







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

Board Room, Hengrave House, Torbay Hospital and via MS Teams
28 October 2020 11:45 - 28 October 2020 13:30

AGENDA

#	Description	Owner	Time
1	<p>Board Corporate Objectives</p> <p>Information</p> <p> Board Corporate Objectives.pdf 7</p>		
2	<p>PART A: Matters for Discussion/Decision</p>		
2.1	<p>Apologies for Absence - Mrs L Davenport, Chief Executive</p> <p>Note</p>	Ch	
2.2	<p>Declaration of Interests</p> <p>Note</p>	Ch	
2.3	<p>Minutes of the Board Meeting held on the 30th September 2020 and Outstanding Actions</p> <p>Approve</p> <p> 20.09.30 - Board of Directors Minutes Public.pdf 9</p>	Ch	
2.4	<p>Report of the Chairman</p> <p>Note</p>	Ch	
2.5	<p>Report of the Chief Executive</p> <p>Receive and Note</p> <p> Report of the Chief Executive.pdf 27</p>	CE	
2.6	<p>Integrated Performance Report - Month 6</p> <p>Receive and Note</p> <p> Integrated Performance Report - Month 6.pdf 35</p>	DTP	
2.7	<p>National Inpatient Survey 2019 Results</p> <p>Information</p> <p> National Inpatient Survey 2019 Results.pdf 111</p>	CN	

#	Description	Owner	Time
2.8	Staff Experience Report Information  Staff Experience Report.pdf 123	DWOD	
2.9	Freedom to Speak Up Guardian Report Receive and Note  Freedom to Speak Up Guardian Report.pdf 131	DWOD	
2.10	Quality Accounts Annual Report 2019/20 Approve  Quality Account 2019-20.pdf 137	CN	
3	PART B: Matters for Approval/Noting Without Discussion		
3.1	Reports from Board Committees		
3.1.1	Finance, Performance and Digital Committee - 28th September and 26th October 2020 Receive and Note  Sept20_FPD_Cttee_Report_to_Board.pdf 211	C Balch	
3.1.2	Quality Assurance Committee - 28th September 2020 Receive and Note  QaC September 20 Chair's report to Board.pdf 213	J Lyttle	
3.1.3	Audit Committee - 21st October 2020 Receive and Note	S Taylor	
3.2	Reports from Executive Directors Receive and Note		
3.2.1	Report of the Chief Operating Officer Receive and Note  Report of the Chief Operating Officer.pdf 215	COO	
4	Compliance Issues		
5	Any Other Business Notified in Advance	Ch	

#	Description	Owner	Time
6	Date of Next Meeting - 9.00 am, Wednesday 25th November 2020	Ch	
7	Exclusion of the Public	Ch	

INDEX

Board Corporate Objectives.pdf.....	7
20.09.30 - Board of Directors Minutes Public.pdf.....	9
Report of the Chief Executive.pdf.....	27
Integrated Performance Report - Month 6.pdf.....	35
National Inpatient Survey 2019 Results.pdf.....	111
Staff Experience Report.pdf.....	123
Freedom to Speak Up Guardian Report.pdf.....	131
Quality Account 2019-20.pdf.....	137
Sept20_FPD_Cttee_Report_to_Board.pdf.....	211
QaC September 20 Chair's report to Board.pdf.....	213
Report of the Chief Operating Officer.pdf.....	215

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'.

**MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
PUBLIC BOARD OF DIRECTORS MEETING
HELD IN THE BOARD ROOM, TORBAY HOSPITAL AND VIA MICROSOFT TEAMS
ON WEDNESDAY 30TH SEPTEMBER 2020**

PUBLIC

Present:	Sir Richard Ibbotson * Professor C Balch * Mrs J Lyttle * Mrs V Matthews * Mr R Sutton * Mr P Richards * Mrs S Taylor * Mr J Welch Mrs L Davenport * Mr I Currie * Dr R Dyer * Mrs J Falcao * Mr J Harrison * Ms A Jones * Mr D Stacey * Mrs J Stockman	Chairman Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Medical Director Deputy Chief Executive Director of Workforce and Organisational Development Chief Operating Officer Director of Transformation and Partnerships Chief Finance Officer Torbay Council Representative
In attendance:	* Mr J Anthony * Ms N Armstrong Mrs J Downes Mrs S Fox * Ms P Hiles * Ms S O'Reilly * Mrs J Phare	Safeguarding Adults and Mental Capacity Act / DOLS Operational Lead (Torbay) Manager Surgical Receiving Unit Company Secretary PA to Chief Executive Named Nurse Safeguarding Children Interim Deputy Director of Adult Social Services System Director of Nursing and Professional Practice (Torbay)

* via video-conference

		ACTION
156/09/20	Board Corporate Objectives	
	The Board noted the Corporate Objectives.	

The User Experience Story was presented by Ms Natalie Armstrong, Manager of the Trust's Surgical Receiving Unit (SRU) .

Ms Armstrong briefed the Board on her role as Manager of the SRU and the work undertaken to make the unit operational prior to its opening at the end of June this year. To date, the Unit had received 663 patients without the need for them to go through the Trust's Emergency Department first; 360 patients referred from their GP; and 267 who were referred from the Trust's Emergency Department. 50% of patients were able to go home on the same day following treatment at the Unit.

Ms Armstrong said that some of the challenges she faced whilst setting up the unit was having to find equipment without a budget, and without knowing who the right person was to ask (she said that everyone in the Trust had been very helpful and supportive); staffing; the decision to change the name of the SRU and the time taken to ensure the old name was removed from documentation; and the Covid pandemic. Ms Armstrong added that a business case was in the process of being approved to secure permanent funding for the Unit.

In terms of opportunities, Ms Armstrong said that she had personally learnt a lot through the process; she hoped that the staff in the Unit had also gained valuable experiences; the patient experience had improved as patients did not need to be seen in the Emergency Department; and the positive relationships she had formed with other staff around the hospital.

The Chairman thanked Ms Armstrong for her presentation and asked if she felt that staff were already tired, following the pandemic and before the winter pressures the Trust would need to manage. Ms Armstrong said the one thing that affected the SRU the most was the length of time it took for the results of Covid swabs. She said she understood the Trust's laboratory was working as hard as it could, but patients waiting for a result affected the flow of patients through the unit, which did affect staff morale.

Mrs Lyttle asked if a patient with for example, a fracture, would come straight to the SRU. Ms Armstrong explained that if a patient had a suspected fracture they would go through the Emergency Department for an x-ray and then transferred to the SRU if they required treatment.

Professor Balch asked if there was a clear model for the SRU when it was set up or had it been adapted to reflect learning and experiences. Ms Armstrong explained that the model was based on the model for the Trust's old acute medical unit which was then adapted for a surgical pathway and refined based on learning and experiences.

The Director of Workforce and Organisational Development asked how the Trust could capture the learning from Ms Armstrong's experiences. Ms Armstrong said that she was not sure how to best disseminate learning, however the support she received from one of the Trust's Change Team, Jane Dewar, had been invaluable in supporting her through the process.

Mr Sutton reflected on the need to be able to process swab tests quickly as the Trust moved into winter and this was acknowledged. The Chief Operating Officer agreed and said that the Trust needed to be able to support its Laboratory Team to maximise their capacity and work would be undertaken to ensure the Trust's pathways were as streamlined as possible.

The Chief Executive asked Ms Armstrong if she felt the SRU as it was currently configured would help improve experiences in the Emergency Department this winter. Ms Armstrong said that she felt it would make a significant difference as it would reduce the number of patients being seen through the Emergency Department and also reduce the number of patients having to stay overnight in hospital.

The Chief Nurse thanked Ms Armstrong for her presentation and said that it typified the level of leadership across the Trust and how the Trust supported and empowered teams to make the right decisions for the Trust and its patients was important.

Ms Armstrong thanked the Board for inviting her to present her story.

PART A: Matters for Discussion/Decision

158/09/20 Apologies for Absence

There were no apologies for absence.

159/09/20 Declaration of Interests

There were no declarations of interest reported.

160/09/20 Minutes of the Board Meeting held on the 29th July 2020 and outstanding actions

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

The outstanding actions log was reviewed and updated.

161/09/20 Minutes of the Annual Members Meeting held on the 16th September 2020

The minutes of the meeting held on the 16th September 2020 were confirmed as an accurate record.

The Chairman informed the Board that feedback he had received from the meeting and how it had been held had been positive. Those present at the end of the meeting had been asked to forward any questions to the FoundationTrust Office should they not have had the opportunity to ask. To date, no questions had been received.

162/09/20 **Report of the Chairman**

The Chairman welcomed Mr Ian Currie to the Board as the Trust's Medical Director and asked the Board to formally approve his appointment.

The Board of Directors approved the appointment of Mr Ian Currie as the Trust's Medical Director with effect from 14th September 2020.

163/09/20 **Report of the Chief Executive**

The Chief Executive briefed the Board as follows:

- The Trust continued to develop its plans for Winter; managing Covid; and increased levels of elective activity. The Trust was also subject to significant external scrutiny to ensure its plans were robust and the Trust, following submission of its plan, had been asked to improve its outpatient activity plan ahead of a further submission on the 5th October. The Chief Executive wished to place on record her thanks to the teams involved in producing the plans.
- The League of Friends, despite not being able to have a presence on the hospital site, were keen to continue their support of the Trust and work was taking place to work out how this could best be achieved. The Community League of Friends were similarly keen to remain engaged and supportive of the Trust.
- Following the appointment of Mr Currie as the Trust's Medical Director, and Dr Dyer to the Deputy Chief Executive position, the executive director team was now in a stable position. To support the team to be able to be resilient and manage over the forthcoming winter period, some development time has been arranged.

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

164/09/20 **Adult Care Strategic Agreement between Torbay Council, Devon Clinical Commissioning Group (CCG) and Torbay and South Devon NHS FT**

The Chief Operating Officer presented the Adult Strategic Agreement and explained that it set the strategic direction for services and the objectives which the Council and CCG required the Trust to meet, forming the basis on which performance could be monitored and managed. He added that the main change to the document was the inclusion of a three year financial settlement which had previously been agreed between all three organisations.

Mr Sutton informed the meeting that the Finance, Performance and Digital Committee had reviewed the agreement and in so doing had asked that a financial summary was attached to the document.

Professor Balch wished the Board to be clear that the agreement left the Trust holding some financial risk and that he expected the Trust to work jointly with the Council and CCG to find ways to close that financial gap. The Chairman said that the Trust had a very good and open relationship with the Council and CCG and was confident that the organisations could work together to find a solution. The Chief Executive added that a Social Care Improvement Group had been established, led by the Council's Interim Director of Adult Social

Care Services, to have oversight of that work. In addition, Mrs Lyttle had joined the Group as the Trust's Non-Executive Director representative.

The Board of Directors approved the Adult Care Strategic Agreement between Torbay Council, Devon Clinical Commissioning Group and Torbay and South Devon NHS FT

165/09/20 **Integrated Performance Report – Month 3**

The Board discussed the Integrated Performance Report as follows:

a) Quality

The Chief Nurse highlighted the following to the Board:

Clostridium Difficile (CDiff)

Four root cause analysis exercises had been undertaken following incidents of CDiff. None of the cases were found to have been due to lapses of care or acquired inside the hospital. There were some issues around timing of isolation of patients which would be addressed.

Incidents

There has been an increase in reported incidents during August, in particular in relation to pressure ulcers and falls. The Trust's Pressure Ulcer Group had an improvement plan in place which would be implemented alongside learning following root cause analysis of the reported pressure ulcer cases to work towards preventing grade 3 and 4 pressure ulcers.

Complaints

Following a reduction in the number of complaints received during the height of the Covid pandemic, the number received had begun to increase. Many of the complaints received related to the challenges associated with Covid; discharges and visiting. The Trust needed to ensure that patients were discharged sensitively and in a timely way with families and carers engaged in that process. There was a new national framework to support timely discharges and work would take place to implement learning and ensure alignment of Trust policies with the new framework.

The ability of families and carers to visit loved ones during the Covid pandemic had been difficult and the Trust had received a number of complaints in this respect. The Trust continued to follow national guidance in terms of visiting and also ensured it was aligned to other Trusts in the system. Work continued to find innovative ways of allowing families and carers to stay in touch with loved ones whilst they were in hospital.

Venous thromboembolism (VTE)

The Trust's VTE performance was below target. An improvement group had been established, supported by weekly dashboard information to highlight key underperforming areas. With the Medical Director, the Chief Nurse was working to improve the culture of safety at unit level to ensure this work was embedded and seen as part of the patient pathway process.

Mrs Matthews said there was a need to draw in the work to the culture of the organisation. She was reassured that the Chief Nurse and Medical Director were working to bring areas of work such as VTE performance into the heart of the Trust's processes and embedded into workflows.

b) **Workforce**

The Director of Workforce and Organisational Development highlighted the following to the Board:

People Plan

Significant progress had been made on the People Plan over the last few weeks. A gap analysis had been undertaken against the national plan and the Trust was working with the STP to ensure the Trust's plan was aligned to the Devon-wide People Plan.

Sickness Absence

In August the sickness absence figure was 3.76%, compared to a rolling figure of 4.46% and Trust target of 4%. The Board noted that compared to the Covid peak when the Trust had c900 staff absence for Covid-related reasons, this figure was currently 46.

Training

Extensive work had taken place to maintain training at 89%, against a target of 85%. Changes had been made to how training was provided during Covid as face to face training had not been able to take place, in particular in respect of delivery of safeguarding and resuscitation training.

Appraisals

There had been challenges in maintaining appraisal performance over the last few months, with performance currently at 78%. A deep dive on the process was being undertaken with the results of this to be presented to the People Committee.

Mrs Matthews wished to reinforce the work on the Trust's People Plan and said that she had taken assurance through the People Committee on progress to date.

In respect of absences due to Covid, Mrs Matthews asked, if another peak occurred, whether the same levels of staff absence would be experienced. The Director of Workforce and Organisational Development explained that a lot had been learnt from the first wave of Covid so the Trust would be able to put measures in place much more quickly if another outbreak occurred, for example through the Workforce Cell and Resourcing Hub. She added that over 90% of Trust staff had completed the Covid risk assessment so there was greater understanding about those staff members who were at higher risk of Covid-related complications and the support they might require to be able to continue to work during a second peak.

Mrs Taylor queried the agency spend figures as it was not clear if the data indicated a positive or negative position. It was agreed this would be addressed as part of the Chief Finance Officer's briefing to Board. The Chief Operating Officer added that as the Trust continued to step up activity, staff

members who had been moved to other areas of work were returning to their substantive posts and this could have a negative effect on agency spend.

c) **Performance**

The Chief Operating Officer highlighted the following to the Board

Phase 3

- The Board noted that the Trust had met its target in respect of cancer performance.
- In terms of the Trust's urgent care performance, the Board noted the significant disruption in the department due to the current reconfiguration works to ensure it was Covid-secure and the need for a whole system response to support the Trust until the work was completed.
- The Trust's Winter Plan would be presented to the Board in October.
- Work continued to improve elective care performance to meet the Phase 3 plan. Programmes were in place for each Integrated Service Unit (ISU) with particular confidence around levels of activity in Paignton and Brixham and Coastal ISUs.
- Diagnostic MRI and CT performance levels were good due to support from the Exeter Nightingale Hospital, local providers and the use of mobile units. Endoscopy remained an area of challenge due to the need to meet infection prevention and control guidance and the current closure of one endoscopy room, which would not be available until December.
- A further area of significant risk was the length of waits for echocardiograms. The Exeter Nightingale Hospital was supporting the Trust, with a plan in place to return to normal activity by the end of the financial year.
- The Chairman reflected on the fact that the Trust had managed to meet its cancer improvement target and said the Trust needed to celebrate its successes over the past few months, and this was acknowledged.
- Mrs Lyttle informed the Board that the Quality Assurance Committee, which had met earlier in the week, gained assurance around the work taking place to improve performance and that patients were being prioritised based on clinical need. She added that there had been the need to cancel operations and although unfortunate, the Committee was assured patients were being rebooked based on clinical need.

Finance

The Chief Finance Officer briefed the Board as follows:

- Year to date spend on Covid was £16.3m, and net of underspend the Trust was reporting a break-even position.

- The Trust had c£51m of cash at the end of the month.
- Capital spend was £5m against a capital expenditure budget of £39m. Work would take place to increase the pace of the Trust's capital programmes. Further scrutiny of the capital programme would be taking place following the Board meeting.
- A significant risk for the Trust was that of social care spend with spend in the independent sector £350,000 above budget each week (supported by non-recurrent funding). This was partly driven by price and volume.
- Further risks included a change in guidance with the STP holding top up funding for the second half of the financial year, with a need for agreement at STP level for release of funding.
- In respect of agency spend, the Chief Finance Officer explained that spend was currently below forecast, however if there was a need to increase use of agency staff this would need to be managed in a controlled way.

Professor Balch reflected that for the first six months of the year the Trust had a clear break even model, but was now in the position of needing to stand services back up with the associated cost of doing this, and put in place a clear financial plan for the rest of the year which could be monitored and evaluated.

Mrs Stockman requested clarity on the additional spend in care homes. The Chief Finance Officer explained that Torbay Council had allocated to the Trust £2m from an grant allocated to Councils to cover losses due to Covid. To date £1m of this had been spent and the rest would be phased into the second half of the year. In addition, the Trust received £2.2m from the Council from an infection control grant, all of which flowed directly into the independent sector. The Chief Finance Officer said that he was working with the Director of Adult Social Services around the future of the infection control funding and how the Trust supported the sector. He added that the Council was content with the current arrangement.

Mrs Stockman requested an explanation of the weekly overspend given the additional funding received. The Chief Finance Officer explained that the income the Trust received was non-recurrent and once it stopped the risk remained about how to support the sector with that reduction in funding.

In closing, the Director of Performance and Transformation explained that the Trust had strengthened its governance processes with Executive Directors supporting the Senior Leadership Team at Integrated Governance Group meetings. She said that it provided a richness to action plans and how they related to transformation plans and trajectories for improvement.

In addition, the Board noted that Phase 3 plans had been subject to a robust process check and challenge, with triangulation against activity, performance, workforce and finance with the process led at executive level.

Finally, it was noted that there remained work needing to be undertaken to provide confidence in terms of activity and delivery of the financial plan attached to the transformation plan. This would be taken forward through the Transformation and CIP Group.

The Chief Executive wished the Board to be aware of the importance of understanding the in-year position and what this meant for post-Covid work, planning for next year, and the Trust's Phase 3 plan. She said that the work was very complex with the need to balance the Trust's recovery plan and future plans whilst providing assurance on this work.

The Board received and noted the Integrated Performance Report.

166/09/20 Mortality Safety Scorecard

The Medical Director presented the Mortality Safety Scorecard and informed the Board that the data in the report had begun to reflect the Covid peak of March and April earlier in the year.

The Board noted that 39 Covid-related inpatient deaths had been recorded during March and April, however during Covid there had been a reduction in the number of hospital deaths, particularly evident in May, June and July.

The data used was based on a denominator of activity and as activity had dropped over the period of the pandemic, it therefore increased in percentage terms the number of deaths. The Chairman asked if the Trust was an outlier and it was noted that Dr Foster was undertaking some work to analyse the data during the Covid peak to ensure it was relevant and could be interpreted in a meaningful way.

The role of the Medical Examiner was becoming embedded and had, to date, investigated 59 deaths across the Heatherington Unit and two wards. It was hoped that the whole Trust would be covered by the end of the financial year. The Board noted that the feedback from junior doctors was positive and they were finding the process supportive.

The Trust had not experienced any neonatal, perinatal or maternal deaths during the reporting period.

The Medical Director reported deep dives were being undertaken into the inpatient Covid-related deaths, with no areas of significant learning having been identified at present and evidence of all patients having received appropriate care.

The Chief Executive raised the Trust's contribution to the Peninsular Mortality Group and the opportunity to benchmark data and also the importance of the Medical Examiner role to support the Trust's junior doctors.

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

The Chief Nurse informed the Board that the Safe Staffing and Nursing Work Programme report detailed the measures being undertaken to maintain safe staffing, and manage the impact of Covid. She added that the impact of Covid was still being experienced in terms of redeployment of staff, and also system-wide service reconfiguration.

Work to benchmark data had been hampered by the fact that the model hospital dashboard was updated in March and the Trust's position needed to be understood in the context of Covid. In addition, data was affected by changes in workforce plans and the need for validation.

The Chief Nurse said that assurance should be sought around the systems and measures in place on a day to day basis to ensure that wards were properly staffed with the right skill mix. She said that control meetings were held several times a day to review staffing, with staff redeployed to different areas if required.

The Board noted that a full establishment review would be undertaken to ensure the Trust was prepared for winter; alongside the need to strengthen rostering practices; and recruitment to vacancies.

Mrs Matthews queried the support to staff if they were redeployed to an area that was not their usual place of work. The Chief Nurse explained that a significant education programme was in place to support staff if they were redeployed to a different area of work. She added that the focus needed to be on the right staff, in the right place, at the right time. The need to ensure staff were redeployed to areas that complement their skills was understood and ward managers would assess the need and skill mix required to ensure staff were assigned to appropriate locations, and were not required to work outside of their professional practice skill mix.

Professor Balch reflected on the emerging national media reporting around nursing shortages and asked what work was taking place to recruit to vacant posts. The Chief Nurse explained that there were a number of local programmes in place across the STP to encourage nurses to return to work, including nurse apprenticeships and return to practice. In addition, a Nursing Workforce Group had been established to support nursing recruitment. The Chief Nurse added that she was also working with South Devon College to build on their educational offer.

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

168/09/20 Care Quality Commission (CQC) Self-Assessment Declaration

The Chief Nurse informed the Board that the CQC Self-Assessment declaration report provided information on progress against CQC recommendations.

The Board noted that against the CQC 'must do' recommendations (28), only two had not yet been completed. One of the must do recommendations that had not yet been completed related to the delivery of Level 3 Safeguarding

training with a requirement that this was delivered face to face. The Trust had worked hard to adapt its training platforms so that the training could be delivered and the CQC had been informed of progress.

In terms of engagement with the CQC, regular engagement meetings with the Trust were held, one of which took place recently. Following that meeting the CQC reported that had found it a positive meeting and that they were assured in terms of the Trust's planning for Phase 3 and its overarching improvement agenda.

The CQC had established an emergency supportive framework as part of its response to the Covid pandemic, and as part of this framework they found the Trust's Board gained assurance that the Trust had effective infection prevention and control measures in place.

In respect of the CQC 'should do' recommendations (43), a robust action plan was in place and would be monitored through the CQC Assurance Group working with ISUs.

The Board of Directors received and noted the CQC Self-Assessment Declaration.

169/09/20 Trust Quality Accounts Performance Quarters 1 and 2 Update

The System Director of Nursing and Professional Practice present the report and provided information on performance to date against the four improvement priorities:

- a) **Priority 1 - To improve early recognition and management of deteriorating patients in care/nursing homes using the RESTORE2 framework**
Significant progress had been made with the project accelerated as part of the Trust's response to Covid.
- b) **Priority 2 – To replace the Trust's IT data network to reduce the likelihood of system failures. To deliver improvement in speed, bandwidth and resilience to provide a platform for IT transformation**
Due to Covid work on this priority had been delayed, however the process to procure the network had commenced
- c) **Priority 3 – Introduce a patient feedback tool (FAMCARE) for family and loved ones about their experience of end of life care their relative received**
Work on Famcare had also been delayed, however additional support has been allocated to take this work forward in Quarters 3 and 4.
- d) **Priority 4 – To scope out, test and trial the introduction of bereavement bags which have already been successfully implemented in a neighbouring Trust.**
Purchasing had been secured and bags ordered. Work was now taking place to agree the process of handing out bags on wards with Matrons.

The Chairman thanked the System Director of Nursing and Professional Practice for her report and asked if the Board needed to provide any support to meet the targets. She explained that she was confident the priorities would be met by the end of the financial year.

In respect of the new IT network, the Director of Transformation and Partnerships explained that the delay had been due to the need for potential suppliers to undertake surveys which had not been possible during the Covid pandemic. She said she was confident that the order would be placed within the next few months.

Mr Richards voiced concern at the Trust's ability to have procured and implemented a new network by the end of the financial year and asked if additional support could be provided to the project. He added that the Trust's digital strategy required a fit for purpose network. The Director of Transformation and Partnerships said she would review the resource dedicated to the project.

DTP

Mr Welch reflected on the need, during the Covid pandemic, to speak to relatives of a deceased patient virtually and instead of it being a difficult meeting, and in many cases proved to be positive experience with the deceased relative able to have family members with them during the meeting.

The Board of Directors received and noted the Trust Quality Accounts Quarters 1 and 2 Update Report.

170/09/20 **National Inpatient Survey 2019 Results**

In presenting the National Inpatient Survey results the Chief Nurse said that it needed to be reviewed in the context of the Trust's journey and overarching patient experience plan and strategy. She said it was important to note that improvements in care have been made, however there were still further areas for improvement.

The Chief Nurse informed the Board the patient experience and engagement report had been due to be presented at today's meeting. She said she would, however, like to take the results from the inpatient survey and patient experience and engagement report and discuss how to support clinicians to take forward the learning from both reports. She added that there were some immediate areas for improvement which would be addressed in the near future and built into reporting frameworks.

The Board of Directors received the National Inpatient Survey 2019 Results report for information.

171/09/20 **Guardian of Safe Working Hours Report**

The Medical Director presented the Guardian of Safe Working Hours Report and said that it reported exception reports were low, however the Trust's Safe Working Hours lead was not concerned as morale in the junior doctor body was good. He added that over the last few months junior doctors had taken the opportunity to embed learning and spend more time with their consultant mentors.

The Board of Directors received the Guardian of Safe Working Hours report for information.

172/09/20 **Safeguarding Children Annual Report**

The Named Nurse for Safeguarding Children (Ms Philippa Hiles) presented the Safeguarding Children Report.

The Board's attention was drawn to the output from the Joint Strategic Needs Assessment (JSNA) and the level of vulnerability and deprivation in the community, which had been exacerbated by the Covid pandemic.

The Chairman said that, on reflecting over the past few months, one positive that had come out of the pandemic was the closer working relationship the Trust had with its partner agencies.

Mr Welch suggested that the Board, in its meetings, should refer to the JSNA on a more regular basis and this was acknowledged.

Professor Balch said that the report did not appear to focus on outcomes and whether the interventions that took place were actually improving outcomes for the Trust's population. The Chief Nurse agreed and said that work was taking place to develop an outcomes framework that would be used to assess if outcomes were improved and inequalities lessened through positive intervention.

The Chief Executive reflected on the complexity of the work that the teams delivered on a day to day basis and that the work of the team was provided on a multi-agency basis. She asked Ms Hiles if there was anything the Trust could do to improve multi-agency working. Ms Hiles said it would be around up to date and clear contact information of multi-agency partners so that that the right person could be contacted quickly.

Mrs Stockman, who was the Chair of the Health and Wellbeing Board, said that the budget to support families had been reduced over time and that inequalities that families suffered affected everyone. She added there was a view that the inequalities gap was widening and there was the potential for a whole generation to be affected. She added system partners needed to work together to provide comprehensive support to children and families.

The Director of Transformation and Partnerships said that, following the most recent Health and Wellbeing Board, she had been asked to be part of the Children's Partnership Board which would look to put in place a strategy to improve the outcome for young people in Torbay with a multi-agency approach.

The Board of Directors received and noted the Safeguarding Children Annual Board Report.

173/09/20 **Report on Safeguarding Adults and Deprivation of Liberty Safeguards**

Mr Jon Anthony, Safeguarding Adults and Mental Capacity Act / DOLS Operational Lead (Torbay) presented the report on Safeguarding Adults and Deprivation of Liberty Standards (DOLS) to the Board and highlighted the following:

- Key risks facing the service included the need to provide safeguarding and Mental Capacity Act (MCA) training in a post-Covid environment.
- DOLS remained challenging with the service holding a significant backlog. National guidance was followed in terms of prioritising the most vulnerable people.
- There had been a delay in the Mental Capacity (Amendment) Act 2019 (Liberty Protection Safeguards) implementation to April 2022 due to Covid, however work continued in this area.
- One challenge the service was having to manage was reduced face to face contact with clients and the need to analyse the information being presented to professionals.
- The service continued to work with local safeguarding adult boards and support work to reduce modern slavery; prevent county lines activity; and support those affected by domestic or sexual abuse.
- The service has had to respond to three large scale inquiries during the reporting period.
- Mrs Stockman asked if all staff received dementia training and Mr Anthony said that it was delivered as part of the staff induction programme. He added that the Trust had a Dementia Steering Group in place which worked to embed the national dementia strategy across the Trust to ensure staff understood how to manage and respond to patients with dementia. The Board noted that the Trust was also one of the first organisations to engage with the Purple Angel Programme.
- Mrs Lyttle said she was a member of the Integrated Safeguarding Committee, and as part of that committee and through the Quality Assurance Committee, she was assured that the services worked in a cross-organisational way.

The Board of Directors received the Report on Safeguarding Adults and Deprivation of Liberty Safeguards for information.

174/09/20 **End of Life Annual Report 2019/20**

The Chief Nurse commended the End of Life Annual Report to the Board and drew the Board's attention to the improvements made to the Trust's Care Planning Document, with those improvements needing to be sustained into the future. She thanked the System Director of Nursing and Professional Practice for producing the report and highlighted the multi-agency approach to providing a positive end of life experience for patients and their families.

The Chief Executive asked if the Trust's processes had been impacted by Covid and the System Director of Nursing and Professional Practice explained that significant work had taken place to manage end of life needs with all the Trust's partners and that there was a robust place in place in the event of a future Covid surge.

Mrs Stockman asked if the Trust was able to supply equipment quickly to a patient's home if they wished to be cared for in the home setting. It was noted that the Trust had an arrangement for a two hour response service for equipment requirements.

Mrs Taylor queried the provision of rise and recliner chairs and also if other providers had access to equipment stores. The System Director of Nursing and Professional Practice said she would investigate availability of rise and recline chairs. In respect of access to equipment stores the Board noted that other providers were able to access stores and could enter into a contractual agreement if they wished.

Post meeting note – it was confirmed the Trust's equipment store does have a small number of rise and recliner chairs that could be loaned out for a short period. If there was a long term need, a patient/family would need to purchase their own rise/recliner chair.

Mrs Taylor queried access to bariatric equipment and it was noted the Trust had access to a range of bariatric equipment, however there were often difficulties in transferring equipment to a home setting.

The Board of Directors received and noted the End of Life Annual Report 2019/20

175/09/20 2020 NHSE/CCG External Assessment of Trust Responsibilities and National Standards against EPRR

The Board noted that the Trust was compliant with 48 of the 50 standards, and that actions would be monitored through the Integrated Governance Group and Finance, Performance and Digital Committee.

The Board of Directors approved the 2020 NHSE/CCG external assessment of the Trust against EPRR responsibilities and national standards and endorsed signing of the required assurance letter to NHS England.

PART B: Matters for Approval/Noting without Discussion

Reports from Board Committees

176/09/20 Finance, Performance and Digital Committee – 27th July, 24th August and 28th September 2020

The Board noted that three business cases had been approved relating to a software upgrade in Cardiology; Medical Receiving Unit; and CT Scanner.

177/09/20 **Quality Assurance Committee – 27th July 2020**

Mrs Lyttle informed the Board that the Quality Assurance Committee meeting held this week discussed VTE and C Diff and a never event relating to a wrong side block. As there had been three never events in the last three years relating to the same issue, a deep dive had been requested. In addition the meeting agreed the need to refresh the Trust's Quality Assurance Framework which would be led by the Chief Nurse.

178/09/20 **People Committee – 24th August 2020**

The Board noted the report of the Chair of People Committee. Mrs Matthews drew the Board's attention to the report on holiday accrual as it remained a financial risk for the Trust, alongside a wellbeing issue for staff if they did not take their annual leave. She said that the Committee would keep this under review.

179/09/20 **Charitable Funds Committee – 16th September 2020**

The Board noted the Chair/s report from the Charitable Funds Committee.

Reports from Executive Directors

180/09/20 **Report of the Chief Operating Officer**

The report of the Chief Operating Officer was presented. The Board's attention was drawn to the Children's 0-19 service annual report.

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

181/09/20 **Estates and Facilities Performance and Exception Report**

The Chief Finance Officer presented the Estates and Facilities Performance and Exception Report. The Board noted that the data in the report did not reflect the full month performance as it had been produced before all data was available.

The Board received and noted the Estates and Facilities Performance and Exception Report.

182/09/20 **Report of the Director of Transformation and Partnership**

The Director of Transformation and Partnerships said that she has asked Internal Audit to undertake a review of the new ISU governance arrangements that had been put in place and the output of this would be reviewed by Audit Committee.

The Board of Directors received and noted the report of the Director of Transformation and Partnership.

183/09/20 **Compliance Issues**

There were no compliance issues raised.

184/09/20 **Any Other Business Notified in Advance**

There was no further business raised.

185/09/20 **Date of Next Meeting** – 9.00 am, Wednesday 28th October 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 detail of any members of staff who contracted Covid whilst supporting care homes.	M Fox (via AMD)		29/07/20
2.	Provide detail in respect reasons for increased headcount since March 2020.	DWOD		29/07/10
3.	Assurance to be provided to Mrs Taylor in respect of the social care assessments backlog.	SDNPP		29/07/10
4.	Provide information showing total people costs including bank and agency by activity.	CFO		29/07/10
5.	Review resource dedicated to the new network implementation programme.	DTP		30/09/20

Report to the Trust Board of Directors				
Report title: Chief Executive's Report		Meeting date: 28 October 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 October 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 <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board are asked to receive and note the Chief Executive's Report			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership	X	Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score	25
	Risk Register	X	Risk score	25
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	X
	NHS Improvement	X	Legislation	
	NHS England	X	National policy/guidance	X
<ul style="list-style-type: none"> • Available capital resources are insufficient to fund 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: 28 October 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 30 September 2020 are as follows:

1.1 Safe Care, Best Experience

1.1.1 Ongoing response and recovery to the COVID-19 outbreak

Right across the country prevalence of COVID-19 is increasing in the community and here, in South Devon and Torbay, we too are seeing an increase in local cases, including some of our staff. It is vital that everybody follows the guidance on Hands – Face - Space including washing hands frequently, maintaining social distancing and making sure that we self-isolate and get tested as soon as possible if we experience any symptoms associated with COVID-19, including a new continuous cough, fever and loss of taste and smell.

Despite the increasing numbers of cases we have managed to continue to provide not just safe urgent and emergency care but we have also stepped back up planned care. However, the challenges we are experiencing from increased numbers of patients who are COVID-19 positive, along with increased numbers of other unwell patients as we move towards winter, has put us under a high degree of pressure.

To ensure we can safely and quickly manage these increased pressures, the Trust initiated the Incident Command Centre (ICC) to ensure we can continue to safely care for our patients. Our staff have worked incredibly hard to put in place the agreed plans and as a result of these actions the Trust has been able to maintain this safe care for our emergency patients and sufficient capacity for COVID positive patients. We will continue to operate and the Gold and Silver command and work with colleagues across the Devon network of providers to support the management of the COVID pathway.

1.1.2 Care-homes and COVID-19

We continue to work closely with Devon County Council and Torbay Council to support care homes during the pandemic.

The rate of COVID-19 cases in the local population compared with other areas and England remains relatively low but we are currently seeing an increase in notifications of cases of COVID-19 amongst staff in care homes. Where there are positive results we are working closely with the care homes to aim to prevent transmission and provide additional advice and support where needed. We have seen some residents testing positive in a relatively small number of homes.

1.1.3 Winter planning and flu campaign

The organisation has developed a system-wide plan that describes how we will safely and effectively manage the care needs of the population whilst navigating the challenges of the forthcoming Winter period. The Torbay and South Devon system faces specific and additional challenges this Winter, notably the effects of the ongoing COVID-19 pandemic as well as the disruption caused from the essential building works in our emergency department.

The Winter plan details a number of additional schemes that seek to ensure we are able to keep people safe and healthy at home and reduce the need to come to hospital. It also aims to ensure that where a hospital admission is necessary that people can access the right care in the right place at the right time, and that they can leave hospital when they have completed their acute episode of care. We have also revised our escalation plan– which describe what actions we urgently take when the system becomes under increasing pressure, to reduce the pressure and prevent the situation worsening. This ensures that our patients are kept safe and receive the right care that gives them the best outcome and experience. We expect our plans to be fully operational from November, with some additional schemes taking a little longer to come on line.

Flu Campaign

Our staff winter flu vaccination programme is proving highly successful. The aim is for all our staff to receive their free vaccination before the flu season arrives in order to protect themselves, their patients and the people they care for, their families and colleagues.

This year it is even more important that everyone has the vaccine because of the co-existence of COVID-19. Research shows that people who catch both illnesses are more at risk of serious illness, so we need everyone to be protected. We also need as many of our staff to be fit and well, so they are able to support our response to winter pressures which are likely to be higher than most winters if the predicted second spike in COVID-19 patients affects us.

We have vaccinated 3,500 staff to date, over half of the workforce which is a record in this short time. The programme runs until early in the New Year.

1.2 Valuing our Workforce, Paid and Unpaid

1.2.1 People Plan

The People Plan is being developed and focuses on three strategic priorities. Further work is being undertaken to progress the development of the Trust's Plan with key work groups being formed to work on the three strategic workforce ambitions, agree priorities and start the work on the underpinning actions, linking to the emerging STP and regional People Plan requirements, as well as our HIP2 work.

The importance of supporting the health and wellbeing of our colleagues has been a top priority during COVID with a suite of support provided both locally and nationally. Health

and Wellbeing is a key element of the People Plan and will drive this agenda forward; this includes the appointment of a Wellbeing Guardian for the Trust.

The People Plan will be presented to the Board in November.

1.2.2 Director for Diversity

In line with the requirements of the People Plan it has been agreed that Judy Falcao, Director of Workforce and Organisational Development, will be the nominated Director for Diversity. She will bring an action plan to the Board outlining how the Trust will achieve the requirement to have a senior leadership that reflects the diversity of the Trust within five years.

1.2.3 NHS Staff Survey

The national NHS Staff Survey went live for the Trust on 1 October with over 15% of staff responding in the first few weeks. Whilst the survey asks many of the same questions, as in previous years, so that we can measure the impact of the pandemic on the experiences of our staff, it does include some changes which are specifically relevant to working through Covid-19. From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise. Using the Staff Survey as the principal way to measure progress will enable teams and departments, as well as whole organisation, to see their progress and take action to improve.

1.2.4 Former Chief Nurse recognised in Queen's Birthday Honours List

Jane Viner, who retired earlier this year from her role as Chief Nurse and Professional Practice lead with the Trust, has been recognised in this year's Queen's Birthday Honours List becoming an MBE for her outstanding service.

Jane, was nominated as an exceptional role model for nurses, allied health professionals and social care staff and for creating an environment in which excellence could flourish. She was a driving force behind improvements in the quality and safety of services and her personal contribution improved the life chances of many young and vulnerable people in our community.

Jane's passion for education led her to improve opportunities to access professional development and education where traditional routes were closed. She helped establish the Devon Studio School to provide opportunities for 14-16 year olds to access health and social care careers. Jane also developed the Foundation Degree in Nursing to provide a route into nursing via HCA roles and supported the development of the degree apprenticeship programme.

Comment: We are delighted that Jane's energy, innovation, passion, professionalism and achievements have earned her this recognition from the Queen.

1.2.5 Black History Month

During October we marked Black History Month in a number ways, celebrating and highlighting the contribution and importance that the black community has made. This included internal messages to promote writers, scientists and artists from our black community who have collectively contributed to Britain's History.

I, as Chief Executive, along with the Trust’s BAME Network Lead recorded a video message to all our staff promoting the month. We asked staff to video their own messages about what inclusion means to them and which BAME individual has been influential in their lives. We will produce a montage of the different voices to continue to promote our messages.

2. Chief Executive Engagement: October

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
<ul style="list-style-type: none"> • Staff Side • Video blog sessions <ul style="list-style-type: none"> ○ Occupational Therapy Week ○ Black History Month • Consultant Medical Staffing Committee AGM • Child and Family Health Devon Board – Senior Leaders Meeting 	<ul style="list-style-type: none"> • Chief Officer for Adult Care and Health, DCC • Interim Chief Executive, Torbay Council • Director of Children Services, Torbay Council • Accountable Officer, Devon CCG • System Chairs, Leaders, Directors of Adult Social Services Meeting • Devon Health and Local Authority Chief Officers’ Meeting • Chief Executive, Healthwatch Torbay • South West Regional Chief Executives • Shadow Integrated Care System Partnership Board • Teignmouth and Dawlish Public Consultation events • Chief Executive, South Western Ambulance Service NHS FT • Regional Chief Executives and Chairs’ meeting with Chief Executive, NHS England • NHS South West Leadership and Talent Board Meeting • NHSE/I Small Rural Acute Hospitals Programme Discussion

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 seen excellent engagement so far during online sessions, with councillors, staff and local people raising a range of queries. In addition, consultation documents have been sent to 16,000 homes in the local area as well as leaflets to households right across South Devon and Torbay so as many people as possible have the opportunity to respond. The response has been very good and HealthWatch Devon who are independently overseeing the consultation will provide a report of the feedback so that the CCG Governing Body can make a fully informed decision.

3.1.2 Torbay Council Local Plan Working Group

Our Chief Finance Officer is a key member of the working group, which is a crucial part of our close working with local authority planners and a public acknowledgement of the impact of the urban environment and housing has on the general health of the local population. We are fully committed to playing a full part of this important initiative.

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

Against the backdrop of the Nightingales in the North of England preparing to open and as the number of COVID-19 cases again begin to rise across our South West region, the facility remains on standby ready to quickly stand-up if necessary to provide additional capacity. 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.

5 Local Media Update

5.1 News release and campaign 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 promote some of the amazing work of our staff and partners. Since the last board report, coverage has included:

- The MySunrise app is being launched to support cancer patients in Torbay and South Devon with all the information they need at hand on their smart phone. The app has been developed to support cancer patients and their families from diagnosis through their treatment pathway. It has already been active in Cornwall

and is now extended to also support thousands of people in Devon, including the use by the Trust.

- The Devon Clinical Commissioning Group led consultation to modernise health and care services in Teignmouth and Dawlish has been widely covered in the local media. The coverage has set out the proposal and has also encouraged for local people to take part and give their views.
- Examples of some of the generous fundraising from local people has continued to be covered in local media. This has included a story of a young boy who has raised money for the maternity unit.

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
- Hope programme virtual sessions
- Black history month
- Allied Health Professionals Day
- Torbay Hospital Nurses League 75th anniversary
- Rheumatology App
- Keeping safe in the pandemic
- Jane Viner in honours list
- Have your flu jab
- World Mental Health day
- Apprentice nurses
- Stoptober – quit smoking

6 Recommendation

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

Report to the Trust Board of Directors											
Report title: Integrated Performance Report (IPR): Month 6 2020/21 (September 2020 data)		Meeting date: 28 October 2020									
Report appendix	M6 2020/21 IPR focus report M6 2020/21 - Dashboard of key metrics Appendix 1 – System Finance Report Appendix 2 - Covid finance report										
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: 20 October 2020 Integrated Governance Group: 22 and 23 October 2020										
Purpose of the report and key issues for consideration/decision	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>Areas that the Board will want to focus on are highlighted overleaf and detailed in the attached Focus Report.</p>										
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>								
Recommendation	The Board is asked to review the documents and note the evidence presented.										
Summary of key elements											
Strategic objectives supported by this report	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Safe, quality care and best experience</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 20%;">Valuing our workforce</td> <td style="width: 10%; text-align: center;">Yes</td> </tr> <tr> <td>Improved wellbeing through partnership</td> <td></td> <td>Well-led</td> <td style="text-align: center;">Yes</td> </tr> </table>			Safe, quality care and best experience	Yes	Valuing our workforce	Yes	Improved wellbeing through partnership		Well-led	Yes
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 6 2020/2021 (September data)		Meeting date: 28 October 2020
Report sponsor	Director of Transformation and Partnerships Chief Finance Officer	
Report author	Head of Performance	

1. Quality headlines

1.1 Mortality reporting

September continued to see the average number of deaths in hospital remaining low, and this pattern is mirrored in the community.

The Hospital Standardised Mortality Rate (HSMR) against the National benchmark (100) is 107.1. being representative of 7% above National benchmark but within control limits for alerting.

1.2 STEIS – Serious incident reporting

The Trust is reporting 5 STEIS reportable incidents - 2 pressure Ulcers(PU) One Fall and two never events.

- Pressure Ulcer (PU). Summary of actions being taken:
 - a) Evidence shows that there is more we must do to ensure timely risk assessment, care planning, and availability of equipment to minimise the risk of PU's for patients.
 - b) Additional Tissue Viability Nurse (TVN) support is being allocated to the community nursing teams in the ISUs to work with them on assessing and planning pressure ulcer prevention.
 - c) The TVN team, on a daily basis will be reviewing the wards PU documentation offering supportive help in ensuring its completion.
 - d) An alert, highlighting the importance of timely assessments and intervention has been sent Trust wide.
 - e) An in-depth review of reported PUs, over two years, has commenced and this will see a report being taken to the November's Quality Improvement Group with Trust wide recommendations and actions.

- Fall - The Trust has reported a fall in a patient's home which resulted in a fractured neck of femur. The mechanism of the fall is being investigated and a trust wide alert is being sent out highlighting the risk and asking all assessments are kept up to date and all relevant equipment is available and within easy reach of our patients.

- Never event – Two of the 5 reportable STEIS incidents are Never events -
 - a) The first occurred in ICU, which involved a retained guidewire following the insertion of a dialysis catheter. This was removed and the patient has suffered no lasting harm.
 - b) The second involved a wrong side nerve block. The patient suffered no lasting harm and was discharge following the correct block being administered and the procedure completed. Duty of Candour was

completed in both cases and both are subject to the never event investigation process. Steps being undertaken for the wrong side block include: all anaesthetic and theatre staff being made aware of the incident. Additional training has been given as to when the stop should occur and this is being reinforced by the Operating Department Practitioners (ODPs), during the procedure, acting as a safety net at this juncture. Stop Before You Block (SBYB) continues to be audited.

1.3 VTE

VTE performance remains below the required 95% standard. The Trust has set up a Task and Finish Group to review current systems and processes, understand challenges and constraints and develop an improvement plan in partnership with front line clinicians with local operational ownership of this quality and safety metric at an inpatient ward level. The current steps being taken whilst the first task and finish group is set up includes:

- a) Daily ward report and nursing staff reminding medical staff of the need to complete the assessment within 24 hours.
- b) Ward Clerks generate daily list for the Medical team to identify who have not had VTE assessment.
- c) A weekly report of concordance with VTE assessment for all inpatient wards is sent to all consultants.
- d) Patient who have not received the RA are discussed in daily ward safety briefings.
- e) Communication campaign to ensure that all Doctors are completing the Risk assessment within 24-hour for patients where RA is applicable is being developed

2. Workforce Headlines

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

The annual rolling sickness absence rate was 4.46% to end of August 2020. This is against the target rate for sickness of 4%. The monthly sickness figure for August was 3.76% which is almost the same as July which stood at 3.74%.

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.

2.2 **Mandatory Training rate: GREEN**

The current rate is 89.68% for September 2020 against a target of 85% and this is a small decrease from the 89.85% in August.

2.3 **Appraisal rate: RED**

The Achievement Review rate for the end of September 2020 was 79.35% which has increased from 78.37% as at the end of August.

2.4 **Agency Expenditure** – As at Month 06 the Trust Agency spend was is £0.584m and year to date £3.260m.

3. **Performance Headlines**

The Focus Report describes the Month 6 position against key performance metrics.

3.1 **NHSI Performance Indicators**

3.1.1 ***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 (one day at OPEL 3). Estate changes to provide covid secure Emergency Department and Medical Receiving Unit have now commenced. The resulting ward changes and overall loss of beds throughout these works is a challenge and we head into winter and with the potential impact of second wave of covid-10 hospitalisations. Escalation plans to maintain emergency flow include flexing into elective bed capacity and working with system partners across Devon to utilise system capacity and ultimately escalation into the Nightingale Hospital should covid triggers be hit. At the time of this report the Trust is responding to an escalation position to manage inpatient bed capacity in response to winter pressures and increasing number of Covid patients.

3.1.2 ***Referral to Treatment (RTT)***

Elective activity levels remain below pre-covid levels however we have seen a significant increase during September particularly for outpatient and day cases, up from 78% of previous year in August to 85% in September.

New referrals received for specialist assessment have increased to 90% of pre covid-19 levels. Recovery plans remain dependent on all theatre capital works being completed as planned (by end of November), confirmation that the independent sector can continue to support through to the end of March and that there is no major disruption from a second wave of Covid.

With treatment capacity remaining below pre covid levels the number of non-urgent patients waiting over 18 weeks for treatment will continue to increase, in particular, those now approaching and going beyond 52 weeks. The numbers of patients waiting longer than 52 weeks has increased to 892 in September from 745 at the end of August and from 53 at the end of March 2020. 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. TSDFT are participating in the National clinical review programme whereby all patients on waiting lists are contacted and updated on treatment plans.

3.1.3 **Cancer pathways**

In September, whilst cancer and urgent treatment have continued to be prioritised we have seen a deterioration in performance and not met the standards for the 2-week urgent referral to be seen (76% against target 93%), the new target of “28-day faster diagnosis” standard (67% against 75% target) and 62-day referral to treatment standard (80% against 85% target).

With Day surgery returning to increased capacity and continued progress in restoring capacity across some of the key cancer outpatient and diagnostic pathways a return to improved performance is anticipated.

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

3.1.4 **Diagnostics**

Good progress has been made across Radiology specialties to maintain capacity and manage waiting times. Overall performance against the Trusts position for the % of patients waiting over 6 weeks is being impacted by waits for echocardiography, Neurophysiology and endoscopy. Following escalation of the operational challenges in these areas and presentation of business cases to increase capacity plans are in place to improve waits across these areas.

The MRI replacement programme has continued and scheduled for completion during Q3. Activity remains reliant on mobile CT and MRI capacity.

3.1.5 **Other indicators that are off track and described in the focus report**

- Care Planning summaries and the percentage of summaries completed and sent to a patients GP within 24 hours have deteriorated.
- Delayed discharges have increased in September (318 days up from 264 in August) representing a loss of around 10 beds due to patients being delayed. This remains however significantly lower than the 581 days lost last September.
- Bed closures from infection control measures – In September a total of 262 beds days were lost from infection control measures compared to an average of <10 beds days per month since April.

3.1.6 **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.

3.1.7 **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. The Trust supports swabbing of symptomatic care home staff through our TSDFT swabbing hub. Local policy for whole care home testing is triggered following two positives tests (staff and/or residents) is undertaken via community nurses.

3.1.8 **Adult Social Care (ASC)**

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 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.

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.

4. **Finance Headlines**

4.1 Month six represents the final month of the retrospective Covid top up regime. The following points with respect to year to date financial performance are noteworthy:

- Setting aside Covid impacts, a YTD surplus of £9m has been incurred
- This is offset by incremental Covid costs across hospital and community settings of £14.4m, resulting in a YTD top up of £5m to arrive at the required break-even position (excluding donated asset depreciation £0.4m)
- YTD Covid costs include £9.8m in the acute setting, £5.6m around hospital discharge and £2.9m for infection control support into the independent sector

4.2 With respect to in month financial performance:

- Covid costs reduced to £425k, broadly tracking NHSI/E's expected direction of travel as shown in the Covid appendix
- While the overall run rate is showing fluctuation, it should be noted that M6 included an accrual for a back-dated medical pay award (£0.4m), which all providers were required to recognize in month
- Accruals of £0.7m were recognized to reflect the significant progress of ongoing strategic projects (TP) and legal fees associated with estates projects (s106, SDHIP) and ongoing employment matters

4.3 Balance sheet, capital and cash:

- Material movements are apparent within the balance sheet owing to the in-month refinancing of historic debt, reclassified to public dividend capital, as part of a national exercise
- YTD capital expenditure of £7.6m has been incurred. While a significant increase from M5, continued focus is required to drive a step change in the pace of delivery
- The underlying cash position remains challenging and will be a key point of focus over coming months in a context where (i) there is a significant capital programme to deliver and (ii) the receipt of income in advance is likely to unwind

4.4 Looking ahead, the following areas of risk and focus are of note:

- Covid escalation and the impact on Phase 3 recovery, staff availability and support costs e.g. cleaning, service moves
- Escalating costs within the independent sector, delayed delivery of ASC savings programmes and safely managing Scheme and Scheme 2 of the hospital discharge programme
- Quantifying the movement in underlying deficit position, and taking action to accelerate 2021-22 CIP delivery
- Delivery of the required profitability targets within TP

5. **Recommendations**

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

October 2020 (Month 6): reporting period September 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

Quality and safety exceptions

HSMR - The Hospital Standardised Mortality Rate (HSMR) against the National benchmark (100) is 107.1. being representative of 7% above National benchmark but within control limits for alerting.

Incidents - 5 STEIS are reported in September

- 2 Pressure Ulcers (PU).
 - a) Evidence shows that there is more we must do to ensure timely risk assessment, care planning, and availability of equipment to minimise the risk of PU's for patients.
 - b) Additional Tissue Viability Nurse (TVN) support is being allocated to the community nursing teams in the ISUs to work with them on assessing and planning pressure ulcer prevention.
 - c) The TVN team, on a daily basis, will be reviewing the wards PU documentation offering supportive help in ensuring its completion.
 - d) An alert highlighting the importance of timely assessments and intervention has been sent Trust wide.
 - e) An in-depth review of reported PUs, over two years, has commenced and this will see a report being taken to the November's Quality Improvement Group with Trust wide recommendations and actions.
- Fall - The Trust has reported a fall in a patient's home which resulted in a fractured neck of femur.
- Never Event - Two Never Events in September. The first occurred in ICU, retained guidewire following the insertion of a dialysis catheter, this was removed with no lasting harm. The second involved a wrong side nerve block. The patient suffered no lasting harm and was discharge following the correct block being administered and the procedure completed. Duty of Candour was completed in both cases and both are subject to the never event investigation process.


VTE performance remains below the required 95% standard . The Trust has set up a Task and Finish Group to review current systems and processes , understand challenges and constraints and develop an improvement plan in partnership with front line clinicians with local operational ownership of this quality and safety metric at an inpatient ward level. The current steps being taken whilst the first task and finish group is set up includes:

- a) Daily ward report and nursing staff reminding medical staff of the need to complete the assessment within 24 hours.
- b) Ward Clerks generate daily list for the Medical team to identify who have not had VTE assessment.
- c) A weekly report of concordance with VTE assessment for all inpatient wards is sent to all consultants.
- d) Patient who have not received the RA are discussed in daily ward safety briefings.
- e) Communication Campaign to ensure that all Doctors are completing the Risk assessment within 24 hour for patients where RA is applicable is being developed.


The Should Do improvement plan was formulated with the ISU's and submitted to the CQC on 30 September 2020 as agreed. There has been a number of quality improvement individual meetings with the ISU's and corporate functions to progress the must do's and should do's in order to embed and sustain within practice. The monitoring of the CQC improvement plan is monthly through the CQC Assurance Group. There is discussions happening on developing a programme of work to support the ISU's, where we will be focussing on the good best practice evidence as part of the improvements to the fundamental standards with each CQC domain (Safe, effective, caring, responsive and well-led).

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		2		0		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		24		1		2	

Quality and Safety Quadrant

 Achieved
Reported Incidents – Severe
Reported Incidents - Death
Medication errors resulting in moderate harm
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams
Formal complaints - Number received
Hand Hygiene

 Under Achieved
Safer Staffing - ICO – Daytime
Safer Staffing - ICO – Night time

 Not Achieved
Never Events
Strategic Executive Information System (STEIS)(Reported to CCG and CQC)
Avoidable New Pressure Ulcers - Category 3 +
Infection Control - Bed Closures - (Acute)
VTE - Risk Assessment on Admission (Acute)
VTE - Risk Assessment on Admission (Community)
Hospital standardised mortality rate (HSMR)
Fracture Neck Of Femur - Time to Theatre <36
Follow ups 6 weeks past to be seen date
Stroke patients spending 90% of time on a stroke ward- not yet available

 No target set
Medication errors - Total reported incidents

Safer Staffing – Care hours per patient day (CHPPD) and planned versus actual

Ward	Day				Night				Total Patients	Day		Night	
	RN / RM		Care Staff		RN / RM		Care Staff			Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours					
Ainslie	1380	1402	1553	1481	1035	914	1035	1153	681	101.6%	95.4%	88.3%	111.4%
Allerton	2235	1568	1035	1417	1035	1035	1035	1058	842	70.2%	136.9%	100.0%	102.2%
Cheetham Hill	1725	1425	1725	2421	1035	736	1035	1990	581	82.6%	140.4%	71.1%	192.2%
Coronary Care	1380	1314	0	132	1035	989	0	35	336	95.2%	0.0%	95.6%	0.0%
Cromie	1380	1149	1035	936	1035	824	690	771	610	83.2%	90.5%	79.6%	111.7%
Dunlop	1380	1162	1208	1295	1035	793	690	1104	701	84.2%	107.3%	76.6%	160.0%
EAU3	1380	1146	1380	1029	1035	1116	1035	1031	350	83.0%	74.5%	107.8%	99.6%
EAU4	1725	1502	1380	1394	1380	1393	1035	1129	571	87.1%	101.0%	100.9%	109.0%
Ella Rowcroft	989	831	1288	839	943	702	690	483	272	84.0%	65.1%	74.4%	70.0%
Forrest	1380	887	1035	1027	1035	656	690	667	475	64.3%	99.3%	63.3%	96.7%
George Earle	1725	1335	1725	2285	1035	702	1035	1863	786	77.4%	132.4%	67.8%	180.0%
ICU	2760	2153	0	415	2760	2078	0	0	142	78.0%	0.0%	75.3%	0.0%
Louisa Cary	1380	1854	690	694	1035	1679	690	449	347	134.3%	100.6%	162.2%	65.0%
John Macpherson	690	739	690	581	690	725	345	357	257	107.1%	84.2%	105.0%	103.3%
Midgley	1725	1533	1380	1483	1035	1014	1035	1242	806	88.9%	107.5%	98.0%	120.0%
SCBU	1035	983	0	181	1035	748	0	315	37	94.9%	0.0%	72.2%	0.0%
Simpson	1725	1294	1725	2266	1035	736	1035	1702	817	75.0%	131.4%	71.1%	164.4%
Turner	1380	1386	1380	1777	690	690	1035	1094	359	100.5%	128.8%	100.0%	105.7%
Total	27374	23660.3	19228	21651.07	19918	17526	13110	.28	8970	86.4%	112.6%	88.0%	125.4%
Brixham	840	751.75	1680	1399.5	720	660	720	660	462	89.5%	83.3%	91.7%	91.7%
Dawlish	840	612	1260	1208	720	372	660	692.5	417	72.9%	95.9%	51.7%	104.9%
Newton Abbot - Teign Ward	1260	1139	1890	1902.25	660	649	990	1201	798	90.4%	100.6%	98.3%	121.3%
Newton Abbot - Templar Ward	1260	1118.5	1890	1934.5	660	660	1080	1232	826	88.8%	102.4%	100.0%	114.1%
Totnes	896	777.66	1050	1053	720	660	330	498	447	86.8%	100.3%	91.7%	150.9%

Organisational Summary	32470	28059	26998	29148	23398	20527	16890	20723	11920	86.4%	108.0%	87.7%	122.7%
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Organisational CHPPD	Planned Total	Planned RN	Planned HCA	Actual Total	Actual RN	Actual HCA
	6.59	3.69	2.90	8.26	4.08	4.18

Allerton, Cheetham Hill, Cromie, Dunlop, EAU3, Forrest, George Earle and Simpson fall below 85% for fill rate during the day and at night against the total hours planned versus actual worked to deliver care across all of our areas but does not represent a baseline safe staffing level. This means that ward managers are rostered into the clinical numbers for more than 60% of the week and is reflection on vacancies, short term sickness and other leave.

Our staffing levels are monitored daily and we will risk assess and fill any gaps to ensure that safe staffing levels are always maintained, therefore it remains safely and appropriately staffed. We plan for an average of one registered nurse to every eight patients in most of our areas but this can change as we regularly review the care requirements of our patients and adjust our staffing accordingly.

Over recent months our ward beds have temporarily changed specialty to support seasonal changes in demand - these bed changes are often swift in nature and for short periods of time so are not always reflected accurately in the data. These short notice changes are expected to continue throughout the Winter.

Enhanced Care (also known as Specialling)

Occurs when patients in an area require more focused care than we would normally expect. In these cases extra, unplanned staff are assigned to support a ward. If enhanced care is required the ward may show as being over filled.

If a ward has an unplanned increase or decrease in bed availability the ward may show as being under or over filled, even though it remains safely and appropriately staffed.

Safer Staffing – Care hours per patient day (CHPPD) and planned versus actual

CHPPD Monthly summary									
Ward	Planned Total CHPPD	Planned RN / RM CHPPD	Planned HCA / MCA	Actual Mean Monthly Total CHPPD	Actual Mean Monthly RN / RM CHPPD	Actual Mean Monthly HCA / MCA	Carter Median CHPPD All	Carter Median CHPPD RN	Carter Median CHPPD HCA
<u>Ainslie</u>	6.41	3.10	3.32	7.30	3.40	3.90	7.74	4.74	2.91
<u>Allerton</u>	6.21	3.83	2.38	6.00	3.10	2.90	7.74	4.74	2.91
<u>Cheetham Hill</u>	6.57	3.29	3.29	11.30	3.70	7.60	7.74	4.74	2.91
<u>Coronary Care</u>	5.75	5.75	0.00	7.30	6.90	0.50	7.74	4.74	2.91
<u>Cromie</u>	5.31	3.10	2.21	6.00	3.20	2.80	7.74	4.74	2.91
<u>Dunlop</u>	5.99	3.35	2.64	6.20	2.80	3.40	7.74	4.74	2.91
<u>EAU3</u>	17.89	8.94	8.94	12.30	6.50	5.90	7.74	4.74	2.91
<u>EAU4</u>	7.67	4.31	3.35	9.50	5.10	4.40	7.74	4.74	2.91
<u>Ella Rowcroft</u>	7.26	3.63	3.63	10.50	5.60	4.90	7.74	4.74	2.91
<u>Forrest</u>	8.12	4.74	3.38	6.80	3.20	3.60	7.74	4.74	2.91
<u>George Earle</u>	6.57	3.29	3.29	7.90	2.60	5.30	7.74	4.74	2.91
<u>ICU</u>	20.44	20.44	0.00	32.70	29.80	2.90	7.74	4.74	2.91
<u>Louisa Cary</u>	6.66	4.24	2.42	13.50	10.20	3.30	7.74	4.74	2.91
<u>John Macpherson</u>	4.03	2.30	1.73	9.30	5.70	3.60	7.74	4.74	2.91
<u>Midgley</u>	6.16	3.29	2.88	6.50	3.20	3.40	7.74	4.74	2.91
<u>SCBU</u>	6.90	6.90	0.00	60.10	46.80	13.40	7.74	4.74	2.91
<u>Simpson</u>	6.57	3.29	3.29	7.30	2.50	4.90	7.74	4.74	2.91
<u>Turner</u>	9.97	4.60	5.37	13.80	5.80	8.00	7.74	4.74	2.91
<u>Brixham</u>	6.60	2.60	4.00	7.50	3.10	4.50	7.74	4.74	2.91
<u>Dawlish</u>	6.44	2.89	3.56	6.90	2.40	4.60	7.74	4.74	2.91
<u>ewton Abbot - Teign War</u>	5.33	2.13	3.20	6.10	2.20	3.90	7.74	4.74	2.91
<u>ewton Abbot - Templar We</u>	5.43	2.13	3.30	6.00	2.20	3.80	7.74	4.74	2.91
<u>Totnes</u>	6.18	3.47	2.71	6.70	3.20	3.50	7.74	4.74	2.91

CHPPD (Care Hours Per Patient Day)

This is a measure which shows on average how many hours of care time each patient receives on a ward /department during a 24 hour period from registered nurses and support staff - this will vary across wards and departments based on the specialty, interventions, acuity and dependency levels of the patients being cared for.

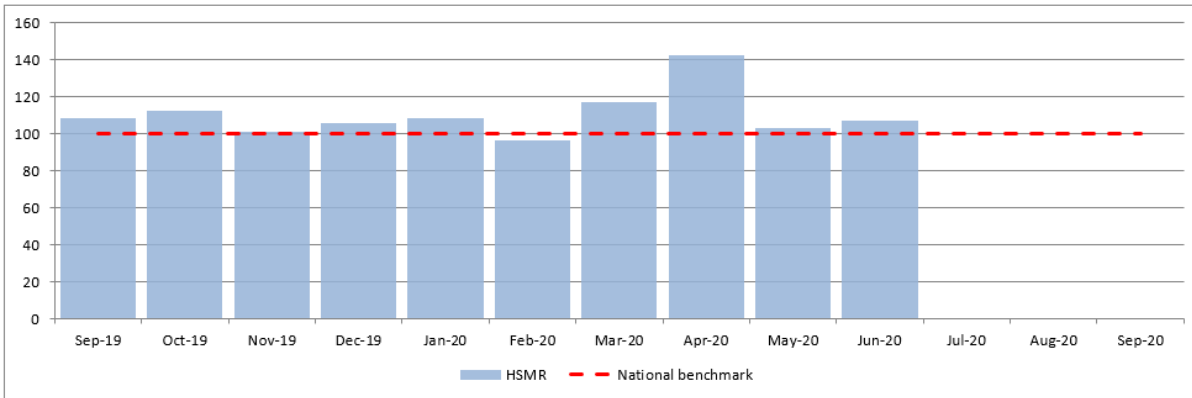
Over recent months our ward beds have temporarily changed specialty to support seasonal changes in demand - these bed changes are often swift in nature and for short periods of time so are not always reflected accurately in the data. These short notice changes are expected to continue throughout the Winter.

The wards are holding a number of vacancies for which there is some cover from bank/agency and therefore this reflects the reduced number of hours of RN and increased HCA hours, this also includes the episodes of requiring enhanced supervision.

Quality and Safety- Mortality

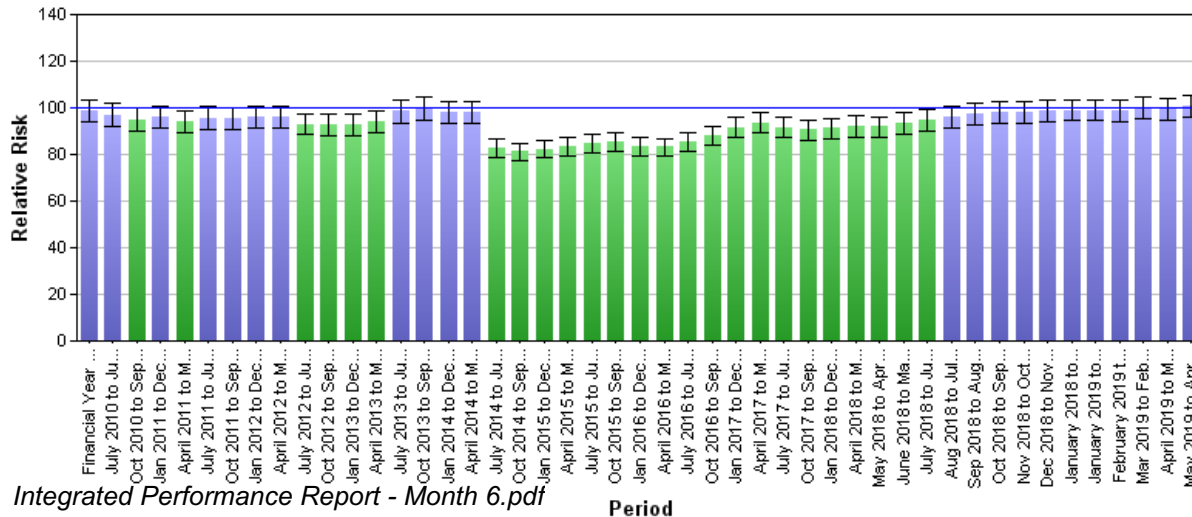
Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

	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
HSMR	108.4	112.5	101	105.8	108.7	96.2	117.2	142.8	102.9	107.1	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 (June 2020) for Dr Foster HSMR is showing a relative risk of **107.1** which is above the national benchmark but well within the tolerance to trigger an alert.

SHMI by data period



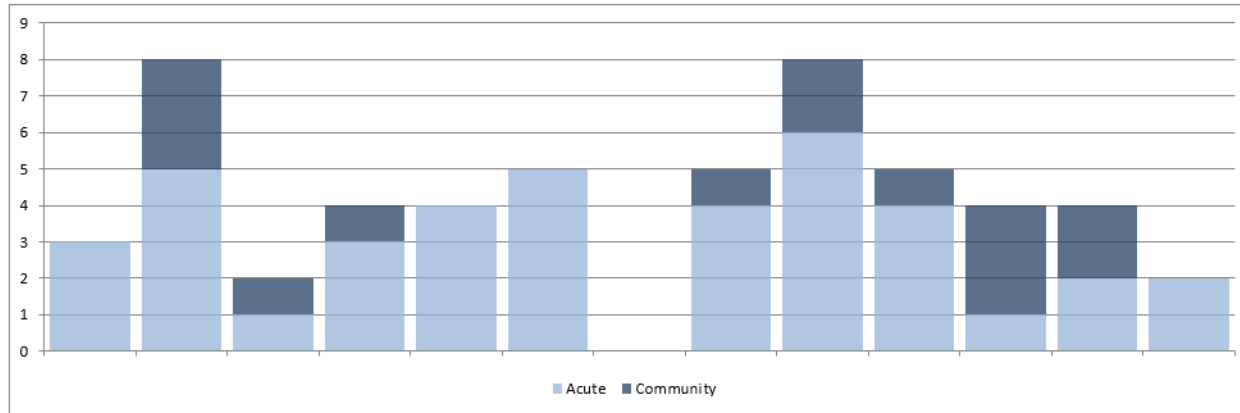
The Summary Hospital Mortality Index (SHMI) data reflects all deaths recorded either in hospital or within 30 days of discharge from hospital and records the Trust at 100.77 against a national average benchmark of 100. Latest data for period May 2019 to April 2020. SHMI, HSMR, and Dr Foster alerts are reviewed through the Mortality Surveillance Scorecard at the Quality Improvement Group.

A score of 100 represents the weighted population average benchmark.

Quality and Safety-Infection Control

Number of Clostridium Difficile cases

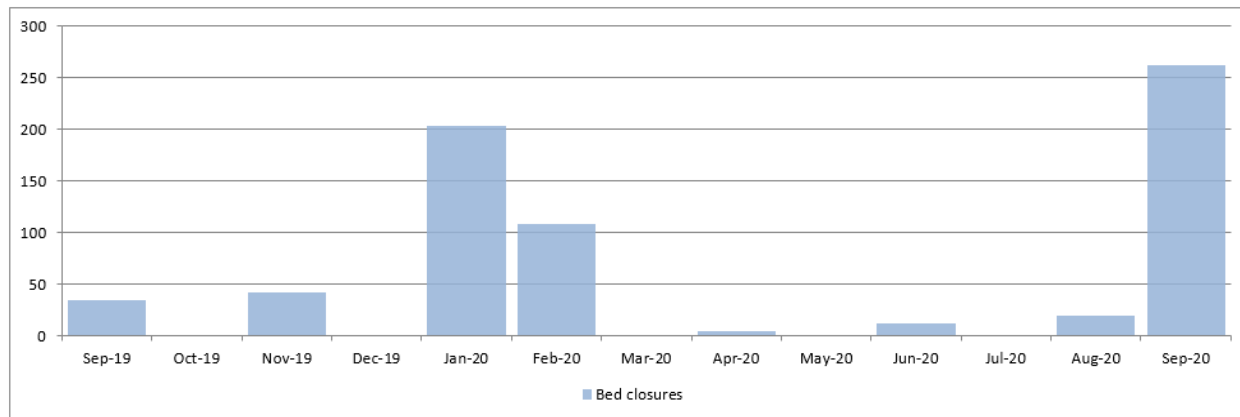
	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Acute	3	5	1	3	4	5	0	4	6	4	1	2	2
Community	0	3	1	1	0	0	0	1	2	1	3	2	0



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)

	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
Bed closures	34	0	42	0	204	108	0	4	0	12	0	20	262



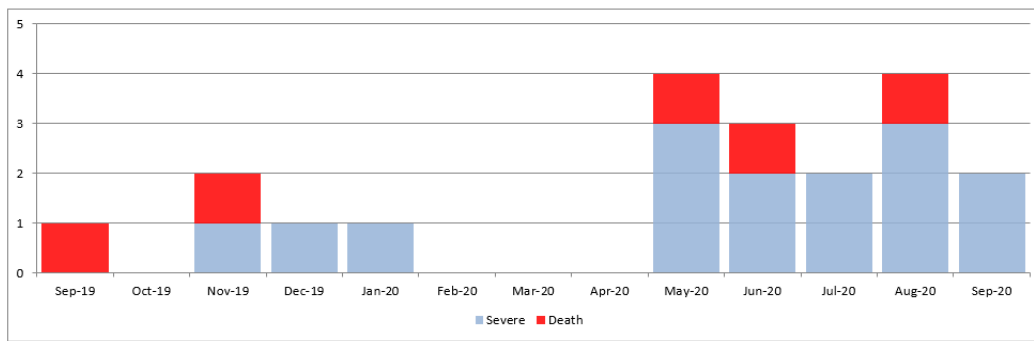
The Infection Prevention and Control (IPC) Team continue to manage all cases of outbreaks with individual case by case assessment and control plans.

There were a number of bays effected with diarrhoea and vomiting across the Trust throughout September. Dunlop and Midgely were contained with the input of IPC measures and opened within 48 hours. However, Cheetham Hill Ward resulted in a full ward closure. This was monitored by the IPC team and opened as soon as the patients were isolated appropriately and a deep clean was carried out.

Quality and Safety- Incident reporting and complaints

Reported Incidents - Severe and Death

	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
Severe	0	0	1	1	1	0	0	0	3	2	2	3	2
Death	1	0	1	0	0	0	0	0	1	1	0	1	0

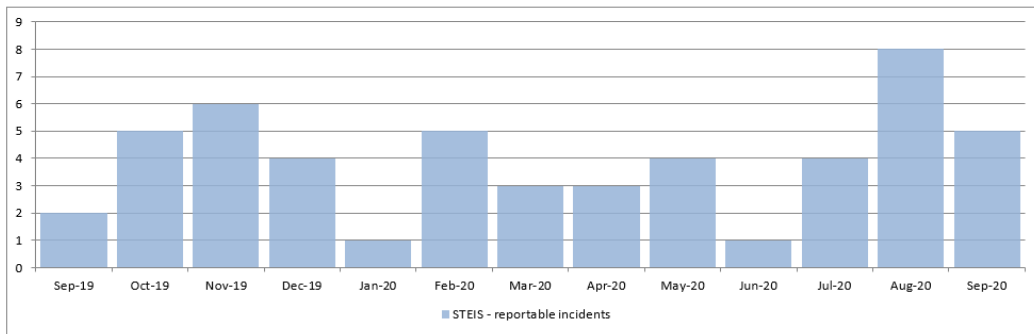


In September two severe incidents have been reported:

1. Eye Surgery Unit: Access, admission, transfer, discharge delay in follow up appointment due to Covid – patient required surgery and the vision is yet to be assessed post surgery. If severe this will become StEIS reportable
2. Ainslie: Access, admission, transfer, discharge - patient discharged from community hospital fell, suffered a fractured neck of femur, was readmitted to Ainslie and sadly died. The discharge process and package of care are being investigated.

STEIS Reportable Incidents

	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
STEIS - reportable incidents	2	5	6	4	1	5	3	3	4	1	4	8	5

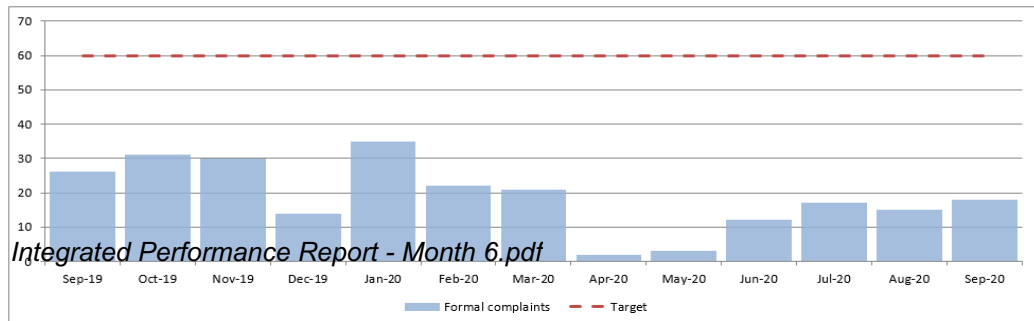


The Trust reported five incidents in September on the Strategic Executive Information System (StEIS).

1. Cat 4 PU Moor to Sea CN Team
2. Cat 4 PU Coastal CN Team
3. Never Event Retained guidewire in ICU
4. Never Event Wrong side block in Theatres
5. Fall – Fractured neck of femur.

Formal complaints

	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
Formal complaints	26	31	30	14	35	22	21	2	3	12	17	15	18
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



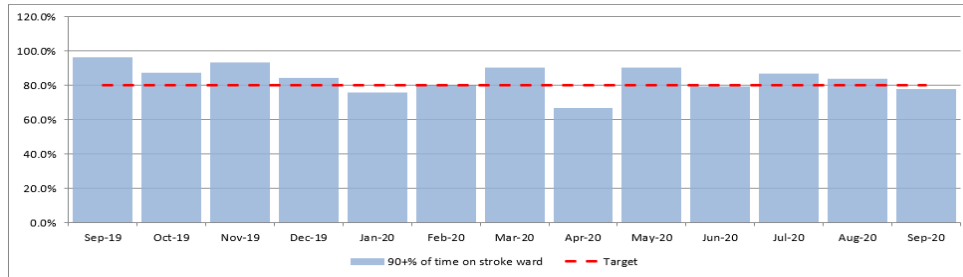
The Trust received 18 formal complaints; this level is clearly a result of the COVID-19 response with greatly reduced activity and changes in patients engagement with our services. Staff did note patients were continuing to contact the department and record concerns and compliments. The themes of these 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 with area/locality for learning.

Quality and Safety- Exception Reporting

Stroke

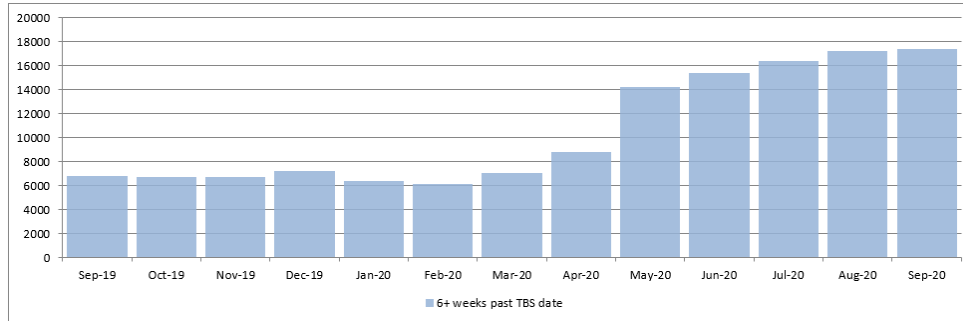
	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
90+% of time on stroke ward	96.4%	87.2%	93.3%	84.5%	75.8%	79.6%	90.2%	66.7%	90.6%	79.1%	86.8%	83.9%	77.6%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%



Stroke: The percentage of patients spending greater than 90% of time on the stroke ward from admission is reported as 77.6 % against a target of 80%.

Follow ups 6 weeks past to be seen by date

	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
6+ weeks past TBS date	6793	6694	6725	7243	6391	6147	7056	8824	14211	15398	16408	17220	17408

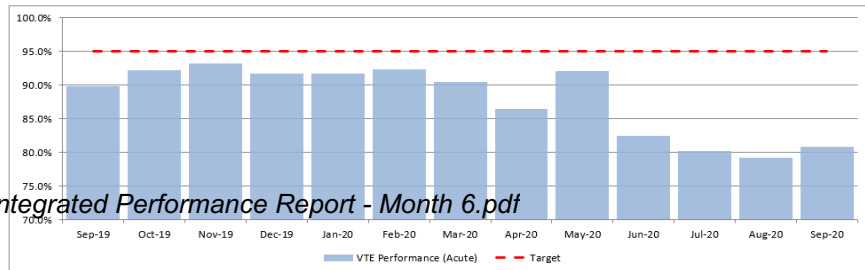


Follow ups: The number of follow up patients waiting for an appointment greater than six weeks past their 'to be seen by date' increased to 17408. This is a direct result of the COVID-19 response and the standing down of routine outpatients services in April. Telephone and video clinics have allowed 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 constrained by IPC and social distancing. Phase 3 national planning shows local recovery plan of 92% of pre-covid activity levels for follow-ups with 50% being delivered non-face to face by March 2021. The Quality Assurance Group maintain oversight and assurance regarding any harm to patients.

VTE: VTE performance in the acute setting remains below the standard of 95% at 80.9%. 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.

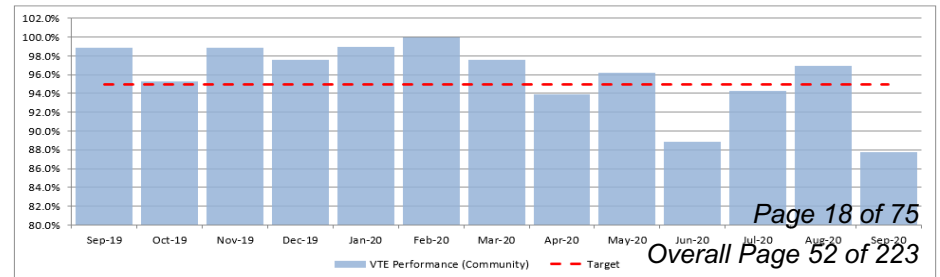
VTE risk assessment on admission - (Acute)

	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
VTE Numerator	5487	6196	6129	5743	6303	5768	4482	2325	3158	3484	3939	4013	4253
VTE Denominator	6104	6721	6577	6262	6875	6246	4952	2690	3430	4225	4914	5068	5260
VTE Performance (Acute)	89.9%	92.2%	93.2%	91.7%	91.7%	92.3%	90.5%	86.4%	92.1%	82.5%	80.2%	79.2%	80.9%
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%



VTE risk assessment on admission - (Community)

	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
VTE Numerator	85	81	90	82	92	93	81	31	25	40	49	63	43
VTE Denominator	86	85	91	84	93	93	83	33	26	45	52	65	49
VTE Performance (Community)	98.8%	95.3%	98.9%	97.6%	98.9%	100.0%	97.6%	93.9%	96.2%	88.9%	94.2%	96.9%	87.8%
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

September update

Further work has been undertaken to progress the development of the Trust's People Plan with underpinning actions and links to the emerging STP and regional People Plan requirements, as well as HIP2 work.

The review meeting to consider the Three Horizons feedback from facilitators has been re-arranged in order to capture further feedback from sessions undertaken.

The workforce team continue to support the three stage business planning process and budget setting process.

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 10.31% for the year to September 2020.

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

The annual rolling sickness absence rate was 4.46% to end of August 2020. This is against the target rate for sickness of 4%. The monthly sickness figure for August was 3.76% which is almost the same as July which stood at 3.74%.

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 89.68% for September 2020 against a target of 85% and this is a small decrease from the 89.85% in August.

Appraisal rate: RED

The Achievement Review rate for the end of September 2020 was 79.35% which has increased from 78.37% as at the end of August.

Workforce Quadrant

Achieved

Mandatory Training Compliance

Turnover (exc Jnr Docs) Rolling 12 months

Not Achieved

Staff Sickness Absence Rolling 12 months and current month (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	2020/03	2020/04	2020/05	2020/06	2020/07	2020/08	2020/09	Change since ICO	% Change
Allied Health Professionals	420.56	474.03	472.15	470.79	468.45	478.27	480.16	479.91	59.35	14.11%
Health Care Scientists	89.69	93.66	92.05	92.82	92.82	92.82	93.31	94.41	4.72	5.26%
Medical and Dental	425.99	512.83	510.80	529.05	526.68	538.19	519.02	523.29	97.29	22.84%
NHS Infrastructure Support	1114.22	1085.14	1090.28	1088.08	1093.55	1094.75	1094.50	1099.09	-15.13	-1.36%
Other Scientific, Therapeutic and Technical Staff	301.99	373.03	373.79	375.39	377.05	373.84	385.27	383.76	81.76	27.07%
Qualified Ambulance Service Staff	1.00	6.72	7.72	7.72	8.32	8.53	8.53	8.53	7.53	753.33%
Registered Nursing, Midwifery and Health visiting staff	1187.78	1199.91	1195.07	1190.67	1186.31	1188.77	1200.13	1212.96	25.17	2.12%
Support to clinical staff	1593.74	1825.21	1875.96	1893.59	1912.55	1886.78	1857.68	1846.33	252.59	15.85%
Grand Total	5134.99	5570.54	5617.82	5648.11	5665.74	5661.95	5638.60	5648.28	513.29	10.00%

Pay Report Summary for previous 3 months

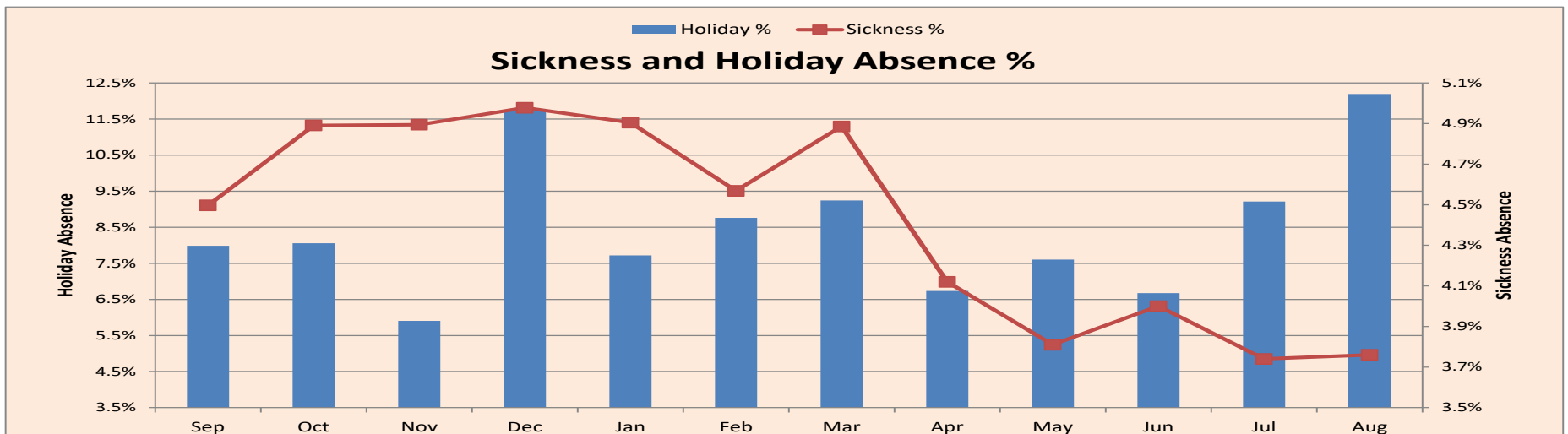
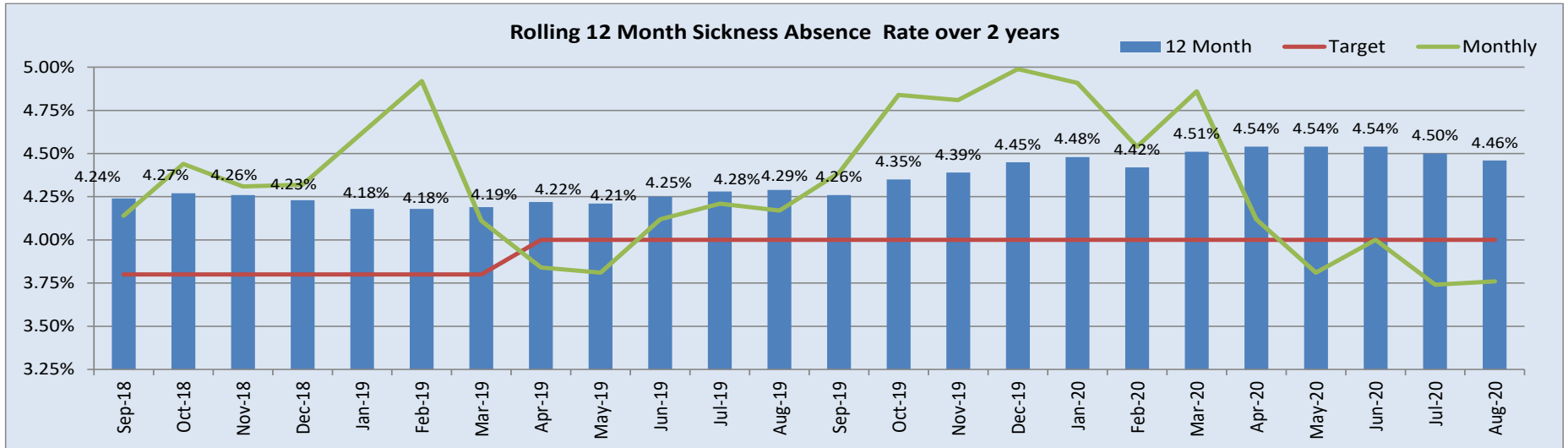
	JUN	JUL	AUG	SEP
Cost	£	£	£	£
Substantive	£21,208,528	£20,411,994	£20,485,568	£20,864,502
Bank	£894,443	£900,491	£918,075	£877,866
Agency	£580,586	£571,266	£547,290	£584,424
Total Cost £	£22,683,557	£21,883,751	£21,950,933	£22,326,792
WTE Worked	WTE	WTE	WTE	WTE
Substantive	5,650.32	5,637.07	5,616.97	5,615.22
Bank	227.25	234.33	342.66	264.86
Agency	102.35	83.29	73.44	72.52
Total Worked WTE	5,979.92	5,954.69	6,033.08	5,952.60

Workforce - Sickness

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

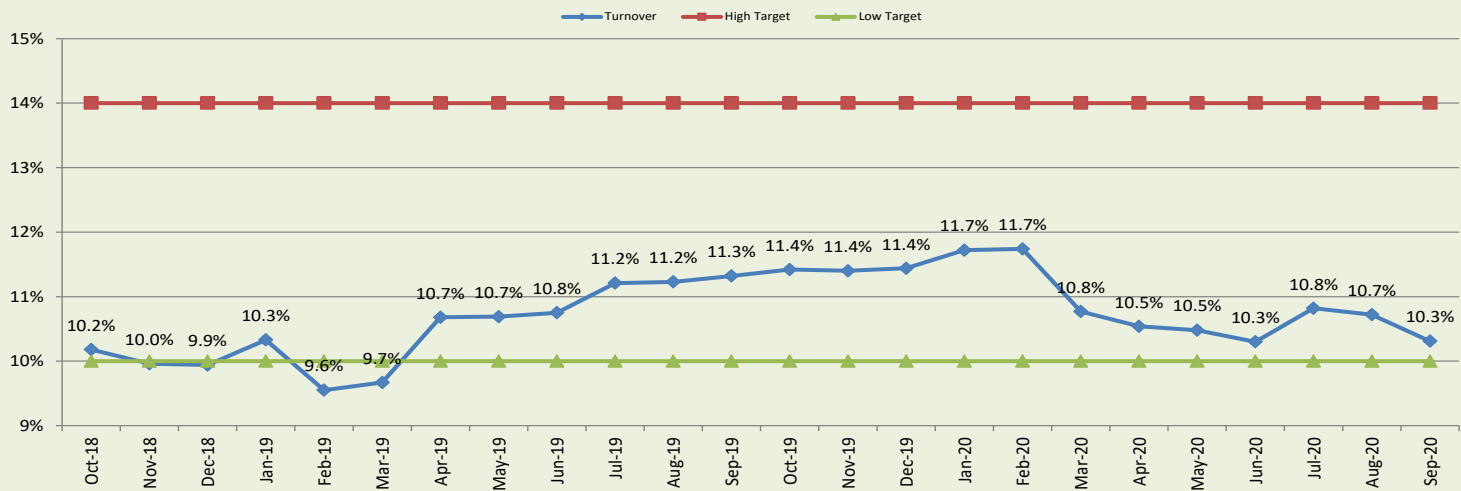
The annual rolling sickness absence rate was 4.46% at the end of August 2020 which is a reduction from the 4.50% at the end of July.

The monthly sickness figure for August was 3.76% which is a minor change from 3.74% as at the end July.



Workforce - Turnover

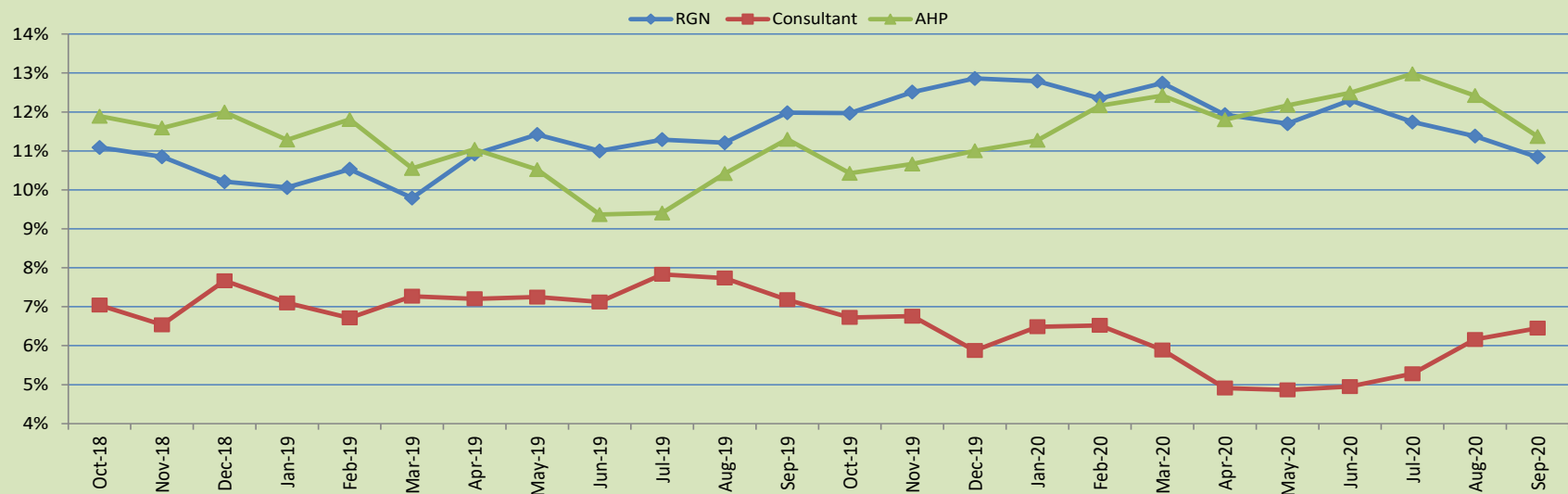
All Staff (excl Jnr Docs) Rolling 12 Month Turnover Rate



All Staff Rolling 12 Month Turnover Rate

The graph shows that the Trusts turnover rate now stands at 10.31% for the year to September 2020 which is a decrease from 10.72% in August.

Turnover for RGN, AHP'S and M&D (Consultants)

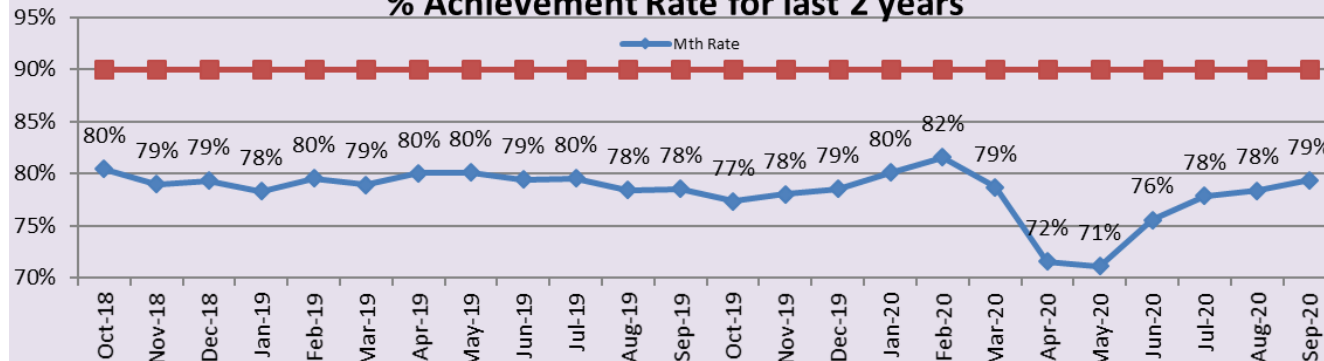


Workforce – Appraisal and Training

Achievement Review (Appraisal)

The Achievement Review rate for the end of September was 79.35% which is an increase from the 78.37% in August; this is still with excluding Medical and dental staff from the overall calculation due to their professional body prioritising Covid activity. Managers and ISU leads are provided with detailed list of all staff and their appraisal status.

% Achievement Rate for last 2 years

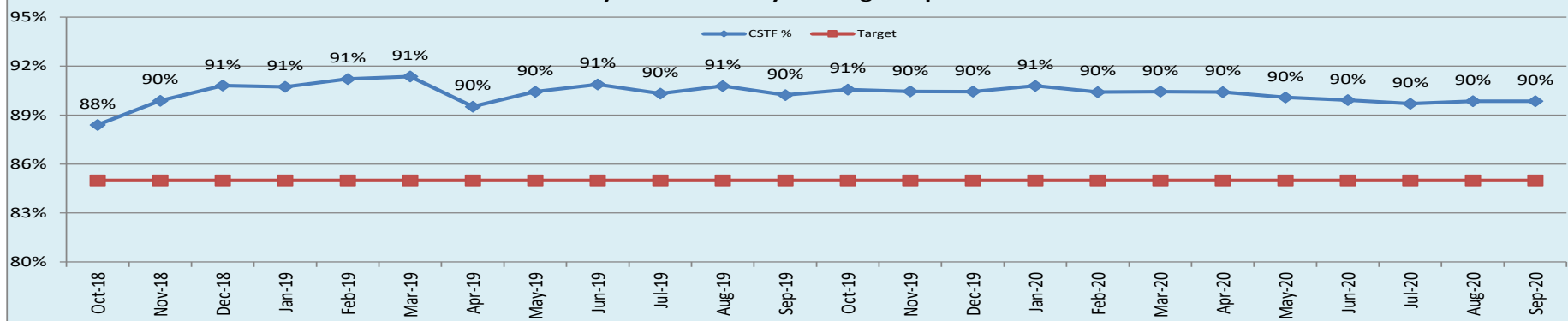


Statutory and mandatory training

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 89.68% for September which is a small reduction from the 89.85% in August.

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

Statutory and Mandatory Training Compliance % Rate



Safeguarding Adults Compliance					Safeguarding Children Compliance			
Sep-20					Sep-20			
Level 1	Level 2	Level 3 & 4	Level 5	Level 6	Level 1	Level 2	Level 3	
6643	4060	1167	72	6	2511	3393	739	
Integrated Performance Report - Month 30.pdf					4	2389	2832	494
95.77%	82.44%	35.90%	44.44%	66.67%	95.14%	83.47%	66.85%	

Module	Target	Performance
Information Governance	95% and above	84.07%
Manual Handling	85% and above	79.14%

Workforce – Agency

The table below shows the agency expenditure by staff Group for September 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	Sep	
Registered Nurses	169	143	201	177	256	287	1233
Scientific, Therapeutic and Technical	52	59	37	46	41	46	281
of which Allied Health Professionals	39	50	22	26	21	29	187
of which Other Scientific, Therapeutic and Technical Staff	13	9	15	20	20	17	94
Support to clinical staff (HCA)	-1	0	0	0	0	0	-1
Total Non-Medical - Clinical Staff Agency	220	202	238	223	297	333	1513
Medical and Dental Agency	213	189	273	258	191	199	1323
Consultants	106	69	130	132	146	159	742
Trainee Grades	107	120	143	126	45	40	581
Non Medical - Non-Clinical Staff Agency	79	74	70	90	59	52	424
Total Pay Bill Agency and Contract	512	465	581	571	547	584	3260

We have seen a marked increase in the use of bank and agency for non-medical workforce, this is due to the increase of phase 3 activity to pre-covid levels and the staff who were reassigned going back to their original workplace. There have been some ward moves for winter planning and the substantiation of MRU and SRU thus requiring a recruitment drive for substantial staff. There is also been an increase in the requirements for RMNs and enhanced supervision. This is monitored on a weekly basis and plans are put in place for review of the usage.

Community and Adult Social Care Summary

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, 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.
- 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.
- The Trust supports swabbing of symptomatic care home staff through our TSDFT swabbing hub. Local policy for whole care home testing is triggered following two positives tests (staff and/or residents) is undertaken via community nurses.

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 partnership working interdependent deliverables.

Community and Social Care Quadrant

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 Deputy Director of Social Care reviews all Adult Social Care (ASC) monthly metrics and escalates areas of concern at the monthly Integrated Governance Group (IGG). Governance will be assured by the ASC Performance Committee reports feeding into both the ICO's IGG and Torbay Council's ASC Improvement Board.

Social Care Programme Board

2020/21 Performance Scorecard to 30 September 2020

Torbay Social Care KPIs	2020/21 full year target	2020/21 YTD target	Outturn YTD	Comment
% clients receiving self-directed support	94%	94%	80%	Below target (1339 / 1673) Impacted by reduced use of RAS for CLS. Paris assessment summary changes in progress.
% clients receiving direct payments	28%	28%	23.3%	Below target (390 / 1673). DPs will be addressed as part of the targeted response of the PMO workstreams.
% clients receiving a review within 18 months	93%	93%	81%	Below target (2372 / 2923).
Timeliness of social care assessment	80%	80%	71%	Below target (425 / 602). Audit have rated this KPI 'limited assurance' due to recording issues. 260 (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	20.2	A low outturn signifies better performance. Below target (15 admissions compared to challenging target of 10)
Outcome of short term support - % reablement episodes not followed by long term SC support	83%	83%	85.9%	On target.
Carers receiving needs assessment, review, information, advice, etc.	36%	36%	19.0%	On target.
% carers receiving self directed support	85%	85%	99%	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%	14.6%	A low outturn signifies better performance.
% Adults with learning disabilities in paid employment	7.0%	7.0%	8.8%	On target.
% Adults with learning disabilities in settled accommodation	80%	80%	79.1%	Within agreed tolerance.

Measure	Target 2020/2021	13 month trend	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	Year to date 2020/21
PUBLIC HEALTH SERVICES																
% of face to face new birth visits within 14 days *	95.0%		90.4%	96.0%	95.5%	97.6%	85.5%	89.9%	76.4%	81.9%	84.5%	92.4%	94.5%	94.1%	89.7%	89.8%
Children with a child protection plan * [B]			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%			5.9%				5.9%

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.

Community Services

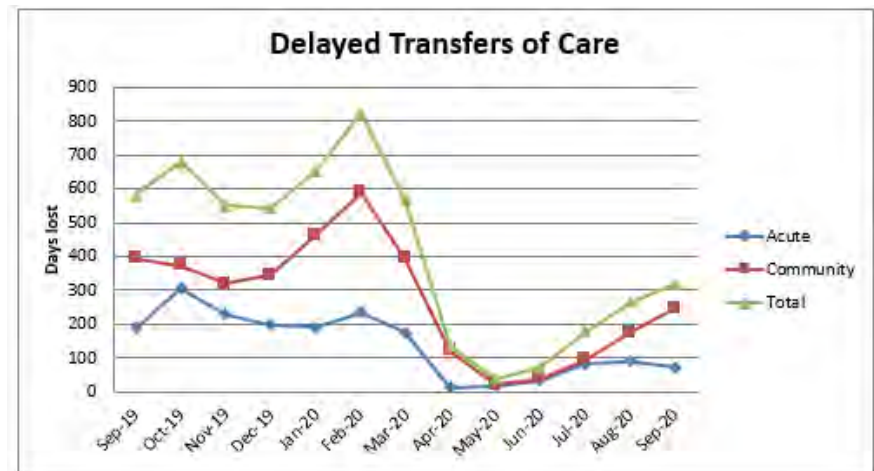
Measure	Target 2020/2021	13 month trend	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to date 2020/21
COMMUNITY BASED SERVICES																
Nursing activity (F2F)			13,298	13,845	12,392	10,852	10,582	9,261	8,467	6,652	7,404	7,929	8,216	7,130	7,119	44,450
Therapy activity	65,415		6,184	6,574	5,800	5,247	6,019	5,140	4,161	2,242	2,829	3,593	3,788	3,525	3,656	19,633
No. intermediate care urgent referrals [B]	0		178	216	205	201	239	202	219	230	248	283	240	208	217	1,426
No. intermediate care placements			63	59	60	52	78	49	39	15	6	14	11	18	5	69
Intermediate Care - placement average LoS [B]			18.1	20.7	16.1	17.5	18.7	22.0	20.8	25.5	38.7	38.9	18.3	15.8	34.4	27.3

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 - September-20

	Act. 19/20 Outturn	Jul-20	Aug-20	Sep-20	Total
Admissions / Discharges					
Total Admissions (General)	2,596	206	262	261	1,260
Direct Admissions (General)	242	13	22	25	109
Transfer Admissions (General)	2,354	193	240	236	1,151
Stroke Admissions	256	22	29	29	87
Transfers from CH to DGH	238	105	136	99	562
Beds					
Bed Occupancy ¹	95.1%	93.3%	86.7%	91.6%	76.9%
Bed Days Lost to Delays ²	5,086	95	175	246	696
Bed Days Lost to Bed Closure	57	2	10	0	88
Length of Stay					
Delayed Discharges		35	30	60	171
Average Length of Stay - Overall (General)	13.1	8.5	9.0	9.7	9.4
Average Length of Stay - Direct Admissions	10.7	6.4	6.4	8.3	7.2
Average Length of Stay - Transfer Admissions	13.4	8.7	9.2	9.9	9.6
Average Length of Stay - Stroke	18.7	9.5	9.9	11.7	11.7
Long LoS (>30 days)	246	3	3	4	16
MIUs					
Total MIU Activity	41,656	2,259	2,690	2,637	11,823
New MIU Attendances	37,118	2,089	2,478	2,328	10,755
All Follow Up Attendances	4,518	170	212	309	1,068
Planned Follow Up Attendances	3,305	133	169	218	810
Unplanned Follow Up Attendances	1,213	37	43	91	258
MIU Four Hour Breaches	3	0	0	0	0
Average Waiting Time (Mins) - 95th Pctile	53	42	41	46	42

Community hospital admissions remain in-line with pre-covid levels and have seen an increased bed occupancy to 91.6% in September. Average length of stay of 9.7 days compares well with the 13.1 days over 2019/20. Bed days lost to delayed discharge is on the rise for the community from 175 in August to 246 bed days lost in September. It is noted that MIU activity has been gradually increasing but is remaining below pre-covid levels.



Notes:

Integrated Performance Report - Month 6.pdf
 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.

Operational Performance Summary


Performance oversight from Chief Operating Officer

- Levels of OPEL escalation have increased in September with 17 days at level 2 and above compared to 7 days in August. Performance against the 4 hour standard has reduced to 91% overall from 93.5% in August. Occupancy increased to 83% overall from 80% in August and over 90% for medical wards in September. Occupancy increase is being compounded from an overall loss of beds from estate changes highlighted below and impact of increased bed days lost from infection control (262 days) and delayed discharges (246 days) in September.
- The estate changes to provide covid secure ED and medical receiving unit have been approved and site building works commenced for the Emergency Department expansion works. This has required relocation of assessment ward and medical receiving unit and overall loss of 18 beds for the duration of these works.
- Overall Elective activity levels have increased in September to within 15% of pre covid levels. There remains areas that continue to be greatly challenged with IPC compliance and we await completion of the theatre refurbishment works to Main Theatres 1 and 2, Day Surgery 3, and endoscopy 3rd room.
- New referrals received for specialist assessment have increased to 90% of pre covid-19 levels.
- 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.
- Waiting list and in particular our longest waits continue to increase with 892 patients at end of September over 52 weeks and forecast to increase to 2700 by end of March.
- The focus on urgent and cancer pathways of care has seen the timeliness of cancer diagnosis and treatment maintained although there has been a dip in performance for the 28 day faster diagnosis standard and 62 day from referral to treatment in September.
- Against Diagnostic tests plans have been approved to support capacity to target manage our longest waits in Echocardiography and endoscopy with increases in activity. MRI replacement programme remains on track with activity remain reliant on mobile CT and MRI capacity.
- Covid pressures and response. In the first few weeks of October we have seen a rapid increase in the number of patients with covid requiring hospitalisation culminating with a significant internal incident being called on 19th October. The details of this escalating situation and response are dealt with in the COO report and verbal update to the committee.

Operational Performance Quadrant

 Achieved
Dementia Find
Number of Clostridium Difficile cases reported
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 - 31-day wait for second or subsequent treatment - Surgery
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
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
Ambulance handover delays > 60 minutes

 Under Achieved

 Not Achieved
A&E - patients seen within 4 hours
Cancer - 62-day wait for first treatment - 2ww referral
Referral to treatment - % Incomplete pathways <18 wks
Diagnostic tests longer than the 6 week standard
Cancer - Two week wait from referral to date 1st seen
Cancer - 28 day faster diagnosis standard
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
Cancelled patients not treated within 28 days of cancellation
Bed Occupancy (overall system)
Clinic letters timeliness - % specialties within 4 working days

 No target set

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend						
Patients seen within 4 hours in A&E	Performance M6	<p>September has seen the number of ED attendances stabilise at 88% of last year. What we have seen, however, is a steady increase in the number of patients now being directed to the Medical and Surgical Receiving Units; this is helping to reduce crowding and delays in ED.</p> <p>The reported performance against the 4-hour standard for September is 91.9%, down from 93.5% in August.</p> <p>There has been an increase in bed occupancy towards 90% driven from loss of 15 beds from ward reconfigurations to accommodate building works, increased delayed discharges, and increase in hospital infection control closures.</p>	<p>Building works to reconfigure the emergency floor space to maintain covid assessment pathways and Medical Receiving Unit have commenced. Wards have been flexed to accommodate the Medical Receiving Unit with an overall loss of surgical beds. Whilst this will support flow of emergency patients and delays in ED this will impact on resilience of plans to deliver the inpatient elective surgical programme.</p> <p>The Winter Escalation Plan includes a Devon system covid pathway in collaboration with the RD&E and Nightingale to support local capacity for winter and covid escalation.</p>							
	91.9%									
	Performance M5									
	93.5%									
	Target									
	95%									
	Risk level									
HIGH										
				Trajectories						
				<table border="1"> <thead> <tr> <th>M5</th> <th>M6</th> <th>M7</th> </tr> </thead> <tbody> <tr> <td>95%</td> <td>95%</td> <td>95%</td> </tr> </tbody> </table>	M5	M6	M7	95%	95%	95%
M5	M6	M7								
95%	95%	95%								

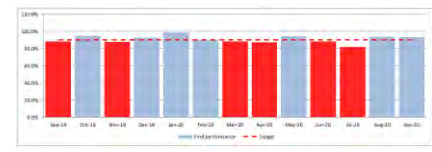
Patients waiting longer than 18 weeks from Referral to Treatment	Performance M6	<p>RTT performance has improved with 62.1% of people waiting less than 18 weeks for treatment. The total number waiting for treatment is 26,353 an increase of 1,075 from August.</p> <p>We are now required to report patients waiting over 78 weeks (36) and confirm clinical validation of all patients waiting is completed by the end of December. 892 people will be reported as waiting over 52 weeks, this being an increase on last month's 745 and from 53 at the end of March.</p>	<p>Operational focus continues on maintaining urgent and cancer related work. Activity levels are increasing in line with 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.</p>																
	62.1%																		
	Performance M5																		
	57.3%																		
	Target																		
	92%																		
	Risk level																		
HIGH																			
				Trajectories															
				<table border="1"> <thead> <tr> <th>Activity variance vs previous year</th> <th>M5</th> <th>M6</th> </tr> </thead> <tbody> <tr> <td>Op new</td> <td>-22.9%</td> <td>-10.5%</td> </tr> <tr> <td>OP Follow up</td> <td>-25.2%</td> <td>-15.9%</td> </tr> <tr> <td>Day Case</td> <td>-24.7%</td> <td>-15.4%</td> </tr> <tr> <td>Inpatient</td> <td>-31.6%</td> <td>-8.5%</td> </tr> </tbody> </table>	Activity variance vs previous year	M5	M6	Op new	-22.9%	-10.5%	OP Follow up	-25.2%	-15.9%	Day Case	-24.7%	-15.4%	Inpatient	-31.6%	-8.5%
Activity variance vs previous year	M5	M6																	
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M5	M6	M7																	
92%	92%	92%																	

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend									
Cancer 62 day wait for 1 st treatment from 2-week wait referral	Performance M6	Performance against the 62-day referral to treatment standard in September is 80.4% with other cancer pathway standards being maintained. Urgent cancer pathway remain at 90% of last years level. Teams continue to prioritise capacity to see, diagnose, and treat patients on cancer pathways. Capacity for rapid diagnostics and access to theatres remains a risk.	Plans remain in place to ring-fence and prioritise capacity to support cancer pathways from referral, diagnosis, and treatment. Radiotherapy and medical oncology has continued with near normal capacity throughout the covid escalation period. The Day Surgery Unit Theatres 1 and 2 have now returned to elective surgical capacity, however, there remains a continued reliance the capacity offered in Mount Stuart Hospital during our covid escalation to maintain capacity.										
	80.4%												
	Performance M5												
	86.2%												
	Target			<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="3">Trajectories</th> </tr> <tr> <th>M5</th> <th>M6</th> <th>M7</th> </tr> </thead> <tbody> <tr> <td>85%</td> <td>85%</td> <td>85%</td> </tr> </tbody> </table>	Trajectories			M5	M6	M7	85%	85%	85%
	Trajectories												
	M5				M6	M7							
85%	85%	85%											
85%													
Risk level													
HIGH													
Diagnostic tests longer than 6 weeks	Performance M6	Activity levels in September have been maintained with the continued reliance on mobile MRI and CT. Areas with longest waits include echocardiograph, endoscopy and neurophysiology. Urgent diagnostic tests continue to be prioritised often leaving limited capacity to see routine patients. Waiting times remain a challenge for certain procedures including those requiring aerosol generating procedures.	Procedures that are aerosol generating (including colonoscopy and CT colonoscopy) continued to be severely restricted however teams have been adapting their timetables to best optimise the throughput of these patients. Business cases have been approved to support echocardiography and gastroenterology. Patients are now accessing the Nightingale Hospital Exeter (NHE) for echocardiography and CT as part of the recovery plans. As outpatient capacity increases we expect to see a further increase in demand for diagnostic tests and managing these waits will remain a challenge.										
	37.6%												
	Performance M5												
	34.5%												
	Target			<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="3">Trajectories</th> </tr> <tr> <th>M5</th> <th>M6</th> <th>M7</th> </tr> </thead> <tbody> <tr> <td>1%</td> <td>Overall 1%</td> <td>Page 67 of 226</td> </tr> </tbody> </table>	Trajectories			M5	M6	M7	1%	Overall 1%	Page 67 of 226
	Trajectories												
	M5				M6	M7							
1%	Overall 1%	Page 67 of 226											
1%													
Risk level													

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend				
Dementia Find	Performance M6	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.					
	93.5%							
	Performance M5			93.7%				
	Target			90%				
	Risk level			LOW				
				Trajectories				
				M5	M6	M7		
				90%	90%	90%		



Trajectories		
M5	M6	M7
90%	90%	90%

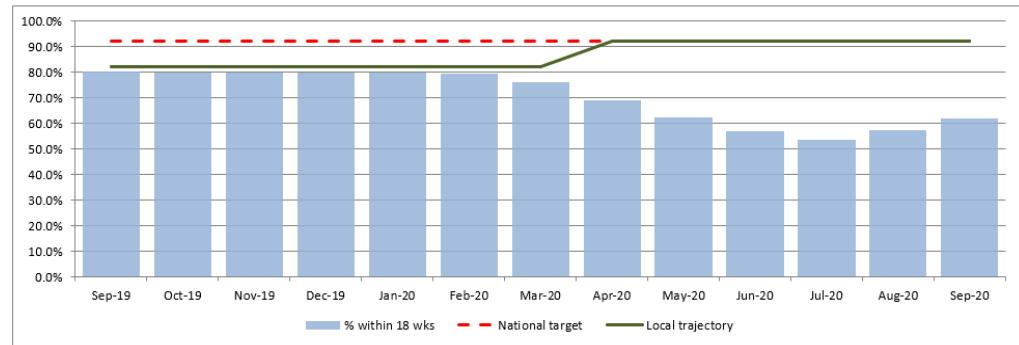
NHSI Performance – Referral to Treatment (RTT)

Services with greater than 100 patients waiting over 18 weeks

SEPTEMBER 2020 Incomplete 92% Table - National Specialty

Submitted Spec	Incomplete IPDC > 126	Incomplete Outpatients >126	Grand Tot	% < 18
Respiratory Medicine		121	658	81.61
Neurology	3	338	680	49.85
Pain Management	112	188	711	57.81
Colorectal Surgery	88	205	839	65.08
Upper Gastrointestinal Surgery	374	283	1195	45.02
Oral Surgery	162	378	1278	57.75
Dermatology		283	1285	77.98
Paediatrics	3	593	1313	54.61
Cardiology	83	381	1412	67.14
Gynaecology	120	202	1435	77.56
ENT	125	590	1791	60.08
Urology	340	543	1942	54.53
Gastroenterology	317	274	1952	69.72
Trauma & Orthopaedics	663	898	3078	49.29
Ophthalmology	837	861	4250	60.05
Grand Total	3338	6644	26370	62.15

Referral to Treatment – incomplete pathways



Referral to Treatment: RTT performance in September has improved with the proportion of people waiting less than 18 weeks at 62.15%; 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 26353 an increase of 1,075 from August.

52 week waits: For September 892 people will be reported as waiting over 52 weeks, this being an increase on last month's 745. The impact of COVID-19 on capacity to see routine patients continues to adversely affect overall performance. In Month 6 activity against pre covid levels has improved at 90% for new outpatient appointment, 84% for follow-up, 85% for day case, and 91% for inpatients. This exceeds the plans submitted to describe activity recovery through to March 2021.

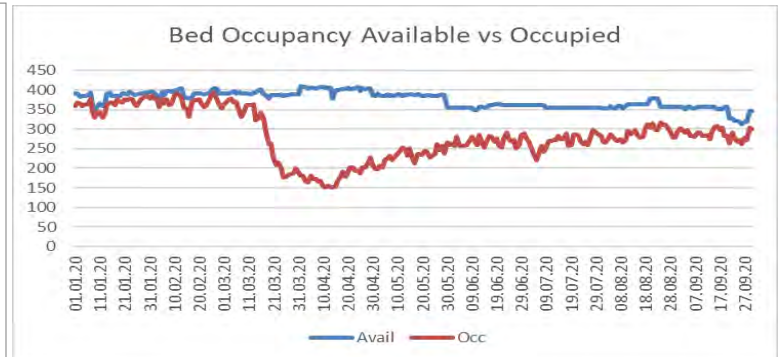
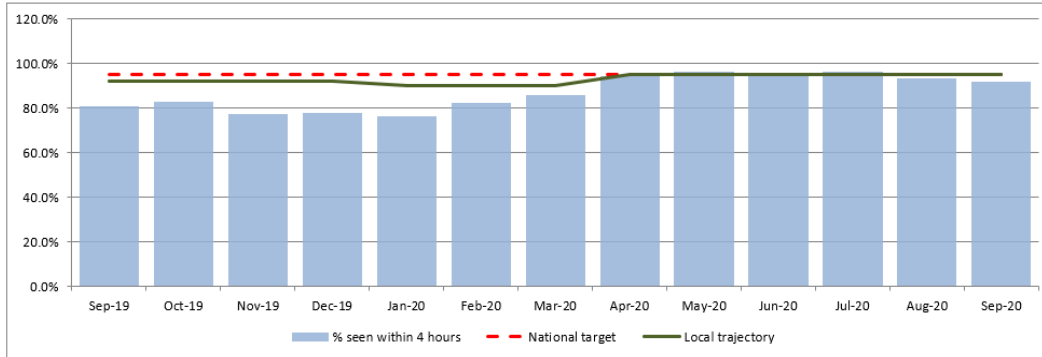
Recovery planning: The Day Surgery Unit has resumed activity as planned with the ongoing theatre works on Theatres 1 and 2 expected to be completed by the first week of November. There will continue to be a loss of operational productivity from enhanced infection prevention and control protocols. Timely 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 any outstanding risk escalated to the 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 September is reported at 91.9%. Bed occupancy has risen to 83%, however, system pressures and delays to access a specialist bed for new admissions are being seen.

The first phase of these plans to increase ED footprint with the expansion into EAU3 has now commenced. Associated ward moves include the opening of the escalation ward to offset this temporary loss of beds. There will be a net loss of 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 and 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 September there were no ambulance delay over 60 minutes, delays of over 30 mins increased to 59 from 46 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	Sep-20
Opel 1	0	2	0	0	0	0	5	17	25	21	22	28	24	13
Opel 2	3	13	12	3	8	7	12	13	5	9	22	3	7	16
Opel 3	21	11	19	18	15	19	8	1	0	1	0	0	0	1
Opel 4	7	4	0	9	8	5	4	0	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%	91.9%
Bed Occupancy (Acute)	85.3%	85.4%	95.8%	97.6%	98.6%	98.6%	97.8%	92.4%	54.6%	64.8%	75%	75.2%	80.0%	83%

Cancer treatment and cancer access standards

CWT Measure	Target	July 2020				August 2020				September 2020				Quarter 2 Total			
		Within Target	Breached Target	Total	Performance	Within Target	Breached Target	Total	Performance	Within Target	Breached Target	Total	Performance	Within Target	Breached Target	Total	Performance
14 Day - 2ww referral	93%	1074	214	1288	83.4%	981	241	1222	80.3%	995	329	1324	75.2%	3050	784	3834	79.6%
14 Day - Breast Symptomatic referral	93%	78	2	80	97.5%	71	1	72	98.6%	74	4	78	94.9%	223	7	230	97.0%
31 Day 1st treatment	96%	170	1	171	99.4%	163	4	167	97.6%	160	4	164	97.6%	493	9	502	98.2%
31 Day Subsequent treatment - Drug	98%	89	0	89	100.0%	54	0	54	100.0%	85	0	85	100.0%	228	0	228	100.0%
31 Day Subsequent treatment - Radiotherapy	94%	52	0	52	100.0%	65	1	66	98.5%	53	0	53	100.0%	170	1	171	99.4%
31 Day Subsequent treatment - Surgical	94%	27	2	29	93.1%	23	2	25	92.0%	35	0	35	100.0%	85	4	89	95.5%
31 Day Subsequent treatment - Other		28	0	28	100.0%	29	0	29	100.0%	26	0	26	100.0%	83	0	83	100.0%
62 day 2ww / Breast	85%	94.5	8.5	103	91.7%	82.5	17	99.5	82.9%	82	21	103	79.6%	259	46.5	305.5	84.8%
62 day Screening	90%	0	0	0	100.0%	3	0	3	100.0%	7	0	7	100.0%	10	0	10	100.0%
62 day Consultant Upgrade		2	1	3	66.7%	1	1	2	50.0%	0	0	0	100.0%	3	2	5	60.0%
104 day breaches (2ww) - TREATED	0	1.5				1.5				4				7			

Cancer standards The table above shows the position for Q2 and September 2020 (as at 19 October 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 75.2% is below the standard of 93%. We have seen a continued increase in referrals with the number of urgent referrals being 90% of last year.

28 days From Referral to Diagnosis: Performance in September for the first time is not meeting the new standard set at 75% with 67.3% reported.

NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard is reported at 79.6%. (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.

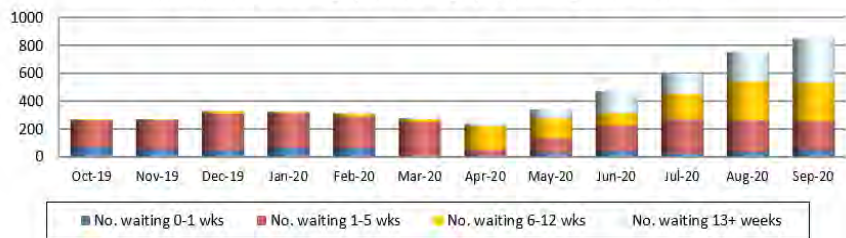
Longest waits greater than 104 days on the 62 day referral to treatment pathway:

In September, 4 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.

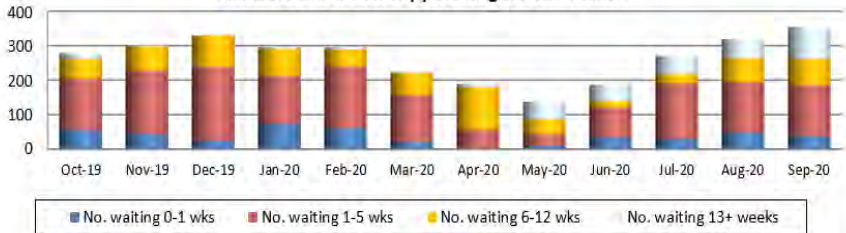
There has been continued reduction in the number of patients waiting over 104 days, reducing to 6 from 34 in July. All of the long wait patients are reviewed by the cancer team and pathway capacity escalated as part of the RTT Risk and Performance Assurance Group.

NHSI indicator - patients waiting over 6 weeks for diagnostics

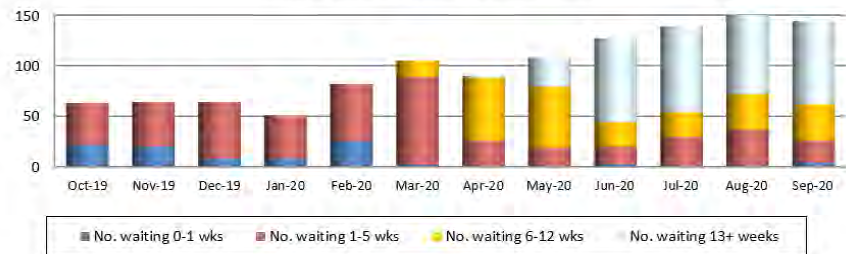
Numbers On Cardiology (Echocardiography) Waiting List Over Time



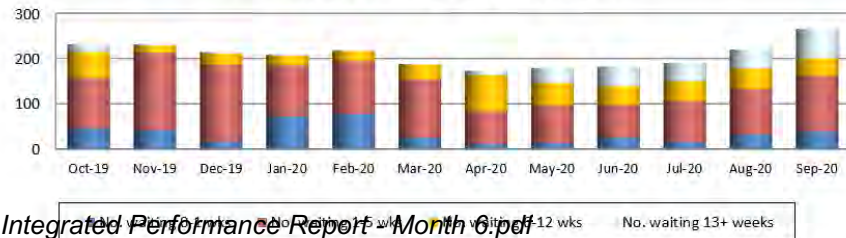
Numbers On Gastroscopy Waiting List Over Time



Neurophysiology Waiting List Over Time

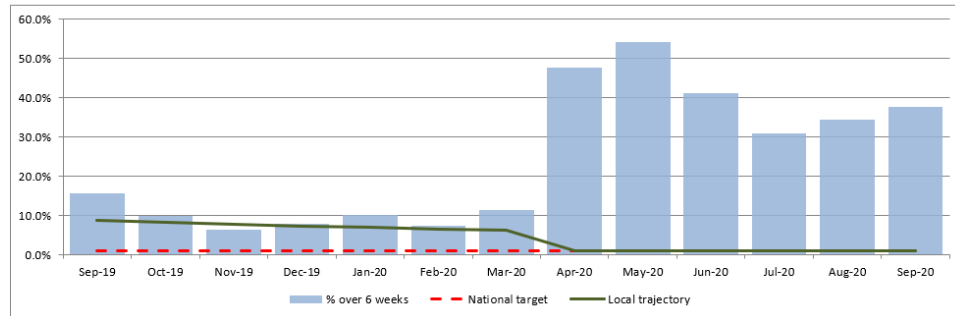


Numbers On Colonoscopy Waiting List Over Time



Diagnostic tests longer than the 6 week standard

	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
Patients	2926	2823	2865	3051	2600	2816	2652	2266	2361	2883	2948	3207	3446
Waiting longer than 6 weeks	460	282	182	240	264	207	299	1080	1282	1186	911	1106	1295
% over 6 weeks	15.7%	10.0%	6.4%	7.9%	10.2%	7.4%	11.3%	47.7%	54.3%	41.1%	30.9%	34.5%	37.6%
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	8.7%	8.3%	7.8%	7.3%	6.9%	6.6%	6.2%	1.0%	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 six weeks to 37.6% from 34.5% in August.

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.

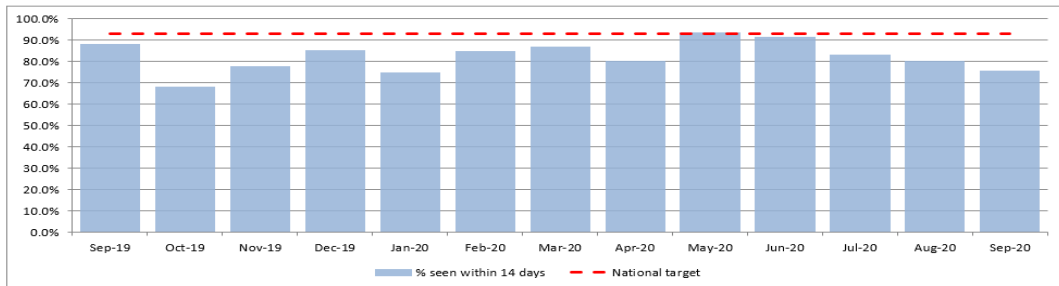
CT and MRI have seen a steady increase in capacity although dependent on the use of the additional capacity from insourcing through mobile vans.

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

	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
2ww referrals seen	1229	1327	1459	1208	1241	1251	1397	549	847	1071	1281	1217	1308
2ww breaches	144	422	324	177	313	190	180	107	54	92	213	242	315
% seen within 14 days	88.3%	68.2%	77.8%	85.3%	74.8%	84.8%	87.1%	80.5%	93.6%	91.4%	83.4%	80.1%	75.9%
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%

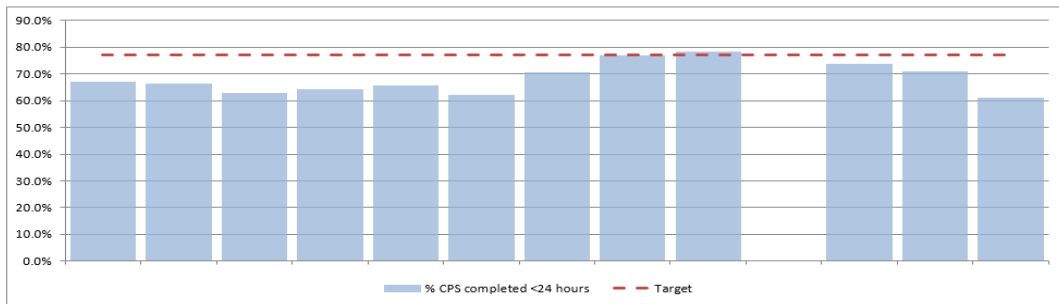


Cancer two-week wait referral

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 75.9%.

Care Plan Summaries completed within 24 hours of discharge - Weekday

	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
Discharges	1566	1815	1627	1668	1683	1560	1376	885	1039	n/a	1405	1425	1361
CPS completed within 24 hours	1051	1206	1025	1069	1106	967	972	681	815	n/a	1034	1011	832
% CPS completed <24 hours	67.1%	66.4%	63.0%	64.1%	65.7%	62.0%	70.6%	76.9%	78.4%	n/a	73.6%	70.9%	61.1%
Target	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%



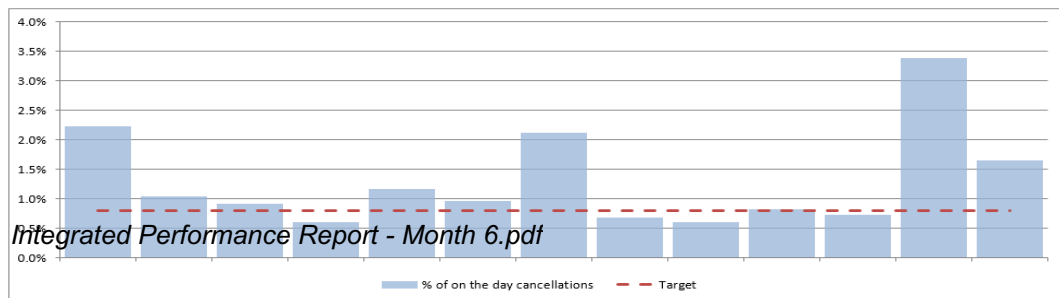
Care Planning Summaries (CPS)

The improvement programme is working with wards and emphasising that timely completion of the CPS is a mandatory requirement.

No improvement is currently being seen in the weekday CPS completion and will be escalated through the Integrated Governance Group to clarify the plan in place and trajectory to improve performance.

On the day cancellations for elective operations

	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
Cancellations	72	38	33	19	43	32	56	8	9	15	18	74	46
Elective spells	3237	3616	3567	3133	3667	3332	2631	1174	1503	1826	2446	2189	2772
% of on the day cancellations	2.2%	1.1%	0.9%	0.6%	1.2%	1.0%	2.1%	0.7%	0.6%	0.8%	0.7%	3.4%	1.7%
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%

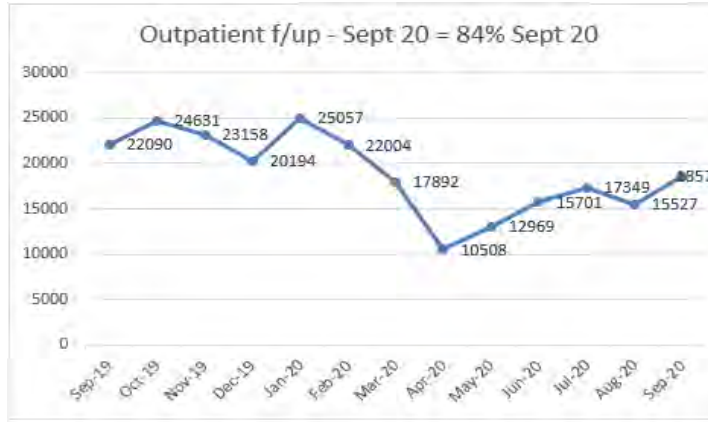
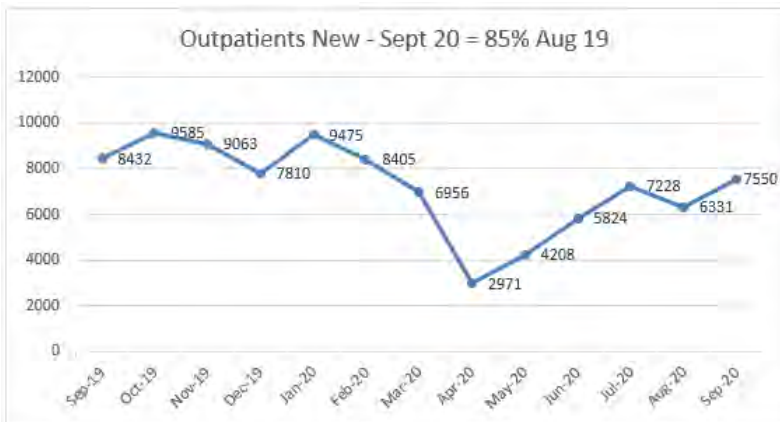
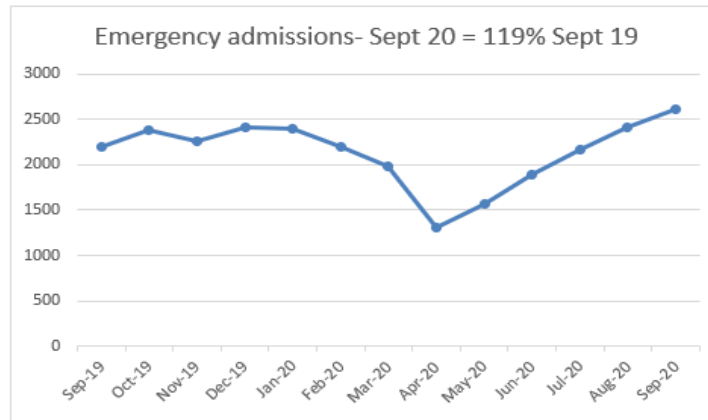


Cancelled operations

The number of operations cancelled on the day has decreased in September with issues related to our estate, in particular, ventilation and air handling units remaining a risk in several areas, highlighting again the fragility of the Trust's critical infrastructure whilst the planned improvements are being completed.

The number of patients not treated within 28 days of cancellation is being escalated and has increased from 3 in August to 29 in September.

Headline acute activity comparisons to last year



The charts above show the monthly run rate of reported contract activity (PBR). The percentage of activity compared to same month last year is shown in the chart titles. We have seen a good increase in September and recovery remains in line with our recovery plans. The plans however are dependent on having no significant impact from a second wave of covid-19 and continued support from the independent sector including outsourcing to Mount Stuart Hospital

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 and Waits

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 pathways except CAMHS and Children’s Nursing remain problematic. CAMHS has a robust reviewing process for children waiting and clear trajectories for waiting list recovery. There has been intensive focus on waits , on keeping children safe whilst waiting and improvement plans developed for ASD, CAMHS, OT, SALT and Physio with improvement trajectories . These have been shared with the CCG. The ASC waits are insurmountable within current resource and are subject to a business case for waiting time reduction.

Workforce

Collaborative cross service working continues to develop around workforce activities and the weekly CFHD Resourcing Governance Group brings together key stakeholders (including finance) to ensure transparency and internal check and challenge for our recruitment decisions. Access to job matching panels has been difficult due to capacity from the employing organisations however work is underway for a more established approach to these and regularity. Improving compliance levels of mandatory training and appraisals continues to be a focus across the service as well as wellbeing of our people. Moving into a new phase of COVID-19 the wellbeing leads in both DPT and TSD are working together to create clear support for the CFHD community.

Governance

Following the step down of CFHD governance during the early stage of the C19 period, the Director, working closely with execs and senior leaders is in the process of reviewing 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

September 2020		RTT % <18 weeks		Caseload		
Service	RTT longest waits (weeks)	Sep-19	Sep-20	Sep-19	Sep-20	Change last 12 months
CAMHS	56.9	83.3	75.1	4070	3955	-105
Occupational Therapy	54.3	75.7	55.5	1294	1219	- 65
Speech and Language Therapy	95.9	67.1	46.6	3766	4635	+869
Autistic spectrum assessment team	123.9	27.1	20.6	1805	2487	+682
Autism therapy	32.3	87.3	86.7	607	789	+182
Learning disability	35.9	86	86.7	277	323	+ 46

Finance Report

Month 6 - Financial Year 2020/21

Finance, Performance & Digital Committee Meeting

26 October 2020

Contents

Section	Area of Focus	Page Number
1	Overall Position - Executive Summary	
	• Context	3
	• Key Questions	4
	• Key Risks and Mitigations to Delivery of Forecast Outturn Position	5
	• Key Financial Information	6
	• Statement of Financial Position	7
2	Supporting Information	
	• Key Metrics	8
	• Key Drivers	9
	• Change in Financial & Activity Performance	10
	• Pay Expenditure	11
	• Workforce Composition	12
	• Non- Pay Expenditure	13
	• Capital	14
	• Cash	15
3	Appendices	
	• Appendix 1 – System Finance Reports	
	• Appendix 2 – COVID Report September 2020	

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 financial plan for the Trust will be submitted to NHSE/I on 22nd October and will be aligned to the Forecast section of this report. Although a break even position is required there are exceptions to be counted below the line for financial reporting, which are loss of commercial income and penalties.

- From M7, the retrospective top up will cease and will become part of the main CCG block contract income, with certain (detailed) exceptions around hospital discharge, laboratory and swab testing and Nightingale. However it is expected that a continuation of COVID incremental costs will be monitored and reported on.
- From M7 variance reporting can be initiated, however the focus remains 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. Any variance from the H2 plan will require a recovery programme aligned to cost reduction.
- 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 £38.7m, following the award of further PDC (including £9.0m for 2020/21 expenditure on the ED scheme).

Key Questions

1. What is our current financial performance for the period ending 30th September 2020?

	INCOME £'000s	EXPENDITURE £'000s	Net Position at month 6 £'000s	NHSI Plan YTD Month 6 £'000s	Favourable / (Adverse) Variance £'000s
Overall Financial Performance (excluding COVID/Top up)	253,451	244,462	8,989	0	8,989
COVID Expense and Council Income	3,740	18,147	-14,407	0	-14,407
COVID Top Up	4,978		4,978		4,978
Overall Financial Performance	262,169	262,609	-440	0	-440
Net Donated Accounting exclusions			440		440

The Trust has an underlying favourable variance of £9.0m prior to the impact of COVID amounting to c. £14.4m net expenditure. This off-set has caused an incremental COVID top up value of £5.0m YTD. The Trust is expected to break even after excluding the donated accounting entries, which at month 6 YTD were a £440K 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 £18.3m:

- 1) Acute COVID spend ---> £9.8m YTD
- 2) Hospital Discharge ----> £5.6m YTD
- 3) Infection Control Care Homes --> £2.9m YTD

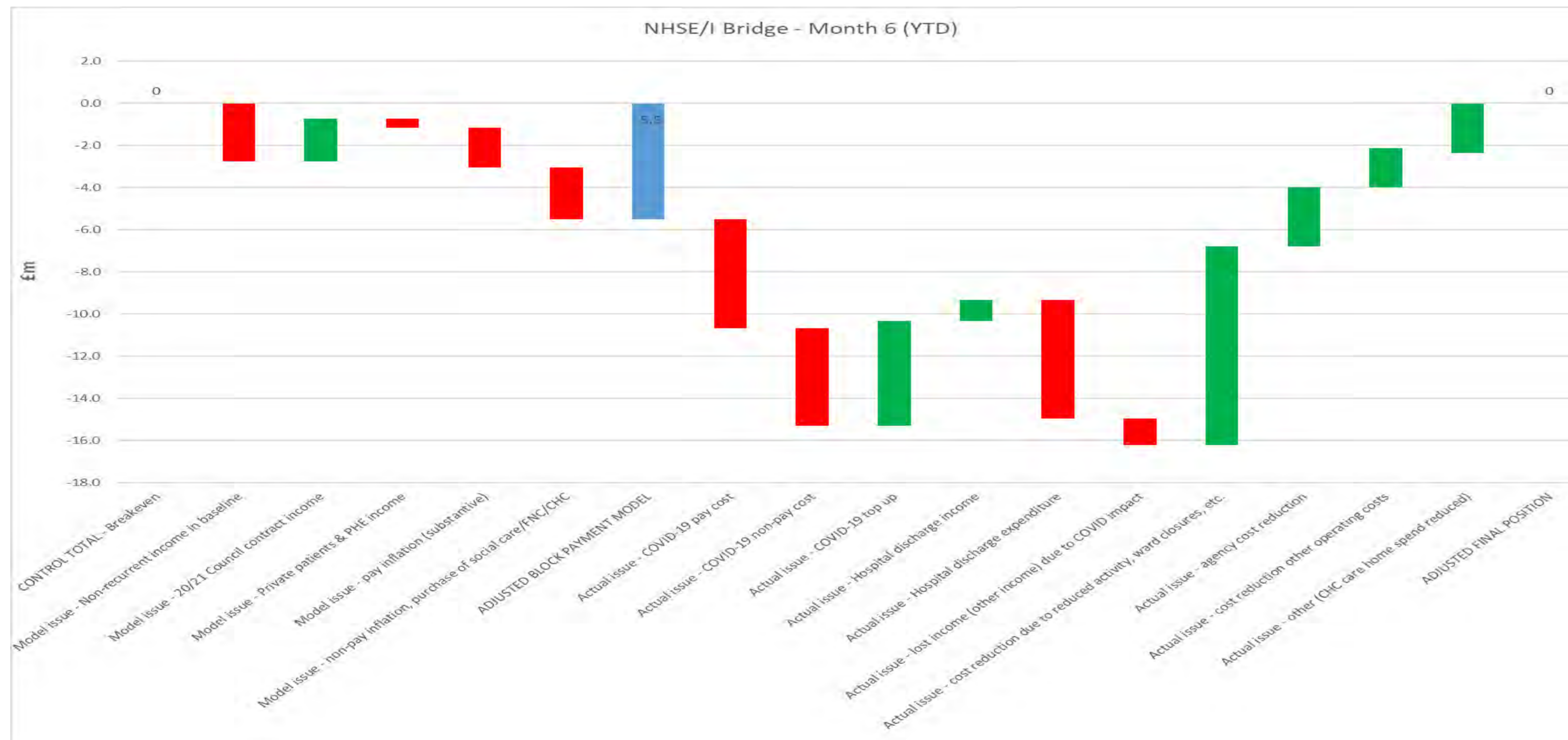
The Infection Control money is passported through the Trust from Torbay Council directly to Care Homes. The COVID guidance and funding came out in late May and a second batch of funding is expected for the remainder of the year. Hospital Discharge and Infection Control COVID spend is not part of NHSE/I 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 6 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 6 this is £5.0M, which is a movement since month 5 of £1.4m. (Note, there is no PSF or MRET in the 6 month plan or actuals).

A paper has been drafted for further information shown as Appendix 2 - COVID Finance Report September 2020.

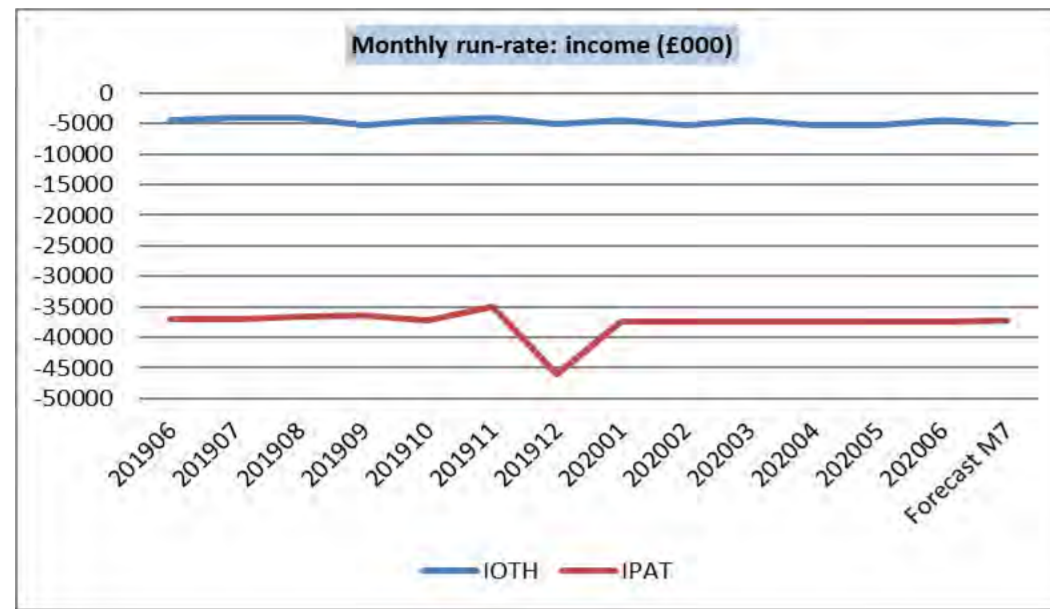
3 NHSE/I Bridge - showing variance movement from initial plan, COVID acute, COVID other



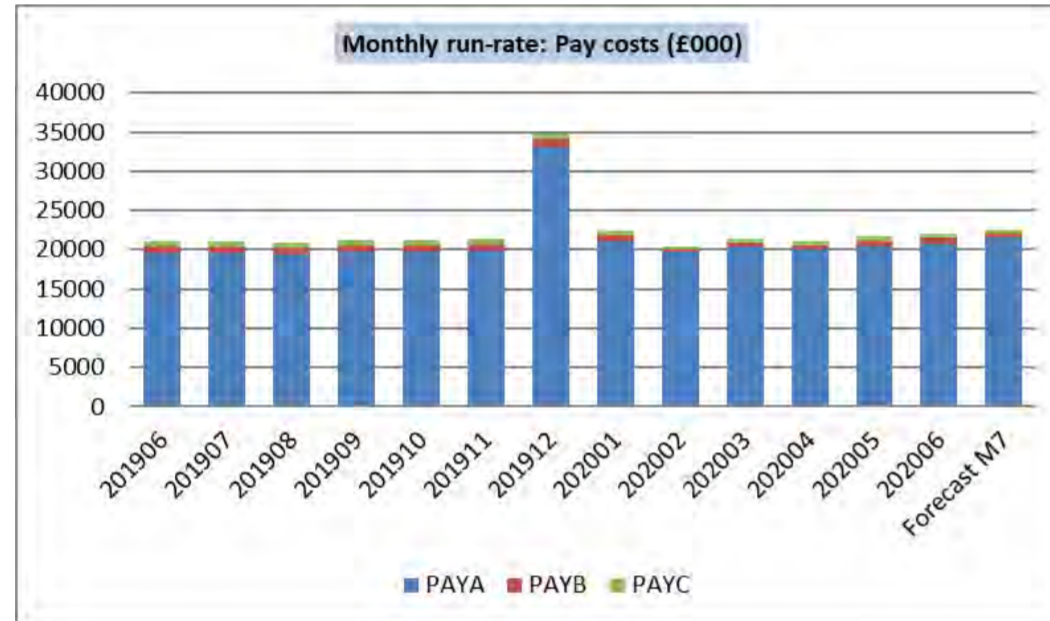
Key Risks and Mitigations to Forecast Outturn Delivery

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

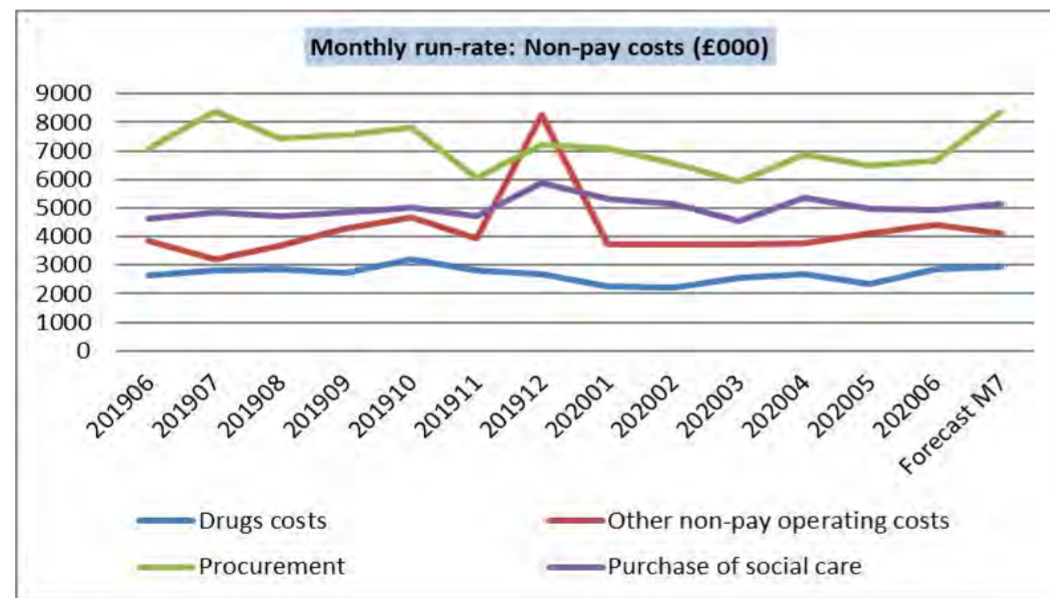
Non-COVID RELATED FORECAST, £'000's



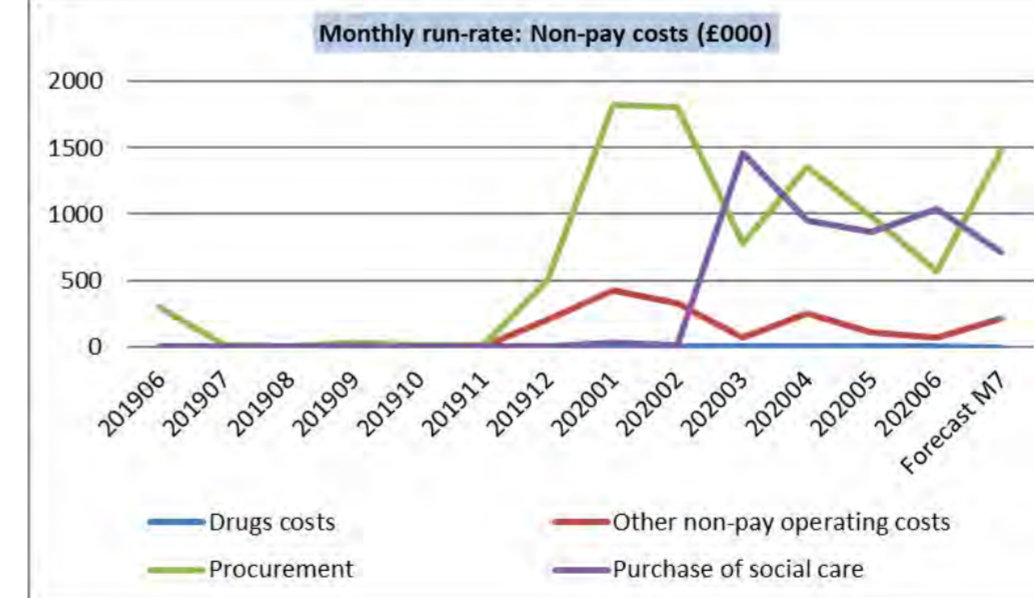
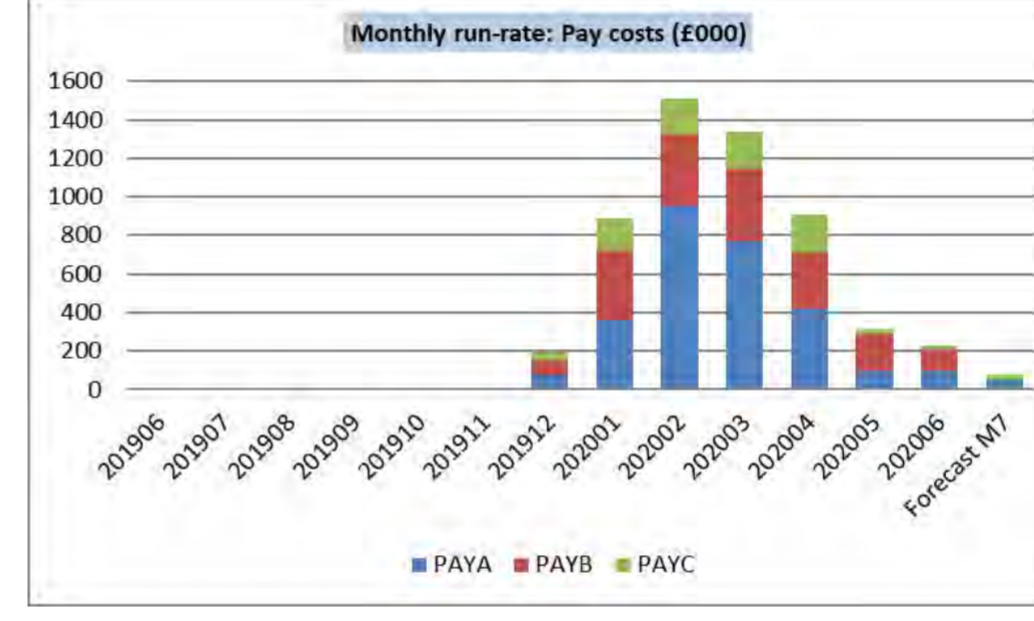
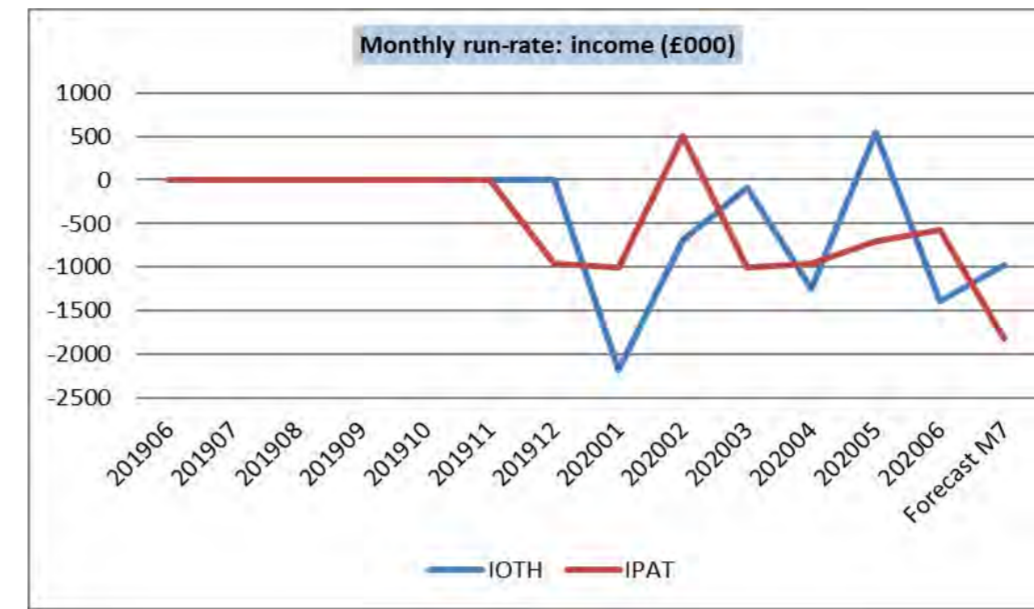
Key:
IOTH= Other Income
IPAT = Patient Income



Key:
PAYA = Substantive
PAYB = Bank
PAYC = Agency



COVID RUN RATE & FORECAST £'000's



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 other operating costs. However the 6 month plan from 2019/20 will have included non-recurring items not required in 2020/21, as well as non-recurring CIP delivery, causing variances to the H1 plan at category level. The retrospective top up required to deliver a break even position is firstly offset by the Trust baseline under spend and will not match the levels of COVID expenditure. There have been underlying movements in M6 around HEE (Health Education England) income, in both trainee funded posts for the first half of the year that are now expected to be part of COVID costs and recovery, and the main Education 2020/21 contract notification received. There has also been a movement on CHFD unwinding of accruals relating to the risk share for H1, as this would have resulted in all Alliance members adjusting their COVID true up positions post the calculation of the risk share with no impact on the overall Trust or STP position. Risks remain around winter planning costs and escalation for COVID surge above anticipated costs in the phase 3 plan submission. However this may be mitigated by slippage in the elective recovery for H2.

COVID spend, has reduced again this month, specifically around a lower than anticipated actual payroll cost of medical back pay for COVID and a reduction in Hospital discharge due to attrition. COVID lab testing and swabbing costs are now increasing. We have seen reduced staff costs for backfill and sickness, but expect this to be a risk moving forward, including a slight increase in M6, which is currently offset by the COVID medical pay accrual reduction. Also the backfill of NHE (Nightingale Hospital Exeter) reservists has been assumed at an estimated cost within RDE Phase 3 plan, which may be a system risk to delivery of system breakeven if costs escalate to maintain Green services. Monitoring and authorisation of COVID PPE which will be speciality level business as usual spend, is pending confirmation of NHSE/I COVID monitoring for H2. An on-going risk is the exit run rate for COVID costs, specifically packages of care for Hospital Discharge and on-going support to Care Homes for Infection Control.

Key Financial Information – Trustwide

£m	M6			YTD M6		
	Budget	Actual	Variance	Budget	Actual	Variance
Patient Income - Block	28.16	28.16	0.00	168.96	168.96	0.00
Patient Income - Variable	3.42	3.42	0.00	20.52	20.52	0.00
ASC Income - Council	4.00	4.59	0.59	24.00	27.79	3.79
Other ASC Income - Contribution	0.85	0.89	0.04	5.10	5.70	0.60
Other Income	4.78	3.89	(0.89)	28.66	25.64	(3.02)
Total (A)	41.21	40.95	(0.26)	247.24	248.61	1.37
Pay - Substantive	(20.96)	(21.74)	(0.78)	(125.77)	(130.66)	(4.89)
Pay - Agency	(0.65)	(0.58)	0.07	(3.89)	(3.26)	0.63
Non-Pay - Other	(11.25)	(10.74)	0.51	(67.50)	(62.58)	4.92
Non-Pay - ASC/CHC	(8.27)	(9.29)	(1.02)	(49.62)	(55.40)	(5.78)
Financing Costs	(1.51)	(1.43)	0.08	(9.04)	(10.27)	(1.23)
Total (B)	(42.64)	(43.78)	(1.14)	(255.82)	(262.17)	(6.35)
Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)	(1.43)	(2.83)	(1.40)	(8.58)	(13.56)	(4.98)
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	2.83	1.40	8.58	13.56	4.98
Donated Transactions	0.00	(0.07)	(0.07)	0.00	(0.44)	(0.44)
Impairment	0.00	0.00	0.00	0.00	0.00	0.00
Total (D)	1.43	2.76	1.33	8.58	13.12	4.54
Net Surplus/(Deficit)	(0.00)	(0.07)	(0.07)	0.00	(0.44)	(0.44)

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 £13.56m COVID income (block top up £8.56m, true up income £5.0m).
- Patient care income block and variable are both in line with budget. In M6 The Trust received a further £0.59m infection control income passed through to care homes. Client contribution is higher by £0.04m linked to additional activity. Other income is lower by £0.89m (net) due to education and training contract reduction £0.19m, non patient services £0.67m mainly due to HEE placement income, car parking £0.10m and various income £0.18m offset by increase in TP sales of £0.25m.
- Substantive Pay expenditure of £21.74m in M6 is £0.78m higher than the M8-M10 average run rate mainly due to the impact of COVID £0.22m, step up of services offset by vacancies across the various staff group £0.16m and Medical pay award £0.4m. The increase is offset by lower agency cost £0.07m in Medical Consultant staff.
- Non-pay expenditure (Other) is £0.51m lower than average due to Drugs cost £0.10m, clinical and general supplies £0.07m and transport £0.10m linked to the reduction in patient activity, services to NHS (CFHD) £0.40m and other £0.04m offset by increase in consultancy cost £0.20m.
- Independent sector Non-pay cost (ASC and Placed people (Health including CHC) is £1.02m higher in M6. This is due to a number of COVID related payments of £1.0m (consistent with M1 to M5 run rate - largely relating to financial assistance to providers and payments for voids matched by Income).
- Within the M6 year to date position COVID related costs incurred total £9.81m (pay £5.17m and non pay £4.64m). Further details have been included within the pay and non pay sections.
- Financing cost is £0.08m lower than budget - movement within categories include increased cost of RICS adjustment and additional depreciation £0.26m offset by lower PDC £0.28m and interest £0.06m.

Statement of Financial Position

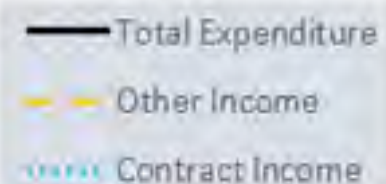
	Month 06		
	Prior month	Actual	Change
	£m	£m	£m
Non-Current Assets			
Intangible Assets	12.46	12.00	(0.45)
Property, Plant & Equipment	178.70	180.64	1.94
On-Balance Sheet PFI	17.28	17.25	(0.03)
Other	1.27	1.28	0.02
Total	209.71	211.17	1.46
Current Assets			
Cash & Cash Equivalents	50.78	46.49	(4.29)
Other Current Assets	39.32	36.69	(2.63)
Total	90.11	83.18	(6.93)
Total Assets	299.81	294.35	(5.46)
Current Liabilities			
Loan - DHSC ITFF	(45.09)	(4.80)	40.28
PFI / LIFT Leases	(0.98)	(1.01)	(0.03)
Trade and Other Payables	(82.84)	(79.13)	3.70
Other Current Liabilities	(2.74)	(2.59)	0.14
Total	(131.64)	(87.54)	44.10
Net Current assets/(liabilities)	(41.54)	(4.36)	37.17
Non-Current Liabilities			
Loan - DHSC ITFF	(32.89)	(31.48)	1.41
PFI / LIFT Leases	(17.28)	(17.18)	0.10
Other Non-Current Liabilities	(9.64)	(9.58)	0.06
Total	(59.81)	(58.24)	1.57
Total Assets Employed	108.36	148.57	40.21
Reserves			
Public Dividend Capital	72.12	112.40	40.28
Revaluation	46.08	46.08	0.00
Income and Expenditure	(9.84)	(9.91)	(0.07)
Total	108.36	148.57	40.21

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 increased by £1.5m. M06 capital expenditure £2.7m was greater than M06 depreciation £1.2m.
- Cash has decreased by £4.3m, as explained in the commentary to the cash flow statement.
- Other Current Assets have decreased by £2.6m, principally due to receipt of TC infection control funding £1.4m.
- Current DHSC Loan liabilities have reduced by £40.3m, due to the PDC-funded repayment of some loans: interim capital loan £3.0m, liquidity loan £11.6m, working capital facility £11.0m and interim revenue support facility £14.7m.
- Trade and Other Payables has decreased by £3.7m, largely due to timing of the payment run £2.7m and reduction in HEE income received in advance £0.7m, partly offset by an increase in the capital creditor £0.9m.
- Non current DH Loan liabilities have reduced by £1.4m due to scheduled capital loan repayments.
- PDC reserves have increased by £40.3m, due to the receipt of PDC to fund the repayment of some DHSC loans.

Board Table of Key Metrics



Drivers

Actions Taken:

South System & Shared operations

Q2 spend £600k higher than Q1 as services step up. Plus Medical pay award. Risk of spend over Winter escalating above H2 plan levels.

£3.4m of spend built into H2 to get back to 2019/20 pre COVID levels and deliver Phase 3 Activity plans (excl. backlog). Shared Ops seeing a drop in COVID costs.

Torbay System

Back dated clients seen, drop in COVID hospital discharge cases through loss, programme moving to 6 week rolling placements.

Expect to see IS costs rise by up to 11% as initially planned due to Care Home price setting. Infection control funding fixed – costs to be matched. Labs COVID costs set to increase for COVID winter.

Corporate (inc. Exec Directors, Financing, R&D, IA)

Overall Income Reduction of £970k M1-6. COVID income stream going forward to fund loss of staff car parking circa £200k.

Increased cleaning costs and estates 'moving' costs, overseas nursing recruitment fees restarting. Expecting increase in catering income only excluding any surge.

CFHD

Recruitment increase/ run rate increase for pay, non-pay less than 8-10 last year. Risk Share not applied under COVID financial architecture.

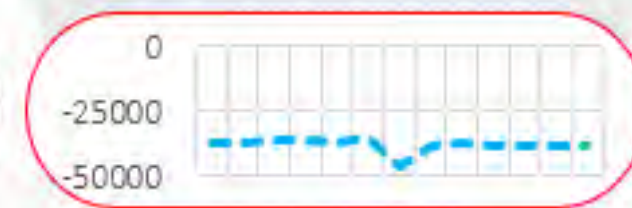
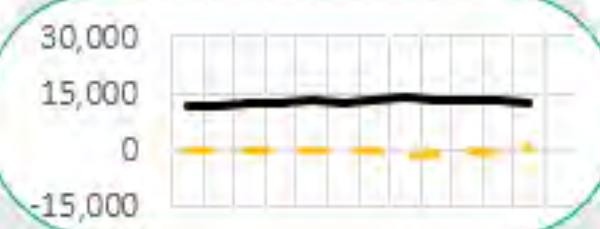
Community IT implementation review, consultation still on pause, planning for 21/22 now essential, including PIR acquisition now due.

Contract Income

COVID income is classified as non contract seen in 'Other Income' corporate. Exit income position now requires agreement.

Extension of architecture through to end of month 6, post month 6 COVID retrospective top ups end. Fixed Income to deliver break-even.

Tick charts £'000
Sept 19 to Sept 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 starting to fill. ADHD Backlog remains a risk. Deferred income for service configuration costs requires a plan in 2020/21 if unable to defer a further year. IT systems not yet implemented as reliant on the consultation for set up processes.
Torbay Pharmaceuticals	PMU	Sales are forecast to increase but with a corresponding cost base. Forecast to reduce later in the year.
Corporate	EFM	Continued loss of EFM income around catering, property rental and car parking, 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. Increased cleaning, linen and repair costs seen as services move back and set back up.
	Exec. Directors	Some recruitment costs now forecast for vacancies. Legal costs in month 6 position. R&D trails income will remain at circa 50% of previous income. International nurses recruitment fees now in M6 as 8 new starters due. Pharmacy dispensing costs re COVID now transferred to COVID under shared operations.
	Financing Costs	PFI Loan interest has reduced. PDC costs have reduced (with a back dated further drop in M6). However depreciation costs are steadily increasing.
	Other	COVID Trueing up income £5.0m YTD. Plus COVID Block income £1.43m x 6 = £8.6m (classification Non patient care income)
South System	Coastal	Theatre refurbishment risks to activity in Phase 3 if delays. Ability to deliver phase 3 activity to match last years activity, excluding any backlog, is still a risk, but £2.4m forecast currently. Safer staffing review is being undertaken post the Phase 3 plan. A large proportion of the back dated medical pay is in the Coastal area due to the number of consultant posts.
	Newton Abbot	MIU setting back up plus Winter costs escalation is a risk if costs go above the phase 3 plan submission. MRU and SRU Business case now approved at a cost slightly higher than the phase 3 plan. Safer staffing review per above, ED department review underway. Back dated medical pay in M6.
	Moor to Sea	Run rates set to increase in plan due to HOP and stroke services recruitment plus Rapid response for Winter.
Torbay System	Independent Sector	The Hospital discharge spend is at £5.6m YTD and forecast to continue at £4m for H2. The Infection control fund is £2.2m YTD and forecast at a cost to match the latest Council allocation of £3.3m. Independent Sector costs have seen both an increase in rates along with backdated clients coming into the service, alongside a drop in COVID spend.
	Torquay	Paeds have had a high cost mental health 1:1 during M6.
	Paignton and Brixham	High cost drugs and devices pass through costs have bounced up to prior levels post the August summer leave period. M&S Equipment is now increasing in line with activity, as well as some stock supplies replacement utilised during COVID.
Contract Income	Patient Income	Contract Income variation remains within the Council contract and linked to infection control money not anticipated in the 8-10 plan issued for months 1-6.

Change in Financial & Activity Performance - M5 to M6

		Plan	Aug-20	Sep-20	Change	% Change	Sep-19	% change
Activity Drivers	A&E Attendances	10,722	8,677	8,137	-540	-6%	9,985	-19%
	Elective Spells	3,114	2,427	2,639	212	9%	3,097	-15%
	Non Elective Spells	3,191	3,076	3,197	121	4%	3,186	0%
	Outpatient Attendances	26,251	22,046	26,121	4,075	18%	30,522	-14%
	Adult CC Bed Days	275	162	137	-25	-15%	253	-46%
	SCBU Bed Days	219	126	153	27	21%	238	-36%
Bed Utilisation	Occupied beds DGH		8,955	8,595	-360	-4%	9,708	-11%
	Available beds DGH		11,214	10,342	-872	-8%	10,307	0%
	Occupancy		80%	83%	3%	4%	94%	-12%
Resource Consumption	Medical Staff Costs - £000's	4,730	4,839	4,881	42	1%	4,524	8%
	Nursing Staff Costs - £000's	5,033	4,994	5,196	202	4%	4,937	5%
	Temp Agency Costs - £000's	648	547	584	37	7%	712	-18%
	Total Pay Costs - £000's	21,609	21,947	22,327	380	2%	21,094	6%

Key points

- **Activity Drivers:**

Overall activity numbers have increased by about 16% from M5 and 6% from M4 which was the previous highest month for activity. The main increase is in Outpatients, which shows services are increasing their activity to work towards 19.20 volumes. Non elective activity was actually 4% higher than M5 and Elective was higher than M5 and just under the volume at M4. The Trust submitted a draft Phase 3 activity submission to the STP last month and a subsequent STP finance return that triangulated with these numbers was also submitted. NHSE/I are reviewing Phase 3 submissions and the STP is being asked to review and update certain elements. The Trust is part of this process and liaising with teams as necessary. The focus will soon switch to 2021.22 planning and setting the baselines for this piece of work.

- **Bed utilisation:**

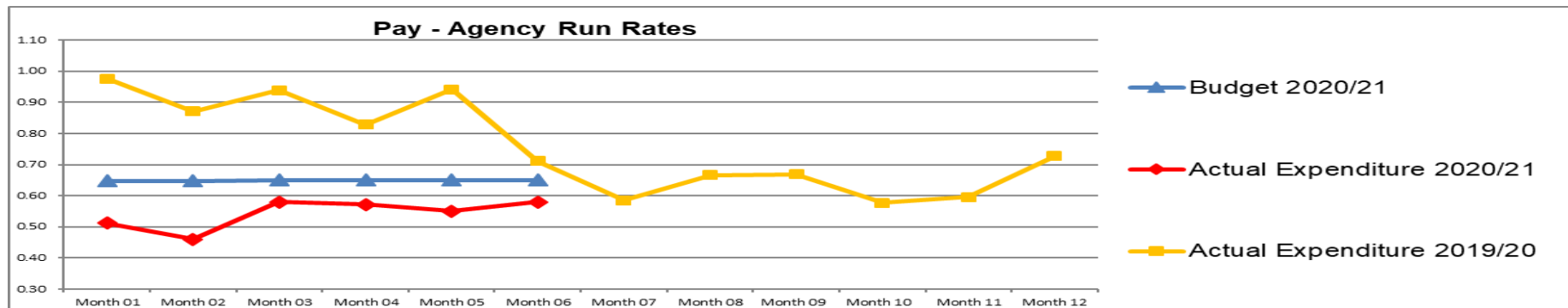
In September, we have seen a continued increase of bed occupancy rate to 83% overall for general and Acute beds. Within this access to medical beds has increased to 92% occupancy and now sits at the trigger for escalation and impact on elective surgical activity. Teams continue to focus on our ward processes to ensure potential delays are identified and acted upon as well as ensuring front door assessment for emergency admissions maintains capacity to avoid unnecessary admissions. It is noted that reported delayed discharges have increased in September to 318 days from 264 in August (representing 10 beds of delayed patients). The number of available beds in September is reduced due to the reconfiguration of some wards for capital works in ED and for MRU and 262 bed days lost from wider infection control measures. The second wave of Covid and potential increase in hospitalisations is now a real prospect over the coming weeks. Plans to maintain Torbay as a covid free site other than covid assessment and certain clinical exceptions will see patients transferred to RDE / Nightingale (NHE). These plans are now being stress tested. Clinical and operational teams are ensuring all the best practices to avoid admission where possible, provide rapid assessment, review all internal delays and timely discharge are in place.

- **Resource Consumption (Pay):**

There is an increase of £0.4m within overall pay. M6 pay includes backdated Medical pay award totalling £0.4m and increase within Nursing pay £0.20m (Substantive and Agency) and various Substantive staff group due to step up of services £0.2m.

Pay Expenditure

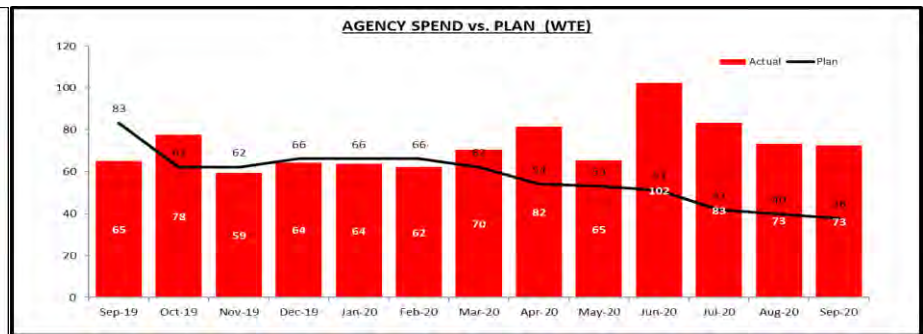
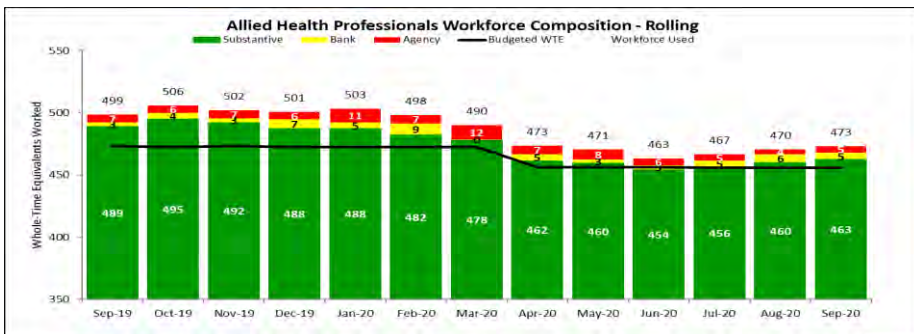
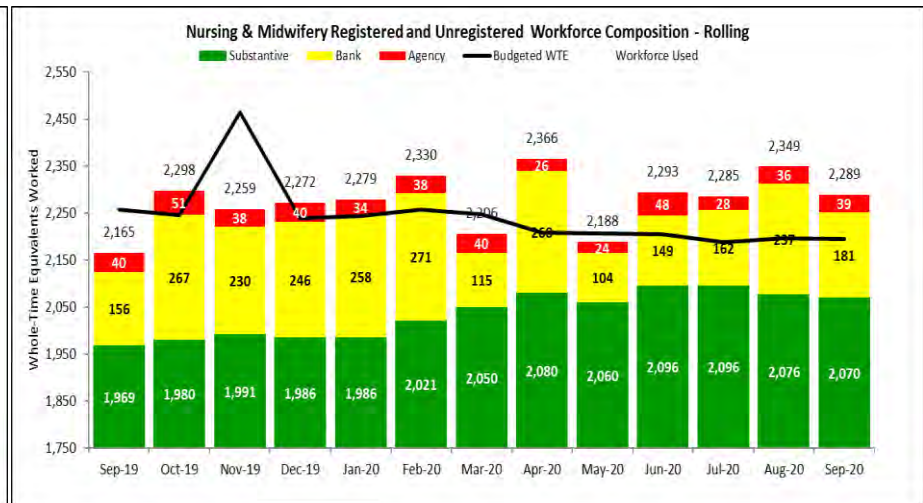
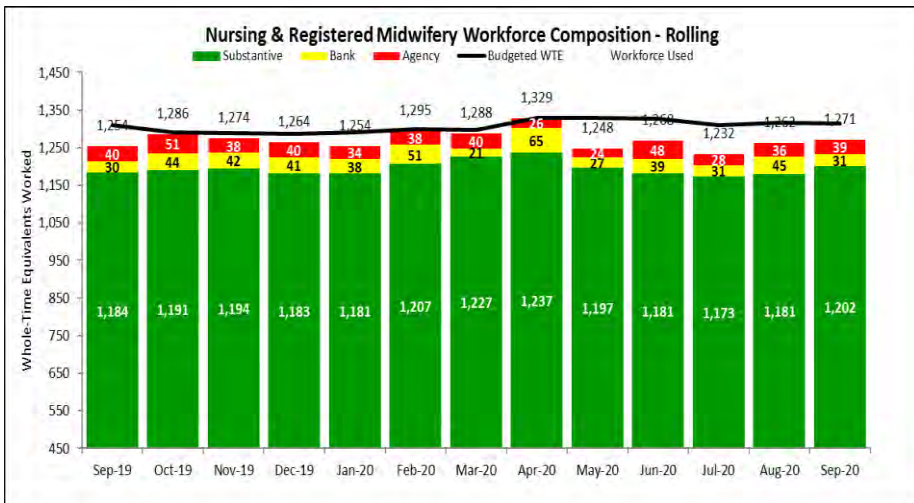
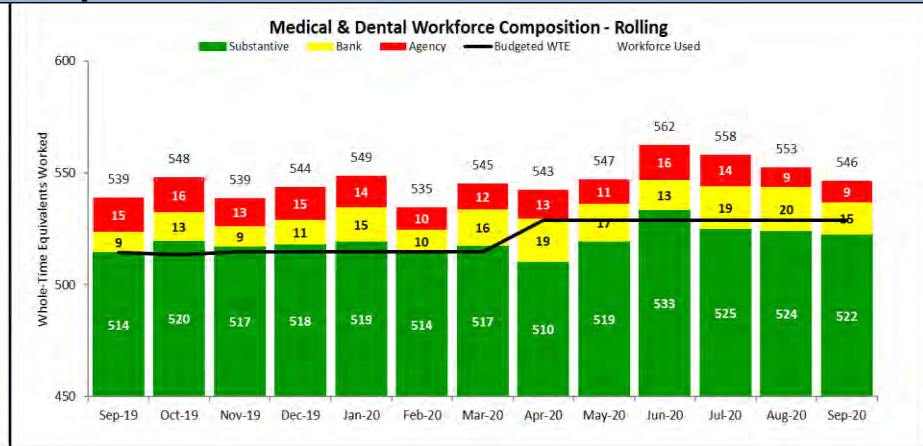
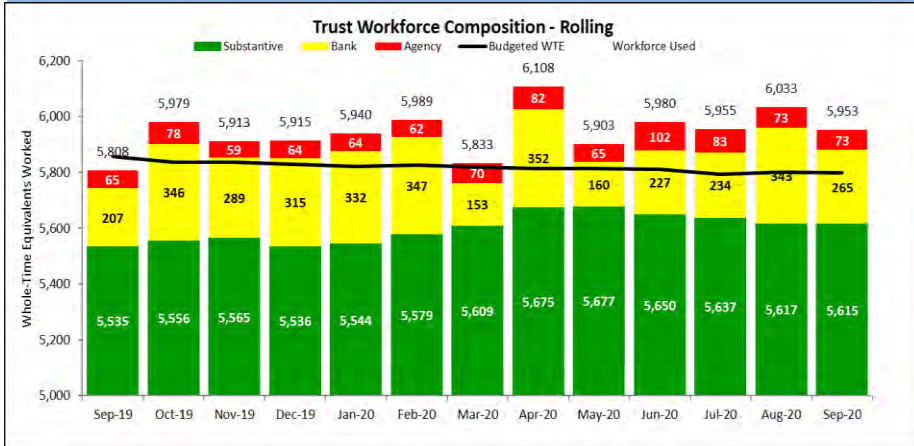
Current Performance



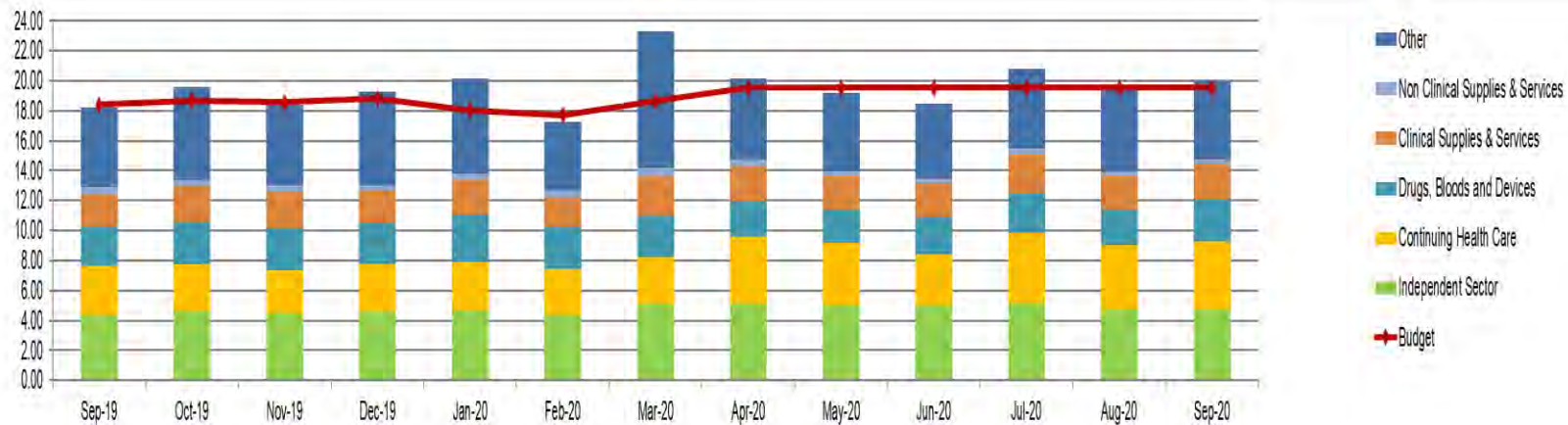
Key points

- Total pay run rate in M6 (£22.33m) is £0.38m higher in comparison to previous month (M5 £21.95m) mainly within Substantive staff (£0.38m) and Nursing/AHP Agency (£0.04m) offset by lower Medical staff Bank cost of £0.04m.
- M6 pay includes backdated Medical pay award totalling £0.4m and increase within Nursing pay £0.20m (Substantive and Agency) and various Substantive staff group due to step up of services £0.2m.
- There is £5.17m of pay costs year to date related to COVID. The breakdown is as follows: additional shifts of existing workforce £2.56m, backfill for higher sickness absence £2.24m, workforce expansion £0.14m, and sick pay £0.23m.
- The Apprentice levy balance at Month 6 is £1,872,657 (£1,800,397 at month 5). 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 M6 (£20.02m) is £0.69m higher in comparison to previous month (M5 £19.33m), details are below:
- Placed People (Health including Continuing Healthcare) increased by £0.21m due to processing of backdated claims and bad debt provision. Independent sector M6 spend is in line with M5.
- There has been an increase in run rate spend on Drugs, Bloods and Devices amounting to £0.50m and Clinical supplies cost £0.10m due to step up of activity within the clinical areas.
- In M6 spend in Non Clinical Supplies (£0.01m) decreased slightly. There is a net decrease within operating expenditure of £0.12m due to reduction in CFHD services cost £0.35m and revenue to capital transfer of £0.16m offset by increase in consultancy cost £0.20m and HR legal cost £0.16m and various other cost £0.03m.
- There is £4.64m of non pay costs year to date relating to COVID. This comprises of the following costs: testing £1.24m, remote management of patients £0.42m, increase in ITU capacity £0.59m, segregation of patient pathways £0.99m, national procurement £1.13m, decontamination £0.13m, and various other £0.14m.

Capital

Current Performance

Key Points

	Year to Date	Full Year 2020/21		
	Actual Expenditure £m	Approved 'Plan at 27th August £m	Forecast £m	Movement between August 2020 value and Forecast £m
Capital Programme	7.59	29.67	38.71	9.04
Scheme type				
HIS schemes	1.19	5.88	6.22	0.34
Estates schemes	3.96	13.89	22.62	8.73
Medical Equipment	1.00	7.19	7.15	(0.04)
TP	0.98	3.87	3.00	(0.87)
COVID 19 Claims	0.43	0.34	0.51	0.17
Contingency General	0.00	0.00	0.61	0.61
Prior Year	0.03	0.00	0.00	0.00
Planned slippage	0.00	(1.50)	(1.40)	0.10
Total	7.59	29.67	38.71	9.04
Funding sources				
Finance Leases	1.28	11.13	8.19	(2.94)
PDC - Agreed	3.02	4.52	19.45	14.93
PDC - Unagreed	0.34	5.93	0.84	(5.09)
Charitable Funds	0.00	0.00	0.00	0.00
Disposal of assets	0.00	1.02	0.22	(0.80)
Other Internal cash resources	2.96	7.07	10.02	2.94
Total	7.59	29.67	38.71	9.04

- 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 £9.0m - principally in respect of the £9m ED Scheme.
- Of the £20.3m of PDC funding, the Trust has received confirmation in respect of £19.5m. Formal MOUs have not however yet been received in respect of all of these items. Unagreed PDC funding of £0.8m relates to Diagnostics and Estates. 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 06		
	Prior month	Actual	Change
	£m	£m	£m
Opening cash balance (net of working capital facility)	24.47	25.05	0.58
Capital Expenditure (accruals basis)	(1.08)	(2.69)	(1.61)
Capital loan drawdown	0.00	0.00	0.00
Capital loan repayment	0.00	(4.41)	(4.41)
Proceeds on disposal of assets	0.00	0.00	0.00
Movement in capital creditor	(0.24)	0.95	1.19
Other capital-related elements	(0.23)	(0.08)	0.15
Sub-total - capital-related elements	(1.55)	(6.24)	(4.68)
Cash Generated From Operations	1.48	1.43	(0.05)
Working Capital movements - debtors	(0.52)	2.66	3.18
Working Capital movements - creditors	1.41	(4.70)	(6.12)
Net Interest	(0.19)	(0.37)	(0.18)
PDC Dividend paid	0.00	0.00	0.00
Other Cashflow Movements	(0.05)	28.66	28.71
Sub-total - other elements	2.13	27.67	25.55
Closing cash balance (net of working capital facility)	25.05	46.49	21.44

Closing cash balance	50.78	46.49	(4.29)
Closing working capital facility	(11.00)	0.00	11.00
Closing interim revenue support facility	(14.73)	0.00	14.73
Closing cash balance (net of working capital facility)	25.05	46.49	21.44

Better payment practice code	Paid in year	Paid within	% Paid
		target	within target
Non-NHS - number of bills	62,816	55,084	87.7%
Non-NHS - value of bills (£k)	120,381	99,417	82.6%
NHS - number of bills	863	505	58.5%
NHS - value of bills (£k)	10,157	3,897	38.4%
Total - number of bills	63,679	55,589	87.3%
Total - value of bills (£k)	130,538	103,314	79.1%

Key points

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

In M06, £40.3m of PDC was received to enable the Trust to repay a number of DHSC loans: interim capital loan £3.0m, liquidity loan £11.6m, working capital facility £11.0m and interim revenue support facility £14.7m. The repayment of the last two of these loans has strengthened the underlying cash position by more than £25m.

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

- Total capital-related cashflow in M06 was £6.2m. This was £4.7m higher than M05. Accruals capital expenditure was £1.6m higher than M05. Capital loan repayments were £4.4m higher, of which £1.4m were scheduled capital repayments and £3.0m was the PDC-funded repayment of the interim capital loan for Theatres.

Other elements:

- Working capital debtor movements was £2.7m favourable in month, primarily due to receipt of TC infection control funding £1.4m.
- Working Capital creditor movements was £4.7m adverse in month, primarily due to timing of the payment run £2.7m and reduction in HEE income received in advance £0.7m.
- Other cashflow movements was £28.7m favourable in month. This was due to the receipt of PDC £40.3m to enable loans to be repaid, less the PDC-funded repayment of the liquidity loan £11.6m.

	ISU	Target	13 month trend	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	Year to date
QUALITY LOCAL FRAMEWORK																	
Reported Incidents - Severe	Trustwide	<6		0	0	1	1	1	0	0	0	3	2	2	3	2	12
Reported Incidents - Death	Trustwide	<1		1	0	1	0	0	0	0	0	1	1	0	1	0	3
Medication errors resulting in moderate harm	Trustwide	<1		0	0	0	0	0	1	2	0	0	0	1	0	0	1
Medication errors - Total reported incidents	Trustwide	N/A		38	46	59	46	53	60	46	19	24	39	42	39	48	211
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		0	0	0	0	1	2	0	1	0	1	3	4		9
Never Events	Trustwide	<1		0	0	1	0	0	0	0	0	0	0	0	0	2	2
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		2	5	6	4	1	5	3	3	4	1	4	8	5	25
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams)	Trustwide	<1		2	0	0	0	0	2	0	1	0	0	0	1	0	2
Formal complaints - Number received	Trustwide	<60		26	31	30	14	35	22	21	2	3	12	17	15	18	67
VTE - Risk Assessment on Admission (Acute)	Trustwide	>95%		89.9%	92.2%	93.2%	91.7%	91.7%	92.3%	90.5%	86.4%	92.1%	82.5%	80.2%	79.2%	80.9%	82.7%
VTE - Risk Assessment on Admission (Community)	Trustwide	>95%		98.8%	95.3%	98.9%	97.6%	98.9%	100.0%	97.6%	93.9%	96.2%	88.9%	94.2%	96.9%	87.8%	93.0%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		108.4	112.5	101	105.8	108.7	96.2	117.2	142.8	102.9	107.1				108.7
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		84.0%	88.8%	89.6%	90.4%	91.3%	89.2%	88.9%	87.3%	85.4%	89.8%	90.8%	84.0%	86.4%	87.2%
Safer Staffing - ICO - Nighttime	Trustwide	90% - 110%		86.4%	91.6%	93.2%	91.7%	92.9%	91.4%	91.3%	89.0%	87.0%	89.9%	92.2%	86.4%	87.7%	88.7%
Infection Control - Bed Closures - (Acute)	Trustwide	<100		34	0	42	0	204	108	0	4	0	12	0	20	262	298
Hand Hygiene	Trustwide	>95%		95.7%	96.1%	97.2%	94.1%	96.1%	93.5%	94.9%	99.4%	98.9%	97.9%	97.2%	98.3%	98.9%	98.3%
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	Trustwide	>90%		51.6%	63.4%	73.1%	76.9%	83.9%	82.4%	80.0%	80.0%	97.5%	91.7%	94.6%	74.4%	60.0%	
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		96.4%	87.2%	93.3%	84.5%	75.8%	79.6%	90.2%	66.7%	90.6%	79.1%	86.8%	83.9%	77.6%	81.3%
Follow ups 6 weeks past to be seen date	Trustwide	6400		6793	6694	6725	7243	6391	6147	7056	8824	14211	15398	16408	17220	17408	17408
WORKFORCE MANAGEMENT FRAMEWORK																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<4.0%		4.3%	4.3%	4.4%	4.5%	4.5%		4.5%	4.5%	4.5%	4.5%	4.5%	4.5%		4.3%
Appraisal Completeness	Trustwide	>90%		78.0%	77.3%	78.0%	78.5%	80.1%	81.6%		71.6%	71.0%	75.6%	77.8%	78.4%	79.4%	78.0%
Mandatory Training Compliance	Trustwide	>85%		90.3%	90.6%	90.5%	90.4%	90.8%	90.4%		90.1%	88.0%	89.9%	89.9%	89.9%	89.7%	90.3%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		11.3%	11.4%	11.4%	11.4%	11.7%	11.7%		10.5%	10.5%	10.3%	10.8%	10.7%	10.3%	

	ISU	Target	13 month trend	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	Year to date
COMMUNITY & SOCIAL CARE FRAMEWORK																	
Number of Delayed Discharges (Community) *	Trustwide	<315		392	373	319	344	462	588	393	121	21	38	95	175	246	450
Number of Delayed Transfer of Care (Acute)	Trustwide	<240		189	305	230	198	190	235	175	14	17	33	82	89	72	235
Timeliness of Adult Social Care Assessment assessed within 28 days of referral	Trustwide	>70%		71.1%	69.5%	68.9%	68.8%	69.0%	70.0%	70.7%	70.0%	72.0%	73.1%	71.0%	70.9%	71.0%	70.9%
Clients receiving Self Directed Care	Trustwide	>90%		89.6%	89.0%	89.0%	89.1%	89.3%	88.1%	87.7%	85.0%	83.1%	82.1%	81.8%	81.1%	80.0%	81.1%
Carers Assessments Completed year to date	Trustwide	40% (Year end)		26.7%	29.2%	28.4%	35.4%	36.6%	38.5%	39.6%	2.2%	4.3%	10.1%	13.5%	16.2%	19.0%	16.2%
Number of Permanent Care Home Placements	Trustwide	<=600		648	641	640	645	627	624	632	628	623	623	605	611	627	611
Children with a Child Protection Plan (one month in arrears)	Trustwide	NONE SET		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%			590.0%				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%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET		569	594	530	556	558	530	520	532	515	553	559	561	560	561
Intermediate Care - No. urgent referrals	Trustwide	113		178	216	205	201	239	202	219	230	248	283	240	208	217	1201
Community Hospital - Admissions (non-stroke)	Trustwide	18/19 profile		204	226	230	212	211	186	202	138	172	221	206	262	261	996
NHS I - OPERATIONAL PERFORMANCE																	
A&E - patients seen within 4 hours	Trustwide	>95%		80.7%	82.7%	77.3%	77.9%	76.2%	82.2%	86.1%	94.1%	96.5%	94.8%	96.4%	93.5%	91.9%	94.4%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		80.4%	79.9%	80.0%	79.9%	79.8%	79.5%	76.2%	69.3%	62.2%	57.0%	53.5%	57.3%	62.1%	60.0%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		78.9%	72.9%	78.8%	85.9%	83.6%	75.3%	71.8%	71.7%	77.1%	80.9%	92.3%	86.3%	80.4%	81.4%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		15.7%	10.0%	6.4%	7.9%	10.2%	7.4%	11.3%	47.7%	54.3%	41.1%	30.9%	34.5%	37.6%	40.1%
Dementia - Find - monthly report	Trustwide	>90%		88.5%	95.1%	88.1%	92.8%	98.7%	90.3%	88.5%	87.5%	94.4%	88.4%	81.9%	93.7%	93.5%	89.7%

	ISU	Target	13 month trend	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	Year to date
LOCAL PERFORMANCE FRAMEWORK 1																	
Number of Clostridium Difficile cases reported	Trustwide	<3		3	8	2	4	4	5	0	5	8	5	4	4	2	28
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		88.3%	68.2%	77.8%	85.3%	74.8%	84.8%	87.1%	80.5%	93.6%	91.4%	83.4%	80.1%	75.9%	83.7%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		97.3%	91.5%	100.0%	97.3%	97.1%	98.9%	95.1%	96.2%	100.0%	95.3%	97.4%	100.0%	94.9%	97.1%
Cancer - 28 day faster diagnosis standard	Trustwide			70.6%	71.8%	73.2%	71.9%	66.9%	74.5%	74.8%	60.2%	80.9%	80.8%	79.8%	72.0%	67.3%	73.8%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%		98.5%	96.8%	98.0%	97.6%	96.8%	98.8%	99.0%	97.7%	99.2%	100.0%	99.4%	97.3%	97.5%	98.4%
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%		95.9%	95.9%	95.8%	95.2%	89.5%	93.5%	97.7%	93.0%	98.2%	100.0%	100.0%	100.0%	100.0%	98.8%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		93.8%	94.7%	95.0%	97.1%	86.2%	91.4%	100.0%	96.6%	96.2%	100.0%	96.4%	91.3%	100.0%	97.0%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		100.0%	86.7%	85.7%	100.0%	100.0%	85.7%	76.5%	73.3%	33.3%	66.7%	100.0%	100.0%	100.0%	77.8%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			36	39	27	24	24	21	21	19	42	68	32	9	9	9
RTT 52 week wait incomplete pathway	Trustwide	0		89	79	69	71	80	43	53	93	192	344	524	745	892	892
On the day cancellations for elective operations	Trustwide	<0.8%		2.2%	1.1%	0.9%	0.6%	1.2%	1.0%	2.1%	0.7%	0.6%	0.8%	0.7%	3.4%	1.7%	1.4%
Cancelled patients not treated within 28 days of cancellation *	Trustwide	0		8	8	7	3	3	10	5	46	2	1	5	3	29	86
Bed Occupancy	Overall System	80.0%		95.4%	95.8%	97.6%	98.6%	98.6%	97.8%	92.4%	54.6%	64.8%	74.7%	93.3%	86.7%	91.6%	73.9%
Number of patients >7 days LoS (daily average)	Trustwide			131.7	127.4	121.5	120.1	128.1	130.3	119.8	100.5	70.8	80.9	76.5	89.3	94.9	70.8
Number of extended stay patients >21 days (daily average)	Trustwide			35.9	34.3	28.0	23.1	25.5	27.7	26.0	22.6	18.1	18.7	12.0	13.3	15.2	16.1
LOCAL PERFORMANCE FRAMEWORK 2																	
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		90	47	104	113	117	88	43	16	9	19	10	46	59	159
Ambulance handover delays > 60 minutes	Trustwide	0		2	5	13	14	14	7	5	1	0	4	1	3	0	9
A&E - patients recorded as >60min corridor care	Trustwide			416	382	494	463	495	335	115	0	0	0	0	0	0	0
A&E - patients with >12 hour visit time pathway	Trustwide			145	103	247	158	182	136	32	1	0	5	0	1	10	17
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0		0	0	1	3	1	3	1	0	0	0	0	0	0	0
Number of Clostridium Difficile cases - (Acute) *	Trustwide	<3		3	5	1	3	4	5	0	4	6	4	1	2	2	19
Number of Clostridium Difficile cases - (Community)	Trustwide	0		0	3	1	1	0	0	0	1	2	1	3	2	0	9
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		67.1%	66.4%	63.0%	64.1%	65.7%	62.0%	70.6%	76.9%	78.4%		73.6%	70.9%	61.1%	71.5%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		35.0%	32.6%	25.8%	36.8%	41.5%	40.5%	44.5%	57.1%	54.1%		46.3%	43.7%	35.0%	46.5%
Clinic letters timeliness - % specialities within 4 working days	Trustwide	>80%		68.2%	68.2%	77.3%	81.8%	81.8%	95.5%	68.2%	95.5%	86.4%	90.9%	90.9%	90.9%	72.7%	87.9%

	ISU	Target	13 month trend	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	Year to date
NHS I - FINANCE AND USE OF RESOURCES																	
Capital Service Cover	Trustwide	2		4	4	4	4	4	4								
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide			-473	-3022	-4464	-6555	-9693	-13294	-23577	218	524	800	1323	1297	1220	
Agency - Variance to NHSI cap	Trustwide			-0.98%	-1.03%	-1.06%	-1.07%	-1.01%	-0.98%	-0.87%	0.79%	0.87%	0.44%	0.39%	0.49%	0.38%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide			-342	-1584	-2357	-2872	-4983	-7078	-9325							
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide			3301	4420	6559	7632	8191	9595	4249	567	1112	1813	2770	532	-236	
Distance from NHSI Control total (£'000's)	Trustwide			58	-1651	-2833	-4616	-7648	-10926	-20367	0	0	0	0	0	0	
Risk Share actual income to date cumulative (£'000's)	Trustwide			0	0	0	0	0	0	-2000	0	0	0	0	0	0	
ACTIVITY VARIANCE vs PREVIOUS YEAR																	
Outpatients - New	Trustwide			-0.1%	-5.8%	-9.3%	-1.4%	1.1%	0.6%	-15.8%	-65.2%	-55.6%	-32.4%	-25.5%	-21.6%	-10.5%	-35.6%
Outpatients - Follow ups	Trustwide			5.2%	-0.6%	-2.3%	5.6%	3.0%	4.7%	-16.2%	-50.1%	-42.3%	-28.2%	-26.8%	-24.8%	-15.9%	-31.3%
Daycase	Trustwide			8.5%	-3.0%	6.3%	1.4%	-2.6%	1.5%	-23.7%	-62.2%	-57.8%	-33.5%	-20.0%	-23.3%	-15.4%	-35.5%
Inpatients	Trustwide			-10.0%	-4.3%	10.1%	31.9%	16.8%	15.3%	-15.0%	-61.6%	-50.3%	-28.1%	0.3%	-29.6%	-8.5%	-29.3%
Non elective	Trustwide			3.2%	4.8%	2.1%	14.9%	5.9%	11.6%	-10.9%	-44.4%	-35.5%	-21.4%	-15.8%	-5.9%	0.3%	-20.6%
INTEGRATED CARE MODEL																	

Appendix 1 – System Finance Reports for Information

September 2020

FINANCE SCORECARD – TORBAY SYSTEM

Paignton & Brixham ISU - Torquay ISU - Independent Sector - COVID 'Hospital Discharge & Infection Control'

FINANCE RUN-RATE – rolling 13 months

Average monthly expenditure is £19.3m for the last six month period compared to a previous average of £18.3m per month. This is being driven by COVID related costs of circa £1.4m (Hospital Discharge & Infection Control in the Independent Sector).

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 £26.6m (12.3%) higher in 2020/21 compared to 2019/20 (driven by IS costs).

Cost base lower in months 1-6 due to COVID heavily impacting activity levels, particularly in P&B.

In months 7-12 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 (Hospital Discharge & Local Authority – Infection Control).

Forecast from M7 also includes £2m of Labs costs (Acute COVID) previously accounted for in Shared Ops in the first half of the financial year.

INCOME MONITORING

Integrated Performance Report - Month 6.pdf

10/21/2020

FORECAST REPORTING

Page 62 of 75

Overall Page 96 of 223

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.
Labs Testing	COVID and winter pressures will increase testing / activity levels and Trust has equipment capability to meet increased demand levels.	Increased testing will come at a cost and Trust needs to ensure this is both cost effective and within any additional allocations available at both STP / National level and resourced appropriately.	Financial options analysis undertaken on stepped level increases and funding routes being considered within Devon STP phase 3 planning process.
Independent Sector	Increased costs (in excess of 20%) 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 1 st September 2020. New Infection Control (round 2) funding recently published and responsibilities / impact being worked through.	Operational plan has been developed to meet new Hospital Discharge guidance with early assessment of financial impact and risk undertaken. Infection Control Fund being jointly reviewed by Trust / Torbay Council and plans being drawn up to meet grant conditions / support the market within the financial envelope available.

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 now move 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-M6 is an average of £10.2m per month being 11% lower than pre Covid comparator of M8-M10 2019/20 . Average monthly spend in Q2 £600k higher than Q1 with the largest increase M6 of £0.6m being £0.3m pay and £0.3m non pay. This reflects impact of the stepping back up of services, medical pay award and drug costs. Run rates are expected to increase further M7- M12 due to phase 3 capacity and activity requirements, Urgent Care pathway redesign, 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. Other sources of income are various contracts and recharges which are less than M8-M10 mainly due to winter pressure funding.

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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 £134m for South ISU's, and £13m Shared Operations. This has increased from the previous month by £2.6 being £0.2m business as usual expenditure relating to medical pay inflation and ED agency costs, and £2.4m assumptions for phase 3 activity expectations to get to pre Covid levels (previously recorded at Trust level M5). Urgent care pathway redesign business case has been approved with forecast currently reported at Trust level and therefore not reflected in the System. Risks are growing with back log of patients, 52 week breaches, FYE and productivity of services as they resume, and business cases 20/21 and beyond. Focus going forward is managing capacity to meet phase 3 demands, developing recovery plans.

South Devon System Board Table of Key Metrics

	Drivers	Forecast/ risk	Actions Taken:	Tick charts- 13 month actual rolling run rate
Newton Abbot ISU	M6 run rate increase £0.5m medical pay costs recharged back from Covid over accrued, agency staff ED. Agency spend is volatile depending on vacancies, sickness and maternity leave. Smaller increases in pay and drug costs – patient activity.	Emergency floor workforce redesign – MRU phased implementation following business case approval. ENP/AEC requested staff increase – pending business case. UTC/MIU recruitment to reopen MIU fully – ECF’s to be presented. ICU – forecast included cost to staff 14 beds and training of nurses.	MRU business case approved. Head hunting / recruitment drive in process. Potential reliance on agency costs if recruitment a challenge, and also in ED re: winter pressures and demand. Safer staffing impact business case in progress.	
Coastal ISU	M6 run rate increase £0.3m medical pay award, and pass through drug costs. M6 stepping up of some services including, Theatre, Endoscopy, Eye Theatres, with further phase 3 increases as the year progresses.	Phase 3 activity assumptions to pre covid levels increase run rates £2.4m M7-M12. Excludes clearance of back log – 52 WW increasing. Outpatients phase 3 included from M7 £0.2m. Delay in Endoscopy room 3 to Oct, and DSU to Nov – potential further slippage.	Phase 3 activity to increase capacity to pre covid levels. Significant risk to back log. SRU business case approved (recorded at Trust level). Theatres 1&2 available from Nov. Treatment room at Teignmouth available. Use of MSH cease Oct-discussions to extend.	
Moor to Sea ISU	Slight reduction in run rate M6 mainly agency and substantive staff, with a small increase in bank costs. Run rates expected to increase as patient activity returns to pre covid levels.	Run rates increase M7-M12 and rise as services resume, and winter pressures. Increased Rapid Response support with additional fixed term contracts Oct - Mar. 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	M6 marginal increase in pay and non pay run rate. Expected run rate increases throughout the year as ISU responds to changing Trust requirements, increased activity, and the need to support ED and onward patient care.	Increased cost and run rates mainly Q3 and Q4 due to winter pressures, back log of work.	Run rates risk winter pressure wards, seasonal demand and responding to Trust requirements and pressures.	

South System and Shared Operations costs continue to be lower M1-M6 by c11% compared to an average compared to that of M8-M10 2019/20. Run rates increasing M7 – M12 as the year progresses with response to phase 3 pre covid levels, patient activity, recruitment into vacant posts, winter pressures. Recruitment drive in process for Urgent Care pathway post business case approval. Risk of staff resource availability as the year progresses and reliance on temporary staffing. COVID related incremental costs are £9.8m 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 £620k 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 1-6 at Trust level and providers are expected to break even during that period. Further national guidance is expected shortly. EFM income loss of £970k during M01-06 is reflected in the ISU.

INCOME MONITORING



Innovation Projects/ £ CIP

The Corporate system budget for month 1-6 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-M10 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)

FORECAST £ REPORTING

Corporate Table of Key Metrics



	Drivers	FOT/Variance Risk	Actions Taken:	Tick charts run-rate (£m)
EFM	<p>Lost income (M01-06) of £970k reflected in ISU figures. Expenditure expected to rise as activity across the Trust increases.</p>	<p>ISU charge to Covid-19 of £281k risk of returning to the ISU position. Stepped return of income included in the forecast as agreed with service leads.</p>	<p>Increase in demand to be monitored. Income assumptions to be reviewed/included based on national guidance.</p>	
Executive Directors	<p>HIS non-pay profile has peaks in year. Education & overseas nursing recruitment activity reduced due to Covid-19.</p>	<p>HIS spend profile does not reflect cost spread to the TSD across year. Future impact of reduced training provision.</p>	<p>HIS spend profile flattened across the year.</p>	
Reserves	<p>£2m annual leave accrual from m12 now adjusted to nil. £7.15m Covid-19 top-up income profiled between M01-04.</p>	<p>Leave entitlement risk from cost of providing cover when leave peaks. Uncertain that total value of top-up will be received.</p>	<p>NHSE/I guidance that leave should be taken equally across the year & not accumulated.</p>	
Other ISUs	<p>R&D trials activity reduced due to covid-19. Income for Pharmacy Medical Opt & Care Home posts held centrally.</p>	<p>R&D trials income unlikely to recover in the short-term. Pharmacy therefore showing adverse variance for pay costs of these posts.</p>	<p>R&D staff resources re-deployed. Need recognition for further income for Pharmacy held in Trust.</p>	

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 similar, 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 Sept is an average of £2.06m being 13.0% lower than the NHSI M8-10 2019/20 comparative. Pay is 7.9% 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 24.5% lower, M8-10 comparative had backdated estate and overhead recharges from DPT/TSD and non recurrent accruals for IT spend and the M6 position does not include an Alliance recharge during the Covid period.

INCOME MONITORING

NHS Contract Income has been blocked for months 1-6 at Trust level and Providers are expected to breakeven during this period. Further National guidance expected shortly. Other sources of income are 92.2% less (£0.55m 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 forecast for M7-12 indicates that net expenditure/other income will broadly remain at same levels of M01-06 by the end of the year, but will fall by -4.14% (£0.56m), compared to M08-10 average.

Pay costs rise of 11.9% £0.60m in M7-12 against M08-10 1920 average

Non-pay costs fall of -19.9% (£1.8m). *Mainly switch from non pay to pay of recharge costs.*

Other income fall of 94.7% £0.67m



CFHD Table of Key Metrics

CFHD

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

CFHD net expenditure for months 1-6 in 2020/21 is lower than the average of month 8-10 in 2019/20. Pay costs are 7.9% 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 24.5% 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 2.58% on M8-10.

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		September 2020
Capital Submission	£000	£0
Revenue Submission	£000	£9,812

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 6

COVID 19 Expenditure	Total Expenditure PLAN M6 YTD £'000	Total Expenditure Actual M6 YTD £'000	Of Which COVID-19 Actual M6 YTD £'000
Total operating expenditure excluding employee expenses	122,629	125,493	4,640
Total employee benefits excluding capitalised costs	129,666	133,919	5,171
Total operating expenditure	252,295	259,412	9,812

COVID Revenue Forecast at month 6

COVID related spend from month 7 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. Swabbing and Lab testing costs will be recorded and monitored within the Shared Operations and Paignton ISU. Funding has been recently approved by the STP to expand swabbing capacity.

COVID 19	M6 YTD Expenditure £,000	Estimated monthly Recurrent cost months 7-12 as per NHSI guidance Sept 20 £,000	Total Forecast Expenditure £,000	Further costs M7-M12 pending COVID surge - not yet approved £,000
Non pay direct costs to CC 75999	4,640	2,569	7,209	
Pay direct costs to CC 75999	5,171	2,021	7,192	
Swabbing M7-M12 P&B ISU		446	446	208
Lab testing M7-M12 P&B ISU		2,243	2,243	1,300
Loss of car park income M7-M12 Corporate		223	223	
Total	9,812	7,502	17,313	1,508

Further forecast costs pending a COVID surge £1.5m (yet to be approved) are recorded above. The Trust is starting to experience increased daily activity above acute COVID forecast. This is being managed by the organisation, however a point may be reached where our costs exceed the £16m forecast above based on demand, therefore this risk has been estimated which is yet to be approved.

COVID Detail Expenditure by month as at M6 2020/21

COVID 19 Expenditure by month 2020/21	Apr £'000	May £'000	Jun £'000	July £'000	Aug £'000	Sept £'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	0	57	0	n/a
Decontamination	40	11	27	52	(6)	1	125	7	Maintain
Direct provision of Isolation pod	1	0	0	0	0	0	1	0	Decrease
Enhanced PTS	3	3	1	0	0	0	7	0	Increase
Inc ITU capacity, assisted respiratory etc.	254	164	113	175	5	(122)	589	(127)	Maintain
PPE	413	443	294	33	29	(136)	1,075	(165)	n/a
Remote management of patients	144	7	32	162	12	19	376	7	Will increase
Remote working non patient activities	61	0	0	0	0	0	61	0	Decrease
Segregation of patient pathways	187	225	198	134	163	66	973	(97)	Increase
Support staying at home models	32	20	33	3	15	32	135	17	Likely to increase
Virus testing	90	168	190	303	152	341	1,244	189	Will increase
Backfill for higher sickness absence	513	436	522	458	187	128	2,244	(59)	Decrease
Sick pay at full pay	0	114	47	44	28	1	234	(27)	Decrease
Existin workforce additional shifts	338	908	745	404	80	77	2,552	(3)	Decrease
Expanding medical / nursing workforce	20	45	25	16	16	19	140	3	Likely to increase
Total	2,176	2,649	2,096	1,784	681	425	9,811	(256)	
Non pay	1,305	1,147	757	862	370	200	4,641	(170)	
Pay	871	1,502	1,339	922	311	225	5,170	(86)	
Total	2,176	2,649	2,096	1,784	681	425	9,811	(256)	

It can be seen in the table above that at this stage the direction of spend from July to September shows a decrease in many of the NHSI categories in month 6. There are several factors that could impact movements and are as follows:-

- Patient activity
- 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
- Estimate of accruals
- Costs awaiting approval for COVID expenditure, timings of accruals
- Categorisation of spend areas may need further review by review of individual invoice for clarification and technical/ medical descriptions.
- PPE costs M6 recharge amounts to Torbay Council and Somerset Council have been removed

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.

Forecast of COVID spend for the second half of the year:

The Forecast for TSDFT is shown above. Organisations within the STP were reviewing their COVID spend forecasts to a deadline of 19 October. Details of the revised forecasts across the STP will be provided within the next report.

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. NHSE South West has advised the Trust that the subsequent reimbursement of capital costs incurred up to the period up to 18th May 2020, (at which point the reclamation rules were changed) have now been approved although the PDC funds have yet to be received. NHSE South West has also advised the Trust that it will be continuing to seek financial support from the National Team to support part of the costs being incurred on the infection control works on the Louisa Cary Ward. 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 infection control works on the Louisa Cary ward is an additional sum of £92k. The Trust's cash plans assume that these costs will be reimbursed to the Trust.

As previously reported 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 Estates related capital schemes.

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 £8.49m and towards this Torbay Council has contributed £3.74m. This is summarised in the table 1 with more detail provided below.

COVID Costs and Income	September YTD Expenditure	September YTD Council Contribution	Net Cost to the Trust supported through COVID top up
	£'000	£'000	£'000s
Hospital Discharge	5,631	1,000	4,631
Infection Control Fund (Round 1)	2,860	2,740	120
Total	8,491	3,740	4,751

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 (round 1) of £2,060K have been passported to Care Homes via the Trust as per the Fund grant conditions. In addition to this there is a further discretionary £680K of funding available within the Infection Control Fund (round 1) and this has been paid to providers to support infection control within the domiciliary care market, supported living establishments, providers of day care and finally to further support to the Care Home sector (PPE).

Area	YTD Total
	£000's
EXPENDITURE	
Residential & Nursing Home VOIDS	435
Dom Care & Supported Living VOIDS	204
Early Discharge Packages Torbay - Scheme 1	3,565
Early Discharge Packages Torbay - Scheme 2	227
Dom Care LW@H Rate Uplift	327
Agincare (additional block contract)	129
Financial Assistance (all providers)	744
Infection Control	2,860
Expenditure Total	8,491
INCOME	
Torbay Council COVID Core	1,000
Torbay Council – Infection Control Fund	2,740
Income Total	3,740
Early Discharge (Health COVID) Cost	4,751

Looking ahead for the remainder of the financial year this area will continue to see cost incurred. The funding available, and conditions with this, have been published during the last month and in conjunction with Torbay Council & Devon CCG:

- the guidance is being interpreted
- initiatives being proposed and agreed
- appropriate funding flow between the relevant organisations is being confirmed.
- systems put in place to ensure timely payments to the relevant Independent Sector providers.

Initial forecast spend & income for months 7-12 that will be transacted through the Trust, is reproduced in the table below:

COVID Costs and Income	Forecast (M 7-12) Expenditure £'000	Forecast (M7-12) Council Contribution £'000	Forecast Net Cost to the Trust supported CCG £'000s
Hospital Discharge – Scheme 1	1,754	-	1,754
Hospital Discharge – Scheme 2	2,291	-	2,291
Infection Control Fund (Round 2)	2,312	2,312	-
Provider Support	1,000	1,000	-
Total	7,357	3,312	4,045

It is worth noting that some of the above forecast figures will be subject to change as we progress through the remainder of the financial year. In particular the Hospital discharge elements have a number of assumptions underpinning them that are volatile in nature and some of the variables are listed below for context:

- **Scheme 1-** Can we get the appropriate resource to undertake the assessments, what will be the timing of the assessments?
- **Scheme 2-** What will be the number of clients that will pass through this process, will this fluctuate over the six-month period and what will be the cost of their package of care for the 6-week period?

Due to the volatile nature of this area, combined with the funding / reporting arrangements it has been designated as a high-risk area and as a result of this appropriate finance / operational resource will need to be ring fenced to provide monthly updates on actual and forecast spend.

COVID True Up Income:

The cumulative COVID True Up income value at M6 is £5.0m.

COVID Spend by ISU:

ISU	Pay £	Non Pay £	Total £
Charitable Funds	4,901		4,901
Children & Family Health Devon	10,172		10,172
Coastal	733,228	84,993	818,221
Corporate	218,974	80,938	299,912
Estates & Facilities	141,769		141,769
Executive Directors	11,760		11,760
Moor to Sea	100,784	-63,531	37,253
Newton Abbot	1,890,625	-408,614	1,482,011
Paignton & Brixham	208,102	170,914	379,015
Pharmacy Services	2,421		2,421
Shared Operations	89,109		89,109
Torquay	180,585	13,292	193,876
System	1,528,449	4,787,824	6,316,273
To be classified	50,750	-25,789	24,961
Grand Total	5,171,628	4,640,026	9,811,654

STP Benchmark

Months 1-5 COVID STP Benchmark:

M1-5 COVID costs as percentage of actual spend				
Organisation	Total Expenditure actual	Of Which COVID-19 £'000	Total Expenditure plan	% COVID costs
DPT	85,908	3,276	84,665	3.8%
Northern Devon	98,953	4,090	99,677	4.1%
RD&E	237,959	12,131	237,206	5.1%
RD&E Nightingale	19,905	19,905		
South Devon	215,819	9,387	210,246	4.3%
UHP	247,518	8,951	247,539	3.6%
Total	906,062	57,740	879,333	6.4%
CCG		31,370		
Grand Total		89,109		

As part of South Devon expenditure, but not categorised as COVID, £3,689k was spent on hospital discharge.

Report to Trust Board of Directors				
Report title: National Inpatient Survey 2019 (IPS19) Results		Meeting date: October 28th 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	Quality Assurance Committee			
Purpose of the report and key issues for consideration/decision	The report is written in response to the CQC National Annual Inpatient Survey, highlighting its key findings and actions planned in response to the survey.			
Action required (choose 1 only)	For information <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the outcome and feedback from the National Inpatient Survey Note the results were discussed in detail at the Quality Assurance Committee with agreed actions 			
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: 28 th October 2020
Report sponsor	Chief Nurse	
Report author	Patient Safety and Experience Lead	

1. Introduction

The purpose of this paper is to outline the key findings from the 2019 Inpatient Survey. The paper will:

- Highlight results and key messages from the Inpatient Survey
- Provide a comparison against the Trust's performance in 2018
- Identify key areas of improvement achieved in 2018/19 and areas for improvement in 2020/21

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.

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).

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%. The survey's 68 questions and results are firstly grouped into 11 sections, as set out in appendix 1. This table also includes the score for each section, 10 (100% satisfaction) is the highest score, 0 (0%) is the lowest score. Appendix 1 sets out the comparative range, highlights the best and worst performing trusts and our position in relation to them.

Overall the survey shows the Trust position as being towards the best performing Trusts for **S4 hospital and ward** and **S9 leaving hospital**. Our performance remains about the same for the remaining areas. 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. Table 1 highlights the comparison against our performance against 2018 position.

		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

Table 1

3.2 Areas for Improvement

3.2.1 Waiting to get a bed on a ward

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.

3.2.2 Doctors and Nurses

Analysis shows a reduction, against 2018, with patients reporting that doctors and nurses *'talking in front of the patients, as if they weren't there'* (Q25). Although, we are better than the lowest performing hospitals we need to progress actions to improve our approach to patient information, question answering and ensuring we fully involve the patients in meaningful communication.

3.2.3 Feedback on care and research participation.

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'.

3.2.4 Feedback and Views about the quality of care during patient hospital stay

The Trust's results were worse than most trusts for only 1 question and this relates to patients being asked about the quality of their care during the hospital stay. This is disappointing as we have carried out a substantive amount of activity with the Working with Us Panel and local auditors carrying out monthly surveys, seeking the views of patients around the quality of their care.

The immediate feedback from patients has been 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 ensuring that we enhance mechanisms to opportunities for patients to feedback their experience of care. Improvement action will be taken on this point, under *feedback on care and research participation*, S10, and the actions can be view in section 4

3.3 Areas that have improved in 2019 with Positive Scores

3.3.1 Respect and Dignity

This area secured our highest score demonstrating our commitment to ensure that all patients are treated with dignity and respect.

3.3.2 Waiting lists or planned admission and Operations and procedures

The survey showed an increased score in the experience of patients waiting for admission and operations.

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.

4 Improvement Priorities

The Inpatient survey points to a number of distinct improvement areas for 2020/21. A range of improvement priorities were presented and discussed at the Quality Assurance Committee in September and these will be embedded within an overarching Patient Experience Improvement Plan for 2020/21.

6. Conclusion

We remain committed to continually improve the experience of our patients and while the results are positive overall, we will continue to progress the improvements in those areas where we are not achieving the best experience for patients embedding these in an overall patient experience plan.

6.0 Recommendations

The Board is asked to:

- Note the outcome and feedback from the National Inpatient Survey
- Note the actions in response to the IP Survey and agreed at the Quality Assurance Committee

Appendix One

Questions – Trust & comparative scores

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.

Report to the Trust Board of Directors				
Report title: Staff Experience Report		Meeting date:28.10.20		
Report appendix	Nil			
Report sponsor	Judy Falcao, Director of Workforce & OD			
Report author	Jenny Shepherd & Sally Simpson, Workforce & OD Business Partners Chris Edworthy, Head of Workforce & OD			
Report provenance	The report is informed by papers and documents received by the People Committee			
Purpose of the report and key issues for consideration/decision	<p>To highlight the following areas for Board focus;</p> <ul style="list-style-type: none"> - Learning from the first wave of the pandemic and how it will be used to inform the wave 2 covid response, - Our response to equality, diversity and inclusion and - The role of the staff survey in obtaining feedback about staff experience. 			
Action required (choose 1 only)	For information <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board of Directors is asked to note the content of this report for information.			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	x	Valuing our workforce	x
	Improved wellbeing through partnership	x	Well-led	x
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register		Risk score	
External standards affected by this report and associated risks	Care Quality Commission	x	Terms of Authorisation	
	NHS Improvement	x	Legislation	
	NHS England	x	National policy/guidance	x

Report title: Staff Experience Report	Meeting date: 28/10/20
Report sponsor	Judy Falcao, Director of Workforce & OD
Report author	Jenny Shepherd & Sally Simpson, Workforce & OD Business Partners Chris Edworthy, Head of Workforce & OD

1. Introduction

1.1 This report seeks to highlight the following areas for Board focus:

- The importance of the People Plan in directing strategic workforce ambitions for the Trust;
- Learning from the first wave of the pandemic and how it will be used to inform the wave 2 Covid response;
- How we are responding to equality, diversity and inclusion agenda; and
- The role of the staff survey in obtaining feedback about staff experience.

2. Context

2.1 The landscape has considerably changed since the last staff experience report in February, not least of all with the endurance of the COVID pandemic. As with many other services, a number of the activities to measure and improve staff experience were stood down. For example, nationally the Staff FFT pulse check was, and still is, stood down, as was the requirement to nationally report some of our EDI information and plans. More locally, new starter questionnaires and exit interviews were deferred in order to deploy resources to critical activities. Programs of work connected to the findings from the 2019 National Staff Survey were also paused and whilst they have subsequently recommenced (see section 3.3) there will be a lag time.

2.2 In June 2020, the National People Plan was issued which sets out a comprehensive set of practical actions that employers and systems should take over the remainder of 2020/21 and beyond. These actions are part of the Trusts Local People Plan which addresses 3 Key Strategic Workforce Ambitions;

2.2.1 To develop a Healthy Organisational Culture, that transforms our Organisations Vision and Values into the delivery of exceptional health and care services through **Improvement Focused Change**.

2.2.2 To enable new ways of working at local and system level to address current workforce challenges and promote learning and skills development ,leading to more sustainable affordable workforce models for the future. **New Ways of Working and Growing for the Future**.

2.2.3 To be a Great Employer, where our People can thrive, achieve their potential, feel safe and secure and experience Joy at Work .
Looking after our People and Belonging

- 2.3 Moving forward, progress on the staff experience agenda will be reported under strategic ambition three of the Trusts Local People Plan - *To be a Great Employer, where our People can thrive, achieve their potential, feel safe and secure and experience Joy at Work.*

3 Key Updates

- 3.1 Learning from the first wave of the pandemic and how it will be used to inform the wave 2 covid response.
- 3.1.1 A number of listening events with a cross-section of clinical and non-clinical staff were held to understand what their experience had been during the first wave of the pandemic. This included staff groups such as: managers, frontline, corporate, re-assigned, homeworkers and those shielding. The events took the form of: groups face to face and via MS Teams, debriefing sessions, one to one and group coaching sessions. Many of these staff had also taken part in the health and wellbeing survey detailed below.
- 3.1.2 The experiences of staff were hugely variable from “It was scary but gave me a sense of satisfaction” to, “I felt underprepared, under-skilled and scared”. These responses amongst many, many others have been shared with the Executive Team as they felt they really needed to immerse themselves in the detail of what colleagues felt, saw and heard with view to taking action. The outcomes and findings from the experiences shared by staff are directly informing future ways of communicating during this next phase of COVID escalation as seen in current communication plan.
- 3.1.3 Identified through the feedback was that negative experiences were about what others didn't do whereas positive experiences were about what people did. In the best situations' leadership was compassionate, inclusive, safe and people felt supported. They felt connected to people, connected to the thinking and connected to the action. It is true to be said that when these things weren't in place people felt isolated, fearful and unvalued.
- 3.1.4 The feedback informed the development of a cultural tool that is being tested in many ways to enhance leadership capability and accountability moving forward. It is being used to facilitate effective team discussions and to raise a manager's awareness of the range of their functions in their role. This includes accountability, not solely for the task but also the engagement, shared decisions and wellbeing of teams. In addition it used as a reflective tool that enables people to recognise behaviours in themselves and in others. Furthermore, it is being tested as a leadership and management 360 degree feedback tool. Testing and socialising will continue during October and November in a range services organisation wide including corporate services, clinical, social care teams and executive colleagues..
- 3.1.5 One of the key areas in which workforce resource was directed in the first wave of the pandemic was in enhancing the wellbeing offer for staff – recognising the importance of looking after staff in such a challenging time.

- 3.1.6 A comprehensive package of local support including; chaplaincy, clinical health psychology, coaching, EAP, a COVID staff support line and external resilience coaching; was developed and promoted to colleagues. In addition, HeArTs and Minds started in May 2020 providing a creative space for colleagues to share, arts crafts music and nature.
- 3.1.7 Our local wellbeing offer was supported by a comprehensive national offer, which provided further choice and anonymity if staff not wish to access the internal resources.
- 3.1.8 As part of the workforce recovery cell an evaluation of the health and wellbeing offer was undertaken. This included mapping the usage of each element of the health and wellbeing offer against COVID activity, the co-creation of a wellbeing pulse survey and undertaking focus groups.
- 3.1.9 The survey told us that prior to COVID 73% of colleagues reported positive wellbeing; during COVID this reduced to 23% and at the time of the survey (June 2020) had only improved to 33%. This mirrored the national and local experience. Although the numbers of colleagues accessing support decreased, qualitative feedback suggested that most colleagues (88%) were aware and appreciative of the wellbeing support offer.
- 3.1.10 The survey provided colleagues free text boxes for them to comment on areas such as accessing support, what additional support would be beneficial and an opportunity to provide further feedback on their experience.
- 3.1.11 Over 121 pages of free text comments were received which were extremely powerful and emotional and covered the following themes:
- Management visibility, leadership and support
 - Recognition and appreciation from senior managers
 - Communication – needs to be better and consistent in approach,
 - Environment – incl. rest spaces/ changing facilities
 - PPE and safe working concerns
 - Homeworking – positive and negative impact on colleagues / teams
 - Support for reassigned staff / appropriate skills training
 - Support and guidance for managers
 - Principle source of support was from within teams or their managers
 - Car Parking – “when the barriers lifted our spirits lifted”
- 3.1.12 In light of the second COVID surge and feedback provided through our Health and Wellbeing survey, the well-being team have been reviewing our support offer. Feedback received was that our people needed help to navigate through all the support available as at the end of a shift, the last thing they wanted to do was to go searching for this information. With this in mind we have stood back up our local support line which will be promoted as both a support line and a signposting resource for colleagues and managers.

- 3.1.13 Our people told us that the main source of support came from their team. With this in mind, the focus of local well-being interventions will be to support managers and teams. This will include providing a safe space for colleagues to share how they are feeling. We know that colleagues really appreciate this being face to face, however this is challenging in COVID positive areas and we are exploring all options.
- 3.1.14 Our people also told us that clear consistent communication and senior leaders visibility is vital. This was a strong theme that came from the survey and its absence impacted teams significantly. This feedback has been relayed to our senior leadership and the learnings applied to how teams are communicated with as the current surge develops.
- 3.1.15 The launch of the People Plan and Our People Promise places Health and Wellbeing high on the agenda and will help drive our actions. This includes appointing a Health and Wellbeing Guardian for which a proposal will be tabled at the People Committee

3.2 Our response to equality, diversity and inclusion

- 3.2.1 The pandemic has also shone a light on the fact that BAME people are being disproportionately affected by COVID-19. Through opening dialogue with BAME colleagues about undertaking risk assessments this led to a furthering of conversation that has positively evolved into the set-up of BAME networks both internally and across Devon. Both are chaired by a TSDFT BAME staff member. This in turn has highlighted the importance of risk assessments for people are at increased levels of vulnerability and has and has directly influenced the way we support managers to have a meaningful and compassionate conversation. By managers demonstrating an inclusive leadership style the impact will be seen and felt by BAME colleagues feeling their voices and anxieties have been heard leading to improved levels of wellbeing and satisfaction at work.
- 3.2.2. Although in its infancy, our internal BAME network has started to grow. Colleagues are sharing their experiences with the intention of helping us deepen our understanding of what it is like to work in our organisation. With their openness and honesty we are beginning to gain clarity on what our areas of focus need to be to ensure a positive future where they can thrive. The themes will influence the content of our people plan.
- 3.2.3. The internal BAME network have also been involved in Black History Month by raising awareness through a VLOG supported by the Chief Executive and sharing their thoughts on video about what inclusion means to them.
- 3.2.4 The Equality Business Forum (EBF) has grown the number of active networks that now also include: The under 30s group and LGBTQ+. All networks are supporting the organisation to deliver the WRES and WDES action plan. The group are keen to be included in decision making processes and there is now a member of the EBF on the People Committee. This positively influences the culture of our organisation as we increase levels of inclusivity and diversity.

3.2.5 Members of the DEFF have undertaken an audit of where work place equipment for use by staff with a disability/long term condition is within the Trust. This will reduce the need to purchase additional equipment and make it easier for staff to access and improve their experience at work.

3.3 The role of the staff survey in obtaining feedback about staff experience

3.3.1 The national NHS staff survey provides really rich information about employee experience, both at a Trust wide level and a local departmental level.

3.3.2 A number of pieces of work designed to progress the Trust wide priorities from the 2019 NHS Staff Survey, were deferred due to the pandemic, but have subsequently recommenced including; a focus on tackling bullying and harassment and improving our safety culture.

3.3.3 We know that there is an increased likelihood of incivility when people are placed in extremely challenging circumstances - which COVID has certainly presented. We also know that bullying and harassment remains the most prevalent concern raised with our Freedom to Speak Up Guardians (see Freedom to Speak Up Guardian six monthly board report). As such the Lead Guardian, together with our Staff Side Chair, are key members of the group progressing the actions to tackle bullying in the workplace.

3.3.4 Prior to the first wave of COVID, the Trust's Acceptable Behaviour Policy had been reviewed and relaunched as a Bullying and Harassment at Work Policy. Anti-bullying training had been developed and was being delivered as part of Trust induction, and initial work had commenced to identify a voluntary network of anti-bullying advisors.

3.3.5 Given COVID and the move to a virtual induction, the training is currently being adapted digitally, and we expect this to be available next month. Training is also being developed to be incorporated into mandatory conflict training, which should be available by the end of the year. The anti-bullying network is regrouping and plan for a launch in the new year. The network will be a multi-disciplinary group that are a first point of contact for any member of staff experiencing or witnessing behaviour at work that causes them concern, to seek advice and support.

3.3.6 Over the past 5 years the Trust's score for safety culture in the NSS has fluctuated between 6.5 and 6.6. An improvement in the national average score to 6.8, saw a widening gap between local and national performance. We also know that whilst not one of the highest, staff and patient safety are themes from the concerns raised with our Freedom to Speak Up Guardians.

3.3.7 A Safety culture roundtable discussion was re-planned and held in July. This brought together people from across the organisation, including patient experience, health and safety, matrons, consultants, operational managers, Lead FTSU Guardian, Staffside and workforce to consider local safety information and to develop improvement actions. The NSS

identified that one of the largest adverse changes was around the Trust taking action to stop errors happening again (-3%). This was noted by the group and one of the actions taken has been to initiate a pilot which uses datix and near miss data to identify quality improvements projects, which following shared education, are progressed by a multi-disciplinary team. Other actions have included reviewing the role of Safety Champion and its application outside of Maternity Services and the development of a dashboard that correlates patient and staff experience.

- 3.3.8 This year's annual staff survey was issued on 1st October 2020 and our response rate (as of 21th October) is 24.5%, which is comparable to the same time last year 23.7%. Whilst the survey asks many of the same questions, as in previous years, so that we can measure the impact of the pandemic on the experiences of our staff, it does include some changes which are specifically relevant to working through Covid-19 enabling us to better understand staff experience.
- 3.3.9 From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise. Using the Staff Survey as the principal way to measure progress will enable teams and departments, as well as the whole organisation, to see their progress and take action to improve.

Report to the Trust Board of Directors			
Report title: Freedom to Speak Up Guardian Six Monthly Board Report		Meeting date: 28 th October 2020	
Report appendix	Nil		
Report sponsor	Executive Director of Workforce and Organisational Development		
Report author	Sarah Burns Lead Freedom to Speak Up Guardian		
Report provenance	Freedom to Speak Up Guardians		
Purpose of the report and key issues for consideration/decision	<p>The Freedom to Speak Up Guardian report is submitted every six months to enable the Board to maintain a good oversight of Freedom to Speak Up matters and issues.</p> <p>Key points of note:</p> <ul style="list-style-type: none"> • The role that F2SUG have in setting organisational culture and supporting positive behaviours • The activities that F2SUG are engaged in to support delivery of objectives 		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	The Board of Director is asked to receive and note the report.		
Summary of key elements			
Strategic objectives supported by this report	Safe, quality care and best experience		Valuing our workforce x
	Improved wellbeing through partnership		Well-led x
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score
	Risk Register		Risk score
External standards affected by this report and associated risks	Care Quality Commission	x	Terms of Authorisation
	NHS Improvement	x	Legislation
	NHS England	x	National policy/guidance x

Report title: Freedom to Speak Up Six Monthly Board Report		Meeting date: 28th October 2020
Report sponsor	Executive Director for Workforce and Organisational Development	
Report author	Sarah Burns Lead Freedom to Speak up Guardian	

1. Introduction

1.1 Freedom to Speak Up is all about culture. In the NHS culture is influenced by process, procedure, roles and responsibilities but with freedom to speak up we have an opportunity to understand the impact of behaviours, relationships and interactions, and tackle challenges in these areas. If we are to achieve true transformation we must identify, understand and work with behaviours too. If we neglect these elements, then the cultural aspects will continue to trump any other development or change.

2. Assessment of cases

Since the last Board report in November there have been 34 concerns raised through the Freedom to Speak Up Guardians:

2.1 The main themes from the concerns:

- Bullying and Harassment (14) – One has gone to formal disciplinary after investigation
- Patient Safety (3)
- Failure to follow process (7)
- Diversity and Inclusion (1)
- Staff Safety (2)
- Culture of organisation (7)
- Fraud (0)

2.2 Staff group speaking up:

- Medical (2)
- Nurse (7)
- Midwife (1)
- AHP (7)
- Senior Manager (1)
- HCSW/AP (7)
- A&C (6)
- EFM (3)

2.3 Speaking up by Integrated Service Unit:

- Torquay (6)
- Paignton and Brixham (4)
- Coastal (3)
- Moor to Sea (3)
- Newton Abbot (4)
- Operations (1)
- EFM (2)

- Corporate (3)
- Other (9)

There has been a slight increase in the number of cases than received in the previous six months. The highest number of staff who spoke up were nurses, allied health professionals and support workers. In 5 cases a number of staff had spoken up about the same issue. These were in Coastal and Paignton and Brixham ISU. There are an increasing number of previous staff that have spoken up for this period too.

Bullying and harassment, failure to follow process and culture of organisation (how we do things round here) are the top reasons staff speak up, with bullying and harassment being significantly higher than the other two. In most cases concerns have been previously raised with line managers but staff are still not feeling listened to and say there is little feedback or action in response to their concerns.

3. Patient safety/staff experience issues

- 3.1 Bullying and Harassment was due to be part of Trust induction and incorporated into Conflict Resolution training for existing staff, however, due to the first phase of Covid we are still supporting the work on content that can be delivered digitally. Developing a anti-bullying support network for staff is again being reviewed and is planned for launch as soon as possible. These improvements are being made as a direct response to staff speaking up.
- 3.2 Poor relationships between staff are the single biggest factor that impacts on the quality of care that patients receive but staff are saying they do not know where to go for support in order to help resolve and improve those relationships.
- 3.3 Failure to follow process has in all cases had a detrimental effect on staff wellbeing. It has caused frustration and anxiety for those involved and a sense of unfairness. Staff describe feeling powerless to raise this with managers and in the cases raised describes a lack of openness and transparency in any management action
- 3.4 A programme of development, 'Managers Essentials' is currently being co-created with a number of managers and leaders from the organisation. The plan is for this to address some of the fundamental skills, knowledge and approaches into managing people, with reference to appropriate policies and procedures, so that managers understand what is expected of them and how to seek further information/support. This will be developed in line with the 'Just and Learning Culture' approach to people practices and policies. It will address some of the gaps in knowledge and inconsistent people management approaches that currently impact on the wellbeing of staff. Alongside this, the 'Cultural Framework' is also in development and is being actively tested across the organisation. This includes leadership behaviours that support the wellbeing and effective performance of people and teams.

4. **Action taken to improve FTSU culture**

4.1 **“A key aim is to help the organisation reveal itself to itself”**

Action to increase the visibility of the Guardians has included continuing face to face contact (with appropriate social distancing) during the last six months as this connection has been important to people. Digital induction now includes a video and information on contact details for the guardians but we are also planning a film that will explain how we can support staff when they contact us. We have had a number of staff, including medical staff, who have shown an interest in becoming Freedom to Speak Up Champions in areas but are still keen to recruit staff from our BAME workers, under 30's workers and volunteers.

Freedom to Speak Up and the importance of speaking up has been included in a number of screensavers in October to promote national Speak Up Month. This has had a positive impact as we have had a number of requests to join the network and an increase in speaking up from difficult to reach staff groups.

We are continuing to support managers in identifying issues within teams and departments by providing confidential listening sessions alongside Workforce & Organisational Development colleagues. We are currently supporting a session within maternity services. Recent information from the regional FTSU network group has identified that guardians are a primary vehicle for change, working with Workforce & Organisational Development leads.

The National Guardian Office makes recommendations following provider case reviews of speaking up. Following a gap analysis of the reviews up to date, it has been identified that witnesses in employment relation cases and excluded staff should receive support from FTSU guardians. Review of the disciplinary policy in line with our Just and Learning culture, now includes specific mention on support for witnesses and excluded staff to include responsibilities for managers in signposting and providing contact details for FTSU guardians.

We are broadly in line with national trends with 36% of speaking up cases having an element of bullying and harassment. Bullying and harassment features as part of the People plan and identifies that this has a significant impact on people's lives and the care patients receive. Within Devon STP we are in line with 3 of our neighbouring trusts apart from Northern Devon for reporting on bullying and harassment. Northern Devon has also scored highly in the Freedom to Speak Up Index which quantifies a culture of speaking up by specific questions in the Staff Survey.

4.2 **Feedback from speaking up:**

These are an example of quotes of individuals who have received support from our FSUGs, demonstrating the positive impact of the roles:

- “I just want to thank you for the chat we had the other day. It was very helpful just to sound off and make some sense of what was happening to me”
- “Thank you for everything, you really have been a great support - thank you”
- “I would probably be off sick without you and that would be a huge shame”

Report to the Board of Directors				
Report title: Quality Account 2019/20		Meeting date: 28 October 2020		
Report appendix	Quality Account 2019/20			
Report sponsor	Chief Nurse & System Directors of Nursing and Professional Practice			
Report author	Associate Director, Quality Improvement			
Report provenance	Quality Account Stakeholders Meeting, Quality Improvement Group members, Quality Assurance Committee, Audit Committee			
Purpose of the report and key issues for consideration/decision	<p>The Quality Account 2019/20 is part of the Trust's annual reporting requirements and is presented to the Board for approval and onward publication on the Trust's website.</p> <p>The provenance of the Quality Account provides assurance to the Trust Board that the Quality Account has been reviewed comprehensively to ensure it meets all the requirements set nationally and meets the recommendations set below.</p>			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>	
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> (i) Note the Statement of Directors' responsibilities in respect of the Accounts as detailed in Annex 2; (ii) Confirm to the best of their knowledge and belief they have complied with the requirements stated in Annex 2, in preparing the Quality Report; and (iii) Delegate authority to the Chairman and Chief Executive to sign the Quality Account 2019/20 on behalf of the Board. 			
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	x	Risk score	16
	Risk Register		Risk score	

	BAF ref 5: To provide safe, quality patient care and achieve best patient experience		
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: Quality Account 2019.20		Meeting date: October 2020
Report sponsor	Chief Nurse & System Directors of Nursing and Professional Practice	
Report author	Associate Director, Quality Improvement	

1. Introduction

- 1.1 Legislation requires the Trust to prepare an annual Quality Account for each financial year. Due to COVID-19, publication of the Quality Account was deferred and a revised timeline and guidance was issued by the Regulator.
- 1.2 The guidance issued by NHSI/E stated that Trusts were not expected to obtain an audit opinion on their 2019/20 Quality Account, although Trusts were still required to publish the Quality Account and NHSI/E have recommended to publish by mid December 2020.
- 1.3 Of note is that the Trust has undertaken and sought feedback from stakeholders in preparing the Quality Account. Also consulted in the document preparation were the members of the Quality Improvement Group.
- 1.4 The Quality Assurance Committee ratified the Quality Account in September 2020 and was reviewed by the Audit Committee in October 2020.

2. Discussion

- 2.1 The Annual Quality Account 2019/20 has been circulated to key stakeholders and all the appropriate stakeholders have provided largely positive feedback with two Quality Account priorities for 2019/20 being commended. This included the priority to improve the carers' experience for themselves and their families receiving care across the urgent and emergency care pathway and the community IT system implementation.
- 2.2 The Devon County Council Committee have also recognised the Trust's continuing hard work in the face of the COVID-19 Pandemic.

3. Conclusion

- 3.1 The Quality Account 2019.20 presented to the Board meets the national standard required and demonstrates quality across the three domains of safety, effectiveness and experience.

4. Recommendations

4.1 The Board is asked to:

- (i) Note the Statement of Directors' responsibilities in respect of the Accounts as detailed in Annex 2;
- (ii) Confirm to the best of their knowledge and belief they have complied with the requirements stated in Annex 2, in preparing the Quality Report; and
- (iii) Delegate authority to the Chairman and Chief Executive to sign the Quality Account 2019/20 on behalf of the Board.



Torbay and South Devon
NHS Foundation Trust

Quality Account 2019/20

About this document

What is the Quality Account and why is it important to you?

Torbay and South Devon NHS Foundation Trust is committed to improving the quality of the services we provide to our patients, their families, and carers.

Our 2019/20 Quality Account is an annual report which shows:

- How we have performed over the last year against the quality improvement priorities which we laid out in our 2018/19 Quality Account.
- The quality of the NHS services provided and the development of our care model.
- How we are implementing the care model.
- How we have engaged staff, patients, commissioners, governors, Healthwatch and local Overview and Scrutiny Committees (OSCs) in deciding our priorities for the year.
- Statements about quality provided by our commissioners, governors, OSCs, Healthwatch and Trust directors.
- Our quality improvement priorities for the coming year (2020/21).

If you would like to know more about the quality of services that are delivered at the Trust, further information is available on our website www.torbayandsouthdevon.nhs.uk

Do you need the document in a different format?

This document is also available in large print, audio, braille, and other languages on request. Please contact the equality and diversity team on 01803 656680.

Getting involved

We would like to hear your views on our Quality Account. If you are interested in commenting or seeing how you can get involved in providing input into the Trust's future quality improvement priorities, please contact tsdft.qualityimprovement@nhs.net or telephone 01803 655690.

<u>Contents</u>	Page
Part 1	
Introduction and statement of quality from the Chief Executive	4
<hr/>	
Part 2	
Priorities for improvement - looking back 2019/20	5
- looking forward 2020/21	12
Statements of assurance from the Board	21
<hr/>	
Part 3	
Our performance in 2019/20	53
<hr/>	
Annex 1	
Engagement in the Quality Account	
Statements from commissioners, governors, Devon Health and Wellbeing Scrutiny, Torbay Council Scrutiny Board, Torbay Healthwatch	
Annex 2	
Statement of directors' responsibilities in respect of the accounts	

Part 1: Introduction and statement of quality from the Chief Executive

This year has ended like no other with the onset of a pandemic that has affected people right across the world. Whilst there have sadly been many people unwell and nationally we have seen a number of tragic deaths we have been planning for a terrible event like this for many years. With any such planning you can never be sure of exactly what will happen but our preparedness has enabled us to continue to provide good care and also keep our staff and patients safe.



But to do this we have had to focus most of our efforts on this work so for the first time our annual account has been deferred at the request of the Government. We are, however now in a position to publish our document.

We want to share with you our achievements and challenges which relate to our three improvement priorities linked to our strategic objective to deliver Safe, high quality care and best experience:

- I am pleased to report that we have successfully implemented integrated clinical systems into both our Coastal and Newton Abbot localities meaning our staff are now able to access a full patient record with ease.
- Despite some significant challenges we have made some progress with electronic prescribing and will review our next steps as the pressures from the pandemic slow.
- Importantly we have successfully achieved our third priority to improve the experience of the hugely important carers. We have listened to carers to find out what is important to them and worked with many carers to launch a carers awareness campaign to ensure people are properly recognised for this important role

Our achievements are already making a real difference and in the coming year we intend to build on these successes and as we move towards a new normal we can pick up on the challenges and the priorities for the year ahead. You can read about each of these priorities, the difference our actions are already making and our priorities for the coming year in the body of the document.

Our staff have worked with huge commitment throughout the year to ensure the care we provide is of the highest quality. This has not faltered even with the pressures they have seen during the pandemic. We remain committed to delivering high quality care and continue to see our staff and community continuing to be innovative, caring and compassionate during these unprecedented times. I commend this Quality Account to you and confirm that, to the best of my knowledge, the information in the document is accurate.

Liz Davenport, Chief Executive

Part 2: Priorities for improvement

Looking back: 2019/20

In our 2018/19 Quality Account we reported that we would focus on three priority areas for quality improvement in the period 2019/20. These were all locally agreed priorities developed in conjunction with key stakeholders at our annual Quality Accounts Stakeholder meeting. The meeting included Healthwatch, Trust governors, commissioners, and local councillors as well as our health and care teams. The priorities were then endorsed by the Trust board prior to publication.

Patient safety

Priority 1: To change our inpatient prescribing for people in hospital inpatient beds across the ICO to our commissioned electronic prescribing and medicines administration (EPMA) programme by 31 December 2019. This will be for adults in all specialties with exceptions such as chemotherapy and intra-operation medications.

In quarter 1 and quarter 2 we agreed to:

- Embed EPMA across our medical and assessment wards
- Roll out EPMA into our surgical inpatient wards and to our community hospitals
- Set up systems and measures to monitor impact of the new EPMA system

In quarter 3 and 4:

- Roll out EPMA to parts of our outpatient services
- Ensure that EPMA is fully embedded into all inpatient wards across the ICO.
- Report and publish measures as well as impact both through the Quality Account and through Trust newsletters and Trust communications.

In the spring and summer of 2019, the EPMA system was started to be rolled out and the Trust began to see the safety benefits with fewer missed doses and improved clarity of prescriptions. However, with the rollout it soon became clear that there were two issues.

These were namely:

- whilst the EPMA system did not link with the hospital record until a patient was admitted onto a ward, maintaining a paper process at the same time was more onerous than previously thought.
- the IT kit supporting the EPMA system was not fit for purpose,

In autumn 2019 the project was paused and work commenced to work on the IT kit and to see how to connect EPMA from the very start of a patient's journey through the Emergency Department. This work has been complex and has taken the rest of the year to progress. Also, a revised business case was started and paused in preparations for COVID-19.

2020/21 Plans

With the coronavirus pandemic the project has been paused until the Trust is in a position to restart this work safely, having reviewed and updated the final business case with recommendations to continue with the system or to offer an alternative strategy. This work will progress through existing Trust governance processes with recommendations to the Board.

Clinical Effectiveness

Priority 2: To implement the roll out of a community IT integrated clinical system to Coastal, and Newton Abbot localities.

In 2019/20 we agreed:

- To migrate patient records into a new IT system into the two localities
- To train clinical staff to use the system
- To go live in both localities by the end of March 2020

In June 2019 the training team trained the Community Nursing and Community Matrons team in Coastal (Teignmouth and Dawlish). The nursing team at the same time cleansed their caseload of patients and migrated active patients on to SystemOne.

In July 2019 SystemOne went live in Community Nursing and Community Matrons in the Coastal locality. This moved staff from using paper and two IT systems to just one IT system with the ability to see GP information for the first time, where appropriate.

The team are now able to access the full patient record. They are able to see information in their office and in a patient's home via a laptop. Where mobile network coverage is unavailable they are able to use a mobile working solution, which enables them to see an 'offline record'

The following comments have been received from the nursing team both positive and negative which we are reviewing to continue to improve the system. These include:

'SystemOne has made my life so much easier by having instant, up to date notes about a patient.'

'The care plan aspect needs some more development to simplify things.'

'It is so time consuming as there are so many elements to complete, particularly if there are multiple wounds.'

'Once you get your head around it, it's a really good system.'

In September 2019 the implementation team began training the Newton Abbot Community Nursing team and the system went live at the end of autumn 2019.

The following comments from the team and from the local GP practices have been received:

'During the weekend we have so much more information as we can see all teams notes from different localities.'

'It saves me time, improves communication and I feel that I am fully informed before going to see a patient.'

'Seeing your notes helped me to understand a patient and their ability with daily living tasks. I have now changed my approach with this patient enabled by your notes.'

Comment from a GP.

For the Intermediate Care teams, SystemOne has enabled them to be able to have access to a patient record regardless of where the staff member is normally based. Previously, if the patient was not known to them, they did not have the full information of the patient and their health concerns.

The Community Nursing team in Newton Abbot have really embraced this new way of working as they moved from being completely paper based to recording their assessments on an IT system. The project team have overdelivered in their requirements and for the community the IT project has been a resounding success.

Plans for 20/21

Moving forward for 2020/2021 the plan is still to implement SystmOne in the community teams in Torbay (Torquay/Paignton and Brixham) for Intermediate Care and Therapies, Community Nursing and Community Pharmacists. This will involve moving health staff from their current electronic recording system, Paris, to SystmOne so that the whole of Torbay and South Devon community are using one IT system. This will provide a more integrated way of working within the community enabling more effective and efficient working practices and aiding communication. With the coronavirus pandemic the Trust is expecting a delay of currently about 3 months with COVID and subject to further local review before the project is restarted.

Patient experience

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

In 19/20, we agreed to:

- Undertake a range of survey work to gain feedback, identify issues and priorities for carers and their families using Urgent and Emergent Care Services within the Trust.
- Liaise with staff to identify their priorities and any 'quick wins'
- Undertake a feasibility study for having additional volunteers / carers' supporters across the urgent and emergency care pathway particularly to address issues already raised such as Carers having to leave people unsupported while they park their car
- Identify means of improving communication / signage / publicity as required
- Use the existing Carers' Supporters in other wards to identify issues for Carers who have been admitted via urgent and emergency care
- Ensure agreed systems for identifying and recording carers are robustly in place, and identify any gaps and embed existing support to carers e.g. Orange Lanyard and Hospital Passport
- Begin a programme of Carer Awareness training across the pathway

We agreed to continue the work throughout the year, sharing successes and learning with the Carers and the clinical teams. At the end of quarter 4 we agreed to remeasure the Carers' experience of accessing and using urgent and emergency care.

What we did

In order to improve the experience of Carers and their families across the urgent and emergency care pathway it was important for Carers Services to raise awareness in the Emergency Department (ED) at Torbay Hospital and the South Western Ambulance Service Trust (SWAST). Firstly, a campaign of awareness-raising began, which involved Carers Services making themselves available to deliver brief Carer Awareness training when staff were available during their shifts. Sixty-five front line ED staff and thirty-five front line members of SWAST staff received this training.



Pictured: Sue Bracknell and Carole Brierley (Family Carer Supporters)

Conversations that took place during Carer Awareness training presented an opportunity to make staff aware of the services available to Carers and also to ask staff for suggestions about how Carer experience within their area of work could be improved. As a result of these conversations Carers Services identified the following:

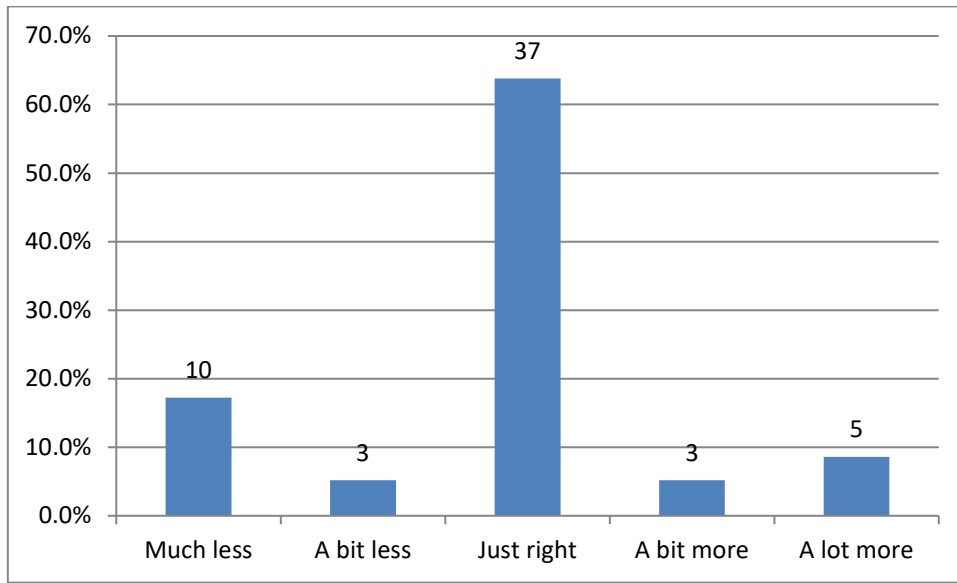
- Staff across the ED and SWAST can identify Carers using Carer Recognition Tools and refer using the contact number on the Tool when new Carers were identified.
- A box holding all the necessary information, temporary Carers cards, orange lanyards etc. should be held in a prominent position in ED (actioned).
- An opportunity for ambulance crews to have a conversation with Carers about their situation and to hand them a pack of information (actioned - developed and distributed to SWAST by Carers Services).
- Staff in ED needed to be clear how to record Carers correctly (actioned - posters were placed in staff areas to describe the correct process).

Carers Services embedded a member of staff in the ED for a few hours on most days to identify and support Carers and to ask them a questionnaire about their experience of ED. The key findings from the original questionnaire taken at the time they were in ED were as follows:

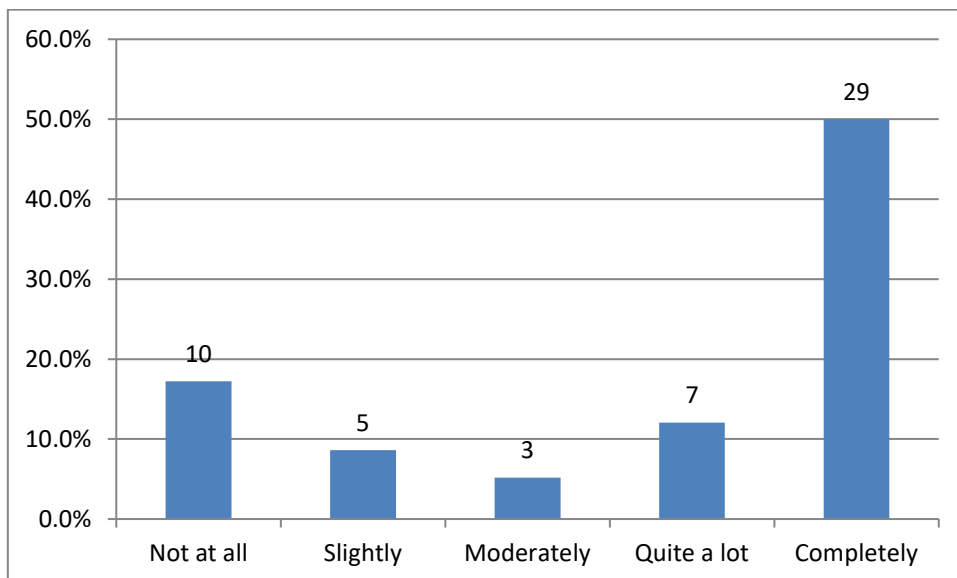
- Of those questioned, 29% had already been identified as a Carer by Ambulance staff, 24% by ED staff, 13% were self-identified. This left 38% who had not been identified prior to meeting the Carers worker.
- 73% of those questioned felt their knowledge and skills as a Carer had been 'completely' valued that day. 6% answered 'not at all' in reply to this question.
- 30% said they would like to change something about their experience in ED that day, with lack of refreshments (see below), long waits and not being kept informed as the most common things raised. 70% did not want to change anything about their visit to ED.
- Conversations with Carers highlighted concerns they had about the service, and some said they had difficulty accessing drinks and food (if they were there for a considerable time). This was addressed with ED management and improved access was provided.

Carers were asked to take part in a follow-up questionnaire six weeks after they completed the original questionnaire (with many patients having an inpatient stay). The information below covers the key points raised:

- The wards were aware of Carers in 53% of cases when they transferred from ED.
- 49% of Carers rated the discharge home for the person they care for as ten out of ten. 6% of carers rated it zero out of ten.
- When asked if they were treated as an equal partner in the patient's care, 48% of Carers replied 'completely' and 24% replied 'not at all'.
- Carers were asked if they were involved as much as they wanted to be in the patient's care. The responses were as follows:



- Carers were asked if they felt their views (as a Carer) were respected by hospital staff. Responses as below:



- Carers were asked if concerns about discharge had been adequately resolved before the patient left. 51% scored this 10/10, but 16% of Carers scored it 0/10.

- Carers were asked to rate if they felt adequately supported when the patient came home (with 0 being not at all supported and 10 being very well supported), and 45% scored 10 (very well supported), but 20% scored 0 (not at all supported).

Family Carer Supporters were well- regarded by the teams based in ED and by Carers who received their support. The following quotes refer to the value of the service:

“Made you aware you are still a human... Nice to have someone there. Nice to be considered” - a Carer who completed the questionnaire

“We have really enjoyed having the Carer support in ED and they have proved to be invaluable with information and signposting which has been fantastic” – Sue Bramwell, Emergency Department Matron

Posters and a leaflet were developed and distributed in prominent locations to help Carers to self-identify and to understand what they should experience as a Carer for someone in Torbay Hospital. A service to Carers for people with learning disabilities or dementia to sit with the people they care for in ED while the Carer parks their car has been piloted.

Next steps:

Prior to the pandemic Carers Services were seeking additional funding to extend this piece of work for 12 months, to include:

- Providing a member of staff covering ED, EAU3 and AMU each day
- Further Carer Awareness to staff across the Urgent and Emergency Care path and continuation of the service to sit with patients while their Carer parks the car.
- Considering telephone contact to carers post discharge to check the carer is receiving sufficient support and to link them and their families to the voluntary sector for ongoing community based support, where appropriate.

With the pandemic the Carers Service have actively been supporting carers and their families during these difficult times. Areas of focus include much more phone contact time with carers providing support, guidance and reassurance, PPE requirements and emergency mental health issues.

Priorities for improvement

Looking forward: 2020/21

The Trust identified three improvement priorities for the year. These were developed through discussions with health and care teams and our Trust Executive. We continued to hold the annual Quality Account stakeholders meeting to discuss and agree the priority areas for the year as the feedback year on year of this event is positive. These priorities were signed off by our Board and then paused as the Trust stepped up its emergency planning in preparation for COVID-19. The priorities agreed are:

Patient Safety

Priority 1- To improve early recognition and management of deteriorating patients in care/ nursing homes using the RESTORE2 framework.

Optimising the quality of care for people living in care homes is pivotal to people living the best possible life. It is recognised that people who live in care homes are frequently frail and often have complex health needs. Being able to respond promptly to a deterioration in physical health for an individual has benefits to the person and the health and care system. Adopting a recognised validated tool to support early recognition across care homes and optimise communication of changes to a health care professional in a timely fashion supports providing the right care, right time, right place ethos of the Trust and the health and care system.

It is therefore vital that our care home teams recognise when a resident is becoming unwell and have the necessary skills and tools that allow them to act appropriately and seek support and early intervention in order to:

- Reduce the likelihood of further deterioration;
- Increase the residents' chances of recovery;
- Avoid a hospital admission, which can be detrimental to the health and wellbeing of care home residents, where not appropriate.

RESTORE2 is a physical deterioration and escalation tool for residential and nursing homes. It is designed to support homes and health professionals to:

- Recognise when a resident may be deteriorating or at risk of physical deterioration;
- Act appropriately according to the resident's care plan to protect and manage the resident;
- Obtain a complete set of physical observations to inform escalation and conversations with health professionals;
- Speak with the most appropriate health professional in a timely way to get the right support
- Provide a concise escalation history to health professionals to support their professional decision making

The initial aim of this project was to implement the RESTORE2 deterioration tool into 30% of care homes across Torbay and South Devon by April 2021. With the impact of the pandemic affecting

progress, the ICO will review the timeline and adapt the project with COVID19, ensuring residents are fully supported and cared for.

We will report our progress against our objectives on a quarterly basis to the Quality Improvement group. This meeting will provide a highlight report to the Board.

The project is being clinically led by the System Director of Nursing and Professional Practice (Torbay). Board level support will be provided by the Chief Nurse. Due to pandemic work, the first report will be due at the end of quarter two.

Clinical effectiveness

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.

The Trust's IT network is 14 years old and has provided a very stable and reliable platform on which to build the Trust's growing digital platforms. However, the network is suffering an increasing number of failures and is reaching the limits of its capacity.

The Health Informatics Service has proposed a replacement of the entire network; this includes the Local Area Network (LAN), Wireless Network (Controllers and Access Points) and the Trust managed Wide Area Network (WAN) and a proportion of building cabling and network cabinets.

The anticipated replacement cost is estimated to be £2.3M and due to its value, a robust procurement process, possibly OJEU, will be necessary. Overall design, procurement and implementation is anticipated to last at least 18 months and expenditure will be phased across the implementation period. Whilst there is an expected delay as Trust manages COVID-19 patients, the network replacement programme will continue as soon as practicable.

The work will be led by the IM & T specialist project manager alongside the network manager. Progress against agreed objectives will be reported via a monthly highlight report to the IM&T Group. This is then available to the Finance, Performance and Digital Committee and reported onwards to the Trust Board. At Executive level this work is supported by the Health Informatics Service Director.

Patient experience

Priority 3 & 4: End of life

Two end of life projects were chosen as part of the 20/21 improvement priorities. These were:

- 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.
- 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.

With COVID-19, our focus on end of life care is crucial, and as such, we will adapt these two projects accordingly.

For bereavement bags, this simple project is designed to enhance dignity at the end of life and its basic aim is to ensure the last collection of the loved ones documents and personal items are presented in a caring and professional manor.

The initiative is to use bereavement belonging bags to collate all small personal items and relevant documents and for this to be handed over on the ward. The process has been tested in neighbouring trusts, with positive feedback and will be rolling out the same process.

The process will involve testing in quarter one, in one location, and spreading to 3 by quarter end. Within 6 months of start 9 areas will be fully compliant and by the end of quarter 3 all areas will be included in the process. Monthly surveys will also be undertaken at the half way stage to see what impact the bereavement belonging bags have had

For both projects, the improvements will be monitored and measured by the project teams with quarterly reports to the Quality Improvement group and then to Board.

The feedback tool work will be led by the Lead Cancer Nurse and Matron of Cancer Services. The bereavement bags will be led by the Patient Safety and Experience Lead. The first progress report will be provided at the end of quarter 2, subject to COVID-19 demand on the service.

National improvement initiatives

Currently the Trust is involved in a number of national improvement initiatives including:

Seven-day services

Torbay hospital continues to work on developing seven-day services. There are 10 clinical standards which are used to measure progress in this area. Our report to our Trust Board in February notes the following from the June 2019 audit:

Seven-day service standards		Self-assessment
Standard 2	Emergency admissions seen by a suitable consultant within 14 hours of admission	
Standard 5	Seven day a week access to diagnostic services such as CT, endoscopy etc.	
Standard 6	Seven day a week access to consultant directed interventions e.g. interventional radiology and endoscopy	
Standard 8	High dependency patients seen twice daily and other patients once daily by a suitable consultant	
Standard 1	Patients should be involved in shared decision making	

Standard 3	An integrated management plan established within 24hrs of admission to hospital	Currently we do not have robust measurement systems to measure all these standards see commentary below
Standard 4	Enhanced handover of clinical care between clinical teams	
Standard 7	Seven day a week availability of liaison mental health services	
Standard 9	Readily available support services e.g. pharmacy, community care services	
Standard 10	Regular review of outcome in terms of patient experience, safety, and clinical outcome	

Standard 1. Although shared decision making is implicit for patient and clinician interaction, it is rarely explicitly recorded in the notes. Treatment escalation plans are an exception to this. The use of printed patient information sheets is rarely recorded for emergency patients.

Standard 3 Work is required to identify the members of the multidisciplinary team needed to provide a holistic assessment of emergency patients within 24hrs of admission as an emergency patient. This is addressed a work group which seeks to embed the SAFER principles onto all wards.

Standard 4. Handover is led by competent senior decision makers in the major acute specialities daily. Work is required to provide assurance that the handover process is accurately documented.

Standard 7. Liaison psychiatry is available for both adults and children. The Liaison Psychiatry service has focused on their hour response times to ED. The latest flash report shows that despite staff shortages the hour target to ED was achieved in just below 80% (Oct 2019). The team continues to comply with the 24-hour target to the hospital wards achieving 88% within 24 hours. The Psychiatric Liaison team has worked with ED to reduce attendance in an identified cohort of patients who attend ED frequently with mental health problems.

Standard 9. The development of community support services is a major component of the emergency offer. This includes development of integrated care and work with care providers and community hospitals. Recent developments include the discharge hub which is expanding to work 7 days a week over the winter and work to strengthen community care. The Home First workgroup has projects with named leads and support for i) Development of the Frailty Service ii) Admission avoidance iii) enhanced intermediate care iv) transport v) community support on discharge.

Standard 10. Outcomes of emergency patients are monitored by a weekly multi-disciplinary team and two weekly strategic meetings.

In 2020/21 our aim is to work on improving seven-day services in part as a response to the pandemic which will require timely, accessible services 7 days a week.

Rotas and gaps

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. These amendments have necessitated the

review of all trainee rotas across the Trust to include changes to ensure compliance with reduced working hours and rest periods.

Rota reviews have been carried out by Practice Managers working alongside Medical HR on every Junior Doctor rota as a requirement of the Junior Doctor Contract implementation timescales. The rota updates have provided further challenge to the operational teams in covering doctors' duties. The majority of rotas are now compliant with the new limits on working hours and additional rest periods. Several rotas have needed additional agreement to secure the necessity for 1:2 weekend working and these are being reviewed and will increase to 1:3 where additional staffing allows.

The impact of the latest review has included the need for additional Trust doctors to cover training gaps and in some cases the review of Speciality Doctor and Consultant working arrangements.

New ways of working are also being explored to include:

- Working with departments to secure funding for the current cohort of Physician Associates and re-modelling the last cohort of Physician Associates to ensure they are being placed in areas which have vacancies/gaps.
- Review of Hospital at Night (H@N), specifically focussing on the issues with the shared H@N rota for Junior doctors. With a plan to propose options for different working patterns/models, based on quality, workforce and economic considerations.

Sign up to safety

Tissue viability and pressure ulcer prevention:

The Tissue Viability is a service works across both primary and secondary care, accepting referrals from all healthcare providers within these areas. The service takes responsibility for pressure ulcer prevention, education, monitoring, complex wound care, equipment provision (including overseeing rental activity) and providing assurances to all ISU management teams.

2019/20 Pressure Ulcer Incidences:

- There has been a 6% reduction in reported Category, (Cat.), 2/3/4 pressure ulcers when compared to same period 2018/2019. This equates to 117 less pressure ulcers reported.
- The reduction is also reflected in a 6.5% reduction in pressure ulcers acquired in our care when compared to 2018/2019. This equates to 69 less pressure ulcers acquired in our care.
- Of the 233 reported Cat.3/4 pressure ulcers acquired in our care for the period 2019-2020, 5 were declared to STEIS as being due to lapses in care by Trust staff.
- Of these 5 pressure ulcers, 2 were on a specialist ward and related to a specific medical condition. This has been investigated and work is ongoing to develop a comprehensive guidance plan for patients admitted with this medical condition in order to reduce the risk of pressure damage occurring for future patients. Bespoke pressure ulcer prevention training is in place for this team.

Four of the five Integrated Service Units have had no pressure ulcers where there has been an established lapse in care for 12 months, which is a testament to the education and support supplied by the tissue viability team and the hard work of the staff within these services. Ongoing support, alongside an education programme is being given to the remaining Integrated Service Unit by the tissue viability team.

Falls assessment prevention and treatment:

The focus for the Trust is to continue to reduce the harm caused by falls as well as minimising the falls risk. 2019/20 has seen an increase in falls from the previous year of 84, with a reduction over the Winter period. This is encouraging as the Falls team ran a winter falls prevention campaign.

The Falls team and Falls Group have worked to create a new falls handling and bed rails form for wards which is easier to complete.

The Supportive Observations policy has been amended and there have been brief changes to the post fall guide to ensure no further escalation of injury. The Clinical Site Managers have also agreed to manage inpatient, post falls, for any potential spine injury.

Six specialist Raizer chairs have been purchased. Falls training has continued throughout the year alongside taking the lying and standing Blood pressure. Training is now available in eLearning.

Medications Safety

The Trust has been actively encouraging the reporting of medication incidents, as nationally this type of incident has typically been under reported. All medication errors are automatically sent to the Clinical Governance Pharmacist for review and action. Pharmacy has been particularly focusing on high risk medications and missed doses with the wards and departments. Through regular monthly audits and interventions, missed doses are showing a decrease. During 2019/20 We have had no serious incidents with high risk medications.

During 19/20 Pharmacy have also sent out over 15 alerts to support the safe use of medicines where there have been safety issues and supply problems. We have maintained our weekly huddle to review concerns with the supply of medicines, to monitor our usage and to put actions in place to best mitigate any impact on our services.

Also, during the year:

- Six Supporting Medicines Safety newsletters were published during 19/20 covering a range of topics including advice on controlled drug record keeping, the risk of omitting immunosuppressants and advice on preparing for a CQC visit with regards to medicines.
- With regards to insulin safety, a trial of a pocket information card for junior doctors and nursing staff, along with targeted education for all staff prescribing, administering & monitoring insulin has been created. This trial will be continued and extended in the coming

year.

- Insulin Hypoboxes were added as an item on our stock lists to ensure they are part of the pharmacy top-up. A contents list is being attached to the hypo boxes to facilitate the refilling of the boxes after use.
- We have worked to raise the profile of incidents in theatres & PACU (PACU in full required) with the diabetes team on the use of VRIII charts. The diabetes team provided education sessions. A further action plan was developed with one of the anaesthetists and these have been well received.
- Controlled drugs (CDs) audits have been undertaken and resulted in an eLearning package being developed.
- The use of CD bottle adapters has been implemented, with the aim of reducing wastage when drawing up liquid controlled drugs. A small trial showed a reduction in the discrepancies between the recorded and actual quantities of liquid controlled drugs and although incident numbers are small there has been a reduction in reported liquid discrepancies.
- A policy on the administration of medicines has been developed to clarify who within the Trust can administer medication, under what authority they can administer e.g. via a prescription, their accountability & competence to do so.
- Numerous patient group directions have been developed and implemented to enable nurse led clinics / care to provide the best care to patients in a timely and effective way without compromise to patient safety.

Duty of candour and Incident Investigation: These key facets remain as central tenants to the trust's response to serious clinical incidents.

Every serious adverse event is reported through the trust's clinical governance reporting structures, as set out in our adverse event management process, and, through this, we can identify incidents that trigger the Duty of Candour procedure and investigation response

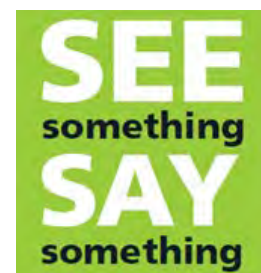
Each adverse event is reviewed to understand what happened and how we might improve the care we provide in the future. The level of review depends on the severity of the event as well as the potential for learning. Recommendations are made as part of the adverse event review and local management teams develop action and improvement plans to meet these recommendations

Duty of candour also ensures we ask what the families want to be investigated and how they would like to receive feedback on the incident

To ensure compliance the incident report includes a section on how duty of candour was completed, when, and by whom. This is both monitored internally, by the Serious Adverse Events group as well as externally by the local CCG.

Speaking Up

We recognise that in order for staff to deliver high quality care they must have a safe and supportive working environment. Staff must feel able to raise concerns in the knowledge that they will be listened to, that actions will be taken and that they will be thanked for living the values of the NHS.



In 2019/20, as a Trust, we have agreed to focus on:

- Development and launch of a speaking up vision which will be embedded in the Trust People Strategy
- Publicising the learning from speaking up cases across the Trust
- Development of management training in responding to concerns
- Ensuring the Trust annual report includes a summary about speaking up
- Focus attention on minority groups and overcoming barriers to speaking up
- Review of the Trust bullying and harassment policy and practices.

In 2019/20 the speaking up vision is being embedded into the Trust's people strategy with an increasing awareness of the routes available to all staff in how they can feel safe and confident in speaking up. There are higher numbers of staff speaking up via the Freedom to Speak Up Guardians with concerns including patient safety, quality of care and cultures of bullying and harassment. Staff can speak up to through their line management chain, contact the guardian generic email, contact information-guardian names, mobile numbers and personal email addresses are on a specific speaking up intranet page, and there are local speaking up champions in various departments that staff can approach. There are also anonymous green boxes that can be used to make guardians aware of issues.

Many of the cases are highly confidential and so it has proved difficult to widely share learning, however there has been significant work on introducing a new bullying and harassment policy and support network this year. Positive outcomes and support spread via personal staff experience have brought about increased confidence in the speaking up process.

Management training is being provided by Health Education England disseminated through the National Guardian Office due to be launched summer 2020. Raising awareness through Trust and local Induction as well as preceptorship groups has increased the focus on minority groups but there is still further work to do. A summary of speaking up is now included in the Trust's annual report.

In 2020/21, as a Trust we have agreed to focus on:

- Embedding the anti-bullying network and use of policy to aid resolution across the organisation.
- Increasing the network of Freedom to Speak Up Champions to provide local support to staff.
- Roll out national training in raising and responding to concerns.
- Working with stakeholders to identify how to improve safety culture.
- Identify hotspots to provide early intervention and support in speaking up.

Statements of assurance from the Board

Review of services

During 2019/20 Torbay and South Devon NHS Foundation Trust provided and/or sub-contracted 52 relevant health services.

Torbay and South Devon NHS Foundation Trust has reviewed all the data available to them on the quality of care in 52 of these relevant health services.

The income generated by the relevant health services reviewed in 2019/20 represents 89% (as of the end of February 2020) of the total income generated from the provision of relevant health services by Torbay and South Devon NHS Foundation Trust for 2019/20.

The data and information reviewed and presented covers the three dimensions of quality: patient safety, clinical effectiveness, and patient experience.

Participation in clinical audits

For the Quality Account, the National Advisory Group on Clinical Audit and Enquiries has published a list of national audits and confidential enquiries. Participation in these is seen as a measure of quality of any Trust's clinical audit programme. The detail which follows relates to this list.

During 2019/20, 41 national clinical audits and 3 national confidential enquiries covered relevant health services that Torbay and South Devon NHS Foundation Trust provides.

During that period Torbay and South Devon NHS Foundation Trust participated in 95% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Torbay and South Devon NHS Foundation Trust was eligible to participate in during 2019/20 are as follows:

National audits	Eligibility	Participation
Assessing Cognitive Impairment in Older People / Care in Emergency Departments	Yes	Yes
BAUS Urology Audit – Cystectomy	No	N/A
BAUS Urology Audit - Female Stress Urinary Incontinence	No	N/A
BAUS Urology Audit – Nephrectomy	Yes	Yes
BAUS Urology Audit - Percutaneous Nephrolithotomy	Yes	Yes
BAUS Urology Audit Radical Prostatectomy	No	N/A
Care of Children in Emergency Departments	Yes	Yes
Case Mix Programme (CMP)	Yes	Yes
Elective Surgery - National PROMs Programme	Yes	Yes
Endocrine and Thyroid National Audit	Yes	Yes
Falls and Fragility Fractures Audit programme	Yes	Yes
Head and Neck Audit	Yes	Yes
Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit	Yes	N/P
Major Trauma Audit	Yes	Yes

Mandatory Surveillance of bloodstream infections and clostridium difficile infection	Yes	Yes
Mental Health - Care in Emergency Departments	Yes	Yes
Mental Health Care Pathway - CYP Urgent & Emergency Mental Health Care and Intensive Community Support	No	N/A
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Yes	Yes
National Audit of Breast Cancer in Older People	Yes	Yes
National Audit of Cardiac Rehabilitation	Yes	Yes
National Audit of Care at the End of Life	Yes	Yes
National Audit of Dementia (Care in general hospitals)	Yes	Yes
National Audit of Pulmonary Hypertension	No	N/A
National Audit of Seizure Management in Hospitals	Yes	Yes
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	Yes
National Bariatric Surgery Registry (NBSR)	No	N/A
National Cardiac Arrest Audit (NCAA)	Yes	Yes
National Cardiac Audit Programme (NCAP)	Yes	Yes
National Clinical Audit of Anxiety and Depression	No	N/A
National Clinical Audit of Psychosis	No	N/A
National Diabetes Audit – Adults	Yes	Yes
National Early Inflammatory Arthritis Audit	Yes	Yes
National Emergency Laparotomy Audit (NELA)	Yes	Yes
National Gastro-intestinal Cancer Programme	Yes	Yes
National Joint Registry	Yes	Yes
National Lung Cancer Audit	Yes	Yes
National Maternity and Perinatal Audit	Yes	Yes
National Neonatal Audit Programme - Neonatal Intensive and special care	Yes	Yes
National Ophthalmology Audit	Yes	Yes
National Paediatric Diabetes Audit	Yes	Yes
National Prostate Cancer Audit	Yes	Yes
National Smoking Cessation Audit	Yes	N/P
National Vascular Registry	Yes	Yes
Neurosurgical National Audit Programme	No	N/A
Paediatric Intensive Care Audit Network	No	N/A
Perioperative Quality Improvement Programme	Yes	Yes
Prescribing Observatory for Mental Health (POMH-UK)	No	N/A
Sentinel Stroke National Audit programme	Yes	Yes
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	Yes
Society for Acute Medicine's Benchmarking Audit	Yes	Yes
Surgical Site Infection Surveillance Service	Yes	Yes
UK Cystic Fibrosis Registry	No	N/A
UK Parkinson's Audit	Yes	Yes

Patient outcome programme incorporating national confidential enquires	Eligibility	Participation
Child Health Clinical Outcome Review Programme (NCEPOD)	Yes	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBBRACE)	Yes	Yes
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Yes	Yes
Mental Health Clinical Outcome Review Programme (NCISH)	No	N/A

The national clinical audits and national confidential enquiries that Torbay and South Devon NHS Foundation participated in, and for which data collection was completed during 2019/20, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audit and patient outcome programme incorporating national confidential enquires	Cases submitted	% Cases
Assessing Cognitive Impairment in Older People / Care in Emergency Departments	129	100
BAUS Urology Audit – Nephrectomy		
BAUS Urology Audit - Percutaneous Nephrolithotomy		
Care of Children in Emergency Departments	129	100
Case Mix Programme (CMP)	747	100
Elective Surgery - National PROMs Programme		
Endocrine and Thyroid National Audit		
Falls and Fragility Fractures Audit programme	410	100
Head and Neck Audit	Tbc	Tbc
Major Trauma Audit	Tbc	Tbc
Mandatory Surveillance of bloodstream infections and clostridium difficile infection	Tbc	Tbc
Mental Health - Care in Emergency Departments	Tbc	Tbc
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme		
Adult Asthma	98	100
Adult Asthma & COPD Organisational Audit	1	100
National Audit of Breast Cancer in Older People	931	100
National Audit of Cardiac Rehabilitation		
National Audit of Care at the End of Life	72	100
National Audit of Dementia (Care in general hospitals)	Tbc	Tbc
National Audit of Seizure Management in Hospitals	Tbc	Tbc
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Tbc	Tbc
National Cardiac Arrest Audit (NCAA)	81	100
National Cardiac Audit Programme (NCAP)		
National Diabetes Audit – Adults		
Inpatient Audit – Hospital Characteristics	1	100
Foot Care Audit	145	100
Pregnancy in Audit	45	100
National Early Inflammatory Arthritis Audit	Tbc	Tbc
National Emergency Laparotomy Audit (NELA)	Tbc	Tbc
National Gastro-intestinal Cancer Programme		
Oesophago-Cancer Audit	128	100
Bowel Cancer	223	100
National Joint Registry	672	100

National Lung Cancer Audit Clinical Audit Organisational Report Molecular Testing in Advanced Lung Cancer	228 1 25	100 100 100
National Maternity and Perinatal Audit Organisational	1	100
National Neonatal Audit Programme - Neonatal Intensive and special care	TBC	TBC
National Ophthalmology Audit	1413	100
National Paediatric Diabetes Audit	150	100
National Prostate Cancer Audit	267	100
National Vascular Registry	143	100
Perioperative Quality Improvement Programme	TBC	TBC
Sentinel Stroke National Audit programme Clinical Audit Report Organisational Report	615 1	100 100
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	TBC	
Society for Acute Medicine's Benchmarking Audit	TBC	TBC
Surgical Site Infection Surveillance Service	TBC	TBC
UK Parkinson's Audit	TBC	TBC
	TBC	

Patient outcome programme incorporating national confidential enquires	Cases submitted	% cases
Child Health Clinical Outcome Review Programme (NCEPOD)	TBC	TBC
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBBRACE)	TBC	TBC
Medical and Surgical Clinical Outcome Review Programme (NCEPOD) Bowel Obstruction Study Long Term Ventilation Study	3 2	60 40

The reports of 65 national clinical audits were reviewed by the provider in 2019/20 and Torbay and South NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Ref	Recommendations / actions
0596	(BTS) Non-Invasive Ventilation (NIV) - Adults
	<ul style="list-style-type: none"> Re-audit of outcomes of each patient whose data was submitted into the audit to improve the accuracy of the data. - Ongoing by Respiratory Consultant and Registrar. All deaths of patients treated with NIV are reviewed in the departmental Morbidity & Mortality meetings. Improved selection of appropriate patients for NIV. New NIV pathway proforma developed by Respiratory team. In use on Midgley and ED since May 2019. Effect of proforma needs to be audited. Improvement of Chronic obstructive pulmonary disease (COPD) discharge bundle to highlight patients at high risk of developing hypercapnic respiratory failure. Review of COPD discharge

bundle. Review of hospital and community COPD services. Increased recruitment to Torbay Hospital Outreach Respiratory Team (THORT).

- Development of Respiratory Highcare setting with increased nurse staffing levels and consultant cover. - Ongoing, we remain the only hospital in the south west region without a respiratory high care environment.

0709 (Falls and Fragility Fracture Audit Programme (FFFAP) National Hip Fracture Database

- Mental Health score on admission - education/ reminders to staff.
- Physiotherapy assess day after surgery - Education/ Liaison.
- Nutritional health scores - Support/ reminders
- Pressure score documentation - support/ reminders
- Increased nail use - re-audit
- National initiative for inpatient falls monitoring - submit prospective falls data
- Nail/ Hemi-arthroplasty/ Total Hip Replacement documentation - Edit operation notes/ liaise with Operations Manager.

0512 (ICNARC): Adult Critical Care (Case Mix Programme)

- Use our clinical information system to provide more detailed information with respect to unit acquired blood stream infections.

0571 (NAIC) National Audit of Intermediate Care (IC) 2018

- Increase referrals - Raise awareness of IC by organising videos and meeting members of staff in the hospital.
- Increase IC in people's homes rather than placement - To focus on trying to keep people in their own home for IC rather than in a placement. To work with the homes who provide IC placement to ensure standards of care are of a good standard. Update the contracts we have with the homes to establish expectations.
- Goal setting with the patient - All the teams are focusing on writing goals with the patient and to ensure these goals are written in a collaborative manner and documented appropriately. These goals will be audited in six months' time.
- The proportion of the workforce that are nurses in the IC teams in comparison to the rest of the country is half the amount - other disciplines in the teams to increase their skill set: Paramedics to be competent at intravenous administration and 'SWICS' to be competent at administering Fragmin. All localities to work closer with community matrons to ensure patients can receive the right care. Non-registered staff are able to administer subcutaneous Fragmin. The two paramedics in the IC teams will be competent in administering Intravenous drugs.
- Patients are seen by community teams as well as IC teams which makes our data analysis more complex to interpret. Safeguarding and Mental Capacity Act Lead to work with the IC leads to better understand how data is recorded and work with Information Department to see if there are more accurate ways of collecting data.

0636 (NEIAA) National Early Inflammatory Arthritis Audit

- Delay in receiving GP referral - Review of referral process, including evaluating causes for possible delays
- Lack of medical staff capacity - We now have a locum consultant for three months, who is helping out with clearing the backlog of pending urgent/ EIA patients. Also, all consultants are currently in post now. This has improved our waiting times significantly, as of 13/2/20, only eight patients out of several patients referred for EIA clinic are waiting to be seen within three weeks. Most patients now have an appointment within three weeks as per National recommendation.
- Scope to better triage patients to EIA clinics - We plan to implement a standard EIA referral template; which community practitioners can use while referring patient for EIA clinic. This will be set up via DRSS service. This will help medical staff acquire rightful and adequate clinical information, which will help to select patients rightfully for EIA clinic. In the long run this will reduce the burden on EIA clinic due to filtering out non-EIA patients.

0664 (NNAP) National Neonatal Audit Programme

- Antenatal steroids at 86% vs national at 91% - Obstetrics and Gynaecology (O&G) and Midwifery team to review all notes of mothers who delivered babies between 23- and 33-weeks gestation for any missed opportunities or the mother came and delivered straightaway with no window to administer.
- Antenatal magnesium sulphate at 50% vs national at 72% - O&G and Midwifery team to review all notes of mother who delivers a baby below 30 weeks gestational age for any missed opportunities or the mother came and delivered straight away with no window to administer
- Parental consultation within 24 hours of admission at 80% vs national at 96% - This has been a persistent problem and a large number of strategies have been put in place to improve it including responding to CQC – strategies available on request from the Quality and Compliance Manager.
- Keeping mothers and babies together (term babies) – our unit at 3.6 days was above national average at 3 days - This problem has been addressed and is reflected in the 'ATAIN' (computer system) figures of current quarter at 4.1% term admission in comparison to all Southwest units at 4.7% and a proper transition care model is being addressed.
- Keeping mothers and babies together (late pre-term babies) – our unit was 7.8 days and was above national average at 6 days - This issue is being addressed through a transition care model and also through conversion of John MacPherson's Bay 4 to Nursery 3 where there are pull-down beds for mums/ dads to stay with babies overnight – minimising separation times.
- Mother's milk at time of discharge for babies born at less than 33 weeks – we have no record in 2018 - This has been identified as an educational issue for the junior doctors completing 'Badger' (computer system) discharge summaries and this is something which is addressed at their induction – possibly only data entry issue.
- We have achieved UNICEF Breast Feeding Initiative Stage 2 which shows that we are adhering to breast feeding opportunities and support given to mother.
- Neonatal nurse staffing numerically staffed according to national guidelines – our unit is at 63.2% vs national average of 63.9% - We are almost at par and our staffing issues have been addressed through recruitment and further QI training of appropriate staff members.

0518 (RCEM) Feverish Children (Care in Emergency Departments)

- Re-audit observations within 15 mins to identify area of weakness.
- Senior review - Investigate current pathway and advertise change.
- Sepsis tool - Ensure being used/ try to prove that note bias, otherwise change required.

0602 (RCEM) Venous thromboembolism (VTE) Risk in Lower Limb Immobilisation

- VTE assessment re-audit required.

0615 (TARN) Clinical Report Issue 3 November 2018 - Head & Spinal Injuries

- Review times to operation for trauma patients - review causes and present to Trauma Review Group

0612 2018 National Comparative Audit of the Management of Maternal Anaemia

- Source a new maternal anaemia patient leaflet - completed.
- A local audit should be undertaken in 12 months.

0623 Each Baby Counts

- Breakthrough pain with a previously working epidural in a woman with a history of uterine surgery should trigger an obstetric review for scar rupture - This is not in our local policy. It needs to be added to the policy and also added to our PRactical Obstetric Multi-Professional Training (PROMPT) - Add to elective Caesarean and Epidural Policy.
- Where it is recognised that a guideline was not followed, a reason for 'why this happened' should be identified and documented. The use of debrief as a tool will aid these insights - Debrief after theatre lists is Trust policy. More difficult after emergency cases as there is not a defined end to the "list". Team members involved with continuing other emergencies. Over-runs of elective lists make debrief challenging. Additional elective lists should reduce over-runs and improve learning from debrief - Reiterate the importance of introductions: carry forward work on theatre cap challenge. Lanyards now in use for midwife in charge. Improve handover process for the Delivery Suite. Continue to pursue additional elective lists.

0587 Lung Cancer (National Lung Cancer audit)

- Inadequate Lung Cancer Nurse Specialist (LCNS) support for population of patients - Business case to support the appointment of an additional LCNS. Although a Band 4 Support Worker has been appointed and a Navigator role is being set up this does not replace the need for additional LCNS time.
- Ensure all appropriate patients (good performance status) have an attempt at pathological diagnosis considered. 1) Multi-Disciplinary Team (MDT) discussion. Close liaison with Interventional Radiologists. 2) Audit to explore reasons/ trends for not confirming a pathological diagnosis.
- Invest in data collection clerks and MDT co-ordinators to ensure good quality data. Continue with clinical validation.
- Maintain our current timely access to chemotherapy. 1) Ongoing support and investment in the chemotherapy day unit may be required in order to provide this. 2) Audit to explore reasons/ trends for not offering chemotherapy to good performance status patients with non-small-cell lung cancer and patients with small cell lung cancer.

0548 National Asthma and Chronic obstructive pulmonary disease (COPD) Audit Programme - Outcomes of patients included in the 2017 COPD Clinical Audit

- Production of a Non-Invasive Ventilation (NIV) use proforma for all cases - ongoing audit of trial of the proforma.
- Continuous monitoring equipment purchased for the ward from charitable funds - Equipment currently on order awaiting delivery.
- A need for higher care environment on Midgely ward for use of NIV and continuous monitoring of patients - Board level agreement for removal of some beds on Midgely to create the required higher care environment.

0645 National Asthma and Chronic obstructive pulmonary disease Audit Programme/ Adult

- Length of stay is likely to fall to National median if the Torbay Hospital Outreach Respiratory Team (THORT) is not supported - they also complete discharge bundles which includes smoking advice/ prescribing - Reinforcement of the THORT/ Early Supported Discharge team.
- Implementation of Non-Invasive Ventilation (NIV) proforma for patient care - proforma currently in trial stages on Midgely and Emergency Department.

0569 National Audit of Care at the End of Life (NACEL)

- (Acute) Undertake further national care of the dying audit in 2019
- (Acute) Late recognition of dying patient at 45 hrs - local audit to look at care during period leading up to formal identification of dying
- (Acute) Lack of Trust guideline to promote dignity - Develop guideline to promote dignity.
- (Acute) Poor documentation of discussion of side effects of medication and pro's and cons of artificial nutrition and hydration with patient, spiritual care of patient and family, care after death - 1) Amend End of Life Care (EOLC) plan to provide obvious prompts to discussion (next print run). 2) Include importance of discussions in end of life education delivered to Trust staff 3) Carry out monthly audits of completion of end of life care plans and feedback gaps to ward terms in real time
- (Acute) Lack of availability of comfort packs for relatives - Source funding to provide comfort packs
- (Acute) Poor documentation of preferred place of care at end of life - Add section on preferred place of care at end of life to EOLC care plan.
- (Acute) Need to elicit views of carers on experience of end of life care - Carer survey forms part of 2019 end of life audit, continue to discuss at Trust EOLC meeting to explore options
- (Acute) Work towards seven day working for Hospital Palliative Care Nursing Team - Business case to expand numbers within the team
- (Acute) Incomplete availability of data on delivery of EOLC education to Trust staff - Develop HIVE (Training records/ system) to provide data.
- (Acute) Gaps in availability of education on EOLC for staff - Recruit to unfilled posts in education team.

- (Community) Prescribing and administration issues around EOLC medications - Present audit results at Quality Improvement Group (completed) Feedback audit results to doctors and nurses working in community hospitals
- (Community) Further national end of life audit in 2019 - undertake further national care of dying audit in 2019.
- (Community) Lack of Trust guideline to promote dignity - Develop guideline to promote dignity.

0575 National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)

- Agree a referral pathway with Bristol Children's neurology services.
- Review Transition pathway to adult services and modify as needed.
- Look at current Service Contactability provision and identify what is going well and what needs changing.

0654 National Cardiac Arrest Audit (ICNARC)

- Ongoing audit of destination following successful cardiac arrest outcome (ROSC >20 mins - Why do so few go to ICU?

0509 National Cardiac Audit Programme National Audit of Cardiac Rhythm Management Devices & Ablation 2016-17

- The predominant relevant finding from this audit is that our rates of data completeness and particularly for NHS number and post code are inadequate. This needs to be proactively addressed and the methods to do so will be discussed at a departmental meeting.

0655 National Cardiac Audit Programme (NCAP)

- Cardiac rehabilitation for heart failure patients - Increased investment in the Cardiac Rehabilitation team with additional appointments

0625 National Delirium Awareness Day Audit

- Update old paper screening tool to include 4AT test, potentially other ways to record e.g. Nerve Centre.
- Delirium guideline is due for renewal.
- Update patient/ relative leaflet to include latest recommendations.

0656 National Diabetes Audit Programme Foot Care Audit

- Development of an 'EMIS' (computer system) template in Primary Care to help with diabetic foot screening which will incorporate an electronic referral to improve referrals
- Continue to offer a diabetic foot screening workshop to those practices where Root Cause Analysis of a major amputation has identified any issues with either screening or following referral pathways.
- To identify from the audit data all those patients in whom there was more than three days between first presentation and being seen in Podiatry. To use this information to find out if there was a delay in referral from the practice and offer a diabetes foot screening workshop to these practices.
- A formal one-day foot screening workshop to be arranged that is open to all Primary Care staff, ward staff, community and care home nursing teams
- Audit data submission. A change in policy means that only two people from each organisation are able to submit data. Agreed to be one admin and one clinical person.
- Explore weekend cover for diabetic foot problems and submit an options appraisal/ business case due to likely cost of weekend working cost pressure.

0583 National Diabetes Audit Programme - National Pregnancy in Diabetes Audit 2018

- Capacity - Develop new role of Diabetes Practitioner to manage low risk Gestational diabetes mellitus independently of Absolute neutrophil count thus increasing capacity for more complex patients.
- Managing complexity - Educational events with Midwives to discuss implementation of protocols and facilitate communication between specialties

0584 National Emergency Laparotomy Audit - Fourth Patient Report (NELA)

- Clinical pathways and Clinical Care - We have proposed a pathway framework which contains many of the standards of care that have been previously been agreed in addition to some newly introduced. This is currently in consultation stage.
- Develop and agree pathways to promptly identify deteriorating patients and subsequent referral to senior decision makers pre/ post operatively. Collaborate with leads for deteriorating patient and New Early Warning System workstreams.
- Ensure a Trust-wide approach to sepsis and ensure delivery of antibiotics within 60 minutes.
- Develop and agree Multi-Disciplinary Team pathways for management of sepsis/ peritonitis for patients admitted under non-surgical specialities.
- The surgical consultants agreed to accept direct referrals from non-surgical specialities to avoid delays in review that have been implicated in previous mortality reviews - for inclusion in pathway framework.
- Develop policies to define timeline to surgery and pathways to facilitate arrival of patients in theatre within appropriate timeframes. This will form a component of the proposed pathway framework.

0714 National Gastro-Intestinal Cancer Programme

- Loop ileostomy closure - Compile list of patients with loop ileostomy and run chart of waiting times.

0505 National Head and Neck Cancer Surveillance Audit 2018

- Local data only reviewed, teams will review national recommendations when published to see if any local actions are required

0733 National Lung Cancer Audit - Spotlight Report on Molecular Testing in Advanced Lung Cancer

- Number of patients requiring a second biopsy - consider on-going audit of patients requiring a second biopsy in order to ensure most appropriate initial diagnostic test has been requested.
- High proportion of patients undergoing bronchoscopy - consider the development of an on-site endobronchial ultrasound service.
- Review pathway for molecular testing - Reflex testing to be adopted by Pathology laboratory. To discuss at Lung Cancer Multi-Disciplinary Team business meeting.

0730 National Lung Cancer Audit Organisational Audit

- Respiratory Physician dedicated PAs - Job planning and service provision review.
- Lung Cancer Nurse Specialist Provision - At least one Whole Time Equivalent additional post required.
- Smoking cessation - Policy, provision and training required.
- Pulmonary rehabilitation - dedicated service for lung cancer patients.

0662 National Vascular Registry (NVR - Comprising Carotid Intervention and AAA)

- Vascular units should ensure that all data on lower limb revascularisation and major amputation procedures are being uploaded to the NVR, including the provision of administrative support to allow this: - Action - Plan with Royal Devon and Exeter hospital (RD&E) to support admin to upload RD&E data only. No Plan for Torbay angioplasty data agreed. Needs Radiology discussions with Medical Director and funds identified.
- Vascular units should review their pathways of care for patients with critical limb ischaemia (CLI), using the Vascular Society of Great Britain and Ireland (VSGBI) Quality Improvement Frameworks (QIF) for peripheral arterial disease and amputation. Action: - Data/ 'Getting It Right First Time' – Large numbers with poor outcomes.
- Work in progress to develop rapid access and urgent ambulatory pathways. Needs to be matched with diagnostics within RD&E. Major limitation with access to inpatient theatres and no hybrid theatre in vascular hub.
- Vascular units should aim for patients admitted as emergency with CLI to have their lower limb bypass or endovascular revascularisation procedure within five days. Action: - See above concerns
 - Theatre capacity

- Hybrid capacity and access
- Interventional Radiology (IR) capacity at 'Hub'
- No emergency admissions of such to Torbay – Vascular network policy.
- Vascular units should review local care pathways and patient outcomes for lower limb amputation using recommendations in the VSGBI QIF. Specifically:
 - patients undergoing major amputation should be admitted in a timely fashion to a recognised arterial centre with agreed protocols and timeframes for transfer from spoke sites and non- vascular units.
 - below knee amputation (BKA) should be undertaken whenever appropriate. Vascular units should aim to have an above knee (AKA) to BKA ratio below one. Action: Poor process data for Torbay and RD&E within report.
- In Patient theatre limitation within vascular Hub.
- Clinical pathway established for transfer of emergencies and diabetic foot problems.
- AKA:BKA ratio < 0.5 in both units.
- Vascular units should examine how to improve their performance against the shared NCEPOD and VSGBI QIF recommendations for amputation. Action: To be confirmed
- NHS Trusts at which patients are not having their carotid endarterectomy within 14 days of experiencing symptoms should review the referral pathways within their networks and implement improvements to reduce waiting times. Action: - Moderate performance but both Trusts better than National performance.
- Limitation is related to lack of IP theatre lists in Hub.
- For non-complex aneurysms, vascular units should ensure the time patients take from referral for vascular assessment to elective Abdominal aortic aneurysm (AAA) repair is less than eight weeks for both screen and non-screen detected patients. Action: Area of concern. Concerns expressed by National AAA screening programme. Multiple delays in pathway. Lack of inpatient theatre capacity. Lack of hybrid theatre and IR capacity within Hub.
- Vascular units should evaluate how access to endovascular repair can be improved for emergency repair of ruptured aneurysms. This may require review of anaesthetic as well as surgical aspects of the care pathway. Action: - Concern: Low numbers of emergency or urgent Endovascular aneurysm repairs performed. No hybrid theatre in Vascular Hub 2/3rd of vascular hubs have hybrid theatres. IR suite in RD&E remote from theatres.

0592 NPDA (RCPH National Paediatric Diabetes Audit)

- To improve the median HbA1c of our patients and increase the proportion with HbA1c within the target range - We are currently engaged in the national collaborative Quality Improvement program. We have on-going projects looking at further unifying the message we give to our patients and families and in educating and empower patients to spot patterns in blood glucose and adjust insulin regimes.
- To help empower children and families to make changes to their insulin regimes and diabetes self-care routines based on sound knowledge - To support us in educating children and families to become experts in their diabetes we have built up a library of educational resources and motivational tools.
- To increase the number of children receiving the appropriate care processes and to have a structured evidenced based approach to acting on the results and charting children's health - We have developed new screening and management and are starting to capture results in a more meaningful way to be able to chart children's health in relation to early signs of diabetes complications over the years they are in care.

The reports of 33 local clinical audits were reviewed by the provider in 2019/20 and Torbay and South Devon NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Ref Recommendations / actions

6608 Tracheostomy Theatre Safety Project

<ul style="list-style-type: none"> • A number of educational processes will be set up for staff to attend/ take part: Lunchtime "drop in" session in theatres with one of the Head & Neck specialist nurses - Staff to practice suctioning via an Endotracheal Tube in theatre during a General Anaesthetic case - E-learning module(s) available on tracheostomy.org - "Trach" study day (probably a half-day)
6583 Emergency Readmission following Laparoscopic Hysterectomy
<ul style="list-style-type: none"> • Share findings with all consultants performing this surgery
6553 Safeguarding referrals for children undergoing multiple dental extractions under general anaesthetic (GA)
<ul style="list-style-type: none"> • Share findings with the Day Surgery Unit Paediatric Sister • Produce new policy for management of children having dental extractions under GA
6588 Assessing the appropriateness of Urgent Referral Service referrals
<ul style="list-style-type: none"> • Provide feedback regarding electronic referral service results to Emergency Department (ED) to improve service • Provide teaching to ED staff to ensure relevant information included in referral/ any questions can be addressed
6574 Preoperative urine testing pathway for primary arthroplasty surgery
<ul style="list-style-type: none"> • Highlight results at Trauma and Orthopaedic audit meeting • Raise awareness of poor rate of instruction recorded in operation notes • Remind all staff Asymptomatic Bacteriuria patients require antibiotics if catheterised • Discuss process for making notes on the drug charts with Outreach Team • Investigate evidence that this guideline improves patient care. International consensus has suggested no clinical need for testing these patients
6536 Amblyopia treatment options
<ul style="list-style-type: none"> • Clinical discussion re hours of patching recommended/ prescribed completed at presentation. • Current two guidelines updated, circulated and merged into one cohesive document • Staff instructed after discussions at presentation to document offer of both treatments in notes; if not then clinical reason for choice must be recorded • Change atropine occlusion to weekend rather than current Monday, Wednesday and Friday • Staff to check near vision in all atropine patients and, if unable to, switch to 'month on/ month off' • Update patient leaflets to account for all changes
6604 Ambulatory/ Outpatient Pulmonary Embolism (PE) management
<ul style="list-style-type: none"> • Trial a PE pro-forma and to email out to juniors and seniors regarding this • Investigate Radiology quick scan option which would shorten the length of stay for those unsuitable • Liaise with Respiratory Medicine and Haematology regarding best follow up for patients with confirmed PE
6601 Management of Sepsis in Emergency Department
<ul style="list-style-type: none"> • More time taken in 'Resus' to ensure Intra Venous (IV) fluids are given • A change to IV behaviours is required in A&E staff
6605 Investigation of suspected Cauda Equina Syndrome (CES)
<ul style="list-style-type: none"> • Clinicians should make sure patient is Magnetic resonance imaging (MRI) safe before considering requesting MRI. • Currently we still have consultant to consultant referrals for out of hour MRI - Radiology Clinical • Aiming to put potential/ possible CES patients through "next" slot on scanner. This is next after patient arrives at the MRI department, if no higher priority emergencies, not next after discussion with Radiologist • The Radiologist must receive a request card from clinician before patient can be scanned to avoid delays
6607 Assessment of the burden of outlying Orthopaedic patients
<ul style="list-style-type: none"> • Results to be shared at Directorate meeting and efforts made to improve placement of orthopaedic patients • Share data with Trust board to consider reassigning Warrington ward back to Orthopaedics
6602 Chest pain pathway

	<ul style="list-style-type: none"> • Ensure all patients with low “HEART” score (0-3) and negative Troponin should be discharged to GP through new pathway • Consider initiating primary prevention medication only if angina diagnosis is the most likely through new pathway • All patients with Intermediate HEART score (4-5) and negative Troponin for primary prevention and Outpatient Cardiology referral • All high-risk patients should be admitted and have Cardiology review
6576	Podiatrist corticosteroid injection therapy
	<ul style="list-style-type: none"> • Treatment outcomes to be recorded; pre and post injection pain score using validated visual analogue scale score and Manchester Oxford foot questionnaire to measure treatment outcome
6500	Improving Multiple Sclerosis (MS) Magnetic Resonance Imaging (MRI)
	<ul style="list-style-type: none"> • Negotiate use of same scanner for all MS patients • Roll out new MRI Protocol and Clinical Guideline • Survey patients to ensure they are happy with new imaging practice • Trial new MRI sequences • Develop new MRI request form with tick boxes to identify correct protocol
6582	Interventional Radiology World Health Organisation (WHO) Safety Checklist
	<ul style="list-style-type: none"> • Scan completed forms onto Computerised Radiology Information System for each patient • The scanner in theatres is not working, report fault to IT or request a new one.
6594	Staff safety and usage of personal Thermoluminescent Dosimeters (TLDs) in Radiology and Diagnostic Imaging
	<ul style="list-style-type: none"> • Staff to be emailed when TLD is about to expire so new ones can be obtained • All staff notified through a team meeting that temporary TLDs can be worn if staff members forget • Education of staff as part of Clinical Governance and Audit meeting
6603	Computerised Tomography (CT) abdo-pelvis (AP) and kidney, ureter and bladder (KUB) radiation dose and records
	<ul style="list-style-type: none"> • Staff encouraged to routinely collect patient weight or patient AP diameter from scout image to help inform future dose reduction efforts • To investigate further Radiation Dose Monitoring software: <ul style="list-style-type: none"> - National Institute for Health and Care Excellence Medtech Innovation Briefing 127 identified potential cost savings by avoiding manual or semiautomatic data collection - General Electric Healthcare have ‘Dose Watch’ software, between £10,000 to £20,000 a year
6584	Infectious Diseases in Pregnancy Screening
	<ul style="list-style-type: none"> • Take audit results to Team Leaders meeting • New generic email set up for the Screening team • For patients with a suspected diagnosis of hepatitis B, a referral is to be made to the Gastroenterology team prior to formal confirmation from Bristol
6568	Paediatric Head Injury (post injury observations) (CG-176)
	<ul style="list-style-type: none"> • Share results with Emergency Department (ED) colleagues • Further training required to increase awareness of guidance recommendations among medical and nursing staff • Explore development of head injury observational pro-forma in conjunction with ED colleagues – incorporating a section to document acceptable variations
6606	Diagnosis and Initial Management of Juvenile Idiopathic Arthritis (JIA)
	<ul style="list-style-type: none"> • Develop a specific JIA referral guideline/ tool for GPs, Emergency Department and community Physiotherapists
6569	Autism in Children and Young People: Recognition, referral, diagnosis and management (CG-128/ 170)
	<ul style="list-style-type: none"> • Emphasise/ train Community Paediatric colleagues to use Wood's light during physical examination • Explore possible change in working patterns to improve waiting times • Offer post diagnostic telephone follow up at six weeks
Audits completed and reviewed NOT requiring a plan or specific actions due to good results or compliance	
6590	On-site Cytotechnician evaluation of Fine Needle Aspiration adequacy in a Neck Lump clinic
6598	Post-tonsillectomy bleeds

6599	Post-operative management of children undergoing adenotonsillectomy for Obstructive Sleep Apnoea (OSA)
6596	Botox for the management of urinary incontinence in women (CG-171)
6551	Orthodontic Breakages
6589	Macular Hole surgery at Torbay Hospital
6612	Surveillance of women at higher risk of breast cancer
6586	Use of low dose diuretic in patients with moderate to severe Hyponatraemia secondary to syndrome of inappropriate antidiuretic hormone secretion (SIADH)
6544	Barriers to implementing the NICE Guidelines for Jaundice in newborn babies under 28 days (CG-98) - National Study
6545	Outcome of Waterbirth Babies - Reasons for SCBU Admissions
6578	Neonatal Lumbar Puncture in Sepsis
6566	Accuracy of grading for knee osteoarthritis (OA)
6567	Positron Emission Tomography (PET)/ Computerised Tomography (CT) correlation with histology in lung cancer staging

The reports of 3 national confidential enquiries were reviewed by the provider in 2019/20 and Torbay and South Devon NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

0724	MBRRACE - Perinatal Mortality Surveillance Report 2019
	<ul style="list-style-type: none"> In order to achieve the various UK Governments' ambitions renewed efforts need to be focused on implementing existing national initiatives to reduce stillbirths and continue the slow but steady decline in neonatal mortality rates observed since 2013. Particular emphasis should be placed on reducing preterm birth - The Trust is working towards the Saving Babies Lives Care Bundle Version 2. A business case is needed as the guidance involved extra scanning and consultant obstetrician resource as a minimum. This is an ongoing action that is being monitored through the Maternity Clinical Governance Group. Trusts and Health Boards should work to implement fully the National Bereavement Care Pathway to ensure that all patients are offered high quality, individualised bereavement care after the loss of their baby - Not in place. Take to the Maternity Clinical Governance Group. Placental histology should be undertaken for all stillbirths and if possible all anticipated neonatal deaths, preferably by a perinatal pathologist - Service not commissioned locally. Investigate if this service can be commissioned and where and what cost to the organisation.
0520	(NCEPOD) Peri-Operative Management of Surgical Patients with Diabetes Study
	<ul style="list-style-type: none"> List order prioritisation - Discussion with theatre booking staff, reminder to anaesthetic staff at Clinical Effectiveness meeting. Snap-shot audit to check in three months. Length of peri-op starvation - Snap-shot audit of starvation times for inpatients. Improved peri-op monitoring of Capillary Blood Glucose - Education to anaesthetic staff at Clinical Effectiveness meeting.
0619	(MBRRACE-UK) - Saving Lives, Improving Mothers Care - Lessons Learned to Inform Maternity Care from The UK And Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014-16
	<ul style="list-style-type: none"> Women with a high Body Mass Index should be given information about the symptoms of Venous thromboembolism (VTE) - Unsure of what information the Royal College of Obstetricians and Gynaecologists provides - Review of information. Women with complex and multiple problems need senior review prior to discharge timing of follow up appointments, arranged with the appropriate services before the women are discharged - To include guidance in local policy - Update Medical disorders in Pregnancy. If a cancer diagnosis is suspected, investigations should proceed in the same manner and on the same timescale as for a non-pregnant woman a discussion of potential risks and benefits with the women - To include guidance in local policy - Update Medical disorders in Pregnancy.

- Pregnant or postpartum women who are diagnosed with cancer should have the possibility of an underlying familial syndrome considered. To include guidance in local policy - Update Medical disorders in Pregnancy.
- Thrombosis, particularly migratory or in an unusual location, should be fully investigated as it may be a presenting sign of cancer in pregnancy or postpartum - To be included in existing local policy - Update VTE policy.
- Repeated presentation with pain and/ or pain requiring opiates should be considered a 'red flag' and warrant a thorough assessment of the woman to establish the cause - New guidance needs to be developed - Produce new guidance.

Research

The number of patients receiving relevant health services provided or sub-contracted by Torbay and South Devon NHS Foundation Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 1,329.

Participation in clinical research demonstrates Torbay and South Devon NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Torbay and South Devon NHS Foundation Trust was involved in conducting 178 clinical research studies during 2019/20 in 35 specialities.

During 2019/20 80 clinical staff participated in approved research at Torbay and South Devon NHS Foundation Trust.

In the past year more than 21 publications have resulted from our involvement with the National Institute Health Research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates Torbay and South Devon NHS Foundation Trust's commitment to testing and offering the latest medical treatments and techniques. Here are just a few examples of how our participating in research improves patient care.

Summary of the Impacts and Outcomes from studies Torbay Hospital has led or participated in.

Clinical Specialty	Study details
Cancer (bladder)	<p>Patient-reported Quality of Life Outcomes in Patients Treated for Muscle-invasive Bladder Cancer with Radiotherapy ± Chemotherapy in the BC2001 Phase III Randomised Controlled Trial</p> <p>BC2001, the largest randomised trial of bladder-sparing treatment for muscle-invasive bladder cancer, demonstrated improvement of local control and bladder cancer-specific survival from the addition of concomitant 5-fluorouracil and mitomycin C to radiotherapy. The study also assessed the impact of treatment on the health-related quality of life (HRQoL) of BC2001 participants and showed that Quality of life of bladder cancer patients treated with radiotherapy±chemotherapy</p>

	<p>deteriorates during treatment, but improves to at least pre-treatment levels within 6 months. Addition of chemotherapy to radiotherapy does not affect patient-reported quality of life.</p>
Cancer (breast)	<p>Synchronous Versus Sequential Chemo-Radiotherapy in Patients with Early Stage Breast Cancer (SECRAB): A Randomised, Phase III, Trial</p> <p>The optimal sequence of adjuvant chemotherapy and radiotherapy for breast cancer is unknown. SECRAB. was a prospective, open-label, multi-centre, phase III trial looking to assess whether local control can be improved without increased toxicity by comparing synchronous to sequential chemo-radiotherapy, conducted in 48 UK centres.</p> <p>The study results show that synchronous chemo-radiotherapy significantly improved local recurrence rates. This was delivered with an acceptable increase in acute toxicity. The greatest benefit of synchronous chemo-radiation was in patients treated with anthracycline-CMF.</p>
Cancer (Colorectal)	<p>3-month versus 6-month adjuvant chemotherapy for patients with high-risk stage II and III colorectal cancer: 3-year follow-up of the SCOT non-inferiority RCT</p> <p>Patients diagnosed with bowel cancer are likely to have surgery to remove the tumour. Patients diagnosed with a more advanced stage of the disease are then likely to be offered what is known as adjuvant chemotherapy. The study assessed the efficacy of 3-month versus 6-month adjuvant chemotherapy for colorectal cancer and to compare the toxicity, health-related quality of life and cost-effectiveness of the durations. Overall, the study showed that 3-month adjuvant chemotherapy for patients with bowel cancer is as effective as 6-month adjuvant chemotherapy and causes fewer side effects.</p>
Cancer (Malignant Haematology)	<p>Characteristics Associated with Significantly Worse Quality of Life in Mycosis fungoides/Sézary Syndrome from the Prospective Cutaneous Lymphoma International Prognostic Index (PROCLIP) Study</p> <p>Mycosis fungoides (MF) and Sézary Syndrome (SS) are the most common cutaneous T-cell lymphomas. MF/SS is accompanied by considerable morbidity from pain, itching and disfigurement. The study aimed to identify factors associated with poorer health-related quality of life (HRQoL) in patients newly diagnosed with MF/SS.</p>

	<p>Conclusions: This is the first prospective study to investigate HRQoL in newly diagnosed patients with MF/SS. The results show that HRQoL is worse in women and in those with alopecia and confluent erythema. MF/SS diagnosis has a multidimensional impact on patient HRQoL, including a large burden of cutaneous symptoms, as well as a negative impact on emotional well-being. The results show that a comprehensive validated cutaneous T-cell lymphoma-specific questionnaire is urgently needed to more accurately assess disease-specific HRQoL in these patients.</p>
<p>Cancer (Malignant Haematology)</p>	<p>The UK NCRI Study of Chlorambucil, Mitoxantrone and Dexamethasone (CMD) Versus Fludarabine, Mitoxantrone and Dexamethasone (FMD) for Untreated Advanced Stage Follicular Lymphoma: Molecular Response Strongly Predicts Prolonged Overall Survival</p> <p>This trial was the first to prospectively assess molecular response and the impact on outcomes for 400 patients. Long-term follow-up data shows that no cases of progression occurred in minimal residual disease (MRD) negative patients after six years of follow-up. Although there was no difference in outcomes between arms, this is the first prospective study to report MRD negativity resulting in significantly improved Overall survival (OS).</p>
<p>Cancer (Malignant Haematology)</p>	<p>Prophylactic levofloxacin to prevent infections in newly diagnosed symptomatic myeloma: the TEAMM RCT</p> <p>Myeloma is a type of cancer that develops from cells in the bone marrow, called plasma cells, which are part of the immune system. Because myeloma affects the immune system, people who have it are at greater risk of picking up infections. This risk is higher at the start of antimyeloma therapy when the myeloma is active. The study assessed the risks, benefits and cost-effectiveness of prophylactic levofloxacin in newly diagnosed symptomatic myeloma patients.</p> <p>The results showed that during the 12 weeks from new diagnosis, the addition of prophylactic levofloxacin to active myeloma treatment significantly reduced febrile episodes and deaths without increasing healthcare associated infections or carriage.</p>
<p>Cancer (prostate)</p>	<p>Addition of Docetaxel to Hormonal Therapy in Low- And High-Burden Metastatic Hormone Sensitive Prostate Cancer: Long-Term Survival Results from the STAMPEDE Trial</p> <p>The STAMPEDE trial has previously reported that the use of upfront docetaxel improved overall survival (OS) for metastatic hormone naïve prostate cancer patients starting long-term androgen deprivation therapy. The clinically significant benefit in survival for upfront docetaxel persists</p>

	<p>at longer follow-up, with no evidence that benefit differed by metastatic burden. The research advocates that upfront docetaxel is considered for metastatic hormone naïve prostate cancer patients regardless of metastatic burden.</p>
Dermatology	<p>Comparing alternating pressure mattresses (APM) and high-specification foam mattresses (HSFMs), to prevent pressure ulcers (Pus) in high-risk patients: the PRESSURE 2 RCT</p> <p>Special mattresses are used to help prevent PUs. This study compared alternating pressure mattresses (APMs) with high-specification foam mattresses to see which is better at preventing PUs. In this trial of > 2000 patients, the rate of development of new pressure ulcers did not differ according to mattress type.</p>
Gynaecology	<p>Surgical interventions for uterine prolapse and for vault prolapse: the two VUE Randomised Controlled Trials (RCTs)</p> <p>About 1 in 10 women has pelvic organ prolapse (POP) surgery, and around three of these women require a further operation. The aim of this study was to identify the most appropriate surgery for two different types of POP found in women: (1) when the uterus itself has come down – the Uterine trial comparing surgical uterine preservation with vaginal hysterectomy – and (2) when a previous hysterectomy has resulted in the top of the vagina coming down – the Vault trial comparing abdominal procedures with vaginal procedures. The study considered clinical effectiveness, adverse events, quality of life and cost-effectiveness.</p> <p>There results show there was no difference in symptoms or quality of life between uterine preservation versus vaginal hysterectomy for uterine prolapse or between abdominal versus vaginal approaches for vault prolapse. Women in both trials will be followed up for at least 6 years to determine longer-term costs and consequences.</p>
Health Services Research	<p>Capturing the Role of Context in Complex System Change: An Application of the Canadian Context and Capabilities for Integrating Care (CCIC) Framework to an Integrated Care Organisation in the UK</p> <p>Purpose: This study applied the Canadian Context and Capabilities for Integrating Care (CCIC) Framework to investigate factors influencing the implementation and outcomes of a complex integrated care change programme in Torbay and South Devon (TSD) and, more specifically, in one of five sub-localities, Coastal. If integrated care approaches are to be properly adapted to local contexts, a better understanding is required of key determinants of implementation and how these might be appropriately supported.</p> <p>Conclusions: The CCIC Framework provided a useful tool capturing key elements of complex system change with key domains being transferable across settings, while also finding local variation in the UK. This would encourage its wider application so that further comparisons can be made</p>

	<p>of the ways in which different contextual and implementation properties impact upon delivery and outcomes.</p>
Orthopaedics	<p>Midterm Outcomes of a Synthetic Cartilage Implant for the First Metatarsophalangeal Joint in Advanced Hallux Rigidus</p> <p>A prospective, randomized, noninferiority clinical trial of synthetic cartilage implant hemiarthroplasty for hallux rigidus (big toe arthritis) demonstrated functional outcomes and safety equivalent to first metatarsophalangeal (MTP) joint arthrodesis at 24 months. The clinical and safety outcomes for synthetic cartilage implant hemiarthroplasty observed at 2 years were maintained at 5.8 years. The implant remains a viable treatment option to decrease pain, improve function, and maintain motion for advanced hallux rigidus.</p>
Physiotherapy	<p>Exercise or manual physiotherapy compared with a single session of physiotherapy for osteoporotic vertebral fracture: three-arm PROVE RCT</p> <p>Osteoporosis is a condition in which bones lose their strength and are more likely to break. It affects around 3 million people in the UK. Fractures of the spine are very common in people with osteoporosis. The objective was to investigate the clinical effectiveness and cost-effectiveness of two different physiotherapy programmes for people with OVF compared with a single physiotherapy session. This is the largest RCT to date assessing physiotherapy in participants with OVFs. At 1 year, neither treatment intervention conferred more benefit than a single 1-hour physiotherapy advice session on quality of life or muscle endurance.</p>
Rheumatology	<p>Group cognitive behavioural programme to reduce the impact of rheumatoid arthritis fatigue: the RAFT RCT with economic and qualitative evaluations</p> <p>Rheumatoid arthritis (RA) is a lifelong inflammatory condition affecting multiple joints, with fatigue as a major consequence. The study found that the RAFT programme improves RA fatigue impact beyond usual care alone; at 6 months and this was sustained for 2 years with high patient satisfaction, enhanced team skills and no harms and is a potentially low-cost intervention that can be delivered by rheumatology nurses and OTs rather than a psychologist.</p>
Stroke	<p>Tranexamic acid to improve functional status in adults with spontaneous intracerebral haemorrhage: the TICH-2 RCT</p> <p>7 patients recruited @ Torbay</p> <p>Stroke caused by bleeding in the brain [i.e. an intracerebral haemorrhage (ICH)] is a medical emergency. Around one-third of such strokes are complicated by continuing bleeding, which usually occurs within the first</p>

	<p>few hours after trauma and childbirth, and is associated with death or severe disability. Tranexamic acid is a drug that is seen to reduce death from bleeding after trauma and childbirth.</p> <p>Conclusion</p> <p>Treatment with tranexamic acid did not result in a significant improvement in recovery at 90 days (i.e. functional status), despite small reductions in the number of early deaths, amount of brain bleeding and the number of complications.</p>
<p>Stroke</p>	<p>Dopamine Augmented Rehabilitation in Stroke (DARS): a multicentre double-blind, randomised controlled trial of co-careldopa compared with placebo, in addition to routine NHS occupational and physical therapy, delivered early after stroke on functional recovery</p> <p>The results show that Co-careldopa in addition to routine NHS occupational and physical therapy is not clinically effective or cost-effective in improving walking, physical functioning, mood or cognition following stroke.</p>
<p>Surgery</p>	<p>Robotic-assisted surgery compared with laparoscopic resection surgery for rectal cancer: the ROLARR RCT</p> <p>This was a multicentre, randomised trial comparing robotic with laparoscopic rectal resection in patients with rectal adenocarcinoma. The study concluded that robotic surgery does not reduce the need to perform open surgery in a small number of patients with rectal cancer. Robotic surgery is more expensive than laparoscopic surgery, with no obvious benefits for patients in the short or long term.</p>
<p>Surgery</p>	<p>Eicosapentaenoic acid (EPA) and/or aspirin for preventing colorectal adenomas during colonoscopic surveillance in the NHS Bowel Cancer Screening Programme: the seAFood RCT</p> <p>15 patients recruited @Torbay.</p> <p>Bowel cancer kills > 15,000 people every year in England and Wales. Most bowel cancers develop from a polyp, also known as an adenoma. Polyps are found and removed at colonoscopy, but colonoscopy does not prevent further polyps. Use of drugs or dietary supplements (called chemoprevention) may be able to reduce polyp growth and the possibility of developing bowel cancer.</p> <p>The Systematic Evaluation of Aspirin and Fish Oil (seAFood) trial tested the effects of naturally occurring omega-3 eicosapentaenoic acid (EPA) (a dose roughly equivalent to two oily fish portions every day) and aspirin on bowel polyp growth. Patients took EPA on its own, aspirin on its own, EPA and aspirin together or placebo (dummy) medication.</p>

	<p>The results showed that there was no reduction in the number of patients who had at least one adenoma at check-up in either EPA or aspirin users. However, EPA and aspirin were found to reduce the number of certain types of adenoma in different parts of the bowel by 10–20%. Both EPA treatment and aspirin treatment were safe for patients, with no increased bleeding risk, but EPA caused 10% more symptoms of mild stomach upset, including diarrhoea.</p> <p>It is concluded that both EPA and aspirin have chemoprevention benefits, which are limited to certain bowel polyp types. The results also suggest that aspirin (possibly with EPA) could be used to help prevent bowel cancers that occur despite colonoscopy.</p>
<p>Urology</p>	<p>Clinical and Patient-reported Outcome Measures in Men Referred for Consideration of Surgery to Treat Lower Urinary Tract Symptoms: Baseline Results and Diagnostic Findings of the Urodynamics for Prostate Surgery Trial; Randomised Evaluation of Assessment Methods (UPSTREAM)</p> <p>Clinical evaluation of male lower urinary tract symptoms (MLUTS) in secondary care uses a range of assessments. It is unknown how MLUTS evaluation influences outcome of therapy recommendations and choice, notably urodynamics (UDS; filling cystometry and pressure flow studies).</p> <p>This study is a randomised controlled trial evaluating whether symptoms are noninferior and surgery rates are lower if UDS is included. The initial findings show that men being considered for surgery have additional clinical features that may affect treatment decision making and outcomes, notably storage LUTS and impaired sexual function.</p>

CQUIN

A proportion of Torbay and South Devon NHS Foundation Trust income in 2019/20 was conditional on achieving specialist quality and improvement and innovation goals agreed between Commissioners other than South Devon and Torbay CCG and any person or body they entered into a contract, agreement, or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed specialist goals for 2019/20 and for the following 12-month period are available electronically at: <http://www.torbayandsouthdevon.nhs.uk>

In 2019/20 the potential value of the CQUIN payment was £2,637,000 and income subsequently received was £2,637,000 (tbc). In 2018/19 the potential value of the CQUIN payment for the Trust was £4,793,000 and the income subsequently received was £4,793,000. In 2020/21/20 the planned value of the CQUIN payment is £2,550,000.

(N.B. The CQUIN value of the contract in 19/20 has reduced from 2.5% to 1.25% of applicable contract value)

Care Quality Commission

Torbay and South Devon NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures.
- Family planning
- Management of supply of blood and blood derived products.
- Maternity and midwifery services.
- Personal care.
- Surgical procedures.
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely.
- Treatment of disease, disorder or injury.

Torbay and South Devon NHS Foundation Trust has no conditions on registration.

The Care Quality Commission has not taken enforcement action against Torbay and South Devon NHS Foundation Trust during 2019/20.

Torbay and South Devon NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

During the period April 2019 to March 2020, TSDFT received no unannounced CQC inspections, one announced CQC inspection, and one announced NHSI Use of Resources assessment, as detailed below.

The Trust received an announced CQC inspection in March 2020 of the following areas:

- Children and young people services
- Community health inpatient services
- Maternity
- Medical care
- Surgery
- Urgent and Emergency services

These inspections were part of the CQC’s routine inspection programme. Three additional core service inspections, planned for the same inspection, were cancelled shortly before the visit due to the national COVID-19 pandemic: Community end of life; Community health services for adults, and Diagnostic imaging. The announced trust-wide well-led inspection planned for the end of March/beginning of April 2020, was also cancelled by the CQC due to COVID-19.

The final CQC inspection report for TSDFT with the findings from the inspection of the six core services was published in July 2020 (<https://api.cqc.org.uk/public/v1/reports/c1101016-4312-4e83-a15f-1176d9143c08>) . Requirement notices and ‘should do’ action plans are monitored through TSDFT’s individual service leadership teams and reported to the Trust’s CQC and Compliance Assurance Group.

NHS Improvement conducted an announced Use of Resources assessment with an onsite one-day visit in February 2020. The final report for the announced 2020 inspection was published in July 2020 (https://www.cqc.org.uk/sites/default/files/new_reports/uor-AAAK0284.pdf).

Other than for the Use of Resources, the Trust’s overall ratings from the CQC have not changed during 2019/2020, as the CQC do not change overall ratings when the trust-wide well-led inspection has not been conducted.

The Trust’s current ratings (following publication of the final reports in July 2020) are shown in the table below.



The current full ratings for the Trust, including the core services ratings from the last inspections, can be found on the CQC’s website at: <https://www.cqc.org.uk/provider/RA9> .

Data quality

High quality data is important to our organisation for many reasons including our ability to improve our services and to understand how efficient our services are.

Within the Trust data quality is managed primarily by the Health Informatics Service and the Information team working together to ensure there are appropriate governance processes in place to manage and improve data quality.

NHS number and general practitioner registration code

Torbay and South Devon NHS Foundation Trust submitted records during 2019/20 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

The percentage of records in the published data, as of February 2020:

which included the patient's valid NHS number was:

- 99.8% for admitted patient care.
- 99.9% for outpatient care.
- 99.0% for accident and emergency care.

and those which included the patient's valid General Medical Practice Code was:

- 96.3% for admitted patient care.
- 95.5% for outpatient care.
- 96.3% for accident and emergency care

Information governance

Torbay and South Devon NHS Foundation Trust Information Governance Assessment report is no longer available and the system has been replaced by the "Data Security & Protection Toolkit (DSP Toolkit)".

Torbay and South Devon NHS Foundation Trust's toolkit publication for 2019/20 was standards met.

This is, in part due to the prioritisation of COVID-19 prevention and detection work. NHS Digital have extended the deadline with the requirement that all Trusts will develop an agreed action-plan to capture the required evidence, where necessary.

Clinical coding

Torbay and South Devon NHS Foundation Trust was not subject to the payment by results clinical coding audit during the reporting period by the Audit Commission.

Data quality improvements

- Embedding the new information governance toolkit.
Demonstration of this can be seen in the availability and quality of evidence on NHS dashboards which are monitored monthly.

- Maintaining or improving the Trust national SUS data quality position.
There has been a slight decrease in the Trust national SUS data quality position due to a shift of focus to the rapid response of urgent care to the pandemic.
- Obtaining a realistic overview of the Trust’s data quality and related risks to information reporting.
Following the establishment of the Information Assurance Group data quality issues are being captured and tracked, with routes to solutions discussed.
- Acting on the recommendations of three data quality audits undertaken by the external auditor in spring 2018 as part of the Trust’s annual quality account.

An external assessment of the Health Informatics Service has highlighted a capacity lacking issue in data quality, which has now been approved by the Board.

In 2020/21 the Trust will take the following actions to improve data quality:

- Implement the recommendations from the external review, assigning a dedicated data quality workforce.
- Review national SUS coding, to maintain acceptable quality levels.
- Mitigate the changes and anomalies to data capture, necessitated due to pandemic prevention and detection.
- Improve the density of coding relating to palliative care by implementing additional data feeds from our local hospices.
- Increase coding provision to support the recording of mortality, to align with the summary Hospital-level Mortality Indicator.

Mandated quality indicators

As part of the annual report the Trust is required to report against several mandatory quality indicators. These are described below.

Domain1:

Learning from patient deaths

27.1	During 2019/20, (April 2019 to Mar 2020) of Torbay and South Devon NHS Foundation Trust 1231 patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 292 in the first quarter; 283 in the second quarter; 323 in the third quarter; 333 in the fourth quarter
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27.2	For the period April 2019 to Mar 2020 206 case record reviews have been carried out in relation to the above number of the deaths included above. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 54 in the first quarter; 52 in the second quarter; 56 in the third quarter; 44 in the fourth quarter
27.3	1 death representing <1% of the patient deaths reviewed via Structured Judgement Framework(SJF) review during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of: 0 for the first quarter; 0 for the second quarter; 0 for the third quarter; 1 for the fourth quarter. These numbers have been estimated using the Structured judgement framework based on the Royal College of Physicians guidance.
27.4	Based on the reviews undertaken being alert to communication issues and process issues is key to ensuring good and timely care. If an intervention is in place using medical devices these need to be observed at regular intervals
27.5	The Trust has been working on the implementation of the new Medical Examiners and 5 have been recruited but due to Covid where unable to start the medical Examiner process in March 2020. This new role and the new Director of Patient Safety will continue the mortality review process so that all deaths will have scrutiny by quarter 4 of 2020/21
27.6	The learning for the Trust has been that the vast majority of deaths have been dignified and expected. From learning from deaths, the one area which has a consistent profile is communication, whether this be with the families or interprofessional and this will be a continuous area of learning and sharing. The Trust has created a training video which explores communication in all settings and is being used to good effect, particularly with the junior doctors. The video highlights the need to escalate issues upwards to ensure good timely decision making. The following have been present on reviews and are observations rather than material issues: timely use of TEP forms, using Learning Disability nurses to help early in children's care, use of hospital passports, availability of femoral artery lines. These have been shared intra-departmentally or via the 5 point safety brief
27.7	64 case record reviews and investigations were completed after January 2019 (check) which related to deaths which took place before the start of the reporting period.
27.8	0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Structure Judgement framework.
27.9	<1% of the patient deaths during 2018/19 (check) are judged to be more likely than not to have been due to problems in the care provided to the patient.

Preventing people from dying prematurely

	July 18 – June 19	July 17- June 18	July 16 – June 17	July 15 – June 16
SHMI	0.9473	0.9159	0.8530	0.8440
National High – Low	1.19 – 0.69	1.26 - 0.69	1.22 – 0.73	1.17 - 0.69
Band (<i>Band 2 = as expected Band 3 = lower than expected</i>)	2	2	3	3
Observed deaths	1,685	1,780	1,808	1,798
Expected deaths	1,780	1,943	2,119	2,130
Spells	46,085	46,557	49,473	47,927

Source of information: <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi/current/shmi-data>

The summary hospital-level mortality Indicator, or SHMI, is a measure of the number of patients that have died in hospital or within 30 days of being discharged from hospital. SHMI takes into account several factors including a patient's condition.

The SHMI score is measured against the NHS average which is 1.0. A score below 1.0 denotes a lower than average mortality rate and indicates good, safe care. The SHMI data is published in arrears.

The highest Trust score is 1.19 and the lowest Trust score is 0.69. There is no national average. The Trust is performing better than the national benchmark.

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Compliance with data standards for this indicator.

Torbay and South Devon NHS Foundation Trust has taken the following actions to reduce this number, and so the quality of its services by:

- Maintaining systems and process for mortality data review through the Quality Assurance Group and reported performance to the Trust Board.

Palliative care coding (contextual indicator for SHMI)

	July 18 – June 19	July 17- June 18	July 16 – June 17	July 15 – June 16
Palliative care coding % deaths	25	25.3	22.8	22.1
England average	36	32.9	31.2	29.1
High	59	58.7	58.6	54.8
Low	15	13.4	11.2	0.6

Source of information: <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi/current/palliative-care-coding>

The highest Trust score is 59% and the lowest Trust score is 15%. The national average is 36%.

The number of deaths recorded as coded to palliative care within the Trust has remained within normal range and is below the national average

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Compliance with data standards for this indicator.
- Peer review of coding principles and practices including capture of palliative coding.

Torbay and South Devon NHS Foundation Trust has taken the following actions to reduce this number, and so the quality of its services by:

- Maintaining systems and process for mortality data review through the Quality Assurance Group and reported performance to the Trust Board.

Helping people to recover from episodes of ill health or injury

	Apr 18 - Mar 19	Apr 17 – Mar 18	April 16 – Mar 17
Hip replacement			
Adjusted Health gain score	0.451	0.504	0.482
National average	0.457	0.458	0.44
Highest Trust performance			0.54
Lowest Trust performance			0.30
Knee replacement			
Adjusted Health gain score	0.331	0.349	0.353
National average	0.337	0.337	0.32
Highest Trust performance			0.403
Lowest Trust performance			0.245
Groin hernia surgery			

Adjusted Health gain score	Low numbers data not published	Low numbers data not published	Low numbers data not published
National average	n/a	n/a	n/a
Highest Trust performance	n/a	n/a	n/a
Lowest Trust performance	n/a	n/a	n/a
Varicose vein surgery			
Adjusted Health gain score	Low numbers data not published	Low numbers data not published	Low numbers data not published
National average	n/a	n/a	n/a
Highest Trust performance	n/a	n/a	n/a
Lowest Trust performance	n/a	n/a	n/a

Source of information: <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms>

The Patient Reported Outcome Measures (PROMs) data is published nationally in arrears.

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- The process for collecting the PROMS data has been reviewed and validated
- The compliance reports supplied by our PROMS contractor are regularly reviewed

Torbay and South Devon NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services by:

- Clinical services maintain strong peer review of profession practice and monitor patient outcomes in conjunction with established revalidation and education and training programmes.

Patients readmitted to a hospital within 30 days of being discharged

	April 18- March 19	April 17 – March 18	April 16 – March 17
0-15 years old			
% readmissions	13.5	12.5	12.5
National Average	12.5	11.9	11.6
=>16 years old			
% readmissions	15.2	14.5	13.6
National Average	14.6	14.1	13.6

Source of information: <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/compendium-of-population-health-indicators/compendium-hospital-care/current/emergency-readmissions-to-hospital-within-30-days-of-discharge/emergency-readmissions-to-hospital-within-30-days-of-discharge>

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- The benchmarking data is taken from HES using national datasets

Torbay and South Devon Foundation Trust has taken the following actions to reduce this rate, and so improve the quality of its services through:

- Regular monitoring and feedback to clinical and operational teams.

Domain 4:

Ensuring people have a positive experience of care

Overall patient experience – inpatient survey

Between August 2018 and June 2019 a questionnaire was sent to 1250 inpatients at each Trust. Responses were received from 611 patients at Torbay and South Devon NHS Foundation Trust.

The survey was published 2020 and overall performance is shown below.

Patient survey	2019	2018	2017	2016
Overall view of inpatient services (for feeling that overall, they have a good experience)	8.3/10	8.4/10	8.4/10	8.3/10

Source of information: CQC

There is no worst or best performing Trust or a national average.

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Information is reported nationally and to the Trust Board.

Torbay and South Devon Foundation Trust has taken the following actions to increase this rate, and so improve the quality of its services by:

- Learning from feedback received and making changes
- Continuing to use real time feedback to augment the national inpatient survey.

Staff survey: staff recommendation of the Trust as a place to work

Staff survey	2019	2018	2017
Torbay and South Devon NHS Foundation Trust	65.2%	67.3%	65.2%
National average score for combined acute and community Trusts	64%		

Source of information: <http://www.nhsstaffsurveys.com>

In 2019 the national average score was 64%. The best performing Trust achieved 81% with the lowest performing Trust achieving 44.2%

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Nationally published data set commissioned by NHS England

Torbay and South Devon NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Using the staff survey results to inform the development of an annual action plan

Staff survey: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Staff survey	2019	2018	2017
Torbay and South Devon NHS Foundation Trust	18.1%	23%	23%
National average score for combined acute and community Trusts	18.0%	25%	24%

Source of information: <http://www.nhsstaffsurveys.com>

In 2019 the national average score for combined acute and community Trusts was 18.0%. The best performing Trust achieved 11.7% and the worst performing Trust achieved 24.9%.

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Nationally published data set commissioned by NHS England

Torbay and South Devon NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, through addressing areas requiring improvement:

- Using the staff survey results to inform the development of an annual action plan

Domain 5: Patient Safety

Patients admitted to hospital who were risk assessed for venous thromboembolism

	Q3 2019/20	Q3 2018/19	Q3 2017/18
% VTE assessed UNIFY return	92.58%	92.23%	91.37%
National standard	95.00%	95.00%	95.00%
Highest performing	100.00%	100.00%	100.00%
Lowest performing	71.59%	54.86%	76.08%

Source of information: <https://improvement.nhs.uk/resources/vte/>

Quarter 4 data has not been published as VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic.

The highest performing Trust is 100% and the lowest performing Trust is 71.59%. The national standard is 95%. The Trust is performing 92.58% against the national standard of 95%.

Torbay and South Devon NHS Foundation considers that this data is as described for the following reasons:

- VTE compliance data is reviewed as part of the Trusts internal governance processes.

Torbay and South Devon NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services by

- Performance by ward area is shared with ward managers and reviewed through the wards SAFER group.

Rate of C. difficile infection

<i>C.difficile rate per 100,000 bed days – 2yrs and over</i>	April 18- Mar 19	April 17- March 18	April 16 – March 17	April 15 – March 16
Torbay & South Devon NHS Foundation Trust	11.6	18.5	19.6	22.4
Nationally set target for the trust	13.8	13.8	14.2	14.5
Best performing	0	0	0	0
Worst performing	79.7	90.4	82.6	67.2

The latest national data was published in July 2019.

In the financial year 2018/2019 the C. difficile rate per 100,000 bed days is 11.6 (hospital onset status)

The best performing trust was 0 and the worst performing trust rate 79.7 per 100,000 bed days. The national average is 11.7 per 100,000 bed days. The data is published in arrears.

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Adherence to all infection control and prevention policies and standards and continued proactive engagement between all clinical areas and the infection control team.

Torbay and South Devon NHS Foundation Trust has taken the following actions to reduce this rate, and so improve the quality of its services by:

- Adherence to all infection control and prevention policies and standards and continued proactive engagement between all clinical areas and the infection control team.

Number of patients' safety incidents recorded

	April 2019 – Mar 2020	April 18 – Mar 2019	April 17 – March 18	April 16 – March 17
Number of incidents reported	7633	7255	6525	7056

Source of information: Trusts Risk Management System Datix

The numbers of incidents reported over the last 12 months, as highlighted in the table above, are within the expected range for the Trust and incidents have been reported from all areas of the organisation.

There is no highest or lowest score or national average for incident reporting. The Trust remains within the top 25% of Trusts for healthy reporting, as recorded by the National Reporting and Learning System (NRLS). Trusts are encouraged to record incidents, and this is a marker of a good learning organisation.

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Accurate data recording.
- Monthly review of the data via the Quality Improvement Group. All incidents are reviewed centrally and within the Integrated Service Delivery Units. The data is available on a monthly basis via the Quality Improvement Group dashboard and on the individual area Datix dashboards made available to managers.

Torbay and South Devon NHS Foundation Trust has taken the following actions to improve this number of reported incidents, and so the quality of its services through:

- A programme of incident awareness and training at Clinical Induction, bespoke area training and via updates and prompts through the 5 Point Safety Brief.
- The numbers of incidents are monitored every month for trends and changes.

Number and % of patient safety incidents that have resulted in severe harm or death

	2019/20	2018/19	2017/18
Number of incidents reported	7633	7255	6897

	2019/20	2018/19	2017/18
Number of incidents severe harm or death	13	11	23
Number of incidents of moderate harm	366	486	460
% of all severe or death incidents	<0.1%	<0.1%	<0.1%

Source of information: Trusts Risk Management System – Datix

The number of incidents of severe harm or death is 13, and 366 for moderate incidents for the period from April 2019 to March 2020.

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- The information is taken from the monthly reported incident data, from datix, and as recorded on the QIG dashboard

Torbay and South Devon NHS Foundation Trust has taken the following actions to reduce this number, and so the quality of its services by:

- The Trust actively shares learning from serious events at an Integrated service unit level as well as from a Trust -wide perspective via the Serious Adverse Events (SAE) group.
- The Trust utilises SAE Alerts as well as the monthly 5-point safety to help spread safety messages from incidents that have occurred within the Trust.

Part 3: Our performance in 2019/20

Overview of the quality of care based on Trust performance

Torbay and South Devon NHS Foundation Trust an integrated care organisation. It continues to work with and be accountable to:

- NHS Improvement, our regulator.
- The Care Quality Commission (CQC).
- The commissioners via the various health contracts.
- The Local Authorities for social care.
- Our local communities through our members and governors.

Operational delivery

The Trusts delivery structure is based on having two population based operational delivery systems and 5 locality integrated service units as follows.

Torbay System delivery system comprising of:

- Torquay Locality
- Paignton and Brixham locality
-

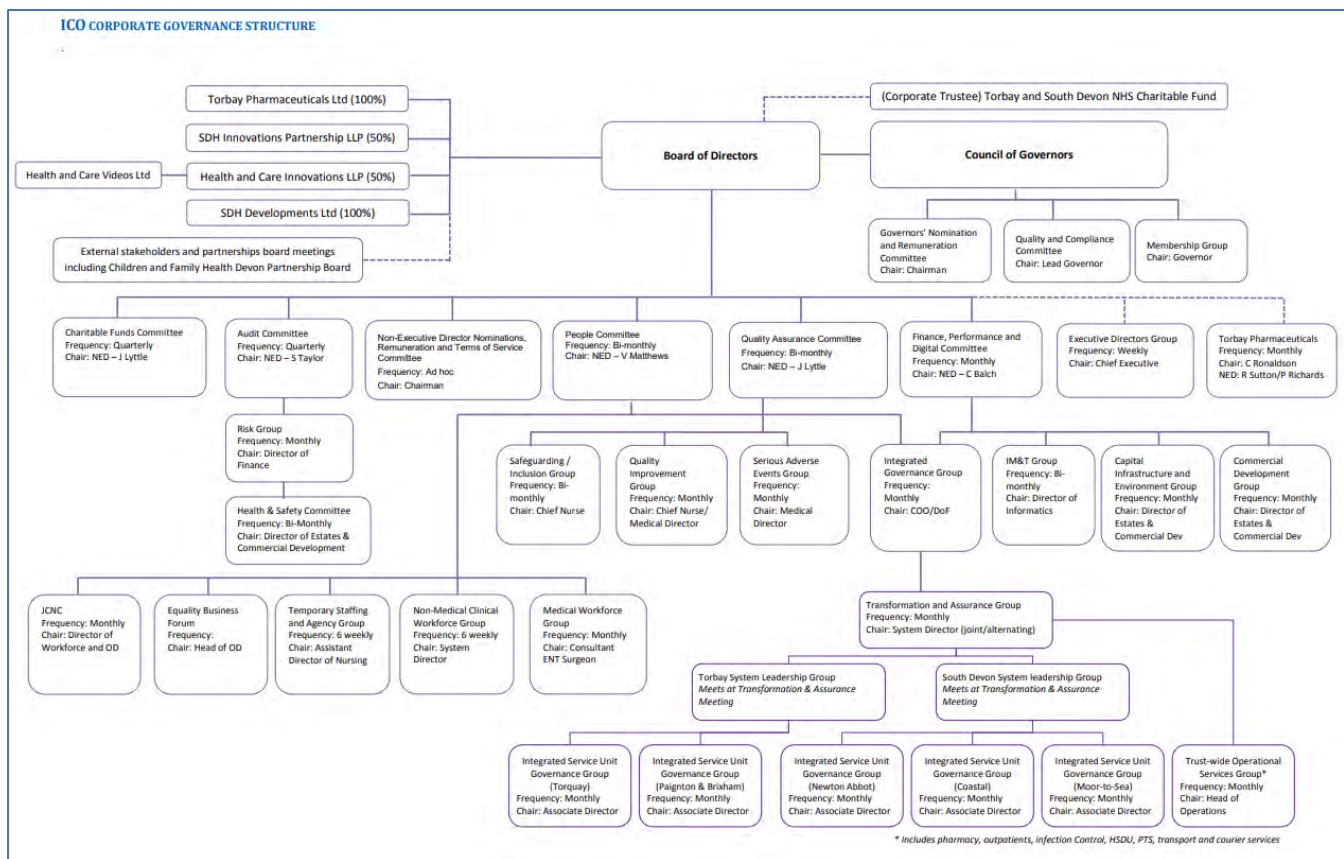
South Devon delivery system comprising of:

- Coastal (Teignmouth and Dawlish)
- Moor to Sea (Ashburton, Bovey Tracey, Totnes and Dartmouth)
- Newton Abbot

In addition to the Integrated Service Units (ISUs) there is a central corporate services function and hospital operations team.

In 2019/20 this was the first year of operating under the new system with changes in the organisation governance to reflect this. The new ISUs report up via the monthly Assurance and Transformation Group Meeting to an Integrated Governance Group and then on upwards to the Board. During COVID-19 a new silver and gold command structure has been implemented in addition to ensure prompt decision making, timely action with a focus on keeping patients safe and stepping up and stepping down services in a managed way. Gold Command is run by a Trust Executive with tactical support from Silver, a senior leader in the organisation. As of the end of the financial year the gold/silver command structure continues for the foreseeable future.

In addition, from the 1st April 2019 and working with partners of Devon Partnership Trust / Livewell SW and Royal Devon and Exeter Foundation Trust, the Trust started in its role of lead provider for the provision of Children's services across Devon formerly operation under "Virgin Care"



Performance in 2019/20

In 2019/20, the Foundation Trust did not deliver the level of performance expected against the all of the key NHSI performance standards. However good progress has been made in delivery additional capacity and service changes as part of the agreed recovery plan for 19/20.

The onset of COVID-19 has had an impact on the final end of year reported performance. The challenge into 2020/21 will be to respond to the changing needs of the COVID-19 escalation and maintain critical services for the most clinically urgent patient's whilst supporting longer term recovery plans for the patient's requiring more routine and less time-critical interventions.

A summary of the key clinical access performance standards used by regulators to assess our performance is set out below.

Indicator/Target	Quality Indicator	Target/Standard	19/20	18/19	17/18
Maximum time of 18 weeks from point of referral to treatment (RTT) - incomplete pathways	Experience	92%	76.2%	81.0%	81.6%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge ^(A)	Experience	95%	86.1%	81%	89.7%
Maximum 6 week wait for diagnostic procedure	Effectiveness	<1%	11.3%	10.1%	4.2%
Cancer 62 day wait for first treatment from urgent GP referral for suspected cancer ^(A)	Effectiveness	85%	74.3%	73.7%	83.1%
Cancer 62 day wait for first treatment from NHS cancer screening service referral	Effectiveness	1.00	0.94	0.92	0.93

With regards to:

Referral to treatment standard: In 2019/20 plans to increase capacity in critical areas have been progressed. This culminated with increased substantive workforce in many of the key areas including urology and general surgery with the longest RTT waits.

In November 2019 the refurbishment of two clean air operating theatres was completed, and this led to an increased level of activity and steady reduction in our number of longest waiting patient's over 52 weeks. This together with additional sessions supported from "SW region winter monies" demonstrated progress to eliminate 52 week waits with 43 achieved by end of February with a forecast of achieving 19 by the end of March. Over the course of the year the total number of patients waiting for treatment remained in line with our agreed plan. The long waits recovery plans also supported additional capacity and improved ways of working that delivered a reduction in diagnostic waiting times and additional outpatient activity in critical areas.

With the Escalation of COVID-19 and standing down on non-urgent elective activity in March this was not achieved, and the impacts on access times continue to be seen. Recovery will be a key challenge as we continue the Covid-19 Journey. With the changes and investments made in 2019_20 we are however better equipped to respond to these challenges.

Cancer standards: The Foundation Trust maintained its commitment to prioritise delivery of cancer standards with several significant investments to increase capacity across clinical teams and diagnostics capacity approved during 2019/20. Throughout the disruption from theatres the Foundation Trust made a commitment to protect theatre lists for cancer and urgent patients; this has been maintained.

As a result of these investments, performance has remained consistent throughout the year with an overall increase in the number of patients treated on cancer pathways of 7%. This is set against the 10% overall increase in urgent two-week wait referrals for suspected cancer compared to 2018/19.

The active tracking lists have remained static with a significant reduction in patients waiting over 104 days.

In the year we have seen continued innovation and pathways improvement with the introduction of straight to test pathways in Prostate, Bladder, Lung, LGI and UGI suspected cancer pathways. Alliance investment and subsequent skill mixing to appoint CWT Navigator roles has enabled the Trust to achieve and maintain the 28-day faster diagnosis standard. Early implementation of this standard and capturing the activity resulted in the Trust being selected to participate in the national 28-day Faster Diagnosis Standard (FDS) pilot.

Maintaining timely access to diagnostic's and improving clinical infrastructure remain a challenge

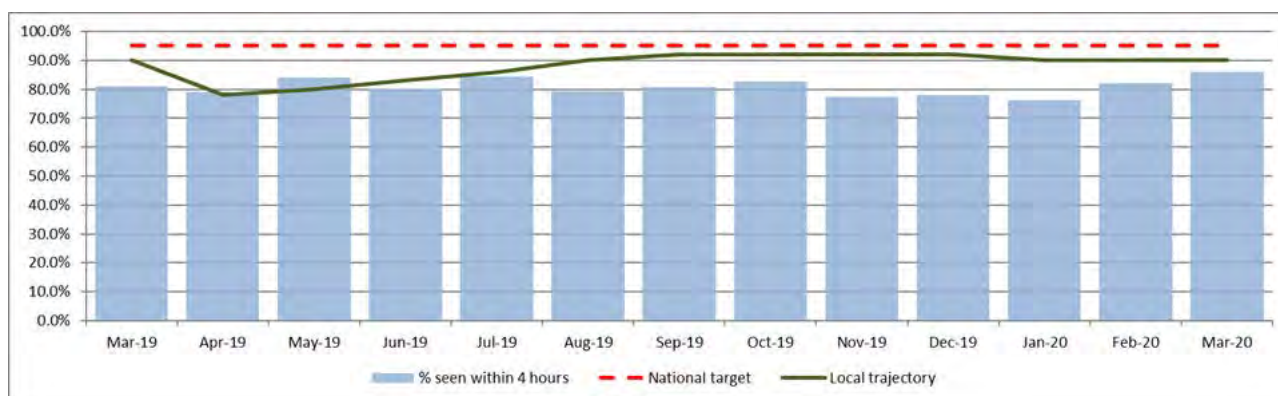
Diagnostics: In 2019/20, the Foundation Trust has been reliant on additional insourcing to meet the increasing demand for diagnostics tests across CT, MRI and endoscopy. This capacity has been supported with continued investments whilst planning has continued to establish both in house and STP solutions to the diagnostic challenge.

Against the National standard of 1% of diagnostic waits over 6 weeks and local improvement trajectory to achieve 4% by end of March the trust recorded a gradual deterioration in performance to 15% in September, a recovery of performance to 7% by the end of February and good

assurance of delivering 4% by end of March. As already noted the Covid-19 escalation and standing down of routine work had an immediate impact meaning the end of year target not achieved. The Trust continued to priorities the most urgent tests and recovery will one of many challenges to be faced with the ongoing COVID-19-19 journey.

A&E wait time standards:

Managing the length of time patients spend in the Emergency Department has remained a challenge throughout 2019/20. Delays accessing an inpatient bed for these patients requiring admission being the greatest cause of extended stays within the department. The monthly performance is set out below.



This shows an improving trajectory to end of March 2020. It is noted however that with the onset of COVID-19 that the normal systems and processes for managing patients through the emergency pathways has changed greatly as well as a lowering of overall demand impacting on the March performance.

Trust has been successful in a bid for capital funding of >13m. This is in recognition of the challenges of space within the Emergency Department to deliver effective front door emergency care and the development of appropriate facilities for direct admission from GP referral and same day emergency care. A project team has been established to work out estate options with a preferred option to be agreed in 2020-21.

Whilst the capital estate solution will take some time to come into place the focus has remained on whole system pathway service improvement to improve the flow of patients, manage demand and ensure safe care.

Local priorities

In addition to reporting performance against the statutory indicators for regulatory assessment a range of further indicators are reported to the Board.

Other National and local priorities	Quality indicator	Target 2019/20	2019/20	2018/19	2017/18
				9	

DNA rate	Effectiveness	5%	TBC	5.2%	5.48%
Stroke care: 90% of time spent on stroke ward	Effectiveness	80%	90.2%	86.9%	80.5%
Timeliness of social care assessment	Effectiveness	>70%	70.7%	78.6%	78.5%
Urgent intermediate care referrals per month (new)	Effectiveness	113	219	172	161
Mixed sex accommodation breaches of standard	Experience	0	0	0	0
52-week referral to treatment incomplete pathways year end position	Experience	10	53	91	33
Delayed transfer of care (bed days lost)	Experience	4548	4693	5847	5311
Cancelled operations on the day of surgery	Experience	<0.8%	1.3%	1.3%	1.3%
No of children with child protection plan	Safety	None set	191	146	160
Never events	Safety	0	2	2	1
Reported incidents – Major and catastrophic	Safety	<60	10	14	23
Safeguarding adults - % of high-risk concerns where immediate action was taken to safeguard the individual	Safety	100%	100%	100%	100%

Plans for 20/21:

As we look ahead to the next 12 months there are clearly new risks being identified with COVID-19 that will impact on activity and performance.

Having completed the escalation planning and seen out the first wave of COVID-19 hospitalisations (March and April) the Trust remains committed to maintaining the same levels of COVID-19 response as needed and indicated by NHS planners. The response has required reconfiguration of services and has as a result reduced our capacity to maintain or reintroduce business as normal routine elective services. Future delivery of these services will now have to work within criteria set out to comply with COVID-19 policies and constraints of workforce, facilities, PPE and managing patient risks.

It is likely that due to the changes and constraints to business as usual that elective activity will remain below historical levels and result in patient access times for routine treatments remaining high or increasing over the short to medium term.

To offset the loss of elective capacity the trust will be adopting new ways of working and clinical pathways. This is a great opportunity in many ways to positively embrace change and will include virtual consultations for outpatient appointments, that are already being favoured by many patients, flexible use of day case and inpatients theatres with transition to outpatient treatments where possible along with relocation of services including to community hospitals and primary care settings.

This will certainly be a very different year in terms of normal hospital activity and performance. It is likely that we will see significant change in the way services are delivered with system wide and local configuration of services to manage both the Covid-19 resilience and clinical care for routine elective services.

Annex 1 – Engagement in developing the Quality Account

Prior to the publication of the 2019/20 Quality Account we have shared this document with:

- Our Trust governors, commissioners, and Board
- Healthwatch.
- Torbay Council Health Scrutiny Board.
- Devon County Council’s Health and Wellbeing Scrutiny Committee.
- Trust staff.
- Carers Group.

As in previous years, we continue to hold an annual Quality Account engagement event inviting key stakeholders to come together and recommend the priority areas to be included in this year’s Quality Account.

The feedback from the event continues to be positive with stakeholders feeling engaged in the development of the Quality Account and receiving feedback from the work undertaken in the previous year.

In 2020/21 we will continue to share our progress against our Trust improvement priorities and continue to work closely with the users of our services to improve the overall quality of care offered.

Statement from Torbay Council's Health Overview & Scrutiny Board on Torbay and South Devon NHS Foundation Trust Trust's Quality Account 2019/20

Members of Torbay Council's Overview and Scrutiny Board have considered the draft Quality Account 2019/2020 for Torbay and South Devon NHS Foundation Trust. The Members were not able to consider the draft Quality Account within a formal setting prior to the deadline for submission of response due to moving the Overview and Scrutiny Board to facilitate a Board meeting between colleagues at the ICO and CCG on the health and social care sector's response and continuing efforts around Covid-19.

In relation to the 6 week minimum for diagnostic procedure, Board notes that the national standard was for a 1% diagnostic wait of 6 weeks with the Trust's local improvement trajectory aiming to achieve 4% by the end of March. Whilst recognising that an achievement of 4% was lower than the 15% diagnostic wait experienced in September it was still higher than the national standard of 1%. Over the coming year, and taking account the impact of the Covid-19, the Board will be seeking assurances from the Trust about its actions to reduce the wait to 1%.

Moving forward, it is felt that future Quality Accounts should provide greater narrative as to why areas were scored "red" and what was being done to improve the situation.

Whilst recognising that the Covid-19 Pandemic had resulted in a pretty fluid situation towards the end of the period covered by the Quality Account 2019/2020, the aspirations around patient safety and improved IT are considered to be 'steady'. Again the Board will hope to hear over the coming year how these have been met and how more stretching aspirations can be included in future Accounts.

The Board commends Torbay and South Devon NHS Foundation Trust for its openness and transparency of its operations. As has been shown over previous years and as demonstrated during the response to the ongoing Covid-19 pandemic, the Trust and its partner organisations are working for the benefit of the whole Torbay community.

Statement from NHS Devon Clinical Commissioning Group on Torbay and South Devon NHS Foundation Trust Quality Account 2019/20

NHS Devon Clinical Commissioning Group (CCG) is the lead commissioner for Torbay and South Devon NHS Foundation Trust (TSDFT) and is pleased to provide commentary on TSDFT's Quality Account for 2019/20.

NHS Devon CCG's role is to quality assure services it commissions, delivered by TSDFT, by attending organisational meetings and boards, and by reviewing performance and quality data, including investigation reports. This continuous process has enabled confirmation that the information presented in this Quality Account appears to be an accurate and fair interpretation regarding the services provided.

TSDFT's Quality Account validates the organisation's commitment to quality in patient care. The account details achievements and improvement that reflects the positive patient experience. TSDFT describe areas that require further improvement. For example, further efforts to drive Electronic Prescribing Medicines Administration, (EPMA) which did not meet the proposed roll out due to inadequate IT support systems.

TSDFT's position as lead provider for Children and Family Health Devon is an excellent opportunity for continued system working across Devon in the coming year, working in partnership with other local NHS organisations to provide quality care for all ages.

NHS Devon CCG commends the work undertaken within Coastal and Newton Abbot localities to aid communication between professions across health and social care and improve access to timely patient information. This is an example of positive integrated working across the system and we look forward to seeing this rolled-out in other areas of the organisation.

It is pleasing to see the engagement with patients and carers and the use of patient experience, feedback and questionnaires. We will be looking forward to seeing this data used to guide, drive and monitor improvement and experience across acute and community settings for patients and carers of all ages.

NHS Devon CCG recognises the quality of work implemented through the TSDFT three priorities. The implementation of RESTORE2 for early recognition of deterioration of patients in care homes is fully supported, and we acknowledge the preliminary work so far reported through the Quality Improvement Group ensuring continued engagement with the care sector. The Trusts participation in the Sign up to Safety campaign and in particular the reduction in pressure ulcer incidence achieved is also notable.

We recognise the scope of replacing the Trusts IT data network. The reduction in potential risk of system failures will provide assurance that the Trust is operating safely and allow for further IT improvements going forward.

NHS Devon CCG is encouraged to see the use of patient experience and feedback for families and carers within end of life care. Alongside this the introduction of

bereavement bags demonstrates empathy, compassion and recognises the importance of dignity at end of life.

Looking ahead, we are pleased to support the three quality improvement priorities TSDFT has developed, recognising their value in relation to the shared priorities across the STP towards the Devon Integrated Care System (ICS).

NHS Devon CCG acknowledges the increased demand on TSDFT during the COVID 19 pandemic and commends the response of all staff across the organisation.

NHS Devon CCG commend this Quality Account and TSDFT for its continued focus on quality of care, patient safety and a positive patient experience.

Statement from Devon County Council's Health and Adult Care Scrutiny Committee on Torbay and South Devon NHS Foundation Trust Quality Account 2019/20

Devon County Council's Health and Adult Care Scrutiny Committee has been invited to comment on the Torbay and South Devon NHS Foundation Trust Quality Account for the year 2019/20. All references in this commentary relate to the reporting period of the 1st of April 2019 to the 31st of March 2020 and refer specifically to the Trust's relationship with the Scrutiny Committee.

The Scrutiny Committee commends the Trust on a comprehensive Quality Account for 2019-20 and believes that it provides a fair reflection of the services offered by the Trust, based on the Scrutiny Committee's knowledge.

In terms of the priorities for 2019-20 Members appreciate the work undertaken by the Trust in promoting Patient Safety, particularly through changing the inpatient prescribing system for people in hospital inpatient beds. The Committee recognises that time is needed to make all the changes required, however.

The Committee appreciates the Trust's work on clinical effectiveness, particularly through the use of the SystmOne IT system for Community Nursing and Community Matrons in the Coastal locality.

Members also particularly applaud the Trust's work to improve carers' experience for themselves and their families receiving care across the urgent and emergency care pathway.

The Committee fully supports the Trust's Quality Priorities for Improvement 2020/21 and expects that the Trust will continue to safeguard patients and provide the very best quality care the Trust can.

Members appreciate the Trust's focus to improve early recognition and management of deteriorating patients in care/nursing homes, particularly considering Devon citizens' older average age. The Committee also supports the Trust's continuing attention to end of life care. The goal of replacing the Trust's IT data network is also greatly supported by members.

The Committee is very grateful for the Trust's continuing hard work in the face of the COVID-19 Pandemic.

Members anticipate that regular information on the progress of the Trust's 2020/21 goals will be shared by the Trust.

The Committee welcomes a continued positive working relationship with the Trust in 2020/21 and beyond to ensure the best possible outcomes for Devon residents.

Statement from Healthwatch (Torbay) on Torbay and South Devon NHS Foundation Trust Quality Account 2019/20

Healthwatch Torbay is the independent local champion for people who use health and social care services within the localities of Brixham, Paignton and Torquay. We act as a critical friend to the Trust and in this role we are pleased to report that Healthwatch has continued to be made welcome. Our participation has included evaluation of patient information leaflets; patient interviews to gain insight to inform change in practice; membership of operational level boards and regular report back contact with the Chief Executive and governors. In this way we ensure the voice of local people is listened to and acted on.

Again, this year, Healthwatch was invited to participate in the discussion to prioritise areas for improvement. We are pleased to support the chosen areas, past and present as they will ensure a process of continuous improvement in key areas relevant to local people.

Carers are especially valued in Torbay and we are fortunate in having extensive carer awareness underpinned by innovative ways of working as shown by the success of the priority for last year.

Patients are constantly telling us how frustrated they are when they realise that information about them has not been transferred to their GP. We are all anxious to see the full roll-out of SystemOne across the whole community in the wake of the Coastal and Newton Abbot success.

Priorities for this year will be challenging in the aftermath of the pandemic. Healthwatch Torbay will be part of a wider whole Devon Healthwatch from 2020, this will ensure that we will then give user feedback in an integrated way, from both South Devon and Torbay. Our own work to date on the impact of the pandemic on services has shown that there is still a great deal to come that will require new ways of working. Although the new priorities were selected earlier in the year, they nevertheless still have relevance in looking forward.

The quality of care in care homes is very important to local people as a safety net for when care at home is no longer an option. Although Restore2 will not have a lot of meaning to care home residents as a term its impact on personal resilience will.

We are all aware of the value of a solid IT infrastructure. The provision of care during the pandemic has already shown that a hybrid system (face to face plus virtual) can improve the speed of response and a reduction in travel. Let's hope that this proposed improvement is totally successful.

The third priority to focus on End of Life is, as the report states "crucial". Even small things such as bringing the person's belongings together in a dignified way will make a difference. It is good to see a priority which is simple and will be valued by all.

Overall the report demonstrates a Trust which is actively seeking out to contribute to and to implement innovation from the wider knowledge-base of care. As

Healthwatch Torbay we are confident that the Voice of local people is listened to. We are also confident that the Trust will act on any challenges we present.

Overall, we consider that the Quality Account presents a realistic overview of the Trust's performance and identifies appropriate internal controls and assurances.

Statement from Trust Governors on Torbay and South Devon NHS Foundation Trust Quality Account 2019/20

The Governors' quality statement shows that the Trust has continued its commitment in developing and implementing its strategy for health and social care. The year has been the most challenging yet, further compounded by the COVID-19 pandemic, for which the Trust has shown an unprecedented commitment to patient care.

With an equally challenging financial budget the Trust has maintained the provision of safe, high-quality and best experience care, both within the acute hospital and the surrounding community.

The Governor observer role has continued to provide the Council of Governors with the engagement of the safety and quality agenda along with the provision of assurance on the performance of the Trust against the National Key Performance Indicators

Coupled with this, the Quality and Compliance committee members have continued to provide the Council of Governors with evidence that the Trust, through its statutory committees' reviews and reports, have complied with the CQC Key Lines of Enquiry.

The Governor observer role has also provided the opportunity for governors to review the performance of the Chairman and Non-Executive Directors in a timely manner.

It has been notable that there has been a welcome increase in communication between the Trust and the Council of Governors with the provision of a Governors' fortnightly e-Newsletter, edited and forwarded by the newly-appointed Membership Manager, Sally-Ann Reay. This has covered important key dates and news, Governor observer reports, as well as messages from the Chairman, reminders of Trust emails sent and notices of forthcoming meetings.

Another new development was the provision of monthly Network Meetings, often at different community hospitals. These have incorporated informal presentations to the Council of Governors from different stakeholders and Trust Staff members, as well as relevant information from Board meetings and questions from Governors.

The Quality Account had listed four priority areas for quality improvement in 2019/20, all of which had shown considerable progress, which are ongoing. In particular, the start-up use of the IT SystemOne for Community Nursing and Healthcare in the Coastal and Newton Abbot localities very quickly showed the clinical effectiveness of this system. Being very much appreciated by all healthcare personnel who have used it to advance consistent community patient care, it will be rolled out to other localities in the near future.

Governor representatives participated in the Quality Account Stakeholders meeting for this year and the audit chosen for 2020/21 would be the provision of 'bereavement bags' for near relatives. This was considered an important

improvement to ensure that the collection of loved one's effects were presented in a professional, caring and dignified manner.

The governors are again able to confirm that they continue to receive assurance of the Trust's commitment to, the provision of safe high-quality responsive health and social care. We recognise and support the key challenges facing the Trust in delivering new models of care within a very tight financial framework and look forward to continuing to be active participants working together in the future.

Annex 2

Statement of Directors' responsibilities in respect of the Accounts

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance; Detailed requirements for quality reports 2019/20:
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2019 to April 2020
 - papers relating to quality reported to the board over the period April 2019 to April 2020
 - feedback from commissioners dated 07/07/2020
 - feedback from governors dated 10/07/2020
 - feedback from the local Healthwatch organisations dated 21/06/20
 - feedback from Overview and Scrutiny Committee dated 02/07/2020 and 09/07/2020
 - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 01/08/2020
 - the 2019 national staff survey 28/02/2020
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated 31/03/2020
 - CQC inspection report dated 02/07/2020

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board (*Signature to be added post Board approval*)

-Date.....xxxx.....Chairman
-Date ...xxx..... Chief Executive

To be completed with stakeholder returns

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

Meeting date:	28 th September 2020
Report by + date:	Chris Balch, 12th October 2020
This report is for: <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Board (Month 5, August 2020):

1. The Committee received and approved three business cases for investment to address specific service delivery challenge the first two of which form part of our approved Capital Programme for 2020/21. These were:
 - £1,457k expenditure on an additional CT scanner enable maintain and grow the capacity of this important diagnostic service for which demand is growing steadily. This forms part of a previously approved project which will be funded in part through the award of Public Dividend Capital.
 - £549k expenditure on replacement Cardiology IT and Clinical Operating Systems. This is required as the current systems are no longer supported by the provider or Microsoft.
 - £485k revenue expenditure on workforce changes required to establish an Integrated Emergency and Urgent Care Model for winter 2020/21. This involves establishing both an MRU and SRU as a proof of concept 'bridge' for the Trust's medium-term plans for ED for which capital funding has now been secured.
2. For assurance the Committee reviewed the Month 3 Financial Performance which excluding Covid-19 expenses and top up income is a surplus of £9.177m. 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 5. This arrangement will continue to until Month 6.
3. The Committee was briefed on the process for agreeing the Trust's budget for Months 7 to 12. This remains to be finalised as part of a wider STP budget to be agreed with NHSE/I. The focus of financial management therefore remains on the monthly run rate. The financial risks underlying the Trust's ability to deliver the finally agreed budget have been identified.
4. The Trust maintains a healthy cash position because of advance payments received as part of the Government's support package for the NHS.
5. As a result of the approval of the Trust's bid for funding for ED and STP allocations the capital programme for 2020/21 has risen to £39.4m. The Committee discussed the challenge of ensuring that the programme is fully and effectively spent and received assurance that this is receiving high priority including the recruitment of additional project managers.

6. The Committee reviewed the Integrated Performance Report for August 2020. There is continuing focus on quality identifying issues of potential concern requiring further investigation and appropriate action. The impact of Covid 19 can be seen in increasing waiting times for follow up appointments. Non-face to face appointments are being actively encouraged to help address this issue. Workforce reporting reveals that while levels of staff sickness remain above target they are decreasing. There has also been some improvement in rates of appraisal although these remain below target.
7. Improved ED waiting times have been maintained despite a steady increase in attendance. Cancer diagnosis and treatment performance has been maintained with referrals now back to 90% of last year's level. Referral to Treatment is well below target due to the suspension of elective activity in the spring/summer. While day surgery is back in operation waiting lists, including 52-week waits will continue to rise for a number of months.
8. The Committee received a report on the Trust's annual Estates Returns Information Collection (ERIC) report. This identified energy and waste management performance as areas meriting further investigations which are now underway and further items may be followed up when the information is benchmarked against other Devon Providers.
9. The Committee received and reviewed the Adult Care Strategic Agreement between Torbay Council, the CCG and the Trust. The challenge for the Trust of managing the financial risk of this agreement was noted.
10. The Committee received and agreed a report on the post project implementation review (PIR) process. The responsibility for ensuring that agreed PIRs are undertaken will lie with the Finance Delivery Group with six monthly reports provided to the FPDC on the key learning points.
11. The Committee reviewed the Board Assurance Framework and Corporate Risk Register focusing on those items which fall within its remit.
12. Reports were received and noted on:
 - Torbay Pharmaceuticals financial performance in Month 5
 - Health and Care Innovations report to Month 5
 - and Environment Group
 - IM&T Group
13. The Committee received and approved the outcome and action plan of the NHSE/CCG EPRR performance and preparedness assessment for 2020.

Key Decision(s)/Recommendations Made:

1. The Committee approved three business cases:
 - additional CT scanner
 - replacement Cardiology IT and Clinical Operating Systems
 - Integrated Emergency and Urgent Care Model for winter 2020/21
2. The Committee agreed the post project implementation review (PIR) process.

Name: Chris Balch (Committee Chair)

Report of Quality Assurance Committee Chair to TSDFT Board of Directors

Meeting date:	28 th September 2020
Report by + date:	Jacqui Lyttle Committee Chair 14 th October 2020
This report is for:	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues discussed and decisions made

1. The committee received the End of Life Annual report 2019/20 and was assured that the programme of work undertaken across the trust provides high quality, safe patient centred care through collaborative working with health and care partners.
2. The committee received the Quality Account 2019/20 and was assured that the trust has met all of its responsibilities.
3. The committee received the Safeguarding Children – Annual Board report 2019/20 and was fully assured that the trust is discharging its duties for both the safety and wellbeing of children and young people using its services.
4. The committee received the Safeguarding Adults and Deprivation of Liberty Safeguard report 2019/20 and was fully assured that the trust is discharging its legal duties and received assurance that strong governance processes are in place. It also received assurance that robust action plans are in place to complete the actions resulting from the QCQ inspection.
5. The committee received a detailed quality report to support the Integrated performance and were assured that clear and targeted actions are in place to mitigate the risks. There were no new risks brought to the committee's attention.
6. The committee received a comprehensive update on the CQC action plan, and was fully assured that the appropriate work plans are being progressed and actioned.

Key Decision(s)/Recommendations Made:

1. The committee discussed a new never event associated with a wrong side block. This was the 3rd such never event in 3 years despite their being national guidelines 'stop before you block' in place. The committee wanted to understand why there remained process failures and approved a review of current processes.

2. The committee agreed that the Quality Assurance Framework needed to be refreshed and enhanced, and that the Quality Strategy for 2020/21 needed to be reviewed and strengthened.
3. The committee discussed the deteriorating performance of VTE and whilst it recognised and accepted that patents are potentially coming to harm it was assured that a task and finish group had been established supported by a weekly dashboard that had been developed and that robust improvement plans were in place. It was agreed that the outputs of this work would be shared with the QIG with an being shared with the QaC.

Report to the Trust Board of Directors				
Report title: Chief Operating Officer's Report		Meeting date: 28 th October 2020		
Report sponsor	Chief Operating Officer			
Report author	System Directors			
Report provenance	Contents reflect latest updates from management leads across all Integrated Service Units (ISUs) and Children and Family Health Devon (CFHD)			
Purpose of the report and key issues for consideration/decision	<p>To provide an operational update to complement the IPR monthly reports including performance metrics.</p> <p>The report explains the key risks and operational responses to support delivery of the winter plan and for delivery of elective services during COVID, the phase 3 plan.</p> <p>The report also provides information and greater visibility for a number of important areas of Trust business not fully covered in the IPR.</p> <p>This now includes an update from activities in CFHD.</p>			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
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

This report provides the Board with an update on progress and the controls in place in relation to operational delivery across the Trusts 5 ISU's and CFHD. The focus of the work continues to be responding to the standing up of services and managing the COVID – 19 related activity.

2. Content

This report provides an update in relation to Phase 3 delivery, cancer diagnostics and stepping up of elective services, clinical prioritisation and validation of elective waiting lists and the changes to the Emergency Department and Medical Receiving unit and Surgical Receiving Unit activity. These developments are key in the safe and effective running of the Emergency Department along with flow through our health and care system.

Other activities are highlighted this month within CFHD in respect of the work to strengthen governance and improve waiting times. Community services across the Torbay and South Devon Systems are highlighted including a position statement on the development of Health and Wellbeing centres.

3. Children and Family Health Devon (CFHD)

CFHD and the Alliance is 18 months into the new contract. The early phase of being an Alliance, with two employers / main providers, has had both benefits and challenges. Post 2019 consultation, post COVID and finally since August 2020, with the appointment of a new Alliance Director, CFHD is embarking on a review and redesign phase to ensure governance, quality, effectiveness, safety and risk management structures are robust. The full infrastructure to support delivery of an integrated service (e.g. IT and gaps in corporate support functions) is not yet in place and current focus is on mitigating risks arising from this and in developing standardised approaches to governance across the two organisations. This is currently work in progress.

We are also focussing on areas of performance which need to be improved such as long waits in some pathways; this involves pathway and productivity reviews within CFHD and the wider Children and Young People (CYP) system as part of the Special Educational Needs (SEND) Improvement agenda, reducing variation across individuals and teams and development of action plans with trajectories which are being actively tracked, resulting in incremental improvement in waits across all but one pathway.

The transformation plan to implement the new service model is being refreshed with workforce, clinical pathway design, IT strategy and communication and engagement workstreams being put in place.

Planning for a resurgence of COVID 19 has commenced with the aim to ensure that service provision is optimised and the cumulative, adverse impacts of Covid-19 and national/local responses to the pandemic on children and young people are minimised.

4. Phase 3 delivery

To support Phase 3 recovery and beyond, several long-term condition specialities are being supported by the Transformation Team through the creation of an outpatient transformational group. The focus will be supporting patients with non-face to face consultations where this is safe to do, especially in regard to follow-up appointments, as well as increasing capacity to see patients where this is required. Alternatives to face to face appointments include virtual-type appointments using telephone and video.

Maximising throughput in the outpatient area on level 2 whilst minimising the congestion is being actively managed through a project group and the benefits of outpatient re-design will contribute to this. Physiotherapy is leading the way in this area with 75% of contacts now non-face to face.

Additional Echo Scanning capacity continues through the independent sector. To date over 300 referrals have been sent to Ultra cardiac who operate from the Nightingale Hospital, Exeter. These referrals are aimed at reducing a significant backlog that has been compounded by the COVID situation. In parallel to this, action is being undertaken within the cardiology service to optimise machine and operator utilisation rates thereby ensuring optimal use seven days a week.

Insourcing of endoscopy is starting mid-October, however there remains a risk that regional COVID lockdowns could affect the resilience of this service going forward as the team travel from elsewhere in the country. The return of day surgery theatre 3, is expected in December once the ED works have concluded. This will enable insourcing of cataracts to recommence. Independent sector support for gastroscopy has been offered by the Devon system the team are working through how this can be optimised to help reduce patient waiting times.

4.1 Cancer

Following the latest regional Adopt & Adapt meeting focussing on Cancer, a work programme has been developed by the Peninsula Cancer Alliance. The programme is designed to have an impact across all aspects of the delivery of Cancer. TSDFT is fully engaged with this programme, further information will be brought forward for the Boards attention in coming months.

Since the start of the COVID response the Cancer Support & Information Centre (The Lodge) has redesigned the way it provides its service to service users in order to meet IPC and social distancing measures. In line with many other services the team has adopted digital technology to hold non-face to face clinics wherever possible. Video consultation is being used for psychological support and group relaxation and support sessions are being run in a virtual sense.

Priority is being given to transformation the urology pathway linked to the intensity gradient work. This will improve pathways for patients and optimise outpatient and theatre utilisation.

4.2 Diagnostics

The replacement programme for one of the two MRI scanners is underway. The old scanner has been removed and enabling works for the new scanner are ongoing. The replacement scanner is due for delivery at the beginning of November. It is scheduled to be fully operational at the beginning of January once commissioning and training have been completed. To mitigate the lost capacity as a result of the replacement a mobile scanner is sited outside the Heart & Lung Unit. In addition, a second mobile visits Newton Abbot Hospital several days each month. It is planned for the Nightingale Hospital to have a MRI scanner at the beginning of November. TSDT will look to support that initiative to increase capacity further.

Recovery of CT waiting times has been a success story, however waits for some complex investigations remain a challenge due to enhanced infection control measures. As of the 5th October 2020 less than 4% of patients are waiting beyond 6 weeks for CT. Part of this success is attributed to securing a mobile scanner throughout the Covid period. Whilst TSDFT was already employing a mobile scanner prior to Covid the contract for the services was transferred to NHSE/I so that central coordination of all mobile CT scanners could be facilitated. TSDT has been informed that due greater need and a fair shares approach this scanner is to be moved to the North of England from November. This will have a significant impact upon TSDFT waiting times. Mitigation is being explored including increased use of the scanner capacity at the Nightingale Hospital Exeter, however this is not anticipated to cover the entire shortfall in capacity.

On the 5/10/2020 the supplier of biochemistry consumables (Roche) announced they were suffering significant logistical issues and unable to guarantee delivery of scheduled stock. The impact of a loss of this supply would be highly significant across the health system. The TSDFT team immediately stood up a regular meeting with the two other Devon labs who are contracted with Roche (N Devon and the RD&E). In doing so mutual aid has been secured to enable the all 3 labs to share stock wherever possible thereby maintaining a service to primary and secondary care. The three Trusts have worked closely with Roche, with daily incident meetings and a comprehensive stocktake/control. As of 12/10/20, the problems Roche have experienced are not totally resolved, however the risk to service cessation has lessened. Daily meetings continue and will be stood down once the incident is fully resolved. The incident has demonstrated the value of collaborative leadership and working.

4.3 Elective Care

As with the rest of the NHS the Trust has been successful in protecting urgent surgical and cancer activity with the support of our local independent sector provider. Day surgery activity is increasing and patient flow for day surgery recovery from main theatres has been reinstated to support this.

Surgical activity remains prioritised to those with the highest clinical risk and then those that are waiting the longest for their treatment.

As part of the third phase of the NHS response to COVID – 19 – clinical prioritisation and validation of elective waiting lists, there is a requirement to clinically review and communicate with patients on an admitted patient care pathway. The deadline for this work is now the end of December, at STP and regional level it has been recognised extensive work is required. In addition, clinical priority criteria have been extended and all patients are required to be contacted individually with an emphasis is on shared decision making.

National capacity for COVID home testing prior to elective procedures has been set up to release testing capacity locally during the winter months. Patients are sent a test via Amazon and return it via Royal mail for processing, results are sent to the patient and trust via email.

The Surgical Receiving Unit is working well with a plan to increase opening hours once recruitment is completed. The unit has just recently received its 1,000 patient. An example of patient feedback; 'Very approachable staff, quiet and comfortable environment with care and attention given to personal care for patient'.

4.4 Risks to Delivery

The age of the Trusts estate is one of the most significant challenges in terms of returning to pre-COVID levels of activity. Those specialties most affected are those with aerosol generating procedures undertaken in an outpatient setting. Bi weekly meetings are in place with estates and operational leads to agree, track and drive progress.

As local COVID-19 infections rise within our local communities there is a risk to continuation of planned care. The most recent increase of COVID-19 admissions, leading to an escalation of the Trusts COVID status to "COVID enlarge" has required additional capacity to support COVID positive patients. Brixham community hospital has been repurposed to support clinically appropriate patients and it acts as a designated setting for hospital discharge.

5. Emergency Department

5.1 Phase 1 COVID/Winter secure

The work required to provide a secure Emergency Department through Winter 2020 capable of managing patients with both COVID-19 and Flu symptoms is well underway. There has, and continues to be a number of operational challenges with the works in a live patient environment and an increasing prevalence of COVID-19 symptomatic patients. The phased plan is behind schedule however, the builders (Keir) are working to bring the project back to the scheduled completion by the end of November.

Through the most complex phase of the works (5 weeks) the Emergency Department has enhanced the Consultant presence over the weekends.

5.2 Medical Receiving Unit

The Medical Receiving Unit currently occupies the Forrest ward space and is functioning well together with the Surgical Receiving Unit to provide additional pathways for patients that avoid the Emergency Department. This has contributed successfully to de-crowded the Emergency Department as patient attendances have returned to normal levels.

The phase 1 plans for the modular Medical Receiving Unit are nearing completion following a complex design stage that has created challenges to other occupied areas of the estate including Ophthalmology and main outpatients. These challenges have added additional time to the design phase that was unpredictable. The design will incorporate a ground floor for Ambulance arrival, trolley and chair assessment spaces to enable same day emergency medical care with the whole area designed with frailty in mind. The second floor will house short stay (less than 24hrs) assessment spaces with a connection through to the Emergency Department and Radiology.

5.3 Emergency Department Phase 2

The phase 2 design of the Emergency Department includes further works to the walk-in entrance and waiting areas, increased Paediatric treatment space, and completion of the main Emergency Department and Ambulatory Emergency Care area. These works will commence in the first quarter of 2021/22.

6. Torbay System Community Services

6.1 Adult Social Care Improvement Plan (ASCiP) and Continuing Health Care

The financial impact of Covid-19 and the ongoing consequences have been reviewed. The current focus is to undertake reviews for clients currently receiving interim health funding and continuing health care funding to meet our statutory obligations. Costs have been reduced successfully by creating central management to negotiate care home placements through the newly established arranging support team. There has also been a review of the savings plan for adult social care. This includes the development of financial modelling for packages of care and the development of outcome measurements and assurance process. Additionally, there has been further strengthening of Torbay Councils governance arrangements which will underpin the delivery of improvements. Professional practice subgroups are being developed to support delivery and quality. To support the new ways of working for adult social care a strengths-based community led support training programme has been developed.

The QAIT team is undergoing a review to ensure it is ready for the next phase of COVID with risk assessments and assurance processes completed.

An under 65's residential home project is underway to enable more people to live independently with less reliance on care homes.

6.2 Tissue Viability Service

The tissue viability service, in conjunction with the Trust's digital technology team is working with Torbay Council to support domiciliary care workers to provide basic wound care therapy. The project is linked to the National Wound Care Strategy Programme (NWCSP) the aims include improving patient care through a timelier service as well as reducing community nurse visits.

6.3 Podiatry

Discussions with the commissioner of pharmacy services are being held by the podiatry team the aim being to scope the potential of podiatrists with POM-S (Sale/supply of prescription only medicine) to issue antibiotics to patients with foot ulcers. This pathway improvement aims to:

- Improve patients care
- Reduce face to face contacts for patients (current pathways require 'visit' to GP, podiatrist and pharmacist)

6.4 Carers

This is a critical time for unpaid carers, with the restrictions needed to make visiting safe due to COVID, respite care services extremely limited, and most community-based or peer group support not yet open. The Trusts carers services are therefore improving identification of and support to carers during the present hospital admission and discharge processes. They are re-starting welfare calls to isolated carers. These were initiated and highly valued during the first wave of COVID.

The Trust's response to the STP commitment to carers will be promoted ahead of Carers Rights Day in November. The percentage of staff who are also Carers has also increased to 1 in 4 during COVID, carer awareness training will be promoted as essential viewing for all Trust managers. This will include measures to support and retain staff carers, emphasising the existing carers emergency card being used as a staff carers passport, in line with the Long-Term Plan and the People Plan. Consultation for the multi-agency carers strategy 2021-24 starts at the beginning of November, asking Carers for their views and priorities about services for the years ahead. This is being used as a vehicle to raise public and staff awareness, improving identification of unpaid Carers, it is recognised the majority of unpaid carers still miss out on the available support.

7. South Devon Community Services

7.1 Coastal Health and Wellbeing Centre

The plan to develop a health and wellbeing centre in Teignmouth town centre, accommodating Trust and voluntary services and three GP practices is well developed. Subject to the public consultation, the planning application will be submitted in the coming weeks. The CCG commenced public consultation regarding the future location of services and this is ongoing until the end of October. Subject to the outcome from the consultation and a favourable planning decision an on-site start is predicted for March / April 2021.

7.2 Moor to Sea Health and Wellbeing Centre

The Planning Application to develop a health and wellbeing centre in Dartmouth, accommodating Trust and voluntary services, a pharmacy and GP practice was submitted in June 2020. The result of the application has yet to be determined by South Hams Council. A full design set of room data sheets is being used to create the tender package ready for contractor appointment. Stakeholder meetings continue and are well briefed on the design concepts of the development and the planning application requirements.

7.3 Newton Abbot Health and Wellbeing Centre

The Project Team has been established and is working through room layouts and IT cabling requirements in readiness to proceed as soon as the Council provides access, anticipated to be November 2020.

7.4 Moor to Sea update.

Access to winter pressures money in South Devon has led to an increase in voluntary sector support to both prevent hospital admission (by investment into IT and targeted wellbeing co-ordination) and support strength-based discharges (voluntary sector representation in the Hospital discharge HUB and follow up). Support has been given to extend the working hours of services that support hospital discharge including rapid response and the arranging support team in South Devon. The team have implemented the new daily reporting for NHSE to monitor the use of criteria to reside and updated hospital discharge guidance. The frequency of the hard-reset process has been increased to daily. This ensures good oversight of people who are awaiting intervention on pathways 1-3. This is supported by all parts of the discharge process to ensure blockages are reviewed and challenged and resolved.

For the South Devon area work continues to ensure social care teams are supporting hospital discharge reviews in the community (as per national guidance), supporting complex discussions' around Mental Capacity Act, Best Interests and safeguarding for those people who need their support. Additionally, work is underway with DCC to understand the wider market conditions and risk due to winter and the current COVID-19 situation.

Daily outbreak in care homes meeting now recommenced as well as a management rota including community service managers and Associate Directors of Operations to ensure oversight at weekends.

8. Conclusion

The Trust and CFHD are continuing to respond to the requirement to step us services in the wake of the pandemic and focusing on the delivery of the phase 3 requirements. The Trust continues to focus on the delivery of safe care and performance standards whilst balancing the needs of planned care and urgent and emergency care in the context of COVID-19.