












Torbay and South Devon NHS Foundation Trust







Public Board of Directors

Board Room, Hengrave House, Torbay Hospital and via Microsoft Teams
31 March 2021 11:30 - 31 March 2021 13:30

AGENDA

#	Description	Owner	Time
1	Preliminary Matters	Ch	
1.1	Welcome and Introductions Note	Ch	
1.2	User Experience Story Receive and Note	Ch	
1.3	Board Corporate Objectives Information  Board Corporate Objectives.pdf 9	Ch	
1.4	Apologies for Absence Note	Ch	
1.5	Declaration of Interests Note	Ch	
2	Consent Agenda (Pre Notified Questions)		
2.1	Reports from Board Committees (for noting)		
2.1.1	Nomination and Remuneration Committee - December 2020 to March 2021 Information  Nomination and Renumeration Committee - Decem... 11	Ch	
2.1.2	Quality Assurance Committee - 25th January and 29th March 2021 Information  Quality Assurance Committee January 2021 Chair's... 13	J Lyttle	
2.1.3	Finance, Performance and Digital Committee - 25th January, 22nd February and 29th March 2021 Information  Finance Performance and Digital Committee Report... 15	P Richards	

#	Description	Owner	Time
2.1.4	<p>HIP2 Committee Chair's Report - 17th February and 24 March 2021</p> <p>Information</p> <p> HIP2 Committee Chairs Report - 17.02.2021.pdf 17</p>	C Balch	
2.1.5	<p>People Committee - 22nd February 2021</p> <p>Information</p> <p> People Committee - 22 February 2021.pdf 19</p>	V Matthews	
2.1.6	<p>Charitable Funds Committee - 17th March 2021</p> <p>Information</p> <p> Charitable Funds Chair's report to Board 17.03.202... 21</p>	J Lyttle	
2.2	Reports from Executive Directors (for noting)		
2.2.1	<p>Chief Operating Officers Report March 2021</p> <p>Receive and Note</p> <p> Chief Operating Officer Report March 2021.pdf 23</p>	COO	
2.2.2	<p>Estates and Facilities - Top line briefs, EFM Performance, compliance and exception report</p> <p>Receive and Note</p> <p> Estates and Facilities - Top line briefs, EFM Perform... 37</p>	CFO	
2.2.3	<p>Directorate of Transformation and Partnerships Quarterly Report</p> <p>Receive and Note</p> <p> Transformation and Partnerships Quarterly Update... 43</p>	DTP	
2.3	For Approval		
2.3.1	<p>Unconfirmed Minutes of the Meeting held on the 27th January 2021</p> <p>Approve</p> <p> 21.01.27 - Board of Directors Minutes Public.pdf 49</p>	Ch	
2.4	For Noting		

#	Description	Owner	Time
2.4.1	<p>Action Log and 'Parking Lot' of Deferred Items</p> <p>Receive and Note</p> <p> Public Board Log of Deferred Items .pdf 63</p>	Ch	
2.4.2	<p>Report of the Chairman</p> <p>Receive and Note</p>	Ch	
2.4.3	<p>Chief Executive's Report</p> <p>Receive and Note</p> <p> Chief Executive Report Public March 2021.pdf 65</p>	CE	
3	Safe Quality Care and Best Experience		
3.1	<p>Integrated Performance Report (IPR): Month 11 2020/21 (February 2021 data)</p> <p>Receive and Note</p> <p> Integrated Performance Report Month 11.pdf 75</p>	DTP	
3.2	<p>March 2021 Mortality Safety Scorecard</p> <p>Receive and Note</p> <p> Mortality Score Card March 2021.pdf 135</p>	MD	
4	Valuing our Workforce		
4.1	<p>Our People Promise and Plan</p> <p>Approve</p> <p> Our People Promise and Plan.pdf 153</p>	DWOD	
4.2	<p>Guardian of Safe Working Hours - Doctors and Dentists in Training</p> <p>Information</p> <p> Guardian of Safe Working Hours Report.pdf 181</p>	MD	
5	Improved Well-Being Through Partnerships		
5.1	No items submitted for March Board		
6	Well-Led		

#	Description	Owner	Time
6.1	<p>Developmental review of leadership and governance using the well led framework – Deloitte’s report action plan</p> <p>Receive and Note</p> <p> Developmental review of leadership and governanc... 187</p>	CE	
6.2	<p>Board Appointments</p> <p>Receive and Note</p> <p> Board Appointments.pdf 197</p>	Ch/SID	
7	Compliance Issues		
8	<p>Any Other Business Notified in Advance</p> <p>Note</p>	Ch	
9	<p>Date and Time of Next Meeting - 11.30 am, Wednesday 28th April 2021</p> <p>Note</p>	Ch	
10	Exclusion of the Public	Ch	

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BOARD CORPORATE OBJECTIVES

Corporate Objective:

1. Safe, quality care and best experience
2. Improved wellbeing through partnership
3. Valuing our workforce
4. Well led

Corporate Risk / Theme

1. Available capital resources are insufficient to fund high risk / high priority infrastructure / equipment requirements / IT Infrastructure and IT systems.
2. Failure to achieve key performance / quality standards.
3. Inability to recruit / retain staff in sufficient number / quality to maintain service provision.
4. Lack of available Care Home / Domiciliary Care capacity of the right specification / quality.
5. Failure to achieve financial plan.
6. Care Quality Commission's rating of 'good' and the ability to maintain sufficient progress to retain 'good' and achieve 'outstanding'.

**Chair's Report
Non-Executive Director Nomination and Remuneration Committee
to the Board of Directors**

Meeting date:	December 2020 to March 2021
Report by:	Sir Richard Ibbotson Chairman
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 type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>
Key issues to highlight to the Board:	
<ol style="list-style-type: none"> 1. The Committee considered and agreed the succession planning arrangements for the position of Deputy Chief Executive and HIP2 Clinical Lead – roles currently being undertaken by Dr Rob Dyer, former Medical Director. A formal proposition and role description for the post of Deputy Chief Executive was approved and recruitment would commence shortly. The role of HIP2 Clinical Lead (a non-voting Board position) had been successfully recruited to and Joanne Watson was appointed with effect from 1 March 2021. 2. A progress update was provided on the Trust's Senior Management Talent Management and Succession Planning programme. Aligned to the wider Trust arrangements for talent management, the Committee would be focusing on executive succession planning in the early part of next year. A draft Board skills matrix was presented which would form the catalyst for this programme of work. 3. The Committee accepted that the annual review of Board composition should be paused for a short period of time to enable the newly published RACE Equality Code 2020 to be reflected on. The Chief Executive would be liaising with the Director of Workforce and OD to consider the Code further and agree next steps. 4. National guidance issued by NHSI/E in relation to 2020/21 annual pay increase recommendations for Very Senior Managers was received and actioned. A benchmarking review of Executive salaries would be undertaken in 2021/22 aligned to the personal development review process. 5. A review of Executive Portfolio's had been undertaken and the outcome reported to the Committee. The opportunity for the review had been recognised in the recent Trust Well-Led review by Deloitte. The review had enabled changes to be made to improve overall deliverability and leverage capacity to deliver Trust strategy by simplifying the portfolio's and ensuring that each Executive had the right teams within their sphere of control. 	

6. Approval was given to commence the recruitment process for the appointment of Director of Governance and Trust Secretary with a view to enabling a September start date.
7. Governance matters considered by the Committee included noting the changes to Committee membership and the outcome of the annual self-assessment of committee effectiveness. The Committee also noted that the annual committee workplan had considered all matters within its work programme for 2020/21.

Report of Quality Assurance Committee Chair to TSDFT Board of Directors

Meeting date:	25 th January 2021
Report by + date:	Jacqui Lyttle Committee Chair 29 th January 2021
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 has restructured its agenda and it now has provision for an in-depth service review at each meeting. At this meeting the committee received an excellent presentation on maternity services. The committee received significant assurance on the progress against the achievement of national quality and safety standards, including recommendations made within the Ockenden Report. The presentation included the receipt and approval of the maternity governance and safety report along with the midwifery staffing oversight report.
2. The committee received a report outlining the fire risks relating to the tower block on the Torbay hospital site with mitigating actions. The committee was assured that appropriate actions were being undertaken to address the key safety risks.
3. The committee received an excellent report detailing the draft action plan for requirement notices against Public Health England COVID 19 infection prevention control assurance framework. Considerable assurance was provided with the trust being able to demonstrate compliance in more than 90% of the required key lines of enquiry.
4. The committee received a detailed CQC update and were assured that good progress was being made against the recommendations, noting in particular that none were overdue.
5. The committee received an update on the nuclear medicine Incident. It was informed that an external review had been commissioned, recalibration had been undertaken and doses are now at the correct level. The committee were assured that a clear plan of action was in place.
6. The committee received an initial report detailing the trust's harm review process and findings. It was assured that the review framework covered both retrospective and prospective risks of harm. The report included a detailed analysis of prospective harms together with mitigations. It also received a detailed analysis of prospective and ongoing harms. It was assured that appropriate investigation controls were in place through the new harm review group.

7. The committee received a detailed quality report to support the Integrated performance report and were assured that actions are in place to mitigate the risks. There were no new risks brought to the committee's attention not covered by the update.

Key Decision(s)/Recommendations Made:

- On receiving the detailed reports and presentation on maternity services, the committee noted that the trust is not 100% compliant for supernumerary status of the delivery suite and agreed to escalate this to the board.

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

Meeting dates:	November 2020 to February 2021
Report by + date:	Paul Richards, March 2021
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 :

1. The Committee received an updates on the following business cases:
 - Dartmouth Stage 1 Assurance Report
 - MRU Business Case – capital costs
 - Digital EPR Business Case
 - STP Wave 3 Capital
2. Business cases approved included the Gamma Camera Business Case
3. The Committee received comprehensive reports on short term monitoring of performance including information on month 8 to month 12 Covid reporting, workforce productivity/data, treasury performance and capital expenditure updates
4. The Committee focussed on medium term planning by reviewing the Trust's Health and Wellbeing Strategy and Commercial Strategy, annual/business planning update and the National Tariff System
5. An update on the CQC Use of Resources Report was received for assurance purposes.
6. A number of governance reports were presented and approved, including the Budgetary Control Manual and Budget Holder Policy and the Committee Annual Self-Assessment
7. The Committee reviewed the Board Assurance Framework and Corporate Risk Register focusing on those items which fall within its remit and were assured that the Committee agenda had addressed these risks.

8. Reports were received and noted on:

- Torbay Pharmaceuticals financial performance
- SDH Developments Ltd
- Health and Care Innovations LLP
- Capital Infrastructure and Environment Group
- IM&T Group

9. The March Committee meeting is scheduled to receive a number of key business items including the Children and Family Health Devon Electronic Patient Record Business Case

Key Decision(s)/Recommendations Made:

1. To note the key decisions as outlined above.

Name: Paul Richards (Committee Chair)

**Report of HIP2 Redevelopment Committee Chair
to TSDFT Board of Directors**

Meeting date:	17 th February 2021
Report by date:	Chris Balch, 19 th February 2021
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 (February 2021):

1. The Committee received and discussed the planned timetable for the delivery of the Programme SOC for HIP2 following ongoing discussions with NHSE/I. There is now a clear programme of work leading to submission by the end of July 2021. The governance arrangements for the submission were considered. These are likely to require a Governors meeting in July.
2. The risks involved in delivering what is a demanding timetable were explored and the Committee received assurance that the necessary internal and external resources are in place or being assembled and a clear programme of activities has been identified.
 - March 21 - Longlist/short list of options
 - April 21 - Development Control Plans for shortlisted options and draft digital SOC
 - May 21 – Capital Investment Appraisal and I&E position for options
 - June 21 – 1st draft SOC
 - July 21 – Final SOC
3. The Committee were assured that clinical engagement in the development of the SOC remains a priority, including the appointment of Design Champions. It was acknowledged that the SOC will not resolve all areas of uncertainty over the future configuration of services. However, the Committee were assured that the Trust is actively engaged with work at system and SEND level to secure a collaborative approach.
4. The Committee were assured that there been a positive response from both the NHS Region and the National Programme Director to the progress being made by the Trust in progressing its HIP2 plans. A round table session is planned for early March to discuss these in more detail.
5. The Committee received and discussed a report recommending the appointment of Cost Consultants. The recommendation was supported, and the appointment will be made under delegated authority.
6. The Committee received assurance that seed funding made available for the preparation of the SOC can be carried forward into financial year 2021/22.

7. The Committee discussed the fundamental criteria with which HIP2 projects will need to comply. There was some discussion about the implications and correct approach to meeting the net zero carbon requirement. The positive engagement with Torbay Council and the TDA is seeking to address this challenge was noted.
8. The Committee reviewed the Board Assessment Framework and agreed that the risk appetite and risk rating were appropriate to the extended time horizon for the programme. It was noted that the successful delivery of the HIP2 programme is critical to the management of other elevated areas of risk held by the Trust.

Key Decision(s)/Recommendations Made:

1. To note the above.

Name: Chris Balch (Committee Chair)

Report of the People Committee Chair to the Board of Directors

Meeting date:	22 nd February 2021
Report by:	Vikki Matthews
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 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"/>

The Committee shortened its agenda this month in line with NHS guidance to temporarily reduce regulatory and reporting requirements and streamline assurance processes. Items of note to share with Board from our reduced agenda are as follows:

- **People Plan** – the Committee received the latest draft of the Trust's People Plan which is now in its final stages. It was agreed that the content, direction and tone of the plan is in the right place and that the plan's focus and prioritisation of commitments is much improved. A question was raised about whether there is clear enough signposting to the Trust's transformation agenda and whether the People Plan vision needs strengthening in this area. The team will update the plan before it comes to Board in March.
- **Race Equality Code** – there was a discussion about the Race Equality Code and whether or not the Trust should adopt the code as a coordinating framework for the work on racial diversity, equality and inclusion. The Committee's recommendation had previously been that we adopt the code informally in the first instance until such time that we fully understand what needs to be done against each of the 4 principles enshrined in the document. Subsequently the Trust's BAME forum has offered a view that much of the what is contained in the Race Equality Code is already covered by the WRES and the WDES and that formal adoption of the code might be duplicating work done elsewhere. Committee members were of the opinion that a broader discussion would be helpful at Board level in order to decide whether to formally sign up to the code.
- **People dashboard** – the Committee received a slimmed down workforce metrics report which highlighted the following:
 - Sickness rates for December – 4.09% (4.27% 12 month rolling figure)
 - Labour turnover rate – 10.17%
 - Achievement Review – 78.78%
 - Vacancy factor – 3.83%
 - Nursing vacancies – 81.00
 - Mandatory training – 89.75%

- The Committee took assurance from the significant reduction in Covid absence rate (166 at the time of the meeting) and the excellent work that the Trust has done to ensure that 87% of staff have been vaccinated. The number for the Trust's BAME community is 83% and work is ongoing to understand the delta.
- The Committee has ongoing concerns about sickness levels more generally and has asked for more information about the nursing vacancies and a view on what more can be done to reduce vacancy numbers.

Key decision(s)/recommendations made by the Committee:

1. The Committee approved the direction and focus of the Trust's developing People Plan and agreed that it was ready to be received by the full Board once some minor amends are made.
2. The Committee asked for a broader Board level discussion and debate on the Race Equality Code.
3. The Committee recommended a deeper dive in to nursing vacancies.

Report of Charitable Funds Committee Chair to TSDFT Board of Directors

Meeting date:	17 th March 2021
Report by + date:	Jacqui Lyttle, Committee Chair 25 th March 2021
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 to highlight to the Board:

1. **Central funds position** - the committee received a very comprehensive report from the Chief Finance Officer (CFO) relating to central funds. The fund currently has a negative balance of £0.4m. due to the award of a £1m grant from the trust in 2018. The CFO explained that the Foundation Trust is aware that the mechanism envisaged for eliminating this negative balance has not been successful largely due to the unanticipated significant reduction in charitable purchases over the past 3 years. The CFO advised the committee that the Trust was proposing to waive the repayment of the balance of the grant, which would largely eliminate the negative fund balance. The CFO explained that the Foundation Trust was aware that the use of central funds has a key role in enabling the Charitable Fund to support projects which require flexible funding such as trust wide projects and to support services that do not receive donations directly. The committee discussed the proposal of the grant waiver. **See key decision 1**
2. **Planning priorities 2021/22** – The committee received a comprehensive update on the planning priorities for 2021/22. It noted that the nursery continued to struggle financially and that it was nearing completion of a comprehensive governance and planning review. It also noted that COVID had had a marked impact on the ability of fund managers to meaningfully participate in the usual annual planning process. There was robust discussion about the impact of COVID and the pause of the NHS business planning process and the need to consider the planning framework for the Charitable Fund for the new financial year. **See key decision 2**
3. **COVID 19 appeal and NHS Charities together funding** – the committee received a comprehensive report on COVID- 19 emergency appeal and NHS Charities Together. The committee noted that £50K was raised locally in response to COVID -19 with the funds being spent on health and welfare initiatives for patients and staff. The committee noted that the Charitable fund had received £181k to date from NHS Charities Together through a combination of direct award or bid application. It was assured that the funds are being deployed in line with NHSCT conditions, and that the funds are distributed in line with the normal Charitable Funds SFI's. The committee also noted that further tranches of funding were available for the trust to bid against Stage 2 funding, £535K and Stage 3 funding £154K for both stages the bid application process closes on 31st December 2021
4. **Fundraising update** – the committee received a comprehensive paper on the current fundraising position noting the range of fundraising activities in place and planned. The committee discussed the opportunity for a local fundraiser Help4Others to support a local lottery project and noted the due diligence requirements. **See key decision 3**

5. **Review of admin fees** – the committee received a comprehensive paper providing assurance of the reasonableness of the 2020/21 admin charge, an update on the mechanism for recharging admin costs to funds and confirmation of the treatment of the COVID/fundraising manager secondment cost. **See key decision 4**
6. **Counter fraud report** – The committee received the results of a pro-active review to assess whether the Foundation Trust had appropriate policies and procedures in place surrounding charitable funds. The review was undertaken in light of the increase in donations and fundraising activity resulting from COVID 19. The committee were assured that the risk had been determined as low, green and that appropriate risk mitigation processes and controls were in place. **See key decision 5**

Key Decision(s)/Recommendations Made:

1. **Central funds** – the committee expressed its support for the Foundation Trust to waiver its right to receive the outstanding balance on the £1m grant awarded in March 2018
2. **Planning priorities 2020/21** – the committee agreed to delay the 2021/22 planning process for non-nursery funds until there was more clarity about the NHS business planning process and more certainty about priorities post COVID. The committee agreed that priorities would be in line with prior years i.e., discretionary staff development/training, purchase of medical equipment, patient and carer comforts. The committee agreed to the continuation of the nursery's planning and governance review with a more detailed examination of the options being discussed at its next meeting.
3. **Fundraising update** – The committee agreed that the necessary due diligence on Help4Others be undertaken as a matter of urgency due to the length of time the fundraiser has been waiting and that a final decision will be made by the CFO for consideration by the committee.
4. **Review of admin fees** - The committee noted the reduction in activity levels from the previous year and agreed to the proposed reduction in admin fees from £59k to £53.8K. It noted the method of apportionment of admin charges across funds agreeing that the National COVID fund was exempt from admin charges and that admin charges should only be levied on local COVID funds, it also agreed that the costs of the COVID/fundraising managers secondment should be levied to central funds.
5. **Counter fraud report** – The committee agreed that due to a low risk the small number of recommendations be considered during the next annual procedure review.

Report to the Trust Board of Directors			
Report title: Chief Operating Officer's Report March 2021		Meeting date: 31 st March 2021	
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 Integrated Performance Report (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 to increase the delivery of elective services as COVID -19 demand reduces.</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>Key issues for consideration are the restoration and recovery as the Trust steps down from the previously escalated COVID-19 position and return safely to manage system flow with an emphasis on increasing the elective pathways.</p> <p>Some notable areas for celebration include the operational moves completed to enable elective services to be increased following reduction in the covid-19 response, the commissioner investment in Drug and Alcohol Services and the work underway to secure improvement to the waiting times for young people.</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	

Report title: Chief Operating Officer's Report		Meeting date: 31 st March 2021
Report sponsor	Chief Operating Officer	
Report author	System Directors	

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 five Integrated Service Units and Children and Family Health Devon.

2. Introduction

As described in the last COO report COVID-19 through January and February impacted significantly on the organisation. There were high numbers of admissions, in line with the Trusts planning assumptions, into acute and community hospital beds as well as intensive care beds alongside large numbers of outbreaks across the ICO footprint in both residential and nursing care homes. During March there has been a significant reduction in the number of COVID -19 inpatients and a step up of both non-elective and elective non COVID-19 activity. Planning the Trusts return towards previous levels of capacity, operational updates and strategic developments are set out in this paper.

3. COVID -19 Operational Impact

3.1 Acute moves

The numbers of COVID-19 cases have been reducing during the latter part of February and during March allowing the Trust to de-escalate the COVID-19 response. The ITU stepped down from green surge on 25th February and vacated the Surgical Receiving Unit (SRU). The SRU re-opened in its permanent location on 2nd March. The Medical Receiving Unit (MRU) returned to Forrest on 18/03/21 and the Day Surgery Unit (DSU), after cleaning and set up, is expected to receive its first patients on the 29th March 2021. The Trust is grateful to all the teams that have worked so hard to move services and to individual staff who have enabled both the escalation and de-escalation of the COVID-19 response.

3.2 Community

The Trust team has provided support to Care Homes and other community services through periods of covid-19. This response enabled safe care to continue to be provided in peoples usual place of residence. All but one of the care homes and services have now successfully stepped down from their localised escalation position. Going forward this leaves strengthened working relationships between community teams, community service managers and care providers providing a solid foundation to take forward the Enhanced Health in Care Homes programme.

Community therapy and Social Care teams are addressing increased waiting lists as a result of refocussing activity to support hospital discharge and care homes through January and February. Teams are reporting pressure and fatigue from the prolonged response they provided.

3.3 Workforce

The Trust recognises the enormous challenges that the workforce has had to deal with during the COVID -19 pandemic. System Directors and Operational leads have been reflecting on how teams can be supported to recover from the impact of the pandemic. Work will continue with teams and individuals to support recovery whilst balancing the requirements of service restoration. The support work is being tailored across ISU's in accordance with the individual teams needs in their local context and is informed by the mechanisms identified in the Trusts People Plan. The impact on the pace of recovery will be explicit in the recovery plan itself, recognising teams will be in different positions.

3.4 South East North Devon (SEND) Network

Throughout the pandemic the Trust has worked closely with colleagues across the SEND network to maximise the effectiveness of the combined response and continue to provide the safest care possible for local people. This was managed by a joint group across these sites who met on a daily basis to coordinate the approach to COVID-19 and non-COVID -19 demand and where necessary, services have been made available for all Devon patients. In addition, the National ICU network convened daily to ensure mutual aid was available for Trusts most in need of support.

A key part of the regional collaboration was the setting up of the Nightingale Hospital Exeter with staff volunteering from across the region. This enabled an increase in the bed capacity for COVID-19 patients. From 1 March 2021, the COVID-19 care the Nightingale Hospital provided transferred back to the local system. It will leave behind a legacy of system-wide working, with organisations coming together across hospital networks to manage the demand for COVID-19 care and support for NHS organisations across the South West region. Discussions are now underway to maintain a long-term service at the site, continuing the hospital's legacy and supporting care in the region.

The SEND response to COVID-19 is being further strengthened and formalised through the Strategic Alliance across the Send network. In accordance with the agreed Terms of Reference the Alliance will develop with a focus on resources, workforce and other challenges with a view to finding solutions together and making decisions in the best interests of the whole population. It is the intention that leading in partnership will make a difference to patient care as organisations continue to collaborate on service delivery.

4. Children and Family Health Devon

4.1 Performance

Waiting times performance remains an area of intense focus for CFHD. RTT has remained stable in 4 service areas of Children's Nursing; improving in 3 areas and performance has deteriorated in 4 areas, the table below illustrates; All services are planning to increase face to face service delivery as we emerge from Covid-19.

CFHD RTT performance February 2021

Service	RTT Performance	Mean wait in weeks
Children's Community Nursing	100% ↔	4.1
Specialist School Nursing	100% ↔	6.4
Palliative Care	100% ↔	0
Children in Care Nursing	86% ↔	NA
Physio	83% ↗	11.1
LD	78% ↘	11.1
CAMHS	74% ↘	13.7
OT	62% ↗	15.8
SALT	50% ↘	25.1
Specialist Children's Assessment Centre	38% ↘	25.5
ASD	17% ↗	56.7

Detailed action plans addressing capacity, workforce, output, outcome measures and the production of a CFHD wide dashboard for monitoring performance improvement is in progress with fortnightly review by the Head of Service (HOS) and Deputy Director. Additional plans are in place for the autism service (ASD), Speech and Language Therapy (SALT) and Occupational Therapy (OT) using non-recurrent funding. The service has recently engaged with NHSE/I Improvement team to assist with developing capability in managing capacity and demand. This work has commenced in relation to ASD and SALT and involves improvements in data capture and the use of an evidence-based capacity and demand tool for complex pathways.

In relation to ASD, a plan using non-recurrent funding has been agreed by TSDFT, CCG and Devon Local Authority to clear the backlog of ASD waits and to manage demand effectively by improving the pathway design and efficiency. The plan has 3 parts. Firstly, to clear the backlog, a plan to deliver 2,500 assessments in 25 weeks between April and November by employing a team of 20 agency clinicians. In addition, sub contracts with RD&E and Livewell SW will also deliver additional assessments delivering a total of 2,800 assessments by November 2021. Secondly, the plan to manage demand involves changes to job planning, implementing a new Lean assessment clinic structure resulting in delivery of an additional 70 assessments per month. If demand remains at the current rate, these efficiencies will result in the effective management of demand. Risks to delivery of the plan have been evaluated as moderate and successful delivery will be supported by robust and frequent oversight and governance. The final element of the plan will involve system

level strategic partnership work to ensure that children with traits of autism or autism diagnosis, have easy access to additional support to meet their needs, with or without a diagnosis.

The non-recurrent funding will also be used to address the waits in SALT and OT, plans for which were agreed at Partnership Board in March.

4.2 Finance

Work is ongoing to update the financial plan for the Alliance, and to ensure that there is an integrated co-ordinated approach. A first draft has been presented to the Board in February. Discussions have started with the CCG regarding the contract value for 2021/22 building on the assumed contract value for 2020/21.

4.3 IM&T

CFHD services have been operating on 3 different patient record systems and work has been underway in recent months to move services onto CarePlus by April 2021. This is an interim measure until System One, the integrated electronic patient record system is operationalised.

Four risks have been identified relating to IT infrastructure services utilised and relied upon by CFHD operations. In all cases investment will be required to completely remove the risks. Option appraisal documents, quotations and business case documents have been prepared and submitted. Funding (from end of year capital funds) has been agreed for the CFHD Single Point of Access (SPA) telephone system replacement.

4.4 Transformation

The service is making good progress with the transformation programme. The programme is currently focused on the service model design, encompassing the co-production of the clinical model, how it is operationalised and the leadership and workforce structure. The capacity to deliver this in its entirety continues to be a risk. The indicative 'Go Live' date is October 2021 although there will be continued service improvement beyond this time. There is good staff engagement from all service areas with delegated leadership of the clinical pathway design. A range of methods are in place to facilitate communication across the service and support for staff leading and experiencing the change process.

It is hoped that the electronic patient record business case will be signed off on 31st March allowing this IT project to proceed. Aligning these two projects to deliver the clinical system at the same time we go live with the new model of care is currently being addressed.

4.5 Risks

Corporate level risks relate to the increasing number of children/young people waiting and duration of waiting times, breaches to response times to Subject Access Requests, resolution agreed but not yet implemented, CAMHS vacancies (median 21%) and Psychiatry caseloads in North Devon CAMHS. Controls and mitigation plans are in place for all risks.

5. Phase 3 Recovery

5.1 Elective Care

Day Surgery Unit and Ella Rowcroft are planned to return to pre COVID-19 delivery from the 29th March 2021 and the Surgical Receiving Unit and High Dependency Unit support have now returned to usual delivery following the ITU return to a single location.

The work to deliver the new facilities for Ophthalmology on level 2 are close to completion and there is a detailed plan for the Urology redesign to support improved flow and the activity for the speciality currently being finalised. Insourcing of endoscopy and cataracts activity is continuing both specialities have clear recovery plans in place.

Direct referral of patients where cancer may be suspected by the GP to Practice Plus in Plymouth continues to support the 2-week wait pathway in are gastroenterology until the end of March. Continuation of this contract is being explored with partners and the CCG. The enhanced level of Mount Stuart Hospital (MSH) activity (excluding endoscopy) will stop on the 19th of March when staff and equipment will be returned to Torbay Hospital to support the recommencement of DSU activity. The Trust continues to work very closely with Devon CCG and MSH in order to support recovery and equity of services going forward.

Out Patient activity is currently at 70%-80% of pre COVID -19 levels and work is underway to appoint to key consultant vacancies to support an increase in activity. Harm reviews have been completed for all patients listed for surgery. The surgical teams continue to ensure high priority patients are listed swiftly. Unfortunately backlogs continue to exist particularly in orthopaedics and urology; the return of DSU and Ella Rowcroft as described will support an improvement in this position.

5.2 Cancer

The Trust achieved compliance against the 31 Day Cancer Target for Quarter 3. Performance continues well against the 28-day standard and is in excess of the 75% target. The Urology team is ready to go live with the local anaesthetic biopsy service when the appropriate Level 2 outpatient accommodation work is completed. During the first Lockdown, the Trust saw a reduction in suspected cancer referrals to approximately 30%. This has now increased to pre COVID19 levels of demand. There has been a significant reduction in numbers of cancer diagnoses during 2020/2021, which is replicated across the Peninsula. The Trust has seen an increase in the number of cancers diagnosed through emergency/urgent pathways. The expectation is that there will continue to be an increase in demand with more complex later stage cancers diagnosed as these cancers are referred in/diagnosed. The non-specific significant symptoms pathway is due to go live in April 2021. This is a faster diagnosis pathway for GPs to refer patients with significant concern for cancer with no site-specific symptoms.

A pilot scheme regarding prehab for cancer patients begins with a trial running in March for UGI and LGI. The project is aiming to trial integration of a support practitioner-led rehabilitation pathway into the established clinical pathways for cancer patients. This will enable earlier identification of patients who require support prior to treatment. The model is designed to make better use of existing resources, linking up pathways sooner and ensuring a proficient hand over of patients' needs to Primary Care on discharge from the acute services. Prehabilitation has been proven to reduce length of stay, enhance recovery following treatment, reduce post treatment complications, improve nutritional status, encourage self-supported care, increase psychological resilience and enhance quality of life.

Following a move away from its normal home of the Ricky Grant Day Unit in order to accommodate an urgent need to re-locate the paediatric short stay assessment service for covid-19 response over winter months the chemotherapy day service has now returned.

5.3 Long Term Conditions RTT

In June 2020 the RTT incomplete performance across the Long-Term Condition specialities had deteriorated to 62% as a result of reprioritising activity. This mirrored in the national position and in the overall Trust performance. There has been a gradual improvement since the start of the recovery phase and whilst the improvement has slowed marginally during the latest wave of COVID-19, performance in March has reached 79%. Improvement has also been made in reducing the number of follow-up appointments that have exceeded their past-to-be-seen by dates.

5.4 Echo

Outsourcing of echo scanning continues, coupled with additional sessional working by Physiologists at the Trust. In terms of this modality's contribution to the 6 week wait diagnostic standard the service is predicting compliance by the end of March.

Further improvements are also being made to the echo workload that sits outside of this standard such that the backlog created throughout the COVID-19 period is scheduled to be cleared completely by the end of April. An additional Echo machine has recently been commissioned and will add additional capacity. In conjunction with two new replacement machines greater resilience to this key diagnostic service exists.

5.5 Pathology

Work continues to develop a South, East & North Devon (SEND) Laboratory Medicine network that sits within a wider Peninsula Pathology collaboration. A benefit of a SEND collaborative approach was witnessed in the autumn when national supply issues of laboratory consumables ran low. Consideration is being given to how a more immediate SEND solution might support microbiology services across the three Trusts.

5.6 Radiology

The 3rd CT Scanner project is on track to deliver it to operational status at the beginning of May. Work is progressing well to move some radiology staff to the Bowyer Building in order to make space for the additional scanner.

Due to capacity constraints resulting from the loss of the mobile CT scanner Radiology is unable to book routine CT scans within the required 6 weeks. Some improvement has been made in the last month, in part due to staff working additional hours in addition some mobile capacity has been made available. However, it is still uncertain if mobile capacity will be managed centrally or locally.

The replacement MRI scanner is now fully operational. Staff training is complete and reductions in backlog are being seen. Some use of mobile capacity is in place to help with the backlog clearance.

The general x-ray service is going through a significant amount of change. Over the last 12 months several x-ray rooms have been replaced. Both rooms at Newton Abbot Hospital and the chest x-ray room at Torbay were all replaced during the summer. The main trauma room at Torbay is currently being replaced with a more suitable unit. The current unit will then be transferred to Dawlish Hospital. The x-ray room in Dawlish has been out of service for several months.

The Gamma Camera that serves the Nuclear Medicine service is being replaced. The new camera is due to be operational in May. Patients requiring urgent scans are being offered appointments at Exeter and Plymouth during the replacement programme.

5.7 Medical Physics

Following previous appointments of joint Medical Physicist posts between the Trust and Exeter an overarching Consultant Clinical Scientist & Director of Medical Physics and Clinical Engineering post has been established and recruitment is underway. The post-holder will provide scientific consultant level leadership and management for medical physics and clinical engineering (MPCE) services across the South, East and North Devon (SEND) cluster of Trusts.

6 Urgent & Emergency Care

6.1 Emergency Department (ED) Phase 1 COVID-19 / Winter secure

The initial Phase 1 works to the ED are now complete however, the additional resuscitation room required further works to finalise the air supply and this is due to complete in April 2021. The department has used the space flexibly as planned during this last surge of the pandemic and provided a segregated COVID-19 treatment area.

6.2 Medical Receiving Unit (MRU)

The MRU moved into the Day Surgery Unit (DSU) on 14th January 2021 as part of a wider response to the prevalence of COVID-19. The MRU moved back to Forrest ward on 18th March 2021.

The new MRU build has met significant construction challenges in the final design stages that has pushed the final completion date into early 2022. The ceremony to mark commencement of the MRU works was held on Monday the 22nd March.

6.3 Emergency Department Phase 2

Work continues on the design of phase 2 in conjunction with the MRU building works. Due to the challenges around the MRU build and the completion date moving into 2022, the ED phase 2 needs to be considered as part of the wider government Health Infrastructure Plan (HIP) for the Trust.

6.4 Urgent treatment centre (UTC) and Minor Injury Units (MIU's)

At this time the MIU's at Totnes and Dawlish remain closed. The UTC at Newton Abbot is open from 8am until 8pm seven days a week for booked appointments through NHS 111 and walk in urgent conditions.

Recruitment efforts continue so that both MIU's can re-open as soon as possible.

7. Child Health /Paediatrics

The move to return the short stay paediatric unit (SSPAU) to Louisa Carey (LC) ward took place in February and is providing a blue pathway for paediatrics. Currently admissions still remain lower than previous years, though young people's admissions for mental health and acuity on the ward remain a challenge. Further estates work will be needed in order to prepare for winter.

As part of the moves in February Special Care Baby Unit returned to its commissioned 10 cots (from 8).

In terms of the outpatient activity there is a backlog which is being worked through and to support this the team delivering around 50% of appointments being virtual either through telephone or attend anywhere.

8. Torbay System Community Services

8.1 Adult Social Care - Care Hotel

A proactive working group was created in February to plan for the increasing COVID impact - primarily to managing flow and safety. A collaboration was swiftly formed between the Trust, Abicare (a live-in care agency) and TLH (Torbay Leisure Hotels). Supported by the Torbay health and wellbeing team 10 care hotel beds were mobilised to safely facilitate rapid discharge from both the acute hospital and community hospitals.

The occupancy has been approximately 85% with a 4-day length of stay, in line with the strategy of a short-term solution to enable hospital discharge prior to the long-term solution. The partnership working has been positive and offers insights to new ways of delivering care in the community. Patient satisfaction surveys all rated 'good to excellent' which is a substantial achievement given the turnaround of the service during an exceptional period in the community and the acute services. The care hotel will be decommissioned at the end of March and formally evaluated to guide future planning for winter surges.

8.2 Drug & Alcohol Service

Additional funding for 1 year from April 2021 through Criminal Justice has been confirmed by Torbay Council Public Health commissioners. The Drug and Alcohol service have been allocated £313K for 12 months. There are some clear parameters on how this funding can be spent – criminal justice, residential rehab placements and increasing treatment capacity. There is the potential for some funding to be allocated to support hospital in-patients with a detox service within the service including inpatient detoxification. It has been indicated that this funding may continue for 3 years where improved performance can be demonstrated.

In support of evidence from the Trusts clinical leads in gastroenterology and nationally available benchmarking Torbay Public Health commissioners are indicating Torbay Hospital is within scope to receive funding to support alcohol detox. This may result in a fairly substantial investment into the Torbay Drug and Alcohol service to look at developing an Alcohol Care Team.

8.3 Healthy Lifestyles

The Lifestyles Service have been working with the Public Health Midwife to improve engagement rates for those referred to the stop smoking service. The main focus to date is to improve communication between the stop smoking service and midwifery teams. There are signs of both improved engagement and improved quit success.

9 South Devon Community Services

9.1 Moor to Sea

9.2 Dartmouth - Moor to Sea Health and Wellbeing Centre

Plans have been signed off by the Board; the stakeholder and delivery groups continue as plans evolve.

9.3 Stroke pathway

The SSNAP audit results for quarter 3 present a number of challenges in that improvements achieved through quarter 1 and quarter 2 have stalled and in some instances worsened. This had been anticipated owing to challenges for the Trust in managing bed capacity such that people could be able to transfer into a dedicated stroke pathway resource within a specific timescale. Although work to improve

performance continues at pace, the result of this will not be realised through quarter 4, again owing to bed capacity management through the COVID19 pandemic.

9.4 Hospital discharge

Work continues to embed data-driven process change which will ensure that there is focus across acute and community wards on timely discharge for people on all pathways. This work has been supported by input from NHSE/I with fortnightly scrutiny and feedback sessions on progress. The Trust have also reviewed the levels of delegated authority managing the discharge services to ensure that the team are aligned with the requirements in relation to national guidance. Additional capacity has been brought in to Short Term Services in South Devon to mitigate potential gaps in domiciliary care. This has very successfully avoided potential delays in Pathway 1 discharge through the recent challenging months. This additional capacity will continue through quarter1 of 21/22.

Work is also continuing to identify residential/nursing care resources that can better support timely Pathway 2 and Pathway 3 discharges.

10 Newton Abbot

10.1 Health and Wellbeing Centre

The work continues to progress with an expectation of completion by the end of April 2021. This will see the community teams occupying dedicated space alongside the voluntary sector enabling an improved integrated multi-disciplinary approach to support communities.

11. Coastal

11.1 Health and Wellbeing Centre

Teignmouth Health and Wellbeing Centre will be sited in the central area of Teignmouth and will bring together GP practices with Volunteering in Health alongside Trust outpatient services and community services and pharmacy space. This project is currently with Teignbridge Planning Dept and is waiting for final sign off before it is projected work will start on site May/June 2021. The Project Team led by Lesley Darke is in the process of creating the governance structure and subsequent meeting arrangements beginning April 21

12. Organisational progress on transformation and Cost Improvement Plan (CIP) delivery

The current development of plans to deliver transformation and CIP delivery have been stepped up, the teams are working towards a round table review in the next 4 weeks. These meeting will support identification of areas for efficiency improvements and help to more fully understand the current position and expectations.

13. Conclusion

The balance of restoration and recovery with staff leave and multiple challenges has made the last month difficult at times, it should be acknowledged that whilst the teams are feeling tired, they have continued to give their best and put the patients first. Moving forward, the high numbers of both staff and patients vaccinated is giving hope as the organisation plans for the summer and potential impact of `staycations`.

14. Recommendation

To note the content and risks exposed in this report.

Report to Trust Board of Directors	
Report title: Estates and Facilities – Top line briefs, EFM performance, compliance and exception report	Meeting date: 31/03/2021
Report appendix	No appendices'
Report sponsor	Chief Finance Officer
Report author	Interim Director of Environment Associate Director, Estates and Facilities Operations
Report provenance	Capital Infrastructure and Environment Group EFM Performance and Compliance Group EFM Senior Management Team Meeting Executives
Purpose of the report and key issues for consideration/ decision	<p>The report is intended to provide an update to the Board on EFM key issues, performance and compliance for January and February 2021</p> <p>CQC “Must Do” update - Simpson Flooring An opportunity arose to decant Simpson for 4 weeks which enabled the flooring to be repaired and replaced. The Estates team also took the advantage to replace the ward lighting with LED fittings and carry out minor repairs and redecoration, including remedial work following infection control audits. The project was completed on time and handed back to the clinical teams as planned on the 15 March 2021.</p> <p>Estates Critical Failures A water leak in the Steam Duct at the feed to the Copper/Silver station occurred on 16 January 2021. This was the second incident in two months relating to this plant which has since been replaced. Additional contingency has also been put in place regarding obtaining temporary boilers should any other incident occur which affects the main steam boilers. The progress of the action plan formulated by the Head of Estates Operations following these incidents, including revision of business continuity plans, will be monitored through the monthly EFM Performance and Compliance Group.</p> <p>Chilled Water Systems A temporary Chiller is in place for DSU 1 and 2 to mitigate pipework issues. The project to provide a permanent solution to bring on line a new chiller and installation of a new improved chilled water circuit commenced 8 March and will complete in early June 2021.</p> <p>Trust Fire Safety Design is completed and orders have been placed to covert the 3 Tower Block lifts into fire evacuation lifts, work expected to be completed by the end of March 2021.</p> <p>The summary report is attached.</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 Trust Board are asked to receive and note the: <ul style="list-style-type: none"> • Compliance issues and exceptions • EFM Compliance and Performance Report 														
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;">X</td> <td style="width: 25%;">Valuing our workforce</td> <td style="width: 5%; text-align: center;">X</td> </tr> <tr> <td>Improved wellbeing through partnership</td> <td></td> <td>Well-led</td> <td style="text-align: center;">X</td> </tr> </table>			Safe, quality care and best experience	X	Valuing our workforce	X	Improved wellbeing through partnership		Well-led	X				
	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Board Assurance Framework</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 25%;">Risk score</td> <td style="width: 5%; text-align: center;">25</td> </tr> <tr> <td>Risk Register</td> <td style="text-align: center;">X</td> <td>Risk score</td> <td style="text-align: center;">25</td> </tr> </table>			Board Assurance Framework	X	Risk score	25	Risk Register	X	Risk score	25				
	Board Assurance Framework	X	Risk score	25											
Risk Register	X	Risk score	25												
External standards affected by this report and associated risks	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Care Quality Commission</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 25%;">Terms of Authorisation</td> <td style="width: 5%; text-align: center;">X</td> </tr> <tr> <td>NHS Improvement</td> <td style="text-align: center;">X</td> <td>Legislation</td> <td style="text-align: center;">X</td> </tr> <tr> <td>NHS England</td> <td style="text-align: center;">X</td> <td>National policy/guidance</td> <td style="text-align: center;">X</td> </tr> </table>			Care Quality Commission	X	Terms of Authorisation	X	NHS Improvement	X	Legislation	X	NHS England	X	National policy/guidance	X
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	NHS Improvement	X	Legislation	X											
	NHS England	X	National policy/guidance	X											
Legal, Financial and reputational implications of the consequence of any regulator enforcement notices/action.															

Report to:	Trust Board
Date:	31 st March 2021
Lead Director:	Chief Finance Officer
Report Title:	Estates and Facilities Operations Compliance & Performance Report

This report summarises Estates and Facilities Operations performance for the months of January and February 2021.

1. Estates & Facilities Operations Performance Exceptions.

Table 1 below identifies the Key Performance Indicator variances for Estates and Facilities Operations for the months of January and February 2021. Any areas of specific cause for concern for the attention of Trust Board are shown with appropriate explanation and action to achieve a resolution is also detailed below.

Table 1: Estates and Facilities Performance Dashboard Items – exception report	
Estates	Estates Critical failures – 3 in total
	<ul style="list-style-type: none"> • Water leak in Steam Duct at feed to Copper/Silver station on 16 January 2021. Copper/Silver Station bypassed to restore water supply to Acute site, Fire Service assisted to pump out Steam Duct and 1 of 3 main boilers restarted. 24/7 watch kept on boiler until Boiler No3 was restored 21 Jan 2021 and remaining defects on main control panel and sensor pipework were rectified 22 January 2021. • Mortuary Drainage - Initial blockages caused by build-up of wipes. Contractor supplying costs and options for remedial works. • Eye Theatre low temperature / high humidity. In order to keep humidity down to acceptable levels temperature had to be reduced which on ten occasions led to delay or cancellation of surgery due to temperature below acceptable limits. A system design issue, but being managed by manual control of ventilation systems.
Estates	Fire Dampers Compliance -74%
	2020 annual testing completed October - November 2020. Compliance has improved to 74.2% (62% from 2019), of those tested in 2019, 99% dampers functioned correctly. Final report on findings expected mid-March, Cromie and Brixham Wards to be re-scheduled for testing as no previous access due to these being COVID-19 wards
Estates	Portable Appliance testing -81%
	Re-scheduling of testing is currently underway due to access issues due to COVID-19, expected to recover programme by April 2021.
Estates	LEVs testing compliance – 66%
	Mechanical Services Lead liaising with Departments to arrange overdue validations 25-26 March 2021. External consultant engaged to undertake site survey to ensure all LEV's are recorded and captured.
Estates	Gas Pipework and Appliance testing 40%

	Testing due to be completed in April 2021.
Estates	Main Kitchen Extract Duct Cleaning
	Arranging access to the main kitchen with the Catering Team. Due for completion early April 2021.
Estates	Pressure Systems inspections – 82%
	Accuracy of assets on HSB Portal under investigation by Mechanical Services Lead and program forecast to recover in April 2021.
Waste	Total Tonnage of Clinical Non-Burn Waste -19.5 % Total Tonnage Clinical Burn Waste - 24.9%
	Along with other Trusts nationally, significant increases in waste due to COVID-19 were experienced in February 2021. Additional collections organised centrally through NHS I/E did not materialise in a timely manner. This resulted in the Trust Site Services Lead organising additional collections with an alternative waste contractor to remove offensive and infectious waste which resulted in the situation being brought back under control. All offensive and infectious waste streams are being incinerated, allowing a mixture of offensive and infectious waste to be collected, which is helping to retain manageable levels of waste capacity. Biosystems adoption very positive, implemented to 60% of areas across the Acute site.

2. Estates and Facilities Operations Updates.

Trust Fire Safety - Design is completed and orders have been placed to covert the 3 Tower Block lifts into fire evacuation lifts, work expected to be completed by the end of March 2021. Further fire compartmentation works on main Tower block stairwell and ward fire improvements have also been identified.

Chilled Water Systems – A temporary Chiller is in place for DSU 1 and 2 to mitigate pipework issues. The project to provide a permanent solution to bring on line a new chiller and installation of a new improved chilled water circuit commenced 8 March and will complete in early June 2021.

Fire Main – Following the repair in December 2020 the subsequent survey report from the Specialist Contractor indicates a new Fire Main is required. A detailed plan and costs to replace the fire main are being scoped as the fire main remains fully functional but in a fragile state.

HSE – progress of the EFM actions within the overall Trust HSE action plan continues to be monitored by the Site Services Lead. The installation of a height restrictor at the Fracture clinic area will complete by the end of the financial year. A trial SOP has been agreed with the Head of Procurement and Site Services Lead to ensure the safe management of traffic in the area around opening and closing the barrier as goods vehicles arrive. This is to ensure additional safety risks are not incurred.

Waste – The action plan continues to be implemented by the Site Services Lead and Head of Facilities including further implementation of Biosystem and reviewing training packages.

Lifts - The Trusts Lift Authorising Engineers have completed a condition survey of all Lifts across the Trust which has assisted in identifying a schedule of replacements for the 2021-22 capital programme. The replacement of the Warrington/Ainslie Lift will commence in March 2021, which will conclude the replacement of both lifts in the Old Hospital.

The current PPSA South West Trusts lift maintenance contract has been extended for 2 years resulting in a change of contractor for TSDFT. Kone commenced 1st February 2021 and an improvement in the service has already been noted.

CQC Inspection March 2020 – EFM related CQC Inspection Must Do and Should Do remedial actions:

Must Do 17 update - Simpson Flooring – An opportunity arose to decant Simpson for 4 weeks which enabled the flooring to be repaired and replaced. The Estates team also took the advantage to replace the ward lighting with LED fittings and carry out minor repairs and redecoration, including remedial work following infection control audits

Hetherington Corridor / Ward Clutter. The Associate Director of Estates and Facilities Operations undertook a survey of the Hetherington Wards with the Associate Director of Nursing and Professional Practice to evaluate opportunities to provide additional storage on the wards. A number of ideas are currently being scoped.

Must Do 20 Update - Forrest Windows –A further bid for window replacement will be made for the 2021-22 capital programme. A prior evaluation of this work gave an indicative cost of £1.4m and project duration in the region of 2 to 3 months. The affected wards would need to be decanted and closed for this work to be undertaken.

Report to Trust Board of Directors				
Report title: Directorate of Transformation and Partnerships Quarterly Report		Meeting date: 31 March 2021		
Report appendix				
Report sponsor	Director of Transformation and Partnerships			
Report author	Director of Transformation and Partnerships			
Report provenance				
Purpose of the report and key issues for consideration/decision	<p>The Board is asked to receive and note the update from the Directorate of Transformation and Partnerships, particular areas of note are:</p> <ul style="list-style-type: none"> • Commencement of the refresh of the Trust Strategy • The appointment of our 25 Health and Care Design Leaders to support the delivery of our transformation as part of HIP2 • The focus on our approach to effective partnerships 			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input checked="" type="checkbox"/>	
Recommendation	The Board is asked receive and note the report.			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership	X	Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register		Risk score	
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation	
	NHS Improvement		Legislation	
	NHS England		National policy/guidance	

Report title: Directorate of Transformation and Partnerships Quarterly Report	Meeting date: 31 March 2021
Report sponsor & author	Director of Transformation and Partnerships

1. Introduction

It is an exciting time for the Directorate of Transformation and Partnerships, with a significant level of work underway to develop the Trust Strategy, develop our approach to effective engagement and partnerships, in order to deliver the ambition of the ICO. In addition to the range of highlights you will see in this report from the senior leaders across the Directorate, key highlights in this quarter are:

- Building effective relationships with local partners to improve community wellbeing, through community wealth-building activities
- Continuing our passion to reduce inequalities with our partners across the STP and within our local health and wellbeing partnerships
- With the new Integrated Care System white paper, we have a renewed energy to be an active partner in reviewing our Local Care Partnership arrangements to ensure that we can deliver our ambitions and early conversations are underway.
- We have appointed 25 Health and Care Design Leaders, who are front-line staff who are working with us to design and deliver our future. This talented team is aligned to our HIP2 programme, and will fundamentally support the delivery of our transformation and engagement plans.
- Working alongside our STP colleagues to develop our digital strategy
- Developing our approach to collaboration with our colleagues from Northern Devon and the RD&E
- Building on the excellent collaborative work between our education team and South Devon College, to ensure that we underpin our Digital Transformation by aligning our work.
- The arrival of our new Associate Director of Communications Partnerships, Jane Harris, into our senior leadership team, gives the Directorate the much-needed senior level capacity. Jane commenced her role on 15th March 2021 and her appointment is the final piece of the senior leadership structure for the Directorate

The Directorate of Transformation and Partnerships continues to provide support to deliver key corporate objectives across the broad portfolio. This paper provides a summary of the work and ambitions for the next quarter, from the perspectives of each of the valuable teams within the Directorate.

2. Strategy

Following approval from the Board of Directors, the process to re-fresh and re-launch the Trust Strategy has commenced. The Head of Business Planning is supporting the development of the strategy and will work alongside the new associate Director of Communications and Partnerships. The Executive team have had a number of sessions to explore key elements of the strategy and the inaugural meeting of the Executive Strategy Group, chaired by the CEO, is scheduled for 26th March 2021.

Opportunities for the Board of Directors to further develop the strategy will be set up as part of the development agenda.

An ambitious timetable for the review of a formal draft of the Trust Strategy by Board of Directors has been set for June 2021.

3. Transformation and PMO Teams

The Board will remember that there was a national requirement to stand down all non-essential, non-covid related, activity from January 2021 until March 2021. This request was put in place to ensure that all capacity was focussed on the delivery of the covid effort. This included suspending the Transformation and CIP group for a two-month period, with the next meeting taking place on 1st April 2021.

As a result, many of our colleagues within the Transformation team have held a valuable dual role through the covid response. They have supported immediate service improvement activity e.g. responsive ward reconfigurations alongside maintaining as much momentum as possible, in the delivery of the transformation plan.

The team have continued the focus to ensure that we create the right conditions and take the right actions to deliver our transformation plan, which includes:

1. Activity across all programmes has continued during the escalation period but we are now 'rebooting' the transformation plan and drawing focus back on our key milestones for delivery of improvement work.
2. The Outpatient Programme successfully commissioned the Connect Plus App to drive the transformation of prevention, self-care and effectiveness in our long-term condition specialties. This work is receiving national interest and the model for commissioning transformation with a clear articulation of benefits realisation is an exemplar, that we intend to roll out to all transformation activity.
3. The Agile Working programme is delivering immediate non-cash releasing benefits by releasing critical patient-facing space for teams through a modern way of working for corporate services. Executive colleagues are leading by example in adopting agile working practices.
4. Focus to deliver the committed financial benefits for transformation programmes continues, with additional action required around bed modelling.
5. England Partnerships have completed their workshops with us and will be developing a draft framework for the end of March that supports us to 'Create the Conditions for Transformation' that help equip us to meet the challenges and opportunities of redesigning our health and care services.
6. Alignment of the prioritisation of IT change programmes with our transformation plan.
7. All of our programmes have been asked to develop clear metrics for measurement which will allow us to track progress. We have been successful in securing fixed term funding from the CCG to invest in a short-term information analyst who will be joining us and focussing on measurement of community data required to meet national UCR standards.
8. We have been able to secure £96k of additional investment from the national Ageing Well Monies to support Enhanced Health in Care Homes deliver against some of the key project objectives.

9. The Internal Audit review of the efficacy of the new PMO process has been completed and over the next few weeks key learning and an action plan in response to the recommendations will be developed.

Focus for next month:

1. We are undertaking a due diligence review beginning with three of our key programmes where financial values are most significant at this stage. This enables us to consider PMO processes, Measurement and Metrics, Resourcing and Improvement focus.
2. We are introducing a RASI review – (Responsibilities, Accountabilities, Support and Informed) which will help to ensure we have clear leadership areas defined and that the programmes are appropriately supported and resourced.
3. We are looking to optimise the benefits of our HIP2 resources with Health and Care Design Champions bringing additional energy and focus to our transformation work.

4. Health Informatics Service

The Trust Board receives regular reports on the digital strategy and plans to improve the digital offer. Highlights from the team for this quarter include:

- Significant progress on cyber security actions with a review of the impact due in May 2021.
- The development of Strategic Outline Case for Digital is a significant aspect of the work. The Trust Board will be able to review the early draft in April 2021, which will align with the Peninsula options appraisal work.
- Delivery of a significant number of programmes as part of the capital plan.
- IM&T project alignment within the transformation plan to create a “portfolio management” approach to change as recommended in the SIRIUS review
- Development of the Digital Strategy aligned to HIP2

The next steps for the HIS/Digital team are:

- Delivery of the Strategic Outline Case for Digital including an electronic patient record as part of the HIP2 Strategic Outline Case.
- Delivery of the single portfolio management approach to IT projects through the Transformation and CIP architecture
- Driving the delivery of the capital investment to meet spend deadlines and deliver benefits to the organisation.

5. Communications and Partnerships Team

The newly appointed Associate Director of Communications and Partnerships, Jane Harris, took up her post on 15th March 2021 and is a welcome addition to the team.

The communications team have diligently worked hard throughout the latest covid surge to ensure that our staff, governors and stakeholders have access to the information that they need in a timely and accessible manner. These developments included:

- Regular Governor and stakeholder Covid briefings
- Weekly team-brief to ensure that all staff have access to the right information and key messages

An engagement event was recently held with our Governors to seek their views as to how we engage with our local community and to co-create the plans for our services with local people. These ideas will form a critical part of our engagement plan, which will be an important part of our HIP2 programme.

Key appointments to support communication and engagement for HIP2 are progressing, with additional interim capacity secured to deliver this work immediately.

Jane will be working with senior members of the Trust and our communications team to produce a Trust communications strategy and set of priority activities.

6. Performance Team

The Performance Team continue to provide a significant amount of support into the development of robust performance information to support front-line improvements. The team have been actively engaged in the work commissioned by the Chief Finance Officer on the Information Management Strategy.

The team continue to work on improvements within the Integrated Performance Report to ensure that each Trust sub-committee receives the right performance information.

7. Business Planning

The Directorate holds the co-ordination of Trust Business Planning, working closely with all corporate functions and operational teams. The Board will remember that due to the standing down of non-covid related activities and the delay in the national business planning process, normal business planning activities involving operational teams were suspended until recently.

However, work continued through the corporate teams to:

- Develop a list of CIP opportunities, which includes productivity opportunities from Model Hospital etc.
- Develop a proposal of round table CIP and Transformation opportunities for all ISU's
- Commenced the Corporate CIP planning with Executives and corporate teams.

Nationally the Phase 4 recovery plan has been launched and this will form the basis of Trust business planning requirements, with the final Phase 4 Trust submission due on the 10th June 2021.

8. Recommendations

The committee is asked note the quarterly report from the Director of Transformation and Partnerships.

**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
AT 11.30 AM ON WEDNESDAY 27TH JANUARY 2021**

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 Ms L Davenport * Mr I Currie * Dr R Dyer * Mrs J Falcao * Mr J Harrison * Ms A Jones * Mrs D Kelly * Mr D Stacey	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 (part) Director of Workforce and Organisational Development (part) Chief Operating Officer Director of Transformation and Partnerships Chief Nurse Chief Finance Officer
In attendance:	* Mrs J Downes Mrs S Fox * Rachael Glasson * Mrs J Gratton * Lyn Ware * Yasmin Winfield	Company Secretary Board Secretary Associate Director of Midwifery and Professional Practice Joint Head of Communications Joint Associate Director of Operations (Torquay Integrated Service Unit) Drug and Alcohol Support Worker

* via video-conference

		ACTION
Preliminary Matters		
01/01/21	Welcome and Introductions The Chairman welcomed those in attendance. He recognised that there was an aspiration to begin to live stream the Public Board meetings and said he hoped this would be in place in the near future.	

Lyn Ware, Joint Associate Director of Operations (Torquay Integrated Service Unit) and Yasmin Winfield, Drug and Alcohol Support Worker, were in attendance for this item.

Yasmin Winfield described the story of Natalie, a service user of the Trust's Drug and Alcohol team.

Natalie's story reflected domestic difficulties during adolescence and drug and alcohol dependency during her teenage years. The support Natalie had received in order to become substance free and to provide health and wellbeing was described.

Yasmin Winfield said that the service always treated every attempt for support as the first time and that it would work, and added that it had to be the right time personally for clients for treatment to be successful.

Yasmin Winfield highlighted the multi-team approach that supported Natalie in her recovery to the place where she was free from substance dependency and able to enjoy her life with her young son. Natalie was hoping to be able to start work later in year once her son could start nursery and in the meantime she was keen to provide support to other people experiencing the same difficulties as she had. Natalie was very clear that without the support provided to her she would probably not be alive today.

Yasmin Winfield explained that when the formal treatment support finished, Natalie was very anxious about being left without support. The service had made sure Natalie was able to access support if she felt she required it, but in a more informal way. Yasmin Winfield said that the team was hoping this type of support could be extended in the future.

The Chairman thanked Yasmin for her presentation and noted the importance of the care and support provided to clients following the end of formal treatment.

Liz Davenport, Chief Executive, reflected on the multi-agency approach to supporting Natalie and queried what did not work as well as it should have done in terms of a multi-agency approach. Yasmin Winfield explained that the main issue was around communication to ensure that all the services involved in Natalie's care were aware of the current situation and any actions that had taken place. She added that the team was working on an alliance approach which would help solve some of these issues.

Jacqui Lyttle, Non-Executive Director, said that the person-centred approach described in Natalie's story brought to life what was at the centre of the Trust's Integrated Care Model aspirations.

Vikki Matthews, Non-Executive Director, reflected on the need for a client to be in the right place to address their dependences and the importance of continued to engagement with them through their journey to recovery.

Yasmin Winfield said that the service supported many clients with drug and alcohol dependences alongside domestic abuse and homelessness.

In closing the Chairman and Liz Davenport thanked Yasmin Winfield for presenting Natalie's story at the meeting.

03/01/21 **Apologies for Absence**

An apology for absence was received from Jackie Stockman, Torbay Council Representative. It was noted that some members of the executive team might need to step away from the meeting due to the need to manage severe operational pressures.

04/01/21 **Declaration of Interests**

There were no declaration of interested received.

Consent Agenda

Reports from Board Committees

05/01/21 **Quality Assurance Committee – 25th November 2020 and 25th January 2021**

Jacqui Lyttle briefed the Board on the content of the meetings held on the 25th November 2020 and 25th January 2021.

The November meeting discussed the ongoing Covid pandemic and risks to patient safety. The January meeting discussed maternity services; infection prevention and control; harm review; and significant events.

The agenda for the Committee had been restructured to allow for more in-depth service reviews and this included at the January meeting a review of the Trust's actions in respect of the Ockenden Review of Maternity Services and the Midwifery Staffing Oversight Report. The meeting noted that while the Trust was not fully compliant with the need for supernumerary status of Delivery Suite Co-ordinators, actions were in place to manage the situation. In addition the meeting discussed the risks relating to Tower Block safety and actions taken to mitigate the risk.

The meeting also noted that the Trust was 95% compliant with the Public Heath England Covid Infection Prevention and Control Framework.

A detailed report was received on the Trust's Harm Review process to review retrospect and prospective cases as a result of the need to stand down elective and planned care during the Covid pandemic. Jacqui Lyttle provided assurance to the Board that, although some harm to patients had been identified, where possible risks were mitigated. She said a full report would be presented to the next Board meeting.

06/01/21 **Charitable Funds Committee – 2nd December 2020 and Committee Terms of Reference**

The Board received the Chair's report of the Charitable Funds Committee held on 2nd December 2020.

The Board of Directors formally approved the Charitable Funds Committee Terms of Reference.

07/01/21 Non-Executive Director Nominations and Remuneration Committee – 10th December 2020 and 7th January 2021

The Board noted the Chair's report of the Non-Executive Director Nomination and Remuneration Committee meetings held on 10th December 2020 and 7th January 2021.

08/01/21 Finance, Performance and Digital Committee – 21st December 2020 and 25th January 2021

In presenting the Chair's report of the meetings held on the 21st December 2020 and 25th January 2021, Paul Richards, Non-Executive Director, informed the Board that the January meeting took assurance from the governance in place to manage the Covid pandemic, and revenue and capital spend and the Trust's end of year forecast.

The meeting noted the risks attached to the Trust's CIP plans for 2021/22 and the need for teams to continue to work up options. He said that 58% of the plan had already been identified.

The Committee discussed the HIP2 investment and the need to work with partners to achieve the Trust's aim and to support the Trust's population.

The Committee also received an update on the Trust's Digital Strategy and would receive an outline business case in March.

09/01/21 People Committee – 21st December 2020

Vikki Matthews asked the Board to note that although her report did not reflect the work taking place to support staff during the pandemic, this was part of the Trust's People Plan.

10/01/21 Audit Committee – 13th January 2021

The Board noted the Chair's report of the meeting held on 13th January 2021 and the deep dives that took place into a number limited assurance internal audit reports.

Reports from Executive Directors

11/01/21 Report of the Chief Operating Officer

The Board noted the report of the Chief Operating Officer and the continued impact of the Covid pandemic on Trust operations.

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

12/01/21 **Estates and Facilities Management Update**

The Board noted the Estates and Facilities Management update report and the governance in place to manage risks to the Trust's estate and the progress made in respect of fire safety.

The Board received and noted the Estates and Facilities Management Update Report.

For Approval

13/01/21 **Unconfirmed Minutes of the Meeting held on the 25th November 2020**

The Board approved the minutes of the meeting held on the 25th November 2020.

For Noting

14/01/21 **Action Log**

Board members provided feedback on outstanding actions and these were reflected in the Action Log at the end of the minutes.

15/01/21 **Report of the Chairman**

The Chairman briefed the Board on the following issues:

- The Board noted the sad passing of Barbara Inger, one of the Trust's Governors, following a very short illness. She had been a Governor for six years. The Chairman wished to place on record the Board's thanks for her engagement and support whilst a Governor of the Trust.
- The Devon Integrated Care System submission had been delayed due to the need for organisations to focus on their response to the Pandemic. A check and challenge process would now take place with regulators in early February.
- The continued support from the Trust's hospital League of Friends during the pandemic was acknowledged; in particular, their understanding of the need to relocate from their base on Level 2 due to reconfiguration of the estate. The Trust was working with the League for them to base their activities.
- The Royal Devon and Exeter Foundation Trust and North Devon NHS Trust move towards integration was described. The Trust had offered its expertise to both Trusts in terms of navigating the system and lessons learning during its integration journey.
- Attendance, with Liz Davenport, Chief Executive, and Sanita Simadree, one the Trust's Black, Asian, Minority Ethnic (BAME) Network Lead at a Torbay Council hosed BAME Review Panel with members of the public.

- The outstanding work of the Trust's vaccination team in establishing and administering a significant number of vaccines over the past few weeks.

16/01/21 **Report of the Chief Executive**

The Chief Executive briefed the Board on the following key issues:

- The number of people who had sadly died of Covid in the United Kingdom had reached 100,000 and the impact on their families and also the staff who cared for them.
- The Trust continued to work closely with its partners across the Devon system to respond to the Covid pandemic and the positive impact of closer collaborative working meaning Trusts were able to respond quickly and flexibly to emergency needs in local communities. This support included the availability of the Nightingale Hospital and access to services outside the wider Devon system.
- Trusts had been asked, where appropriate, to stand down routine elective surgery if it supported the Covid response. The Trust was in the process of working through the national guidance to enact the recommendations.
- The continued impact on staff who have supported the Trust throughout the pandemic. It was a key priority for the Trust to ensure the health and wellbeing of staff was protected.
- The support the Trust had been able to provide to its local community and in particular the support to care homes so they could, where appropriate, enable patients to remain in their own homes and not need to be admitted to hospital.
- The Executive team recently held an Executive to Executive meeting with Devon Partnership Trust to share learning and work collectively to support communities. The work would continue over the coming weeks and months.

Robin Sutton, Non-Executive Director, wished to place on record his thanks to the vaccination team who had been supporting care homes. He said he had been privileged to witness the professionalism, care and speed with which they administered vaccines in a care home.

Vikki Matthews, Non-Executive Director, echoed Robin Sutton's comments. She added that she welcomed the work that was taking place with Devon Partnership Trust to support communities with their health and wellbeing needs.

Rob Dyer, Deputy Chief Executive, informed the Board that as a result of the collaborative approach across the system, the Trust's Covid admissions were lower than in neighbouring counties. This was as a result of mutual support in terms of Intensive Care Unit capacity and the Nightingale Hospital facility. He said that the lessons learnt through this collaborative working would be taken forward to support closer working into the future.

Chris Balch, Non-Executive Director, welcomed the planning consent that had been secured for the Health and Wellbeing Centre in Dartmouth and said he hoped the work to gain planning approval for the Centre in Teignmouth would result in a positive outcome. He also mentioned the Cavell Centre that had been established in Plymouth. In respect of the Cavell Centre, Rob Dyer informed the meeting that Torbay had been identified as a potential second site.

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

Safe Quality Care and Best Experience

17/01/21 Integrated Performance Report – Month 9

Adel Jones, Director of Transformation and Partnership, drew the following to the Board's attention:

a) Quality

- There had been four Stesis reportable incidents in December which would be subject to normal review and learning processes.
- There continued to be patients admitted to the Trust with Covid, which reflected the national picture. The Trust continued to have access to the Nightingale Hospital if required.
- Venous Thromboembolism (VTE) performance was below target. A task and finish group had been put in place to make some immediate actions to improve performance.
- Work continued on the retrospective and prospective harm review, the outcome of which would be brought to a future meeting.
- The Trust continued to ensure it had appropriate staffing levels on its wards, with a framework in place to highlight any risks to both patients and staff.

b) Workforce

- The Trust continued to experience hours worked in excess of budget. It was noted that once the nursing establishment review was complete, the appropriate level of staffing would be established.
- Sickness absence rates continued to be higher than target including an increase since January in the number of Covid-related absences (currently 49).
- Agency spend had increased due to vacancies, winter pressures and Covid.

c) **Performance**

- As previously reported, elective inpatient activity had been reduced so the Trust could support the Covid response. The impact on individual patients was understood and if necessary would be included in the Harm Review that was taking place.
- Diagnostic performance was a concern, and reference was made to the relocation of the mobile CT scanner that had been due to be installed to another region. The Board noted, however, that the Endoscopy Room that had been closed, had reopened and the team would be working to reduce the endoscopy backlog.

d) **Financial Performance**

- The Trust was reporting an in-month surplus of £0.7m which was £1.0m better than plan. A year to date surplus of £2.4m was reported, which was £2.5m better than plan.
- Capital spend totalled £16.6m, which was £6.7m behind plan. This had been the subject of robust debate at the Finance, Performance and Digital Committee.

Jacqui Lyttle informed the Board that the Quality Assurance Committee had requested an in-depth review of diagnostics, which would take place shortly and would continue to monitor those areas identified as high risk in the Harm Review.

Vikki Matthews asked if the Board, notwithstanding the impact of Covid on performance, should be concerned about any of the metrics.

John Harrison, Chief Operating Officer, said that there was concern around CT and also Echo Cardiogram, however there was a plan in place to resolve the latter item. He said that the Board needed to be mindful of the impact of stepping down activity which would not be reflected in the performance data immediately.

Deborah Kelly, Chief Nurse, said that in respect of VTE performance, she could provide assurance that the reviews were undertaken and it was the collection of data that was of concern. She added that another area of concern related to patient feedback and the need for the Trust to ensure it received feedback from patients and families. She said that routes for patients to feed back that had been stood down due to Covid were now in the process of being reinstated. Deborah Kelly also highlighted the Ockenden Report on Maternity Services, which the Board would be discussing later in the meeting. She said the patient voice was crucial and she was concerned at that present the Trust was not hearing their voice at present.

The Board noted that Deborah Kelly was working with Adel Jones and her team to review the quality metrics and outcome measures to ensure they were appropriate and provided the right level of assurance to the Board.

The Board of Directors received and noted the Integrated Performance Report – Month 9.

18/01/21 **Mortality Safety Scorecard**

Ian Currie, Medical Director, presented the Mortality Safety Scorecard . He described the high level indicators and said that they were all in line with expected tolerances and did not present any areas of concern for the Trust.

The Board received and noted the Mortality Safety Scorecard.

19/01/21 **Assurance Framework for Seven Day Hospital Services**

Ian Currie presented the Assurance Framework for Seven Day Hospital Services to the Board, and drew the Board's attention to the following:

- The requirement to produce a formal progress report had been relaxed due to Covid.
- The report stated that between 60-70% of patients were seen by a consultant within 14 hours of admission. This was likely to be an under-representation due to data entry issues and also the Trust now had consultants on site Monday to Friday until 8.30 pm and 6.00 pm at weekends.
- A new discharge registrar had been appointed to support weekend activity.
- Diagnostics and consultant led intervention performance was stable.
- The requirement to assess patients twice a day in high dependency units was being met, although this was not the case for acute stroke and this was being addressed.

Liz Davenport wished to place on record her thanks to Ian Currie and Kate Lissett, System Medical Director (South Devon), for their work in this area. She said that the move to seven day working was part of the Trust's longer term strategy and was also linked to the HIP2 programme and the need to change the culture in the organisation towards a seven day service.

Vikki Matthews said that she did not feel the move to seven day working was properly reflected in the People Plan and she would discuss this with the Director of Workforce and Organisation Development outside of the meeting.

VM

The Board received and noted the Assurance Framework for Seven Day Hospital Services report.

20/01/21 **Maternity Safety and Governance Report**

Deborah Kelly presented the Maternity Safety and Governance Report to the Board and highlighted the following:

- The report had been the subject of robust debate and challenge at the Quality Assurance Committee.
- The Ockenden Report into Maternity Services detailed the distressing experiences of mothers and families in terms of maternity care

provided to them. It asked Trusts to take forward and put in place the recommendations contained in the report.

- The report detailed a number of themes and recommendations. A rapid assessment of compliance with the recommendations had been undertaken and was detailed in the report. An action plan was in place to address areas of partial or non-compliance.
- As previously mentioned, areas of focus included the need to review the Trust's maternity performance and outcome metrics and to improve the process for the Trust to hear and listen to the voices of mothers and their families.
- The report also asked Trusts to appoint a Non-Executive Director Safety Champion and it was noted that Sally Taylor had taken on this role.
- Finally it was noted that the recommendations from this report would be brought together with the Care Quality Commission recommendations to ensure a collaborate approach was taken.

Liz Davenport reflected on the need to ensure the Trust heard the voices of its patients and services users and also the voice of staff. Rachel Glasson, Associate Director of Midwifery and Professional Practice, said that a number of listening events had been held with staff towards the end of 2020 and subsequent meetings to feed back the output from those sessions. She said that the feedback would be used as a positive driver to improve services and would be taken forward jointly with members of staff.

The Board of Directors:

- i) Noted the progress and compliance position with regard to priority areas;**
- ii) Noted the key quality and safety issues identified in the report;**
- iii) Noted progress and next steps with regard to Clinical Negligence Scheme for Trusts process; and**
- iv) Approved the proposals made for reporting of governance, safety and quality within maternity and neonatal service for Torbay and South Devon NHS FT.**

CN

21/01/21 Midwifery Staffing Oversight Report

Deborah Kelly presented the Midwifery Staffing Oversight Report and drew the Board's attention to the fact that although there had been a reduction in birth rates over the last year, the level of complexity in the care needing to be provided to mothers and their babies had increased. She said that staff had raised concerns around this issue and that work was taking place to ensure staffing levels were appropriate to the level of care that needed to be provided.

The Board was also asked to note the significant adjustments that have needed to be made to the patient pathways to comply with Covid restrictions.

The Board of Directors:

- i) **Noted the ongoing monitoring arrangements and compliance in relation to midwifery staffing and standards;**
- ii) **Supported actions for achieving 100% compliance for supernumerary status of the Delivery Suite Co-ordinators;**
- iii) **Noted that the Birthrate Plus® establishment review had been brought forward and was currently in progress;**
- iv) **Noted that the service had developed a model of care that met the national recommendations and trajectories; and**
- v) **Approved the submission of an extraordinary report to be presented to the Board once the Birthrate Plus® review outcome was available.**

CN

22/01/21 **Care Quality Commission (CQC) Assurance Report**

The Board noted the CQC Assurance Report and those risks that were overdue. Deborah Kelly provided assurance that she had discussed the Trust's current position with the CQC and expected timescales for completion. She had also discussed the difficulty in meeting some of the timescales as they related to the Trust's estate and the work to improve mandatory training for resuscitation and safeguarding.

The Board of Directors received and noted the Care Quality Commission Assurance Report.

Valuing our Workforce (no reports this cycle)

Improved Well-Being Through Partnerships

23/01/21 **Joint Strategic Needs Analysis**

Lyn Ware, Joint Associate Director for Operations (Torquay Integrated Services Unit) gave the Board a presentation that detailed how the data in the Joint Strategic Needs Analysis (JSNA) was used to improve health inequalities in Torbay and the impact on young children.

The following was noted:

- The work of the 0-19 service to support children and the impact of health inequalities on this age group with reduced life chances.
- 21% of families in Torbay were classed as low income and this would increase due to the impact of Covid.
- Torbay was an outlier in terms of looked after children and children on child protection plans.

- There was concern that there was a hidden problem due to Covid as children who would normally be identified at risk through attending school etc, were not being identified during lockdown.
- A number of children on child protection plans witnessed domestic violence and were exposed to drugs and alcohol which had a direct impact on their behaviour and life changes.
- Issues and challenges due to the Covid pandemic included mental health; developmental delay; family conflict; economic insecurity; raising child poverty; and rising inequalities.
- There was an issue around a lack of social contact for babies due to lockdown and the service was working hard to support families in this respect.
- Actions being taken to address the challenges included mandatory contacts; online support; developing a trauma-informed workforce; developing a resilience formwork and tool; early and targeted help and support; and re-establishing community hubs.

Lyn Ware wished to stress that all of this work was being taken forward in partnership with the voluntary sector. She asked the Board to support their work by acknowledging the Trust's wider responsibility and the impact of health inequalities and recognise the importance of working in collaboration with wider partners; prevention and early help; and the need to seek new, evidence-based, ways of working.

The Chairman thanked Lyn Ware for her presentation and said that it was another good example of the benefits of being an integrated organisation.

Liz Davenport stated that Lyn Ware's personal leadership has been pivotal in securing the 0-19 contract and that she was pleased to see the work that had taken place since the contract had been secured to improve the life chances of the young people in Torbay. She recognised that this could not be achieved without a multi-agency approach, and the Trust as an integrated organisation provided the opportunity for this work to be taken forward for those children that required support in Torbay.

As the largest employer in Torbay, Chris Balch asked if the Trust could do any more to support young people to train and find employment.

Deborah Kelly said that there was a lot of information available to support and shape the Trust's longer term strategic plan and influence outcomes for its population. She asked Lyn Ware what measurements would be used to ensure the Trust's actions were having a positive impact. Lyn Ware asked if she could consider this request and feed back to the Board outside of the meeting.

Adel Jones thanked Lyn Ware for her presentation and for the work of the team to support the Trust's 0-19 young people in Torquay. She suggested that there was more work the Trust could do, as an anchor organisation, to include the life chances for young people and also support applications for

funding. She suggested this could be further discussed at a future Board Development session.

The Board received and noted the Joint Strategic Needs Analysis presentation.

24/01/21 Developmental Review of Leadership and Governance using the Well-Led Framework

The Board noted the Well-Led review that had been undertaken by Deloitte LLP and that the outcomes from the review would be further discussed at the Board Development day on 10th February.

The Board received and noted the Development Review of Leadership and Governance using the Well-Led Framework.

25/01/21 Compliance Issues

There were no compliance issues raised.

26/01/21 Any Other Business

There was no any other business identified.

27/01/21 Date and Time of Next Meeting:

11.30 am, Wednesday 24th February 2021.

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.	Include Phase 3 trajectories in future Integrated Performance Reports.	COO	Complete	25/11/20
2.	Future Winter Plans to include data on deliverable bed equivalents in the system. To also ensure consistency of planning across the system.	COO	Complete	25/11/20
3.	Consider how to use research to support HIP2 and direction of areas of research taken.	DTP/MD	Update 27th January 2021 – ongoing. It was hoped the Trust’s researchers in residence would support some research work aligned to HIP2. The Board also noted the recent seminars supported by the Plymouth Institute for Health around HIP2 research.	25/11/20
4.	Secure permanent location for the Research and Development Team.	MD	Update 27th January 2021 – ongoing. Ian Currie reported that the Research and Development team remained located on Crowthorne and estates work was taking place to ensure they could continue to undertake research duties.	25/11/20
5.	Ensure People Plan reflected the move towards seven day working.	VM/DWOD		27/01/21



Public Board of Directors

Parking Lot

Reviewed: 31st March 2021

Item/action/issue/policy name	Meeting Date	Comment
Transformation and Partnership Update	24 th February 2021	Deferred to 31 st March 2021
Digital Strategy Update	24 th February 2021	Deferred to 28 th April 2021
Harm Review	24 th February 2021	To be taken to Quality Assurance Committee
Nursing Establishment Review	24 th February 2021	Deferred to 28 th April 2021
Quality Account Performance	24 th February 2021	Deferred to 28 th April 2021
Our People Promise and Plan	24 th February 2021	Deferred to 31 st March 2021
Guardian of Safe Working Hours	24 th February 2021	Deferred to 31 st March 2021

Report to the Trust Board of Directors				
Report title: Chief Executive's Report		Meeting date: 31 March 2021		
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 23 March 2021			
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: 31 March 2021
Report sponsor	Chief Executive
Report author	Director of Transformation and Partnerships Joint Heads of Communication

Directors should be aware this Board meeting falls in pre-election period. This means announcements from and activities by public bodies which could influence or be seen to influence the election are restricted. There will be pre-election national media interest in the NHS – in line with pre-election rules no comment of this nature is included in this month's report.

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 28 January 2021 are as follows:

1.1 Safe Care, Best Experience

1.1.1 Escalation to cope with winter and the second wave of COVID-19

Current Situation

In January and into February, like the rest of the country, we saw a significant increase in the number of patients with COVID-19 who needed hospital care. During that time, we needed to make a number of changes to increase capacity for patients with COVID-19 and those patients who needed to be admitted whilst they were waiting for their COVID-19 test results. These changes enabled the Trust to optimise the quality care for all our patients during this time. This included relocating some wards and services.

As the number of COVID-19 cases in the community continues to fall, we are focussing on stepping back up services that have been paused or have been running at a lower level in recent weeks and months. We continue to remain vigilant with full infection prevention and control measures in place, and be flexible to deal with any increase in COVID-19 cases in future.

Here are the most recent and forthcoming changes:

- **Simpson Ward** has now reopened following some essential work on improving the floors and adding new doors for enhanced infection prevention and control. The new environment is much improved and the opportunity was taken to make it more dementia friendly.
- **Medical Receiving Unit (MRU), Surgical Receiving Unit (SRU) and Day Surgery Unit (DSU)** are moving back into their original locations. The first set of moves started the week beginning 15 March and should be completed the week beginning 29 March, with the first day surgery patients receiving their procedures back in DSU in that week.

STP response

Throughout the pandemic we have worked with our colleagues across the Devon Sustainability and Transformation Partnership (STP) to ensure that we can maximise our response and continue to provide good safe care for local people. A key part of this has been the setting up of the Nightingale Hospital Exeter which has enabled us to be able to increase our bed capacity for the care of COVID-19 patients.

With the numbers of COVID-19 patients thankfully falling the time is now right to stand the NHS Nightingale Hospital Exeter down - this means that the facility will no longer be used to care for patients with COVID-19, the reduced numbers of COVID-19 inpatients mean we can manage this demand within our local hospitals and from 1 April 2021, the COVID-19 care that the NHS Nightingale Hospital Exeter provided will transition back. It will however, leave behind a legacy of system-wide working, with organisations coming together across our hospital network to manage the demand for COVID-19 care and support NHS organisations across the South West region.

Discussions are now underway to maintain a long-term service at the site, continuing the hospital's legacy and supporting care in the region.

We recognise that these efforts would not have been possible without the many staff, partners and volunteers involved who worked tirelessly to support the Nightingale a number of whom are from this Trust.

Recovery

Throughout the pandemic we have continued to provide urgent and emergency treatment. However, we did need to stand down a number of routine services and we are now stepping them back up as quickly as we can. However, we know that this disruption in services over the last year has meant patients are waiting much longer for planned treatment than they should be.

We have made a number of changes and improvements to help reduce the number of patients waiting a long time for their care including reopening our Day Surgery Unit meaning we can now see significantly more patients than we were able to during the period of heightened COVID-19 response. The Trust has also refurbished four inpatient theatres with new air handling units which will ensure that these theatres are resilient and not taken out of operational use as a result of failures to these units.

Supporting our staff

Whilst we are now seeing a reduction in COVID-19 cases, our staff are still under a great deal of pressure. Throughout we have ensured they have the appropriate personal protective equipment and training to keep them as safe as possible. But the impact on them is much greater than the direct risk of the virus.

Many have been moved to different locations and services and lots are working remotely. It is important that we continue to support them not just during this disruption but beyond as they move back to their own service and location. Many of our staff who are working remotely will continue to do so for some time to come yet.

As our services begin to recover there will still be disruption for staff and it is vital that the measures of support we put in place continue. In recognition of the commitment and

hard work of our staff I and the Chairman have written to each member of staff to thank them for their dedication to providing great care in the face of the most challenging times any of us have seen. As a token of our thanks we have agreed to give our staff an extra day's holiday (pro rata) as a wellbeing day for the year 2021/22. We continue to encourage our staff to take the leave that they are entitled to as this is hugely important for their wellbeing. However, we know that some have not been able to take their full allocation due to the increased workload many have seen this year we are therefore allowing staff to carry over more leave than the normal arrangements where necessary.

Comment

The disruption to both staff and patients over the last year has been unprecedented and we continue to be grateful to everyone for their support and patience.

We are now stepping back up all our planned services and want to ensure that people receive the treatment they need as soon as possible. However, currently people are waiting longer than we would like. We are committed to doing everything we can to improve this position but, like all parts of the country, waiting lists have grown and it is taking longer than normal for many routine procedures to be carried out.

We are sorry that this is the position and we are committed to regularly reviewing waiting lists to ensure that there is equity of access and those in the greatest need are seen first and that the wait for all patients is minimised.

We thank everyone for their understanding at this time.

1.1.2 COVID-19 vaccination programme

Since we began vaccinating in January we have provided first vaccinations to around 90 per cent of our staff using the Pfizer BioNTech vaccine. Whilst this has been a phenomenal effort by all concerned we continue to encourage the remaining 10 per cent to take up the offer of a vaccination. We have carried out a short survey and are using the results of this to encourage further uptake.

In late February we paused the staff vaccine programme and received the AztraZeneca so that we could vaccinate those patients on our wards who had not already been vaccinated, were in the current priority groups and were assessed as being medically suitable to receive the vaccine.

From 22 March 2021 we reopened our staff vaccine programme and began to provide the second dose of the vaccine to our staff and those in partner organisations who had received their first dose at the Torbay Hospital hub.

1.1.3 New Acute Medicine Unit at Torbay Hospital

Work has begun at Torbay Hospital to start construction of the new Acute Medicine Unit (AMU) which is essential to reduce overcrowding in the Emergency Department and will ensure that patients receive timely, high quality care in the right place.

The £15million project will see the hospital benefit from a modern, fit-for-purpose AMU which will double the assessment space available. The building works are anticipated to

last for about a year and will impact access to the Outpatients Department. Measures are being put in place to ensure patients are signposted to the correct areas and the impact is minimised during this time.

1.1.4 HIP2 Board level appointment

We are delighted to announce that Dr Joanne Watson has been appointed to Board level role leading the development of the Health and Care Strategy in support of our Hospital Infrastructure Plan (HIP2). This is an incredibly important Board level appointment that will support clinical leadership of the Health and Care Strategy for the HIP2 Programme.

We know that Joanne will provide not just the skills and experience this vital role needs, but she will also bring her passion for ensuring our patients and clinical colleagues are at the centre of every decision. The appointment took effect from 1 February 2021.

1.2 Valuing our Workforce, Paid and Unpaid

1.2.1. Staff Wellbeing

Our local internal wellbeing support is constantly being reviewed in line with emerging best practice and new information from both regional and national offers.

In order to maintain ongoing open conversations with our staff we are conducting a pulse survey to understand where they see themselves in maintaining their health and wellbeing. This is especially important in light of the impact of COVID-19 and also in readiness for the work being planned to start back up services and future changes to patient care.

We are very much focussed on supporting the recovery of our staff after a challenging year and have identified three areas that we believe require continued attention:

- Mental Health including moral injury and support moving forward
- Physical Health
- Financial and Legal Health

In order to ensure we have a wholistic coverage we have mapped all of the services on offer across a local, regional and national level, with the aim of creating a comprehensive and easily accessible menu of support choices.

Regionally, a Health and Wellbeing hub hosted by Devon Partnership Trust has been created covering all health and social care (including police) staff across the Devon footprint. The aim of the first phase is to provide a one stop support and signposting phone line across the Devon system providing individuals a private confidential space to have any conversation around wellbeing issues. Any will also provide a clinical Psychology lead offer for teams.

A new web site is being launched date on 29 March 2021.

The second phase will involve all parties across the area working together to develop the Hub offer further providing consistent support Devon wide.

1.2.2 Staff Survey Results

The results of the 2020 staff survey were published recently. Despite a hugely challenging year, we have seen an overall improvement in comparison to the national average for our comparator organisations, with an increase in the number of themes where the Trust performs above average and a reduction in the number of themes below the national average.

A detailed paper is being presented to the Board but there a few key highlights I would like to mention here:

- We are particularly pleased to see an improvement in morale overall, given the challenges staff have experienced during the pandemic
- Whilst health and wellbeing is our lowest ranking theme, there has been a steady increase in the opportunities for flexible working and an increase in the belief that the Trust takes positive action on health and wellbeing
- Disappointingly, experience of bullying and harassment amongst ethnic minority staff remains above the national average, whilst there has been a marginal reduction for white staff. This is an area which we will investigate further and address in our action plan for 2021.

Our local people plan has been designed to deliver the people promise, and will improve the areas identified for improvement within the NSS. Departmental results are expected shortly and will be shared with managers, so that teams can develop action plans to address priorities that their own staff have identified.

Comment:

It is good to see an overall improvement in our staff survey results but we are not complacent and we are looking at them in detail to ensure there is a robust action plan to address the areas where scores are still too low. We are fully investigating experiences of bullying and harassment which are never acceptable.

1.2.2 The DAISY Award winner

Congratulations to Kate Burningham who is the Trust's latest winner of the DAISY award. As a midwife, Kate was nominated by one of her patients for the incredible support she provided during the pregnancy. This was during lockdown which made for a really challenging time for the patient and Kate's care and reassurance provided a lot of comfort.

The award is part of the international DAISY Foundation's mission to recognise the extraordinary, compassionate nursing and midwifery care that is provided for patients and families every day.

2. Chief Executive Engagement February/March

I have continued to engage with external stakeholders and partners – in the main with the aid of digital technology. Along with the executive team, I remain very conscious of the need to maintain direct contact with our staff, providing visible leadership and

ongoing support, as our teams continue to strive for outstanding care during exceptionally challenging circumstances across all services.

Internal	External
<ul style="list-style-type: none"> • Staff Side • Video blog sessions • Consultant Medical Staffing Committee • Freedom to Speak up Guardians • Joint Local Negotiating Committee • Cromie Ward Staff Visit • Lead Governors Meetings • Maternity Department Visit • Meeting with the Chair and Treasurer of the League of Friends 	<ul style="list-style-type: none"> • Chief Executive of Devon Sustainability and Transformation Partnership • Director for Public Health, Torbay Council • Director of Children’s Services, Torbay Council • Chief Officer for Adult Care and Health, DCC • Accountable Officer, Devon CCG • Devon NHS Chief Executives • Devon Health and Local Authority Chief Officers’ Meeting • South West Regional Chief Executives • Director of Adult Social Services, Torbay Council • Health Infrastructure Plan Roundtable • Devon Children and Family Partnerships Executive Meeting • Integrated Care System Partnership Board • Executive to Executive Meeting with Devon Partnership Trust • NHS Providers Virtual Visit • Chief Executive, Torbay Healthwatch • Devon CCG, COVID Social Media Campaign

3. Local Health and Care Economy Developments

3.1 Partner and partnership updates

3.1.1 Devon Hospitals formalise alliance

Torbay and South Devon NHS Foundation Trust, Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust have agreed to form a Strategic Alliance which will see the organisations collaborating more closely to secure sustainable, high-quality patient care for local populations into the future. The Trusts have set out this agreement by signing a Memorandum of Understanding.

This aligns to the recent [Government white paper](#) which heralds a new, collaborative approach to delivering healthcare amongst providers. Instead of working independently this approach will enable the organisations to find new ways to connect, communicate and collaborate so that the health and care needs of local people are met.

Our Trusts have been working together informally for some time as part of the SEND (Southern, Eastern, Northern Devon) acute network and have strengthened our collaboration over the past 12 months as we have worked together to respond to the COVID-19 pandemic and recover elective care. We want to build on this experience and ensure they are joined up in responding to some of the significant programmes of work underway, including joined up digital strategies, the development of the Integrated Care System across Devon which will bring health and care providers together, and how the investment in infrastructure at both TSDFT and NDHT as part of the Government's Health Infrastructure Plan would best be used.

We are currently working on a SEND approach to pathology which will strengthen our services across the network in the interests of patient care. As the alliance develops, the organisations have pledged to provide regular updates on how the partnership is making a difference to patient care.

3.1.2 White paper on integrating health and care

Earlier this month the government published its White Paper on integrating Health and Care. It confirms the journey we have been taking as an integrated care organisation: working across organisational boundaries to focus on better health and wellbeing, and better-quality services.

Integrated Care Systems will replace Clinical Commissioning Groups. Our Trust will work with partners in primary care, the voluntary sector and local authorities to form a local care partnership. These new organisations should be fully up and running by April 2022.

Jane Milligan is joining in April 2021 to lead the development of the Devon Integrated Care System. Jane has worked for the NHS for 33 years and has extensive experience at a senior level. Her appointment marks a return to Devon, having previously spent six years working as a clinician in the county and in Cornwall

3.1.3 Dartmouth Health and Wellbeing Centre Update

Following a competitive process, Classic Builders have been awarded a £4.1m contract to build the Dartmouth Health and Wellbeing Centre (H&WBC).

The new centre is a partnership project between the Trust, GPs, the CCG and the voluntary sector to bring together in one centre all statutory organisations involved in providing health and care for the people of Dartmouth and surrounding area. The 'one-stop shop' approach will mean different professionals can work more closely together to provide better integrated services for local people. It is planned that the new building will be ready to open in summer 2022.

3.1.4 Teignmouth Health and Wellbeing Centre Update

The planning application for the Teignmouth Health and Wellbeing Centre was submitted on 27 January 2021 and became live on 2 March 2021. The application is now publicly accessible on the Teignbridge District Council website where comments can be made.

This follows a long and busy pre-planning engagement process with the Council planners, which included a Design Review Panel in November 2020 and Public

Engagement events in January 2021. We have been advised that a decision will be made by June 2021.

4 Local Media Update

4.1 News release and campaign highlights include:

We continue to maximise 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.

Since the January board report, coverage to promote the work of our staff and partners has included:

Recent key media releases and responses:

- Positive media coverage on the announcement of the contract for the build of Dartmouth Health and Wellbeing Centre being awarded
- Encouragement of vaccine uptake – on Tuesday Sanita Simadree, Chair of our BAME Network was filmed having her COVID vaccine. Sanita explained that she had been quite nervous and had spent some time looking at information. She decided it was the right thing to do and encouraged others to do the same
- Midwife interview for Spring changes – one of our community midwives appeared on BBC Radio Devon in a piece about the changes that Spring brings and new life. Ferne talked about the sense of optimism that comes with delivering babies and hope for the future.
- Cancer waiting times – enquiry from a radio station on the impact of cancer treatments during the pandemic. A Devon-wide response encouraged all those with any potential symptoms to seek help

Recent engagement on our social media channels includes:

- SIREN study – call for more staff to get in touch with our Research team and take part in the SIREN study which examines the impact of COVID-19 vaccines among staff
- New AMU access changes – publicising the access changes for our Outpatients department during construction of the new Acute Medicine Unit
- International Women’s Day – a thank you to the women who play a vital role in our Trust and in the NHS, and reflecting on the impact of all women in our lives
- No Smoking Day – sharing advice and support for those looking to quit smoking on national no smoking day
- Let’s Keep Going – national resources appealing for the public to continue following the national guidance on Hands Face Space even after vaccine
- Vaccine rollout – shared reminders of the current stage of the vaccine rollout in England
- Recruitment – advertised roles available across the Trust and with partners

5 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 11 2020/21 (February 2021 data)			Meeting date: 31 st March 2021	
Report appendix	M11 2020/21 IPR focus report M11 2020/21 - Dashboard of key metrics			
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: 24 March 2021 Integrated Governance Group – 24 and 25 March 2021 Finance, Performance, and Digital Committee: 29 March 2021			
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 Trust Board to:</p> <ul style="list-style-type: none"> • Review evidence of overall delivery, against national and local standard and targets • Interrogate areas of risk and plans for mitigation • provide assurance to the Board that the Trust is on track to deliver the standards required by the regulator. <p>Areas of exception that the Board will want to focus on are highlighted below 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 evidence presented.			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	Yes	Valuing our workforce	Yes
	Improved wellbeing through partnership		Well-led	Yes
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	Yes	Risk score	25
	Risk Register	Yes	Risk score	25

External standards affected by this report and associated risks

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

This report reflects the following corporate risks:

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

Report title: Integrated Performance Report (IPR): Month 11 2020/2021 (February 2021 data)		Meeting date: 29 March 2021
Report sponsor	Director of Transformation and Partnerships Chief Finance Officer	
Report author	Head of Performance	

The main areas within the Integrated Performance report that are being brought to the Board's attention are:

1. Quality headlines

Incidents

There have been six incidents in February on the Strategic Executive Information System (StEIS):

- One delay in respiratory appointment;
- two deaths;
- two falls – one fractured femur, one fracture neck of femur
- One pressure ulcer category 4

The Trust is continuing to learn from incidents to prevent harm to patients in our care and the Serious Adverse Events Group meet once a month to review all serious incidents.

Infection control

In February there have been a number of bed closures due to COVID 19 hospital infection and contacts.

VTE performance

VTE performance in the acute setting is currently at 92.4% which is much improved but below the standard of 95%.

The VTE Task and Finish group have put in place a number of measures including:

- data cleansing;
- training for medics, nurses, and AHPs to ensure the assessments complete on the drug chart;
- review of the data entry and processes to ensure completion and consideration of mandatory field in CPS.

Hospital Standardised Mortality Rate (HSMR)

The latest HSMR, released for the time period to November 2020 is 118.7 compared against the National benchmark (100) and is not statistically significant, over a rolling twelve month average the HSMR is just below the 100 metric and Torbay & South Devon Foundation Trust are not an outlier on this metric. There is further analysis

discussed at the Mortality and Morbidity Group which assists in determining key areas to focus a review.

Safer Staffing

February had a number of areas that had reduced bed capacity due to covid non-nosocomial (*health care acquired*) infections and supporting the Nightingale Hospital as part of our covid response.

Actual registered nurse hours are below planned hours due to reduced bed numbers as a result of covid closures. The organisation continues to utilise covid safest staffing, risk mitigation and escalation framework to ensure a risk-based approach during the covid period for inpatient ward areas.

In relation to Care Hours Per Patient Day (CHPPD) overall our position is below the national average of 9.4 (Model Hospital Dec 2020) with 8.46 for February. CHPPD are calculated by dividing the total numbers of nursing hours on a ward or unit by the number of patients in beds at the midnight census. This calculation provides the average number of care hours available for each patient on the ward or unit. A breakdown of CHPPD is available in the Workforce section of the Focus Report.

2. Workforce Headlines

The February 2021 WTE (hours worked) 6250, is in below the budgeted establishment 6297 (includes bank and agency staffing). There were 178 vacancies in February 2021. The Nursing Establishment review, currently underway, will enable the Trust to reset the appropriate staffing levels based on service need.

The February monthly sickness absence rate is currently 3.90% (this may change slightly with retrospective updates) and the cumulative 12-month rolling figure is 4.12%. Sickness continues to be significantly less than the long-term average with February averaging 4.65% over the last 5 years. The Covid-19 staff absences has started to decline with less than 20 staff recorded as off with a positive test in Mid-March.

Agency expenditure has decreased in Month 11, being £0.57m (M10 £0.67m); the reduction is mainly due to a big decrease in medical and dental agency due to a finance adjustment. Nursing reduced from £310k in January to £289k in February, however, non-clinical increased from £121k in January to £166k in February.

The Trust commences the second round of Pfizer vaccinations on Monday 22nd March with a targeted end date of 11th May for completion. Approximately 88% of staff (including Bank staff) have had their first vaccination.

3. Performance Headlines

Details of specific national performance indicators are contained in the IPR focus report. The key message is that through the covid escalation actions taken, and working with our system partners ensured that the care for the most urgent and clinical priority patients has been sustained throughout this latest wave of covid hospitalisations. Waiting times for routine elective care and assessment have continued to increase, however, we are now in the de-escalation phase and planning the wider standing up of routine elective capacity.

The Chief Operating Officer (COO) has provided a separate operational briefing to Board with some of the key operational headlines noted below:

Covid-19: The numbers of COVID–19 cases have been reducing during the latter part of February and during March allowing the Trust to de-escalate the COVID–19 response. ICU stepped down from green surge on 25th February and vacated the Surgical Receiving Unit (SRU); the SRU re opened on 2nd March. The Medical Receiving Unit (MRU) returned to Forrest on 18th March and the Day Surgery Unit (DSU), after cleaning and set up, is expected to receive its first patients again on the 29th March 2021.

Elective Care: The Day Surgery Unit and elective orthopaedic ward is on schedule to return to pre- COVID delivery from the 29th March 2021.

The Ophthalmology Department's new facilities on Level 2 are close to completion and costings for the Urology development to facilitate outpatient procedures are due next month. Insourcing of weekend capacity to support Endoscopy and cataracts is continuing.

Mount Stuart Hospital (MSH) national contract support for Covid escalation (excluding endoscopy) will end on the 19th March when staff and equipment will be returned to Torbay Hospital to support the recommencement of DSU activity.

The Trust continues to work very closely with Devon CCG and MSH in order to support recovery and equity of services going forward.

Outpatient activity is currently at 70%-80% of pre COVID-19 levels.

A harm review process is in place to ensure patients are clinically reviewed at regular intervals.

Emergency Care: Opel 3 escalation has been in place throughout February. Timely access to acute beds has continued to be a challenge with ambulance delays increasing. Overall 79% of patients discharged within 4-hours of arrival at the Emergency Department.

The initial Phase One works to the ED are now complete, however, the additional resuscitation room required further works to finalise the air supply and this is due to complete in April 2021. The department has used the space flexibly as planned during this last surge of the pandemic and provided a segregated Covid-19 treatment area.

Medical Receiving Unit (MRU): The MRU moved into the Day Surgery Unit (DSU) on 14th January 2021 as part of a wider response to the prevalence of COVID-19. The MRU moved back to Forrest ward on 18th March 2021.

The new MRU build has met significant construction challenges in the final design stages that has pushed the final completion date into early 2022.

Diagnostics: Waiting times for diagnostics continue to be a concern for routine tests in Echocardiography, CT, and Gastroenterology. Teams continue to prioritise investigations for the most urgent and cancer pathways. Plans to increase capacity in Echocardiography and Endoscopy are now taking hold and we are forecasting gradual reduction in waiting times. The third CT scanner works have commenced and this will bring in additional capacity in June 2021. In the meantime, there are limited options to bring in additional mobile CT capacity and waits will continue to be a challenge.

Hospital discharge: Work with ward teams continues to embed data-driven process change which will ensure that there is focus across acute and community wards on timely discharge for people on all pathways. This focus will help manage bed occupancy and earlier in the day discharges to facilitate safe and timely discharge to improve patient flow from the Emergency Department and assessment areas. This work has been supported by input from NHSE/I with fortnightly scrutiny and feedback sessions on progress.

Additional capacity has continued to be commissioned to mitigate potential gaps in domiciliary care. This along with access to the newly created Care Hotel has very successfully avoided potential delays through the recent challenging months. This additional domiciliary care capacity will continue through quarter one of 2021/22.

Children and Family Health Devon

Detailed action plans addressing capacity, workforce, output, outcome measures and the production of a CFHD wide dashboard for monitoring performance improvement is in progress with fortnightly review by heads of service and Dep. Director.

Additional plans are in place for Autism Spectrum Disorder (ASD), Speech and Language Therapy (SALT) and Occupational Therapy (OT) using non-recurrent funding. In relation to ASD, a plan has been agreed by TSD, CCG and Devon LA to use non-recurrent funding to clear the backlog of ASD waits and to manage demand effectively by improving the pathway design and efficiency.

The non-recurrent funding will also be used to address the waits in SALT and OT, plans for which were agreed at Partnership Board in March.

CFHD is currently engaged in a process to design and mobilise the new service model undertaking a staff engagement exercise between January to March to co-design the clinical pathways.

CFHD Resourcing Governance Group is now fully established to review service wide recruitment requests.

4. Finance Headlines

Key points of note for the Trust's financial performance as at 28 February 2021 (Month 11) are provided below.

I&E Position

For Month 11, the Trust is reporting an in-month deficit of £2.3m which is £2.8m adverse to plan. It should be noted that, as previously reported, the in-month position includes the return of £4m COVID funding to the STP. This being funding received in excess of requirements.

The year to date position is a surplus of £1.0m, being £1.2m favourable to plan. Values quoted for both in month and year to date are after the donated asset adjustments.

Within the YTD position:

- Overall income is £6.4m adverse to plan, mainly driven by the return of COVID funding as highlighted above (£4m), TP (£3.1m), Hospital Discharge (£0.9m), and COVID testing (£0.9m), offset by additional funding for infection control (£1.9m). It should be noted that the lower income for Hospital Discharge and COVID testing is matched by a lower than planned spend.
- Overall pay costs are £1.5m adverse to plan inclusive of the increase in annual leave & wellbeing day accrual transacted in Month 10. Excluding the accrual, in-month pay costs were £23.13m, £0.18m higher than the previous month at £22.95m.

Within the position agency costs were c. £0.1m lower in Month 11 compared to Month 10, mainly in medical staffing linked to substantive appointments. Agency costs are in line with plan in-month, but £0.6m adverse to plan for the year to date.

- Non-pay expenditure, excluding ASC, is £5.8m favourable to plan. Details in relation to Adult Social Care and placed people are provided separately below.

Total non-pay expenditure in-month was £20.1m, an increase of £1.2m compared to Month 10. The main driver for the increase being that Month 10 benefitted from the removal of a SharePoint license accrual, which netted expenditure down by £1.1m.

- Adult Social Care (ASC) and placed people spend is now £3.1m favourable to plan. The £0.3m reduction in favourable variance was due to higher than anticipated residential short stay expenditure (ASC) in month, together with higher spend in day care, domiciliary care, supported living, and long stay nursing.

COVID Costs

Within the Trust's Month 11 position:

- £7.1m of pay costs relate to COVID, mainly additional shifts for existing workforce (£3.0m), backfill for staff absence (£3.0m), to support testing (£0.5m), and related sick pay (£0.3m).
- £6.8m of non-pay costs (exc. hospital discharge) relate to COVID, mainly testing (£2.8m), segregation of patient pathways (£1.3m), locally-sourced PPE (£1.2m), supporting an increase in ITU capacity (£0.6m), and remote management of patients (£0.5m).
- c. £13.5m has been spent on hospital discharge and infection control support to the independent sector, of which £6.2m is funded by the council and the balance through COVID top up (£4.4m) and the CCG (£2.9m).

Balance Sheet, Cash & Capital

The cash position remains strong at £75.8m, supported by the 2020/21 financial regime (block payments in advance). However, it should be noted that this continues to be monitored, as the current arrangements are expected to be unwound in the coming months.

Capital expenditure at Month 11 totals £21.5m, an increase of c. £3.5m in month. The year to date spend represents c. 59% of the overall forecast for the year, with a significant level of expenditure expected to be transacted in Month 12. As previously reported a number of actions have been/are being taken in order to further utilise the capital funding available.

Further detail on capital is provided in a separate report.

Forecast Outturn

The Trust's plan for the second half of the financial year (Months 7 to 12) leads to a deficit of £0.6m, after donated asset adjustments. Based on current performance, the Trust is forecasting that it will achieve its plan at year end, excluding the incremental increase in the annual leave accrual.

It should be noted there is a possibility that the Trust could post a position better than plan, subject to confirmation of the funding arrangements for the incremental increase in the annual leave accrual, and a potential upside for net mitigations and risks.

March 2021: Reporting period February 2021 (Month 11)

	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

1. HSMR

The latest Hospital Standardised Mortality Rate (HSMR), released for time period to November 2020 compared against the national benchmark (100) is 118.7 and is above the control limits and expectation. The rise coincides with the second surge of the covid pandemic. There is further analysis discussed at mortality and morbidity which assists in determining key areas to focus a review

2. Incidents

The Trust reported six incidents in February on the Strategic Executive Information System (StEIS):

1. Delay in respiratory appointment
2. 2 deaths; service users within drug and alcohol services
3. 2 fall – 1 fractured Femur, 1 fracture NOF
4. 1 pressure ulcer category 4

3. VTE performance remains below the required 95% standard -

Performance in the acute setting is currently at 92.4%, much improved but below the standard of 95%. The VTE task and finish group have put in place a number of measures including:

- Data cleansing
- Training for medics, nurses and AHPs to ensure the assessments complete on the drug chart.
- Review of the data entry and processes to ensure completion – consideration of mandatory field in CPS

4. Harm Reviews for delays in follow ups, waiting lists and retrospective harms due to Covid

Phase 3 national planning and clinical classifications are being conducted and focused harm review meetings are taking place to look at any harm caused due to delay for treatment, diagnostic or assessment. The focus is both retrospective and prospective with the aim of reducing harm to zero for our patients.

Areas to highlight include:

- Ophthalmology
- Urology
- orthopaedics

Within the CQC improvement plan there are 8 must do areas that are themed into 3 areas that are currently overdue, these are;

- Ensure equipment and premises are fit for purpose - works have commenced in particular area and are interdependent of wider programmes of work which is progressing and monitored through capital planning.
- Ensure staff are up to date with all mandatory training to include safeguarding training and resus – The Trust has improved its oversight of compliance training, The resus policy has been updated, Reporting process and requirements have been agreed including monitoring processes
- Ensure staff are up to date with appraisals

It is important to note that the covid pandemic has impacted on the ability to undertake training, including the need to refocus the methods of provision

The focus of the CQCCAG January and February 2021 meeting was to discuss and produce the evidence framework and gain progress on the following themes from the requirement notices: resus training, safeguarding training and compliance, MCA training and compliance. It was noted that specific and explicit interventions were required in order to meet the demand and capacity requirements of the Trust.

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	n/a	0	n/a	0	n/a	1	n/a
Urgent and Emergency	8	6	8	5	0	0	0	0	0	1
Medical Care	9	12	4	4	2	4	0	0	3	4
Surgery	4	5	0	0	1	0	0	0	3	5
Maternity	4	11	2	4	1	1	0	0	1	6
Children and Young People (Acute)	1	5	1	3	0	0	0	0	0	2
Community Inpatients	1	4	1	2	0	0	0	0	0	2
TOTAL	28	43	16	18	4	5	0	0	8	20

Quality and Safety Quadrant

Achieved

Reported Incidents – Severe

Never Events

QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams

Formal complaints - Number received

Hand Hygiene

Infection Control - Bed Closures - (Acute)

Hospital standardised mortality rate (HSMR)

Stroke patients spending 90% of time on a stroke ward

Strategic Executive Information System (STEIS)
(Reported to CCG and CQC)

Under Achieved

Safer Staffing - ICO – Night time

Safer Staffing - ICO – Daytime

Medication errors resulting in moderate harm

Avoidable New Pressure Ulcers - Category 3 +

Not Achieved

Reported Incidents – Death

VTE - Risk Assessment on Admission (Acute)

Fracture Neck Of Femur - Time to Theatre <36

VTE - Risk Assessment on Admission (Community)

Follow ups 6 weeks past to be seen date

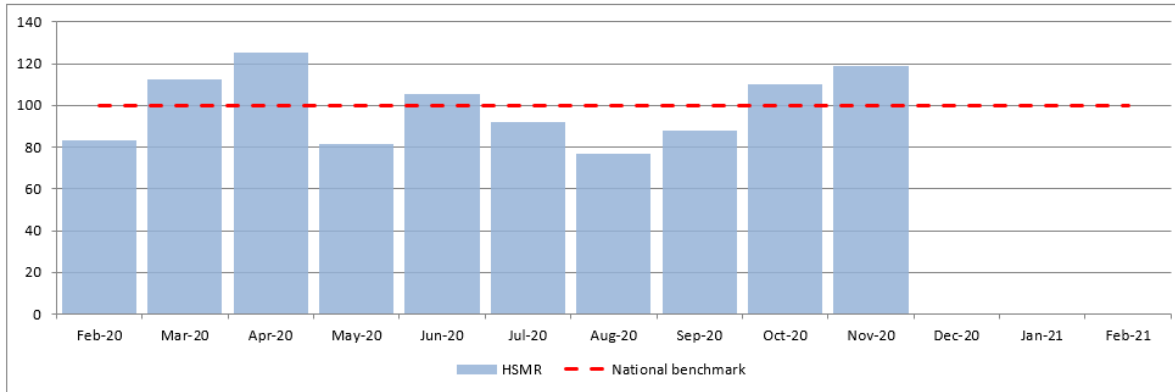
No target set

Medication errors - Total reported incidents

Quality and Safety- Mortality

Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

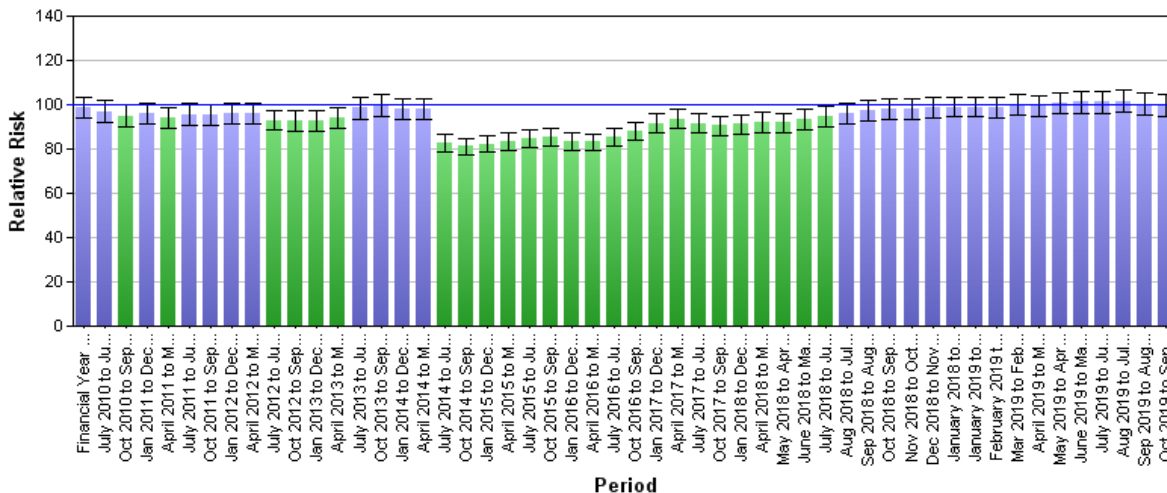
	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
HSMR	83.2	112.4	125.2	81.6	105.6	92	76.9	87.7	110	118.7	n/a	n/a	n/a
National benchmark	100	100	100	100	100	100	100	100	100	100	100	100	100



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, November 2020, for Dr Foster HSMR is showing a relative risk of 118.7 which is above the national benchmark and within the tolerance to trigger an alert. There is further analysis discussed at mortality and morbidity which assists in determining key areas to focus a review. However, the rise coincides with the second wave of the covid pandemic.

SHMI by data period



The Summary Hospital Mortality Index (SHMI) data reflects all deaths recorded either in hospital or within 30 days of discharge from hospital and records the Trust at 99.83 against a national average benchmark of 100.

The latest data for period October 2019 to September 2020, which is a different reporting period than HSMR, is within the expected norm.

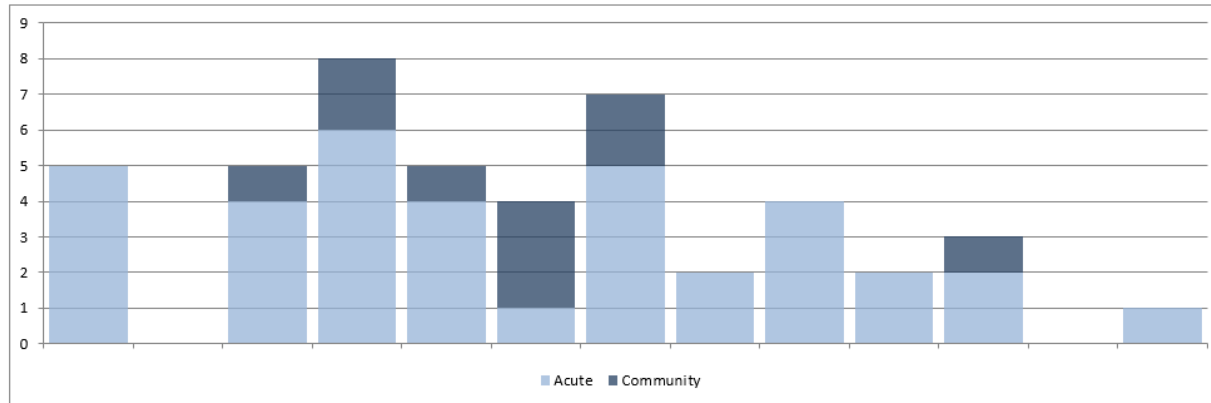
A score of 100 represents the weighted population average benchmark.

Quality and Safety-Infection Control

Number of Clostridium Difficile cases

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Acute	5	0	4	6	4	1	5	2	4	2	2	n/a	1
Community	0	0	1	2	1	3	2	0	0	0	1	n/a	0

For February the number of C.Diff cases are as follows:

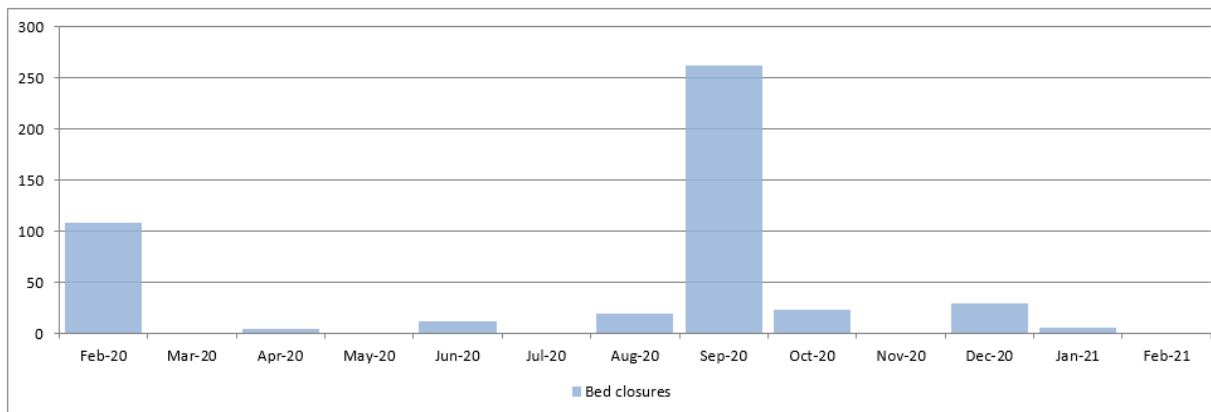


One case on Cheetham Hill which is being investigated to identify learning outcomes and whether there were any lapses in care.

Infection control - Bed closures (Acute)

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Bed closures	108	0	4	0	12	0	20	262	23	0	30	6	0

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

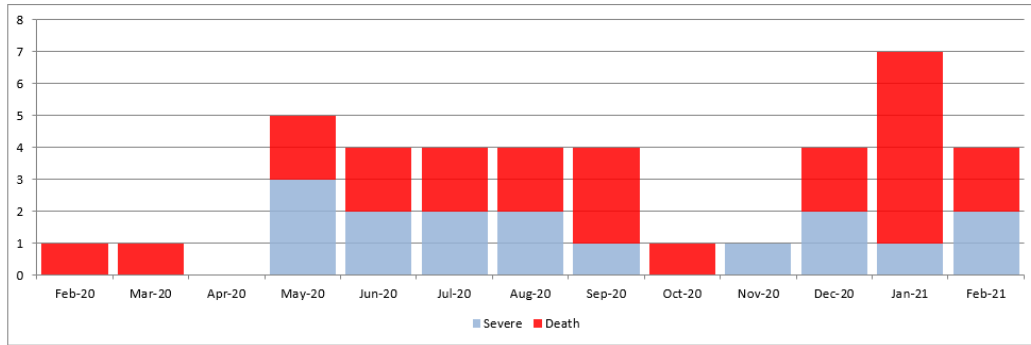


There were no bed closures due to infection, prevention, and control measures in February; this information does not include covid bed closures.

Quality and Safety- Incident reporting and complaints

Reported Incidents - Severe and Death

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Severe	0	0	0	3	2	2	2	1	0	1	2	1	2
Death	1	1	0	2	2	2	2	3	1	0	2	6	2

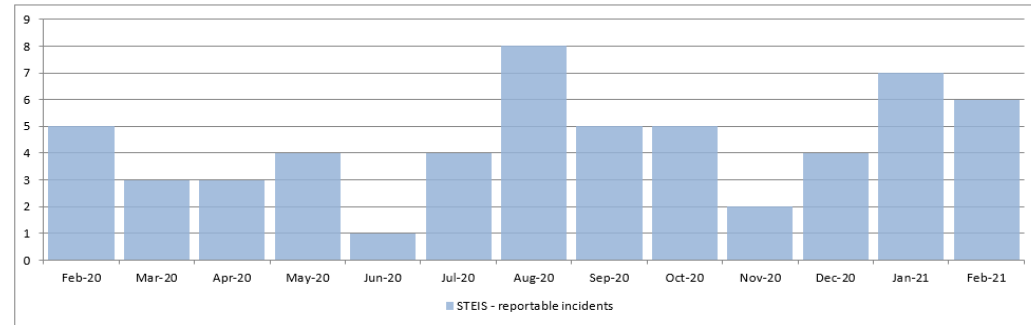


The Trust recorded two severe incidents and two deaths in February:

1. 2 deaths related to service users in drug and alcohol
2. 1 fall – fractured Femur
3. 1 pressure ulcer category 4

STEIS Reportable Incidents

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
STEIS - reportable incidents	5	3	3	4	1	4	8	5	5	2	4	7	6

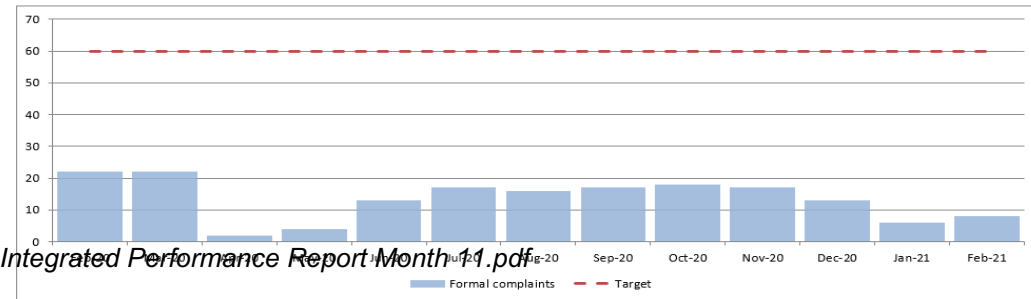


The Trust reported six incidents in February on the Strategic Executive Information System (StEIS):

1. Delay in respiratory appointment
2. 2 deaths
3. 2 fall – 1 fractured Femur, 1 fracture NOF
4. 1 pressure ulcer category 4

Formal complaints

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Formal complaints	22	22	2	4	13	17	16	17	18	17	13	6	8
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



The Trust received 8 formal complaints for the month of February this was an increase from the previous month.

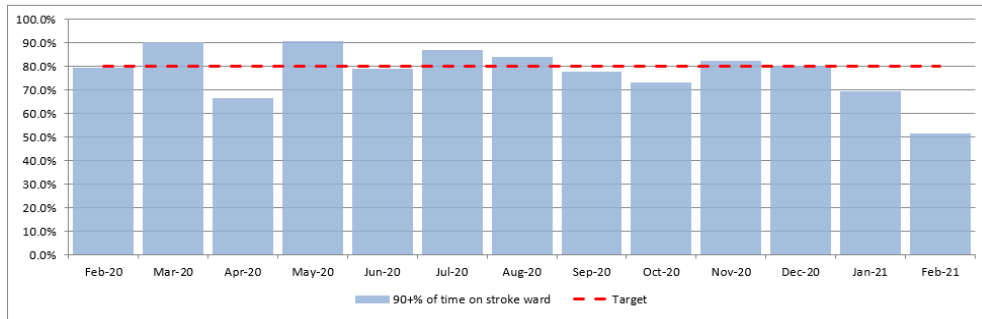
The themes of the complaints include: patients complaining about the treatment, assessment, diagnosis, discharge and care.

Once the investigations are completed the learning will be shared and any improvements made.

Quality and Safety- Exception Reporting

Stroke

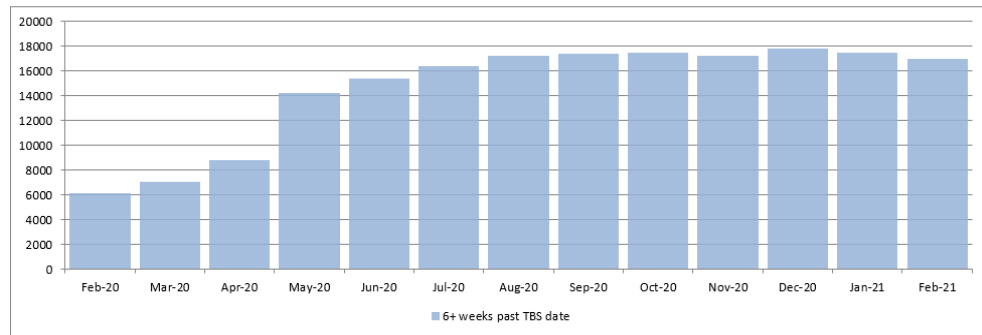
	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
90+% of time on stroke ward	79.6%	90.2%	66.7%	90.6%	79.1%	86.8%	83.9%	77.6%	73.2%	82.2%	80.4%	69.4%	51.6%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%



Stroke: The percentage of stroke patients spending 90% of time on a stroke ward in February was 51.6%, this is a significant decrease. The main contributory factors are; awaiting covid swab results within the Emergency Department, due to the hospital flow of both covid and non-covid pathways has meant that patients were looked after on non-specialist wards. A review of the service and pathways is being conducted.

Follow ups 6 weeks past to be seen by date

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
6+ weeks past TBS date	6147	7056	8824	14211	15398	16408	17220	17408	17519	17229	17837	17489	16986



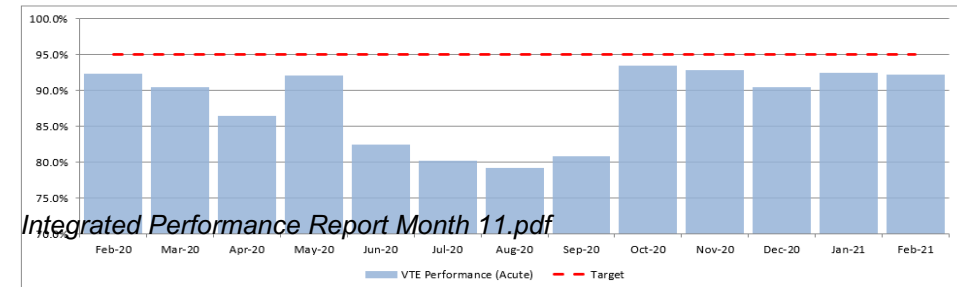
Follow ups: The number of follow up patients waiting for an appointment greater than six weeks past their 'to be seen by date' decreased to 16986. Alternative measures are in place to reduce face to face consultations.

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. February non-face-to-face follow ups are currently at 21% of all attendances.

Focused harm review meetings are being progressed and thematic reviews being conducted.

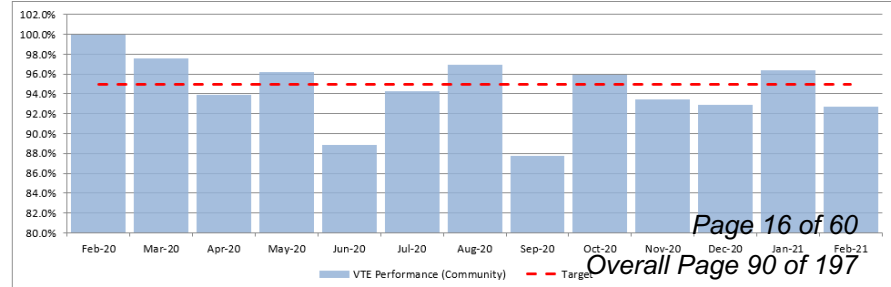
VTE risk assessment on admission - (Acute)

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
VTE Numerator	5768	4482	2325	3158	3484	3939	4013	4253	5066	4837	4903	4705	4457
VTE Denominator	6246	4952	2690	3430	4225	4914	5068	5260	5423	5209	5423	5091	4831
VTE Performance (Acute)	92.3%	90.5%	86.4%	92.1%	82.5%	80.2%	79.2%	80.9%	93.4%	92.9%	90.4%	92.4%	92.3%
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)

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
VTE Numerator	93	81	31	25	40	49	63	43	70	57	65	53	51
VTE Denominator	93	83	33	26	45	52	65	49	73	61	70	55	55
VTE Performance (Community)	100.0%	97.6%	93.9%	96.2%	88.9%	94.2%	96.9%	87.8%	95.9%	93.4%	92.9%	96.4%	92.7%
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 March 2021 Update

March 2021 Update

Covid-19 Response

The workforce team are supporting responses to Covid-19 through;
daily absence reporting, updated guidance/FAQ's and workforce health and well-being.
Support to the mass vaccination programme with logistical support and reporting requirements.

Our People Plan

Further work continues to progress the development, implementation and learning associated with the Trust's People Plan with the latest updates noted by the last People Committee which supported presentation to Trust Board in March 2021.
Our Achievement Review process and paperwork is currently being reviewed, to better align personal and organisational objectives, with a plan to produce and pilot new paperwork by April 2021.

Resourcing

We have further established the infrastructure to support the Devon Hub for International Recruitment, with several key appointments now made, project manager, International Nursing Workforce Lead, with other selection processes for key posts underway.

Wellbeing and Staff Experience

Our wellbeing offer is being reviewed to focus on planning psychological support for COVID recovery and restoration.
The System has been successful in a bid to create a Wellbeing Hub for Devon, which will act as a central resource for all wellbeing offers, open to all staff. This will include priority access to Psychological therapies.

Medical Workforce

Medical Workforce Business Partners are supporting the Medical Director and System Medical Director with the medical responses to Covid-19.
In 2020/21 we reviewed our junior doctor rotas in order to meet the demand of the pandemic and prepare for increased COVID 19 workload, to ensure we are continuing to safely reassign individuals to areas of greater and more immediate need.
As of March 2021, all COVID Surge rotas have been stood down and the final reassigned trainees have returned to their planned rotations including those who supported The Nightingale.
Medical Workforce have led on the procurement of a new IT Job planning system, tender presentations were held in February with 3 companies and we are in the process of awarding the new contract to commence on 1st April 2021.
The BMA are currently out to vote on the new SAS Contract reform 2021 these new terms and conditions are expected to be applicable from 1st April 2021. Medical Workforce will be leading on the transition process for all existing SAS doctors to transfer to these new terms by the end of the year.
Medical Workforce are supporting the Medical Director in the review of additional hours payments for Consultant and SAS staff with a view to agreeing closer alignment with our neighbouring Trusts to support the continued and future joint working arrangements.

ISU and Corporate Support

The Workforce Business Partners are supporting services to develop their workforce plans through iterative live documents, with a baseline Trust Workforce plan to be established by the end of March. This will be accessible to the business through ICON. This work is ongoing and contributes to monthly sitreps, quarterly reviews and annual planning as part of an ongoing cycle.
Work across ISU's to improve staff morale and experience continue with specific diagnostic and interventions being undertaken.

Equality, Diversity and Inclusion

Work to scope and consider roll out plans for reciprocal mentoring arrangements across the organisation.
The national WRES report has been published, which will be analysed and reported to Board.

Workforce Status

<div style="background-color: #e0f2f1; padding: 5px; border: 1px solid black; margin-bottom: 5px;"> ● Achieved </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Mandatory Training Compliance</div> <div style="border: 1px solid black; padding: 5px;">Turnover (exc Jnr Docs) Rolling 12 months</div>	<div style="background-color: #ffe0b2; padding: 5px; border: 1px solid black; margin-bottom: 5px;"> ● Not Achieved </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Staff Sickness Absence Rolling 12 months and current month (1 month in arrears)</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Monthly Sickness Absence</div> <div style="border: 1px solid black; padding: 5px;">Appraisal Completeness</div>
<div style="background-color: #fff9c4; padding: 5px; border: 1px solid black; margin-bottom: 5px;"> ● Under Achieved </div> <div style="border: 1px solid black; padding: 5px; height: 20px;"> </div>	

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 10.18% for the year to February 2021.

Staff sickness/absence: Red for 12 mths and Red for current mth

The annual rolling sickness absence rate was 4.20% to end of January 2021. This is against the target rate for sickness of 4%. The monthly sickness figure for January was 4.05% .

Mandatory Training rate: GREEN

The current rate is 89.51% for February 2021 against a target of 85% and this is a small decrease from the 89.75% in January.

Appraisal rate: Red

The Achievement Review rate for the end of February 2021 was 78.45% which has decreased from 78.78% as at the end of January.

Agency Expenditure – As at Month 10 the Trust Agency spend was is £0.572m and year to date £6.577m

Covid Vaccination programme status: As at the end of February we have vaccinated over 17000 individuals with their 1st dose of the Pfizer vaccine and over 6400 staff (87.7%).

The 2nd vaccinations will commence on Monday 22nd March

Workforce - WTE

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	2020/10	2020/11	2020/12	2021/01	2021/02	Change since ICO	% Change	Change since March	% Change
Allied Health Professionals	420.56	474.03	472.15	470.79	468.45	478.27	480.16	479.78	477.74	472.20	480.55	487.01	482.92	62.35	14.83%	8.89	1.88%
Health Care Scientists	89.69	93.66	92.05	92.82	92.82	92.82	93.31	94.41	93.11	94.71	94.17	94.17	94.17	4.48	4.99%	0.51	0.54%
Medical and Dental	425.99	512.83	510.80	529.05	526.68	538.19	519.02	522.54	523.05	525.40	525.72	527.24	528.02	102.02	23.95%	15.18	2.96%
NHS Infrastructure Support	1114.22	1085.14	1090.28	1088.08	1093.55	1094.75	1094.50	1099.04	1101.57	1106.20	1106.04	1111.27	1116.28	2.06	0.18%	31.14	2.87%
Other Scientific, Therapeutic and Technical Staff	301.99	373.03	373.79	375.39	377.05	373.84	385.27	383.76	385.53	383.69	383.17	384.78	383.91	81.91	27.12%	10.88	2.92%
Qualified Ambulance Service Staff	1.00	6.72	7.72	7.72	8.32	8.53	8.53	8.53	8.53	8.33	8.33	10.12	10.72	9.72	972.00%	4.00	59.52%
Registered Nursing, Midwifery and HV staff	1187.78	1199.91	1195.07	1190.67	1186.31	1188.77	1200.13	1218.99	1224.18	1221.71	1217.33	1233.80	1234.09	46.30	3.90%	34.18	2.85%
Support to clinical staff	1593.74	1825.21	1875.96	1893.59	1912.55	1886.78	1857.68	1844.85	1838.53	1844.05	1855.89	1853.82	1891.60	297.86	18.69%	66.39	3.64%
Grand Total	5134.99	5570.54	5617.82	5648.11	5665.74	5661.95	5638.60	5651.89	5652.25	5656.29	5671.20	5702.20	5741.70	606.71	11.82%	171.16	3.07%

Pay Report Summary for previous 9 months

	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Cost	£	£	£	£	£	£	£	£	£
Substantive	£21,208,528	£20,411,994	£20,485,568	£20,864,502	£20,529,163	£21,827,283	£21,168,578	£24,645,064	£21,483,866
Bank	£894,443	£900,491	£918,075	£877,866	£864,101	£720,783	£1,002,331	£1,052,959	£1,074,886
Agency	£580,586	£571,266	£547,290	£584,424	£674,784	£501,963	£740,871	£666,436	£572,475
Total Cost £	£22,683,557	£21,883,751	£21,950,933	£22,326,792	£22,068,048	£23,050,028	£22,911,780	£26,364,459	£23,131,226
WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Substantive	5,650.32	5,637.07	5,616.97	5,615.22	5,658.21	5,669.00	5,725.69	5,711.13	5,816.28
Bank	227.25	234.33	342.66	264.86	272.48	222.89	306.90	248.71	331.21
Agency	102.35	83.29	73.44	72.52	76.33	107.23	110.72	116.38	102.39
Total Worked WTE	5,979.92	5,954.69	6,033.08	5,952.60	6,007.03	5,999.12	6,143.30	6,076.21	6,249.88

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

Workforce - Vacancies

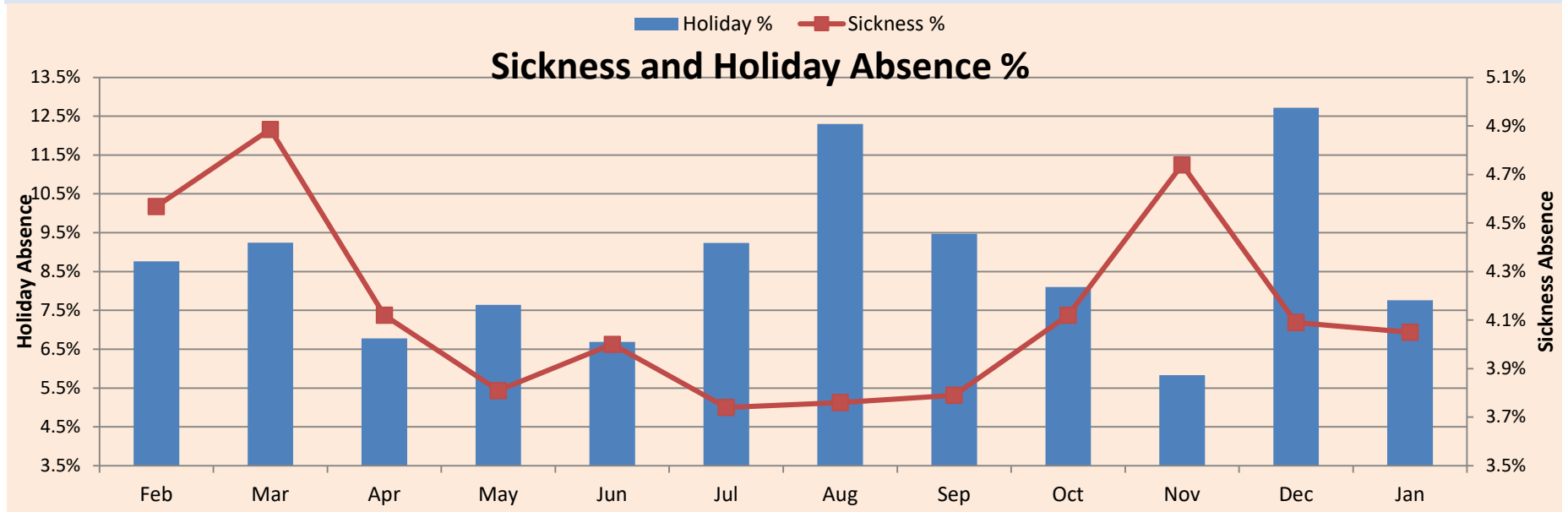
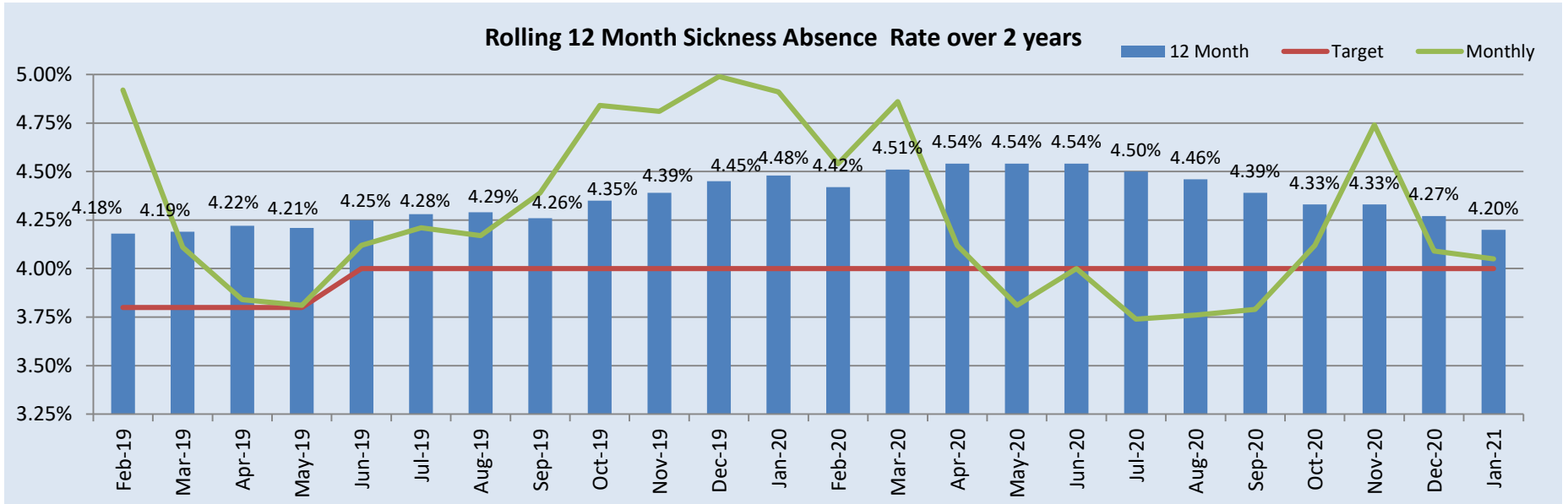
Staff Group	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Medical And Dental	518.35	518.35	518.35	518.35	518.35	518.35	527.76	531.47	531.98	532.11	532.75	
Nursing And Midwifery Registered	1,242.27	1,242.27	1,242.27	1,239.27	1,243.27	1,243.27	1,276.48	1,301.80	1,306.14	1,318.38	1,322.60	
Support To Clinical Staff	1,782.16	1,782.16	1,782.16	1,782.16	1,782.16	1,782.16	1,856.95	1,871.02	1,873.98	1,873.08	1,874.40	
Add Prof Scientific and Technic	378.94	378.94	378.94	378.94	378.94	378.94	427.92	429.39	435.21	436.21	436.14	
Allied Health Professionals	447.57	447.57	447.57	447.57	447.57	447.57	479.19	483.13	484.06	490.23	490.83	
Healthcare Scientists	93.16	93.16	93.16	93.16	93.16	93.16	105.02	104.43	104.43	104.43	104.43	
Administrative And Estates	1,148.40	1,148.40	1,148.40	1,148.40	1,149.40	1,149.40	1,173.83	1,179.06	1,183.11	1,182.75	1,183.84	
Total Staff Budgeted WTE	5,610.85	5,610.85	5,610.85	5,607.85	5,612.85	5,612.85	5,855.77	5,908.94	5,927.54	5,945.82	5,953.62	

Staff Group	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Medical And Dental	500.08	521.48	522.02	518.04	592.68	525.00	521.19	518.49	519.24	517.75	533.98	
Nursing And Midwifery Registered	1,198.67	1,194.89	1,188.26	1,186.14	1,199.95	1,215.61	1,221.69	1,232.54	1,223.95	1,237.38	1,240.80	
Support To Clinical Staff	1,719.80	1,756.75	1,868.96	1,885.26	1,851.30	1,820.93	1,834.67	1,828.35	1,856.95	1,849.09	1,883.86	
Add Prof Scientific and Technic	383.27	383.39	383.55	397.82	409.47	410.34	402.49	406.08	404.14	406.15	405.08	
Allied Health Professionals	478.57	476.69	470.40	474.20	476.38	482.55	478.15	474.20	471.91	485.89	481.30	
Healthcare Scientists	102.99	103.37	101.37	97.82	98.82	99.41	101.37	99.72	99.17	99.17	99.17	
Administrative And Estates	1,200.17	1,208.08	1,124.24	1,098.02	1,094.86	1,107.69	1,108.59	1,110.50	1,113.61	1,114.21	1,122.69	
Total Staff Worked WTE	5,583.55	5,644.65	5,663.52	5,665.84	5,731.98	5,670.05	5,676.69	5,678.20	5,697.30	5,718.16	5,777.59	

Staff Group	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Medical And Dental	18.27	-3.13	-3.67	0.31	-74.33	-6.65	6.57	12.98	12.74	14.36	-1.22	
Nursing And Midwifery Registered	43.60	47.38	54.01	53.13	43.32	27.66	54.79	69.26	82.19	81.00	81.80	
Support To Clinical Staff	62.36	25.41	-86.80	-103.10	-69.14	-38.77	22.28	42.67	17.03	23.99	-9.46	
Add Prof Scientific and Technic	-4.33	-4.45	-4.61	-18.88	-30.53	-31.40	25.43	23.31	31.08	30.06	31.07	
Allied Health Professionals	-31.00	-29.12	-22.83	-26.63	-28.81	-34.98	1.04	8.93	12.15	4.34	9.53	
Healthcare Scientists	-9.83	-10.21	-8.21	-4.66	-5.66	-6.25	3.65	4.72	5.26	5.26	5.26	
Administrative And Estates	-51.77	-59.68	24.16	50.38	54.54	41.71	65.24	68.57	69.51	68.54	61.14	
Total Staff Worked WTE	27.30	-33.80	-47.95	-49.46	-110.60	-48.66	178.99	230.44	229.95	227.55	178.12	

Workforce - Sickness

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

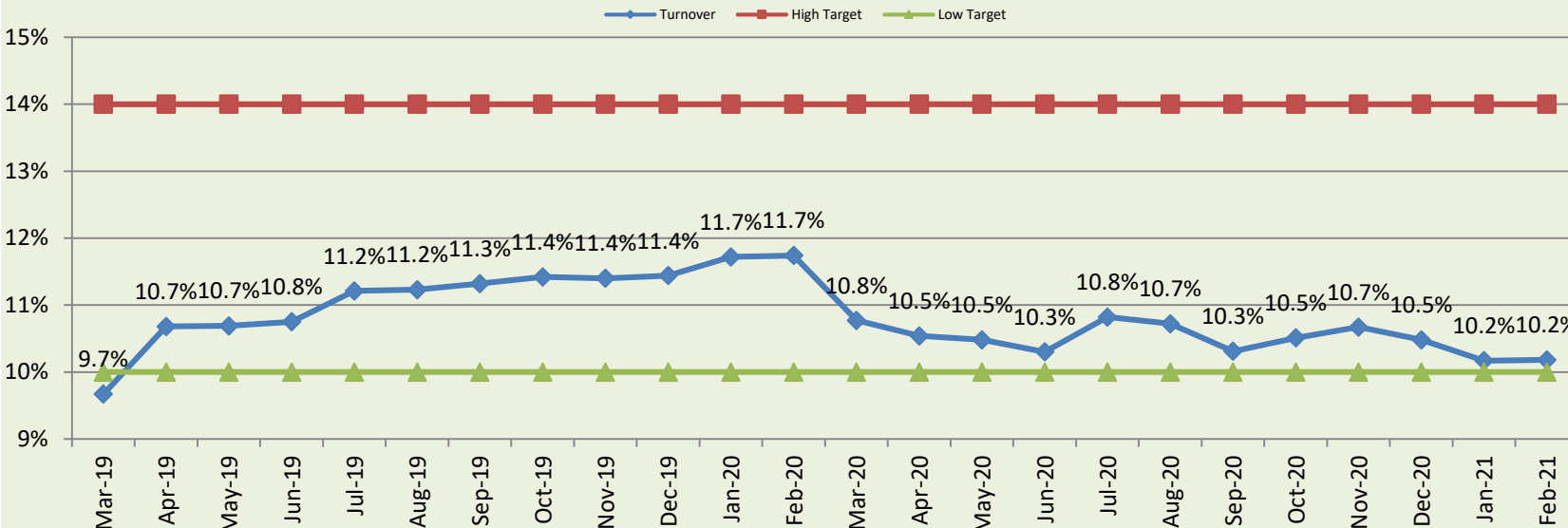


The annual rolling sickness absence rate was 4.20% at the end of January 2021 against the target of 4.00%

The monthly sickness figure for January was 4.05 % which is slightly lower than the 4.09% as at the end of December but significantly lower than the January average of 4.72% over the last 5 years.

Workforce - Turnover

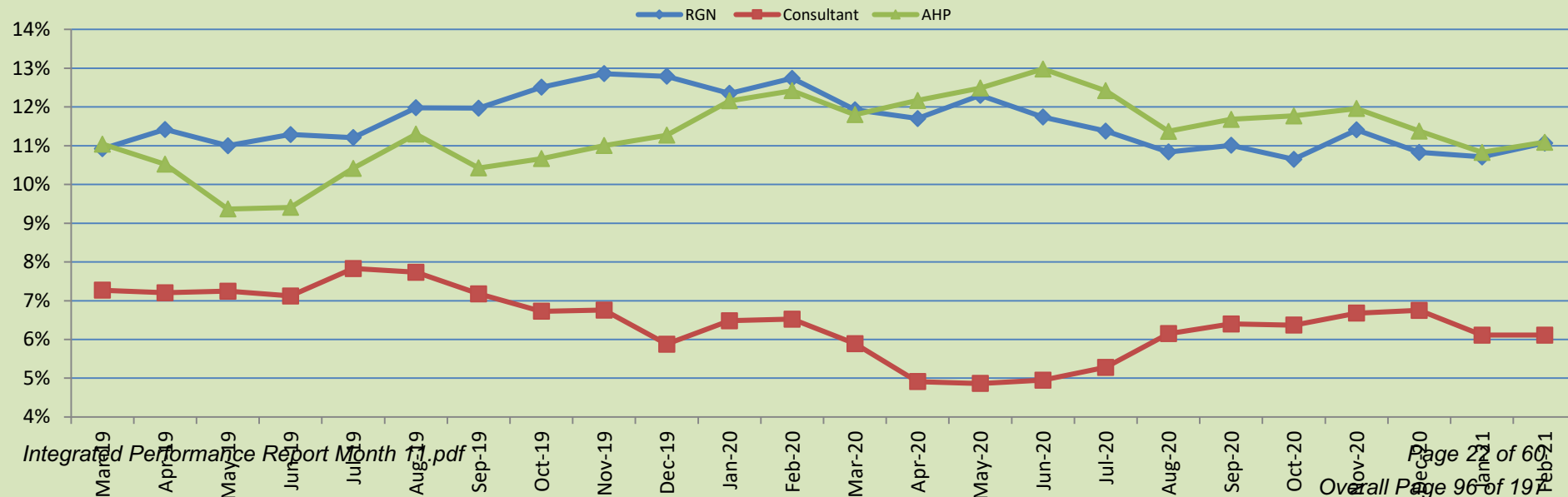
All Staff (excl Jnr Docs) Rolling 12 Month Turnover Rate



All Staff Rolling 12 Month Turnover Rate

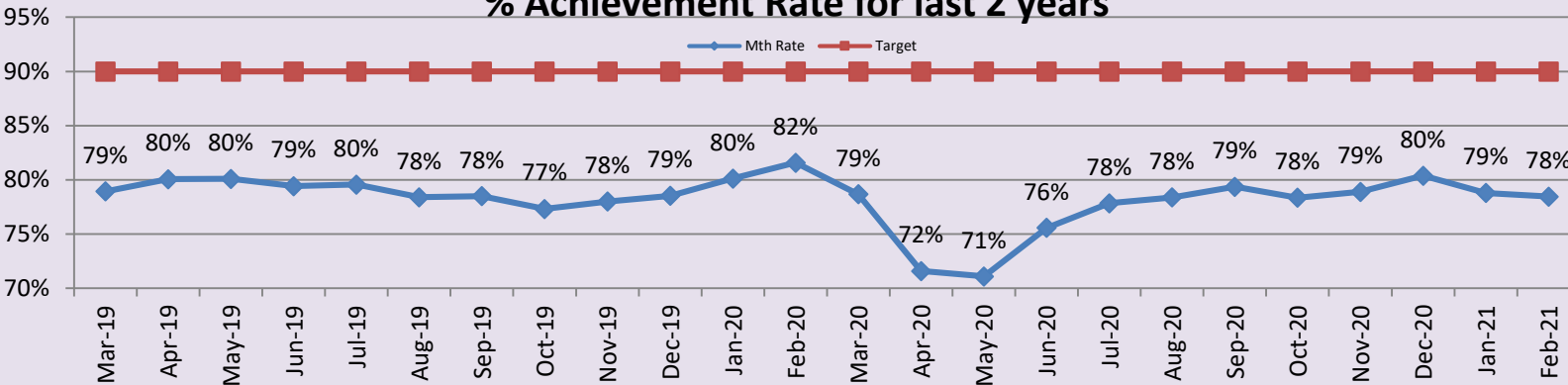
The graph shows that the Trusts turnover rate now stands at 10.18% for the year to February 2021 which is minor change from the 10.17% in January.

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



Workforce – Appraisal and Training

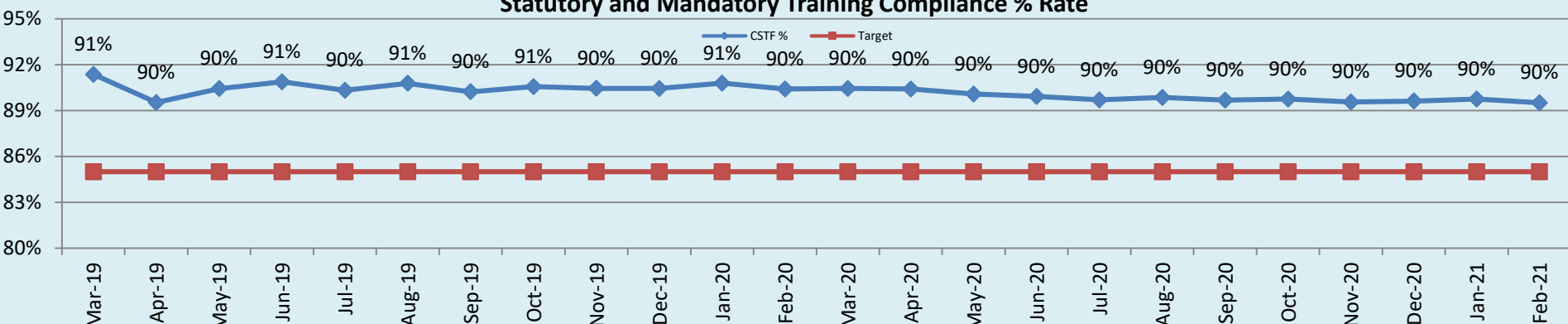
% Achievement Rate for last 2 years



Achievement Review (Appraisal)

The Achievement Review rate for the end of February was 78.45% and has decreased from 78.78% in January.

Statutory and Mandatory Training Compliance % Rate



Statutory and mandatory training The Trust has set a target of 85% compliance as an average for the statutory and mandatory training modules which is against the 11 subjects which align with the MAST Streamlining project from April 2018. The graph shows that the current rate is 89.51% for February which is a marginal decrease from the 89.75% in January.

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

Safeguarding Adults Compliance						Safeguarding Children Compliance			Module	Target	Performance
Feb-21						Feb-21			Information Governance	95% and above	83.53%
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 1	Level 2	Level 3	Manual Handling	85% and above	71.38%
6734	4115	357	46	3	9	2541	3458	735			
6470	3655	187	11	2	6	2369	2880	535			
96.08%	88.82%	50.70%	45.65%	66.67%	66.67%	93.23%	83.29%	72.79%			

Workforce – Agency

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

The Trainee Grades negative figure is due to Finance corrections of previous estimated figures.

Torbay and South Devon NHS Foundation Trust	Monthly Values											YTD
Total Agency Spend Financial Year 2020/21	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Registered Nurses	169	143	201	177	256	287	331	259	274	310	289	2696
Scientific, Therapeutic and Technical	52	59	37	46	41	46	61	53	51	12	14	472
of which Allied Health Professionals	39	50	22	26	21	29	40	42	35	6	1	311
of which Other Scientific, Therapeutic and Technical Staff	13	9	15	20	20	17	21	11	16	6	13	161
Support to clinical staff (HCA)	-1	0	0	0	0	0	0	39	44	31	56	169
Total Non-Medical - Clinical Staff Agency	220	202	238	223	297	333	392	351	369	353	359	3337
Medical and Dental Agency	213	189	273	258	191	199	220	210	269	193	47	2262
Consultants	106	69	130	132	146	159	170	179	241	178	141	1651
Trainee Grades	107	120	143	126	45	40	50	31	28	15	-94	611
Non Medical - Non-Clinical Staff Agency	79	74	70	90	59	52	63	101	103	121	166	978
Total Pay Bill Agency and Contract	512	465	581	571	547	584	675	662	741	667	572	6577

Safer Staffing – Planned versus Actual

Ward	Day				Night				Total Patients	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	RN / RM		Care Staff		RN / RM		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	1288	1312	1449	1781	966	840	966	1213	689	101.9%	122.9%	86.9%	125.5%
Allerton	2197	1693	966	1188	966	931	966	1070	650	77.1%	123.0%	96.4%	110.7%
Cheetham Hill	1610	1459	1610	2375	966	644	966	1959	780	90.6%	147.5%	66.7%	202.8%
Coronary Care	1288	1189	0	161	1288	966	0	12	316	92.3%	0.0%	75.0%	0.0%
Cromie (Elizabeth)	966	1040	644	677	644	679	644	621	405	107.7%	105.1%	105.4%	96.4%
Dunlop	1288	900	1127	1096	966	702	644	932	605	69.9%	97.2%	72.6%	144.6%
EAU3 (Cromie)	1610	1535	1288	1240	1288	1472	966	1334	387	95.4%	96.3%	114.3%	138.1%
EAU4	1610	1254	1288	1523	1288	1243	966	1128	651	77.9%	118.2%	96.5%	116.7%
Ella Rowcroft	1242	839	1196	946	874	725	644	460	323	67.5%	79.1%	82.9%	71.4%
Forrest (Warrington)	966	994	644	911	644	656	644	794	486	102.9%	141.4%	101.8%	123.2%
George Earle	1610	1381	1610	2393	966	644	966	1931	775	85.8%	148.6%	66.7%	199.9%
ICU	3220	2627	0	420	2898	2668	0	58	142	81.6%	0.0%	92.0%	0.0%
Louisa Cary	1288	1513	644	761	1288	1379	644	726	333	117.5%	118.2%	107.0%	112.7%
John Macpherson	644	690	552	535	644	644	322	621	218	107.1%	96.9%	100.0%	192.9%
Midgley	1610	1449	1288	1547	966	966	966	1150	755	90.0%	120.1%	100.0%	119.0%
SCBU	644	799	322	231	644	690	322	299	161	124.1%	0.0%	107.1%	0.0%
Simpson	1610	483	1610	747	966	264	966	380	158	30.0%	46.4%	27.3%	39.3%
Turner	1058	1055	2254	1838	644	644	1288	966	422	99.7%	81.5%	100.0%	75.0%
Total	25749	22211	18492	20368.08	18906	16753.02	12880	15648.75	8256	86.3%	110.1%	88.6%	121.5%
Brixham	784	655	1568	1616.25	616	595	616	715	349	83.5%	103.1%	96.6%	116.1%
Dawlish	784	468	1176	961.25	672	332	308	660	348	59.7%	81.7%	49.4%	214.3%
Newton Abbot - Teign Ward	1176	1041	1764	1790	616	616	924	1168.5	804	88.5%	101.5%	100.0%	126.5%
Newton Abbot - Templar Ward	1176	1080.5	1764	2009.3	616	616	1008	1287	828	91.9%	113.9%	100.0%	127.7%
Totnes	840	725.62	1148	1175.25	672	608	308	692	499	86.4%	102.4%	90.5%	224.7%
Organisational Summary	30509	26181	25912	27920	22098	19520	16044	20171	11084	85.8%	107.7%	88.3%	125.7%

Organisational CHPPD	Planned Total	Planned RN	Planned HCA	Actual Total	Actual RN	Actual HCA
		7.08	3.94	3.14	8.46	4.12
Total Planned Beds / Day	477					
Days in month	28					

- The average fill rate for both day and night is below the 100% optimum with Registered Nurse at 85% and Night at 88%. In the Majority of clinical areas the HCA position is above the 100% planned.
- The position reflects a continued disruption and impact of COVID on the overall bed occupancy and planned nursing rosters
- In those areas where the fill rate is below 100% , the actual number of staff rostered was reduced in response to closed bed resulting from COVID impact
- In line with the risk management framework and safety controls set out in the safer staffing framework the organisation is assured that staffing level were monitored and maintained within the Green/Amber rating

Safer Staffing – Care hours per patient day (CHPPD)

Ward	Planned Total CHPPD	Planned RN / RM CHPPD	Planned HCA / MCA CHPPD	Actual Mean Monthly Total CHPPD	Actual Mean Monthly RN / RM CHPPD	Actual Mean Monthly HCA / MCA CHPPD	Total CHPPD days not met in month	RN / RM CHPPD days not met in month	HCA/MCA CHPPD days not met in month	Total CHPPD % days not met in month	RN / RM CHPPD % days not met in month	HCA/MCA CHPPD % days not met in month	Carter Median CHPPD All (September 2016)	Carter Median CHPPD RN (September 2016)	Carter Median CHPPD HCA (September 2016)
Ainslie	6.41	3.10	3.32	7.50	3.10	4.30	0	11	0	0.0%	39.3%	0.0%	7.74	4.74	2.91
Allerton	6.41	4.03	2.38	7.50	4.00	3.50	7	12	1	25.0%	42.9%	3.6%	7.74	4.74	2.91
Cheetham Hill	6.57	3.29	3.29	8.30	2.70	5.60	0	28	0	0.0%	100.0%	0.0%	7.74	4.74	2.91
Coronary Care	6.57	6.57	0.00	7.40	6.80	0.50	8	13	0	28.6%	46.4%	0.0%	7.74	4.74	2.91
Cromie (Elizabeth)	6.90	3.83	3.07	7.40	4.20	3.20	2	3	4	7.1%	10.7%	14.3%	7.74	4.74	2.91
Dunlop	5.99	3.35	2.64	6.00	2.60	3.40	17	24	1	60.7%	85.7%	3.6%	7.74	4.74	2.91
EAU3 (Cromie)	11.50	6.47	5.03	14.40	7.80	6.70	1	4	2	3.6%	14.3%	7.1%	7.74	4.74	2.91
EAU4	7.67	4.31	3.35	7.90	3.80	4.10	7	26	1	25.0%	92.9%	3.6%	7.74	4.74	2.91
Ella Rowcroft	11.50	6.19	5.31	9.20	4.80	4.40	22	23	21	78.6%	82.1%	75.0%	7.74	4.74	2.91
Forrest (Warrington)	5.75	3.19	2.56	6.90	3.40	3.50	1	2	1	3.6%	7.1%	3.6%	7.74	4.74	2.91
George Earle	6.57	3.29	3.29	8.20	2.60	5.60	0	24	0	0.0%	85.7%	0.0%	7.74	4.74	2.91
ICU	24.28	24.28	0.00	40.60	37.30	3.40	0	0	0	0.0%	0.0%	0.0%	7.74	4.74	2.91
Louisa Cary	7.26	4.84	2.42	13.10	8.70	4.50	0	0	0	0.0%	0.0%	0.0%	7.74	4.74	2.91
John Macpherson	4.03	2.30	1.73	11.40	6.10	5.30	0	0	0	0.0%	0.0%	0.0%	7.74	4.74	2.91
Midgley	5.95	3.17	2.78	6.80	3.20	3.60	1	11	1	3.6%	39.3%	3.6%	7.74	4.74	2.91
SCBU	8.63	5.75	2.88	12.50	9.20	3.30	0	0	10	0.0%	0.0%	35.7%	7.74	4.74	2.91
Simpson	6.57	3.29	3.29	11.90	4.70	7.10	0	0	0	0.0%	0.0%	0.0%	7.74	4.74	2.91
Turner	12.27	3.83	8.43	10.70	4.00	6.60	26	8	26	92.9%	28.6%	92.9%	7.74	4.74	2.91
Brixham	6.40	2.50	3.90	10.30	3.60	6.70	0	5	0	0.0%	17.9%	0.0%	7.74	4.74	2.91
Dawlish	6.56	3.25	3.31	7.00	2.30	4.70	12	20	4	42.9%	71.4%	14.3%	7.74	4.74	2.91
Newton Abbot - Teign Ward	5.33	2.13	3.20	5.70	2.10	3.70	2	13	1	7.1%	46.4%	3.6%	7.74	4.74	2.91
Newton Abbot - Templar Ward	5.43	2.13	3.30	6.00	2.00	4.00	0	16	0	0.0%	57.1%	0.0%	7.74	4.74	2.91
Totnes	5.83	3.28	2.56	6.40	2.70	3.70	2	27	0	7.1%	96.4%	0.0%	7.74	4.74	2.91

- Red Rag Rating indicates where the CHPPD is below the benchmarked average position (Model Hospital Data 2020)
- For February, the overall number of care hours per patient per day for both RN & HCA combined, is marginally below the national average of 9.4 with TSDFT recording 8.46hrs
- This is not a statistically significant and is not in itself, an indicator of inefficient or unsafe staffing levels (Model Hospital data benchmarking 2020)
- In some specialist areas such as ICU and Louisa Cary, the report shows a CHPPD position that exceeds the national specifically in relation to for RN numbers relating to lower occupancy and /or higher acuity of patients. HCA higher CHPPD are related to supporting the backlog of RNs as the enactment of the staffing risk framework for safest COVID staffing is in place.

Community and Social Care Quadrant

Achieved

Number of Delayed Discharges (Community)
- national return suspended

Number of Delayed Transfer of Care (Acute)
- national return suspended

Carers Assessments Completed year to date

Safeguarding Adults - % of high risk concerns where immediate action was taken

Intermediate Care - No. urgent referrals

Percentage of Adults with learning disabilities in employment (ASCOF)

Percentage of Adults with learning disabilities in settled accommodation (ASCOF)

Percentage of reablement episodes not followed by long term SC support (ASCOF)

Proportion of carers receiving self-directed support (ASCOF)

Not Achieved

Permanent admissions (65+) to care homes per 100k population (ASCOF)

Proportion of clients receiving direct payments (ASCOF)

Proportion of clients receiving self-directed support (ASCOF)

Permanent admissions (18-64) to care homes per 100k population (ASCOF)

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

Community Hospital - Admissions (non-stroke)

Under Achieved

ASC Improvement Plan Highlights – 2021 Q4

- The Review and Insights project has continued to provide insight into operational activity within adult social care, identifying themes and risks to be mitigated and reduced in interdependent projects. One such issue raised was in relation to the Transport Policy which has now been reviewed and is in the process of being ratified to enable informed decisions to be made in relation to best practice. This has led to a wide scale review of available policy and procedures to ensure workforce clarity.
- Front Door, Gateway and Flow, one of ASCiP's critical projects, has started formulating the operating model and strategy to meet the needs of Torbay residents who would like or need a service from adult social care. This project begins as ASCiP supporting projects, Training and Development, VCSE and Review and Insights, start to indicate a set of benefits. The Voluntary Sector are critical partners, and TCDT part of the project stakeholders, in this endeavor as work concerning the structure and processes which will result in a high quality customer service continues and supports the strategic commissioning of services for evidenced need in our community. Delivery of this project is anticipated in Summer 2021.
- ASC Market Shaping blueprint will be reviewed for sign off at ASC Transformation Group this week. The blueprint and subsequent plans will work in tandem with the TSDFT ASC market and contract management work currently undertaken and being reported through the ASC Transformation Group.
- Audit work to inform and support ASCiP developments. ASC are developing an approach with TSDFT audit function to complement and support the work being undertaken in the by ASCiP allowing for appropriate scrutiny and challenge in the improvement exercise. Consideration is currently being given to the process of transitions from children's services to adult social care, allowing referrals to be actioned appropriately and in a timely manner in order to promote best practice. Plans for audit activity will be available in 2021/22 Q1. This will be instrumental in planning further improvements and tracking ongoing improvement activity.
- Review of the QAIT teams activity and plans for improvement have begun, which include a centralised recording tool. The TFM tool will enable the team to gather information in one place and will begin to be tested 2021/22 Q1.
- The Voluntary Sector Steering Group is now well established with a high volume of discussion linked to activities within the sector following step down of lock down restrictions.
- Technology Enabled Care is currently working to further engage with colleagues in relation to telecare options. Telecare enables clients who live alone to remain independent and confident in their own homes by providing medication reminders and assistance should a person need reassurance or feel unwell. Development of a training package to support staff understanding is scheduled to begin March 2021.
- The process of transitions from children's services to adult social care is being developed as an integral part of the Front Door, Gate way and Flow project. This will allow children requiring support services to receive a seamless change in service whilst ensuring their needs continue to be met.
- An Innovation Hub is currently being developed with the first draft due to be signed off for further development in March 2021. The Innovation Hub will provide a pipeline for grassroots ideas to be prioritised in line with local strategies. Using a challenge platform ideas and problems will be shared with stakeholders to co-design solutions to emerging issues in the wider adult social care system.

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 Performance Report

2020/21 Performance Scorecard to 28 February 2021

Torbay Social Care KPIs	2020/21 full year target	2020/21 YTD target	Outturn YTD	Comment
% clients receiving self-directed support	94%	94%	74%	Below target (1238 / 1677) Impacted by paris changes for CLS. Workaround changes to assessment summary in progress.
% clients receiving direct payments	28%	28%	21.2%	Below target (356 / 1677). DPs will be addressed as part of the ASC improvement plan.
Permanent admissions (18-64) to care homes per 100k population (rolling 12 month)	14.0	14.0	17.5	A low outturn signifies better performance. Below target (13 admissions compared to target of 10)
Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	450.0	450.0	540.8	A low outturn signifies better performance. Below target (198 admissions compared to target of 161)
Outcome of short term support - % reablement episodes not followed by long term SC support	83%	83%	85.7%	On target.
% carers receiving self directed support	85%	85%	96%	On target.
% Adults with learning disabilities in paid employment	7.0%	7.0%	8.3%	On target.
% Adults with learning disabilities in settled accommodation	80%	80%	80.6%	On target.
Delayed transfers of care from hospital (delays per day) - Torbay residents (BCF)	TBC	TBC	..	A low outturn signifies better performance. KPI reported 1 month in arrears. No data as national collection suspended due to COVID19.

Measure	Target 2020/2021	13 month trend	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Year to date 2020/21
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PUBLIC HEALTH SERVICES

% of face to face new birth visits within 14 days *	95.0%		89.9%	76.4%	81.9%	84.5%	92.4%	94.5%	94.1%	90.7%	95.7%	88.7%	88.0%	90.0%	79.0%	89.3%
Children with a child protection plan *			191	194		223	217	219	221	200	214	221	223			223
4 week smoking quitters (Quarterly) **	200			231			56			124			199			199
Opiate users - % successful completions of treatment (Quarterly) **	Var			6.1%			5.9%			5.4%			4.4%			4.4%

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.

Integrated Performance Report Month 11.pdf

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

Community Services

Measure	Target 2020/2021	13 month trend	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Year to date 2020/21
COMMUNITY BASED SERVICES																
Nursing activity (F2F)			9,261	8,467	6,686	7,407	7,954	8,229	7,177	7,430	7,819	7,857	7,691	7,160	6,916	82,326
Therapy activity	65,415		5,140	4,161	2,231	2,827	3,589	3,779	3,494	3,829	3,578	2,704	2,636	2,772	2,951	34,390
No. intermediate care urgent referrals	0		202	219	230	248	283	242	211	221	200	207	236	174	142	2,394
No. intermediate care placements			49	39	15	6	14	11	17	6	11	17	13	12	13	135
Intermediate Care - placement average LoS			22.0	20.8	25.5	38.7	38.9	18.3	15.8	26.4	16.8	28.8	23.8	33.5	27.0	26.4

The Community Hospital Dashboard should be reviewed in the context of the significant changes in services and service demand from the COVID-19 response. Face to Face contacts have greatly reduced during Covid -19; teams are using virtual telephone and video conferencing.

Community Hospital Dashboard - Summary of Key Measures - February-21

	Act. 19/20 Outturn	Dec-20	Jan-21	Feb-21	Total
<i>Admissions / Discharges</i>					
Total Admissions (General)	2,596	242	248	204	2,420
Direct Admissions (General)	242	15	20	8	166
Transfer Admissions (General)	2,354	227	228	196	2,254
Stroke Admissions	256	17	21	22	191
Transfers from CH to DGH	238	8	19	15	150
<i>Beds</i>					
Bed Occupancy ¹	95.1%	89.8%	94.4%	93.4%	83.0%
Bed Days Lost to Bed Closure	57	16	41	61	242
<i>Length of Stay</i>					
Delayed Discharges		0	0	0	230
Average Length of Stay - Overall (General)	13.1	10.8	11.7	11.5	10.3
Average Length of Stay - Direct Admissions	10.7	9.1	8.9	9.4	8.0
Average Length of Stay - Transfer Admissions	13.4	10.9	11.8	11.6	10.4
Average Length of Stay - Stroke	18.7	15.0	16.7	17.5	14.0
Long LoS (>30 days)	246	9	12	9	59
<i>MIUs</i>					
Total MIU Activity	41,656	1,778	1,421	1,480	20,350
New MIU Attendances	37,118	1,550	1,289	1,298	18,376
All Follow Up Attendances	4,518	228	132	182	1,974
Planned Follow Up Attendances	3,305	175	94	142	1,502
Unplanned Follow Up Attendances	1,213	53	38	40	472
MIU Four Hour Breaches	3	0	1	0	1
Average Waiting Time (Mins) - 95th Pctile	53	42	42	45	42

Community Hospitals

Community hospital admissions remain in-line with pre-covid levels and have seen a slight decrease in bed occupancy to 93.4% in February. Average length of stay of 11.5 days compares well with the 13.1 days over 2019/20.

Care Hotel

In January, as part of the Covid-19 escalation response and to maintain bed capacity within the DGH plans were implemented to open 10 beds in a care hotel facility. This successfully commenced at the end of January and has continued in February to support the safe transfer of patients out of the hospital whilst awaiting care home placements and packages of care.

Notes:

[Integrated Performance Report Month 11.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.

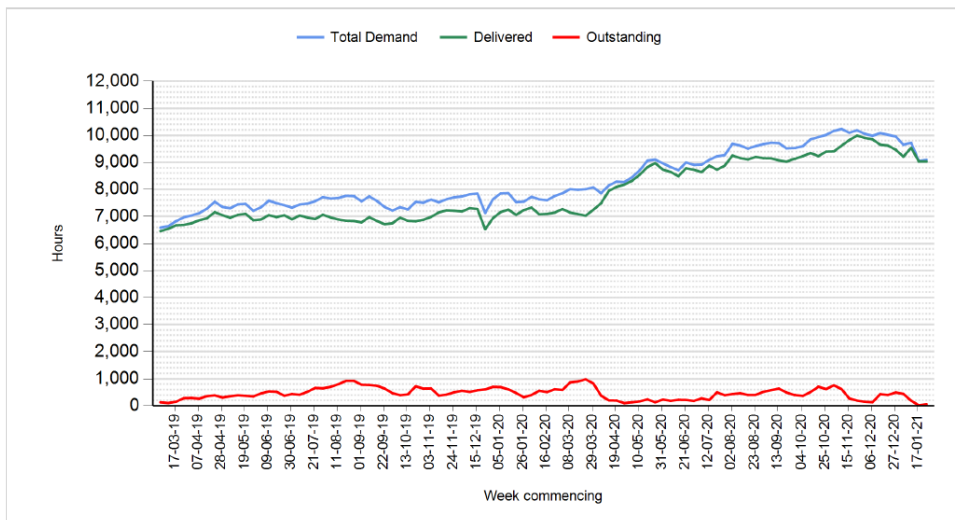
Community Services – Domiciliary Care Hours by Week

Domiciliary Hours by Week (Health & Social Care)

Updated to w/c 25/01/21

Torbay and South Devon 
NHS Foundation Trust

1) Standard domiciliary care delivered and outstanding:



The chart above shows total commissioned domiciliary hours by week for Torbay. The increased number of hours rising from an average of 7000 to 8000 per week rose to 9000 to 10000 per week during the pandemic.

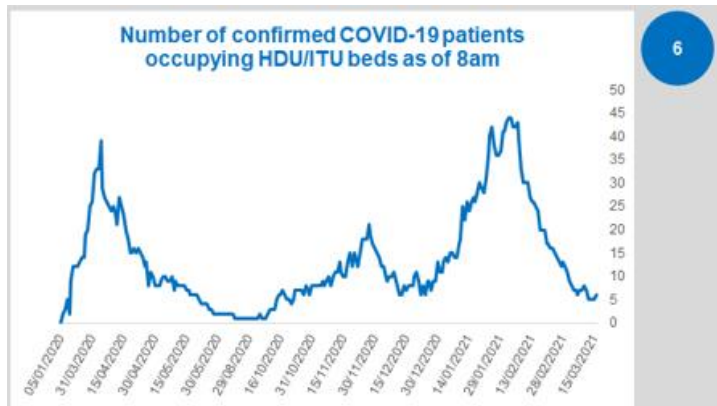
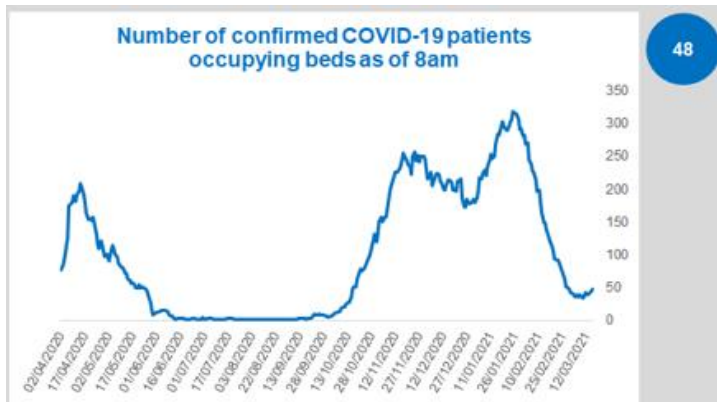
As a provider of Health and Social Care, Trust teams either commission directly from the independent sector or work in partnership with Devon County Council to secure the necessary capacity in the community. This includes domiciliary care which is essential to provide people as much independence as possible avoiding people spending time in bed-based care where this is not adding clinical value. This capacity also enables people to remain safe in their own home. For these reasons, domiciliary care is often referred to as the bedrock of the integrated care model. The Trusts teams are supported with information on the demand and capacity each day as well as the assessment the level of unfilled packages of care. As part of the Trusts response to covid-19 additional capacity has been secured from the independent sector as well as directly within the Trusts rapid response teams. This has included capacity for covid positive home-based care being managed by a specific team each day.

The ability to measure unfilled packages and correlate these with patients awaiting support to step down from short term placement or from community or acute hospital bed provision enables action to be taken to close capacity gaps.

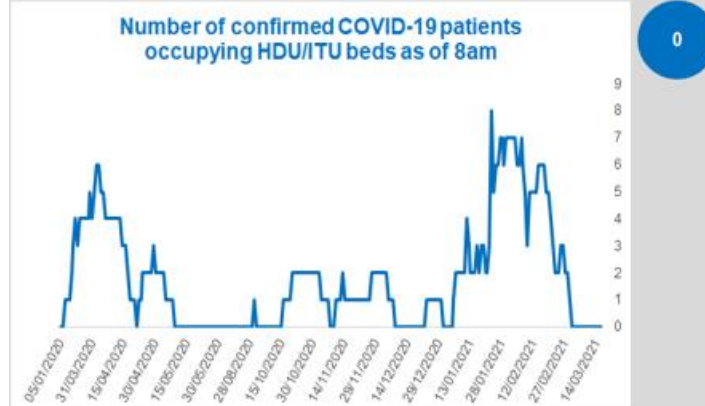
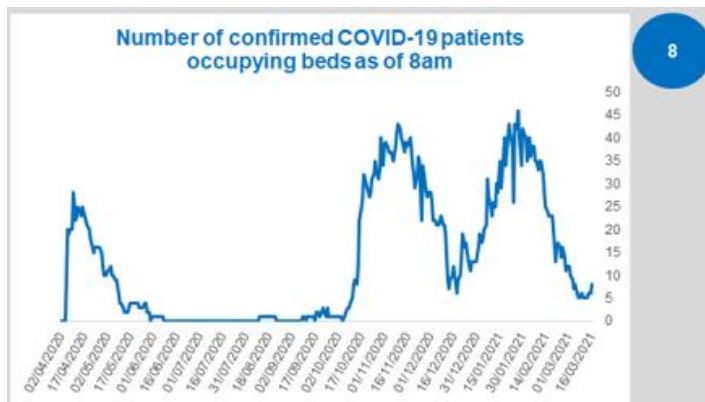
In recent weeks and months, the Trust has been successful in managing these gaps in provision to a very low level as seen in the Graph opposite by the bottom line for outstanding packages of care.

Covid - Hospitalisations

Devon ICS
(as at 16 March 2021)



Torbay and South Devon NHS FT
(as at 16 March 2021)



February has seen the number of patients occupying beds in TSDFT for managing covid-19 gradually reduce in line with modelling.

The gradual stepping down of covid escalation has begun with the second ICU now closed and all ICU patient being managed within the core ICU unit.

Further de-escalation will see the reverting back to pre-surge clinical areas for the Medical and Surgical Receiving Unit by end of March. This will enable the reopening of the Day Surgery Unit to routine elective surgery and beds on the orthopaedic ward also being released back to support routine orthopaedic admissions.

The Nightingale Hospital has now discharged all patients but remains on standby to provide more care if needed. Whilst on standby, the facility will continue to support the Devon system through hosting diagnostic testing.

Operational Performance Summary – March 2021

Covid-19 headlines

From a peak of 45 patients being cared for in hospital with Covid the numbers fell by the end of February to less than 10 patients; this has allowed de-escalation planning to commence:

- Firstly the ICU returning to a single unit (completed) and plans mobilised for moving Medical and Surgical Receiving Units back out of Day Surgery Unit and the return of beds on the orthopaedic ward. These changes to be completed in March 2021.
- Restoring levels of elective activity to pre-covid levels has remained a challenge with prioritisation of urgent elective and emergency patients. In March we will be able to see a return to booking an increased number of routine patients for surgery.
- Continued to use facilities at the local Independent Sector provider to support clinical priority pathways of care.

Recovery and waiting time headlines

The number of patients waiting over 52 week has continued to increase with 1,840 recorded at the end of February.


- Diagnostics MRI scanner replacement completed and recovery plan progressing to support backlog reductions for endoscopy and echocardiography.
- Community services – Community service have implemented a robust escalation plan to support priority service areas over the coming weeks of escalated covid capacity risk. The Care Hotel was successfully commissioned and utilised to free up hospital beds.


Performance monitoring headlines


The latest round of ISU Integrated Governance Group (IGG) meetings were cancelled in February as teams focused efforts on maintaining core hospital and community operations. The IGG meetings will be held in March to formally review all ISU risks and performance against key metrics.


Of note is the improved performance for access to surgery for fractured hip with 93% of patients receiving surgery within 36 hours of admission in February. However the time spent on dedicated stroke ward for patients diagnosed with stroke has fallen to 52%, however, as ward areas are de-escalated and completion of environmental improvements that have been undertaken on several wards over the last six weeks, bed capacity for specialist wards should improve.

Operational Performance Quadrant

 Achieved
Dementia Find (NHSI)
Number of Clostridium Difficile cases reported – not available
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 - Patient waiting longer than 104 days from 2ww
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients
Number of extended stay patients >21 days (daily average)
A&E - patients recorded as >60 min corridor care
Clinic letters timeliness - % specialties within 4 working days
Ambulance handover delays > 30 minutes
Cancer - 28 day faster diagnosis standard

 Under Achieved
A&E - patients with >12 hour visit time pathway
Number of patients >7 days LoS (daily average)

 No target set

 Not Achieved
A&E - patients seen within 4 hours (NHSI)
Ambulance handover delays > 60 minutes
Cancer - 62-day wait for first treatment - 2ww referral (NHSI)
Referral to treatment - % Incomplete pathways <18 wks (NHSI)
Diagnostic tests longer than the 6 week standard (NHSI)
Cancer - Two week wait from referral to date 1st seen
Cancer – 62-day wait for first treatment - screening
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
Trolley waits in A+E > 12 hours from decision to admit
On the day cancellations for elective operations
Cancelled patients not treated within 28 days of cancellation
Bed Occupancy (overall system)

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend									
Patients seen within 4 hours in A&E	Performance M11	<p>The reported performance against the 4-hour standard for February is 79.4%. During February access to inpatient beds has continued to be the main challenge and impact on 4 hour performance. Ongoing IPC escalation and ward closures due to covid-19 and environmental improvement work have been a factor in limiting access to beds.</p> <p>The pathways to Medical and Surgical Receiving Units has helped to spread the demand and ease the impact on crowding within ED.</p>	<p>Building works to reconfigure the emergency floor space to incorporate the additional floor area of the Emergency Assessment Unit has been completed. Heightened IPC controls, surveillance and testing is in place to contain the risk and any impact of covid-19 in Green areas of the hospital.</p> <p>To maintain covid (blue pathway) and Green capacity in ED the Trust has prioritised the continuity of providing both the medical and surgical receiving units.</p>										
	79.4%												
	Performance M10												
	79.4%												
	Target			95%									
	Risk level												
	HIGH												
				<table border="1"> <thead> <tr> <th colspan="3">Trajectories</th> </tr> <tr> <th>M10</th> <th>M11</th> <th>M12</th> </tr> </thead> <tbody> <tr> <td>95%</td> <td>95%</td> <td>95%</td> </tr> </tbody> </table>	Trajectories			M10	M11	M12	95%	95%	95%
Trajectories													
M10	M11	M12											
95%	95%	95%											

Patients waiting longer than 18 weeks from Referral to Treatment	Performance M11	<p>The total number waiting for treatment is 25,739 an increase of 191 over last month. Concerns that these long waits will cause harm - we are reporting patients waiting over 78 weeks with exception reports for any wait over 104 weeks (currently 1 patient). The Trust has gone beyond the national requirement and are prioritising all patients on the waiting list. Activity levels for Ip and Dc treatments have been severely restricted from the recent covid surge and not achieving the Phase 3 recovery submission with the loss of beds access to elective beds and DSU being stood down.</p>	<p>Operational focus continues on maintaining urgent and cancer related work. The use of Mount Stuart Hospital facilities has been extended to offset some of the lost capacity. De-escalation plans are being implemented to return of day surgery unit and elective capacity by the end of March. Looking ahead the COO is reviewing operational plans for 21-22 with teams to optimise activity within available resources. Insourcing continues at weekends in ophthalmology and endoscopy.</p>																
	61.4%																		
	Performance M10																		
	61.8%																		
	Target			92%															
	Risk level																		
	HIGH																		
				<table border="1"> <thead> <tr> <th>Activity variance vs previous year</th> <th>M10</th> <th>M11</th> </tr> </thead> <tbody> <tr> <td>Op new</td> <td>-19.9%</td> <td></td> </tr> <tr> <td>OP Follow up</td> <td>-25.8%</td> <td></td> </tr> <tr> <td>Day Case</td> <td>-29.8%</td> <td>-23.4%</td> </tr> <tr> <td>Inpatient</td> <td>-33.4%</td> <td>-44.7%</td> </tr> </tbody> </table>	Activity variance vs previous year	M10	M11	Op new	-19.9%		OP Follow up	-25.8%		Day Case	-29.8%	-23.4%	Inpatient	-33.4%	-44.7%
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M10	M11	M12																	
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 M11	<p>Performance against the 62-day referral to treatment standard in February is 76.3%. The highest risk specialties are – Urology and lower GI against the 62 day target.</p> <p>Referrals into urgent cancer pathways are now back to pre covid levels.</p> <p>Teams continue to prioritise capacity to see, diagnose, and treat patients on cancer pathways.</p> <p>Delays are being seen with the time from referral to appointment in Lower GI, Urology, Skin, and Head and Neck specialties.</p> <p>Clinical staff vacancies remain a challenge in oncology consultant cover.</p>	<p>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 to maintain timely access despite several relocation of the day unit throughout the covid escalation period.</p> <p>Recruitment is in place and progressing for specialty Dr posts and mutual aid has been requested to support clinical oncology consultant cover for new breast pathways.</p>	
	76.3%			
	Performance M10			
	73.8%			
	Target			
	85%			
	Risk level			
HIGH				
Diagnostic tests longer than 6 weeks	Performance M11	<p>Diagnostic waiting times for Endoscopy Echocardiography MRI remain a risk to the timely treatment of cancer and urgent patients.</p> <p>All opportunities for additional mobile capacity, outsourcing and mutual aid from neighbouring trusts have been explored.</p>	<p>Progress has been made with the endoscopy estates compliance with the third endoscopy room</p> <p>The plans in place to bring in additional echocardiography capacity is starting to impact on waits with the trajectory confirmed to achieve the 6 week standard by end of April. CT waits have improved but remain a risk.</p> <p>The replacement MRI scanner is operational with some further training to complete to increase capacity.</p>	
	40.4%			
	Performance M10			
	49.1%			
	Target			
	1%			
	Risk level			
HIGH				
Trajectories				
M10	M11	M12		
85%	85%	85%		
M10	M11	M12		
1%	1%	1%	Page 36 of 100	

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend																														
Dementia Find	Performance M11	Performance against the Dementia Find assessment standard remains above the target of 90%.	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.	<table border="1" style="display: none;"> <caption>Monthly Performance Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Feb-20</td><td>98.3</td></tr> <tr><td>Mar-20</td><td>98.3</td></tr> <tr><td>Apr-20</td><td>98.3</td></tr> <tr><td>May-20</td><td>98.3</td></tr> <tr><td>Jun-20</td><td>98.3</td></tr> <tr><td>Jul-20</td><td>94.8</td></tr> <tr><td>Aug-20</td><td>98.3</td></tr> <tr><td>Sep-20</td><td>98.3</td></tr> <tr><td>Oct-20</td><td>98.3</td></tr> <tr><td>Nov-20</td><td>98.3</td></tr> <tr><td>Dec-20</td><td>98.3</td></tr> <tr><td>Jan-21</td><td>98.3</td></tr> <tr><td>Feb-21</td><td>98.3</td></tr> </tbody> </table>			Month	Performance (%)	Feb-20	98.3	Mar-20	98.3	Apr-20	98.3	May-20	98.3	Jun-20	98.3	Jul-20	94.8	Aug-20	98.3	Sep-20	98.3	Oct-20	98.3	Nov-20	98.3	Dec-20	98.3	Jan-21	98.3	Feb-21	98.3
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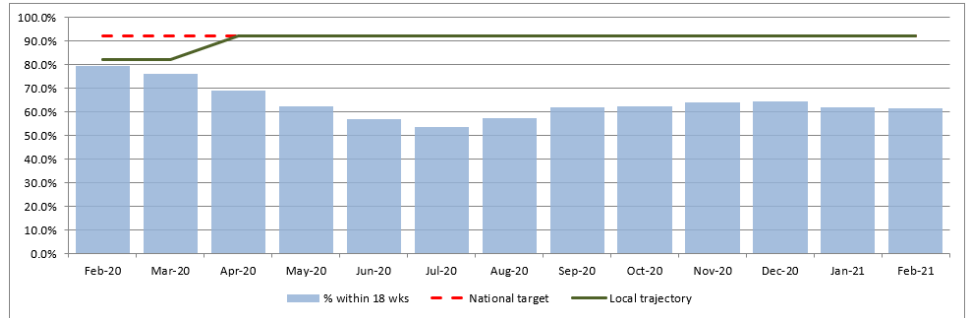
NHSI Performance – Referral to Treatment (RTT)

Services with greater than 100 patients waiting over 18 weeks

FEBRUARY 2021 Incomplete 92% Table - National Speciality

Submitted Spec	>126		Grand Total	% < 18wk
	Incomplete IPDC >126	Incomplete Outpatients >126		
Respiratory Medicine		118	672	82.44
Pain Management	57	102	441	63.95
Dermatology		225	1051	78.59
Gynaecology	159	130	1533	81.15
Cardiology	16	298	1148	72.65
Neurology	5	323	698	53.01
Paediatrics	3	395	1187	66.47
Colorectal Surgery	113	342	972	53.19
Oral Surgery	173	331	1470	65.71
Gastroenterology	382	178	1822	69.26
ENT	129	482	1630	62.52
Upper Gastrointestinal Surgery	379	369	1272	41.19
Urology	371	820	2285	47.88
Trauma & Orthopaedics	964	720	3053	44.84
Ophthalmology	467	1415	4429	57.51
Grand Total	3311	6631	25739	61.37

Referral to Treatment – incomplete pathways



Referral to Treatment: RTT performance in February has plateaued with the proportion of people waiting less than 18 weeks at 61.4%; 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 slightly to 25,739 from 25,548 an increase of 191 from the January position. This is below our Phase 3 trajectory in M11 of 31,715 with end of year of planning trajectory of 32,744.

52 week waits: For February 1,823 people will be reported as waiting over 52 weeks, this being an 253 increase on last month’s 1570, but remains ahead of our Phase 3 trajectory of 2429 and end of year phase 3 planning trajectory of 2731 (Current forecast for Mar-21 2125). Two additional thresholds for waits are now also being reported >78wks – currently 210 and >104wks – currently 4. The impact of COVID-19 continues to adversely affect levels of activity and performance. Despite good progress across many areas, in Month 11 the activity levels reported remain below pre-COVID levels when compared to the same month last year. Teams are being asked to review their plans as current performance does not see the planned return to pre covid levels of activity by March 2021

Recovery planning: It is planned to re-open Day Surgery on the 29th March and patients will be booked in line with the current clinical prioritisation requirements ensuring that capacity is directed more urgent clinical priorities. Insourcing and Outsourcing will continue in April and May, although discussion are ongoing as to funding. Timely access to diagnostics and capacity for outpatients consultations that require a face to face interface also remain a challenge whilst complying with patient distancing constraints. Work continues to transform Outpatients with a shift to non-face to face appointments but there remains more work to do with our percentage of non face to face delivered outpatients being below National and local peers. Waiting time forecasting is therefore not showing any reductions in RTT waiting times in the short term. Medium to longer terms plans will need to ensure that services are stood back up as soon as COVID capacity allows and the full implementation of new models of care in the delivery of non face to face consultations and capacity to address historical infrastructure and capacity constraints in theatres and diagnostics. The work cross the Devon system to align capacity for elective and non elective care will become increasingly relevant in the success of our recovery plans. Teams are being asked to review there plans in line with the ask for 2021/22 Business planning

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 Performance – Follow ups

Specialities with the highest follow up appointment backlog (January 2021)

Specialty	Weeks Past TBS		
	6-12 Weeks	12-18 Weeks	18+ Weeks
OPHTHALMOLOGY	1055	919	4917
ENT	222	211	863
RHEUMATOLOGY	259	244	770
PAEDIATRICS	235	207	433
NEUROLOGY	229	206	420
CARDIOLOGY	302	118	363
ORTHOPTICS	113	109	386
UROLOGY	157	83	335
RESPIRATORY MEDICINE	111	60	314
ORTHODONTICS	49	40	344
AUDIOLOGY	12	6	406
GERIATRIC MEDICINE	90	68	259
COLORECTAL SURGERY	69	73	274
TRAUMA & ORTHOPAEDICS	115	51	219
GYNAECOLOGY	85	38	163
BREAST SURGERY	24	15	203
DERMATOLOGY	105	52	58
Grand Total	3606	2624	10989

Specialities with the highest follow up appointment backlog (February 2021)

Specialty	Weeks Past TBS		
	06-12 Weeks	12-18 Weeks	18 Weeks +
Ophthalmology	703	1246	4718
Ear Nose Throat	165	241	836
Rheumatology	131	295	718
Paediatrics	156	241	431
Orthoptist	91	107	383
Neurology	115	252	382
Urology	70	161	341
Orthodontics	42	48	303
Respiratory Medicine (Chest)	47	105	299
Colorectal Surgery	47	78	273
Geriatric Medicine	82	114	271
Breast Surgery	17	33	204
Orthopaedics	63	106	196
Cardiology	72	77	153
Gynaecology	56	77	151
Cardiac Testing	142	129	128
Diabetic	45	61	75
Restorative Dentistry	13	60	51
Grand Total	2320	3642	10089

The table above shows the specialties with the highest backlog for follow appointments. The number of overdue follow ups in the 18 plus weeks category has reduced by 900 patients.

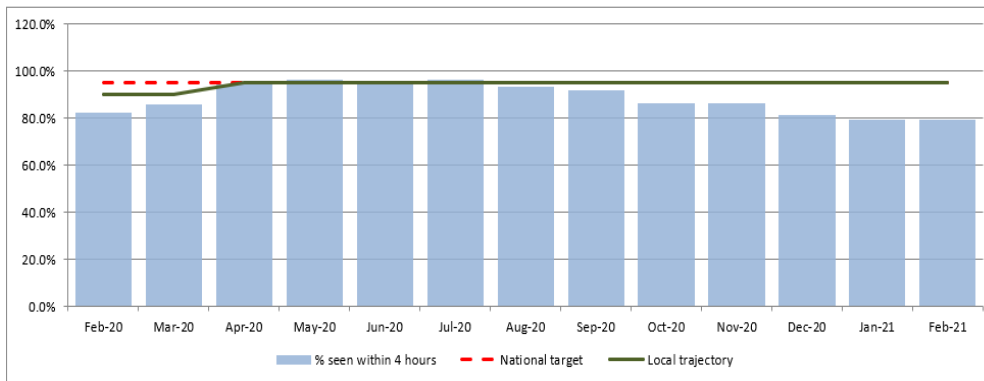
Of the 16,051 patients waiting 6-weeks or more past the intended clinical review date; 15,411 have already received first definitive treatment.

A process is in place to report to the Harm Review Group and Quality Assurance Group giving assurance with risk assessment against the cohorts of longest waiting patients by specialty.

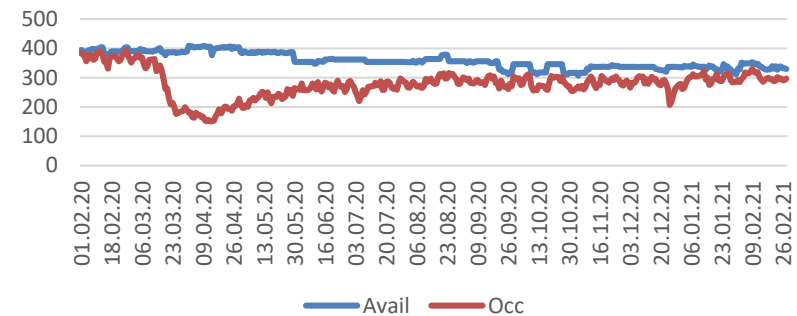
The incident reporting process in Datix will be relied upon to document any actual harm that is encountered and this will again be reported through the Harm Review Group with appropriate Root Cause Analysis.

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

A&E and MIU patients seen within 4 hours



Bed Occupancy (Acute) - Available vs Occupied



Operational delivery:

The Emergency Department activity remains at 70 - 80% or pre covid levels. An increasing level of direct admissions to the Surgical and Medical Receiving Units (30% of emergency admissions) and expanded floor area have helped to reduce the potential for overcrowding in the ED department. Performance against the 4 hour standard however, has continued to deteriorate with performance for February reported at 79.4% of patients discharged or admitted in under 4 hours. Access to suitable inpatients beds has contributed to these delays with infection prevention controls in place effectively reducing available bed capacity and increasing bed occupancy. The levels of escalation as recorded by the Daily OPEL score reflect system pressure with 28 days at OPEL 3. Building works to reconfigure the department and expand into the footprint of EAU3 (previous emergency assessment ward) now complete. Staffing pressures and covid related absences have continued with reliance on bank and agency to maintain full staffing rota.

12 hour Trolley wait: Three patients are reported as having a trolley wait from decision to admit to admission to an inpatient bed of over 12 hours.

Ambulance Handovers : In February there were 20 ambulance delay over 60 minutes; delays of over 30 mins increased from 75 to 82.

Escalation status

Opel status	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Opel 1	5	17	25	21	22	28	24	13	2	0	1	0	0
Opel 2	12	13	5	9	22	3	7	16	8	14	16	4	0
Opel 3	8	1	0	1	0	0	0	1	21	17	14	26	28
Opel 4	4	0	0	0	0	0	0	0	0	0	0	1	0
A&E Performance	82.2%	86.1%	94.1%	96.5%	94.8%	96.4%	93.5%	91.9%	86.2%	86.5%	81.2%	74%	79%
Bed Occupancy (Acute)	97.8%	92.4%	54.6%	64.8%	75%	75.2%	80.0%	83%	88%	85%	83%	89%	89%

Cancer treatment and cancer access standards

CWT Measure	Target	January 2021				February 2021			
		Within Target	Breached Target	Total	Performance	Within Target	Breached Target	Total	Performance
14 Day - 2ww referral	93%	953	284	1237	77.0%	994	112	1106	89.9%
14 Day - Breast Symptomatic referral	93%	68	21	89	76.4%	100	3	103	97.1%
31 Day 1st treatment	96%	195	11	206	94.7%	176	2	178	98.9%
31 Day Subsequent treatment - Drug	98%	85	1	86	98.8%	83	0	83	100.0%
31 Day Subsequent treatment - Radiotherapy	94%	54	1	55	98.2%	54	0	54	100.0%
31 Day Subsequent treatment - Surgical	94%	29	1	30	96.7%	30	2	32	93.8%
31 Day Subsequent treatment - Other		26	0	26	100.0%	13	0	13	100.0%
62 day 2ww / Breast	85%	89	30.5	119.5	74.5%	78.5	22.5	101	77.7%
62 day Screening	90%	7	2	9	77.8%	5	1	6	83.3%
62 day Consultant Upgrade		0	1	1	0.0%	2	0	2	100.0%

As of 12/03/2021 - 2ww referrals are down in 2020/21 by 14% compared to 2019/20. The number of confirmed cancers is reduced by 27% (approx. 630 cancers). This trend is seen across all the specialties and raises concern that patients will be presenting with later stage cancer, requiring more diagnostics and complex treatments. We have also seen in many specialties, an increase in patients being diagnosed through an emergency/urgent pathway rather than a 2ww referral. These patients are presenting at a later stage with more complex diagnosis and treatment needs.

Cancer standards The table above shows the position for February 2021 (as at 10th March 2021). *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: 89.6% is below the standard of 93%. We have seen a continued increase in referrals with the number of urgent referrals being now back to or exceeding pre covid levels. The most challenged pathways continue to be Urology (31%), Lower GI (72%) and Breast (73%).

28 days From Referral to Diagnosis: Performance in February is 77% against the target of 75%.

NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard has remained at similar level to previous months with 77% within target meaning 23 patients treated falling outside the target time of referral to treatment within 62 days.

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

In February, nine patients with confirmed cancer were treated beyond 104 days. The number of patients being tracked over 62 days has not increased with no significant change to historical levels.

All of the long wait patients are reviewed by the cancer team with pathway queries escalated to operational teams and the RTT Risk and

Cancer standards – speciality level

Site	2ww (93%)					62 day (85%)					28 day (75%)				
	Oct	Nov	Dec	Jan	Feb	Oct	Nov	Dec	Jan	Feb	Oct	Nov	Dec	Jan	Feb
Breast	93% (203/16)	79% (185/49)	86% (157/25)	72.2% (130/50)	90.5% (152/16)	100% (12/0)	94% (61/1)	89% (16.5/2)	86.2% (12.5/2)	76.9% (10/3)	98% (155/3)	96% (221/10)	96% (181/8)	89.8% (150/17)	100% (44/0)
Breast Symptomatic											97% (78/2)	99% (74/1)	92% (79/7)	77.1% (74/22)	100% (9/0)
Gynae	97% (114/3)	94% (90/6)	95% (90/5)	94.6% (88/5)	92% (81/7)	50% (1/1)	43% (3.5/2)	71% (2.5/1)	100% (2.5/0)	100% (5.5/0)	70% (69/30)	65% (64/34)	68% (62/29)	71.8% (56/22)	47.8% (11/12)
H&N	49% (61/63)	59% (94/64)	78% (90/26)	67.8% (80/38)	87% (107/16)	100% (1/0)	100% (2/0)	100% (5/0)	100% (1/0)	66.7% (4/2)	74% (81/29)	87% (112/17)	70% (86/37)	77.1% (91/27)	92.5% (49/4)
Haem	50% (1/1)	100% (12/0)	100% (10/0)	100% (12/0)	100% (7/0)	33% (2/4)	67% (2/1)	100% (1/0)	75% (3/1)	100% (4/0)	100% (22/0)	86% (6/1)	79% (11/3)	90% (9/1)	100% (2/0)
LGI	80% (174/43)	88% (189/26)	82% (158/35)	72.6% (159/60)	91.3% (157/15)	30% (3/7)	71% (6/3.5)	62% (5/3)	66.7% (6/3)	88.9% (8/1)	38% (98/162)	63% (70/122)	38% (64/105)	35.8% (68/122)	55.3% (21/17)
Lung	80% (22/3)	68% (16/7)	73% (11/4)	66.7% (14/7)	84% (21/4)	78% (7/1)	100% (3/0)	100% (2/0)	50% (1/1)	100% (1/0)	100% (22/0)	94% (15/1)	72% (13/5)	94.4% (17/1)	100% (3/0)
Skin	71% (365/155)	98% (403/7)	78% (301/87)	94.4% (306/18)	97.2% (344/10)	92% (36/4)	82% (28/6)	88% (36.5/5)	88.9% (32/4)	89.2% (33/4)	82% (416/92)	75% (309/101)	83% (294/58)	75.2% (239/79)	84.6% (55/10)
Testi	89% (8/1)	100% (9/0)	100% (9/0)	100% (7/0)	83.3% (5/1)			100% (1/0)		100% (1/0)	86% (6/1)	70% (7/3)	89% (8/1)	100% (8/0)	100% (2/0)
UGI	81% (71/17)	88% (86/12)	77% (61/18)	80.3% (106/26)	91.2% (62/6)	0% (0/2)	86% (7/1)	80% (4/1)	100% (3/0)	100% (6/0)	82% (76/17)	86% (87/14)	79% (65/17)	85.3% (99/17)	83.3% (10/3)
Urol	40% (41/61)	46% (44/52)	45% (46/55)	31.8% (41/88)	60.6% (57/37)	34% (7.5/16)	48% (8/9)	31% (6/13.5)	30.8% (6/13.5)	29.4% (5/12)	44% (44/56)	44% (32/41)	54% (41/35)	51.6% (48/45)	25% (3/9)
Aggregate	75% (1059/368)	84% (1131/223)	78% (933/255)	76.3% (943/293)	89.9% (993/112)	68% (70.5/35)	77% (76.5/23.5)	76% (82.5/25.5)	73.8% (69/24.5)	77.7% (78.5/22.5)	73% (1048/393)	74% (1000/345)	75% (904/305)	70.8% (859/354)	79.5% (209/54)
	(Total <14 DAYS / Total >14 days)					(Total <62 days / Total >62 days)					(Total <28 days / Total >28 days)				

Mitigating Actions

Urology : Plans include increasing capacity for urgent outpatients and diagnostic assessments – this will require additional OP based facilities configured for one stop processes and an increase in the number of cystoscopes. Team are currently working up plans with estates and capital approvals.

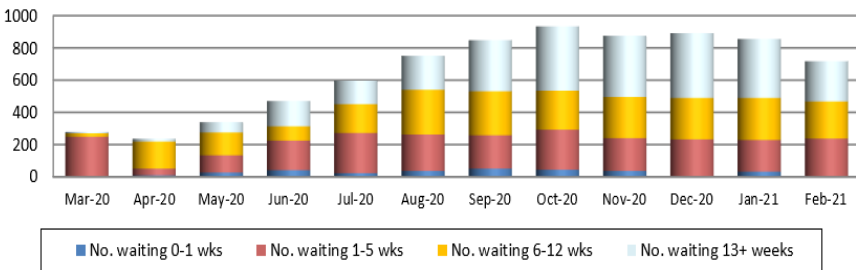
Lower GI – Diverting proportion of GP referrals into UHP representing 1 days worth of weekly activity as part of mutual aid is in place – The 3rd endoscopy room is back on line at end January this together with 5 lists per week at MSH and continuation of weekend insourcing (2 weekends per month) will start to reduce delays in the diagnostic phase of the

NHSI indicator - patients waiting over 6 weeks for diagnostics

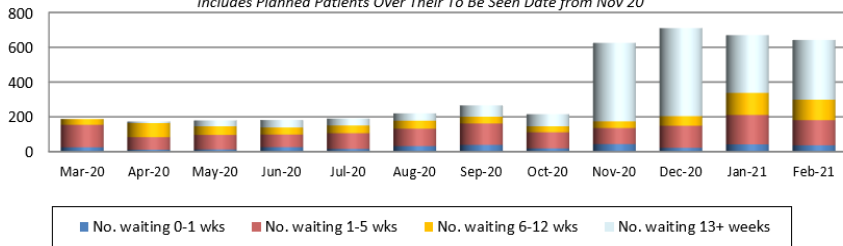
Diagnostic tests longer than the 6 week standard

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Patients	2816	2652	2266	2361	2883	2948	3207	3446	3810	4624	4989	5013	4934
Waiting longer than 6 weeks	207	299	1080	1282	1186	911	1106	1295	1312	1957	2389	2462	1992
% over 6 weeks	7.4%	11.3%	47.7%	54.3%	41.1%	30.9%	34.5%	37.6%	34.4%	42.3%	47.9%	49.1%	40.4%
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	6.6%	6.2%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%

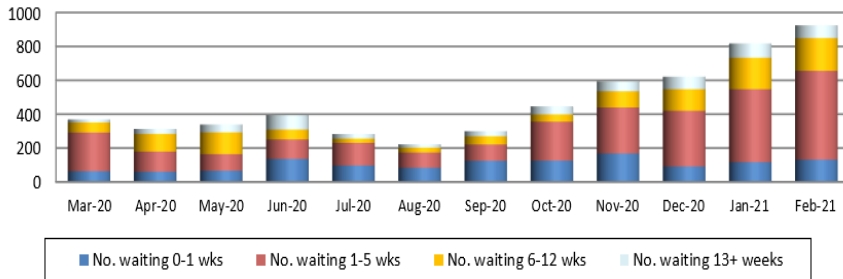
Numbers On Cardiology (Echocardiography) Waiting List Over Time



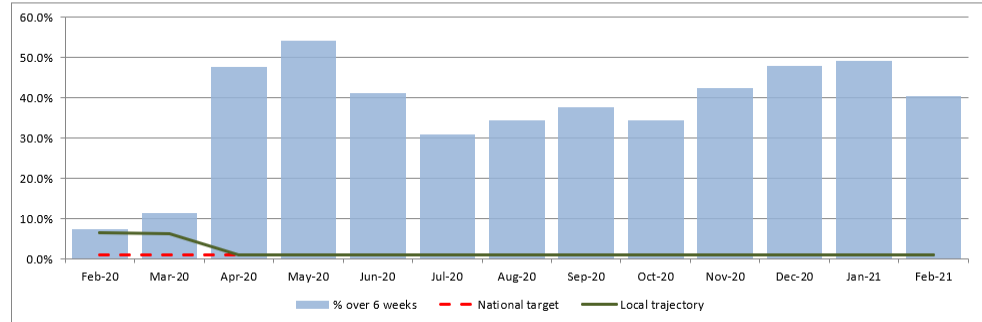
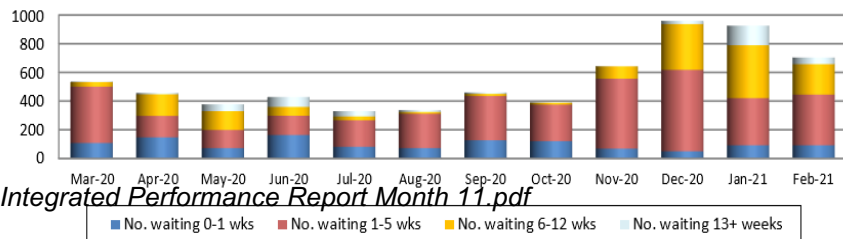
Numbers On Colonoscopy Waiting List Over Time
Includes Planned Patients Over Their To Be Seen Date from Nov 20



Numbers On MRI Waiting List Over Time



Numbers On CT Waiting List Over Time



This month has seen a decrease in the percentage of patients with a diagnostic waiting time over six weeks to 40.4% from 49.1% in January.

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 shown opposite are echocardiography, colonoscopy, endoscopy, and increasingly MRI investigations. CT waits have shown a reduction however capacity is still reliant on mobile insourcing capacity.

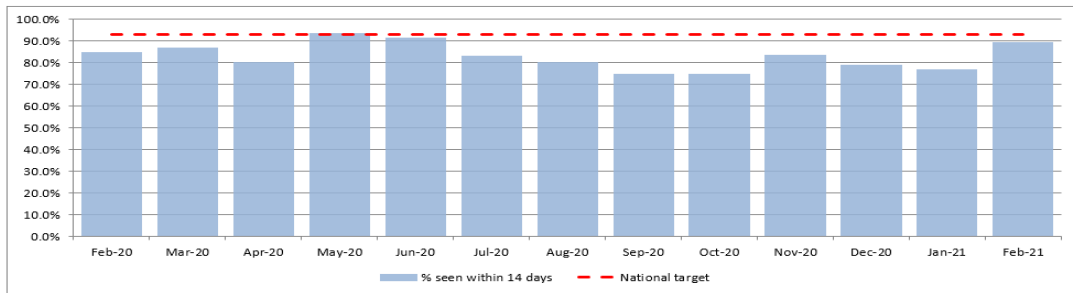
The 3rd CT installation that commenced in December 2020 remains on schedule for completion in May /June 2021.

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

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
2ww referrals seen	1251	1397	549	847	1071	1281	1217	1336	1410	1345	1183	1235	1112
2ww breaches	190	180	107	54	92	213	242	333	356	221	250	283	117
% seen within 14 days	84.8%	87.1%	80.5%	93.6%	91.4%	83.4%	80.1%	75.1%	74.8%	83.6%	78.9%	77.1%	89.5%
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%

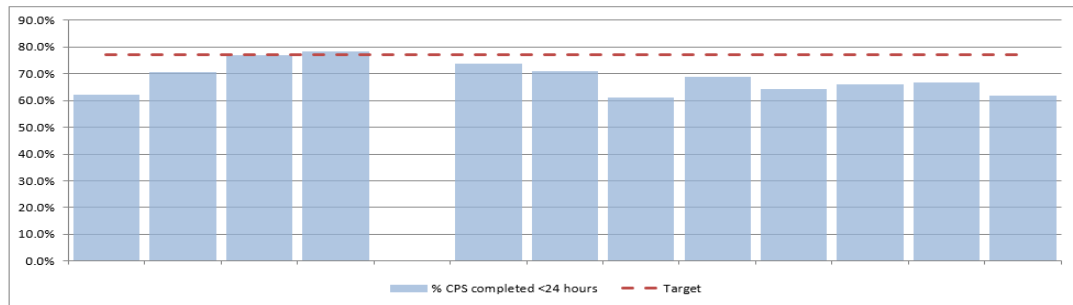


Cancer two-week wait referral

The number of cancer two-week wait referrals are now just below pre-covid levels. Performance is below the 93% standard at 89.5% of patients seen within two weeks from referral.

Care Plan Summaries completed within 24 hours of discharge - Weekday

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Discharges	1560	1376	885	1039	n/a	1405	1425	1361	1324	1176	1436	1157	1049
CPS completed within 24 hours	967	972	681	815	n/a	1034	1011	832	913	754	950	774	650
% CPS completed <24 hours	62.0%	70.6%	76.9%	78.4%	n/a	73.6%	70.9%	61.1%	69.0%	64.1%	66.2%	66.9%	62.0%
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%

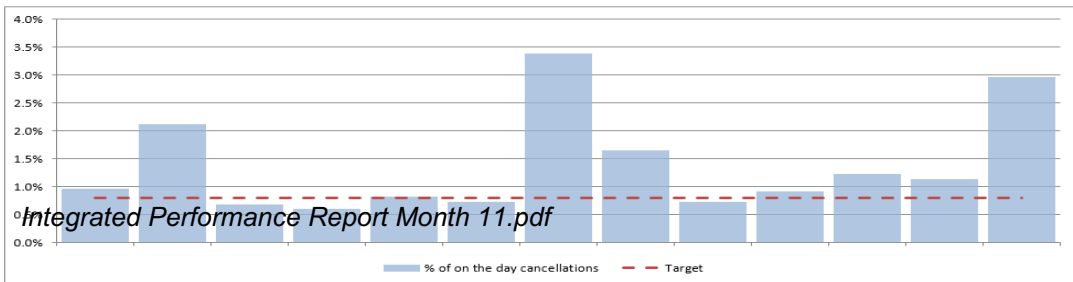


Care Planning Summaries (CPS)

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. This has been escalated through the Integrated Governance Group to clarify the plan in place and trajectory to improve performance. The impact of making this a mandatory field are being assessed against the risk of delaying discharge. At the present time improvement focus is on maintaining ward capacity covid escalation response so no significant change is forecast.

On the day cancellations for elective operations

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Cancellations	32	56	8	9	15	18	74	46	20	26	35	29	71
Elective spells	3332	2631	1174	1503	1826	2446	2189	2772	2742	2835	2835	2550	2400
% of on the day cancellations	1.0%	2.1%	0.7%	0.6%	0.8%	0.7%	3.4%	1.7%	0.7%	0.9%	1.2%	1.1%	3.0%
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 total number of elective procedures has continued to be reduced with only urgent cases being admitted. There continues to be some humidity problems in eye theatres that has led to some cancellations.

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

CAMHS

- The CAMHS Service is under pressure due to high vacancy numbers, interim positions in key workforce roles, demand outstripping capacity, COVID response, local, national and regional developments requiring CAMHS time, newly funded service growth (MHST, WERS), internal service improvements and CFHD service redesign and consultation.
- Acute, crisis and out of hours activity is an area of focus, with additional staff redeployed to work weekends through COVID. The crisis service model is under pressure to meet the required service that has been commissioned in line with the ambitions of the Long Term Plan.
- Safeguarding Children level 3 training remains a focus for the team with plans in place that should achieve 90% compliance by end of March 2021.
- There has been increased demand for Eating disorder referrals; routine waits are now starting to appear.
- COVID challenges are noted in relation to shared sites with DCC colleagues who are working to different PPE Guidance.

Integrated therapies and nursing

- RTT performance has improved in Learning Disability and Physiotherapy services. Autistic Spectrum Disorder (ASD), Speech and Language Therapy (SLT) have the greatest challenge on reducing waiting times for treatment. Plans to address waiting lists and are being monitored with the CCG and Integrated Governance Group.
- Heavy focus on waiting list initiative work for SLT, Occupational Therapy and ASD services, has resulted in improved understanding for teams around how data quality can equal good outcomes for CYP, families and carers.
- In February teams have focused on their recovery plans with the completion of capacity and demand analysis.
- Work is progressing towards System One as a single clinical records system across CFHD with CAMHS planned to be early adopters.

18 week RTT Performance

February 2021		RTT % <18 weeks		Caseload		
Service	RTT longest waits (weeks)	Feb - 19	Feb - 20	Feb - 19	Feb - 20	Change last 12 months
CAMHS	65.6	79.8%	73.5%	4304	4202	- 102
Occupational Therapy	50.6	67.1%	62.1%	1192	1174	- 18
Speech and Language Therapy	108.6	71.1%	49.5%	3922	5081	+ 1159
Autistic spectrum assessment team	140.6	26.3%	16.8%	2027	3522	+ 1495
Physiotherapy	34.4	95.5%	82.7%	492	529	+ 37
Learning disability	32.1	93.7%	77.8%	296	272	- 24

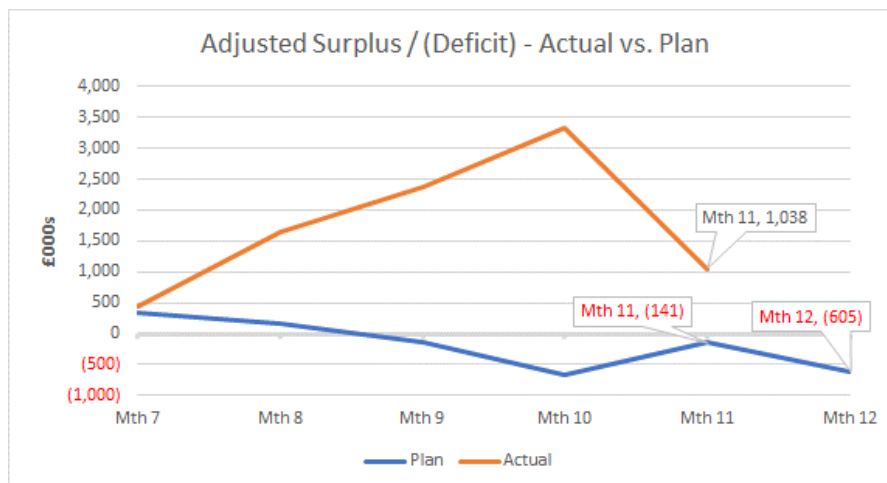
Financial Performance – Month 11

Financial Overview – Month 11, February 2021

High Level Summary

For Period ended - 28 February 2021, Month 11			
	Plan £m	Actual £m	Variance £m
Total Operating Income	498.93	492.54	(6.38)
Total Operating Expenditure	(493.96)	(486.44)	7.52
Adjusted Surplus/(Deficit)	(0.14)	1.04	1.18
Capital		21.49	
Cash & Cash Equivalents	47.80	75.79	28.00

Adjusted Surplus / (Deficit)



Operating Income

Operating income for the year to date totals £492.5m, within which income for patient care activities totals £440.3m. The position includes the return of £4m COVID funding received in excess of requirements.

Operating Expenditure

Total operating expenditure of £486.4m, includes £251.0m of staff costs. The favourable variance is driven by reduced non-pay expenditure compared to plan.

Adjusted Surplus / (Deficit)

Due to the funding arrangement for 2020/21, Months 1 to 6 delivered a break-even position. A revised plan was set for Months 7 to 12, and at Month 11 the Trust is recording a £1.2m favourable variance against plan.

Cash

The Trust continues to post a healthy cash position, due to block payments received in advance. However, it should be noted that the advance payment will be unwound in the coming months.

Capital

To date the Trust has spent approx. 55% (£21.5m) of its plan. A significant level of expenditure is still expected to be transacted in Month 12.

I&E Position – Month 11, February 2021

Income & Expenditure – Performance versus Plan

£m	M11 - In Month			M11 - YTD		
	Budget	Actual	Variance	Budget	Actual	Variance
Patient Income - Block	29.31	29.28	(0.03)	315.43	314.98	(0.45)
Patient Income - Variable	3.47	3.39	(0.08)	37.88	37.94	0.06
ASC Income - Council	4.10	4.01	(0.09)	49.30	48.91	(0.39)
Other ASC Income - Contribution	0.81	0.94	0.13	10.10	10.47	0.37
Torbay Pharmaceutical Sales	1.96	1.54	(0.42)	20.49	17.30	(3.19)
Other Income	3.50	3.80	0.30	31.73	33.65	1.92
Covid19 - Top up income	4.07	0.07	(4.00)	34.00	29.21	(4.79)
Total (A)	47.22	43.03	(4.19)	498.93	492.46	(6.47)
Pay - Substantive	(22.79)	(22.56)	0.23	(243.56)	(244.46)	(0.90)
Pay - Agency	(0.58)	(0.57)	0.01	(6.01)	(6.58)	(0.57)
Non-Pay - Other	(12.29)	(10.76)	1.53	(125.15)	(119.35)	5.80
Non-Pay - ASC/CHC	(9.11)	(9.39)	(0.28)	(104.63)	(101.55)	3.08
Financing & Other Costs	(2.00)	(2.04)	(0.04)	(20.52)	(20.20)	0.32
Total (B)	(46.77)	(45.32)	1.45	(499.87)	(492.14)	7.73
Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)	0.45	(2.29)	(2.74)	(0.94)	0.32	1.26
NHSE/I Adjustments - Donated Items	0.07	0.00	(0.07)	0.80	0.72	(0.08)
Adjusted Financial performance - Surplus / (Deficit)	0.52	(2.29)	(2.81)	(0.14)	1.04	1.18

In Month 11 the Trust recorded a deficit of £2.29m against a planned surplus of £0.52m.

The year to date position shows a surplus of £1.04m against a planned deficit of £0.14m, giving a favourable variance of £1.18m.

Income

- Higher Adult Social Care (ASC) income is matched by cost, and also includes increased client contributions.
- Torbay Pharmaceutical sales are still lower than planned, in month (£0.42m).
- Other income has increased due to receipt of additional higher education and training funds.
- COVID income is £4.0m lower due to the return of funds received in excess of requirements.

Pay

- There is a favourable variance in month due to lower than planned spend linked to investment in stepping back up services, and vacancies.
- Agency cost is in line with budget.

Non-pay

- Main drivers of the favourable non-pay position include: lower than planned clinical supplies costs (£0.9m), lower Drugs issues (£0.3m), lower outsourcing and assessments costs offset by £0.4m relating to the waiver of an unpaid grant balance.
- The adverse position for ASC/CHC costs is mainly in ASC areas, primarily Residential Short Stay expenditure, where activity was higher than anticipated. In addition there was higher than budgeted spend across a number of areas including Day Care, Domiciliary Care, Supported Living, and Long Stay Nursing.

Forecast Outturn, Risk & Mitigations

Forecast

The Trust is currently forecasting that it will achieve its second half plan by year end. It should be noted that an increase in the annual leave accrual, currently estimated at £1.63m, will not be taken into account when assessing delivery of the agreed plan.

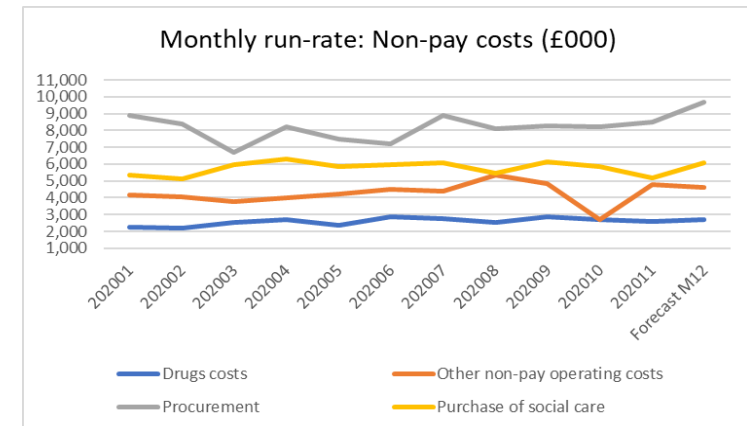
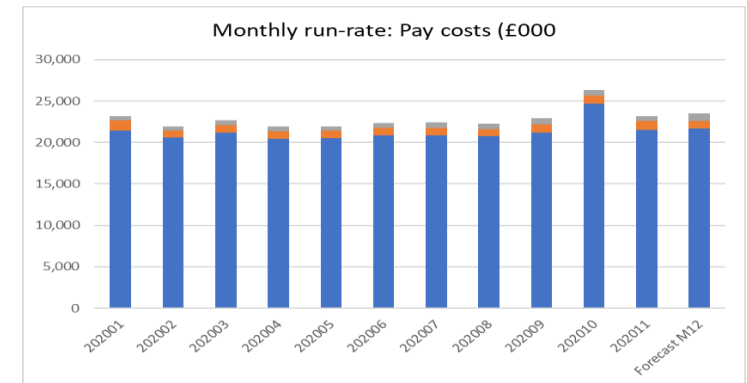
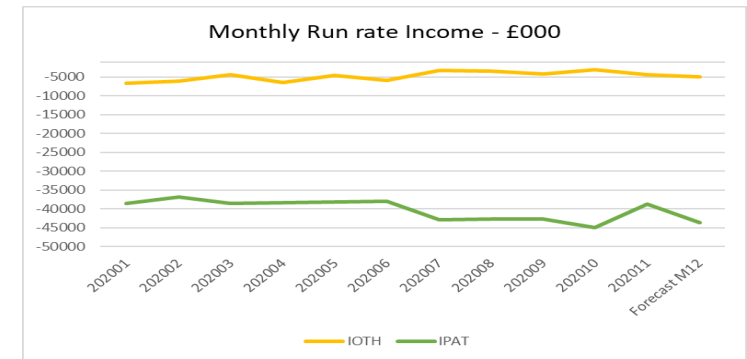
The favourable position reported in Month 11 is largely driven by expenditure slippage, as services have been unable to return to BAU due to COVID wave 2 and 3, together with additional COVID funding. The £4m funding for COVID, received in excess of requirements, has been returned by the Trust to the STP in Month 11. This has not adversely affected the Trust's ability to achieve the required I&E result for the year.

Risks

The main risk associated with delivering the financial plan is the potential impact of the third wave of COVID cases alongside winter pressures. This is likely to affect the recovery of performance and has the potential of additional costs to services, this year and into next. As a result, there could be a recurrent pressure for the 2021-22 plan, as backlogs will need to be recovered at a later date.

Mitigations

The COVID risk to the Trust is mitigated by elements of funding that are variable e.g. the Hospital Discharge Programme and Infection Control in Care Homes. In addition, there is a degree of flexibility within the forecast to accommodate some increased costs of working, although that will impact on performance trajectories.



Change in Activity Performance – Month 10 to Month 11

		Plan	Jan-21	Feb-21	Change	% Change		Feb-20	% change
Activity Drivers	A&E Attendances	8,160	5,553	5,536	-17	0%		8,397	-34%
	Elective Spells	3,199	2,464	2,323	-141	-6%		3,166	-27%
	Non Elective Spells	3,049	2,754	2,719	-35	-1%		3,203	-15%
	Outpatient Attendances	24,934	26,054	25,396	-658	-3%		30,409	-16%
	Adult CC Bed Days	228	181	233	52	29%		227	3%
	SCBU Bed Days	231	173	82	-91	-53%		193	-58%
Bed Utilisation	Occupied beds DGH		9,178	8,439	-739	-8%		10,746	-21%
	Available beds DGH		10,331	9,478	-853	-8%		11,359	-17%
	Occupancy		89%	89%	0%	0%		95%	-6%
Resource Consumption	Medical Staff Costs - £000's	5,047	5,080	4,759	-322	-6%		4,716	1%
	Nursing Staff Costs - £000's	5,570	5,330	5,486	156	3%		5,094	8%
	Temp Agency Costs - £000's	579	666	572	-94	-14%		596	-4%
	Total Pay Costs - £000's	23,371	26,364	23,131	-3,233	-12%		21,362	8%

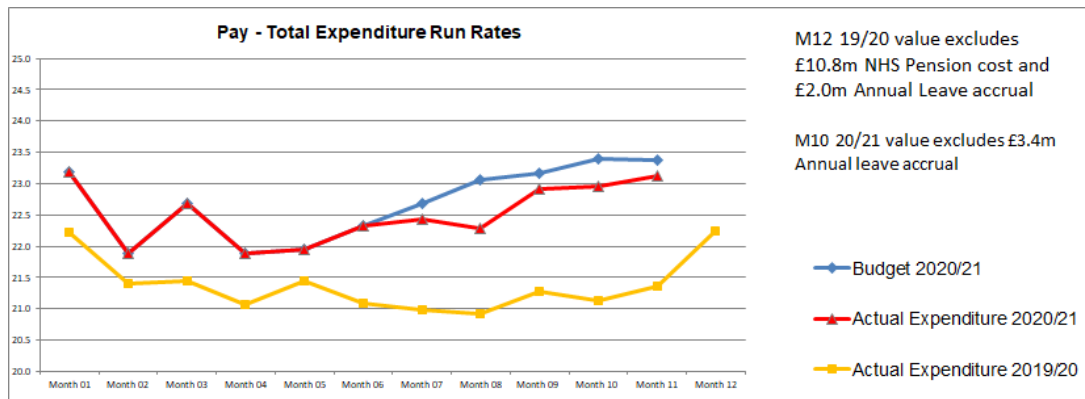
Activity Drivers

- Overall activity numbers are below plan, and below that provided last month.
- Outpatient and Elective activity numbers are the lowest value since August.
- Due to the impact of the resurgence of COVID, Providers nationally were not asked to calculate a value for Elective Incentive Scheme (EIS). It has now been confirmed that EIS penalties for under-performance will not apply to the Trust.
- The latest demand and capacity plans have been submitted and discussions are underway for the financial arrangement for FY 2021/22.

Bed utilisation

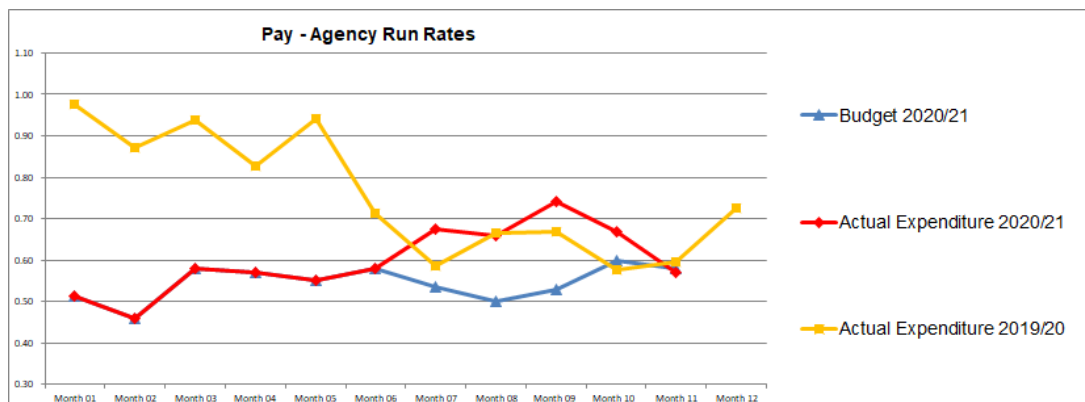
- In February, overall bed occupancy is 89% which is the same level as January.
NB - overall occupancy includes specialist wards including cancer, COVID, paediatric and maternity wards.
- Similar to last month, access to beds for medical and surgical emergencies has been a major operational constraint with delays in ED being reported against the 4-hour standard.
- The OPEL 4 escalation status was triggered as a result of these pressures on patient flow and access to beds. A significant factor has been the number of COVID patients requiring escalation, as well as several wards having reduced capacity.

Pay Expenditure – Month 11, February 2021

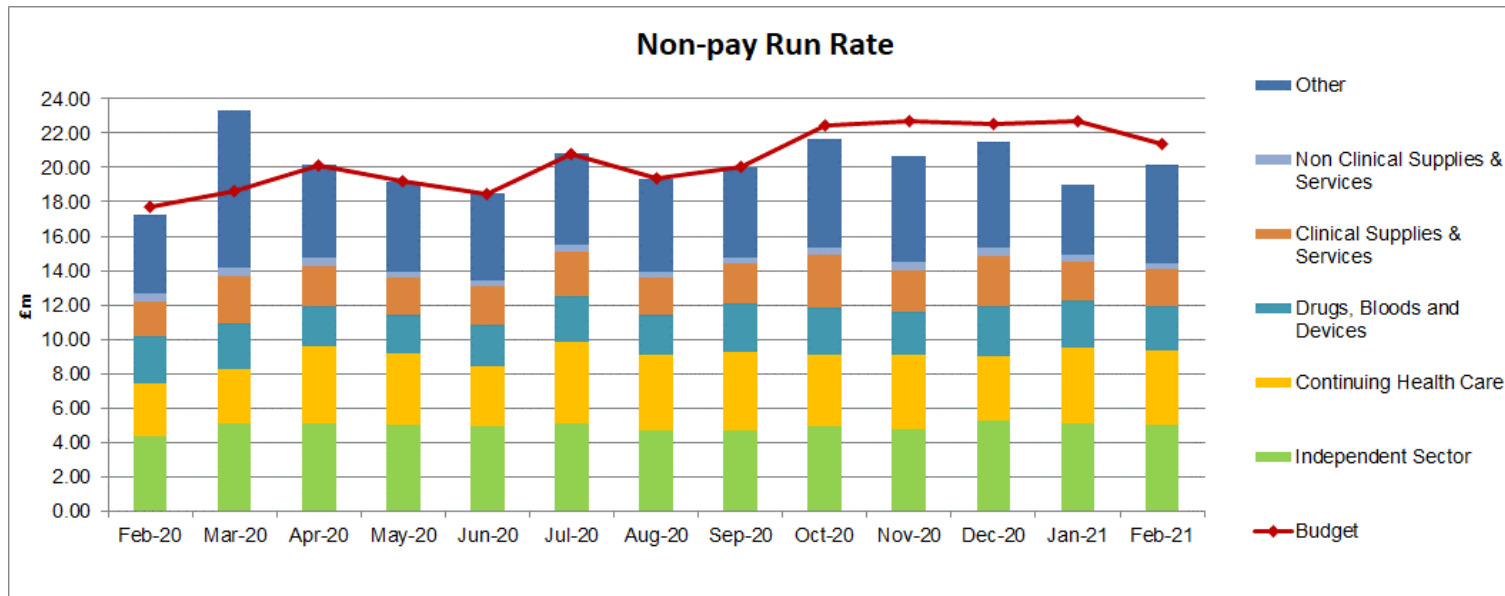


Excluding the increase in annual leave accrual the total pay run rate in Month 11 (£23.13m) is £0.18m higher compared to the previous month (£22.95m). Further details are provided below:

- Substantive pay increase £0.25m – relates to Nursing and HCA staff for additional shifts and winter incentive payment.
- Bank pay net increase £0.02m – due to various staff groups £0.08m, offset by a reduction in Medical staff cost £0.06m.
- Agency cost were £0.09m lower than Month 10, mainly within Medical staffing.
- Of the year to date pay costs, those associated with COVID account for £7.12m, comprised of:
 - additional shifts of existing workforce – £2.95m,
 - backfill for higher sickness absence – £2.99m,
 - workforce expansion – £0.14m,
 - sick pay – £0.29m,
 - testing – £0.45m,
 - Exeter Nightingale running cost – £0.20m; and
 - vaccination - £0.10m.
- The Apprentice levy balance at Month 11 is £2.0m (Month 10, £1.98m). The Trust's apprenticeship strategy is reviewed regularly and actions are being taken.



Non-Pay Expenditure – Month 11, February 2021



The total non-pay run rate in Month 11 (£20.14m) is £1.16m higher in comparison to previous month (£18.98m), key details are provided below:

- Increases in
 - Operating expenditure – £1.65m, primarily due to reversal in Month 10 of an accrual for SharePoint licences, following the switch to N365 (£1.00m) and the waiver of an unpaid grant balance £0.40m, offset by:
- Decreases in
 - Clinical supplies – £0.15m mainly due to reversal of year to date accrual for cytogenetics cost (£0.12m),
 - Drugs costs – £0.11m due to lower usage within outpatient (£0.06m), inpatient (£0.03m) and cancer drugs (£0.02m),
 - Independent sector – £0.10m as a result of back dated costs relating to ASC day care,
 - Placed People (Health including Continuing Healthcare) – £0.07m due to a back dated costs relating to one specific Adult IPP client (responsible commissioner); and
 - Non-clinical supplies – £0.05m mainly due to lower spend on kitchen equipment and domestic materials £0.04m and patient provisions £0.01m.

COVID Cost Analysis – Month 11, February 2021

COVID Expenditure	Inside	Outside	Reimbursement	Total
	Envelope	Envelope	Nightingale	
	Actual	Actual	Actual	Actual
	28/02/2021	28/02/2021	28/02/2021	28/02/2021
YTD	YTD	YTD	YTD	
£'000	£'000	£'000	£'000	
Purchase of healthcare from non-NHS and non-DHSC group bodies	0	1	0	1
Purchase of social care	1	0	0	1
Staff and executive directors costs	6,687	231	199	7,117
Supplies and services – clinical (excluding drugs costs)	3,181	1,405	0	4,586
Supplies and services - general	651	1	0	652
Drugs costs (drug inventory consumed and purchase of non-inventory drugs)	142	1	0	143
Establishment	109	0	0	110
Premises - other	885	1	0	886
Transport	94	0	2	96
Research and development - non-staff	1	0	0	1
Education and training - non-staff	70	0	0	70
Lease expenditure	27	0	0	27
Other	191	0	0	191
Total operating expenditure	12,038	1,641	200	13,879

Hospital Discharge COVID	Total	Council	Net Cost	Supported
	Actual	Contribution	to the Trust	through CCG
	28/02/2021	Actual	Actual	Actual
	YTD	YTD	YTD	YTD
£'000	£'000	£'000	£'000	
Hospital Discharge & Market Support	8,397	1,141	4,356	2,900
Infection Control Fund (Round 1 & 2)	4,673	4,673	0	0
Rapid Testing & Workforce Capacity	432	432	0	0
Total	13,502	6,246	4,356	2,900

Hospital Discharge COVID - Forecast	Total	Council	Supported
	Forecast	Contribution	through CCG
	Mth 12	Forecast	Forecast
	£'000	£'000	£'000
Hospital Discharge - Scheme 1	45	0	45
Hospital Discharge - Scheme 2	324	0	324
Infection Control Fund (Round 2)	387	387	0
Provider Support	109	109	0
Rapid Testing (Independent Sector Providers)	225	225	0
Workforce Capacity (Independent Sector Providers)	207	207	0
Total	1,297	928	369

As highlighted above, within the Trust's pay position at Month 11 COVID costs account for £7.12m.

Within non-pay COVID costs account for £6.76m, comprised of:

- Testing – £2.75m
- Remote management of patients – £0.46m
- Increase in ITU capacity – £0.60m
- Segregation of patient pathways – £1.31m
- Locally procured PPE – £1.17m
- Decontamination – £0.21m
- Various other – £0.26m

Hospital Discharge COVID Return

Given the integrated nature of the Trust this element of the COVID analysis is a combination of Health and Adult Social Care funding streams.

- Spend to date is £13.50m, with a contribution of £6.25m received from Torbay Council towards this.
- Infection control monies (Round 1) have been fully passported to providers within Torbay.
- Round 2 monies have been fully received from Torbay Council, with over 90% passported to providers in line with grant conditions.
- Looking ahead costs will continue to be incurred but it is anticipated this will be matched with an appropriate income stream.

Key Drivers of System Positions – Month 11, January 2021

System	ISU	Financial Commentary / Key Drivers
CFHD	CYP	Children's consultation remains paused. Vacancies within the service starting to fill. ADHD Backlog remains a risk. The Trust is actively working to develop a plan to defer income for service configuration costs for a further year. IT systems not yet implemented as reliant on the consultation for set up processes.
Torbay Pharmaceuticals	PMU	TP had lower sales realised from all sources M7-M11.
Corporate	EFM	Car parking agreed in NHS Peoples Plan to remain FOC to staff for 2020/21. Increased cleaning, linen and repair costs seen as services move back and set back up, plus additional spend for cleaning due to pandemic.
	Exec. Directors	Operating within budget envelope due to underspends in pay and increased education income. Non-pay decreased in M10 due to one-off release of accrual for Sharepoint licenses.
	Financing Costs	Underlying costs are behind plan, but year to date result has been impacted by one-off costs incurred in M9 relating to recalculation of estimates within provisions for injury and early retirement benefits.
	Other	Reserves has a provision for debt included at M8 due to IS payment of invoices, as well as backdated IS inflation claims and investment slippage provision. In M10 pay costs increased significantly due to increased accrual for carry forward of annual leave.
South System	Coastal	Phase 3 slower to start than anticipated and it is not expected that this will recover by the end of the year given the current position with regard to the pandemic. Costs have remained level during the second half of the year. Safer staffing review is being undertaken post the Phase 3 plan.
	Newton Abbot	MIU setting back up plus Winter costs, plus MRU costs now being seen, so cost pressure exists in budgets. Safer staffing review per above.
	Moor to Sea	Pay costs have increased over the last few months with recruitment taking effect, but have now levelled off and the ISU is still operating within budget envelope.
Torbay System	Independent Sector	Costs fairly static, month on month. ISU is operating within funding envelope.
	Torquay	The second wave of COVID makes recovery / standing back up services challenging especially when combined with winter pressures. ISU operating at budget levels.
	Paignton and Brixham	Ongoing management balancing recovery plans and dealing with second wave of COVID / winter pressures within revised budget envelope. Slippage in investment areas and operating comfortably within revised budget envelope.
Contract Income	Patient Income	Contract Income below plan due to variable COVID elements within the budget, which are offset by reduction in cost in the Independent Sector ISU. Income reduced in M11 due to refund to the CCG of additional Covid income of £4m.

Cash Position – Month 11, February 2021

	YTD at Month 11		
	Plan £m	Actual £m	Variance £m
Opening cash balance (net of working capital loans)	(15.59)	(15.59)	0.00
Capital Expenditure (accruals basis)	(33.31)	(21.49)	11.82
Capital loan drawdown	0.00	0.00	0.00
Capital loan repayment	(6.39)	(6.39)	0.00
Proceeds on disposal of assets	0.00	0.00	(0.00)
Movement in capital creditor	0.81	1.49	0.67
Other capital-related elements	4.95	2.80	(2.15)
Sub-total - capital-related elements	(33.93)	(23.59)	10.34
Cash Generated From Operations	19.58	20.52	0.94
Working Capital movements - debtors	5.60	3.66	(1.93)
Working Capital movements - creditors	28.27	49.82	21.54
Net Interest	(2.77)	(2.59)	0.18
PDC Dividend paid	(0.00)	(1.65)	(1.65)
Other Cashflow Movements	46.64	45.22	(1.43)
Sub-total - other elements	97.32	114.97	17.65
Closing cash balance	47.80	75.79	28.00
Closing cash balance	47.80	75.79	28.00
Closing working capital facility	0.00	0.00	0.00
Closing interim revenue support facility	0.00	0.00	0.00
Closing cash balance (net of working capital facility)	47.80	75.79	28.00

Better payment practice code	Paid in year	Paid within target	% Paid within target
Non-NHS - number of bills	114,703	100,955	88.0%
Non-NHS - value of bills (£k)	219,691	185,087	84.2%
NHS - number of bills	1,675	1,025	61.2%
NHS - value of bills (£k)	19,523	7,418	38.0%
Total - number of bills	116,378	101,980	87.6%
Total - value of bills (£k)	239,214	192,505	80.5%

Key points of note:

Working capital and interim revenue support facilities were converted to PDC in Month 6, improving the underlying cash position by £25.7m.

Total capital-related cashflow is £10.3m lower than Plan. Accruals capex is £11.8m lower than Plan and the capital creditor has built up by £0.7m. This is partly offset by use of finance leases £1.9m lower than planned.

Other elements:

- Cash Generated from Operations is £0.9m favourable, due to EBITDA £0.9m favourable.
- Working capital debtor movements are £1.9m adverse to plan. This is principally due to CCG debtors £1.9m higher than plan.
- Working capital creditor movements is £21.5m favourable to plan. This is principally due to increased block income in advance £5.5m, funding due back to CCG £4.0m and increased accruals and general payables.
- PDC Dividend paid is £1.7m adverse due to a dividend having been taken unexpectedly in Month 8.
- Other cashflow movements is £1.4m adverse to plan, principally due to PDC drawdown.
- Performance against the Better Payment Practice Code has been adversely affected by the dispute with DPT. This has now been resolved.

Statement of Financial Position (SoFP) – Month 11, February 2021

	Month 11		
	Plan	Actual	Variance
	£m	£m	£m
Non-Current Assets			
Intangible Assets	11.81	12.30	0.49
Property, Plant & Equipment	199.29	187.49	(11.81)
On-Balance Sheet PFI	17.40	17.00	(0.41)
Other	1.28	1.30	0.02
Total	229.79	218.08	(11.71)
Current Assets			
Cash & Cash Equivalents	47.80	75.79	28.00
Other Current Assets	35.72	37.96	2.24
Total	83.52	113.75	30.23
Total Assets	313.30	331.83	18.52
Current Liabilities			
Loan - DHSC ITFF	(4.80)	(4.80)	0.00
PFI / LIFT Leases	(1.14)	(1.14)	(0.00)
Trade and Other Payables	(80.76)	(62.21)	18.55
Other Current Liabilities	(3.53)	(41.62)	(38.09)
Total	(90.23)	(109.78)	(19.55)
Net Current assets/(liabilities)	(6.71)	3.97	10.68
Non-Current Liabilities			
Loan - DHSC ITFF	(30.49)	(30.49)	(0.00)
PFI / LIFT Leases	(16.70)	(16.70)	0.00
Other Non-Current Liabilities	(13.62)	(12.74)	0.88
Total	(60.81)	(59.93)	0.88
Total Assets Employed	162.27	162.12	(0.14)
Reserves			
Public Dividend Capital	126.60	125.20	(1.40)
Revaluation	46.08	46.07	(0.01)
Income and Expenditure	(10.42)	(9.15)	1.27
Total	162.27	162.12	(0.14)

Key points of note:

- Non-Current Assets £11.7m lower than Plan, mainly due to capital expenditure £11.8m lower than Plan.
- Cash is £28.0m favourable to Plan (see above).
- Other Current Assets are £2.2m higher than Plan. This is principally due to CCG debtors (including Early Discharge) £1.9m higher than plan.
- Trade and Other Payables are £18.6m lower than Plan. This is principally due to the NHSEI-requested recategorisation to Other Current Liabilities of block income received in advance £32.8m, partly offset by increased accruals (e.g. annual leave £1.6m, additional leave day £1.0m, Roche contract £1.1m) and funding due to be returned to the CCG £4.0m.
- Other Current Liabilities are £38.1m higher than Plan, primarily due to the NHSEI-requested recategorisation of block income paid in advance £32.8m and increased block income paid in advance £5.5m.
- Other Non-Current Liabilities are £0.9m lower than Plan due to reduced usage of finance leases (largely due to delayed capital expenditure) £1.6m, partly offset by reassessment of liabilities in respect of injury benefit provisions £0.7m.
- PDC reserves are £1.4m lower than Plan, primarily due to delayed PDC-funded capital expenditure.

		ISU	Target	13 month trend	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Year to date
QUALITY LOCAL FRAMEWORK																		
Reported Incidents - Severe	Trustwide	<6		0	0	0	3	2	2	2	1	0	1	2	1	2	16	
Reported Incidents - Death	Trustwide	<1		1	1	0	2	2	2	2	3	1	0	2	6	2	22	
Medication errors resulting in moderate harm	Trustwide	<1		1	2	0	0	0	1	0	0	0	0	0	1	1	3	
Medication errors - Total reported incidents	Trustwide	N/A		60	46	19	24	40	41	39	51	52	53	34	40	51	444	
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		2	0	1	1	1	1	1	1	1	3	0	0	1	10	
Never Events	Trustwide	<1		0	0	0	0	0	0	0	2	1	0	0	0	0	3	
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		5	3	3	4	1	4	8	5	5	2	4	7	6	49	
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams)	Trustwide	<1		2	0	1	0	0	0	1	0	0	0	0	0	0	2	
Formal complaints - Number received	Trustwide	<60		22	22	2	4	13	17	16	17	18	17	13	6	8	131	
VTE - Risk Assessment on Admission (Acute)	Trustwide	>95%		92.3%	90.5%	86.4%	92.1%	82.5%	80.2%	79.2%	80.9%	93.4%	92.9%	90.4%	92.4%	92.3%	87.5%	
VTE - Risk Assessment on Admission (Community)	Trustwide	>95%		100.0%	97.6%	93.9%	96.2%	88.9%	94.2%	96.9%	87.8%	95.9%	93.4%	92.9%	96.4%	92.7%	93.7%	
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		83.2	112.4	125.2	81.6	105.6	92	76.9	87.7	110	118.7				98.8	
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		89.2%	88.9%	87.3%	85.4%	89.8%	90.8%	84.0%	86.4%	86.5%	90.1%	89.7%	90.3%	85.8%	87.8%	
Safer Staffing - ICO - Nighttime	Trustwide	90% - 110%		91.4%	91.3%	89.0%	87.0%	89.9%	92.2%	86.4%	87.7%	89.4%	84.8%	88.5%	88.6%	88.3%	88.3%	
Infection Control - Bed Closures - (Acute)	Trustwide	<100		108	0	4	0	12	0	20	262	23	0	30	6	0	357	
Hand Hygiene	Trustwide	>95%		93.5%	94.9%	99.4%	98.9%	97.9%	97.2%	98.3%	98.9%	96.9%	97.8%	97.0%	98.3%	95.3%	97.8%	
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	Trustwide	>90%		82.4%	80.0%	80.0%	97.5%	91.7%	94.6%	74.4%	60.0%	74.5%	75.7%	75.6%	85.3%	94.3%	80.0%	
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		79.6%	90.2%	66.7%	90.6%	79.1%	86.8%	83.9%	77.6%	73.2%	82.2%	80.4%	69.4%	51.6%	77.2%	
Follow ups 6 weeks past to be seen date	Trustwide	6400		6147	7056	8824	14211	15398	16408	17220	17408	17519	17229	17837	17489	16986	16986	
WORKFORCE MANAGEMENT FRAMEWORK																		
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<3.95%			4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.4%	4.3%	4.3%	4.3%	4.2%		4.3%	
Appraisal Completeness	Trustwide	>90%		81.6%		71.6%	71.0%	75.6%	77.8%	78.4%	79.4%	78.4%	78.9%	80.4%	78.8%	78.4%	78.0%	
Mandatory Training Compliance	Trustwide	>85%		90.4%		90.1%	88.0%	89.9%	89.9%	89.9%	89.7%	89.7%	89.6%	89.6%	89.7%	89.5%	90.3%	
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		11.7%		10.5%	10.5%	10.3%	10.8%	10.7%	10.3%	10.5%	10.7%	10.5%	10.2%	10.2%		

	ISU	Target	13 month trend	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Year to date
COMMUNITY & SOCIAL CARE FRAMEWORK																	
Carers Assessments Completed year to date	Trustwide	40% (Year end)		38.5%	39.6%	100.0%	100.0%	95.2%	94.3%	95.3%	99.2%	94.8%	95.5%	95.8%	98.0%	96.3%	98.0%
Children with a Child Protection Plan (one month in arrears)	Trustwide	NONE SET		191	194	197	223	217	219	221	200	214	221	223			223
4 Week Smoking Quitters (reported quarterly in arrears)	Trustwide	NONE SET			231			56			124			199		124	
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	NONE SET			6.1%			5.9%			5.4%			4.4%		5.4%	
Safeguarding Adults - % of high risk concerns where immediate action was taken	Trustwide	100.0%		100.0%	100.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET		530	520	532	515	553	559	561	560	576	599	658	617	615	n/a
Intermediate Care - No. urgent referrals	Trustwide	113		202	219	230	248	283	242	211	221	200	207	236	174	142	2251
Community Hospital - Admissions (non-stroke)	Trustwide	NONE SET		186	202	138	172	221	206	260	262	274	193	242	248	204	2215
ADULT SOCIAL CARE TORBAY KPIS																	
Proportion of clients receiving self directed support	Trustwide					85.0%	83.1%	82.1%	81.8%	81.1%	80.0%	79.8%	77.6%	76.4%	75.1%	73.8%	73.8%
Proportion of carers receiving self directed support	Trustwide					100.0%	100.0%	95.2%	94.3%	95.3%	99.2%	94.8%	95.5%	95.8%	98.0%	96.3%	96.3%
% Adults with learning disabilities in employment	Trustwide					8.9%	8.9%	8.9%	8.7%	8.6%	8.8%	8.5%	8.5%	8.2%	8.1%	8.3%	8.3%
% Adults with learning disabilities in settled accommodation	Trustwide					79.3%	79.2%	80.0%	79.3%	79.0%	79.1%	80.2%	80.6%	80.5%	80.4%	80.6%	80.6%
Permanent admissions (18-64) to care homes per 100k population	Trustwide					21.5	21.5	27.0	18.9	24.3	20.2	20.2	14.8	18.9	14.8	17.5	17.5
Permanent admissions (65+) to care homes per 100k population	Trustwide					506.9	504.1	502.6	538.1	524.4	557.2	565.4	573.6	579.0	587.2	540.8	540.8
Proportion of clients receiving direct payments	Trustwide					23.7%	23.1%	22.9%	22.9%	22.7%	23.3%	23.6%	22.6%	22.4%	21.7%	21.2%	21.2%
% reablement episodes not followed by long term SC support	Trustwide					86.8%	85.6%	85.2%	87.1%	86.2%	85.9%	84.6%	85.2%	85.5%	85.4%	85.7%	85.7%
NHS I - OPERATIONAL PERFORMANCE																	
A&E - patients seen within 4 hours	Trustwide	>95%		82.2%	86.1%	94.1%	96.5%	94.8%	96.4%	93.5%	91.9%	86.2%	86.5%	81.2%	79.4%	79.4%	89.5%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		79.5%	76.2%	69.3%	62.2%	57.0%	53.5%	57.3%	62.1%	62.3%	64.2%	64.3%	61.8%	61.4%	61.4%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		75.3%	71.8%	71.7%	77.1%	80.9%	92.3%	86.3%	79.3%	67.9%	77.0%	78.9%	73.8%	76.3%	78.0%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		7.4%	11.3%	47.7%	54.3%	41.1%	30.9%	34.5%	37.6%	34.4%	42.3%	47.9%	49.1%	40.4%	41.9%
Dementia - Find - monthly report	Trustwide	>90%		93.7%	93.5%	97.6%	98.1%	94.5%	60.8%	84.4%	89.2%	96.6%	94.4%	97.7%	94.8%	98.0%	91.3%

ISU	Target	13 month trend	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Year to date
LOCAL PERFORMANCE FRAMEWORK 1																
Number of Clostridium Difficile cases reported	Trustwide	<3	5	0	5	8	5	4	4	2	4	2	3		1	38
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%	84.8%	87.1%	80.5%	93.6%	91.4%	83.4%	80.1%	75.1%	74.8%	83.6%	78.9%	77.1%	89.5%	82.0%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%	98.9%	95.1%	96.2%	100.0%	95.3%	97.4%	100.0%	95.9%	97.8%	86.6%	94.0%	75.0%	96.3%	93.3%
Cancer - 28 day faster diagnosis standard	Trustwide		74.5%	74.8%	47.1%	80.8%	81.5%	79.8%	72.4%	66.6%	72.7%	75.3%	75.9%	72.2%	77.3%	73.5%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%	98.8%	99.0%	97.7%	99.2%	100.0%	99.4%	97.3%	97.4%	97.7%	99.0%	97.5%	97.5%	98.8%	98.3%
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%	99.9%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%	93.5%	97.7%	93.0%	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	96.0%	100.0%	100.0%	98.8%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%	91.4%	100.0%	96.6%	96.2%	100.0%	96.4%	91.3%	100.0%	93.3%	96.3%	93.3%	96.4%	96.9%	96.2%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%	85.7%	76.5%	73.3%	33.3%	66.7%	0.0%	100.0%	100.0%	60.0%	75.0%	66.7%	77.8%	83.3%	75.2%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide		21	21	19	42	68	32	9	9	8	13	14	11	6	6
RTT 52 week wait incomplete pathway	Trustwide	0	43	53	93	192	344	524	745	892	1141	1277	1435	1570	1823	1823
On the day cancellations for elective operations	Trustwide	<0.8%	1.0%	2.1%	0.7%	0.6%	0.8%	0.7%	3.4%	1.7%	0.7%	0.9%	1.2%	1.1%	3.0%	1.4%
Cancelled patients not treated within 28 days of cancellation *	Trustwide	0	10	5	46	2	1	5	3	29	4	1	1	5	6	103
Bed Occupancy	Overall System	80.0%	97.8%	92.4%	54.6%	64.8%	74.7%	93.3%	86.7%	91.6%	82.4%	90.5%	89.8%	94.4%	93.4%	82.1%
Number of patients >7 days LoS (daily average)	Trustwide		130.3	119.8	100.5	70.8	80.9	76.5	89.3	94.9	94.0	95.4	95.1	109.5	114.2	70.8
Number of extended stay patients >21 days (daily average)	Trustwide		27.7	26.0	22.6	18.1	18.7	12.0	13.3	15.2	17.1	16.7	14.0	20.8	27.8	16.1
LOCAL PERFORMANCE FRAMEWORK 2																
Ambulance handover delays > 30 minutes	Trustwide	Trajectory	88	43	16	9	19	10	46	59	73	38	138	75	82	565
Ambulance handover delays > 60 minutes	Trustwide	0	7	5	1	0	4	1	3	0	14	1	19	15	20	78
A&E - patients recorded as >60min corridor care	Trustwide		335	115	0	0	0	0	0	0	0	0	0	0	0	0
A&E - patients with >12 hour visit time pathway	Trustwide		136	32	1	0	6	0	1	10	16	4	18	18	27	101
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0	3	1	0	0	0	0	0	0	1	0	1	2	3	7
Number of Clostridium Difficile cases - (Acute) *	Trustwide	<3	5	0	4	6	4	1	5	2	4	2	2	n/a	1	31
Number of Clostridium Difficile cases - (Community)	Trustwide	0	0	0	1	2	1	3	2	0	0	0	1	n/a	0	10
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%	62.0%	70.6%	76.9%	78.4%		73.6%	70.9%	61.1%	69.0%	64.1%	66.2%	66.9%	62.0%	68.6%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%	40.5%	44.5%	57.1%	54.1%		46.3%	43.7%	35.0%	41.4%	41.6%	32.4%	47.4%	30.9%	42.9%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%	95.5%	68.2%	95.5%	86.4%	90.9%	90.9%	90.9%	72.7%	100.0%	90.9%	86.4%	81.8%	95.5%	89.3%

	ISU	Target	13 month trend	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Year to date
NHS I - FINANCE AND USE OF RESOURCES																	
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide			-13294	-23577	218	524	800	1323	1297	1220	-23	1420	2378	3635	937	
Agency - Variance to NHSI cap	Trustwide			-0.98%	-0.87%	0.79%	0.87%	0.44%	0.39%	0.49%	0.38%	-0.10%	-0.20%	-0.20%	-0.20%	-0.20%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide			-7078	-9325												
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide			9595	4249	567	1112	1813	2770	532	-236	1686	5147	6653	9748	11822	
Distance from NHSI Control total (£'000's)	Trustwide			-10926	-20367	0	0	0	0	0	0	112	1493	1858	3993	1179	
Risk Share actual income to date cumulative (£'000's)	Trustwide			0	-2000	0	0	0	0	0	0	0	0	0	0	0	
ACTIVITY VARIANCE vs PREVIOUS YEAR																	
Outpatients - New	Trustwide			0.6%	-15.8%	-65.1%	-65.5%	-32.4%	-23.9%	-15.9%	7.3%	-17.3%	16.1%	-0.9%	-19.9%		-22.6%
Outpatients - Follow ups	Trustwide			4.7%	-16.2%	-49.9%	-42.3%	-61.0%	-26.5%	-23.8%	-15.2%	-52.1%	22.3%	-9.2%	-25.8%		-30.3%
Daycase	Trustwide			1.5%	-23.7%	-62.4%	-58.0%	-34.1%	-20.7%	-23.9%	-14.4%	-21.9%	-18.9%	-9.4%	-29.8%	-23.4%	-28.9%
Inpatients	Trustwide			15.3%	-15.0%	-63.1%	-51.6%	-28.8%	-1.9%	-30.6%	-10.4%	-37.7%	-33.8%	-9.9%	-33.4%	-44.7%	-31.3%
Non elective	Trustwide			11.6%	-10.9%	-45.2%	-36.5%	-22.6%	-17.5%	-7.0%	-1.3%	-9.7%	-15.4%	-13.3%	-20.2%	-13.0%	-18.4%
INTEGRATED CARE MODEL																	
Intermediate Care Referrals (All)	Trustwide			368	358	430	513	567	479	410	472	425	423	491	466	446	
Intermediate Care GP Referrals	Trustwide			89	78	95	115	127	107	82	98	91	83	105	105	96	
Average length of Intermediate Care episode	Trustwide			14.281	14.035	9.9284	8.5661	9.1331	11.478	13.144	21.333	14.739	10.858	11.798	12.28	11.475	
Total Bed Days Used (Over 70s)	Trustwide			10490	10937	5771	5262	6756	6821	7199	8613	8693	8211	8715	9024		
- Emergency Acute Hospital	Trustwide			6067	6238	3265	3733	4408	4486	4786	5220	5582	5202	5538	5584		
- Community Hospital	Trustwide			3147	3786	1844	1142	1764	2060	2224	3208	2943	2606	2844	3172		
- Intermediate Care	Trustwide			1276	913	662	387	584	275	189	185	168	403	333	268		

Report to Trust Board of Directors			
Report title: March 2021 Mortality Score Card			Meeting date: 31 March 2021
Report appendix	List any supplementary information as shown below: Appendices 1 to 5		
Report sponsor	Medical Director		
Report author	Medical Director		
Report provenance	The report will go to the next Mortality Surveillance Group meeting 11/03/21 and Quality Improvement Group Meeting 16/03/2021		
Purpose of the report and key issues for consideration/decision	<p>The report is for monthly assurance to ensure learning from deaths.</p> <p>The Hospital Standardised Mortality Rate (HMSR) showed a significant peak in April 2020 predominately due to a reduction in-hospital activity due to the first wave of Covid. The HMSR the returns to within the expected range.</p> <p>The Summary Hospital Mortality Index (SHMI) for Q1 20/21 was higher than expected due to reduced inpatient activity during the first Covid surge.</p> <p>The weekly deaths show a rise in out of hospital deaths in some localities during the second Covid wave.</p> <p>The total number of in-hospital deaths rose during March and April 2020 due to Covid. The number of deaths during the summer months and winter 20/21 were lower than average.</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	To receive and note this report		
Summary of key elements			
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce
	Improved wellbeing through partnership	X	Well-led

Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score	
	Risk Register		Risk score	
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	
	NHS Improvement		Legislation	
	NHS England	X	National policy/guidance	X

Report title: March 2021 Mortality Score Card		Meeting date: 31 March 2021
Report sponsor	Medical Director	
Report author	Medical Director	

1.0 Introduction & Data Source

The indicators for this Score Card have been collated from a variety of data sources using defined methodology. The report is designed to give a top-level view of our bed-based mortality over time.

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

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

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

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

Shifts: If 6 or more consecutive data points are all above or all below the median this indicates a non-random pattern in the data which may be a signal of improvement or of a process starting to err.

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

Safety Indicator		Data Source	Target	RAG
Appendix 1	Mortality	Dr Foster latest benchmark Month	Below the 100 line with an aim for a yearly HSMR ≤90	118.7
<ul style="list-style-type: none"> A. Hospital Standardised Mortality Rate (HSMR) 				
<ul style="list-style-type: none"> B. Summary Hospital Mortality Index (SHMI) 		DH SHMI data		
Appendix 2		Trust Data	Yearly Average ≤3%	2.93%
<ul style="list-style-type: none"> Unadjusted Mortality Rate By number By location 	ONS Data			

Appendix 3 • Mortality Analysis		Trust Data Dr Foster DH SHMI data	Zero alerts - CuSuM flags only	
Appendix 4 • Dr Foster Patient Safety Dashboard		Dr Foster	All safety indicators positive	All positive
Appendix 5 • Mortality Reviews and Learning		Trust Data		

2.0 Trust Wide Summary

The Hospital Standardised Mortality Rate (HSMR) is above the expected level of 100 for our population for November 2020 although this is not statistically significant. As previously discussed, the significant reduction in hospital activity/spells in March and April 2020 during the first wave of Covid is a major influence on the raised HSMR during this time due to a reduction in the denominator superspells. This effect of the first Covid wave is now being seen in the Summary Hospital Mortality Index (SHMI) data, as this data is about 6 months behind HSMR. The data after these periods show a reduction in hospital deaths during the summer months with a gradual return to expected levels. The HSMR for Aug 2020 is significantly below the 100 average.

The weekly deaths show a rise in out of hospital deaths for some localities during January 2021 particularly Newton Abbot compared to previous years.

This report shows a continued increase in Medical Examiner activity as the service starts to roll out across the Trust and death scrutiny takes place. Medical examiners have referred deaths to the Coroner and for further local assessment by the Trusts' Clinical Governance process.

Appendix 1 – Hospital Mortality

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

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

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

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

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

Chart 1 - HSMR by Month December 2019 to November 2020 (current month)

Chart one (as below) shows a longitudinal monthly view of HSMR.

The latest month’s data, November 2020, has a relative risk of **118.7** and is above the 100 average although the confidence interval encompasses 100.

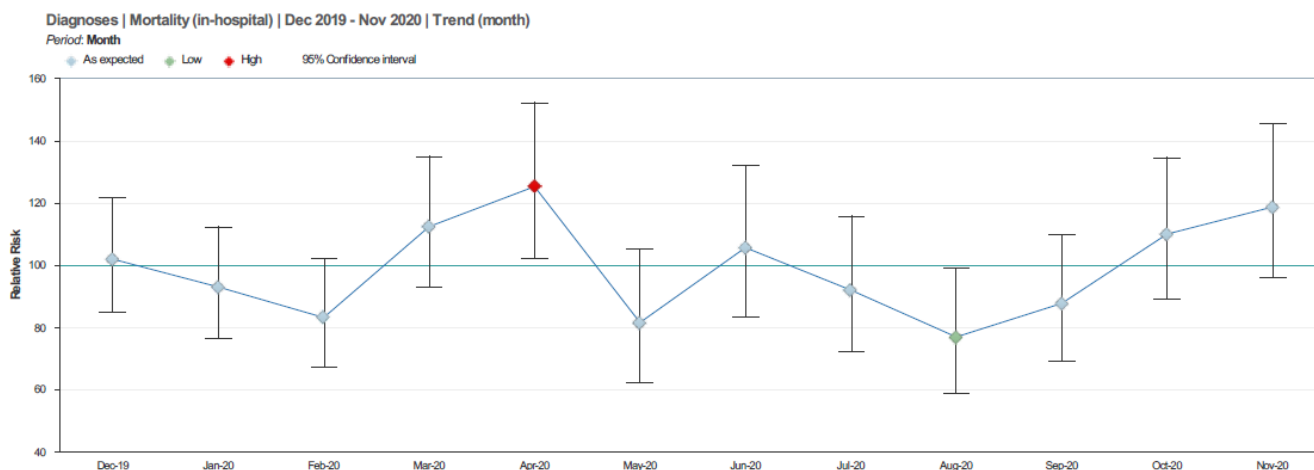


Chart 2, as below, highlights HSMR mortality by peer comparison, across the South West, using a 12-month annual total. The monthly **12-month annual total** is just below the line the 100 line and within the standard deviation lines. This measure is being observed via the Mortality Surveillance Group (MSG)

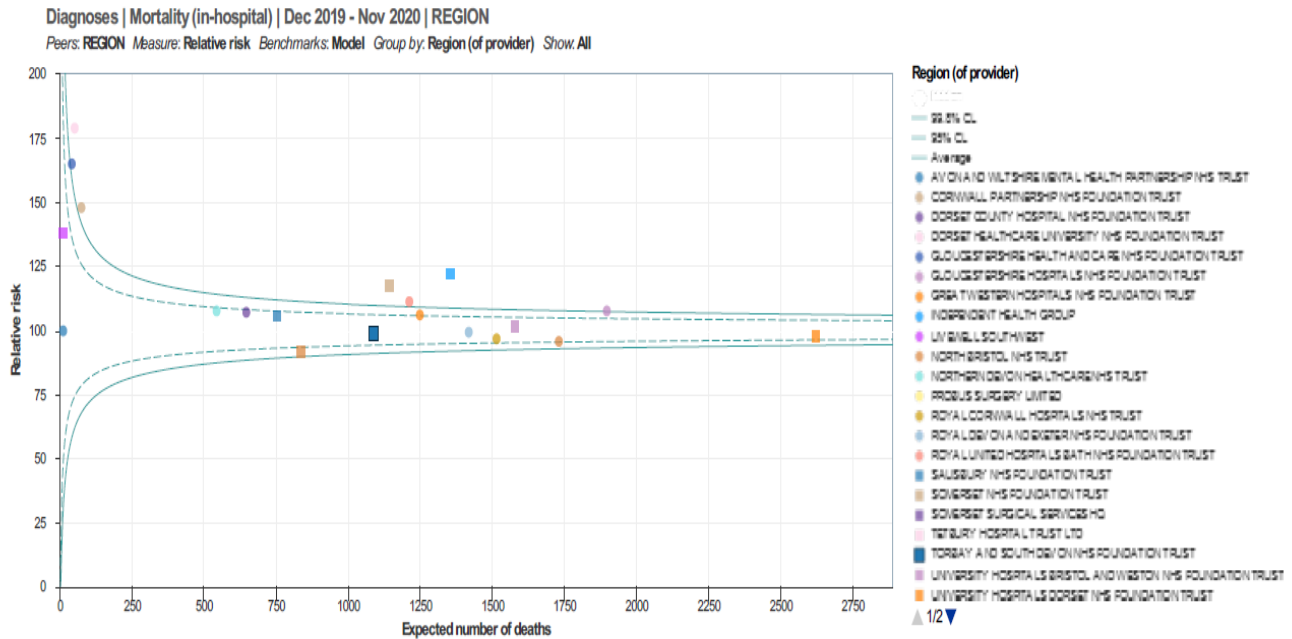
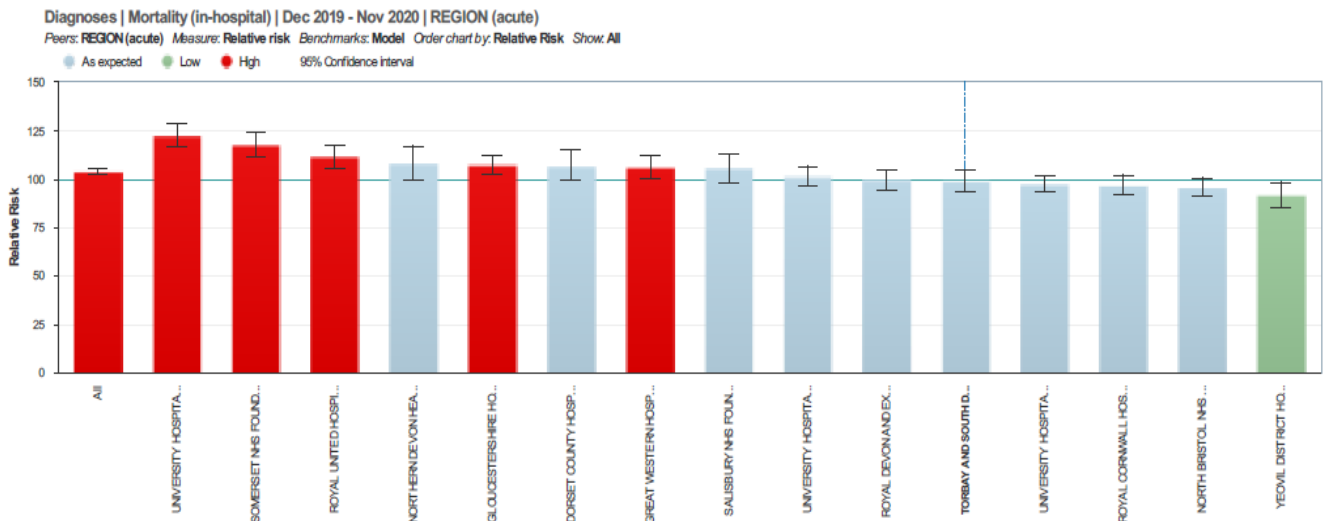


Chart 3 displays the above data as a 'Peer Comparison', and ranked as a bar chart. The 12-month average HSMR is near the expected rate. Torbay and South Devon is not an outlier during this time period.



1B Summary Hospital Mortality Index (SHMI) Reporting Period Aug 2019 – July 2020

SHMI is derived from Hospital Episode Statistics (HES) data and data from the Office of National Statistics (ONS). SHMI is based upon inpatient deaths **and** deaths up to 30 days post discharge from hospital and this is the main difference between SHMI and HSMR. The data is released on a **3 monthly basis** and is very retrospective, therefore, please note *the following data is based on the Aug 2019 – July 2020 data period and is different to HSMR*.

Chart 4, as below, highlights SHMI by quarterly periods with all data points within the expected range except one, which exceeds the average 100 relative risk mark. This data period is from the first wave of Covid in Q1 of 2020/21 when hospital activity was greatly reduced. The data period thereafter, shows SHMI returning to its normal variance, as activity increased.

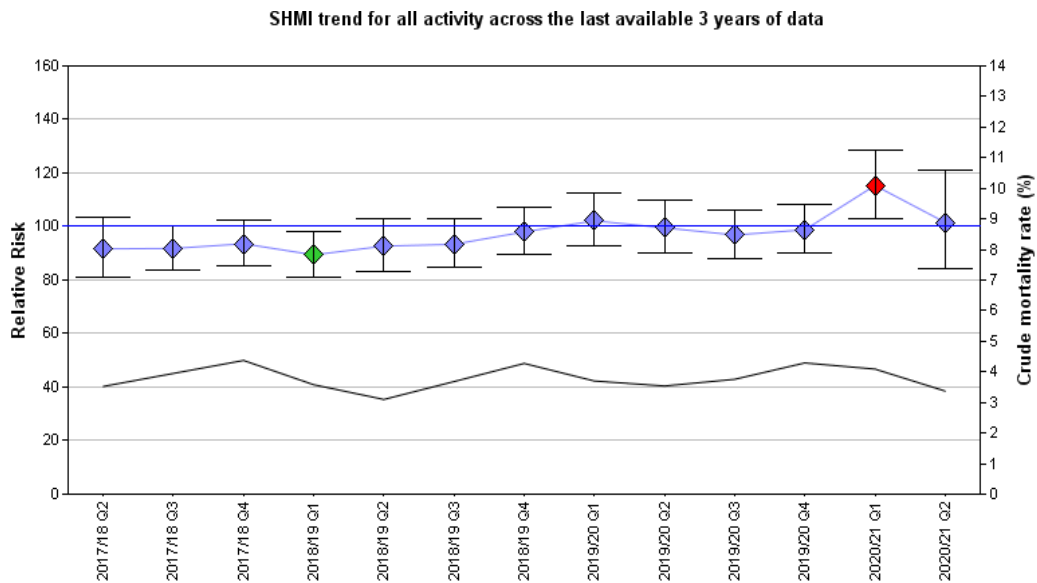


Chart 5 (as below) details - SHMI all deaths, SHMI in hospital deaths and HSMR comparison, all within normal limits

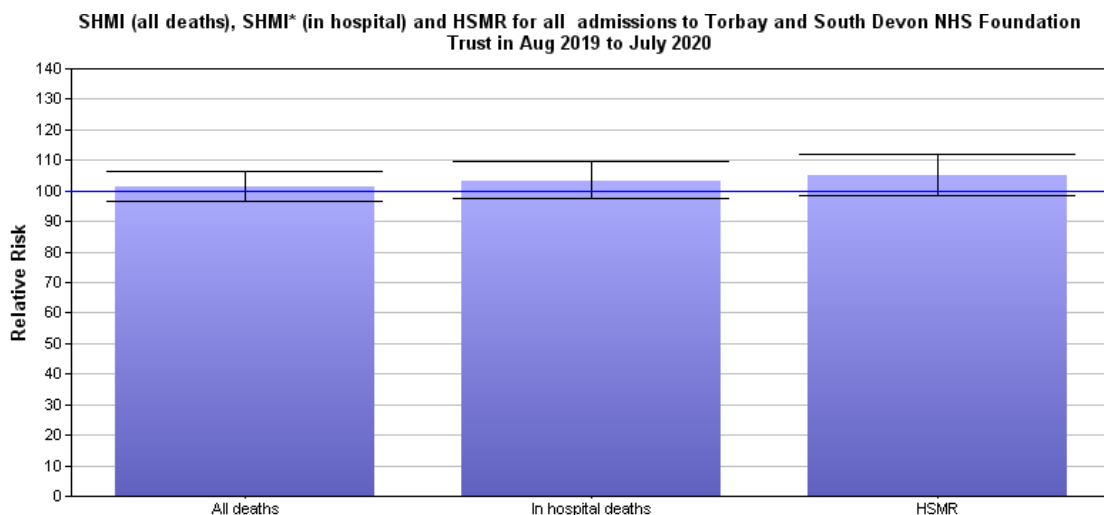
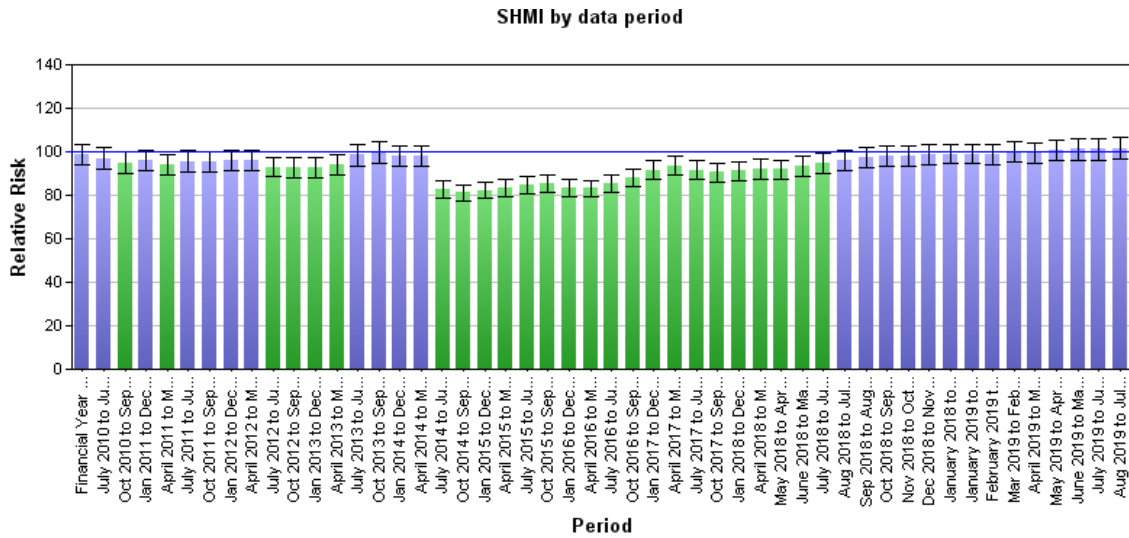


Chart 6, below, expresses the 12-month rolling SHMI data by time period. The mortality index is reporting the expected number of deaths during this time period.



Appendix 2 – Unadjusted Mortality Rate

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

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

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

Determine the denominator: the current month's total number of in-hospital deaths (TD) + live discharges (LD).

Calculate the actual percent monthly-unadjusted mortality by dividing (TD) by (TD + LD) and then multiply by 100.

Chart 7, below, highlights the Trust's in hospital unadjusted mortality. This has to be viewed along with the more in-depth analysis provided by HSMR and SHMI.

This chart includes the Covid lockdown period and highlights a rise in deaths in March and April 2020. The mortality rise in March is partly explained by a reduction in activity due to Covid changes. The mortality rise in April is solely down to reduced activity. In April 2019 we had 3036 discharges (the denominator) and in April 2020 this, due to Covid, had reduced to 1773.

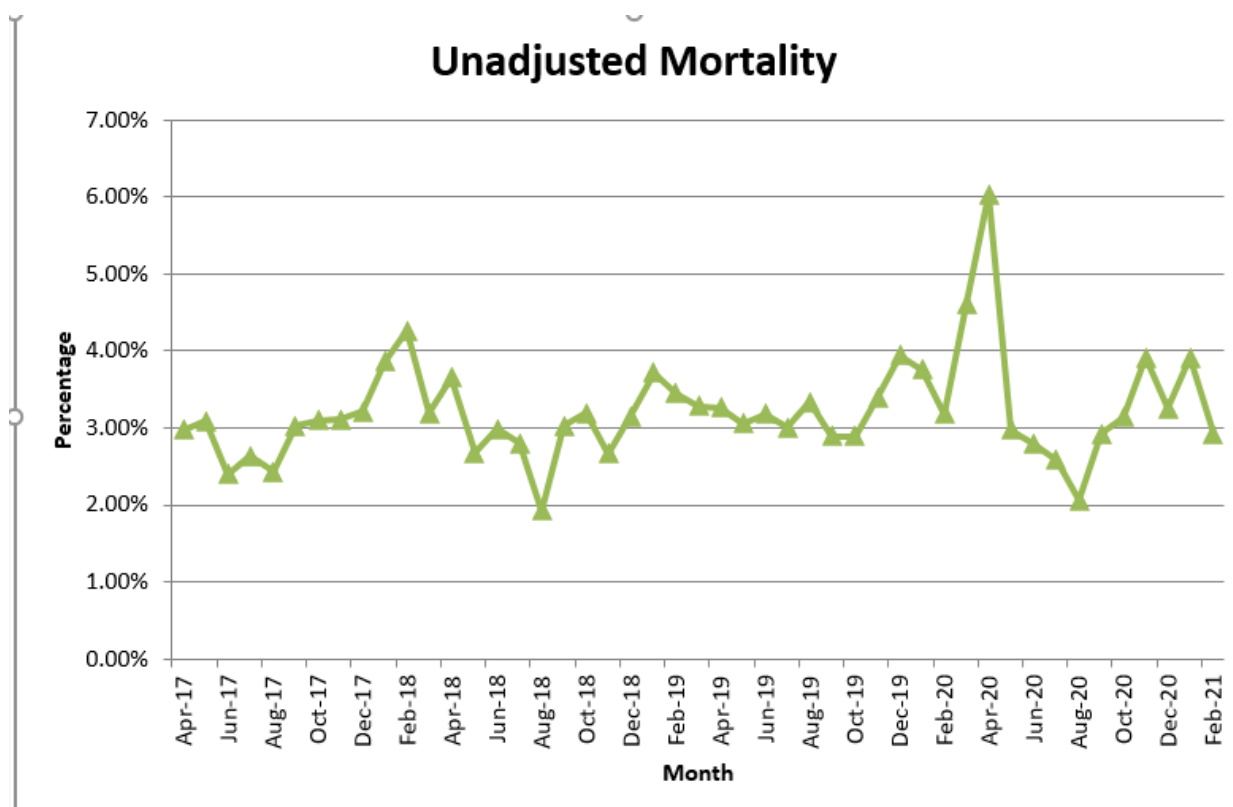


Chart 8 As below, indicates the monthly number of hospital deaths. This shows a rise in March and April 2020 due to Covid, before decreasing to very low numbers during Summer 2020.

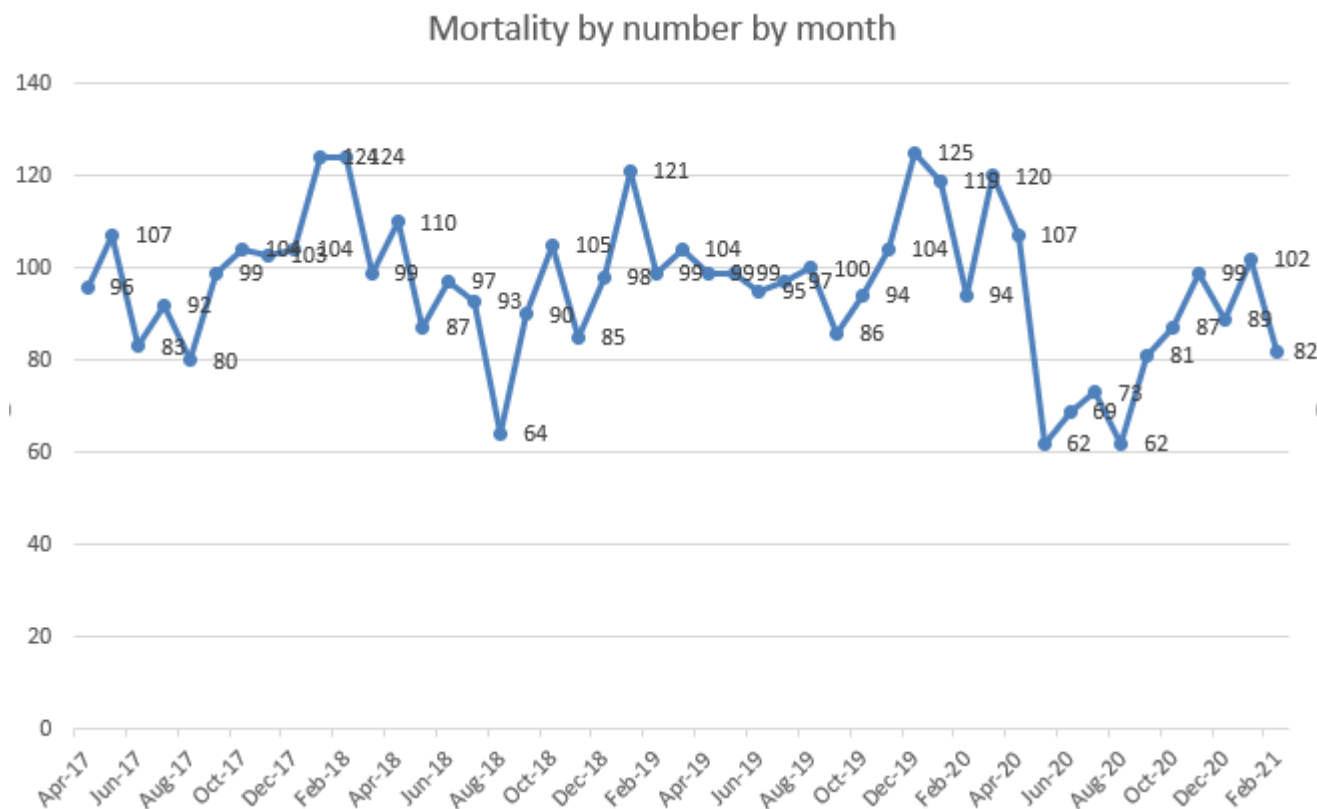


Chart 9, records hospital and community deaths (people’s homes) and also includes a comparator year, 2019. There is a rise in total deaths in March and April, as against the previous year, and then a reduction in deaths. The chart then largely normalises to follow the previous year but there is a rise in deaths in January 2021 reducing again in early February. The last two data points may be prone to data lag and will change in next month’s review.

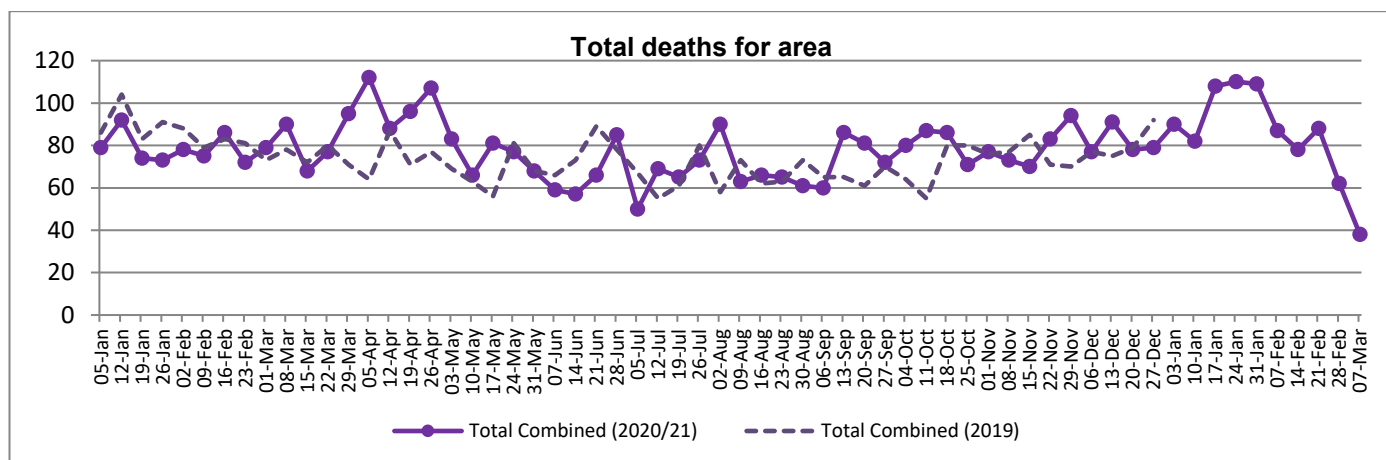
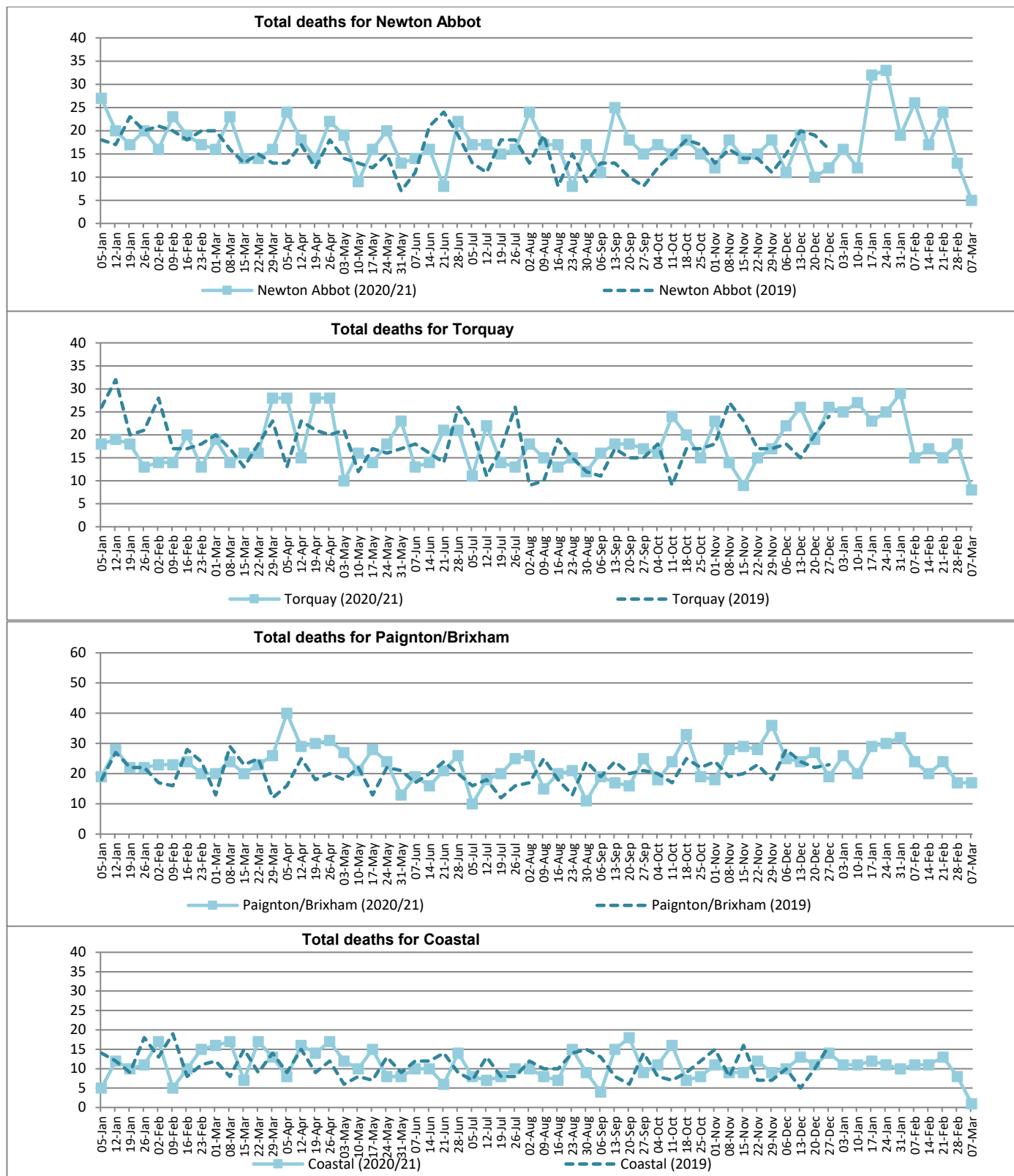
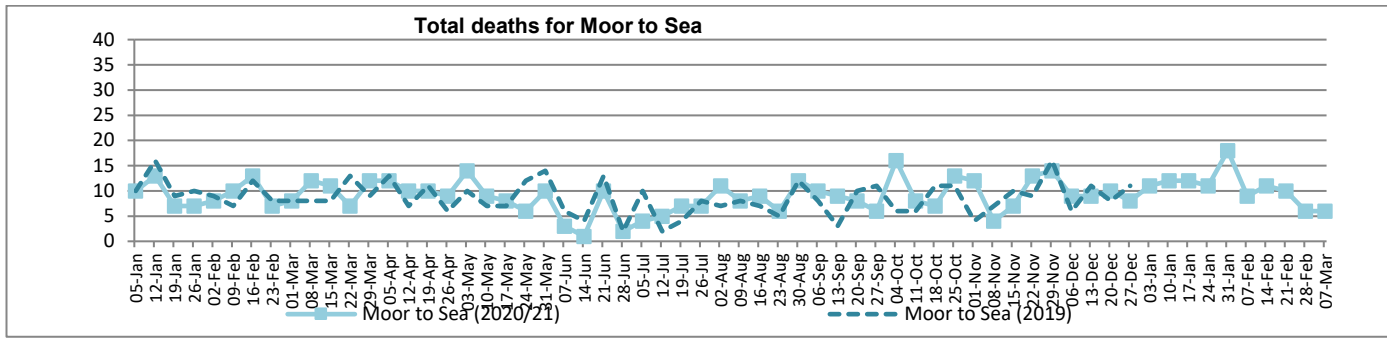
























Chart 10 - Total Deaths by ISU locality





Appendix 3 – Mortality Analysis

Table 2 –highlights mortality by location by month and are within the expected norms for each ward area

	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	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Average	
ACUTE MEDICAL RECEIVING UNIT										1										
AINSLIE	1	1	5	2	3	1	5	2	3		1		2		2	1	2	1	2	
ALLERTON	3	9	3	7	10	6	6	3	5	4	7	5	3	7	8	8	2	3	6	
BRIXHAM	2	1	1		1	2		1	1	1				3	4	2	6	4	2	
CARDIAC CATHETER SUITE		1	1																	1
CHEETHAM HILL	5	9	8	6	19	3	10	13	9	8	14	7	12	6	11	11	12	10	10	
CROMIE	4	4	5	6	3	2	3	13		1	1		1	8	8	7	13	6	5	
DART	2	2	2	1	1		3	1					1	1	1					2
DAWLISH	2	4		2	6	4		3		1	3	1	1				4	1	3	
DELIVERY SUITE	1																			1
DUNLOP	5	7	5	9	8	2	10	4	6	6	3	5	6	2	4	3	4		5	
ELIZABETH		1														3	1	3	2	
EAU3	8	6	7	6	5	6	7	3	3	6	2	4	1						5	
EAU4	3	5	15	11	6	8	13	3	3	5	7	6	11	7	7	9	17	10	8	
ELLA ROWCROFT	1				1		1	3	2	1		2		4	3			3	2	
FORREST		1	2	2	2	1	8	7	4	1							4	5	3	
GEORGE EARLE	10	7	14	16	14	12	11	6	5	5	7	5	9	14	16	9	8	4	10	
INTENSIVE CARE UNIT	10	7	10	11	9	8	6	8	7	5	5	8	7	5	6	12	2	5	7	
LCHDU							1													1
LOUISA CARY						1			1	1										1
MIDGLEY	9	8	10	17	12	9	7	4	8	11	10	3	13	13	10	7	13	16	10	
MOTHER AND BABY																				
RECOVERY INTENSIVE CARE UNIT								5												5
SIMPSON	8	6	2	12	5	6	13	5	2	4	7	4	7	6	10	8	5	2	6	
TEIGN WARD	1	2		1	1	1	3	5	1	5	5	2	3	1	3	2	2	1	2	
TEMPLAR WARD	3	5	4	6	3	6	2	8	2	1		4		3		1		1	4	
TEMPORARY INTENSIVE CARE UNIT																	1	1	1	
THEATRES				1													1			1
TORBAY CHEST PAIN UNIT																				
TORBAY CORONARY CARE BEDS	1	1	4	1		2	4	2		2	1	3			2	3	1	2	2	
TURNER	7	7	6	8	6	8	5	1				2	4	5	2	3	2	3	5	
WARRINGTON					4	6	2	7				1		2	2		2	1	3	
Grand Total	86	94	104	125	119	94	120	107	62	69	73	62	81	87	99	89	102	82	92	

Dr Foster utilises an alerting system, as below. Triggers are raised when the expected number is exceeded by the actual number and Dr Foster also provides a guide should an alert occur. Deaths due to 'Acute and unspecified renal failure' are higher than expected. This does not appear to be a coding issues and a case notes review will be required to investigate further.

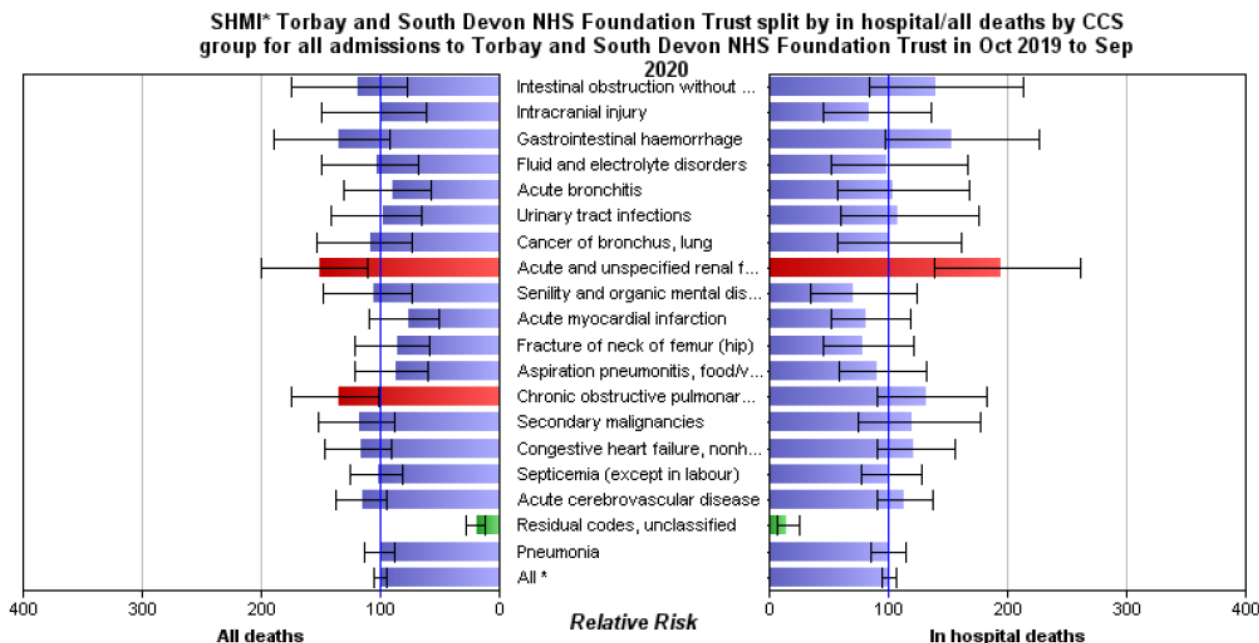
Table 3 – Dr Foster Alerts by clinical classification

Service or custom group* All services Alerts view Negative alerts - all CUSUM detection threshold (negative) High (99%) detection threshold

Relative risk & CUSUM alerts						
Title	CUSUM	Vol	Obs	Exp	%	Relative risk
All Diagnoses	8	64904	1077	1089.6	1.7	98.8
HSMR (56 diagnosis groups)		25134	822	808.2	3.3	101.7
Acute and unspecified renal failure	2	242	40	25.2	16.5	158.7
Alcohol-related mental disorders	1	166	4	0.5	2.4	832.0
Blindness and vision defects	1	51	1	0.1	2.0	1086.5
Coronary atherosclerosis and other heart disease	1	671	2	3.5	0.3	56.5
Intestinal infection	2	617	20	8.5	3.2	236.3
Intrauterine hypoxia and birth asphyxia	1	6	1	0.0	16.7	432.5
Peritonitis and intestinal abscess	1	23	5	1.6	21.7	320.1
Syncope	1	298	4	1.0	1.3	386.7

Chart 7 The SHMI clinical classification software (CCS), clusters patient diagnoses and procedures into a number of manageable and meaningful groups. This chart shows deaths occurring in hospital and all deaths (i.e. in hospital deaths and deaths occurring within 30 days after discharge) by clinical cluster. In hospital deaths due to 'Acute and unspecified renal failure' are greater than expected. Initial investigation suggests this is **not** related to coding issues.

SHMI* Torbay and South Devon NHS Foundation Trust split by in hospital/all deaths by CCS group for all admissions to Torbay and South Devon NHS Foundation Trust in Oct 2019 to Sep 2020



Appendix 4 – Dr Foster Patient Safety Dashboard

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

The data was pulled on the 1st March 2021. For the 12-month period Dec 2019 to Nov 2020 there were no alerts in these patient safety indicators. The Trust has a statistically lower than expected relative risk for 5 of the indicators (green in 'Relative risk' below).

Table 4

Indicator	Volume	Observed	Expected	Obs rate/k	Exp rate/k	Relative risk
Accidental puncture or laceration	49672	56	73.8	1.1	1.5	75.9
Deaths after surgery	373	20	28.9	53.6	77.6	69.1
Deaths in low-risk diagnosis groups	18372	39	55.9	2.1	3.0	69.7
Decubitus ulcer	7169	371	433.8	51.8	60.5	85.5
Infections associated with central line	9678	0	0.6	0	0.1	0.0
Obstetric trauma - caesarean delivery	530	1	2.5	1.9	4.7	39.8
Obstetric trauma - vaginal delivery with instrument	219	17	14.9	77.6	67.9	114.2
Obstetric trauma - vaginal delivery without instrument	1000	34	29.3	34.0	29.3	116.1
Postoperative haemorrhage or haematoma	11886	4	4.9	0.3	0.4	81.9
Postoperative physiologic and metabolic derangement	9366	0	1.6	0	0.2	0.0
Postoperative pulmonary embolism or deep vein thrombosis	12151	21	42.2	1.7	3.5	49.8
Postoperative respiratory failure	8354	2	9.0	0.2	1.1	22.2
Postoperative sepsis	174	1	2.8	5.7	16.1	35.7
Postoperative wound dehiscence	431	0	0.3	0	0.8	0.0

Appendix 5 – Focused Mortality Reviews

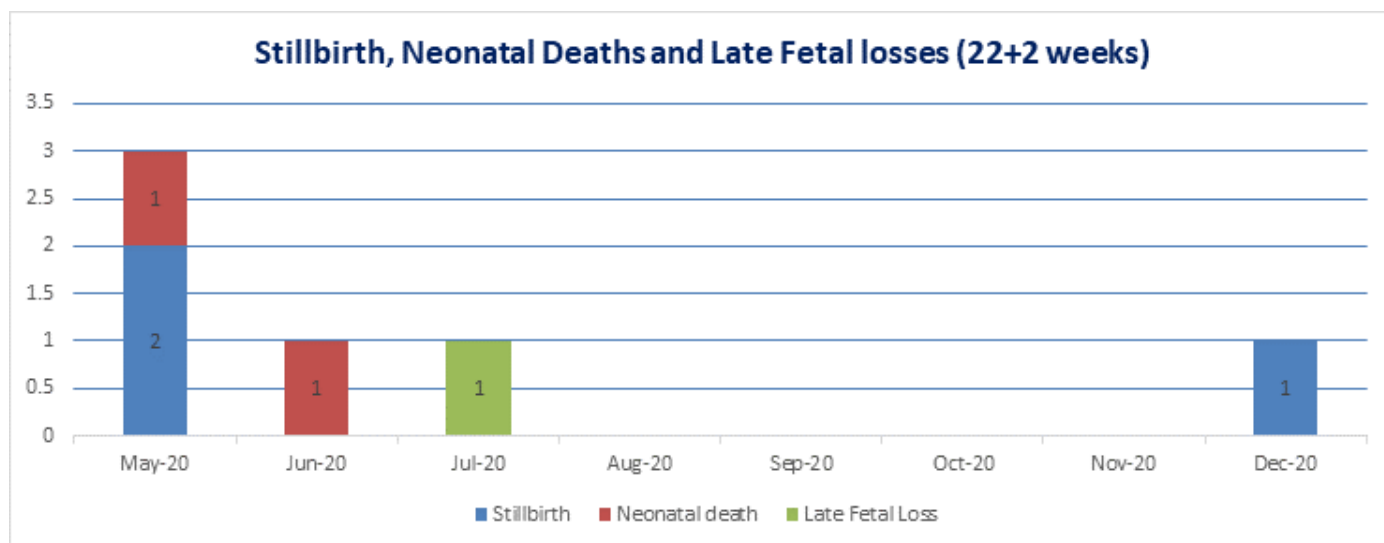
Number of deaths of a patient with a Learning disability

All deaths involving patients with a learning disability are reviewed through the Learning Disabilities Mortality Review (LeDeR) process. This process feeds back into the Trust any learning. In Q3 we sadly had one death in hospital due to Covid which has been referred for review.

Number of Neonatal, Perinatal, and Maternal Deaths

During the reporting period (October -December 2020), we have had one Stillbirth. This was a pregnancy diagnosed with a congenital abnormality that was incompatible with life. The parents chose not to terminate the pregnancy, and the Baby died and was stillborn at 30 weeks. We had no Maternal Deaths.

Chart 12 – Stillbirth, Neonatal Deaths and Late Fetal Losses



Number of deaths in which complaints were formally raised by the family

In Q3 2020/2021 the Trust received 4 complaints. These complaints raised concerns regarding care in the acute hospital and community hospital settings and failure to establish a diagnosis.

Medical Examiners

The Trust has 5 medical Examiners in post and is currently undergoing a recruitment process to replace the Medical Examiner Officer who left the Trust in December 2020. Since being established in July 2020 the ME service was running on 7 wards and had scrutinised 175 deaths. On 25th January 2021 the service extended to all adult non-covid inpatient deaths which are not directly referred to the coroner. On 22nd February this further extended to include Covid deaths. In the first 28 days of the service expansion 76 deaths have been scrutinised which equates to 96% of eligible inpatient adult deaths.

Table 5 – Medical Examiners Performance Summary

	Week	Performance					Outcomes				
		Total number of adult deaths	Number not currently included in ME process (COVID ward / direct to coroners)	Number scrutinised by ME	% Total deaths scrutinised	% deaths included in ME process scrutinised	Number scrutinised referred to coroner	% referred to coroner	Number MCCD issued within 5 days (non coroners)	% MCCD issued within 5 days (non coroners)	Number raised to clinical governance
Week One	25/01/2021 to 31/01/2021	25	4	20	80.0%	95.2%	5	25.0%	9	60.0%	0
Week Two	01/02/2021 to 07/02/2021	23	1	21	91.3%	95.5%	8	38.1%	11	84.6%	4
Week Three	08/02/2021 to 14/02/2021	20	2	17	85.0%	94.4%	3	17.6%	13	92.9%	1
Week Four	15/02/2021 to 21/02/2021	21	3	18	85.7%	100.0%	3	16.7%	10	66.7%	2

National Cardiac Arrest Audit

Data to Q3 of 2020/21, show the number of cardiac arrests occurring in Q3 reduced by 20% although numbers are small. The survival to discharge rate was at 25% pre-pandemic at Q4 (March 2020) and has diminished to 17% to date (end Dec 2020). Absolute numbers are small but the survival rate at Torbay still well above national average (currently 8-10%). The Q4 report for the whole year due in April will be a more accurate picture overall.

Learning from Inquests

During Q3 of 2020/21 there were 10 Coroner’s inquests opened. Of these 7 have now been closed. The closed cases included 3 narrative verdicts, 1 natural causes, 1 alcohol related death, 1 cause to be confirmed and 1 where the Trusts involvement was not required. The Trust has no outstanding Regulation 28 reports.

Trust learning: Serious Adverse Event Group Feb 2021

Key Issues	Learning and actions taken
<p>Treatment / Diagnostic learning Dual acute pathology; cardiac and vascular requires careful joint assessment by teams</p>	Review policy for acute vascular transfer to RD&E
<p>Communication Ensuring clinical follow up of patients attending Drug and Alcohol service Ensuring adequate discharge processes in end of life patients</p>	<p>Acknowledged difficulties in this patient group. Discuss with drug and alcohol service</p> <p>Try to avoid moving wards immediately prior to discharge and ensure adequate handover if such transfer is necessary</p>
<p>Documentation Dating, signing issues with documentation</p>	In all cases an investigation is undertaken and the teams are involved in the RCA, learning and sharing

Glossary of Terms

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

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

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

Charlson Index of Comorbidities

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

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

Report to Trust Board of Directors				
Report title: Our People Promise and Plan			Meeting date: 31 st March 2021	
Report appendix	Appendices Incorporated into Circulated paper: Governance, Dashboard for Evaluation			
Report sponsor	Director of Workforce & Organisational Development			
Report author	Associate Director of Workforce & Organisational Development			
Report provenance	Previous drafts to People Committee and Workforce Cell, engagement with Executive Team and Non-Executive Directors			
Purpose of the report and key issues for consideration/decision	<p>To present to the Trust Board for formal approval Our People Promise and Plan, including additional details of priorities and measurement. Summarised below details the context within which the plan was developed, how it was developed, the aims and potential impact of the plan and how the plan will be enacted and embedded.</p> <p>Our People Promise and Plan is a commitment to our people to improving the experience of working here, developing a great place to work, embracing new ways of working; building on what people already feel proud of. Our People Promise and Plan describes an iterative, dynamic process of what we intend to do and how we will continuously measure impact to ensure we are working towards delivering on the commitments in Our People Promise and Plan over the next 3 years. It is based on principles imperative for a safe and learning organisation; seeking to understand, appreciative inquiry and continuous improvement.</p> <p>Our People Promise and Plan are a 3 year commitment; the primary focus of this initial presentation is year 1.</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	Recommendations To approve Our People Promise and Plan, including a commitment to support the key principles and actions described.			
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	12
	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 to:	Trust Board of Directors
Date:	31 st March 2021
Lead Director:	Director of Workforce and Organisational Development
Report Title:	Our People Promise and Plan

1.0 Introduction

The fundamental importance of our people in the delivery of great, integrated health and care to our communities, whether frontline or in supportive roles, has risen to the top of priorities during the last year. The need to ensure our people feel and are safe, supported, confident and skilled, have capacity and headspace to address immediate challenges as well as longer term transformation is recognised more than ever. Along with our ambitions of 'Building a Brighter future' and the underlying workstreams to deliver HIP2, the need for transformation into sustainable services and ways of working is here, now. Different ways of thinking, working, networking across systems together with the flexibility and agility needed applies not only to our people in teams, but our leadership, structures and processes. The size of this challenge is tough, therefore all of our people and our teams across systems will need to be enabled to be the best place they can be; we need to create the conditions for greatest success, together.

One key element of this is a move from a natural deficit or problem-focus that is usual in healthcare (although less usual in social care) to one of strengths-focus and appreciative inquiry. There is significant evidence that this improves morale and confidence, and importantly for us, demonstrates the essential principles of our care model in practice. It will also support us in some of the cultural opportunities advocated in the Berwick Report.

2.0 Discussion

2.1 Developing Our People Promise and Plan

On 31st July 2021, the NHS published the NHS People Plan for 2020/21. The document, informed by staff across the NHS, gets to the heart of what staff say matters is captured in the **NHS People Promise**. Importantly it takes learning from the experience of the people in NHS Services during the COVID-19 pandemic and makes commitments to build on what works well and to address the issues that get in the way.

It sets a challenging agenda aimed at improving the experience of working in the NHS for everyone. The priorities outlined in the NHS People Plan 2020/21 have been reviewed in January 2021 in light of the continuing pressures on the NHS due to Covid-19.

The plan states that if we are to build a workforce for our future we need:

- **More People** – trained, educated, recruited and inspired to work in the NHS
- **Working differently** – embracing new ways of working in teams across sectors and organisations, supported by technology

- **In a compassionate and inclusive culture** – which values and looks after staff, is inclusive and engenders a sense of belonging

As an integrated organization, we are recognised as leaders in innovation and service integration and we must capitalise on our wealth of experience and learning so far. We are also a friendly and welcoming organisation, having developed robust relationships with partners, such as our voluntary sector. Addressing the future requirements of our people, we also need to understand what gets in our way. To this end, throughout the pandemic, we have sought feedback from our people, particularly about what was impacting (positively and negatively) on their wellbeing. We also captured, through the 3 Horizons process, the broader learnings from during Covid-19, including learning from significant changes that were made at pace:

- Coalescing around a single vision/goal galvanised all the team to work together to achieve this
- Teams were given the freedom and Trusted to get on and do, make decisions and take actions they thrived and felt a sense of achievement and satisfaction
- Attention paid to develop trusted relationships across the system to support the common goal and historical barriers and resistance were overcome
- Attention was focused on the experience of our BAME staff, the beginnings of much improved engagement and trust was formed

People generally felt well supported by their teams and line managers during this time. Several themes emerged that reflect the challenges our people are experiencing:

- Our wellbeing is difficult to manage during Covid-19
- We are unclear of our future workforce needs
- We are often under resourced
- We don't always feel safe, confident or sufficiently skilled to drive improvement and transformation in our local area
- The voice and experience of our diverse workforce is not always heard and understood

Our People Promise and Plan is a commitment to our people and describes how Torbay and South Devon will feel as a great place to work. Our People Promise and Plan describes how we will create the right conditions for people to deliver exceptional integrated health and care, whatever essential role we play. Our People Promise and Plan have been shaped by our people, as well as our colleagues across the whole NHS. Importantly, we are committed to understand and build on what works well and to address the issues that get in the way.

Our People Promise and Plan has been developed in line with robust programme management principles, as it seeks to transform, sustainably, the experience of working at TSDFT, and creating the conditions to enable our people to transform services at scale.

2.2 An iterative, dynamic plan

Our People Promise and Plan are presented here, as a dynamic, live **process**. Not everyone within the organisation has seen, let alone influenced it. This will be part of how we make this work become part of our continuous approach to improvement, focussed on two levels:

Pillar-based improvement across the organisation – workstreams of improvement designed to address requirements of the national People Plan and its KPIs, HIP2 and organisational staff surveys and focus groups. There are 5 pillars within the plan.

Localised improvement – continuously seeking feedback about the impact (of working here and of our pillar outcomes) and supporting teams and managers to act on the feedback is a fundamental element of our People Promise and Plan. We will regularly review any themes that arise and feed into the pillar work. Importantly, this approach will focus not only on what needs to be improved, but also an appreciative inquiry approach to what we do well, how we can capitalise on our strengths and learn from great practice.

Our Workforce & OD, Education and Transformation teams, who work closely with our ISUs and Corporate areas, are key to supporting these improvements within the organisation. Impact will be measured using both quantitative and qualitative methods; the progress of Our People Promise and Plan will be central to ISU governance conversations along with delivery of Quality, Performance and Finance improvements.

3.0 Recommendation

For the Trust Board to approve Our People Promise and Plan, and to help to promote, wherever possible, the principles within it.

In advance of the meeting, please consider the following questions:

1. We are encouraging all of our people to contribute to making change happen, and delivering Our People Promise and Plan. What do you want your impact to be? Please think about you as an individual, and also as a (Board) team.
2. In your view what are our strengths, as an organisation, that we don't sufficiently acknowledge - but could build on?

Our People Promise & Plan 2021-2024 DRAFT

Torbay & South Devon
31st March 2021



An Introduction

We are an Integrated Care Organisation (ICO) and are over 6,500 people strong. We are responsible for the delivery of acute, community health and social care services. We are culturally innovative, and have a clear ambition to improve outcomes for everyone in our population, Building a Brighter Future.

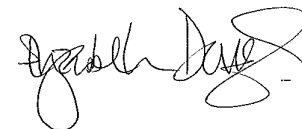
We are very proud of our people and all that we have already achieved through partnership working. We are recognised as leaders in service integration and we must capitalise on our wealth of experience and learning so far. We cannot be complacent, we need to use this experience to enable us to make better use of technology, to better network our services, and empower, support and develop our staff into new, multi-skilled roles. We had some great examples of people growing in confidence and skill through taking on new roles, as we responded to COVID-19. We know that we have much to build on and more to do.

It is our people who will Build a Brighter Future for our community. We will need to transform widely, feel safe and confident to challenge and learn, and become more agile (our people, our leadership and our processes).

Our People Promise describes how Torbay and South Devon will feel as a great place to work, and Our People Plan describes how we will create the conditions for people to thrive, and deliver exceptional integrated health and care, whatever essential role we play. Our People Promise and Plan have been shaped by our people, as well as our colleagues across the whole NHS. Importantly, we are committed to understand and build on what works well and to address the issues that get in the way.



Sir Richard Ibbotson - Chairman



Liz Davenport - Chief Executive

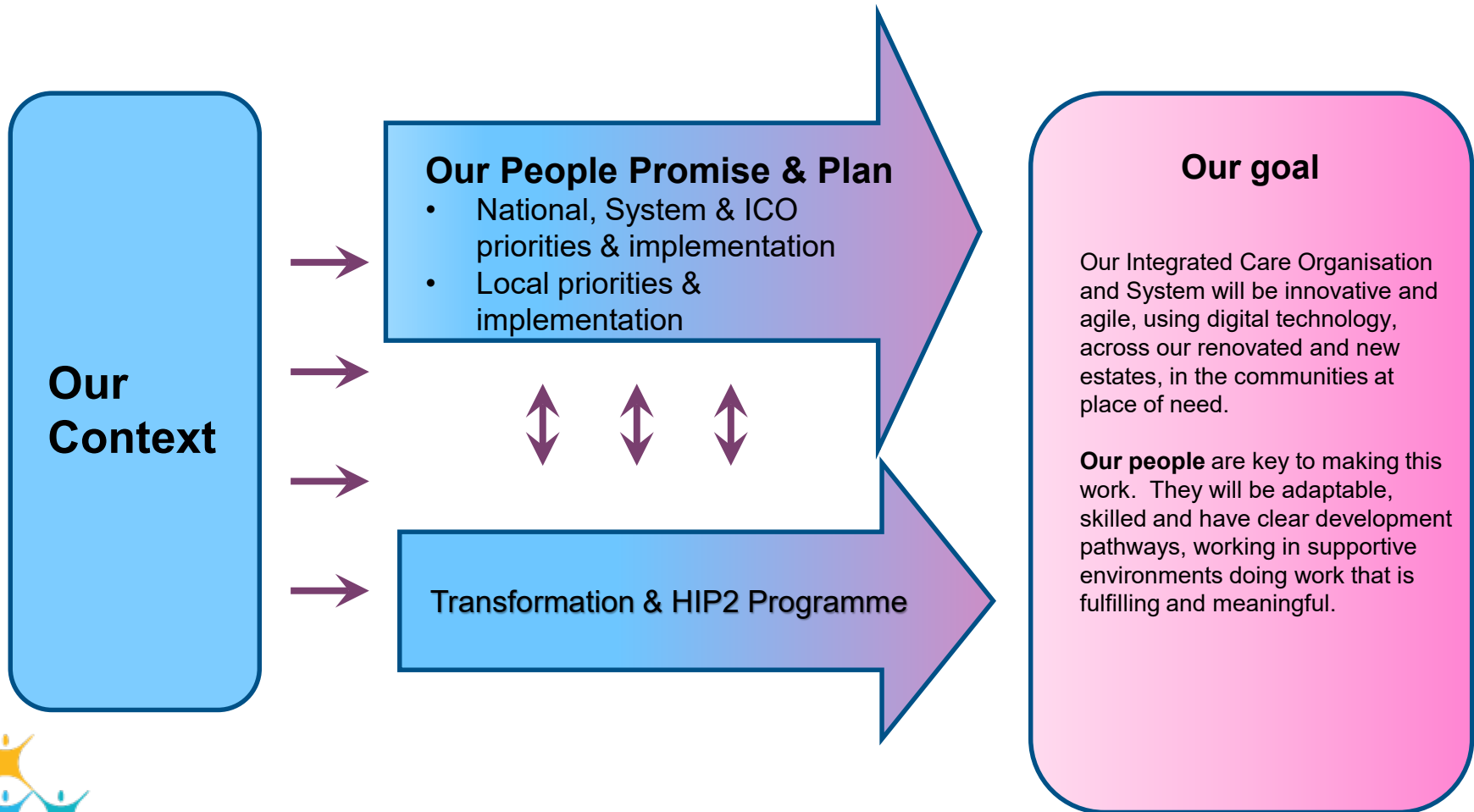


Building a Brighter Future: Torbay and South Devon Our Context

NHS Foundation Trust



Building a Brighter Future: Delivering Our Ambition





Building a Brighter Future: Our People Vision

Our People Promise & Plan connects us together as a community, where everyone's voice is heard and we feel valued for who we are and what we do well; we belong.

We Feel

We Are

We are supported to grow through learning and development, have choices around exciting, rewarding and flexible careers and stay healthy, physically and psychologically.

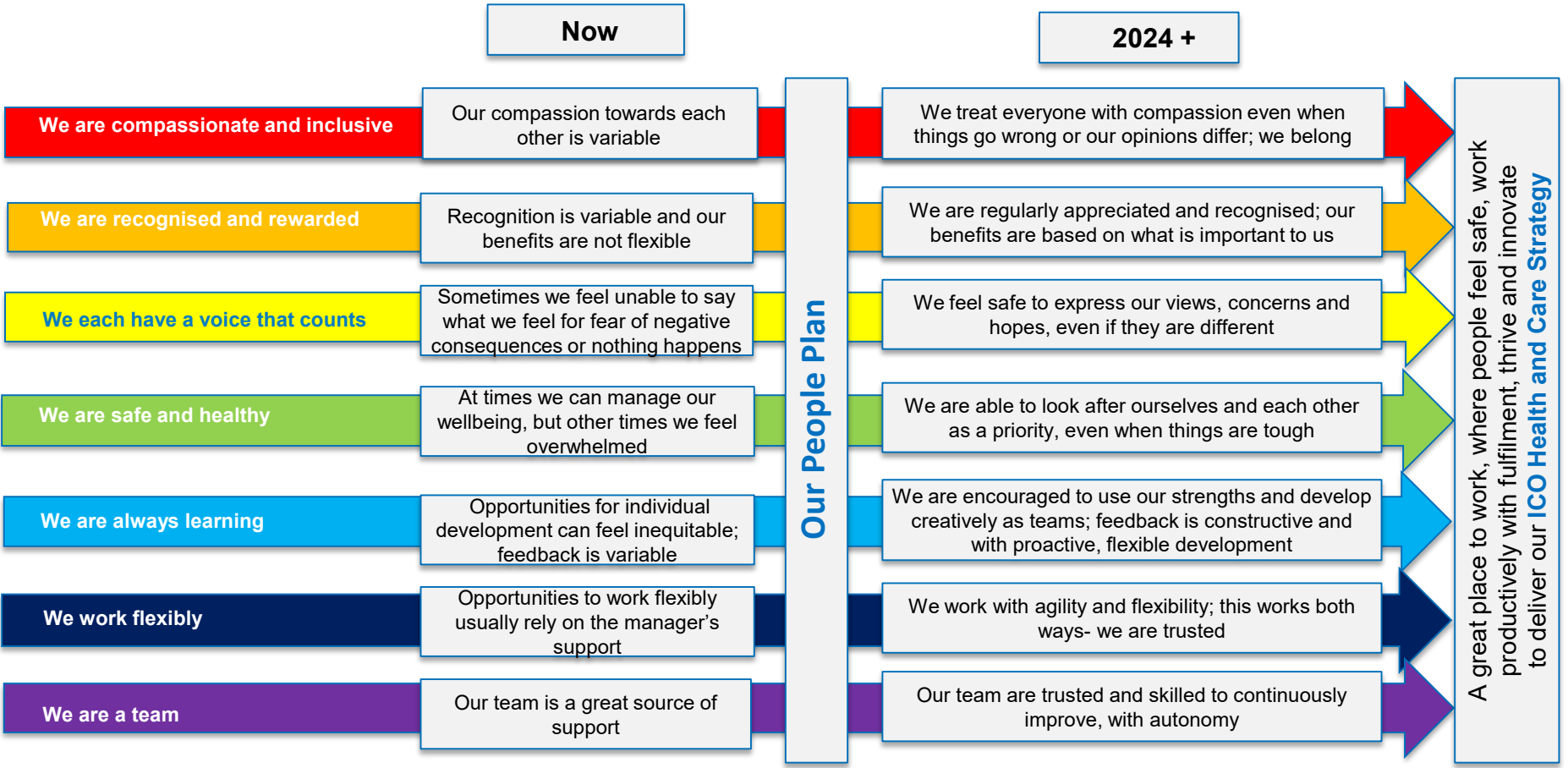
We all seek out and drive improvement in ways we are proud of, that support the delivery of excellent health and care services for our community into our future.

We Deliver





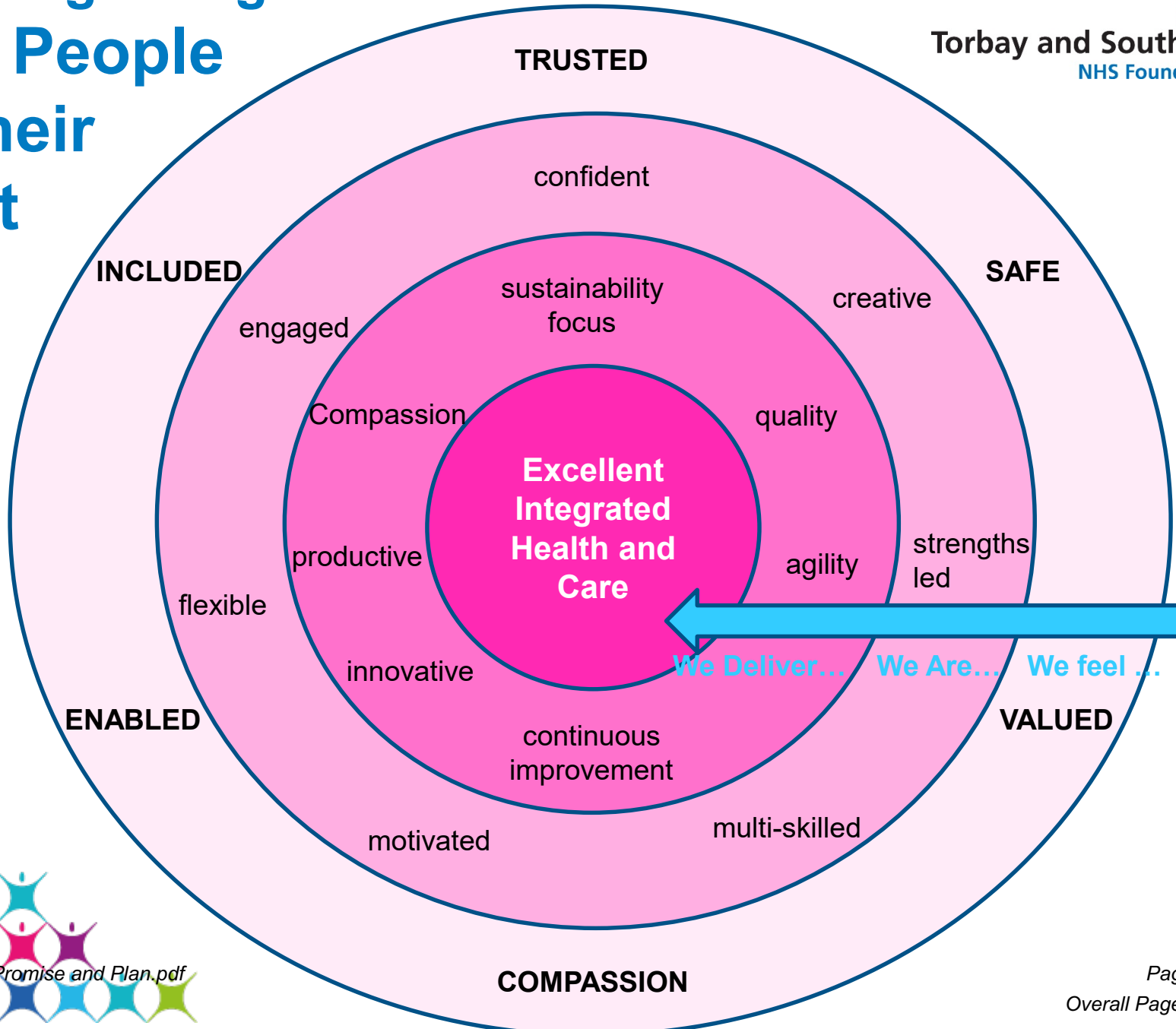
Our People Promise



Building a Brighter Future: Our People at their Best



Torbay and South Devon
NHS Foundation Trust





Translating Our People Promise into Action:

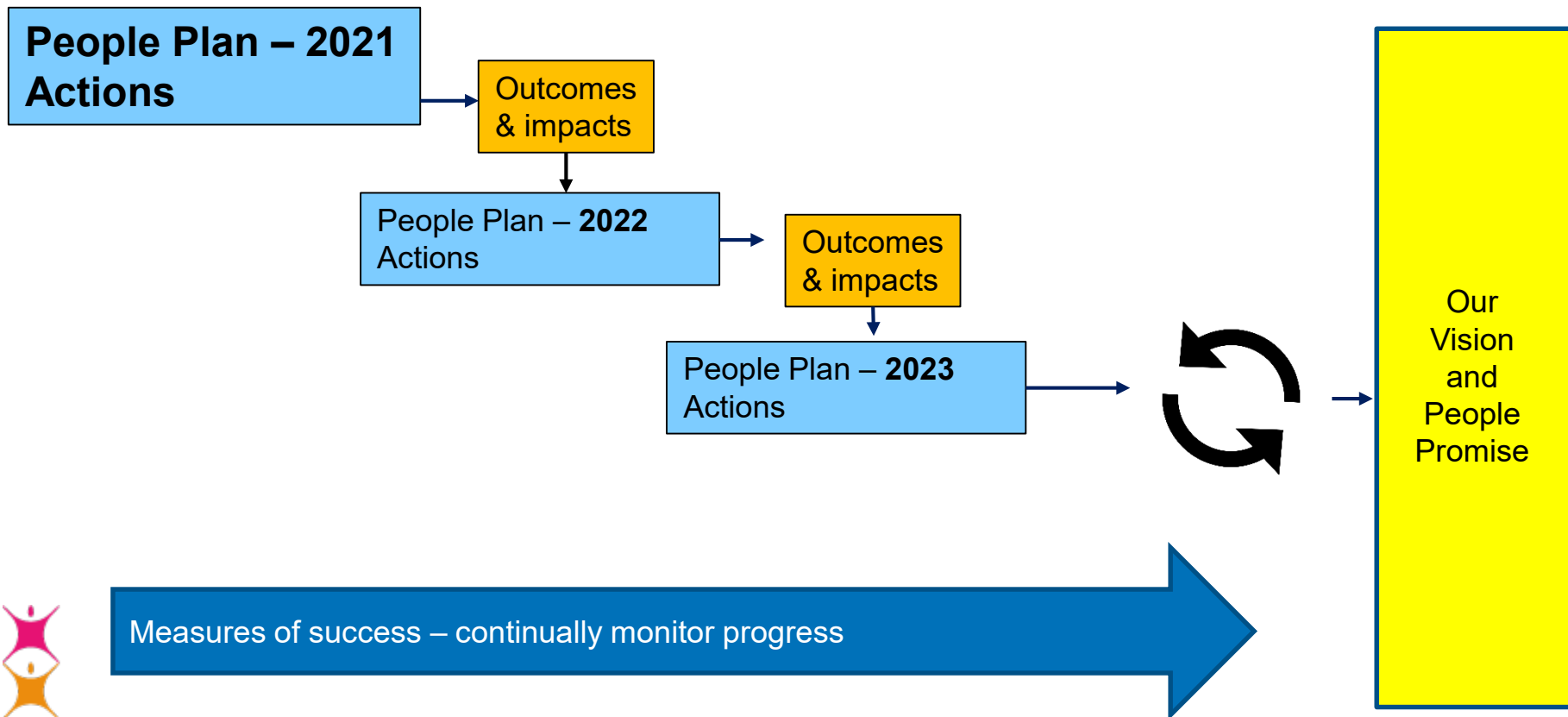
Our 3 year Strategic Workforce Ambitions

In order to build a healthy organisational culture, where our people can thrive and drive improvements in wellbeing in our Community, we have identified strategic ambitions for our People:

- To be a Great Employer, where our People can thrive, achieve their potential, feel safe and secure.
- To create the conditions to enable our people to transform our Organisations Vision and Strategy into the delivery of exceptional health and care services.
- To enable new ways of working at local level and with our partners to:
 - address current workforce challenges and opportunities
 - promote learning and skills development leading to sustainable workforce models for the future
 - enhancing employment opportunities and relationships within our community



Our Continuous Improvement Approach



People Plan Pillars - 2021 Priorities



Torbay and South Devon
NHS Foundation Trust

Pillar

Looking after our People

Belonging in the NHS

New Ways of Working

Growing for the future

National

- Risk assessments
- Vaccinations
- Access to support
- Wellbeing conversations

- Staff networks
- Model employer
- Ethnicity gap in disciplinary processes
- Overhaul recruitment practices

- CPD to support Critical Care and vaccinations
- Digital and remote working

- Workforce sharing agreements
- Recruitment and retention
- Workforce planning

Regional

Our people are safe and supported to be physically and mentally healthy and well

- Implement Just & Learning Culture
- Dashboard of health and wellbeing metrics
- Develop measure of employee relations procedures

We are open and inclusive and staff have a voice

- Metrics to measure progression
- Document employee value proposition
- Establish 2 staff networks
- Develop recruitment pipeline dashboard

Making the most of the skills in our team

- Develop STP workforce plan
- Capture System level workforce challenges
- Measure of employees in emergent roles
- Reported apprentices levy

Recruiting and retaining our people

- Brand vacancies as "proud to care"
- System plan for international recruitment
- Devon bank for clinical roles
- Survey onboarding for domestic and international recruits

TSDFT

- Wellbeing conversations
- Health & wellbeing buddies
- Vaccination campaign
- Anti-bullying network

- Increase staff numbers who disclose their protected characteristics
- Increase under-represented groups in senior leadership roles
- Attract a diverse workforce reflective of local communities

- Develop departmental workforce plans to inform a Trust Workforce Plan
- Develop career pathways

- Develop Employer Brand to attract applicants
- Launch Devon International Recruitment Hub
- Create a Trust Resourcing HUB

TSDFT
5th Pillar

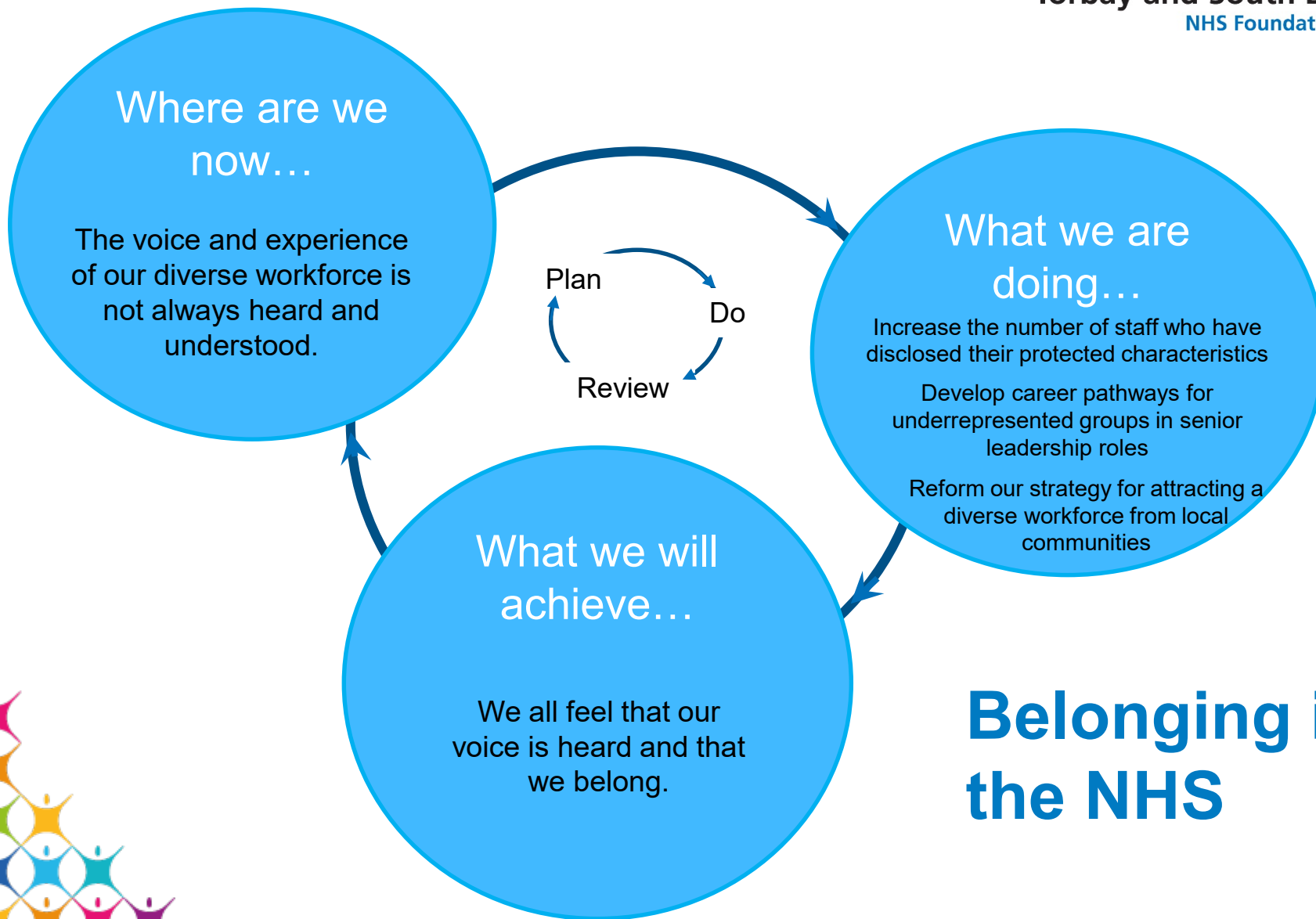
Creating the conditions to enable transformation

- Develop evaluation toolkit to assess digital literacy
- Create Improvement Methodology
- Deliver Management essentials programme
- Develop Just & Learning culture



Looking after our People





Belonging in the NHS





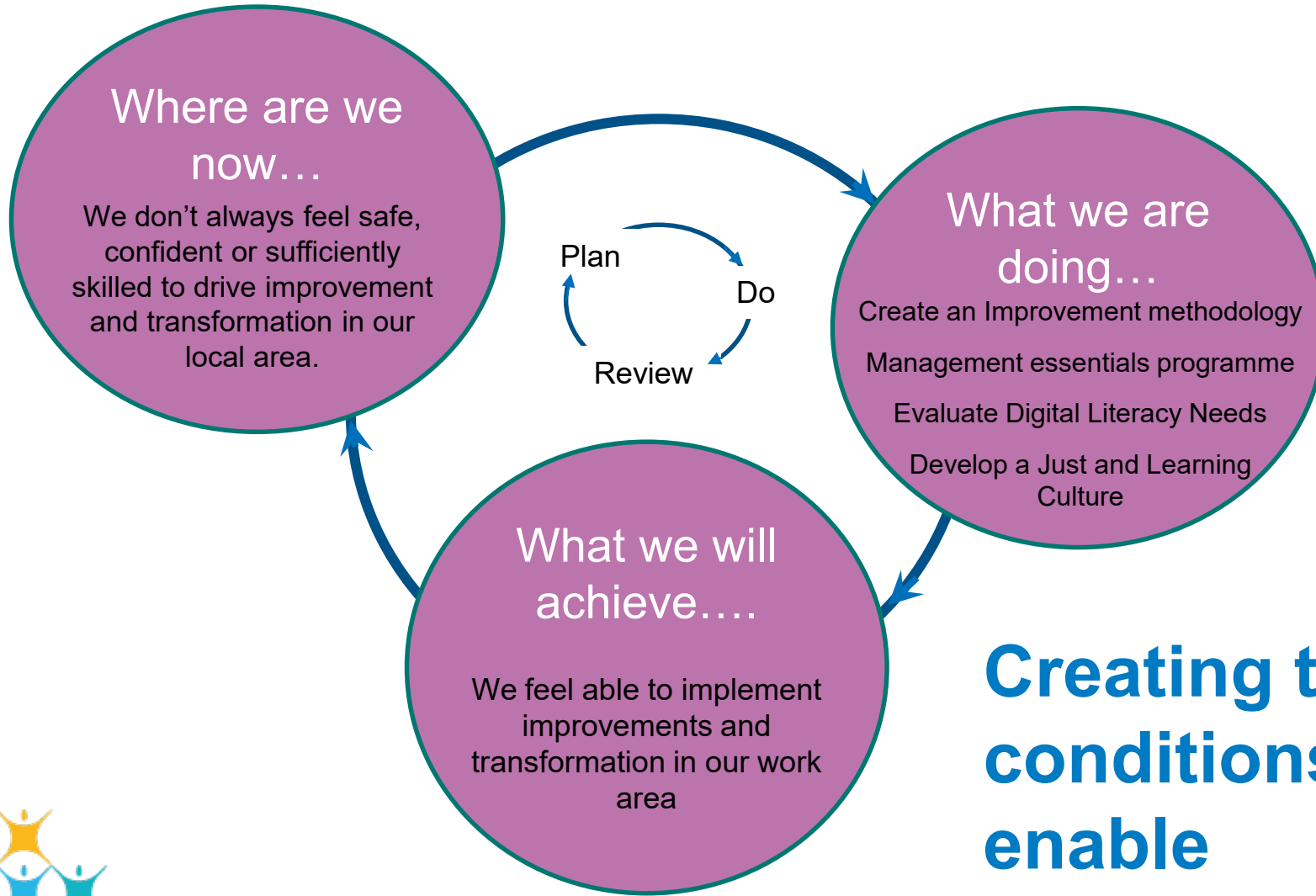
New Ways of Working





Growing for the Future





Creating the conditions to enable transformation



What have we already achieved?

Pillar	Looking after our People	Belonging in the NHS	New Ways of Working	Growing for the future
TSDFT	<ul style="list-style-type: none"> • Health & Wellbeing survey undertaken • Health & wellbeing now part of our preceptorship induction • Piloted “Looking after our colleagues” workshop • Updated Bullying & Harassment induction training • Anti-bullying network set up 	<ul style="list-style-type: none"> • Devon wide BAME network set up • A number of staff networks established • Selected to initiate a programme of reciprocal mentoring • Development of a reasonable adjustment policy 	<ul style="list-style-type: none"> • Digital transformation of education and training • ICO Clinical pathway videos – shared nationwide • iPads for families to communicate with COVID positive patients • Delivery of training to wider care sector 	<ul style="list-style-type: none"> • Increased collaboration with our Devon partners to work together. • New Devon International Recruitment Hub has started to mobilise. • Our new Resourcing Hub is already delivering efficiencies in streamlining processes and supporting our recruiting managers

TSDFT
5th Pillar

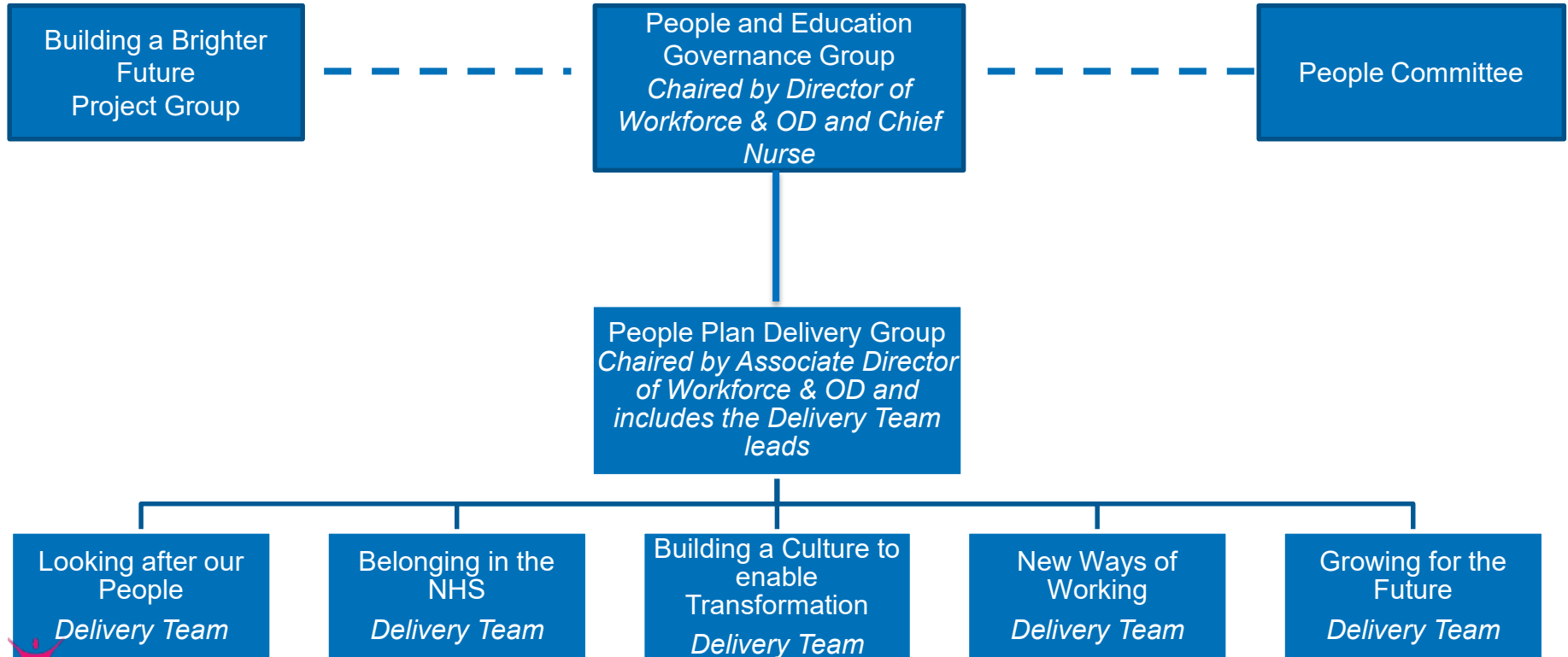
<p>Building the conditions to enable Transformation</p> <ul style="list-style-type: none"> • Draft disciplinary policy developed in line with Just and Learning culture, and initial training delivered • Research project on digital literacy for immersive technology initiated 	<ul style="list-style-type: none"> • Cultural framework created based on our people’s experiences of change, piloted with teams and individuals • Creating the Conditions to enable transformation network established, multidisciplinary membership
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Our People Plan Governance



Torbay and South Devon
NHS Foundation Trust



Appendices

Appendix A - Priorities and Measures

Pillar	Year 1 priorities	Data to support implementation
Looking after our People	Implement health and wellbeing conversations	Number of conversations completed
	Introduce health and wellbeing buddies	Number of buddies
	Vaccination campaign	Number of staff vaccinated
	Introduce of anti-bullying network	Number of AB contacts Number of formal B&H cases
New ways of working	Develop department workforce plans to inform a Trust workforce plan	Number of departmental workforce plans Number of 'new roles'
	Develop career pathways	Internal promotions
Belonging in the NHS	Increase the number of staff who have disclosed their protected characteristics	ESR EDI disclosure rate
	Develop a career pathways for underrepresented groups in senior leadership roles	% of underrepresented staff in band 8a an above Achievement of model employer
	Reform our strategy for attracting a diverse workforce from local communities	% of underrepresented staff in post

Appendix A - Priorities and Measures

Pillar	Year 1 priorities	Data to support implementation
Growing for the Future	Develop an employer brand to inclusively attract applicants	Number of adverts that are successfully appointed to Number of applicants with protected characteristics
	Mobilise a Devon International Recruitment Hub to address clinical skills shortages	Number of overseas appointments
	Create a Resourcing Hub to equip the Trust with the skills and resources to effectively and inclusively recruit the best people	Time to hire Number of appointments with protected characteristics Number of volunteers Number of Bank employees
Building the conditions to enable transformation	Deliver management essentials programme based on the cultural framework	Number of staff that have completed the ME programme and received the CF session.
	Development of a Just and Learning Culture	Number of formal ER cases Number of investigations resulting in no case to answer Number of disciplinary cases resulting in informal action/first written warning
	Create improvement methodology based on QI & OD principles to upskill our people	Number of staff that have completed the training
	Develop an evaluation toolkit to determine the digital literacy needs of the Trust in order to develop an accessible digital culture	Number of teams engaged in completing the evaluation TNA and recommendation

Appendix B - Dashboard

National KPI's

National Theme	National People Plan KPI's	Metric
We are safe, and physically and mentally healthy and well	•Number of days lost to sickness absence as a proportion of the total workforce (%)	Monthly sickness percentage
		12 Months rolling sickness percentage
	•Number of staff who have left the NHS as a proportion of the total workforce	Monthly leavers
		12 Months rolling leavers and percentage
	•Number of staff vaccinated	Flu Vaccination (Incl Bank staff)
		Covid Vaccination (Incl Bank staff)
We are open and inclusive, and staff have a voice	•Proportion of staff in senior leadership roles who a) are from a BME background b) are women	BME Senior leadership roles (Band 8A and above)
		Women Senior leadership roles (Band 8A and above)
Recruiting and retaining our people	•Number of healthcare support workers employed by the Trust	FTE Support to Clinical Staff
		Trust Percentage of support staff
	•Numbers of returners to the NHS deployed into frontline role	Monthly Numbers
		Percentage of Monthly Starters
	•Number of new staff joining NHS with non-UK nationality (incl % of total month starters)	Monthly Numbers
		Percentage of Monthly Starters

Reporting on risk assessment will follow subject to an automated process

Our People Promise and Plan pdf

Proportion of staff who agree the organisations acts fairly with regard to career progression will be reported annually in line with NSS

Pulse surveys – awaiting release of national guidance (imminent)

Appendix B - Dashboard

Local KPI's

Number of days lost due to Mental Health issues (Anxiety/stress/depression/other psychiatric illnesses)	Monthly sickness days and percentage of Monthly Total
	12 Months rolling sickness days and percentage of Annual Total
Number of days lost due to Covid related absence	Monthly Covid Sickness days
	Monthly Covid Medical Suspension Days
Vacancy	FTE Vacancy
	Vacancy Factor
Agency spend	Monthly Agency Spend
	Financial Year to date
Paybill by staff group	Medical and Dental
	Nursing and Midwifery
	NHS Infrastructure Support
	Support Staff
	Other (AHP, STT, Healthcare Scientists)
	Total
	Internal Promotion *

Qualitative Data
New Starter Questionnaire - staff experience measure (positive score - excellent or good)
New Starter Questionnaire - response rate
Exit Interview - staff experience measure (positive score - good)
Exit Interview - response rate

Pulse Survey
I am managed with compassion
I am supported to be at my best
I am able to implement improvement and transformation in my department
As a Manager I feel confident in my skills and knowledge to lead my team
I would rate my wellbeing as....
I feel safe to disclose my protected characteristics

Report to the Trust Board of Directors				
Report title: Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training		Meeting Date: 31 st March 2021		
Report appendix	Nil			
Report sponsor	Medical Director			
Report author	Dr Edward Berry, Consultant in Emergency Medicine and Guardian of Safe Working Hours			
Report provenance	The content of this report is a look at the data ensuring that doctors in training are working safe hours as per the new terms and conditions of service. The report has come through the People Committee.			
Purpose of the report and key issues for consideration/decision	To provide assurance to the Board that doctors in training under the new terms and conditions of service are working safe working hours and to highlight any areas of concern. Relatively few exception reports are submitted. Junior doctors have shown flexibility and professionalism in the face of the Covid pandemic and changes to their contract.			
Action required (choose 1 only)	For information <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation				
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	Y	Valuing our workforce	Y
	Improved wellbeing through partnership	Y	Well-led	Y
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register		Risk score	
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation	
	NHS Improvement		Legislation	
	NHS England		National policy/guidance	Y

Report title: Guardian of Safe Working Hours – Doctors and Dentists in training		Meeting date: 31st March 2021
Report sponsor	Medical Director	
Report author	Dr Edward Berry, Consultant in Emergency Medicine and Guardian of Safe Working Hours	

1. Executive Summary

The following report concerns the time period of 13th of November 2020 up to the 2nd of March 2021 based on the Exception Reports submitted by the Junior Doctor workforce.

- Every exception report submitted more than 28 days prior to 1/2/20 has been completed as per local agreement.

There remain significant cohorts of Junior Doctors who are not represented in Exception Reports; this missing data makes spotting patterns difficult.

2. Introduction

- In July 2019 an agreement was reached between NHS Employers, the BMA and Department of Health on the amendments to the 2016 terms and conditions for doctors in training. The agreement covers the period from 1 April 2019 to 31 March 2023.
- The following report aims to ensure Junior Doctors are working contracts compatible with the Junior Doctor Terms and Condition of Service 2016, that are sustainable and fair and that they are able to claim money/time off in lieu should they need to work extra hours to maintain patient safety/attend educational opportunities or complete career enhancing objectives.

3. Exception Reports

There have been 70 Exception Reports (ER) in the period 13 November 2020 to 2 March 2021. This remains lower than similar periods in 2018 and 2019. It is slightly more than the last three quarters. This is partly likely to represent junior doctor professionalism and good will during the coronavirus pandemic. This is the fourth consecutive quarter that I have reported fewer ERs than expected so hopefully this represents a junior workforce that is happy and content with their rotas and job plans.

Table 1 – Exception Reports by Area

Specialty	No. exceptions raised in reporting period	No. exceptions closed	No. exceptions outstanding	Comment
Acute medicine	18	17	1	
Anaesthetics	2	2	0	
Cardiology	1	1	0	
General Medicine	21	15	6	
General Surgery	27	9	18	
Obstetrics and Gynaecology	1	0	1	
Total	70	44 (63%)	26 (37%)	All outstanding within 28 days.

Table 2 – Exception reports by Grade

Grade	No. exceptions raised in reporting period
F1	54
F2	8
CT1-3	8
ST 4-9	0
Total	70

Table 3 – Nature of Exception

Additional Hours	66
Service support	3
Pattern	1

Table 4 – Outcome of Exceptions

TOIL	17	The high number of payment outcomes is secondary to last quarter’s implementation of a 28-day limit to exception reports. At this point I completed the Exception Report and awarded payment. This represents 16 individual outcomes.
Payment	27	
No compensation required	0	
Agreed no further action required	0	
Outstanding	26	All within 28/7.

4. Comment on Exception Reports

There are low numbers of Exception Reports but 63% have been actioned. This represents 100% of Exception reports older than 28 days. It is a significant improvement in ER completion but is reliant on myself as GoSWH completing a number of the ERs (16/44). The fraction of ERs I have completed has decreased this quarter but probably represents natural variation around the mean given that the number of ERs over the last two quarters has been extremely low.

5. Rota Reviews

Rota reviews have been carried out by Practice Managers Reports working alongside Medical HR on every Junior Doctor rota as mandated by the development of the coronavirus pandemic. When hospital numbers of COVID 19 patients increased there were discussions between hospital management and the JDRC regarding relocation of junior doctors onto ‘at risk’ rotas, such as the nighttime medical on-call rota. Any relocations were performed within the framework of the Junior Doctor Contract and guidance produced by the British Medical Association. As the number of COVID-19 cases is now falling, the ‘Junior Doctor Reassignment’ meeting has ceased. There are no rotas in a ‘surge’ pattern and redistributed junior doctors have returned to their parent speciality rotas.

6. Fines

There have been no Guardian fines for this period.

7. Qualitative Information

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

8. Issues Arising

- TOIL/payment difficulties: The current process requires an on-line exception report and a paper submission for hours/TOIL. The duplication of work makes it more difficult to arrange payment. The time taken to complete the various discussions to get TOIL makes it unlikely an appropriate time can be found before the end of the rotation. TOIL cannot be taken forward onto new rotations.
- The Surgical Registrar rota is short of doctors. Rota co-ordinators have written a rota compliant with the Junior Doctors' contract and are looking to create roles (research, locum etc) which support the rota.
- The Paediatric Registrar rota sheet was poorly designed and failed to show where a junior doctor would be working for a shift, occasionally leaving a junior doctor stranded at the wrong site. The Paediatric rota managers have rectified the situation by placing rotas on MS Teams.
- The Junior Doctor Contract allows exception reporting for:
 - Any activities required for the successful completion of Annual Review of Competency Progression (ARCP) and any additional educational or development activities explicitly set out in the agreed personalised work schedule.
 - Activities that are agreed between the doctor and their employer, such as quality improvement or patient safety tasks directly serving a department or wider employing organisation, or their doctors (e.g. attending a JDF, activities related to Rota management, BMA roles, delivering teaching, or setting up training programmes).
 - All professional activities that doctors are required to fulfil by their employer (e-portfolio, induction, e-learning, quality improvement and quality assurance projects, audits, mandatory training/courses).

This is one of the more opaque and difficult areas of the contract to apply. Most Junior Doctors accept that they must work towards career goals in and out of work. All junior Drs have significant academic and career administration workloads preparing for ARCP (a yearly review of competence which serves as a potential barrier to progression). The JDRC are currently trying to ensure that there is room within job plans to give in-work opportunities to complete these tasks.

For F1s and F2s, administration time is written into their rota patterns. For more senior, specialised junior Drs this creates difficulties as their rotas are more closely matched to the requirements of the service. There comes a natural tension between a) rotoring administration time, b) promoting widespread exception reporting of (pre-authorised) administration time or c) expecting junior doctors to complete the work outside of working hours (and the clauses of their contract).

Our current batch of junior doctors can be commended for completing their administrative work in their own time/quiet work periods. There have been no exception reports for administrative time lost. There is no centre elsewhere in the

country that has solved this issue and our policy is in line with local other hospitals within the Peninsular training region.

9. Actions Taken to Resolve Issues

- Electronic exception reporting i.e. supervisors completing exception reports on Allocate without a meeting. Reducing the need for face to face meetings and including a maximum time for response (four weeks) and a default sign-off by the GoSWH (after four weeks, or at the end of a rotation). This has brought Torbay in-line with other local Trusts and the Junior Doctor contract. In this quarter 11 such inputs were required.
- Local agreement is that TOIL or payment for non-clinical (administrative) activity needs to be pre-agreed with supervisors. This prevents junior doctors being disappointed by a lack of opportunity to claim TOIL and protects rotas from losing hours at short notice.
- The MD1 and MD2 policies (pertaining to junior doctor contracts) have been amalgamated into a single (MD1) policy with a FAQ section which clarifies our local interpretation and enforcement of the junior doctor policy. This has been agreed between myself, medical HR and the JDRC.

10. Summary

Overall, all departments appear compliant and supportive of their Junior Doctors.

Junior Doctors, workforce practitioners and rota coordinators continue to show admirable flexibility, professionalism and diligence in the face of the COVID pandemic and Junior Dr Contract changes.

Report to the Trust Board of Directors			
Report title: Developmental review of leadership and governance using the well led framework – Deloitte’s report action plan		Meeting date: 31 March 2021	
Report sponsor	Chief Executive		
Report author	Chief Executive		
Report provenance	<p>The Board agreed to commission a developmental review of leadership and governance using the well led framework in March 2020 and approved the commissioning of contract to Deloitte LLP at the September 2020 Board meeting.</p> <p>The draft report has been presented to the Board at a development session in December 2020 and the final report and key recommendations at the Board meeting in January 2021.</p>		
Purpose of the report and key issues for consideration/decision	To provide an update on the actions in response to the recommendations in the developmental review of leadership and governance using the well- led framework.		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the content of the report • To comment on and support the actions being taken to address the recommendations in the reports from Deloitte. 		
Summary of key elements			
Strategic objectives supported by this report	Safe, quality care and best experience		Valuing our workforce
	Improved wellbeing through partnership		Well-led x
Is this on the Trust’s Board Assurance Framework and/or Risk Register	Board Assurance Framework	x	Risk score 12
	Risk Register		Risk score
To ensure leadership capacity and capability to deliver high quality, sustainable care for the local population.			
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

Report title: Developmental review of leadership and governance using the well led framework – Deloitte’s report	Meeting date: 31 st March 2021
Report sponsor	Chief Executive
Report author	Chief Executive

1. Introduction

In June 2017, NHS Improvement issued updated guidance relating to well-led reviews, around the scoping of reviews, the commissioning of an external facilitator and descriptors of good practice against the eight Key Lines of Enquiry (KLOE’s), and more detailed advice which provided template specifications and example evaluation criteria for use in any procurement process.

NHS Improvement encourages all Foundation Trusts to undertake a development review of leadership and governance against the well-led framework approximately every three years, which may be extended to five years. The Trust undertook an internal review against the KLOE’s in preparation for the CQC well-led inspection that took place in 2018, and undertook a refresh ahead of the 2020 inspection. An externally facilitated review had not been undertaken however since the Trust became an ICO in 2015, and therefore the Board agreed in March 2020 to commission a review.

The objectives for the review

- Deepen the Boards own understanding of its leadership and governance through objective review and challenge;
- Identify development actions in relation to the well- led framework; and
- Enable some skills transfer and knowledge sharing from the external provider who will have experience from similar reviews elsewhere

The Trust used the NHS Supplier Framework to identify suitable suppliers and following a tender process Deloitte were awarded the contract and commenced the review on 1 October 2020.

2. Review process

Deloitte used all 8 developmental themes in the well led framework as a basis of the review; leadership, vision and strategy, culture, good governance, risks and performance, Information, stakeholder engagement, learning, development and innovation

The methodology used by the review Team included:

- Desk top review of relevant documents
- Anonymous online surveys with Board members, Council of Governors and staff
- Non-attributable interviews with each Board member
- Virtual meeting observations
- Observation of service line meetings
- Virtual staff focus groups
- Telephone interviews with external stakeholders

Following the completion of these activities, emerging themes were shared with the Chairman, Chief Executive and Company Secretary and a virtual workshop was then held with the Board on 9 December 2020.

The draft report was made available to Board members and a factual accuracy check was conducted in December and January and comments submitted to Deloitte. The final report was submitted to the Trust on 22 January 2021.

3. Outcome of the review

The report detailed examples of good practice and 26 recommendations for improvement against each of the 8 key domains of the well led framework. The top-level themes highlighted in the report are:

- Optimising executive portfolio and coverage
- Executive interface with System Directors
- Executive oversight of the corporate strategy
- Whole system focus, increased attention on the community health and care
- Building clinical engagement
- Making best use of the Board agenda
- System and ISU governance

4. Improvement plan

The action plan detailing the proposed response to the recommendations is attached as appendix one. The actions being taken are summarised as:

Optimising executive portfolio and coverage

- Review of Executive portfolios undertaken and approved by Trust Nominations and Remuneration Committee
- Appointment of Director with accountability for the Health and Care Strategy in support of Health Infrastructure Programme (HiP2)
- Executive Development Programme

Executive interface with System Directors

- Executive and System Leadership meetings to facilitate co- development of new ways of working
- Commissioned a review of current Senior Leadership arrangements
- Extended invitation to Strategy Development Group for Senior Leadership Team
- Trust Management Board to be established

Executive oversight of the corporate strategy

- Board Strategy days built into the Trust Board work plan
- Introduced Strategy Development Group Chaired by the Chief Executive
- Director of Transformation and Partnership- Executive Lead for Strategy

Whole system focus, increased attention on the community health and care

- Executive and Non-Executive engagement programme
- Enhanced reporting to Board on community services to include presentations from community service leaders and improved information as part of IPR

Building clinical engagement

- Increased clinical capacity at Board through appointment of Director with responsibility for Health and Care Strategy in support of HiP2
- Appointment of Clinical Design Champions
- Leadership Development Programme to be commissioned across our leadership Teams
- Succession Plans developed for Non-Executive Directors to extend clinical experience

Making best use of the Board agenda

- Commissioned Board Development Programme
- Introduced Consent agenda format
- Re- structure of the Board agenda to enhance focus on quality and safety issues
- Introduction of BAF summary document

System and ISU governance

- Review of System and ISU Governance has been commissioned

5. Governance and oversight

Delivery of the plan will be overseen by the Chief Executive and reported by exception to the Audit Committee and Trust Board of Directors

6. Recommendation

The Board is asked to:

- Note the content of the report
- To comment on and support the actions being taken to address the recommendations in the reports from Deloitte.

Deloitte Well-Led Review – Recommendations

No	Recommendation	Response
KLOE 1: Leadership		
1	Operating as a strategic executive	Ensure that the existing executive team development programme and individual executive coaching is suitably focused on integrated portfolio working, operating as a strategic executive team and effectively guiding board discussion. Also consider whether deputy level succession planning is required for any executive portfolio to enable EDs to assume a more strategic role. The deputy directors could also be included in some aspects of the development programme.
<p>The following actions have been agreed:</p> <ul style="list-style-type: none"> • Board and Executive Team Development Programme-supported with individual coaching – ongoing • Proposal to extend the development programme approach to include system leaders and ISU Teams- September 2021 • Review of System Leadership roles and working arrangements- March/April 2021 • Joint working with deputies and senior leaders through Trust Strategy Development Group and plan to introduce a Trust Management Group – April 2021 • Talent and succession plan – oversight through Nominations and Remuneration Committee- Sept 2021 		
2	Optimising executive portfolio coverage	Review the need for succession planning aimed at diversifying board level expertise and experience working in non-acute settings. Also consider the benefits of closer alignment between executive portfolios for IT infrastructure and informatics. In addition, reflect on the need to clarify ED responsibility for integrating the various strategic enablers (see R7).
<ul style="list-style-type: none"> • Review of Executive portfolios with recommendations to the Nominations and Remuneration Committee- March 2021 (complete) • Non- Executive recruitment plan agreed with Council Of Governors – May 2021 • System Leadership roles – opportunity to appoint primary care clinical leaders 		
3	Executive interface with System Directors	Subject to any decisions taken regarding modifications to the operating model (see R18), consider increasing the status and executive nature of System Director roles through more regular and meaningful engagement in executive and board level forums. For example, regular participation in an extended executive leadership forum and more regular presentations to the Board and committees.
<ul style="list-style-type: none"> • Review of Leadership structure at system level – March/ April 2021 • Strategy Development Group (as above) • Trust Management Board (as above) • Engagement of Senior Leadership Team in Board activities including strategy sessions and Board development- July 2021 		
4	Operational focus and approach to scrutiny	The upcoming board development programme should consider modules aimed at operating as a strategic board level , seeking assurance and effective scrutiny and challenge.
<ul style="list-style-type: none"> • Board and Executive Development programme in place, co design of programme priorities February 2021 and ongoing 		

			<ul style="list-style-type: none"> Developing a Board concordat – March 2021 (In progress)
5	NED skillset	The Council of Governors should succession plan for the appointment of NEDs with recent and relevant clinical experience and/or experience of operating within community or social care services.	<ul style="list-style-type: none"> NED succession and recruitment plan agreed with Governors- April 2021 Recruitment to commence summer 2021
KLOE 2: Vision and Strategy			
6	Vision, values and strategic objectives	The Board should prioritise the development of a clinical services strategy and an overarching corporate strategy that brings together the various enabling strategies, ensures interdependencies are fully considered and allows communication of strategic objectives across the organisation. This should be supported through a series of board strategy seminars external to board meetings and also be used as a mechanism for helping to accelerate system wide plans.	<ul style="list-style-type: none"> Board approach to strategy refresh agreed and Board strategy sessions in place with external facilitation Trust Strategy Development Group in place chaired by the Chief Executive with agreed terms of reference to align Trust corporate strategy and support co- design and delivery- March 2021 Strategic Alliance Partnership Board with remit for coordinating the Health and Care Strategy in SEND – April 2021
7	Executive oversight of strategy	The CEO should consider the formation of an executive level forum that oversees the coordination and integration of all key work streams of the corporate strategy to ensure prioritisation and a consistent approach to consultation and key stakeholder engagement. This could potentially be achieved through extending the Terms of Reference of the Transformation and CIP Group. Linked to this point, consider nominating an ED with overall responsibility for overseeing the coordination and integration of the corporate strategy.	<ul style="list-style-type: none"> Trust Strategy Development Group (as above) Executive Lead for coordination and integration of the Corporate Strategy – Director of Transformation and Partnerships Portfolio changes approved by Nominations and Remuneration Committee- March 2021
KLOE 3: Culture			
8	Clinical engagement	The Trust should consider the need for ongoing cultural change to promote the widespread adoption of proactive clinical leadership from senior clinical leaders. This will require clear role modelling from the Board, the setting of clear expectations for senior clinical leaders at the system/ICU levels, clinical engagement in refreshing the clinical services strategy and a structured leadership development programme, ideally linked to quality improvement initiatives (see R26).	<ul style="list-style-type: none"> Appointment of Board level role to enhance clinical leadership of the Health and Care Strategy – March 2021 AMD and Professional leaders’ groups chaired by Executive Medical Director and chief Nurse Structured Leadership Development programme – September 2021 (as above)

9	Acute vs community/social care focus	The Trust should consider developing a community/social services engagement plan which captures a programme of initiatives to address the perception that the Trust is overly acute focused. This should capture the points made in relation to board skills mix (see R2 and R5) and communications (see R10). In addition, it should consider options for greater engagement between the Board and the relevant services through a combination of board or committee presentations by community/social care leads and the creation of community/social services champions on the Board.	<ul style="list-style-type: none"> • NED portfolios and experience reflect a breadth of community experiences • NED succession and recruitment plan agreed with Governors- May 2021 • NED recruitment – summer 2021 • Co- location of Executive Team in Community bases to increase visibility- March 2021 • Board programme visits across community services – ongoing • IPR report to Board – increase community metrics – September 2021 • Presentations to Board and development sessions from community services- in place
10	Staff feedback, raising concerns and communications	The Trust should review its communication channels to ensure that staff are clearly and consistently made aware of actions resulting from feedback. In addition, the Trust should consider whether communications are appropriately targeted to all staff groups and that they have access to the information. The Trust should also review the consistency and quality of responses to concerns received but not escalated to board level.	<ul style="list-style-type: none"> • Refresh of Communications and Engagement Strategy – July 2021 • Recruit communications and engagement expertise- March 2021 (complete) • F2SUG engagement- strengthen capacity and access for all staff – Sept 2021 • Review of staff feedback processes – Sept 2021
11	Appraisals	The Trust should review a sample of appraisals and facilitate a number of staff focus groups to identify areas for improving the Trust's approach to appraisals. For example, this may include more clearly aligning appraisals with strategic objectives, placing more emphasis on development activities or conducting more frequent check-ins over the year.	<ul style="list-style-type: none"> • People Committee commissioned review of Achievement Reviews – June 2021
KLOE 4: Good Governance			
12	Board agendas	Consider the use of a Consent Agenda where board or committee members are given the option of adding a paper to the main agenda on an exceptions basis.	<ul style="list-style-type: none"> • Consent agenda adopted- Jan 2021
13	Quality and safety	Consider mechanisms for rebalancing the board agenda to allow for higher prominence of quality and safety related items. This could	<ul style="list-style-type: none"> • Board agenda revised – January 2021 • Board presentations approved – January 2021

		include placing quality items at the top of each agenda, presenting alongside QAC updates and inviting senior clinical leaders to board where there is a pertinent and current risk that warrants the Board's attention. These actions should be undertaken in parallel to executive clinical leaders proactively engaging across a range of portfolio areas.	
14	Board and committee scheduling	Explore temporary options to enable faster turnaround of reporting and to allow committees to meet a week in advance of the Board. For example, more exception based reporting to committees, a shorter lead time for receiving papers in advance of committee meetings and the provision of verbal updates on missing information on the day of committees.	<ul style="list-style-type: none"> Revised reporting arrangements to Board as part of Consent agenda. IPR review and improvements in reporting systems (Tableau) September 2021 Revised Board sub committee arrangements- April 2022
15	Attendance at committees	Review the need to diversify the level of ED participation in board sub-committees and also to engage the organisation more widely in these meetings to provide a wider perspective.	<ul style="list-style-type: none"> Review of Board Sub- Committee membership – June 2021 CEO attendance at Board sub- committees- April 2021
16	Committee focus and overlap	See R4. Consider limiting NED attendance at board sub-committee level forums to ensure that there is appropriate delineation between NED and ED responsibilities.	<ul style="list-style-type: none"> Chairman to review commitments of Non-Executive Directors as part of the annual appraisal process and objective setting process
17	System/ISU governance	The Trust should clarify the role of System Directors, engage them in executive forums (see R3), increase their exposure to the Board, remove their deputy responsibilities and give them autonomy to undertake performance reviews at the next level down.	<ul style="list-style-type: none"> Review of Senior Leadership arrangements and co-production of solutions- March / April 2021(see above) Implementation of a Trust Management Group – April 2021
18		The Board should consider whether the current structure is the right one over the longer term and explore the potential benefits from either creating a two-tiered leadership model or modifying the existing three-tiered leadership model.	<ul style="list-style-type: none"> As above
KLOE 5: Risks and Performance			
19	Board Assurance Framework	The Trust should consider including a summary dashboard in the BAF that more clearly articulates specific areas for consideration by the	<ul style="list-style-type: none"> Summary dashboard presented with the BAF _ April 2021

		Board. For example, challenges in delivering key actions and material changes to significant risks and controls. The dashboard could also include more specific detail in relation to the actions and progress for key areas of concern to aid interpretation and improve insight. This dashboard should also explicitly signpost key issues for the attention of the Board from the CRR. In addition, there could be benefit in expressly referencing implications for the BAF in other reports to encourage wider ownership of it by EDs.	<ul style="list-style-type: none"> Revised Board summary papers to sign post issues for consideration of the Board and implications of the BAF- April 2021
20	Quality Impact Assessments	Executive clinical leaders, in cooperation with the CFO, should review the Trust approach to Quality Impact Assessments to determine whether there is a need to refresh the approach and/or improve staff communications to address any negative perceptions.	<ul style="list-style-type: none"> Revised process introduced as part of the operational plan – May 2021 Medical Director and CNO lead accountability for overseeing the co- production of QIA with reporting through Quality Assurance Committee and through System governance systems – May 2021
KLOE 6: Information			
21	General quality of papers	The Trust should continue to refine board reporting with a particular emphasis on more concise papers and focused executive summaries that clearly highlight the issues requiring Board attention. This process should take into account the ‘pyramid effect’ as information becomes more exception based as it moves from committees to the Board.	<ul style="list-style-type: none"> Implement revised Board papers to include a summary document that highlights key issues for Board attention. Peer review of Board papers ahead of publication- May 2021
22	Information systems and data quality	The CEO should consider the need to integrate the Information Strategy with the Digital Strategy rather than running the two strategies as separate documents. This work could also be linked to the ongoing work to develop the Data Quality Strategy.	<ul style="list-style-type: none"> To be addressed through the Strategy Development group – starting March 2021
KLOE 7: Stakeholder Engagement			
23	Staff engagement	The Chair should introduce a structured programme aimed at enhancing NED engagement and visibility across the Trust. This could, for example, include initiatives such as service visits and a buddying arrangement between NEDs and ISUs.	<ul style="list-style-type: none"> Programme in place – April 2021
24	Engagement with the Council of Governors	NEDs should organise a workshop with Governors to explore a selection of findings from the Governor survey, including the underlying reasons	<ul style="list-style-type: none"> Chairman, CEO and Company secretary to discuss

		driving the response to the presentation of information on key risks and the wide range of responses to other questions.	
25	Patient and service user engagement	The Board should facilitate a seminar aimed at a more focused review of the way in which the Trust manages patient and service user engagement to ensure that NEDs are sighted on any material risks and actions in place to address them.	<ul style="list-style-type: none"> • It is proposed that Board will commission a review of the patient and service user engagement – September 2021
KLOE 8: Learning, Improvement and Innovation			
26	Leadership development	The People Plan development process should make provision to consult widely on the specification for a future senior leaders development programme. This exercise should also consider potential for integrating the leadership programme with any plans for the roll-out of a QI approach at the Trust.	<ul style="list-style-type: none"> • Senior Leadership Programme to be co- designed • System review of QI approach being developed with support of AHSN- September 2021

Report to the Trust Board of Directors				
Report title: Board Appointments		Meeting date: 31 March 2021		
Report appendix	n/a			
Report sponsor	Chairman and Senior Independent Director			
Report author	Company Secretary			
Report provenance	Re-appointment of Sir Richard Ibbotson, Chairman and Jacqui Lyttle, Non-Executive Director approved by Council of Governors on 3 February 2021			
Purpose of the report and key issues for consideration/decision	The purpose of this report is to notify the Board of Directors that at the Council of Governors meeting held on 3 February 2021, the Council approved the re-appointment of Sir Richard Ibbotson, Chairman and Jacqui Lyttle, Non-Executive Director for a further annual term of office commencing on 1 June 2021, and 1 October 2021, respectively.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendations	<p>The Board is asked to note the re-appointments of</p> <ul style="list-style-type: none"> Sir Richard Ibbotson for a second annual term of office commencing on 1 June 2021; and Jacqui Lyttle for a second annual term of office commencing on 1 October 2021. 			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience		Valuing our workforce	
	Improved wellbeing through partnership		Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	n/a	Risk score	
	Risk Register	n/a	Risk score	
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	X
	NHS Improvement	X	Legislation	X
	NHS England	X	National policy/guidance	X