Torbay and South Devon NHS Foundation Trust
Public Board of Directors

via Microsoft Teams

30 September 2020 09:00 - 30 September 2020 12:00

AGENDA

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2.3	Minutes of the Board Meeting held on the 29th July 2020 and Outstanding Actions Approve 20.07.29 - Board of Directors Minutes Public.pdf 11	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'.

Torbay and South Devon NHS Foundation Trust

MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST PUBLIC BOARD OF DIRECTORS MEETING HELD IN SEMINAR ROOM 5, HORIZON CENTRE, TORBAY HOSPITAL AND VIA MICROSOFT TEAMS ON WEDNESDAY 29TH JULY 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
	* Dr R Dyer	Executive Medical Director
	* Mrs J Falcao	Director of Workforce and Organisational Development
	* Mr J Harrison	Chief Operating Officer
	* Ms A Jones	Director of Transformation and Partnerships
	* Mr D Stacey	Chief Finance Officer
In attendance:	* Mr I Currie	Acting Medical Director
	* Mrs J Downes	Company Secretary
	Mrs S Fox	PA to Chief Executive
	* Mrs R Glasson	Associate Director of Midwifery and Professional Practice
	* Mrs N Goswell	System Director of Nursing and Professional Practice

* via video-conference

		ACTION
130/07/20	**Board Corporate Objectives** The Board noted the Corporate Objectives.	
131/07/20	**User Experience Story** Dr Matthew Fox, Associate Medical Director, presented the User Experience Story. Dr Fox outlined the work of the Silver Community Care Home Cell to support care homes that had experienced Covid-19 outbreaks and the learning from their experiences.	

He gave the Board details of learning following an outbreak at a home where Covid-19 infections increased significantly within a week, with the care home having key staff off sick due to Covid-19; use of agency staff; and issues with use of personal protective equipment (PPE).

Once the Trust's 'Care at Home' Cell was aware of the issues, a robust action plan was put in place with the care home provider comprising: Trust staff seconded to work in the home; training provided on effective use of PPE; and all patients assessed for Covid-19.

Learning from this outbreak has enabled the team to put in place a care home support package for deployment should a care home have a suspected Covid-19 outbreak.

Mr Sutton thanked Dr Fox for his presentation and asked if he felt testing care home residents once a month and staff weekly for Covid-19 was adequate. Dr Fox said that he felt it was, but that if there was a patient death, action was taken to test residents and staff quickly and not wait for the next routine test.

The Chief Executive reflected on learning for the care homes experience during Covid-19. Dr Fox said that following the first outbreak, care homes now understood that quick action was needed in the event of a suspected outbreak and they had confidence in the Trust should they require additional support.

Mr Welch asked if any of the Trust's staff who had supported the care homes during the outbreaks were infected with Covid-19. Dr Fox said that he did not have that information, but added that he was aware that some staff were very distressed after working in a care home and have been provided with support from the Trust. Dr Fox would ascertain if any staff were infected whilst supporting care homes and feed that information back to the Board. MF

The Director of Workforce and Organisational Development said that the way that the Trust was able to work with other agencies as a true partner to find solutions and support care homes reflected the importance and value of the Trust as an integrated care organisation.

On behalf of the Board, the Chairman thanked Dr Fox for his presentation.

PART A: Matters for Discussion/Decision

132/07/20 **Apologies for Absence**

Apologies for absence were received from Mrs Jane Viner, Chief Nurse and Mrs Jackie Stockman, Torbay Council representative.

133/07/20 **Declaration of Interests**

There were no declarations of interest reported.

134/07/20 **Minutes of the Board Meeting held on the 24th June 2020 and outstanding actions**

The minutes of the meeting held on the 24th June 2020 were confirmed as an accurate record.

The outstanding actions log was reviewed and updated.

135/07/20 **Report of the Chairman**

The Chairman wished to record his thanks to Torbay Council for providing a venue large enough for the Board to hold a meeting in person. He also wished to formally record the Board's thanks to Mrs Jayne Carroll for providing support to the Chief Operating Officer role whilst Mr Harrison was away from the Trust.

Finally, the Chairman wished to acknowledge the retirement of both Mrs Jane Viner, Chief Nurse and Mrs Lesley Darke, Director of Estates and Commercial Development, both of whom retired on the 31st July.

136/07/20 **Report of the Chief Executive**

The Chief Executive briefed the Board as follows:

- The next level of detail was expected from the national team in respect of the Phase 3 recovery plan for Covid-19. It was anticipated that the guidance would also provide clarity about the financial regime that would be in place for the rest of the financial year.

- Work had been taking place to reflect and share learning from across the organisation of people's experience of Covid-19. This learning was important to support staff through a significant period of change.

- Alongside the Trust's recovery work, the plan for winter was progressing, which for this year would need to take account of the impact of Covid-19. Work was taking place to increase activity levels in both the hospital and community and teams were working to ensure that robust short term decisions were made whilst thinking ahead to the winter and beyond. This work was being undertaken at system as well as local level.

- Baroness Cumberledge has published the outcome into the independent medical devices review, including the use of vaginal mesh, which had been used in the Trust. The Chief Executive said there had been personal impact on some patients of the Trust and work was taking place to ensure they had the right pathways in place to support those affected. The Trust was also working with Healthwatch to ensure this was done well.

- Mrs Matthews asked how many patients had come forward to the Trust as a result of Baroness Cumberledge' s report. The Acting Medical Director said that, at this stage, seven patients had made contact with Healthwatch.

- The new Chief Nurse, Deborah Kelly, would be commencing in post on the 1st August.

- The Chief Executive reflected on the partnership working with both Torbay Council and Devon County Council and how well the system had been supported. She informed the Board that Mr Steve Parrock, Chief Executive of Torbay Council, would be stepping down from his role to take up a role as lead for Torbay Development Agency.

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

137/07/20 **Integrated Performance Report – Month 3**

The Board discussed the Integrated Performance Report as follows:

Safety and Quality

The System Director of Nursing and Professional Practice highlighted the following to the Board:

- The number of complaints received by the Trust had begun to increase, which had been predicted following the Covid-19 peak.

- There had been three serious incidents in the last month: a patient fall in Emergency Assessment Unit 4 resulting in a fractured hip; breakdown in care package arrangements on discharge; and a cardiac arrest in theatres. These were all being investigated through normal routes.

- Slow improvements had been made to VTE (Venous thromboembolism) performance with both a matron and medical lead in place to drive improvements.

- There had been an increase in Clostridium Difficile outbreaks, which had occurred at the peak of the Covid-19 cases and work was taking place with the Trust's Infection Control Team to identify learning from the outbreaks.

- Patients suffering from a stroke had been spending longer on wards that they should do, which was a result of changes to services to manage the Covid-19 outbreak.

Workforce

The Director of Workforce and Organisational Development briefed the Board as follows:

- Staff sickness had begun to improve following intensive support to staff and managers to aid return to work. Over the last month, as part of national guidance, staff have been asked to complete risk assessments to identify staff members at a higher risk of contracting Covid-19. In addition a health and wellbeing survey had been conducted to help shape the Trust's health and wellbeing offer for the future.

- The Board was asked to note that there had been a reduction in manual handling mandatory training sessions, due to the need to focus on social distancing.

- There had been an improvement in the number of staff performance achievement reviews undertaken in the last month. The People Committee had commissioned a deep dive into achievement reviews to ascertain the quality of reviews undertaken and this would be undertaken at its next meeting.

- Professor Balch queried the rise in staff headcount since March and asked for more detail on this increase given the Trust's current financial difficulties. It was noted that it could be due to appointment to substantive posts, which had previously been filled by bank and agency staff. The Director of Workforce and Organisational Development was asked to provide a report to the next Board meeting. DWOD

- Mrs Lyttle provided assurance to the Board that the Quality Assurance Committee held a robust conversation about the increase in complaints and the expectation that they would increase as a result of Covid-19. She said that the Committee had oversight of the complaints received.

Performance

The Chief Operating Officer briefed the Board as follows:

- Performance against the Emergency Department 4 hour wait target continued to be maintained, despite activity almost back to pre-Covid-19 levels, resulting in increased levels of occupancy.

- Cancer pathways were being prioritised and performance maintained, with challenges in Endoscopy and Urology.

- Diagnostics and elective care performance was challenged due to the impact of Covid-19 and service reconfiguration.

- A detailed assessment review had been undertaken (which had been the subject of check and challenge) to assess how services could be stood back up.

- The Trust needed to understand any potential for harm for patients on extended waiting lists and the need for a systematic approach to assessing potential harm across the Trust.

Mrs Lyttle provided the Board with assurance that the Quality Assurance Committee had held a robust discussion about the increased numbers of patients on waiting lists and the impact of any patient safety and quality issues. She said that she would be following up this discussion with a meeting with the new Chief Nurse in August.

Mrs Lyttle asked the Chief Operating Officer if the reduction in the pre-surgery isolation period from 14 to 3 days would be factored into capacity plans for surgery and he confirmed that it would.

Mrs Lyttle then asked if there was any information about when the new Accident and Emergency targets might be implemented. The Chief Operating Officer explained that, due to Covid-19, implementation had been delayed however the Trust was seeking to start measuring some of them before they became mandatory.

Mrs Taylor queried the process to catch up on social care assessments and fast track discharges from the acute hospital. The System Director for Nursing and Professional Practice explained that work was currently taking place to implement the national guidance for discharges and she would provide further assurance outside of the Board meeting. SDNPP

Finance

The Chief Finance Officer briefed the Board as follows:

- Before any Covid-19 spend being taken into account the Trust was reporting a surplus of £5.9m due to the level of income received from the NHS and local authorities which was higher than planned and due to reduced activity during the pandemic.

- There had been £8m-9m of Covid-19 related spend to date. It could be seen that in Month 3 Covid-19 spend had reduced by £600,000 in month.

- The Trust's cash balances were healthy due to a NHS support package which frontloaded income and was paid in advance.

- Looking forward, the Trust would be facing some risks, in particular due to the uncertainly around the financial regime. These included hospital discharges; performance recovery in particular diagnostic and elective performance; and the nature of changes to the sexual health contract the Trust had with the Council which could result in a £200,000 risk. This was being managed with North Devon as the lead provider of the service.

- Torbay Pharmaceuticals had reported a reduction in income due to a downturn in sales during the pandemic and it was expected this would be recovered during the rest of the financial year.

- The Board was reminded that the Trust had reported a £2m accrual for annual leave carried over into the current financial year and, to date, lower levels of leave had been taken. It was important staff were encouraged to take leave for their own personal health and wellbeing as well as being mindful of the financial impact to the Trust.

Mrs Matthews asked how directive the Trust was being in terms of encouraging staff to take leave. The Director of Workforce and Organisational Development explained that an awareness campaign had been run and managers have been asked to support staff to book leave. She said that it was being monitored to ensure the taking of annual leave was spread across the year and also to identify if there was any correlation to increased sickness if annual leave was not being taken. The Trust's Staff Side was also supporting this work. The Chief Executive added that

managers had the opportunity to discuss the need to take leave as part of health and wellbeing when they discussed the Covid-19 risk assessment with staff.

Mr Sutton asked if the Chief Finance Officer could provide information showing total people costs including bank and agency by activity. CFO

The Board received and noted the Integrated Performance Report.

138/07/20 **Covid Recovery Plan**

The Director of Transformation and Partnerships presented the report and explained that it was best practice following a major incident to put in place a Recovery Cell and that recovery plans were aligned as closely as possible to existing governance architecture.

She explained that workstream plans had been assessed for completeness and that some were more complete than others. It was noted that the Care at Home plans needed to be fully integrated into the Trust's Integrated Service Unit (ISU) structure. The Director of Transformation and Partnerships said that the work provided significant opportunities and challenges for the Trust to ensure transformation took place so the Trust was positioned ready for the winter challenges, and that this was a challenging piece of work to ensure it was integrated with the wider system.

It was noted that some workstreams required capital support to progress their plans and that business cases were being developed by the Finance Team.

The Board noted that it was felt appropriate to stand down the Recovery Cell and move the work into the Trust's business as usual processes. As part of this process a Transformation Group would be established, reporting to the Finance, Performance and Digital Committee, to oversee the transformation plans as part of the recovery work. It was noted that Mrs Lyttle would attend the Group.

Mrs Lyttle said that she welcomed the report and was delighted to be part of the process to move the recovery work to business as usual. She said that it was important to ensure clinical engagement was part of the work so teams felt supported during the change process and that any risks that were identified were brought to the Board.

Professor Balch reflected that the use of digital technology for virtual consultations would be a step change for clinicians and so there was a need to ensure the Trust managed the expectations of its population through a robust communications plan, in particular around the move to remote consultations.

The Chief Executive said the Trust would need to work with, and needed the support of, its system colleagues to manage public expectation, particularly in primary care to ensure there was a consistent messaging and approach to the work.

Mr Richards said that the communications plan was vital and that the need for public and patient involvement in the work at planning stage was critical to

support the process. He added that he understood that the current 'Attend Anywhere' IT solution might not be supported in the long term nationally and the Trust needed to ensure that it had an independent solution if required.

In closing the discussion, the Chairman asked that the Board was appropriately involved and engaged with the transformation work and this was acknowledged.

The Board approved the following:

- Acceptance of the assurance status of the work-streams and actions recommended to address any assurance shortfalls
- Closure of the recovery cell and handover of the further development and delivery of the plans outlined to the "business as usual" structure as outlined in the governance table.
- Recognised the risks associated with the availability of capital as a key constraint to the recovery plan and reflected on any impact this could have on the Board Assurance Framework or actions that the Board may need to take to mitigate the consequence of capital availability on recovery.

139/07/20 **Care Quality Commission (CQC) Inspection Report**

The Associate Director of Nursing and Professional Practice informed the Board that the final CQC report had been published on 2nd July. Since that time, work had taken place to implement the 28 'must dos' and 43 'should dos' recommended by the CQC. The Associate Director of Nursing and Professional Practice reminded the Board that the Trust had retained its rating of 'Good' as an organisation and 'Outstanding' for caring, however the Trust's Emergency Department had been rated 'Inadequate' for safety and 'Requires Improvement' overall. The Associate Director of Nursing and Professional Practice provided assurance that the action plan was robust for both the must and should do actions.

The report also detailed the action plan that would be led by the Trust's Integrated Service Units. The plans would delivered through a quality improvement process with an emphasis on sustainably and validation.

The Chief Executive reflected on the importance of ensuring the work was owned and understood, and the right environment was created to enable teams to succeed. She said that she would be asking the new Chief Nurse to work alongside the Trust's professional practice leads to achieve that goal.

Mrs Lyttle supported the comments of the Chief Executive and said the Quality Assurance Committee had oversight of the CQC action plan and that the Committee was keen to ensure that learning from the report was embedded into the Trust.

The Chairman said that he felt the Trust was good at recognising and making improvements when performance was not as it should be, but it needed to get better at celebrating when things were better than anticipated and this was acknowledged.

Professor Balch said that the Trust needed to find ways to make it as easy as possible for staff to do the right thing, and said that improved IT would facilitate this. Also the yearly performance achievement review process needed to be used to support improvement.

The Director of Workforce and Organisational Development said that teams needed to be supported to celebrate achievement and for the Trust to be able to understand what compelled a team to work well and she felt that sometimes action plans were transactional without supporting teams to work together more effectively.

The Board of Directors received and noted the Care Quality Commission update report.

141/07/20 **Assurance Framework for Seven Day Services**

The Acting Medical Director presented the Assurance Framework for Seven Day Services and explained that the review was part of the Trust's journey to deliver seven day services. He asked the Board to note the last six months was not comparable to the previous six months due to the Covid-19 pandemic. However over the last six month period the target had been met for the numbers of patients seen by a consultant within 14 hours of admission. This was due to changes made in the Trust's Emergency Department and the establishment of a medical receiving unit alongside a change in working hours to ensure consultants were available when there were peaks in admissions.

The Board was also asked to note that the 10 clinical standards were mapped to workstreams as part of the Trust's overall urgent and emergency care programme.

The Board of Directors received and noted the Assurance Framework for Seven Day Services.

142/07/20 **Mortality Safety Scorecard**

The Acting Medical Director presented the Mortality Safety Scorecard and said that indicators were within acceptable limits. He added that there had been a rise in deaths in March and April compared to last year due to Covid-19, and that since then there had been a steady reduction.

The Board noted the work of the Peninsular Mortality Committee to try to build on best practice and it was noted that the Scorecard now included still births and neonatal deaths; deaths where a complaint had been received; and in the future would include deaths that had taken place in intensive care and after elective surgery.

The Executive Medical Director added that the Peninsular Mortality Group had been established under the control of the Quality Surveillance Group at STP level and would provide challenge between Trusts to establish a standardised way of reporting.

Professor Balch said that he welcomed this level of detail as it provided assurance that no unexpected deaths were occurring in the Trust.

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

143/07/20 **Midwifery Staffing Oversight Report**

The Associate Director for Nursing and Professional practice presented the Midwifery Staffing Oversight Report for the period January to June 2020 and detailed compliance with the Clinical Negligence Scheme for Trusts (CNST) staffing standards.

Assurance was given that there were no areas of concern. There had been some vacancies which had now been filled and the midwife to birth ratio had been reviewed to ensure an integrated service across both the acute had community.

It was noted that there had been some increases in sickness levels however it was felt staffing levels were appropriate; and there was a robust escalation process in place to identify any issues at an early stage.

Mrs Lyttle supported the report and said she was assured that no mothers or babies had come to harm during the reporting period. She added that over the last 18 months the quality of work that had been undertaken by the team was outstanding.

The Director of Workforce and Organisational Development asked for assurance that staff were taking annual leave to manage their health and wellbeing. The Associate Director of Midwifery and Professional Practice said that she had been encouraging staff who had leave booked to take it. She said that the senior team had found it difficult to take leave and this was in the process of being addressed.

The Board of Directors received and noted the Midwifery Staffing Oversight Report.

144/07/20 **Maternity Governance Safety Report (1 April – 30 June 2020)**

The Board noted that due to the Covid-19 pandemic NHS Resolution had taken the decision to suspend the submission of the Year 3 CNST standards, but had encouraged maternity providers to continuing to work towards achieving the standards.

The Board was informed that there had been two still births and two neonatal deaths. The neonatal births were being investigated by the Healthcare Safety Investigation Branch (HSIB) as part of normal review processes.

Work continued to meet all elements of the Saving Babies' Lives Care Bundle, however some of the recommendations would require investment to be achieved.

The Chief Executive thanked the Associate Director of Midwifery and Professional Practice for her report and asked how staff were supported when dealing with emotional circumstances. The Associate Director of Midwifery and Professional Practice explained that when serious incidents occurred an immediate debrief was offered directly after an incident and a debrief at a later

stage. She said these were voluntary and were usually supported by someone from outside the department, quite often the Trust's Chaplain. The Department also had a professional midwifery advocate who supported staff when necessary.

In respect of support to families, the Trust provided a named midwife as a single point of contact. The CQC had raised an issue around a gap in provision of a counselling service to families and a proposal detailing how this could be established was in the process of being written.

The Associate Director of Midwifery and Professional Practice was thanked for her report and asked to pass the Board's thanks on to her team.

The Board of Directors received and noted the Maternity Governance Safety Report (1st April – 30th June).

145/07/20 **Torbay and South Devon Clinical School Annual Report**

The Board received the Torbay and South Devon Clinical School Annual Report which discussed progress towards previously agreed goals and goals for the coming year.

The Board noted that the Trust has supported research fellowship with two members of staff currently undertaking a doctorate.

The 2019 annual conference had been a success with both a regional and national profile.

The Chief Executive said that outgoing Chief Nurse, Mrs Viner, had championed the Clinical School and had been keen to ensure research opportunities were made available to a wide group of clinical staff in the organisation and she had also highlighted the importance of development and culture of learning. The Chief Executive said that this was clearly linked to the Trust's strengthened relationships with its university partners and that work needed to take place to identify the Trust's ambition and opportunities the HIP2 project would bring to this work.

Mr Welch queried how research governance was applied and the Executive Medical Director explained that all research opportunities were managed by the Trust's Research and Development Team and that it had been agreed research would be a standing item on the agenda of ISU quality and performance meetings.

Professor Balch said that universities had been financially impacted by Covid-19 and the Board acknowledged the need to work with universities to ensure support could be provided where possible.

The Board received and noted the Torbay and South Devon Clinical School Annual Report.

146/07/20 **Risk Management Strategy/Policy**

The Board noted the Risk Management Strategy and Policy had been previously reviewed by both the Risk Group and Audit Committee and that

comments made by both meetings had been incorporated into the final document.

The Board of Directors approved the updated Risk Management Strategy and Risk Management Policy.

PART B: Matters for Approval/Noting without Discussion

Reports from Board Committees

147/07/20 **Finance, Performance and Digital Committee – 22nd June and 27th July 2020**

Professor Balch said the meeting held on the 27th July focussed on two business cases for Endoscopy which were both supported and approved, subject to availability of capital funding.

The meeting also discussed the Trust's capital requirement for 2020/21 and the financial risks facing the Trust in months 6 to 12.

148/07/20 **People Committee – 22nd July 2020**

The Board noted the report of the Chair of People Committee.

149/07/20 **Quality Assurance Committee – 27th July 2020**

Mrs Lyttle reported that the meeting had received its first report on the activity of the Children and Young People's service and had asked for more detailed information to be provided at a future meeting. It would then be included as part of the Committee's rolling programme.

Mrs Lyttle said the Committee discussed safeguarding and children and adolescent mental health risks and was mindful of the need for assurance that the Board Assurance Framework and Corporate Risk Register were aligned to the work of the Quality Assurance Committee. Mrs Lyttle would be meeting with the new Chief Nurse and Company Secretary to review the Committee Workplan.

The Committee had also reflected that whilst it was data rich, concerns had been raised that the data was not being triangulated against other metrics and so had asked for supplementary information to be included in the Integrated Performance Report specifically relating to quality and safety metrics.

The Board noted the report of the Chair of the Quality Assurance Committee.

Reports from Executive Directors

150/07/20 **Safe Staffing and Nursing Work Programme Update**

The Board noted that there had been an increase in the use of bank and agency staff as staff were reassigned back to normal areas of work following the Covid-19 pandemic.

	The Board received and noted the Safe Staffing and Nursing Work Programme Update.	
151/07/20	**Report of the Chief Operating Officer** The report of the Chief Operating Officer was presented.	
	The Board received and noted the report of the Chief Operating Officer.	
152/07/20	**Estates and Facilities Performance and Exception Report** The Chief Finance Officer presented the Estates and Facilities Performance and Exception Report.	
	The Board received and noted the Estates and Facilities Performance and Exception Report.	
153/07/20	**Compliance Issues** There were no compliance issues raised.	
154/07/20	**Any Other Business Notified in Advance** There was no further business raised.	
155/07/20	**Date of Next Meeting** – 9.00 am, Wednesday 30th September 2020	

Exclusion of the Public

It was resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

BOARD OF DIRECTORS

PUBLIC

No	Issue	Lead	Progress since last meeting	Matter Arising From
1.	Provide timeline detailing when services would be stepped up post-Covid-19, including a communications plan to the July Board.	DTP	Agreed to close this item as it was addressed as part of the Covid Recovery Plan report.	24/06/20
2.	Provide detail of any members of staff who contracted Covid-19 whilst supporting care homes.	M Fox (via AMD)		29/07/20
3.	Provide detail in respect reasons for increased headcount since March 2020.	DWOD		29/07/10
4.	Assurance to be provided to Mrs Taylor in respect of the social care assessments backlog.	SDNPP		29/07/10
5.	Provide information showing total people costs including bank and agency by activity.	CFO		29/07/10

Torbay and South Devon
NHS Foundation Trust

MINUTES OF THE 2020 ANNUAL MEMBERS MEETING
HELD AT 12 NOON ON WEDNESDAY 16 SEPTEMBER 2020
AT THE HORIZON CENTRE, TORBAY HOSPITAL, TORQUAY

Present:

Sir Richard Ibbotson	Chairman
Liz Davenport	Chief Executive
Dave Stacey	Chief Finance Officer

Foundation Trust members, staff members and members of the public (via MS Teams)

In attendance:
Heather Ancient, Partner, PricewaterhouseCoopers LLP

Action

1. **Welcome and Apologies**

The Chairman welcomed everyone to the Annual Members Meeting and in doing so referred to this meeting being the first to be held virtually due to Covid-19 national guidance regarding social distancing. He explained that a recording of the meeting would be made available to view on the Trust website.

In setting the context for the meeting the Chairman said the focus this year was 'Celebrating our People'.

The Chairman opened the meeting by thanking staff and public members, Governors and the Trust's volunteers, fundraisers and other supporters. He specifically referred to the work of the Council of Governors during the year, in particular their involvement in the recruitment of Executive Directors, attending and observing Board assurance committees, contributing to the appraisal of Non-Executive Directors, their robust and thorough review of the Trust's Constitution, recruitment and engagement with members through member events and open days as well as their contribution to the Trust's forward strategy.

Jane Viner, Chief Nurse and Lesley Darke, Associate Director of Estates and Commercial Development, were also thanked for their contribution as Board Directors and reference was made to their decisions to delay their retirements due to the Covid-19 pandemic.

2. **2019/20 Annual Report and Accounts,**

The review of the year commenced and concluded with a short video highlighting some of the work undertaken by staff.

Liz Davenport, Chief Executive reported on the many achievements and highlights of the year, key priorities, and demonstrated how the Trust is making a difference to real people.

Examples of how the Trust had progressed its integrated care strategy were presented which included:

- Launching Children and Family Health Devon in April 2019
- Expanding the Trust's HOPE programme
- Formally opening the Brixham Friends Centre
- Implementing a new IT system to improve community care in Newton Abbot and Moor to Sea localities
- Rolling-out a new patient self-help library nationally
- Patient and clinicians jointly designing the future outpatient work through a programme of workshops

The Trust had also focussed during the year on ensuring services were of high quality and safety by:

- Upgrading two of the Trust's theatres at a cost of £2.3m
- Securing funding from the Government for the Hospital Infrastructure Programme (HIP2)
- Creating a new surgical assessment unit
- Introducing the '*Pathways to Excellence*' Nursing Programme

The Trust had also made staff wellbeing and support a priority by:

- Establishing a Board-level People Committee
- Development of a Trust 'People Plan'
- Launching a new staff engagement programme
- Setting up a staff experience network and menopause self-help group
- Launching a new-look Staff Heroes Awards scheme and celebrating staff achievement with an event held in September 2019

Further achievements highlighted in the Chief Executive's presentation included:

- Young Volunteers Forum was funded to expand and recruit paid staff
- Health Visitor Services was awarded the UNICEF Baby Friendly Award
- '*Red Bag*' scheme was launched to improve care home residents' hospital transfers

Liz Davenport also highlighted a number of achievements by Trust staff, including:

- Day Case Surgery Team earned two international prizes for their innovation

- Community children's nurse, Lisa Pullen was awarded Queen's Nurse
- Chief Nursing Officer for England visited the Trust and made two individual nursing awards and a team award

The Chief Executive's report concluded by thanking all staff, Governors, volunteers and fundraisers throughout the year and particularly by paying tribute to Trust staff during the Covid-19 pandemic and their professionalism, commitment and compassion to ensure safe, high quality care continued to be provided.

3. **Auditors' Report to the Council of Governors – Financial Statements**

Heather Ancient, Lead Auditor, PricewaterhouseCoopers LLP ('PwC') presented a summary of the audit findings report for the 2019/20 Annual Accounts.

Heather Ancient explained that the audit scope of work included providing an opinion on whether the Trust's financial statements presented a true and fair view; a review of the Annual Governance Statement; and, a review of the arrangements for securing economy, efficiency and effectiveness in its use of resources

The Impact of Covid-19 had meant no requirement for the Trust to produce a Quality Report, and therefore no audit review had been undertaken.

The key findings from the review of financial statements and governance had indicated:

- no significant internal control weaknesses
- an unqualified but modified opinion on the financial statements
- a modified opinion over the use of resources
- no material misstatements had been identified
- confirmation that the financial statements were prepared on a going concern basis

Heather Ancient concluded the Auditors' Report by reporting that this was PwC's final year as the Trust's auditor and thanked the Trust for their support during PwC's tenure as auditor, which the Chairman duly acknowledged adding his personal thanks and that of the Trust for PwC's work and commitment over the past five years.

4. **Overview of Financial Statements 2019/20**

Dave Stacey, Chief Finance Officer, gave an overview of the Financial Statements for 2019/20 and reported on a number of key points.

Performance against key financial targets had delivered a deficit of £18m against the plan of £4.7m surplus; capital expenditure had out-turned at £18m against a plan of £21.6m; cash balance at year end was £10.1m against a plan of £3.8m; and, the Trust's year end use of resource rating had increased to 4.

Dave Stacey reported on a number of factors that had affected financial performance in 2019/20, namely it had been a year of significant change within the wider system and there had been a significant shortfall in delivering planned efficiencies. He also referred to factors post year-end impacting on financial performance, including the continuing challenging environment and changing financial regime as a consequence of Covid-19. Also reported was the planned deficit of c.£41m that would be reduced owing to a different approach to calculating income baselines

Dave Stacey concluded his presentation by thanking the Finance Team for completing the year-end accounts ahead of the submission deadline, in what had been an unprecedented year.

5. **Questions from Members**

The following question had been received prior to the start of the meeting.

"I feel that my family and I have experienced unacceptable waiting times in A&E on various occasions during the past year, but the vast majority of your staff deserve commendation for the service provided. Given the may challenges facing the NHS both nationally and locally, how is the Trust going to make the space for the very necessary improvements in systems needed to improve staff morale, financial performance and patient outcomes?"

Liz Davenport, Chief Executive thanked the member for the question and responded by firstly acknowledging the hard work and commitment of A&E staff. She said the Trust was aware of the challenging environment that patients, visitors and staff were currently experiencing within the department but was pleased to report that confirmation of a significant level of funding had been received as part of the Hospital Infrastructure Plan (HIP2) Programme, which would enable improvements to be made to the environment and working conditions. The Trust had also been informed of additional funding to support the Trust's response to Covid-19, which would be used to effect a number of changes to patient facing areas, for example a new Medical Receiving Unit.

Liz Davenport added that the Trust is also working with staff to enable other aspects of the infrastructure to be improved and ensure the correct procedures are put in place to improve the patient experience.

The Chairman asked that if there were any further questions arising from the business of the meeting that these be submitted to the Foundation Trust Office for a response.

6. **Close of meeting**

In closing the meeting, the Chairman thanked everyone for their attendance and in particular the Chief Executive, Chief Finance Officer and PricewaterhouseCoopers LLP for their presentations.

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Chief Executive's Report			**Meeting date**: 30 September 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 20 September 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 requirements for service recovery and transformation, including high risk/high priority infrastructure/equipment requirements/IT Infrastructure and IT systems.
- Failure to achieve key performance standards.
- Failure to achieve financial plan.

Report title: Chief Executive's Report		Meeting date: 30 September 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 29 July 2020 are as follows:

1.1 Safe Care, Best Experience

1.1.1 COVID-19 Response

COVID-19 is increasing in our communities, and here as elsewhere in the country we are seeing more cases. Our excellent staff are well prepared and all are following strict social distancing and infection control measures. Emergency Department (A&E) staff wear full PPE and there are plenty of supplies.

We have recently had COVID-19 positive patients in our hospital and a very small number of staff in A&E have also tested positive. As is standard procedure, we carried out a deep clean of the department, as well as putting in place enhanced cleaning measures. As a precaution we also tested all staff who work in the department, in line with national guidance and with the full support of NHS England and Public Health England.

This is part of our 'new normal' and we are confident that all the measures in place will keep our staff and patients as safe as possible during the ongoing pandemic.

1.1.2 Ongoing response and recovery to the COVID-19 outbreak

Prevalence of COVID-19 is increasing in the community and an increase in local cases, including some of our staff, brings home the need for all of us to remain vigilant and follow infection prevention and control guidelines in the workplace – as well as at home. This includes washing hands frequently, maintain social distancing and make sure that we self-isolate and get tested as soon as we experience any symptoms associated with COVID-19, including a new continuous cough, fever and loss of taste and smell.

ED changes
We are planning to make some changes to the physical environment in our Emergency Department (ED) over the coming months, to make it safer for staff and patients during the ongoing pandemic. We have received £15m of national funding to enable us to refurbish our Emergency Department and to create a new Medical Receiving Unit in a modular build, adjacent to ED. This is an essential element in our 'bridging' plans to

continue delivering safe and high-quality urgent and emergency care, alongside longer-term plans to transform our hospital estate under the government's HIP2 programme.

ED improvement works, including the installation of cubicles, started on Monday 21 September and will run until the end of November. During this time, there will be reduced capacity within our Emergency Department, and we are planning a series of temporary moves and changes to care pathways, so that we can maintain safe patient flow right across our system. We recognise that the changes will bring disruption and inconvenience in the short term for some patients, and wish to thank our patients, staff, partners and public for their continued understanding and flexibility while this building work is underway. We are confident it will result in real improvements for patients and staff alike.

Surgical Receiving Unit three months in

The Surgical Receiving Unit (SRU) has now been open for three months at Torbay Hospital on Level 5, Blue zone (near main theatres) and is making a significant contribution to improving patient flow. The SRU treats patients who have an urgent problem which needs assessment, help and input from the surgical clinical multi-disciplinary team. The majority of SRU patients are able to go home straight from the unit, without the need for an overnight stay on a surgical ward. The SRU is open seven days per week, with the last patient admission to the unit at 6pm

During the first three months, the unit has treated over 930 patients with an average of 71% of patients directly admitted to the SRU (meaning that the patient did not attend the Emergency Department). Six specialities (general surgery, ophthalmology, maxillofacial, ENT, orthopaedics, urology) now run services from the SRU with defined pathways in place.

Outpatient transformation

The coronavirus pandemic has changed forever the way we will be delivering services in 2020 and beyond. Social distancing and infection control measures have impacted our service delivery capacity. During the pandemic, we have seen teams completely adapt to using technology to continue to support people and come up with innovative ways to offer high quality services.

We are currently delivering about 65% of our outpatient appointments compared to pre COVID-19 activity. This number is rising and with the opening of outpatient facilities on Level 2 in Torbay Hospital, we will see more being established. National target is to be operating at 100% of pre-COVID activity levels by November and we are currently on track to achieve 92% (for 95% new appointments and 91% follow-up).

We are working hard to increase the use of virtual appointments, as directed by NHS England. We are doing this by:

- Extending our advice and guidance service to support GP decision-making
- Taking a patient-led approach to follow-up appointments, so that people get in touch if they are concerned
- Offering telephone or video appointments if a face to face appointment is not absolutely essential.

Changing how we work, in particular how we embrace technology for more remote appointments, will help us to increase our capacity and support patients better.

It is our intention to hold 50% of outpatient appointments remotely, but we still need to be able to see some patients face-to-face, and that means we need to increase our clinical spaces and make the most effective use of them. So earlier this month we launched an online room e-scheduler, to help our staff easily see which rooms are available where and when – and, importantly, how flexibly they can be used.

Day Surgery Unit (DSU) re-opening.
We perform surgery and procedures on over 9,000 patients a year in our DSU, so the reopening of this facility on 1 September was a very welcome milestone in our services recovery. Clinical staff will prioritise patients on waiting lists so that those most at risk and those who have already been waiting a long time are seen as soon as possible. For most patients, follow-ups will be conducted remotely, if they feel they need to speak to one of their care team.

Partnership with Ramsay Health
More than 1,000 operations vital to NHS patients with cancer and other conditions have been carried out on a COVID-19-free site in four months under an enhanced partnership between Torbay and South Devon NHS Foundation Trust and Ramsay Health. As the pandemic struck and Torbay Hospital adapted to take COVID-19 patients, we transferred patients and planned urgent surgery to the designated COVID-19-free Mount Stuart Hospital in Torquay.

1.1.3 Care-homes and COVID-19
We continue to work closely with Devon County Council and Torbay Council to support care homes during the pandemic. During the staff anti-body testing programme, we visited 121 care homes (all the homes that requested to be involved) and tested 2504 staff, with a low rate of positive results. We also ran these clinics for domiciliary care staff.

The rate of COVID-19 cases in the local population compared with other authorities and England remains significantly lower than the England rate. We are currently seeing an increase in notifications of single cases of COVID-19 amongst staff in care homes, but so far we are not seeing resident to resident transmission. Local care homes are still able to determine their own visiting arrangements.

1.1.4 Winter planning and flu campaign
The NHS is expecting a challenging winter, with all the usual surges in demand from flu and respiratory illnesses associated with cold weather, as well as the additional pressure of the COVID-19 pandemic. The changes in ED outlined above, and the addition of our Medical Receiving Unit and Surgical Receiving Unit will help to create additional capacity and flow through our system. We have reviewed and re-allocated beds to cope with additional demand over the winter months. We are also expanding our ‘same day emergency care’, avoiding the need for people to stay in a hospital bed overnight, and focussing on discharging people to the most appropriate place for them as soon as they are well enough to leave acute hospital care.

NHS England are calling this year’s campaign to vaccinate health and care workers against flu the ‘most vital ever’. Chief Nurse for England, Ruth May has urged staff to get vaccinated to protect themselves and their patients, and to help deal not only with the usual surge of winter flu and respiratory illnesses, but also an expected surge in COVID-19 cases.

The Trust launched its staff flu vaccination clinics on 21 September. This year, the clinics have to be booked due to increased infection control measures and social distancing guidelines. Frontline health and care staff are being prioritised for early vaccination and hundreds signed up as soon as online booking was available.

1.1.5 Changes to patient and visitor parking

As the Government moves to restore some normality to society and many of our healthcare services resume across Devon, health providers have agreed now it is the right time to reintroduce charges for parking as they were in March 2020, prior to lockdown starting.

On Tuesday 1 September, hospitals across Devon reintroduced parking charges for patients and visitors. Those entitled to free parking or concessions due to their condition or circumstances will continue to receive these.

Over the last few months, we have made some big changes in how we deliver services, with many appointments now being offered via phone and video consultations. This has meant that fewer people need to travel and use and pay for parking. We will continue to offer alternatives to face-to-face appointments, wherever it is the right approach for patients and they are happy to do so.

Whilst we understand parking charges are not popular, they are unfortunately necessary to cover the costs of providing and running car parks. As we look to reduce our waiting lists, these costs cannot be taken from funds needed for essential patient care.

Car parking charges for staff are currently being waived in line with government guidance and will remain free for as long as this arrangement continues.

1.1.6 Urgent Treatment Centre

Following the recent installation of new ‘UTC’ road signs in Newton Abbot, the Trust has been asked what this means. UTC stands for Urgent Treatment Centre.
There is a national move to have a network of urgent treatment centre services by autumn 2020. These would upgrade the current minor injury unit model for some areas, with expanded services and opening times.

Newton Abbot has been running an enhanced minor injury unit for two years, offering services 12 hours per day, seven days per week and offering minor injury treatment to everyone over the age of 2 years old. It has been designated as an urgent treatment centre, as it now benefits from enhanced injury provision and extended x-ray hours (9am-5pm) seven days a week. The signage has been updated to reflect this, ahead of it formally being upgraded in the coming months.

1.1.7 HANDi app launched

An app has been launched for families in Torbay and South Devon, giving advice on common childhood conditions. The NHS HANDi Paediatric app helps give parents confidence when dealing with minor conditions, with advice from child health professionals at their fingertips. The app gives up-to-date advice via parents’ smart phones on how to treat minor conditions including information about when and how to ask for help, along with what to expect when their child is being assessed by a doctor or

nurse. You can download the app for free onto any Apple or Android smartphone or tablet.

1.2 Valuing our Workforce, Paid and Unpaid

1.2.1 Medical Director appointment

As the Board will know, Dr Rob Dyer has taken on the role of Deputy Chief Executive as well as being lead Medical Director for Devon STP. The Trust has now recruited to the role of Medical Director for the Trust and Mr Ian Currie has been appointed to the substantive position, following a rigorous recruitment process earlier in the month. He took up his position with immediate effect, having already been filling the role on an acting basis. The Medical Director is responsible for the quality and safety of services provided by the Trust, alongside the Chief Nurse.

Mr Currie is a consultant vascular surgeon. He trained in Bristol and the South West, Oxford and Sydney and has been a consultant at Torbay Hospital since 1998. He has a long-standing interest in integrated care models, urgent and emergency care and elective surgical care, and has held a range of appointments in educational and leadership roles throughout his career.

Comment
The final decision was not easy, as we were fortunate to have two exceptionally high calibre internal candidates. I am sure you will join me in congratulating Ian and I know that his vision and drive will be hugely important as we continue our transformation journey. Thank you to those who contributed to the process.

1.2.2 Interim Director of Environment

Adrien Cooper has been appointed as the Trust's Interim Director of Environment for a year's fixed term. Adrien, who has a wealth of experience in estates and facilities from a career spanning more than 30 years, joined us from Whittington Health, an ICO in North London. He has experience working in partnership with other NHS providers and local authorities, and is committed to providing the best possible environment to enhance safety and experience for both staff and service users.

1.2.3 Non-Executive Director re-appointments

The Council of Governors approved the following Non-Executive re-appointments at the Council of Governors meeting held on 6 August:

- Jacqui Lyttle – having served two terms of three years, Jacqui's re-appointment is for a one-year term of office, with effect from 1 October 2020
- Paul Richards – re-appointed for a second term of three years, with effect from 13 November 2020
- Vikki Matthews – re-appointed for a second term of three years, with effect from 1 December 2020

1.2.4 First cohort of Nurse Apprentices qualify

The first cohort of students to join the Trust's nurse apprenticeship programme are now fully qualified nurses and have started their new jobs. They were thrown in at the deep end during their final year with 14-week work placements on wards during the first surge of COVID-19.

The Trust worked in partnership with the University of Plymouth to launch the degree apprenticeship scheme in 2018 for its trainee nurses. Under the scheme existing Assistant Nursing Practitioners in the Trust have the chance to obtain a BSc Degree in Nursing, following completion of the two-year programme, and become Registered Nurses. The degree course is three years but apprentices join in year two and combine studies with placements within the Trust

1.2.5 Rheumatology team accolade

The Trust's specialist Rheumatology Team has been recognised for its innovative work with patients with the award of a finalist's certificate in the renowned Health Service Journal (HSJ) Value Awards. The accolade is for new group clinics, which not only help patients but also maintain safety and quality, while expanding the number of people seen and increasing mutual support and self-management of conditions.

The various group clinics were developed by the department to maintain the best clinical service possible, whilst managing a doubling of the numbers of rheumatology patients seen and treated. The clinics aim to start important rheumatology medications quickly, to educate and upskill patients who have received a new diagnosis and support them to self-manage their condition, in a mutually supportive group setting.

This approach led to a 69% reduction in nurse-led medication clinic appointments and decreased the time taken for people to start their medications from eight weeks (on some occasions) to ten days. This resulted in freeing up six hours of nursing time for telephone clinics. At the same time patient satisfaction has been maintained at 4.7 out of 5.

1.2.6 Annual Members' Meeting

This year, we held our first ever virtual annual members' meeting, due to social distancing and infection control requirements. It was good to see so many members join us as we looked back at the highlights of the last financial year and 'Celebrating our People'.

2. Chief Executive Engagement: July

I have continued to engage with external stakeholders and partners; however, due to the continuing pandemic and necessary social distancing, most meetings have been held remotely with the aid of digital technology. I remain very conscious of the need to keep in contact with and support our staff, as we now ramp up recovery of more services, whilst planning for the coming winter, and a second expected surge of COVID-19.

Internal	External

• Staff Side
• Video blog sessions
  o Organ Donation
  o Homelessness
  o Falls
• Consultant Medical Staffing Committee
• Freedom to Speak Up Guardians
• Trust Annual Members Meeting
	• Chief Officer for Adult Care and Health, DCC
	• Interim Chief Executive, Torbay Council
	• Director of Adult Social Services, Torbay Council
	• Director of Children Services, Torbay Council
	• Accountable Officer, Devon CCG
	• Devon Children's Family Partnership Executive Group Meeting
	• Children and Young Persons Partnership Board
	• System Chairs, Leaders, Directors of Adult Social Services Meeting
	• Devon Health and Local Authority Chief Officers' Meeting
	• Chief Executive, Healthwatch Torbay
	• Director of Public Health, Torbay Council
	• Chair and Secretary, Torbay Hospital League of Friends
	• Chief Executive, South West Academic Health Science Network
	• Anne-Marie Morris MP
	• South West Regional Chief Executives
	• Chief Executive, Devon Partnership Trust
	• Shadow Integrated Care System Partnership Board
	• Locality Director, Strategic and Transformation Directorate, SW NHSE/I
	• Chair and Chief Executive, Rowcroft Hospice
	• Turf Cutting, new Adult Mental Health Ward
	• Teignmouth and Dawlish Public Consultation events
	• Chief Superintendent, Devon and Cornwall Police

3. Local Health and Care Economy Developments

3.1 Partner and partnership updates

3.1.1 CCG Coastal consultation update

The Trust is supporting Devon Clinical Commissioning Group (CCG) to run a consultation on service changes in the Coastal Locality (which includes Teignmouth and Dawlish). The consultation is running until 26 October 2020 and is being run differently from normal because of the need to socially distance. We have had excellent engagement so far during online sessions, with councillors, staff and local people raising a range of queries. There are two further 'live' sessions for anyone who wishes to take part: Monday 5 October 11.30am – 1pm and Saturday 17 October 11am – 12:30pm. Details of how to join are on the consultations page of the CCG website.

One of the key issues for staff and patients alike is parking, and the Trust's estates team will bring this into ongoing planning discussions with Teignbridge District Council.

Healthwatch Devon (covering Plymouth, Torbay and Devon) is independently overseeing the consultation and evaluating the proposals to:

- Move high-use community clinics from Teignmouth Community Hospital to a health and wellbeing centre in Teignmouth
- Move specialist outpatient clinics from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away
- Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital
- Continue with the model of community-based intermediate care, reversing the decision to establish beds in Teignmouth Community Hospital.

If these proposals are agreed, once services are up and running in the new health and wellbeing centre and Dawlish Community Hospital the Teignmouth Community Hospital site would be put on the market so that the sale proceeds can be used for NHS services.

3.1.2 Three-year Adult Care Strategic Agreement

Torbay Council, Devon Clinical Commissioning Group and the Trust have signed a new three-year agreement for adult care. The agreement sets out the strategic direction for services that is designed to maximise choice and independence for people requiring adult social care and support. It takes account of service changes required during COVID-19 and increases the focus on early intervention and prevention initiatives, the upskilling of staff and increased use of digital technologies to support people.

Over the past three months, and due to COVID-19, the way we work in adult social care has changed and we have carried out a review of our original Improvement Plan to take this into account and to include our lessons learnt.

We know our old ways of working are simply not sustainable and don't always deliver the best outcomes for our residents. We want to return to the core values of social care, which are: being part of the community, supporting people to build capability, and live their lives as fully as possible.

The revised Improvement Plan, which forms part of the three-year agreement, aims to support our residents in independently managing their own needs, while being supported by the community and voluntary sector. This will then reduce their dependence on statutory care. We have recognised that the demand on the adult care system in Torbay is high and it will only continue to increase due to our aging population and areas of deprivation. We need to change the way we currently deliver our social care and fully adopt a strength-based approach, as well as encourage a culture of reviewing how we perform, learn and continually improve.

3.1.3 Torbay Council to host virtual community conference.

Torbay Council's second community conference is being hosted virtually via Zoom from 5-7pm on Wednesday 30 September. Councillors and officers are keen to hear people's views about how to build on the good work which has been taking place over the last year and working better together to make a positive difference to the lives of people in the Bay. The virtual event, will include a range of information and the opportunity to break off into group discussions covering, a celebration of Torbay, how groups can access funding, and the council's consultation on engagement and empowerment.

3.1.4 Devon Sustainable Transformation Partnership (STP) - Update on Nightingale Hospital Exeter

The Nightingale Hospital continues to recruit 'Nightingale Reservists' from across Devon and Cornwall. These staff will be called on if extra beds are needed to deal with any future escalation of COVID-19. While in 'stand by', Nightingale Hospital Exeter is being used to provide training for overseas nurses, as well as providing a range of diagnostic testing services. These include CT scanning, Ultrasound services and Echocardiography tests. Approval has also been secured to locate a mobile MRI at Nightingale, further increasing the capacity to reduce waiting times for this vital diagnostic test.

Last month, the BBC's national news team visited to showcase how the Exeter Nightingale is offering testing to patients with the longest waiting times and greatest clinical need. Strategic Medical Director, Dr Rob Dyer, was interviewed by the BBC's Health Editor, Hugh Pym.

4 Care Quality Commission

4.1 CQC inspection of Devon Doctors

CQC inspectors carried out a short notice, announced, focused inspection at Devon Doctors Limited on 14, 15 and 16 July 2020 in response to concerns received. They inspected specific aspects of the safe, effective and well led domains. They spoke with and interviewed a range of staff across the service, including call handlers, senior and junior managers, clinicians and the chief executive officer and members of the Board. The service was not rated at this inspection, due to it being a focused inspection.

Following the inspection, CQC applied urgent conditions to the provider registration of Devon Doctors Limited. The conditions focused on systems to ensure delays to care and treatment were reduced and call answering targets were met; ensuring there were adequate staffing levels at all times and suitable governance processes across the service provision. This was in relation to the significant issues relating to patient safety, the quality of service and leadership and governance.

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 continue to promoted some of the amazing work of our staff and partners. Since the last board report, coverage has included:

NHS gives patient with a life-limiting disease a chance to thrive
NHS staff from Torbay and South Devon were in the spotlight in a Channel 4 documentary about a local patient's incredible journey with Motor Neurone Disease (MND). Dr Peter Scott-Morgan was diagnosed with MND in 2017. MND typically limits life expectancy to two years from diagnosis. However, the renowned robotics scientist, refused to accept this fate and mapped his own future combining radical surgery at Torbay Hospital with artificial intelligence and robotics technology.

New sculpture trail planned
The grounds around Torbay Hospital are to have an artistic look with a planned stone sculpture trail and local people are invited to have a say in the project. The trail is to support the wellbeing of patients, visitors and staff - recognising the value of green spaces to mental health. Sculptor Zoe Singleton is designing the sculptures and taking inspiration from people who enjoy the leafy open space. She is collaborating with the team at HeArTs (Health and the Arts in Torbay and South Devon), a programme run by the Trust.

Ward accreditation celebrates excellence in nursing care
Staff from wards in Torbay Hospital and Newton Abbot and Totnes Community Hospitals were presented with certificates recognising their continued commitment to high quality of safe patient care in the pilot of the new national Ward Accreditation programme. Wards are assessed against 14 standards; reflecting both the Nursing care '6 C standards' (care, compassion, courage, communication, commitment and competence) and the health watchdog Care Quality Council care fundamentals. The accreditation programme is being rolled out this autumn.

League of Friends providing comfort for hospital patients
Life is being made a little easier for patients needing an unplanned hospital stay during the pandemic, thanks to Torbay Hospital's League of Friends. The charity stepped in to provide patient comfort packs when visiting was restricted because of COVID-19 and patients suddenly admitted to hospital could not receive items normally brought in by visitors. The Trust worked with the League to draw up with a list of personal items for the packs to make patients' hospital stays more comfortable.

Torbay and South Devon Clinical Researchers changing the face of health care
Thousands of South West clinical research participants are taking part in clinical trials to improve patient care and the Trust is at the forefront. Last year 23,329 participants took part in National Institute of Health Research (NIHR) studies across the South West Peninsula, of which the Trust recruited 1,382 across 74 studies. In addition, Torbay and South Devon was top for ensuring COVID-inpatients were offered and enrolled in trials

and second in the region for opening COVID-19 trials. As well as COVID-19 research, the region supported 638 studies in over 30 specialty areas.

Volunteer hospital drivers urgently needed to support NHS
Your hospital needs you: Torbay and South Devon NHS Foundation Trust is looking for volunteer drivers to take patients to their routine appointments. We need more drivers to join our Hospital Car Service and play an essential role in supporting patients who have routine NHS appointments.

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

Recent topics include

- Hands, Face, Space campaign
- World sepsis day
- Don't ignore lung cancer symptoms
- Mobile hepatitis testing clinics for homeless people
- Appointment of our new Chief Nurse
- Facebook Live physical activity sessions
- Launch of child care Handiapp for parents
- 0-19 Torbay service pandemic family support
- Aspire students on Trust placements graduate
- Accessing our services in a new way
- Public consultations on Teignmouth and Dawlish
- Young persons' mental health support
- World Patient safety Day
- GP services
- Staff Hero nominations
- Hope programme virtual sessions

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: Adult Care Strategic Agreement between Torbay Council, Devon Clinical Commissioning Group and Torbay and South Devon NHS Foundation Trust			Meeting date: 30th September 2020
Report appendix	The Adult Care Strategic Agreement		
Report sponsor	John Harrison		
Report author	John Bryant		
Report provenance	The report has been shared with numerous ICO staff members across the Finance, Performance, Financial, Professional Practice and Operational Directorates.		
Purpose of the report and key issues for consideration/decision	The report is to present the 3 year (April 2020 to March 2023) s75 proposed agreement between the ICO and Torbay Council regarding delegated responsibility for Adult Social Care provision.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☐	**To approve** ☒
Recommendation	For the Strategic Agreement to be accepted and approved		

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**	16
Risk Register	x	**Risk score**	20

External standards affected by this report and associated risks

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

Report title: Adult Care Strategic Agreement between Torbay Council, Devon Clinical Commissioning Group and Torbay and South Devon NHS Foundation Trust		**Meeting date:** 30th September 2020
Report sponsor	John Harrison/ Shelly Machin	
Report author	John Bryant	

1. Introduction

1.1 This is the Adult Care Strategic Agreement (ACSA) which sets out the way in which Torbay Council and Devon Clinical Commissioning Group (the CCG) will commission services from Torbay and South Devon NHS Foundation Trust (the Trust). The present agreement covers a three-year period starting April 2020.

1.2 This replaces the Annual Strategic Agreement (ASA) and is in line with the Risk Share Agreement (3 year financial plan) that has been signed by the parties noted above covering the same period.

1.3 As noted in the report an improvement plan is in place and will be monitored whilst in the light of the Covid-19 pandemic. Previously used performance indicators will be kept under review with targets set for 2021/22 as a base-line for activity is established.

1.4 The in-situ agreement has been used as the basis for the three-year agreement and remains familiar in its approach and content. It has been fully reviewed and refreshed and significant changes are recorded below.

2. Discussion

2.1 The Adult Care Strategic Agreement sets out the strategic direction for services that is designed to maximise choice and independence for those requiring adult social care and support. It sets out the objectives which the Council and the CCG require the Trust to meet and forms the basis on which performance can be monitored and managed.

2.2 The Risk Share Agreement which has been signed by all three parties named in the Adult Care Strategic Agreement sets out the financial commitments and liabilities of the partners. This underpins the ACSA and ensures a focus on improvement and delivery of the commitments made within it.

2.3 The agreement has been produced to reflect the ongoing work and delivery in respect of commitments such as Making Safeguarding Personal, Learning Disabilities Peer Review, Carers' Strategy whilst incorporating the further improvements along with transformational changes through the Improvement Plan which forms part of this agreement and a key focus for monitoring and performance delivery in the first year.

2.4 The governance structure under which this agreement will operate was approved by Cabinet on the 11th August 2020 and is incorporated in section 8 of the agreement

2.5 Attention is brought to those section of significant change listed below:

Section	Section Name	Changes to 2020 – 2023 Agreement
2.1	New Models of Care	In addition to the ongoing commitment to the further development to our vibrant community and voluntary sector a focus is being brought to additional early intervention and prevention initiatives, the upskilling of staff and increased use of digital technologies to enable them and clients/patients
2.3	Learning Disabilities	Section 2.3 has been updated to reflect the ongoing joint working that is taking place between Devon system partners in the delivery of the joint strategy for adults with a learning disability.
2.4	Mental Health	Section 2.4 has been updated to provide increased detail on the Mental Health priorities being focused upon and the joint working arrangements to deliver them.
2.6	Enhanced working between the commissioning functions	Torbay has long been recognised for its integrated approach and willingness to adapt forms and relationships. Local Care Partnerships and new ways of working continue to be sought within this agreement.
3.1	Activity Baseline and Planning Assumptions	Section 3.1 recognises the impact of Covid-19 on the activity and demand numbers resulting in baseline numbers not being available for the first year of the agreement
3.3	Operational Delivery, Monitoring and Oversight	Highlights the governance and use of the Adult Social Care Improvement Plan to monitor in the first year of the agreement in recognition of one of the challenges of Covid-19 skewing activity data and subsequent target setting.
3.4	Adult Social Care Workforce	Section 3.4 details the approach being taken to improvement initiatives in Adult Social Care
4.9	Reviews	Section 4.9 highlights the activity in respect of reviewing packages of care optimising the work that has been done on strengths based and community led support development

3. Conclusion/Recommendations

3.1 That the Adult Care Strategic Agreement between Torbay Council, Devon Clinical Commissioning Group and Torbay and South Devon NHS Foundation Trust set out at Appendix 1 to the submitted report be approved.

Adult Care Strategic Agreement

Between:

Torbay Council
and
Torbay and South Devon NHS Foundation Trust

For the delivery of:

Adult Social Care April 2020 to March 2023

Final

DRAFTING NOTE:

- THIS DOCUMENT REMAINS DRAFT UNTIL APPROVED BY BOTH PARTIES. IT IS BEING CONSIDERED BY BOTH THE TRUST AND THE COUNCIL THROUGH STANDARD GOVERNANCE PROCEDURES

Contents

Introduction

The Strategic Agreement is the working document between Torbay Council (the Council) and Torbay and South Devon NHS Foundation Trust (the Trust) which supports the Partnership Agreement between the organisations for the delivery of Adult Social Care within Torbay. The Adult Care Strategic Agreement (ACSA) is set in the context of the finance agreement established between the Council, the Trust and Devon Clinical Commissioning Group (the CCG). The ACSA is aligned with the Council's Community and Corporate Plan and the Trust's Operational Plan.

The organisations have a history of working collaboratively within Torbay and are part of the Devon-wide Sustainability and Transformation Partnership. The organisations continue to evidence their strong partnership role in working on both local and Devon-system-wide solutions to use resources to best effect.

This close working is being further developed with the ambition for the formation of a Local Care Partnership within the term of this agreement which will create further links and alignment with the Devon health and cares system.

1.1 Scope of the Agreement

The scope of this agreement is Adult Social Care (ASC) services provided for the population for which Torbay Council is accountable. This will include the statutory duties and obligations in respect of the delivery of ASC services for people who are resident in Torbay but will also include people placed in accommodation in other areas of the country where national policy dictates that the Council remains the accountable authority.

In addition to the services described in this Agreement, the Trust provides other services, including those commissioned by the CCG, NHS England specialist, dental, and screening teams.

Torbay Council also commissions additional services from the Trust including, the Drug and Alcohol Service and the Lifestyles, Health Visiting, and School Nursing service which are commissioned by the Council's Public Health team.

Within the integrated approach of the Torbay care system the parties work jointly to ensure effective and efficient delivery of services. The Trust holds the budget for areas such as Autism, Learning Disabilities and Mental Health. Aspects of these are delivered through other organisations such as Devon Partnership Trust. The system partners will collaborate to ensure a continuous improvement approach to the delivery of care. Roles and responsibilities continue to be reviewed to ensure best use of resources and optimised outcomes.

1.2 Summary of services to be provided

The services provided under this agreement will include:

- Provision of information and advice to people enquiring about ASC services;
- Assessment of need for social care services, including the provision of rehabilitation and reablement services, and an Emergency Duty Service;
- Commissioning and monitoring individual packages of care, including case management assessments under the Mental Capacity Act, Liberty Protection Safeguards (formerly Deprivation of Liberty safeguarding) and engagement in

Court proceedings;

- Monitoring of the quality, performance, and cost of services provided by Trust staff and other providers;
- Safeguarding the needs of adults and older people living in Torbay. This includes delivery of Torbay Council's operational safeguarding responsibilities, servicing the Torbay Adult Safeguarding Board, investigations of individual safeguarding concerns and whole homes investigations;
- Voluntary and Community Sector development and coordination in support of independence, self-care, enablement and improved quality of life;
- Ensuring that services are provided in a cost effective way whilst still offering choice where people are entitled;
- Collection of income for chargeable services, including and assessment of an individuals' financial circumstances and ensuring that people are receiving any welfare benefits to which they are entitled;
- The collection, collation and submission of activity information and performance returns as required operationally, by the Council and to meet local, regional and national requirements and statistical returns;
- The collection, collation and submission of financial returns and budget reports as required operationally, by the Council and to meet local, regional and national requirements and statistical returns;
- Benchmarking Torbay Council's performance and cost against similar Local Authority areas, England and the South West;
- Input to the Joint Strategic Needs Assessment (JSNA) and housing needs assessment as required to ensure strategic commissioning plans and market management is based on relevant, accurate, quality and timely data;
- Procurement and monitoring and management of the local market to ensure sustainable, good quality and affordable services within the strategic approach set by the Council's Adult Social Care and Partnership Commissioning Team in conjunction with Devon Clinical Commissioning Group through decision making structures as recorded in the governance within this document
- Delivery of agreed plans including Adult Social Care-Improvement Plans and those agreed through the Better Care Fund including the commitments to optimise the application of the Disabled Facilities Grant.

2 Adult Social Care Commissioning Priorities

The Council's Community and Corporate Plan One Torbay: Working for all Torbay (2019-2023) includes the ambition
'We want Torbay and its residents to thrive' and the mission
'To be a Council that supports, enables and empowers its residents, our communities and our partnerships.'
The Adult Care Strategic Agreement is designed to support the delivery of the plan. It is the Trust's responsibility to ensure the underpinning commissioning activities and associated delivery are supported by timely and accurate data collection and information provision including, finance and performance management information on independent and community voluntary sector contracts and Service Level Agreements held by the Trust. Key areas for development during the period of this contract include:

2.1 New Models of Care

- Wellbeing and independence and supporting people to lead the most fulfilling lives that they are able to are at the heart of the approach to care along with using strengths based approaches and community assets to achieve this with those being supported.
- Living Well@Home development programme being a market wide programme in support of the new model of care;
- Support the development of a vibrant voluntary and community sector within the context set by commissioners
- Reducing demand through prevention and early intervention and asset based approaches
- Accelerated innovation particularly in relation to digital offers to support the delivery of timely and proportionate interventions, upskilling of care staff to support the workforce to work to the top of its license, and to provide holistic, multidisciplinary interactions with clients and patients
- A focus on co-design with the community and voluntary sector and Torbay residents.
- A focus on improving independence and reducing demand via a redesign of community services with the community and voluntary sector, including a 'front door' via the community and voluntary sector.
- Council investment in high quality options to support the local care market. This will support independence and the most vulnerable, including projects in extra care housing and residential/nursing for those with dementia.
- A focus on One Public Estate, to maximise the use of statutory sector estate and funds for the benefit of people in Torbay
- Refreshed governance and performance, to hold all organisations to account and within the Council Governance processes.

These will be supported by the development of a detailed approach to Information and Advice provision (in relation to ASC services), a strategic plan for the support of enablement of individuals by the use assistive technology alongside a refreshed strategy for the development of the Voluntary and Community Sector.

2.2 Autism Spectrum Conditions

- During 20/21, provide Autism awareness training for social care staff who come into contact with people with autism and ensure compliance with the

Core Capabilities Framework commissioned by Health Education England, which is a key objectives for workforce development in delivering the Autism Strategy.

- During 20/21, ensure that staff of organisations and agencies commissioned by the Trust who come into contact with people with autism have appropriate knowledge and skills, through the provision of Autism Spectrum Conditions awareness training, positive behaviour support and crisis planning;
- Provide specialist training for key staff in the trust who come into contact with people with Autism Spectrum Conditions, including reasonable adjustments.
- To actively contribute towards the reduction in people admitted to hospital under the Mental Health Act by improving understanding, skills, knowledge and support in community services, responses from specialist Approved Mental Health Practitioners (AMHPs), access to community treatment reviews and the Blue Light Protocol
- Provide training and support to social care staff on completing Care Act assessments for people with Autism Spectrum Conditions ;
- Improve the offer of Peer Support for people with Autism Spectrum Conditions through seed funding of small peer support groups
- Key partner and in the development and delivery of the Joint Learning Disability and Autism Strategy and action plan, following the Association of Directors of Adult Social Services (ADASS) Peer Review.
- Develop and sustain an Autism Spectrum Conditions Programme Board (during 2020) being mandatory requirement.
- Strengthen and improve the quality of the supported living market for people with Autism Spectrum Conditions diagnosis through procurement of Supported Living Shared Hours and Supported Living 1:1 Hours contract.
- Improve access to employment, education and welfare benefits through the provision of accessible information and advice services.
- Assessments for people with Autism Spectrum Conditions;

2.3 Learning Disabilities

Torbay Council, along with Plymouth City Council, Devon County Council and Devon CCG is signed up to a joint strategy 'Living Well with a learning disability 2018-2021' for adults with a learning disability, including young people who are approaching adulthood.
https://democracy.devon.gov.uk/documents/s21597/Joint%20Strategy%20for%20Adults%20with%20Learning%20Disability%20FINAL.pdf

The refreshed strategy (2018-2022) sets out what we will do together across Devon, Plymouth and Torbay that is best enabled by working at scale. This currently includes:

- Working more closely together to have more appropriate housing that meets the range of needs of people with learning disabilities.
- Working together with local communities, Housing Authorities, District Councils to understand how people are currently supported, and also where they want to live and how they want to be supported. This joint understanding of what is needed in the future to help people achieve what matters to them, will enable us to produce a market development plan.
- Supporting more people with a learning disability in Torbay to develop their skills and find and keep a job, and also increasing the number of opportunities for employment across Devon, Plymouth and Torbay.
- Working together to improve access to healthcare for people with learning disabilities, so that they have improved physical and mental health outcomes

and live longer as a result. The Learning Disability Treat Me Well work and the new Quality Checkers have been looking at accessibility of treatment for people with learning disabilities across Devon and including Torbay hospital.

- Increasing the opportunities in communities for people to live as independently as possible, which means that a wide range of services which are easy to use for people with a learning disability.
- Supporting young people with learning disabilities to develop independent life skills, so that they can lead fulfilling lives as adults.
- Ensuring people with learning disabilities are safe in their communities
- Making sure that we always listen to people with learning disabilities and their families/carers about what matters to them, and include them in decisions about their lives and also the development of services and strategies. The development of the Torbay Learning Disability Partnership Board will support and be a vehicle for this.
- Supporting carers to be able to care throughout the different stages of their lives.
- Developing a diverse and sustainable supported living market for people with learning disabilities

2.4 Mental Health

Torbay Council has statutory responsibilities for providing services to eligible people with poor mental health under the Mental Health Act 1983, NHS and Community Act 1990, and the Care Act 2014, which are delegated to the Torbay & South Devon NHS Foundation Trust. These include:

- Approval and provision of 'sufficient' numbers of Approved Mental Health Practitioners (AMHP);
- Guardianship under section 7;
- Financial and Budgetary responsibilities for the whole Mental Health budget, including activity below assigned to DPT.

Mental Health services will be delivered by the Trust in partnership specialist providers as appropriate, for example Devon Partnership Trust. This is in compliance with Torbay Council's statutory duties under the Care Act, Mental Health Act and other relevant legislation, including:

- Aftercare under section 117;
- Care management services, including operational brokerage of social care packages.
- Implementation of the Community mental health framework

The priorities for the commissioned service in 2020/23are outlined in the Adult Mental Health, Joint Delivery Plan between the Council, Torbay & South Devon NHS Foundation Trust (TSDFT) and its partners. Close working with other commissioners such as the CCG will see this developed and monitored through Adult Social Care Performance Committee as recorded in the governance structure.

- Trust finance team support for improvement plan and development and implementation of cost improvement projects. Torbay Council Commissioners to agree improvement plan and development of cost improvement projects with partners
- Support for integrated personal care planning and brokerage including implementing and embedding systems plans.

- Review and redesign of all current assigned staff roles within the Adult Mental Health contract to ensure value for money and focused approach to delivering better outcomes for people with mental ill health.
- A sustainable supported living market for people with a Mental Health diagnosis through procurement of Supported Living Shared Hours and Supported Living 1:1 Hours contract
- A review of under 65s MH services, including focus on asset and community based wellbeing and prevention

2.5 Social Care Workforce

- Ensure sufficient professional leadership and support to changes to the workforce and implementation of new ways of working;
- Develop capacity within the workforce to deliver the services and provide contingency working and engagement in co-producing new approaches to care work e.g. Trusted Assessor models.
- The opportunity for continued development of the potential for shared arrangements across the Devon Integrated Care System is kept under review not only in respect of commissioning but for aligned service provision to support further enhancements to effective and efficient service delivery. Local initiatives include:
- Continued development of working arrangements for clarity of roles and responsibilities with the growing independent and voluntary sector;
- Supporting engagement with independent and voluntary sector providers through the multi-provider forum and associated groups.

2.6 Safeguarding Adults

The Trust will deliver the operational safeguarding duty on behalf of Torbay to:

- Prevent abuse and neglect wherever possible, understand the causes of abuse and neglect, and learn from experience;
- Ensure all organisations embed learning from incidents and case reviews;
- Improve multi-agency practice and processes to improve individual safety planning as part of care and support plans and safeguard adults in a way that supports choice and control and improves their lives;
- Provide information and promote public awareness to enable people in the community to be informed so that they know when, and how to report suspected abuse.
- Work with strategic commissioners and in partnership with independent and community voluntary sector organisations to identify and address issues early preventing escalation through focused service improvement planning to reduce and streamline the number of current safeguarding processes.

2.7 Carers

In line with the priorities established through the redesign of Carers' services the Trust will continue to deliver operational duties to support carers on behalf of Torbay to:

- Provide Carers' Assessments / Health and Wellbeing Checks for Carers of Adults
- Provide support to maintain Carers' health and wellbeing
- Provide Carers' advocacy;

- Promote identification and support of Carers across the wider health/social care community;
- Provide support to commissioners about market development to meet the needs of Carers and those of the people they care for
- Ensure Carers' performance indicators are met.
- Take steps to address reduced performance in the Personal Social Services Survey of Adult Carers in England 2018-19;
- Fulfil the Carers' Strategy 2018-21
- Implement NICE 'Supporting Adult Carers' guidance

In late 2020, consultation will take place with all registered Carers in Torbay about the priorities for the multi-agency Carers' Strategy 2021-24.

3 Current Services

3.1 Activity Baseline and Planning Assumptions

Under the terms of this agreement the Trust will be providing, long term packages of care to adults and older people with social needs. In the tables below, this activity (initial business planning baseline) is broken down across age groups and expenditure type. The impact of Covid-19 is still being assessed and the baseline assumptions will be kept under review and updated appropriately in discussion between the signatories to this agreement.

ASC - Long Stay Clients Aged Under 65 (snapshot March 2020)

Expenditure Type	Cost per week	Clients'*'	Ave Client Cost
Daycare	£22,039	141	£156
Direct Payments	£98,309	285	£345
Dom Care	£51,504	362	£142
Nursing Long Stay	£6,185	6	£1,031
Residential Long Stay	£137,346	139	£988
Residential Long Stay (Full cost)	£750	1	£750
Supported Living	£110,283	224	£492
Total	**£426,416**	**995**	**£429**

ASC - Long Stay Clients Aged Over 65 (snapshot March 2020)

Expenditure Type	Cost per week	Clients'*'	Ave Client Cost
Daycare	£6,410	71	£90
Direct Payments	£34,691	119	£292
Dom Care	£124,610	627	£199
Nursing Long Stay	£51,354	73	£703
Nursing Long Stay (Full cost)	£4,547	7	£650
Residential Long Stay	£279,092	403	£693
Residential Long Stay (Full cost)	£43,528	64	£680
Supported Living	£17,205	27	£637
Total	**£561,436**	**1,311**	**£428**

'*****' Please note that some clients have more than one expenditure type and therefore, total client numbers will be lower than the sum of the individual types.

3.2 Projected activity

As part of the Trusts' business planning process, the Trust's Torbay Locality (System) will formulate plans to deliver the capacity required in 2020/21 and annually thereafter within the parameters of the Trust's business planning process and the associated

savings requirements. The service development and saving plan work streams developed through this process will report and be agreed through both the Trust's Transformation & Assurance Group and the Adult Social Care Improvement Board with ongoing monitoring and performance through the Adult Social Care (ASC) Performance Committee.

3.3 Operational Delivery, Monitoring & Oversight

Delivery will be monitored through local operational meetings to include the Performance Committee and the Integrated Governance Meeting, the Trust Board, Adult Social Care (ASC) Improvement Board with committees for strategy, delivery and performance reporting in with their roles including financial run-rates and performance targets both activity and financial.

The Trust will operate autonomously to take any management action that is necessary to correct performance and which can be taken within the parameters of this Agreement. However, should exceptional circumstances arise, through excess demand or other external factors not taken into account when the budget allocations underpinning this agreement were made, the impact and any corrective actions will be discussed through the Adult Social Care Improvement Board.

The performance indicators and targets associated with this agreement have previously been set having considered the outturn figures of the previous year. With the exceptional situation in respect of the Covid-19 pandemic it is not possible to set an operational baseline for the first year of the agreement due to the distortion of activity and redirection of resources to manage the presenting demand. However, the Adult Social Care Improvement Plan has clear targets attached to it. Therefore, the performance of this agreement will be monitored in the first year against the delivery of the Adult Social Care Improvement Plan. It is acknowledged there will be significant system changes, service development and pathway redesign; this along with the modelling of the Covid-altered system will enable the metrics and measures associated with this agreement to be reviewed and reset appropriately in readiness for year two.

This approach is further supported by the fact that the contract has always included and worked to the Adult Social Care Outcomes Framework (ASCOF) measures. The Department of Health and Social Care commissioned a review of the measures in January 2020. The output of that review is still awaited along with the associated measures for the 2020/21 which have been disrupted by the Covid-19 pandemic.

Impact on Quality, Activity and Cost Including Cost Improvement programme of improvement and savings plans developed by the partners is attached as Annex 2.

3.4 Adult Social Care Workforce

The provision of integrated health and social care services through local multidisciplinary teams has proved to be an effective model for delivery, able to respond to customer needs swiftly, facilitate rehabilitation, and avoid admissions to residential care and hospital where ever possible. However, the existing model relies on a level of staff resources which will not be sustainable in future given the additional demands. An alternative model is being designed which will have an impact on how staff are deployed.

The new care model will be built on a strengths-based approach, aligning entirely to the model in use within the voluntary sector and Integrated Personal Commissioning.

Adopting this approach across social care, health services, and the private, voluntary and independent sectors will bring a synergy of approach not previously seen. For social care this is building upon the previous 'Personalisation Strategy'. This is being developed with initiatives e.g. Strengths Based Working and Making Every Contact Count (MECC) and will underpin a more from time based and care based provision to outcomes based commissioning. Independent Service Funds (ISF) are a key tool in developing the 'no decision without me' and National Voices 'I-statements'.

3.5 Safeguarding

The Trust will continue to deliver the delegated responsibilities of Torbay Council regarding Safeguarding Adults. The Care Act 2014 put Safeguarding Adults into a statutory framework for the first time from April 2015. This placed a range of responsibilities and duties on the Local Authority with which the Trust will need to comply. This includes requirements in the following areas:

- Duty to carry out enquiries;
- Co-operation with key partner agencies;
- Safeguarding Adults Boards;
- Safeguarding Adult Reviews;
- Information Sharing;
- Supervision and training for staff.

Accountability for this will sit with the Torbay Safeguarding Adults Board (TSAB). This is a well-established group that will provide a sound basis for delivering the new legislative requirements. The Board will incorporate the requirements into its Terms of Reference and Business Plan for the life of this agreement, ensuring that all relevant operational and policy changes are in place.

Regular performance analysis from all partner agencies will be reported to the TSAB to give a clear picture of performance across the agencies. The Council will ensure high level representation on the Board by the Director of Adult Social Services and Executive Lead for Adult Social Care.

In order to maximise capacity Torbay SAB will work closely with the Devon SAB with an increased number of joint sub-committees and shared business support. In addition to this, to provide internal assurance that the Trust is fulfilling its Safeguarding Adult requirements, the Board will have a sub-committee which will oversee performance. This will have a particular focus on training and performance activity.

The Council is fully committed to the national 'Making Safeguarding Personal' agenda. This is designed to measure Safeguarding Adult performance by outcomes for the individual, rather than reliance on quantitative measurement of timescales for safeguarding meetings.

The Trust also has delegated responsibility as a provider of Adult Social Care services to ensure that it participates as a full partner in the TSAB and meet all regulatory requirements in safeguarding adults and children.

3.6 Delivery and Performance Management: Adult Social Care Services

The present arrangements for ASC delivery through an integrated health arrangement delivered by the Torbay & South Devon NHS Trust have been benchmarked against similar authorities in its family group (comparator group). The results show in 2018/19 Torbay spends around £405 per head of adult population, compared to an average of £363 for our comparator group[1] (this is the net current expenditure from 2018/19 Adult Social Care Finance Return (ASC-FR) - per head of adult population).

It is to be noted that the integrated nature of the Torbay's system whilst delivering better outcomes for people does mean that direct comparisons do not always provide an unambiguous picture. With this in mind a series of additional measures are included within the performance indicators attached as Annex 1.

Torbay benchmarks very well in the following areas:

- Service user reported quality of life
- Service user reported social contact
- Service user reported control over daily life
- Service user reported satisfaction with care & support
- Carer reported ease of finding information

Torbay has opportunities for improvement in the following areas:

- Adults in contact with secondary mental health services in paid employment
- Permanent admissions to residential and nursing care aged 18-64
- Service users receiving direct payments
- Adults with a learning disability living in their own home or with their family

Audit South West's January 2017 audit report looking at the Trust's care assessment process has confirmed that "the Trust's arrangements for the assessment of the care needs of referred individuals, and determination of eligibility to receive publicly funded care and support is in line with the Care Act 2014 and are appropriate. Staff are able to access a range of training and operational support mechanisms to help them discharge these key responsibilities."

Opportunities for improvement are as follows
• Permanent admissions to residential and nursing care for 18-64 years old's • Adults with a learning disability in paid employment

[1] Torbay's family group of comparator authorities are groups of authorities that central government consider have similar patterns of deprivation and age profiles etc.
N.B. It should be noted that the ASA applies to the delegation of authority and activity in respect of ASC and does not include Children's services. The ICO's use of funds to deliver these services should therefore focus on ASC when comparisons are made with other authorities.
[Torbay and South Devon NHS Foundation Trust Final Internal Audit Report: Care Assessment Process Report Reference: TSD08/17 January 2017. Source Page 34 CIPFA Local Authority budget comparator profile Torbay Comparator Report November 2016

4 Service developments

Key developments in the way ASC services are provided, and any changes in what services will be provided, are outlined in the following paragraphs. Where appropriate the planning and implementation of these changes will involve internal and external consultation with key stakeholders as set out in the Adult Social Care Improvement Plan which will drive service improvements and is managed through the ASCPB. Where appropriate the Decision Tracker will also clarify accountability for decision making in these developments.

The new care model will target resources to those in greatest need and provide a universal service to allow people to be as independent as possible and be connected with their local community. The new care model will require significant change and we will need to ensure that we support and engage staff and managers through the required change.

To support the resilience and sustainability of services, we will work closely with the independent and voluntary sector in relation to co-production of new ways of working that provide solutions for 'what matters to me'.

The Ageing Well Programme has piloted a number of initiatives and the evaluation of these will offer additional input for the further development of services that provide alternatives to traditional social care services, increase the independence of people and encourage preventative measures and behaviours. Areas that will be addressed include Information and Advice, Assistive Technology and Community Building.

4.1 Social Care Workforce Plan

The Trust will ensure that Registered Social Worker's comply with national standards under the oversight of the regulatory board Social work England and delivery of Care Act compliance is a key deliverable for our social care staff. We will develop and implement a workforce plan for social care services which focuses on:

- Working in partnership with our community, addressing the issues faced by our most vulnerable members;
- Revisiting our approach to ensure we are inclusive with users, carers and community organisations – using strengths-based approaches as our principal theoretical approach and operating model;
- Promoting the reputation of social work in Torbay through engagement with users and the co-design of our approach;
- Supporting staff to reach their potential using a capability framework; responding to the Social Work health check and by providing support to improve resilience;
- Delivering a high quality, safe and well-respected service through use of quality, safety and governance processes.

TSDFT have arrangements in place for structures such as flexible working, staff welfare services and exit interviews. Despite increasing allocation lists, Social Workers do not report unmanageable caseloads or sickness due to stress. Although Social Workers do find time to attend training, and they find it useful, they feel it needs improvement in terms of specialist areas and opportunities for professional development. This is a specific area for attention in the Adult Social Care Improvement plan.

4.2 Strengths Based Approach

The Care Act 2014 requires local authorities to consider the person's own strengths and capabilities to help achieve their desired outcomes. This includes exploring what support might be available from their wider support network or within the community to help in the provision of care and support. In practice, this means operationalising strengths-based approaches into the care model.

A strengths-based approach continues to be embedded and scaled up within the new Health and Wellbeing Teams. It will become the golden thread which runs through all our interactions with people, both in terms of how we approach care and support in our teams and how our teams in turn approach care and support with the people they serve. To support the deployment of a strengths-based approach we have developed the following principles for the implementation:

- We will empower staff to use their skills and experience;
- We will let go of care management approaches;
- We will focus on community involvement;
- We will concentrate on the assets and strengths of the people who use our services, our staff and our partners.

4.3 New Approaches to Person Centred support Planning

During the course of this agreement the Trust will continue to explore new approaches to undertaking support planning. This will include furthering existing schemes for people with learning disabilities and undertaking wider proof of concept work in partnership with independent, voluntary and third sector organisations.

4.4 Self-Directed support – including Individual Service Funds and Direct Payments

Self-directed support using initiatives such as Individual Service Funds alongside Direct Payments will be encouraged. The infrastructure will be developed and embedded further as part of the ASC Improvement Plan to enable people to identify their options, make informed decisions and have mechanisms that make the right thing to do the easy thing to do.

The opportunities to explore and develop Individual Service Funds will be addressed within the term of this agreement. This refresh will be managed through the Adult Social Care Transformation Group and its reporting to the Adult Social Care Improvement Board.

4.5 Integrated Care Model (ICM) Implementation

The Integrated Care Model is being developed in line with the areas in its blueprint listed below. The Health and Wellbeing teams referred to in the Operational Plan will be providing a range of functions details of which are below:

1. Connect people with things that help them live healthy lives in their community.

2. Support people to stay well and independent at home with a focus on targeting frailty much earlier. Maximise a person's wellbeing and independence for as long as possible and support people to self-care.
3. Work together to proactively avoid dependency and escalation of illness with a focus on supporting people with highest needs.
4. Connect people with expert knowledge and clinical investigation to maximise outcomes and cost effectiveness of care. Move away from hospital based services using technology to access advice and guidance. Invest expertise in supporting resilience and quality in care homes.
5. Access to urgent and crisis services should be made as easy as possible where it is required.
6. End of Life Care (EoLC) will be embedded into all core elements of this model.

Improved Health and Wellbeing
Improved health of population
Improved quality of life
Reduction in health inequalities

Enhanced Quality of Care
Improved experience of care
People feel more empowered
Care is personal and joined up
People receive better quality care

Value and Sustainability
Cost-effective service model
Care provided in the right place at the right time
Demand is well managed
Sustainable fit between needs and resources

The Health and Wellbeing teams referred to in the Operational Plan will be providing a range of functions as part of the ICM which will include:

- Encourage self-care, healthy lifestyles and maintain independence
- Help to grow community assets/develop resilience;
- Assessment, support planning and professional social work support;
- Provide rehabilitation;
- Provide nursing care;
- Integrated medical management of people with complex co-morbidities;
- Reactive care coordination of people with deteriorating complex health issues and frail elderly;
- Continue to embed and mainstream Learning Disabilities and working with the voluntary sector to support the delivery of this
- Proactive care co-ordination of people with complex needs and frail elderly;
- Proactive integrated long term conditions support;
- High quality discharge support from hospital to home, integrated planning and seamless handover of care;
- Development of a fully integrated out of hospital care system for Torbay and South Devon, providing onward care which is focused on improving independence.
- Provide falls prevention services;
- Provide palliative care as part of end of life care pathway.

In addition to the Torbay & South Devon NHS Foundation Trust's internal governance structures the impact of these changes on community based care roll-out will be monitored and assured through the Adult Social Care Improvement Board in respect of the community activity

4.6 Services for people with learning disabilities including Autism

In October 2017, Torbay Council and the Trust took part in a Learning Disability Peer Challenge Review; which was an opportunity for all partners to understand what we do well, areas for improvement and will support us together in setting our strategic aims and delivery for Autism and Learning Disability services for the next three years.

As part of the next stage of the process, an action plan was developed with the participation of key partners. The Plan focussed on the 5 key areas that emerged from the Peer Review Team visit:

- Information and Needs Assessment
- Training and Employment
- Engagement and Partnership Board
- Commissioning and Market for the Future
- Working in Partnership

The success and work to date under these 5 key areas, outlined in Sections 2.2 and 2.3, will be consolidated and embedded going forwards, with the Trust as a key partner in the delivery of this plan.

4.7 Residential and Day Services for Older People

This area of work will be led by Council commissioners under the umbrella of the ASC Improvement Plan and will incorporate:

- Engagement with / implementation of the market management blueprint to support the long-term reshaping of the local market for ASC;
- Council led development of new residential care resources with nursing capability to deliver highly capable complex care within projected banded rates;
- Managed reduction of low-capability residential care beds as more people are supported through new models of care to live well at home for longer;
- Increase in day time / night time replacement care options for people with dementia;
- Planned engagement and support to increase capability / quality within all care homes for older people in order to meet complex needs of older people
- Targeted engagement to support the delivery of residential / nursing beds within local authority banded rates
- Targeted engagement to support market resilience and understand / mitigate market risks in order to maintain supply in line with demand.

4.8 Reviews

In 2017/18 the Quality Assurance and Improvement Team (QAIT) was formed by The Trust. This team monitors the quality of care, offering support to care home providers to improve their services and in 2019 the scope was extended to supported living and domiciliary care services. It incorporates both nursing and occupational therapy input. QAIT will develop further as part of the 3-year adult social care improvement plan in

order to develop and implement a system-wide quality improvement approach for all commissioned and directly-provided adult care and support services.

4.9 Key Milestones

The Adult Social Care Improvement Plan and the associated Improvement Programme Management Office hold the key milestones for the work being undertaken. Additionally, further milestones will be set in line with the performance indicators developed once the existing and ongoing impact of Covid-19 is established. These will be collectively monitored through governance structure in annex 8.

4.10 National: CQC (Care Quality Commission)

The Commission make sure health and social care service providers provide people with safe, effective, and compassionate high-quality care and encourage care services to improve. They monitor, inspect, and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.

4.11 Local: Torbay and South Devon NHS Foundation Trust

The Trust will provide quality assurance of both its own integrated business activity and the services it commissions including those covered by the Partnership Agreement for Adult Social Care. A quality and safety report to the Trust's Board will include all social care quality, safety, and performance metrics quarterly. Interim performance monitoring is via the Adult Social Care Performance Committee; which will receive performance reports and updates on ad hoc issues.

A Quality Assurance Framework has been developed and is now in use with independent and voluntary sector providers to provide assurance in regard to the quality of care provided to people in their own homes and in care homes

5 Finance and Risks

5.1 Financial plan

The finance plan (Annex 6) was developed as part of the transaction creating the ICO, and took effect from its inception on 1st October 2015. The financial plan has been updated for further periods and the in-situ agreement covers the term 2020-23 which this Adult Care Strategic Agreement aligns with.

The share of financial risk going forward is a function of the wider performance of the Trust rather than specifically in relation to Adult Social Care. The financial baseline from the Council and the CCG, the commissioning funders of the ICO, are set out in the revised Risk Share Agreement 2020_23 which includes the Better Care Fund and the Improved Better Care Fund. The RSA 2020_23 is monitored through the Adult Social Care Improvement Board which includes all parties to the finance plan and the Adult Care Strategic Agreement.

5.2 Efficiency Risks

- Delayed delivery of financial benefits arising from the Covid delayed implementation of the revised care model / Adult Social Care Improvement Plan
- Rate of expenditure in both ASC and Placed People
- Levels of agency and temporary staff costs
- Increasing complexity of care needs for people being cared for in community settings whilst achieving care closer to home

5.3 Risks pertinent to Adult Social Care expenditure include

- Scale of required savings
- (insufficient) Capacity and quality in the domiciliary care market
- Sufficiency and pricing in the care home market
- Community support for change
- Impact of case law re Deprivation of Liberty Safeguards and imminent transfer to Liberty Protection Safeguards in April 2022
- Increasing complexity of presentations linked to an ageing population and known areas of increased deprivation within Torbay. The recent CV19 pandemic has also impacted on service related expenditure via fast track discharges from hospital and increased cost relating to staff and PPE within provider settings.
- Increasing referral rates due to the increasing age of the population

6 Client Charges

6.1 Power to Charge

With the introduction of the Care Act, the Council now has a 'power to charge for services' whereas previously, there was a 'duty to charge' for long term residential/nursing care and a 'power to charge' for non-residential care.

The Council has made the decision to utilise the 'power to charge' for both residential and non-residential services. The Trust will discharge this power on behalf of the Council and in doing so will apply sections 14 and 17 of the Care Act 2014 and the Care and Support (charging and assessment of resources) regulations 2014.

6.2 Residential and Non Residential Charges

Charges for residential services will be amended each April as directed by the Department of Health and Social Care updated rates. In addition to this charges can also be amended in light of increases to the cost of care.

Charges per unit of care for non-residential care services will be set in accordance with the Council's charging policy.

Client contributions are based on the level of care a person requires and an assessment of their financial circumstances, including capital and income. The Trust will ensure that individual financial assessments are updated at least annually (but more frequently where the financial circumstances of an individual service user are known to have changed during the course of the year).

Consequently, the charges made to an individual may change in the course of a year if there are changes in their financial circumstance or the level of care they require.
The Trust will ensure that all clients in receipt of a chargeable service receive a full welfare benefit check from the Finance and Benefits team and an individual financial assessment in person for new assessments where possible.

There is no charge for Intermediate Care or Continuing Health Care services.

6.3 Carers

The Trust will continue to deliver their legal requirements for Carers of Adults in Torbay and the priorities agreed in the Carers' Strategy 2018-21:

- Carers' Assessments / Health and Wellbeing Checks for Carers of Adults. 2019-20 targets have been met, but 2020-21 will undoubtedly have been affected by the coronavirus pandemic.
- Support to maintain Carers' health and wellbeing
- Carers' advocacy;
- Promoting identification and support of Carers across the wider health/social care community, with national recognition of our work in our local hospitals
- Support to commissioners about market development to meet the needs of Carers and those of the people they care for, particularly around replacement Care
- Ensuring Carers' performance indicators are met.
- Implementing NICE 'Supporting Adult Carers' guidance

We are working with our STP partner organisations to embed the 'Commitment to Carers', where each organisation commits to having an action plan to address the following seven principles:

1: Identifying Carers and supporting them
2: Effective Support for Carers
3: Enabling Carers to make informed choices about their caring role
4: Staff awareness
5: Information-sharing
6: Respecting Carers as expert partners in care
7: Awareness of Carers whose roles are changing or who are more vulnerable

In late 2020, consultation will take place with all registered Carers in Torbay about the priorities for the multi-agency Carers' Strategy 2021-24.

Torbay Carers' Strategy Action Plan 2018 – 2021:
https://www.torbayandsouthdevon.nhs.uk/uploads/torbay-carers-strategy-action-plan-2018-2021.pdf

6.4 Universal Deferred Payments

The Care Act 2014 established a requirement for a universal deferred payments scheme which means that people should not be forced to sell their homes in their lifetime to pay for the cost of their care.

A deferred payment is, in effect, a loan against the value of the property which has to be repaid either from disposal of the property at some point in the future or from other sources. The scheme has now been running since April 2015 as all councils in England are required to provide a deferred payment scheme for local residents who move to live in residential or nursing care, own a property and have other assets with a value below a pre-determined amount (currently £23,250). They must also have assessed care needs for residential or nursing care.

The Council's deferred payments policy is now fully implemented as part of the policy the Trust has the ability to recover any reasonable costs it may incur in setting up and reviewing a Deferred Payment Arrangement in addition to the cost of any services provided. These management costs may be included in the deferred payment total or be paid as and when they are incurred.

The interest rate payable on deferred payments is advised by the Department of Health and Social Care and reviewed every six months. Interest will be added to the balance outstanding on the deferred arrangement on a compound daily basis, in accordance with the regulations.

7 Governance

The Torbay Adult Social Care Governance structure is set out in Annex 7

7.1 Adult Social Care Governance

A revised governance structure has been adopted reflecting the additional focus on performance and delivery of the ASC Improvement Plan and the transformation sought by the partners. The ASC Performance Committee's Terms of Reference include:

- To assist the development of the strategic direction of ASC services supporting the new context faced by the Council and Trust in terms of public sector reform, reducing public resources and potential devolution;
- To receive reports and review performance against indicators and outcomes included in the ACSA providing and/or participating in regular benchmarking activities;
- To monitor action plans against any in-year areas of concern, raising awareness to a wider audience, as appropriate;
- To discuss and determine the impact of national directives translating requirements into commissioning decisions for further discussion and approval within the appropriate forums.
- To discuss and develop future ACSAs; co- ordinate the production of the Local Account.
- To escalate issues of concern or delivery to the Adult Social Care Improvement Board

7.2 Consultation, engagement and involvement process

As the Accountable Authority the Council will lead consultation processes where the need for change is being driven by the needs and requirements of the Council beyond those of delegated activities to the Trust. The Trust is committed to supporting the consultation and engagement processes the Council undertakes in relation to service changes recognising the Council's statutory duty and good practice.

As a provider the Trust will engage all stakeholders in service redesign and quality assurance including, playing an active role with Torbay Council Health Overview and Scrutiny Board. Additionally, the Trust will be engaged with the CCG Locality Teams where the primary focus will be on consultation in regard to NHS services.

Where service changes will result in variation in the level or type of service received by individual service users, the Trust will comply with statutory guidance on the review/reassessment of care needs and ensure that those service users affected are given appropriate notice of any changes.

The Council, the Trust, and the CCG will continue to support the role of Healthwatch and the community voluntary sector in involving people who use services in key decisions as well as service improvement and design. The Council also expects the Trust to engage actively with service users and the voluntary sector in Torbay in developing new service solutions. This will apply irrespective of whether the service changes are driven by the necessities of the current financial environment or the need to ensure the continual evolution and development of services.

7.3 Programme Management

Oversight of delivery and programme management for the programmes of work set out in this Agreement will be provided through the Adult Social Care Improvement Programme Management Office. Delivery will monitored through the governance arrangements set out above.

7.4 Key Decisions

Whilst this agreement places accountabilities on the Trust for the delivery and development of ASC Services, the Trust may not act unilaterally to make or enact decisions if they meet the criteria of a 'key decision' as described in the standing orders of the Council or are included in a list of 'Reserved Items' shared between the parties as part of the agreement.

This requirement reiterates section 22.3 of the Partnership Agreement under which services were originally transferred from the Council to Torbay Care Trust. Key decisions must be made by the Council in accordance with its constitution. In Schedule 8 of the Partnership Agreement a key decision is defined as a decision in relation to the exercise of council functions, which is likely to:

- Result in incurring additional expenditure or making of savings which are more than £250,000;
- Result in an existing service being reduced by more than 10% or may cease altogether;
- Affect a service which is currently provided in-house which may be outsourced or vice versa and other criteria stated within schedule 8 of the Partnership Agreement.

In addition when determining what constitutes a key decision consideration should be given to the possible level of public interest in the decision. The higher the level of interest the more appropriate it is that the decision should be considered to be a 'key decision'.

7.5 Governance of Placed People

Placed people (those funded via Health or joint Health and Social Care) have their care arrangements managed via Torbay and South Devon NHS Trust. Placed People activity sits within the Torquay Integrated Service Unit (ISU) and the governance arrangements within the ISU. Monthly performance reports are submitted to the CCG.

7.6 Individual Roles and Responsibilities

7.6.1 Torbay Council Executive Lead Adults

The role of Executive Lead is held by an elected Member of Torbay Council. As part of their duties they will sit as the Council's representative on the Trust Board to provide oversight, challenge, and liaison.

7.6.2 Director of Adult Social Services

The role of Director of Adult Social Services (DASS) is a statutory function, and is fulfilled by a senior officer of the Council who is accountable for all seven responsibilities of the role set out in statutory guidance dated May 2006. However responsibility for Professional Practice and Safeguarding are delegated to the Deputy DASS employed within the professional practice directorate of the Trust.

7.6.3 Deputy Director of Adult Social Services

The role will provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding, and will chair the Adult Social Care Performance Committee. The role also oversees the Deprivation of Liberty Safeguards (soon to be the Liberty Protection Safeguards) and Guardianship arrangements in Torbay.

7.6.4 Systems Director

The role will provide provider executive input and oversight as part of the governance structure for the contract.

7.6.5 Organisational Roles and Responsibilities

The partnership working inherent within the Torbay model is supported by further clarification of the organizational roles pertaining to the local authority as the commissioning partner of the contract and the Trust as the providing partner including commissioning responsibilities within its delegated activities. A range of activities for reference is included in Annex 3 – Strategic and Micro-commissioning functions.

7.7 Emergency cascade

Please see Annex 4 for details of Torbay Council's Emergency Planning Roles in Council's Emergency cascade. The Trust will be expected, through best endeavours, to identify social care senior officers to be part of emergency cascade, to coordinate delivery of ASC in an emergency situation.

7.8 Annual Audit Programme

Audit South West (ASW) as the Internal Audit provider to Torbay and South Devon NHS Foundation Trust will undertake the following actions and requirements:-

- Consult with the Director of Adults Social Services (DASS) of Torbay council on proposed internal audit coverage;
- Provide to the DASS copies of assignment reports that relate to control arrangements for Adult Services;
- Provide an annual report to the DASS on the adequacy and effectiveness of the overall system of internal control for the Trust, and in particular, those areas directly affecting Adult Services.

Detail is included in Annex 5.

Annex 1: Performance Measures:

The 2018/19 Performance Description column gives a basic verbal comparison with the benchmarking figures (England, SW Comparator Group) which are currently only available to 2018/19

- Adult Social Care Outcomes Framework (ASCOF)
- Better Care Fund
- Local Measures

Domain & KPI	Frame work / Source	2016/17 Outturn	2017/18 Outturn	2018/19 Outturn	2019/20 Outturn draft	2016/17 Target	2017/18 Target	2018/19 Target	2019/20 Target	2016/17 England Average	2017/18 England Average	2018/19 England Average	2016/17 SW Average	2017/18 SW Average	2018/19 SW Average	2016/17 CG Average	2017/18 CG Average	2018/19 CG Average	2016/17 Rank	2017/18 Rank	2018/19 Rank	2016/17 Quartile	2017/18 Quartile	2018/19 Quartile	2018/19 Performance Description
Domain 1: Enhancing quality of life for people with care and support needs																									
ASC 1A: Social care-related quality of life	ASCOF ASCS Survey	19.9	19.4	19.4	19.8	19.4	19.7	19.7	19.7	19.1	19.1	19.1	19.2	19.3	19.3	19.4	19.3	19.2	4/151	45/150	35/151	Q1	Q2	Q1	Within agreed tolerance of target Same as previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Moved from 2nd best to best quartile
ASC 1B: The proportion of people who use services who have control over their daily life	ASCOF ASCS Survey	82.7%	80.6%	80.2%	83.6%	79.0%	81.5%	81.5%	82.0%	77.7%	77.7%	77.6%	79.8%	79.3%	79.7%	79.8%	79.0%	78.4%	9/151	37/150	36/151	Q1	Q1	Q1	Within agreed tolerance of target Similar to previous outturn Better than Eng ave Better than SW ave Better than CG ave Slightly better than previous ranking Remain in best quartile
ASC 1C part 1A: The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support)	ASCOF SALT	92.4%	93.5%	92.6%	88.2%	90.0%	92.0%	94.0%	94.0%	89.4%	89.7%	89.0%	84.2%	89.6%	91.6%	91.9%	95.1%	89.9%	87/152	88/151	94/152	Q3	Q3	Q3	Within agreed tolerance of target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Remain in 3rd best quartile
ASC 1C part 1B: The proportion of people using social care who receive self-directed support (carers receiving self-directed support)	ASCOF SALT	90.7%	84.3%	88.5%	92.5%	83.0%	85.0%	85.0%	85.0%	83.1%	83.4%	83.3%	60.5%	63.3%	58.3%	78.1%	82.3%	80.6%	104/150	116/150	120/150	Q3	Q4	Q4	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Slightly worse than previous ranking Remain in 4th best quartile
ASC 1C part 2A: The proportion of people using social care who receive direct payments (adults receiving direct payments)	ASCOF SALT	24.9%	26.7%	26.6%	25.1%	26.0%	28.0%	28.0%	28.0%	28.3%	28.5%	28.3%	29.2%	29.9%	27.9%	27.4%	28.0%	28.0%	89/152	84/151	87/152	Q3	Q3	Q3	Within agreed tolerance of target Similar to previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Slightly worse than previous ranking Remain in 3rd best quartile
ASC 1C part 2B: The proportion of people using social care who receive direct payments (carers receiving direct payments for support direct to carer)	ASCOF SALT	90.7%	84.3%	88.5%	92.5%	83.0%	85.0%	85.0%	85.0%	74.3%	74.1%	73.4%	55.1%	52.7%	47.2%	64.6%	64.4%	62.7%	78/150	93/150	95/152	Q3	Q3	Q3	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Slightly worse than previous ranking Remain in 3rd best quartile
ASC 1D: Carer-reported quality of life	ASCOF SACE Survey	7.8	n/a	7.5	n/a	9.0	n/a	9.0	n/a	7.7	n/a	7.5	7.6	n/a	7.3	7.9	n/a	7.7	46/151	n/a	58/151	Q2	n/a	Q2	Did not achieve target Worse than previous outturn Same as Eng ave Better than SW ave Worse than CG ave Worse than previous ranking Remain in 2nd best quartile
ASC 1E: Proportion of adults with a learning disability in paid employment	ASCOF C-Corp SALT	3.7%	3.8%	7.0%	8.3%	4.0%	4.0%	6.4%	7.0%	5.7%	6.0%	5.9%	5.8%	5.9%	6.0%	6.4%	6.2%	6.3%	103/152	103/151	54/152	Q3	Q3	Q2	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Moved from 3rd best to 2nd best quartile
ASC 1F: Proportion of adults in contact with secondary mental health services in paid employment (commissioned outside ICO)	ASCOF MHSDS	n/a	3.0%	4.0%	1.7%	6.0%	6.0%	6.4%	6.4%	n/a	7.0%	8.0%	n/a	11.0%	10.0%	n/a	7.2%	8.4%	n/a	146/148	128/151	n/a	Q4	Q4	Did not achieve target Better than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Better than previous ranking Remain in 4th best quartile

Domain & KPI	Frame work / Source	2016/17 Outturn	2017/18 Outturn	2018/19 Outturn	2019/20 Outturn draft	2016/17 Target	2017/18 Target	2018/19 Target	2019/20 Target	2016/17 England Average	2017/18 England Average	2018/19 England Average	2016/17 SW Average	2017/18 SW Average	2018/19 SW Average	2016/17 CG Average	2017/18 CG Average	2018/19 CG Average	2016/17 Rank	2017/18 Rank	2018/19 Rank	2016/17 Quartile	2017/18 Quartile	2018/19 Quartile	2018/19 Performance Description
ASC 1G: Proportion of adults with a learning disability who live in their own home or with their family	ASCOF SALT	77.1%	76.0%	76.6%	78.6%	75.0%	75.0%	76.0%	80.0%	76.2%	77.2%	77.4%	73.7%	75.5%	77.2%	76.1%	81.9%	81.0%	78/152	94/152	96/152	Q3	Q3	Q3	Achieved target Worse than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Slightly worse than previous ranking Remain in 3rd best quartile
ASC 1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support (commissioned outside ICO)	ASCOF C-Corp MHSDS	n/a	50.0%	55.0%	49.2%	68.0%	68.0%	68.0%	60.0%	n/a	57.0%	58.0%	n/a	62.0%	57.0%	n/a	57.6%	54.3%	n/a	104/152	94/152	n/a	Q3	Q3	Did not achieve target Better than previous outturn Worse than Eng ave Worse than SW ave Better than CG ave Better than previous ranking Remain in 3rd best quartile
ASC 1J part 1: Proportion of people who use services who reported that they had as much social contact as they would like	ASCOF ASCS Survey	52.7%	43.1%	51.8%	50.8%	50.0%	50.0%	50.0%	50.0%	45.4%	46.0%	45.9%	46.1%	46.0%	46.6%	47.0%	47.1%	46.7%	4/151	108/150	14/151	Q1	Q3	Q1	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Moved from 3rd best to best quartile
ASC 1J part 2: Proportion of carers who reported that they had as much social contact as they would like	ASCOF SACE Survey	34.4%	n/a	32.4%	n/a	41.5%	n/a	41.5%	n/a	35.5%	n/a	32.5%	32.3%	n/a	28.1%	38.8%	n/a	34.6%	75/151	n/a	61/151	Q2	n/a	Q2	Did not achieve target Worse than previous outturn Similar to Eng ave Better than SW ave Similar to CG ave Better than previous ranking Remain in 2nd best quartile
D40b: % clients receiving a review within 18 months	Local	90.0%	87.4%	88.7%	80.3%	n/a	93.0%	93.0%	93.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Within agreed tolerance of target Better than previous outturn
SC-007b: Number of OOA placements reviews overdue by more than 3 months (snap shot)	Local C-Corp	1	0	3	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Did not achieve target Worse than previous outturn
D39: % clients receiving a Statement of Needs	Local	86.2%	83.5%	84.3%	80.9%	90.0%	90.0%	90.0%	90.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Not achieving target Better than previous outturn
NI132: Timeliness of social care assessment	Local	71.2%	79.0%	76.1%	70.7%	70.0%	70.0%	80.0%	80.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Within agreed tolerance of target Worse than previous outturn
Domain 2: Delaying and reducing the need for care and support																									
ASC 2A p1: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 1 - younger adults	ASCOF SALT	20.4	22.8	18.8	24.2	no tgt	25.0	14.0	14.0	12.8	14.0	13.9	14.5	16.8	14.0	16.6	17.2	16.3	131/152	141/151	120/152	Q4	Q4	Q4	Low value is better Did not achieve target Better than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Better than previous ranking Remain in 4th best quartile
ASC 2A p2: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 2 - older people	ASCOF / BCF SALT	493.7	446.9	490.2	526.4	563.2	599.0	450.0	450.0	610.7	585.6	579.4	581.0	545.8	513.0	683.5	705.4	694.0	42/152	36/152	48/152	Q2	Q1	Q2	Low value is better Did not achieve target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Moved from best to 2nd best quartile
ASC 2B p1: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 1 - effectiveness	ASCOF / BCF SALT	76.5%	70.7%	76.7%	80.3%	88.7%	no tgt	76.5%	76.5%	82.5%	82.9%	82.4%	83.8%	80.2%	80.8%	83.3%	82.4%	81.0%	123/152	142/152	122/152	Q4	Q4	Q4	Achieved target Better than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Better than previous ranking Remain in 4th best quartile

Domain & KPI	Frame work / Source	2016/17 Outturn	2017/18 Outturn	2018/19 Outturn	2019/20 Outturn draft	2016/17 Target	2017/18 Target	2018/19 Target	2019/20 Target	2016/17 England Average	2017/18 England Average	2018/19 England Average	2016/17 SW Average	2017/18 SW Average	2018/19 SW Average	2016/17 CG Average	2017/18 CG Average	2018/19 CG Average	2016/17 Rank	2017/18 Rank	2018/19 Rank	2016/17 Quartile	2017/18 Quartile	2018/19 Quartile	2018/19 Performance Description
ASC 2B p2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 2 - coverage	ASCOF SALT	4.3%	6.5%	6.2%	6.3%	no tgt	5.0%	5.0%	5.0%	2.7%	2.9%	2.8%	2.7%	2.6%	2.8%	2.9%	3.2%	3.2%	21/152	12/152	12/152	Q1	Q1	Q1	Achieved target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Same as previous ranking Remain in best quartile
ASC 2D: The outcomes of short-term support % reablement episodes not followed by long term SC support	ASCOF SALT	86.7%	85.1%	87.5%	85.9%	83.0%	85.0%	83.0%	83.0%	77.8%	77.8%	79.6%	86.5%	84.6%	82.0%	79.5%	78.8%	78.9%	33/152	45/152	31/152	Q1	Q2	Q1	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Moved from 2nd best to best quartile
LI-404: No. of permanent care home placements at end of period	Local C-Corp	642	604	605	632	617	617	600	600	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Within agreed target threshold Similar to previous outturn
LI-451: % of social care service users receiving 5 hours or less of dom care per week only	Local PJB C-Corp	n/a	10.4%	10.1%	10.3%	n/a	n/a	8.0%	10.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Did not achieve target Better than previous outturn
LI-452: % Intermediate Care placements not resulting in short or long term placement	Local PJB	n/a	84.9%	85.3%	83.6%	n/a	n/a	75.0%	85.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Achieved target Better than previous outturn
Domain 3: Ensuring that people have a positive experience of care and support																									
ASC 3A: Overall satisfaction of people who use services with their care and support	ASCOF ASCS Survey	68.4%	69.2%	69.7%	68.5%	68.0%	70.0%	70.0%	70.0%	64.7%	65.0%	64.3%	67.4%	67.3%	67.1%	66.6%	65.8%	65.3%	33/151	29/150	17/151	Q1	Q1	Q1	Within agreed target threshold Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Remain in best quartile
ASC 3B: Overall satisfaction of carers with social services	ASCOF SACE Survey	37.9%	n/a	41.2%	n/a	46.4%	n/a	46.4%	n/a	39.0%	n/a	38.6%	38.8%	n/a	38.5%	41.0%	n/a	41.8%	80/151	n/a	48/151	Q3	n/a	Q2	Did not achieve target Better than previous outturn Better than Eng ave Better than SW ave Worse than CG ave Better than previous ranking Moved from 3rd best to 2nd best quartile

Domain & KPI	Frame work / Source	2016/17 Outturn	2017/18 Outturn	2018/19 Outturn	2019/20 Outturn draft	2016/17 Target	2017/18 Target	2018/19 Target	2019/20 Target	2016/17 England Average	2017/18 England Average	2018/19 England Average	2016/17 SW Average	2017/18 SW Average	2018/19 SW Average	2016/17 CG Average	2017/18 CG Average	2018/19 CG Average	2016/17 Rank	2017/18 Rank	2018/19 Rank	2016/17 Quartile	2017/18 Quartile	2018/19 Quartile	2018/19 Performance Description
ASC 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for	ASCOF SACE Survey	71.7%	n/a	70.4%	n/a	75.7%	n/a	75.7%	n/a	70.6%	n/a	69.7%	71.4%	n/a	69.2%	73.5%	n/a	72.8%	59/151	n/a	68/151	Q2	n/a	Q2	Did not achieve target Worse than previous outturn Better than Eng ave Better than SW ave Worse than CG ave Worse than previous ranking Remain in 2nd best quartile
ASC 3D part 1: The proportion of people who use services who find it easy to find information about services	ASCOF ASCS Survey	77.3%	75.4%	72.2%	72.5%	81.3%	85.0%	80.0%	80.0%	73.5%	73.3%	69..7%	74.7%	72.8%	70.5%	75.7%	77.3%	71.9%	33/151	44/150	47/151	Q1	Q2	Q2	Did not achieve target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Remain in 2nd best quartile
ASC 3D part 2: The proportion of carers who find it easy to find information about services	ASCOF SACE Survey	73.6%	n/a	72.2%	n/a	75.0%	n/a	75.0%	n/a	64.2%	n/a	62.3%	66.5%	n/a	64.0%	67.9%	n/a	67.2%	12/151	n/a	16/151	Q1	n/a	Q1	Within agreed target threshold Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Slightly worse than previous ranking Remain in best quartile
NI135: Carers receiving needs assessment, review, information, advice, etc.	Local C-Corp	38.3%	42.2%	29.3%	39.6%	40.0%	43.0%	36.0%	36.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Did not achieve target Worse than previous outturn
Domain 4: Safeguarding adults who circumstances make them vulnerable and protecting from avoidable harm																									
ASC 4A: The proportion of people who use services who feel safe	ASCOF ASCS Survey	71.0%	70.6%	68.0%	70.8%	72.3%	72.3%	72.3%	72.3%	70.1%	69.9%	70.0%	70.0%	70.3%	70.1%	71.2%	71.9%	71.1%	63/151	72/150	103/151	Q2	Q2	Q3	Did not achieve target Worse than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Worse than previous ranking Moved from 2nd best to 3rd best quartile
ASC 4B: The proportion of people who use services who say that those services have made them feel safe and secure	ASCOF ASCS Survey	82.4%	83.9%	83.1%	84.0%	85.2%	88.0%	85.0%	85.0%	86.4%	86.3%	86.9%	86.6%	86.7%	87.7%	87.9%	88.5%	87.6%	111/151	106/150	119/151	Q3	Q3	Q4	Within agreed target threshold Slightly worse than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Worse than previous ranking Moved from 3rd best to 4th best quartile
QL-018: Proportion of high risk Adult Safeguarding Concerns where immediate action was taken to safeguard the individual	Local	100%	100%	100%	100%	100%	100%	100%	100.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Achieved target Same as previous outturn
TCT14b: % repeat safeguarding referrals in last 12 months	Local C-Corp	7.0%	7.1%	8.3%	7.8%	8.0%	8.0%	8.0%	8.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Within agreed target threshold Worse than previous outturn

Annex 2: Adult Social Care Improvement Programme oversight

Plan reinstatement	Project Name	Desired Outcome
Amended	PoC Review & Insight	All PoCs reviewed under Care Act 2014; CLS & strength-based; post-COVID-19 reinstatement
New	Data	Accessible data for ASC System leadership and operational measurement
New	Training	Transfer of CLS to business as usual; project insights for ongoing dynamic training
Amended	Voluntary & Community Development	Understanding the sector; supporting the sector; developing the sector
Amended	Information, Advice & Guidance	Provide comprehensive information and advice about care and support services in Torbay
No change	Technology, Aids & Adaptions	Effective use of TEC, aids and adaptions at ASC Front Door and reviewed packages of care
Amended	ASC Front Door	Redesign the front door creating effective mechanisms for finding solutions for people and their problems which can then demonstrate impact in terms of diversions from formal care, delivering good outcomes and avoiding adult social care costs
No change	Arranging Support Team (2)	An operational function to allow for arranging all care and the efficient discharge of patients to their arranged care, negotiated by the AST, and will include an assurance function for timely and effective reviews.
No change	Future Quality & Assurance	Market oversight and provider failure, including undertaking improvement work with regulated provider sector and assurance activities that the sector is effective.
No change	Extra Care & Housing	Capital Development activities (project specific)
No change	Market Shaping	Understand the strengths and fragility of the care home market, and to link with the homecare market which is equally under pressure. Create ability to be bolder and do things differently in to shape the market.
Amended	Effective Social Work Practice	Increase the number of staff supervisions; Reduce the time between supervisions taking place; Variance within the staff supervision process eliminated; Increase number of staff working in a strengths based way; Reduce the length of time a case has been open: review the way staff performance is currently measured and reported including the governance

Plan reinstatement	Project Name	Desired Outcome
		structure.
No change	Digital & IT Infrastructure: Strata	Understand current business process; strength business process, managed and then optimise process using technology; integrating with Care Management Systems and national capacity tracker.
No change	Digital & IT Infrastructure: ASC Case Management System & Beyond	IT system implementation – replacement of PARIS.
No change	MH Review	Develop a MH approach to provide efficient and effective mental health services for Torbay.
New	Innovation Hub	Work with local health and care teams in Torbay, AHSNs, national commissioners (NHS England & Improvement, NHSX, Office for Life Sciences) and industry to make sure Torbay benefits from innovations and to learn about what works from project insights.

Annex 3: Strategic and Micro-commissioning functions – review at ASC Leadership group

Function/role lead	Torbay Council Strategic Commissioning function	Torbay and South Devon Trust ASC function
MICRO COMMISSIONING OF PROVIDERS, PROCUREMENT AND BROKERAGE		
Develop and implement operational commissioning plans		✓

STRATEGIC COMMISSIONING FUNCTION		
Market shaping and developing new providers to fill gaps in provision and oversight of decommissioning plans	✓	✓
Market Position statement and Joint Strategic Needs Assessment	✓	
Market mapping	✓	
Gap analysis	✓	
Analysis of sufficiency of supply	✓	
Manage provider failures and market exits	✓	✓
Strategic Commissioning Strategy	✓	
Proactive strategy to develop the market as a whole	✓	
Market engagement with provider market as a whole	✓	
Run Multi Provider Forum for all providers with strategic themes	✓	
Joint commissioning arrangements with partner organisations and other areas	✓	
Lead on co-design of new service models with providers and stakeholders	✓	✓
Develop population outcome based commissioning approach for market	✓	
Develop and co-produce Payment by Results mechanisms that encourage sound outcomes	✓	
Co-ordinate user and carer engagement and consultation	✓	
Contract review and performance management of ASC	✓	✓
Review budget for ASC and sign-off cost improvement plans related to ASC	✓	✓

Function/role lead	Torbay Council Strategic Commissioning function	Torbay and South Devon Trust ASC function
Overarching sub contracts between Trust and other ASC providers, e.g. Care homes, community care		✓
Prepare and agree individual service specifications		✓
Develop and monitor outcome based commissioning approach for each provider at service level	✓	✓
Develop personal outcome based commissioning for each service user		✓
Contract management & performance review of independent & voluntary sector including, grant funding		✓
Proactive quality assurance of individual providers including, develop/implement service improvement plans		✓
Achieving value for money from providers including, cost improvement planning		✓
Procurement of ASC providers		✓
Manage provider failures and market exits including, for service users and relatives/carers involved		✓
Individual contracts for care packages		✓
Brokerage/purchasing processes and brokerage of individual care packages		✓
Direct payments and personal budgets		✓
Lead and manage safeguarding processes including, Whole Provider/Provider of concern/quality concerns		✓
Resolution of Safeguarding incidents and implementation of lessons learned		✓
Run and co-ordinate forums for specific provider areas with operational focus e.g. forums for care homes		✓
Collection, collation and regular reporting of data on need, demand, supply, cost, workforce and performance (Trust and sub-contractors) with interpretation and presentation		✓
Benchmarking of cost/performance of services – own and sub-contracted		✓
Management of pooled budget to achieve value for money and cost improvement		✓

Annex 4: Emergency Cascade

Adult Services Primary Contacts		
Name/Title	Emergency Role	
Steve Honeywill Head of Partnerships and People	Communication with contracted providers of Care and Support for vulnerable people. Availability and co-ordination of needs assessment.	
John Bryant Head of Integration and Development	Safeguarding vulnerable adults and serious case review	
Sharon O'Reilly , Deputy Director of Adult Social Services	The role will provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding and and will chair the Adult Social Care Performance Committee. The role also oversees the Deprivation of Liberty Safeguards and Guardianship arrangements in Torbay including authorisation of deprivation of liberty under Mental Capacity Act.	
Adults Services Secondary Contacts		
Sam Hoskins, Lead AMHP	Assessment and placement, access to services, medication and packages of care and place of safety for older people with poor mental health.	
Adrian Gaunt, Manager Older Person Mental Health Team	Assessment and placement, access to services, medication and packages of care and place of safety for people under 65 with poor mental health.	

Annex 5: Annual Audit Programme

Background

For Torbay Council, Internal Audit is a statutory service in the context of The Accounts and Audit (England) Regulations 2015.

From April 2013, organisations in the UK public sector are required to adhere to the Public Sector Internal Audit Standards (the Standards). Internal Audit for Torbay & South Devon NHS Foundation Trust is delivered by Audit South West.

Internal Audit Plans

When preparing the internal audit plan for Torbay and South Devon NHS Foundation Trust it is expected that Audit South West will:

- Consider the risks identified in Torbay Council's strategic and operational risk registers that relate to Adult Services;
- Discuss and liaise with Directors and Senior Officers of Torbay Council regarding the risks which threaten the achievement of the Council's corporate or service objectives that relate to Adult Services, including changes and / or the introduction of new systems, operations, programs, and corporate initiatives;
- Take account of requirements to support a “collaborative audit” approach with the external auditors of Torbay Council;
- Consider counter-fraud arrangements and assist in the protection of public funds and accountability;
- Support national requirements, such as the National Fraud Initiative (NFI) which is run every two years.

Draft plans, showing proposed audits covering Adult Services should be shared and agreed with Torbay Council's Director of Adult Social Services (DASS). The DASS should also be made aware of planned audit reviews that will provide overall assurance that control mechanisms operated by the Trust, but that are key to the workings of Adult Services, are working effectively (e.g. audits of key financial systems (payroll, payments, income collection etc.), and corporate arrangements (e.g. procurement, information governance etc.)).

The Audit Plan will not be a "tablet of stone" and changes may be required or advised during the year.

Internal Audit work

Internal audit work should be completed in accordance with the Public Sector Internal Audit Standards. Proposed briefs for work covering ASC should be shared with the DASS prior to fieldwork commencing.

Reporting – Assignments

The DASS will be provided of copies of all final reports that specifically relate to Adult Services. The DASS will also be provided with early sight of draft reports for which the audit opinion is "fundamental weaknesses" or similar. The Director of ASC will also be provided with copied of final audit reports for wider subject areas (e.g. payroll) where the audit opinion is "fundamental weaknesses" or similar.

Reporting – Annual Report

Audit South West will provide the Council with an annual assurance report on the adequacy and effectiveness of the overall system of internal control for the Trust, and in particular, those areas directly affecting Adult Services. It is noted that this assurance can never be absolute. The most that the internal audit service can do is to provide reasonable assurance, based on risk-based reviews and sample testing, that there are no major weaknesses in the system of control.

The report should provide:

- A comparison of internal audit activity during the year with that planned, placed in the context of Adult Services;
- A summary of significant fraud and irregularity investigations carried out during the year and anti-fraud arrangements; and
- A statement on the effectiveness of the system of internal control in meeting the Council's objectives.

Together with a summary of the performance indicators set for internal audit and performance against these targets.

Annex 6: (Risk Share Agreement) To be referred to as 3 year financial plan(2020-23)

09 March 2020 Record of Decision

Decision Taken:

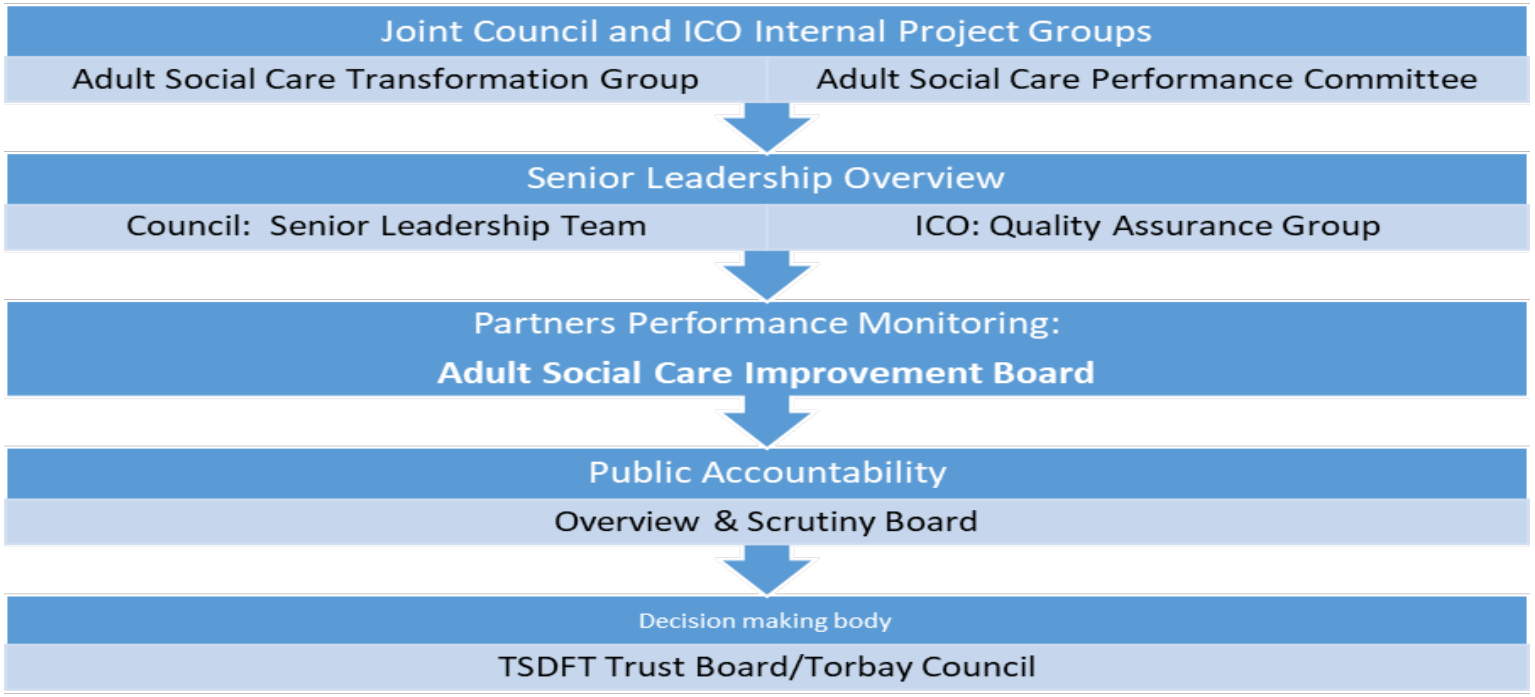
The Torbay Adult Social Care Risk Share 2020 to 2023 agreement will be under the powers outlined in S.75 NHS Act 2006. Under these arrangements, the Council retains legal responsibilities for the provision of Adult Social Care in accordance with the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983, but these be delegated to Torbay and South Devon NHS Foundation Trust; and the agreement to be based upon the following conditions:

- **A capped financial commitment from Torbay Council per year of £45 million for core spend, plus £2 million additional funding to acknowledge the spend is currently unacceptably over this level for the period of the agreement;**
- **A non-recurrent additional payment of £1 million in 2020/2021;**
- **An acknowledgement that all parties need to work together to deliver savings of £2 million per year in respect of the costs of Adult Social Care; and**
- **That the Adult Social Care Improvement Plan is incorporated into a Strategic Agreement, overseen by senior officers from all partners, with governance arrangements which ensure the Council's appropriate involvement, and includes a joint approach to maximising estates and economic development opportunities in Torbay.**

Summary of Reason(s) for Decision Taken:

To continue integrated appropriate and well managed arrangements for Adult Social Care in Torbay.

Annex 7: Adult Social Care Governance in Torbay



ASC RECOVERY AND TRANSFORMATION WORKSTREAM	ASC PERFORMANCE COMMITTEE
Oversight of SBA Strategy for ASC Training and Development programme for SBA Monitoring population health and demand data Operating Model redesign program Delivery of key market projects Market Strategy, co-design and delivery Oversight of ASC Delivery Plan	ASCOF performance Locally agreed targets MH Act compliance Routine financial reporting LPS Implementation Routine Contract Management report (LW@H) Audit of key functions QAIT & Safeguarding

Annex 8: Glossary of Terms

Term	Acronym	Definition
Adult Care Strategic Agreement	ACSA	Strategic Agreement between Torbay Council and Torbay & South Devon NHS Foundation Trust for the delivery of Adult Social Care.
Adult Social Care	ASC	Care and support provided to adults who need help to live as well as possible with any illness or disability they may have.
Devon Clinical Commissioning Group	CCG	The clinical commission group party to the Risk Share Agreement
Devon Partnership Trust	DPT	DPT provide specialist mental health and learning disability services for the people of Devon, the wider South West region and nationally.
Integrated Care Model	ICM	Providing Integrated Care helps patients and their providers. It blends the expertise of mental health, substance use, and primary care clinicians, with feedback from patients and their caregivers. This creates a team-based approach where mental health care and general medical care are offered in the same setting.
Integrated Governance Group	IGG	The governance body of Torbay and South Devon NHS Trust overseeing Adult Social Care delegation and delivery
Integrated Care Organisation	ICO	Integrated care happens when NHS organisations work together to meet the needs of their local population. They bring together NHS providers, commissioners and local authorities to work in partnership in improving health and care in their area. In Torbay this refers to Torbay and South Devon NHS Foundation Trust
Local Care Partnership	LCP	The purpose of a Local Care Partnership is to enable commissioners and providers of health and care to work together to better meet the health, care and wellbeing needs of the populations they serve within the resources available. The emphasis is on “Local” with an absolute focus on supporting what is important to local communities.

Report to the Trust Board of Directors			
Report title: Integrated Performance Report (IPR): Month 5 2020/21 (August 2020 data)			Meeting date: 30 September 2020
Report appendix	M5 2020/21 IPR focus report M5 2020/21 – IPR dashboard Appendix 1 – System Finance Report Appendix 2 - Covid finance report Appendix 3 – Forecast M7 to M12		
Report sponsor	Director of Transformation and Partnerships Chief Finance Officer		
Report author	Head of Performance		
Report provenance	ISU and System governance meetings – review of key performance risks and dashboard Executive Directors: 22 September 2020 Integrated Governance Group: 24 and 25 September 2020 Finance, Performance, and Digital Committee: 28 September 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. Areas that the Board 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 Board is asked to **review** the documents and note the evidence presented.		
Summary of key elements			
Strategic objectives supported by this report	**Safe, quality care and best experience** Yes; **Valuing our workforce** Yes **Improved wellbeing through partnership**; **Well-led** Yes		

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

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

External standards affected by this report and associated risks			

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

Report title: Integrated Performance Report (IPR): Month 5 2020/2021 (August data)		**Meeting date:** 28 September 2020
Report sponsor	Director of Transformation and Partnerships Chief Finance Officer	
Report author	Head of Performance	

1. Quality headlines

Performance exceptions
In August the average number of deaths in hospital remains very low, and this pattern is mirrored in the community. The Hospital Standardised Mortality Rate (HSMR), which is retrospective and reporting April 2020 is much higher than expected. This may be explained by the reduction in Trust activity. The spells and super-spells we normally generate for the month is half its expected rate whilst the expected number of deaths for April was normal. This rise in HSMR is seen across the southwest hospitals and we are in discussions with Dr Foster to examine these results.

The Trust is reporting three Pressure Ulcers in August and we are looking into any trends or patterns surrounding this and will be reported back to the Quality Improvement Group.

Incidents
The Trust is continuing to learn from incidents to prevent harm to patients in our care and the Serious Adverse Events Group meet once a month to review all serious incidents. As part of this, the ISU's provide clear actions that support instigation of Trust wide learning and sharing.

The Trust is reporting eight Strategic Executive Information System (StEIS) incidents this month, these include three pressure ulcers, two falls, two medication errors, and a tertiary transfer (new born).

The number of pressure ulcers recorded on StEIS is a cause for concern and these are being looked at for any themes including Covid related issues.
The Trust has only one late StEIS investigation. This is in relation to a maternal death and is very sensitive. The investigation meeting has taken place and the CCG have been kept up to date with progress.

VTE performance is deteriorating and off target. A task and finish group has been formulated to review the processes and recover the position. Once the group has met development of an action plan and redesign work will follow, with a lead clinician and matron to help drive the changes Trust wide.

Waiting times for follow up appointments passed their intended to be seen date has increased in August as a direct result of the Covid-19 impact. Digital solutions to support non-face to face appointments are being utilised with the outpatient work-stream undertaking a programme of work with teams to embed this new way of working and ensure equity of access for all our patients.

2. Workforce Headlines

Workforce Highlights

Further work is underway to develop the Trust's People Plan with links to the emerging STP and regional People Plans, as well as our HIP2 work.

Performance Headlines

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

Turnover (excluding Junior Doctors): **GREEN**

The Trust's turnover rate now stands at 10.72% for the year to August 2020.

Staff sickness/absence: Red for 12 months and Amber for current month

The annual rolling sickness absence rate was 4.50% to end of July 2020. This is against the target rate for sickness of 4%. The monthly sickness figure for June was 3.74% which is a decrease from the 4.00% as at the end of June.

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 89.85% for August 2020 against a target of 85% and this is a small increase from the 89.70% in July.

Appraisal rate: **RED**

The Achievement Review rate for the end of August 2020 was 78.37% which has increased from 77.83% as we return to business as usual after the call to stand down appraisals due to Covid.

Agency Expenditure – As at Month 05 the Trust Agency spend was is £0.547m and year to date £2,676m.

3. Performance Headlines

The Focus Report describes the Month 5 position against key performance metrics.

NHSI Performance Indicators

Urgent Care

The Emergency Department has maintained its covid-19 escalation whilst responding to a steady increase in ED attendances and emergency admissions with levels of escalation remaining at OPEL 2 or below. Estate changes to provide covid secure Emergency Department and Medical Receiving Unit have been approved following completion of an options appraisal and confirmation of capital funding to commence the work.

Referral to Treatment (RTT)

Elective activity levels remain below pre-covid levels with no significant change being seen in August from last month. New referrals received for specialist assessment have increased to 90% of pre covid-19 levels. The Day Surgery Unit (DSU) is back in operation and air handling refurbishment works to Theatres 1 and 2 scheduled for completion for the end of October 2020. The DSU Theatre 3 has further work scheduled with completion at the end of November 2020.

The Trust continues to use facilities at Mount Stuart Hospital and plan to have continued support through to the end of March 2020. Due to this reduced capacity and infection, prevention, and control measures, waiting lists are increasing along with the number of non-urgent patients waiting over 18 weeks for treatment, in particular, those now approaching and going beyond 52 weeks. The numbers of patients waiting longer than 52 weeks has increased to 745 in August from 524 at the end of July. Teams are continually reviewing long waiters and responding to clinical escalation either from RTT pathway review, GP escalation, or patient contact, should a patient's condition deteriorate. A detailed impact assessment on waiting times and a further review of Quality Equality Impact Assessment (QEIA) is being carried out.

Cancer pathways

The focus on urgent and cancer pathways of care has seen the timeliness of cancer diagnosis and treatment maintained in August; urgent referrals are at 90% of last year's level. Teams continue to prioritise capacity to see, diagnose, and treat patients on cancer pathways.

Radiotherapy and medical oncology have continued with near normal capacity throughout the covid escalation period.

Diagnostics

Good progress has been made to manage our longest waits in diagnostics (34% in August from 31% in July) with increases in activity. The MRI replacement programme has commenced as the Trust remains reliant on mobile CT and MRI capacity. Risk

remains across Endoscopy due to aerosol generating procedures and the loss of the third scoping room which is awaiting an air handling unit upgrade. Capacity for echocardiograph and endoscopy neurophysiology are significantly restricted and have the longest waits.

A business case and capital bid have been submitted to create short term and longer term increases in capacity for endoscopy.

Echocardiography capacity has been escalated identifying capital requirements and outsourcing options to increase machine capacity.

Children and Family Health Devon

Teams have continued to provide a clinical service to our most vulnerable and urgent patients, however, 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. The Single Point of Access (SPA) – since February the backlog in processing referrals has reduced from 3 to 4 months to 48 hours.

Community

The Adult Social Care Quality Assurance and Improvement Team and zone teams continue to work closely with care home and domiciliary providers to support the safe flow of clients. Daily dashboards of capacity, PPE availability alongside information about shielded clients and staff enable the providers to continue to function. Weekly conversations via MS Team conference calls are available and well attended.

Adult Social Care (ASC)

The ASC CV-19 Action Plan is being revisited to sense check any additional actions that may be required pending a second surge. The ASC Strategic Agreement is being progressed through appropriate ICO and Council boards for final approval. The annual s75 agreement between Torbay Council and the ICO has been extended to cover the same time frame as the already signed 3-year risk agreement (2020-2023).

The ASC Improvement Programme is reviewing existing performance metrics and reports and will be making recommendations to implement an information culture to inform performance. This will include leveraging measures in key areas of ASC and additional data that goes beyond just collecting numbers but turning those numbers into information, knowledge, and insights for effective decision-making.

The governance arrangement for the ASC Improvement Plan are in place and the first meeting of the Performance Committee has taken place and will report to both the ICOs Integrated Governance Group and Torbay Council's ASC Improvement Board.

4. Finance Headlines

The Trust submitted a draft financial Plan for financial year 2020/21 to NHS England / Improvement (NHSE/I) 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 have now issued the following further guidance, updated in mid-September:

1. Expectation for Trusts to deliver a break even position collectively as an STP for 2020/21.
2. Continuation of existing architecture for Health until month 6 (September).
3. Hospital discharge and infection control guidance phase 1 remains until end of September.
4. New Financial architecture for Health months 7-12 - but remaining at breakeven at system-level.
5. New Hospital Discharge (phase 2) guidance for months 7-12 with 6-week placement programme and income stream.
6. Extension of Infection Control funding to Councils and access to PPE for Care Homes.

The implications of all the new guidance is currently being worked through against the Trust's initial forecast for 2021 and the original plan.

A bridge of these movements once all guidance and financial values are clarified will be brought to the Committee.

From M7, the retrospective top up will cease for the majority of spend, with certain (detailed) exceptions around hospital discharge, laboratory testing and Nightingale.

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 ensuring that expenditure is controlled within the limits set by NHSE/I and represents value for money.

Following the STP prioritisation process, a 2020/21 Capital Plan was submitted to NHSE/I in July at £29.7m. The Capital forecast has since risen to £39.4m, following the award of further PDC (including £9.0m for 2020/21 expenditure on the ED scheme).

A revised forecast for FY 2020/21 was submitted to the STP on 15th September; further information is within the Forecast tab.

5. Recommendations

The Board is asked to review the documents and note the evidence presented.

Integrated Performance Focus Report (IPR)

Torbay and South Devon NHS Foundation Trust

September 2020 (Month 5): Reporting period August 2020

	Section 1: Performance
	Quality and safety
	Workforce
	Community and Social Care
	NHSI operational performance with local performance metric exceptions
	Children and Family Health Devon
	Section 2: Finance
	Finance

Quality and Safety Summary

Performance exceptions

In August the average number of deaths in hospital remains very low, and this pattern is mirrored in the community. The Hospital Standardised Mortality Rate (HSMR), which is retrospective and reporting April 2020 is much higher than expected. This may be explained by the reduction in Trust activity. The spells and super-spells we normally generate for the month is half its expected rate whilst the expected number of deaths for April was normal. This rise in HSMR is seen across the southwest hospitals and we are in discussions with Dr Foster to examine these results.

The Trust is reporting three Pressure Ulcers in August and we are looking into any trends or patterns surrounding this and will be reported back to the Quality Improvement Group.

VTE performance is continuing to reduce and a task and finish group has been formed to address this reduction

Incidents

The Trust is continuing to learn from incidents to prevent harm to patients in our care and the Serious Adverse Events Group meet once a month to review all serious incidents. As part of this, the ISU's provide clear actions that support instigation of Trust wide learning and sharing.

The Trust is reporting 8 Strategic Executive Information System (StEIS) incidents this month, these include 3 pressure ulcers, 2 falls, 2 medication errors, and a tertiary transfer (new born).

The number of pressure ulcers recorded on StEIS is a cause for concern and these are being looked at for any themes including Covid related issues.

The Trust has only one late StEIS investigation. This is in relation to a maternal death and is very sensitive. The investigation meeting has taken place and the CCG have been kept up to date with progress.

VTE performance is deteriorating and off target. A task and finish group has been formulated to review the processes and recover the position. Once the group has met development of an action plan and redesign work will follow, with a lead clinician and matron to help drive the changes Trust wide.

Waiting times for follow up appointments passed their intended to be seen date has increased in August as a direct result of the Covid-19 impact. Digital solutions to support non-face to face appointments are being utilised with the outpatient work-stream undertaking a programme of work with teams to embed this new way of working and ensure equity of access for all our patients.

The Must Do improvement plan was submitted to the CQC on the 31st July 2020 and the ISU's are working to provide detailed improvement plans for the 43 should do's ready for submission to the CQC on the 30th September 2020.

There has been collaborative quality improvement work across ISU's and corporate services to start the completion of the Must Do's. The monitoring of the CQC improvement plan is monthly through the CQC Assurance Group, there is a developing programme of work to support the ISU's, one of which is gathering the evidence and understanding best practice.

CQC Compliance Actions Status

CQC Core Service	No. of Actions		Completed		On track		Risks overdue		Overdue / Concern	
	Must	Should	Must	Should	Must	Should	Must	Should	Must	Should
Trustwide	1	0	0		0		1		0	
Urgent and Emergency	8	6	0		8		0		0	
Medical Care	9	12	0		9		0		0	
Surgery	4	5	0		1		1		2	
Maternity	4	11	0		4		0		0	
Children and Young People (Acute)	1	5	1		0		0		0	
Community Inpatients	1	4	0		1		0		0	
TOTAL	**28**	**43**	**1**		**23**		**2**		**2**	

Achieved
Reported Incidents - Death
Never Events
Formal complaints - Number received
VTE - Risk Assessment on Admission (Community)
Hospital standardised mortality rate (HSMR)
Safer Staffing - ICO – Daytime
Safer Staffing - ICO – Night time
Infection Control - Bed Closures - (Acute)
Hand Hygiene
Stroke patients spending 90% of time on a stroke ward- not yet available

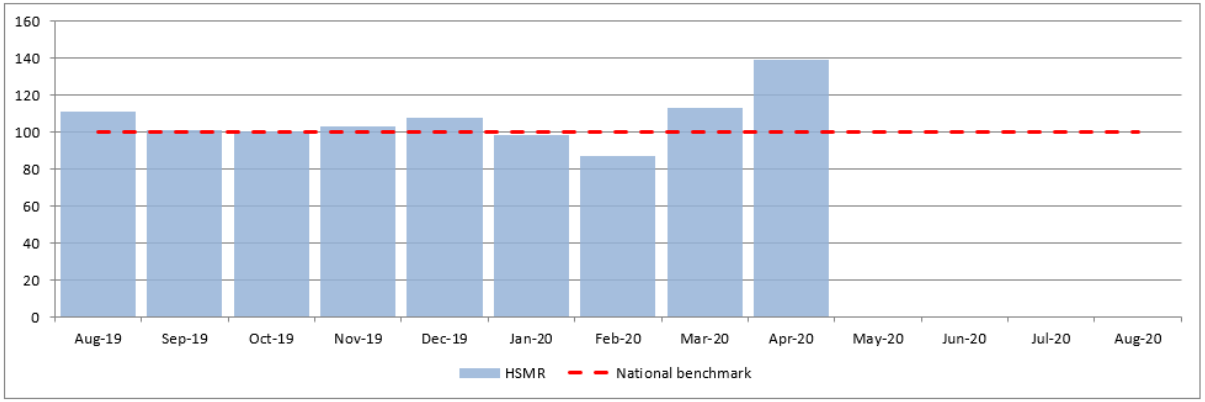
Under Achieved
Reported Incidents – Severe
Medication errors resulting in moderate harm
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams

Not Achieved
Strategic Executive Information System (STEIS)(Reported to CCG and CQC)
Avoidable New Pressure Ulcers - Category 3 +
VTE - Risk Assessment on Admission (Acute)
Fracture Neck Of Femur - Time to Theatre <36
Follow ups 6 weeks past to be seen date

No target set
Medication errors - Total reported incidents

Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

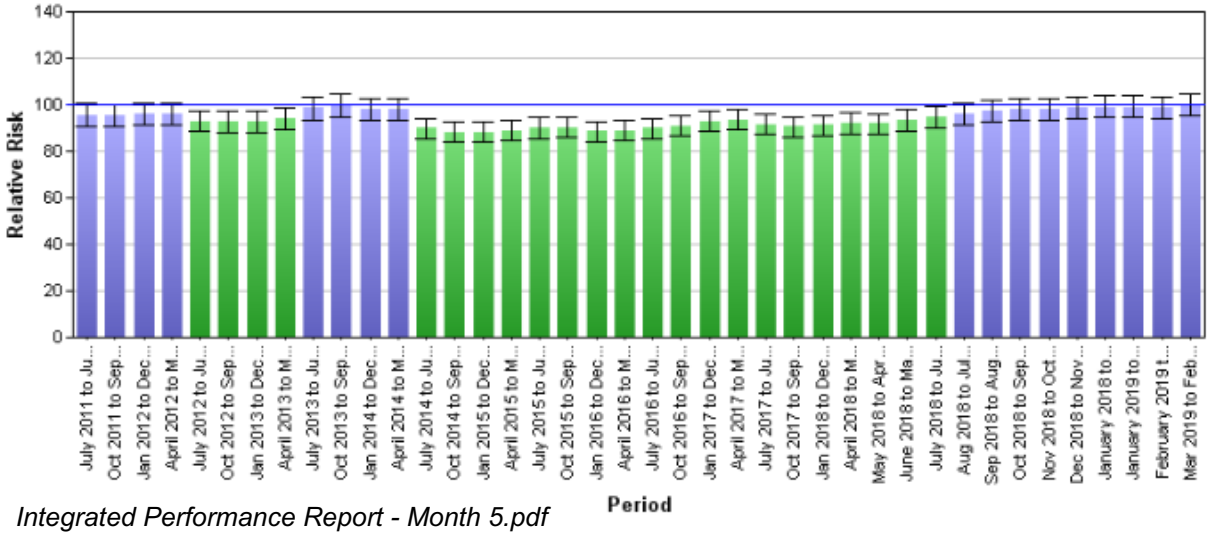
	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
HSMR	111.2	100.9	100.5	102.8	108.1	98.7	86.8	113.3	139.1	n/a	n/a	n/a	n/a
National benchmark	100	100	100	100	100	100	100	100	100	100	100	100	100



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

The latest data (April 2020) for Dr Foster HSMR is showing a relative risk of **139.1** which is above the national benchmark. Early analysis has seen a 50% reduction in activity for his month of the spells and super spells which help generate this metric. Ongoing work with Dr Foster is continuing to help to understand this rise, as the actual number of deaths for April is as per the average.

SHMI by data period

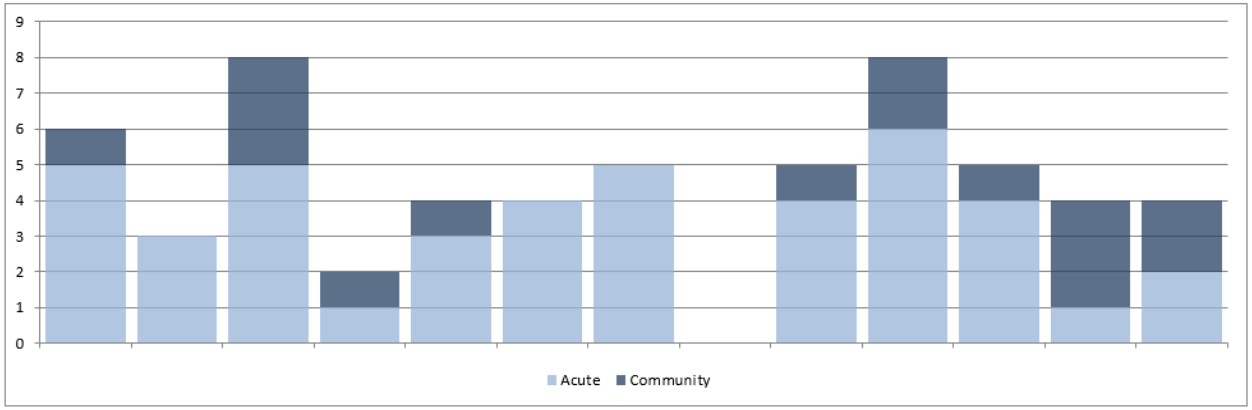


The Summary Hospital Mortality Index (SHMI) data reflects all deaths recorded either in hospital or within 30 days of discharge from hospital and records the Trust at 99.7 against a national average benchmark of 100. Latest data for period March 2019 to February 2020.
SHMI, HSMR, and Dr Foster alerts are reviewed through the Mortality Surveillance Scorecard at the Quality Improvement Group.

A score of 100 represents the weighted population average benchmark.

Number of Clostridium Difficile cases

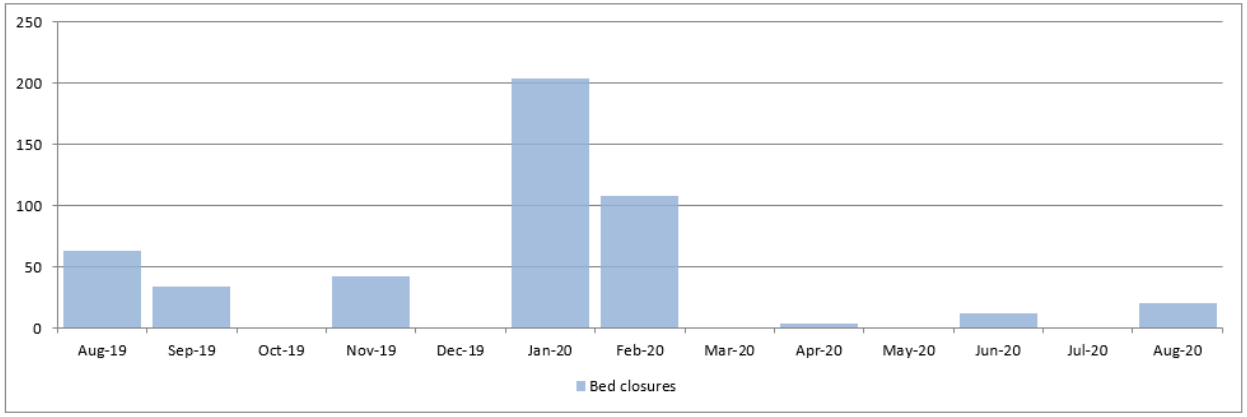
	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Acute	5	3	5	1	3	4	5	0	4	6	4	1	2
Community	1	0	3	1	1	0	0	0	1	2	1	3	2



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)

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Bed closures	63	34	0	42	0	204	108	0	4	0	12	0	20



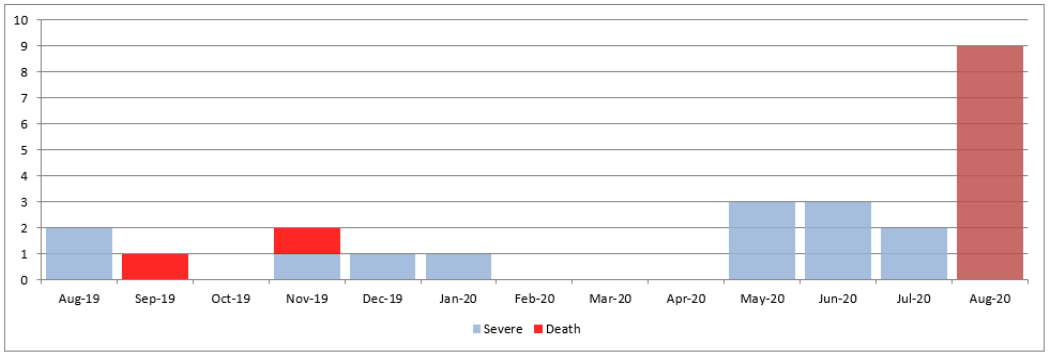
The Infection Control Team continue to manage all cases of outbreaks with individual case by case assessment and control plans.

In August there were 20 bed days lost to diarrhoea and vomiting infection control issues.

Quality and Safety- Incident reporting and complaints

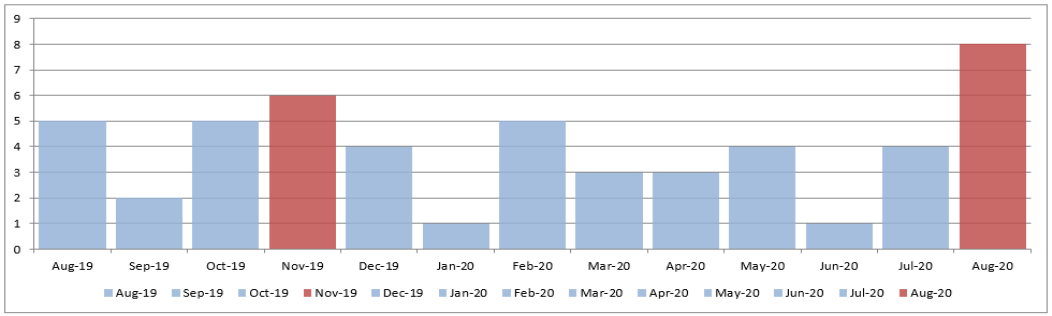
Reported Incidents - Severe and Death

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Severe	2	0	0	1	1	1	0	0	0	3	3	2	9
Death	0	1	0	1	0	0	0	0	0	0	0	0	0



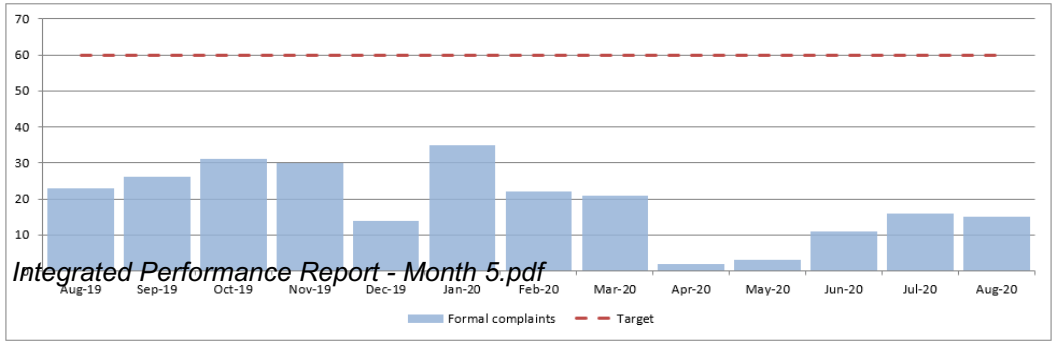
STEIS Reportable Incidents

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
STEIS - reportable incidents	5	2	5	6	4	1	5	3	3	4	1	4	8



Formal complaints

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Formal complaints	23	26	31	30	14	35	22	21	2	3	11	16	15
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



In August nine severe incidents as follows:

1. Endoscopy: Clinical assessment and possible delayed diagnosis
2. John Mac: Maternity incident safeguarding
3. Dunlop: Accident /Injury (including slips, trips and falls)
4. Medication error MIDGLEY
5. New born transferred to tertiary unit OBST
6. Cat 4 Pressure Ulcer Coastal Community
7. Cat 4 Pressure Ulcer Int Care
8. Fall and Fracture Midgley
9. Cat 4 Pressure Ulcer Paignton and Brixham Community

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 and sharing.

The Trust reported eight incidents in August on the Strategic Executive Information System (StEIS).

1. Medication error MIDGLEY
2. New born transferred to tertiary unit OBST
3. Cat 4 Pressure Ulcer Coastal Community
4. Cat 4 Pressure Ulcer Int Care
5. Fall and fracture Dunlop
6. Fall and Fracture Midgley
7. Cat 4 Pressure Ulcer Paignton and Brixham Community
8. Transfusion incident Theatres

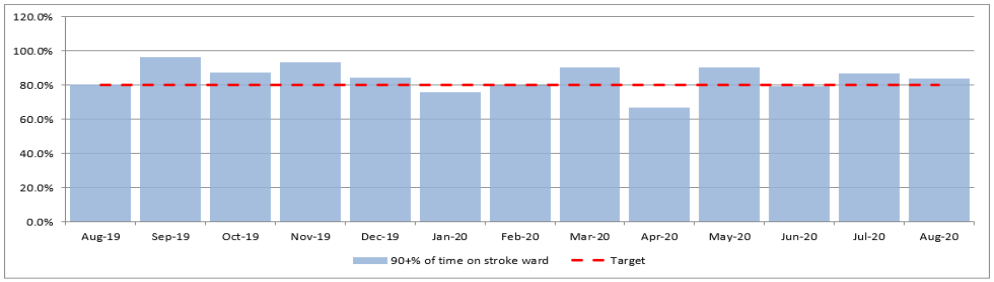
The Trust received 15 formal complaints; this level is clearly a result of the COVID-19 response with greatly reduced activity and changes in patients engagement with our services. Staff did note patients were continuing to contact the department and record concerns and compliments. The themes of these have been recorded in the weekly CLICC report. Complaint levels are returning to normal levels as activity increases.

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

Quality and Safety- Exception Reporting

Stroke

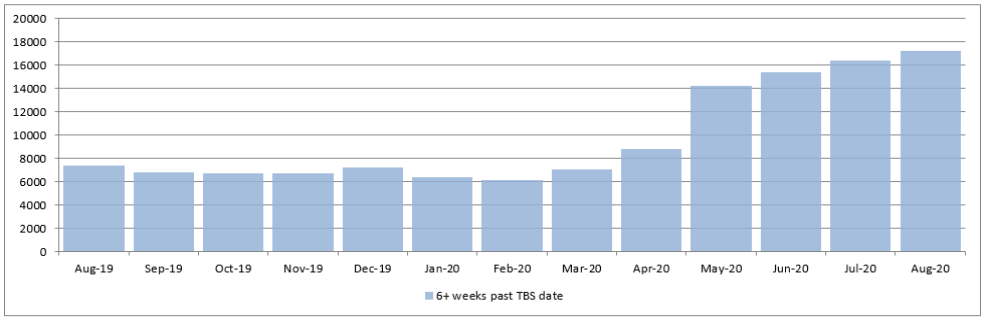
	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
90+% of time on stroke ward	80.4%	96.4%	87.2%	93.3%	84.5%	75.8%	79.6%	90.2%	66.7%	90.6%	79.1%	86.8%	83.9%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%



Stroke: The percentage of patients spending greater than 90% of time on the stroke ward from admission is reported as 83.9 % against a target of 80%.

Follow ups 6 weeks past to be seen by date

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
6+ weeks past TBS date	7393	6793	6694	6725	7243	6391	6147	7056	8824	14211	15398	16408	17220

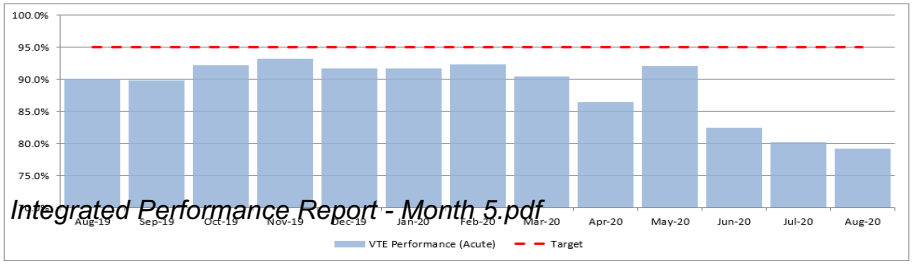


Follow ups: The number of follow up patients waiting for an appointment greater that six weeks past their 'to be seen by date' increased 17220. This is a direct result of the COVID-19 response and the standing down of routine outpatients services in April. Telephone and video clinics have allowed clinicians 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: VTE performance in the acute setting remains below the standard of 95% at 79.2% and has seen a decrease from May. 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.

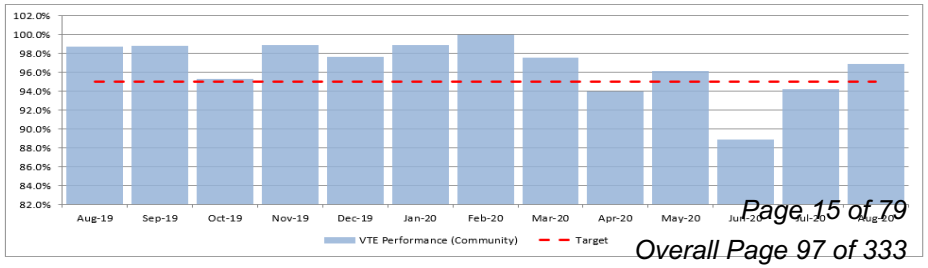
VTE risk assessment on admission - (Acute)

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
VTE Numerator	5792	5487	6196	6129	5743	6303	5768	4482	2325	3158	3484	3939	4013
VTE Denominator	6425	6104	6721	6577	6262	6875	6246	4952	2690	3430	4225	4914	5068
VTE Performance (Acute)	90.1%	89.9%	92.2%	93.2%	91.7%	91.7%	92.3%	90.5%	86.4%	92.1%	82.5%	80.2%	79.2%
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 risk assessment on admission - (Community)

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
VTE Numerator	77	85	81	90	82	92	93	81	31	25	40	49	63
VTE Denominator	78	86	85	91	84	93	93	83	33	26	45	52	65
VTE Performance (Community)	98.7%	98.8%	95.3%	98.9%	97.6%	98.9%	100.0%	97.6%	93.9%	96.2%	88.9%	94.2%	96.9%
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%



Workforce Summary

August update

- Further work is underway to develop the Trust's People Plan with links to the emerging STP and regional People Plans, as well as our HIP2 work.
- A review meeting is set to review the Three Horizons feedback from facilitators.
- The Workforce Team are supporting the three stage business planning process, at stage 1 currently:
  Stage 1 - Resource planning 20/22;
  Stage 2 - Operational Workforce Planning 21/22;
  Stage 3 - Strategic Workforce Planning 22/26).
- Workforce support work steam being developed to support the development of the HIP2 project.

Performance exceptions and actions

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

Turnover (excluding Junior Doctors): **GREEN**

The Trust's turnover rate now stands at 10.72% for the year to August 2020.

Staff sickness/absence: Red for 12 months and Amber for current month

The annual rolling sickness absence rate was 4.50% to end of July 2020. This is against the target rate for sickness of 4%. The monthly sickness figure for June was 3.74% which is a decrease from the 4.00% as at the end of June.

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 89.85% for August 2020 against a target of 85% and this is a small increase from the 89.70% in July.

Appraisal rate: **RED**

The Achievement Review rate for the end of August 2020 was 78.37% which has increased from 77.83% as we return to business as usual after the call to stand down appraisals due to Covid.

Agency Expenditure – As at Month 05 the Trust Agency spend was is £0.547m and year to date £2,676m.

Workforce Quadrant

Achieved
Mandatory Training Compliance
Turnover (exc Jnr Docs) Rolling 12 months

Not Achieved
Staff sickness / Absence Rolling 12 months(1 month in arrears)
Appraisal Completeness

Under Achieved
Monthly Sickness Absence

No target set

Workforce - WTE

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

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

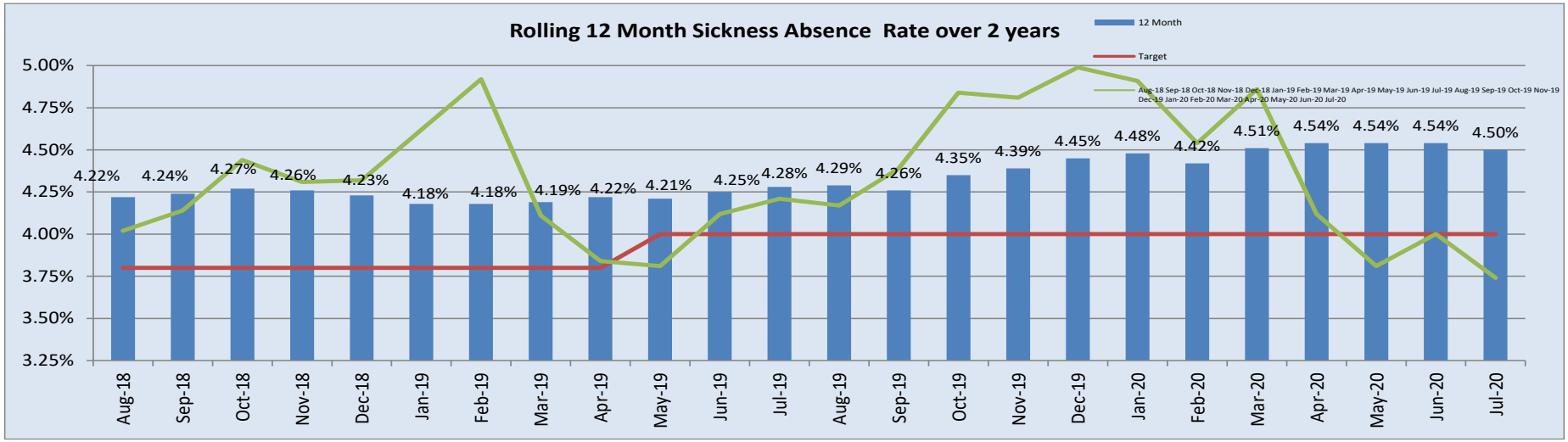
NHSI Staff Grp	2015/09	2016/09	2017/09	2018/09	2019/09	2020/03	2020/08	Change since ICO	% Change
Allied Health Professionals	420.56	411.16	401.50	408.83	486.15	474.03	477.30	56.73	13.49%
Health Care Scientists	89.69	92.75	92.13	91.28	90.91	93.66	94.31	4.62	5.16%
Medical and Dental	425.99	437.61	497.69	505.21	535.17	512.83	519.95	93.96	22.06%
NHS Infrastructure Support	1114.22	1099.87	1006.29	1004.70	1083.45	1085.14	1092.10	-22.12	-1.99%
Other Scientific, Therapeutic and Technical Staff	301.99	309.19	350.35	356.62	365.33	373.03	390.87	88.88	29.43%
Qualified Ambulance Service Staff	1.00	4.00	5.60	6.72	7.59	6.72	8.53	7.53	753.33%
Registered Nursing, Midwifery and Health visiting staff	1187.78	1193.74	1169.78	1166.50	1204.15	1199.91	1193.33	5.54	0.47%
Support to clinical staff	1593.74	1656.67	1613.65	1691.26	1807.54	1825.21	1848.59	254.85	15.99%
Grand Total	5134.99	5204.99	5136.99	5231.12	5580.29	5570.54	5624.99	490.00	9.54%

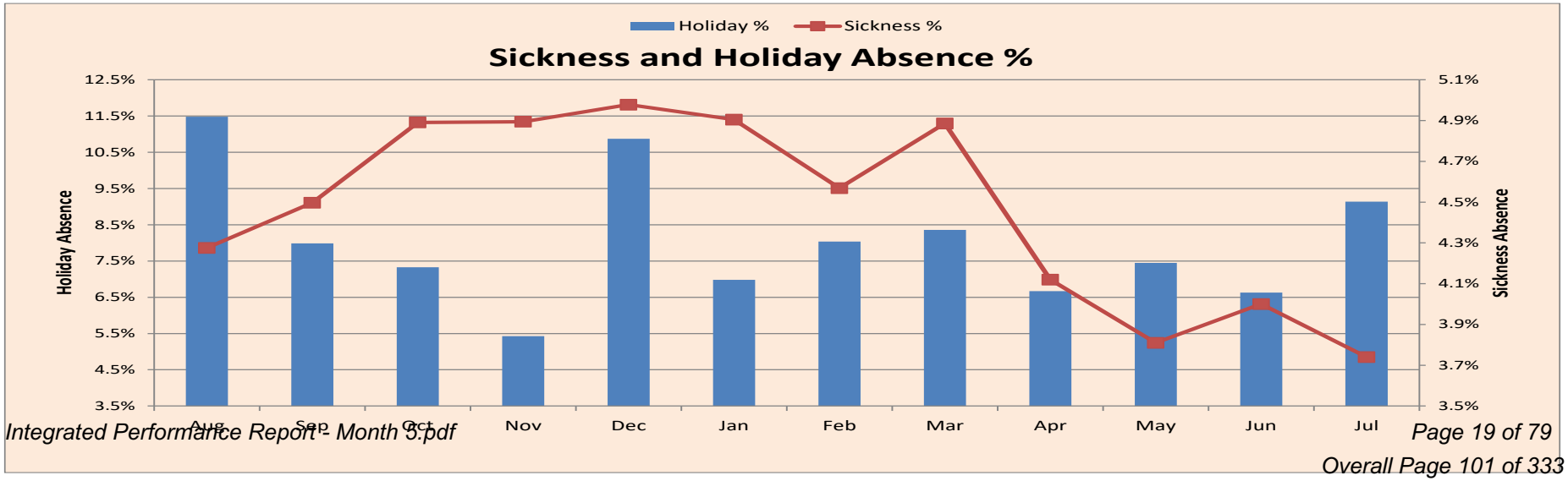
Pay Report Summary for previous 3 months

	JUN	JUL	AUG
Cost	£	£	£
Substantive	£21,208,528	£20,411,994	£20,485,568
Bank	£894,443	£900,491	£918,075
Agency	£580,586	£571,266	£547,290
Total Cost £	£22,683,557	£21,883,751	£21,950,933
WTE Worked	WTE	WTE	WTE
Substantive	5,650.32	5,637.07	5,616.97
Bank	227.25	234.33	342.66
Agency	102.35	83.29	73.44
Total WTE	5,979.92	5,954.69	6,033.08

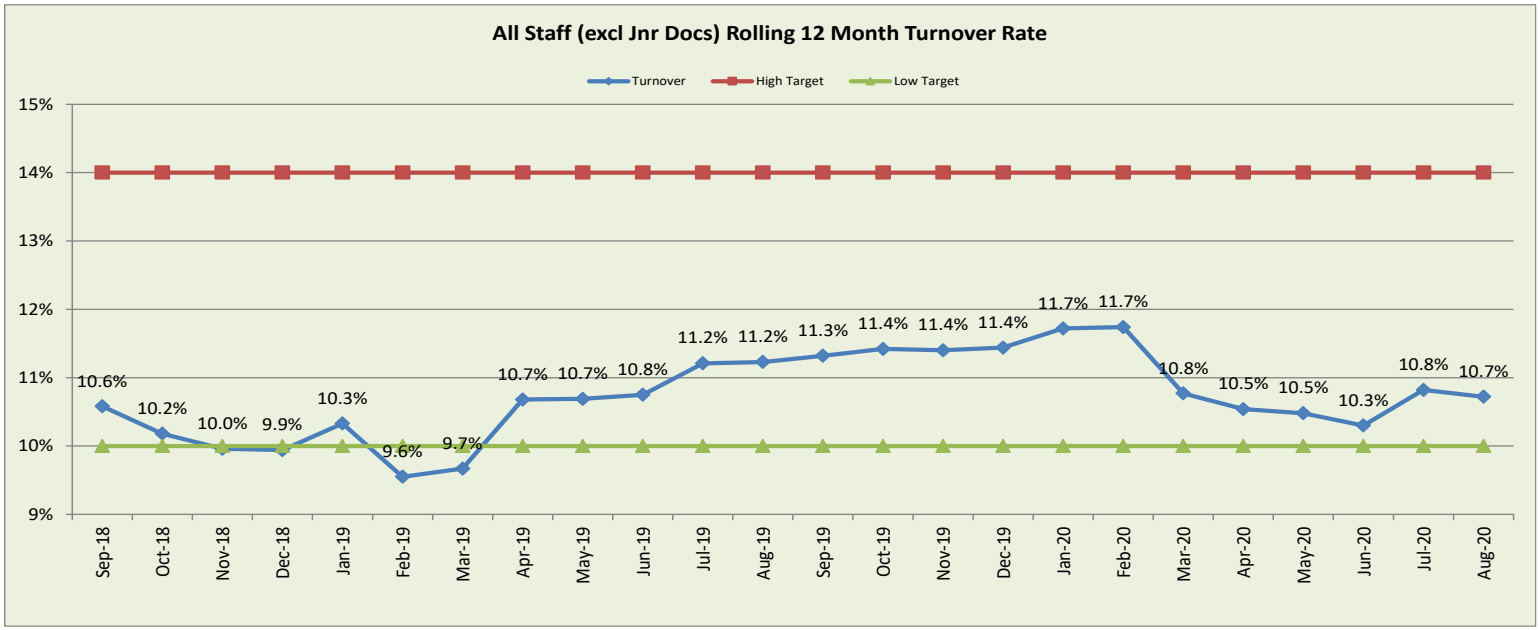
Rolling 12 month sickness rate (reported one month in arrears)

The annual rolling sickness absence rate was 4.50% at the end of July 2020 which is a reduction from the 4.54% at the end of June.
The monthly sickness figure for July was 3.74 % which is a decrease from the 4.00% as at the end June.



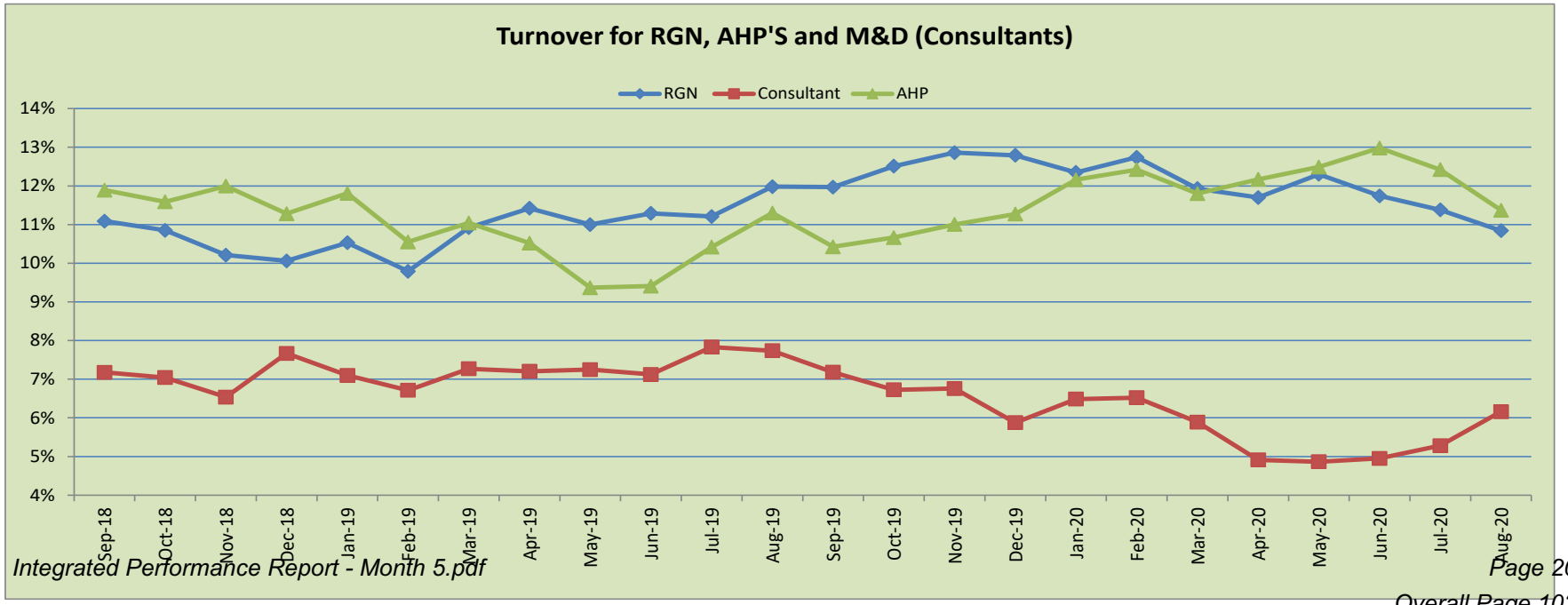


Workforce - Turnover

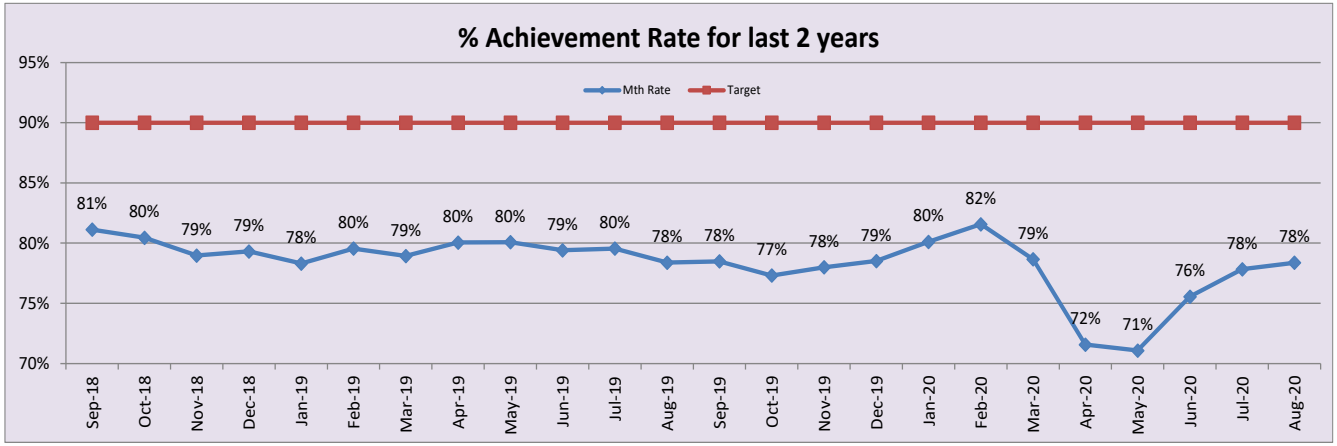


All Staff Rolling 12 Month Turnover Rate

The graph shows that the Trusts turnover rate now stands at 10.72% for the year to August 2020 which is small decrease from 10.82% in July.



Workforce – Appraisal and Training



Achievement Review (Appraisal)

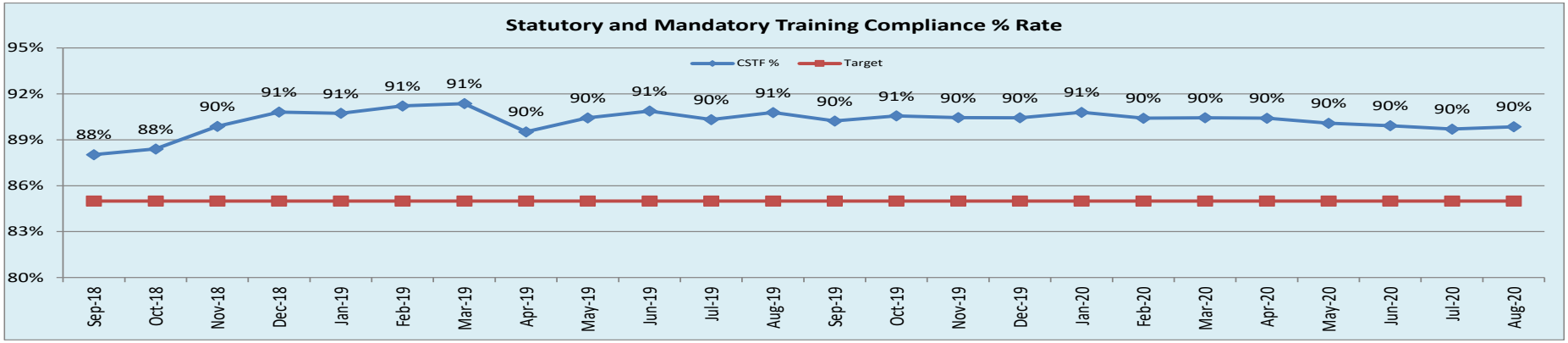
The Achievement Review rate for the end of August was 78.37% which is an increase from the 77.83% in July – this still excludes medical and dental staff from the overall calculation due to their professional body prioritising Covid activity.

Managers are provided with detailed list of all staff and their appraisal status.

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 89.85% for August which is a small increase from the 89. 70% in July.

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

Aug-20					Aug-20		
Level 1	Level 2	Level 3 & 4	Level 5	Level 6	Level 1	Level 2	Level 3
6630	4062	1162	71	6	2495	3401	734
6337	3260	425	32	4	2381	2836	492
95.58%	**80.26%**	**36.57%**	**45.07%**	**66.67%**	**95.43%**	**83.39%**	**67.03%**

Safeguarding Children Compliance

Module	Target	Performance
Information Governance	95% and above	84.00%
Manual Handling	85% and above	73.95%

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

Torbay and South Devon NHS Foundation Trust	Monthly Values					YTD
Total Agency Spend Financial Year 2020/21	Apr	May	Jun	Jul	Aug	
Registered Nurses	169	143	201	177	256	946
Scientific, Therapeutic and Technical	52	59	37	46	41	235
of which Allied Health Professionals	39	50	22	26	21	158
of which Other Scientific, Therapeutic and Technical Staff	13	9	15	20	20	77
Support to clinical staff (HCA)	-1	0	0	0	0	-1
Total Non-Medical - Clinical Staff Agency	220	202	238	223	297	1180
Medical and Dental Agency	213	189	273	258	191	1124
Consultants	106	69	130	132	146	583
Trainee Grades	107	120	143	126	45	541
Non Medical - Non-Clinical Staff Agency	79	74	70	90	59	372
Total Pay Bill Agency and Contract	512	465	581	571	547	2676

Community and Adult Social Care Summary

Adult Social Care

Community Highlights and Covid-19 response

- The Adult Social Care Quality Assurance and Improvement Team and zone teams continue to work closely with care home and domiciliary providers to support the safe flow of clients. Daily dashboards of capacity, PPE availability alongside information about shielded clients and staff enable the providers to continue to function. Weekly conversations via MS Team conference calls are available and well attended.
- A Covid-19 resourcing panel created to support timely payment to the homes and providers is in place and continues to function well.
- Care Home providers are engaging in the centralised Tracker system which helps monitor capacity and ability to take new admissions. via collating.
- The ASC CV-19 Action Plan is being revisited against a RAG rated system to sense check any additional actions that may be required pending a second surge.

Adult Social Care Improvement Plan (ASCiP)

- The Performance Committee has scheduled monthly meetings. Governance will be assured by Performance Committee reports feeding into both the ICO's Integrated Governance Group and Torbay Council's ASC Improvement Board.
- The Performance Committee will evaluate appropriate data which has been analysed and reported on by Community Service Managers (CSM). Over time we will see this data turning into meaningful knowledge that informs insights for future effective decision-making and practice initiatives.
- The central data workstream will also continue to support the drive towards a better use of data and a Torbay wide data culture which is currently absent.
- The Principal Social Worker is a party to the CSMs Performance Committee analysis; using this information alongside audit and shadowing supervision sessions to help identify and link core Social Care values, behaviours, and attitudes to the wider training needs that are being identified.
- The Review and Insight Team continue to be a central focus for the development and testing of the strength-based / asset-based and Community Led initiatives that are the central requirement of the Adult Social Care Improvement Plan. This is a thread seen throughout all the project workstreams that underpin this work.
- The annual s75 agreement between Torbay Council and the ICO has been extended to cover the same time frame as the already signed 3-year risk agreement (2020-2023). The strategic agreement is being progressed through appropriate ICO and Council boards for final approval.
- A risk register exists for the ASCiP and covers both overarching risk for ASC and also project level risk.
- The Front Door redesign which is a fundamental project within the wider ASCiP has just commenced. This will be critical to delivery of the required improvements and future savings.
- The development of the Community and Voluntary sector workstream has also gained some traction. This is a multi agency approach which will provide by partnership working interdependent deliverables.

Achieved
Number of Delayed Discharges (Community)
Number of Delayed Transfer of Care (Acute)
Timeliness of Adult Social Care Assessment assessed within 28 days of referral
Carers Assessments Completed year to date
Number of Permanent Care Home Placements
Safeguarding Adults - % of high risk concerns where immediate action was taken
Intermediate Care - No. urgent referrals

Under Achieved

Not Achieved
Clients receiving Self Directed Care
Community Hospital - Admissions (non-stroke)

No target set
Children with a Child Protection Plan (one month in arrears)
4 Week Smoking Quitters (reported quarterly in arrears)
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)
Deprivation of Liberty Standard

Social Care and Public Health performance metrics - Torbay

The Social Care and Public Health metrics below relate to the Torbay LA commissioned services. The metrics and exceptions are reviewed at the monthly ISU system leadership Assurance and Transformation meetings. The Deputy Director of Social Care reviews all Adult Social Care (ASC) monthly metrics and escalate areas of concern. A revised governance structure is being implemented to commence in September. This will see an ASC improvement board with subcommittees of ASC transformation group and performance committee. This is expected to commence in September 2020.

Social Care Programme Board

2020/21 Performance Scorecard to 31 August 2020

Torbay Social Care KPIs	2020/21 full year target	2020/21 YTD target	Outturn YTD	Comment
% clients receiving self-directed support	94%	94%	81%	Below target (1363 / 1681) Impacted by reduced use of RAS for CLS. Paris assessment summary changes in progress.
% clients receiving direct payments	28%	28%	22.7%	Below target (381 / 1681). DPs will be addressed as part of the targeted response of the PMO workstreams.
% clients receiving a review within 18 months	93%	93%	82%	Below target (2390 / 2917).
Timeliness of social care assessment	80%	80%	71%	Below target (358 / 505). Audit have rated this KPI 'limited assurance' due to recording issues. 207 (37%) of TSDFT 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	24.3	A low outturn signifies better performance. Below target (18 admissions compared to challenging target of 10)
Outcome of short term support - % reablement episodes not followed by long term SC support	83%	83%	86.2%	On target.
Carers receiving needs assessment, review, information, advice, etc.	36%	36%	16.2%	On target.
% carers receiving self directed support	85%	85%	95%	On target.
% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	100%	100%	100%	On target.
% Repeat safeguarding referrals in last 12 months	8.0%	8.0%	11.0%	A low outturn signifies better performance. Below target (19 / 173).
% Adults with learning disabilities in paid employment	7.0%	7.0%	8.6%	On target.
% Adults with learning disabilities in settled accommodation	80%	80%	79.0%	Within agreed tolerance.

Measure	Target 2020/2021	13 month trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Year to date 2020/21
PUBLIC HEALTH SERVICES																
% of face to face new birth visits within 14 days *	95.0%		91.5%	90.4%	96.0%	95.5%	97.6%	85.5%	89.9%	76.4%	81.9%	84.5%	92.4%	94.5%	94.1%	89.8%
Children with a child protection plan * [B]			219	206	184	176	192	202	191	194		223	217	219		219
4 week smoking quitters (Quarterly) ** [B]	200			109						231			56			56
Opiate users - % successful completions of treatment (Quarterly) ** [B]				5.3%						6.1%						6.1%

Public Health Torbay : The COVID-19 response for patient facing services have had to manage with reduced capacity with only essential services maintained. Teams are making assessments of their recovery plans risks and actions that will be needed to see a return to the capacity needed to meet ongoing demand.

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

Measure	Target 2020/2021	13 month trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Year to date 2020/21
COMMUNITY BASED SERVICES																
Nursing activity (F2F)			14,576	13,298	13,845	12,392	10,852	10,582	9,261	8,467	6,653	7,408	7,912	8,093	6,643	36,709
Therapy activity	65,415		5,609	6,184	6,574	5,800	5,247	6,019	5,140	4,161	2,238	2,829	3,589	3,786	3,335	15,777
No. intermediate care urgent referrals [B]	0		174	178	216	205	201	239	202	219	230	246	283	239	203	1,201
No. intermediate care placements			73	63	59	60	52	78	49	39	16	6	14	11	17	64
Intermediate Care - placement average LoS [B]			16.9	18.1	20.7	16.1	17.5	18.7	22.0	20.8	25.5	38.7	39.1	18.3	15.8	26.9

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

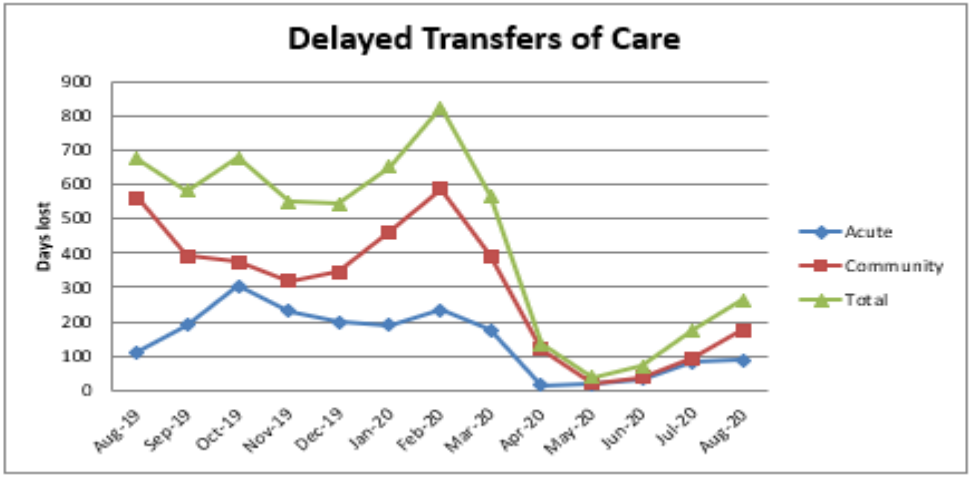
Community Hospital Dashboard - Summary of Key Measures - August-20

	Act. 19/20 Outturn	Jun-20	Jul-20	Aug-20	Total
Admissions / Discharges					
Total Admissions (General)	2,596	221	206	259	996
Direct Admissions (General)	242	23	13	25	88
Transfer Admissions (General)	2,354	198	193	234	908
Stroke Admissions	256	7	22	29	58
Transfers from CH to DGH	238	102	105	136	468
Beds					
Bed Occupancy [1]	95.1%	74.7%	93.3%	86.7%	73.9%
Bed Days Lost to Delays[2]	5,086	38	95	175	450
Bed Days Lost to Bed Closure	57	13	2	10	88
Length of Stay					
Delayed Discharges		13	35	30	111
Average Length of Stay - Overall (General)	13.1	8.9	8.5	8.9	9.0
Average Length of Stay - Direct Admissions	10.7	6.0	6.3	5.9	6.4
Average Length of Stay - Transfer Admissions	13.4	9.2	8.7	9.2	9.3
Average Length of Stay - Stroke	18.7	12.8	9.5	9.9	10.2
Long LoS (>30 days)	246	1	3	3	12
MIUs					
Total MIU Activity	41,656	1,798	2,259	2,690	9,186
New MIU Attendances	37,118	1,618	2,089	2,478	8,427
All Follow Up Attendances	4,518	180	170	212	759
Planned Follow Up Attendances	3,305	141	133	169	592
Unplanned Follow Up Attendances	1,213	39	37	43	167
MIU Four Hour Breaches	3	0	0	0	0
Average Waiting Time (Mins) - 95th Pctile	53	41	42	41	41

Community hospital admissions remain below pre-covid levels whilst we have seen an increased bed occupancy to 86.7% in August. Average length of stay of 8.9 days compares well with the 13.1 days over 2019/20.

Delayed discharge on the rise for community from 95 in July to 175 bed days lost in August

It is noted that MIU activity has been increasing month on month but is remaining below pre-covid levels.



Notes:

Targets have not yet been set for the forthcoming year and so no RAG rating has been applied to the report.

Figures for admissions, LOS etc for Newton Abbot hospital are for general rehabilitation and stroke in line with previous years.

Performance oversight from Chief Operating Officer

- Emergency pathways of care have continued to achieve the improved performance against the 4-hour standard with levels of escalation remaining at OPEL 2 or below. We have seen an increase in the number of referred patients for admission going direct to specialist review and not passing through the emergency department.
- The estate changes to provide covid secure ED and medical receiving unit have been approved following completion of options appraisal and confirmation of capital funding to commence the work.
- Elective activity levels remain below pre covid levels with no significant change being seen in August from last month. New referrals received for specialist assessment have increased to 90% of pre covid-19 levels. The Day Surgery Unit (DSU) is back in operation and air handling refurbishment works to theatres 1 and 2 scheduled for completion end of October. The DSU Theatre 3 has further work scheduled with completion at the end of November. We continue to use facilities at Mount Stuart Hospital and plan to have continued support through to the end of March.
- The out patient department on Torbay Hospital site which had been effectively closed during the covid escalation has reopened, however there remains much work to do to optimise capacity within social distancing rules and to increase the number of non face to face appointments.
- The Phase 3 recovery plan required for National submission describes an overall recover plan of activity by March 2021 of 92% for outpatients and 95% of admitted elective care of pre covid activity levels. It is forecast that off the back of the suppressed levels of elective activity since covid lockdown that despite the recovery plans this will leave a backlog of 2700 pathways over 52 weeks.
- Cancer ward and day treatment services moved to Newton Abbot hospital in response to the covid escalation have now been repatriated back to the Torbay site.
- The focus on urgent and cancer pathways of care has seen the timeliness of cancer diagnosis and treatment maintained.
- Good progress has been made to manage our longest waits in diagnostics with increases in activity. MRI replacement programme commenced and we remain reliant on mobile CT and MRI capacity. Risk remains across Endoscopy due to aerosol generating procedures and loss of 3rd scoping room awaiting air handling unit upgrade and current backlog of patients for echocardiography and neurophysiology impacting on overall performance.

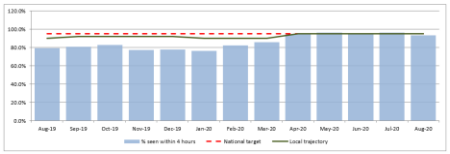
Achieved
Cancer - 62-day wait for first treatment - 2ww referral
Dementia Find
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients
Cancer - 31-day wait from decision to treat to first treatment
Cancer - 31-day wait for second or subsequent treatment - Drug
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy
Cancer – 62-day wait for first treatment - screening
Cancer - Patient waiting longer than 104 days from 2ww
Ambulance handover delays > 30 minutes
Trolley waits in A+E > 12 hours from decision to admit
Clinic letters timeliness - % specialties within 4 working days
Number of patients >7 days LoS (daily average)
Number of extended stay patients >21 days (daily average)
A&E - patients with >12 hour visit time pathway
A&E - patients recorded as >60 min corridor care

No target set

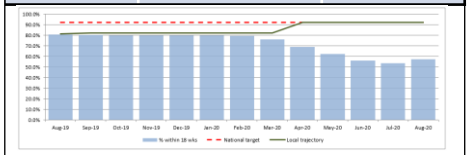
Not Achieved
A&E - patients seen within 4 hours
Referral to treatment - % Incomplete pathways <18 wks
Diagnostic tests longer than the 6 week standard
Number of Clostridium Difficile cases reported
Cancer - Two week wait from referral to date 1st seen
Cancer - 31-day wait for second or subsequent treatment - Surgery
Care Planning Summaries % completed within 24 hours of discharge – Weekday
Care Planning Summaries % completed within 24 hours of discharge – Weekend
RTT 52 week wait incomplete pathway
On the day cancellations for elective operations

Under Achieved
Cancer - 28 day faster diagnosis standard
Ambulance handover delays > 60 minutes
Cancelled patients not treated within 28 days of cancellation
Bed Occupancy (overall system)

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Patients seen within 4 hours in A&E	Performance M5	August has seen a further increase in the number of ED attendances compared to last year with activity levels at 88% of last year up from 82% in July. MIU activity is at 64% of last year. The reported performance against the 4-hour standard for August is 93.5%, down from 96.4% in July. The number of patients requiring emergency admission has also continued to increase with August registering 94% of last August admissions up from 84% reported for July. As a result we have seen increased bed occupancy. Delays for ward beds and specialist review are identified as potential risks for the coming months.	Plans to reconfigure the emergency floor space to maintain covid assessment pathways and Medical Receiving Unit have been approved. Interim moves and estates works will be completed in preparation for winter with longer term emergency floor changes incorporating a modular ward to follow in the New Year. The detailed planning for the necessary ward moves along with reinstatement of the Day Surgery Unit is underway. The plan includes a Devon system plan for managing covid pathways in collaboration with the RD&E and Nightingale to ensure capacity for winter and a potential covid escalation.	
	93.5%			
	Performance M4			
	96.4%			
	Target			
	95%			
	Risk level			
	HIGH			

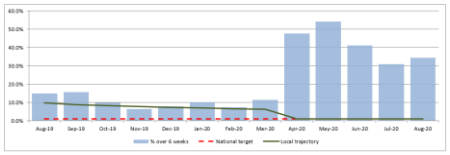
Trajectories		
M4	M5	M6
95%	95%	95%

Patients waiting longer that 18 weeks from Referral to Treatment	Performance M5	RTT performance has improved with 57% of people waiting less than 18 weeks for treatment. The total number waiting for treatment is 25,278 an increase of 1,542 from July. Patients waiting over 40 weeks continue to increase with 2,409 at the end of August; an increase of 564 from June. 745 people will be reported as waiting over 52 weeks , this being an increase on last month's 524 and from 53 at the end of March.	Operational focus continues on maintaining urgent and cancer related work. Teams are reviewing recovery planning in line with the national guidance and have confirmed plans in support of the Phase 3 Recovery submission. There will continue to be a loss of operational productivity from enhanced infection prevention and control protocols. Use of virtual non face-to-face outpatient consultations is vital to restore our overall levels of outpatient activity as social distancing is a significant constraint in all of our outpatient spaces. The use of Mount Stuart facilities will continue to be part of our strategy to provide capacity for of our recovery plan.	
	57.3%			
	Performance M4			
	52.9%			
	Target			
	92%			
	Risk level			
	HIGH			

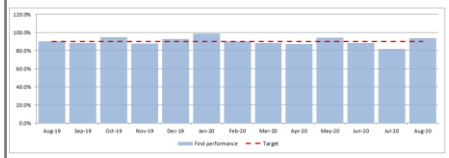
Activity variance vs previous year	M4	M5
Op new	-29.6%	-22.9%
Follow up	- 26.9%	-25.2%
Day Case	- 20.2%	-24.7%
Inpatient	tbc	-31.6%

Trajectories		
M4	M5	M6
92%	92%	92%

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Cancer 62 day wait for 1st treatment from 2-week wait referral	**Performance M5** **86.2%** **Performance M4** **92.3%** **Target** 85% **Risk level** HIGH	Performance against the 62 day referral to treatment standard in August is 86.2% (last month 97.1%) with other cancer pathway standards being maintained. Urgent cancer pathway referrals in August are at 90% of last years level. Teams continue to prioritise capacity to see, diagnose, and treat patients on cancer pathways. Capacity for diagnostics and access to theatres remains a risk. Patient engagement and reluctance to attend appointments has been identified as a potential concern for a minority of patients however this seems to be improving	Plans remain in place to ring-fence and prioritise capacity to support cancer pathways from referral, diagnosis, and treatment. The inpatient ward and chemotherapy delivery have now been returned to the main site from Newton Abbot Hospital increasing capacity. Radiotherapy and medical oncology has continued with near normal capacity throughout the covid escalation period. The Day Surgery Unit theatres 1and 2 now returned to elective surgical capacity. This will then transfer of much of the work that has been provided in Mount Stuart Hospital during our covid escalation.	 **Trajectories** **M4** 85% **M5** 85% **M6** 85%
Diagnostic tests longer than 6 weeks	**Performance M5** **34.5%** **Performance M4** **30.9%** **Target** 1% **Risk level** HIGH	Activity levels have increased in August along with new referrals for diagnostic tests. Capacity for echocardiograph and endoscopy neurophysiology are significantly restricted and have the longest waits. Urgent diagnostic tests are prioritised leaving limited capacity to see routine patients in these areas. Progress is being made with the % of patients waiting beyond 6 weeks at 34% in August from 31% in July. Waiting times remain a challenge for certain procedures including those requiring aerosol generating procedures. CT and MRI remain reliant on the insourcing and mobile van capacity.	Procedures that are aerosol generating (including colonoscopy and CT colonoscopy) continued to be severely restricted. A business case and capital bid have been submitted to create short term and longer term increases in capacity for endoscopy. Echo capacity has been escalated identifying capital requirements and outsourcing options to increase machine capacity. As outpatient capacity increases we expect to see a further increase in demand for diagnostic tests and managing these waits will remain a challenge.	 **Trajectories** **M4** 1% **M5** 1% **M6** 1%

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Dementia Find	Performance M5	Performance against the Dementia Find assessment standard has improved to above the target of 90%. Meeting the target is still reliant on a healthcare assistant (HCA) to escalate required assessments and to input the completed assessment data.	The reliance on an HCA to support the dementia find process is being reviewed as part of the ward improvement work. Until a seamless electronic clinical record is available this may continue to require close operational support.	
	93.7%			
	Performance M4			
	81.9%			
	Target			
	90%			
	Risk level			
	LOW			

Trajectories		
M4	M5	M6
90%	90%	90%

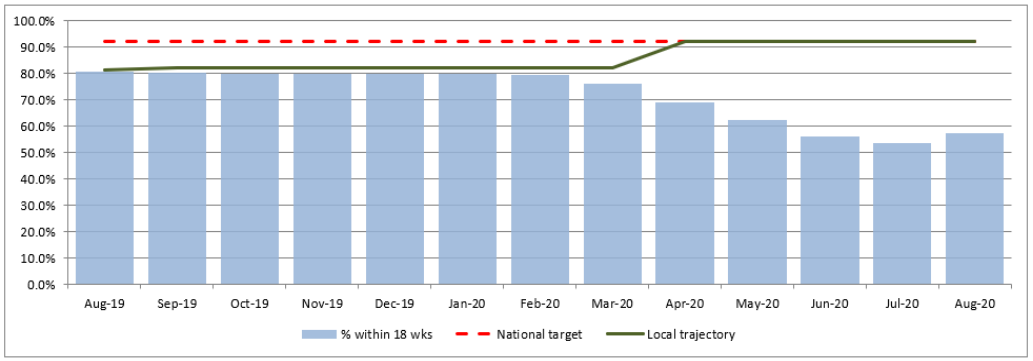
NHSI Performance – Referral to Treatment (RTT)

Services with greater than 100 patients waiting over 18 weeks

AUGUST 2020 Incomplete 92% Table - National Specialty

Submitted Spec	Incomplete IPDC >126	Incomplete Outpatients >126	Grand Total	% < 18wk
Vascular Surgery	33	79	247	54.66
Orthodontics		134	140	4.29
Respiratory Medicine		150	590	74.58
Colorectal Surgery	92	174	804	66.92
Dermatology	2	304	1126	72.82
Gynaecology	141	205	1318	73.75
Neurology	3	370	658	43.31
Pain Management	159	304	830	44.22
Cardiology	103	419	1349	61.30
Gastroenterology	303	288	1829	67.69
Upper Gastrointestinal Surgery	356	267	1109	43.82
Paediatrics	2	624	1301	51.88
Oral Surgery	200	426	1206	48.09
ENT	132	686	1750	53.26
Urology	326	515	1824	53.89
Trauma & Orthopaedics	719	920	2966	44.74
Ophthalmology	948	948	4141	54.21
Grand Total	3617	7186	25278	57.26

Referral to Treatment – incomplete pathways



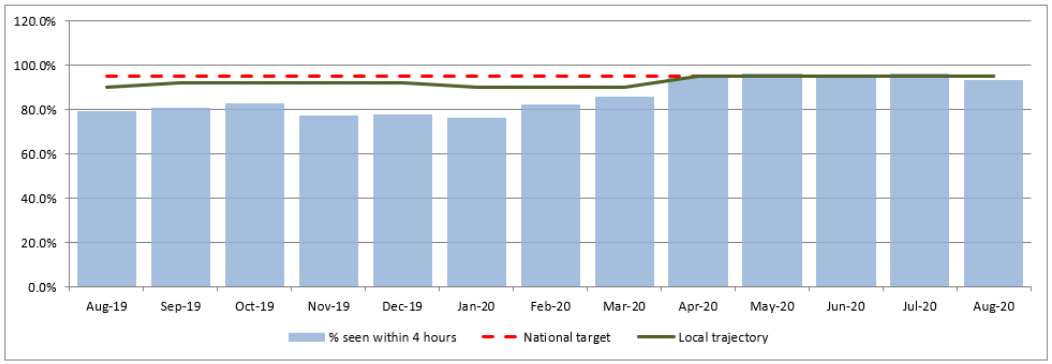
Referral to Treatment: RTT performance in August has improved with the proportion of people waiting less than 18 weeks at 57.3%; this is behind the Operational Plan trajectory of 82% and national standard of 92%. The total number of incomplete pathways (waiting for treatment) has increased to 25,278 an increase of 1,542 from July.
Patients waiting over 40 weeks continue to increase with 2,409 at the end of August; an increase of 564 from July.

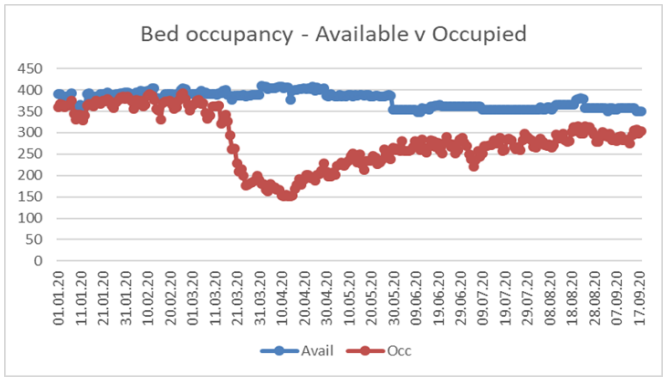
52 week waits: For August 745 people will be reported as waiting over 52 weeks, this being an increase on last month's 524. The impact of COVID-19 of capacity to see routine patients continues to adversely affect overall performance. In Month 5 activity against pre covid levels remains at 77% for new outpatient appointment, 75% for follow-up, 75% for day case and 68.4% for inpatients.
Teams continue to focus on recovery planning in line with the national guidance, with refined plans now included in our Final Phase 3 Recovery submission made on the 21 September 2020.
Recovery planning: The Day Surgery Unit has resumed activity in September as planned and the ongoing theatre works on Theatres 1 and 2 are now expected to be completed by the first week of November. There will continue to be a 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 full implication of maintaining COVID-19 resilience, winter escalation for non elective inpatients pathways of care and recovery plans for RTT will take time to mature. The work cross the Devon system to align capacity for elective and non elective care will become an increasing factor in our successful recovery plans.

Management action: Led by the Chief Operating Officer plans are monitored through the Cancer / RTT Performance Risk and Assurance meeting with key stakeholders and monthly Integrated Governance Group (IGG).

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

A&E and MIU patients seen within 4 hours





Operational delivery: The Emergency Department has maintained its covid-19 escalation whilst responding to a steady increase in ED attendances and emergency admissions. Direct admissions to the surgical and medical receiving units have helped to reduce the potential for overcrowding and delays to assessment in the ED department. Performance against the 4-hour performance standard for August is reported at 93.5%. Bed occupancy has been maintained at 75%, however, system pressures and delays to access a specialist bed for new admissions are being seen.

Capital has been confirmed to support the creation of Medical receiving unit (MRU). The first phase of these plans to increase ED footprint with the expansion into EAU3 has now commenced. Associated ward moves including the opening of the escalation ward to offset this temporary loss of beds now progressing. There will be a net loss of 7 beds during this period of capital works. To maintain patient flow, the winter plan is reliant on a system response and coordination of any escalation of covid pathways requiring hospitalisation with Royal Devon and Exeter FT and utilisation of the Nightingale Hospital now commissioned.

Ward and community teams are ensuring 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 medical an surgical review, inpatient treatment and discharge pathways into community and home settings The Emergency Floor Improvement Workstream has re-commenced bi-weekly meetings.

12 hour Trolley wait : 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 August there were three ambulance delay over 60 minutes, with an increase in delays of over 30 mins increased to 46 from 10 last month.

Escalation status

Opel status	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Opel 1	0	2	0	0	0	0	5	17	25	21	22	28	24
Opel 2	3	13	12	3	8	7	12	13	5	9	22	3	7
Opel 3	21	11	19	18	15	19	8	1	0	1	0	0	0
Opel 4	7	4	0	9	8	5	4	0	0	0	0	0	0
A&E Performance	79.4%	80.7%	82.7%	77.3%	77.9%	76.2%	82.2%	86.1%	94.1%	96.5%	94.8%	96.4%	93.5%
Bed Occupancy (Acute)	85.3%	85.4%	85.8%	87.6%	98.6%	98.6%	97.8%	92.4%	54.6%	64.8%	75%	75.2%	80.0%

Cancer treatment and cancer access standards

		July 2020				August 2020			
CWT Measure	Target	Within Target	Breached Target	Total	Performance	Within Target	Breached Target	Total	Performance
14 Day - 2ww referral	93%	1071	214	1285	83.3%	976	241	1217	80.2%
14 Day - Breast Symptomatic referral	93%	78	2	80	97.5%	71	1	72	98.6%
31 Day 1st treatment	96%	169	1	170	99.4%	161	4	165	97.6%
31 Day Subsequent treatment - Drug	98%	88	0	88	100.0%	53	0	53	100.0%
31 Day Subsequent treatment - Radiotherapy	94%	52	0	52	100.0%	66	1	67	98.5%
31 Day Subsequent treatment - Surgical	94%	27	2	29	93.1%	24	2	26	92.3%
31 Day Subsequent treatment - Other		28	0	28	100.0%	28	0	28	100.0%
62 day 2ww / Breast	85%	93.5	8.5	102	91.7%	84.5	13.5	98	86.2%
62 day Screening	90%	0	0	0	100.0%	3	0	3	100.0%
62 day Consultant Upgrade		2	1	3	66.7%	1	1	2	50.0%
104 day breaches (2ww) - TREATED	0	1.5				1.5			

Cancer standards The table above shows the position for August 2020 (as at 21 September 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 80.2% is below the standard of 93%. We have seen a continued increase in referrals with the number of urgent referrals with August being 90% of last year.

28 days From Referral to Diagnosis: Performance in August is meeting the new standard set at 75% with 72% reported.

NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard is reported at 86.2%. (target 85%)

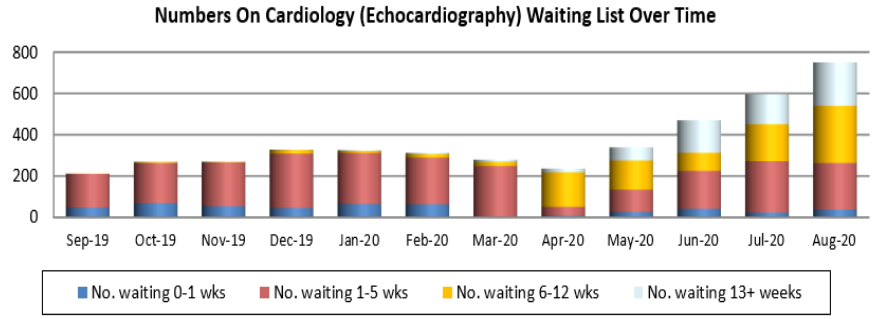
With the Trust's ongoing response to COVID-19 risk remains in the pathways for Urology, lower GI, Breast and Skin. It is noted that good progress has been made by teams to continue to support an increase in capacity for the prioritisation of urgent surgical interventions and diagnostics within the constraints being worked with. The continued use of theatres and outpatient facilities at Mount Stuart Hospital and now reinstatement of Day Surgery Unit remains a significant factor to maintain this capacity.

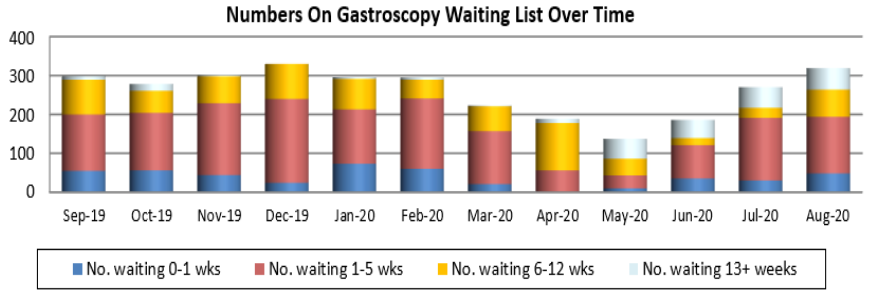
Longest waits greater than 104 days on the 62 day referral to treatment pathway:

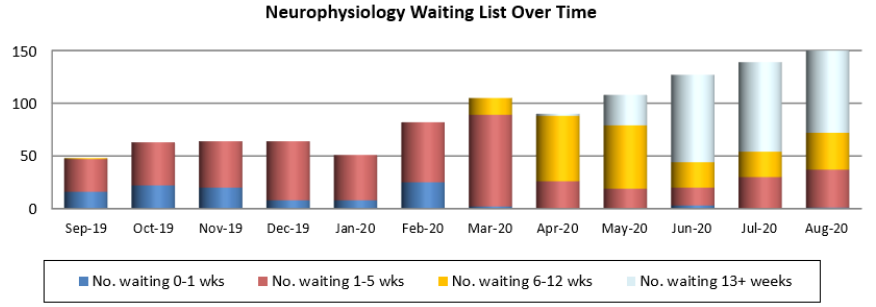
In August, 2 patients with confirmed cancer were treated beyond 104 days. The number of patients being tracked over 62 days is being maintained with no significant change to historical levels.

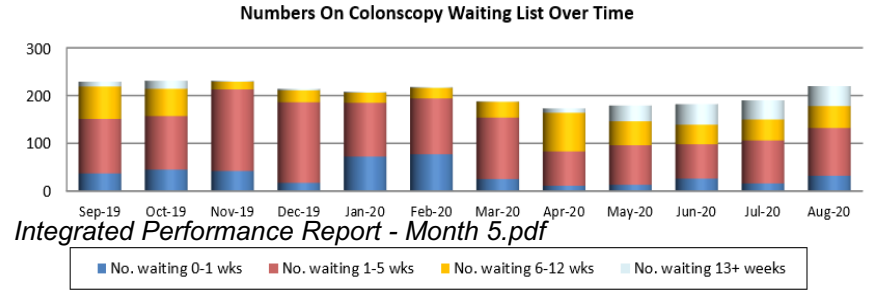
There has been continued reduction in the number of patients waiting over 104 days, reducing to 7 from 34 in July. All of the long wait patients are reviewed by the cancer team and pathway capacity escalated as part of the RTT Risk and Performance Assurance Group.

NHSI indictor - patients waiting over 6 weeks for diagnostics



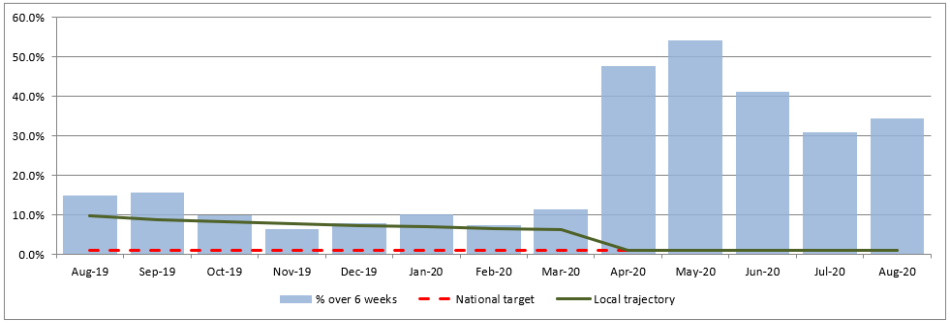






Diagnostic tests longer than the 6 week standard

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Patients	3586	2926	2823	2865	3051	2600	2816	2652	2266	2361	2883	2948	3207
Waiting longer than 6 weeks	535	460	282	182	240	264	207	299	1080	1282	1186	911	1106
% over 6 weeks	14.9%	15.7%	10.0%	6.4%	7.9%	10.2%	7.4%	11.3%	47.7%	54.3%	41.1%	30.9%	34.5%
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	9.7%	8.7%	8.3%	7.8%	7.3%	6.9%	6.6%	6.2%	1.0%	1.0%	1.0%	1.0%	1.0%

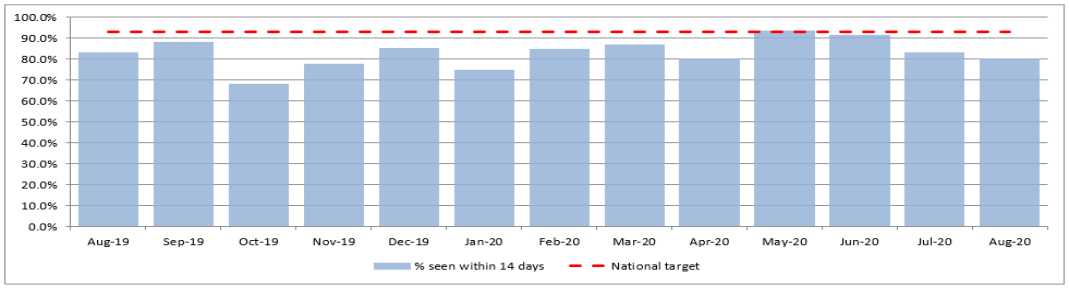


This month has seen an increase in the percentage of patients with a diagnostic waiting time over 6 weeks to 34.5% from 30.9% in July.
All modalities are continuing to see patients with urgent need with appropriate Infection, Prevention and Control precautions.
The modalities with the greatest number of long waits are echocardiography, neuro physiology, and those requiring endoscopy investigations. These teams are working on recovery plans that will require support to increase capacity to offset the impact of covid precautions on historical utilisation rates.
CT and MRI have seen a steady increase in capacity although dependent on the use of the additional capacity from insourcing through mobile vans.
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

Cancer - Two week wait referrals

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
2ww referrals seen	1314	1229	1327	1459	1208	1241	1251	1397	549	847	1071	1281	1216
2ww breaches	218	144	422	324	177	313	190	180	107	54	92	213	241
% seen within 14 days	83.4%	88.3%	68.2%	77.8%	85.3%	74.8%	84.8%	87.1%	80.5%	93.6%	91.4%	83.4%	80.2%
National target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%

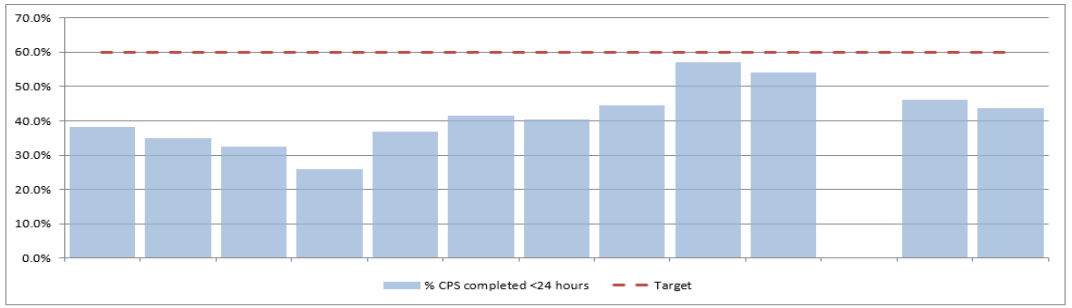


Cancer two-week wait referral

The number of cancer two-week wait referrals received has continued to increase and is now back to pre- covid levels. Performance is below the 93% standard at 80.2%.

Care Plan Summaries completed within 24 hours of discharge - Weekend

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Discharges	408	449	396	430	429	386	393	348	219	379	n/a	320	423
CPS completed within 24 hours	156	157	129	111	158	160	159	155	125	205	n/a	148	185
% CPS completed <24 hours	38.2%	35.0%	32.6%	25.8%	36.8%	41.5%	40.5%	44.5%	57.1%	54.1%	n/a	46.3%	43.7%
Target	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%

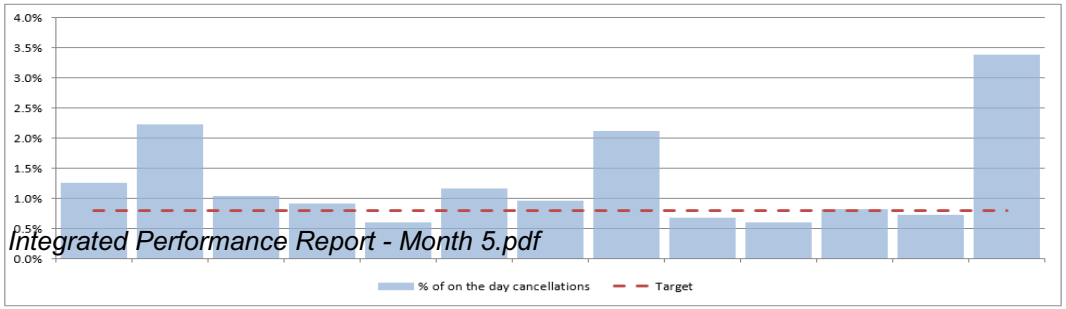


Care Planning Summaries (CPS)

The improvement programme is working with wards and emphasising that timely completion of the CPS is a mandatory requirement. An education pack to support ward teams with CPS completion has being circulated; this includes tips for writing a good quality and succinct CPS and describes how all members of the MDT can support the CPS effort. In addition to this, a project is underway to pre-populate our most common diagnoses with auto-text, which will cut down the time taken to complete CPS. No improvement is currently being seen in the weekday CPS completion.

On the day cancellations for elective operations

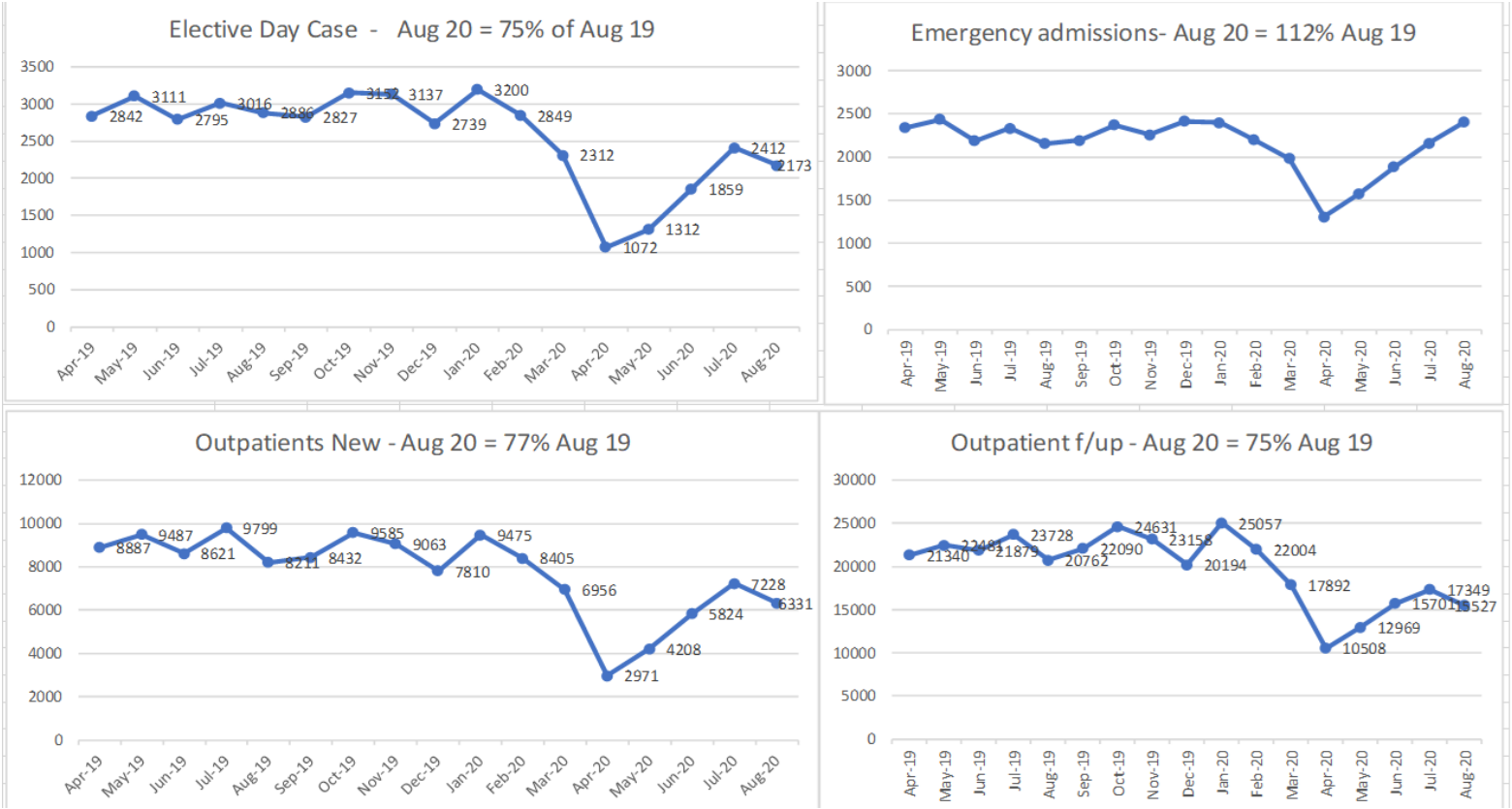
	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Cancellations	41	72	38	33	19	43	32	56	8	9	15	18	74
Elective spells	3248	3237	3616	3567	3133	3667	3332	2631	1174	1503	1826	2446	2189
% of on the day cancellations	1.3%	2.2%	1.1%	0.9%	0.6%	1.2%	1.0%	2.1%	0.7%	0.6%	0.8%	0.7%	3.4%
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

The number of operations cancelled has increased in August with issues related to our estate, in particular, humidity during a period of hot weather, highlighting again the fragility of the Trust's critical infrastructure whilst the planned improvements are being completed.

Headline acute activity comparisons to last year



The charts above show the monthly run rate of reported contract activity (PBR). This is showing the percentage of activity compared to same month last year shown in the chart titles. August is often a month showing less activity with annual leave impacting of available capacity. We are expecting a progressive step increase in activity however from September to reflect recovery plans. These plans are dependent on having no significant impact from a second wave of covid-19.

Phase 3 recovery planning - The Phase 3 Covid recovery planning return is showing a return to 92% for Outpatients and 95% for day case and inpatients elective admissions by March 2021.

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

Access Times.
Following review of capacity plans with teams, agreement has been reached to bring back into operation all clinical areas, with IPC approval. This will have a positive impact on the capacity to see patients face to face. Work continues to fully utilise virtual clinics through telephone and Attend Anywhere although it is recognised that this is not suitable for all client interactions. Access and waiting times across all areas of CFHD remain problematic. CAMHS has a robust reviewing process for children waiting and clear trajectories for waiting list recovery. The Interim Service Director is addressing the longer waits in Speech and language Therapy and Occupational Therapy using Quality Improvement methodologies to tackle the waiting list with a focus on keeping children safe whilst waiting and utilising innovations achieved during Covid 19 using virtual methods. The Autism Spectrum Condition waits remain one of our greatest risks being insurmountable within current resource and are subject to a business case for waiting time reduction.

Workforce
This month further work has been completed on the Training Needs Analysis to inform the paper being submitted to the Partnership Board. It is acknowledged that the service requires investment in training and due to the specialist areas this is difficult to source in house from host employers. The two task and finish groups have been established which is already delivering some valuable cross employer and service working and expect will deliver direct benefit to our people in how we recruit and onboard new people.

Governance
Following the step down of CFHD governance during the early stage of the Covid-19 period, the leadership team is working closely with executives and senior leaders to review the function and form of internal governance and external assurance meetings. Attention will be focused on all services in CFHD being able to evidence that they are inspection ready and that they have robust actions in place to address safety and quality risks as a priority where these exist.

18 week RTT Performance

August 2020		RTT % <18 weeks		Caseload		
Service	RTT longest waits	Aug-19	Aug-20	Aug-19	Aug-20	Change last 12 months
CAMHS	58 weeks	83.7%	68.6%	4082	3884	- 198
Occupational Therapy	52 weeks	76.8%	44.5%	812	1201	+ 389
Speech and Language Therapy	87 weeks	69.2%	39.3%	3816	4569	+ 753
Autistic spectrum assessment team	118 weeks	29.5%	18.3%	1821	2453	+ 632
Physiotherapy	68 weeks	87.9%	82.7%	583	754	+ 171
Learning disability	29 weeks	92.6%	86.2%	248	327	+ 79

Finance Report

Month 5 - Financial Year 2020/21

Finance, Performance & Digital Committee Meeting

28 September 2020

Contents

1. Overall Position - Executive Summary

Context

· The Trust submitted a draft financial Plan for financial year 2020/21 to NHS England / Improvement (NHSE/I) 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 have now issued the following further guidance, updated in mid-September:

1) Expectation for Trusts to deliver a break even position collectively as an STP for 2020/21.
2) Continuation of existing architecture for Health until month 6 (September).
3) Hospital Discharge and Infection control guidance phase 1 remains until end of September.
4) New Financial architecture for Health months 7-12 - but remaining at breakeven at system-level.
5) New Hospital Discharge (phase 2) guidance for months 7-12 with 6 week placement programme and income stream.
6) Extension of Infection Control funding to Councils and access to PPE for Care Homes.

The implications of all the new guidance is currently being worked through against the Trust's initial forecast for 2021 and the original plan.

A bridge of these movements once all guidance and financial values are clarified will be brought to the committee.

· From M7, the retrospective top up will cease for the majority of spend, with certain (detailed) exceptions around hospital discharge, laboratory testing and Nightingale.

· 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 ensuring that expenditure is controlled within the limits set by NHSE/I and represents value for money.

· Following the STP prioritisation process, a 2020/21 Capital plan was submitted to NHSE/I in July at £29.7m. The Capital forecast has since risen to £39.4m, following the award of further PDC (including £9.0m for 2020/21 expenditure on the ED scheme).

· A revised forecast for FY 2020/21 was submitted to the STP on 15th September; further information is in 'Appendix 3 - Forecast M7 to M12' .

Key Questions

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

	INCOME £'000s	EXPENDITURE £'000s	Net Position at month 5 £'000s	NHSI Plan YTD Month 5 £'000s	Favourable / (Adverse) Variance £'000s
Overall Financial Performance (excluding COVID/Top up)	211,650	202,473	9,177	0	9,177
COVID Expense and Council Income	3,160	16,283	-13,123	0	-13,123
COVID Top Up	3,580		3,580		3,580
Overall Financial Performance	218,390	218,756	-366	0	-366
Net Donated Accounting exclusions			366		366

The Trust has an underlying favourable variance of £9.2m prior to the impact of COVID amounting to c. £13.1m net expenditure. This off-set has caused an incremental COVID top up value of £3.6m. The Trust is expected to break even after excluding the donated accounting entries, which at month 5 YTD were a £366K 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 totalling £16.3m:

1) Acute COVID spend ---> £9.4m YTD
2) Hospital Discharge ----> £4.7m YTD
3) Infection Control Care Homes --> £2.2m YTD

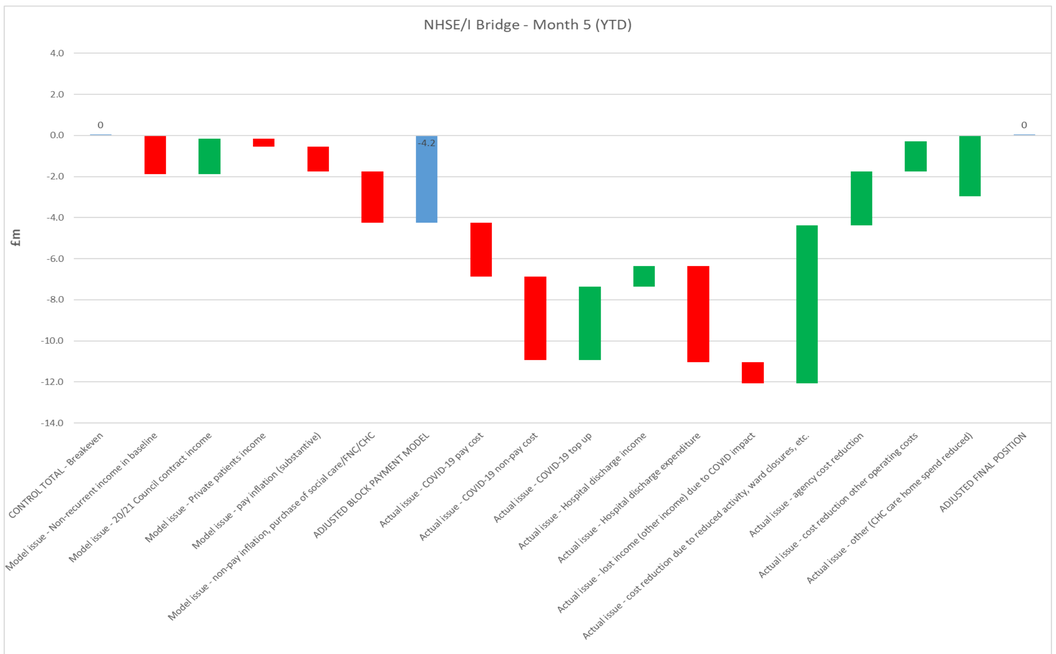
The Infection Control money is passported through the Trust from Torbay Council directly to Care Homes. The COVID guidance and funding came out in late May and a second batch of funding is expected for the remainder of the year.

Hospital Discharge and Infection Control COVID spend is not part of NHSE/I monitoring for normal acute Trusts and would normally be seen in Council or CCG pooled funding arrangements. For the ICO this cost is committed in conjunction with all 3 parties, but is a variance from the 5 month run rate plan. Infection control expenditure is fully funded by Torbay Council.

Acute COVID spend is collected by the Trust and is part of routine NHSE/I monthly reporting and expected to be an outlier to the revised plan, however income will only be received by the Trust to the value necessary to deliver a break-even position and therefore COVID spend for the Acute and the Hospital Discharge is offset by a drop in routine elective spend i.e. the Trust's underlying favourable position.

Outside of the 6-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 5 this is £3.6M, which is a movement since month 4 of £0.5m. (Note, there is no PSF or MRET in the 5 month plan or actuals).

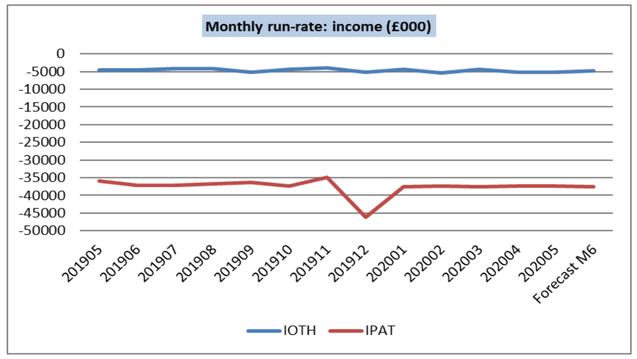
3 NHSE/I Bridge - showing variance movement from initial plan, COVID acute, COVID other



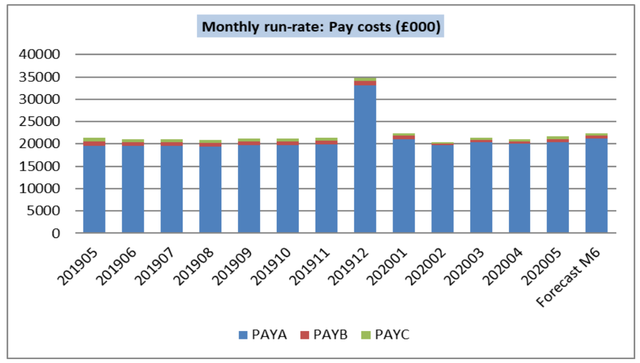
Key Risks and Mitigations to Forecast Outturn Delivery

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

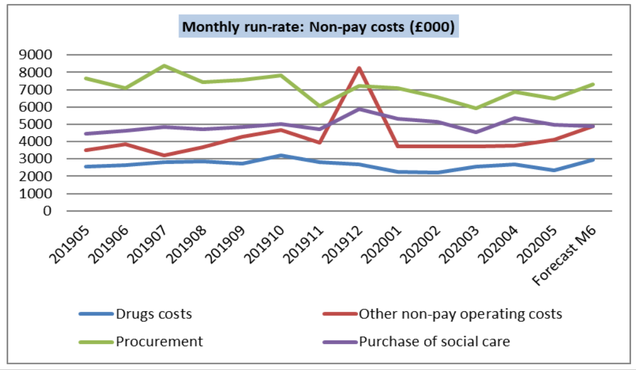
Non-COVID RELATED FORECAST, £'000's



Key:
IOTH= Other Income
IPAT = Patient Income

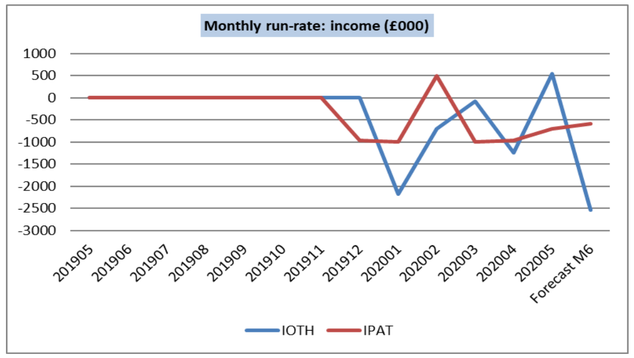


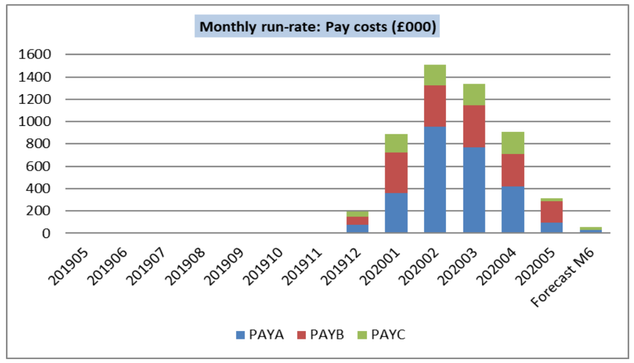
Key:
PAYA = Substantive
PAYB = Bank
PAYC = Agency

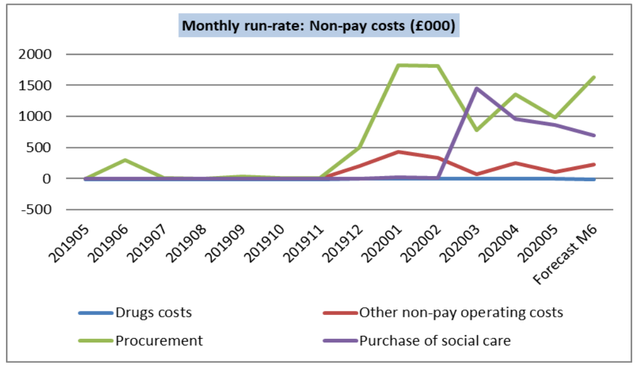


The Trust forecast is running at levels below the expected 6-month NHSE/I plan, due to spend reductions in elective categories; outsourcing, drugs and medical supplies as well as training, stationary, repairs and maintenance with minimal change in run rates over the first 6 months of the year. Therefore the retrospective top up required to deliver a break even position can be offset by this under spend and does not match the levels of COVID expenditure.
In line with the Phase 3 recovery guidance activity is expected to follow the following trajectory; 70% of last August's activity in August 2020, 80% of last September's in September 20, and 90% by October. Due to the length of time the DSU unit has not been functioning for surgery means for the Trust a significant trajectory of spend expected in the second 6 months of the year. Also the impact of Winter and escalation will not have been present in the first 6 months run rate but will have been in the months 8-10 comparative period used by NHSEI.
Excluding the year end position which impacts income, pay and non-pay the run rate charts can be seen to have minimal variation until month 6 forecast.

COVID RUN RATE & FORECAST £'000's







COVID spend, has reduced over the last 2 months, stocks of PPE through the central government scheme have been built up meaning less fewer sources have been procured, along with reduced staff costs for backfill and sickness. The latest guidance expects COVID costs to be related to setting services back up, Nightingale Units and Laboratory testing costs in the main, with all other costs reducing. The Trust is therefore considering closing the COVID cost centre as PPE and other procurement costs are to be considered Business as usual.
Hospital Discharge guidance has been released and will continue until the end of the year but on the proviso a cap of 6 weeks is made on any placements and those already in existence are now quickly assessed as to health or social in nature and under normal contractual terms.
Infection control funding has in the last few days been confirmed indicatively to Councils that this will continue, including direct sourcing of PPE for Care Homes.

Key Financial Information – Trustwide

		M5			YTD M5		
	£m	Budget	Actual	Variance	Budget	Actual	Variance
Income (excluding COVID19 Top-Up)	Patient Income - Block	28.16	28.16	0.00	140.80	140.80	0.00
	Patient Income - Variable	3.43	3.43	0.00	17.09	17.09	0.00
	ASC Income - Council	4.00	4.77	0.77	20.00	23.21	3.21
	Other ASC Income - Contribution	0.85	0.89	0.04	4.24	4.81	0.57
	Other Income	4.77	4.63	(0.14)	23.94	21.75	(2.19)
	Total (A)	**41.21**	**41.88**	**0.67**	**206.07**	**207.66**	**1.59**
Expenditure (incld Financing Costs)	Pay - Substantive	(20.96)	(21.40)	(0.44)	(104.80)	(108.92)	(4.12)
	Pay - Agency	(0.65)	(0.55)	0.10	(3.25)	(2.68)	0.57
	Non-Pay - Other	(11.25)	(10.26)	0.99	(56.27)	(51.9)	4.42
	Non- Pay - ASC/CHC	(8.27)	(9.07)	(0.80)	(41.35)	(46.11)	(4.76)
	Financing Costs	(1.51)	(1.48)	0.03	(7.55)	(8.84)	(1.29)
	Total (B)	**(42.64)**	**(42.76)**	**(0.12)**	**(213.22)**	**(218.39)**	**(5.17)**
	Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)	**(1.43)**	**(0.88)**	**0.56**	**(7.15)**	**(10.73)**	**(3.58)**
	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
	Covid19 - Top up income	1.43	0.88	(0.55)	7.15	10.73	3.58
	Donated Transactions	0.00	(0.07)	(0.07)	0.00	(0.37)	(0.37)
	Impairment	0.00	0.00	0.00	0.00	0.00	0.00
	Total (D)	**1.43**	**0.81**	**(0.62)**	**7.15**	**10.36**	**3.21**
	Net Surplus/(Deficit)	**(0.00)**	**(0.07)**	**(0.07)**	**0.00**	**(0.37)**	**(0.37)**

Key points

- The budget shown in the table above is the M1-M6 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 prospective 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 £10.73m COVID income (block top up £7.15m, true up income £3.58m).
- Patient care income block and variable are both in line with budget. In M5 The Trust received a further £0.77m infection control income passed through to care homes . Client contribution is higher by £0.04m linked to additional activity. Other income is lower by £0.14m (net) due to non patient care services £0.28m, car parking £0.13m and various income £0.04m offset by increase in TP sales of £0.31m.
- Substantive Pay expenditure of £21.40m in M5 is £0.44m higher than the M8-M10 average run rate mainly due to the impact of COVID offset by vacancies across the various staff group. The increase is offset by lower agency cost £0.10m in Medical Consultant staff.
- Non-pay expenditure (Other) is £0.99m lower than average due to Drugs cost £0.56m, clinical and general supplies £0.21 and transport £0.12m linked to the reduction in patient activity and overseas recruitment £0.10m.
- Independent sector Non-pay cost (ASC and Placed people (Health including CHC) is £0.80m higher in M5. This is due to a number of COVID related payments of £1.0m (consistent with M1 to M4 run rate - largely relating to financial assistance to providers and payments for voids matched by Income) offset by reduction in expected spend on inflationary uplift £0.2m.
- Within the M5 year to date position COVID related costs incurred total £9.39m (pay £4.95m and non pay £4.44m). Further details have been included within the pay and non pay sections.
- Financing cost is in line with budget - movement witin categories include increased cost of RICS adjustment and additional depreciation £0.33m offset by lower PDC £0.24m and interest £0.09m.

Statement of Financial Position

	Month 05		
	Prior month £m	Actual £m	Change £m
Non-Current Assets			
Intangible Assets	11.54	12.46	0.92
Property, Plant & Equipment	179.78	178.70	(1.08)
On-Balance Sheet PFI	17.31	17.28	(0.03)
Other	1.24	1.27	0.03
Total	**209.87**	**209.71**	**(0.16)**
Current Assets			
Cash & Cash Equivalents	50.21	50.78	0.58
Other Current Assets	38.72	39.32	0.60
Total	**88.93**	**90.11**	**1.18**
Total Assets	**298.80**	**299.81**	**1.02**
Current Liabilities			
Loan - DH ITFF	(34.09)	(34.09)	0.00
PFI / LIFT Leases	(0.85)	(0.98)	(0.13)
Trade and Other Payables	(81.58)	(82.84)	(1.26)
Other Current Liabilities	(13.71)	(13.74)	(0.03)
Total	**(130.23)**	**(131.64)**	**(1.41)**
Net Current assets/(liabilities)	**(41.30)**	**(41.54)**	**(0.23)**
Non-Current Liabilities			
Loan - DH ITFF	(32.89)	(32.89)	0.00
PFI / LIFT Leases	(17.46)	(17.28)	0.18
Other Non-Current Liabilities	(9.78)	(9.64)	0.14
Total	**(60.13)**	**(59.81)**	**0.32**
Total Assets Employed	**108.44**	**108.36**	**(0.07)**
Reserves			
Public Dividend Capital	72.12	72.12	0.00
Revaluation	46.08	46.08	0.00
Income and Expenditure	(9.76)	(9.84)	(0.07)
Total	**108.44**	**108.36**	**(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.

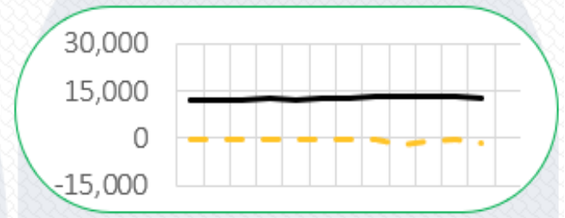
- Intangible Assets, Property, Plant & Equipment and PFI have reduced by £0.2m. M05 capital expenditure £1.1m was less than M05 depreciation £1.2m.
- Cash has increased by £0.6m, as explained in the commentary to the cash flow statement.
- Other Current Assets have increased by £0.6m, largely in respect of CCG funding £2m, partly offset by reduced COVID top up debtor £0.6m and receipt of TC ASC precept £0.7m.
- Trade and Other Payables has increased by £1.3m, largely due to timing of the payment run £1.7m and HEE income received in advance £1.1m, partly offset by release of deferred income (TC Covid £0.7m and CFHD £0.3m).

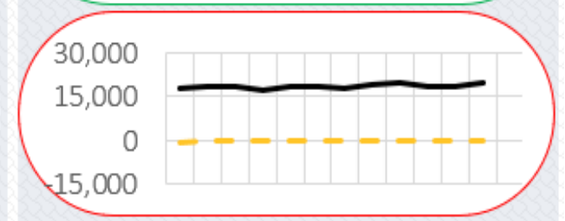
Board Table of Key Metrics

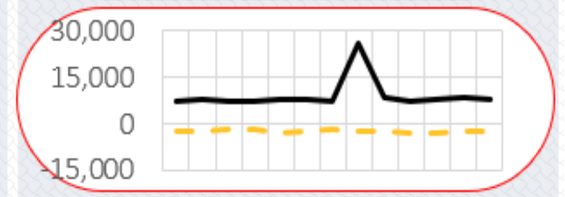
Total Expenditure
Other Income
Contract Income

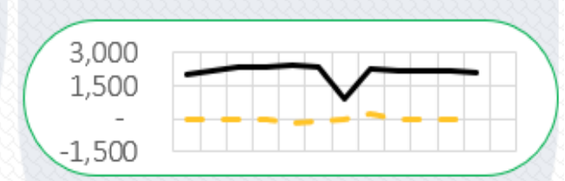
	Drivers	Actions Taken:
South System & Shared operations	Run rate 13% below last years comparator, across temp staffing and clinical supplies, including outsourcing costs. On-going risk of unknown IS/Private hospital contracts nationally.	Forecast expenditure set to rise to pre COVID levels (circa 12% higher) to follow Phase 3 activity recovery guidance. Shared Ops COVID FOT set to reduce as PPE is Business as usual.
Torbay System	Reduced High cost drugs, increased costs of Ind. Sector due to inflation offset by COVID block, reduction in unsourced packages of care delivered.	Expect to see IS costs rise to circa 11% as initially planned, but unknown on-going impact of central Infection control funds to Care Homes via Council. Labs COVID costs set to increase for COVID winter.
Corporate (inc. Exec Directors, Financing, R&D, IA)	R&D, Education and Estates income all reduced. Car parking to remain FOC for staff per peoples plan, offset by COVID income streams.	Increased cleaning costs and estates 'moving' costs, IT expected Microsoft licenses, overseas nursing recruitment fees restarting. Expecting increase in catering income only.
CFHD	Recruitment increase/ run rate increase for pay, minimal COVID cost increase.	Interim staff review being undertaken pending new CFHD Director start date. New IT system pending consultation of new clinical model.
Contract Income	COVID income streams are classified as non contract in Other Income corporate. 2021 Contract increases are Council main contract plus £1m contribution to Infection Control	Extension of architecture through to end of month 6, post month 6 COVID retrospective top ups end.

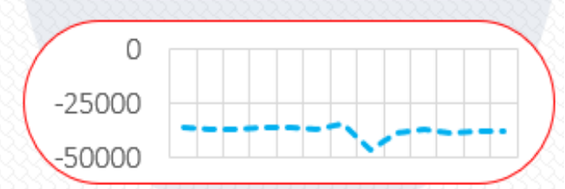
Tick charts £'000
Aug 19 to Aug 20











(Note: This data set excludes TP.)

2. Key Drivers of Financial Position

Key System Issues	ISU	Financial Commentary/Key Drivers
CFHD	CYP	Children's consultation remains paused. Vacancies within the service. ADHD Backlog remains a risk. IT systems not yet implemented as reliant on the consultation. A CFHD Integrated Performance Report for the CFHD Board is available.
Torbay Pharmaceuticals	PMU	Sales are forecast to increase but with a corresponding cost base leaving net surplus slightly higher than last year.
Corporate	EFM	Continued loss of EFM income around catering, which is forecast to increase marginally but will not recover due to reduced footfall. Car parking agreed in NHS Peoples Plan to remain FOC to staff for 2021. Rental voids now reducing. Increased cleaning costs to be maintained.
	Exec. Directors	On going need for IT peripheral kit for COVID recovery and home working. (All PC's capitalised.) Some recruitment costs now forecast for vacancies – in the main staff will be capitalised now capital programme approved.
	Financing Costs	Loan interest changes and PDC/Depreciation changes now reflected in the position per latest guidance. Increased costs from last year due to size of capital programme.
	Other	COVID Trueing up income £3.6m YTD. COVID Block income £1.4m x 5 = £7.0m
South System	Coastal	Elective costs are still low only increasing from month 6 onwards. The guidance on the National contracts around private hospital use and outsourcing is still unclear, but currently this activity is not part of our phase 3 return. Triangulation of the activity forecast and financials is on-going. No clearance of back log – 52 week wait forecast. Eye theatres back in use. Two main theatres not in use until Oct 20 due to refurb.
	Newton Abbot	It is expected to see increased costs for emergency pathway over winter and around the new MRU. Specifically whereby levels of nursing are at pre COVID levels including agency as staff will not be redeployed through closed elective wards.
	Moor to Sea	M2S wards now back to pre COVID levels of expenditure.
Torbay System	Independent Sector	The Hospital discharge spend is at £4.7m YTD with confirmation of the forecast on-going due to new guidance released this week. Around use of a new Infection Control fund. The Infection control fund will passport through the Trust stands at £2.2m YTD. FNC uplift and delivery of dom. care unsourced packages of care are an increase over last year along with inflation running higher than NHSI expected average – key risk in our revised financial plan envelope given.
	Torquay	Continued small favourable variance compared to last year across Torquay's elective services.
	Paignton and Brixham	P&B expenditure is reaching pre COVID levels, however this an on-going risk of certainty around central DOH funding of Radiology loan kit. The forecast to month 4 does not include any activity recovery through outsourcing.
Contract Income	Patient Income	Contract Income has favourable income through 2021 Council Contract, and the Council are also contributing £2m to Infection Hospital Discharge costs, £1m in the YTD position. The Infection control income is also being passported through the Trust at £2.2M YTD.

Change in Financial & Activity Performance - M4 to M5

		Plan	Jul-20	Aug-20	Change	% Change		Aug-19	% change
Activity Drivers	A&E Attendances	10,722	7,878	8,678	800	10%		11,044	-21%
	Elective Spells	3,114	2,732	2,381	-351	-13%		3,190	-25%
	Non Elective Spells	3,191	2,758	3,099	341	12%		3,268	-5%
	Outpatient Attendances	26,251	24,586	21,858	-2,728	-11%		28,973	-25%
	Adult CC Bed Days	275	202	144	-58	-29%		275	-48%
	SCBU Bed Days	219	181	126	-55	-30%		253	-50%
Bed Utilisation	Occupied beds DGH		8,308	8,955	647	8%		9,686	-8%
	Available beds DGH		11,038	11,214	176	2%		10,358	8%
	Occupancy		75%	80%	5%	6%		94%	-15%
Resource Consumption	Medical Staff Costs - £000's	4,730	4,780	4,839	59	1%		4,859	0%
	Nursing Staff Costs - £000's	5,033	4,867	4,994	127	3%		4,873	2%
	Temp Agency Costs - £000's	648	571	547	-24	-4%		942	-42%
	Total Pay Costs - £000's	21,609	21,883	21,947	64	0%		21,443	2%

Key points

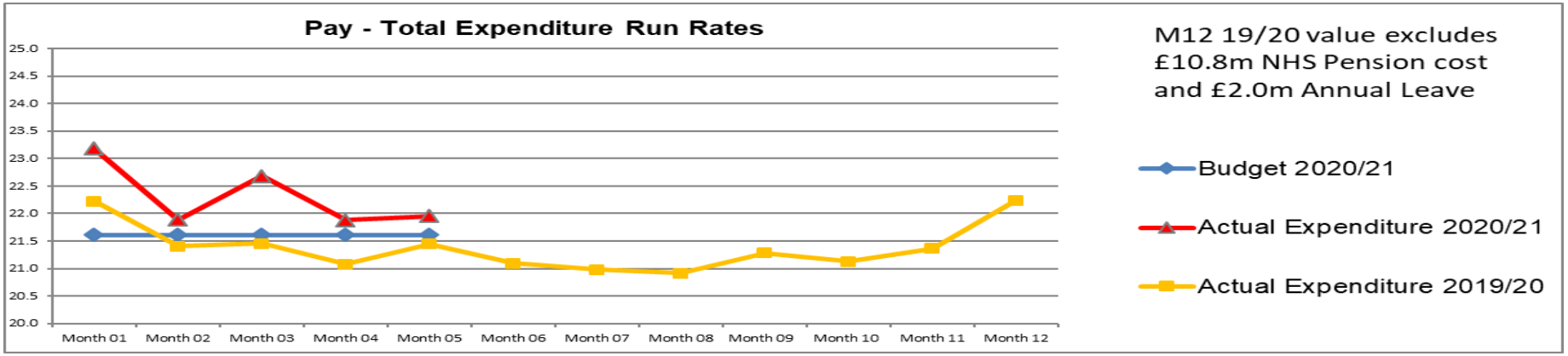
- **Activity Drivers:**
  Overall activity numbers have reduced by about 9% from M4. The main reduction is in Outpatients, which is to be expected with the summer holidays. Non elective activity was actually 12% higher than M4 and 97% of August last year's level. The Trust submitted a draft Phase 3 activity submission to the STP on the 18th August and a subsequent STP finance return that triangulated with these numbers was also submitted. The deadline for the final Phase 3 submission is the 21st September and ISU's have been reviewing their original submission to update activity now that the position on several areas is clearer, including DSU and L2 outpatients. This output is showing an increased level of performance and the finance forecast is being updated to mirror these changes and to ensure triangulation. The deadline for the activity submission to the STP was the 15th September.

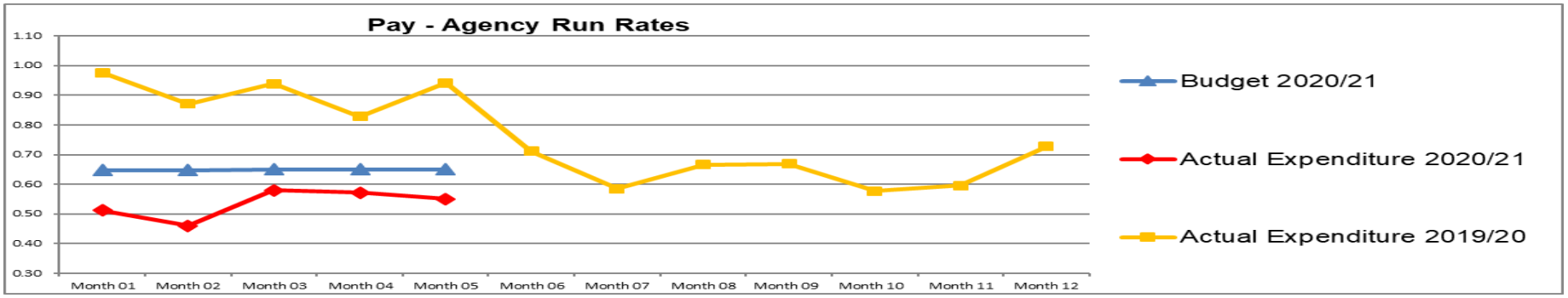
- **Bed utilisation:**
  In August, we have seen an increase of bed occupancy rate to 80%. This remains in line with our upper limit of bed occupancy to maintain adequate flow for new admissions (85%). Teams continue to focus on our ward processes to ensure potential delays are identified and acted upon as well as ensuring front door assessment for emergency admissions maintains capacity to avoid admissions. 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 in August. We have seen an increase in scheduled elective admissions for surgery requiring an inpatient bed. In September we will see further ward changes as we commence works to convert the emergency ward EAU3 for emergency assessment capacity to avoid pressures for corridor care within ED and will move the medical Receiving Unit into a general ward area out of day surgery as part of our winter plan and covid recovery plans. 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):**

Pay Expenditure

Current Performance

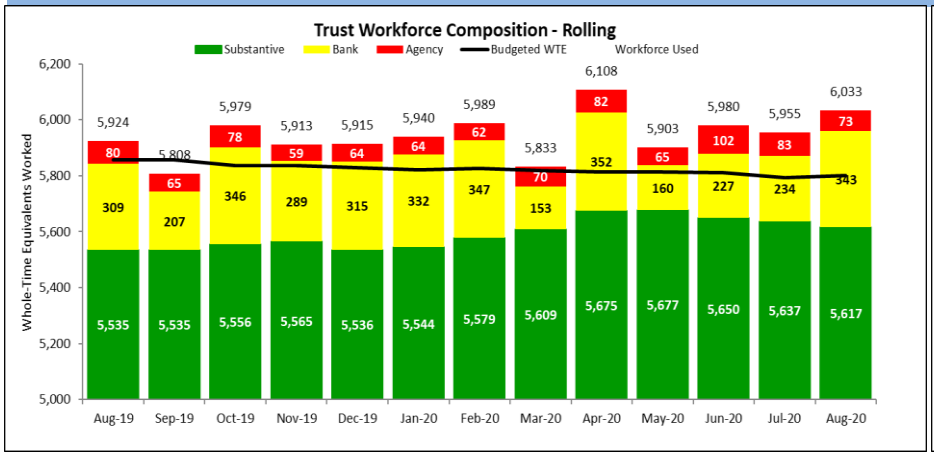


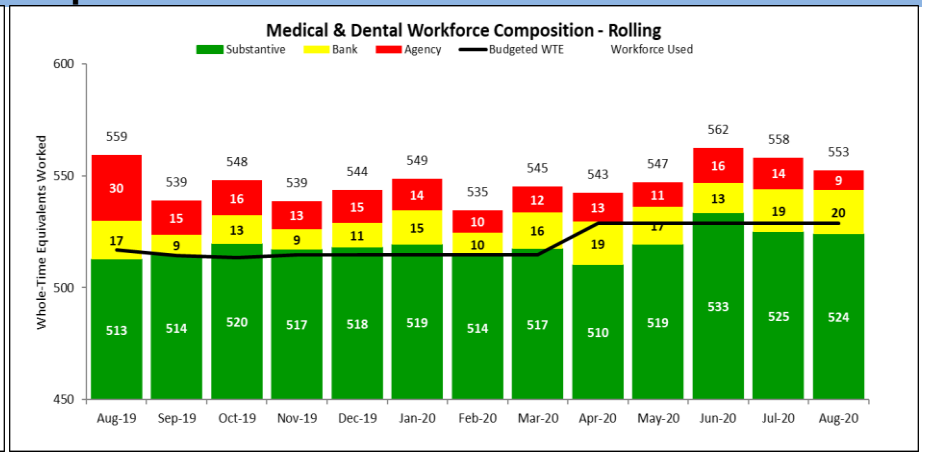


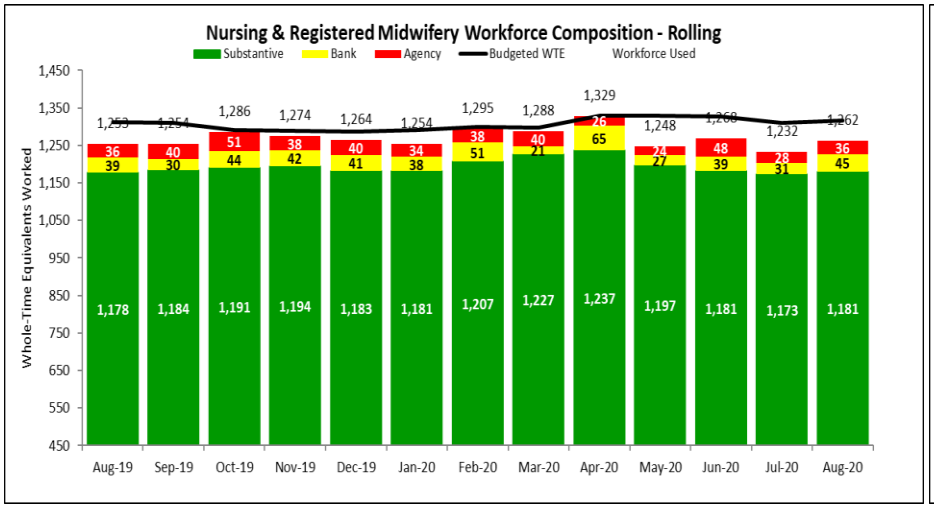
Key points

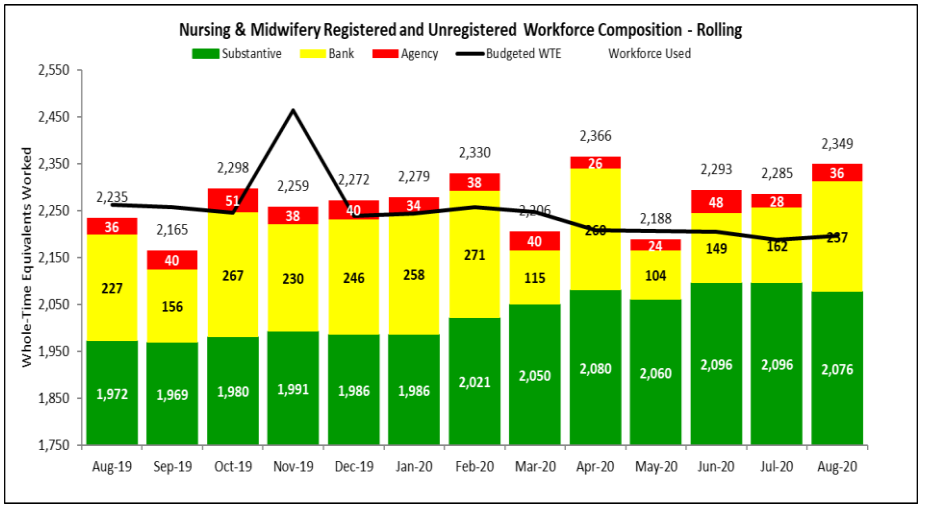
- Total pay run rate in M5 (£21.95m) is slightly higher (£0.07m) in comparison to previous month (M4 £21.88m) mainly within Substantive staff (£0.09m) offset by lower Agency cost of £0.02m.
- The reduction in Agency is due to Medical staff £0.07m and non clinical staff £0.03m offset by increase in Nursing agency £0.08m to cover maternity and annual leave and specialling.
- There is £4.95m of pay costs year to date related to COVID. The breakdown is as follows: additional shifts of existing workforce £2.48m, backfill for higher sickness absence £2.12m, workforce expansion £0.12m, and sick pay £0.23m.
- The Apprentice levy balance at Month 5 is £1,800,397 (£1,755,141 at month 4). The Trust's apprenticeship strategy is reviewed regularly and actions are being taken.

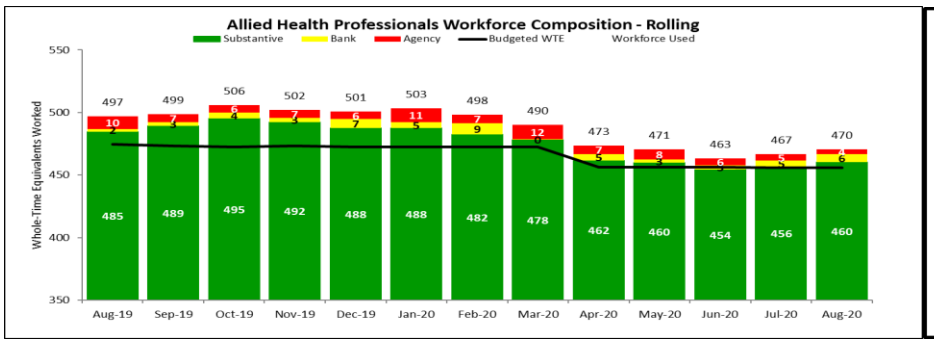
Workforce Composition

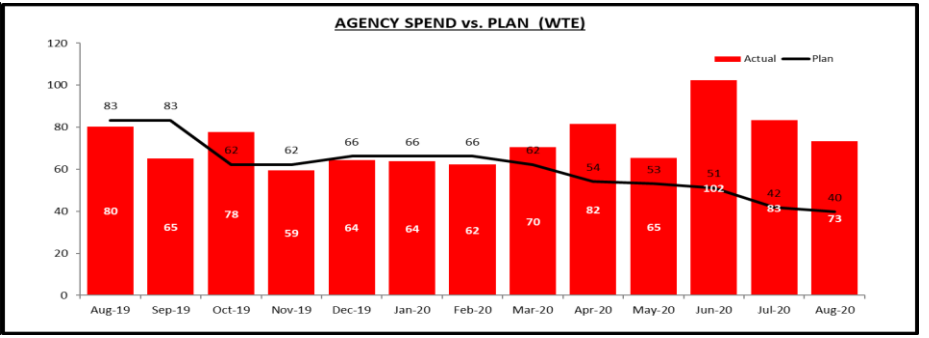




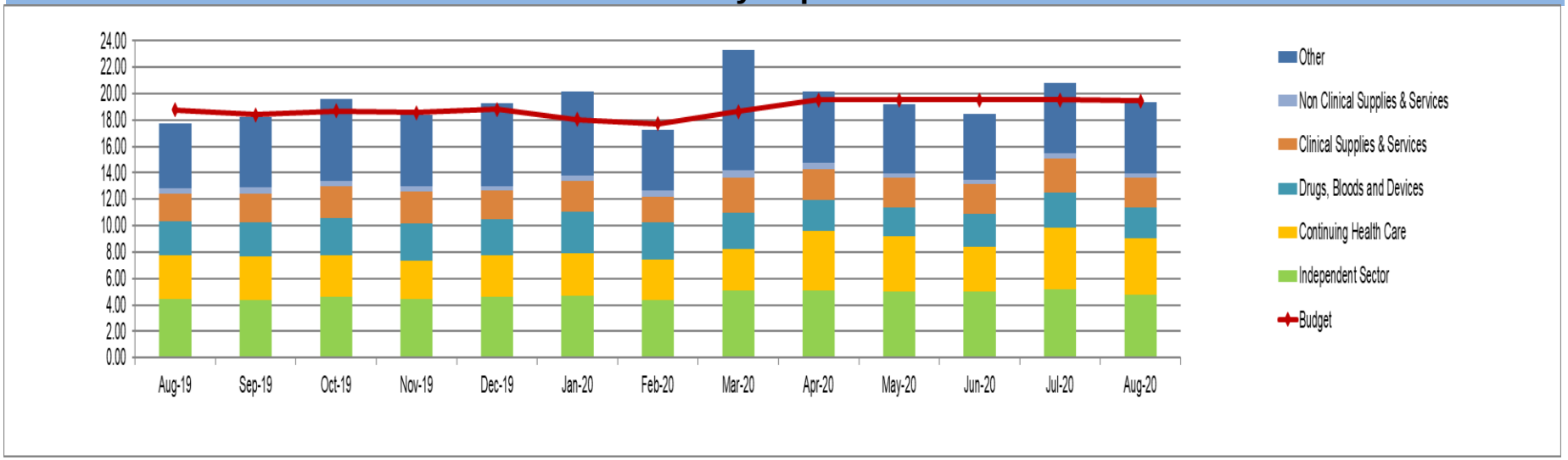








Non Pay Expenditure



Key Points

- Total non pay run rate in M5 (£19.33m) is £1.49m lower in comparison to previous month (M4 £20.82m), details are below:
- Placed People (Health including Continuing Healthcare) decreased by £0.33m and Independent sector decreased by £0.42m in M5 - a total of £0.75m; the reason for the decrease is due to: reduction on expected spend in inflationary uplift £0.22m, recoding of client spent to COVID budget £0.17m, client movement £0.22m and reduction in infection control spend/other £0.14m.
- There has been an decrease in run rate spend on Drugs, Bloods and Devices amounting to £0.36m as Elective and Outpatient activity reduced due to summer holidays. Clinical supplies cost reduced by £0.35m linked to reduced services due to COVID.
- In M5 spend in Non Clinical Supplies (£0.08m) decreased due to COVID related contract £0.05m and revenue to capital transfer £0.03m. There is a net increase within operating expenditure of £0.05m.
- There is £4.44m of non pay costs year to date relating to COVID. This comprises of the following costs: testing £0.90m, remote management of patients £0.40m, increase in ITU capacity £0.71m, segregation of patient pathways £0.91m, national procurement £1.27m, decontamination £0.12m, and various other £0.13m.

Capital

Current Performance

	Year to Date	Full Year 2020/21			
	Actual Expenditure £m	Plan at 20th July Approved by FPDC £m	Approved 'Plan at 27th August £m	Forecast £m	Movement between August 2020 value and Forecast £m
Capital Programme	**4.90**	**20.52**	**29.67**	**39.41**	**9.74**
Significant Variances in Planned Expenditure by Scheme:					
Scheme type					
HIS schemes	0.79	5.39	5.88	5.86	(0.02)
Estates schemes	2.44	9.77	13.89	22.89	9.00
Medical Equipment	0.38	4.06	7.19	7.86	0.67
TP	0.80	1.66	3.87	3.87	0.00
COVID 19 Claims	0.42	0.34	0.34	0.43	0.09
Contingency General	0.00	0.80	0.00	0.00	0.00
Prior Year	0.07	0.00	0.00	0.00	0.00
Planned slippage	0.00	(1.50)	(1.50)	(1.50)	0.00
Total	**4.90**	**20.52**	**29.67**	**39.41**	**9.74**
Funding sources					
Finance Leases	0.25	7.16	11.13	11.13	0.00
PDC - Agreed	1.20	4.52	4.52	19.15	14.63
PDC - Unagreed	0.34	0.73	5.93	1.05	(4.88)
Charitable Funds	0.00	0.00	0.00	0.00	0.00
Disposal of assets	0.00	1.00	1.02	1.02	0.00
Other Internal cash resources	3.11	7.11	7.07	7.06	(0.01)
Total	**4.90**	**20.52**	**29.67**	**39.41**	**9.74**

Key Points

- Current capital expenditure plans utilise all of the Trust's in year internal cash resources leaving an underlying cash position of between circa £4m to £6m.
- An assumption has been made that Interim Revenue support in the form of PDC will continue to be provided by NHSE/I for any revenue deficit position that materialises during 2020/21.
- The capital programme that was presented to the FPDC during July 2020, totalling £20.52m had been heavily reduced in value compared to the initial Trust Operational Plan produced in March 2020 due to constraints introduced by the revised cash and capital regime.
- In late July 2020, the STP agreed an increased capital allowance of £9.16m for the Trust, enabling the programme to increase to £29.7m.
- Since August the forecast has increased by a further £9.7m - principally in respect of the £9m ED Scheme.
- Of the £20.2m of PDC funding, the Trust has received confirmation in respect of £19.2m. Formal MOUs have not however yet been received in respect of all of these items. Unagreed PDC funding of £1.0m relates to Diagnostics. All other capital funding is now in place. The Finance department anticipates that the unagreed PDC funding will be resolved in the next calendar month and the likelihood of not securing this funding remains low.
- The adjacent revised capital programme includes an allowance of £1.00m for spend on reconfiguring services to help with patient flow through ED.

Cash and Working Capital

	Month 05		
	Prior month	Actual	Change
	£m	£m	£m
Opening cash balance (net of working capital facility)	**21.83**	**24.47**	**2.65**
Capital Expenditure (accruals basis)	(1.23)	(1.08)	0.15
Capital loan drawndown	0.00	0.00	0.00
Capital loan repayment	0.00	0.00	0.00
Proceeds on disposal of assets	0.00	0.00	0.00
Movement in capital creditor	0.09	(0.24)	(0.33)
Other capital-related elements	0.00	(0.23)	(0.23)
Sub-total - capital-related elements	**(1.13)**	**(1.55)**	**(0.42)**
Cash Generated From Operations	2.03	1.48	(0.55)
Working Capital movements - debtors	2.88	(0.52)	(3.40)
Working Capital movements - creditors	(1.25)	1.41	2.67
Net Interest	(0.17)	(0.19)	(0.02)
PDC Dividend paid	0.00	0.00	0.00
Other Cashflow Movements	0.30	(0.05)	(0.35)
Sub-total - other elements	**3.78**	**2.13**	**(1.66)**
Closing cash balance (net of working capital facility)	**24.47**	**25.05**	**0.58**

Closing cash balance	50.21	50.78	0.58
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)	**24.47**	**25.05**	**0.58**

Better payment practice code

	Paid in year	Paid within target	% Paid within target
Non-NHS - number of bills	51,716	45,464	87.9%
Non-NHS - value of bills (£k)	98,787	81,786	82.8%
NHS - number of bills	724	389	53.7%
NHS - value of bills (£k)	8,462	2,648	31.3%
Total - number of bills	52,440	45,853	87.4%
Total - value of bills (£k)	107,249	84,434	78.7%

Key points

The cash position is presented net of amounts drawn down from the working capital and interim revenue support facilities.

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.

- Total capital-related cashflow in M05 was £1.6m. This was £0.4m higher than M04. Capital expenditure was £0.1m lower than M04, but this was more than offset, principally by increased movement in the capital creditor £0.3m.

Other elements:

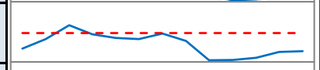
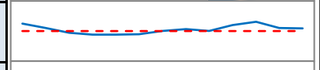
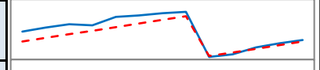
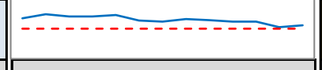
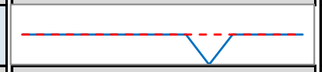
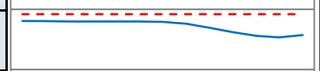
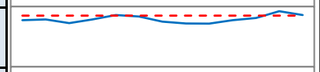
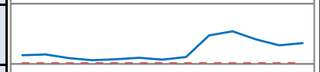
- Cash generated from operations was £1.5m (due to EBITDA £1.5m), which was £0.6m adverse to M04. Costs outside EBITDA (eg financing costs) were lower in M05, meaning that less Covid topup income (which lies within EBITDA) was required.

- Working capital debtor movements was £0.5m adverse, primarily due to CCG funding adjustment £2m, partly offset by reduced COVID topup debtor £0.6m and receipt of TC ASC precept £0.7m. This was £3.4m adverse to debtor movements in M04.

- Working Capital creditor movements was £1.4m favourable, primarily due to timing of the payment run £1.7m and HEE income received in advance £1.1m, partly offset by release of deferred income (TC Covid £0.7m and CFHD £0.3m). This was £2.7m favourable to M04.

Better Payment Practice Code. The percentage of NHS bills paid within target fell, principally due to a £2m invoice from DPT which was paid 3 days after the due date.

	ISU	Target	13 month trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Year to date
QUALITY LOCAL FRAMEWORK																	
Reported Incidents - Severe	Trustwide	<6		2	0	0	1	1	1	0	0	0	3	3	2	9	17
Reported Incidents - Death	Trustwide	<1		0	1	0	1	0	0	0	0	0	0	0	0	0	0
Medication errors resulting in moderate harm	Trustwide	<1		0	0	0	0	0	0	1	2	0	0	1	1	1	3
Medication errors - Total reported incidents	Trustwide	N/A		61	38	46	59	46	53	60	46	19	24	38	42	38	161
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		0	0	0	0	0	1	2	0	1	0	1	3		5
Never Events	Trustwide	<1		0	0	0	1	0	0	0	0	0	0	0	0	0	0
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		5	2	5	6	4	1	5	3	3	4	1	4	8	20
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams	Trustwide	<1		2	2	0	0	0	0	2	0	1	0	0	0	1	2
Formal complaints - Number received	Trustwide	<60		23	26	31	30	14	35	22	21	2	3	11	16	15	47
VTE - Risk Assessment on Admission (Acute)	Trustwide	>95%		90.1%	89.9%	92.2%	93.2%	91.7%	91.7%	92.3%	90.5%	86.4%	92.1%	82.5%	80.2%	79.2%	83.2%
VTE - Risk Assessment on Admission (Community)	Trustwide	>95%		98.7%	98.8%	95.3%	98.9%	97.6%	98.9%	100.0%	97.6%	93.9%	96.2%	88.9%	94.2%	96.9%	94.1%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		111.2	100.9	100.5	102.8	108.1	98.7	86.8	113.3	139.1					108.4
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		93.9%	90.8%	88.8%	89.6%	90.4%	91.3%	89.2%	88.9%	87.3%	85.4%	89.8%	90.8%	90.8%	88.8%
Safer Staffing - ICO - Nightime	Trustwide	90% - 110%		100.3%	92.2%	91.6%	93.2%	91.7%	92.9%	91.4%	91.3%	89.0%	87.0%	89.9%	92.2%	92.2%	90.0%
Infection Control - Bed Closures - (Acute)	Trustwide	<100		63	34	0	42	0	204	108	0	4	0	12	0	20	36
Hand Hygiene	Trustwide	>95%		95.2%	95.7%	96.1%	97.2%	94.1%	96.1%	93.5%	94.9%	99.4%	98.9%	97.9%	97.2%	98.3%	98.2%
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	Trustwide	>90%		77.4%	51.6%	63.4%	73.1%	76.9%	83.9%	82.4%	80.0%	80.0%	97.5%	91.7%	94.7%	74.4%	
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		80.4%	96.4%	87.2%	93.3%	84.5%	75.8%	79.6%	90.2%	66.7%	90.6%	79.1%	86.8%	83.9%	82.3%
Follow ups 6 weeks past to be seen date	Trustwide	6400		7393	6793	6694	6725	7243	6391	6147	7056	8824	14211	15398	16408	17220	17220
WORKFORCE MANAGEMENT FRAMEWORK																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<3.8%		4.3%	4.3%	4.3%	4.4%	4.5%	4.5%		4.5%	4.5%	4.5%	4.5%	4.5%		4.3%
Appraisal Completeness	Trustwide	>90%		78.0%	78.0%	77.3%	78.0%	78.5%	80.1%	81.6%		71.6%	71.0%	75.6%	77.8%	78.4%	78.0%
Mandatory Training Compliance	Trustwide	>85%		90.8%	90.3%	90.6%	90.5%	90.4%	90.8%	90.4%		90.1%	88.0%	89.9%	89.9%	89.9%	90.3%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		11.2%	11.3%	11.4%	11.4%	11.4%	11.7%	11.7%		10.5%	10.5%	10.3%	10.8%	10.7%	

	ISU	Target	13 month trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Year to date
COMMUNITY & SOCIAL CARE FRAMEWORK																	
Number of Delayed Discharges (Community) *	Trustwide	<315		562	392	373	319	344	462	588	393	121	21	38	95	175	450
Number of Delayed Transfer of Care (Acute)	Trustwide	<240		112	189	305	230	198	190	235	175	14	17	33	82	89	235
Timeliness of Adult Social Care Assessment assessed within 28 days of referral	Trustwide	>70%		72.5%	71.1%	69.5%	68.9%	68.8%	69.0%	70.0%	70.7%	70.0%	72.0%	73.1%	71.0%	70.9%	70.9%
Clients receiving Self Directed Care	Trustwide	>90%		90.1%	89.6%	89.0%	89.0%	89.1%	89.3%	88.1%	87.7%	85.0%	83.1%	82.1%	81.8%	81.1%	81.1%
Carers Assessments Completed year to date	Trustwide	40% (Year end)		23.2%	26.7%	29.2%	28.4%	35.4%	36.6%	38.5%	39.6%	2.2%	4.3%	10.1%	13.5%	16.2%	16.2%
Number of Permanent Care Home Placements	Trustwide	<=600		634	648	641	640	645	627	624	632	628	623	623	605	611	611
Children with a Child Protection Plan (one month in arrears)	Trustwide	NONE SET		219	206	184	176	192	202	191	194	197	223	217	219		219
4 Week Smoking Quitters (reported quarterly in arrears)	Trustwide	NONE SET			109						231			56			56
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	NONE SET			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%
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET		563	569	594	530	556	558	530	520	532	515	553	559	561	561
Intermediate Care - No. urgent referrals	Trustwide	113		174	178	216	205	201	239	202	219	230	246	283	239	203	1201
Community Hospital - Admissions (non-stroke)	Trustwide	18/19 profile		202	204	226	230	212	211	186	202	138	172	221	206	259	996
NHS I - OPERATIONAL PERFORMANCE																	
A&E - patients seen within 4 hours	Trustwide	>95%		79.4%	80.7%	82.7%	77.3%	77.9%	76.2%	82.2%	86.1%	94.1%	96.5%	94.8%	96.4%	93.5%	95.1%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		80.7%	80.4%	79.9%	80.0%	79.9%	79.8%	79.5%	76.2%	69.3%	62.2%	56.0%	53.5%	57.3%	59.3%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		77.4%	78.9%	72.9%	78.8%	85.9%	83.6%	75.3%	71.8%	71.7%	77.1%	80.9%	92.3%	86.2%	81.8%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		14.9%	15.7%	10.0%	6.4%	7.9%	10.2%	7.4%	11.3%	47.7%	54.3%	41.1%	30.9%	34.5%	40.7%
Dementia - Find - monthly report	Trustwide	>90%		90.3%	88.5%	95.1%	88.1%	92.8%	98.7%	90.3%	88.5%	87.5%	94.4%	88.4%	81.9%	93.7%	89.0%

	ISU	Target	13 month trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Year to date
LOCAL PERFORMANCE FRAMEWORK 1																	
Number of Clostridium Difficile cases reported	Trustwide	<3		6	3	8	2	4	4	5	0	5	8	5	4	4	26
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		83.4%	88.3%	68.2%	77.8%	85.3%	74.8%	84.8%	87.1%	80.5%	93.6%	91.4%	83.4%	80.2%	85.8%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		98.7%	97.3%	91.5%	100.0%	97.3%	97.1%	98.9%	95.1%	96.2%	100.0%	95.3%	97.4%	98.6%	97.3%
Cancer - 28 day faster diagnosis standard	Trustwide			73.3%	70.6%	71.8%	73.2%	71.9%	66.9%	74.5%	74.8%	60.2%	80.9%	80.8%	79.8%	72.0%	75.5%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%		94.7%	98.5%	96.8%	98.0%	97.6%	96.8%	98.8%	99.0%	97.7%	99.2%	100.0%	99.4%	97.6%	98.7%
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%		98.4%	95.9%	95.9%	95.8%	95.2%	89.5%	93.5%	97.7%	93.0%	98.2%	100.0%	100.0%	98.5%	98.2%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		93.9%	93.8%	94.7%	95.0%	97.1%	86.2%	91.4%	100.0%	96.6%	96.2%	100.0%	96.4%	92.3%	96.2%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		100.0%	100.0%	86.7%	85.7%	100.0%	100.0%	85.7%	76.5%	73.3%	33.3%	66.7%	100.0%	100.0%	71.4%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			31	36	39	27	24	24	21	21	19	42	68	32	9	9
RTT 52 week wait incomplete pathway	Trustwide	0		105	89	79	69	71	80	43	53	93	192	344	524	745	745
On the day cancellations for elective operations	Trustwide	<0.8%		1.3%	2.2%	1.1%	0.9%	0.6%	1.2%	1.0%	2.1%	0.7%	0.6%	0.8%	0.7%	3.4%	1.4%
Cancelled patients not treated within 28 days of cancellation *	Trustwide	0		9	8	8	7	3	3	10	5	46	2	1	5	3	57
Bed Occupancy	Overall System	80.0%		95.3%	95.4%	95.8%	97.6%	98.6%	98.6%	97.8%	92.4%	54.6%	64.8%	74.7%	93.3%	86.7%	73.9%
Number of patients >7 days LoS (daily average)	Trustwide			128.3	131.7	127.4	121.5	120.1	128.1	130.3	119.8	100.5	70.8	80.9	76.5	89.3	70.8
Number of extended stay patients >21 days (daily average)	Trustwide			29.0	35.9	34.3	28.0	23.1	25.5	27.7	26.0	22.6	18.1	18.7	12.0	13.3	16.1
LOCAL PERFORMANCE FRAMEWORK 2																	
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		137	90	47	104	113	117	88	43	16	9	19	10	46	100
Ambulance handover delays > 60 minutes	Trustwide	0		12	2	5	13	14	14	7	5	1	0	4	1	3	9
A&E - patients recorded as >60min corridor care	Trustwide			447	416	382	494	463	495	335	115	0	0	0	0	0	0
A&E - patients with >12 hour visit time pathway	Trustwide			212	145	103	247	158	182	136	32	1	0	5	0	1	7
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0		0	0	0	1	3	1	3	1	0	0	0	0	0	0
Number of Clostridium Difficile cases - (Acute) *	Trustwide	<3		5	3	5	1	3	4	5	0	4	6	4	1	2	17
Number of Clostridium Difficile cases - (Community)	Trustwide	0		1	0	3	1	1	0	0	0	1	2	1	3	2	9
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		66.3%	67.1%	66.4%	63.0%	64.1%	65.7%	62.0%	70.6%	76.9%	78.4%		73.6%	70.9%	74.5%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		38.2%	35.0%	32.6%	25.8%	36.8%	41.5%	40.5%	44.5%	57.1%	54.1%		46.3%	43.7%	49.4%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%		81.8%	68.2%	68.2%	77.3%	81.8%	81.8%	95.5%	68.2%	95.5%	86.4%	90.9%	90.9%	90.9%	90.9%

	ISU	Target	13 month trend	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Year to date
NHS I - FINANCE AND USE OF RESOURCES																	
Capital Service Cover	Trustwide	2		4	4	4	4	4	4	4							
Liquidity	Trustwide	4		3	4	4	4	4	4	4							
I&E Margin	Trustwide	1		4	4	4	4	4	4	4							
I&E Margin Variance from Plan	Trustwide			2	1	2	2	3	3	4							
Variance from agency ceiling	Trustwide	1		4	4	4	4	4	4	3							
Overall Use of Resources Rating	Trustwide			3	3	4	4	4	4	4							
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide			-1363	-473	-3022	-4464	-6555	-9693	-13294	-23577	218	524	800	1323	1297	
Agency - Variance to NHSI cap	Trustwide			-1.17%	-0.98%	-1.03%	-1.06%	-1.07%	-1.01%	-0.98%	-0.87%	0.79%	0.87%	0.44%	0.39%	0.49%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide			-239	-342	-1584	-2357	-2872	-4983	-7078	-9325						
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide			2637	3301	4420	6559	7632	8191	9595	4249	567	1112	1813	2770	532	
Distance from NHSI Control total (£'000's)	Trustwide			-1019	58	-1651	-2833	-4616	-7648	-10926	-20367	0	0	0	0	0	
Risk Share actual income to date cumulative (£'000's)	Trustwide			0	0	0	0	0	0	0	-2000	0	0	0	0	0	
ACTIVITY VARIANCE vs PREVIOUS YEAR																	
Outpatients - New	Trustwide			-6.9%	-0.1%	-5.8%	-9.3%	-1.4%	1.1%	0.6%	-15.8%	-66.6%	-55.7%	-32.4%	-26.2%	-22.9%	-41.0%
Outpatients - Follow ups	Trustwide			-3.6%	5.2%	-0.6%	-2.3%	5.6%	3.0%	4.7%	-16.2%	-50.7%	-42.3%	-28.2%	-26.8%	-25.2%	-34.6%
Daycase	Trustwide			-1.3%	8.5%	-3.0%	6.3%	1.4%	-2.6%	1.5%	-23.7%	-62.3%	-57.8%	-33.6%	-20.0%	-24.7%	-39.7%
Inpatients	Trustwide			7.8%	-10.0%	-4.3%	10.1%	31.9%	16.8%	15.3%	-15.0%	-61.6%	-50.3%	-28.1%	0.9%	-31.6%	-33.3%
Non elective	Trustwide			-9.0%	3.2%	4.8%	2.1%	14.9%	5.9%	11.6%	-10.9%	-44.4%	-35.4%	-21.4%	-15.8%	-5.2%	-24.5%
INTEGRATED CARE MODEL																	
Intermediate Care Referrals (All)	Trustwide			339	380	394	385	400	450	368	358	430	503	497			
Intermediate Care GP Referrals	Trustwide			81	87	98	85	94	125	89	78	94	119	117			
Average length of Intermediate Care episode	Trustwide			18.863	15.759	15.305	13.428	14.987	14.172	14.281	14.035	10.131	8.9448	9.6653			
Total Bed Days Used (Over 70s)	Trustwide			10487	10372	10564	9903	10484	11576	10490	10430	11751	10385				
- Emergency Acute Hospital	Trustwide			5856	5776	6181	5900	6328	6879	6067	5938	6920	6336				
- Community Hospital	Trustwide			3366	3295	3180	3100	3174	3387	3147	3239	3168	2756				
- Intermediate Care	Trustwide			1265	1301	1203	903	982	1310	1276	1253	1663	1293				

Appendix 1 – System Finance Reports for Information

August 2020

FINANCE SCORECARD – TORBAY SYSTEM

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

FINANCE RUN-RATE – rolling 13 months

Average monthly expenditure is £19.15m for the last five month period compared to a previous average of £18.25m per month. This is being driven by COVID related costs of circa £1.35m (Early Discharge Independent Sector 'IS').

IS costs are also higher from April 20 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 since April 20 due to reduced activity levels (particularly high cost drugs).

Pay has remained relatively consistent over rolling 13 month period.

New guidance has been received and NHS Contract Income has been blocked for months 1-6 at Trust level linked to NHSI issuing a 6 month plan for providers to break even. Full detail has been received and is being worked through with regard the remainder of the financial 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 6 months are now void due to the impact of COVID, leaving targets to be reset and issued from month 7 to 12.

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

Costs forecast to be £25.5m (11.6%) higher in 2020/21 compared to 2019/20 (driven by IS costs).

Cost base lower in months 1-5 due to COVID heavily impacting activity levels, particularly in P&B. In months 6-12 cost base is modelled to increase but the rate of this fluctuates and is impacted by some key assumptions on recovery plans developed, winter costs and national initiatives around COVID and funding agreements (Early / Hospital Discharge & Local Authority).

With Devon STP recovery plans required for national submission in mid September, financial forecasts will need to be fined tuned and triangulated with activity / workforce assumptions.

INCOME MONITORING

FORECAST REPORTING

Torbay System - Board Table of Key Metrics

	Drivers	Risk	Actions Taken
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 challenging (particularly Acute Services).	Waiting lists could increase and KPI's / standards won't be achieved putting pressure on the financial position (relating to EFM, IT and Pay areas). Even if finance is available some resources might simply not be available.	Recovery plans have been developed and for specific areas (phase 3) these have formed part of an overall Devon STP review.
Inconsistent Patterns	Combination of complex fast changing funding arrangements this financial year, inconsistent activity patterns and fluctuating spending levels.	Specialties find it difficult to understand financial position of their area and how this fits within the overall position of the Trust. Especially linked to recovery plans and recruitment to posts.	Funding arrangements are communicated through formal reporting and governance routes within the Trust and updates to be provided as detailed national guidance is released.
Independent Sector	Increased costs (27%) due to COVID and knock on impacts to other areas. Multitude of changing funding arrangements during last six months and set to continue for remainder of the financial year. Incorporates Local Authority elements and the Hospital / Early discharge	COVID will continue to impact the IS and that providers will demand that temporary financial assistance measures are put on a more formal permanent footing. New guidance in relation to Hospital Discharge puts additional responsibilities / deadlines into the area from 1st September 2020. No clarity on Local Authority COVID funding arrangements post September 2020.	For providers tactical plan in place up to the end of September, based around known funding sources (grants). Offers to the market based on this plan and continued to be on a targeted approach. Operational plan being developed to meet new Hospital Discharge guidance with top level financial impact of this.

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 as we progress out of the summer and into Autumn / Winter.

FINANCE SCORECARD

South Devon system view;

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

FINANCE RUN-RATE – rolling 13 months

Run rate expenditure M1-M5 is an average of £10.9m being 12% lower than pre Covid comparator of M8-M10 2019/20 (NHSI monitored). Main driver being impact of COVID -19. Run rates however are expected to increase from M6 – M12 in line with the stepping back up of services, phase 3 capacity and activity requirements (pending approval), winter costs and seasonal demands.

INCOME MONITORING

NHS Contract Income has been blocked for months 1-6 at Trust level, and providers expected to breakeven months 1-6. Further National guidance expected shortly. Shadow PbR monitoring will start later in the year. Other sources of income are various contracts and recharges which are less than M8-M10 mainly due to winter pressure funding.

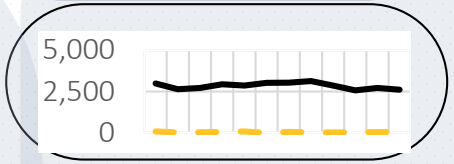
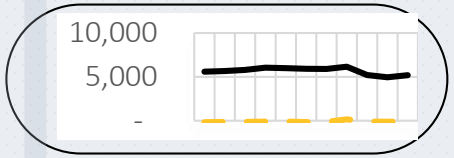
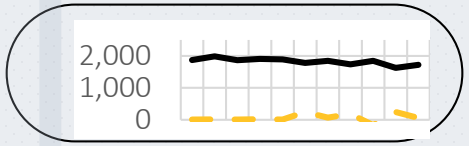
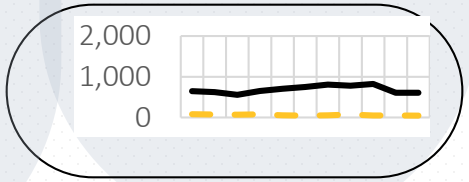
Innovation Projects/ £ CIP

No CIP is expected to be recorded to NHSI months 1 – 6 due to impact of COVID. Targets to be reset and issued M7 – 12, delivery of CIP within recovery workstreams, and revised business planning.

· FORECAST REPORTING

Forecast baseline expenditure is £132m for South ISU's, and £13m Shared Operations, with increase from the previous month of £.0.8m (£0.4m drugs, £0.4m transfer of two cost centers into Shared Ops).Further assumptions based on phase 3 activity expectations to get to pre Covid levels are in addition to the above spend of c£2.3m (within M8-M10 mean). Base line run rates increasing c7% from M6 onwards, with further increases from M6 – M12. ED pathway redesign proposal is in final stages for business case completion and not currently reflected in the forecast figures. Further risks are growing back log of patients, 52 week breaches, FYE and productivity of services as they resume, and business cases 21/22 and beyond. Focus going forward is developing recovery plans, financial impact, and proactive scenario modelling for robust forecasting, impact of NHSI initiatives, guidance and financial architecture.

South Devon System Board Table of Key Metrics

	Drivers	Forecast/ risk	Actions Taken:	Tick charts- 13 month actual rolling run rate
Newton Abbot ISU	Run rates increasing in M5 mainly bank and agency ED and NA wards due to patient activity starting to return to pre covid levels. Pay has largest rise in run rate for some time. Agency spend is volatile depending on vacancies, sickness and maternity leave. Increase in drug costs – patient activity.	Emergency floor workforce redesign currently excluded pending approval. MRU additional agency costs (replaced AMU). ENP rebanding costs M5 onwards. NA hospital specialling cover increase from M5. Ward costs based on mean M8-M10 19/20 run rate. Known joiners included. Recruitment and additional cost forecast to 14 ICU beds.	Workforce re modelling for ED pathway flow business case drafted for IGG. Safer staffing impact business case in progress. Potential reliance on agency costs including business case approval, winter pressures, sickness cover, ED demand.	
Coastal ISU	M5 run rate broadly in line with M4. For pay & non pay, slight increase in drugs .M6 increase pay & non pay c9%. M6 stepping up of some services including Theatre, Endoscopy, Eye Theatres.	Phase 3 activity assumptions to pre covid levels increase run rates £2.3m M6-M12 not included in ISU forecast (reported at Trust level. No clearance of back log – 52 week wait increasing. Eye theatres back in use. Two main theatres not in use until Oct 20 due to refurb. Ward costs mean of M8-M10 20/21 Impact of job plan review. Productivity a challenge due to social distancing.	Phase 3 activity and triangulation to increase capacity to pre covid levels includes weekend working, evenings, overtime, insourcing has been reviewed - pending approval. Full Impact on waiting list Information due shortly. Access to two theatres at Mount Stewart Hospital to end of September. Further Recovery plans being developed/ financial impact.	
Moor to Sea ISU	Run rate increased for substantive pay M5 and agency spend also increasing in recent months as patient activity returns to pre covid levels.	Run rates increase M6 and rise as services resume, and winter pressures. Increased Rapid Response support with additional fixed term contracts Oct - Mar. Ward costs mean of M80 -M10 20/21. Senior medical HOP and Stroke joiners reviewed and incorporated.	Winter planning in progress, enhance hospital discharge and Rapid Response teams additional support. Potential reliance on agency staff.	
Shared Operations ISU	Run rates increase M5 mainly in pay costs as ISU responds to changing Trust requirements – the need to support ED and onward patient care. This is likely to continue, cost increasing as patient activity resumes.	Increased cost and run rates mainly Q3 and Q4 due to winter pressures, temporary staffing requirements on seasonal wards.	Run rates risk of Warrington and Elizabeth wards, seasonal demand. ED flow proposal use of Warrington.	

South System and Shared Operations costs continue to be lower M1-M5 by c12% compared to an average compared to that of M8-M10 2019/20. Run rates increasing M6 – M12 as the year progresses with stepping back up of services, patient activity, recruitment into vacant posts, winter pressures. Further risk of IT, Estates and other costs. Risk also of staff resource availability as the year progresses, annual leave back log, sickness etc. COVID related incremental costs are £9.3m year to date and recorded separately within Shared Operations ISU. Phase 3 capacity recovery to pre covid levels are reported at Trust level pending approval.

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 & Other Income is £920k lower (3%) than the extrapolated average expenditure incurred in months 8-10 last year, but this is mainly due to top-up income expectation for Covid-19 of £1.4m per month offset by other income losses due to Covid.

NHS Contract Income has been blocked for months 1-5 at Trust level and providers are expected to break even during that period. Further national guidance is expected shortly . EFM income loss of £897k during M01-05 is reflected in the ISU.

Innovation Projects/ £ CIP

The Corporate system budget for month 1-5 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 7-12.

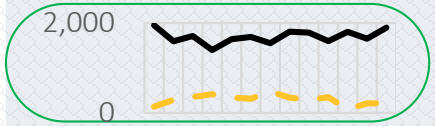
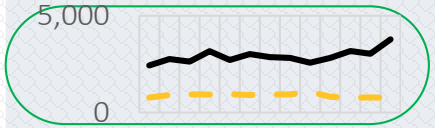
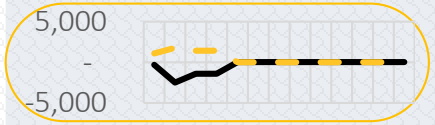
The forecast indicates that net monthly expenditure & other Income will reduce by the 2.8% per month by the end of the year (compared with avg. M08-M11 of 19/20) mainly as a result of changes to income held centrally at Trust level: Pay costs rise of 10% - £0.4m, Non-pay costs rise of 10% - £0.4m, Other income rise of 34% - (£0.8m)

INCOME MONITORING

FORECAST £ REPORTING

Total Expenditure
Other Income
Contract Income

Corporate Table of Key Metrics

	Drivers	FOT/Variance Risk	Actions Taken:	Tick charts run-rate (£m)
EFM	Lost income (M01-05) of £897k reflected in ISU figures. Expenditure expected to rise as activity across the Trust increases.	ISU charge to Covid-19 of £253k risk of returning to the ISU position. Stepped return of income included in the forecast as agreed with service leads.	Increase in demand to be monitored. Income assumptions to be reviewed/included based on national guidance.	
Executive Directors	HIS non-pay profile has peaks in year. Education & overseas nursing recruitment activity reduced due to Covid-19.	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.	
Reserves	£2m annual leave accrual from M12 now adjusted to nil. £7.15m Covid-19 top-up income profiled between M01-05.	Leave entitlement risk from cost of providing cover when leave peaks. Uncertain that total value of top-up will be received.	NHSE/I guidance that leave should be taken equally across the year & not accumulated.	
Other ISUs	R&D trials activity reduced due to covid-19. Income for Pharmacy Medical Opt & Care Home posts held centrally.	R&D trials income unlikely to recover in the short-term. Pharmacy therefore showing adverse variance for pay costs of these posts.	R&D staff resources re-deployed. Need recognition for further income for Pharmacy held in Trust.	

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 marginally lower, due to the overall reduction of activity. Other income is reduced, due to the impact of Covid-19 on services and also collection of certain income centrally under the interim arrangements.

FINANCE SCORECARD – Children & Family Health Devon (CFHD) SYSTEM

CFHD System view

FINANCE RUN-RATE – ROLLING 13 MONTHS

Run Rate Expenditure Apr to Aug is an average of £2.14m being 9.61% lower than the NHSI M8-10 2019/20 comparative. Pay is 7.72% higher, after Afc inflation of circa 2.9%, the balance is full year effect of posts that commenced M10 along with an accounting switch of recharges from non pay. Non pay 19.14% lower, M8-10 comparative had backdated estate and overhead recharges from DPT/TSD and non recurrent accruals for IT spend.

INCOME MONITORING

NHS Contract Income has been blocked for months 1-5 at Trust level and Providers are expected to breakeven Months 01-06. Further National guidance expected shortly. Other sources of income are 92% less (£0.54m average) than the M8-10 due to one off receipts of education and mobilisation recharges.

INNOVATION PROJECTS / £ CIP

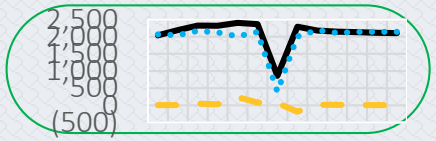
No CIP is expected to be recorded to NHSI for months 01-06 due to the impact of COVID. Revised arrangements and targets are expected to be issued for month 7-12, along with revised business planning.

FORECAST £ REPORTING

The initial forecast indicates that net expenditure/other income will broadly remain at same levels of M01-05 by the end of the year, but will fall by -4.74% (£1.3m), compared to M08-10 average.
Pay costs rise of 9.8% £0.99m.
Non-pay costs fall of -19.6% (£3.6m). *Mainly switch from non pay to pay of recharge costs*.
Other income fall of 93.9% £1.3m.

Total Expenditure
Other Income
Contract Income

CFHD Table of Key Metrics

	Drivers	FOT/Variance Risk	Actions Taken:	Tick charts 13 Month Actual Rolling Run Rate (£m)
CFHD	Expenditure Run Rate Consistent: Staff consultation remains on hold; high level of vacancies being main offset to any CIP targets expected in contract. Forecast does not include any VO income due to Covid block situation.	Forecast for minimal fulfilment of vacancies and non commencement of consultation awaiting new CFHD Director start date. New IT system pending consultation of clinical model. VO work could incur costs above income levels if CCG do not agree with the VO value.	Vacancies under constant review. IT requirements will be assessed as service is evaluated. Constant evaluation being made on VO works.	

CFHD net expenditure for months 1-5 in 2020/21 is lower than the average of month 8-10 in 2019/20. Pay costs are 7.72% higher, due to inflation plus full year effect of posts commenced in Month 10 and a switch from non pay for the back office recharges from TSD; non-pay costs are 19.14% lower, Month 8-10 included back dated Alliance costs which are now accounted for in equal 12th's plus a reduction in the surplus amount available for distribution across the Alliance. Other income is reduced by 92.18%, due to the impact of Covid-19 on services and also collection of certain income centrally under the interim arrangements. Contract Income remains on plan with small increase of 2.61% on M8-10.

INSERT FOR BOARD REPORT: REPORTING PERIOD OF AUGUST 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	August 2020
Capital Submission £000	£0
Revenue Submission £000	£9,387

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 5

COVID 19 Expenditure	Total Expenditure PLAN M5 YTD £'000	Total Expenditure Actual M5 YTD £'000	Of Which COVID-19 Actual M5 YTD £'000
Total operating expenditure excluding employee expenses	102,191	103,918	4,440
Total employee benefits excluding capitalised costs	108,055	111,592	4,947
Total operating expenditure	**210,246**	**215,510**	**9,387**

COVID Revenue Forecast at month 5

COVID related spend from month 6 onwards to the end of the financial year has been estimated based on current costs and expected direction of spend as per latest information from NHSE/I. This will be reviewed and updated once further guidance has been received.

COVID 19	M5 YTD Expenditure £000	Estimated Monthly Recurrent Cost Months 6-12 £000	Total Forecast Expenditure £000
Non pay	**4,440**	**4,541**	**8,981**
Pay	**4,947**	**185**	**5,131**
Total	**9,387**	**4,726**	**14,112**

COVID Detail Expenditure by month as at M5 2020/21

COVID 19 Expenditure by month 2020/21	Apr £'000	May £'000	Jun £'000	July £'000	Aug £'000	Total £'000	Movement in spend + increased (-) reduced from previous month £'000	*Expected direction of spend as per NHSI guidance May 20*
Accommodation	81	106	(131)	0	0	**57**	0	*n/a*
Decontamination	40	11	27	52	(6)	**124**	(58)	*Maintain*
Direct porvision of Isolation pod	1	0		0	0	**1**	0	*Decrease*
Enhanced PTS	3	3	1	0	0	**7**	0	*Increase*
Inc ITU capacitY,assisted respiratory etc	254	164	113	175	5	**711**	(170)	*Maintain*
Other (catering)	17	3	0	0	0	**20**	0	*n/a*
PPE	413	443	294	33	29	**1,211**	(4)	*n/a*
Remote management of pateints	127	4	32	162	12	**337**	(150)	*Will increase*
Remote working non patient activies	61	0	0	0	0	**61**	0	*Decrease*
Segregation of patient pathways	187	225	198	134	163	**907**	29	*Increase*
Support staying at home models	32	20	33	3	15	**103**	12	*Likely to increase*
Virus testing	90	168	190	303	152	**903**	(151)	*Will increase*
Backfill for higher sickness absence	513	436	522	458	187	**2,116**	(271)	*Decrease*
Sick pay at full pay	0	114	47	44	28	**233**	(16)	*Decrease*
Existin workforce additional shifts	338	908	745	404	80	**2,475**	(324)	*Decrease*
Expanding medical / nursing workforce	20	45	25	16	16	**122**	0	*Likely to increase*
Total	**2,176**	**2,649**	**2,096**	**1,784**	**681**	9,387	**(1,103)**	

Non pay	1,305	1,147	757	862	370	**4,441**	(492)
Pay	871	1,502	1,339	922	311	**4,945**	(611)
Total	**2,176**	**2,649**	**2,096**	**1,784**	**681**	**9,387**	**(1,103)**

It can be seen in the table above that at this stage the direction of spend from July to August shows a decrease in many of the NHSI categories in month 5. There are several factors that could impact movements and are as follows:-

- Patient activity and returning the DSU to its stated purpose
- Reduced staff absence
- Timings of pay claims for additional shifts, payroll cut-off date, payments in arrears
- Volume of work - Segregation of Pathways, Remote Management of Patients, Remote working
- Costs awaiting approval for COVID expenditure

COVID costs require further investigation to ensure they are not business as usual now that services are recovering, and a genuine incremental cost incurred. For example, when is PPE COVID and when is PPE normal business as usual.

The Forecast of COVID spend for the second half of the year has been estimated as follows:

COVID spend areas for M7-12 20/21							
COVID category	**RD&E**	**ND**	**Torbay**	**UHP**	**DPT**	**CCG**	**Total System**
After care and support costs (community, mental health, primary care)		-					-
Infection prevention and control training (community, mental health, primary care)		-			-		-
Internal and external communication costs		53			-		53
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	2,425	791	158	-	1,650		5,024
Sick pay at full pay (all staff types)		146			551		696
COVID-19 virus testing (NHS laboratories)	7,311	1,040	1,127	2,560			12,038
Remote management of patients	97	-	488	1,766	1,921		4,272
Support for stay at home models		-	132				132
Direct Provision of Isolation Pod		-			-		-
Plans to release bed capacity		816		2,630	-		3,446
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	300	24		600			924
Segregation of patient pathways	606	552	1,092	1,400			3,650
Enhanced PTS		-	10		-		10
Business Case (SDF) - Ageing Well - Urgent Response Accelerator		-					-
Existing workforce additional shifts	1,568	685			990		3,243
Decontamination	249	-	195	352	-		796
Backfill for higher sickness absence	1,571	1,178		300	48		3,096
NHS 111 additional capacity		-					-
Remote working for non patient activites	72	104		240	83		499
National procurement areas	600	43	1,773	-			2,416
Other	904	477		135	823		2,338
Infection Control IS Grant and Hospital Discharge costs		-	7,600				7,600
Total	**15,703**	**5,907**	**12,575**	**9,983**	**6,065**	**27,871**	**78,104**

COVID Capital Costs and Submissions awaiting approval:

The cumulative costs incurred on capital expenditure up to 31st March 2020 were reimbursed to the Trust during early July 2020. Subsequent reimbursement of capital costs incurred up to the period up to 18th May 2020, (at which point the reclamation rules were changed) have yet to be approved by the National Team. The combined value of capital claims for the period 1st April 2020 through to 18th May 2020 and committed to costs at 18th May 2020 awaiting reimbursement totals £426,464. The Trust's cash plans assume that these costs will be reimbursed to the Trust.

Since 18th May 2020 the Trust has submitted a number of capital bids to facilitate the recovery of services. These claims are being reviewed by the South West NHSE/I and National teams. It is now unlikely that these particular capital bids will be approved for implementation during 2020/21 given the national constraints on capital budgets and the lead times for implementation. The Trust has however received welcome news that it will receive funding of circa £471k for the works needed to improve the Room 3 Endoscopy Room's ventilation. The Trust had prioritised that particular scheme within its own STP capital delegated expenditure limit, therefore the £471k of funding will be used to address other catastrophic and severe risk rated capital schemes.

For information a summary of the prospective capital bids placed since 18th May 2020 is provided below.

Purpose	***Scheme Description***	***£'000***
Reconfiguration of clinical space to enable Covid-safe working practices and appropriate treatment arrangements for patients	*Louisa Cary Ward – reconfiguration works*	*93*
Enhance ventilation of the Torbay Hospital Endoscopy Facility	*Endoscopy Room 3 – Ventilation*	*485*
Enhance capability of performing COVID-19 Antibody Testing	*2nd Kingfisher Flex Pathology analyser*	*56*
Reconfiguration of clinical space to enable Covid-safe working practices and appropriate treatment arrangements for patients	*Covid paediatric cubicles*	*150*
Reconfiguration of clinical space to enable Covid-safe working practices and appropriate treatment arrangements for patients	*Covid isolation cubicles for ICO*	*370*
Reconfiguration of clinical space to enable Covid-safe working practices and appropriate treatment arrangements for patients	*Permanent installation of doors temporarily introduced to separate bed and clinic spaces within ward environments throughout Torbay Hospital*	*50*
Reconfiguration of clinical space to enable Covid-safe working practices and appropriate treatment arrangements for patients	*Day room optimisation to enable reablement away from the bedside which is no longer available due to social distancing*	*56*
Reconfiguration of clinical space to enable Covid-safe working practices and appropriate treatment arrangements for patients	*Cardiac catheter lab & increasing recovery space to increase efficiency*	*225*
Reconfiguration of clinical space to enable Covid-safe working practices and appropriate treatment arrangements for patients	*Reconfiguration of gynaecology clinic rooms to increase activity*	*375*
Reconfiguration of clinical space to enable Covid-safe working practices and appropriate treatment arrangements for patients	*Castle Circus Outpatient facility Covid secure requirements and optimisation of outpatient space*	*73*
Reconfiguration of clinical space to enable Covid-safe working practices and appropriate treatment arrangements for patients	*Creation of shared Endoscopy Unit at Ashburton Hospital*	*1,800*

To respond positively to the requirement to enhance isolation facilities, social distancing and home working	*Optimisation of already challenged clinical admin space to enable safe and efficient working for clinicians and their teams*	*625*
Reconfiguration of clinical space to enable Covid-safe working practices and appropriate treatment arrangements for patients	*Reconfigure space to create biometry testing area in Eye Surgery Unit, Torbay Hospital*	*8*
Additional clinical equipment to support Covid/non-Covid patient pathways	*Thermal imaging for screening visitors, staff and patients at two of the main hospital's green sites plus two satellite MIUs.*	*58*
Additional clinical equipment to support Covid/non-Covid patient pathways	*Echocardiography machine*	*122*
Additional clinical equipment to support Covid/non-Covid patient pathways	*Heart Monitors and Analysing Machine*	*99*
Additional clinical equipment to support Covid/non-Covid patient pathways	*Endoscopy, Ultrasound and ENT scopes*	*372*
Additional clinical equipment to support Covid/non-Covid patient pathways	*Autorefractors x 3*	*19*
Additional clinical equipment to support Covid/non-Covid patient pathways	*Paediatric Ultrasound Scopes*	*6*
Additional clinical equipment to support Covid/non-Covid patient pathways	*Remote Monitoring of patients with implantable cardiac devices (out)*	*53*
Additional clinical equipment to support Covid/non-Covid patient pathways	*Pro-lab Diagnostics Neo Biobanking system; Storage of samples.*	*50*
To respond positively to the requirement to enhance isolation facilities, social distancing and home working	*Purchase of 400 laptops to facilitate step-up of Clinical services*	*520*
Reconfiguration of the TSDFT Nursery Early Years infrastructure to enable COVID safe working practices to meet COVID related national directives to provide essential keyworker childcare provision for the Trust	*Trust Day Nursery Building modification*	*60*
Upgrade to existing engineering infrastructure to enable COVID-safe working practices and appropriate treatment arrangements for patients	*Improve ventilation to in-patient bays*	*240*
Upgrade to existing engineering infrastructure to enable COVID-safe working practices and appropriate treatment arrangements for patients	*Supplementary cooling*	*300*
Upgrade to existing engineering infrastructure to enable COVID-safe working practices and appropriate treatment arrangements for patients	*Medical gas pipework upgrade*	*65*
Upgrade to existing engineering infrastructure to enable COVID-safe working practices and appropriate treatment arrangements for patients	*Vacuum plant upgrade*	*45*
Total		*6,375*

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 (includes the Infection Control Fund).

Spend to date this financial year is circa £6.85m and towards this Torbay Council has contributed £3.16m. This is summarised in the table 1 with more detail provided below.

COVID Costs and Income	**August YTD Expenditure £'000**	**August YTD Council Contribution £'000**	**Net Cost to the Trust supported through COVID top up**
Hospital Discharge	4,688	1,000	3,688
Infection Control Fund	2,160	2,160	0
Total	**6,848**	**3,160**	**3,688**

Torbay Council have agreed an initial £1m contribution towards Hospital discharge that has been applied over months 1-4. In addition to this the Council has provided an additional £1m support that is currently factored into planning post September.

Infection control monies of £2,060K have been committed to Care Homes via the Trust as per the Fund grant conditions. In addition to this there is a further discretionary £688K of funding available within the Infection Control Fund and these plans have been agreed between the Trust and Torbay Council that have provided further support to the Care Home sector (PPE), domiciliary care market, supported living establishments and providers of day care.

	Actual	***Accrual***		**Sept**	**Total**
Area	***April to August***	***April to August***	**YTD Total**	**Sept**	**Total**
	£000's	***£000's***	**£000's**	**£000's**	**£000's**
EXPENDITURE					
Residential & Nursing Home VOIDS	*329*	*106*	435		435
Dom Care & Supported Living VOIDS	*270*	*(23)*	247		247
Early Discharge Packages Torbay	*2,393*	*502*	2,895	1,017	3,912
Dom Care LW@H Rate Uplift	*326*	-	326		326
Agincare (additional block contract)	*77*	*31*	108	22	130
Residential & Nursing Home Financial Assistance	*580*	*97*	677		677
Infection Control	*2,602*	*(442)*	2,160	700	2,860
Staffing	-	-	-	32	32
Expenditure Total	***6,577***	***271***	**6,848**	**1,771**	**8,619**
INCOME					
Torbay Council COVID Core	*2,000*	*(1,000)*	1,000	-	1,000
Torbay Council – Infection Control Fund	*2,740*	*(580)*	2,160	580	2,740
Income Total	***4,740***	***(1,580)***	**3,160**	**580**	**3,740**
Early Discharge (Health COVID) Cost			**3,688**	**1,191**	**4,879**

Notes

(1) Above is based on initial offers ending on 30th June and Infection Control Fund 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 assumes 100% of the overall funding that Torbay Council has received.

(4) Early Discharges Packages – Revised guidance received confirms that Hospital / Early Discharge will continue throughout 2020/21. There have been fundamental changes in how it operates and detail of this is contained within the guidance.

(5) Torbay Council has provided an additional £1m of Core COVID funding. Current planning is that this will be utilised in the second half of the financial year but this will be reviewed in line with main NHSI funding guidance.

(6) A full year forecast will be available for future reports once the detailed Early / Hospital discharge guidance has been fully considered and some indication has been given from central government on ASC funding arrangements post the infection control fund (which runs through until late September).

(7) Health COVID cost is the value accounted for in the Trusts M5 financial position as submitted to NHSE/I.

COVID True Up Income:

The cumulative COVID True Up income value at M5 is £3.6m.

COVID Spend by ISU:

ISU	Non Pay £	Pay £	Total £
Children & Family Health Devon		10,172	10,172
Coastal	60,485	713,638	774,123
Corporate	681,945	93,356	775,301
Estates & Facilities		141,769	141,769
Executive Directors		11,760	11,760
Moor to Sea	6,783	168,917	175,700
Newton Abbot	47,371	1,765,524	1,812,895
Paignton & Brixham	20,529	181,422	201,951
Pharmacy Services		2,421	2,421
Shared Operations	65,719	99,859	165,578
Torquay	23,111	282,798	305,909
System - Direct from payroll / Agresso	3,534,257	1,475,572	5,009,829
Grand Total	**4,440,201**	**4,947,208**	**9,387,409**

Finance, Performance and Digital Committee

Appendix 3 - Months 7 to 12 Financial Architecture & Trust Forecast

Original Plan & Financial Envelopes

Torbay and South Devon NHS
NHS Foundation Trust

	Full Year Original Plan £'000	Months 1-4 Original Plan £'000	Months 1-4 Financial Envelope £'000	Months 1-6 Original Plan £'000	Months 1-6 Financial Envelope £'000
Operating income from patient care activities	433,839	144,654	148,860	216,305	223,290
Other operating income	45,600	14,646	21,713	22,221	32,570
	479,439	159,300	170,573	238,526	255,860
Employee expenses	(259,030)	(86,935)	(86,444)	(129,923)	(129,666)
Operating expenses excluding employee expenses	(253,909)	(84,704)	(81,753)	(126,592)	(122,630)
OPERATING SURPLUS/(DEFICIT)	**(33,500)**	**(12,339)**	**2,376**	**(17,989)**	**3,564**
Net Finance Costs	(7,818)	(2,426)	(2,364)	(3,727)	(3,546)
Corporation tax expense	(25)	(8)	(12)	(12)	(18)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(41,343)**	**(14,773)**	**0**	**(21,728)**	**0**
Remove capital donations I&E impact	(56)	(16)	0	(24)	0
Adjusted financial performance surplus/(deficit)	**(41,399)**	**(14,789)**	**0**	**(21,752)**	**0**
Planned top-up to break even shown within income			***5,721***		***8,582***

- The Trust's original financial plan for 2020/21 was for a deficit of £41.4m
- As a result of the COVID pandemic, the financial architecture for NHS organisations was simplified, with financial envelopes calculated to enable organisations to run at break-even when 'top-ups' were taken into account
- In addition to the standard top-up that forms part of the financial envelope, organisations have been able to access a retrospective top up, which in light of actual performance still allows organisations to post a break-even position
- Originally the current financial architecture was to run until the end of Month 4 (July) but has now been extended to Month 6 (September)

Original Plan vs Revised Financial Envelopes – Months 7-12

Torbay and South Devon NHS
NHS Foundation Trust

	Months 7-12	
	Original Plan £'000	System Envelopes* £'000
Operating income from patient care activities	217,534	245,141
Other operating income	23,379	
Sub Total - Income	240,913	245,141
Employee expenses	(129,107)	**(259,025)**
Operating expenses excluding employee expenses	(127,317)	
Net Finance Costs	(4,091)	
Corporation tax expense	(13)	
Sub Total - All costs inc. Financing	(260,528)	(259,025)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(19,615)**	**(13,884)**
Remove capital donations I&E impact	(32)	
Adjusted financial performance surplus/(deficit)	**(19,647)**	**(13,884)**
Expected to be allocated from system top up to arrive at break even		13,884

* A detailed break down of the envelope totals is not currently available

- Details of the new financial envelopes for Months 7-12 were released on 15 September.
- A detailed break down of the income and expenditure within the revised envelopes is not currently available, but the totals are shown against the Trust's original plan for Months 7-12 in the table to the left.
- Of note is the increased level of top up expected for the second half of the year i.e. £13.9m vs. £8.6m for the first 6 months.
- From the accompanying guidance it is suggested that the increase in the level of top up covers:
  - the impact of the medical staffing pay award
  - recognition that some elements of pass through charges for high cost drugs will revert to the pre-COVID arrangements
  - recognises increased depreciation and financing costs that were not covered under the original methodology

Trust Forecast Months 7-12

Torbay and South Devon NHS
NHS Foundation Trust

	Trust Forecast - Month 7-12					
	Baseline £000s	Hospital Discharge £000s	Infection Control £000s	COVID Acute £000s	COVID Labs £000s	Total £000s
Total Income From Patient Care Activities	224,789					224,789
*Support funding**		*4,460*	*4,156*	*2,819*	*3,500*	*14,935*
	224,789	4,460	4,156	2,819	3,500	239,724
Total Other Operating Income	22,361					22,361
Total Operating Income	**247,151**	**4,460**	**4,156**	**2,819**	**3,500**	**262,086**
Total Employee Expenses	(138,252)	(271)		(156)		(138,679)
Total Operating Expenditure excluding Employee Expenditure	(125,940)	(4,189)	(4,156)	(2,663)	(3,500)	(140,448)
Total Operating Expenditure	**(264,192)**	**(4,460)**	**(4,156)**	**(2,819)**	**(3,500)**	**(279,127)**
Operating Surplus/(Deficit)	**(17,041)**	**0**	**0**	**0**	**0**	**(17,041)**
Net Finance Costs	(4,004)					(4,004)
Corporation tax expense	(11)					(11)
Add in Exclusions	(489)					(489)
Adjusted financial performance surplus/(deficit) pre top up	**(21,545)**	**0**	**0**	**0**	**0**	**(21,545)**
System Envelope top up	*13,884*					*13,884*
Adjusted financial performance surplus/(deficit) including top up	**(7,661)**	**0**	**0**	**0**	**0**	**(7,661)**
EIS (Elective Incentive Scheme) Impact	*(1,700)*					*(1,700)*
Adjusted financial performance surplus/(deficit) inc. EIS impact	**(9,361)**	**0**	**0**	**0**	**0**	**(9,361)**

- The Trust's forecast position for Months 7-12 has been calculated based on the latest activity, workforce and performance returns, and taking into account the guidance issued with the financial envelopes on 15 September
- Prior to the application of system top up funding the position is a deficit of c. £21.5m
- It is expected that the top up funding, based on the financial envelopes, will equate to £13.9m, but initially this is to be held at a system level and will need to be agreed with the STP

Key Issues / Risks

Torbay and South Devon NHS
NHS Foundation Trust

	£m	
Top up held at system level	13.9	As highlighted above, top up funding for the second half of the year is to be held at system level, and will require agreement with the STP for its release.
Hospital Discharge & Infection Control costs	7.6	The Trust's forecast position includes an estimate of the costs associated with hospital discharge (HDP) and infection control. This will need to be kept under review in line with changes to the associated guidance. The current working assumption is that additional funding (above the system envelope) will be made available to cover the costs of hospital discharge, but requires further clarification from NHSE/I, and therefore poses a risk.
COVID testing costs	2.2 – 3.5	Similar to the position with regard to hospital discharge costs, the current system assumption is that additional funding above the envelope will offset ongoing COVID testing costs.
COVID general ongoing costs	tbc	System envelopes for Months 7-12 include funding to cover the ongoing costs of COVID. Allocation of these funds to individual organisations needs to be agreed by the system (STP). Currently T&SD has been allocated £7.2m on the assumption that testing and HDP costs will receive separate funding.
Elective Incentive Scheme	1.7	Phase 3 planning guidance included the approach for the Elective Incentive Scheme (EIS). Essentially a penalty is applied where organisations are unable to achieve the activity targets that have been set for the second half of the year.
Independent (Private) Sector	tbc	The current working assumption of the system, is that nationally contracted providers will be separately funded, and where contracts return for local management, funding to match will be added to financial envelopes. However, recently released FAQs suggest this could already be included within system funding envelopes and therefore the current assumption presents a risk
Mental Health Investment Standards / Provider to Provider arrangements	0.8 – 2.1	DPT have highlighted they anticipate receiving c. £1.4m transformation funding and £0.8m funding for the ADHD waiting list. They have asked the Trust to include it within our position as it is 'passported' through from the CCG. However, the Trust has made it clear it cannot do this unless an equal amount of income is agreed with the CCG and shown in the Trust's position to offset the transfer to DPT.

Next Steps

Torbay and South Devon NHS
NHS Foundation Trust

- 23 September – submission of draft system financial plans for Months 7-12 to regional NHSE/I team for early consideration.
  - Submission shows at a very high level the position of individual organisations within the STP i.e. for T&SD this is a deficit of £7.7m excluding the impact of EIS, and a £9.4m deficit including the EIS impact.

- COP 25 September – additional checks of the draft position to be made including:
  - Position with regard to MHIS (Mental Health Investment Standards)
  - Cross checking equal and opposite assumptions are included within plans for commissioners and providers, in particular for mental health
  - Re-asses EIS penalty calculation to ensure it reflects the revised activity submission made on 21 September

- 29 September – STP-wide Directors & Deputy Directors of Finance meeting to:
  - Review and agree any final adjustments required from the above exercise
  - Discuss and agree how the balance of system funding will be distributed across organisations
  - Agree messaging to NHSE/I with regard to risks
  - Confirm individual organisations positions, and review the draft system-level submission for 5 October

- 2 October – STP seeking approval from CEOs to make final submission

- 5 October – Submission of system-level financial plans for Months 7-12

- 22 October – Submission of organisation-level financial plans for Months 7-12

Torbay and South Devon NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Mortality Safety Score Card			**Date:** 30th September 2020
Report appendix	N/A		
Report sponsor	Medical Director		
Report author	Patient Safety & Experience Lead		
Report provenance	The report was reviewed at the Mortality Surveillance Group meeting held on the 20th September 2020.		
Purpose of the report and key issues for consideration/ decision	The report provides assurance in respect of the Trust's Unadjusted Mortality, SHMI and HSMR monthly data. This data in this report is the first data which has shown the affect of the Covid pandemic: • The first noticeable change is in terms of the Trust's reduced admissions and transfers within the hospital settings. • The second is the rise in the use of the term 'Viral Infection' which is the correct way to code covid deaths. Normally this diagnostic group has a very low number of deaths. • The third is the reduction in the number of hospital deaths, particulary evident in the months May, June and July. The August data (not charted) also shows very low hospital deaths.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	For the Board to receive and note.		
Summary of key elements			
Strategic objectives supported by this report	**Safe, quality care and best experience** X / **Valuing our workforce** ; **Improved wellbeing through partnership** X / **Well-led** X		

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<tr><td>External standards affected by this report and associated risks</td><td>
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Report title: Mortality Surveillance Score Card		**Meeting date:** 30th September 2020
Report sponsor	Medical Director	
Report author	Patient Safety & Experience Lead	

1.0 Introduction & Data Source

The indicators for this score card have been collated from a variety of data sources using defined methodology. The report is designed to give an overview of the Trust's bed-based mortality over time.

The report also includes mortality cases reviewed via the Trust's Morbidity and Mortality form based on the Royal College of Physicians Structured Judgement Frame Work (SJF) looking at any lapses in care as well as good practice.

Data sourced, includes data from the Trust, Department of Health (DH), and Dr Foster database. The data in the appendices has, in the main, been displayed as run charts. The report is generated for the Trust Board, Quality Improvement Group, and Mortality Surveillance Group as well as local ISU governance groups.

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

Trends: If 5 or more consecutive data points are increasing or 5 or more consecutive points decrease, this is defined as a trend. If a trend is detected it indicates a non-random pattern in the data. This non-random pattern may be a signal of improvement or of process starting to err.
Shifts: If 6 or more consecutive data points are all above or all below the median this indicates a non-random pattern in the data which may be a signal of improvement or of a process starting to err.

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

Safety Indicator		Data Source	Target	RAG
Appendix 1 • A. Hospital Standardised Mortality Rate (HSMR) • B. Summary Hospital Mortality Index (SHMI)	Mortality	Dr Foster 2016/17 benchmark Month Feb 2020 DH SHMI data	Below the 100 line with an aim for a yearly HSMR ≤90	
Appendix 2 • Unadjusted Mortality Rate • By number • By location		Trust Data ONS Data	Yearly Average ≤3%	
Appendix 3 • Dr Foster Alerts		Dr Foster	Zero alerts - CuSuM flags only	
Appendix 4 • Dr Foster Patient Safety Dashboard		Dr Foster	All 15 safety indicators positive	
Appendix 5 • Mortality Reviews and Learning		Trust Data		

2.0 Trust Wide Summary

The Dr Foster data in this report is now being influenced by the Covid pandemic. During the pandemic there have been extensive changes to the way the Trust operates, resulting in a substantial change in activity. The Trust is starting to see the impact of COVID-19 activity in the reduction of patient spells (hospital episodes) and super spells (hospital transfers). For the months March, April & May these spells/superspells are greatly reduced. The information for May is experiencing data lag and will increase in next month's report. This will distort the Trust's HSMR, and Dr Foster are creating new tools to allow Covid adjusted analysis to be reviewed. These should be ready by the next data upload in September 2020.

COVID-19 mortality is recorded in the 'primary diagnosis field' and will be recorded under the diagnosis group **'Viral Infection'** and diagnosis sub-group '**Other and unspecified viral infection'**. This diagnosis group normally carries a low expected mortality rate ands will therefore rise in number. During March, April and May, the Trust recorded 39 Covid deaths. Since May, the Trust has had no further mortality from Covid.

The in-hospital mortality rate saw a rise, particularly in April and since then has has reduced to seasonally low levels. In terms of mortality numbers, the last 4 months (including August 2020) are very low as compared to other years.

This data also includes all deaths, (hospitals and community) and together these have largely normalised to the 2019 levels but with more deaths taking place in the community i.e. people's homes or temporary places of residence. This is a mirror of the national picture released by the ONS.
Retained in this report, Appendix 7, is the review of learning from deaths that had taken place in Quarter 1 (Apr 20 – June 20). Quarter 2 will be reviewed in October 2020 and again include mortality reports on learning disabilities and maternal reviews, as well as serious incidents, Coroner's and complaint investigations.

3.0 Appendix 1 – Hospital Mortality

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

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

1A The HSMR is based on the *Diagnosis all* Groups using the Oct 19 monthly benchmark and analysed by Relative Risk - Trend / Month

The Trust's HSMR aim is to reduce and sustain the HSMR below a rate of ≤90

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

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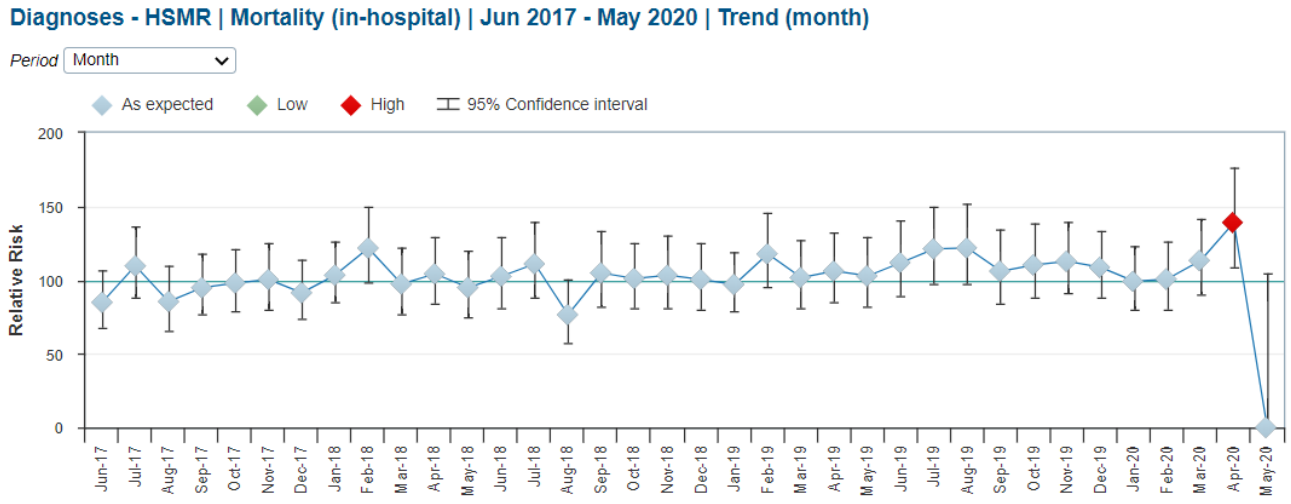
Chart 1 - HSMR by Month Feb 17 to Jan 20 (current month)
Chart one (as below) shows a longitudinal monthly view of HSMR. The latest month's data, March 2020, has a relative risk of **139.1** and is outside the expected range. The issue with this data point is the dramatic reduction is patient activity (spells and superspells). For April, this activity is half the previous years (chart 3) and to fully understand the picture the Trust will need to wait for the Dr Foster tools that will be available in September.

C1



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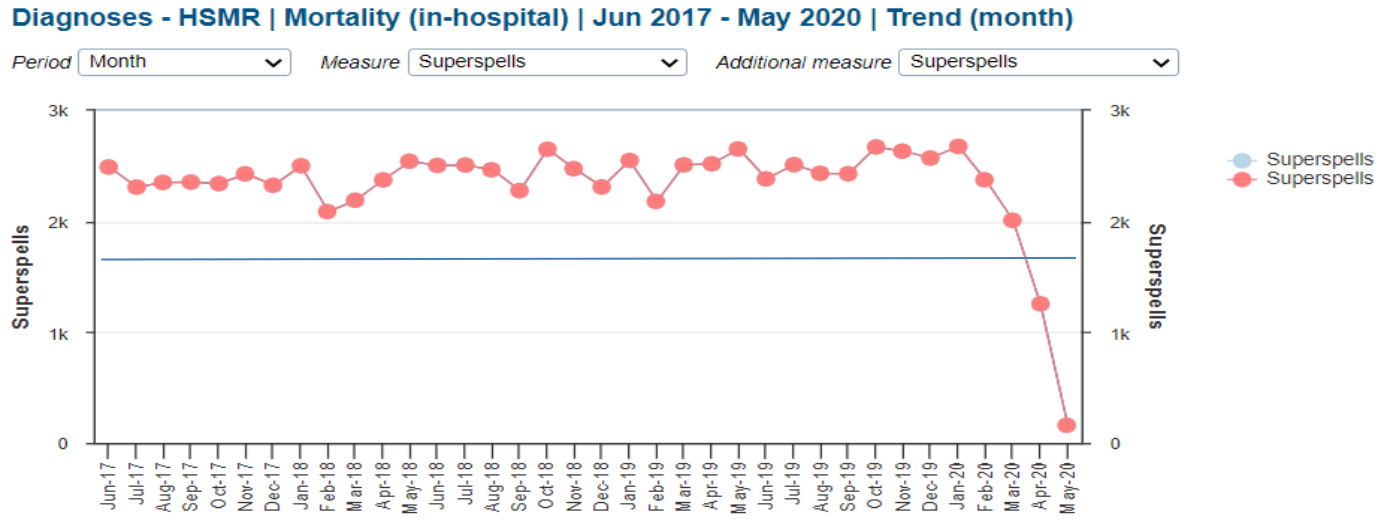


Chart 3, as below, highlights HSMR mortality by peer comparison, across the South West, using a 12-month annual total. The monthly 12-month annual total is above the 100 line but below the standard deviation points. It is interesting that the vast majority of the Southwest Trusts have seen HSMR rise as Covid affected their hospitals. This measure is being observed via the Mortality Surveillance Group (MSG).

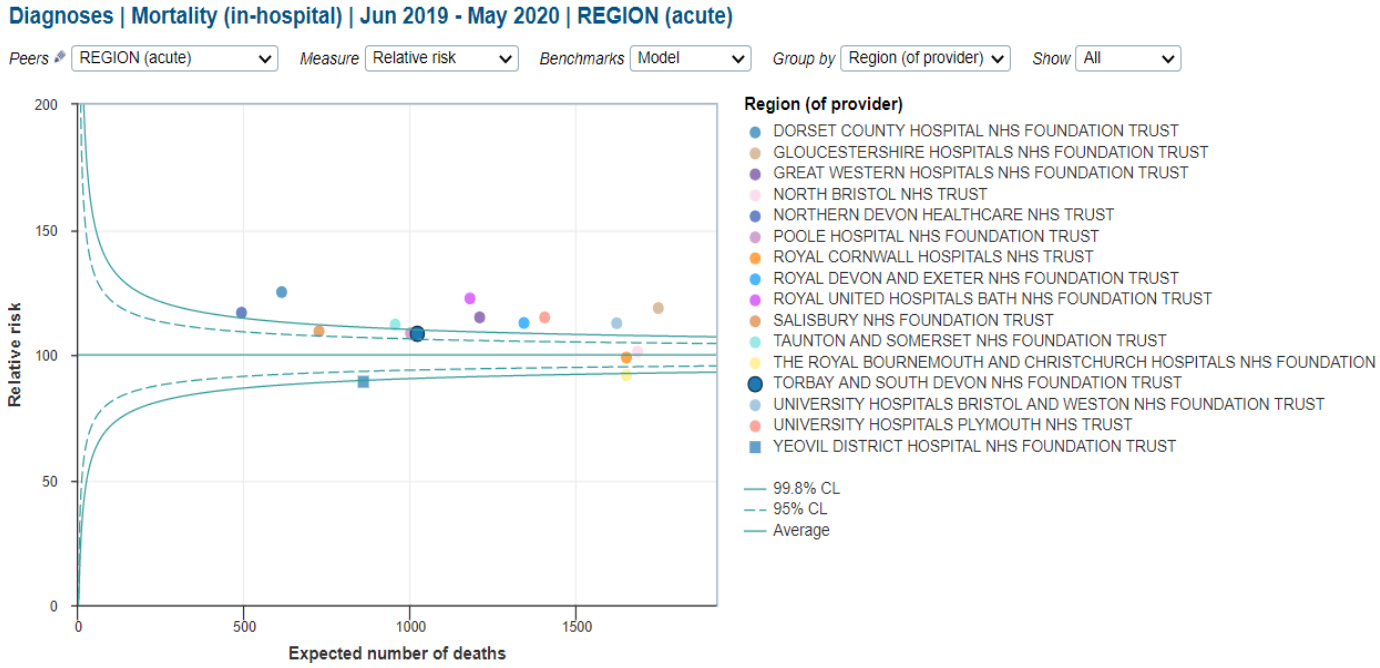
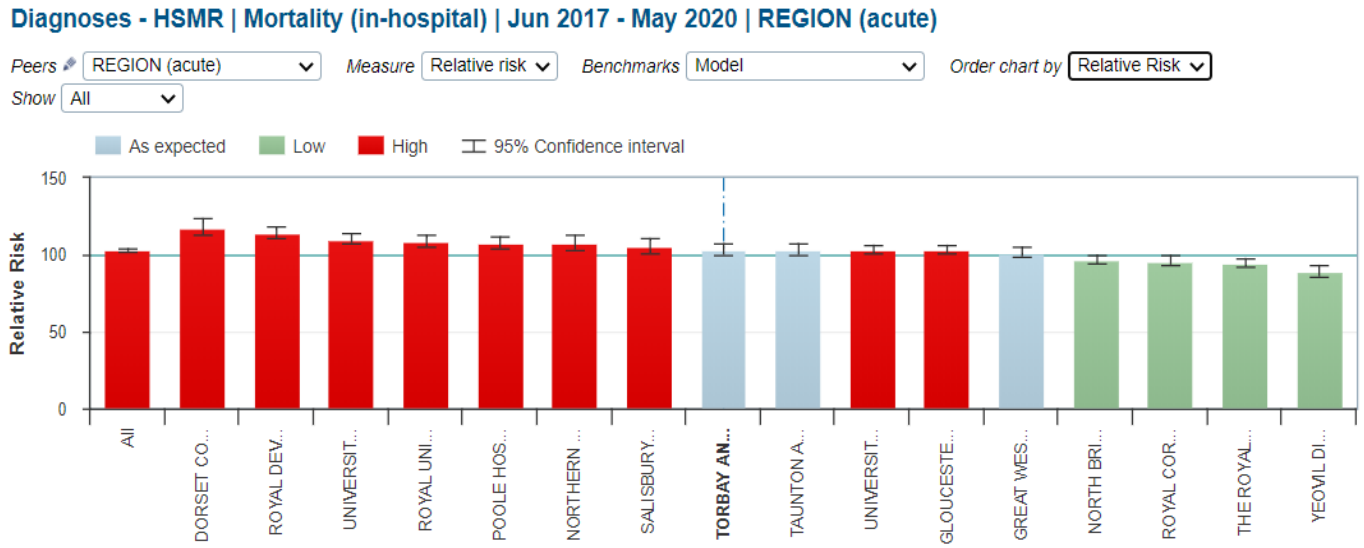


Chart 4 displays the above data as a Peer Comparison, ranked and as a bar chart.



1B Summary Hospital Mortality Index (SHMI) Reporting Period Dec 2018 – Nov 2019

SHMI is derived from Hospital Episode Statistics (HES) data and data from the Office of National Statistics (ONS). SHMI is based upon death up to *30 days* post discharge from hospital and this is the main difference between SHMI and HSMR. The data is released on a **3 monthly basis** and is very retrospective, therefore, please note *the following data is based on the* **April 2019 – Mar 2020** *data period and is different to the HSMR and is not currently influenced by Covid.*

Chart 5, as below, highlights SHMI by quarterly periods with all data points within the expected range.

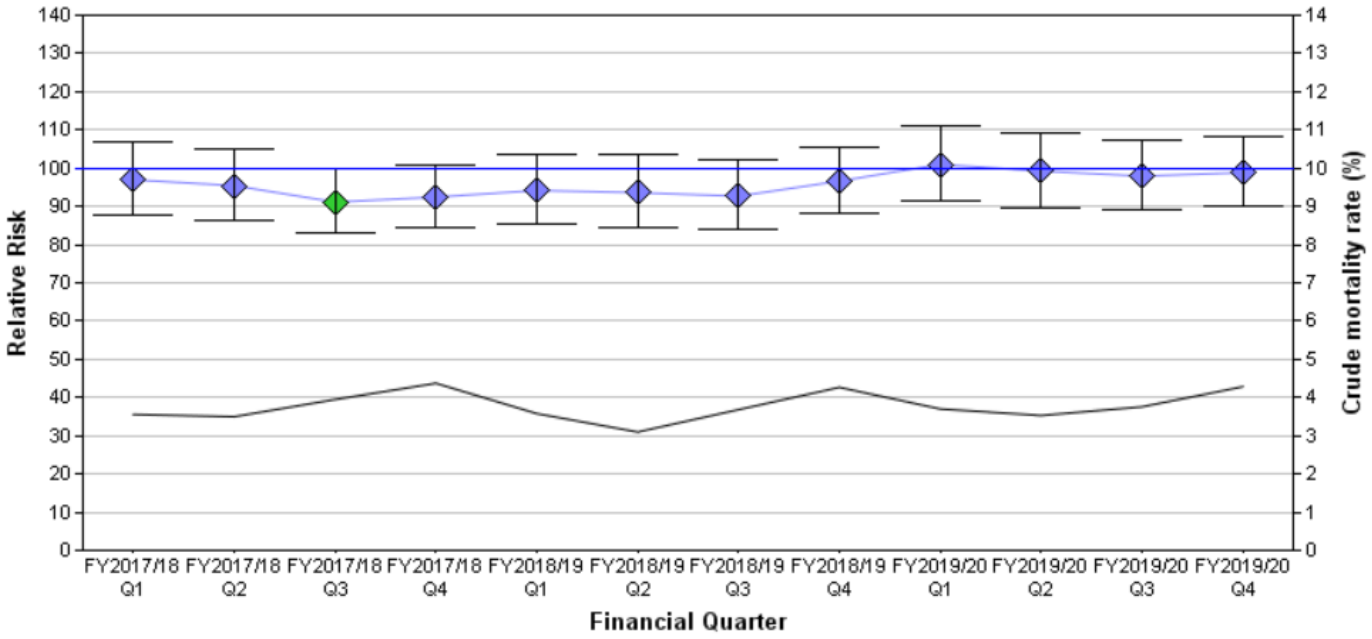
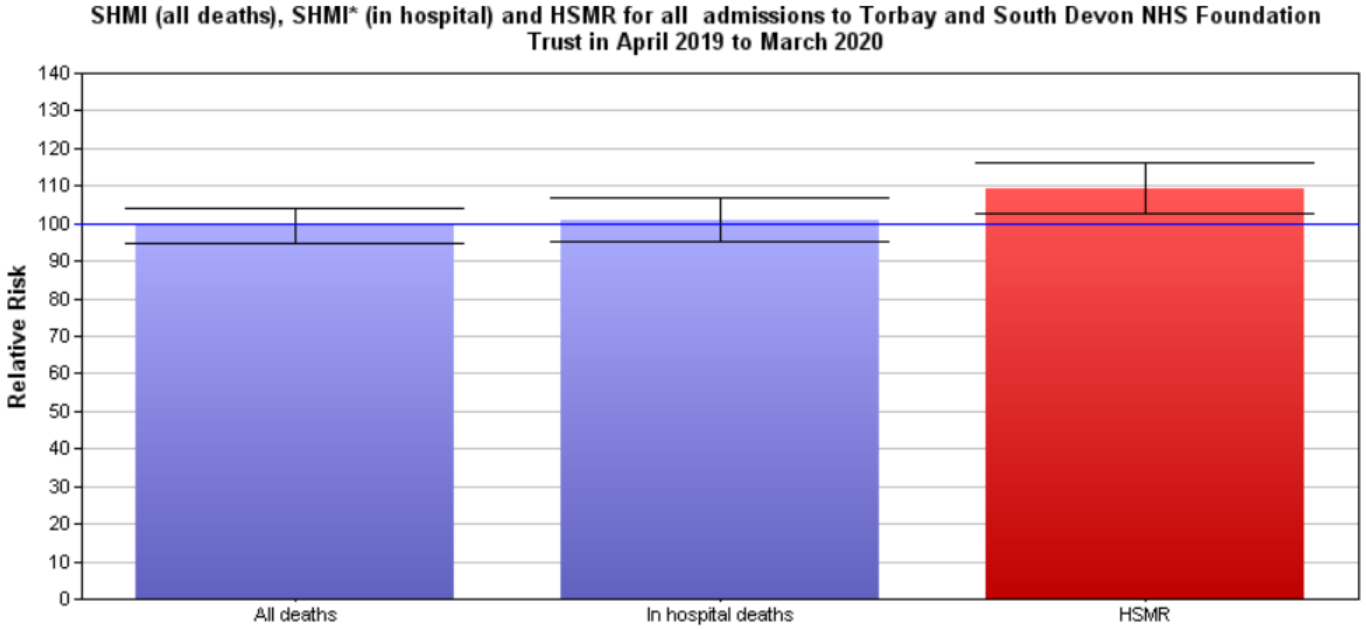


Chart 6 (as below) details - SHMI all deaths, SHMI in hospital deaths and HSMR comparison



The SHMI data within chart 6 are within expected range. What this chart does highlight is the differential between HSMR and SHMI, in part due to Covid.

Chart 7, as below, expresses the 12-month rolling SHMI data by time period and is showing a SHMI below the 100 average.

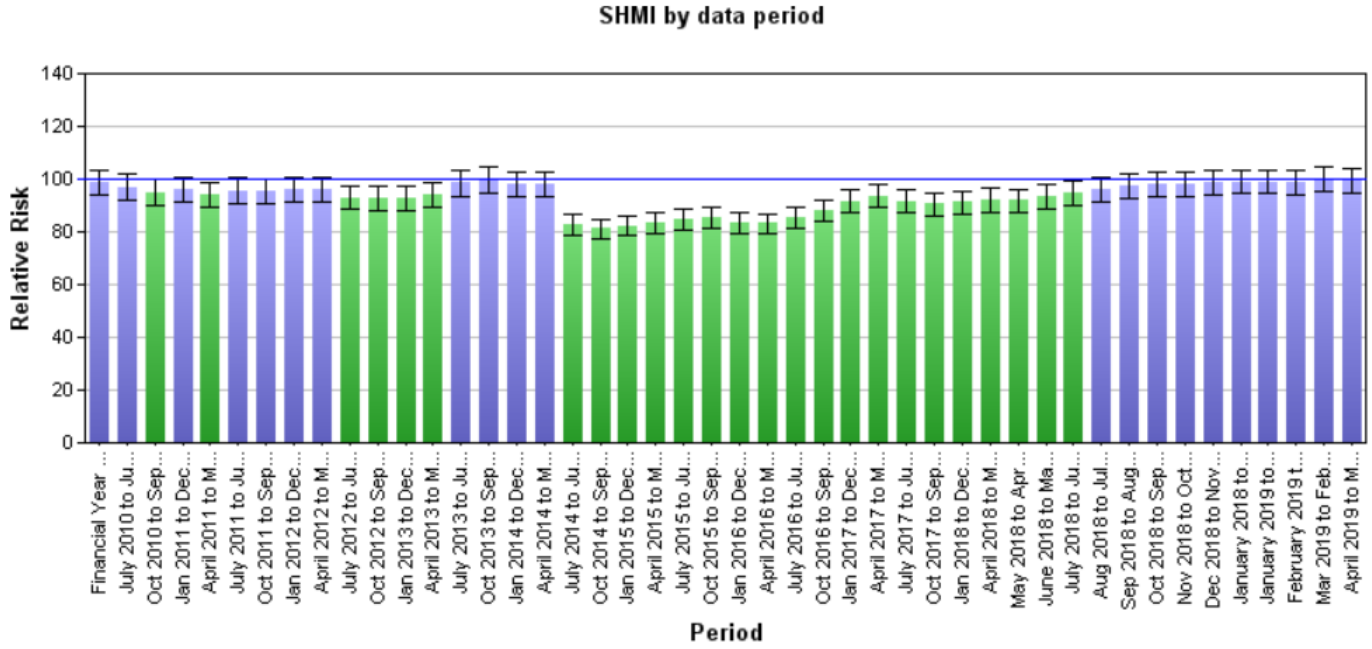
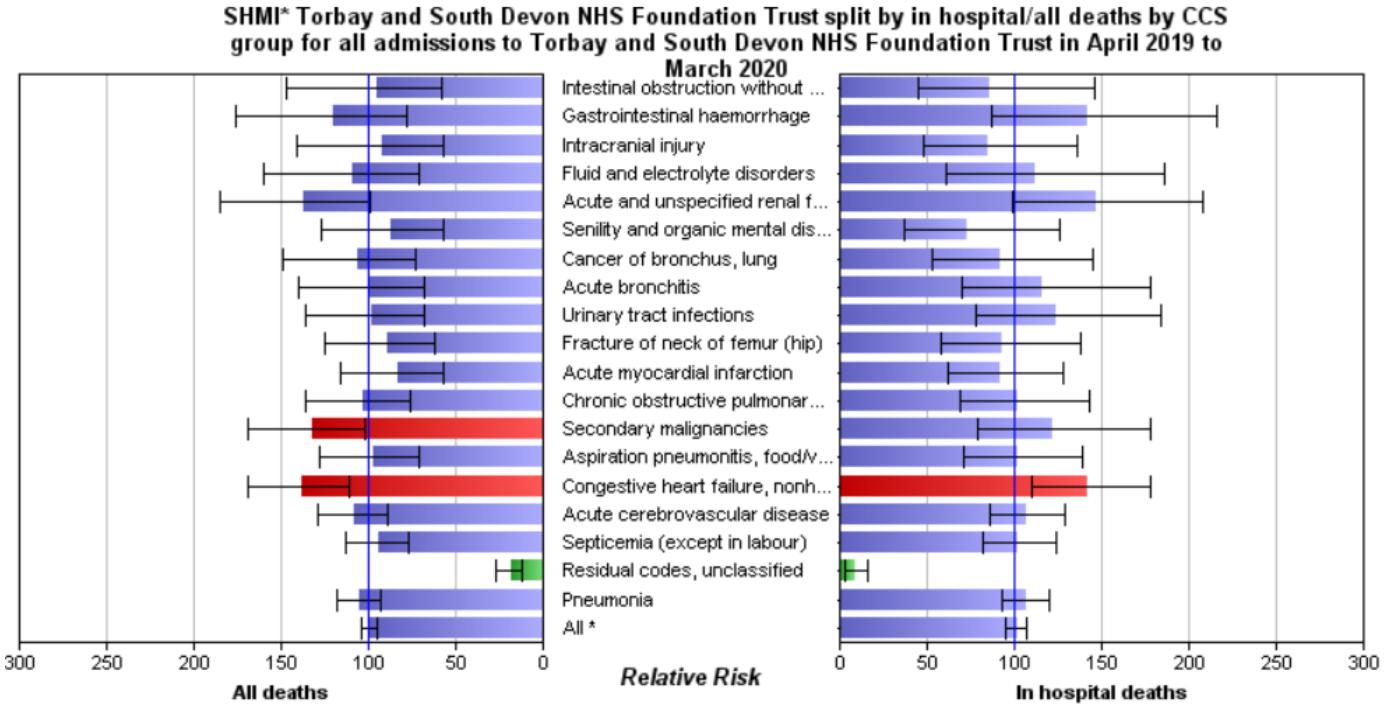


Chart 8 allows a comparison of the mortality clinical classification software (CCS) groups for in hospital and all deaths (i.e. within 30 days post discharge). All areas are within *normal range* or are performing *better than the norm* except 'Secondary Malignancies' and 'Congestive heart failure'. Secondary Malignancies is a new area highlighing red and will be reviewed, firstly by Coding and then discussed at the Mortality Surveillance Group.



4.0 Appendix 2 – Unadjusted Mortality Rate

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

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

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

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

Chart 9, overleaf, highlights the Trust's in-hospital unadjusted mortality. This has to be viewed along with the more in-depth analysis provided by HSMR and SHMI.

This chart includes the Covid lock down period and highlights a rise in mortality during March and April 2020. The rise in unadjusted mortality during March is partly explained by a reduction in activity due to Covid changes. The April unadjusted mortality rise is solely down to reduced activity. In April 2019 the Trust had 3036 discharges (the denominator) and in April 2020 this had reduced to 1773. The following data points reflect the reduced discharges and reduced mortality hence why they are low.

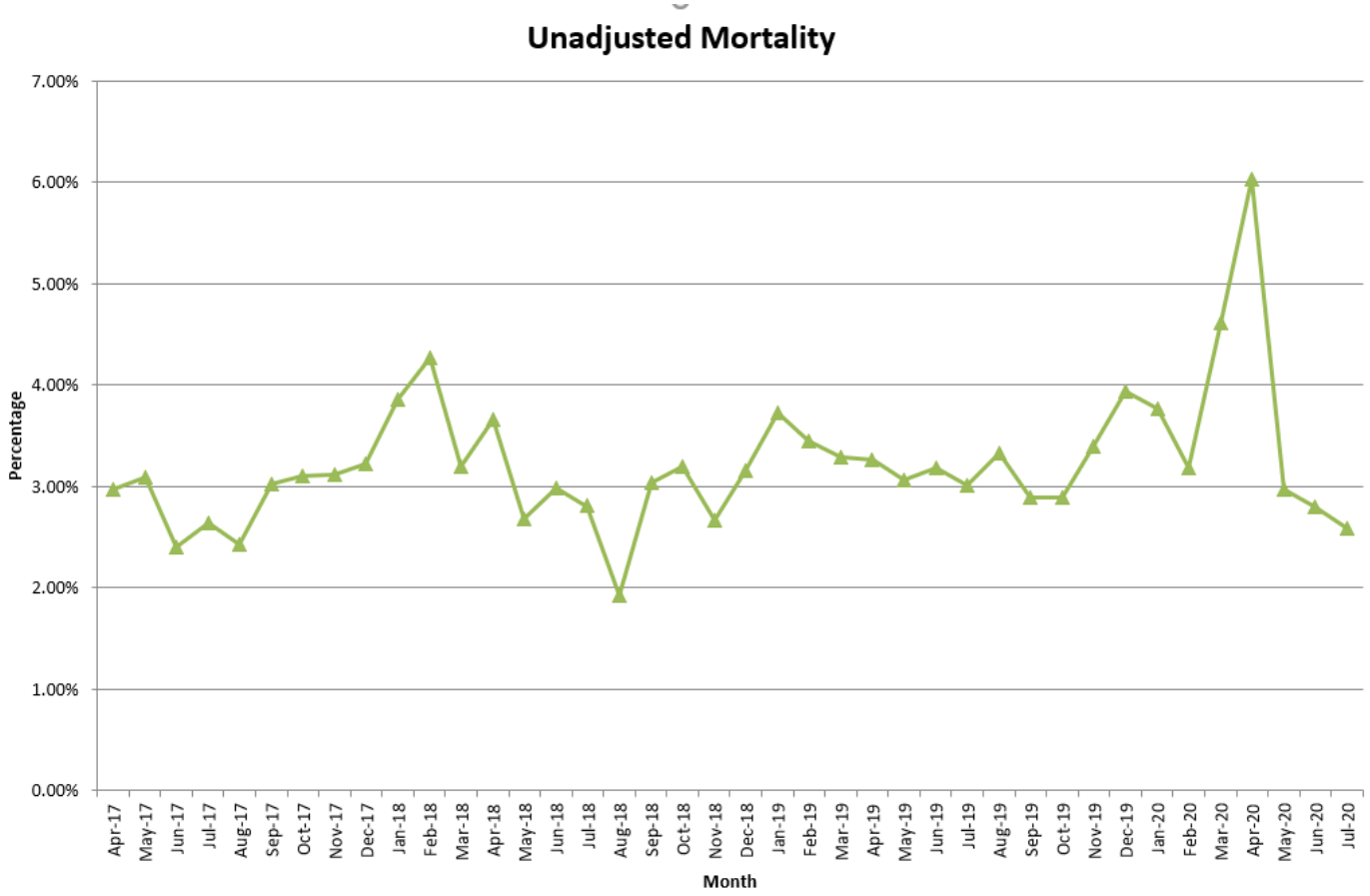


Chart 10 As below, highlights monthly hospital deaths by number. This shows a rise in March and April 2020 compared to previous years. These months include the Covid deaths and the numbers dramatically reduce in May, June and July as activity decreases. The Trust has recorded 39 Covid deaths to date.

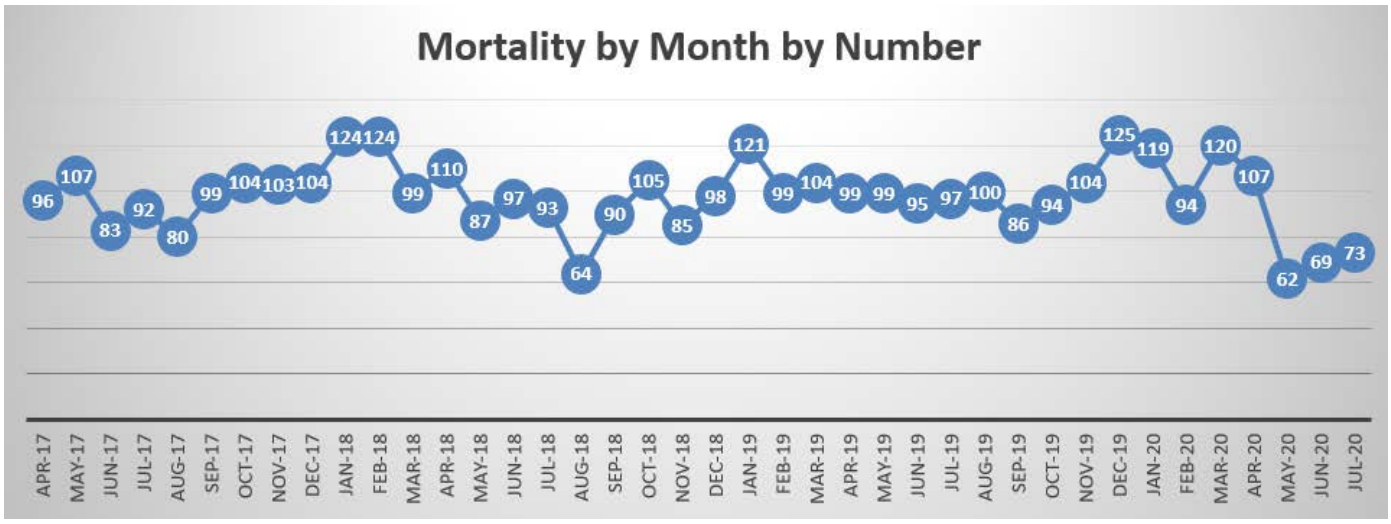
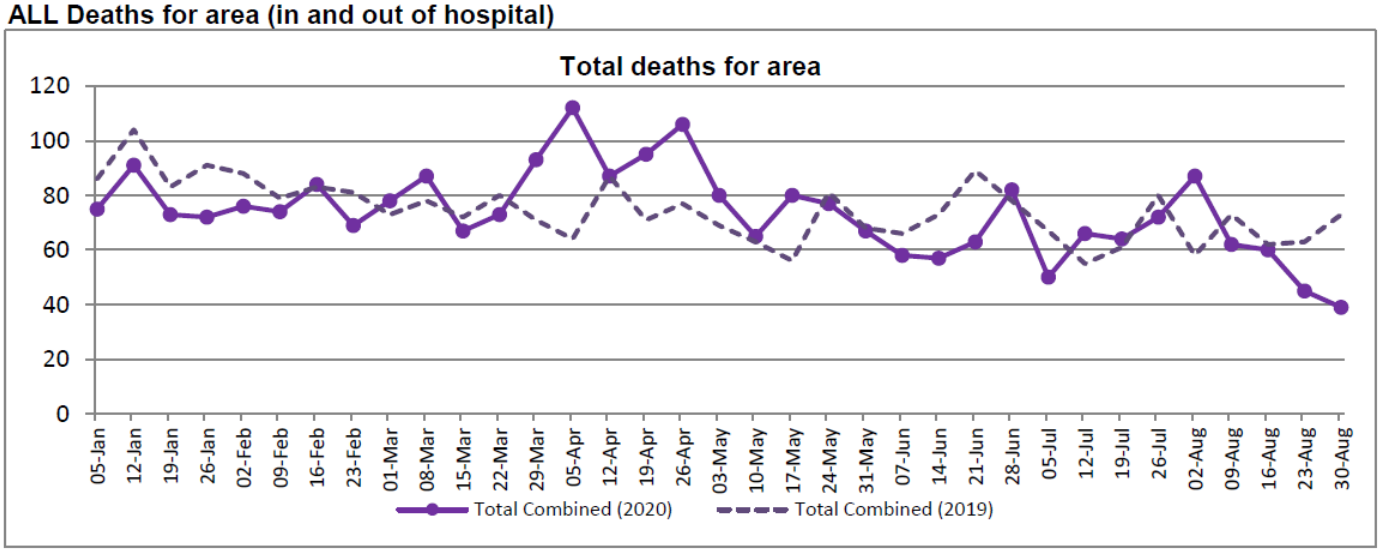


Chart 11, as below, records hospital and community deaths (peoples homes) and also includes a comparator year, 2019.

ALL Deaths for area (in and out of hospital)



This chart shows a rise in total deaths in March and April 2020, as against the previous year, and then a reduction in deaths. The chart then largely normalises to follow the previous year. The last two data points may be prone to data lag and will change in next month's review.

Table 2, overleaf looks at location of hospital deaths by area/ward.

Table 2 –Highlights the Trust's mortality by location by month and by number and are within the expected norms for each area.

Row Labels	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Sparkline
ACUTE MEDICAL RECEIVING UNIT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
AINSLIE	1	2	1	4	3	3	2	2	1	2	1	0	1	2	4	1	1	5	2	3	1	5	2	3	0	1	
ALLERTON	4	5	3	4	4	3	6	0	4	7	4	8	4	5	4	3	9	3	7	10	6	6	3	5	4	7	
BRIXHAM	1	3	0	3	0	1	0	0	1	4	1	0	1	0	0	2	1	1	0	1	2	0	1	1	1	0	
CHEETHAM HILL	9	8	10	13	9	9	7	13	18	11	8	11	11	11	11	5	9	8	6	19	3	10	13	9	8	14	
CROMIE	2	3	1	1	2	3	6	1	2	5	4	4	5	2	2	4	4	5	6	3	2	3	13	0	1	1	
DART	1	3	1	2	1	2	2	2	2	5	0	3	1	1	1	2	2	2	1	1	0	3	1	0	0	0	
DAWLISH	4	1	0	0	1	1	5	6	3	3	3	2	0	0	5	2	4	0	2	6	4	0	3	0	1	3	
DUNLOP	8	3	6	7	2	6	3	6	5	4	7	5	5	4	3	5	7	5	9	8	2	10	4	6	6	3	
EAU3	7	10	5	7	5	0	3	12	5	5	8	1	6	10	13	8	6	7	6	5	6	7	3	3	6	2	
EAU4	7	6	3	7	8	8	8	6	5	5	7	6	8	8	8	3	5	15	11	6	8	13	3	3	5	7	
ELLA ROWCROFT	2	2	0	0	0	2	0	1	1	1	0	1	2	1	0	1	0	0	0	1	0	1	3	2	1	0	
FORREST	0	1	1	2	3	0	2	3	5	1	2	0	1	3	1	0	1	2	2	2	1	8	7	4	1	0	
GEORGE EARLE	9	10	7	9	13	11	16	17	12	11	11	8	12	9	5	10	7	14	16	14	12	11	6	5	5	7	
INTENSIVE CARE UNIT	6	8	5	8	13	6	4	9	6	6	10	10	9	11	11	10	7	10	11	9	8	6	8	7	5	5	
LOUISA CARY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	
MIDGLEY	10	8	5	6	17	9	10	11	9	14	10	9	9	11	11	9	8	10	17	12	9	7	4	8	11	10	
RECOVERY INTENSIVE CARE UNIT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	
SIMPSON	9	10	6	9	9	8	8	10	9	7	10	6	6	7	10	8	6	2	12	5	6	13	5	2	4	7	
TEIGN WARD	1	0	3	0	2	3	2	3	1	2	1	3	3	2	2	1	2	0	1	1	1	3	5	1	5	5	
TEMPLAR WARD	1	3	2	2	5	3	2	2	1	1	0	1	2	1	2	3	5	4	6	3	6	2	8	2	1	0	
TORBAY CORONARY CARE BEDS	2	2	0	2	2	0	1	3	0	2	1	1	2	0	0	1	1	4	1	0	2	4	2	0	2	1	
TURNER	13	5	5	3	6	5	10	8	6	2	8	9	5	7	6	7	7	6	8	6	8	5	1	0	0	0	
WARRINGTON	0	0	0	0	0	0	1	5	3	6	3	10	2	2	0	0	0	0	0	4	6	2	7	0	0	0	

5.0 Appendix 3 - Dr Foster Alerts

Dr Foster utilises an alerting system, as below. Triggers are raised when the expected number is exceeded by the actual number of deaths, Dr Foster also provides a guide should an alert occur. In the first instance the coding on each patient is looked at and amended as necessary, second, is a notes review to confirm cause of death and coding. With the current dashboard, Pulmonary heart disease is being reviewed. Preliminary analysis does not show any areas of concern and a number of coding changes have been made.

Coding reviews will also be carried out on ‘Intestinal Infection’,16 vs 8 expected, ‘Congenital anomalies’, 66 vs 48 expecetd, ‘Viral infection’ (this is Covid related, as discussed previously) and ‘Syncope’ 6 vs 1 expected.

Table 3

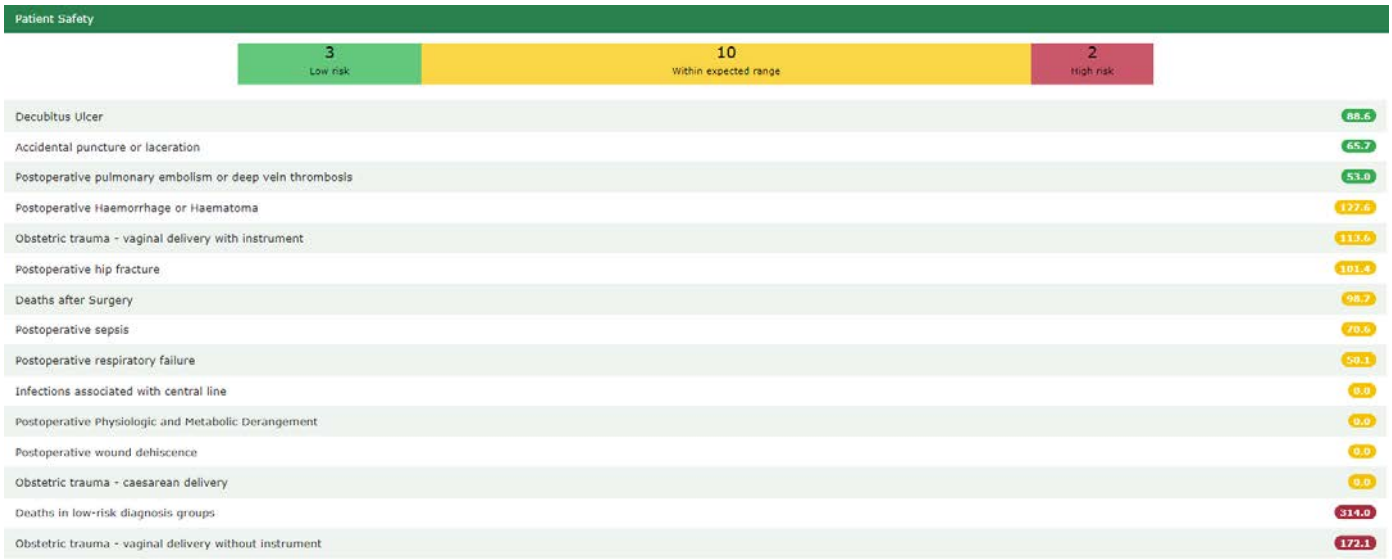
Acute and unspecified renal failure	1	203	30	18.8	14.8	159.7
Congestive heart failure, nonhypertensive		444	66	48.2	14.9	137.1
Essential hypertension	1	69	1	0.1	1.4	1204.6
Genitourinary congenital anomalies	1	28	1	0.0	3.6	3003.3
Intestinal infection	1	638	16	7.6	2.5	211.0
Menopausal disorders	1	48	1	0.0	2.1	2068.5
Other congenital anomalies	1	35	1	0.1	2.9	1266.8
Pulmonary heart disease	1	179	9	8.0	5.0	113.2
Syncope		344	6	1.3	1.7	451.7
Viral infection	8	580	27	1.7	4.7	1594.7

6.0 Appendix 4 – Dr Foster Patient Safety Dashboard

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

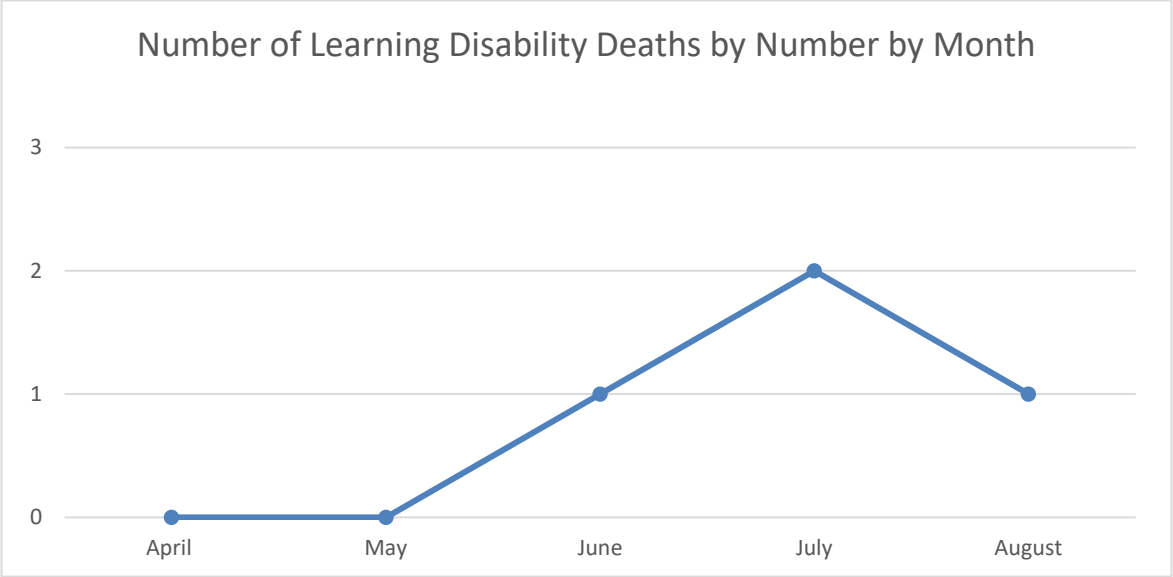
The data was pulled on the 2nd September 2020, 10 indicators are within the expected norm, with 3 indicators in the low risk category and 2 in the high risk category. The team has asked Dr Foster for comment on this data as well as the Trust's internal Coding team.

Table 4



7.0 Appendix 5 - Mortality Reviews including learning for July /August 2020 (Q2 to date)

Number of deaths of a patient with a learning disability
The data for this chart is taken from the SJF reviews and the Trust's PAS system which highlights a learning disability.



All deaths involving a learning disability are reviewed through the Learning Disabilities Mortality Review (LeDeR) process. This process feeds back into the Trust any learning.

Number of Neonatal, Perinatal, and Maternal Deaths
During July and August the Trust has had no still births or neonatal deaths.

Number of deaths in which complaints were formally raised by the family
During July and August the Trust received two complaints, one concerning care at the end of life and the second concerning communication regarding a terminal diagnosis during Covid. These are currently under investigation.

Medical Examiners
The Trust has 5 Medical Examiners in post, including a lead Medical Examiner and a Medical Examiner Officer. The service is based in the Medical Examiner's Office, adjacent to the Bereavement Office and is now reviewing deaths in a pilot format. 13 deaths have been reviewed to date and no issues have been identified.

Learning from Inquests
During Q1 and Q2 (to date) of 2020/21, there have been no Coroner's inquests and the Trust has no outstanding Regulation 28 reports.

Trust learning from Q1 as below, Q2 review will follow in the October report.

Total number of deaths which were investigated as a Serious Incident during Q1
These included i) a death following a presentation of bowel perforation, ii) an issue with stroke treatment and the Stroke call, in a patient on anticoagulants, iii) a missed incidental finding on chest x-ray and follow up iv) an issue during surgery with the surgical prop that likely caused rhabdomyolysis and a reperfusion injury, and v) a readmission with a case of necrotizing fasciitis.

Key Issues	Learning and actions taken
Treatment / Diagnostic learning Possible delay to CT scan due to concerns over contrast use in a patient with renal impairment An issue was raised re stroke alerts and that despite being on anti-coagulation this doesn't necessarily exclude thrombolysis treatment Delay to follow up incidental findings on a Chest x-ray Patient presented to ED with a fall and diagnosised with plantar fasciitis, then fell again at home and represented and was diagnosised with necrotising fasciitis	Discussions at M&M re renal impairment and CT contrast and alternatives available Shared across the trust – always use the stroke alert process and the Stroke consultants will review and advise Issue shared at M&Ms and other groups, work is ongoing with order comms Issue shared with ED and orthopaedics *In all cases an investigation is undertaken and the teams involved in the RCA, learning and sharing*
Communication Upward referral to consultant may have benefited the decision-making process	Use of communications video at Dr induction
Documentation Dating, signing issues with documentation	*In all cases an investigation is undertaken and the teams are involved in the RCA, learning and sharing*

8.0 Glossary of Terms

Spell An admission, or **spell**, is defined as a continuous period of time spent as a patient within a trust, and may include more than one episode.

Superspells are spells that link together individual hospital episodes.

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

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

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

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

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

Torbay and South Devon
NHS Foundation Trust

Report to Trust Board of Directors			
Report title: Safer Staffing and Nursing Work Programme Update			Meeting date: 30 September 2020
Report appendix	Appendix 1 – Planned v Actual CHPPD		
Report sponsor	Chief Nurse		
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 report for September 2020 demonstrates that the organisation monitors and manages nurse and midwifery staffing levels across the through range of mechanisms that provide insight and assurance around maintaining safe staffing. These have been maintained throughout the initial COVID peak and continue as we progress the recovery and restoration/phase 3 plan This report outlines the safety measures that are 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 area. These are robustly actioned by the senior nursing leadership in Associate Directors of Nursing and Professional Practice, matrons and senior sisters, alongside through the clinical site team 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 the continuation of responding to Covid19 and the transition to standing services back up as well as being agile enough to respond to a surge in COVID 19 cases. The Board is asked to note the contents of the report		

Summary of key elements	
Strategic objectives supported by this report	

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

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

Board Assurance Framework		**Risk score**	
Risk Register	x	**Risk score**	16

External standards affected by this report and associated risks	

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

Report title: Safer staffing monthly update		Meeting date: 30 September 2020
Report sponsor	Chief Nurse	
Report author	System Director of Nursing and Professional Practice – South Devon	

1. Introduction

The purpose of this monthly report is to provide information and assurance to the Board regarding the Nursing and Midwifery Safer Staffing levels. The information supplied and triangulated is for July and August 2020, due to no board meeting in August 2020. This report will also outline the safe staffing position maintained during standby for COVID19 and the subsequent recovery/transition phase.

2. Discussion

2.1 COVID 19 Staffing – Stand up, Stand down, Standby

A key priority for the organisation is to ensure that safe staffing levels are maintained at all times. COVID 19 has presented a range of staffing challenges since the initial peak and although we have seen a significant reduction in the number of patients admitted to hospital, safe staffing remains a focus of ongoing review and scrutiny, particularly as we progress plans for phase 3 and winter pressures.

2.2 Exeter Nightingale

Exeter Nightingale opened at the beginning of July 2020 with 112 beds and is progressing with the care model that includes oxygen dependent patients. As a Trust we are working in partnership with the STP and are supporting the Nightingale through the provision of nursing resource enabling support the activation of phase 1 (Daisy ward) and phase 2 (Clover ward), this equates to opening of a total of 48 beds.

- Phase 1 contribution involves the secondment of 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.
- Phase 2 support is being agreed with the senior nurse team following an expression of interest for phase 2 staffing requirements being placed. We will continue to work with The Royal Devon and Exeter Trust to ensure that we contribute to the system requirements while maintaining safe staffing across Torbay and South Devon NHS Trust
- A Nightingale Hospital roadshow is being progressed across Devon, and we will welcome the nightingale into the Trust on the 23rd September.

2.3 Planned versus Actual

In line with the National Quality board Standards, All Trust are required to publish their staff position in terms of planned v actual levels.

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 within the establishments of inpatient areas, however this is an area we are progressing.

2.4 Care Hours Per patient Day

CHPPD was developed, tested and adopted to provide a single, consistent and nationally comparable way of recording and reporting deployment of staff on inpatient wards.

- It produces a single comparable figure that represents both staffing levels and patient requirements, unlike actual hours or patient requirements alone.
- It enables wards within a trust, and wards in the same specialty at other trusts, to be compared. As CHPPD is calculated after dividing by the number of patients, the value does not increase due to the size of the ward, enabling comparisons between wards of different sizes.
- It offers the ability to differentiate registered nurses and midwives from healthcare support workers for reporting purposes, ensuring skill-mix is well-described and the nurse-to-patient ratio is considered in staff deployment, along with an aggregated overall score.

2.5 Trust position – benchmarking

a) The model hospital dashboard was updated in March 2020 to show the national median data at 9.1 Total: i.e 5.3 RN & 3.7 HCA. It is important to understand this position in the context of ofCovid-19
b) Changes within workforce plans
c) Data validation

As such we should not draw any definitive conclusions
TSDFT CHPPD position for July and August 2020 alongside national median data and peer regional data.

The Trust remains below the national and peer RN range at 4.03 in August and above the national and peer for HCAs at 4.21.

For August 2020 our position in the Trust has demonstrated that our overall comparison of total CHPPD is 8.24 against a national median of 9.1 (National data is March 2020) and peer value of 8.7. The RN CHPPD position demonstrates that we are an outlier under the national and peer values.

HCA CHPPD position has decreased from 5.10 in July to 4.21 in August which is a decrease from previous months, however, 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 status of COVID -19 response, the recovery/transition of services to a stand up, standby and stand down mode, as well as enhanced supervision and backfill

for unfilled RN shifts where it is deemed safe. Alongside the reconfiguration of the Trust COVID-surge response plans.

We are working on recruitment and retention solutions to address the registered nursing vacancies, which includes awaiting the re-opening of international travel arrangements, as well as the effects that Covid 19 have had we may see a geographical change which will provide increased recruitment to RN posts. The marketing of resourcing is starting to be realised and is an area of focus for the Trust

										Model Hospital		
	TSDFT August 2020	TSDFT July 2020	TSDFT June 2020	TSDFT May 2020	TSDFT April 2020	TSDFT March 2020	TSDFT February 2020	TSDFT January 2020	TSDFT December 2019	TSDFT March 2020	Peer – Region March 2020	National Median March 2020
Total CHPPD	8.24	9.84	10.31	11.64	14.31	9.40	7.88	7.96	7.56	9.1	8.7	9.1
RN/ RM CHPPD	4.03	4.74	4.98	5.54	7.22	4.44	3.95	3.69	3.54	4.2	5.1	5.3
HCA / MCA CHPPD	4.21	5.10	5.34	6.10	7.08	4.96	3.93	4.27	4.02	4.9	3.8	3.7

The key to ensuring safe staffing is to review the planned and actual through safecare on a shift by shift basis and in context of the acuity and dependency level.

The bar charts within the appendix reflect the position of the Trust during July and August where we still see RN and HCA above planned. For RN's in July this was Cromie, Ella and Midgely wards and for August we saw Ainslie, Cromie, Ella Rowcroft and Brixham this in relation to the changes occurred within the organisation as a response to COVID-19 and the organisation moving to transition of standing services back up through July and August, whilst maintaining a standby modality and flexibility to stand down activity and respond in a timely fashion. Services are starting to move back to original or new locations, alongside the increasing remote working in a number of settings. Alongside a clinical requirement for usage of RMNs.

The bar charts for HCA's show that all areas in July and August This is in response to reduced activity and reduced bed capacity, there is also a required for ensuring enhanced care supervision to our patients requiring 1:1 supervision. An establishment review process is being put into place and an enhanced care review is also being completed.

This overall demonstrates a position where the actual staffing for both RN's and HCA's are above those that are planned and when reviewing the CHPPD data this reflects the position both for HCA's and RN's which are below national and peer for RNs and above the position with HCAs.

Whilst there is mitigation with various rationale an establishment review will be undertaken in view of all the bed capacity changes being completed and the analysis of the data that is presented.

2.6 Acuity and Dependency

The Safer Nursing Care Tool has been developed to help NHS Hospital staff measure patient acuity and/or dependency to inform evidence-based decision making on staffing and workforce. It is an evidence-based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity/dependency terms.

Safecare is the tool for real time acuity and dependency of patients within inpatient ward areas that is utilised within TSDFT, this enables us to undertake this review and have clear visibility on daily and shift by shift basis
This has allowed for areas to be much more fluid with staffing flexibility to ensure all areas across the Trust have safe staffing levels.

2.4 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 in August 2020 is summarised in the table below. The table demonstrates that during August 2020 the Trust experienced more days at Opel 1 and 2 with 0 days at Opel 3 and 4 and the table below shows that this has been consistent for the last 3 months.

Overall the Trust experienced 77.42% of the time in Opel 1 demonstrating 24 days out of 30. For August 2020 the Trust spent 100% of the month in either Opel 1 or Opel 2. This demonstrates an overall improvement especially when activity has increased to near pre-covid 19 numbers and maintaining less than 85% bed occupancy.

The alert status provides overview of the bed occupancy and activity regarding flow across TSDFT, in turn this allows for triangulation with safecare in order to be much more fluid with staffing flexibility to ensure all areas across the Trust have safe staffing levels.

TSDFT Alert Status	*No Days in Month August 2020*	*% days in Month*	*No Days in Month July 2020*	*% days in Month*	*No Days in Month June 2020*	*% days in Month*
Opel 1	*24*	*77.42%*	*28*	*90.3%*	*22*	*73.33%*
Opel 2	*7*	*22.58%*	*3*	*9.67%*	*8*	*26.66%*
Opel 3	*0*	*0%*	*0*	*0%*	*0*	*0%*
Opel 4	*0*	*0%*	*0*	*0%*	*0*	*0%*

2.5 Use of Temporary Staffing

Overall the organisation has a downward trajectory of bank and agency usage (see charts below), with the main usage for vacancies and short-term sickness. The Emergency department has continued to use resources from temporary staffing due to vacancies within the department, there are 7.6 wte Band 5 vacancies across the Emergency Department. George Earle has also been a high user of temporary staffing with the use of registered mental health nursing requirements.

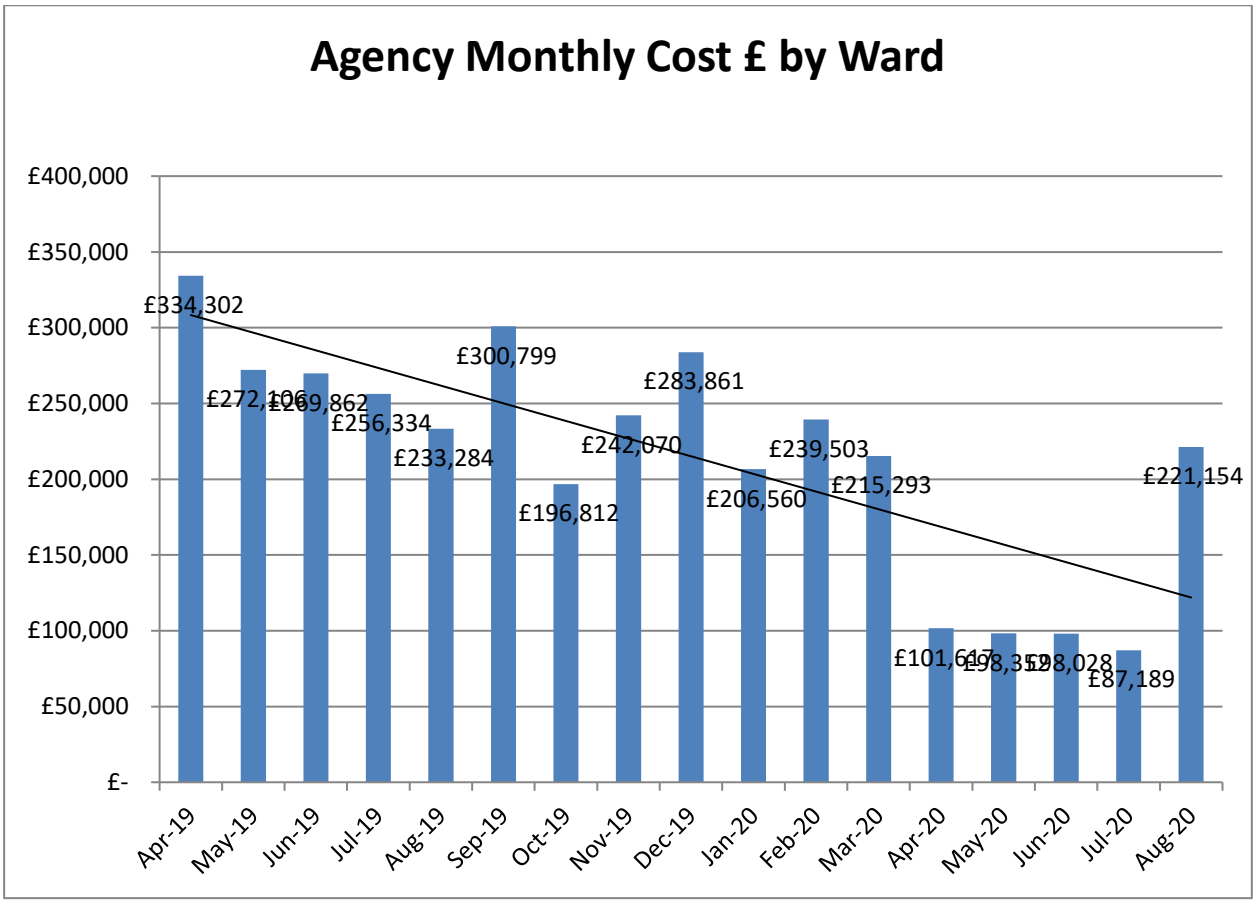
There were no shifts in July or August 2020 that were not filled at 100% RN for Emergency department.

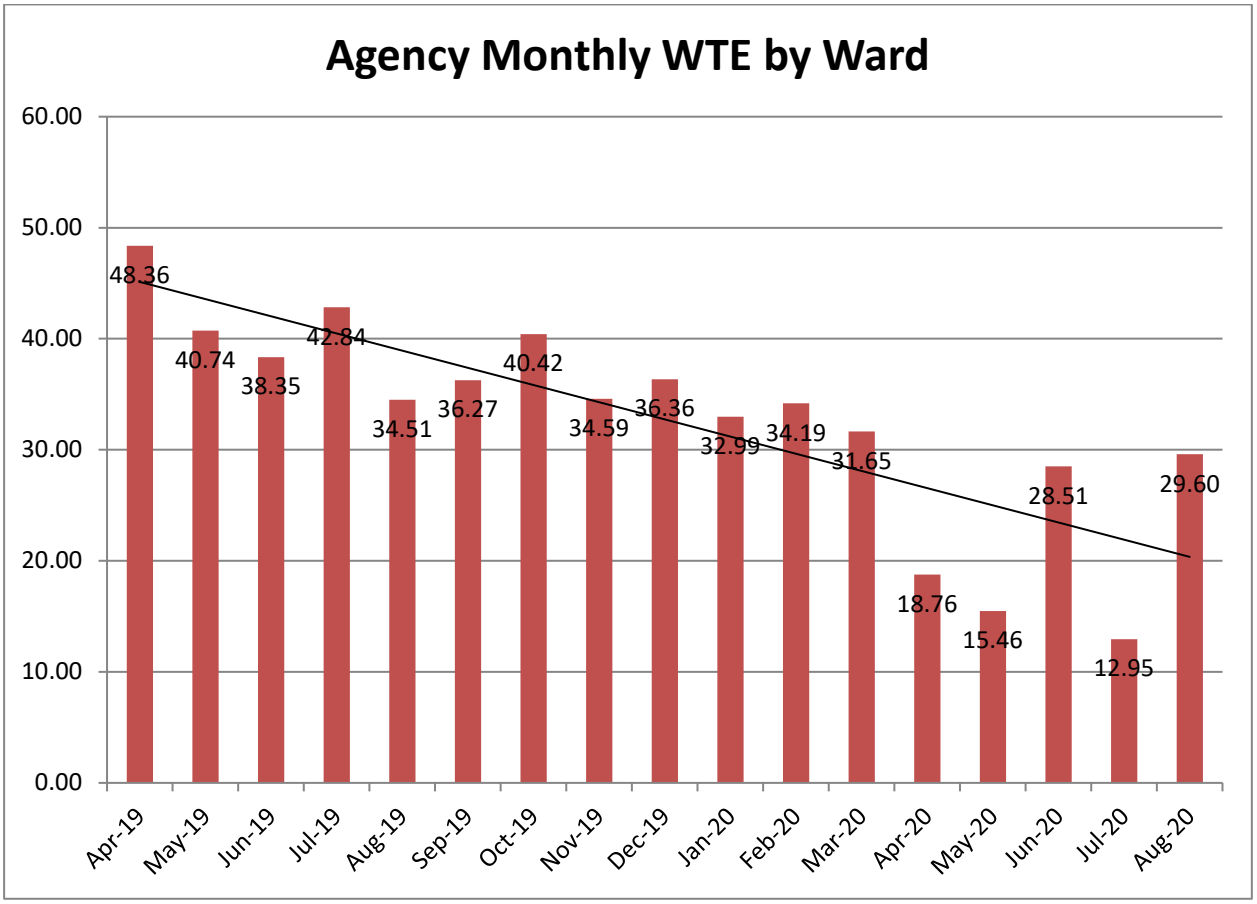
The actions below are still appropriate, however in relation to the workforce review and supportive framework, they have been temporarily stood down due to the Covid19 situation, these have been reinstated in May 2020 and are progressing to deliver a comprehensive workforce plan based on the evidence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

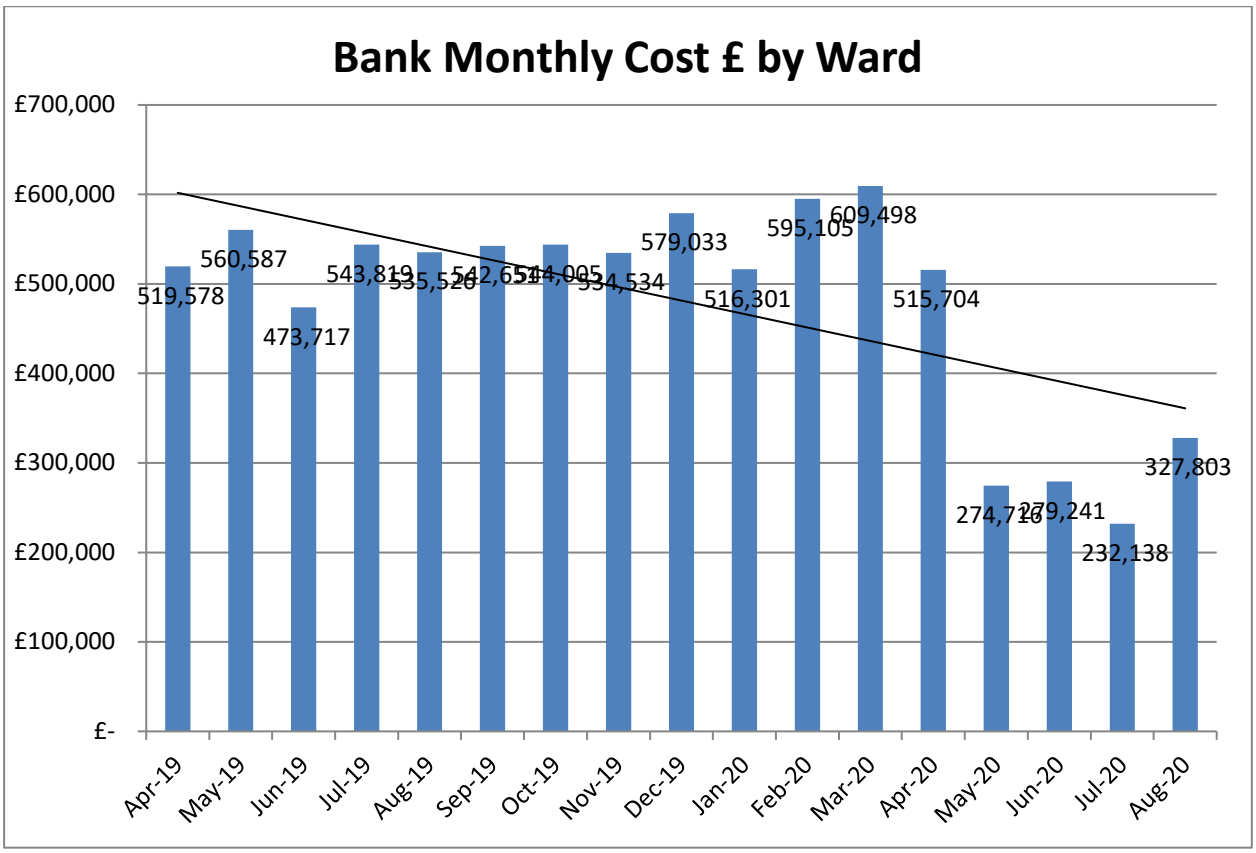
- The Baseline Emergency Staffing Tool (BEST) was used in 2016/17 to ensure staffing establishment was appropriate. At that time establishment was within expected benchmark but there were recommendations about shift pattern changes. This has been repeated in Q4 and the department are working through the data.
- The Trust has supported a new nursing leadership model for the Emergency Department, where there are now 2 Matron roles within the ISU; Emergency Department Matron and Assessment Units Matron. The ED matron commences in September and the Assessment Units Matron commences on 1st October.

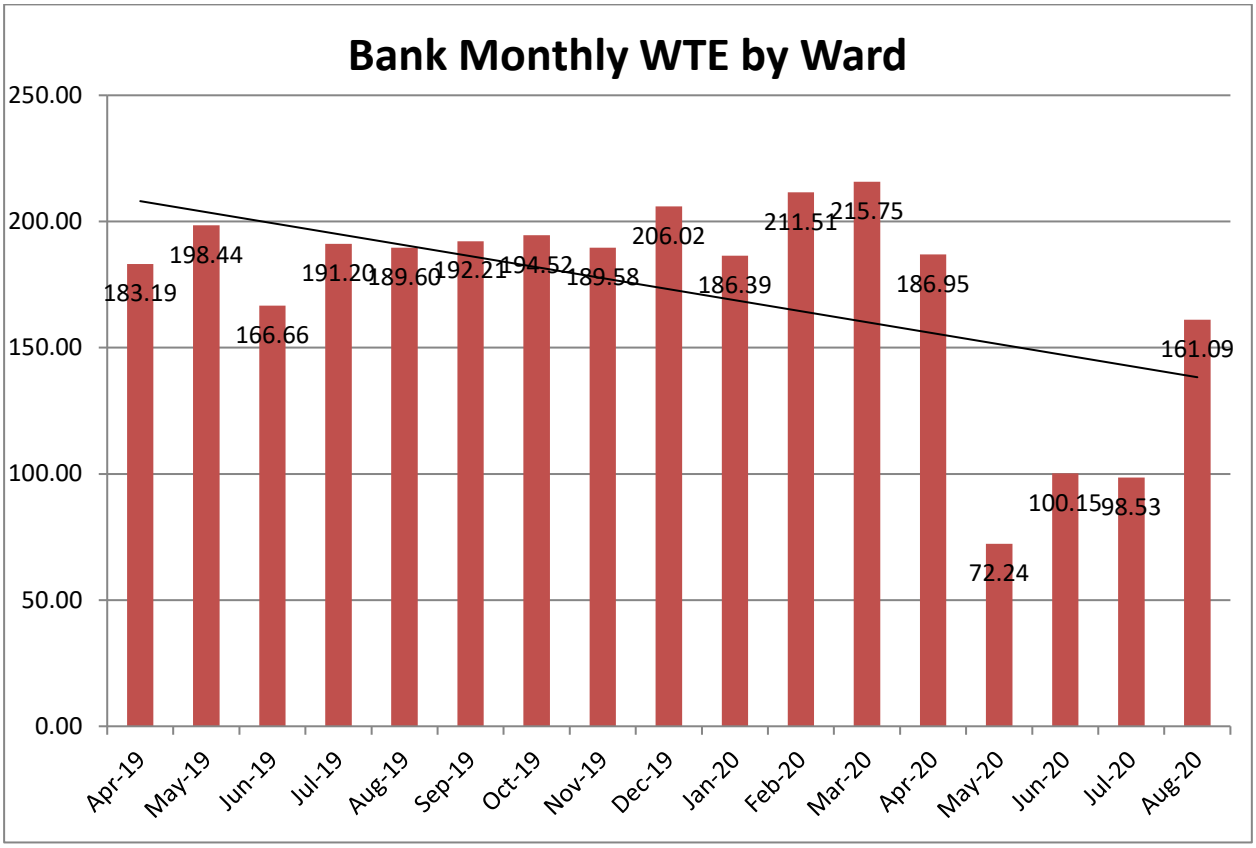
August has seen an increase in bank and agency usage, this is due to the reassignment of staff moving back to the departments and services stepping back up from being stood done for covid -19 surge. There has also been an increase need to support mental health patients

Nursing Agency Usage






Bank Monthly Cost £ by Ward
£700,000
£600,000
£500,000
£400,000
£300,000
£200,000
£100,000
£-
519,578
560,587
473,717
543,819
535,526
542,654
544,005
534,534
579,033
516,301
595,105
609,498
515,704
274,716
279,241
232,138
327,803
Apr-19
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
Jun-20
Jul-20
Aug-20


Bank Monthly WTE by Ward
250.00
200.00
150.00
100.00
50.00
0.00
183.19
198.44
166.66
191.20
189.60
192.21
194.52
189.58
206.02
186.39
211.51
215.75
186.95
72.24
100.15
98.53
161.09
Apr-19
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
Jun-20
Jul-20
Aug-20

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, however there has been an increase usage in August 2020. This is due to the increase in registered mental health trained nursing staff need at tier 3 off framework to support a number of areas where the requirements were needed.

Actions:

- The monitoring of bank and agency usage is to be maintained on a weekly basis
- The workforce redesign is to continue as services are stood up
- The redesign of winter planning and bed reconfiguration is being planned and business case is being finalised to be agreed
- An establishment review process is being progressed to review

2.6 Nursing and midwifery vacancies

The recruitment strategies previously reported have resulted in an RN vacancy rate as at the end of August 2020 is of 11.4 %. Registered midwives continue with a <1% vacancy rate. The resourcing hub is reviewing our attraction and marketing strategy as part of the learning from covid 19.

2.7 Electronic - E-rostering

There are 6 Key Performance indicators that monitor the efficiency and effectiveness of deployment of nursing resource 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.

For electronic rostering period 6th July to 2nd August 47% of areas achieved KPI 1 and 76% of areas did not achieve full utilisation of hours

2.8 Quality and Safety

QuESTT

Each clinical area completes the monthly QuESTT tool which triggers actions as highlighted in the escalation procedure. The staffing elements reviewed within QuESTT include vacancy levels, sickness rate, whether there is a line manager in place or if they are new, types of patients i.e supportive observations and identification of key quality indicators. The Associate Directors of Nursing and Professional Practice ensures contact is made for any area triggering an amber score or above and that appropriate actions to mitigate the issues causing the increase in scores is taken, these are reported as part of the governance accountability framework to all relevant forums.

For August 2020, the table below shows that at the time the data was compiled all but 5 areas had not made a return this month. This was due to ward moves, areas still returning to activity levels for stand up, stand by, stand down in relation to covid-19

There was 1 Red rated team and 10 Amber rated teams for August 2020, 5 teams did not complete the return (where notified suspended services have been removed from the report) and the Associate Directors of Nursing and Professional Practice are working with their teams to address the non-completion of QuESTT are as detailed below:

Red rated team:

- Brixham hospital – this is due to sickness and a small proportion of vacancy.

Amber rated teams:

- Coastal, Moor to Sea and Newton Abbot Occupational Therapy – vacancy, sickness related to the constraints within COVID-19
- Newton Abbot and Paignton and Brixham nursing – short term sickness and vacancy.
- Coastal and Newton Abbot Physiotherapy – short term sickness and vacancies
- Social Care – South Devon – due to number of referrals, vacancies, short term sickness and Covid19 related activity.
- Podiatry – vacancy and sickness

The main themes as described above are vacancies across nursing and allied healthcare professionals and short-term sickness.

Workforce and organisational development are working alongside the departments, sisters, matrons and associate directors of nursing and professional practice to undertake workforce redesign, wellbeing action plans and learning from covid for reassignment of staff which are being submitted to design a framework for use in short term contingency and longer-term aspirations to work alongside the people plan strategy.

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

Quality Safety and Effectiveness Trigger Tool (QuESTT)

Torbay and South Devon NHS
NHS Foundation Trust

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

Service Type	Team	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020
% Complete		95%	96%	96%	94%	94%	91%	68%	89%	92%	95%	96%	94%
Total Purple (L3)		0	0	0	0	0	0	0	0	0	0	0	0
Total Red (L2)		2	0	0	0	0	2	0	1	0	0	0	1
Total Amber (L1)		5	10	8	10	7	7	12	12	10	10	5	10
Total Green (L0)		68	66	68	64	67	63	42	57	63	65	71	63
Average Score		9.8	9.9	9.5	10.3	9.7	10.1	10.6	10.8	9.9	9.9	9.2	9.7
Acute	Ainslie	11	10	7	10	10	13	9	9	11	15	12	14
	Allerton	14	9	6	5	8	7	6	9	11	4	8	6
	Anaesthetics	10	7	9	8	6	9	11	12	11	9	8	10
	Breast Care Unit	10	6	3	5	3	6	0	2	2	0	1	1
	Cath Lab	13	15	7	6	8	8	6	1	1	1	2	2
	Cheetham Hill	12	13	13	17	13	9	14	13	13	14	14	12
	Cromie	5	8	5	9	6	15	9	8	1	6	7	6
	Dunlop	6	7	6	7	5	6	11	10	10	11	5	7
	Early Pregnancy / Fertility Service	6	6	8	6	6	4	8	8	10	10	6	8
	EAU3	12	10	18	14	11			16	13	10	6	11
	EAU4	8	7	6	5	9	5	6	5	8	6	5	6
	Ella Rowcroft	10	9	8	11	11	8	6	8	7	9	11	5
	Emergency Department	19	19	18	15	10	12	16	13	11	11	10	9
	Endoscopy	6	8	3	3	3	6	5	10	8	8	6	6
	General Theatres	15	7	15	13	7	7		10	5	9	9	7
	George Earle	15		16	14	12	11	11	14	14	11	13	10
	Gynaecology Out-Patients Dept	7	8	3	7	7	5	11	7	11	11	9	9
	Hutchings	9	9	9	7	6	10		7	1	7	5	10
	ICU	3	9	14	6	8	10	19	16	12	8	10	12
	Louisa Cary	3	9	3		5	7	4		7	10	4	4
	MAT / TAIRU	4	7	7	8	5	4		2	3		11	7
	Maternity	14	13	9	10	15	13	15	12	12	14	11	12
	Midgley	7	9	8	11	7	11		8	9	8	11	9
	MRU										8	5	
	OPD	3	2	4	6	11	6		6	4	4	7	10
	Ophthalmology	13	14	13	15	12		10	3	11	14	12	11
	Ortho Theatres	14	15	14	12	15	11	11	13	11	8	6	7
	Pre-assessment	12	16	14	12	6	8	8	10	6	10	6	6
	Radiology	9	14	10	9	13	9				13	11	
	Recovery	11	15	15	14	11	10		20	13	14	13	9
	RGDU	12	9	7	10	11	15	10	8	9	16	5	15
	SCBU	1	3	5		1	5	3		2	5	1	1
	Sexual Health	5	6	6	12	11	10		11	6	7	5	12
	Simpson	11	9	11	12	10	10	15	10	11	9	8	8
	TCCU	9	14	10	6	7	11	12	12	10	9	2	5
	Turner	7	12	9	13		7		8	5	13	3	9
	Urology	4	6	5	10	5	7	6	10		14	11	
Service Type	Team	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020

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

3. Conclusion

The report for August 2020 demonstrates that the organisation is continuing to transition into recovery in order to stand up services but enable the workforce to be agile and flexible to be in standby and stand down modalities. This report provides a number of safety measures that are 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 area. These are robustly actioned by the senior nursing leadership in Associate Directors of Nursing and Professional Practice, matrons and senior sisters, alongside through the clinical site team function.

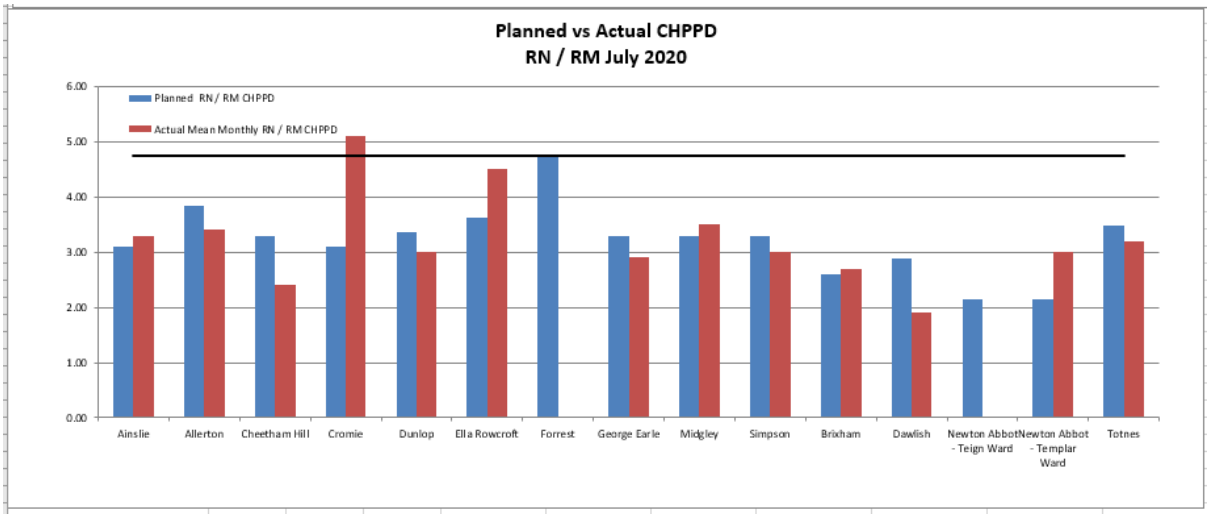
This paper assures the Trust board that there is nursing safe staffing in all inpatient areas within the Trust. The information is triangulated with the quality and safety metrics which demonstrate that these remain within the national requirements despite our current situation in responding to Covid19 and the transition to standing services back up as well as being agile enough to respond to a surge in COVID 19 cases.

4. Recommendation

The Board is asked to note the contents of this report.

Appendix 1
Planned v Actual CHPPD

Table 1



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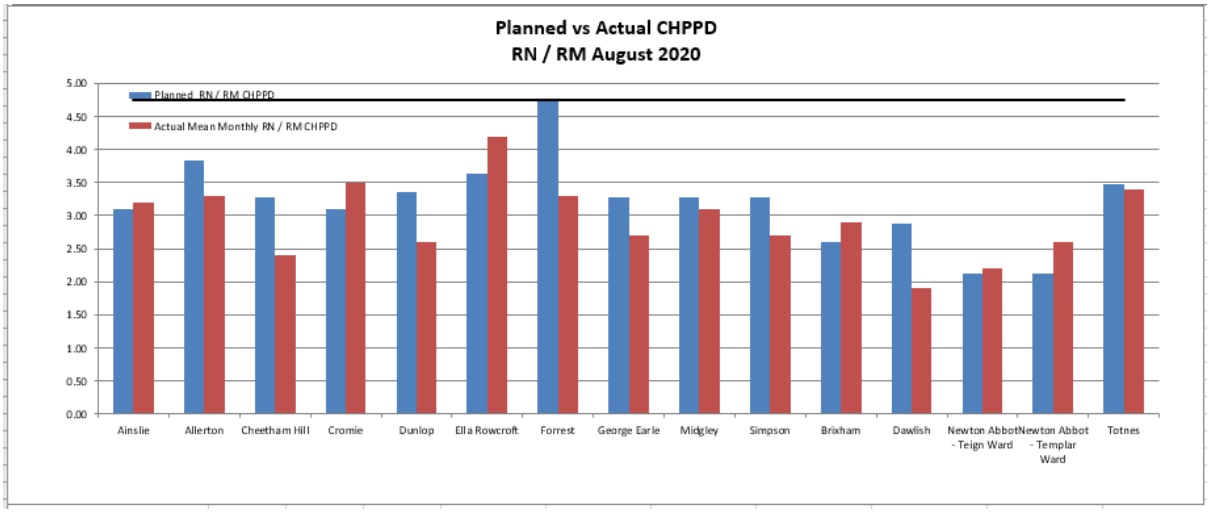
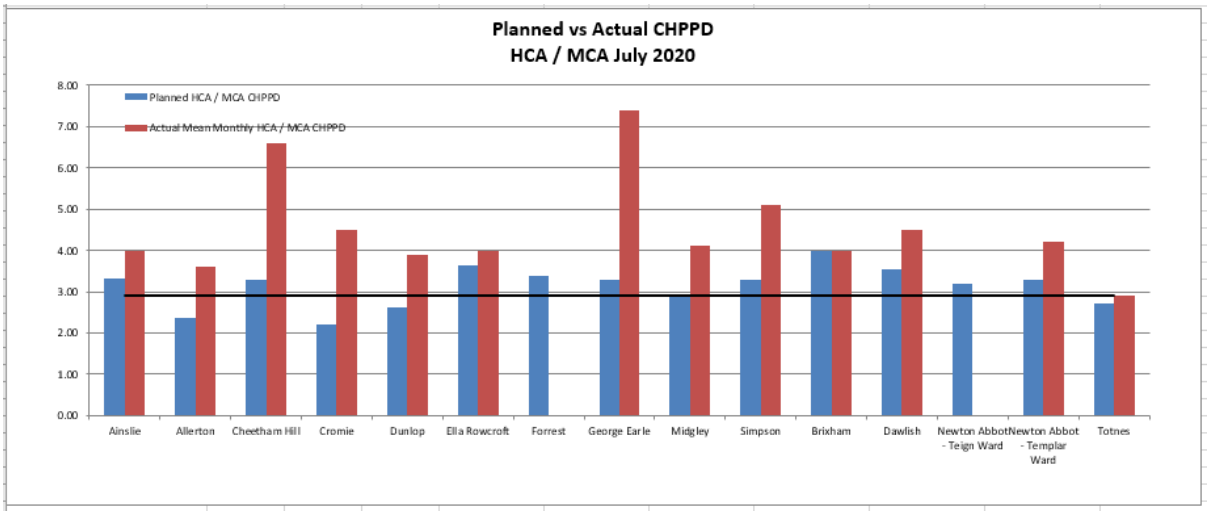
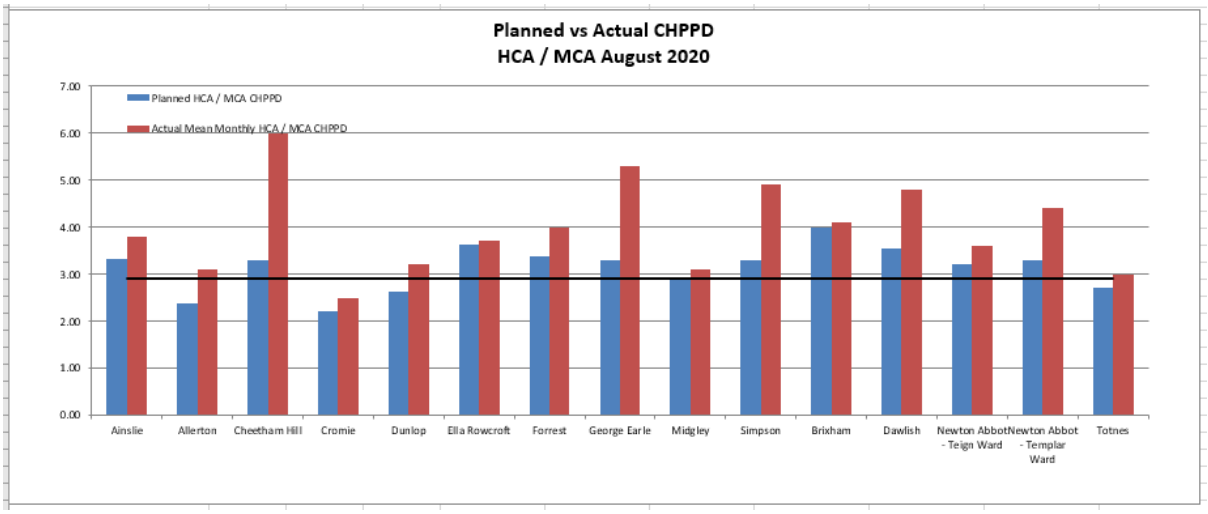
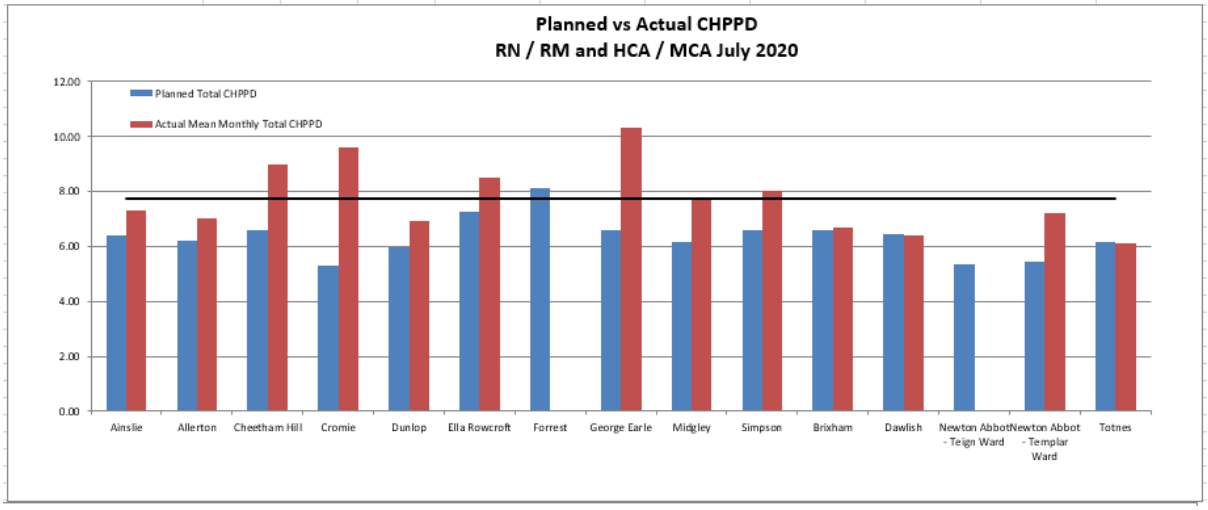
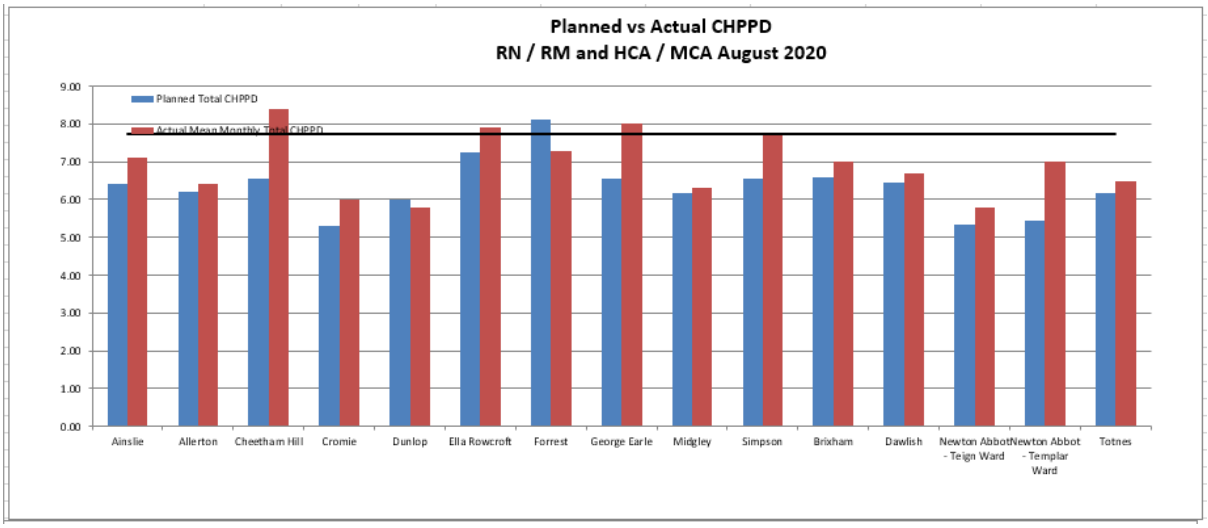





Planned vs Actual CHPPD
HCA / MCA August 2020
Planned HCA / MCA CHPPD
Actual Mean Monthly HCA / MCA CHPPD
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
Ainslie
Allerton
Cheetham Hill
Cromie
Dunlop
Ella Rowcroft
Forrest
George Earle
Midgley
Simpson
Brixham
Dawlish
Newton Abbot - Teign Ward
Newton Abbot - Templar Ward
Totnes


Planned vs Actual CHPPD
RN / RM and HCA / MCA July 2020
Planned Total CHPPD
Actual Mean Monthly Total CHPPD
12.00
10.00
8.00
6.00
4.00
2.00
0.00
Ainslie
Allerton
Cheetham Hill
Cromie
Dunlop
Ella Rowcroft
Forrest
George Earle
Midgley
Simpson
Brixham
Dawlish
Newton Abbot - Teign Ward
Newton Abbot - Templar Ward
Totnes


Planned vs Actual CHPPD
RN / RM and HCA / MCA August 2020
Planned Total CHPPD
Actual Mean Monthly Total CHPPD
9.00
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
Ainslie
Allerton
Cheetham Hill
Cromie
Dunlop
Ella Rowcroft
Forrest
George Earle
Midgley
Simpson
Brixham
Dawlish
Newton Abbot - Teign Ward
Newton Abbot - Templar Ward
Totnes

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Care Quality Commission update			Meeting date: 30 September 2020
Report appendix	Nil		
Report sponsor	Chief Nurse		
Report author	System Director of Nursing and Professional Practice, South Devon Quality and Compliance Manager		
Report provenance	Executive Directors Quality Assurance Group		
Purpose of the report and key issues for consideration/decision	The purpose of this report is to maintain the Board's awareness of current CQC matters and provide early signalling of areas requiring action to improve the healthcare service provided.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	For the Board to note the content.		

Summary of key elements

Strategic objectives supported by this report

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

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

Board Assurance Framework		**Risk score**	
Risk Register	✓	**Risk score**	16

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: Care Quality Commission update		**Meeting date:** 30 September 2020
Report sponsor	Chief Nurse	
Report author	System Director of Nursing and Professional Practice, South Devon Quality and Compliance Manager	

1 Purpose

The purpose of this paper is to provide assurance to the Board around progress and delivery against CQC regulatory improvement notices (n=28) and the recommended improvements (n=43). The paper will outline the status of compliance against the improvements, current governance arrangements and steps being taken to share the assurance framework across the system.

2 Discussion

2.1 Previous CQC inspections: March 2020 core services

2.1.1 Requirement Notices

The CQC's Inspection Report published in July 2020 covered inspection of six core services, and listed 28 Requirement Notices across the core services as follows:

- 1 Trustwide
- 8 Urgent and emergency services
- 9 Medical care (including older people's care)
- 4 Surgery
- 4 Maternity
- 1 Children and young people (CYP; Acute)
- 1 Community Inpatients

As formally requested by the CQC, the Trust's improvement plan to address these notices was submitted on 31 July 2020. No comments on the action plan were received from the CQC.

A RAG rating is used to signify whether the actions for each Requirement Notice are on track. The table overleaf details the status of the Requirement Notices as at August 2020.

2.1.2 Assurance and reporting Framework

Progress on the improvement plan is monitored by the Trust through the CQC and Compliance Assurance Group (CQCCAG) where operational and professional practice leads provide updates. The evidence for completion is reviewed ahead of each monthly meeting with the operational lead and Executive lead. Review and sign-off is required to close Requirement Notices. A brief summary of progress is discussed at the CQCCAG meeting and reported by exception to the Quality Improvement Group.

2020 CQC Improvement Action Plan	
Version No	Version 2.04
Date	22 September 2020
Leads	Associate Directors, and System Director of Nursing and Professional Practice - South Devon

CQC Compliance Actions Status

CQC Core Service	No. of Actions		Completed		On track		Risks overdue		Overdue / Concern	
	Must	Should	Must	Should	Must	Should	Must	Should	Must	Should
Trustwide	1	0	0		0		1		0	
Urgent and Emergency	8	6	0		8		0		0	
Medical Care	9	12	0		9		0		0	
Surgery	4	5	0		1		1		2	
Maternity	4	11	0		4		0		0	
Children and Young People (Acute)	1	5	1		0		0		0	
Community Inpatients	1	4	0		1		0		0	
TOTAL	**28**	**43**	**1**		**23**		**2**		**2**	

The Requirement Notice in Children and Young People, which is classed as 'completed' (1), requires evidence of compliance with paediatric resuscitation training in line with requirements set out in the training needs analysis and this is currently being reviewed.

The vast majority of the improvements are planned for completion in 2020, with only one with a completion date in 2021 as agreed with the CQC. There is confidence that the Requirement Notices that require collaboration with the Devon SPT system will be completed.

Verbal progress updates have been requested and given to the CQC in the August monthly call with the CQC Relationship Owner, and at the September CQC-TSDFT Engagement Meeting. The CQC have requested that updated action plans are sent to them and we are on track to deliver this.

Should Do Improvements

The CQC's Inspection Report published in July 2020 also listed 43 "Should Do Improvements" across the core services as follows:

- 6 Urgent and emergency services
- 12 Medical care (including older people's care)
- 5 Surgery
- 11 Maternity
- 5 CYP (Acute)
- 4 Community Inpatients

The CQC Relationship Owner has requested a copy of the Should Do improvement plan, which will be submitted by the end of September 2020. The Should Do Improvement plan will be monitored and reviewed in the same way as described for the Requirement Notice improvement plan (section 2.1.1).

2.2 Forthcoming inspections

There are no known forthcoming inspections by the CQC.

2.3 CQC's ongoing monitoring

2.3.1 CQC-TSDFT Engagement meetings

Engagement meetings are undertaken on a quarterly basis between the Trust and the CQC, as part of their ongoing monitoring of providers and in-line with the CQC's 2016-2021 strategy.

The most recent engagement meeting with the CQC was held on Wednesday 9 September 2020. Due to COVID-19, this was the first Engagement meeting to be held virtually via MS Teams. The main areas discussed in the meeting were the Trust's Phase 3 COVID response, winter planning, staffing and the Trust's follow up to the 2020 inspection report findings.

Following the Business as Usual meeting the Interim Medical Director and Patient Safety Lead were interviewed and meetings were held with the clinical leads of three core services: Critical Care, Community CYP and Community Urgent Care; and a focus group for ED staff. No areas of significant or urgent concern were fed back by the inspectors to TSDFT.

The next meeting is scheduled for 3 December 2020.

2.3.2 Emergency Support Framework

The Emergency Support Framework (ESF) is part of the CQC's regulatory approach during the COVID pandemic. The CQC describe the ESF as a structured framework for the regular conversations that inspectors are having with providers and covers the following four areas:

- Safe care and treatment
- Staffing arrangements
- Protection from abuse
- Assurance processes, monitoring and risk management.

The CQC state the ESF is not an inspection, and the CQC are not rating provider performance.

The CQC initiated the roll-out of their ESF in June 2020, with a focus on establishing whether acute and mental health providers have full assurance on infection prevention and control (IPC) measures during COVID-19 emergency and recovery phases. Planned virtual meetings were held between the CQC relationship owner and TSDFT on 26 May 2020 (process introduction) and 30 July 2020 (in depth review) to discuss the board assurance framework in relation to IPC. A formal Summary Record was issued by the CQC in August, stating they have found the Board is assured that the Trust has effective IPC measures in place. Some improvements were suggested around strengthening evidence, specifically in respect of audit data, The Trust is planning an overall review around the quality and appropriateness of evidence and inspection.

2.3.3 CQC Insight

The CQC Insight dashboard is a CQC tool that utilises data from numerous sources for example ESR; Hospital Episodes Statistics; NRLS; and NHS staff survey, primarily to enable the CQC to monitor provider services.

As reported to the May 2020 Board meeting, the CQC have announced that due to current COVID-19, the CQC Insight reports will now be shared with NHS acute providers every two months, reduced from approximately monthly. The Trust last received a report in July 2020. Each extract report received by the Trust is distributed to teams to check we are already sighted on the measures, and 'new-this-month red flags' compared to the previous month, are highlighted.

The CQC raise data of interest or concern for discussion at CQC-Trust Engagement meetings.

2.3.4 CQC follow up on specific events pertaining to services provided by the Trust

As part of the CQC's ongoing monitoring of the Trust, the local Inspector requests additional information on specific concerns relating to services provided by the Trust, such as specific complaints, safeguarding concerns and patient-related incidents. All of these events are routinely managed internally by the Trust through established processes and governance routes.

The CQC may also request a response from the Trust to feedback received directly by the CQC to which the Trust will provide a response. The number of such requests for additional information received from the CQC within the last four months, for each event category, is shown in Table 2.

Table 2: The number of requests received between 15 May 2020 and 16 September 2020, from the CQC for information on specific events related to services provided by TSDFT.

Event category	**Number of requests**	**Theme and management**
Concerns raised from direct feedback to CQC	4	• Concerns about staff • Data breach (found not to be about this Trust) • Questions about a provider site These concerns have been/ or are being looked into and the findings shared with the CQC
Safeguarding concerns	12	• Discharge/Referral • Diagnostics • Treatment • Records • Concerns about staff • Medications

		All of the safeguarding concerns are assessed and responded to via the safeguarding process and automatically flagged to the CQC. Where a concern is substantiated it is investigated and actions are shared for learning.
NRLS/incidents	4	• Fall • Baby needing cooling • Stillbirth • DVT post-surgery An investigation has been completed, actions and learnings shared.
StEIS-reported incidents	1	Mis-labelled laboratory report which has been investigated and closed and learning shared
Proactive reporting to CQC of StEIS-reported incidents (no follow up questions received from CQC)	4	• Grade 4 pressure ulcers • Blood issue All StEIS incidents are investigation and shared with the CCG and CQC if required.

2.4 CQC Registration

2.4.1 Service changes due to COVID-19 pandemic

The CQC require each provider to update their Statement of Purpose to reflect changes to their service provision, including those in response to the COVID-19 pandemic. The updated Statement of Purpose was last submitted to the CQC on 8 July 2020. The next update is planned to be submitted by the end of September 2020.

2.5 TSDFT's Board well-led self-assessment

NHSI's guidance document published in June 2017 "Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts" states that self-review against the eight key lines of enquiry (KLOEs) is recommended to be performed by the Trust Board annually.

This guidance document states that:

- "The purpose of regular self-review is to promote self-knowledge, reflection and vigilance, and the development and improvement of leadership and governance. It helps providers identify their strengths and development areas to deliver continuous improvement. High performing providers are likely to carry out some form of self-review of their leadership and governance regularly and frequently."

- The Self-Review is an important first step in preparing for an externally facilitated Development Review of the provider's leadership and governance using the well-led framework, which is strongly encouraged to be performed every 3-5 years.

The last annual self-review was undertaken by the Board in 2018/19. At the Trust Board Development Session in November 2018, the Board discussed and self-assessed the

Trust against a CQC rating of Outstanding for the eight KLOEs in the NHSI/CQC well-led framework. This built on the Trust Board's well-led self-assessment completed in November 2017 against a CQC rating of Good

At this November 2018 session, the Board discussed and agreed the evidence for the current state namely: gaps to Outstanding, and RAG-rated where "Red" is little or no evidence to support an Outstanding rating. An "Amber" rating reflects some evidence or that more assurance is required; and "Green" is sufficiently assured. No KLOEs were self-rated as "Red".

"Gaps" were defined as areas requiring additional strengthening to bring the Trust up to a CQC self-assessment rating of Outstanding. Progress made towards narrowing the gaps identified in the self-assessment was in part enabled by the development of the Torbay and South Devon Systems, introduced in April 2019 including increased clinical leadership capacity.

In May 2019, the Executive Directors undertook to review progress towards closing the "gaps" to Outstanding, with input from the System Directors and the Executive Director Deputies; progress updates were compiled in June 2019. This was reviewed by executives in November 2019.

The external review recommended in the June 2017 NHSI framework is also a requirement as detailed in the NHS Foundation Trust Code of Governance (Code Provision B.6.2), which states that an evaluation of the boards of NHS foundation trusts should be externally facilitated every three years, although this may be extended to up to five years. The Code of Governance also states that the evaluation needs to be carried out against the board leadership and governance framework set out by Monitor.

Following Trust Board approval earlier in 2020 to commission the first externally facilitated well-led review since the Trust was established in 2015, a tendering exercise has been undertaken and the contract awarded to Deloitte LLP. It is anticipated that the work will commence in October 2020, with a desk-top review followed by Board and senior leader interviews and Board and Committee observations. Discussions with external stakeholders and the holding of focus groups will also take place during this period. Initial feedback from Deloitte's findings will be presented to the Company Secretary, Chairman and Chief Executive to kick-start prioritisation and action planning, followed by a Board feedback workshop. Draft and final reports are anticipated to be issued by December. Deloitte will finish the first phase of this work by supporting the development of a prioritised action plan, skills transfer and the sharing of good practice. The review will conclude in mid-2021 with a follow-up meeting with the Board, in order to assess the impact of the developmental review.

It is recommended that the Board considers performing the next self-review in 2021 once the findings of the external review have been received and addressed sufficiently.

The Corporate Secretary will present a separate paper to the Board giving providing further detail about the well-led review that has just been commissioned.

2.6 CQC's now, next and future

The Chief Executive of the CQC published a short article on 13 August 2020 on the CQC's regulatory approach now and in the future. (https://medium.com/@CareQualityComm/cqc-now-next-and-the-future-b8bf7637dc83) The following summarises the key points.

- The CQC's initial response to COVID-19 was to:
    - pause routine inspections; continue to inspect in response to risk and concerns; continue provider engagement and monitoring activity.
    - develop and roll-out the ESF (outlined in section 2.3.2)
    - perform a series of Provider Collaboration Reviews (PCRs) focussing on 11 Integrated Care System and STP areas. One of these 11 areas was Devon STP, although the Trust was not asked to be involved. The findings will be published in a COVID-19 report and in this year's State of Care report.
- From September 2020, the CQC will be introducing a Transitional Regulatory Approach, which will broaden the ESF monitoring approach to present a clearer view of risk and quality. Areas of focus will specifically target safety, access and leadership extending through autumn to other areas such as improvement cultures. As the risk of COVID-19 recedes, on-site activity will be increased and the scope widened to where evidence shows care improvements are needed and where people may be at risk.
- The CQC are developing a new strategy to launch in May 2021, with four main themes emerging:
    - Meeting people's needs
    - Promoting safe care for people
    - Smarter regulation
    - Driving and supporting improvement.

  A public consultation on the strategy will be held in January 2021. As part of this future strategy the CQC are exploring a more system-led approach to regulation, and new ways of working to face challenges such as health inequalities in society underlined by the coronavirus pandemic.

3. Conclusion

This report has provided an update to the Board on the Trust's current and recent CQC inspection, monitoring and registration activity. Summaries of TSDFT's well-led self-assessment progress, and of CQC's regulatory approach now and in the future have also been provided.

4. Recommendations

The Board is asked to note the content of this report.

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Trust Quality Accounts Quarters 1 & 2 Update			30 September 2020
Report appendix	None		
Report sponsor	Chief Nurse		
Report author	Quality Improvement Manager		
Report provenance	Quality Improvement Group		
Purpose of the report and key issues for consideration/decision	This report provides an update against the 4 agreed Trust Quality Account priorities which are published as part of the Trust Annual Report and Account. Priority 1: Implementation of RESTORE2 in nursing/ care homes (Patient safety) Priority 2: Replacement of the Trust's IT data network (Clinical effectiveness) Priority 3: Introduction of the FAMCARE feedback tool relating to End of Life experience (Patient experience) Priority 4: Trial the introduction of bereavement bags (Patient experience)		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board of Directors is asked to receive and note this report.		

Summary of key elements

Strategic objectives supported by this report

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

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

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

External standards affected by this report and associated risks

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

Report title: Trust Quality Accounts: Quarters 1 & 2		28 September 2020
Report sponsor	Chief Nurse	
Report author	Quality Improvement Manager	

1. Introduction

The Trust's Quality Accounts for 2019-20 identified four improvement priorities for 2020-21. These priorities have been adapted in their planning and implementation to reflect the COVID-19 element.

2. Discussion

2.1. Priority 1: To improve early recognition and management of deteriorating patients in care/ nursing homes using the RESTORE2 framework.

Quarter 1 & 2 requirements:

Quarter 1 (April – June 2020)

- Set up a project group that will oversee the programme of work
- Identify costs of the programme and develop project plan

Quarter 2 (July – September 2020)

- Pilot RESTORE2
- Post-pilot measurements, evaluation and improvements

Quarter 1 & 2 requirements have been met.

Due to the prioritisation of Trust focus on the response to the global COVID-19 pandemic, work on this project has been accelerated as an offer of support to our care home colleagues to ensure we can provide the best possible care during this time, and in preparation for winter.

2.2 Priority 2: To replace the Trust's IT data network to reduce likelihood of system failures. To deliver improvements in speed, bandwidth and resilience to provide a platform for IT transformation.

Quarter 1 & 2 requirements:

Quarter 1 (April- June)

- Supplier engagements and high-level network design
- Large scale network survey to identify full baseline and future developments
- Development of project plans & identification of provisional deployment dates

Quarter 2 (July-September)

- In depth, low level design in conjunction with supplier
- Implementation planning
- Communication to Trust of proposed deployment plans

Quarter 1 & 2 requirements will be met, but delayed.

After significant delay owing to COVID impact, the purchase order was signed off to proceed with Network Surveys. These surveys are ongoing at this time and are expected to be completed in 4-6 weeks. The results of these surveys will support the completion of the low level network design, which will enable final finance and leasing costs to be agreed.

2.3 Priority 3: Introduce a patient feedback tool (FAMCARE) for family and loved ones about their experience of the end of life care their relative received.

Quarter 1 & 2 requirements:

Quarter 1 (April – June 2020) and Quarter 2 (July- September)

- Engage stakeholders & educate ward teams to support carers to complete tool
- Launch tool and collect data. Data to be used to inform ICO EOLC support and delivery for future patients, carers and staff.

Quarter 1 & 2 requirements have not been met.

Progress has been limited due to Covid, particularly as collection of paper feedback tools was stopped as an Infection Protection and Control measure. Additional QI support has been allocated to ensure the requirements for Quarters 3 & 4 are met.

2.4 Priority 4: To scope out, test and trial the introduction of bereavement bags which have already been successfully implemented in a neighbouring Trust. The purpose is to ensure good care and dignity to the family at the end of their loved one's lives.

Quarter 1 & 2 requirements:

Quarter 1 (April – June 2020) and Quarter 2 (July- September)

- Secure finance and order bags
- Finalise process on wards and communicate with Matrons

Quarter 1 & 2 requirements have been met.

The project is on target to complete in Quarter 3.

3. Conclusion

The planning and progression of all four priorities for 2020/21 will have to be reviewed in response to the impact of the pandemic. The Trust aims to meet the requirements agreed by the Board wherever possible, and where necessary adapt to ensure we are providing the best possible solutions and services for our community in this difficult time.

4. Recommendation

Board of Directors is asked to receive and note.

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: **National Inpatient Survey 2019 (IPS19) Results**			Meeting date: 30 September 2020
Report appendix	Appendix 1 - National Perspective vs Torbay & South Devon Foundation Trust		
Report sponsor	Chief Nurse		
Report author	Patient Safety and Engagement Lead		
Report provenance	Feedback and Engagement Group		
Purpose of the report and key issues for consideration/decision	The report is written as a result of the CQC National Annual Inpatient Survey, highlighting its findings, changes and actions we plan to undertake as a result of the survey to enhance our patient's experience of the care we offer.		
Action required (choose 1 only)	**For information** ☒	**To receive and note** ☐	**To approve** ☐
Recommendation	For information and to accept		

Summary of key elements

Strategic objectives supported by this report

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

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

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

External standards affected by this report and associated risks

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

Report title: National Inpatient Survey 2019 Results		Meeting date: 30 September 2020
Report sponsor	Chief Nurse	
Report author	Patient Safety and Experience Lead	

1. Introduction

The purpose of this paper is to outline the outcome of the 2019 Inpatient Survey results. The paper will offer insight into the reported experiences of our patients comparatively across England, identifying areas for improvement in 2020/21. The paper will:

- Review the data around reported the experiences of our patients in our hospital from the survey data
- Provide a comparison against the Trust's performance in 2018, looking for learning and growth opportunities
- Identify areas and opportunities for learning and improvement
- To create actions and expectations that will improve our patients experience in 2020

2. Discussion

2.1 Background

The inpatient survey is one of the CQC's nationally driven surveys and allows for comparisons against the prior year's responses. The survey has been running since 2002 and is published annually. The CQC published the national and Trust's results on the 2nd July 2019 via the CQC surveys page.

The survey looks at the experiences of adults that have been an inpatient in our hospital and provides a vital window for our Trust into how our patients experience the care and treatments that we provide.

Patients were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital during July 2019 and were not admitted to maternity or psychiatric units. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between September and December 2019.

Respondents were asked a total of 68 questions about their care. Questions about care cover a number of themes including admission and discharge, communication, medication, privacy and dignity. A scoring system is used marking each question out of a maximum of 10 points (10 or 100% is the maximum you can achieve).

This report will review the data, highlight areas of opportunity before drawing these areas together with proposed improvement plans, targeting a sustained trajectory to excellence.

A list of the questions posed, their score and comparative results are available at Appendix One

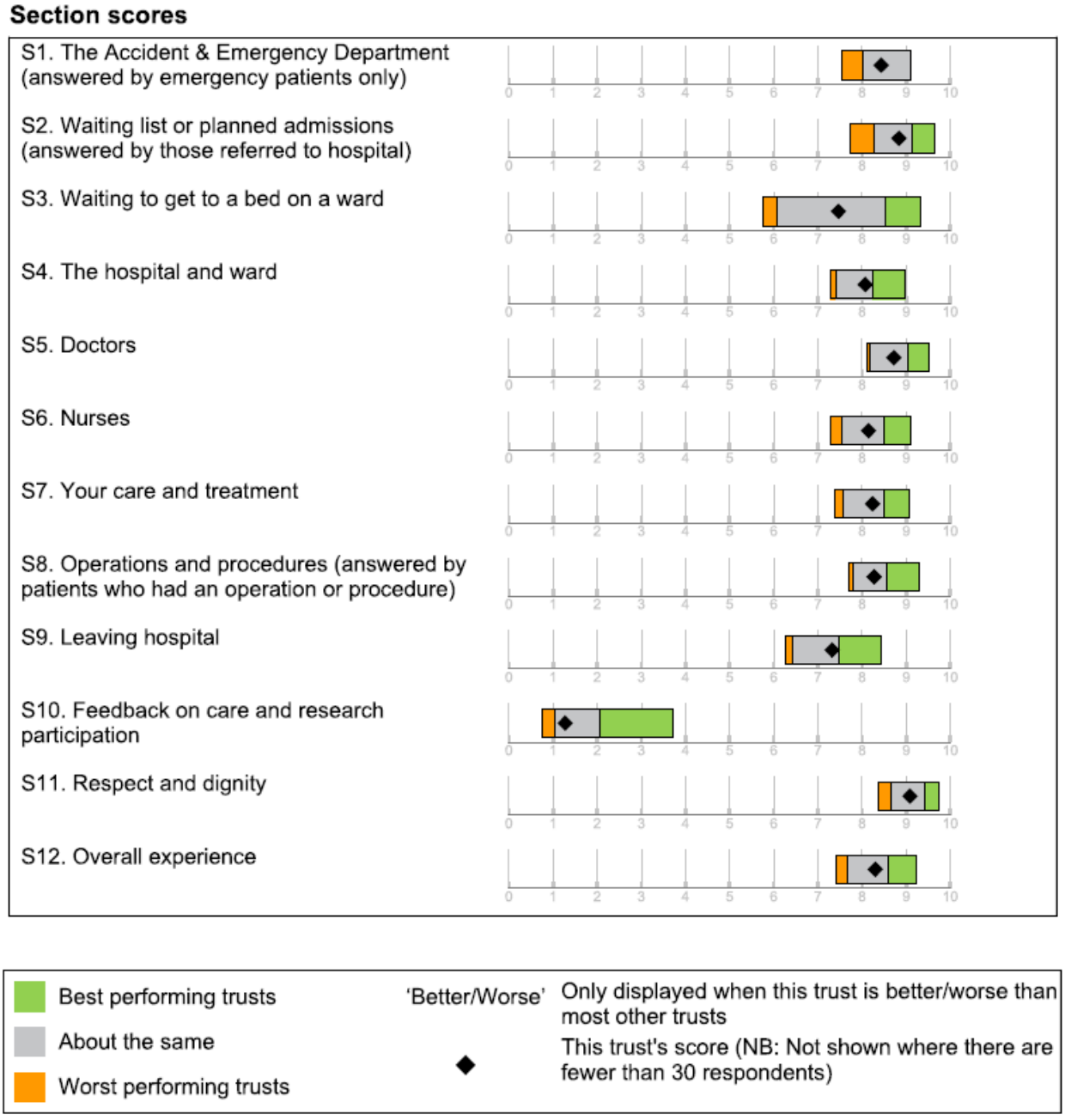
3 Analysis and Understanding

3.1 Overview of Our Trust Results

Our patients returned 627 surveys, resulting in a Trust response rate of 52.82%. This is very positive, as it is both up from last year's 51.47% and much higher than the national response rate of 45%.

3.2 The survey's 68 questions and results are firstly grouped into 11 sections, as displayed in the national table below. This table also includes the score for each section, 10 (100% satisfaction) is the highest score, 0 (0%) is the lowest score. The table also gives a comparative range, highlights the best and worst performing trusts and our position in relation to them.

Table One National Section Scores



The table highlights the Trust as being towards the best performing Trusts for **S4** *hospital and ward* and **S9** *leaving hospital* and about the same for the rest of the sections. The exception to this is **S10**, *feedback of care and research participation*, this being our lowest section score. This is discussed later in the report.
Breaking this down, Table two allows for a direct comparison against **our own** 2018 performance.

Table two: section scores and comparison to our Trusts scores from 2108.

		2019	2018
1.	Accident and emergency department	8.4	8.4
2.	Waiting list or planned admission	8.8 ↑	8.5
3.	Waiting to get to a bed on a ward	7.5 ↓	7.9
4.	The hospital and ward	8.1	8.1
5.	Regarding Doctors	8.7 ↓	8.9
6.	Regarding Nurses	8.1 ↓	8.2
7.	Your care and treatment	8.2	8.2
8.	Operations and procedures	8.3 ↑	8.1
9.	Leaving hospital	7.3	7.3
10.	Feedback on care and research participation	1.3	N/A
11.	Respect and dignity	9.1	N/A
12.	Overall experience	8.3	8.3

This table highlights two scores that have increased which is really encouraging and three scores that have reduced. This report will focus on understanding our scores that have reduced.

Reduced scores
Section numbers S3, S5 and S6 have reduced against our last year position and these relate to:
(S3) *waiting to get a bed on a ward*
(S5) regarding Doctors
(S6) regarding Nurses

S3 - Waiting to get a bed
The question from the survey that makes up this section are shown below:

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Waiting to get to a bed on a ward							
S3	Section score	7.5	5.8	9.3			
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	7.5	5.8	9.3	612	7.9	↓

This section has only 1 key question, Q9 – in our case, the wait from ED to the ward. Whilst much better than the lowest Trusts in England, we have dropped against our own

2018 score and well below the national best. This area will become a key improvement priority in section 4, Improvement Area 1 (IA1), and here will be recorded actions, key drivers and timescales to help address the issues and improve our response rate over time.

S5 - Doctors

Analysis of the change, in this metric, as below, is due to the reduction, against 2018, of more doctors talking in front of the patients, as if they weren't there (Q25). This has a downward arrow and is therefore deemed statistically significant by the CQC. The second question (Q23), concerning the patients not receiving an answer they understood from the doctor, also brought our section score down but was not deemed as statistically significant by the CQC. We have included this in our analysis, as an area to focus on and included in the action section as it follow a communication theme. Q24 in this section, due to the marginal change we will monitor through the monthly patient surveys.

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Doctors							
S5	Section score	8.7	8.1	9.5			
Q23	When you had important questions to ask a doctor, did you get answers that you could understand?	8.3	7.4	9.4	551	8.5	
Q24	Did you have confidence and trust in the doctors treating you?	9.0	8.4	9.8	609	9.1	
Q25	Did doctors talk in front of you as if you weren't there?	8.8	7.8	9.4	608	9.1	↓

Again, we are better than the lowest performing hospitals but we need to address actions to improve our approach to patient information, question answering and ensuring we fully involve the patients in meaningful communication. This area will become a key improvement priority in section 4 as IA2 and will include actions, key drivers and timescales

Nurses

The third section which has shown a reduction against 2018, although marginal and not recorded as statistically significant by the CQC, was due to communication. This being very similar to the doctor's section as above. We have therefore included this is our analysis and incorporated actions for nursing in the improvement actions as IA2.

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Nurses							
S6	Section score	8.1	7.3	9.1			
Q26	When you had important questions to ask a nurse, did you get answers that you could understand?	8.4	7.4	9.2	538	8.5	
Q27	Did you have confidence and trust in the nurses treating you?	9.0	7.9	9.7	613	8.9	
Q28	Did nurses talk in front of you as if you weren't there?	9.1	8.0	9.6	611	9.3	
Q29	In your opinion, were there enough nurses on duty to care for you in hospital?	7.7	6.2	9.0	606	7.8	
Q30	Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)	6.5	4.9	8.4	607	6.2	

Q28 was 0.2 down on last year but follows a theme from doctor interactions with patients and any focus on improved communication will only benefit our patients.

To conclude our analysis of the sections group with reductions or low scores, the focus is now on our lowest section score, this being number 10, *feedback on care and research participation.*

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Feedback on care and research participation							
S10	Section score	1.3	0.8	3.7			
Q69	During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?	1.6	0.5	3.8	529	1.5	
Q70	During your hospital stay, were you ever asked to give your views on the quality of your care?	0.7	0.5	3.5	545	1.2	↓
Q71	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	1.6	0.8	4.3	496	1.6	

From the CQC literature, the national average for this score is 1.3 and our score was 1.3. The best performing trusts scored 3.7 and our reduced score was due to 'not asking patients their views on the quality of care they received'.

The National Institute for Health Research (NIHR) has shown that research-active hospitals have better health outcomes for patients. In addition, the NHS Long Term Plan aims to increase the number of people registering to participate in health research to one million by 2023/24

The actions to address this will be included in section 4 as IA3, along with work that the Trust has undertaken on this point via our Working With us Panel (WWuP)

Positive Scores
The two areas that have an increased score, *Waiting lists or planned admission* and *Operations and procedures* are greatly received. The Trust has worked hard during 2018/19 through its operational plans to ensure planned operations were not cancelled and waiting list times reduced, as well as sharing information about the patient's condition.

It is really encouraging to see *respect and dignity* securing our highest score and with many other scores recording 8+ out of 10 which is positive for our patients and staff.

However, as a Trust we want to focus on all the section scores and our aim is to increase each one by 5% by the time of the 2021 survey. By taking this ambitious step we can really progress our relationships and journey with our patients so their experiences of our Trust can be at an exemplar level.

Individual Question Analysis

National Benchmark
In looking at the more detailed questions and comparing against the national benchmark our trust's results were better than most trusts for 1 question:

> *Q64. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any adaptations made to your home, after leaving hospital?*

This is very encouraging due to the work the Trust has undertaken as an Integrated Care Organization (ISO) in making care in the home a priority.

Our trust's results were worse than most trusts for only 1 question.

> *Q70. During your hospital stay, were you ever asked to give your views on the quality of your care?*

This is disappointing as we have carried out a substantive amount of activity with the WWUP & local auditors carrying out monthly surveys, asking just this question. The immediate feedback from patients was always positive and the results fed directly back to the individual ward areas.

These monthly surveys are carried out by the volunteers and are based on the Inpatient Survey. As a result of the score, more targeted work will focus on this question. Improvement action will be taken on this point, under *feedback on care and research participation, S*10, and the actions can be view in section 4 as IA3

From the CQC survey site it was noted that compared to other Trusts nationally we scored well for:

- Care:
    - Help from staff to keep clean;

- access to own medicines whilst in hospital;
- involvement in and confidence in decisions about care;
- privacy when discussing condition/treatment;
- pain management

- Staff:
  - confidence and trust in nurses;
  - teamworking

- Leaving hospital:
  - Involvement in decisions about discharge,
  - discussing need for aids and adaptations,
  - knowing who to contact if worried after leaving hospital;
  - health and social care support upon leaving hospital

We feel these are all facets of a well performing and listening integrated care organisation (ICO), who has the patients needs as the focus of care and in striving to achieve a safe and secure discharge home.

These areas, as above, will be reviewed against the range of questions we ask via our monthly patient survey, carried out by the WWuP. The aim here is to ensure we are maintaining the standard we have achieved. The data from this survey is shared directly with the wards, in real time and or within 24 hours, to ensure the compliments can be shared or actions taken to address any concerns noted.

The information in this report will help develop our Patient Safety Strategy. We see the strategy as being a pivotal focus on our patient experience journey. The strategy is currently being written, with the aim of ensuring the Trust is known locally and regionally, as a listening and participative organisation, through engagement and patient choice. This will be achieved through the creation of patient partnerships, patient panels, forums, and staff listening events where co design will be the focus of how we assess and shape our future patient journeys together.

On a final point, there were no statistically significant differences between last year's (IP18) and this year's results for 56 questions. Please see Appendix One for all of the questions posed and analysed.

4 Improvement Priorities

The patient survey points to a number of distinct improvement areas allowing us to create a strategy to improve and enhance the care and experiences of our patients.

In the short term there are a number of actions that can be progressed and are outlined below. In preparation for 2021/2022, we will be building a strategy in partnership with patients to ensure we strengthen their voice and are better placed to understand and respond to patient feedback.

Improvement Action 1 (IA1)

Q9. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?

- To discuss the issue with the Trust Flow Group within the hospital and feed into their work a patient engagement dimension. This will ensure appropriate information concerning time from ED to ward bed is given to patients and this time to kept to a minimum.
- The granular detail of how the information is given will be drawn up by the ED team and presented to their ISU governance meting and Feedback and Engagement group (F&EG).
- A question on this will be included in the Working with Us Panel (WWUP) monthly surveys to monitor compliance and progress against this plan and fed back to ED, the Wards and Flow group. The report will also come to the F&EG
- Healthwatch will be asked to include this question, in any patient surveys they undertake with feedback back given to the areas and also fed back to the F&EG

Oversight and aim: this will be monitored by the F&EG and the overall aim will be to achieve a 5% increase in our 2021 In-patient survey scores, compared to our 2019 position

Monitoring tools: WWUP reports to Wards, Flow group, & F&EG, 4 hourly waits monitoring via QIG dashboard, Complaints Concerns Compliments, Healthwatch audits during 2020 and 2021

Improvement Action 2 (IA2)

Q25. Did doctors talk in front of you as if you weren't there?
Q28 Did the nurses talk in front of you as if you weren't there?

- This issue will be driven by Dr Watson, Associate Medical Director, Torbay System to improve Doctor interactions and ensure patients are equal partners in any care discussion.
- The nursing side will be led by Natasha Goswell through the ISU ADNPPS to make them aware of the question and marginal drop in survey score and formulate local actions that can be taken to improve the situation.
- The information will be shared with the Consultants and juniors and an improvement plan formulated with Dr Watson and the nurses actions formulated by Natasha Goswell
- A question on this will be included in the Working with Us Panel (WWUP) monthly surveys and fed back to Wards, Drs and F&EG
- Where any local QI or survey work, undertaken through Clinical Effectiveness is started, the question of doctors/nurses talking over patients will be included, monitored and fed back to the areas

Oversight and aim This will be monitored via the Doctor observations / Nurse observations, Surveys and through the F&EG. The aim will be to achieve an average survey score of 9.2 in the 2021 IP survey for doctors and nurses

Monitoring tools: WWUP reports to Wards, Medics & F&EG, , Complaints Concerns Compliments, Healthwatch audits during 2020 and 2021

Improvement Action 3 (IA3)

Q70. During your hospital stay, were you ever asked to give your views on the quality of your care and research?

- Via action two, the doctors and nurses will be encouraged to ask and document the patients views on the care they have been given in the patient record. This will start as an improvement project and be trial on 1 ward before being spread to 3, 5 them the whole trust SC will lead the project with the support of the Clinical Effectiveness department, ADNPPs, ADM ADNPPs
- This will also be followed up by the WWUP monthly audits via a direct question and fed back to the ward areas.
- Via Healthwatch, feedback on this question will be sort from the patients during their normal survey work and fed back into the F&EG for dissemination
- Through the Research and Development teams, working with the local wards an approach will be constructed that will ensure conversations can be held, seeking feedback on research opportunities and these will be backed up by relevant literature and recruitment into trials

Oversight and aim This will be monitored via the WWUP Surveys and through the F&EG. Clinical Effectiveness will also be asked to look for any feedback being recorded in the patient records when they conduct audits. Local FFT data will also be used and the information fed back to F&EG for dissemination to the appropriate wards. The aim will be to achieve an average survey score of in the top 20% of Trusts in the 2021 IP survey for doctors and nurses and for research participation.

Monitoring tools: WWUP reports to Wards, Medics & F&EG, Healthwatch audits, feedback from Clinical Effectiveness audits, R&D feedback on research trial numbers increasing during 2020 and 2021

Improvement Action 4 (IA4)

- Create a Patient Engagement strategy designed to ensure the culture focuses on patient choice and experience, allows staff to deliver first class compassionate care with the patient as an equal partner
- This will be progressed through the Feedback and Engagement Group

5. Demographics

Patients are also asked a set of demographic questions within the questionnaire. The survey records more males completing the survey than females Some key points from the data are the split of our age demographic, 70% are over the age of 66. The second key point is ethnicity, 95% of those that respond were white.

Sex	**%**
Male	51.4
Female	48.6
Age	**%**
16-35	4.0
36-50	6.1
51-65	19.9
66+	70.0
Ethnicity	
White	95.2
Multiple ethnic groups	0.6
Asian or Asian British	0.5

Black or Black British	0.2
Arab or other ethnic group	0.0
Not known	3.5

6. Conclusion

The results were published by the CQC on 2nd July 2020 on their website

The results are positive overall and teams should be commended for their commitment to patient centred care.

For questions and areas where the scores were lower than last year, actions have been formulated and will be delivered through the ISUs and local governance groups and monitored by the Feedback and Engagement Group. The ambition is to increase not just the identified areas, but move all our scores to higher levels. This will be achieved in the 2021 survey and will, in part, be driven by our Patient Engagement strategy.

The results of the survey have been disseminated and shared across the Trust.

7. Recommendations

The Trust Board are asked to

- Discuss and note the outcome from the IP 2019 Survey
- Note and approve actions to be taken in response to the IP Survey

Adult Inpatient Survey 2019
Torbay and South Devon NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
The Accident & Emergency Department (answered by emergency patients only)							
S1	Section score	8.4	7.6	9.0			
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	8.2	6.8	9.0	407	8.3	
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	8.7	7.8	9.5	437	8.6	
Waiting list or planned admissions (answered by those referred to hospital)							
S2	Section score	8.8	7.7	9.6			
Q6	How do you feel about the length of time you were on the waiting list?	7.9	6.3	9.6	125	7.3	
Q7	Was your admission date changed by the hospital?	9.3	8.0	9.8	124	9.4	
Q8	Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?	9.3	8.2	9.5	128	8.9	
Waiting to get to a bed on a ward							
S3	Section score	7.5	5.8	9.3			
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	7.5	5.8	9.3	612	7.9	↓

↑ or ↓	Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2018 data is available.

Adult Inpatient Survey 2019
Torbay and South Devon NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
The hospital and ward							
S4	Section score	8.1	7.3	9.0			
Q11	Did you ever share a sleeping area with patients of the opposite sex?	9.2	7.6	9.8	615	9.5	
Q13	Did the hospital staff explain the reasons for being moved in a way you could understand?	6.9	5.3	8.7	101	7.0	
Q14	Were you ever bothered by noise at night from other patients?	6.3	5.1	9.1	613	6.3	
Q15	Were you ever bothered by noise at night from hospital staff?	7.9	7.3	9.2	616	8.0	
Q16	In your opinion, how clean was the hospital room or ward that you were in?	8.9	8.2	9.8	621	8.9	
Q17	Did you get enough help from staff to wash or keep yourself clean?	8.5	6.2	9.4	383	8.3	
Q18	If you brought your own medication with you to hospital, were you able to take it when you needed to?	7.9	5.9	8.6	289	7.9	
Q19	How would you rate the hospital food?	5.8	4.5	7.9	592	5.8	
Q20	Were you offered a choice of food?	9.0	7.8	9.6	606	9.2	
Q21	Did you get enough help from staff to eat your meals?	7.6	5.1	9.4	123	7.7	
Q22	During your time in hospital, did you get enough to drink?	9.5	8.7	9.9	599	9.4	
Q72	Did you feel well looked after by the non-clinical hospital staff?	9.3	8.3	9.8	588	9.4	
Doctors							
S5	Section score	8.7	8.1	9.5			
Q23	When you had important questions to ask a doctor, did you get answers that you could understand?	8.3	7.4	9.4	551	8.5	
Q24	Did you have confidence and trust in the doctors treating you?	9.0	8.4	9.8	609	9.1	
Q25	Did doctors talk in front of you as if you weren't there?	8.8	7.8	9.4	608	9.1	↓

↑ or ↓	Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2018 data is available.

Adult Inpatient Survey 2019
Torbay and South Devon NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Nurses							
S6	Section score	8.1	7.3	9.1			
Q26	When you had important questions to ask a nurse, did you get answers that you could understand?	8.4	7.4	9.2	538	8.5	
Q27	Did you have confidence and trust in the nurses treating you?	9.0	7.9	9.7	613	8.9	
Q28	Did nurses talk in front of you as if you weren't there?	9.1	8.0	9.6	611	9.3	
Q29	In your opinion, were there enough nurses on duty to care for you in hospital?	7.7	6.2	9.0	606	7.8	
Q30	Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)	6.5	4.9	8.4	607	6.2	

↑ or ↓	Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2018 data is available.

Adult Inpatient Survey 2019
Torbay and South Devon NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Your care and treatment							
S7	Section score	8.2	7.4	9.1			
Q31	Did you have confidence and trust in any other clinical staff treating you?	8.8	7.9	9.5	382	8.8	
Q32	In your opinion, did the members of staff caring for you work well together?	8.8	7.7	9.6	579	9.0	
Q33	Did a member of staff say one thing and another say something different?	8.2	7.4	9.1	607	8.2	
Q34	Were you involved as much as you wanted to be in decisions about your care and treatment?	7.8	6.5	8.8	615	7.3	↑
Q35	Did you have confidence in the decisions made about your condition or treatment?	8.6	7.6	9.4	617	8.4	
Q36	How much information about your condition or treatment was given to you?	9.1	8.2	9.7	594	8.9	
Q37	Did you find someone on the hospital staff to talk to about your worries and fears?	5.7	4.3	7.7	368	5.8	
Q38	Do you feel you got enough emotional support from hospital staff during your stay?	7.1	5.9	8.6	357	7.3	
Q39	Were you given enough privacy when discussing your condition or treatment?	8.8	7.9	9.5	608	8.5	↑
Q40	Were you given enough privacy when being examined or treated?	9.5	9.1	9.9	612	9.5	
Q42	Do you think the hospital staff did everything they could to help control your pain?	8.6	6.6	9.5	367	8.3	
Q43	If you needed attention, were you able to get a member of staff to help you within a reasonable time?	7.9	7.0	9.0	565	8.0	
Operations and procedures (answered by patients who had an operation or procedure)							
S8	Section score	8.3	7.7	9.3			
Q45	Did a member of staff answer your questions about the operation or procedure in a way you could understand?	9.0	8.6	9.7	314	9.0	
Q46	Were you told how you could expect to feel after you had the operation or procedure?	7.7	6.9	8.9	322	7.3	
Q47	Afterwards, did a member of staff explain how the operation or procedure had gone in a way you could understand?	8.1	7.3	9.2	326	7.9	

↑ or ↓	Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2018 data is available.

Adult Inpatient Survey 2019
Torbay and South Devon NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Leaving hospital						
S9 Section score	7.3	6.3	8.4			
Q48 Did you feel you were involved in decisions about your discharge from hospital?	7.3	6.0	8.5	590	7.2	
Q49 Were you given enough notice about when you were going to be discharged?	7.3	6.2	8.7	614	7.5	
Q51 Discharge delayed due to wait for medicines / to see doctor / hospital transport.	6.9	5.0	8.5	580		
Q52 How long was the delay?	8.0	6.2	9.3	576	8.2	
Q54 After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?	7.1	5.0	8.2	366	7.0	
Q55 When you left hospital, did you know what would happen next with your care?	6.8	5.8	8.4	542	6.8	
Q56 Were you given any written or printed information about what you should or should not do after leaving hospital?	7.1	4.6	9.2	580	7.0	
Q57 Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	8.4	7.3	9.5	446	8.5	
Q58 Did a member of staff tell you about medication side effects to watch for when you went home?	5.0	3.5	7.4	381	4.8	
Q59 Were you given clear written or printed information about your medicines?	7.5	6.5	8.7	401	7.4	
Q60 Did a member of staff tell you about any danger signals you should watch for after you went home?	5.4	4.1	7.9	461	5.5	
Q61 Did hospital staff take your family or home situation into account when planning your discharge?	7.3	5.4	8.8	393	7.4	
Q62 Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?	6.5	4.6	7.9	405	6.5	
Q63 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	8.2	6.5	9.7	561	8.1	
Q64 Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?	8.8	6.8	9.4	199	8.6	
Q65 Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	8.3	4.4	9.5	344	8.7	
Q66 After being discharged, was the care and support you expected available when you needed it?	8.4	6.4	9.5	382		

↑ or ↓	Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2018 data is available.

Adult Inpatient Survey 2019
Torbay and South Devon NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Feedback on care and research participation						
S10 Section score	1.3	0.8	3.7			
Q69 During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?	1.6	0.5	3.8	529	1.5	
Q70 During your hospital stay, were you ever asked to give your views on the quality of your care?	0.7	0.5	3.5	545	1.2	↓
Q71 Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	1.6	0.8	4.3	496	1.6	
Respect and dignity						
S11 Section score	9.1	8.4	9.7			
Q67 Overall, did you feel you were treated with respect and dignity while you were in the hospital?	9.1	8.4	9.7	613	9.1	
Overall experience						
S12 Section score	8.3	7.4	9.2			
Q68 Overall...	8.3	7.4	9.2	603	8.3	

↑ or ↓	Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2018 data is available.

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training			30 September 2020
Report appendix	Nil		
Report sponsor	Medical Director		
Report author	Dr Ed Berry, Consultant in Emergency Medicine and GOSWH		
Report provenance			
Purpose of the report and key issues for consideration/decision	To provide assurance to the Board that doctors in training under the new terms and conditions of service are working safe working hours and to highlight any areas of concern		
Action required (choose 1 only)	**For information** ☒	**To receive and note** ☐	**To approve** ☐
Recommendation	The Board is asked to receive the report for information.		

Summary of key elements

Strategic objectives supported by this report

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

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

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

External standards affected by this report and associated risks

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

Report title: Guardian of Safe Working Hours – Doctors and Dentists in training		Meeting date: 30 September 2020
Report sponsor	Medical Director	
Report author	Dr Ed Berry, Consultant in Emergency Medicine and GOSWH	

1. Executive Summary

The following report concerns the time period of 11th of May 2020 up to the 21st of September 2020 based on the Exception Reports (ERs) submitted by the Junior Doctor workforce.

- The discussion between the LNC, BMA and hospital management regarding extra payment for non-compliant COVID surge rotas has been completed.
- There are no surge rotas remaining in current use.
- There are a smaller-than-normal number of ERs. The reasons for this are unclear but will be investigated next quarter.
- Every ER completed more than 28 days previous to the 21/9/20 has been completed as per local agreement. It may be difficult to maintain this if numbers of ERs increase.

There remain significant cohorts of Junior Doctors who are not represented in ERs; this missing data makes spotting patterns difficult. This has previously been reported to the Board and the GOSWH has implemented a number of innovations to encourage reporting and to make pre-authorisation of additional hours an option.

2. Introduction

- In July 2019 an agreement was reached between NHS Employers, the BMA and Department of Health on the amendments to the 2016 terms and conditions for doctors in training. The agreement covers the period from 1 April 2019 to 31 March 2023.
- The new terms were introduced in August 2019 with a phased implementation to include changes to new limits of working hours and safeguards on rest
- The following report aims to ensure Junior Doctors are working contracts compatible with the Junior Doctor Terms and Condition of Service 2016, that are sustainable and fair and that they are able to claim money/time off in lieu should they need to work extra hours to maintain patient safety/attend educational opportunities or complete career enhancing objectives.

3. Exception Reports

There have been 34 ERs in the period 11 May 2020 to 21 September 2020. This remains far lower than similar periods in 2018 and 2019. This is likely to represent junior doctor professionalism and good will during the coronavirus pandemic.

Table 1 – Exception Reports by Area

Specialty	No. exceptions raised in reporting period	No. exceptions closed	No. exceptions outstanding	Comment
Anaesthetics	2	2	0	
Cardiology	2	2	0	
Emergency Medicine	11	11	0	
Gastroenterology	2	0	2	4 days old
General Medicine	11	11	0	
General Surgery	3	1	2	0 and 21 days old
T+O	3	3	0	
Total	34	30 (88%)	4 (12%)	

Table 2 – Exception reports by Grade

Grade	No. exceptions raised in reporting period
F1	14
F2	3
CT1-3	9
ST 4-9	8
Total	34

Table 3 – Nature of Exception

Additional Hours	24
Educational	0
Rota Concern	10

The unusual theme from above was that the 10 rota concerns were all completed by Emergency Medicine SPRs whose rota was left in a surge pattern for longer than the rest of the hospital. The rota contains trainees and Associate Specialists in equal numbers and the two contracts clashed when trying to get a second senior doctor on nights. This was felt necessary due to ongoing concerns about staffing an ED that needed to contain high and medium COVID risk areas, but where a reasonable proportion of staff are actively shielding. The rota concern was temporarily sorted and the SPRs received payment for the extra work they had completed.

The overall number of ERs remains extremely low. This makes the statistics impossible to interpret.

Table 4 – Outcome of Exceptions

TOIL	1	The high number of payment outcomes is secondary to last quarter's implementation of a 28day limit to exception reports. At this point I completed the Exception Report and awarded payment. This represents 15 individual outcomes.
Payment	18	
No compensation required	0	
Agreed no further action required	11	
Outstanding	4	All within 28/7.

4. Comment on Exception Reports

There are low numbers of ERs but 88% have been actioned. This represents 100% of ERs older than 28 days. It is a significant improvement over the last 13 months but is reliant on myself as GoSWH completing a number of the ERs (25/34). Moving forward it will be important to improve timely supervisor completion.

5. Rota Reviews

Rota reviews have been carried out by Practice Managers Reports working alongside Medical HR on every Junior Doctor rota as mandated by the development of the coronavirus pandemic.

The Emergency Department middle grade rota remains in discussion between HR, the middle grades and ED support staff. Due to significant differences between Staff Grade, Associate Specialist and Registrar contracts, agreement has been difficult. It will be important to strike a balance between the two to ensure Registrars have an equitable

rota in the future. Increasingly it looks like two separate rotas will need to be written but remains in discussion.

There is a question regarding the Registrar rota for general surgery. It is currently non-compliant based on a weekend frequency of 3 in 8. One of the weekends is 00:00 to 09:00 on Saturday only due to an on-call carrying over from Friday. This will be discussed between myself, the JDRC and the surgical Registrars to see whether this can be accepted for a period whilst extra help is sought.

6. Fines

There have been no Guardian fines for this period.

7. Qualitative Information

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

8. Issues Arising

- TOIL/payment difficulties: The current process requires an on-line ER and a paper submission for hours/TOIL. The duplication of work makes it more difficult to arrange payment. The time taken to complete the various discussions to get TOIL makes it unlikely an appropriate time can be found before the end of the rotation. TOIL cannot be taken forward onto new rotations.
- Lack of clarity about reporting: The BMA has published some guidelines about what to and what not to report. Hours is a difficult threshold because the BMA consider 15 minutes to be enough time to submit an exception report. Most junior doctors have their own personal exception reporting threshold ranging between 30 and 60 minutes. There is a need for education in relation to the breaks that a junior doctor is entitled to.

9. Actions Taken to Resolve Issues

- Electronic exception reporting i.e. supervisors completing ERs on Allocate without a meeting. Reducing the need for face to face meetings and including a maximum time for response (four weeks) and a default sign-off by the GoSWH (after four weeks, or at the end of a rotation). This has brought Torbay in-line with other local Trusts and the Junior Doctor contract. In this quarter 11 such inputs were required.

- TOIL/payment difficulties: The process for achieving TOIL/Payment against an ER needs to be reviewed and if possible simplified. We are currently waiting for Medical HR to inform us about simplifying the process. Current IT systems are

unable to calculate out of hours enhancements and are therefore unlikely to offer a solution. This remains in discussion.

- Lack of clarity about reporting: Local policies have been introduced via a video shown to all junior Drs at induction.

- Lack of clarity for supervisors: the new contract has raised issues, such as TOIL for Quality Improvement Projects or ARCP preparation, which have no current local precedent. We will work with the JLNC and current supervisors to produce a local policy on exception report completion.

10 Summary

Overall, all departments appear compliant and supportive of their Junior Doctors.

Junior Doctors, workforce practitioners and rota coordinators continue to show admirable flexibility, professionalism and diligence in the face of the COVID pandemic and Junior Dr Contract changes.

The priority for the coming quarter is investigating the low numbers of ERs and communicating with Supervisors regarding sign off of ERs within the timelines suggested by the Junior Doctor Contract.

Report to the Trust Board of Directors			
Report title: Safeguarding Children – Annual Board Report			Meeting date: 30 Sept 2020
Report appendix	Nil		
Report sponsor	Deborah Kelly – Chief Nurse / Jacqueline Phare – Torquay System Director		
Report author	Phillipa Hiles – Named Nurse for Safeguarding Children		
Report provenance	Torbay and South Devon Foundation Trust Executive Team		
Purpose of the report and key issues for consideration/decision	This annual report will inform Torbay and South Devon NHS Foundation Trust Board members on issues relating to the safeguarding of children in Torbay and South Devon. The Trust is a partner agency and has statutory duties outlined in the Childrens Act and supported by "Working together to Safeguarding Children" 2019 guidance. The report will inform members of the activities of the Safeguarding Children Team and the activities of the wider safeguarding duties and activities completed by Trust staff, both directly and indirectly to safeguard children. The Chief Nurse is the Executive Lead for Safeguarding and is supported by the Torquay System Director and the Named Professionals in this role.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to 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**	
Improved wellbeing through partnership	x	**Well-led**	x

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

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

External standards affected by this report and associated risks

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

Report title: Safeguarding Children – Annual Board Report		Meeting date: 30 September 2020
Report sponsor	Chief Nurse	
Report author	Phillipa Hiles – Named Nurse for Safeguarding Children with contributions from: Sam Hawkings Jones – Paediatric Liaison Nurse Maria Mortimore – Named Midwife Debbie Lambert – Safeguarding Midwife Amanda Roberts – Child Death Coordinator Helen Channer – Named Doctor for Child Death Richard Tozer – Named Doctor for Child Protection Jonathan Graham – Named Doctor for Child Protection	

1.0 Introduction

This Annual Report for Safeguarding Children outlines progress and delivery against the overarching strategic priorities for the period 2019/20. In addition, the report will set out the Trust's safeguarding children's assurance framework, including and performance and quality improvements against the statutory requirements set out in in the HM Government (2018) 'Working Together to Safeguard Children' document and under Section 11 of the Children Act 2004. The information included in the report will provide evidence and assurance that the Trust is discharging its duties for observing both the safety and wellbeing of children and young people using services provided by Torbay South Devon NHS Foundation Trust (TSDFT).

1.1 Vision

The Torbay and South Devon Foundation Trust mission statement for safeguarding children services is:

Torbay and South Devon NHS Foundation Trust work with a mixture of partner agencies, parents and carers; to support children in having safe, healthy and happy childhoods that help to prepare them for adult life. All staff working within the Trust, including those services we contract to other organisations, are aware of the need to safeguard and promote the welfare of children.
We all have a responsibility to recognise children who may be at risk of suffering harm and those in need of protection and how to respond to those concerns in a timely fashion. This includes services that predominately care for adults, which need also to always consider the safety and wellbeing of children associated with the adults receiving their care. By safeguarding children, we act to:

- *Promote their welfare and protect them from harm.*
- *Protect them from abuse and maltreatment*
- *Prevent harm to their health and development*
- *Ensure they grow up with the provision of safe effective care*

The mission statement directly aligns to the Trust values. These values foster a culture of safeguarding practice such that all staff employed by Torbay and South Devon NHS Foundation Trust will seek to keep children and young people safe by:

- Valuing them and listening to and respecting them
- Adopting child protection practices through procedures and code of conduct for staff and volunteers
- Providing effective management for staff and volunteers through supervision, support and training.
- Recruiting staff and volunteers safely all employees who come into contact with children and young people are subject to a formal Disclosure and Barring Service check.
- Sharing concerns with agencies who need to know and involving parents and children appropriately

2.0 Context for Safeguarding Children and Young People

2.1 National

Safeguarding Children and Child Protection issues continue to have a high profile on a national basis. TSDFT Safeguarding and Children in Care teams continue to support each other in working closely with both Torbay and Devon Children Services, partner agencies and commissioners in both the CCG and Local Authority.

2.2. Local

2.2.1 Organisational restructuring in 2019/20

There has been a change in the contractual arrangements for services in 2019/20 in relation to children and young peoples' services. The Trust has seen changes to the Community Childrens services through establishing the Child and Family Health Devon (CFHD) and the children's public health provision (Health Visitor / School Nurse) 0-19 Services in partnership with Action for Children and Checkpoint (The Childrens Society).

The TSDFT organisation has been supporting the transition of the safeguarding children provision for these services to ensure that the operational and strategic responsibilities are met to the standards and requirements aligned to Section 11 of the Childrens Act 2004 and in accordance to remits agreed with NHS Devon CCG.

2.2.2 CQC Inspection acute service Children and young people

CQC Visited in this period even though the report was published in July –
CQC inspection of TSDFT acute Children and Young people's services took place in March 2020. Inspectors shared positive feedback at the time of the interviews in relation to safeguarding practice and staffs understanding of safeguarding systems and processes. Safeguarding children issues that were identified with Inspectors at the time of the interviews focused on the compliance of staff at Level 3 training. The planning and mitigations for this issue were explored and have been included in the resulting Trust CQC action plan in July 2020, following publication of the inspection report.

2.2.3 Pandemic - Impact on Safeguarding in March April

In March 2020, the COVID -19 pandemic resulted in National guidance for NHS staff in the management of clinical care. Safeguarding Children services, under direction of NHS England and NHS Improvement, were to remain active and to continue all direct safeguarding work.

Under leadership of the Named Nurse, the TSDFT Safeguarding Children Team agreed to continue provision of the service from a base at Torbay Hospital in a covid secure environment. The team have established robust remote working practice to support continuing representation with Torbay MASH and maintaining safeguarding supervision for caseload holding staff.

Additional oversight and monitoring of patient presentations to the unscheduled care areas was established to support staff who had been redeployed to areas and who may require additional support in their safeguarding children duties.

All Named Professionals are engaging in local and national remote networking to ensure learning is shared and quality assurance is maintained during this period. Locally, initial data indicates a significant rise in domestic abuse, challenges for young people with mental health problems, hidden exploitation of young people and a rise in sexual abuse disclosures/examinations.

The wider learning from this period will be explored in the report for 2020/21.2.2.4Joint Strategic needs Assessment 2018 - 20

Contextual considerations are essential in order to consider the safeguarding needs for children and young people. The Safeguarding Children Team continue to network with multiagency local service providers to be able to inform service development and training needs for TSDFT.

2.2.4 2018-2020 Joint Strategic Needs Assessment

The 2018 - 2020 Joint Strategic Needs Assessment (JSNA) brings together data from a range of partners across the South Devon and Torbay community. It identifies key issues which leaders, planners and commissioners can concentrate on for the following years. The JSNA 2018-2020 shows that Torbay's economy is amongst the weakest in England, and has declined in recent years. Compared to the South West of England, Torbay is ranked as the most deprived on a range of summary measures (including income and employment deprivation summary measures).

For local authority districts, Torbay is ranked within the top 20% most deprived local authorities in England, and when compared to statistical neighbours, Torbay has the second highest levels of multiple deprivation resulting in the following health impact:

- There are high levels of vulnerability in the population, with high levels of specialist need cohorts and high levels of mental ill health.
- Torbay also has a high number of households which fall in the poverty category, with around 1 in 4 children continuing to live in households where income is less than 60% of the median income (living in poverty)
- There are high rates of alcohol related admissions to hospitals and mortality due to corresponding liver disease.

- In primary schools, one in five children is obese by the time they reach Year 6.
- 357children were looked after by the Local Authority (March 2020). The number of children looked after by the local authority remains amongst the highest in England. There is a statutory requirement for all children looked after to have an initial health assessment on entering placement. A great majority of children who become looked after do so because of abuse, neglect or family dysfunction that causes acute stress among family members. These risk factors tend to be higher in populations with higher levels of deprivation.

From a Children and Young people's perspective, the JSNA 2018-2020 document focuses on two groups – "Starting well" for children under 5yrs and "Developing well" for 5-19yr olds.

Highlights from the starting well overview profile:

- Torbay experiences higher proportions of children living in poverty
- Children in Torbay have higher levels of long-term health problems or disability
- Torbay has amongst the highest rates of looked after children in England
- 1 in 5 mothers in Torbay smoke during pregnancy
- Excess weight in reception age children is high, with 1 in 4 being overweight or obese
- Fewer children achieve a good level of development in Torbay

Highlights from the Developing well overview profile:

- There are higher levels of dependent children living in lone parent households
- Around 1 in 5 of school aged children have a special educational need in Torbay
- More children provide levels of unpaid care and support in Torbay
- Levels of statutory children's services support are significantly higher in Torbay
- Children in schools in Torbay have higher levels of absenteeism
- There are higher levels of hospital admissions for young people in Torbay – particularly self-harm and injuries
- Rates of children subject to a child protection plan in Torbay increased significantly in 2017 compared to the last five years. The rate has fluctuated in recent years and is now again significantly higher than the England and comparator group averages.

3.0 Torbay and South Devon Foundation Trust Statutory Framework responsibilities

3.1 Children Act 1989

The overarching principle of the Children Act 1989 states that "The welfare of the child is paramount". Section 27 of the Children Act 1989 places a specific duty on health bodies to cooperate in the interests of children in need ("need" is defined under Section 17 of the Children Act 1989). Section 47 of the Children Act 1989

places a specific duty on health bodies to assist Local Authorities (Social Care) in carrying out enquiries into whether a child is at risk of significant harm.

3.2 Children Act 2004

Section 11 of the Children Act 2004 places a legal duty on all health organisations to ensure that in discharging their functions they have regard to the needs to safeguard and promote the welfare of children. To be effective it requires staff members to acknowledge their individual responsibility for safeguarding and promoting the welfare of children. It also requires Torbay and South Devon NHS Foundation Trust to support them in this role. This includes ensuring that all staff have access to appropriate training advice, support and supervision in relation to this responsibility. In order to fulfil this responsibility, the Trust will ensure that all staff have access to expert advice, support and training in relation to child protection.

3.3 Torbay and South Devon NHS Foundation Trust accountabilities

Torbay and South Devon NHS Foundation Trust accepts that:

- The welfare of the child is paramount as enshrined in the Children Act 1989
- All children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse.
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- Working in partnership with children, young people, parents, carers and other agencies is essential in promoting young people's welfare.

4.0 Governance and Assurance Framework

4.1 Safeguarding Standards with Partner agencies

The Trusts commitment to the legislative responsibility provides the foundation to the agreed standards between TSDFT and NHS Devon Clinical Commissioning Group (CCG) for the provision of safeguarding / child protection services

The standards are aligned to the key legislative guidance supported by Working together to Safeguard children (2018), the Intercollegiate Document (Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019) and reinforced by the quality assurance requirements set out by Section 11 of the Childrens' Act 2004.

As the standards are aligned to the legislation, this enables the governance process to link to the multiagency practice of the local safeguarding partnerships.

In 2019, in response to the Woods review, changes were made to the structure of the safeguarding children's boards to align the three statutory partners; Devon Local Authority, Police and Clinical Commissioning group; to form the Devon Children and Families Partnership. The Devon Safeguarding Children's Partnership was a Vanguard for the changes proposed in children's safeguarding boards and is well established. Named Professionals are key members of the sub group framework. In

relation to the formation of the Torbay Safeguarding Children's Partnership this remains in the development stage. In September 2019 the TSCB was dissolved with the plan to have a joint Torbay and Plymouth Safeguarding partnership. An external review was commissioned by Torbay Local Authority with a recommendation that Torbay should progress to an independent partnership for Torbay. The Inaugural meeting for Torbay Partnership is set for September 2020

It is recognised that the significant levels of service changes that have taken place across the partnerships have had a direct impact on engagement, but positive communication has been maintained utilising embedded processes, such as the Named and Designated Professional peninsula networks which have supported multiagency working practice. Trust Named and Designated Professionals have continued to contribute to multiagency collaboration with regards to safeguarding children training arrangements and considerations for serious case reviews.

The TSDFT Safeguarding Children service is commissioned on a block contract basis and, as such, does not have key performance indictors to monitor effectiveness of service provision. The Section 11 audit supports the Trust in evidencing their compliance with safeguarding requirements and providing quality assurance to the Safeguarding Partnerships. This is also supported by a set of standards which have been agreed with Devon Clinical commissioning group (CCG). These standards were last agreed with the Clinical Commissioning Group in 2017/18, and remain in place continuing to underpin the Trust requirements for 2019/20.
See table below for the safeguarding children / child protection standards for TSDFT:

Quality Requirement		**indicator**	**Target attainment**	**Frequency of monitoring**
1a	Children not put at unnecessary risk of harm	All allegations against staff will be reported to LADO	100%- **met**	6 monthly
1b		DBS checks	100%- **met**	6 monthly
2	Discharge Section 11 duties	Submit Section 11 self-assessment to LSCB and commissioner	Adequate evaluation by LSCB- **met**	As directed by TSCB/DSCB
3	Compliance with multiagency processes	Two relevant audits (including one of case records)	Minimum 10 records in each- **met**	per annum
4a	Compliance with Working Together: child death review	Audit of: Contribution to review (form B submission) on request	95%- **met**	On request
4b		Organisation attendance at local review meeting on request	70% - **met**	On request
5	Compliance with Working Together: Serious case reviews	Completion of IMRs/RCAs of appropriate standard within timescales, as per national guidance	100%- **met**	Monthly (by exception)

6a	Quality assurance system to monitor the discharge of the organisational responsibilities	Annual report to be shared with commissioner	100%- **met**	Annual
6b		Attainment of staff safeguarding training at Level 1, 2, 3 & 4.	90% at Level 1- 80% at Level 2- 80% at level 3 (See section 5.15)	6 monthly
6c		Supervision policy/ reference in place	100%- **met**	Annual
6d		Attendance record at LSCB	75%-**met**	Annual
6e		Audit in any area of service delivery reflecting client satisfaction of those under 18. *OR*	100%- **not met***	Annual
		Consultation on views of young people incorporated into service development		
6f		Declaration to commissioner of any SAEs/ SIRIs relating to safeguarding children	100%- **met**	monthly by exception
6G		Ensure LAC have relevant initial or follow up review health assessments in line with national timescales and robust quality assurance within acute setting.	100% -**not met**Δ	monthly by exception

Table 1

Performance Metric 6a - An audit on client satisfaction of those under 18 within safeguarding has not been achieved during 2019/20 and focused work on achieving this is 2020/21 will be included in the SCOG work plan. We will work with the newly establish Torbay Partnership Board and the CCG to progress this work in the spring of 2021

Performance Metric 6G - Initial review health assessment target of 100% is not achieved and the end of Year position for 2019/20 was 60%. The delays in achieving the target are driven by

- delays in receiving the referral from Children's Services
- foster carers rescheduling appointments.

Thera have been a range of meetings between children's services and child health team to improve the response time and consent from parents. We will continue to focus on this as a key area for improvement in in 2020.

4.2 Internal Trust Governance

The Safeguarding Children Operational Group (SCOG) meets on a monthly basis. It is chaired by the Torbay System Director for Nursing and Professional Practice and is well attended by Paediatric service Leads and Named Professionals. The terms of reference have been reviewed and the dashboard has been updated to reflect the increasing safeguarding responsibilities and activities delivered across the Trust.

SCOG monitors the progress of Trust compliance against the CCG standards via the dashboard and the workplan for the group. The audit and policy ratification process are is also held within this group. All Trust Paediatric services are represented in the membership of the SCOG and the agenda ensures that all incidents, the risk register, complaints, policy updates, audits, training and supervision compliance, serious case reviews and internal managements reviews are considered and monitored on a monthly basis. The minutes from the SCOG meeting are then reported into the Trusts Integrated Safeguarding and Inclusion Group to ensure appropriate oversight of all safeguarding children issues.

SCOG also holds monitoring responsibilities towards external factors, such as serious case reviews (also known as significant case reviews or child practice reviews)

4.2.1 CFHD Safeguarding Governance

Following the establishment of Child and Family Health Devon (CFHD) in April 2019 the governance was incorporated into the Torquay ISU. A number of challenges have emerged in relation to ensuring that the governance arrangements for safeguarding are embedded within CFHD and integrated into the wider Safeguarding arrangements for TSDT and Devon Partnership Trust, the latter specifically relating to the CAMHs service. In addition, we are working to ensure clarity for staff in relation to roles and responsibilities across the partnership with Devon Partnership Trust who provide the Child and Adolescent Mental Health (CAMHS) service and TSDFT. Significant work is in progress with an improvement plan to strengthening the arrangements moving forward. It is important to note that this has not impacted on ensuring all referrals are appropriately actioned and children and young people are safeguarded appropriately.

4.3 Serious Case Reviews

There are currently **4 serious case reviews for Torbay.** Actions plans and progress are monitored via the Trust governance structure, initially considered at SCOG. Serious Case Reviews (SCRs) were established under the Children Act (2004) to review cases where a child has died and abuse or neglect is known or suspected. SCRs could additionally be carried out where a child has not died, but has come to serious harm as a result of abuse or neglect.

The reports have been completed and are awaiting sign off by the Partnership, in accordance with recognised National process. Even though the reports have not been released, the actions that were identified for the Trust as part of the reviewing process have been completed and monitored within the internal governance system.

This included bruising and injuries in non- mobile children, suicide in young people and staff knowledge and understanding of child sexual abuse.

4.4 Allegations against staff

Allegations against staff in relation to safeguarding children are heard by the Local Authority Designated Officer (LADO). Any allegation or concern that an employee or volunteer has behaved in a way that has harmed, or may have harmed, a child must be taken seriously and dealt with sensitively and promptly, regardless of where the alleged incident took place. Any allegation in relation to Trust staff must be referred to the LADO, in accordance with Trust policy.

There have been 6 LADO referrals, 4 of which resulted in progressing to an allegation meeting.

For the timescale of this report the Trust does not have any current LADO cases nor outstanding actions in response to allegations against Trust staff.

5. Performance of Safeguarding Children Services

5.1 Maternity Safeguarding Children Activities

During 2019, midwives completed 349 interagency communication forms (ICF), identifying pregnant women who have safeguarding and vulnerability factors. This includes substance misuse, domestic abuse, mental health, teenager, etc. This equates to approximately 16% of women using the maternity services within Torbay and South Devon and requires a significant amount of resource to ensure that needs are assessed and appropriate plans are put in place to safeguard the baby and family.

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

A new Public Health Midwife was appointed in October 2019. The Public Health Midwife continues to chair the monthly Perinatal Wellbeing Group meeting. This is a multi-disciplinary meeting involving midwifery, Consultant Paediatrician, Perinatal Mental Health Team, Paediatric pharmacist and Specialist Health Visitor. The aim of the meeting is to develop a care plan for babies who have additional care needs, such as maternal substance use. This enables a clear plan to be put into place regarding the observations the baby will require. The Public Health Midwife is collaborating with the Local Maternity System to align this process Devon -wide.

The Safeguarding Midwife continues to be a member of both Torbay and Devon Rural Multi Agency Risk Assessment Conference (MARAC); contributing to meetings when pregnant women are being discussed.

The Safeguarding Midwife has worked collaboratively with wider Trust colleagues to develop a robust process around the discharge planning of vulnerable babies and children.

The Safeguarding Midwife and Named Midwife continue to develop networks both in the South West and Nationally. They attend regular SW Safeguarding Midwives forums, Named Professional events and virtual National events. These are useful forums to share best practice and provide peer supervision.

The Safeguarding Midwife continues to support the Midwifery Teams in attending Child Protection Conferences, Strategy meetings, Core Groups and Child in Need meetings. This can be either due to capacity issues or to support with the more complex cases. She also supports Health in MASH with requests for maternity health information in response to MASH enquiries.

5.2 Safeguarding Supervision in Maternity Services

Safeguarding supervision continues to be embedded within maternity. The Community Team Leaders provide planned formal supervision for the Community Midwives quarterly. The Safeguarding Midwife and the Named Midwife aim to provide quarterly supervision for the Community Team Leaders. The standard of 100% for safeguarding supervision for community midwives with a case load is three monthly and all other maternity staff six monthly. Internal reporting systems of supervision both ad-hoc and planned, are currently being enhanced to provide accurate centrally recorded data and monthly reporting. This will be monitored through Safeguarding Children's Operational Group. The midwifery service participated of the internal audit reported (see section 5.9) which revealed a 63% compliance for 3 monthly and 66% for require supervision monthly. An improvement plan is in place and will be monitored through the SCOG.

The Safeguarding Midwife and the Inpatient Matron aim to provide biannual supervision for the Meridian Band 7 midwives. The Safeguarding Midwife provides ad-hoc supervision to all grades of staff. She also provides group supervision for the Meridian core staff.

Whilst this report reflects on activities during 2019/20, the COVID-19 pandemic has had a significant impact on health and care services during the early part of 2020.

The maternity service has continued to provide maternity care to women; however, this has had to be adapted to include some virtual appointments and no home visiting unless exceptional circumstances. The Trust maternity services developed a clear plan for how services would be provided during the COVID-19 pandemic and have reviewed this regularly in line with National guidance. For women with identified vulnerabilities, the Trust has worked hard to ensure we continue to provide services that are accessible. We also re-introduced a first day home visit following the birth of the baby as soon as it was safe to do so. The team have continued to participate in safeguarding meetings using digital technology and also continued to work closely with local authority social care partners to ensure families and their babies are safeguarded and have robust plans in place.

5.3 Paediatric Liaison service activities

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

5.3.1 Information sharing

Information sharing - Within the time frame for this report, of April 2019-March 2020, the service has had oversight of **3018** safeguarding referrals that include; Paediatric Liaison Referrals, Multiagency Safeguarding Hub (MASH) referrals and Multiagency Risk Assessment Conference (MARAC) referrals. The service received **2557** Paediatric Liaison Referrals from across the trust. The service had oversight of **386** Emergency Department (ED)/Minor Injury Unit (MIU) Multi Agency Safeguarding Hub (MASH) referrals, providing additional information forms as appropriate to ensure effective sharing of information to relevant safeguarding hubs and health partners. The service has also continued to support the ED/MIU by providing an overview of all Multi Agency Referral Assessment Conference (MARAC) referrals completed by the Emergency Department and Minor Injury Units. The service has processed **75** MARAC referrals, once more providing additional information as appropriate.

5.3.2 Special Case Flagging

The service has continued to develop the special case flagging to ensure relevant and accurate information is readily accessible to frontline practitioners. This year the Paediatric Liaison Service has supported the trusts inception of the Sexual Assault Referral Centre (SARC) Special Case Flags. This provision furthers the support given to frontline practitioners to provide individualised and informed decisions about the care delivered to children and families.

The service can receive flag requests from different service providers and from this the service currently manages **273** active special case flags. This is an increase of 39% from last year. The current special case flags include; medical flags (**80**), safeguarding flags (**33**), high risk missing person flags (**7**), drug box flags (**101**) and SARC (**52**). In recognition of the services expansion these flags are reviewed annually, and the process regularly audited with the support of the TSDFT Clinical Auditing Team to ensure they are relevant and up to date. From our latest audit of the flagging process has been regarded as providing an overall 92% accuracy. This was reduced from 98%, due to human error in removing flagging information from all sources once a flag was removed. Flags are placed on four system and in four cases a flag remained on one system. Processes have been changed to mitigate this happening in future.

5.3.3 Supervision and staff training

The Paediatric Liaison Service has continued to be a point of contact to all agencies as well as providing ad hoc supervision to trust staff. Within this last term, the service has received **307** contacts and/or ad hoc supervisions requests – a decrease of **135** (31%) contacts compared to last year. The reason for this decrease in contacts is due to the embedding of the Safeguarding Nurse Practitioner service within the acute services. Further to the service redevelopment of the Trust Safeguarding Children Team; they offer frontline acute practitioners with safeguarding support and supervision.

5.3.4 Staff training

The Paediatric Liaison Service recognises that at the heart of improving the quality of safeguarding referrals is through improved staff awareness and understanding. The Paediatric Liaison Nurses support the training of staff through;

- One-to-one operational induction with newly recruited Paediatric Nursing Staff into the Emergency Department during their supernumerary phase,
- Group operational induction training to Junior and Middle Grade medics within their rotations into Paediatrics and Emergency Medicine,
- Group Level 2 Safeguarding Children Level 2 Workshop group training – a new service provision that was introduced in August 2019.

The service continues to audit and record training feedback to ensure the provision can continue to develop and evolve to best support frontline practitioners and promote Safeguarding Children within Adult and Paediatric Services.

5.4 Response to COVID pandemic

The service has continued to adapt and respond proactively to the challenges of the pandemic. The Safeguarding Children Team's early recognition and clear understanding of the multifaceted increased safeguarding risk to children enabled the Paediatric Liaison Service to support the early inception of contingency workforce planning.

To mitigate the risk, from March 2020 and until the end of June 2020, the Paediatric Liaison Service supported the daily auditing and reviews of all Paediatric unscheduled care attendances, and targeted adult unscheduled care (attendances with presenting complaints that may have been associated with a safeguarding child risk factors).

The Paediatric Liaison Service supported the audit and review of 2409 Paediatric ED/MIU attendances and 2451 adult ED/MIU attendances; of which 106 Paediatric attendances and 38 Adult attendances required further safeguarding referrals. Following reflection of this service provision, along with the Safeguarding Children's Team, we have recognised the importance of staff training and awareness. To support this and the trusts continuing social distancing/infection control procedures the Paediatric Liaison Service has increased the offer of the Safeguarding Children Level 2 Workshop events.

5.5 Children in Care / Looked After Children

The numbers of children in care are consistently increasing both locally and nationally. There has been an annual increase of 4% of CIC in the UK over the last few years. There are currently 340 under the care of Torbay local authority, which is one of the highest rates of CIC per population in the UK and 810 CIC under the care of Devon County Council (DCC). CIC can frequently move around the CCG area.

Most of these children and young people (CYP) have experienced abuse, neglect and/or trauma in their life before being taken into care. They have often experienced a number of Adverse Childhood Experiences (ACEs) such as parental substance misuse, family mental health issues, exposure to violence or criminal behaviour and loss of a parent, including separation. Research indicates that the higher number of ACEs experienced, is linked with an increased risk of short and longer term poorer physical and mental health outcomes This partly explains why CIC often have far higher incidences of physical, social, behavioural and emotional health needs.

CIC and Care Leavers can be more vulnerable and at higher risk of being groomed and exploited. This can be as a result of several factors including low self-esteem and being targeted by those who exploit their need to belong and appear to offer support and affection. These CYP can also be more vulnerable if they have been separated from their support networks, such as positive friendships and trusted adults. CIC are also more at risk of going “missing” from their homes, which can also expose them to further ACES and risk of exploitation.

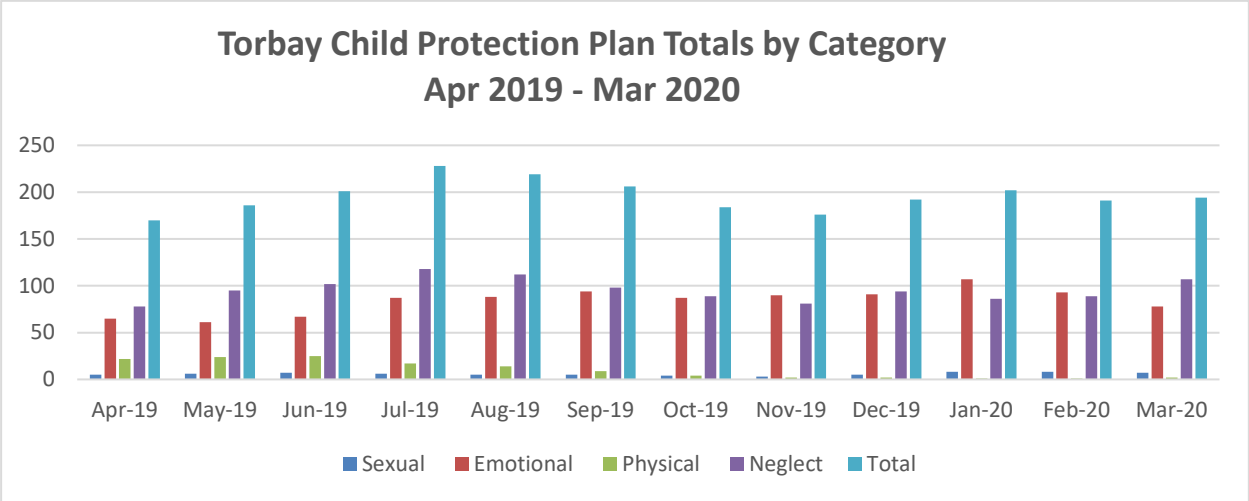
Children in Care health team –How do we keep our children and young people safe? The team offers a service to all CIC and Care Leavers that incorporates a resilience-based approach. This approach aims to identify and build upon their strengths with the aim of increasing their health and well-being, their safety and to improve their life chances. They achieve this by offering statutory health reviews, support, guidance and sign-posting, multi-agency working and listening to young people and acting as their advocate. The team work alongside their safeguarding colleagues and contribute to strategy & secure criteria meetings and Rapid review reports etc. The complexity and frequency of safeguarding incidents is increasing. The Named Nurse works alongside partnership agencies such as education, social care including fostering and the CCG to ensure that a high standard of care and safety frameworks are continually developed at a strategic level. These CYP must be seen as a priority in health services to ensure a preventative approach and to promote their current and long-term health outcomes.

5.6 Safeguarding Children Team performance activities

The Safeguarding Team performance report information will be based on the CCG standards. In order to understand the context of the needs of the local population the figure below shows the data for the children subject to child protection plans in Torbay, split by category. The highest categories are consistently neglect and emotional abuse, which is in direct correlation with the local figures for deprivation, poverty and domestic abuse. Due to different working practices in Devon County Council (DCC), the data for South Devon is not as accessible, as the information is shared covering Devon, as a whole area. There is work currently in progress, as part of the integration work with CFHD monitored by SCOG, to work with DCC to extract

this data, to support the reliable reporting of the Trusts safeguarding activity for South Devon.

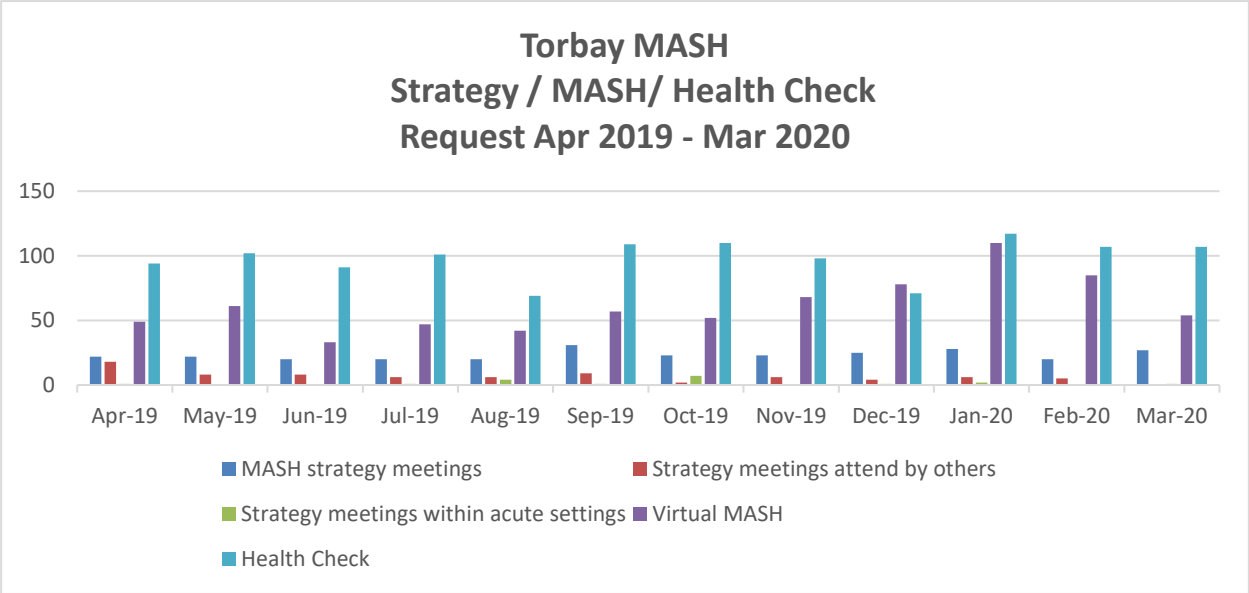
For the purposes of this report, the performance information pertains to the Torbay and South Devon Foundation Trust (TSDFT) team, not the Child and Family Health Devon (CFHD) team, as the teams have been working as separate provisions for the 2019/20 period. Some of the staff groups working within CFHD have been included in the TSDFT data; such as the South Devon facing staff groups for Paediatric Therapies. This is due to the memorandum of understanding which is in placefor the provision of safeguarding children practice, which is supporting the CFHD service transition.



5.7 Torbay MASH

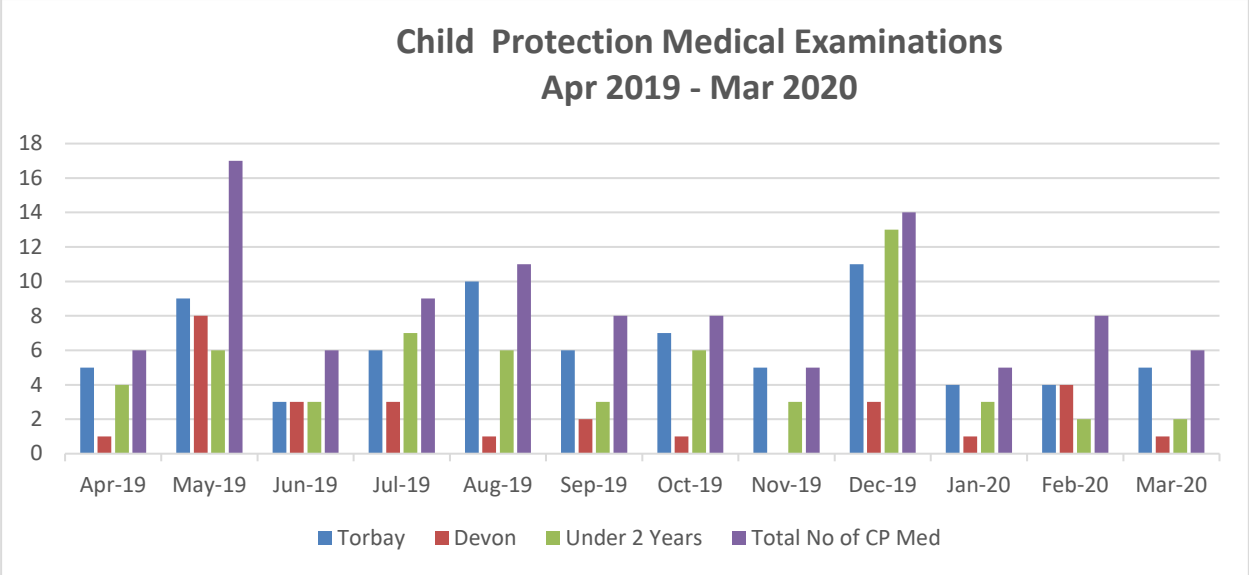
TSDFT Safeguarding Children Team provide the health support to the Torbay Multiagency Safeguarding Hub (MASH). The support for Devon MASH is provided by the CFHD Safeguarding Children team.

The Torbay MASH receives all of the child protection referrals for local authority Childrens services. The health team support the investigations for each referral by completing health enquiries for all parties related to the referrals. This may then lead to contributing to virtual MASH and strategy meetings by information gathering from all TSDFT Health services, adult support services, GP's and CAMHS and then providing analysis and recommendations for threshold decisions. The numbers of mash referrals continue to increase (see figure below) and, in spite of service redevelopment and efficiency improvements, the MASH responsibilities have a significant impact on the capacity of the safeguarding children team.



5.8 Child Protection Medicals

Child protection medical examinations form part of the statutory response to child protection referrals from the health perspective. Child protection medical examinations are completed by Consultant Paediatricians / Middle grades and are completed in accordance with Royal College of Paediatrics guidance which is incorporated into Trust process. Referrals for Child protection medicals are made following strategy meetings held in either Devon or Torbay MASH's. (see figure below)



TSDFT Named Professionals have supported multiagency improvements to develop a shared protocol for the procedure of the medical examinations, liaising with both Devon and Torbay childrens services. As a result of the new processes, Consultant Paediatricians are regularly supporting decision making at strategy meetings for children who have experienced physical harm. Ofsted have been satisfied that the recommendations made in relation to the child protections medicals have been met. This protocol has been embedded in practice and will be audited in the next reporting

year. The Trust has adapted the multiagency protocol to establish an internal protocol to support improved quality outcomes for children / young people who require child protection medical examinations.

Medical examinations in relation to sexual abuse / assault are completed by the Sexual Assault Referral Centre (SARC). The Trust has developed an information sharing protocol to ensure that professionals are in a position to ensure continuing appropriate support is provide to children / young people.

5.9 Safeguarding Supervision Compliance

The provision of safeguarding supervision for TSDFT staff is managed in accordance with the Safeguarding supervision policy. The policy is aligned to the standards of supervision outlined by the Local Safeguarding Childrens Partnerships and the South West Child Protection procedures. Safeguarding supervision is provided by the Safeguarding Childrens Team; primarily for formal sessions for the Health Visiting and School Nurse service and the Childrens Community Nursing Team and group supervision sessions for Torbay CAMHS, Torbay Sexual Medicine service, Childrens Learning Disabilities team, the Emergency Dept staff and Child Health staff. This currently includes clinical staff from TSDFT but also including staff employed by Child and Family Health Devon (i.e. Paediatric Therapy staff, Childrens Disability team, Childrens Community Nursing Team) or Devon Partnership Trust (Torbay CAMHS service). It is essential that staff are supported in their safeguarding duties and the TSDFT and CFHD Named Nurses have worked closely together to ensure / support appropriate provision for all staff in their responsibilities.

Additional Safeguarding supervisors have been trained from both TSDFT and CFHD by the TSDFT Named Nurse, who delivers a 2-day training programme followed by quarterly updates. Staff from a range of teams such as midwifery, speech and language therapists, paediatric diabetes nurses, sexual medicine nurses, emergency department staff, paediatric consultants and adult drug and alcohol service; in order to support the supervision provision in specialist paediatric services, particularly for ad-hoc supervision discussions.
As the knowledge and experience of Trust staff has improved, the safeguarding children team have seen increasing demands for safeguarding supervision, both formal and ad-hoc sessions. Supervision is provided in a variety of sessions; one to one, group and multi-professional sessions for complex cases.

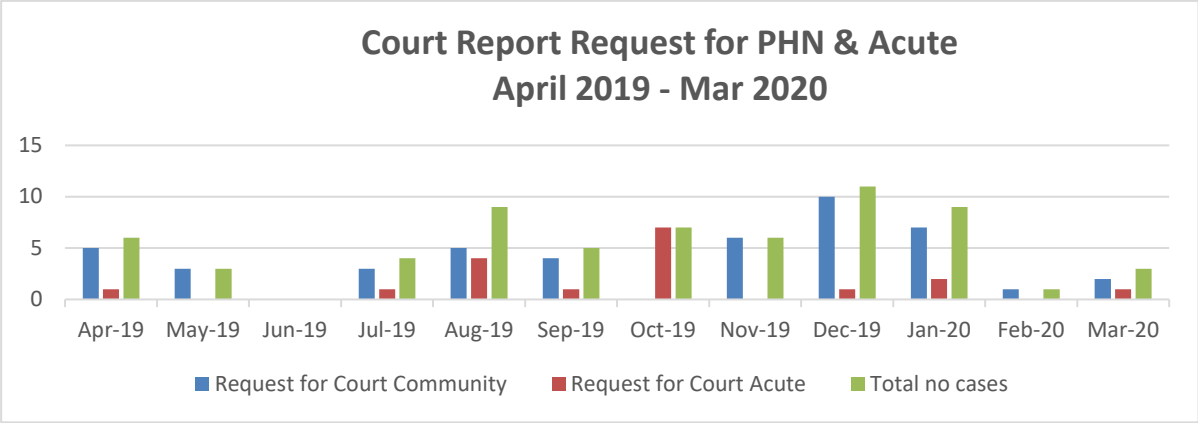
An audit of Trust safeguarding supervision practice was completed and included 111 professionals across various disciplines including maternity to audit compliance with the 100% standard. The audit demonstrated 63% compliance with the standard for three monthly supervision for case holders. For staff who are not case holders but work with children and young people accessing supervision every six months achieved 66% compliance. Actions are in progress and a repeat audit is planned for later in the year.

For some services, safeguarding supervision compliance is a key performance indicator. Monitoring for those services is completed and reported via the SCOG dashboard. This applies in particular to the Health Visitors/ School Nurses of the 0-19 service, who have embedded safeguarding supervision in their normal practice. In the context of service redevelopment and challenges to capacity, safeguarding supervision has been prioritised at individual staff level but also by the Team Leads

and Service Lead. This is reflected by achieving compliance with policy maintained at 100% for the whole year.

5.10 Court duties

Court duties in relation to Family court form an important part of the safeguarding duties for TSDFT staff. For staff who have been directly involved in the care of a child, there may be a requirement for them to participate in legal proceedings if the child becomes looked after. TSDFT are experiencing increasing demand on staff to complete court reports and attend court as witnesses. It is a regular request for Health Visitors, School Nurses and Consultant Paediatricians, but increasingly requests are being made from Emergency Department Clinicians, Paediatric Nurses, CAMHS staff and Midwives. The Trust are receiving increasing numbers of court requests, which are in direct correlation to the increasing numbers of children and young people who are subject to child protection or who have become looked after. (See figure below)



The Safeguarding Children Team offer support to all staff who are required to complete a court report, in accordance with the TSDFT policy. Staff are also offered safeguarding supervision and support for court attendance. The increasing numbers of requests for reports has implications on capacity for all staff groups, including the Safeguarding Children Team.

All court requests are managed with the support of the Data Access Team to ensure oversight of all information sharing and medical record release for court purposes. This ensures monitoring of a high standard and consistent process for all children and families.

5.11 Child Death Statutory Duties

Under new statutory guidelines, issued October 2018, all child deaths, both expected and unexpected, are reviewed in the location/hospital of death, if out of area (OOA) reports would be shared with the Child Death Overview Panel (CDOP) of child's home address.

These reviews can be in the form of a Child Death Review Meeting (CDRM) chaired by the Named Doctor for Child Death, hospital-based mortality meeting (currently not operated in the Trust for child deaths), perinatal mortality review (held last Thursday in month), serious adverse event (SAE) or other investigatory bodies including Healthcare Safety Investigations Branch (HSIB).

Figures for TSDFT child deaths for 2019-2020 are as below:

Reported Deaths		**Under 1s**	**1-17**	**Learning Disabilities Mortality Review (LeDeR) cases**	**Early response / strategy meeting**	**Staff well-being debrief**	**OOA**	**Child Death review meeting**
Unexpected	*8*	5	3	0	3 ERM */ 1 STRAT	2	3	2 CDRM 1 PERINATAL
Expected	*4*		4	3	2 ERM		2	2 CDRM

*Unexpected – 8 deaths – 4 ERM / 3OOA / 1 preterm so not requiring meeting

5.12 Early Response Meeting (ERM)

ERM meetings, for every child death whether expected or unexpected, ideally should be held within 48-72 hours following death. The meeting is a multi-agency meeting for professionals directly involved with the care of the child during their life and those investigating the death, to review available information, identify any further investigations required, ensure no safeguarding concerns, if so meeting will revert to a safeguarding strategy, and consider ongoing support needs for family, and staff. It should be chaired by the Named Doctor for Child Death but if not possible, the lead paediatrician involved in the case.

For 2019/20, TSDFT held 6 meetings in response to child deaths. The other cases were out of area or preterm and therefore not applicable to the local process requirements. All child death cases have learning for staff who are involved and enable reflection of practice and process. No unmet safeguarding concerns were identified at these meetings. None of the deaths are related to current serious case reviews.

5.13 Child Death Review Meeting (CDRM):

Meetings take place once all the investigations/results are available. This meeting helps to fully review the case and provide a report back to the Child Death Overview Panel which is as complete as possible in the understanding of why the child has died and factors contributing etc. However, due to ongoing police investigations or delayed post mortem results in certain circumstances this can be many months after the child has died. Feedback from the family is gained prior to this by the Joint Agency Response (JAR) nurse to fully understand the parents' assessment of the process.

For 2019/20, TSDFT have held 3 review meetings. Each of the cases has identified learning for the multiagency consideration to improve Child Death processes and knowledge to support families in these difficult circumstances; for example, process for child death when event occurs overseas. Positive factors identified have included good local working relationships and established processes in relation to child exploitation. Where safeguarding / clinical requirements have been identified, either

internally or from external sources, such as the Coroner, these have been incorporated into action plans and have been completed accordingly. This process is monitored through the Trust internal governance processes for organisational oversight and shared learning purposes.

Exacerbated by the changes to the statutory duties for the Child Death process, the role of Lead paediatrician in a Child death case takes a significant amount of time due to the complexity of the process. It has always been a priority to ensure that family are supported and informed. Currently the Consultant Paediatricians rota does not support allocation of extra time for child deaths. The Trust is obliged to conform with statutory guidance to review all deaths in detail and it is therefore key that Paediatricians are given the correct time to do the job competently and thoroughly. This increased demand is currently under scrutiny at the strategic Child Health governance meetings and service development and design options are being considered by the Paediatric Consultant body, supported by the Business Management Team.

5.14 Guidelines and Processes

Updated guidelines and processes put into place for the Emergency Department and TSDFT Children's Ward for effective streamlining of processes for professionals, together with the recording of all staff involved with a child death including porters and mortuary staff for ongoing support. Also improved communication/understanding between mortuary and clinical areas.

The Child Death Named Doctor and Child Death Coordinator have also, in response to the increased strategic requirements, ensured that well-being debrief meetings and training are being prioritised. It was recognised from staff feedback from previous meetings and events that there is an important role for these events to support the ability of staff to maintain the high-quality responses for families to the deaths of their children.

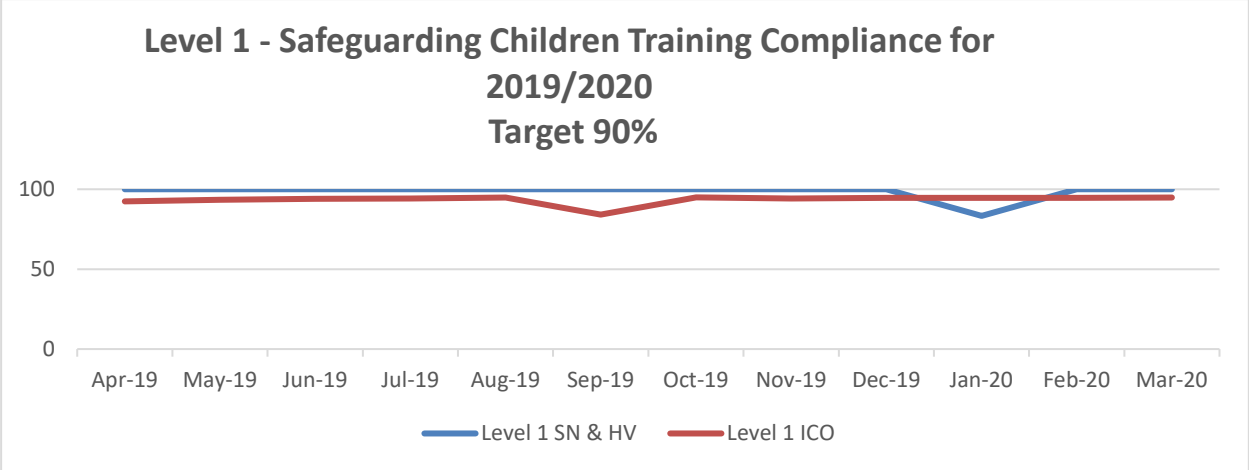
5.15 Safeguarding Children training

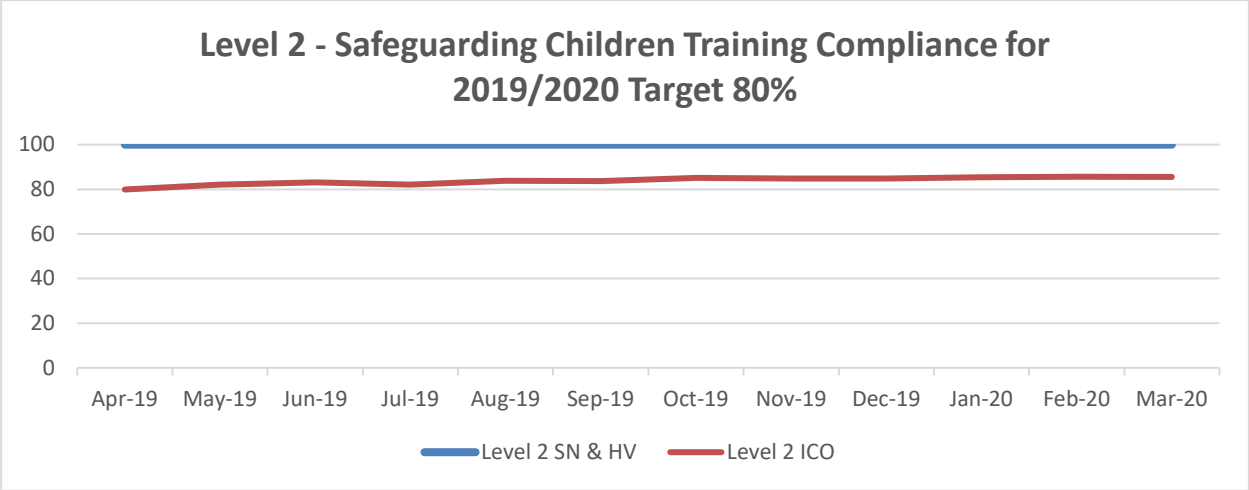
Safeguarding Children training compliance is measured and monitored on a monthly basis. The data is reported to the Safeguarding Children Operational Group (SCOG) for oversight. For monitoring purposes, the responsibility is initially held by the individual staff member; highlighted by email and on their individual training record on HIVE. The compliance data is also emailed on a monthly basis to the Line Managers, the Service Lead (AND) and upward via internal Trust hierarchy.

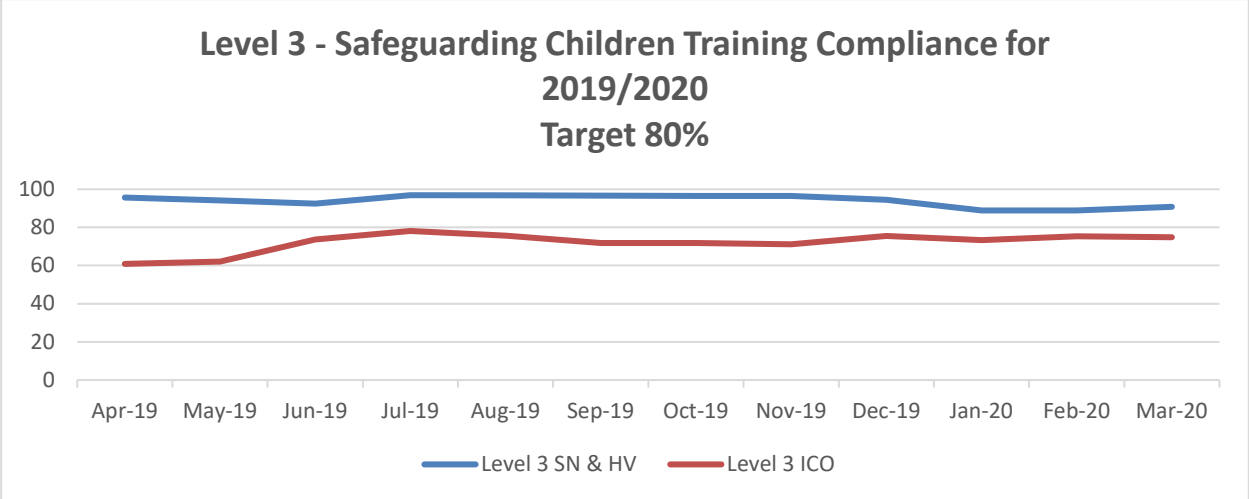
The training levels are set by the Named Nurse for Safeguarding Children in direct consultation and reference to the Intercollegiate document guidance (updated 2019) and is agreed by the Trust training lead and the Chief Nurse on an annual basis on submission of the training needs analysis.

To support key performance indicator monitoring for all aspects of TSDFT service provision, the compliance data is reported for the Integrated Care Organisation (ICO) compliance and the 0-19 service (Torbay Public Health Nurses – Health Visitors / School Nurses). The compliance data for Child and Family Health Devon is also split for reporting to that services governance and monitoring purposes.

Compliance levels are reported to the CCG standards of:
Level 1 - 90%
Level 2 - 80%
Level 3 - 80%







Achievements for 2019-2020

- May 2019 – following the previous year's half day MDT child death training, TSDFT held a well-attended full day multidisciplinary child death training day with 82 candidates from paediatrics, emergency department, midwifery, children in care, health safeguarding, radiology, children's services both Devon and Torbay, police, education, safeguarding CCG and CDOP. Currently TSDFT are the lead trust in Peninsula for multi-agency training around child deaths.
- January 2020 – Child Death Review Coordinator together with lead in Paediatric Radiology presented to Safeguarding Supervisors update training sessions regarding processes involved in child death and skeletal surveys.
- July 2019 following a 3-day training for approximately 20 multi-disciplinary facilitators (including the Child Death Review Coordinator), the Trust launched a new wellbeing service initially known as CISM – Critical Incident Stress Management now known as "Jigsaw". The service is able, with 2 facilitators subject to their availability, to run wellbeing debrief session for Trust Staff (and SWAST) following a child death both expected and unexpected.
- Safeguarding Children Team achieved a service redevelopment day virtually, due to COVID restrictions. This has resulted in service improvements which have supported positive outcomes for interventions with children and their families.
- Policy and process improvements completed / supported by Safeguarding Children Team Nurses, in line with update requirements and feedback from management reviews, both local and national; Bruising and Injuries to non-mobile children policy shared nationally during COVID pandemic with Named Professionals working party.
- Multiagency partnership working and service improvement – including Child Protection medical examination policy, agreement for Level 3 multiagency virtual training package, Discharge planning meeting policy, Midwifery service support for Local Authority vulnerable unborn babies planning meetings.
- Positive CQC assessment of Safeguarding Children services
- Achieving 100% compliance in safeguarding supervision provision for 0-19 Health Visitors / School Nurses and CFHD Childrens Community Nursing Team (South)
- Maintaining support for Health provision of Torbay MASH services – initial figures show up to 100% monthly increase in health referrals
- Partnership working by the Safeguarding Nurse Practitioners to provide TSDFT presence at multiagency safeguarding meetings, including MACE (Missing and Child Exploitation) for Torbay and South Devon, MARAC domestic abuse meetings (Multiagency Risk assessment committee), South Devon Exploitation meeting, Drug Harm reduction meetings, Quality assurance/ Workforce / Training sub groups for DCFP and TSCP.
- Working relationships and service support for 0-19 service; including supporting service development, training, safeguarding supervision, court support.

Challenges for 2019-2020

- Increasing service demand during 2019/20 for Named Doctor and coordinator for number of cases and wider issues (e.g. training, staff wellbeing around cases).
- Achieving protected time for training, due to clinical pressures, for medical and nursing staff within the trust – this has implications with all aspects of safeguarding training, including mandatory and targeted sessions.
- Trust staff compliance with Safeguarding Children Level 3 training; highlighted by recent CQC inspection. This challenge is included in the Trust CQC action plan and work is in progress.
- Developing a robust safeguarding children's governance framework for CFHD that interfaces with Devon Partnership Trust and TSDFT.
- Increasing staff safeguarding supervision demands – likely to increase further due to improvements in staff knowledge as a result of training. This has been noted as a trend over the previous 2-3 years.
- Increasing operational pressures on the Torbay MASH health service provision due to local population need.
- Aligning practice / governance process with commissioning changes to service provision, such as CFHD partners and 0-19 service.
- Information technology systems and reliability – significant changes and service challenges to the IT service and systems for TSDFT has had direct impact on the Safeguarding Childrens capacity and ability to deliver a safe, consistent and reliable service. TSDFT remains unable to have oversight of all safeguarding referrals made by the Trust for monitoring and quality assurance purposes as a result of these challenges.
- Clarity for the position of the multiagency Torbay Safeguarding Children Partnership remains unclear and, as such, the roles for the Named and Designated Professionals in supporting the activities within the Partnership.

6. Conclusion

During 2019/20, there have been significant achievements across the Trust, in many service areas. The working relationship between the Safeguarding Children Team and clinical services has continued to improve, resulting in positive outcomes for children and families. For example, the Emergency Department staff have faced extraordinary complexities, especially during the start of the covid pandemic, but they have remained committed to supporting the safeguarding considerations of the patients attending the Department.

The increasing knowledge of staff is reflected in the demand for safeguarding supervision. Audit this year has evidenced that staff value the quality of the provision from the Safeguarding Children Nurse practitioners and wider safeguarding team. This is exemplified in the compliance data, specifically for the 0-19 service and Childrens Community Nursing Teams of 100%, maintained for the 2019/20 period.

The onset of the COVID -19 pandemic has had serious repercussions on the safeguarding childrens services. The service, in accordance with National guidance, has remained fully operational. As a result, across the Trust, in all areas of child facing care, teams are having to adapt services and find ways to support children's

safety whilst complying with the national covid guidance for their service. Initial figures have shown significant increases in domestic abuse reports, increasing presentations of parents in mental health crisis, increasing contacts/ supports with parents suffering with substance misuse / alcohol misuse and multiagency challenges in ability to engage in meaningful, consistent direct contact with children, young people and their families. Plans are changing on a regular basis and as services move forward there is important liaison nationally between Named Professionals. Data and learning from this period will be recorded in the TSDFT annual report 2020-2021.

The challenge to support capacity requirements towards the Trust safeguarding children practice has increased during 2019/20. The services changes and subsequent IT system challenges continue to present a high risk, which is recorded on the Trust risk register. There is work in progress across the services to mitigate the risk and consider the potential for service redevelopment and future planning.

7. Recommendations

The Board to receive the annual report and recognise the scope of work undertaken across the organisation that aligns to our statutory responsibilities and accountabilities to safeguard children and young people which is achieved through robust system , processes and partnership working.

Board to recognise the emerging service capacity issues / operational demand; due to impact of COVID-19 and updated statutory guidance requirements; for the Child Death service and the continuing redevelopment mitigation processes that are being achieved by the collaborative work by the Child Health Department.

Board to recognise the achievements and support the increasing operational service provision of the Safeguarding Children Team, with consideration of service redesign / increase in capacity to support the team in provision of the statutory requirements for Torbay and South Devon Foundation Trust.

Board to recognise the challenges of the current Trust IT systems in supporting the management of safeguarding information by the Safeguarding team, including abilities to facilitate safeguarding referrals utilising the Symphony electronic patient record system and monitoring/quality assurance for submission of safeguarding children referrals across the wider Trust.

Board to recognise and support Trust activity, included in the CQC action plan, to improve staff compliance with Level 3 mandatory multiagency safeguarding children training, in accordance with Intercollegiate document 2019 guidance.

Torbay and South Devon
NHS Foundation Trust

Report to Trust Board of Directors			
Report title: Report on Safeguarding Adults and Deprivation of Liberty Safeguards			Meeting date: 30 September 2020
Report appendix	None		
Report sponsor	Chief Nurse		
Report author	Safeguarding Adult MCA DOLS Lead for Torbay		
Report provenance	The report has been informed by data collated by TSDFT performance management team for Torbay Safeguarding Adults Board (TSAB), Adult Social Care Outcomes Framework (ASCOF) data, Torbay Council KPI's, Care Quality Commission (CQC) Inspection published 2nd July 2020, papers and minutes from the TSDFT Safeguarding Adult and Mental Capacity Operational Group and TSDFT Integrated Safeguarding and Inclusion Group. The report is also informed by regional and national guidance and legislative frameworks.		
Purpose of the report and key issues for consideration/decision	This annual report will inform Torbay and South Devon NHS Foundation Trust Board members on issues relating to safeguarding vulnerable adults in Torbay and South Devon. The Trust has delegated responsibility for Local Authority statutory safeguarding duties for adults on behalf of Torbay Council. This is governed by The Care Act 2014. In addition, the Trust is a partner organisation working with Devon County Council and Torbay Council as a provider of health and care services. Devon County Council retains the lead for adult safeguarding in the South Devon footprint. The Chief Nurse is Executive Lead for Safeguarding and is supported in this role by the Deputy Director of Adult Social Services and the Named Professionals.		
Action required (choose 1 only)	**For information** ☒	**To receive and note** ☐	**To approve** ☐
Recommendation	The Board is asked to note the contents of the report for assurance.		

Summary of key elements	
Strategic objectives supported by this report	

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

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

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

External standards affected by this report and associated risks	

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

CQC Inspection
The CQC Inspection between 10th March 2020 and 2nd April 2020 resulted in 8 must do actions and 1 should do action relating to safeguarding and mental capacity act training. These related to urgent and emergency, medical care and surgery core services.

Staff did not consistently know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health, and staff did not consistently understand the relevant consent and decision-making requirements of legislation and guidance.

However, staff understood how to protect patients and their families from abuse, and assessed patients at risk of deterioration and escalated them appropriately. Staff treated patients with compassion and kindness, and respected privacy and dignity. They took account of individual needs and provided emotional support as needed.

Deprivation of Liberty Safeguards
Deprivation of Liberty Safeguards remains a key risk. Specialist assessors are very limited due to the qualifications required and the volume of assessments is high. Risk is assessed and managed on an ongoing basis however it has not addressed the waiting list.

Mental Capacity (Amendment) Act 2019. Liberty Protection Safeguards (LPS)
The Mental Capacity (Amendment) Act 2019 (LPS) was due to be implemented on 1st October 2020 but has been delayed until April 2022 in light of the impact of Covid-19.

Under the new arrangements NHS Trusts, CCG's and Local Authorities will become responsible bodies and have statutory duties to ensure people who meet threshold, are lawfully deprived of their

	liberty. The Trust will hold all 3 Responsible Body duties due to its delegated functions. Internal scoping has identified that around 10,000 patents and service users will require a lawful deprivation of liberty. This total includes approximately 8953 patients within acute or community hospital settings. The Trust LPS Project Management will oversee implementation and will need to continue to plan and prepare for this significant piece of legislation.

Report title: Report on Safeguarding Adults and Mental Capacity Act Deprivation of Liberty Safeguards		Meeting date: 30 September 2020
Report sponsor	Chief Nurse	
Report author	Safeguarding Adult, Mental Capacity Lead (Torbay), Prevent and Modern Slavery Lead	

1. Introduction

The Safeguarding Adult Annual Report for 2019/2020 provides key information in relation to core messages, performance, legal frameworks, governance and safeguarding activity during 2019/2020.

2. National and Local Context

National Care Act 2014 statutory guidance continues to direct how organisations work together to safeguarding adults from abuse. It is underpinned by six key principles

- Empowerment. People being supported and encourage to make their own decisions and informed consent.
- Prevention. It is better to take action before harm occurs
- Proportionality. The least intrusive responses to the risk presented
- Protection. Support and representation for those in greatest need
- Partnership. Local solutions through services working with their communities.

The national making safeguarding personal agenda (MSP) links heavily to the six key principles. Led by the Association of Directors of Adult Social Care (ADASS), Local Government Association and other national partners including health, it is a sector led initiative to develop an outcomes focus to safeguarding practice. The agenda has focused nationally, regionally and locally in evidencing MSP principles in safeguarding responses and performance and improving outcomes in response to safeguarding adult reviews.

There continues to be a national focus on preventing exploitation and strengthening partnership arrangements in response to exploitation themes (modern slavery, county lines, sexual exploitation, financial and radicalisation). This has received a particular focus in the past 12 months at a local level.

The Mental Capacity (Amendment) Act 2019 (Liberty Protection Safeguards) was due for implementation in October 2020. The COVID pandemic has resulted in this being deferred until April 2022. The Department of Heath and Social Care will lead in consultation with regard to codes of practice and training standard requirements.

2.1 How are we aligned in Torbay and South Devon?

Trust alignment is largely driven through our partnership arrangements. The South West Regional ADASS and Health Networks ensure we are kept informed of national updates whilst local partnership Boards such as Safeguarding Adult, Anti-Slavery, Domestic Abuse and Sexual Violence and Prevent Boards ensure consistency of approach across and set our local strategic agendas.

2.2 COVID Implications

Safeguarding Adults remains a statutory duty and safeguarding adults' duties have not been 'eased'. Consequently, there continues to be accountability on all Trust services to keep everybody safe from abuse or neglect, with a clear role in avoiding any breach of human rights. In addition, it has been vital that during the COVID crisis our delegated local authority duties continue to have oversight and application of Care Act safeguarding duties as before and that we continue to work in partnership with Devon County Council in response to safeguarding concerns.

2.2.1 Overarching issues across Torbay and South Devon have included

- Responding to changes in safeguarding activity and assessment of risk.
- Enabling newly recruited carers, staff and volunteers recruited to understand their safeguarding roles.
- Mitigating risks associated with Deprivation of Liberty Safeguards

2.2.2 Specific areas of increased risk include

- Safeguarding people who live in care homes or other institutional environments in the context of 'hidden risk or abuse'
- Increased risk of domestic abuse due to lockdown measures
- Increased stress on carers as a response of lockdown
- Increased risk for people with learning disabilities where support services had been suspended.
- Risk to people who may lack mental capacity to understand additional restrictions.
- Risks for people with mental health problems or people who self neglect due to social isolation.
- Emergence of new scams to defraud people who are more isolated.

3. Culture and Leadership

3.1 Key Messages

In the NHS constitution the first principle that guides the NHS in all it does states 'it has a duty to each and every individual it serves and must respect their human rights. Strong leadership and governance are essential to reinforce that safeguarding is fundamental to high quality care. It is everyone's business and directly links to our human rights approach to respect, equality, dignity, autonomy and right to life. Our mandatory training framework reinforces to all staff that -

- We adopt a zero tolerance of adult abuse.
- All staff are part of our safeguarding adults team.
- Safeguarding is the way we work not additional work. A golden thread that runs through all our activity.
- It is central to core Trust values and human rights principles.

4. Legislation and Guidance

4.1 The Care Act 2014

The Care Act 2014 sets out provision relating to the care and support for adults and carers. Sections 42-47 of the Care Act relates specifically to Adult Safeguarding. Chapter 14 of Care Act statutory guidance sets out how these duties should be implemented.
The Care Act requires that each local authority must:

- Set up an Adult Safeguarding Board (SAB).
- Make enquiries or cause others to do so, if it has reasonable cause to suspect an adult is experiencing, or is at risk of, abuse or neglect.
- Conduct safeguarding adult reviews in accordance with s.44 of the Act (SAB).
- Co-operate with each of its relevant partners as set out in Section 6 of the Act in order to protect the adult.
- In their turn each relevant partner must also co-operate with the local authority.

4.2 The Mental Capacity Act 2005 (MCA 2005)

This Act provides a statutory framework for

- People who lack capacity to make decisions for themselves, or
- People who have capacity and want to prepare for a time in the future when they may lack capacity.
- Who can take best interest decisions, in which situations, and how they should go about this.

The Mental Capacity Act Code of Practice gives guidance for decisions under the Act.

4.3 Deprivation of Liberty Safeguards (DoLS)

- The DoLS legal framework is covered in the Mental Capacity Act 2005 framework.
- It sets out approving the deprivation of liberty for people who lack the capacity to consent to treatment or care, in either a hospital, care home or specified domestic settings.
- The requirements about when and how deprivation of liberty may be authorised.
- The assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

The Mental Capacity Act and Deprivation of Liberty Codes of Practice sets out guidance for decisions under the Act.

4.4 The Mental Capacity (Amendment) Act 2019

This Act creates a new regime, the Liberty Protection Safeguards (LPS) in replacement of DoLS. The new scheme was due to begin on 1st October 2020 but due to Covid has been delayed until April 2022. The new duties will have significant implications for the Trust discussed elsewhere in this report.

4.5 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13

The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.
To meet the requirements of this regulation, the Trust must have a zero-tolerance approach to abuse, unlawful discrimination and restraint.

4.6 Other Key Statutory Frameworks

- Human Rights Act 1998
- Equality Act 2010
- Modern Slavery Act 2015
- Counter Terrorism and Security Act 2015
- Safeguarding Vulnerable Groups Act 2006

5. Strategic Priorities

Our strategic priorities over the past 12 months have linked directly to those approved within our local safeguarding adult's boards. Devon priorities were considered in a Board Development Day in February 2019 and approved in March 2019 whilst Torbay priorities were considered and approved in a Board development day in March 2019. The Trust is a key stakeholder in both Board arrangements and attends full Board and sub group meetings.

There are close working relations across both Devon and Torbay Safeguarding Adult Boards and joint sub group arrangements were appropriate.

The strategic priorities of both boards ls referenced below followed by the key activity of how the Trust is driving improvement and delivered against these priorities.

The nature of the ICO in most cases results in strategic priorities being applied across Torbay and South Devon services rather than those specific to local authority boundaries.

Devon Safeguarding Adult Priorities (DSAP)
I. Finding the right solution at the right time for the most at-risk people II. Increasing the public awareness of Safeguarding III. Improving the experience of children transitioning (moving) to adult services, working together to ensure they remain safe IV. Increasing our staff understanding of the law in relation to Safeguarding Adults
Torbay Safeguarding Adult Board (TSAB)
I. Embedding Making Safeguarding Personal II. Learning from Safeguarding Adults Reviews. III. Safeguarding Adult Interface within local domestic abuse and sexual violence strategies IV. Prevention and Creative Solutions for people with complex needs V. Mental Capacity Act /Liberty Protection Safeguards Implementation VI. Market Shaping and Commissioning - reshaping to meet changing demand complex needs.

5.1 Delivering Against Strategic Priorities and Driving improvement

5.2 Domestic Abuse and Sexual Violence (TSAB I and iii / DSAP I and iv)

- ✓ **Trauma Informed Practice**. A key agenda in 2019 was to focus on trauma informed practice in partnership with colleagues in Safeguarding children and Torbay Safer Community Partnership. In response, the Trust hosted three highly successful best practice forums -
  - Domestic Abuse and Sexual Violence (January 2019)
  - Attachment and Trauma Aware Practice (July 2019)
  - Presentation of 'the Prison of Silence' followed by a question and answer panel led by local Charity Operational Emotion (October 2019)

- ✓ **Domestic Abuse Champions**. In excess of 50 staff have been trained to become domestic abuse champions across the Trust.

- ✓ **Domestic Abuse Stalking and Honour Based violence (DASH) risk assessment**. Staff have received train the trainer DASH training to roll out Trust wide.

- ✓ **Partnership working**. The Trust attends and contributes to the Torbay DASV Executive and Operational Group committees. The work of this committee often influences activity across all Trust services.

- ✓ **Multi-agency Risk Assessment Conference (MARAC**). The Trust contributed to partnership review of Torbay Multi Agency Risk Assessment Conference (MARAC) arrangements.

- ✓ Trust attendance at Torbay MARAC. The Trust created a new operational system to ensure attendance at Torbay MARAC.

5.3 Mental Capacity Act /Liberty Protection Safeguards Implementation (DSAP priority iv and TSAB priority v)

- ✓ **Liberty Protection Safeguards (LPS).** Trust Board and Senior Managers received papers outlining the implications of the Mental Capacity (Amendment) Act 2019. The Trust scoped the likely impact on the organisation in its entirety, established a project management board and has generated an organisational workplan in readiness for implementation in April 2022

- ✓ **Mental Capacity Act Best Practice Forums.** A total of 9 Best Practice Forums were delivered throughout 2019. The primary aim was to plan and prepare the provider market for LPS implementation which was at the time due for implementation in April 2020.

- ✓ **Training**. The Trust has recently decided to make Mental Capacity Act training mandatory across the Trust in response to the CQC Inspection. This is currently being systemized ready for implementation.

- ✓ **COVID-19 (Hospital Discharge).** Bespoke training guidance was created to support the hospital discharge hub in fulfilling its MCA duties in rapid discharge arrangements.

5.4 Improving the experience of children transitioning (moving) to adult services, working together to ensure they remain safe (links to DSAP priority iii and TSAB i and ii)

- ✓ **The Trust Joint integrated safeguarding adult and inclusion group** allows for joint consideration and focus on safeguarding adult and safeguarding children agendas.

- ✓ **Paediatric clinics** allow for joint working between paediatric and adult clinicians and allow access for clinical supervision if needed.

- ✓ **Torbay 0-19 Partnership**. Work with Action for Children and the Children's Society as the new Torbay 0-19 Partnership will develop and deliver services both universally and targeted at Torbay children, young people and their families and carers.

- ✓ **Increased staffing capacity** within Adult Social Care Transitions team (Torbay services)

5.5 Safeguarding Green Stickers (DSAP and TSAB priorities i)

- ✓ Green stickers were introduced on bed-based wards to track the reporting of safeguarding adult concerns. Work is ongoing to fully embed the use of green stickers during 2020/2021.

5.6 Prevent Policy (DSAP priority i)

- ✓ This was updated to reflect new referral pathways in response to Prevent concerns

5.7 Modern Slavery (DSAP priority I and iv**)**

- ✓ Embedding modern slavery awareness beyond mandatory training resulted in RCN modern slavery wheels being obtained and circulated to all facing teams including ED, MIU and acute ward settings. The wheels are a quick reference guide to staff to understand different types of slavery, indicators and where to report concerns. A modern Slavery VLOG was held in January 2020 with the Chief Executive

5.8 Adult Social Care Legal Literacy (DSAP and TSAB priority i)

- ✓ A new Safeguarding Advanced Practitioner training session was introduced to support legal literacy for staff leading Care Act s.42 enquiries. Although more targeted at Social Workers, any Trust staff leading Care Act s.42 enquiries can attend.

5.9 Learning from Safeguarding Adults Reviews (SAR) (DSAP priority i and iv and TSAB ii)

- ✓ The Trust led on aligning the Torbay Safeguarding Adult Review toolkit to DSAP toolkit for consistency of approach across local authority boundaries.

- ✓ The Trust distributed 2 SAR practice Briefings across our workforce and across the Torbay and Devon Safeguarding Adult Partnership.

- ✓ The Trust undertook a screensaver campaign 'Learning from Safeguarding Adult Reviews' to disseminate key learning information on Trust Computer screensavers. A lead practitioner undertook a project to gather and evaluate the impact of the campaign. The results suggested screensavers were received well; providing staff with prompts and reminders. The comparative analysis indicated an increase in safeguarding referrals/ enquiries following the screensavers being disseminated. Overall screensavers were viewed as an impactful training platform. 64% of respondents indicated they would like quick information flashcards as another learning platform. In response the safeguarding team are currently building 7-minute briefings into its learning framework, with an initial focus on development within the new mandatory MCA training framework.

5.10 Adult Social Care Safeguarding Supervision Audit (TSAB priority i)

- ✓ A staff supervision audit was undertaken in August 2019. There were five criteria - supervision contract, frequency, quality and practice scrutiny, outcomes focused and standard agenda items. Overall outcomes were positive with each community team receiving bespoke recommendations for improvement. A re-audit is scheduled for September / October 2020.

5.11 Prevention and Creative Solutions for people with complex needs (TSAB priority iv)

- ✓ The Trust was a key stakeholder in the creation of the Torbay Creative Solution panel for people with complex needs. The panel replicates one led by Devon County Council in South Devon.

5.12 Market Shaping and Commissioning (TSAB priority vi)

- ✓ The Trust led on feedback lessons learnt outcomes from large scale safeguarding enquiries and safeguarding adult reviews linked to care settings for people with complex needs.

- ✓ The QAIT team have worked in partnership with Torbay Council team to locally implement commissioning of out of area placement recommendations in response to the Mendip House Safeguarding Adult Review. i.e. central contact point for out of area authorities, centralised collation of intelligence relating to local and out of area placements.

5.13 Peer Safeguarding Audit (DSAP and TSAB priorities i)

- ✓ A peer casefile audit was undertaken in August 2019 with key learning disseminated to relevant teams. The audit identified good practice with isolated cases highlighting the need for improved Mental Capacity Act recording, maintenance of contact with families and consideration of independent advocacy.

5.14 Exploitation Toolkit

- ✓ In 2019 The Trust promoted the use of the local Devon and Torbay Safer Community Partnership exploitation toolkit and the exploitation partner agency information sharing form. This aims to gather intelligence at an early stage in response to exploitation concerns.

6 Quality Assurance and Governance

6.1 Torbay and Devon Safeguarding Adult Boards

The Devon and Torbay Safeguarding Adults Boards oversee and lead adult safeguarding across Trust localities and are interested in a range of matters that contribute to the prevention of abuse and neglect. Safeguarding Adult Boards have three statutory duties -

- It must publish a strategic plan
- it must publish an annual report
- it must conduct any safeguarding adults review in accordance with Section 44 of the Act.

A Task and Finish Group on behalf of TSAB and DSAP is undertaking an options appraisal of future Board arrangements. A recommendation will be made to the September 2020 Boards. This may result in a single Board arrangement with a single Chair or arrangements staying as is. Trust Safeguarding managers have been fully engaged in this task and finish exercise.

6.2 Trust Integrated Safeguarding and Inclusion Group (ISIG):

This is an Executive Led group with a mandate to deliver safeguarding and children statutory functions as a provider of health and social care and priorities of local safeguarding adult boards. The group also maintains oversight of other partnership arrangements linked to themes such as exploitation and domestic abuse and sexual violence. Delivery against priorities are referenced below (not including SAB priorities referenced in para 2)

- Acute hospital safeguarding tracker system.
- Review of 2018 MCA Audit recommendations.
- Create internal process to respond to internal DCC cause out enquiries
- Safeguarding Adult social care adult social care supervision audit
- Creation of detailed LPS workplan
- **COVID-19 (Hospital Discharge).** Bespoke training guidance was created to support the hospital discharge hub in fulfilling its MCA duties in rapid discharge arrangements

6.3 Safeguarding Adults and Mental Capacity Operational Group.

The purpose of the group is to ensure that clinical teams are leading the delivery of the safeguarding adult's and mental capacity agenda.

The monitoring and quality assurance of Trust wide safeguarding adults processes are reported to this group. This group reports to the Integrated Safeguarding and Inclusion Group, chaired by the Chief Nurse and links to the Quality Improvement Group internally and the Torbay and Devon Safeguarding Adults Board externally. The Trust's Integrated Safeguarding and Inclusion Group have overseen the operational work plan and directly links with the outputs in para 3.

6.4 Dementia Strategy Steering Group.

The Dementia Steering Group is tasked with embedding national dementia strategy into local systems. This includes having a clear overview and understanding of how staff in TSDFT can support people with dementia within our services. Priorities include:

- An informed and effective workforce for people with dementia
- improve quality of care for people with dementia across our organisation
- Improve public and professional awareness and understanding of dementia
- Implement the carers strategy

Summary of key activity includes

- Quarterly dementia forum
- Review of dementia figures with action plan
- Matron and Assistant Director of Nursing and Professional Practice oversight of dementia plan

A member of the safeguarding team attends the quarterly forum meetings

7 Other areas of safeguarding activity

7.1 Modern Slavery.

Slavery is not an issue confined to history; all staff receive modern slavery awareness as part of the mandatory safeguarding adult framework.

The Trust has an ICON site which includes a suite of information to support staff in responding to modern slavery concerns. The Trust contributes to partnership arrangements led by the Torbay and Devon Anti-Slavery Partnership.

7.2 Prevent.

Prevent Duty Guidance 2015 is one part of the UK Counter terrorism strategy CONTEST.

A key challenge is to ensure that, where there are signs that someone has been or is being drawn into terrorism, our staff recognise those signs correctly and are aware of and can locate available support, including the Channel programme where necessary.

The Trust is a key partner within the Torbay and Devon Prevent Partnership Board. Prevent awareness is mandatory for all staff and there is an icon page to support staff responding to prevent concerns. The Trust is a standing member of the Torbay Channel Panel and attends Devon Channel Panel as required. The Trust Prevent Policy was updated in February 2020 to reflect updated referral pathways.

7.3 Criminal Exploitation

County Lines remains an increasing problem in Devon which is directly linked to criminal exploitation. County lines', is when gangs and organised crime networks exploit vulnerable adults and children to sell drugs, which originate in major cities. Often these people are made to travel across counties, and they use dedicated mobile phone 'lines' to supply drugs.

It can also involve ‘cuckooing’ which when those gangs take over the home of a vulnerable adult and use it to sell drugs from. We retain close links with our local safer community partnerships and Devon and Cornwall Police in response to County Lines Concerns.

7.4 Domestic Abuse and Sexual Violence.

The Trust is a member of the Torbay Domestic Abuse and Sexual Violence Executive and Operational Groups and there are work plans relating to both groups. Staff working in specific services receive enhanced training relating to domestic abuse and sexual violence.

The Trust is continuing to contribute to local work plans and Multi-Agency Risk Assessment Conference (MARAC) arrangements to ensure coordinated responses and support mechanisms are in place to people who have experienced or are experiencing Domestic Abuse and Sexual Violence.

7.5 Our role in ensuring quality of care in Care Homes

The Trust has statutory responsibility for adult social care and safeguarding for all care home residents in Torbay, and almost half of the residents in these homes are funded this way. There are also people whom are self-funding in these homes, whom we must legally ensure are safeguarded as per our responsibilities under The Care Act 2014.

The Care Quality Commission (CQC) is the overall legal regulator of care homes and is responsible for the monitoring and audit of quality. In Torbay there are currently 73 residential homes registered with CQC and 13 nursing homes with 2113 registered beds.

The NHS England framework for Enhanced Health in Care Homes (EHCH) was published in September 2016; it makes recommendations about having a suite of evidence-based interventions, designed to be delivered within and around a care home in a co-ordinated manner in order to make the biggest difference to its residents. Critical to the success of this model are person centred change, co-production, focus on quality and strong leadership to deliver a number of elements of care. One of the key elements of care detailed is multidisciplinary team (MDT) support for residents with care and support needs. The QAIT partially provides this MDT from within the team. Where there is a need for more disciplines to be involved the QAIT will signpost, coordinate or work in conjunction with other health/social care professionals to improve the care of complex conditions. This ensures care homes and residents have access to and are making full use of the knowledge and skills of team members from multiple disciplines.

7.6 The Quality Assurance and Improvement Team

QAIT team continues to offer homes the opportunity to develop a long-term relationship with a smaller group of staff and clinicians. Such trusting relationships enable QAIT to prevent issues becoming serious. The QAIT also works closely with a variety of identified issues post reviews of residents in care homes carried out by the review and reassessment team.

The QAIT also involved in monitoring 21 domiciliary care providers, 13 outreach / enabling services and 21 supported living services, 8 of which have an outreach service attached to them. A QAIT officer post has been established to cover these services.

8 Performance

8.1 Two key indicators were reported to Torbay Council in relation to delegated statutory duties.

- Percentage of high-risk adult safeguarding concerns where immediate action was taken to safeguarding the individual. (high performance good)

  Target 100% - Low return during reporting period indicates low number of high-risk responses. There were 14 high risk responses in 2019-2020. This KPI will be reviewed with Torbay Council.

- Percentage of repeat referrals to adult safeguarding in 12 months (low performance good)

Target 8%. Performance 8.13% (8.15% 2018-2019). The number of repeat referrals was consistent with 2018-2019 data. Repeat referrals tend to be due to complexity of circumstances or as a consequence of whole service / large scale safeguarding responses.

		Year to Apr 19	Year to May 19	Year to Jun 19	Year to Jul 19	Year to Aug 19	Year to Sep 19	Year to Oct 19	Year to Nov 19	Year to Dec 19	Year to Jan 20	Year to Feb 20	Year to Mar 20
QL-18	% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	- (100%)	- (100%)	- (100%)	- (100%)	- (100%)	- (100%)	- (100%)	- (100%)	- (100%)	- (100%)	.. (100%)	100% (100%)
TCT-14b	% Repeat safeguarding enquiries in last 12 months	8.1% (8.0%)	7.6% (8.0%)	7.9% (8.0%)	10.2% (8.0%)	9.1% (8.0%)	7.7% (8.0%)	7.9% (8.0%)	8.1% (8.0%)	8.5% (8.0%)	7.6% (8.0%)	7.1% (8.0%)	7.8% (8.0%)

8.2 The Trust produces safeguarding data for Torbay Safeguarding Adults Board. Data is both quantitative and qualitative and links to DHSC Adult Social Care Safeguarding Outcomes Frameworks (ASCOF). The Local Government Association (LGA) making safeguarding personal agenda continues to drive person centred not process driven responses with a focus on preferred outcomes. 2019-2020 data advises that

- 89% of peoples preferred outcomes were fully or partially achieved.
- 97% of enquiries result in risk being removed or reduced.

8.2.1 Other Data identified

- There were over 2000 contacts to the Torbay safeguarding adult single point of contact.
- 752 of these contacts were triaged against s.42 safeguarding adult threshold
- 148 contacts proceeded to s.42 enquiries - a drop of 30%. This is due to the way that data was recorded in 2019-2020. The LGA paper 'making decisions on the duty to carry out safeguarding enquiries' (2019) means that referral data is likely to increase in the forthcoming year.
- 59.5% of enquiries related to female of which 64% >65yrs and 37%>85yrs.
- 40.5% of enquiries related to male of which 60% >65yrs and 18%>85yrs.
- The indicates that people over the age of 65 are more vulnerable to adult abuse than those under the age of 65.

8.4 In 2019/2020 neglect / institutional abuse remained the highest reported adult abuse category followed by psychological, physical and financial abuse.

Type of alleged abuse	18-19	19-20
Discriminatory	3	6
Domestic	4	7
Financial	25	43
Hate	2	9
Institutional	8	32
Modern Slavery	2	3
Neglect	38	67
Physical	21	39
Psychological	21	56
Radicalisation	1	0
Self Neglect	1	12

Sexual	10	20
Sexual Exploitation	1	7
Total	139	301

8.5 Healthwatch Quality Checkers

Throughout 2019 and quarter 1 2020 Torbay Healthwatch conducted discovery interviews to identify people's experiences of safeguarding responses. The discovery interviews identified that

- ✓ The majority of people felt supported in the process.
- ✓ The process was explained to individuals and families providing support.
- ✓ Individuals and families felt involved in decisions.
- ✓ There was a flexible approach to meetings, particularly when representatives were not local.
- ✓ People would like more written information about safeguarding.
- ✓ People would like to understand better why s.42 enquiries are closed.
- X Telephone calls were not always returned when promised.
- X Written (leaflet) information was not always provided.
- X Rationale for closure of s.42 enquiries were not always understood.

9. 2020 - 2021 Priorities

9.1 The Trust will continue to recognise and respond to the strategic priorities of local partnership Board arrangements. Many of these are currently subject to review in response to the COVID disruption, lifecycle of the plans or current review of Board arrangements.

9.2 Additional internal priorities are

- ➢ Ensure that we deliver against the improvement requirements identified by the CQC specifically in relation to safeguarding adult training and mental capacity act awareness.
- ➢ Ensure that Safeguarding Adult training and staff records is aligned to local Safeguarding Adult Board Training Strategy including the need to systemise MCA DOLS training as mandatory.
- ➢ Planning and Preparation for LPS Implementation
- ➢ In place of the Healthwatch Quality Checker Project, ensure that a new qualitative feedback system is commissioned to capture Care Act s.42 qualitative performance.
- ➢ Conduct at least 1 in depth safeguarding adult multi-agency casefile audit.
- ➢ Better capture safeguarding data from the South devon footprint.

9.3 Internally, these priorities will be monitored within the Safeguarding Adult MCA Operational Group and reported to the Integrated Safeguarding and Inclusion Group. Any reports required for external board arrangements will be referenced through the Integrated Safeguarding and Inclusion Group.

10. Conclusion

Performance in Safeguarding Adults KPI targets remains good, with strong governance and operational governance. The overall number of repeat referrals remains at the agreed KPI level so will be monitored carefully during 2020 and 2021. Data indicates that people over the age of 65 are more vulnerable to adult abuse than those under the age of 65. As in previous years, the highest reported types of abuse remain neglect and institutional abuse, followed by psychological, physical and financial abuse. Making Safeguarding Personal remains central to all responses with better reporting of outcomes. This helps to ensure that the making safeguarding personal agenda and core values remain central to local safeguarding responses. The safeguarding quality checker project highlighted that people felt supported through statutory safeguarding enquiries but more written information and timely communication is required.

The forthcoming year will provide an opportunity to increase our understanding of safeguarding reporting from across the South Devon footprint as this is limited at present due to IT systems and data collection within Devon County Council.

Across Torbay and South Devon, adult Safeguarding continues to respond to emerging themes and this year has continued to see a focus on exploitation - for example links between modern slavery and county lines. Activity such as the trauma informed practice forums, distribution of modern slavery wheels and engagement at local partnership arrangements have developed staff awareness of how to respond to these complex themes. They have also reinforced the continued need for close partnership relationships across geographical boundaries to keep people safe from abuse and neglect.

However, 2020-2021 priorities will also focus on safeguarding adult and MCA training in response to the recent CQC inspection. An action plan to deliver Safeguarding Adult and MCA training requirements will be closely monitored.

The Trust must also maintain momentum in planning and preparing for Liberty Protection Safeguards to ensure it is ready to meet its statutory duties post April 2022.

Qualitative feedback of safeguarding responses remains central to the making safeguarding personal agenda. The Trust must ensure that sustainable feedback mechanisms are introduced to ensure qualitative feedback of safeguarding responses informs.

11. Recommendations

The Board is asked to note the contents of the report for assurance.

Torbay and South Devon NHS Foundation Trust

Report to Trust Board of Directors			
Report title: End of Life Annual Report 2019/20			Meeting date: 30 September 2020
Report appendix	List any supplementary information as shown below: Appendix 1: National Audit of Care at the End of Life 2019 (Acute) National Audit of Care at the End of Life 2019 (Community)		
Report sponsor	Chief Nurse		
Report author	Palliative Care Consultant Palliative Care Consultant EOL Lead Nurse System Director for Nursing and Professional Practice (Torbay)		
Report provenance	End of Life ICO Group.		
Purpose of the report and key issues for consideration/decision	The purpose of the report is to provide assurance to the board of the programme of work aligned to end of life care across the organisation that is led by the end of life ICO group.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board receive the report and acknowledge the breath of end of life work across the ICO. The report highlights the importance of working with health and care partners collaboratively across the system to achieve high quality end of life care for our local population.		

Summary of key elements

Strategic objectives supported by this report

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

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

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

External standards affected by this report and associated risks

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

Report title: End of Life Annual Report 2019/20		Meeting date: 30 September 2020
Report sponsor	Chief Nurse	
Report author	System director for Nursing and Professional Practice (Torbay)	

1. Introduction

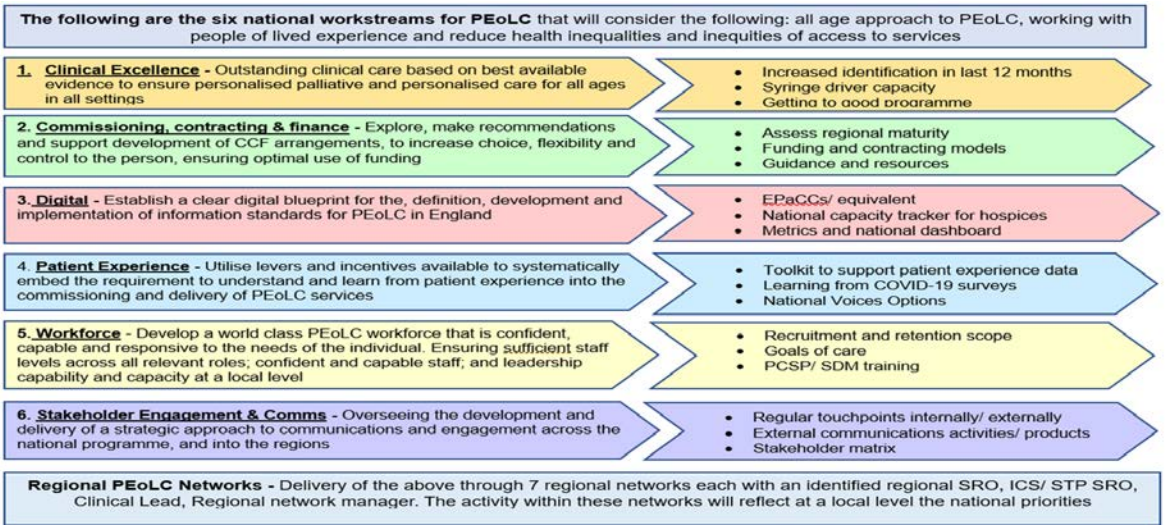
The paper provides the Trust Board with assurance on the programme of work aligned to End of Life (EOL) care across the organisation and includes the achievements and challenges during 2019/20.

The organisational delivery model of integrated service units implemented in April 2019 embedded end of life care within the Paignton and Brixham ISU alongside long term conditions and cancer care services. The delivery model supports the aim to deliver seamless care across the whole pathway achieved through collaborative working across services and teams within the organisation.

Across the ICO, EOL care is delivered in various settings including the persons own home, a care home, the local hospice, Rowcroft, or within the acute or community hospital settings. From April 2019- March 2020 514 people received end of life care in our hospitals. Each individuals' circumstances will vary and the reason for admission is initially not for end of life care. We continue to focus on the importance of advanced care planning and treatment escalation plans that reflect individuals wishes. Ninety -one people who reached end of life were transferred home from hospital to meet their place of preference wishes for end of life care.
Many people die at home and receive their EOL care in their own home. In 2019/20 the care delivered in the community was provided by community nursing and other services to 450 people living in our community.

2. The National Strategic, Regional and Local Priorities

2.1 The National Work streams set out below are currently in draft and set out the six national workstreams for palliative and End of Life Care that underpin the regional (Devon STP) and our local objectives.



2.2 The Sustainability and Transformation Partnership EOL care priorities are aligned to the draft national framework and include six priorities:

1. Early Intervention: Advanced Care Planning and Treatment Escalation plans
2. Care is Coordinated through health and social care teams
3. Rapid access to 24/7 medical, nursing and transport support to manage symptoms
4. People caring for you are confident, competent and compassionate
5. Access to personal care at home
6. Information and support for your family and significant others.

2.3 The End of life ICO group priorities align to the regional and national priorities and in 2019/20 included:

- Consolidate adoption of the draft EoL Care Locality offer within the newly formed Integrated Service Units. (2)
- Roll out End of Life documentation to Community Hospitals (2,4)
- Develop EoL audit programme to include participation in National audits, and locally driven audits. (2,3,5,6)
- Develop a plan to improve recognition of patients likely to be in the last year of life (1)
- Understand the patient/carer and family experience of EoL care delivered by the ICO (6)
- Understand the perspective of staff who provide care at patients' EoL. (4)

3. Governance and Leadership

3.1 The EOL ICO group report to the Quality Improvement Group (QIG) which reports to the Quality Assurance Committee and Trust Board.

3.2 The System Director for Nursing and Professional Practice (Torbay) provides strategic leadership of the EOL agenda which is delivered through the Lead palliative/ EOL care doctor and the EOL lead nurse.

3.3 Externally the EOL ICO group links with the south Devon EOL group that reports to the STP EOL group led by the Clinical Commissioning Group.

4. Performance and quality

The end of life care provision was last inspected by the Care Quality Commission for community and acute services in 2018. The community end of life care was rated "requires improvement" overall which included requires improvement for safe, effective and well led and good for caring and responsive. Acute services end of life achieved "Good" overall and across the five key lines of enquiry included requires improvement for safe and good for the other four domains, effective, caring, responsive and well led. There were two must do requirements. In our acute hospital the need to ensure care planning documentation is used consistently to assess and plan the needs of palliative care and end of life patients. The report below reflects further work completed in 2019/20 to enhance care plans. In community EOL it was to ensure Mental Capacity Act 2005 was complied. The Trust continues to strive to ensure staff complete the required training and enact the requirements of the Mental Capacity Act within their practice when required. The report

reflects the work within the EOL group to continue to enhance EOL care across the organisation and the experience of the care we deliver to our local population.

The report below sets out the achievements and lessons learnt over 2019/20

4.1 Audits

4.1.1 National Audit of Care at the End of Life (NACEL) 2018 and 2019

These audits reviewed deaths in acute and community hospitals in 2018 and 2019. The results were benchmarked against other Hospital Trusts nationally. We were able to produce action plans for both settings in order to improve practice and guide education provision. Areas for improvement included documentation of care delivered, exploration of spirituality, prescribing of end of life medication, and documentation of support for carers. See Appendix 1 Acute and community infographics.

4.1.2 Care Plan Audits

The acute Inpatient bed-based care plans are audited by the specialist palliative care team. The community bed-based care plans are audited retrospectively each quarter by the EOL education team.

Themes to date include:

- Quality of the completion of the care plan, this has improved since the initial care plan launch. The detail within each of the personalise care plans is consistently more thorough, this is helped by the ward managers receiving specific detail regarding the quality of the care plan reviewed and the audit date, their feedback to the teams was then more focused and has led to consistent improvement in completion.
- Timeliness of commencing the care plan has improved and this was supported in the data from the latest national audit. The data from the 2018 National EOL audit identified patients in the care of the Trust were commenced on an EOL care plan within the last 24 hours, the national average was 48 hours. In 2019 the commencing of the EOL care plan was consistently earlier recognising and supporting patients in the last days of life and data supported this improvement to the last 48 hours or more prior to the patient dying.
- Within community hospital Inpatient care, the medical teams are not using the multi-professional communication pages as intended, but recording in the medical notes and this has been highlighted as an area for improvement.

The findings and recommendations will be presented at EOL group. Reports are being developed to share with all Clinical Matrons and the associated teams, to ensure actions and outcomes are reviewed and monitored. Within the current work plan the aim is to produce a report by September 2020 that will support teams to achieve agreed actions. This will include a quarterly update and progress report provided to the EOL group.

4.2 Education and Training

4.2.1 Staff syringe pump training and compliance

Between April 2019 and March 2020, the ICO EOL Education Team and Medical Devices Education and Training Lead provided monthly syringe pump training for registered nurses working for the ICO and care homes within the catchment area. This gave a total of 96 training places with delivery to 76 Registered Nurses. Over the last year we have taken syringe pump training to staff in their workplace, including Brixham Hospital and the Union Street community nursing team in Torquay. This has been well received by staff as it enabled them to attend more easily as part of their working day.

4.2.2. Ambassadors

The second cohort of EOL ambassadors commenced October 2019, (in the first cohort 24 completed the programme and a further 18 are progressing through the second cohort, due to finish in September 2020). Their role remit is to represent and increase EOL care and brand awareness. Since COVID the ambassador leads have developed and maintain communication via MS teams which has been received well. They are due to complete in September and will have completed the work plan to date. Review of the individuals experience, learning and continued practice will be collected and published as part of the EOL annual committee report.

4.3 Projects and Initiatives

4.3.1 Hospital Specialist Palliative Care Team 7 day working

NICE guidance and CQC have long recommended 7-day face to face working for the Hospital Specialist Palliative Care Team. A change in working patterns allowed this to be achieved from March to May 2020 but was not sustainable on current staffing levels. A business case to provide face to face specialist palliative care in the longer term is in progress. To ensure patients receive appropriate specialist palliative care 7 days per week Rowcroft hospice provides specialist palliative care advice and support via a 24/7 telephone.

4.3.2 Heart Failure Project

In collaboration with Rowcroft Hospice, a grant was secured to fund a project to increase access to palliative care services for patients with severe heart failure. This brought the heart failure and palliatives care teams from the hospice and hospital together to identify patients' care needs and share their ongoing support. 100 patients benefited from this collaborative service during the pilot period (April 2018-March 2019) and the model of care continues to be implemented.

4.3.3 Advance Care Planning Pilot

Winter pressures monies were used to fund a five-month project to promote the benefits of Advance Care Planning conversations with patients in the Acute Hospital. A Clinical Nurse Specialist and an Occupational Therapist took 55 referrals over a four-month period. 29 patients left hospital having discussed preferences for their future care and 26 patients declined or were to unwell to participate. Other outcomes from the pilot were improved communication between primary and secondary care, improved patient and staff

satisfaction, and new links with community support services. Further funding to continue this work will be sought.

> "Understanding so many life changes are important to me and I get very helpful advice doing this care planning plan with my practitioner"
>
> *Patient comment*

> "I've just had the discharge summary for Patient X. Really useful to have all the information. This is much better quality information than we would usually get"
>
> *GP feedback*

The benefits of advanced care planning identified:

- It helps to ensure people receive the care they actually want.
- It improves ongoing and end-of-life care, along with personal and family satisfaction.
- Families of people who have an advance care plan have less anxiety, depression, stress and are more satisfied with care.
- For healthcare professionals and organisations, it reduces unnecessary transfers to acute care and unwanted treatment.

This project was supported through winter pressure funding. A report is currently being produced, as part of the recommendations. Currently there is no additional funding to support further development of the service. A business case has been considered, but currently on hold due to COVID. A research project led by the resident University of Plymouth researcher is also being explored.

4.3.4 End of life care traineeship

In 2019/20 Rowcroft hospice received Macmillan funding to design and deliver a 6-9-month traineeship for six nurses (3 from the ICO, 2 from DPT and 1 from the hospice) giving them the opportunity to increase their knowledge and skills in end of life care, spend time with hospice teams learning from practice and receive mentorship and support whilst also developing a quality improvement project in their workplace. Unfortunately, due to the inability for staff to be released, some of the original trainees had to pull out and it has been difficult to find staff to fill their place. When the COVID pandemic began this also put a pause on the project. We hope to pick up the project again in the autumn, and subject to staff release we hope to complete this project, albeit delivered in a different way.

4.3.5 Dying Matters campaign

Across the ICO we have encouraged and supported teams to address and to tackle one of life's great taboos during the National Dying Matters Awareness week. As part of the enhancing awareness and culture change the ICO has actively participated in Dying Matters week for the past 2 years, providing a week of events and activities aimed at starting conversations about death and dying. The initiative is part of the national Dying Matters Awareness Week campaign and is being overseen locally by the ICO EOL team/committee a coalition of healthcare professionals, funeral directors, charities and members of the community.

4.3.6 EOL Care plan Roll out bed base of the butterfly logo

The EOL care plan is now being used in all bed-based Inpatient care in the acute and community hospitals. The Blue butterfly logo has replaced the gold star on SWIFT plus and is being used across all clinical inpatient areas. The change in logo aligns to the care plan logo and supports consistency for staff understanding which patients are in receipt of end of life care.

5. Patient and Carer experience

The views of carers, and their experience of end of life care have been sought using different methods and has influenced development plans. A Clinical Commissioning Group survey 'Dignity in Death: Peoples experiences of end-of-life care in Devon' in July 2017 highlighted the importance of end of life training for all front-line staff, development of 'end of life champions' within each organisation, and improved access to bereavement services.

The National Audit of Care at the End of Life (NACEL) audits provided anonymised carer feedback for a small number of acute hospital deaths. While most feedback was very positive, an issue around access to a death certificate and one relating to communication with family members were reviewed at the Trust end of life group.

Two carer bereavement surveys were returned from the 2018 audit and seven from the 2019 audit but only for acute hospital deaths. It is difficult to draw firm conclusions from such small numbers but the results indicated that most relatives felt that they were given enough information, were involved in care planning, and understood that their family member was likely to die. In the 2019 audit the overall rating for meeting the needs of families and others was high compared to the national score 8/10 locally vs. 6/10 nationally. The low return rate has led to the ambition to send the FAMCARE questionnaire to the next of kin for all deaths across our organisation in the hope that this will result in an increase in feedback.

5.1 Carer comfort packs

Comfort packs for relatives of dying patients were launched in 2020. These provide family members with basic items such as toothbrush, toothpaste, antiperspirant, lip salve, puzzle book, pen and notebook to enable them to support their family member during their final hours or days. Funding from the Torbay Hospital Nurses League and use of monies from the Palliative Care Trust Fund made this possible. Feedback from staff and family members has been extremely positive.

> "We wanted to thank you for the comfort pack that was given to us when we came to stay with X. It made a big difference after a long journey and leaving home in such a rush. We would like to make a donation to provide packs for other families"

5.2 Compassion Hearts and locks of hair

Due to the challenges of visiting during the COVID-19 pandemic we introduced Compassion Hearts across out health community, including care homes. These knitted or fabric hearts are held by patients during their last hours of days of life and then passed on to their families, along with the offer of a lock of hair. This initiative will continue in the longer term and we have been grateful for the donation of so many hearts by staff and members of the public.

5.3 Memory boxes

The Hospital Palliative Care Team has introduced memory boxes for children or grandchildren of patients with life limiting disease in our hospital. These contain photograph frames, forget-me-not seeds, notebooks, soft toys and age appropriate books on understanding death and bereavement can be included as needed. Initial funding for these came from Macmillan Cancer Care with subsequent donations from the charity 4 Louis and the Trust donations team.

5.4 Spiritual Care at the End of Life

The Chaplaincy and Pastoral Care Department continue to provide spiritual support at the end of life for those patients and their families who request it. The team are available 24/7, either in the building or on call. This applies to our community hospitals as well as Torbay. In the 12 months from April 2019 to March 2020 chaplains made a total of 469 visits to patients on an End of Life care plan, representing just under 10% of our total visits. The total number of patients will be fewer, as some were visited more than once. These patients were offered a variety of sacramental, prayer and emotional support, according to their needs. For some, a Chaplain simply provided a safe space to look back over their life, talk through their decisions about care or their fears for the future. The care offered is always spiritual, but not always religious, and often includes support for family and friends as well as the patient themselves.

The inclusion of a Spirituality and Religion section in the End of Life Care Assessment document has proved a helpful tool in enabling discussion of spiritual needs to take place and the team are keen to offer any assistance to staff in improving this still further. Continuing to offer meaningful care during the pandemic has been a challenge, particularly when relatives have not been able to be present and PPE is required, but chaplains have been available at all times to support patients and staff whenever called upon.

5.5 Music therapy

From April 2019 the Towersey Foundation provided funding for the Music Therapist from Rowcroft hospice to offer support at Torbay hospital one day per week. Patients from many wards including ICU, Ricky Grant Unit and Cheetham Hill benefitted. 159 sessions were provided in the first 3 quarters of the year.
Staff - “Adds a lovely atmosphere to the ward, detracts a little from all the mechanical bleeps and alarms, helps people to relax. Thank you!” (ICU)

Carer- “The music therapy is the best thing that we have had to help us cope. For my husband it helped to release his feelings that were unable to come out, which has allowed us to have open and frank discussion. We are very grateful for this service”

5.6 Achieving meaningful feedback from relatives and carers

Achieving meaningful feedback from relatives and carers after their loved one has died has been challenging. Bereavement packs include a short questionnaire with a prepaid envelope, but response rates have been low. We are working towards strengthening how we receive feed-back from bereaved relatives and reviewing how we can improve the range of options for people to feedback. We remain committed to this in order to continue to provide the best care possible and to improve our services. Feedback from families and loved one’s forms part of the National Audit of Care at the End of Life (NACEL)over the coming years and we have a Quality Account priority to introduce a short bereavement survey (FAMCARE) for carers of patients in bed based and community settings (see below 7.3).

5.7 Post card for staff feedback on EOL

The EOL postcards was an initiative developed and launched to provide staff the opportunity to give daily feedback about their experience of end of life care, the team, the environment. This has been relaunched this year as from measure and monitoring feedback, it was evident that the essence of the cards had not really been appreciated and understanding across the teams was varied. This has resulted in a limited response and return of the cards remains low.
The data gathered is limited to date and is currently held within clinical effectiveness. The End of Life Education team will be leading the promotion of the use of the cards during July, August & September 2020. This will be cited on ICON and posters will be provided to each of the clinical areas as part of the promotion work.

6. COVID-19 response

6.1 Community EOL COVID -19 response

At the outset of the COVID 19 pandemic in March 2020 a system wide End of Life community task and finish group was set up across Torbay and South Devon. This has been a collegiate working group that has included general practice, Rowcroft hospice, Marie Curie, NHS Devon CCG, care home visiting service and Torbay and South Devon NHS Foundation Trust. The group have successfully developed a model of end of life care provision that has the ability to increase capacity that will ensure high quality EOL care can be successfully provided. This group has forged strong links and has delivered significant

achievements, demonstrating the benefits of collaboration through a shared vision to meet the needs of people in our community at EOL.

6.2 Nightingale Hospital Exeter

From the beginning of April 2020 one of the Palliative Medicine consultants, Dr Sarah Human, has been medical lead for Palliative and End of Life Care for the Nightingale Hospital Exeter (NHE). A comprehensive clinical model, with an emphasis on a "compassionate care" approach for each and every member of the public and staff who will be at this field hospital has been developed. This model has needed to rapidly flex and evolve as the pandemic has progressed and will become operational for provision of care to people who are COVID-19 positive. The Royal Devon and Exeter hospital will be the host site for the NHE.

7. Priorities - 2020/21

7.1 End of life offer across our health community

Although leadership for end of life care (last year of life) sits within Paignton and Brixham ISU, it is delivered by multiple health and social care teams across our health community, including our partners in primary care, Rowcroft hospice, SWAST, Marie Curie etc. Our ambition is to deliver well-co-ordinated end of life care in all settings. In order to achieve this, the model for delivery of end of life care needs to be adopted by each ISU and embedded in the day to day working of all health and social care teams. Access to information is key to achieving this and should be included in the IT strategy. Provision of education on the fundamentals of palliative and end of life care to health and social care professionals and volunteers is also fundamental to success.

7.2 Roll out EOL care plan for people in their own home

This is part of the current work plan; a representative professional group will be formed to take this work forward that was initially planned in March then paused due to COVID commitment. This forms part of the workplan for 2020/21 for completion by December 2020.

7.3 Fam Care (Quality Account priority)

Introduce a patient feedback tool (FAMCARE) for family and loved ones about their experience of the end of life care their relative received by the ICO. Quarter 1 plan agreed but paused due to COVID now plan to launch by August to report into quarter 2 with early data in October 2020.

7.4 Bereavement bags (Quality Account priority)

With Health Innovation support, two local Trusts had been working on providing families with a purple bag to take home any items from the wards of a deceased patient.

The idea had originally come from a staff member whose mother had passed. She felt very strongly that personal effects should be handed over to the bereaved family in something more dignified than a plastic bag. A link to a short video giving background to the Bereavement Bag can be found here https://youtu.be/5Ys_Ja0GIW0

The bag is made from purple, laminated card with rope handles and a fold-over lid as shown and once in use in the Trust will help standardise our approach to the bereaved via this Devon wide initiative.

7.5 Improve the recognition of people in the last year of life and advance care planning

In 2020/21 will continue to build on the work undertaken in the advanced care planning pilot and enable staff to have courageous conversations to support individuals and families to consider their care wishes.

7.6 Develop a model that enables staff feedback on providing EOL care.

The post card system last year as stated above in section 5.7 resulted in limited feedback and in 2020/21 we will be working with our staff to consider options that will enable us to achieve meaningful feedback that can result in changes to improve EOL services where required.

8. Conclusion

The report demonstrates the breath of work that supports end of life care and the importance of working collaboratively with a range of organisations, services and teams to achieve high quality end of life care to our local population.
A number of initiatives have demonstrated benefit from undertaking pilots through the end of life group and with our partners we strive to achieve long term funding to embedded change.
The COVID pandemic has strengthened our collaborative working with our partners to support individuals at end of life, their families and loved ones and our workforce and we will build on this going forward.

9. Recommendations

The Board receive the report and acknowledge the breath of end of life work across the ICO. The report highlights the importance of working with health and care partners collaboratively across the system to achieve high quality end of life care for our local population.

National Audit of Care at the End of Life 2019 – Key findings

Torbay and South Devon NHS FT - Acute

Recognising the possibility of imminent death
(Category 1 deaths)

90% | UK 88%

Case notes recorded that the patient might die imminently

43 hours | UK 41

Median time between recognition and death

Communication with the dying person
(Category 1 deaths)

7.7 | UK 7.8

89% | UK 94%

Patients discussed individualised plan of care, or a reason why not recorded

78% | UK 80%

Patients discussed hydration options, or a reason why not recorded

Communication with families and others
(Category 1 deaths)

6.9 | UK 6.9

97% | UK 97%

Families/carers discussed the possibility the patient may die, or a reason why not recorded

44% | UK 47%

Families/carers discussed nutrition options, or a reason why not recorded

Workforce

6.3 | UK 7.4

Yes | UK 99%

Hospitals have access to a specialist palliative care team?

✓ | UK 247
Organisational audit

40 | UK 6,730
Case Note Reviews

7 | UK 1,581
Quality Surveys

Individual plan of care
(Category 1 deaths)

7.3 | UK 7.2

78% | UK 71%

Case notes recorded an individualised plan of care

100% | UK 80%

Families/carers felt hospital was the right place for the patient to die (all deaths)

83% | UK 77%

Case notes recorded patient's hydration status was assessed daily

Needs of families and others

8.0 | UK 6.0

83% | UK 58%

Families/carers were asked about their needs

83% | UK 65%

Families/carers felt they were given enough emotional help and support by staff

Families' and others' experience of care

8.3 | UK 7.0

86% | UK 80%

Families/carers felt the quality of care provided to the patient was good, excellent or outstanding

71% | UK 75%

Families/carers felt the quality of care provided to themselves was good, excellent or outstanding

National Audit of Care at the End of Life 2019 – Key findings

Torbay and South Devon NHS FT - Community

✓ | UK 247
Organisational audit

13 | UK 6,730
Case Note Reviews

\- | UK 1,581
Quality Surveys

Recognising the possibility of imminent death
(Category 1 deaths)

100% | UK 88%
Case notes recorded that the patient might die imminently

48 hours | UK 41
Median time between recognition and death

Individual plan of care
(Category 1 deaths)

7.4 | UK 7.2

69% | UK 71%
Case notes recorded an individualised plan of care

\- | UK 80%
Families/carers felt hospital was the right place for the patient to die (all deaths)

85% | UK 77%
Case notes recorded patient's hydration status was assessed daily

Communication with the dying person
(Category 1 deaths)

6.8 | UK 7.8

89% | UK 94%
Patients discussed individualised plan of care, or a reason why not recorded

77% | UK 80%
Patients discussed hydration options, or a reason why not recorded

Needs of families and others

\- | UK 6.0

\- | UK 58%
Families/carers were asked about their needs

\- | UK 65%
Families/carers felt they were given enough emotional help and support by staff

Families' and others' experience of care

\- | UK 7.0

\- | UK 80%
Families/carers felt the quality of care provided to the patient was good, excellent or outstanding

\- | UK 75%
Families/carers felt the quality of care provided to themselves was good, excellent or outstanding

Communication with families and others
(Category 1 deaths)

5.5 | UK 6.9

92% | UK 97%
Families/carers discussed the possibility the patient may die or a reason why not recorded

46% | UK 47%
Families/carers discussed nutrition options, or a reason why not recorded

Workforce

6.3 | UK 7.4

Yes | UK 99%
Hospitals have access to a specialist palliative care team?

Torbay and South Devon
NHS Foundation Trust

Report to Board of Directors			
Report title: 2020 NHSE/CCG external assessment of the Trust against EPRR responsibilities and national standards.			Date: 30th September 2020
Report appendix	Appendix 1: Core standards action plan Appendix 2: Regional assurance letter		
Report sponsor	Chief Operating Officer		
Report author	Acting Resilience Officer Head of Safety, Security and Emergency Planning		
Report provenance	• EPRR Steering Group • IGG		
Purpose of the report and key issues for consideration/decision	To provide assurance to the Trust Board on compliance with legislation, standards and regulatory requirements relating to Emergency Preparedness Resilience and Response.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☐	**To approve** ☒
Recommendation	The Trust Board is asked to • Formally receive the outcome and action plan of the NHS England/CCG EPPR performance and preparedness assessment for 2020 • Endorse the signing of the required assurance letter for NHS England to that effect. The Trust has been rated as partially compliant for the assurance of EPRR core standards due to the incompletion of department Business Continuity plans which are indicated by the two amber ratings. The attached action plan details the standards for improvement including business continuity from 2019 and these have been extended to completion by April 2021.		
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**: 15 *Business Continuity Plan included on Risk Register		

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: 2020 NHSE/CCG external assessment of the Trust against EPRR responsibilities and national standards.		Date: 30th September 2020
Report sponsor	Chief Operating Officer	
Report author	Acting Resilience Officer Head of Safety, Security and Emergency Planning	

1. Introduction

This report provides the outcome of the formal assessment by NHS England and the CCG of the Trust's EPRR performance against the core National standards for the year ending 2020. The assurance process included an assessment of the organisation's state of emergency preparedness using the same compliance levels as utilised in the 2019 assurance process, namely: Fully, Substantially, Partially or Non-Compliant.

The process measures our compliance against 50 core standards and for 2020 the statement of assurance should also include:

- An outline of any organisational changes that have materially changed the organisation's state of preparedness and assurance that they have been incorporated into plans;
- An assurance of the state of the organisation's business continuity plans, date of last review, extent to which service or Directorate plans are complete and assurance that they incorporate any learning from the first pandemic wave – this is being requested as business continuity plans were an area where several Providers rated Amber last year;
- An assurance that the organisation's Infection Prevention and Control Policy has been reviewed and updated to incorporate learning and guidance related to COVID-19;
- As per the Regional letter (appendix 2), point 2, assurance that an internal debrief of the first wave has been undertaken and an overview of key lessons identified and actions taken following the debrief;
- As per Regional letter (appendix 2), point 3, assurance that lessons identified relevant to winter preparedness have been incorporated into the organisation's winter planning – on the call with EPRR Leads, it was explained that this is not requesting assurance of winter preparedness, but that any lessons learned from the first wave, that are applicable, have been incorporated into winter planning.

The Trust Board is formally required to receive and sign off the outcome of the assessment and accompanying improvement plan in recognition of its responsibilities as a Category 1 responder under the Civil Contingencies Act (2004).

2. Outcome

The Board can take assurance that the Trust is substantially compliant and green rated in 48 of the 50 EPRR core standards.

In response to specific requirements:

- **Organisational Changes**

The team responsible for supporting the Trust with its statutory compliance has transferred from the Estates Department to the portfolio of the Chief Operating Officer and sits within the Trustwide Integrated Service Unit. The Board can be assured that these organisational changes have not materially changed the organisation's state of preparedness.

- **Business Continuity Plans**

The Trust have 66 of 153 business continuity plans completed but the organisation remains as **partially compliant.** A RAG rated assurance of the state of the organisation's business continuity plans and extent to which service or Directorate plans are complete can be found in the appendices. Partially compliant will show that the plan needs further work or testing. The Trust has recognised that this is a large piece of work and urgent progress is required to complete this work by April 2020. The Trustwide Integrated Support Unit is identifying dedicated capacity to support the two systems and their respective departments with the completion of this work.

The Trust's Business Continuity Policy is currently being reviewed and due for formal publication in October 2020 after ratification via the Trust EPRR Steering Group.

- **Infection Prevention and Control**

There is an assurance that the organisation's Infection Prevention and Control Policy has been reviewed and updated to incorporate learning and guidance related to COVID-19. To ensure the Trust is incorporating learning and guidance relating to Covid-19, Infection Prevention and Control (IPC) are following PHE National guidance's to inform Trust Policy and Protocols. These protocols are updated regularly and displayed on ICON. The Infection Prevention & Control Policy for respiratory conditions, signposts to Covid-19 protocols, RSV or Flu pathways. This will be signed-off at the next IPC Committee on 4th October 2020. The CQC have reviewed the management of COVID and processes in place. Any protocols or policies used in ISUs incorporate this guidance.

- **Lessons Learned – Internal Debrief Covid**

As per the Regional letter (appendix 2), point 2, the Trust have circulated an internal debrief proforma of the first wave of Covid-19 with key lessons identified and actions taken. This followed the debrief placed in the Trust Lessons Identified Plan for onward incorporation into the Trust Covid-19 winter preparedness, the pandemic response plan and the escalation procedures. This will be completed by mid-October.

- **Lessons Learned- Winter Plans Finalised**

As per Regional letter, point 3, the Board can take assurance that lessons identified relevant to winter preparedness have been incorporated into the organisation's winter planning as the Trust have held a number of events to review learning both from the Winter period, which segued into the Covid-19 period. These have been incorporated by the Devon CCG in an overarching review of Winter 19/20 learning. We have subsequently commenced our preparations for Winter 20/21 and system-wide initiatives linked to the Independent Sector, Enhanced support to Care Homes, Infection Prevention and Control, Strong Flu Campaign have been incorporated with Covid-19 surge plans. A weekly winter preparedness meeting will be held with Devon CCG throughout the winter period to review escalation and assurance to include clear Bank Holiday arrangements.

3. Conclusion

A summary of overall performance is shown in the table below:

Standards	Green	Amber	Red
50 core standards	48	2	0

The Trust has been rated as partially compliant for the assurance of EPRR core standards due to the incompletion of department Business Continuity plans which are indicated by the two amber ratings.

The attached action plan details the standards for improvement including business continuity from 2019 and these have been extended to completion by April 2021. In summary:

- 86 departments need to fully review or rewrite their plans in order to prepare them for ratification by the end of 2020, this will change their status from Red to Amber
- 66 departments need to review their plans in order to prepared them for ratification by the end of 2020, this will maintain their Amber status
- The 86 department plans above; and a further 66 department plans rated Amber need to ratified (i.e. tested) by April 2021, this will change their status from Amber to Green
- The Trustwide ISU will provide specific capacity for business continuity co-ordination to support preparation of department plans by end of October 2020
- The business continuity coordinator will ratify153 departments plans by April 2021

4. Recommendations

The Trust Board is asked to:

- Formally receive the outcome and action plan of the NHS England/CCG EPPR performance and preparedness assessment for 2020
- Endorse the signing of the required assurance letter for NHS England to that effect.

Appendix 1: Action Pla

NHS
Torbay and South Devon

Overall assessment:									
Ref	**Domain**	**Standard**	**Evidence – examples listed below**	**Organisation Evidence**	**Self assessment RAG** **Red (not compliant)** = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. **Amber (partially compliant)** = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. **Green (fully compliant)** = Fully compliant with core standard.	**Action to be taken**	**Lead**	**Timescale**	**Comments**
51	**Business Continuity**	**Business Continuity Plans**	• Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation	Individual BCP not complete	Partially compliant	Trust departments need to complete their BCPs	EPRR Lead	Feb-20	Work is continuing to provide BC workshops and one to ones in order to get plans completed. Executives to assist with the critical nature of BCP's to their respective teams
55	**Business Continuity**	**Assurance of commissioned providers / suppliers BCPs**	• EPRR policy document or stand alone Business continuity policy • Provider/supplier assurance framework • Provider/supplier business continuity arrangements	Individual BCP not fully revised and completed	Partially compliant	Linked to 51	EPRR Lead	Feb-20	Linked to 51

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Accountable Emergency Officers

cc: EPRR Leads

01 September 2020

Dear Colleague

NHS England EPRR Assurance process for Devon in 2020

You will have received the National and Regional letters setting out NHS England's EPRR Assurance process for 2020, outlining the changes to the process and their expectations of providers and commissioners this year.

Following receipt of the Regional letter, a Teams call was held with the Devon system's EPRR Leads to talk through how the process will be undertaken in Devon; this letter is to brief you on the process, as discussed with them.

Key Dates in the process
The dates for this year's process in Devon are:

12 October	Provider statements of assurance received by CCG EPRR
19 October	Collated EPRR assurance papers submitted for CCG Governing Body meeting
29 October	CCG Governing Body to sign off EPRR Assurance
31 October	Devon EPRR Assurance submitted to NHS England by CCG

Following submission of the Devon System's EPRR Assurance to NHS England, NHS England will hold a confirm and challenge meeting with the CCG on the system's state of emergency preparedness, before the end of December 2020.

The Local Health Resilience Partnership (LHRP) meeting in November will be briefed on the EPRR Assurance process outcomes, but is not a formal part of this year's process.

Statement of Assurance
In order to meet the dates in the above process, each provider is asked to submit a letter from their Accountable Emergency Officer, to d-ccg.eprr@nhs.net, to include a Statement of Assurance regarding the organisation's state of emergency preparedness, by Monday, 12 October 2020.

The statement should include an assessment of the organisation's state of emergency preparedness using the same compliance levels as utilised in the 2019 EPRR Assurance process, namely: Fully, Substantially, Partially or non-compliant.

The statement of assurance should also include:

- An outline of any organisational changes that have materially changed the organisation's state of preparedness and assurance that they have been incorporated into plans;
- An assurance of the state of the organisation's business continuity plans, date of last review, extent to which service or Directorate plans are complete and assurance that they incorporate any learning from the first pandemic wave – this is being requested as business continuity plans were an area where several Providers rated Amber last year;
- An assurance that the organisation's Infection Prevention and Control Policy has been reviewed and updated to incorporate learning and guidance related to COVID-19;
- As per the Regional letter, point 2, assurance that an internal debrief of the first wave has been undertaken and an overview of key lessons identified and actions taken following the debrief;
- As per Regional letter, point 3, assurance that lessons identified relevant to winter preparedness have been incorporated into the organisation's winter planning – on the call with EPRR Leads, it was explained that this is not requesting assurance of winter preparedness, but that any lessons learned from the first wave, that are applicable, have been incorporated into winter planning.

In the event that your organisation does not have a Board meeting that would allow the normal sign off process to be followed, before the requested submission date, EPRR Leads were advised to discuss with you the best process to follow internally.

Should you have any queries regarding this approach, please do not hesitate to contact me.

Your sincerely

Phil Coutie
EPRR Lead
NHS Devon CCG

Torbay and South Devon NHS
NHS Foundation Trust

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

Meeting date:	27th July 2020
Report by + date:	Chris Balch, 23rd September 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 3, June 2020):

1. The Committee received and approved two well-presented business cases for investment to address the challenge of delivering endoscopy services. These included:
    - £471k expenditure to improve the ventilation system in Room 3. It was explained that this item was included in the Trust's capital programme for 2020/21 as a priority project.
    - A proposal to establish an endoscopy facility at Ashburton Hospital to provided much needed additional capacity. It was explained that this facility could be shared with other providers given its accessible location. Approval was given subject to the availability of additional capital funding and assurances over funding from the CCG given its potential use by others.

2. The Committee were briefed on work being undertaken to ensure that the Emergency Department was in position to deal with increased demand due to winter pressures whilst operating under Covid-19 restrictions. Options are being developed with close involvement of the clinical teams. These will be presented to the Board soon given the urgent timescale for decisions.

3. For assurance the Committee reviewed the Month 3 Financial Performance which excluding Covid-19 expenses and top up income is a surplus of £5.87m. Under the arrangements put in place by DHSC to deal with the Covid-19 pandemic reimbursement for Covid-19 related expenditure and balancing adjustments will result in the Trust showing a break-even position for Months 1 to 4.

4. The control total and business planning/budgets for Months 5 to 12 remains unresolved in the absence of detailed guidance from DHSC/STP although the Month 1 to 4 breakeven arrangement is expected to be extended to September. The focus of financial management therefore remains on the monthly run rate. A few potential financial risks have been identified and measures are being taken to manage these as far as possible.

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

6. The Committee reviewed the Integrated Performance Report for June 2020. This reveals a continuing focus on quality, a reduced level of staff turnover, above target but reducing levels of staff sickness, maintenance of mandatory training targets but continued low rates of appraisal. These changes are fully consistent with the impact of Covid-19.

7. Improved ED waiting times have been maintained because of reduced attendance. Cancer diagnosis and treatment performance has been maintained but other headline indicators remain well below target because of the significant reduction in elective treatment and diagnostic activity because of social distancing and infection control requirements.

8. A report was received on the work of the Recovery Cell which has been focusing on challenge of standing services back up under Covid restrictions.

9. The status of the Trust's capital programme for 2020/21 was explained. This currently stands at a minimum of £20.2m expenditure. Despite recent allocations of £5.3m cash backed CDEL funding, the overall size of the programme remains uncertain due to outstanding bids for funding particularly in relation to ED. The Committee agreed with the approach currently being followed which is to 'lease first' and maintain a contingency to deal with infrastructure failures and critical need.

10. The Committee received a report on the emerging Digital Strategy which forms a key element in the Trust's transformation plans. The report identified four key elements necessary to ensure that the Trust has a fit for purpose digital architecture on which to deliver patient care.

11. The Committee received a post implementation review (PIR) on the rollout of the Equifax printer system. The key learning points from the PIR were noted.

12. The Committee reviewed the Board Assurance Framework and Corporate Risk Register focusing on those items which fall within its remit.

13. Reports were received and noted on:

    - Torbay Pharmaceuticals financial performance in Month 3
    - SDH Innovations Partnership and particularly progress in respect of Dartmouth and Teignmouth Health and Wellbeing Centres
    - Capital Infrastructure and Environment Group
    - IM&T Group

Key Decision(s)/Recommendations Made:

1. To note the above.

Name: Chris Balch (Committee Chair)

Torbay and South Devon NHS
NHS Foundation Trust

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

Meeting date:	24th August 2020
Report by + date:	Chris Balch, 23rd September 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 4, July 2020):

1. For assurance the Committee reviewed the Month 4 Financial Performance which under the arrangements put in place by DHSC to deal with the Covid-19 pandemic will result in the Trust showing a break-even position for Months 1 to 4. This arrangement has now been extended to Month 6.

2. The Committee was briefed on work which is now underway to prepare a Phase 3 budget for the second half of 2020/21 during which time the Trust is expected to deliver against a range of activity targets under a financial monitoring regime which includes both incentives and penalties based on performance. The first submission of this budget is due by 4th September.

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

4. The Committee reviewed the Integrated Performance Report for June 2020. This reveals a continuing focus on quality noting three serious incidents all involving fractured neck of femur and an increase in the number of follow up appointments which have passed their 'to be seen by' dates. Workforce indicators show good performance in respect of staff turnover and mandatory training but continuing challenges in hitting staff sickness and appraisal targets. This reflects continuing challenges arising from the impact of Covid-19.

5. Performance indicators show that improved ED waiting times have been maintained despite increasing attendance. Cancer diagnosis and treatment performance is being maintained albeit at slightly reduced levels of referral. Other headline indicators remain well below target. Waiting lists are increasing because of the significant reduction in elective treatment and diagnostic activity because of social distancing and infection control requirements. This is requiring careful management to minimise risk to patients. Day surgery will resume at the beginning of September and is expected to result in a gradual recovery of activity.

6. A presentation was on the transformation programme being developed for Children and Family Health Devon (DFHD). A series of key building blocks have been identified including ensuring a single point of access to the service, designing, and implementing needs-based care pathways, and implementing EPR and mobile technology. A high level plan for 2022/21 and 2021/22 is being developed which seeks to balance operational and

transformational priorities, Particular attention is being given to the neurodevelopment care pathway which faces challenges in dealing with the diagnosis and management of conditions such as autism and ADHD. The Committee welcomed the presentation and expressed a desire to receive an update later in the year. Monthly reports on the performance of CFHD are now being received by the Committee.

7. The Committee received an update on the status of the Trust's capital programme for 2020/21. Following the confirmation of additional capital allocations through the STP to address critical infrastructure risks the programme now stands at £29.7m. The capital programme has been subject to a thorough risk evaluation to identify the priority projects for delivery in 2020/21. The Committee agreed revised arrangements for project approval to ensure that delivery can be expedited. It was explained to the Committee that the preferred option for a reconfigured ED, involving the construction of a modular Medical Receiving Unit, remains at risk as the Trust's bid for funding remains outstanding.

8. The Committee reviewed the Board Assurance Framework and Corporate Risk Register focusing on those items which fall within its remit.

9. Reports were received and noted on:

    - Torbay Pharmaceuticals financial performance in Month 4
    - Capital Infrastructure and Environment Group
    - IM&T Group

Key Decision(s)/Recommendations Made:

1. To note the above.

Name: Chris Balch (Committee Chair)

NHS
Torbay and South Devon
NHS Foundation Trust

Report of Quality Assurance Committee Chair to TSDFT Board of Directors

Meeting date:	27th July 2020
Report by + date:	Jacqui Lyttle, Committee Chair 2nd August 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 the first report from the Children and Young People Service. The extremely comprehensive update identified a number of key areas that the committee would like to look at in more detail over the next few months to ensure that plans are in place to ensure that risks are being mitigated and that appropriate escalation processes are embedded. Particular risks were identified in the following services: children with additional needs, CAMH's and safeguarding.

2. The committee received a detailed update of the operational recovery plans and reviewed the Integrated performance report. Whilst the committee felt great strides had been made in improving the information and data it received, it was felt that further improvements were required. The committee requested that a more specific quality, safety, and experience report be developed to ensure that it had clearer oversight on all the relevant risks detailed in the integrated performance report. In particular, the committee requested that more robust and standardised ISU and social care specific reporting be prioritised.

3. The chair requested that a full review of the governance arrangements of the sub-groups feeding into the committee be undertaken to ensure that all risks relating to quality and safety were being fed into the QaC workplan and that the BAF and CRR reflected appropriate levels of risk.

4. It was agreed that with the arrival of the new chief nurse that the committees work plan would be reviewed together with the development of a quality strategy.

5. The committee received some assurance that the developing recovery plans would make a large contribution to reducing the risk of avoidable harm because of needing to stand down services. However, it was cognisant that some patients would still come to harm because services would not be able to operate at pre COVID levels resulting in continued long waits. It was however assured that processes were in place to mitigate risks and that patients with the greatest clinical need are being prioritised for treatment with each service continuing to undertake full clinical impact assessments.

6. The committee received a comprehensive update in the CQC action plan, and was fully assured that the wok plans are being progresses and actioned.

Key Decision(s)/Recommendations Made:

The committee wishes to escalate the following risks to the board

1. The chair would like bring to the boards attention that due to the need to meet the appropriate infection, prevention and control regulations and in-order to meet the required social distancing guidelines we will not be able to get our waiting lists down to below pre COVID levels by 31st March 2021, it is expected that it will take until at least March 2022 to get back to performance levels which are close to pre COVID business as usual. The committee would like to make the board aware that it will continue to receive and review all operational/service plans following full quality impact assessment with any unmanaged or new risks being escalated for appropriate action.
2. The chair would like to bring to the boards attention that whilst the quality of the numerous sources of data and information being received by the committee has improved over the past 2 years there remains a lack of triangulation and coordination. Consequently, the committee is not also assured it can answer the question ‘so what is this information telling us? As the committee reviews and refines its governance and reporting arrangements it will provide regular updates to the board on any areas of risk which require action.

Torbay and South Devon NHS
NHS Foundation Trust

Report of the People Committee Chair to the Board of Directors

Meeting date:	24th August 2020
Report by:	Vikki Matthews
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 to highlight to the Board:

- **People Plan** – the Committee received a number of presentations outlining the work that will feed in to the development of the Trust's people plan, and were pleased to note how the plan on a page is progressing. Questions were raised about the volume and ambition of the work and assurance was sought on the process for prioritising the most critical issues for the Trust, particularly in light of HiP2. Digital skills and workforce redesign were called out as central to the Trust's long term ambitions and sustainability .

- **People dashboard** – a dashboard of useful data was reviewed which included information relating to aspects of workforce diversity such as ethnicity, gender and disability. The national people plan has highlighted the need to improve workforce diversity and focus on inclusion and the Committee were pleased to see that gender diversity at the Trust is generally good across all pay bands. The Committee raised concerns that it is still challenging to accurately align headcount and salary data because of the NHSE guidelines about the way the data needs to be presented.

- **Holiday accrual** – the Committee raised concerns about the take up of annual leave and the potential financial challenge this potentially brings. It was reassuring to hear that staff are being encouraged by their managers, and through regular communications, to book their accrued leave and the position has been improving as a result.

- **Committee format and content** – the end of meeting review highlighted that the committee was not the right forum to hear multiple presentations which focused largely on content and did not tie directly to strategic imperatives or organisational issues. It was agreed that such content is useful for NEDs to have sight of and that alternative fora could be found to hear content of this nature, allowing committee meetings to focus on matters of assurance.

Key decision(s)/recommendations made by the Committee:

1. The committee approved the direction and focus of the Trust's developing People Plan.

Report of Charitable Funds Committee Chair to TSDFT Board of Directors

Meeting date:	16th September 2020
Report by + date:	Jacqui Lyttle, Committee Chair 23rd September 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 to highlight to the Board:

1. The committee was not quorate for part of the meeting, so an extraordinary meeting has been set to complete the deferred items.

2. The committee received a very comprehensive update on COVID related donations from the currently seconded donations manager, the report provided an overview of donations already allocated by NHS Charities Together (NHS CT) through the stage 1 allocation and those received via the trusts Just Giving page. The committee was fully assured that these funds were being managed in accordance with normal Charity Commission requirements. In particular the committee would like to highlight to the board the grant allocations:
   a.£30.000 - redevelopment of the rose garden
   b.£40,000 - improvements to the Bayview restaurant
   c. £5,000 - BAME awareness programme
   d.£10,000 - cycle to work programme
   e.£26,000 - staff room modernization programme
   f. £20,000 - outdoor spaces

   £20,000 has been set aside to support the improved heath and well-being of staff and patients in the event of a second wave.

3. The committee received an update on the application process for stages 2 and 3 of the NHS CT funding, and was assured that appropriate processes are in place to submit trust specific or system level applications by the 31st March 2021.

4. The committee chair can confirm that there were no risks that needed escalating to the board

Key Decision(s)/Recommendations Made:

1. The committee approved a change to the asset allocation bands of the trust's portfolio. The change in bandings would see an increased proportion of the portfolio being held in overseas equities and a reduced proportion in UK equities. The committee approved this change having been fully assured that it would not result in any changes to the way that Investec managed our portfolio, that the band changes would improve the return on the portfolio and that there would be no change to the risk level of the portfolio.

2. The committee received and approved the Annual Report and Accounts and Charity Commission annual return.

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Chief Operating Officer's Report – September 2020			**Meeting date:** 30th September 2020
Report sponsor	Chief Operating Officer		
Report author	System Directors		
Report provenance	Contents reflect latest updates from management leads across all ISUs		
Purpose of the report and key issues for consideration/decision	To provide a broad narrative operational update to complement monthly operational reports including performance metrics.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	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	X	**Risk score**	20
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**	

1. Purpose

The report provides the Board with an update on progress on a number of key operational issues across the Trust's five Integrated Service Units. The focus of work continues to be responding to the pandemic and the associated need to step up clinical services whilst remaining ready to respond to expected increases in COVID related activity.

2. Context

The report takes account of the priorities set out in the NHSE/I Phase 3 letter that sets expectations that provider organisations return to pre-Covid levels of activity and start to address the backlog of people waiting for planned care services. This requirement is set in a context of increasing levels of urgent emergency activity, a re-emergence of Covid-19 in our community, the start of winter and increasing public expectation that access to services is improved. The report sets out how this is being addressed.

3. Phase 3 delivery

The impact from the initial response to COVID from late February is evident in the increased waiting times resulting from reductions in elective activity. The phase 3 plan is the planning process across the NHS to secure the best possible balance of stepping up as much elective work as possible whilst remaining ready to respond to future impacts from COVID.

The key measures of success through this phase is the proportion of pre-pandemic activity levels that can be achieved with the enhanced infection control measures needed to protect patients and staff. The Trusts return includes forecasts for the number of patients waiting over 52 weeks, the diagnostic and cancer performance as well as identification of the key risks and actions being taken to create safe urgent care pathways.

The latest Phase 3 return from the Trust forecasts a step change improvement and reflects significant engagement with operational teams. The plans have been stress-tested to ensure maximum ambition and optimisation of activity through adoption of best practice. This work has involved identifying new ways of working, e.g. remote pacemaker monitoring to reduce footfall through Torbay Hospital and lessening the amount of otherwise traditional face to face consultations, optimising telephone and video consultations.

The summary of the Trusts ability to secure pre-COVID activity levels is illustrated in the excerpt from the Phase 3 return below:

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21*	Mar-21*
OP New total	75%	83%	89%	92%	94%	95%	95%
OP follow up total	73%	79%	85%	88%	90%	91%	91%
Target OPA	100%	100%	100%	100%	100%	100%	100%

DC Total	74%	81%	83%	94%	95%	96%	96%
IP Total	49%	76%	84%	83%	85%	86%	86%
Target DC/IP	80%	90%	90%	90%	90%	90%	90%

3.1 Cancer

Despite the pandemic capacity to maintain all key elements of the cancer pathways and to maintain pathway performance has been demonstrated over recent weeks and months. It is expected this will continue to remain possible with ongoing use of the day surgery unit and private sector partners throughout the rest of this year. Agreements have been made with independent providers to support continued delivery in a number of specialities including breast, urology and endoscopy.

3.2 Diagnostics

Demand is returning to pre-COVID levels and radiology modalities are forecast to maintain capacity at near COVID levels with continued reliance on mobile and outsourcing capacity. With this level of capacity the total waiting list is forecast to remain stable. Areas of risk remain with aerosol generating procedures (AGP) related tests including endoscopy. The backlog of echocardiography waits is a significant contributor to the current breach position (> 6 weeks). This is expected to be resolved with additional capacity, including from a provider operating from the Nightingale Hospital Exeter. Capital bids have been made to support better demand management (i.e. order communications system) and to address new infection prevention control measures (i.e. improved air handling units that serve the 2 CT scanners) and the purchase of an additional echocardiography machine is being considered.

3.3 Elective care – patients waiting over 52 weeks

In common with the rest of the NHS the Trust has sought to and been largely successful in protecting urgent surgical and cancer activity however this has been achieved by prioritising the reduced levels of available capacity to these areas. As a result more people are waiting longer for elective treatment, particularly elective surgery.

As illustrated above the Trust is planning to secure day case levels in excess of the national expectations by the end of March with in-patient activity below, the net impact being an aggregate surgical activity level in excess of the national expectation. Despite this the forecast number of patients waiting over 52 weeks is expected to increase over the next few months before stabilising as the additional capacity is generated. A detailed picture of the waiting list position is contained in the Trusts Integrated Performance Report.

3.4 Risks to delivery

Risks to delivery include COVID, workforce capacity, the resilience of the trusts air handling for theatres, diagnostic pathway infection control measures, continued use of independent sector and restrictions in elective bed capacity. The restrictions in elective bed capacity have been essential to support essential COVID security works in the emergency department and to prepare for the modular build which will provide the final location for the Medical Receiving Unit (MRU). The local system winter strategy differentiates Trusts responses in South, East and North Devon for the management of COVID patients and the use of the Nightingale hospital should the rate of COVID reach defined trigger points. This system is undergoing thorough stress testing.

4. NHS CHC guidance

During the initial COVID period there were easements of the rules for discharge to enable rapid discharge and ensure low occupancy and availability of beds. Reintroduction of NHS Continuing Healthcare (NHS CHC) guidance was published 21 August 2020 and became live from 1st September. The new rules mean that funding for up to six weeks is put in place to support hospital discharges or people living within the community to avoid hospital admission. Funding for the initial period of up to six weeks is provided from commissioners. Assessments for longer term care needs and continuation of/or increase in funding need to be completed within the six-week timescale. There are currently 169 people, discharged under the previous COVID rules who now require assessment, this has reduced from 266 at the beginning of September. The Trusts community teams have a detailed plan to enable these additional assessments to be carried out and are identifying the resources required to achieve this urgently whilst maintaining the 6 week standard.

A discharge to assess process (D2A) is in place from the hospitals for all patients requiring additional support. This D2A process is divided into 3 pathways (Pathway1 Long term domiciliary care, Pathway 2 Rehabilitation bedded care, Pathway 3 Residential and nursing care including end of life). Application of these new rules is being supported from the CHC and community teams. There is a team focusing on this work and reporting through the governance processes for the ISU.

5. Winter plan

The Trust in conjunction with South Devon Urgent Care Delivery Board have been working collaboratively to develop this year`s winter plan. The Trust has identified a number of strategic objectives grouped into 3 levels. These will form the basis of the winter pan which is due to come through internal governance processes and then Board. These headings are set out below in bullet point form prior to the full winter plan coming back through Board in October.

5.1 National

- COVID 19
- Flexibility
- Occupancy
- Phase 3 stepping up services
- Flu and vaccine delivery

5.2 Devon System

- Think 111 First Devon
- Blue Green status & NHE
- Activity plan and variation

5.3 TSDFT

- Governance
    - AEDB
    - Winter Resilience Group
    - South Devon Winter Room
- ISU focus – communities response
- Reconfiguration
    - SRU & MRU
    - COVID ready
    - UTC
- Elective care / cancer and diagnostics
- Surge management to secure social distancing

This year the additional COVID requirements, impacts and lessons learnt have threaded through the planning and engagement work. These added complexities have been through a stress test process and are being further strengthened as a result. The following measures will trigger clinical the operational actions to ensure stable occupancy levels at a point that facilitates safe care across our acute and community hospital sites and health and wellbeing teams with key objectives to include: -

- Safe and effective care in ED and ambulance handover of patients with no delays;
- 95% achievement of the 4-hour emergency standard through effective management of increasing volumes of urgent care.
- Continued stand-up of urgent and long wait elective procedures:
    - outpatients;
    - day cases and
    - in-patient theatre capacity

- Provide robust community services: including enhanced intermediate care (IC), community beds and community nursing services. Safe management of vulnerable and shielding clients.
- Ensure timely complex care pathways for patients with on-going needs.
- Continue to sustain a short average length of stay (LoS) (<4 days acute and <13 community).
- Continue to drive processes to minimise 21day LoS for patients with more complex medical requirements. Current acute levels >21 days are below 15; the complex discharge team will expand these processes to community hospitals thereby driving further reductions in LoS in the community.
- Timely staff swabbing and reporting 7/52 and antibody service: within 24 hours.
- Collation of Pillar 2 testing and impact across the care sector both residents and staff and daily performance monitoring of any COVID activity across all independent sector providers
- Enhanced health in care homes including full implementation of Restore 2

The long length of stay performance continues to be in the top quartile for best performance across Devon, the operational teams participate a system call (hard reset) to support plans to safely discharge people in a timely manner.

A frailty strategy is under development with primary care (PCNs)and the health care for older people consultants, ensuring a joined-up pathway and recognition of people presenting as frail. The planned impact is to reduce admissions and reduce over prescription of diagnostics by introducing a system wide pathway.

6. Emergency department (ED) improvement works and medical receiving unit (MRU) modular build – Phase 1

The building work to improve the emergency department layout and prevent overcrowding commenced on the 21st September and is due to conclude at the end of November / early December. This work will provide staff and patients with a more COVID secure environment. The work is significant and requires a complex set of service moves to enable the space to be created to do the work safely in a live operational environment.

In addition to the ED work the phase 1 plan also includes a modular unit to enable the acute medical assessment process to function through the MRU. The definitive bed modelling work across the ICO footprint has been focused on ensuring the optimisation of our elective and non-elective care in the context of COVID challenges. This is a complex piece and has engaged clinicians and leads across all areas to meet the requirements in relation to the challenging position to balance capacity and risk.

7. Collaboration

Collaboration across the South East and North Devon (SEND) Network has seen the joint appointment of a new Dermatology Consultant between TSDFT & the RD&E. This appointment is to a speciality that has faced significant difficulties in recruiting into. It will support the planned workforce model changes that are key to developing greater resilience and cost effectiveness in a service that continues to

see increased demand in the Torbay and surrounding areas. A joint radiotherapy physics lead post between TSDFT & the RD&E has been appointed to and the benefit is already apparent. For the first time the Trust has two students on the national training course who have started placements, lasting three years. This is an important step towards effective collaborative working across the two centres. In addition, existing physics staff at both sites are starting to work across the two sites, sharing learning and best practice and developing a more resilient workforce.

8. Adult social care transformation planning

The transformation of Adult Social Care in Torbay is underway as part of a 3-year programme of work. The Review & Insights project, directly linked with the savings target, has been initiated alongside redesign and development of central service functions such as quality assurance and improvement (QAIT) and the Arranging Support Team. The main redesign of the Adult Social Care (ASC) front door begins in September bringing stakeholders together and scoping the requirement and timeframe for planned deliverables.

9. The 0-19 Torbay Children's services

The Trust is working in partnership (under a sub-contract arrangement) with Action for Children and the Children's Society as an integrated Torbay 0-19 Partnership. This Partnership is unique and the first of its kind in the region and possibly the UK and aims to combine develop and deliver services both universally and targeted for the Torbay children, young people and their families/carers. The first Annual report details achievements of the partnership and service developments through the first transformational year

Some of the key achievements in the first year:

- BFI level 3 award and we are now going for gold
- A new website and social media presence across Torbay
- Joint training in MECC and oral hygiene for all staff
- Integrated child development clinics
- A new 'My developing baby, toddler… suite of services
- A comprehensive staff skills audit
- Targeted Help integrated
- Improved referral process through a single point of access
- KPI reporting refined and year 1 KPI's achieved
- Checkpoint establishing well-being drop-ins at children's centres

Key elements of the future model of delivery are as follows:

- Family hubs (from existing Children's Centres)
- Greater focus towards prevention and early help
- Integrated and co-located workforce
- Trauma informed
- Progressive universalism
- Strengths based and building community capacity

10. Conclusion

The Trust continues to respond to the pandemic in accordance with national and CCG requirements. Whilst focussing on delivery of safe care in a COVID context, the Trust is striving to progress in delivery all the key performance standards in this context.

11. Recommendation

The Trust Board is asked to note the content of the COO report and require further updates as needed.

Torbay and South Devon
NHS Foundation Trust

Report of Trust Board of Directors		
Report title: Estates and Facilities – Top line briefs, EFM performance, compliance and exception report		Meeting date: 30th September 2020
Report appendix	Appendix 1 – Estates Performance and Compliance Report	
Report sponsor	Chief Finance Officer Director of Environment	
Report author	Associate Director, Estates and Facilities Operations	
Report provenance	Capital Infrastructure and Environment Group EFM Performance and Compliance Group EFM Senior Management Team Meeting Executives	
Purpose of the report and key issues for consideration/ decision	The report is intended to provide an update to the Board on EFM key issues, performance and compliance for July and August 2020. Please note that at the time of compiling the data for this report the August Estates KPI's were incomplete as some planned maintenance tasks have a 28-day time window for completion that extends beyond the submission date of this paper. **Estates and Facilities Operations Compliance Issues and Exceptions** **Main exceptions:** **Mechanical Services –** The Mechanical Services Manager Band 6 post remains vacant, approval received to recruit to Band 7 (which is currently out to advert) as alternative solution would be to use agency to fill the post. Whilst this post is remains vacant there are gaps in the Authorised Persons roles for PSSR, Gas Safe Lead and deputy Authorised Person for Ventilation. **Medical Gases Policy –** The Medical Gases Policy final draft was circulated for approval at the Health and Safety Committee in August. **Chilled Water Systems –** Day Surgery / Ophthalmology Chilled water plant failed and repaired, resulting in loss of clinical activity particularly ophthalmology theatre lists. An agreed programme has been agreed by the EFM Senior Management Team for delivering the Chilled Water strategy for the Acute core services with works due to complete by the 31st March 2021. **Fire Dampers -** Capital funding approved and works commencing 28th September 2020 to complete remedial works from last	

	inspection and to improve access for further fire damper testing. The absolute compliance score for Fire damper testing remains at 62%, of those tested, 99% functioned correctly. **Fire Main –** all 14 fire hydrants across the acute site are operational and tested and approved by the fire service. A specialist consultant has been appointed to carry out a survey of the Fire Main and fire hydrants. **Estates and Facilities Operations Action Plans** **HSE –** Progress of the EFM actions within the overall Trust HSE action plan continues to be monitored by the Site Services Lead and fed through to the Trust Safety Manager. Capital expenditure has now been approved to complete essential HSE remedial repairs and to install a height restrictor at the Fracture clinic area by 31st March 2021 which will eliminate the prime concern around vehicles reversing without trained Banksmen, in the Fracture clinic area. **Waste –** The waste audit was completed by an external consultant in July, the report expected end of September 2020. An action plan will be developed, actioned through the Environment Group, following receipt of the report to aid improving compliance around waste segregation within clinical areas. The implementation of Biosystems continues which is already improving waste compliance. ***The summary report is attached with the EFM Compliance and Performance dashboard appended at Appendix 1 for information.***

Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Trust Board is asked to receive and note the: • Compliance issues and exceptions • EFM Compliance and Performance Reports		
Summary of key elements			
Strategic objectives supported by this report	**Safe, quality care and best experience** X; **Valuing our workforce** X **Improved wellbeing through partnership**; **Well-led** X		
Is this on the Trust's Board Assurance Framework and/or Risk Register	**Board Assurance Framework** X; **Risk score** 25 **Risk Register** X; **Risk score** 25		
External standards affected by this report and associated risks	**Care Quality Commission** X; **Terms of Authorisation** X **NHS Improvement** X; **Legislation** X **NHS England** X; **National policy/guidance** X		

Report title: Estates and Facilities – Performance and exception report		**Meeting date:** 30th September 2020
Report sponsor	Chief Finance Officer Director of Environment	
Report author	Associate Director, Estates and Facilities Operations	

1. Estates and Facilities Operations – Key Issues and Exceptions report for July and August 2020.

This report aims to summarise and highlight key concerns and exceptions regarding Estates and Facilities Operations performance for the months of July and August 2020 and should be read in conjunction with the associated Appendix 1 Performance Dashboard

Table 1 below identifies the Key Performance Indicators variances for Estates and Facilities performance for the months of July and August 2020. Any areas of specific cause for concern for the attention of Trust Board are shown with appropriate explanation and action to achieve a resolution is shown at Table 2 below.

August PPM figures, marked with an *, at the time of writing this report were not concluded as were still within the 28-day time frame for completion. This is also shown on Appendix 1 Performance Dashboard by black-bordered boxes.

Table 1: July and August 2020 Scorecard Indicator

Green ✓ | Amber ! | Red ✘	July	August
Deteriorating Indicators		
Statutory PPM % success against plan	✓	*!
Mandatory PPM % success against plan	!	*✘
Routine PPM % success against plan	✓	*!
Urgent - % P2 completed in < 1 – 4 Days	✓	*✘
Routine - % P3 completed in < 7 Days	✓	*✘
Estates Internal Critical Failures per month	!	✘
Pressure Systems Compliance - % in date	✓	!
% of Total tonnage of Clinical Non-Burn waste per month	!	✘
EFM incidents resulting in no harm	!	✘
Improving Indicators		
Waste - % of Total tonnage of Recycled waste per month	✘	!
Waste - % of Total tonnage of Clinical Burn waste per month	✘	!
Red rated Indicators with no change		
Estates - Fire Dampers Compliance - % in date	✘	✘

Estates – Portable Appliance Testing - % in date	✘	✘

Table 2: Areas with Specific Cause for Concern	
Estates	**Mandatory PPM % success against plan**
Explanation	This records PPMs released in August, but not yet concluded, as some of the requests are still within 28 days for completion. On the dashboard this is shown by black-bordered boxes.
Estates	**Urgent P2 and Routine P3 Requests - % completed**
Explanation	Workforce availability impacted in August as high annual leave month plus overall reactive volume has increased, in particular P1s, and resource has rightly been prioritised to these defects within the permitted completion timeframe. On the dashboard this is shown by black-bordered boxes.
Estates	**Estates Critical failures July and August 2020**
Explanation	1. Lifts A&B breakdowns – immediate issues rectified – further discussions to take place with contractor regarding service levels. 2. Multiple Roof Leaks – very heavy rainfall. Capital investment allocated to Roof replacement / refurbishment in this financial year. 3. % Relative Humidity - Control in Theatres – continual monitoring and further works to control systems and plant have taken place to assist in controlling humidity in these areas. 4. Lift H (Old Hospital Ainslie / Warrington End) - a number of lift failures – contractor to carry out detailed investigation and rectification. Capital funding allocated to replace the lift. 5. Fire Main - water supply restored to 14 hydrants following identification of leak in system. A survey of the whole Acute Site Fire Main is due to commence with a view to proving integrity of the system to the Fire Service.
Estates	**Fire Dampers Compliance - % in date**
Explanation	Capital funding approved, remedial works to improve access to Fire Dampers for testing commencing 28 September 2020. The absolute compliance score for Fire damper testing remains at 62%, of those tested, 99% functioned correctly.
Estates	**Estates – Portable Appliance testing - % in date**
Explanation	Contract awarded, Community locations are complete, and the Electrical Services Manager is liaising with the contractor to finalise the prioritised testing programme for the Acute site. Process to also be implemented to ensure staff who are using IT equipment to work form home are asked to book an appointment to return to site to ensure PAT Testing carried out.
Waste	**% Total Tonnage of Clinical Non-Burn Waste / Recycling waste per month.**
Explanation	Incineration only has now ceased with previously incinerated Tiger waste now going to normal waste streams. New containers for Tiger waste working well, although excessive orange bags found inside tiger bags and as a result, 10 Datix incidents were raised in August 2020. The non-compliance has been escalated to the clinical leads through the Environment Group and will be monitored with an Action plan with the areas concerned. Biosystems is going well, the next implementation will be in the Women's Health Unit in October, with 10 other clinical areas being audited for completion in the near future. The external waste audit was completed in July with the report expected end of September
Estates	**Fixed Wire Testing Compliance - % in date**
Explanation	Works underway in community sites (possible ACMs found, and survey being arranged for St Edmunds) and Acute site testing starting in priority order as soon as possible.
Estates	**Critical Ventilation Verification / Window Restrictor Compliance - % in date**
Explanation	6 Critical Vent Verification Inspections being carried out throughout the week commencing 14 Sep 20 and 5 Window Restrictors Inspections – in Level 1 / 2 Podium

	Block will be completed by the end of September. All high / Significant Window Restrictor risk areas compliant.
Estates	**Pressure System Compliance - % in date**
Explanation	Energy Centre - Boiler No.3 offline for inspection, new weld to be NDT inspected 17 Sep 2020 and boiler PSSR Working Examination completed thereafter. All other risk areas compliant.
Estates	**Asbestos Inspections Compliance - % in date**
Explanation	Podium Block surveys are still underway. Re-inspections that have just gone out of date include the Ducts, Belmont Court, the Old Residences, Kitson Hall, and some elements of General Theatres. PACM, however all known asbestos remains in a safe condition and normal asbestos permit practice remains in place throughout.

EFM Performance Report

Domain	Estates & Facilities Operations Performance Data August 20 for September 2020 Report	2019-20 Quarter Two			2019-20 Quarter Three			2019-20 Quarter Four			2020-21 Quarter One			2020-21 Quarter Two			Trend	YTD 2019 to 2020	Average to date	Target 2019-20	RAG Threshold			Comments
		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20					Constant Review	Cause for Concern	No Concerns	
	Metrics	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6								
Estates - Planned & Reactive work Performance	Total PPMs planned per month (not KPI)	1,178	1,067	1,206	951	1,057	1,094	1,060	1,100	1,124	944	964	1,085	1,180	1,107	0		6553	1080	Variable	14			Not a KPI - an indicator of planned work volumes
	Statutory PPMs planned per month	444	398	430	364	386	411	432	377	407	367	356	367	438	373			5550	396	Variable				
	Statutory PPM % success against plan	100%	95%	100%	98%	98%	90%	99%	96%	96%	97%	93%	98%	98%	95%				97%	97%	85%	85%	97%	Data incomplete for August PPMs
	Mandatory PPMs planned per month	505	449	552	431	438	519	443	481	521	431	453	528	488	562			6801	486	Variable				
	Mandatory PPM % success against plan	99%	99%	98%	98%	97%	94%	99%	97%	99%	97%	97%	98%	92%	79%				96%	97%	85%	85%	95%	Data incomplete for August PPMs
	Routine PPMs planned per month	229	220	224	156	233	164	185	242	196	146	155	190	254	172			1226	198	Variable				
	Routine PPM % success against plan	89%	85%	87%	67%	93%	68%	83%	77%	95%	73%	82%	77%	74%	66%				80%	90%	60%	60%	70%	Data incomplete for August PPMs
	Total Reactive Requests per month (not KPI)	1154	793	814	1028	1042	944	1038	915	722	548	652	678	759	908	0		5775	857	Variable	14			Not a KPI - an indicator of reactive work volumes
	Emergency - P1 - requests per month	83	95	88	98	86	98	85	131	79	6	2	4	44	112			1011	72	Variable				P1 volumes returning to pre-Covid.
	Emergency - % P1 completed in < 2hours	99%	99%	98%	100%	100%	100%	100%	91%	100%	100%	100%	100%	98%	99%				99%	97%	90%	90%	95%	
	Urgent - P2 - requests per month	215	117	116	120	146	94	121	126	89	134	136	139	171	176			808	136	Variable				
	Urgent – % P2 completed in < 1 - 4 Days	79%	87%	95%	87%	92%	93%	87%	93%	81%	89%	93%	93%	95%	80%				89%	97%	85%	85%	90%	Data incomplete for August Reactive work.
	Routine - P3 - requests per month	686	487	510	668	664	520	655	531	428	360	441	420	427	501			3535	521	Variable				
	Routine - % P3 completed in < 7 Days	78%	73%	79%	72%	83%	74%	70%	63%	68%	88%	84%	89%	88%	74%				77%	97%	75%	75%	85%	Data incomplete for August Reactive work.
	Routine - P4 - requests per month	170	94	100	142	146	232	177	127	126	48	73	115	117	119			884	128	Variable				
	Routine - % P4 completed in < 30 Days	81%	79%	81%	67%	77%	49%	52%	61%	47%	90%	90%	86%	80%	83%				73%	97%	65%	65%	75%	Data incomplete for August Reactive work.
	Estates Internal Critical Failures per month	5	2	5	4	5	2	3	5	3	2	1	1	1	3			42	3.0	0	2	1	0	Fire Main, Lifts A&B, Roof Leaks - Rain Water, %RH Control in Theatres as per narrative.
Estates - Statutory / Mandatory Compliance Performance	Fire Alarm Testing Compliance - % In date	99%	98%	99%	99%	98%	99%	98%	99%	100%	100%	100%	100%	100%	100%			Stat	99%	97%	85%	85%	97%	
	Emergency Lighting Compliance - % In date	98%	99%	100%	99%	99%	97%	100%	99%	99%	99%	97%	99%	99%	99%			Stat	99%	97%	85%	85%	97%	
	Fire Extinguisher Compliance - % In date	98%	97%	97%	97%	97%	98%	98%	97%	97%	97%	95%	96%	100%	100%			Stat	97%	97%	85%	85%	97%	
	Fire Dry Risers Compliance - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	100%	97%	85%	85%	97%	
	Fire Hydrants Compliance - % In date	0%	0%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	79%	97%	85%	85%	97%	
	Fire Dampers Compliance - % In date	93%	93%	93%	95%	62%	62%	62%	62%	62%	62%	62%	62%	62%	62%			Stat	71%	97%	85%	85%	97%	99% of tested Fire Dampers work, Annual inspection starts 28 Sep 20.
	Fire Supression Compliance - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	100%	97%	85%	85%	97%	
	Fixed Wire Testing Compliance - % In date	94%	93%	94%	94%	94%	94%	94%	94%	94%	94%	90%	89%	88%	85%			Stat	92%	97%	85%	85%	97%	Works underway - see narrative
	Portable Appliance Testing - % in date	100%	100%	100%	100%	95%	83%	83%	83%	83%	70%	65%	60%	56%	55%			Mand	81%	97%	85%	85%	95%	Works underway - see narrative
	HV Equipment Compliance - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	100%	97%	85%	85%	97%	
	Generator Servicing Compliance - % In date	92%	92%	92%	38%	23%	38%	77%	100%	100%	100%	100%	100%	100%	100%			Mand	82%	97%	85%	85%	95%	
	Generator Load Test Compliance - % In date	92%	92%	92%	38%	23%	38%	77%	92%	92%	92%	100%	100%	100%	100%			Mand	81%	97%	85%	85%	95%	
	Lightning Protection Compliance - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	100%	97%	85%	85%	97%	
	Auto Door Inspection Compliance - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Mand	100%	97%	85%	85%	95%	
	LEVs Testing Compliance - % In date	96%	92%	92%	92%	89%	89%	89%	92%	92%	92%	92%	94%	100%	100%			Stat	93%	97%	85%	85%	97%	
	Critical Vent Varification Compliance - % In date	94%	100%	97%	97%	100%	100%	100%	98%	100%	100%	100%	100%	96%	90%			Stat	98%	97%	85%	85%	97%	6 systems to be verified w/c 14/09/2020
	Kitchen + Extract Duct Cleaning - % In date	94%	94%	100%	100%	100%	100%	77%	77%	100%	100%	100%	100%	100%	100%			Stat	96%	97%	85%	85%	97%	
	Gas Pipework Compliance - % In date	71%	82%	93%	93%	86%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	95%	97%	85%	85%	97%	
	Gas Appliance Compliance - % In date	100%	100%	100%	100%	96%	97%	96%	96%	100%	100%	100%	100%	100%	100%			Stat	99%	97%	85%	85%	97%	
	Landlord Gas Appliances Compliance - % In date	100%	100%	100%	100%	100%	100%	97%	97%	100%	100%	100%	100%	100%	100%			Stat	100%	97%	85%	85%	97%	
	Pressure Systems Compliance - % In date	95%	95%	95%	95%	95%	95%	95%	95%	95%	100%	99%	100%	100%	95%			Stat	96%	97%	85%	85%	97%	Energy Centre - Boiler No.3 down for inspection, new weld to be checked.
	Window & Restrictor Insp Compliance - % In date	96%	96%	94%	96%	96%	96%	96%	96%	96%	96%	96%	95%	85%	85%			Mand	94%	97%	85%	85%	95%	Podium Block Inspections - 11 remaining on Level 2. to be completed w/c 14/9/20
	Asbestos Inspections Compliance - % in date	80%	81%	93%	95%	95%	91%	91%	91%	91%	90%	94%	95%	96%	88%			Stat	91%	97%	85%	85%	97%	Podium Block still underway - access limited.
	Water Safety Checks - works % in date	97%	98%	98%	97%	98%	98%	98%	98%	98%	98%	100%	100%	100%	100%			Stat	98%	97%	85%	85%	97%	
	Edge protection Compliance - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	100%	97%	85%	85%	97%	
	Ladder Inspection Compliance - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	71%	71%	100%	100%			Stat	96%	97%	85%	85%	97%	

Domain	Estates & Facilities Operations Performance Data August 20 for September 2020 Report	2019-20 Quarter Two			2019-20 Quarter Three			2019-20 Quarter Four			2020-21 Quarter One			2020-21 Quarter Two			Trend	YTD 2019 to 2020	Average to date	Target 2019-20	RAG Threshold			Comments
	Metrics	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20					Constant Review	Cause for Concern	No Concerns	
		Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6								
Porters	Porters - Total Tasks per month	9291	8630	8346	9100	8704	8711	9197	8290	8798	8006	8553	8986	9428	10015	0		124055	8861	Variable	14			Not a KPI - an indicator of porter tasking volume
	Porters - Bloods Tasks per month	2438	2218	2174	2393	2287	2186	2427	2256	2308	2330	2634	2786	2915	3025			34377	2456	Variable				
	Porters - Patient Transfer Tasks per month	2316	2289	2219	2217	2117	2169	2078	1964	1875	1249	1716	1811	2026	2432			28478	2034	Variable				20% increase in Porter patient transfers in Aug 2020
	Porters - Notes Tasks per month	1795	1623	1560	1928	1863	1698	1982	1725	1857	1330	1513	1992	2197	1926			24989	1785	Variable				
	Porters - Urgent Tasks per month	178	182	183	194	174	174	209	162	192	101	109	176	171	159			2364	169	Variable				
	Porters - Routine Tasks per month	8786	8146	7841	8600	8266	8272	8685	7829	8373	7640	8222	8546	8895	9480			117581	8399	Variable				
	Porters - Booked Tasks per month	327	302	322	306	264	265	303	299	233	265	222	264	362	376			4110	294	Variable				
Cleaning	Scores - Brixham Hosp - High Risk	99%	99%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	99%	98%				98%	95%	90%	90%	95%	
	Scores - Brixham Hosp - Significant Risk	100%	98%	98%	99%	97%	98%	99%	98%	98%	98%	98%	100%	100%	98%				99%	85%	80%	80%	85%	
	Scores - Brixham Hosp - Low Risk	100%	100%	99%	97%	94%	98%	98%	97%	97%	97%	97%	100%	80%	99%				97%	80%	75%	75%	80%	
	Scores - Dawlish Hosp - High Risk	100%	99%	98%	99%	98%	99%	100%	98%	98%	98%	99%	99%	99%	99%				99%	95%	90%	90%	95%	
	Scores - Dawlish Hosp - Significant Risk	100%	100%	100%	99%	98%	99%	99%	98%	98%	98%	98%	100%	100%	100%				99%	85%	80%	80%	85%	
	Scores - Newton Abbot Hosp - High Risk	99%	99%	100%	98%	97%	99%	98%	98%	98%	98%	98%	98%	100%	95%				98%	95%	90%	90%	95%	
	Scores - Newton Abbot Hosp - Significant Risk	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	100%	99%	100%				98%	85%	80%	80%	85%	
	Scores - Newton Abbot Hosp - Low Risk	99%	99%	99%	99%	99%	98%	98%	98%	98%	98%	99%	95%	100%	95%				98%	80%	75%	75%	80%	
	Scores - Paignton H+WBC - High Risk	100%	99%	99%	99%	98%	98%	98%	98%	98%	98%	98%	98%	98%	99%				98%	95%	90%	90%	95%	
	Scores - Paignton H+WBC- Significant Risk	99%	99%	99%	99%	98%	98%	98%	99%	99%	98%	98%	98%	98%	95%				98%	85%	80%	80%	85%	
	Scores - Paignton H+WBC - Low Risk	99%	99%	98%	98%	95%	96%	96%	95%	95%	95%	95%	96%	96%	95%				96%	80%	75%	75%	80%	
	Scores - Teignmouth Hosp - Very High Risk	100%	99%	99%	99%	99%	98%	98%	98%	98%	98%	99%	99%	99%	98%				99%	98%	95%	95%	98%	Theatres Areas
	Scores - Teignmouth Hosp - High Risk	100%	100%	99%	99%	99%	98%	98%	98%	98%	98%	99%	97%	97%	95%				98%	95%	90%	90%	95%	
	Scores - Teignmouth Hosp - Significant Risk	99%	99%	99%	99%	99%	97%	97%	95%	95%	95%	95%	95%	85%	95%				96%	85%	80%	80%	85%	
	Scores - Torbay Hosp - Very High Risk	99%	99%	99%	98%	99%	98%	99%	98%	98%	98%	99%	99%	99%	98%				99%	98%	95%	95%	98%	Theatres Areas, Turner, ICU, A+E.
	Scores - Torbay Hosp - High Risk	98%	98%	98%	98%	97%	97%	99%	98%	98%	98%	99%	98%	96%	96%				98%	95%	90%	90%	95%	
	Scores - Torbay Hosp - Significant Risk	99%	98%	99%	98%	95%	96%	98%	98%	98%	98%	98%	99%	99%	99%				98%	85%	80%	80%	85%	
	Scores - Torbay Hosp - Low Risk	97%	97%	98%	98%	95%	95%	95%	95%	95%	95%	95%	95%	80%	85%				94%	80%	75%	75%	80%	
	Scores - Totnes Hosp - High Risk	98%	98%	99%	98%	98%	98%	98%	98%	98%	98%	99%	98%	97%	99%				98%	95%	90%	90%	95%	
	Scores - Totnes Hosp - Significant Risk	96%	96%	100%	95%	97%	98%	98%	98%	98%	98%	98%	100%	99%	99%				98%	85%	80%	80%	85%	
	Scores - Totnes Hosp - Low Risk	90%	90%	94%	95%	94%	96%	98%	97%	97%	97%	97%	100%	80%	80%				93%	80%	75%	75%	80%	
	HPV Cleans per month	35	21	22	41	20	20	28	21	25	39	54	34	27	23			159	29	Variable				From Porter data HPV data
	Deep Cleans per month	880	779	746	805	789	774	1010	835	1090	1275	1127	1006	1003	1149			4773	948	Variable				From Porter data Deep Clean data
	Annual Deep Cleans per month	5	9	34	9	4	4	4	12	13	2	4	8	3	1			65	8	Variable				From Porter data Periodic Clean data.
	Critical Cleaning Failures	1	0	0	0	0	0	0	0	0	0	0	0	0	0			1	0.1	0	2	1	0	

EFM Performance Report

Domain	Estates & Facilities Operations Performance Data August 20 for September 2020 Report	2019-20 Quarter Two			2019-20 Quarter Three			2019-20 Quarter Four			2020-21 Quarter One			2020-21 Quarter Two			Trend	YTD 2019 to 2020	Average to date	Target 2019-20	RAG Threshold			Comments
		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20					Constant Review	Cause for Concern	No Concerns	
	Metrics	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6								
Accom	Boyce Court Occupancy Void Costs	1,323	0	479	329	329	0	0	0	0	0	1,108	1,927	1,088				6583	506.4	Variable	2000	2000	1000	IVs in arrears. 68 Flats, charges if 95%-70% full. Budget £24,312
	On-Site - Staff Accomodation Income	19,883	22,385	24,508	25,730	25,304	28,937	25,708	37,640	29,989	40,317	29,528	21,317	25,878				357124	27471	Variable	19256	19256	24391	Annual budget - £308,099
Catering	Patient Meals provided per month	31458	31536	31557	31143	31351	33303	29375	30300	21822	19290	20352	24567	26548	27013			190348	27830	Variable				
	Meals purchased at Bayview Restaurant per month	5848	5413	5769	6389	6292	5384	5732	5539	5071	2894	2595	2782	2905	3497			35095	4722	Trend				
	Meals purchased at Horizon Café per month	2886	1991	2835	3035	3066	2022	2425	2547	1575	0	0	0	0	0			15835	1599	Trend				
	Red Catering Trays per month	784	798	783	738	759	793	787	792	752	708	684	693	673	713			4655	747	Trend				
	% of Catering Food Waste per month	4.2%	3.9%	4.3%	4.1%	4.7%	4.4%	4.9%	5.3%	5.5%	6.1%	2.4%	2.2%	2.4%	2.5%				4%	5%	10.0%	10.0%	5.0%	
	EHO Audit Scores - Acute	3	3	3	3	3	3	3	3	3	3	3	3	3	3				3.0	5	2	2	4	
	EHO Audit Scores - Brixham Hospital	5	5	5	5	5	5	5	5	5	5	5	5	5	5				5.0	5	2	2	4	
	EHO Audit Scores - Dawlish Hospital	5	5	5	5	5	5	5	5	5	5	5	5	5	5				5.0	5	2	2	4	
	EHO Audit Scores - Newton Abbot Hospital	4	4	4	4	4	4	4	5	5	5	5	5	5	5				4.5	5	2	2	4	
	EHO Audit Scores - Totnes Hospital	5	5	5	5	5	5	5	5	5	5	5	5	5	5				5.0	5	2	2	4	
	Catering Audits		28	36	32	38	26	37	32	26	22	26	28	32	31				30.3	5	25	25	30	
Waste	Total Tonnage all waste streams per month	182.1	165.3	175.3	176.1	148.0	179.2	178.9	151.0	161.0	125.2	143.0	166.3	138.4	139.6			1026.0	159.2	Trend				
	% of Total tonnage Recycled Waste per month	51.6%	46.4%	52.7%	47.2%	41.1%	53.3%	53.1%	44.2%	48.3%	45.1%	46.5%	35.1%	38.8%	43.4%				49%		40.0%	40.0%	47.0%	
	% of Total tonnage Landfill Waste per month	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				0%		5.0%	5.0%	2.0%	
	% of Total tonnage of Clinical Non-Burn waste per month	9.9%	10.6%	8.9%	9.4%	12.7%	5.5%	5.7%	1.3%	1.5%	1.4%	1.5%	1.7%	1.5%	16.9%				9%	100%	11.0%	9.0%	10.0%	See Narrative
	% of Total tonnage of Clinical Burn waste per month	10.6%	11.0%	10.1%	11.1%	12.3%	20.1%	19.8%	33.5%	31.7%	32.9%	30.3%	39.8%	33.3%	6.9%				13%	100%	13.0%	9.0%	11.0%	
	% of Total tonnage of Clinical Offensive waste per month	11.9%	11.6%	10.9%	11.5%	13.7%	6.2%	6.5%	2.6%	2.3%	1.7%	1.3%	2.0%	1.8%	6.2%				11%		12.0%	10.0%	11.0%	
	% of Total Tonnage Waste to Energy	16.0%	20.4%	17.4%	20.7%	20.1%	15.0%	16.2%	18.4%	16.2%	18.8%	20.4%	21.5%	24.7%	26.6%				18%		35.0%	35.0%	24.0%	
	Total Waste to Energy (tonnes)	25.6	31.4	27.5	31.9	48.1	35.0	37.0	27.8	26.0	23.6	29.1	25.0	80.2	46.7			199.5	35.3	Trend				
	Statutory Waste Audits - % completed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	Trend	90%	90%	95%	15 Audits / month - Brix, CCHC, NAb, TP extended to Sep by Env Agency

Domain	Estates & Facilities Operations Performance Data August 20 for September 2020 Report	2019-20 Quarter Two			2019-20 Quarter Three			2019-20 Quarter Four			2020-21 Quarter One			2020-21 Quarter Two			Trend	YTD 2019 to 2020	Average to date	Target 2019-20	RAG Threshold			Comments
		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20					Constant Review	Cause for Concern	No Concerns	
	Metrics	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6								
Workforce	Total Estates and Facilities Staff (FTE)	393	390	394	398	398	398	398	394	390	403	399	399	403	403	0			397		14			
	Estates Staff	34	32	34	34	35	37	38	37	35	39	36	36	37	37				36					
	Facilities Management	22	21	21	20	20	20	20	20	22	21	22	24	23	23				21					
	Hotel Services - Catering	33	33	33	33	33	33	32	31	33	32	32	32	32	32				32					
	Hotel Services - Domestic	231	230	231	234	234	233	232	232	226	235	233	231	234	234				232					
	Hotel Services - Other	74	75	76	78	78	76	76	74	73	76	76	77	77	77				76					
	Achievement Review Compliance %	93%	85%	85%	85%	85%	90%	89%	89%	87%	84%	81%	84%	90%	90%				87%	95%	80%	80%	90%	
	Sickness Absence % (Month Sick Rate)	4.5%	4.2%	5.1%	5.9%	5.0%	5.2%	5.5%	5.5%	5.3%	4.6%	4.2%	4.4%	4.2%					4.9%	3%	3.8%	3.8%	3.5%	1 month in arrears.
	Mandatory Training - Conflict Resolution	93%	96%	95%	95%	94%	94%	95%	96%	95%	94%	91%	93%	92%	94%				94%	90%	75%	75%	85%	
	Mandatory Training - Equality & Diversity	98%	98%	95%	97%	97%	97%	96%	97%	94%	94%	94%	96%	96%	96%				96%	90%	75%	75%	85%	
	Mandatory Training - Fire Training	97%	98%	94%	97%	98%	95%	94%	95%	92%	89%	90%	91%	92%	92%				94%	90%	75%	75%	85%	
	Mandatory Training - Health & Safety	98%	98%	96%	98%	97%	97%	97%	98%	97%	95%	95%	95%	96%	96%				97%	90%	75%	75%	85%	
	Mandatory Training - Infection Control	97%	96%	94%	94%	94%	95%	94%	93%	92%	91%	91%	89%	91%	91%				93%	90%	75%	75%	85%	
	Mandatory Training - Information Governance	95%	97%	93%	94%	93%	92%	90%	91%	88%	86%	85%	86%	84%	86%				90%	95%	85%	85%	95%	
	Mandatory Training - Moving & Handling	97%	96%	92%	95%	94%	96%	95%	96%	91%	91%	91%	90%	91%	91%				93%	90%	75%	75%	85%	
	Mandatory Training - Safeguarding Adult Level 1	99%	98%	98%	98%	97%	99%	97%	98%	97%	95%	95%	95%	93%	93%				97%	95%	80%	80%	90%	
	Mandatory Training - Safeguarding Children	98%	98%	96%	97%	97%	98%	97%	98%	94%	93%	94%	95%	93%	94%				96%	95%	80%	80%	90%	
	Mandatory Training - Resuscitation	94%	96%	93%	94%	94%	94%	97%	94%	92%	91%	91%	92%	93%	94%				93%	90%	75%	75%	85%	
	Mandatory Training - Basic Prevent Awareness	99%	98%	97%	97%	97%	98%	93%	98%	97%	95%	95%	96%	95%	96%				97%	90%	75%	75%	85%	
Safety	EFM Serious/RIDDOR incidents	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0.0	0	2	1	0	
	EFM incidents resulting in moderate harm	1	2	0	1	2	1	0	1	0	1	1	0	1	1			12	0.9	0	3	3	1	
	EFM incidents resulting in minor harm	5	10	5	8	5	2	4	7	3	3	2	3	3	1			61	4.4	0	8	8	4	
	EFM incidents resulting in no harm	12	8	6	10	13	12	11	12	11	13	7	16	12	17			160	11.4	0	15	15	8	Includes 10 Waste Segregation Incidents
	CAS Alerts active and in Progress	7	5	3	3	2	2	4	4	5	3	3	3	3	3				4	Variable				Allergens in food and Door Buffers / stops
	CAS Alerts Overdue for Completion	5	4	1	2	1	1	1	1	1	1	1	1	0	0				1.4	0	2	2	0	

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Directorate of Transformation and Partnerships Quarterly Report			Meeting date: 30/09/2020
Report appendix	Nil		
Report sponsor	Director of Transformation and Partnerships		
Report author	Director of Transformation and Partnerships		
Report provenance			
Purpose of the report and key issues for consideration/decision	To receive and note the update from the Health and Care Innovation Partnership		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The committee is asked receive and note the report.		

Summary of key elements

Strategic objectives supported by this report

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

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

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

External standards affected by this report and associated risks

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

Report title: Directorate of Transformation and Partnerships Quarterly Report	Meeting date:30/09/2020
Report sponsor & author	Director of Transformation and Partnerships

1. Introduction

The last six months have been exceptional for all Trust teams and the Directorate of Transformation and Partnerships has planned a significant role in many aspects of the response and recovery to Covid alongside ensuring that there are structures and systems in place to drive transformation, improve our performance governance and engage with our teams. This paper provides a summary of the work and ambitions for the next quarter, from the perspectives of each of the valuable teams within the Directorate.

The Directorate structure has recently changed to provide strengthened leadership across the whole portfolio with the appointment of key senior roles to drive the delivery of transformation and maximising the opportunity of the development of our strategic partnerships and relationships to deliver the ICO ambition.

2. Transformation and PMO Teams

The Transformation an PMO teams have accountability for the following corporate responsibilities:

- Development with the operational teams of robust transformation plans that deliver CIP and performance/quality benefits with a clear resource plan to deliver the improvement through a skilled team of project managers and improvement experts
- To provide independent performance assurance oversight of the delivery of the transformation programme.
- Delivery of the transformation, adoption and benefits realisation remains the accountability of the operational teams.

A significant level of re-design activity has been undertaken in the development of an improved structure of project portfolio management which includes:

- Project management standard documentation, performance management process and reporting
- Commissioning of all transformation projects with a robust project initiation process, that clearly defines the benefits, timelines for delivery and resource required to deliver the benefits.
- The PMO function has been re-designed to focus on performance assurance of programme management and delivery of CIP.
- A new Transformation and CIP group, chaired by the DTP/CFO with the support of a lead non-executive, Jacqui Lyttle.
- The ISU teams have been set a very clear challenge to ensure that there are robust transformation plans that deliver CIP by the end of November 2020. The CFO has provided an initial assessment of the target CIP position.
- The transformation programme has been redesigned and the delivery of the programme will be led by Dawn Butler, who returned to the Directorate during September. Two senior managers have been allocated to take programme leadership role aligned with our system and ISU leadership teams.

The next steps for the transformation and PMO teams are:

- The development of a transformation strategy, alongside the development of a new and strengthened transformation function. This will bring together all our talented project and quality improvement managers into a single team to provide adequate support to the operational teams to deliver transformation and release benefits.
- Development of the PMO team to provide effective assurance architecture
- Development of the Transformation plans, aligned to business planning by 30th November 2020.

3. Health Informatics Service

The Trust Board receives regular reports on the digital strategy and plans to improve the digital offer. Highlights from the team for this quarter include:

- Significant progress on cyber security actions
- Commencing procurement and start up process for successful capital programmes
- Agreement for the need for a single portfolio management approach to IT projects
- Development of the Digital Strategy aligned to HIP2

The next steps for the HIS team are:

- Development of the business case for an electronic patient record
- Delivery of the single portfolio management approach to IT projects
- Driving the delivery of the capital investment to meet spend deadlines and deliver benefits to the organisation.

4. Communications and Partnerships Team

The communication team have undertaken a significant amount of work through Covid-19 and continue to expand the range of channels for staff engagement. The shift in the portfolio of this team is one of both effective engagement and really transformative partnership development and this has been reflected in a new leadership role which is currently being advertised.

The new Assistant Director of Communication and Partnerships role will drive a renewed ambition to deliver excellence through the way we engage and inform our teams and communities. Alongside supporting the development of strategic partnerships aligned to the vision of the ICO. The post will be recruited on 19th October and a range of activities, including focus groups are planned to generate maximum engagement in the recruitment process.

The new charitable fund management role will be designed as part of this new structure and the intention to develop a charitable fund strategy, aligned to the ICO, with a greater level of ambition around the potential income and investment opportunities will be considered with the charitable fund committee.

An ambitious programme of engagement and communications has been proposed following the reflection from our clinical and operational teams to ensure that staff are able to maintain hope, enthusiasm and resilience through what is likely to be a difficult winter.

5. Performance Team

Following the CQC feedback around the need to strengthen governance, the DTP undertook an audit into the effectiveness of the Trust performance governance processes. In partnership with the COO and System Leaders, a proposal was developed to strengthen the Integrated Governance Group (IGG) process to embed greater levels of assurance from “ward to board”.

A challenging shift in terms of reporting, evidence-based performance improvement and measurement and oversight has commenced with the first meetings of the new IGG taking place over 24th and 25th September. It is expected that this improvement work will take between 9-12 months to fully embed and will be a cornerstone of the architecture to support our ambition of self-managed teams.

6. Business Planning

The Directorate has held co-ordinating responsibility for the recovery plans through covid and the delivery of the phase 3 plan, supporting the operational teams.

The Trust business planning process has now been launched and will build on the work undertaken in 2019/20 to ensure that there is effective and coherent connection between:

- Strategic intent
- Safety and Quality
- Performance Targets
- Workforce planning and development

- Financial efficiency
- Delivered through Transformation.

The progress of business planning will be reported through to Finance, Performance and Digital committee on a monthly basis.

7. Recommendations

The Board is asked note the quarterly report from the Director of Transformation and Partnerships.