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

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

2 October 2019 09:00 - 2 October 2019 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 Information		
1	Board Corporate Objectives Information Board Corporate Objectives.pdf 7		
2	PART A: Matters for Discussion/Decision		
2.1	Apologies for Absence - Mrs Jackie Stockman, Mr Jon Welch Note	Ch	
2.2	Declaration of Interests Note	Ch	
2.3	Minutes of the Board Meeting held on the 7th August 2019 and Outstanding Actions Approve 19.08.07 - Board of Directors Minutes Public.pdf 9	Ch	
2.4	Report of the Chairman Note	Ch	
2.5	Report of the Chief Executive Review Report of the Chief Executive.pdf 25	CE	
2.6	Integrated Performance Report - Month 5 Receive Integrated Performance Report Month 5.pdf 39	DTP/DoF/DWOD	

#	Description	Owner	Time
2.7	Mortality Surveillance Scorecard Information Mortality Surveillance Scorecard.pdf 105	MD	
2.9	Trust Quality Accounts Performance Receive Trust Quality Accounts Performance.pdf 119	CN	
2.10	Safeguarding Children Annual Board Report Information Safeguarding Children Annual Board Report.pdf 125	CN	
2.11	Safeguarding Adults and Deprivation of Liberty Safeguarding Information Safeguarding Adults and Deprivation of Liberty Saf... 179	CN	
3	PART B: Matters for Approval/Noting Without Discussion		
3.1	Reports from Board Committees		
3.1.1	Finance, Performance and Digital Committee - 24th September 2019 Information 2019.09.24_FPD_Cttee_Report_to_Board.pdf 193	Ch	
3.1.2	Quality Assurance Committee - 18th September 2019 Information 2019.09.18 QAC Chairs Report.pdf 195	Ch	
3.2	Reports from Executive Directors		
3.2.1	Education and Development Six Monthly Update Information Education and Workforce Development Six Monthly... 199	CN	

#	Description	Owner	Time
3.2.2	Safe Staffing and Nursing Work Programme Information Safe Staffing and Nursing Work Programme.pdf 205	CN	
3.2.3	Report of the Director of Estates and Commercial Development Receive Report of the Director of Estates and Commercial D... 219	DECD	
3.2.4	Report of the Director of Workforce and Organisational Development Receive Report of the Director of Workforce and OD.pdf 229	DWOD	
4	Compliance Issues		
5	Any Other Business Notified in Advance	Ch	
6	Date of Next Meeting - 9.00 am, Wednesday 6th November 2019	Ch	
7	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
PUBLIC BOARD OF DIRECTORS MEETING
HELD IN THE BOARD ROOM, TORBAY HOSPITAL
ON WEDNESDAY 7TH AUGUST 2019

PUBLIC

Present:	Sir Richard Ibbotson	Chairman
	Professor C Balch	Non-Executive Director
	Mrs J Lyttle	Non-Executive Director
	Mr R Sutton	Non-Executive Director
	Mr P Richards	Non-Executive Director
	Mrs S Taylor	Non-Executive Director
	Mr J Welch	Non-Executive Director
	Ms L Davenport	Chief Executive
	Mrs L Darke	Director of Estates and Commercial Development
	Mr J Harrison	Chief Operating Officer
	Professor J Viner	Chief Nurse
In attendance:	Mr D Armitage	Deputy Director of Workforce
	Mrs J Downes	Company Secretary
	Mrs S Fox	PA to Chief Executive
	Ms J Gratton	Joint Head of Communications
	Dr A Humphries	Anaesthetic Doctor
	Mr R Muskett	Deputy Director of Finance
	Dr T Nightingale	Anaesthetic Doctor
	Mr D Thorogood	Care Quality Commission
	Mrs R Glasson	Head of Midwifery and Gynaecology

Governors:	Mrs W Marshfield	Mr M Birch	Mr P Coates
	Dr C Davidson	Mrs E Engleman	Mr G Goswell-Munro
	Mrs L Hookings	Mrs M Lewis	

		ACTION
130/08/19	**Board Corporate Objectives** The Board noted the Trust Corporate Objectives.	
	PART A: Matters for Discussion/Decision	
131/08/19	**Apologies for Absence** Apologies for absence were received from the Director of Finance, Director of Workforce and Organisational Development, Mrs Matthews (Non-Executive Director) and Ms Jackie Stockman (Torbay Council Representative).	

132/08/19 **Declaration of Interests**

The Board noted that the Chairman had been engaged to take forward the actions as a result of the signing of the Armed Forces Covenant and that he was himself an Armed Forces Veteran.

133/08/19 **Minutes of the Board Meeting held on the 3rd July 2019 and Outstanding Actions**

The minutes of the meeting held on the 3rd July 2019 were approved as an accurate record.

134/08/19 **Report of the Chairman**

The Chairman briefed Board members as follows:

- The recent funeral for Mrs Cathy French (ex-Governor) was well attended and the Chairman thanked those members of staff and Governors who were able to attend.

- With the Chief Executive, the Chairman had attended a meeting with Simon Stevens, Chief Executive of the NHS.

- The Chairman welcomed Adel Jones, Director of Transformation and Partnerships to her first Board meeting.

- The Chairman had met with Jim Parker, Wollens and Alan Denby, Torbay Council. One of the issues they discussed was the Council's intent to secure jobs and develop light industry in the Bay. The Chairman reminded them that the Trust was the largest employer in the Bay and asked them to consider the Trust, and also Torbay Pharmaceuticals as part of this work.

- Torbay Hospital League of Friends formally handed over new endoscopy equipment to the Trust on the 30th July and the Chairman wished to place on record his thanks to the League for their continued support to the Trust.

- The Chairman supported a visit to Torbay Pharmaceuticals by Anne-Marie Morris MP on the 1st August.

- Finally, the Chairman reflected on the recent Annual Report and Accounts published by NHS Resolution and that in 2018/19 c£1.7b had been paid out in clinical negligence cases which was an increase of 13% on the previous year. 33% of that sum had been spent on legal fees.

135/08/19 **Report of the Chief Executive**

The Chief Executive reported as follows:

- Thanks were given to Mrs Dawn Butler who had performed the role of Interim Director of Transformation and Partnerships. The Board noted that Dawn would now work with the Trust and STP on local prioritisation of integrated care and the integrated care model, and also with Devon Partnership Trust to ensure the Trust's aspirations were better integrated into mental health.

- The Chief Executive wished to place on record her thanks to staff from across the organisation during the recent IT outage. The Board noted that there was a planned patch to IT systems which should not have had any impact, however it had affected Trust systems resulting in a need to put business continuity plans in place. The Director of Transformation and Partnerships added that immediate learning from actions had taken place, to be followed by a root cause analysis, after action review and learning from the incident.

- The reopening of Theatres A&B following refurbishment has had to be delayed by two weeks due to structural issues. The Chief Executive said that staff have worked hard to minimise the impact of theatre closures which included a 20% increase in patients treated through Day Surgery and also theatre optimisation in main theatres.

- Work continued to develop the Trust's strategy around Health and Wellbeing Centres in local communities. The Trust continued to work with South Hams District Council, Dartmouth Medical Practice and local services to agree a preferred solution for Dartmouth Health and Wellbeing Centre. The Trust was working with Councillor Jed Yardy and a local health and wellbeing centre welfare working group to ensure good quality communication was part of this work.

- The Trust's Community Dentistry team had been successful in a bid to NHSE to procure a Supervised Tooth Brushing Pilot for 110 schools and nurseries in the TQ postcode. This focus on prevention was important for the health and wellbeing of children in the region.

- The Interim Director of Finance, Mr Dave Killoran, would be commencing in post on the 12th August. The substantive post for Chief Financial Officer had been advertised, with a closing date of the 16th August and interviews planned to take place on Friday 6th September.

Mr Welch queried the increase in numbers being treated in the Day Surgery Unit and it was noted that this increase had been achieved through extended working hours. The increase in utilisation of main theatres was achieved by increasing capacity, although this had increased the risk of reduced availability of theatre time for urgent non-elective cases.

The Chairman reminded the Board that extended working days had an impact on the Trust's staff health and wellbeing and this needed to be acknowledged.

The Director of Estates and Commercial Development added that as the Trust's infrastructure was being pushed harder, the risk of failure increased, as had been experienced with issues arising from high humidity in theatres over the past few weeks.

The Chief Executive stated that it was disappointing the Trust was not one of the beneficiaries of the additional national funding that had been recently announced and assured the Board that the Executive Team continued to work on the Trust's future strategy and to work up business cases so that the Trust could call on any further capital announcements.

The Chief Nurse reminded the Board of the concerns raised by community nurses who had been involved in the recent service redesign. Concerns centred on the methodology used for travel time and in particular rural travel time. Additional work was taking place to ensure this was accurately reflected. Also staff were concerned that there would be compulsory redundancies and had been assured this was not the case. The Chief Nurse would be meeting with this staff group later in the week to explain the service redesign proposals in more detail.

Mr Welch queried the meaning of 'ahead of plan' in the report and asked for clarity around whether this meant positive or negative. This was acknowledged, and the Chief Executive said that, following the guidance received from NHSI at the last Board Strategy Session, improving data reporting was taking place.

Finally, the Director of Estates and Commercial Development reported that the Trust had agreed a financial model and agreement with Teignbridge Council on the Brunswick Site in respect of the Teignmouth Health and Wellbeing Centre. The programme of work would be subject to the NHSI Gateway approval process prior to the commencement of a public consultation which would commence in October.

The Board received and noted the report of the Chief Executive.

136/08/19 **Integrated Performance Report – Month 3**

The IPR set out the headline performance for Month 3 (June) 2019/20 against the key quality and safety, workforce, performance, and financial standards that together represent the Trust's Operational Plan for 2019/20.

The Trust's Final Operational Plan, developed in the context of the wider Devon STP, was submitted on 23 May 2019 showing a control total of £4.3m surplus, reflecting the planned transformation programme as per the Devon STP plan, and driving improved efficiency.

Areas that the Board would want to focus on where the Trust was off trajectory were highlighted below:

a) **Quality**

The Chief Nurse reported that there were no quality issues of concern reported, and this was endorsed by the Medical Director. Mrs Lyttle added that all risks that were described in the report had been the subject of deep

dives at the Quality Assurance Committee.

The Board noted that following the recent cluster of CDiff cases at Newton Abbot Hospital, numbers had now reduced to a normal rate. It was noted that Newton Abbot Hospital had the capacity to move patients to alternative locations if there was an infection outbreak such as CDiff, which enabled areas to be cleaned more easily.

b) Performance: against the national NHS I Single Oversight Framework

In June, the Trust did not meet the following national performance standards or agreed planned improvement trajectories:

- **A&E**: STF Trajectory (83%) **not met** - performance for June (80.3%)
- **RTT**: RTT performance had seen little change in June with 81.52% of people waiting less than 18 weeks, set against trajectory of 81.50%. The waiting list had seen an increase from 59 last month to 83, however, this remained within the planned trajectory of 110.
- **Cancer:** National standard not met in June at 79.6% against standard of 85% and improvement trajectory of 80.4%. Recovery plans to deliver standard in Quarter 2 were in place with weekly monitoring and escalation through Chief Operating Officer.
- **Diagnostics**: The diagnostics trajectory was **not met with** 88.3% of patients waiting under 6 weeks. This was in line with the recovery trajectory to deliver improved performance in Quarter 4 to achieve 96% against the National standard 99%.

The Chief Operating Officer reported that the three workstreams put in place to improve Emergency Department performance continued to take forward the work to realise those improvements. As part of this a full assessment of the combined impact was taking place which would include delivery timescales for each action.

The Chief Executive reported that she had recently met with the Chief Executive of the Ambulance Service who had commended the Trust on the work to improve ambulance handover times. The positive impact on the patient experience was acknowledged. The Chief Executive also noted the use of the Trust's Patient Transport system for group 4 patients sent to the Trust from the community and which enabled some patients to be seen and to go back home in the same day.

The Chief Nurse reminded the Board that the high level of demand placed on the Trust meant that patient and service user experience was not as the Trust would hope however, the Clinical Commissioning Group had undertaken observations of care and the feedback had been positive. She added that the Emergency Care Intensive Support Team (ECIST) was working the Trust and had raised the need for the Trust to improve vital sign monitoring in the first hour of an attendance.

Mr Welch reflected that the papers presented at the Board meeting were very heavily acute focused, but that he was confident of the work that was taking place in the community. The Chairman added that it was the nature of Board activity in that it would focus on those areas of concern for the Trust. The

Chief Nurse said that as pressure built in the acute hospital it needed to be remembered that this impacted on community services and this was acknowledged. The Home First Group (one of the three Emergency Department workstreams) was focusing on the safety and capacity of community services.

The Chief Executive added that part of the STP Long Term Plan was to take towards the Integrated Care Model across the system using the Trust's Coastal model as an exemplar.

The Chief Operating Officer then discussed 52 week wait performance and stated that the Trust was currently performing better than the planned trajectory, but there were concerns around performance in August through to September. He said teams were working on what actions needed to be taken to maintain performance.

Mrs Taylor queried occupancy levels in June which at 94% was high, and remained high. The Chief Operating Officer added that the Trust had good data on lengths of stays and how the impact of the three workstreams would support a reduction, in particular around 21 day lengths of stay and above.

c) **Finance**

- The Trust had a Control Total for the year of a deficit of £3.80m, which excluded income relating to Provider Sustainability Fund (PSF) and Marginal Rate Emergency Tariff (MRET) totalling £8.36m.
- The financial position at this control total level as at 30th of June 2019 was a £4.94m deficit, which was slightly better than the £4.96m planned deficit. (Assuming any 52 week fines would be returned, no STP risk share had been applied at Quarter 1 and contract discussions were ongoing with Torbay Council over its contributions to ASC in 2019/20).
- At Quarter 1 the Trust assumed it would earn the PSF and MRET funding of £1.64m having met the control total. An additional PSF income for 2018/19 of £0.27m was notified to the Trust.
- Total pay run rate in Month 3 (£21.4m) was in line with previous month.
- Non pay expenditure run rate of £17.8m was higher by £0.4m compared to Month 2 mainly due to increased spend in social care offset by underspend on IT licence costs being deferred to next year and slippage of investment to later in the year.
- The CIP target for year to date was £2.0m of which £0.7m had been delivered; an adverse variance of £1.3m due to undelivered pay and non-pay schemes.
- The Trust had an annual savings target of £17.5m of which £14.5m of schemes have been identified resulting in a £3.0m gap. (In addition there was a requirement to have an STP solution to the additional cost of the change in valuation methodology of assets under the latest Royal Institution of Chartered Surveyors (RICS) guidance. This equated to £2.5m for which no plans have yet been identified). The total CIP gap was, therefore, £5.5m. Of the forecast delivery £2.72m was fully developed and assured. The remainder remained at either outline or definition stage and therefore was at risk. The control total would not be achieved without further progress on the detailed specification and subsequent delivery of CIP plans.

- Capital expenditure as at Month 3 was £1.86m which was £0.74m underspent against budget. The full year plan was £21.56m, however NHSI were currently undertaking a review of Capital Departmental Expenditure Limit (CDEL) allocations to Trusts.
- The Finance Risk Rating had risen to a 3 at Month 3, primarily due to the achievement of the Quarter 1 Income & Expenditure plan.

The Trust, at this stage of the financial year, was forecasting delivery of the control total, although this remained subject to delivery of the savings plans, national outcome on 52 week penalties and finalisation of contract discussions including STP risk share with the consequent risks attached and mitigation of variable staffing pressures. The control total would not be achieved without significant further progress in the detailed specification and subsequent delivery of CIP plans.

c) **Workforce**

The Deputy Director of Workforce asked the Board to note that sickness absence was worse than plan, however the in-month position had improved. He said that work had taken place to revise the Trust's Attendance Policy and targeted training was being rolled out for managers where issues had been highlighted.

Appraisal performance was worse than plan. Workforce staff were providing support to managers to help increase the number of appraisals undertaken.

A Bank and Agency Task Force Group had been established to undertake some detailed workforce planning to try to reduce the Trust's reliance on agency staff.

The Medical Director reminded the Board that changes to the pension regulations have had a significant effect on the willingness of staff to undertake additional work due to the tax implications of doing so. This was also now resulting in staff choosing to step away from leadership roles. This had been discussed internally and a communication had been shared with medical staff which had been well received. Staff had appreciated the work the Trust was undertaking around the situation. The Medical Director stated that it was likely a STP response would be agreed and that ultimately he hoped a national solution would be found.

The Chairman said that he had been discussing this issue with a senior clinician who informed him that she was undertaking uncosted unfunded additional work for the Trust for ethical reasons and he was very humbled at this attitude and wished the Board to be aware that senior clinicians were aware of the reality and how they might be able to support the Trust.

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

137/08/19 **Pathway to Excellence®**

The Board received the report detailing the Pathway to Excellence® initiative and the following was discussed:

- The Trust had been invited to submit an expression of interest to

participate in an international program of quality accreditation, the Pathway to Excellence®.

- This program was supported by the Chief Nurse for England with 50% of the cost funded centrally.
- The Trust would be required to fund 50% of the cost and sources of internal and external funding were being explored. The Chief Nurse was clear that if sources of funding could not be found, the programme would not be supported.
- It would support the Trust in using its nursing workforce more effectively.
- The work involved should not be under-estimated however it would give the Trust a framework within which to work with nurses and support them.
- The Trust had a strong reputation as an organisation for the quality of training it provided and breadth of opportunity for staff which would also support recruitment and retention of staff.
- If approved, there would need to be a good communications approach so that staff in communities were aware of the programme.
- A need to set KPIs around the benefits of the programme, to include expected reduction in the use of agency staff was agreed.
- It was agreed that there was a need to ensure there were no hidden costs to the organisation and to ensure staff had the headroom to engage properly with the programme.
- Learning from the Programme could be rolled out across the organisation.
- A further update would be brought back to the Board if the Trust was successful in moving through to the next stage of the Programme.

The Board confirmed its support for the Trust to participate in the Pathway to Excellence® program approval process. Progression was subject to successful application and confirmation of the required resources.

138/08/19 **Annual Report of the Responsible Officer Relating to Medical Appraisal and Revalidation**

The Board received the annual report for Torbay and South Devon NHS Foundation Trust prepared by the Appraisal and Revalidation team as reported by the Responsible Officer/Medical Director. This data had been submitted to NHS England. The report addressed the requirement for Trust Board oversight and approval.

The Board noted that this report was in respect of the senior medical staff in the Trust. It was also noted that over the past year many junior doctors were

no longer part of the deanery programme, or were from overseas or working on an ad hoc nature. The Medical Director was now responsible for those doctors and this was reflected in the increase in numbers in the report from 250 to 302 which had created some pressure for the team. Also many of these doctors were not from the UK and had not been subject to appraisal or revalidation and so required more support than others.

In terms of compliance, doctors who might work on a temporary basis or short term contract could make a connection to any organisation without asking permission, and the Trust has had to develop a mechanism to ensure it was aware of this. The Medical Director was confident that compliance for this group of staff would improve next year.

The Chairman added that as the Trust's lead he felt the Trust was well-served by the processes in place and wish to record that he was content with the process.

The Board approved the contents of the Annual Report of the Responsible Officer relating to Medical Appraisal and Revalidation noting that monitoring of appraisal and revalidation would continue as described and reporting to the Board would be undertaken on an annual basis.

139/08/19 **NHS Resolution Maternity Incentive Scheme – Year 2**

The report to the Board provided the Trust Board with a self-declaration of the Trust position in relation to achieving the standards set out within the CNST maternity incentive scheme. A summary of the evidence that supported the self-assessment was provided to enable the Trust Board to complete the declaration form to be submitted to NHS Resolution.

The Medical Director reported that the report provided assurance that the Trust had adopted a range of processes recommended to improve safety in maternity services and that this would then reduce the Trust's CNST fees by c£200,000 a year.

The Medical Director highlighted the staffing issues in maternity when the unit was managing higher levels of acuity and the work that took place to ensure patient safety during these periods. The Head of Midwifery and Gynaecology reported that work was taking place in the unit to undertake a survey looking at culture, safety and leadership and an action plan would be developed to address any areas of improvement that the survey highlighted.

The Chairman wished to place on record his thanks to the Head of Midwifery and Gynaecology for her work and that of the Maternity Team over recent years to improve the safety of the unit.

The Medical Director reported that work was taking place across Devon around the lack of medical staff in obstetrics, and it was hoped this would address some of the recent staffing issues.

The Board authorised the Chairman delegated authority to sign the self-declaration and in doing so confirmed that it had seen evidence of compliance with all 10 Safety Actions.

140/08/19 **Mortality Safety Scorecard**

The Mortality Safety Scorecard presented information on the mortality of patients who have used the inpatient services of the Trust and assurance on any associated risks and actions.

The Board noted that the Trust continued to perform well when benchmarked against other Trusts and was lower than the national average. Deep dives were conducted into any areas of concern and in the main coding issues were usually found to be the reason for any issues. The Medical Director reminded the Board that work was taking place across the STP system to standardise recording of deaths as much as possible and he did not envisage that this would affect the Trust's data significantly.

Mr Sutton reflected on the Trust's good performance in respect of mortality and how this was achieved against managing demand and financial pressures.

The Chief Nurse raised the national work around learning difficulties and mortality rates and asked if these were reflected in the Trust's performance. The Medical Director said that the 'Leader' process reviewed all deaths of patients with learning disabilities to ensure that there were no areas of care that could have been improved and it was found that there were not. He added that the Medical Examiner role would perform this function for all deaths, once appointed.

The Board received and noted the Mortality Safety Scorecard.

PART B: Matters for Noting without Discussion

Reports from Board Committees

141/08/19 **Audit Committee – 17th July 2019**

Mrs Taylor reported that the meeting had received some Internal Audit reports which highlighted satisfactory or significant assurance. The meeting noted that 77 of 100 mandatory items in the Data Protection and Security Toolkit were supported with adequate evidence. The Committee had asked for the risks attached to the items with no assurance to be added to Datix system.

The Committee felt that it did not have a clear view of a specific strategy for the Trust in terms of IT and agreed it would review this at a future date.

The Committee was informed that the Company Secretary would commence the procurement process in the autumn for the Trust's external audit services with a view to commence on the 1st July 2020.

Finally, it was noted that a member of staff had been found guilty of forging a FP10 prescription

142/08/19 **Quality Assurance Committee – 24th July 2019**

The Board noted that the Committee performed deep dives on 4 hour waits and 52 week performance and was assured at the amount of work taking place to manage both areas. It also looked at the quality impact of patients waiting for diagnostics and incomplete pathways of care.

143/08/19 **Finance, Performance and Digital Committee – 30th July 2019**

Mr Sutton drew the Board's attention to the CIP shortfall; number of schemes in place; that finding a route to cash was proving difficult; and the detailed recovery plan.

Reports from Executive Directors

144/08/19 **Safe Staffing and Nursing Work Programme**

The Board noted the six monthly Safer Staffing and Nursing Work Programme report as required by the Chief Nursing Officer NHS England. The report also gave a progress report on the Nursing Workforce Programme streams.

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

145/08/19 **Report of the Director of Estates and Commercial Development**

The report provided an update to the Board on key issues and performance/compliance and included the following:

a) **Humidity and Temperature Issues – Theatres**

High humidity within theatres had been a major issue. This was due to the age and condition of the ventilation systems and controls resulting in the inability to moderate the balance between humidity and temperature. An additional chiller had been installed and the operational, clinical and estates teams were working alongside each other to micro-manage the operation of the ventilation system on an hourly and daily basis to achieve the best environment possible, and minimise the impact on patient activity.

b) **Food Safety**

The Capital Infrastructure and Environment Group received assurance on food safety and the detailed actions that had been taken within the Trust following guidance arising from the Listeria outbreak elsewhere, and the recent Environmental Health Inspection.

c) **Estates and Facilities Management (EFM) Performance and Compliance**

EFM performance remained good across the Trust, with the new reporting formats providing enhanced assurance of compliance. Performance on routine planned preventative maintenance dropped in month as a result of focus on the unusually large number of statutory maintenance tasks for the

month. There were no catastrophic estate failures in the month of June although theatres remained an on-going issue.

d) **Health and Safety Executive Re-inspection of Site Safety**

The Trust received two improvement notices in March 2019 relating to the safety of the site, in relation to pathways and vehicles reversing in areas where they might come into contact with pedestrians. In addition one advisory notice was received around the Patient Transport vehicle washing area. These notices were subsequently discharged following urgent action undertaken by the teams to the satisfaction of the HSE inspector. A comprehensive action plan had been in place since this time with a variety of further improvements and changes to procedures having been made. The team were confident that the changes and improvements made would provide assurance to the HSE inspector on their re-visit scheduled for 1st August.

The Board received and noted the report of the Director of Estates and Commercial Development and in particular the food safety briefing and assurance provided to the Capital Infrastructure and the Environment Group in July 2019.

146/08/19 **Chief Operating Officer Report**

The Board noted the report of the Chief Operating Officer, in particular the actions being taken forward to secure financial and operational performance and risk to delivery and mitigating actions.

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

147/08/19 **Report of the Director of Workforce and Organisational Development**

The Board received the report of the Director of Workforce and Organisational Development and in particular:

- The update 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) and Quality Assurance Committee (QAC); and
- assurance on workforce and organisational development issues.

The Deputy Director of Workforce informed the Board that detail was emerging that suggested there would be more flexibility around NHS pensions and subsequent tax implications.

He also wished the Board to note Rainbow Day Nursery's "Outstanding" Ofsted rating and the plan to expand the Nursery to provide more spaces. The proposal would be taken to the Charitable Funds Committee in September.

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

148/08/19 **Devon Sustainability and Transformation Partnership Update**

The report provided an update from the Devon STP on key matters and developments since the previous Board meeting.

The Devon Sustainability and Transformation Partnerships (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. This update follows the Programme Delivery Executive Group meeting held on 21 June 2019.

Key items to note were:

a) **Developing Devon's Long Term Plan**

PDEG discussed the process for developing Devon's response to the NHS Long Term Plan (LTP). Published in January 2019, the LTP outlines how the NHS needed to change to address the key pressures faced by staff, maximise the use of resources and accelerate the redesign of patient care.

Devon, as for all systems, would be required to produce a five year plan to address the three key aims of improving the experience of care, improving the health and well-being of the population and improving cost effectiveness.

b) **Update on the Integrated Care Model**

The Integrated Care Model had been identified as one of the priority work programme for the STP and formed a core element of the system Operating Plan for 2019/20.

Key elements were:

- Connecting people with things that help them live healthy lives.
- Supporting people to stay well and independent at home.
- Proactively avoiding dependency and escalation of illness.
- Connecting people with expert knowledge and clinical investigation.
- Easy access to urgent and crisis care.
- End-of-life care embedded at all levels.

The Executive Steering Group had met to agree the core priorities and critical success factors for delivery with a focus on impact and pace and scale of delivery.

c) **Peninsula Clinical Services Strategy**

Senior clinical leaders from across Cornwall and the Isles of Scilly and Devon continued to progress the work to develop a Clinical Services Strategy for both counties.

A project initiation document has been shared with all Trusts, and the two CCGs in Devon and Cornwall.

The document sets out the purpose, objectives and approach for the Strategy development and was currently being considered by each of the partner organisation's boards to ensure awareness of and support for the work of the PCSS. This was expected to be completed shortly.

d) **Prevention**

The NHS Long Term Plan made a clear commitment to evidenced-based prevention and early intervention, a commitment which had been reinforced by the local system which has identified prevention as one of the five STP priorities. There had been agreement to spend a proportion of growth monies in this area and submit a plan which confirms and builds upon this.

e) **Better Births**

Over the summer of 2018, the Local Maternity System (LMS), consisting of health and care organisations, undertook eight weeks of intensive engagement to gather the thoughts, experiences, and views of over 2,700 parents about births in Devon. The final report was presented to PDEG and it has now been published.

The Director of Transformation and Partnerships reported that work had commenced to engage the community on the aspiration of the Long Term Plan and in particular to create sustainable communities supported by the delivery of specialist hospital services. She said that the Torbay Health and Wellbeing Board were keen to work with the Trust on this engagement and to co-create the strategy around the Long Term Plan.

The Board received and noted the STP update report.

149/08/19 **Guardian of Safe Working Hours Update**

The Guardian of Safe Working Hours Update Report provided assurance to the Board that doctors in training under the new terms and conditions of service were working safe working hours and to highlight any areas of concern

The Board noted that it had not been possible to include in the report the action from the last meeting to include overall numbers of junior doctors in the data and this would be included in the next report.

The Board also noted that the current Guardian of Safe Working Hours, Mr Punwar, was leaving the Trust and that a replacement was currently being identified.

The Chairman said he would write to Mr Punwar to thank him, on behalf of the Board, for his very positive work whilst acting as the Trust's Guardian of Safe Working Horus. Ch

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

150/08/19 **Compliance Issues**

There were no compliance issues.

151/08/19 **Any Other Business Notified in Advance**

There was no business notified in advance.

152/08/19 **Date of Next Meeting – Wednesday 2nd October 2019**

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.	Chairman to write to Mr Punwar to thank him for his work and support whilst undertaking the role of Guardian of Safe Working Hours.	Ch		07/08/19

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Chief Executive's Report			**Meeting date**: 2 October 2019
Report appendix	n/a		
Report sponsor	Chief Executive		
Report author	Company Secretary Joint Heads of Communication		
Report provenance	Reviewed by Executive Directors September 2019		
Purpose of the report and key issues for consideration/decision	To provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments since the previous Board meeting.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board are asked to receive and note the Chief Executive's Report		

Summary of key elements

Strategic objectives supported by this report

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

Is this on the Trust's Board Assurance Framework and/or Risk Register

Board Assurance Framework	X	**Risk score**	20
Risk Register	X	**Risk score**	25

External standards affected by this report and associated risks

Care Quality Commission	X	**Terms of Authorisation**	X
NHS Improvement	X	**Legislation**	
NHS England	X	**National policy/guidance**	X

- 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.
- Failure to achieve financial plan.

Report title: Chief Executive's Report		Meeting date: 2 October 2019
Report sponsor	Chief Executive	
Report author	Company Secretary Joint Heads of Communication	

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 August 2019 are as follows:

1.1 Safe Care, Best Experience

1.1.1 Visit from the Prime Minister to make national food announcement

We were delighted to receive a visit from Prime Minister, Boris Johnson in August who launched a national review of hospital food at Torbay Hospital. The Prime Minister announced the review on a visit to our kitchen and Ella Rowcroft ward where he helped serve lunch to a patient.

The review will consider how trusts could use less frozen food, make greater use of seasonal and fresh produce and source locally where appropriate. NHS staff will also benefit, with the review considering how to give them greater choice while on shift, particularly for those working overnight.

Providing tasty and nutritious food is a very important part of a person's recovery and our meals are not only tasty but support a range of dietary requirements. Our patients are able to choose meals from a menu before each meal meaning they always get something they like. The Prime Minister also took time to meet a wide range of staff and to congratulate them on the excellent care that he had seen.

We also have a team of highly qualified, expert dietitians who support our staff across the organisation to manage people's nutritional needs. Keeping well hydrated and nourished plays a vital role in improving outcomes, and our team of dietitians can advise our staff, service users and their families and carers on how to optimise people's nutritional intake to really support their recovery. Malnutrition Awareness Week starts on 14 October, and our dietitians will be highlighting the importance of good nutrition, and focussing on the message that losing weight is not a normal part of ageing.

During the visit we were able to explain to the Prime Minster how unique our integrated Trust is and how we are leading the way in providing holistic care for local people. We also used the opportunity to explain that the Torbay Hospital site is aging and that to continue to transform and provide great, sustainable care substantial investment was needed. He acknowledged that in order to continue our service transformation we needed investment in new hospital facilities and undertook to raise with Secretary of State, Matt Hancock.

1.1.2 Theatres update

The refurbishment of the Theatres A and B is very near completion with a planned date to finish of 30 September. A short but very necessary period of clinical testing will follow and I am pleased to say that we plan to reopen these theatres on 7 October. This will complete the first phase of our refurbishment. Plans are already underway to replace the air handling in our post-operative recovery area which will be our next phase followed by the refurbishment of two further theatres in the next financial year.

Comment:
Our staff have been phenomenal in keeping services running during the closure of these theatres. They have people in greatest clinical need and those who have been waiting the longest have been prioritised. Staff have worked at evenings and weekends or started their days earlier in order to make the best use of our available theatre capacity. It is fantastic news that the theatres will open imminently and we want to thank our patients for their understanding during this time

1.1.3 New engagement arrangements being developed for Dartmouth

As we move towards the next phase of our plans for Dartmouth and work on the new health and wellbeing centre gathers pace, we are reviewing with the CCG how we best engage with the people of Dartmouth. In September 2018, Torbay and South Devon NHS Foundation Trust agreed to set up a single collaborative forum with all local stakeholders – known as the Dartmouth Health and Wellbeing Centre Working Group. The first meeting of the Working Group was held in October 2018, independently facilitated by Healthwatch Devon. The Working Group's agreed main purpose was twofold, to determine the best site for the proposed Health and Wellbeing Centre and to discuss the provision of intermediate care beds. These purposes have been fulfilled and the Trust and the CCG have thanked those involved for their contribution to the achievement of the objectives.

We are now taking views from local people and key stakeholders on how we work together to deliver improved health and wellbeing for the people of Dartmouth. The development of the health and wellbeing centre will be an important part of this but we also want to think about the role individuals, community and voluntary sector organisations and other statutory bodies play in supporting the whole population to remain as well and as independent as possible. Both the Trust and the CCG remain committed to involving local people in the development of the health and wellbeing centre as part of our wider ambition to improve health and wellbeing in the Dartmouth area.

Meanwhile, the partners in the Health and Wellbeing Centre are working on more detailed plans for its design and build, for consideration by South Hams District Council. The development will include a total of around 150 car parking spaces, mitigating the loss of the existing overflow parking spaces on the site. Once the detailed plans are drawn up, local residents will have plenty of opportunity to comment on the proposals through the planning process. The NHS is also keen that the local community decides on the name of the Centre. Partners are aiming for plans to be submitted to the November meeting of the South Hams District Council Planning Committee.

1.1.4 Community Nursing

We are committed to delivering the very best service to our local people as close to home as possible. Community nursing is central to the delivery of local care services now and into the future. However, we recognise that the national and local nurse shortages mean we have to constantly review how community nursing care is provided. The work we have done so far shows the breadth and complexity of community nursing and this will likely increase in the coming years.

Trust staff have been working with consultants from Meridian since September 2018 to review the efficiency of community services. A key finding of the review is that by organising our community nursing services differently, taking full account of the different geographical footprints and demographics of our localities, we can provide the same level of service and increase face to face contact with patients.

There is no intention to reduce the community nursing numbers but there will be a need to develop a community based workforce that works flexibly as one team to support each other in meeting the needs of patients. There will be new roles to support community nurses in future and there will be a focus on greater partnership working, not just with intermediate care but also with voluntary sector colleagues.

Comment:
Community nursing is the lynch pin in our vision for supporting people to be able to be in their own homes and as independent as possible. So ensuring we have the number of people with the right skills mix is vital. Throughout the review we have aimed to communicate with staff so that we listen to their thoughts and ideas and work with them to implement the best model. We are continuing to work with them as the review continues and changes are implemented.

1.1.5 Trust Selected To Test New Cancer Standard

We have been invited, together with 10 other Trusts, to participate in a pilot that will help inform the full implementation of the 28 day faster diagnosis standard. Reporting against this standard for all Trusts started in April 2019 with expected compliance in April 2020. This new standard is that anyone referred by their GP/Dental Practitioner as a suspected cancer referral, i.e. 2 week wait, should receive a diagnosis that either confirms or rules out a cancer diagnosis, within 28 days of referral. As part of the pilot we have an opportunity to inform how the target is described ready for rollout in the spring. During this test pilot phase our 14 day performance will not be reported nationally. However, the Trust will continue to report this standard internally as part of our own performance metrics. For more information on the Clinical Standards Review, visit www.england.nhs.uk/clinically-led-review-nhs-access-standards

1.1.6 Community Nurses win Outstanding Care Award

A community nursing team covering Paignton and Brixham has scooped an Outstanding Care Award. Paignton and Brixham Community Nurses, employed by Torbay and South Devon NHS Foundation Trust, were nominated by Grange-Lea Care Home in Paignton for the recent Outstanding Care Awards of 2019. The Outstanding Care Awards for Devon and Cornwall celebrate the most dedicated individuals, providers and suppliers in the care sector. The awards are backed by Proud to Care, Devon; Devon Country Council, Torbay and South Devon NHS Foundation Trust and Torbay Council. The nurses have been recognised for all the support they give to Grange Lea throughout the year.

1.1.7 National Institute for Health Research's (NIHR) 70@70 Research Leader programme

Chris Dixon, Lead Research Nurse at Torbay and South Devon NHS Foundation Trust, has been selected to become part of a brand new nurse and midwife research initiative - the National Institute for Health Research's (NIHR) 70@70 Research Leader programme. Chris is one of 70 senior nurses and midwives from across the UK to be accepted onto the scheme. The NIHR-funded three year programme will champion research, innovate and drive improvements in future care. Chris is passionate about supporting and encouraging other health and care professionals to become research active. As part of the programme, she plans to champion the promotion of a research active culture and create 'research mentors' across the Trust, as well as working closely with the NIHR to champion the nursing research voice nationally. The role is funded for two days a week for three years and Chris will be developing strategic priorities for NIHR funded research by nurses and midwives; raising the profile of the NIHR within the NHS; improving the visibility of nursing and midwifery within NIHR activities and improving or developing the academic pathway for nursing and midwives.

1.1.8 Consultant Awarded Diploma in Forensic Medical Sciences

Dr Paul Andrews, Consultant Physician and lead for non-elective care has been successful in the examination for the Diploma in Forensic Medical Sciences, run through the Worshipful Society of Apothecaries. This is a fantastic achievement which Dr Andrews says was made possible by the supportive environment of the Trust.

1.2 Well Led

1.2.1 Month 5 - Performance against the NHS Improvement Single Oversight Framework

In August, the Trust did not meet the following national performance standards:

- **Urgent Care 4-hour ED standard:** In August, the Trust achieved 79.4% of patients discharged or admitted within 4 hours of arrival at Accident and Emergency Departments (ED); last month (July) the Trust achieved 84.3%.

- **Referral to Treatment - RTT:** RTT performance has been maintained in August at 80.2% against the Operational Plan trajectory of 81.5% and below the national standard of 92%.
  For August, 105 people will be reported as waiting over 52 weeks, this being an increase on last month (83), however remains in line with our forecast trajectory of 115. Whilst performance shows we remain within our trajectory, the number of patients over 52 weeks is planned to reduce consistently now over the coming months to achieve 32 by end of December and no patients over 52 weeks by end of March.
- **62 day cancer standard:** At 76.6% for August our forecast performance is below the 85% national standard, and below the recovery trajectory (85%). Our action plans and performance forecast show that performance will continue to be below plan until the end of Q2 when further improvement is expected to be seen. A significant element of achieving the 62 day treatment standard is the 14 day from urgent referral to appointment. Performance in August achieved 83.4% against National standard of 93% for urgent two week wait referrals.
- **Diagnostics:** The diagnostics standard was not met in August with 14.9% of patients waiting over 6 weeks against the standard of 1%. This is deterioration

from last month (13.6% in July). The performance reflects ongoing capacity pressures across several modalities including CT MRI and gastroenterology waiting times. The greatest number of patients over six weeks are waiting for CT scan with the majority of these waiting for CT colonoscopy, the team are planning additional capacity from October.
Mobile scanner visits are scheduled to maintain capacity to support additional activity in both CT and MRI and additional endoscopy sessions continue being scheduled with weekend insourcing.

Comment:
The significant pressure on our services we have been experiencing continues. We are looking at how best to support staff to ensure that the initiatives we are implementing to improve performance can be done so smoothly and effectively. We continue to closely monitor the impact on patient experience and safety to ensure it is minimised and ensure those who are waiting are doing so safely.

1.2.2 Month 5 performance against 2019/20 Plan

- **Overall financial position:** The financial position at control total level as at 31 of August 2019 is a £7.87m deficit, which is £1.02m adverse against the plan of £6.85m.

  The Trust, at this stage of the financial year, is forecasting delivery of the control total, although this remains subject to delivery of the savings plans, national outcome on 52 week penalties and finalisation of contract discussions including NHSE and Torbay Council contracts, the application of the STP risk share with the consequent risks attached and mitigation of variable staffing pressures. The control total will not be achieved without significant further progress in the detailed specification and subsequent delivery of CIP plans.

  This position to date and forecast both excludes any penalties for 52 week waits (the assumption is that they will either not be applied or will be returned in full) and no STP risk share has been applied in the position.

- **CIP savings delivery position:** The Trust has an annual savings target of £17.5m of which £14.5m has been identified resulting in a £3.0m gap. (In addition there is a requirement to have an STP solution to the additional cost of the change in valuation methodology of assets under the latest Royal Institution of Chartered Surveyors (RICS) guidance. This equates to £2.5m for which no plans have yet been identified.) The total CIP gap is therefore £5.5m. The control total will not be achieved without further progress on the detailed specification and subsequent delivery of CIP plans.

  The CIP target for year to date is £3.9m of which £3.7m has been delivered; an adverse variance of £0.2m due to undelivered pay schemes offset by additional income and non-pay schemes.

- **Capital expenditure**: Capital expenditure as at M5 is £2.99m. The full year plan is £21.56m.

1.2.3 Annual members' meeting

Our annual members' meeting took place on Wednesday 25 September at the TREC Centre, Torbay Hospital. The event offered an opportunity to learn more about the variety of work carried out across the Trust by its 6,000 employees. The meeting heard from the Chairman, Sir Richard Ibbotson, Chief Executive, Liz Davenport, and Lead Governor, Wendy Marshfield. They shared highlights of the past year as well as their plans for the future.

There were some inspiring presentations about some of the innovative clinical work going on across the Trust.

Dr Kirsten Mackay worked with Health and Care Videos to develop a rheumatology app. It was launched in 2018 and has transformed how we are supporting people to manage this long-term condition. As well as introducing one-stop clinics, she has introduced group sessions, where people support each other as well as being able to access medical advice from our expert team. Patient feedback on using the app has been excellent, and it was highly commended in the BMA Patient Information Awards 2019.

Dr Mary Stocker briefed members on the Trust's national reputation for excellence in day surgery developments. The team has been offering more and more elective procedures as day cases, over a period of 20 years, allowing people to go home sooner and recover faster after their operations. The latest development is to offer some emergency surgery and total hip replacements as day case operations. Taking this approach involves a multi-disciplinary team of professionals including physiotherapists, an outreach nurse, anaesthetists, day surgery teams and surgeons. Between them, they have managed to free up almost 400 hours of emergency inpatient theatre time for more complex emergencies. 90% of patients reported feeling good or very good about their surgery being done as a day case, without the need for a hospital stay.

New roles are shaping the way we deliver healthcare. Many people are already familiar with Healthcare Assistants, who provide vital nursing support to people in our care. A newer role, introduced in the UK in 2003, and soon to be regulated by the General Medical Council is that of Physician Associates. Michael Dawson, a Physician's Associate on our respiratory team, talked about how he supports clinicians in delivering holistic care and treatment. He had to undergo two years of intense training at postgraduate level, with academic work as well as clinical placements, before qualifying.

1.3 Valuing our Workforce, Paid and Unpaid

1.3.1 Staff Awards

We were overwhelmed with the fantastic nominations for the new annual Staff Heroes awards. The public and staff have been nominating their heroes throughout the year and bi-monthly we have been celebrating the amazing achievements of staff and volunteers. The categories reflect the pillars that support our vision. A panel made up of staff representatives, governors, Board members and partners had the difficult task of shortlisting the finalists. Every single nomination is a hero in our eyes.

On the evening of 26 September the overall winners in each category were announced at a ceremony at the Grand Hotel in Torquay. Congratulations to every one of you.

The finalists are:

Outstanding contribution to 'Strengthening partnerships'
Finalists:
- The Windmill Centre
- Susan Bywaters - Equipment Lead
- Phillippa Lovell - Work Experience Co-ordinator - NHS Careers School Liaison

Outstanding contribution to 'Wellbeing at work':
Finalists:
- Dr Jonathan White - Junior Doctor
- Sarah Burns - Freedom to Speak Up Guardian
- Paul Norrish - Digital Learning Manager

Outstanding contribution to 'Right Care Right Place'
Individual - Support services
Finalists:
- Lorraine Thompson - Sensory, Disability Information Service & Accessible Information Lead
- Linda Taylor - Pharmacy Purchasing/Computer Systems Manager
- Michael Hawley Wayfinder

Individual - clinical services
Finalists:
- Angie Abbott - Head of Podiatry and Orthotics
- Carley Dore - Speech and Language Therapist
- Louise Challis - Respiratory & Neonatal Nurse, Children's Community Team

Teams
Finalists:
- Breast Care Unit
- Theatres Team
- Children's Speech and Language Therapy Team

Outstanding contribution to 'Sharing Information'
Finalists:
- Anna Pryor - Staff Governor
- John Broom and the Blue Badge Team
- Victoria Peters - Health Visitor

Outstanding contribution to 'Prevention and staying well'
Finalists:
- Newton Abbot Community Transport
- Sarah Levio and Podiatry Team
- Specialist Midwives and Matrons Team

Comment:
We know that we have fantastic staff who are committed to providing care for local people. Being able to recognize some of their hard work and achievements is a privilege. Holding an annual awards ceremony has been made possible due to sponsorship and the generosity of people who contribute to charitable funds.

1.3.2 Appointment of Chief Finance Officer

Following a competitive recruitment process, we are pleased to announce that David Stacey has been appointed as the Trust's Chief Finance Officer. It is planned that David will join us in the New Year.

We were fortunate to have applications from a large number of high calibre candidates and we would like to thank everyone who made the time to take part in the interview process, their contribution was invaluable.

David, who has a wealth of experience with a background in senior NHS roles will be joining us from North Middlesex University Hospital where he is currently director of finance. His previous roles include director of strategy at West London Mental Health Trust, England's biggest mental health trust and deputy director of transformation at Chelsea and Westminster Hospital NHS FT. He began his career with KPMG and spent seven years in their healthcare team, working with NHS and international health clients.

David Killoran has been acting in the interim role since the beginning of August and in a short space of time has made a significant contribution to the work of the organisation with his substantial experience and expertise in financial improvement and planning. He will continue in this interim role until David Stacey joins us and we would like to thank him for his hard work in providing leadership and direction for the financial agenda of the Trust.

1.3.3 System Director appointed

Cathy Williams has been appointed to the South Devon System Director role on a 12 month secondment. Cathy is known to many of you as she has worked in the Trust since the creation of the ICO and previously in leadership roles in the Care Trust. Cathy therefore brings a wealth of skills and experience needed in this role as well as a passion for the delivery of services and service improvement. The process for securing a replacement for Cathy in her current role will commence immediately and this will again be advertised on the basis of an internal secondment opportunity. However, Cathy will start transitioning into her new role with immediate effect, formally taking up the role on Monday, 26 August.

1.3.4 Guardian of Safe Working Hours appointment

Our current guardian, Shah Punwar, is leaving the Trust and we would like to take this opportunity to thank him for the excellent work he has done in the Guardian of Safe Working Hours role and indeed in his clinical role. We are delighted to announce the appointment of Ed Berry, ED Consultant into the role of Guardian of Safe Working Hours and Less Than Full Time Champion for Junior Doctors. Ed will be responsible for ensuring that issues of compliance with safe working hours are addressed and will be working proactively with Junior Doctors and specialities to review areas of concern. In his strategic role as Flexible Working Champion he will be working to improve and promote existing support for Less Than Full Time (LTFT) and other models of flexible training. We are confident that Ed will be an excellent advocate for Junior Doctors and look forward to working alongside him to improve the working lives of Doctors at Torbay.

2. Chief Executive Engagement: August/September
I continue to meet with external stakeholders and partners. Meetings I have attended during August and September are shown below.

Internal	External

• Medical Staff Committee
• Staff Side
• Joint Consultative Negotiating Committee
• Joint Local Negotiating Committee
• SPI Walkaround – St Edmunds
• Staff Heroes
• Staff Awards Annual Presentation Event
• Community Nurses
• Lead Governor
• Video blog sessions:
  ○ Torbay Pharmaceuticals
  ○ Catering
  ○ Medical Students
  ○ Staff Olympics
  ○ Nutrition and Hydration
	• Interim Director of Adult Services and Housing, Torbay Council
	• Director of Public Health, Torbay Council
	• Meeting with the Interim Accountable Officer, Devon CCG
	• STP Chief Executives' Meeting
	• STP Programme Delivery Executive Group
	• STP Collaborative Board
	• Chief Officer, Adult Care & Health Digital Transformation & Business Support, DCC
	• South West Regional Talent Board
	• Devon A&E Delivery Board
	• Children and Young Persons Partnership Board
	• Devon ICM Meeting
	• Chief Financial Officer, NHSI
	• SDT System Improvement Board
	• STP Director of System Transformation
	• Royal Devon and Exeter NHS FT Board Meeting
	• BCU Commander South Devon Alliance Administration Services Department
	• Chief Executive, South Western Ambulance Service NHS FT
	• Speaker – Public Health England Annual Conference
	• Devon County Council Overview and Scrutiny Committee

3 Local Health and Care Economy Developments

3.1 Partner and partnership updates

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3.1.1 Devon Strategic Transformation Partnership

Peninsula Clinical Services Strategy
NHS organisations in Devon, Cornwall and the Isles of Scilly (CIOS) are working together to develop a strategy for acute services. This is known as the Peninsula Clinical Services Strategy (PCSS). PCSS is one of the priorities of the Long Term Plan for Devon. It focuses on a number of services that face the greatest challenges, including paediatrics, neurosurgery and cardiology. The project is led by Mairead McAlinden (Executive Lead), Dr Rob Dyer (Lead Medical Director for the Devon system)

and Dr Tamsyn Anderson (Clinical Lead for the CIOS system). Alongside PCSS, new clinical networks (Clinical Service Delivery Networks) have been formed. These groups bring together clinicians from all five acute trusts to address challenges and develop new approaches in a number of specialties.

NHS Long Term Plan engagement update
Devon is developing a local version of the NHS Long-Term Plan, called Better for you, Better for Devon. The plan will make sure we are fit for the future, providing high quality care and better health outcomes for people and their families, through every stage of life. People across Devon are helping us shape the future of health and care in the county by sharing their views in the Long-Term Plan (LTP) engagement programme, which launched on 11 July and closed on the 5 September 2019. Over 4,000 pieces of engagement have been received and Healthwatch Devon is now producing an independent report on all the findings from the engagement, which will be published in Autumn 2019. All the engagement feedback will be used to support the development of the Long-Term Plan for Devon

3.1.2 Health Watch Devon

Devon Healthwatch shortlisted for national award
Healthwatch England has announced all of the finalists for the Healthwatch Network Awards 2019. This includes Healthwatch Devon which has been nominated for an award under the category *Giving people the advice and information they need.* 1.1 million people live across rural areas in Devon, so getting the right information to stay well can be difficult. Healthwatch Devon teamed up with the local advice charity Citizen's Advice and since the collaboration Healthwatch Champions have answered over 2,000 health and social care questions at 30 locations including GP surgeries, village halls and community centres. Thanks to this initiative there has already been a 23% increase in the number of people accessing support, and the local council and services are using this information to make wider improvements.

3.1.3 Devon Partnership Trust

New adult mental health ward in Torbay
Work will start soon on a brand new mental health ward for adults on the Torbay Hospital site. Devon Partnership NHS Trust (DPT) has received £8m in funding for the ward and will be contributing around £3.5m from its own capital funds to the £11.5m project. The new 16-bed ward will be located close to DPT's two existing wards on the site. Construction is expected to start in April 2020, with the opening scheduled for the end of 2021. The new ward will provide a vital increase in inpatient capacity and mean that more people can be treated close to home in a high quality, modern environment.

3.1.4 Devon Doctors

Changes to Devon Doctors' out-of-hours centre at Newton Abbot Hospital
Devon Doctors has undertaken a comprehensive review of its service provision across Devon and as a result is making some changes to the opening hours of Devon Doctors' out-of-hours treatment centre at Newton Abbot Hospital. The review highlighted that the clinical resource required to operate the Newton Abbot treatment centre was disproportionate to the demand from service users in this area and that some of this resource could be better utilised elsewhere. For instance, consolidating resources in acute hospitals will increase the resilience of centres supporting Emergency

Departments by taking primary care patients into a more appropriate setting. People in the Newton Abbot area will continue to be able to access urgent out-of-hours care by calling NHS 111. From Monday 2 September, 2019, there will be occasions when anyone who might previously have called 111 and been invited to attend the Newton Abbot treatment centre will instead be offered an appointment with a clinician at the Devon Doctors' treatment centre in Torbay Hospital. This means that the majority of people in the Newton Abbot area will still be served by a treatment centre within a 30-minute drive of their home. If people are unable to travel to the Torbay treatment centre but need to be seen by a clinician they will continue to be offered a home visit.

4 National Developments and Publications

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

4.1 Government

4.1.1 Chancellor announces extra health spending

In his spending review, the Chancellor announced a £210 million funding boost for frontline NHS staff. Initiatives include funding for education and training budgets and a £1,000 personal development budget for every nurse, midwife and allied health professional to support their personal learning and development needs over three years. The funding is part of a drive to make the health service the best place to work, keep nurses within our NHS by supporting long-term career progression, and improve patient care.

4.1.2 Continuity of Supply

"We want to reassure the public that we are working closely with partners across the health and care system and industry to take all appropriate steps to prepare for Brexit on 31 October, whatever the circumstances. Our robust plans should help ensure the supply of medicines and medical products remains uninterrupted."

4.1.3 Reciprocal Healthcare

"Our priority is to secure the continuation of reciprocal healthcare arrangements, so UK and EU nationals have access to medical treatment in the same way they do now. We have already made an offer to all EU member states and EFTA states to maintain this arrangement for a transitional period that lasts until 31 December 2020 in a no deal scenario. A number of member states have already prepared legislation that will protect the healthcare rights of UK nationals travelling and living in-country."

4.1.4 Social Care

"Our priority is to make sure people continue to receive the highest standards of care and have access to the medicines they need when we leave the EU on 31st October, whatever the circumstances. We are working across government, local government and with national partners to do everything appropriate to prepare. We want EU social care workers to stay and we would encourage them to join the one million people already granted status through the EU Settlement Scheme. Our new immigration system will ensure our health and care sector has the skilled staff it needs to provide the excellent care patients deserve."

4.2 NHS England and NHS Improvement

4.2.1 Guidance to prepare for no-deal Brexit issued

Further to the direction from the Professor Keith Willett the EU NHS Exit Strategic Commander in addition to the SRO, the Trust has identified a suitably trained EU Exit Trust lead. The team will follow direction from the SW Region EU Exit Planning team to ensure that the Trust has plans in place to ensure safe services continue.

5 Local Media Update

5.1.1 News release and campaigns highlights:

- Successful defibrillator roll-out to save lives
- Paignton Health and Wellbeing Centre Open Day
- A number of proactive releases covering the generosity of individuals and the Leagues of Friends in raising and donating money and equipment
- New funding to expand balance classes
- Encouraging people to come to the Trust Annual Members Meeting
- Outstanding care award for Paignton and Brixham community nursing team
- Community garden makeover
- Young volunteers

6 Recommendation

Board members are asked to **review** the report and **consider** any implications on the Trust's strategy and delivery plans.

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors		
Report title: Integrated Performance Report (IPR): Month 5 2019/20 (August 2019 data)		Meeting date: 2 October 2019
Report appendix	Month 5 - IPR Part 1 Month 5 - Focus Report Part 2 Month 5 - Dashboard	
Report sponsor	Director of Transformation and Partnerships Interim Director of Finance	
Report author	Head of Performance	
Report provenance	Assurance and Transformation (19 September 2019) Executive Director scrutiny (17 September 2019) Finance, Performance, and Digital Committee (24 September 2019)	
Purpose of the report and key issues for consideration/decision	The IPR sets out the headline performance for Month 5 (August) 2019/20 against the key quality and safety, workforce, performance, and financial standards that together represent our Operational Plan for 2019/20. Our final Operational Plan, developed in the context of the wider Devon STP, was submitted on 23 May 2019 to show an acceptance of the Trust's £4.3m surplus control total. This is the direct result of the planned transformation programme reflected in the Devon STP plan, driving improved efficiency and enabling additional income being applied to the challenges described by this Trust in its last submission in April. 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. **Performance: Against the national NHSI Single Oversight Framework:** In August, the Trust did not meet the following national performance standards or agreed planned improvement trajectories: • **A&E**: STF Trajectory (90%) **not met** - performance for August at 79.4%. • **RTT:** RTT performance has been maintained in August at 80.2% against the Operational Plan trajectory of 81.5% and below the national standard of 92%. For August, 105 people will be reported as waiting over 52 weeks, this being an increase on last month (83), however remains in line with our forecast trajectory of 115. • **Cancer:** At 76.6% for August our forecast performance is below the 85% national standard, and below the recovery trajectory (85%). Our action plans and performance forecast show that performance will continue to be below plan until the end of Q2 when further improvement is expected to be seen.	

- **Diagnostics**: The diagnostics standard was not met in August with 14.9% of patients waiting over 6 weeks against the standard of 1%. This is deterioration from last month (13.6% in July).

Financial performance against 2019/20 plan:

- The Trust has a control total for the year of a deficit of £3.80m, which excludes income relating to Provider Sustainability Fund (PSF) and Marginal Rate Emergency Tariff (MRET) totalling £8.36m.
- The financial position at this control total level as at 31st of August 2019 is a £7.87m deficit, which is a variance of £1.38m adverse against budget of £6.49m.
  (52 week fines have been assumed to be returned in full or not applied, no STP risk share has been applied at months 1 to 5 and discussions are continuing with Torbay council over its contributions to ASC in 2019/20).
- In months 1 to 5 the Trust has also assumed it will earn the PSF and MRET funding of £2.89m (this assumes the Trust can deliver the control total). An additional PSF income for FY 2018/19 of £0.27m was received by the Trust.
- Total pay run rate in M5 (£21.4m) is higher in comparison to previous month (M4 £21.1m); this includes MARS value of £0.12m.
- Non pay expenditure run rate of £17.8m is lower by £2.20m compared to M4. Lower spend in M5 is due to: Drugs spend £0.56m (matched by Income); Clinical supplies £0.43m, impairment of receivables £0.19m, premises £0.38m, purchase of health/social care £0.15m, lower provision £0.18m and various cost £0.31m.
- The CIP target for year to date is £4.0m of which £3.7m has been delivered; an adverse variance of £0.2m due to undelivered pay schemes offset by additional income and non-pay schemes.
- The Trust has an annual savings target of £17.5m of which £14.5m has been identified resulting in a £3.0m gap. (In addition there is a requirement to have an STP solution to the additional cost of the change in valuation methodology of assets under the latest Royal Institution of Chartered Surveyors (RICS) guidance. This equates to £2.5m for which no plans have yet been identified.) The total CIP gap is therefore £5.5m. Of the forecast delivery only £8.1m (56%) is fully developed, the remainder is at either outline or definition stage or therefore subject to risk of non-delivery. The control total will not be achieved without further progress on the detailed specification and subsequent delivery of CIP plans.
- The Capital expenditure as at M05 is £2.99m which is £2.46m underspent against the M05 budget of £5.44m. The full year forecasted spend presently stands at £17.68m which would result in an £1.08m overspend.

- The Finance Risk Rating remains a 3 at M05, with the agency rating adverse.

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- The Trust, at this stage of the financial year, is forecasting delivery of the control total in line with NHSE/I guidance, although this remains subject to delivery of the savings plans, national outcome on 52 week penalties and finalisation of contract discussions including NHSE and Torbay Council contracts, the application of the STP risk share with the consequent risks attached and mitigation of variable staffing pressures. The control total will not be achieved without significant further progress in the detailed specification and subsequent delivery of CIP plans and management of cost pressures.

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☐</td><td>To receive and note
☒</td><td>To approve
☐</td></tr>
<tr><td>Recommendation</td><td colspan="3">The Board is asked to review the documents and note the evidence presented.</td></tr>
<tr><td colspan="4">Summary of key elements</td></tr>
<tr><td>Strategic objectives supported by this report</td><td colspan="3">
<table>
<tr><td>Safe, quality care and best experience</td><td>Yes</td><td>Valuing our workforce</td><td>Yes</td></tr>
<tr><td>Improved wellbeing through partnership</td><td></td><td>Well-led</td><td>Yes</td></tr>
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<tr><td>Is this on the Trust's Board Assurance Framework and/or Risk Register</td><td colspan="3">
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<tr><td>Board Assurance Framework</td><td>Yes</td><td>Risk score</td><td></td></tr>
<tr><td>Risk Register</td><td>Yes</td><td>Risk score</td><td></td></tr>
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<tr><td>External standards affected by this report and associated risks</td><td colspan="3">
<table>
<tr><td>Care Quality Commission</td><td>Yes</td><td>Terms of Authorisation</td><td></td></tr>
<tr><td>NHS Improvement</td><td>Yes</td><td>Legislation</td><td></td></tr>
<tr><td>NHS England</td><td>Yes</td><td>National policy/guidance</td><td>Yes</td></tr>
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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.
Failure to achieve financial plan.

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Torbay and South Devon NHS
NHS Foundation Trust

MAIN REPORT

Integrated Quality, Workforce, Performance, and Finance Report

Date of Report: **25 September 2019**

Reporting Period: **Month 5 2019/20**

Data Up To : **31 August 2019**

Version Control

Version	Meeting	Date of Circulation	Date of Meeting	Owner	This Version
Draft 1	Trust Executive	13/09/19	17/09/19	Paul Procter Adel Jones	☒
Published Report	FPD Committee	20/09/19	24/09/19	Paul Procter Adel Jones David Killoran	☒
Published Report	Trust Board	27/9/19	2/10/19	Paul Procter Adel Jones David Killoran	☒

Contents

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

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

Attached as Appendix (in separate PDF)**:**

- Dashboard

1. Introduction and Context

1.1 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 Digital Committee (FPDC) and Trust Board to:

- take a view of overall delivery, against national and local standards and targets, at Trust and Integrated Service Unit (ISU) level;
- consider risks and mitigations;
- 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.

1.2 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 (17 September 2019)
- Finance , Performance, and Digital Committee (25 September 2019)

1.3 Operational Plan 2019-20

The Board will be aware that on the 23rd May 2019 we resubmitted our Operating Plan to NHSI which described a significant change in our Trust financial position. The Trust resubmitted plan reflects the agreement reached by the STP with regulators and which has in turn informed a new STP operating plan also submitted on the 23rd May.

The headlines of our Trust Operating plan are:

- The Trust ***accepts the 2019/20 £4.3m surplus control total.*** This is the direct result of the planned transformation programme reflected in the Devon STP plan, driving improved efficiency and enabling additional income being applied to the challenges described by this Trust in its last submission in April.

- The Trust continues to make a **4.4% efficiency assumption** in this submission **at a value of £17.5m.** This submission has been updated to reflect the additional £2.5m CIP related to Royal Institute of Chartered Surveyor (RICS) changes on guidance relating to Modern Equivalent Asset (MEA) valuation driving an increase in Capital charges which will require an STP wide solution. This increases the total savings requirement to £20.0m.

1.4 Devon System Context: (extract from STP Plan)

The Devon System Operating Plan for 2019/20 is focused on balancing both financial and service priorities, which will be a significant challenge given our forecast of increases in demand for services.
The NHS system was set a challenging control total deficit of £43m, with recognition of a further £25m relating to the withdrawal of Commissioner Sustainability fund. We are therefore aiming to deliver a gross system deficit of £70m, in return for which we will earn £56m of additional, external sustainability funding. To deliver this and deal with the significant performance challenges to address, including eliminating 52-week waits, meeting core national standards for cancer (2-week and 62-day waits) and improving A&E performance, we have set ourselves an ambitious plan, requiring system wide transformation and maximum focus on delivery throughout 2019/20.
The system will deliver this position by;

1. Managing demand and activity growth down by 2% from previous planning assumptions through the changes described in the transformation plan for the system.
2. Accelerating shift in delivery mode from inpatient to day case and day case to outpatient to the performance of best in Devon
3. Increasing anticipated non-recurrent benefits from system investment
4. Developing a system risk share to drive collective delivery

The overriding principle of the risk share will mirror the collaboration that the STP has operated under since 2016/7 in that "we will work collectively to deliver for all partners against the individual targets set within the system position. If one organisation fails then this is a failure to us as a system and all efforts will be deployed to avoid this eventuality".

This commitment is set out in the Devon STP Memorandum of Understanding signed by all parties in December 2016 for the period to March 2021.

1.5 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 (from May 2018) assessed as being in Segment Two (targeted support).

2. Performance Headlines: Month 5 (August 2019)

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

2.1 Quality Headlines

There are 20 Local Quality Framework indicators in total of which 4 were RAG rated RED for August (4 RED in July) as follows in Table 1:

Table 1: Local Quality indicators RAG rated RED:

Standard	Target	Last month Month 4	This month Month 5
Quality Effectiveness Safety Trigger Tool	0	2	2
VTE – risk assessment on admission (acute)	>95%	92.2%	90.1%
Fractured Neck of Femur*	>90%	n/a	n/a
Follow ups past to be seen date (excluding Audiology):	3,500	6906	7393

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

* the fractured neck of femur data for the % of cases into theatre within 36 hours is not available this month.

*VTE risk assessment on admission for the community is not available at time of creating the report.

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 now stands at 11.23% for the year to August 2019 which is a minor increase from 11.21% in July.
- **Staff sickness/absence: RED –** The annual rolling sickness absence rate was 4.28% at the end of July 2019 which is an increase from June which was 4.25%. This is against the target rate for sickness of 4.00%. The Monthly sickness figure for July was 4.21 % which is an increase from the 4.12% as at the end of June.
- **Mandatory Training rate**: **GREEN** – The rate is 90.78% for August which is an increase from the previous month of 90.32% in July. This means that the Trust is achieving the target rate for mandatory training of 85%.
- **Appraisal rate**: **AMBER -** of August was 78.38% which is a decrease on the 79.55% as at the end of July.

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

- **Workforce Plan –** As at end of August 2019, based on WTE worked in the month, which includes bank and agency the Trust was 66.41WTE above plan. This was predominantly due to high bank usage of support to clinical staff.
- **Agency Expenditure –** As at end of August 19 the Trust is overspent against the plan by £1,379K.

2.3 Operational Headlines

2.3.1 Community and Social Care Summary

There are 15 Community and Social Care indicators in total of which 6 were RAG rated RED in August (4 in July 2019) as follows in Table 2:

Table 2: Community and Social Care Framework RAG Rated RED

Standard	Target	Last month Month 4	This month Month 5
Delayed discharges (Community)	16/16 Avg 315	508	562
Delayed transfers of care bed days (acute)	64 days per month	100	112
Number of permanent care home placements	<=617 year end	629	634
Bed occupancy	80%-90%	94%	95.3%
CAMHS % of patients waiting under 18 weeks at month end	>92%	81.8%	82.9%
Community Hospitals – admissions (non-stroke)	18/19 profile +/- 10%)	195	204

Of the remaining indicators, 5 were rated GREEN, 0 AMBER, and 4 indicators not rated.

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

Against the national performance standards, for Month 5 the Trust 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	Target / Trajectory	Last month Month 4	This month Month 5	Risk
A&E - patients seen within 4 hours (PSF)	>92%	**84.3%**	**79.4%**	HIGH
	Trajectory	**86%**	**90%**	
RTT – 18 weeks	>92%	**81.13%**	**80.2%**	HIGH
	Trajectory	**81.5%**	**81.5%**	
Cancer – 62 day wait for first treatment – 2ww referral	>85%	**80.4%**	**76.6%**	HIGH
Diagnostic tests longer than the 6 week standard	<1%	**13.6%**	**14.9%**	HIGH
Dementia Find – monthly report	>90%	**98.8%**	**93.4%**	LOW

4-hour ED standard:

In August, the Trust achieved 79.4% of patients discharged or admitted within 4 hours of arrival at Accident and Emergency Departments (ED); last month (July) the Trust achieved 84.3%.

Risk: High - Performance in August reflects the continued high level of escalation with delays primarily attributed to availability of inpatient beds and crowding in ED.

Management action:

The three workstreams that underpin service improvement and deliver the planned performance improvement are reporting progress and exceptions via the A&E Delivery Board.

In August, progress has been challenged as plans are not progressing at the pace necessary to meet the expected performance improvement ahead of winter.

Following this review additional resources to provide project management and QI support have been agreed to fast track implementation of changes that have been identified across the workstreams to date.

The key contribution required is for all of the schemes to contribute to a reducing occupied bed days to allow the front door clinical assessment model to be sustainably delivered with the avoidance of unplanned opening of escalation beds.

The three improvement groups are:

1. Emergency floor and front door assessment: Key outcome areas

- ED/ speciality interface;
- same day emergency care/ admission avoidance;
- front door processes;
- Acute Care Model.

2. Ward processes and patients flow: Key outcome areas:

- establish clinical criteria for discharge for every urgent inpatient by MDT within 24 hours of admission and expected date of discharge;
- optimise structure and function of SAFER methodology, leadership and ownership see ECIST comments;
- optimise weekend discharge: consultant, junior doctors, ward clerk, pharmacy, community hospitals, residential / nursing homes, PTS;
- use Red2Green data to inform next Quality Improvement programmes;

3. Home First: Community interface pre and post- acute care: Key outcome areas:

- to optimise intermediate care across all localities;
- expand the role of trusted assessor to other residential and nursing homes;
- Discharge to Assess project;
- optimising work of discharge hub;
- link with Joint Emergency Team to support discharge of ED patients who do not require inpatient care;
- diagnostic only pathway;
- development of urgent care centres;

Referral to Treatment - RTT:

RTT performance has been maintained in August at 80.2% against the Operational Plan trajectory of 81.5% and below the national standard of 92%.

For August, 105 people will be reported as waiting over 52 weeks, this being an increase on last month (83), however remains in line with our forecast trajectory of 115. Whilst performance shows we remain within our trajectory, the number of patients over 52 weeks is planned to reduce consistently now over the coming months to achieve 32 by end of December and no patients over 52 weeks by end of March. Essential to this improvement is the recommissioning of the refurbished theatres now scheduled by first week of October.

Risk: Medium There is significant risk to delivering the increased levels of activity needed to maintain the 82% RTT performance and reduce the longest waits over 52 weeks to Zero by March 2020 as set out in our future Operating Plans for 2019/20.

Management action: Led by the Chief Operating Officer, plans are monitored through the RTT Risk and Assurance meeting with any outstanding risk escalated.

The latest plans have been risk assessed with the operational teams who remain confident that the additional activity scheduled will be delivered and the improvement trajectory achieved.

Recover of the 52 week position is reliant upon the return of the two operating theatres with associated increase in capacity and continued weekend working as needed.

62 day cancer standard:

At 76.6% for August our forecast performance is below the 85% national standard, and below the recovery trajectory (85%). Our action plans and performance forecast show that performance will continue to be below plan until the end of Q2 when further improvement is expected to be seen.

A significant element of achieving the 62 day treatment standard is the 14 day from urgent referral to appointment. Performance in August achieved 83.4% against National standard of 93% for urgent two week wait referrals. Plans are on track to bring colorectal referral to appointment waits to 14 days. Urology plans are in place however waits are reducing slower than anticipated (currently at 4 to 5 weeks).

The Trust has been invited to participate as a pilot site for the new 28 day referral to diagnosis standard. This will require greater flexibility in our pathways with teams working to redesign pathways and new measurement system. The work of the pilot will inform the performance standard that will be proposed as a National requirement in the revised Operating framework. During this pilot work we will not be submitting data against the 14 day referral to appointment standard but will be required to maintain our performance against the 62 day referral to treatment standard.

Risk: High

Management action: Recovery plans are in place and include the continuation of locum capacity whilst substantive appointments are made in several key specialties (dermatology and colorectal surgery). NHSI Cancer Improvement Team have completed their work with the Cancer Services to provide assurance of robust recovery plans that have been shared with regulator and commissioners and will be updated on a monthly basis.

Diagnostics:

The diagnostics standard was not met in August with 14.9% of patients waiting over 6 weeks against the standard of 1%. This is deterioration from last month (13.6% in July).
The performance reflects ongoing capacity pressures across several modalities including CT MRI and gastroenterology waiting times. Mobile scanner visits are scheduled to maintain capacity to support additional activity in both CT and MRI and additional endoscopy sessions continue being scheduled with weekend insourcing.

Risk: High

The greatest risk is waiting times for CT colonoscopy. These waits have been consistently increasing since February 2019 as a result of increased demand and capacity constraints including reporting capacity. 90% of the CT long waits are for CT colonoscopy (currently 210 patients over 6 weeks) and the longest waits being a risk to breaching the 52 week RTT pathway. CT colonoscopy scans are not suitable for the mobile scanning units. We have now reached an agreement whereby the scan reporting constraints have been resolved with agreement to use an outsourcing company. The team are now able to schedule an additional 20 scans a week that is forecast to clear the backlog by end of Q3. It is recognised that this is possible whilst there are two operational in house CT scanners. Further assurance work is needed to secure capacity when one of these scanners is taken out of service for replacement scheduled for later this year. The Chief Operating Officer is working with the operational team and Director of Estates to identify a plan to mitigate this risk.

2.3.4 Local Performance Indicators

In addition to the national operational standards there are a further 25 performance indicators agreed locally with the CCG, of which 10 were RAG rated RED in August (9 RED RAG rated in July). The indicators RAG rated RED are summarised in Table 4:

Table 4: Local Performance Indicators RAG Rated RED

Standard	Standard/ target	Last month Month 4	This month Month 5
CDiff – lapse of care	18 FY	14ytd	16 ytd
Cancer 2ww urgent GP referral	>93%	83.4%	83.5%
Cancer - 31-day wait from decision to treat to first treatment	>96%	97.1%	93.68%
RTT waits over 52 weeks	0	84	105
On the day cancellations for elective operations	<0.8%	1.6%	1.3%
Cancelled patients not treated within 28 days of cancellation	0	19	9
Ambulance handover delays >30 minutes	0	81	137
Ambulance handover delays >60 minutes	0	5	12
A&E patients (ED only)	82.5%	74.8%	67.5%
Care plan summaries % completed within 24 hrs of discharge weekdays:	>77%	67.2%	66.5%
Care plan summaries % completed within 24 hrs discharge weekend:	>60%	37.4%	38.2%

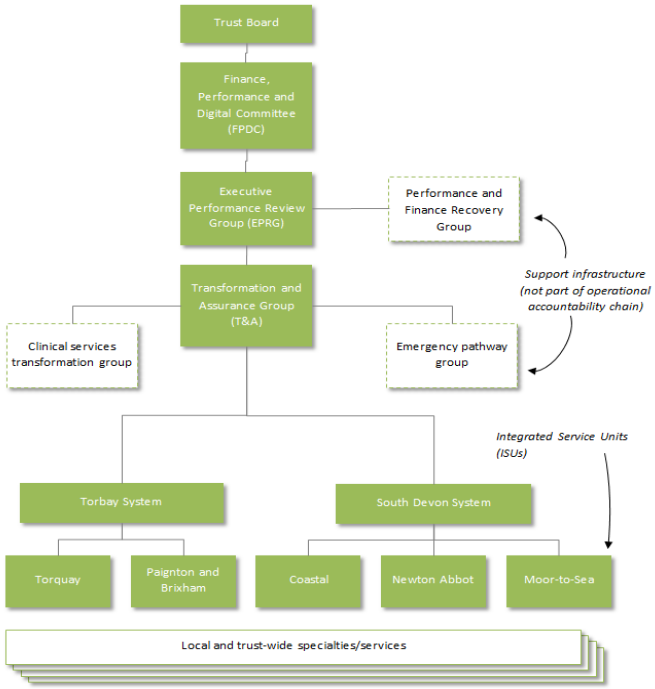
*Cancer figs are confirmed 2 months in arrears and may change once full validation and histology complete

Of the remaining indicators, 12 were rated GREEN, 0 rated AMBER, and 3 indicators do not have an agreed target.

2.4 System Leadership Team updates

The Integrated Performance Report (IPR) will continue to focus on, and provide analysis at, whole system level against key quality, performance, workforce, and finance metrics.

The following governance structure is now in place:



This summary report section will reflect the key performance risks and challenges identified by ISU teams at the Assurance and Transformation meeting.
Work is ongoing to formalise the governance process and ensure that the ISU / system leadership teams have clear line of escalation through to executive and board. Work continues to map existing performance metrics to each of the new Integrated Service Units (ISU's).

At the latest meeting of the Assurance and Transformation Group on the 29th August reported the following operational performance highlights and risks:

Torbay System

Torquay ISU (focus on children's and public health services)

- good progress with aligning ISU governance processes has been made;
- Children and Family Health Devon (CFHD) acknowledgment of the operational challenges and complex nature of the service being delivered. It is noted that operational staff have responded well to these challenges. Areas of improvement include recovering the long waits for Autistic Spectrum Disorder services;
- the number of patients in long term placement in care homes is higher than plan;
- medical staffing vacancies across paediatric acute and community services, has led to staffing pressures and additional costs.

Paignton and Brixham ISU (focus diagnostics, cancer, medical specialties and women's services)

- diagnostics waiting times for CT have increased and in particular patients waiting for CT colonoscopy. Additional mobile visits and reporting capacity is being schedule to increase capacity. Agreed that these waiting times need to be managed before the scheduled replacement programme commences;
- delivery of oncology service remains a risk with a number of substantive vacancies to be filled. Estate challenges with oncology outpatient accommodation impacting on service delivery and escalated;
- plans are progressing with RD&E on the joint management of neurology cardiology and dermatology services to increase resilience to demand and staffing pressures being experience by both organisations;
- outpatient improvement work as part of the transformation programme is receiving additional support to identify agreed plans with operational teams.

South Devon System

Coastal ISU (focus Elective Care)

- ahead of plan to reduce RTT over 52 week waits;
- theatre upgrade works scheduled for completion by early October 9 (2 month slippage from original plan);
- assurance to board members that plans in place will deliver the required capacity to achieve the trajectory of improvement against our longest waits for elective surgery;

Newton Abbot ISU (focus emergency services)

- a review of progress against improvement plans showed additional support is needed across all three urgent care workstreams. The Executive Team have prioritising increased levels of service improvements and project management resources to support for the service improvement work;
- ED and MIU nurse staffing pressures. Potential impact on scheduled hours of operation and continued need for bank and agency;
- social worker assessment delays impacting on discharge pathways of care;
- significant reduction (50%) in Ambulance handover delays following improvement work is being maintained;

Moor to Sea ISU (focus older people, therapy and Devon County Council shared services)

- Operational pressures identified in relation to:
    - Stroke medical staffing and locum cover – 2 substantive appointments now made.
    - Ward nursing older people
    - Increased risk with domiciliary care capacity across ISU
    - Delayed discharges
- Moor to Sea, are leading on plans to manage delayed discharges. An increased number of delayed discharges are being seen across both the Torbay and South Devon systems. This is in part in response to a review of recording practices along with capacity pressures across the system. Commissioners are being alerted to this increase and how our improvement plans will be targeting the identified causes of delay. The highest number of delays are for residential care home placement and care package in patients own home.
- Community productivity work ongoing with community nursing and starting to review Intermediate care team workloads and capacity.

2.5 Financial Headlines:

Overall financial position: The financial position at control total level as at 31st of August 2019 is a £7.87m deficit, which is £1.02m adverse against the plan of £6.85m.
(52 week fines have been assumed to be returned in full or not applied, no STP risk share has been applied at months 1 to 5 and discussions are continuing with Torbay council over its contributions to ASC in 2019/20).
Total pay run rate in M5 (£21.4m) is higher in comparison to previous month (M4 £21.1m); this includes MARS value of £0.12m.
Non pay expenditure run rate of £17.8m is lower by £2.20m compared to M4. Lower spend in M5 is due to: Drugs spend £0.56m (matched by Income); Clinical supplies £0.43m, impairment of receivables £0.19m, premises £0.38m, purchase of health/social care £0.15m, lower provision £0.18m and various cost £0.31m.

CIP savings delivery position: The current month position shows CIP delivery of £1.6m, a £0.6m surplus against £1.0m target.
The year to date CIP achieved is £3.7m, a cumulative shortfall of £0.2m against a £4.0m target.

CIP Forecast Delivery: The Trust has an annual savings target of £17.5m of which £14.5m has been identified resulting in a £3.0m gap.

Approximately £6m of the forecast value comprises Transformational CIP projects. As part of our quality assurance programme, these projects have been subject to a deliverability peer review, involving Executive Director leads. The initial feedback from this review has recognised there is a need to redesign and refocus part of the programme to ensure we deliver tangible cash releasing savings against plan. This work is being led by our recently appointed new Director of Transformation & Partnerships and forms part of a wider strategic service redesign project. We will have more accurate assessment of delivery and delivery risk in by 20th September 2019. Our overall assessment is that the programme is not significantly different to the position declared in Months 3 and 4, so we have not significantly changed the declared risk profiles.
In addition there is a requirement to have an STP solution to the additional cost of the change in valuation methodology of assets under the latest Royal Institution of Chartered Surveyors (RICS) guidance. This equates to £2.5m for which no plans have yet been identified. The total CIP gap is therefore £5.5m.
Of the forecast delivery only £8.1m (56%) is fully developed, the remainder is at either outline or definition stage or therefore subject to risk of non-delivery. The control total will not be achieved without further progress on the detailed specification and subsequent delivery of CIP plans.

Capital: In May 2019 the Trust submitted a revised capital plan of £21.6m.
In July 2019, NHSI requested that the Trust propose a reduced capital plan - this was proposed at £16.6m. However, following an increase in national funding, NHSI abandoned this request. The Trust's official capital plan therefore remains at £21.6m but the Trust has adopted the £16.6m proposal as its capital budget.

The Capital expenditure as at M05 is £2.99m which is £2.46m underspent against the M05 budget of £5.44m. The full year forecasted spend presently stands at £17.68m which would result in an £1.08m overspend.

Use of Resources Risk Rating: The Finance Risk Rating remains a 3 at M05, with the agency rating adverse.

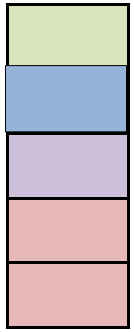
The Trust, at this stage of the financial year, is forecasting delivery of the control total in line with NHSE/I guidance, although this remains subject to delivery of the savings plans, national outcome on 52 week penalties and finalisation of contract discussions including NHSE and Torbay Council contracts, the application of the STP risk share with the consequent risks attached and mitigation of variable staffing pressures. The control total will not be achieved without significant further progress in the detailed specification and subsequent delivery of CIP plans and management of cost pressures.

Torbay and South Devon
NHS Foundation Trust

Integrated Performance Report

September 2019: Reporting period August 2019 (Month 5)

Section 1: PERFORMANCE



Quality Focus

Workforce Focus

Community and Social Care Focus

NHSI operational performance indicator Focus

Local performance metric exception

Section 2: FINANCE

Finance Focus

Quality Focus

Month 5 (performance to end of August 2019)

Quality and Safety Summary

Quality and Safety Summary August 2019
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 below the expected rate. In the latest month of data (M ay) the rate has increased to above the national benchmark at 111.3 (100 being the national benchmark). No increase in recorded deaths is show n only that a change is recorded casemix had lowered the calculated figure fro expected deaths in the month.

As well as viewing the top line mortality figure any Dr Foster mortality alerts at diagnosis and procedure level are also rev iewed 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 a nd 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 o n a monthly basis and can be viewed via the Trust wide Quality Improvement Group (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.

3. Never Event - No Never Events occurred in August.

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

5. Infection Control - For the year-to-date there are 16 CDiff cases reported s a lapse in care. There are 63 reported bed days lost in August fro m infection control measures.

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 slightl y increased from 6906 i n July 2019 to 7393 in August 2019.

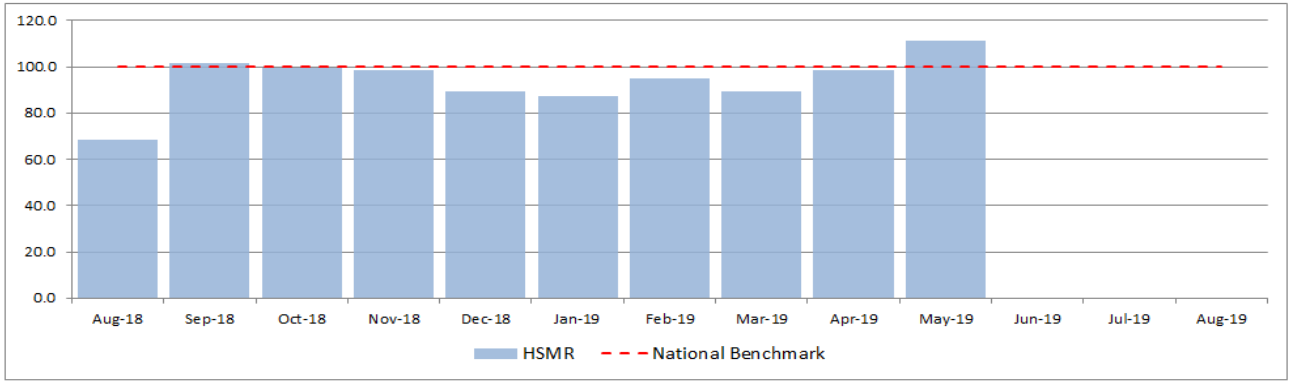
7. VTE - The VTE performance has been both flagged by NHSI and within our own reporting structures. Our reported performance is consis tently below the standard of 95% with August at 90.1%. The Safety Thermometer audits provide assurance that the clinical assessments are being made, however, we have strugg led in recent months to complete accurate recording of this data into the electronic discharge system.

8. Dementia screening - the standard for screening patients after admission to hospital is met with 93.4% achieved against a standard of 90%.

Quality and Safety - Mortality

Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

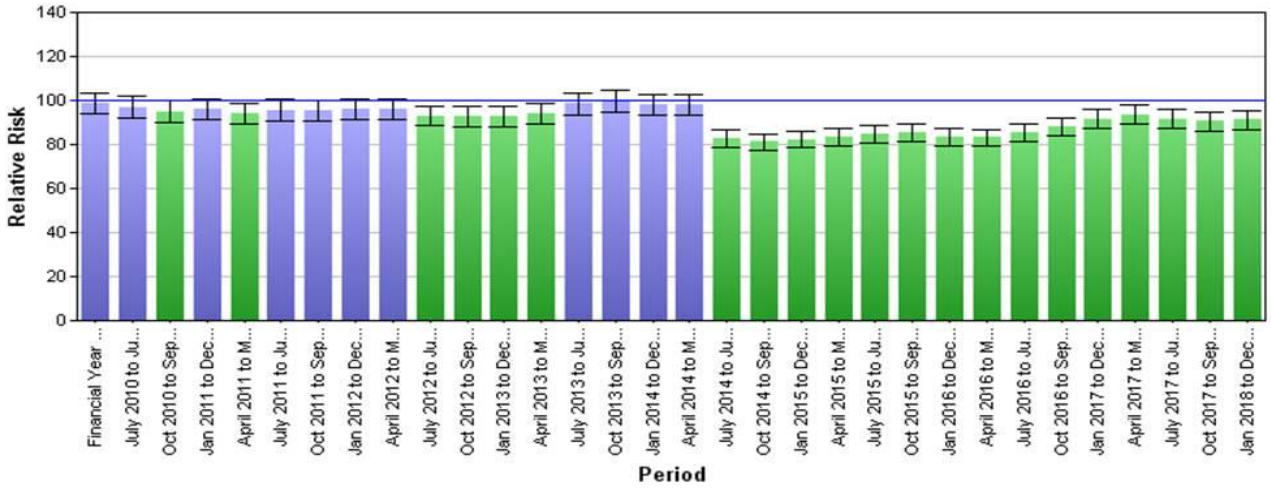
	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
HSMR	68.4	101.6	99.3	98.4	89.4	87.1	94.8	89.5	98.4	111.3			
National Benchmark	100	100	100	100	100	100	100	100	100	100	100	100	100



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**.

The latest data for Dr Foster HSMR is showing a relative risk of 111.3. It is noted that the number of observed hospital deaths has not changed . A review at diagnosis level will be done to highlight any potential data anomalies.

SHMI by data period



The SHMI data reflects all deaths recorded either in hospital or within 30 days of discharge from hospital and records the Trusts at 91.11 against a national average benchmark of 100.

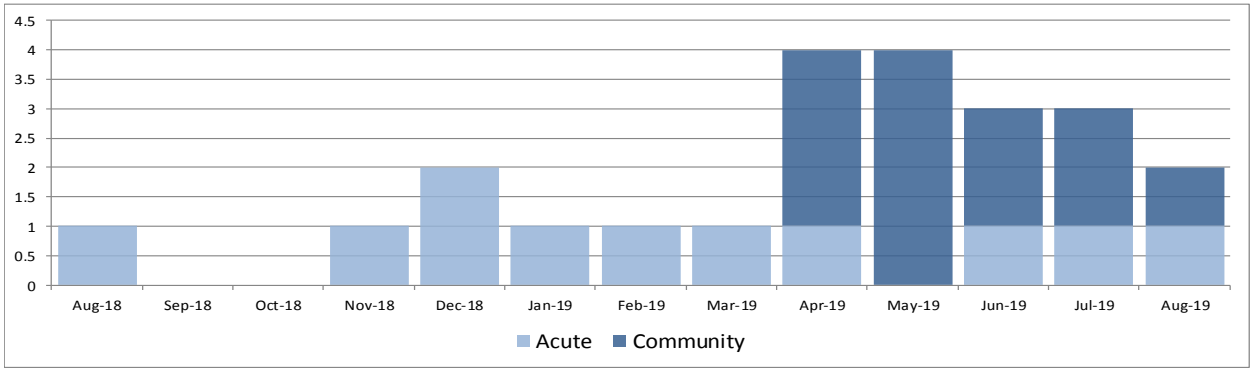
SHMI, HSMR, and Dr Foster alerts are reviewed through the Mortality Surveillance Scorecard at the Quality Improvement Group.

A score of 100 represents the weighted population average benchmark.

Quality and Safety - Infection Control

C Diff. Lapse in Care

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Acute	1	0	0	1	2	1	1	1	1	0	1	1	1
Community	0	0	0	0	0	0	0	0	3	4	2	2	1



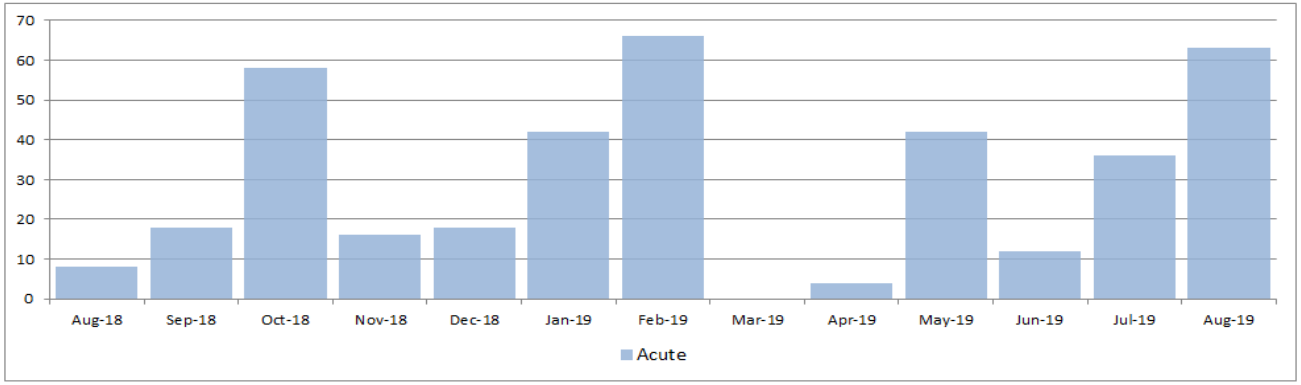
In August there are two reported C-diff cases as a lapse in care.

The cumulative total is 16 cases with a lapse in care.

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

Infection Control - Bed Closures (acute)

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Acute	8	18	58	16	18	42	66	0	4	42	12	36	63



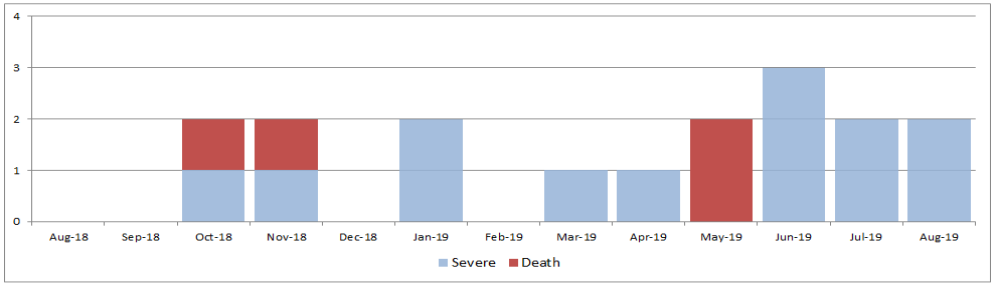
The Infection Control Team continue to manage all cases of outbreaks with individual case by case assessment and control plans.

In August, there were 63 bed days lost due to infection control issues. In August there had been a number of individual bays closed at Torbay Hospital as part of infection control measures to manage potential spread of D+V.

Quality and Safety - Incident reporting and complaints

Reported Incidents - Severe and Death

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Severe	0	0	1	1	0	2	0	1	1	0	3	2	2
Death	0	0	1	1	0	0	0	0	0	2	0	0	0



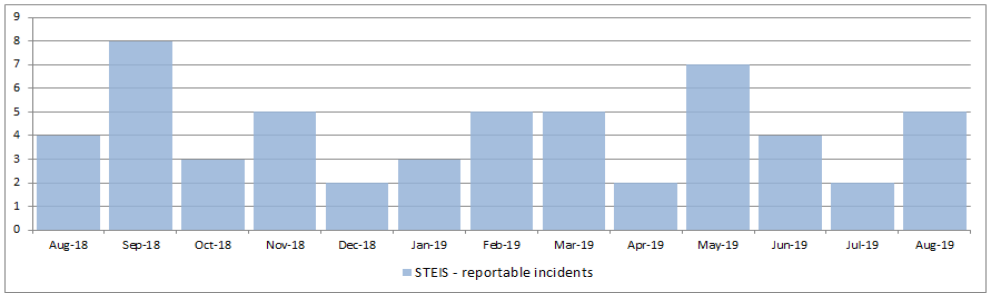
In August the Trust recorded two incidents severe which will follow normal process of investigation: The sites of recorded incidents are:

1. Theatres
2. EAU3

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

STEIS Reportable Incidents

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
STEIS - reportable incidents	4	8	3	5	2	3	5	5	2	7	4	2	5

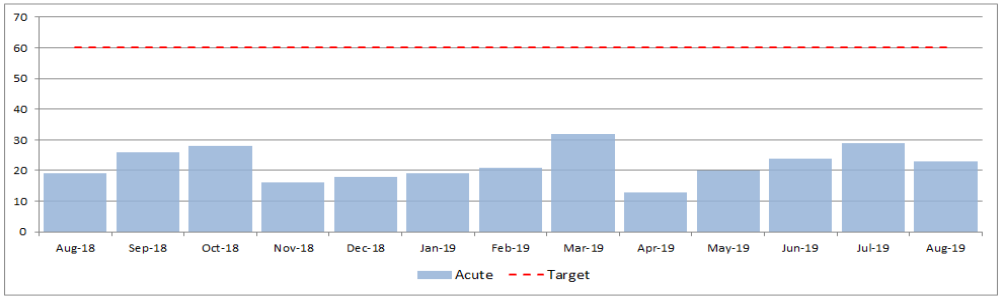


The Trust reported five incidents in August on the Strategic Executive Information System (StEIS).
The sites of recorded incidents are:
1. Slips/trips/falls meeting SI criteria -
2. Maternity/Obstetric incident meeting SI criteria:
3. Slips/trips/falls meeting SI criteria
4. Maternity/Obstetric incident meeting SI criteria
5. Slips/trips/falls meeting SI criteria -

All incidents are being investigated for learning and sharing and have followed the

Formal complaints

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total	19	26	28	16	18	19	21	32	13	20	24	29	23
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



In August the Trust received 23 formal complaints.

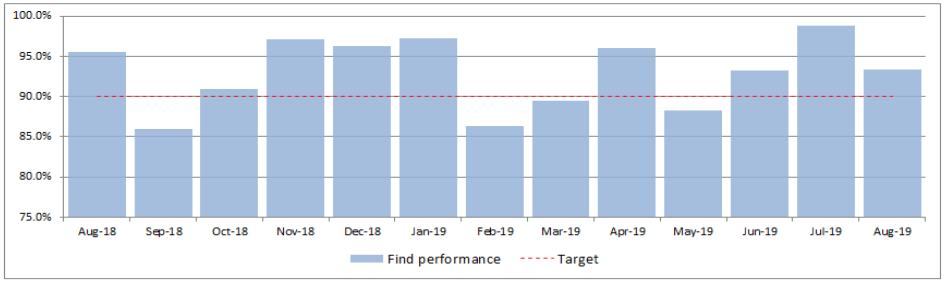
The main themes from the complainants are assessment, care, and treatment.

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

Quality and Safety - Exception Reporting

Dementia - Find

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Numerator	479	428	481	490	478	522	452	509	531	471	552	426	381
Denominator	495	482	542	514	504	544	516	572	562	535	593	431	408
Find performance	95.6%	86.0%	90.9%	97.1%	96.3%	97.2%	86.3%	89.4%	96.1%	88.3%	93.3%	98.8%	93.4%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%

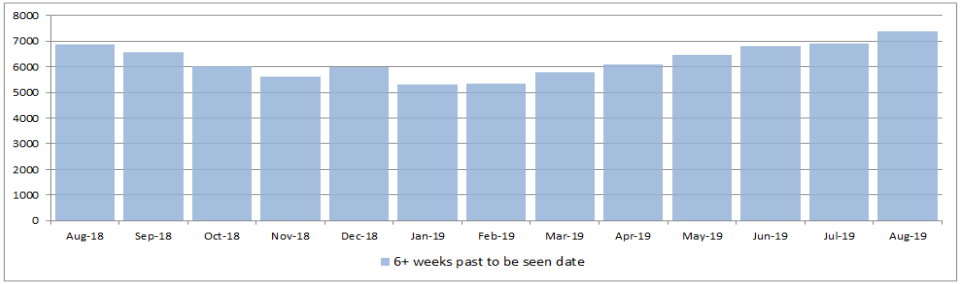


Dementia Find: The NHS I Single Oversight Framework (SOF) includes Dementia screening and referral as one of the NHSI priority indictors.
The Dementia Find performance continues to meet the standard of 90%.

The Trust has achieved the Dementia Find standard in August with 93.4% against the target of 90%.

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

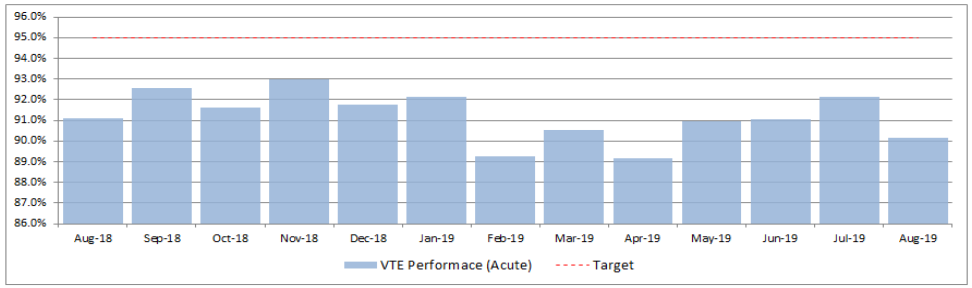
	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
6+ weeks past to be seen date	6858	6566	6020	5630	5993	5300	5356	5783	6103	6459	6803	6906	7393



Follow ups: The number of follow up patients waiting for an appointment greater that six weeks past their 'to be seen by date' increased for the seventh consecutive month in August to 7393 (6906 last month).
A review of the areas with increases has been reported to the Quality Assurance Group, with a focus on understanding future capacity and trajectory along with any clinical risks that needs to be escalated.
The Quality Assurance Group maintain oversight and assurance regarding any harm to patients and review plans to mitigate clinical risk against patients waiting beyond their intended review date.

VTE Risk assessment on admission - (Acute)

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
VTE Numerator	5944	5361	6085	5744	5267	6036	5103	5549	5477	5995	5594	5936	5792
VTE Denominator	6526	5791	6642	6177	5740	6552	5718	6130	6143	6592	6145	6441	6425
VTE Performace (Acute)	91.1%	92.6%	91.6%	93.0%	91.8%	92.1%	89.2%	90.5%	89.2%	90.9%	91.0%	92.2%	90.1%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



VTE: VTE performance has reduced in August at 90.1% and remains below the standard of 95%. Resources on wards to support consistent recording into reporting systems remain a challenge.

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

Workforce Focus

Month 5 (performance to end of August 2019)

Workforce

NHSi Plan WTE 2019/20

Staff Group	NHSi Plan WTE	NHSi Plan WTE	NHSi Plan WTE	NHSi Plan WTE	NHSi Plan WTE	NHSi Plan WTE	NHSi Plan WTE
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Medical And Dental	518.95	517.03	516.10	513.73	512.36	510.99	509.39
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
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
Add Prof Scientific and Technic	385.95	384.48	382.99	381.45	379.90	378.36	376.78
Allied Health Professionals	427.42	425.90	424.35	422.72	421.09	419.46	417.78
Healthcare Scientists	106.64	106.50	106.35	106.20	106.04	105.89	105.73
Administrative And Estates	997.92	993.19	988.32	983.17	978.04	972.87	967.46
Any Others - Provisions	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**

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)

Workforce

TOTAL ACTUAL WORKED - This includes substantive, bank and agency staff

Actual Worked 2019/20

Staff Group	Worked WTE Apr-19	Worked WTE May-19	Worked WTE Jun-19	Worked WTE Jul-19	Worked WTE Aug-19
Medical And Dental	521.99	543.74	521.64	534.83	559.44
Nursing And Midwifery Registered	1,283.58	1,266.84	1,264.67	1,268.52	1,253.22
Support To Clinical Staff	1,843.41	1,868.85	1,830.90	1,891.23	1,885.92
Add Prof Scientific and Technic	366.18	365.48	371.15	366.55	369.91
Allied Health Professionals	505.70	500.47	499.57	491.42	497.06
Healthcare Scientists	100.42	98.49	106.52	97.12	97.71
Administrative And Estates	1,221.36	1,232.65	1,234.40	1,259.89	1,260.91
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00
Total Staff Worked WTE	**5,842.65**	**5,876.53**	**5,828.85**	**5,909.56**	**5,924.18**

Budgeted WTE 2019/20

Staff Group	Budget WTE Apr-19	Budget WTE May-19	Budget WTE Jun-19	Budget WTE Jul-19	Budget WTE Aug-19
Medical And Dental	514.05	506.82	516.36	517.02	516.75
Nursing And Midwifery Registered	1,312.75	1,315.42	1,315.30	1,309.19	1,311.24
Support To Clinical Staff	1,917.43	1,931.14	1,928.04	1,923.18	1,928.29
Add Prof Scientific and Technic	476.34	368.67	370.38	370.92	370.90
Allied Health Professionals	372.39	466.80	469.13	476.19	474.40
Healthcare Scientists	90.59	90.59	90.59	90.59	90.39
Administrative And Estates	1,181.38	1,171.91	1,169.87	1,161.12	1,165.79
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00
Total Staff Budgeted WTE	**5,864.93**	**5,851.35**	**5,859.67**	**5,848.22**	**5,857.77**

SUBSTANTIVE STAFF

Actual Substantive Contracted 2019/20

Staff Group	Contracted WTE Apr-19	Contracted WTE May-19	Contracted WTE Jun-19	Contracted WTE Jul-19	Contracted WTE Aug-19
Medical And Dental	474.73	469.89	470.37	464.76	573.25
Nursing And Midwifery Registered	1,195.89	1,196.70	1,199.62	1,193.32	1,195.90
Support To Clinical Staff	1,659.31	1,675.01	1,682.22	1,686.32	1,690.66
Add Prof Scientific and Technic	365.23	364.42	361.70	363.11	365.33
Allied Health Professionals	501.10	497.50	500.34	496.48	502.85
Healthcare Scientists	99.33	98.33	99.18	99.23	98.62
Administrative And Estates	1,154.34	1,169.57	1,173.94	1,182.85	1,189.06
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00
Total Staff Worked WTE	**5,449.92**	**5,471.42**	**5,487.35**	**5,486.07**	**5,615.67**

Budgeted Substantive WTE 2019/20

Staff Group	Budget WTE Apr-19	Budget WTE May-19	Budget WTE Jun-19	Budget WTE Jul-19	Budget WTE Aug-19
Medical And Dental	493.72	486.72	496.37	497.28	497.12
Nursing And Midwifery Registered	1,225.33	1,232.26	1,232.14	1,226.03	1,228.31
Support To Clinical Staff	1,810.49	1,824.12	1,827.33	1,822.47	1,824.96
Add Prof Scientific and Technic	469.50	361.83	363.54	364.08	364.06
Allied Health Professionals	367.21	461.12	463.45	470.51	468.72
Healthcare Scientists	90.59	90.59	90.59	90.59	90.39
Administrative And Estates	1,135.49	1,128.92	1,128.88	1,134.01	1,138.68
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00
Total Staff Budgeted WTE	**5,592.33**	**5,585.56**	**5,602.30**	**5,604.98**	**5,612.25**

As at Month 5 the Trust was budgeted for 5,857.77 WTE, to include bank and agency, however the total worked was 5924.18WTE which is 66.41 WTE above plan. This was made up of the following:

Subtantive staff : 5615.67 WTE (3.42 WTE below plan)
Bank staff: 309.35 WTE (133.85 WTE above plan - this is predominently within Support to Clinical Staff and Admin and Estates)
Agency staff: 80.31 WTE (10.29 WTE above plan - this is predominently with Medical and Dental, although there is a downward trend in agency use for this staff group)

Workforce

BANK STAFF

Actual Bank Worked 2019/20

Staff Group	Worked WTE Apr-19	Worked WTE May-19	Worked WTE Jun-19	Worked WTE Jul-19	Worked WTE Aug-19
Medical And Dental	15.83	6.42	15.69	15.20	17.29
Nursing And Midwifery Registered	35.82	38.17	33.34	42.70	38.71
Support To Clinical Staff	149.74	177.89	141.26	191.43	188.26
Add Prof Scientific and Technic	0.71	0.51	1.12	1.18	0.86
Allied Health Professionals	0.90	0.75	1.63	3.72	2.11
Healthcare Scientists	0.74	0.54	7.35	-1.60	0.24
Administrative And Estates	54.45	58.59	48.64	63.38	61.87
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00
Total Staff Worked WTE	**258.18**	**282.88**	**249.02**	**316.00**	**309.35**

Budgeted Bank WTE 2019/20

Staff Group	Budget WTE Apr-19	Budget WTE May-19	Budget WTE Jun-19	Budget WTE Jul-19	Budget WTE Aug-19
Medical And Dental	6.30	6.30	6.30	6.30	6.30
Nursing And Midwifery Registered	38.76	38.76	38.76	38.76	38.76
Support To Clinical Staff	106.94	107.02	100.71	100.71	103.33
Add Prof Scientific and Technic	0.00	0.00	0.00	0.00	0.00
Allied Health Professionals	0.00	0.50	0.50	0.50	0.50
Healthcare Scientists	0.00	0.00	0.00	0.00	0.00
Administrative And Estates	42.84	39.94	37.94	26.61	26.61
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00
Total Staff Budgeted WTE	**194.84**	**192.52**	**184.21**	**172.88**	**175.50**

AGENCY STAFF

Actual Agency Worked 2019/20

Staff Group	Worked WTE Apr-19	Worked WTE May-19	Worked WTE Jun-19	Worked WTE Jul-19	Worked WTE Aug-19
Medical And Dental	30.89	57.30	25.88	24.57	29.63
Nursing And Midwifery Registered	52.61	43.85	42.70	48.55	36.12
Support To Clinical Staff	0.00	-0.07	0.00	-0.14	0.00
Add Prof Scientific and Technic	-0.03	0.24	5.90	-1.43	1.88
Allied Health Professionals	9.97	9.44	7.95	8.60	10.17
Healthcare Scientists	0.00	0.00	0.00	0.00	0.00
Administrative And Estates	4.81	3.88	9.19	7.81	2.51
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00
Total Staff Worked WTE	**98.24**	**114.65**	**91.63**	**87.97**	**80.31**

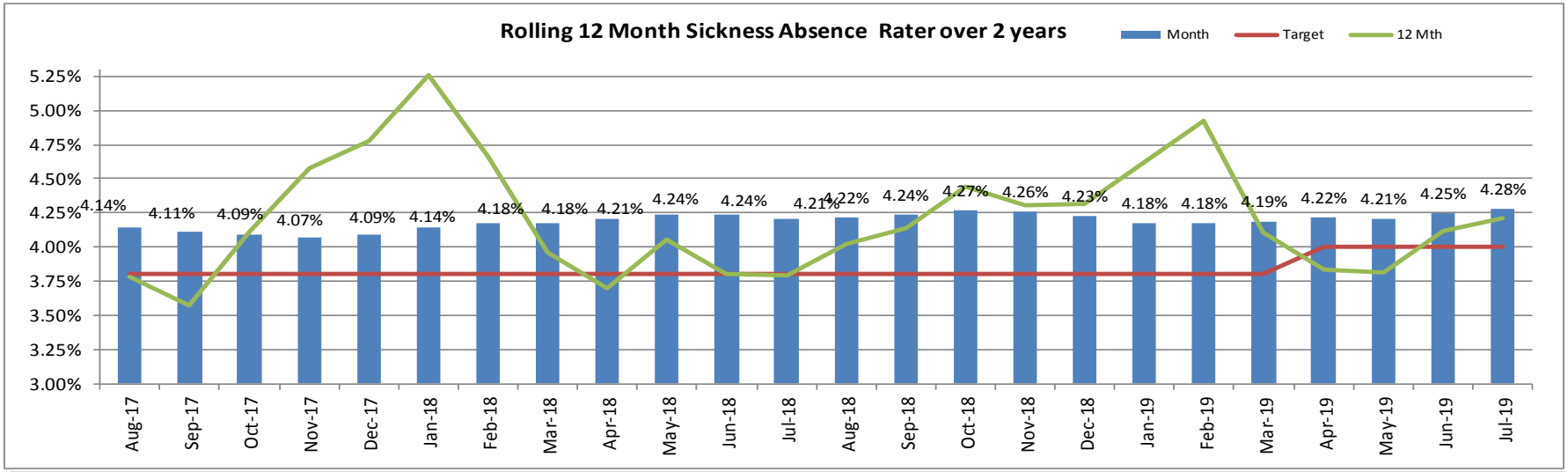
Budgeted Agency WTE 2019/20

Staff Group	Budget WTE Apr-19	Budget WTE May-19	Budget WTE Jun-19	Budget WTE Jul-19	Budget WTE Aug-19
Medical And Dental	14.03	13.80	13.69	13.44	13.33
Nursing And Midwifery Registered	48.66	44.40	44.40	44.40	44.17
Support To Clinical Staff	0.00	0.00	0.00	0.00	0.00
Add Prof Scientific and Technic	6.84	6.84	6.84	6.84	6.84
Allied Health Professionals	5.18	5.18	5.18	5.18	5.18
Healthcare Scientists	0.00	0.00	0.00	0.00	0.00
Administrative And Estates	3.05	3.05	3.05	0.50	0.50
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00
Total Staff Budgeted WTE	**77.76**	**73.27**	**73.16**	**70.36**	**70.02**

Please see notes on previous page.

Workforce - Sickness Absence

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

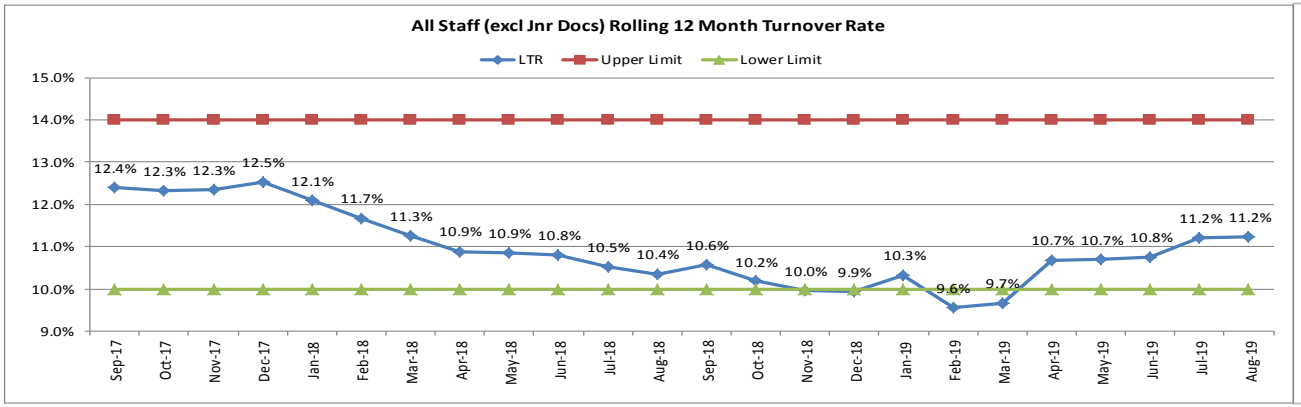


The annual rolling sickness absence rate was 4.28% at the end of July 2019 which is an increase from June which was 4.25%. This is against the target rate for sickness of 4.00%.

The Monthly sickness figure for July was 4.21 % which is an increase from the 4.12% as at the end of June.

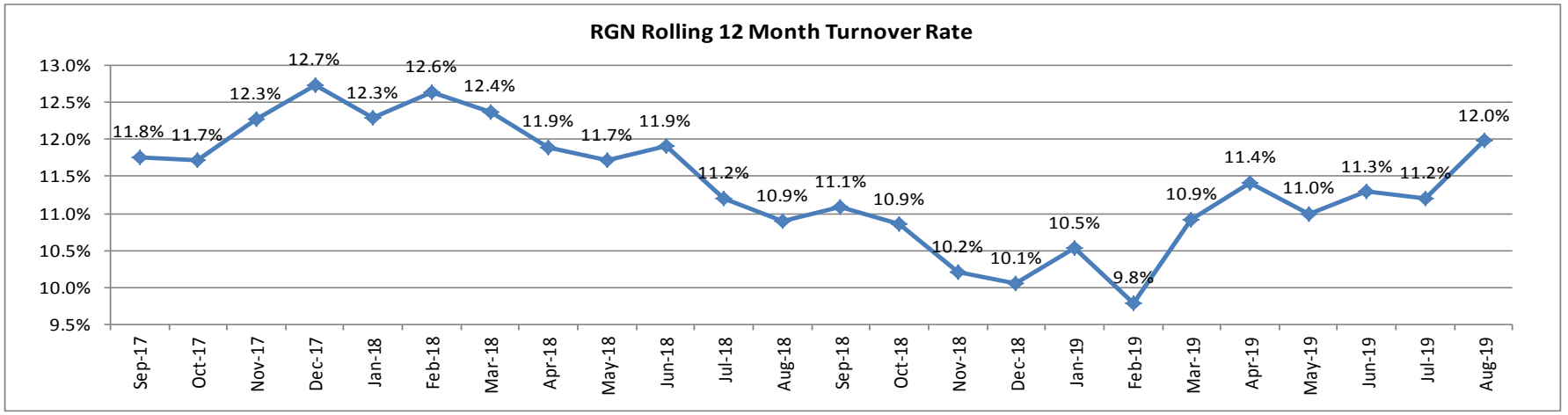
April to July sickness is higher than the last 2 years over the same period and higher then the long-term average.

Workforce - Turnover



All Staff Rolling 12 Month Turnover Rate

The graph shows that the Trusts turnover rate now stands at 11.23% for the year to August 2019 which is a minor increase from 11.21% in July. The recruitment challenge to replace leavers from key staff groups remains significant.

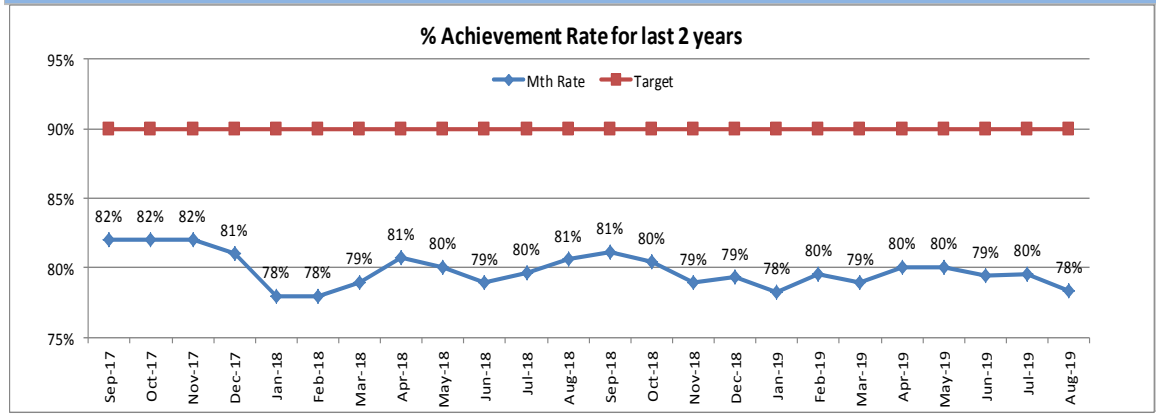


RGN Rolling 12 Month Turnover Rate

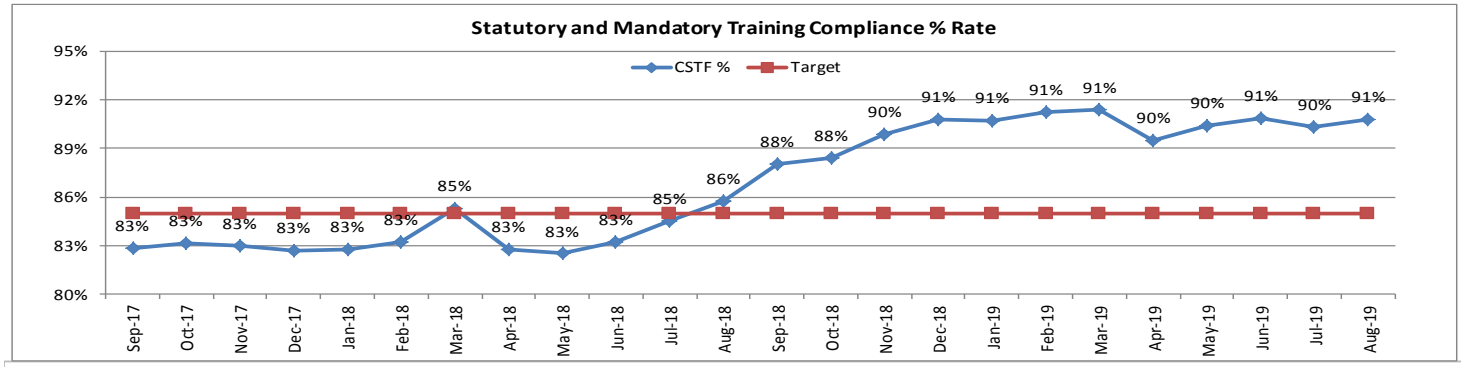
This recruitment challenge includes Registered Nurses due to the supply shortage as reported elsewhere and for which the Trust has a long term capacity plan to address, which maximises the use of all supply routes including overseas recruitment, return to nursing, growing our own etc.

The turnover rate for this staff group is within the range of 10% to 14% and for the 12 months ending in August 2019 stood at 11.98% which is an increase from last months 11.21%.

Workforce - Appraisal and Training



Achievement Review (Appraisal) - The Achievement Review rate for the end of August was 78.38% which is an decrese on the 79.55 % as at the end of July. 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.

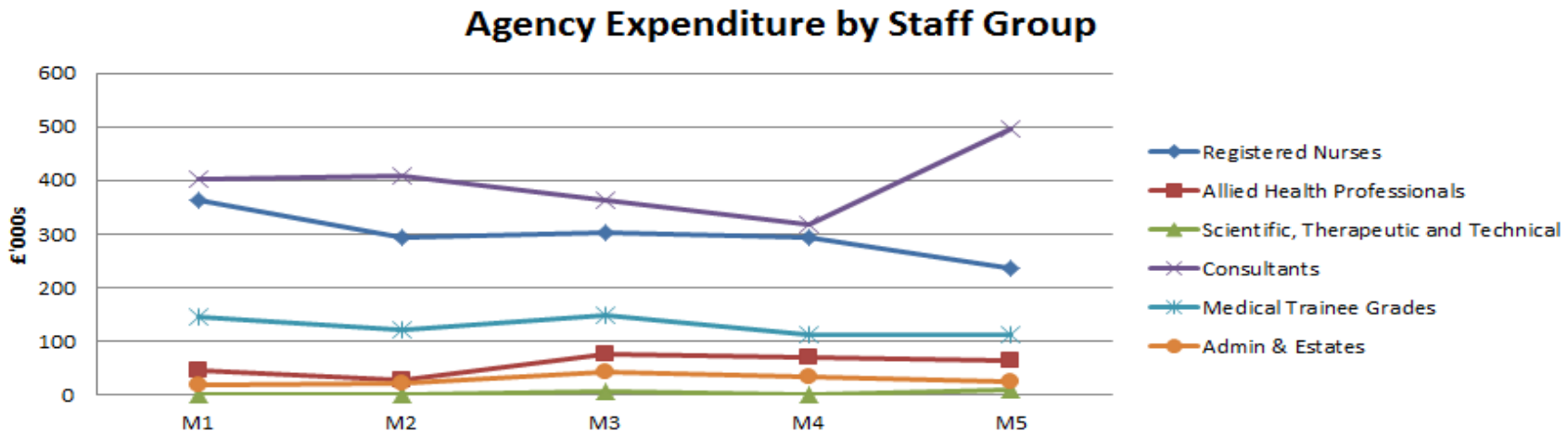


Statutory and mandatory training - The Trust has set a target of 85% compliance as an average for the statutory and mandatory training modules which is against the 11 subjects which align with the MAST Streamlining project from April 2018. The graph shows that the current rate is 90.78% for August which is an increase from the previous months 90.32% in July . 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.

Module	Target	Performance
Information Governance	95% and above	87.51%
Safeguarding Children	90% and above	86.04%

Workforce - Agency Expenditure

The graph below shows the Agency expenditure by Staff Group, whilst the table provides the detailed analysis. As at Month 5 the Trust is £1.379m above plan. This is predominently due to agency spend on Medical and Dental staff which is £1.166m above plan.



Total Agency Spend

Financial Year 2019/20	Monthly Values					NHSI YTD value (Cumulative)				
	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Plan - Total Agency (see breakdown below)	636	636	636	633	633	636	1,272	1,908	2,541	3,174
Actual Spend										
Non-Medical - Clinical Staff Agency										
Registered Nurses	363	293	303	295	235	363	656	959	1,254	1,489
Scientific, Therapeutic and Technical	45	29	80	70	74	45	74	154	224	298
of which Allied Health Professionals	45	28	75	69	64	45	73	148	217	281
of which Other Scientific, Therapeutic and Technical Staff		1	5	1	10	0	1	6	7	17
Support to clinical staff (HCA)	1	-1		0		1	-	-	-	-
Total Non-Medical - Clinical Staff Agency	409	321	383	365	309	409	730	1113	1478	1787
Medical and Dental Agency										
Consultants	401	409	363	317	495	401	810	1,173	1,490	1,985
Trainee Grades	146	122	149	111	112	146	268	417	528	640
Total Medical and Dental Agency	547	531	512	428	607	547	1078	1590	2018	2625
Non Medical - Non-Clinical Staff Agency	19	20	43	34	25	19	39	82	116	141
Total Pay Bill Agency and Contract	975	872	938	827	941	975	1847	2785	3612	4553
Over (Under) Spend	339	236	302	194	308	339	575			

Workforce - Agency Expenditure

Torbay and South Devon NHS Foundation Trust
Total Agency Spend
Financial Year 2019/20

Plan - Total Agency (see breakdown below)

Plan	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Registered Nurses	£ 284	£ 284	£ 285	£ 283	£ 284	£ 284	£ 568	£ 853	£ 1,136	£ 1,420
Technical staff	£ 48	£ 48	£ 48	£ 48	£ 48	£ 48	£ 96	£ 144	£ 192	£ 240
Allied Health Professionals	£ 47	£ 47	£ 47	£ 47	£ 47	£ 47	£ 94	£ 141	£ 188	£ 235
Other Scientific, Therapeutic and Technical Staff	£ 1	£ 1	£ 1	£ 1	£ 1	£ 1	£ 2	£ 3	£ 4	£ 5
Support to Nursing staff	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
Total Non-Medical - Clinical Staff Agency	£ 332	£ 332	£ 333	£ 331	£ 332	£ 332	£ 664	£ 997	£ 1,328	£ 1,660
Medical and Dental Staff - Consultants	£ 251	£ 251	£ 251	£ 248	£ 248	£ 251	£ 502	£ 753	£ 1,001	£ 1,249
Medical and Dental Staff - Trainee Grades	£ 42	£ 42	£ 42	£ 42	£ 42	£ 42	£ 84	£ 126	£ 168	£ 210
Total Medical and Dental	£ 293	£ 293	£ 293	£ 290	£ 290	£ 293	£ 586	£ 879	£ 1,169	£ 1,459
Non Medical - Non-Clinical Staff Agency	£ 11	£ 11	£ 12	£ 10	£ 11	£ 11	£ 22	£ 34	£ 44	£ 55
Total pay bill - agency staff including capitalised staff	£ 636	£ 636	£ 638	£ 631	£ 633	£ 636	£ 1,272	£ 1,910	£ 2,541	£ 3,174
Total pay bill - agency staff including capitalised staff	£ 636	£ 636	£ 638	£ 631	£ 633	£ 636	£ 1,272	£ 1,910	£ 2,541	£ 3,174

Variance - Over (Under) Spend Non-Medical - Clinical Staff Agency	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Registered Nurses	79	9	18	12	-49	79	88	106	118	69
Scientific, Therapeutic and Technical	-3	-19	32	22	26	-3	-22	10	32	58
of which Allied Health Professionals	-2	-19	28	22	17	-2	-21	7	29	46
of which Other Scientific, Therapeutic and Technical Staff	-1	0	4	0	9	-1	-1	3	3	12
Support to clinical staff	1	-1	0	0	0	1	0	0	0	0
Total Non-Medical - Clinical Staff Agency	77	-11	50	34	-23	77	66	116	150	127
Consultants	150	158	112	69	247	150	308	420	489	736
Trainee Grades	104	80	107	69	70	104	184	291	360	430
Total Medical and Dental Agency	254	238	219	138	317	254	492	711	849	1,166
Non Medical - Non-Clinical Staff Agency	8	9	31	24	14	8	17	48	72	86
Total Pay Bill Agency and Contract	339	236	300	196	308	339	575	875	1,071	1,379

Community and Social Care Focus

Month 5 (performance to end of August 2019)

Social Care and Public Health Metrics performance metrics - Torbay

Social Care Programme Board

2019/20 Performance Scorecard to 31 August 2019

Torbay Social Care KPIs		2019/20 YTD target	Outturn YTD	Comment
% clients receiving self-directed support	94%	94%	90% (94%)	Within agreed tolerance.
% clients receiving direct payments	28%	28%	26.2% (28.0%)	Below target (426 / 1623). Further development of P.A. market, review of Standard Operating Procedure and internal communications update expected to improve performance.
% clients receiving a review within 18 months	93%	93%	84% (93%)	Below target (2412 / 2879). Outturn decreasing.
Timeliness of social care assessment	80%	80%	72% (80%)	Below target (500 / 690). Outturn has decreased following calculation changes highlighted by internal audit. Data quality report issued to zones to help improve quality of recording.
Permanent admissions (18-64) to care homes per 100k population (rolling 12 month)	14.0	14.0	24.2 (14)	A low outturn signifies better performance. Below target (18 admissions).
Outcome of short term support - % reablement episodes not followed by long term SC support	83%	83%	86.7% (83%)	On target.
Carers receiving needs assessment, review, information, advice, etc.	36%	36%	23.2% (15.0%)	On target.
% carers receiving self directed support	85%	85%	92% (85%)	On target.
% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	100%	100%	.. ..	No high risk concerns raised.
% Repeat safeguarding referrals in last 12 months	8.0%	8.0%	9.1% (8.0%)	A low outturn signifies better performance. Below target (16 / 175). Safeguarding lead monitoring.
% Adults with learning disabilities in paid employment	7.0%	7.0%	8.5% (7.0%)	On target.
% Adults with learning disabilities in settled accommodation	80%	80%	80.4% (80.0%)	On target.

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

Corporative Objective	Measure	Target 2019/2020	13 month trend	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Year to date 2019/20
PUBLIC HEALTH SERVICES																	
	CAMHS - % Urgent referrals seen within 1 week	88.0%		50.0%	100.0%	66.7%	100.0%	50.0%	100.0%	75.0%	100.0%	66.7%	50.0%	100.0%	100.0%	100.0%	83.0%
	CAMHS - % patients waiting under 18 weeks at month end [B]	92.0%		93.7%	86.2%	91.9%	90.0%	93.7%	89.4%	90.8%	90.3%	87.6%	84.0%	80.7%	82.7%	82.9%	83.0%
	% of face to face new birth visits within 14 days *	95.0%		91.0%	96.2%	97.8%	94.6%	90.9%	92.2%	90.9%	93.8%	88.6%	96.8%	93.0%	91.0%	91.5%	92.2%
	Children with a child protection plan * [B]			168	170	146	148	172	170	186	183	170	186	201	228		228
	4 week smoking quitters (Quarterly) ** [B]				138			192				300					300
	Opiate users - % successful completions of treatment (Quarterly) ** [B]				7.1%			5.4%				4.9%					4.9%

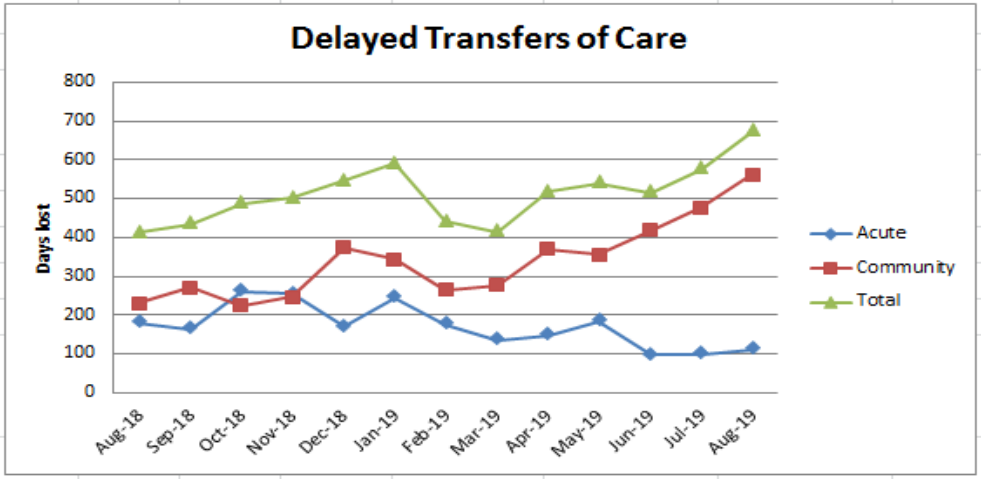
Public Health Torbay : The headline messages for Public Health performance are:
CAMHS - Target referrral to treatment (18 week) waiting times are not achieved in August. Since April Torbay CAMHS is part of the wider Devon Childrens services alliance. Work is progressing to integrate reporting for the new combined services and are reviewed through the Alliance board.
Quarterly data is shown in arrears for smoking, opiate users, and children with a protection plan.

Community Services and Social Care metrics

Community Hospital Dashboard - Summary of Key Measures - August-19

	Act. 18/19 Outturn	19/20 Year End Target	Target Aug-19	Aug-19	Total	YTD Target	Cum. Direction of Travel
Admissions / Discharges							
Total Admissions (General)	2,927	2,927	267	204	1,123	1,180	→
Direct Admissions (General)	294	294	24	34	127	128	↑
Transfer Admissions (General)	2,633	2,633	243	170	996	1,052	↓
Stroke Admissions	305	305	23	21	107	134	↓
Transfers from CH to DGH	242	242	21	19	100	114	↓
Beds							
Bed Occupancy [1]	91.6%	90.0%	90%	95.3%	93.0%	90.0%	
Bed Days Lost to Delays[2]	3,305	0	0	562	2,215	0	
Bed Days Lost to Bed Closure	329			9	35		
Length of Stay							
Delayed Discharges				49	242		
Average Length of Stay - Overall (General)	10.9			13.3	12.2		
Average Length of Stay - Direct Admissions	8.1	8.5	8.5	13.6	11.5	8.5	↑
Average Length of Stay - Transfer Admissions	11.3	11.5	11.5	13.2	12.2	11.5	→
Average Length of Stay - Stroke	15.2	0.0	0.0	21.7	19.2	18.0	↑
Long LoS (>30 days)	171	171	14	28	96	55	↑
MIUs							
Total MIU Activity [3]	41,788	41,788	4,195	4,227	19,703		
New MIU Attendances	36,179	36,179	3,688	3,774	17,563	17,094	↑
All Follow Up Attendances	5,609	5,609	141	453	2,140	2,784	↓
Planned Follow Up Attendances	4,382	4,382	390	313	1,567	2,284	↓
Unplanned Follow Up Attendances	1,227	1,227	117	140	573	500	↑
MIU Four Hour Breaches	5	5	0	0	2	2	
Average Waiting Time (Mins) - 95th Pctile	49	49	49	54	55	49	↑

Corporate Objective	Measure	Target 2019/2020	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Year to date 2019/20
COMMUNITY BASED SERVICES																
	Nursing activity (F2F)		17,603	16,162	18,344	17,736	16,370	16,906	15,122	15,029	16,124	17,342	15,532	16,410	13,531	78,939
	Therapy activity	65,415	5,804	5,104	6,019	6,007	4,802	5,373	5,180	4,717	5,234	5,312	5,288	6,735	5,401	27,970
	No. intermediate care urgent referrals [B]	2,059	159	162	182	182	157	189	156	164	184	189	177	186	173	909
	No. intermediate care placements		89	90	93	86	77	96	83	73	74	69	86	74	73	376
	Intermediate Care - placement average LoS [B]	12.0	12.2	14.3	15.8	15.4	15.4	18.1	13.6	18.7	18.9	18.4	15.6	17.3	15.5	17.3



The Community Hospital Dashboard highlights
Bed occupancy remains above planned levels to maintain capacity to respond to escalation pressures. The number of bed days lost due to delays in August is 562 (July 776).

Minor injury Units
In August no patients are recorded as having waited over 4 hours to be seen and treated.

Community based services highlights:
Nursing Community nursing and community outpatient activity targets are being reviewed through the productivity work currently underway. The latest month can show a lower level of activity to plan due to data entry lag.

Intermediate care urgent referrals There remains variation on rates of referral across different Integrated Service Units and this is being picked up through the locality review / Enhanced Intermediate Care meetings. Through the Community Productivity Programme there is a continued focus on the quality and consistency of data recording. The introduction of "SystmOne" 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). 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 and productivity work. There is an increasing number of delays waiting for social care asessment and implementation of packages of care from intermediate care placement.

Transfers of Care (DToC)- The number of bed days reported as lost to delayed transfers of care increased in August. The discharge HUB, a single point of contact for patients residing in both Torbay Authority and Devon County Council catchments, is established and helping manage discharge where simple packages of care are required. There are concerns that the number of patients being categorised as medical fit on our wards is increasing and a review of process to identify delayed transfers is being completed. As part of the urgent care improvement work the service improvement team is curretly focussing on weekend diacharges.

Operational Performance Focus

Month 5 (performance to end of August 2019)

NHS I Performance indicator Summary

STP / NHSI Operational Plan - Monitored indicators

Indicator	National Standard	Operational plan / revised trajectory (M5)	Trust performance (M5)
A&E 4hr waits (PSF)	95%	90.0%	79.4%
RTT 18 week waits	92%	81.5%	80.2%
62 day Cancer waits	85.0%	80.4%	76.6%
Diagnostics waits < 6 weeks	99.0%	90.3%	85.1%
Dementia Find	90%	90%	93.4%

NHSI Operational Plan indicators (Month 5)

Annual plan trajectories : It is noted that the annual plan trajectories reflect performance at the end of M12 2018/19. The table below sets out our monthly trajectory of improvement as agreed in our annual plan submission.

A&E: STF Trajectory (90%) **not met** - performance for August (79.4%).

RTT: RTT performance has seen little change in August with 80.2% of people waiting less than 18 weeks, slightly behind the Operational Plan trajectory of 81.5%. Against 52 weeks we have seen an increase from 84 last month to 105 this month, however, this remains within our plan trajectory of 115.

Cancer: National standard not met in August with 76.6% against standard of 85% and improvement trajectory (85.1%) - Recovery plans to deliver standard in Q2 are in place with weekly monitoring and escalation through Chief Operating Officer.

Diagnostics: The diagnostics trajectory is **not met with** 85.1% of patients waiting under 6 weeks. This is outside of our recovery trajectory to deliver improved performance in August to achieve 90.3% against the National standard 99%.

Dementia: The Dementia find standard is reported at 93.4% achieving the 90% standard**.**

NHSI - Annual Plan submitted performance trajectories

Indicator	National Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Accident and Emergency 4 hours	95%	78%	80%	83%	86%	90%	92%	92%	92%	92%	90%	90%	90%
Diagnostics Test Waiting Times	1%	13.65%	12.73%	11.75%	10.76%	9.74%	8.70%	8.26%	7.80%	7.33%	6.94%	6.55%	6.15%
Referral to Treatment % incomplete	92%	81.0%	81.0%	81.5%	81.5%	81.5%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%
RTT - 52 weeks	0%	94	103	110	120	115	103	75	47	32	22	12	0
Cancer Waiting Times - 62 Day GP Ref	85%	78.3%	79.8%	80.4%	82.8%	85.1%	85.5%	85.1%	85.1%	85.5%	85.3%	85.3%	85.3%

NHSI Indicator - Referral to Treatment

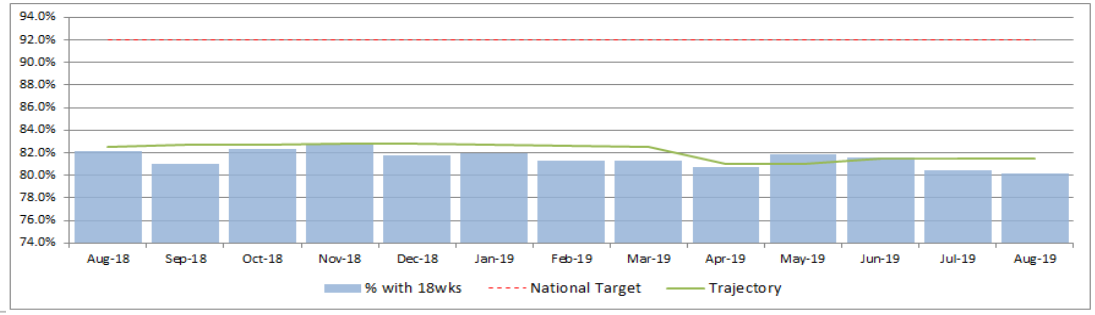
Services with greater than 100 patients waiting over 18 weeks

AUGUST 2019 Incomplete 92% Table - National Specialty

	>126			
Submitted Spec	complete	plete Ou	Grand To	% < 18v
Dermatology		114	1083	89.47
Gastroenterology	82	114	1523	87.13
Cardiology	36	214	1628	84.64
Neurology	1	109	552	80.07
Urology	145	146	1289	77.42
Colorectal Surgery	54	130	661	72.16
Trauma & Orthopaedics	533	139	2212	69.62
Upper Gastrointestinal Surgery	331	111	870	49.2
Orthodontics		153	255	40
Grand Total	2182	1702	19917	80.5

Referral to Treatment - Incomplete pathways

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Incomplete <18wks	15385	15204	15664	15522	15100	15111	15094	15772	15357	16002	16012	16069	16008
Incomplete >18wks	3338	3558	3354	3254	3366	3322	3472	3636	3661	3537	3629	3914	3953
% with 18wks	82.2%	81.0%	82.4%	82.7%	81.8%	82.0%	81.3%	81.3%	80.7%	81.9%	81.5%	80.4%	80.2%
National Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Trajectory	82.6%	82.7%	82.7%	82.8%	82.8%	82.7%	82.6%	82.5%	81.0%	81.0%	81.5%	81.5%	81.5%



Referral to Treatment - RTT: RTT performance has slipped slightly in August with the proportion of people waiting less than 18 weeks at 80.2%, this is behind the Operational Plan trajectory of 81.50% and national standard of 92%. The total number of incomplete pathways (waiting for treatment) has increased to 19,961 in August which is an increase of 22 from July and above our revised trajectory .

For August , 105 people will be reported as waiting over 52 weeks, this being an increase on last month's 83 but remains ahead of our re-forecast position of 115. The increase was planned for in the profile of the trajectory in anticipation of staff taking annual leave as well as the ongoing issues with Theatres A and B.

Theatres remedial works - is ongoing with current completion date 7th October 2019.

The Chief Operating Officer will update separately on the immediate impact and the development of options to address this loss of operating capacity and ongoing fragility of the theatre estate. Plans to mitigate the lost capacity include weekend working and outsourcing. Good progress is being made with successful in the uptake of weekend lists (being temporarily stood down in August), extended day surgery lists and continuation of outsourcing patients to the Nuffield (Plymouth). Work is also ongoing through DRSS to identify capacity across the STP both NHS and independent sector and match available capacity to Trusts with the longest waiters.

Risk: High : The trajectory for reducing the number ofpatients waiting over 52 weeks shows a more rapid improvement from Month 5. Teams h ave reviewed plans with teh Chief Operating officer and remain confident in delivering the additional activity needed to meet this improvement trajectory.

Delivery of the improvement trajectory remain reliant upon:

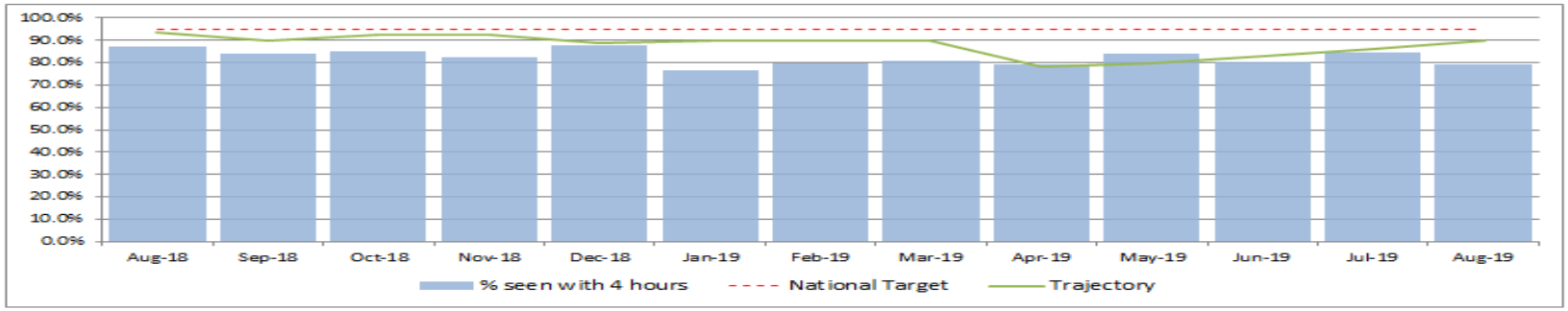
1. Theatres A+B returning to service wc 7th october
2. Theatre staffing and rostering of lists able to fully utilise the available theatre capacity
3. Continued us of weekend lists and extended days
4. Additional outsourcing as needed for procedure specific treatments arranged through the referral management service.
5. To protect elective inpatient capacity Trauma and Orthopaedics to retain protected beds through periods of escalation to reduce the number of cancelled operations through the winter months.

Management action: Led by the Chief Operating Officer plans are monitored through the Cancer / RTT Performance Risk and Assurance meeting with a ny outstanding risk escalated to the monthly Executive led Quality and Performance Review meetings.

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

A&E and MIU patients seen within 4 hours

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Patients	10595	9487	9276	8767	8458	8708	8168	9458	9611	10015	9942	10909	10741
4 hour breaches	1351	1539	1379	1557	1046	2054	1646	1798	2013	1586	1960	1715	2217
% seen with 4 hours	**87.2%**	**83.8%**	**85.1%**	**82.2%**	**87.6%**	**76.4%**	**79.8%**	**81.0%**	**79.1%**	**84.2%**	**80.3%**	**84.3%**	**79.4%**
National 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%
Trajectory	93.3%	90.0%	92.7%	92.7%	88.8%	90.0%	90.0%	90.0%	78.0%	80.0%	83.0%	86.0%	90.0%



Operational delivery: The Operational Plan trajectory for Accident and Emergency waiting times (less than 4 hours) is not met in August (90% trajectory) with 79.4**%** (84.3% last month).
Escalation: In August there were 0 days at Opel 1 and 7 days at Opel 4, the highest level of escalation; this being significantly higher to levels of performance for same period last year. The current level of performance remains a significant risk as we continue to focus on the improvement programme.
Improvement work streams: The three' task and finish' groups will be receiving additional improvement and project management support as following a review have not demonstrated sufficient robustness of plans or sufficient progress at this stage. The additional support will build on the excellent clini cal engagement and clinical leadership established across the 3 workstreams. The improvement workstreams will be reporting back to the ED delivery board and Improvement board.
The 3 groups are :

- Emergency floor and front door assessment - To improve the timeliness of clinical review, quality and safety of urgent and emergency patients from initial presentation to discharge or specialist care on an inpatient ward.
- Wards - To improve the quality, safety and minimise length of stay for urgent and emergency patients on inpatient wards.
- Home First - To enable safe and effective urgent and emergency care as close as possible to patients' home.

12 hour Trolley wait : In August, no patients are reported as having a trolley wait from decision to admit to admission to an inpatient bed of over 12 hours.
Ambulance Handovers : In August we have seen an increase in the number of ambulance delays over 60 minutes with 12 reported .

Escalation status

Opel status	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Opel 1	7	0	0	1	9	0	0	1	0	6	0	0	0
Opel 2	9	8	14	12	13	1	5	10	8	15	4	5	3
Opel 3	15	22	15	14	7	22	20	16	16	3	18	22	21
Opel 4	0	0	2	3	2	8	3	4	6	4	8	4	7
Performance	87.2%	83.8%	85.1%	82.2%	87.6%	76.4%	79.8%	81%	79.1%	84.2%	80.3%	84.3%	79.4%

Cancer treatment and cancer access standards

CWT Measure	Target	July 2019				August 2019			
		Within Target	Breached Target	Total	Performance	Within Target	Breached Target	Total	Performance
14 Day - 2ww referral	93%	1246	247	1493	83.5%	1094	216	1310	83.5%
14 Day - Breast Symptomatic referral	93%	90	1	91	98.9%	75	0	75	100.0%
31 Day 1st treatment	96%	208	6	214	97.2%	178	12	190	93.7%
31 Day Subsequent treatment - Drug	98%	82	0	82	100.0%	78	0	78	100.0%
31 Day Subsequent treatment - Radiotherapy	94%	69	3	72	95.8%	62	1	63	98.4%
31 Day Subsequent treatment - Surgical	94%	40	0	40	100.0%	35	2	37	94.6%
31 Day Subsequent treatment - Other		28	0	28	100.0%	24	0	24	100.0%
62 day 2ww / Breast	85%	90.5	18.5	109	83.0%	82	25	107	76.6%
62 day Screening	90%	15	1	16	93.8%	14.5	0	14.5	100.0%
62 day Consultant Upgrade		6	2	8	75.0%	4	1	5	80.0%

Cancer standards - Table above shows the forecast for August (as at 13th September 2019). *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 standards are not met in August

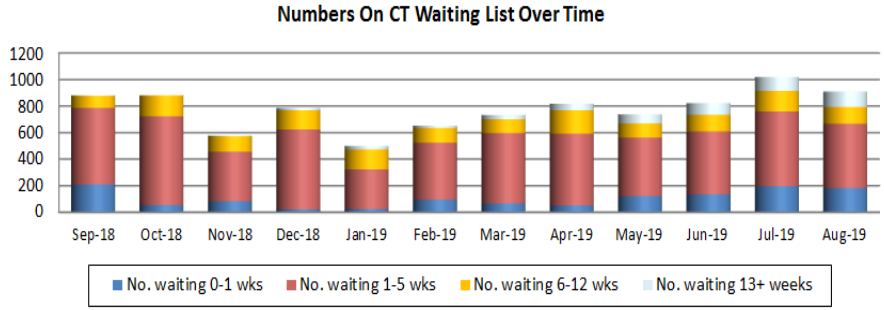
Urgent cancer referrals 14 day 2ww: At 83.5% in August this remains below the standard of 93% however improvement plane to increase capacity in Urology and lower GI pathways are on track.

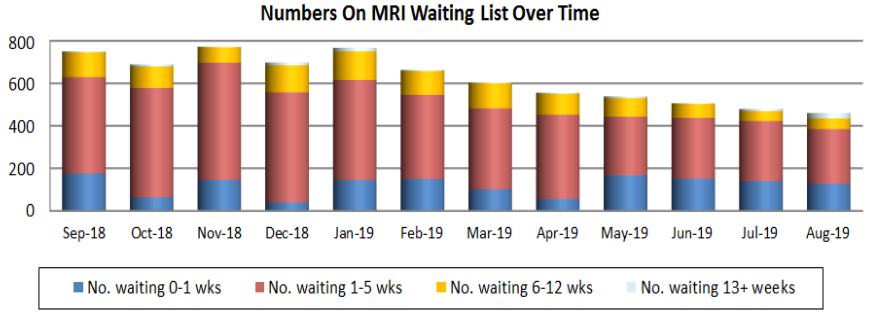
NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard has not been met in August at 76.6%.
Significant risk remains in the pathways for Urology and Lower GI however good progress with recruitment and plans to increase capacity are on track.

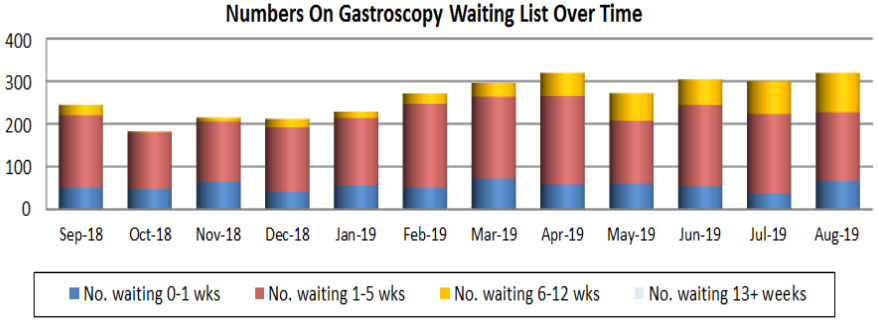
31 day from diagnosis to treatment: The standard has not been met in August.

Longest waits greater than 104 days on the 62 day referral to treatment pathway:
In August 7 patients with confirmed cancer were treated > 104 days. The number of patients being tracked over 62 days is being maintained with no significant change to historical levels.

NHSI indictor - patients waiting over 6 weeks for diagnostics

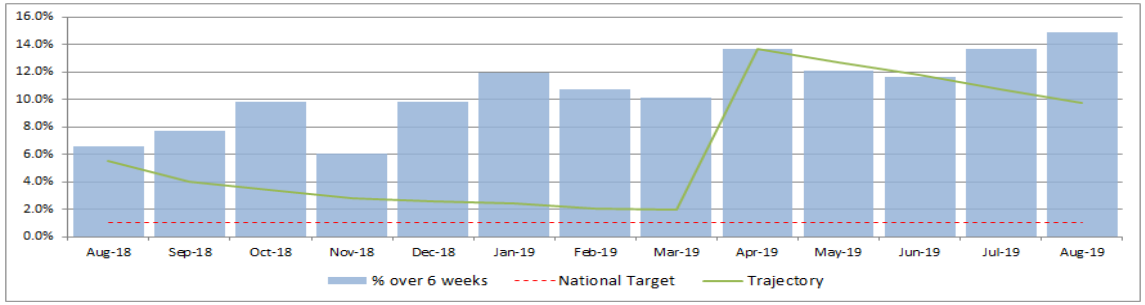






Diagnostic Tests Longer than the 6 week standard

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Patients	3377	4173	4027	3705	3863	3385	3934	4186	4201	3746	3893	3862	3586
Waiting longer than 6 weeks	222	323	396	225	379	405	421	423	575	454	454	527	535
% over 6 weeks	**6.6%**	**7.7%**	**9.8%**	**6.1%**	**9.8%**	**12.0%**	**10.7%**	**10.1%**	**13.7%**	**12.1%**	**11.7%**	**13.6%**	**14.9%**
National Target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Trajectory	5.54%	4.01%	3.40%	2.79%	2.55%	2.44%	2.08%	1.95%	13.65%	12.73%	11.75%	10.76%	9.74%



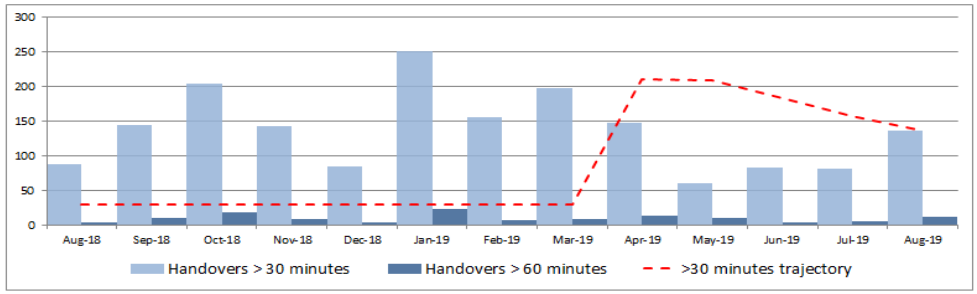
The percentage of patients with a diagnostic wait over 6 weeks increased in August to 14.9% (535 patients) and is not in line with planned trajectory.
Demand for CT and MRI is now exceeding maximum in house capacity (which includes extended days and weekend working) waiting time compliance is regularly borderline within CT and MRI services. Utilisation of mobile van capacity remains in place to support this capacity shortfall. Waiting times have improved for MRI and recovery plans to increase outsourcing and manage waiting times and cover the CT scanner replacement programme have been reviewed and approved.
The highest number of patients with long waits in August is for CT 242, MRI 76 and Gastroscopy 92 patients over 6 weeks. In CT there is a complex cohort of patients requiring cardiac contrast scans and virtual colonoscopy that form the majority of the patients showing as longest waits. There have been constraints in reporting capacity that has limited the volume of additional tests that can be performed. Additional outsourcing of reporting has been agreed and plans now in place to increase from early October the number of complex contrast scans that can be performed.

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

Other performance exceptions

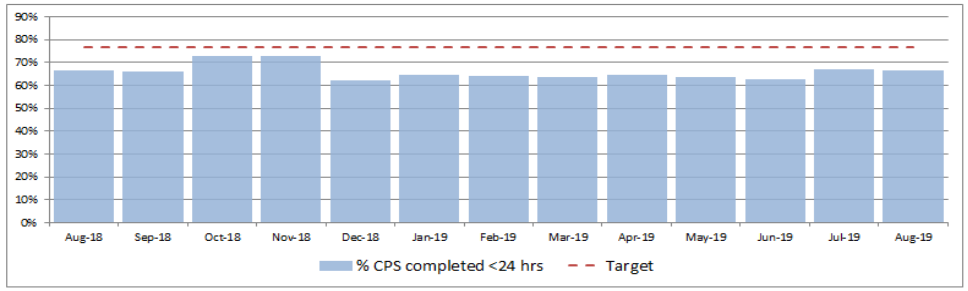
Ambulance handovers

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Handovers > 30 minutes	88	144	204	143	84	251	156	198	148	61	83	81	137
Handovers > 60 minutes	4	10	19	9	4	23	8	9	13	11	4	5	12
>30 minutes trajectory	30	30	30	30	30	30	30	30	210	209	183	157	136



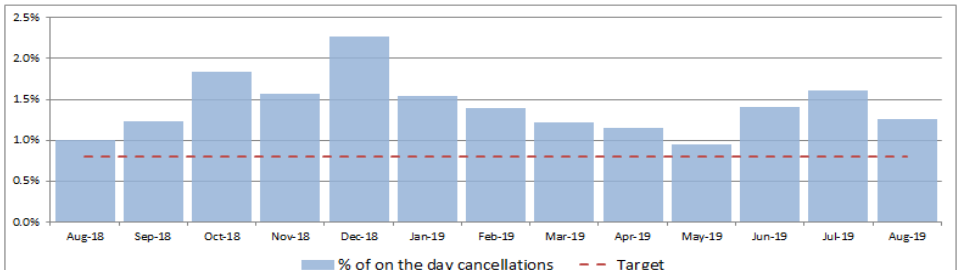
Care Plan Summaries completed with 24 hours of discharge - Weekday

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Discharges	1239	1016	1345	1283	1006	1135	976	1043	1094	1161	959	1214	1059
CPS completed within 24 hours	1859	1535	1851	1767	1621	1750	1525	1639	1690	1818	1526	1804	1593
% CPS completed <24 hrs	67%	66%	73%	73%	62%	65%	64%	64%	65%	64%	63%	67%	66%
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

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Cancellations	33	37	69	53	63	53	42	39	37	33	45	56	41
Elective spells	3292	3010	3766	3389	2782	3432	3016	3196	3218	3502	3198	3481	3248
% of on the day cancellations	1.0%	1.2%	1.8%	1.6%	2.3%	1.5%	1.4%	1.2%	1.1%	0.9%	1.4%	1.6%	1.3%
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 is above the planned trajectory. August has seen a deterioration of the improvement seen in May June and July with delays again becoming a significant concern. 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.

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.

Cancelled operations

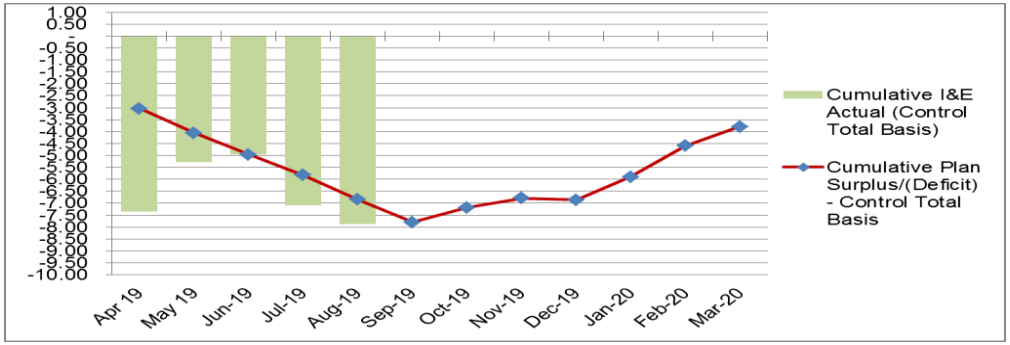
In August, the number of operations cancelled on the day of surgery for hospital reasons decreased to 41. This represents 1.3% of all elective procedures undertaken. In August we experienced further theatre infrastructure failure with ventilation plant issues resulting in lost lists. This contributing to 8 of the recorded cancellations on the day of surgery.

Theatre on the day cancellations - August	
Theatre unavailable	8
list overrun	15
Emergency patient	15
No bed	1
staffing	2
other	0

Finance Focus

Summary of Financial Performance

Current Performance



	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M
Income	204.42	(0.79)	203.63	203.21	(0.41)	496.18	495.51
Pay	(104.55)	(1.20)	(105.75)	(107.61)	(1.86)	(246.38)	(248.72)
Non Pay	(95.54)	2.37	(93.16)	(92.64)	0.52	(225.02)	(221.97)
EBITDA	**4.33**	**0.38**	**4.72**	**2.97**	**(1.75)**	**24.78**	**24.82**
Financing Costs	(8.24)	(0.02)	(8.26)	(8.09)	0.17	(20.08)	(20.12)
SURPLUS / (DEFICIT)	**(3.91)**	**0.36**	**(3.55)**	**(5.12)**	**(1.57)**	**4.70**	**4.70**
NHSI Exclusions	(0.06)	0.00	(0.06)	0.41	0.47	(0.14)	(0.14)
Plan Adjusted Surplus / (Deficit)	**(3.97)**	**0.36**	**(3.60)**	**(4.71)**	**(1.11)**	**4.56**	**4.56**
Remove PSF/MRET Income	(2.89)	0.00	(2.89)	(3.16)	(0.27)	(8.36)	(8.36)
Variance to Control Total (Excl PSF/MRET	**(6.85)**	**0.36**	**(6.49)**	**(7.87)**	**(1.38)**	**(3.80)**	**(3.80)**
Cash Balance	1.00			8.41	**7.41**	**3.83**	**3.83**
Capital Expenditure	5.60	(0.16)	5.44	2.99	**(2.45)**	**21.56**	**16.60**
CIP Delivery	3.97	0.00	3.97	3.73	**(0.24)**	**20.03**	**20.03**

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

Key Points

- The Trust has a Control Total for the year of a deficit of £3.80m, which excludes income relating to Provider Sustainability Fund (PSF) and Marginal Rate Emergency Tariff (MRET) totalling £8.36m.
- The financial position at this control total level as at 31st of August 2019 is a £7.87m deficit, which is a variance of £1.38m adverse against budget of £6.49m.
- In months 1 to 5 the Trust has also assumed it will earn the PSF and MRET funding of £2.89m (this assumes the Trust can deliver the control total). An additional PSF income for FY 2018/19 of £0.27m was received by the Trust.
- Total pay run rate in M5 (£21.4m) is higher in comparison to previous month (M4 £21.1m); this includes MARS value of £0.12m.
- Non pay expenditure run rate of £17.8m is lower by £2.20m compared to M4. Lower spend in M5 is due to: Drugs spend £0.56m (matched by Income); Clinical supplies £0.43m, impairment of receivables £0.19m, premises £0.38m, purchase of health/social care £0.15m, lower provisions £0.18m and various cost £0.31m.
- The CIP target for year to date is £4.0m of which £3.7m has been delivered; an adverse variance of £0.2m due to undelivered pay schemes offset by additional income and non pay schemes.
- The Trust has an annual savings target of £17.5m of which £14.5m have targets identified resulting in a £3.0m gap. (In addition there is a requirement to have an STP solution to the additional cost of the change in valuation methodology of assets under the latest Royal Institution of Chartered Surveyors (RICS) guidance. This equates to £2.5m for which no plans have yet been identified.) The CIP planning gap is therefore £5.5m. Of the forecast delivery only £8.1m (56%) is fully developed, the remainder is at either outline or definition stage and therefore subject to risk of non-delivery.
- Capital expenditure as at M5 is £2.99m. The full year plan is £21.56m.
- The Finance Risk Rating remains a 3 at M05, with the agency rating adverse.
- The Trust, at this stage of the financial year, is forecasting delivery of the control total in line with NHSE/I guidance, although this remains subject to delivery of the savings plans, national outcome on 52 week penalties and finalisation of contract discussions including NHSE and Torbay Council contracts, the application of the STP risk share with the consequent risks attached and mitigation of variable staffing pressures. The control total will not be achieved without significant further progress in the detailed specification and subsequent delivery of CIP plans and management of cost pressures.

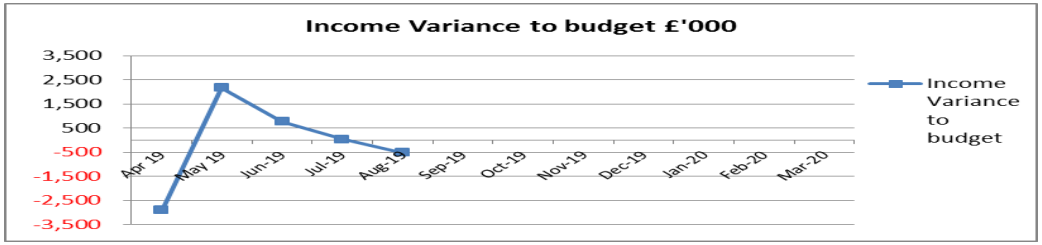
Summary of Financial Performance

	Month 5					Year to date								
	Current Month Plan	Re-Categorisation of Plan	Current Month Budget	Current Month Actual	Current Month Variance to Budget	Plan for Period YTD	Re-Categorisation of Plan	Budget for Period YTD	Actual for Period YTD	Variance to Budget YTD	Prior Month Variance YTD	Change	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M
Operating income from patient care activities	37.16	(0.04)	37.12	36.01	(1.10)	184.92	(0.98)	183.94	181.97	(1.98)	(0.87)	(1.10)	444.27	443.32
Other Operating income	3.83	0.14	3.97	4.56	0.60	19.50	0.19	19.68	21.25	1.56	0.97	0.60	51.91	52.19
Total Income	**40.99**	**0.10**	**41.09**	**40.58**	**(0.51)**	**204.42**	**(0.79)**	**203.63**	**203.21**	**(0.41)**	**0.10**	**(0.51)**	**496.18**	**495.51**
Employee Benefits - Substantive	(20.14)	0.08	(20.05)	(20.50)	(0.45)	(101.37)	(0.75)	(102.12)	(103.05)	(0.93)	(0.48)	(0.45)	(240.20)	(241.17)
Employee Benefits - Agency	(0.64)	(0.12)	(0.76)	(0.94)	(0.18)	(3.18)	(0.45)	(3.63)	(4.55)	(0.93)	(0.74)	(0.18)	(6.18)	(7.55)
Drugs (including Pass Through)	(2.94)	0.10	(2.84)	(2.54)	0.29	(14.69)	0.51	(14.18)	(13.97)	0.22	(0.08)	0.29	(35.26)	(34.02)
Clinical Supplies	(2.14)	0.01	(2.14)	(2.13)	0.01	(10.81)	(0.01)	(10.83)	(11.17)	(0.34)	(0.35)	0.01	(26.46)	(26.50)
Non Clinical Supplies	(0.42)	(0.04)	(0.46)	(0.38)	0.08	(2.14)	(0.02)	(2.16)	(1.95)	0.20	0.12	0.08	(4.88)	(4.91)
Other Operating Expenditure	(13.43)	0.09	(13.34)	(12.72)	0.62	(67.90)	1.90	(66.00)	(65.55)	0.44	(0.18)	0.62	(158.42)	(156.54)
Total Expense	**(39.71)**	**0.12**	**(39.59)**	**(39.21)**	**0.37**	**(200.08)**	**1.17**	**(198.91)**	**(200.24)**	**(1.33)**	**(1.71)**	**0.37**	**(471.40)**	**(470.69)**
EBITDA	**1.28**	**0.22**	**1.50**	**1.37**	**(0.13)**	**4.33**	**0.38**	**4.72**	**2.97**	**(1.75)**	**(1.61)**	**(0.13)**	**24.78**	**24.82**
Depreciation - Owned	(1.06)	(0.00)	(1.06)	(0.94)	0.12	(5.21)	(0.02)	(5.23)	(4.70)	0.53	0.41	0.12	(12.86)	(12.91)
Depreciation - donated/granted	(0.07)	0.00	(0.07)	(0.09)	(0.01)	(0.36)	0.00	(0.36)	(0.36)	0.00	0.01	(0.01)	(0.86)	(0.86)
Interest Expense, PDC Dividend	(0.62)	0.00	(0.62)	(0.60)	0.03	(3.09)	0.00	(3.09)	(2.99)	0.11	0.08	0.03	(7.36)	(7.36)
Donated Asset Income	0.08	0.00	0.08	0.00	(0.08)	0.42	0.00	0.42	0.02	(0.39)	(0.31)	(0.08)	1.00	1.00
Gain / Loss on Asset Disposal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Impairment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.07)	(0.07)	(0.07)	0.00	0.00	0.00
SURPLUS / (DEFICIT)	**(0.39)**	**0.22**	**(0.17)**	**(0.26)**	**(0.08)**	**(3.91)**	**0.36**	**(3.55)**	**(5.121)**	**(1.57)**	**(1.49)**	**(0.08)**	**4.70**	**4.70**
Adjusted Plan Position														
Donated Asset Income	(0.08)	0.00	(0.08)	0.00	0.08	(0.42)	0.00	(0.42)	(0.02)	0.39	0.31	0.08	(1.00)	(1.00)
Depreciation - Donated / Granted	0.07	0.00	0.07	0.09	0.01	0.36	0.00	0.36	0.36	(0.00)	(0.01)	0.01	0.86	0.86
Impairment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.07	0.07	0.00	0.00	0.00
Adjusted Plan Surplus / (Deficit)	**(0.40)**	**0.22**	**(0.19)**	**(0.17)**	**0.01**	**(3.97)**	**0.36**	**(3.60)**	**(4.71)**	**(1.11)**	**(1.12)**	**0.01**	**4.56**	**4.56**
NHSI Adjustment to Control Total														
Remove PSF/MRET Income	(0.62)	0.00	(0.62)	(0.62)	(0.00)	(2.89)	0.00	(2.89)	(3.16)	(0.27)	(0.27)	(0.00)	(8.36)	(8.36)
Variance to Control Total Excluding PSF/MRET	**(1.02)**	**0.22**	**(0.808)**	**(0.793)**	**0.014**	**(6.85)**	**0.36**	**(6.49)**	**(7.872)**	**(1.38)**	**(1.40)**	**0.01**	**(3.80)**	**(3.80)**

- The Control Total position in Month 5 is a deficit of £0.79m, which is slightly better than the £0.81m budgeted position after NHSI exclusions. There has been an improvement in the M5 position mainly in non pay and financing costs offset by increase in pay spend and lower income (net). For the year to date, the cumulative deficit of £7.87m is adverse against the budget.
- Patient care income is £1.1m behind budget in month 5 due to activity and contract income; cumulatively income is £1.98m lower than budget due to: lower contract healthcare activity £1.45m, council income £0.73m, private patient income £0.25m offset by client income £0.45m. Other income is £0.60m higher in M5. Cumulatively other income is £1.56m higher than budget due to: PSF of £0.27m, Education and Training income of £0.17m, TP income £0.50m, income CIP £0.30m and various other income £0.32m.
- Pay expenditure of £21.44m is £0.63m higher than budget in Month 5 due to: use of Bank £0.38m, Agency £0.18m, MARS cost £0.12m and CIP £0.03m offset by lower substantive staff cost of £0.08m. For the year to date, the pay position is £1.85m higher than budget due to undelivered CIP £1.00m, Bank and Agency spend £2.74m offset by Substantive vacancies and underspends £1.89m.
- Non-pay expenditure is £1.00m lower than budget in Month 5 due to underspends in: Drugs £0.29m (matched by Income), non clinical supplies £0.08m and operating expenditure £0.63m. Year to date there is a net underspend of £0.52m due to Drugs £0.22m, non clinical supplies £0.20m and operating cost of £0.44m offset by clinical supplies £0.34m.
- Depreciation/amortisation costs is £0.53m lower than budget, primarily due to asset life changes.

Income

Current Performance



Operating Income	Year to Date - Month 5					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Budget - (adv)/+fav	Change
	£m	£m	£m	£m	£m	£m	£m
Contract Healthcare	157.91	(0.67)	157.24	155.79	(1.45)	(0.97)	(0.48)
Council Social Care (inc Public Health)	21.60	(0.17)	21.43	20.70	(0.73)	(0.12)	(0.62)
Client Income	4.49	(0.26)	4.23	4.68	0.45	0.41	0.04
Private Patients	0.93	0.01	0.93	0.68	(0.25)	(0.18)	(0.07)
Other Income	0.00	0.11	0.11	0.11	0.00	0.00	(0.00)
Operating Income from patient care activities	**184.92**	**(0.98)**	**183.94**	**181.96**	**(1.98)**	**(0.86)**	**(1.12)**
Other Income	12.42	0.11	12.53	13.65	1.12	0.43	0.69
R&D / Education & training revenue	4.20	0.08	4.27	4.44	0.17	0.27	(0.10)
Provider Sustainability Fund (PSF) & MRET Income	2.89	0.00	2.89	3.16	0.27	0.27	0.00
Other operating income	**19.50**	**0.19**	**19.68**	**21.25**	**1.56**	**0.97**	**0.59**
Total	**204.42**	**(0.79)**	**203.62**	**203.21**	**(0.42)**	**0.11**	**(0.52)**

Contract income by Commissioner	Year to Date - Month 5					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Budget - (adv)/+fav	Change
	£m	£m	£m	£m	£m	£m	£m
Devon Clinical Commissioning Group (CCG)	97.18	(1.00)	96.18	96.10	(0.09)	(0.00)	(0.09)
NHS England - Area Team	3.08	0.00	3.08	2.95	(0.13)	(0.11)	(0.02)
NHS England - Specialist Commissioning	13.22	(0.13)	13.10	12.63	(0.47)	(0.12)	(0.36)
Acute Income - Other Commissioners	3.97	(0.05)	3.92	3.14	(0.78)	(0.64)	(0.14)
Sub-Total Acute Income	117.46	(1.18)	116.28	114.81	(1.47)	(0.87)	(0.60)
Devon CCG (Placed People and Community Health)	39.82	0.00	39.82	39.82	0.00	(0.00)	0.00
Community Income - Other Commissioners	0.63	0.51	1.14	1.16	0.02	(0.11)	0.12
Sub Total Community Income	40.45	0.51	40.96	40.97	0.02	(0.11)	0.12
Operating Income from patient care activities	157.91	(0.67)	157.24	155.79	(1.45)	(0.97)	(0.48)

Key points

- The agreement of the Devon CCG income plan has been reflected in the position from month 2. No penalties have been assumed for 52 week waits and no STP/ CCG risk share has been applied in months 1 to 5.
- Overall operating income is £0.42m behind budget for the year to date.
- Operating Income from Patient Care Activities in M5 is lower than budget by £1.98m.
- Within this, income from contract healthcare is £1.45m behind budget due to lower activity with: Specialist Commissioners linked to pass through drugs, adult critical care and chemotherapy; other commissioners re: dental and various healthcare activity.
- Council social care income is behind by £0.73m (*contract discussions are ongoing*).
- Client income is ahead by £0.45m as at M5.
- Private patient income is behind budget by £0.25m due to lower Outpatient activity.
- Other income is in line with plan at M5.

Income

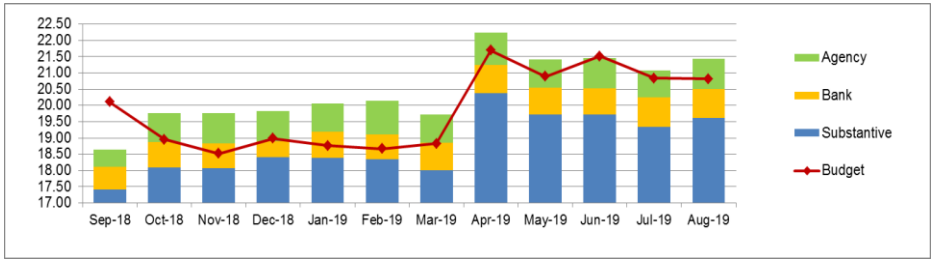
Other Operating Income	Year to Date - Month 5					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Plan - (adv)/+fav	Change
	£m	£m	£m	£m	£m	£m	£m
R&D / Education & training revenue	4.20	0.08	4.27	4.44	0.17	0.27	(0.10)
Site Services	0.96	0.05	1.02	1.07	0.05	0.06	(0.01)
Revenue from non-patient services to other bodies	1.99	0.10	2.10	2.08	(0.01)	(0.12)	0.11
Provider Sustainability Fund (PSF) & MRET Income	2.89	0.00	2.89	3.16	0.27	0.27	0.00
Misc. other operating revenue	9.46	(0.04)	9.42	10.49	1.08	0.49	0.59
Total	**19.50**	**0.19**	**19.68**	**21.25**	**1.56**	**0.97**	**0.59**

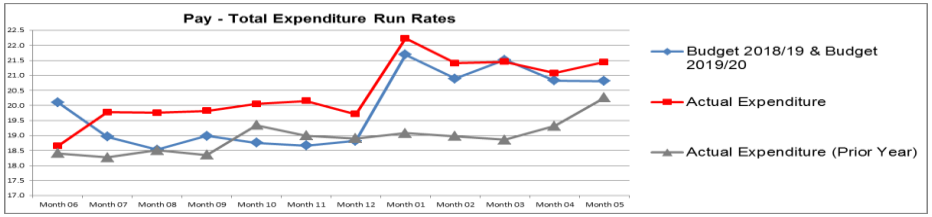
At Month 5, Other Operating income is £1.56m ahead of budget.
Key headlines / variances are:

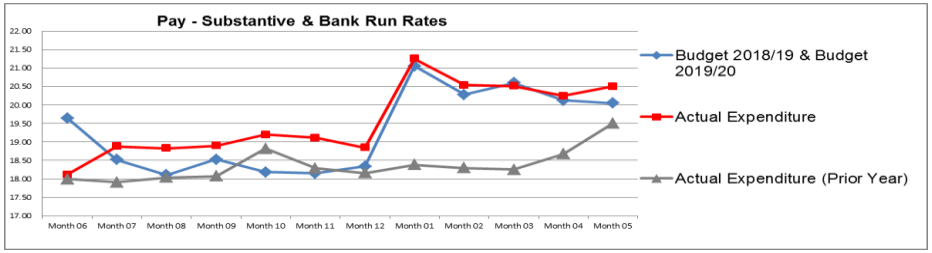
- R&D, Education and Grant income ahead of budget by £0.17m due to: higher SIFT/NMET/MADEL income of £0.02m and grant income of £0.37m for CYP training (matched by Cost) offset by lower apprentice levy paid to providers (matched by Cost) £0.18m and R&D income £0.04m.
- Site Services (Car Parking, Catering and Accommodation) income is slightly higher than budget by £0.05m.
- Non patient services to other bodies is slightly behind budget.
- Provider Sustainability Fund (PSF) and Marginal Rate Emergency Tariff (MRET) income is in line with plan at £2.89m for months 1-5. An additional PSF income for FY 2018/19 of £0.27m was received by the Trust.
- Other Income is higher than budget by £1.08m due to various income received £0.28m, income CIP £0.3m and higher TP sales of £0.50m (reprofiling of sales).

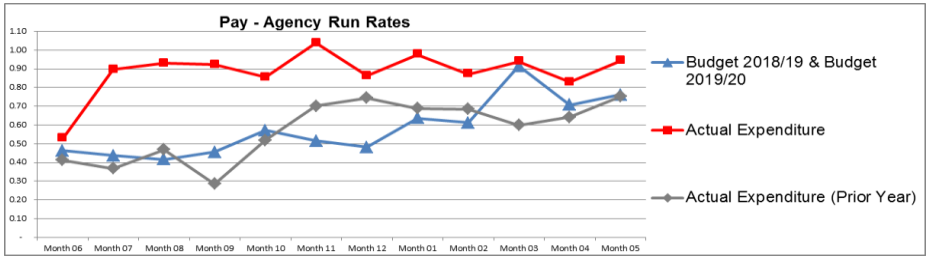
Pay Expenditure

Current Performance









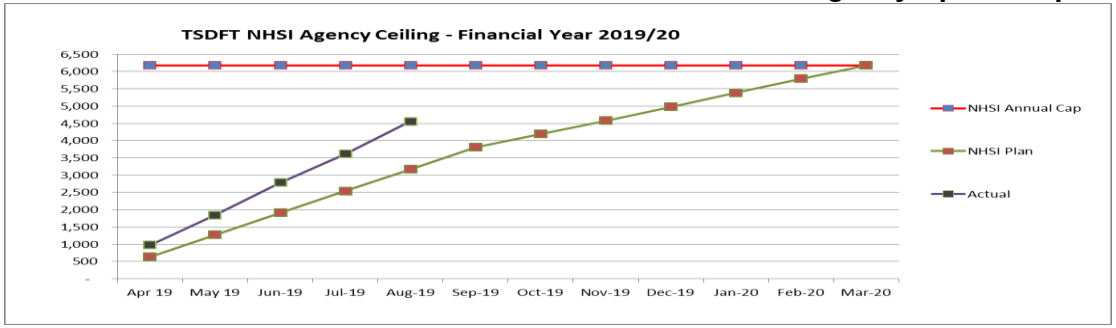
	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M
Medical and Dental	(22.10)	(0.57)	(22.67)	(23.76)	(1.09)	(52.78)	(53.55)
Nursing and Midwifery	(24.54)	(0.17)	(24.70)	(25.25)	(0.55)	(57.87)	(58.22)
Other Clinical	(40.37)	(0.13)	(40.49)	(39.58)	0.91	(94.71)	(95.41)
Non Clinical	(17.54)	(0.34)	(17.88)	(19.00)	(1.12)	(41.02)	(41.53)
Total Pay Expenditure	**(104.55)**	**(1.20)**	**(105.75)**	**(107.60)**	**(1.85)**	**(246.38)**	**(248.71)**

Key points

- Total pay costs are showing an overspend against year to date budget at Month 5 of £1.85m. This is due to undelivered CIP £1.00m, Bank and Agency spend £2.74m offset by Substantive vacancies and underspends £1.89m.
- In setting the annual plan, agency budgets were set in line with the Agency Cap. At Integrated Service Unit (ISU) level, there are overspends within most ISUs due to continued reliance on agency staff.
- Agency overspend of £0.93m is mainly due to increased use of Medical Staff £0.69m, Nursing and AHP staff £0.08m and non clinical/other staff £0.16m.
- Total pay run rate in M5 (£21.4m) is higher in comparison to previous month (M4 £21.1m); this includes MARS value of £0.12m.
- Agency run rate increased by £0.11m in M5 due to spend in Medical staff offset by lower Nursing agency cost.
- The Apprentice levy balance at Month 5 is £1,466,721 (£1,391,930 at month 4). The Trust's apprenticeship strategy is reviewed regularly and actions being taken are as follows: schemes are constantly developed, Trust colleagues are liaising with providers to offer a wide range of training/courses and the Trust is also looking to share the funding to partner organisations (per the Apprentice levy guideline). However the balance continues to grow and the risk of loss of unspent monies remains.

Pay Expenditure

Agency Spend Cap



Agency - All Staff Groups	April	May	June	July	August	YTD 2019-20
	£m	£m	£m	£m	£m	£m
Agency Plan 2019/20 (NHSI Cap)						
Planned Agency Cost	(0.64)	(0.64)	(0.64)	(0.63)	(0.63)	(3.17)
Total Planned Staff Costs	(21.57)	(20.71)	(20.71)	(20.77)	(20.77)	(104.53)
% of Agency Costs against Total Staff Cost	***2.9%***	***3.1%***	***3%***	***3%***	***3%***	***3%***
Agency Actual Costs 2019/20						
Agency Cost	(0.98)	(0.87)	(0.94)	(0.83)	(0.94)	(4.55)
Actual Staff Cost	(22.32)	(21.48)	(21.58)	(21.20)	(21.55)	(108.14)
% of Agency Costs against Total Staff Cost	***4.4%***	***4.1%***	***4%***	***4%***	***4%***	***4%***
Agency Cost vs Plan	(0.34)	(0.24)	(0.30)	(0.20)	(0.31)	(1.38)
% of Agency Costs against Total Staff Cost	***1.4%***	***1.0%***	***1%***	***1%***	***1%***	***1.17%***

Agency - Nursing	April	May	June	July	August	YTD 2019-20
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Agency Nurse Staff Cost	(0.36)	(0.29)	(0.30)	(0.30)	(0.24)	(1.49)
Actual Registered Nurse Staff Cost	(5.42)	(4.99)	(4.98)	(5.00)	(4.87)	(25.25)
% of Agency Costs against Nursing Staff Cost	***7%***	***6%***	***6%***	***6%***	***5%***	***6%***

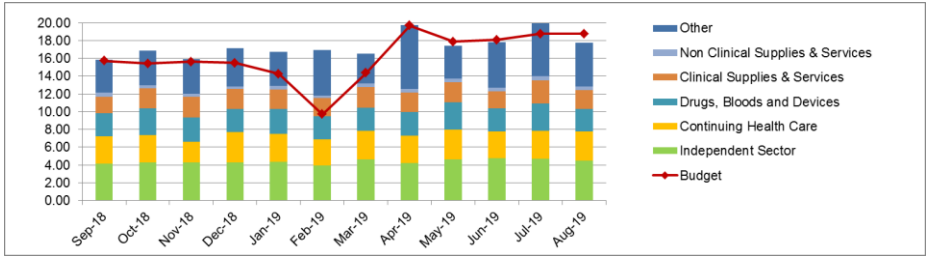
Agency - Medical Staff	April	May	June	July	August	YTD 2019-20
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Agency Medical Staff Cost	(0.55)	(0.53)	(0.51)	(0.43)	(0.61)	(2.63)
Actual Medical Staff Cost	(4.71)	(4.77)	(4.80)	(4.63)	(4.86)	(23.76)
% of Agency Costs against Medical Staff Cost	***12%***	***11%***	***11%***	***9%***	***12%***	***11%***

The overall Agency Cap for the Trust is £6.18m in FY 2019/20.

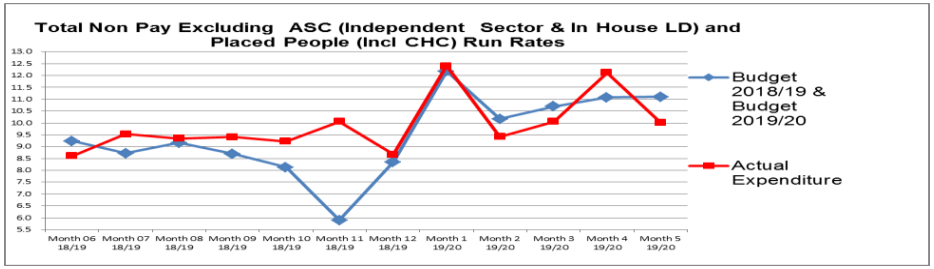
- Agency staff cost in Month 5 across all staff groups is £0.94m. This is £0.31m higher than the NHSI cap of £0.63m. The agency usage to date is £4.55m against a cap of £3.17m which is £1.38m higher.
- Majority of the adverse agency cost variance of £1.38m is within Medical staff £1.17m due to challenges in recruiting for this staff group and operational pressures.
- Nursing agency spend in Month 5 is £0.24m which is lower than plan. Spend in month decreased by £0.06m compared to M4.
- Medical agency spend is £0.61m in Month 5; year to date spend is £2.63m against a cap of £1.46m.
- The individual price rates for nursing and medical staff are all above NHSI individual shift rates.
- The full year cap of £6.18m will be a very challenging target to achieve given the rate of spend due to operational pressures, vacancy levels and difficulty in recruiting.
- The Trust recruitment initiatives are constantly reviewed and actions are being taken e.g. overseas nursing recruitment, medical staff recruitment and in house schemes like enhanced rate for HCA and Nursing bank pool.

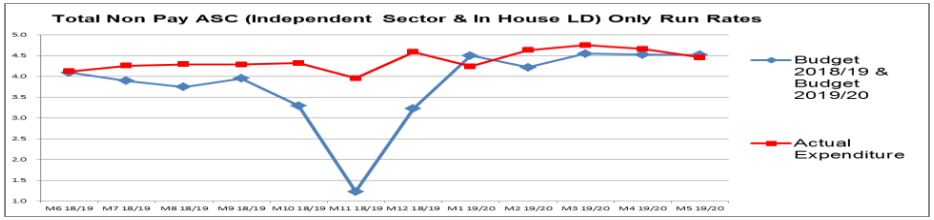
Non Pay Expenditure

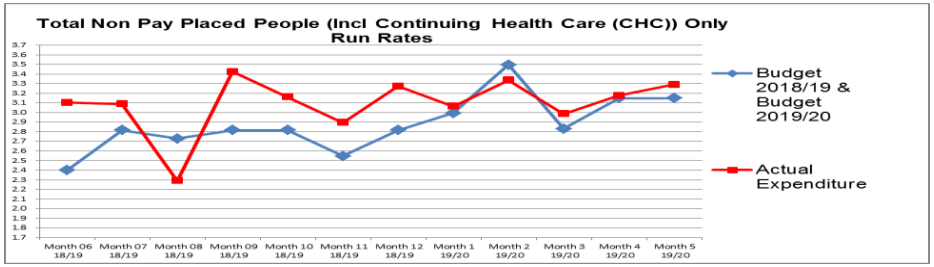
Current performance



Non Pay Expenditure	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Drugs, Bloods and Devices	(14.69)	0.51	(14.18)	(13.97)	0.22	(35.26)	(34.02)
Clinical Supplies & Services	(10.81)	(0.01)	(10.83)	(11.17)	(0.34)	(26.46)	(26.50)
Non Clinical Supplies & Services	(2.14)	(0.02)	(2.16)	(1.95)	0.20	(4.88)	(4.91)
Other Operating Expenditure	(33.35)	5.30	(28.05)	(26.94)	1.11	(75.77)	(65.78)
ASC (Independent Sector & In House LD)	(20.47)	(1.85)	(22.32)	(22.76)	(0.43)	(48.98)	(53.40)
Placed People (Incl Continuing Healthcare)	(14.07)	(1.55)	(15.62)	(15.85)	(0.23)	(33.67)	(37.35)
Total Non Pay Expenditure	**(95.54)**	**2.37**	**(93.16)**	**(92.64)**	**0.52**	**(225.02)**	**(221.97)**







Key Points

- Drugs, Bloods and Devices - Underspent by £0.22m mainly due to pass through for which income is similarly reduced for NHS England.
- Clinical Supplies – Spend is £0.34m higher than budget due to consumables and pacemakers £0.16m, medical and surgical equipment, appliances and hearing aids £0.11m, contract maintenance £0.10m, TP consumables and lab equipment £0.08m offset by Dressings £0.11m underspend.
- Non Clinical Supplies – underspend of £0.20m due to external service agreements (records management, storage and other non healthcare) £0.12m and domestic mats and uniform £0.08m.
- Other Operating Expenditure - underspent by £1.11m reflecting lower provision for Bad debt £0.72m, IT license cost deferral to next year of £0.63m, apprentice levy (matched by Income) £0.18m, courses £0.16m and lower spend on stationery, postage and telephony £0.19m; offset by higher training cost for CYP £0.38 (matched by Income), consultancy £0.13m, utilities £0.09m, Estate contracts £0.08m and injury benefit provision £0.09m.
- Adult Social Care (Independent sector) - Overspend by £0.43m mainly due to residential and domiciliary care spend £0.12m and unachieved CIP £0.31m.
- Placed People (including Continuing Healthcare) - overspend of £0.23m to date.

Financial Position by System

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M
Income	204.42	(0.79)	203.63	203.21	(0.41)	496.18	495.51
Pay	(104.55)	(1.20)	(105.75)	(107.61)	(1.86)	(246.38)	(248.72)
Non Pay	(95.54)	2.37	(93.16)	(92.64)	0.52	(225.02)	(221.97)
EBITDA	**4.33**	**0.38**	**4.72**	**2.97**	**(1.75)**	**24.78**	**24.82**
Financing Costs	(8.24)	(0.02)	(8.26)	(8.09)	0.17	(20.08)	(20.12)
SURPLUS / (DEFICIT)	**(3.91)**	**0.36**	**(3.55)**	**(5.12)**	**(1.57)**	**4.70**	**4.70**
NHSI Exclusions	(0.06)	0.00	(0.06)	0.41	0.47	(0.14)	(0.14)
Plan Adjusted Surplus / (Deficit)	**(3.97)**	**0.36**	**(3.60)**	**(4.71)**	**(1.11)**	**4.56**	**4.56**
Remove PSF/MRET Income	(2.89)	0.00	(2.89)	(3.16)	(0.27)	(8.36)	(8.36)
Variance to Control Total (Excl PSF/MRET	**(6.85)**	**0.36**	**(6.49)**	**(7.87)**	**(1.38)**	**(3.80)**	**(3.80)**

Key Drivers

The financial position at control total level as at 31st of August 2019 is a £7.87m deficit, which is £1.02m adverse against the plan of £6.85m.

Further analysis by Income and Expenditure categories at System level can be seen in the following tables:-

System	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
South Devon							
Income	69.38	(0.10)	69.29	68.87	(0.42)	165.50	165.22
Pay	(41.07)	(1.86)	(42.93)	(44.92)	(2.00)	(98.56)	(103.10)
Non Pay	(12.59)	(0.90)	(13.49)	(13.46)	0.03	(30.23)	(30.86)
Financing Costs	(0.75)	0.00	(0.75)	(0.75)	0.00	(1.79)	(1.79)
Surplus / (Deficit)	**14.97**	**(2.85)**	**12.12**	**9.73**	**(2.38)**	**34.92**	**29.47**

YTD - overspent £2.3m. Pay overspent £2.0m - being £584k CIP shortfall, Care of the Elderly Senior Medical staff £188k, Emergency Nursing and Support agency staff £547k, General medicine locums and Junior doctors £372k, General surgery mainly wards £136k. Stroke Senior Medical staff and Stroke ward £127k. YTD Non pay underspend £32k comprising an underspend of £575K mainly Surgical division phasing RTT funding in first part of the year, offset with CIP shortfall £262k, Equipment costs £100k, Rapid Response £60k, Drugs and other non pay costs £122k. Contract income adverse £420k.

	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
Torbay							
Income	98.96	1.68	100.63	100.04	(0.59)	236.65	240.56
Pay	(36.09)	(1.65)	(37.74)	(38.11)	(0.37)	(86.62)	(90.39)
Non Pay	(57.87)	(4.74)	(62.61)	(62.60)	0.01	(138.63)	(149.92)
Surplus / (Deficit)	**4.99**	**(4.71)**	**0.28**	**(0.67)**	**(0.95)**	**11.41**	**0.25**

Compared to budget there is a £950K overspend.
The biggest contributor is a £590K under recovery on **income** with the material factor being lower Torbay Council income than budgeted for (£500K).
In addition to this there is an overspend of £370K on **pay** which is primarily driven by the Paignton & Brixham ISU where the vacancy factor has not been achieved and locum costs are higher than budgeted for. Torquay is also experiencing pay issues mainly around senior cover required for gaps in Junior Doctor rotas (Child Health) and Midwifery staffing pressures. However, some of these pay pressures are being offset by underspends in Children & Family Health Devon.
Non Pay is break even but underlying this there are cost pressures on packages of care (CHC & ASC) and pacemakers. However, offsetting these there is currently slippage on IBCF schemes and a Radiology underspend where budgets are evenly profiled throughout the year but insourcing and replacement CT is profiled into the last half of the financial year.

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Shared Operations							
Income	1.47	(0.07)	1.40	1.39	(0.01)	3.53	3.36
Pay	(3.08)	(0.05)	(3.13)	(3.05)	0.08	(7.39)	(7.50)
Non Pay	(0.68)	0.02	(0.67)	(0.58)	0.09	(1.64)	(1.59)
Financing Costs	(0.02)	(0.00)	(0.02)	(0.02)	0.00	(0.05)	(0.05)
Surplus / (Deficit)	**(2.31)**	**(0.11)**	**(2.42)**	**(2.25)**	**0.16**	**(5.55)**	**(5.78)**

YTD - Shared Operations is underspent by £162K. Pay is £80k underspent mainly due to vacancies in Medical Electronics, Infection Control, HSDU and Clinical systems admin. Non pay is underspent by £90k mainly due to Equipment and Transport costs. Income is £10k adverse.

	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
Shared Corporate/TP							
Income	35.03	(2.30)	32.72	32.95	0.22	91.49	87.36
Pay	(24.31)	2.36	(21.95)	(21.53)	0.42	(53.81)	(47.73)
Non Pay	(29.95)	7.98	(21.98)	(21.13)	0.85	(68.25)	(53.38)
Financing Costs	(2.33)	0.00	(2.33)	(2.22)	0.10	(5.51)	(5.51)
Surplus / (Deficit)	**(21.56)**	**8.03**	**(13.53)**	**(11.93)**	**1.60**	**(36.08)**	**(19.25)**

Torbay Pharmaceuticals forecast on budget - see separate Board paper.
Shared Corporate Services overall over achieved CIP target by £446k.
Estates & Facilities over budget by £310k - continuing Domestics pay overspend and estates purchased contracts despite a reduction in expenditure in M05 - review to identify which costs are directly attributable to Theatres.
Executive Directors underspent by £811k, of which £833k non pay; general underspends plus underspend in Workforce Support in HR, slow start as the program is developed along with slippage on IT Business Cases.
R & D under spent by £35k due to variances within pay.
Reserves cost pressure £83k for SLA repayment and budget phasing adjustments to match submitted workforce plan.
Pharmacy Services year to date underspend £34k, of which £46k relates to additional income received.
Financing costs £83k adverse: depreciation £295k favourable primarily due to asset life changes, net interest £102k favourable, offset by donated asset income £392k adverse (outside control total) and impairment £75k adverse (outside control total).

Items outside of EBITDA

	Year to Date - Month 05			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Operating income/expenditure outside EBITDA					
Donated asset income	0.42	0.02	(0.39)	(0.31)	(0.08)
Depreciation/Amortisation	(5.57)	(5.05)	0.51	0.41	0.11
Impairment	0.00	(0.07)	(0.07)	(0.07)	0.00
Total	**(5.15)**	**(5.10)**	**0.05**	**0.02**	**0.02**
Non-operating income/expenditure					
Net interest expense (excluding PFI)	(0.83)	(0.72)	0.10	0.08	0.03
Interest and Contingent Rent expense (PFI)	(0.75)	(0.75)	0.00	0.00	0.00
PDC Dividend expense	(1.51)	(1.51)	(0.00)	(0.00)	(0.00)
Gain/loss on disposal of assets	0.00	0.00	0.00	0.00	0.00
Other	(0.01)	(0.01)	0.00	0.01	(0.00)
Total	**(3.09)**	**(2.99)**	**0.11**	**0.08**	**0.03**
Total items outside EBITDA	**(8.24)**	**(8.09)**	**0.15**	**0.11**	**0.05**

Key points

- Donated Asset Income is £0.4m adverse to Plan, due to delay in these charitable projects. NB this variance lies outside the NHSI Control Total.
- Depreciation/amortisation £0.5m favourable, primarily due to asset life changes.

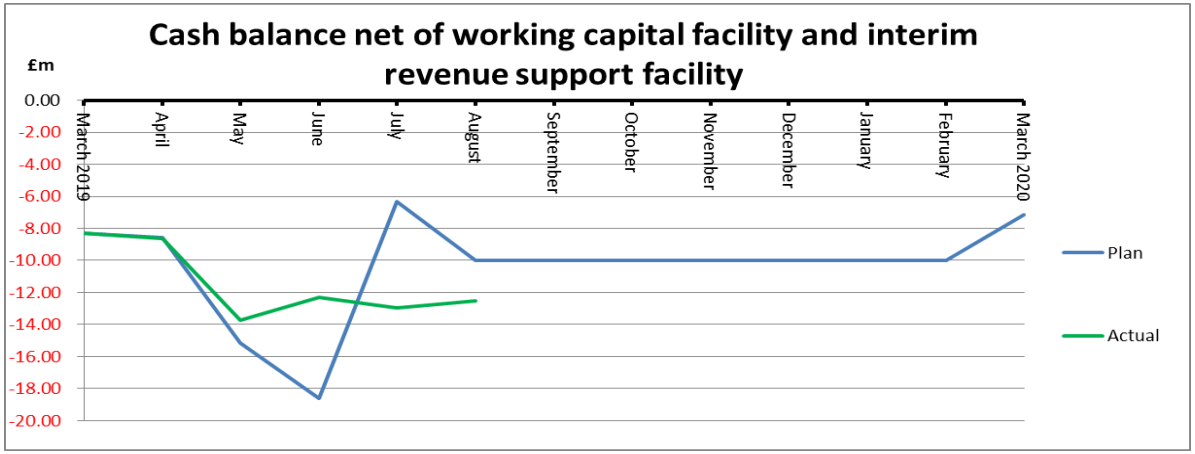
Balance Sheet

	Year to Date - Month 05			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Non-Current Assets					
Intangible Assets	12.00	11.68	(0.32)	(0.12)	(0.19)
Property, Plant & Equipment	174.72	172.93	(1.79)	(0.62)	(1.17)
On-Balance Sheet PFI	14.70	14.63	(0.07)	(0.07)	(0.00)
Other	1.14	1.12	(0.02)	(0.04)	0.01
Total	**202.56**	**200.36**	**(2.20)**	**(0.85)**	**(1.35)**
Current Assets					
Cash & Cash Equivalents	1.00	8.41	7.41	(7.19)	14.60
Other Current Assets	37.70	39.57	1.86	5.28	(3.41)
Total	**38.70**	**47.98**	**9.28**	**(1.91)**	**11.19**
Total Assets	**241.26**	**248.34**	**7.08**	**(2.76)**	**9.84**
Current Liabilities					
Loan - DH ITFF	(6.91)	(6.90)	0.00	0.00	0.00
PFI / LIFT Leases	(0.88)	(0.88)	0.00	(0.00)	0.00
Trade and Other Payables	(34.71)	(37.80)	(3.09)	0.64	(3.73)
Other Current Liabilities	(2.00)	(2.32)	(0.32)	(0.24)	(0.08)
Total	**(44.49)**	**(47.89)**	**(3.41)**	**0.41**	**(3.81)**
Net Current assets/(liabilities)	**(5.78)**	**0.09**	**5.87**	**(1.50)**	**7.37**
Non-Current Liabilities					
Loan - DH ITFF	(60.25)	(65.99)	(5.75)	0.55	(6.29)
PFI / LIFT Leases	(18.26)	(18.26)	(0.00)	(0.00)	0.00
Other Non-Current Liabilities	(7.25)	(6.38)	0.87	0.47	0.40
Total	**(85.76)**	**(90.64)**	**(4.88)**	1.01	(5.89)
Total Assets Employed	**111.02**	**109.81**	**(1.21)**	**(1.34)**	**0.13**
Reserves					
Public Dividend Capital	64.51	64.51	0.00	0.00	0.00
Revaluation	41.87	41.87	(0.00)	(0.00)	0.00
Income and Expenditure	4.64	3.43	(1.21)	(1.34)	0.13
Total	**111.02**	**109.81**	**(1.21)**	**(1.34)**	**0.13**

Key points

- Intangible Assets, Property, Plant & Equipment and PFI are £2.2m adverse. This is primarily due to capex £2.6m lower than planned, partly offset by depreciation £0.5m lower than planned.
- Cash is £7.4m higher than planned, as explained in the commentary to the Cash Flow Statement.
- Other Current Assets are £1.9m higher than Plan, primarily due to Torbay Council debtor £4.4m.
- Trade and Other Payables are £3.1m higher than Plan, primarily due to the timing of non-capital payments £1.7m, funding held for CCG £1.5m and income received in advance, partly offset by the paying down of the capital creditor £1.5m.
- Non-current DH loans are £5.8m higher than planned, due to delayed repayment of the Interim Revenue Support facility.
- Other Non-Current liabilities are £0.9m lower than Plan, principally due to reduced recognition of finance leases £0.9m.

Cash



	Year to Date - Month 05			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Opening cash balance (net of working capital facility)	**(8.29)**	**(8.29)**	**(0.00)**	**(0.00)**	**0.00**
Capital Expenditure (accruals basis)	(5.61)	(2.99)	2.62	1.15	1.47
Capital loan drawndown	0.00	0.00	0.00	0.00	0.00
Capital loan repayment	(0.99)	(0.99)	0.00	0.00	0.00
Proceeds on disposal of assets	0.30	0.00	(0.30)	(0.30)	0.00
Movement in capital creditor	(0.93)	(2.41)	(1.48)	(0.74)	(0.73)
Other capital-related elements	1.71	0.17	(1.54)	(0.98)	(0.56)
Sub-total - capital-related elements	**(5.52)**	**(6.21)**	**(0.70)**	**(0.87)**	**0.18**
Cash Generated From Operations	4.33	2.97	(1.36)	(1.45)	0.09
Working Capital movements - debtors	2.01	0.58	(1.43)	(4.85)	3.42
Working Capital movements - creditors	(0.58)	4.00	4.58	0.15	4.43
Net Interest	(1.57)	(1.00)	0.57	0.39	0.18
PDC Dividend paid	0.00	0.00	0.00	0.00	0.00
Other Cashflow Movements	(0.38)	(0.37)	0.01	0.01	0.00
Sub-total - other elements	**3.81**	**6.18**	**2.36**	**(5.76)**	**8.13**
Closing cash balance (net of working capital facility)	**(10.00)**	**(8.33)**	**1.67**	**(6.64)**	**8.31**

Closing cash balance	1.00	8.41	7.41	(7.19)	14.60
Closing working capital facility	(11.00)	(11.00)	0.00	0.00	0.00
Closing interim revenue support facility	0.00	(5.75)	(5.75)	0.55	(6.29)
Closing cash balance (net of working capital facility)	**(10.00)**	**(8.33)**	**1.67**	**(6.64)**	**8.31**

Key points

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

- Capital-related cashflow is £0.7m adverse, due in part to the paying down of the capital creditor £1.5m and delayed disposals £0.3m. While capital expenditure is £2.6m favourable, this is largely due to assets funded through non-cash methods such as finance leases £1.0m and donations £0.4m.

Other elements:

- Cash generated from operations is £1.4m adverse, due to EBITDA £1.4m adverse.

- Working Capital debtor movements is £1.4m adverse, primarily due to Torbay Council debtor £4.4m, partly offset by CCG £2.5m and MRET £1.6m.

- Working Capital creditor movements is £4.6m favourable, largely due to the timing of non-capital payments £1.7m, funding held for CCG £1.5m and income received in advance (incl HEE £0.6m).

Use of Interim Revenue Support facility

- The M05 position included cash balances and working capital loans both higher than planned. It was not feasible to offset the two, due due to the restriction on terms and conditions of the working capital facilities.

Capital

Current Performance

	Year to date Mth 05			Full Year		
	Budget £m	Actual £m	Variance to Budget £m	Budget £m	Forecast £m	Variance £m
Capital Programme	5.44	2.99	(2.45)	16.60	17.68	1.08
Significant Variances in Planned Expenditure by Scheme:						
HIS schemes	0.49	0.24	(0.27)	2.93	3.26	0.33
Estates schemes	2.73	1.40	(1.35)	5.40	5.81	0.40
Medical Equipment	1.80	0.82	(0.95)	6.14	6.48	0.34
Other	0.00	0.00	0.00	0.00	0.00	0.00
PMU	0.64	0.52	(0.11)	2.13	2.13	0.00
Contingency	0.00	0.00	0.00	0.00	0.00	0.00
Planned slippage	(0.22)	0.00	0.22	0.00	0.00	0.00
Total	5.44	2.99	(2.46)	16.60	17.68	1.08
Funding sources						
Secured loans	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
Strategic Estates P'shi	0.00	0.00	0.00	0.00	0.00	0.00
Finance Leases	1.44	0.33	(1.10)	6.51	7.05	0.54
PDC	0.00	0.00	0.00	0.93	0.93	0.00
Charitable Funds	0.42	0.02	(0.39)	1.00	1.00	0.00
Disposal of assets	0.00	0.00	0.00	0.00	0.00	0.00
Other Internal cash resources	3.59	2.65	(0.93)	8.16	8.70	0.54
Total	5.44	2.99	(2.46)	16.60	17.68	1.08

Key Points

- In April 2019 the Trust submitted a capital plan of £19.0m. In May 2019 the Trust submitted a revised capital plan of £21.6m.
- In July 2019, NHSI requested that the Trust propose a reduced capital plan - this was proposed at £16.6m. However, following an increase in national funding, NHSI abandoned this request. The Trust's official capital plan therefore remains at £21.6m but the Trust had adopted the £16.6m proposal as its capital budget.
- At 31st August, year to date capital expenditure is £2.9m; £2.5m underspent to budget (see table) and £2.6m underspent to Plan.
- The capital forecast of £17.7m is £1.1m adverse to budget - principally due to reductions in anticipated slippage and procurement savings.

Activity

setting	Annual Plan	YTD Plan	YTD Actual	Cumulative variance Current Month	Cumulative variance Previous Month	% variance to plan
Day Case	34,014	14,862	14,556	-306	740	-2%
Elective	3,640	1,551	1,485	-66	-117	-4%
Non-Elective Emergency	29,367	12,220	11,458	-762	-1,411	-6%
Non-Elective Non-Emergency	2,815	1,196	1,110	-86	-82	-7%
Non-Elective CDU	4,605	1,971	1,900	-71	-117	-4%
Non-Elective AMU	3,859	1,623	1,962	339	75	21%
TOTAL APC	**78,300**	**33,423**	**32,471**	**-952**	**-912**	-3%
New	107,867	45,724	44,892	-832	-978	-2%
F-Up	260,030	110,620	110,155	-465	319	0%
TOTAL OPA	**367,897**	**156,344**	**155,047**	**-1,297**	**-659**	-1%
A&E	79,199	35,273	35,327	54	-158	0%

Activity variances to plan -Month 5

Activity variances for M5 against the contract activity plan are shown in the table opposite. In M5, Day Case and Outpatient activity is behind plan. Non Elective Emergency activity is behind plan. AMU activity is above plan.
At treatment function level the greatest variance in day cases is within Gastroenterology where activity is 266 attendances below plan (in PBR terms £128K).

Within Outpatients, the specialties with the greatest variances are: Colorectal Surgery which is 197 New attendances above plan (in PBR terms £24k), and Gynaecology which is 201 attendances above plan (in PBR terms £42k). Vascular Surgery is 440 attendances below plan (in PBR terms £-53k), and Ophthalmology is 499 attendances below plan (in PBR terms £-60k).

For Follow Ups, Gynaecology is 415 attendances above plan (in PBR terms £16K). Ophthalmology is 310 attendances below plan (in PBR terms -£54k).

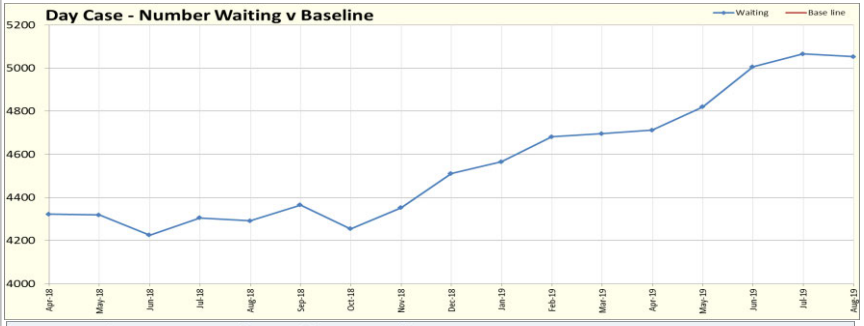
The committee is asked to note: Month 5 access standards.

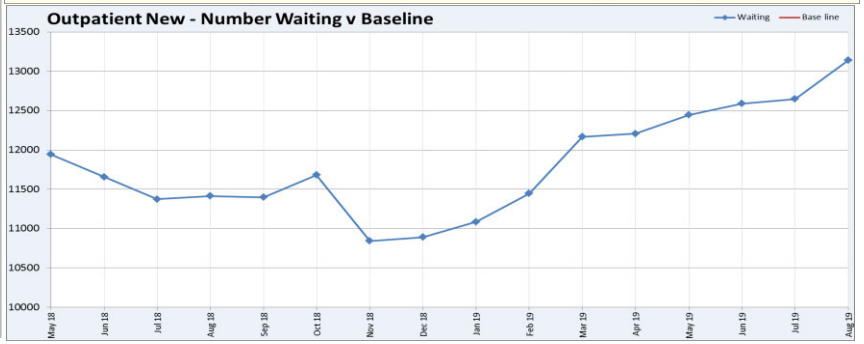
Plans for 19/20 and beyond require overall increase in activity run rate to deliver waiting time access targets. Overall numbers of inpatient's waiting are being maintained at recent levels however we are seeing a continued almost unbroken trend in increasing number of patients waiting for new outpatient appointment and Daycase admissions since November 2018. This is of increasing concern given that our plans are to stabilise these increases and start to reduce the numbers and length of time patients are waiting.

We are however, continuing to maintain progress against our trajectory of managing our longest waits over 52 weeks from referral to treatment (RTT).

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

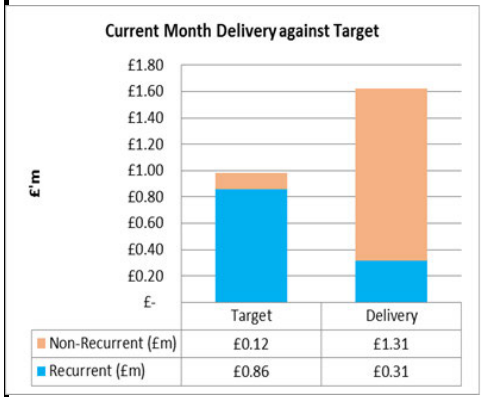
It is noted that new referrals for initial outpatient assessment over a rolling 12 month period are remaining at historical levels with 1% growth, however there is a large increase in the number referred on an urgent two week wait cancer pathway of 10% on the rolling year to date.



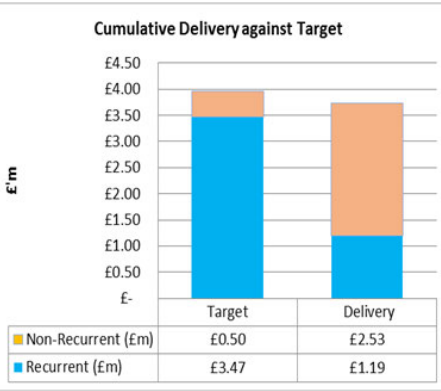


CIP Delivery: Current Month, Cumulative & Forecast

a) Current Month Delivery against Target

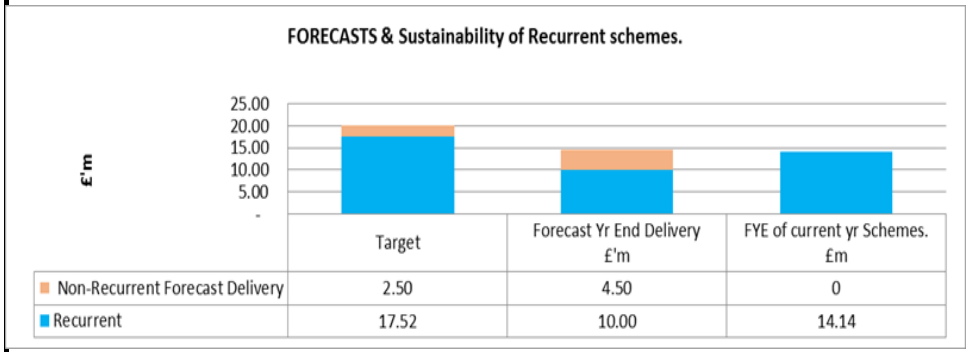


	Target	Delivery
Non-Recurrent (£m)	£0.12	£1.31
Recurrent (£m)	£0.86	£0.31



	Target	Delivery
Non-Recurrent (£m)	£0.50	£2.53
Recurrent (£m)	£3.47	£1.19

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



	Target	Forecast Yr End Delivery £'m	FYE of current yr Schemes. £m
Non-Recurrent Forecast Delivery	2.50	4.50	0
Recurrent	17.52	10.00	14.14

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

Summary:

-Current Month variance: £0.6m surplus

-Cumulative variance: £0.2m shortfall

The current month position shows CIP delivery of £1.6m, a £0.6m surplus against £1.0m target.

The year to date CIP achieved is £3.7m, a cumulative shortfall of £0.2m against a £4.0m target.

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

Target: £20.0m
Year End Forecast Delivery: £14.5m
Shortfall: £5.5m

Target: The CIP target shown is £20.0m of which £17.5m is recurrent and £2.5m is Non-Recurrent.

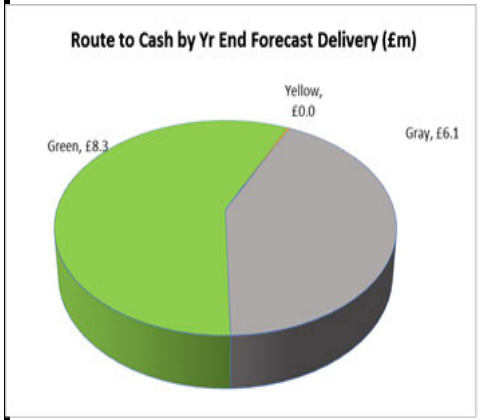
A total of £14.5m of Forecast Out-Turn delivery has been identified, resulting in a £5.5m shortfall FOT position.

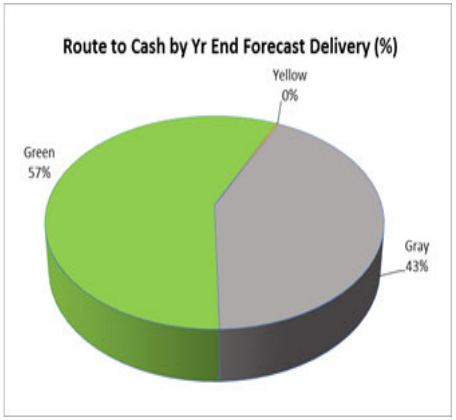
The FYE forecast delivery for 19/20 projects is £14.14m.

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

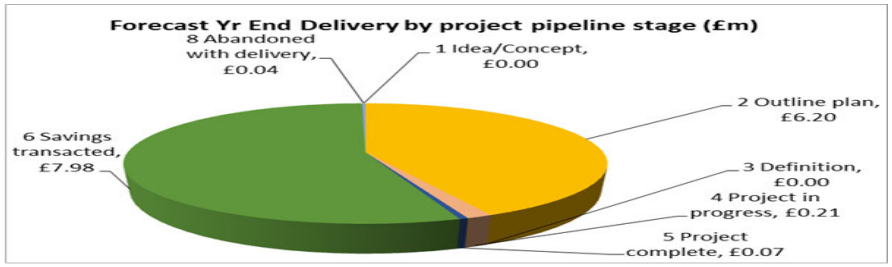
CIP- Delivery Assurance - Year end delivery forecast

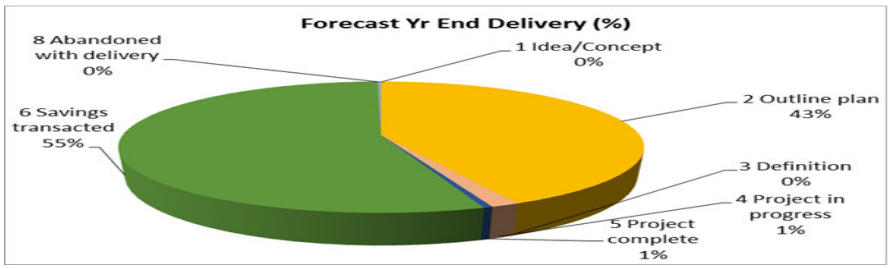
c) CIP Delivery Assurance- Route to Cash (RTC)





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





(c) CIP Delivery Assurance for identified projects - Route to Cash

Steady progress is being achieved with £6.3m of projects rated as Green RTC. £6.1m rated as Grey (Predominantly Transformational schemes-RTC To be assessed).

The Grey project forecast value of £6.1m comprises mainly Transformational CIP projects. As part of our quality assurance programme, these projects have been subject to a deliverability peer review, involving Executive Director leads. The initial feedback from this review has recognised there is a need to redesign and refocus part of the programme to ensure we deliver tangible cash releasing savings against plan. This work is being led by our recently appointed new Director of Transformation & Partnerships and forms part of a wider strategic service redesign project. We will have more accurate assessment of delivery and delivery risk in by 20th September 2019. Our overall assessment is that the programme is not significantly different to the position declared in Months 3 and 4, so we have not significantly changed the declared risk profiles.

(d) CIP Delivery Assurance:- Pipeline stage

Of the projects comprising the £14.5m forecast out-turn delivery:

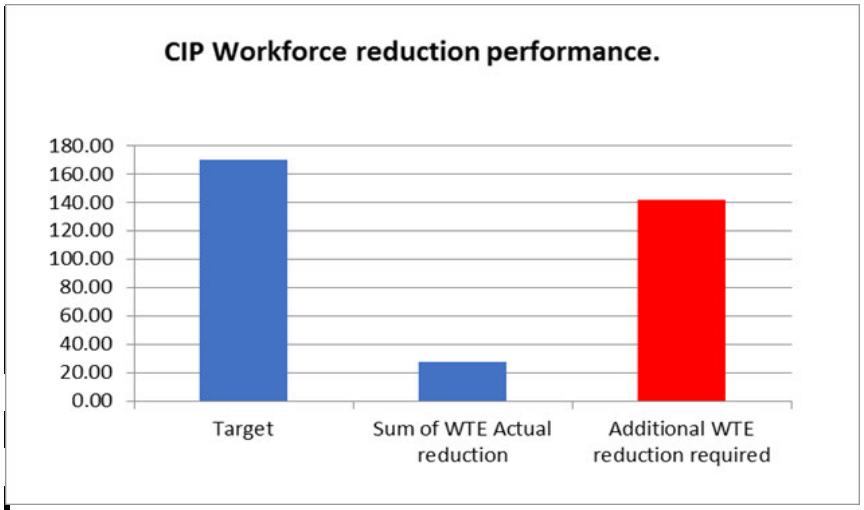
£8.1m (56%) of projects are either delivering savings or are complete, pending savings delivery.

£0.2m (1%) relates to schemes which are in progress.

£6.2m (43%) relates to schemes where definitions are complete and validated or outline plans are validated.

CIP- Delivery Assurance - Year end delivery forecast

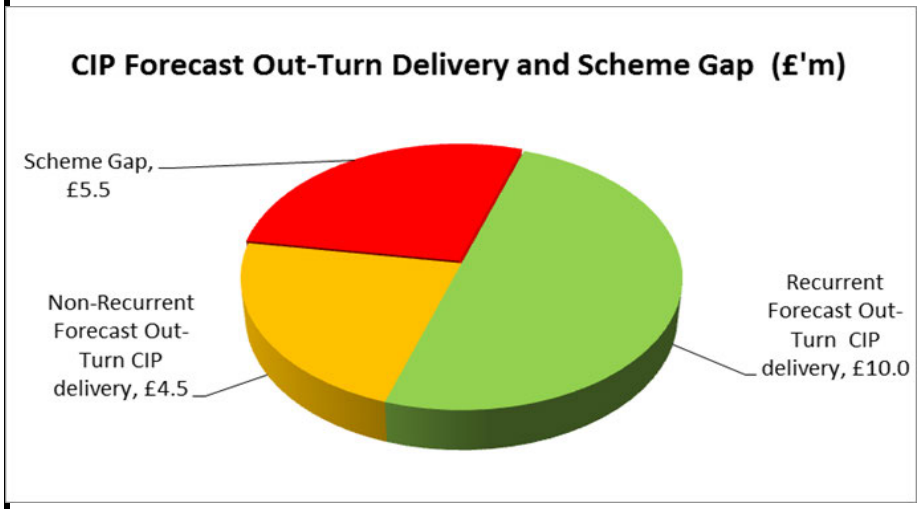
e) CIP Workforce reduction against plan



e) CIP Workforce forecast reduction

Based on the latest forecast we are significantly behind our workforce reduction target.

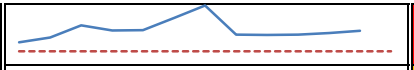
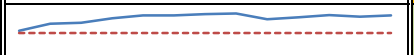
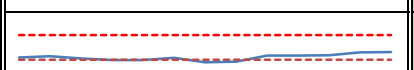
f) CIP Scheme Gap- Value of additional schemes required to be identified



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

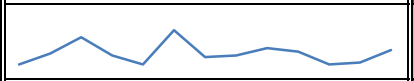
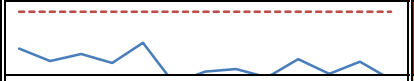
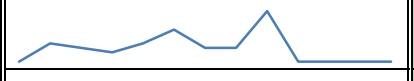
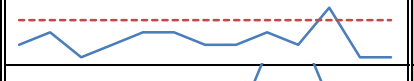
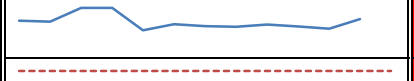
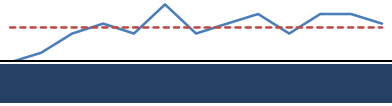
Assuming all schemes deliver against the current £14.5m Forecast out-turn, we would need to identify a further £5.5m of projects to deliver the Trust's CIP target.

Corporative Objective		Target 2019/2020	13 month trend	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Year to date 2019/20
QUALITY LOCAL FRAMEWORK																	
1	Safety Thermometer - % New Harm Free	>95%		96.8%	97.1%	97.5%	96.1%	96.9%	97.8%	96.4%	96.7%	96.3%	95.4%	96.8%	96.8%	97.3%	96.5%
1	Reported Incidents - Severe *	<6		0	0	1	1	0	2	0	1	1	0	3	2	2	8
1	Reported Incidents - Deaths *	0		0	0	1	1	0	0	0	0	0	2	0	0	0	2
1	Medication errors resulting in moderate harm	0		0	0	0	0	0	0	0	0	2	1	0	0	1	4
1	Avoidable New Pressure Ulcers - Category 3 + 4 * (1 month in arrears)	9 (full year)		0	1	0	0	1	2	0	1	2	0	0	0		2
1	Never Events	0		1	0	0	1	0	0	0	0	0	1	0	0	0	1
1	Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	0		4	8	3	5	2	3	5	5	2	7	4	2	5	20
1	QUEST (Quality Effectiveness Safety Trigger Tool) - Red Rated Areas / Teams	0		0	0	0	0	0	0	0	0	0	0	0	2	2	4
1	Formal Complaints - Number Received *	<60		19	26	28	17	18	19	21	32	13	20	24	31	23	111
1	VTE - Risk assessment on admission - (Acute)	>95%		91.1%	92.6%	91.6%	93.0%	91.8%	92.1%	89.2%	90.5%	89.2%	90.9%	91.0%	92.2%	90.1%	90.7%
1	VTE - Risk assessment on admission - (Community)	>95%		93.2%	100.0%	97.9%	96.8%	97.9%	97.7%	97.8%	91.5%	98.9%	100.0%	97.5%	97.8%	98.7%	98.6%
1	Hospital standardised mortality rate (HSMR) - 3 months in arrears	<100%		68.4%	101.6%	99.3%	98.4%	89.4%	87.1%	94.8%	89.5%	98.4%	111.3%				94.7%
1	Safer Staffing - ICO - Daytime (registered nurses / midwives)	90%-110%		99.0%	103.6%	105.7%	104.0%	102.4%	103.8%	104.0%	104.0%	98.5%	91.7%	90.9%	90.1%	90.1%	92.1%
1	Safer Staffing - ICO - Nightime (registered nurses / midwives)	90%-110%		103.3%	105.0%	106.7%	103.2%	101.4%	102.1%	103.2%	103.2%	98.5%	91.8%	93.7%	92.8%	92.8%	93.8%
1	Infection Control - Bed Closures - (Acute) *	<100		8	18	58	16	18	42	66	0	4	42	12	36	63	157
1	Hand Hygiene	>95%		96%	95%	96%	92%	95%	94%	96%	90%	92%	88%	94%	94%	95%	92%
1	Fracture Neck Of Femur - Time to Theatre <36 hours	>90%		62.5%	66.7%	68.3%	71.1%	70.0%	67.5%	80.0%	78.4%	50.0%	73.3%	62.5%			62.0%
1	Stroke patients spending 90% of time on a stroke ward	>80%		92.9%	95.1%	93.5%	83.3%	85.5%	82.9%	89.1%	79.7%	93.8%	75.5%	79.1%	86.8%	80.4%	83.1%
1	Stroke - SSNAP level	No target		B	B	B	B	B	C	C	C						#N/A
1	Elective Overnight Bed Days (excluding Audiology)	3500		6858	6566	6020	5630	5993	5300	5356	5783	6103	6459	6803	6906	7103	6803

Corporative Objective		Target 2019/2020	13 month trend	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Year to date 2019/20
WORKFORCE MANAGEMENT FRAMEWORK																	
2	Staff sickness / Absence (1 month arrears) Rolling 12 months	<3.8%		4.02%	4.14%	4.44%	4.31%	4.32%	4.62%	4.92%	4.21%	4.20%	4.21%	4.25%	4.30%		4.30%
2	Appraisal Completeness	>90%		80.61%	81.12%	80.45%	78.97%	79.31%	78.31%	79.55%	78.93%	80.00%	80.00%	79.00%	80.00%	78.00%	78.00%
2	Mandatory Training Compliance	>85%		85.77%	88.03%	88.40%	89.88%	90.81%	90.73%	91.21%	91.36%	89.52%	90.20%	90.88%	90.32%	90.80%	90.80%
2	Turnover (exc Jnr Docs) Rolling 12 months	10% - 14%		10.35%	10.58%	10.18%	9.96%	9.94%	10.33%	9.55%	9.67%	10.68%	10.69%	10.75%	11.21%	11.23%	11.23%

Corporative Objective		Target 2019/2020	13 month trend	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Year to date 2019/20
COMMUNITY & SOCIAL CARE FRAMEWORK																	
1	Number of Delayed Discharges (Community) *	16/17 Avg 315		232	272	226	247	375	344	266	278	370	356	419	508	562	2215
1	Number of Delayed Transfer of Care (Acute)	16/17 Avg 64		182	164	261	256	171	246	176	137	149	185	97	101	112	644
1	Timeliness of Adult Social Care Assessment assessed within 28 days of referral	>70%		72.6%	73.5%	74.1%	74.5%	74.7%	74.8%	75.6%	76.1%	76.4%	77.0%	74.6%	77.0%	72.5%	72.5%
3	Clients receiving Self Directed Care	>90%		93.5%	93.0%	92.8%	92.0%	92.1%	91.4%	90.7%	91.7%	91.1%	90.8%	90.3%	90.3%	90.1%	90.1%
2	Carers Assessments Completed year to date	40% (Year end)		9.9%	13.3%	16.3%	19.9%	22.1%	23.7%	26.3%	29.3%	3.6%	7.8%	13.2%	18.6%	23.2%	23.2%
	Carers Assessment trajectory			15.0%	18.0%	21.0%	24.0%	27.0%	30.0%	33.0%	36.0%	3.0%	6.0%	9.0%	12.0%	15.0%	15.0%
3	Number of Permanent Care Home Placements	<=617 (Year end)		625	619	629	633	627	615	615	605	602	619	631	629	634	634
	Number of Permanent Care Home Placements trajectory			630	630	630	630	630	630	630	630	600	600	600	600	600	600
1	Children with a Child Protection Plan (one month in arrears)	NONE SET		168	170	146	148	172	170	186		170	186	201	228		228
3	4 Week Smoking Quitters (reported quarterly in arrears)	NONE SET			138			192			300						
3	Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	NONE SET			7.1%			5.4%			4.9%						
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%	100.0%	100.0%
1	Bed Occupancy	80% - 90%		89.5%	90.7%	92.7%	92.5%	90.7%	94.3%	94.7%	92.8%	93.9%	91.4%	90.5%	94.0%	95.3%	95.3%
1	CAMHS - % of patients waiting under 18 weeks at month end	>92%		93.7%	86.2%	91.9%	90.0%	93.7%	89.4%	90.8%	90.3%	87.6%	84.0%	80.7%	82.7%	82.9%	82.9%
1	DOLS (Domestic) - Open applications at snapshot	NONE SET		605						485	474	532	550	514	567	563	563
1	Intermediate Care - No. urgent referrals	113		159	162	182	182	157	189	156	164	184	189	177	186	173	909
1	Community Hospital - Admissions (non-stroke)	18/19 profile (+/- 10%)		267	238	259	256	236	279	222	257	258	249	218	194	204	1123

Corporative Objective		Target 2019/2020	13 month trend	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Year to date 2019/20
NHS I - OPERATIONAL PERFORMANCE (NEW SINGLE OVERSIGHT FRAMEWORK FROM OCTOBER 2017)																	
1	A&E - patients seen within 4 hours	>95%		87.2%	83.8%	85.1%	82.2%	87.6%	76.4%	79.8%	81.0%	79.1%	84.2%	80.3%	84.3%	79.4%	81.5%
1	Referral to treatment - % Incomplete pathways <18 wks	>92%		82.2%	81.0%	82.4%	82.7%	81.8%	82.0%	81.3%	81.3%	80.7%	81.9%	81.5%	80.4%	80.2%	80.2%
	RTT Trajectory			82.6%	82.7%	82.7%	82.8%	82.8%	82.7%	82.6%	82.5%	81.0%	81.0%	81.5%	81.5%	81.5%	81.5%
1	Cancer - 62-day wait for first treatment - 2ww referral	>85%		77.6%	85.5%	74.0%	80.1%	80.6%	74.5%	69.6%	73.7%	80.2%	86.8%	79.2%	84.2%	76.6%	81.4%
1	Diagnostic tests longer than the 6 week standard	<1%		6.6%	7.7%	9.8%	6.1%	9.8%	12.0%	10.7%	10.1%	13.7%	12.1%	11.7%	13.6%	14.9%	13.2%
1	Dementia - Find - monthly report	>90%		95.6%	86.0%	90.9%	97.1%	96.3%	97.2%	86.3%	89.4%	96.1%	88.3%	93.3%	98.8%	93.4%	94.0%
LOCAL PERFORMANCE FRAMEWORK 1																	
1	Number of Clostridium Difficile cases - Lapse of care - (ICO) *	<17 (year)		1	0	0	1	2	1	1	1	4	4	3	3	2	16
1	Cancer - Two week wait from referral to date 1st seen	>93%		76.8%	79.5%	81.5%	80.7%	80.1%	77.9%	80.1%	79.9%	53.4%	77.5%	69.5%	83.4%	83.5%	73.6%
1	Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	>93%		93.3%	98.8%	96.0%	88.3%	97.8%	94.4%	61.6%	38.8%	50.7%	97.7%	98.9%	98.9%	100.0%	84.8%
1	Cancer - 31-day wait from decision to treat to first treatment	>96%		98.4%	97.7%	95.2%	99.5%	98.2%	96.5%	98.7%	96.2%	96.7%	99.5%	97.3%	97.1%	93.68%	96.8%
1	Cancer - 31-day wait for second or subsequent treatment - Drug	>98%		100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	98.4%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
1	Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	>94%		100.0%	95.7%	94.3%	100.0%	100.0%	93.3%	97.1%	100.0%	98.6%	96.9%	100.0%	95.9%	98.4%	97.8%
1	Cancer - 31-day wait for second or subsequent treatment - Surgery	>94%		91.7%	100.0%	100.0%	96.6%	100.0%	93.3%	96.8%	96.0%	94.7%	97.1%	96.8%	100.0%	94.6%	96.8%
1	Cancer - 62-day wait for first treatment - screening	>90%		100.0%	92.9%	91.7%	90.9%	92.9%	88.9%	100.0%	70.0%	93.3%	90.9%	92.9%	93.8%	100.0%	94.3%
1	Cancer - Patient waiting longer than 104 days from 2ww				51	71	47	62	52	34	37	33	41	34	28	31	31
1	RTT 52 week wait incomplete pathway	0		77	87	72	66	74	91	92	79	71	60	83	84	105	105
1	Mixed sex accomodation breaches of standard	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	On the day cancellations for elective operations	<0.8%		1.0%	1.2%	1.8%	1.6%	2.3%	1.5%	1.4%	1.2%	1.1%	0.9%	1.4%	1.6%	1.3%	1.3%
1	Cancelled patients not treated within 28 days of cancellation *	0		4	1	1	9	17	11	12	6	3	3	6	19	9	40
1	Number of standed patients >7 days (daily average)			101	115	114	116	122	126	134	132	134	131	126	125	128	
	Number of extended stay patients >21 days (daily average)			20	24	26	26	28	28	31	27	32	30	27	30	29	

Corporative Objective		Target 2019/2020	13 month trend	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Year to date 2019/20
LOCAL PERFORMANCE FRAMEWORK 2																	
1	Ambulance handover delays > 30 minutes	Trajectory		88	144	204	143	84	251	156	198	148	61	83	81	137	510
1	Ambulance handover delays > 60 minutes	0		4	10	19	9	4	23	8	9	13	11	4	5	12	45
1	A&E - patients seen within 4 hours DGH only	>95%		80.1%	75.0%	77.9%	74.3%	82.5%	66.1%	70.8%	71.9%	68.5%	75.9%	69.9%	74.8%	67.5%	71.3%
1	A&E - patients seen within 4 hours community MIU	>95%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
1	Trolley waits in A+E > 12 hours from decision to admit	0		0	4	3	2	4	7	3	3	11	0	0	0	0	11
1	Number of Clostridium Difficile cases - (Acute) *	<3		1	2	0	1	2	2	1	1	2	1	4	0	0	7
1	Number of Clostridium Difficile cases - (Community)	0		0	0	0	0	0	0	0	0	3	4	1	1	0	9
1	Care Planning Summaries % completed within 24 hours of discharge - Weekday	>77%		66.6%	66.2%	72.7%	72.7%	62.1%	64.9%	64.0%	63.6%	64.7%	63.9%	62.8%	67.3%	66.5%	65.1%
1	Care Planning Summaries % completed within 24 hours of discharge - Weekend	>60%		30.1%	34.9%	35.4%	34.5%	29.5%	34.6%	27.9%	31.6%	29.1%	23.9%	30.0%	39.9%	38.2%	32.0%
1	Clinic letters timeliness - % specialties within 4 working days	>80%		63.6%	68.2%	77.3%	81.8%	77.3%	90.9%	77.3%	81.8%	86.4%	77.3%	86.4%	86.4%	81.8%	83.6%
NHS I - FINANCE AND USE OF RESOURCES																	
4	Capital Service Cover	2		4	4	4	4	4	4	4	4	4	4	4	4	0	0
	Plan			4	4	4	4	4	4	4	4	4	4	4	4	0	0
4	Liquidity	4		3	4	4	4	3	3	3	3	3	3	2	2	0	0
	Plan			4	4	4	4	4	4	4	4	3	3	2	2	0	0
4	I&E Margin	1		4	4	4	4	4	4	4	4	4	4	4	4	0	0
	Plan			4	4	4	4	4	4	3	2	4	4	4	4	0	0
4	I&E Margin Variance from Plan			2	2	2	2	2	2	3	3	4	3	1	2	0	0
4	Variance from agency ceiling	1		3	3	3	3	3	3	4	4	4	4	4	4	0	0
	Plan			2	2	2	2	2	2	2	1	2	2	2	2	0	0
4	Overall Use of Resources Rating			3	3	3	3	3	3	4	4	4	4	3	3	0	0

Corporative Objective		Target 2019/2020	13 month trend	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Year to date 2019/20
FINANCE INDICATORS - LOCAL																	
4	EBITDA - Variance from PBR Plan - cumulative (£'000's)			-376	-734	-668	-1098	-1292	-2370	-5812	-7157	-6072	-925	-72	-1447	-1363	
4	Agency - Variance to NHSI cap			0.58%	0.50%	0.72%	0.92%	1.04%	1.09%	1.21%	1.24%	1.42%	1.21%	1.23%	1.14%	1.17%	
4	CIP - Variance from PBR plan - cumulative (£'000's)			-488	553	2006	1576	1150	-682	-6774	-8426	-628	-1191	-1296	-891	-239	
4	Capital spend - Variance from PBR Plan - cumulative (£'000's)			2527	4228	5782	6658	8854	11808	-14484	-12019	48	501	893	1146	2637	
4	Distance from NHSI Control total (£'000's)			-303	-633	-570	-986	-1159	-2292	-5722	-7096	-4861	-1213	91	-1248	-1019	
4	Risk Share actual income to date cumulative (£'000's)			0	0	0	0	599.5	2291	7624	7950	0	0	0	0	0	
INTEGRATED CARE MODEL																	
	Intermediate Care Referrals (All)			332	332	399	336	314	367	311	311	363	332	346	324	0	
	Intermediate Care GP Referrals			78	89	107	93	89	97	94	78	108	85	92	86	0	
	Average length of Intermediate Care episode			15.95	18.16	16.47	16.49	16.50	17.51	13.87	14.54	15.83	16.19	11.51	16.38	0.00	
	Total Bed Days Used (Over 70s)			9331	9267	10734	9536	9985	11768	9813	10430	11276	9773	9372	0		
	- Emergency Acute Hospital			5512	5343	6186	5512	5857	6777	5795	5938	6444	5747	5182	0		
	- Community Hospital			2708	2791	3138	2638	2939	3325	2903	3239	3169	2756	3035	0		
	- Intermediate Care			1111	1133	1410	1386	1189	1666	1115	1253	1663	1270	1155	0		
3	Number of Emergency Admissions - (Acute)			3310	2866	3057	3027	3049	3236	2848	3114	3082	3257	2973	3066	3122	15500
3	Average Length of Stay - Emergency Admissions - (Acute)			2.7	3.1	3.1	3.1	3.0	3.2	3.2	3.1	3.2	3.1	3.0	3.3	3.0	3.1
3	Hospital Stays > 30 Days - (Acute)			30	32	36	29	34	43	41	34	39	40	44	42	46	211

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

NOTES

* For cumulative year to date indicators, (operational performance & contract indicators) RAG rating is based on the monthly average

[STF] denotes standards included within the criteria for achieving the Sustainability and Transformation Fund

Torbay and South Devon NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Mortality Surveillance Score Card			Meeting date: 2nd October 2019
Report appendix	Appendix 1 - Hospital Standardised Mortality Rate (HSMR) and Summary Hospital Mortality Index (SHMI) Appendix 2 - Unadjusted Mortality rate Appendix 3 - Dr Foster Alerts Appendix 4 - Dr Foster Patient Safety Dashboard Appendix 5 - Hospital Mortality		
Report sponsor	Medical Director		
Report author	Steve Carr, Patient & Experience Lead		
Report provenance	Data is taken from Hospital Episode Statistics and Dr Foster		
Purpose of the report and key issues for consideration/decision	To provide information on the mortality of patients who have used the inpatient services of the Trust and assurance on any associated risks and actions.		
Action required (choose 1 only)	**For information** ☒	**To receive and note** ☐	**To approve** ☐
Recommendation	To review the information included in this report		

Summary of key elements

Strategic objectives supported by this report

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

Is this on the Trust's Board Assurance Framework and/or Risk Register

Board Assurance Framework		**Risk score**	
Risk Register		**Risk score**	

External standards affected by this report and associated risks

Care Quality Commission		**Terms of Authorisation**	
NHS Improvement		**Legislation**	**Y**
NHS England		**National policy/guidance**	

Report title: Mortality Surveillance Score Card		Meeting date: 02/10/2019
Report sponsor	Medical Director	
Report author	Steve Carr	

1.0 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 deterioration.

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

Safety Indicator		Data Source	Target	RAG
Appendix 1 • Hospital Standardised Mortality Rate (HSMR) • Summary Hospital Mortality Index (SHMI)	Mortality	Dr Foster 2016/17 benchmark Month DH SHMI data	Aim for a yearly HSMR ≤90	
Appendix 2 • Unadjusted Mortality rate		Trust Data	Yearly Average ≤3%	3.16%
Appendix 3 • Dr Foster Alerts		Dr Foster	Zero alerts - CuSuM flags only	
Appendix 4 • Dr Foster Patient Safety Dashboard		Dr Foster	All 15 safety indicators positive	
Appendix 5 • Hospital Mortality		Trust Data Structured Judgement Framework		

2.0 Trustwide 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 Dr Foster mortality `as expected' and the 12 month rolling rate performing within the top third of the Southwest Hospitals.

Unadjusted Mortality has remained higher than in prior years over the summer period. This following a lower than expected winter peak. The figures are in line with activity and acuity and have pushed the unadjusted average just over our 3% target to 3.14%. This needs to be observed over time for any trend aor shift on the data.

3.0 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

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Chart 1 - HSMR by Month June 16 – May 19
Chart one (as below) shows a longitudinal monthly view of HSMR as well as highlighting the current month. The latest month's data, May 19 has a relative risk of **111.3** – this may change as more data is processed by Dr Foster. This data point, whilst above the 100 line, is still within the expected range by Dr Foster, but will be kept under review.

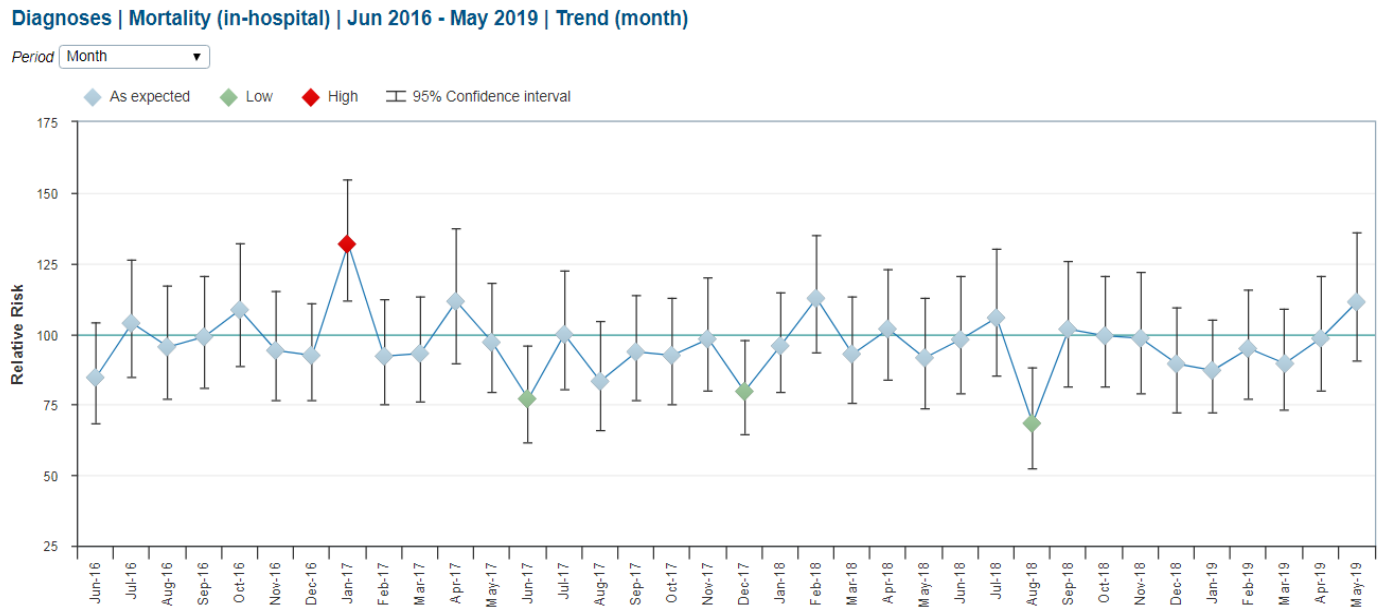


Chart 2, as below, highlights HSMR mortality by peer comparison, across the South West, using a 12 month annual total.

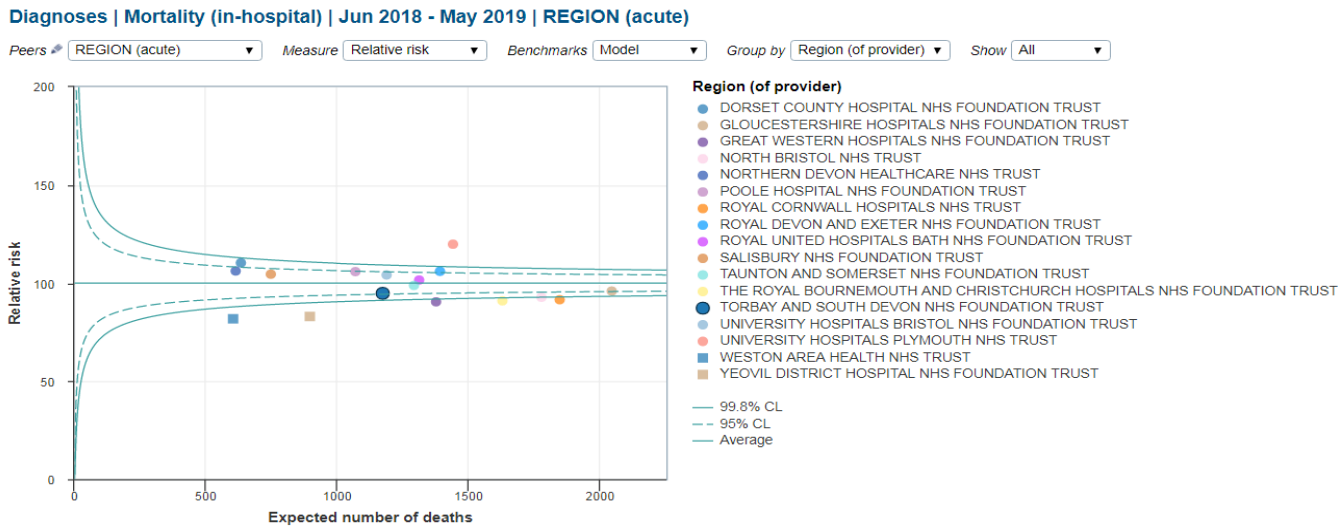
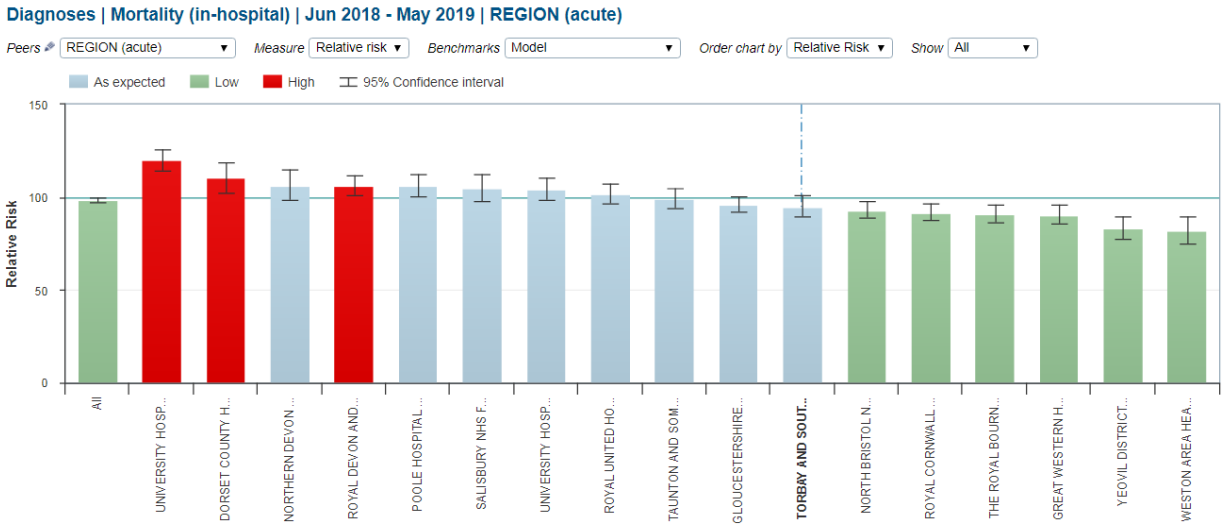


Chart 3 displays the above data as a Peer Comparison, ranked and as a bar chart.



1B Summary Hospital Mortality Index (SHMI) Reporting Period Oct 2017 – Sept 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 highly retrospective. Therefore, please note *the following data is based on the* **Jan 2018 – Dec 2018** *data period and is different to HSMR.*

Chart 4, as below, highlights SHMI by quarter period with all data points within the expected range and trending over time at our 90 target.

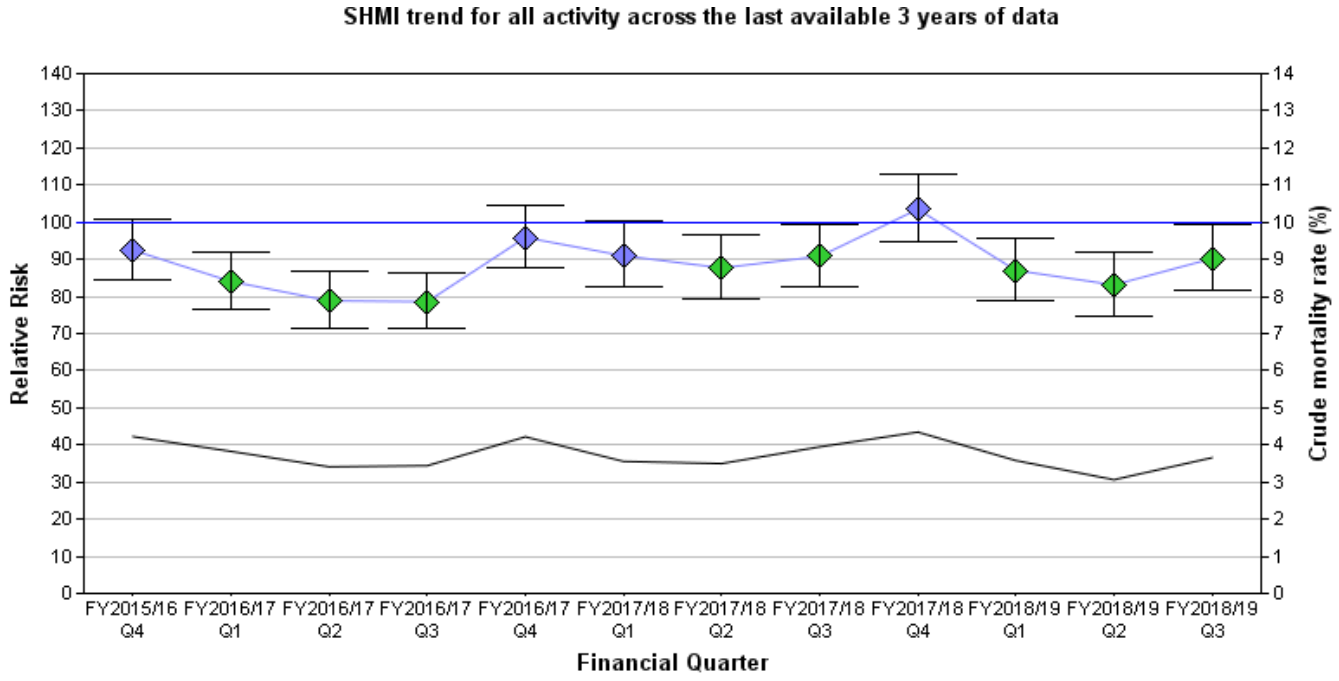
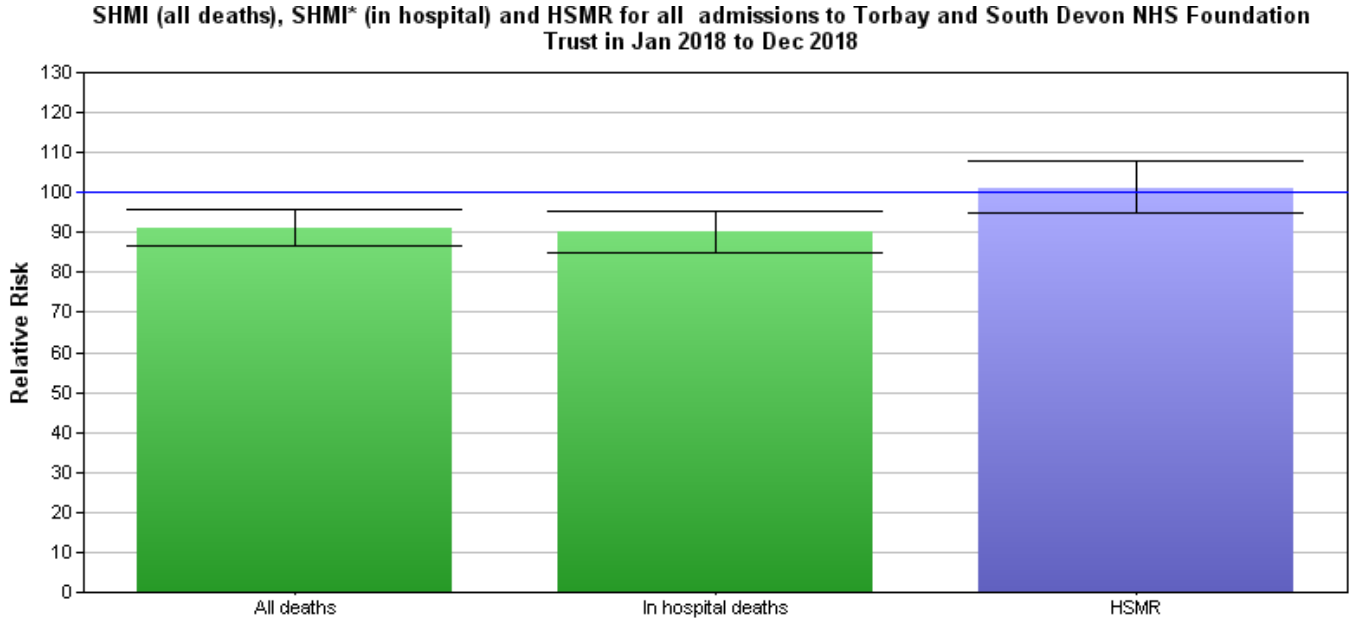


Chart 5 as below detailing - SHMI all deaths, SHMI in hospital deaths and HSMR comparison



The SHMI data are within expected range and show the in-hospital deaths at a low relative risk. What this chart does highlight is the differential between HSMR and SHMI.

Chart 6, as below, expresses the 12-month rolling SHMI data by time period and is showing a SHMI below the 100 average,

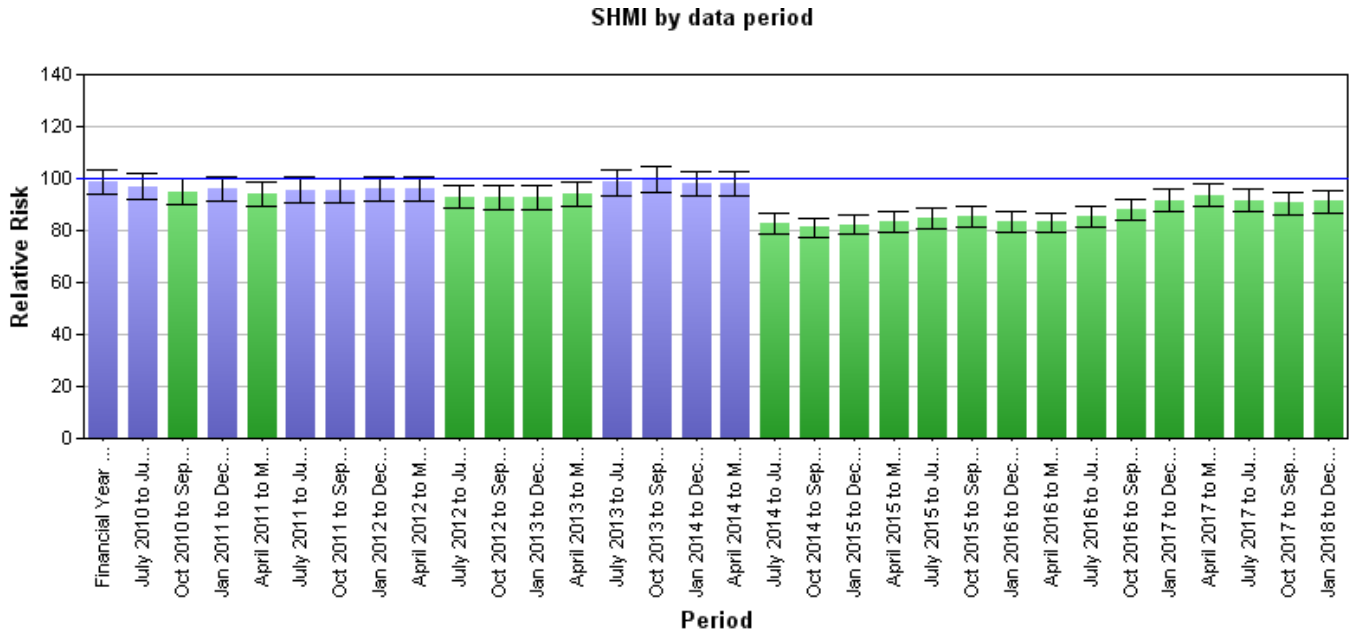
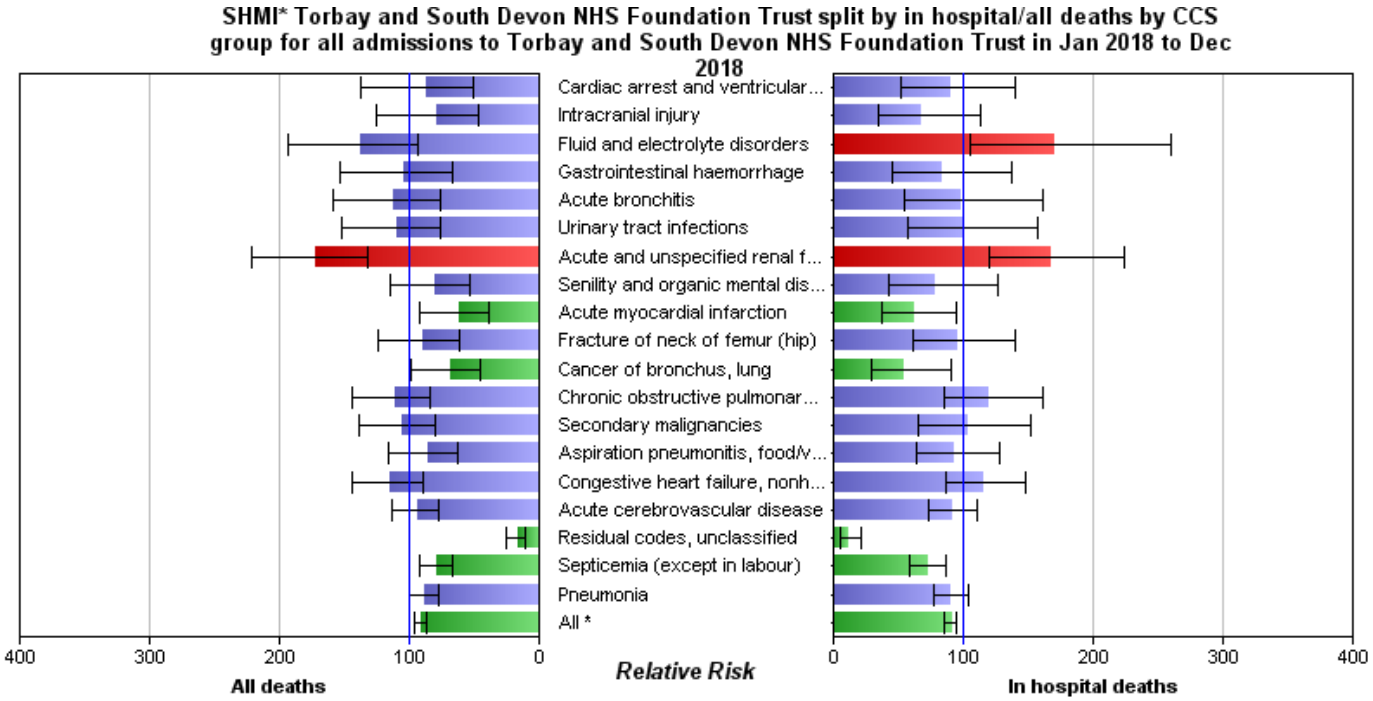


Chart 7 allows a comparison of the mortality clinical classification software (CCS) groups for in hospital and all deaths (i.e. within 30 days post discharge). All areas are within *normal range* or are performing *better than the norm* except Acute and Unspecified Renal Failure (A&URF). This will be discussed at the Mortality Surveillance group for relevance and planned action



4.0 Appendix 2. Unadjusted Mortality.

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

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

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

Determine the denominator: the current month's total number of deaths (TD) + live discharges (LD).
Calculate the actual percent monthly-unadjusted mortality by dividing (TD) by (TD + LD) and then multiply by 100.

Chart 8, as below highlight **t**he unadjusted mortality. This has to be viewed along with the more in-depth analysis provided by HSMR and SHMI. Mortality rises in the winter periods and for winter 18/19 the peaks are lower than in 17/18. What the Trust has seen as a result of this are more deaths occurring in the summer months as the pressures from winter have continued through the year. This demand on the system has been seen on the national scale too.

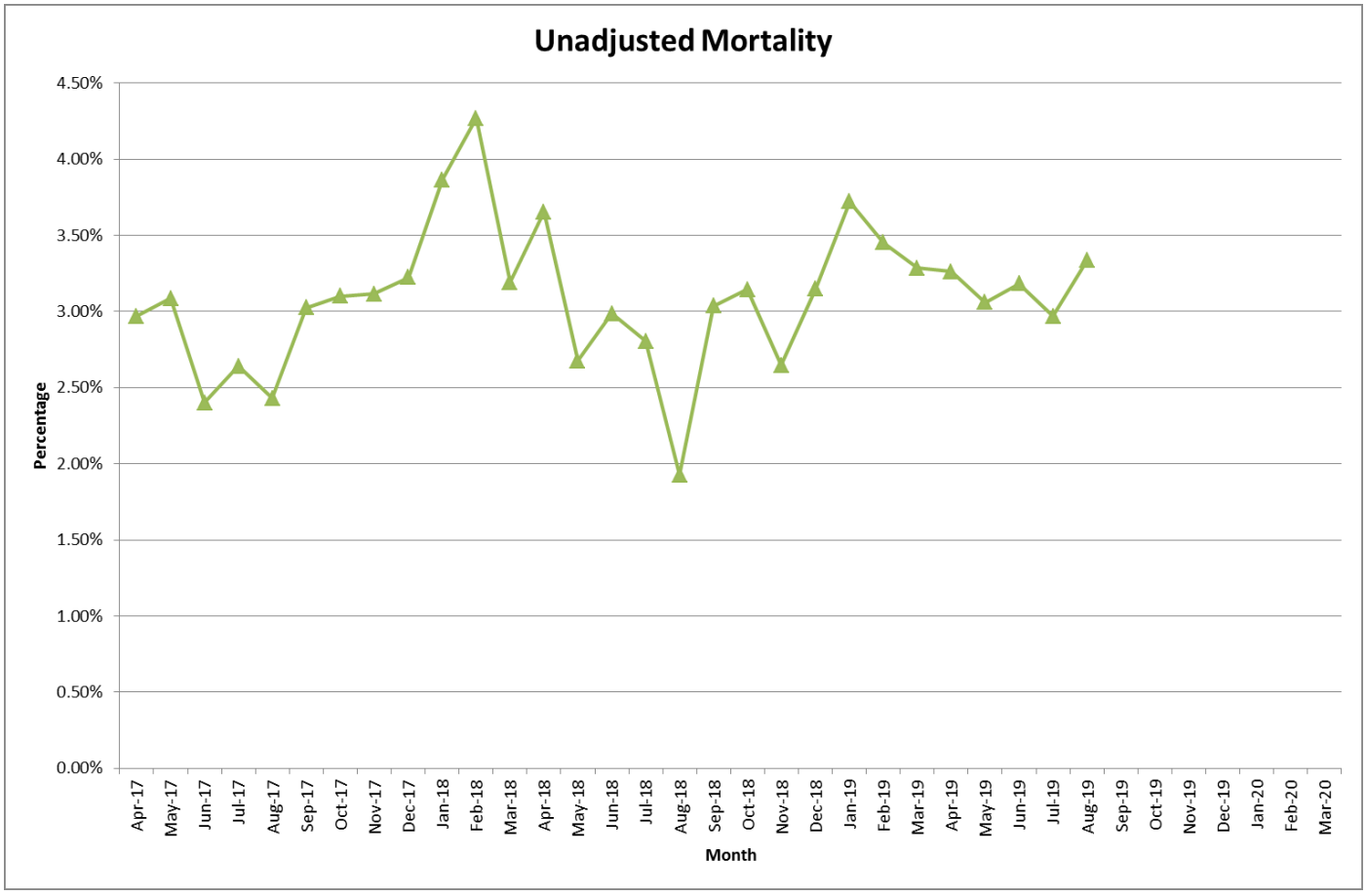


Table 1 – as below records mortality by ward by month and is within the expected norms for each area

Trust Mortality distribution by area Aug 17 to Aug 19

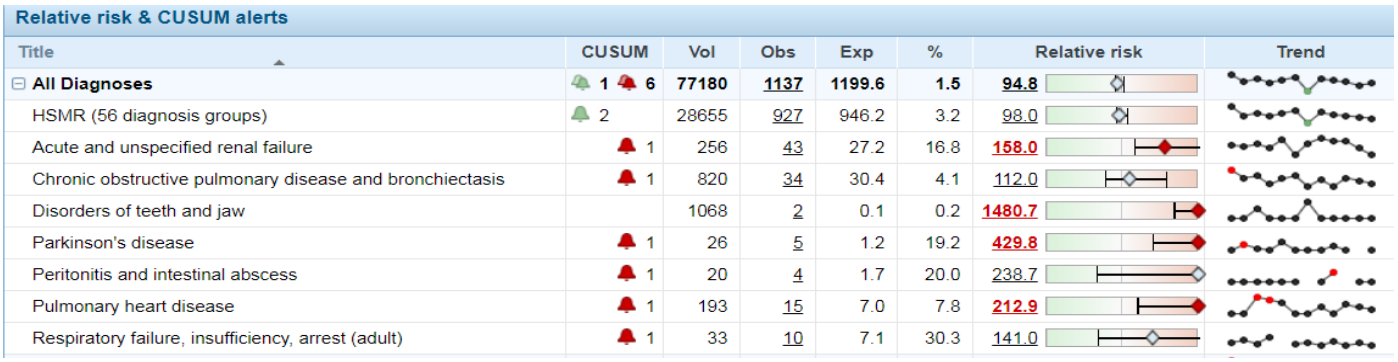
Chart 11 highlights mortality by month by location and all are within expected norms

Area	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	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	S-line
AINSLIE	1	1	4	1	0	1	4	4	0	1	1	2	1	4	3	3	2	2	1	2	1	0	1	2	4	
ALLERTON	3	1	5	3	4	5	2	6	10	6	4	5	3	4	4	3	6	0	4	7	4	8	4	5	4	
BRIXHAM	1	0	2	1	3	2	1	1	2	1	1	3	0	3	0	1	0	0	1	4	1	0	1	0	0	
CHEETHAM HILL	9	16	10	15	19	12	10	11	8	12	9	8	10	13	9	9	7	13	18	11	8	11	11	11	11	
CROMIE	2	3	1	3	3	8	8	9	2	2	2	3	1	1	2	3	6	1	2	5	4	4	5	2	2	
DART	2	1	2	2	0	1	2	0	3	1	1	3	1	2	1	2	2	2	2	5		3	1	1	1	
DAWLISH	1	3	2	3	0	4	3	3	3	4	4	1	0		1	1	5	6	3	3	3	2	0	0	5	
DUNLOP	5	10	3	4	10	6	7	7	5	3	8	3	6	7	2	6	3	6	5	4	7	5	5	4	3	
EAU3	7	3	8	11	7	9	7	4	9	6	7	10	5	7	5	0	3	12	5	5	8	1	6	10	13	
EAU4	4	6	8	5	8	7	10	11	12	2	7	6	3	7	8	8	8	6	5	5	7	6	8	8	8	
ELLA ROWCROFT	0	0	0	0	1	1	0	0	1	1	2	2	0	0	0	2	0	1	1	1	0	1	2	1	0	
FORREST	1	0	3	2	3	5	3	2	4	2	0	1	1	2	3	0	2	3	5	1	2	0	1	3	1	
GEORGE EARLE	8	6	11	10	9	14	10	14	6	16	9	10	7	9	13	11	16	17	12	11	11	8	12	9	5	
INTENSIVE CARE UNIT	6	6	8	9	12	13	12	6	10	8	6	8	5	8	13	6	4	9	6	6	10	10	9	11	11	
MIDGLEY	10	15	11	9	8	12	13	8	11	8	10	8	5	6	17	9	10	11	9	14	10	9	9	11	11	
SIMPSON	5	11	8	6	4	6	9	3	9	4	9	10	6	9	9	8	8	10	9	7	10	6	6	7	10	
TEIGN WARD	1	0	2	3	3	1	3	3	2	1	1	0	3	0	2	3	2	3	1	2	1	3	3	2	2	
TEMPLAR WARD	3	1	4	4	2	1	5	2	1	3	1	3	2	2	5	3	2	2	1	1	0	1	2	1	2	
TORBAY CORONARY CARE BEDS	4	4	2	4	1	3	3	1	3	1	2	2	0	2	2	0	1	3	0	2	1	1	2	0	0	
TURNER	7	11	10	6	6	8	8	3	9	5	13	5	5	3	6	5	10	8	6	2	8	9	5	7	6	
WARRINGTON	0	0	0	1	0	4	4	1	0	0	0	0	0	0	0	0	1	5	3	6	3	10	2	2	0	
Grand Total	80	99	104	103	104	124	124	99	110	87	97	93	64	90	105	85	98	121	99	104	99	99	95	97	100	

5.0 Appendix 3

Dr Foster Alerts Dashboard

Dr Foster utilises an alerting system, as below. Triggers are raised when the expected number is exceeded by the actual number and Dr Foster also provides a guide should an alert occur. In the first instance the coding on each patient is looked at and amended as necessary, second to this is a notes review to confirm cause of death and coding. With the current dashboard, Peritonitis, Pulmonary heart disease, respiratory failure are new and will be reviewed.



Relative risk & CUSUM alerts

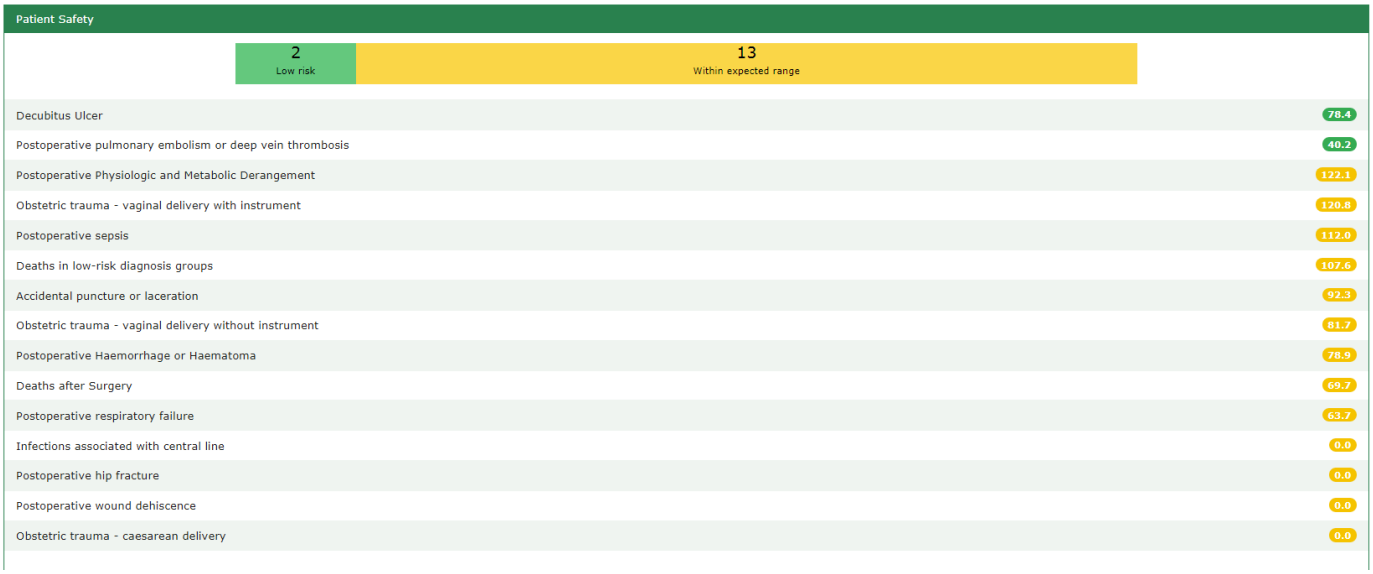
Title	CUSUM	Vol	Obs	Exp	%	Relative risk	Trend
All Diagnoses	1 6	**77180**	**1137**	**1199.6**	**1.5**	**94.8**	
HSMR (56 diagnosis groups)	2	28655	927	946.2	3.2	98.0	
Acute and unspecified renal failure	1	256	43	27.2	16.8	158.0	
Chronic obstructive pulmonary disease and bronchiectasis	1	820	34	30.4	4.1	112.0	
Disorders of teeth and jaw		1068	2	0.1	0.2	1480.7	
Parkinson's disease	1	26	5	1.2	19.2	429.8	
Peritonitis and intestinal abscess	1	20	4	1.7	20.0	238.7	
Pulmonary heart disease	1	193	15	7.0	7.8	212.9	
Respiratory failure, insufficiency, arrest (adult)	1	33	10	7.1	30.3	141.0	

6.0 Appendix 4

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 18th Sept 2019, 13 indicators are within the expected norm with 2 are in the low risk category – this will be reviewed and commented on in the next report



7.0 Appendix 5

Mortality Dashboard of the deaths reviewed this quarter – zero reviews are scoring 1

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable
(does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (Mortality Score = 1)	
This Month	**Last Month**	**This Month**	**Last Month**	**This Month**	**Last Month**
82	106	0	0	0	0
This Quarter (QTD)	**Last Quarter**	**This Quarter (QTD)**	**Last Quarter**	**This Quarter (QTD)**	**Last Quarter**
284	0	11	0	0	0
This Year (YTD)	**Last Year**	**This Year (YTD)**	**Last Year**	**This Year (YTD)**	**Last Year**
1207	0	120	0	0	0

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**	1	4.5%	**This Month**	21	95.5%
This Quarter (QTD)	0	0.0%	**This Quarter (QTD)**	2	2.9%	**This Quarter (QTD)**	68	97.1%
This Year (YTD)	3	1.1%	**This Year (YTD)**	16	5.8%	**This Year (YTD)**	259	93.2%

8.0 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.

Torbay and South Devon
NHS Foundation Trust

Report for the Trust Board of Directors			
Report title: Trust Quality Accounts			Date: 2 October 2019
Report appendix	None		
Report sponsor	Jane Viner, Chief Nurse		
Report author	Susan Martin, Associate Director, QI		
Report provenance	Triangle of Care Steering Group IT Clinical User Group Community IT project Group		
Purpose of the report and key issues for consideration/decision	This report provides an update against the 3 agreed Trust Quality Account priorities which are published as part of the Trust Annual Report and Account. Priority 1: EPMA (Patient safety) Priority 2: Community IT system rollout (Clinical effectiveness) Priority 3: Carers & the Urgent & emergency care pathway (Patient experience)		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board of Directors is asked to receive and noted the report.		

Summary of key elements

Strategic objectives supported by this report

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

Is this on the Trust's Board Assurance Framework and/or Risk Register

Board Assurance Framework		**Risk score**	
Risk Register		**Risk score**	

External standards affected by this report and associated risks

Care Quality Commission	**x**	**Terms of Authorisation**	**x**
NHS Improvement	**x**	**Legislation**	**x**
NHS England	**x**	**National policy/guidance**	**x**

Report title: Trust Quality Accounts		2nd October 2019
Report sponsor	Jane Viner, Chief Nurse	
Report author	Susan Martin, Associate Director, QI	

1. Introduction

Quarterly update of Trust Quality Account for the 3 priorities the Board have signed off and the Trust is publicly accountable for delivering.

2. Discussion

2.1. Priority 1: To change our inpatient prescribing for people in hospital inpatient beds across the ICO to our commissioned electronic prescribing and medicines administration programme (EPMA) by 31 December 2019. *(exceptions chemotherapy & intra-operations medication)*

Quarter 1 & 2 requirements:

- Embed EPMA across our medical and assessment wards
- Roll out EPMA into our surgical inpatient wards
- Roll out EPMA to all our community hospitals

Quarter 1 & 2 requirements were not met.

From May 2019 the EPMA system was live across our medical wards (Hetherington Block & Turner) and for medical patients on the EAUs and in AMU. There was a mixed economy of prescription methods as paper charts were written in ED; EPMA cannot start until the patient is admitted. Whilst there are some frustrations with using EPMA compared to paper drug charts, the EPMA programme was accepted and found to be fit for purpose even with its foibles. Both doctors and nurses could use it and the more use the better in terms of learning how to make the most of the EPMA. These advantages are across the board with higher safety through EPMA, less missed doses and no lost charts. It needs to be acknowledged that it takes longer to set up a chart though especially if the person is on a high number of medications.
Whilst established as the method for prescription in medical patients, roll out to surgical patients was not possible in Q2 due to two main reasons:

- Expected improvements in the IT support for patient tracking on the surgical hot week ward round were required by the surgeons to be in place first
- Transcription from paper to EPMA would slow down the pace of this same ward round.

Roll out to the community hospitals was not possible as this requires the installation of Infoflex prior to EPMA implementation.

During quarter 2 an exception report with recommendations how to resolve issues was submitted to the EPMA Project Board in June. This report also identified the additional financial pressures which need addressing.

- Starting EPMA in ED would take out the need for a paper chart whilst an inpatient and transcription from paper to EPMA would not be required. However work to establish this programme in ED has been delayed because IT CUG prioritised Symphony and NEWS2 upgrade above EPMA compatibility work.

- Such is the pressure on ED to meet the 4 hour treatment standard, that concerns about how EPMA may slow down the patient clerking and admission processes have led to high levels of opposition to the use of EPMA in ED.

The above two difficulties regarding the implementation of EPMA in to ED have meant that EPMA implementation will be after the Symphony upgrade and NEWS2. Both are expected to be complete by March 2020, although this is not yet confirmed. If there is a delay then it may be possible to get the EPMA work done first.

In August 2019 the Trust experienced a major I.T. outage, EPMA business continuity also failed. An investigation was carried out immediately and EPMA business continuity has been re-designed, this went LIVE on 10th September 2019.

This brought to a head the accumulating IT issues which are affecting EPMA functionality. They include:

- Poor functionality of the windows 10 tablets.
- Issues with newly purchased DELL laptops- tracker pads in most, battery issues
- Failure of the programme load correctly and/ or swiftly on some laptops and some PCs

The range of significant IT issues needs to be addressed with each of the 10 ward areas which use EPMA having confidence in the hardware working and programme loading quickly. A proposal is being developed for predicted ratification at the next EPMA Board (end of September) to resolve the IT issues.

At the same time we could temporarily suspend real time use on the medical wards with the exception of Turner and possibly Simpson wards. Proper timescales for understanding the IT work flows need to be taken into account here.

The risk to delivery is being managed through the EPMA Project Board, with escalation and oversight to the IM&T Group, IT Clinical User Group and Executive Directors Group, and ultimately Finance, Performance and Digital Committee.

2.2 Priority 2: To implement roll out of Community IT clinical system to Coastal and Newton Abbot

Quarter 2 requirements:

- By the end of the first week of Q2 all community nursing staff in Coastal will be fully trained in SystmOne.
- By the end of the first 4 weeks of Q2 the patient records will be migrated on to SystmOne
- By end of July go live for community nursing service in Coastal locality.
- Begin training staff on the IT system in the Newton Abbot Locality with a focus on occupational therapists, physiotherapists and enhanced intermediate care teams.

Quarter 2 requirements: met

With regards to Newton Abbot and planned go live for quarter 3. The IC & Therapy team in have decided that they do not wish to purchase SIM cards for the laptops. They have chosen instead to use their iPhones to tether to the laptop. Their reason for this is that it is an additional cost to the service.

There is the risk of running the phone battery flat which would make the laptop go offline and potentially lose data that has been inputted. There is also the risk that the phone could be misplaced or left in a patient's home.

To mitigate the risks in house testing within the project team has briefly taken place with no interruption in the connection of SystmOne. The team leads in Newton Abbot will train the whole team on how to tether their mobile phones to their laptops. At go live if this does not work the team will purchase SIM cards.

2.3 Priority 3: To improve the Carers' experience for themselves and their families receiving care across the urgent and emergency care pathway

Quarter 2 plans:

- Increase the numbers / availability of the Family/Carer Supporters
- Finalise practicalities and logistics re Item 5, and recommendations re Item 6
- Continue Carer- facing work - Items 2, 3 and 7
- Continue Staff-facing work – Items 4, 8, 9, and 10
- Collate and action any themes from the above

Quarter 2 requirements: met

The coverage of Family / Carers Supporters has been stepped up to increase the number of Carers identified. Links with ED staff improved and the service is becoming embedded in practice. We continued to address issues which have already been identified, and to identify other priorities from the key points below:

- Survey work with Carers to identify their priorities **ONGOING**
- Utilise Health watch's rate and review cards with volunteers / Carers supporters in the Emergency Department to gain feedback and identify issues **ONGOING**
- Liaise with staff to identify their priorities and any 'quick wins' **ONGOING**

- Undertake feasibility study for having additional volunteers / carers' supporters across the UEC pathway to address issues already raised such as Carers having to leave people unsupported while they park their car - **UNDERWAY**
- Identify means of improving communication / signage / publicity as required – **UNDERWAY**
- To use the existing Family / Carers' Supporters across the Hospital, to identify any issues for Carers across the UEC pathway - **ONGOING**
- Ensure agreed systems for identifying and recording Carers are robustly in place, and identify any gaps - **ONGOING**
- Embed existing support to Carers such as the Orange Lanyard and Hospital Passport – **ONGOING** (IRIS campaign – Identify, Record, Involve, Support)
- Begin programme of Carer Awareness Training across the pathway - **ONGOING**

Family / Carers' Supporters are embedded in ED and EAU 3 and 4, with ED staff regularly signposting Carers for support. They have supported approximately 300 people with information and advice and administered 50 questionnaires. Their availability will expand to weekends from September.

Further awareness sessions delivered in ED, where questionnaires have identified quick wins to improve carer identification and support. The Ambulance Service also received this training and has agreed to hand Carers orange lanyards if they are going to ED. The JET Team links in with Carers Services. A service to sit with people who need it while their Carer parks the car has been set up, provided by Carers Services and Wayfinders.

3. Conclusion

- **Priority 1: Off plan with actions to mitigate EPMA issues which are already embedded within medicine**
  Quarter 3 actions :
    - Resolution of IT issues
    - Version 4 testing
    - Resolution of EPMA specific identified issues e.g. reporting

- **Priority 2: On plan**
  Quarter 3 actions :
    - Migrate patients from active community caseload on to SystmOne
    - Go live in the Newton Abbot locality for the teams trained in quarter 2
    - Begin training community nurses in the Newton Abbot locality

- **Priority 3: On plan**
  Quarter 3 actions:
    - Deliver the sitting service for patients while Carers park their cars
    - Continue Carer- facing work & staff facing work
    - Continue to collate and action any themes from the above
    - Leaflet to give Carers clarification on what they can expect in ED to be published and distributed.

4. Recommendation

Board of Directors is asked to receive and note.

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Safeguarding Children – Annual Board Report			Meeting date: 2nd October 2019
Report appendix	Appendix 1: Safeguarding Children Annual Report		
Report sponsor	Jane Viner – Chief Nurse / Jacqueline Phare – Torquay System Director		
Report author	Phillipa Hiles – Safeguarding Children Named Nurse		
Report provenance	Trust Executive Team		
Purpose of the report and key issues for consideration/decision	This annual report will inform Torbay and South Devon NHS Foundation Trust Board members on issues relating to the safeguarding of children in Torbay and South Devon. The Trust is a partner agency and has statutory duties outlined in the Children's Act and supported by "Working together to Safeguarding Children" 2019 guidance. The report will inform members of the activities of the Safeguarding Children Team and the activities of the wider safeguarding duties and activities completed by Trust staff, both directly and indirectly to safeguard children. The Chief Nurse is the Executive Lead for Safeguarding and is supported by the Torquay System Director and the Named Professionals in this role.		
Action required (choose 1 only)	**For information** ☒	**To receive and note** ☐	**To approve** ☐
Recommendation	The Board is asked to note the report.		

Summary of key elements

Strategic objectives supported by this report

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

Is this on the Trust's Board Assurance Framework and/or Risk Register

Board Assurance Framework		**Risk score**	
Risk Register	x	**Risk score**	15

External standards affected by this report and associated risks	

Care Quality Commission	**x**	**Terms of Authorisation**	
NHS Improvement		**Legislation**	**x**
NHS England		**National policy/guidance**	**x**

Report title: Safeguarding Children – Annual Board report	Meeting date: 02/10/2019
Report sponsor	Jane Viner, Chief Nurse
Report author	Phillipa Hiles – Named Nurse for Safeguarding Children with contributions from: Sam Hawkings Jones – Paediatric Liaison Nurse Helen Saad – Named Midwife Debbie Lambert – Safeguarding Midwife Amanda Roberts – Child Death Coordinator Richard Tozer – Named Doctor Jonathan Graham – Named Doctor Yvette Hodges – Safeguarding Admin

1. Introduction

- This report informs the Trust of its compliance in safeguarding children against the guidance set out in the HM Government (2018) 'Working Together to Safeguard Children' document, and provides assurance that it is discharging its duties for observing both the safety and wellbeing of children and young people using services provided by Torbay South Devon NHS Foundation Trust. (TSDFT).

- The report also informs the Trust of children's safeguarding activities during 1st April 2018 – 31st March 2019 and outlines the Trust's progress and activities in ensuring that a robust child protection framework is in place for all children and young people who are patients of Torbay South Devon NHS Foundation Trust.

- Child Protection continues to have a high profile on a national basis. TSDFT Safeguarding and Looked after Children teams continue to work closely with both Torbay and Devon Children Services, partner agencies and commissioners in both the CCG and Local Authority.

- Following recent successful bids for the commissioning of local childrens community health services, TSDFT are aligned to the "0-19 service" for Torbay (incorporating Specialist Community Public Health Nursing services, Action for Children and The Childrens Society) and the "Children and Family Health Devon" service. This will have a significant impact on the consideration of safeguarding children processes as the mobilisation phase of the change process takes place for these services. All members of the Safeguarding Children Team will be working in partnership and close collaboration with wider team members in the interests of safe and improved practice across the service provision. This is being closely monitored by the Clinical Commissioning Group. A Legacy document is currently in progress to ensure that Governance structures and reporting procedures are being agreed for this process.

2. Discussion

2.1 Performance

2.1.1 Maternity

- During 2018/19, midwives completed 340 interagency communication forms (ICF), identifying pregnant women who have safeguarding and vulnerability factors. This includes substance misuse, domestic abuse, mental health, teenager, etc. This equates to approximately 15% of women using the maternity services within Torbay and South Devon and requires a significant amount of resource to ensure that needs are assessed and appropriate plans are put in place to safeguard the baby and family.

- The volume of safeguarding children work continues to provide challenge for the maternity service. There has been an increase year on year for the requirement of Court directed reports needing to be completed by maternity staff. This has a significant impact on the service both for the midwife completing the report and on the senior staff supporting them.

- The Public Health Midwife continues to chair the monthly Perinatal Wellbeing Group meeting. This is a multi-disciplinary meeting involving midwifery, Consultant Paediatrician, Perinatal Mental Health Team, Paediatric pharmacist and Specialist Health Visitor. It is held to develop a care plan for babies who have additional care needs due to issues, such as maternal substance use. This enables a clear plan to be put into place regarding the observations the baby will require. Following a review around a case, the process has been amended to ensure that all relevant professionals are informed about the agreed plan.

- The Safeguarding Midwife supported by the Specialist Public Health Midwife provides staff with an annual update as part of the essential maternity training. The current session includes a case study about a pregnant woman in an abusive relationship. The case involved multi-agency working with Children's Services, the police and the Torbay Domestic Abuse Service (TDAS) and the use of Domestic Violence Disclosure Scheme also known as Clare's Law. The session also more fully explained about Clare's Law including how to make an application. There was also a very brief overview on County Lines included in the mandatory session which encompassed how to report concerns to the police using the partnership information sharing form.

- As mentioned in the previous year's report, it was planned that the safeguarding midwife attended the next available Level 4 Safeguarding Children training. The post holder attended a 2 day course in November 2018.

- Safeguarding supervision continues to be embedded within maternity. The Community Team Leaders provide planned formal supervision for the Community Midwives quarterly. The Safeguarding Midwife and the Named Midwife provide quarterly supervision for the Community Team Leaders. The Safeguarding Midwife and the Inpatient Matron provide biannual supervision for the Meridian Band 7 midwives. The Safeguarding Midwife provides ad-hoc supervision to staff at all banding levels. She also provides group supervision for

the Meridian core staff. This is captured on the safeguarding supervision database.

2.1.2 Paediatric Liaison

- The Paediatric Liaison Service has continued to embody the belief that information sharing is a crucial and fundamental aspect in powerful health care delivery. By effectively and safely communicating with health partners/other agencies, we can help ensure that children and young people have their health and wellbeing needs appropriately supported. The service has continued to achieve this through three main overarching themes including; **information sharing, special case flagging and staff advice/supervision and training.**

- **Information sharing** - Within this time frame, the service has had oversight of 3062 safeguarding referrals that include; Paediatric Liaison Referrals, Multiagency Safeguarding Hub (MASH) referrals and Multiagency Risk Assessment Conference (MARAC) referrals from across the trust.
  Since its inception, this has been the first full term that the electronic referral paediatric liaison form has been in place. In total we have received 252 referrals via this method. In comparison to last year's annual report, these figures suggest that the referral mechanism is now well established and embedded within healthcare practitioners practice.

  Through the Symphony based Paediatric Liaison Referral mechanism within the Emergency Department, the service has received 2367 referrals.
  The service had oversight of 365 Multi Agency Safeguarding Hub (MASH) referrals, providing additional information forms as appropriate to ensure effective sharing of information to relevant safeguarding hubs and health partners.
  The service has continued to support the Emergency Department by providing an overview of all Multi Agency Referral Assessment Conference (MARAC) referrals completed by the Emergency Department and Minor Injury Units. The service has processed 83 referrals, once more providing additional information as appropriate.

- **Special Case Flagging** - The service has continued to develop special case flags to ensure relevant and accurate information is readily accessible to frontline practitioners, including this year adding targeted special case flags (Steroid Dependent Child Flag and Deliberate Self-Harm Management Flag) thus enabling them to provide individualised and informed decisions about the care delivered to children and families. The service can receive flag requests from different service providers and from this the service currently manages 199 active special case flags. This is an increase of 26% from last year. The current special case flags include; medical flags (73), safeguarding flags (28), high risk missing person flags (2) and drug box flags (96). These flags are reviewed annually and audited to ensure they are relevant and up to date.

- **Supervision and staff training** - The Paediatric Liaison Service has continued to be a point of contact to all agencies as well as providing ad hoc supervision to trust staff. Within this last term, the service has received 442 contacts and/or ad hoc supervisions requests - an increase of 33 (8%) contacts compared to last year. We believe that the reason for this increase in contacts is through the Paediatric Liaison Services continued commitment to developing excellent

working relationships with trust and community agencies/service providers. This is illustrated, when in December 2018, the Paediatric Liaison Nurse received a message of thanks via the trust Chief Executive for their actions in information sharing that directly contributed in keeping a young person safe. The Paediatric Liaison Service recognises that at the heart of improving the quality of safeguarding referrals is through improved staff awareness and understanding. The Paediatric Liaison Nurses support the training of staff through one to one support to newly recruited Emergency Department Nursing staff during their supernumerary phase, continuing to deliver its well established induction training to the Junior and Middle Grade medics within their rotations into Paediatrics and Emergency Medicine and recently working alongside the Named Nurse and the Education Team to develop a new level 2 training package that was introduced/delivered in August 2019.

2.1.3 Child Death

- In October 2018, new Statutory and Operational Guidance (England) was published, updating the setting out processes following the death of a child in the statutory requirements of 'Working Together 2015 Chapter 5', clarifying how individual professionals and organisations across all sectors should contribute to reviews into child deaths. The new guidance for 2018 has now been adopted in Trust practice.

- Following an incident around information sharing/notification of a child's death to their school; Trust processes were changed. The internal Trust changes were also adjusted to consider the newly private takeover of Child Health Information Service (CHIS) whose responsibility would be to carry out the notification to primary care and public health.

- In light of the significant changes to legislation brought about in October 2018, the first multiagency training session for Child Death was held in November 2018. It was well attended by 68 multi agency professionals including ED staff, police, social care, consultants, SWAST, Coroner's officers, and public health nursing. Included were presentations from Paediatrics, Police, Child Death Overview Panel (CDOP), chaplaincy and family bereavement support. Feedback was extremely positive and in response, plans were put in place to support for full day's training the following spring and every year following the annual CDOP conference in Birmingham.

- Improvement to Rapid Response service with appointment of additional Rapid Response Practitioner, with a further Rapid Response Practitioner appointed under referencing (a total of 3 practitioners). This staffing will cover the South West Peninsula.

- Named Doctor for Child Death – following the update to the Working together to safeguarding children guidance, the Named Doctor has been instrumental in joint work with CDOP. This has resulted in the Trust updated processes to review all child deaths; expected or unexpected. Staff members have been included Rapid Review meetings to ensure that support for families and any appropriate actions are initiated as early as possible. Continued training opportunities and networking is planned for the future, which will ensure that the Trust maintains strong networking relationships across the Peninsula and that learning is

disseminated promptly to appropriate Trust staff, in particular the Consultant Paediatricians.

Reported Deaths		Under 1	1-17	Local Case Review
Unexpected	9	5	4	3
Expected	7	4	3	1

2.1.4 Safeguarding Children activity

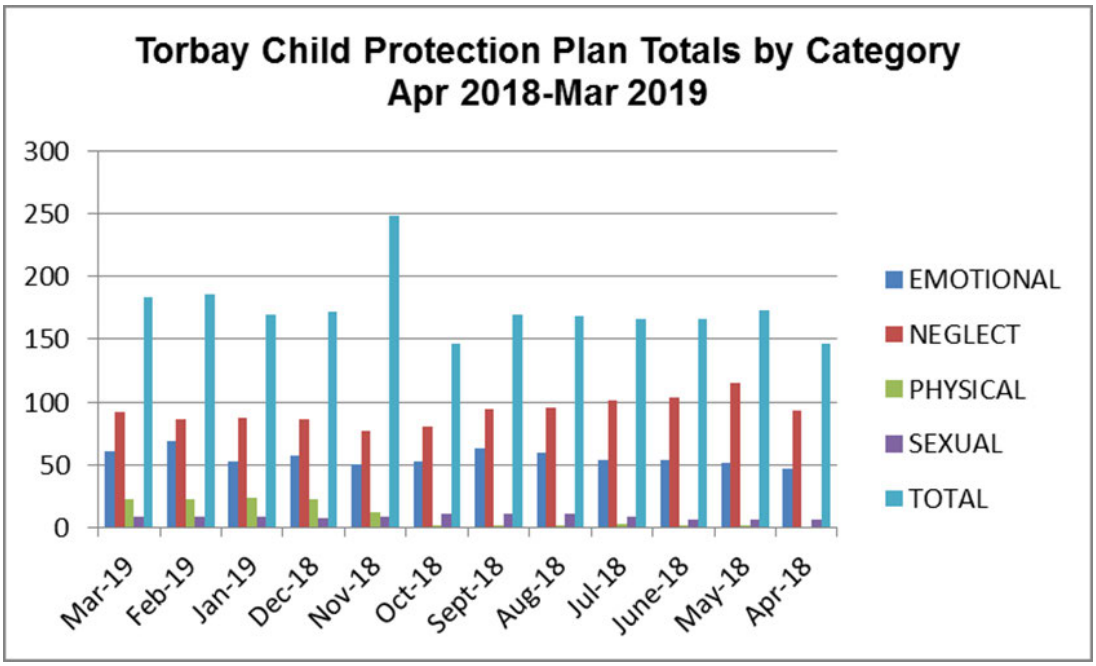
The Safeguarding Children Team members are based across the ICO and comprise of:

- wte Band 8a Named Nurse
- 0.2 wte Band 8a Named Midwife
- 3.6 wte Band 7 Safeguarding Supervisors
- 0.8 wte Band 7 Safeguarding Midwife
- wte Band 6 Paediatric Liaison Nurse
- 5 PA's for Named Doctors
- The Nursing / Medical Team are currently supported by:-
- 0.9 Band 5 Child Protection Administrators
- 1.6 Band 3 MASH/ Safeguarding Administrator
- 0.6 Band 2 Safeguarding Administrator

These posts are currently funded from a combination of Torbay Local Authority Public Health Commissioners and CCG funding. The funding for the posts has been a consideration in the procurement for the 0-19 service and the Child and Family Health Devon services.

To ensure continuity of practice, the safeguarding arrangements for those services on the behalf of TSDFT are currently delivered under service level agreements or a memorandum of understanding whilst both of the services move through the mobilisation process following successful commissioning bids. It has been of paramount importance to ensure that the safeguarding of children and their families will remain core business and will continue to be delivered unhindered by the service changes.

- **Children Subject to Child Protection Planning**



From April 2018 – April 2019 we have seen a steady rise in numbers of children and young people who are subject to child protection planning.

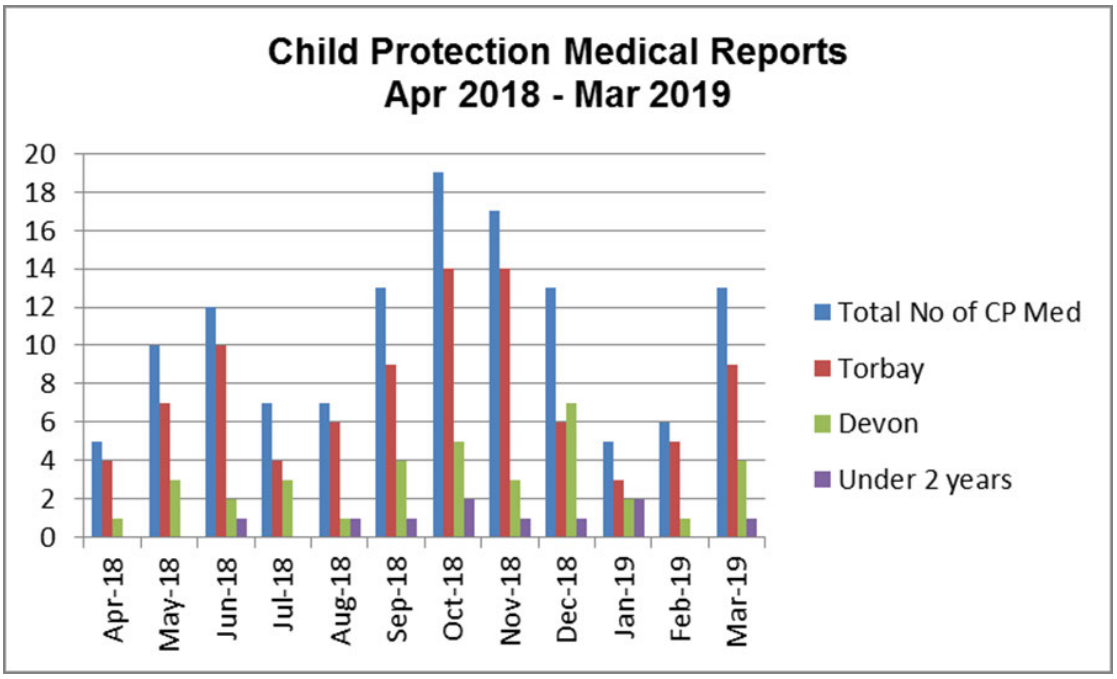
- Torbay Children's Services data – April 2019
- Total number of children on a CP plan – 170
- Sexual abuse category - 5
- Emotional abuse category - 65
- Physical abuse category – 22
- Neglect category – 78
- Ages 0-1 34
- Ages 2-4 30
- Ages 5-18 106

This is a significant increase from April 2018 and is similar to the significant rise in children undergoing care proceedings and becoming looked after by the local authority. Torbay is a national outlier with these figures and the figures are under scrutiny from Ofsted as part of the continuing inspection process for the Local Authority. As a partner agency, the Safeguarding Children Team are supporting TSDFT with increasing numbers of cases which are being escalated using the Torbay Safeguarding Children's Board (TSCB) Professional Differences policy. Many of the cases are resolved at a lower level but staff are supported in safeguarding supervision to ensure that health professionals are proactive partners in the child protection planning processes and this is supported by findings in multiagency case audits completed by the Quality Assurance sub group of the TSCB.

Ensuring the correct health professional supports child and family health is essential especially when the child is subject to CP planning. These children and families are vulnerable and will have health needs. TSDFT recognises its duty to

support statutory CP meetings when the child and family require services provided by the Trust and will continue to do so.

- **Child Protection Medical Examinations**

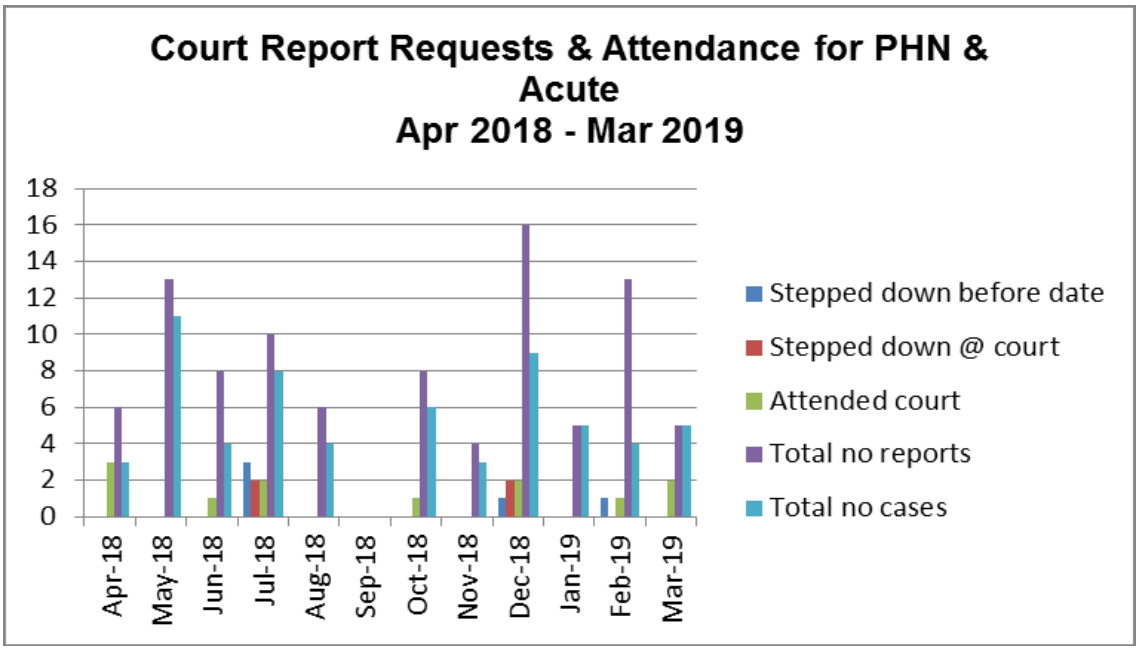


In September 2017, the Royal College of Radiologists released guidance for the radiological investigation of suspected physical abuse in children. Following some initial challenge nationally from Designated and Named Doctors, the TSDFT Named Professionals and specialist Paediatric Radiology staff collaborated to support new guidance for the trust for the completion of skeletal surveys, as part of the child protection medical examinations. A new policy containing guidance for staff and a parent information leaflet has been ratified and is in accordance with the national guidance and standards for this process. In line with the Ofsted recommendations for Torbay Local authority, a work stream related to child protection medical examinations has also resulted in collaborative work to produce multiagency guidance for professionals involved. In consideration of the raised awareness and scrutiny for this process, Safeguarding Children Operational Group (SCOG) members agreed that the numbers of requests should be monitored and reported. The quality of the medical examinations will also be analysed through the audit process.
TSDFT has seen increasing numbers of child protection medical requests, more from Torbay, but this would be in accordance with the increasing numbers of children becoming subject to child protection planning or becoming looked after children.

The Child Health Department has allocated a slot in clinic every day to offer increased flexibility in the provision of time for child protection medicals, making the unplanned, planned. This allows many medicals to take place at a set time, in an outpatient setting, reducing the need for children, families and social workers to wait in the busy Short Stay Paediatric Assessment Unit out of hours until the Paediatric Acute Consultant or On-call Consultant is able to do the medical. Prioritising consideration of the best interests of the child concerned, this also improves patient safety considerations, by taking the pressure off the

out of hour's paediatric service reducing the demand on the service at its busiest time for medical paediatric emergencies.

- **Court activities for support of Legal Cases in Child Protection**



TSDFT Safeguarding Children Team provides support to all staff, in particular the Specialist Community Public Health Nursing (SCPHN) team, for completing court reports and preparing staff for court attendance.

The Policy: G1838 Preparing Court reports, outlines the roles and responsibilities and provides a standard court report format, agreed with Local Authority Legal Teams to ensure that information submitted for court proceedings in Family Court by TSDFT staff is of good quality and will support the continuing safeguarding of the related children.

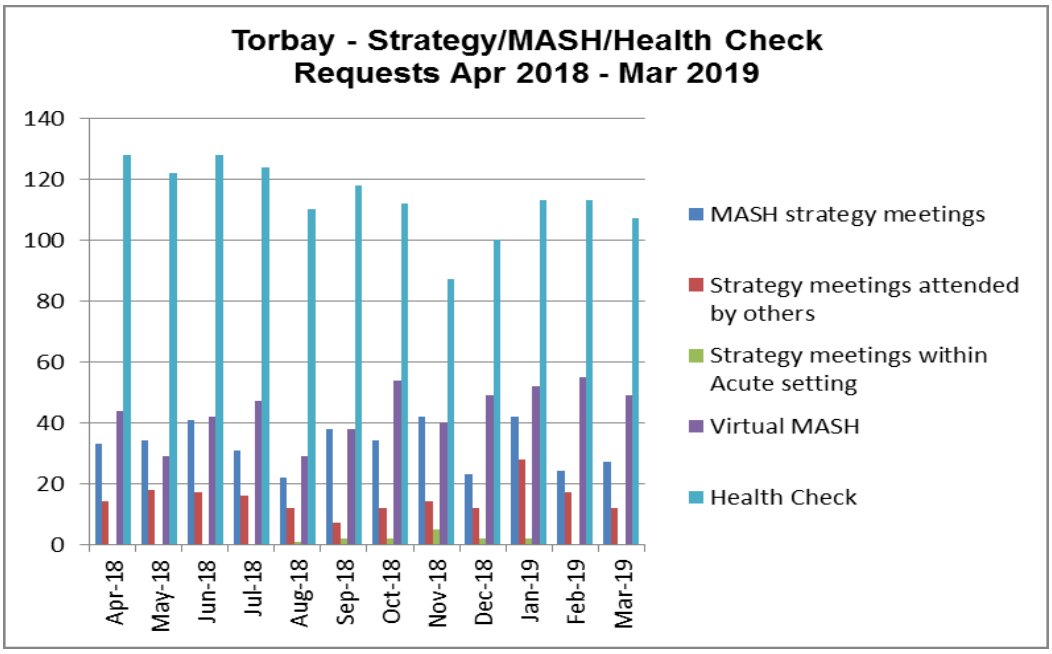
The Family Court deals with a variety of issues including Care proceedings. Care proceedings happen when the state intervenes in the right of the parent to look after his or her children. The local authority can only remove a child from the care of its parents (if parents do not agree) with a court order. The Local Authority need to satisfy a court that a child is suffering or is likely to suffer significant harm.

TSDFT staff may be required to support these proceedings with reports to evidence the interventions of the practitioners with the child and family and to provide a professional consideration and analysis of the contact.
The Safeguarding Nurse Practitioners and Named Nurse are available to provide guidance for the writing of the reports, preparation for the staff member of the court process and support when they attend court.

All information is shared with the support and consideration of the Data Access and Disclosure Team, whose support is invaluable in ensuring TSDFT compliance with legislation and GDPR requirements.

The monitoring of the numbers of court reports submitted via the Safeguarding Children Team is completed at SCOG and is a new consideration on the dashboard. This was added in response to the recognition of the increasing numbers of requests and the significant time impact on individual practitioners. Over the period of April 2018 – March 2019 there were a total of 94 requests for court reports from practitioners relating to a total of 62 cases where legal care proceedings were initiated as part of the Child Protection process.

- **TSDFT Health support to Torbay MASH (Multiagency Safeguarding Hub)**



For the period of April 2018-April 2019, the Health staff working within the MASH team, have contributed to 613 Section 47 strategy discussions compared with 502 in the previous year. This figure does not include the number of planned strategy meetings which other staff employed by TSDFT attend to safety plan for children and young people.

Virtual MASH meetings were totalled at 530.

Health checks on MASH referrals have been completed on 1,363 occasions; an increase from 904 the previous year. The Safeguarding Children Supervisors rotate into the MASH to support Health decision making as part of the MASH team. They collect , analyse and share relevant information from a variety of sources / teams; including secondary care (hospital) , Public Health Nursing, GP's , Child and Adolescent Mental Health Service (CAMHS) , Sexual Medicine service and adult support services , such as mental health and substance misuse.

The levels of referrals and information gathering have risen significantly over the last year. The processes utilised by the Safeguarding Children Team are regularly reviewed, modified and improved to ensure that they are efficient and provide prompt and relevant information to allocated professionals in accordance with GDPR guidance. This increased level of activity is a significant challenge and the impact on current staffing capacity for the TSDFT staffing; including the Safeguarding Children Team has been raised at SCOG for consideration.

- **Safeguarding Supervision**

  Safeguarding supervision remains a priority for the Safeguarding Children Team. Safeguarding supervision is an essential component of safeguarding children practice and is integral to safe practice for all Level 3 trained staff across the Trust. Whilst there are 3 trained Safeguarding Nurse Practitioners within the team, all members of the wider safeguarding children team, including the Named Professionals, are trained safeguarding supervisors. The Trust also has 40 additional supervisors who have undertaken the two day “in – house” training course, delivered by the Named Nurse and Amanda Brunt (Organisational Development Facilitator and Coaching Lead TSDFT).

  The Safeguarding supervision policy has been updated and an audit has been completed and reported to SCOG, to consider the effectiveness and compliance of staff with the policy. The audit also monitored qualitative data to gain feedback from staff, which was captured anonymously. The audit showed an improvement in compliance with the safeguarding supervision and that the practice is becoming embedded into clinical practice. It also showed that the supervision is valued by staff and is considered a supportive resource. Particular areas of good compliance were identified as Torbay Sexual Medicine service, the Emergency Department, Paediatric Speech and Language therapy service, Childrens Learning Disabilities service and in particular the SCPHN service, who have consistently had 100% compliance throughout the year.

  Areas for improvement have been identified and a further audit planned, following changes to staffing following mobilisation of the Child and Family Health Devon partnership arrangements.

  The Named Doctors also provide regular formal group peer review of safeguarding cases, including review of child protection medical examinations. This is for quality assurance and to support consistent practice amongst the Paediatric Consultants. Over this time period 60 patient cases were reviewed and average attendance for each review meeting was 12 consultants.

  Supervision for health visitors (HV) and school nurses (SN) is monitored through SCOG and reported to the Public Health Commissioners as a KPI.

Q2 2018	100%	KPI Parameters	
Q3 2018	100%		
Q4 2018	100%		90%-94%
Q1 2019	100%		95%-100%

- **Multiagency partnership working**

  Partnership working as directed by Working Together to Safeguard Children (2018) and the Children Acts (1989, 2004) underpins the ethos and values of the safeguarding children’s team.

  In a bid to achieve this, the Trust is represented at both executive level and within sub groups/panels on Torbay Safeguarding Childrens Boards, by the Chief Nurse, the Named Safeguarding Professionals in line with Section 13 of the

Children Act 2004. Devon Partnership meetings have health representation from the CCG and representation at appropriate working groups by the Named professionals.

Torbay Safeguarding Childrens Board sub groups representation includes:

- Quality Assurance
- Serious Case Review
- Missing, Exploited and Trafficked
- Training and Development

These groups will be under review following progress of the TSCB aligning with the recommendations from the Woods review.

TSDFT Safeguarding Children Team provides representation at both Torbay and Devon MARAC's (Multi Agency Risk Assessment Conference) The Safeguarding Midwife, Paediatric Liaison Nurse, Safeguarding Supervisor and a representative from the Emergency Department, work collaboratively to gather relevant information for domestic abuse cases discussed at the conference. The meeting discusses cases that have identified victims to be at high risk of murder or serious harm. The TSDFT team have aligned Trust process across the ICO and guidance and a standard operating procedure for all staff that supports information sharing to MARAC is awaiting ratification.

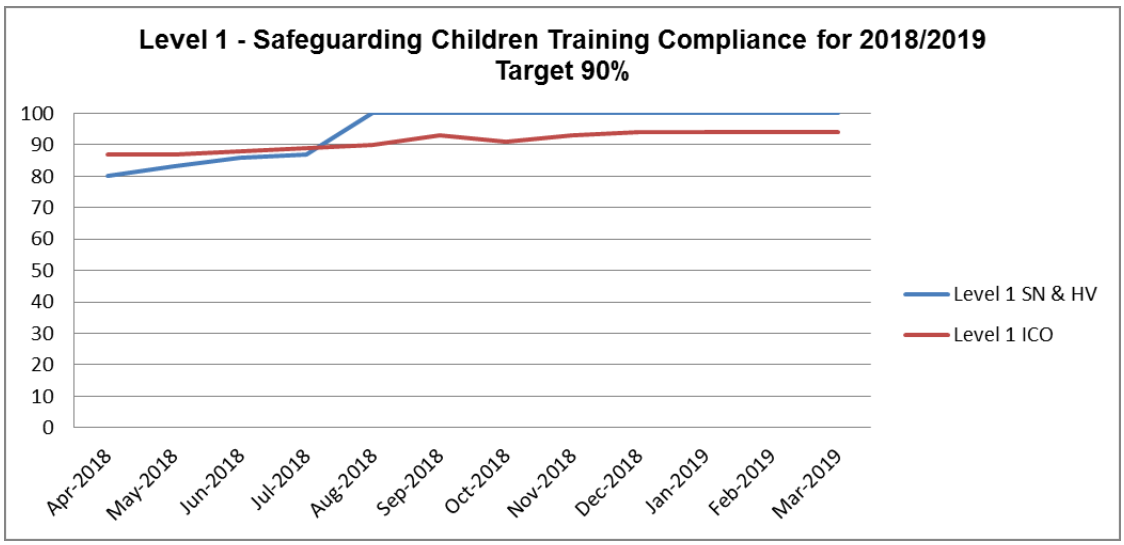
As processes undergo review and change, TSDFT Safeguarding Children Team will continue to evaluate and consider relevance for attendance at meetings and will ensure appropriate partnership contribution to multiagency statutory responsibilities.

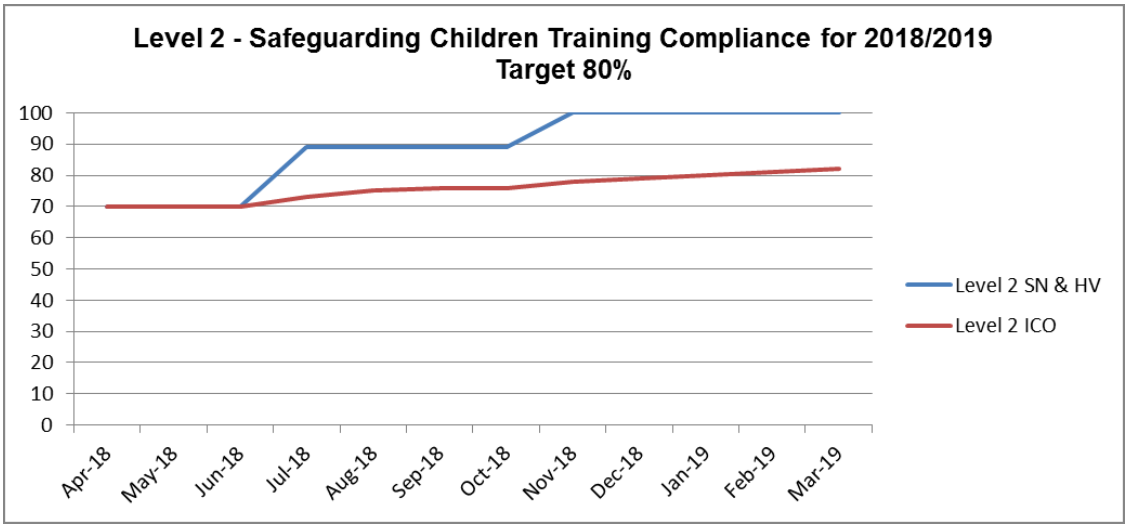
3. Training and compliance

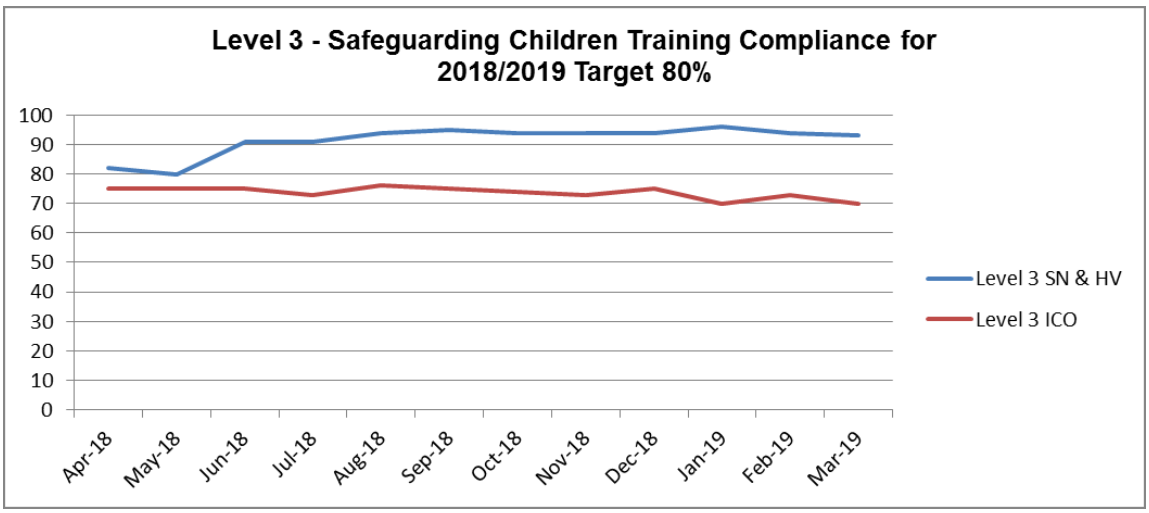
- Mandatory Safeguarding Children Training compliance is monitored monthly and reported on the dashboard to Safeguarding Children Operational Group (SCOG) for governance purposes.

- The Specialist Community Public Health Nurse (SCPHN) service compliance is monitored separately due to key performance indicators that are in place for the staff group.

- See overleaf for figures.







- Required standards for compliance levels for safeguarding children training are agreed with the Clinical Commissioning Group (CCG) and are set at:
  Level 1- 90%
  Level 2- 80%
  Level 3- 80%
  Monitoring of mandatory training compliance is multifaceted. It includes staff compliance data being sent to Staff Managers, Service Leads and the whole

Trust compliance data is shared on a monthly basis with the Named Nurse and at SCOG. There is a review process in place for the Named Nurse supported by the Safeguarding Admin Team; to ensure that key staff groups are prompted in addition to the recognised process and that individuals are supported to attend their relevant training.

- Trust compliance levels, in accordance with the timescales for this report, are as shown below:

School Nursing and Health Visiting Service compliance	March 2019	April 2019
Safeguarding Children Training Level 1	100%	100%
Safeguarding Children Training Level 2	100%	100%
Safeguarding Children Training Level 3	93.06%	95.71%

ICO compliance	March 2019	April 2019
Safeguarding Children Training Level 1	94.22%	92.37%
Safeguarding Children Training Level 2	81.67%	79.91%
Safeguarding Children Training Level 3	70.31%	60.87%

- Training compliance for August 2019 is:
  Level 1 - 94.80%
  Level 2 - 83.75%
  Level 3 - 75.68%

- The Intercollegiate document guidance, “Safeguarding Children and Young People: Roles and Competencies for Healthcare staff” was reviewed and the update was released in January 2019. This prompted a review of the training levels that have been set for all staff working for the Trust. Following feedback from staff during safeguarding supervision and direct work with the Quality Assurance Leads from partner agencies, including the Local Authority, the Named Nurse completed a training review paper that was presented to the Trust Board for approval. This paper recommended alteration to Levels of safeguarding training, to include an enhanced Level 2, for a targeted group of staff who complete safeguarding children referrals but who do not continue working with the families within the child protection process e.g. Emergency Department staff.

- The Level 2 enhanced training programme has been written to improve quality of referrals by Trust staff and to support and enhance professional challenge within the safeguarding/child protection process. This training commenced from April 2019 and will be monitored by the SCOG governance process. The training will be delivered by the Paediatric Liaison Nurse, which will enhance visibility of the role/ practitioners to the staff attending.

- The Safeguarding Children Team continue to support additional training in staff facing opportunities including the corporate induction programme and Emergency Department / Child Health / Midwifery mandatory study days as it

remains a priority for the team to be a visible and accessible presence to operational staff across the Trust.

- Additional targeted training is also facilitated by members of the team. This can be in response to identification of themes, feedback from MASH operational boards on quality of referrals, or in response to learning from serious case review to give a few examples. In particular a specialist training day has been designed to respond to the needs of the staff on Louisa Cary Ward, in response to increasing numbers of challenging behaviour and mental health inpatient incidents.

4. Updates to Legislation and Guidance

4.1 In response to the Woods report and updated national guidance, significant changes are taking place to the structure and working practice of the Local Safeguarding Boards. The information below has been taken from the Torbay Safeguarding Childrens Board website:

Working Together to Safeguard Children 2018 (WTG 18) is the statutory guidance that transfers strategic local safeguarding arrangements from Local Safeguarding Children Boards (LSCB) to three new safeguarding partners, namely the Local Authority, Clinical Commissioning Groups and Police. These safeguarding partners have a shared and equal duty to determine local arrangements to work with each other, and with nominated relevant agencies, to safeguard and promote the welfare of all children and young people in their area. WTG18 permits local safeguarding arrangements to cover two or more local authorities. It has been agreed that the safeguarding partners can perform effectively and efficiently across Plymouth and Torbay, delivering local arrangements in a joined up way which meets the key priority of safeguarding and protecting children and young people.

The existing LSCBs in Plymouth and Torbay shall be replaced with one Joint Strategic Partnership covering both geographical areas. The safeguarding partners have equal and joint leadership responsibility for these new arrangements.

The safeguarding partners for Plymouth and Torbay are:

- *Plymouth City Council and Torbay Council*
- *NHS Devon Clinical Commissioning Group*
- *Devon & Cornwall Police*
-

This new Joint Strategic Partnership will mean that children and young people get the right response at the right time, with improved arrangements focusing upon outcomes and continuous improvement. The safeguarding partners will continue to ensure that the voice of children and young people is at the centre of strategic work and operational safeguarding practice.

By extending geographical sight the safeguarding partners aspire to deliver arrangements where excellent practice becomes the norm, strong links and joint working are fostered, and develop a skilled, knowledgeable and confident workforce working across local authority, sector and geographical areas. These arrangements are designed to put Plymouth and Torbay children young people

and families at its centre and shall engage all children and young people by using improved systems and forums. It will harness, share and build upon the frontline expertise across Plymouth and Torbay to safeguard and promote the welfare of children and young people.

The arrangements shall:

- *focus upon strength based approaches to support children and young people's independence, resilience, strengths and capabilities*
- *adopt a contextual safeguarding approach to understanding and responding to young people's experience of significant harm beyond their families*
- *advocate a trauma informed approach and integrate an understanding of trauma in organisational safeguarding practice and policy.*

The current Independent Chair role will be replaced with a single Independent Quality Assurance role that has oversight for reviewing and improving safeguarding practice. This role shall ensure the Joint Strategic Partnership enhances the identification of learning and embeds outcomes into practice across Plymouth and Torbay.

Transition into the new arrangements is underway with the new Joint Strategic Partnership coming into effect on 29 September 2019.

Director of Children's Services for Plymouth and Torbay, Alison Botham said: "By creating a joint partnership between the three key agencies we are going to be able to work more effectively to ensure the delivery of effective, consistent and sustained safeguarding and promotion of welfare of children and young people across Torbay and Plymouth. The partnership arrangement will mean that children and young people get the right response at the right time

5. Governance

5.1 Audit

SCOG agenda has a standard agenda item for audit. The audit planning of the Safeguarding activities of the Trust are discussed at SCOG and all members of the attendees have agreed to bring all audit pertaining to safeguarding children functions to SCOG for scrutiny.

- Audits that have been completed and presented to SCOG April 2018 – April 2019:
  6515 - Repeated Attendances to the Emergency Department (ED)/ Short Stay Paediatric Assessment Unit (SSPAU) by Children
  6547 - Child Protection Flagging
  6523 Child K recommendations (Substance misuse services)
  6524 Safeguarding Children Supervision
  6553 Safeguarding referrals for children undergoing multiple dental extractions under general anaesthetic (GA)

- Planned future audits include:
  Safeguarding Children Supervision audit – repeat
  Child Protection Flagging – repeat
  Quality improvement project – paediatric surgical cases – in progress

5.2 Trust internal audit

As part of the 2018/19 Internal Audit and Assurance Plan, as agreed by the Audit Committee, a review has been undertaken of the Trust's current arrangements for Safeguarding Children. The work was undertaken from March 2019 - July 2019.

The overall objective for this review was to confirm that the Trust has appropriate arrangements in place to Safeguard Children with the following specific objectives included:

- The Trust has appropriate arrangements in place for Safeguarding Children, in line with the latest national guidance.
- Staff undertake relevant competency training (at levels consistent with their roles and responsibilities) for Safeguarding Children.
- There are appropriate arrangements in place to report and respond to suspected abuse involving children in Trust settings.
- The Trust has appropriate arrangements in place to monitor the progress, to completion, of actions arising from Serious Case Reviews (SCRs) and Internal Management Reviews (IMRs).
-

The review was undertaken through discussions with relevant staff, reviewing of relevant process documentation and guidance, and the testing of records and information held.

5.3 Overall conclusion:

This review has assessed the governance arrangements in place surrounding safeguarding children within the Trust. Whilst there will always be opportunities to build on and improve working practices, the current governance arrangements across the areas we reviewed are designed to allow for appropriate focus on children's safety, both operationally and corporately. Compliance rates for Levels 1 and 2 mandatory training were above the required target levels and there are good arrangements in place for the monitoring of actions and learning from Serious Case Reviews (SCRs) and Internal Management Reviews (IMRs). The Trust works on a multi-agency basis across Devon and Torbay, with staff representing the organisation and enabling shared learning to be identified and implemented.

A number of recommendations which aim to further enhance current arrangements to support the Trust in its responsibility to protect the children who are identified through its services. These focus on the:

- corporate compliance reporting arrangements on Level 3 training within the monthly Integrated Quality, Workforce, Performance and Finance Report (IQWPF);

- clarity of the protocol 'Managing Allegations against Staff (Within the Context of Safeguarding Children and Adults – G2282' and consistency with the South West Child Protection Procedures; and

- recording of monitoring / outcomes on Safeguarding Children Operational Group (SCOG) work plan.

- An assurance rating of satisfactory was given.

- The recommendations have been accepted and have been included onto the work monitoring of the SCOG for governance oversight.

5.4 Serious Case Reviews / Management reviews

Working Together to Safeguard Children 2018 advises that "a serious case review (SCR) takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved". It looks at lessons that can help to prevent similar incidents from happening in the future. There is a requirement for all local Safeguarding Childrens Boards to undertake reviews of serious cases in specified circumstances, under regulation 5 of the guidance.
The definition states that a SCR is one where:-

a) abuse or neglect of a child is known or suspected; and
b) Either – (1) the child has died or (2) the child has been seriously harmed and there is cause for concern as to the way in which the authority , their board partners or other relevant persons have worked together to safeguard the child
c)

All reviews of cases meeting SCR criteria should result in a report which is published and readily accessible on the LSCB's website for a minimum of 12 months.
Reports should be written with consideration of publication and written in such a way to be unlikely to harm the welfare of any children or vulnerable adults associated to the case.
Current serious case reviews applicable to TSDFT are:

- C66 – Serious case review – young person / Looked after child – actions complete - report published Sept 2019
- C67/68 – Serious case review – siblings / familial sexual abuse – actions in progress - report in progress
- C69 – Internal review – child with fracture – actions complete - report awaiting final sign off
- C74 – Serious case review - Torbay CAMHS safeguarding issues – actions in progress – report in progress
- C75 – Multiagency Management review – fracture to non-mobile infant - actions in progress – report in progress

The Named Professional from the Safeguarding Team provide representation to the review meetings and support staff to attend professionals meeting where the methodology determines that this is required.

All serious case reviews and subsequent action plans are scrutinised and monitored at SCOG.

5.5 Ofsted improvement plan

Torbay's Improvement Plan has been developed in response to the SIF August 2018 and has been built in partnership with Members of the Improvement Board, including Officers from Torbay Council, Elected Members of the Council, Representatives from, South Devon and Torbay Clinical Commissioning Group, Torbay and South Devon NHS Foundation Trust, Devon and Cornwall Police, Schools and the Local Government Association. Alongside this there has been consultation on the developing plan with the Improvement Partners, Hampshire County Council. There has been involvement of the Children's Services Management Team in reviewing and developing actions within the Improvement Plan.

The principles on which this Plan has been developed are focused around the need to address immediate actions as identified in the Areas for Improvement, whilst in parallel to ensure changes in relation to the quality of practice that are sustainable to meet the needs of children and young people in Torbay.
The delivery of improved practice is a primary objective and to support this, Torbay has stated that it will support the use of Signs of Safety as its Social Work Model. Signs of Safety is an innovative strengths based safety organised approach to child protection casework. The approach focusing on the question *'How can the worker build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with maltreatment issues'. This strength based and focussed approach to child protection work is grounded in partnership collaboration.*

An action plan specific to TSDFT has been agreed, led by the Chief Nurse as Safeguarding Lead for TSDFT and in collaboration with the other partner agencies supporting Torbay Local Authority in the safeguarding and child protection statutory duties. The action plan is formulated into the SCOG work plan and has Trust governance oversight on the progression of our actions.
In April 2019, TSDFT had 1 outstanding action related to the Ofsted Improvement plan; multiagency review of the Child Protection medical process. The review had been completed and was awaiting final sign off following scrutiny by the Ofsted inspectors.

TSDFT continue to remain a proactive partner in the improvement process.

6. Child Criminal Exploitation

6.1 The exploitation of vulnerable children is an issue that is of increasing priority in the local safeguarding children agenda for all agencies.
This is being evidenced in a number of new factors which are being highlighted both in the National Media, but is also reflected in improved training information and National Guidance.

The terminology of "child criminal exploitation" is becoming more widely used and understood and is defined in the recent Home Office document; "Criminal Exploitation of children and vulnerable adults: County Lines guidance" as:

Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. It is common in County Lines organised crime activity.

6.2 County lines, sometimes referred to as Dangerous Drug Networks (DDN's) is the police term for urban gangs supplying drugs into our local market and coastal towns using dedicated mobile phone numbers, often referred to as 'graft phones' or 'deal lines'. It can often involve child criminal exploitation (CCE) through the use of children from the urban source area or the targeting of local children and vulnerable adults to move both drugs and money. Gangs having established a market base can typically take over the homes of local vulnerable adults by force, coercion and or deception in a term referred to as 'cuckooing'.
County lines activity and the associated violence, drug dealing and exploitation can have a devastating impact on young people, vulnerable adults and local communities.

A young person's involvement in county lines activity often leaves signs. A young person might exhibit some of these signs, either as a member or as an associate of a gang dealing drugs.

Some classic indicators of county lines involvement and exploitation are listed below:

- Persistently going missing from home or school and/or being found out of their area
- Unexplained acquisition of money, clothes or mobile phones
- Excessive receipt of texts/phone calls
- Relationships with controlling/older individuals or groups
- Leaving care/home without explanation
- Suspicion of physical assaults/unexplained injuries
- Parental concerns Carrying weapons
- Significant decline in school results, performance and attendance
- Gang association and or isolation from peers or social networks
- Self-harm or significant changes in emotional well being

Local response to this issue was initially as a series of Police Operations. Multiagency professionals worked together to identify young people at risk and manage the required safeguarding interventions within the recognised frameworks.

Following a successful joint bid for government funding by the Safer Communities Partnerships in South Devon and Torbay, the "Turning Corners" project was initiated in March 2018. The aim of the project is to identify, divert and safeguard young people who are at risk of Criminal exploitation.
The Turning Corners project will work with individuals who are:

- Under 18 at the point of referral save for those already encompassed within the previous projects to maintain intervention and support. Where additional

needs are identified in relation to an individual this age limit may be extended to 21.
- At risk of child criminal exploitation outside of the home or
- At risk of, or currently engaging in violence / disorder outside of the home.

The Safeguarding Nurse Practitioners and Named Nurse are supporting appropriate information sharing and attendance to this project and identified allocated Trust staff members who are engaged in a service with a young person are supported by the team to attend and participate in the multiagency safeguarding planning around the identified young person.

As part of the joint working with the Safeguarding Adults team, the Named Nurse for Safeguarding Children is also a member of the South Devon Exploitation sub group meetings, as a health representative, to support consideration of strategic responses to those individuals who are victims of exploitation and how organisations can provide support when they are working with those victims. This is a new initiative and has been commended by the Police Crime Commissioner as a vanguard for multiagency response to exploitation for both adults and children. There is consideration for this to be replicated nationally.

7. Quality and Assurance

TSDFT has recognised governance process for oversight and monitoring of the Safeguarding Children statutory duties. The Safeguarding Children Operational Group reports to the Integrated Safeguarding and Inclusion Group. There is robust challenge and consideration of the work of the safeguarding children and adult teams, in particular where there is a shared responsibility.

As the mobilisation process moves forward for the 0-19 service and CFHD it will be essential for all parties to work closely together to ensure robust and high quality safeguarding children training standards and practices are maintained. The audit programme monitored monthly by SCOG will be an important trigger mechanism to highlight any issues.

8. Conclusion

8.1 Challenges

- The Trust Risk register reflects the corporate risks for the Trust; which include the Devon MASH referral process and the safeguarding children referral process for the Emergency Department IT system, “Symphony”. Work continues with the appropriate teams to resolve these issues and decrease/ eliminate these risks. This is monitored through SCOG.

- The Torbay Specialist Community Public Health Nursing (SCPHN) service (now known as the 0-19 service) is the main health service which regularly provides the input to safeguarding and child protection work for families. It has been seen as the Universal health service that all families have available to them and so the Health Visitor or School Nurse has traditionally been the health representative in the statutory meetings for families. Following recent service consultations and a significant increase in child protection and looked after children numbers, there will be challenge to the sustainability of the 0-19 service workforce to be able to

provide this representation. Other Trust staff teams are now routinely involved in this work; including CAMHS therapists, Speech and Language therapists and Children's Community Nurses. During the mobilisation phase, considerations are planned with the mobilisation of the 0-19 service with the other stakeholders (Action for Children and The Children's Society) to identify how the safeguarding and child protection arrangements and responsibilities will best meet the statutory requirements for partner agencies.

- Commissioning standards for CFHD and 0-19 services needs to remain a significant consideration as TSDFT progresses in the mobilisation phase for these services. The risk considerations are well sighted in the governance structure of TSDFT and joint working is continuing to manage and report the progress in accordance with statutory requirements.

- Mental Health support services for young people are at a critical juncture. This is a national problem but local strategies are being formulated to support young people. The mental health service, CAMHS, will be provided by Devon Partnership Trust as part of the commissioning arrangements of the Child and Family Health Devon (CFHD) partnership. For TSDFT, there are significant numbers of young people attending our secondary care services in crisis; attending the Emergency Department or being admitted to Louisa Cary Ward. This can have a significant impact on Trust services, including blocking acute medical beds due to lack of placements/ support services for young people in crisis. This is not in the best interests of the young people or their families and the Trust will continue to escalate these issues and work collaboratively to support them in their time of crisis, whilst managing the safety of the overall situations. In partnership with NHS England, NHS Devon CCG and local partners an escalation process has been developed that is operationalised when delays are experienced in discharging a child or young person to the correct therapeutic environment.

8.2 Achievements

- SCPHN representatives attending Targeted Help Panel sharing information and contributing to safe decision making for families.
- SCPHN representatives contributing to the Early Help training
- SCPHN representatives supporting the rollout of the domestic abuse training in line with Torbay's Domestic abuse and sexual violence strategy to achieve whole service compliance with the training.
- TSDFT staff supporting the Torbay Domestic abuse and sexual violence strategy by identifying and supporting increasing numbers of key staff to attend the training to become "Champions"
- SCPHN team achieving 100% compliance with safeguarding supervision requirements for a consistent 12 months
- Torbay Sexual Medicine service review of the assessment toolkits utilised to safeguard young people who attend the service, supporting consistent care across all sexual medicine venues.
- TSDFT staff supporting the agreement of TSCB standard procedures for Child Protection Medical examinations
- TSDFT ratification of Bruising in non-mobile children policy; further improvement work in response to Serious Case review actions that had been completed. Flowchart formulated to support Trust staff in decision making for referrals of

children for medical / safeguarding consideration. Shared with Named Professionals across the Peninsula and is used in support of the South West Child Protection procedures.

- TSDFT training review resulting in the enhanced Level 2 requirement.

9. Recommendations

The TSDFT Safeguarding Children practices have been under significant scrutiny over the past year. The commissioning process for the Childrens Community Health services and specialist community public health nursing services has resulted in the procurement of the “Child and Family Health Devon” service and the “0-19 service”. The statutory safeguarding requirements for individual agencies are well understood and these are forming the main structure for the planning of the safeguarding processes for the new services and how they will align with TSDFT and the partner agencies.

As anticipated, there is a high level of vigilance through the governance and commissioning processes whilst these new services are entering their mobilisation phases and this will continue through the coming months and will be reported in accordance with requirements.

The results of the Trust internal audit provide assurance that current TSDFT safeguarding children practice is satisfactory and the recommendations are in progress and monitored through SCOG.

Torbay Safeguarding Childrens Board system changes are likely to also have an impact as we move forward from September 2019; but TSDFT have well established working relationships within the process and will continue to work closely with the partner agencies and the CCG Designated representatives as progress continues with the new partnership structure.

Annual Report 2019
Promoting the Health and Wellbeing of Looked After Children
Torbay and South Devon NHS Foundation Trust
Looked After Children's Health Team

Name of report:	Annual Report 2019 Promoting the Health and Wellbeing of Looked After Children		
Authors:	Gwendolyn Bluck Named Nurse for Looked After Children And Helen Vickerstaff Named Doctor for Looked After Children		
Approved by:			
PURPOSE OF REPORT:			
To provide the CCG of the health and wellbeing needs of looked after children and also provide an action plan.			
RECOMMENDATION(S): CCG			
FOR CCG completion			

Annual Report 2017-2018

Promoting the Health and Wellbeing of Looked After Children

1. PURPOSE OF THE REPORT

This is the second annual report for the CCG provided by the provider and covers the period of April 2018 to March 2019.This report provides information about local developments and activity in response to policy framework, including how statutory requirements are being fulfilled. It evidences work undertaken by the looked after children's team in meeting the health needs of looked after children, which includes the Named Doctor and Nurse, medical secretary and looked after children administrator and specialist nurses for looked after children for Torbay.

2. EXECUTIVE SUMMARY

2.1. Overview

At 31 March 2018, there were 75,420 looked after children in England[1]. The numbers of looked after children has steadily increased over the past decade and are now higher than at any point since 1985. This is an increase of 4% on March 2017.

The above statistic excludes children in agreed short term respite looked after children placements. Due to movements in and out of care more than a third as many children again will experience the care system in any one year. Such short periods of being looked after create particular challenges for assessing and meeting health needs, as does the movement of children between different carers and looked after children placements. This dynamic picture is particularly relevant when planning local service provision.

Nationally, most children become looked after as a result of abuse or neglect. Risks to both their physical and mental health, although similar to those of their non-looked after peers, are often exacerbated due to their past experiences. Children who are looked after show significantly higher rates of emotional and mental health problems with almost half having a diagnosable mental health disorder. Delays in identifying and addressing their health needs can have far-reaching and long term effects on all aspects of their lives.

Between 2018-2019 the number of looked after children in Torbay fluctuated between 325 and up to 360 in March 2019. Statutory guidance on Promoting the Health and Wellbeing of Children in Care suggests annually evaluating the delivery of health services for looked after children. Torbay has an extremely high ratio of looked after children with a ratio of 129:10,000 child population the highest in the South West, ratio 55:10,000 and one of the highest in England, ratio 64:10,000. Torbay therefore has more than double the national average and disproportionate levels in comparison to the other teams within the CCG footprint.

2.2. Quality and Performance

The quality of health assessments is reviewed as an ongoing process by both the Named Doctor and looked after children's nursing team. In 2018-2019 around 18 % of RHA reports were benchmarked / quality assessed by the nursing looked after children team. The standards of reports remain high within the team with ongoing training and peer reviews and joint home visits embedded in practice to ensure consistency. Some issues were identified from reports that were completed by other looked after children's teams and services where additional information was required to meet the benchmarking quality standards.

In 2018 the Named Nurse took part in an engagement session with the CQC as part of the follow up from the Well Led Inspection. The CQC report has rated children's community services overall Good and achieving Outstanding for care and compassion.

2.3. Analysis of the Looked After Children (LAC) health service:

The looked after children's service has seen an increase in numbers 25.8% since 2017 whereas neighbouring services have seen lower increases in numbers of children coming into care; Devon 10.1% and Plymouth 6.4%. The increase without any additional resources to support demand makes service planning and provision a daily challenge. The looked after children (LAC) service prioritises the statutory visits and continues to look at new ways of working to ensure an excellent consistent service provision throughout the fluctuating numbers of children coming into care. The team have adopted agile working with the help of mobile devices and currently remain co-located with the safeguarding team and the Named Doctor and medical secretary.
Joined up working with the safeguarding team and cross cover when the Named Nurses are on annual leave has continued throughout 2018-19. The team has seen impact from additional service demand to attend strategy meetings for Torbay looked after children which often are short notice and substantial amount of preparation is required for attendance as lead health professional. The team was invited to attend 42 between 2018-2019 and were able to attend 32. In addition to strategy meetings the Named Nurse has attended several secure panel meetings and subsequent multi agency meetings stemming from secure panels in addition to the wider team attending several professional and multi-agency meetings for Torbay children, many presenting with complex issues and challenges.

2.4. Service Activity: Summary/ Trends:

The Initial Health Assessment (IHA) timescales continue to be breached with 25% of IHA's being completed on time, the receipt of late paperwork from Torbay council children's service is responsible for the majority of the delays. The CCG and Trust continue to work with children's services to address this issue with regular meeting and help with business support.

2018-2019 has seen some emerging trends and themes specifically with gender identity and repeat prolonged hospital admissions for complex children into acute children's ward and EAU. Often in these cases foster carers and placements have then given notice on caring for these

vulnerable complex children which have then created recurring scenarios. Children and young people have been medically fit for discharge but have remained for weeks in an acute hospital bed as no suitable placement has been identified by the local authority.

Routine Health Assessment (RHA) timescales have remained constantly high attaining Key Performance Indicator compliance of around 93% including the completion of 17 children from Out of Area (OOA) placed in Torbay. Attaining such high levels has limited the looked after children's team activities in other areas due to limited staff resources. There has been very limited additional research, participation in any pilot studies or service development into the needs and trends of the health of Torbay's children due to capacity which is not sustainable. The team follow up on Personal Health Plans (PHP) for all children after 3 months of coming into care/ IHA or their last RHA.

2.5. Challenges:

- Despite the introduction in Sept 2018 of the escalation procedure, the IHA process still requires improvement in consistency to ensure the statutory paperwork is provided to health in a timely manner.
- Increasing numbers in looked after children impacts on resources for the whole looked after children health team seeing increasing resource demands.
- The current staffing resource does not currently match the numbers of looked after children and is not in line with other CCG looked after children's services and not in line with the recommendations of the intercollegiate doc 2015.
- The increase in complex cases has had a direct impact on the service.
- The size of team is not sufficient to make it a resilient service as capacity and demand are not adequate to cover what is required which therefore cannot ensure the needs are each Torbay looked after child and children being placed out of area into Torbay who are looked after, needs will be met.
- The Strengths and Difficulties (SDQ) process is still not adequate or robust and the specialist nurses are not seeing SDQ results and analysis prior to RHA visits and interaction with Torbay looked after children.
- Strategy meetings and CLA reviews continue to impact on the management of work streams due to their high priority need for attendance and the short notice usually provided to attend.
- It remains an ongoing challenge to have a timely overview of the health of children who are placed out of area.

2.6. Innovations/Successes:

- Care remains of a high standard and the needs of children are currently being met and the voice of the child/young person remains the focus of service delivery.
- 3 monthly follow up for every child post an RHA continues with the implementation of 3 month follow up for children having an IHA also being introduced part way through the year.
- The nursing team have visited or contacted the paediatric ward daily to offer support for any looked after child who has been admitted
- We have been working closely with social workers and team managers monitoring for any 'change talk'/ sign of some engagement with services from children who are placed

OOA and local who have refused their RHA. This has enabled us to support with timely re-offers of a RHA. This has proved successful with at least 6 out of the 20 young people subsequently agreeing to have the RHA after initial refusals.

- The looked after children health team have consistently delivered training, teaching and support to carers, social work colleagues, multiagency staff and health colleagues throughout the peninsular.
- The team continue to contribute to multi-agency panels and meetings, often being the lead professional.
- The team continue to co-host the foster carers support group on a monthly basis with CAMHs
- Co-location and excellent working relationships with the Named Doctor, medical secretary and the safeguarding team continue.
- The team is suitably skilled to see any aged child and young person who is looked after supporting a more robust model of care.
- The number of Unaccompanied Asylum Seeking Children remains small within Torbay and care and support continues to be tailored to their individual needs.
- Feedback from services users remains positive.

3. INTRODUCTION

This is the second stand-alone annual report for the CCG provided by the service provider and covers the period of 1st April 2018- 31st March 2019.

This report provides a summary of the local activity and developments, information and quality of work provided by the service provider looked after children team. It aims to highlight risks and challenges alongside good practice and quality assurance in line with statutory guidance, CCG KPI's and Trust policies. The report will also provide an action plan.

Carrying out statutory IHA and RHA assessments should support the identification and actions in addressing the health needs of looked after children in a timely manner. Health actions also require follow up and ongoing support and monitoring.

A child becomes looked after once they are in the care of a local authority for more than 24 hours. This means the child or young person maybe:

- Subject to a full or interim care order
- Subject to an emergency legal order to remove them from immediate danger
- Under a S20 agreement whereby with parental consent or if age appropriate their own consent (16 & 17 yr olds) they are living in accommodation provided by the local authority.
- Detained in a secure children's home, youth/young offenders institution
- Unaccompanied Asylum Seeking Children (UASC)
- Children cease to become looked after who are under special guardianship or are adopted or on reaching their 18th birthday. Provision is then made for ongoing care until the age of 25yrs. The courts are able to revoke a care order if this is in the best interests of a child/ young person.

4. KPI OPERATING PRINCIPLE 2018- 2019

In 2018 a Looked After Children Operating Principle came into effect with the KPI specification outlined below which the Nursing team report to.
There are plans for a separate KPI for IHA/ Named Doctor which were in draft form in March 2019 so are not included in this report.

KPI	All data to be provided split by SD&T Responsible Commissioners.
The number and percentage of Torbay children 0-5 years who have received a Review Health Assessment (RHA) within 6 months of their previous health assessment (either initial or review). Monthly	96.9% Target of 90%
The number and percentage of Torbay children and young people over 5 years who have received a RHA within 12 months of their previous health assessment (either initial or review). Monthly	89.5% Target of 90%
Children Placed out of Torbay by Torbay Local Authority and outside south Devon by Devon county Council	
The number and percentage of Torbay children placed out of county 0-5 years who have received a RHA within 6 months of their previous health assessment (either initial or review). Monthly	47% Target of 90%
The number and percentage of Torbay children and young people placed out of county over 5 years who have received a RHA within 12 months of their previous health assessment (either initial or review) Monthly	50% Target of 90 %
All Torbay Local Authority Children and south Devon children placed in county and out	
Quarterly audit of the quality of health information and evidence of the child's voice within the RHA and health plan.	Quarterly reporting on findings with exception reporting for those not meeting the quality standards 100% compliance
The number and percentage of Torbay children and young people who have up to date childhood immunisation recorded at the time of their RHA.	Up to 2 years 100% 2-16 years 91% 16-18 years 57% Overall 82.6% Target 90%

Infants between the ages of age 6 months – 2 years must have an annual oral mouth check – this can be undertaken by a health practitioner or dentist.	100%
The number and percentage of Torbay children and young people (from 2 years of age) who have had their teeth checked by a dentist between 31st March and 1st April.	90% 2-16 years 63% 16-18 years 76.5% in total
Number of UASC	100% compliance 5 children and young people in total
All children with SEND will receive additional health information where appropriate for their EHCP	Quarterly reporting number and percentage 100%
Children Placed in Torbay by other Local Authorities	
The number and percentage of children 0-5 years placed into Torbay from other LAs who have received an RHA within 6 months of their previous health assessment (either initial or review) from point of request.	100%
The number and percentage of children and young people over 5 years placed into Torbay from other LAs who have received a RHA within 12 months of their previous health assessment (either initial or review).	100%
Information on quality of RHA and voice of child in health plan to be included	100%
The percentage of Care Leavers (aged 16 years and over) who are offered a health passport.	100%
LAC policy in place that is fit for purpose and reflects National Guidance	Compliant
Annual report	Compliant

5. POLICY FRAMEWORK

Services and responsibilities for looked after children are underpinned by legislation, statutory guidance and good practice which include:

- Care of Unaccompanied Asylum Seeking and Trafficked Children (2014)
- Care Planning, Placement and Case Review (England) Regulations (2010)
- Children & Families Act (2014)
- Health and Social Care Act 2017
- Health Lives, Brighter Futures: the strategy for children and young people's health (2009)
- Promoting the Health and Well-being of Looked After Children (2015)
- Looked after Children and Young People (2010, 2013)
- Looked After Children: Knowledge, Skills and Competencies of Health Staff. Intercollegiate Role Framework (2012, 2015)
- NHS Operating Framework for the NHS in England 2012-13
- NICE: Quality standard for the Health and Wellbeing of Looked After Children and Young People (2013)
- Safeguarding Vulnerable People in the Reformed NHS. Accountability & Assurance Framework (2013)
- The Children's Act (1989, 2004)
- The Child Health Strategy (DH 2009)
- The Health & Social Care Act (2000)
- The Leaving Care Act (2000)
- You're Welcome – Quality Criteria for Young People Friendly Health Services (2011)
- Working Together to Safeguard Children (2010, 2015, 2018)

6. COMMISSIONING ARRANGEMENTS

The looked after children team remains co-located on the Torbay Hospital site in Vowden Hall and consists of the Named Doctor and Nurse, 2 nurses, 1 medical secretary and 1 administrator.

The Named Doctor and medical secretary are funded through a block contract; Named Nurse, Lead Nurse, Specialist Nurse and administrator are funded through stand-alone budget. Both services remain under resourced for current service demand.
The team travels up to 50 miles from the Torbay boundary to see looked after children placed out of the Torbay area.

Generated Income from Initial Health Assessments (IHA) and Routine Health Assessments

Year	IHA Total Income	RHA Total Income
2014/15	£3771.36	N/A
2015/16	£4242.78	N/A
2016/17	£3299.94	£7,830
2017/18	£5185.62	£6,210
2018/19	£4242.78	£4,050

7. LOOKED AFTER CHILDREN HEALTH TEAM

Torbay looked after children staffing

Staffing	Intercollegiate Doc recommendations 2015	Torbay caseload of 325-360
Nursing Team		
Named Nurse	1.0 WTE	**0.8** WTE + up to 50 complex cases
Lead/ Specialist Nurses	3.6 WTE	**1.8** WTE
Administrator	min of 0.5 WTE	**0.8** WTE
Medical Team		
Named Doctor	42 clinics per annum with up to 4 children per clinic	**0.7** WTE (includes South Devon Work)
Team Medical secretary for looked after children		**1.0** WTE
Typing assistant		0.5 WTE - on an interim basis

RHA visits continue to be carried out by the looked after children's health team. The Intercollegiate paper 2015 clearly outlines the ratio required of Named, specialist nurses and administration support per 100 children.

Torbay's nursing staff ratio to children does not currently reflect the intercollegiate document nor is it in line with looked after children's team staffing within the CCG: Devon & Plymouth.

The looked after children's team have a plan in place to manage priority work streams and key partner agencies are aware of resource challenges. The team continues to maintain excellent working relationships with children's' services and all other key partner agencies, enabling effective collaborative work.

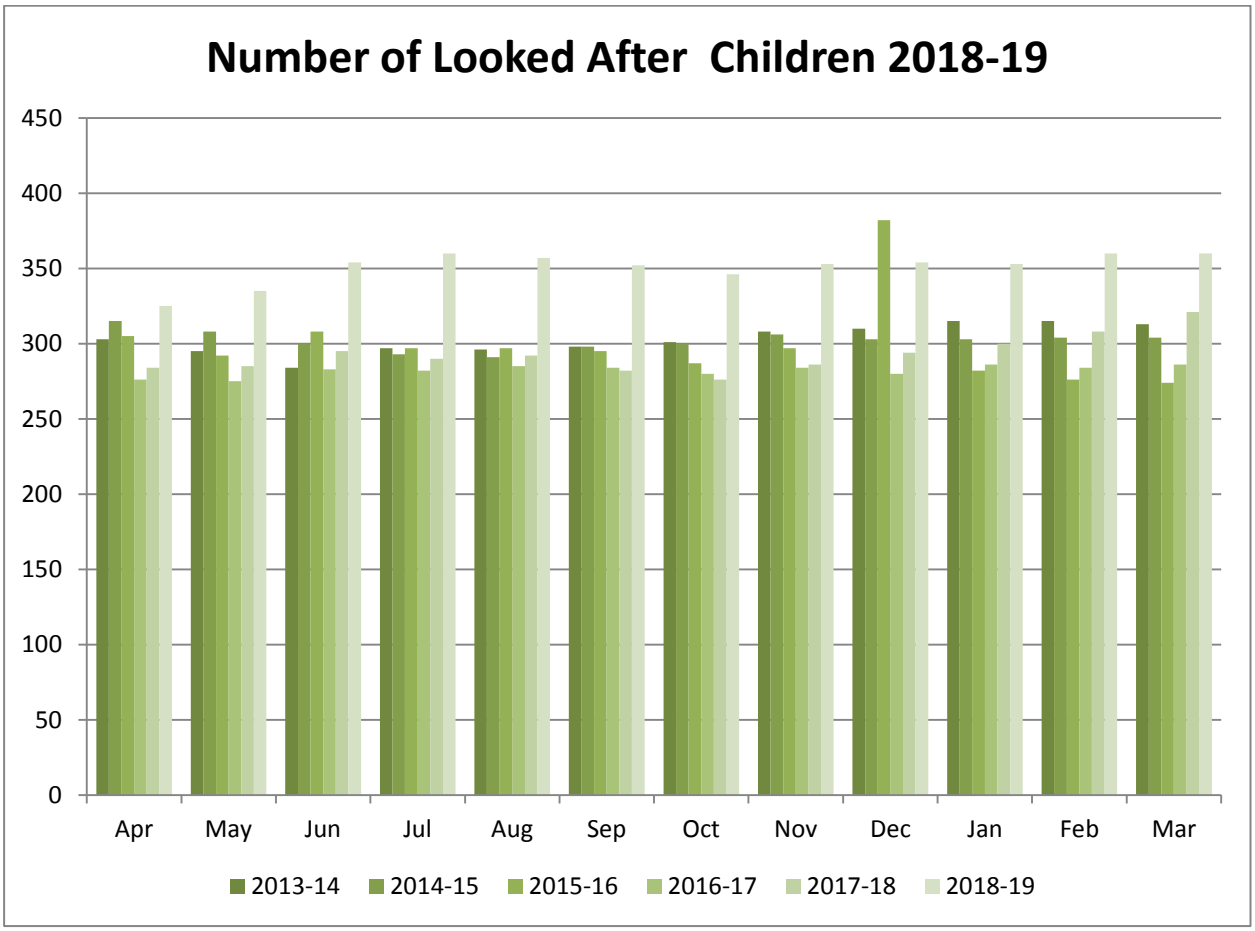
https://www.rcpch.ac.uk/system/files/protected/page/LookedAfterChildren2015_0.pdf.

8. POPULATION

Between 2018-2019 the number of looked after children in Torbay fluctuated between 325 and 360.

In March 2019 out of the 360 children who were looked after:

- of which are under 5 years: 64
- Of which are 5 - 16 years: 260
- Of which are 16 – 18: 36
- Of which are Out of Area but within Peninsular: 107
- Of which have no address on Children's services system: 21
- Of which are Within Area: 187



Torbay has a high ratio of looked after children with a ratio of 129:10,000 child population the highest in the South West and one of the highest in the country. The numbers of looked after children for Torbay have consistently remained high and disproportionate to all other areas in the South West. Within the CCG footprint Devon has a ratio of 48:10,000 well below the national average and Plymouth has 80:10,000 well above the national average.

CHILDREN IN CARE 2018	Crude rate per 10,000
England	64
South West Region	55
Bath and North East Som...	48
Bournemouth	68
Bristol	69
Cornwall	43
Devon	48
Dorset	59
Gloucestershire	52
Isles of Scilly	0
North Somerset	55
Plymouth	80
Poole	65
Somerset	47
South Gloucestershire	72
Swindon	66
Torbay	129
Wiltshire	42

Source: Children looked after in England, Department for Education.SSDA 903

8.1. DEMOGRAPHICS

Torbay has seen a slight increase in diversity from the previous data set in terms of ethnicity within the population of looked after children predominantly being categorised as White British (87%) with Other Mixed Background (2.3%); Other Asian Background (1.8%); White and Black African (2.1%); White and Black Caribbean (1.5%) White Irish (1%) White Asian (1%) with the other ethnic categories making up the remaining (3.3%).

Unaccompanied Asylum Seeking Children (UASC):

During 2017-2018 the team supported 5 children who were classed as unaccompanied asylum seeking children. A variety of placements were offered to the children based on individual needs and their specific health requirements, interpreters and CAMHs referrals were made for those children who consented.

8.2. PLACEMENT STABILITY

Overall summary of looked after children's placements suggest that 62% had only 1 placement throughout the year, 27 % had 2 changes, 7.5% had 3 changes, 2.5% had 4 changes and 0.5 % had 5 and 6 changes of placement.
Placement stability meetings are still held to support with potential placement breakdown and CAMHs are often requested to support with this area of work.
With recent increases in the number of children becoming looked after in Torbay the 'In house' foster placements are already at capacity which has required independent sector placements. Independent foster care providers are generally not within the Torbay area. Placement searches for complex children have seen on occasion over 600 provider searches throughout England and Wales for some children to find suitable placements/accommodation to meet their needs.

8.3. TORBAY CHILDREN PLACED OUT OF AREA

Torbay children placed out of area can change on a daily basis with our children being placed anywhere in England and Wales with some children being placed up to 356 miles away, this remains a nationwide challenge. Data has shown that RHA are likely to be breached if a child has been placed out of the geographical area covered by the Torbay team. Even when OOA RHA's are completed, reports are generally not returned to the team to be quality assured/ benchmarked in a timely manner. Weekly updates on progress are requested to OOA teams who have agreed to complete the RHA.

9. ACTIVITY DATA AND OUTCOMES

9.1.HEALTH ASSESSMENTS

It is a statutory requirement that children and young people who are looked after receive health assessments at specific points during their time in care. The Purpose of these health assessments is to identify and address any health needs promptly and improve health outcomes for looked after children. Initial Health Assessment (IHA) should be completed by a medical practitioner within 20 working days with receipt of paperwork within 5 working days from children's services. Health and social care have a joint responsibility and must work together to ensure the timeliness and quality of health assessments for looked after children.

As highlighted, the number of looked after children has risen significantly again over the past 12 months, resulting in a 25% increase in referrals.

As of 31st March 2019, consent and paperwork received on time from Torbay children's services was 19% (26/132).
The proportion of looked after children who had received their Initial Health Assessment (IHA) returned on time was 29% (39/132) cases.
18 of these requests were children sent out of area and completed by other teams. If these were excluded then 34% (39/114) were completed in timescales and returned to children' services on time.
Therefore an extra 15% were able to be completed on time despite delays in paperwork.

Of the IHA requests received in area health offered appointments within timescales for 51% (58/114) despite the late receipt of requests. 41% were taken up on time, with 10% of carers unable to accept the next available appointment within the IHA timescale.

There were delays in dictation and typing throughout the year due to changes in the admin structure and clinician's capacity. From Sept '18- Feb '19 we were able to offer additional regular clinics in the department as there was capacity. This was not funded by the CCG but through community capacity but this is not sustainable in the longer term. If this additional capacity had not been available the figures would have been significantly worse. A business plan was submitted for sustained additional capacity but this has not been approved so the situation remains one practitioner with no cover for annual leave/holidays working approximately 0.7 WTE in LAC work.

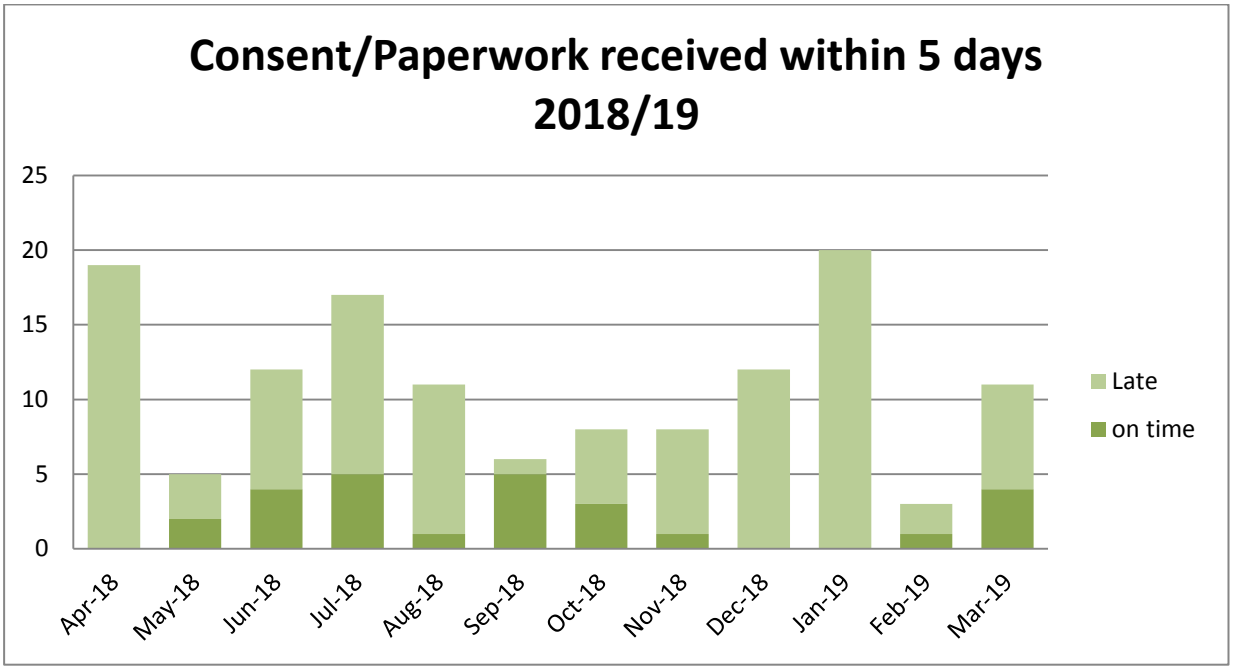
18 Torbay children IHA's were completed out of area (18/132) – most of these had late paperwork and none were completed on time.

10 Children placed from other local authorities in Torbay/South Devon had IHA's completed by Torbay (2/10 of these 20% were returned within timescales due to late receipt of paperwork from the local authority and capacity issues)

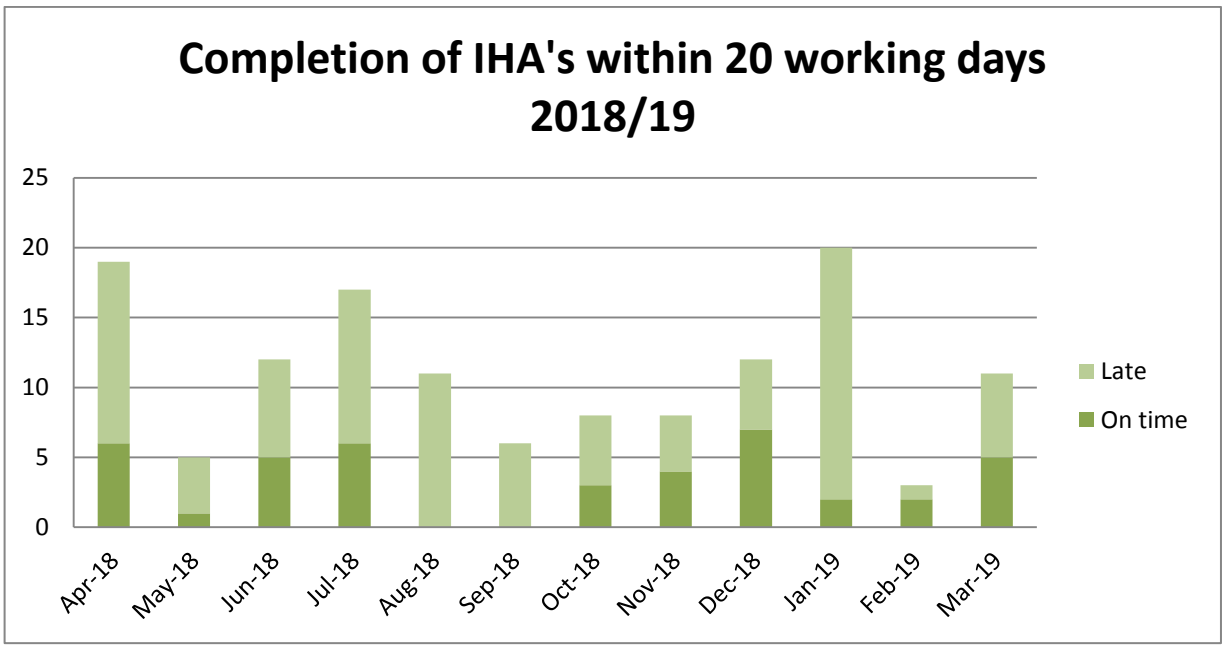
South Devon: 63 IHA's, 44% (28/63) completed and returned in timescales. Paperwork received on time for 52% (33/63). These figures are worse than the previous year (71% completed on time, paperwork received on time for only 52% which has also fallen).
This highlighted the lack of clinician's availability alongside increased demand over the whole service. This was particularly highlighted in August in association with a large influx of children which was atypical for Devon and annual leave in the department across both admin and medical staff (12 in this month- 19% of the annual total)
No UASC children seen.

In total 10 children refused to have their IHA's , these were excluded from the figures but were all offered appointments which they did not attend as they refused on the day of the appointment.

9.2.IHA DATA



19/132 (19%) paperwork and consent received within 5 working days



Number of IHA returned on time were 29% if all out of area included (34% if just those in Torbay placement included)

Themes/reasons for these figures:

- The main reason for the non KPI compliance is the consistently late receipt of paperwork received from children's services. This not only impacts on administrative support to chase the SW but it means that health are delayed in offering appointments to try and meet statutory timescales. A new process for escalation has been initiated by our admin support with no additional resource, there has been no significant improvement in the number of referrals received on time. Ongoing work with the local authority continues to address this issue.
- In August 2019 there was a large spike in referrals for IHA's and this combined with annual leave resulted in a lack of available appointments which continued to have an impact into September
- There have also been changes in administrative support outside the medical secretary's role impacted on the timeliness of IHA report being returned from health to children's services. This has improved but remains an area of underfunding and a business plan was again refused to support additional funds.
- Many carers cannot make the first offered appointment, there are a variety of reasons for this including conflict with contact with birth families which is court directed and there is limited capacity for carers to change this. Several children are placed with birth families acting as foster carers and they can be working so cannot make the first available appointment. If the consent was received on time then there is more capacity in the system to arrange a suitable appointment time.
- For a proportion of children they had several placement moves which did not help with timing of the initial health assessment. With such tight timescales this can be difficult to manage.

In addition to the IHA work, adoption constitutes a significant proportion of the hours for the looked after children medical adviser. Over the past 12 months, 16 adoption panels have been attended with a minimum of 6 hours of reading associated with the Panel attendance.

There has been a change to the Adoption Process with the formation of a Regional Adoption Agency (Adopt South West), this has resulted in many staffing changes within the local authority which has meant that some of requests for medical reports have been made with less than 48 hours notice due to court dates, the medical team have been able to react to this and will prioritise work according to the Court process which can have an impact on availability for initial health assessments. Meetings with the local authority to address this have been set up.

Children's adoption medical reports/assessments have been completed including 32 new reports and a further 38 updates in addition to the IHA's equivalent to at least 100 additional hours of work (for Torbay only, South Devon work is 17 new and 7 updates)

Adult medical advice is also provided and the figures for Torbay include 64 foster carer reports, 32 special guardianship orders and 4 adult adoption reports. This work equates to approximately 50 hours of work.

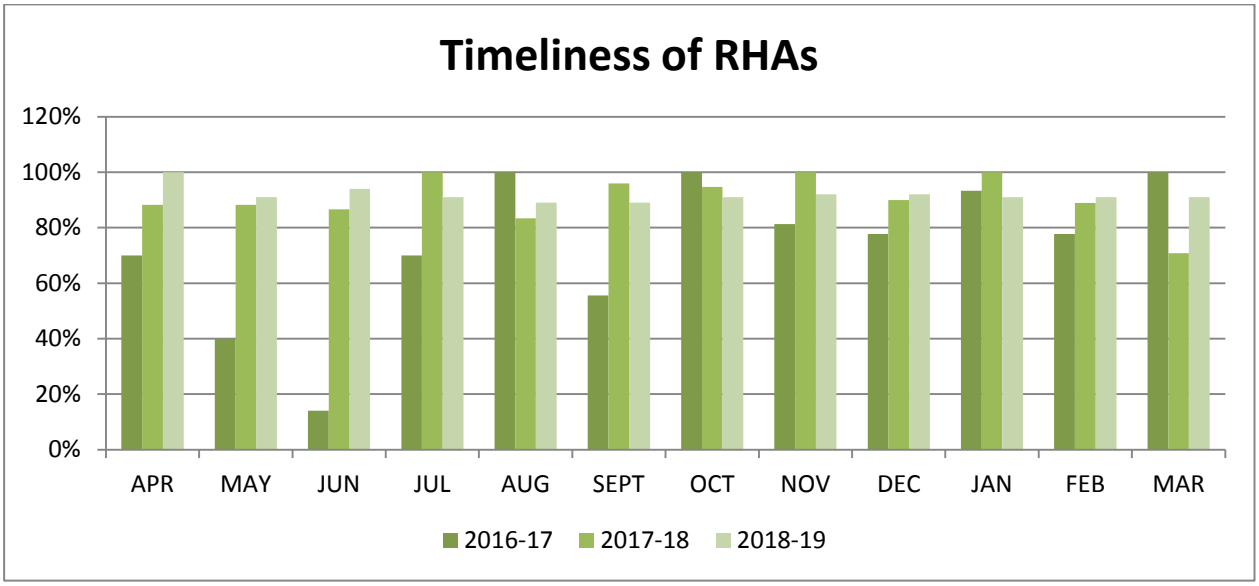
(The numbers for South Devon work in addition are 110 adult reports and 19 adoption medical reports – an additional 64 hours of work)

9.3.RHA DATA

As of 31st March 2019 the proportion of looked after children who had received their Review Health Assessment (RHA) completed on time by the Torbay looked after children's team were 90.7% (214/236) cases – excluding Out of Area RHA's competed.
The looked after children health team completed 17 Out of Area RHA's totalling 253, the team received no refusals for the OOA RHA's and 100% (17/17) were completed before the due date.

RHA refusals totalled 6.5 % (20/305) including children placed out of area.
RHA refusals for Torbay team totalled 6.3 % (15/ 236)

6 children between the ages of 2 years to 16 years refused and 14 young people between 16 years and 18 years also refused. The appears to be a similar pattern to previous years where young people aged 16-18 form the highest proportion refusing the offer of a RHA.



9.4. OUT OF AREA (OOA) RHA DATA:

As of 31st March 2019, 69 children's RHA were completed OOA by other teams. The proportion of Torbay OOA looked after children who had received their Review Health Assessment (RHA) completed on time by other health teams were 47% (8/17) under 5's and 50% (26/52) over 5's, therefore giving an average of 48.5% of OOA RHA's were done on time.

The return rate ranges between 1 day – 70 days and more to be returned to the Torbay looked after children team. The RHA then requires benchmarking prior to being sent to children's

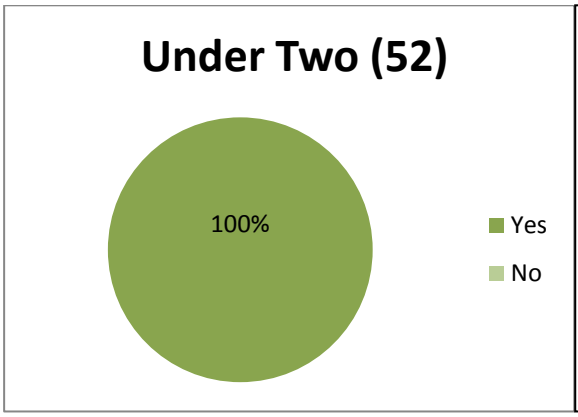
services and due to reduced staffing this may impact on timeliness as this is an unpredictable work stream.
RHA refusals for children place OOA by other teams totalled 7.2% (5/69). Of those children and young people who refused were all between 11-17 years.

9.5. HEALTH ASSESSMENT QUALITY ASSURANCE:

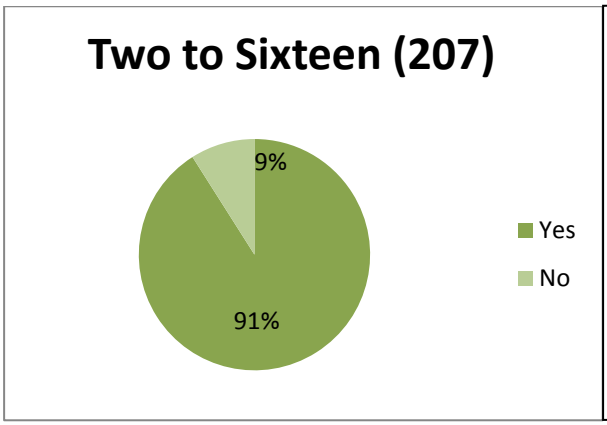
The quality of health assessments is reviewed as an ongoing process by both the Named Doctor & Nurse and the looked after children's nursing team. In 2018-2019 around 18 % of RHA reports were benchmarked/ quality assessed by the nursing looked after children team. The standards of reports remain high with ongoing training and peer reviews and joint home visits embedded in practice to ensure consistency.

The nurses adhere to a pathway process that ensures that all RHA completed are uploaded onto electronic health records and with children's services within 24 hours. All personal health plans generated from the RHA assessment are followed up after 3 months (or earlier as required) by nursing staff – this includes all children placed out of area. IHA personal health plans are also starting to be followed up after 3 months also.

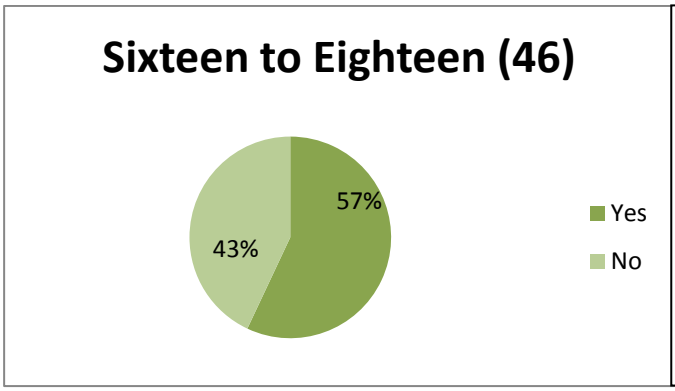
9.6.LOOKED AFTER CHILDREN IMMUNISATION DATA 2018/2019



100% of children under two were up to date with their immunisations

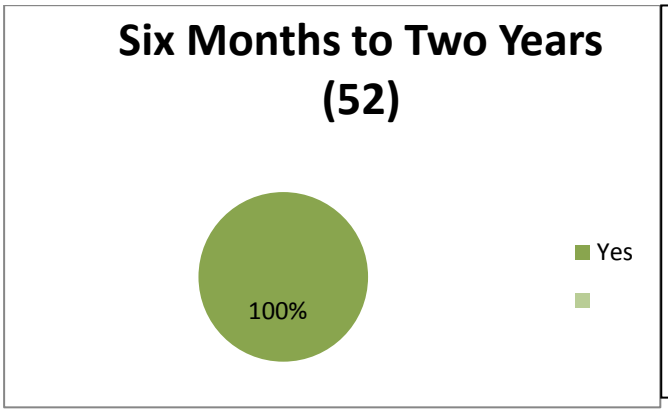


188 children out of 207 were fully immunised at their Review Health Assessment appointment. Data reflects those children who refused RHA's and those children who had missed their preschool boosters. Immunisations for those children could not been complete until 5 years post the last booster.

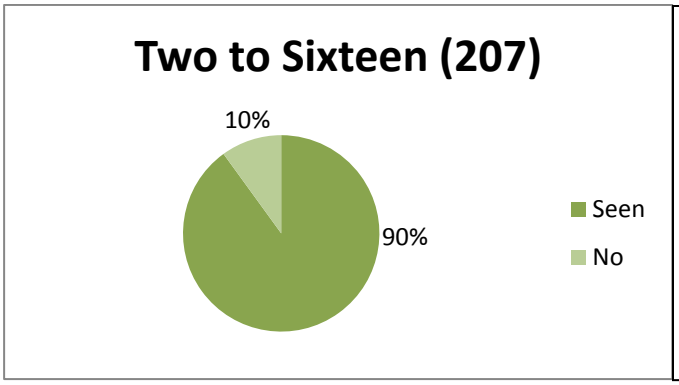


26 children out of 46 were fully immunised at their Review Health Assessment appointment. Data reflects those children who refused RHA's and those children who had missed their pre-school boosters. Immunisations for those children could not been complete until 5 years post the last booster 19 years plus.

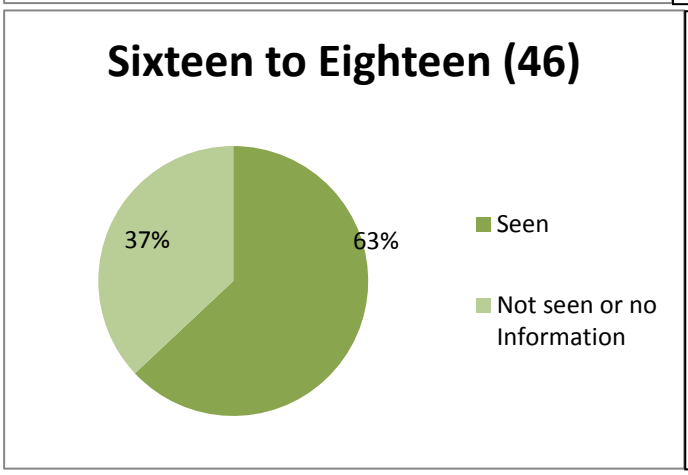
9.7.LOOKED AFTER CHILDREN DENTAL / ORAL HEALTH DATA 2018/2019



52 children were 6 months -2 years at the time of the report. Out of those children 100% had had an oral check or a dental review.



207 children were seen. 186 are in date. Some children have moved placements and were awaiting new dentist registration. All are followed up on the 3 month reviews to support children, young people and dentist to support with fair access to NHS care.



Out of the 46 children within this age group, 29 children are in date, some young people refused to have their RHA's visit and refused to share dental information. All were followed up at the 3 monthly review, and support offered to carers, placements and information offered for young people on how to access NHS dental care

9.8.LOOKED AFTER CHILDREN MENTAL HEALTH DATA

Torbay Children's Services have commissioned the Therapeutic Wellbeing Service to support with mental health and emotional wellbeing including children who are looked after. There is no longer a designated CAMHs practitioner just for looked after children.
Mental health and emotional wellbeing continues to be a huge part of health support required to best meet the needs of looked after children. Studies have shown links between mental ill-health and Adverse Childhood Experiences, and that mental health needs are much more prevalent among looked after children. It is estimated that 45% of looked after children have a diagnosable mental disorder (compared to 10% of all children).

Data available from Torbay CAMHs between 2018-2019 evidenced that 11.7-23.8 % of children accessing CAMHs were children with a looked after status. Waiting lists for treatment ranged from 2-8 children waiting at any one time throughout this period. Treatment status could not be differentiated at the time of this report as to what constitutes treatment: face to face with a child or young person, consultations with carers and or social workers.

SDQ's

Between 2018-2019: 219 children were aged 4 and above so were eligible to be sent age related SDQ's sets, 219 x 3 (total of 657) so SDQ's were sent out by children's services to children/young person/teacher and carer.

9.74% (64) were returned, this issue has been escalated regularly to children's services, CCG and CAMHs, yet there is no improvement in this process. The SDQ's are a nationally agreed method of capturing the mental health and wellbeing of children who are looked after and in keeping with the three looked after children's teams within the CCG footprint. Unfortunately there is still not a robust system in place with currently children's services having no resource to follow up on non-returned forms, not enough resource for the returned forms to be inputted into their electronic system ready for CAMHs/ Therapeutic wellbeing service input/analysis. The looked after children's team have continually raised this issue as the emotional wellbeing is not being adequately captured prior to RHA visits to support a more meaningful visit.

Neighbouring areas also offer a CAMHs screening appointment around 6 weeks from becoming looked after. This is not offered in Torbay currently. The looked after children nurse as part of the preparation for a RHA currently has to seek out any SDQ information.

9.9.LOOKED AFTER CHILDREN OUT OF AREA RHA REQUESTS DATA

6.7% (17/253) OOA RHA's were completed during April 2017 and March 2018 by the looked after children nursing team. All were completed within the timeframes requested and written up within 24 hrs of the child being seen. All were benchmarked/ quality checked and sent within a couple of days of the RHA visit. None have been returned or failed to meet the commissioning looked after children teams benchmarking/ quality assurance measures.

9.10.LOOKED AFTER CHILDREN STAYING SAFE

The looked after children health care team work closely with colleagues in sexual health and substance misuse to best support looked after children. We invite practitioners to co-host education sessions for carers and include referrals forms and screening tools as part of the IHA and RHA visits. All the nurses are C-card trained and two of the nurses have specialist qualifications in sexual health and contraception. We also provide ongoing support for looked after children and their social workers. Nurses are kept up to date with substance misuse and alcohol trends and close collaborative working is offered to the midwifery team if a young person who is looked after becomes pregnant whilst in care.

9.11 EHCP CONTRIBUTION REQUESTS

The team has received 2 requests for EHCP contribution in 2018-2019. Work is ongoing as to how to support future contributions as this is likely to significantly increase. Mid way through the academic year of 2018 Torbay had 78 children on the school register were reported to have EHCP's.

9.12.LOOKED AFTER CHILDREN BEST PRACTICE

The looked after children health continuously strives to work cohesively with partner agencies to provide the best possible service for looked after children. In 2018-2019 we received positive feedback to all teaching/training sessions, presentation and groups with additional feedback from the council around excellent collaborative working.

Feedback Examples Nursing RHA visits

- From April 2018-March 2019 – **26** feedback forms received.
- 50% thought that their health review was FANTASTIC.
- 42% thought that it was GOOD
- 8% thought it was OK
- 0% came back as boring

Feedback Examples Nursing Teaching Sessions

- 90% strongly agreed that the trainer was well prepared
- 90% strongly agreed that the trainer was knowledgeable
- 90% strongly agreed that the trainer was provided answers
- 90% strongly agreed that the training addressed the issue
- 90% strongly agreed that the training provided useful information

10 CARELEAVERS/ HEALTH PASSPORTS

The looked after children health team offer all young people aged 16 plus opportunity to receive a paper hand held health passport. This includes young people who have refused their IHA/ RHA and for young people where a RHA has been requested who are from out of area placed in Torbay.
Torbay young people who are placed out of area are offered a health passport if the local looked after children team have not issued/ offered one.

In 2018-2019 100% of young people eligible for a health passport were offered one. This equated to all looked after children aged 16 plus were offered opportunity to have one unless they had previously accepted one. 49 young people accepted the health passport out of 50 offered with young person declining.

11 VOICE OF THE CHILD

The looked after children's health team capture the child's voice at every opportunity through feedback forms, conversation during IHA/RHA visits and attending the Children in Care youth clubs and award events for looked after children. Younger children are also offered to colour in a self-portrait and to express their views (footer artwork).

11.1. FEEDBACK FROM LOOKED AFTER CHILDREN REGARDING THE LOOKED AFTER CHILDREN TEAM SERVICE:

- "Fantastic; just right; I struggle to talk to people I don't know; easy; necessary; alright; should let the young person know when and where."
- "Also to capture the voice of the child on their health reviews, the LAC Nurses ask the young person if they are well; what their aspirations and hobbies are; to name one positive word that describes them; their likes and dislikes –especially on the subject of foods eaten."

- "The health review is a confidential and discreet service. I can choose to be seen at home or school. It is 'a pain free experience'. You can trust the nurse and she is able to point out if there is anything wrong and will follow it up."

11.2. AUDIT OF FEEDBACK QUESTIONNAIRES (RHA) 2018/19

In 2018-19, 26 children over 11 years of age completed paper feedback forms.

Feedback evidenced:

- 100% of children said the RHA was 'just right'
- 0% of children said the visit was ' too long'
- All the young people said ' everyone was there that they wanted'
- All the young people said 'it was on a day or time that was good for them'
- All the young people said that ' the review talked about good things about them'
- 0 young people said 'people at the review used words that they didn't understand'
- 13 young people described the RHA as ' fantastic'
- 11 young people described the RHA as 'good'
- 2 young people described the RHA as 'ok'

11.3. AUDIT OF FEEDBACK QUESTIONNAIRES (IHA) 2018/19

In 2018-19, 14 children over 11 years of age completed paper feedback forms.

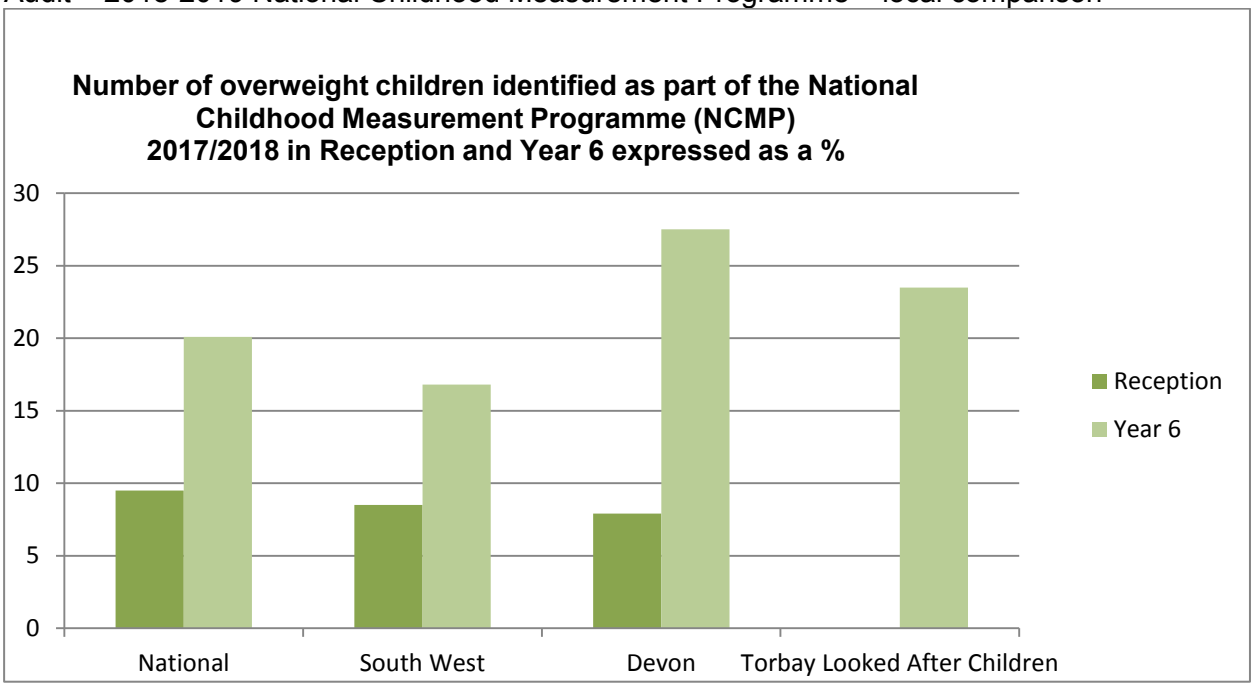
- 88% of children said the IHA was 'just right'
- 12% of children said the visit was ' too long'
- 2 young people said ' not everyone was there that they wanted'
- 1 young person said 'it was not on a day or time that was good for them'

- All said that ‘ the review talked about good things about them’
- 2 young people said’ people at the review used words that they didn’t understand’
- 2 young people described the IHA as ‘ fantastic’
- 9 young people described the IHA as ‘good’
- 3 young people described the IHA as ‘ok’

12 AUDIT AND CLINICAL GOVERNANCE

Several audits have taken place during the timeframe for this report which is embedded in the report and evidenced throughout and within audits outside of the looked after children service contributing to Torbay NHS Trust data and governance. Benchmarking is done within the team and any quality issues are addressed immediately and escalated as and when required.

Audit – 2018-2019 National Childhood Measurement Programme – local comparison



Established in 2005/06, the National Child Measurement Programme (NCMP) for England records height and weight measurements of children in state-maintained schools in reception (aged 4–5 years) and year 6 (aged 10–11 years). The programme now holds eight years of reliable data which underpins the child excess weight indicators in the Public health Outcomes Framework, and is a key element of the Government’s approach to tackling child obesity. The data are regarded as a valuable tool for driving action to tackle child obesity both locally and nationally. Through provision of a child’s result to their parents, the NCMP also provides local areas with an opportunity to raise parents’ awareness of child obesity as an issue,

raise parents' awareness of their own child's weight status and potential health impacts, and provide an opportunity to provide further support to families to make healthy lifestyle changes.

The data is presented for the previous academic year as this year's data is still being collected by the NCMP.

The sample of Torbay LAC children is small –

- 5 children in Reception. There were all a healthy weight and therefore do not register on this graph (value =0)
- 17 children in Year 6; of whom 2 were overweight and 2 very overweight.

GOVERNANCE

The looked after children's team adhere to the clinical framework for monitoring and improving clinical quality within NHS organisations. National guidelines and standards are put into practice to ensure a consistency in quality of care. Contributions continue to standard setting and monitoring, quality improvement, practice development, clinic audits, risk assessment; incident reporting and investigation including complaint.

The looked after children's team contributes to improving standards by ensuring the voice of the child is heard throughout assessments and any interactions, to help develop the service and respond to their views. The team continues to carry out and contributing to audits and training, responding to complaints and investigations through the SCR/ IMR/RCA and internal processes. Also by providing accurate timely data to the Trust through the Safeguarding Children Operational Group (SCOG) which feeds directly to the Integrated Safeguarding Inclusion Group. The looked after children's team also contribute through escalation to The Corporate Parenting Board. Risk is shared through the Datix system and the escalation process and also monitoring of risks by the CCG.

Annual reports and contributions to reports: Children's services improvement plan and the Section 11 duties set out in Working Together 2015, 2018, are submitted to the Torbay and Devon NHS Foundation Trust Board; Torbay Safeguarding Children Board and the Children's Services Improvement Board.

13 CONCLUSION

The health team have worked tirelessly to provide looked after children with the best possible service to meet their needs and hear and respond to their voice in a meaningful and present manner. Moving into a more integrated team at Vowden Hall has created a healthy and robust collaborative team where information and support is readily available. Relationships with key stakeholders remain excellent and supportive to ensure our children receive the right care at the right time by the right people. Challenges have remained ongoing around IHA timeliness and

inadequate staffing for both the medical and nursing teams and the SDQ process. Further work is required to support delays in OOA RHA's, and with more resources the team can participate in research and capture trends within health as they emerge to enable a proactive approach.

There have been several reasons for impact on service provision and resource:

- Increasing numbers of looked after children
- staffing resources medical, nursing and administrative are all inadequately resourced for the workload
- The SDQ process has experienced significant drift and delay – not through persistence from health team to raise this as an issue but due to children's services and CAMHs being unable to set up an adequate process to support this prior to the analysis being sent to the looked after children's nursing team.

14 RECOMMENDATIONS FOR THE COMING YEAR

Resources require immediate review to support both the Named Doctor and Named Nurses' health teams to provide adequate service provision as the numbers of looked after children continue to rise. Please see action plan:

15 ACTION PLAN

Action	Action Update	Who will lead this improvement	Timescale
IHA process Continue to work with children's services and the CCG to address the significant delays in receiving paperwork with the statutory timeframe.	Proposed 6 month review for all actions	Named Doctor Helen Vickerstaff	6 month review
Medical Team Staffing Resources A review of this resource is required as currently inadequate to meet the workload	To resubmit a business plan and review outcome within 6 months	Named Doctor Gina Skipwith	6 month review
Nursing Team Resources A review of this resource is required as currently inadequate to meet the workload	To resubmit a business plan and review outcome within 6 months	Jacquie Phare and Gwendolyn Bluck	6 month review
RHA Out of area timeliness A robust pathway is required to track delays in return and support escalation	Proposed 6 month review for all actions	Gwendolyn Bluck and Nursing Team	6 month review
SDQ process	Proposed 6 month review for all actions	Nursing Team	6 month review

The SDQ process requires a pathway to ensure the looked after children team have the analysis to support the RHA visit and ongoing care.		CCG, CAMHs Children's services	
Health Passport views The views of the health passport should be captured	Some work has already started – there is a plan in place to join up with Children and Family Health Devon teams for a redesign.	Nursing Team	6 month review
CAMHs Data The Looked after children team require up to date information regarding CAMHs data and involvement in care	Proposed 6 month review for all actions	Nursing Team and CAMHs	
EHCP contribution The looked after children's team should contribute to EHCP reports as and when requested	Some work has already started – there is a plan in place with the Named Nurse attending the SEND/EHCP steering group	Medical and Nursing teams	

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- The Leaving Care Act (2000)
- Transforming Children and Young People's Mental Health Provision: a Green Paper (2017)
- You're Welcome – Quality Criteria for Young People Friendly Health Services (2011)
- Working Together to Safeguard Children (2010, 2015,2018)

The looked after children's health team would like to give a huge thank you to the looked after children who kindly donated their artwork to the looked after children service (cited on every footer and on the front cover).

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: **Report on Safeguarding Adults and Deprivation of Liberty Safeguards**			Meeting date: 02/10/2019
Report appendix	None		
Report sponsor	Jane Viner, Chief Nurse		
Report author	Jon Anthony – Safeguarding Adult MCA DOLS Lead for Torbay		
Report provenance	The report has been informed by data collated by TSDFT performance management team for Torbay Safeguarding Adults Board (TSAB), Adult Social Care Outcomes Framework (ASCOF) data, Torbay Council KPI's, papers and minutes from the TSDFT Safeguarding Adult and Mental Capacity Operational Group and TSDFT Integrated Safeguarding and Inclusion Group. The report is also informed by regional and national guidance and legislative frameworks. The report was scrutinised by Integrated Safeguarding and Inclusion Group on 28 August 2019.		
Purpose of the report and key issues for consideration/decision	This annual report will inform Torbay and South Devon NHS Foundation Trust Board members on issues relating to safeguarding vulnerable adults in Torbay and South Devon. The Trust has delegated responsibility for Local Authority statutory safeguarding duties for adults on behalf of Torbay Council. This is governed by The Care Act 2014. In addition the Trust is a partner organisation working with Devon County Council and Torbay Council as a provider of health and care services. Devon County Council retains the lead for adult safeguarding in the South Devon footprint. The Chief Nurse is Executive Lead for Safeguarding and is supported in this role by the Deputy Director of Adult Social Services and the Named Professionals.		
Action required (choose 1 only)	**For information** ☒	**To receive and note** ☐	**To approve** ☐
Recommendation	The Board is asked to note the contents of the report for assurance.		
Summary of key elements			
Strategic objectives supported by this report	**Safe, quality care and best experience** x **Valuing our workforce** ☐ **Improved wellbeing through partnership** x **Well-led** ☐		

Is this on the Trust's Board Assurance Framework and/or Risk Register

Board Assurance Framework		**Risk score**	
Risk Register	x	**Risk score**	16

External standards affected by this report and associated risks

Care Quality Commission	**X**	**Terms of Authorisation**	
NHS Improvement		**Legislation**	**X**
NHS England	**X**	**National policy/guidance**	**X**

Deprivation of Liberty Safeguards remains a key risk for the organisation. Specialist assessors are very limited due to the qualifications required and the volume of assessments is high. A recovery plan has been fully implemented; however it has not addressed the waiting list.

Replacement legislation, the Liberty Protection Safeguards (LPS), is outlined within the Mental Capacity Act Amendment Bill. The Bill received Royal Assent in May 2019. Key timelines at present are -

Autumn 2019. Draft Statutory Code of Practice consultation.
Spring 2020. Statutory Code of Practice published.
1st October 2020. Implementation of LPS.

Under the new arrangements NHS Trusts, CCG's and Local Authorities will become responsible bodies and have statutory duties to ensure people who meet threshold, are lawfully deprived of their liberty.

The Trust has a working group which is taking responsibility to scope and act on the implications for the Trust.

Report title: Report on Safeguarding Adults and Deprivation of Liberty Safeguards		Meeting date: 2nd October 2019
Report sponsor	Jane Viner, Chief Nurse	
Report author	Jon Anthony, Safeguarding Adult Lead (Torbay), Prevent and Modern Slavery Lead TSDFT.	

1. Performance

1.1 Two key indicators were reported in 2018/19 to Torbay Council in relation to delegated statutory duties:

- Percentage of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual. (high performance good)

Target 100%, performance 100% - tables below

- Percentage of repeat referrals to adult safeguarding in 12 months (low performance good)

Target 8%, performance 8.15% (6.75% 2017/2018) – tables below indicate a spike between May to July 2018. Repeat referrals tend to be cases that arise due to complexity of circumstances or as a consequence of whole service / large scale enquiries. The overall percentage of repeat referrals was just over the agreed KPI and increased from 2017/2018. A multi-agency case file audit of repeat referral cases is scheduled for October 2019.

2017/18:

		Year to Apr 17	Year to May 17	Year to Jun 17	Year to Jul 17	Year to Aug 17	Year to Sep 17	Year to Oct 17	Year to Nov 17	Year to Dec 17	Year to Jan 18	Year to Feb 18	Year to Mar 18
QL-18	% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)
TCT-14b	% Repeat safeguarding referrals in last 12 months	6.0% (8.0%)	3.0% (8.0%)	10.0% (8.0%)	7.5% (8.0%)	7.5% (8.0%)	7.0% (8.0%)	7.6% (8.0%)	6.9% (8.0%)	6.6% (8.0%)	5.9% (8.0%)	6.0% (8.0%)	7.1% (8.0%)

2018/19:

		Year to Apr 18	Year to May 18	Year to Jun 18	Year to Jul 18	Year to Aug 18	Year to Sep 18	Year to Oct 18	Year to Nov 18	Year to Dec 18	Year to Jan 19	Year to Feb 19	Year to Mar 19
QL-18	% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	- (100%)	- (100%)	- (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)
TCT-14b	% Repeat safeguarding referrals in last 12 months	8.4% (8.0%)	9.1% (8.0%)	9.9% (8.0%)	9.7% (8.0%)	7.9% (8.0%)	6.8% (8.0%)	6.7% (8.0%)	7.4% (8.0%)	8.0% (8.0%)	7.8% (8.0%)	7.8% (8.0%)	8.3% (8.0%)

1.2 Reporting in safeguarding adults is detailed and comprehensive and based on making safeguarding personal priorities. It is primarily used to look for trends and highlight areas of concern.

A greater focus was given to recording making safeguarding personal outcomes during 2018/19. These related to perception of risk and if preferred outcomes in safeguarding responses were achieved.

70% of people expressed preferred outcomes of which 92% stated these were either fully or partially achieved.

77% of people stated risk was either removed or reduced, although the remaining 23% of records did not record this outcome. Although there may be valid reasons for this, we are continuing to work with our operational teams to improve this.

1.3 A new scheme in partnership with Torbay Healthwatch and Torbay Council began in April 2019 called 'Safeguarding Quality Checkers'. The scheme will undertake discovery interviews with people that have experienced a safeguarding response to ascertain how well agencies worked together to respond to the concern. Outcomes will be fed back to internal governance groups and the Torbay Safeguarding Adult Board.

1.4 The table below describes the types and patterns of abuse and neglect recorded within Torbay statutory s.42 enquiries. Overall, the number of safeguarding concerns raised in 2018/2019 was 1324 of which 205 proceeded to statutory safeguarding adult enquiries. This compares with 269 in the previous year (-24%).

Neglect remains the highest reported adult abuse category, followed by financial and physical abuse.

Type of abuse or neglect	**Total 2017/18**	**Total 2018/19**
Physical	28	21
Sexual	7	10
Sexual Exploitation		1
Psychological	30	21
Financial	24	25
Discriminatory	2	3
Organisational	9	8
Neglect	45	38
Domestic	3	4
Modern Slavery	2	2
Self-Neglect	2	1
Radicalisation	1	1
Hate Crime	4	2
Not recorded	4	2
Other		2
Total	165	139

2 Training (April 2019).

2.1 The Trust is a member of the joint Torbay and Devon Safeguarding Adult Boards Learning and Improvement Sub Group. The sub group drives safeguarding training delivery across both local authority boundaries and informs TSDFT training based on national standard frameworks. All our staff receive advisories of what level of training is appropriate to their role.

In April 2019, an external specialist trainer was commissioned to deliver the B2 training course.

2.2 Current Framework

Safeguarding Competencies Framework	**Delivered**
A All TSDHT Employees & Volunteers	Hiblio and Induction
B1 All Patient facing staff *To include what their role is in a safeguarding process, including report writing etc.*	ELearning / Clinical Induction
B2 Patient Facing Staff who have some professional and organisational responsibility for Safeguarding Adults *They have to be able to act on concerns*	Face to face 1 day session
C Safeguarding Adults Lead Professionals *Senior responsibility for the oversight and delivery of the Safeguarding Process*	Face to face ½ day session
D Governance and Board Roles *Corporate responsibility and risk*	Face to face by Safeguarding Leads and DD Adult Social Care

2.3 Training compliance

Level 1 target 90%
All other Levels 80%

April 2018

Level	April 2018	(Completed / Required)
1	**92.32%**	**5602/6068**
2	**79.33%**	**3002/3784**
3&4	**71.57%**	**433/605**
5	**76.92%**	**40/52**
6	**100.00%**	**6/6**

April 2019

Level	March 2019	Completed /Required
1	**96.47%**	**6014/6234**
2	**85.50%**	**3279/3835**
3&4	**82.97%**	**497/599**
5	**86.54%**	**45/53**
6	**100.00%**	**5/5**

The April 2019 table evidences compliance in all levels of training during 2018/2019, with increased training attendance across all levels.

3 Legislation and Guidance

3.1 The Care Act 2014

The Care Act 2014 sets out provision relating to the care and support for adults and carers. Sections 42-47 of the Care Act relate specifically to Adult Safeguarding. Chapter 14 of Care Act statutory guidance sets out how these duties should be implemented.

The Care Act requires that each local authority must:

- Set up an Adult Safeguarding Board (SAB).
- Make enquiries or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect.
- Conduct safeguarding adult reviews in accordance with s.44 of the Act (SAB).
- Co-operate with each of its relevant partners as set out in Section 6 of the Act in order to protect the adult.
- In their turn each relevant partner must also co-operate with the local authority.

3.2 The Mental Capacity Act 2005 provides a statutory framework for:

- People who lack capacity to make decisions for themselves, or
- Who have capacity and want to make preparations for a time in the future when they may lack capacity.
- Who can take decisions, in which situations, and how they should go about this.

3.3 The Deprivation of Liberty Safeguards (DoLS) came into force in April 2009 and provides a framework for:

- Approving the deprivation of liberty for people who lack the capacity to consent to treatment or care, in either a hospital, care home or specified domestic settings.
- Requirements about when and how deprivation of liberty may be authorised.
- An assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

3.4 The Mental Capacity Act Amendment Bill received Royal Assent on 16th May 2019 and creates a new regime, the Liberty Protection Safeguards (LPS) in replacement of DoLS. The new scheme is due to begin on 1st October 2020. A planning group has been set to prepare TSDFT for its role in these new arrangements.

4 Governance

4.1 Torbay Safeguarding Adults Board (TSAB):

The Trust is responsible for the delivery of this statutory board on behalf of Torbay Council. The Board has an Independent Chair and a statutory duty to publish its strategic business plan and an annual report. The current strategic priorities are:

- Embedding Making Safeguarding Personal.
- Learning from Safeguarding Adults Reviews.
- Safeguarding Adult Interface within local domestic abuse and sexual violence strategies.
- Prevention and Creative Solutions for people with complex needs.
- Mental Capacity Act /Liberty Protection Safeguards Implementation.
- Market Shaping and Commissioning.

One Safeguarding Adults Review was commissioned in 2018/2019. The Executive Summary has been published on the TSAB website and a multi-agency action plan is currently being finalised.

4.2 Devon Safeguarding Adults Board (DSAB):

The Trust remains a key partner in Devon Safeguarding Adults Board and participates in all key work streams and sub groups. These work streams have been reviewed to maximise joint working with Torbay's Board. The DSAB priorities are:

- Finding the right solutions at the right time for the most at risk people.
- Increase the public awareness of safeguarding.
- Improving the transitions from children's safeguarding to adults safeguarding.
- Increasing our staff understanding of the law in relation to safeguarding adults.

4.3 Trust Integrated Safeguarding and Inclusion Group (ISIG):

This Executive led group has CCG, Governor and NED members. Priorities are reviewed annually and linked to the Torbay and Devon Safeguarding Adult Boards, learning outcomes and outputs of local and regional partnership group work plans.

4.4 Both TSAB and DSAB priorities are embedded into the Trust Integrated Safeguarding and Inclusion Group work plan. This year we have:

- Hosted 3 safeguarding adult forums on
- Learning from Safeguarding Adult Reviews (May 2018).
- County Lines (October 2018).
- Domestic Abuse and Sexual Violence (January 2019).

- Further embedded making safeguarding personal by:
- Better capturing feedback in relation to meeting outcomes and risk.
- Commissioning a service user qualitative feedback project with Torbay Healthwatch in partnership with Torbay Council.

- Completed annual self-assessment audits in relation to safeguarding adult governance and prevent.

- Increased safeguarding adult and prevent mandatory training at all levels.

- Engage with bed based care teams to introduce and track safeguarding referrals.

- Contributed to multi-agency partnership boards and arrangements linked to safeguarding adults (e.g. domestic abuse and sexual violence, exploitation)

- Introduced a new Mental Capacity Act and Deprivation of Liberty training framework.

4.5 Safeguarding Adults and Mental Capacity Operational Group.

In 2018/2019 the Trust amalgamated the safeguarding adult and mental capacity operational groups. The purpose of the group is to ensure that clinical teams are leading the delivery of the safeguarding adult's and mental capacity agenda.

The monitoring and quality assurance of Trust wide safeguarding adults processes are reported to this group. This group reports to the Integrated Safeguarding and Inclusion Group, chaired by the Chief Nurse and links to the Quality Improvement Group internally and the Torbay and Devon Safeguarding Adults Board externally. The Trust's Integrated Safeguarding and Inclusion Group have overseen the operational work plan and directly link's with the outputs in para 4.4

4.6 Dementia Strategy Steering Group

The Dementia Steering Group is tasked with embedding national dementia strategy into local systems. This includes having a clear overview and understanding of how staff in TSDFT can support people with dementia within our services. Priorities include:

1. Person-centre care.
2. Promoting communication.
3. Ensuring a caring environment.
4. Staff education and training.

The group reports to the Integrated Safeguarding and Inclusion Group and is currently undergoing review and redesign.

5. Modern Slavery

Slavery is not an issue confined to history; all staff receive modern slavery awareness as part of the mandatory safeguarding adult framework.

The Trust has an ICON site which includes a suite of information to support staff in responding to modern slavery concerns. The Trust contributes to partnership arrangements led by the Torbay and Devon Anti-Slavery Partnership. The delivery plan has a primary focus to:

- To ensure that modern slavery is considered as daily business.
- Follow national principles to
- **Prevent** people engaging in modern slavery.
- **Protect** by strengthening safeguards against modern slavery.
- **Prepare** by reducing harm caused by modern slavery.
- **Pursue** by supporting the prosecution and disruption of those responsible for modern slavery.

6. Prevent.

National Prevent Duty Guidance was updated by the government in 2015 and is one part of the UK Counter terrorism strategy CONTEST.

A key challenge is to ensure that, where there are signs that someone has been or is being drawn into terrorism, our staff recognise those signs correctly and are aware of and can locate available support, including the Channel programme where necessary.

The Trust is a key partner within the Torbay and Devon Prevent Partnership Board. Prevent awareness is mandatory for all staff and there is an icon page to support staff responding to prevent concerns. The Trust is a standing member of the Torbay Channel Panel and attends Devon Channel Panel as required.

7. County Lines

County Lines remains an increasing problem in Devon. Criminal exploitation, also known as 'county lines', is when gangs and organised crime networks exploit vulnerable adults and children to sell drugs, which originate in major cities. Often these people are made to travel across counties, and they use dedicated mobile phone 'lines' to supply drugs.

It can also involve ‘cuckooing’ which when those gangs take over the home of a vulnerable adult and use it to sell drugs from.

The Trust fully engages in county lines partnership arrangements and during 2018/2019 hosted a partnership County Lines forum, with the support of Devon and Cornwall Police and Torbay Safer Communities Partnership.

8. Domestic Abuse and Sexual Violence

The Trust is a member of the Torbay Domestic Abuse and Sexual Violence Executive and Operational Groups and there are work plans relating to both groups.

Staff working in specific services receive enhanced training relating to domestic abuse and sexual violence. A dedicated icon page provides frontline staff with guidance and support information.

The Trust is continuing to contribute to local work plans and Multi-Agency Risk Assessment Conference (MARAC) arrangements to ensure coordinated responses and support mechanisms are in place to people who have experienced or are experiencing Domestic Abuse and Sexual Violence.

Examples of work undertaken during 2018/2019 include a staff communication and awareness campaign. This included support for Torbay Council’s White Ribbon campaign, which encourages all men and boys from all walks of life to make a stand against violence towards women and girls. The Trust safeguarding forum on domestic abuse and sexual violence included presentations from a lead academic and local support groups.

9. Quality Assurance and Improvement in Care Homes.

9.1 The Quality Assurance and Improvement Team (QAIT).

The Trust has statutory responsibility for adult social care and safeguarding for all care home residents in Torbay, and almost half of the residents in these homes are funded this way. There are also people whom are self-funding in these homes, whom we must legally ensure are safeguarded as per our responsibilities under The Care Act 2014. The Care Quality Commission (CQC) is the overall legal regulator of care homes and is responsible for the monitoring and audit of quality. In Torbay there are currently 73 residential homes registered with CQC and 15 nursing homes.

The NHS England framework for Enhanced Health in Care Homes (EHCH) was published in September 2016; it makes recommendations about having a suite of evidence based interventions, designed to be delivered within and around a care home in a co-ordinated manner in order to make the biggest difference to its residents. Critical to the success of this model are person centred change, co-production, focus on quality and strong leadership to deliver a number of elements of care. One of the key elements of care detailed is multidisciplinary team (MDT) support for residents with care and support needs. The QAIT provides this MDT, and improves the care of complex conditions by ensuring care homes and residents have access to and are making full use of the knowledge and skills of team members from multiple disciplines.

The QAIT team continues to offer homes the opportunity to develop a long term relationship with a smaller group of staff and clinicians. Such trusting relationships enable us to prevent issues becoming serious. The QAIT also works closely with GPs to review identified issues.

9.2 Whole Service / Large Scale Safeguarding Adult Enquiries.

There were four statutory whole service / large scale safeguarding enquiries undertaken in 2018/19. These arrangements exist to respond to safeguarding concerns were there is reason to believe a number of people may be at risk of abuse or neglect within the same service setting or by a specific alleged perpetrator / group of perpetrators.

Key themes were:

- Poor management & leadership.
- Inadequate staffing levels and skill mix.
- Management of peoples finances.
- Unsafe care provision and lack of escalation.
- Poor care planning.
- Lack of detail within overarching contracts leading to unsafe care.
- The need to apply respectful uncertainty principles within face to face meetings.

9.3 Torbay has a high number of placed people from out of area local authorities. This can cause challenges in gathering relevant information in the assessment of risk. In 2018/2019 the Trust supported Torbay Council Commissioning Team in advocating for the regional implementation of the ADASS 'Commissioning Out of Area Care and Support Service' guidance (2018). This has now been agreed and arrangements are being put in place.

10. Deprivation of Liberty Safeguards - Activity for the Supervisory Body (Delegated from Torbay Council).

Deprivation of Liberty (DOLS) assessments can only be done by Best Interest Assessors, who have undertaken a specialist assessment. The process authorises the 'deprivation of liberty' of people who cannot leave their care location and have an impairment of the mind.

DOLS statistics remain very high, and nationally there are significant problems in this field which has resulted in the Mental Capacity Act Amendment Bill. In Torbay, staffing capacity to undertake the assessments is limited. The cases are triaged using criteria published by the Association of Directors of Social Services.
.
Additional staff were funded in 2017/2018, however one post remained unfilled until December 2018. The risk is monitored by the Integrated Safeguarding and Inclusion Group. The team continues to prioritise high risk cases. However, the volume of referrals is very high, and the March 2019 figures for care home applications are in the table below:

Applications	2014/15	2015/16	2016/17	2017/18	2018/19
New Applications	678	561	530	502	434
Renewals	3	45	121	132	119
Total	681	606	651	634	553

11. Summary

Performance in Safeguarding Adults targets remains good, with strong governance and operational delivery. The overall number of repeat referrals has slightly increased so a multi-agency audit has been arranged for October 2019 to explore the reasons for this. Making Safeguarding Personal remains central to all responses with better reporting of outcomes. The new safeguarding quality checker project will capture people's feedback through discovery interviews. A safeguarding adult review Executive Summary has been published on the TSAB website and a multi-agency action plan is being finalised.

Adult Safeguarding continues to respond to emerging themes and this year has seen an increased focus on exploitation. These reinforce the need for close partnership relationships across geographical boundaries to ensure consistency of approach and clear messages to staff. The Trust takes an active part in these arrangements and has taken steps to ensure that front-line staff has access to key information.

Safeguarding adults training targets were met for all levels during 2018/2019 and a new Mental Capacity Act / DOLS framework was introduced. Recommended levels of training are identified for all staffing groups and remain mandatory for safeguarding adults.

The TSDFT Quality Assurance and Improvement Team (QAIT) team for Torbay has had a strong year, with good supportive relationships developing with care home providers. Triangulation of information between safeguarding adults, QAIT and local commissioners remains essential to ensure proportionate and effective support mechanisms are provided to residential and nursing providers when it is needed.

Consistent efforts have been put into monitoring and improving Deprivation of Liberty applications, but this remains a key risk for the organisation. The Mental Capacity Act Amendment Bill (LPS) will have significant implications for the Trust and a working group has been formed to lead on this. Statutory code of practice is expected spring 2020 with implementation from 1st October 2020.

Torbay and South Devon NHS
NHS Foundation Trust

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

Meeting date:	24 September 2019
Report by + date:	Robin Sutton, 25 September 2019
This report is for: *(please select one box)*	Information☒ Decision ☐
Link to the Trust's strategic objectives: *(please select one or more boxes as appropriate)*	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☒ 4: Well led ☒
Public or Private *(please select one box)*	Public ☒or Private ☐

Key issues to highlight to the Board (Month 5, August 2019):

1. For assurance the Committee reviewed the Month 5 Financial Performance, the control total deficit of £7.87m is £1.02m adverse to budget. Months 1 to 5 PSF is assumed but at risk, no 52 week wait fines have been assumed. Against a CIP target of £20.0m, savings of £14.5m have so far been identified but the route to cash remains challenging. The Trust is in the process of developing a detailed recovery plan.

2. For assurance the Committee reviewed the Month 5 Performance Standards together with related management actions and mitigations. These standards continue to suffer from the impact of the ongoing operating theatre closures. Concern was expressed at the vulnerability of diagnostics and this will be reviewed for next meeting.

3. NHSI self-certification for Month 5 was approved by the Committee.

4. CIP position was discussed, concern over the CIP position and cost pressures was expressed and a presentation on the latest view will be brought to the next Trust Board meeting. Model Hospital presentation for Obs and Gynae was reviewed and discussed.

5. No business cases to the Committee for approval.

6. For assurance the Committee reviewed three risks (Risk Numbers 1173, 2285 and 2401) from the Financial, Digital and Compliance Risk Register. This included the recent IT critical incident.

7. Torbay Pharmaceuticals financial performance for August 2019 was reviewed by the Committee. Assurance was given that TP remains on track to achieve the budgeted contribution for the financial year.

8. No HIS report to review as no meeting since last FPDC meeting.

9. The Committee updated workplan for 2019 was reviewed and noted.

Key Decision(s)/Recommendations Made:

1. To note the above.

Name: Robin Sutton (Committee Chair)

Torbay and South Devon NHS
NHS Foundation Trust

Report of Quality Assurance Committee Chair to TSDFT Board of Directors

Meeting date:	18 September 2019
Report by + date:	Jacqui Lyttle, 23 September 2019
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☐ 3: Valuing our workforce ☐ 4: Well led ☒
Public or Private	Public ☒ or Private ☐+ Freedom of Information Act exemption

Key issue(s) to highlight to the Board:

1. Integrated performance

The committee reviewed the performance of the trust from a quality, safety and patient experience perspective and whist there were several areas highlighted as red such as:

- RTT
- patients seen outside of their clinical timeframe
- 52 weeks
- diagnostic waits

It was assured that there were no new risk areas and that robust contingency plans were in place to minimise the risk to patients coming to avoidable harm. However, there were 2 areas that the committee was either **not assured** or only **partially assured. ED and Cancer standards**

2. Emergency department

There was robust discussion on the continued deteriorating performance of ED, with the need to operate at OPEL 4 more routinely than was felt to be safe or sustainable.

The committee was assured that additional staffing has been secured, clinically urgent patients were being prioritised and the department was following clinical best practice, as externally validated by ECIST.

However it was **not assured** that the department was safe during levels of high escalation due to:

- increased demand and system pressures
- excessive overcrowding
- long waits

and that patients and staff were not coming to avoidable harm.

Because of this lack of assurance I would like to escalate this risk to the board and ask that that it be escalated to the SIB and STP. 1a

The committee discussed the potential correlation between high emergency medical takes and long lengths of stay. In order to seek assurance that patient outcomes are not being compromised it requested that a detailed piece of work be undertaken to understand any negative issues from a quality and safety perspective with feedback at the next committee meeting. **See key decision 1b**

3. Cancer standards

The committee reviewed the cancer standards performance and received partial assurance that plans were in place to improve the current performance overall. However, there was discussion about the impact of continued delays in medical imaging especially CT and MRI causing potential delays in diagnosis and treatment especially in light of the trust being a pilot site for the new Long Term Plan 28 day standard which would see further demand on diagnostic services. In order to seek further assurance that patients care will not be compromised the committee asked that an analysis be undertaken on the various diagnostic modalities and the new standard. See key decision 2

4. QIG and SAE group

The committee received updates from the QIG and SAE groups and were assured that there is effective pro-active management and review of risks, patient safety and quality at cross organisational level with appropriate escalation of issues or identification of risks being reported to QAC.

As a consequence of the most recent updates highlighting a potential risk with an increase in falls the committee requested that the falls committee lead present at the next QaC. See key decision 3

5. Workforce and OD update

The committee received a comprehensive report and were assured that there were no reported workforce risks of a quality and safety nature.

6. Domiciliary care position

The committee received a verbal update which gave the committee assurance that whilst the system has continued fragility the quality of care continues to improve and that good collaborative events have been held to support local partners. The committee was reassured that the number of unfilled packages of care continue to reduce. There were no new areas of risk identified causing the committee concern or need for escalation.

7. Safeguarding

The committee received a verbal report (superseded by the full report in this month board papers) identifying risks around health assessments for LAC's requiring a more resilient solution, and the increasing wait for DOLs assessment due to changes in the process at a national level. These issues and potential risks have been superseded by a full report in this month's board papers.

8. Infection control

The committee received an update following the recent publication of the PHE Finger Tips report which has identified the trust as an outlier in a number of areas:

- gram-negative bacteraemia
- MRSA
- MSSA bacteraemia

Historically the trust has reported a high level of positive tests due to low thresholds of risk but the reported increase does not appear to correlate with this historical pattern of prevention and control, it was felt by the committee that the increase is either a data collection/recording issue or could be attributed to the increase our non- acute activity. To seek full assurance that there were no IPC risks, QaC requested a deep dive be undertken by the Director of IPC with feedback back to the next QaC . See key decision 4.

9. CQC update

The committee received a verbal update which did not identify any new risks relating to patient safety or risk.

10. Never events

The committee were assured that there were no new never events to report.

11. Annual workplan

The committee agreed in principle the new workplan for 2020, which would include closer scrutiny and oversight of non-acute focused activity including (but not exclusively):

- Social care
- Intermediate care
- Child and young people's services
- Integrated system risks – not automatically reported through the IPF route

12. BAF deep dives

- Risk 1095 (Overcrowding in ED)
- Risk 1504 (vulnerable patients admitted to EAU's awaiting mental health placement)

Both of these risks had been fully covered through discussion and report updates as part of the meeting and the committee were assured that the reported positions were still valid and that there were no new risks relating to quality or patient safety

Key Decision(s) Made:

1a. ED

The QaC chair on behalf of the committee escalate to the board that it is not fully assured that ED is safe during times of high escalation i.e. OPEL 4 and that this position is felt to be unsustainable with a request to escalate up to the SIB and STP.

1b. ED, hospital flow and LOS

The QaC asked the COO to instigate a review of the impact of increased demand on ED from an emergency admission and LOS perspective, to seek assurance that patient care is not being effected by compromised flow.

2. Cancer

That a deep dive be undertaken on the impact of cancer targets, patient delays and pathway progression because of diagnostic delays.

That a deep dive be undertaken on the impact of achievement of current cancer targets and potential displacing of cancer patients as a result of the Long -Term Plan 28 day target

3. Falls

That a review be undertaken of the recent increase in falls to determine, reasons, trends

and lessons learnt etc, with feedback to QaC in November.

4. Infection prevention and control

The committee requested a review to be undertaken by the Director of IPC to identify why the trust was an outlier as detailed within the recent Finger Tips Report and to provide assurance that patients are not at risk of avoidable infection.

Recommendation(s):

1. To note this report and its key actions and decisions.

Name: Jacqui Lyttle - Committee Chair

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Education & Workforce Development Six Monthly Update			Meeting date: 2nd October 2019
Report appendix	None		
Report sponsor	Jane Viner, Chief Nurse and Deputy Chief Executive		
Report author	Natasha Goswell, Head of Education & Workforce Development		
Report provenance	The information provided in this report has been provided by the relevant education services within the organisation and from our education/academic partners and stakeholders.		
Purpose of the report and key issues for consideration/decision	This is the six month report for education and workforce development for the Executives' information and assurance. The report highlights performance and developments over the last six months and sets the core priorities for the next six month period.		
Action required (choose 1 only)	**For information** ☒	**To receive and note** ☐	**To approve** ☐
Recommendation	The Board is asked to note the contents of the report.		

Summary of key elements

Strategic objectives supported by this report

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

Is this on the Trust's Board Assurance Framework and/or Risk Register

Board Assurance Framework		**Risk score**	
Risk Register		**Risk score**	

External standards affected by this report and associated risks

Care Quality Commission	**X**	**Terms of Authorisation**	
NHS Improvement	**X**	**Legislation**	
NHS England	**X**	**National policy/guidance**	**X**

Report title: Education & Workforce Development Six Monthly Report		Meeting date: 2nd October 2019
Report sponsor	Jane Viner, Chief Nurse and Deputy Chief Executive	
Report author	Jessica Piper, Head of Education & Workforce Development	

1. Introduction

This is the mid-year six month report for Education and Development, for the Trust Board's information and assurance. The report highlights the performance and developments over the last six months and sets out the core priorities and challenges for the next six month period.

2. Discussion

2.1 Mandatory Training

Compliance figures continue to stay above 90% overall for the organisation. We have been over the 85% target for nearly 12 months now. This is as a result of developing more flexible options and not cancelling training when in Opel 4 so those staff who are still able to attend can. Some work is required on IG training to review delivery to support working towards the national target of 95%. Following a thorough exercise over the last few months the compliance rates for Children and Family Health Devon staff has significantly improved. 7 out of the 11 core topics are over 90%. Moving and Manual Handling is the only topic with a red RAG at 56% and a plan has been put in place to deliver additional sessions.

2.2 Finance

The forecast for HEE NMET (Non-Medical Education Tariff) is significantly lower than previous years (approx. £138k) and has resulted in a deficit in the overall education position so far this year. This is due to late changes by HEE to the costing model for the tariff and inaccuracies in placement delivery data. We are continuing to work with HEE to ensure that Q4 income is adjusted accordingly to improve the overall income position. However some reduction is expected due to lower student numbers overall. These fluctuations in income need to be recognised when setting budgets and CIP targets. CIP is currently forecasted £70k below target. Education is carrying a medical salary cost pressure for F1's that has been budgeted for next financial year. All CPD funding support has been paused due to the current deficit position and uncertainty around HEE NMET income. SIFT (Medical Undergraduate Tariff) direct teaching funding is being transferred to the ISU's from this month to support consultant job plans for those supervising placements, as per the national guidance. Unfortunately we are unable to do the same this year for non-medical placements due to the current NMET position.

2.3 Digital technology/Innovation

We continue to develop our capacity around live streaming meetings such as the monthly Trust Talk. As well as this, some live surgery has been streamed from theatres down to Anna Dart, and we are looking at the possibility of streaming this outside of the Trust to enhance our educational offering. The rollout of Visimeet across the Trust

continues, with recent trials around a virtual consultation room with Rheumatology. This will offer an excellent opportunity for services to some services to transform the way they deliver their clinics. The Web Services Team continues to develop custom solutions for teams across the organisation, and are starting to plan an upgrade to SharePoint 2019. This will replace the legacy SharePoint platforms that we currently use, and will unlock more functionality for future solutions. The Hive (our eLearning platform) continues to grow both internally and with PVI section. A further system upgrade is planned during the summer which will enhance the service that we can offer. The Innovation lead will be working closely with the South West AHSN to look at trialling a number of new initiatives within the organisation. We have been working to align Innovation with the Commercial Development Group to identify opportunities for generating income, and will also be discussing how closer working with the Quality Improvement Team can be achieved, as a way in with a wider collection of teams. There will be a relaunch of Hiblio in the next couple of months and a plan will be presented soon. The Digital learning team are working with leads across the Trust to develop new innovative ways of delivering training and there are some existing projects underway including the major incident project. We are hoping to showcase some of this work including Hiblio at a future Board workshop.

2.4 Virtual Reality/Research

We have developed four immersive films for the national HEE AHP programme in order to raise awareness of these key healthcare roles. The VR films were premiered at the CAPHO conference in July and were well received including from MP dignitaries who attended. From this an invitation has been extended to Nick Peres and team to visit parliament in order to talk about digital healthcare technologies (date still to be confirmed). We are writing up a number of papers from our research which we hope to be published over the next six months, led by our new Technologies Research Lead, Payal Ghatnekar. We have also deployed a VR relaxation experience within the wellbeing room in the Horizon Centre. The experience, which features David Attenborough, sets the viewer into a peaceful scene. We are hopeful this VR intervention will help with the wellbeing programme at the Trust.

2.5 HEE LDA Contract

There is an upcoming review of the contract HEE has with providers of medical and non-medical education programmes. An initial meeting is taking place on the 25th September. HEE are setting up a provider network across the South West to discuss clinical placement provision. A meeting has been arranged for the 3rd October to start scoping this review.

2.6 Horizon Centre/Education estate

We have received confirmation from Plymouth University that they will be investing £660k for phase 2 of the Horizon centre improvements. This will go towards ensuring our education and training facility meets the future demands of our medical school expansion and to ensure our facilities our fit for purpose for the next 10 years. An options appraisal will be going to Board in the next couple of months. In the short term we have agreed that current activity can continue in the Horizon centre up to September 2020. Future delivery of meetings and clinical activity in the Horizon Centre will be known once the options appraisal has been considered and a decision made by Board. Some investment has been made this year to improve user experience of the Centre through the use of charitable funds, this includes an AV upgrade in all the teaching rooms and lowering of the front reception desk.

2.7 Medical Education

Work continues with plans to implement year 3 and 4 undergraduate medical programmes from September 2020. This includes an event on Thursday 17th October whereby staff can come and find out more about the programmes and how they can support placements. We successfully appointed Douglas Natusch to the post of Associate Dean for the University of Plymouth on the 18th September.

2.8 GMC Survey/HEE mid-year review

We remain above the National Average in most of the indicative areas, but below in the following Clinical Supervision out of hours, Curriculum Coverage, Handover, Local Teaching, Study Leave and Workload. We are significantly above the National Average in Educational Governance, Educational Supervision, Feedback, Induction, Rota Design, Supportive Environment and Teamwork. It's great to see that Educational Supervision and Supportive Environment are scoring well. We have increased our scores for Educational Supervision, Feedback and Study Leave. Paediatrics has been highlighted as underperforming and has been flagged as a red outlier for 2 years running. The Director of Medical Education is in discussion with Paediatrics to develop an action plan to address this.

2.9 Nursing Education

As part of the national commitment to increase student nursing placements by 25%, this organisation was successful in securing £50k from to support placement increases in Torbay and South Devon. This funding will support the ongoing work with Plymouth and Exeter Universities to develop the quality of placements and student experience as well as to support staff supervising students and students themselves whilst on placement. Jane Viner has arranged to meet with student nurses later this year as an opportunity for them to feedback on their experience and to help inform our annual HEE contract visit in November.

2.10 Widening Participation/Apprenticeships

We continue to deliver above the 2.3% target for Public Sector Apprenticeships. We held our Aspire event in Anna Dart; this annual event is always a joy to be part of and this year we were once again delighted that Sir Richard Ibbotson was able to come along and say a few words and celebrate with the traineeship graduates. At our recent External Quality Assurance visit (May 2019) undertaken by the City and Guilds inspector, who is our awarding organisation for all of our Health and Social Care qualifications, it was reported that 'This centre has areas of very good practice, use of and support of Expert Witnesses is excellent. All assessment and IQA practice sampled today is of a very good standard'. Over the last 6 months Vocational Education Team have taken part in a number of events within and outside of the organisation to engage with staff and managers to raise the profile of the value of Vocational Education. As a result we have a new cohort of 15 staff commencing their level 3 qualification this September. A paper was approved in August recommending the Trust continues to pay Band 2 apprenticeships as our current rate of 75% of bottom of band. The team are leading a workshop in November to start the development of a widening participation strategy and agree apprenticeship priorities for 2020. Our Fair Train NHS and Emergency Services Career Fair takes place on the 18th November 10am-2pm with an expected 300 + school children attending the day. A series of events are taking place on Cheetham Hill Ward for patients to get them more active and to bring some fun to

their inpatient stay. The events are run my school/college/Uni students and supported by teachers/tutors and consist of music, hair and beauty, art and board games.

2.12 Resuscitation

The defibrillator replacement roll-out is in progress with the team continuing to undertake training with the clinical teams. There are 55 new defibrillators across the acute hospital with AEDs being installed within community settings. This has been a big project for the team with the associated planning and training required. In July over 1400 members of staff were trained in the new equipment and this is ongoing requiring flexibility within the team and a commitment to maintaining high standards to minimise the risks to patients and colleagues. Quality improvement work within the resuscitation emergency teams is ongoing with twice daily meetings now established and updated cardiac arrest documentation. This year we are working with the teams to ensure debrief is considered and embedded within practice both following individual resuscitation attempts and on a regular basis to promote learning.

2.13 PVI Sector

A proposed way forward continues to be developed with the support of Lesley Darke and Malcolm Dicken as part of our plans to introduce an improved education offer and costing model later this year. An options appraisal will go to the Execs for consideration later in September. The team continue to meet with key stakeholders from the private, Voluntary and Independent sector to help develop our education offer to the sector.

2.14 STP Workforce Development Projects

The initial Mental Health and Wellbeing project is due to come to an end this month. We are currently in liaison with the STP and HEE in regards to ongoing plans for this workstream. In them mean time a Community of Practice Group will be set up to continue supporting the development of the network and support the identification of future priorities. A competency framework has been developed and supported by the STP Training Delivery Group as part of the intermediate care project. A meeting took place in August to scope out initial plans to deliver the Human Factors project. All projects are supported by external funding from HEE awarded by HEE to the STP for workforce development. The next round of bids for this funding is imminent and the Trust is considering what potential projects we want to put forward. A community of Practice Group is being set up as a result of the mental health Project to improve the network supporting and delivering workforce developments. The HEE Local Education Leads Group (represented via this Trust) are seeking to join up their work with the various clinical service review work streams to ensure workforce development resources can be prioritised and are more focussed in future. There is a review of the current STP Training Delivery Group's remit.

3. Conclusion

We need to ensure we are able to deliver and develop our HEE contracted education programmes (medical and non-medical) and partnerships. This contract delivers approximately 800 learner placements/posts across the organisation bringing in an income of approx. £8m. This includes pre-registration nursing students, Assistant Practitioners, Physician Associates, Medical students, Nursing Associates, etc. We need to ensure HEE placement funding is being used to support the clinical services delivering placements. Longer term this will support an increase in capacity which is required to deliver new and expanding programmes. This will be important so we can

secure the programme expansion plans committed to by the organisation. The education team are working closely with HEE to review this contract and ensure future income to support delivery of these programmes is reflective of the requirements. A case will be put forward for the future management of this funding to ensure reinvestment is made in clinical services for the support of placements and development of teams and learning environments to improve quality.

Some more engagement is required with the ISU's to ensure workforce development plans for 2020/21 are reflective of training need and prioritised accordingly. Initial discussions have taken place with Natasha Goswell and Joanne Watson to help move this forward.

4. Recommendations

Trust Board are requested to note the contents and actions taken within the paper.

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Safer Staffing and Nursing Work Programme			Meeting date: 2nd October 2019
Report appendix	None		
Report sponsor	Jane Viner, Chief Nurse and Deputy Chief Executive		
Report author	Natasha Goswell, System Director of Nursing and Professional Practice – South Devon		
Report provenance	Executive Directors meeting Quality Improvement Group		
Purpose of the report and key issues for consideration/decision	This is the monthly safer staffing report as required by the Chief Nursing Officer NHSE.		
Action required (choose 1 only)	**For information** ☒	**To receive and note** ☐	**To approve** ☐
Recommendation	The Board is asked to note the contents of the report.		

Summary of key elements

Strategic objectives supported by this report

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

Is this on the Trust's Board Assurance Framework and/or Risk Register

Board Assurance Framework	x	**Risk score**	8
Risk Register	x	**Risk score**	16

External standards affected by this report and associated risks

Care Quality Commission	**x**	**Terms of Authorisation**	
NHS Improvement	**x**	**Legislation**	
NHS England	**x**	**National policy/guidance**	x

Report title: Safer Staffing and Nursing Work Programme		Meeting date: 2nd October 2019
Report sponsor	Jane Viner, Chief Nurse and Deputy Chief Executive	
Report author	Natasha Goswell, System Director of Nursing and Professional Practice – South Devon	

1. Introduction

The purpose of this report is to provide information and assurance to the Board regarding the Nursing and Midwifery Safer Staffing levels.

2. Discussion

2.1 Model Hospital Data

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 August 2019 with May's data to show the national median data which is 8.1 Total: i.e 4.8 RN & 3.2 HCA.

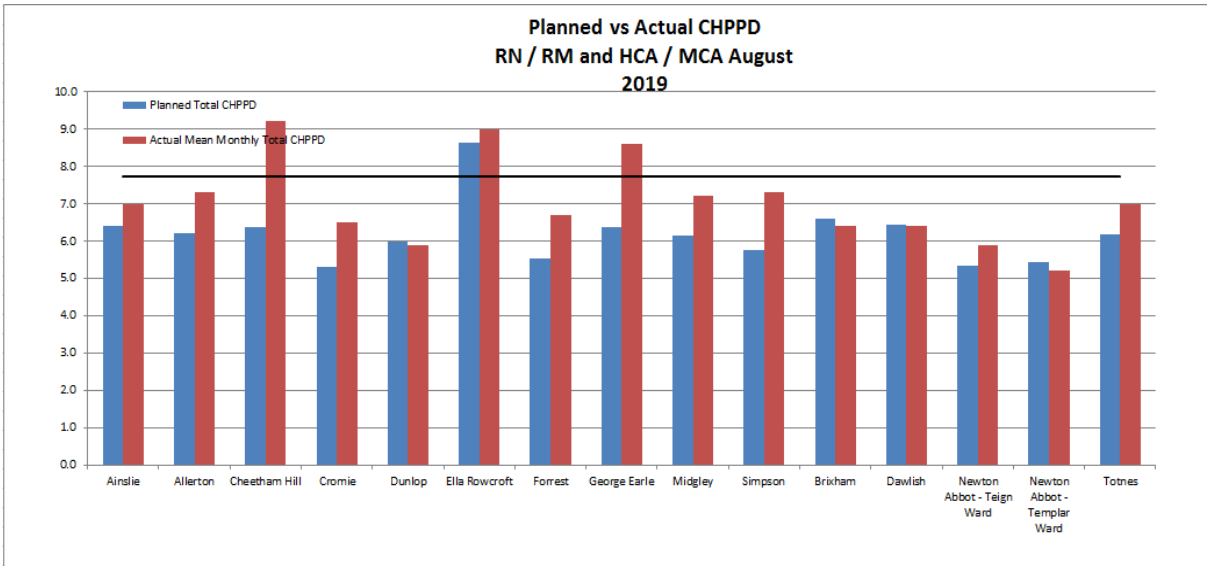
The Table below shows the Trust CHPPD position for August 2019 alongside national median data and peer regional data. The Trust is now below the national RN range at 3.56 and above the national for HCAs at 4.11. This provides an overall comparison total of 7.67 for this Trust against a national median of 8.3. The RN CHPPD position demonstrates a slight reduction in comparison to last month which is a result of recruitment gaps.

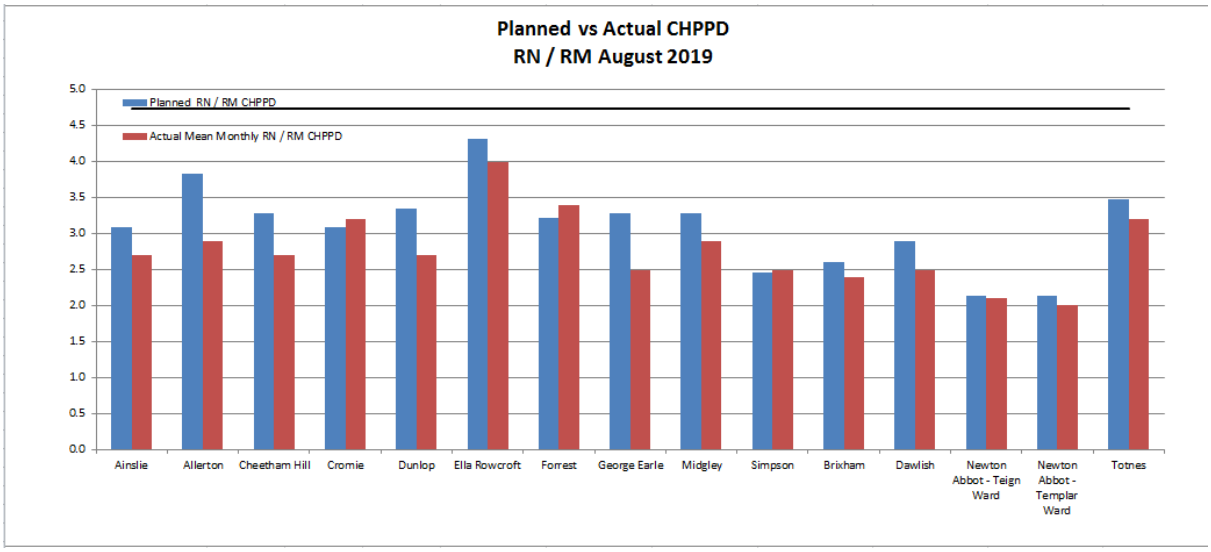
	Model Hospital		
	TSDFT August 2019	TSDFT May 2019	National Median May 2019
Total CHPPD	7.67	8.0	8.3
RN/ RM CHPPD	3.56	4.6	4.8
HCA / MCA CHPPD	4.11	3.4	3.2

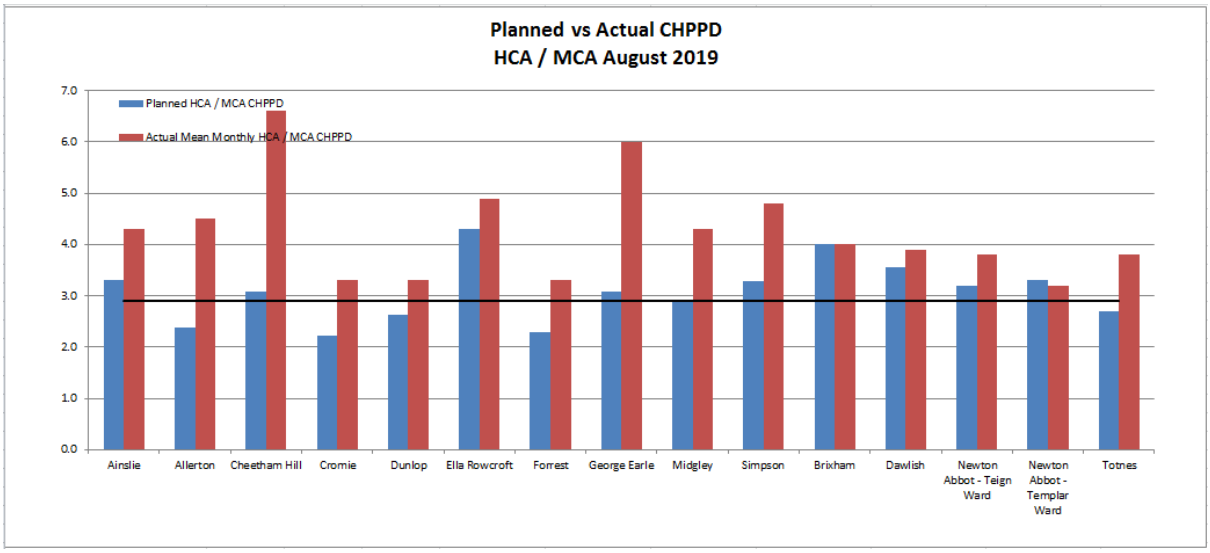
The graphs overleaf illustrates the CHPPD data distributed by ward area, shown as a total of all nursing staff, and then separately for RNs and HCAs.

The graphs 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, behavioural difficulties and falls risks. Where appropriate and possible, the wards cohort patients who require supportive observations. Where there is shortfall in RN availability but is in accordance with the

Carter safe staffing levels, if it is deemed appropriate additional HCAs are sourced. In this scenario the HCA does not replace the role of the RN, however their input is supportive in maintaining oversight of patient areas.







The graphs above also show that there are no areas in August that are above the current planned RN numbers.

A review of establishments is currently in process and will be updated on healthroster for continued accuracy, with Safecare module being launched on 2nd September, this will enable trustwide visibility of safe staffing across the organisation alongside realtime acuity and dependency of patients within inpatient ward areas.

The table overleaf provides CHPPD information, with the red highlighted boxes showing areas where the RN/ HCA or both fell below planned levels.

Where the ward RN levels are below planned, the clinical areas review the shifts and take action to deploy staff in other roles where this is possible or provide a HCA to support the area on the basis of risk, acuity and dependency of the area.

The speciality matrons and operational control function balances rota pressures across the organisation and discussions and reviews are held at the control meetings throughout the day.

There are 2 highlighted occasions where the planned and actual show the same value (Newton Abbot – Teign Ward and Dawlish). This is due to the way the programme has been formatted and illustrates these areas were very close to planned levels.

Care Hours Per Patient Day for Acute and Community Setting Wards August 2019

Ward	Planned Total CHPPD	Planned RN / RM CHPPD	Planned HCA / MCA CHPPD	Actual Mean Monthly Total CHPPD	Actual Mean Monthly RN / RM CHPPD	Actual Mean Monthly HCA / MCA CHPPD
Ainslie	6.4	3.1	3.3	7.0	2.7	4.3
Allerton	6.2	3.8	2.4	7.3	2.9	4.5
Cheetham Hill	6.4	3.3	3.1	9.2	2.7	6.6
Coronary Care	5.8	5.8	0.0	6.6	5.7	0.9
Cromie	5.3	3.1	2.2	6.5	3.2	3.3
Dunlop	6.0	3.4	2.6	5.9	2.7	3.3
EAU3	6.3	3.6	2.8	9.1	4.5	4.6
EAU4	7.7	4.3	3.4	8.5	4.4	4.1
Ella Rowcroft	8.6	4.3	4.3	9.0	4.0	4.9
Forrest	5.5	3.2	2.3	6.7	3.4	3.3
George Earle	6.4	3.3	3.1	8.6	2.5	6.0
ICU	20.4	20.4	0.0	26.1	26.1	0.0
Louisa Cary	6.7	4.2	2.4	14.7	10.5	4.2
John Macpherson	4.0	2.3	1.7	6.6	4.0	2.6
Midgley	6.2	3.3	2.9	7.2	2.9	4.3
SCBU	6.9	6.9	0.0	10.2	8.3	1.8
Simpson	5.8	2.5	3.3	7.3	2.5	4.8
Turner	7.9	3.6	4.2	8.7	3.2	5.5
Brixham	6.6	2.6	4.0	6.4	2.4	4.0
Dawlish	6.4	2.9	3.6	6.4	2.5	3.9
Newton Abbot - Teign Ward	5.3	2.1	3.2	5.9	2.1	3.8
Newton Abbot - Templar Ward	5.4	2.1	3.3	5.2	2.0	3.2
Totnes	6.2	3.5	2.7	7.0	3.2	3.8

There are a several reasons for the increased number of areas that have a reduction within their planned registered nursing numbers.
These include:

- Tighter temporary nursing staffing controls to ensure we reduce our financial position in relation to temporary staffing, we are ensuring that areas have identified that minimum staffing levels are able to maintain quality and safety when temporary staffing is unavailable.
- There has been an increase in the number of unfilled shifts due to planned annual leave within temporary staffing nursing availability.
- Due to the implementation of Safecare in September, establishments within healthroster have been reset, updated and triangulated with financial establishments for accuracy and robustness

Actions over next quarter:

- Reduction of unregistered staff undertaking enhanced supervision
- Retention collaboration outputs implementation
- Recruitment days including appointment on the day – visibility of dates
- Utilising new workforce planning tool as part of the NHS People Plan

2.2 Organisational Alert status

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

The alert status for the organisation for August 2019 is summarised in the table below, with the detail for July 2019 shown in brackets. The table demonstrates that during August the Trust experienced significantly more days at Opel 3 and Opel 4 escalation than in July, demonstrating 28 days out of 31 in either Opel 3 or Opel 4, which was 90.3% of the month.

TSDFT Alert Status August 2019	*No Days in Month*	*% days in Month*
Opel 1	*0 (0)*	*0%*
Opel 2	*3 (6)*	*9.6%*
Opel 3	*23 (21)*	*74.1%*
Opel 4	*5 (4)*	*16.1%*

2.3 Newton Abbot ISU - Emergency Department

The table overleaf details the daily planned, actual and percentage fill rates for nurse staffing in the Emergency Department during August 2019. The department is continuing to use resources from temporary staffing, including use of nursing agencies to maintain staffing levels until the effects of recent recruitment are fully effective. The staffing skill mix is consistently balanced across the EAUs and ED with the senior nursing leaders.

It has been noted that there are some inaccuracies within the data (this includes double counting staff as the long day shift is split into two shifts, thus demonstrating RN shift rate above 100%) this is being reviewed and rectified to provide a more accurate account of the position within ED. This still demonstrates that ED actuals have not gone below their planned shifts.

		Total Planned shifts		Total Actual Shifts		RN Shift fill rate	HCA Shift Fill Rate
		RN	HCA	RN	HCA		
Thu	01/08/2019	19	13	24	19	126.3%	146.2%
Fri	02/08/2019	19	13	22	20	115.8%	153.8%
Sat	03/08/2019	19	13	22	22	115.8%	169.2%
Sun	04/08/2019	19	13	24	23	126.3%	176.9%
Mon	05/08/2019	19	13	22	23	115.8%	176.9%
Tue	06/08/2019	19	13	21	22	110.5%	169.2%
Wed	07/08/2019	19	13	23	19	121.1%	146.2%
Thu	08/08/2019	19	13	23	23	121.1%	176.9%
Fri	09/08/2019	19	13	22	19	115.8%	146.2%
Sat	10/08/2019	19	13	25	21	131.6%	161.5%
Sun	11/08/2019	19	13	24	24	126.3%	184.6%
Mon	12/08/2019	19	13	23	20	121.1%	153.8%
Tue	13/08/2019	19	13	21	22	110.5%	169.2%
Wed	14/08/2019	19	13	24	21	126.3%	161.5%
Thu	15/08/2019	19	13	29	19	152.6%	146.2%
Fri	16/08/2019	19	13	20	21	105.3%	161.5%
Sat	17/08/2019	19	13	21	22	110.5%	169.2%
Sun	18/08/2019	19	13	24	23	126.3%	176.9%
Mon	19/08/2019	19	13	24	19	126.3%	146.2%
Tue	20/08/2019	19	13	22	19	115.8%	146.2%
Wed	21/08/2019	19	13	22	21	115.8%	161.5%
Thu	22/08/2019	19	13	23	20	121.1%	153.8%
Fri	23/08/2019	19	13	21	19	110.5%	146.2%
Sat	24/08/2019	19	13	21	19	110.5%	146.2%
Sun	25/08/2019	19	13	26	22	136.8%	169.2%
Mon	26/08/2019	19	13	23	24	121.1%	184.6%
Tue	27/08/2019	19	13	23	23	121.1%	176.9%
Wed	28/08/2019	19	13	22	19	115.8%	146.2%
Thu	29/08/2019	20	13	20	21	100.0%	161.5%
Fri	30/08/2019	20	13	22	20	110.0%	153.8%
Sat	31/08/2019	21	13	18	22	85.7%	169.2%

2.4 Nursing Agency spend

Table A. Nursing Agency Cap is currently at £2,869K full year based on 19/20 Trust submission to NHSI. M5 plan value is £284K; year to date amount is £1,420K. The profile of the spend is higher in the first 6 months.

A Plan	*Agency Cap submitted to NHS Improvement (NHSI) £2,869K*												
Month	***April***	***May***	***June***	***July***	***August***	***September***	***October***	***November***	***December***	***January***	***February***	***March***	***FY 2019-20***
In month £K	284	284	284	284	284	284	184	184	204	204	204	185	2,869
Year to Date £K	284	568	852	1,136	1,420	1,704	1,888	2,072	2,276	2,480	2,684	2,869	

Table B: Actual usage in Month is £235K – this is £60K lower than previous month's usage and the lowest level in the current financial year. This presents 4.8% of total M5 Nursing spend of £4,873K. Year to date spend is £1,489K

B	*Actual Year to Date Nursing Agency Spend £K*												
Month	***April***	***May***	***June***	***July***	***August***	***September***	***October***	***November***	***December***	***January***	***February***	***March***	***FY 2019-20***
Spend in Month £K	364	292	303	295	235								1,489
Total Nursing Spend £K	5,415	4,986	4,982	4,995	4,873								25,251
% Agency over Total	7%	5.9%	6.1%	5.9%	4.8%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	5.9%
Year to Date Spend £K	364	656	959	1,254	1,489	1,489	1,489	1,489	1,489	1,489	1,489	1,489	

Table C. The actual spend to date is above the target (£69K), representing 4.86% adverse against the cap.

C	*Variance Agency Cap versus Actual Spend £K (B-A) - (Overspend)/Underspend*												
Month	***April***	***May***	***June***	***July***	***August***	***September***	***October***	***November***	***December***	***January***	***February***	***March***	***FY 2019-20***
in Month £K	80	8	19	11	(49)								69
Year to Date £K	80	88	107	118	69								
Distance from Cap %	28.17%	15.49%	12.56%	10.39%	4.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
UOR* Agency Rating	3	2	2	2	2								

- Table D. The projected full year spend as at end of M5 (based on straight line estimate before any mitigation = £1,489K/5 X 12) is £3,574K which is £705K higher than the cap. However this show an improvement month by month based on the latest rate of spend.

D	*Forecast and Actual Spend FY 2019/20 (Straightline projection before mitigation)*												
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Actual	Total
Month	***April***	***May***	***June***	***July***	***August***	***September***	***October***	***November***	***December***	***January***	***February***	***March***	***FY 2019-20***
Full Year Forecast £K	4,368	3,936	3,836	3,762	3,574								

2.5 Nursing Agency Usage by month (£) and cost centre

The top 3 spending areas are highlighted in in the table below:

- Emergency Department (comprising A&E, EAU 3&4, AMU and Emergency Practitioners) has the highest usage at £672K (45%)
- Simpson Ward £108K (7.2%)
- George Earle Ward £101K (6.8%)

Reviews of the payments within temporary staffing are being reviewed with a proposal to be provided by October, the outcome is to reduce the cost of temporary staff but retain temporary staffing availability.

Cost Centre	Sum of 201901	Sum of 201902	Sum of 201903	Sum of 201904	Sum of 201905	Total	Movement from previous month
00101-Medical Division Directorates A&C staff	1,839	0	0	0	0	1,839	0
00700-EAU3 - Emergency Assessment Unit Level 3	23,417	13,987	12,918	12,995	16,234	79,550	3,239
00900-George Earle Ward	21,403	10,067	34,776	18,189	17,048	101,482	-1,141
01025-Torbay Cardiac Centre (CPU)	1,328	0	1,020	264	496	3,108	233
01100-Dunlop Ward	4,471	1,755	10,737	15,781	-2,027	30,717	-17,808
01200-Turner Ward	820	24	3,760	2,920	2,034	9,558	-886
01300-Midgley Ward	8,923	5,529	8,064	12,088	13,023	47,627	935
02000-Cheetham Hill Ward	12,749	8,977	11,741	10,919	5,627	50,013	-5,291
02200-Simpson Ward	31,777	32,281	22,024	10,187	12,114	108,382	1,928
02300-Warrington Ward	30,938	29,832	11,046	17,090	537	89,443	-16,553
04000-Allerton Ward	8,798	3,482	2,934	7,306	4,784	27,304	-2,522
04100-Cromie Ward	12,592	11,275	6,417	1,170	3,776	35,230	2,606
04200-Forrest Ward	7,524	3,955	3,237	2,204	1,234	18,154	-971
04300-Intensive Care Unit	4,108	6,767	14,312	26,008	12,895	64,089	-13,113
05200-Ella Rowcroft	634	4,340	6,339	4,050	719	16,082	-3,331
05300-Ainslie Ward	19,255	4,157	4,889	5,183	5,790	39,275	608
05900-Trauma Theatre (Old Day Theatre)	2,599	3,312	9,782	18,071	3,249	37,014	-14,823
08300-Accident & Emergency	127,161	113,761	102,352	88,845	101,984	534,103	13,139
08302-Emergency Nurse Practitioners	11,652	12,479	10,570	-1,254	-8,663	24,784	-7,409
08400-EAU4 - Emergency Assessment Unit Level 4	6,611	3,495	1,390	4,094	9,479	25,070	5,386
09800-Special Care Baby Unit	0	0	0	1,099	2,085	3,183	986
15600-Day Case Surgical Unit	5,797	0	3,551	11,720	-3,068	18,000	-14,788
19599-AMU	3,127	1,517	370	1,161	2,572	8,747	1,411
42700-Louisa Cary Ward	249	1,857	832	1,117	-94	3,961	-1,211
75240-Temporary Staffing	0	0	0	1,164	0	1,164	-1,164
86103-Brixham Inpatients	5,411	5,959	2,128	1,812	10,180	25,491	8,367
86482-Totnes Dart Ward	356	2,660	1,248	4,418	3,183	11,865	-1,235
86483-Totnes Minor Injury Unit	192	0	0	0	0	192	0
86501-Dawlish Hosp Genrl	2,575	0	0	0	0	2,575	0
86503-Dawlish MIU	1,040	-3,231	0	1,464	3,822	3,095	2,358
86541-Templar Ward N Abbot	1,620	2,829	1,397	2,500	675	9,021	-1,825
86547-Comm Minor Injury Servi	-1,691	0	5,104	827	0	4,240	-827
86554-Stroke Unit Teign Ward	2,906	5,117	7,322	6,359	12,004	33,708	5,645
87704-CHC Staffing	3,793	5,540	3,236	5,167	4,000	21,735	-1,166
Grand Total	**363,974**	**291,723**	**303,495**	**294,916**	**235,693**	**1,489,800**	**-59,223**

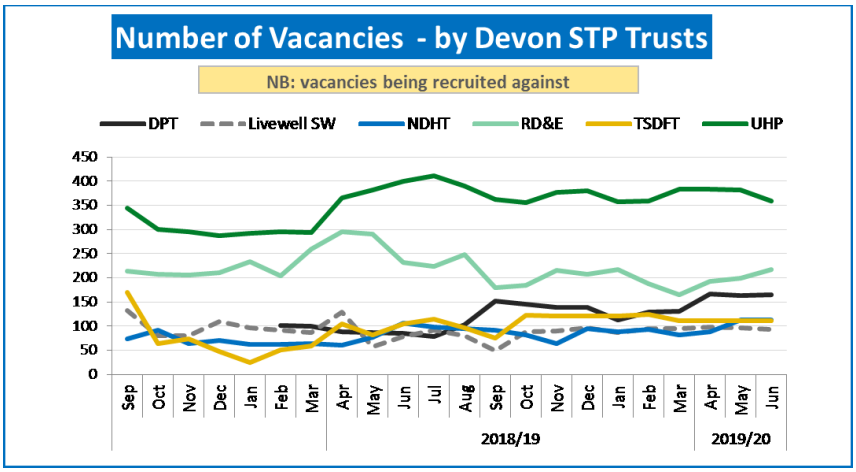
3. Nursing and midwifery vacancies

The recruitment strategies previously reported have resulted in an RN vacancy rate as at the end of August 2019 of 9.97%, this is an increase from last month and we are reviewing the exit interviews. Registered midwives continue with a 0% vacancy rate.

Actions:

- We are due to commence the NHSI Retention Collaborative in September; the outputs of this will be reported through Executive Directors meeting and the People Committee.
- We have increased our student nurse capacity to commence in September, this includes the additional places provided to the new Academy of Nursing at Exeter University
- Our international recruitment continues to see new starters within the organisation
- We are reviewing skill mixes within areas to identify new ways of working to provide different opportunities to our staff

Across the STP our Nursing vacancies have been consistently lower than our partners and we continue to monitor this with our internal recruitment and retention. There is an STP international nursing recruitment drive that is commencing within the next quarter and we will see the benefit of this



4. Quality and Safety

QuESTT

Each clinical area completes the monthly QuESTT tool which triggers actions as highlighted in the escalation procedure. The Associate Directors of Nursing and Professional Practice ensures contact is made for any area triggering an amber score or above and that appropriate actions to mitigate the issues causing the increase in scores is taken, these are reported as part of the governance accountability framework to all relevant forums.

For August 2019, the table below show that at the time the data was compiled 5 areas had not made a return, this has been addressed.
This month there were 2 Red rated teams and 10 teams with an amber rating for August 2019 are as detailed below:

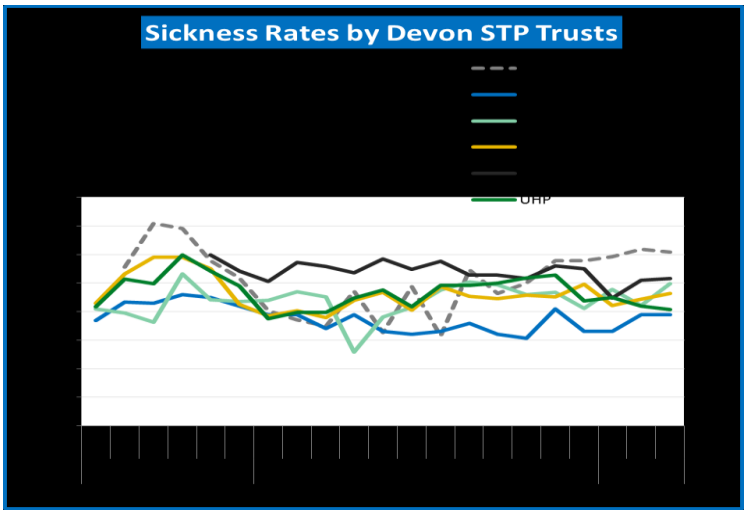
Red Rated teams: Same themes continue and are being addressed:

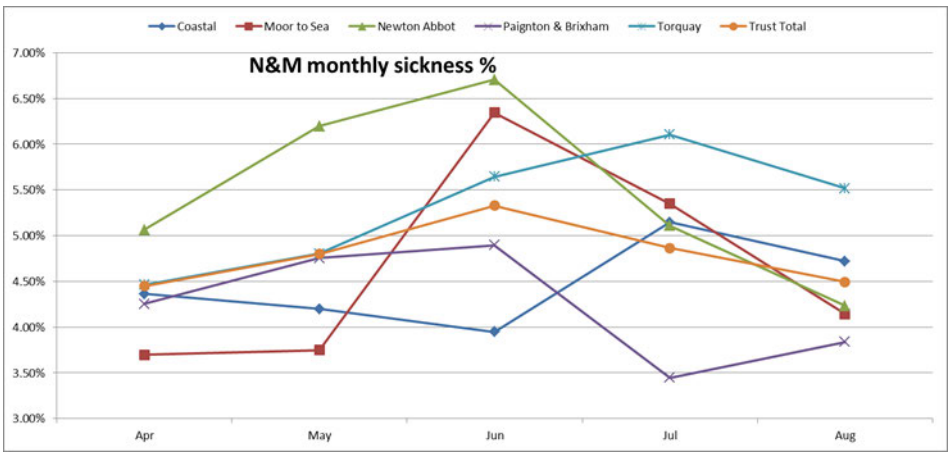
- Brixham community hospital – due to a number of vacancies and sickness, plans are in place to recruit and manage sickness
- Podiatry – mitigations in place in view of vacancies and sickness

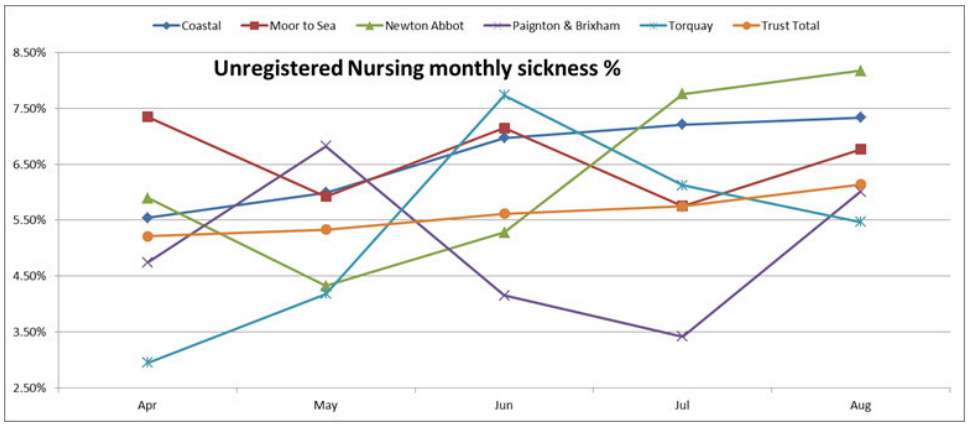
Amber rated teams:

- Torquay and Newton Social care –due to vacancies and 28 day assessment target not met
- Coastal Nursing –vacancies.
- Dawlish MIU – due to number of vacancies and long term sickness
- Emergency Department – due to number of vacancies, short term sickness
- Newton Abbot Teign ward - due to number of vacancies, short term sickness
- Totnes hospital - due to number of vacancies, short term sickness
- Newton Abbot Nursing - due to number of vacancies, short term sickness
- Newton Abbot OT - due to number of vacancies, short term sickness
- Newton Abbot Physio - due to number of vacancies, short term sickness

The table below demonstrates that across the STP sickness has been slowly increasing and we have also seen this within our own trust with sickness at August being







Registered

ISU

	Apr	May	Jun	Jul	Aug	Absence % (FTE)	# Absence Occurrences	Absence Estimated Cost
Coastal	4.36%	4.20%	3.95%	5.15%	4.72%	4.48%	222	£209,615
Moor to Sea	3.70%	3.75%	6.34%	5.35%	4.14%	4.66%	82	£61,365
Newton Abbot	5.07%	6.20%	6.70%	5.11%	4.23%	5.46%	197	£219,541
Paignton & Brixham	4.25%	4.76%	4.90%	3.45%	3.84%	4.23%	146	£134,316
Torquay	4.46%	4.80%	5.64%	6.11%	5.52%	5.30%	178	£242,312
Trust Total	4.45%	4.80%	5.33%	4.87%	4.49%	4.79%	878	£923,695

Unregistered

ISU

	Apr	May	Jun	Jul	Aug	Absence % (FTE)	# Absence Occurrences	Absence Estimated Cost
Coastal	5.54%	5.99%	6.97%	7.21%	7.33%	6.62%	224	£136,356
Moor to Sea	7.34%	5.92%	7.14%	5.75%	6.76%	6.58%	128	£54,969
Newton Abbot	5.89%	4.32%	5.28%	7.75%	8.17%	6.29%	202	£93,618
Paignton & Brixham	4.74%	6.82%	4.16%	3.42%	6.01%	5.04%	153	£62,974
Torquay	2.95%	4.18%	7.73%	6.12%	5.47%	5.26%	62	£41,406
Trust Total	5.21%	5.33%	5.61%	5.75%	6.14%	5.61%	883	£442,213

The Associate Directors of Nursing and professional practice are reviewing the processes within their areas, in regard to the management of short term sickness. Action plans are being put in place with support to address this, which includes the support from workforce and organisational development.

The tables showing QuESTT scores for each clinical area are shown below.

Quality Safety and Effectiveness Trigger Tool (QuESTT)

Torbay and South Devon NHS
NHS Foundation Trust

Service Rating	Level 0	Level 1	Level 2	Level 3
C. Hospital & MIU	<12	12-16	17-25	>25
Other	<16	16-24	25-35	>35

Service Type	Team	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019
% Complete		95%	95%	95%	95%	92%	95%	95%	99%	96%	94%	100%	94%
Total Purple (L3)		0	0	0	0	0	0	0	0	0	0	0	0
Total Red (L2)		0	0	0	0	0	0	0	0	0	0	2	2
Total Amber (L1)		11	6	3	9	10	9	8	8	8	5	8	10
Total Green (L0)		68	73	76	70	66	70	71	74	72	73	73	66
Average Score		9.5	9.0	8.8	9.2	9.9	9.9	9.5	8.7	9.4	9.5	9.9	10.0
Acute	Ainslie	14	11	14	17	12	11	10	8	13	12	11	10
	Allerton	13	14	11	12	15	12	13	16	8	16	13	12
	AMU			7	11		8	7	13	14	5	5	11
	Anaesthetics	6	9	9	10	10	8	7	8	11	10	11	11
	Breast Care Unit	6	8	4	4	6		4	3	0	2	0	6
	Cath Lab	6	4	3	4	3	10	0	7	4	10	10	10
	Cheetham Hill	15	10	13	17	17	14	17	16	16	15	11	13
	Cromie	14	10	8	11	15	16	11	10	10	7	12	7
	DSU	10	12	13	13	9	13	10	13	13	14	10	9
	Dunlop	6	6	4	4	5	3	5	7	3	5	4	5
	Early Pregnancy / Fertility Service	6	6	6	2	2		2	2	4	4	6	6
	EAU3	10	13		4	13	10	11	8	8		12	
	EAU4	8	8	8	9	7	10	8	11	8	7	18	11
	Ella Rowcroft	12	11	13	10	10	9	11	10	3	10	12	8
	Emergency Department	16	19	17	19	21	19	14	16	15	15	18	20
	Endoscopy	4	4		7	8	7	5	2	4	4	3	8
	Forrest	8	12	10	7	13	12	13	10	15	14	12	8
	General Theatres	11	8	15	13		11	9	9	11	11	9	
	George Earle	13	10	8	9	12	12	10	10	11	11	11	
	Gynaecology Out-Patients Dept	5	11	13	7	6		2	6	8	9	9	7
	Hutchings	9	8	7	5		4	8	7	9	12	13	8
	ICU		6	5		8	6	11	8	7	9	11	9
	Louisa Cary	13	15	11	11	2	2	15	8	4		6	7
	MAT / TAIRU	7		9	9	4	3	10	5	10	10	10	9
	Maternity	11	13	7	9	13	8	11	5	7	13	12	12
	Midgley	10	8				15	15	7	11	14	9	3
	OPD	2	2	4	4	4	6	4	2	2	6	6	6
	Ophthalmology	9	14	11	8	9		12	9	13	8	15	15
	Ortho Theatres	16	15			15	14	15	16		15	14	13
	Pre-assessment	8	8	4	4	6	4	6	6	8	8	8	10
	Radiology			11	15	14	13	14	10	13		9	11
	Recovery	5	7	6	4	9	8	8	5	8	12	8	10
	RGDU	6	7	14	8	15	5	5	7	10	7	13	15
	SCBU	6	3	13	10	9	11	3	10	2		4	2
	Sexual Health	10	3	6	13	8	11	11		8	13	11	10
	Simpson	12	7	9	13	7	8	12	14	8	9	8	11
	TCCU	8	6	5	4	5	5	8	7	3	5	4	8
	Turner	6	7	10	10	8	9	12	9	11	9	8	
	Urology	14	17	13	12	17	14		5	14		7	10

Service Type	Team	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019
Community Hospital	Brixham	14	10	11	12	8	11	8	15	13	7	20	19
	Dawlish	11	8	3	3	5	3	7	6	7	0	1	0
	Newton Abbot Teign	13	11	8	4	14	10	9	9	11	16	11	16
	Newton Abbot Templar	5	6	5	0	5	8	9	7	4	9	7	2
	Totnes	13	7	9	8	8	7	8	8	7	7	6	12
MIU	Dawlish	2	7	6	8	6	6	5	7	9	14	12	14
	Newton Abbot	1	2	4	3	5	5	2	0	6	8	8	8
	Totnes	6	2	2	0	0	0	5	2	8	7	3	9
Community Stroke and Neurology	Torbay and South Devon	12	10	10	12	13	15	18	16	14	14	16	14
Infection Control	Infection Control	5	6	10	6	11	13	13	11	11	4	6	
LLTS	LLTS	10	10	6	7	7	7	6	8	7	6	7	6
Nursing	Brixham and Paignton	10	7	12	15	16	12	16	14	12	14	9	12
	Coastal	19	15	9	12	13	18	17	13	13	14	11	19
	Moor to Sea		20	15	18	14	23	12	6	7	10	12	15
	Newton Abbot	12	14	12	13	18	15	15	12	11	10	14	19
	Torquay	9	5	8	9	9	9	6	6	6	9	11	6
OOH Nursing	OOH Nursing	22	12	13	13	20	22	22	9	17	9	12	14
Specialist Nursing	Specialist Nursing	10	11	8	11		4	4	5	1	7	2	4
Occupational Therapy	Brixham and Paignton	10	18	14	16	16	18	14	12	12	12	14	10
	Coastal	16	18	19	24	21	15	23	18	11	8	10	10
	Moor-to-sea	14	10	8	12	14	10	6	10	14	6	14	10
	Newton Abbot	11	13	9	13	7	5		8		11	9	19
	Torquay	4	0	0	0	0	4	2	6	8	4	2	4
Physiotherapy	Brixham and Paignton	10	14	15	13		14	12	12	6	10	8	9
	Coastal	18	14	11	22	18	19	12	14	15	8	16	13
	Moor-to-sea	8	6	6	8	12	6	14	10	12	8	14	12
	Newton Abbot	9	13	11	15	9	9		12		11	9	17
	Torquay	8	6	4	8	11	22	10	11	10	12	10	8
Podiatry	Podiatry	16	16	16	18	14	23	22	20	22	23	32	26
Public Health - Lifestyles	Lifestyles	8	2	3	1	5	4	1	7	5	11	3	0
Public Health - Nursing	Brixham	9	0	0	0	0	0	2	0	0	0	4	0
	Paignton	8	5	4	8	10	12	10	10	8	6	6	6
	School Nursing	2	7	4	8	5	7	6	5	7	6	7	7
	Torquay	2	2	4	1	4	5	2	2	2	2	5	4
Public Health - Substance Misuse	Substance Misuse	2	2	2	4	6	4	4	4	6	8	10	6
Social Care	Brixham and Paignton	12	13	10	12	14	10	11	8	12	10	12	10
	Dawlish & Teignmouth	16	8	12	8	14	6	10	2	8	10	12	12
	HADT - S. Devon	7	7	15	11	15	11	11	13	17	15	17	13
	HADT - Torbay	13	9	11	11	11	9	17	5	11	13	8	13
	Newton Abbot	14	14	12	8	14	12		8	18	18	16	16
	Older People Mental Health - Torbay	2	2	4	2	2	4	0	4	10	4	8	4
	Torquay	8	10	10	10		6	10	12	16	12	10	16
	Totnes & Dartmouth	8		10	12	11	15	14	10	19	8	16	8
Tissue Viability	Tissue Viability	8	7	7		10	13	7	14	10	7	7	9

5. Conclusion

This report shows that nursing establishments and fill rates are constantly monitored and appropriate action taken to maintain staffing levels, both by the specialty matrons and senior sisters and through the control room function.

6. Recommendation

Trust board is requested to note the contents and actions taken within the paper.

Report to the Trust Board of Directors		
Report title: Estates and Facilities – Top line briefs, EFM performance, compliance and exception report		Meeting date: 2nd October 2019
Report appendix	Appendix 1 – Estates Performance and Compliance Report	
Report sponsor	Director of Estates and Commercial Development	
Report author	Associate Director of Estates and Facilities Operations	
Report provenance	Capital Infrastructure and Environment Group EFM Performance and Compliance Group Executives	
Purpose of the report and key issues for consideration/decision	The report is intended to provide an update to the Board on EFM key issues, performance and compliance for July and August. **Top Line Briefs** **Humidity and Temperature Issues – Theatres** High humidity within theatres continues to be a major issue. Various standalone monitoring equipment has been ordered to assist with managing this issue in the short term. Long term solutions are in progress including the installation of humidity sensors within the Air Handling Units systems during September. The operational, clinical and estates teams continue to work together to minimise the impact on patient activity. **EFM Performance** EFM key performance indicators remain good across all areas with all statutory and mandatory planned preventative maintenance completed to plan. Although the Urgent P2 indicator has deteriorated to red, the actual figures show a % improvement in performance due to increased activity. There were 5 catastrophic estate failures including the theatres which remain an on-going issue. The summary report is attached with the new performance report appended at Appendix 1 for information. **Estates Compliance** Significant progress has been made to improve the estates compliance score from 55% to 69.8% as a result of the appointment of Statutory Post holders, training across the Compliance Categories and improved working practice. Plant Room access and safety standards continue to be reinforced. Risk assessments and Safe Systems of Work are in the process of being embedded in EFM Operations Procedures. **Food Safety** The Environmental Health Officer revisited on the 15th August resulting	

<table>
<tr><td></td><td colspan="3">in an improved food hygiene rating of 3 being awarded. The EHO was satisfied with all processes in the main catering department but issues remain in the ward kitchens around food temperature monitoring and food labelling. The EHO has recommended the Trust review the hotel services provision at ward level to include a specific ward catering role rather than a generic post which is currently in place. This would provide the necessary assurance around food safety. The service review in consultation with staff commences in October, led by the Associate Director EFM Operations.</td></tr>
<tr><td>Action required (choose 1 only)</td><td>For information
☐</td><td>To receive and note
☒</td><td>To approve
☐</td></tr>
<tr><td>Recommendation</td><td colspan="3">The Trust Board are asked to receive and note the:
• Top line briefs for EFM for the months of July and August
• EFM Compliance and Performance Reports and exceptions</td></tr>
<tr><td colspan="4">Summary of key elements</td></tr>
<tr><td>Strategic objectives supported by this report</td><td colspan="3"><table>
<tr><td>Safe, quality care and best experience</td><td>X</td><td>Valuing our workforce</td><td>X</td></tr>
<tr><td>Improved wellbeing through partnership</td><td></td><td>Well-led</td><td>X</td></tr>
</table></td></tr>
<tr><td>Is this on the Trust's Board Assurance Framework and/or Risk Register</td><td colspan="3"><table>
<tr><td>Board Assurance Framework</td><td>X</td><td>Risk score</td><td>25</td></tr>
<tr><td>Risk Register</td><td>X</td><td>Risk score</td><td>25</td></tr>
</table></td></tr>
<tr><td>External standards affected by this report and associated risks</td><td colspan="3"><table>
<tr><td>Care Quality Commission</td><td>X</td><td>Terms of Authorisation</td><td>X</td></tr>
<tr><td>NHS Improvement</td><td>X</td><td>Legislation</td><td>X</td></tr>
<tr><td>NHS England</td><td>X</td><td>National policy/guidance</td><td>X</td></tr>
</table>
Legal, Financial and reputational implications of the consequence of any regulator enforcement notices/action.</td></tr>
</table>

Report title: Estates and Facilities – Top line briefs, performance and exception report		**Meeting date:** 2nd October 2019
Report sponsor	Director of Estates and Commercial Development	
Report author	Associate Director of Estates and Facilities Operations	

1. Estates and Facilities Operations– Key Issues and Exceptions report for July and August 2019.

This report aims to summarise and highlight key concerns and exceptions regarding Estates and Facilities Operations performance for the Months of July and August 2019 and should be read in conjunction with the associated Section 2 Performance Table.

Table 1 below identifies the Key Performance Indicators variances for Estates and Facilities performance. Any areas of specific cause for concern for the attention of the Capital Infrastructure and Environment Group are shown with appropriate explanation and action to achieve a resolution is shown at Table 2 below.

Table 1: July and August 2019 Scorecard Indicator.

Green √	Amber !	Red □	**Last Month**	**This Month**
Improving Indicators				
Estates – Statutory PPM% success against Plan			!	□
Estates - Critical vent Verification - % in date			!	□
Cleaning – Critical Cleaning Failures			!	□
Deteriorating Indicators				
Estates - Urgent – P2 <7 Days			!	□
Waste - % of Total tonnage of recycled waste per month			□	!
Workforce – Achievement Review Compliance %			□	!
Workforce - Sickness Absence (month Sick Rate)			□	□
Safety – EFM Incidents resulting in Minor harm			!	□
Red rated Indicators with no change				
Estates – Internal Critical Failures			□	□
Estates - Fire Hydrants Compliance - % in date			□	□
Estates - Gas Pipework Compliance - % in date			□	□
Estates - Asbestos Inspections Compliance - % in date			□	□
Waste - % of Total tonnage of Clinical Burn waste			□	□
Safety - CAS Alerts Overdue for Completion			□	□

Table 2: Areas with Specific Cause for Concern	
Estates	**Statutory PPM % success against plan, Estates - Urgent – P2 <7 Days**
Explanation	Although the P2 indicator has deteriorated to red, the actual figures show an improvement in performance. For the previous 6 months there was an average of 134 P2 jobs raised and a completion rate of 118. In this month there were 205 P2 jobs raised with a completion within time of 177. Therefore actual completion of P2 within time was higher than any previous month.
Estates	**Critical failures**
	1. Horizon Centre boiler – failed beyond economical repair. - Capital funds requested and provided. New boiler on order, expected installation September 2019 2. Medical air compressor No1 – major component failure. - Repaired and back in service within 2 days. 3. Theatre humidity. – High humidity within all theatres Air Handling Unit unable to respond. Theatre AHUs are not designed to recognise humidity levels and so are unable to respond and adjust to the environment as necessary. Various standalone monitoring equipment has been ordered to assist with managing this issue in the short term. Estate staff constantly monitoring, with manual adjustment of systems being required. Long term solutions in progress with humidity sensors being installed within AHU systems during September. Temporary chiller hired to assist with the cooling load required to overcome the humidity. 4. Endoscopy lift – guide rails out of alignment – specialist contractor resolved but lift was out of service for a week while remedial works were carried out. 5. TREND system – complete failure of visibility of remote systems – fault traced to individual fan coil unit controller. Controller linked out and planned to be replaced during October. Operation of Fan Coil Unit now on manual.
Estates	**Estates - Fire Hydrants Compliance - % in date**
Explanation	It has now been agreed for the Fire Service to inspect the fire hydrants. Order in place, awaiting a date for inspection
Estates	**Estates - Gas Pipework Compliance - % in date**
Explanation	Gas compliance inspections have been carried out in the community and we are awaiting paperwork to update our records.
Waste	**% of Total tonnage of Clinical Burn waste**
Explanation	Theatre waste was put onto incineration due to the type of waste it produces. This would be hard to segregate as most will be contaminated so all items will need to be incinerated. This is the safest option for the Trust.
Safety	**CAS Alerts Overdue for Completion**
Explanation	More EFM CAS Alerts have been closed out (now down to 5) - sustained effort is continuing to reduce overdue Alerts to zero.

2. Estates and Facilities Operations Performance and Compliance Issues and Exceptions.

Main exceptions –

- Medical Gases Pipe Systems – Designated Nursing / Medical Officer (MGPS) appointment to be formalised in line with HTM 02.
- Asbestos Re-inspections programme has addressed all but Kings Ash House to date. A review of 6 community sites' Surveys is underway.
- EFM Datix Risks and Actions review is ongoing to ensure that actions are assigned appropriately and are consistent with identified risks, and are dealt with in a timely manner.
- Shortage of Cleaning Staff at Teignmouth Hospital required some short term prioritisation of staffing

Estates and Facilities Operations Top Concerns.

Estates Operations Staffing levels continue to remain an issue, with 2 B3 posts long term sick, and 4 B4 posts vacant during the month, the management effort is focussed on prioritising Statutory/ Mandatory PPM and P1 / P2 requests. There has been agency and bank staff employed to cover these staff and this has impacted negatively upon the financial performance of the department. Recruitment has been completed and new recruits will commence as soon as employment checks are completed.

Estates and Facilities Operations Action Plans.

Action Plans

- Fire – progress continues – Head of SSEP will continue to monitor and update actions. Recruitment for a Fire Safety Advisor is currently underway.
- EHO – Action plan – following the re-visit of the EHO and the award of a 3 score rating, efforts continue to focus on monitoring the HACCP document and food safety within the ward kitchens. The Facilities team are looking at new ways of working for Ward Hotel Services staff which will result in a bespoke catering role being implemented at ward level to improve the food safety of the Trust
- Waste – Continued monitoring and auditing with Theatres to explore options to reduce clinical burn waste
- HSE – Progress continues - all actions within Target Dates and Head of SSEP / Associate Director EFM will continue to monitor progress following the visit of the HSE Inspector on the 1st August.
- Compliance – The latest Canty Compliance Audit score, previously 55%, has significantly improved to 69.84%, reflecting the current position in relation to the appointment of Statutory Post holders, training across the Compliance Categories and improved working practice. Plant Room access and safety standards continue to be reinforced. Risk assessments and Safe Systems of Work are in the process of being embedded in EFM Ops Procedures.

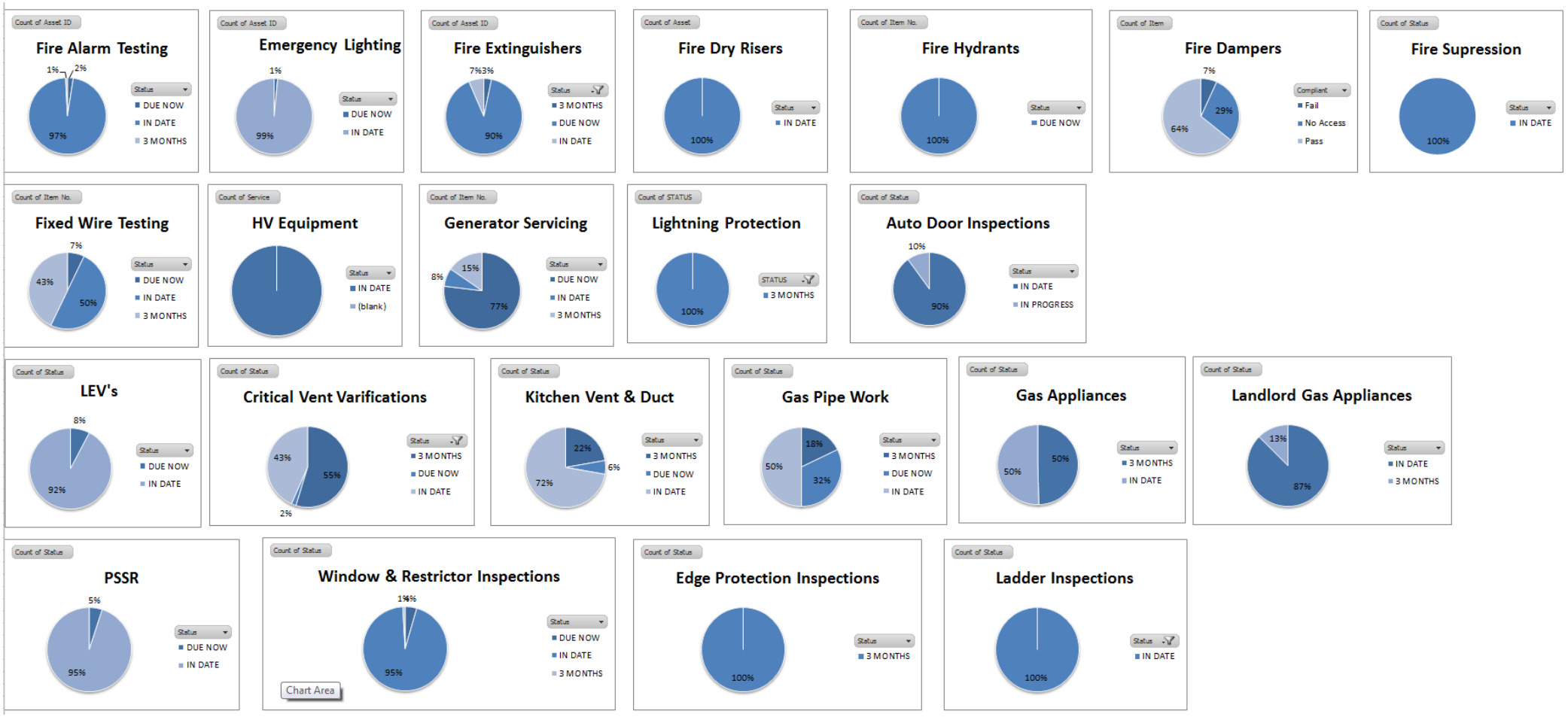
3. Recommendations.

The Trust Board is asked to receive and note the:

- Top line briefs for EFM for the months of July and August
- EFM Performance Reports and exceptions– Annex 1

Appendix 1 – Estates Compliance

Estates Compliance – Status as at 16 September 2019.



EFM Performance Report

Domain	Estates & Facilities Operations Performance Data Jul-Aug 19 for Sept 2019 Report	2018-19 Quarter Four			2019-20 Quarter One			2019-20 Quarter Two			2019-20 Quarter Three			2019-20 Quarter Four			Trend	YTD 2019 to 2020	Average to date	Target 2019-20	RAG Threshold			Comments
		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20					Constant Review	Cause for Concern	No Concerns	
	Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
Estates - Planned & Reactive work Performance	Total PPMs planned per month (not KPI)	1,071	956	1,080	979	1,374	1,051	1,178	950	0	0	0	0	0	0	0		8639	1234	Variable	7			Not a KPI - an indicator of volumes
	Statutory PPMs planned per month	403	369	398	347	796	443	444	365									3565	446	Variable				
	Statutory PPM % success against plan	98%	97%	98%	98%	98%	96%	100%	93%										97%	97%	85%	85%	97%	
	Mandatory PPMs planned per month	453	444	432	485	422	441	505	439									3621	453	Variable				
	Mandatory PPM % success against plan	99%	98%	98%	97%	100%	97%	99%	92%										98%	97%	85%	85%	95%	
	Routine PPMs planned per month	215	143	250	147	156	167	229	146									1453	182	Variable				
	Routine PPM % success against plan	76%	76%	88%	67%	58%	80%	89%	75%										76%	90%	60%	60%	70%	
	Total Reactive Requests per month (not KPI)	995	882	901	851	910	974	1154	686	0	0	0	0	0	0	0		7353	1050	Variable	7			Not a KPI - an indicator of volumes
	Emergency - P1 - requests per month	56	71	47	97	60	80	83	72									566	71	Variable				
	Emergency - % P1 completed in < 2hours	99%	99%	98%	100%	99%	99%	99%	100%										99%	97%	90%	90%	95%	
	Urgent - P2 - requests per month	188	120	135	94	139	128	215	96									1115	139	Variable				
	Urgent – % P2 completed in < 1 - 4 Days	91%	91%	95%	98%	91%	85%	79%	85%										89%	97%	85%	85%	90%	
	Routine - P3 - requests per month	601	556	591	543	564	604	686	430									4575	572	Variable				
	Routine - % P3 completed in < 7 Days	79%	81%	80%	90%	81%	82%	78%	72%										80%	97%	75%	75%	85%	
	Routine - P4 - requests per month	150	135	128	117	147	162	170	88									1097	137	Variable				
	Routine - % P4 completed in < 30 Days	74%	73%	82%	86%	80%	79%	81%	77%										79%	97%	65%	65%	75%	
	Estates Internal Critical Failures per month	6	2	4	3	0	3	5	2									25	3.1	0	2	1	0	
Estates - Statutory / Mandatory Compliance Performance	Fire Alarm Testing Compliance - % In date					100%	100%	99%	98%										99%	97%	85%	85%	97%	
	Emergency Lighting Compliance - % In date					99%	99%	98%	99%										99%	97%	85%	85%	97%	
	Fire Extinguisher Compliance - % In date					97%	96%	98%	97%										97%	97%	85%	85%	97%	
	Fire Dry Risers Compliance - % In date					100%	100%	100%	100%										100%	97%	85%	85%	97%	Annual Testing in Progress
	Fire Hydrants Compliance - % In date					0%	0%	0%	0%										0%	97%	85%	85%	97%	LAFB testing program about to commence.
	Fire Dampers Compliance - % In date					93%	93%	93%	93%										93%	97%	85%	85%	97%	64% Pass, 29% No Access, 7% failed. RJ Urmson on site.
	Fire Supression Compliance - % In date					100%	100%	100%	100%										100%	97%	85%	85%	97%	
	Fixed Wire Testing Compliance - % In date					93%	93%	94%	93%										93%	97%	85%	85%	97%	
	HV Equipment Compliance - % In date					100%	100%	100%	100%										100%	97%	85%	85%	97%	
	Generator Servicing Compliance - % In date					92%	92%	92%	92%										92%	97%	85%	85%	97%	
	Lightning Protection Compliance - % In date					100%	100%	100%	100%										100%	97%	85%	85%	97%	
	Auto Door Inspection Compliance - % In date					100%	100%	100%	100%										100%	97%	85%	85%	97%	
	LEVs Testing Compliance - % In date					96%	96%	96%	92%										95%	97%	85%	85%	97%	
	Critical Vent Varification Compliance - % In date					97%	98%	94%	100%										97%	97%	85%	85%	97%	
	Kitchen + Extract Duct Clean Compliance - % In date					94%	94%	94%	94%										94%	97%	85%	85%	97%	
	Gas Pipework Compliance - % In date					95%	96%	71%	82%										86%	97%	85%	85%	97%	
	Gas Appliance Compliance - % In date					100%	100%	100%	100%										100%	97%	85%	85%	97%	
	Landlord Gas Appliances Compliance - % In date					100%	100%	100%	100%										100%	97%	85%	85%	97%	
	Pressure Systems Compliance - % In date					95%	95%	95%	95%										95%	97%	85%	85%	97%	
	Window & Restrictor Insp Compliance - % In date					95%	96%	96%	96%										96%	97%	85%	85%	97%	
	Asbestos Inspections Compliance - % in date					75%	75%	80%	81%										78%	97%	85%	85%	97%	Full review 15 Aug 19 - work ongoing to update all in Sep 19.
	Water Safety Checks - works % in date					98%	97%	97%	98%										98%	97%	85%	85%	97%	Data From Shire Management System
	Edge protection Compliance - % In date					100%	100%	100%	100%										100%	97%	85%	85%	97%	
	Ladder Inspection Compliance - % In date					100%	100%	100%	100%										100%	97%	85%	85%	97%	
Porters	Porters - Total Tasks per month	9436	8287	8793	8451	9275	8590	9292	8630									70754	8844	Variable				Not a KPI - an indicator of volume
	Porters - Bloods Tasks per month	2457	2083	2383	2278	2471	2422	2438	2218									18750	2344	Variable				
	Porters - Patient Transfer Tasks per month	2346	2019	2297	2096	2445	2144	2316	2289									17952	2244	Variable				
	Porters - Notes Tasks per month	1640	1431	1432	1542	1735	1521	1795	1623									12719	1590	Variable				
	Porters - Urgent Tasks per month	1.8%	1.9%	2.1%	2.2%	1.9%	1.9%	1.9%	2.1%										2.0%	Variable				Percentage of Total Tasks
	Porters - Routine Tasks per month	95.3%	94.4%	94.5%	93.9%	95.2%	94.9%	94.6%	94.4%										94.7%	Variable				Percentage of Total Tasks
	Porters - Booked Tasks per month	2.9%	3.7%	3.4%	3.9%	2.9%	3.2%	3.5%	3.5%										3.4%	Variable				Percentage of Total Tasks

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		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20								
	Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12					Constant Review	Cause for Concern	No Concerns	
Cleaning	Scores - Brixham Hosp - High Risk			99%	99%	99%	99%	99%	99%										99%	95%	90%	90%	95%	
	Scores - Brixham Hosp - Significant Risk			99%	97%	99%	100%	100%	98%										99%	85%	80%	80%	85%	
	Scores - Brixham Hosp - Low Risk			99%	100%	100%	100%	100%	%										100%	80%	75%	75%	80%	
	Scores - Dawlish Hosp - High Risk			100%	100%	100%	100%	100%	99%										100%	95%	90%	90%	95%	
	Scores - Dawlish Hosp - Significant Risk			100%	100%	100%	100%	100%	100%										100%	85%	80%	80%	85%	
	Scores - Newton Abbot Hosp - High Risk			99%	99%	100%	99%	99%	99%										99%	95%	90%	90%	95%	
	Scores - Newton Abbot Hosp - Significant Risk			99%	99%	99%	100%	98%											99%	85%	80%	80%	85%	
	Scores - Newton Abbot Hosp - Low Risk			99%	97%	100%	99%	99%											99%	80%	75%	75%	80%	
	Scores - Paignton H+WBC - High Risk			100%	96%	100%	100%	100%	99%										99%	95%	90%	90%	95%	
	Scores - Paignton H+WBC- Significant Risk			99%	98%	100%	99%	99%											99%	85%	80%	80%	85%	
	Scores - Paignton H+WBC - Low Risk			98%	98%	99%	99%	99%											98%	80%	75%	75%	80%	
	Scores - Teignmouth Hosp - Very High Risk			100%	100%	100%	100%	100%	99%										100%	98%	95%	95%	98%	Theatres Areas
	Scores - Teignmouth Hosp - High Risk			100%	100%	100%	100%	100%	100%										100%	95%	90%	90%	95%	
	Scores - Teignmouth Hosp - Significant Risk			100%	99%	100%	100%	99%											100%	85%	80%	80%	85%	
	Scores - Torbay Hosp - Very High Risk			99%	99%	99%	99%	99%	99%										99%	98%	95%	95%	98%	Theatres Areas, Turner, ICU, A+E. #
	Scores - Torbay Hosp - High Risk			97%	97%	99%	98%	98%	98%										98%	95%	90%	90%	95%	
	Scores - Torbay Hosp - Significant Risk			99%	98%	99%	99%	99%	98%										99%	85%	80%	80%	85%	
	Scores - Torbay Hosp - Low Risk			100%	85%	97%	100%	97%											96%	80%	75%	75%	80%	
	Scores - Totnes Hosp - High Risk			100%	99%	99%	100%	98%	98%										99%	95%	90%	90%	95%	
	Scores - Totnes Hosp - Significant Risk			98%	99%	99%	99%	96%											98%	85%	80%	80%	85%	
	Scores - Totnes Hosp - Low Risk			100%	98%	98%	100%	90%											97%	80%	75%	75%	80%	
	HPV Cleans per month	25	11	13	11	21	31	35	21										168	21	Variable				From Porter data HPV data
	Deep Cleans per month	1018	1052	867	854	887	801	880	779										7138	892	Variable				From Porter data Deep Clean Categories (x5) data
	Annual Deep Cleans per month	7	1	5	7	4	1	5	9										39	5	Variable				Added Sep 19 from Porter data Periodic Cleans
	Critical Cleaning Failures	2	1	1	1	0	0	1	0										6	0.8	0	2	1	0	John MacPherson - 92%

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	Metrics	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20					Constant Review	Cause for Concern	No Concerns	
		Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
Accom	Boyce Court Occupancy Void Costs	219	279	1224	0	381	340	0	0									2443	305.4	Variable	2000	2000	1000	IVs in arrears. 68 Flats, charges if 95%-70% full. Budget £24,312
	On-Site - Staff Accomodation Income				34,142	31,084	19,398	19,883	22,385									126892	25378.4	Variable	19256	19256	24391	Annual budget - £308,099
Catering	Patient Meals provided per month				31452	31461	31429	31458	31,536									157336	31467	Variable				
	Meals purchased at Bayview Restaurant per month				3874	3917	4027	5848	5,413									23079	4616	Trend				
	Meals purchased at Horizon Café per month				2791	2843	2807	2886	1,991									13318	2664	Trend				
	Red Catering Trays per month				748	763	724	784	798									3817	763	Trend				Need to establish data collection method
	Patient Meal satisfaction score (1-10 (10 is high))																		#DIV/0!	5.0	7	8	9	NSG Wkg Gp - surveys don't come back - reinstate audits?
	Catering Costs - Acute per month (£)				£29,475	£30,538	£38,609	£29,749	£23,121									£151,492	£30,298	Variable				
	Catering Costs - Brixham Hospital per month (£)				£2,171	£6,148	£3,323	£4,165	£1,066									£16,873	£3,375	Variable				
	Catering Costs - Dawlish Hospital per month (£)				£3,326	£3,345	£3,545	£0	£0									£10,216	£2,043	Variable				
	Catering Costs - Newton Abbot Hosp per month (£)				£15,315	£14,499	£18,074	£10,919	£2,696									£61,503	£12,301	Variable				
	Catering Costs - Totnes Hospital per month (£)				£1,727	£5,011	£4,400	£1,168	£847									£13,153	£2,631	Variable				
	% of Catering Food Waste per month				2.0%	2.0%	3.0%	4.2%	3.9%										3%	5%	10.0%	10.0%	5.0%	
	EHO Audit Scores - Acute				2	2	2	3	3										2.4	5	2	2	4	
	EHO Audit Scores - Brixham Hospital				5	5	5	5	5										5.0	5	2	2	4	
	EHO Audit Scores - Dawlish Hospital				5	5	5	5	5										5.0	5	2	2	4	
	EHO Audit Scores - Newton Abbot Hospital				4	4	4	4	4										4.0	5	2	2	4	
	EHO Audit Scores - Totnes Hospital				5	5	5	5	5										5.0	5	2	2	4	
	Cleaning Audits																		#DIV/0!	5	2	2	4	Added Sep 19
Waste	Total Tonnage all waste streams per month	202.9	168.6	152.5	161.0	185.0	161.7	182.1	165.3									1379.1	172.4	Trend				
	% of Total tonnage Recycled Waste per month	54.1%	50.4%	46.1%	47.4%	49.5%	50.1%	51.6%	46.4%										49%		40.0%	40.0%	47.1%	
	% of Total tonnage Landfill Waste per month	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%										0%		15.0%	15.0%	5.0%	
	% of Total tonnage of Clinical Non-Burn waste per month	8.9%	9.8%	10.5%	10.1%	9.1%	10.7%	9.9%	10.6%										10%	100%	25.0%	14.0%	20.0%	
	% of Total tonnage of Clinical Burn waste per month	9.2%	10.7%	12.2%	10.8%	10.1%	10.5%	10.6%	11.0%										11%	100%	8.0%	4.0%	6.0%	
	% of Total tonnage of Clinical Offensive waste per month	9.5%	11.2%	12.0%	11.9%	10.6%	10.6%	11.9%	11.6%										11%		5.0%	10.0%	7.5%	
	% of Total Tonnage Waste to Energy	18.4%	17.9%	19.2%	19.9%	20.8%	18.1%	16.0%	20.4%										19%		35.0%	35.0%	24.0%	
	Total Waste to Energy (tonnes)	5.3	28.7	31.4	30.6	29.0	28.6	25.6	31.4									210.5	26.3	Trend				This figure does not necessarily match the % of the total
	Statutory Waste Audits - % completed	100%	100%	100%	100%	100%	100%	100%	100%										100%	Trend	89%	89%	95%	15 Audits per month

EFM Performance Report

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	Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
Workforce	Total Estates and Facilities Staff (FTE)			380	387	391	392	393	390	0	0	0	0	0	0	0			389		6			Update no of reported months in V94 for correct average in T94
	Estates Staff			34	34	34	34	34	32										34					
	Facilities Management			23	23	23	22	22	21										22					
	Hotel Services - Catering			33	33	33	33	33	33										33					
	Hotel Services - Domestic			216	223	227	230	231	230										226					
	Hotel Services - Other			74	74	74	74	74	75										74					
	Achievement Review Compliance %			96%	92%	95%	95%	93%	85%										93%	95%	80%	80%	90%	Estates down to 63% (was 88%), FM down to 72% (was 89%)
	Sickness Absence % (Month Sick Rate)			4.4%	3.8%	3.0%	2.3%	4.5%											3.6%	3%	3.8%	3.8%	3.5%	1 month in arrears. (Hotel Svs-Other - 5.7%, Estates 6.6%)
	Mandatory Training - Conflict Resolution			95%	93%	96%	97%	93%	96%										95%	90%	75%	75%	85%	
	Mandatory Training - Equality & Diversity			97%	96%	98%	98%	98%	98%										98%	90%	75%	75%	85%	
	Mandatory Training - Fire Training			97%	96%	98%	97%	97%	98%										97%	90%	75%	75%	85%	
	Mandatory Training - Health & Safety			97%	95%	96%	98%	98%	98%										97%	90%	75%	75%	85%	
	Mandatory Training - Infection Control			95%	94%	96%	96%	97%	96%										96%	90%	75%	75%	85%	
	Mandatory Training - Information Governance			96%	94%	94%	94%	95%	97%										95%	95%	85%	85%	95%	
	Mandatory Training - Moving & Handling			97%	97%	98%	99%	97%	96%										97%	90%	75%	75%	85%	
	Mandatory Training - Safeguarding Adult Level 1			97%	96%	99%	98%	99%	98%										98%	95%	80%	80%	90%	
	Mandatory Training - Safeguarding Children			97%	95%	96%	97%	98%	98%										97%	95%	80%	80%	90%	
	Mandatory Training - Resuscitation			90%	91%	92%	94%	94%	96%										93%	90%	75%	75%	85%	Hotel Services Other - down to 80.7%from 82.7%
	Mandatory Training - Basic Prevent Awareness			98%	97%	99%	99%	99%	98%										98%	90%	75%	75%	85%	
Safety	EFM Serious/RIDDOR incidents			0	1	0	0	0	0									1	0.2	0	2	1	0	
	EFM incidents resulting in moderate harm			1	2	0	2	1	2									8	1.3	0	3	3	1	
	EFM incidents resulting in minor harm			4	1	5	4	5	10									29	4.8	0	8	8	4	A number of slips trips and falls.
	EFM incidents resulting in no harm			2	2	11	10	12	8									45	7.5	0	15	15	5	
	CAS Alerts active and in Progress	9	9	10	9	8	7	7	5										8	Variable				
	CAS Alerts Overdue for Completion	6	5	5	5	7	6	5	4										5.4	0	2	2	0	

Torbay and South Devon NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Workforce & Organisational Development Report			Meeting date: 2 October 2019
Report appendix	N/A		
Report sponsor	Judy Falcao, Director of Workforce & OD		
Report author	Alice Power, Workforce & OD Business Partner		
Report provenance	Workforce & OD Group – 11 September 2019 Quality Assurance Committee – 18 September 2019		
Purpose of the report and key issues for consideration/decision	• 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) and Quality Assurance Committee (QAC). • To provide the Board with assurance on workforce and organisational development issues.		
Action required (choose 1 only)	**For information** ☒	**To receive and note** ☐	**To approve** ☐
Recommendation	To note the content of this report.		

Summary of key elements

Strategic objectives supported by this report

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

Is this on the Trust's Board Assurance Framework and/or Risk Register

Board Assurance Framework	X	**Risk score**	Multiple
Risk Register	X	**Risk score**	Multiple

External standards affected by this report and associated risks

Care Quality Commission	**X**	**Terms of Authorisation**	
NHS Improvement	**X**	**Legislation**	**X**
NHS England	**X**	**National policy/guidance**	**X**

Report title: Workforce & Organisational Development Report		Meeting date: 2nd October 2019
Report sponsor	Judy Falcao, Director of Workforce & OD	
Report author	Alice Power, Workforce & OD Business Partner	

1. Introduction

This report seeks to provide update to the Board on the activity taking place within the Workforce and Organisational Development Directorate.

2. Workforce & OD Group – Key Notes

The Group met on 11 September 2019. The following summarises discussions and agreed actions:

2.1 **Salary Sacrifice Childcare Vouchers:** Paper was presented by the Rainbow Nursery Managers. From the figures currently available there is a potentially cost saving to the Trust of stopping the employer funded aspect of the salary sacrifice childcare voucher and workplace salary sacrifice schemes of approximately £24k per annum, based on estimated new members due to join **or** commence maternity leave in these schemes. The group supported the recommendation for all parents to remain liable for the agreed salary sacrifice deduction whilst in receipt of basic pay and/or Occupational Maternity Pay (OMP). At a time that OMP does not fully cover the agreed childcare deduction and the parents receives Statutory Maternity Pay (SMP) only or is in nil pay of their maternity leave, the parent should be invoiced direct by the senior cashier (Stephanie Ede) for the agreed amount that was not able to be deducted, this is in line with RD&E.

2.2 **B2 Apprenticeship Options Appraisal:** Paper presented by Head of Education and option 1 was supported to continue as we are and that all band 2 apprenticeship are paid at 75% bottom of band 2 rate.

2.3 **People Committee:** Director of Workforce & OD announced that 11 September 2019 would be the last meeting of the Workforce and OD Group due to changes within the governance structure of the Trust. The People Committee will now report directly into Board and the first meeting is due to take place in October 2019.

2.4 **WRES/WDES:** Two documents were circulated regarding the latest WRES and WDES returns which were approved and submitted (September 2019).

- Trust is now part of the Disability Confident Scheme (replaced the two ticks)
- Disability Enablement Focus Forum now up and running
- Reasonable adjustments are now being monitored in line with the Reasonable Adjustment Policy (discussed at JCNC recently).
- Nick Peres has suggested that Virtual Reality may assist with BME
- Funding for reasonable adjustments can come from ‘Access to Work’ and ‘Remploy’.

- It was suggested that with the introduction of the Reasonable Adjustment Passport that equipment could be included.

2.5 Risk Register: was reviewed and key risks of note were:

- **Risk 1697** Trust looking to reduce the time to hire in relation to Recruitment.
- **Risk 2359** Recent letter circulated to EU nationals in relations to the Settlement Scheme.
- **Risk 2498** Payroll Manager reviewing recent communication received and has been working with staff affected following changes to Pensions.
- **Risk 2540** The Director of Workforce and OD will work with Workforce Information Manager to investigate risk around data sharing with an external provider.

3. Workforce & OD Report

3.1 Workforce & OD Systems

3.1.1 ESR Reporting: A new ISU format for monthly operational meetings is now in place with good feedback to date. These reports include sickness, appraisal, training and age profile detail. A revised sickness graph incorporating special process control methodology is now included in the pack but has highlighted the need to review sickness targets at organisation level five in the future.

3.1.2 NHS Jobs: A project to transition the vacancy panel process to use NHS Jobs new functionality and streamline the current process is targeted for October completion and implementation. This incorporates linkage to the agenda for change process via newly built info-path forms on ICON. A considerable amount of resource from the Workforce Systems Team and the Recruitment Team has been devoted to improve the efficiency of this process.

3.2 Development of the People Hub

3.2.1 The HR Advisory team have been working on the regeneration of their service to meet the changing needs of the organisation. The project is separated into eight interlinked work streams:

a) Internal Team Processes
b) Policy and Manager Resources
c) Helpdesk
d) Technology
e) Management Development
f) Medical HR and GP Contract
g) Service Improvement and Evaluation
h) People Hub Team Development

3.2.2 Project Headlines:

- Our HR Helpdesk provision has been expanded from Monday to Friday 0900-1200 (immediate telephone or email response) and 1200 – 1700 (same day response) to 0900 – 1700 (immediate telephone or email response). This increase in provision will be promoted in the bulletin in September and initial feedback from internal clients has been positive.

- An initial review has been undertaken of our ICON pages and FAQs have been introduced. A wider review is in progress which will include a relaunch of the People Hub.
- A Management Development programme is now in place with an increased offering of courses available to book via the HIVE. Bespoke training has also been offered to specific teams, according to need.
- A review of our employment contracts and associated documentation has been undertaken and updated templates have been launched, in collaboration with the Recruitment team.

3.3 Staff Experience

3.3.1 Supporting Compassionate Environments: Experiences of bullying have been highlighted nationally within the NHS. Locally we have reviewed our information sources, which included not only the national staff survey but a local survey completed by medical colleagues and information from our Freedom to Speak Up Guardians and Acceptable Behaviour champions. These have indicated that some of our colleagues have and do experience bullying. Whilst we understand that the use of the term bullying is emotive and open to interpretation on all sides, it is incredibly useful to have a frank conversation about what bullying behaviour can look like, the impact it can have and what we can do to create an environment where; people feel able to challenge/address these behaviours; where compassionate, helpful interactions are valued and people feel able to cope well with the pressured environment in which we work. A roundtable discussion was held in late May to explore these questions and has been further informed by the '*Honest conversations'* which took place during June and July. This information has resulted in a number of actions being progressed including:

- Development of training to support staff to identify bullying behaviour and practical techniques to empower staff to 'call out' the behaviour compassionately.
- Creating a staff network of 'go to people' who can provide support to staff if they feel they can't call out the behaviour.
- Review and amendment of the Trusts Acceptable Behaviour policy

3.3.2 Staff Engagement:

- **National NHS Staff Survey** - Building upon last year's dispersed approach, local staff survey leads have been engaged with the preparatory work for this year's staff survey, including determining the mode of survey delivery, the groupings which will inform their local reports and pre-survey communications. The survey is live from 1st October and close on 29th November. All staff will have an opportunity to complete the survey. In addition to the national survey the Trust uses a number of local surveys to collect staff feedback including:
    - **Honest Conversations -** Feedback from the Honest Conversation events has been collated and reviewed by the facilitators at a meeting in August. One of the main points that came out of these events was the lack of feedback that staff felt they received after consultations. With this in mind a general feedback statement has been sent to all areas who were involved with a request for it to be cascaded to everyone that had attended. Facilitators were also given the opportunity to add any local feedback to the general

statement before sending out. We heard some very positive stories about people having the autonomy to be creative, to try new ideas and work in different ways. We also heard about strong team work, supportive leaders and a real sense of feeling valued. We are hoping to develop case studies to share the learning from these teams. During our conversations we also heard that some teams feel there is still a divide between the acute trust and community, and that corporate communications are still largely focused upon acute services. This feedback has been given to the System Leaders and communications team who are committed to ensuring a balance – moving forward. A common theme was about the lack of visibility of the Executive team. This has been discussed with the Executive team who are supporting a new plan of visits to Trust Areas. These visits will be planned with the input of all those involved to ensure that the optimum time is found. One of the more opportune times may well be within our next Health, Wellbeing and Kindness week. Some teams talked to us about bullying and about it not always being heard, acted upon or receiving feedback. There are a number of actions being developed to address bullying and the Trust is building a network of people who can provide a safe space to those who are experiencing or have witnessed bullying and who can signpost to support. We also heard about the importance of delivering wellbeing events locally in team and about people's experience of having a Wellbeing Centre. Due to the success of these conversations, we plan on conducting similar discussions twice a year, aiming to visit a variety of locations, in order to hear from as many people as possible.

- **Great place to work** – Is a simple two question tool which asks staff on a scale of one to ten how great it is to work here and if it's not a ten what action could be taken to make it a ten. The tool is being piloted on Midgley ward.

3.3.3 Health & Wellbeing

- **Critical Incident Stress Management Training** has been completed and we now have a Network Group of 19 staff who will be able to support areas where the 'abnormal' has happened within the course of their work which has upset individuals and teams.

- **Flu -** This season's flu campaign starts in the first week of October. Vaccines have been ordered but with a delivery delay, which we have already factored in. Peer Vaccinators have been identified and are undertaking training. All other preparations are underway and regular meetings are monitoring developments.

- **HeArTs Group** have been running a successful Summer Arts and Poetry exhibition in the Gallery on Level 4. This culminated in a well-attended Evening Celebration where artist, poets and curators were there to meet with staff and visitors and to also read their poetry. Feedback on the event was very positive from all concerned. Poems were also read which had been written and submitted by staff. More of these events will be planned.

- **Military Challenge** - A group of 12 staff from the Emergency Department have formed a team and will be representing the Trust at this year's Military Challenge in Okehampton.

- **Health, Wellbeing and Kindness Week Part II** - will be taking place in the first week in November. Feedback from the last Health, Wellbeing and Kindness week were positive but we were also asked to focus on getting activities up onto the wards. The week will also spotlight the work being carried out with anti-bullying initiative, stress awareness day and menopause day.

- **Schwartz Rounds** – saw an audience of 50 staff attend to listen to the panel talk through their experiences of working within an NHS setting and feedback was extremely positive. A panel has been identified for September and work is continuing to create a robust offer of accessibility of the Rounds for all staff.

- **Mental Health Training -** A 1 hour face to face training session was piloted in August, focussing on how to look after ourselves and our colleagues. Looking at spotting signs and symptoms and what to do to support those struggling. The interactive 1 hour course will now be presented to PAC Team. Similarly a workshop is to be run for the F1 and F2 Junior Doctors focussing on mental health and how to spot signs in ourselves and others in order to support and signpost towards help.

3.4 Education & Development

3.4.1 Medical Education

- MUT (Previously SIFT – Medical Undergraduate Tariff) – The transfer of Year 5 direct teaching funding to support consultant and SAS Doctor Job Planning is currently taking place with the ISUs. This will ensure we are compliant as per national guidance and consistent with other organisations delivering undergraduate medical education programmes. This will help develop a robust system as we increase medical student activity from 2020 onwards.

- On Thursday 17th October, we shall be hosting an undergraduate medical student expansion event in TREC. This is aimed at all clinical departments within the organisation and will be delivered by Peninsula Medical School clinicians. The aim of the overall day is to discuss how the Year 3 and 4 clinical programme is delivered. The event will be supported by clinicians from Plymouth who are already hosting Year 3 and 4 students in their clinical areas, who will be able to discuss their own experience and provide first hand advice. There will also be a VLOG with Liz Davenport to help communicate and promote future plans.

3.4.2 Horizon Centre Developments

- We have now received confirmation from the University of Plymouth Capital board that they are willing to contribute 660k towards the proposed facilities for Horizon Centre Phase 2 redevelopment in support of the undergraduate medical student expansion. We are now approaching our

other external stakeholders and applying for external grants to look to secure additional funding towards these expansion plans. In light of this response from Plymouth; we are also reviewing our initial expansion proposal to reduce costs and our overall required target. In the interim and preparation for September 2020, we are reviewing room capacity within Horizon to determine what availability we have to host the Year 3 medical programme for September 2020 and updating the Horizon Centre Policy.

- A number of rooms within The Horizon Centre, including the seminar rooms and Anna Dart, have recently had their AV facilities upgraded. After 10 years of use, they were starting to show signs of failure and as such posed a risk to the day to day operations. This work gives assurance for the coming years, and will give us a base to enhance the rooms further as and when required.

3.4.3 Widening Participation & Apprenticeships

- We continue to deliver above the 2.3% target for Public Sector Apprenticeships. We held our Aspire event in Anna Dart; this annual event is always a joy to be part of and this year we were once again delighted that Sir Richard Ibbotson was able to come along and say a few words and celebrate with the traineeship graduates.

- At our recent External Quality Assurance visit (May 2019) undertaken by the City and Guilds inspector, who is our awarding organisation for all of our Health and Social Care qualifications, it was reported that '*This centre has areas of very good practice, use of and support of Expert Witnesses is excellent. All assessment and IQA practice sampled today is of a very good standard'*.

- Over the last 6 months Vocational Education Team have taken part in a number of events within and outside of the organisation to engage with staff and managers to raise the profile of the value of Vocational Education. As a result we have a new cohort of 15 staff commenced their level 3 qualification in September.

- We have devised a rolling programme of learning to meet the needs of the service with managers recruiting staff as required. This ensures that all new Health and Social Care staff employed as an Apprentice can 'hop' onto the level 2 qualification once their induction is complete, to commence their Apprenticeship. This rolling program also supports those staff requiring the level 4 Diploma in Adult Care and undertaking roles to include: Discharge Coordinators and Health and Social Care Coordinators

3.4.4 Resuscitation

- The defibrillator replacement roll-out is in progress with the team continuing to undertake training with the clinical teams. There are 55 new defibrillators across the acute hospital with AEDs being installed within community settings. This has been a big project for the team with the associated planning and training required. In July over 1400 members of staff were trained in the new equipment and this is ongoing requiring flexibility within the team and a commitment to maintaining high standards to minimise the risks to patients and colleagues.

- Quality improvement work within the resuscitation emergency teams is ongoing with twice daily meetings now established and updated cardiac arrest documentation. This year we are working with the teams to ensure debrief is considered and embedded within practice both following individual resuscitation attempts and on a regular basis to promote learning.

3.4.5 Mandatory Training

Work has been undertaken to ensure the Hive has the most up to date staff records for CFHD staff for their mandatory training compliance. We are currently in the process of liaising with the RD&E and North Devon to deliver some face to face mandatory training sessions there to avoid staff based in those areas having to travel. This will be funded by the training budget held with CFHD. A training needs analysis for CFHD staff continues to progress and will be reviewed once completed to develop a training plan going forward.

3.4.6 Digital Services, Learning Technology and Research

- We continue to develop our capacity around live streaming meetings such as the monthly Trust Talk. As well as this, some live surgery has been streamed from theatres down to Anna Dart, and we are looking at the possibility of streaming this outside of the Trust to enhance our educational offering.

- The rollout of Visimeet across the Trust continues, with recent trials around a virtual consultation room with Rheumatology. This will offer an excellent opportunity for services to some services to transform the way they deliver their clinics.

- The Web Services Team continues to develop custom solutions for teams across the organisation, and is starting to plan an upgrade to SharePoint 2019. This will replace the legacy SharePoint platforms that we currently use, and will unlock more functionality for future solutions.

- The Hive (our eLearning platform) continues to grow both internally and with PVI section. A further system upgrade is planned during the summer which will enhance the service that we can offer.

- The Innovation lead will be working closely with the South West AHSN to look at trialling a number of new initiatives within the organisation. We have been working to align Innovation with the Commercial Development Group to identify opportunities for generating income, and will also be discussing how closer working with the Quality Improvement Team can be achieved, as a way in with a wider collection of teams.

- The Digital Horizons team are planning to move back from Belmont Court to The Horizon Centre by the end of September.

- We have developed four immersive films for the national HEE AHP programme in order to raise awareness of these key healthcare roles. The VR films were premiered at the CAPHO conference in July and were well received including from MP dignitaries who attended. From this an

invitation has been extended to Nick and team to visit parliament in order to talk about digital healthcare technologies (date still to be confirmed).

- We are writing up a number of papers from our research which we hope to be published over the next six months, led by our new Technologies Research Lead, Payal Ghatnekar.

- We have also deployed a VR relaxation experience within the wellbeing room in the Horizon Centre. The experience, which features David Attenborough, sets the viewer into a peaceful scene. We are hopeful this VR intervention will help with the wellbeing programme at the Trust.

3.4.7 Nursing Placement Expansion and NMET

- We are awaiting confirmation of student numbers for the new Exeter Masters programme starting this September.

- Expansion plans are going well as part of the successful bid to support an increase of approx. 27 pre-registration student nursing placements across the organisation.

- There remains uncertainty around the NMET income for this current financial year and initial forecast have shown a significant decrease. On that basis the Non-Medical Clinical Workforce Programme Board agreed to pause transferring funding to clinical services as originally planned this year, to April 2020.

3.4.8 Private, Voluntary and Independent Sector

- A proposed way forward continues to be developed with the support of Lesley Darke and Malcolm Dicken as part of our plans to introduce a costing model later this year. An options appraisal will go to the Executive team for consideration later in September.

- The team continue to meet with key stakeholders from the private, voluntary and Independent sector to help develop our education offer to the sector.

3.4.9 STP Sponsored Projects

- The initial Mental Health and Wellbeing project is due to come to an end this month. We are currently in liaison with the STP and HEE in regards to ongoing plans for this workstream. In them mean time a Community of Practice Group will be set up to continue supporting the development of the network and support the identification of future priorities.

- A competency framework has been developed and supported by the STP Training Delivery Group as part of the intermediate care project.

- A meeting took place in August to scope out initial plans to deliver the Human Factors project.

- All projects are supported by external funding from HEE awarded by HEE to the STP for workforce development. The next round of bids for this

funding is imminent and the Trust is considering what potential projects we want to put forward.

3.5 Children and Family Health Devon

A formal consultation commenced in July 2019 to restructure the services and associated staffing structure for CFHD. There have been a number of consultation events including both group and individual meetings. There was a temporary pause on formal consultation activity whilst work was undertaken by colleagues from DPT and TSDFT to focus on the new job descriptions and undergo job matching/evaluation (Agenda For Change process). Additional resources have been assigned to support the transformation project with close partnership working between TSDFT and DPT.

3.6 Talent Management Succession Planning

3.6.1 A paper from Director of Workforce and OD was taken to the Executive Nominations and Remuneration Committee on 7 August to provide an update on the development of the Trusts Talent Management and Succession Planning Approach. It described how the ICO Talent Management processes needs to link with the Devon STP proposed framework and principles and take account of the National Talent Management High Potential Programme and the South West Leadership Academy Aspire Together Regional Talent Board. The paper was received well and the approach supported.

3.6.2 Talent Diagnostic Tool

- The NHS Leadership Academy requested expressions of interest to pilot the Maturity Diagnostic tool and Torbay and South Devon were successful in their application. The Director of Workforce and OD and Head of OD has undergone training with the Academy on the implementation of the Tool, the reporting and resourcing support.

- The diagnostic tool was developed to enable NHS Organisations to review themselves against robust and evidence based indicators of effective talent management within healthcare. There are 5 domains all of equal importance and with an expectation that organisations will display varying degrees of maturity against these:

    - Enabling a culture of talent management
    - Equality Diversity and Inclusion in Talent Management
    - Identifying, managing and retaining talent
    - Developing and Mobilising Talent
    - Connecting talent interventions across local health and care systems.

- The Head of OD has been engaging with individuals in completing the diagnostic tool. The tool will then provide a report which is then generated and provides insights into areas of progress and strength and areas requiring attention. This will be completed and presented at the People Committee.

3.6.3 NHS High Potential Scheme (HPS)

- The NHS Leadership Academy has been working in partnership with seven testing sites across England to co-design and introduce an NHS High Potential Scheme. This Scheme focuses on identifying those with the most potential to reach senior executive roles in future and supporting their career progression. The Scheme is aimed at Band 8a to Band 8d or equivalent.

- Devon is in wave 2 commencing in October 2019, a Project Manager to support the implementation will be hosted by us. The Head of OD is taking a lead role for Devon STP on the HPS liaising with the national team and learning from the phase 1 pilot site to inform our future HPS development programme. Our first formal meeting with the national team to move Devon forward will be in November.

- We know that developing better leaders, delivers better care and a critical part of talent management transformation is nurturing the next generation of leaders. The High Potential Scheme is vitally important in enabling their success and the sustainability of our services. The scheme will enable participants to work with a careers coach to create a focussed career development plan, based on their individual needs, and access unique development opportunities aimed at accelerating their career progression towards senior executive roles.

- Regional Talent Boards are taking responsibility for the enactment of this work at local level, Ann James CEO for University Hospital Plymouth is the Chair of the SW RTB and Liz Davenport is a member of the SW Regional Talent Board.

3.6.4 General Management Trainees

We have two graduate general management trainees through the national scheme developed by the NHS Leadership Academy. They have been placed in Paignton and Brixham ISU and the Estates and Facilities Management Service and will be undertaking a masters in leadership alongside their trainee manager role. The scheme has also been launched by the leadership academy to existing members of staff and will be holding a promotional session on 18th October in the Horizon Centre.

3.6.5 Devon Systems Leadership Programme

Cohort 2 of a Devon wide Systems Leadership programme is due to begin in October. The programme is aimed at both clinical and non-clinical leaders working across Devon and/or across a variety of organisations at a strategic level. The focus is on individuals learning and experimenting with their systemic skills, behaviours and mind-set by practising through doing real work across the system. Within this cohort, there will be three individuals from TSDFT. The development programme is spread across 18 months and includes experiential learning within the workplace.