





Torbay and South Devon NHS Foundation Trust





Public Board of Directors Meeting





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

4 December 2019 09:00 - 4 December 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 - Professor Chris Balch (Non-Executive Director), Mrs Lesley Darke, Director of Estates and Commercial Development Note	Ch	
2.2	Declaration of Interests Note	Ch	
2.3	Minutes of the Board Meeting held on the 6th November 2019 and Outstanding Actions Approve  19.11.06 - Board of Directors Minutes Public.pdf	Ch	9
2.4	Report of the Chairman Note	Ch	
2.5	Report of the Chief Executive Review  Report of the Chief Executive.pdf	CE	25
2.6	Integrated Performance Report - Month 7 Receive and Note  Integrated Performance Report Month 7.pdf	DTP	33

#	Description	Owner	Time
2.7	Mortality Safety Scorecard Information  Mortality Safety Scorecard.pdf 99	MD	
2.8	Health Care Worker Flu Immunisation Programme Receive and Note  Health Care Worker Flu Immunisation Programme.... 113	DWOD	
2.9	Guardian of Safe Working Hours Report  Report of the Guardian of Safe Working Hours.pdf 123	MD	
2.10	Research and Development Annual Report Information  Research and Development Annual Report.pdf 129	MD	
3	PART B: Matters for Approval/Noting Without Discussion		
3.1	Reports from Board Committees		
3.1.1	Charitable Funds Committee Terms of Reference Approve  Charitable Funds Committee Terms of Reference.p... 163	CS	
3.1.2	Charitable Funds Committee - 13th November 2019 Information  Charitable Funds Chair Report.pdf 171	Ch	
3.1.3	Finance, Performance and Digital Committee - 26th November 2019 Information  2019.11.26_FPD_Cttee_Report_to_Board2997.pdf 173	Ch	
3.2	Reports from Executive Directors		
3.2.1	Safe Staffing and Nursing Work Programme Information  Safe Staffing and Nursing Work Programme.pdf 175	CN	

#	Description	Owner	Time
3.2.2	<p>Learning Disability Improvement Standards Report</p> <p>Receive and Note</p> <p> Learning Disability Improvement Standards.pdf 189</p>	CN	
3.2.3	<p>Infection Prevention Control Update</p> <p>Receive and Note</p> <p> Infection Prevention Control Update.pdf 197</p>	CN	
3.2.4	<p>Chief Operating Officer Report</p> <p>Information</p> <p> Report of the Chief Operating Officer.pdf 203</p>	COO	
3.2.5	<p>Report of the Director of Workforce and Organisational Development</p> <p>Information</p> <p> Report of the Director of Workforce and Organisatio... 215</p>	DWOD	
3.2.6	<p>Report of the Director of Estates and Commercial Development</p> <p>Receive and Note</p> <p> Report of the Director of Estates and Commercial D... 229</p>	DECD	
4	Compliance Issues		
5	Any Other Business Notified in Advance	Ch	
6	Date of Next Meeting - 9.00 am, Wednesday 5th February 2020	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'.

**MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
PUBLIC BOARD OF DIRECTORS MEETING
HELD IN THE BOARD ROOM, TORBAY HOSPITAL
ON WEDNESDAY 6TH NOVEMBER 2019**

PUBLIC

Present:	Sir Richard Ibbotson	Chairman		
	Professor C Balch	Non-Executive Director		
	Mrs V Matthews	Non-Executive Director		
	Mr R Sutton	Non-Executive Director		
	Mr P Richards	Non-Executive Director		
	Mrs S Taylor	Non-Executive Director		
	Mr Jon Welch	Non-Executive Director		
	Ms L Davenport	Chief Executive		
	Mrs L Darke	Director of Estates and Commercial Development		
	Dr R Dyer	Medical Director		
	Mrs J Falcao	Director of Workforce and Organisational Development		
	Mr J Harrison	Chief Operating Officer		
	Ms A Jones	Director of Transformation and Partnerships		
	Mr D Killoran	Interim Director of Finance		
	Mrs J Viner	Chief Nurse		
Mrs J Stockman	Torbay Council Representative			
In attendance:	Mrs S Burns	Freedom to Speak Up Guardian (for item 187/11/19)		
	Mrs J Downes	Company Secretary		
	Mrs S Fox	PA to Chief Executive		
	Ms J Gratton	Joint Head of Communications		
Management Trainee	Ms K McIntosh	Management Trainee		
	Governors:	Mrs W Marshfield	Mr P Coates	Mrs C Day
		Mrs A Hall	Mr S Harding	Mr H Hawkins
		Mrs L Hookings		

Before commencing the meeting, the Chairman reminded the Board that Purdah had commenced, in the lead up to the General Election on the 12th December 2019.

174/11/19 Board Corporate Objectives

The Board noted the Corporate Objectives.

175/11/19 User Experience Story

The User Experience Story was presented by Mrs Katy Heard the Trust's Carer's Lead and a member of staff who was also a carer – Mrs Caroline D'Olley.

Mrs Heard informed the Board that Carers' Rights Day was taking place on the 21st November and the Trust was keen to highlight the services and support it provided to members of staff who were also carers. She said that according to Carers UK, 1 in 5 NHS staff manage working alongside caring for a family member and 1 in 6 have given up working or reduced hours because of a caring role.

Mrs D'Olley explained that she became a carer for her husband after he fell from his bike and sustained a severe head injury. Following a lengthy recovery period he was now back at home, but suffered from post-traumatic epilepsy and impaired executive function which had affected his problem-solving and in particular left him with extreme anxiety. He has had to give up work and is too anxious to leave the house by himself.

As the only wage-earner, Mrs D'Olley had to come back to work and she detailed the support she had received from the Trust to support her returning to, and to stay at work. This included flexibility if she needed to leave work at short notice; use of emergency days; change in working hours; access to carers' assessment in work time; and counselling.

Mrs D'Olley added that her productivity had not reduced at work due to the support she had received and it has also enabled her to empathise on a different level with service users through her role at the Trust.

Mrs Heard said that a lot of staff who were carers were not aware of the support that was available to them and she hoped that through the work to highlight this and Carers' Rights Day, more staff would understand what they could access.

Councillor Stockman asked if Mrs D'Olley had a plan in place for her husband's care if she was unwell and Mrs D'Olley explained that she had an Emergency Carers' Card which linked to a contingency plan, but that she mainly relied on family and friends if she was unable to care for her husband.

PART A: Matters for Discussion/Decision**176/11/19 Apologies for Absence**

Apologies were received from Mrs Lyttle, Non-Executive Director.

177/11/19 Declarations of Interest

There were no declarations of interest.

178/11/19 **Minutes of the Board Meeting held on the 2nd October 2019 and Outstanding Actions**

The Board approved the minutes of the Board meeting held on the 2nd October 2019.

179/11/19 **Report of the Chairman**

The Chairman briefed the Board as follows:

- The first Governor Network meeting was held on the 8th October at the Brixham Friends Centre.
- A Non-Executive Directors meeting was held on the 9th October at Newton Abbot Hospital, with the Chief Executive in attendance.
- A STP (Sustainability and Transformation Partnership) meeting was held on the 10th October, attended by the Chairman and Non-Executive Directors, which focussed on the future STP framework. The Board noted that the STP hoped to have a shadow STP Board in place by February 2020. It was likely Trusts would each be asked to deliver an associate Non-Executive Director to the STP Board.
- The Annual Torbay and South Devon Clinical School Conference, hosted jointly with Plymouth University, took place on the 15th October. It was a very well-received event.
- The Chairman, Chief Executive and Non-Executives attended a Devon Integrated Care Service event on the 16th October which focused on the development of the Devon Integrated Care system.
- A Board to Council of Governors meeting was held on the 23rd October, the output of which helped inform a Board Strategy session held later in the month.
- Finally, the Chairman wished the Board to be aware that the recent closure of a GP Surgery in Plymouth called the Barton Surgery had no links with the Barton Surgery in Dawlish.

180/11/19 **Report of the Chief Executive**

The Chief Executive drew the Board's attention to the following from her report:

- The Trust was one of 21 organisations identified in the NHS Health Infrastructure Plan (HIP2) allocated seed funding to develop the Trust's infrastructure and support its strategic objectives. The Director of Estates and Commercial Development would be leading the work to progress a service model and business cases.
- Theatres A and B were now reopened and operational following refurbishment.

- Following a significant IT outage in October, learning from the incident was in the process of being collated so that it could be applied to any future incidents. This will include steps to mitigate risk to IT and improve operational response.
- KPMG have completed the financial review of the Trust and the report and action plan would be shared with the Board in Private session.
- The Trust continued to ensure it had robust plans in place to manage winter and as part of this the Winter Plan would be discussed later in the meeting. It was also noted that uptake of the flu vaccine was higher than at this point last year.
- The Chief Executive attended a Council meeting last week where the Council confirmed its intent to continue with the Risk Share Agreement for the next three years. The Chief Executive wished to place on record her thanks to the Council for their continued support to the integrated care model in Torbay and South Devon.

Councillor Stockman queried capital spend, which was currently behind plan. The Interim Director of Finance explained that spend was linked to the phasing of projects and he provided assurance that capital programmes were on plan and target.

Mr Welch queried tracking of capital spend and the Director of Estates and Commercial Development provided assurance that capital spend and programmes were closely tracked to ensure it met profile.

Councillor Stockman queried the work to attract care workers and how the Trust would ensure fair shares for Torbay. The Chief Executive explained that the Trust's social workforce was at establishment which was better than other parts of the country and that as part of the Proud to Care initiative efforts were directed at increasing the careforce.

181/11/19 **Integrated Performance Report (IPR) – Month 6**

The IPR sets out the headline performance for Month 6 (September) 2019/20 against the key quality and safety, workforce, performance, and financial standards that together represent the Trust's Operational Plan for 2019/20.

Areas that the Board needed to focus on where the Trust is off trajectory were highlighted:

Performance: Against the national NHS I Single Oversight Framework:

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

- The Board noted that the report had an error in it, with reference to cancer services and Quarter 2 – it was in fact Quarter 3.
- **A&E: STF Trajectory (90%) not met** - performance for September at 80.7%.

- **RTT:** RTT performance had seen little change in September with 80.4% of people waiting less than 18 weeks, behind the Operational Plan trajectory of 82%. Against 52 weeks there had been a decrease from 105 last month to 89 this month and within the Trust's planned trajectory of 115.
- **Cancer:** National standard not met in September with 77.7% against standard of 85% and improvement trajectory (85.5%) - 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 84.3% of patients waiting under six weeks. This was outside of the Trust's recovery trajectory to deliver improved performance in September to achieve 90.3% against the National standard 99%.
- **52 Week Waits** – the Trust had reported a position of 89 patients waiting at the end of September which had reduced to 82 in October. Due to the shape of the waiting list this was predicted to rise to 110 in November. The Board noted the commitment to meet the target of zero by the end of March 2020 and the Chief Operating Officer said he would be reviewing recovery plans later in the week to understand how this would be achieved. He added that the biggest risk to delivery was the ability to secure private sector capacity.

Mr Sutton queried 52 week waits and the Trust's ambition to reach zero by the end of the financial year. He said that if it was felt this target could not be met, this should be reported at the earliest opportunity. The Chief Operating Officer agreed, and said that he would have more information in the next couple of weeks to make that decision.

Councillor Stockman queried performance against the 4 hour target and asked when the Trust last met the target. It was agreed that this would be further discussed as part of the Winter Plan item later in the meeting.

Financial performance against 2019/20 plan:

- 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.
- In line with the discussions at Board last month over the deterioration in Forecast the Trust has been working on mitigation plans and agreeing the position, drivers and actions with internal and external stakeholders. This had resulted in the Trust formally reporting a variance to plan of £15.0m after expected mitigations.
- The financial position at this control total level as at 30th of September 2019 was a £7.74m deficit, which was slightly ahead against the plan of £7.80m. (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 6 and discussions are continuing with Torbay Council over its contributions to ASC in 2019/20).

- In months 1 to 6 the Trust had also assumed it would earn the PSF and MRET funding of £3.51m (as the Trust had delivered the control total in that period). An additional PSF income for the financial year 2018/19 of £0.27m was received by the Trust.
- Total pay run rate in Month 6 (£21.1m) was lower in comparison to previous month (Month 5 £21.4m); mainly lower Agency spend. Non pay expenditure run rate of £18.2m was higher by £0.45m compared to Month 5. Higher spend in Month 6 was due to: Drugs spend £0.10m, clinical and non-clinical supplies £0.11m and various operating cost £0.24m.
- The CIP target for year to date was £4.9m of which £4.6m had been delivered; an adverse variance of £0.3m due to undelivered pay schemes offset by additional income and non-pay schemes.
- The CIP target for year to date was £4.9m of which £4.6m had been delivered; an adverse variance of £0.3m due to undelivered pay schemes offset by additional income and non-pay schemes.
- The Trust had an annual savings target of £17.5m of which £8.8m have targets identified resulting in a £8.7m 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 plan was £20.0m, therefore the gap against plan is £11.2m. The Forecast outturn delivery value had reduced significantly following the conclusion of the deliverability peer review of the Trust's Transformational schemes. Subsequent to this review a Financial Recovery Director had been appointed.
- The Capital expenditure as at Month 6 was £4.02m which was £2.84m underspent against the Month 6 budget of £6.85m. The full year forecasted spend was currently £17.93m which would result in a £1.33m overspend.
- The Finance Risk Rating remained a 3 at Month 6, with the agency rating adverse. The Rating was likely to drop to a 4 during the remainder of the financial year, given the increasing level of challenge incorporated in the Plan and the revised forecast.
- The National Intensive Support Team was in the process of undertaking a financial review across the Devon system to gain a better understating of the financial position and drivers across the system.

Councillor Stockman raised the Trust's CIP target and the fact that no plans had been identified for an element of the target. She queried the timescale for identifying plans and putting them in place. The Director of Finance explained that the reason the Trust had resubmitted a revised forecast outturn was because plans were not in place and the Trust had a shortfall in delivery.

The Chief Executive added that as part of the Long Term Plan (LTP) Trusts were required to move to a balanced financial position over the next five years.

Workforce

- Work was taking place to refine reporting so that vacancy, workforce and financial information was better aligned in the Integrated Performance Report.
- The Trust was not meeting its sickness target and work was taking place to support areas with high levels of sickness.
- The flu campaign was underway with 40% of staff having had a flu campaign compared to 33% this time last year.
- Performance against achievement reviews was still below target. The People Committee discussed this at its meeting and the difficulty of undertaking achievement reviews when the Trust was under significant pressure. The need to ensure quality achievement reviews was acknowledged and the Staff Survey would provide an opportunity to test this.
- The governance around vacancy management, rostering etc was being strengthened through the establishment of a Workforce Efficiency and Effectiveness Group.

Councillor Stockman queried achievement review performance and how the Trust assessed what training staff required if they had not received a review. The Director of Workforce and Organisational Development explained that the Trust was undertaking training needs analysis work which would inform the training that the Trust needed to deliver internally. She added that the Trust was working to ensure that achievement reviews were jointly owned by managers and staff and were valued as part of the review process for members of staff.

Mrs Matthews provided assurance that the People Committee had discussed this issue and had asked the Director of Workforce and Organisational Development to review the measures used in Achievement Reviews as part of this work.

The Medical Director wished the Board to be aware that the Achievement Review process did not include medical staff as they had a system of revalidation through the General Medical Council. He said that a lot of resources was put into the process and at present performance was at c91% with the balance related to staff not being able to undertake their reviews due to issues such as sickness.

Quality

The Chief Nurse reported that there had been 19 lapses in care relation to C.Diff. and that she would present a report to the Board on this issue to the December meeting.

CN

Councillor Stockman raised performance in relation to transfers of care and the numbers of patients on wards who were fit for discharge but had discharges delayed. The Board noted that the number of patients who had discharges delayed did vary and at present there was fewer than 20 waiting over 21 days which put the Trust currently as the third best in the country.

The Trust Board reviewed the Month 6 Integrated Performance Report.

182/11/19 Operational Accountability and Governance Framework

The Company Secretary outlined the content of the Operational Accountability and Governance Framework and the desire to put in place a framework to support the redesign of business information systems and processes related to the new operational structure and reporting needs.

As part of this process and to ensure the Board received up to date information to inform decision-making it was proposed that the Board of Directors meetings take place a week earlier than at present and that this commenced from April 2020.

Mrs Matthews queried whether the senior leadership teams had been involved in design the new framework and the Company Secretary confirmed that they had.

The need to ensure that staff across the Trust understood their place in the structure was acknowledged.

Mr Balch queried whether the risk of moving to a new structure was properly reflected in the Board Assurance Framework (BAF) and it was agreed this would be discussed later in the meeting when the BAF was reviewed.

Mr Sutton queried back office functions and how they would support the new framework and the Company Secretary said that this needed to be resolved. In addition how Torbay Pharmaceuticals fitted into the structure needed to be agreed and the Board noted that this would be part of the Governance Review of Torbay Pharmaceuticals that was taking place.

Finally it was noted that non-clinical meeting groups would need to be realigned to ensure they fitted into the new timetable.

The Trust Board:

- (i) received and note the operational accountability and governance framework update; and,**
- (ii) approved the proposed revision of corporate meeting dates (including the Board of Directors) to be implemented from April 2020.**

183/11/19 Winter Plan

The Chief Operating Officer presented the Winter Plan and informed the Board of Directors that the plan aimed to:

- Provide assurance of optimal resilience over the winter period.
- Demonstrate the system-wide engagement and partnership working in

- the development of the plan.
- Demonstrate compliance with national requirements.
- Confirm that the plan has been through all appropriate approval processes.

The Chief Operating Officer highlighted the following key points to the Board:

- In response to Councillor Stockman's query earlier in the meeting about when the Trust was met the national 4 hour standard of 95% it was noted that this was in October 2016.
- The Trust had a lower acute bed base than other trusts, but as an Integrated Care Organisation, this gave opportunity to manage the complete patient pathway.
- A detailed demand and capacity piece of work had been undertaken to inform the report and plan, alongside input from the STP, region and Devon A&E Delivery Board.
- A programme of work was in place with the aim to sustainably deliver a lower occupancy rate and flow through the system.
- The work that had taken place had identified a need for an additional 25 beds to support demand and capacity needs during winter and plans were in place to meet this requirement.
- The need to ensure the wellbeing of staff during the winter period was well-recognised, and also the vulnerability of primary care and the independent sector.

The Chief Executive thanked the Chief Operating Officer and his team for producing a comprehensive and robust document. She said that as the Trust moved through the winter period any learning would be applied, and that the Trust would have weekly calls with the region to review progress and plan forward for the following week. This would be supported by daily sitreps.

Councillor Stockman queried mental health provision and the Chief Executive explained that the Trust had a strong working relationship with Devon Partnership Trust which included the development of a Psychiatric Liaison service in the Emergency Department to provide a 24 hour response. The A&E Delivery Board undertook monitoring of protocols and assessments to ensure there was a good response rate. There were challenges with patients who required an inpatient bed and there was gap between demand and resource in the Devon system. Part of the solution was the building of a new inpatient unit on the Torbay Hospital site. In the short term work was taking place to optimise the discharge pathway for people with mental health needs to be supported in the local community.

Councillor Stockman queried the number of patients who attended at the Emergency Department that were either from a nursing home or private homes. The Chief Operating Officer said he would provide this information outside of the meeting.

COO

Councillor Stockman raised a concern around the reduction in opening hours at both Dawlish and Totnes Minor Injuries Unit and also patients had been sent to the units when they were closed. The Chief Operating Officer explained that the a decision had been made to reduce the opening hours of the units as it had not been possible to recruit staff to those units and the reduction in hours was based on when the units had low attendance. In respect of patients being sent to the units when they were closed, the Chief Operating Officer said that the Trust and the Clinical Commissioning Group (CCG) had put in place a robust communication strategy to ensure that GP surgeries etc were aware of the new hours, and apologised that some surgeries did not appear to be aware of the revised opening hours.

The Board of Directors, in approving the Winter Plan, noted the assessment and consultation undertaken to ensure provision of a winter plan appropriate to respond to local need, satisfy national requirements and deliver service improvement. The Board also noted the existence of residual risks to delivery and provide challenge to the acceptance of currently described mitigating actions.

184/11/19 Clinical Services Transformation Programme (CSTP)

The Medical Director's report provided an update on the baseline assessment of local clinical services undertaken by the Clinical Services Transformation Group and the Board's attention was drawn to the following:

- The CSTP was a summary of a programme of work led by the Medical Director earlier in the year and which would be implemented by the Director of Transformation and Partnerships.
- As part of the Long Term Plan (LTP) there was a commitment to make changes to the way services were provided for patients in a number of areas including reducing face to face follow-up appointments; moving patients away from high intensity environments such as day surgery to outpatients; and dealing with emergency patients on the same day.
- A programme of work was being undertaken to understand the baseline position and to identify the areas for transformation. This piece of work was being replicated across the STP.
- It was noted that some of the transformation work would require resource to enable changes to be made.
- To help inform the work, the Trust continued to work with the Getting It Right First Time (GIRFT) initiative that provided benchmarking information for Trust activities. Much of the feedback from GIRFT had been positive, but there was a need for the Trust to take forward actions that had been identified through the process.

Councillor Stockman queried how the decision would be made to reduce face to face consultations and the Medical Director explained that a patient's treatment would be discussed and agreed with the relevant team and also the patient themselves and contact could be through the use of digital technology. He added that this way of providing treatment was already well-established and it would save patients coming to the hospital when there was no need for them to do so.

Councillor Stockman then queried the phrase in the report 'appetite for minor procedures in primary care' and she queried who had the appetite for change. The Medical Director explained that the appetite for change needed to be tested with the Trust's partners to see if it was something they wished to take forward and that he was aware that with the formation of Primary Care Networks there was the potential for GP surgeries to undertake more minor surgery in practices and that some did so already.

The Director of Transformation and Partnership provided assurance that the work formed part of the Transformation Programme and, for example, in relation to Outpatients, the service would be co-produced with consultants; GPs; users and stakeholders to ensure the revised service would be fit for purpose.

Mrs Matthews raised the issue of skill mix and she said it was important for the Trust to ensure that it had the right skill mix to provide the services that would be required for the future.

Mr Balch asked how the Trust would ensure that staff were willing to go on the journey of change that was required and the Medical Director said that a lot of staff were keen to make improvements and changes to the services they provided, but did not have the headroom or support to do so and this work was aimed at providing that support. It was noted that the Trust had asked the CCG to provide some resource to support this work.

The Trust Board approved the Clinical Services Transformation Programme report.

185/11/19 **Care Quality Commission Update**

The Care Quality Commission (CQC) Update report provided the Board with awareness of current CQC matters and provided early signalling of areas requiring action to improve the healthcare service provided.

The Chief Nurse informed the Board that good progress was being made on the 'must do' actions from the last CQC inspection, however two of the actions required major building work and this was noted. She said that Trusts were not required to implement all of the CQC 'should do' actions, but those that did were more likely to receive an 'Outstanding' rating.

The Trust had not yet been informed of a date for the next CQC visit.

Councillor Stockman queried the service provided for learning disabilities and autism and the risks related to this service. The Chief Nurse said that the Board had recently received a report on this issue and that it was acknowledged the pathway for this group of patients could be improved. She added that it linked to a Devon-wide issue. In respect of learning disabilities, peer review and inspections suggested the Trust was compliant and that patient needs were understood for example timing on lists etc.

The Board of Directors noted the Care Quality Commission Update Report.

186/11/19 **Emergency Preparedness Responsibilities Assurance Report**

The report provided assurance to the Trust Board on compliance with legislation, standards and regulatory requirements relating to Emergency Preparedness Resilience and Response.

The Board noted the Trust's response in respect of the review of its emergency preparedness. The Trust was compliant in 62 of 64 standards, with two being rated amber.

A deep dive had been undertaken into 20 emergency standards and the Trust was found to be complaint in 15. To meet the remaining five there would need to be improvements to the Trust's environment to meet climate standards etc.

Following the recent IT Outage it was acknowledged that more work needed to be undertaken on the Trust's business continuity plans and work to take forward the lessons learnt from the incident were taking place. Mr Richards agreed, and said that not only did staff need to understand the continuity plans in place but also test them – for example to ensure that equipment was working that would be required if other systems were down.

Mr Welch queried how staff in the Trust were trained to make decisions, for example to evacuate a patient that might have life changing consequences for them, in an emergency. The Director of Estates and Commercial Development said that the Trust could not plan for all eventualities however regular training took place to make sure that staff felt confident in making difficult decisions. Decisions would be made by clinicians, supported where appropriate by the Fire Service, to minimise risk to patients.

Councillor Stockman noted the proposed changes to the fire service and sought assurance that the Trust had assessed impact, which was confirmed.

The Trust Board formally approved and received the outcome and action plan of the NHS England/CCG EPPR performance and preparedness assessment for 2019 and endorsed the signing of the required assurance letter for NHS England.

187/11/19 **Freedom to Speak Up Guardian Six Month Report**

The Freedom to Speak Up (F2SU) Guardian presented her six month update report and highlighted the following:

- Revised guidance had been received which explained how Board could support a speaking up culture in organisations.
- 32 concerns had been raised in the last six months – the largest number since the Guardians had been in place. A lot of these were able to be resolved through support to staff and Mrs Burns said she was encouraged by the number of concerns raised and how issues were being highlighted and resolved through the Guardian network.
- The majority of concerns had been raised by staff on the acute site and Mrs Burns was aware that more work needed to be undertaken in the community. A new community Guardian had been appointed who Mrs Burns felt would be invaluable in the role and as a Social Worker would

be able to access social care staff.

- Work to roll out the F2SU Champions continued, as a first point of contact for staff, and it had been found that staff were nominating themselves into the role, which was working well. It was pleasing to note that three junior doctors have joined the champion network.
- It was acknowledged that medical staff did not feel F2SU applied to them, however Mrs Burns felt that the Guardians now had a better relationship with this group of staff.
- Those members of staff who have raised concerns have said that they would be confident in doing so again if necessary.
- Against the national guidance index report, the Trust rated average compared to England as a whole, and at around 78% for combined Trusts.
- There had been some concerns raised around what issues a Guardian could manage, and Mrs Burns said that it should be anything that a member of staff was feeling uncomfortable about – she added that over the last few weeks, and in particular during Freedom to Speak Up month in October, a lot more staff have spoken to the team.
- The main reason for concerns being raised was around bullying and harassment. Mrs Burns said that good networks were in place to support staff to have an informal conversation with a Guardian, before taking a more formal route if necessary. The Director of Workforce and Organisational Development added that work was taking place around coaching networks and developing managers to be able to have difficult conversations with staff; trained mediators; and an understanding of what constituted bullying and harassment. In addition work was taking place around how to support staff who witness bullying and harassment and support they might require. The results of the Staff Survey would also help inform this work.

Mrs Matthews asked if a lack of engagement from medical staff was a national issue and Mrs Burns said she was not sure. She added that the BMA was aware that doctors did not view F2SU Guardians as a support for them and that work was taking place to raise awareness.

The Chief Executive said that recent meetings with both junior doctors and student nurses, which included discussions about the Guardians, had been very helpful and had raised their awareness.

The Medical Director added that medical staff had a very robust support mechanism in place and that the Trust regularly scored well on national and GMC surveys around support to medical staff. Mrs Burns agreed, but added that in some cases junior doctors had concerns that they did not feel able to raise with medical colleagues and she hoped that this was an area where the Guardians could provide support.

As the lead Non-Executive Director for F2SU, Mr Welch stated that he had not had any issues raised with him in the last six months which he saw as an indicator that the system was working well. He added that there was a need to work to reduce the number of bullying and harassment concerns raised and this was acknowledged.

Mr Balch asked if the Guardians were embedded into the new operational structure and Mrs Burns said that this was a work in progress and would be addressed over the next 12 months.

The Interim Director of Finance how confident staff felt that once an issue was raised it was resolved and feed back to them. Mrs Burns said that work was taking place around how to share good outcomes, but to still keep them confidential and sharing stories.

The Company Secretary informed the Board that the F2SU Guidance for Boards would be reviewed at the People Committee and this was noted.

The Trust Board formally received the Freedom to Speak up Guardian Six Month Report.

188/11/19 **Audit Committee Annual Report**

The Board received the Annual Report of the Audit Committee which summarised the activities of the Committee in the financial year 2018/19.

The Trust Board received and noted the Annual Report of the Audit Committee.

189/11/19 **Audit Committee Terms of Reference**

Following publication by the HFMA of the NHS Audit Committee Handbook - fourth edition, a review of the Audit Committee Terms of Reference had been undertaken to ensure the Terms of Reference align with best practice.

The Board noted that the changes that have been made were not significant and reflected in the main, updates to committee titles and names of external organisations eg NHS Resolution and NHSCFA.

Minor updates have been made to the Terms of Reference following review at the Audit Committee on 30 October 2019 and the final version was presented to the Board for approval.

The Trust Board approved the Audit Committee Terms of Reference.

190/11/19 **People Committee Terms of Reference**

The newly established People Committee reviewed the draft Terms of Reference at its first meeting held on 24 October. Comments made at that meeting have been considered and reflected in the version for approval by the Board.

The Trust Board approved the People Committee Terms of Reference.

PART B: Matters for Approval/Noting without Discussion

Reports from Board Committees

191/11/19 Finance, Performance and Digital Committee – 29th October 2019

The Board noted the report from the Chair of the Finance, Performance and Digital Committee.

192/11/19 Audit Committee – 30th October 2019

Mrs Taylor reported that the Trust's new Counter Fraud officer was in post and she was assured around the process by which she would be addressing any concerns raised.

193/11/19 People Committee – 24th October 2019

Mrs Matthews said the Committee reviewed its Terms of Reference. She also commented on the number of attendees at the meeting and that it was good to have a wide range of people engaged. She suggested that the balance of attendees might need to be revised in the future.

Reports from Executive Directors

194/11/19 Safe Staffing and Nursing Work Programme

The Board received the Staff Staffing and Nursing Work Programme report.

The Trust Board noted the Safe Staffing and Nursing Work Programme Report

195/11/19 Compliance Issues

There were no compliance issues raised.

196/11/19 Any Other Business Notified in Advance

There was no any other business notified in advance.

197/11/19 Date of Next Meeting – 9.00 am, Wednesday 4th December 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.	Amend minutes of the meeting held on the 7 th August 2019 to reflect that the Director of Transformation and Partnerships was present.	CEPA	Completed	02/10/19
2.	Provide assurance that the framework of having safeguarding provided by groups of staff in different locations was the most effective way to provide the service.	CN	Completed - the Chief Nurse confirmed that she was content with current arrangements.	02/10/19
3.	Inform Councillor Stockman of the numbers of patients presenting at ED from nursing homes or private homes.	COO	Post meeting note – completed.	06/11/19
4.	CN to present report to Board on CDiff lapses in care.	CN		06/11/19

Report to the Trust Board of Directors				
Report title: Chief Executive's Report		Meeting date: 4 December 2019		
Report appendix	n/a			
Report sponsor	Chief Executive			
Report author	Company Secretary Joint Heads of Communication			
Report provenance	Reviewed by Executive Directors November 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 <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
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	25
	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
	<ul style="list-style-type: none"> • Available capital resources are insufficient to fund high risk/high priority infrastructure/equipment requirements/IT Infrastructure and IT systems. • Failure to achieve key performance standards. • Failure to achieve financial plan. 			

Report title: Chief Executive's Report		Meeting date: 4 December 2019
Report sponsor	Chief Executive	
Report author	Company Secretary Joint Heads of Communication	

1 Trust key issues and developments update

This board meeting take place during the pre-election period, known as Purdah, when public sector organisations are asked not to announce new developments, launch new activity or undertake new engagement or consultation activity. This is reflected in the length of the Chief Executive's report.

Key developments to draw to the attention of the Board since the last Board of Directors meeting held on 6 November 2019 are as follows:

1.1 Safe Care, Best Experience

1.1.1 Day case innovation

The Trust is a national leader in providing surgical procedures as day case rather than inpatient stays. Heart failure patients in Torbay and South Devon are the latest to benefit from this approach, avoiding long stays in hospital thanks to a successful pilot scheme that has seen NHS integrated teams joining forces and using a drug in an innovative way. As part of the pilot, a small group of patients with heart failure have been treated as day case outpatients and, as a result, are enjoying spending more time at home recovering instead of prolonged periods in hospital. The small scale pilot has shown that heart failure patients, who would normally spend weeks in hospital being treated for a serious build-up of fluid in the legs due to their heart failure worsening, can now be treated for fluid build-up during daily short visits to hospital and then be home the same day.

1.1.2 Listening, Learning and Coaching – Operational 'Silver System Reset'

In response to the continuing operational pressures we are experiencing across the system we have reviewed what we can do to unlock capacity across the system; in particular, looking at the process of how to discharge those patients that are medically fit, safely, quickly and earlier. Not only is this the best thing for patients but it also frees up space for other patients. With winter approaching and likely to further increase pressure on services, we decided to take a fresh and detailed look at how things are working in practice, in order to identify what changes we could introduce to ensure patients are discharged in a timely way. For two weeks, from Monday 18 November through to Friday 2 December 2019, our senior managers were supporting specialty areas, listening to staff and seeing for themselves the obstacles frontline teams face, and working with them to help overcome them. Lessons learned will be fed straight back into our winter preparedness plan.

1.1.3 Emergency Department project update

Torbay Council's planning committee last month approved the Trust's detailed planning application for an extension of the existing Emergency Department at Torbay Hospital.

We are continuing to work with our design team and main contractor to work through the detailed design, although the project is still subject to NHS England Full Business Case Approval. The earliest work could start will be late 2020. Plans can be viewed on Torbay Council's website by searching planning application number P/2019/0992.

1.1.4 Community baby-friendly accreditation

Congratulations to our Community Health Visiting service on being awarded the prestigious Baby Friendly Accreditation from UNICEF - the United Nations Children's Fund.

1.1.5 Flu vaccine clinics

We are continuing our innovative approach to encourage staff take-up of the flu vaccine by offering a group hypnotherapy session for any staff with a needle phobia, or anxious about having injections. The session is aimed to help to alleviate stress/fear response by giving positive suggestions and relaxation. We are running extended hours clinics to cover early and late shifts as well as introducing 'roving' clinics, where vaccinators are out and about visiting clinical areas. Our Site Managers are also ensuring night staff are offered easy access to the vaccination. As a result of these and other initiatives, we have continued to have an excellent response and a high uptake of staff receiving their flu vaccinations, with more than 53% at the time of writing this report, now vaccinated. We continue to promote the clinics and to encourage all staff to take up the opportunity to have a flu vaccination to protect themselves, their families and our vulnerable patients. The national vaccine uptake amongst healthcare workers was 43.6% at the end of October (latest available figures.)

1.1.6 'Think Noro' campaign

We are supporting Public Health England and NHS England and Improvement in urging people in the South West to follow simple steps stop the spread of norovirus this winter. Norovirus can live on hard surfaces for hours and spreads very quickly through environments where lots of people are mingling closely, such as schools, nurseries, care homes and hospitals. The best way to protect yourself and others from catching this unpleasant sickness bug is simply to wash your hands thoroughly with warm water and soap, and to keep the environment you live and work in clean. Hand sanitisers are NOT an effective protection against this common sickness bug.

1.1.7 Baby and young children remembrance weekend

Local families joined us last weekend for our annual 'baby and young children remembrance weekend' at Torbay Hospital. Staff from our maternity unit, chaplaincy services and children's community nursing team, together with some local parents planned the remembrance weekend, which included a craft morning for all ages on the Saturday and a special service in the Hospital's Chapel on the Sunday. This year, the event was expanded to include those who had lost a child in the early years of life as well as those who have experienced baby loss.

1.1.8 Praise for staff at Newton Abbot

Police and members of the public have praised our staff at Newton Abbot Hospital for their support during a recent police incident. Around 18 families were evacuated from their homes late evening and looked after by our community hospital teams until the incident was stood down in the early hours of the next morning.

1.2 Well Led

1.2.1 Month 7 - Performance against the NHS Improvement Single Oversight Framework

Annual plan trajectories : It is noted that the annual plan trajectories reflect performance at the end of month 12 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 October (82.7%).

RTT: RTT performance has seen little change in October, with 79.3% of people waiting less than 18 weeks, against a trajectory of 82%. We have seen a decrease from 89 patients waiting more than 52 weeks last month to 79 patients this month.

Cancer: The national standard was not met in October, with 72.1% achieved against standard of 85% and improvement trajectory of 85.1%. Recovery plans are in place to deliver the standard in Q3, with weekly monitoring and escalation through Chief Operating Officer.

Diagnostics: The diagnostics trajectory was not met, with 10% of patients waiting over six weeks. This falls just short of our recovery trajectory to deliver improved performance in September and to achieve 91.7% against the national standard of 99%.

Dementia: The Dementia Find standard is reported at 85.1%, against the 90% national standard.

1.2.2 Month 7 performance against 2019/20 Plan

Overall financial position: The financial position at control total level as at 31 October 2019 showed a £8.39m deficit, which is £1.20m adverse against the plan of £7.19m. The Trust has implemented the protocol for changing the control total, and therefore an adverse movement was expected.

Regulator Protocol for Forecast change: In month 6 the Trust formally reported to the Regulator a variance to plan of £15.0m after expected mitigations. The position at month 7 showed a net adverse movement of £0.2m which is expected to be fully mitigated by a further stretch target of £0.2m. The variance to plan is therefore remains at £15.0m.

The financial position to date and forecast both exclude 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 financial position.

CIP savings delivery position: The Trust has an annual savings target of £20.0m of which £9.1m have targets identified, resulting in a £10.9m shortfall in the forecast out-turn position. The CIP target for the year to date is £7.0m of which £5.4m has been delivered. The adverse variance of £1.6m is due to undelivered pay schemes offset by non-pay schemes.

Capital expenditure: Capital expenditure as at month 7 was £5.1m. The full year forecast is £17.2m.

1.2.3 Health Infrastructure Plan (HIP) round 2

As one of the 21 Trusts named in the second wave of HIP, the Trust submitted at the end of November its request for £3.5m of allocated seed funding for the development of a Strategic Outline Case. This is against a total anticipated development cost of £480m.

1.3 Valuing our Workforce, Paid and Unpaid

1.3.1 Torbay and South Devon Clinical School annual conference

More than 80 people attended the Torbay and South Devon Clinical School annual conference. After a video from Mark Radford (Deputy Chief Nursing Officer, NHS England) Jane Viner, Chief Nurse and Deputy Chief Executive, talked about the national landscape for nurses, midwives, AHPs and social workers, linking to how we can move forward in the care we deliver.

There was a panel discussion exploring how the Trust can support staff to move forward with their careers, think differently, and innovate in practice. Natasha Goswell (Systems Director for Nursing and Professional Practice) spoke about the Trust's exciting new journey on the Pathway to Excellence and the development of a professional practice strategy for nurses, midwives and AHPs and social workers. Around 20 staff were involved in presenting some of their innovative work, including the role of surgical care practitioners, service developments on our wards caring for older people and how staff wellbeing can positively translate through to patient care.

Our staff demonstrated brilliant examples of service development initiatives and practice-based research, which are moving practice forward. There was an amazingly high standard of posters and oral presentations highlighting many innovations in practice. Our congratulations go to our prize winners:

Best Oral Presentations	Megan Clemence, Debrief after critical, clinical events: a scoping review
Best Poster	Lisa Pullen, The experiences of consultant paediatricians involved in end-of-life care for children with a palliative diagnosis.
The Excellence in Practice	Orthopaedic Surgical Care Practitioners- Sarah Tomlinson and Claire Symonds
Excellence in Research	Cardiology Research Team
Excellence in Leadership	Richard Collings

1.3.2 National appointment

I am delighted to report that Mr Stuart Andrews has been elected as national lead for benign upper gastrointestinal services by the Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland.

1.3.3 Prize-winning surgical team

Our Upper Gastrointestinal Surgical Team were awarded second place for presenting their pioneering work at the conference of the Association of Upper Gastrointestinal Surgeons in Liverpool. The talk was given by Dr Sophie Donoghue, a Foundation Doctor, on the use of ultrasound investigations to provide imagery during keyhole surgery of gallbladder removal in Torbay Hospital, which is the pioneering centre in the UK for this technique.

1.3.4 Health and Wellbeing

A new programme is being run specifically for health and social care staff who may be feeling stressed, overwhelmed, anxious or depressed. The six-week Help to Overcome Problems Effectively (HOPE) Programme is free to attend and supports individuals to manage their health and wellbeing. There are 10 to 16 people on each course and time is spent in facilitated discussions, group activities, information sharing and ideas to try between each session. Topics covered include fatigue and stress management, mindfulness, identifying personal strengths, dealing with setbacks, healthy living and physical activity.

2. Chief Executive Engagement: November

I continue to meet with external stakeholders and partners. Meetings I have attended during November are shown below.

Internal	External
<ul style="list-style-type: none"> • Medical Staff Committee • Joint Consultative Negotiating Committee • Joint Local Negotiating Committee • SPI Walk-around – John MacPherson Ward • Freedom to Speak Up Guardian • Meeting with Student Nurses • BMA Bullying and Harassment Event • Video blog sessions: • Hand Therapy Team • Junior Volunteers • World Radiology Day • Carers' Aid 10 Year Celebration • Research and Development • Health Navigators 	<ul style="list-style-type: none"> • Interim Director of Adult Services Torbay Council • STP Chief Executives' Meeting • STP Programme Delivery Executive Group • Devon A&E Delivery Board • Children and Young Persons Partnership Board • Devon ICM Meeting • Principal South Devon College • Interim Accountable Officer, NEW Devon CCG • Director of Public Health, Torbay Council • Provost, Exeter University • High Potential Scheme Start Up Meeting • HEE Annual Senior Leadership Meeting

3 Local Health and Care Economy Developments

3.1 Partner and partnership updates

3.1.1 Devon Strategic Transformation Partnership

NHS Long Term Plan update

The latest draft of the Devon version of the NHS Long-Term Plan, called 'Better For You, Better for Devon' is now expected to be published in the new year. It was submitted in November, but publication is delayed until after the general election.

3.1.2 Devon CCG

Appointments to Governing Body confirmed

Four people have recently been appointed to the governing body of NHS Devon CCG.

Gaynor Appleby – Non Executive Lay Member with a lead role in Allied Healthcare.

Graham Turner – Non Executive Lay Member with a lead role in overseeing key elements of Finance and Remuneration.

Alison Davis – Associate Non-Executive Director.

James Wooldridge – Associate Non-Executive Director.

4 National Developments and Publications

Details of the main national and regional developments and publications since the last Board meeting on 6 November 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 follow.

4.1 Government

4.1.1 Pre-election period

Following the announcement of a general election on 12 December, parliament was dissolved and we remain in a period of restricted activity and communication.

4.2 NHS England and NHS Improvement

4.2.1 Review of professional misconduct rules

NHS England is working to develop a single framework for all professional regulators when dealing with a conduct complaint, saying that the Maintaining High Professional Standards rules in place for doctors should inform the development and implementation of a common management framework for handling concerns relating to all NHS staff. There will be extensive engagement with all stakeholders before formal proposals are confirmed.

4.2.1 Short-term pension tax ‘solution’ confirmed by NHS England

NHS England chief executive Simon Stevens set out details of a stop-gap scheme to ensure that clinicians who exceed their NHS pension annual allowance in this financial year are not left out of pocket. The scheme is designed to allow doctors in England to pick up extra shifts this winter with the promise that the NHS will reimburse them for any additional tax they accrue as a result.

4.3 Care Quality Commission

4.3.1 Urgent and emergency care survey results

The CQC has published the results of its 2018 Urgent and Emergency Care Survey - covering 132 NHS acute trusts in England (but not mental health, community or ambulance trusts). The survey asked people* about their experiences of urgent and emergency care in major consultant-led accident and emergency departments (Type 1) and also minor injury units or urgent care centres (Type 3) where run directly by an acute hospital trust.

Comment: For both reports, our Trust was rated as good, with patient satisfaction scores generally the same as for most other Trusts. However, our Minor Injury Units were rated better than most other trusts for environment and facilities and respect and dignity.

5 Local Media Update

5.1 News release and campaigns highlights

- Continued coverage for the roving dental screening mouth cancer checks
- Promotion of the [#NHSQuicker](#) app as a way of finding quicker treatment for minor injury or illness
- Carers' rights day
- Work experience day for local students, giving them real insight into the range of health careers available to them after GCSE and A levels
- The Living with and Preventing Diabetes session, hosted by the Trust, attracted more than 60 carers, family members and patients to hear talks by our specialists
- We launched our new, quarterly magazine, *Healthy Futures*, for staff, service users and partners.

6 Recommendation

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

Report to the Trust Board of Directors	
Report title: Integrated Performance Report (IPR): Month 7 2019/20 (October 2019)	Meeting date: 4 December 2019
Report appendix	Month 7 - Part 1- IPR Summary Report Month 7 - Part 2 - Focus Report Month 7 – Dashboard of key metrics
Report sponsor	Director of Transformation and Partnerships Interim Director of Finance
Report author	Head of Performance
Report provenance	Executive Director scrutiny (19 November 2019) Assurance and Transformation (21 November 2019) Finance, Performance, and Digital Committee (26 November 2019)
Purpose of the report and key issues for consideration/decision	<p>The IPR sets out the headline performance for Month 7 (October) 2019/20 against the key quality and safety, workforce, performance, and financial standards that together represent our Operational Plan for 2019/20.</p> <p>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.</p> <p>Areas that the Board will want to focus on where the Trust is off trajectory are highlighted below and detailed in the attached main report.</p> <p>Performance: Against the national NHS I Single Oversight Framework:</p> <p>In October, the Trust did not meet the following national performance standards or agreed planned improvement trajectories:</p> <ul style="list-style-type: none"> • A&E: STF Trajectory (90%) not met with performance for October at 82.7%. • RTT: RTT performance has seen little change in October with 79.3% of people waiting less than 18 weeks, behind the Operational Plan trajectory of 82%. Against 52 weeks we have seen a decrease from 89 patients waiting last month to 79 patients this month; this is within our plan trajectory of 110. • Cancer: National standard not met in October with 72.1% against standard of 85% and improvement trajectory (85.1%). Recovery plans to deliver standard in Q3 are in place with weekly monitoring and escalation through Chief Operating Officer. • Diagnostics: The diagnostics trajectory is not met with 90% of patients waiting under 6 weeks. This is outside of our recovery

trajectory to deliver improved performance in October to achieve 91.7% against the National standard 99%.

- **Dementia:** The Dementia Find standard is reported at 85.1%, therefore, not achieving the 90% standard.

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.
- In M6 the Trust formally reported a variance to plan of £15.0m after expected mitigations. The position at M7 show a net adverse movement of £0.2m which is expected to be fully mitigated by further stretch target of £0.2m. The variance to plan is therefore still the same at £15.0m.
- The financial position at control total level as at 31st of October 2019 is a £8.39m deficit, which is £1.20m adverse against the plan of £7.19m. As the Trust has implemented the protocol for changing control total an adverse movement was expected. (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 7, and discussions are continuing with Torbay council over its contributions to ASC in 2019/20).
- In months 1 to 6 the Trust has assumed it will earn the PSF and MRET funding of £3.51m (as the Trust delivered the control total in that period). From M7 onwards, only MRET income is assumed due to projected non delivery of control total.
- Total pay run rate in M7 (£21.0m) is lower in comparison to previous month (M6 £21.1m); mainly lower Agency spend.
- Non pay expenditure run rate of £19.6m is higher by £1.4m compared to M6 (£18.2m). Higher spend in M7 is due to: Drugs £0.2m pass through (income is received), Clinical supplies £0.2m - medical and surgical equipment, devices and consumables, social care cost £0.2m due to supported living and long stay nursing, Health visitor £0.1m, education and training cost £0.1m (matched by income), net increase in CFHD cost £0.2m, STP resourcing £0.2m and IT software cost £0.2m.
- The CIP target for year to date is £7.0m of which £5.4m has been delivered; an adverse variance of £1.6m due to undelivered pay schemes offset by non-pay schemes.
- The Trust has an annual savings target of £20.0m of which £9.1m have targets identified resulting in a £10.9m gap.
- The Capital expenditure as at M7 is £5.1m which is £2.9m underspent against the budget of £8.1m. The full year forecasted spend presently stands at £17.2m which would result in a £0.4m overspend.
- As previously forecast, the Finance Risk Rating has dropped to a 4 at M7. This is due to the adverse SoCI position and adverse agency spend.

Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board is asked to review the documents and note the evidence presented.			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	Yes	Valuing our workforce	Yes
	Improved wellbeing through partnership		Well-led	Yes
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	Yes	Risk score	
	Risk Register	Yes	Risk score	
External standards affected by this report and associated risks	Care Quality Commission	Yes	Terms of Authorisation	
	NHS Improvement	Yes	Legislation	
	NHS England	Yes	National policy/guidance	Yes
	<p>This report reflects the following corporate risks:</p> <ul style="list-style-type: none"> • Failure to achieve key performance standards. • Inability to recruit/retain staff in sufficient number/quality to maintain service provision. • Failure to achieve financial plan. 			

MAIN REPORT

Integrated Quality, Workforce, Performance, and Finance Report

Date of Report: 15 November 2019

Reporting Period: Month 7 (October data) 2019/20

Data Up To : 31 October 2019

Version Control

Version	Meeting	Date of Circulation	Date of Meeting	Owner	This Version
Draft 1	Trust Executive	15/11/19	19/11/19	Paul Procter Adel Jones	<input type="checkbox"/>
Published Report	FPD Committee	21/11/19	26/11/19	Paul Procter Adel Jones David Killoran	<input type="checkbox"/>
Published Report	Trust Board	28/11/19	4/12/19	Paul Procter Adel Jones David Killoran	<input checked="" type="checkbox"/>

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- Dashboard

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

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

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 (19 November 2019)
- Assurance and Transformation (21 November 2019)
- Finance, Performance, and Digital Committee (26 November 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 2019.

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 7 (October 2019)

Key headlines for quality and safety, workforce standards and metrics, operational performance, and financial delivery for Month 7 to draw to the Board's attention are as follows:

2.1 Quality Headlines

There are 21 Local Quality Framework indicators in total of which 5 were RAG rated RED for October (4 RED in September) as follows in Table 1:

Table 1: Local Quality indicators RAG rated RED:

Standard	Target	Last month Month 6	This month Month 7
Reported Incidents – Severe	<6	3	5
Reported Incidents - Death	0	1	1
VTE – risk assessment on admission (acute)	>95%	89.9%	92.2%
Hospital standardised mortality rate (HSMR)	<100	108.1	109.6
Fractured Neck of Femur*	>90%	n/a	n/a
Follow ups past to be seen date (excluding Audiology):	3,500	6793	6694

Of the remaining indicators, 11 were rated GREEN, 2 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.

2.2 Workforce Headlines

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

- **Turnover (excluding Junior Doctors): GREEN** - the Trusts turnover rate now stands at 11.42% for the year to October 2019 which is a slight increase from 11.32% in September.
- **Staff sickness/absence: RED** – The annual rolling sickness absence rate was 4.26% at the end of September 2019 which is a reduction from August which stood at 4.29%. This is against the target rate for sickness of 4.00%. The Monthly sickness figure for September was 4.39 % which is a rise from the 4.17% as at the end of August.
- **Mandatory Training rate: GREEN** – The current rate is 90.56% for October which is a higher than the previous month 90.23% in September.
- **Appraisal rate: RED** - The Achievement Review rate for the end of October was 77.31% which is a reduction from the 78.49 % as at the end of September.

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 October 19 the variance of substantive workforce worked was 55.58 wte below budget.
- **Agency Expenditure** – As at Month 7 the Trust is £1.660m above plan. This is predominantly due to agency spend on Medical and Dental staff which is £1.331m over budget.

2.3 Operational Headlines

2.3.1 Community and Social Care Summary

There are 16 Community and Social Care indicators in total of which 7 were RAG rated RED in October (6 in September 2019) as follows in Table 2:

Table 2: Community and Social Care Framework RAG Rated RED

Standard	Target	Last month Month 6	This month Month 7
Delayed discharges (Community)	16/16 Avg 315	392	373
Delayed transfers of care bed days (acute)	64 days per month	189	305
Timeliness of Adult Social Care Assessment assessed within 28 days of referral	>70%	71.1%	69.5%
Clients receiving Self Directed Care	>90%	89.6%	89%
Bed occupancy	80%-90%	95.4%	95.8%
CAMHS - % of patients waiting under 18 weeks at month end	>92%	88%	84%
Community Hospitals – admissions (non-stroke)	18/19 profile +/- 10%)	202	224

Of the remaining indicators, 3 were rated GREEN, 1 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 7 the Trust reported the following outcomes in Table 3 below. 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 Single Oversight Framework Performance Standards

NHSI Indicator	National Standard	Trajectory (M07):	ICO Performance (M07):	Risk
Patients seen within 4 hours in A&E	>95%	92%	82.7%	HIGH
Risks identified Continued high level of escalation with delays attributed to availability of inpatient beds and crowding in ED. Plans across the improvement workstreams are progressing but are not yet delivering performance improvement ahead of winter. Facilitating the daily availability of assessment beds on EAU3 remains the key to delivering capacity.	Management action - Additional resources to provide project management and QI support have been agreed to fast track implementation of changes that have been identified across the improvement workstreams. The urgent care programme board meeting every 2 weeks is now established to oversee programme progress and provide senior clinical and operational decisions to support escalated actions. System reset planned for end of November. Winter plan published.			
Patients waiting longer than 18 weeks from referral to treatment	>92%	82%	79.3%	HIGH
Risks identified We continue to see increases in the number of patients waiting for new outpatient appointment and day case treatments. This is a driver for the overall increasing number of incomplete pathways. Theatre A and B are now operational this will support plans to target the longest wait. Latest forecast is to achieve November position against the trajectory to achieve zero patients waiting over 52 weeks by March 2020.	Management action RTT Risk and Assurance meets to review progress against delivery and risk. We are working with the STP to identify patients suitable for outsourcing. This includes compliance with the 26 week wait choice initiative which gives commissioners opportunity to contact patients to offer further choice of provider. Saturday lists will continue to run to the end of March 2020 with insourcing to support ophthalmology. T&O and Upper GI continue to have the highest number of patients over 52 weeks.			
Cancer – 62 day wait for first treatment for a 2 week wait referral	85%	85.1%	79.3%	HIGH
Risks identified - Not meeting the 14 day from urgent referral to appointment target remains a risk to the delivery of this standard. Urology and colorectal remain the challenged specialties.	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 NHSI and Commissioners and will be updated on a monthly basis.			
Diagnostic tests longer than 6 weeks	1%	8.26%	10%	HIGH
Risks identified – Good progress has been seen in reducing waits in both CT and MRI supported by the continued use of mobile van. Waits for colonoscopy however have continued to increase despite the continued weekend insourcing for colonoscopy. Access to diagnostics, and in particular radiology, is critical for maintaining timely cancer diagnosis and supporting treatment pathways.	Management action - Maintaining mobile van capacity in radiology and frequency of insourcing for colonoscopy remain the current option for managing these waits – longer term plans for endoscopy capacity are being explored with network provider solutions and plans for replacement and 3 rd CT scanner in 20_21 remain in place.			
NHS I indicator: Dementia Find	90%	90%	85.1%	LOW

Colour of arrow – current Red/Amber/Green rating

Arrow – improved, declined, or remained static from previous month

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

Table 4: Local Performance Indicators RAG Rated RED

Standard	Standard/target	Last month Month 6	This month Month 7
Cancer 2ww urgent GP referral	>93%	88.4%	68.1%
Cancer - 62-day wait for first treatment - screening	>93%	100%	85.7%
RTT waits over 52 weeks	0	89	96
On the day cancellations for elective operations	<0.8%	2.2%	1.1%
Cancelled patients not treated within 28 days of cancellation	0	8	8
A&E patients (ED only)	82.5%	70.1%	74.2%
Care plan summaries % completed within 24 hrs of discharge weekdays:	>77%	67.4%	66.6%
Care plan summaries % completed within 24 hrs discharge weekend:	>60%	36%	32.6%
Clinic letter timeliness - % Specialities within 4 working days	>80%	68.2%	68.2%

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

Of the remaining indicators, 9 were rated GREEN, 3 rated AMBER, and 4 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.

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).

The following reflects the Month 6 position (September) as the timing of this report has not coincided with the November Assurance and Transformation Meeting (21 November 2019). The Month 7 ISU position will be reflected in the final report to the Trust Board.

South Devon System

- Transformation plans are in development with good progress for Urgent and Emergency care however the outpatients and procedures programme requires greater resource and pace in delivery, this is being addressed through a review of our project management function.
- 52 week wait trajectory remains a challenge with a number of actions taking place including a piece of work to define urgency in order to support prioritisation which will have a positive impact on waits and will be shared with GPs to support discussions with patients and manage expectations.
- Implementation of a choice protocol which will allow further options for patient choice, but not disadvantage them on the waiting list.

- Our IT system remains fragile
- Our Estate infrastructure is challenging in a number of areas; Simpson, PAC, Theatres, co-location of Urgent and Emergency Floor
- Trust wide service governance structure and reporting is progressing well.
- The full impact of Brexit remains unknown however work is continuing.
- Workforce is impacting on the frailty pathway, stroke, medical rota, ENT and breast care vulnerability
- Staff have really welcomed the Staff hero awards & chairman’s awards and the clinical schools conference awards.
- Winter plan is progressing well with a positive response at the Devon A&E delivery Board and further work is progressing quickly.
- The independent sector is challenged in terms of capacity and work is underway to address this.
- Theatres A&B are up and running and there is a maintenance plan being developed for theatres and we are working to ensure this does not disrupt activity

Torbay System

- GDPR and information sharing challenges across some services working with partners organisations in particular 0-19 and CFHD.
- Smoking at time of delivery reduced from 18% to 11% on trajectory to get to 6% by 2022
- Torbay HV service successfully reassessed for UNICEF baby Friendly level 3 –excellent feedback from the parents involved

- HV First visit post birth within 14 days achieving 89.88% (target 90%)
- Good progress with the co-design work with long term conditions work to reduce unnecessary appointments’
- Clear focus with the teams on grip and control and delivering the CIP
- Great progress on the enhanced health in care homes work with the imminent launch of the Red bag scheme
- LW@H Re-Procurement ongoing work to deliver our support at home model

2.5 Financial Headlines:

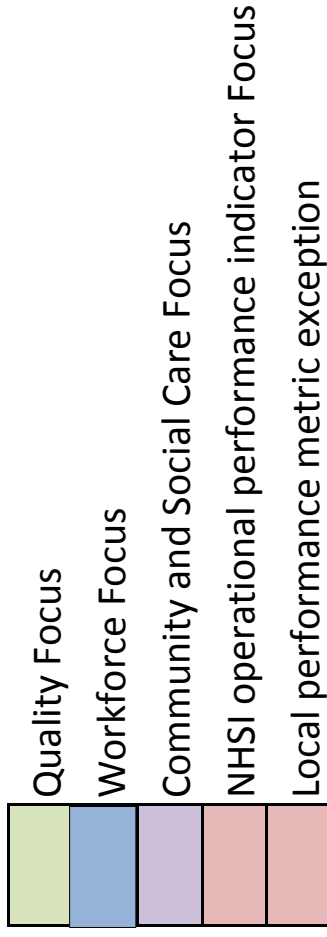
- **Regulator Protocol for Forecast change:** In M6 the Trust formally reported a variance to plan of £15.0m after expected mitigations. The position at M7 show a net adverse movement of £0.2m which is expected to be fully mitigated by further stretch target of £0.2m. The variance to plan is therefore still the same at £15.0m.
- **Overall financial position:** The financial position at control total level as at 31st of October 2019 is a £8.39m deficit, which is £1.20m adverse against the plan of £7.19m. As the Trust has implemented the protocol for changing control total an adverse movement was expected.
(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 7 and discussions are continuing with Torbay council over its contributions to ASC in 2019/20).
- Total pay run rate in M7 (£21.0m) is lower in comparison to previous month (M6 £21.1m); mainly lower Agency spend.
- Non pay expenditure run rate of £19.6m is higher by £1.4m compared to M6 (£18.2m). Higher spend in M7 is due to:
Drugs £0.2m pass through (income is received), Clinical supplies £0.2m - medical and surgical equipment, devices and consumables, social care cost £0.2m due to supported living and long stay nursing, Health visitor £0.1m, education and training cost £0.1m (matched by income), net increase in CFHD cost £0.2m, STP resourcing £0.2m and IT software cost £0.2m.

- **CIP savings delivery position:** The current month position shows CIP delivery of £0.8m, a £1.2m shortfall against £2.0m target.
The year to date CIP achieved is £5.4m, a cumulative shortfall of £1.6m against a £7.0m target.
- **CIP Forecast Delivery:**
The Trust has an annual savings target of £20.0m of which £9.1m have targets identified resulting in a £10.9m gap.
- **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.
In October £250k of PDC funding was approved for Medical Equipment therefore 2019/20 Capital Budget has increased to £16.8m.
- The Capital expenditure as at M07 is £5.1m which is £2.9m underspent against the budget of £8.1m. The full year forecasted spend presently stands at £17.2m which would result in a £0.4m overspend to budget but within the capital resource limit set by the regulator.
- **Use of Resources Risk Rating:** As previously forecast, the Finance Risk Rating has dropped to a 4 at M07. This is due to the adverse SoCI position and adverse agency spend.

Integrated Performance Report

November 2019: Reporting period October 2019 (Month 7)

Section 1: PERFORMANCE



Section 2: FINANCE



Quality Focus

Month 7 (performance to end of October 2019)

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

Quality and Safety Summary

Quality and Safety Summary October 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 (July) the rate has increased to above the national benchmark at 109.6 (100 being the national benchmark).

As well as viewing the top line mortality figure any Dr Foster mortality alerts at diagnosis and procedure level are also reviewed on a monthly basis. These reviews start with a focus on coding and clinical review to patient level as needed with any concerns subsequently escalated at the Mortality Surveillance Group and Quality Improvement Group (QIG).

2. Incident reporting continues to be well supported and all areas of the Trust are reporting within expectations. Themes and issues are collated on a monthly basis and can be viewed via the Trust wide 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 October.

4. STEIS - Five Strategic Executive Information System (STEIS) reportable incidents were reported in October.

5. Infection Control - For the year-to-date there are 20 CDI/F cases reported with 10 reported as a lapse in care. There are no reported bed days lost in October from infection control.

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 decreased from 6793 in September to 6694 in October.

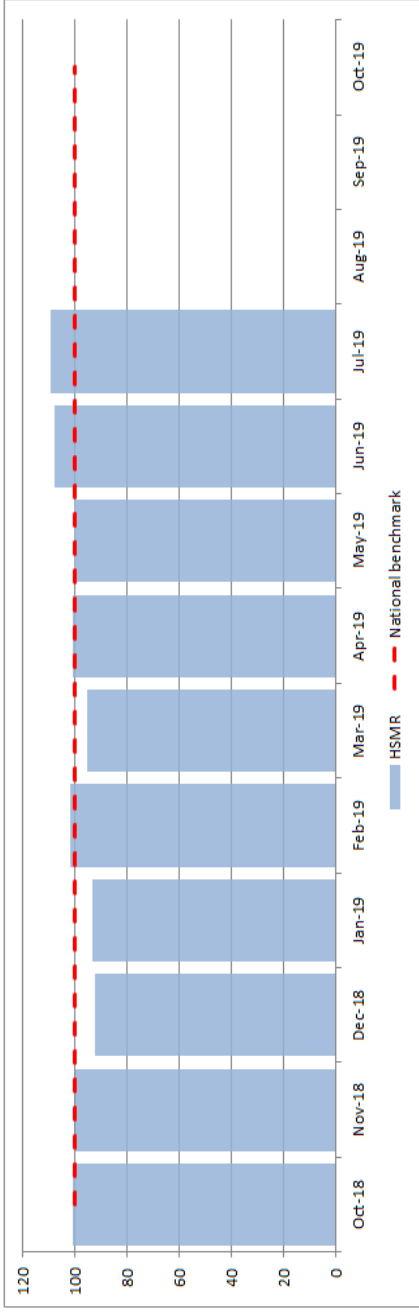
7. VTE - The VTE performance (acute) has been both flagged by NHSI and within our own reporting structures. Our reported performance is consistently below the standard of 95% with October at 92.2%. The Safety Thermometer audits provide assurance that the clinical assessments are being made, however, we have struggled in recent months to complete accurate recording of this data into the electronic discharge system.

8. Dementia screening - the standard for screening patients after admission to hospital is not met with 85.1% achieved against a standard of 90%.

Quality and Safety - Mortality

Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

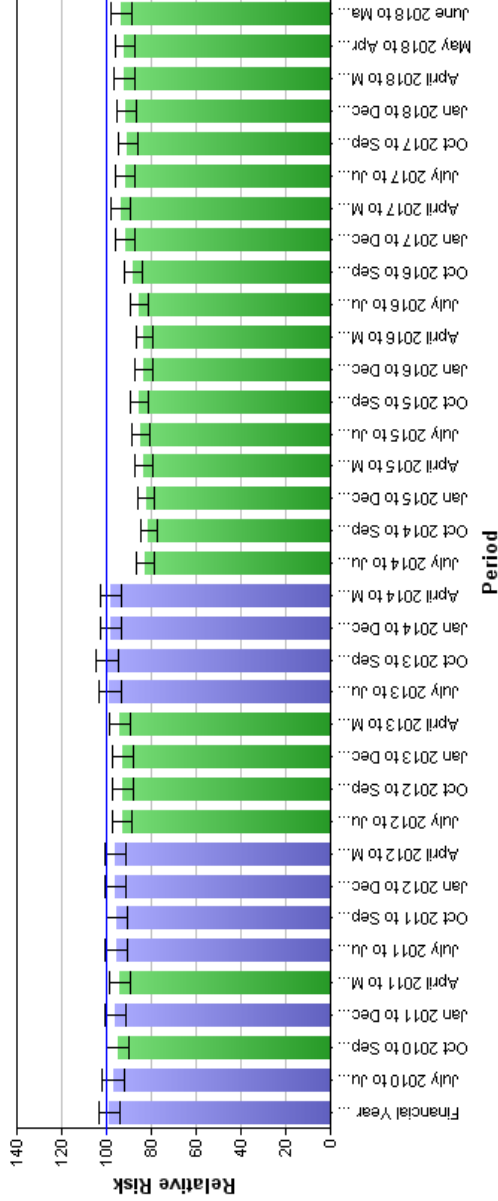
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
HSMR	100.8	100	92.5	93.5	102.1	95.4	101.1	100.2	108.1	109.6	n/a	n/a	n/a
National benchmark	100	100	100	100	100	100	100	100	100	100	100	100	100



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 109.6. 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

SHMI by data period

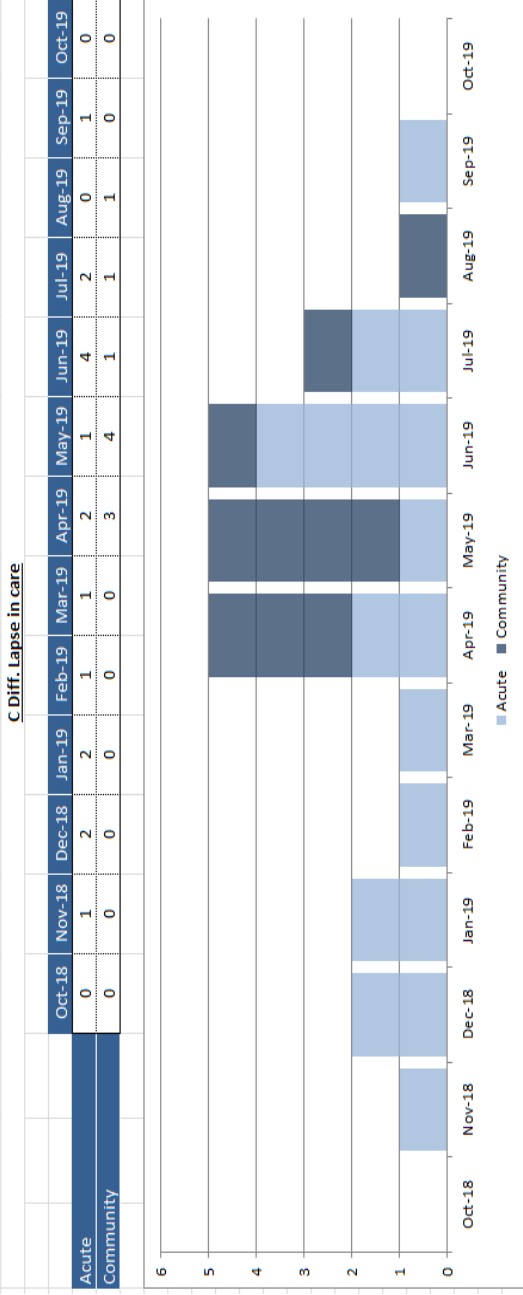


The SHMI data reflects all deaths recorded either in hospital or within 30 days of discharge from hospital and records the Trusts at 91.11 against a national average benchmark of 100. Latest data for period June 2018 - March 2019

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.

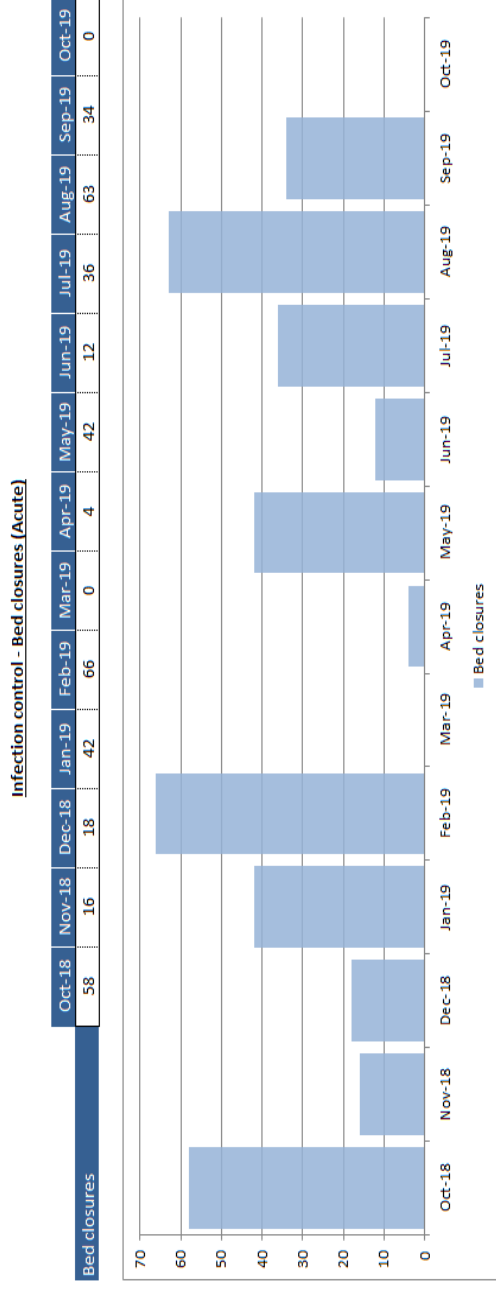
Quality and Safety - Infection Control



In October there were no reported C-diff cases as a lapse in care.

The cumulative total is 20 cases with 10 reported as a lapse in care.

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



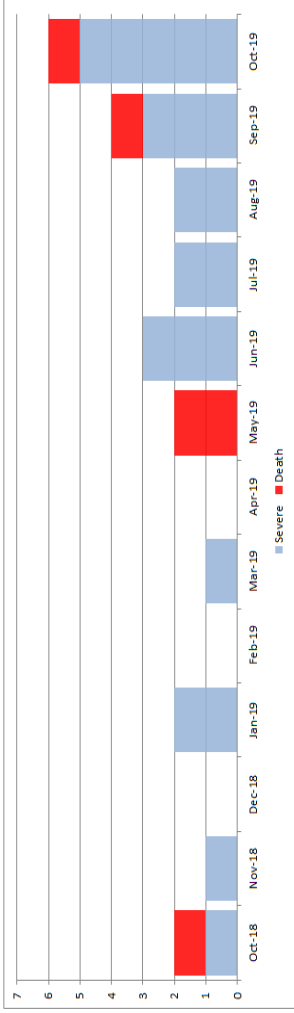
The Infection Control Team continue to manage all cases of outbreaks with individual case by case assessment and control plans.

In October, there were no bed days lost due to infection control issues.

Quality and Safety - Incident reporting and complaints

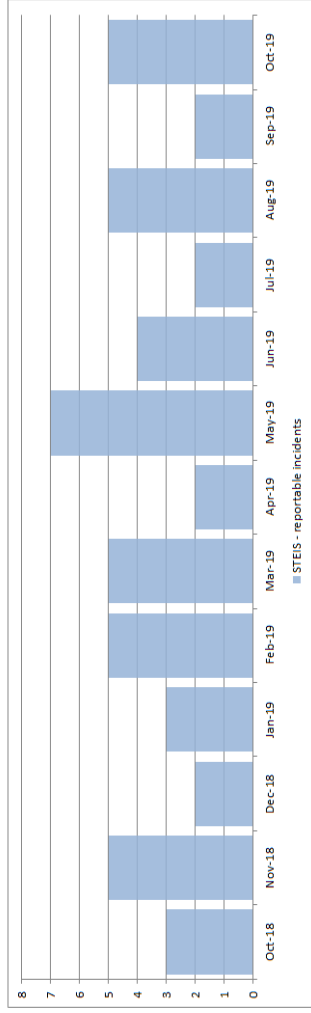
Reported Incidents - Severe and Death

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



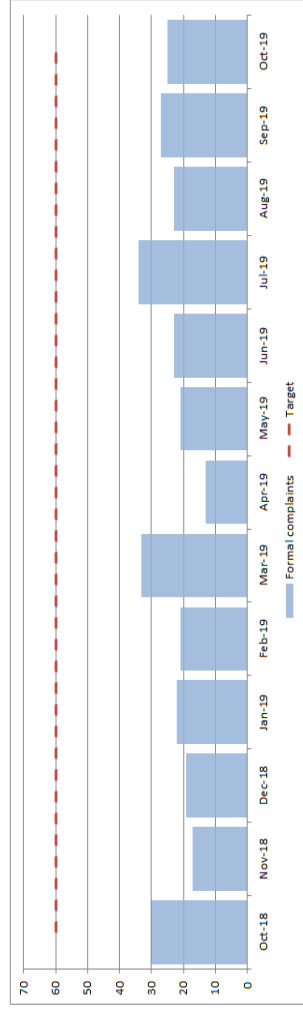
STEIS Reportable Incidents

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



Formal complaints

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Formal complaints	30	17	19	22	21	33	13	21	23	34	23	27	25
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



In October the Trust recorded six incidents which will follow normal process of investigation. The sites of the incidents are:

two incidents took place in Intensive/critical care;
 three incidents in A&E;
 one incident in Newton Abbot Hospital.

Please note the severity of an incident may change once fully investigated. The Learning and Sharing from Serious Adverse Events Group meet once a month to review serious incidents and seeks assurance on actions for ISUs. The group also, where necessary, instigates Trust wide learning.

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

The sites of recorded incidents are:

1. EAU3 This is a historic case from 2018 and an HR issue
2. Dermatology
3. EAU4
4. Theatres
5. Midgley

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

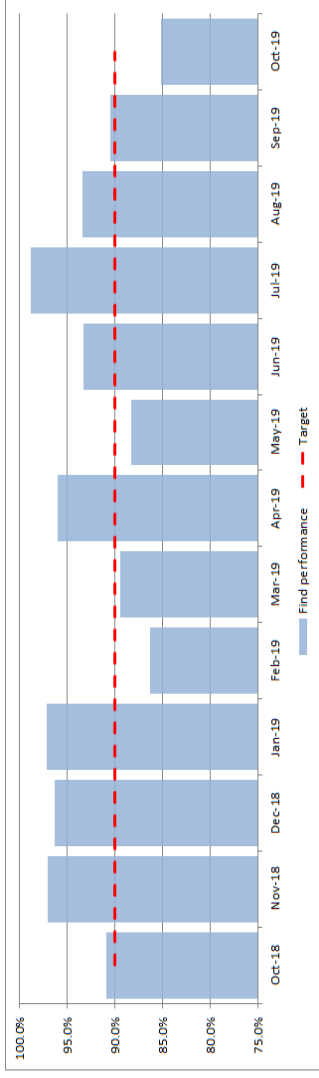
In October the Trust received 25 formal complaints.

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

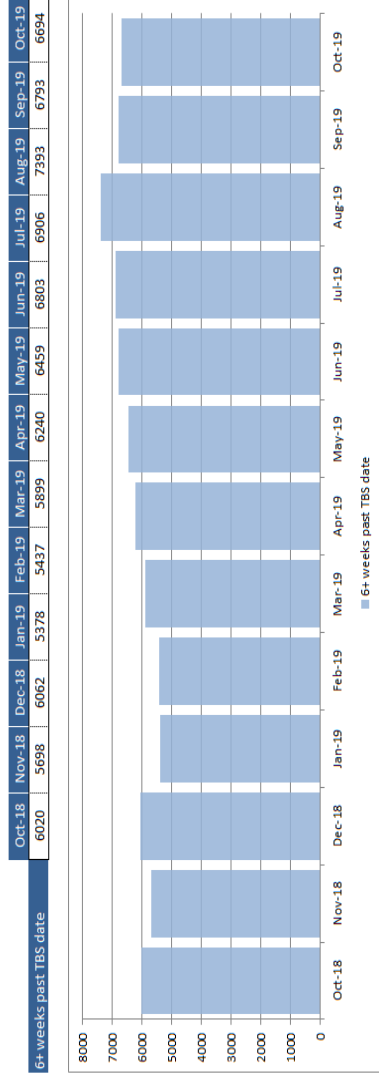
All complaints are investigated locally and shared with area/locality for learning.

Quality and Safety - Exception Reporting

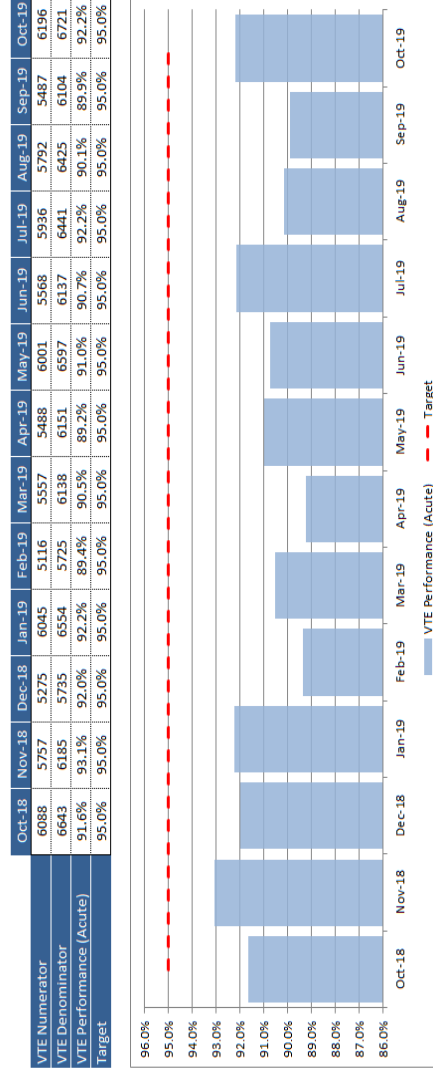
Dementia - Find



Follow ups 6 weeks past to be seen by date



VTE risk assessment on admission - (Acute)



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

The Trust has not achieved the Dementia Find standard in October with 85.1% against the target of 90%.

Follow ups: The number of follow up patients waiting for an appointment greater than six weeks past their 'to be seen by date' decreased in October to 6694 (6793 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: VTE performance has improved in October to 92.2% 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 96.8% against the target of 95%.

Workforce Focus

Month 7 (performance to end of October 2019)

Page 9	Workforce Plan
Page 10	Workforce Actual vs Plan (1)
Page 11	Workforce Actual vs Plan (2)
Page 12	Sickness absence
Page 13	Turnover
Page 14	Appraisal and Training
Page 15	Agency Part 1
Page 16	Agency Part 2

Workforce

NHSi Plan WTE 2019/20

Staff Group	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	Budgeted WTE 2019/20 Staff Group														
	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE			
Medical And Dental	521.99	543.74	521.64	534.83	559.44	538.83	547.92	547.92	534.83	547.92	516.36	517.02	516.75	514.47	513.40
Nursing And Midwifery Registered	1,283.58	1,266.84	1,264.67	1,268.52	1,253.22	1,253.77	1,285.73	1,285.73	1,253.22	1,253.77	1,315.30	1,309.19	1,311.24	1,310.42	1,291.74
Support To Clinical Staff	1,843.41	1,868.85	1,830.90	1,891.23	1,885.92	1,813.36	1,912.61	1,912.61	1,813.36	1,912.61	1,928.04	1,923.18	1,928.29	1,932.01	1,939.98
Add Prof Scientific and Technic	366.18	365.48	371.15	366.55	369.91	375.37	377.60	377.60	375.37	377.60	370.38	370.92	370.90	371.18	367.32
Allied Health Professionals	505.70	500.47	499.57	491.42	497.06	498.84	506.02	506.02	498.84	497.06	469.13	476.19	474.40	473.45	472.52
Healthcare Scientists	100.42	98.49	106.52	97.12	97.71	98.13	98.58	98.58	98.13	98.58	90.59	90.59	90.39	90.79	90.79
Administrative And Estates	1,221.36	1,232.65	1,234.40	1,259.89	1,260.91	1,229.36	1,250.83	1,250.83	1,229.36	1,250.83	1,169.87	1,161.12	1,165.79	1,165.46	1,160.77
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	5,807.66	5,979.29	5,979.29	5,807.66	5,979.29	5,859.67	5,848.22	5,857.77	5,857.79	5,836.53

SUBSTANTIVE STAFF

Actual Substantive Contracted 2019/20 Staff Group	Budgeted Substantive WTE 2019/20 Staff Group														
	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Budget WTE	Budget WTE	Budget WTE
Medical And Dental	474.73	469.89	470.37	464.76	573.25	510.40	516.00	516.00	510.40	516.00	496.37	497.28	497.12	496.24	501.35
Nursing And Midwifery Registered	1,195.89	1,196.70	1,199.62	1,193.32	1,195.90	1,198.33	1,198.35	1,198.35	1,198.33	1,198.35	1,232.26	1,226.03	1,228.31	1,228.05	1,226.62
Support To Clinical Staff	1,659.31	1,675.01	1,682.22	1,686.32	1,690.66	1,693.35	1,680.66	1,680.66	1,693.35	1,680.66	1,824.12	1,827.33	1,822.47	1,824.96	1,836.25
Add Prof Scientific and Technic	365.23	364.42	361.70	365.11	365.33	373.83	375.78	375.78	373.83	375.78	363.54	364.08	364.06	364.34	360.48
Allied Health Professionals	501.10	497.50	500.34	496.48	502.85	510.21	511.42	511.42	510.21	511.42	463.45	470.51	468.72	467.77	466.84
Healthcare Scientists	99.33	98.33	99.18	99.23	98.62	98.65	98.46	98.46	98.65	98.46	90.59	90.59	90.39	90.79	90.79
Administrative And Estates	1,154.34	1,169.57	1,173.94	1,182.85	1,189.06	1,185.79	1,181.40	1,181.40	1,185.79	1,181.40	1,128.88	1,134.01	1,138.68	1,139.45	1,135.31
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	5,570.57	5,562.07	5,562.07	5,570.57	5,562.07	5,602.30	5,604.98	5,612.25	5,617.95	5,617.65

There is a material increase in the M7 WTE – this is due to an error in the M6 data which has been rectified in the M7 report, this equates to 84 WTE.

Workforce

BANK STAFF
Actual Bank Worked 2019/20

Budgeted Bank WTE 2019/20

Staff Group	Worked WTE Apr-19	Worked WTE May-19	Worked WTE Jun-19	Worked WTE Jul-19	Worked WTE Aug-19	Worked WTE Sep-19	Worked WTE Oct-19	Staff Group	Budget WTE Apr-19	Budget WTE May-19	Budget WTE Jun-19	Budget WTE Jul-19	Budget WTE Aug-19	Budget WTE Sep-19	Budget WTE Oct-19
Medical And Dental	15.83	6.42	15.69	15.20	17.29	9.36	12.63	Medical And Dental	6.30	6.30	6.30	6.30	6.30	6.30	6.30
Nursing And Midwifery Registered	35.82	38.17	33.34	42.70	38.71	29.96	43.79	Nursing And Midwifery Registered	38.76	38.76	38.76	38.76	38.76	38.20	38.20
Support To Clinical Staff	149.74	177.89	141.26	191.43	188.26	126.32	223.18	Support To Clinical Staff	106.94	107.02	100.71	100.71	103.33	100.71	103.73
Add Prof Scientific and Technic	0.71	0.51	1.12	1.18	0.86	0.81	0.60	Add Prof Scientific and Technic	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Allied Health Professionals	0.90	0.75	1.63	3.72	2.11	2.68	4.31	Allied Health Professionals	0.00	0.50	0.50	0.50	0.50	0.50	0.50
Healthcare Scientists	0.74	0.54	7.35	-1.60	0.24	0.22	0.12	Healthcare Scientists	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Administrative And Estates	54.45	58.59	48.64	63.38	61.87	38.05	61.40	Administrative And Estates	42.84	39.94	37.94	26.61	26.61	25.51	24.96
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Any Others - Provisions	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Staff Worked WTE	258.18	282.88	249.02	316.00	309.35	207.40	346.02	Total Staff Budgeted WTE	194.84	192.52	184.21	172.88	175.50	171.22	173.69

AGENCY STAFF

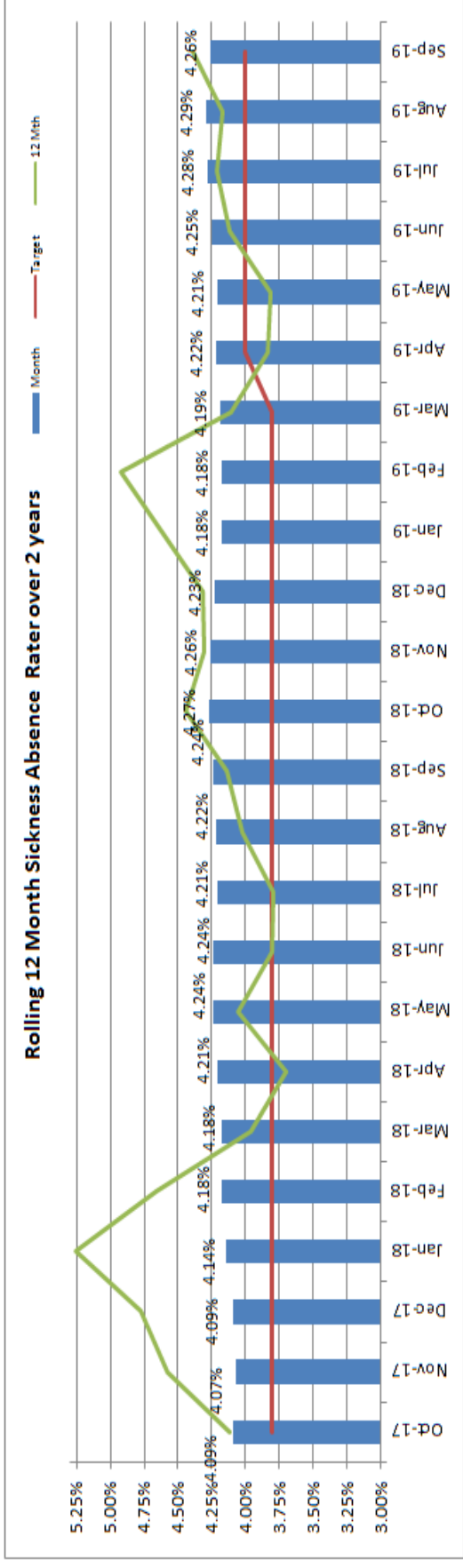
Actual Agency Worked 2019/20

Budgeted Agency WTE 2019/20

Staff Group	Worked WTE Apr-19	Worked WTE May-19	Worked WTE Jun-19	Worked WTE Jul-19	Worked WTE Aug-19	Worked WTE Sep-19	Worked WTE Oct-19	Staff Group	Budget WTE Apr-19	Budget WTE May-19	Budget WTE Jun-19	Budget WTE Jul-19	Budget WTE Aug-19	Budget WTE Sep-19	Budget WTE Oct-19
Medical And Dental	30.89	57.30	25.88	24.57	29.63	15.07	15.64	Medical And Dental	14.03	13.80	13.69	13.44	13.33	11.93	5.75
Nursing And Midwifery Registered	52.61	43.85	42.70	48.55	36.12	40.15	50.79	Nursing And Midwifery Registered	48.66	44.40	44.40	44.40	44.17	44.17	26.92
Support To Clinical Staff	0.00	-0.07	0.00	-0.14	0.00	0.00	0.01	Support To Clinical Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Add Prof Scientific and Technic	-0.03	0.24	5.90	-1.43	1.88	0.79	1.54	Add Prof Scientific and Technic	6.84	6.84	6.84	6.84	6.84	6.84	6.84
Allied Health Professionals	9.97	9.44	7.95	8.60	10.17	6.71	6.29	Allied Health Professionals	5.18	5.18	5.18	5.18	5.18	5.18	5.18
Healthcare Scientists	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Healthcare Scientists	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Administrative And Estates	4.81	3.88	9.19	7.81	2.51	2.44	3.40	Administrative And Estates	3.05	3.05	3.05	3.05	3.05	3.05	3.05
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Any Others - Provisions	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Staff Worked WTE	98.24	114.65	91.63	87.97	80.31	65.17	77.68	Total Staff Budgeted WTE	77.76	73.27	73.16	70.36	70.02	68.62	45.19

Workforce - Sickness Absence

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

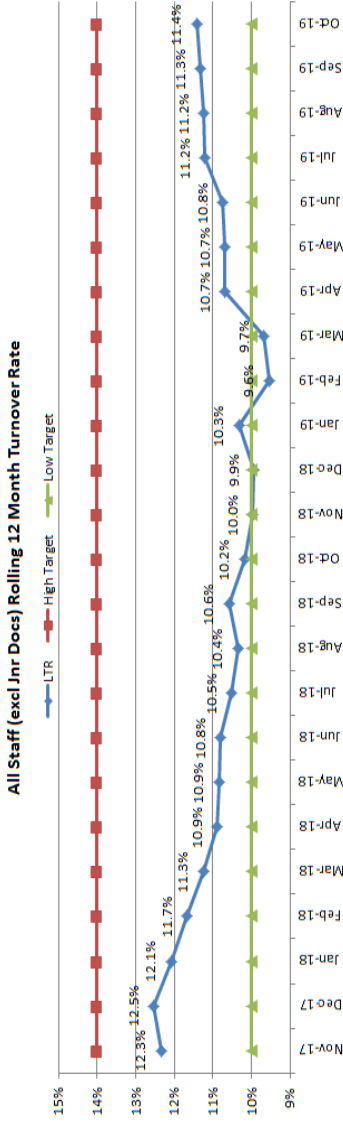


The annual rolling sickness absence rate was 4.26% at the end of September 2019 which is a reduction from August which stood at 4.29%. This is against the target rate for sickness of 4.00%.

The Monthly sickness figure for September was 4.39 % which is a rise from the 4.17% as at the end of August.

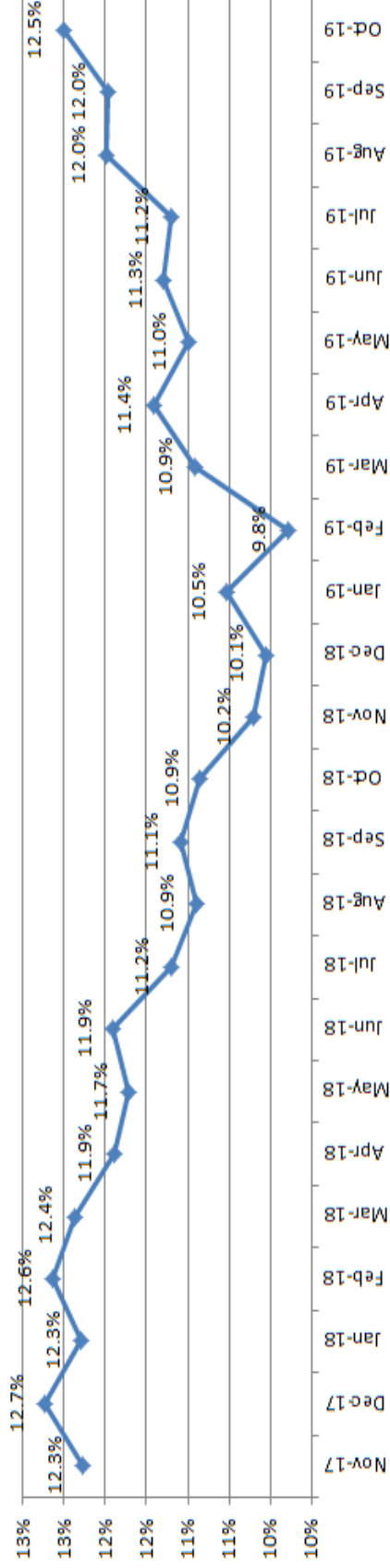
April to September sickness is higher than the last 2 years over the same period and higher than the 10 year long-term average. The average sickness for the months October to March is 4.40% so we anticipate the monthly sickness rate to start increasing as we go through the Winter period.

Workforce - Turnover



The graph shows that the Trusts turnover rate now stands at 11.42% for the year to October 2019 which is a slight increase from 11.32% in September. There could be an increase in the turnover figure next month when the recent MARS leavers are taken into account on top of the standard turnover. The recruitment challenge to replace leavers from key staff groups remains significant.

RGN Rolling 12 Month Turnover Rate

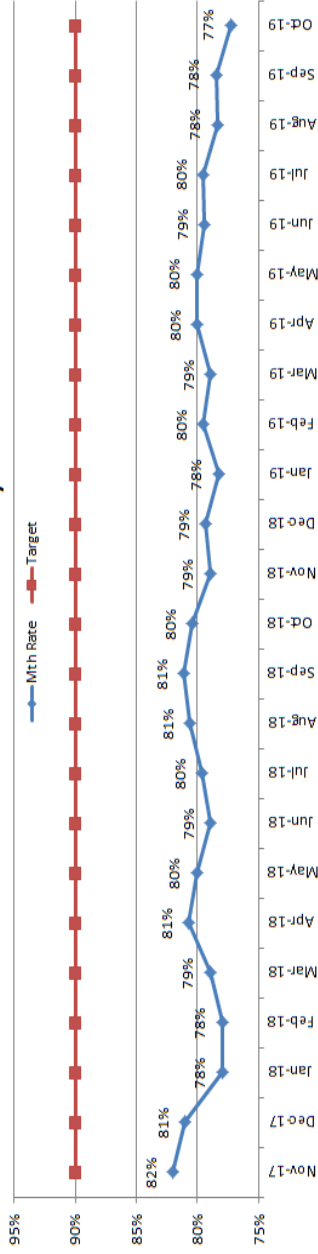


RGN Rolling 12 Month Turnover Rate

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 October 2019 stood at 12.51% which is higher than the previous month of September which stood at 11.97%.

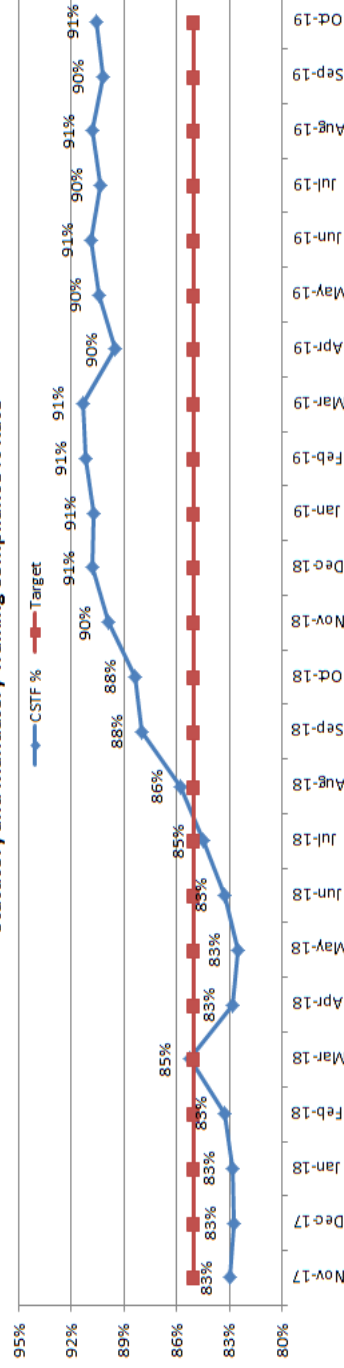
Workforce - Appraisal and Training

% Achievement Rate for last 2 years



Achievement Review rate for the end of October was 77.31% which is a reduction from the 78.49% as at the end of September but in part will be due to the high sickness levels and increased activity. Managers are provided with detailed information on performance against the target. The average review compliance over the last 3 years is 80% which is well below the target of 90% set by the Trust.

Statutory and Mandatory Training Compliance % Rate



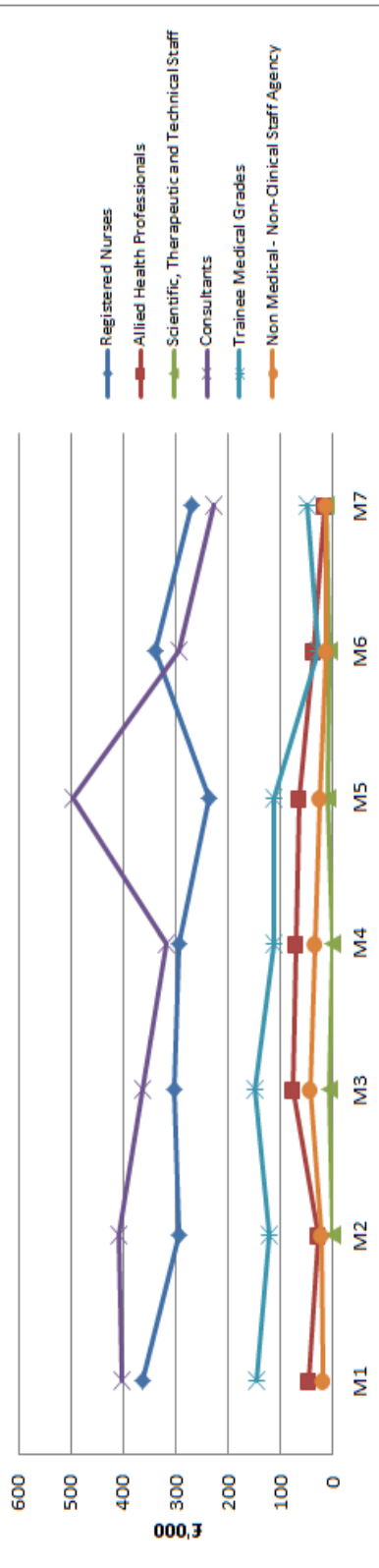
Statutory and mandatory training - The Trust has set a target of 85% compliance as an average for the statutory and mandatory training modules which is against the 11 subjects which align with the MAST Streamlining project from April 2018. The graph shows that the current rate is 90.56% for October which is a higher than the previous months 90.23% in September. Individual modules that remain below their target are detailed in the table below and also included are the specific levels for Safeguarding:

Module	Target	Performance
Information Governance	95% and above	86.89%
Safeguarding Adults Compliance		
	Oct-19	
Level 1	Level 2	Level 3
96.66%	87.98%	85.53%
Level 4	Level 5	Level 6
	85.37%	50.00%
Safeguarding Children Compliance		
	Oct-19	
Level 1	Level 2	Level 3
94.91%	83.05%	71.83%

Workforce - Agency Expenditure

The graph below shows the Agency expenditure by Staff Group, whilst the table provides the detailed analysis. As at Month 7 the Trust is £1.660m above plan. This is predominantly due to agency spend on Medical and Dental staff which is £1.331m above plan, although there is a downward trend for medical

Agency Expenditure by Staff Group 19/20



Torbay and South Devon NHS Foundation Trust

Total Agency Spend

Financial Year 2019/20

Plan - Total Agency (see breakdown below)

Monthly Values	M1	M2	M3	M4	M5	M6	M7
636	636	636	636	633	633	633	385

Actual Spend

Non-Medical - Clinical Staff Agency	409	321	383	365	309	379	298
Registered Nurses	363	293	303	295	235	338	269
Scientific, Therapeutic and Technical	45	29	80	70	74	41	29
of which Allied Health Professionals	45	28	75	69	64	36	16
of which Other Scientific, Therapeutic and Technical Staff	1	1	5	1	10	5	13
Support to clinical staff (HCA)	1	-1	0	0	0	0	0
Total Non-Medical - Clinical Staff Agency	409	321	383	365	309	379	298
Medical and Dental Agency	401	409	363	317	495	293	227
Consultants	146	122	149	111	112	29	48
Trainee Grades	547	531	512	428	607	322	275
Total Medical and Dental Agency	19	20	43	34	25	13	12
Non Medical - Non-Clinical Staff Agency	975	872	938	827	941	714	585
Total Pay Bill Agency and Contract	339	236	302	194	308	81	200

Over (Under) Spend

NHSI YTD value (Cumulative)

	M1	M2	M3	M4	M5	M6	M7
636	1,272	1,908	2,541	3,174	3,807	4,192	
363	656	959	1,254	1,489	1,827	2,096	
45	74	154	224	298	339	368	
45	73	148	217	281	317	333	
0	0	1	6	7	17	22	35
1	-	-	-	-	-	-	-
409	730	1113	1478	1787	2166	2464	
401	810	1,173	1,490	1,985	2,278	2,505	
146	268	417	528	640	669	717	
547	1,078	1,590	2,018	2,625	2,947	3,222	
19	39	82	116	141	154	166	
975	1,847	2,785	3,612	4,553	5,267	5,852	
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)

	M1	M2	M3	M4	M5	M6	M7
Registered Nurses	£ 284	£ 284	£ 285	£ 283	£ 284	£ 284	£ 184
Technical staff	£ 48	£ 48	£ 48	£ 48	£ 48	£ 48	£ 48
Allied Health Professionals	£ 47	£ 47	£ 47	£ 47	£ 47	£ 47	£ 47
Other Scientific, Therapeutic and Technical Staff	£ 1	£ 1	£ 1	£ 1	£ 1	£ 1	£ 1
Support to Nursing staff	£ -	£ -	£ -	£ -	£ -	£ -	£ -
Total Non-Medical - Clinical Staff Agency	£ 332	£ 332	£ 333	£ 331	£ 332	£ 332	£ 232
Medical and Dental Staff - Consultants	£ 251	£ 251	£ 251	£ 248	£ 248	£ 248	£ 100
Medical and Dental Staff - Trainee Grades	£ 42	£ 42	£ 42	£ 42	£ 42	£ 42	£ 42
Total Medical and Dental	£ 293	£ 293	£ 293	£ 290	£ 290	£ 290	£ 142
Non Medical - Non-Clinical Staff Agency	£ 11	£ 11	£ 12	£ 10	£ 11	£ 11	£ 11
Total pay bill - agency staff including capitalised staff	£ 636	£ 636	£ 638	£ 631	£ 633	£ 633	£ 385
Total pay bill - agency staff including capitalised staff	£ 636	£ 636	£ 638	£ 631	£ 633	£ 633	£ 385

	M1	M2	M3	M4	M5	M6	M7
Variance - Over (Under) Spend							
Non-Medical - Clinical Staff Agency	79	9	18	12	-49	54	85
Registered Nurses	-3	-19	32	22	26	-7	-19
Scientific, Therapeutic and Technical	-2	-19	28	22	17	-11	-31
of which Allied Health Professionals	-1	0	4	0	9	4	12
of which Other Scientific, Therapeutic and Technical Staff	1	-1	0	0	0	0	0
Support to clinical staff	77	-11	50	34	-23	47	66
Total Non-Medical - Clinical Staff Agency	150	158	112	69	247	45	127
Consultants	104	80	107	69	70	-13	6
Trainee Grades	254	238	219	138	317	32	133
Total Medical and Dental Agency	8	9	31	24	14	2	1
Non Medical - Non-Clinical Staff Agency	339	236	300	195	308	81	200
Total Pay Bill Agency and Contract							

Community and Social Care Focus

Month 7 (performance to end of October 2019)

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

Social Care and Public Health Metrics performance metrics - Torbay

Social Care Programme Board

2019/20 Performance Scorecard to 31 October 2019

Torbay Social Care KPIs		Outturn YTD	Comment
D-40b	% clients receiving a review within 18 months	82% (93%)	Below target (2385 / 2882). Decreasing trend.
NI-132	Timeliness of social care assessment	69% (80%)	Below target (651 / 937). Step decrease in Aug19 following calculation changes highlighted by internal audit. Data quality report issued to zones to help improve quality of recording and changes planned to Paris referral.
ASC-2A pt1	Permanent admissions (18-64) to care homes per 100k population (rolling 12 month)	26.9 (64)	A low outturn signifies better performance. Below target (20 admissions). Figure expected to decrease following validation.
ASC-2D	Outcome of short term support - % respite episodes not followed by long term SC support	84.8% (83%)	On target.
NI-135	Carers receiving needs assessment, review, information, advice, etc.	29.2% (21.0%)	On target.
ASC-1C pt1b	% carers receiving self directed support	92% (85%)	On target.
QL-18	% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	...	No high risk concerns raised.
TCT-14b	% Repeat safeguarding referrals in last 12 months	7.9% (8.0%)	A low outturn signifies better performance. On target.
ASC-1E	% Adults with learning disabilities in paid employment	8.6% (7.0%)	On target.
ASC-1G	% Adults with learning disabilities in settled accommodation	79.0% (80.0%)	Within agreed tolerance.

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 ISU system leadership Assurance and Transformation meetings .

Corporate	Measure	Target 2019/20	13 month trend	Outturn YTD	Comment	Year to date 2019/20
	CAMHS - % Urgent referrals seen within 1 week	88.0%		66.7%	Below target	50.0%
	CAMHS - % patients waiting under 18 weeks at month end [B]	92.0%		91.9%	Below target	9.1%
	% of face to face new birth visits within 14 days *	95.0%		97.8%	Above target	96.0%
	Children with a child protection plan * [B]		146	148	172	206
	4 week smoking quitters (Quarterly) ** [B]	200	192	300	54	54
	Opiate users - % successful completions of treatment (Quarterly) ** [B]		5.4%	4.5%	5.6%	5.6%

PUBLIC HEALTH SERVICES

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

CAMHS - Target Referral to Treatment (18 week) waiting times are not achieved in October. Since April Torbay CAMHS is part of the wider Devon Children's 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.

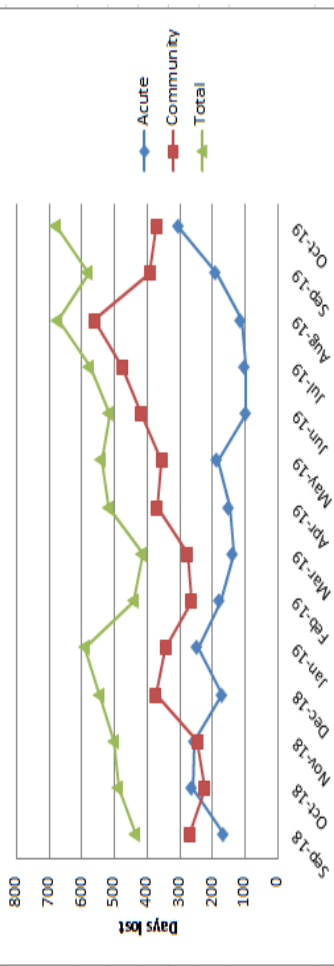
Community Services and Social Care metrics

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

Measure	Act. 18/19	18/20 Year End Target	Target Oct 19	Oct-19	Total	YTD Target	Cum. Direction of Travel
Admissions/Discharges							
Overall Admissions (General)	2,927	2,927	259	224	1,553	1,677	→
Overall Discharges (General)	2,927	2,927	22	36	1,827	1,697	→
Transfer Admissions (General)	2,633	2,633	237	194	1,385	1,508	→
Stroke Admissions	305	305	32	16	141	192	→
Transfers from CH to DGH	242	242	22	22	142	147	→
Bed occupancy							
Bed Occupancy ¹	91.8%	90.0%	90%	95.8%	93.8%	90.0%	→
Bed Days Lost to Delays ²	3,305	0	0	373	2,980	0	→
Bed Days Lost to Bed Closure	329	0	0	1	40	0	→
Delayed Discharges							
Average Length of Stay - Overall (General)	10.9	8.5	8.5	14.2	12.7	8.5	→
Average Length of Stay - Direct Admissions	8.1	8.5	8.5	8.8	10.2	8.5	→
Average Length of Stay - Transfer Admissions	11.3	11.5	11.5	14.9	12.9	11.5	→
Average Length of Stay - Stroke	15.2	0.0	0.0	18.8	18.4	18.0	→
Long LOS (>30 days)	171	171	14	19	134	88	→
Other							
Total MIU Activity ³	41,798	41,798	3,332	3,304	26,750	23,226	→
MIU Admissions	36,729	36,729	2,937	2,949	23,982	3,714	→
All Follow Up Attendances	5,609	5,609	119	355	2,908	2,995	→
Planned Follow Up Attendances	4,382	4,382	302	246	2,114	2,995	→
Unplanned Follow Up Attendances	1,227	1,227	93	109	794	719	→
MIU Four Hour Breaches	5	5	1	1	3	3	→
Average Waiting Time (Mins) - 95th Pctile	49	49	49	52	53	49	→

Measure	13 month trend	Target	2019/2020	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Ytd to date 2019/20
Nursing activity (ZFI)				18,344	17,796	16,370	16,596	15,121	15,029	16,194	17,400	15,725	16,627	14,547	13,075	12,462	106,080
Therapy activity		65,415		6,019	6,007	6,302	5,773	5,180	4,717	5,280	5,275	5,232	6,008	5,763	6,210	4,082	
No. intermediate care urgent referrals [8]		2,659		182	182	157	139	156	164	184	188	179	187	173	208	1,285	
No. intermediate care placements				93	86	77	96	83	73	75	70	87	76	73	63	53	497
Intermediate Care - placement average LOS [8]		12.0		15.8	15.4	15.1	13.6	13.7	13.9	13.2	13.6	17.3	17.0	18.8	20.9	13.0	

Delayed Transfers of Care



The Community Hospital Dashboard highlights

Bed occupancy remains above planned levels to maintain capacity to respond to escalation pressures with average length of stay increasing to 14.2 days from an average last year of 10.2 days

Minor injury Units

In October three patients were 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.

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 assessment 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 October, driven mostly by increase in delays from Acute beds at Torbay Hospital. 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 currently focussing on weekend discharges.

Operational Performance Focus

Month 7 (performance to end of October 2019)

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NHS I Performance indicator Summary

STP / NHSI Operational Plan - Monitored indicators			
Indicator	National Standard	Operational plan / revised trajectory (M7)	Trust performance (M7)
A&E 4hr waits (PSF)	95%	92.0%	82.7%
RTT 18 week waits	92%	82.0%	79.3%
62 day Cancer waits	85.0%	85.1%	72.1%
Diagnostics waits < 6 weeks	99.0%	91.7%	90.0%
Dementia Find	90%	90%	85.1%

NHSI Operational Plan indicators (Month 7)

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 October (82.7%).

RTT: RTT performance has seen little change in October with 79.3% of people waiting less than 18 weeks, behind the Operational Plan trajectory of 82%. Against 52 weeks we have seen a decrease from 89 patients waiting last month to 79 patients this month; this is within our plan trajectory of 110.

Cancer: National standard not met in October with 72.1% against standard of 85% and improvement trajectory (85.1%) - Recovery plans to deliver standard in Q3 are in place with weekly monitoring and escalation through Chief Operating Officer.

Diagnostics: The diagnostics trajectory is **not met with 90%** of patients waiting under 6 weeks. This is outside of our recovery trajectory to deliver improved performance in September to achieve 91.7% against the National standard 99%.

Dementia: The Dementia Find standard is reported at 85.1%, therefore, not 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	110	110	80	50	25	0
Cancer Waiting Times - 62 Day GP Refe	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%

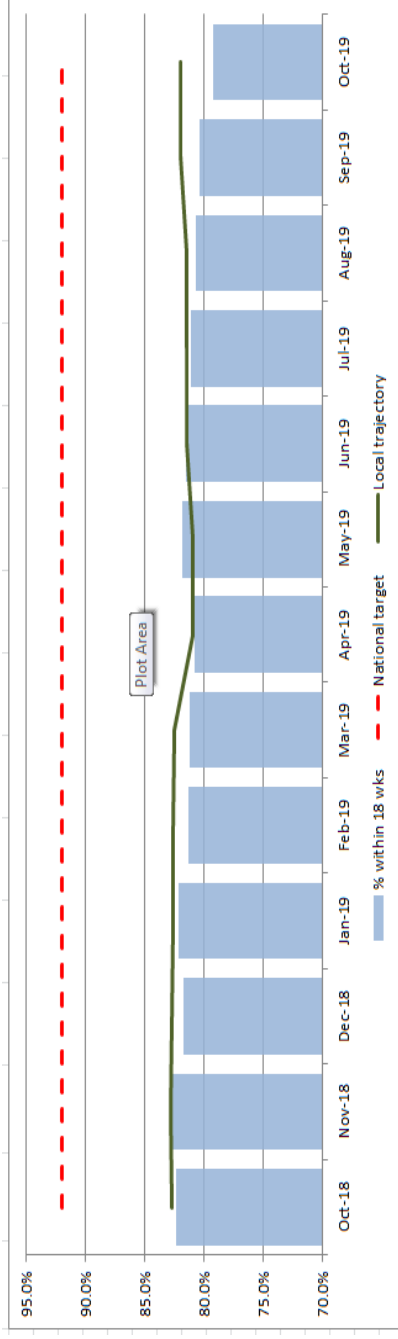
NHSI Indicator - Referral to Treatment

Services with greater than 100 patients waiting over 18 weeks

OCTOBER 2019 Incomplete 92% Table - National Speciality

Submitted Spec	Incomplete IPDC	Incomplete Outpatients	Grand Total	% < 18wk
Neurology	4	102	564	81.21
ENT	51	63	1293	91.18
Orthodontics		139	228	39.04
Colorectal Surgery	40	115	707	78.08
Oral Surgery	143	18	1121	85.64
Dermatology		180	1224	85.29
Gastroenterology	53	167	1559	85.89
Cardiology	37	324	1666	78.33
Urology	214	177	1392	71.91
Upper Gastrointestinal Surgery	320	135	842	45.96
Trauma & Orthopaedics	488	148	2310	72.47
Ophthalmology	642	65	2560	72.38
Grand Total	2148	2016	20673	79.86

Referral to Treatment - Incomplete pathways



Referral to Treatment - RTT: RTT performance has decreased slightly in October with the proportion of people waiting less than 18 weeks at **79.8%** (unfortunately Cardiology validation was omitted from the submitted position, and due to sickness Gastro, Diabetes and Endocrine we also not done (if included we would have been >80%), this is behind the Operational Plan trajectory of 82% and national standard of 92%. The total number of incomplete pathways (waiting for treatment) has risen to 20,673, an increase of 388 from September and above our revised trajectory.

52 week waits: For October, 79 people will be reported as waiting over 52 weeks, this being a decrease on last month's 89 but remains ahead of our forecast. Teams have refreshed their plans for the remaining 5 months with the goal of achieving zero patients waiting 52 weeks by the 31 March 2020; confidence is growing that this can be achieved, but it will require the continued use of Saturday Lists, increased levels of outsourcing and insourcing (subject to the caveat of winter pressure and beds). Theatres remedial works are now complete.

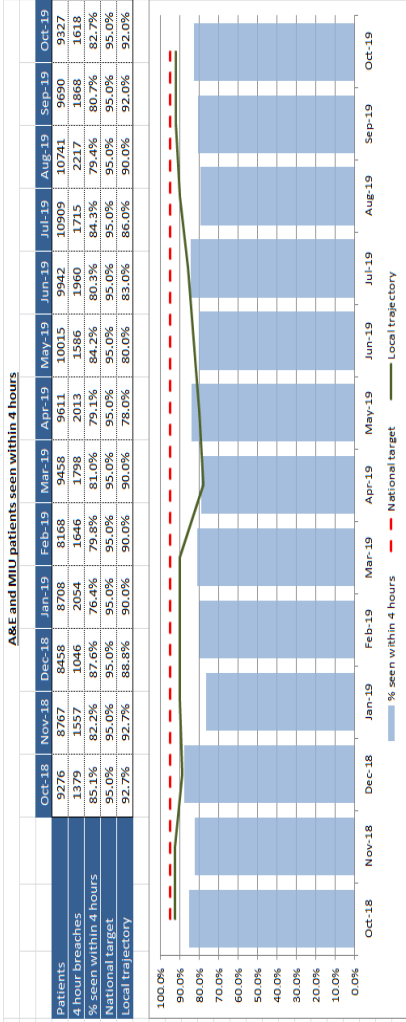
Risk: High: The trajectory for reducing the number of patients waiting over 52 weeks shows a more rapid improvement from Month 5. Teams have reviewed plans with the Chief Operating Officer and there is doubt that teams are able to deliver the additional activity needed to meet this improvement trajectory.

Delivery of the improvement trajectory remain reliant upon:

1. Resilient theatre stock and run rate being maintained/increased;
2. Theatre staffing and rostering of lists able to fully utilise the available theatre capacity;
3. Extended use of weekend lists;
4. Additional outsourcing for UGI and Colorectal now being arranged by TSDFI;
5. Increased levels of insourcing to potentially now include UGI patients
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 Assurance and Transformation meeting.

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



Acute Care model - The acute care model is critical to delivery of improved ED performance by ensuring patients for medical review are fast tracked away from ED for medical assessment and initiation of treatment. Until we realise the benefits of the A&E rebuild we remain restricted by the current estate configuration and physical space to support this model, and remain reliant on having assessment beds available each day on the emergency ward (EAU3) adjacent to the Emergency department. The model also promotes direct admission to this area avoiding ED attendance and the use of our Ambulatory unit for patients who require assessment but not access to a bed - This unit is located on Level 2.

Operational delivery: The Operational Plan trajectory for Accident and Emergency waiting times (less than 4 hours) is not met in October (92% trajectory) with 82.7% (80.7% last month). In November teams are preparing for the "Silver system reset" an initiative to coordinate a step change in patient flow and performance.

Escalation: In October there were no days at Opel 1 and no days at Opel 4, the highest level of escalation; this reflects the level of performance for the 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 are receiving additional improvement and project management support to ensure robustness of plans and to support system delivery over the coming months. The additional support in place builds on the excellent clinical engagement and clinical leadership established across the 3 work streams. The improvement work streams report to the Urgent Care Programme Board. Assessment of latest plans support an improvement trajectory to 84% by March.

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. **In November teams are preparing for "system reset" to support the acute care model - one significant element of this will be the directed escalation to support the ring-fence of assessment capacity on EAU 3.**
- Wards - To improve the quality, safety and minimise length of stay for urgent and emergency patients on inpatient wards. **Ward processes and early discharge being key areas for the November system reset.**
- Home First - To enable safe and effective urgent and emergency care as close as possible to patients' home. **Focusing on ambulance conveyance and 7 day discharge facilitation being key areas for the November system reset.**

12 hour Trolley wait : In October, 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 October we have seen a slight increase in the number of ambulance delays over 60 minutes with 5 reported .

Escalation status	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Opel status	0	1	9	0	0	1	0	6	0	0	0	2	0
Opel 1	14	12	13	1	5	10	8	15	4	5	3	13	12
Opel 2	15	14	7	22	20	16	16	3	18	22	21	11	19
Opel 3	2	3	2	8	3	4	6	4	8	4	7	4	0
Opel 4	85.1%	82.2%	87.6%	76.4%	79.8%	81%	79.1%	84.2%	80.3%	84.3%	79.4%	80.7%	82.7%
Performance													

Cancer treatment and cancer access standards

CWT Measure	Target	September 2019			October 2019				
		Within Target	Breached Target	Total	Performance	Within Target	Breached Target	Total	Performance
14 Day - 2ww referral	95%	1085	145	1230	88.2%	907	424	1331	68.1%
14 Day - Breast Symptomatic referral	95%	72	4	76	94.7%	85	7	92	92.4%
31 Day 1st treatment	96%	207	4	211	98.1%	187	8	195	95.9%
31 Day Subsequent treatment - Drug	98%	49	0	49	100.0%	90	0	90	100.0%
31 Day Subsequent treatment - Radiotherapy	94%	46	2	48	95.8%	69	3	72	95.8%
31 Day Subsequent treatment - Surgical	94%	27	1	28	96.4%	36	2	38	94.7%
31 Day Subsequent treatment - Other		34	0	34	100.0%	30	0	30	100.0%
62 day 2ww / Breast	85%	96	28	124	77.4%	80	30.5	110.5	72.4%
62 day Screening	90%	13	0	13	100.0%	13	2	15	86.7%
62 day Consultant Upgrade		3	0	3	100.0%	3	1	4	75.0%

Cancer standards - Table above shows the position for October (as at 19 November 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.*
Five cancer standards are not met in September.

Urgent cancer referrals 14 day 2ww: At 68.1% in October this remains below the standard of 93%, however as a pilot site for developing the new standard for "28 days from referral to diagnosis" some variance in performance is expected as this new pathway is introduced. The improvement plans to increase capacity to see urgent outpatients in Urology and lower GI pathways however are on track.

NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard has not been met in October at 72.4%. 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 subsequent treatment - surgical: The standard is met in October with 94.7% against a standard of 94%.

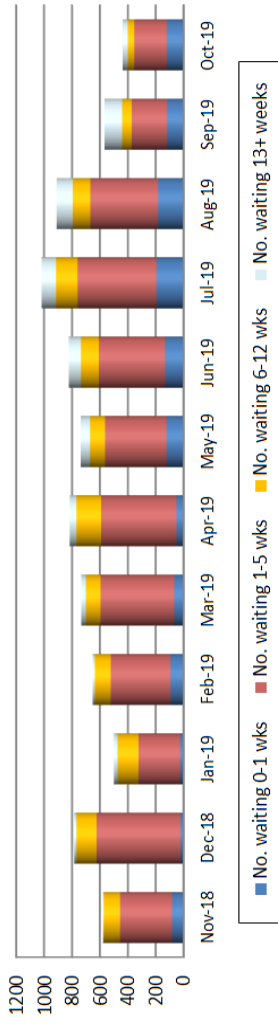
Longest waits greater than 104 days on the 62 day referral to treatment pathway:

In October 6 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.

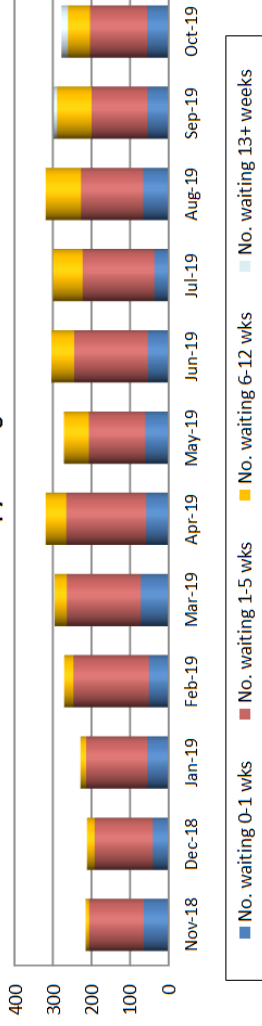
There are 39 patients on a 104 day open pathway, these patients are reviewed and managed through Cancer Services via the RTT Risk and Assurance Group.

NHSI indicator - patients waiting over 6 weeks for diagnostics

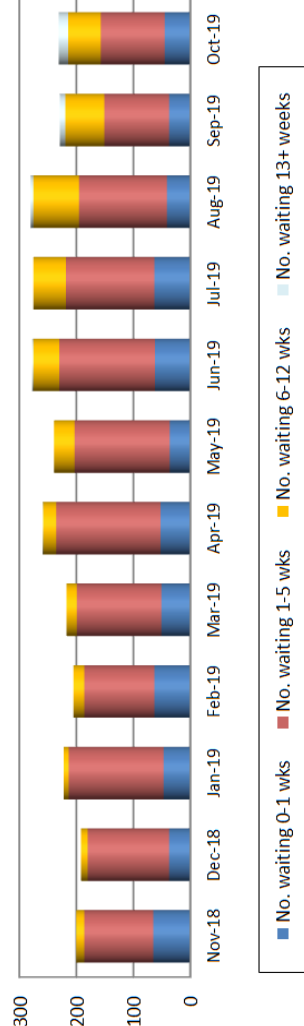
Numbers On CT Waiting List Over Time



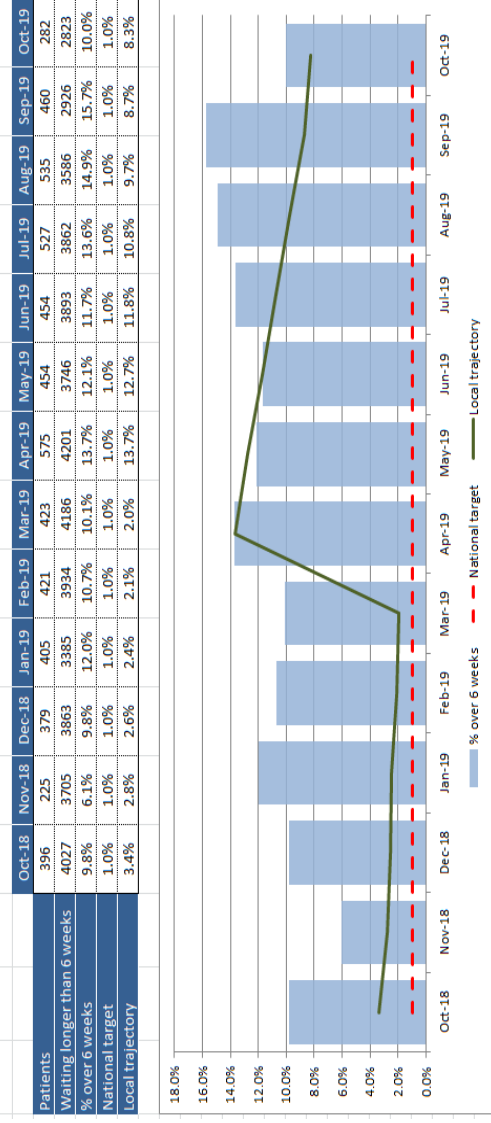
Numbers On Gastroscopy Waiting List Over Time



Numbers On Colonoscopy Waiting List Over Time



Diagnostic tests longer than the 6 week standard



Good progress has been seen with the percentage of patients with a diagnostic wait over 6 weeks decreasing in October to 10% (282 patients > 6 weeks) from 15.7% (460 patients > 6 weeks) in September. This remains above our trajectory of improvement however further progress is already being seen in November. The greatest improvement being seen in CT as a result of the increased mobile van capacity.

Demand for CT MRI and gastro investigations exceed the maximum in house capacity (which includes extended days and weekend working). Utilisation of mobile van capacity remains in place to support this capacity shortfall in CT and MRI. In the longer term the plan is to commission a 3rd CT scanner in 20_21 and increase endoscopy capacity through new offsite facility that may include collaboration with other providers. Options for this is currently being worked on.

Insourcing at weekends to run additional colonoscopy lists is continuing with 1 in 3 weekends.

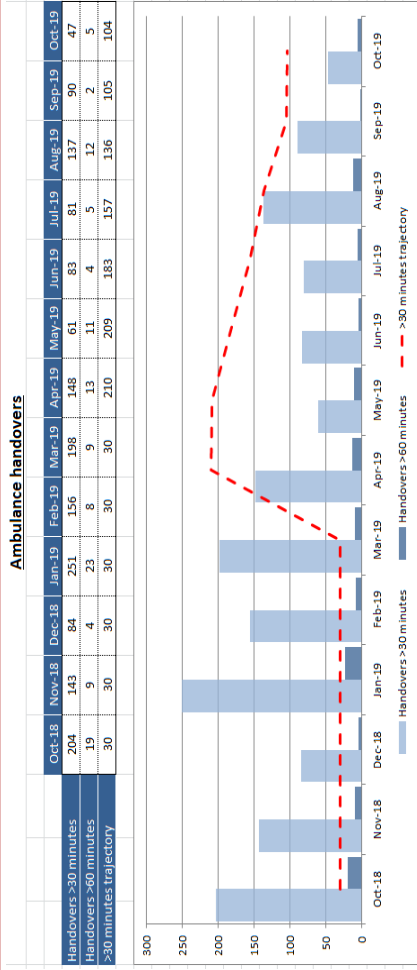
Access to diagnostics, and in particular radiology, is critical for maintaining timely cancer diagnosis and supporting treatment pathways. The radiology service continues to prioritise these urgent referrals along with maintaining service levels to inpatients, however, it does mean that overall some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

Other performance exceptions

Ambulance Handover

The number of ambulance handovers delayed over 30 minutes is below the planned trajectory. We routinely validate delays and these are now being reflected in the published data received from SWAST.

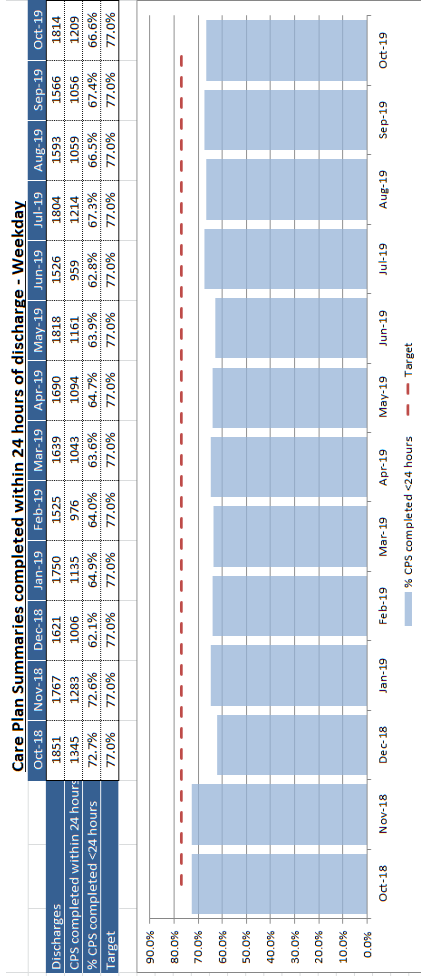
The longest delays being those over 60 minutes are being managed with clinical prioritisation and escalation processes in place.



Care Planning Summaries (CPS)

Improvement remains a challenge to complete CPSs within 24 hours of discharge.

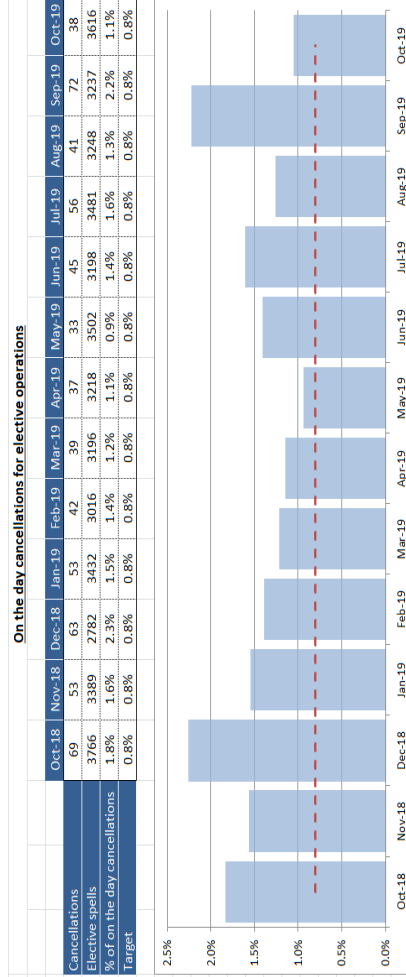
The challenges remain with the manual processes and duplication of information already recorded. The strategy is to reduce the manual entry requirements and demands on junior doctor time by increasing the automatic transfer of data from existing electronic records.



Cancelled operations

In October the number of operations cancelled on the day of surgery for hospital reasons decreased to 38. This represents 1.1% of all elective procedures undertaken.

There has been a focus on prioritising patients who have waited a long time for their surgery.



Finance Focus

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Summary of Financial Forecast

The Regulator Protocol for Change to Forecast Outturn has been followed which required governance within the Trust and STP before review at the regional office of the regulator. The Trust is now monitoring against this forecast change.

In M6 the Trust formally reported a variance to plan of £15.0m after expected mitigations. The position at M7 show a net adverse movement of £0.2m due to:

- Income adverse of £0.34m - Lower DCC IBCF £0.25m and NMET income £0.09m.
- Non pay, net Favourable movement of £0.07 due to CFHD £0.15m, EFM lower cost of £0.32m due to Fire insurance reclaim, CFHD estates recharge and revenue to capital transfers, offset by increase in Executive Directors of £0.40m due to STP management costs £0.24m, consultancy and IT cost.
- Pay favourable net variance of £0.07m.

The adverse variance is expected to be fully mitigated by a further £0.2m stretch target. The variance to plan is therefore still the same at £15.0m.

Changes since last month is set out below:

	(Adverse) Favourable	(Adverse) Favourable
	£000	£000
		(£19,700)

Forecast Outturn Variance against Plan (based on month 6)

Net adverse movement in M7 position

(£200)

Forecast Outturn Variance against Plan (based on month 7)

(£19,900)

Recovery Actions

Integrated Service Units

£1,600

RICS (in M7 - yet to go through the formal Trust governance process)

£1,800

Technical / further Recovery Actions

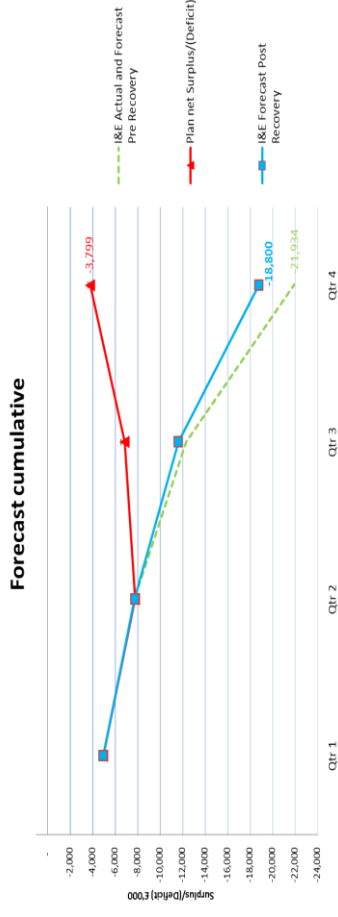
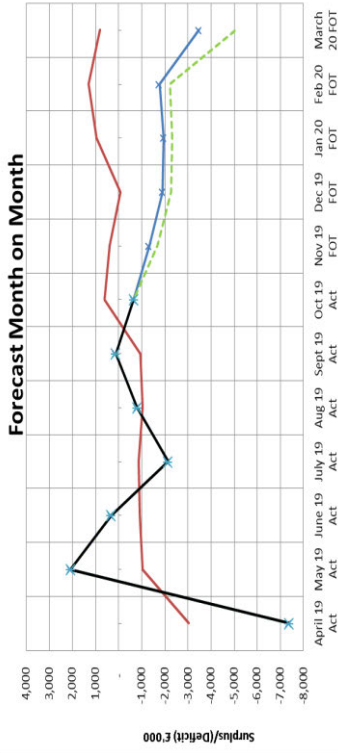
£1,500

£4,900

Revised Forecast Outturn Variance against Plan

(£15,000)

Forecast



Forecast position with mitigations	Plan £m	Forecast £m	Variance £m
Income			
Gross	493.15	486.10	(7.06)
Planned CIP	4.03	1.23	(2.79)
Net position	497.18	487.33	(9.85)
Pay			
Gross	(255.47)	(262.25)	(6.78)
Planned CIP	9.09	2.86	(6.23)
Net position	(246.38)	(259.39)	(13.01)
Non Pay			
Gross	(253.01)	(251.53)	1.47
Planned CIP	6.91	5.05	(1.86)
Net position	(246.10)	(246.48)	(0.38)
Net position Surplus/(Deficit)	4.70	(18.54)	(23.24)
Mitigations			
ISU/Corporate Recovery		1.60	1.60
RICS Revaluation		1.80	1.80
Technical/Further Recovery actions		1.50	1.50
Sub Total	0.00	4.90	4.90
Surplus/Deficit	4.70	(13.64)	(18.34)
Less: Financing Items	(0.14)	0.56	0.70
Control Total (including PSF/MRET)	4.56	(13.08)	(17.64)
Removal of PSF and MRET Income	(8.36)	(5.72)	2.64
Control Total excluding PSF/MRET	(3.80)	(18.80)	(15.00)

The Trust has implemented the NHSI protocol for a change to the forecast outturn a deficit of £18.8m, against a planned deficit of £3.8m (excluding MRET, PSF and Financing items), a £15.0m adverse variance in M6. As at M7 there is a net adverse movement of £0.2m which is expected to be mitigated by further stretch target of £0.2m. The variance to plan is therefore still the same at £15.0m.

The Trust engages on an ongoing basis with the relevant stakeholders (CCG, NHSI/E, Torbay Council and STP partners) to review the revised position and seek joint solutions.

The bottom up forecast of £18.8m has the following drivers:
 income assumptions not materialising, STP income solution to RICS not materialising, transformation / CIP projects not delivering, bank and agency pay above capped levels, ASC/CHC overspend, increased turnover and sickness levels in key specialties have adversely affected the organisation, particularly in Emergency, Respiratory and Stroke and an over reliance on non-recurrent achievement of CIP in previous years.

Other Risks and assumptions excluded from the forecast on the basis that there are mitigations in place:

- Assume 52 week penalties will not be applied
- Pension tax implications are currently being assessed
- Spec Comm – Oncology MDTs legacy and current year funding shortfall and contract challenges will continue at existing rate
- Impact of winter in excess of plans
- ASC/CHC price and volume - winter risk

Recovery Information

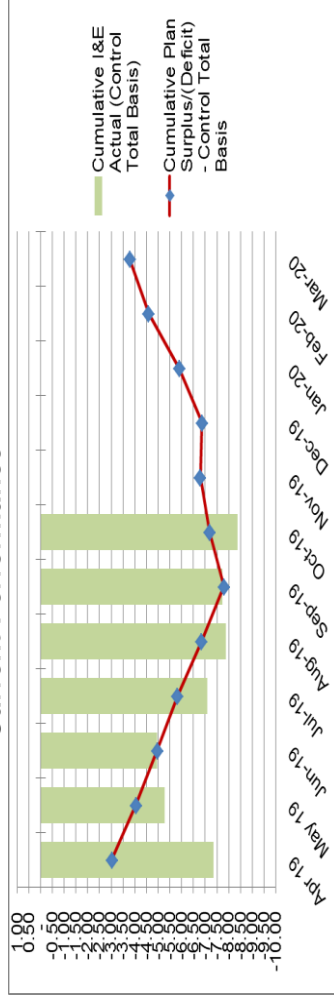
The recovery actions as at M6 and M7 are shown below.

Some of the actions have been included in the M7 position e.g. RICS (yet to go through the formal Trust governance process). There is a further £0.2m in the stretch target to mitigate the net adverse movement in month.

Recovery Actions		Full Year Value as at M6 £m	Full Year Value as at M7 £m	Movement - Increase (Reduction) £m
System	Integrated Service Units (ISU)			
South Devon	Coastal	77	77	0
	Moor to Sea	80	180	100
	Total	157	257	100
Torbay	Paignton & Brixham	514	575	61
	Torquay	361	361	0
	Total	875	936	61
Shared Corporate	EFM	169	163	-6
	Executive Directors	452	401	-51
	Total	621	564	-57
	Sub Total - ISU	1,653	1,757	104
	RICS revaluation (in M7 baseline)	1,800	1,800	0
	Technical/further Recovery Actions	1,300	1,500	200
	Headroom	-	100	-100
	Grand Total	4,753	4,957	204

Summary of Financial Performance

Current Performance



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 October 2019 is a £8.39m deficit, which is £1.20m adverse against the plan of £7.19m. As the Trust has implemented the protocol for changing control total the adverse movement is expected. The Trust has assumed that it will not implement the revised RICS guidance for MEA on the grounds of materiality which has meant there is an additional benefit of £1.05m in month 7. This has yet to be scrutinised through Trust governance processes e.g. Audit committee.
- In months 1 to 6 the Trust has assumed it will earn the PSF and MRET funding of £3.51m (as the Trust delivered the control total in that period). From M7 onwards, only MRET income is assumed due to projected non delivery of control total.
- There is a net movement in re-categorisation of plan to budget of £1.37m relating mainly to asset life changes due to RICS valuation.
- Total pay run rate in M7 (£21.0m) is lower in comparison to previous month (M6 £21.1m); mainly lower Agency spend.
- Non pay expenditure run rate of £19.6m is higher by £1.4m compared to M6 (£18.2m). Higher spend in M7 is due to: Drugs £0.2m pass through (income is received), Clinical supplies £0.2m - medical and surgical equipment, devices and consumables, social care cost £0.2m due to supported living and long stay nursing, Health visitor £0.1m, education and training cost £0.1m (matched by income), net increase in CFHD cost £0.2m, STP resourcing £0.2m and IT software cost £0.2m.
- The CIP target for year to date is £7.0m of which £5.4m has been delivered; an adverse variance of £1.6m due to undelivered pay schemes offset by non pay schemes.
- The Trust has an annual savings target of £20.0m of which £9.1m have targets identified resulting in a £10.9m gap.
- Capital expenditure as at M7 is £5.1m. The full year forecast is £17.2m.
- As previously forecast, the Finance Risk Rating has dropped to a 4 at M07. This is due to the adverse SoCI position and adverse agency spend.

	Plan for Period		Re-Categorisation		Budget for Period		Actual for Period		Variance to Budget	
	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M
Income	287.40	(1.10)	286.30	285.90	(0.40)					
Pay	(145.60)	(1.75)	(147.35)	(149.68)	(2.33)					
Non Pay	(133.04)	2.78	(130.27)	(130.49)	(0.22)					
EBITDA	8.75	(0.07)	8.68	5.73	(2.95)					
Financing Costs	(11.58)	1.45	(10.13)	(10.54)	(0.40)					
SURPLUS / (DEFICIT)	(2.83)	1.37	(1.45)	(4.81)	(3.35)					
NHS Exclusions	(0.08)	0.00	(0.08)	0.52	0.60					
Plan Adjusted Surplus / (Deficit)	(2.91)	1.37	(1.53)	(4.28)	(2.75)					
Remove PSF/MRET Income	(4.28)	0.00	(4.28)	(4.10)	0.17					
Variance to Control Total (Excl PSF/MRET)	(7.19)	1.37	(5.81)	(8.39)	(2.58)					

Cash Balance	1.00		3.68	2.68
Capital Expenditure	9.53	(1.45)	8.08	(2.97)
CIP Delivery	6.99	0.00	6.99	(1.58)
	3.83		3.83	
	21.56		16.60	
	20.03		20.03	

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

Summary of Financial Performance

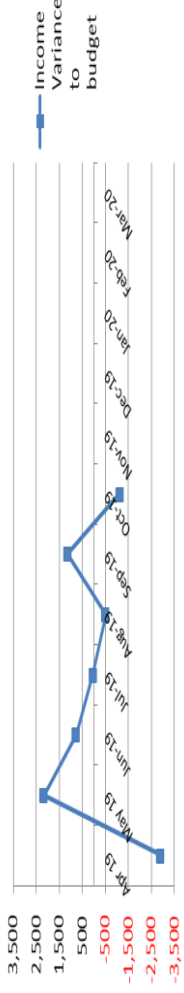
	Year to date																	
	Month 7		Re-Category of Plan		Budget for Period YTD		Actual for Period YTD		Variance to Budget YTD		Prior Month Variance YTD		Change		Annual Plan		Annual Budget	
	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M
Operating income from patient care activities	37.33	(0.01)	37.31	37.05	(0.26)	259.10	257.86	256.10	(1.76)	(1.51)	(0.26)	444.11	441.11	(3.00)	444.27	441.11	(3.16)	
Other Operating Income	4.80	0.15	4.95	4.08	(0.87)	28.30	28.44	29.80	1.37	2.24	(0.87)	51.91	52.24	0.33	51.91	52.24	0.33	
Total Income	42.13	0.14	42.26	41.13	(1.13)	287.40	286.30	285.90	(0.40)	0.73	(1.13)	496.18	493.35	(2.83)	496.18	493.35	(2.83)	
Employee Benefits - Substantive	(19.90)	(0.26)	(20.16)	(20.40)	(0.23)	(141.40)	(142.78)	(143.83)	(1.05)	(0.81)	(0.23)	(240.20)	(242.22)	(2.02)	(240.20)	(242.22)	(2.02)	
Employee Benefits - Agency	(0.38)	(0.01)	(0.39)	(0.56)	(0.19)	(4.20)	(4.57)	(5.85)	(1.28)	(1.09)	(0.19)	(6.18)	(7.23)	(1.05)	(6.18)	(7.23)	(1.05)	
Drugs (including Pass Through)	(2.94)	0.11	(2.83)	(2.79)	0.04	(20.57)	(19.85)	(19.40)	0.45	0.41	0.04	(35.26)	(34.02)	12.24	(35.26)	(34.02)	12.24	
Clinical Supplies	(2.25)	(0.02)	(2.27)	(2.40)	(0.13)	(15.23)	(15.38)	(15.73)	(0.35)	(0.22)	(0.13)	(26.47)	(26.67)	(0.20)	(26.47)	(26.67)	(0.20)	
Non Clinical Supplies	(0.41)	0.00	(0.40)	(0.40)	0.00	(2.96)	(2.99)	(2.80)	0.19	0.19	0.00	(4.94)	(4.92)	0.02	(4.94)	(4.92)	0.02	
Other Operating Expenditure	(13.18)	(0.02)	(13.20)	(14.04)	(0.84)	(94.28)	(92.04)	(92.55)	(0.51)	0.33	(0.84)	(158.35)	(155.99)	2.36	(158.35)	(155.99)	2.36	
Total Expense	(39.06)	(0.20)	(39.26)	(40.62)	(1.36)	(278.65)	(277.62)	(280.17)	(2.55)	(1.19)	(1.36)	(471.40)	(471.05)	(0.35)	(471.40)	(471.05)	(0.35)	
EBITDA	3.07	(0.06)	3.00	0.52	(2.49)	8.75	(0.07)	5.73	(2.95)	(0.46)	(2.49)	24.78	22.30	(2.48)	24.78	22.30	(2.48)	
Depreciation - Owned	(1.08)	1.12	0.04	(0.20)	(0.24)	(7.35)	(5.90)	(5.79)	0.12	0.36	(0.24)	(12.86)	(10.38)	2.48	(12.86)	(10.38)	2.48	
Depreciation - donated/granted	(0.07)	0.00	(0.07)	(0.07)	(0.00)	(0.50)	(0.50)	(0.51)	(0.01)	(0.00)	(0.00)	(0.86)	(0.86)	0.00	(0.86)	(0.86)	0.00	
Interest Expense, PDC Dividend	(0.61)	0.00	(0.61)	(0.59)	0.01	(4.31)	(4.31)	(4.18)	0.13	0.12	0.01	(7.36)	(7.36)	0.00	(7.36)	(7.36)	0.00	
Donated Asset Income	0.08	0.00	0.08	0.02	(0.07)	0.58	0.58	0.06	(0.52)	(0.45)	(0.07)	1.00	1.00	0.00	1.00	1.00	0.00	
Gain / Loss on Asset Disposal	0.00	0.00	0.00	(0.05)	(0.05)	0.00	0.00	(0.05)	(0.05)	0.00	(0.05)	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	(0.07)	(0.07)	(0.07)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
SURPLUS / (DEFICIT)	1.39	1.06	2.45	(0.39)	(2.84)	(2.83)	(1.45)	(4.81)	(3.35)	(0.52)	(2.84)	4.70	4.70	0.00	4.70	4.70	0.00	
Adjusted Plan Position	(0.08)	0.00	(0.08)	(0.02)	0.07	(0.58)	(0.58)	(0.06)	0.52	0.45	0.07	(1.00)	(1.00)	0.00	(1.00)	(1.00)	0.00	
Donated Asset Income	0.07	0.00	0.07	0.07	0.00	0.50	0.50	0.51	0.01	0.00	0.00	0.86	0.86	0.00	0.86	0.86	0.00	
Depreciation - Donated / Granted	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	0.00	0.00	0.00	0.00	
Impairment	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	0.00	0.00	0.00	0.00	
Adjusted Plan Surplus / (Deficit)	1.38	1.06	2.44	(0.33)	(2.76)	(2.91)	(1.53)	(4.28)	(2.75)	0.01	(2.76)	4.56	4.56	0.00	4.56	4.56	0.00	
NHSI Adjustment to Control Total	(0.77)	0.00	(0.77)	(0.32)	0.45	(4.28)	(4.28)	(4.10)	0.17	(0.27)	0.45	(8.36)	(8.36)	0.00	(8.36)	(8.36)	0.00	
Remove PSF/MRET Income	0.61	1.06	1.67	(0.65)	(2.32)	(7.19)	(5.81)	(8.39)	(2.58)	(0.26)	(2.32)	(3.80)	(3.80)	0.00	(3.80)	(3.80)	0.00	
Variance to Control Total Excluding PSF/MRET	0.61	1.06	1.67	(0.65)	(2.32)	(7.19)	(5.81)	(8.39)	(2.58)	(0.26)	(2.32)	(3.80)	(3.80)	0.00	(3.80)	(3.80)	0.00	

- The Control Total position in Month 7 is a deficit of £0.65m, which is adverse to the £1.67m budgeted surplus position after NHSI exclusions. There is a recategorisation of budget to plan due to the year to date RICS adjustment. The year to date, position is a cumulative deficit of £8.39m.
- Patient care income is £0.26m lower than budget in month 7; cumulatively income is £1.76m lower than budget due to: lower contract healthcare activity £0.90m, council income £1.20m, private patient income £0.26m offset by client income £0.87m lower in M7 mainly due to TP sales £0.51m due to new business not materialising and PSF income £0.45m offset by other income £0.09m. Cumulatively other income is £1.37m higher than budget due to: Education, Grant and Training income of £0.52m, TP income £0.10m, income CIP £0.34m, non patient services £0.14m, site services £0.08m and various other income £0.37m offset by lower PSF of £0.18m.
- Pay expenditure of £20.98m is £0.42m higher than budget in Month 7 due to: use of Bank £0.30m, Agency £0.19m and CIP £0.60m offset by lower substantive staff cost of £0.67m. For the year to date, the pay position is £2.33m higher than budget due to undelivered CIP £1.92m, Bank and Agency spend £3.60m offset by Substantive vacancies and underspends £3.19m.
- Non-pay expenditure is £0.93m higher than budget in Month 7 due to overspends in: clinical supplies £0.13m and operating expenditure of £0.84m (social care mainly undelivered CIP £0.17m, net increase in CFHD cost £0.23m, establishment cost £0.23m mainly CIP and removal, premises and health visitor £0.15m and other operating cost £0.06m) offset by slightly lower Drugs cost of £0.04m. Year to date there is a net overspend of £0.22m due to clinical supplies £0.35m and operating cost of £0.51m offset by Drugs £0.45m and non clinical supplies £0.19m.
- Depreciation/amortisation costs is £0.24m higher than budget, due to assets brought into use.

Income

Current Performance

Income Variance to budget £'000



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 7.
- Overall operating income is £0.43m behind budget for the year to date.
- Operating Income from Patient Care Activities in M7 is lower than budget by £1.79m.
- Within this, income from contract healthcare is £0.90m behind budget due to lower activity with: NHS England re: dental and other commissioners linked to 'out of area' patients.
- Council social care income is behind by £1.20m (*contract discussions are ongoing*).
- Client income is ahead by £0.55m as at M7.
- Private patient income is behind budget by £0.26m due to lower Outpatient activity.
- Other income is in line with plan at M7.

Operating Income	Year to Date - Month 7				Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Change
Contract Healthcare	221.28	(0.81)	220.47	219.56	(0.90)	(0.24)
Council Social Care (inc Public Health)	30.24	(0.23)	30.00	28.80	(1.20)	(0.25)
Client Income	6.29	(0.35)	5.93	6.49	0.55	0.14
Private Patients	1.30	0.04	1.33	1.07	(0.26)	0.04
Other Income	0.00	0.15	0.15	0.17	0.02	0.02
Operating Income from patient care activities	259.10	(1.21)	257.89	256.10	(1.79)	(0.29)
Other Income	18.15	0.29	18.44	19.46	1.02	(0.56)
R&D / Education & training revenue	5.87	(0.16)	5.71	6.23	0.52	0.13
Provider Sustainability Fund (PSF) & MRET Income	4.28	0.00	4.28	4.10	(0.18)	(0.45)
Other operating income	28.30	0.14	28.44	29.80	1.36	(0.87)
Total	287.40	(1.08)	286.32	285.89	(0.43)	(1.16)

Contract income by Commissioner	Year to Date - Month 7				Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Change
Devon Clinical Commissioning Group (CCG)	136.06	(1.00)	135.06	135.27	0.21	(0.15)
NHS England - Area Team	4.23	0.00	4.23	4.18	(0.05)	(0.13)
NHS England - Specialist Commissioning	18.47	0.00	18.47	18.18	(0.29)	0.09
Acute Income - Other Commissioners	5.92	(0.53)	5.39	4.54	(0.85)	(0.33)
Sub-Total Acute Income	164.68	(1.53)	163.15	162.16	(0.99)	(0.72)
Devon CCG (Placed People and Community Health)	55.74	0.00	55.74	55.74	0.00	0.00
Community Income - Other Commissioners	0.86	0.72	1.57	1.66	0.09	0.05
Sub Total Community Income	56.60	0.72	57.32	57.41	0.09	0.05
Operating Income from patient care activities	221.28	(0.81)	220.47	219.56	(0.90)	(0.24)

Income

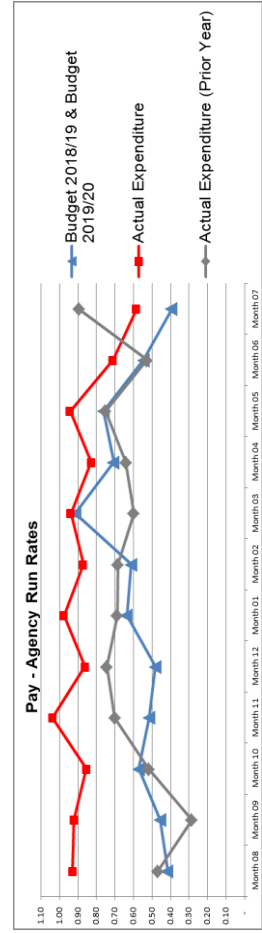
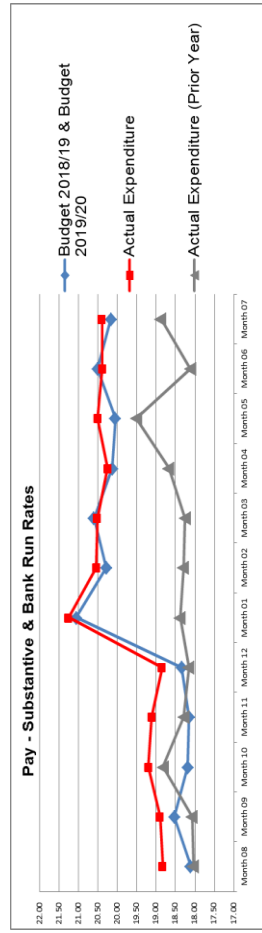
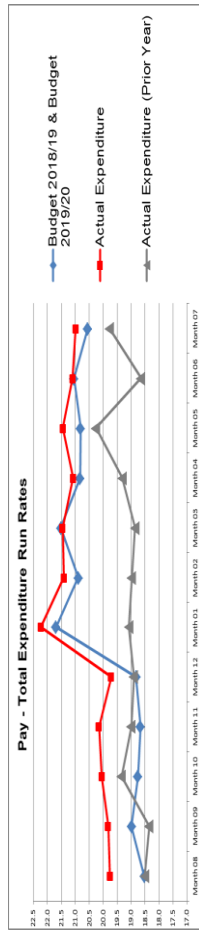
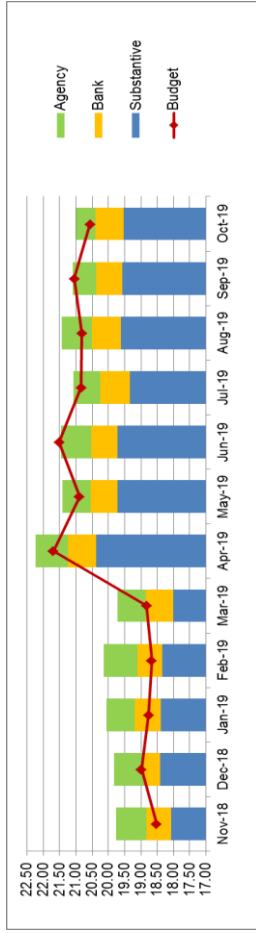
Other Operating Income	Year to Date - Month 7					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Plan - (adv)/+fav	Change
	£m	£m	£m	£m	£m	£m	£m
R&D / Education & training revenue	5.87	(0.16)	5.71	6.23	0.52	0.39	0.13
Site Services	1.34	0.08	1.42	1.50	0.08	0.05	0.03
Revenue from non-patient services to other bodies	2.80	0.34	3.14	3.28	0.14	0.21	(0.07)
Provider Sustainability Fund (PSF) & MRET Income	4.28	0.00	4.28	4.10	(0.18)	0.27	(0.45)
Misc. other operating revenue	14.01	(0.12)	13.89	14.69	0.80	1.31	(0.51)
Total	28.30	0.14	28.44	29.80	1.37	2.23	(0.87)

At Month 7, Other Operating income is £1.37m ahead of budget.

Key headlines / variances are:

- R&D, Education and Grant income ahead of budget by £0.52m due to: higher SIFT/NMET/MADEL income of £0.14m and grant income of £0.47m for CFHD training (matched by Cost) offset by R&D income £0.09m.
- Site Services (Car Parking, Catering and Accommodation) income is slightly higher than budget by £0.08m.
- Non patient services to other bodies is ahead of budget by £0.14m (matched by cost).
- Provider Sustainability Fund (PSF) is lower than plan by £0.18m as at M7 due to no PSF income of £0.45m in month offset by additional income received re: FY 2018/19 of £0.27m. Marginal Rate Emergency Tariff (MRET) income is in line with plan.
- Other Income is higher than budget by £0.80m due to income CIP £0.34m, TP and Pharmacy sales £0.10m and various income received £0.36m.

Current Performance



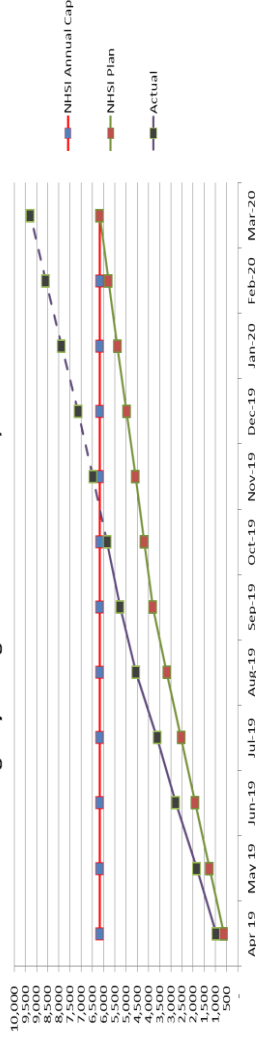
Key points

- Total pay costs are showing an overspend against year to date budget at Month 7 of £2.33m. This is due to undelivered CIP £1.92m, Bank and Agency spend £3.60m offset by Substantive vacancies and underspends £3.19m.
- 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 £1.28m is mainly due to increased use of Medical Staff £0.84m, Nursing staff £0.27m and non clinical/other staff £0.17m.
- Total pay run rate in M7 (£21.0m) is lower in comparison to previous month (M6 £21.1m); mainly lower Agency spend.
- Agency run rate decreased by £0.13m in M7 due to lower spend in Nursing £0.07m and Medical staff £0.06m.
- The other clinical variance of £1.38 to budget reflects challenges in recruitment in AHP and other scientific staff in the first 7 months.
- The variance on Non clinical staff of £1.42m reflects the Transformational CIP schemes being held in central reserves at plan stage.
- The Apprenticeship levy balance at Month 7 is £1,409,707 (£1,533,028 at month 6). 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 Apprenticeship levy guideline).

	Plan for Period		Re-Categorisation		Budget for Period		Actual for Period		Variance to Budget	
	EM	EM	EM	EM	EM	EM	EM	EM	EM	EM
Medical and Dental	(30.95)	(0.65)	(0.65)	(31.60)	(32.96)	(1.36)	(53.86)	(52.78)	(53.86)	(1.08)
Nursing and Midwifery	(34.08)	(0.12)	(0.12)	(34.20)	(35.12)	(0.92)	(58.10)	(57.87)	(58.10)	(0.23)
Other Clinical	(56.13)	(0.62)	(0.62)	(56.75)	(55.37)	1.38	(95.99)	(94.71)	(95.99)	(1.28)
Non Clinical	(24.44)	(0.36)	(0.36)	(24.80)	(26.22)	(1.42)	(41.49)	(41.02)	(41.49)	(0.47)
Total Pay Expenditure	(145.60)	(1.75)	(1.75)	(147.35)	(149.67)	(2.32)	(246.38)	(246.38)	(246.38)	(0.00)
							EM	EM	EM	EM

Pay Expenditure Agency Spend Cap

TSDFT NHSI Agency Ceiling - Financial Year 2019/20



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

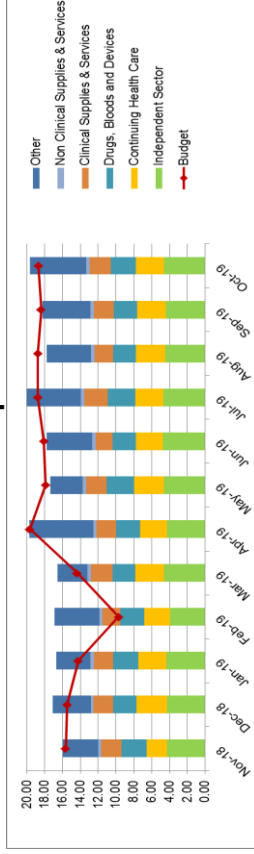
- Agency staff cost in Month 7 across all staff groups is £0.58m. This is £0.20m higher than the NHSI cap of £0.39m. The agency usage to date is £5.85m against a cap of £4.19m which is £1.66m higher.
- Majority of the adverse agency cost variance of £1.46m is within Medical staff £1.33m due to challenges in recruiting for this staff group and operational pressures.
- Nursing agency spend in Month 7 is £0.27m which is higher than plan. Spend in month decreased by £0.07m compared to M6.
- Medical agency spend is £0.28m in Month 7; year to date spend is £3.22m against a cap of £1.89m.
- The individual price rates for nursing and medical staff are all above NHSI individual shift rates.
- The forecast as at M7 is £9.28m before any mitigations, this is due to operational pressures, vacancy levels and difficulty in recruiting. This forecast will result in adverse variance of £3.1m.
- 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.

Agency - All Staff Groups	April	May	June	July	August	September	October	YTD 2019-20
Agency Plan 2019/20 (NHSI Cap)								
Planned Agency Cost	£m	£m	£m	£m	£m	£m	£m	£m
Total Planned Staff Costs	(0.64)	(0.64)	(0.63)	(0.63)	(0.63)	(0.63)	(0.39)	(4.19)
% of Agency Costs against Total Staff Cost	(21.57)	(20.71)	(20.77)	(20.77)	(20.77)	(18.78)	2%	(145.58)
Agency Actual Costs 2019/20								
Agency Cost	(0.88)	(0.87)	(0.94)	(0.83)	(0.94)	(0.71)	(0.58)	(5.85)
Actual Staff Cost	(22.32)	(21.48)	(21.58)	(21.20)	(21.55)	(21.25)	(21.08)	(150.46)
% of Agency Costs against Total Staff Cost	4.4%	4.1%	4%	4%	4%	3%	3%	3.8%
Agency Cost vs Plan								
Variance	(0.34)	(0.24)	(0.30)	(0.20)	(0.31)	(0.08)	(0.20)	(1.66)
	1.4%	1.0%	1%	1%	1%	0%	1%	1.0%

Agency - Nursing	April	May	June	July	August	September	October	YTD 2019-20
Agency - Nurse Staff Cost								
Agency Nurse Staff Cost	£m	£m	£m	£m	£m	£m	£m	£m
Actual Registered Nurse Staff Cost	(0.36)	(0.29)	(0.30)	(0.30)	(0.24)	(0.34)	(0.27)	(2.10)
% of Agency Costs against Nursing Staff Cost	(5.42)	(4.99)	(4.98)	(5.00)	(4.87)	(4.94)	(4.93)	(35.12)
	7%	6%	6%	6%	5%	7%	5%	6%
Agency - Medical Staff								
Agency Medical Staff Cost	£m	£m	£m	£m	£m	£m	£m	£m
Actual Medical Staff Cost	(0.55)	(0.53)	(0.51)	(0.43)	(0.61)	(0.32)	(0.28)	(3.22)
% of Agency Costs against Medical Staff Cost	(4.71)	(4.77)	(4.80)	(4.63)	(4.86)	(4.52)	(4.68)	(32.96)
	12%	11%	11%	9%	12%	7%	6%	10%

Non Pay Expenditure

Current performance

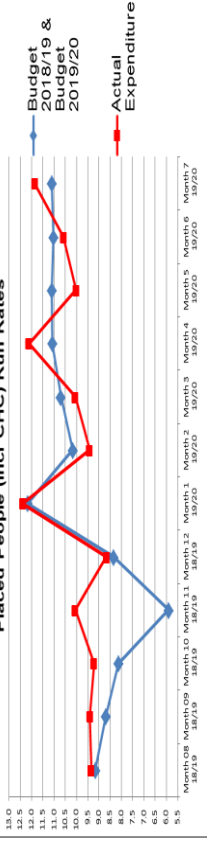


Key Points

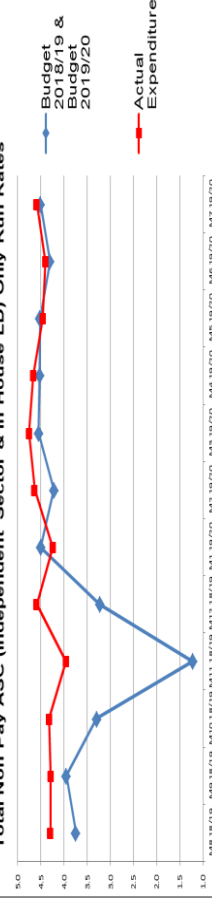
- Drugs, Bloods and Devices - Underspent by £0.45m mainly due to pass through for which income is similarly reduced for NHS England and lower Drugs cost.
- Clinical Supplies – Spend is £0.35m higher than budget due to medical and surgical equipment £0.18m, lab medicine £0.13m, appliances and furniture £0.15m, contract maintenance £0.13m and TP finished goods £0.08m offset by Dressings £0.15m and chemical consumables £0.17m underspend.
- Non Clinical Supplies – underspend of £0.19m due to external service agreements (records management, storage and other non healthcare) £0.11m, CIP £0.08m, domestic mats £0.06m offset by hospitality provisions £0.06m.
- Other Operating Expenditure - underspent by £0.57m reflecting lower provision for Bad debt £0.92m, net IT license cost deferral to next year of £0.56m, courses £0.20m, maternity rebate £0.09m and lower spend on stationery, postage and telephony £0.08m; offset by higher training cost for CFHD £0.54m (matched by Income) and CFHD repayment to partners £0.74m.
- Adult Social Care (Independent sector) - Overspend by £0.61m mainly due to unachieved CIP.
- Placed People (including Continuing Healthcare) - overspend of £0.47m to date.

Non Pay Expenditure	Plan for Period £'M	Re-Categorisation £'M	Budget for Period £'M	Actual for Period £'M	Variance £'M	Annual Plan £'M	Annual Budget £'M
Drugs, Bloods and Devices	(20.57)	0.71	(19.85)	(19.40)	0.45	(35.26)	(34.02)
Clinical Supplies & Services	(15.23)	(0.15)	(15.38)	(15.73)	(0.35)	(26.47)	(26.67)
Non Clinical Supplies & Services	(2.96)	(0.02)	(2.98)	(2.80)	0.19	(4.94)	(4.92)
Other Operating Expenditure	(45.96)	6.85	(39.11)	(38.54)	0.57	(75.70)	(65.59)
ASC (Independent Sector & In House LD)	(28.63)	(2.50)	(31.14)	(31.75)	(0.61)	(48.98)	(53.26)
Placed People (Incl Continuing Healthcare)	(19.69)	(2.10)	(21.79)	(22.26)	(0.47)	(33.67)	(37.15)
Total Non Pay Expenditure	(133.04)	2.78	(130.27)	(130.49)	(0.22)	(225.02)	(221.60)

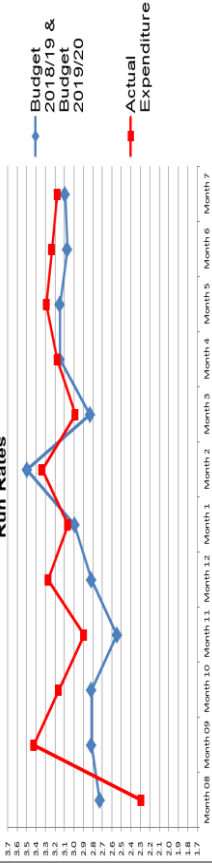
Total Non Pay Excluding ASC (Independent Sector & In House LD) and Placed People (Incl CHC) Run Rates



Total Non Pay ASC (Independent Sector & In House LD) Only Run Rates



Total Non Pay Placed People (Incl Continuing Health Care (CHC)) Only Run Rates



Financial Position by System

Key Drivers

The financial position at control total level as at 31st of October 2019 is a £8.39m deficit, which is £1.20m adverse against the plan of £7.19m. Further analysis by Income and Expenditure categories at System level can be seen in the following tables which includes Forecast and variance against budget:-

System	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Forecast	Annual Plan	Annual Budget	Variance between Forecast and Budget	Year to Date. Compared to budget there is a £2.8m overspend. Pay overspent £2.38m - being £861k CIP shortfall, other main areas: Care of the Elderly Senior Medical staff £134k, Emergency Nursing and support staff £688k, General medicine locums, Acute Physicians and Junior doctors £404k, Acute and Community wards £451k, Rapid Response teams £123k, offset with savings £290k mainly in General surgery and ICU. YTD Non pay underspend £27k - underspends £481K Surgical division phasing RTT funding in first part of the year, Drugs £57k, course fees £58k, offset with overspends in Equipment and premises costs £220k, CIP shortfall £350k. Contract income £0.5m adverse.
	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M	
South Devon										Forecast £5.9m overspent - pay overspend £4.4m being CIP shortfall £1.6m, A&E £1.13m, Gen med £592k, Care of the Elderly £389k, Rapid Response, Reablement & Hospital team staffing £420k. Non pay overspend £990k - CIP shortfall £1.0m, underspends £920k in Theatres, Ophthalmology, Head and Neck for drugs, equipment and services, offset with overspends in Gastro drugs & equipment £440k, Care of the Elderly drugs and other costs £111k, Cath lab equipment £252k, domiciliary care, travel and other community services £100k. Contract income £0.49m adverse.
Income	97.25	(0.05)	97.20	96.75	(0.45)	164.98	165.50	165.47	(0.49)	
Pay	(57.50)	(2.21)	(59.71)	(62.09)	(2.38)	(107.15)	(98.56)	(102.74)	(4.41)	
Non Pay	(17.63)	(0.99)	(18.63)	(18.60)	0.03	(31.73)	(30.23)	(30.74)	(0.99)	
Financing Costs	(1.05)	0.00	(1.05)	(1.04)	0.00	(1.79)	(1.79)	(1.79)	0.00	
Surplus / (Deficit)	21.08	(3.26)	17.82	15.02	(2.80)	24.31	34.92	30.19	(5.88)	
										Year To Date Compared to budget there is a £1.37m overspend.
										The biggest contributor is a £600K under recovery on income with the material factor being lower Torbay Council income than budgeted for (£1m).
										In addition to this there is an overspend of £280K on pay which is primarily driven by the Paignton & Brixham ISU where Medical pay (locum costs) are higher than budgeted for. Non Pay there is a £490K overspend which is driven by overspends in the Independent Sector on both Continuing Health Care and Adult Social Care packages of care.
Torbay										Forecast - During the remainder of the financial year the Torbay position is set to deteriorate to an overspend of £4.7m. There is a forecast under recovery of income £1.46m (Torbay Council) and this is combined with a £1.92m pressure on pay which is driven by Medical Pay (Locum Costs), unachieved vacancy factor and ward overspends. Finally non pay is set to overspend by £1.33m mainly due to cost pressures in the Independent Sector (Packages of Care impacted by volume & price issues).
Income	138.62	2.39	141.01	140.41	(0.60)	239.24	236.65	240.70	(1.46)	
Pay	(50.53)	(2.76)	(53.28)	(53.56)	(0.28)	(93.35)	(86.62)	(91.43)	(1.92)	
Non Pay	(80.98)	(6.61)	(87.59)	(88.08)	(0.49)	(151.26)	(138.63)	(149.93)	(1.33)	
Financing Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Surplus / (Deficit)	7.12	(6.98)	0.14	(1.24)	(1.37)	(5.37)	11.41	(0.66)	(4.71)	

Torbay Locality*-M7 Forecast Overview of Variance & Recovery Actions

(*excludes CYP)

Top Level M7 position

There is a year to date overspend of £1.5m and this deteriorates even further to a forecast overspend of £4.9m by year end. The main drivers underpinning the forecast overspend are detailed in the section below.

Forecast Variances

	Month 7		Month 6		Movement
	Torquay	Paignton & Brixham	Total	Total	
	£m's	£m's	£m's	£m's	£m's
Contract Income & Pass Through Exp	0.8	0.9	1.7	1.9	(0.2)
Cost Pressures	1.7	2.6	4.3	4.1	0.2
Unachieved CIP	0.3	0.1	0.4	0.3	0.1
Underspend	(0.6)	(0.9)	(1.5)	(1.5)	-
Total	2.2	2.7	4.9	4.8	0.1

Contract Income /Pass Through Exp

£1.7m (35%)

This variance is driven by Torbay Council income being £2.25m lower than originally budgeted for (note this is split 50-50 between Torquay and Paignton / Brixham). This is linked to the IBCF element of the contract income where we are now assuming £4m against an initial expectation of £6.25m. It is worth noting that within the £4m assumption there is still a gap of £750K that needs securing from Torbay Council and this is subject to ongoing discussions between the Trust and Torbay Council.

Cost Pressures

£4.3m (88%)

The material forecast cost pressures impacting the Torbay locality are detailed in the table below. This total circa £4.3m which is a £140K increase on the month 6 forecast.

Area	Pressure	M6	M7	Movement
JOINT	Independent sector locality wide	1,040	1,150	110
JOINT	Senior Medical Pay	800	720	(80)
JOINT	Vacancy Factor	480	500	20
P&B	Ward Pay (Turner, Midgely, Dunlop & Brixham Hospital)	230	270	40
P&B	Purchase of Pacemakers	280	220	(60)
TORQ	Sexual Health Contract issue	180	180	0
P&B	Cancer services Non Pay(Lymphedema, Own Drugs & RDE SLA Increase)	200	180	(20)
TORQ	Midwifery Pay	170	160	(10)
P&B	Cardio Technicians	90	130	40
P&B	Path Non Pay - Managed Service inc flu(net of RD&E Histo underspend)	20	110	90
P&B	CHES Team Posts	70	70	0
TORQ	Community Alarms	60	60	0
P&B	Sleep Service CPAP/Nebulisers non pay overspend	60	50	(10)
JOINT	Other - Under £50K	450	470	20
ALL	TOTAL	4,130	4,270	140

Torbay Locality*-M7 Forecast Overview of Variance & Recovery Actions - page 2

There are a number of pressures but there are three pressures over £500K and they are impacting both ISU's within the Torbay locality. These are overviewed below.

- Independent Sector** – This is on 'packages of care' in Continuing Health Care and ASC (Paignton & Brixham ISU). Both areas are being impacted by price pressures and ASC has also seen an increase in client numbers. The overspend has increased since month 6, mainly as a result of increases in Continuing Health Care (client numbers).
- Senior Medical Pay** – This is predominantly an issue in Paignton & Brixham which accounts for £560K of the overall pressure. Locum costs heavily feature within this with overspends in Oncology, Dermatology, Respiratory, Neurology, Haematology and Rheumatology. In addition to the Locum costs there are also pressures on Haematology and Histopathology Senior Medical pay areas.
- Vacancy Factor** - This is predominantly an issue in Torquay which accounts for £360K of the overall pressure. There are three areas within the Torquay ISU that have been unable to achieve their vacancy factor (Therapies, Community Services and Obs & Gynae).

Unachieved CIP

£0.4m (8%)

The original target was £3.9m and therefore, at Month 7 just over £3.5m (90%) is forecast to be achieved. The majority of the outstanding balance of sits within Torquay. Linking to the underspends below it is envisaged that upon review of those, the CIP target will be achieved by year end.

Underspends / Slippage

(£1.5m) (-31%)

The Torbay locality is very complex and quite extensive in range of services. Despite there being a number of cost pressures, as detailed above, there are some areas that are underspending. The main areas are detailed in the table below.

Area	Pressure	M6	M7	Movement
P&B	Radiology	(420)	(500)	(80)
P&B	Community Services	(140)	(140)	-
P&B	Other	(150)	(140)	10
TORQ	Intermediate Care	-	(130)	(130)
TORQ	Public Health 0-19	(120)	(120)	-
TORQ	Child Health	(130)	(110)	20
TORQ	Care Model Slippage	(80)	(80)	-
TORQ	Obs & Gynae (Non Pay & Income)	(70)	(70)	-
P&B	Palliative Care Sen Med - vacancy slippage & Consultant left pension scheme	(50)	(55)	(5)
P&B	Tissue Viability Dressings	(100)	(50)	50
P&B	Podiatry slippage	(30)	(30)	-
TORQ	LD Physio	(40)	(30)	10
TORQ	Dietetics	(30)	(30)	-
TORQ	Public Health (Lifestyles & Substances)	(80)	-	80
TORQ	Other	(80)	-	80
ALL	TOTAL	(1,520)	(1,485)	35

The material underspending area relates to 'Radiology' where there is now an underspend of circa £500K forecast this financial year. Since the budget was set and throughout the financial year this area has been subject to a number of uncertainties, specifically around the timing of the replacement MRI & CT scanners.

Southern Locality – M7 Forecast Overview of Variances

	Coastal £m	Newton Abbot £m	Moor to Sea £m	Total £m
Contract Income & Pass Through				
Expenditure	(0.0)	0.2	0.2	0.4
Cost pressures	0.8	2.5	1.3	4.6
Unachieved CIP	1.5	0.4	0.2	2.1
Underspend	(0.6)	(0.2)	(0.3)	(1.1)
Total	1.7	2.8	1.4	5.9

Contract Income /Pass Through

£0.4m (7%)

- Variable income £0.4m adverse forecast against budget

Cost Pressures

£4.6m (77%)

Newton Abbot

- A&E nursing £800k
- Acute Physicians £346k
- EAU3 & EAU4 £377k
- Junior Doctors £170k (£300k reduction on last forecast)
- Stroke Unit £123k
- Catheter suite equipment £252k

Moor to Sea

- Stroke Sen Med locum £145k
- Rapid Response and Reablement £454k
- Wards £197k

Coastal

- Medical pay £293k
- Ward pay £149k
- Drugs £157k (includes wards £50k)
- Non pay £162k (Urology Nurse Specialists £62k, Fracture Clinic £59k, Eye OPD £41k)

Southern Locality – M7 Forecast Overview of Variances - page 2

Unachieved CIP

£2.1m (35%)

- The original target was £3.8m. At Month 7 £1.7m (37%) is forecast to be achieved
- The outstanding balance is £2.1m; with gaps in Coastal £1.5m, Newton Abbot £0.4m, and Moor to Sea £0.2m

Underspend / Slippage

(£1.1m) (-18%)

Newton Abbot

- ICU pay and non pay £263k
- Other pay £121k (A&E Sen Med 54k, A&C £36k, District Nursing £31k)

Moor to Sea

- IC Beds Intermediate Care £39k
- Pay £128k (Community Neurological £56k, Intermediate Care £56k, M'ment Team £40k, Sen Med Elderly Care £32k)

Coastal

- Theatres non pay £316k (includes drugs £96k)
- Head and Neck non pay £117k
- Other income £77k

Movement from M6

	Coastal £m	M2C £m	NTA £m	Total £m
Month 06 Forecast Variance	1.6	2.9	1.2	5.7
Month 07 Forecast Variance	1.7	2.8	1.4	5.9
Change in Forecast Variance	0.1	(0.1)	0.2	0.2

- Forecast variance has increased by £0.2m since M6; the Newton Abbot movement relates mainly to A&E medical staff

Financial Position by System - continued

Key Drivers

The financial position at control total level as at 31st of October 2019 is a £8.39m adverse against the plan of £7.19m. Further analysis by Income and Expenditure categories at System level can be seen in the following tables which includes Forecast and variance against budget:-

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Forecast Annual Plan	Annual Budget	Variance between Forecast and Budget	
	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M	
Shared Operations									
Income	2.06	(0.10)	1.96	1.97	0.00	3.34	3.36	(0.03)	Year to Date Compared to budget there is an underspend of £342K. Pay is £133k underspent mainly due to vacancies in Medical Electronics, Infection Control, Transport, HSDU and Clinical systems admin. Non pay is underspent by £206k mainly due to Equipment and Transport costs. Forecast underspend of £448k generally follows the above trend, allowing for posts being taken up.
Pay	(4.31)	(0.07)	(4.38)	(4.25)	0.13	(7.26)	(7.50)	0.24	
Non Pay	(0.96)	0.02	(0.93)	(0.73)	0.21	(1.37)	(1.59)	0.23	
Financing Costs	(0.03)	(0.00)	(0.03)	(0.03)	(0.00)	(0.05)	(0.05)	0.00	
Surplus / (Deficit)	(3.24)	(0.15)	(3.38)	(3.04)	0.34	(5.33)	(5.78)	0.45	
Shared Corporate/TP									Torbay Pharmaceuticals are (£231k) under budget at Month 07 - see separate Board paper. Shared Corporate Services overall over achieved efficiencies CIP target by (£993k). Estates & Facilities over budget by £274k - Domestic pay overspend, unachieved vacancy factor and estates purchased contracts above budget. Executive Directors underspent by (£1,121k), of which £676k 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 (£22k) mainly due to variances within pay. Reserves cost pressure £83k for SLA repayment, budget phasing adjustments to match submitted workforce plan and post ledger close adjustments of (£1,305k). Pharmacy Services underspend (£53k), mixture of vacancies, additional income and additional non pay spend. Financing costs £399k adverse YTD and £800k adverse FOT; principally due to reduced donated asset income (outside control total).
Income	50.05	(3.35)	46.70	46.83	0.13	78.82	84.82	(5.99)	
Pay	(33.27)	3.29	(29.98)	(29.78)	0.20	(51.61)	(47.78)	(3.83)	
Non Pay	(41.33)	11.81	(29.52)	(29.45)	0.07	(50.88)	(50.58)	(0.30)	
Financing Costs	(3.23)	0.00	(3.23)	(3.15)	0.08	(5.51)	(5.51)	0.00	
Surplus / (Deficit)	(27.79)	11.75	(16.03)	(15.55)	0.48	(29.17)	(19.06)	(10.12)	

Items outside of EBITDA

	Year to Date - Month 07			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Operating income/expenditure outside EBITDA					
Donated asset income	0.58	0.06	(0.52)	(0.45)	(0.07)
Depreciation/Amortisation	(7.85)	(6.30)	1.56	0.68	0.88
Impairment	0.00	(0.07)	(0.07)	(0.07)	0.00
Total	(7.27)	(6.31)	0.96	0.15	0.81
Non-operating income/expenditure					
Net interest expense (excluding PFI)	(1.13)	(1.00)	0.13	0.12	0.01
Interest and Contingent Rent expense (PFI)	(1.05)	(1.04)	0.00	0.00	0.00
PDC Dividend expense	(2.11)	(2.11)	(0.00)	0.00	(0.00)
Gain/loss on disposal of assets	0.00	(0.05)	(0.05)	0.00	(0.05)
Other	(0.01)	(0.02)	(0.00)	(0.00)	0.00
Total	(4.31)	(4.23)	0.08	0.12	(0.04)
Total items outside EBITDA	(11.58)	(10.54)	1.04	0.27	0.77

Key points

- Donated Asset Income is £0.5m adverse to Plan, due to delay in these charitable projects. NB this variance lies outside the NHSI Control Total.
- Depreciation/amortisation £1.6m favourable, primarily due to asset life changes.

Balance Sheet

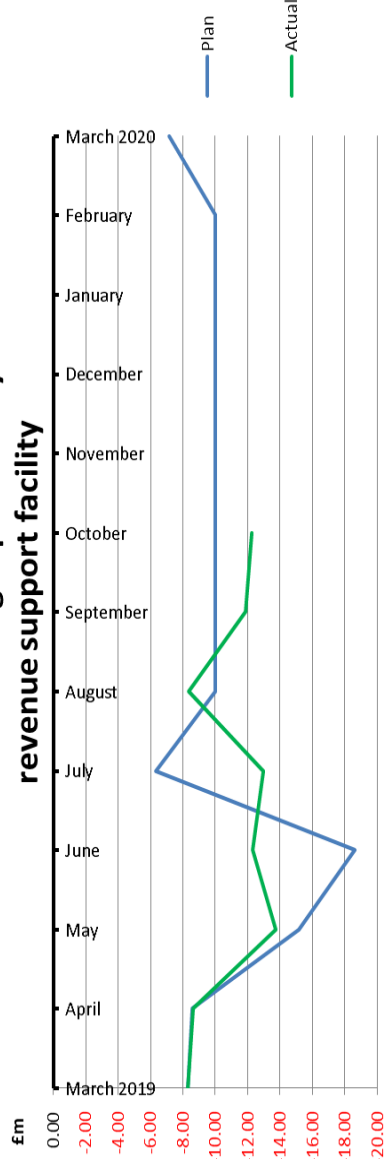
	Year to Date - Month 07			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Non-Current Assets					
Intangible Assets	12.32	11.67	(0.65)	(0.68)	0.03
Property, Plant & Equipment	176.06	173.83	(2.23)	(1.93)	(0.31)
On-Balance Sheet PFI	14.68	14.63	(0.05)	(0.09)	0.04
Other	1.14	1.17	0.03	(0.02)	0.04
Total	204.21	201.30	(2.91)	(2.71)	(0.20)
Current Assets					
Cash & Cash Equivalents	1.00	3.68	2.68	3.90	(1.21)
Other Current Assets	38.21	42.10	3.89	4.11	(0.22)
Total	39.21	45.78	6.57	8.00	(1.43)
Total Assets	243.42	247.08	3.66	5.29	(1.63)
Current Liabilities					
Loan - DH ITFF	(6.91)	(6.90)	0.00	0.00	0.00
PFI/ LIFT Leases	(0.87)	(0.87)	(0.00)	0.00	(0.00)
Trade and Other Payables	(37.00)	(39.48)	(2.47)	(1.25)	(1.22)
Other Current Liabilities	(13.15)	(13.05)	0.10	0.12	(0.02)
Total	(57.93)	(60.30)	(2.37)	(1.14)	(1.24)
Net Current assets/(liabilities)	(18.72)	(14.52)	4.20	6.87	(2.67)
Non-Current Liabilities					
Loan - DH ITFF	(46.78)	(51.69)	(4.91)	(5.74)	0.84
PFI/ LIFT Leases	(18.12)	(18.12)	(0.00)	(0.00)	0.00
Other Non-Current Liabilities	(8.07)	(6.57)	1.50	1.01	0.49
Total	(72.97)	(76.38)	(3.41)	(4.74)	1.33
Total Assets Employed	112.52	110.40	(2.12)	(0.58)	(1.54)
Reserves					
Public Dividend Capital	64.92	64.78	(0.14)	(0.38)	0.24
Revaluation	41.87	41.86	(0.01)	(0.01)	(0.00)
Income and Expenditure	5.73	3.75	(1.97)	(0.19)	(1.78)
Total	112.52	110.40	(2.12)	(0.58)	(1.54)

Key points

- Intangible Assets, Property, Plant & Equipment and PFI are £2.9m adverse. This is primarily due to capex £4.4m lower than planned, partly offset by depreciation £1.6m lower than planned.
- Cash is £2.7m favourable, as explained in the commentary to the Cash Flow Statement.
- Other Current Assets are £3.9m higher than Plan, primarily due to Torbay Council debtor £4.3m.
- Trade and Other Payables are £2.5m higher than Plan, primarily due to funding held for CCG £1.5m and income received earlier than planned (incl HEE £1.3m and MRET £0.6m), partly offset by the paying down of the capital creditor £1.5m.
- Non-current DH loans are £4.9m higher than planned, due to delayed repayment of the Interim Revenue Support facility.
- Other Non-Current liabilities are £1.5m lower than Plan, principally due to the value of new finances leases being lower than planned as a result of delayed capital expenditure.

Cash

Cash balance net of working capital facility and interim revenue support facility



Key points

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

- Capital-related cashflow is £0.1m adverse. While capital expenditure is £4.3m favourable, a significant proportion of this relates to assets due to have been funded through non-cash methods such as finance leases £1.8m and donations £0.5m. Cashflows are also adverse due to the paying down of the capital creditor £1.6m and delayed disposals £0.6m.

Other elements:

- Cash generated from operations is £3.0m adverse, due to EBITDA £3.0m adverse.
- Working Capital debtor movements is £3.1m adverse, primarily due to Torbay Council debtor £4.3m.
- Working Capital creditor movements is £3.9m favourable, largely due to funding held for CCG £1.5m and HEE income received in advance £1.3m.

Use of Interim Revenue Support facility

- The M07 position included cash balances and working capital loans both higher than planned. It was not feasible to offset the two, due to the inflexible nature of the working capital facilities.

	Year to Date - Month 07		Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Movement in Variance £m
Opening cash balance (net of working capital facility)	(8.29)	(8.29)	(0.00)	0.00
Capital Expenditure (accruals basis)	(9.54)	(5.17)	4.37	1.06
Capital loan drawdown	0.00	0.00	0.00	0.00
Capital loan repayment	(2.40)	(2.40)	(0.00)	0.00
Proceeds on disposal of assets	0.61	0.00	(0.61)	0.00
Movement in capital creditor	(0.39)	(1.86)	(1.47)	0.09
Other capital-related elements	2.85	0.41	(2.44)	(0.66)
Sub-total - capital-related elements	(8.87)	(9.02)	(0.15)	0.49
Cash Generated From Operations	8.75	5.73	(3.02)	(2.55)
Working Capital movements - debtors	1.19	(1.93)	(3.12)	0.23
Working Capital movements - creditors	2.42	6.35	3.93	1.13
Net Interest	(2.18)	(1.89)	0.29	0.11
PDC Dividend paid	(1.85)	(1.85)	0.00	0.00
Other Cashflow Movements	(1.17)	(1.33)	(0.16)	0.21
Sub-total - other elements	7.16	5.08	(2.08)	(0.87)
Closing cash balance (net of working capital facility)	(10.00)	(12.22)	(2.22)	(0.38)
Closing cash balance	1.00	3.68	2.68	(1.21)
Closing working capital facility	(11.00)	(11.00)	0.00	0.00
Closing interim revenue support facility	0.00	(4.91)	(4.91)	0.84
Closing cash balance (net of working capital facility)	(10.00)	(12.22)	(2.22)	(0.38)

Capital

Current Performance

Key Points

	Year to date Mth 07			Full Year		
	Budget £m	Actual £m	Variance to Budget £m	Budget £m	Forecast £m	Variance £m
Capital Programme	8.08	5.15	(2.94)	16.85	17.23	0.38
Significant Variances in Planned Expenditure by Scheme:						
Trust Funding						
HIS schemes	1.23	0.53	(0.71)	2.93	3.26	0.33
Estates schemes	3.77	2.55	(1.22)	5.40	5.81	0.41
Medical Equipment	2.48	1.30	(1.17)	6.39	6.03	(0.36)
Other	0.00	0.00	0.00	0.00	0.00	0.00
PMU	1.03	0.77	(0.27)	2.13	2.13	0.00
Contingency General	0.00	0.00	0.00	0.00	0.00	0.00
Planned slippage	(0.43)	0.00	0.43	0.00	0.00	0.00
Total	8.08	5.15	(2.93)	16.85	17.23	0.38
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	3.00	3.00
Strategic Estates P'sh	0.00	0.00	0.00	0.00	0.00	0.00
Finance Leases	2.23	0.64	(1.59)	6.51	7.01	0.50
PDC	0.38	0.27	(0.11)	0.93	1.18	0.25
Charitable Funds	0.58	0.06	(0.52)	1.00	0.30	(0.70)
Disposal of assets	0.00	0.00	0.00	0.09	0.70	0.61
Other Internal cash resources	4.89	4.17	(0.71)	8.32	5.04	(3.28)
Total	8.08	5.15	(2.93)	16.85	17.23	0.38

- 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. An additional £250k PDC funding for medical equipment was granted in October increasing overall budget to £16.8m.

- At 31st October, year to date capital expenditure is £5.1m; £2.9m underspent to budget (see table).

- The capital forecast of £17.2m is £0.4m 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	20,496	20,595	99	-154	0%
Elective	3,640	2,211	2,088	-123	-120	-6%
Non-Elective Emergency	29,367	17,212	16,011	-1,201	-1,000	-7%
Non-Elective Non-Emergency	2,815	1,720	1,558	-182	-177	-11%
Non-Elective CDU	4,605	2,758	2,623	-135	-113	-5%
Non-Elective AMU	3,859	2,184	2,831	647	498	30%
TOTAL APC	78,300	46,581	45,686	-895	-1,066	-2%
New	107,867	64,107	62,627	-1,480	-792	-2%
F-Up	260,030	155,032	156,840	1,808	693	1%
TOTAL OPA	367,897	219,139	219,467	328	-99	0%
A&E	79,199	48,738	48,324	-414	-222	-1%

Activity variances to plan - Month 7
 Activity variances for M7 against the contract activity plan are shown in the table opposite. In M7 Elective activity is behind plan. Non Elective Emergency activity is behind plan. AMU activity is above plan.

At treatment function level the greatest variance in elective activity is within T&O where activity is 96 attendances below plan (in PBR terms £357K).

Within Outpatients, the specialties with the greatest variances are: Respiratory Medicine which is 313 New attendances above plan (in PBR terms £78k), and Breast Surgery which is 261 attendances above plan (in PBR terms £41k). Vascular Surgery is 723 attendances below plan (in PBR terms £-77k), and T&O is 636 attendances below plan (in PBR terms £-51k).

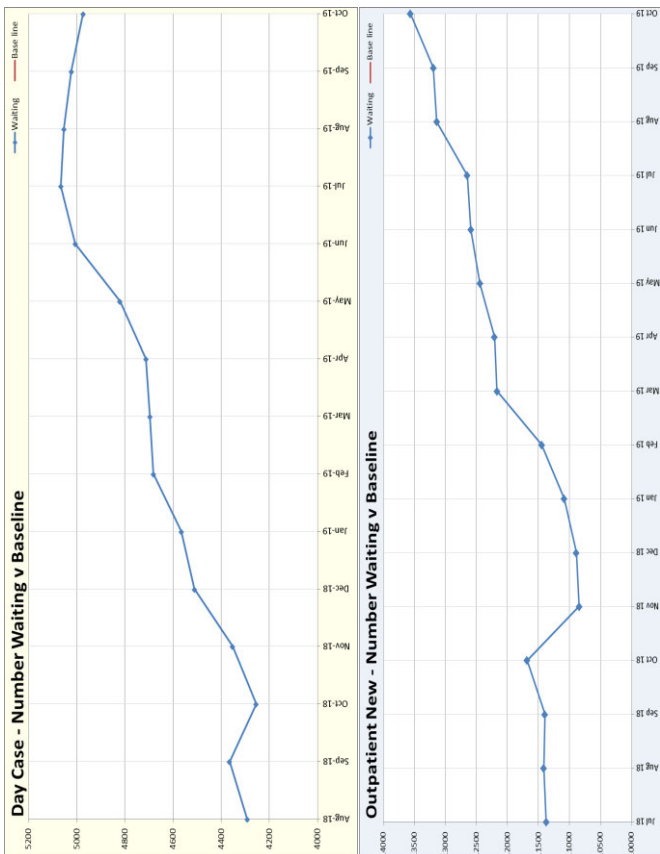
For Follow Ups, Respiratory Medicine is 496 attendances above plan (in PBR terms £35K). Audiology is 853 attendances below plan (in PBR terms -£115k).

The committee is asked to note: Month 7 Access standards.

Plans for 19/20 and beyond require overall increase in activity run rate to deliver waiting time access targets. The waiting list for new outpatients and Daycase procedures shown opposite are seeing a continued trend in increasing number of patients waiting. This is of increasing concern given that our plans for 19_20 is to stabilise these increases and start to reduce the numbers and length of time patients are waiting. This will now need to be picked up in our plans for 20_21 and represent a challenge to deliver the additional activity required within the available funded resources.

We continue to forecast clearance of all patients waiting > 52 weeks RTT by 31st of March 2020.

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 within 1% growth, however there is a large increase in the number referred on an urgent two week wait cancer pathway of 10% on



CIP Delivery: Current Month, Cumulative & Forecast

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

Summary:

-Current Month variance: £1.2m shortfall

-Cumulative variance: £1.6m shortfall

The current month position shows CIP delivery of £0.8m, a £1.2m shortfall against £2.0m target.

The year to date CIP achieved is £5.4m, a cumulative shortfall of £1.6m against a £7.0m target.

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

Target:	£20.0m
Year End Forecast Delivery:	£ 9.1m
Shortfall:	£10.9m

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

A total of £9.1m of Forecast Out-Turn delivery has been identified, resulting in a £10.9m shortfall in FOT position.

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

ISU	Target	13 month trend	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year to date
Trustwide	>95%		97.5%	96.1%	96.9%	97.8%	96.4%	95.9%	96.3%	95.4%	96.8%	96.8%	97.3%	96.5%	96.8%	96.5%
Trustwide	<6		1	1	0	2	0	1	0	0	3	2	2	3	5	15
Trustwide	<1		1	0	0	0	0	0	0	2	0	0	0	1	1	4
Trustwide	<1		0	0	0	0	0	0	2	1	0	0	1	0	0	4
Trustwide	N/A		57	55	33	68	43	50	31	50	40	39	52	33	48	293
Trustwide	9 (full year)		0	0	1	2	0	1	2	0	0	0	0	0	0	2
Trustwide	<1		0	1	0	0	0	0	0	1	0	0	0	0	0	1
Trustwide	<1		3	5	2	3	5	5	2	7	4	2	5	2	5	27
Trustwide	<1		0	0	0	0	0	0	0	0	0	2	2	2	0	6
Trustwide	<60		30	17	19	22	21	33	13	21	23	34	23	27	25	166
Trustwide	>95%		91.6%	93.1%	92.0%	92.2%	89.4%	90.5%	89.2%	91.0%	90.7%	92.2%	90.1%	89.9%	92.2%	90.8%
Trustwide	>95%		97.9%	96.8%	97.9%	97.7%	97.8%	91.5%	98.9%	100.0%	97.5%	97.8%	98.7%	98.8%	95.3%	98.2%
Trustwide	<100		100.8	100	92.5	93.5	102.1	95.4	101.1	100.2	108.1	109.6				94.8
Trustwide	90% - 110%		105.7%	104.0%	102.4%	103.8%	104.0%	104.0%	98.5%	91.7%	90.9%	90.1%	93.9%	88.8%	88.8%	91.7%
Trustwide	90% - 110%		106.7%	103.2%	101.4%	102.1%	103.2%	103.2%	98.5%	91.8%	93.7%	92.8%	100.3%	91.6%	91.6%	94.2%
Trustwide	<100		58	16	18	42	66	0	4	42	12	36	63	34	0	191
Trustwide	>95%		95.5%	91.6%	95.0%	94.1%	95.8%	89.5%	92.2%	87.7%	93.8%	93.5%	95.2%	95.7%	96.4%	93.4%
Trustwide	>90%		68.3%	71.1%	70.0%	67.5%	80.0%	78.4%	50.0%	73.3%	62.5%	56.8%		51.6%		62.0%
Trustwide	>80%		93.5%	83.3%	85.5%	82.9%	89.1%	79.7%	93.8%	75.5%	79.1%	86.8%	80.4%	96.4%	87.2%	85.4%
Trustwide	N/A		B	B	B	C	C	C								
Trustwide	6400		6020	5698	6062	5378	5437	5899	6240	6459	6803	6906	7393	6793	6694	6694
WORKFORCE MANAGEMENT FRAMEWORK																
Trustwide	<3.8%		4.4%	4.3%	4.3%	4.6%	4.9%	4.2%	4.2%	4.2%	4.2%	4.3%	4.3%	4.3%		4.3%
Trustwide	>90%		80.5%	79.0%	79.3%	78.3%	79.6%	78.9%	80.0%	80.0%	79.0%	80.0%	78.0%	78.0%	77.3%	78.0%
Trustwide	>85%		88.4%	89.9%	90.8%	90.7%	91.2%	91.4%	89.5%	90.2%	90.9%	90.3%	90.8%	90.3%	90.6%	90.3%
Trustwide	10%-14%		10.2%	10.0%	9.9%	10.3%	9.6%	9.7%	10.7%	10.7%	10.8%	11.2%	11.2%	11.3%	11.3%	66 of 66

		ISU	Target	13 month trend	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year to date	
COMMUNITY & SOCIAL CARE FRAMEWORK																			
	Number of Delayed Discharges (Community) *	Trustwide	<315		226	247	375	344	266	278	370	356	419	508	562	392	373	2980	
	Number of Delayed Transfer of Care (Acute)	Trustwide	<240		261	256	171	246	176	137	149	185	97	101	112	189	305	1138	
	Timeliness of Adult Social Care Assessment assessed within 28 days of referral	Trustwide	>70%		74.1%	74.5%	74.7%	74.8%	75.6%	76.1%	76.4%	77.0%	74.6%	77.0%	72.5%	71.1%	69.5%	69.5%	
	Clients receiving Self Directed Care	Trustwide	>90%		92.8%	92.0%	92.1%	91.4%	90.7%	91.7%	91.1%	90.8%	90.3%	90.3%	90.1%	89.6%	89.0%	89.0%	
	Carers Assessments Completed year to date	Trustwide	40% (Year end)		16.3%	19.9%	22.1%	23.7%	26.3%	29.3%	3.6%	7.8%	13.2%	18.6%	23.2%	26.7%	29.2%	29.2%	
	Number of Permanent Care Home Placements	Trustwide	<=600		629	633	627	615	615	605	602	619	631	629	634	648	641	641	
	Children with a Child Protection Plan (one month in arrears)	Trustwide	NONE SET		146	148	172	170	186		170	186	201	228	219	206		206	
	4 Week Smoking Quitters (reported quarterly in arrears)	Trustwide	NONE SET				192			300			54					54	
	Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	NONE SET				5.4%			4.9%			5.6%					5.6%	
	Safeguarding Adults - % of high risk concerns where immediate action was taken	Trustwide	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%	100.0%	
	Bed Occupancy	Overall System	80% - 90%		92.7%	92.5%	90.7%	94.3%	94.7%	92.8%	93.9%	91.4%	90.5%	94.0%	95.3%	95.4%	95.8%	93.8%	
	CAMHS - % of patients waiting under 18 weeks at month end	Trustwide	>92%		91.9%	90.0%	93.7%	89.4%	90.8%	90.3%	88.0%	84.0%	81.0%	83.0%	83.0%	88.0%	84.0%	83.0%	
	DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET								532	550	514	567	563	569	594	594	
	Intermediate Care - No. urgent referrals	Trustwide	113		182	182	157	189	156	164	184	188	179	187	173	176	208	1295	
	Community Hospital - Admissions (non-stroke)	Trustwide	18/19 profile		259	256	236	279	222	257	258	249	219	196	202	204	224	1552	
NHS I - OPERATIONAL PERFORMANCE																			
	A&E - patients seen within 4 hours	Trustwide	>95%		85.1%	82.2%	87.6%	76.4%	79.8%	81.0%	79.1%	84.2%	80.3%	84.3%	79.4%	80.7%	82.7%	81.5%	
	Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		82.4%	82.7%	81.8%	82.2%	81.3%	81.2%	80.7%	81.8%	81.5%	81.1%	80.7%	80.4%	79.9%	80.9%	
	Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		74.0%	80.1%	80.6%	74.5%	69.6%	73.7%	79.9%	86.5%	78.8%	84.3%	77.5%	78.9%	72.1%	79.7%	
	Diagnostic tests longer than the 6 week standard	Trustwide	<1%		9.8%	6.1%	9.8%	12.0%	10.7%	10.1%	13.7%	12.1%	11.7%	13.6%	14.9%	15.7%	10.0%	13.1%	
	Dementia - Find - monthly report	Trustwide	>90%		90.9%	97.1%	96.3%	97.2%	86.3%	89.4%	96.1%	88.3%	93.3%	98.8%	93.4%	90.5%	85.1%	92.2%	

ISU	Target	13 month trend	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year to date
LOCAL PERFORMANCE FRAMEWORK 1																
Number of Clostridium Difficile cases - Lapse of care - (ICD) *	<18 (year)		0	1	2	1	1	1	4	3	1	1	0	1	0	10
Cancer - Two week wait from referral to date 1st seen	>93%		81.5%	80.7%	80.1%	77.9%	80.1%	79.9%	53.4%	77.7%	69.5%	83.4%	83.4%	88.3%	68.1%	74.8%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	>93%		96.0%	88.3%	97.8%	94.4%	61.6%	38.8%	50.3%	97.5%	98.9%	98.9%	98.7%	96.1%	92.4%	85.9%
Cancer - 28 day faster diagnosis standard						60.6%	67.4%	67.6%	65.2%	63.5%	63.6%	73.4%	72.6%	70.6%	70.0%	68.6%
Cancer - 31-day wait from decision to treat to first treatment	>96%		95.2%	99.5%	98.2%	96.5%	98.7%	96.2%	96.7%	99.5%	97.3%	98.4%	94.7%	98.5%	95.9%	97.3%
Cancer - 31-day wait for second or subsequent treatment - Drug	>98%		100.0%	100.0%	100.0%	98.8%	98.4%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	>94%		94.3%	100.0%	100.0%	93.3%	97.1%	100.0%	98.6%	96.9%	100.0%	95.9%	98.4%	95.9%	95.8%	97.2%
Cancer - 31-day wait for second or subsequent treatment - Surgery	>94%		100.0%	96.6%	100.0%	93.3%	96.8%	96.0%	94.7%	97.1%	96.8%	100.0%	93.9%	93.8%	94.4%	95.9%
Cancer - 62-day wait for first treatment - screening	>90%		91.7%	90.9%	92.9%	88.9%	100.0%	70.0%	93.3%	90.9%	92.9%	93.8%	100.0%	100.0%	85.7%	93.9%
Cancer - Patient waiting longer than 104 days from 2ww			71	47	62	52	34	37	33	41	34	28	31	36	39	39
RTT 52 week wait incomplete pathway	0		72	66	74	90	92	82	71	59	83	84	105	89	79	79
On the day cancellations for elective operations	<0.8%		1.8%	1.6%	2.3%	1.5%	1.4%	1.2%	1.1%	0.9%	1.4%	1.6%	1.3%	2.2%	1.1%	1.4%
Cancelled patients not treated within 28 days of cancellation *	0		1	9	17	11	12	6	3	3	6	19	9	8	8	56
Number of patients >7 days LOS (daily average)			114.3	115.7	121.7	125.7	134.2	131.9	134.4	130.6	125.5	124.8	128.3	131.7	127.4	128.9
Number of extended stay patients >21 days (daily average)			26.1	26.2	28.0	27.7	31.2	27.4	31.7	29.7	26.6	29.8	29.0	35.9	34.3	31.0

ISU	Target	13 month trend	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year to date
LOCAL PERFORMANCE FRAMEWORK 2																
Ambulance handover delays > 30 minutes	Trajectory		204	143	84	251	156	198	148	61	83	81	137	90	47	647
Ambulance handover delays > 60 minutes	0		19	9	4	23	8	9	13	11	4	5	12	2	5	52
Trolley waits in A+E > 12 hours from decision to admit	0		3	2	4	7	3	3	11	0	0	0	0	0	0	11
Number of Clostridium Difficile cases - (Acute) *	<3		0	1	2	2	1	1	2	1	4	2	0	1	0	10
Number of Clostridium Difficile cases - (Community)	0		0	0	0	0	0	0	3	4	1	1	1	0	0	10
Care Planning Summaries % completed within 24 hours of discharge - Weekday	>77%		72.7%	72.6%	62.1%	64.9%	64.0%	63.6%	64.7%	63.9%	62.8%	67.3%	66.5%	67.4%	66.6%	65.6%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	>60%		35.4%	34.6%	29.5%	34.6%	27.9%	31.6%	29.1%	23.9%	30.0%	39.9%	38.2%	35.0%	32.6%	32.5%
Clinic letters timeliness - % specialties within 4 working days	>80%		77.3%	81.8%	77.3%	90.9%	77.3%	81.8%	86.4%	77.3%	86.4%	86.4%	81.8%	68.2%	68.2%	79.2%

		ISU	Target	13 month trend	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year to date	
NHS I - FINANCE AND USE OF RESOURCES																			
Capital Service Cover	Trustwide	2			4	4	4	4	4	4	4	4	4	4	4	4	4	4	
Liquidity	Trustwide	4			4	4	3	3	3	3	3	3	2	2	3	4	4	4	
I&E Margin	Trustwide	1			4	4	4	4	4	4	4	4	4	4	4	4	4	4	
I&E Margin Variance from Plan	Trustwide				2	2	2	2	3	3	4	3	1	2	2	1	2	2	
Variance from agency ceiling	Trustwide	1			3	3	3	3	4	4	4	4	4	4	4	4	4	4	
Overall Use of Resources Rating	Trustwide				3	3	3	3	4	4	4	4	3	3	3	3	3	4	
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide				-668	-1098	-1292	-2370	-5812	-7157	-6072	-925	-72	-1447	-1363	-473	-3022		
Agency - Variance to NHSI cap	Trustwide				0.72%	0.92%	1.04%	1.09%	1.21%	1.24%	1.42%	1.21%	1.23%	1.14%	1.17%	0.98%	1.03%		
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide				2006	1576	1150	-682	-6774	-8426	-628	-1191	-1296	-891	-239	-342	-1584		
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide				5782	6658	8854	11808	-14484	-12019	48	501	893	1146	2637	3301	4420		
Distance from NHSI Control total (£'000's)	Trustwide				-570	-986	-1159	-2292	-5722	-7096	-4861	-1213	91	-1248	-1019	58	-1651		
Risk Share actual income to date cumulative (£'000's)	Trustwide				0	0	599.5	2291	7624	7950	0	0	0	0	0	0	0		
ACTIVITY VARIANCE vs PREVIOUS YEAR																			
Outpatients - New	Trustwide				3.3%	2.9%	3.1%	2.5%	2.3%	2.5%	-2.4%	-0.4%	-1.8%	0.2%	-1.2%	-1.0%	-2.4%	-2.4%	
Outpatients - Follow ups	Trustwide				4.1%	3.5%	3.8%	4.0%	4.2%	4.9%	1.2%	0.9%	0.9%	1.9%	0.8%	1.5%	1.1%	1.1%	
Daycase	Trustwide				7.1%	7.0%	7.6%	8.4%	8.9%	10.5%	5.6%	7.9%	4.0%	4.0%	2.9%	3.8%	2.5%	2.5%	
Inpatients	Trustwide				2.9%	1.6%	0.1%	2.0%	2.5%	3.8%	2.9%	-1.6%	-4.2%	-3.0%	-0.6%	-1.7%	-2.2%	-2.2%	
Non elective	Trustwide				1.5%	0.7%	-0.7%	-1.4%	-1.9%	-2.3%	-1.8%	-0.9%	-2.9%	-3.5%	-4.5%	-3.4%	-2.3%	-2.3%	
INTEGRATED CARE MODEL																			
Intermediate Care Referrals (All)	Trustwide				399	336	314	367	311	311	366	331	355	355	337	377	372		
Intermediate Care GP Referrals	Trustwide				107	93	89	97	94	78	108	86	96	96	79	86	92		
Average length of Intermediate Care episode	Trustwide				16.47	16.488	16.505	17.514	13.873	14.536	16.271	16.199	11.739	16.41	18.357	15.569	14.003		
Total Bed Days Used (Over 70s)	Trustwide				10734	9536	9985	11768	9813	10430	11877	10521	10125	10357	10849	10833	0		
- Emergency Acute Hospital	Trustwide				6186	5512	5857	6777	5795	5938	7045	6472	5939	6077	6209	6188	0		
- Community Hospital	Trustwide				3138	2638	2939	3325	2903	3239	3169	2756	3031	2913	3366	3295	0		
Integrated Care	Trustwide				1410	1386	1189	1666	1115	1253	1663	1293	1155	1367	1274	1359	0	66 of 66	

Report to the Trust Board of Directors				
Report title: Mortality Surveillance Score Card			Meeting date: 4 th December 2019	
Report appendix	N/A			
Report sponsor	Medical Director			
Report author	Patient & Experience Lead			
Report provenance	Data is taken from Hospital Episode Statistics and Dr Foster Reviewed by Executive Directors on 26 th November 2019			
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 <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input type="checkbox"/>	
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: 4th December 2019
Report sponsor	Medical Director	
Report author	Patient and Experience Lead	

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 process starting to err.

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

Safety Indicator	Data Source	Target	RAG
Appendix 1 <ul style="list-style-type: none"> Hospital Standardised Mortality Rate (HSMR) Summary Hospital Mortality Index (SHMI) 	Dr Foster 2016/17 benchmark Month DH SHMI data	Below the 100 line with an aim for a yearly HSMR ≤90	
Appendix 2 <ul style="list-style-type: none"> Unadjusted Mortality rate 	Trust Data	Yearly Average ≤3%	3.06%
Appendix 3 <ul style="list-style-type: none"> Dr Foster Alerts 	Dr Foster	Zero alerts - CuSuM flags only	
Appendix 4 <ul style="list-style-type: none"> Dr Foster Patient Safety Dashboard 	Dr Foster	All 15 safety indicators positive	
Appendix 5 <ul style="list-style-type: none"> Hospital Mortality 	Trust Data Structured Judgement Framework M&M reviews		

2.0 Trust Wide 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. That said, the last two HSNR data points are above the 100 mark, but they remain within the error bars and therefore are not flagging as an alert. We have asked Dr Foster to look at this and see if can identify why we have seen a rise. We will also looking into this with our coding team too.

3.0 Appendix 1 – Hospital Mortality (HSMR and SHMI)

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

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

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

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

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

Chart 1 - HSMR by Month 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, Jul 19 has a relative risk of **109.6** – this may change as more data is processed by Dr Foster. This data point is the third over the 100 mark, but still within the expected range. We have asked Dr Foster to look at the data and highlight any significance to the Trust. This will be discussed at the MSG

Diagnoses | Mortality (in-hospital) | Aug 2016 - Jul 2019 | Trend (month)

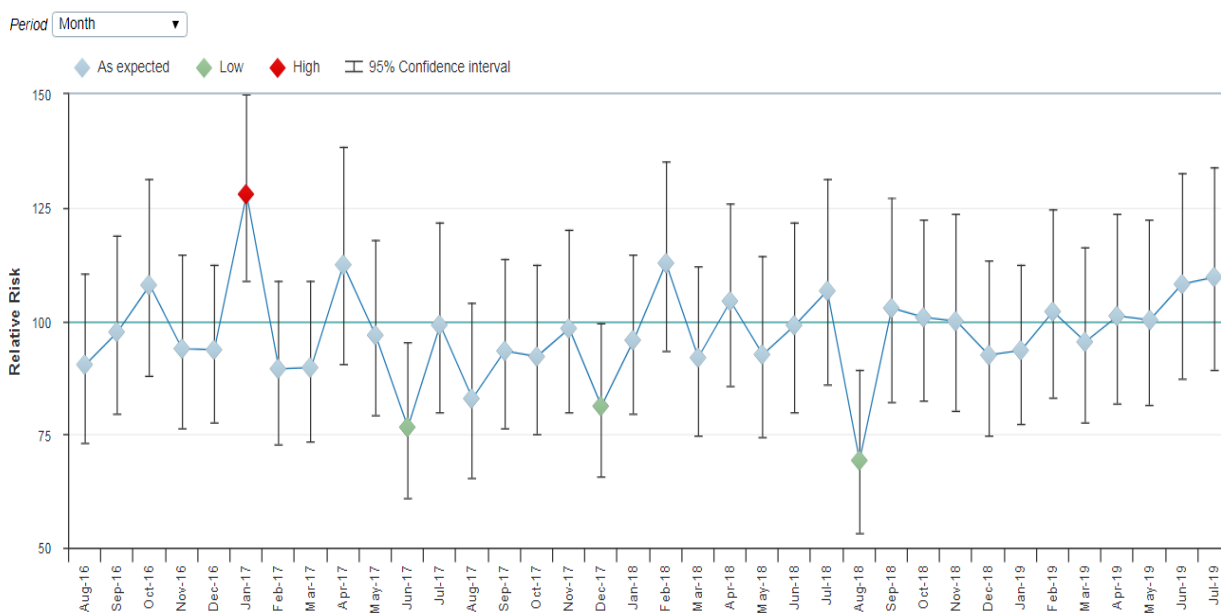


Chart 2, as below, highlights HSMR mortality by peer comparison, across the South West, using a 12 month annual total. The monthly 12 month annual total remains below the 100 line.

Diagnoses | Mortality (in-hospital) | Aug 2018 - Jul 2019 | REGION (acute)

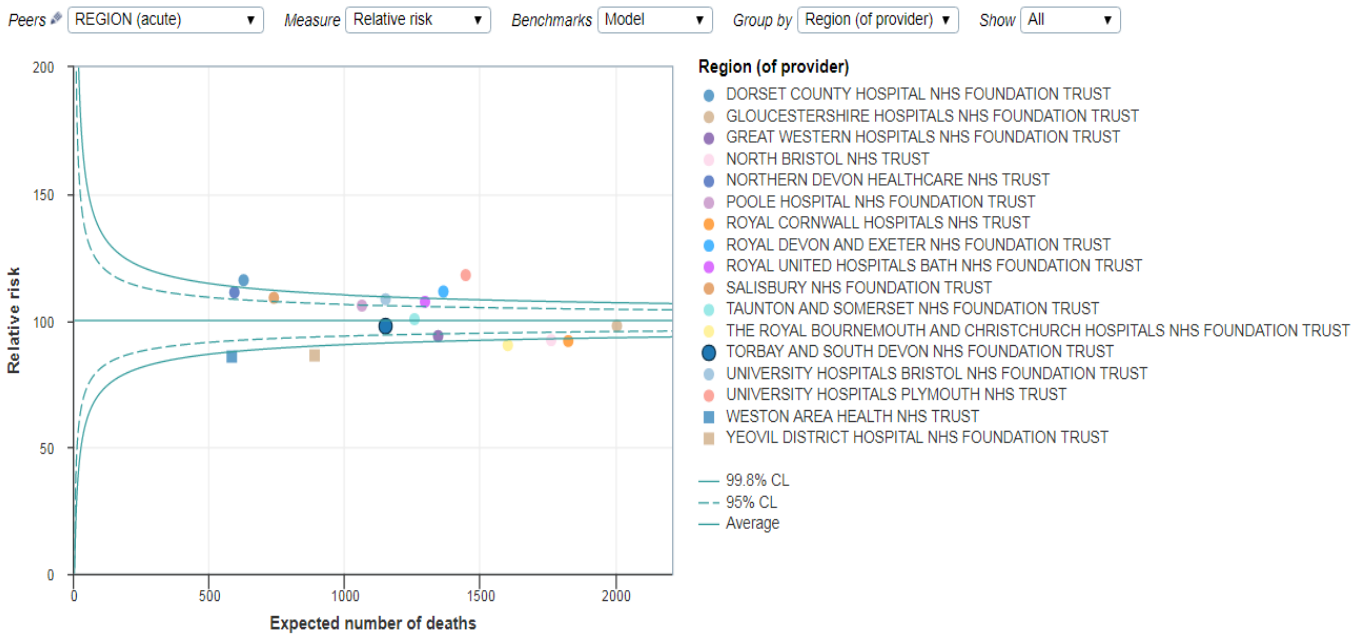
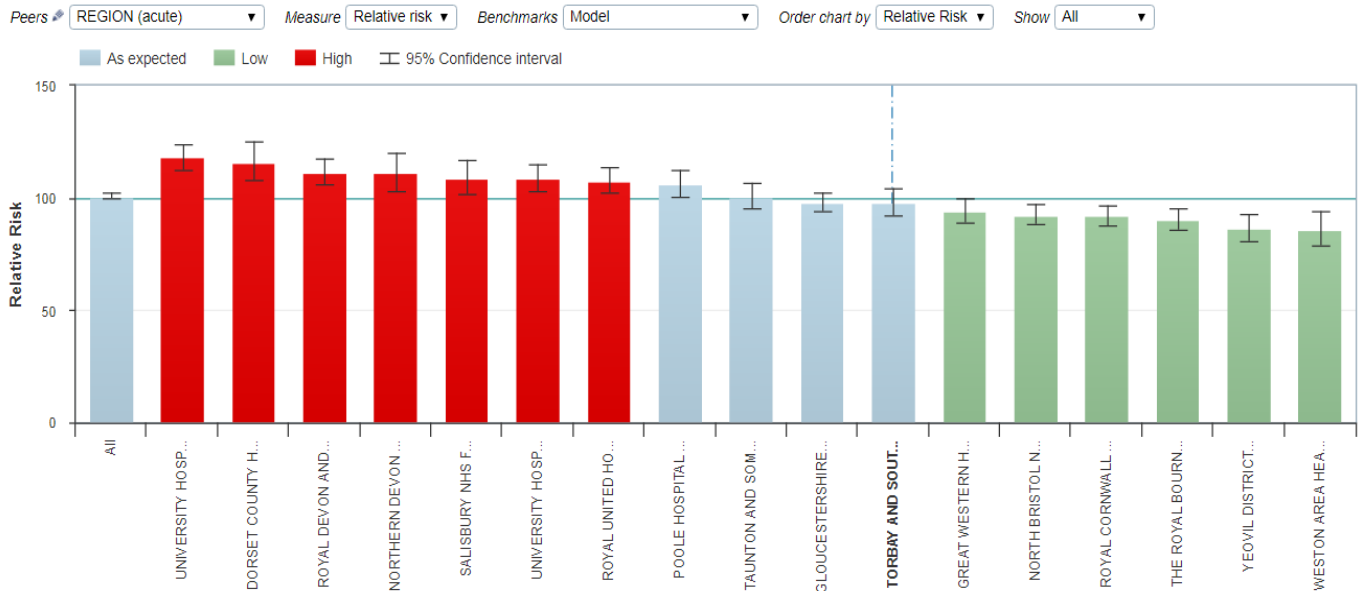


Chart 3 displays the above data as a Peer Comparison, ranked and as a bar chart.

Diagnoses | Mortality (in-hospital) | Aug 2018 - Jul 2019 | REGION (acute)



1B Summary Hospital Mortality Index (SHMI) Reporting Period June 2018 – May 2019

SHMI is derived from Hospital Episode Statistics (HES) data and data from the Office of National Statistics (ONS). SHMI is based upon death up to 30 days post discharge from hospital and this is the main difference between SHMI and HSMR. The data is released on a **3 monthly basis** and is very retrospective therefore, please note *the following data is based on the June 2018 – May 2019 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 relevant risk target line.

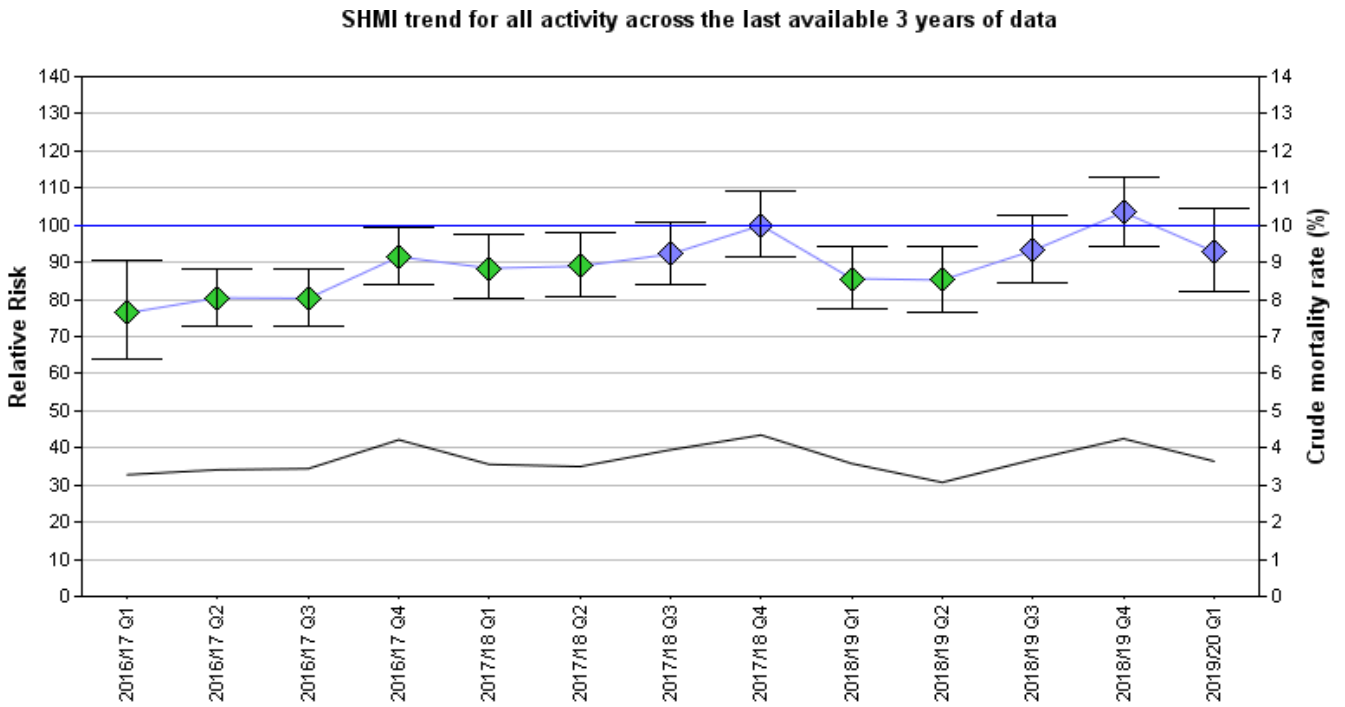
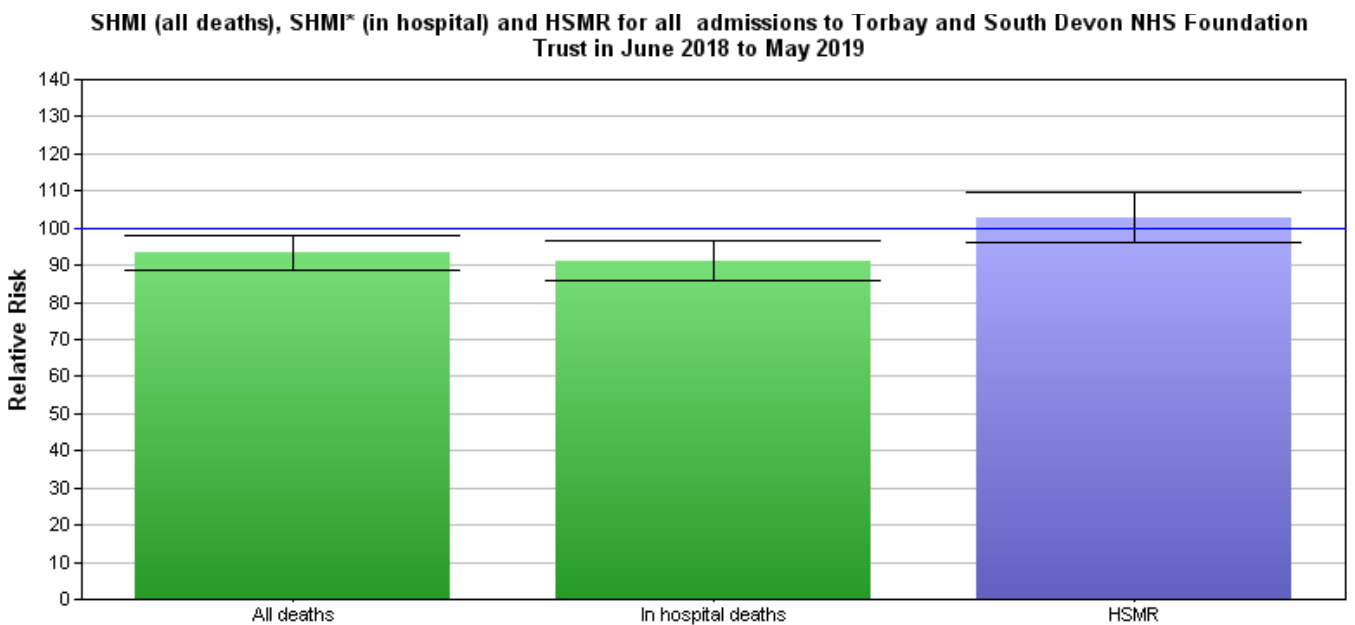


Chart 5 (as below) details - SHMI all deaths, SHMI in hospital deaths and HSMR comparison



The SHMI data within chart 5 are within expected range and show the in-hospital deaths at a very low relative risk. What this chart does highlight is the differential between HSMR and SHMI.

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

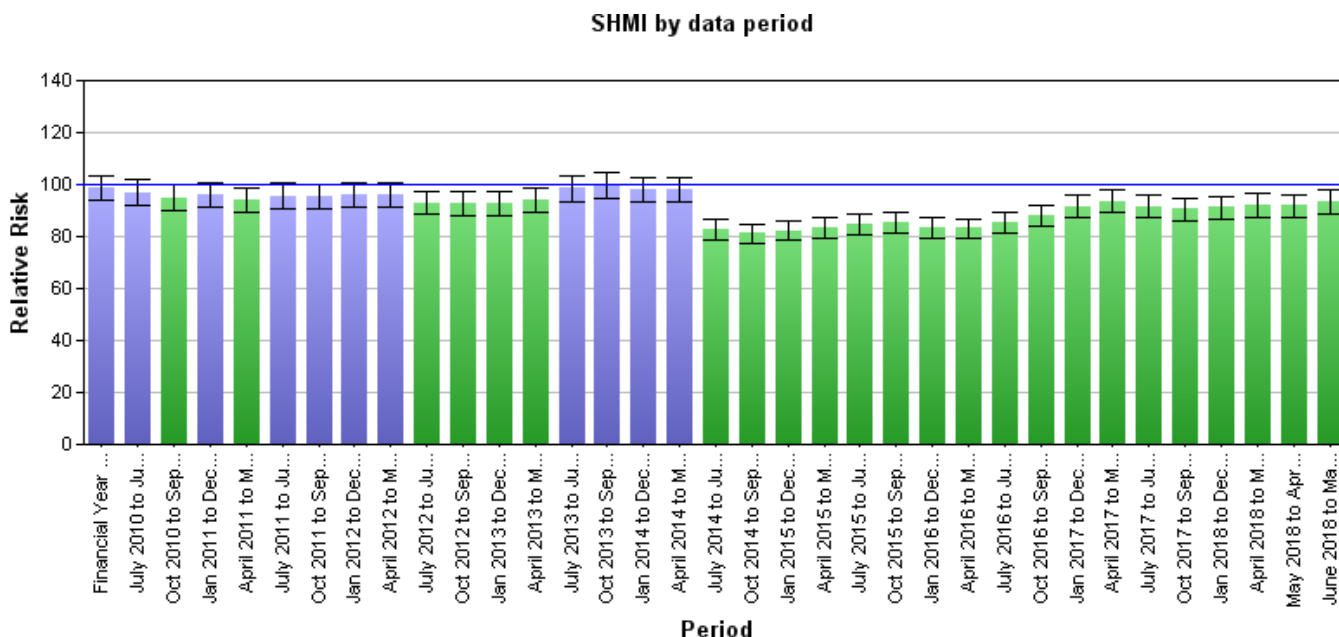
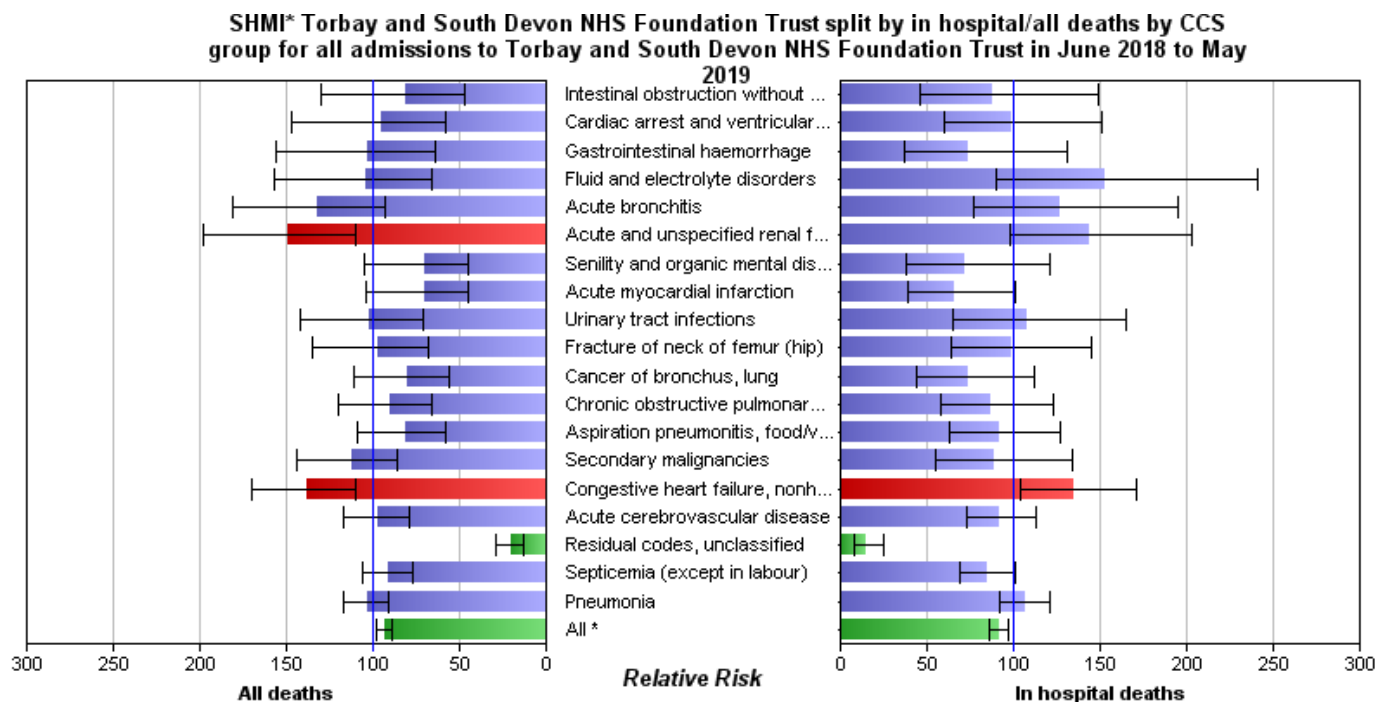


Chart 7 allows a comparison of the mortality clinical classification software (CCS) groups for in hospital and all deaths (i.e. within 30 days post discharge). All areas are within *normal range* or are performing *better than the norm* except Acute and Unspecified Renal Failure (A&URF). This will be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



4.0 Appendix 2 – Unadjusted Mortality Rate

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 the unadjusted mortality. This has to be viewed along with the more in-depth analysis provided by HSMR and SHMI.

The decline in mortality, following winter, has been slower than in the previous year and reflects the activity and acuity of the trust. The Trust therefore, has seen 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.

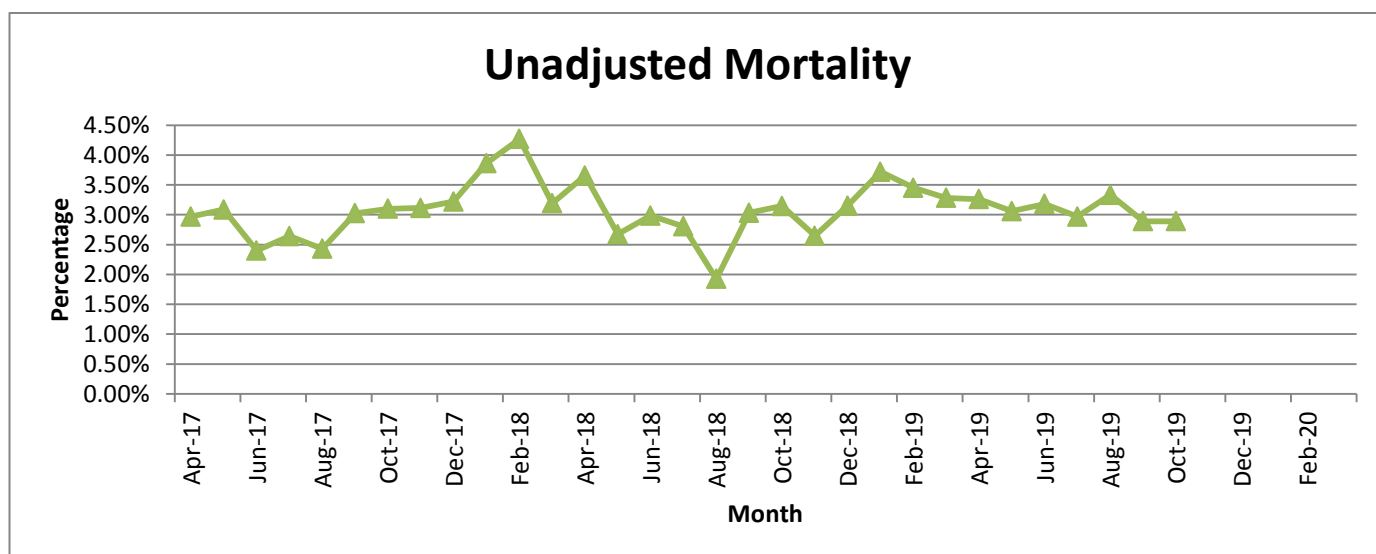


Chart 9, below, shows average age at death for each area in 2019

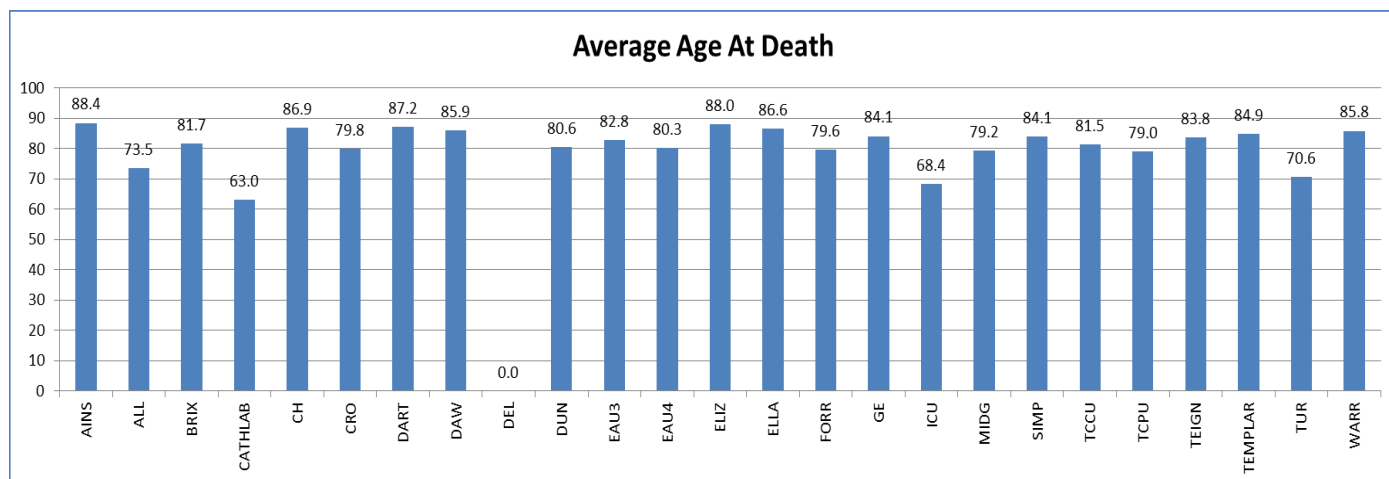


Table 2 – as below records highlights mortality by location by month and is within the expected norms for each area

Area	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	Sep-19	Oct-19	Sparkline			
AINSLIE	1	4	1	0	1	4	4	0	1	1	2	1	4	3	3	2	2	2	1	2	1	0	1	2	4	1	1			
ALLERTON	1	5	3	4	5	2	6	10	6	4	5	3	4	4	3	6	0	4	7	4	8	4	5	4	3	9	9			
BRIXHAM	0	2	1	3	2	1	1	2	1	1	3	0	3	0	1	0	0	1	4	1	0	1	0	0	0	2	1	1		
CHEETHAM HILL	16	10	15	19	12	10	11	8	12	9	8	10	13	9	9	7	13	18	11	8	11	11	11	11	11	5	9	9		
CROMIE	3	1	3	3	8	8	9	2	2	2	3	1	1	2	3	6	1	2	5	4	4	5	2	2	2	4	4	4		
DART	1	2	2	0	1	2	0	3	1	1	3	1	2	2	1	2	2	2	2	5	0	3	1	1	1	1	2	2	2	
DAWLISH	3	2	3	0	4	3	3	3	4	4	1	0	0	1	1	5	6	3	3	3	3	2	0	0	5	2	4	4		
DUNLOP	10	3	4	10	6	7	7	5	3	8	3	6	7	2	6	3	6	5	4	7	5	4	5	4	3	5	7	7		
EAU3	3	8	11	7	9	7	4	9	6	7	10	5	7	5	0	3	12	5	5	8	1	6	10	13	8	6	6	6		
EAU4	6	8	5	8	7	10	11	12	2	7	6	3	7	8	8	8	6	6	5	5	7	6	8	8	8	3	5	5		
ELLA ROWCROFT	0	0	0	1	1	0	0	1	1	2	2	0	0	0	2	0	1	1	1	1	0	1	2	1	0	1	0	0		
FORREST	0	3	2	3	5	3	2	4	2	0	1	1	2	3	0	2	3	5	1	2	2	0	1	3	1	0	1	1		
GEORGE EARLE	6	11	10	9	14	10	14	6	16	9	10	7	9	13	11	16	17	12	11	11	11	8	12	9	5	10	7	7		
INTENSIVE CARE UNIT	6	8	9	12	13	12	6	10	8	6	8	5	8	8	13	6	4	9	6	6	10	10	9	11	11	10	7	7		
MIDGLEY	15	11	9	8	12	13	8	11	8	10	8	5	6	17	9	10	11	9	14	10	10	9	9	11	11	9	8	8		
SIMPSON	11	8	6	4	6	9	3	9	4	9	10	6	9	9	8	8	10	9	7	10	6	6	7	10	10	8	6	6		
TEIGN WARD	0	2	3	3	3	1	3	3	2	1	1	0	3	0	2	3	2	3	1	2	1	3	3	2	2	2	1	2		
TEMPLAR WARD	1	4	4	2	1	5	2	1	3	1	3	2	2	5	3	2	2	2	1	1	0	1	2	1	2	3	5	5		
TORBAY CORONARY CARE BEDS	4	2	4	1	3	3	1	3	1	2	2	0	2	2	0	1	3	0	2	1	1	1	2	0	0	1	1	1		
TURNER	11	10	6	6	8	8	3	9	5	13	5	5	3	6	5	10	8	6	2	8	9	5	7	6	7	7	7	7		
WARRINGTON	0	0	1	0	4	4	1	0	0	0	0	0	0	0	0	1	5	3	6	3	10	2	2	2	0	0	0	0		
Grand Total	99	104	103	104	124	124	99	110	87	97	93	64	90	105	85	98	121	99	104	99	99	95	97	100	86	94				

5.0 Appendix 3 - Dr Foster Alerts

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.

Table 3

Relative risk & CUSUM alerts							
Title	CUSUM	Vol	Obs	Exp	%	Relative risk	Trend
☐ All Diagnoses	🟢 1 🟡 10	78057	1124	1149.3	1.4	97.8	
HSMR (56 diagnosis groups)	🟢 1	29445	945	906.7	3.2	104.2	
Acute and unspecified renal failure	🔴 1	231	36	21.3	15.6	168.7	
Genitourinary congenital anomalies	🔴 1	30	1	0.0	3.3	3102.0	
Hepatitis	🔴 1	14	1	0.1	7.1	829.0	
Intestinal infection		782	19	11.3	2.4	167.9	
Menopausal disorders	🔴 1	56	1	0.0	1.8	3854.7	
Nonmalignant breast conditions	🔴 1	80	1	0.1	1.3	939.6	
Other haematologic conditions	🔴 1	34	1	0.2	2.9	507.4	
Other perinatal conditions	🔴 1	269	5	2.0	1.9	249.0	
Parkinson's disease	🔴 1	21	1	0.9	4.8	114.3	
Peritonitis and intestinal abscess	🔴 1	24	5	3.0	20.8	166.7	
Pulmonary heart disease	🔴 1	199	15	6.9	7.5	216.5	
Spondylosis, intervertebral disc disorders, other back problems		648	7	2.2	1.1	316.7	

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 7th Nov 019, 13 indicators are within the expected norm with 2 are in the low risk category

Table 4

Patient Safety	
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: #2e8b57; color: white; padding: 5px; border-radius: 5px;">2 Low risk</div> <div style="background-color: #f0e68c; padding: 5px; border-radius: 5px;">13 Within expected range</div> </div>
Decubitus Ulcer	75.7
Postoperative pulmonary embolism or deep vein thrombosis	37.3
Deaths in low-risk diagnosis groups	130.4
Postoperative sepsis	126.1
Obstetric trauma - vaginal delivery with instrument	125.9
Postoperative Physiologic and Metabolic Derangement	116.4
Accidental puncture or laceration	87.1
Obstetric trauma - vaginal delivery without instrument	80.6
Deaths after Surgery	78.2
Postoperative Haemorrhage or Haematoma	77.4
Postoperative respiratory failure	53.5
Infections associated with central line	0.0
Postoperative hip fracture	0.0
Postoperative wound dehiscence	0.0
Obstetric trauma - caesarean delivery	0.0

7.0 Appendix 5 – Hospital Mortality

Mortality Dashboard of the deaths reviewed this quarter – 0 reviews to date are scoring 1 but this will change as more reviews are received

All learning disability deaths are referred to the CCG for LeDeR

**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
93	84	0	0		
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
133	280	0	13	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
701	1148	58	202	0	0

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.

Report to Trust Board of Directors				
Report title: Health Care Worker Flu Immunisation Programme		Meeting date: 4 December 2019		
Report appendix	List any supplementary information as shown below: Appendix 1: NHSE/I Flu Check list			
Report sponsor	Director of Workforce and Organisational Development.			
Report author	System Director for Nursing and Professional Practice (Torbay)			
Report provenance	Consultation and engagement with Integrated Service Unit flu and other department flu leads.			
Purpose of the report and key issues for consideration/decision	This report is being presented to the Board to provide assurance of the health care worker flu immunisation programme in place within the organisation for 2019/20. This includes a completed healthcare worker flu immunisation best practice management check list for board consideration provided by NHS England and NHS Improvement.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The board is requested to receive and note the content 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		Terms of Authorisation	
	NHS Improvement	X	Legislation	
	NHS England	X	National policy/guidance	X
<p>Maintaining momentum across the trust and ensuring all front line health care worker staff and our other staff members are immunised is the focus of our attention. We recognise that the earlier we immunise our staff the more we will improve our ability to provide safe, effective, high quality services through the winter months.</p>				

Report title: Healthcare worker Flu Vaccination Programme	Meeting date: 4 December 2019
Report sponsor	Director of Workforce and Organisational Development
Report author	System Director of Nursing and Professional Practice

1. Introduction

The purpose of the report is to provide the trust board with an overview of the flu vaccination programme across the trust for 2019/20 and the progress of immunising staff to date.

The health care worker flu vaccination programme is an annual immunisation programme aimed at protecting staff, patients and our families and loved ones against seasonal flu. Each year the vaccine developed reflects the strains of flu that have been identified in the Southern hemisphere to protect individuals from flu that will circulate during the winter months.

The Updated Code of Practice for the prevention and control of Healthcare associated infections (HCAI) emphasises the need for NHS organisations to ensure that frontline Healthcare workers are free of and protected from communicable infections (so far as is reasonably practicable), and that all staff are appropriately educated in the prevention and control of infections. Policy and procedures on the prevention and management of communicable infections (including staff immunisation programmes) must be in place Vaccine uptake data is collected on all frontline HCWs who provide direct patient care or have contact with patients. This group for 2019/20 includes:

- Professionally Qualified Clinical Staff – consisting of all professional staff with direct patient care
- Support to Clinical Staff - Staff working in direct support of clinical staff, often with direct patient care, who free up clinical staff and allow them more time to treat patients
- NHS Infrastructure Support - Staff directly involved in the day-to-day running of the organisation and its infrastructure.

Nationally in 2018/19 providers in England achieved an uptake rate amongst frontline staff of 70.3% with some organisations vaccinating 90% of front line staff.

Since 2015/16 the overall uptake levels have increased nationally but for the Trust over the last three years we have seen a slight reduction each year and In 2018/19 we achieved a target of 60.34%.

As an organisation we focus on those staff working on the frontline in accordance with the direct patient care criteria. However, we facilitate easy access to all staff as we recognise the important contribution all staff members make to our health and care services.

In 2019/20 our ambition is to improve our immunisation rate from our 2018/19 achievement of 60.34% and we are striving to increase the percentage of frontline

workers being immunised. The national requirement set by NHS England and NHS Improvement for 2019/20 is to achieve 60- 80% of frontline workers and this is supported by a National Commissioning for Quality and innovation (CQUIN) where the achievement levels set are minimum (60%) and maximum (80%) to achieve remuneration.

Health care workers with direct patient contact need to be vaccinated for a number of reasons because:

- Flu contributes to unnecessary morbidity and mortality in vulnerable patients.
- Up to 50% of confirmed influenza infections are subclinical and therefore unvaccinated people are unaware that they have the flu virus and can infect others without being aware. The ability for the virus to be passed in this way to vulnerable patients and colleagues poses a significant risk.
- Flu – related staff sickness affects service delivery, impacts on patients and on other staff.
- Patients feel safer and are more likely to get vaccinated when they know staff are vaccinated.

Cumulative data will be collected on vaccinations administered from 1 September 2019 to the end of each survey month (inclusive of both dates). The data collection will comprise of 5 monthly surveys for October, November, December, January and February with collections that commenced on 1 November 2019 through to 12 March 2020.

2. Discussion

The Trust has adopted a proactive positive and inclusive flu vaccination programme for 2019/ 20 and adopted a range of initiatives including:

- Roving vaccinators
- Static clinics
- 70 trained peer vaccinators across the whole organisation
- 4 Peer vaccinator meetings arranged throughout the campaign to share ideas and to review progress.
- Flu Group to meet regularly throughout the campaign
- Computer screen saver messages
- Use of social media to share messages and promote flu events
- Weekly updates in the Trust bulletin to share progress and clinic dates and times
- Clinical site managers trained to offer immunisation throughout the night on request.
- Badge for each staff member immunised.
- Chocolate after being immunised.
- Trust Talks to share importance of the programme and progress
- Posters across the trust.
- Visiting sites on the boundaries of the organisation.
- Chief Executive Officer VLOG
- Hypnotherapy session for those that are needle phobic.

- Clinics at new staff mandatory training sessions.
- The offer to discuss concerns with the consultant microbiologist/ Director of Infection Prevention and Control (DIPC) supporting the programme.

Appendix 1 provides detail of the actions taken by the Trust aligned to the NHSE/I checklist.

Table shows that we have already vaccinated 53.15% of our front line staff compared to 39.53% the same time last year.(w/e 22 November 2019).

Category	Total	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Start of Nov Reset	Wk 6	Wk 7	Wk 8
All Staff Running Total	7299	1156	1319	1411	2445	2813	7313	2862	3570	3773
All Staff Weekly Total		1156	163	92	1034	368		49	708	203
Overall %		15.84%	18.07%	19.33%	33.50%	38.54%		39.14%	48.82%	51.59%
ImmForm Running Total	4966	895	1030	1103	1812	2020	4973	2063	2534	2643
ImmForm WeeklyTotal		895	135	73	709	208		43	471	109
ImmForm %		18.02%	20.74%	22.21%	36.49%	40.68%		41.48%	50.96%	53.15%

Break down of all staff by staff groups, Immform and ISU locality on w/e Friday 22 November 2019

ImmForm Category 2018	Y	Grand Total
All Doctors (excl GPs)	352	582
All Other Prof Qual staff	458	880
Non clinical or social care	1130	2342
Qual Nurses, midwives &HV	848	1530
Support to Clinical	985	1989
Grand Total	3773	7323

Staff Group	Y	Grand Total
Add Prof Scientific and Technic	176	369
Additional Clinical Services	848	1834
Administrative and Clerical	950	1721
Allied Health Professionals	305	604
Estates and Ancillary	232	590
Healthcare Scientists	62	96
Medical and Dental	352	582
Nursing and Midwifery Registered	848	1527
Grand Total	3773	7323

Locality/ISU	Y	Grand Total
388 Children & Family Health Devon ISU	113	308
388 Coastal ISU	684	1285
388 Loc - Charitable Funds	13	34
388 Loc - Chief Executive	12	15
388 Loc - Education and Development	64	104
388 Loc - Estates & Facilities Management	222	523
388 Loc - Finance, Information & Procurement	63	140
388 Loc - Internal Audit	4	11
388 Loc - Medical Director	7	11
388 Loc - Nursing & Quality	30	39
388 Loc - Operations Director	4	5
388 Loc - Pharmacy (SDH Dev)	10	10
388 Loc - Pharmacy Services	71	111
388 Loc - Research & Development	22	40
388 Loc - Reserves and Provisions	184	754
388 Loc - Strategy	104	196
388 Loc - Torbay Pharmaceuticals	105	193
388 Loc -Workforce	56	83
388 Moor to Sea ISU	281	504
388 Newton Abbot ISU	466	731
388 Paignton & Brixham ISU	645	1114
388 Torquay ISU	472	843
388 Trustwide Support Services	141	268
545 Torbay & Southern Devon Health & Care NHS Trust		1
Grand Total	3773	7323

The positive response by our staff to the programme this year has been tremendous and this should be commended. The peer vaccinators and roving vaccinators are continually raising the profile of the programme and offering the vaccination.

The key challenge of the programme to date has been the staggered delivery of the flu vaccine as set by Public Health England and our supplier Sanofi. This has resulted in the requirement to kick start the programme on three occasions as the vaccine is received into Pharmacy. The Pharmacy team have provided excellent service in helping to ensure distribution is controlled and made as efficient as possible.

Another challenge is ensuring that staff immunised elsewhere such as GP practice or at a pharmacy inform the flu programme team via ICON so this can be captured. Completed consent forms being returned in a timely fashion from peer vaccinators to add to the total.

3. Conclusion

The flu vaccinator programme has started and progressed well to date and we are now in receipt of the third and final delivery. Maintaining momentum across the trust and ensuring all Front line health care worker staff and our other staff members are immunised is the focus of our attention. We recognise that the earlier we immunise our staff the more we will improve our ability to provide safe, effective, high quality services through the winter months. The range of initiatives are proving positive particularly the roving vaccinator model which makes vaccine accessible to staff in their work environment.

4. Recommendations

The board is requested to receive and note the content of the report.

Appendix 1 - Healthcare worker flu vaccination best practice management checklist - for public assurance via trust boards by December 2019		
A	Committed Leadership (number in brackets relates to references listed below the table)	Trust self-assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	Board recognises the ambition of 100% of front line staff to be immunised and will work towards increasing its overall percentage aiming for 80% or greater, in line with CQUIN upper target.
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	5,600 vaccines ordered which include supplies for Maternity service for pregnant mums and allocation for identified patients on cardiac and respiratory ward leaving 5,000 for staff. Delivery schedule: 1, 960 week ending 26/9; 1,670 week ending 18/10 and 1960 week ending 8/11. Top ups supplies will be available if requested.
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	Report has been presented to the Board with recommendations for it to receive and note the content. November 2019
A4	Agree on a board champion for flu campaign	Judy Falcao is named Lead Executive Director with Jacquie Phare as Clinical Lead and Trudi May as campaign Lead

A5	All board members receive flu vaccination and publicise this	Board members are receiving easy access to vaccination and photos are being used for communication purposes. Chief Executive Vlog has been displayed on the front page of ICON
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Flu Group meets on a regular basis and comprises representatives from Staff Side, Nursing both acute and community, Infection Control, Senior Leadership, admin and clerical, communications, midwifery
A7	Flu team to meet regularly from September 2019	Flu Group meets on a regular basis at Hospital venue as well as Peer Vaccinator meetings. Ad hoc sub group meet in response to need
B	Communications Plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Rationale and facts regularly published through weekly staff bulletin and on front page of ICON throughout the whole of the campaign. Easy access to flu campaign pages also visible on the front page of ICON. A slot on the Trust wide monthly meetings “Trust Talks” has also been used to promote the programme and the importance of vaccination.
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	All static clinics, roving vaccinators and Peer Vaccinators are published electronically and regularly updated in accordance with vaccine availability and campaign timetable.
B3	Board and senior managers having their vaccinations to be publicised	Wherever possible Board Members having their vaccinations will be used for advertising purposes

B4	Flu vaccination programme and access to vaccination on induction programmes	Special clinics will be made available within the Horizon Centre at times of induction and mandatory training with Horizon staff supporting the advertising of the clinics.
B5	Programme to be publicised on screensavers, posters and social media	A communication Plan has been written to encompass all use of electronic publicising of events and facts throughout the campaign
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Flu group works very closely with workforce team to deliver weekly updates in various formats to be distributed to teams and professional groups and publicised on Trust intranet ICON.
C	Flexible Accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	A new role description was created for 2019/2020 with 70 Peer Vaccinators currently signed up to the programme and would have completed the recommended PHE training and signed the current PGD before becoming part of the PV Team
C2	Schedule for easy access drop in clinics agreed	Schedule agreed and update constantly throughout the campaign dependant on vaccine delivery. Easy access facilitated by early start (7am) and late finish (8pm) of static clinics. Roving vaccinators within the hospital and community. Site managers vaccinating through the night supporting the Peer Vaccinators
C3	Schedule for 24 hour mobile vaccinations to be agreed	As above, the use of extended hours for the static clinics and site managers for night staff will give us 24 hour coverage when all clinics running
D	Incentives	

D1	Board to agree on incentives and how to publicise this	Campaign this year based on the seriousness of our Duty of Care. Incentives over the last 3 years have not proved to be as successful as hoped. Everyone who has a vaccination is offered a sweet and a sticker and the feedback from staff is that this is appreciated
D2	Success to be celebrated weekly	Continued success is celebrated throughout the campaign through release of the figures via our communications team and the appropriate medium.

Report to the Trust Board of Directors				
Report title: Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training		Meeting date: 4 th December 2019		
Report appendix	Nil			
Report sponsor	Medical Director			
Report author	Dr Ed Berry, Consultant in Emergency Medicine and GOSWH			
Report provenance				
Purpose of the report and key issues for consideration/decision	To provide assurance to the Board that doctors in training under the new terms and conditions of service are working safe working hours and to highlight any areas of concern.			
Action required (choose 1 only)	For information <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board is asked to note the report for information.			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	Y	Valuing our workforce	Y
	Improved wellbeing through partnership	Y	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	
	NHS England		National policy/guidance	Y

Report title: Guardian of Safe Working Hours – Doctors and Dentists in training		Meeting date: 4th December 2019
Report sponsor	Medical Director	
Report author	Dr Ed Berry, Consultant in Emergency Medicine and GOSWH	

1. Executive Summary

The following report concerns the time period of 1st of August 2019 up to the 18th of November 2019 based on the Exception Reports submitted by the Junior Doctor workforce.

- The Junior Doctor Contract was reviewed by the BMA, NHS Employers and Department of Health in July 2019; as part of this review a number of changes to the terms and conditions were made resulting in a reduction in the consecutive number of nights and long shifts worked and an increase in rest periods.
- These amendments have necessitated the review of all trainee rotas across the Trust to include changes to ensure compliance with reduced working hours and rest periods. This has been, and continues to be, a significant and time-consuming piece of work for Practices Managers and Medical HR.
- Data is currently being collated to determine the implications for additional staffing to cover rota gaps.
- There are too many obstacles to junior doctors receiving time off in lieu (TOIL) or money for hours claimed in Exception Reports and requires a change in process to reduce workload. The GOSWH is reviewing the process with junior doctor representatives and will provide update on progress in future Board reports.
- Too many Exception Reports are not completed through discussions with educational supervisors/clinical leads. This is contrary to the Junior Doctor contract and needs to be changed to prevent Junior Doctor apathy. An electronic solution is being explored and will be negotiated through the Joint Local Negotiating Committee.
- There remain significant cohorts of Junior Doctors who are not represented in Exception Reports; this missing data makes spotting patterns difficult. This has previously been reported to the Board and the GOSWH has implemented a number of innovations to encourage reporting and to make pre-authorisation of additional hours an option. The impact of these changes will be reported in the next Board report.

2. Introduction

- In July 2019 an agreement was reached between NHS Employers, the BMA and Department of Health on the amendments to the 2016 terms and conditions for doctors in training. The agreement covers the period from 1st April 2019 to 31st March 2023.

- The new terms were introduced in August 2019 with a phased implementation to include changes to new limits of working hours and safeguards on rest.
- The following report aims to ensure Junior Doctors are working contracts compatible with the Junior Doctor Terms and Condition of Service 2016, that are sustainable and fair and that they are able to claim money/time off in lieu should they need to work extra hours to maintain patient safety/attend educational opportunities or complete career enhancing objectives.

3. Exception Reports

There have been 216 Exception Reports in the period 1st August 2019 to 18th November 2019.

Table 1 – Exception Reports by Area

Specialty	Number of exceptions raised in reporting period	Number of exceptions closed	Number of exceptions outstanding	Comment
A&E	1	0	1	
Acute Medicine	106	85	21	11 unresolved
Acute Surgery	50	18	32	
Cardiology	2	2	0	
Gastroenterology	6	4	2	
Haematology	14	0	14	Reported by 2 Junior Doctors
ITU	7	7	0	
Obstetrics	2	0	2	
Ophthalmology	1	1	0	
Other (GP)	3	2	1	
Paediatrics	8	0	8	
Respiratory	12	0	12	
Urology	3	0	3	
Total	215	119 (55%)	96 (45%)	

Table 2 – Exception reports by Grade

Grade	No. exceptions raised in reporting period
F1	151
F2	28
CT1-3	25
ST 4-9	11
Total	215

Table 3 – Nature of Exception

Additional Hours	187
Educational	22
Rota Concern	6

Table 4 – Outcome of Exceptions

TOIL	44	No further action includes outcomes where discussion is enough to close the ER or Dr behaviour can be modified to avoid further circumstances.
Payment	64	
No compensation required	2	
Agreed no further action required	16	
Outstanding	89	

4. Rota Reviews

Rota reviews have been carried out by Practice Managers working alongside Medical HR on every Junior Doctor rota, as mandated by the schedule of the Junior Doctor Contract implementation timescales. The rota updates have provided further challenge to the operational teams in covering doctors' duties. The impact of the latest review is being assessed along with the possibility of providing cover for some duties through non-medical personnel (in the longer term).

5. Fines

There have been no Guardian fines for this period.

6. Qualitative Information

It is important to appreciate the complexity of the mandated reporting system. In order to receive TOIL or payment, the current process requires the Junior Doctor to submit an exception report, have it signed by a clinical supervisor/lead, meet with a rota manager to agree TOIL/payment, submit a timesheet and log back into Allocate (the Exception IT System) to sign off the Exception report as complete.

7. Issues Arising

- **Difficulty meeting educational supervisors:** 45% of exception reports have not been completed. This is likely due to difficulties contacting and meeting educational supervisors who may, or may not, be members of the speciality concerned. Without the meeting, Exception Reports cannot be actioned. Some Educational Supervisors have developed a virtual means of completion and this approach is being explored. If acceptable it can be employed more widely. Reaching a solution to this administrative problem is important in maintaining the confidence that Junior Doctors and the Junior Doctor Representative Committee

have in the process. There is evidence that confidence is not high at the present time.

- **TOIL/payment difficulties:** The current process requires an on-line exception report and a paper submission for hours/TOIL. It also requires a signed exception report which can be difficult (note 45% are incomplete). The duplication of work makes it more difficult to arrange payment. The time taken to complete the various discussions to get TOIL makes it unlikely an appropriate time can be found before the end of the rotation. TOIL cannot be taken forward onto new rotations.
- **Lack of clarity about reporting:** The BMA has published some guidelines about what to and what not to report. Hours is a difficult threshold because the BMA considers 15 minutes to be enough time to submit an exception report. Most junior doctors have their own personal exception reporting threshold ranging between 30 and 60 minutes. There is a need for education in relation to the breaks to which junior doctors are entitled.
- **GoSWH support:** The support that the GoSWH received has been reduced in recent months due to unforeseen absence of staff. Agreement has been reached that the resilience of the administrative support needs to be improved by sharing of portfolio between a number of staff.

8. Actions Taken to Resolve Issues

- I have met with a number of Junior Doctors, the JDRC and regional GoSWHs. Having considered these discussions and taken on board feedback, I would suggest the following changes to our Exception Reporting:
 - **Exploration of electronic exception reporting:** Reducing the need for face to face meetings and including a maximum time for response and a default sign-off by the GoSWH. This would bring Torbay in-line with other local Trusts and the Junior Doctor contract.
 - **TOIL/payment difficulties:** The process for achieving TOIL/Payment against an Exception Report needs to be reviewed and if possible simplified. It is proposed that GoSWH, members of the JDRC and Medical HR work together to review and modify the process.
 - **Lack of clarity about reporting:** It has been agreed with members of the JDRC that we will work together to produce more detailed guidance and provide examples of what should be exception reported. We have also committed to reviewing the Exception Reporting policy and to relaunch once a new version is agreed.

9. Summary

Overall, all departments appear compliant and supportive of their Junior Doctors. Some departments have had difficulties retaining and covering staff illness. Practice Managers work well with their junior doctors to where possible cover these absences. Practice Managers are also well placed to identify and respond to rota gaps and are as proactive as they possibly can be.

The priority for the coming quarter is streamlining of the TOIL/payment system, simplifying the Exception Reports process and evaluating this.

10. Recommendation

The Board is asked to note the report for information.

Report to the Trust Board of Directors				
Report title: Research and Development Annual Report			Meeting date: 4 th December 2019	
Report appendix	N/A			
Report sponsor	Medical Director			
Report author	Director of Research and Development			
Report provenance	Reviewed by Executive Directors on 26 th November 2019			
Purpose of the report and key issues for consideration/decision	This report provides a summary of the Trust's activity, performance and delivery against Government metrics (KPIs) set for R&D in the NHS; as part of the National Institute for Health Research (NIHR) contracts / DHSC Research Strategy and agendas. This report covers the 2018/19 financial year, and also up to Q2 19/20 status.			
Action required (choose 1 only)	For information <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Trust Board is asked to consider the risks and assurance provided within this report and to agree any further action required.			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	Y	Valuing our workforce	Y
	Improved wellbeing through partnership	Y	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	Y	Terms of Authorisation	
	NHS Improvement		Legislation	Y
	NHS England		National policy/guidance	Y

Report title: Research and Development Annual Report		Meeting date: 4th December 2019
Report sponsor	Medical Director	
Report author	Director of Research and Development	

1.0 Introduction

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

In addition Research has now been added to CQC Well Led inspections. The CQC believe that the foundation of effective care is good research. In every core service the CQC inspect there are likely to be patient care provisions that were introduced on the basis of clinical research - because essentially, today's approach to treatments is a consequence of yesterday's research. Further, good evidence shows that trusts which incorporate a higher level of research activity have better patient outcomes regardless of whether they are research participants. Research should no longer be seen as separate to operational delivery as it is now a key part of improving patient care. The CQC will look at how the organisation raises awareness; facilitates research and how we can demonstrate equity of access.

2.0 NIHR Clinical Research Network contract

Research in England is driven by the National Institute for Health Research (NIHR) as part of the Department of Health and Social Care (DHSC); working through Clinical Research Networks (CRNs) to provide a unique opportunity to widen participation within research and help reshape practice with evidence.

The Trust is a partner in the NIHR South West Peninsula CRN (SWP:CRN) and is commissioned to provide a clinical trials delivery service and function locally for NIHR studies; with a contribution to purchase research management & governance expertise, advice and services; in line with relevant national R&D strategies and policies and the NIHR Performance and Operating Framework contracts.

The Trusts CRN annual report for 2018/19 was submitted to and accepted by the NIHR South West Peninsula Clinical Research Network (SWP:CRN). Many of the details in this report are contained / represented within this report.

3.0 NIHR - National Key Performance Indicators (KPIs):

Please see Appendix 1 – for the full dashboard. In summary during 2018/19 the Trust:

- Met our recruitment target = 173% (although overall lower compared to the previous year but with a smaller workforce and capacity; an achievement)
- Improved on delivery to time and to target metrics
- Continued to increase our number of new commercial studies approved n=16.
- Performance against other NIHR KPI metrics remained similar to previous years.
- The overall number of new approved studies dropped slightly due to capacity and as part of our recovery plans (see below).

- Study set up times need to improve. This metric was missed again. However this is attributed to a significant number of studies that we suspended to set up whilst we progressed with our recovery plans (workforce, financial and governance). We spent a significant part of 2018/19 overhauling and streamlining our set up procedures which are starting to show improvements against this metric during 2019/20.
- The Trusts performance is comparable when benchmarked against the other regional NHS organisations performances.
- The CRN at our annual review did not raise any specific concerns.
- In regards to 2019/20 – currently there is concern over meeting our recruitment targets at mid-year. However recruitment is lower across all organisations in the region and this is a trend reflected nationally. The national portfolio of studies is smaller with fewer high recruiting studies available in the first half of the year. However this situation is expected to improve during Q3 and Q4.

4.0 R&D Recovery plan:

The level of 'productive' R&D activity had been decreasing over the years. As a consequence we had decreasing income actual and potential = loss in savings actual and potential. R&D was unable to generate sufficient income from current research activity and contracts (actual and potential) to maintain, sustain and afford the R&D workforce budget.

A recovery plan; agreed with the executives; has been in place since late 2017. The principle aims are:

- a) To remain research active and ensure R&D operates at a zero deficit and return to income generating from 2020/21. Accepting there is level of risk during this transition period.
- b) To rebuild activity and increase income generation to operate within an affordable and more sustainable financial model.
- c) To downsize and consolidate the R&D portfolio; to re address the balance; supporting areas of strength and studies of value to enable recovery, and as a consequence this has meant less support for some clinical specialties and less non-commercial trials, closing non recruiting studies as well as a huge data cleansing exercise to enable regular and more targeted performance management.
- d) To reduce costs through a workforce restructure and increase capacity and productivity with a smaller workforce through reductions in variations of practice (e.g. streamlining systems, processes and procedures); with the aim to:
 - maximise total recruitment to portfolio studies – to maximise CRN funding
 - maximise Activity Based Funding (ABF) points – by increasing interventional non-commercial studies; to maximise CRN funding and value to the wider system (savings etc)
 - Maximise income generation actual by increasing the number of Commercial studies awarded, approved and delivered (which will also help increase savings to the system e.g. drug savings)
 - Maximise income generation potential – increase number of positive expressions of interest for commercial studies, consistent delivery and good customer experience.
- e) In addition the actions proposed will also help support recovery plans associated with regulatory compliance and to reduce the huge backlog of archiving and closing down studies.

Our data shows we are on plan and achieving these goals. Significant progress has been made in 2018/19 which continues into 2019/20: The remainder of the report shows improvements against the portfolio management KPIs. Performance against increasing income and reducing staff costs, please refer to the finance and workforce section respectively.

5.0 Summary of activity and performance:

5.1 Sponsored / Trust led activity and Research Grants:

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

Project Title	Applicant	Amount Awarded
Treating Crohn's disease with a whole-food dietary intervention	Dr Alan Desmond	£39,989
Point of care measurement of faecal nitric oxide production for the diagnosis of bacterial gastroenteritis –phase 2: development of sample pot and quantitative analysis for prognosis.	Dr Kyle Stewart	£41,032
<p>Doctoral and pre-doctoral fellowship for nurses, midwives and allied health professionals. Funding to support two fellowship programmes with 1 fellowship for each programme over a period of three years: A Partnership between TMRF / University of Plymouth/ TSDFT: Awarded</p> <ul style="list-style-type: none"> • Kathryn Bamforth, part time PhD fellowship (starting on October 1st 2019) • Harriet Hughes – part time pre doctoral training fellowship.(starting tbc) 	Prof Jane Viner	<p>Pre- doctorate 1-3 year programme:£42,987</p> <p>Post doctorate 6-8 year programme:£207,265</p>
Investigating the prevalence of primary hyperaldosteronism in patients with hypertension and newly diagnosed obstructive sleep apnoea in a UK population.	Dr Mark Gilchrist	£31,220
Evaluating the impact of the implementation of patient information videos into cardiology clinical pathways of care with respect to health economics and patient experience.	Dr Phil Keeling	£9,273

NIHR National Fellowships: 2018/19

- Rachel Rapson, Physiotherapist: Awarded £319,952.00 as part of a NIHR Clinical Fellowship to study for a PhD part time with the University of Plymouth looking at 'A novel interactive dynamic training device to improve walking ability and quality of life for children with cerebral palsy: A mixed methods study'.
- Sarah Pavior, Physiotherapist - HEE/NIHR ICA Pre-doctoral Clinical Academic Fellowship 2018 - with University of Exeter – not awarded / unsuccessful

2019/20

- Sarah Pavior, Physiotherapist - HEE/NIHR ICA Pre-doctoral Clinical Academic Fellowship 2019 - with University of Exeter (£51, 096) – Awarded and starting October 2019
- Jennifer Williams, Podiatrist – HEE/NIHR PCAF Pre-doctoral Clinical Academic Fellowship 2019 - with University of Plymouth (£51, 096) – Awarded and starting January 2010.
- Justine Tansley, Podiatrist – HEE/NIHR PCAF Pre-doctoral Clinical Academic Fellowship 2019 - with University of Plymouth – not awarded / unsuccessful.

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

- 2018/19: Kathryn Bamforth, Physiotherapist & operational Manager (Medicine) - (£13K)
- 2018/19: Elizabeth Bailey; Physiotherapist (£8,115)
- 2018/19: Justine Tansely; Podiatrist (£5,509)

Other grant awards:

2018/19

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

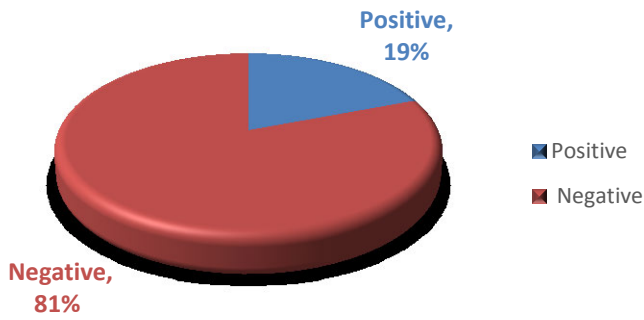
5.2 Hosted research activity (led by other organisations where the Trust participates)

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

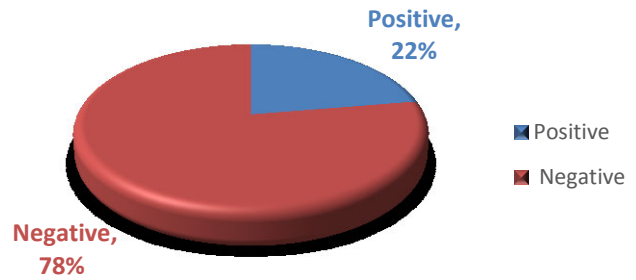
5.2.1 Expressions of Interest:

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

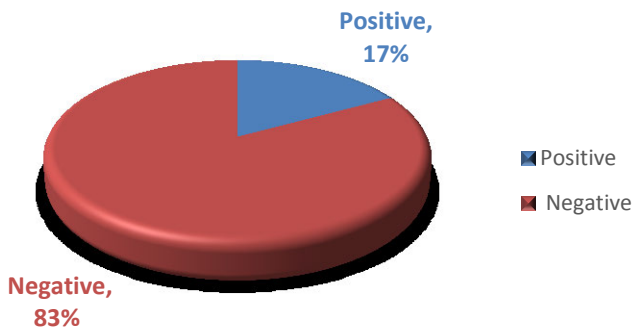
**% POSITIVE ALL EOI'S SUBMITTED 18/19
(N = 452)**



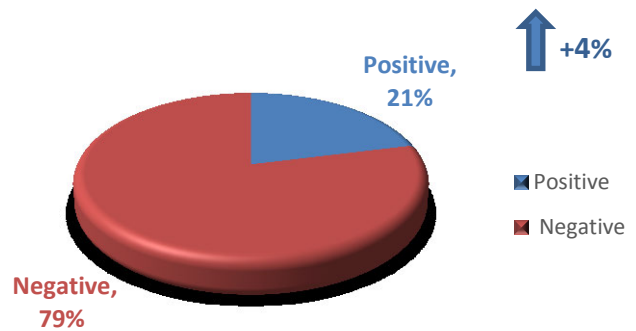
**% POSITIVE ALL EOI'S SUBMITTED Q2
19/20
(N = 143)**



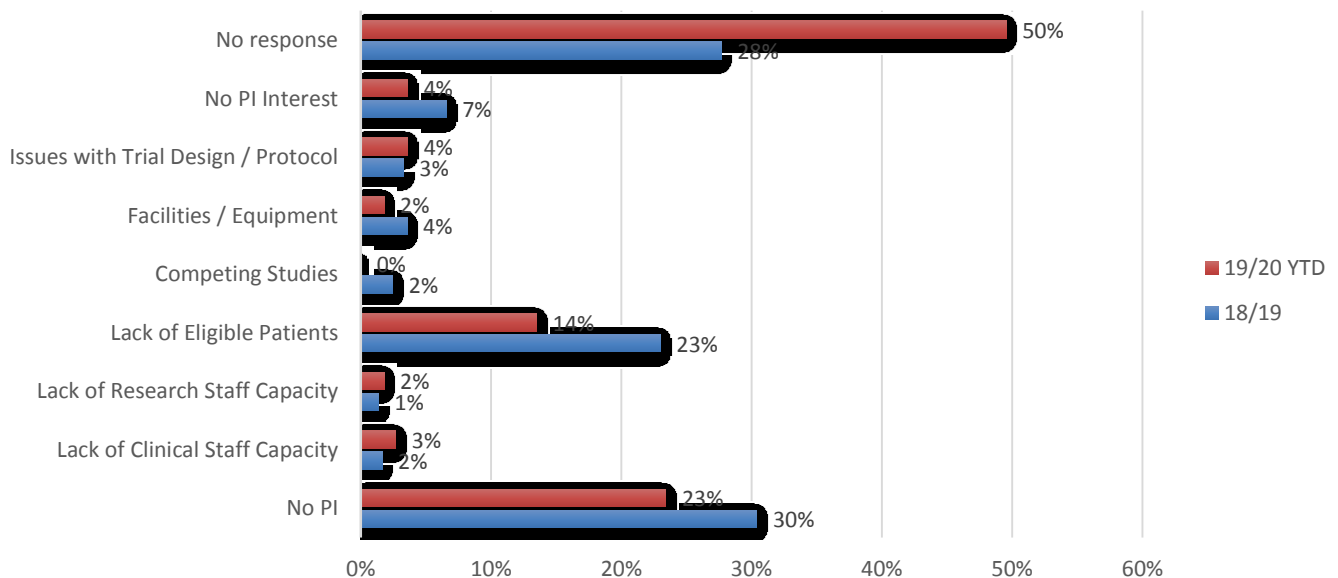
**% POSITIVE COMMERCIAL EOI'S
SUBMITTED 18/19
(N = 333)**



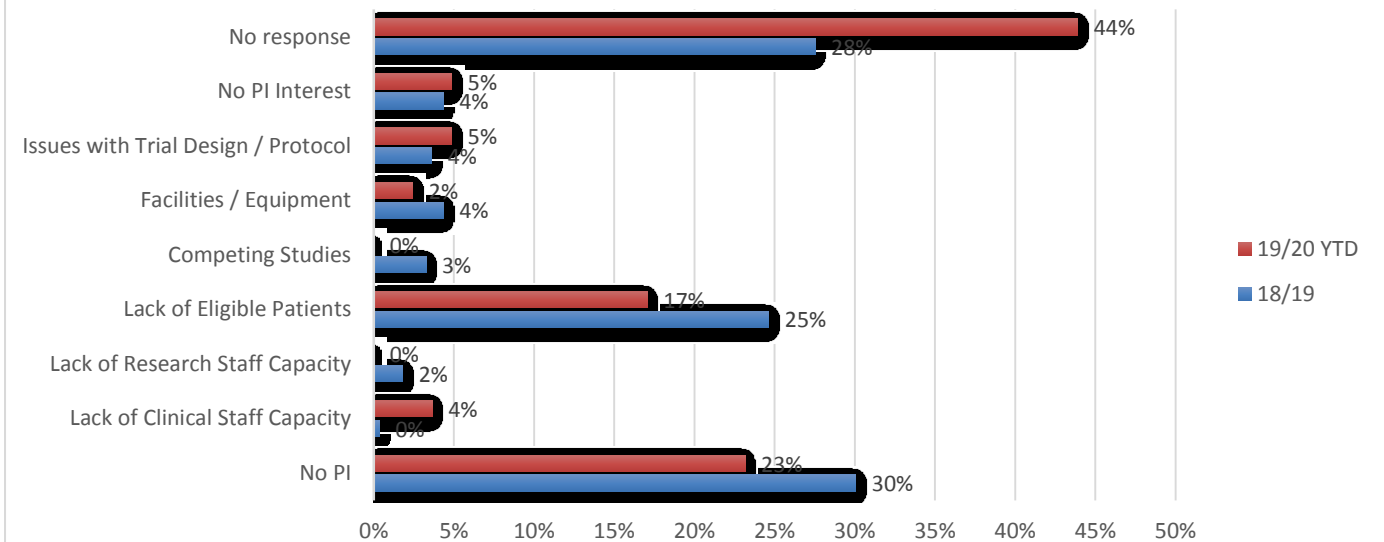
**% POSITIVE COMMERCIAL EOI'S
SUBMITTED (Q2) 19/20
(N = 104)**



Comparison Reason for Decline All EOI's



Comparison Reason for Decline Commercial EOI's

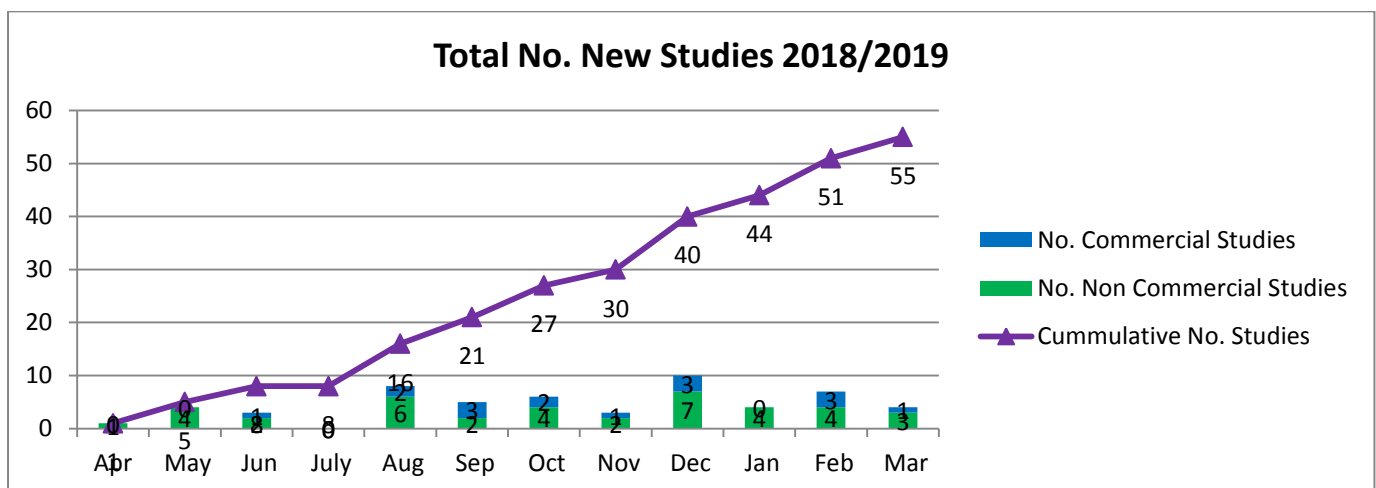


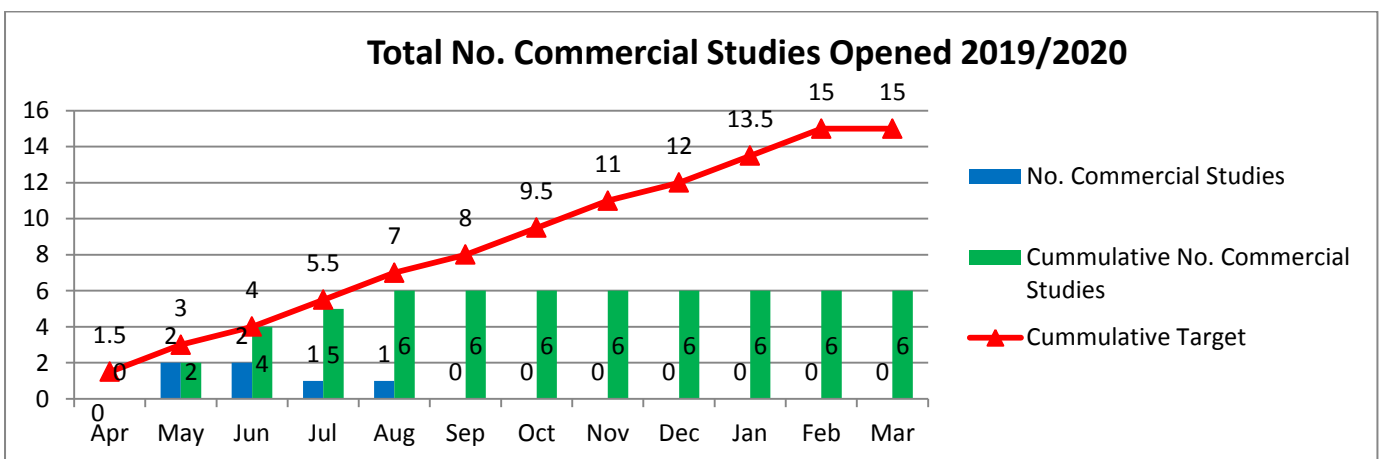
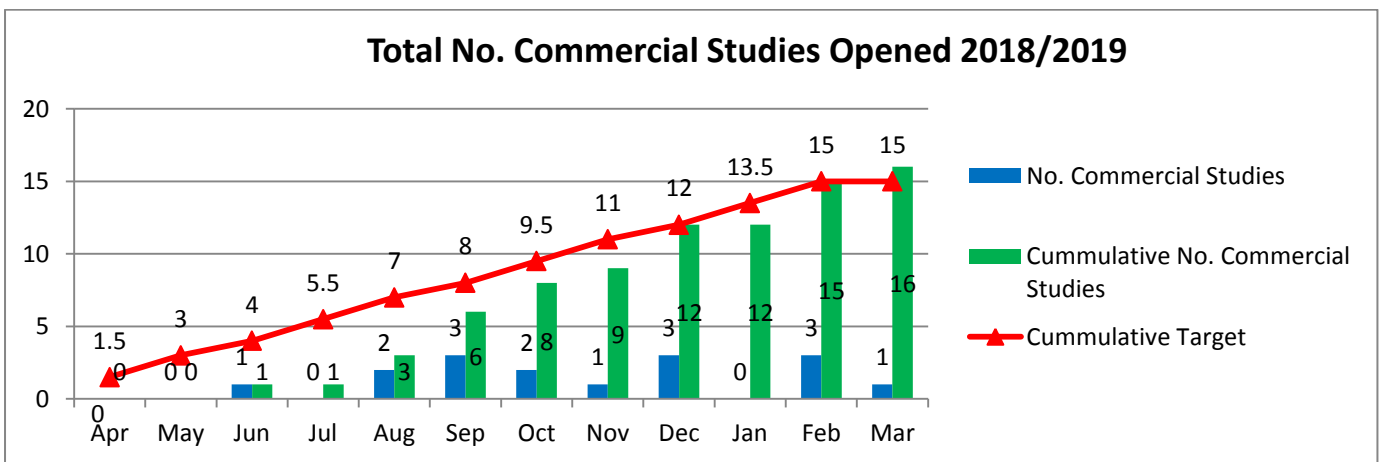
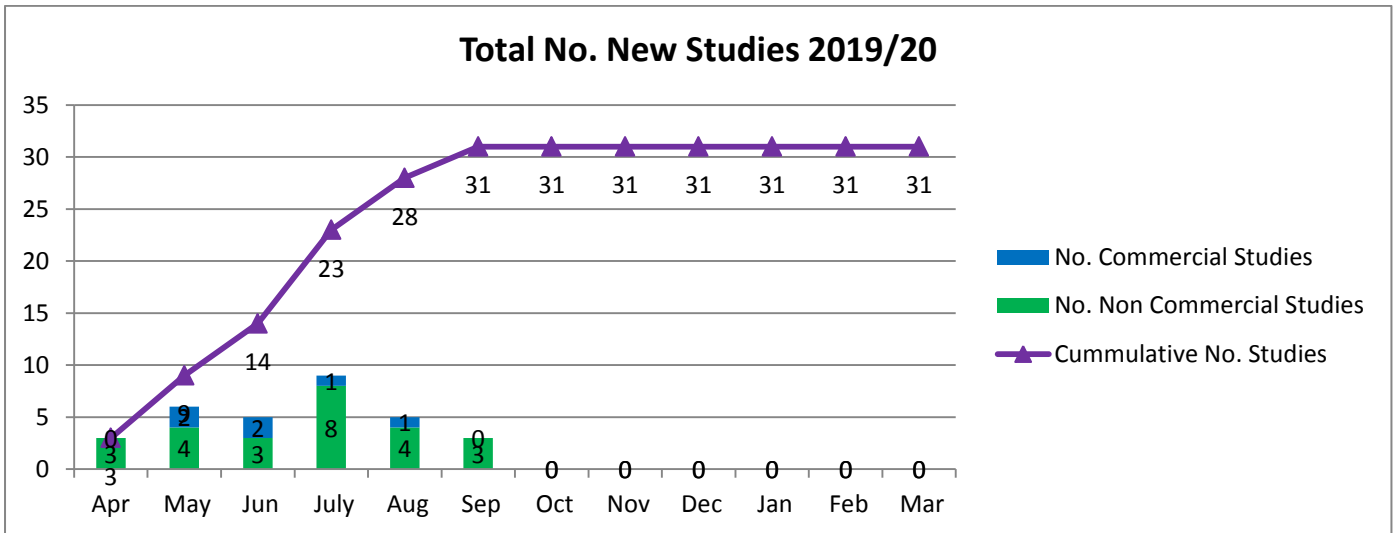
N.B: In 18/19 we adjusted the feedback to differentiate between no PI interest / no suitable PI to help understanding the issues and barriers better. Excluding the lack of eligible patients, the main reason we are turning down studies is fundamentally due to lack of investigators (PIs) still; due to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

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

The Trust approved a total of 55 new studies in 2018/19, slightly less than in 2017/18 (n=63) of which 29% (n=16) were commercial (an increase from 22%). The mid-year 2019-20 activity shows the number of new studies approved = 31; which is higher compared to the same time last year. Whilst the proportion of new commercial studies approved and opened is lower (n=6 / 19%), the Trust has been awarded an additional 11 commercial studies already and are awaiting study set up. We are on track to reach this target.

Some of our reduced activity can be attributed to workforce capacity, rebuilding and restructuring the teams to help improve skill mix and etc., as well as our portfolio management and financial recovery action plans; trying to rebalance the portfolio by prioritising the setup of new commercial studies over non-commercial studies with the smaller workforce capacity.



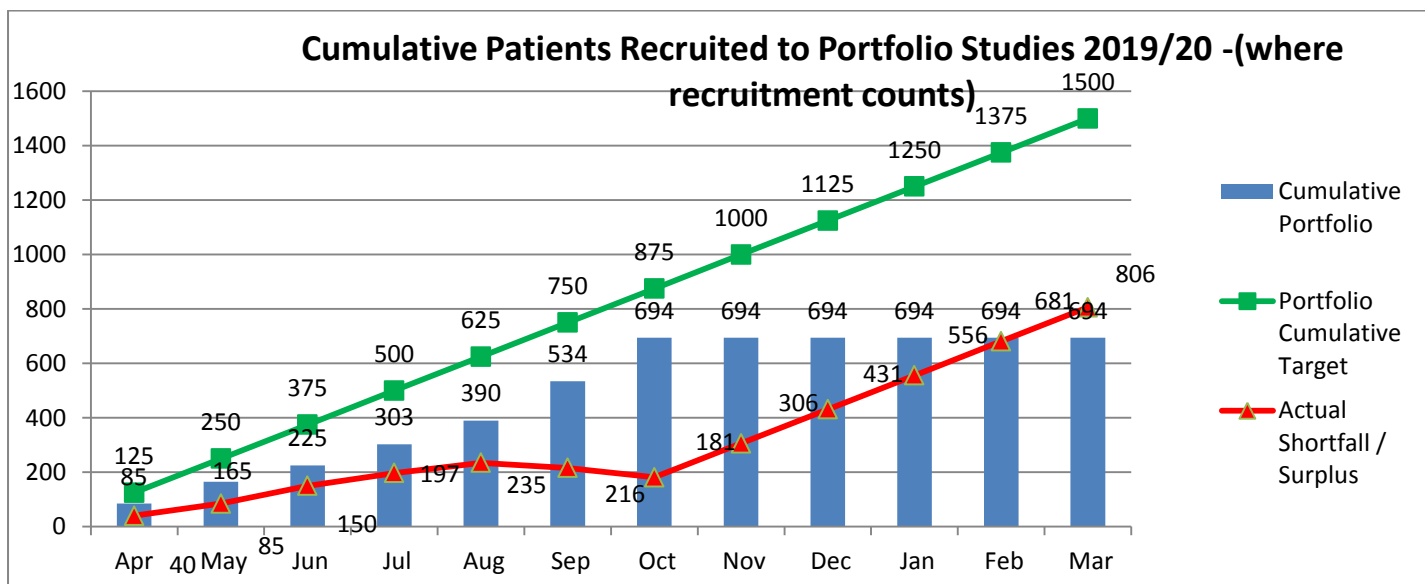
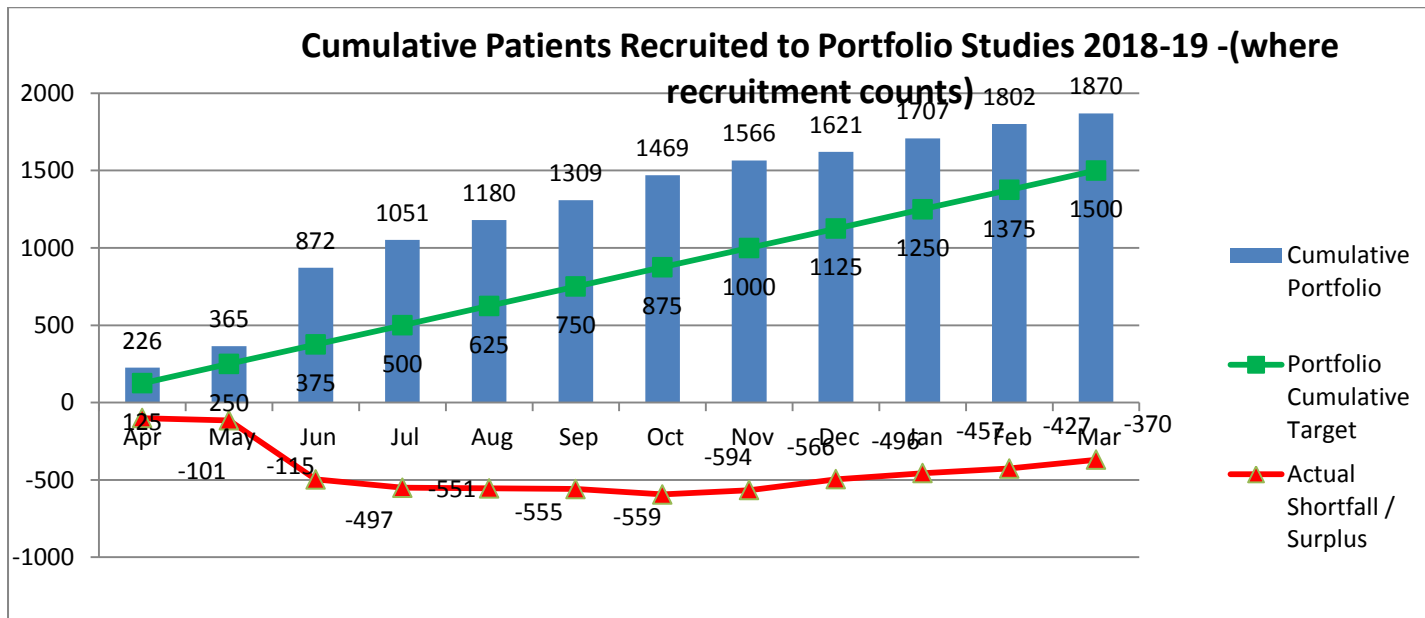


5.2.4 Recruitment to studies:

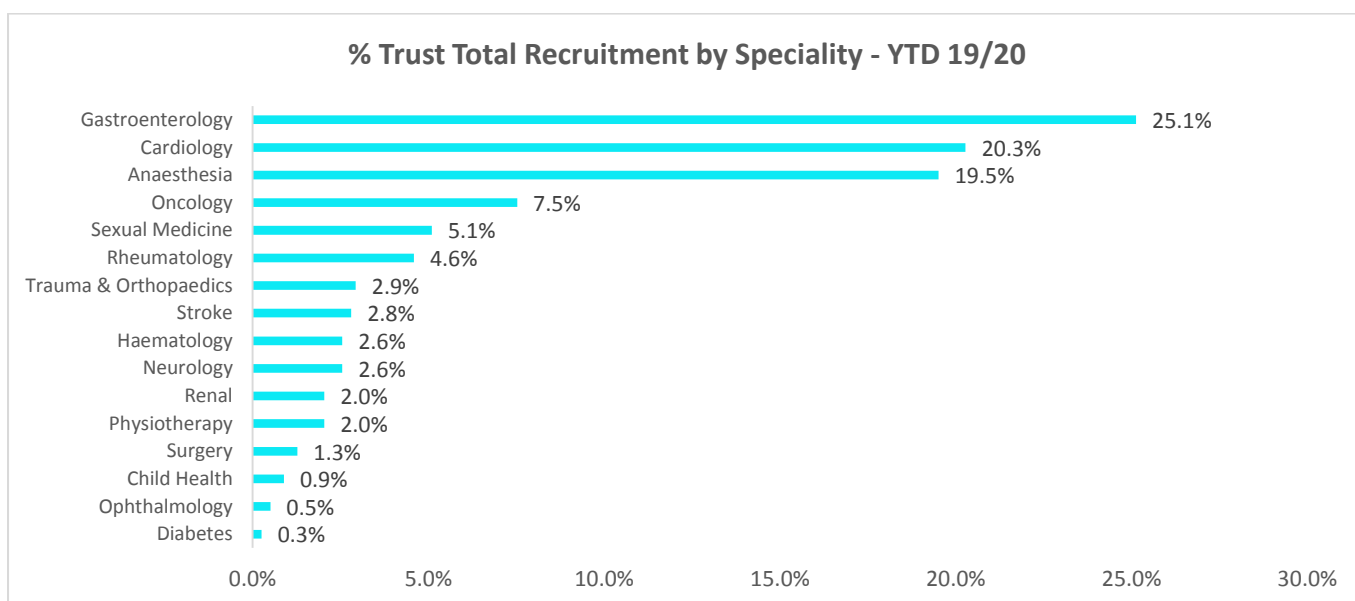
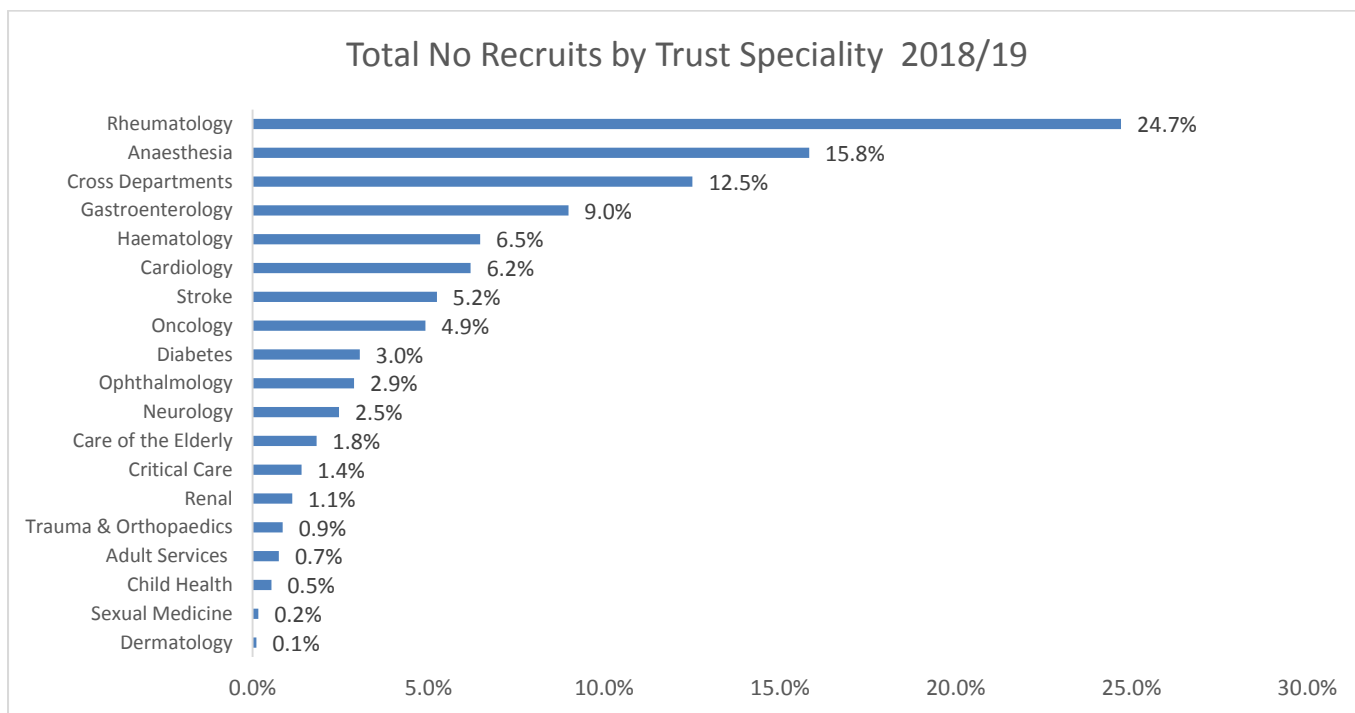
During 2018/19, the Trust set a lower target due to downsizing the portfolio and with a smaller workforce but still recruited 1870 participants to NIHR studies (163% against target) using data from our in house system. Please note that data taken from the national system shows a slightly higher recruitment (n= 1987 / 173%). This is due to some centrally recruiting studies allocate

recruitment to the referring Trust (which we are unable to record locally hence any discrepancies on overall totals presented below)

Our recruitment target for 2019/20 was again set slightly lower due to continuing our recovery plans as well as the lack of high recruiting studies available on the NIHR portfolio. Recruitment is currently behind target but expected to pick up in Q3 and Q4 as we now have new studies that are be higher recruiting.

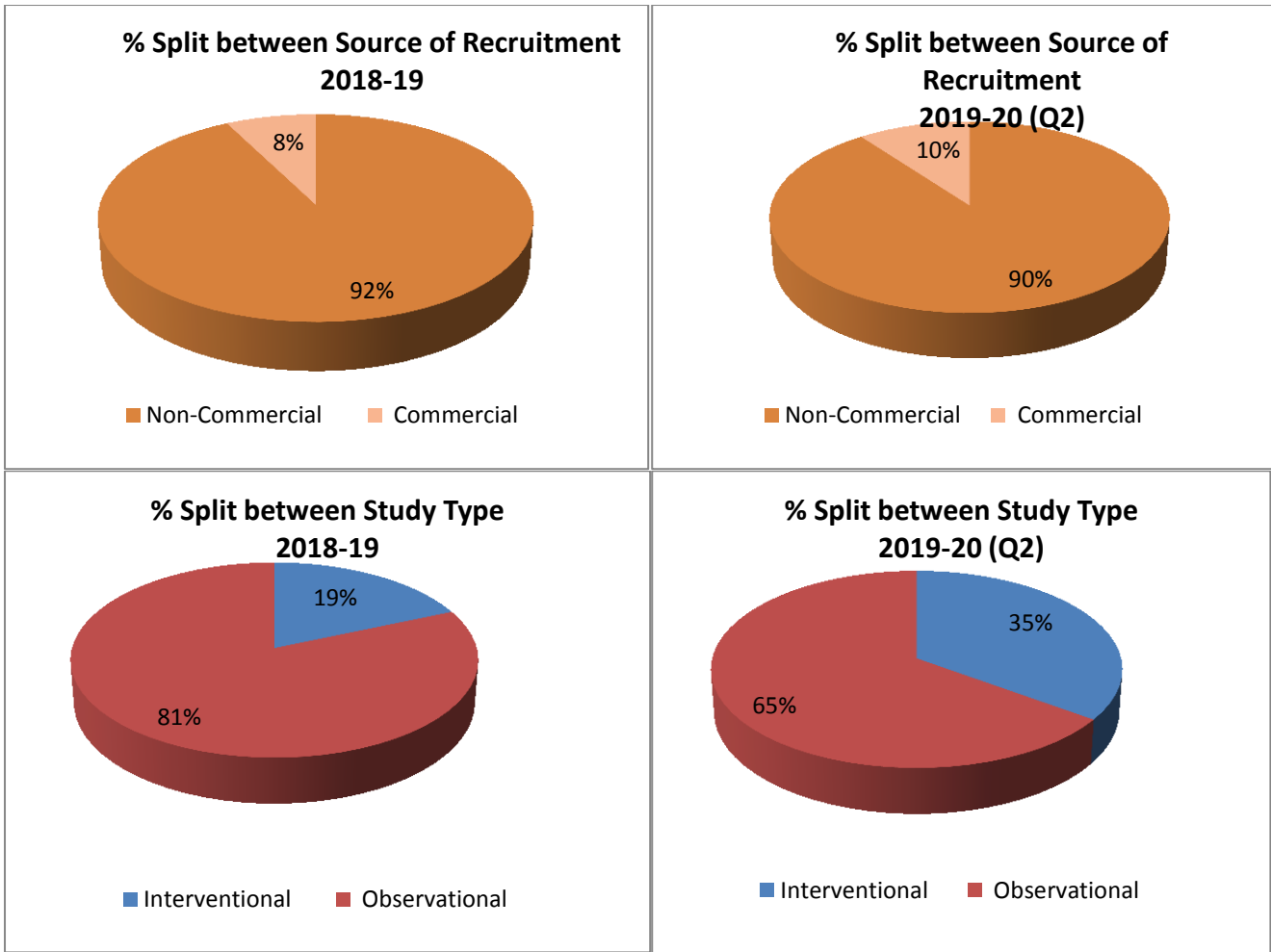


The distribution of research activity (recruitment) across the specialities is summarised below:

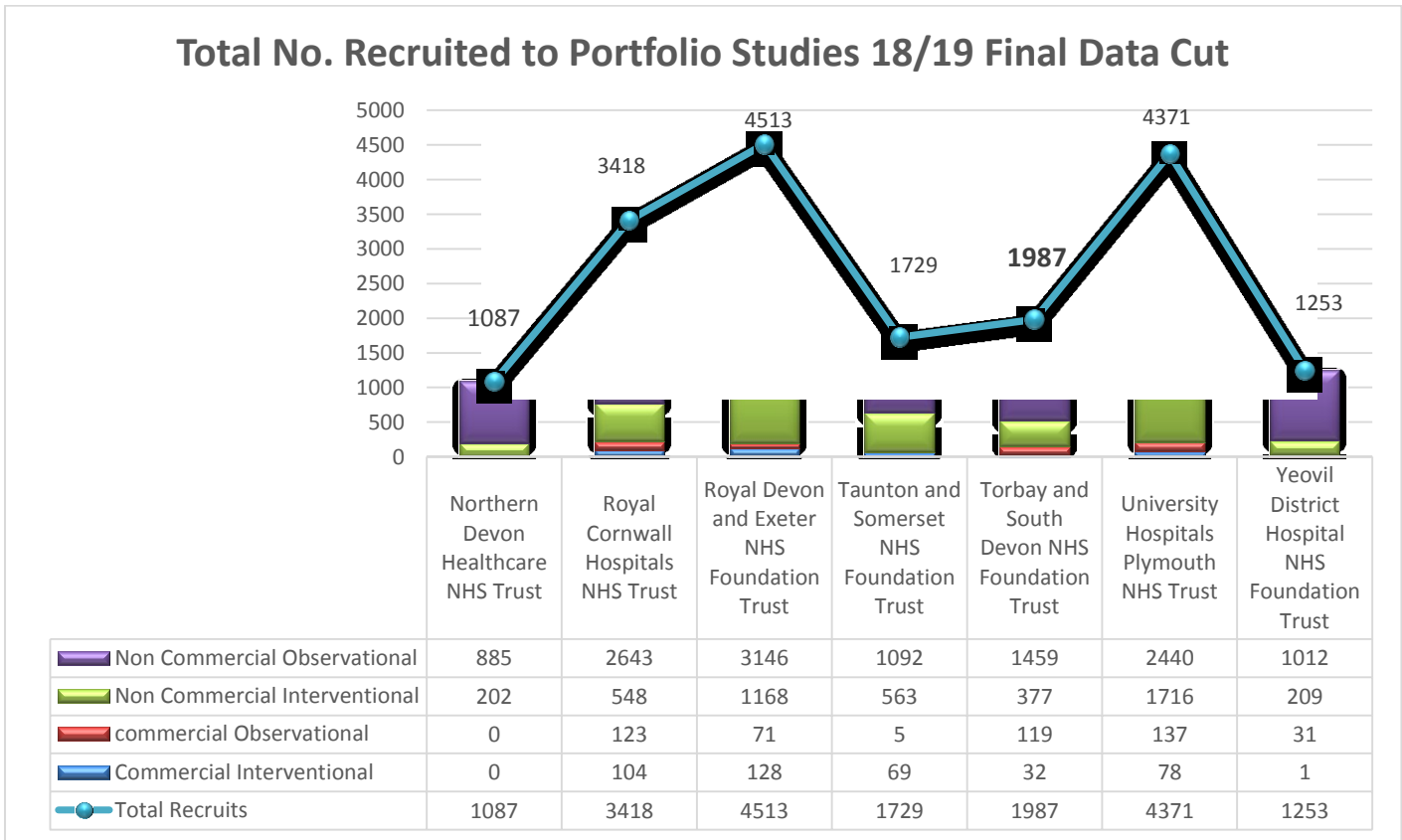


Variation on recruitment activity between years is dependent on the portfolio of studies active in year.

Our 19/20 performance shows a slight increase in overall recruitment to commercial and a significant increase in overall recruitment % into interventional studies. Again this reflects the current portfolio and wanting to increase commercial recruitment as well as the lack of high recruiting observational studies.

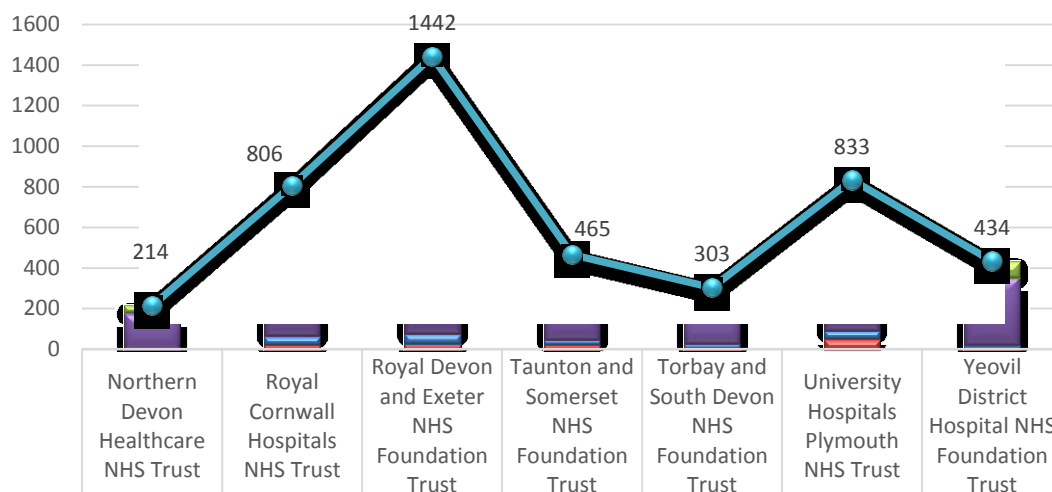


5.2.6 NIHR portfolio recruitment figures: Benchmarking against the other regional acute sites



(Please note recruitment figures are taken from the National database ODP. Our overall recruitment is slightly higher than graphs above which is data recorded on our local system. Some studies recruiting centrally allocate recruitment to the referring Trust (which we are unable to record locally hence any discrepancies on overall totals presented above)

No. Recruits YTD by Trust in SW Pensinsula 2019-20 (Q2)

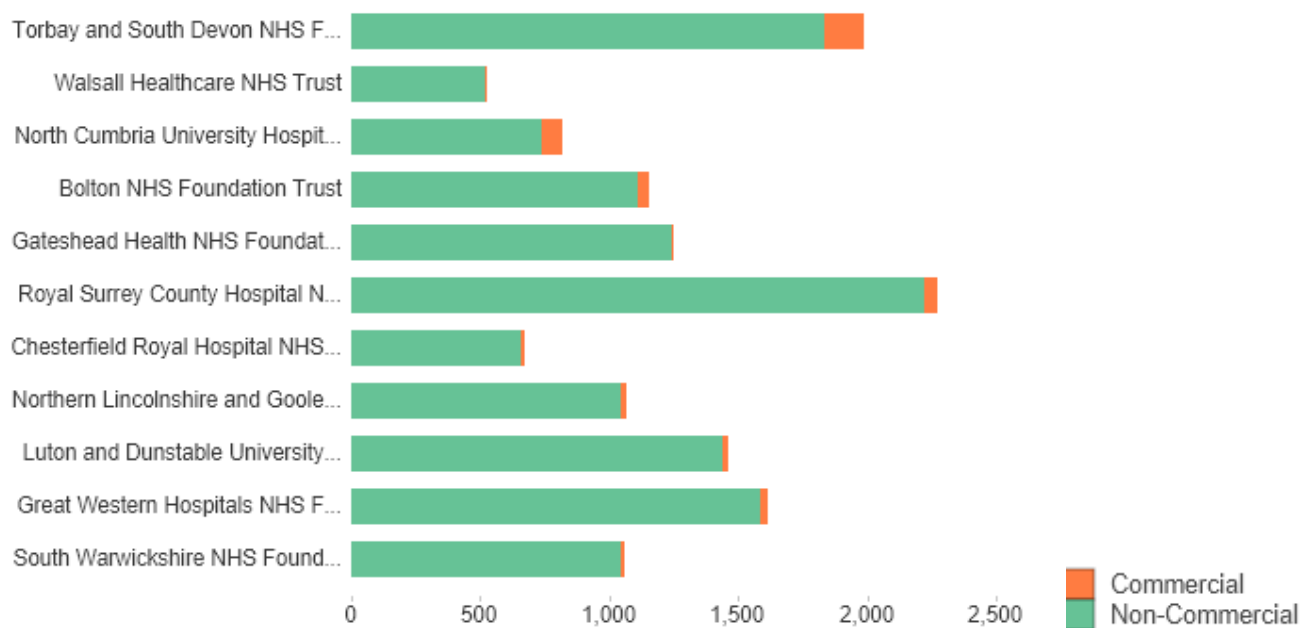


	Northern Devon Healthcare NHS Trust	Royal Cornwall Hospitals NHS Trust	Royal Devon and Exeter NHS Foundation Trust	Taunton and Somerset NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust	Yeovil District Hospital NHS Foundation Trust
Non Comm Interventional	36	195	348	155	100	405	79
Non Comm Observational	178	545	1018	263	175	335	332
Comm interventional	0	43	49	24	25	43	6
Comm Observational	0	23	27	23	3	50	17
Total Patients Recruited	214	806	1442	465	303	833	434

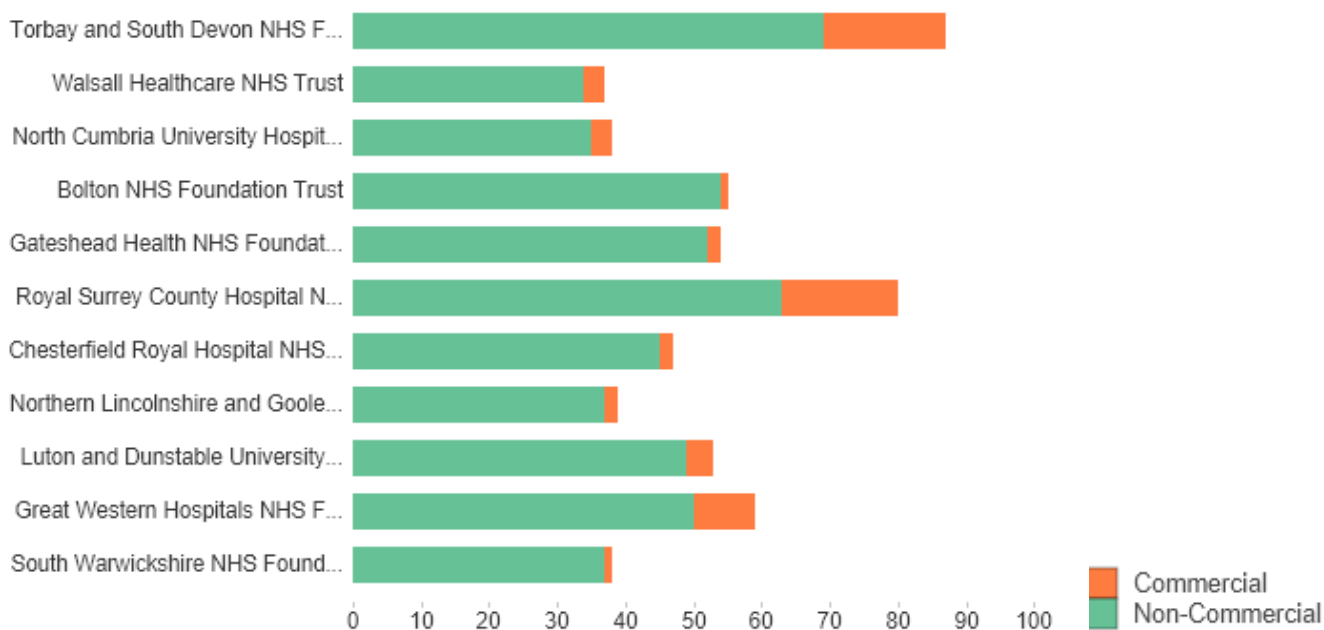
5.2.7 NIHR portfolio recruitment figures: National benchmarking against other Trusts of a similar size

Another type of NIHR benchmarking is nationally against Trusts of a similar size in England (population outpatient attendances). The graphs below show where Torbay sits against the next nearest 10 similar sized organisations: Torbay rank best in calls in 2018/19 and so far in 2019/20.

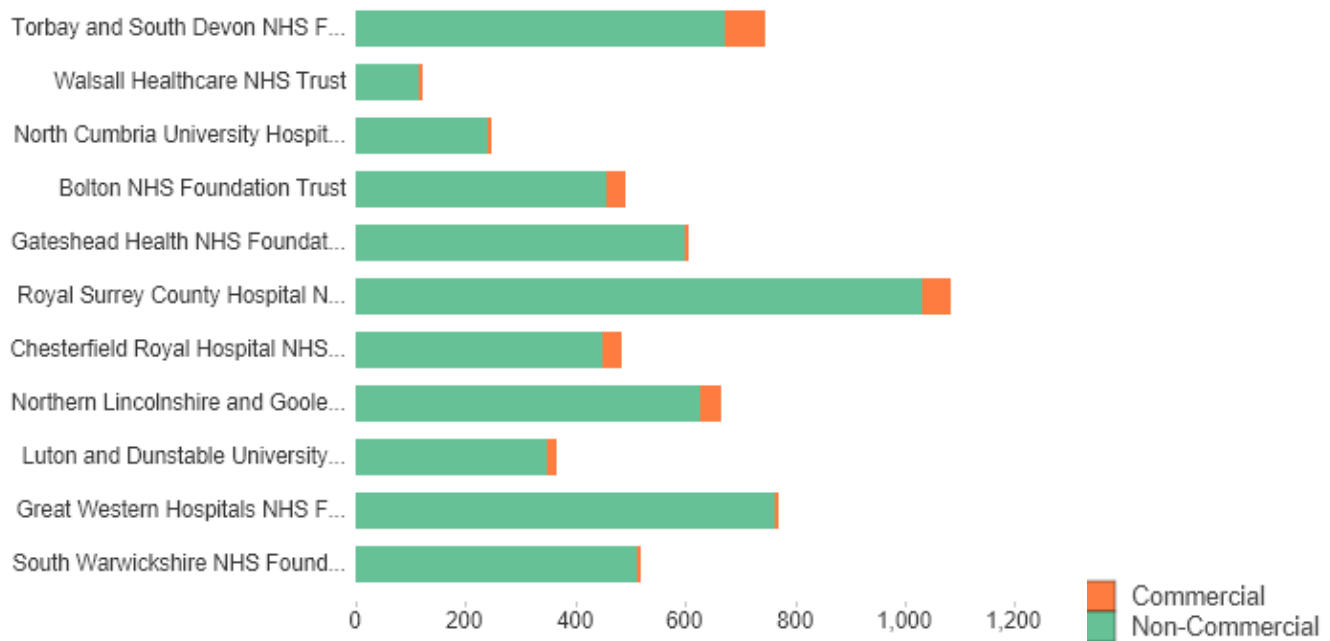
Recruitment in 2018/19



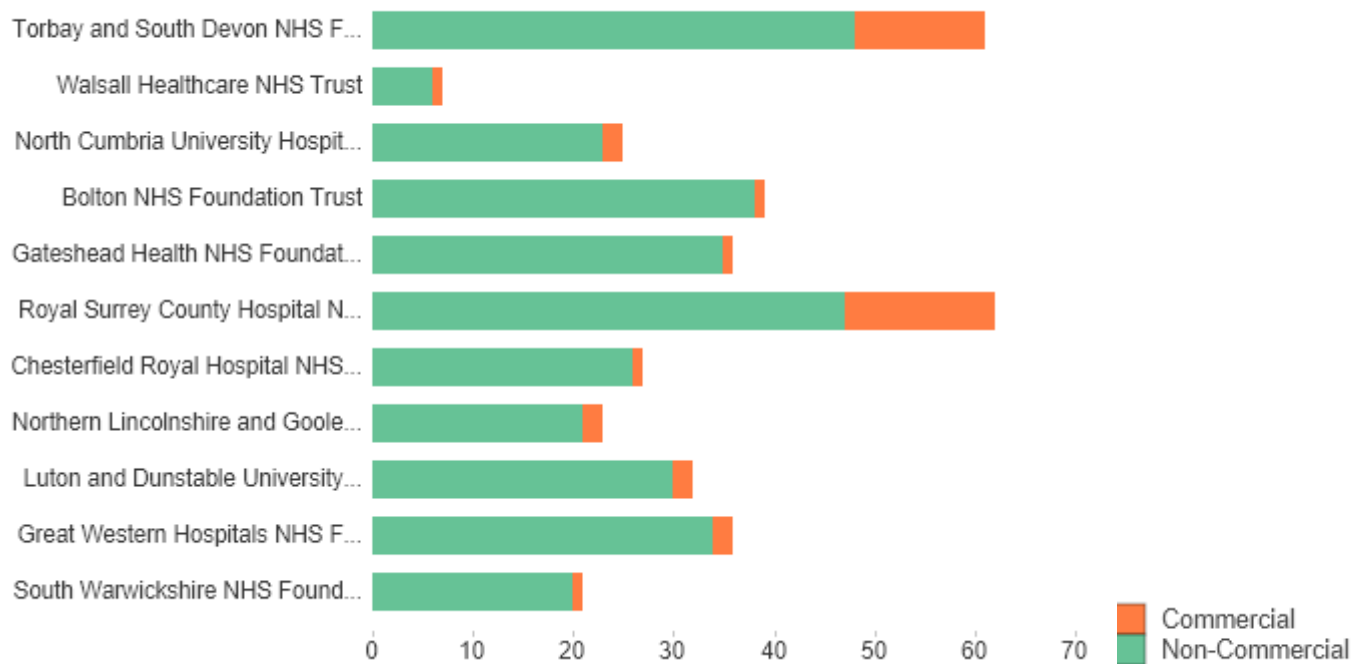
Number of recruiting studies in 2018/19



Recruitment in 2019/20



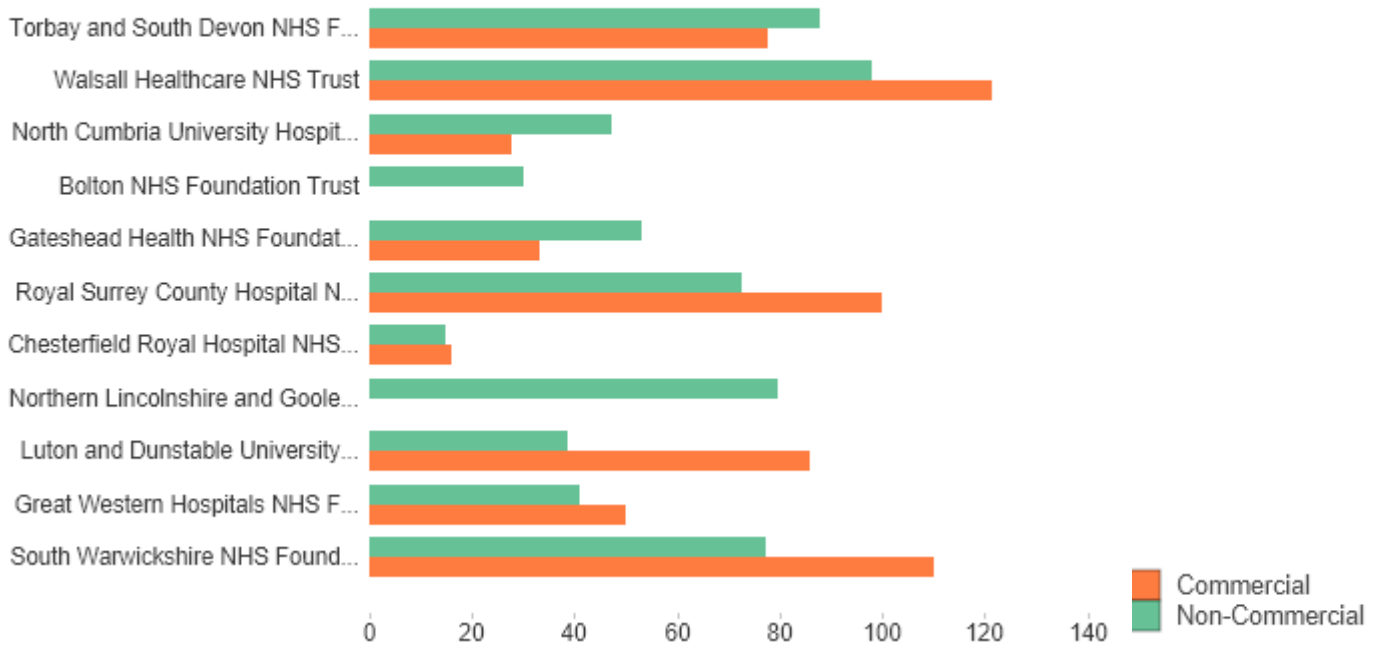
Number of recruiting studies in 2019/20



The graphs below show study set up times. Whilst not the worse, clearly this an area that needs improvement. This metric was missed again in 2018/19 (target = 40 days) and can be attributed to a significant number of studies that we suspended to set up whilst we progressed with our recovery plans (workforce, financial and governance). As per national policy on selected for a study Trusts are not able to 'stop the study set up clock'. We have spent a significant part of 2018/19 overhauling and streamlining our set up procedures which are showing improvements against this metric during 2019/20.

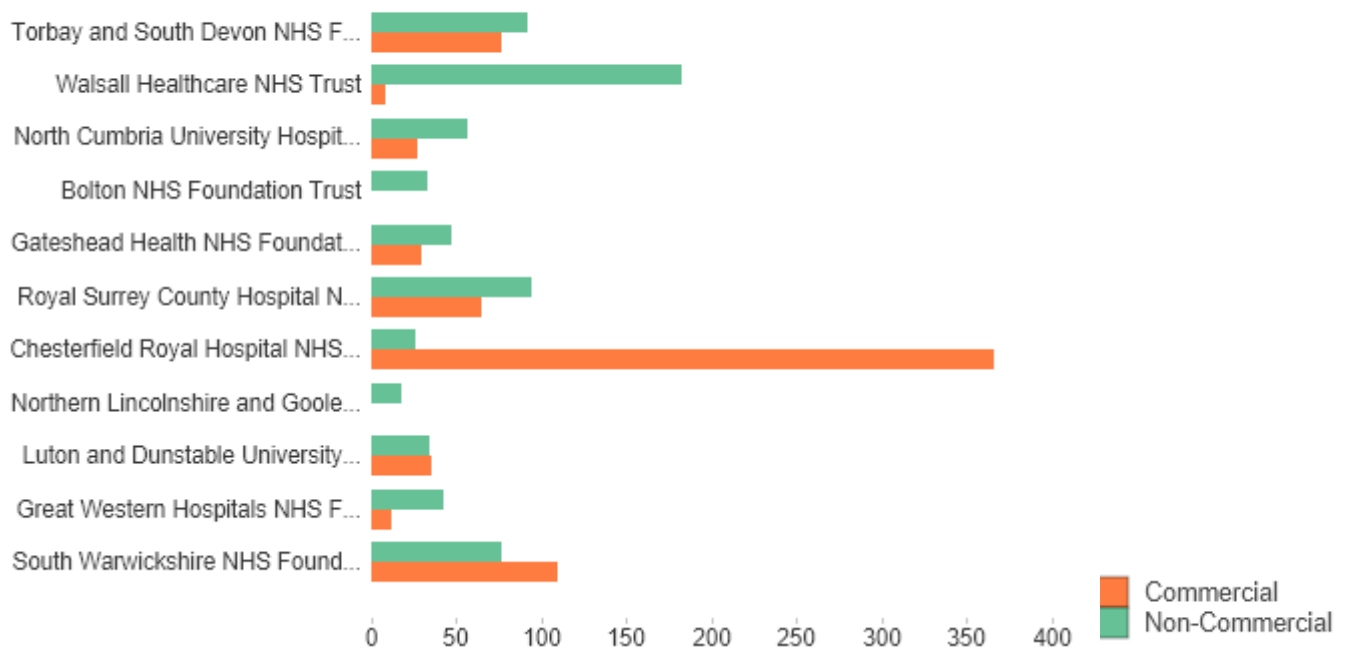
Average set-up time (days) per recruiting site in 2018/19

Please note, values have been grouped rather than stacked as this chart shows averages



Average set-up time (days) per recruiting site in 2019/20

Please note, values have been grouped rather than stacked as this chart shows averages



6.0 Patient & Public Involvement (PPI)

6.1 NIHR CRN Patient Experience of Research Participation (PRES) 2018/19

This was organised by the NIHR's South West Peninsula Clinical Research Network and conducted across the region from 2nd January 2018 to 23rd February 2018. The PRES sought the opinions of patients participating in studies in two specialty areas only for this year, mental health and paediatrics; specifically recommended for targeted review by the findings from previous year's survey and a regional working group. As our Trust had little activity in both these areas responses were below levels needed for reporting (although this was expected).

The 2019/20 PRES is currently running across the region in all partner organisations. This year's format is different and applies to:

- All participants seen for any research appointment across all disease specialties between the 2nd September 2019 and 29th November 2019 will be asked to complete the survey. One survey is to be completed by each participant.
- The Patient Research Experience Survey (PRES) has been used for the last five years by the CRN SWP to capture the experience of patients that have participated in research. PRES is mandated by the NIHR national co-ordinating centre.
- The survey has enabled the CRN to identify positive patient experiences as well as identifying areas for development and continuous improvement.

6.2 Patient Research Ambassadors (PRAs)

During 2018/19 the NIHR formalised and standardised new roles for PPIE activity. Standardised job descriptions were issued that the National NIHR Coordinating centre team mandated had to be used so that all ambassadors are working to the same remit nationally and each CRN partner organisation has to appoint a PRA. The Patient Research Ambassador (recently renamed to the Research Champion role) is an engagement role. The aim of the research champion role is to “to address the problems of low public awareness and lack of diversity in research participants by providing a nationally-coordinated and assured way to help more of the public and patients to know about health and care research.”

We are delighted to announce Torbay has appointed to our new PRA role. Elizabeth Welch; who is also a Trust Governor. We launched this role and introduced Elizabeth at the CEOs Vlog in November 2019.

Other Public Events were the R&D teams have hosted a stand / table to help promote research at the Trust and generally include:

- International Clinical Trials Day (May 20th):
- Recruitment Fairs
- Members Day

7.0 Workforce

- The R&D Department has approximately 41WTEs working in R&D management, governance or clinical delivery.
- 2018/19 was a year spent rebuilding and restructuring after a very turbulent previous year and suffering a turnover of approx. 60% of staff; which in small dedicated team needing specialist training and expertise was a major impact. However this created an opportunity to undertake a workforce restructure resulting in:
 - a reduction in staff costs by circa £200-300K pa

- improved the skill mix with a broader band width of staff
- improved development and career progression opportunities and our ability to succession plan better
- Improved accountabilities and responsibilities of all staff.
- helped to re skill senior experienced staff to support lower banded staff
- Release staff to perform duties commensurate with their banding.
- Led to more flexible, efficient and effective working practices and attitudes.
- Overall the situation has improved considerably with improved workforce wellbeing; working relationships, dynamics and environment (A happier workforce & workplace!)
- But risks still remain regarding resilience and depth - staffing levels are minimal and difficult to provide cover for absences / shortages. Making our service fragile.

7.1. Developing the investigators of the future;

7.1.1 University of Plymouth's Clinical Schools programme for nursing, midwifery and AHPs

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

The Clinical School hosts an annual conference in TREC showcasing research into practice. In 2019/20 a proposal was presented to the Torbay Medical Research Fund to look at supporting pre doctoral and doctoral fellowships as part of the next steps in driving forward the NMAHPs research agenda. The TMRF approved funding over the next 6 years. (as detailed above under grants).

7.1.2 Consultant Job Plans

During 2018/19 as part of the Trust review on consultant job plans; in response to feedback over several years regarding the lack of recognition for research; alongside an increasing need to support and grow senior clinicians to get involved with research; a proposal was consulted on; approved by Joint Local Negotiating Committee (JLNC) and incorporated into the new Trust policy. This formed the principles and a process through which clinicians can get research activity recognised formerly in their Job plans in a hope this will help to reduce some of the barriers and to help galvanise and incentivise further conversations amongst peers and managers to help drive more research within SDUs.

Whilst there is now a mechanism for recognising research activity in job plans, in situations where there is no capacity within the clinical team, to do so may require additional investment. There is still not enough time, investment and / or recognition for research activity and in some departments there is a problem of capacity and/or training of Principle Investigators. This is a challenge all NHS Trusts are facing which needs to be accepted and actively managed in order to maintain the Trust's ability to remain research active. This requirement has the full support of the Medical Director.

The issue of equity between medical and other clinical staff has been raised. There is a need for recognition of research activity in job descriptions and work plans of all staff.

8.0 Clinical Trials Unit (Jubilee Research Unit - JRU)

The Lead Research Nurse has worked hard to improve the working environment and relationships to overcome many of the issues and challenges previously reported. The R&D team lost significant space due to operational pressures to relocate pre assessment and to share with the vascular access team. More recently there has been further loss of space due to bedding of the areas at times of severe (Opel 4) escalation. This has had further negative impact on our capacity and services. Many of the issues and risks have been reported over the past few years and still remain:

- Insufficient clinic capacity to see patients
- Loss of identity and dedicated space for research
- Loss of marketing to potential sponsors and loss of confidence by sponsors – Does the Trust have the necessary facilities and infrastructure to expand the portfolio and deliver contracts?
- We have turned down contracts because we are unable to deliver
- Not a good experience for staff or patients

The improvement in dedicated space for R&D is a requirement to progressing a tender to become one of five new Patient Recruitment Centres for later phase commercial trials (See section 9.6). Torbay was one of 15 Trusts shortlisted after successfully progressing stage 1 initial assessments and asked to tender for a new contract with pump prime funding of £1.3M new money over 3 years to expand our commercial research activity.

There has been an agreement at the Integrated Governance Group that improved accommodation is required to maintain the current research activity and that the R&D team are supported in progressing the bid with the expectation that a successful outcome will require dedicated space as described.

The Team are working with the Trust to identify options to help address the risks identified.

9.0 Trust R&D Committee

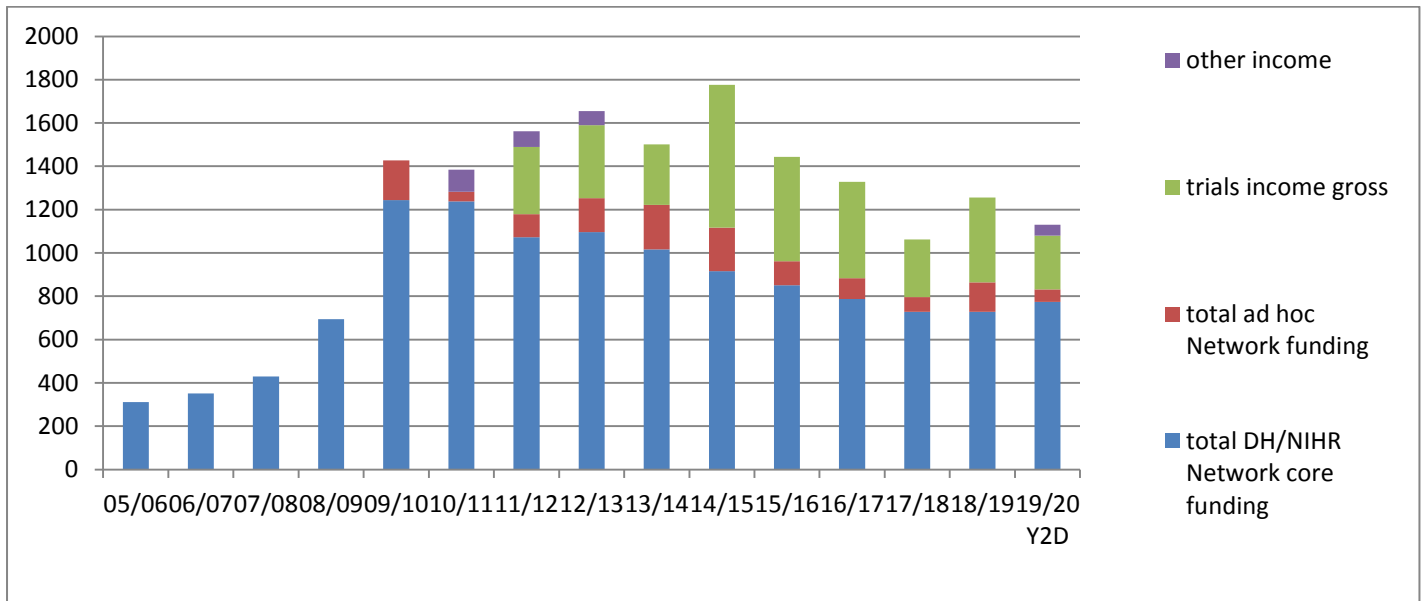
A Clinical Trials and investigators committee has been running over the past few years to look at how we can deliver our NIHR trials portfolio primarily, to help work through the recovery plans and to look at the challenges of doing research in an increasingly challenged NHS environment, workforce, operationally and financially.

The aim was to also serve as a pre cursor to more formal arrangements to re-establish a new R&D Committee following the roll out of the new organisational delivery structures; as part of updated corporate governance structures and to help support the new research metrics as part of updated CQC Well led measures.

The role and remit of the new Trust R&D committee, which will report into the Quality Improvement Group (QIG); is to consider with the changes to the organisation, how we can increase research activity but to be more integrated into core business and into our quality, improvement and performance agendas. The R&D Committee will provide strategic leadership and oversight, helping to scope and shape the future direction; raise the profile and embed research further. To also be more accountable and look at how we underpin proposals with more robust and sustainable models to support implementation and delivery of research locally etc.

10.0. Finance:

R&D is commissioned separately to patient care services. R&D's primary source of income comes from our commissioners (NIHR CRN). The other key source of funding comes from our commercial clinical trials contracts. The graph below summarises the R&D income streams over the years.



10.1 2018/19 Finances

- The Trust received the same NIHR CRN budget as in 2017/18 as opposed to an expected cut of at least 5%. Although in real terms this is less funding from our main commissioner (NIHR CRN contract) and primary funding source.
- Through workforce changes our staff costs decreased by £294K
 - Overall staff costs = £1,350,564 (£1,644,430 forecasted on 17/18 staffing)
- Increased trials income = £392,450 (£400K target) vs £264K in 17/18
- Overall R&D improved its year end position = £138K deficit (£453K deficit in 17/18)

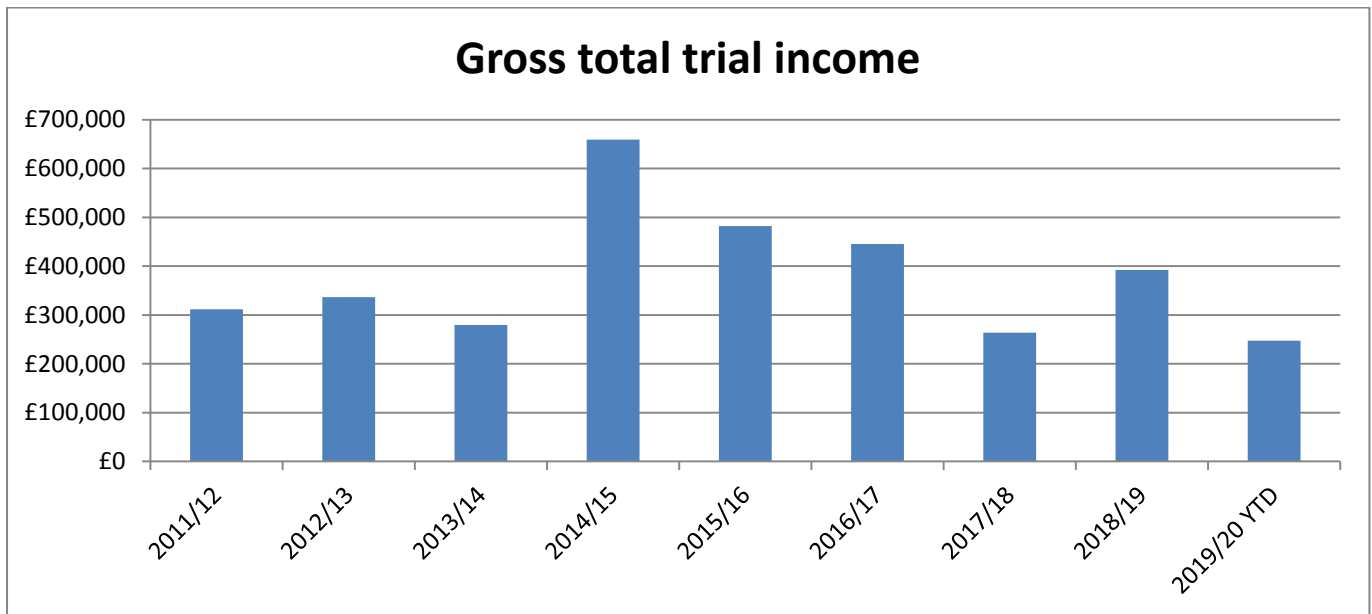
10.2 19/20 Finances (Y2D)

- NIHR CRN contract = 6.2% increase (expected min. 5% cut). 1st increase in over 10 years.
 - Covers increased staff costs - pay awards / pensions increases etc
- Successful STP business case - awarded £51K to increase Radiotherapy trials
 - 1st time Specialist / local commissioners have invested in research recognising system savings.
- Improved cost recovery processes & tracking regarding our trials income
 - Increased income Y2D = £247,538 invoiced + (£240K earned not invoiced yet)
 - on track to meet £600K target set
 - Currently we have 43 commercial studies with monies on them still on the Invoice Tracker with an annual contract value of £1.6m (total contract value £2.6m). Our average commercial contract is
 - Mean £38K
 - Median £18K. (However this includes a few very small older studies so is skewed)
- Y2D - staff costs below plan (~£1.47M forecasted year end against £1.56M plan)

- Forecasted year end position based on data to date = circa £50K deficit
- Good progress - but still very fragile. It will not take much to start a reverse/decline.

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

The graph below summarises the gross value income per annum showing the decline each year since 2014/15. As a consequence in 2017 a recovery plan was needed to turnaround this trend. The 2018/19 data shows income greater than overall total earned in 17/18, with continued improvement seen in 2019/20; showing actions taken as part of the recovery plans to re balance the portfolio are working and on track to meet £600K target set.



N.B 2019/20 - £240K earned Y2D but not invoiced yet - so does not show on above graph)

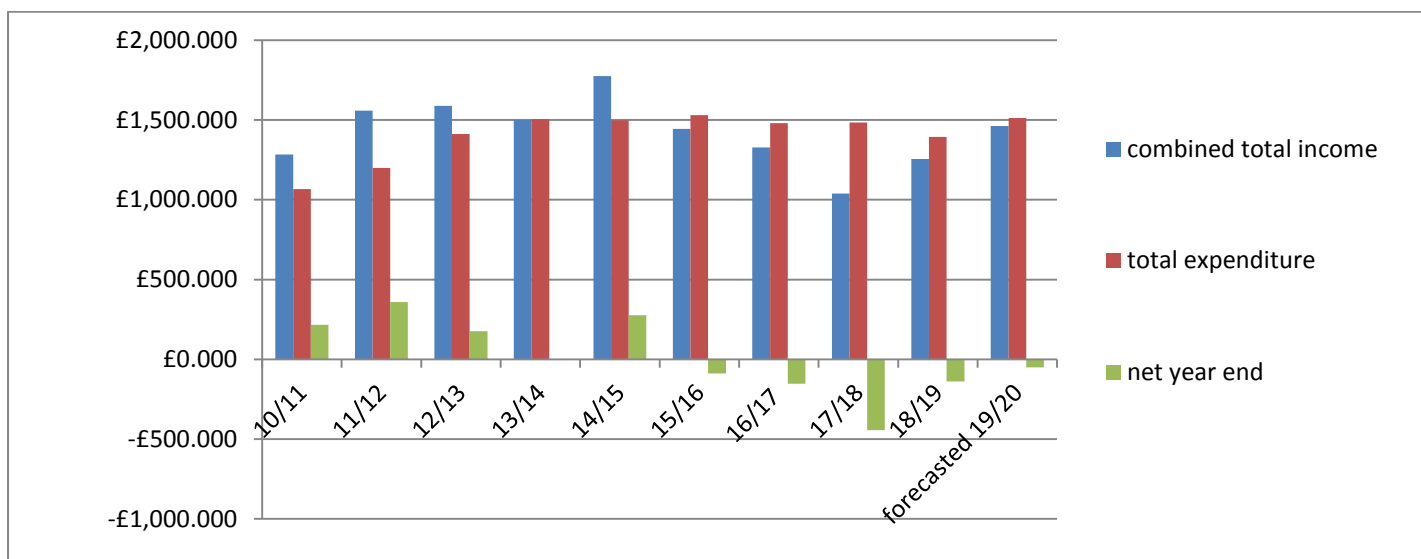
10.3 R&D's expenditure

This has remained steady over many years with 95% of spend accounting for as staff costs. As part of the recovery plan as well as increasing income we needed to look at reducing costs and therefore embarked on a programme of workforce and team restructuring. R&D has lost circa 60% of the original workforce in the last 2 years which has allowed significant changes to be made to improve the skill mix, and enable staff costs to be decreased. However with pay rises and pension increases these savings have been absorbed into cost pressures for 2019/20. We have also started to expand staff capacity in clinical delivery as we take on more commercial trials work.

10.4 Year-end position:

The graph below shows combined total income and expenditure and the forecasted budget situation for 19/20. The recovery plan actions are working and restoring a balance in terms of decreasing costs, increasing income. The forecast is to finish 19/20 with a much smaller deficit circa 50-100K, a significant improvement compared to year end position 17/18 (£%00K deficit).

These improvements will continue and are on track to return to credit year end position in 20/21. N.B this is only possible assuming the actions, improvements and the engagement put in place so far continue. If we can increase income generation above £600K per annum our year end position will naturally improve further. But this is challenge - as per the limitation expressed throughout the report.



10.5 Financial sustainability:

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

However the benefits of research such as drug savings, reduced attendances, safer practice and care, better outcomes, improved staff recruitment and retention, better patient experience etc; these benefits do not pass through the R&D budgets but instead through other Trust or the wider system budgets. It is imperative these benefits are taken into consideration when reviewing the R&D economic position.

10.6 Clinical Cabinet / CCG / STP - Drug / other savings

An NIHR report (Nov 2016) showed the benefits to the NHS of contract (commercial) research is valued at £192M per annum; (circa £6,658 in revenue per patient and £5,250 per patient in pharmaceutical cost savings). This report has recently been updated and revised figures recently issued as summarised in the graphic below:

Period 2016/17 to 2018/19:

received **£9,189**

from life sciences companies

saved **£5,813**

This is the estimated pharmaceutical cost-saving for each patient recruited into a commercial study, where a trial drug replaced the standard of care treatment

For each patient recruited onto a commercial clinical trial, on average, the NHS in England:

Building on this work; R&D leads and the CRN followed up initial conversations with commissioners; working in collaboration with Devon's Clinical Cabinet, successful submitted a business case to pilot a scheme based on a share of the savings to be reinvestment in research infrastructure in order to increase research activity; with the aim to generate greater savings in the whole system.

In 2019/20 the STP / SCG agreed to provide over £250K in total to support an increase in radiotherapy trials and awarded each radiotherapy centre £51K. To date the overall response by all organisations has shown this investment has provided significant savings to the system over an above the investment. We are hopeful following this pilot that the radiotherapy funding will become recurrent to enable this good work to continue and will lead to an expansion through additional similar business cases e.g. looking at biologic therapies; to invest further in providers to enable them to undertake more research trials to provide further system savings.

10.7 “NIHR Clinical Research Network (CRN): Five Purpose-Designed Centres Dedicated to Late-Phase Commercial Research”

The Trust has been shortlisted following the 1st stage (Statement of intent) and is one of 15 NHS organisations in England selected to proceed to this 2nd stage tender due for submission in early December 2019.

As set out in the Life Sciences Sector Deal 2, a crucial objective of the Government's industrial strategy is to improve the speed and consistency with which late-phase commercial research is delivered in the NHS. As part of a suite of measures designed to support this objective, there is the requirement to now establish five purpose-designed NIHR Patient Recruitment Centres (PRCs) dedicated to late-phase commercial research.

The DHSC are now looking to select five Patient Recruitment Centres (PRCs) to offer rapid set-up of late phase commercial research, standardised contracting and delivery approaches where appropriate, and dedicated facilities and staff. This will increase the NHS's capacity to deliver research, enabling significant growth and opportunities for patients to benefit from early access to innovation. Each Centre will have a value capped at £1,309,280 for a contract term of 3 years with an option to extend for 2 years.

This is new pump prime funding and at the same time we are able to increase our income generation and associated added benefits through more trials work. A great opportunity to help underpin our infrastructure and capacity development to help remain research active and be part of the next phase of NHS research developments in the future.

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

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

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

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

Torbay nurse chosen to be part of prestigious new national research leadership programme: Chris Dixon, Lead Research Nurse – NIHR 70@70 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; starting from April 1st 2019.
- 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.

This is a great achievement and accolade and sits very well with the appointment a few years ago of Richard Collings; a Trust Podiatrist, who is undertaking his PhD part time at the University of Plymouth, funded by the NIHR. Richard was appointed as one of only 13 Allied Health Profession (AHP) research champions by the National Institute for Health Research (NIHR) and Council for Allied Health Professions Research (CAHPR). AHP Research Champions to serve as ambassadors and to champion the research work of AHPs, encouraging more AHPs to be aware of and get involved in health and social care research and the work of the NIHR for the benefit of patients.

Chris and Richard will be working together with the NIHR CRN and through their respective programmes alongside developments with the University of Plymouth (UoP) clinical schools programme locally and regionally regarding the development of non-medics and research careers.

Visit from national leader: Dr Louise Wood, Director for R&D, DHSC

Torbay showcased research and health work in a visit to the Trust and local council. Staff met Dr Louise Wood from the National Institute for Health Research and DHSC to show her how people with complex needs including children are supported locally and to learn more about our Researchers in Residence model in evaluating our ICO and changing models of health care.

Trust Improvement Group and closer working with QI / Education / digital horizons etc:

Examples of synergies: between R&D and QI team

Health Coaching / Navigators

This is now operational and running at Torbay but originally the project and concept came through R&D, after expressing interest in a national Randomised Controlled Trial (RCT) looking at reducing hospital admissions among high users of urgent care. A meeting was hosted by Torbay with representatives from other regional stakeholders (Providers, CCGs, STP etc). A decision was eventually taken to not proceed with the RCT and create a separate new QI project to implement as a service change / development. As such Susan Martin took the lead and worked up the project with the Trust and company etc.

UoP Clinical Schools Programme

Joint meeting held at Torbay Hospital to celebrate the launch of the school in 2018 which brought together staff across South Devon to learn more about the programme and showcase some projects bringing together work from research, service evaluations / QI and academic projects as exemplars and to foster networking. The 2nd conference was held in October 2019.

Doctoral Fellowship / development programme with Torbay Medical Research Fund (TMRF).

This programme is a joint venture between the Trust (Jane Viner, Chief Nurse as Exec Sponsor, Susan Martin and R&D); UoP Clinical Schools and the TMRF to support Staff to access and undertake either pre doctoral training or part time PhDs. The aim is to establish a programme locally to support clinical staff wishing to develop their careers in research but remain as senior leaders, researchers and clinicians within the NHS; as well as opportunities to become clinical academic researchers. This programme complements current national awards from HEE / NIHR to support as well as enable development of the workforce at the scale and pace needed to support, facilitate and enable transformational changes in the NHS.

A number of projects whilst research focused and orientated have complimented and fed into QI projects and to the Trusts agenda for change and improvement (see below examples).

Researcher in residence' (RiR) model.

Several projects / ventures as examples of the diversity of work to date where R&D / QI have come together and met with relevant services to address issues of both local & national importance. See below

This model is gaining more interest and traction as this type of mixed methods evaluation fits better with the new DHSC research priorities to look at social care, service delivery and organisational changes etc Increasing interest from several stakeholders and potentially looking to hold a regional workshop next year.

ICO care model evaluation: A combination of both QI and research projects; helping the organisation evaluate robustly the new ICO model. Both methods have been needed as one could not sufficiently measure all aspects. This combination has provided the necessary quantitative and qualitative data, bringing richness and context; alongside the rigour and robustness needed for a strong evidence base. Impacts / outcomes and added value: This has subsequently led to:

- Published papers: 2 papers in press, 1 published and 2 in process plus dissemination and international conferences
- Interest in the work Torbay doing - recent visit from senior Government Officials: Prof. Chris Whitty (Chief Scientific Officer) & Dr Louise Woods (R&D Director DHSC)
- Working together to build on the relationships we have developed to expand and diversify this model of work:

Accountable Centre Module for Governance of Improvement Evaluations:

QI and R&D have jointly expressed interest to be a pilot site as part of work being undertaken by THIS Institute, RAND and the Health Research Authority (HRA); looking at an Accountable Centre Module for the Governance of Improvement Evaluations.

There is a growing recognition that both research, service and quality improvement projects are important but also there are issues. This work is looking at how to address these grey areas and boundaries so that both can provide appropriate support to the needs of the future NHS. Our new model (researcher in residence – see below) has already helped to bridge the evaluation/research/improvement divide with impact and could contribute to the development of a new framework in which to operate moving forward. Outcome: No response received yet.

Current:

Bids currently in preparation to the Torbay Medical Research Fund and Exeter University (grants and PhDs) – potential to expand model and answer key areas locally as well as addressing new national research priorities in Public Health, Prevention, Social Care and Mental Health.

- Looked after children (highest in England)
- Social prescribing
- Self-organising teams

Commissioned funding call + equivalent opportunities.

- Obesity - Torbay Medical Research Fund commissioned call
- NIHR HTA commissioned calls
 - [18/98 Oral nutritional interventions in malnourished frail elderly](#)
 - [18/120 Identification of older patients likely to require enhanced care on discharge from hospital](#)
- Labour productivity and workforce retention - Health Foundation - Research Call

Some example commendations for research at Torbay:

ContactMe-IBS Study: How effective is Consent for Contact in increasing opportunities to participate, and patient recruitment to IBS clinical trials? October 2019 Newsletter – *Torbay is the top recruiters for Secondary Care nationally.*

TANDEM study: A randomized, double-blind, multicentre study to assess the safety, tolerability, and efficacy of a combination treatment of tropifexor (LJN452) and cenicriviroc (CVC) in adult patients with non-alcoholic steatohepatitis (NASH) and liver fibrosis (TANDEM)

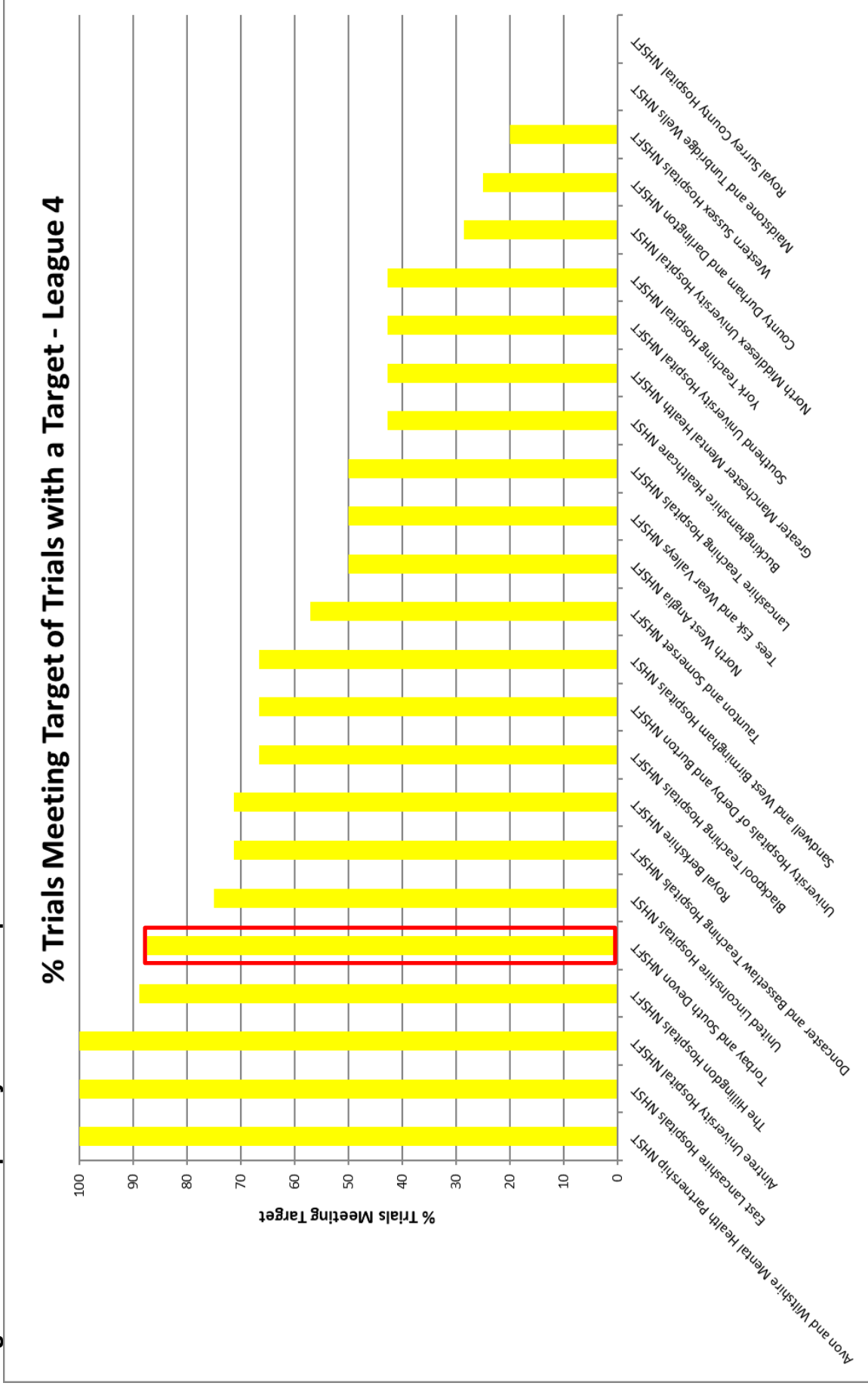
Novartis and the TANDEM Study Manager a message to the research nurse involved with the study at Today “*we are so grateful for all your hard work which has proved to the global team that it was worth keeping your site open. Assuming these two patients are randomised you will officially be the joint highest recruiting site in the UK for TANDEM..... on a global level you have helped to pull the UK from under delivering to over delivering! Well done, it’s been a nice day to be here with you.*”

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

Assessment Criteria - Key	>80%	60-80%	<60%
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Objective		2014-15	2015-16	2016-17	2017-18	2018-19
Proportion of NIHR CLOSED studies recruiting to Time and Target (T2T)	Commercial	30% (3/10)	50% (6/12)	64% (7/11)	63% (5/8)	71% (5/7)
	Non commercial	46% (6/13)	63% (12/19)	70% (14/20)	65% (19/29)	74% (14/19)
	Total	39% (9/23)	58% (18/31)	68% (21/31)	65% (24/37)	73% (19/26)
Proportion of NIHR studies achieving NHS permission to First Patient First Visit (FPFV) within 30 days of approval (<i>applies to studies recruiting >11 per annum only</i>)	Commercial	0% (0/3)	0% (0/1)	0% (0/1)	100% (3/3)	50% (1/2)
	Non commercial	61% (8/13)	67% (4/6)	67% (4/6)	56% (9/16)	70% (7/10)
	Total	50% (8/16)	57% (4/7)	60% (9/15)	63% (12/19)	67% (8/12)
Proportion of NIHR studies where confirmation issues in <40 days		29% (7/24)	56% (9/16)	n/a due to national changes to approvals	50% (13/26) Median = 44 days	26% (7/27) Median = 61 days
Proportion of agreed NIHR recruitment goal being met		108% (1292/1200)	78% (1011/1296)	118% (2030 / 1387)	151% (2098/1387)	173% (1987/1147)
Increase in new commercial trials approved.		67% (8/12)	100% (12/12)	67% 10/15	93.3% (14/15)	107% (16/15)

2018/19 DH metric: Performance recruiting to time and target / Delivering Research (PD) metric (target = 80% studies) – assigned to leagues based on quantity of studies reported.



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

13.0 Summary: Examples of the Impacts and outcomes from studies Torbay hospital has led or participated in.

Clinical Specialty	Study details
Cancer - Bladder	<p>BOXIT—A Randomised Phase III Placebo-controlled Trial Evaluating the Addition of Celecoxib to Standard Treatment of Transitional Cell Carcinoma of the Bladder</p> <p>Non–muscle-invasive bladder cancer (NMIBC) has a significant risk of recurrence despite adjuvant intravesical therapy. In the BOXIT study patients were randomised (1:1) to celecoxib 200 mg twice daily or placebo for 2 years, to determine whether adding celecoxib, reduces the risk of recurrence in NMIBC patients receiving standard treatment.</p> <p>51 UK centres were involved between 1 November 2007 and 23 July 2012.(Torbay recruited 2 patients)</p> <p>Conclusions: Celecoxib was not shown to reduce the risk of recurrence in intermediate- or high-risk non–muscle-invasive bladder cancer (NMIBC), although celecoxib was associated with delayed time to recurrence in pT1 NMIBC patients. The increased risk of cardiovascular events does not support the use of celecoxib.</p>
Cancer - Breast	<p>TACT2 trial: Accelerated versus standard epirubicin followed by cyclophosphamide, methotrexate, and fluorouracil or capecitabine as adjuvant therapy for breast cancer in the randomised UK: a multicentre, phase 3, open-label, randomised, controlled trial</p> <p>Torbay Recruitment = 86 patients</p> <p>Adjuvant chemotherapy for early breast cancer has improved outcomes but causes toxicity. The UK TACT2 trial used a 2 × 2 factorial design to test two hypotheses: whether use of accelerated epirubicin would improve time to tumour recurrence (TTR); and whether use of oral capecitabine instead of cyclophosphamide would be non-inferior in terms of patients' outcomes and would improve toxicity, quality of life, or both.</p> <p>The early results show no benefit from increasing the dose density of the anthracycline (epirubicin) component of chemotherapy. However, capecitabine could be used in place of CMF without significant loss of efficacy and with improved quality of life. The study will continue to follow up patients over the next 10 years to monitor longer term impacts.</p>
Cancer - Breast	<p>Perceptone Study shows that in HER2 positive early breast cancer 6 months treatment with Herceptin is as good as 12 months for preventing cancer return</p> <p>Torbay Recruitment = 41 patients</p> <p>Results showed that women treated with 6 months of Herceptin for HER2 positive early breast cancer did as well in terms of their risk of breast cancer returning as those getting the currently conventional 12 months treatment. Six months also significantly reduced treatment related side effects, including heart problems. A landmark trial which is an important step to reduce the length of treatment whilst not changing effectiveness.as well as significant savings to the NHS.</p>

<p>Cancer – Malignant Haematology</p>	<p>Levofloxacin prophylaxis in patients with newly diagnosed myeloma (TEAMM): a multicentre, double-blind, placebo-controlled, randomised, phase 3 trial</p> <p>Torbay recruitment = 4 patients</p> <p>Myeloma causes profound immunodeficiency and recurrent, serious infections. Around 5500 new cases of myeloma are diagnosed per year in the UK, and a quarter of patients will have a serious infection within 3 months of diagnosis.</p> <p>The study team aimed to assess whether patients newly diagnosed with myeloma benefit from antibiotic prophylaxis to prevent infection, and to investigate the effect on antibiotic-resistant organism carriage and health care-associated infections in patients with newly diagnosed myeloma.</p> <p>The findings indicated that the addition of prophylactic levofloxacin to active myeloma treatment during the first 12 weeks of therapy significantly reduced febrile episodes and deaths compared with placebo without increasing health care-associated infections. These results suggest that prophylactic levofloxacin could be used for patients with newly diagnosed myeloma undergoing anti-myeloma therapy.</p>
<p>Dermatology</p>	<p>Pressure Relieving Support surfaces for Pressure Ulcer Prevention (PRESSURE-2): Clinical and Health Economic results of a randomised controlled trial</p> <p>Total recruited at Torbay = 24 patients</p> <p>Pressure ulcers (PUs) are patches of damaged skin, mainly caused by sitting/lying in one position. PUs are graded based on how serious they are, ranging from red patches (category 1) through small skin breaks/blisters (category 2) to serious wounds (category 4).</p> <p>Special mattresses are used to help prevent PUs. This study compared alternating pressure mattresses (APMs) with high-specification foam mattresses (HSFMs), to see which is better at preventing PUs. The study included adults admitted to hospital for acute illness who were at a high risk of developing PUs. Patients were randomly allocated to HSFM or APM. Nurses checked patients' skin and recorded changes.</p> <p>This study focused on high-risk patients; however, only a small number of people developed PUs, suggesting that prevention is possible with either mattress. Results also suggest that certain groups of patients may benefit more from APMs, for example people who cannot give consent or who have skin redness.</p> <p>When planning prevention and choosing mattresses, professionals and patients need to consider a number of factors, such as comfort, existing PUs and people's ability to self-care. Further research is recommended to understand what sort of prevention works, for whom and in what circumstances.</p> <p>Added value of this trial</p> <p>PRESSURE 2 is the largest pragmatic RCT of pressure relieving mattresses undertaken world-wide and the only direct comparison of 'high tech' APMs and 'low tech' HSF.</p>

<p>Health Services Research</p>	<p>Reflections on the researcher-in-residence model co-producing knowledge for action in an Integrated Care Organisation: a mixed methods case study using an impact survey and field notes. Dr Felix Gradinger, Dr Julian Elston, Susan Martin, Professor Richard Byng and Professor Sheena Asthana. Funded by Torbay Medical Research Fund</p> <p>Background/Aims/Objectives ‘Embedded’ approaches to knowledge mobilisation are gaining currency, as health and social care services come under increasing pressure to re-design services now rather than wait for research. One such approach is the ‘Researcher in Residence’ (RiR) model which seeks to co-produce knowledge for action. The aim of this paper is to extend the evidence base regarding mechanisms of impact.</p> <p>Methods A two-year mixed-method case study of the experience and impact of two part-time RiRs, embedded within an Integrated Care Organisation to support the implementation of new models of care. Data included the results of an anonymous impact survey sent to 80 key stakeholders, field notes of meetings (n=112), and observations of naturally occurring events (n=68).</p> <p>Findings Impacts were identified in relation to use of co-produced evidence, capacity building, changes in ways of working, and to a lesser degree changes in operations or strategy. Impact involved learning which was mediated by three non-linear, non-predictable, positive and negative feedback cycles (learning/improvement, access, expectation). A mixture of technical skills, personal attributes and behaviours were identified as key to this mediation.</p> <p>Four key messages</p> <ul style="list-style-type: none"> • Researchers in Residence are embedded in care systems to co-produce knowledge for action. • Integrated care case study evidences mechanisms of impact and attributes from a stakeholder perspective. • Impact was mediated through three non-linear feedback cycles: Expectations, Access, and Learning and Improvement. • The RIR model is a complex implementation intervention that merits roll-out combined with further study.
<p>Health Services Research</p>	<p>Research and evaluation of the Trust’s integrated care model: Dr Julian Elston and Dr Felix Gradinger are part of the Community and Primary Care Research Group at the University of Plymouth. Three year study funded primarily by Torbay Medical Research Fund.</p> <p>Background In Torbay and South Devon, the acute NHS Trust and adult social care and community services merged in October 2015 to create an Integrated Care Organisation (ICO) – among the first in the UK to adopt this new organisational form – implementing a new care model, as part of the integration of services. This vertical integration builds on the history of horizontal (i.e. across sectors) integration between organisations working in the Torbay area, following the development of the ‘Mrs Smith model’ and the creation of the Torbay Care Trust in 2005</p> <p>The research was a mixed methods study involving a phased, iterative process of collecting and analysing quantitative and qualitative data. The core of the RiR activity focused on two care model innovations</p>

	<ol style="list-style-type: none"> 1. Enhanced intermediate care service (EIC) provided by multidisciplinary teams in the community looking to avoid hospital admission or bridging journeys back to people's homes 2. Co-located holistic link-worker/social prescribing, Wellbeing Coordinators Programme(WBC), <p>The scope also included a case study of how these contribute to integration in one of the five ICO geographical locality hubs.</p> <p>Findings include:</p> <ul style="list-style-type: none"> • WBC programme has helped over 1,500 people over 50 years ≥2 LTCs, many frail and elderly in the first year • Health and wellbeing improved significantly, with many positive stories of lives turned around. • A small proportion of people account for a significant increase in health and social care use (and cost), often due to a rapid deterioration in their health. • Coastal locality model is relatively unique incorporating GPs, alongside health and care professionals and volunteers – working and coming together as an effective multidisciplinary team. • Coastal key ingredients appear to be related to: strong championing/leadership, good co-ordination, high levels of trust and respect, co-location and size, contracting and RiR input. • Enhanced Intermediate Care in Coastal is keeping relatively more people at home, reducing admissions into ED and holding more complex patients. • Patient experience is good. The team are providing good level of person-centred, coordinated <p>Dissemination:</p> <ul style="list-style-type: none"> • 3 academic, peer-reviewed journal papers in press • 5 Regional/national/international conferences • 2 Awards (Health Services Journal, KCL Implementation Conference) • 30 presentations across ICO, CCG etc (incl gov bodies) • 3 Coastal Learning events (NHS-E, NHS-I, STP) • Media coverage (ITV/BBC)
Orthopaedics	<p>The clinical and cost-effectiveness of total versus partial knee replacement in patients with medial compartment osteoarthritis (TOPKAT): 5-year outcomes of a randomised controlled trial: Torbay was one of 27 UK sites participating in this trial.</p> <p>Results from the TOPKAT study (Total or Partial Knee Arthroplasty Trial), suggest that over five years Partial knee replacements (PKR) has similar, if not a slightly better clinical outcome than as total knee replacements (TKR) and could save the NHS £30 million per year.</p>
Rheumatology	<p>Reducing arthritis fatigue impact: two-year randomised controlled trial of cognitive behavioural approaches by rheumatology teams (RAFT) Study:</p> <p>Torbay Recruitment n = 62 patients</p> <p>Objectives To see if a group course delivered by rheumatology teams using cognitive-behavioural approaches, plus usual care, reduced RA fatigue impact more than usual care alone.</p>

	<p>Methods Multicentre, 2-year randomised controlled trial in RA adults: clinical Teams using CB approaches) comprises seven sessions, co delivered by pairs of trained rheumatology occupational therapists/nurses. Usual care was Arthritis Research UK fatigue booklet.</p> <p>Conclusion Multiple RA fatigue impacts can be improved for 2 years by rheumatology teams delivering a group programme using cognitive behavioural approaches. The RAFT randomized controlled trial has established that a manualized, group-based self-management intervention reduces fatigue impact at 6 months and 2 years.</p>
<p>Stroke</p>	<p>Tranexamic acid to improve functional status in adults with spontaneous intracerebral haemorrhage: the TICH-2 RCT</p> <p>7 patients recruited @ torbay</p> <p>Stroke caused by bleeding in the brain [i.e. an intracerebral haemorrhage (ICH)] is a medical emergency. Around one-third of such strokes are complicated by continuing bleeding, which usually occurs within the first few hours after trauma and childbirth, and is associated with death or severe disability. Tranexamic acid is a drug that is seen to reduce death from bleeding after trauma and childbirth.</p> <p>The study enrolled adults within 8 hours of an ICH into this large randomised trial. Half of the participants were given an injection of tranexamic acid and the other half placebo (in the form of salt water). The main aim of the trial was to measure changes in recovery by a telephone questionnaire on how much the person was able to do or needed help with 90 days after the stroke (i.e. functional status). Other measures included amount of brain bleeding, complications after stroke (serious adverse events), drug side effects and death within 7 days of stroke.</p> <p>Conclusion Treatment with tranexamic acid did not result in a significant improvement in recovery at 90 days (i.e. functional status), despite small reductions in the number of early deaths, amount of brain bleeding and the number of complications. Larger trials are needed to confirm if these small benefits observed after treatment with tranexamic acid can significantly improve functional status after stroke due to bleeding in the brain (ICH). Implications for health care</p> <p>Based on current evidence, tranexamic acid cannot be recommended for routine treatment of patients with spontaneous intracerebral haemorrhage (ICH). Tranexamic acid is inexpensive, easy to administer, seems to be safe and is widely available, so even a modest treatment effect could have an important impact on a global scale.</p>

<p>Surgery</p>	<p>Eicosapentaenoic acid and/or aspirin for preventing colorectal adenomas during colonoscopic surveillance in the NHS Bowel Cancer Screening Programme: the seAFood RCT</p> <p>15 patients recruited @Torbay.</p> <p>Bowel cancer kills > 15,000 people every year in England and Wales. Most bowel cancers develop from a polyp, also known as an adenoma, which is a fleshy growth on the bowel wall. Polyps are found and removed at colonoscopy, which is a large-bowel camera test, but colonoscopy does not prevent further polyps. Use of drugs or dietary supplements (called chemoprevention) may be able to reduce polyp growth and the possibility of developing bowel cancer.</p> <p>The Systematic Evaluation of Aspirin and Fish Oil (seAFood) trial tested the effects of naturally occurring omega-3 eicosapentaenoic acid (EPA) (a dose roughly equivalent to two oily fish portions every day) and aspirin on bowel polyp growth. Patients took EPA on its own, aspirin on its own, EPA and aspirin together or placebo (dummy) medication.</p> <p>The results showed that there was no reduction in the number of patients who had at least one adenoma at check-up (~60%) in either EPA or aspirin users. However, EPA and aspirin were found to reduce the number of certain types of adenoma in different parts of the bowel by 10–20%. Both EPA treatment and aspirin treatment were safe for patients, with no increased bleeding risk, but EPA caused 10% more symptoms of mild stomach upset, including diarrhoea.</p> <p>It is concluded that both EPA and aspirin have chemoprevention benefits, which are limited to certain bowel polyp types. The results also suggest that aspirin (possibly with EPA) could be used to help prevent bowel cancers that occur despite colonoscopy.</p>
<p>Alström Syndrome</p>	<p>The GeneReviews feature the UK team as main contributors following the inception of clinics and research at Torbay and now the very successful continuance of this in QE Birmingham.</p> <p><i>Clinical characteristics.</i></p> <p>Alström syndrome is characterized by cone-rod dystrophy, obesity, progressive bilateral sensorineural hearing impairment, acute infantile-onset cardiomyopathy and/or adolescent- or adult-onset restrictive cardiomyopathy, insulin resistance / type 2 diabetes mellitus (T2DM), non-alcoholic fatty liver disease (NAFLD), and chronic progressive kidney disease. Cone-rod dystrophy presents as progressive visual impairment, photophobia, and nystagmus usually starting between birth and age 15 months. Many individuals lose all perception of light by the end of the second decade, but a minority retain the ability to read large print into the third decade. Children usually have normal birth weight but develop truncal obesity during their first year. Sensorineural hearing loss presents in the first decade in as many as 70% of individuals and may progress to the severe or moderately severe range (40-70 db) by the end of the first to second decade. Insulin resistance is typically accompanied by the skin changes of acanthosis nigricans, and proceeds to T2DM in the majority by the third decade. Nearly all demonstrate hypertriglyceridemia.</p>

Other findings can include endocrine abnormalities (hypothyroidism, hypogonadotropic hypogonadism in males, and hyperandrogenism in females), urologic dysfunction / detrusor instability, progressive decrease in renal function, and hepatic disease (ranging from elevated transaminases to steatohepatitis/NAFLD). Approximately 20% of affected individuals have delay in early developmental milestones, most commonly in gross and fine motor skills. About 30% have a learning disability. Cognitive impairment (IQ <70) is very rare.

Wide clinical variability is observed among affected individuals, even within the same family

Report to the Trust Board of Directors				
Report title: Torbay and South Devon NHS Charitable Funds Committee Terms of Reference		Meeting date: 4 December 2019		
Report appendix	N/A			
Report sponsor	Chair, Charitable Funds Committee			
Report author	Company Secretary			
Report provenance	Reviewed and agreed by the Charitable Funds Committee – 13 December 2019			
Purpose of the report and key issues for consideration/decision	<p>It is deemed good practice to review Terms of Reference on an annual basis to ensure they remain appropriate and reflect current practice.</p> <p>The Charitable Funds Committee have undertaken a review of the Terms of Reference and were agreed at the committee meeting held on 13 November 2019.</p> <p>The Board of Directors, acting in their capacity as Corporate Trustee, are asked to approve the Terms of Reference of the Charitable Funds Committee.</p>			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>	
Recommendation	The Board are asked to approve the Charitable Funds Committee Terms of Reference.			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience		Valuing our workforce	
	Improved wellbeing through partnership		Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	n/a	Risk score	
	Risk Register	n/a	Risk score	
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	
	NHS Improvement	X	Legislation	X
	NHS England		National policy/guidance	X

CHARITABLE FUNDS COMMITTEE
TERMS OF REFERENCE

Version:	1.0
Approved by:	Charitable Funds Committee
Date approved:	13 November 2019
Approved by:	Board of Directors
Date approved:	[4] December 2019
Date issued:	[4] December 2019
Review date:	November 2020

TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST

CHARITABLE FUNDS COMMITTEE TERMS OF REFERENCE

1. Constitution

- 1.1 The Torbay and South Devon NHS Charitable Fund ('the charity') is registered with the Charity Commission (no. 1052232).
- 1.2 Torbay and South Devon NHS Foundation Trust is public benefit organisation. As a corporation, the Trust is appointed to act as the Corporate Trustee of the charity. The Trust has a Board of Directors which exercises the powers of the Trust on its behalf except where any of these powers have been delegated by the Board. The Board of Directors fulfils the purpose of the Corporate Trustee on behalf of the Trust and is the sole Trustee of the charity.
- 1.3 The Charitable Funds Committee ('the Committee') is accountable to the Corporate Trustee for its performance and effectiveness in accordance with these terms of reference.
- 1.4 The Charitable Funds Committee ('the Committee') is constituted as a Standing Committee of the Trust Board ('Board'). Its constitution and terms of reference are subject to amendment by the Board.
- 1.5 The Committee has delegated responsibility for the day to day management of charitable funds on behalf of the Corporate Trustee. Overall liability for the governance of charitable funds is retained by the Trustee and no liability will be attributed to members of the Committee.
- 1.6 The Committee will adhere to, and be cognisant of the Trust values at all times.

2. Authority

- 2.1 The Committee is authorised by the Corporate Trustee to:
 - Govern, manage and regulate the finances, accounts, investments, assets, business and all affairs whatsoever of the charity
 - Approve the charity's strategy including financial strategy
 - Approve annual plan and expenditure priorities for funds

- Approve major expenditure proposals having a value of over £50,000 and where thought necessary, proposals with a lower value
- Approve the charity's Annual Report and Accounts
- Appoint Fund Managers
- Appoint investment advisers and review every three years
- Approve the charity's fundraising plans

3. Purpose

- 3.1 On behalf of the Corporate Trustee, the purpose of the Committee is to manage the routine affairs of the charity, in accordance with the Scheme of Delegation.
- 3.2 The Committee will assure the Corporate Trustee that the Trust's charitable activities are within the law and regulations set by the Charity Commission for England and Wales. It does not remove from the Trustee the overall responsibility for stewardship of the Committee but provides a forum for a more detailed consideration of all charitable activity within the Trust.
- 3.3 The Committee will ensure that funds are spent in accordance with any legally-binding constraints over the use of funds and take due account of any non-binding wishes expressed by donors.
- 3.4 The Committee will oversee and review the strategic and operational management of the charity.
- 3.5 The Committee will ensure co-operation with the external auditors in the regulation of charitable funds.

4. Powers

- 4.1 The Committee is authorised by the Corporate Trustee to investigate any activity within its terms of reference.
- 4.2 The Committee is accountable to the Corporate Trustee and any changes to these terms of reference must be approved by the Corporate Trustee.
- 4.3 The Committee is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 4.4 The Committee is authorised by the Corporate Trustee to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.
- 4.5 The Committee is authorised by the Corporate Trustee to obtain outside legal or other specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board.

4.6 In cases where a decision on any investment proposal is viewed as urgent, the Committee have delegated the power to authorise such changes to any two of the following members of the Committee, which must include the Chief Finance Officer, Committee Chair, Non-Executive Director. In exceptional circumstances, and in the absence of the Chief Finance Officer, the Deputy Director of Finance may act as an authorised person. Any such decisions must be reported to the next meeting of the charity.

5 Duties and Responsibilities

5.4 The Committee is required to:-

- 5.4.1 Govern, manage and regulate the finances, accounts, investments, assets, business and all affairs whatsoever of the charity.
- 5.4.2 Ensure that systems are in place to provide appropriate and effective financial control and compliance with legal and regulatory requirements including due consideration of donor's wishes and reputational risks..
- 5.4.3 Review and approve annual expenditure priorities for funds, and the charity's annual plan and ensure compliance with agreed priorities and monitor performance against plan.
- 5.4.4 Consider and approve charitable expenditure proposals with a value over £50,000 and where thought necessary, proposals with a lower value.
- 5.4.5 Encourage the use of funds for the benefit of patient welfare.
- 5.4.6 Consider the report from the charity's auditor and consider and approve the charity Annual Report and Accounts
- 5.4.7 Review and approve the charity's investment policy. Appoint and monitor performance of the charity's investment managers, and review their performance every three years.
- 5.4.8 Determine and approve the strategy of the charity and monitor performance against it.
- 5.4.9 Appoint Fund Managers.
- 5.4.10 Review and approve fundraising plans and monitor performance ensuring compliance with fundraising regulatory requirements.
- 5.4.11 Further to 5.4.3 above, approval for individual purchases should be obtained from:

Up to £5,000	Fund Holder
£5,0001 to £20,000	Chief Finance Officer
£20,000 to £50,000	Chief Executive
Over £50,000	Charitable Funds Committee

The authorisers detailed above may also, in circumstances where thought necessary, authorise expenditure with a value below their specified range.

6 Membership

6.1 The Committee shall consist of the following members:

- Non-Executive Director (Committee Chair)
- Non-Executive Director
- Medical Director
- Chief Finance Officer

6.2 One of the Non-Executive Directors shall act as Committee Chair. In their absence, one of the other Non-Executive Directors present shall be nominated and appointed as acting Chair for the meeting.

6.3 The following shall be required to attend all meetings of the Committee:

- Senior Finance Manager – Corporate Services

6.4 The following shall be invited to attend all meetings of the Committee:

- Governor observer (see 6.5 for appointment process)

6.5 The process for selecting the Governor observer is a matter for the Chair of the Council of Governors and Governors. In the event that the nominated Governor observer is unable to attend a meeting, the Committee Chair will allow a substitute Governor to attend.

6.6 Other members/attendees may be co-opted or requested to attend as considered appropriate.

7 Attendance

7.1 A register of attendance will be maintained and the Chair of the Committee will follow up any issues related to the unexplained non-attendance of members. Should continuing non-attendance of a member jeopardise the functioning of the Committee, the Chair will discuss the matter with the member and, if necessary, select a substitute or replacement.

8. Quorum

8.1 The quorum necessary for the transaction of business shall be 3 members, comprising two Non-Executive Directors (of which one must be the named NED) and one Executive Director.

8.2 A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

8.3 Deputies will not count towards the quorum.

9. Administration

9.1 The Committee shall be supported by the Corporate Governance Manager or their nominee, whose duties in this respect will include:

- In consultation with the Committee Chair and Chief Finance Officer develop and maintain the reporting schedule to the Committee.
- Collation of papers and drafting of the agenda for agreement by the Chair of the Committee.
- Taking the minutes and keeping a record of matters arising and issues to be carried forward.
- Advising the group of scheduled agenda items.
- Agreeing the action schedule with the Chair and ensuring circulation.
- Maintaining a record of attendance.

10. Meetings

10.1 Meetings will be held on the following basis:

- Meetings will be held bi-annually or more often if called by the Chair.
- Meeting duration will be no longer than 2 hours.
- Items for the agenda should be sent to the Committee Secretary a minimum of 7 days prior to the meeting. Urgent items may be raised under 'any other business'.
- The agenda will be issued by email to the Committee members and attendees, one week prior to the meeting date, together with the action schedule and other associated papers.
- An action schedule will be circulated to members following each meeting and must be duly completed and returned to the Committee Secretary for circulation with the following meeting's agenda and associated papers.

11. Reporting

11.1 The Committee will provide a report to the Corporate Trustee in support of its work on promoting good management and assurance processes. The report shall include matters requiring escalation and key risks (as applicable).

11.2 The Committee will receive reports as per the meeting work plan.

12. Review

12.1 As part of the Trust's annual committee effectiveness review process, the Committee shall review its collective performance.

12.2 The Committee's Terms of Reference shall be reviewed on an annual basis and approved by the Corporate Trustee.

13. Monitoring effectiveness

13.1 In order that the Committee can be assured that it is operating at maximum effectiveness in discharging its responsibilities as set out in these terms of reference and, if necessary, to recommend any changes to the Board, the Chair will ensure that once a year a review of the following is undertaken and reported to the next meeting of the Committee:

- The objectives set out in section 3 were fulfilled; and
- An annual self-assessment on the effectiveness of the Committee is undertaken.

DRAFT

**Report of Charitable Funds Committee Chair
to TSDFT Board of Directors**

Meeting dates:	14 November 2019
Report by + date:	Jacqui Lyttle, 21 November 2019
This report is for:	Information <input checked="" type="checkbox"/> and Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/> + Freedom of Information Act exemption

Key issue(s) to highlight to the Board:

Annual fund managers review

The committee received a very comprehensive report from Investec which showed that funds have continued to outperform against our charity peer group, benchmark and fund objectives over the past 12 months. This provided full assurance that the current investment strategy remains robust and appropriate. The committee were assured that there were no financial or investment risks to report to the board.

Fundraising

The committee received and supported a proposal to appoint a full-time fundraising bid writer. The committee agreed that whilst funded by charitable funds the post would be hosted by the trust. A full proposal will be presented for discussion and approval by the board in the first quarter of 2020

Elimination of negative balances on central funds

The committee reviewed the current negative balance on the central funds and agreed a new process for the elimination of the balances for the next 12 months.

Central funds and funding requests

The committee agreed a process for the use of central funds agreeing a financial cap and prioritisation criteria in line with the trusts business and clinical priorities. The committee was assured that there were no risks associated with the use of central funds.

Key Decision(s) Made:

1. The committee received and approved the annual report and accounts for 2018/19
2. The committee asked that the recruitment process be started for the appointment of a dedicated fundraising bid writer
3. The committee reviewed and agreed its investment policy
4. The committee agreed to increase the levy on local funds to contribute towards the elimination of the negative central fund balance.
5. The committee undertook to undertake a committee effective self-assessment

Recommendation(s):

1. To note the actions detailed within this report

Name: Jacqui Lyttle - Committee Chair

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

Meeting date:	26 November 2019
Report by + date:	Chris Balch, Committee Chair 26 November 2019
This report is for: <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Board (Month 7, October 2019):

1. For assurance the Committee reviewed the Month 7 Financial Performance, including performance against the Trust's cost improvement programme and capital expenditure budget. The Committee approved the month 7 self-certification form submitted to NHSI.
2. The Committee received a presentation from the Financial Improvement Director on the action plan which has been developed in response to the findings of the KPMG Review. The 5-year Financial Framework to guide business planning for 2020/21 was discussed including the potential utilisation of a zero-based budgeting style approach and benchmarking to identify areas where efficiencies should be deliverable.
3. For assurance the Committee reviewed the Month 7 Performance Standards which remain challenged and are subject to continuing management action to deliver improvements.
4. Subject to minor comments the Committee agreed the Standing Orders, Standing Financial Instructions and Scheme of Delegation noting that further changes will be required following a review of budget holders' levels of authority.
5. The business case for **accelerated expenditure to roll out Windows 10** as required by NHS Digital was approved. This will impact the year end cash position of the Trust making the securing of the Emergency Capital Loan to support the Theatres ventilation works more significant.
6. The Committee considered a Post Implementation Review (PIR) on the Pharmacy Dispensing Unit noting the lessons learned. It was agreed that the Committee will periodically review progress in undertaking PIRs and select specific projects for examination by the Committee.

Key Decision(s)/Recommendations Made:

1. Agreed recommendation to Board for approval of business case: Windows 10
2. Agreed recommendation to Board for approval of Standing Orders, Standing Financial Instructions and Scheme of Delegation
3. Approval of month 7 self-certification form for submission to NHSI

Name: Chris Balch (Committee Chair)

Report to Trust Board of Directors				
Report title: Safe Staffing and Nursing Work Programme		Meeting date: 4 December 2019		
Report appendix	None			
Report sponsor	Chief Nurse and Deputy Chief Executive			
Report author	System Director of Nursing and Professional Practice – South Devon			
Report provenance	Executive Directors November 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 <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	Note the contents			
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		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: Safe Staffing and Nursing Work Programme		Meeting date: 4 December 2019
Report sponsor	Chief Nurse and Deputy Chief Executive	
Report author	System Director of Nursing and Professional Practice – South Devon	

1. Introduction

The purpose of this report is to provide information and assurance monthly 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 to show the national median data which is 8.1 Total: i.e 4.7 RN & 3.3 HCA.

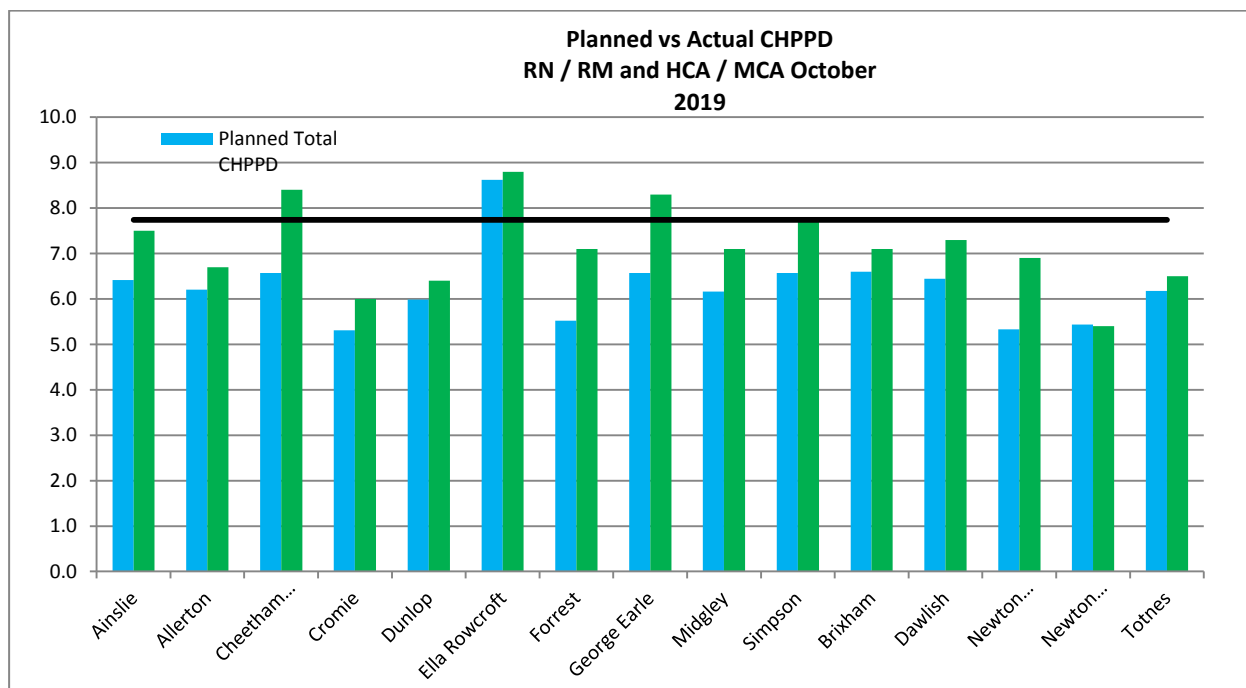
The table below shows the Trust CHPPD position for October 2019 alongside national median data and peer regional data. The Trust is now below the national and peer RN range at 3.67 and above the national and peer for HCAs at 4.07.

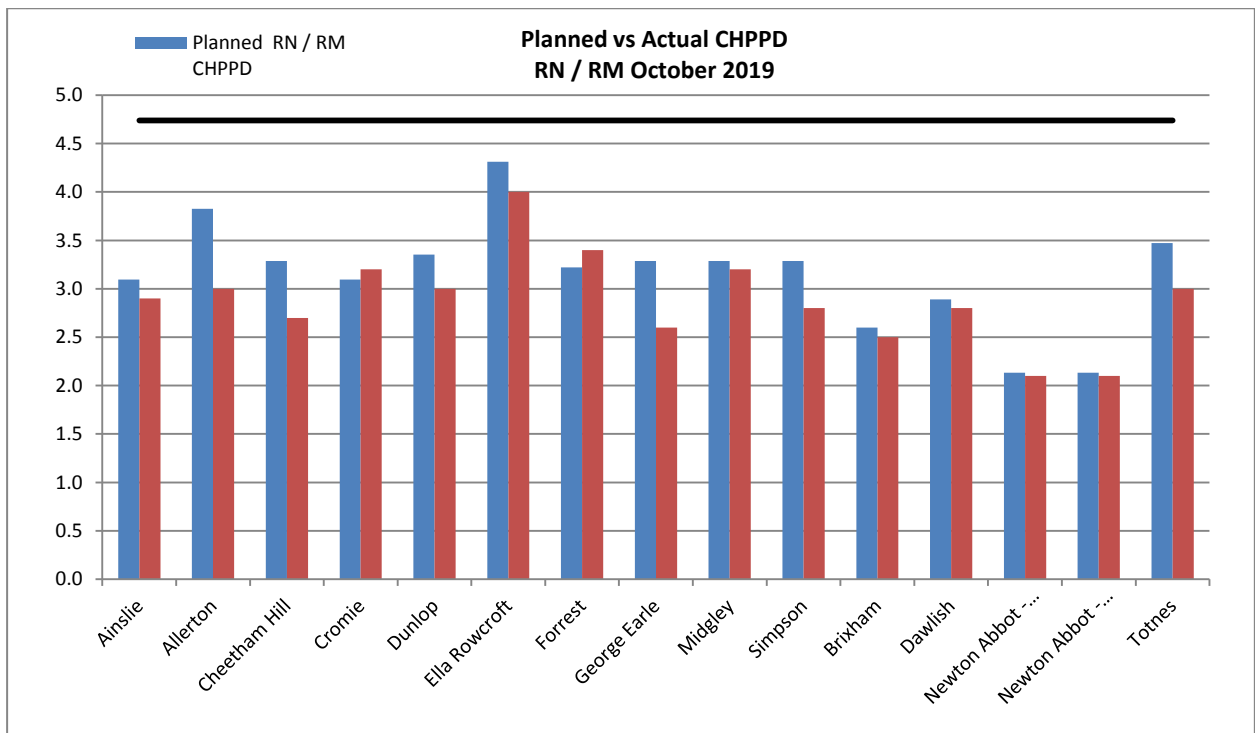
For October our position in the Trust has demonstrated that our overall comparison total CHPPD is 7.74 against a national median of 8.1 (National data is August 19). The RN CHPPD position demonstrates a slight decrease in comparison to last month 3.67 for Oct in comparison to 3.92; we still have further improvement within our recruitment to RN positions to be comparable against our peers and national data. HCA CHPPD position has reduced overall but remains an outlier in relation to our peers and national position, we know that this is due to enhanced supervision and backfill for unfilled RN shifts where it is deemed safe, we are working on solutions to address this.

			Model Hospital		
	TSDFT Oct 2019	TSDFT Sept 2019	TSDFT Aug 2019	Peer – Region Aug 2019	National Median Aug 2019
Total CHPPD	7.74	8.17	7.67	7.7	8.1
RN/ RM CHPPD	3.67	3.92	3.56	4.6	4.7
HCA / MCA CHPPD	4.07	4.25	4.11	3.3	3.3

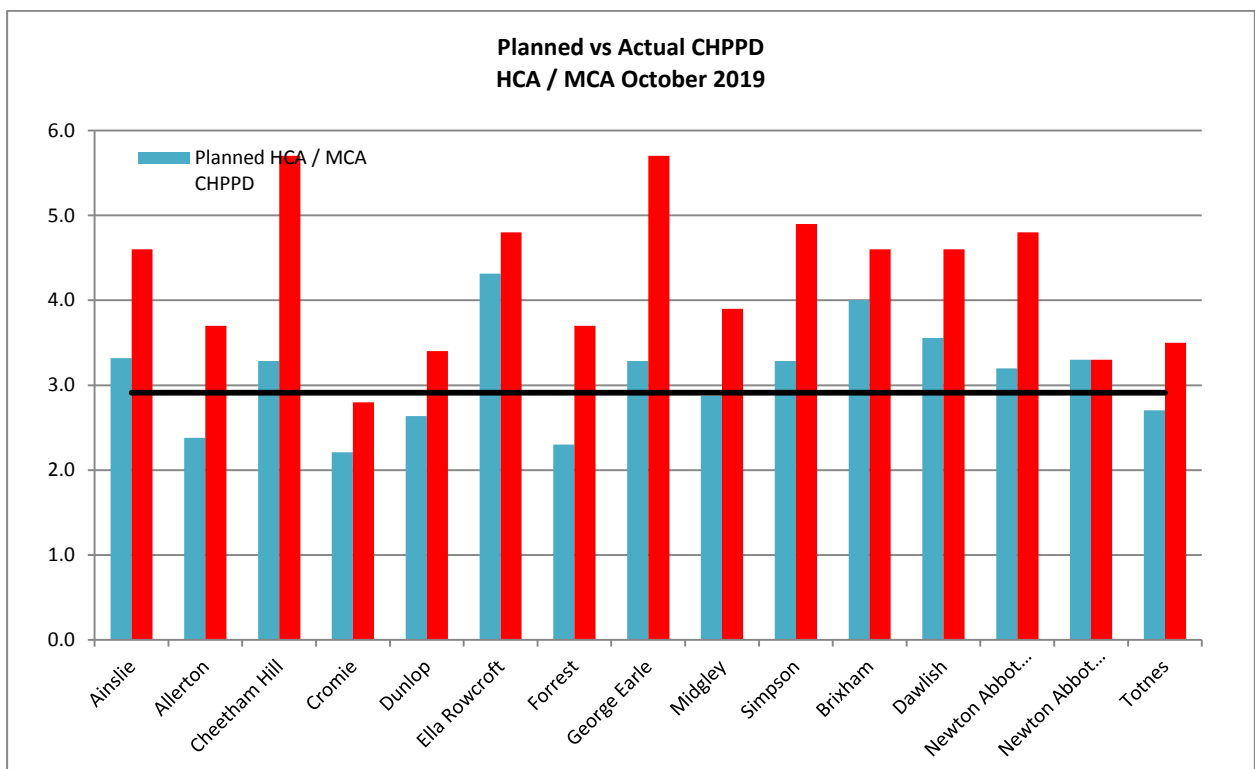
The graphs below illustrates the CHPPD data distributed by ward area, shown as a total of all nursing staff, and then separately for RNs and HCAs.

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 deemed appropriate and possible the wards cohort patients who require supportive observations. When there is shortfall in RN availability on a short term basis 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 also show that there are no areas where the actual RNs are above the current planned RN numbers. This remains stable over the last several months.



A review of establishments has been completed and budgeted establishments are now reflected within Healthroster. Safecare has provided Trustwide visibility of safe staffing across the organisation alongside real time acuity and dependency of patients within inpatient ward areas. As with any new change it has highlighted a number of new ways of working and identified areas where accuracy is required and is being addressed, a workplan is in place along with education of staff.

The table overleaf provides CHPPD information, with the red highlighted boxes showing areas where the RN/ HCA or both fell below planned levels. There are 4 highlighted occasions where the planned and actual show the same value. This is due to the way the programme has been formatted, illustrating that these areas were very close to planned levels, and have either a 0.1 value difference.

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. An example of this would be where specialist nurses, matron or the ADNPP provide support to the shift.

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.

The details of the reasons and actions are identified overleaf.

There has been a slight decrease since last month on the number of areas where the actual RN/HCA or both have fallen below the planned levels (8/23 = 34.7%).

There are a several reasons for the number of areas that have a reduction within their actual in relation to their planned registered nursing numbers.

These include:

- Ensure robust temporary nursing staffing controls to maintain quality and safety and also manage our financial position in relation to temporary staffing usage.
- Staff have left the organisation or moved to another ward area
- Temporary staffing are unable to fill some of the shifts
- Implementation of Safecare has enabled establishments within Healthroster to be reset, updated and triangulated with financial establishments for accuracy and robustness

Actions over next quarter:

- Reduction of unregistered staff undertaking enhanced supervision, through a programme of work in collaboration with South Devon College and volunteers commenced in October and benefits still to be realised.
- Robust recruitment plans and visibility of this across the organisation
- Overseas recruitment trajectory will see 37 Registered nurses join the trust between November 2019 and February 2020
- Utilising new workforce planning tool as part of the NHS People Plan
- Visibility and scrutiny of temporary staffing usage for the right reason.

**Care Hours Per Patient Day for Acute and Community Setting Wards –
October 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
<u>Ainslie</u>	6.41	3.10	3.32	7.50	2.90	4.60
<u>Allerton</u>	6.21	3.83	2.38	6.70	3.00	3.70
<u>Cheetham Hill</u>	6.57	3.29	3.29	8.40	2.70	5.70
<u>Coronary Care</u>	5.75	5.75	0.00	6.90	6.30	0.60
<u>Cromie</u>	5.31	3.10	2.21	6.00	3.20	2.80
<u>Dunlop</u>	5.99	3.35	2.64	6.40	3.00	3.40
<u>EAU3</u>	6.34	3.57	2.78	9.30	4.90	4.40
<u>EAU4</u>	7.67	4.31	3.35	8.30	4.40	3.90
<u>Ella Rowcroft</u>	8.63	4.31	4.31	8.80	4.00	4.80
<u>Forrest</u>	5.52	3.22	2.30	7.10	3.40	3.70
<u>George Earle</u>	6.57	3.29	3.29	8.30	2.60	5.70
<u>ICU</u>	20.44	20.44	0.00	29.30	27.20	2.10
<u>Louisa Cary</u>	6.66	4.24	2.42	11.70	8.10	3.60
<u>John Macpherson</u>	4.03	2.30	1.73	6.60	4.10	2.40
<u>Midgley</u>	6.16	3.29	2.88	7.10	3.20	3.90
<u>SCBU</u>	6.90	6.90	0.00	8.60	7.00	1.60
<u>Simpson</u>	6.57	3.29	3.29	7.80	2.80	4.90
<u>Turner</u>	7.87	3.63	4.24	8.80	3.30	5.50
<u>Brixham</u>	6.60	2.60	4.00	7.10	2.50	4.60
<u>Dawlish</u>	6.44	2.89	3.56	7.30	2.80	4.60
<u>Newton Abbot - Teign Ward</u>	5.33	2.13	3.20	6.90	2.10	4.80
<u>Newton Abbot - Templar Ward</u>	5.43	2.13	3.30	5.40	2.10	3.30
<u>Totnes</u>	6.18	3.47	2.71	6.50	3.00	3.50

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 October 2019 is summarised in the table below, with the detail for September 2019 shown in brackets. The table demonstrates that during October the Trust experienced significantly more days at Opel 3 escalation than in September but less time in Opel 4.

Overall the Trust experienced 64.5% of the time in Opel 3 in comparison to last month which saw 40% demonstrating 20 days out of 31 in either Opel 3 as there were no days in Opel 4, which was 64.5% of the month. An improved position of Opel 2 status was had this month, which saw the trust experience this 35.5% more than last month which was 30%.

TSDFT Alert Status October 2019	No Days in Month	% days in Month
Opel 1	0 (2)	0%
Opel 2	11 (12)	35.5%
Opel 3	20 (12)	64.5%
Opel 4	0 (4)	0%

2.3 Newton Abbot ISU - Emergency Department

The table below details the daily planned, actual and percentage fill rates for nurse staffing in the Emergency Department during October 2019. The department is continuing to use resources from temporary staffing, including use of nursing agencies to maintain staffing levels until the effects of recruitment are fully effective. The staffing skill mix is consistently balanced across the EAUs and ED with the senior nursing leaders ensuring this occurs.

There are still a few days where ED actuals have not gone below their planned shifts and usage of HCA's are higher than planned. There is a recruitment plan being provided in collaboration with workforce and organisational development to better understand the skill mix required and best use of marketing. The use of the BEST tool within the next quarter, will be utilised to determine the skill mix and shifts timings, so that ED are fully informed and up to date with national guidance.

		Total Planned shifts		Total Actual Shifts		RN Shift fill rate	HCA Shift Fill Rate
		RN	HCA	RN	HCA		
Tue	01/10/2019	21	17	19	17	89.3%	97.1%
Wed	02/10/2019	21	17	19	17	90.5%	97.1%
Thu	03/10/2019	21	17	20	19	95.2%	111.8%
Fri	04/10/2019	21	17	21	17	100.0%	97.1%
Sat	05/10/2019	21	17	21	15	100.0%	88.2%
Sun	06/10/2019	21	17	21	17	100.0%	97.1%
Mon	07/10/2019	21	17	22	17	102.4%	97.1%
Tue	08/10/2019	21	17	21	17	100.0%	100.0%
Wed	09/10/2019	21	17	22	16	102.4%	94.1%
Thu	10/10/2019	21	17	20	17	95.2%	97.1%
Fri	11/10/2019	21	17	21	15	100.0%	88.2%
Sat	12/10/2019	21	17	20	15	95.2%	88.2%
Sun	13/10/2019	21	17	22	16	102.4%	94.1%
Mon	14/10/2019	21	17	21	15	100.0%	88.2%
Tue	15/10/2019	21	17	21	15	100.0%	88.2%
Wed	16/10/2019	21	17	21	15	100.0%	88.2%
Thu	17/10/2019	21	17	21	14	98.8%	82.4%
Fri	18/10/2019	21	17	20	18	95.2%	102.9%
Sat	19/10/2019	21	17	22	17	104.8%	97.1%
Sun	20/10/2019	21	17	21	17	100.0%	97.1%
Mon	21/10/2019	21	17	19	15	90.5%	85.3%
Tue	22/10/2019	21	17	21	15	97.6%	85.3%
Wed	23/10/2019	21	17	21	15	97.6%	88.2%
Thu	24/10/2019	21	17	21	16	100.0%	91.2%
Fri	25/10/2019	21	17	20	13	95.2%	76.5%
Sat	26/10/2019	21	17	20	15	92.9%	88.2%
Sun	27/10/2019	21	17	22	17	104.8%	97.1%
Mon	28/10/2019	21	17	22	17	104.8%	97.1%
Tue	29/10/2019	21	17	22	17	102.4%	97.1%
Wed	30/10/2019	21	17	21	16	100.0%	94.1%
Mon	31/10/2019	21	17	21	15	100.0%	88.2%

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. M7 plan value is £184K which is lower than previous months; year to date amount is £1,888K.

A Plan		<u>Agency Cap submitted to NHS Improvement (NHSI) £2,869K</u>												
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 £269K, this is £69K lower than previous month's usage. This presents 5.5% of total M7 Nursing spend of £4,929K. Year to date spend is £2,096K.

B		<u>Actual Year to Date Nursing Agency Spend £K</u>												
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	338	269						2,096
Total Nursing Spend £K		5,415	4,986	4,982	4,995	4,873	4,937	4,929						35,117
% Agency over Total		7%	5.9%	6.1%	5.9%	4.8%	6.8%	5.5%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	6.0%
Year to Date Spend £K		364	656	959	1,254	1,489	1,827	2,096	2,096	2,096	2,096	2,096	2,096	

Table C: The actual spend to date is above the target (£208K), representing 11.02% adverse against the cap.

C		<u>Variance Agency Cap versus Actual Spend £K (B-A) - (Overspend)/Underspend</u>												
Month		April	May	June	July	August	September	October	November	December	January	February	March	FY 2019-20
in Month £K		80	8	19	11	(49)	54	85						208
Year to Date £K		80	88	107	118	69	123	208						
Distance from Cap %		28.17%	15.49%	12.56%	10.39%	4.86%	7.22%	11.02%	0.00%	0.00%	0.00%	0.00%	0.00%	
UOR* Agency Rating		3	2	2	2	2	2	2						

Table D: The projected full year spend as at end of M7 (based on assessment of Finance Team) is £3,460K which is £591K higher than the cap.

D		<u>Forecast for FY 2019/20 - based on Actual Spend M1 to M7, Projected spend M8 to M12</u>												
Month		Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Total
Month		April	May	June	July	August	September	October	November	December	January	February	March	FY 2019-20
Full Year Forecast £K		364	292	303	295	235	338	269	226	275	304	300	259	3,460

Breakdown by month and cost centre is in Appendix 1 along with the change in spend from previous month. Lower spend is due to reduction in specialising cost for Turner and Cheetham Hill wards (M6 reported an increase in these two (2) areas).

2.4.1 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 £969K (46%)
- George Earle Ward £138K (6.6%)
- Simpson Ward £133K (6.4%)

Actions:

- Review of the different payment structures within temporary staffing and provide a proposal in December will be presented in order to reduce the cost of temporary staff over winter and longer term but retain quality and safety of the wards
- Each area to have a robust recruitment plan that has a visible trajectory of staff starting and a reduction of temporary staff and agency.

2.5 Nursing and midwifery vacancies

The recruitment strategies previously reported have resulted in an RN vacancy rate as at the end of October 2019 to remain fairly static at 9.8%, this is consistent with last month as we have received a cohort of overseas registered nurses. Registered midwives continue with a >1% vacancy rate.

Actions:

- As a trust we joined the NHSI Retention Collaborative in September; the plans of this will be reported through Executive Directors meeting and the People Committee. Staff interviews and phone call exit interviews are being undertaken as a test of change.
- We have increased our student nurse capacity to commence, this includes the additional places provided to the new Academy of Nursing at Exeter University – we have seen our first students have taster sessions before they embark on their studies
- Our international recruitment continues to see new starters within the organisation and a trajectory of 37 joining the Trust from Nov 2019 -Feb 2020
- We are reviewing skill mixes within areas to identify new ways of working to provide different opportunities to our staff
- A robust recruitment strategy is being completed in alignment with the NHS long term plan and NHS interim People plan, for short, medium and long term recruitment.

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.

2.6 Electronic - E-rostering

There are 6 Key Performance indicators that monitor the efficiency and effectiveness of E-rostering across the Trust, these are below.

1. Rosters published 6 weeks prior to commencement
2. All contractual hrs are utilised when fully approval
3. All contractual hrs are utilised before over time assigned
4. Management hrs in line with Rostering guidelines
5. No of staff using employee online to request
6. Identifying areas that are not finalising payroll on time

The two areas of focus include KPI 1 and 2 for inpatient ward areas in order to assist with reducing the usage of temporary staffing. For roster period 2nd September – 29th September 2019 there are no areas that are consistently compliant in KPI 1: Rosters published 6 weeks prior to commencement or KPI 2: All contractual hrs are utilised when fully approval. A review of the KPIs are being undertaken with presentation of findings with a proposal of measuring some different KPIs, these are to be agreed at the December's workforce group meeting.

Actions over the next month:

- The Lead Associate Directors of Nursing for erostering alongside the newly appointed clinical lead are working alongside the sisters and matrons to improve the position of the KPIs in relation to rostering, a proposal is due in December.
- The System Directors of Nursing and Professional Practice will be meeting with the Associate Directors of Nursing and Professional Practice, Matrons and Sisters urgently to provide workshops and guidance on usage of healthroster.

Underutilisation of contracted hours demonstrates that we have areas where there are efficiencies to be realised.

It has been noted that there are some inaccuracies within the data; this includes episodes of no counting in areas where there is maternity leave or someone has moved departments internally, this is being reviewed and rectified to provide a more accurate account of the position. However, this is still demonstrating that underutilised hours are still in existence.

Actions over the next month:

- The Lead Associate Directors of Nursing for erostering alongside the newly appointed clinical lead are working alongside the sisters and matrons to improve the position of the KPIs in relation to underutilised hours to ensure.
- The System Directors of Nursing and Professional Practice will be meeting with the Associate Directors of Nursing and Professional Practice, Matrons and Sisters urgently.
- Teaching and education will be provided, and a programme of work will be developed to demonstrate this.

2.7 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 October 2019, the table below show that at the time the data was compiled 2 areas had not made a return this month, this has been addressed with the areas and matrons responsible, these were completed showing 1 green and 1 amber.

There were 0 Red rated teams and 10 teams with an amber rating for October 2019 are as detailed below:

Amber rated teams:

- Pre-assessment –due to vacancies, numbers of new referrals and short term sickness
- Brixham hospital – have shown an improvement as no longer red, however short term sickness and vacancies remain a factor
- Brixham and Paignton nursing – vacancy and short term sickness
- Coastal nursing – vacancy and short term sickness
- OOH nursing – short term sickness and vacancy
- Dawlish and Teignmouth Social care- due vacancy, sickness inc long term, 28 day assessment target not met.
- Totnes and Dartmouth Social care – vacancies, short term sickness and 28 day assessment target not met
- Newton Abbot OT - due to number of vacancies, short term sickness
- Podiatry – have shown an improvement as they have been red for a few months, now amber due to number of vacancies, short term sickness
- Emergency Department – due to number of vacancies, short term sickness

The main themes as described above are nursing vacancies and short term sickness, alongside the number of appraisals outstanding. Workforce and organisational development are working alongside the departments, sisters, matrons and associate directors of nursing and professional practice to develop action plans, which are being submitted to design a recruitment and retention strategy and workforce redesign.

The tables showing QuESTT scores for each clinical area are shown overleaf.

Quality Safety and Effectiveness Trigger Tool (QuESTT)

Service Rating	Level 0	Level 1	Level 2	Level 3
C. Hospital & MIU	<12	12-16	17-25	>25
Other	<16	16-24	25-35	>35

Service Type	Team	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019
% Complete		95%	95%	91%	95%	95%	99%	96%	94%	100%	96%	98%	98%
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	2	2	2	0
Total Amber (L1)		3	9	10	9	8	8	8	5	8	10	5	10
Total Green (L0)		75	69	65	69	70	73	71	72	72	67	73	70
Average Score		8.9	9.3	10.0	10.0	9.6	8.8	9.5	9.6	10.0	10.2	9.7	9.9
Acute	Ainslie	14	17	12	11	10	8	13	12	11	10	11	10
	Allerton	11	12	15	12	13	16	8	16	13	12	14	9
	AMU	7	11		8	7	13	14	5	5	11	6	8
	Anaesthetics	9	10	10	8	7	8	11	10	11	11	10	7
	Breast Care Unit	4	4	6		4	3	0	2	0	6	10	6
	Cath Lab	3	4	3	10	0	7	4	10	10	10	13	15
	Cheetham Hill	13	17	17	14	17	16	16	15	11	13	12	13
	Cromie	8	11	15	16	11	10	10	7	12	7	5	8
	DSU	13	13	9	13	10	13	13	14	10	9	12	15
	Dunlop	4	4	5	3	5	7	3	5	4	5	6	7
	Early Pregnancy / Fertility Service	6	2	2		2	2	4	4	6	6	6	6
	EAU3		4	13	10	11	8	8		12		12	10
	EAU4	8	9	7	10	8	11	8	7	18	11	8	7
	Ella Rowcroft	13	10	10	9	11	10	3	10	12	8	10	9
	Emergency Department	17	19	21	19	14	16	15	15	18	20	19	19
	Endoscopy		7	8	7	5	2	4	4	3	8	6	8
	Forrest	10	7	13	12	13	10	15	14	12	8	8	15
	General Theatres	15	13		11	9	9	11	11	9		15	7
	George Earle	8	9	12	12	10	10	11	11	11	13	15	
	Gynaecology Out-Patients Dept	13	7	6		2	6	8	9	9	7	7	8
	Hutchings	7	5		4	8	7	9	12	13	8	9	9
	ICU	5		8	6	11	8	7	9	11	9	3	9
	Louisa Cary	11	11	2	2	15	8	4		6	7	3	9
	MAT / TAIRU	9	9	4	3	10	5	10	10	10	9	4	7
	Maternity	7	9	13	8	11	5	7	13	12	12	14	13
	Midgley				15	15	7	11	14	9	3	7	9
	OPD	4	4	4	6	4	2	2	6	6	6	3	2
	Ophthalmology	11	8	9		12	9	13	8	15	15	13	14
	Ortho Theatres			15	14	15	16		15	14	13	14	15
	Pre-assessment	4	4	6	4	6	6	8	8	8	10	12	16
	Radiology	11	15	14	13	14	10	13		9	11	9	14
	Recovery	6	4	9	8	8	5	8	12	8	10	11	15
	RGDU	14	8	15	5	5	7	10	7	13	15	12	9
	SCBU	13	10	9	11	3	10	2		4	2	1	3
	Sexual Health	6	13	8	11	11		8	13	11	10	5	6
	Simpson	9	13	7	8	12	14	8	9	8	11	11	9
	TCCU	5	4	5	5	8	7	3	5	4	8	9	14
	Turner	10	10	8	9	12	9	11	9	8		7	12
	Urology	13	12	17	14		5	14		7	10	4	6

Service Type	Team	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019
Community Hospital	Brixham	11	12	8	11	8	15	13	7	20	19	17	14
	Dawlish	3	3	5	3	7	6	7	0	1	0	3	3
	Newton Abbot Teign	8	4	14	10	9	9	11	16	11	16	9	7
	Newton Abbot Templar	5	0	5	8	9	7	4	9	7	2	9	9
MIU	Totnes	9	8	8	7	8	8	7	7	6	12	9	7
	Dawlish	6	8	6	6	5	7	9	14	12	14	9	9
	Newton Abbot	4	3	5	5	2	0	6	8	8	8	6	7
Community Stroke and Neurology	Totnes	2	0	0	0	5	2	8	7	3	9	6	8
	Torbay and South Devon	10	12	13	15	18	16	14	14	16	14		10
Infection Control	Infection Control	10	6	11	13	13	11	11	4	6	8	3	4
LLTS	LLTS	6	7	7	7	6	8	7	6	7	6	5	6
Nursing	Brixham and Paignton	12	15	16	12	16	14	12	14	9	12	15	22
	Coastal	9	12	13	18	17	13	13	14	11	19	15	17
	Moor to Sea	15	18	14	23	12	6	7	10	12	15	8	
	Newton Abbot	12	13	18	15	15	12	11	10	14	19	15	11
	Torquay	8	9	9	9	6	6	9	11	6	9	8	12
OOH Nursing	OOH Nursing	13	13	20	22	22	9	17	9	12	14	13	16
Specialist Nursing	Specialist Nursing	8	11		4	4	5	1	7	2	4	5	6
Occupational Therapy	Brixham and Paignton	14	16	16	18	14	12	12	12	14	10	12	12
	Coastal	19	24	21	15	23	18	11	8	10	10	9	5
	Moor-to-sea	8	12	14	10	6	10	14	6	14	10	17	8
	Newton Abbot	9	13	7	5		8		11	9	19	13	19
	Torquay	0	0	0	4	2	6	8	4	2	4	4	6
Physiotherapy	Brixham and Paignton	15	13		14	12	12	6	10	8	9	12	7
	Coastal	11	22	18	19	12	14	15	8	16	13	9	11
	Moor-to-sea	6	8	12	6	14	10	12	8	14	12	19	14
	Newton Abbot	11	15	9	9		12		11	9	17	11	13
Podiatry	Torquay	4	8	11	22	10	11	10	12	10	8	10	6
	Podiatry	16	18	14	23	22	20	22	23	32	26	27	22
Public Health - Lifestyles	Lifestyles	3	1	5	4	1	7	5	11	3	0	7	5
Public Health - Nursing	Paignton and Brixham	4	8	10	12	10	10	8	6	6	6	8	4
	School Nursing	4	8	5	7	6	5	7	6	7	7	5	8
	Torquay	4	1	4	5	2	2	2	2	5	4	4	2
Public Health - Substance Misuse	Substance Misuse	2	4	6	4	4	4	6	8	10	6	4	4
Social Care	Brixham and Paignton	10	12	14	10	11	8	12	10	12	10	10	14
	Dawlish & Teignmouth	12	8	14	6	10	2	8	10	12	12	14	18
	HADT - S. Devon	15	11	15	11	11	13	17	15	17	13	17	13
	HADT - Torbay	11	11	11	9	17	5	11	13	8	13	10	9
	Newton Abbot	12	8	14	12		8	18	18	16	16	16	10
	Older People Mental Health - Torbay	4	2	2	4	0	4	10	4	8	4		2
	Torquay	10	10		6	10	12	16	12	10	16	12	10
	Totnes & Dartmouth	10	12	11	15	14	10	19	8	16	8	4	16
Tissue Viability	Tissue Viability	7		10	13	7	14	10	7	7	9	8	8

3. Conclusion

This report demonstrates that nursing establishments and fill rates are monitored and appropriate action taken to maintain staffing levels, both by the specialty matrons and senior sisters and through the control room function.

4. Recommendation

The board is asked to note the report.

Report to the Trust Board of Directors				
Report title: Learning Disability Improvement Standards Report			Meeting date: 4 December 2019	
Report appendix	Nil			
Report sponsor	Chief Nurse			
Report author	Interim Deputy Director of Adult Social Care			
Report provenance	Internal verification with TSDFT staff Integrated Safeguarding and Inclusion Group Executive Group			
Purpose of the report and key issues for consideration/decision	This briefing sets out a summary of TSDFT's current position in relation to the key findings from the NHSI Benchmarking exercise (July 2019) completed using the Learning Disability improvement standards.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	<ul style="list-style-type: none"> To maintain the Treat Me Well meetings. Review the current Treat Me Well Work Plan and engage relevant stakeholders in developing appropriate responses to areas identified via the NHSI Benchmarking activity. Ensure the organisation is prepared to engage in the 2019/2020 NHSI self-assessment benchmarking activity. Continual engagement with STP and local LeDeR processes. 			
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		Risk score	

External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation	
	NHS Improvement	X	Legislation	
	NHS England		National policy/guidance	x

Report title: Learning Disability Progress Report		Meeting date: 4 December 2019
Report sponsor	Chief Nurse	
Report author	Interim Deputy Director of Social Care	

1. Introduction

In June 2018, NHS Improvement launched the national learning disability improvement standards for NHS trusts. These were designed to drive rapid improvement of patient experience and equity of care in the following areas:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce and
- Specialist Learning Disabilities Services.

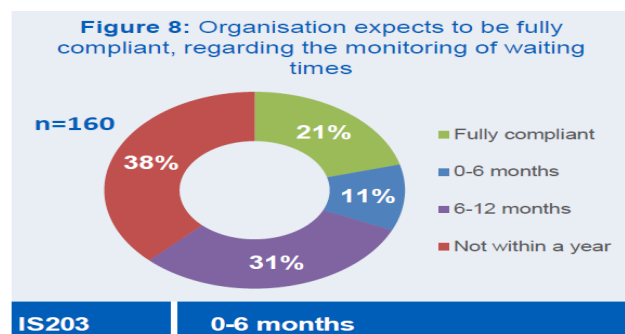
This paper will report on the specific findings for TSDFT against the national picture whilst referencing progress achieved against current work plans including Learning Disability Mortality Review (LeDeR) where appropriate.

2. Discussion

The initial NHSI Performance exercise, maps TSDFT's activity against the learning disability improvement standards, at both a local and national level. The detailed individual Trust report provides TSDFT with a wealth of information that will drive further improvements in 2020/21. The report offers notable assurances regarding practice within the Trust which is further corroborated from the recent Quality Checkers' assessment of Torbay's hospital site. Many of the Trust's practices and challenges are in line with the national picture. Areas for attention in the coming year are set out below.

2.1 Respecting and Protecting Rights

TSDFT were among 77% respondents who indicated that they are unable to recognise if someone on a waiting list has a learning disability. This inability to monitor and review an individual's journey prevents the Trust from evidencing full compliance with Standard 1 of the NHSI Learning Disability performance indicators.

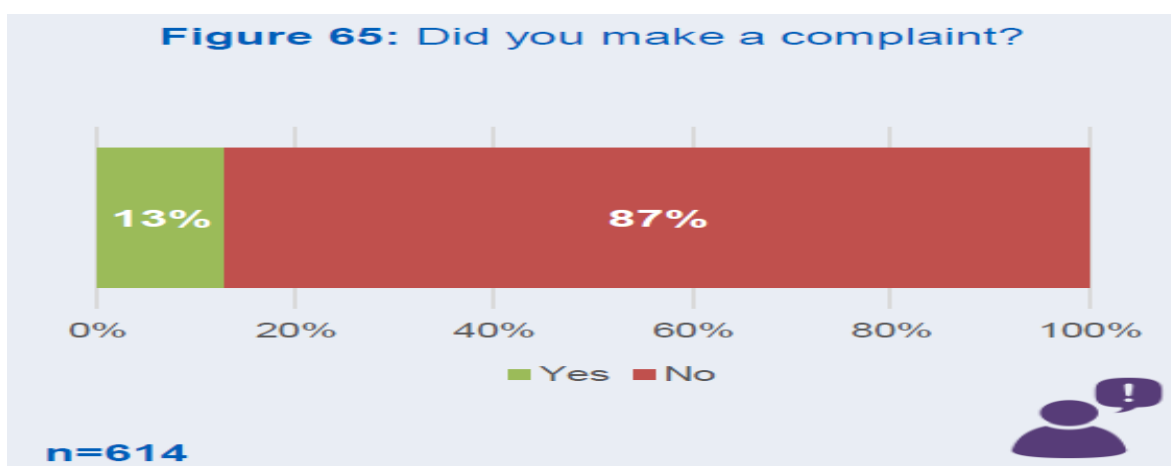


The revised Treat Me Well Plan will incorporate an action to address this need.

2.2 Inclusion and Engagement

Overall TSDFT delivers against the Inclusion and Engagement standard. Positive returns were reflected in all domains. Further work has progressed through 2019 which has resulted in the creation of the Torbay Learning Disability Partnership Board which will directly employ 3 individuals with lived experience.

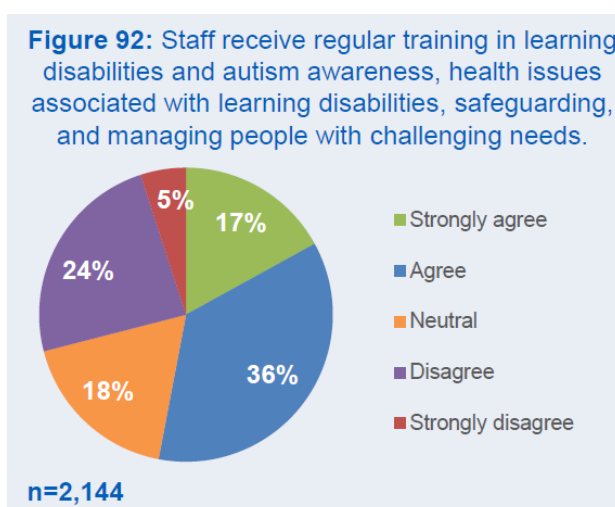
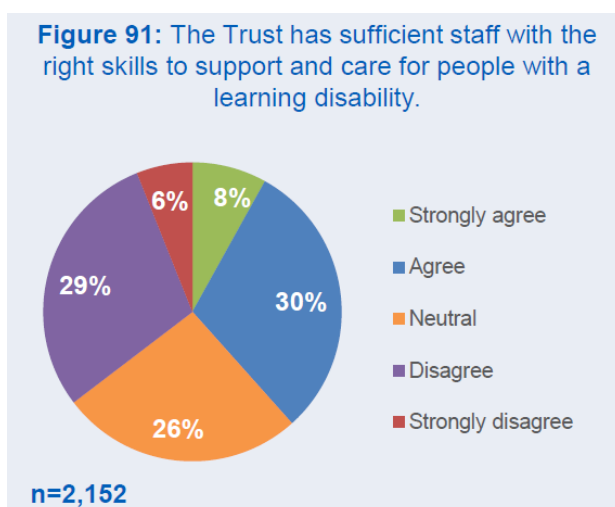
The NHSI performance exercise did however indicate that numbers of complaints from within this cohort of patients do appear to be significantly low.



The Trust would benefit from reviewing this position and considering whether an enhanced feedback mechanism could be created. This action will be addressed via the Treat Me Well Work Plan.

2.3 Workforce

The staff survey reflecting Standard 3 would indicate that only 38% of people working within the Trust feel there are the right skilled people to support individuals with a learning disability (fig 91). Yet over half of the respondents felt training had been provided to them (fig 92).



Neither the service user survey feedback nor the quality checkers feedback support the idea that staff are ill-equipped to meet their needs and both were complementary about the interactions that they had with the Trust's workforce.

There may be a discrepancy between expectations and outcomes for staff regarding what is expected of them and this will be discussed further as an agenda item in the Treat Me Well meetings.

2.4 Treat Me Well

The learning disability program of work is managed and monitored primarily via the 'Treat Me Well' forum. The Work Plan underpinning this group's activity is being reviewed and updated via a Task and Finish Group which will meet at the end of November 2019. The revised Work Plan will be available for any subsequent report required that the Board requests.

2.5 Quality Checkers Visit

Devon Link Up were commissioned by NHS Devon CCG to check a range of NHS services across the county. The team of four trained quality checkers, each with learning disability visited the hospital on a number of occasions between June and August. During the visits they met with a number of staff and reviewed the services. This included the learning disability nurse, a member of PALS, the lead for women's health, lead staff from A&E, outpatients/surgical pre-assessments, Midgley and Allerton wards. Four key standards were assessed:

- Access
- Capacity and consent
- Communication
- Reasonable adjustments

The team identified a range of areas reflecting good practice this included; positive feedback for the Learning disability nurse (Roz Erskine-Gray), an accessible changing place/toilet that enables patients and visitors to have personal care needs met with dignity. The team also found some services engaged in work which they recommended should be shared across the organisation.

Communication was an area highlighted to have met partial compliance due to the variation in communication resources across the wards and in the hospital. Some communication aids used Photosymbols and some used Widget although this was noted to be viewed as old fashioned

Each person with a learning disability has a hospital passport and some wards knew about the hospital passport and communication books whilst others didn't.

It was noted that coloured zones are great to follow as long as you can tell the difference between blue and navy and can read when the colour is replaced with writing.

The final full report is currently being reviewed by NHS Devon CCG and once the Trust is in receipt the Treat me Well Group will oversee the implementation of the recommendations.

2.6 Learning Disability Mortality Review Programme (LeDeR)

The results from the LeDeR annual report are now available and the key recommendations are as follows:

	Recommendation
1	Consider designating national leads within NHS England and local authority social care to continue active centralised oversight of the LeDeR programme.
2	NHS England to support Clinical Commissioning Groups to ensure the timely completion of mortality reviews to the recognised standard.
3	There should be a clear national statement that describes, and references to relevant legislation, the differences in terminology between education, health and social care so that 'learning disability' has a common understanding across each of the sectors and between children's and adults' services.
4	Clinical Commissioning Groups and local LeDeR steering groups to use local population demographic data to compare trends within the population of people with learning disabilities. They should be able to evidence whether the number of deaths of people from Black, Asian and Minority Ethnic groups notified to LeDeR are representative of that area and use the findings to take appropriate action
5	The Department of Health and Social Care and NHS England to support national mortality review programmes to work with 'Ask, Listen, Do' and jointly develop and share guidelines that provide a routine opportunity for any family to raise any concerns about their relative's death.
6	The Department of Health and Social Care, working with a range of agencies and people with learning disabilities and their families, to prioritise programmes of work to address key themes emerging from the LeDeR programme as potentially avoidable causes of death. The recommended priorities for 2019 include: i) recognising deteriorating health or early signs of illness in people with learning disabilities and ii) minimising the risks of pneumonia and aspiration pneumonia.
7	Guidance continues to be needed on care-coordination and information sharing in relation to people with learning disabilities, at individual and strategic levels.
8	Shortfalls in adherence to the statutory guidance in the Special Educational Needs and Disability Code of Practice in relation to identifying and sharing information about people with learning disabilities approaching transition, transition planning and care coordination must be addressed.
9	The Royal College of Paediatrics and Child Health to be asked to identify and publish case examples of best practice and effective, active transition planning and implementation for people with learning disabilities as they move from children's to adults' health services.
10	The Department of Health and Social Care, working with a range of agencies and the Royal Colleges to issue guidance for doctors that 'learning disabilities' should never be an acceptable rationale for a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order, or to be described as the underlying or only cause of death on Part I of the Medical Certificate Cause of Death.
11	Medical Examiners to be asked to raise and discuss with clinicians any instances of unconscious bias they or families identify e.g. in recording 'learning disabilities' as the rationale for DNACPR orders or where it is described as the cause of death.
12	The Care Quality Commission to be asked to identify and review DNACPR orders and Treatment Escalation Personal Plans relating to people with learning disabilities at inspection visits. Any issues identified should be raised with the provider for action and resolution.

This report will link to the developing STP wide action plan which will provide organisations with the opportunity to move towards improving practice in a targeted manner. The South West Peninsula have coordinated Bi Monthly LeDeR meetings which the Deputy DAS will attend. Emerging evidence from the review of deaths is proving to be highly valuable and confidence in growing that sharing this learning will have a positive impact on improving health outcomes for people with a learning disability. Devon CCG's LeDeR reports for Q1 and 2 are available at appendix 5 and 6 if more detail is required.

3. Conclusion

The evidence would suggest that TSDFT continues to provide a good service to individuals with a Learning Disability and service delivery is in line with the National

picture however improvements are still possible. Momentum is gathering within the organisation as we move towards submission of the 2nd annual NHSI Performance benchmarking exercise which the author is overseeing.

4. Recommendations

For the Board to note the content of this report.

Report to the Trust Board of Directors			
Report title: Infection Prevention Control update on: Clostridium Difficile Infection (CDI). E. coli Blood Stream Infection (BSI) Meticillin Sensitive Staphylococcus Aureus (MSSA) BSI Meticillin Resistant Staphylococcus Aureus (MRSA) BSI			Meeting date: 4 December 2019
Report appendix	Appendix 1: E. coli blood stream infection (BSI) , Methicillin sensitive <i>Staphylococcus aureus</i> (MSSA) BSIs, Methicillin resistant <i>Staphylococcus aureus</i> (MRSA) BSIs - 12 month rolling average rates/100,000 for August 2019 from PHE's Fingertips		
Report sponsor	Chief Nurse		
Report author	Director of Infection Prevention and Control		
Report provenance	Devon Infection Prevention and Control Forum		
Purpose of the report and key issues for consideration/decision	<p>This report is being presented because the data on CDI presented at the Quality Improvement Group was flagged as red.</p> <ul style="list-style-type: none"> The CDI data presented at QIG and Board reflected the 2018/19 target definitions not the 2019/20 definitions. NHSI changed the CDI target in 2019/20 to 36 CDIs, from 18 CDIs in 2018/19. The reason NHSI changed the target was because it changed the reporting definitions for Healthcare acquired CDI in 2019/20 and this was to align England and Wales with USA and European definitions. NHSI and the CCGs are aware that this change in CDI definition in 2019/20 will more than double the reported numbers of Healthcare acquired CDI in 2019/20 compared with 2018/19. <p>The update on blood stream infections (BSI) is in response to recent Public Health data that shows the Trust to be an outlier for Escherichia Coli, MSSA and MRSA incidence. There are two main reasons that make TSDFT an outlier for E. coli, MSSA and MRSA BSIs.:</p> <ul style="list-style-type: none"> The Public Health England (PHE)'s Fingertips data is not Age Adjusted. TSDFT is 'Sepsis Aware', and has a higher compliance with taking blood cultures when compared with other trusts and this leads to ascertainment. 		
	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	<ul style="list-style-type: none"> The QIG Infection Prevention & Control report will be amended to reflect the revised 19/20 definitions. The will show Trust performance against the NHSI target of 36 and to date TSDFT has had 8 CDIs were a 'Lapse in Care has led to infection'. 		

Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	
	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	
	Risk Register		Risk score	
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation	
	NHS Improvement	X	Legislation	
	NHS England		National policy/guidance	X
	Public Health England benchmark data CQC safe domain			

Report title: Infection Prevention Control update on: Clostridium difficile Infection (CDI). E. coli blood stream infection (BSI) Meticillin sensitive Staphylococcus aureus (MSSA) BSI Meticillin resistant Staphylococcus aureus (MRSA) BSI		Meeting date: 4 December 2019
Report sponsor	Chief Nurse	
Report author	Director of Infection Prevention and Control	

1 Introduction

1.1 **Clostridium difficile infection (CDI)** causes antibiotic associated diarrhoea which can be a potentially severe or even fatal, infection that occurs mainly in elderly and other vulnerable patient groups. This bacteria produces spores so to eradicate it from the hospital environment Hydrogen Peroxide Vapour is used and requires areas to be sealed whilst in use. Each year NHSI set targets and from April 2019 these targets were changed, as outlined below:

<u>2018/19</u>	<u>2019/20</u>
Healthcare onset defined as 3 days after admission.	Healthcare onset defined as 2 days after admission. <i>PLUS</i>
No discharge target	Healthcare onset defined as within 28 days of discharge.
NHSI Target = 18	NHSI Target = 36
CCG Target = 18 'Lapses in Care Leading to Infection.'	CCG target = 36 'Lapses in Care Leading to Infection'.

All Healthcare acquired infection CDIs to be reviewed by the Infection Prevention & Control Team.

1.2 **E. coli blood stream infection (BSI) , Meticillin sensitive Staphylococcus aureus (MSSA) BSIs, Meticillin resistant Staphylococcus aureus (MRSA) BSIs**

They are identified by taking blood cultures before antibiotics are administered and this is best practice and part of the NHSE Improving outcomes for patients with sepsis- A cross-system action plan. 2015 and NICE Sepsis: recognition, diagnosis and early management. 2016.

2 Discussion

2.1 **Clostridium difficile infection (CDI)**

There has not been an increase in patients acquiring CDI in the Acute hospital. The NHSI change in CDI targets for 2019/20 to align with the USA and Europe for CDI reporting has led to a data quality error in the performance reports.

From 1/4/19 to 15/11/19 there have been a total of 37 Healthcare onset CDIs against an NHSI target of 36. But with the new definitions for 2019/20 it is expected that the majority of trusts will breach this number. It needs to be understood that the CCG Target is only relevant to financial penalties.

From 1/4/19 to 15/11/19 there have been a total of 8 Healthcare onset CDIs with 'Lapses in Care Leading to Infection', against a CCG target only relevant to financial penalties of 36. The Infection Prevention & Control team (IP&CT) have reviewed the case notes and or performed After Action Reviews (AARs) for inpatients and those discharged within 28 days, which totals 37 patients with CDI. The IP&CT inform Control on a weekday basis of the areas that require a Hydrogen Peroxide Vapour decontamination to destroy *C. difficile* spores.

In May 2019 a Community hospital did have a CDI outbreak which resulted in Outbreak meetings, risks identified and mitigated and to date there have not been any further CDI Outbreaks in Community hospitals.

The IP&CT continue with weekly CDI ward rounds in the Acute and Community hospitals.

The other issue that is unique to TSDFT being an ICO is that Acute hospital and Community hospital patients with CDI are combined to 'Acute hospital' and this increases the number of CDIs.

PHE's Fingertips benchmarking tool for CDI shows that TSDFTs *C. difficile* toxin tests per 1,000 bed-days for Q1 2019/20 was 40 tests and the England average is 16, hence there will be ascertainment increasing the CDI numbers.

2.2 E. coli blood stream infection (BSI) , Meticillin sensitive *Staphylococcus aureus* (MSSA) BSIs, Meticillin resistant *Staphylococcus aureus* (MRSA) BSIs

The PHE's Fingertips data lists the total number of positive blood cultures that are Hospital onset and that are Community onset.

For BSIs the 12 month rolling average rates/100,000 for August 2019 are in Appendix 1. The two important issues are that PHE's data is not Age Adjusted.

The other issue is ascertainment and PHE's Fingertips data shows that TSDFT took 40% more blood cultures than the National average.. By extrapolation TSDFT will have a 40% greater chance of finding a BSI and optimising antibiotic management.

3 Conclusion

From 1/4/19 to 15/11/19 there have been 8 CDI Lapses in Care Leading to Infection (5 Acute hospital, 3 Community hospital) against a CCG 'Target' of 36 Lapses in Care Leading to Infection.

The IP&CT are vigilant in monitoring CDI and the performance CDI reporting to the board used the 2018/19 target instead of the 2019/20 target.

The TSFT's higher BSI rates can be explained by excellent compliance with NICE & NHSE guidance on Sepsis by taking blood cultures before administering intravenous antibiotics and PHE's data on Fingertips not being Age Standardised.

4 Recommendations

The performance Infection Prevention & Control data needs to be corrected from red to amber because the CCG will only count the CDIs were a 'Lapse in Care has led to infection', against the NHSI target of 36 and to date TSDFT has had 8 CDIs were a 'Lapse in Care has led to infection'.

E. coli blood stream infection (BSI) , Meticillin sensitive *Staphylococcus aureus* (MSSA) BSIs, Meticillin resistant *Staphylococcus aureus* (MRSA) BSIs
12 month rolling average rates/100,000 for August 2019 from PHE's Fingertips

TSDFT E coli BSI hospital acquired	21.8
National E coli BSI hospital acquired	20.8
Torbay Community E coli BSI	196.1 (if Age Standardised = 65)
National Community E coli BSI	115.8
TSDFT MSSA BSI hospital acquired	12.6
National MSSA BSI hospital acquired	8.8
Torbay Community MSSA BSI	47.8
National Community MSSA BSI	35.7
TSDFT MRSA BSI hospital acquired	0.8
National MRSA BSI hospital acquired	0.7
Torbay Community MRSA BSI	3.4
National Community MRSA BSI	1.6

Report to the Trust Board of Directors				
Report title: Report of the Chief Operating Officer			Meeting date: 4 th December 2019	
Report sponsor	Chief Operating Officer			
Report author	System Directors			
Report provenance	Contents reflect latest updates from management leads across all ISUs.			
Purpose of the report and key issues for consideration/decision	To provide a broader narrative update on key operational developments not otherwise referenced in the standard Integrated Performance Report or the CEO report.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board of Directors is asked to receive and note 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		Terms of Authorisation	
	NHS Improvement	X	Legislation	
	NHS England		National policy/guidance	X

Report of the Chief Operating Officer

1. Purpose

This report sets out the operational actions being progressed to deliver the Trust objectives where these have not already been referenced in the Integrated Performance Report. These objectives are to secure the financial plan and deliver; cancer 62 day, referral to treatment 52 week and the diagnostic 6 week performance trajectories. In addition the report highlights the ICO wide contributions to delivery of the 4 hour trajectory.

The report illustrates in more depth work of the operational teams in some of the areas not covered sufficiently by either the Integrated Performance Report of the Chief Executive Report to Board. The priorities covered relate to the whole system (ICO) response to challenges in our urgent care system and an update on progress with the 0 to 19 contract. In addition the team has included a description of the operational response to balancing the performance and financial priorities for the Trust, focussing in particular on the period to 31st March 2020.

Key risks to delivery in relation to the urgent care actions are demand, workforce and infrastructure and the Winter Pan, presented last month, plus the Silver System Reset is the operational team's response to these risks.

2. Performance and Finance

In order to achieve the elective care, cancer and diagnostic trajectories within the financial forecast by the 31st March 2020 the teams are working closely with both the Financial Improvement Director and the COO. Activities to support performance include additional insourcing, outsourcing and other additional clinical sessions. These actions are all being triangulated both to the risk assessed operational performance improvement (e.g. waiting times) and the available financial envelope. Where appropriate and requested additional revenue is being sought from NHSi and our commissioners and resources deployed only when this is in place. The current assessment is that the 52 week wait, 62 day cancer and 6 week diagnostic trajectories are deliverable within the financial envelope.

There are significant risks to delivery mainly associated with winter pressures however through the weekly grip and control meeting and regular performance meetings the COO and the Financial Improvement Director are managing the situation closely and will take corrective action as necessary. Variation to this position will be reported by exception to Finance Performance and Digital Committee and Board as appropriate.

3. Trust-wide Improvements

The following updates provide insight into relevant developments from across the ISUs and Systems. The focus is intended to be on community services and social care and other areas not otherwise referenced in the Integrated Performance Report.

3.1 Long lengths of stay (LLOS)

This work is a good example of how the Trust's new operational delivery model works in practice across our system delivering real improvements. This LLOS work is led by the Moor to Sea Leadership team. Work has continued to support the weekly return to NHSE for our over 21 day Long length of stay patients.

The target is to have less than 22 people with hospital stays over 21 days in our acute beds. A weekly process has been established allowing matrons, ward sisters, professional practice and operational managers to review the outputs of SAFER and further scrutinise the reasons why people are in an acute bed beyond 21 days. There is multiagency scrutiny of this list weekly which provides further system benefits in terms of oversight and understanding. Wider partners have been engaged in looking at the themes behind external delays (which account for approx. 50% of our LLOS) including Local Authority commissioners and Devon Partnership NHS Trust.

The trajectory has been positive, meeting our target the majority of time and the process is now well imbedded in practice, becoming more reliable over time. The next step for this piece of work is to include all community hospitals in order to have the same level of scrutiny applied and to look to apply this methodology to people staying over 10 days.

3.2 Health and wellbeing centres

Work remains ongoing to deliver Health and Wellbeing Centres across Torbay and South Devon. Progress has been made in Dartmouth with the development of a stakeholder group involving service users and staff and GPs. A steering group is set up in the Coastal locality, led by the CCG, and they are continuing to work on the new health and wellbeing centre.

3.3 Silver System Re-set: Simplifying Urgent and Emergency Care Goals

See Appendix 1 and 2 for a summary of the winter plan and silver system reset.

Supporting safe patient flow requires careful focus and at time can be challenging, sometimes resulting in an overcrowded Emergency Department impacting on the 4 hour standard. This also affects inpatient wards at full stretch and a requirement to open escalation areas.

The Winter Plan was presented to Board last month and is based around the urgent and emergency care programme of work involving collaborative projects to deliver key improvements to patient flow and reducing bed occupancy. To optimise some of these key work-streams we have been developing a Silver System Re-set to highlight and focus our efforts around a positive daily rhythm of actions to reduce patient delays and waits wherever they occur in our system.

Timeframe:

Head of Ops commence: Listening, Learning and Coaching from 18th Nov 2019

Silver Re-set commence: 2nd December 2019 – 28 February 2020

4. South Devon System

4.1 Devon County Council (DCC) foot print

The Mears contract for domiciliary care has now transferred to alternative arrangements in the south area of Devon. The previous Mears direct delivery of care in South Devon has transferred into DCC.

There are currently two contracts with an agency provider in south Devon, one for End of Life care for 200 hours and one to support hospital discharges and short term offers 300 hours. These schemes are funded from winter pressures and iBCF and are helping to deliver care and support patients in South Devon. DCC are in the process of reviewing its practice in relation to Direct Payments and reviewing packages of care to try and liberate capacity to support over winter.

5. Torbay System

5.1 Integration and Better Care Fund (IBCF)

The IBCF in the Torbay area includes several Trust-led schemes that are operational. These projects cover a range of activities, including:

- Some funding to Voluntary Sector groups extending Well Being Co-Ordination into End of Life Support, Dementia and Housing. This includes a scheme to help Learning Disabled clients to live more independently. Two days staffing time to support the development of partnership with the voluntary sector.
- Trust staffing to support high demands areas where preventative work will pay quality and cost avoidances dividends. Mental Health/Social Care Social work support and Social work in transitions to Adulthood.
- TECS (Technology Enabled Care Services) monies to supplement the revenue contract with NRS healthcare. Funding used for equipment and staffing to developed cost avoidance measurement and staff culture change. Key activity is the FLOW project which from January 2020 will test the use of specific TEC equipment in peoples house to support independence and hospital discharge.
- Other schemes include Plus Size (Support people who cannot access weight loss services in the community) Postural Strength project (Extending existing Trust offer to strength and balance services) and the Replacement Care scheme (looking to extend Short Breaks choice and capacity for carers)

5.2 Technology Enabled Care Service (TECS)

The TECS contract is now established operationally and is beginning to make progress. The contract has been through design and redesign throughout the first 12 months, each time improving the model infrastructure. Through several waves of training and the addition of exposure through the FLOW project we believe we have seen early signs of significant referral increase.

The benefits tracker logging outcomes for referrals demonstrates clearly positive results for people and their families using TECS as well as reducing pressure on resources and finance for the Trust.

This year the service has established a firm foundation for greater gains in the second year both in savings and in various elements of cost avoidance. The FLOW

project will provide evidence of which products operationally can help our system manage demand.

5.3 Living Well @ Home

The Living well@home Mears contract terminates on 31st March 2020 .The model of care which has been evolving over the last 3 years has seen an increase in clients managed in their own homes.

The Trust team have been working with care partners to develop relationships and support the careers in care. We are currently using a test and learn approach to a neighbourhood delivery model which is proving positive in regards to staff feeling more engaged in delivery of client outcomes. The aims of this delivery model are to promote, improve and protect well-being to enable people to regain maximum independence. Alongside this work there is a community led support programme which seeks to ensure a truly asset-based approach and stimulate the local market and community including very valuable partnerships with voluntary sector colleagues.

To facilitate the procurement process a European (OJEU) contract notice has been issued, posted an advert on a national procurement notice board (ContractFinder) and have created a contract opportunity on TSDFT and the Councils procurement portal. The team are also communicating carefully with attendees at the recent well attended Care Collaborative Event and the current Mears sub-contractors to ensure active engagement of our local market to deliver local care.

5.4 0-19 Service Development

Our Vision for the service is:

“To work alongside our communities in Torbay to provide an excellent service that supports and helps Children, Young People and their Families/Carers be safe, happy, healthy and reach their full potential.”

Partnerships

Following the successful contract award in April 2019 the Trusts PHN service (Health Visiting & School Nursing) is working together with Action for Children and The Children’s Society to deliver an integrated service to children, families and young people in Torbay. All aspects of the contract deliver have been developed as a partnership with full consideration given in keys areas initially such as staffing, recruitment and building relationships across the team alongside a continuing to maintain a good relationship with Torbay Council Commissioners.

Our team

Highly skills practitioners supporting children, young people and families through blended working has started in some services such as Child Health Clinics and the National Childhood Measurement Programme (NCMP).

Two joint workforce development events have taken place, building relationships, sharing skills and knowledge and improving practice. Skills mapping has begun identifying a high level of experience and qualifications within the wider team and looking at any gaps.

Further work is planned on developing service volunteers and linking in with the voluntary sector.

Governance

Partnership Board delivering the strategic plan with easily identifiable at risk and in progress reports. Strategic leads from all partners and commissioners.

Operation & Transformation Group responsible for overseeing and reviewing goals and progress of task & finish groups. Service managers from all partners and commissioners.

Task & finish groups focusing on specific areas such as antenatal education, safeguarding, workforce development and trauma informed practice. Service leads from all partners and front-line staff form part of these groups.

Parent advisory boards provide feedback on services and satisfaction levels, currently for families with children under five but expanding to all ages.

Milestones

Data returns show that the contract is on track at the end of quarter two and commissioners are working with us to refine the KPI's to ensure we report on

- How much we have delivered
- How well have to done it
- What difference did our service make

No drop off in service delivery and no increase in complaints in the first six months of the contract. There are clear governance and reporting arrangements in place.

Monthly staff newsletter keeping everyone informed and up to date on progress. A new stakeholder's news is being developed and will be out in early December. The project plan uses Smart sheets and a one year Project Lead from Action for Children has been supporting the process alongside the Service manager/Professional Practice Lead for PH Nursing and General Manager for Public Health.

Winter Plan 2019/20

We have been working with teams across the organisation on our Winter Plan. Thank you for all the significant feedback we have received to understand how winter felt for you and those recommendations have helped to form this year's plan.



Enhanced weekends

Two additional clinical site managers to join the team to provide clinical coordination of weekend H@D processes.



Rapid Flu testing

Flu point of care testing to be provided in ED. MRSA point of care testing on Ainslie to maximise use of orthopaedic beds.



Discharge Hub working weekends

Hospital Discharge Hub from 16/17 November available 7 days a week. Referrals will be managed by Torbay and South Devon Intermediate Care Co-ordinators. Placements to be authorised by clinical site managers.



OPEL framework on ICON

- OPEL status
- Policy
- Action Cards
- Daily control room updates

Additional Medical Workforce

From 1 December 2019 there will be two additional Acute Physicians. This additional resilience will enable:

- Provision of core services – requiring five APs each morning
- Consultant leadership to Warrington Ward from 1 January 2020
- Two Junior Doctors to support winter escalation



Increased winter bed capacity:

From 1 January 2020...

Location	Additional capacity
Warrington Ward	18 beds
Ella Rowcroft	5 beds
Forrest	2 additional side rooms

Contact Head of Operations: cathy.gardner@nhs.net with any feedback

Some of the winter schemes we have planned this year

- GP visiting to support care homes – led by Dr Trevor Avis
- Infection Control nurses will provide advice and guidance weekend service across the Trust, 7 days a week
- From 2 December, the Ambulatory Unit will operate extended hours
- Overnight PTS with re-settlement HCA from 2 December
- Red Bag Scheme for care home residents – hospital transfer pathway established early in November
- To release ambulance crews and prevent ED crowding, additional surge capacity has been created

What we are continuing from last winter:

- Elective programme to maximise day case and short stay work to reduce pressure on inpatient beds
- Comprehensive health and wellbeing programme
- Flu campaign: increased flu clinics, out of hours clinical site managers will provide flu vaccines for night teams
- Reduced training and meetings during January
- Additional bank pool staff from 14 – 31 January 2020
- Robust rota coverage for festive period to ensure staff resilience
- Winter and new year rotas to be published week commencing 14 December 2019

24/7 Leadership Arrangements

A winter leadership team is in place again this year to oversee the implementation of the Winter Plan including completion, evaluation and updates to the Trust's OPEL Action Plan. Led by:

- John Harrison (Chief Operating Officer) as Executive Lead
- Cathy Gardner (Head of Operations) as Management Lead
- Ian Currie (System Medical Director) as Clinical Lead

Peak period – forecast high levels of demand

- Saturday 14 December
- Saturday 21 December and Sunday 22 December
- Thursday 26 December
- Wednesday 1 January 2020
- Monday 6 January
- Monday 13 January

Silver System re-set (more details to follow)

18 Nov 2019 Listen, learning and coaching
2 Dec 2019 – 28 Feb 2020 Full Silver re-set

Focus on key targets:

- OPEL
- SAFER
- COMMUNITY
- On-call / Control room function
- Front door processes
- Ward processes
- 'Home First'

EU Exit plans

In preparation, the Trust has set up a delivery group including Estates and Facilities, Operations, Communications, Adult Social Care and Nursing representation as part of the group.

How can you help?

- 1: Familiarise yourself with the plan
- 2: Discuss with colleagues and your manager
- 3: Look after yourself and your team this winter
- 4: Identify opportunities and share your ideas
- 5: Have a flu vaccine: protect yourself, your family and friends

Silver System Re-set

Managing patient flow can be a challenge, sometimes resulting in an overcrowded Emergency Department impacting on the 4 hour standard. This also affects impatient wards at full stretch and a requirement to open escalation areas.

The Winter plan is based around the urgent and emergency care programme of work involving collaborative projects to deliver key improvements to patient flow and reducing bed occupancy.

To optimise some of these key work-streams, we have been developing a Silver System Re-set to highlight and focus our efforts around a positive daily rhythm of actions to reduce patient delays and waits wherever they occur in our system.

Timeframe

- Head of Ops commence: 20 weeks: Listening, Learning and Coaching from 18 November 2019
- Silver Re-set commence: 2 December 2019 - 28 February 2020

Ward processes: SAFER



Make 3pm SAFER Huddle work for patients - Identify:

- Gold and Silver patients for tomorrow
- All other patients with potential for discharge tomorrow
- Actions to enable early discharge inc. TTAs, CPs, PTS, bloods etc



Use the clinical skills of the site team in the evening

- CSM to support ward teams with outstanding actions for morning discharges



8am

- 2 breakfast discharges (Gold and Silver)
- Is your patient 'fit to sit'? Utilise dayroom space to sit out suitable patients
- Can't sit out? Expedite discharge plans

10am

- Patient discharged?
 - Have you cleared them on Swiftplus?
 - Do you have a name for that bed?
 - If not, highlight to flow team
 - If yes, ensure handover taken
- Highlight delays to Matrons/Clinical Site Managers



1pm - Turn A Red Day Green

- Highlight long LOS, consider if time in hospital is necessary?
- Consider outpatient imaging, MAAT support
- At 3pm Huddle, ensure above is complete for early discharge tomorrow
- At least 1 x Gold and 1 x Silver transfer for the next morning



Don't Delay

- If fit for transfer - what is the delay?
- Ask "why not today?"
- Highlight at SAFER round, escalate to discharge team/Matron/Clinical Site Manager for support

What we will do:

- Executives - getting alongside you by shadowing and supporting initiatives
- Head of Ops/on-call Manager - creating a positive daily rhythm of actions
- System Leaders - facilitating the improvement programme workflow
 - Unblock long stays
 - Support the daily mantras
- Clinical site managers - increase clinical profile and R2G facilitation
- Bed managers - Getting out there; managing beds from allocation to ward arrival

Front Door

- Emergency teams - focus on internal professional standard
- Same Day Emergency Care (SDEC): AU, EAU3 - ring-fence and optimise
- Escalations triggers

Ward Processes

- Discharge planning: make the 3pm discharge huddle matter
- Gold patients
- Reductions in LoS

Home First

- Enhanced Care Home project
- 7-day discharge hub
- Focus on referrals, STRATA, Trusted Assessor

Weekend Teams

- Friday handovers to optimise guidance and support for Saturday and Sunday teams
- Clinical co-ordination
- Weekend processes: H@DJN

SWASFT HALO in partnership with ED teams

- Improve referrals to alternative services
- Reduce Handover Delays
- 21 November 2019 to February 2020 | 3pm to 10:30pm at Torbay | Monday to Thursday

Plans for this week: 25 November

- Support community wards with their Gold plans
- Update Project Plan for full engagement
- Comms, comms and more comms
- Agree System Re-set targets
- Internal professional standards

Key Lessons from week 1: Listening, Learning, Coaching

Gold patients every day

- Tell the person they are your Gold patient
- Communicate Gold patient to PTS (if required) - they will prioritise
- Identify on Swiftplus
- Use VIP lounge (dayroom)

Red Days

- Highlight the reason and the CSM will help

How can you help?

Contribute to the Silver System Re-set - small incremental improvements will work. So please keep talking, feeding back and helping us to improve our system for patient flow

Contact Head of Operations: cathy.gardiner@nhs.net with any feedback

On-call/Control Function

- Roles of on-call Exec – Gold – “Gift of Time” – listening and supporting staff in their place of work.
- Head of Operations/On-call Manager – Set and maintain Daily Positive Rhythm – clearly identify and nominate de-escalation actions.
- System Leads – support, facilitate and improve
 - unblock long stay issues
 - Daily Mantras (see below) – 10 day LoS scrutiny; themes
- Emphasis on *Clinical* Site Managers. Increasing their clinical ward profile and R2G clinical facilitation.
- Patient Flow Managers – Getting out there; manage bed allocation process through to ward arrival. Community bed allocation through to left the building.

Front door

- Internal Professional standards – time to see patients in ED – Paul Andrews.
- Single clerking – Paul Andrews and Bryony Rudd
- Performance Roles and Responsibilities – outline and agree
 - Breach Busting <20/day – agree who if not B7 then clinical site manager/flow team with specialty teams.
- Escalation trigger testing ED and system
- SDEC: AU, EAU3 – ring-fence, optimise

Ward processes

- Discharge Planning – making the 3pm huddle work for us
- Identify Gold and Silver Patients am discharge: dayrooms all day - continuous flow
- Reduction in 10 day LoS – range 55-95: weekly variation must be managed
- Fit to transfer – identify 1 or 2 further challenges to progress each day.
- R2G – Clinical Site Manager – review and action:
 - SAFER: 9am: Gold, Silver and predicted discharges.
 - 1pm R2G check, review and action.
 - 6pm, Gold, Silver patient checklist, actions.
- Patient LOS

Home first

- Conveyance issues – PTS co-ordination with support from CCG
- I/care referrals – increase: weekend support/authorisation from clinical site managers to 7-day Discharge Co-ordinators.
- 7-day Discharge Hub –
 - STRATA; Choice; Trusted Assessor.
- Enhanced Care homes
- Fit to transfer – identify 1 or 2 further challenges to progress each day.

Out of hours – 7 days

- Twilight tests of change
- Clinical Co-ordination 24/7
- Weekend processes: H@D: Admin, HCA, Phleb.

Daily Mantra – NHSI Nursing

Daily Flow/Control Room Function

As part of the system re-set, alongside a background of business as usual, we will have routine focus on the key improvement targets with clear lines of accountability and actions. Using the control room function allow briefing updates and progress against:

Monday Morning Review

Generate capacity by discharging 2 Gold/Silver patients from each ward by 12 noon each day to allow flow from the ED/EAUs. Pre-emptive transfer processes utilising day-rooms/VIP Lounge if direct discharge cannot be achieved. Gold and Silver patients – identified at 3pm huddles the day before, discharge checklist followed up by clinical site managers through to discharge following morning.

Next Step Tuesday/each day at 1pm

Clinical site manager to proactively manage Red delays on the wards. Visit each ward to discuss red/green days and how they can help/action progress. When a patient is green they are receiving an appropriate care intervention that day and when identified as red there is a delay. The next step Tuesday focus action and the involvement of the System Leadership team to oversee delays.

10 Day Wednesday

ADNs and Matrons review all patients that have been in hospital over 7 days and ensure they have clear treatment and discharge plans in place. Any concerns are then escalated and progress monitored. Lee Baxter will use same scrutiny methodology as with the 21+ day LOS.

DTOC Thursday

Discharge manager will lead with her teams, a detailed review of every fit to transfer patient. To examine processes, choice and decision making to identify how we can help maximise their independence and discharge.

50 Bed Friday

Aiming for 50 empty beds to be available going into the weekend.
Clinical site manager: Strong focus on weekend discharge planning and particularly the Friday blue handover forms so that patients have clear plans incorporating criteria led discharge. This will then support the ward teams to maximise in-patient discharge throughout the weekend.

Keep flowing weekend/clinical co-ordination of weekend processes

A continual focus on maximising weekend discharges by identifying and acting on constraints. The clinical site team linking with phlebotomy and medical staff to drive this focus based on Friday planning and review of all new patients throughout the weekend.

Testing the Plans

At CMG on Thursday 5th December we will carry out a simulation event with key teams to test our plans:

- Winter Plan 2019/20
- OPEL framework
- Escalation Action Cards
- Silver System Re-set improvement initiatives.

We plan to hold an event to simulate a particularly challenging day across the system and test the Trust's resilience and ability to de-escalate as effectively as possible.

Report to the Trust Board of Directors				
Report title: Workforce & Organisational Development Report		Meeting date: 4 December 2019		
Report appendix	N/A			
Report sponsor	Director of Workforce & OD			
Report author	Workforce & OD Business Partner			
Report provenance	People Committee 24 Oct 2019			
Purpose of the report and key issues for consideration/decision	<ul style="list-style-type: none"> To update the Board on the activity and plans of the Workforce and Organisational Development (OD) Directorate as reported to People Committee To provide the Board with assurance on workforce and organisational development issues. 			
Action required (choose 1 only)	For information <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input type="checkbox"/>	
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: 4 December 2019
Report sponsor	Director of Workforce & OD
Report author	Workforce & OD Business Partner

1. Introduction

This report seeks to provide an update to the Board on the activity taking place within the Workforce and Organisational Development Directorate.

2. People Committee - Key Notes

The People Committee is a new governance group and met for the inaugural meeting on 24 Oct 2019. The following summarises discussions and agreed actions:

- 2.1 Terms of Reference:** These have now been fully discussed with the group and are to be approved at November Trust Board.
- 2.2 People Committee Workplan:** A comprehensive workplan has been developed and approved.
- 2.3 Interim NHS People Plan:** The Trust's People Plan to take account of the National, Devon and local considerations is currently being shaped and the Plan is based on the NHS Constitution and designed to provide a range of equal opportunities for all staff. Positive urgent action was required to address nursing staff shortages, including "grow your own", further ethical recruitment from overseas and how to improve retention rates. Developing a workforce for the 21st century would include a review of skill mix, redesign of roles, and better recruitment to consultant posts, whilst also taking advantage of new technological and scientific innovation, whilst considering the needs of the "digital citizen", so a strategy for workforce planning would be developed. Updates on progress of development will be shared via the People Committee.
- 2.4 Talent Management/Succession Planning Report:** This is a huge piece of work and progress will be shared via the People Committee.
- 2.5 Workforce Information Report.** Key metrics were shared as part of a new dashboard for people committee and the performance measurements reported were as follows:
 - 2.5.1 Sickness** – August 2019 4.17% (4.29% 12 month rolling figure) – Early figures for September sickness looks like an increase to approx. 4.3% for the month which will be confirmed upon all sickness information being entered.
 - 2.5.2 Labour Turnover Rate (LTR)** - LTR for the end of September 1029 was 11.32% which is within the Trust target of between 10%-14%.

- 2.5.3 Achievement Review** – September 78.49% against the 90% target – Since January 2017 the achievement rate has never exceeded 83%.
- 2.5.4 Mandatory Training** – For September the overall compliance figure was 90.23% against the target of 85%.
- 2.6 Board Assurance Framework (BAF)** - the BAF which contained details of key risks which could impact on the Trust’s ability to achieve its key objectives. One of the principal risk areas related to “Failure to Create an Inclusive Culture” but there was currently no formal risk to address this on the risk register, a suitable risk would be raised. Risks relating to “culture” could be linked, to provide a broader strategic focus. Risk 1697 “Failure to develop a succession planning and talent management system” could be linked to the People Plan and BAF.
- 2.7 Operational Governance Framework** – shared with the members for information around how this new framework would impact on the People Committee.

3. Workforce & OD Directorate Updates

3.1 Workforce & OD Systems

- 3.1.1 Rostering:** Rosterpro exit on track with all cost centres planned to be removed from Rosterpro by Feb 2020 to free up March for historical report extraction for future proofing of FOI and Audit requirements. New KPI’s for Allocate Healthroster identified as agreed with clinical staff to be ratified. Safecare now being utilised in all key clinical areas on completion of full training. On-going group training workshops for continued Healthroster support for all modules.
- 3.1.2 ESR Reporting:** Huge increase in demand on reporting from ESR with avenues being explored internally using Tableau and externally using a third party to compliment the reporting capabilities of ESR.
- 3.1.3 Electronic Forms:** Medical and Dental Starters and Change of Circumstance Forms to go live in January 2020.
- 3.1.4 Registration Authority:** We have helped launch 3 new areas on SystemOne this month. Moor to Sea Nursing, Newton Abbot Nursing, and Moor to Sea Intermediate Care which involved issuing smartcards and allocating roles and workgroups for 101 staff. Local smartcard administrators in Newton Abbot, Teignmouth and Totnes have been created so if users lock their cards then they can get them unlocked locally.
- 3.1.5 Vacancies:** We are working with Finance to develop improved reporting and accuracy through mapping data through ESR and Agresso with new reports being produced for each meeting of the Finance and Investment and People Committee.

3.2 Staff Experience, Engagement & Wellbeing

3.2.1 Bullying & Harassment: In response to staff data on bullying and harassment in 2018, an anti-bullying network was established who have to re-written trust policy, written induction and mandatory training packages and built a network of anti-bullying advisors from across staff groups. The focus of the work has been around training staff on self-identification when they are feeling under pressure and stressed, training on what is and is not bullying and signposting to help for all staff, whether they are behaving in a negative way or are experiencing bullying or harassment. This inclusive approach aims to ensure all staff feel supported by our organisation.

3.2.2 Wellbeing and Anti-Bullying Week: The Wellbeing and Anti-Bullying week was organised for week beginning 5 November as a response to comments and feedback we received from the first Wellbeing and Happiness Week earlier in the year, and also to link with the Anti-Bullying Campaign. The main feedback received asked for more opportunities to be made available to staff on the wards where they were reporting it difficult to get away to access events. Teaching opportunities were also requested around wellbeing issues which led to a timetable of talks. The week was built around:

3.2.2.1 Ward based events:

- Taster massage
- Virtual Reality Relaxation
- Kindness boxes
- Executive visits to wards
- Filming of Hello my name is in native languages

3.2.2.2 Teaching events

- Managing your weight and living the life you want
- Pensions
- Maintaining a healthy spine
- Self care and awareness
- Looking after my mental health
- Storytelling

3.2.2.3 Other events

- Simply Health visited sites across the organisation
- New Banner launched depicting all flags of the world where our staff originate from
- Help line offering support on alcohol and stopping smoking

3.2.2.4 Initial feedback has spotlighted several of the activities as being positively received including the VR relaxation, taster massage, mental health talks, storytelling and mindfulness, executive visits. Further feedback will be sought to create an overall picture of how to take this forward. Reflection on both wellbeing

weeks and the staff Olympics will give us the plan for next year and how we can learn from this year's offer and improve for all staff next year.

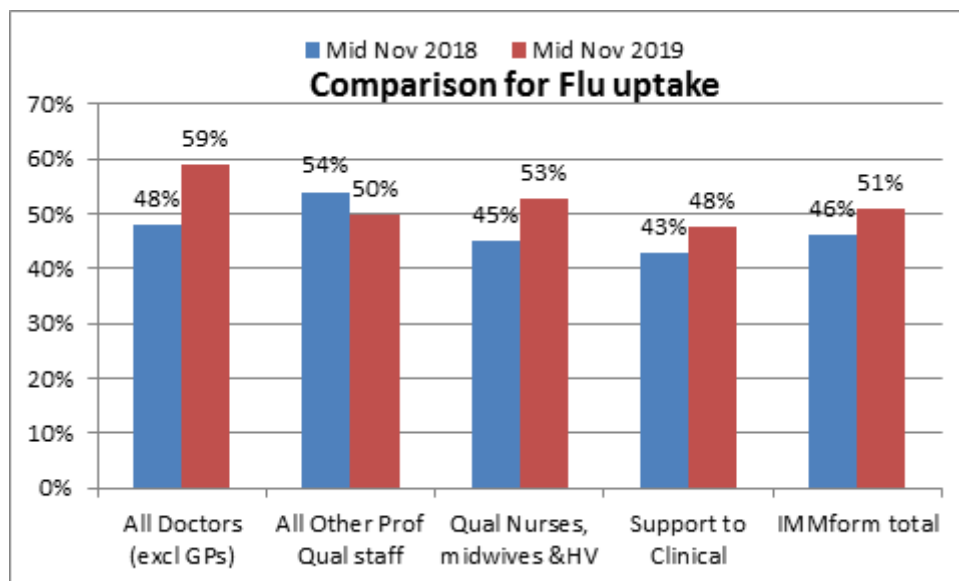
3.2.3 Mental Health First Aiders: Twenty-five staff who have attended the mental health first aid adult 2-day course have now put forward their names as becoming a mental health first aider. This role will have two primary aspects. The first to be a name to who staff can contact when they are struggling to cope and need that first initial person to speak to. This will use ICON to advertise and hold mental health first aider names. The second aspect of the role will be to promote good mental health in their own areas weather that be through information, tea breaks, signposting or activities. They have all been invited to attend a mental health first aid refresher workshop on 19 December, where they can refresh mental health messages and be part of creating the service.

3.2.4 Mental Health Training and Workshop Development: Our training offer is being redesigned in order to respond to what our staff are telling us they need in terms of content and delivery. With this in mind we are joining up with our HR apprentice who is working on a project to go to staff to ascertain our future plans. In the meantime, work is continuing on the design of an interactive e-learning package, continuation of supplying workshops for staff and managers and facilitating new workshops for our F1 and F2 Doctors.

3.2.5 JIGSAW (previously known as CISM): A new critical incident debriefing response team has been brought together to support staff and Teams who have been through an event that has created distressing thoughts and feelings that need to be shared and worked through. The service is still under construction, but has already responded to 5 calls from Teams with excellent feedback. The development of the full service will continue and it is hoped to be fully functioning with referral pathway and defusing training availability by the end of the year.

3.2.6 Flu Campaign 2019/2020:

3.2.6.1 The 2019/20 target for clinical frontline staff to receive the flu vaccine is 80% and we are currently at 50.96%. At the same point in time last year we were at a slightly lower percentage of 46%. IMMform as can be seen in table below are the numbers of frontline clinical staff that have to be reported on to NHSI.



3.2.6.2 The 2019/20 campaign has built upon and incorporated the learning from 2018/19 and as such has seen a variety of different offers provided to ensure ease of access for all staff across the organisation, including those staff who are in locations geographically spread across Devon. Specifically, provision has been made for vaccinators to reach staff from Children, Young People and Families Service across North Devon and Exeter.

3.2.6.3 Access to vaccines: There has been a strong clinical leadership presence driving the focus and importance of staff receiving the flu vaccination and has this also informed a change of approach to allocation and distribution of vaccines. The first week of the campaign therefore focused on roving peer vaccinators attending clinical environments across the organisation, thereafter with a provision of static clinics from 7am – 8pm with the continuation of roving peer vaccinators alongside. The recommendation for people over the age of 65 is that they are able to have (if fit and healthy) the main stream egg based quadrivalent vaccine, however they are also able to have the adjuvanted trivalent vaccine specifically for >65's. In order to give our staff the choice we laid on an >65's clinic in Bay View restaurant. By doing this we are confident that we have offered our staff the choice of vaccine.

3.2.6.4 Innovation: Feedback from peer vaccinators was that some staff were expressing a fear of having the vaccination due to needle phobia. In response to this a member of staff qualified to undertake Hypnotherapy trialed a clinic of which 7 members of staff attended with positive feedback. In addition to this we will also be trialling the use of virtual reality (VR) as a distraction technique for those who are fearful of needles. It would seem that we are the first organisation in the country to offer and provide these innovative solutions.

3.2.6.5 Communication: Learning from previous years we know that during December there is a dip in people receiving vaccinations and therefore at this point the communication slogans are being refreshed and adapted and include:

- “Works better in the arm not in your fridge” – nudging staff to ensure that they are not hoarding stock in their fridges
- “Flu Campaign round three, get your jab for free”

3.2.7 National NHS Staff Survey - The survey has been live since 1st October and close on 29th November. Completion figures as at 25 Nov 2019 is 44% which is higher than last year's survey completion rate.

3.3 Education & Development

3.3.1 Quality Mark Success: The Education Directorate has been successfully awarded the Quality Mark accreditation from Skills for Health, for the second year without the need for an assessment visit. The Quality Mark defines and endorses superior delivery of learning/training, particularly focusing on the quality and consistency of templates and processes. Well done to all of the education directorate, who continue to work hard on meeting the high standards required.

3.3.2 Additional investment for medical student expansion: Following a detailed proposal the Medical Education team were successful in securing an additional £600k funding from The University of Plymouth Peninsula medical School. This is to support the facilities and estate required to deliver the Year 3 and 4 curriculum as part of our medical student expansion plans from September 2020.

3.3.3 Simulation Team

3.3.3.1 £27k has been successfully awarded by HEE via a bidding process to support a feasibility study into the use of mixed virtual reality to support simulations based in patient's place of residence.

3.3.3.2 Concurrent with this the team have also obtained funding from the League of Friends to create a simulated flat in Studio B to ensure we move simulation into the environments that most patients are living their daily lives in. New areas that the simulation team have been involved in include running simulations in a school for our community paediatric teams, to help teachers in schools care for children with long term conditions.

3.3.3.3 Our medical simulations have been re written to include simulations based on OPEL 4 / critical incident scenarios to better prepare our medics in managing conditions during times of extreme pressures.

3.3.3.4 We have re-introduced Point of care simulations in theatre, which have included a simulation testing exercise within the new theatres prior to their opening to ensure safety of the first patients within those environments.

3.3.4 Clinical and Vocational Training

3.3.4.1 The Vocational Team passed the City and Guilds External Quality Assessor inspection with flying colours. Our low risk status was maintained with no action plan necessary. The report said "This centre has areas of excellent practice...All assessment and IQA practice sampled today is of a very high standard." The full report is available if required.

3.3.4.2 The first cohort of Exeter Masters level nursing students started this month.

3.3.4.3 Pre-reg nursing student numbers have reduced overall meaning we are currently unable to fill the additional placement capacity identified through the HEE placement expansion project. The Universities are currently considering a second intake next spring along with a recruitment drive with the support of Trusts to boost numbers.

3.3.5 Widening Participation

3.3.5.1 The 2019-20 Aspire Traineeship cohort are currently on their first rotations around the Trust and are all exceeding expectations. We have 7 students in various departments such as Catering, Portering, Waste, Domestic and Cheetham Hill, with some looking towards completing the Care Certificate while they are with us.

3.3.5.2 The work experience process is running well and we continue to work with education providers to facilitate work experience placements for schools and colleges across our area. On the 18th November we ran our annual Work Experience event in the Horizon centre for A Level students. Over 200 students attended the day offering them the opportunity to speak to a wide range of health and emergency professions.

- 3.3.5.3** The team continue to support the organisation of activities on wards for inpatients, for example art and music sessions, all supported by volunteers from our local community and schools.
- 3.3.5.4** A widening participation group has been formed to review our widening participation offer at the Trust and ensure we are developing plans to support the priorities as set out in the NHS People Plan. The first group met in November to scope out the opportunities and a plan will be developed in line with STP and European Social Fund bid for the People Committee to consider.

3.3.6 Private, Voluntary and Independent Sector: The Education Directorate continue to support the delivery for education and training to the private, voluntary and independent sector. A paper setting out the recommendations for the continuation of this training in the care sector is nearly complete for the Board to consider in December. We will launch this refreshed education plan in January alongside the Enhanced Health in Care Home's project and Care Managers Network events in January 2020.

3.3.7 Clinical School Conference: The team supported the successful organisation of the Torbay and South Devon Clinical School Annual Conference 2019 held in October at the Trust, in collaboration with The University of Plymouth. Megan Clemence from Education was awarded the prize for 'Best Oral Presentation'.

3.3.8 Mandatory & Essential Training:

3.3.8.1 A new course has been designed for our children's ward (Lousia Cary) to help them work alongside CAMHS (Children and Adolescent Mental Health) patients. The course is delivered by a wide range of professionals including CAMHS Nurses, Safeguarding Adults Lead, Education Manager and the Psychology department. The feedback has been very positive and the course will improve the care for our patients plus enabling staff to feel more skilled to perform their roles. The staff involved in the implementations of this course, have recently been interviewed by the Nursing Times. An article will be published in December's issues highlighting this innovative piece of work.

3.3.8.2 A Minimal Clinical Moving and Handling Training course is being designed for our clinical staff who are required by law to complete moving and training but do not work in ward settings. These staff do not require detailed moving and handling training for example – Speech and Language, Social Workers, Psychologist. At present they have to attend a face to face course every year which impacts on the clinical working time. The new course will be digital and accessible via our learner management system. This will enable staff to have more time to work clinically and reduce travel time. It will be especially relevant to staff working for children and families health who work in North Devon. Only staff risk assessment will be able to complete this course.

3.3.9 Clinical skills – new training courses developed: Next year, from January onwards we will be running a training session entitled 'Administration of Medication for Skilled Non-Registered staff, including injection technique.' Variations of this particular course have been run before, but it is tailored to meet the requirements of the expanding role of skilled non-registered staff – for example they are now required to give insulin and fragmin injections which in the

past would only have been administered by registered nurses and this latest course will cover insulin and fragmin awareness and administration as well as how to give injections during a practical part of the session. The first training in January is already fully booked. It was while I was reading up on the latest research for injection technique for this training that I became aware of a lack of awareness of correct technique amongst registered nurses and as a consequence we have also created a refresher of injection technique and latest research for nurses, the first one will take place in February and is already almost full. This course has the potential to be tailored to specific groups such as Practice Nurses and HCAs in GP surgeries, who are required to give many different types of injections but are rarely offered any training, and could be a useful revenue stream for the Trust.

3.3.10 Resuscitation Team: Following the successful roll out of the new defibrillators on the acute site, the team have now rolled this essential new equipment to the community, supported by training. The Academic Partnership Module 'Escalating and Management of the Deteriorating Patient' was completed and verified by Plymouth University – and successfully run for the first time by Megan Clemence as Lead and Ruth Nicholls from the Clinical Education team. Megan Clemence has been invited to attend international forum on resuscitation, following her successful running of the resuscitation service for this organisation for a number of years.

3.3.11 Digital Horizons: The team continue to explore and test new technology to support education and patient experience. This includes the use of virtual reality as wellbeing and distraction therapy and gamification techniques to support digital learning. The team have expanded their Partnership with South Devon College in an exciting opportunity which will see some of the digital team based at the new Hi-tech Centre, benefiting from all the new facilities the Hi-Tech Centre has to offer, to continue our development of new technologies in health and care. By using Virtual Reality as an intervention to reduce anxiety in podiatry, there has been an estimated saving of £8,555. The team are now working with other areas such as Urology, Dentistry, Dietetics and the Paediatric play team to test using Virtual reality as distraction therapy for minor procedures. A national report called '2019 Immersive Economy in the UK Report' by Immerse UK, released week commencing 18th November quotes Torbay and Nick Peres for contributions to developing VR in healthcare.

3.3.12 Library & Information Services: The team have updated their strategy for 2019 onwards committing to provide evidence at the right time and in the right place to underpin safe, high quality health and social care by: 1) Enabling ongoing learning of a knowledge and up-to-date workforce; 2) Providing best evidence for decisions; and 3) Increasing engagement with health and wellbeing information amongst staff and service users. The Library and Information Service full strategy document and business plan are available if required.

3.3.13 Preceptorship: The preceptorship team have attended two fayres at the university of Plymouth sites in Plymouth and Exeter. At these events the Preceptorship team were able to gain contact details of 18 healthcare professionals who were all keen to have interviews at the Trust. Following on from this success we attended one in Exeter and had an interview panel attend plus support from a colleague in recruitment. We were able to successful

interview and recruit 11 nurses to the Trust vacancies. Alongside both of these opportunities, the preceptorship team are invited to the Occupational Therapy course degree and master level to do a 2 hour session on Preceptorship, this gave us a unique chance to demonstrate the excellent work that is done in our Trust and encourage individuals to come and work at our Trust. We are currently the only Trust to be invited annual to attend the course. We are also offering this out to further AHP courses.

3.4 Organisational Development

3.4.1 The following are highlights of key pieces of work that sit alongside ongoing OD consultancy work to support teams who are experiencing challenges, as well as broader OD and engagement with people across our organisation to help support the development and delivery of our organisational strategy:

3.4.2 High Potential Scheme (HPS): Devon STP is a pilot site for phase two of the development of the HPS. A project launch event took place on the 18 November led by the national lead for HPS together with some representatives across the system. TSDFT are the lead organisation for this project which is supported by a project manager. The timelines are currently being scoped and will include a hopeful date of mid-February for the scheme to be open for applicants.

3.4.3 Coaching: The provision of coaching continues to be a well-received offer benefitting staff across the organisation and during November has seen a further 11 members of staff receiving training to be future coaches, this will increase the number of coaches to 39. To date 382 members of staff across many staff groups have accessed this service since its inception in March 2017 which equates approximately to 6.4% of staff.

3.4.4 Managers Passport: Managers come to their roles through a variety of different routes. Often people find themselves in such roles before they have undertaken any training in leadership or management. Work has commenced on a manager's passport which will bring together the essential knowledge, skills and attitudes required of managers across the trust in a single programme of training for new and existing managers. The programme will blend with existing packages e.g. LEAD and CLEAR programmes. It will also include elements of e-learning as well as more traditional classroom elements. The passport is being developed in conjunction with other NHS Trusts within the system and as such it is hoped that it will become transferrable across the system. The Passport has four modules. Each module focusses upon a particular area of leadership.

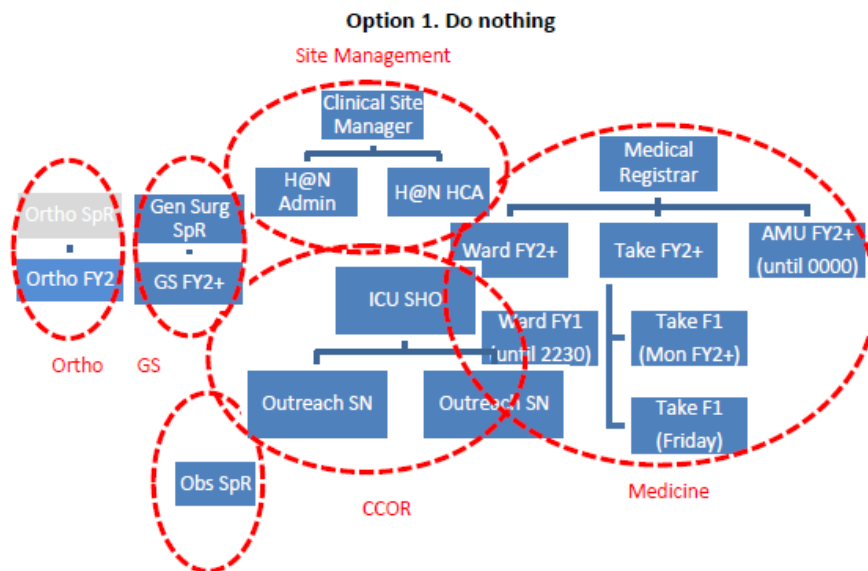
3.4.5 Mediation Service: We are now receiving regular requests for mediation from our small in-house team. The volume of requests along with existing mediators being unable to take on requests due to existing work relationships with one or more parties is beginning to cause some delays in providing timely mediation. We are exploring how we can most effectively widen the pool of appropriately trained mediators, increase lower level skills for managers in "facilitated conversations" and increase the opportunity for sharing mediation resources across the system to enable mediators from elsewhere to support those known to existing mediators, and vice versa.

3.5 Medical Workforce & OD

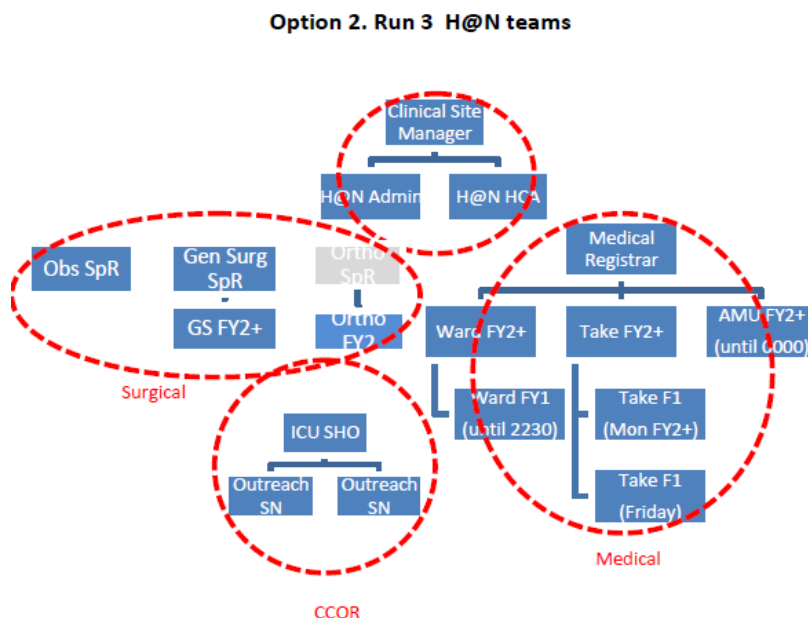
3.5.1 Changes to the Junior Doctors Terms and Conditions of Service: Work continues with revising and updating the Junior Doctors rotas to ensure compliance with the new Terms and Conditions. Nearly all the rotas across the organisation are now compliant in line with the specified deadlines for the completion of changes. This has been an arduous task with the Trust having just over 60 live rotas.

3.5.2 Hospital at Night Review

3.5.2.1 The review of Hospital at Night is now complete and the results presented to CMG and the Senior Medical Leadership Team. It has been agreed that the current model 1 shown below is not sustainable and therefore 'doing nothing' is not an option.



3.5.2.2 Therefore the Senior Medical Leads have agreed to move to model 2 and a meeting has been planned with the relevant specialties to agree what needs to change in order to plan a smooth transition to the new model.



3.5.3 Current SAS/Consultant Medical Vacancies / Appointments as of 7 November 2019

Post	Perm/FTC	PAs	Comments
Consultant in Anaesthesia	Permanent	20PAs	2 candidates appointed. 1 due to start 01/04/2020 and other is arranging start date.
Consultant Colorectal Surgeon	Permanent	10PAs	Interviews due 09/12/2019. 1 Candidate shortlisted.
Consultant Upper GI Surgeon	Permanent	10PAs	Interview due 09/12/2019. 1 candidate shortlisted.
Consultant in Respiratory Medicine	Permanent	10 PAs	Interview due 27/11/2019. 1 candidate shortlisted.
Associate Specialist in Restorative Dentistry	Fixed Term 12m	2PAs	Post closed 18/10/2019 with 1 internal applicant. Interview being arranged.
Locum (Fixed Term) Consultant ENT Surgeon	Fixed Term 6m	10PAs	Post advertised for 2 nd time. Due to close 17/11/2019. No current applicants. 1 st round of advertising 08/07/2019 - 28/07/2019. Closed with no applicants.
Consultant Physician in Stroke Medicine	Permanent	10PAs	Post advertised for 2 nd time. Due to close 24/11/2019. No current applicants. 1 st round of advertising 23/09/2019 – 23/10/2019. Closed with no applicants.
Locum (Fixed Term) Consultant Medical Oncologist	Fixed Term 4m	6PAs	Post closed 30/10/2019 with 1 internal bank applicant. Interview being arranged.
Consultant in Emergency Medicine	Permanent	10PAs	Post live until 04/12/2019. No current applicants.

3.6 Moor to Sea ISU - Recruitment Event at Exeter School of Nursing, Plymouth

University: Colleagues from Workforce & OD, Education and Development, Recruitment and Health Care of the Older Person (HoP) Wards came together in November to attend a recruitment event at Plymouth University's Exeter School of Nursing. The event was for 3rd year nursing students who are considering their options for employment once they complete their studies and become qualified nurses. Trust colleagues at the event were overwhelmed by the student's interest in working for the Trust. Colleagues met with 11 potential new starters and engaged with many more. The students were offered information and advice on things like:

- where the Trust advertises nursing vacancies
- the Trust's preceptorship programme which supports newly qualified nurses to develop their practice

- staying connected via the Trust's social media platforms such as Facebook, Twitter, Instagram etc
- the benefits of working for the Trust

Due to the success of this particular event Workforce will continue to work collaboratively with Education and Development and Recruitment colleagues to plan our attendance to other recruitment events in the future.

3.7 Children and Family Health Devon:

3.7.1 The current consultation closed on 15 Nov 2019. The Partnership Board acknowledged the learning experience of transition into the new Alliance arrangements and have taken steps to revise the approach to the remaining phases of transformational activities through a phased approach:

- Current consultation - The current consultation closed on 15 Nov 2019
- Pause - There will be a pause to review all feedback and stabilise current operational model
- Clinical model design – further organisational design will take place
- Transition Team – a new transition team will be formed to lead and drive forward the co-design work on the clinical model
- 'People' consultation – once clinical model is collectively agreed, the service will move into the formal phase on consulting with staff on structures and roles.

3.7.2 We have established a Children and Family Health Devon (CFHD) workforce joint sub group with key workforce representatives from TSD and DPT including workforce, learning and development leads, representation from CAMHS, Neuro disability and Integrated Therapies and Nursing and business support. The role of the group is to provide assurance on the CFHD workforce to ensure high quality of care is delivered through an effective, skilled, motivated and well led workforce to the CFHD Divisional Governance Committee and in turn the CFHD Partnership Board. The Terms of Reference for the group have been approved by Divisional Governance Committee and each group meeting receives flash update reports submitted jointly by each area. A full update report has been provided and presented to the CFHD Partnership Board in November.

3.8 Diversity & Inclusivity

3.8.1 Reasonable Adjustments: In response to carer's feedback from several engagements we have produced the carer's strategy which amalgamates into one area all the reasonable adjustments carer's could access. This is to be communicated to all managers in due course. The Reasonable Adjustment policy in process of being adopted and presentation at All Managers in December. The Gender Pay Gap report is due by 31st March 2020 and we are gathering data to produce the report and any subsequent actions.

3.8.2 Patient Focussed Diversity and Inclusion Objectives

- 3.8.2.1** Accessible Information Standard – Ensures patients receive information in the appropriate format for them. This has progressed this year and the team are raising awareness across the trust and intend to progress this into community hospitals and GP practices. Believed to be an area CQC will focus on.
- 3.8.2.2** Translation and Interpretation services – The need for a more seamless approach to these services is evident especially in the Emergency Department. A project is underway to begin a pilot in the new year focussing on ED and non-face to face interpretation.
- 3.8.2.3** Transgender Policy – Work is underway to ratify our new Policy for patients. Understanding implications for our clinical records is being discussed.
- 3.8.2.4** Learning Disability Community – A focus on bringing together adult and children’s services staff to support and share practice has been underway this year.
- 3.8.2.5** Work with the Devon Wide Equality Co-operative attempts to standardise our practice/policies across Devon and we are working on a number of areas with our colleagues from Plymouth, RD&E, North Devon as well as other agencies i.e. Police.

Report of the Trust Board of Directors																																							
Report title: Estates and Facilities – Top line briefs, EFM performance, compliance and exception report	Meeting date: 4/12/2019																																						
Report appendix	Appendix 1 – Estates Performance and Compliance Report																																						
Report sponsor	Director of Estates and Commercial Development																																						
Report author	Associate Director, 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	<p>The report is intended to provide an update to the Board on EFM key issues, performance and compliance for September and October 2019</p> <p>EFM KPI's EFM key performance indicators remain good across all areas with all estates statutory and mandatory planned preventative maintenance having met all standards. An example of the impact of the recent Trust wide IT failure can be seen in the performance figures for portering in month. The service saw an increase in demand of 754 additional requests.</p> <p>The summary report is attached with the EFM Compliance and Performance report appended at Appendix 1 for information.</p> <p>Estates Infrastructure failures resulting in an interruption to service There were 9 critical estate failures in September and October, mainly age and condition related. A significant number of leaks were experienced in the recent poor weather, these and lift failures have impacted on the operational delivery of services over the period. As the Board is aware the trend for estates failures as a result of historical lack of available capital continues to increase and can be seen in the graph below:</p> <div data-bbox="564 1547 1441 1951" data-label="Figure"> <table border="1"> <caption>Number of Estates Internal Critical Incidents</caption> <thead> <tr> <th>Quarter</th> <th>Number of Incidents</th> </tr> </thead> <tbody> <tr><td>Apr-14</td><td>0</td></tr> <tr><td>Aug-14</td><td>1</td></tr> <tr><td>Dec-14</td><td>0</td></tr> <tr><td>Apr-15</td><td>3</td></tr> <tr><td>Aug-15</td><td>4</td></tr> <tr><td>Dec-15</td><td>2</td></tr> <tr><td>Apr-16</td><td>1</td></tr> <tr><td>Aug-16</td><td>3</td></tr> <tr><td>Dec-16</td><td>4</td></tr> <tr><td>Apr-17</td><td>6</td></tr> <tr><td>Aug-17</td><td>1</td></tr> <tr><td>Dec-17</td><td>5</td></tr> <tr><td>Apr-18</td><td>6</td></tr> <tr><td>Aug-18</td><td>2</td></tr> <tr><td>Dec-18</td><td>8</td></tr> <tr><td>Apr-19</td><td>4</td></tr> <tr><td>Aug-19</td><td>5</td></tr> <tr><td>Dec-19</td><td>4</td></tr> </tbody> </table> </div> <p>As a result of considerable work undertaken to elevate this risk through STP and NHSE structures, the risk in our existing infrastructure has now been recognised by NHSE and the Department</p>	Quarter	Number of Incidents	Apr-14	0	Aug-14	1	Dec-14	0	Apr-15	3	Aug-15	4	Dec-15	2	Apr-16	1	Aug-16	3	Dec-16	4	Apr-17	6	Aug-17	1	Dec-17	5	Apr-18	6	Aug-18	2	Dec-18	8	Apr-19	4	Aug-19	5	Dec-19	4
Quarter	Number of Incidents																																						
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	<p>of Health. The Trust has consequently been named as one of the 21 new Hospital developments in wave two of the Health Infrastructure Plan (HIP 2).</p> <p>EFM Compliance A recent survey has identified that not all fire dampers are accessible for testing, on discussion with the Trust Authorising Engineer (AE) Fire this is common to other organisations. This represents a limited risk as the Trust has a robust fire compartment strategy in place. To provide additional assurance the Fire Compartmentation will be revalidated by the AE (Fire) during January 2020.</p> <p>.</p> <p>HIGHLIGHTS</p> <p>Patient Menus A new 2 week patient menu has been developed in conjunction with the Dieticians. This will be launched in early 2020. Improvements include additional meal choices, enhanced dietary information clearly visible for each dish and wider choices for patients with special dietary requirements.</p> <p>Waste Pre-Acceptance Audit The annual waste pre-acceptance audit was completed in October 2019. Non-compliance rates at 19% showed an improvement from the previous year of 23%. An action plan has been developed with clinical teams to address the main issue; incorrectly disposed of giving sets. The Environment Group will be monitoring progress of the action plan following the audit.</p> <p>Patient Bedside Entertainment System The Trust has received notification from the operators that the bedside entertainment system has ceased. The Trust is currently liaising with the company as regards the in-situ equipment. The Associate Director EFM Operations, Deputy Director of Nursing and the Director HIS are investigating alternative options for the provision of patient entertainment systems throughout the Trust.</p>		
<p>Action required (choose 1 only)</p>	<p>For information <input type="checkbox"/></p>	<p>To receive and note <input checked="" type="checkbox"/></p>	<p>To approve <input type="checkbox"/></p>
<p>Recommendation</p>	<p>The Trust Board is asked to receive and note the:</p> <ul style="list-style-type: none"> • Top line briefs for EFM for the months of September and October • EFM Compliance and Performance Reports and exceptions 		

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	25
	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	X
	NHS England	X	National policy/guidance	X
Legal, Financial and reputational implications of the consequence of any regulator enforcement notices/action.				

Report title: Estates and Facilities – Top line briefs, performance and exception report		Meeting date: 4 th December 2019
Report sponsor	Director of Estates and Commercial Development	
Report author	Associate Director, Estates and Facilities Operations	

1. Estates and Facilities Operations – Key Issues and Exceptions report for September and October 2019

This report aims to summarise and highlight key concerns and exceptions regarding Estates and Facilities Operations performance for the months of September and October 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 for the months of September and October 2019. Any areas of specific cause for concern for the attention of Trust Board are shown with appropriate explanation and action to achieve a resolution is shown at Table 2 below.

Table 1: September and October 2019 Scorecard Indicator

Green <input type="checkbox"/>	Amber <input type="checkbox"/>	Red <input type="checkbox"/>	Last Month	This Month
Improving Indicators				
Estates – Statutory PPM% success against Plan			!	<input type="checkbox"/>
Estates - Urgent – % P2 <1 – 4 Days			!	<input type="checkbox"/>
Estates - Routine – % P3 <7 Days			<input type="checkbox"/>	!
Estates - Fire Hydrants Compliance - % in date			<input type="checkbox"/>	<input type="checkbox"/>
Waste - % of Total tonnage of clinical non-burn waste per month			!	<input type="checkbox"/>
Deteriorating Indicators				
Estates – Emergency Generator Compliance - % in date			<input type="checkbox"/>	<input type="checkbox"/>
Safety – EFM Incidents resulting in No harm			<input type="checkbox"/>	!
Red rated Indicators with no change				
Estates – Internal Critical Failures			<input type="checkbox"/>	<input type="checkbox"/>

Table 2: Areas with Specific Cause for Concern	
Estates	Critical failures September and October
	<ol style="list-style-type: none"> 1. Bayview Steam Main – pipework corrosion – section of pipe replaced, pressure tested and back in service. 2. Bayview restaurant – heating pumps failure – pumps and valves replaced. 3. Hetherington G - Trend Outstation failure – lack of control of heating – outstation replaced. 4. Multiple critical failures relating heavy rain across the site – aging building fabric (windows, rooves and brickwork) – prioritising repairs – requires long term capital funding for project works. 5. Theatre humidity - ongoing issues and failures of ventilation and chilled water systems to provide adequate environment to theatres. – ongoing investigations with specialists to understand our chilled water system better to allow for works to take place to provide more robust service. 6. Fire alarm HSDU failure – this was identified as a faulty device interrupting the rest of the zone. Fire watch was provided during unoccupied times. 7. Lift B counterweight bearing failed – this was replaced by our contractor, who has now found same issue with lift C, which will need to be taken out of service for approx. 2 weeks for repair. 8. Medical air compressor failure – system run on emergency reserves whilst compressor was repaired 9. TREND system (BMS) failures left no visibility or allowed changes to control of theatre plant. – two incidents this month, found to be due to network modules within maternity fan coil units. These are gradually failing and strategy around provision will need to be developed due to impact on the network.
Estates	Generator Servicing Compliance - % in date
	Totnes Hospital Generator exhaust defect is being addressed by the contractor in the week commencing 18 th November. Sub-Station 2 requires an Enclosure and Exhaust repair – quote obtained, currently fast-tracking CAP\$ and Single Tender Waiver for urgent repair turnaround. The annual servicing and load performance test planned maintenance is now due for 8 of the 13 generators and will be carried out through November and December. The monthly site load tests are all up to date and all generators are functional.
Estates	Fire Dampers Compliance - % in date
Explanation	A further cohort of remedial Fire Damper testing took place in November, with the formal test results expected soon. This remains a top EFM concern and the Fire AE will be providing a quotation to carry out a review of Fire Compartmentation across the Trust which will validate our Fire Damper installations. Of the dampers that were tested, 95% operated correctly.

2. Estates and Facilities Operations Compliance Issues and Exceptions

a) Main exceptions

Medical Gases Pipe Systems – The Medical Gases Policy is undergoing final review following amendments to reflect that the clinical lead for each area is responsible for the control of Medical Gas in their area and would authorise the switching on / off of Medical Gas supplies in their area. More clarity is being sought for the key responsibilities in light of the new ISU structure.

b) Estates and Facilities Operations Top Concerns

Fire Dampers - A recent Fire Dampers survey in July / Aug 19 identifies a number of fire dampers not able to be tested due to access issues such as no physical access, access hatches were too small, the presence of asbestos. This has been discussed with the Trust's Authorising Engineer (Fire) who reported that a similar picture exists across most other NHS Trusts. The Trust has a very robust fire compartment strategy in place so the risks relating to this are minimal. However and to provide additional assurance the Trust's Fire Compartmentation will be revalidated by the AE (Fire) during January 2020 as part of a targeted plan to fully identify remedial works in a comprehensive report and action plan.

c) Estates and Facilities Operations Action Plans.

Action Plans

- Fire – progress continues. The new structure for the SSEP Team has been ratified by the Director of EFM and the new posts are in operation.
- EHO – Action plan – effort is being focussed on monitoring the HACCP document and food safety within the ward kitchens, and the Facilities team are looking at new ways of working for Ward Hotel Services staff which includes the implementation of a bespoke catering role at Ward level. The monthly audits will continue to address any areas of concern.
- HSE – Estates Meeting on 25th November 2019 to draw up the specification for Site Lighting works Capital funding bid for the next financial year. The monthly night lighting scout is underway and addressing concerns as they arise.
- Compliance – The Cauty Compliance Audit score remains at 70.41%, this is undergoing regular review and will improve as working practices ratifications, Policy updates and Roles and Responsibilities appointments are updated.

EFM Performance Report

Domain	Estates & Facilities Operations Performance Data Sep-Oct 19 for Nov 2019 Report													YTD 2019 to 2020	Average to date	Target 2019-20	RAG Threshold			Comments		
	2018-19 Quarter Four				2019-20 Quarter One				2019-20 Quarter Two				2019-20 Quarter Three				2019-20 Quarter Four					
	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	Month 10		Month 11	Month 12
Accom	219	279	1224	0	381	340	1,323	0	479	329						4574	457.4	Variable	2000	2000	1000	IVs in arrears. 68 Flats, charges if 95%-70% full. Budget £24,312
				34,142	31,084	19,398	19,883	22,385	24,508	25,730						177130	25304.3	Variable	19256	19256	24391	Annual budget - £308,099
	31452	31461	31429	31458	31536	31557	31434	31536	31557	31143						220036	31434	Variable				
	3874	3917	4027	5848	5413	5769	5034	5413	5769	6389						35237	5034	Trend				
	2791	2843	2807	2886	1991	2835	19188	1991	2835	3035						19188	2741	Trend				
	748	763	724	784	798	783	738	798	783	738						5338	763	Trend				Need to establish data collection method
	2.0%	2.0%	3.0%	4.2%	3.9%	4.3%	4.1%	3.9%	4.3%	4.1%						3%	3%	5%	10.0%	10.0%	5.0%	
	2	2	2	3	3	3	3	3	3	3						2.6	2.6	5	2	2	4	
	5	5	5	5	5	5	5	5	5	5						5.0	5.0	5	2	2	4	
	5	5	5	5	5	5	5	5	5	5						5.0	5.0	5	2	2	4	
	4	4	4	4	4	4	4	4	4	4						4.0	4.0	5	2	2	4	
	5	5	5	5	5	5	5	5	5	5						5.0	5.0	5	2	2	4	
	5	5	5	5	5	5	5	5	5	5						32.0	32.0	5	25	25	30	Added Sep 19
	202.9	168.6	152.5	161.0	185.0	161.7	182.1	165.3	175.3	176.1						1730.5	173.1	Trend				
	54.1%	50.4%	46.1%	47.4%	49.5%	50.1%	51.6%	46.4%	52.7%	47.2%						50%	50%	40.0%	40.0%	40.0%	47.0%	
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						0%	0%	5.0%	5.0%	5.0%	2.0%	
	8.9%	9.8%	10.5%	10.1%	9.1%	10.7%	9.9%	10.6%	8.9%	9.4%						10%	10%	11.0%	9.0%	9.0%	10.0%	Sep 19 - KPI reset to 10% +/-1% based on 9 month average
	9.2%	10.7%	12.2%	10.8%	10.1%	10.5%	10.6%	11.0%	10.1%	11.1%						11%	11%	100%	13.0%	9.0%	11.0%	The Group has agreed that Theatre Waste will be incinerated indefinitely as the Trust would risk prosecution if contaminated waste was forwarded to the
	9.5%	11.2%	12.0%	11.9%	10.6%	10.6%	11.9%	11.6%	10.9%	11.5%						11%	11%	100%	12.0%	10.0%	11.0%	Sep 19 - KPI reset to 11% +/-1% based on 9 month average
	18.4%	17.9%	19.2%	19.9%	20.8%	18.1%	16.0%	20.4%	17.4%	20.7%						19%	19%		35.0%	35.0%	24.0%	
	5.3	28.7	31.4	30.6	29.0	28.6	25.6	31.4	27.5	31.9						269.9	27.0	Trend				This figure does not necessarily match the % of the total
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	Trend	90%	90%	95%	15 Audits per month

