultant UGI Surgeon
- Consultant Urologist

The applicants for the following posts have been shortlisted and interviews scheduled:

- Specialty Doctor in Dermatology
- Consultant Haematologist
- Specialty Doctor in Stroke Services

The following posts are being advertised:

- Consultant in Anaesthetics
- Consultant Histopathologist
- Locum Consultant Ophthalmologist

4. Staff Engagement

4.1 National Staff Survey 2018

The National Staff Survey went live on 1st October. As of 15th October the response rate is 12.9% which compares favourably against the average response rate for acute and community trusts using Picker, which stands at 5.7%. The best performing comparable trust achieved a 13.5% response rate.

The project group - consisting of staff side, Freedom to Speak Up Guardian and representatives from the SDU's, are meeting regularly to review response rates and to learn from each other about the creative ways they are promoting the staff survey. These meetings also provide the opportunity to identify and respond to emerging themes and to identify areas that may benefit from an intervention.

As previously reported, the communication strategy this year is much more focused towards local department communication in line with the direction of self-organising teams. Teams have been provided with materials such as T-shirts and a range of fieldwork posters, for them to use as they see fit. Local communications are supported through moderated Trust wide communication such as screensaver messages and intermittent bulletin messages

5. Education & Development

5.1 Mandatory Training

There has been a significant improvement in compliance figures across the organisation over the last two months meaning we have performed above the target of 85% (see Workforce information report for latest figures).

The recommendations as approved at the last meeting have been implemented. The Mandatory training Sub-Group met for the first time on the 17th October. Terms of Reference are currently being reviewed.

Mandatory training reports for medical staff are being reviewed as some staff are incorrectly included in reporting e.g. GP Locality Directors and GP ST3 trainees. New cost centres will be set up for these groups.

5.2 Opel 4 Planning

Revised Opel 4 plan, as approved at the last meeting, has been implemented. The team will review how this is working over the next few months.

5.3 Apprenticeships

We have enrolled over 100 new and existing staff onto apprenticeships in September 2018.

BSc degree level 6 Adult Nursing Apprenticeship (University of Plymouth): 6 existing members of staff (All Assistant Practitioners) started the new Nursing Degree Apprenticeship with Plymouth University in September. Due to being able to APEL

previous training the 6 students will complete the full degree in 24 months, as opposed to 36 months.

The Apprenticeship Open day will be held on 4th March 2019. We hold an annual event to promote our apprenticeships. We also have relevant stands for Work Experience and Traineeships. The day is fun filled and all local schools and colleges attend.

5.4 Work Experience

We are extremely proud to have received notification that our renewal of our accreditation with Fair Train has been approved as GOLD standard. To celebrate this achievement and to tie in with the National Work Experience Month of October 2018, we hosted an afternoon tea on Tuesday 30th October 2018.

5.5 Nursing Placement Capacity

A review of current placement capacity for nursing placements identified a shortfall of approximately 15 placements for Spring 2019. The team have scoped some initial ideas to address the shortfall and a meeting has been set up with the Chief Nurse to discuss further.

Discussions have started with both Universities to agree future placement numbers for September 2020. New degree apprenticeship and Nursing Associate numbers will need to be included in capacity plans.

5.6 STP Bid for HEE Funding

Representatives from the STP Project Team have reviewed the Mental Health training project. The Workforce and Education teams will be using some of the funding to appoint a project manager to review and make proposals for future mental health and wellbeing training/support across the STP.

5.7 Medical Undergraduate Programmes

The new Exeter programme started on the 20th September 2018 at the Trust. 30 students from Plymouth Medical School started mid-October. Programmes are going well so far.

Discussions continue to develop a robust job planning model for the support of the medical undergraduate programmes. The Trust receives funding as part of the medical schools contract which is specifically for the protected time required by Consultants and SAS Doctors to support student placements and teaching that needs to be identified in job plans. A model is being developed for implementation next April 2019.

A further meeting is planned in October to discuss the implementation of 'Year 0' as part of the widening participation initiative of Plymouth Medical School. This introductory year will offer a route in to medicine for those who would not meet the academic eligibility for the tradition degree route. We are currently considering options for the longitudinal work experience placements required, that could offer students paid work during the programme, whilst gaining valuable experience.

The Medical Education Lead post was appointed to in September and will be starting in post mid-January 2019.

5.8 Postgraduate Medical Education

The Trust successfully appointed to the Clinical Educator role being implemented in Emergency Medicine and will commence in post from the 1st November. The post is part funded by HEE as part of their pilot aiming to improve support for Emergency Medicine trainees.

5.9 HEE Quality Improvement Developments

The Trust hosted the non-medical QA visit on the 29th October, with the HEE team visiting a number of our community and acute sites to meet learners and mentors. This is part of the pilot to introduce HEE quality assurance measures for non-medical learners (e.g. nursing, AHP).

The National Education Training Survey (NETS) is being piloted this November. This survey is similar to the National GMC Trainee Survey and will capture detailed information relating to the quality of non-medical learner training programmes.

6. Organisational Development

6.1 Development Self-Organised Teams

Progress has been made in terms of developing an approach to self-organising teams across the organisation. A small group of Facilitators (members of the Workforce & OD directorate) meet to plan, develop and support the evolution of this approach in the organisation. Some of the key areas of focus include:

- How to provide ongoing support for teams that have started on a self-organising journey
- Supporting the expansion of the group of facilitators, including developing their competence and confidence
- Developing an understanding of self-organising teams across the organisation, which is ongoing, and starts with the title; self-organising teams rather than self-managed teams. Some feedback from the group around this would be helpful.
- Project management support (fixed term); developing a project plan, to include communication and engagement plan, (to be balanced with the evolving nature of the self-organising teams)
- Arranging a visit to Cornerstone; a care organisation that has implemented this approach, to understand and learn from their journey
- Executive team facilitated discussion to begin the development of their self-organising approach, and plan how the corporate functions of the organisation can support the new system delivery structure, using a self-organising approach.

Members of the Workforce Practitioner and OD Team are developing a deeper understanding of the set of techniques needed to support the evolution of working in a self-organised way. Their understanding of the impact this concept will widen as they start to explore the effect on leadership, systems, processes and job roles to name but a few. The ultimate aim is for the team to create a suite of techniques and tools together with experiencing what it feels like to become a self-organised team.

Presentations to interested teams continue to be delivered together with the Chief Executive delivering a v/blog to demonstrate the importance of self-organising and senior leadership signup.

6.2 STP OD Group

The STP OD group, of which we are a part, continues to drive collaborative working through 3 streams of work and now adds a fourth. The existing streams of work include:

- A systems leadership program that consists of 40 key leaders across Devon undertaking development enhancing their skill sets and undertaking projects that demand of them a systems way of working. The program is underpinned by action learning sets designed to increase skills in using a coaching approach and holding each other to account.
- The second stream is to develop a talent management across Devon. This stream is in two parts, firstly to design development centres across Devon and secondly to design talent management software that will allow us to see who are the future system leaders are
- The third stream is about sharing resources. Each organisation provides learning and development and leadership programmes for their own workforce. The group are developing ways in which resources and courses can be shared so that future courses will consist of staff from different organisations which in turn will increase the level of connectedness between people and shared learning across the Devon system.

A fourth stream has now been introduced which is in the very early stages of development. The group were successful in bidding for funds to support delivery of this stream of work. The offer once proposed and designed will increase the levels of using a coaching approach across the system introducing this concept into areas of work that may have not been exposed to this approach before.

7. Health & Wellbeing

7.1 Flu

At the time this paper was written the current position for reportable groups of staff who have received the flu vaccination is 34%. This is a marked improvement of 14% comparatively at the same point of the vaccination programme last year.

The flu lead for the vaccination programme used the feedback and learning from last year and has embedded this into the running of this years' sessions. The key changes have been received very well and include the pre-populated form which is has helped with the speed of inputting. The extended hours of the flu clinics have meant that staff beginning and ending their shifts can call in at their convenience.

During the first week (week commencing 1 October) approximately 1000 vaccinations were administered, in fact we did so well we ran out of vaccines, something that didn't happen until several weeks later last year. Obtaining further vaccines has proved problematic across the region as the company supplying the vaccines has limited the number for each organisation to support the vaccination of frontline clinical staff only. As an organisation our approach is to ensure **all** staff are able to access so as the vaccines have been slow to appear

we have had to cancel some of the open clinics. That said the momentum is starting to gather again as the new stock of vaccines has arrived and the flu lead has been in regular contact with the vaccine company which has served us well.

7.2 **Let's Talk about Mental Health**

A theme has been identified arising from conversations with staff and managers it is not uncommon for people to be unsure of how to approach others when they are seeing a colleague or member of staff who might be struggling to maintain mental health. In response a short workshop for managers (in the first instance) is being trialled during November with an HR Advisor and the Wellbeing Lead to help managers feel more confident in supporting staff. This will include how to approach conversations and also what is available both internally and externally for staff to access which will be signposting to short courses, counselling, reasonable adjustments and much more.

8. **Human Resources**

8.1 **Learning from Complex Cases**

We recognise that it is important to learn from employment cases, in the same way that we learn from patient incidents. Learning will help develop the confidence and competence of people involved in these processes and support positive action to reduce the likelihood of the incident re-occurring. It will also help reduce the level of risk exposed to the Trust in employment cases and enables us to continually improve our internal service to our customer. In this context learning is about identify positive practice to be shared as well as improvement practices.

To support this learning process a protocol has been developed to provide a framework for the review of complex cases (Appendix D) This suggests that the participants involved in the case review the learning on three levels – learning for the investigatory team, learning for the department, learning for the Trust. These learning points with any associated action are recorded on a shared drive which is accessible to the Human Resources Team and reviewed through regular team meetings.

8.2 **HR and Employee Relations in the Context of a Self-organised Establishment**

It is imperative that our future provision of a HR and employee relations service moves to a proactive model that is aligned to our organisation structure and operating model. With this in mind we are redesigning our current HR service to improve the experience of our internal and external customers and members of the existing team delivering the service. The redesign will include focussing on the following specific elements:

1. Review of all employee related policies to ensure they are relevant and fit for purpose and are written in alignment with our new ways of working. This may mean that some policies will be re-configured eg the existing Grievance Policy moves to a Resolution Policy demonstrating a strength-based approach.
2. The HR webpage will be re-designed to provide a higher level of self-service, easy access to policies, FAQs and regular update feeds.

3. Callers to the HR helpdesk will be received by a member of the team moving away from a service that is often reliant on an impersonal voicemail service. However, if people prefer they can email directly.
4. A case tracker system will also be installed enabling the HR Advisory Team to enter and update details of calls and cases ensuring that whenever a member of staff or manager calls there is consistency. This will also provide a robust assurance and governance framework.
5. The approach that the team will move to is one of being pro-active, engaging with managers and staff in a way that over time intends to minimise the number of employee related cases entering into a formal process.
6. Setting KPIs to ensure that the service is delivered in a timely and customer focussed manner.
7. A visible suite of training will be provided by the team to support managers who are new to leading teams but also those who are experienced. This will cover a spectrum of topics that include provision of information of services and contacts through to leadership development an essential skills
8. The HR Team are also undertaking a series of development both individually and as a team.

We will engage with the delivery units during this process to ensure visibility of future service provision.

8.3 Closing of Band 1 to new entrants from 1 December 2018 and Transition of existing staff on Band 1 to Band 2

As part of the NHS Terms and Conditions of Service 2018 pay deal, Band 1 will be closed to new entrants form 1 December 2018. As such any future posts will need to have been confirmed at a band 2 via job matching before being advertised.

Roles will therefore be reviewed by working with service managers to understand the needs of the business, exploring any opportunities to work in a new way and following the guidance in annex 24 of the Agenda for Change handbook.

Planning for the transition of existing staff

Plans are being put in place currently for managing the process for existing band 1 staff who wish to remain on band 1 or transition to band 2.

As of October 2018 the Trust has 130 employees in band 1 roles; 87 in Estates and Facilities the majority of which are domestics and catering; 24 bank roles and 19 roles throughout the rest of the Trust.

A project group is being established in partnership with staff side colleagues to think about roles can be developed as well as the training and development required in supporting those individuals who choose to transition to a band 2 role. This will be brought to JCNC for discussion. Transition to a band 2 role should be completed by 31 March 2021 in line with a process agreed by NHS Staff Council.

The decision to move from band 1 to band 2 is the employee's choice and is not compulsory. Employees will need to consider their own individual circumstances when making their decision on this opportunity. Employees will not be required to

have an interview to move to band 2 but they will need to meet with their line manager to discuss the options available to them. They will have the right to be accompanied by their trade union representative. No one will lose employment as a result of this transition.

There is a commitment from the Trust to support staff to develop into band 2 roles including any necessary training and a training plan will be agreed with individuals.

At the time of writing we are currently awaiting guidance from NHS Staff Council on moving staff from band 1 to band 2 and revised job profiles. We are also planning communication with our band 1 employees.

8.4 Employment Tribunal Cases

Current ETS are as follows:

1. Unfair dismissal claim – hearing next month with high confidence of a successful defence
2. Constructive Dismissal with Sex Discrimination – applicant didn't turn up to hearing.
3. Constructive dismissal claim – original hearing scheduled for August 2018, deferred whilst the Trust investigates claimant's complaint following additional evidence submitted at doc exchange. Case review scheduled for 20 November and anticipates hearing for some time in 2019.

Settlements in last 12 months:

1. Settled claim against unfavourable treatment of a FTC/age discrimination before ET hearing.
2. Settled redundancy claim via ACAS (October 18) - paid equivalent of redundancy only.

APPENDIX A

Project/Activity Brief

| | |
|-----------------------------------------------|------------------------------|
| Programme Name: | PVI Education & Training |
| Project Lead Name: | Helen Limmer |
| Date Project/Activity Brief Completed: | 2 nd October 2018 |

Section 1 - What will the project/activity deliver:

Products/outputs:

Main aims:

- The ultimate aim is to reduce admissions and re admissions into the acute hospital and to have lower emergency admissions and to offer safer higher quality patient and service user care.
- Provide the trust with a comprehensive training needs analysis that will clarify and quantify the demand for training and education across the Private Voluntary and Independent (PVI) Health and Care Sector.
- Electronic survey's and stakeholder engagement will provide some key data on the infrastructure such as; staff groups, how many registered managers and staff do we have across the sector including; skilled not registered and support staff etc.
- To provide quality, consistency and ease of access to a range of learning resources for the health and care sector that will enable the PVI sector to have quality trained staff that are able to understand the complexity of service users we commission and place with them.
- Develop a range of career pathways that supports the recruitment and retention of a multi-skilled workforce and provides life-long learning and opportunities for personal progression.

Secondary aims:

- To explore how the education has impacted on staff experience and perceptions, the care they provide, their own knowledge and skills and the context in which they work.
- To evaluate the impact on clinical care and incidents in specific care contexts.
- To evaluate impact on hospital admissions, particularly in relation to falls, pressure ulcers, dementia, and end of life care.

Measuring Success

There will be a mixed method research evaluation over a period of 18 months with multiple points of data collection, analysis and reporting, which will feed into ongoing development of the service. There will be two work-streams. The first will focus on three to six settings of care and involve narrative semi-structured interviews with staff, documentary analysis of clinical data collected within the setting over time and focus groups.

Work-stream 1: Case studies of settings of health and care.

The aim of this work-stream is to assess the impact of this education intervention on individual staff experiences of care and how caring has changed after the input of education and whether specific markers of care quality have improved in specific health care contexts after education in the relevant area has been completed.

Work-stream 2: Evaluation of specific hospital outcome data, compared to baseline.

Evaluation of specific hospital outcome data related to hospital admissions from all the care settings in Torbay and South Devon.

Using routine hospital data we will form a baseline data set collected from January to December 2017 for all care homes in respect of the outcomes listed above.

Summary of the project December 2017 – April 2018

Torbay and South Devon NHS Foundation Trust's newly launched Care Knowledge Hub, more widely known as the HIVE, provides the PVI sector across Torbay and South Devon, access to the Trust's training courses including all levels of apprenticeships, plus a range of learning support resources and access to career pathways.

Although the needs of this sector are relatively well understood through current engagement and activity with partners such as Torbay Council, a comprehensive training needs analysis has been conducted to clarify and quantify the position across the Integrated Care Organisation (ICO) footprint for the PVI sector.

A phased approach was adopted to ensure we fully understood the sector skills and the requirements of the wider workforce. We have examined ways of working to support the increasing demands on our services and are working towards a medium and long term strategy; this has been achieved through the creation of the education directorate re-structure, where we are now starting to see the joining up of teams becoming fully integrated, maximising opportunities, sharing best practice, knowledge and skills to support the Trust priorities across the PVI sector. Phase two commenced in January 2018 where we engaged with the remaining ICO footprint across Moor to Sea, Coastal and Moorlands who now have completed the TNA/survey. A similar exercise took place where we examined the data to ensure the system was able to support the demand

Trust Board Priorities are:

- Dementia awareness and Safe Approaches
- Pressure Ulcer Prevention
- Falls/Moving Manual Handling
- End of Life
- Care Certificate

The number of care homes/agencies across the ICO who actually accessed/used the training was in fact much lower than the survey had predicted – see below actual demand/not usage.

The demand forecast through the TNA/survey predicated the following number of staff who required training via the HIVE:

ELearning: 9,406

Face to face: 12,007

Total demand for December- April: 21,413

Total number of courses accessed via the Hive for period December 2017 – April 2018

was **846**. In addition, there was a further 30 diploma's in Health and Social Care Levels 2 - 5 and approx. 30 for the Care Certificate including Assessor training. Total numbers were approximately **906** substantially different to the actual forecast of **21,413** from care homes/agencies.

Top 10 – Most popular courses accessed December 17 – April 18

| | |
|-----|-----------------------------------------------------|
| 1. | Epilepsy Awareness and Recue Therapy Administration |
| 2. | PVI – MCA/DOLS for providers |
| 3. | Information Governance (Data Security) |
| 4. | Fire Safety Awareness |
| 5. | Catheterisation |
| 6. | Falls Training |
| 7. | Pressure Ulcer Prevention |
| 8. | Safeguarding Level 1 and 2 |
| 9. | Infection Control |
| 10. | Food Hygiene |

KEY - Blue shaded = Trust Board Priorities

Most popular courses accessed via HIVE April 18 –September 18

| | |
|----------------------------------------------------------------|-----|
| Epilepsy Awareness and Rescue Therapy Administration | 217 |
| PVI - MCA/DOLS For Providers | 179 |
| Food Hygiene (Foundation) | 114 |
| Enteral Medication Administration, Delegation & Accountability | 106 |
| Information Governance (Data Security) | 100 |
| Falls Training | 82 |

| | |
|--------------------------------------------------------------|----|
| Mental Capacity Act - Level 2 | 82 |
| Catheterisation | 73 |
| Fire Safety Awareness | 73 |
| Epilepsy Awareness and Rescue Therapy Refresher | 68 |
| Safeguarding Adults - Level 2 | 68 |
| PVI - Infection Prevention and Control Level 1 | 59 |
| PVI - Infection Control Training for Care Homes | 52 |
| PVI - Care Homes & Agency Pressure Ulcer Prevention Training | 47 |
| Safeguarding Children & Young People Level 1 | 46 |
| Safeguarding Adults - Level 1 | 44 |
| Cannulation and Venepuncture Training | 41 |
| Falls Prevention | 41 |
| PVI - Health, Safety and Welfare - Level 1 | 40 |

KEY - Blue shaded = Trust Board Priorities

April 2018 –September 2018

The number of care homes/agencies across the ICO who have accessed/used the Hive for period April 18 – September 18 is positively much higher than period December 17 - April 18. The demand forecast is still considerably lower than originally predicated however; the actual uptake of courses has increased from **906 to a staggering 1,880**, an **increase of 107.50%**. The number of care homes and agencies across the ICO footprint who have registered with the Hive is around 180.

Most frequent users of the Hive: Please note - all our commissioned care homes have access to the Hive; the ones below are the highest users

| | | |
|------------------------------------------------|------------------------------------------|-----|
| -.Ilsham Nursing Home Commissioned | Number of courses accessed/used by staff | 216 |
| Cypress (Step One Charity) | | 125 |
| Private Carers and Personal Assistants | | 117 |
| Summerland Support | | 117 |
| Hill House Nursing Home Commissioned | | 104 |
| The Rock Retirement Home | | 97 |

Options Appraisal:

Option 1: Do Nothing

Benefits: Cost neutral, increase the capacity across teams

Cons: High risk of poor quality education and training. Lack of skills and knowledge to deliver a service that is more complex and that requires a multi skilled health and care workforce that is fit to deliver the future model of care. Increase in admissions and re-admissions to the acute trust.

Option 2: Stay as we are - continue to offer free education and training to the PVI sector

- **Benefits:** The Trust's management system provides quality, consistency and ease of access to a range of learning resources for the health and care sector that is current, relevant and can be adapted and tailored to the service needs
- Improve staff skills and staff retention in the care home sector
- Improve patient/service user safety and experience whilst staying in a care home setting
- Improve confidence to care workers across a range a settings in the delivery of complex care
- Instil confidence in the population that we serve - our training provision has been endorsed by Skills for Health; and having passed the assessments, we have been awarded the Quality Mark for our education programmes
- Demonstrate to the care home providers, that as a Trust, we value their role within the model we want to deliver and are serious about partnership working
- One stop shop for education and training provision that is quality assured, relevant and up to date
- Provides career advice and guidance as well as further education opportunities

Cons: Not able to sustain the current model long term, this is due to the impact on cost and resources.

Option 3: Continue to offer education and training to the PVI sector across all the domains for ELearning and digital videos – all of the above **benefits listed in option 2 are relevant and current for option 3.**

Implement a nominal charge in six months to cover costs for individual licences to access the Hive; I understand this to be approx. £3.50 per head, this does not include administration costs. An additional charge for courses such as First Aid, Mental Health First Aid, Basic Life Support and any other course that requires face to face delivery and/or registration costs to an external/awarding body needing to be implemented. Restrict some of the education and training that has low usage and courses that are not mandatory or essential, as this will be easier to manage long term.

Cons: The cost could put some organisations off.

Conclusion and Recommendations

There is an opportunity through training that we as a Trust can drive up the quality of care received in care homes. Intermediate Care, End of Life, Dementia Specialist Homes and Domiciliary Care all rely on high quality care for successful outcomes, giving patients/service users the experience they deserve and their families the confidence in our model of care. The training can take a variety of forms via “The Hive” system. The Hive can audit which homes take part in training and help target those that do not engage.

More importantly the Trust can control the content and quality of training received, targeting areas that need strengthening. Care homes that have quality trained staff are able to cope better with the complexity of the service users we place in them, cope better with hospital discharge, have lower emergency hospital admission and offer safer higher quality patient care. They require less input from our community staff – hence it should be cost effective.

There is a need to plan and coordinate training for care home providers to ensure that they are able to be successful partners within the new model of care that our integrated care organisation wants to deliver.

I recommend to the Board that we consider a charging policy; maybe we adopt a tiered approach for those courses that are costing the Trust actual money, for e.g. a licence fee costs £3.50 per head, First Aid is approx. £20.00, a full day of training bespoke to the home would cost £300 for the day. DPT and other Trusts who have already engaged and who are interested in signing up to the Hive could be charged at higher rate i.e. top tier. Large organisations that have multiple sites outside the area could also be approached if indeed we wish to consider this as a commercial business opportunity that would help us to develop more training for the sector, we would act like a CIC non -profit.

In Summary – It is my recommendation that we continue to offer free education and training to the PVI sector for the next 6 months; apart from those courses listed above that require a registration cost. Restrict access to some of the courses that we are not able to deliver/fulfil due to capacity issues such as Basic Life Support.

Create a charging policy for large organisations that have multiple sites outside the ICO footprint, and for other large organisations that have managed to enrol onto the Hive such as recruitment agencies – this in my opinion needs to stop or at least be charged for.

Review the data, feedback and evaluations to fully understand how the education has impacted on staff experience and perceptions, their own knowledge and skills in the context in which they work. We should also have some data on the impact of clinical care and incidents in specific care contexts by March 19. A Survey Monkey has been sent out across the ICO and the results should be ready to examine by the end of October, this will help us to make a decision based on the options appraisal above.

Helen Limmer
Deputy Head of Education
10/10/18



MAST PILOT EVALUATION REPORT

SOUTH WEST STREAMLINING PROGRAMME

This report aims to provide an overview of the Mandatory and Statutory Training (MaST) Streamlining Programme. The progress and findings of the Pilot programme to date have been documented and analysed and conclusions and outcomes of the Pilot are detailed and recommendations for next steps have been identified.

JUNE 2018

NICOLA CALLAGHAN
HR CADDY LTD
Streamlining Programme Director (SW)

1. Introduction

1.1 Background

The South West region agreed to prioritise their Streamlining objectives during 2018 and established an appetite to focus on the MaST Workstream led by Darryn Allcorn. Significant progress had already been made in this area, with approximately 50% of Trusts within the region already declared and aligned to the CSTF.

The National Streamlining Steering Group identified a need to cement the work that had been developed and implemented within many regional programmes, by producing a national toolkit that would support the delivery of a fully tested national solution. Following discussions with NHS Employers, the South West region expressed an interest in working towards piloting the national solution and using this experience and associated results to develop the national toolkit.

NHS Employers secured additional funding from NHS Improvement to ensure a programme team were in place to support the region to develop and test the solution and design and deliver the toolkit.

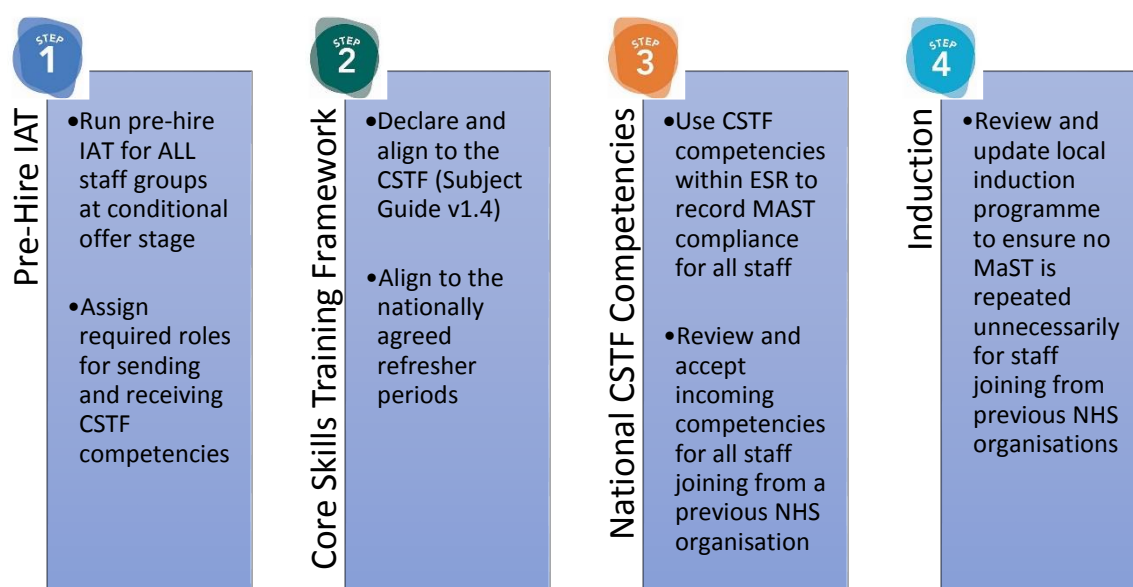
The programme commenced in January 2018 and was forecast to conclude in June 2018.

1.2 Aim of the SW MaST Streamlining Programme

By adopting a regional approach, demonstrate that local induction programmes can eliminate unnecessary repetition of MaST by implementing the 4 Steps.

1.3 The 4 Steps

All Trusts must follow 4 steps to reach the goal of eliminating unnecessary repetition of MaST. Specifically, all Trusts must...



1.4 Key deliverables of the SW MaST Streamlining programme

- Managing and overseeing the pilot sites from January 2018 to May 2018
- Designing, developing and launching the national toolkit by June 2018

Specific Milestones included:

| ELEMENT | STATUS |
|--------------------------------------------------------------------------------------------------------|--------|
| PROGRAMME SCOPING | |
| Streamlining Programme in SW agree MaST will be main focus for 2018 | |
| Declaration of Commitment produced and circulated to all regional Trusts for completion. | |
| Trusts to submit completed Declaration of Commitment | |
| Status report and summary of returns received to be sent to NHS Employers and Executive Sponsor | |
| Executive Sponsor to make final decision on regional involvement | |
| PROGRAMME IMPLEMENTATION | |
| Establish SW Streamlining MaST group on NHS networks | |
| Readiness Assessment designed and issued to all SW Trusts | |
| All SW Trusts to complete and return Readiness Assessment accompanied by Induction Timetable | |
| All Trust Leads to attend launch event | |
| All SW Trusts to complete and return Readiness Assessment | |
| All SW Trusts to complete and return Readiness Assessment | |
| Establish and maintain fortnightly conference calls for all Trusts within each STP region to dial into | |
| PRE-HIRE IAT | |
| Host pre-Hire IAT Webinar | |
| Circulate all Pre-Hire IAT User Guides and support materials | |
| Adopt the use of Pre-Hire IAT for all staff | |
| CSTF | |
| Host CSTF Webinar – Colin Wright to Present at Pilot Launch | |
| Circulate all CSTF implementation User Guides and support materials | |
| Declare and align to the CSTF v1.4 (Published October 2017) | |
| COMPETENCIES | |
| Host Competencies in ESR (for OLM users) Webinar | |
| Host Competencies in ESR (for non - OLM users) Webinar | |
| Host follow up Webinar for non-OLM users | |
| Circulate all ESR Competencies User Guides and support materials | |
| Record competencies in ESR for all CSTF modules (going forward) | |
| Review and accept incoming competencies in ESR (going forward) | |
| INDUCTION | |
| Host “Changing your Induction” workshop | |
| Share and circulate all support materials to enable Trusts to make Induction changes | |
| Adjust induction process to ensure no CSTF training is repeated unnecessarily | |
| TOOLKIT | |
| Engage with external design team and agree outline of product to be developed | |
| Develop support packages and templates for inclusion | |
| Develop Case Studies for inclusion and finalise promotional activity/plans for national launch | |
| Finalise Toolkit with Design Time | |

1.5 What were the intended benefits of the programme?

The overall benefit of the programme was to create a regional pilot to develop and test the concepts that had been utilised by various Trusts across the country. Ultimately the benefits of the new process needed to demonstrate that the concept of the “Four Steps” deliver efficiencies at Trust level by eliminating unnecessary repeated MaST training, while also improving the recruitment and onboarding experience for all staff when they move from Trust to Trust.

The key high-level benefits of the new process are too:

- Improve the overall onboarding experience for all NHS staff moving to a new Trust
- Reduce unnecessary repeated mandatory and statutory training (MaST)
- Improve timeliness of information sharing
- Use the CSTF to provide a clear set of consistent standards
- Support a consistent approach to implementation (toolkits available including, checklists, user guides, case studies)

The sharing of the new process and toolkit and adopting a national approach would:

- Increase awareness of improvements made among stakeholders
- Increase opportunities to effectively collaborate and share best practice
- Improve cross working between organisations and regions
- Standardise work and processes across all regions
- Provide a positive focus on information sharing and comparing performance
- Ensure there is a consistent approach nationally

The detailed benefits associated with implementing each Step of the process are documented below:

| STEP | BENEFIT (Why?) | ROI |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pre-Hire IAT | <ul style="list-style-type: none"> • The pre-hire IAT process is part of ESR best practice and will ensure data is transferred • New starter existing MaST will transfer with them, to the new organisation | <ul style="list-style-type: none"> • Current levels of training per Trust can vary between 10 and 50 hours at induction for these subjects. Adopting a national standard would reduce this variation. • It is estimated nationally that 50% of NHS new starters are moving from one NHS Trust to another. It is estimated that there are in excess of 50,000 new starters each year. Therefore, by sharing training records for these staff, millions of hours of unnecessary training could be eliminated nationally each year. |
| Core Skills Training Framework | <ul style="list-style-type: none"> • Learning outcomes of MaST delivered in all NHS organisations meets the same quality standards • Adopting CSTF refresher periods will eliminate excess delivery frequencies | <ul style="list-style-type: none"> • In the East of England alone – there were 7,500 NHS to NHS joiners, who completed an average of 25 hours training. Sharing these training records would eliminate |
| National CSTF Competencies | <ul style="list-style-type: none"> • CSTF competencies enables MaST records to be recorded using a consistent set of learning outcomes • CSTF competencies facilitates a portable MaST record utilising ESR | |

| STEP | BENEFIT (Why?) | ROI |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Induction | <ul style="list-style-type: none"> MaST is not repeated unnecessarily for staff joining from previous NHS organisations | <p>185,000 hours of unnecessary training in one region alone.</p> <ul style="list-style-type: none"> Reduction in training requirements of new starters will return time to care for patients |

2. What we did

2.1 Defined the Process into Four Steps

The Programme Team analysed a variety of materials and processes that had already been used by different Streamlining regions across the country, to support the delivery of this objective. The main concept itself had been robustly tested by numerous Trusts, however no formal guidance had been developed or published, which had been identified as a blocker in achieving a consistent approach to rolling out this programme.

2.1.1 What we achieved

As a result of this review the process was defined into four clear steps for Trusts to follow. These steps are illustrated in Section 1.3 of this report.

2.2 Pilot applications

Once the main concept had been drafted into Four Steps by the Programme Team a formal report was prepared and circulated to all Trusts requesting them to apply to become a pilot trust. The primary purpose of the pilot was to develop the concept and fully test the Four Steps could deliver the benefits that had been identified. The secondary purpose was to document the process the pilot Trusts went through to implement the Four Steps and create a toolkit, that could be shared nationally, for all Trusts to follow.

To ensure the programme could achieve its aims, it was important that the majority of the Trusts in the region applied to become a Pilot, to ensure that full regional benefits could be achieved and measured.

2.2.1 What we achieved

In total we received 17 applications from the region. The decision was made by the Regional Executive Lead (Darryn Allcorn) and the Regional Executive Sponsor (Isobel Clements) that we had received a sufficient number of applications to ensure the benefits of a regional pilot could be tested and achieved.

2.3 Readiness Assessments

In order to enable us to measure progress made by our Pilot Trusts, a series of Readiness Assessments were designed. These were issued to all participating Trusts at the beginning of the pilot and at various intervals throughout the programme. The readiness assessments were designed to generate an overall percentage score intended to illustrate progress on completion of key tasks against each principle. The assessments were designed to show that Pilot Trusts had completed everything required to ensure the Four Steps could be fully implemented and they were ready to go-live.

2.3.1 What we achieved

The baseline data collected and the position following the last readiness assessment is shown below. A full breakdown of these readiness assessments can be found in Appendix 1.

| | RA 1 | RA 2 | RA 3 |
|----------------------------------------------------------------|------|------|------|
| 2gether NHS Foundation Trust | 57% | 83% | 83% |
| Gloucestershire Care Services | 71% | 71% | 71% |
| Gloucestershire Hospitals NHS Foundation Trust | 32% | 42% | 59% |
| Great Western Hospitals NHS Foundation Trust | 53% | 68% | 68% |
| North Bristol NHS Trust | 28% | 38% | 67% |
| Northern Devon Healthcare NHS Trust | 30% | 48% | 75% |
| Plymouth Hospitals NHS Trust | 26% | 65% | 73% |
| Royal Cornwall Hospitals NHS Trust | 9% | 71% | 84% |
| Royal United Hospitals Bath NHS Foundation Trust | 58% | 69% | 71% |
| Salisbury NHS Foundation Trust | 12% | | |
| Somerset Partnership NHS Foundation Trust | 21% | 59% | 59% |
| Taunton and Somerset NHS Foundation Trust | 17% | 55% | 55% |
| Torbay and Southern Devon Health and Care NHS Foundation Trust | 45% | 70% | 70% |
| Yeovil District Hospital NHS Foundation Trust | 54% | 75% | 86% |
| Bristol Community Health | 45% | 45% | 45% |
| University Hospitals Bristol | | 19% | 31% |
| Royal Devon & Exeter | 27% | 47% | 73% |
| | | | |
| Overall Total | 37% | 63% | 67% |

Appendix 2 also illustrates the significant increase in the number of CSTF Competences being stored in ESR within the SW region.

2.4 Supporting the Pilot Trusts

To ensure the Pilot Trusts were supported during the pilot phase of the programme several support mechanisms were established and maintained by the Programme Team and are outlined below. These have proved to be extremely effective and engagement from our Pilot sites has remained high from the start. (See Appendix 3) The support put in place has enabled the programme to ensure that the concept of the Four Steps has been understood and endorsed by all the pilot sites while gaining their valuable contributions towards the development of the Toolkit.

2.4.1 Face to Face Meetings

An initial launch meeting was held in Taunton and attended by our Pilot Trusts, with many bringing several members of their local Pilot Teams. This event was a valuable opportunity for all teams to get together, receive briefings from key stakeholders on current developments and gain guidance from the Project Team on next steps and overcoming barriers.

2.4.2 NHS Networks

A dedicated NHS Streamlining MaST Network was created to enable to all Pilot Teams to access all information relating to the pilot in one place. This has been a really useful tool especially considering the geographical spread of the South West region pilot Trusts. All members have been actively

engaged in the forums and message boards and all Toolkit documents could be located in one place to enable teams to log on and review them.

2.4.3 *Conference Calls*

Regular conference calls were established with all pilot sites. This enabled the Programme Team to analyse the Readiness Assessment returns and understand evidence provided, support and answer questions that related specifically to the local issues of each pilot and maintain valuable contact in between face to face meetings.

2.4.4 *Engagement with Key Stakeholders*

Critical to the success of the pilot were several key stakeholders. Specifically, Skills for Health, HEE, ESR and NHSi. The programme team ensured that regular engagement with stakeholders took place and information on the MaST programme shared so any dependencies that posed risks or issues could be identified. These key stakeholders were asked to attend and present updates at the face to face launch meeting and provide ongoing updates to the Pilot sites.

2.5 Toolkit

The development of the Toolkit was undertaken with a clear brief in mind: to ensure that all documents, support materials and lessons learned could be located in one place for all Trusts to access. It was agreed that part of the budget would be utilised to source an external agency who would design the final toolkit.

2.5.1 *What we achieved*

To date we have reviewed existing user guides, tested current content and designed a series of new documents with over 20 support materials being available.

The toolkit is currently undergoing its final amendments and will be ready for launch by June 2018.

3. Key Challenges and Lesson Learned

3.1 Timescales of the Pilot

The key milestones of the programme were developed on an extremely tight timeline. This was largely as a result of strict timescales for delivery that were given to the programme to demonstrate a return on the investment of funding obtained.

These timescales were made even tighter as the region set to host the funding and develop the toolkit were unable to secure suitable resources in time and therefore had to stand down from the programme. NHS Employers approached the SW region at the end of December 2017 to establish if they would be interested in running a pilot and designing the toolkit. The additional funding that was made available to the region enabled them to accept the opportunity on the condition that this funding must be spent by the end of the financial year.

3.2 Lack of National Mandate

Feedback from all regional Streamlining Programmes has always highlighted that progress has been slow and levels of engagement vary greatly from Trust to Trust. This has largely been due to numerous pressures that Trusts face, resulting in increasing demands on staff and resources limiting the time

they have to dedicate to implementing an ever-growing number of priorities. The MaST Programme aimed to document the concept, test it and then gain the support of national stakeholders with a view to mandating the new process for all Trusts nationally. Without a national mandate, or an agreed monitoring process it is envisaged that implementation will be low, and therefore potential benefits will not be maximised if all Trusts are not sharing data using a consistent process.

To date this has not been achieved but should still be the overall aim, to ensure the progress and engagement required to adopt and implement the Four Steps nationally will be achieved.

4. Conclusions

The aim of the SW MaST Streamlining Programme was to demonstrate that by adopting a regional approach to programme implementation, local induction programmes can eliminate unnecessary repetition of MaST by implementing the 4 Steps. The programmes key deliverables were:

- Managing and overseeing the pilot sites from January 2018 to May 2018
- Designing, developing and launching the national toolkit by June 2018

4.1 Did the programme deliver its objectives?

| Deliverables | Comments | Status |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Manage and oversee the pilot sites from January 2018 to May 2018 | <ul style="list-style-type: none"> • Application process for pilots was completed successfully with 17 pilot sites accepted. • All Trusts involved have remained highly engaged and a robust programme of support was established, delivered and maintained. • In 5 months pilot Trusts have risen from a baseline position of 37% readiness to 67% readiness and it is envisaged that over the majority of Pilot Trusts will achieve delivery by October 2018. | ACHIEVED |
| Design, develop and launch a national toolkit by May 2018 | <ul style="list-style-type: none"> • Design of the Toolkit began in January 2018 and required a complete audit of all documents that needed to be included as well as designing a concept for the layout of the toolkit itself. • All pilot sites have been actively involved in reviewing documents and contributing to case studies and materials. • The design work is complete, and the content is currently going through final design with the external agency. • The design and development of the toolkit remains on track, and the launch will be facilitated and managed by NHS Employers. | ACHIEVED On target for June 18 launch |

4.2 Were benefits realised by our Pilot Sites?

4.2.1 Benefits of the new process

| Deliverables | Comments/Status |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>PRE-HIRE IAT <i>Delivering portability of data</i></p> <ul style="list-style-type: none"> All Trusts to run pre-hire IAT for ALL staff groups at conditional offer stage. Notification role holders to be allocated at Trust. | <ul style="list-style-type: none"> The Pilots started at a baseline of 37% readiness for running pre-hire IAT and moved to a 79% of readiness by the end of the pilot. Many Trusts are now starting to see evidence that data is flowing. |
| <p>DECLARE AND ALIGN TO CSTF <i>Creates a core statutory and mandatory framework delivering the same minimum standard</i></p> <ul style="list-style-type: none"> All Trusts to declare and align to the CSTF (Subject Guide v1.4). All Trusts to follow the recommended renewal periods stated in CSTF for all staff. | <ul style="list-style-type: none"> 19 Trusts in the SW region are now fully declared and aligned to the CSTF and listed on the Skills for Health Directory. Remaining Trusts are still committed to working towards alignment with many just waiting for the final declaration process to be completed. |
| <p>COMPETENCIES IN ESR <i>Consistent delivery and recording of statutory and mandatory training to enable the transfer of competencies electronically via ESR</i></p> <ul style="list-style-type: none"> All Trusts to record CSTF competencies within ESR for all staff. | <ul style="list-style-type: none"> As part of the Pilot, Trusts were required to load CSTF competencies into ESR. In Jan 18 170,000 records were held in ESR for the SW region. BY Mar 18 this had risen to 382,000 This demonstrates that training records are now in the system and can be transferred. |
| <p>ACCEPT CSTF COMPETENCIES <i>Consistent delivery and data acceptance of statutory and mandatory training competencies electronically via ESR</i></p> <ul style="list-style-type: none"> All Trusts to accept CSTF competencies received via pre-hire IAT within ESR for all staff. | <ul style="list-style-type: none"> Due to the lack of reporting information available from ESR we do not have data confirming the number of competencies that are being accepted. However, verbal updates have been provided by pilot Trusts to confirm that data is starting to flow. |
| <p>INDUCTION <i>Induction programme updated to ensure no CSTF training received is repeated</i></p> <ul style="list-style-type: none"> All Trusts to update local induction to accept CSTF training completed from previous NHS organisation. | <ul style="list-style-type: none"> Once all data begins to flow, Trusts will be able to make full changes to their internal Induction Programmes to ensure that CSTF training is repeated unnecessary. Longer term these benefits and savings can be measured locally by each Trust. |

5. Recommendations

Accepting previous training from other NHS Trusts to eliminate the practice of repeating CSTF training every time an employee moves within the NHS is an established concept. Many Streamlining regions have supported and encouraged their Trusts to adopt this principle including, London, West Midlands, East Midlands, East of England and North West.

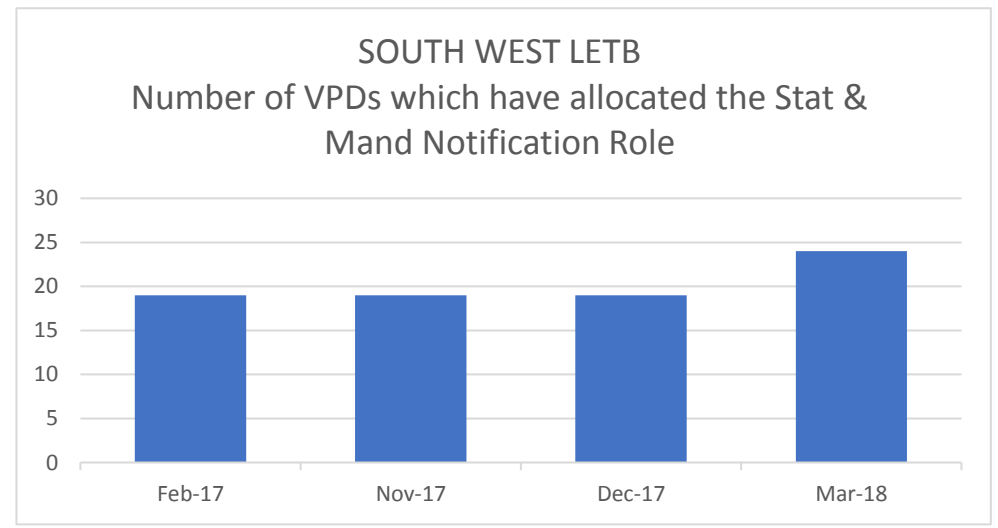
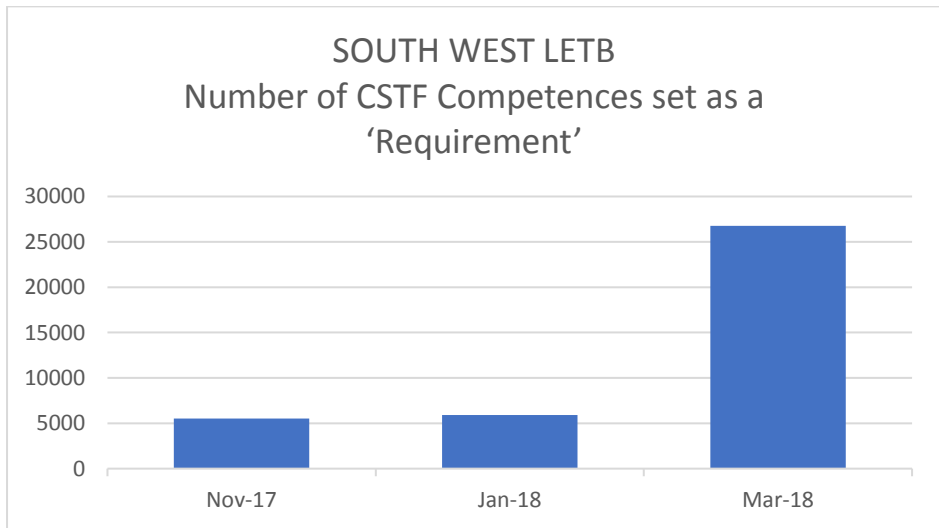
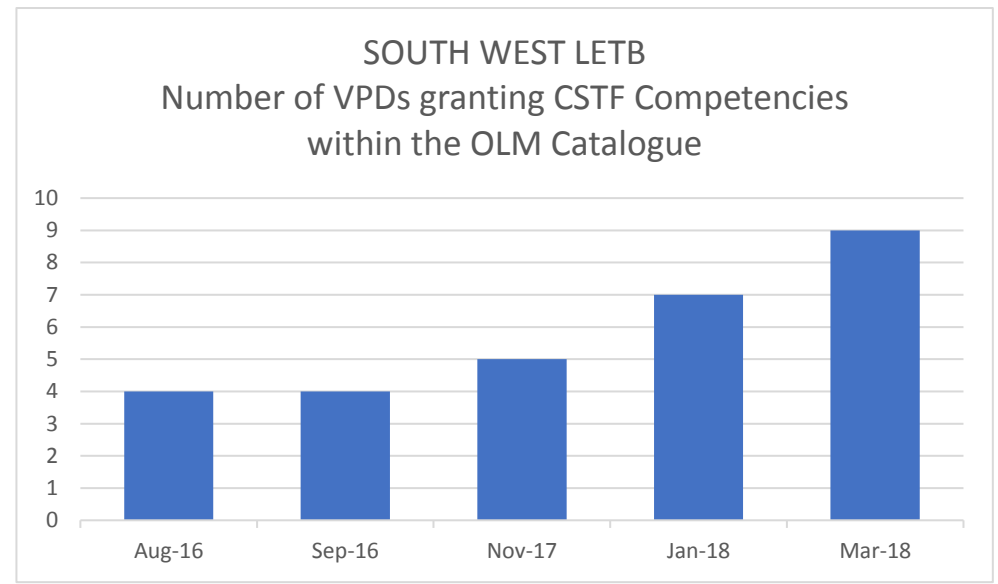
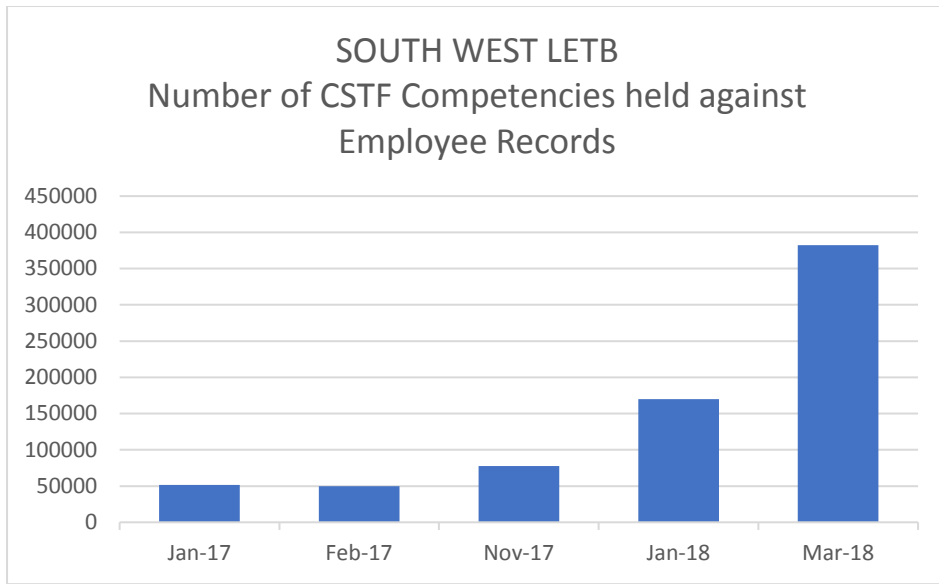
The principles/steps of the concept do not require further testing, as they are simple and proven by many individual Trusts. The main blocker for implementing the principles relates to the lack of information a Trust receives. I.e. A Trust can make all the changes and send lots of training records to other Trusts, but if they don't receive training records for incoming staff, they won't make any efficiencies in eliminating unnecessary repeated training. To overcome this blocker there is a need to clarify expectations. This should include:

- Obtaining national endorsement and potential mandate for all Trusts to implement the 4 steps
- Regions should be encouraged to adopt a coordinated regional approach to implementation to maximise the return on investment


Appendix 1 - Readiness Assessment Results

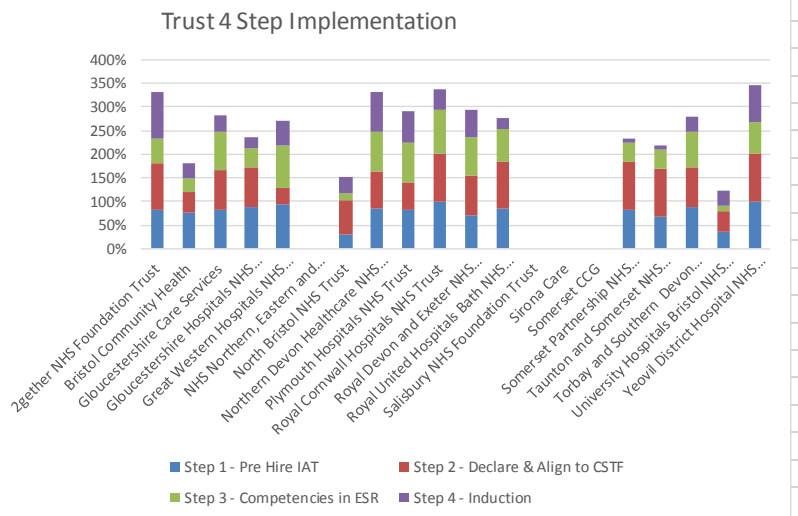
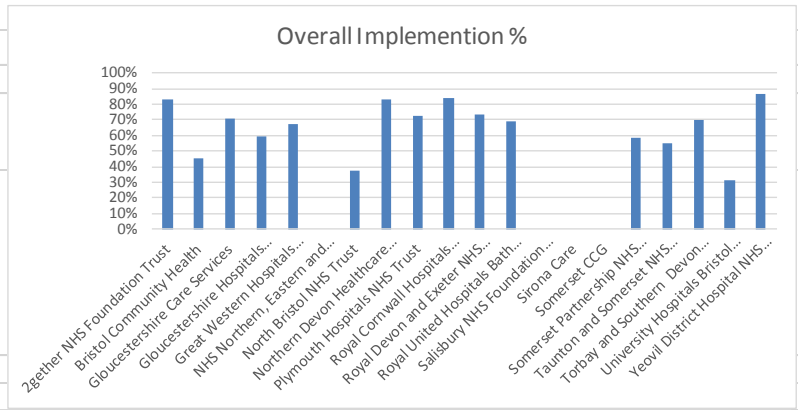
| Readiness Assessment 1 - Baseline | 2gether NHS Foundation Trust | Gloucestershire Care Services | Gloucestershire Hospitals NHS Foundation Trust | Great Western Hospitals NHS Foundation Trust | North Bristol NHS Trust | Northern Devon Healthcare NHS Trust | Plymouth Hospitals NHS Trust | Royal Cornwall Hospitals NHS Trust | Royal United Hospitals Bath NHS Foundation Trust | Salisbury NHS Foundation Trust | Somerset Partnership NHS Foundation Trust | Taunton and Somerset NHS Foundation Trust | Torbay and Southern Devon Health and Care NHS Foundation Trust | Yeovil District Hospital NHS Foundation Trust | Bristol Community Health | University Hospitals Bristol | Royal Devon & Exeter | Sirona Care - completed induction information | Somerset CCG | NHS Northern, Eastern and Western | Average |
|------------------------------------------------------------------|------------------------------|-------------------------------|------------------------------------------------|----------------------------------------------|-------------------------|-------------------------------------|------------------------------|------------------------------------|--------------------------------------------------|--------------------------------|-------------------------------------------|-------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|--------------------------|------------------------------|----------------------|-----------------------------------------------|--------------|---------------------------------------------|---------|
| Pre-hire IAT | 0% | 83% | 64% | 93% | 31% | 48% | 36% | 12% | 86% | 48% | 83% | 69% | 81% | 52% | 76% | | 48% | | | | 56% |
| Declare and Align to CSTF Subject Guide v1.4 | 100% | 83% | 43% | 37% | 33% | 50% | 23% | 23% | 97% | 0% | 0% | 0% | 30% | 100% | 43% | | 23% | | | | 44% |
| Competencies in ESR | 43% | 83% | 19% | 33% | 14% | 0% | 36% | 0% | 29% | 0% | 0% | 0% | 48% | 29% | 29% | | 36% | | | | 24% |
| Local Induction Updated | 83% | 33% | 0% | 50% | 33% | 22% | 11% | 0% | 22% | 0% | 0% | 0% | 22% | 33% | 33% | | 0% | | | | 22% |
| Overall | 57% | 71% | 32% | 53% | 28% | 30% | 26% | 9% | 58% | 12% | 21% | 17% | 45% | 54% | 45% | | 27% | | | | 37% |
| Readiness Assessment 2 - Mid Point | 2gether NHS Foundation Trust | Gloucestershire Care Services | Gloucestershire Hospitals NHS Foundation Trust | Great Western Hospitals NHS Foundation Trust | North Bristol NHS Trust | Northern Devon Healthcare NHS Trust | Plymouth Hospitals NHS Trust | Royal Cornwall Hospitals NHS Trust | Royal United Hospitals Bath NHS Foundation Trust | Salisbury NHS Foundation Trust | Somerset Partnership NHS Foundation Trust | Taunton and Somerset NHS Foundation Trust | Torbay and Southern Devon Health and Care NHS Foundation Trust | Yeovil District Hospital NHS Foundation Trust | Bristol Community Health | University Hospitals Bristol | Royal Devon & Exeter | Sirona Care - completed induction information | Somerset CCG | NHS Northern, Eastern and Western Devon CCG | Average |
| Pre-hire IAT | 81% | 83% | 64% | 93% | 31% | 71% | 69% | 100% | 86% | | 83% | 69% | 88% | 79% | 76% | 0% | 60% | | | | 77% |
| Declare and Align to CSTF Subject Guide v1.4 | 100% | 83% | 43% | 37% | 73% | 50% | 73% | 100% | 97% | | 100% | 100% | 83% | 100% | 43% | 43% | 23% | | | | 80% |
| Competencies in ESR | 52% | 83% | 62% | 90% | 14% | 48% | 83% | 62% | 71% | | 40% | 40% | 76% | 45% | 29% | 0% | 71% | | | | 59% |
| Local Induction Updated | 100% | 33% | 0% | 50% | 33% | 22% | 33% | 22% | 22% | | 11% | 11% | 33% | 78% | 33% | 33% | 0% | | | | 35% |
| Overall | 83% | 71% | 42% | 68% | 38% | 48% | 65% | 71% | 69% | | 59% | 55% | 70% | 75% | 45% | 19% | 47% | | | | 63% |
| Readiness Assessment 3 - Pilot Summary | 2gether NHS Foundation Trust | Gloucestershire Care Services | Gloucestershire Hospitals NHS Foundation Trust | Great Western Hospitals NHS Foundation Trust | North Bristol NHS Trust | Northern Devon Healthcare NHS Trust | Plymouth Hospitals NHS Trust | Royal Cornwall Hospitals NHS Trust | Royal United Hospitals Bath NHS Foundation Trust | Salisbury NHS Foundation Trust | Somerset Partnership NHS Foundation Trust | Taunton and Somerset NHS Foundation Trust | Torbay and Southern Devon Health and Care NHS Foundation Trust | Yeovil District Hospital NHS Foundation Trust | Bristol Community Health | University Hospitals Bristol | Royal Devon & Exeter | Sirona Care - completed induction information | Somerset CCG | NHS Northern, Eastern and Western Devon CCG | Average |
| Pre-hire IAT | 81% | 83% | 88% | 93% | 40% | 86% | 83% | 100% | 86% | | 83% | 69% | 88% | 100% | 76% | 36% | 71% | | | | 79% |
| Declare and Align to CSTF Subject Guide v1.4 | 100% | 83% | 83% | 37% | 83% | 77% | 57% | 100% | 97% | | 100% | 100% | 83% | 100% | 43% | 43% | 83% | | | | 79% |
| Competencies in ESR | 52% | 83% | 43% | 90% | 62% | 86% | 83% | 93% | 71% | | 40% | 40% | 76% | 67% | 29% | 12% | 83% | | | | 63% |
| Local Induction Updated | 100% | 33% | 22% | 50% | 83% | 50% | 67% | 44% | 22% | | 11% | 11% | 33% | 78% | 33% | 33% | 56% | | | | 45% |
| Overall | 83% | 71% | 59% | 68% | 67% | 75% | 73% | 84% | 71% | | 59% | 55% | 70% | 86% | 45% | 31% | 73% | | | | 67% |
| Final Report - Statement of when all 4 steps will be implemented | 2gether NHS Foundation Trust | Gloucestershire Care Services | Gloucestershire Hospitals NHS Foundation Trust | Great Western Hospitals NHS Foundation Trust | North Bristol NHS Trust | Northern Devon Healthcare NHS Trust | Plymouth Hospitals NHS Trust | Royal Cornwall Hospitals NHS Trust | Royal United Hospitals Bath NHS Foundation Trust | Salisbury NHS Foundation Trust | Somerset Partnership NHS Foundation Trust | Taunton and Somerset NHS Foundation Trust | Torbay and Southern Devon Health and Care NHS Foundation Trust | Yeovil District Hospital NHS Foundation Trust | Bristol Community Health | University Hospitals Bristol | Royal Devon & Exeter | Sirona Care - completed induction information | Somerset CCG | NHS Northern, Eastern and Western Devon CCG | Average |
| Full Implementation | Jul-18 | Jul-18 | Oct-18 | Jul-18 | TBC | TBC | Done | TBC | Sep-18 | | TBC | TBC | TBC | Done | | | Done | | | | |

Appendix 2 – SW Competences in ESR Data Summary



Appendix 3 – Pilot Site Engagement (Part 1)

| SW MaST Pilot Regional Overview | | Pilot Engagement | | | | Trust 4 Step Implementation | | | |
|-----------------------------------------------------------------------------------|------------|--------------------------|-----|-----|-----|-----------------------------|----------------------------------|------------------------------|--------------------|
| Progress Update | | Commitment Letter | RA1 | RA2 | RA3 | Step 1 - Pre Hire IAT | Step 2 - Declare & Align to CSTF | Step 3 - Competencies in ESR | Step 4 - Induction |
| Last Updated: 02 May 2018 | | | | | | | | | |
|  | | Overall Implementation % | | | | | | | |
| 2gether NHS Foundation Trust | 83% | Yes | Yes | Yes | Yes | 81% | 100% | 52% | 100% |
| Bristol Community Health | 45% | Yes | N/A | Yes | | 76% | 43% | 29% | 33% |
| Gloucestershire Care Services | 71% | Yes | Yes | Yes | Yes | 83% | 83% | 83% | 33% |
| Gloucestershire Hospitals NHS Foundation Trust | 59% | Yes | Yes | Yes | Yes | 88% | 83% | 43% | 22% |
| Great Western Hospitals NHS Foundation Trust | 68% | Yes | Yes | Yes | | 93% | 37% | 90% | 50% |
| NHS Northern, Eastern and Western Devon CCG | | Yes | NR | | | | | | |
| North Bristol NHS Trust | 38% | Yes | Yes | Yes | | 31% | 73% | 14% | 33% |
| Northern Devon Healthcare NHS Trust | 83% | Yes | Yes | Yes | Yes | 86% | 77% | 86% | 83% |
| Plymouth Hospitals NHS Trust | 73% | Yes | Yes | Yes | Yes | 83% | 57% | 83% | 67% |
| Royal Cornwall Hospitals NHS Trust | 84% | Yes | Yes | Yes | Yes | 100% | 100% | 93% | 44% |
| Royal Devon and Exeter NHS Foundation Trust | 73% | Yes | Yes | Yes | Yes | 71% | 83% | 83% | 56% |
| Royal United Hospitals Bath NHS Foundation Trust | 69% | Yes | Yes | Yes | Yes | 86% | 97% | 71% | 22% |
| Salisbury NHS Foundation Trust | | Yes | Yes | | | | | | |
| Sirona Care | | Yes | Yes | | | | | | |
| Somerset CCG | | Yes | NR | | | | | | |
| Somerset Partnership NHS Foundation Trust - Joint Partnership | 59% | Yes | Yes | Yes | Yes | 83% | 100% | 40% | 11% |
| Taunton and Somerset NHS Foundation Trust | 55% | Yes | Yes | Yes | Yes | 69% | 100% | 40% | 11% |
| Torbay and Southern Devon Health and Care NHS Foundation Trust | 70% | Yes | Yes | Yes | | 88% | 83% | 76% | 33% |
| University Hospitals Bristol NHS Foundation Trust | 31% | Yes | N/A | Yes | Yes | 36% | 43% | 12% | 33% |
| Yeovil District Hospital NHS Foundation Trust | 86% | Yes | Yes | Yes | Yes | 100% | 100% | 67% | 78% |
| Total | 65% | | | | | 78% | 79% | 60% | 44% |



Appendix 3 – Pilot Site Engagement (Part 2)

| SW MaST Pilot Regional Overview | | | | | | | | | |
|-----------------------------------------------------------------------------------|--------------------------|-------------------|-----|-----|-----------------------------|----------------------------------|------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Progress Update | | | | | | | | | |
| Last Updated: 02 May 2018 | | | | | | | | | |
|  | Overall Implementation % | Pilot Engagement | | | Trust 4 Step Implementation | | | | |
| | | Commitment Letter | RA1 | RA2 | Step 1 - Pre Hire IAT | Step 2 - Declare & Align to CSTF | Step 3 - Competencies in ESR | Step 4 - Induction | |
| Avon & Wiltshire Mental Health Partnership NHS Trust | 0% | NR | NR | NR | 0% | 0% | 0% | 0% | Healthier Together (formerly BNSSG STP) - Did not join pilot within timeline however are now working on implementation along with North Bristol, University Hospitals Bristol and Bristol Community, who were participating pilots. |
| Bristol CCG | 0% | NR | NR | NR | 0% | 0% | 0% | 0% | |
| Cornwall Partnership NHS Foundation Trust | 0% | NR | NR | NR | 0% | 0% | 0% | 0% | |
| Devon Partnership NHS Trust | 0% | NR | NR | NR | 0% | 0% | 0% | 0% | |
| Dorset County Hospital NHS Foundation Trust | 0% | NR | NR | NR | 0% | 0% | 0% | 0% | One Dorset STP - Are already working on exact same programme, we have engaged with programme lead and shared supporting network platforms and documents to collaborate. |
| Dorset Healthcare University NHS Foundation Trust | 0% | NR | NR | NR | 0% | 0% | 0% | 0% | |
| Poole Hospital NHS Foundation Trust | 0% | NR | NR | NR | 0% | 0% | 0% | 0% | |
| The Royal Bournemouth & Christchurch Hospitals NHS FT | 0% | NR | NR | NR | 0% | 0% | 0% | 0% | |
| Weston Area Health NHS Trust | 0% | NR | NR | NR | 0% | 0% | 0% | 0% | |
| Total | 0% | | | | 0% | 0% | 0% | 0% | |