Public Board of Directors Meeting

Seminar Room 6 and via Microsoft Teams

24 June 2020 09:30 - 24 June 2020 11:30

AGENDA

#	Description	Owner	Time
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** Note	Ch	
2.2	**Declaration of Interests** Note	Ch	
2.3	**Minutes of the Board Meeting held on the 27th May 2020 and Outstanding Actions** Approve 📄 20.05.27 - Board of Directors Minutes Public.pdf 9	Ch	
2.4	**Report of the Chairman** Note	Ch	
2.5	**Report of the Chief Executive** Receive and Note 📄 Report of the Chief Executive.pdf 29	CE	
2.6	**Integrated Performance Report - Month 2** Receive and Note 📄 Integrated Performance Report - Month 2.pdf 41	DTP	
2.7	**Covid-19 Infection Prevention and Control Public Health England BAF** Receive and Note 📄 Covid-19 Infection Prevention and Control Public H... 103	CN	

#	Description	Owner	Time
6	Date of Next Meeting - 9.30 am, Wednesday 29th July 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 of 'good' and the ability to maintain sufficient progress to retain 'good' and achieve 'outstanding'.

NHS
Torbay and South Devon
NHS Foundation Trust

**MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
PUBLIC BOARD OF DIRECTORS MEETING
HELD IN THE ANNA DART LECTURE THEATRE, HORIZON CENTRE, TORBAY
HOSPITAL AND VIA MICROSOFT TEAMS
ON WEDNESDAY 27TH MAY 2020**

PUBLIC

Present:	Sir Richard Ibbotson	Chairman
	* Professor C Balch	Non-Executive Director
	* Mrs J Lyttle	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 J Welch	Non-Executive Director
	Mrs L Davenport	Chief Executive
	* Mrs L Darke	Director of Estates and Commercial Development
	* Dr R Dyer	Executive Medical Director
	* Mrs J Falcao	Director of Workforce and Organisational Development (part)
	* Ms A Jones	Director of Transformation and Partnerships
	* Mr D Stacey	Chief Finance Officer
	* Mrs J Viner	Chief Nurse
In attendance:	* Mrs S Burns	Freedom to Speak Up Guardian (for item 95/05/20)
	* Mrs J Carroll	Interim Director of Operations
	* Mr I Currie	Acting Medical Director (part)
	* Mrs J Downes	Company Secretary
	* Mrs S Fox	PA to Chief Executive
	* Mrs J Gratton	Head of Communications
	* Ms T Hipkin-Wale	Care Quality Commission
	* Mrs J Stockman	Torbay Council Representative

* via video-conference

		ACTION
84/05/20	**Board Corporate Objectives**	
	The Board noted the Corporate Objectives.	

	PART A: Matters for Discussion/Decision

85/05/20   **Apologies for Absence**

Apologies were received from Mr J Harrison, Chief Operating Officer.

86/05/20   **Declaration of Interests**

There were no declarations of interest.

87/05/20   **Minutes of the Board Meeting held on the 29th April 2020 and Outstanding Actions**

The minutes of the meeting held on the 29th April 2020 were confirmed as an accurate record.

88/05/20   **Report of the Chairman**

The Chairman briefed the Board as follows:

- Communication with the Trust's Governors has continued, despite Covid-19, with weekly updates being published and some Governor meetings being held virtually. Work was taking place to ascertain how the next Council of Governors meeting could be held as a virtual meeting.

- System meetings with Chairs and Council Leaders continued to be held with Chief Executives invited to join some meetings. These meetings, having been focused on Covid-19 issues, were now turning attention to recovery.

- Torbay Council has approved a planning application for a mental health ward to be built on the acute hospital site. The development was being progressed by Devon Partnership Trust and would provide facilities for the local population. The Chairman wished to place on record his thanks to Torbay Council for their support of the new ward.

89/05/20   **Report of the Chief Executive**

The Chief Executive briefed the Board as follows:

- The Trust had received the draft CQC report for factual accuracy checking, following their recent inspection. Due to Covid-19 the CQC have given the Trust longer than normal to undertake the review of the report. The Board noted that the Trust's Senior Leadership Teams were undertaking the factual accuracy checking of the report and were also starting to populate the improvement plan.

 The Chief Executive reminded the Board that due to Covid-19, the CQC had not been able to undertake a full inspection and that this would be reflected in the overall outcome. She said it was disappointing, as the inspection had not been able to review the Trust's total offer as an Integrated Care Organisation, however the reasons for this were fully understood.

- The Chief Executive wished to place on record her thanks to the Chief Nurse and her team for their support and leadership during the review.

- The Chief Executive also wished to place on record her thanks to the Trust's partners in the healthcare sector who have been working collaboratively with the Trust during the Covid-19 outbreak to support the population served by the Trust.

- As the Trust moved to Phase 2 and the start of the recovery plan, work was taking place to ascertain how services could be safely stood back up. This work would need to take account of the need to provide Covid and non-Covid pathways and to provide services in ways other than traditional face to face consultations. This work was taking place on a Devon-wide basis to ensure capacity was optimised across the system.

- The Chief Executive wished to highlight the work that had taken place through the Workforce Cell to support the Trust's response to the outbreak in supporting staff to redeploy to different roles; health and wellbeing, and innovative ways of working. The Board noted that there has been a lot of positive feedback from staff about the support they have received from the Hub. Mrs Matthews echoed the Chief Executive's statement and added that a lot of the work that had taken place to manage the workforce during the outbreak could be applied when the Trust moved back to 'business as usual'.

- A significant amount of innovative work has been taking place as a result of the pandemic and the Chief Executive highlighted the work taking place in the community to ensure that vulnerable members of the Trust's population were not disproportionately disadvantaged by the impact of Covid-19. She said she had recently visited the Shielding Team based at Torbay Council, who were providing a proactive response to people in the local community.

- Work continued on the Exeter Nightingale Hospital and the Board noted that the clinical model for the hospital had been highly commended by the national team.

- The Executive Medical Director informed the Board that learning from the other Nightingale Hospitals had been applied to the Exeter site. He said that the first Nightingale hospitals were built solely on the premise that they would treat emergency patients who needed ventilation and they did not have any facilities such as toilets and showers. The Exeter model was based on a need to support patient pathways including palliative care and Trusts who needed to provide Covid and non-Covid pathways.

Mr Welch queried support for care homes and she wished to highlight the work the Trust has undertaken to support care homes and people in their own homes, and how positively this has been received.   The Chief Executive added that the integrated care model has enabled the Trust to respond quickly to provide support to homes where Covid-19 outbreaks had occurred. As part of this support, the Trust had decided to take a risk-based approach to testing and test rapidly, which had helped in containing the outbreak.

Mr Richards noted that a lot of donations had been made to the Trust and asked if there were any barriers to appropriately allocating the donations. The Director of Transformation and Partnerships explained that the Trust had a robust process for applications for support from the fund and in addition a lot of work had taken place on the reallocation of gifts donated to the Trust including food packages to food banks. She added that some of the funding was being held in reserve in case a second peak took place later in the year so that it could be used to support staff and patients at that time.

Mrs Lyttle added that the issue had been discussed at the Charitable Funds Committee and the Committee had supported the appointment of a dedicated Fundraising Manager to support fundraising activities and ensure the appropriate spending of donated funds.

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

90/05/20   **Integrated Performance Report – Month 1**

1.   **Quality Headlines**

The Safety Cell was reviewing safety on a weekly basis and ensuring, where necessary, Equality Impact Assessments (EQIA's) were being recorded and reviewed as services were impacted and recovered from the Covid-19 response.

The quality section of the report had also been reviewed at the Quality Assurance Committee.

Many of the quality metrics remain on target, however the following performance exceptions were noted:

- Stroke – 'time spent on the stroke unit', which was related to specific interventions in the stroke unit in April for temporary infection control measures..

- VTE - assessment on admission performance reported on the Trust's electronic systems remains a challenge due to data entry issues. This was being addressed through a project to improve information relating to discharge of patients.

- Follow up appointments past their intended to be seen date has increased as a direct result of Covid-19. Digital solutions to support non-face to face appointments were being utilised and through the recovery cell, the outpatient work-stream was undertaking a programme of work to ensure that all priority activity was stood up safely, swiftly and maximised the opportunity for transformation. The Quality Assurance Group continued to monitor this risk.

The Chief Nurse highlighted there had been three incidents reported through the Strategy Executive Information System (StESIS) all of which were in the process of being investigated. The Board noted that a deep dive was planned into post-partum haemorrhage. It was also noted that there had been a delay

in complaint responses and the reasons for this were being investigated as it was not clear it if was Covid-related or not. In addition, the Chief Nurse had highlighted to the Quality Assurance Committee there was likely to be an increase in complaints over the new few months, as the impact of Covid-19 lessened.

The Dementia Find performance target continued to achieve the standard required.

Work was taking place to understand the background to red rated targets on the community dashboard including the percentage of face to face health visitor visits within 14 days.

Professor Balch reminded the Board that the action taken by the Trust was nationally mandated which had resulted in a deterioration in performance in many areas. He was assured that whilst performance had deteriorated, a focus on quality and safety had remained. He added that a rebasing of targets might be required as part of the Trust's recovery work to understand how activity could be provided whilst adhering to social distancing and infection control guidelines.

Mr Welch queried the Child and Adolescent Mental Health performance target and the number of urgent referrals that were waiting longer than the one week target for an appointment. The Chief Nurse informed the Board that the service was managed by Devon Partnership Trust and was part of the Children's Partnership Alliance. The Chief Executive said that the Partnership Alliance had met earlier this week and provided assurance that targeted action had been agreed to address this issue. She said the meeting took assurance from the fact that those most at risk were being prioritised and visits were being managed through a variety of means including virtual meetings. The Chief Executive said an improvement plan was in place and was being monitored through the Partnership Board.

Mrs Matthews reminded the Board that there were areas of performance that the Trust was struggling to manage before the outbreak and the difficulties the Trust would now have in improving performance in those areas. The Chief Executive acknowledged these difficulties and said that the solution would be one that was system-wide using the collective capacity in the system to improve performance.

Mrs Lyttle provided assurance that the Quality and Assurance Committee had recently reviewed performance, in particular in challenged specialties, and also the Trust's recovery plans. She said that she was assured Trust performance was as expected. Mrs Lyttle added that she took reassurance from the fact that the Trust was working with the wider system in the recovery phase, as the Trust could not solve all of its performance issues on its own.

The Director of Transformation and Partnerships said that the Trust had taken a risk-based approach to stepping down services and would apply the same principle as services were reintroduced. She added that Quality Impact Assessments had been undertaken as services were stood down and that those at most risk would be prioritised as recovery took place. The Board noted that this work had been supported by Dr John Lowes (previously Interim Chief Executive and Medical Director) who had retired from the Trust

several years ago, and had come back to provide support during the outbreak. The Chairman wished to place on record his thanks to Dr Lowes for his support over the past few weeks.

2. **Workforce Headlines**

Workforce Highlights and response to Covid-19

In April, the Trust continued to respond to COVID-19 with work across the following areas:

- o Activated the Workforce Pandemic Flu Policy
- o Created Workforce Information/Advice Hub
- o Created Training and Development Plan
- o Created a Staff Health and Well Being Plan
- o Established Resourcing Hub
- o Development of Workforce Plans to Support Surge Acute, Community and Nightingale

Performance exceptions and actions

Of the four workforce Key Performance Indicators on the IPR dashboard, two were rated Green and two rated Red as follows:

- **Turnover (excluding Junior Doctors)**: **GREEN -** The Trust's turnover rate now stood at 10.54% for the year to April 2020.

- **Staff sickness/absence: RED -** The annual rolling sickness absence rate was 4.51% to end of March 2020. The monthly sickness figure for March was 4.86% mainly due to extra sickness due to Covid-19 and was the highest sickness rate for any March over the last 10 years. In April this had reduced to 4.08% reflecting staff returning to work following Covid-related sickness. At the peak of the outbreak the Trust had c1,000 staff absent with a variety of Covid-related issues.

  Support continued to be provided around health and wellbeing to staff, and the balance between supporting staff to return to work and management attendance.

- **Mandatory Training rate**: **GREEN** - The current rate was 90.41% for April 2020 against a target of 85. The Covid-19 escalation was having little impact on compliance as staff continue to do on-line training and most renewal periods are no longer annually.

- **Appraisal rate**: **RED -** The Achievement Review rate for the end of April 2020 was 71.57%, which has been impacted by the call to stand down appraisals due to Covid-19.

- Appraisal performance had deteriorated and this was being addressed as part of the Trust's recovery plan with support being provided to the ISUs to improve performance. In addition a deep dive into achievement reviews would be taking place at the People Committee.

Mr Sutton asked, given staff absences due to Covid-19 and the need to start to step up services, if the Trust would struggle with workforce capacity. The Director of Workforce and Organisational Development explained that work was taking place to bring staff back to work safely, as well as the use of volunteers and other initiatives to ensure workforce capacity was not an issue.

Mrs Matthews asked if the Trust was prepared for a second surge and further absences. The Director of Workforce and Organisational Development explained that the Resourcing Hub was planning for any surges to ensure the Trust could be flexible in its response. It was noted that once the Test, Track and Containment facility was in place, it would help management of the pandemic.

The Chairman asked if there were members of staff at home due to Covid-related issues that could be back at work and the Director of Workforce and Organisational Development confirmed that there was. She said that work was taking place to ensure the workplace was safe for staff to return to work, but added that some members of staff were working at home due to childcare issues etc.

Professor Balch queried the measures in place to manage bank and agency use as services were re-established and the Director of Workforce and Organisational Development explained that a benefit of the Resource Hub was the pulling into one place all of the Trust's bank and agency resource to ensure it was deployed appropriately and provided flexibility. In addition, it was noted that some volunteers have been offered employment on the Trust's bank.

The Director of Estates and Commercial Development reminded the Board that other issues that could restrict the Trust's response to Covid-19 were shortages in supplies, estates and digital constraints.

Councillor Stockman asked if the Trust had the capacity to manage additional testing requirements as the 'Test, Track and Contain' process became live. The Chief Executive explained that the Devon system had applied to be a pilot site and that this was Council-led. She provided assurance that the Trust had internal capacity to support testing, and that work was also taking place through the Peninsula Pathology Network to enhance testing capability, and which included a partnership with the private sector.

3.   **Performance Headlines**

The report described the Month 1 position against key performance metrics showing a deterioration in the key NHSI performance metrics against elective access standards. This was expected as activity levels for planned care had reduced significantly due to the COVID emergency response.

The Interim Director of Operations asked the Board to note the hard work and commitment of staff during the pandemic to continue to provide emergency and urgent care to patients.

Performance against the 4-hour standard for patients attending the Emergency Department however had improved to 94% as a result of the lower activity levels and availability of inpatient beds. Following a reduction in

demand during the pandemic, an increase in attendances was starting to be experienced which was positive as it showed now had confidence in attending healthcare sites for treatment.

The Trust was now entering the Covid-19 recovery phase and starting to see services were recommencing elective outpatients, diagnostic, therapies and surgical activity. This return of capacity was, however, constrained by compliance with social distancing / infection prevention control requirements/ available facilities (theatres and outpatient clinic) and patient engagement. It was forecast that capacity for non-urgent elective services would remain below historical levels for some time.

Whilst plans were being prepared and implemented for stepping back routine services, the urgent and cancer related service would continue.

An impact assessment against access standards and forecast would be prepared once recovery plans could be fully assessed. It was clear however that it was likely that access standards for routine activity would deteriorate further as we see a return to increased level of referral and emergency admissions and the Trust's capacity remains below historical levels.

The Trust continued to use Mount Stuart Hospital which had increased its capacity to three theatres. In addition, national guidelines allowed for more procedures to be undertaken in a theatre setting.   It was noted that there was a significant infection control issue around the reintroduction of aerosol generating procedures, in particular in Endoscopy.

Virtual consultations were taking place, alongside telephone consultations and the use of the NHS Attend Anywhere app.

The 4 Hour Wait performance had been helped by a lower activity level, but an increase in attendees to the Emergency Department was now being experienced.

Diagnostic performance had deteriorated partly due to the need to introduce social distancing resulting in a reduction in capacity.

In respect of the 18 week target, it was noted that length of wait had increased and assurance was provided that patients were managed through a risk-based approach to ensure those most at risk were prioritised.

Mr Welch asked if the Trust was restricting the work of those members of staff who normally worked at several locations. The Director of Workforce and Organisational Development provided assurance that an assessment process was in place to ensure infection prevention and control guidelines were followed for staff who worked in multiple locations.

4.   **Finance Headlines**

There had been a significant change to the NHS finance regime due to Covid-19.

The normal annual planning process had not taken place and Trusts had been asked to assume a breakeven position for Month 1. The Chief Finance Officer confirmed that the Trust had met this target, but had incurred Covid-19 costs of £2m which included spend on the need to run two red and green Emergency Departments; cost of personal protective equipment; and spend to support the community. In addition there was a £1m pressure in Month 1 to support the independent sector.

- Patient care income block was £0.80m higher than budget due to additional income from Clinical Commissioning Group for Covid-19 related expenditure. Similarly, £0.25m was received from Torbay Council for adult social care income. Client contribution was higher by £0.13m linked to additional activity and other income was lower by £0.68m due to the following: non-patient related services £0.42m, car parking £0.13m as the Trust now offer free parking to staff, and research and development income £0.13m due to reduced trials.

- Pay expenditure of £22.67m was £1.71m higher than the 3 month average run rate. This was due to increased pay due to Covid-19 of £0.87m (matched by income), annual leave accrual of £0.75m in month and higher bank use £0.09m. There was a reduction in agency use of £0.14m due to operational changes in a number of clinical areas due to Covid-19.

- Non-pay expenditure (Other) was £0.75m lower than the average mainly due to lower drugs cost of £0.63m as a result of clinical activity reduction and various other cost £0.12m due to the impact of Covid-19.

- Independent sector non-pay cost (adult social care, placed people for health including continuing health care) have increased by £1.37m in Month 1 due to a number of Covid-19 related payments, largely relating to financial assistance to providers and payments for voids totalling £1.0m (matched by Income). Price uplifts paid to providers, growth and delayed continuing health care assessments account for £0.37m.

- It is assumed that Covid-19 related costs and income loss was fully reimbursable by NHSI/E - a total of £2.31m has been included in Month 1.

- Financing cost increased by £0.22m due to depreciation now showing the increased cost of RICS adjustment.

The Board noted the updated format for finance reporting and the Chief Finance Officer asked the Board for any comments on the new format as it continued to be refined.

Mr Sutton queried when CIP reporting might recommence and the Chief Finance Officer explained that the Finance Delivery Group had started to meet again, alongside grip and control meetings with ISUs and this process, in conjunction with the Covid-19 Recovery Cell, would be used to fast track schemes, for example outpatients.

The Director of Estates and Commercial Development informed the Board that a lot of work had been undertaken on the capital programme, and that based on the current allocation only those schemes that had rolled over from 2019/20 would be progressed.

The Chief Finance Officer reminded the Board of the significant changes made to the capital regime in 2020/21 and the risks this posed to the Trust. He said that the Trust would ensure its narrative would clearly articulate to the Regulators the challenges and risks the Trust would be holding if further capital allocations were not forthcoming.

The Board of Directors received and noted the Integrated Performance Report.

91/05/20   **Mortality Safety Scorecard**

The Board noted that it had received a Mortality Safety Scorecard report at the end of April and this report was being presented to bring reporting back in line with the Board workplan.

The Board noted that there had not been any significant change since the last report.

The Board of Directors received and noted the Mortality Safety Scorecard.

92/05/20   **Guardian of Safe Working Hours Report**

The Acting Medical Director presented the report on behalf of the Guardian of Safe Working Hours (Dr Berry).

The Acting Medical Director explained that when planning for Covid-19 was put in place, junior doctor rotas included standby shifts in case of sickness however, these were not needed. The report data included the standby shifts that were added as part of the rota. In addition the normal Junior Doctor rotation programme had been put on hold, but was now starting to be reintroduced.

The Board was reminded that if junior doctors needed to declare an exception they needed to fill out the report at the end of a long shift, which was not ideal.

The Acting Medical Director wished to place on record his thanks to the Trust's junior doctors for their flexibility and support during the pandemic.

The Chief Executive queried payment to junior doctors for additional hours worked and the Acting Medical Director explained that an authorisation process was in place to ensure they were paid for any additional hours.

Mrs Lyttle asked if junior doctors were encouraged to report exceptions and that additional working was not seen as the norm post-Covid-19. The Acting Medical Director responded that as junior doctors became more senior members of staff they tended to view additional hours as part of their role and were less likely to report exceptions, however junior doctors were well supported and encouraged to report exceptions.

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

93/05/20   **Annual Self-Declaration Certification Provider Licence**

The Company Secretary reminded the Board that NHS Foundation Trusts were required to self-certify against the following:

1. Conditions of the NHS Provider Licence
2. Required resources available if providing commissioner requested services
3. Complied with governance arrangements

The aim of the self-certification was therefore for providers to carry out assurance that they were in compliance with the conditions.

The Company Secretary informed the Board that the Audit Committee had discussed the report at its meeting earlier in the week and had approved the declarations, with some minor changes to the narrative.

The Chief Finance Officer informed the Board that in approving the declarations, a detailed statement around efficiency of resources and how the Trust was managing its deficit position would be included in the Annual Report and Accounts.

The Board approved sign-off of the Provider Licence Self-Certifications, with minor changes to the narrative as agreed at Audit Committee, and authorised the Chairman and Chief Executive to sign the declarations on behalf of the Board.

94/05/20   **Clinical Incident Annual Report**

The Chief Nurse presented the Clinical Incident Annual Report.

The Board noted the following:

- Work has taken place to improve feedback to staff following incidents and this now takes place through a variety of methods and on a Trust-wide basis.

- Work had taken place to ensure that staff understood the Duty of Candour requirements.

- Feedback had been received that staff were finding Root Cause Analysis reviews repetitive and so 'after action reviews' were now undertaken which were real time and linked to incident reports and actions taken.

- The report detailed key achievements during the last year including a restructure of reporting processes to reflect the new Integrated Service Unit (ISU) structure.

- A workplan was in place for the coming year which included continuing to refine and improve reporting processes and the creation of a CQC model in the Datix reporting system.

- Clinical incidents were regularly discussed and reviewed at both Quality Improvement Group and Quality Assurance Committee. There have been concerns that the ISUs have not been owning some incidents and work has taken place over the last year to embed reports and action plans through the ISUs.

Mr Sutton queried a spike in incidents reported in the Moor to Sea ISU. The Chief Nurse said that that this was a result of work that had taken place in that Service Unit around reporting in the community and learning from this work would be rolled out across the other Service Units.

The Board noted the Clinical Incident Annual Report, and the process of incident management, which would continue through the Integrated Service Units, Quality Improvement Group and Quality Assurance Committee.

| 95/05/20 | **Freedom to Speak Up Guardian Report** |

The Trust's Freedom to Speak Up Guardian (Mrs Sarah Burns) attended for this item and highlighted the following key points:

- 32 concerns had been raised in the last six months.

- The main areas of concerns raised related to bullying and harassment and culture of the organisation.

- The Guardians have done a lot of work with the Trust's Organisational Development Team however there was a clear message that a large bulk of the Trust's staff did not feel listened to and if they spoke up no change occurred. If staff escalated concerns to the Trust's senior management they felt listened to, however this was not the case at middle management level.

- There had been nine bullying and harassment concerns raised and these had been managed through Guardian Mediation Intervention meaning formal processes were not triggered. Staff had found the intervention process helpful to address concerns as part of a round table discussion.

- Work was continuing to build relationships with the Trust's two system leadership teams to support them and provide guidance.

- Regionally the Trust had a high number of cases when benchmarked against other Trusts, however the Guardians worked proactively and felt that this was a positive indicator.

Professor Balch asked how the culture of the organisation could be defined. Mrs Burns explained that could be defined as 'how we do things round here' and could include a perception that recruitment processes were not open and

transparent or senior management friendship groups made it difficult for concerns to be raised about staff in that friendship group.

The Director of Estates and Commercial Development asked Mrs Burns what one thing the Board could do to support the middle management structure. Mrs Burns said she felt Non-Executive Directors needed to be visible and approachable if issues needed to be escalated.

Mrs Matthews raised the issue of accountability in the organisation. Mrs Burns said that there was a view that managers were not held accountable for their behaviour and that if they were it would help create the right culture in the Trust.

Mr Richards asked if there was a timetable in place around the rolling out of initiatives to support bullying and harassment improvements and suggested the Board could monitor progress, through Mr Welch as the Freedom to Speak Up Guardian lead Non-Executive Director. Mrs Burns explained that the Bullying and Harassment Policy was ready to be published and she felt that the Anti-Bullying Network should be launched in June. There was also management training which would be put in place over the summer which would establish signposting and tools for staff. Mrs Burns said that she hoped by the next time she reported to the Board these initiatives would be in place and she would be able to report on progress.

The Director of Workforce and Organisational Development informed the Board that the actions were included in the overall Staffing Experience Plan and she would be working with Mrs Burns to ensure all aspects of her work were reflected in the plan. The plan would be circulated to the Board.   DWOD

Mrs Lyttle informed the Board that the Quality and Assurance Committee had asked for a deep dive on patient safety and which would touch on culture and areas of risk.

The Director of Transformation and Partnerships said that she felt there was a need to ensure managers and leaders at all levels had the time and opportunity to understand the impact of how they engaged with others, and to be thoughtful in their practice and this was acknowledged.

The Chief Executive suggested the Trust needed to look to others for inspiration and asked Mrs Burns if the wider Freedom to Speak up Guardian network had learning that the Trust could use. Mrs Burns said that the Trust was part of the South West Regional Guardian Network and there was learning that could be taken, in particular from Guys and St Thomas. She said she would discuss this further with the Director of Workforce and Organisational Development.   DWOD/ F2SUG

In closing, Mr Welch as the Freedom to Speak up Guardian lead Non-Executive Director, reminded the Board that the Guardian role was to report to the Trust Board and the role of the Executives was to act and this was noted. He also raised a concern that the Guardians did not have access to safety data, despite requests for access, as it would help them triangulate information and identify themes.

The Board thanked Mrs Burns for her report and attendance at the meeting.

The Board of Directors received and noted the report of the Freedom to Speak Up Guardian.

96/05/20   **Annual Infection Prevention and Control Report**

The Chief Nurse presented the Annual Infection Prevention and Control Report from 1st April 2019 to 31st March 2020 the Trust reported:

One MRSA blood stream infection (BSI) - the Trust target was zero.

In relation to the Clostridium Difficile (CDI) target the Board noted that NHSI had changed the target to align England and Wales with USA and European definitions. NHSI and the CCG were aware that this change would more than double reported numbers in the current year.

For 2019/2020 cases reported to the healthcare associated CDI have been assigned as follows (against an ambition of 36):

- Hospital onset healthcare associated **(HOHA):** cases that were detected in the hospital 48 hours after admission = 15

- Community onset healthcare associated **(COHA):** cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous four weeks = 37

- Of the 52 CDI eight were found to be lapses in care. All the CDI cases were individual cases and there were no clusters.

The Board was notified in October 2019 that some IP&C incidence was outside the national Fingertips benchmark which showed the Trust to be an outlier for Escherichia Coli, MSSA and MRSA incidence. The DIPC provided a report in December 2019 setting out possible reasons for this in that the Public Health England Fingertips data was not age adjusted and did not take account of the Trust becoming and Integrated Care Organisation. In addition the Trust had a high rate of surveillance and a lot of work with care homes and people in their own homes which could be the reason for higher rates of infection reported. There was therefore some work to be undertaken to ensure the Trust's data could be accurately benchmarked against others.

Mrs Lyttle provided assurance that the Quality Assurance Committee had discussed the issue of data variance and the reasons behind the higher than average reporting and had agreed the Committee would receive regular updates to ensure there were no issues of concern.

Work was taking place with care homes and the community linked to the use of catheters, catheter passports and staff awareness to reduce the incidence of E.coli.

The Trust had not experienced high levels of norovirus this year, or flu, but this had been superseded by the Covid-19 outbreak. A report on Covid-19 activity would be presented to the June Board Meeting.

The NHSI/E framework has been completed which provided assurance that the Trust has implemented national guidance in relation to Covid-19. One issue for the Trust was that it had multiple routes of entry for patients, staff and visitors, all of which needed to be manned and social distancing applied.

As the Trust moved to the recovery phase of the pandemic, there would be a need to ensure social distancing was applied in ward and other areas, which was difficult in an aging estate given the need to follow enhanced infection control guidance.

Professor Balch asked if the need to manage Covid-19 had drawn the team's attention away from other infection issues. The Chief Nurse said there was a risk that it could result in an increase in other infections within the Trust, but that the infection numbers were regularly monitored to ensure action could be taken if any increases in inspection were experienced. The Chief Nurse added that work was taking place to review the resource within the Infection Prevention and Control Team to understand future requirements.

The Director of Estates and Commercial Development said that there was a link between the Infection Prevention and Control reports and the Estates and Facilities Management compliance reporting and informed the Board that triangulation took place around ventilation maintenance and water safety.

Finally, the Chief Nurse informed the Board that the Trust's Director of Infection Prevention and Control, Dr Selina Hoque, would shortly be standing down. She said that Dr Joanne Watson would be taking on the role on an interim basis whilst a permanent appointment was made.

The Chairman wished to place on record the Board's thanks to Dr Hoque for her support and guidance over the past few years.

The Board of Directors approved the 2019/20 Annual Infection Prevention and Control Report.

97/05/20	**Supporting the Quality and Safety of Care in Care Homes during Covid-19**

The Chief Nurse stated that the report provided assurance to the Board on the work that has taken place to support care homes during Covid-19. This included proactive care package work and a response plan to support homes if they had a Covid-19 pandemic.

Work was also being undertaken to provide support in the medium-term as recovery took place. It was noted that detailed reports on this work were received by the Executive Team and Quality Improvement Group.

Mr Sutton queried how the recent funding for care homes from the Government was being allocated. The Chief Finance Officer explained that the Trust was in receipt of the funding and was working with Torbay Council to agree a system to flow funding to care home providers. Torbay Council has received an allocation of £2.7m, half of which was being allocated now with the remaining 75% pro-rata to homes with registered CQC beds.

Councillor Stockman wished to highlight the good working relationship the Council had with the Trust and the CCG and said that this close working relationship had resulted in a joined up approach to managing Covid-19.

The Chief Executive thanked the Chief Nurse for her report and she wished to place on record her thanks to the Care at Home Cell, who were leading this work, for their hard work and commitment over the past few weeks.

The Board of Directors received and noted the Supporting the Quality and Safety of Care in Care Homes during Covid-19 report.

98/05/20	**Ethics Committee Terms of Reference**	

The Board was reminded it had approved the establishment of an Ethics Committee at its meeting on 29 April 2020 and was now being asked to approve the Terms of Reference for the Committee.

The Executive Medical Director said he welcomed the establishment of the Committee that could make decisions and recommendations flexibly and as required. He added that there was a South West Regional Group and a Devon Ethical Reference Group that debated and provided recommendations on broader ethics issues. It was agreed that the Terms of Reference should refer to the wider ethics groups in the system.   AMD

Mr Sutton queried whether there was a need for legal support. The Acting Medical Director said that the group included Dr Tim Harlow who was a retired palliative care doctor and had chaired the British Society of Palliative Care Doctors and his role in providing practical advice as required. The Chairman added that if an issue was being debated by the Committee that required legal representation it would need to be formally brought to the attention of the Board and this was noted.

Mrs Matthews asked if all Trusts had ethics frameworks. The Acting Medical Director explained that Trusts needed to have a process to manage ethical decisions not covered by system or regional committees and to also make decisions around how to interpret national guidance in relation to Covid-19.

The Board approved the Ethics Committee Terms of Reference subject to inclusion of reference to partnership working with regional ethical groups.

PART B: Matters for Approval/Noting without Discussion

Reports from Board Committees

99/05/20	**Finance, Performance and Digital Committee – 27th April and 22nd May 2020**

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

100/05/20 **Finance, Performance and Digital Committee Annual Report 2019/20**

The Board noted the Finance, Performance and Digital Committee Annual Report and that it provided assurance that the Committee had carried out its obligations in accordance with its terms of reference.

The Board received and noted the Annual Report of the Finance, Performance and Digital Committee.

101/05/20 **People Committee – 27th April 2020**

Mrs Matthews informed the Board that the Committee would be undertaking a deep dive into staff appraisal (PDR) reviews both in terms of quality and quantity over the next few months.

102/05/20 **People Committee Annual Report (October 2019 – March 2020)**

The Board noted the People Committee Annual Report covering the period since its inception in October 2019 to March 2020. The report detailed the activities of the Committee and how it had met its terms of reference.

The Board received and noted the Annual Report of the People Committee for the period from October 2019 to 31 March 2020.

103/05/20 **Charitable Funds Committee – 13th May 2020**

The Board noted the report of the Charitable Funds Committee.

104/05/20 **Quality Assurance Committee – 22nd May 2020**

Mrs Lyttle reported that as the Committee had only met a few days ago it had not been possible to provide a written report. She said that the meeting received a report on current and emerging risks and whilst the Committee could not gain full assurance that patients were not at risk of harm due to long waits, it was assured that mitigating actions were in place to reduce that risk.

The Board noted that the Trust was an outlier in terms of the NEWs system (early warning system for critically unwell patients) and it had been agreed a review would take place to understand the reasons for this. The links to the Staff Survey results; staff engagement and quality and safety culture were noted.

The Board noted the report of the Quality Assurance Committee.

Reports from Executive Directors

105/05/20 **Six Month Safe Staffing and Nursing Work Programme**

The Chief Nurse highlighted the challenges in terms of responding to Covid-19 on top of existing vacancies in some areas for example Emergency Department and Paediatrics, and the need to run red and green flows in the Emergency Department and other departments. There was also a risk in terms of the Intensive Care Unit having to run a red and green unit and the

impact if a second surge was experienced. The Chief Nurse provided assurance that work was taking place to mitigate against these risks.

The Chief Nurse said the Board should not underestimate the long-term impact on staff from Covid-19 in terms of health and psychological wellbeing and how this might affect sickness rates in the future.

The Chief Executive agreed and said that the Trust needed to ensure it mirrored best practice in relation to psychological wellbeing to support its staff. She added that Devon Partnership Trust was prioritising rapid access for any health professional requiring support due to Covid-19 and the Trust's Health and Wellbeing Team were providing support to staff.

The Board of Directors received and noted the Six Month Safe Staffing and Nursing Work Programme report.

106/05/20 **Report of the Director of Estates and Facilities Management**

The Board noted the update on estates and facilities management (EFM) key issues, performance and compliance for March and April 2020.

The Director of Estates and Commercial Development drew the Board's attention to the fact that the Trust had been able to meet statutory compliance during Covid-19, but that planning for the outbreak had exposed evidence of risks in the Trust's infrastructure which resulted in capacity issues to manage any surges.

The Trust Board of Directors received and noted the top line briefs for EFM for the months of March and April 2020 and the EFM Compliance and Performance Reports and exceptions.

107/05/20 **Compliance Issues**

There were no compliance issues raised.

108/05/20 **Any Other Business Notified in Advance**

The Director of Estates and Commercial Development informed the Board that a planning application for the Park and Stride development had been submitted to Torbay Council, alongside the planning application to South Hams District Council for the Health and Wellbeing Centre in Dartmouth. Finally, it was noted that the planning application for a housing development on the Bovey Tracey Hospital side had recently been submitted.

109/05/20 **Date of Next Meeting – 9.30 am, Wednesday 24th June 2020**

<u>**Exclusion of the Public**</u>

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.	Include updated Log of Deferred Items for the Finance, Performance and Digital Committee with the Board Minutes.	CEPA	**Completed**	29/04/20
2.	Ensure all aspects of the F2SUG work in relation to bullying and harassment were included in the Staffing Experience Plan and then circulate plan to the Board.	DWOD		27/05/20
3.	Discuss learning from other Trusts to support middle managers in their leadership roles with the Freedom to Speak up Guardian.	DWOD		27/05/20

Report to the Trust Board of Directors		
Report title: Chief Executive's Report		**Meeting date**: 24 June 2020
Report appendix	n/a	
Report sponsor	Chief Executive	
Report author	Director of Transformation and Partnerships Joint Heads of Communication	
Report provenance	Reviewed by Executive Directors 16 June 2020	
Purpose of the report and key issues for consideration/decision	To provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments since the previous Board meeting.	

Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board are asked to receive and note the Chief Executive's Report		

Summary of key elements				
Strategic objectives supported by this report	**Safe, quality care and best experience**	X	**Valuing our workforce**	X
	Improved wellbeing through partnership	X	**Well-led**	X

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

- 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:		Meeting date:
Chief Executive's Report		24 June 2020
Report sponsor	Chief Executive	
Report author	Director of Transformation and Partnerships Joint Heads of Communication	

1 Trust key issues and developments update

Key developments to draw to the attention of the Board since the last Board of Directors meeting held on 27 May 2020 are as follows:

1.1 <u>Safe Care, Best Experience</u>

1.1.1 Managing the COVID-19 outbreak

With a continued low incidence of COVID-19 across Torbay and South Devon, we have been able to step down the frequency of our gold command meetings, whilst still operating all our gold and silver cells. This gives us assurance that our COVID-19 planning and response is being managed appropriately and in line with the evolving situation across Devon. We also continue to provide a swift and well-managed response to new government initiatives and requirements in order to manage the outbreak, including reconfiguring services to allow for social distancing, anti-body testing and providing face masks in our hospitals.

1.1.2 Anti-body testing
Trust staff are among the first in the peninsula to be tested to see if they have had COVID-19. The Peninsula Pathology Network, a partnership of the region's NHS clinical commissioning groups and trusts, is now using NHS laboratories to provide antibody tests, which tell whether someone has had the virus that causes COVID-19 in the past, by analysing a blood sample.

A positive result indicates that someone has had COVID-19, but does not mean that they are immune to it or won't be able to spread it. The antibody testing programme will provide information on the prevalence of COVID-19 in the peninsula, to help better understand how the disease spreads. It will work alongside the swab testing programme, which confirms whether or not someone currently has the virus.

We started our anti-body testing programme on 3 June and had an excellent response, with clinics quickly becoming fully booked. By 16 June, we had increased capacity to 300 tests a day and opened clinics up to telephone bookings, so that care home staff, staff working in partner organisations, and our own staff without intranet access could book tests.

1.1.3 Face masks for hospital staff, patients and visitors
The government issued guidance on 11 June 2020 on facemasks or face coverings to be worn in a hospital setting from Monday 15 June 2020. In response, the Trust has:

- updated its website, patient letters and signage
- posted information on social media
- stationed additional volunteers at hospital entrances to support visitors
- provided masks for all staff affected and circulated detailed guidance to staff, including how to safely put on and remove the masks.

The guidance currently only applies to hospital staff, and will be updated in line with national advice.

1.1.4 COVID-19 support from our communities
During the COVID-19 outbreak, the generosity and support we have received from our local communities has been extraordinary.

As well as receiving physical gifts of items including hand sanitiser, 930 sets of theatre scrubs and self-care items for staff to use when they come off shift. We have also received donations of £30,000 from the local community and £81,000 from the national NHS Together charity. In addition we are able to bid for a further £50,000 from national funds and are engaging staff for ideas on projects they would like to see taken forward.

In the short-term, we have been used donated funds to improve conditions for our staff and some of our most vulnerable patients, by:

- buying digital radios for isolated patients, so that they are able to have a voice in the room
- providing memory boxes to help people cope with the loss of a family member
- purchasing special skins for iPads to be deployed into areas to help patients communicate with their love ones
- improving staff working environment and facilities through creating dedicated rest and relaxation areas, buying more microwaves, kettles and fridges and arranging plant sales

In the longer-term, we will now be able to take forward some exciting wellbeing projects to benefit service users and staff across our communities, including:

- developing the Rose Garden at Torbay Hospital, including providing electricity and shelter so that some of our more vulnerable patients can spend some time outside
- turning our Bay View restaurant into a Bistro with an outdoor space
- providing more staff break areas across our estate.

Anybody wishing to donate goods and services is advised to email donations.tsdft@nhs.net for advice and guidance.

1.1.5 Supporting our communities
We continue to work with communities through a range of initiatives to direct some of the support to where it is most needed.

During the course of the Coronavirus pandemic, NHS hospitals have been receiving generous donations of food and drinks from businesses as a gesture of goodwill and appreciation to their staff. Staff at Torbay hospital decided to pass these donations on to those residents in greater need in their communities; people in food poverty or unable to

access food as a result of the lockdown. The hospital is now also supporting Torbay Food Alliance's fundraising efforts though their Crowdfunder.

This has been made possible through a partnership with Torbay Food Alliance, a consortium of 12 food banks and community voluntary organisations, which formed as a direct response to the Covid-19 lockdown. The organisations decided to work collaboratively to provide a more co-ordinated response to local need and to better share skills, resources and information. We are working closely with the Alliance as well as Torbay Council, which has contributed over £30,000 of funding to help support this much needed service. Since lockdown, the Alliance has provided more than 70,000 meals to vulnerable people in the community.

1.1.6 Recovery and arrangements for safe services

As we as continuing to ensure the provision of safe and separate urgency and emergency care for COVID-91/non COVID-19 patients, our recovery cell is now focused on re-building safe capacity for more of our elective services. On 11 June, Sir Simon Stevens asked all NHS local systems and organisations to step up **non-Covid19 urgent services** as soon as possible over the next six weeks, including

- Diagnostic tests and surgery
- Cancer services
- Maternity
- Cardiovascular Disease, Heart Attacks and Stroke
- Hospital discharge
- Essential community services
- Mental health
- Screening and immunisations

I am pleased to report that we are making good progress on all the requirements and have reported achievement broadly in line with other Devon providers within the six-week timeframe. We are continuing to review and prioritise patients on our waiting lists, and our activity is aimed towards treating those in most urgent clinical need and those who have already waited a long time for the care they need.

We continue to work on plans to step up more services. This is complex due to the requirement to keep COVID-19 and non-COVIOD patients separate alongside implementing new infection prevention and control measures. We are looking at options that make the best possible use of both digital technology and our physical estate across all services.

We are also putting additional measures in place to ensure social distancing, so that people are assured that if they are offered an appointment, or need to access a service, they will be safe in our care.

We continue to advise people that if they feel their condition has worsened, or things have changed for them in recent months, they should contact their GP, 111 online or call 111 for help.

As more services are re-started, we will keep our website up to date with all the latest information https://www.torbayandsouthdevon.nhs.uk/

1.1.7 Capacity planning

In preparation for the next phase of recovery plans, teams across the Trust are reviewing their latest capacity and future plans to indicate the anticipated activity levels through to March 2021. Anticipated capacity and activity forecasts will determine our ability to meet both the urgent and routine demand and performance standards expected.

Plans are constrained by the need to take account of the current reassignment of facilities to manage the COVIC-19 escalation response, and the impacts of complying with enhanced PPE and social distancing measures. Securing sufficient capacity within these constraints will present a challenge as we prepare to increase capacity for re-introducing routine pathways of care and this is work is underway through the recovery cell.

One of the significant challenges we face in TSD is working with an aging physical estate that cannot always meet the requirements of space, environmental standards and flexibility needed. Over the coming weeks, we will develop a number of service redesign options, to ensure decisions we take now maximise opportunities for reinstatement of services, whilst maintaining COVID-19 response.

We will take learning from innovations and successful service changes during COVID-19 and apply them to our clinical service transformation planning and HIP 2 programme for developing our estate. This will involve networking across the wider health system to secure increased capacity and shared resilience, so that all our communities across Devon have access to the full range of services.

1.1.8 CQC inspection report

At the time of writing, we are in the process of responding to the CQC with factual accuracy checking for their draft report, following the inspection of six core services between 10 and 12 March. We expect the final report to be published imminently,

During inspectors' initial feedback, they highlighted areas of outstanding practice they had seen and gave us some positive feedback about staff engagement and transparency, the high degree of multi-disciplinary working they had seen and consistently positive patient feedback.

The purpose of these inspections is both to share good practice and to highlight areas for improvement. Inspectors drew our attention to some basic issues they witnessed, such as fire doors being obstructed or wedged open, and hazardous cleaning chemicals not being safely stored. In addition, we received key learning of the areas that we need to improve, some of which we have plans to address already such as our ageing estate and the impact this has on the delivery of services and the need to improve our IM&T infrastructure.

The full report will describe those areas where inspectors found good and outstanding practice and give us further detail on where they believe we could make further improvement. We are committed to providing high quality care are will ensure that we develop a robust improvement plan to address issues where inspectors felt that improvement was needed.

1.2   Valuing our Workforce, Paid and Unpaid

1.2.1 Chairman's re-appointment

I am delighted to report that the Council of Governors has confirmed the Chairman's re-appointment for a further year from 1 June 2020. Sir Richard's contribution has been invaluable in providing continued calm and stable leadership to the Trust Board during a very challenging period of change for the NHS. His integrity and compassion are highly valued by our staff, and I would like to thank Sir Richard for agreeing to this additional term of office.

1.2.2 Black Lives Matter

The murder of George Floyd by a policeman sent shock reverberations around the world and gave a new focus to the 'Black Lives Matter' (BLM) campaign. This goes beyond the realm of politics, and many organisations have taken the opportunity to re-state their position on equality and diversity.

> **Comment**
>
> I am proud to lead an organisation that has a diverse community of staff all making their contribution to delivering the best for our local community. Our employees represent many different countries, cultures and backgrounds. Whatever their gender, ethnic background or sexual orientation, they join 'Team Torbay and South Devon' because their values are aligned with those of our Trust and the broader health and care services. I am grateful every day for their kindness, commitment, professionalism and compassion.
>
> The BLM campaign resonates so strongly because, unfortunately, racial intolerance and inequality remain an issue for societies across the globe. The NHS is no different – reflected, for example, in the low numbers of BAME staff in senior leadership roles. In 2015, The Workforce Race Equality Standard (WRES) was introduced to hold up a mirror right across the NHS and spur local and national action to close gaps in workplace inequalities between our black and minority ethnic (BAME) and white staff.
>
> In this Trust, we continue to work hard to address racial inequalities. We have used the data from WRES to promote equality of opportunity and recognition for our staff from BAME backgrounds. Our 2019 results showed a 5% improvement in the percentage of BME staff believing the Trust provides equal opportunities for career progression. Whilst there is still a 5% disparity with white staff, this gap is closing, and is much smaller than the national disparity of 16%. There has also been a 7% reduction in the percentage of BME staff who have experienced discrimination. We have appointed a BAME champion who leads the Trust's BAME staff network, giving staff from across our organisation a voice in identifying what action is needed to tackle inequality. We know there is more to do, and we commit to continuing our positive action to reduce inequality.
>
> It has recently been recognised that individuals from some BAME backgrounds are at increased risk of COVID-19 and we have produced a risk assessment, which we are encouraging our BAME staff to complete. Managers can then work with individuals to help mitigate risk in the workplace.

> Sadly, in the past year we have seen an increase in the number of staff experiencing harassment, bullying or abuse from patients or service users.
>
> I know I speak for all my executive colleagues when I say we will not tolerate racism, bullying or harassment in any form in this Trust. We are about to launch our anti-bullying network and rollout anti-bullying training across the Trust.
>
> I also firmly believe we have a collective and individual responsibility to recognise and address any unacceptable behaviours we hear or see. So, my plea to all our staff, service users and partners is to report anything unacceptable that you see or hear to one of our Freedom to Speak Up Guardians, or to one of our nominated inequality leads for BAME, LGBT or Disability.
>
> By valuing each other's differences, we create a culture and environment that is truly inclusive, welcoming and accepting of everyone.

1.2.3 Health and Wellbeing

As reported to the board last month, we have put in place a number of new measures to support staff in dealing with revised working arrangements due to COVID-19. Staff have been affected in many different ways: some are experiencing a sense of isolation and guilt due to working from home; some are dealing with the intense emotional and physical demands of working in COVID-19 areas while wearing full PPE; others are acclimatising to working in new areas, having been reassigned to support frontline services; others may be shielding, or have family members who are, and are anxious and fearful of bringing COVID-19 home to their families.

A recent BMA survey (which was completed by 654 doctors across the South West region) showed higher levels of anxiety, burnout and stress than usual. We are aware that this is the case across our whole workforce – and it can surface in the workplace. Our car parking staff have recently received verbal from some of their colleagues, following changes to car parking arrangements.

As a result of a similar survey carried out by some of our junior doctors around 18 months ago, a new role was created: Associate Director of Medical Education and Clinical Lead for Staff Experience. This role is held by Dr Maria Saunders, and during COVID-19 she has been providing additional support to junior doctors through weekly email catch-ups and ensuring everyone is aware of the Trust's coaching, relaxation, psychology and wellbeing offer. Dr Saunders is working with Workforce and OD team to support and monitor staff wellbeing, including the recent rollout of a staff survey to identify what staff value and what more they feel could be offered.

2.   Chief Executive Engagement: June

I have continued to engage with external stakeholders and partners; however, due to the pandemic and necessary social distancing, most meetings have been held remotely with the aid of digital technology. I have been very conscious of the need to keep in contact with and support our frontline staff, including meeting with teams who are dealing directly with COVID-19 positive patients.

Most of my time, both within the Trust and with our partners externally, continues to be focussed on COVID-19 preparedness and recovery planning.

Internal	External
• Staff Side • Joint Local Negotiating Committee • Video blog sessions • Consultant Medical Staffing Committee	• Chief Officer for Adult Care and Health, DCC • Chief Executive, Torbay Council • Director of Adult Social Services, Torbay Council • Accountable Officer, Devon CCG • Devon Children's Family Partnership Executive Group Meeting • Children and Young Persons Partnership Board • System Chief Executives • System Chairs, Leaders, Directors of Adult Social Services Meeting • Improvement Partnership Board • Devon Health and Local Authority Chief Officers' Meeting

3. Local Health and Care Economy Developments

3.1 Partner and partnership updates

3.1.1 Dartmouth Health and Wellbeing Centre

A planning application to develop a new Health and Wellbeing Centre in Dartmouth is now available for review and comment on the South Hams District Council Planning Portal. The detailed design reflects revisions as a result of comments received during the engagement period, including retaining as many of the existing trees as possible. The new centre is a partnership project between the Trust, GPs, the CCG and the voluntary sector to bring together in one centre all statutory organisations involved in providing health and care for the people of Dartmouth and surrounding area.

The Planning Authority process of determining the application is expected to take 13 weeks. During this time the planning case officer will consider all aspects of the proposal, including comments received, and will recommend to the Planning Committee whether the application should be approved or not.

Whilst planning considerations are underway, the Trust will continue to work with its partner occupants of the building to develop the clinical requirements of the spaces. This will include considering any potential service changes arising as a result of COVID-19, as well as practicalities such as sockets, fixtures and fittings needed in each and every room. There will be opportunities for local stakeholders to get involved in the overall look and feel of the spaces as this work progresses.

3.1.2 New mental health unit for Torbay

Torbay Council has agreed for the planning application for a newly built mental health ward at Torbay Hospital to reach approval.

The £11.8 million scheme will create a centre on two floors providing an adult ward with 16 bedrooms, treatment and therapy rooms and offices. The upper ground floor would contain the main public entrance leading to a reception and waiting area, a family visiting room, therapy spaces, offices, and other rooms laid out around a central open courtyard. The lower ground floor would contain the staff entrance leading to staff facilities.

The new unit will be built next to two existing mental health wards on the hospital site – Haytor and Beech. All of the wards are part of Devon Partnership NHS Trust, which provides mental health and learning disability services.

The additional facilities will help tackle the shortage of adult mental health beds in the area, and will reduce the number of people who have to receive care outside Devon.

> **Comment**
> I am delighted that this much-needed development is going ahead. For health and care services to be truly integrated around individuals' needs, we recognise that mental health is an important aspect of overall wellbeing. And, whatever service we work within, we all have a role in supporting people's mental health needs as well as their physical health.
>
> I am so pleased that Devon Partnership NHS Trust has been able to secure these resources, and that we have been able to work together to make it happen. It will bring high-quality, purpose-designed adult inpatient mental health services to the heart of our local area. As well as being a real boost to facilities in Devon, it is a great example of partnership working across several NHS and local council services to meet the needs of our communities.

3.1.3 Update on Nightingale Hospital

Work continues apace on building the new Nightingale facility in Exeter. It is expected to be able to take its first patients from 5 July, if required. It will provide increased bed capacity for COVID-19 patients in Devon, Cornwall and adjoining counties with a maximum of around 120 beds. While presently the numbers of COVID patients in our local acute hospitals is relatively low, recent experience such as in Weston-super-Mare shows how the situation can change quite rapidly.

Once operational, the RD&E will run the hospital on behalf of trusts in Devon and Cornwall. Nightingale Exeter will be a regional resource for:

• Capacity for any surge in COVID hospital demand across Devon and Cornwall
• Contingency for a catastrophic failure in any Critical Care unit in Devon and Cornwall
• Capacity to support Trust recovery plans by creating capacity for COVID patients.

Dr Rob Dyer is Strategic Medical Director for the project.

We have supported staff recruitment and training, and are encouraging any staff who wish to do so to apply for secondments to the Exeter Nightingale.

4   NHS England/Improvement

4.1   Special care dentistry arrangements

As part of its commissioning responsibilities, NHS England and NHS Improvement directly commissions special care adult and paediatric dental services. Special care dentistry is concerned with improving the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability; or, more often, a combination of these factors.

Services are typically used by:

• People suffering from anxiety and/or extreme phobia of dental treatment
• People with learning difficulties and/or autism
• People with physical disabilities

All service providers across the South West have been commissioned to continue providing services until March 2023. This Trust is commissioned to provide services for South Devon.

Over the next three years, NHSE/I will:

- Carry out a comprehensive regional needs-assessment for oral health
- Develop a comprehensive dental commissioning strategy covering primary care, community dental and secondary care (hospital) dental services
- Work with all seven Sustainability and Transformation Partnerships/Integrated Care Systems in the South West to consider appropriate models of care that integrate with the wider health strategies for the people they each serve
- Identify services to be redesigned so the best-possible treatment can be offered consistently across the South West

5   Local Media Update

5.1   News release and campaigns highlights include:

During the pandemic we are maximising our use of local and social media as well as our website to ensure that our local population has up to date and accurate information, enabling them to stay safe and healthy and access services appropriately. We have also promoted some of the amazing work of our staff are doing and thanks for the fantastic support we have received from local people. Since the last board report, coverage has included:

Research Nurse attracts major funding to boost innovation in patient care
Angie Foulds, a research nurse working for the Trust, has been awarded regional funding of £20,000 from the National Institute for Health Research (NIHR) to support her work. *Herald Express; Torbay Weekly*

Volunteers helping Trust during pandemic

The Trust has recruited extra volunteers such as drivers or people who wish to help in care homes and St John Ambulance volunteers. St John Ambulance volunteers have been helping Trust emergency care staff.   *ITV Westcountry*

Torbay Hospital working with local food charities to help vulnerable residents
One of the first acute hospitals in the country to work directly with local food charities, diverting food donations in order to support the community *Torbay Weekly; Herald Express; Breeze FM*

'We are still here for you if you need help'
Campaign to encourage people to use emergency and urgent services
Herald Express; Mid Devon Advertiser; Dawlish Post

A team supporting vulnerable residents during the pandemic is meeting huge demand Promoting the work of the Shielding Hub *Torbay Weekly*

NHS staff thanked by young girl for saving stepfather's life
An intrepid youngster presented a cheque for more than £1,460 raised on a 20-mile sponsored walk. *ITV Westcountry; Herald Express; We are South Devon; Torbay Weekly; Heart South West; Breeze FM*

Mother and daughter trainee nurses support patients during pandemic
Emma Scott and her daughter Pollyanna Halliwell, both Student Nurses with Torbay and South Devon NHS Foundation Trust, jumped at the chance to help out in the fight against COVID-19.   *Mid Devon Advertiser; Totnes Times; Dartmouth Chronicle*

Retired police Inspector thanks Torbay Hospital staff after surviving COVID-19
Pam Giles used to be a local Scout Leader, and saw a familiar face in Torbay Hospital: one of her former scouts, Nursing Assistant Trevor Head. *BBC Spotlight*

Other social media posts, press releases and campaigns

We continue to engage with tens of thousands of people via Twitter and Facebook as well as our own website. Recent topics include

- Celebrating the work of our biomedical scientists and laboratory staff on Biomedical Science Day 2020
- Virtual HOPE programme#
- How we can all help keep the R rate down
- Staff re-assigned to frontline roles (eg Jenny King – community nursery nurse to rapid response team)
- A range of Trust thank yous for continued public and community support and donations
- Patient stories of hope from COVID-19
- National Carers Week
- Volunteers Week
- Test and Trace
- Virtual Board meeting

6   Recommendation

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

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors	
Report title: Integrated Performance Report (IPR): Month 2 2020/21 (May 2020 data)	Meeting date: 24 June 2020
Report appendix	Appendix 1 - Month 2 2020/21 - Focus Report Appendix 2 - Month 2 2020/21 - Dashboard of key metrics Appendix 3 – Month 2 2020/21 - Databook
Report sponsor	Director of Transformation and Partnerships Director of Finance
Report author	Head of Performance
Report provenance	ISU and System governance meetings – review of key performance risks and dashboard Assurance and Transformation – 18 June 2020 Integrated Governance Group – 19 June 2020 Finance, Performance and Digital Committee – 22 June 2020
Purpose of the report and key issues for consideration/decision	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; • provide assurance to the Board that the Trust is on track to deliver the key milestones required by the regulator. The M1 report reflects the significant changes in our reported performance and likely impact in response to covid-19 escalation. Areas that the Committee will want to focus on are highlighted below and detailed in the attached Focus Report.

Action required (choose 1 only)	For information ☐	To receive and note ☒	To approve ☐

Recommendation	The Committee is asked to **review** the documents and evidence presented to formulate a recommendation to the Trust Board.

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**	**25**
	Risk Register	Yes	**Risk score**	**25**

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**

This report reflects the following corporate risks:

- failure to achieve key performance standards;
- inability to recruit/retain staff in sufficient number/quality to maintain service provision;
- failure to achieve financial plan.

Report title: Integrated Performance Report (IPR): Month 2 2020/2021 (June)	**Meeting date:** 24 June 2020
Report sponsor	Director of Transformation and Partnerships Chief Finance Officer
Report author	Head of Performance

1.   Quality headlines

Safety and Quality Covid response
Safety and Quality Covid response cell is now stood down and the normal CLICC, Incident huddle reports and meetings (virtual) are taking place. In terms of complaints incidents and litigation, normal business was maintained during April and May.

Performance exceptions
Regarding Standardised Mortality Rates, the latest available data is still pre-Covid lockdown. A weekly in-hospital and community wide report was created to monitor mortality which proved effective in tracking ongoing issues e.g. community care home mortality. This is now showing lower than normal mortality in-hospital and community deaths returning to expected levels.

Incidents
In May two severe incidents and one catastrophic incident were reported:

The Maternity incident is a maternal death and is under investigation.
The Coastal Intermediate Care incident involved a fall in a home resulting in a #NOF.
The Paignton and Brixham ISU incident involves care to a patient via outpatient when an admission may have been better suited; this incident is under investigation.

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.

Many of the quality metrics remain on target, however the focus report gives further detail against the Quality metrics exceptions being reported against

- VTE - assessment on admission performance as reported on our electronic systems remains a challenge due to data entry issues. This is being addressed through a project to improve discharge information.
- Follow up appointments passed their intended to be seen date has increased as a direct result of the Covid-19 impact. Digital solutions to support non-face to face appointments are being utilised and through the recovery cell, the outpatient work-stream is undertaking a programme of work to ensure that all priority activity is stood up safely, swiftly and maximises the opportunity for transformation. The Quality Assurance Group continues to monitor this risk.

2.   Workforce Headlines

Workforce Highlights and response to Covid-19

In May the Trust continued to respond to COVID-19 with work across the following areas:

1. Repurposed Workforce cell into Workforce Recovery Cell to focus on:
   - Service/pathway workforce modelling plans
   - Education, training and development
   - Cultural/behavioural change
   - Just learning culture
   - Health and wellbeing
   - Workforce enabling technologies and information systems
   - Resourcing hub
2. Each workstream developed position statements (scoping) and underpinning project plans.
3. Workforce leads developing plans to stand services back up.
4. Review and refresh staff health and wellbeing plan.
5. Respond to on-going national guidance through new or updated local guidance/FAQs.
6. Review and refresh workforce plans to support surge acute, community, and Nightingale.

Performance exceptions and actions

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

Turnover (excluding Junior Doctors): **GREEN -** The Trust's turnover rate now stands at 10.48% for the year to May 2020

Staff sickness/absence: RED - The annual rolling sickness absence rate was 4.54% to end of April 2020. This is against the target rate for sickness of 4%. The monthly sickness figure for April was 4.12% which is a decrease from the 4.86% as at the end of March. The Workforce and OD directorate are actively working with departments to ensure that absence is robustly managed. In addition a variety of wellbeing events are being arranged to support staff with their health and wellbeing.

Mandatory Training rate: **GREEN** - The current rate is 90.08% for May 2020 against a target of 85% and this is only a small reduction from the 90.41% in April showing the Covid situation has had little impact on compliance as staff continue to do on-line training and most renewal periods are no longer annually. It is acknowledged there is variability in some areas due to availability for face to face training which is being addressed.

Appraisal rate: **RED -** The Achievement Review rate for the end of May 2020 was 71.08% which has been impacted by the call to stand down appraisals due to Covid. A review of approach to appraisal is being considered at People Committee in June.

3. Performance Headlines

The Focus Report describes the Month 2 position against key performance metrics. Against the NHSI performance indicators this shows a continued deterioration against elective access standards. This is expected as activity levels for planned care have reduced significantly due to the COVID emergency response. These reductions are caused by the effect of suspending routine services to deal with the emergency response alongside additional infection prevention and control measures with social distancing. The most significant impact on the recovery of elective routine services is the continued requirement to utilise the day-surgery unit to provide urgent and emergency care, in order to maintain social distancing in our Emergency Department, which is subject to an urgent review through an options appraisal which will be completed in July.

These issues have led to a significant impact on longer waits for routine care and whilst overall the waiting list has not significantly increased, the numbers of patients waiting longer than 40 weeks has increased to 986 in June from 346 patients in May. Accordingly, the number of patients waiting over 52 weeks has increased to 194 in June. Initial activity projections fall short of bringing capacity and demand back into balance and we expect the provision of sufficient capacity for routine pathways of care to become an increasingly urgent system challenge. A detailed impact assessment on waiting times and a further review of Quality Equality Impact Assessment (QEIA) is being carried out.

The indicators for cancer performance remain stable, with the 2ww and 28 day standards being met. The 62 day standard is at 74.2% against a target of 85% and the use of Mount Stuart Hospital to treat our cancer and urgent patients is supporting the improvement of these standards. It is important to note that the trust is now seeing more patients waiting longer than 104 days from 2ww referral to treatment, with 42 patients waiting in June, which is an increase from 19 patients in May. Our cancer specialties have been asked to review the pathways for these patients and to ensure all measures are in place to mitigate any risks to patient care.

A programme of stepping back elective services is in place. This is a complex process and needs to factor in the new constraints of managing infection control, use of PPE and social distancing. These factors will impact on the Trust's ability to bring activity back to pre-covid levels. To date 88 services have been approved through the stepping up of services process. The de-escalation of the Covid-19 response is enabling ophthalmology surgery to recommence and the outpatient department is being prepared for opening.

An executive led work-stream to design our recovery of diagnostics is underway. In addition to ensuring that all aspects of redesign internally are optimised, recovery of key diagnostic standards will require capital investment and additional networked solutions with partners. Business cases for regional support will be developed over the next month.

A full review of the opportunities for the recovery of elective procedures is being developed through an executive led work-stream, which includes reviewing the opportunities for the provision of day-surgery, maximising the use of the independent sector and developing a business case for regional capital investment in modular facilities.

An executive led options appraisal is being completed to recommend the configuration of urgent care services to deliver a sustainable service for emergency patients, whilst maintaining effective infection prevention and control measures. The outcome of this review is expected in July and will pave the way for finalising our winter and elective recovery planning.

Performance against the 4-hour standard for patients attending the emergency department has been maintained. This is a result of the continued lower activity levels leading to reduced crowding in the department and the improved availability of inpatient beds at 61% bed occupancy. It is noted however that the number of emergency attendances to ED and admissions is increasing weekly and will soon be approaching pre-covid levels.

Services for Children and Young People remain a concern and performance in all aspects of the referral to treatment targets continue to be challenged. The Alliance partnership board oversee the quality improvement plans for these services.

Within our community services, while our bed-based care metrics continue to be positive, improvement plans are required to ensure that the timeliness of social care assessments, permanent admissions to care homes and carers assessments meet required standards.

It is also worth highlighting some of the rapid changes we have seen in the use of technology to support virtual clinics across acute, community, and children's services with the adoption of telephone and video clinics using the Attend Anywhere system. Our future capacity constraints for face to face appointments means the continued adoption and roll out of these approaches will be critical.

4.   **Finance Headlines**

- The Trust submitted a draft financial Plan for financial year 2020/21 to NHS Improvement/England in March 2020, with the expectation that it would be fine-tuned and finalised in April 2020. This did not happen due to the COVID 19 pandemic.
- NHSE/I issued the Trust with a revised plan to cover the first 4 months of the 2020/21 financial year. This plan is based on the Trust's financial run rates from months 8-10 of 2019/20, with adjustments and uplift as determined by NHSE/I, and forms the basis of the block income payment the Trust is due to receive in months 1-4. Initially the plan leads to a monthly deficit £1.43m, for which a top up income payment is being made by NHSE/I in order to arrive at a breakeven position. The plan provided by NHSE/I is therefore the Control Total for the first 4 months against which the Trust will monitor its finances. Guidance is expected shortly for the financial regime from month 5 onwards.
- The key message from NHSE/I is that the Trust has to show a break-even position (excluding Donated items) each month on its reporting; any surplus or

deficit is to be adjusted as a 'Truing' up adjustment. Revenue costs incurred as a result of COVID are reimbursed by NHSE/I, once an off-set to the underlying performance against this plan is calculated. The Council are making a small contribution towards the Hospital Discharge support to Care Homes at £1m for the 4-month period.

- The Trust is also responsible for administering the Hospital Discharge COVID expenditure and the Care Home infection control fund from month 3 onwards. Hospital Discharge expenditure is part of any truing up process, whereas the infection control monies are offset directly by the Council.

- The focus this financial year is on run rate (i.e. change and trends in income and expenditure) monitoring and reporting to assess each ISU's financial performance during the first 4 months and ensuring that expenditure is controlled within the limits set by NHSE/I and represents value for money.

- The Capital plan for this financial year is still under discussion by scheme leads. All additional capital is subject to an STP agreed prioritisation claim, which is then aggregated up for National scrutiny and approval.

5. Recommendations

The Trust Board is asked to review the performance information and action to address performance issues.

Integrated Performance Report

June 2020: Reporting period May 2020 (Month 2)

Section 1: PERFORMANCE

🟩	Quality Focus
🟦	Workforce Focus
🟪	Community and Social Care Focus
🟥	NHSI operational performance indicator focus
🟥	Local performance metric exception
🟧	Children and Family Health Devon
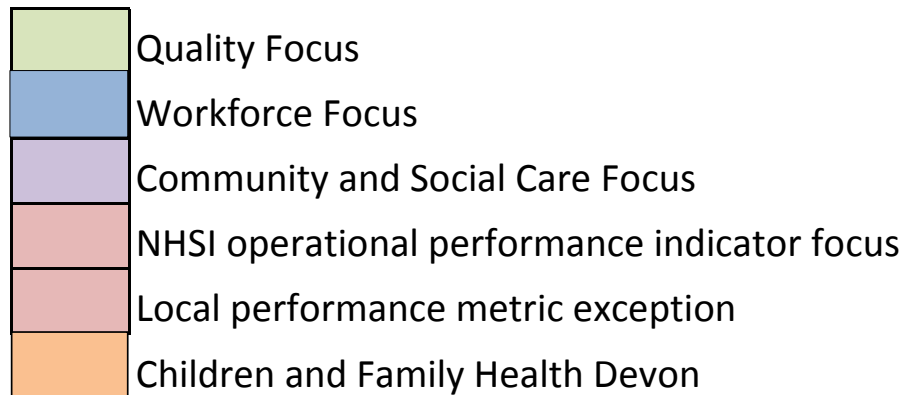
Section 2: FINANCE

🟦	Finance Focus
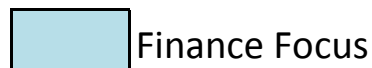
Quality Focus

Month 2 (performance to end of May 2020)

Quality and Safety Summary

Safety and Quality Covid response

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Performance exceptions

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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.

Quality and Safety - Mortality

Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
HSMR	102.8	107.6	116.2	111.6	101.2	99.3	97.6	101.7	91.4	82.1	n/a	n/a	n/a
National benchmark	100	100	100	100	100	100	100	100	100	100	100	100	100

SHMI by data period
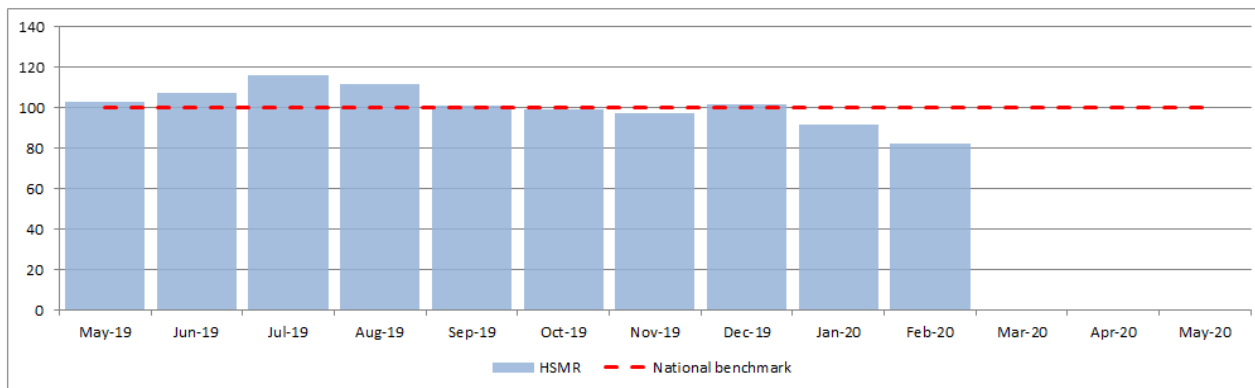
Trust wide mortality is reviewed via a number of different metrics, however, Dr Foster allows for a standardised rate to be created for each hospital and, therefore, this is a hospital only metric. This rate is based on a number of different factors to create an expected number of monthly deaths and 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 82.1, which is below the national benchmark. Being 3 month in arrears it is too early to see any impact from COVID 19 19 and may be prone to change once further data is received.
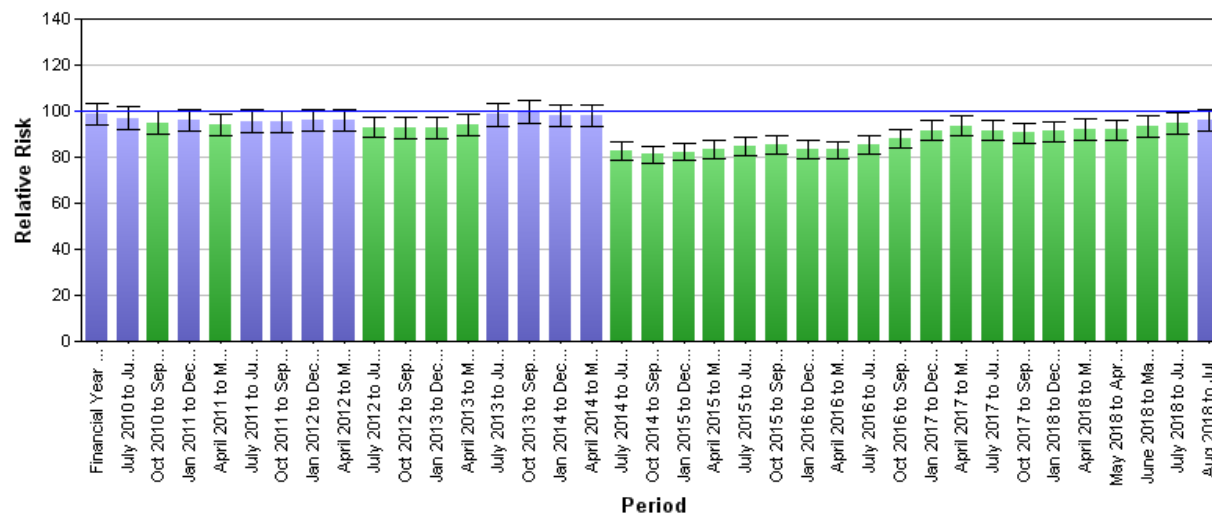
The Summary Hospital Mortality Index (SHMI) data reflects all deaths recorded either in hospital or within 30 days of discharge from hospital and records the Trusts at 90.58 against a national average benchmark of 100. Latest data for period August 2018 –to July 2019.
SHMI, HSMR, and Dr Foster alerts 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

Number of Clostridium Difficile cases

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Acute	1	4	4	5	3	5	1	3	4	5	0	3	7
Community	4	1	0	1	0	3	1	1	0	0	0	1	2
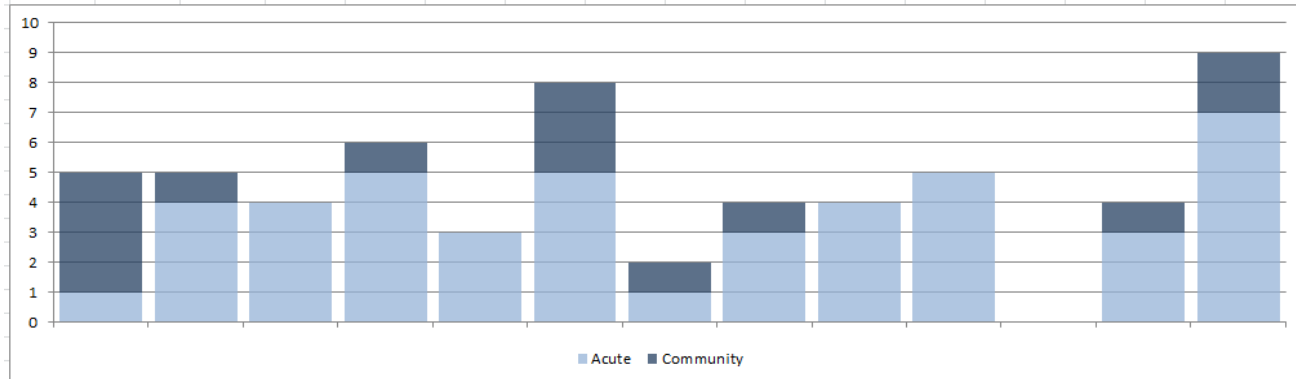
Each reported case of C-diff undergoes a Root Cause Analysis; learning from these is used to inform feedback to teams and review of systems and processes.

Infection control - Bed closures (Acute)

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Bed closures	42	12	36	63	34	0	42	0	204	108	0	4	0
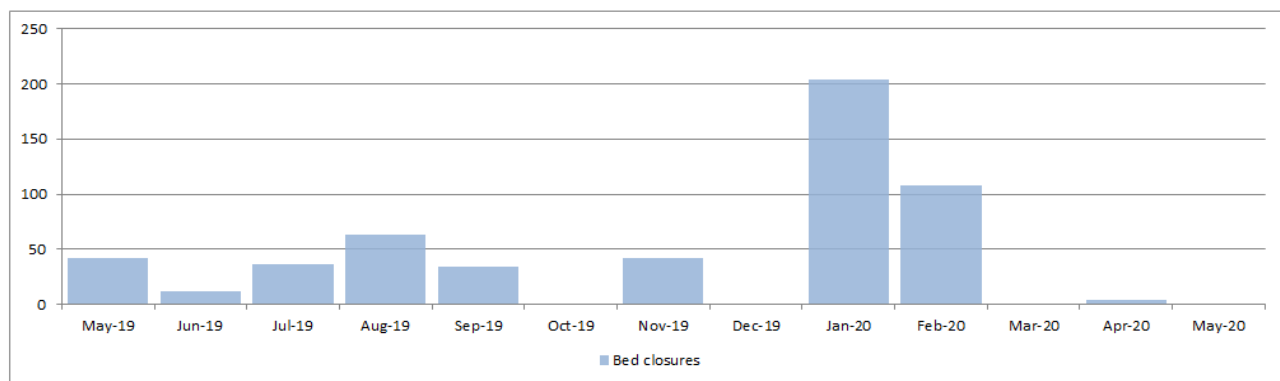
The Infection Control Team continue to manage all cases of outbreaks with individual case by case assessment and control plans.

In May there were no bed days lost to diarrhoea and vomiting infection control issues.

COVID-19

During the COVID-19 response there continues to be changes to Infection Prevention Control (IPC) procedures reflecting national guidance. This ranges from the use of PPE and specific requirements for different clinical areas, visiting policy, enhanced cleaning, testing of all admissions for COVID-19 and managing ward bays to lower occupancy levels. All wards have been assessed to comply with the latest guidance for distancing between beds. A policy for escalation and cohorting patients should we seen an increase in covid admissions has been also agreed.

Quality and Safety - Incident reporting and complaints

Reported Incidents - Severe and Death

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Severe	0	1	0	2	0	0	1	1	0	0	0	0	2
Death	0	0	0	0	1	0	1	0	0	0	0	0	1
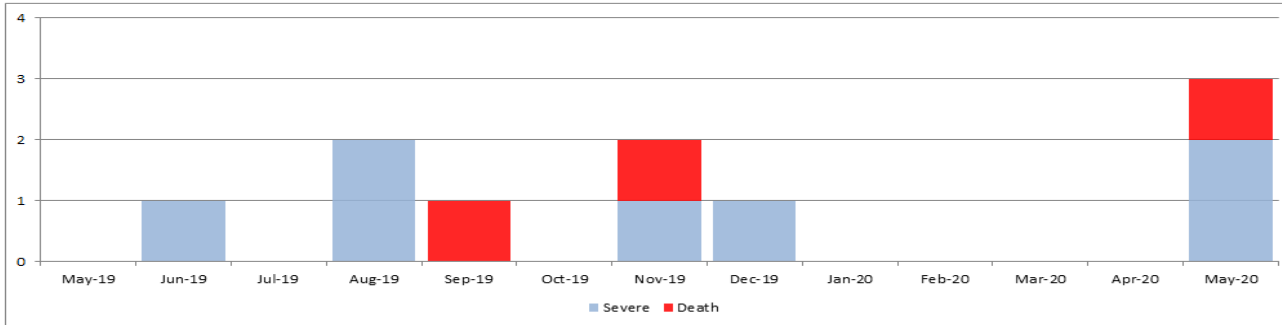
STEIS Reportable Incidents

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
STEIS - reportable incidents	7	4	2	5	2	5	7	4	1	5	3	3	4
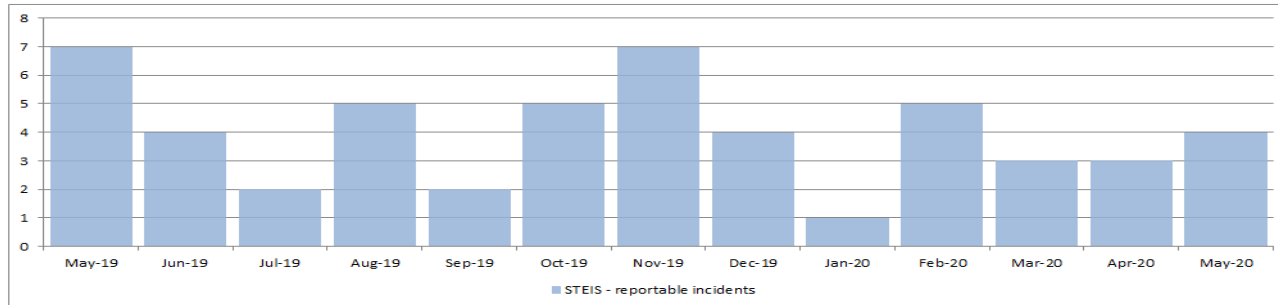
Formal complaints

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Formal complaints	22	23	35	24	26	31	30	14	34	22	19	2	3
Target	60	60	60	60	60	60	60	60	60	60	60	60	60
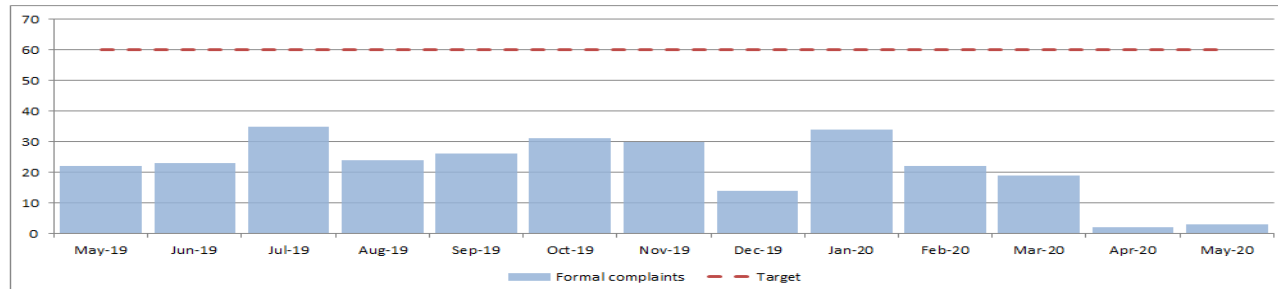
In May two severe incidents and one catastrophic incident were reported:
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The Paignton and Brixham ISU incident involves care to a patient via outpatient when an admission may have been better suited; this incident is under investigation.

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 four incidents in May on the Strategic Executive Information System (StEIS).
1. Newton Abbott ISU - U&E (obstetrics) - eclamptic seizure at 25/40
2. Torquay ISU - Matennity - Maternal death
2. Coastal ISU - Int Care - fall and #NOF
3. Moor to Sea - Totnes hosp fall and HI
All incidents are being investigated for learning and sharing and have followed the Duty of Candour process .

In May the Trust received 3 formal complaints; this level is clearly a result of the COVID-19 response with greatly reduced activity and changes in patients engagement with our services.
Staff did note patients were continuing to contact the department and record concerns and compliments. The themes of these have been recorded in the weekly CLICC report.
All complaints and contacts are investigated locally and shared with area/locality for learning.

Quality and Safety - Exception Reporting

Stroke

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
90+% of time on stroke ward	75.5%	79.1%	86.8%	80.4%	96.4%	87.2%	93.3%	84.5%	75.8%	79.6%	90.2%	66.7%	90.6%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
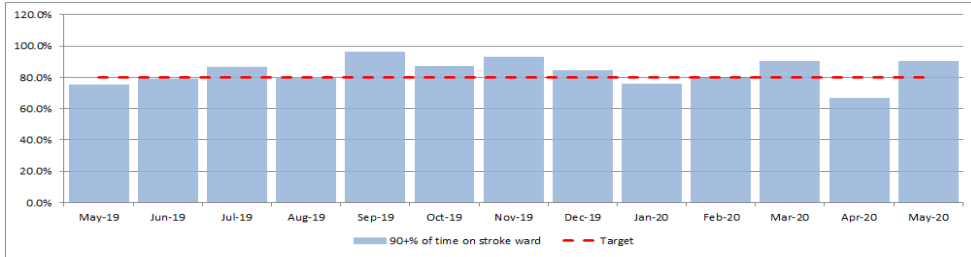
Stroke: The percentage of patients spending greater than 90% of time on the stroke ward from admission has increased to 90.6% against a target of 80%

Follow ups 6 weeks past to be seen by date

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
6+ weeks past TBS date	6459	6803	6906	7393	6793	6694	6725	7243	6391	6147	7056	8824	14211
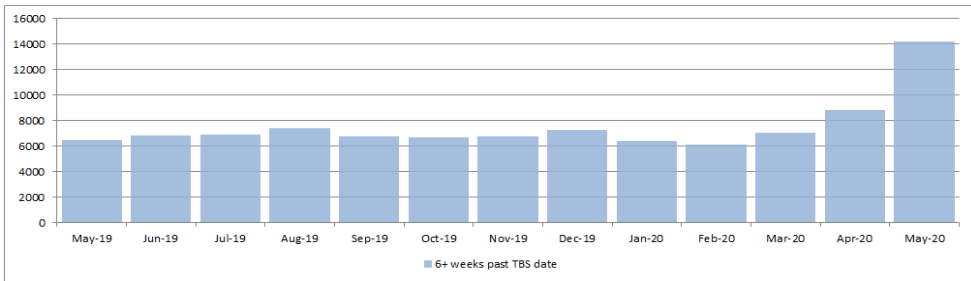
Follow ups: The number of follow up patients waiting for an appointment greater that six weeks past their 'to be seen by date' increased in May to 14211. This is a direct result of the COVID-19 response and the standing down of routine outpatients services in April. Telephone and video clinics have allowed clinicians to continue to give advice to patients. Increasing this capacity will be key to managing future clinical risk whilst capacity for face to face appointments remains limited.
A review of capacity plans is taking place along side an exercise to escalate patients deemed priority to be seen.
The Quality Assurance Group maintain oversight and assurance regarding any harm to patients and review plans to mitigate clinical risk against patients waiting beyond their intended review date.

VTE risk assessment on admission - (Acute)

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
VTE Numerator	6001	5568	5936	5792	5487	6196	6129	5743	6303	5768	4482	2325	3158
VTE Denominator	6597	6137	6441	6425	6104	6721	6577	6262	6875	6246	4952	2690	3430
VTE Performance (Acute)	91.0%	90.7%	92.2%	90.1%	89.9%	92.2%	93.2%	91.7%	91.7%	92.3%	90.5%	86.4%	92.1%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
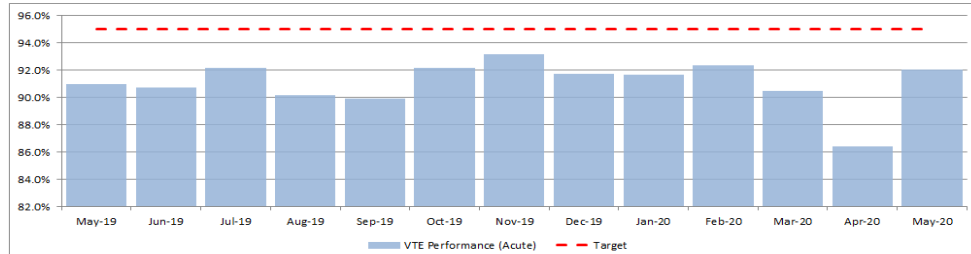
VTE risk assessment on admission - (Community)

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
VTE Numerator	85	77	89	77	85	81	90	82	92	93	81	31	25
VTE Denominator	85	79	91	78	86	85	91	84	93	93	83	33	26
VTE Performance (Community)	100.0%	97.5%	97.8%	98.7%	98.8%	95.3%	98.9%	97.6%	98.9%	100.0%	97.6%	93.9%	96.2%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
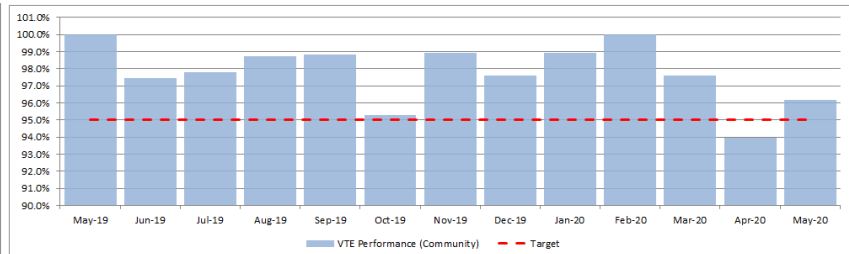
VTE: VTE performance in the acute setting remains below the standard of 95% at 92.1% but has seen an increase from April which recorded 86.4% Compliance with the reporting of VTE assessments remains a risk and is related to the process of capturing the information in a paper form and accurate transcribing onto the electronic discharge data collection; this remains a challenge and is part of a programme to improve discharge data collection.

Workforce Focus

Month 2 (performance to end of May 2020)

Workforce Summary

Workforce Highlights and response to Covid-19

In May, the Trust continued to respond to COVID-19 with work across the following areas:

 1. Repurposed workforce cell into workforce recovery cell to focus on;

Service / Pathway Workforce Modelling and Plans

Education, Training and Development

Cultural / Behavioural Change

Just Learning Culture

Health and Wellbeing

Workforce Enabling Technologies and Information Systems

Resourcing Hub

 2. Each workstream developed position statements (scoping) and underpinning project plans
 3. Workforce leads developing plans to stand services back
 4. Review and refresh Staff Health and Well Being Plan
 5. Respond to ongoing national guidance through new or updated local guidance/FAQ's
 6. Review and refresh Workforce Plans to Support Surge Acute, Community and Nightingale

Performance exceptions and actions

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

Turnover (excluding Junior Doctors): GREEN

The Trust's turnover rate now stands at 10.48% for the year to May 2020.

Staff sickness/absence: RED

The annual rolling sickness absence rate was 4.54% to end of April 2020. This is against the target rate for sickness of 4%. The monthly sickness figure for April was 4.12% which is a decrease from the 4.86% as at the end of March.

The Workforce and OD directorate are actively working with departments to ensure that absence is robustly managed. In addition a variety of wellbeing events are being arranged to support staff with their health and wellbeing.

Mandatory Training rate: GREEN

The current rate is 90.08% for May 2020 against a target of 85% and this is only a small reduction from the 90.41% in April showing the Covid situation has had little impact on compliance as staff continue to do on-line training and most renewal periods are no longer annually.

Appraisal rate: RED

The Achievement Review rate for the end of May 2020 was 71.08% which has been impacted by the call to stand down appraisals due to Covid.

Agency Expenditure – As at Month 02 the Trust Agency spend was is £0.465m and year to date £0.977

Workforce - WTE

FTE Staff in Post (NHSI staff Groups from ESR month end data)

NHSI Staff Grp	2015/09	2016/09	2017/09	2018/09	2019/09	2020/03	2020/05	Change since ICO	% Change
Allied Health Professionals	420.56	411.16	401.50	408.83	486.15	471.33	470.63	50.06	11.90%
Health Care Scientists	89.69	92.75	92.13	91.28	90.91	93.66	93.82	4.13	4.61%
Medical and Dental	425.99	437.61	497.69	505.21	535.17	512.48	530.35	104.36	24.50%
NHS Infrastructure Support	1114.22	1099.87	1006.29	1004.70	1083.45	1082.45	1086.68	-27.54	-2.47%
Other Scientific, Therapeutic and Technical Staff	301.99	309.19	350.35	356.62	365.33	374.03	379.19	77.19	25.56%
Qualified Ambulance Service Staff	1.00	4.00	5.60	6.72	7.59	6.72	7.72	6.72	672.00%
Registered Nursing, Midwifery and Health visiting	1187.78	1193.74	1169.78	1166.50	1204.15	1196.91	1189.11	1.32	0.11%
Support to clinical staff	1593.74	1656.67	1613.65	1691.26	1807.54	1828.22	1888.34	294.60	18.48%
Grand Total	5134.99	5204.99	5136.99	5231.12	5580.29	5565.80	5645.83	510.85	9.95%

This information is reviewed at the People Committee, a sub-committee of the Trust Board.

Pay Report Summary

Row Labels	Sum of WTE WKD In Month	Sum of 202002 Actual
Pay - agency	65.37	£ 464,931
Pay - bank	159.95	£ 823,321
Pay - substantive	5,677.45	£ 20,603,799
Grand Total	**5,902.77**	**£ 21,892,051**

Workforce - Sickness Absence

Rolling 12 month sickness absence rate - (reported one month in arrears)
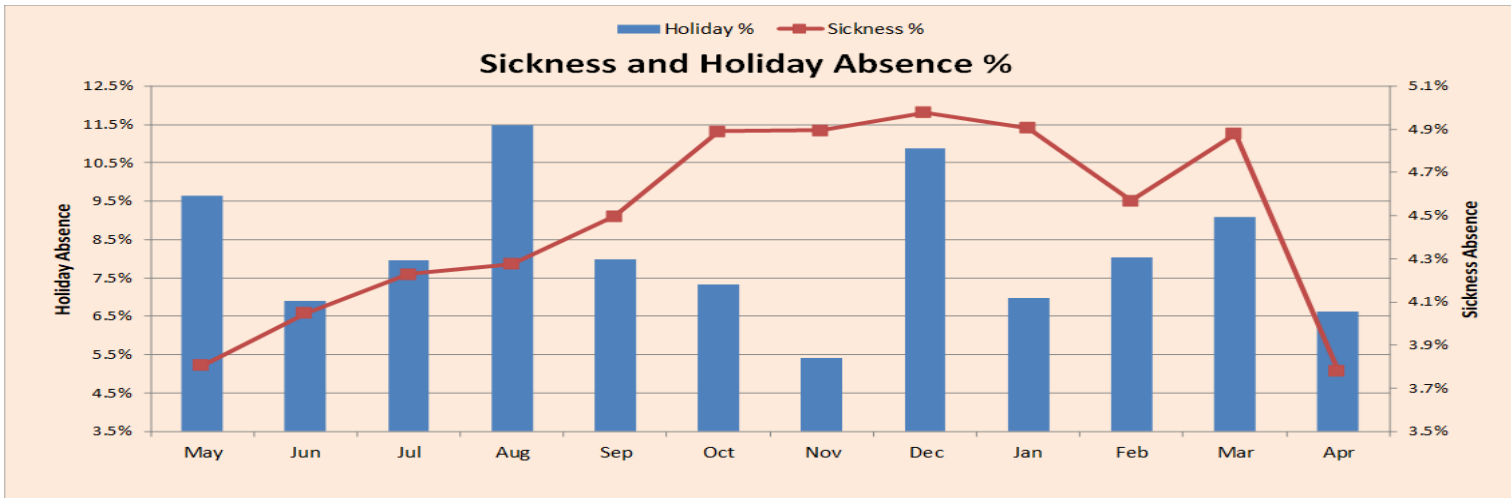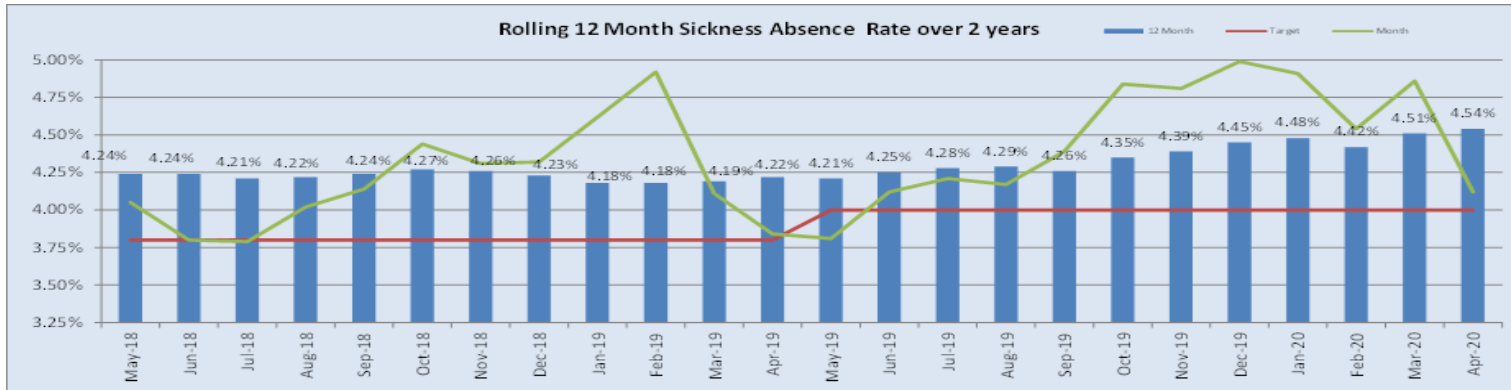
The annual rolling sickness absence rate was 4.54% at the end of April 2020 which is an increase from March's which stood at 4.51%.

The monthly sickness figure for April was 4.12 % which is a reduction from the 4.86% as at the end March.

As Covid has impacted the ability for many staff to take planned holiday closer monitoring of holidays will be included monthly to ensure visibility is increased.

Workforce - Turnover

All Staff (excl Jnr Docs) Rolling 12 Month Turnover Rate
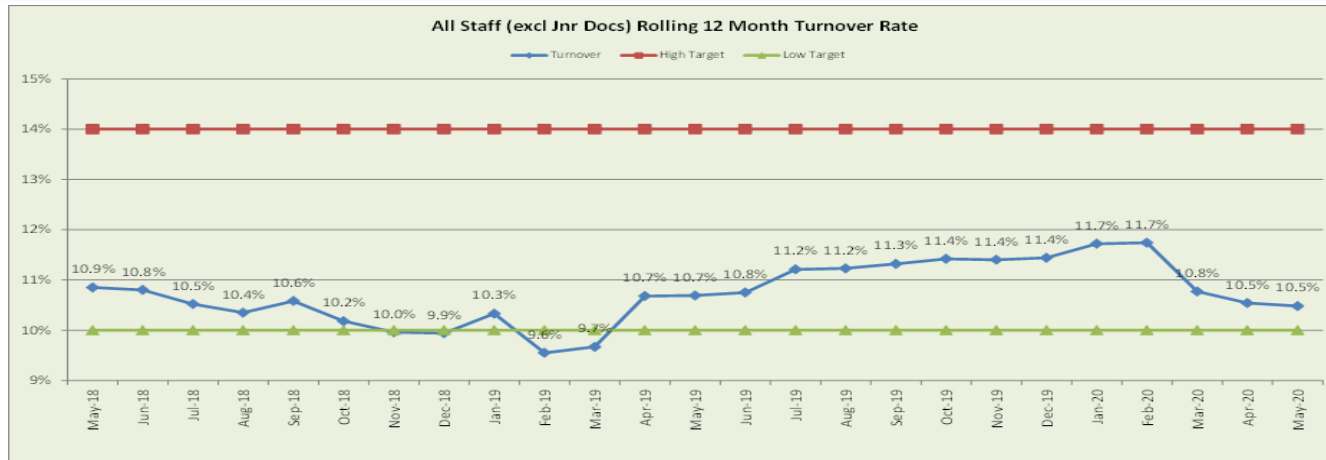
All Staff Rolling 12 Month Turnover Rate

The graph shows that the Trust's turnover rate now stands at 10.48% for the year to May 2020 which is a decrease from 10.54% in April.

Turnover for RGN, AHP'S and M&D (Consultants
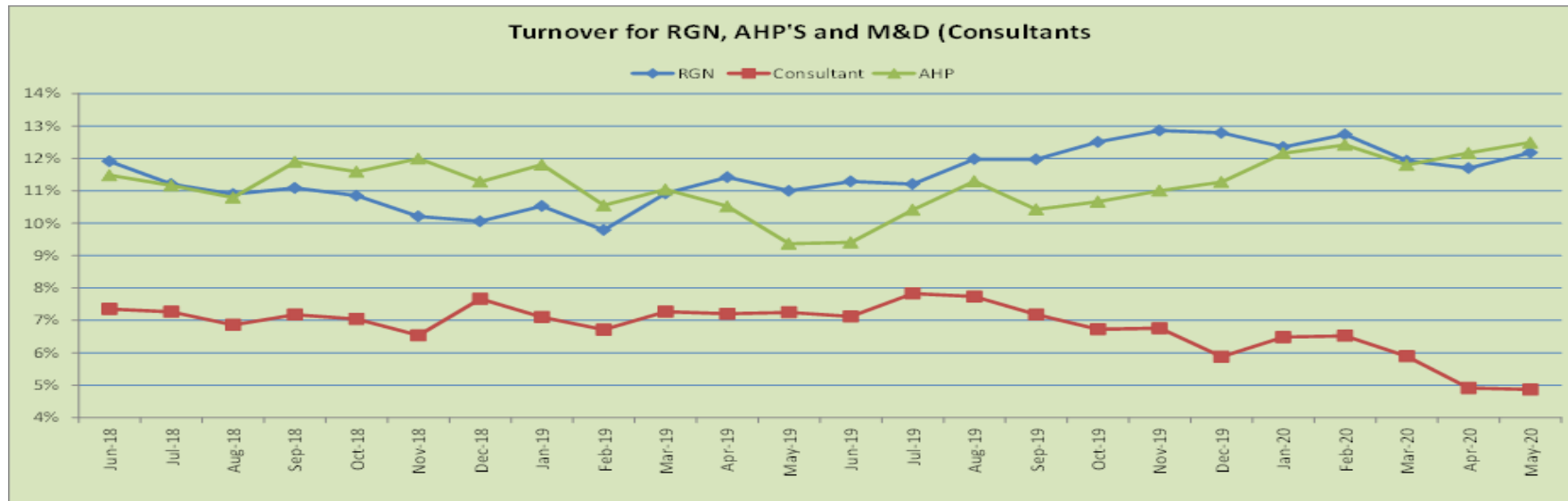
RGN Rolling 12 Month Turnover Rate
This recruitment challenge includes Registered Nurses , Medical and Dental staff, and AHP Specialties due to the supply shortage as reported elsewhere and for which the Trust has a long term capacity plan to address, which maximises the use of all supply routes including overseas recruitment in some staff groups, return to practice, growing our own etc.

Workforce - Appraisal and Training

% Achievement Rate for last 2 years
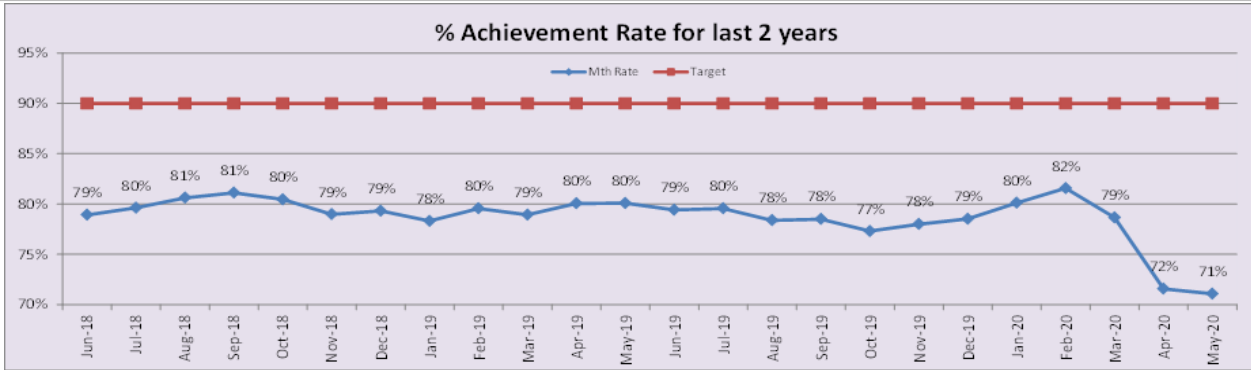
Achievement Review (Appraisal)
The Achievement Review rate for the end of May was 71.08% which is a large reduction from the 71.57% in April due to the prioritising of Covid activity.
Managers are provided with detailed list of all staff and their appraisal status.

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 90.08% for May which is a small decrease from the 90.08% in April and shows the Covid activity has had little impact on overall complina ec as staff have continued to take on-line training.

Individual modules that remain below their target are detailed in the table below and also included are the specific levels for Safeguarding:

Safeguarding Adults Compliance					Safeguarding Children Compliance		
May-20					May-20		
Level 1	Level 2	Level 3&4	Level 5	Level 6	Level 1	Level 2	Level 3
6636	4074	530	42	6	2533	3395	707
6380	3638	422	36	5	2407	2852	507
96.14%	89.30%	79.62%	85.71%	83.33%	95.03%	84.01%	71.71%

Module	Target	Performance
Information Governance	95% and above	85.14%
Manual Handling	85% and above	77.23%

Workforce - Agency Expenditure

The table below shows the agency expenditure by staff Group for May and Year to Date.

Torbay and South Devon NHS Foundation Trust	Monthly Values		YTD
Total Agency Spend Financial Year 2020/21	Apr	May	
Registered Nurses	169	143	312
Scientific, Therapeutic and Technical	52	59	111
of which Allied Health Professionals	39	50	89
of which Other Scientific, Therapeutic and Technical Staff	13	9	22
Support to clinical staff (HCA)	-1	0	-1
Total Non-Medical - Clinical Staff Agency	220	202	422
Medical and Dental Agency	213	189	402
Consultants	106	69	175
Trainee Grades	107	120	227
Non Medical - Non-Clinical Staff Agency	79	74	153
Total Pay Bill Agency and Contract	512	465	977

Community and Social Care Focus

Month 2 (performance to end of May 2020)

Community and Social Care Summary

Community Highlights and Covid-19 response

The Key actions underway
1. Working closely with our care homes and domiciliary providers to support the safe flow of clients and the support to keep the providers functioning.

2. A Covid-19 resourcing panel to support payment to the homes and providers is in place along with monitoring of their capacity and ability to take any new clients.

3. Collating daily dashboards of capacity and issues including PPE and shielding clients.

4. Monitoring our discharges 7 days a week and to escalate and mange flow out through this daily hard reset approach.

Social Care and Public Health Metrics performance metrics - Torbay

Social Care Programme Board
2020/21 Performance Scorecard to 31 May 2020

Torbay Social Care KPIs	2020/21 full year target	2020/21 YTD target	Outturn YTD	Comment
% clients receiving a review within 18 months	93%	93%	81% (93%)	Below target (2343 / 2903).
Timeliness of social care assessment	80%	80%	72% (80%)	Below target (181 / 252). Audit have rated this KPI 'limited assurance' due to recording issues. 66 (21%) of assessments currently excluded from KPI as no matching referral. Reports provided to teams and changes planned to paris referral to improve data quality.
Permanent admissions (18-64) to care homes per 100k population (rolling 12 month)	14.0	14.0	21.5 (14)	A low outturn signifies better performance. Below target (16 admissions compared to challenging target of 10)
Outcome of short term support - % reablement episodes not followed by long term SC support	83%	83%	85.6% (83%)	On target.
Carers receiving needs assessment, review, information, advice, etc.	36%	36%	4.3% (6.0%)	Below target (52 / 2362). Impacted by COVID19.
% carers receiving self directed support	85%	85%	100% (85%)	On target.
% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	100%	100%	100% (100%)	On target.
% Repeat safeguarding referrals in last 12 months	8.0%	8.0%	9.0% (8.0%)	A low outturn signifies better performance. Below target (14 / 155)
% Adults with learning disabilities in paid employment	7.0%	7.0%	8.9% (7.0%)	On target.
% Adults with learning disabilities in settled accommodation	80%	80%	79.2% (80.0%)	Within agreed tolerance.

Measure	Target 2020/2021	13 month trend	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Year to date 2020/21
PUBLIC HEALTH SERVICES																
CAMHS - % Urgent referrals seen within 1 week	88.0%		50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	75.0%	75.0%	100.0%	40.0%	75.0%	50.0%	0.0%	50.0%
CAMHS - % patients waiting under 18 weeks at month end [B]	92.0%		83.9%	82.6%	83.2%	86.2%	91.7%	91.7%	92.4%	91.5%	91.3%	89.9%	78.8%	64.1%	59.8%	60.0%
% of face to face new birth visits within 14 days *	95.0%		96.8%	93.0%	91.7%	91.5%	90.4%	96.0%	95.5%	97.6%	85.5%	89.9%	76.4%	81.0%	81.0%	81.0%
Children with a child protection plan * [B]			186	201	228	219	206	184	176	192	202	191	194			194
4 week smoking quitters (Quarterly) ** [B]	200			54			109						231			231
Opiate users - % successful completions of treatment (Quarterly) ** [B]				5.6%			5.3%						6.1%			6.1%

The Social Care and Public Health metrics above relate to the Torbay LA commissioned services. The metrics and exceptions are reviewed at the Torbay Social Care Programme Board (SCPB), monthly ISU system leadership Assurance and Transformation meetings.

Public Health Torbay :
Through April and May, the COVID-19 response for patient facing services have had to manage with limited capacity with only essential services maintained. As we move forward assessment of priorites to support the most vulnerable patients will direct resources to ensure key services and patient care is maintained.
Performance for Month 2 shows that many of the key indicators have seen a continued deterioration in performance. Risks and actions needed will be assessed as part of recovery plans.
Since April 2019 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 and governance.
Quarterly data is shown in arrears for smoking, opiate users, and children with a protection plan.

Community Services

COMMUNITY BASED SERVICES

Measure	Target 2020/2021	13 month trend	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Year to date 2020/2021
Nursing activity (F2F)			17,437	15,730	16,630	14,576	13,298	13,845	12,392	10,852	10,582	9,261	8,467	6,606	7,208	13,814
Therapy activity	65,415		5,249	5,144	6,660	5,609	6,184	6,574	5,800	5,247	6,019	5,140	4,161	2,238	2,736	4,974
No. intermediate care urgent referrals [B]	0		189	179	188	174	178	216	205	201	239	202	219	231	236	467
No. intermediate care placements			69	85	76	73	63	59	60	52	78	49	39	14	4	18
Intermediate Care - placement average LoS [B]			18.2	15.8	17.3	16.9	18.1	20.7	16.1	17.5	18.7	22.0	20.8	25.5	44.4	29.9

Community Hospital Dashboard - Summary of Key Measures - May-20

	Act. 19/20 Outturn	Apr-20	May-20	Total
Admissions / Discharges				
Total Admissions (General)	2,596	138	172	310
Direct Admissions (General)	242	12	19	31
Transfer Admissions (General)	2,354	126	153	279
Stroke Admissions	256	0	0	0
Transfers from CH to DGH	238	40	85	125
Beds				
Bed Occupancy [1]	95.1%	54.6%	64.8%	59.7%
Bed Days Lost to Delays [2]	5,086	121	21	142
Bed Days Lost to Bed Closure	57	13	50	63
Length of Stay				
Delayed Discharges		25	8	33
Average Length of Stay - Overall (General)	13.1	13.4	9.3	9.3
Average Length of Stay - Direct Admissions	10.7	10.2	7.2	7.2
Average Length of Stay - Transfer Admissions	13.4	13.6	9.5	9.5
Average Length of Stay - Stroke	18.7	19.7	14.3	12.8
Long LoS (>30 days)	246	5	0	5
MIUs				
Total MIU Activity	41,656	1,046	1,393	2,439
New MIU Attendances	37,118	967	1,275	2,242
All Follow Up Attendances	4,518	79	118	197
Planned Follow Up Attendances	3,305	66	83	149
Unplanned Follow Up Attendances	1,213	13	35	48
MIU Four Hour Breaches	3	1	0	1
Average Waiting Time (Mins) - 95th Pctile	53	41	40	41

Delayed Transfers of Care
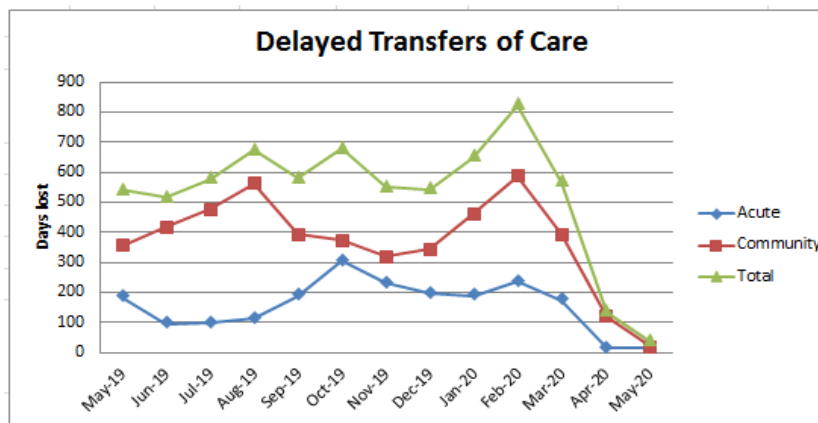
The Community Hospital Dashboard should be reviewed in the context of the significant changes in services and service demand from the COVID-19 response.

Operational Performance Focus

Month 2 (performance to end of May 2020)

NHS I Performance indicator Summary

NHSI Single Oversight Framework Performance Standards

NSHI Single Oversight Framework - Performance standards	National Standard	Trajectory M2	ICO performance M2	Risk
Patients Seen within 4 hours in A+E	>95%	>95%	96.5%	HIGH

Risks identified: May, has seen a steady increase in the number of ED attendances from 53% in April to 70% in May of activity recorded against last year. Overall numbers have remained below the department capacity threshold however hence the reported performance 96%. The contunued lower than normal bed occupancy in May 61% has also supported this sustained good performance, although occupancy has been steadily increasing throughout April reflecting a return to more normal levels of demand. Managing the increasing number of emergency attendances and admissions with higher bed occupancy is a Risk for the coming months.
The number of COVID inpatients receving treatment fell to Zero by the end of May. Future planning, assumptions will be on the basis that increasing hospitalisations from any second wave will be a very gradual. This with with wider system planning including the Nightingale in Exeter means the risk of a second covid surge exceeding hospital capaity is reduced. The key risks being the return to normal levels of actvity and the managing of normal winter pressures within the planned capacity.

Management Action: Operational teams are testing and reviewing plans to manage return to pre covid levels of demand. Plans need to mantain surge resilience for managing covid pathways across the emergency floor to comply with pathway segregation and social distancing. This is a huge challenge given the space limitations in ED and emergency assessment areas and is being reviewed along with the parallel requirements to step back up urgent and routine elective care. Competing demand for the Day Surgery Unit footprint will be one of the critcal strategic decisions to be made over the next few weeks.
Devon System plans are also being developed including escalation triggers fro th eus of the Nightingale Hospital in Exeter.

	National Standard	Trajectory M2	ICO performance M2	Risk
Patients waiting longer than 18 weeks from referral to treatment	>92%	>92%	61.7%	HIGH

Risks identified: RTT performance in May has deteriorated with the proportion of people waiting less than 18 weeks at 61.7% against the national standard of 92%. The total number of incomplete pathways (waiting for treatment) is 20,026 an increase 148 from April.
Patients waiting over 40 weeks continue to increase with 986 at the end of May; an increase of 346 from April.
52 week waits: For May, 192 people will be reported as waiting over 52 weeks , this being an increase on last month's 93 and 53 at the end of March.

Management Action: Operational focus remains on maintaining urgent and cancer related work. Increasingly, and following National guidance teams are looking at plans to step back up non urgent capacity being the majority of RTT incomplete pathways.
Future elective capacity will be impacted by social distancing, IPC precautions including PPE and access to facilities now used or comprimised for covid response. The adoption of non face to face clinical outpatient consultations has been progressed with telephone consultations implemented for urgent patients and the "Attend Anywhere" initiative being fast tracked for video based consultations. Mount Stuart facilities are being used as a non COVID-19 site to support the most urgent surgical treatments.
Activity - May Activity as % of pre covid levels :- OP New = 46% / Follow up = 57% / Daycase = 43% / Inpatient = 48%

	National Standard	Trajectory M2	ICO performance M2	Risk
Cancer 62 day wait for first treatment from 2 week wait referral	85%	85%	74.2%	MEDIUM

Risks identified: At the end of May the 62 day treatment headline performance is 74.2% (target 85% last month 72.5%) with other Cancer pathway standards being maintained.
Urgent referrals remained below historical levels being 58% of pre covid level for May however an 18% increase on last month.
Teams continue to prioritise capacity to see, diagnose and treat patients on cancer pathways. Reliance on the continued use of facilities at Mount Stuart Hospital is a risk however with Day Surgery Unit currently unavailable should this be withdrawn. The independent sector contract is currently out to National consultation. This will be critical to provide the capacity for surgical day case treatments and diagnostics for cancer pathways.

Management Action: Following an initial period of adjustment, plans remain in place to support cancer pathways of care. Where facilities have been displaced these have been relocated and Mount Stuart Hospital is now established to provide surgical day case treatment and urgent outpatients. Radiotherapy and medical oncology has continued with near normal capacity with the Ricky Grant Day unit and cancer inpatient ward relocated to Newton Abbot Hospital. Arrangements remain in place to support the most urgent inpatient surgery, using main theatres.

	National Standard	Trajectory M2	ICO performance M2	Risk
Diagnostic tests longer than 6 weeks	< 1%	< 1%	53.3%	HIGH

Risks identified: In May, activity levels remain greatly reduced along with demand for routine tests. Urgent diagnostic tests are prioritised leaving limited capacity to see routine patients. Waiting times for patients already on the waiting list for routine tests are increasing with 53.3% (47.7% last month) of patients on the diagnostic waiting list at the end of April waiting over 6 weeks (up from 11.3% at the end of March).

Management Action: Access for urgent diagnostics has been maintained during the COVID-19 escalation. Procedures that are Aerosol Generating (including Colonoscopies and CT colonoscopies) continue to be severely restricted. Plans are now being reviewed to step back up routine diagnostic capacity where possible and to support the re-establishment of Referral to treatment pathways. We expect to see an increase in activity however there will continue to be a backlog of tests as demand is also expected to increase.

	National Standard	Trajectory M2	ICO performance M2	Risk
Dementia Find	>90%	90%	98.60%	LOW

NHSI Indicator - Referral to Treatment

Services with greater than 100 patients waiting over 18 weeks

April 2020 Incomplete 92% Table - National Specialty

	Incomplete IPDC>126	Incomplete Outpatients >126	Grand Total	% <18wks
Plastic Surgery	111		256	56.64
Respiratory Medicine		119	499	76.15
Oral Surgery	105	23	878	85.42
Colorectal Surgery	74	86	531	69.87
Gynaecology	104	58	875	81.49
Pain Management	40	168	673	69.09
Neurology	1	257	628	58.92
Dermatology		269	817	67.07
Gastroenterology	104	204	1345	77.1
Paediatrics	4	307	1240	74.92
ENT	46	381	1452	70.59
Upper Gastrointestinal Surgery	265	167	834	48.2
Cardiology	63	379	1414	68.74
Urology	215	247	1296	64.35
Trauma & Orthopaedics	527	422	2229	57.42
Ophthalmology	776	251	2997	65.73
Grand Total	2471	3641	19878	69.25

Referral to Treatment - Incomplete pathways
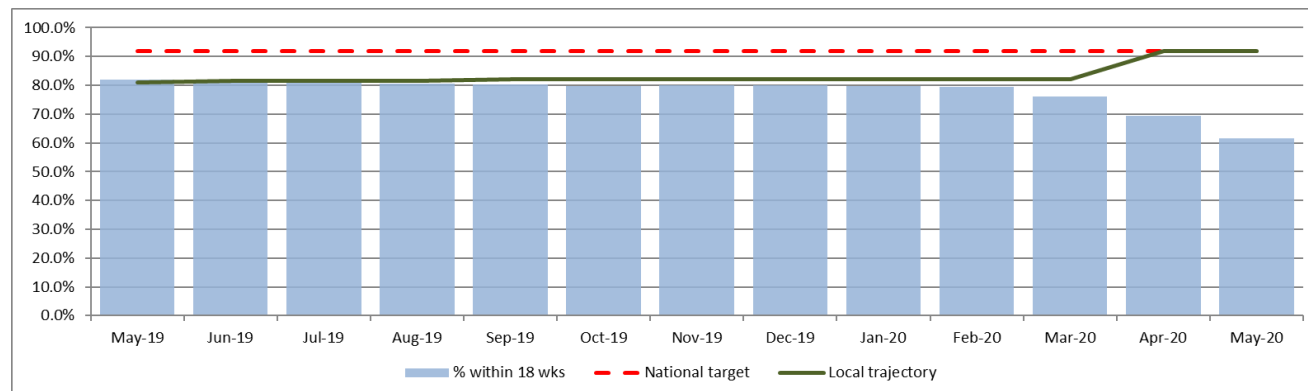
Referral to Treatment - RTT: RTT performance in May has deteriorated with the proportion of people waiting less than 18 weeks at 62%; this is behind the Operational Plan trajectory of 82% and national standard of 92%. The total number of incomplete pathways (waiting for treatment) has increased to 20,000 an increase of 122 from April.
Patients waiting over 40 weeks continue to increase with 986 at the end of May; an increase of 346 from April.

52 week waits: For May, 191 people will be reported as waiting over 52 weeks , this being an increase on last month's 93. The impact of COVID-19, both for primary and secondary care continues to adversely affect overall performance, with referral rates continuing to be down in Month 2, activity also remains down with only 46% new outpatient appointment , 57% follow-up, 43% day case and 48% inpatient compared to business as usual.
Teams are now moving to recovery planning in line with the national guidance through the Recovery Cell and the Devon COVID-19 Restoration and Transformation Plan.

Recovery planning : Initial forecasts show that capacity to treat routine priority patients will continue to be constrained from the loss of theatre capacity in particular Day Surgery Unit and the loss of operational productivity from enhanced infection prevention and control protocols. Timely access to diagnostics and capacity for outpatients consultations that require a face to face interface, will remain a challenge whilst complying with covid-19 operational and patient distancing constraints. Our initial forecasting is therefore not showing confidence in reducing RTT waiting times in the short term. Longer terms plans will need the full implementation of new models of care particularly in the delivery of non face to face consultations and to address historical infrastructure and capacity constraints in theatres and diagnostics.
The Recovery Cell is working with teams to bring back as much capacity as possible in a coordinated way and working with the wider local health system. The full implication of maintaining COVID-19 resilience and recovery plans for RTT will take time to mature.

Management action: Led by the Chief Operating Officer plans are monitored through the Cancer / RTT Performance Risk and Assurance meeting with any outstanding risk escalated to the monthly Assurance and Transformation meeting.

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

A&E and MIU patients seen within 4 hours
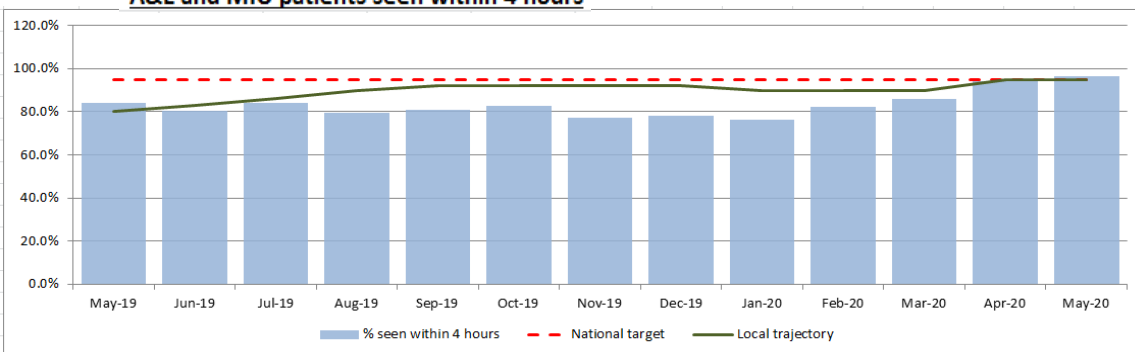
Acute beds available / Occupied
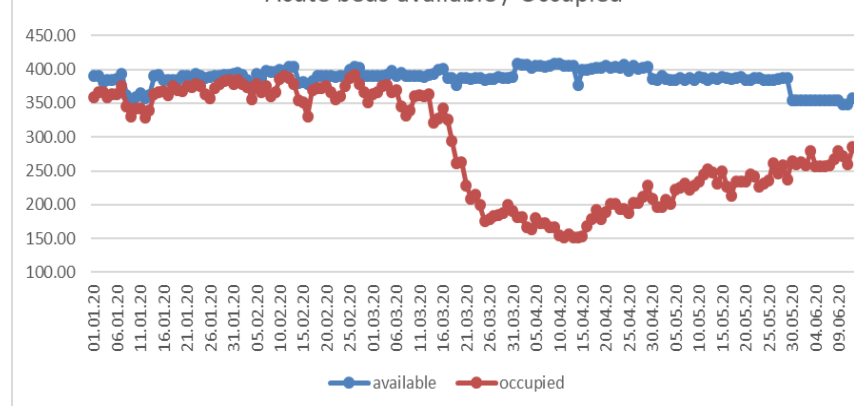
Operational delivery: The Emergency Department has seen considerable changes with the covid escalation and the creation of the COVID Emergency Department taking over the footprint of the Day Surgery Unit. In May performance has remains good with few delays reported beyond 4 hours. We have seen, however, a steady increase in ED attendances and emergency admissions. This has resulted in increased bed occupancy as described in the above chart. At the end of May we are approaching the point at which access to an inpatient bed will start to cause delays.

In response to the return to levels of normal demand, we are ensuring that the initiatives developed through the improvement workstreams prior to covid are in place . This includes the staffing to support the rapid front door assessment with direct referral to specialist medial review, inpatient treatment and discharge pathways into community and home settings are working well. All ward delays and long length of stay patients have daily review.

Maintaining the segregation of potential covid patients at the front door remains a key requirement along with the deployment of staff to support in effect two emergency department systems of care; this will continue to be a challenge. As numbers of potential covid patients have reduced this now allows a review of staffing, pathways, and facilities needed to maintain escalation response and prepare for winter levels of emergency demand. An options appraisal is being carried out to determine this and to balance the risk of a prolonged loss of the Day Surgery Unit.

12 hour Trolley wait : In May no patient is reported as having a trolley wait from decision to admit to admission to an inpatient bed of over 12 hours.

Ambulance Handovers : In May there are no ambulance delays over 60 minutes.

Escalation status

Opel status	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Opel 1	6	0	0	0	2	0	0	0	0	5	17	25	21
Opel 2	15	4	5	3	13	12	3	8	7	12	13	5	9
Opel 3	3	18	22	21	11	19	18	15	19	8	1	0	1
Opel 4	4	8	4	7	4	0	9	8	5	4	0	0	0
Performance	84.2%	80.3%	84.3%	79.4%	80.7%	82.7%	77.3%	77.9%	76.2%	82.2%	86.1%	94.1%	96.5%

Cancer treatment and cancer access standards

CWT Measure	Target	April 2020				May 2020			
		Within Target	Breached Target	Total	Performance	Within Target	Breached Target	Total	Performance
14 Day - 2ww referral	93%	446	104	550	81.1%	763	53	816	93.5%
14 Day - Breast Symptomatic referral	93%	26	1	27	96.3%	40	0	40	100.0%
31 Day 1st treatment	96%	171	4	175	97.7%	126	1	127	99.2%
31 Day Subsequent treatment - Drug	98%	52	0	52	100.0%	72	0	72	100.0%
31 Day Subsequent treatment - Radiotherapy	94%	40	3	43	93.0%	57	1	58	98.3%
31 Day Subsequent treatment - Surgical	94%	28	1	29	96.6%	22	4	26	84.6%
31 Day Subsequent treatment - Other		13	0	13	100.0%	22	0	22	100.0%
62 day 2ww / Breast	85%	76.5	29	105.5	72.5%	56	18.5	74.5	75.2%
62 day Screening	90%	11	4	15	73.3%	1	2	3	33.3%
104 day breaches (2ww) - TREATED	0	5				2			

Cancer standards - The table above shows the position for May 2020 (as at 15 June 2020). *Final validation and data entry is completed for national submission, 25 working days following the month close and at the end of the quarter.*
Urgent cancer referrals 14 day 2ww: At 93.5% in May is meeting the standard of 93% and the breast urgent referrals achieved 100% for the first time. We do however continue to see a reduced number of urgent referrals with May being 72% of the same period last year.
28 days From Referral to Diagnosis: Performance increased in May to 80.7%, from 60% in April and is ahead of the draft performance standard of 75%.

NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard is forecast not met in May at 75.2%.
With the Trusts ongoing response to COVID-19 risk remains in the pathways for Urology and Skin. It is noted that good progress has been made by teams to continue to support an increase in capacity for the prioritisation of urgent surgical interventions and diagnostics withing the contraints being worked with. The continued use of theatres and outpatient facilities at Mount Stuart Hospital remains a significant factor to maintain this capacity.

Longest waits greater than 104 days on the 62 day referral to treatment pathway:
In May, 2 patients with confirmed cancer were treated beyond 104 days. The number of patients being tracked over 62 days is being maintained with no significant change to historical levels.
There are 60 patients on a 104 day open pathway and represents an increase on the 29 reported last month. This may be indicating a risk on certain treatment pathways and will be reviewed by the cancer team and reviewed as part of the RTT Risk and Performance Assurance Group.

NHSI indictor - patients waiting over 6 weeks for diagnostics

Numbers On Cardiology (Echocardiography) Waiting List Over Time

Legend: No. waiting 0-1 wks · No. waiting 1-5 wks · No. waiting 6-12 wks · No. waiting 13+ weeks
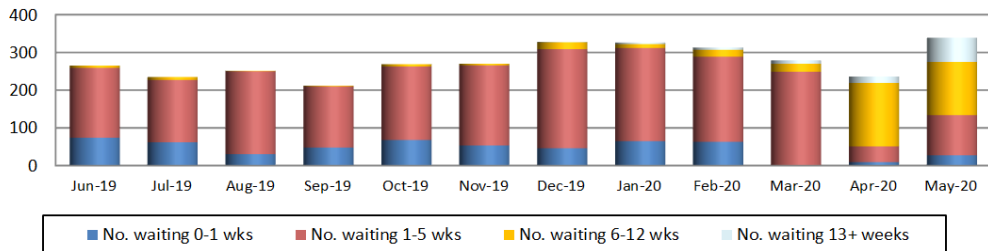
Numbers On Audiology Waiting List Over Time

Legend: No. waiting 0-1 wks · No. waiting 1-5 wks · No. waiting 6-12 wks · No. waiting 13+ weeks
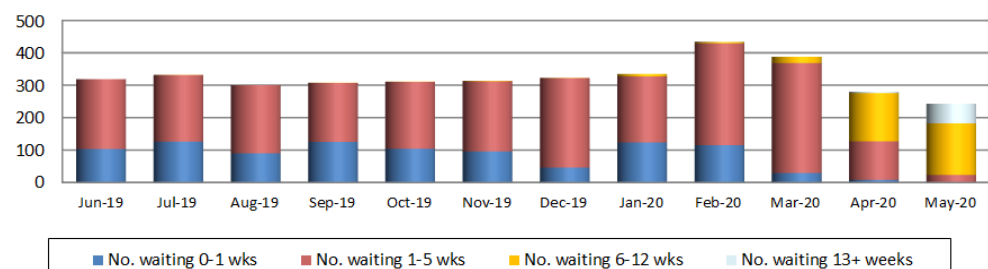
Numbers On CT Waiting List Over Time

Legend: No. waiting 0-1 wks · No. waiting 1-5 wks · No. waiting 6-12 wks · No. waiting 13+ weeks
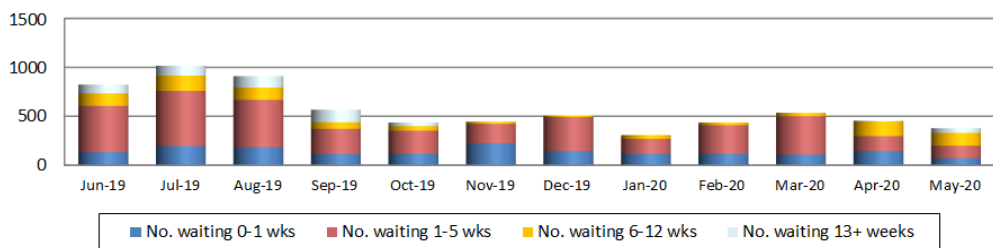
Numbers On MRI Waiting List Over Time

Legend: No. waiting 0-1 wks · No. waiting 1-5 wks · No. waiting 6-12 wks · No. waiting 13+ weeks
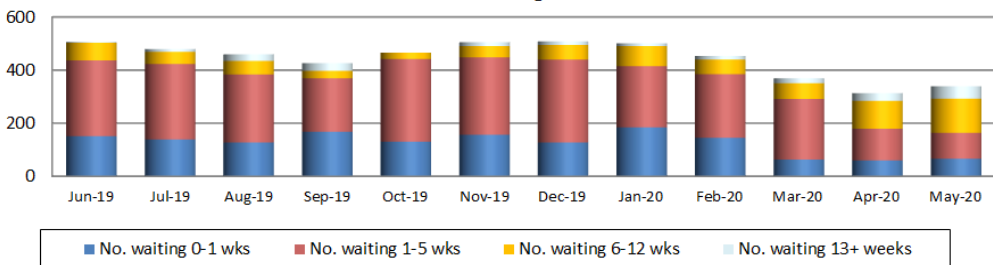
Diagnostic tests longer than the 6 week standard

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Patients	3746	3893	3862	3586	2926	2823	2865	3051	2600	2816	2652	2266	2022
Waiting longer than 6 weeks	454	454	527	535	460	282	182	240	264	207	299	1080	1077
% over 6 weeks	12.1%	11.7%	13.6%	14.9%	15.7%	10.0%	6.4%	7.9%	10.2%	7.4%	11.3%	47.7%	53.3%
National target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Local trajectory	12.7%	11.8%	10.8%	9.7%	8.7%	8.3%	7.8%	7.3%	6.9%	6.6%	6.2%	1.0%	1.0%

Legend: % over 6 weeks · National target · Local trajectory
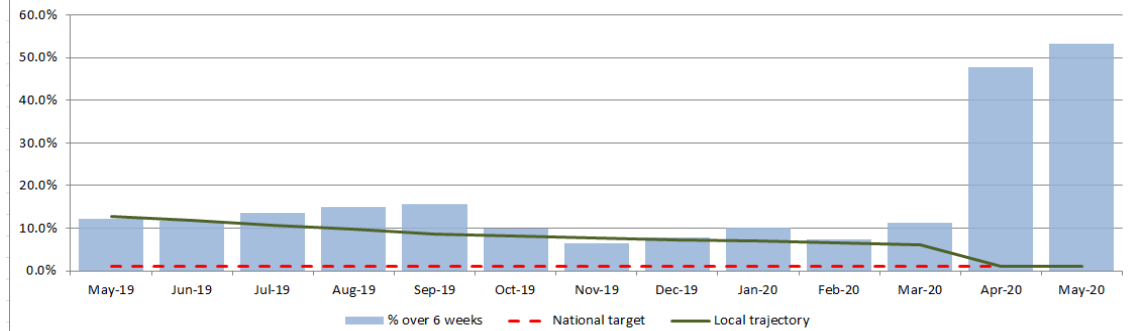
In May, there is a significant increase in the percentage of patients with a diagnostic waiting time over 6 weeks to 53.3% from 47.7% in April. All modalities are continuing to see with appropriate IPC precautions patients with urgent need.

The increase in the percenatage waiting over 6 weeks is a result of reduced activity from ceasing service to all but urgent patients as part of the COVID-19 response and the large reduction in new referrals.

Backlogs have increased in all diagnostic modalities.

The additional capacity from insourcing through mobile vans or visiting clinical teams has been greatly reduced or ceased.

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

Other performance exceptions

Ambulance handovers

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Handovers >30 minutes	61	83	81	137	90	47	104	113	117	88	43	16	9
Handovers >60 minutes	11	4	5	12	2	5	13	14	14	7	5	1	0
>30 minutes trajectory	209	183	157	136	105	104	103	103	133	133	133	133	133

Ambulance Handover

The number of ambulance handovers delays decreased in May reflecting the reduced activity levels and low crowding in the department facilitating timely handover.
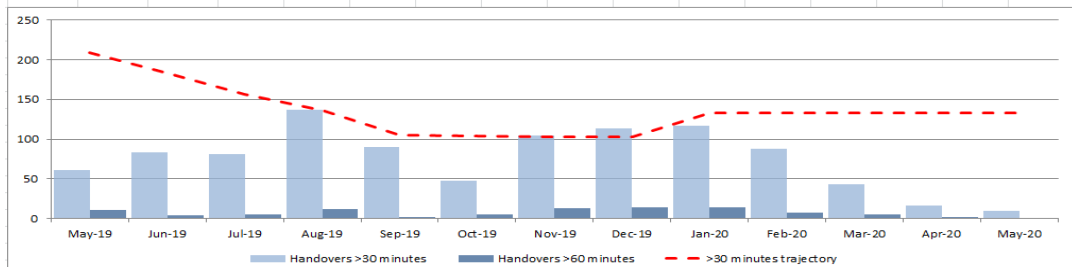
Care Plan Summaries completed within 24 hours of discharge - Weekday

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Discharges	1818	1526	1804	1593	1566	1815	1627	1668	1683	1560	1376	885	1039
CPS completed within 24 hours	1160	959	1212	1056	1051	1206	1025	1069	1106	967	972	681	815
% CPS completed <24 hours	63.8%	62.8%	67.2%	66.3%	67.1%	66.4%	63.0%	64.1%	65.7%	62.0%	70.6%	76.9%	78.4%
Target	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%

Care Planning Summaries (CPS)

Improvement is seen in the percentage of patients with a CPS completed within 24 hours of discharge. This is a reflection of the reduced activity seen in the month and a result of emphasising that timely completion of CPS is a mandatory requirement.

Challenges remain however 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.

On the day cancellations for elective operations

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Cancellations	33	45	56	41	72	38	33	19	43	32	56	8	9
Elective spells	3502	3198	3481	3248	3237	3616	3567	3133	3667	3332	2631	1174	1503
% of on the day cancellations	0.9%	1.4%	1.6%	1.3%	2.2%	1.1%	0.9%	0.6%	1.2%	1.0%	2.1%	0.7%	0.6%
Target	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%

Cancelled operations

In May the number of operations completed remains low and this is reflected in the the low number of cancelled on the day of surgery for hospital reasons. This represents 0.6% of all elective procedures undertaken.

Headline Acute activity comparisons to last year

Day case total - May-20 = 43% pre covid

Values: 2842, 3111, 2795, 3016, 2886, 2827, 3152, 3137, 2739, 3200, 2849, 2312, 1021, 1283
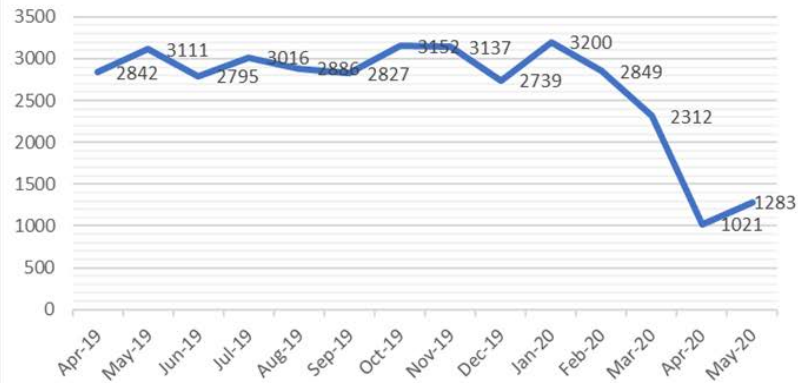
Elective Total - May-20 = 48% pre COVID

Values: 271, 308, 285, 317, 304, 270, 337, 349, 314, 326, 317, 261, 102, 150

New total - May-20 = 46% pre covid

Values: 8887, 9487, 8621, 9799, 8211, 8432, 9585, 9063, 7810, 9475, 8405, 6956, 2925, 4123

f/up total - May-20 = 57% pre covid

Values: 21340, 22481, 21879, 23728, 20762, 22090, 24631, 23158, 20194, 25057, 22004, 17892, 10272, 12733

The charts above show the monthly run rate of reported contract activity. An exercise to forecast expected capacity to end of March 2021 is underway. This will then inform our initial challenge in increasing activity levels across all of the settings of care to meet the return to historical levels of demand expected. The risk of rapidly increasing waiting times is clear and whilst early efforts to maintain capacity for the most urgent pathways including cancer have been robust, there is an increasing risk of not having the capacity to meet routine demands. The business planning process over the coming months will be helping teams develop their recovery plans whilst the longer term plans will link to the Health Infrastructure Plan (HIP2) that are being worked on to address the challenges of aging estate and hospital capacity.

Children and Family Health Devon

The Children and Family Health Devon integrated Performance report is reviewed through Torquay ISU and Alliance Board

During May , teams have continued to provide a clinical service to our most vulnerable and urgent patients.
Against the Referral to Treatment access standards we have seen further challenge in due to the on -going response to Covid-19 drastically reducing core clinical capacity. Teams have responded to these challenges and implemented virtual clinical consultation using telephone and video technology w here possible. The impact of available estates across the Alliance remains a constraint along with staffing pressures. These risks are being quantified along with the impact on overall service level performance we anticipate as we move to re-instate increased levels of routine services over the coming weeks.

Operational Leads have been asked to review and monitor activity during this time, to ensure clinical risk is managed and to bring their capacity impact assessments to July's Operational Performance meeting. These trajectories using tools such as the Tableau trajectory pages will support the understan ding on the whole of CFHD performance.

A significant risk continues to lie within the autism service who continue to hold a combined waiting list of > 3000 CYP acro ss Torbay and Devon.

18 week RTT performance

Service - Snapshot May 2019 and May 2020	RTT longest wait (Weeks)		RTT %		Caseload	
	May-19	May-20	May-19	May-20	May-19	May-20
CAMHS	36	60.6	89%	64%	4371	3496
Occupational Therapy	80	49.3	82%	46%	881	1320
Speech and Language Therapy	59.7	62.3	74%	38%	3521	3852
Autistic spectrum assessment team	88.7	118	31%	7%	1559	2153
Physiotherapy	59.6	30.7	92%	77%	388	428
Learning disability	32.3	26.9	93%	77%	295	330

. Notes: The caseload for ASD is exclusive of CYP within the 0-5 service as well as CYP within the SPA. Overall caseload for CFHD, including Torbay is in excess of 3000
. All specialties exclude the number of CYP within the SPA

Finance Report

Month 2 - Financial Year 2020/21

Finance, Performance & Digital Committee Meeting

22 June 2020

Contents

1. Overall Position - Executive Summary

Context

· The Trust submitted a draft financial Plan for financial year 2020/21 to NHS Improvement/England in March 2020, with the expectation that it would be fine-tuned and finalised in April 2020. This did not happen due to the COVID 19 pandemic.

· NHSE/I issued the Trust with a revised plan to cover the first 4 months of the 2020/21 financial year. This plan is based on the Trust's financial run rates from months 8-10 of 2019/20, with adjustments and uplift as determined by NHSE/I, and forms the basis of the block income payment the Trust is due to receive in months 1-4. Initially the plan leads to a monthly deficit £1.43m, for which a top up income payment is being made by NHSE/I in order to arrive at a breakeven position. The plan provided by NHSE/I is therefore the Control Total for the first 4 months against which the Trust will monitor its finances. Guidance is expected shortly for the financial regime from month 5 onwards.

· The key message from NHSE/I is that the Trust has to show a break-even position (excluding Donated items) each month on its reporting; any surplus or deficit is to be adjusted as a 'Truing' up adjustment. Revenue costs incurred as a result of COVID are reimbursed by NHSE/I, once an off-set to the underlying performance against this plan is calculated. The Council are making a small contribution towards the Hospital Discharge support to Care Homes at £1m for the 4-month period.

· The Trust is also responsible for administering the Hospital Discharge COVID expenditure and the Care Home infection control fund from month 3 onwards. Hospital Discharge expenditure is part of any truing up process, whereas the infection control monies are offset directly by the Council.

· The focus this financial year is on run rate (i.e. change and trends in income and expenditure) monitoring and reporting to assess each ISU's financial performance during the first 4 months and ensuring that expenditure is controlled within the limits set by NHSE/I and represents value for money.

· The Capital plan for this financial year is still under discussion by scheme leads. All additional capital is subject to an STP agreed prioritisation claim, which is then aggregated up for National scrutiny and approval.

1. What is our current financial performance for the period ending 31st May 2020?

	INCOME £'000s	EXPENDITURE £'000s	Net Position at month 2 £'000s	NHSI Plan YTD Month 2 £'000s	Favourable / (Adverse) Variance £'000s
Overall Financial Performance (excluding COVID/Top up)	84,707	81,462	3,245	0	3,245
COVID Expense and Council Income	500	6,646	-6,146	0	-6,146
COVID Top Up	2,753		2,753		2,753
Overall Financial Performance	87,960	88,108	-148	0	-148
Net Donated Accounting exclusions			148		148

The Trust has a favourable variance prior to COVID expenditure of £3.2m. This off-set has caused an incremental COVID top up value of £2.8m. The Trust is expected to break even after excluding the donated accounting entries, which at YTD month 2 were a £148k cost to the Trust, where more depreciation has been recognised than income.

2 COVID Expenditure

There are 3 streams of COVID costs in the Trust Position:

1) Acute COVID spend   ---> £4.8m YTD £9.6m FOT Month 4 Cumulative

2) Hospital Discharge   ----> £1.8m YTD £2.9m FOT Month 4 Cumulative

3) Infection Control Care Homes --> £0.0m YTD £1.03m FOT Month 4 Cumulative

Total COVID spend over 4 months predicted at £13.6m

The Infection Control money is passported through the Trust from Torbay Council directly to Care Homes. This is new COVID gui dance and funding that came out in late May.

Hospital Discharge COVID spend is not part of NHSE/I monitoring for normal acute Trust's and would normally be seen in Counci l or CCG pooled funding arrangements. For the ICO this cost is committed in conjunction with all 3 parties, but is a variance from the 4 month run rate plan.

Acute COVID spend is collected by the Trust and is part of routine NHSI monthly reporting and expected to be an outlier to th e revised plan.

Outside of the 4-month Plan issued to the Trust by NHSE/I, the allowance for COVID income is any top-up required to deliver a break-even position. YTD at month 2 this is £2.7M, for 4 months it is estimated at £6.4M. This will therefore not equate to the COVID spend. (Note, there is no PSF or MRET in the 4 month plan or actuals).

A paper has been drafted for further infomation shown in Appendix - COVID Finance Report May 2020.

3 What is our Forecast Income and Expenditure performance for 2020/21?

The forecast is only required for months 1-4 under the current financial regime for COVID

	FOT INCOME £'000s	FOT EXPENDITURE £'000s	Net Position at month 4 £'000s	NHSI Plan YTD Month 4 £'000s	Favourable / (Adverse) Variance £'000s
Overall Financial Performance (excluding COVID/Top up)	172,178	163,491	8,687	0	8,687
COVID Expense and Council Income	2,030	13,582	-11,552	0	-11,552
COVID Top Up	2,753		2,753		2,753
Overall Financial Performance	176,961	177,073	-112	0	-112
Net Donated Accounting exclusions			112		112

4 NHSE/I Bridge - showing variance movement from initial plan, COVID acute, COVID other
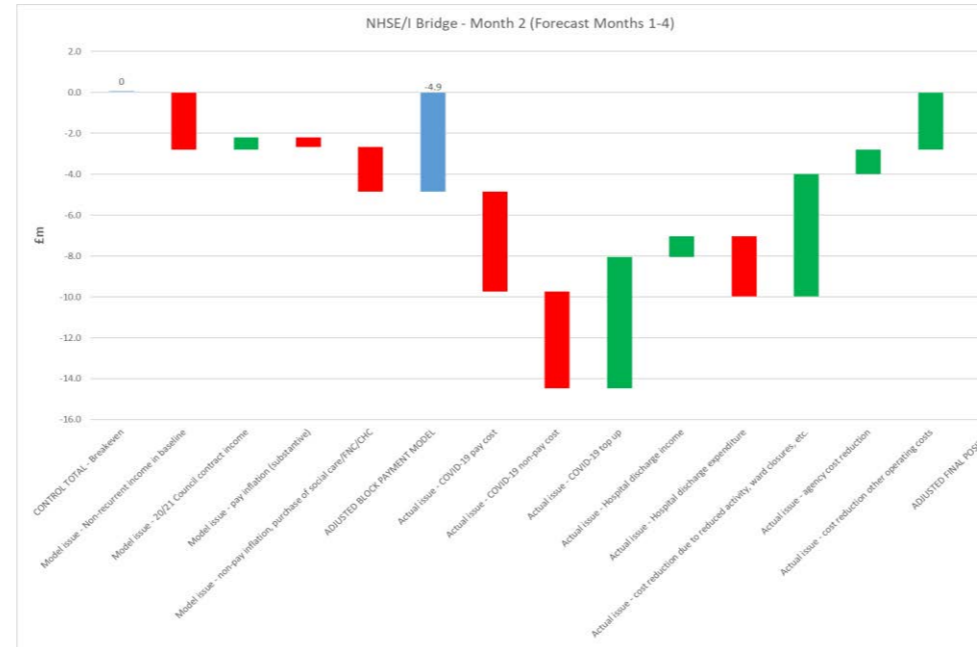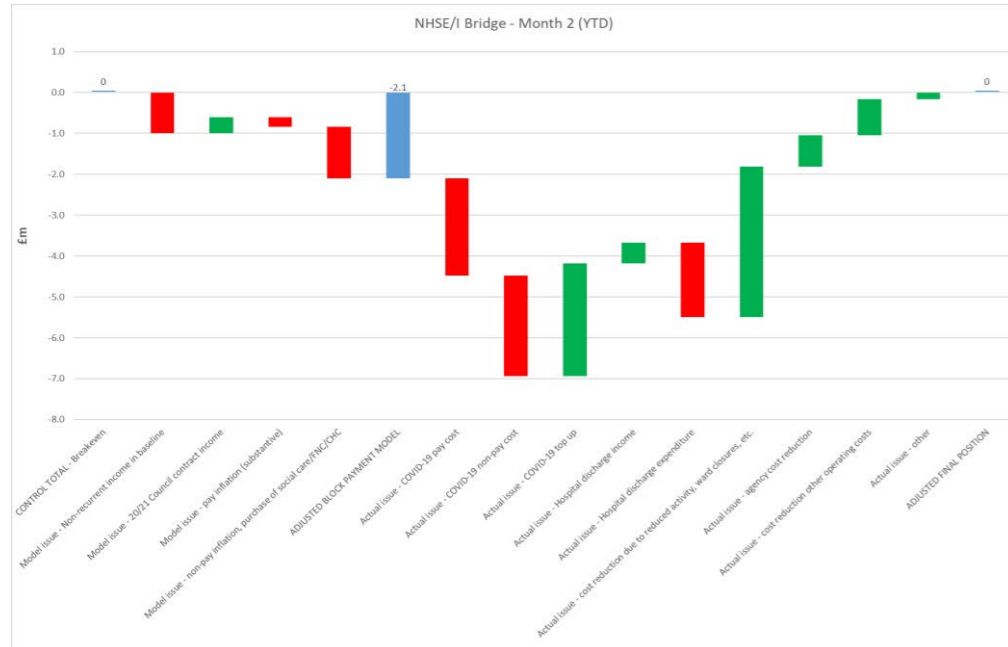
Key Risks and Mitigations to Forecast Outturn Delivery

1. What are the key risks and mitigations to the delivery of the forecast outturn position?

Non-COVID RELATED FORECAST

Monthly run-rate: income (£000)
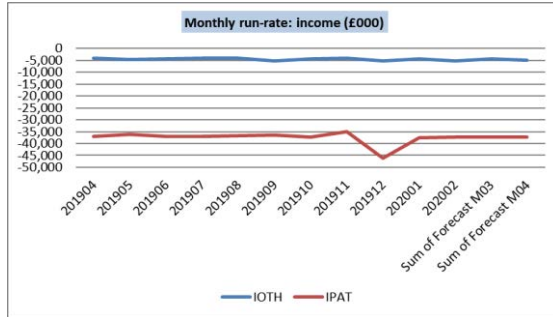
Key:
IOTH= Other Income
IPAT = Patient Income

Monthly run-rate: Pay costs (£000)
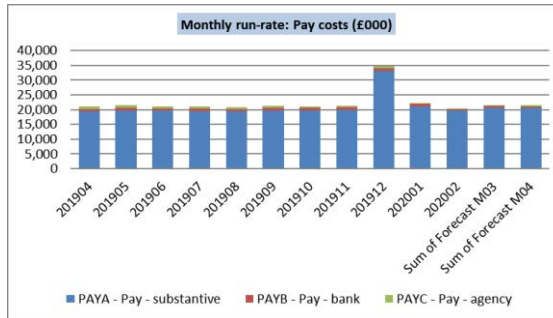
Key:
PAYA = Substantive
PAYB = Bank
PAYC = Agency

Monthly run-rate: Non-pay costs (£000)

COVID RUN RATE & FORECAST

Monthly run-rate: income (£000)

Monthly run-rate: Pay costs (£000)

Monthly run-rate: Non-pay costs (£000)
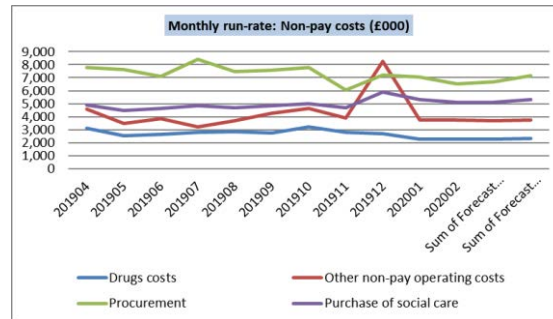
The Trust forecast is running at levels below the expected 4-month NHSE/I plan, due to spend reductions in elective categories; outsourcing, drugs and medical supplies as well as training, stationary, repairs and maintenance. Therefore the retrospective top up required to deliver a break even position can be offset by this under spend. It is expected the business as usual run rate will increase in months 3 and 4, mainly around elective clinical supplies, but will more significantly step up after month 4. This can been seen above in the flat pay chart versus the reducing non-pay.
Risks for the Trust are the regime expected post month 4, and if any level of efficiencies will be required utilising any favourable variances pre COVID.
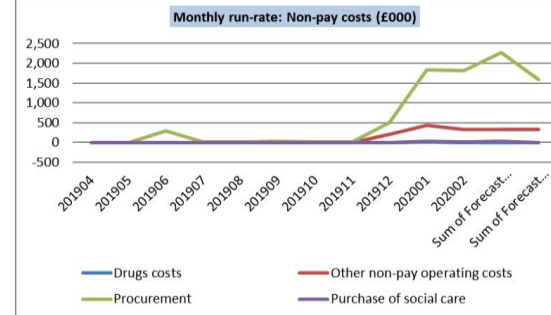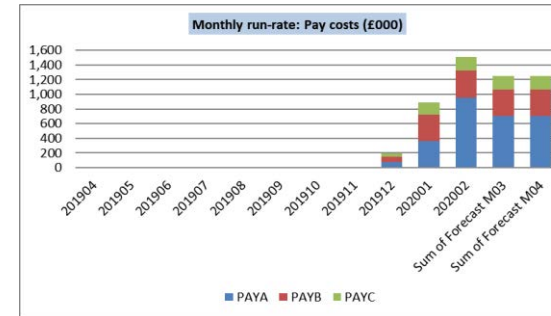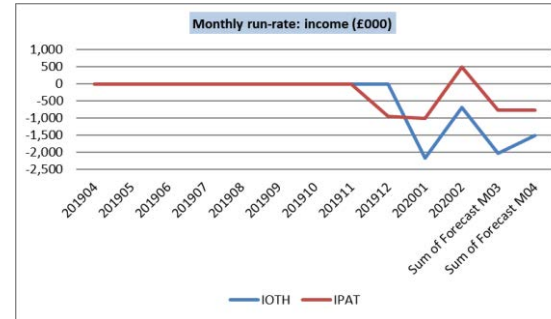
COVID spend, after initial emergency set up costs is expected to level out in line with new guidance on setting services back up, unless another surge is seen. The forecast position for month 3 and 4 for COVID is an average of what we have seen across months 1 and 2.
Risks for the Trust are the continuation of the top-up fund, and in conjunction with this the contribution to Care at Home COVID costs from the Council.

Key Financial Information – Trustwide

	£m	M2			YTD M2		
		Budget	Actual	Variance	Budget	Actual	Variance
Income	Patient Income - Block	28.16	27.37	(0.80)	56.32	56.32	0.00
	Patient Income - Variable	3.43	3.42	(0.01)	6.84	6.84	0.00
	ASC Income - Council	4.00	4.26	0.26	8.00	8.47	0.47
	Other ASC Income - Contribution	0.85	0.98	0.13	1.70	1.97	0.27
	Other Income	4.77	4.67	(0.10)	9.57	8.75	(0.82)
	Total (A)	41.21	40.69	(0.51)	82.43	82.35	(0.08)
Expenditure	Pay - Substantive	(20.96)	(21.43)	(0.47)	(41.92)	(44.10)	(2.18)
	Pay - Agency	(0.65)	(0.46)	0.18	(1.30)	(0.98)	0.32
	Non-Pay - Other	(11.25)	(10.03)	1.22	(22.23)	(20.53)	1.70
	Non- Pay - ASC/CHC	(8.27)	(9.17)	(0.90)	(16.83)	(18.81)	(1.98)
	Financing Costs	(1.51)	(1.81)	(0.30)	(3.01)	(3.54)	(0.53)
	Total (B)	(42.64)	(42.91)	(0.27)	(85.29)	(87.96)	(2.68)
	Surplus/Deficit pre PSF/MRET/Top up/Donated Items and Impairment (A-B=C)	(1.43)	(2.22)	(0.79)	(2.86)	(5.61)	(2.75)
	PSF	0.00	0.00	0.00	0.00	0.00	0.00
	MRET	0.00	0.00	0.00	0.00	0.00	0.00
	Top up income	1.43	2.21	0.78	2.86	5.61	2.75
	Donated Transactions	0.00	(0.07)	(0.07)	0.00	(0.15)	(0.15)
	Impairment	0.00	0.00	0.00	0.00	0.00	0.00
	Total (D)	1.43	2.14	0.71	2.86	5.47	2.61
	Net Surplus/Deficit	0.00	(0.07)	(0.07)	0.00	(0.15)	(0.15)

- The budget shown in the table above is the M1-M4 values notified by NHSE/I as the basis of comparison during the COVID reporting period based on average of months 8-10 of FY 2019/20, with adjustments and uplift determined by NHSE/I, and top up income of £1.43m which result in a breakeven position.

- NHSE/I mandated Trusts to show a break even position after adjusting for Donated items; the Trust's position include £5.6m COVID income (top up £2.8m, for COVID cost £2.8m).

- Patient care income block is £0.80m lower than budget due to the unwinding of M1 additional income from CCG for COVID related expenditure, following the latest NHSE/I guidance. A further £0.25m is received from Torbay Council for Covid support funding. Client contribution is higher by £0.13m, linked to additional activity, and other income is lower by £0.10m due to car parking following decision to offer free parking to staff.

- Substantive Pay expenditure of £21.43m is £0.47m higher than the M8-M10 average run rate. This is due to accrual for junior doctors COVID rota of £0.30m and reduced revenue to capital pay recharge £0.10m. There is a further reduction in Agency use of £0.18m due to operational changes not requiring as much agency staff in various clinical areas due to COVID. There is a run rate reduction of £1.29m due to unwinding of annual leave accrual from month 1 of £0.75m, following NHSE/I guidance, reduced use of Bank staff totalling £0.40m (mainly HCA £0.23m and Nursing £0.08m), incentive payment to Substantive Nurses £0.08m, agency cost £0.05m as patient activity reduced across the Trust.

- Non-pay expenditure (Other) is £1.22m lower than average due to Drugs cost £0.69m and Clinical supplies £0.11m - these are as a result of clinical activity reduction. There's a further reduction of £0.42m in various cost CATEGORIES (training £0.11m, overseas recruitment circa £0.10m, personal injury provision £0.07m, stationery, repairs and maintenance £0.14m) as non clinical activities are delayed/put on hold due to COVID impact.

- Independent sectornNon-pay cost (ASC and Placed people (Health including CHC) is higher by £0.90m in M2 due to due to a number of COVID related payments (consistent with M1 run rate), largely relating to financial assistance to providers and payments for voids totalling (matched by Income).

- Within the M2 year to date position COVID related costs incurred total £4.83m (pay £2.37m and non pay £2.46m). Further details have been included within the pay and non pay sections.

- Financing cost is higher in M2 by £0.30m due to: increased cost of RICS adjustment £0.20m and accelerated Depreciation of Intangibles £0.10m.

Statement of Financial Position

4.6 Balance Sheet

	Month 02		
	Prior month £m	Actual £m	Change £m
Non-Current Assets			
Intangible Assets	11.86	11.59	(0.27)
Property, Plant & Equipment	180.21	180.15	(0.05)
On-Balance Sheet PFI	17.41	17.38	(0.03)
Other	1.23	1.22	(0.01)
Total	**210.71**	**210.34**	**(0.37)**
Current Assets			
Cash & Cash Equivalents	44.43	45.10	0.67
Other Current Assets	40.44	42.14	1.70
Total	**84.87**	**87.24**	**2.37**
Total Assets	**295.58**	**297.58**	**2.00**
Current Liabilities			
Loan - DH ITFF	(24.64)	(24.64)	(0.00)
PFI / LIFT Leases	(0.85)	(0.85)	(0.00)
Trade and Other Payables	(77.48)	(80.11)	(2.63)
Other Current Liabilities	(13.71)	(13.71)	(0.01)
Total	**(116.67)**	**(119.31)**	**(2.64)**
Net Current assets/(liabilities)	**(31.80)**	**(32.08)**	**(0.27)**
Non-Current Liabilities			
Loan - DH ITFF	(43.33)	(42.61)	0.72
PFI / LIFT Leases	(17.69)	(17.62)	0.08
Other Non-Current Liabilities	(9.60)	(9.83)	(0.23)
Total	**(70.62)**	**(70.06)**	**0.57**
Total Assets Employed	**108.28**	**108.21**	**(0.07)**
Reserves			
Public Dividend Capital	71.75	71.75	0.00
Revaluation	46.09	46.08	(0.01)
Income and Expenditure	(9.55)	(9.62)	(0.06)
Total	**108.28**	**108.21**	**(0.07)**

Key points

In the absence of a balance sheet plan agreed with NHSE/I, comparisons have been made against the prior month actual position.

- Intangible Assets, Property, Plant & Equipment and PFI have reduced by £0.4m during the month. This is largely due to M02 depreciation £1.3m having exceeded M02 capital expenditure £1.0m.

- Cash has increased by £0.7m, as explained in the commentary to the cash flow statement.

- Other Current Assets have increased by £1.7m, largely in respect of COVID support and ASC precept income due from Torbay Council.

- Trade and Other Payables has increased by £2.6m, largely due to accrued COVID community expenditure £1.0m and the timing of the weekly payment run £0.9m.

- Non-current DH loans have reduced by £0.7m due to scheduled repayments of capital loans.

Board Table of Key Metrics

Total Expenditure
Other Income
Contract Income
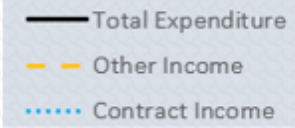
Tick charts £'000

	Drivers	Actions Taken:	
South System & Shared operations	Elective spend remains low and is offsetting much of the Trust COVID acute £2m p/month costs to date. Staff costs are fairly constant with staff realignment to the front door releasing agency spend.	Phase 3 activity return due to the Region shortly. Key decisions on future use of DSU will impact forecast along with expected performance trajectories.	
Torbay System	Hospital discharge continues at circa £1m. P&B have seen a continued drop in clinical supplies and drugs, along with nationally procured rental of diagnostics equipment.	Exit strategy of Hospital Discharge being considered, urgent work on the diagnostics capital bid, continued new guidance around care homes affecting forecast.	
Corporate (inc. Exec Directors, Financing, R&D, IA)	Reversal of 20/21 a/l accrual, EFM lost income. HIS Revenue costs of system investments distributed throughout 12 months. Financing costs contained due to Capital limitations.	Annual leave risk to backlog and backfill requirements. Can only be claimed as cost of COVID as incurred per NHSI. Estates general repairs run rate low expected to increase.	
CFHD	Billing from DPT in E12ths trued up in month 11 & 12, to be accounted for on actuals in 2020/21. Delay in consultation and IT developments.	Risk for backlog and remote working without appropriate IT kit.	
Contract Income	Commissioner Income is fixed. Council Income is based on 20/21 Contract. COVID income prospective income is £1.4m per month. (excluding True up balances)	The Trust is awaiting the financial model and contracts post month 4. Interim review of coding and counting is underway. It is likely a block arrangement will be maintained.	
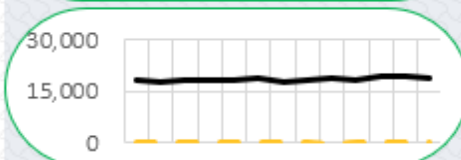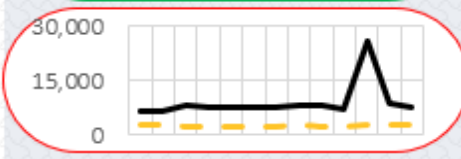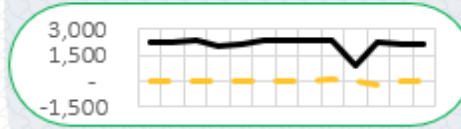
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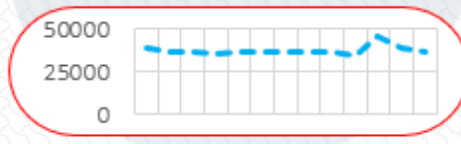
The reporting at month 2 has demonstrated that the Trust is delivering well within the new NHSI run rate plan, and therefore although our COVID spend is running at circa £3m per month (£1m Hospital Discharge and £2m acute), of the £6m COVID spend YTD, the Trust incrementally to deliver a break-even position can only claim £2.8m of retrospective top-up income. The Forecast for months 3 and 4 increases in the projected run rates for clinical supplies and drugs as elective services start to step back up, estimating our Truing up income for the full 4 months will be £6.5m. *(Note: This data set excludes TP.)*

2. Key Drivers of Financial Position

Drivers of System Financial Position

Key System Issues	ISU	Financial Commentary/Key Drivers
CFHD	CYP	Children's consultation remains paused. Vacancies within the service, social distancing backlog issues. IT systems not yet implemented as reliant on the consultation.
Torbay Pharmaceuticals	PMU	Pay costs have increased in month 2 reducing the TP contribution by circa £50k from last month, and forecasting to month 4 the sales are expected to dip in June
Corporate	EFM	NHSI confirmation that loss of Other income is not to be reclaimed in COVID analysis, but is now part of the final Trust truing up to ensure break-even. This has caused a swing in EFM income analysis.
	Exec. Directors	£2m of expenditure planned for Windows 10 and Nerve-centre now distributed evenly across the year, resulting in a £300k run rate increase in month 2.
	Financing Costs	Financing costs remain flat and have been evenly projected for the 4 month period pending further guidance. There is an expectation loan interest rate changes will increase the run rate later in the year.
	Other	R&D Income has been estimated in May for national trials. Pharmacy run rate remains static. Reserves has a reversal of the £700k annual leave accrual made in month 1. COVID Trueing up income is £2.8m for the first 2 months and is estimated at a further £3.7m for months 3 and 4, as run rates increase on BAU services again.
South System	Coastal	Coastal pay costs in bank and agency have dropped again in month 2 and a forecast that these costs do not increase over months 3 and 4. Months 3 and 4 clinical supplies and drugs are not forecast to change until a step change at month 5 (August). Further guidance on the National contracts around private hospital use and outsourcing is expected shortly and will influence the month 5 onwards forecast potentially.
	Newton Abbot	Small decrease in average run rate for bank costs but increasing again from month 3
	Moor to Sea	M2S has had a correction in month 2 of accrued income as a 1 off benefit.
Torbay System	Independent Sector	IS has dropped the assumption the Trust can bill the CCG for Hospital Discharge spend, as confirmed now by NHSI this becomes part of the truing up balance of income in reserves listed above. Spend run rate has dropped by circa £400k. In months 3 and 4 the Trust is recognising spend and income for Care Home Infection Control monies they are passporting

Change in Financial & Activity Performance

Change in Financial & Activity Performance - M1 to M2

		Plan	Apr-20	May-20	Change	% Change		May-19	*% change*
Activity Drivers	A&E Attendances	10,005	4,460	6,053	1,593	36%		*10,351*	*-42%*
	Elective Spells	3,159	1,174	1,433	259	22%		*3,419*	*-58%*
	Non Elective Spells	3,215	1,330	2,680	1,350	102%		*3,405*	*-21%*
	Outpatient Attendances	24,643	13,398	16,856	3,458	26%		*31,968*	*-47%*
	Adult CC Bed Days	267	204	129	-75	-37%		*267*	*-52%*
	Paeds CC Bed Days	158	192	113	-79	-41%		*158*	*-28%*
Bed Utilisation	Occupied beds DGH		5,399	7,245	1,846	34%		*10,607*	*-32%*
	Available beds DGH		12,080	11,914	-166	-1%		*11,435*	*4%*
	Occupancy		45%	61%	16%	35%		*93%*	*-35%*
Resource Consumption	Medical Staff Costs - £000's	4,730	4,750	5,015	265	6%		*4,765*	*5%*
	Nursing Staff Costs - £000's	5,033	5,247	5,056	-191	-4%		*4,992*	*1%*
	Temp Agency Costs - £000's	648	512	465	-47	-9%		*871*	*-47%*
	Total Pay Costs - £000's	21,609	23,182	21,892	-1,290	-6%		*21,407*	*2%*

Key points

- **Activity Drivers:**   In M2
  activity has increased by c. 25% in overall terms from M1. However, this is still a long way short of the activity levels seen before COVID (with the exception of Non Elective, which is closer to last year, as you would expect). A piece of work is being undertaken by the (Acute) teams to take the activity undertaken in M1&M2 and show how they believe this will increase in % terms between now and the end of March 2021 on a monthly basis by specialty. Following this, specialties will be expected to complete a more detailed bottom-up piece of work to identify the activity they will deliver at a clinic/theatre session basis. All of this work will require assumptions to be made around space they will be given, theatre slots available, services being stepped up, PPE and staff/resource availability . These will be stated as part of each team's narrative. This will form part of the Trust's response to phase 3 of the recovery agenda.

- **Bed utilisation:**
  In May we have seen the return to higher bed occupancy levels. This is being driven by the gradual return to pre covid levels of emergency admissions. May being 75% of pre covid levels. The number of available beds remain slightly reduced due to the reconfiguration of some wards for COVID response and social distancing requirements. Overall our available General and Acute beds are 6% lower than pre COVID levels. The risks of continued increasing bed occupancy is being escalated as part of recovery planning. The clinical and operational teams are ensuring all the best practices to avoid admission where possible, provide rapid assessment, review all internal delays, and timely discharge are in place.

- **Resource Consumption (Pay):**   There is an
  increase in Medical pay cost of £0.27m due to Junior Doctors payment for COVID rota. The cost of Nursing for Substantive and Temporary staff has gone down by £0.19m due to reduction in winter incentive payment and reduced requirement for bank and agency due to reduction in clinical activity as a result of COVID. There is a run rate reduction of £1.29m due to unwinding of annual leave accrual in month 1 of £0.75m following NHSE/I guidance, reduced use of Bank staff totalling £0.40m (mainly HCA £0.23m and Nursing £0.08m), incentive payment to Substantive Nurses £0.08m, agency cost £0.05m as patient activity reduced across the Trust.

Pay Expenditure

Current Performance

Pay - Total Expenditure Run Rates

M12 19/20 value excludes £10.8m NHS Pension cost and £2.0m Annual Leave

- Budget 2020/21
- Actual Expenditure 2020/21
- Actual Expenditure 2019/20

Pay - Agency Run Rates

- Budget 2020/21
- Actual Expenditure 2020/21
- Actual Expenditure 2019/20
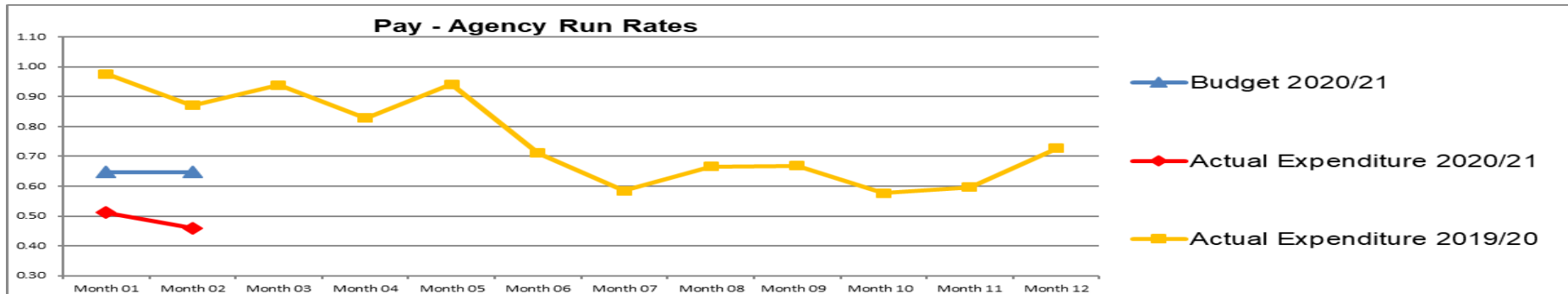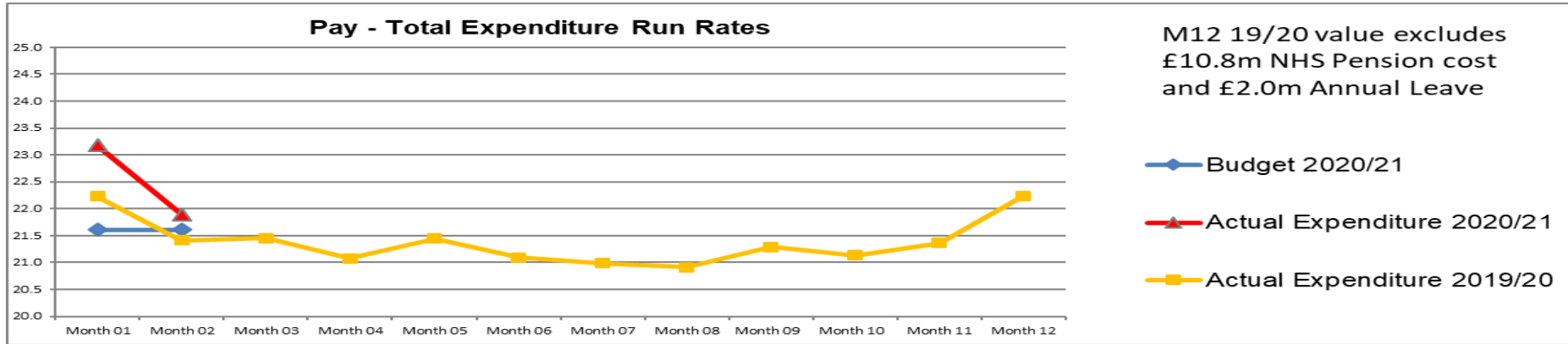
Key points

- Total pay run rate in M2 (£21.89m) is £1.29m lower in comparison to previous month (M1 £23.18m).

- The decrease is mainly due to: unwinding of annual leave accrual in month 1 of £0.75m following NHSE/I guidance, reduced use of Bank staff totalling £0.40m (mainly HCA £0.23m and Nursing £0.08m), incentive payment to Substantive Nurses £0.08m, agency cost £0.05m as patient activity reduced across the Trust.

- There is £2.37m of pay costs year to date related to COVID. The breakdown is as follows: additional shifts of existing workforce £1.25m, backfill for higher sickness absence £0.95m and workforce expansion £0.06m andsick pay £0.11m.

- The Apprentice levy balance at Month 2 is £1,659,366 (£1,596,596 at month 1). The Trust's apprenticeship strategy is reviewed regularly and actions are being taken.

Workforce Composition

Trust Workforce Composition - Rolling

Legend: Substantive (green), Bank (yellow), Agency (red), Budgeted WTE (line), Workforce Used

Month	Substantive	Bank	Agency	Total
May-19	5,479	283	115	5,877
Jun-19	5,488	249	92	5,829
Jul-19	5,506	316	88	5,910
Aug-19	5,535	309	80	5,924
Sep-19	5,535	207	65	5,808
Oct-19	5,556	346	78	5,979
Nov-19	5,565	289	59	5,913
Dec-19	5,536	315	64	5,915
Jan-20	5,544	332	64	5,940
Feb-20	5,579	347	62	5,989
Mar-20	5,609	153	70	5,833
Apr-20	5,675	352	82	6,108
May-20	5,677	160	65	5,903

Medical & Dental Workforce Composition - Rolling

Legend: Substantive (green), Bank (yellow), Agency (red), Budgeted WTE (line), Workforce Used

Month	Substantive	Bank	Agency	Total
May-19	480	6	57	544
Jun-19	480	16	26	522
Jul-19	495	15	25	535
Aug-19	513	17	30	559
Sep-19	514	9	15	539
Oct-19	520	13	16	548
Nov-19	517	9	13	539
Dec-19	518	11	15	544
Jan-20	519	15	14	549
Feb-20	514	10	10	535
Mar-20	517	16	12	545
Apr-20	510	19	13	543
May-20	519	17	11	547

Nursing & Registered Midwifery Workforce Composition - Rolling

Legend: Substantive (green), Bank (yellow), Agency (red), Budgeted WTE (line), Workforce Used

Month	Substantive	Bank	Agency	Total
May-19	1,185	38	44	1,267
Jun-19	1,189	33	43	1,265
Jul-19	1,177	43	49	1,269
Aug-19	1,178	39	36	1,253
Sep-19	1,184	30	40	1,254
Oct-19	1,191	44	51	1,286
Nov-19	1,194	42	38	1,274
Dec-19	1,183	41	40	1,264
Jan-20	1,181	38	34	1,254
Feb-20	1,207	51	38	1,295
Mar-20	1,227	21	40	1,288
Apr-20	1,237	26	65	1,329
May-20	1,197	27	24	1,248

Nursing & Midwifery Registered and Unregistered Workforce Composition - Rolling

Legend: Substantive (green), Bank (yellow), Agency (red), Budgeted WTE (line), Workforce Used

Month	Substantive	Bank	Agency	Total
May-19	2,016	216	44	2,276
Jun-19	1,975	175	43	2,193
Jul-19	1,972	234	49	2,255
Aug-19	1,972	227	36	2,235
Sep-19	1,969	156	40	2,165
Oct-19	1,980	267	51	2,298
Nov-19	1,991	230	38	2,259
Dec-19	1,986	246	40	2,272
Jan-20	1,986	258	34	2,279
Feb-20	2,021	271	38	2,330
Mar-20	2,050	115	40	2,205
Apr-20	2,080	260	26	2,366
May-20	2,060	104	24	2,188

Allied Health Professionals Workforce Composition - Rolling

Legend: Substantive (green), Bank (yellow), Agency (red), Budgeted WTE (line), Workforce Used

Month	Substantive	Bank	Agency	Total
May-19	490	7	9	506
Jun-19	490	2	8	500
Jul-19	479	4	9	500
Aug-19	485	6	10	491
Sep-19	489	7	7	497
Oct-19	495	4	5	499
Nov-19	492	7	7	506
Dec-19	488	7	6	502
Jan-20	488	5	11	501
Feb-20	482	9	7	503
Mar-20	478	10	12	498
Apr-20	480	5	7	490
May-20	477	5	8	491

AGENCY SPEND vs. PLAN (WTE)

Legend: Actual (red), Plan (line)

Month	Actual	Plan
May-19	115	83
Jun-19	92	83
Jul-19	88	83
Aug-19	80	83
Sep-19	65	83
Oct-19	78	62
Nov-19	59	62
Dec-19	64	66
Jan-20	64	66
Feb-20	62	66
Mar-20	70	62
Apr-20	82	54
May-20	65	53

Non Pay Expenditure

Key Points

- There has been a reduction in run rate spend on Drugs, Bloods and Devices (£0.06m) and Clinical supplies and services (£0.12m) linked to activity reduction across various services (Theatres, Cancer, Urology, General medicine and other services) due to COVID.

- There is similar reduction in Non Clinical Supplies spend of £0.13m due to lower cost of patient catering provisions because of less patient admission/stay as a result of COVID.

- Other Operating Expenditure reduction in run rate spend is £0.15m on various cost categories.

- Independent sector - spend in M2 is in line with March and April 2020 spend at circa £5.0m.

- Placed People (Health including Continuing Healthcare) reduced by £0.42m in M2. This is due to significant reductions in Torbay Funded Nursing Care, Adult IPPs and South Devon CHC. The reduction in Funded Nursing Care is due to month 1 including a significant backdated payment as a result of a recent Government review. The reduction in Adult IPP is due to a lower level of growth in months 1 and 2 than initially expected.

- There is £2.46m of non pay costs year to date relating to COVID. This comprises of the following costs: testing £0.26m, remote management of patients £0.19m, increase in ITU capacity £0.42m, segregation of patient pathways £0.41m, national procurement £1.04m, decontamination £0.05m, and various other £0.09m.

Cash and Working Capital

	Month 02		
	Prior month	Actual	Change
	£m	£m	£m
Opening cash balance (net of working capital facility)	**(15.59)**	**18.70**	**34.29**
Capital Expenditure (accruals basis)	(0.85)	(0.98)	(0.13)
Capital loan drawdown	0.00	0.00	0.00
Capital loan repayment	0.00	(0.72)	(0.72)
Proceeds on disposal of assets	0.00	0.00	0.00
Movement in capital creditor	(0.86)	(0.11)	0.75
Other capital-related elements	(0.06)	0.29	0.34
Sub-total - capital-related elements	**(1.76)**	**(1.52)**	**0.24**
Cash Generated From Operations	1.73	1.81	0.09
Working Capital movements - debtors	0.17	(1.75)	(1.92)
Working Capital movements - creditors	30.26	2.55	(27.71)
Net Interest	(0.16)	(0.35)	(0.19)
PDC Dividend paid	0.00	0.00	0.00
Other Cashflow Movements	4.06	(0.08)	(4.13)
Sub-total - other elements	**36.05**	**2.19**	**(33.86)**
Closing cash balance (net of working capital facility)	**18.70**	**19.37**	**0.67**

Closing cash balance	44.43	45.10	0.67
Closing working capital facility	(11.00)	(11.00)	0.00
Closing interim revenue support facility	(14.73)	(14.73)	0.00
Closing cash balance (net of working capital facility)	**18.70**	**19.37**	**0.67**

Better payment practice code

	Paid in year	Paid within target	% paid within target
Non-NHS - number of bills	23,738	20,719	87.3%
Non-NHS - value of bills (£k)	40,887	33,439	81.8%
NHS - number of bills	313	174	55.6%
NHS - value of bills (£k)	3,938	2,106	53.5%
Total - number of bills	24,051	20,893	86.9%
Total - value of bills (£k)	44,825	35,545	79.3%

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.

In the absence of a balance sheet plan agreed with NHSE/I, comparisons have been made between the current month's cashflow and that in the prior month.

- Capital expenditure in M02 (£1.0m) was marginally higher than M01 (£0.9m). The principal expenditure YTD has been COVID (£0.3m), medical equipment (£0.3m) and ED reconfiguation (£0.3m).

- Total capital-related cashflow in M02 (£1.5m) was broadly in line with M01 (£1.8m). The reduced paying down of the capital creditor was offset by increased capital loan repayments.

Other elements:

- Working capital debtor movements was £1.8m adverse, primarily due to Torbay Council debtors for COVID suport and ASC precept £1.7m. This was £1.9m adverse to M01 movements, which were neutral.

- Working Capital creditor movements was £2.5m favourable, primarily due to COVID community accruals £1.0m and the timing of the weekly payment run £0.9m. This was £27.7m adverse to M01, which had included the initiation of the £31.4m COVID advance funding regime.

- Other cashflow movements was neutral. This was £4.1m adverse to M01, which had included the receipt of £4.1m of new PDC funding.

Month 2 Finance Report
Appendix 1

- Torbay System   Page 1
- South Devon System   Page 3
- Corporate Finance reports   Page 5
- Covid 19 return finance report   Page 7

FINANCE SCORECARD – TORBAY SYSTEM

Paignton & Brixham ISU - Torquay ISU - Independent Sector - COVID 'Early Discharge'

FINANCE RUN-RATE – rolling 13 months

Average monthly expenditure is £19m for the last three month period compared to a previously monthly average of £18m. This is being driven by COVID related costs of circa £1m (Early Discharge Independent Sector 'IS').

IS costs are also higher from April due to Inflationary Uplifts (over 4%) and increased ASC costs (reduction in unsourced packages of care). However, offsetting this acute non pay costs are lower in April / May due to reduced activity levels (particularly high cost drugs).

Pay has remained relatively consistent over rolling 13 month period.

NHS Contract Income has been blocked for months 1-4 at Trust level linked to NHSI issuing a 4 month plan for providers to break even. New guidance anticipated shortly for the remainder of the year.

Shadow PbR monitoring will start later in the year. Other sources of income are various contracts and recharges.

INNOVATION PROJECTS / £ CIP

The plan for the system to deliver CIP in 2021 was set in the NHSI plan March 20. The first 4 months are now void due to the impact of COVID, leaving targets to be reset and issued from month 5 to 12.

Schemes against these targets to be reviewed in conjunction with both recovery and revised business planning.

Cost base lower in months 1-4 due to COVID heavily impacting activity levels, particularly in P&B. In months 5-12 cost base is forecast to increase but the rate of this will link to recovery plans developed, national initiatives around COVID and funding agreements.

Moving forward the focus needs to be the development of recovery plans with financial considerations to facilitate more refined financial modeling.

INCOME MONITORING

FORECAST REPORTING

Board Table of Key Metrics

	Drivers	Risk	Actions Taken	Tick charts
P&B & Torquay ISU's	Reduced activity due to COVID resulting in increased waiting lists. Ongoing social distancing requirements makes Recovery / Standing back up services difficult (particularly Acute Services).	Waiting lists will increase and KPI's / standards won't be achieved unless additional financial cost is incurred (relating to EFM, IT and Pay areas).	Recovery plans being developed with Financial impact as part of the template. Recovery plans also require Senior Managers approval (Big Room / Silver / Gold Etc.)	
M1-4 Funding arrangements	A whole range of specialties within both Torquay and P&B are underspending but overall the Trust has to manage is Financial position to break even.	Specialties think that any underspends from Months 1-4 are available to be used to support Recovery Plans etc. for the remainder of the year.	Funding arrangements are communicated through formal reporting and governance routes within the Trust and updates to be provided once national guidance is released.	
Independent Sector	COVID has temporarily increased costs. Targeted approach has seen some rates increase, VOIDS being paid and financial assistance offered to providers.	COVID will continue to impact the IS and that providers will demand that temporary measures are put on a more formal footing.	Strategy in place, based around known funding sources (grants). Offers to the market based on this Strategy and continued to be on a targeted approach.	

Underpinning the above is a reliance on staffing resources, be it within our own Trust or the Independent Sector providers. The ability to manage fatigue and annual leave requirements will be pivotal. Further impacts are unknown and

FINANCE SCORECARD

<u>South Devon system view;</u>

Coastal ISU - Newton Abbot ISU   - Moor to Sea ISU - Shared Operations - COVID Collection

FINANCE RUN-RATE – rolling 13 months

Run rate expenditure for Apr and May is an average of £9.5m being 13.5% lower than the previous quarter Jan – Mar 20 . Main driver being impact of COVID -19 reduction in patient activity with reduced costs across medical staff ,supplies, and temporary staffing . The trend in expenditure run rate over the last 13 months in the South System, has been c£11.4m per month, with an average reduction of £1m per month to £10.4m in the first two months of this financial year.

INCOME MONITORING

NHS Contract Income has been blocked for months 1-4 at Trust level, and providers expected to breakeven even months 1-4. Further National guidance expected shortly. Shadow PbR monitoring will start later in the year. Other sources of income are various contracts and recharges.

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Innovation Projects/ £ CIP

No CIP is expected to be recorded to NHSI months 1 – M4 due to impact of COVID. Targets to be reset and issued M5 – 12, delivery of CIP within recovery workstreams, and revised business planning.

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FORECAST REPORTING

Forecast to be refined once activity estimates produced and clarity and scope of services resuming. Early estimates shows run rates increasing c10% from M5 - although not to pre coved levels. Dependent on standing back up of services, National guidance and performance targets, recovery workstream outcomes, response to COVID. Main focus going forward is developing recovery plans and scenario modelling for robust forecasting and clarity.

Board Table of Key Metrics

(consistent between ISU/System and PFDC)

	Drivers	FOT/Variance	Actions Taken:	Tick charts- 13 month actual rolling run rate
Newton Abbot ISU	Reduced run rates continue due impact of COVID, significant lower patient numbers ED and Newton Abbot hospital. Reduced bank cost M2 mainly in ED	Response to COVID for red and green ED remains until further agreement. Clarity required over standing up of services, appropriate use of NA hospital. Forecast process to be refined when shape of future services clarified. Reduction in run rate unlikely to continue	Standing up of services under review. Reduced efficiency due to response to COVID - Estates, PPE, capacity, impact on other service. Business case drafted ED pathway - pending decision.	5,000 / 2,500 / 0
Coastal ISU	Reduction in surgical cases c70% due to COVID, reduced theatre capacity for refurbishment. Assumption theatre availability driving some increases from month 3. Bank and agency reduced M2 wards and medical staff General Surgery	52 week recovery activity currently ceased pending guidance. Assumption DSU/Eye theatre not in use until further notice (currently ED) due to COVID. Costs will increase pending KPI's and WLI	Growing back log of patients, planning underway to restart/maximize activity pending NHSI guidance. Completion of activity forecasting by 12/6/20 , standing up of services and recovery.	10,000 / 5,000 / -
Moor to Sea ISU	M2S run rates continue to be marginally lower than average for 2019/20. Response to COVID has required support ot other areas. Run rate reduction other income correction M1	Community services need to be redefines to deliver on going and safer services to patients in response to COVID. Run rates likely to increase post M4 as services resume.	Potential impact in run rates for "Hot" and "Cold" teams. Standing back up of essential services in progress. New ways of working opportunities virtual appointments, Attend Anywhere, etc.	2,000 / 1,000 / 0
Shared Operations ISU	Share Ops increase in run rate winter pressures. Apr 20 transfer in of Warrington and Elizabet ward. Response to COVID. Run rate reduction M2 Patient Transport and Warrington Ward.	Fluctuations to be reviewed for winter and other pressures, temporary staffing requirements on seasonal wards	Run rates risk of increasing Potential impact of Warrington and Elizabeth wards, seasonal demand	2,000 / 1,000 / 0
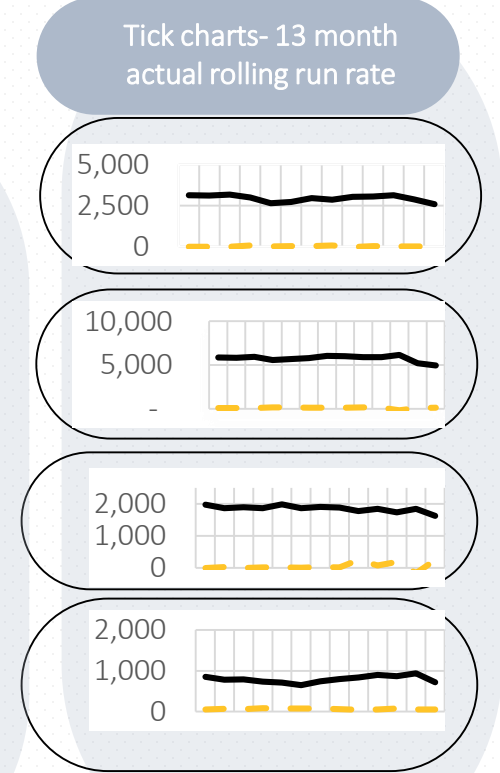
South System and Shared Operations costs overall are lower in month 1 and 2 compared to an average of the past quarter 2019/20. Pay costs lower M2 mainly bank and agency costs for wards, ED and medical staff, to the impact of COVID and reduced patient activity. Run rate reduction unlikely to continue, and risk of staff resource availability as the year progresses, annual leave back log, sickness etc. . COVID related incremental costs are c£4.3m for Apr and May 20, and are recorded separately with a net neutral position pending NHSI review and recorded separately within Shared Operations ISU.

FINANCE SCORECARD

Corporate system view:
Executive Directors, EFM, Pharmacy, SDU, R&D, IA, Financing and Reserves

FINANCE RUN-RATE – rolling 13 months

Corporate net expenditure is £0.25m lower (4.7%) than the average of month 8-10 last year, but this is due to top-up income expectation for Covid-19 of £1.4m per month. Pay is 7% higher and non-pay 3% lower than month 8-10.

NHS Contract Income has been blocked for months 1-4 at Trust level. Shadow PbR monitoring will start later in the year. EFM income loss of £327k during M01-02 is now reflected in the ISU. Education income reflects a provisional reduction in activity. Other sources of income are in line with prior months.

INCOME MONITORING

Innovation Projects/ £ CIP

The Corporate system budget for month 1-4 includes the CIP targets set out in the March version of the 2020 plan. The NHSI budget excludes CIP, but revised arrangements and targets are expected to be issued for month 5-12.

The initial forecast indicates that net expenditure will rise by 20% by the end of the year (compared with M08-M11):
Pay costs rise of 6% (£0.2m)
Non-pay costs rise of 7% (£0.3m)
Other income fall of 36% (£0.9m)
Assumptions in each of these areas will be reviewed during June

FORECAST £ REPORTING

Corporate Table of Key Metrics

	Drivers	FOT/Variance Risk	Actions Taken:	Tick charts run-rate (£m)
EFM	Lost income (M01-02) of £327k reflected in ISU figures. Repairs and maintenance demand expected to increase	ISU charge to Covid-19 of £134k risk of returning to the ISU position R&M will create cost pressure	Repairs and maintenance demand to be monitored.	5,000 – 0
Executive Directors	HIS non-pay profile has peaks in yr. Education & nursing recruitment activity reduced due to Covid-19. Contribution to STP running costs increased	HIS spend profile does not reflect cost spread to the TSD across year Future impact of reduced training provision	HIS spend profile flattened across the year	5,000 – 0
Reserves	£2m annual leave accrual from m12 now adjusted to nil in M02 £5.7m Covid-19 top-up income profiled between M01-04	Leave entitlement risk from cost of providing cover when leave peaks Uncertain that total value of top-up will be received	tbc	20,000 – - – -20,000
Other ISUs	R&D trials activity reduced Pharmacy ISU future pay risks	R&D trials income unlikely to recover in the short-term. Pharmacy recovering from short staff not reflected in allocation	R&D staff resources re-deployed	

Corporate services net costs are higher than the average of month 8-10 in 2019/20, after excluding the effect of the provisional Covid-19 top up income. Pay costs are 7% higher, non-pay costs are 3% lower, due to the overall reduction of activity across the Trust. Other income is reduced, due to the impact of Covid-19 on services and also collection of certain income centrally under the interim arrangements.

INSERT FOR BOARD REPORT May 2020:

ACUTE COVID 19 RETURN:

The Trust has submitted the following COVID returns in line with latest NHSI Guidance (embedded below) and templates issued:

COVID Return	May 2020
Capital Submission [1]	£221,694
Revenue Submission	£4,825,711

Updated COVID May 2020

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The basis for reimbursement is for costs incurred incrementally above those of normal business.

The Trust's COVID Revenue collection will be expanded as necessary to allow for costs collection of supporting the Nightingale Unit (hosted by the RDE). The Trust currently does not have any costs relating to Nightingale support.

COVID YTD Revenue Expenditure Summary Month 2

Covid-19 YTD Expenditure Month 2 2020/21	Total Expenditure PLAN 31/05/2020 YTD £'000	Total Expenditure Actual 31/05/2020 YTD £'000	Of Which COVID-19 Actual 31/05/2020 YTD £'000
Total operating expenditure	**84,106**	**86,997**	**4,826**
Total employee benefits excluding capitalised costs	43,222	45,074	2,373
Total operating expenditure excluding employee expenses	40,884	41,923	2,453

COVID Revenue Forecast to month 4

NHSI has currently requested a forecast for four months to end of July 2020. COVID related spend from month 5 onwards to the end of the financial year will be provided once further guidance has been received from NHSI

		Actual		Forecast	
Cost Centre Description	**Expenditure**	**202001**	**202002**	**202003**	**202004**
COVID 19 - Revenue	Operating expenditure - Non Pay	1,305	1,147	1,147	1,147
	Operating expenditure - Pay	871	1,502	1,250	1,250
		2,176	**2,649**	**2,397**	**2,397**

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[1] Comprising Medical Equipment £171,528 and Estates works totalling £50,166

COVID Detail Expenditure by month as at M2 2020/21

COVID 19 Expenditure by month 2020/21	202001 £'000	202002 £'000	Total £'000	Movement in spend + increased (-) reduced £'000	Expected direction of spend as per NHSI guidance May 20
Accommodation	81	106	188	25	*n/a*
Decontamination	40	11	51	(29)	*Maintain*
Direct porvision of Isolation pod	1	0	1	(1)	*Decrease*
Enhanced PTS	3	3	6	0	*Increase*
Inc ITU capacitY,assisted respiratory etc	254	164	418	(90)	*Maintain*
Other (catering)	17	3	20	(14)	*n/a*
PPE	413	443	855	30	*n/a*
Remote management of pateints	127	4	131	(123)	*Will increase*
Remote working non patient activies	61	-	61	(61)	*Decrease*
Segregation of patient pathways	187	225	412	38	*Increase*
Support staying at home models	32	20	52	(12)	*Likely to increase*
Virus testing	90	168	258	78	*Will increase*
Backfill for higher sickness absence	513	550	1,063	36	*Decrease*
Existin workforce additional shifts	338	908	1,246	570	*Decrease*
Expanding medical / nursing workforce	20	45	65	25	*Likely to increase*
Total	**2,176**	**2,649**	**4,826**	**473**	

It can be seen in the table above that at this stage the direction of spend from April to May correlates to the guidance for only four categories being Remote working non-patient activity, Segregation of pathways, Virus testing and Expanding medical workforce. There are several factors that could impact why movements do not correlate in the other categories, which will be reviewed again next month, and are as follows:-

- Patient activity
- Timings of pay claims for additional shifts, payroll cut-off date, payments in arrears
- Volume of work and purchases made in April - e.g. Segregation of Pathways, Remote Management of Patients, Remote working
- Estimate of accruals higher than actual costs
- Costs awaiting approval for COVID expenditure, timings of accruals
- Categorisation of spend areas may need further review by review of individual invoice for clarification and technical/ medical descriptions.

HOSPITAL DISCHARGE COVID RETURN:

Due to the integrated nature of the Trust this element of COVID costs is a combination of Health and Adult Social Care (Torbay Council) funding streams. As part of this, new funding streams are still coming through and details of the recent Infection Control Fund are embedded below.

PDF

Adult Social Care
Infection Control Fund

Spend to date this financial year is circa £2m and towards this Torbay Council has contributed £500K. This is summarised in the table 1 with more detail provided below.

COVID Costs and Income	May YTD Expenditure £'000	May YTD Council Contribution £'000	Month 4 FOT YTD Expenditure £'000	Month 4 FOT YTD Council Contribution £'000
Hospital Discharge	2,013	500	3,221	1,000

Infection Control Fund	-	-	1,030	1,030
Total	**2,013**	**500**	**4,251**	**3,030**

Torbay Council have agreed an initial £1m contribution towards Hospital discharge, and we are awaiting formal confirmation on a potential further £1m support.

Infection control monies of £2,060 have been committed to Care Hoes via the Trust, and in addition to this there is a further £688K of funding available within the Infection Control Fund of which plans are currently being developed between the Trust and Torbay Council.

	Actual	Commitments (not full forecast)					
Area	April & May	April & May	June	July	Aug	Sept	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
EXPENDITURE							
Residential & Nursing Home VOIDS	73	114	149				336
Dom Care & Supported Living VOIDS	111	89	100				300
Early Discharge Packages Torbay	395	159	307				861
Dom Care LW@H Rate Uplift	90	121	111				322
Reduction in Client Contributions		101	49				150
Agincare (additional block contract)	2	41	22				65
Residential & Nursing Home Financial Assistance	121	403	125				649
Initial Schemes – Overrun				250			250
Infection Control – Care Homes			515	515	515	515	2,060
Expenditure Total	**792**	**1,028**	**1,378**	**765**	**515**	**515**	**4,993**
Early Discharge Packages – S. Devon	**0**	**193**	**95**				**288**
INCOME							
Torbay Council COVID Core	(500)		(250)	(250)	-	-	(1,000)
Torbay Council – Infection Control Fund			(515)	(515)	(515)	(515)	(2,060)

Notes

(1) Above is based on initial offers ending on 30th June and Infection Control Fund element specifically for Care Homes (75% of overall grant) being fully utilised.

(2) Residential & Nursing Home Financial Assistance is the expenditure area most difficult to calculate. A number of providers have not submitted any claims to date but could potentially do so. Also, this area from June onwards has strong links to the new Infection Control fund.

(3) Infection Control Fund – The above only assumes 75% of the overall funding that Torbay Council has received. There is an additional £688K available that needs consideration.

(4) Early Discharges Packages – Guidance still required on repatriation with revised guidance anticipated very soon.

(5) There is potentially an additional £1m of Core COVID funding available from Torbay Council.

(6) Health COVID cost is the value accounted for in the Trusts M2 financial position as submitted to NHSI.

	ISU	Target	13 month trend	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Year to date
QUALITY LOCAL FRAMEWORK																	
Reported Incidents - Severe	Trustwide	<6		0	1	0	2	0	0	1	1	0	0	0	0	2	2
Reported Incidents - Death	Trustwide	<1		0	0	0	0	1	0	1	0	0	0	0	0	1	1
Medication errors resulting in moderate harm	Trustwide	<1		1	0	0	0	0	0	0	0	0	1	1	0	0	0
Medication errors - Total reported incidents	Trustwide	N/A		48	39	46	61	38	46	59	46	53	60	45	19	23	42
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		0	0	0	0	0	0	0	0	1	2	0	1		1
Never Events	Trustwide	<1		1	0	0	0	0	0	1	0	0	0	0	0	0	0
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		7	4	2	5	2	5	7	4	1	5	3	3	4	7
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams	Trustwide	<1		0	0	2	2	2	0	0	0	0	2	0	1	0	1
Formal complaints - Number received	Trustwide	<60		22	23	35	24	26	31	30	14	34	22	19	2	3	5
VTE - Risk Assessment on Admission (Acute)	Trustwide	>95%		91.0%	90.7%	92.2%	90.1%	89.9%	92.2%	93.2%	91.7%	91.7%	92.3%	90.5%	86.4%	92.1%	89.6%
VTE - Risk Assessment on Admission (Community)	Trustwide	>95%		100.0%	97.5%	97.8%	98.7%	98.8%	95.3%	98.9%	97.6%	98.9%	100.0%	97.6%	93.9%	96.2%	94.9%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		102.8	107.6	116.2	111.6	101.2	99.3	97.6	101.7	91.4	82.1				99.7
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		91.7%	90.9%	90.1%	93.9%	88.9%	88.8%	89.6%	90.4%	91.3%	89.2%	88.9%	88.9%	88.9%	88.9%
Safer Staffing - ICO - Nightime	Trustwide	90% - 110%		91.8%	93.7%	92.8%	100.3%	91.3%	91.6%	93.2%	91.7%	92.9%	91.4%	91.3%	91.3%	91.3%	91.3%
Infection Control - Bed Closures - (Acute)	Trustwide	<100		42	12	36	63	34	0	42	0	204	108	0	4	0	4
Hand Hygiene	Trustwide	>95%		87.7%	93.8%	93.5%	95.2%	95.7%	96.1%	97.2%	94.1%	96.1%	93.5%	94.9%	99.4%	98.8%	99.1%
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	Trustwide	>90%		73.3%	62.5%	56.8%	77.4%	51.6%	63.4%	73.1%	76.9%	83.9%	82.4%	80.0%	80.0%	97.4%	
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		75.5%	79.1%	86.8%	80.4%	96.4%	87.2%	93.3%	84.5%	75.8%	79.6%	90.2%	66.7%	90.6%	80.1%
Follow ups 6 weeks past to be seen date	Trustwide	6400		6459	6803	6906	7393	6793	6694	6725	7243	6391	6147	7056	8824	14211	14211
WORKFORCE MANAGEMENT FRAMEWORK																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<3.8%		4.2%	4.2%	4.3%	4.3%	4.3%	4.3%	4.4%	4.5%	4.5%		4.5%	4.5%		4.3%
Appraisal Completeness	Trustwide	>90%		80.0%	79.0%	80.0%	78.0%	78.0%	77.3%	78.0%	78.5%	80.1%	81.6%		71.6%	71.0%	78.0%
Mandatory Training Compliance	Trustwide	>85%		90.2%	90.9%	90.3%	90.8%	90.3%	90.6%	90.5%	90.4%	90.8%	90.4%		90.1%	88.0%	90.3%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		10.7%	10.8%	11.2%	11.2%	11.3%	11.4%	11.4%	11.4%	11.7%	11.7%		10.5%	10.5%	

	ISU	Target	13 month trend	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Year to date
COMMUNITY & SOCIAL CARE FRAMEWORK																	
Number of Delayed Discharges (Community) *	Trustwide	<315		356	419	508	562	392	373	319	344	462	588	393	121	21	142
Number of Delayed Transfer of Care (Acute)	Trustwide	<240		185	97	101	112	189	305	230	198	190	235	175	14	17	31
Timeliness of Adult Social Care Assessment assessed within 28 days of referral	Trustwide	>70%		77.0%	74.6%	77.0%	72.5%	71.1%	69.5%	68.9%	68.8%	69.0%	70.0%	70.7%	70.0%	72.0%	72.0%
Clients receiving Self Directed Care	Trustwide	>90%		90.8%	90.3%	90.3%	90.1%	89.6%	89.0%	89.0%	89.1%	89.3%	88.1%	87.7%	85.0%	83.1%	83.1%
Carers Assessments Completed year to date	Trustwide	40% (Year end)		7.8%	13.2%	18.6%	23.2%	26.7%	29.2%	28.4%	35.4%	36.6%	38.5%	39.6%	2.2%	4.3%	4.3%
Number of Permanent Care Home Placements	Trustwide	<=600		619	631	629	634	648	641	640	645	627	624	632	628	623	623
Children with a Child Protection Plan (one month in arrears)	Trustwide	NONE SET		186	201	228	219	206	184	176	192	202	191				194
4 Week Smoking Quitters (reported quarterly in arrears)	Trustwide	NONE SET			54			109							231		231
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	NONE SET			5.6%			5.3%							6.1%		6.1%
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%
CAMHS - % of patients waiting under 18 weeks at month end	Trustwide	>92%		83.9%	82.6%	83.2%	86.2%	91.7%	91.7%	92.4%	91.5%	91.3%	89.9%	78.8%	64.1%	59.8%	60.0%
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET		550	514	567	563	569	594	530	556	558	530	520	532	515	515
Intermediate Care - No. urgent referrals	Trustwide	113		189	179	188	174	178	216	205	201	239	202	219	231	236	467
Community Hospital - Admissions (non-stroke)	Trustwide	18/19 profile		249	220	196	202	204	226	230	212	211	186	202	138	172	310
NHS I - OPERATIONAL PERFORMANCE																	
A&E - patients seen within 4 hours	Trustwide	>95%		84.2%	80.3%	84.3%	79.4%	80.7%	82.7%	77.3%	77.9%	76.2%	82.2%	86.1%	94.1%	96.5%	95.5%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		81.8%	81.5%	81.1%	80.7%	80.4%	79.9%	80.0%	79.9%	79.8%	79.5%	76.2%	69.3%	61.7%	65.4%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		86.5%	78.8%	84.4%	77.4%	78.9%	72.9%	78.8%	85.9%	83.6%	75.3%	71.8%	72.5%	74.2%	73.2%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		12.1%	11.7%	13.6%	14.9%	15.7%	10.0%	6.4%	7.9%	10.2%	7.4%	11.3%	47.7%	53.3%	50.3%
Dementia - Find - monthly report	Trustwide	>90%		88.1%	92.8%	98.7%	90.3%	88.5%	87.5%	94.4%	88.4%	81.9%	94.3%	98.0%	98.4%	98.6%	98.5%

	ISU	Target	13 month trend	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Year to date
LOCAL PERFORMANCE FRAMEWORK 1																	
Number of Clostridium Difficile cases reported	Trustwide	<3		5	5	4	6	3	8	2	4	4	5	0	4	9	13
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		77.7%	69.5%	83.4%	83.4%	88.3%	68.2%	77.8%	85.3%	74.8%	84.8%	87.1%	80.8%	93.5%	88.4%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		97.5%	98.9%	98.9%	98.7%	97.3%	91.5%	100.0%	97.3%	97.1%	98.9%	95.1%	96.3%	100.0%	98.5%
Cancer - 28 day faster diagnosis standard	Trustwide			63.5%	63.6%	74.0%	73.3%	70.6%	71.8%	73.2%	71.9%	66.9%	74.5%	74.8%	59.8%	80.7%	70.5%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%		99.5%	97.3%	97.0%	94.7%	98.5%	96.8%	98.0%	97.6%	96.8%	98.8%	99.0%	97.7%	98.4%	98.0%
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%		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%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%		96.9%	100.0%	95.9%	98.4%	95.9%	95.9%	95.8%	95.2%	89.5%	93.5%	97.7%	93.0%	98.2%	96.0%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		97.1%	96.8%	100.0%	93.9%	93.8%	94.7%	95.0%	97.1%	86.2%	91.4%	100.0%	96.7%	84.0%	90.9%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		90.9%	92.9%	93.8%	100.0%	100.0%	86.7%	85.7%	100.0%	100.0%	85.7%	76.5%	73.3%	0.0%	61.1%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			41	34	28	31	36	39	27	24	24	21	21	19	42	42
RTT 52 week wait incomplete pathway	Trustwide	0		59	83	84	105	89	79	69	71	80	43	53	93	194	194
On the day cancellations for elective operations	Trustwide	<0.8%		0.9%	1.4%	1.6%	1.3%	2.2%	1.1%	0.9%	0.6%	1.2%	1.0%	2.1%	0.7%	0.6%	0.6%
Cancelled patients not treated within 28 days of cancellation *	Trustwide	0		3	6	19	9	8	8	7	3	3	10	5	46	2	48
Bed Occupancy	Overall System	80% - 90%		91.4%	90.5%	94.0%	95.3%	95.4%	95.8%	97.6%	98.6%	98.6%	97.8%	92.4%	54.6%	64.8%	59.7%
Number of patients >7 days LoS (daily average)	Trustwide			130.6	125.5	124.8	128.3	131.7	127.4	121.5	120.1	128.1	130.3	119.8	100.5	70.8	128.9
Number of extended stay patients >21 days (daily average)	Trustwide			29.7	26.6	29.8	29.0	35.9	34.3	28.0	23.1	25.5	27.7	26.0	22.6	18.1	31.0
LOCAL PERFORMANCE FRAMEWORK 2																	
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		61	83	81	137	90	47	104	113	117	88	43	16	9	25
Ambulance handover delays > 60 minutes	Trustwide	0		11	4	5	12	2	5	13	14	14	7	5	1	0	1
A&E - patients recorded as >60min corridor care	Trustwide			319	424	384	447	416	382	494	463	495	335	115	0	0	0
A&E - patients with >12 hour visit time pathway	Trustwide			90	146	123	212	145	103	247	158	182	136	32	66	0	66
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0		0	0	0	0	0	0	1	3	1	3	1	0	0	0
Number of Clostridium Difficile cases - (Acute) *	Trustwide	<3		1	4	4	5	3	5	1	3	4	5	0	3	7	10
Number of Clostridium Difficile cases - (Community)	Trustwide	0		4	1	0	1	0	3	1	1	0	0	0	1	2	3
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		63.8%	62.8%	67.2%	66.3%	67.1%	66.4%	63.0%	64.1%	65.7%	62.0%	70.6%	76.9%	78.4%	77.8%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		23.9%	29.4%	39.9%	38.2%	35.0%	32.6%	25.8%	36.8%	41.5%	40.5%	44.5%	57.1%	54.1%	55.2%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%		77.3%	86.4%	86.4%	81.8%	68.2%	68.2%	77.3%	81.8%	81.8%	95.5%	68.2%	95.5%	86.4%	90.9%

	ISU	Target	13 month trend	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Year to date
NHS I - FINANCE AND USE OF RESOURCES																	
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide			-925	-72	-1447	-1363	-473	-3022	-4464	-6555	-9693	-13294	-23577	218	524	
Agency - Variance to NHSI cap	Trustwide			-1.21%	-1.23%	-1.14%	-1.17%	-0.98%	-1.03%	-1.06%	-1.07%	-1.01%	-0.98%	-0.87%	0.79%	0.80%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide			-1191	-1296	-891	-239	-342	-1584	-2357	-2872	-4983	-7078	-9325			
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide			501	893	1146	2637	3301	4420	6559	7632	8191	9595	4249	567	1112	
Distance from NHSI Control total (£'000's)	Trustwide			-1213	91	-1248	-1019	58	-1651	-2833	-4616	-7648	-10926	-20367	0	0	
Risk Share actual income to date cumulative (£'000's)	Trustwide			0	0	0	0	0	0	0	0	0	0	-2000	0	0	
ACTIVITY VARIANCE vs PREVIOUS YEAR																	
Outpatients - New	Trustwide			-0.4%	-1.8%	0.2%	-1.2%	-1.0%	-2.4%	-3.4%	-3.4%	-2.4%	-2.7%	-3.1%	-67.1%	-61.4%	-61.4%
Outpatients - Follow ups	Trustwide			0.9%	0.9%	1.9%	0.8%	1.5%	1.1%	0.7%	1.2%	1.3%	1.3%	0.2%	-51.9%	-47.1%	-47.1%
Daycase	Trustwide			7.9%	4.0%	4.0%	2.9%	3.8%	2.5%	3.1%	2.8%	2.4%	1.8%	0.0%	-64.1%	-60.5%	-60.5%
Inpatients	Trustwide			-1.6%	-4.2%	-3.0%	-0.6%	-1.7%	-2.2%	-0.3%	2.0%	4.5%	4.8%	3.6%	-62.4%	-56.0%	-56.0%
Non elective	Trustwide			-0.9%	-2.9%	-3.5%	-4.5%	-3.4%	-2.3%	-1.7%	0.1%	0.5%	1.2%	0.4%	-44.5%	-39.7%	-39.7%
INTEGRATED CARE MODEL																	
Intermediate Care Referrals (All)	Trustwide			331	355	358	339	380	394	385	400	450	368	358	414		
Intermediate Care GP Referrals	Trustwide			86	96	96	81	87	98	85	94	125	89	78	91		
Average length of Intermediate Care episode	Trustwide			16.375	12.172	16.961	18.863	15.759	15.305	13.428	14.987	14.172	14.281	14.035	10.029		
Total Bed Days Used (Over 70s)	Trustwide			10385	9944	10176	10487	10372	10564	9903	10484	11576	10490	10937	0		
- Emergency Acute Hospital	Trustwide			6336	5759	5911	5856	5776	6181	5900	6328	6879	6067	6238	0		
- Community Hospital	Trustwide			2756	3031	2913	3366	3295	3180	3100	3174	3387	3147	3786	0		
- Intermediate Care	Trustwide			1293	1154	1352	1265	1301	1203	903	982	1310	1276	913	0		

Report to Trust Board of Directors		
Report title: Covid-19 Infection Prevention and Control Public Health England Board Assurance Framework		Meeting date: 24 June 2020
Report appendix	Draft action plan for requirement notices	
Report sponsor	Chief Nurse and Deputy Chief Executive	
Report author	Chief Nurse and Deputy Chief Executive Director of Infection Prevention and Control (DIPC) Lead Nurse Infection Prevention and Control	
Report provenance	Executive Directors	
Purpose of the report and key issues for consideration/decision	To update the Board on the status of the CQC inspection report and to provide the draft action plan to address the requirement notices listed in the draft report.	

Action required (choose 1 only)	For information ☐	To receive and note ☒	To approve ☐
Recommendation	Note the contents		

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**	16
	Risk Register		**Risk score**	

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

Report title: Covid-19 Infection Prevention and Control Public Health England Board Assurance Framework		Meeting date: 24 June 2020
Report sponsor	Chief Nurse	
Report author	Chief Nurse	
	Chief Nurse and Deputy Chief Executive	
	Director of Infection Prevention and Control (DIPC)	
	Lead Nurse Infection Prevention and Control	

1.0   Introduction

1.1   Aim:

This paper presents the compliance status of the Trust against the NHSE/I Infection Prevention and Control Board Assurance Framework. Using this framework is not compulsory, however its use as a source of internal assurance will help support the Trsut to maintain quality standards.

2.0   Discussion

2.1   Background:

The coronavirus, which causes the respiratory disease known as Covid-19, was first confirmed in the UK at the end of January 2020. After an initial surge phase in March, the number of positive cases admitted to the hospital has reduced to zero in June to date. Infections in the UK have substantially reduced towards the end of May. Increased relaxing of lockdown is being phased in and we are yet to see the impact of this. Devon wide and Trust planning continues for a possible second spike later in the year and this includes the development of the Exeter Nightingale facility to support a system wide response.

During March the Trust operationalised the Gold control and command function of a major incident. This included several workstream cells to manage PPE, workforce, estates and facilities and recovery. In May, NHSE/I direction was to focus on the recovery and transition phase which involves the restoration of services to return to business as usual. This phase is being led by the Executive Director for Transformation and Partnerships in collaboration with the CCG and STP to ensure a system approach.

2.2   Infection control:

In April the Department of Health and Social Care (DHSC) jointly with Public Health England (PHE) published: 'COVID-19: infection prevention and control guidance', this was updated in May. The purpose of this guidance was to ensure a consistent and resilient UK wide approach whilst acknowledging there may be some operational difference between the nations. The latest version collates the available evidence and

feedback received from users and updates sections to improve the guidance to ensure the recommendations help prevent the spread of COVID-19 and keep people safe.

Throughout the first phase of the pandemic there have been a number of other Covid-19 publications that impact on infection prevention and control including those relating to PPE, social distancing, shielding and clinical pathways.
The Trust Director of Infection Prevention and Control (DIPC) has been central to the implementation of the guidance documents and has provided timely and clear clinical and operational advice to the Covid-19 cells. The DIPC has been part of the Gold cell dialling to the daily calls to ensure the Trust is appraised of the latest guidance and clear on which cell is leading the response.

The breadth and volume of directives and guidance relating to infection prevention and control issued during the first phase has been considerable and for this reason NHSE/I published a board assurance framework in May to support all healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks. The framework is intended to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. Dr Selina Hoque Trust DIPC has completed the assurance documents and confirmed that the Trust is complying with the guidance published to date.

2.3 Board Assurance Framework:

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigation**
Infection risk is assessed at the front door and this is documented in patient notes	Risk assessment to Blue or Green ED is performed at ED triage	Risk assessment not always recorded in case notes in all cases	Clinical Site Managers are emailed all COVID positive results. To audit compliance
Patients with possible or confirmed COVID-19 are not moved unless this is appropriate for their care or reduces the risk of transmission	TSDFT moves a 'COVID result pending' from an isolation room to a COVID or non-COVID cohort area when the result is available. Patients with a COVID negative result but with Clinical or radiological signs of COVID will be kept is a side room.		
Compliance with the PHE national guidance around discharge or transfer of COVID-19 positive patients	Compliant see ICON site for COVID Discharge policy and 7d (fit & well) or 14d (ICU /immunosuppressed) discharge rule is followed.		
Patients and staff are protected with PPE, as	Compliant see ICON site for COVID policies, training videos and Emails		

Key lines of enquiry	Evidence	Gaps in assurance	Mitigations
per the PHE national guidance	from PPE Cell. Linked to Devon PPE cell to align supply processes.		
Patients and staff are protected with PPE, as per the PHE national guidance	Compliant see ICON site for COVID policies, training videos and Emails from PPE Cell.		
National IPC PHE guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way.	Compliant. Performed by Silver team and emailed to relevant staff. Daily Trust VLOG. Daily staff Bulletin. Emails.		
Changes to PHE guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	Compliant. Guidance sent to PPE Cell, DIPC & IP&C team. Deficiencies in PPE escalated daily to Gold command & Execs. COVID-19 Board reports.		
Risks are reflected in risk registers and the Board Assurance Framework where appropriate	Compliant. Corporate COVID-19 Risk Register in place. The risk has been updated weekly in phase 1. A new risk reflecting phase 2 has been developed.		
Robust IP&C risk assessment processes and practices are in place for non COVID-19 infections and pathogens	Compliant. IP&C Risk Register incorporates relevant Corporate COVID-19 risks.		

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigations**
Teams with appropriate training care for and treat patients in COVID-19 isolation or cohort area	Compliant. E.g. ICU, Forrest ward NIV team, Dart ward Community hospital staff		
Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	Compliant. Cleaning teams have access to and trained in use of Non-Aerosol Generating Procedure (AGP) PPE. Specific areas such as ICU and Theatres have staff trained in AGP PPE.		
Decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE national guidance	Compliant. Training delivered at start of COVID-19 Pandemic. PHE COVID-19 IP&C Guidance on Clinical Effectiveness policies site		
Increased frequency of cleaning at least twice daily, in areas that have higher	Compliant. At least twice daily cleaning performed in COVID areas. Evidence	Head of EFM will check that twice daily cleaning across all	

environmental contamination rates as set out in the PHE national guidance Attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas	in sign off sheets.	clinical areas in the organisation.	
Cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses	TSDFT is compliant using Actichlor Plus 1,000ppm and when this is not available using So Chlor 1,000ppm available chlorine		
Manufactures' guidance and recommended product 'contact time' must be followed for all cleaning/ disinfectant solutions/products as per national guidance:	TSDFT is compliant with 15 mins contact time.		
Frequently touched' surfaces, e.g. door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids.	TSDFT compliant and has Enhanced cleaning of frequently touched surfaces, every 2 hours in COVID positive or COVID possible areas.		
Electronic equipment, e.g. mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily.	Comms has been released & separate Junior Dr Comms sent by DIPC.	Request made, by DIPC, to both Dir Prof Nurse Practice to disseminate to Clinical Service Leads on 28/5/2020. Complete	
Rooms / areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily).	Processes are in place to make TSDFT compliant		
Linen from possible and confirmed COVID-19 patients is managed in line	Hotel Services manage laundry with a commercial partner and		

with PHE national guidance and the appropriate precautions are taken	IP&C guidance is adhered to.		
Single use items are used where possible and according to Single Use Policy	The Trust has a single use policy in place (within the Decontamination Policy 1112) and is on ICON		
Reusable equipment is appropriately decontaminated in line with local and PHE national policy.	Decontamination with 1,000ppm available chlorine or using Chlorox wipes 5,000ppm available chlorine, is in place. DIPC has also approved alcohol wipes for Community nurses and Peracaetic acid wipes to be used in shortages.	Partial compliance: Extract fitted to EAU3 rooms, Theatre 3 is the COVID theatre and theatre corridor extract is being put in place.	
Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission	Partial compliance: Extract fitted to EAU3 rooms, Theatre 3 is the COVID theatre and theatre corridor extract is being put in place.	Meeting between Estates, IP&C tba BUT recognised there are insufficient funds to put room extracts in all areas of the Tower block.	

3.	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance		
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigations**
Arrangements around antimicrobial stewardship are maintained	Monthly Saving Lives Audits include Antimicrobial Stewardship. The Antimicrobial Guidelines on Bug Buster are compliant with NICE Guideline NG173	Antibiotic prescribing audits were suspended for February and March. Audits show some non -compliance and Antimicrobial Stewardship need to be on the ISU Governance Reports	Antimicrobial Stewardship on he ISU governance reports
Mandatory reporting requirements are adhered to and boards continue to maintain oversight	Reports are generated for the trust board on the QIG dashboard (Appendix 11)		

4.	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion		
Implementation of national guidance on visiting patients in a care setting	The PHE Guidance is followed on visiting restrictions and PPE is offered to visitors on a ward. Hand hygiene advice is given to visitors.		
Areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas marked with appropriate signage and where appropriate with restricted access.	Signage on doors stating area closed and staff and visitors must request access.		

Information and guidance on COVID-19 is available on all Trust websites with easy read versions.	ICON Clinical effectiveness site has a COVID section where all policies are uploaded. There is a COVID update section on the front page of ICON that links to the Emergency Planning page.		
Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	This is held within the IP&C COVID-19 policy on ICON.	Need evidence that this is being done, consistently once we have COVID-19 in the trust again.	

5.	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people		
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigation**
Patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re- tested	Compliant. Patients are kept isolated in a side room or on their own in a bay, on a COVID AMBER ward until the result is ready.	There are insufficient side rooms.	In escalation 2 patients will be in a bay, placed diagonally with the curtains closed.
Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	No routine appointments running at present. All attendances are telephone triaged before arrival at present		

6.	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection		
All staff (clinical and non-clinical) have appropriate training, in line with latest PHE guidance, to ensure their personal safety and working environment is safe.	All staff that received AGP PPE training watched a full PPE training video. For other staff PPE instructions were delivered to all wards by the IP&CT and training videos placed on the ICON front page. For areas such as transport, radiology, etc individualised advice was delivered by IP&C.		
All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	Donning and Doffing videos were on the front page of ICON and included in the above training also. IP&C visited High Risk areas to check the donning and doffing		
A record of staff training is maintained	AGP PPE records are kept.		
Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	The only PPE TSDFT has re-used are safety goggles, visors and re-usable respirators. Full decontamination instructions are in place.		

Any incidents relating to the re-use of PPE are monitored and appropriate action taken	Re-usable respirators are monitored by the PPE Cell.		
Adherence to PHE national guidance on the use of PPE is regularly audited		IP&CT to organise PPE audits	Ongoing education delivered at ward level by IP&CT. All PPE Cell queries answered by DIPC.
Staff regularly undertake hand hygiene and observe standard infection control precautions	Hand Hygiene and Saving Lives audits performed monthly.		
Staff understand the requirements for uniform laundering where this is not provided for on site	The Scrubs SOP has been delivered to all wards and all COVID Risk areas are in scrubs. If scrubs run out then there are instructions in the Scrubs SOP on bringing in extra uniforms and how to launder them		
All staff understand the symptoms of COVID-19 and take appropriate action in line with PHE national guidance if they or a member of their household display any of the symptoms	Repeated Comms has been issued on staying at home if symptomatic or if household members are symptomatic. The line manager is to be informed and arrange COVID testing thru Silver.		
Hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance Guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas	TSDFT compliant		

7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigations**
Patients with suspected or confirmed COVID-19 are where possible isolated in appropriate facilities or designated areas where appropriate	Compliant. EAU3 is the possible COVID ward and in escalation Cromie is added. Forrest is the positive COVID ward and in escalation Cromie will be used and possible COVID escalation will be on Allerton ward.		

Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	Compliant		
Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	Compliant		

8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigation**
Testing is undertaken by competent and trained individuals	The microbiology laboratory is UKAS accredited No. 8916.		
Patient and staff COVID-19 testing is undertaken promptly and in line with PHE national guidance	Compliant. Eight COVID PCR cycles per 24 hours plus rapid testing on Cepheid platform.		
Screening for other potential infections takes place	Compliant. As per UKAS accreditation.		

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigation**
Staff are supported in adhering to all IPC policies, including those for other alert organisms	IP&CT is answering daily emails/phone calls and participating in Teams meetings on COVID policies (evidence on application)		
Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	PPE Cell disseminates information after d/w DIPC		
All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current PHE national guidance	The COVID waste streams are separated by Estates and handles according to PHE guidance		

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigation**
Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and	Compliant performed by Workforce and trust managers, Trust Wellbeing team and Comms.		

psychological wellbeing is supported			
Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	Compliant. Performed by PPE Cell and Horizon Centre		
Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and			
Emergency care pathways, as per national guidance. All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas. Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas	TSDFT compliant. Very rare occasion when emergency cover required on Midgley and a Midgley staff member is pulled from Forrest ward. Communication issued	Staff non-compliant in food distribution areas. Operations are marking out these areas to improve social distancing. Audit of staff break areas and SAFER rounds is required	
Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	There is staff access to testing Compliant. Done by the Silver testing team xt55777/55783		
Staff that test positive have adequate information and support to aid their recovery and return to work.	Created a Staff Health and Well Being Plan. Developed guides and support materials - Individual & small group wellbeing sessions. Created staff wellbeing support line - Wellbeing check in's for shielding staff. Bereavement support and communication plan. Developed dedicated Health & Wellbeing Covid pages on ICON. Prepared daily briefing – 'spotlight' session, supplemented by daily messages		

As new national guidance in relation to COVID-19 is received, the DIPC and the IP&C team will continue to review and escalate through to the relevant cells. As we move into the recovery and transition phase of activity being returned to business as usual, maintaining a strong link to the recovery cell and ISU governance processes will continue.

3.0   Recommendation

Board are asked to note the report.

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Report to the Trust Board of Directors	
Report title: **Volunteering and COVID-19**	Meeting date: 24 June 2020
Report appendix	No Appendices
Report sponsor	Chief Nurse
Report author	Carers and Volunteers Lead
Report provenance	The report has been shared with the AD Voluntary, Community and Social Enterprise (VCSE) Sector and the COVID-19 Resourcing Hub Lead
Purpose of the report and key issues for consideration/decision	The report is to update the Board on the impact of the COVID-19 pandemic on volunteering for the Trust and the wider community. It will highlight key issues, lessons learnt, celebrations and steps forward.

Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐

Recommendation	Formal acknowledgement should be made to our VCSE (Voluntary, Community and Social Enterprise) sector partners, in both South Devon and Torbay, as to how valuable their contribution has been during this crisis for the health and wellbeing of the people we serve.

Summary of key elements				

Strategic objectives supported by this report	**Safe, quality care and best experience**		**Valuing our workforce**	x
	Improved wellbeing through partnership	x	**Well-led**	

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

Report title: Volunteering and COVID-19		Meeting date: 24 June 2020
Report sponsor	Chief Nurse	
Report author	Carers and Volunteers Lead	

1. Introduction

The report is to update the Board on the impact of the COVID-19 pandemic on volunteering across Torbay and South Devon, for the Trust and the wider community. It will highlight key issues, lessons learnt and steps forward.

2. Discussion

It is not unreasonable to say that this pandemic had a seismic impact on volunteering.

Pre-COVID-19 Volunteering Profile: For TSDFT, this was mainly retired people, students and people with health conditions who wanted to 'give something back'. COVID-19 ceased our activity for all over-70s, all under-18s, and many of those with health conditions. Of 554 volunteers aged over 25, only 41 were able to continue active roles.[i] In our VCSE Sector, there had been a similar reliance on older volunteers.

Offers to Volunteer: The national highly-publicised NHS Responders campaign caused confusion, as many volunteers thought they had joined their local NHS, and so did not contact TSDFT or their local community.[ii] Of those who did contact us, many did not realise that there would be a full recruitment process, and so did not take it any further.[iii] Our VCSE sector, particularly in Torbay, responded very quickly and set up the Community Helpline to coordinate requests for support, with offers to volunteer.

Recruitment: This aspect of Volunteers Service (VS) was quickly aligned within the Interim COVID-19 Resourcing Hub which managed the incoming offers to volunteer/ work alongside demands for new roles/reassigned staff. VS adapted quickly to NHS employer guidance and immediately moved to video interviewing, supplemented by voluntary and temporarily reassigned staff to give additional capacity. [iv]

Roles required: We quickly worked with the VCSE to confirm that community-based roles would be coordinated by them, whilst we coordinated those in health or social care settings. We had been working on a 'volunteer passport' to enable volunteers to move between various organisations, so put this into action immediately.
In normal times, NHS Volunteers are not permitted to do roles that should be undertaken by a paid worker. However, due to the need for significant additional clinical capacity, some Trust staff made approaches to groups such as vets or rescue services. Many of these have been recruited as 'extended skilled' volunteers, trained but not yet used. We are developing a sustainable agreement in case of future need. We now have a Memorandum of Understanding with St John Ambulance, who are providing volunteers from across the South-West with enhanced clinical and COVID-specific training. At present they are supporting staff in our ED pre-assessment pod, doing 12-hour shifts, whereas usual NHS volunteers undertake 2-4 hr shifts. VS responded quickly to new requests eg PPE hub, and to the changing priorities eg offering support into Care Homes. At times we had more volunteers recruited than roles for them to fulfil. This was mirrored within the VCSE Sector, and part of the challenge going forward is to

seize the opportunity to harness the public's desire to 'do something' into making a sustainable difference.

VCSE Partnership: This aspect of VS work came together into a weekly virtual steering group, with amazing co-operation, co-working and co-design between statutory, VCSE and faith community representatives. In national calls it is clear that our community really benefitted from our strong working relationships with our partners. The VCSE sector responded with an agility that at times we could not replicate: re-designing a database to support the new Community Helpline; VCSE partners across Torbay offered staff and volunteers to the Community Helpline[v]; enhancing mental health support to the Helpline; and regular communication to the public. Partnership working across the statutory and VCSE sector was evident in the distribution of PPE, in sharing volunteers and volunteer resources (eg lanyards, on-line training), and in the setting up of Torbay Food Alliance.

3. Conclusion

COVID-19 has lasting implications for volunteering: fast-tracking existing partnership work, creating opportunity to learn from this experience and inform future working.

1. Internally for the Trust
- A Resourcing Hub as a single point to collate offers and requests is essential to coordinate the wide-ranging activities of the Trust. However good communication about this is essential, both internally and to the public.
- Sustainable arrangements for 'extended skilled' volunteers and recruitment to change volunteers' age profile will improve our ability to deal with any future surge.

2. In partnership
- COVID-19 moved apace aspects of volunteering that we were working towards, and we must keep the impetus going. From 'micro-community' (supporting your neighbours) to volunteers being fully mobile between organisations, we should be formalising our shared vision, and moving this forward. However, true co-production is essential – the Trust should be actively enabling this, rather than leading this.
- The financial impact of COVID-19 on the VCSE sector cannot be underestimated[vi], and whilst Torbay Council's fund will assist, the situation will require monitoring.
- The VCSE Steering Group will focus on recovery and sustainability for the sector, using our strengthened partnerships to further develop the strengths- / community-based model of mutual support, especially in times of crisis.

4. Recommendations

Formal acknowledgement should be made to our VCSE sector partners, in both South Devon and Torbay, as to how valuable their contribution has been for the health and wellbeing of the people we serve.
This should include celebrating their achievements, such as Torbay's Community Helpline, Torbay Food Alliance, and the general ethos of organisations working together in an enhanced fashion. In South Devon, Teignbridge Voluntary Service has played a key role co-ordinating between the statutory and VCSE sector and advising groups at the Parish level.

i In addition, of our 77 volunteers aged under 25, 26 were aged 16-17 and unable to continue their roles.

ii The NHS Responders Campaign advertised for 4 roles: - driver, patient driver, community support (eg shopping) and phone support. By the time the scheme had completed identity checks (NB not recruitment checks such as interview / references) and was able to release volunteers, sufficient local volunteering capacity was already in place, having been recruited to a higher standard by either the Trust or the Voluntary Sector. VS will be considering how best we can use this untapped resource.

iii In mid-April, of 241 people who had expressed an interest, only 66 (one in four) had completed an application form.

iv The lack of an on-line application, and VS use of spreadsheets which could only be updated by one person at a time, was extremely inefficient. Approval has been given to purchase a database, and options are being investigated.

v Although we offered this, the complexity of our organisation/ communication channels and need for governance did not assist a speedy response.

vi Torbay Community Development Trust (TCDT) recently undertook a survey of 113 organisations representing charities and organisations from the community amateur sports clubs, voluntary not for profit, private care home and churches sectors. One in four have furloughed staff. One in six stopped providing their regular services or support during the crisis but switching their expertise has meant that 74% of them have continued and are providing help and support for people affected by COVID-19 TCDT estimates that more than £5.5m will have been lost to charities and voluntary organisations in the Bay by the end of June. Organisations are already reporting shortfalls of £2.5m with the hardest hit in the sector being Rowcroft Hospice who are down £1.5m - partly because they rely on income from High Street shops to supplement their income.

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Report to the Trust Board of Directors	
Report title: Children and Family Health Devon - Update	Meeting date: 24 June 2020
Report appendix	Appendix 1 - Children's and Family Health Governance Structure
Report sponsor	System Director of Nursing and Professional Practice, Torbay ISU
Report author	Senior Operational and Transformation Manager, Children and Family Health Devon
Report provenance	Report reviewed by: Corinne Foy, Managing Partner CFHD Shelly Machin, System Director Torquay ISU
Purpose of the report and key issues for consideration/decision	To provide an overview and insight into the first year of Children's and Family Health Devon's operating; including successes and challenges. To be aware of the service performance, of particular note the ASD pathway and plans to improve through the transformation programme. To be aware of workforce challenges and plans to improve.

Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐

Recommendation	A clear articulation of the recommendation and next steps.

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

Report title: Children and Family Health Devon - Update	**Meeting date:** 24 June 2020
Report sponsor	System Director of Nursing and Professional Practice, Torbay ISU
Report author	Senior Operational and Transformation Manager, Children and Family Health Devon

1. Introduction

Children and Family Health Devon (CFHD) service formed in April 2019 following successful award of contract from NHS Devon CCG to Torbay and South Devon NHS Foundation Trust as lead provider for the Alliance. During this process, the therapy and nursing services transferred to Torbay and South Devon NHS Foundation Trust and Children's Adolescent Mental Health Services (CAMHS) transferred to Devon Partnership NHS Trust. Alliance's partners include; Royal Devon and Exeter NHS Foundation Trust, Northern Devon Health Care Trust, Torbay and South Devon NHS Foundation Trust, Livewell South West and Devon Partnership Trust.

Following April 2019 a period of consultation commenced in July with a purpose of proposing a new clinical service model based on the service specifications identified as part of the bid process and submission which included a staffing structure to enable integrated delivery of the clinical model agreed. Due to a number of influencing factors, the consultation process paused toward the end of 2019 to allow time to refocus and stabilise the service across Torbay and South Devon, and Devon Partnership Trust.

The purpose of this paper is to focus on the service provision, challenges and success of the Children and Family Health Devon services since transfer between the 1st April 2019 and 31st December 2019; as well as a focus on the impact of Covid-19 and key priorities over the coming months.

2. Discussion

This paper will focus on the services delivered by Torbay and South Devon and Devon Partnership Trust within the Alliance contract and provide insight into the key areas of operational and strategic delivery which includes service level review, governance, risks, quality, workforce and finance and will be presented within this section.

2.1. Service review

The two overarching services within the contract are Therapies and Nursing (directly accountable to Torbay and South Devon) and Children's and Adolescent Mental Health Services (CAMHS); which fall within the organisational accountability and responsibility of Devon Partnership Trust.

The services which fall within the Therapies services include:

- Autism
- Looked After Children
- Learning Disabilities
- Occupational Therapy

- Physiotherapy (Torbay and South Devon only)
- Speech and Language Therapy
- Children's Community Nursing Teams
- Specialist Children's Assessment Centre
- Children's Safeguarding
- Single Point of Access

Following transfer of the service in April 2019, there have been a number of challenges facing the services within Children and Family Health Devon (CFHD) which have had an impact on aspects of service level performance and operational delivery. Some of services continued to achieve or be just below the required 92% RTT indicator until the escalation of Covid-19 with the most challenged of service being and continuing to be Autism, Speech and Language as well, Occupational Therapy and CAMHS.

All services across both Therapy and CAMHS services have a robust clinical process which supports clinical triage at point of referral, as well as embedded practice for ensuring clinical oversight of children and young people whilst they are on the waiting list.

A snapshot review of activity and performance data focusing on May 2019 and May 2020, the service has seen a decline in performance against a majority of service areas which has been exacerbated through the response to the Covid-19 pandemic.

Service - Snapshot May 2019 and May 2020	RTT longest wait (Weeks)		RTT %		Caseload	
	May-19	May-20	May-19	May-20	May-19	May-20
CAMHS	36	60.6	89%	64%	4371	3496
Occupational Therapy	80	49.3	82%	46%	881	1320
Speech and Language Therapy	59.7	62.3	74%	38%	3521	3852
Autistic spectrum assessment team	88.7	118	31%	7%	1559	2153
Physiotherapy	59.6	30.7	92%	77%	388	428
Learning disability	32.3	26.9	93%	77%	295	330
. Notes: The caseload for ASD is exclusive of CYP within the 0-5 service as well as CYP within the SPA. Overall caseload for CFHD, including Torbay is in excess of 3000 . All specialties exclude the number of CYP within the SPA						

To support an understanding of increasing activity through the re-establishment of services over the coming months and to support our understanding of the projected impact on performance, we have developed a Tableau report at service level to not only understand this in more detail, but to support decision making as we increase the Covid-19 activity being captured over the coming weeks and months. Oversight of this work sits within the Operational Performance Group meetings and also the Divisional Governance meetings.

One of the largest risks within CFHD is the autism waiting list. At point of transfer, this exceeded 1800 CYP within the Devon services and including across both Torbay and South Devon now exceeds 3000 children and young people requiring an assessment. Through the Covid-19 response, we have seen assessment activity increase by 10 to 50 per month, however, with the initial waiting list initiative paused the service continues to see an increase in the overall numbers waiting.

The autism pathway re-design work is currently being re-established with a view to re-designing the pathway across the Devon and Torbay system. Although this will support a reduction in CYP waiting, it will not deliver significant reductions against the waiting list in a short to mid duration. The Alliance Board and Transformation Steering Group retain oversight of the risk and actively supporting progressing of the re-design, as well as exploring other avenues to support a reduction in the waiting list size, notably the CYP exceeding 18 weeks (approximately 1700).

The Single Point of Access (SPA) has also carried a number of children within their various check points which, although ensured the children and young people are safe and not incurring harm, has had an impact on the overall service level performance. The Covid-19 response and change to service delivery has afforded the SPA team to significantly reduce the number of CYP waiting within this element of the service and for the CYP to progress to the next step of their journey.

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Within the OT and Speech and Language services, they have seen personnel changes as well as a high volume of colleagues on maternity leave which has subsequently led to recruitment challenges (national issue), as well as leading to a decrease in performance compliance. The internal CFHD recruitment process is well established and embedded within the service, with requests for agency and bank also being presented through this forum. The challenges around recruitment had started to improve prior to moving in to escalation of Covid-19, however, continue to hold virtual interviews and processes where required.

There is an opportunity within the Speech and Language pathways to standardise referral criteria and process so there is harmony across Devon and Torbay. This had been identified as a work stream early 2020 and will be developed as we continue to move through the Covid-19 response.

2.2. Governance, Risk Management and Quality

Overall responsibility and recipient of the governance groups within CFHD sits with the Alliance Board which consists of Executive leads from across the Alliance's core partners; namely Royal Devon and Exeter NHS Foundation Trust, Northern Devon Health Care Trust, Torbay and South Devon NHS Foundation Trust, Livewell South West and Devon Partnership Trust. The board meet on a monthly basis and receive updates and reports from the Divisional Governance Committee, as well as an Integrated Performance Report focusing on performance, quality, risk, people and finance.

There are four key groups within CFHD that meet on a monthly basis;

- Quality, Safety and Experience Group

- Operational Performance Group
- Workforce and Organisational Development
- Operational Finance, Contracts and Development Group

The function and purpose of these meetings can be found within appendix 1 of this paper, as well as further details of the link across to both Devon Partnership and Torbay and South Devon governance structures.

The Integrated Performance report captures areas of escalation identified through a combination of methods; both via completion of the reports at service level but also through the sub-group structures identified within Appendix 1. This method allows an initial check against the risk register to ensure all service risks are captured accordingly.

It is important to note that the governance sub-groups within the Alliance continue to embed and evolve and their remains potential for these to evolve further so that each group consists of Alliance partners, including Young Devon where appropriate. There is also an opportunity to review the input, process and outputs of each of these groups now that they have been in situ for a year.

Further discussions needs to take place through the Alliance Transformation work streams to agree a single reporting process that meets the host organisational needs; which would reduce duplication and ensure a single report is generated and accepted within host providers.

Risk and incident management within the Therapies and Nursing service are recorded and managed through TSD's DATIX system, with DPT's risks and managements being stored and co-ordinated through RMS (Risk Management System). Risks from both organisations are reviewed and owned by the relevant clinical / operational lead and bought together through CFHD's Quality Group, as well as used to steer the discussions within the Alliance Board.

The risk registers from both organisations are reviewed, with current and potential areas of concern are discussed with current actions presented as part of the overall assurance framework; as well as any potential gaps within local / organisational delivery that have been identified.

Torbay and South Devon carry a number of high impact risks within the Therapies services; notably:

- Continued increasing volume of CYP within ASD waiting list (3000 + within Torbay, South Devon and Devon)
- Potential delay in Windows 10 upgrade
- Impact on CFHD transformation i.e. clinical and staff model
- Access to PPE
- Anticipated surge in activity as start to bring services back on line
- Increases in CARA's (Child At Risk Alert)
- Shielding / high risk staff groups
- Infection control support for CFHD
- Paper records within Torbay part of the system

All of the risks named above have mitigations in place to ensure safe delivery of services, however, it is important to note the largest risk remains within the delivery and

reduction of the autism waiting list. Although work is underway to re-design the pathway across the system, this will not address the significant number of CYP waiting within this service and will require additional solutions to address this wicked issue.

There is also a continued emerging risk relating to the current unknown Covid-19 virus; any further waves will undoubtedly impact on service delivery which may also see a reduction in overall staffing levels depending on the severity.

An area for further development and will be particularly important as the Alliance moves through the new Covid-19 world, will be re-igniting the ownership and sharing of both feedback received from CYP and their families, as well as through any responses to incidents and complaints. The Alliance has a clear and well documented process for both TSD and DPT colleagues and the associated IT systems and the Transformation Lead for Quality will be overseeing and progressing this agenda over the coming months, in conjunction with CFHD and respective organisational colleagues.

Young Devon have continued to be an invaluable partner to CFHD and played an active role in bringing the voice of CYP to such groups as Transition Steering Groups and Alliance Partnership board. We are working with Young Devon to explore further ways we can benefit from their expertise and ensure CYP are connected to our services and how we can bring their voice as part of our Covid-19 response. We are also working with colleagues in Young Devon to identify core quality measures within the Outcome framework and the role they can play in actively taking forward this agenda.

2.3   Workforce

Following transfer of services April 2019 and the consultation process, CFHD have seen a number of staff move to new roles both within and external to the Alliance. CFHD has also seen a relatively high number of staff within Speech and Language, as well as Occupational Therapy services go on maternity leave with a combination of these two elements having an impact on resilience across the services. The movement within the staffing levels is comparable and can be expected following the re-procurement of services.

CFHD has a robust process for recruitment; that includes a weekly oversight meeting which is similar to the process for DPT employed colleagues. There is potential to move towards a single process which encompasses the Alliance ethos and principles of an integrated approach and it is a recommendation of this paper that this is pursued under the new Alliance leadership structure.

A challenge which CFHD has and indeed continues to face, is a shared understanding of Actual WTE vs Budgeted WTE. This is in view of the complex financial modelling that had been undertaken as part of the bid, which developed further complexities due to certain aspects of year one objectives not being achieved i.e. continuation of the clinical model work and consultation process. Work continues within this area and will continue to fall under scrutiny and guidance of the Alliance Partnership Board.

The Workforce and Organisational Development sub-group had been functional and quorate leading into the pandemic and is about to be re-launched as part of the re-instatement of services work. As part of the response and on-going work, the group will need to focus on:

- Support and well-being of CFHD colleagues
- Defining and agreeing a recruitment and OD strategy
- Training budget and resources

The Workforce and OD leads will need to continue to work with operational leads on the relevant aspects of the Workforce measures outlined within the contractual Outcomes and Services dataset to ensure, across providers we are able to comply and have organisational oversight of these important outcomes.

2.4   Finance

The Alliance ended the 2019 / 2020 financial year with an approximate £2 million under spend. There are a variety of factors which contributed to this position, including barriers impacting on the to progress roll out of a new IT system, staff vacancies and funding set aside for the Alliance transformation programme.

There have been a number of challenges in developing a shared understanding of the Alliance financial position, in part, due to the complex architecture that had been applied as part of the bid process and also the loss of key staff within financial teams that had been included within the development of the modelling from the outset.

Looking ahead, there are a number of factors that will require investment during the 2020 / 2021 financial year, including but not limited to:

- Funding to support reduction of the autism backlog (business case presented to Alliance Board June 2020)
- Monies to support operational response to on-going Covid-19 pandemic
- Investment in IT systems address paper records risk
- Unknown costs associated with clinical model and staff consultation
- Capital Investment monies

2.5   Next steps/6 month future focus

There will continue to be a number of changes to the Alliance senior leadership team over the coming months, including the appointment of incoming Alliance Director; however this should not detract or change direction of the high priorities the Alliance board agreed at the beginning of this year:

I.   Autism Pathway / Waiting List
II.   Transformation Work streams
III.   Financial clarity
IV.   CAMHS performance and delivery
V.   Delivery of contractual and statutory responsibilities

It is therefore suggested that the services continue to build on and evolve the governance and performance foundations that have been set. The clinical model and consultation work streams needs to be a primary focus with an emphasis on ownership and accountability being clear to ensure that this delivered within the timescales being identified.

Now more than ever, there is a need for an Organisational Development work stream that ensures colleagues within all aspects of CFHD have access to the support they require through the ever changing times we find ourselves in.

3. Conclusion

In conclusion, the first year of CFHD has not been without it's challenges, but above everything there is unwavering doubt that all professionals, whether clinical or non-clinical are committed to the CYP and population it serves and within this, a strong drive for integration and forward movement.
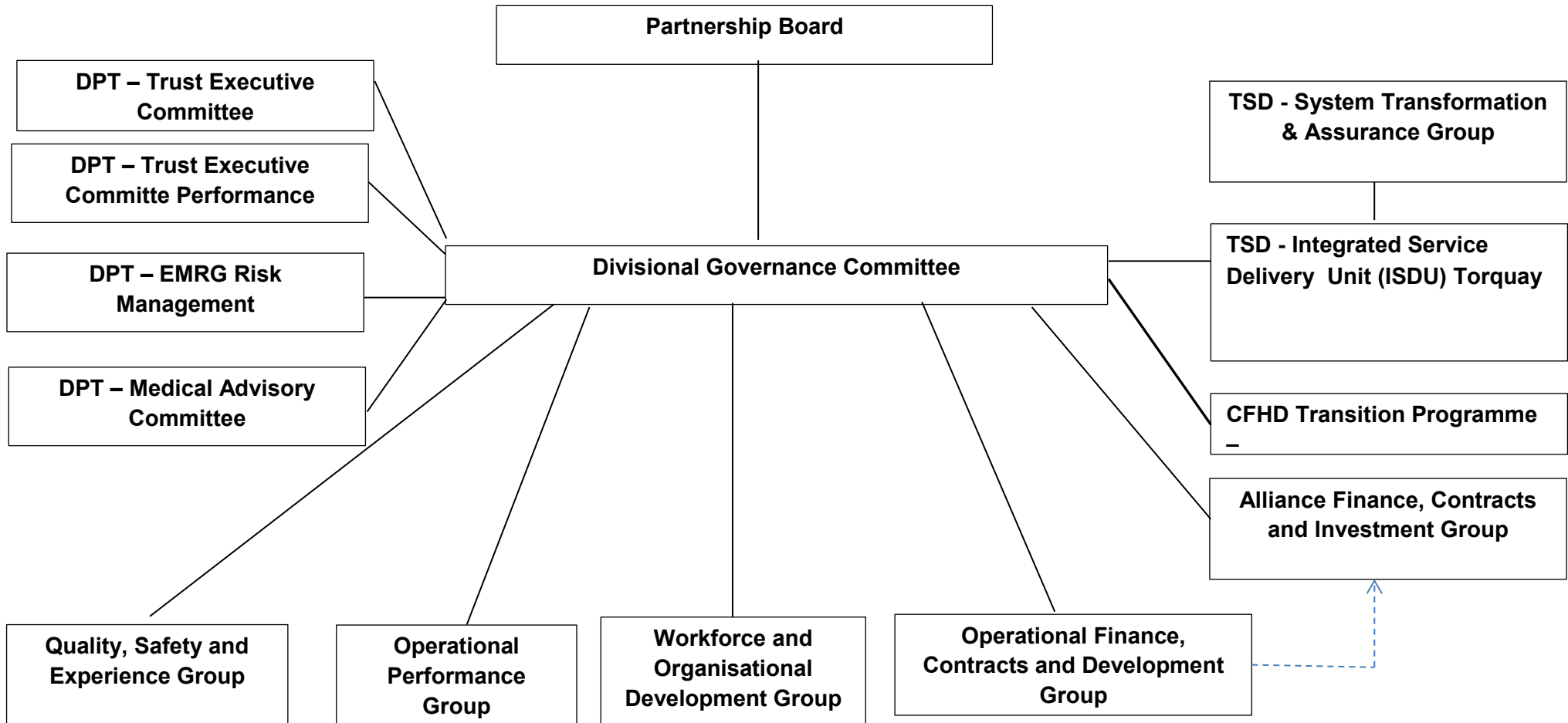
The foundations have been set for the transformation work streams to build on and there is an opportunity for the clinical re-design to develop at pace, however, will require senior oversight and ensure accountability / ownership at the appropriate levels is in place and adhered to.

There are a number of challenges, some conflicting, that the Alliance / CFHD will need to address and agree the priorities and impact of managing these within a risk co-ordinated approach.

4. Recommendations

1. Agree risk assessed approach and priorities for next 3 – 6 months
2. Further build on governance foundations to ensure robust and functional links to TSD and DPT; through this agree single reporting function for CFHD services
3. Continue to share and embed Alliance principles across services and ensure this is supported by organisational development practices and accountability framework
4. Progress core elements of CFHD transformation work streams

Children and Family Health Devon Governance Structure

Partnership Board

Divisional Governance Committee

- DPT – Trust Executive Committee
- DPT – Trust Executive Committe Performance
- DPT – EMRG Risk Management
- DPT – Medical Advisory Committee

- TSD - System Transformation & Assurance Group
- TSD - Integrated Service Delivery Unit (ISDU) Torquay
- CFHD Transition Programme –
- Alliance Finance, Contracts and Investment Group

- Quality, Safety and Experience Group
- Operational Performance Group
- Workforce and Organisational Development Group
- Operational Finance, Contracts and Development Group

Version 6
Owner Managing Partner CFHD

Divisional Governance Committee

Takes strategic leadership and makes decisions in relation to service model.
Approve or recommend decisions in regard to finance, new business and contracts at a level agreed by Partnership Board.
Takes decisions in relation to the workforce needed to provide high-quality and safe services.
Decides on, and periodically reviews, the leadership and membership of the Groups.
Makes decisions to approve or reject recommendations from the Groups.
Makes decisions in relation to escalation of risks and concerns from the Groups.
Report to the Partnership Board.
Take a strategic lead on communication both internally and externally

Proposed Membership Chaired by Managing Partner
: Chairs of Groups – Quality and Safety; Operational Performance; Workforce & Organisational development; Finance, Contracts and Investment
HR
Performance
Finance
Senior Operational Leads
Senior Clinical Leads
Senior Medical representation from Psychiatry and Paediatrics

PORTFOLIO GROUPS	**Quality, Safety and Experience Group** Provides assurance on the clinical governance of CFHD Services.	**Operational Performance Group** Provides oversight of the operational delivery and performance across CFHD.	**Workforce and Organisational Development Group** Provides assurance on the CFHD workforce to ensure high quality of care is delivered through an effective, skilled, motivated and well led workforce.	**Operational Finance, Contracts and Development Group** Provides assurance on the effective investment, prioritisation and management of financial resource and contracts.

2

PROPOSED MEMBERSHIP	Proposed membership of CHAIR: VICE-CHAIR: Group: • Quality and Safety Lead • Governance Lead • Safeguarding Lead • Representation from CAMHS • Representation from Neuro disability and Integrated Therapies and Nursing • Representation from Good Practice Meeting • Lead Pharmacist • Representation from Business Support • Representation from Young Devon or CFHD Participation • CIC/LAC	Proposed membership of Group: CHAIR: CAMHS : VICE-CHAIR: • Safeguarding Lead • Representation from CAMHS • Representation from Neuro disability and Integrated Therapies and Nursing • Representation from Business Support • Representation from Analytics& Performance • Representation from Estates • CIC/LAC	Proposed membership of Group: CHAIR: VICE-CHAIR: HR Business Partner • Workforce & OD Leads • Workforce Information Leads • Workforce Education LeadsRepresentation from CAMHS • Representation from Neuro disability and Integrated Therapies and Nursing • Representation from Business Support	Proposed membership of Group: CHAIR; VICE-CHAIR: • Finance Leads – TSD / DPT • Contracts Lead • HoS CAMHS • HoS - Therapies • Business Support Lead

3

FUNCTION OF GGROUP			
Reports to DGB Committee.	Reports to DGB Committee	Reports to DGB Committee	Reports to DGC and Alliance Contracts and Finance Committee.
- Oversees the quality of CFHD Service delivery and directs other Groups to take appropriate action when required. - Provides assurance on patient experience and outcomes, including complaints, compliments, incidents and SIRIs. - Clinical Governance oversight of staff, including registration, professional leadership, competencies and supervision. - Oversees safeguarding, evidence based care and collaborative practice. - Oversee NICE guidance, audit and research. - Review the feedback received from the voice of children and young people, parents and carers, through participation engagement and advises other boards as required. - Receives and manages specific, time limited pieces of quality improvement work as directed by the DGC. - Oversees quality of delivery against SEND agenda and action - Takes a key role in linking with academic partners and Universities, overseeing research and improvements in clinical excellence - Ensures regulatory governance standards are delivered in line with National requirements,, eg CQC	- Oversees the development and delivery of the CFHD operational model and plan. - Oversees the delivery of performance against KPIs and Outcomes. - Provides assurance to the DGB and oversees all matters to do with operational delivery of the service including direct delivery of care, estates, IT, clinical systems, day-to-day staffing matters, operational model. - Oversees delivery of service in line with Policies and SOPs. - Receives reports from other Groups as required. - Receives performance reports from across CFHD. - Receives and manages specific, time limited pieces of operational development as directed by the DGC.	- Oversees the development and delivery of the CFHD workforce plan. - Oversees the workforce and vacancy position of CFHD, including recruitment. - Reports to the finance and contracting Group in relation to workforce, vacancies and recruitment. - Receives workforce updates from the Performance Group. - Oversees and makes recommendations about service training needs and developments. - Receives and manages specific, time limited pieces of service development as directed by the Board - Oversight of student placements and developing relationships with key external partners	- Oversees the operational financial and budgetary position of the CFHD Services. - Oversees financial viability of new and existing contracts and SLA's. - Receive exception reports from all budget holders. - Makes recommendations regarding financial viability of workforce and organisational developments. Receives report and makes recommendations on sub contracts and SLAs.

COMMITTEE TASKS				
	- Complaints and incidents update provided to this Group for review of themes and dissemination of learning - Oversight of supervision policy in practice and its feedback is held by this Group - Safeguarding Lead report to this Group and provide updates re safeguarding - Oversees delivery of CQUINs - Policies and SOPs are reviewed by this board for implementation and audit. - Pathways of care are monitored and reviewed through this Group through a process of reporting against NICE guidelines and pathway descriptors - Participation groups report to this Group - The quality of record keeping is reviewed through this board. - Oversight and decision making relating to the Good Practice Meeting, Infection Prevention and Control, Medicines Management, Information Governance and Health and Safety team.	- Commissioner performance and written reports progress through this Group. - Oversight of Data Quality and external reporting according to data reporting calendar. - Review of Performance including ROMs, KPIs, Outcomes, - Oversight of operational model, in practice and waiting times. - Data Quality meetings report to this Group - Receive meeting minutes for Sub Groups from CAMHS, Neuro disability and Integrated Therapies and Nursing, Business Support Operational risks and action plans are reviewed and recommendations made through action plans held by this Group	- Recruitment, Apprenticeships and Preceptorships updates are presented to this Group - Ensures Completion of the strategic training needs analysis - Stat man and appraisals compliance . - Holds services to account for Staff Survey Action plans - Training and development for staff is overseen in line with the training needs analysis and is implemented through this Group - Oversees Quality Improvement, Staff Wellbeing, Innovation projects and SDIPs. - Workforce development is overseen through action plans held by this group. - Oversight of the Inductions programme and its feedback	- All CFHD Contracts / SLA's are overseen by this Group. - New Contracts and Commercial opportunities, such as New Business, pilots and SLAs are reviewed through this Committee before sign off at the appropriate level. - This Group reviews CFHD budgets and financial position - This Group holds action plans to address risks associated with the financial position, contracts, SLAs, new business and pilots.

5

DECISION MAKING AUTHORITY				
- Ability to make the decisions needed to complete Group tasks. - Ability to make decisions and recommendations to commission and progress pieces of work such as audit, evaluations and ongoing quality improvement work. - Ability to make decisions and recommendations about the classification, escalation and impact of a clinical/safety risk. - Have the authority to raise concerns in regard to clinical safety and governance. - Takes decisions and makes recommendations about the implications of feedback from service users in respect of quality improvement and safety.	- Ability to make the decisions needed to complete Group tasks. - Ability to make decisions and recommendations to commission and progress pieces of work around performance and operational delivery. - Ability to make decisions and recommendations about the classification, escalation and impact of an operational or performance risk. - Have the authority to raise concerns in regard to operational delivery and performance. - Takes decisions and make recommendations about the operational viability of service developments.	- Ability to make the decisions needed to complete Group tasks. - Ability to make decisions and recommendations in relation to managing the recruitment and training processes. - Ability to make decisions and recommendations to commission and progress pieces of work around workforce and organisational development. - Have the authority to raise concerns in regard to workforce, training and service development. - Takes decisions and make recommendations about the viability of workforce developments informed by the workforce development plan.	- Ability to make the decisions needed to complete Group tasks. - Make recommendations about new business decisions. - Have the authority to raise concerns in regard to financial and contractual viability and risks. - Takes decisions and make recommendations about the financial viability of service developments.

6

Reporting sub-groups			
- Research, Audit and Evaluation Group - Good Practice Meeting, - Infection Prevention and Control - Medicines Management - Information Governance - Health and Safety team - SEND strategic Group - Participation Groups - Policies and SOP's - Continuous Improvement and CQC readiness	- Estates - Clinical Systems & Electronic Patient Record (EPR) - Data Quality - Sub Groups from CAMHS, CAN, Business Support -	- Training Strategy	- TBC

7

Torbay and South Devon NHS
NHS Foundation Trust

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

Meeting date:	22nd May 2020
Report by + date:	Chris Balch, 27th May 2020
This report is for: *(please select one box)*	Information ☒ Decision ☐
Link to the Trust's strategic objectives: *(please select one or more boxes as appropriate)*	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☒ 4: Well led ☒
Public or Private *(please select one box)*	Public ☒ or Private ☐

Key issues to highlight to the Board (Month 1, April 2020):

1. For assurance the Committee reviewed the Month 1 Financial Performance, which is a surplus of £0.34m. This reflects the emergency financial arrangements put in place by DHSC to deal with the Covid-19 pandemic under which Trusts are mandated to show a break-even position for Months 1 to 4.

2. Key points which were highlighted are

   o An increase in Covid-19 related income from the CCG and from Torbay Council in relation to ASC has been partially offset by reduced income from non-patient related sources e.g. car parking and R&D.

   o Expenditure on staff is higher because of Covid-19, annual leave accrual and increased use of Bank staff. There has been a small reduction in the use of Agency staff.

   o Non-pay related expenditure in Month 1 is reduced as a result of the suspension of elective activity and the less referrals for treatment.

   o There has been an increase in the cost of delivering ASC and providing support for the independent sector during Month 1.

3. The total additional cost of dealing with Covid-19 in Month 1 is estimated to be £2.31m which it is assumed will be fully reimbursable by NHSI/E.

4. The Trust maintains a healthy cash position because of advance payments received as part of the Government's support package for the NHS.

5. The Committee reviewed the Integrated Performance Report for April 2020. This reveals a continuing focus on quality, a reduction in staff turnover, higher than normal levels of staff sickness, maintenance of mandatory training targets but falling rates of appraisal. These changes are fully consistent with the impact of Covid-19.

6. Reduced numbers attending is reflected in improvement against the ED waiting time target although there has been a significant deterioration in other headline indicators as elective treatment was stood down and diagnostic activity has been limited by social distancing and infection control requirements.

7. The Committee received a report on work being undertaken to support the finance function both through the Covid pandemic and through longer term organisational development.

8. The Committee received a report on the underlying financial performance of the Trust in delivering Adult Social Care on behalf of Torbay Council. This highlighted the challenges of matching income and costs and the plans which are being put in place to achieve a sustainable position against the background of the substantial challenges facing the independent sector. It was noted that this is integral to the Trust's integrated model of care.

9. The Committee received a presentation on the implications of changes to arrangements in the allocation of capital which will now be made via the STP and the available capital for Devon for 2020/21. These potentially impact on the Trust's ability to address the risks surrounding its estate and IT. Discussions with the STP and NHSI/E are ongoing. These need early resolution to enable carried over and committed capital projects to proceed. It should be noted that HIP2 and funding for ED and diagnostics lie outside these arrangements.

10. The Committee received and approved the Annual Report on its activities which provides assurance to the Board that it has carried out its obligations in accordance with its TOR.

11. Reports were received and noted on:

    *   Torbay Pharmaceuticals financial performance in Month 1
    *   The work of the Capital Infrastructure and Environment Group including progress with key projects and the disposal of surplus assets.
    *   IM&T Group

12. The Committee reviewed its workplan taking account of agreed actions and items which have been deferred as a result of Covid-19 which will need to be addressed in coming months.

Key Decision(s)/Recommendations Made:

1. To note the above.

Name: Chris Balch (Committee Chair)

Report of Quality Assurance Committee Chair
to TSDFT Board of Directors

Meeting date:	22nd May 2020
Report by + date:	Jacqui Lyttle, Committee Chair 1st June 2020
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☒ 4: Well led ☒
Public or Private	Public ☒ or Private ☐

Key issues discussed and decisions made

1. The committee received an extremely comprehensive update on the current risks relating to elective services that have been stood down as a consequence of COVID. Whilst the committee were cognizant that they were not able to get full assurance that patients are at possible risk of harm due to long waits and delays to treatment they **were** assured that appropriate measures and mitigating actions are in place to minimise risk and harm.

2. The committee was assured that as we step up services as part of our recovery plan, patients with the greatest clinical need will be prioritised for treatment with each service undertaking a robust clinical impact assessment.

3. The committee were also assured that the services with the greatest operational risk effecting patient safety and quality of care i.e. diagnostics, surgery, cardiology, dermatology and neurology will be further prioritised through system working initiatives as part of our recovery plans

4. The committee received assurance that cancer patients and other urgent surgical and medical patients have not had their treatment delayed during the COVID Major incident period. It was assured that the transfer of cancer services to Newton Abbot and some surgical and outpatient services to Mount Stuart Hospitals had allowed for the continuation of treatment to patients with the greatest clinical need.

5. The committee were advised that there had been an increase in the number of referrals to the children's safe guarding team but were assured that current demand is being managed, however if demand continued to rise consideration needed to be given to how we manage increased safeguarding issues and the associated risks.

6. The committee received an update from the ISUs on their risks and challenges – whilst the committee received some assurance that all risks were being managed it requested that a new set of metrics be developed to ensure full transparency risk assessment and oversight.

7. The committee heard that following a Significant event there is a need to improve paediatric nursing resources in ED and across the trust. The committee asked for an update on the proposed action plan in the autumn.

8. The committee would like to highlight to the board that whilst complaints have been low over recent weeks, there is a risk that as a result of COVID and services being stepped down, they may rise as we begin to step up services.

Key Decision(s)/Recommendations Made:

The committee wishes to escalate the following risks to the board

1. The Director of infection prevention and control stood down in May 2020, and there are currently no microbiologists willing to take up the role. An interim solution has been put in place with Dr Joanne Watson filling the position with immediate effect. This is a legal requirement and the trust needs to consider how it will meet its legal obligation in the longer term.

2. The committee received the staff survey results for 2019 and identified quality and safety risks relating to staff engagement, quality of care and safety culture. Whilst it will receive a bimonthly update on quality and safety improvement plans progress, the QaC wishes the risk of possible compromise to patient and staff safety to be formally recorded.

3. The lack of progress introducing National early warning score NEWS2 remains an outstanding issue and clinical risk. NEWS2 is used to record vital signs and helps determine if a patient is becoming extremely ill, is seen as the early warning system for detecting sepsis and other clinical deterioration. IT support has hampered its rollout and we remain an outlier for compliance and the QaC requests that it is seen as a priority in 2020/21.

NHS
Torbay and South Devon
NHS Foundation Trust

Report to Trust Board of Directors	
Report title: Safer Staffing and Nursing Work Programme Update	Meeting date: 24 June 2020
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 Quality Improvement Group
Purpose of the report and key issues for consideration/decision	This is the monthly safer staffing report as required by the Chief Nursing Officer NHSE.

Action required (choose 1 only)	For information ☐	To receive and note ☒	To approve ☐

Recommendation	The Board of Directors is asked to receive and note the contents of the report.

Summary of key elements				

Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership		Well-led	X

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

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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. The information supplied and triangulated is for May 2020. This report will also reflect the safe staffing element during the commencement of COVID19 and subsequent recovery/transition phase.

2. Discussion

2.1 Covid19 Staffing

The coronavirus, which causes the respiratory disease known as Covid-19, was first confirmed in the UK at the end of January 2020. While a number of people tested positive throughout February and in Torbay this was around week of the 24th February. However, infections in the UK has substantially reduced towards the end of May. Increased reduction of lockdown is being phased and we are yet to see the impact of this. Alongside this is the development of the Exeter Nightingale facility for system wide response.

During March the Trust operationalised the control and command function of a major incident, as part of this several workstream cells were then set up, these are now being stepped down as we focus on the recovery and transition phase, however the control and command function remains.

As national guidance in relation to Covid19 was received, referenced upon and operationally implemented as part of the tactical Covid19 surge response, each element was considered in view of the staffing model that followed. As we move into the recovery and transition phase of activity being stepped back up as part of national guidance, the review of the staffing model and ways of working are considered and introduced.

The national announcement that registered nurses and midwives who have retired or have not been on the nursing and midwifery council (NMC) for the last three years, have been asked to volunteer themselves to be accepted temporarily on a register. This is being managed regionally and at present we have 14 Registered nurses who we processed and of these 9 we are welcoming into the Trust.

Year 3 Student nurses are being paid placement as Band 4's who will then be registered onto the NMC register after 6 months, we have welcomed 78 into the organisation.

Exeter Nightingale is progressing with the care model that includes oxygen dependent patients, we as a Trust are supporting this and have seconded 8wte Registered nurses, 7.6 wte healthcare workers and 1.8 wte physiotherapy, 0.4 wte Matron, 0.2 wte infection prevention and control for the first 24 beds.

As we continue within the current Covid19 pandemic and move into recovery and transition phase monitoring and reporting of safe staffing continues to provide assurance that there is nursing and midwifery safe staffing within the Trust.

2.2 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. This now includes allied health care professionals and qualified nursing associates if they provide direct patient care as part of ward establishments, at present Torbay and South Devon NHS Foundation Trust does not include allied health care professionals and qualified nursing associates.

Currently during Covid19 the national reporting and collation of data was stood down towards the end of March, as a Trust we were able to complete this and we are currently still capturing this information locally. During May this was still relevant and therefore model hospital has not been updated.

The model hospital dashboard was updated in December 2019 to show the national median data remains at 7.7 Total: i.e 3.6 RN & 4.1 HCA.

The Table below shows the Trust CHPPD position for May 2020 alongside national median data and peer regional data. The Trust is now above the national and peer RN range at 5.54 and significantly above the national and peer for HCAs at 6.10.

For May 2020 our position in the Trust has demonstrated that our overall comparison of total CHPPD is 11.64 against a national median of 7.9 (National data is December 19) and peer value of 7.7. The RN CHPPD position demonstrates that we are an outlier in relation to actual versus planned care hours, showing a large increase. This is due to the response to working within Covid 19 and the reduction of activity, and increased bed capacity this has provided a position where true comparative data can be reviewed.

HCA CHPPD position has increased from March 4.96 to 6.10 in May which is a decrease from 7.08 in April, we still remain an outlier in relation to our peers and national position (see below graphs from model hospital), we know that this is due to current situation of Covid19, as well as enhanced supervision and backfill for unfilled RN shifts where it is deemed safe. Alongside the reconfiguration of the Trust Covid19 surge response plans. We are working on recruitment and retention solutions to address the registered nursing vacancies.

	TSDFT May 2020	TSDFT April 2020	TSDFT March 2020	TSDFT February 2019	TSDFT January 2020	TSDFT December 2019	TSDFT November 2019	TSDFT Oct 2019	Model Hospital		
									TSDFT Dec 2019	Peer – Region Dec 2019	National Median Dec 2019
Total CHPPD	11.64	14.31	9.40	7.88	7.96	7.56	7.83	7.74	7.6	7.7	7.9
RN/ RM CHPPD	5.54	7.22	4.44	3.95	3.69	3.54	3.64	3.67	3.6	4.3	4.7
HCA / MCA CHPPD	6.10	7.08	4.96	3.93	4.27	4.02	4.19	4.07	4.1	3.2	3.2

<u>Model Hospital data – December 2019 data</u>

Care Hours per Patient Day – Total Nursing and Midwifery staff , National Distribution
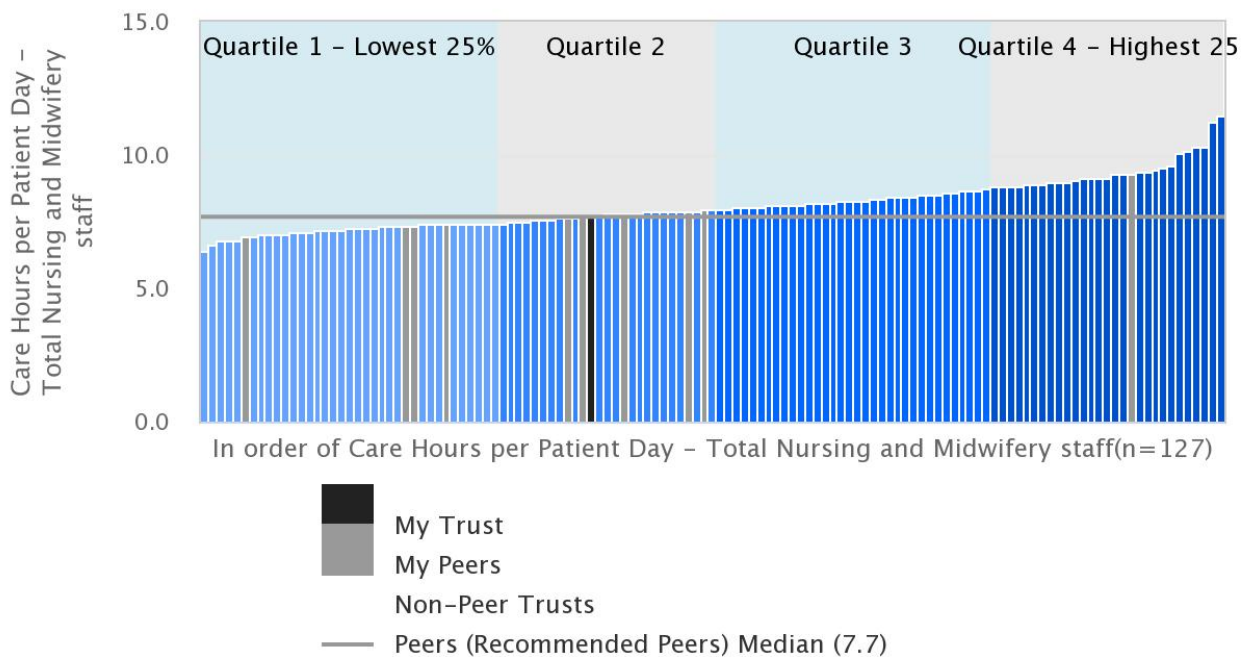
Care Hours per Patient Day – Registered Nurses & Midwives, National Distribution

Quartile 1 – Lowest 25% Quartile 2 Quartile 3 Quartile 4 – Highest 25%

In order of Care Hours per Patient Day – Registered Nurses & Midwives (n=127)

- ■ My Trust
- ■ My Peers
- Non-Peer Trusts
- — Peers (Recommended Peers) Median (4.3)
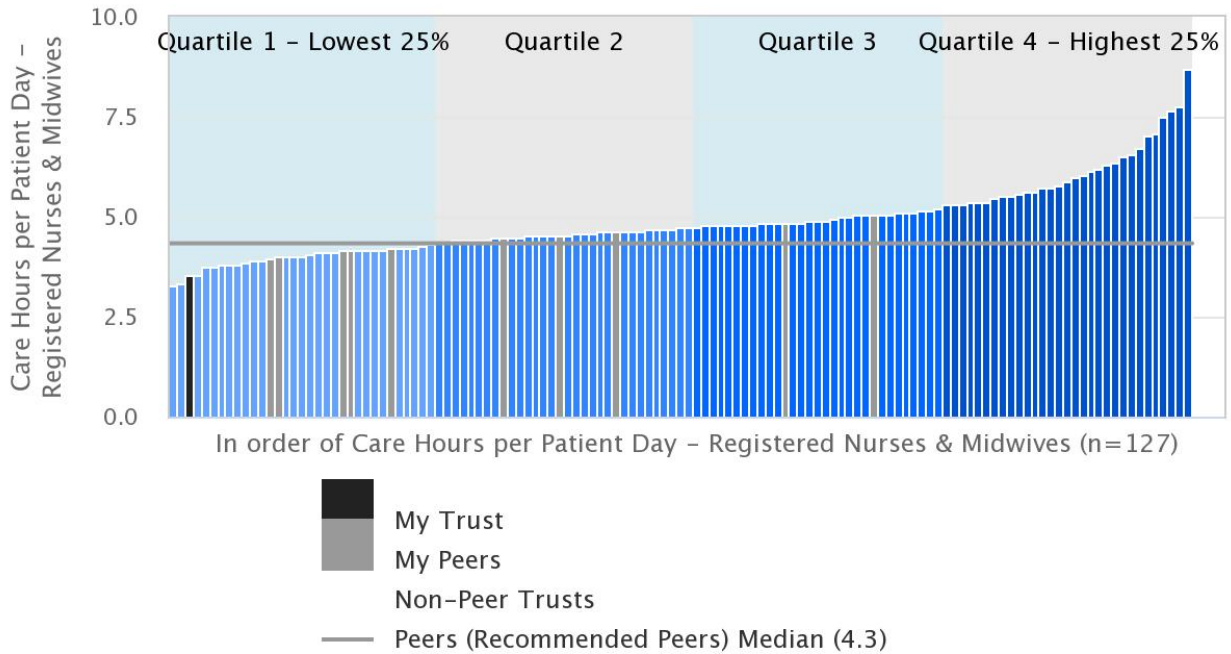
Care Hours per Patient Day – Healthcare Support Workers, National Distribution

Quartile 1 – Lowest 25% Quartile 2 Quartile 3 Quartile 4 – Highest 25%

In order of Care Hours per Patient Day – Healthcare Support Workers (n=127)

- ■ My Trust
- ■ My Peers
- Non-Peer Trusts
- — Peers (Recommended Peers) Median (3.2)
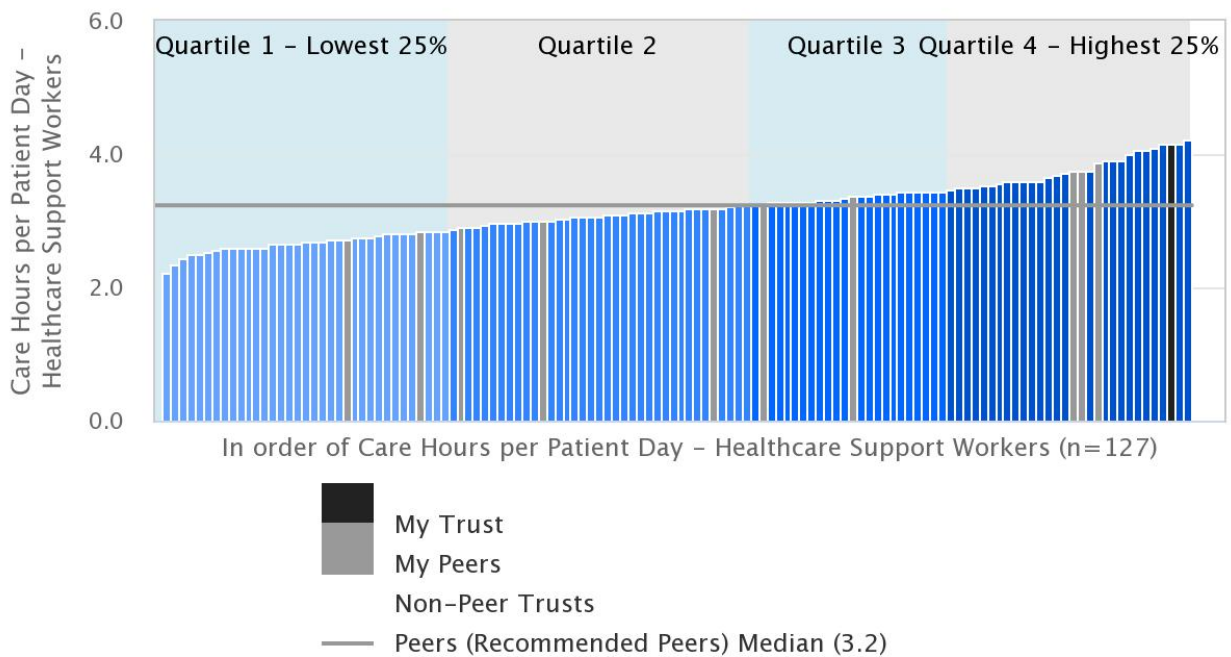
The graphs below illustrate the CHPPD data in May 2020 distributed separately for RNs and HCAs and shown as a total of all nursing staff. The model hospital data should be viewed with caution as it relies on accurate input from providers and validation of the accuracy is still in progress.

The graphs below reflect the position of the Trust during May where we still see RN and HCA above planned, this is due to the continued Covid19 response and reduced activity. The Trust responded to Covid19 through local reassignment of staff where base areas of work had activity stepped down and where bed occupancy remained low. We are now seeing an increase in activity and increased bed occupancy, whilst working through the post Covid19 recovery phase.

Planned vs Actual CHPPD
RN / RM May 2020
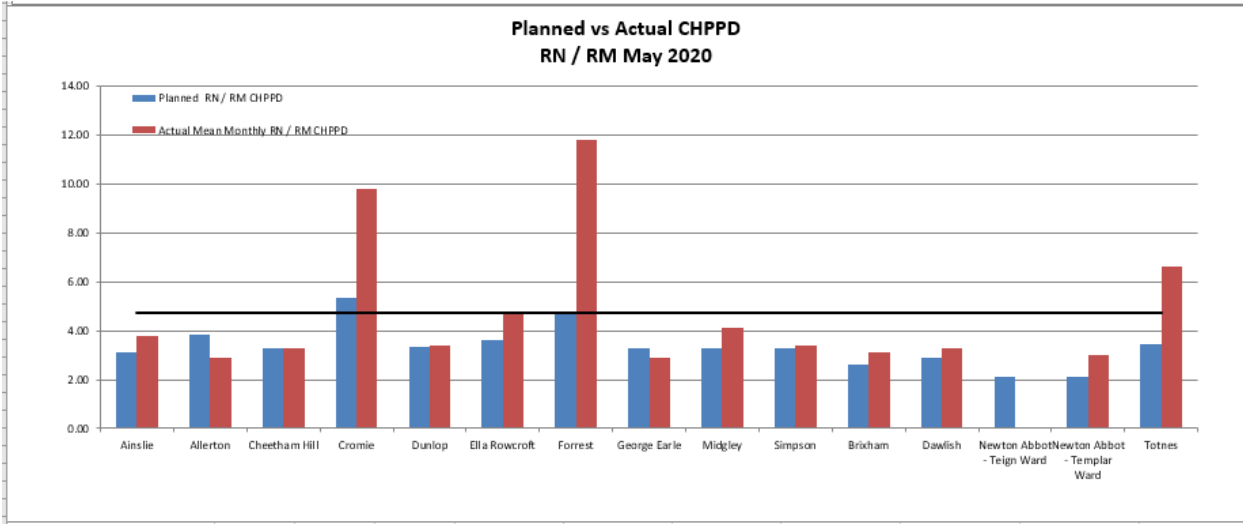
The graph above show that there are a number of areas where the actual RNs are above the current planned RN numbers; this in relation to the changes occurred within the organisation as a response to Covid19 where areas have increased staffing numbers due to training and upskilling staff as we have reassigned staff to accommodate the surge within ICU and ED and areas with lower bed occupancy such as Midgley, Cromie, Totnes, Dawlish and Templar. Teign ward has been reconfigured during Covid19 to a non-Covid19 site and where Turner and Ricky Grant have relocated temporarily.

Planned vs Actual CHPPD
HCA / MCA March 2020
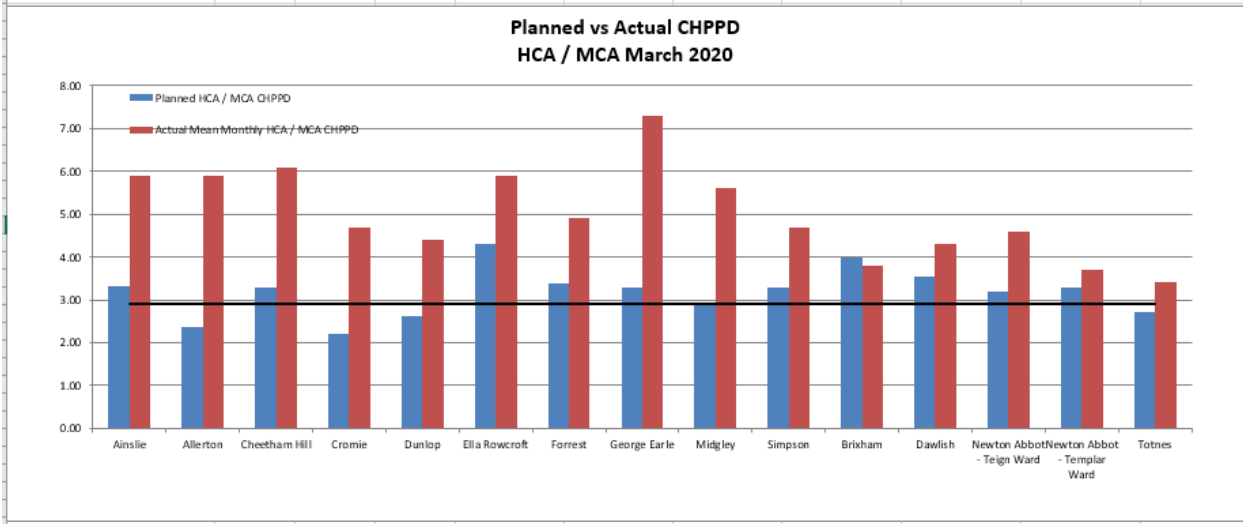
The graph above show that there are a number of areas above the current planned HCA numbers. This is in response to Covid19 surge capacity readiness and also to reduced activity and reduced bed capacity, there is also a required for ensuring enhanced care supervision to our patients requiring 1:1 supervision.
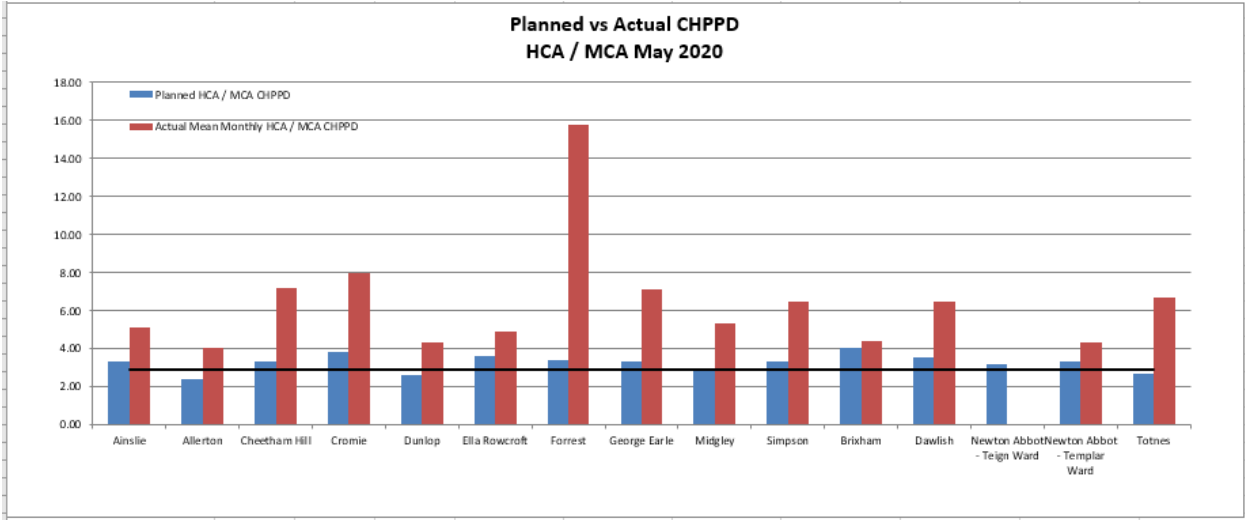
Safecare has provided Trustwide visibility of safe staffing across the organisation alongside real time acuity and dependency of patients within inpatient ward areas. The response to Covid19 has seen an increase in the use of existing staff in the reassignment process, therefore we are unable to analysis the data at this time as it is not comparable to the other organisations locally or regionally.

There are a number of areas where the RN/ HCA or both fell above planned levels, and there are also a few areas where the RN/HCA was above planned levels.

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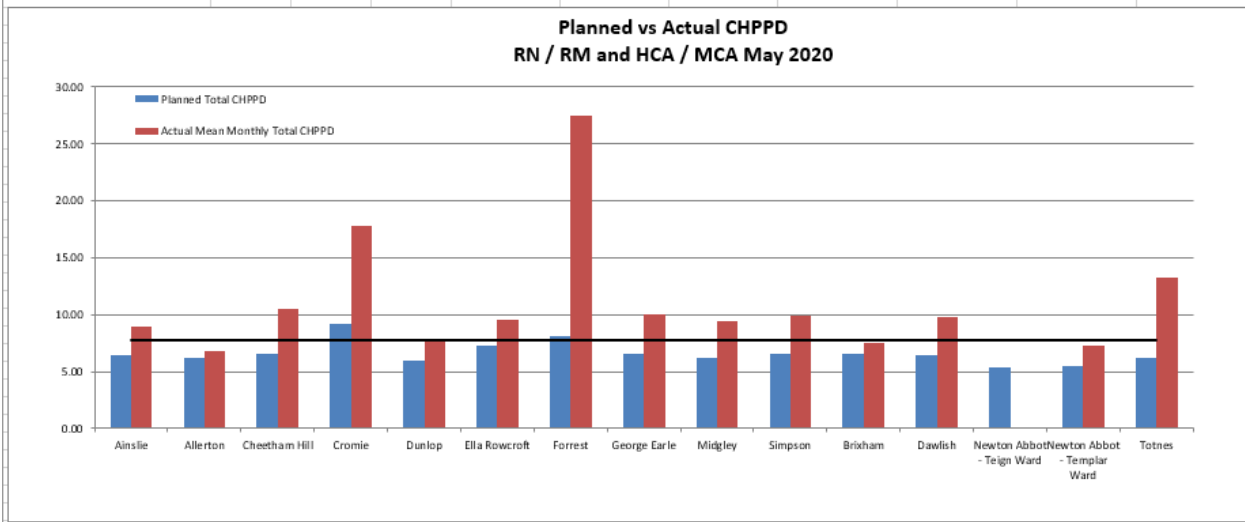
There has been a significant increase since February data on the number of areas where the actual RN/HCA or both are above the planned levels, this is primarily due to Covid19 response.

The reasons for this include:
- Staff have been reassigned to inpatient areas and surge areas such as ITU and ED
- Safecare has enabled visibility of acuity and dependency
- Year 3 student nurses are on paid placement until end of July 2020
- Bed occupancy has been and remains lower than 75%
- Bring Back staff – retire and return have provided further but limited resource

Actions over next quarter:

- Due to the Covid19 situation monitoring and reporting will continue as the situation for each inpatient area will remain fluid as an organisation as we respond to the surges in different parts of the organisation.
- Overseas recruitment is currently on hold due to Covid19 travel arrangements, this will be reviewed when the situation changes.
- Visibility and scrutiny of temporary staffing usage will continue with a review of the processes.

2.3 Organisational Alert status

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

The alert status for the organisation May 2020 is summarised in the table below. The table demonstrates that during May 2020 the Trust experienced more days at Opel 1 and 2 and one day at Opel 3.

Overall the Trust experienced 67.7% of the time in Opel 1 demonstrating 30 days out of 31 in either Opel 1 or Opel 2, which was 97% of the month.

TSDFT Alert Status	No Days in Month May 2020	% days in Month
Opel 1	21	67.7%
Opel 2	9	29.0%
Opel 3	1	3.2%
Opel 4	0	0%

2.3 Newton Abbot ISU - Emergency Department

The department is continuing to use resources from temporary staffing and have a number of staff reassigned due to our upskilling for Covid19 surge and they continue to run two departments Covid19 and non Covid19 areas.

There were no shifts in May 2020 that were not filled at 100% RN.

The actions below are still appropriate, however in relation to the workforce review and supportive framework, they have been temporarily stood down due to the Covid19 situation, these have been reinstated in May 2020 and are progressing to deliver a comprehensive workforce plan based on the evidence supplied.

- The Baseline Emergency Staffing Tool (BEST) was used in 2016/17 to ensure staffing establishment was appropriate. At that time establishment was within expected benchmark but there were recommendations about shift pattern changes. This has been repeated in Q4 and the department are working through the data.
- The Trust engaged an interim Nurse Consultant in January 2020 to provide leadership support and to progress the supportive measures process at pace. This support will continue until end of June 2020.

2.4 Nursing Agency spend

Nursing Agency Usage by month (£) and cost centre
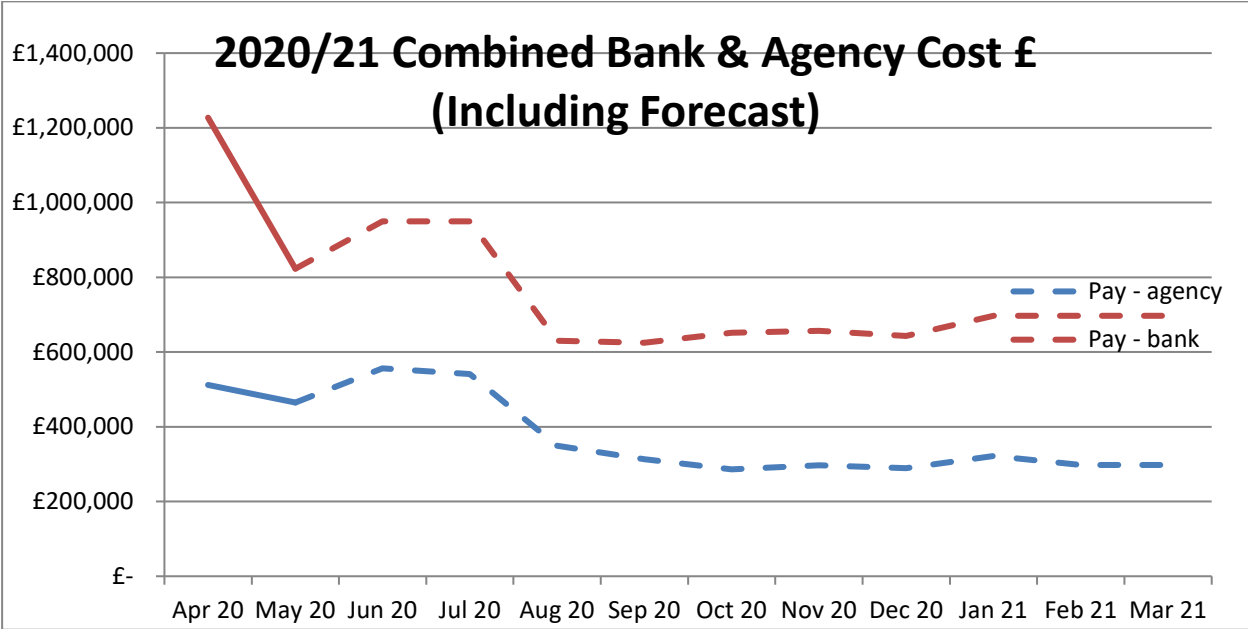
Agency Monthly Cost £ by Ward

Month	Cost
Apr-19	334,302
May-19	272,106
Jun-19	269,862
Jul-19	256,334
Aug-19	233,284
Sep-19	300,799
Oct-19	196,812
Nov-19	242,070
Dec-19	283,861
Jan-20	206,560
Feb-20	239,503
Mar-20	215,293
Apr-20	101,617
May-20	98,352
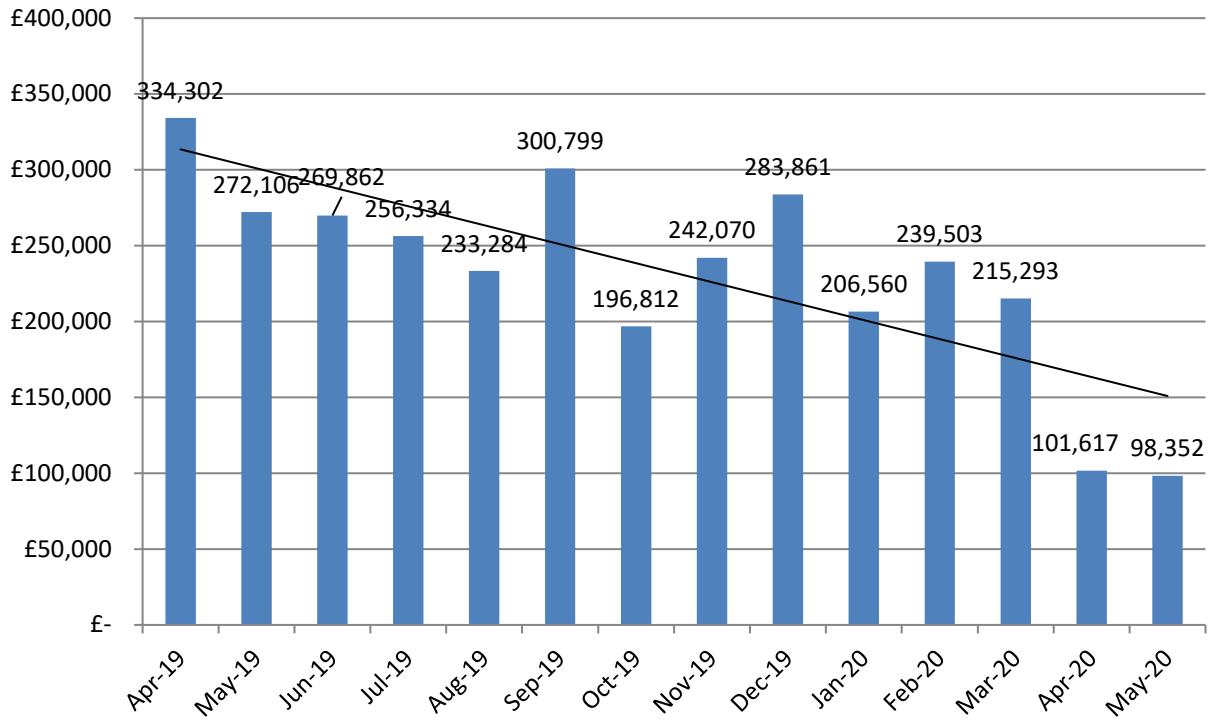
Agency Monthly WTE by Ward

Month	WTE
Apr-19	48.36
May-19	40.74
Jun-19	38.35
Jul-19	42.84
Aug-19	34.51
Sep-19	36.27
Oct-19	40.42
Nov-19	34.59
Dec-19	36.36
Jan-20	32.99
Feb-20	34.19
Mar-20	31.65
Apr-20	18.76
May-20	15.46

Bank Monthly Cost £ by Ward

Apr-19: 519,578
May-19: 560,587
Jun-19: 473,717
Jul-19: 543,819
Aug-19: 535,526
Sep-19: 542,651
Oct-19: 544,005
Nov-19: 534,534
Dec-19: 579,033
Jan-20: 516,301
Feb-20: 595,105
Mar-20: 609,498
Apr-20: 515,704
May-20: 274,716

Bank Monthly WTE by Ward

Apr-19: 183.19
May-19: 198.44
Jun-19: 166.66
Jul-19: 191.20
Aug-19: 189.60
Sep-19: 192.21
Oct-19: 194.52
Nov-19: 189.58
Dec-19: 206.02
Jan-20: 186.39
Feb-20: 211.51
Mar-20: 215.75
Apr-20: 186.95
May-20: 72.24

There is significant underspend in ward and non-bed based nursing establishment budgets which offsets the overspend on agency.

Agency spend as per above graphs it is tracked daily and reported weekly, current data shows a variable use but with overall reducing trajectory of usage.

Pay Expenditure Run Rate (RN Bank & Agency Combined)

Pay Expenditure Run Rate (HCA Bank & Agency Combined)
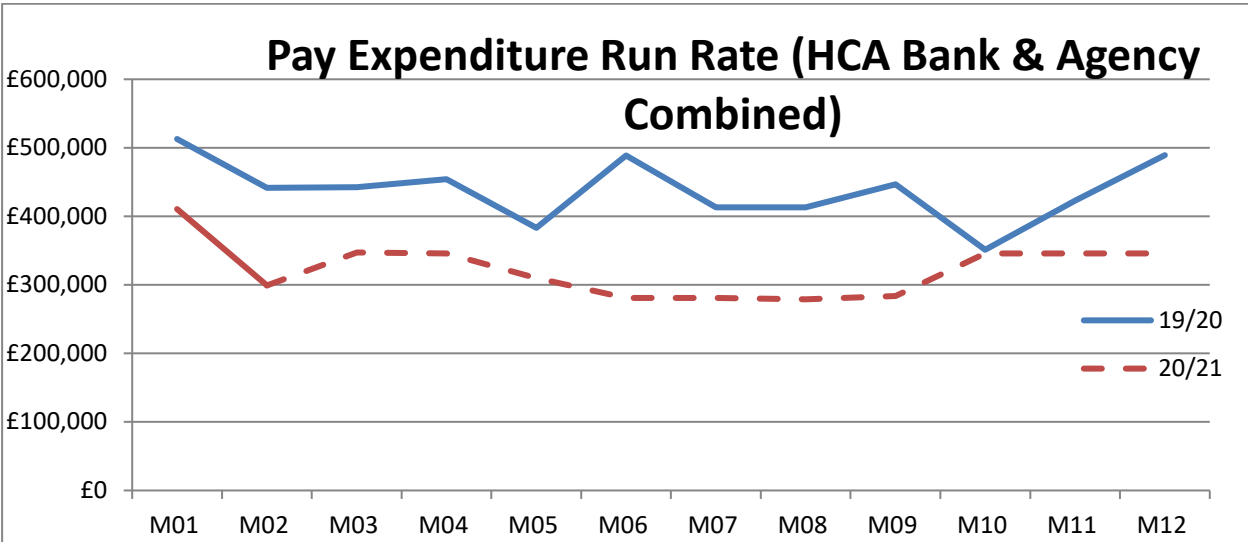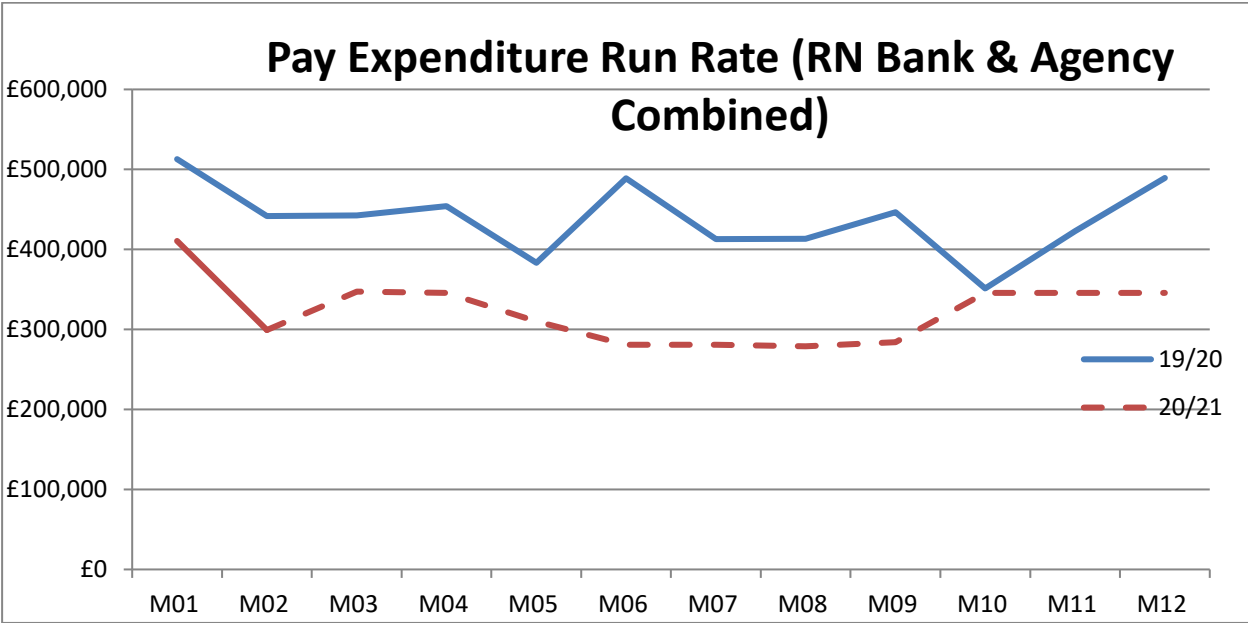
Actions:

- The winter bank payment has been extended through the current Covid19 situation and will end of 31st May 2020.
- The Covid19 nursing and midwifery returns, students joining the register or on paid placement will see an increase of registered nursing and midwifery within the Trust, exact numbers have been small; less than 10 for registered nurses and 78 for students on paid placement who will be registered nurses in 6 months, we are actively recruiting within this area.

2.5 Nursing and midwifery vacancies

The recruitment strategies previously reported have resulted in an RN vacancy rate as at the end of March 2020 has maintained at between 9.5 and 10.5% Registered midwives continue with a <1% vacancy rate. Current reporting has been stood down due to the current pandemic situation and will be recommencing for June reporting.

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;
KPI 1: Rosters published 6 weeks prior to commencement or
KPI 2: All contractual hrs are utilised when fully approval.

Due to the current pandemic response, the staff have been reassigned to other areas. The reporting of the KPIs will be available in July.

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 May 2020, the table below show that at the time the data was compiled 26 areas had not made a return this month, this is due to the Covid19 pandemic response, which has meant that a number of areas had no activity or their activity has been reassigned in a different location providing a reduced service as per national response requirements.

There were 0 Red rated teams and 10 Amber rated teams for May 2020, 4 teams did not complete the return (where notified suspended services have been removed from the report) are as detailed below:

Amber rated teams:

- Recovery – reassignment of staff, skill mix, reduced activity
- Coastal, Torquay, and Paignton and Brixham Occupational Therapy – reassignment of staff, vacancy, sickness related to the constraints within Covid19
- Moor to Sea, Paignton and Brixham Physiotherapy – short term sickness, vacancy and reassignment due to Covid19, shielding due to Covid19.
- Newton Abbot and Coastal nursing – short term sickness, vacancy and reassignment due to Covid19, shielding due to Covid19.
- Social Care – Torquay – due to number of referrals, vacancies, short term sickness and Covid19 related activity.
- Podiatry – recently retired, reduced activity due to response to Covid19 and staff reassigned

The main theme is the reassignment of staff across the organisation in these services where activity has been temporarily stood down as the organisation responds to the pandemic, other reasons as described above are vacancies across nursing and allied healthcare professionals 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 below.

Quality Safety and Effectiveness Trigger Tool (QuESTT)

Torbay and South Devon NHS Foundation Trust

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

Service Type	Team	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020
% Complete		94%	100%	96%	97%	99%	99%	96%	96%	94%	72%	92%	95%
Total Purple (L3)		0	0	0	0	0	0	0	0	0	0	0	0
Total Red (L2)		0	2	2	2	0	0	0	0	2	0	1	0
Total Amber (L1)		3	7	8	5	10	8	10	7	7	12	12	10
Total Green (L0)		70	69	65	69	67	69	65	68	64	44	59	64
Average Score		9.4	10.0	10.1	9.7	10.0	9.4	10.3	9.6	10.0	10.5	10.6	9.9
Acute	Ainslie	12	11	10	11	10	7	10	10	13	9	9	11
	Allerton	16	13	12	14	9	6	5	8	7	6	9	11
	AMU	5	5	11	6	8	6	8	5	3	5	6	
	Anaesthetics	10	11	11	10	7	9	8	6	9	11	12	11
	Breast Care Unit	2	0	6	10	6	3	5	3	6	0	2	2
	Cath Lab	10	10	10	13	15	7	6	8	8	6	1	1
	Cheetham Hill	15	11	13	12	13	13	17	13	9	14	13	13
	Cromie	7	12	7	5	8	5	9	6	15	9	8	1
	Dunlop	5	4	5	6	7	6	7	5	6	11	10	10
	Early Pregnancy / Fertility Service	4	6	6	6	6	8	6	6	4	8	8	10
	EAU3		12		12	10	18	14	11			16	13
	EAU4	7	18	11	8	7	6	5	9	5	6	5	8
	Ella Rowcroft	10	12	8	10	9	8	11	11	8	6	8	7
	Emergency Department	15	18	20	19	19	18	15	10	12	16	13	11
	Endoscopy	4	3	8	6	8	3	3	3	6	5	10	8
	Forrest	14	12	8	8	15	7	10	10	12	12	6	3
	General Theatres	11	9		15	7	15	13	7	7		10	5
	George Earle	11	11	13	15		16	14	12	11	11	14	14
	Gynaecology Out-Patients Dept	9	9	7	7	8	3	7	7	5	11	7	11
	Hutchings	12	13	8	9	9	9	7	6	10		7	1
	ICU	9	11	9	3	9	14	6	8	10	19	16	12
	Louisa Cary		6	7	3	9	3		5	7	4		7
	MAT / TAIRU	10	10	9	4	7	7	8	5	4		2	3
	Maternity	13	12	12	14	13	9	10	15	13	15	12	12
	Midgley	14	9	3	7	9	8	11	7	11		8	9
	OPD	6	6	6	3	2	4	6	11	6		6	4
	Ophthalmology	8	15	15	13	14	13	15	12		10	3	11
	Ortho Theatres	15	14	13	14	15	14	12	15	11	11	13	11
	Pre-assessment	8	8	10	12	16	14	12	6	8	8	10	6
	Radiology		9	11	9	14	10	9	13	9			
	Recovery	12	8	10	11	15	15	14	11	10		20	16
	RGDU	7	13	15	12	9	7	10	11	15	10	8	9
	SCBU		4	2	1	3	5		1	5	3		2
	Sexual Health	13	11	10	5	6	6	12	11	10		11	6
	Simpson	9	8	11	11	9	11	12	10	10	15	10	11
	TCCU	5	4	8	9	14	10	6	7	11	12	12	10
	Turner	9	8		7	12	9	13		7		8	5
	Urology		7	10	4	6	5	10	5	7	6	10	

Service Type	Team	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020
Community Hospital	Brixham	7	20	19	17	14	16	14	12	18	14	14	10
	Dawlish	0	1	0	3	3	3	5	5	3	3	3	5
	Newton Abbot Templar	9	7	2	9	9	9	10	12	12		2	2
	Totnes	7	6	12	9	7	11	8	11	12	9	10	7
MIU	Newton Abbot	8	8	8	6	7	8	8	3	5	5	2	5
Community Stroke and Neurology	Torbay and South Devon	14	16	14		10	10		14	12	16	21	14
Infection Control	Infection Control	4	6	8	3	4	6	6	6	11		10	10
LLTS	LLTS	6	7	6	5	6	8	6	6	6	10	10	7
OOH Nursing	OOH Nursing	9	12	14	13	16	14	12	13	11	12	8	8
Specialist Nursing	Specialist Nursing	7	2	4	5	6	8	12					12
Nursing	Brixham and Paignton	14	9	12	15	22	19	24	15	25	18	19	14
	Coastal	14	11	19	15	17	15	17	17	19	15	16	17
	Moor to Sea	10	12	15	8	15	20	16	15	18		11	14
	Newton Abbot	10	14	19	15	11	15	20	14	20	21	15	17
	Torquay	9	11	6	9	12	17	9	13	11	11	13	
Occupational Therapy	Brixham and Paignton	12	14	10	12	12	8	8	12	12	16	24	16
	Coastal	8	10	10	9	5	7	6	9	8	8	12	16
	Moor-to-sea	6	14	10	17	8	14	16	18	14	16	12	15
	Newton Abbot	11	9	19	13	19	9	13	13	9		9	13
	Torquay	4	2	4	4	6	6	8	6	10	16	18	16
Physiotherapy	Brixham and Paignton	10	8	9	12	7	7	10	13	11	10	14	18
	Coastal	8	16	13	9	11	5	8	11	12	8	6	6
	Moor-to-sea	8	14	12	19	14	14	16	16	18	20	20	18
	Newton Abbot	11	9	17	11	13	9	9	13	11		9	13
	Torquay	12	10	8	10	6	6	10	6	10		8	12
Podiatry	Podiatry	23	32	26	27	22	22	24	22	24		32	21
Public Health - Lifestyles	Lifestyles	11	3	0	7	5	1	5	9	2	11	13	15
Public Health - Nursing	Paignton and Brixham	6	6	6	8	4	4	6	8	8	12	20	12
	School Nursing	6	7	7	5	8	12	12	10	11	16	14	7
	Torquay	2	5	4	4	2	6	6	6	9	2	6	6
Public Health - Substance Misuse	Substance Misuse	8	10	6	4	4	2	0	4	3		4	6
Social Care	Brixham and Paignton	10	12	10	10	14		10	14	10			14
	Dawlish & Teignmouth	10	12	12	14	18	12	14	0	9		12	8
	HADT - S. Devon	15	17	13	17	13	13	15	13	11		15	13
	HADT - Torbay	13	8	13	10	9	7	17			9		14
	Newton Abbot	18	16	16	16	10	10	14	12		6	4	4
	Older People Mental Health - Torbay	4	8	4		2	2	0	2	0	8	2	4
	Torquay	12	10	16	12	10	14	12	12	12	20	18	16
	Totnes & Dartmouth	8	16	8	4	16	10	12	20	14	10	10	10
Tissue Viability	Tissue Viability	7	7	9	8	8	8	8	8	8	9	7	9

3. Conclusion

The report for May 2020 demonstrates that the organisation despite responding to the C9 pandemic, have responded amazingly and there remains a number of safety measures in place to ensure that nursing establishments and fill rates are monitored and appropriate action is taken to maintain staffing levels. This is triangulated with the quality and safety metrics for each bed-based areas. These are robustly actioned both by the specialty matrons and senior sisters, alongside through the control room function.

This paper assures the Trust board that there is nursing safe staffing in all inpatient areas within the Trust. The information is triangulated with the quality and safety metrics which demonstrate that these remain within the national requirements despite our current situation in responding to Covid19 and a number of services and staff have been reassigned.

4. Recommendation

The Board is asked to note the report.

NHS
Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors		
Report title: Chief Operating Officer's Report – June 2020		**Meeting date:** 24th June 2020
Report sponsor	Interim Director of Operations	
Report author	System Director	
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 broad narrative update on operational issues arising from the COVID 19 response and recovery planning.	

Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐

Recommendation	The Board 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		**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**	

Report title: Chief Operating Officer's Report – June 2020	Meeting date: 24th June 2020
Report sponsor	Interim Director of Operations
Report author	System Director

1. Purpose

The report provides the Board with an update on key operational issues. The ongoing response to the COVID-19 pandemic and the restoration and recovery of services has been the predominant focus of operations over the last month.

2. Responding to the Pandemic

To recap, to respond to the pandemic an acute site reconfiguration plan was rapidly designed and enacted in April to enable Urgent & Emergency Care services to continue to deliver safe and high quality care, whilst remaining responsive to the unique challenges and threats that the COVID 19 pandemic posed. The Emergency Department footprint was expanded into the Day Surgery Unit (DSU) to create an Initial Reception and Treatment Centre (IRTC), which enabled the segregation of patients presenting with symptoms of possible COVID-19, and ensured that capacity was maintained with the new requirements for social distancing. In addition, Level 2 Outpatients was vacated and redesigned to provide triage and discharge areas for patients with suspected or confirmed COVID-19. Urgent surgery was maintained by utilising Mount Stuart Hospital and inpatient and daycase cancer services were transferred to Newton Abbot Community Hospital. The ISU health and wellbeing teams organised themselves to maintain their care and support to their vulnerable and shielded patients during the pandemic and in conjunction with the wider workforce provided enhanced support to care homes.

Teams and services across the Integrated Care Organisation have shown remarkable levels of compassion, collaboration, and agility through a time of massive disruption to usual ways of working, in order to support the needs of others. Examples include redeployment of staff according to demand, short-notice changes to rotas, and finding new and innovative ways of working to meet patient needs (in particular digital solutions where possible). At a time of significant uncertainty and upheaval, contingency planning has been a key enabler to improving our organisational preparedness. Examples include the establishment of a staff testing process to mitigate the risk of workforce shortages and regular discussions describing how our integrated care organisation will flex to support patient care pathways through the acute hospital, community hospitals, residential and care homes, and services providing care to patients in their own homes.

Microbiology has been front and centre of the COVID management. The response this service has demonstrated throughout has been second to none. The tenacity of individuals and the teamwork adopted to solve problems at a moment's notice has enabled a 24/7 rapid diagnostic testing service for our staff, hospital patients and those working and living within the care home sector. The service is now providing the new antibody testing.

3. **Recovery & Restoration of services**

Fortunately, the number of COVID positive patients has been much lower than anticipated and has reduced further over recent weeks, so we are able to de-escalate our COVID response. However, all necessary operational arrangements remain in place to enable the Trust to respond to a rise in COVID numbers, if that occurred, working with partners across the Devon System.

Over the last month the focus has continued to be getting services up and running according to requirements set out by a letter from Sir Simon Stevens (CEO NHS) and Amanda Pritchard (COO NHS) dated 29 April 2020. The Recovery Cell was established in order to coordinate and facilitate the standing up of services that were halted or significantly reduced to facilitate the initial COVID-19 response. This group includes a number of workstreams focussed on specific areas that are clinically led and are part of the governance structures within our Integrated Service Units (ISU).

Stepping up services in the COVID environment is extremely complex. Teams are having to redesign their services at pace, to ensure they can be provided in space that is appropriately socially distanced, supports the management of risk for shielded patients, adequate PPE is available, booking arrangements revised and information to patients communicated so they feel safe for their visit to hospital. Wherever clinically possible, we will be delivering outpatient clinics virtually, with adoption of telephone and video conferencing using the 'Attend Anywhere' system. To date 25% of outpatient activity is now delivered on a non face to face basis, majority telephoned based, but with Childrens' services leading the way with the use of video conferencing. Availability of IT equipment has been a rate limiting step which is being addressed through a COVID capital proposal.

To date 85 services have been approved to be stood up, but the impact of the requirements of delivering services in a COVID environment, such as enhanced cleaning, PPE and arrangements required for specific procedures will impact the Trust's ability to bring back activity to pre COVID levels for planned care and diagnostics, resulting in lengthening waiting times. Discussions have started with primary care colleagues to explore how requests for diagnostics can be managed going forward in the context of this reduced capacity. Planning for the new MRI scanner installation in underway with a July date and the CT mobile scanner remains at Newton Abbot Community hospital.

The Trust has maintained its urgent cancer services throughout the COVID period utilising Newton Abbot Hospital and Mount Stuart Hospital. The team have demonstrated effective teamwork and agility throughout the period to achieve this. We are now seeing an increase in cancer referrals to 72% of pre COVID levels, which is an encouraging indicator of public confidence returning. In conjunction with the cancer alliance, recovery plans are being developed including mutual support and a review of delivery capability.

A Trust wide demand/capacity plan is currently being prepared to assess the impact of loss of capacity by service. This is an issue across the NHS and we are working with the Devon system to plan for additional capacity to mitigate this risk. Availability of capital funding will be key to this.

Our aging estate gives us additional challenges, in stepping up services in a COVID environment. Over coming weeks we will be developing service redesign options for a number of services to ensure they can be provided as optimally as possible. On the 8th of June the Medical Receiving Unit was established as a test of change, to support the onward flow and care of our medical patients. This is informing an Option Appraisal being undertaken on the space requirement and configuration of the Emergency Department and assessment areas to ensure we have a robust service configuration in place ahead of the winter, to manage emergency demand.

4. Working in partnership

The COVID pandemic has highlighted the benefits of the Integrated Care Organisation model and the strength of partnership working with partners and innovation in our COVID response. I have highlighted some examples

- <u>Voluntary Sector COVID 19 response</u>. The community and voluntary sector have delivered a range of responses to the COVID-19 crisis that have been effective and innovative. The sector has embraced new ways or working (digitally and by telephone) demonstrating community leadership and a new open approach to partnership within the voluntary sector itself, and with Statutory bodies such as the NHS and local Councils. Moving forward, the Trust will need to build upon this new environment to assist the voluntary sector to consolidate these changes and look at our own support offer to the sector.

- <u>Torbay Technology Enabled Care Service</u> responded to COVID-19 across the system, working closely with hospital discharge, domiciliary care, reablement, care homes and GP's to support a move toward virtual consultations. TEC deployed systems to support high level social care needs virtually with the potential to significantly impact how reablement and overnight care is delivered. In addition, working to support the voluntary sector and learning disability clients to bridge the social inclusion gap. The highlight, with national recognition, is the health technology solution designed and developed between the Trust and Cascade3d. This was first implemented with Community Matrons for high-risk/shielding clients shielding at home e.g. COPD, diabetes and severe asthma. These solutions support social distancing and allow people to manage their own health readings (including blood glucose, blood pressure, oxygen saturation and temperature) with remote consultations where appropriate, with over 40 patients being supported in Torbay now. This solution has had an exceptionally positive patient feedback and impact with matrons have been able reduce visits and social care staff being engaged with wellbeing checks.

5. Recommendation

The Board is asked to receive and note the report.