












# Torbay and South Devon NHS Foundation Trust


## Public Board of Directors

Board Room, Hengrave House, Torbay Hospital and via Microsoft Teams  
28 April 2021 09:00 - 28 April 2021 14:30

# AGENDA

#	Description	Owner	Time
1	Preliminary Matters	Ch	
1.1	Welcome and Introductions Note	Ch	
1.2	Board Corporate Objectives Information  Board Corporate Objectives.pdf 7	Ch	
1.3	Apologies for Absence Note	Ch	
1.4	Declaration of Interests Note	Ch	
2	Consent Agenda (Pre Notified Questions)		
2.1	Reports from Board Committees (for noting)		
2.1.1	Quality Assurance Committee - 29th March 2021 Information  Quality Assurance Committee Chairs Report - 29th... 9	J Lyttle	
2.1.2	Finance, Performance and Digital Committee - 29th March 2021 including Terms of Reference Information  Report of Finance, Performance and Digital Commit... 11	P Richards	
2.1.3	HIP2 Committee Chair's Report - 24th March 2021 and 22nd April 2021 Information  HIP2 Committee Chairs Reports - March and April.... 25	C Balch	
2.2	Reports from Executive Directors (for noting)		

#	Description	Owner	Time
2.2.1	<p><b>Chief Operating Officer's Report April 2021</b></p> <p>Receive and Note</p> <p> Chief Operating Officer's Report April 2021.pdf 29</p>	COO	
3	<b>For Approval</b>		
3.1	<p><b>Unconfirmed Minutes of the Meeting held on the 31st March 2021</b></p> <p>Approve</p> <p> Unconfirmed Board of Directors Minutes Public - 31... 41</p>	Ch	
3.2	<p><b>Action Log and 'Parking Lot' of Deferred Items</b></p> <p>Receive and Note</p> <p> Action Log and 'Parking Lot' of Deferred Items - 28... 55</p>	Ch	
4	<b>For Noting</b>		
4.1	<p><b>Report of the Chairman</b></p> <p>Receive and Note</p>	Ch	
4.2	<p><b>Chief Executive's Report</b></p> <p>Receive and Note</p> <p> Chief Executive's Report.pdf 57</p>	CE	
5	<b>Safe Quality Care and Best Experience</b>		
5.1	<p><b>Integrated Performance Report (IPR): Month 12 2020/21 (March 2021 data)</b></p> <p>Receive and Note</p> <p> Integrated Performance Report IPR Month 12 Marc... 67</p>	COO	
5.2	<p><b>Digital Strategy Update</b></p> <p>Receive and Note</p> <p> Digital Strategy Update.pdf 127</p>	DTP	
5.3	<p><b>Digital Strategic Outline Case status update</b></p> <p>Receive and Note</p> <p> Digital Strategic Outline Case status update.pdf 133</p>	DTP	

#	Description	Owner	Time
5.4	<p><b>Safer Staffing: Maternity &amp; Ockenden Recommendations</b></p> <p>Receive and Note</p> <p> Safer Staffing Maternity and Ockenden Recommen... 155</p>	CN	
6	<b>Valuing our Workforce</b>		
6.1	<p><b>2020 National Staff Survey Report</b></p> <p>Receive and Note</p> <p> 2020 National Staff Survey Report.pdf 161</p>	DWOD	
7	<b>Improved Well-Being Through Partnerships</b>		
7.1	<p><b>Building a brighter future – outline communications and engagement plan</b></p> <p>Note</p> <p> Building a brighter future – outline communications... 173</p>	DCEX	
8	<b>Well-Led</b>		
8.1	<p><b>2021/22 Annual Planning and Budget Setting Update</b></p> <p>Receive and Note</p> <p> 2021-22 Annual Planning and Budget Setting Updat... 177</p>	CFO	
9	<b>Compliance Issues</b>		
10	<p><b>Any Other Business Notified in Advance</b></p> <p>Note</p>	Ch	
11	<p><b>Date and Time of Next Meeting - 11.30 am, Wednesday 26th May 2021</b></p> <p>Note</p>	Ch	
12	<b>Exclusion of the Public</b>	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'.





## Report of Quality Assurance Committee Chair to TSDFT Board of Directors

<b>Meeting date:</b>	29 <sup>th</sup> March 2021
<b>Report by + date:</b>	Jacqui Lyttle Committee Chair 7 <sup>th</sup> April 2021
<b>This report is for:</b>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b>	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"/>
<b>Public or Private</b>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

### Key issues discussed and decisions made

1. The committee received an excellent presentation from the Paignton & Brixham and Coastal ISU covering diagnostic services. It noted the risks relating to 2 modalities CT and endoscopy but was assured that rigorous harm review processes and mitigating actions are in place to manage current backlogs.
2. The committee received the BAF and CRR relating to quality, safety, and risk. It was assured that there were no new risks and appropriate controls, and mitigating actions were in place. Following the diagnostic presentation, it was agreed that the related risk be reviewed considering the specific issues relating to endoscopy/ CT and their interdependency on outsourcing and capital.
3. The committee received a detailed quality report to support the IPR and was 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. The report provided substantial assurance on several areas including STEIS reportable incidents, learning disability improvement plan, mental health under 65 internal audit action plan, maternity incidents and operational challenge facing the trust
4. The committee received assurance on the process for minimising on the day surgical cancellations and was satisfied that robust controls are in place to ensure that patients are rebooked within agreed clinical timelines.
5. The committee received a detailed report examining 3 surgical never events. Whilst the committee was assured that immediate corrective actions were undertaken it noted that there were common themes across all 3, in particular some human factor issues. The committee asked for further assurance that the learning from these never events was being embedded and shared across other surgical specialities.

6. The committee received the nuclear medicine external review report which provided full assurance relating to the immediate actions following the incident and oversight of the recommended action plan. To ensure progress on the implementation of the action plan the committee sought further assurance through a monthly update.

**Key Decision(s)/Recommendations Made:**

- None other than already detailed

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

<b>Committee meeting date:</b>	29 March 2021
<b>Report author + date:</b>	Paul Richards, Non-Executive Director 20 April 2021
<b>This report is for:</b> <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b> <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
<b>Public or Private</b> <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

**Key issues to highlight to the Board**

In reviewing the Board Assurance Framework, the committee noted the risk score in relation to 'digital infrastructure and service continuity' had been increased from 20 to 25 and 'transforming services using digital as an enabler' decreased from 20 to 16 based on the Trust's plans to transform plans using digital. The drivers of the changes in risk score were discussed and acknowledged.

The committee received a business case for the implementation of SystemOne within Child & Family Health Devon (CFHD). Owing to an administrative issue, the committee was advised that refreshed financials had been produced which better quantified the benefits of the case. It was agreed that the committee would review the case by correspondence.

The committee received a number of papers which formed part of the Trust's preparation for year end. These related to (i) a historic grant made by the charitable fund to the Trust, (ii) the deployment of non-recurrent funding to support transformation within CFHD and (iii) the review of the Trust's fixed and intangible assets. All were approved, noting (i) and (iii) would be subject to Trust Board review.

The committee received an update and recommendation with respect to the structure of one of the Trust's joint ventures, Health & Care Innovations. The committee achieved consensus on its preferred option, which would be pursued with the appropriate legal advice and regulatory input.

In reviewing performance, the committee noted the reduction in Covid escalation. However, concern was shared by the committee with respect to delivery of the 18 week; 62 day cancer and 6 week waits targets. The committee was assured that Phase 4 recovery plans being finalised and that the impact on performance trajectories were understood. In particular, the committee welcomed the reopening of the Trust's Day Surgery Unit, which would benefit Ophthalmology; Urology and Endoscopy in particular.

Turning to financial delivery, the committee was assured that the Trust would deliver a break-even position by the end of the year. During the month, an adverse variance to plan of £2.8m was

reported, which was principally driven by the return of £4m Covid funding in excess of the envelope.

In terms of capital, the year-end forecast spend remained £36m, which would require a significant amount of spend in the last month of the financial year (YTD spend at M11 of £21.5m). The Committee noted the commitments for 2021/22 and the expected STP-level CDEL allocation of £80.4m. Negotiations regarding the Trust's share of the system allocation were ongoing, and a full report is to be provided at the next committee meeting.

The committee discussed the financial outlook for Q1 of the forthcoming financial year, and recommended to Board the budgets proposed. Significant risk with regard to the Trust's efficiency programme, and therefore underlying financial position, were discussed and noted with concern. The committee welcomed the increased discipline around Post Implementation Reviews where investment decisions had been made historically, but required further assurance that this discipline would extend to efficiency planning.

Finally, the committee received an update with respect to the approach to surplus land and buildings. The committee approved the development of focused business cases with respect to two sites across the Trust's portfolio, stressing the need for transparent and proactive stakeholder engagement.

#### **Key decision(s)/recommendations made by the Committee**

##### **Approved:**

- Non-recurrent spend for CFHD into 2021-22

##### **Recommend to Trust Board approval of:**

- CFHD business case
- Q1 2021-22 budget
- Approach to surplus land and buildings
- Outcomes of the year-end housekeeping processes
- HCl restructure, subject to legal advice and regulatory input

**FINANCE, PERFORMANCE AND DIGITAL COMMITTEE**

**TERMS OF REFERENCE**

<b>Version:</b>	<b>2.0</b>
<b>Approved by:</b>	<b>Finance, Performance and Digital Committee</b>
<b>Date approved:</b>	<b>29 March 2021</b>
<b>Approved by:</b>	<b>Board of Directors</b>
<b>Date approved:</b>	<b>28 April 2021</b>
<b>Date issued:</b>	<b>28 April 2021</b>
<b>Review date:</b>	<b>March 2021</b>

**FINANCE, PERFORMANCE AND DIGITAL COMMITTEE  
TERMS OF REFERENCE**

**1. Constitution**

- 1.1. The Trust Board hereby resolves to establish a Committee to be known as the Finance, Performance and Digital Committee ('the Committee').
- 1.2 The Committee will adhere to, and be cognisant of the Trust values at all times.

**2. Authority**

- 2.1. The Committee is constituted as a Standing Committee of the Trust Board ('Board'). Its constitution and terms of reference are subject to review and amendment by the Trust Board.
- 2.2. The Committee derives its power from the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference.

**3. Purpose**

- 3.1 The Committee has been established by the Board of Directors for the purpose of:
- (i) Overseeing, co-ordinating, reviewing and assessing the financial, performance and digital management arrangements; including monitoring the delivery of the NHS Long Term Plan and supporting Annual Plan decisions on investment and business cases.
  - (ii) Providing the Board with an independent and objective review of, and assurances, in relation to significant financial, performance and digital risks which may impact on the financial viability and sustainability of the Trust.
  - (iii) Providing detailed scrutiny of financial, performance and digital matters in order to provide assurance and raise concerns (if appropriate) to the Board of Directors.
  - (iv) Assessing and identifying risks within the finance, performance and digital portfolio and escalating this as appropriate.
  - (v) Making recommendations, as appropriate, on financial, performance and digital matters to the Board of Directors.
  - (vi) Determining those matters delegated to the Committee in accordance with the Scheme of Delegation and Standing Financial Instructions as set out in the Trust's Standing Orders.
  - (vii) Overseeing the development of and approving the Trust's medium term financial strategy
  - (viii) Maintaining a watching brief over the strategic direction of the Devon STP as informed by relevant national policy, and informing the Board of such

### 3.2 The objectives of the committee are:

- (i) To advise the Board of Directors on all aspects of key performance, financial and investment issues to enable sound decision-making.
- (ii) To provide assurance in respect of financial, performance and digital related matters along with business planning.
- (iii) To provide assurance that corrective action has been initiated and managed where gaps are identified in relation to financial, performance and digital risks.

## 4. Powers

- 4.1 The committee is authorised by the Board of Directors to investigate any activity within its terms of reference.
- 4.2 The Committee is accountable to the Board of Directors and any changes to these terms of reference must be approved by the Board of Directors.
- 4.3 The Committee is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 4.4 The Committee is authorised by the Trust Board to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.
- 4.5 The Committee is authorised by the Board of Directors to obtain outside legal or other specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board.
- 4.6 The Committee has been given delegated authority by the Board of Directors to approve all reports required by the various external benchmarking initiatives, including but not limited to GIRFT; Model Hospital etc.
- 4.7 The Committee has been given delegated authority to oversee some financial arrangements relating to the Trust's subsidiaries, joint ventures and its pharmaceutical division (Torbay Pharmaceuticals) which include financial reporting and review of annual plans and in-year delivery.
- 4.8 The Committee has been delegated responsibility by the Board of Directors to approve business cases up to a delegated level (Appendix 2) and make recommendations on investments.

## 5. Duties and responsibilities

- 5.1 The Committee is empowered to seek assurance, raise concerns and make recommendations to the Board of Directors pertaining to the committee's role and duties.

## 5.2 The duties and responsibilities shall be:

### 5.21 Finance and Financial Performance

- (i) Undertake detailed scrutiny of financial and performance information, including performance against the cost improvement programme and the capital investment programme and cashflow, through detailed review of the Board Integrated Performance Report.
- (ii) Review delivery against the Trust's control total including forward projections and the delivery of any recovery plan.
- (iii) Provide oversight of delivery of major capital projects as and when instructed by the Board.
- (iv) Review and approve all Plans required by the various external benchmarking initiatives eg GIRFT, Model Hospital, including an annual report on their implementation (or more frequently if required).
- (v) Review the Trust Governance Statements as required prior to submission to NHSI.
- (vi) Support the development of the Trust's operational plan, with clear assumptions on allocations, activity and investment.
- (vii) Seek assurance that appropriate capacity and capability is available to support decision making and the effective delivery of the Trust's Financial Plan.
- (viii) Seek assurance that financial performance against the identified performance measures is adequately reflected in the risk register and related action plans.
- (ix) Review the activities undertaken at the reporting groups, including in relation to cash management, any borrowing arrangements and the Trust's Treasury Management Policy.
- (x) Review the activities undertaken by the Procurement Directorate and performance against key national metrics in order to meet national requirements.

### 5.22 Performance Delivery and Assurance

- (i) Keep the content of the Trust's Integrated Performance Report under review, ensuring that it includes appropriate performance metrics and detail of exceptions to provide assurance to the Board on all aspects of organisational performance.
- (ii) Provide assurance to the Board around the Trust's compliance with statutory performance indicators (Urgent Care, RTT, Cancer, Diagnostics), and scrutinise associated recovery plans where relevant
- (iii) Provide assurance that financial and performance data is triangulated through cross verification of data from two or more sources.
- (iv) Seek assurance from the executive that any appropriate management action has been taken to return the Trust's performance to plan and that any such actions or recovery plans are in place are adequately resourced, implemented and monitored.
- (v) Provide assurance to the Board that the performance of the Integrated Service Units are in line with agreed annual plans and receive escalation where recovery plans do not resolve any adverse variance.
- (vi) Review all significant operational risks as they pertain to the Committee and regulatory standards on the high level risk register and the Board Assurance Framework.



### 5.23 **Capital and Estates Programme**

- (i) Provide assurance of compliance with Monitor's Risk Evaluation for Investment Decisions (REID) guidance and Treasury Management guidance, as appropriate.
- (ii) Approve and set the annual investment programme for capital expenditure.
- (iii) Review the Trust's Annual Business Plan, 5 Year Capital Plan and Financial Model and recommend to the Board for approval.
- (iv) Review and provide assurance of the Trust's capital programme under discrete headings (based on high level business case proposals from ISU's):
  - a. Equipment replacement
  - b. Unavoidable major schemes
  - c. IM&T
  - d. Significant strategic importance
  - e. Estates (maintenance/ upgrades)
  - f. Aspirational
- (v) Understand and agree revenue consequences of capital schemes and monitor cash flow implications.
- (vi) Agree investment / dis-investment in services (with full understanding of financial and service implications of these decisions e.g. overheads).
- (vii) Maintain oversight and approval of the Estates Strategy, providing challenge prior to Board approval.
- (viii) Receive updates on implementation of the Estates Strategy, ensuring Estate requirements remain within budget.

### 5.24 **Digital Strategy and Performance**

- (i) Maintain oversight and approval of the development of the Digital Strategy, providing challenge prior to Board approval.
- (ii) Receive updates on implementation of the Digital Strategy, ensuring capital requirements remain within budget.
- (iii) Scrutinise the realisation of benefits associated with digital investments

### 5.25 **Commercial Development**

- (i) Maintain oversight and approval of the development of the Commercial development activities.
- (ii) Receive updates on implementation of the Commercial development activities, ensuring requirements remain within budget.

### 5.26 **Governance**

- (i) Oversee any procedural, policy or strategy documents which fall within the remit of the Committee are appropriately written, ratified and monitored for compliance in accordance with the Trust Policy template including any key national standards and best practice.
- (ii) Ensure that any matters requiring the attention of the Audit Committee are presented at the earliest opportunity.
- (iii) Ensure that any matters requiring Board attention or scrutiny are presented at the earliest opportunity.
- (iv) Ensure that any matters referred to it by the Board or Audit Committee are actioned in accordance with those instructions.
- (v) Receive reports from of the reporting groups and approve any changes to their terms of reference.

## **6. Membership and Attendance**

6.1 Core membership shall be made up of the following:

- 3 Non-Executive Directors
- Chief Finance Officer
- Chief Operating Officer
- Director of Transformation and Partnerships
- Chief Nurse or Medical Director
- 

6.2 All other members of the Board of Directors shall be entitled to attend and receive Committee agenda and papers.

6.3 The Company Secretary, Deputy Director of Finance, Director of Environment and Director of Health Informatics, will be expected to attend each meeting. Others may be invited to attend all or part of any meeting depending upon issues under discussion.

6.4 Members may be represented by a nominated deputy at a specific meeting.

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

## **7. Chair**

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

7.2 The Chair will liaise with the Committee Secretary and Chief Finance Officer to ensure the agenda, reports/documents and minutes are circulated to the committee members at least five days prior to the date of the meeting.

## **8. Meeting Administration**

8.1 The Committee shall be supported by the Company Secretary, or their nominee, whose duties in this respect will include:

- (i) In consultation with the Chair develop and maintain the reporting schedule to the Committee.
- (ii) Collation of papers and drafting of the agenda for agreement by the Chair of the Committee.
- (iii) Taking the minutes and keeping a record of matters arising and issue to be carried forward.
- (iv) Advising the Committee on scheduled agenda items.
- (v) Maintaining a record of attendance.

## **9. Quorum**

- 9.1 The quorum necessary for the transaction of business shall be four (4) members, of which two Non-Executive Directors and two Executive Directors must be present.
- 9.2 A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.
- 9.3 Deputies shall count towards the quorum.

## **10. Frequency of Meetings**

- 10.1 The Committee shall normally meet monthly or more frequently if required.

## **11. Meetings**

- 11.1 Items for the agenda must be sent to the Committee Secretary a minimum of 7 days prior to the meeting. Urgent items may be raised under any other business.
- 11.2 The agenda will be sent out to the Committee members at least five days prior to the meeting date, together with the updated action schedule and other associated papers.
- 11.3 Meetings, other than those regularly scheduled as above, shall be summoned by the Committee Secretary at the request of the Chair.

## **12. Reporting**

- 12.1 Formal minutes shall be taken of all committee meetings. Once approved by the committee, the minutes shall be presented to the next meeting for approval.
- 12.2 A summary report will be presented by the Committee Chair to the next Trust Board meeting.
- 12.3 The Chair of the Committee shall, at any time, draw to the attention of the Trust Board any particular issue which requires their attention.

## **13. Conduct of Meetings**

- 13.1 Except as outlined above, meetings shall be conducted in accordance with the provisions of the Trust's Standing Orders.

## **14. Review**

- 14.1 As part of the Trust's annual committee effectiveness review process, the Committee shall review its collective performance.
- 14.2 The Committee's Terms of Reference shall be reviewed on an annual basis and approved by the Board of Directors.

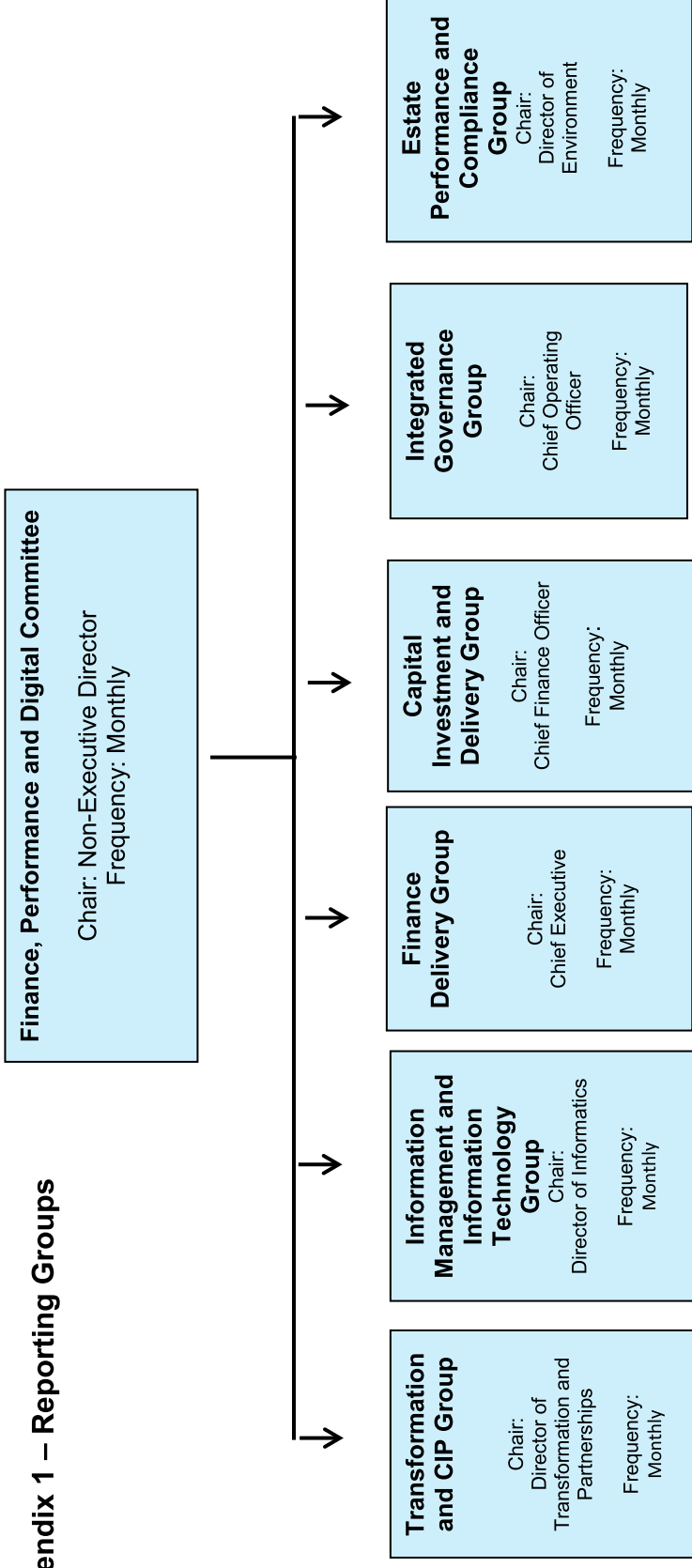
## **15. Monitoring Effectiveness**

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

- The objectives set out in section 3 were fulfilled; and
- Agenda and associated papers were distributed five days prior to the meeting taking place.



## Appendix 1 – Reporting Groups



**Appendix 2 Scheme of Delegation applicable to Business Cases (extract from standing orders)**

<b>REVENUE (annual or average)</b>	
<b>Delegated Matter</b>	<b>Responsibility of</b>
Up to £50k	Chief Executive or Chief Finance Officer
Up to £500k	Transformation and Continuous Improvement Group (and where required Finance Delivery Group)
Up to £1m	Finance, Performance & Digital Committee
Over £1m	Board of Directors
<b>Torbay Pharmaceuticals</b>	
Up to £50k	TP Managing Director
Up to £250k	TP Management Board





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

<b>Meeting date:</b>	24 <sup>th</sup> March 2021
<b>Report by + date:</b>	Chris Balch, 28 <sup>th</sup> March 2021
<b>This report is for:</b> <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b> <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"/>
<b>Public or Private</b> <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

**Key issues to highlight to the Board (March 2021):**

1. The Committee discussed the critical success factors, investment objectives and the long list of options which will form the basis of the SOC for HIP2. The Committee were assured that the approach being followed follows the requirements of HM Treasury's Green Book appraisal process and will enable the Trust to make the case for HIP2 investment.
2. It was noted that the SOC will not determine the detailed configuration of unplanned and planned services to be provided by the new estate infrastructure but will indicate the intended direction of travel. It was agreed that it is important to ensure that key stakeholders understand and support the approach being taken and recognise that the detailed configuration of future services will remain uncertain until the work on the OBC is progressed.
3. Feedback was provided to the Committee on the recent National Roundtable meeting on the Trust's HIP2 project. While a formal report from the centre is still awaited the tone and content of the discussions was very positive. A key issue emerging was the likely timing of expenditure on estate infrastructure which is likely to be after 2025. There appears to be greater flexibility to progress investment in digital infrastructure before this date.
4. The Committee noted that the name of the Government HIP2 programme is the Hospital Infrastructure Programme. This emphasises the fact that the monies being provided are to address the maintenance backlog and infrastructure risks held by the Trust which are focused on the acute site. However, it was noted that the level of funding being made available, which includes enabling digital investment, will require the Trust to further develop its integrated care model both in the community and in collaboration with providers across the Devon ICS.

**Key Decision(s)/Recommendations Made:**

1. To note the above.

Name: Chris Balch (Committee Chair)

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

<b>Meeting date:</b>	22 <sup>nd</sup> April 2021
<b>Report by + date:</b>	Chris Balch, 22 <sup>nd</sup> April 2021
<b>This report is for:</b> <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b> <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"/>
<b>Public or Private</b> <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

**Key issues to highlight to the Board (April 2021):**

1. The Committee received a report on progress with the digital element of the ('Strategic Outline Case') SOC. This provided assurance on the options being considered for the introduction of an electronic patient record ('EPR') which represents a cornerstone for the Trust's ambition to be a 'digital first' Integrated Care Organisation ('ICO'). The initial assessment of options was shared with the Committee and assurance provided that the 'do something' options should offer acceptable value for money. Affordability is being assessed in the context of the wider HIP2 Programme SOC and achievability will depend on the outcome of work being progressed at the system/peninsula level. The Committee were assured that these elements of work are well aligned.
2. The Committee received a presentation on the evolution of development control plans to inform the estate component of the SOC. It learnt that a variety of approaches have been tested to meet the Trust's aims of re-providing inpatient and emergency surgery beds, achieving the separation of planned and unplanned services, moving non-clinical services off site, and upgrading provision for emergency care services. The risks around continuity of services and planning have been assessed along with affordability in terms of the level of HIP2 funding allocated, considering the likely impact of inflation. The Committee were assured that the approach followed has identified an approach which provides a sound basis for the SOC. This is likely to involve a mix of new and refurbished provision.
3. The Committee received an outline communications and engagement plan which aims to inform, involve and engage our people and communities in the Trust's vision and plans. There was discussion around the importance of working with and through existing partners and the challenge of hearing the voices of hard-to-reach sections of a community which experiences significant deprivation and health inequalities. The Committee welcomed the approach outlined and the proposed 'building a brighter future' branding. It was suggested that this should be reflected in the name of the Committee.
4. The Committee received assurance that the programme remains on track to deliver a Programme level SOC by the end of July 2021 and that resources will be sought to continue with work to progress with Outline Business Cases for digital and estate investment at pace.

**Key Decision(s)/Recommendations Made:**

1. To note the above.



Name: Chris Balch (Committee Chair)



<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Chief Operating Officer's Report April 2021		<b>Meeting date:</b> 28 <sup>th</sup> April 2021		
<b>Report sponsor</b>	Chief Operating Officer			
<b>Report author</b>	System Directors			
<b>Report provenance</b>	Contents reflect latest updates from management leads across all Integrated Service Units (ISUs) and Children and Family Health Devon (CFHD)			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>To provide an operational update to complement the Integrated Performance Report (IPR) monthly reports including performance metrics.</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>Pertinent issues in this month include the phase 4 recovery work and the work programme to further optimise safe patient flow and discharge across the organisation.</p> <p>Also of note is the impact of the HOPE programme for long Covid for staff and the 0-19 training and delivery.</p>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	Receive and note the report.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	20
	<b>Risk Register</b>		<b>Risk score</b>	

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

<b>Report title:</b> Chief Operating Officer's Report		<b>Meeting date:</b> April 2021
<b>Report sponsor</b>	Chief Operating Officer	
<b>Report author</b>	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

Over the last month the emphasis has been on restoring capacity and flow throughout the organisation. Focus has been on returning to `business as usual` Details of the phase 4 recovery are referenced along with progress in a number of areas including Adult social care within Torbay.

## 3. COVID -19 Operational Impact

### 3.1 Acute moves

The numbers of COVID-19 cases have continued to decline over the end of March continuing into April. This has enabled the Trust to commence the Cromie redesign works as planned on Monday 12th of April which will enable segregation of the ward to safely support COVID positive patients when this is required. The works are expected to complete within a month.

Whilst this work is underway there is a blue pathway agreed to ensure any COVID – 19 patients are safely and appropriately cared for and as part of the South East and North Devon (SEND) network. Through this arrangement the Royal Devon and Exeter NHS FT (RD&E) are continuing to support the transfer of appropriate patients.

This pathway was further refined following a small number of COVID 19 positive crew on a cruise liner in the bay some of whom required NHS care. The ambulance Trust met 3 patients dockside who were initially treated at Torbay before transferring to RD+E. This situation is now stabilised at this time.

### 3.2 Bed modelling

Detailed bed modelling work is underway, supported with the external expertise of the bed modelling lead from the national Emergency Care Improvement Support Team (ECIST) to map through the surgical and medical pathways. This will enable development of a model to support capacity and demand assessment across the different modalities including urgent care at home admission avoidance work. The work will report in the next few weeks for consideration by the operational and clinical teams. Once the work is complete the Trust will have a clearer picture on the estimated requirement for beds and the medical and surgical mix. Recommendations will then be made for further action which may be required to plan for safe care over the immediate future and through next winter.

### 3.3 Community planning

The pressures on flow and discharge across the ICO are dynamic, there is a constant need to respond to changing population needs. Across Moor to Sea and Torquay ISUs the strands of work have been pulled together into a single programme of work. The programme includes Discharge to Assess (D2A), Hospital discharge guidance, Place based care and population growth. The first step of the plan is to fully embed the D2A model

**Discharge to Assess (D2A)** - A concept whereby patients are transferred from acute hospital at the point where they no longer require acute hospital care through one of three pathways; either at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3). Thereafter any further health or social care assessments are delivered outside of the acute hospital environment.

The aim is to support people to maximise their independence and remain in their own home whenever this is possible. Informed with national lead expertise, the expected outcomes on discharge are that 65% of people will require no further care and 35% of people will require an ongoing care package. Understanding, leading and capturing best practice for discharge will improve patient outcomes and guide market management planning understanding the residential and nursing care capacity across Torbay and South Devon. This work plan is multiagency with CCG colleagues and NHSE/I.

### 3.4 Workforce

The Trust continues to recognise the human impact that teams have been experiencing and their levels of fatigue. Highlighting the wellbeing offers and support through the people plan are fundamental to this phase of our recovery, connecting and communicating with all teams and staff across the organisation continues to be vital in this part of the recovery journey. The Health and Safety Committee and Occupational Health team have paid tribute to the HOPE (Help overcome problems effectively) programme for staff in relation to long Covid which has been a tremendous support. More formal support for a number of teams has also been instigated with the clinical psychology service.

## 4. Children and Family Health Devon (CFHD)

### 4.1 Performance

This additional information from CFHD is provided to ensure the Trust Board has visibility of the contract performance as the Trust holds lead provider accountability for this service.

Improvement in waiting times has continued to be a focus of the CFHD leadership and clinical teams. The key waiting times indicators and changes to the position are set out in the table below. It is anticipated that performance will improve overall next month and then further as the new service model begins to deliver benefits and the significant non-recurrent investment is fully deployed. This investment is referred to further below.



## CFHD RTT performance March 2021

Service	RTT Performance	Mean wait in weeks ↗ = improvement
Specialist School Nursing	100% ↔	0 ↗
Palliative Care	100% ↔	1 ↘
LD	100% ↗	5 ↗
Children's Community Nursing	94% ↘	5 ↘
Children in Care Nursing	86% ↔	N/A
CAMHS	74% ↘	13 ↗
Physio	70% ↘	12 ↘
OT	62% ↔	15 ↔
SALT	45% ↘	24 ↗
Specialist Children's Assessment Centre	36% ↘	25 ↘
ASD	13% ↘	44 ↗

The plans to invest a portion of non-recurrent funding to deliver improved performance in OT, SALT and to clear the backlog of ASD waits have been operationalised. The ASD plan, which involves increasing productivity through internal efficiencies and Lean pathway re-design resulted in double the usual completed assessments of the CFHD team during March. Contracts with Alliance partners will deliver 590 additional assessments during 21/22 and the team of 20 whole time equivalent (wte) agency clinicians will deliver a further 2,500 assessments over a 25-week period. Recruitment of agency staff has progressed well with 8 wte additional posts still to recruit. The plan remains for additional assessments to commence in May. The performance improvement plan is being monitored weekly internally and reviewed by the Children's Alliance Director and Torbay and South Devon COO weekly as well as being reported to the CCG, NHSEI (via the CCG) and the SEND partnership board.

In order to address the system drivers for the high demand for ASD assessment/diagnosis, a CYP strategy group is being established, chaired by the Children's Alliance Director. This will be a multi-agency group responsible for delivering the Devon ASD strategy.

### 4.2 Transformation

The service continues to make very good progress with the transformation programme which is on track. The co-design phase of the new service model has been completed and feedback and review sessions are taking place throughout April for check and challenge. This will be followed by 2 weeks at the start of May aligning it to a fully costed workforce plan. Staff engagement has been strong and the clinical pathway designs which have been developed are of a high quality. It is worth noting that the

co-design work, with greater delegated leadership, has served to develop the culture amongst the workforce, of integration, a more unified sense of identity and shared purpose.

The Electronic Patient Record (EPR) business case has now been fully signed off. It is considered highly likely that EPR will be ready for implementation after we go live with the service model, while this presents some challenges and work arounds, it also presents the opportunity to run the new model as a test of change for a period to identify and address any issues before a full go-live with EPR. Partnership Board have agreed that we do not delay the clinical model because of EPR, rather find safe workarounds.

### **4.3 Risks**

Corporate level risks remain in relation to the number of children/young people waiting and the duration of waiting times, CAMHS vacancies and psychiatry caseloads in North Devon. The risk relating to breaches in response times to Subject Access Requests will be closed in the near future as a resolution is being put in place. The risk rating regarding the lack of capacity of the leadership team to deliver the transformation programme within timescales has been increased to become a corporate level risk. Controls and mitigation are in place for all risks.

### **5. Phase 4 Recovery**

The Trust is working closely with Devon CCG in order to support the system plans for elective activity, including cancer, that can be delivered through core funding and the extended funding available through the Elective Recovery Fund (ERF). Plans will make use of both NHS and Independent Sector (IS) capacity, alongside steps to eliminate unnecessary activity.

The ERF is designed to ensure systems receive appropriate funding to deliver recovery activity. Systems will be paid through the ERF for activity delivered above nationally set thresholds as compared to 2019/20 activity levels which will be an aggregate of inpatients and outpatient's activity delivered by NHS and IS providers.

The NHS planning framework sets out a trajectory for improvement of pre COVID levels of activity for the first 6 months of the year;

April – 70%

May 75%

June 80%

July-Sept – 85%

The activity is tapered in order to support recovery time for staff.

In addition to meeting this activity trajectory, 5 gateway requirements must also be met;

1. Addressing inequalities
2. Transforming Out patients
3. System Led recovery
4. Clinical Validation, waiting list data quality, reducing long waits
5. People recovery

## **5.1 Elective Care**

Day Surgery Unit, Ella Rowcroft, Surgical Receiving Unit and High Dependency Unit support have all now returned to usual delivery.

The work to deliver the new facilities for Ophthalmology on level 2 is now completed 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.

The enhanced level of Mount Stuart Hospital (MSH) activity (excluding endoscopy) stopped on the 19<sup>th</sup> of March staff and equipment was 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. It has been agreed that all new referrals will now come to TSD, allowing long waiting routine referrals to be transferred from TSD to MSH this will help to drive equity of waits across the health community.

Operational teams have been working hard to plan recovery trajectories and further work is underway to develop those further and identify opportunities to increase capacity and productivity.

Out Patient activity is currently at circa 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 4. Performance continues well against the 28-day standard and although the unvalidated position for March is 74.8% it is expected this will exceed the 75% standard once validated.

As expected demand for 2 weeks wait (2ww) cancer referrals is increasing. The number of cancer diagnoses made in 2020 was 340 lower than in 2019. The Peninsula Cancer Alliance have tasked their GP Lead to review the quality of referrals and deliver a plan to optimise the level of 2ww referral for clinical benefit.

## **5.3 Long Term Conditions RTT**

In June 2020 RTT incomplete performance across the Long-Term Condition specialities had deteriorated to 62% as a result of reprioritising activity. This mirrored the national position and 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 patient appointments which have exceeded their past-to-be-seen by dates. Further

improvement work is being undertaken to reduce the did not attend (DNA) rate and the number of patients that could potentially breach 52 & 78 weeks.

#### **5.4 Echo**

Outsourcing of echo scanning continues, coupled with additional sessional working by Physiologists at the Trust. There is a plan to serve notice on the outsourcing contract as waiting times are now within manageable levels with the Trust's own capacity.

#### **5.6 Pathology**

A new near patient covid testing service is being established in the Emergency Department (ED). This will provide an accessible service for ED and thereafter less reliance upon the central microbiology department. Equipment has been provided by NHSE, the Trust however has to staff the service. By providing more accessible and rapid testing less patients will have to be admitted for a pending result thus having a positive impact upon patient flow.

#### **5.7 Radiology**

A new CT Scanner has been delivered to the Trust and work is underway to install and commission this 3<sup>rd</sup> CT scanner. Similarly, a new Gamma Camera has been delivered and currently being installed. Both scanners are planned to be operational towards the end of May once applications training has been completed. Recruitment of CT Specialist Radiographers remains a challenge.

Demand across the 3 key imaging modalities of CT, MR & U/S has increased by 20% in March compared to the previous month. The CT scanner at the Nightingale Hospital is being utilised although some patients are refusing to go when offered an appointment. Further work is being undertaken to establish the reason patients are not choosing this site.

Backlog clearance remains challenging in CT and MR. Current capacity is just about meeting demand. A mobile MR scanner is being used to help with the backlog however this competes with the mobile CT scanner due to only one location now being available on Trust premises. Radiology is working with the Estates Team and mobile providers to see if another site can be established.

### **6. Urgent & Emergency Care**

#### **6.1 Emergency Department (ED)**

The works to the resuscitation room remain on track to complete in April 2021. The department continues to work flexibly to maintain the safety of all patients as we move out of the latest lockdown. The number of patients requiring treatment and the number of ambulances arriving to the ED is increasing as covid lockdown lifts.

## **6.2 Emergency Department Phase 2**

Further works to the department are in development which need to align the long-term plans through the Health Infrastructure Plan (HIP) with the needs of the service over the next few years. These works will form the bridge to the HIP and will need to be carefully timed to ensure the ED can continue to maintain its services to our public.

## **6.3 Medical Receiving Unit (MRU)**

The MRU moved back to Forrest ward on 18<sup>th</sup> March 2021. With the prevalence of COVID-19 dropping the MRU & ED continue to provide segregated areas for suspected and confirmed COVID-19 patients. This will remain in place until a new dedicated space is provided to accommodate the needs of patients requiring overnight stays.

Works to the new MRU (which will be re-named Acute Medical Unit on completion) have commenced. This has required temporary access changes to level 2 outpatients, signage is in place to help direct patients.

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

In line with the Emergency Department, the UTC is treating an increasing number of patients as the lockdown is easing. We continue to work closely with South West Ambulance Trust colleagues to optimise pathways for patients as an alternative to ED.

At this time the MIU's at Totnes and Dawlish remain closed whilst recruitment to current vacancies is underway. 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.

## **6.5 Impact of the Easter Resilience Planning**

In preparation for the Easter 4-day bank holiday actions were taken to optimise flow and create additional capacity: -

- Cromie ward was converted for 'green' pathways
- The blue pathway was refined in close liaison with SEND partners supported by the Infection Prevention and Control (IPC) team
- The UTC at Newton Abbot was reinforced to manage increased presentations
- Escalation beds were opened across acute and community wards
- Measures taken to manage high levels of ambulance activity to ED included:-
  - o SWASFT optimising alternatives to ED
  - o ED Surge plan
  - o Proactive discharge plans across all bed bases
- Senior nursing and management staff supported clinical teams throughout the weekend
- Maintained focus on complex discharge pathways.

Impact and outcomes from this detailed preparation and planning saw good performance throughout the Easter period despite increasing numbers of patient presentations and ambulance conveyance.

## **7. Torbay System**

### **7.1 0-19 Services**

The 0-19 leadership team recently ran a successful service / business planning event with partners to map out year 3 milestones for this 5-year contract. This considered new recent national guidance and how this is implemented locally. The service has been a part of the Torbay Council Children's Services early help assessment pilot which will form part of the early help strategy launch in May. The entire 0-19 team have recently undertaken trauma informed training, which will support the service delivery using a strength-based approach and seeks to understand and respond to the impact of trauma on individuals lives. The approach emphasises physical, psychological and emotional safety and aims to empower individuals to re-establish control in their lives.

### **7.2 Personalisation**

The Volunteer Peer Health and wellbeing Coaching Programme is currently recruiting the Public Patient Involvement (PPI) group to help shape the service and research design and procedures. Recruitment of coaches has started for the first 3 specialties (Multiple Sclerosis, Rheumatology and Chronic Pain). Interest in the opportunities this service offers remains strong within a range of different specialities and areas outside of TSDFT.

The programme aims to match a trained peer supporter with lived experience with individuals with the same long-term condition, to provide coaching support that empowers the person to create the future and life that matters most to them – a future with improved health and care outcomes. Once fully formed and validated, the model will be spread and scaled to optimise this innovation, for further information watch this short video <https://vimeo.com/516611566>

### **7.3 Adult Social Care Improvement Plan**

Move to a “One Bay” approach – This will optimise delivery to drive a clear focus and expectation around people diverted from statutory services, efficiencies in staffing, for example through the removal of duplication of process. Health and social care will remain fully integrated and led by senior leaders with expertise in health or social care respectively.

The Mental Capacity Act Audit has been completed and highlighted good performance overall.

**7.4 Market Development** – A financial, operational and engagement plan is being developed to shape the fees model across Learning Disability, Mental Health, Residential and Nursing Home provision. This plan will bring continuity to the market, improve the data and analysis opportunity and provide a strong link between needs, complexity and cost. It will support the strategy to increase high quality, complex

provision and enable more people to remain in their own home as an alternative to residential care. This work is being pulled together through the newly formed Integrated Commissioning and Market Management team.

## **8 Devon System**

### **8.1 Moor to Sea**

**8.2 Stroke pathway: SSNAP performance** remains a concern. There has been an action plan in place since December, but it was very difficult to progress this through period of Covid escalation owing to change in ward use and closures. The improvement actions are now reinstated and teams are seeking to actively reach in to ED and move people to the right resource as quickly as possible. This is the highlighted point both in terms of quality/safety and performance

### **8.3 Hospital discharge**

Work continues to embed process change which 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 (South West PMO) with fortnightly scrutiny and feedback on progress. It is proposed to transfer elements of the hospital discharge function to management under the Torquay ISU bringing ASC improvement PMO resource in to support the ongoing transformation work. The proposal is being considered through the ISU governance route. Important to note is that the lines of accountability through to DCC will be maintained.

The additional Short-Term Service capacity delivering enhanced discharge will continue through Q1 of 21/22 in South Devon.

Market development work is also continuing to identify residential/nursing care resources that can better support timely Pathway 2 and Pathway 3 discharges in South Devon.

Progress continue with the Dartmouth Health and Wellbeing Centre. Stakeholder communication is taking place via a monthly stakeholder forum and newsletter shared with the wider community. Outstanding legal and financial issues due for sign off by end of April.

### **8.4 Intermediate Care (IC)**

Activity and performance levels are under review to ensure activities in this area are optimised. Initially a review of the data recording and reporting is being carried out. Once complete better information will be available to see the actions which are needed to optimise performance and better support the urgent community response. The use of IC block beds in Southern Devon has also been reviewed and the team are acting to ensure more effective targeting and use of this resource.

### **8.5 Community services**

Waiting list pressures continue for Community Therapy and Social Care Teams as a result of refocussing activity to support hospital discharge (and supporting care homes in outbreak through Jan/Feb). All teams are reporting pressure and fatigue.

## **9 Newton Abbot**

### **9.1 Health and Wellbeing Centre**

Due to some ongoing essential fire related building works within Sherborne House the completion to enable occupation has been delayed. It is anticipated that work should be completed at the end of May 2021 with occupation by Trust teams and voluntary services partners soon after.

## **10. Coastal**

### **10.1 Teignmouth 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

## **11. Organisational progress on transformation and Cost Improvement Plan (CIP) delivery**

Referenced within this paper are the recovery plans which impact on capacity and demand across the organisation, also the emphasis on getting our flows across all pathways correct. There is also a critical time bound work taking place over the next month which includes round table sessions with each ISU, the business planning preparation following the annual guidance publication and triangulation of the transformation schemes and phase 4 delivery plans to create the service level delivery plans for each ISU.

## **12. Conclusion**

Significant progress has been made restoring business as usual and planning to increase operational delivery. The resilience of the operational teams has been tested with increasing pressure and workload, work is underway to review capacity with a view to strengthen delivery capacity enhance leadership capacity and strengthen the governance processes.

## **13. Recommendation**

To note the content and risks exposed in this report.



**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 31<sup>ST</sup> MARCH 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  * Ms A Jones  * Mrs D Kelly * Mr D Stacey * Mrs M Machin * Ms J Stockman	Chairman Non-Executive Director Non-Executive Director (part) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Medical Director Deputy Chief Executive Director of Workforce and Organisational Development Director of Transformation and Partnerships Chief Nurse Chief Finance Officer System Director, Torbay Torbay Council
In attendance:	Mrs J Downes Ms S Toull * Mrs D Bufton * Ms T McKenzie  * Ms Sue Cox	Company Secretary Board Secretary Patient Associate Director of Nursing and Professional Practice, Paignton and Brixham Specialist Nurse, Endocrinology

\* via video-conference

		<b>ACTION</b>
<b>Preliminary Matters</b>		
28/03/21	<b>Welcome and Introductions</b>  The Chairman welcomed those in attendance to the Torbay and South Devon Foundation Trust Public Board meeting.	

The Board noted apologies of absence were received from John Harrison, Chief Operating Officer, and Dr Joanne Watson, Health and Care Strategy Director. The Board noted Shelly Machin's attendance on behalf of the Chief Operating Officer.

## 29/03/21 **User Experience Story**

Deborah Kelly, Chief Nurse, welcomed and introduced Denise Bufton, an Endocrinology Patient of the Trust, Sue Cox, a Specialist Nurse for Endocrinology and Tracey McKenzie, the Associate Director of Nursing and Professional Practice, Paignton and Brixham.

Denise Bufton described her history of illness over six to seven years, with numerous mis-diagnosis' until she was diagnosed with Sheehan's Syndrome. She reflected how the correct diagnosis changed her life and allowed her to progress her career.

Denise Bufton has been cared for by Sue Cox, since she moved to Devon. She described Sue Cox as 'her rock', she explained that she could email or telephone Sue Cox when she required who would offer support or suggestions. Denise Bufton felt Sue Cox had made suggestions which had revolutionised her life, she had suggested she carried an 'injection kit' with her and the ambulance service be informed of the appropriate action to take in the event of a reaction. She informed the Board Mr Smith her Consultant, had placed her on slow release hydrocortisone which has eased the hormone peaks and troughs she had been experiencing. She said the care she had received at Torbay and South Devon Foundation Trust was exemplary.

Denise Bufton offered suggestions to improve her care such as more face to face appointments, regular blood tests and GP's who understood her condition. She acknowledged that joined up working between the Trust and the GP surgeries was in progress however if there was one patient record this would benefit her care. She highlighted the need for patients to be able to access their own health record to spot discrepancies. She informed the Board that the new NHS App was great. She reflected that regular meetings with patients who had Sheehan's Syndrome would no doubt benefit both herself and other patients.

Sue Cox said that it was reassuring to hear that Denise was happy with the service and the treatment she had received. The patient story also highlighted the need to move forward with a single patient record. Deborah Kelly, said this story highlighted the crucial importance of an integrated patient record.

The Board reflected this underlined the Trust aspiration for a patient to only have to tell their story once.

Jacqui Lyttle, Non-Executive Director, thanked Denise Bufton and said that she found her insight inspiring and whole heartedly supported the need for a joined up care approach. She asked how the Trust could support GP's so patients accessed the right care at every touch point.

Adel Jones, Director of Transformation and Partnerships, described the work that was underway around the Shared Care and Electronic Patient Record.

She said this would resolve some of the problems Denise Bufton had highlighted to the Board.

Liz Davenport, Chief Executive thanked Denise Bufton for presenting her story to the Board. She said she had heard the need for patients to have access to good quality information, the need for a patient to access their own patient record and advice to help patients control and manage their conditions independently. She mentioned the Trust's HOPE Programme as another source of support.

Tracey McKenzie, thanked the Board for the opportunity to present the patient story and said this highlighted the work that had taken place across the Paignton and Brixham Integrated Service Unit to reduce non elective admissions via care in the community.

**30/03/21 Board Corporate Objectives**

The Trust Board's Corporate Objectives were noted.

**31/03/21 Declaration of Interests**

There were no declarations of interest received.

**Consent Agenda**

**Reports from Board Committees**

**32/03/21 Nomination and Remuneration Committee – December 2020 to March 2021**

The Board noted the Chair's report of the Non-Executive Director Nomination and Remuneration Committee meetings held between December 2020 and March 2021.

**33/03/21 Quality Assurance Committee – 25<sup>th</sup> January 2021**

The Board noted the Chair's report of the Quality Assurance Committee meetings dated 25<sup>th</sup> January and 29<sup>th</sup> March 2021.

**34/03/21 Finance, Performance and Digital Committee – 25<sup>th</sup> January and 22<sup>nd</sup> February 2021**

The Board noted the Chair's report of the Finance, Performance and Digital Committee meetings dated 25<sup>th</sup> January, 22<sup>nd</sup> February and 29<sup>th</sup> March 2021.

**35/03/21 HIP2 Committee Chair's Report – 17<sup>th</sup> February 2021**

Liz Davenport asked Chris Balch, Chair of the HIP2 Committee the question, "the Health Infrastructure Programme (HIP2) is making important progress towards the delivery of the Strategic Outline Case. How will the Board be engaged in decisions made and receive assurance that plans are aligned to strategic intent".

Chris Balch informed the Board that the HIP2 Committee would submit a paper for the Board's scrutiny in July. This would ensure the HIP2 Project is aligned to the intent of the Board and key strategic decisions would be brought for scrutiny. He said at the HIP2 Committee meeting held on 24<sup>th</sup> March 2021, key step investment objectives had been established which included Estate and Digital. He said approval would be at a programme level and then business cases would be submitted through the normal Trust process.

He said the Committee's vision was that services would be reconfigured through the delivery of Electronic Patient Record, and the Estate plan would be set out.

He acknowledged the HIP2 Committee recognised the need for a very clearly outline case for investment and the need to establish a direction of travel which reflected the System and Trust Health and Care Strategy; design and capacity modelling; and correct level of resource. The priorities are the need for safe quality care for the Trust and System, together with driving forward sustainability, economic and regeneration opportunities which would help improve the recruitment challenges the Trust had.

Within the HIP2 plans the Trust would retain the twenty-four/seven acute facility and options for elective care which would be detailed when the business cases were prepared.

Chris Balch assured the Board that the HIP2 Committee provided oversight of key decisions and direction for reporting to the Board. He said the HIP2 Programme was at the next stage of development and it was important for the Board of Directors to understand their role and responsibility.

He said the HIP2 project was a complex project that was evolving, working with existing, new and community strategies and in time there would be the opportunity for wider Board conversations.

The Board noted the Chair's report of the HIP2 Committee meetings dated 17 February 2021.

**36/03/21 People Committee – 22<sup>nd</sup> February 2021**

The Board noted the Chair's report of the People Committee meeting dated 22<sup>nd</sup> February 2021.

**37/03/21 Charitable Funds Committee – 17<sup>th</sup> March 2021**

The Board noted the Chair's report of the Charitable Funds Committee meeting dated 17<sup>th</sup> March 2021.

**Reports from Executive Directors**

**38/03/21 Chief Operating Officers Report**

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

39/03/21 **Estates and Facilities Report**

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

40/03/21 **Directorate of Transformation and Partnerships Quarterly Report**

The Board received and noted the quarterly Directorate of Transformation and Partnerships Quality Report.

**For Approval**

41/03/21 **Minutes of the Meeting held on the 27<sup>th</sup> January 2021**

The Board approved the minutes of the meeting held on the 27<sup>th</sup> January 2021.

**For Noting**

42/03/21 **Action Log and 'Parking Lot' of Deferred Items**

The Chairman proposed the three open actions on the action log were closed as they had been subsumed into normal business. The Board agreed with the Chairman's proposal.

The Chairman noted the following 'Parking Lot' of Deferred Items had been brought to the March Board: Transformation and Partnership Update, Our People Promise and Plan, and Guardian of Safe Working Hours.

**The Board approved the three open actions on the Action Log be closed and subsumed into normal business**

44/03/21 **Report of the Chief Executive**

Liz Davenport, Chief Executive briefed the Board on the following key issues:

- The Trust's COVID and winter response had been based on reduced patients in Hospital and now the need to increase capacity to respond to urgent and emergency care activity. The Trust was in a position to increase planned elective care activity and was working with System Partners. Liz Davenport said that she was pleased to report the Day Surgery Unit and Simpson Ward had re-opened.
- The operational response of the Trust's staff was acknowledged. She had met with a number of staff groups and had received clear feedback which highlighted the importance of the Trusts communication and staff engagement strategies. She highlighted that as the Trust moved forward it must continue to support the recovery of staff health and well-being. The support that the Workforce and Organisation Development Leadership team had offered was acknowledged.
- The Strategic Alliance Partnership had been established with North Devon and Royal Devon & Exeter System Partners to focus on the best use of resource to meet the needs of the public. She said the first formal meeting

would take place in April and would be chaired by Sir Richard Ibbotson. This was a welcome development that would put more structure around work that would benefit the local population. She assured the Board that the alliance arrangement had been well received by partners.

- The on-going focus of our estate, with HIP2 continuing to align short term development to the longer-term strategic intent was highlighted. The work that had been undertaken by the Estates and Facilities, HIP2, and clinical teams in this area was commended.

Sally Taylor, Non-Executive Director offered tribute to the teams working on staff well-being and she said there were some amazing projects that had been undertaken in relation to staff well-being.

Vicki Matthews, Non-Executive Director endorsed Sally Taylor's comment. She stated that hearing about wider system working was positive however, she asked how the Trust would ensure system wide working continued post the pandemic.

Liz Davenport responded by describing the positive way in which system partners were working together and the value to the Trust system working. Liz Davenport confirmed she was leading the implementation of the Long Term Plan. Suzanne Tracey, Chief Executive, at Royal Devon & Exeter Foundation Trust would lead the System Wide Planned Care Recovery Group, whose aim it was to ensure local populations receive equal access to services.

Judy Falcao, Director of Workforce and Organisational Development, reflected that trust between Devon Partners had been built during the pandemic and this had enabled work to be driven forward in partnership for example, the Trust's Workforce and Organisational Development Team had been asked to lead on international recruitment. She informed the Board that there had been a positive shift in partnership relationships.

Judy Falcao, Director of Workforce and Organisation Development, said the Staff Survey results have been received for the Trust and a 'deep dive' analysis would be undertaken prior to presenting to the People Committee and Board. She highlighted initial areas of concern were, equality, diversity and inclusion and reflected that the implementation of Race Equality Code would catalyse the importance of the discussion.

Sally Taylor, said Sanita Simadree, Chair of the Diversity Focus Group was undertaking fantastic work with ethnic minority staff groups with the support of NHS Charities funds.

The Chairman said that Paul Norrish, Donations Manager had presented at the Governors Network meeting recently and he wished to acknowledge at Public Board Paul Norrish's impact on improving staff health and well-being in all areas.

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

45/03/21 **Integrated Performance Report – Month 11**

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

a) Quality

- A Venous Thromboembolism (VTE) Task and Finish Group had been established. It was noted performance had started to improve.
- Mortality ratios based on a twelve month average were within normal range.

b) Workforce

- In respect of Safer Staffing a number of areas had had reduced bed capacity due to COVID and were below planned hours due to bed numbers.
- The Trust had 178 vacancies and work was being undertaken around recruitment and a Nursing Establishment Review. The Trust's vacancy rate was 3.9% with a rolling annual figure of 4.12%. Given the COVID pandemic this was a significant accolade in how the Trust managed staff and supported staff.

c) Performance

- The Trust was in COVID de-escalation.
- The Day Surgery Unit opened on 29 March 2021 therefore focus was now on recovery of the elective care position. The Trust was running at 61% Referral to Treatment Time with a slightly increasing number of people awaiting the outcome of referral. The Trust was making the necessary improvements to rectify the position.
- The Medical Receiving Unit had returned to Forrest Ward, whilst the new Medical Receiving Unit was being built.
- Diagnostic wait times was highlighted as an area of concern. There were however improvement plans in place for Endoscopy.
- Additional plans were in place for Autism Spectrum Disorder, Speech and Language Therapy and Occupational Therapy with non-recurrent funding being used support recovery of these pathways.

d) Finance

- The Trust reported an in-month deficit of £2.3 million adverse to plan. The in-month position included the return of £4 million COVID funding to the STP due to the funding being received in excess of requirements.

- The Trust would achieve the financial plan at the year end.

Jon Welch, Non-Executive Director enquired about Safe Staffing hours. Deborah Kelly, Chief Nurse said there was learning to be taken around how the Trust workforce had responded. The Trust had successfully, productively and safely deployed a workforce that needed to be resilient and adapt quickly. She acknowledged the workforce required transferable skills and to be able to work at pace. The Trust had taken a decision to stop measuring Safer Staffing at the height of the second wave of COVID due to the agility of the workforce system, wide redeployment and dynamic bed modelling changes. Deborah Kelly acknowledged that care hours per patient per day as recommended in the Carter Review was an average measure of maintaining a good level of care hours per patient per day. She said this would be drawn out in the Trust's daily risk assessment. Overall the Trust could evidence maintained safe staffing levels.

The Chairman said he was mindful that there were groups of frontline staff who were tired but equally, there were groups of staff who were keen to start the recovery process given the under-utilisation of some specialties during the COVID pandemic and the Board need to be cognisant of this.

Jacqui Lyttle, Non-Executive Director said the Quality and Assurance Committee had received significant assurance in each area but, the Committee were mindful of the higher risks associated with delayed diagnostics and the fragility of the CT Scanners. She said the Committee had received a Diagnostic Service deep dive review. The need to optimise the diagnostic pathway around the Estate and at a wider system level had been acknowledged but, short to medium term solutions had been established. She said the Committee also discussed Safer Staffing and the Trust's workforce and she asked if there was any correlation between the Staff and Inpatient Survey and quality, safety and risk.

Chris Balch, commented on the Trust's financial position after an extraordinary year and endorsed the extraordinary work Dave Stacey, Chief Finance Officer and the Finance Team had undertaken in achieving a balanced financial outcome. He added caution as in that work would need to be undertaken to tackle the significant financial challenges ahead.

Liz Davenport agreed with Chris Balch's view and attributed the Trust financial position to the Finance Team under Dave Stacey's leadership. She said the Trust had an opportunity to build on the transformation but it must be underpinned by robust improvement plans

## **The Board received and noted the Integrated Performance Report – Month 11**

### **46/03/21 Mortality Safety Scorecard**

Ian Currie, Medical Director, explained the report is for monthly assurance to ensure learning from deaths. The Hospital Standardised Mortality Rate (HMSR) showed a peak in April 2020 predominately due to a reduction in-hospital activity due to the first wave of Covid. The HMSR had returned to



within the expected range. The Summary Hospital Mortality Index (SHMI) for Q1 20/21 was higher than expected due to reduced inpatient activity during the first Covid surge. The weekly deaths showed a rise in out of hospital deaths in some localities during the second Covid wave which is subject to local review. 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.

The Chairman thanked Ian Currie for his thorough explanation of the Mortality Safety Scorecard. Vicki Matthews, said she felt assured that the Trust was not an outlier. Jacqui Lyttle, said she welcomed the narrative alongside the report. She reflected that there had been no coding issues.

Liz Davenport asked how the Medical Examiners learning was reported back into practice. Ian Currie said that the learning was taken through the Integrated Service Units and would become embedded into operational practice. The Medical Examiner's role was to flag issues and highlight when further investigation was required and hold the Trust to account. He said the role of Medical Examiner's would be extended to include community services.

### **The Board received and noted the Mortality Safety Scorecard.**

#### **47/03/21 Our People Promise and Plan**

Judy Falcao, Director of Workforce and Organisational Development introduced Sarah Lehmann, Associate Director of Workforce and Organisational Development to present the 'Our People Promise and Plan'. She assured the Board that the Our People Promise and Plan had been co-designed through focus groups and shaped with staff illustrating the Trust view that staff deserved to have a great place to work, where they felt supported and valued in their roles. In turn this would benefit patient experience and outcomes, which would then enable staff to drive forward the Trust's vision at pace. The Our People Promise and Plan addressed the workforce challenges the Trust currently faced to include sickness, recruitment and retention, and reported levels of bullying and harassment as well as looking forward to the development of the HIP2 Health and Social Care Strategy.

Sarah Lehmann said the Our People Promise and Plan was a three year commitment and currently delivery was outlined for the first year. She said it was based on the national people promise which had been rolled out and the plan was based on feedback and focus on continuous improvement to drive forward the Integrated Care System and Long Term Plan.

The key pillars of the plan were presented which were underpinned by conditions to enable successful transformation. If the conditions were implemented there would be multiple benefits including improved levels of psychological safety amongst staff.

The Executive Team had all agreed to sponsor a People 'Promise' and were keen to be involved. The importance of empowering people's strengths at a local level to drive change was understood.

The Chairman said it was good to see the Our People Promise and Plan gather momentum but success and credibility would be in its delivery of continuous improvement. He asked if capacity had been placed against this plan so the Trust could be confident it had been delivered it successfully.

Sarah Lehmann said she was confident in that 'buy in' could be achieved and but recognised it could not be driven by individuals and therefore needed to be a wider sense of commitment.

Liz Davenport, thanked Sarah Lehmann for the comprehensive presentation, she said it was well timed as it provided an opportunity to build on the strengths of the Trust and staff. She added the culture which exists in the Trust to do the right thing was recognised but asked how the Trust would get the balance right between keeping true to the values of the Trust whilst making the changes needed. Sarah Lehmann responded that initially a strengths based appreciative inquiry approach to what the Trust does would be developed using data gathering to support and drive through transformation.

Deborah Kelly, Chief Nurse supported the Our People Promise and Plan she said it was connected and rooted to the voice of our staff but, consideration needed to be given as to how those relationships were nurtured. She highlighted the need to ensure the correct Key Performance Indicators were in place and reflected that there were tools that the Trust might need to consider to develop insight on how we deliver the Our People Promise and Plan.

Vicki Matthews said that she had seen the evolution of this work; it had been a journey and which had evolved with feedback and is therefore connected and rooted. She reflected on the Chairman's comment around building in leadership capacity. A strength based approach has been considered together with linking with the Trust transformation agenda.

Chris Balch echoed Vicki Matthew's view around involvement, sense of direction and the five pillar priorities. He said consideration needed to be given as to how the Trust could align and make this happen and used the example of the HIP2 Committee which would contribute to this work as there would be new careers and career pathways that could be developed to allow the Trust to have the required workforce.

Sarah Lehmann reflected on the comments raised and said leadership confidence, competence, and capability were all required to drive the Our People Promise and Plan forward. She assured the Board that a key part of the Our People Promise and Plan was development of people against the Trust's cultural framework; around people's experiences; and being led through change. She said the Management Essential Programme was under development and accountability planning sessions with the Integrated Service Unit leadership team regarding the Our People Promise and Plan to support localised areas and build-in the governance process. She assured the Board all metrics would be based on local measures.

Shelly Machin, System Director Torbay confirmed that the Integrated Service Units 'change agents' in delivery of this piece of work would be key in ensuring delivery of the 'Our People Promise and Plan'.

Liz Davenport valued the discussion and said it spoke to the commitment she was hearing from the Board to get alongside our staff with a programme of work that would move forward with our workforce.

Sarah Lehmann thanked the Board for their interest and their willingness to drive the Our People Project and Plan forward.

### **The Board approved the Our People Promise and Plan**

#### **48/03/21 Guardian of Safe Working Hours – Doctors and Dentists in Training**

Ian Currie, Medical Director presented the Guardian of Safe Working Hours Report. He said the Trust had a good working relationship with the Junior Doctor's and the expectation of their working hours was understood.

The Chairman said that he was the responsible Non-Executive Director for the Guardian of Safe Working Hours and gave assurance that the process was well understood by the Junior Doctor's.

Chris Balch referred to Table 2 in which it appeared that the F1 Junior Doctor's exception reports were heavily weighted. Ian Currie explained that most Junior Doctor's had new terms and conditions but some older Junior Doctor's may hold a different attitude and use the exception reporting as a safety net.

The Guardian of Safe Working Report was received and noted.

#### **49/03/21 Improved Well-Being Through Partnerships**

There were no items reported under this section.

#### **50/3/21 Developmental Review of Leadership and Governance**

Liz Davenport, Chief Executive presented an update report on the Deloitte Well-led Review including the action plan, for information and assurance. She said progress against the action plan would be reported through the Audit Committee.

### **The Board received and noted the Developmental Review of Leadership and Governance Report and action plan.**

#### **51/03/21 Board Appointments**

The Board noted the Council of Governors had approved the re-appointment of the Chairman for an annual term of office commencing 1 June 2021, and the re-appointment of Jacqui Lyttle, Non-Executive Director for an annual term of office commencing on 1 October 2021.

Liz Davenport said on behalf of the Board she was delighted to note the on-going tenure of the Chairman and Jacqui Lyttle with the Trust.

*Jacqui Lyttle left the Board meeting.*

**The Board noted the re-appointments of Sir Richard Ibbotson, Chairman with effect from 1 June 2021, and Jacqui Lyttle, Non-Executive Director with effect from 1 October 2021**

52/03/21 **Compliance Issues**

There were no compliance issues reported.

53/03/21 **Any Other Business**

There was no other business raised for discussion.

54/03/21 **Date and Time of Next Meeting:**

11.30 am, Wednesday 28<sup>th</sup> April 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.	Consider how to use research to support HIP2 and direction of areas of research taken.	DTP/MD	<p><b>Update 27<sup>th</sup> January 2021</b> – 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.</p> <p><b>Update 31<sup>st</sup> March 2021</b> – action subsumed into Business as usual</p>	25/11/20
2.	Secure permanent location for the Research and Development Team.	MD	<p><b>Update 27<sup>th</sup> January 2021</b> – 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.</p> <p><b>Update 31<sup>st</sup> March 2021</b> – action subsumed into Business as usual</p>	25/11/20
3.	Ensure People Plan reflected the move towards seven day working.	VM/DWOD	<p><b>Update 31<sup>st</sup> March 2021</b> – action subsumed into Business as usual</p>	27/01/21
46/03/21	Patient deaths by renal diagnosis files to be reviewed	MD		31/03/21





**Public Board of Directors**

**Parking Lot**                      **Reviewed: 28<sup>th</sup> April 2021**

<b>Item/action/issue/policy name</b>	<b>Meeting Date</b>	<b>Comment</b>
Digital Strategy Update	24 <sup>th</sup> February 2021	Deferred to 28 <sup>th</sup> April 2021
Nursing Establishment Review	24 <sup>th</sup> February 2021	Deferred to 28 <sup>th</sup> April 2021 (has been submitted to private Board)
Quality Account Performance	24 <sup>th</sup> February 2021	Deferred to 28 <sup>th</sup> April 2021
Quality Account 2021/2022	28 <sup>th</sup> April 2021	Deferred to 30 <sup>th</sup> June 2021
Carers Update including Strategy for 2021-24	28 <sup>th</sup> April 2021	Deferred to 26 <sup>th</sup> May 2021
CNST Assurance	28 <sup>th</sup> April 2021	Deferred to 26 <sup>th</sup> May 2021
Maternity Governance	28 <sup>th</sup> April 2021	Deferred to 26 <sup>th</sup> May 2021





<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Chief Executive's Report		<b>Meeting date:</b> 28 April 2021		
<b>Report appendix</b>	n/a			
<b>Report sponsor</b>	Chief Executive			
<b>Report author</b>	Director of Transformation and Partnerships Associate Director of Communications and Partnerships			
<b>Report provenance</b>	Reviewed by Executive Directors xx April 2021			
<b>Purpose of the report and key issues for consideration/decision</b>	To provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments since the previous Board meeting.			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board are asked to receive and note the Chief Executive's Report			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>	X	<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	25
	<b>Risk Register</b>	X	<b>Risk score</b>	25
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	X	<b>Terms of Authorisation</b>	X
	<b>NHS Improvement</b>	X	<b>Legislation</b>	
	<b>NHS England</b>	X	<b>National policy/guidance</b>	X
	<ul style="list-style-type: none"> <li>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.</li> <li>Failure to achieve key performance standards.</li> <li>Failure to achieve financial plan.</li> </ul>			

<b>Report title:</b> Chief Executive's Report	<b>Meeting date:</b> 28 April 2021
<b>Report sponsor</b>	Chief Executive
<b>Report author</b>	Director of Transformation and Partnerships Associate Director of Communications and Partnerships

## 1 **Our purpose**

Our purpose is to support the people of Torbay and South Devon to live well.

## 2 **Our strategic goals**

To help us achieve our purpose we have set three strategic goals:

- Excellent population health and wellbeing
- Excellent experience receiving and providing care
- Excellent value and sustainability

This report will now be structured around our strategic goals to help us measure our progress, address our challenges and celebrate our successes.

## 3 **Our key issues and developments**

Key issues and developments to bring to the attention of the Board since the last Board of Directors meeting held on 31 March 2021 are as follows:

### 3.1 **Excellent population health and wellbeing**

#### **Ramadan**

The month of Ramadan began on 13 April, a month where many Muslims will engage in a fast from sunrise to sunset, and finishes on 12 May. We are supporting staff and providing care to our communities during Ramadan.

I have recorded a vlog with Fareed Memon, Associate Specialist, and we are also encouraging our staff to support colleagues who are fasting through the Fastathon. As Fareed sensibly advised, people who are not used to fasting may find it very difficult to fast for a full day, so we are suggesting that people fast for a few hours to show their support.

We are also running a communications campaign to provide information and reassurance to people that having the Covid-19 vaccine during Ramadan will not break their fast as the vaccine contains no components of animal origin.

#### **Covid-19 vaccination programme**

Our hospital hub at Torbay Hospital reopened on 22 March 2021 to provide second doses of COVID-19 vaccination to our staff and other health and social care staff and carers across our foot print.

The hub is open 7 days per week and we have now immunised over 25,000 people since the start of the programme. To date 5,488 of our staff have received their second dose.

The hub has also offered an allergy clinic for people living in Torbay and South Devon who are referred by the immunology service at University Hospital Plymouth NHS Trust and a service to those extremely clinically vulnerable patients under consultant led care where they needed the vaccinations given at a very specific interval.

The hub will remain open until 13 May 2021.

### **3.2 Excellent experience receiving and providing care**

#### **Hospital visiting resumes safely**

In line with the latest national guidance and advice we were pleased to be able to lift some of the restrictions around hospital visiting.

We safely welcomed visitors back to our wards to see patients from 14 April. We have introduced a one visitor, one patient, one hour, one day system.

We are continuing our *sending love* programme which offers people the opportunity to stay in contact with their loved ones during their hospital admission by sending photographs, videos and messages. We know how important it is for everyone's wellbeing that they remain connected to their friends and family while they are in hospital.

#### **Changes to maternity arrangements**

From 12 April, we changed our offer to pregnant women and they are now able to be supported at a range of appointments by their nominated supporter/partner in line with the latest advice and guidance.

We are fully aware of how challenging the restrictions have been for our families, and we hope that these changes provide comfort and reassurance.

#### **First female registrar for the Royal College of Physicians**

I am delighted to advise that Dr Cathryn Edwards, consultant physician and gastroenterologist who joined Torbay Hospital in 2002 was announced last month as the first female registrar for the Royal College of Physicians – the first woman to hold the post in over 500 years.

The role of registrar at the Royal College of Physicians is a key leadership position and one of national importance in healthcare.

This is not the first time that Dr Edwards has been a trailblazer in terms of gender equality in medicine, having been the first female secretary of the British Society of Gastroenterology and its second only female president.

### **3.3 Excellent value and sustainability**

#### **Building a brighter future**

We have been given a share of £3.7 billion government funding for a new hospital development. This is fantastic news and a once in a lifetime opportunity to make a real difference in how we deliver services with, to and for our people.

It is not just about building a better hospital in Torquay. It is about exploring opportunities to deliver our services in ways that provide better outcomes for patients and better working environments for staff across all the communities that we serve.

It gives us the opportunity to further build on our integrated approach to service delivery and will be led and shaped by our clinical vision, which is currently being developed by our clinicians in conjunction with our partners.

We have already started some of the building work with the recent ground-breaking ceremony for our new Acute Medicine Unit at Torbay Hospital. The Acute Medicine Unit will help us to build capacity and capability within our services.

While the pandemic has given us significant challenges to overcome it also offers us opportunities to make improvements that will help us support people better.

Many of our patients have greatly benefited from online and telephone appointments which have reduced their need and time to travel while maintaining the high quality of their care and keeping them safe. We are working hard to increase the number of first outpatient and follow up appointments that we can offer online.

We will continue to take advantage of new technologies and the latest improvements in healthcare, as we plan not only for the needs of our people today but also in the future.

### **Damage to link corridor at Torbay Hospital**

Earlier this month the link corridor between the Heatherington Unit and the main hospital at Torbay was damaged when a car collided with our building. Thankfully no one was injured or harmed and colleagues worked round the clock to safely reopen the corridor.

I'd like to take this opportunity to acknowledge and celebrate the fantastic work by all teams involved in the response. In their swift yet calm response they showed all that is best in our teams – working together to keep services running and everyone safe.

### **Devon Hospitals formalise alliance**

Last month I shared with you that we have agreed to form a strategic alliance with Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust which will see us collaborating more closely to secure sustainable, high-quality patient care for local populations into the future. We have set out this agreement by signing a Memorandum of Understanding.

Our focus is now very much on making the alliance happen and we are holding a Board to Board session of the strategic alliance on 10 May to drive this work forward.

#### 4. Chief Executive engagement March/April

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 to deliver excellent care during exceptionally challenging circumstances across all our services.

Internal	External
<ul style="list-style-type: none"> <li>• Staff Side</li> <li>• Video blog sessions</li> <li>• Totnes Hospital Virtual Visit</li> <li>• Lead Governors Meetings</li> <li>• Staff Heroes presentations Kerry Gallatley &amp; EAU3/Cromie Jordan Crook Kathrine Campbell/Trina Grant Simulation Team Lisa Scott Kate Lissett</li> <li>• Day Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Chief Executive of Devon Sustainability and Transformation Partnership</li> <li>• Accountable Officer, Devon CCG</li> <li>• Director of Strategy, Devon CCG</li> <li>• Devon NHS Chief Executives</li> <li>• Devon Health and Local Authority Chief Officers' Meeting</li> <li>• South West Regional Chief Executives</li> <li>• Director of Adult Social Services, Torbay Council</li> <li>• Integrated Care System Partnership Board</li> <li>• Executive to Executive Meeting with Devon Partnership Trust</li> <li>• Chief Executive, Torbay Healthwatch</li> <li>• Chief Executive, Devon Partnership Trust</li> <li>• Victor Adebawale, Chair, NHS Confed</li> <li>• Regional Roadshow with NHSEI Chief Executive and NHSEI Chief Operating Officer</li> <li>• Torbay Council Chief Executive Interview - Stakeholder Panel</li> <li>• Director of Thinking Place</li> <li>• Anne-Marie Morris MP</li> <li>• Regional Medical School Liaison Meeting (South West England)</li> <li>• Peninsular Partnership Meeting</li> <li>• South LCP Exec</li> <li>• Long Term Plan Roadmap Steering Group</li> <li>• Medical Director, NHSEI</li> <li>• System Director of Communications and Engagement, Devon LCS</li> <li>• System Transformation and Efficiency Board</li> <li>• Meeting with Devon LCS Chief Executive, Medical Director, Accountable Officer and Chair</li> </ul>

- |  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Torbay Council Overview and Scrutiny Committee</li> <li>• Chief Executive's Human Kind Charity</li> <li>• Associate Director of Finance, Devon CCG</li> <li>• SW Integrated Personalised Care Enabling Board</li> </ul> |
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## 5. Local Health and Care Economy Developments

### 5.1 Partner and partnership updates

#### 5.1.1. **Developing the Devon Integrated Care System**

In March 2021, Devon was approved by NHS England and NHS Improvement to be designated as an Integrated Care System (ICS) from 01 April 2021. Jane Milligan has joined the ICS as the new Chief Executive.

Sir Richard and I met with Jane Milligan along with Dame Suzi Leather, Dr Paul Johnson, and Simon Tapley earlier this month to discuss a number of issues and developments, including using our new strategic alliance (see 3.3) as a building block for better collaborative working and improved patient outcomes.

The ICS for Devon brings together our health, social care and wider partners to give patients and service users more joined up care and help us improve population health. Partnership working has been at the heart of our remarkable response to the coronavirus pandemic and the vaccination programme. The establishment of our ICS will help to ensure that agile approach and can-do attitude follows into the future.

Our new Integrated Care System in Devon will see the Clinical Commissioning Group, our three local authorities, NHS Trusts, general practice, community services, mental health trusts, and the voluntary, community and social enterprise sector work closely together to improve the health of all residents, better support people living with multiple and long term conditions, prevent illness, tackle variation in care and deliver seamless services while getting maximum impact for every pound.

The publication of the Government's ['Integration and Innovation: working together to improve health and social care for all'](#) White Paper on 11 February is the logical next step in the journey. Current proposals will enable us to better deliver higher-quality care to our population, in a way that is less legally bureaucratic, more accountable, and more joined up. In Devon, partnerships and governance arrangements are being developed.

#### 5.1.2 **Reviewing the Devon Long-Term Plan**

Before the pandemic, NHS organisations and local councils were working together to produce Devon's Long-Term Plan, setting out how services would be delivered in coming years and delivering a vision to ensure 'equal chances for everyone in Devon, to lead long, happy and healthy lives'.

As we look to the future, the plan is being developed in light of two main factors: a once-in-a-generation opportunity to revolutionise our estate and make it fit to

deliver modern healthcare for decades to come; and the learning and challenges arising from the COVID-19 pandemic.

During the pandemic, Devon received confirmation of its place in the government's New Hospital Programme (previously known as the Health Infrastructure Plan), to replace hospital buildings, modernise primary care estate, invest in new diagnostics and technology, and help eradicate critical safety issues in our NHS estate.

And in the face of the crisis, we saw the true value of collaboration and the benefits it brings as local partners across the NHS, social care, voluntary sector and beyond joined forces and innovated to keep services running. Using technology to offer online consultations was a major factor in this and feedback has been overwhelmingly positive, with the strongest themes being that they save time, effort, and expense in travelling.

These opportunities and challenges underline the importance of making our services more resilient, and reinforce the need to implement the key ambitions of Devon's Long-Term Plan.

### **5.1.3 Devon system recovery planning**

While the NHS in Devon ran many essential and emergency services during the pandemic, such as cancer and diagnostic services, there is a real long-term impact as many patients face a long wait for treatment because routine and non-urgent procedures were delayed.

There are now thousands of people in Devon who have waited a year or more for treatment. Sadly, that number is expected to grow as there are still many who didn't come forward during the pandemic and it will take a long time to understand the true extent of this.

We will prioritise the most urgent patients and those who have been waiting the longest. Devon's hospitals will work together to make the best use of our resources and we will continue to use the independent sector to help us reduce those waiting lists.

We know long waits will cause anxiety and impact many people's day to day lives. We may not be able to give everyone a treatment date, but we will keep people informed. We will work with local people on managing pain, getting fit for surgery and to help keep them as healthy as possible while they wait.

COVID-19 has further highlighted the fact that some of our communities here in Devon live longer and healthier lives than others. People from more deprived areas, ethnic minority groups, and those with learning disabilities experience greater health inequalities. Addressing this will be one of the highest priorities as we tackle our waiting lists.

While we work hard to reduce the waiting lists, we must also balance this with the need for our staff to rest and recover from the unprecedented challenges of the last year. Staff across the country and here in Devon have worked tirelessly throughout the pandemic. Not only have they cared for patients with COVID-19

but also rolled out the vaccination programme and safely maintained as many other essential services as possible.

The task ahead is significant and will require all of our partners across the Integrated Care System in Devon to help tackle it.

#### **5.1.4 White paper on integrating health and care**

As highlighted in my report last month, the Government has published its white paper on integrating health and social care which is available [here](#) in a range of formats.

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.

While the legislative pathway is expected to proceed into 2022, we will continue to build on the principles in developing our Devon Integrated Care System. The importance of place-based delivery is key for us and we will continue to work with our partners locally to take this forward.

## **6 Local media update**

### **6.1 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 the people of Torbay and South Devon have access to timely, accurate information, to support them to live well and access services appropriately when needed.

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

#### **Recent key media releases and responses:**

- SIREN study interview – Dr Matt Halkes was interviewed by Greatest Hits Radio promoting the SIREN study and the part we are playing. This was also an additional opportunity to encourage our staff to participate before the 31 March deadline to volunteer. The interview was used on radio as well as a video which featured as social media content and on their website in a more detailed article.
- Work begins on new Acute Medicine Unit – Positive coverage on a socially distanced, ground-breaking ceremony that took place at Torbay Hospital to mark the start of construction on the new Acute Medicine Unit.
- League of Friends donations continue – coverage on a summary of recent donations received from Torbay Hospital League of Friends, emphasising that their great work has continued despite a challenging year.
- Torbay and South Devon consultant appointed as the first ever female registrar by the Royal College of Physicians – positive coverage on the exciting news that Dr Cathryn Edwards, consultant physician and gastroenterologist who joined Torbay Hospital in 2002, was announced as the first female registrar for the Royal College of Physicians – the first woman to hold the post in over 500 years.
- Hospital visiting information – outlined our plans to reintroduce visiting arrangements for a BBC enquiry on the situations at all trusts in the region



- Thornbury agency nurse enquiry – national enquiry to all trusts around the use of off-framework agency nurses from the Sunday Times and an appropriate response was issued.

**Recent engagement on our social media channels includes:**

- New visiting arrangements – publicised details and shared our information video on the new visiting arrangements in place.
- HRH Prince Philip – sharing our sorrow and sympathy on the news of the death of Prince Philip.
- CONNECTPlus app – raising awareness of the CONNECTPlus app developed in partnership with HCI, linking to how we are using technology to improve patient care.
- COVID-19 vaccine study – publicising a COVID-19 vaccine trial run in partnership with University Hospitals Plymouth to encourage participation
- Easter messaging – encouraging the public to choose well when seeking help over the long weekend, and thanking our staff who worked over the period
- PAFTA nominations and shortlisting – celebrating members of staff who were presented with their nomination certificates for the PAFTAs (Paediatric Awards For Training Achievements).
- Ground-breaking ceremony for our new Acute Medical Unit – publicising the news around the start of construction of our new Acute Medical Unit and the positive impact this will bring to our local population.
- Day of reflection – reflected and remembered those who lost their lives during the pandemic as well as the hard work and difficult experiences our staff have faced over the past year.

**Development of our social media channels:**

- This month we have adopted our LinkedIn page as a new corporate account to support recruitment and retention. We are working closely with the resourcing hub to advertise vacancies and celebrate the work of our staff. We currently have 2,878 people following us on LinkedIn – we aim to double that figure over the next twelve months.
- Between March 2020 and March 2021 we increased our likes on Facebook by over a third from 9,824 to 12,141. We aim to reach 15,000 likes by the end of March 2022.

Comparable figures for our NHS partners in Devon are:

- University Hospitals Plymouth NHS Trust – 14K likes
- Royal Devon and Exeter NHS Foundation Trust – 8K likes
- Livewell Southwest – 7.4K likes
- Northern Devon Healthcare NHS Trust – 7K likes
- Devon Clinical Commissioning Group – 5.6K likes
- Devon Partnership NHS Trust – 4K likes

In the same period, we increased our followers on Facebook from 10,066 to 12,499.

- We currently have 6,801 followers on Twitter. We aim to reach 8,000 followers by the end of March 2022.

Comparable figures for our NHS partners in Devon are:

- University Hospitals Plymouth NHS Trust – 15.1 followers
- Devon Clinical Commissioning Group – 10.5K followers
- Royal Devon and Exeter NHS Foundation Trust – 10K followers
- Livewell Southwest – 9.8K followers
- Devon Partnership NHS Trust – 6.3K followers
- Northern Devon Healthcare NHS Trust – 4.3K followers

## **7 Recommendation**

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

<b>Trust Board</b>				
<b>Report title:</b> Integrated Performance Report (IPR): Month 12 2020/21 (March 2021 data)			<b>Meeting date:</b> 28 April 2021	
<b>Report appendix</b>	M12 2020/21 IPR focus report M12 2020/21 - Dashboard of key metrics			
<b>Report sponsor</b>	Director of Transformation and Partnerships Chief Finance Officer			
<b>Report author</b>	Head of Performance			
<b>Report provenance</b>	ISU and System governance meetings – review of key performance risks and dashboard Executive Directors: 20 April 2021 Integrated Governance Group: 21 and 22 April 2021 Finance, Performance, and Digital Committee: 26 April 2021			
<b>Purpose of the report and key issues for consideration/decision</b>	<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"> <li>• Review evidence of overall delivery, against national and local standard and targets</li> <li>• Interrogate areas of risk and plans for mitigation</li> <li>• provide assurance to the Board that the Trust is on track to deliver the standards required by the regulator.</li> </ul> <p>Areas of exception that the Board will want to focus on are highlighted below and detailed in the attached Focus Report.</p>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board is asked to <b>review</b> the documents and evidence presented.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	Yes	<b>Valuing our workforce</b>	Yes
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b>	Yes
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	Yes	<b>Risk score</b>	<b>25</b>
	<b>Risk Register</b>	Yes	<b>Risk score</b>	<b>25</b>

<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	<b>Yes</b>	<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>	<b>Yes</b>	<b>Legislation</b>	
	<b>NHS England</b>	<b>Yes</b>	<b>National policy/guidance</b>	<b>Yes</b>
	<p>This report reflects the following corporate risks:</p> <ul style="list-style-type: none"> <li>• failure to achieve key performance standards;</li> <li>• inability to recruit/retain staff in sufficient number/quality to maintain service provision;</li> <li>• failure to achieve financial plan.</li> </ul>			

<b>Report title:</b> Integrated Performance Report (IPR): Month 12 2020/2021 (March 2021 data)		<b>Meeting date:</b> 28 April 2021
<b>Report sponsor</b>	Director of Transformation and Partnerships Chief Finance Officer	
<b>Report author</b>	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

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

1. Four slip, trips and falls – these occurred in different areas within the trust, injuries occurred fractured neck of femur. Falls workplan identifies concentrated focus on
2. One delayed diagnosis – this is related to delay in surgical intervention and learning disability
3. One Never Event –NG tube misplacement; MDT investigation commenced, immediate actions taken included reviewing current policy and any national updates, dietician and medical review to manage patient deterioration at time

The Trust is reporting one death with a patient engaged with the Drug and Alcohol Service.

The total number of serious incidents open to investigating in the Trust has reduced this month from 44 to 34; this is due to the improvement programme being undertaken within the team.

### Delay in follow ups, waiting lists and retrospective harms due to Covid

National planning has set out the clinical risk classification framework and all patients have been reviewed against this been reviewed and. A focused harm review Policy and governance process has been implemented to review and triangulate all harms identified 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. The next Harm Review Meeting will consider the organisational response to investigating cases that will meet serious incident and STEIS reportable criteria, due to Covid and pathway delays. This will enable a coordinated approach to investigation and in line with the expectation of our regulators, CCG, and patients.

### Hospital Standardised Mortality Rate (HSMR)

The latest data, December 2020, for Dr Foster HSMR is showing a relative risk of 95.2 (from November's risk of 118.7) which is below the national benchmark and within the tolerance not to trigger an alert. There is further analysis discussed at Mortality and Morbidity meetings which assists in determining key areas to focus a review.

## CQC

There has been some delays with regard to the achievement of improvements within the CQC improvement plan - these for March which has increased to 11 Must Dos from February's 8 Must Do's which are overdue from the date of completion. It is important to note that the COVID pandemic has impacted on the ability for some areas to have progressed as we had wanted. Of the 11 Must do's these are themed into seven areas, these in summary are:

1. Ensure equipment and premises are fit for purpose - the continued capital programme has commenced with Simpson flooring having been completed, the wider programme is being monitored through capital planning and operationalised.
2. 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 and is monitored through the newly reformed mandatory training group. In addition, all services are being asked to review all elements of assurance that sit alongside training.
3. Ensure staff are up to date with appraisals – there has been a continued slow improvement from 70% to 80%, each area has developed an improvement trajectory plan.
4. MCA and MHA training and compliance - the Trust has improved its oversight of compliance training. Work is ongoing to achieve compliance targets –it has also been included in the mandatory framework.
5. Records storage in-line with data protection and information governance – this requires movement of the patient record to a more secure space - will be completed by May 31<sup>st</sup> 2021.
6. Ensure patients have access to their disability aids – there is an audit programme in place to ensure those patients who require disability aids have access to them, current access is reported at 100% with further validation of revised system being undertaken; anticipated this Must Do will be complete of May 31<sup>st</sup> 2021.
7. MEOWs completion as per trust guidance – this is in place in paper format - auditing shows further improvements required to achieve 100% across all element of the documentation and an enhanced digital solution is being explored - anticipated compliance of 'Must Do' by 30<sup>th</sup> May

The CQC Compliance Group is reviewing all plans in relation to the 'Should Dos' - with the majority of these in maternity, surgery and Medicine relating to statutory and mandatory training. Steps are ongoing to assure the validation of evidence which is due to be completed by May 31<sup>st</sup> 2021.

### Safer Staffing

- For planned versus actual hours the average fill rate for both day and night for Registered Nurse at 83% and Night at 85% is below the 100% optimum.
- The data shows 5 key areas of concern with regard to data validation which will impact the overall Fill rate position.
- Ongoing work with the ISU leadership teams and ward managers to validated data.
- The Trust has recruited a professional workforce lead with expertise in driving improvement in workforce rostering /deployment practices - this will also enable

the Trust to strengthen the lens and monitoring of rosters and data validation processes.

- It should be noted that key workforce deployment controls are in place as set out in the Trust risk management /safer staffing framework - the organisation is assured that staffing level were monitored and maintained within the Green/Amber rating.
- In March the overall number of care hours per patient per day for both Registered Nurse (RN) and Healthcare Assistants (HCA) combined, is marginally below the national average of 9.1 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, Assessment Areas, and Louisa Carey, 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 backfill of RN's and to support our patients requiring enhanced observations as the enactment of the staffing risk framework for safest COVID staffing is in place.
- As outlined on slide 17(planned v actual) improvement work will be progressed to ensure the underpinning data continue to be strengthened.

## **2. Workforce Headlines**

The March 2021 WTE (hours worked) 6306, is slightly above the budgeted establishment 6296 (includes bank and agency staffing). There were 151 vacancies in March 2021. The Nursing Establishment review, currently underway, will enable the Trust to reset the appropriate staffing levels based on service need.

February monthly sickness absence rate is currently 3.92% which is the lowest Feb sickness figure recorded on ESR back to 2006 (the preliminary March view is 3.70% however this may change slightly with retrospective updates) The cumulative 12 month rolling figure is 4.12% as at the end of February. The Covid-19 staff Medical Suspension absences have declined significantly in February also down by 33% from the January figures and the initial March figures show another large reduction.

Agency expenditure has almost doubled in month 12 compared to the previous month, being £1.05m (M11 £0.57m); the increase is mainly due to a big increase in medical and dental agency which was the highest monthly figure for the year. Nursing had their second highest month of the year at £316k in March. The non-clinical spend was also significantly the highest month of the year at £218k.

The Trust commenced the second round of Pfizer vaccinations on Monday 22 March 2021 with a targeted end date of 13 May 2021 for completion. Approximately 89% of staff (including bank staff) have had their first vaccination and of those by 15 April 2021 approximately 85% have had their second 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:

### **Operational headlines**

- Covid - In March the de-escalation of covid expansion was completed releasing the Day Surgery Unit and Medical and Surgical Assessment Units also stepping back up to normal operational function. The Trust has continued to use facilities at the local Independent Sector provider to support clinical priority pathways of care and to support additional elective and diagnostic capacity.
- Managing within current bed stock for emergency admissions remains a challenge and there have been delays within the Emergency Department and assessment units for patients waiting for appropriate bed. In March an increase of long delays in ED over 12 hours (28 patients) and increase in ambulance handover delays greater than 60 minutes (32 patients).
- Capacity to maintain both emergency and urgent elective surgery has been maintained. Further work is needed however to restore pre-covid levels of routine surgical elective care. The latest planning guidance sets out a clear trajectory of recovery of elective activity. We are currently achieving this and forecast continued achievement.
- Outpatient activity remains at 80% of pre-covid levels. Work on Level 2 main outpatient department to increase clinic space for ophthalmology has been completed, however, the overall department will continue to have limited capacity due to the enabling works for the New Medical Receiving Unit now commenced as well as social distancing. The focus remains on adopting virtual non-face to face appointments where ever possible.

### **Recovery and waiting time headlines**

- The number of patients waiting over 52-week has continued to increase with 2041 recorded at the end of March.
- Performance against the Cancer access standards has been maintained however remains below the national performance targets
- Diagnostics performance has seen improvements in CT and echocardiography however waits remain high for Ultrasound, MRI, and Gastro diagnostic procedures.

### **Performance monitoring headlines**

The Integrated Governance Group (IGG) meetings were all completed in March with each of the Integrated Service Units able to highlight areas of performance risk and give assurance to the executive that plans are in place or where further support is required. An increased number of ambulance delays and long waits for patients to be admitted are reported in March. Overall OPEL days have improved, however, patient flow continues to be a challenge.

## **4. Finance Headlines**

Key points of note for the Trust's financial performance as at 31 March 2021 (Month 12) are provided below.



## I&E Position

For Month 12, allowing for end of year adjustments, the Trust is reporting an in-month deficit of £1.0m which is £0.5m adverse to plan. As a result, the year to date, and so full year, position is a surplus of £0.1m, being £0.7m favourable to plan.

Please note, values quoted are for the adjusted financial performance for the purposes of system achievement, and are therefore after adjustments for donated assets and gains on disposals. Actual performance is measured against the Trust's planned position, for Months 7 to 12, of a £0.6m deficit.

Within the YTD position:

- Overall income is £13.8m favourable to plan, which represents a significant movement on the Month 11 position. This follows a number of end of year adjustments, most notable of which is the recognition of additional income, £11.5m, to offset the increase in pension costs calculated at year end. By comparison 2019/20 - £10.8m.

In addition to the pension cost recognition, the Trust also received income in Month 12 to support:

- incremental increase in annual leave accrual c. £1.4m
- Flowers legal case c. £1.1m
- PPE push stock c. £3.8m – matched by cost recognition
- Overall pay costs are £12.9m adverse to plan inclusive of the pension cost recognition in Month 12, £11.5m.

Within the position agency costs were c. £0.5m higher in Month 12 compared to Month 11, mainly due to increased medical staffing, nursing and HCA costs. Agency costs are £0.5m adverse to plan in-month, and £1.1m adverse to plan for the year to date.

- Non-pay expenditure, excluding ASC, is £1.4m favourable to plan. Details in relation to Adult Social Care and placed people are provided separately below.

Total non-pay expenditure in-month was £27.2m, an increase of £7.1m compared to Month 11. The main drivers for the increase the recognition of PPE push stock, offset in income, and year end clinical supplies adjustments.

- Adult Social Care (ASC) and placed people spend is £2.7m favourable to plan. The £0.4m reduction in favourable variance was due to higher cost levels in Torbay CHC as a result of back dated costs for two high cost clients, and higher spend in domiciliary care.

## COVID Costs

Within the Trust's Month 12 position:

- £7.6m of pay costs relate to COVID, mainly additional shifts for existing workforce (£3.0m), backfill for staff absence (£3.2m), 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. £14.9m has been spent on hospital discharge and infection control support to the independent sector, of which £6.9m is funded by the council, with the balance funded through COVID top up and the CCG.

### **Balance Sheet, Cash & Capital**

The end of year cash position remains strong at £45.5m, reflective of 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 12 totals £34.6m after adjusting for donated assets and PFI lifecycle costs. This gives rise to an underspend against CDEL (Capital Departmental Expenditure Limit) of £1.4m, which has been utilised within the STP to offset overspends in neighbouring organisations, and prevents CDEL effectively being lost to the STP.

Further detail on capital is provided in a separate report.

# Integrated Performance Focus Report (IPR)



Torbay and South Devon  
NHS Foundation Trust

## April 2021: Reporting period March 2021 (Month 12)

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

## Quality and Safety Summary

### **HSMR**

The latest Hospital Standardised Mortality Rate (HSMR), released for time period to December 2020 compared against the national benchmark (100) is 95.2 and is below the control limits and expectation. There is further analysis discussed at the Mortality and Morbidity meetings which assists in determining key areas to focus a review.

### **Incidents**

**Severe incidents:** The Trust reported six incidents in March and we have reported all six through to the Strategic Executive Information System (StEIS):

1. One delay in diagnosis
2. Four Slip, Trips and Falls
3. One Never Event – NG Tube

The Trust is reporting one death with a patient engaged with the Drug and Alcohol Service.

### **VTE performance remains below the required 95% standard**

The VTE performance continues to be at 92% remaining slightly lower than the standard of 95%. The VTE task and finish group continue to ensure the validation of data sets - Awareness and training for medics is in place and consideration of mandatory field in CPS is being discussed amongst medical colleagues.

### **Delay in follow ups, waiting lists and retrospective harms due to Covid**

National planning has set out the clinical risk classification framework and all patients have been reviewed against this been reviewed and. A focused harm review Policy and governance process has been implemented to review and triangulate all harms identified 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.

The next Harm Review Meeting will consider the organisational response to investigating cases that will meet serious incident and STEIS reportable criteria, due to Covid and pathway delays. This will enable a coordinated approach to investigation and in line with the expectation of our regulators, CCG, and patients.

## CQC update

There has been some delays with regard to the achievement of improvements within the CQC improvement plan - these for March which has increased to 11 Must Dos from Februarys 8 Must Do's which are overdue from the date of completion, It is important to note that the COVID pandemic has impacted on the ability for some areas to have progressed as we had wanted. Of the 11 Must do's these are themed into seven areas, these in summary are:

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5. Records storage in-line with data protection and information governance – This requires movement of the patient record to a more secure space - will be completed by May 31st
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7. MEOWs completion as per trust guidance – this is in place in paper format - auditing shows further improvements required to achieve 100% across all element of the documentation and an enhanced digital solution is being explored - anticipated compliance of 'Must Do' by 30<sup>th</sup> May

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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	7	0	1	0	0	5	4
Surgery	4	5	0	0	1	0	0	0	3	5
Maternity	4	11	2	4	0	1	0	0	2	6
Children and Young People (Acute)	1	5	1	3	0	0	0	0	0	2
Information for Patients Report IPR Month 12 March 2021 data .pdf	1	3	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>28</b>	<b>43</b>	<b>16</b>	<b>22</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>

## Quality and Safety Quadrant

● <b>Achieved</b>
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams
Formal complaints - Number received
Infection Control - Bed Closures - (Acute)
Hospital Standardised Mortality Rate (HSMR)
Stroke patients spending 90% of time on a stroke ward

● <b>Not Achieved</b>
Reported Incidents – Severe
Reported Incidents – Death
VTE - Risk Assessment on Admission (Acute) - February data
Fracture Neck Of Femur - Time to Theatre <36
VTE - Risk Assessment on Admission (Community)
Follow ups 6 weeks past to be seen date
Never Events
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)

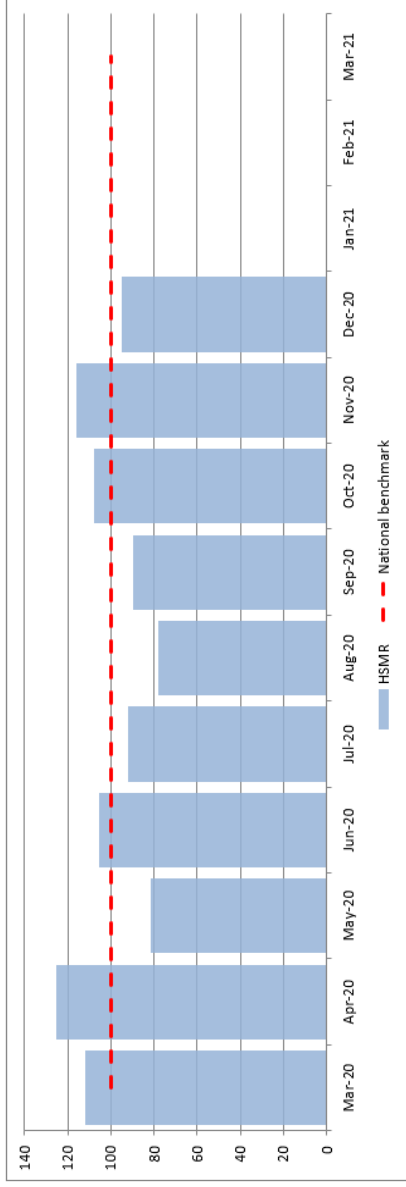
● <b>Under Achieved</b>
Safer Staffing - ICO – Night time
Safer Staffing - ICO – Daytime
Medication errors resulting in moderate harm
Avoidable New Pressure Ulcers - Category 3 +
Hand Hygiene

● <b>No target set</b>
Medication errors - Total reported incidents

# Quality and Safety- Mortality

Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

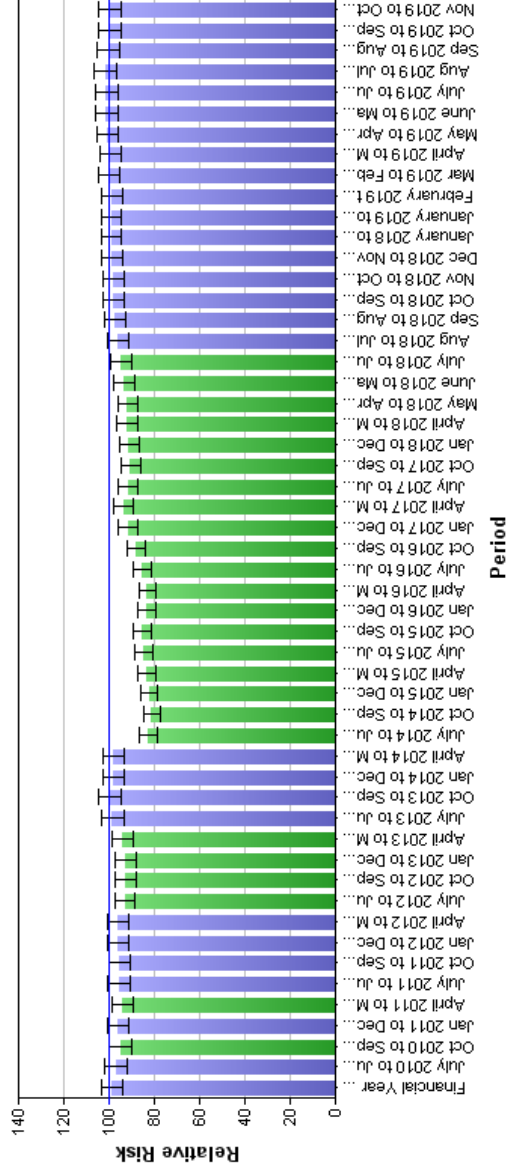
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
HSMR	112.1	125	81.5	105.6	92.1	77.9	89.6	107.9	115.8	95.2	n/a	n/a	n/a
National benchmark	100	100	100	100	100	100	100	100	100	100	100	100	100



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 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, December 2020, for Dr Foster HSMR is showing a relative risk of 95.2 (from November's risk of 118.7) which is below the national benchmark and within the tolerance not to trigger an alert. There is further analysis discussed at Mortality and Morbidity meetings which assists in determining key areas to focus a review.

SHMI by data period



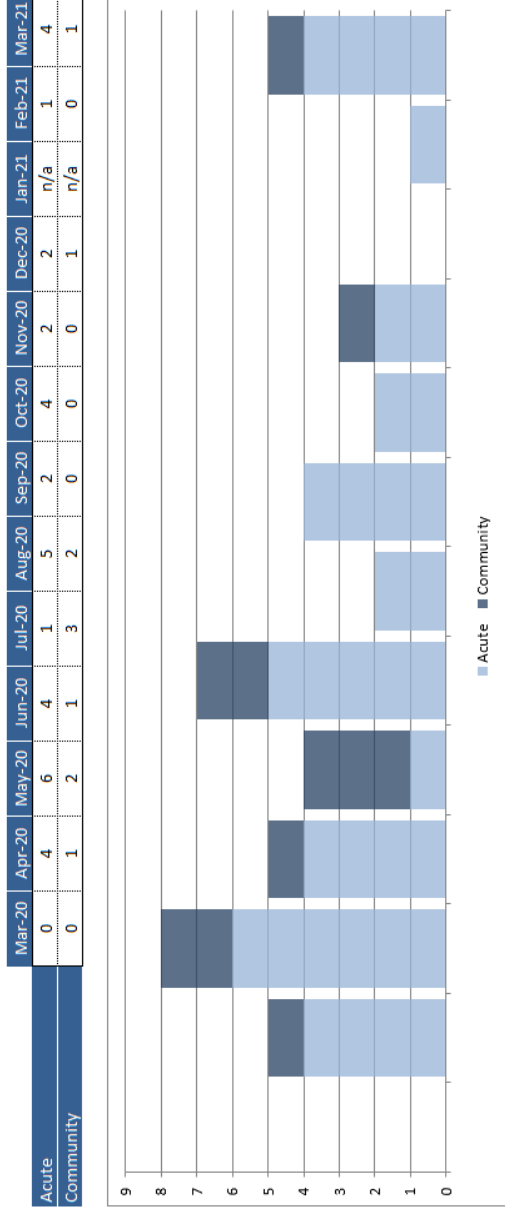
The Summary Hospital Mortality Index (SHMI) data reflects all deaths recorded either in hospital or within 30 days of discharge from hospital and records the Trust at 99.65 against a national average benchmark of 100.

The latest data for period November 2019 to October 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

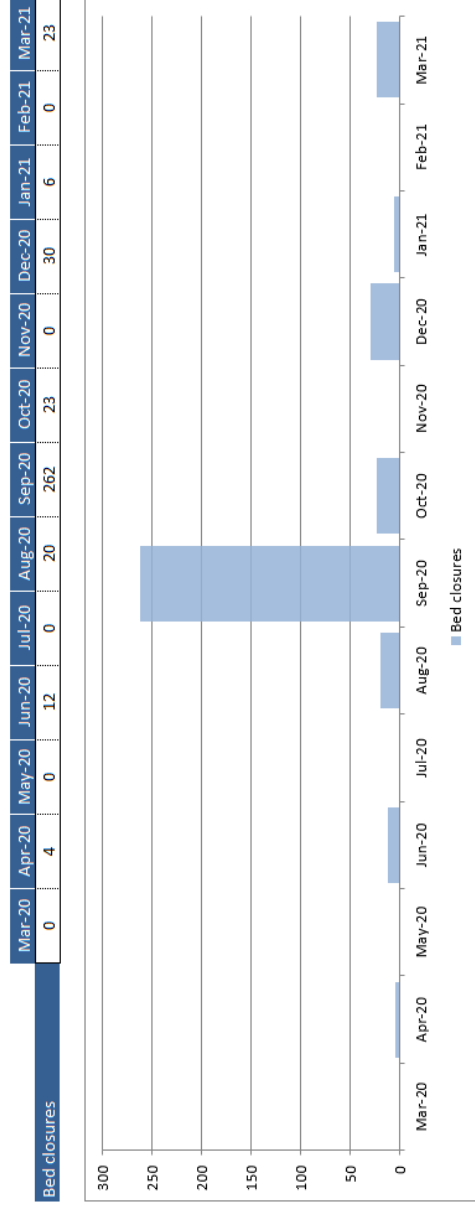


For March the number of C.Diff cases were 5 which is an increase from February (1 case) and were reported from the following areas:

- 2 cases within George Earle
- 3 cases occurring within 28 days of discharge, Brixham Hospital, George Earle and Ainslie.

RCAs are being undertaken - themes from the investigations once completed will be discussed and learning will be disseminated and actioned from the infection prevention and control group and ward areas.

Infection control - Bed closures (Acute)



In relation to bed closures due to infection control. There has been 23 days lost in March which is an increase since Jan 2021.

- the main infection reason is diarrhoea
- In response to outbreaks IPC procedures were activated including
- isolation of patients in side rooms
  - Bay closures
  - Deep Cleaning



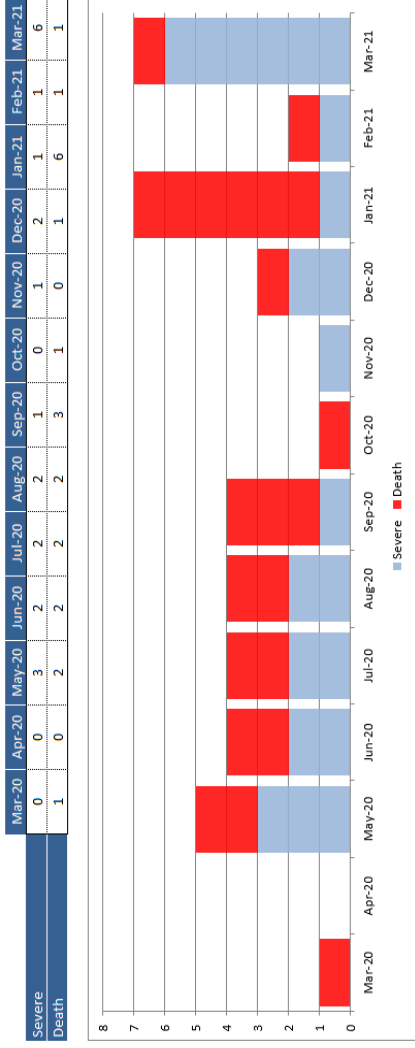
# Quality and Safety- Incident reporting and complaints

The Trust recorded six severe incidents and one death in March:

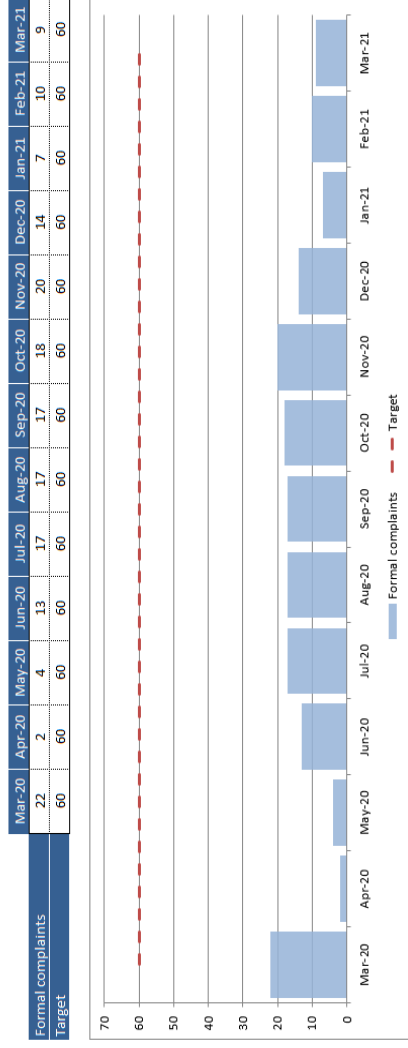
These six severe incidents have been reported onto the Strategic Executive Information System (StEIS)

- One Never Event – NG tube misplacement; MDT investigation commenced, immediate actions taken included reviewing current policy and any national updates, dietician and medical review to manage patient deterioration at time
- Four slip, trips and falls – these occurred in different areas within the trust, injuries occurred fractured neck of femur. Falls workplan identifies concentrated focus on
- One delayed diagnosis – this is related to delay in surgical intervention and learning disability
- One death – Drug and Alcohol Service; we have seen an increase of deaths related to drug and alcohol and a thematic review is being conducted

Reported Incidents - Severe and Death



Formal complaints



The Trust received nine formal complaints for the month of March this was a decrease from the previous month.

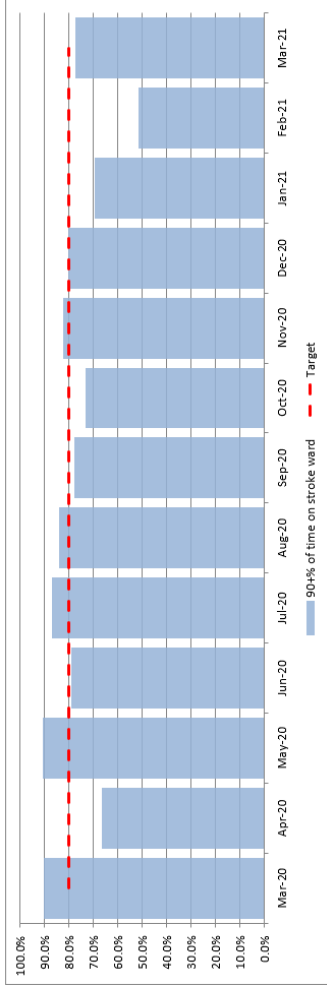
The themes of the complaints include:

- treatment – concerns related to type of treatment
- Assessment and diagnosis care – questions regarding timing of assessment and diagnosis. We are reviewing the processes and systems that are in place.
- Communication – this is related to not having enough information and explanation
- We are undertaking a review of the actions in regard to the learning and identifying our improvement plan for these themes

# Quality and Safety- Exception Reporting

## Stroke

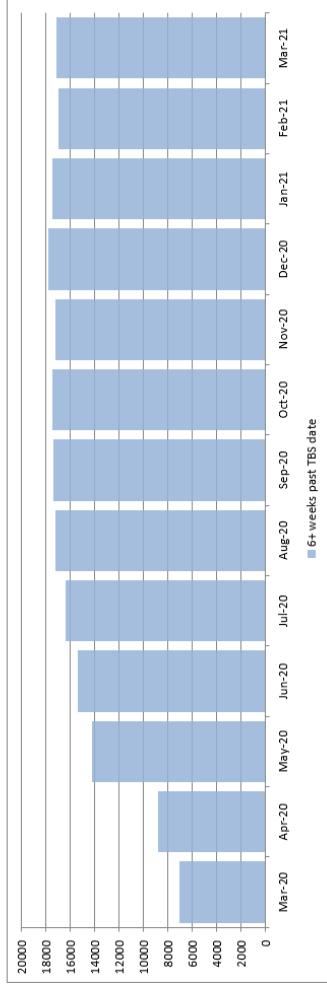
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
90+% of time on stroke ward	90.2%	66.7%	90.6%	79.1%	86.8%	83.9%	77.6%	73.2%	82.2%	80.4%	69.4%	51.6%	77.5%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%



**Stroke:** The percentage of stroke patients spending 90% of time on a stroke ward in March has improved from 51.6% in Feb to 77.5% . The areas that we are focusing on to improve our positions are;

- Improve the timeliness covid swab results within the Emergency Department
- To ensure that specialist beds are available at all times, this is being monitored through our flow control meetings
- Increased education and training to medical and non medical staff through the Nurse Consultant
- Reviewing the current pathways around diagnosis and treatment with a view to ensuring stroke patients are transferred to a stroke bed at earliest opportunity

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
6+ weeks past TBS date	7056	8824	14211	15398	16408	17220	17408	17519	17229	17837	17489	16986	17151



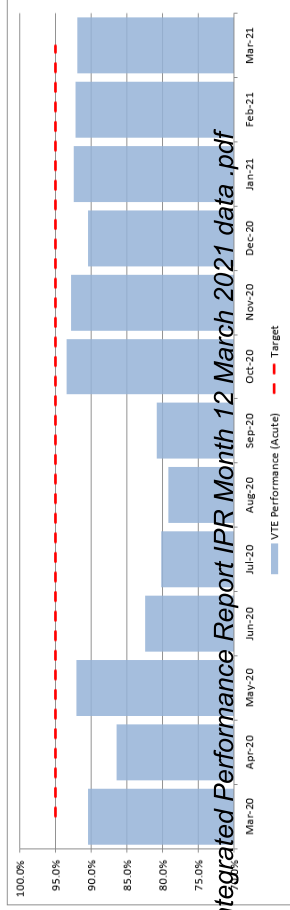
**Follow ups:** The number of follow up patients waiting for an appointment greater than six weeks past their 'to be seen by date' increased to 17151. Alternative measures are in place to reduce face to face consultations.

Phase 3 national planning aimed to have 50% being delivered non-face to face by March 2021. March non-face-to-face follow ups are currently at 23% of all attendances.

Focused harm review meetings are being progressed and thematic reviews being conducted against our longest waiting patients.

VTE risk assessment on admission - (Acute)

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
VTE Numerator	4482	2325	3158	3464	3939	4013	4253	5066	4837	4903	4705	4457	n/a
VTE Denominator	4952	2690	3430	4225	4914	5068	5760	5423	5209	5423	5091	4831	n/a
VTE Performance (Acute)	90.5%	86.4%	92.1%	82.5%	80.2%	79.2%	80.9%	93.4%	92.9%	90.4%	92.4%	92.3%	92.0%
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%



Integrated Performance Report IPR Month 12 March 2021 data .pdf

## Quality and Safety- Perinatal Clinical Quality Surveillance

Following the publication of the Ockenden Report (Dec 2020), national guidance sets out the requirement to strengthen and optimise board oversight for maternity and neonatal safety. Review of maternity and neonatal safety and quality is required monthly by the Trust Board.

Metric	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
% of Caesarean sections	25-30%	26.8%	25.0%	26.9%	33.1%	24.7%	29.9%	26.8%	34.9%	26.7%	28.7%	24.3%	29.5%	28.1%
Breast feeding rates	>75%	72.8%	77.6%	77.1%	72.5%	78.8%	77.7%	70.1%	69.8%	82.2%	78.1%	75.7%	81.8%	76.2%
% of women booked for 'Continuity of carer' model	>35%	59%	65.7%	63.7%	64.0%	78.3%	64.9%	66.0%	63.3%	60.1%	61.7%	62.3%	*	64.0%
No. of stillbirths	0	0	2	0	0	0	0	0	0	1	1	1	0	5

\* Data for continuity of care is always one month in arrears

## Workforce Summary

**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 (2<sup>nd</sup> vaccine) with logistical support and reporting requirements.

**Our People Plan:** Approved by the Board on 31 March 2021, further work continues to progress its implementation. 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:** The new structures for the Resourcing Hub went live 1<sup>st</sup> April 2021, key changes: recruitment and temporary staffing coming together; and volunteer services team now firmly part of the Resourcing Hub. Volume of resourcing activity remains very high in both temporary staffing and recruitment and priorities remain in place to support national initiatives to drive down vacancies to zero. Devon International Recruitment Hub continues to gain traction and ICS partnerships developing well.

**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. Devon Wellbeing Hub is now live and provides free, confidential support for individuals and teams in health, social care and the Police, throughout Devon who are struggling with any element of their wellbeing.

Wellbeing Guardian – Sir Richard Ibbotson will be taking on the role of our Wellbeing Guardian ensuring that the wellbeing of our people remains a core consideration at all times.

**Medical Workforce:** Following the BMA referendum members have voted in favour of the new contract for Speciality and Associate Specialist (SAs) Doctors. The new terms and conditions are applicable from the 1<sup>st</sup> April 2021; Medical Workforce will be leading on the transition process for all existing SAS doctors and will liaise with departments around the changes in the new contract.

Following the 'COVID' pause on medical appraisals and revalidation, we are now arranging and supporting our doctors with arranging their appraisals.

The new Job planning software is being implemented this month and the Medical Workforce Business Partners continue to support departments with team job planning ensuring that job plans reflect the work of the individual and the demand and capacity of the service.




**ISU and Corporate Support:** The baseline Trust Workforce plan has now been created. Workforce & OD Business Partners continue to work with ISU's leads to further develop local workforce plans. Work continues across ISU's to improve staff morale and experience with specific diagnostic and interventions being undertaken.

People plan approved by Board 31<sup>st</sup> March 2021, plans being discussed in relation to how we embed within our local ISU governance structures National Staff Survey data shared with ISU's. Workforce & OD Business Partners working with ISU leads to analyse local departmental data to formulate local people plans using a strength-based approach.

**Equality, Diversity and Inclusion:** Planning is in progress for a Board development session in May focusing on creating the vision and setting out the ambition for our Equality, Diversity and Inclusion agenda. A communications campaign has been launched encouraging staff to disclose their protected characteristics on ESR thus improving our quality of data and ability to communicate and engage inclusively with specific staff groups and members when needed. The Chair of the Devon BME network featured on Westcountry News to encourage those from minority ethnic communities to have their COVID-19 vaccine. 750 staff have so far have pledged for a rainbow badge. By doing this they are sending a positive message and taking responsibility to be someone who listens

with gratitude for staff reporting their data.

## Workforce Status

	<b>Achieved</b>		<b>Not Achieved</b>
Mandatory Training Compliance		Staff Sickness Absence Rolling 12 months and current month (1 month in arrears)	
Turnover (exc Jnr Docs) Rolling 12 months			
	<b>Under Achieved</b>		
Appraisal Completeness			
Monthly Sickness Absence			

### Performance exceptions and actions

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

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

The Trust's turnover rate now stands at 10.00% for the year to March 2021.

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

The annual rolling sickness absence rate was 4.14% to end of February 2021. This is against the target rate for sickness of 4%. The monthly sickness figure for February was 3.92% (the lowest Feb sickness figure recorded on ESR back to 2006)

**Mandatory Training rate: GREEN**

The current rate is 89.58% for March 2021 against a target of 85% and this is a small increase from the 89.51% in February.

**Appraisal rate: Amber**

The Achievement Review rate for the end of March 2021 was 82.37% which is a significant improvement from the 78.45% as at the end of February identifying the renewed focus and Achievement Reviews and a return to levels similar to pre-Covid.

**Agency Expenditure** – As at Month 12 the Trust Agency spend was is £1.053m giving an annual figure of £7.630m

**Covid Vaccination programme status:** As at the end of March we have vaccinated over 20700 individuals with their 1<sup>st</sup> dose of the Pfizer vaccine and nearly 6500 staff (88.6%).

The second vaccinations commenced on Monday 22<sup>nd</sup> March 2021.

## Workforce - WTE

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

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

NHSI Staff Group	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	2021/03	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	484.62	64.06	15.23%	10.60	2.24%
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	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	531.34	105.35	24.73%	18.51	3.61%
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	1122.74	8.52	0.76%	37.60	3.46%
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	381.75	79.75	26.41%	8.72	2.34%
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	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	1241.94	54.16	4.56%	42.03	3.50%
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	1906.40	312.66	19.62%	81.19	4.45%
<b>Grand Total</b>	<b>5134.99</b>	<b>5570.54</b>	<b>5617.82</b>	<b>5648.11</b>	<b>5665.74</b>	<b>5661.95</b>	<b>5638.60</b>	<b>5651.89</b>	<b>5652.25</b>	<b>5656.29</b>	<b>5671.20</b>	<b>5702.20</b>	<b>5741.70</b>	<b>5773.68</b>	<b>638.69</b>	<b>12.44%</b>	<b>203.14</b>	<b>3.65%</b>

### Pay Report Summary for previous 10 months

	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
<b>Cost</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
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	£31,299,992
Bank	£894,443	£900,491	£918,075	£877,866	£864,101	£720,783	£1,002,331	£1,052,959	£1,074,886	£1,253,501
Agency	£580,586	£571,266	£547,290	£584,424	£674,784	£501,963	£740,871	£666,436	£572,475	£1,053,038
<b>Total Cost £</b>	<b>£22,683,557</b>	<b>£21,883,751</b>	<b>£21,950,933</b>	<b>£22,326,792</b>	<b>£22,068,048</b>	<b>£23,050,028</b>	<b>£22,911,780</b>	<b>£26,364,459</b>	<b>£23,131,226</b>	<b>£33,606,531</b>
<b>WTE Worked</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>	<b>WTE</b>
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	5,844.37
Bank	227.25	234.33	342.66	264.86	272.48	222.89	306.90	248.71	331.21	301.34
Agency	102.35	83.29	73.44	72.52	76.33	107.23	110.72	116.38	102.39	160.15
<b>Total Worked WTE</b>	<b>5,979.92</b>	<b>5,954.69</b>	<b>6,033.08</b>	<b>5,952.60</b>	<b>6,007.03</b>	<b>5,999.12</b>	<b>6,143.30</b>	<b>6,076.21</b>	<b>6,249.88</b>	<b>6,305.86</b>

Integrated Performance Report IPR Month 12 March 2021 data .pdf  
The big increase in substantive costs are due to a notional cost for pensions.

## Workforce - Vacancies

Vacancy data based on Finance Reporting from Unit 4 Agresso – Overall vacancies decreasing as in-post numbers continue to increase. Support to clinical negative number in March likely to be a Agresso coding problem that Finance continue to look to address.

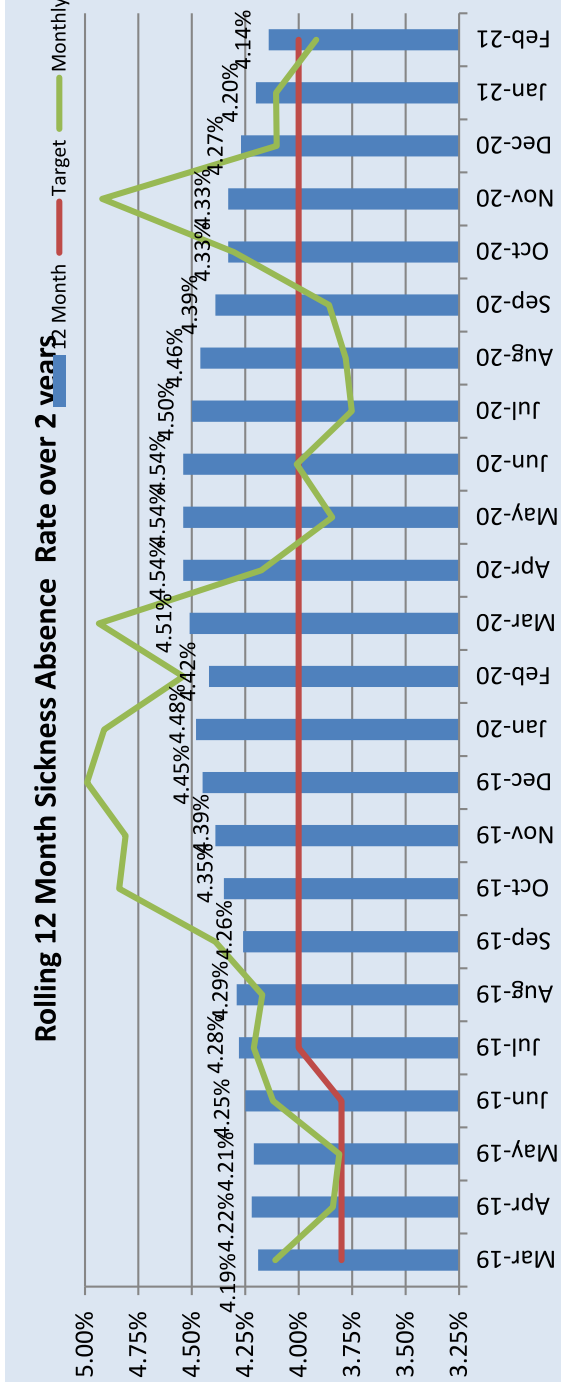
Staff Group	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Budget WTE
Medical And Dental	518.35	518.35	518.35	518.35	518.35	518.35	527.76	531.47	531.98	532.11	532.75	530.01
Nursing And Midwifery Registered	1,242.27	1,242.27	1,242.27	1,239.27	1,243.27	1,243.27	1,276.48	1,301.80	1,306.14	1,318.38	1,322.60	1,323.27
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	1,878.97
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	437.55
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	491.07
Healthcare Scientists	93.16	93.16	93.16	93.16	93.16	93.16	105.02	104.43	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	1,184.64
<b>Total Staff Budgeted WTE</b>	<b>5,610.85</b>	<b>5,610.85</b>	<b>5,610.85</b>	<b>5,607.85</b>	<b>5,612.85</b>	<b>5,612.85</b>	<b>5,855.77</b>	<b>5,908.94</b>	<b>5,927.54</b>	<b>5,945.82</b>	<b>5,953.62</b>	<b>5,958.57</b>

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	Mar-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	527.31
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	1,244.21
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	1,905.39
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	405.12
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	482.42
Healthcare Scientists	102.99	103.37	101.37	97.82	98.82	99.41	101.37	99.72	99.17	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	1,135.62
<b>Total Staff Worked WTE</b>	<b>5583.55</b>	<b>5644.65</b>	<b>5663.52</b>	<b>5665.84</b>	<b>5731.98</b>	<b>5670.05</b>	<b>5676.69</b>	<b>5678.20</b>	<b>5697.30</b>	<b>5718.16</b>	<b>5777.59</b>	<b>5809.97</b>

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	Mar-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	2.70
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	79.05
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	-26.42
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	32.44
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	8.65
Healthcare Scientists	-9.83	-10.21	-8.21	-4.66	-5.66	-6.25	3.65	4.72	5.26	5.26	5.26	5.26
<b>Total Staff Worked WTE</b>	<b>27.30</b>	<b>-33.80</b>	<b>-47.95</b>	<b>-49.46</b>	<b>-110.60</b>	<b>-48.66</b>	<b>178.99</b>	<b>230.44</b>	<b>229.95</b>	<b>220.95</b>	<b>220.95</b>	<b>220.95</b>

## Workforce - Sickness

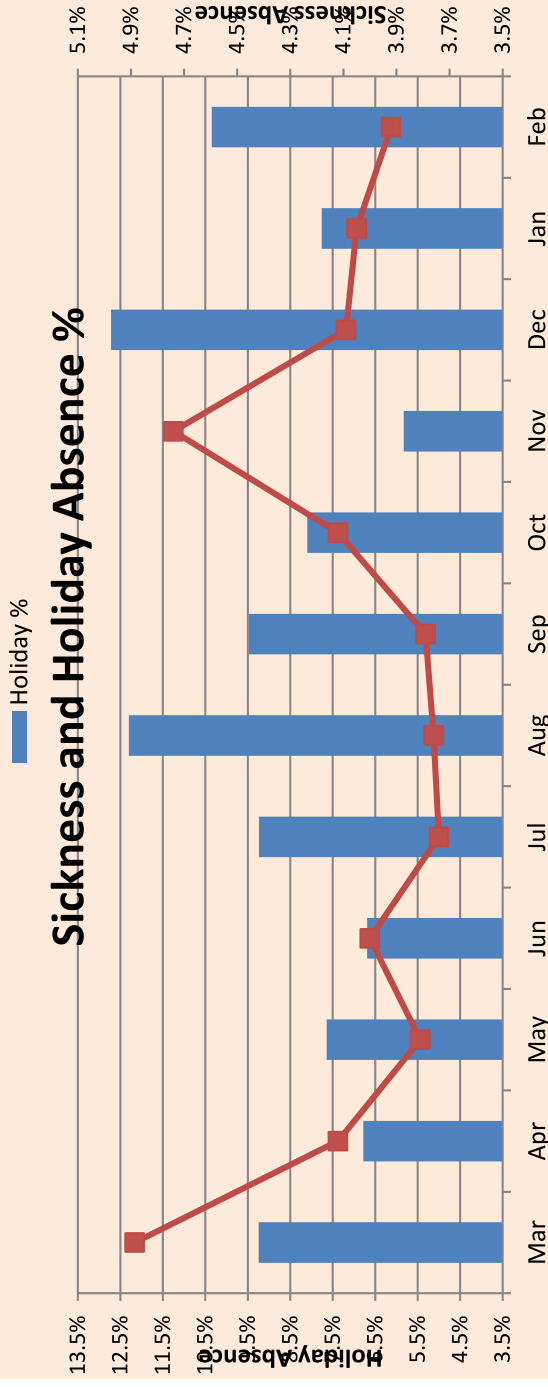
Rolling 12 month sickness rate (reported one month in arrears)



The annual rolling sickness absence rate was 4.05% at the end of February 2021 against the target of 4.00%.

The monthly sickness figure for February was 3.92% which is lower than the 4.05% as at the end of January - this is the lowest sickness figure for a February ever recorded on ESR going back to 2006. Measuring cost of sickness is extremely complex as most Bank and Agency requests are not due to one specific reason but multiple reasons and therefore it is difficult to ascertain an accurate cost of bank and agency attributed purely to sickness cover.

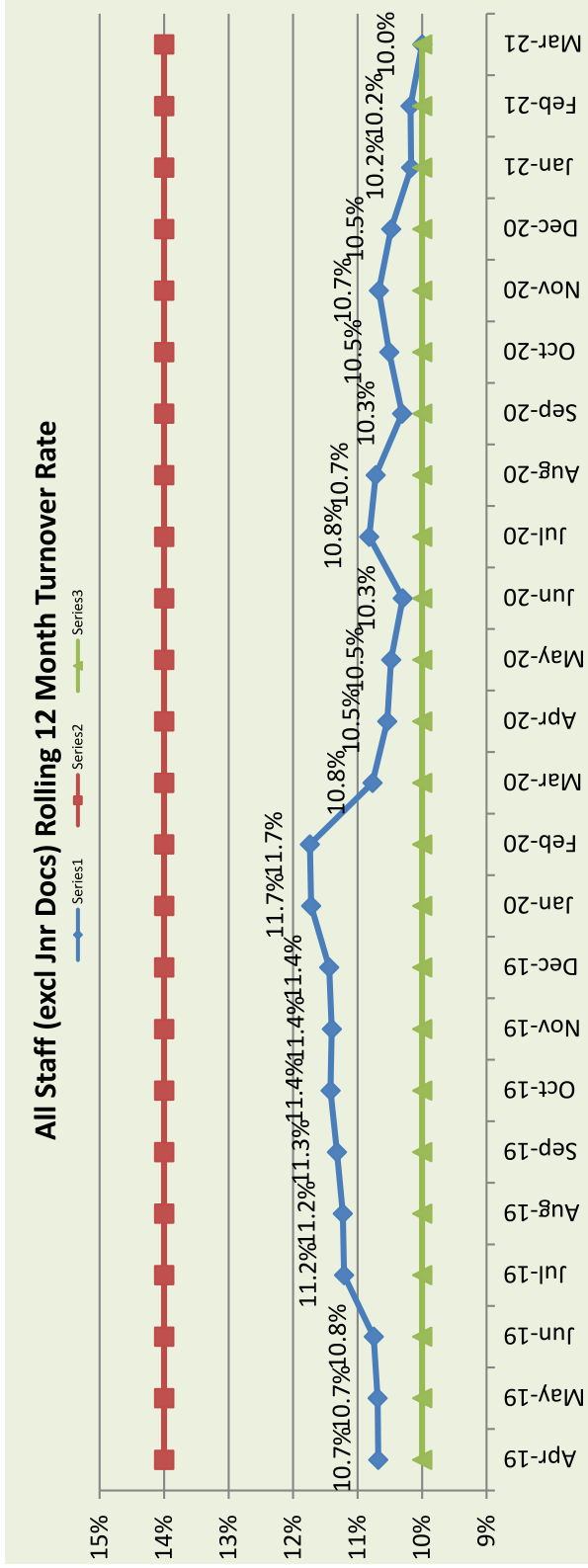
Holiday days carry-over that have been recorded are 4209 days this year (compared to 1577 last year).





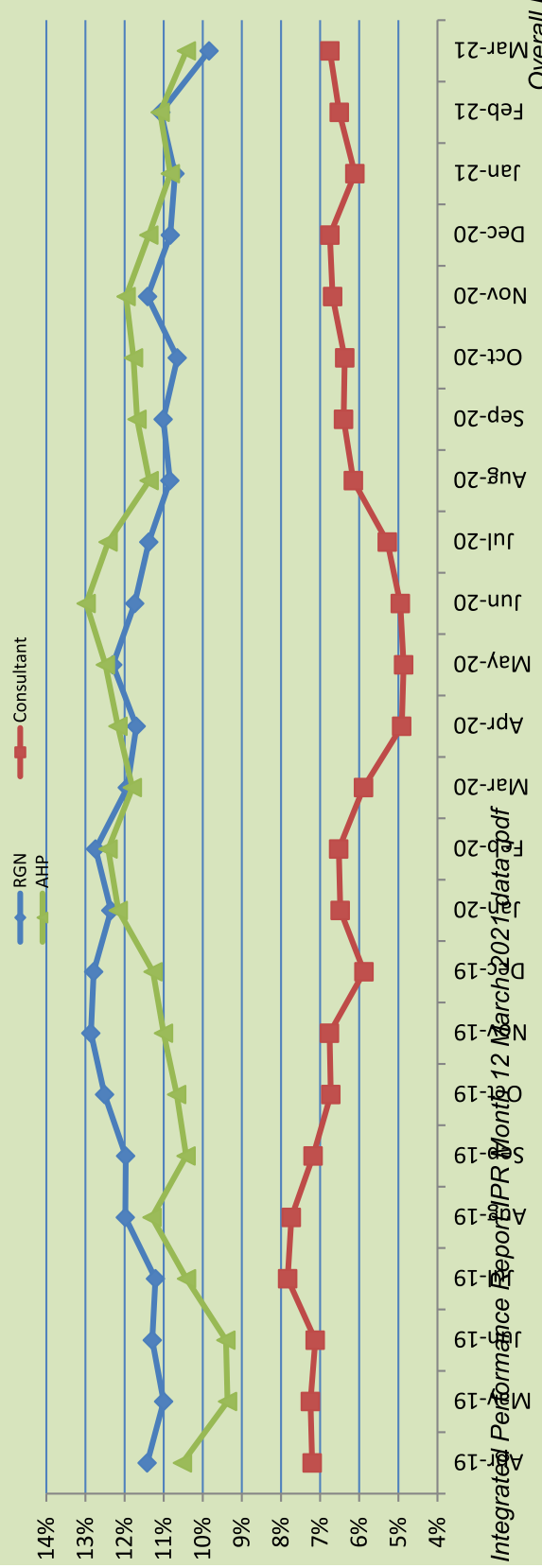
# Workforce - Turnover

## All Staff Rolling 12 Month Turnover Rate

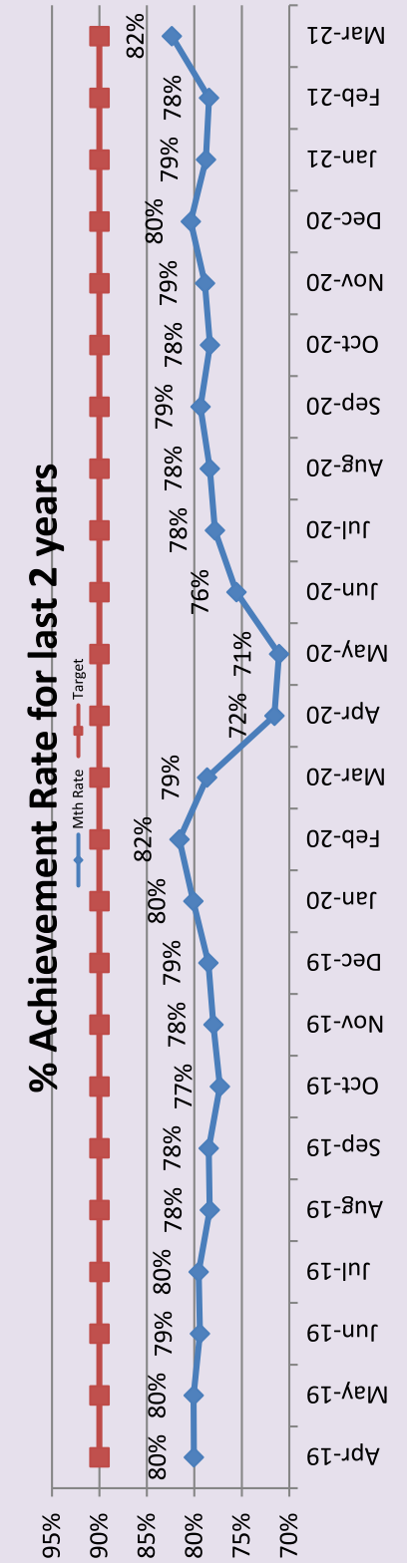


The graph shows that the Trusts turnover rate now stands at 10.00% for the year to March 2021 which is a decrease from the 10.18% in February.

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

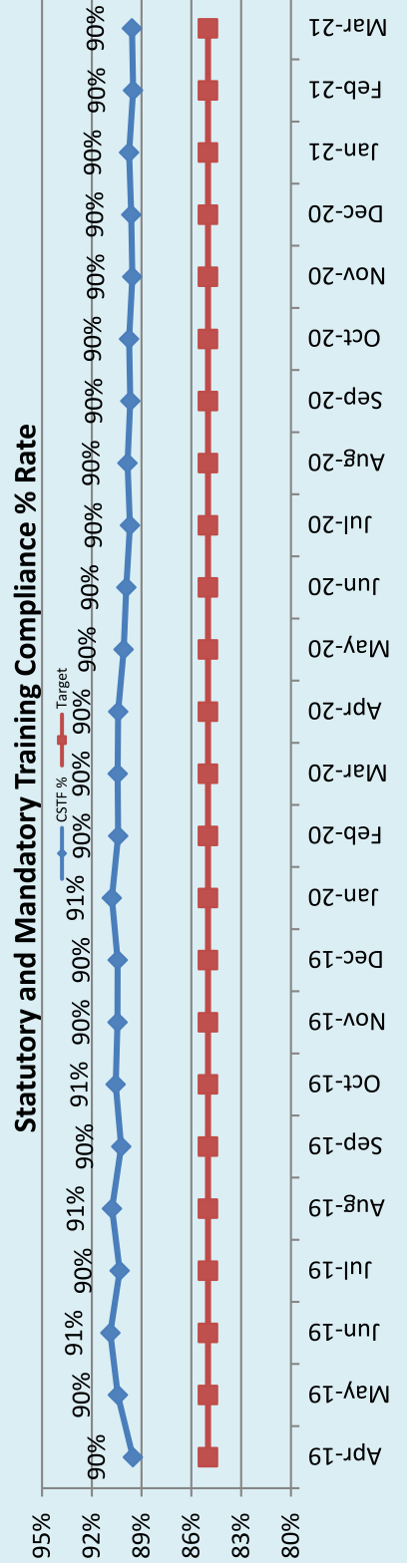


## Workforce – Appraisal and Training



**Achievement Review (Appraisal)**  
 The Achievement Review rate for the end of March was 82.37% and this has increased significantly from 78.45% in February.

This highlights the increased focus on Achievement Reviews and returning to the level prior to them being stood down last year in the first Covid wave.



**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 89.58% for March which is a marginal increase from the 89.51% in February. 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			
		Mar-21			
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
6734	4115	357	46	3	9
6470	3655	181	21	2	6
66.08%	88.82%	50.70%	45.39%	66.67%	66.67%
2550	3482	2380	2898	739	549
93.3%	83.23%	83.23%	74.29%	74.29%	74.29%

Module	Target	Performance
Information Governance	95% and above	83.53%
Manual Handling	85% and above	71.38%
Infection Control	85% and above	84.71%

## Workforce – Agency

The table below shows the agency expenditure by staff Group monthly for the Financial Year.

March agency figure included the highest annual figure for both Medical and Dental staff and this was significantly the highest month of the year but also the Non-Medical Non-Clinical staff cost was the highest monthly cost of the year.

Torbay and South Devon NHS Foundation Trust	Monthly Values												YTD		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
<b>Total Agency Spend Financial Year 2020/21</b>															
Registered Nurses	169	143	201	177	256	287	331	259	274	310	289	316	3012		
Scientific, Therapeutic and Technical	52	59	37	46	41	46	61	53	51	12	14	32	504		
of which Allied Health Professionals	39	50	22	26	21	29	40	42	35	6	1	25	336		
of which Other Scientific, Therapeutic and Technical Staff	13	9	15	20	20	17	21	11	16	6	13	7	168		
Support to clinical staff (HCA)	-1	0	0	0	0	0	0	39	44	31	56	45	214		
<b>Total Non-Medical - Clinical Staff Agency</b>	<b>220</b>	<b>202</b>	<b>238</b>	<b>223</b>	<b>297</b>	<b>333</b>	<b>392</b>	<b>351</b>	<b>369</b>	<b>353</b>	<b>359</b>	<b>393</b>	<b>3730</b>		
Medical and Dental Agency	213	189	273	258	191	199	220	210	269	193	47	442	2704		
Consultants	106	69	130	132	146	159	170	179	241	178	141	310	1961		
Trainee Grades	107	120	143	126	45	40	50	31	28	15	-94	132	743		
Non Medical - Non-Clinical Staff Agency	79	74	70	90	59	52	63	101	103	121	166	218	1196		
<b>Total Pay Bill Agency and Contract</b>	<b>512</b>	<b>465</b>	<b>581</b>	<b>571</b>	<b>547</b>	<b>584</b>	<b>675</b>	<b>662</b>	<b>741</b>	<b>667</b>	<b>572</b>	<b>1053</b>	<b>7630</b>		

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

Ward	Day				Night				Total Patients	Average fill rate - care registered nurses/midwives (%)	Average fill rate - care registered nurses/midwives (%)	Average fill rate - care registered 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				
	Total Monthly Planned hours		Total Monthly Actual hours		Total Monthly Planned hours		Total Monthly Actual hours					
Ainslie	1426	1499	1604	1750	1070	955	1070	1277	719	105.1%	89.2%	119.4%
Allerton	2444	1915	1070	1530	1070	1116	1070	1281	732	78.3%	104.3%	119.7%
Cheetham Hill	1783	1456	1783	2607	1070	713	1070	2160	864	81.7%	66.7%	202.0%
Coronary Care	1426	1430	0	0	1070	1057	0	0	362	100.3%	98.8%	0.0%
Cromie	1070	1129	713	716	713	725	713	752	436	105.6%	101.6%	105.5%
Dunlop	1426	1215	1248	1559	1070	771	713	1081	741	85.2%	72.0%	151.6%
EAU3	1783	960	1426	806	1426	851	1070	681	179	53.9%	59.7%	63.6%
EAU4	1783	1470	1426	1669	1426	1484	1070	1199	692	82.5%	104.0%	112.1%
Ella Rowcroft	1380	798	1334	848	978	805	713	460	270	57.8%	82.4%	64.5%
Forrest	1070	1101	713	1074	713	748	713	978	545	102.9%	104.8%	137.1%
George Earle	1783	1447	1783	2738	1070	713	1070	2047	825	81.2%	66.7%	191.4%
ICU	3565	2247	0	173	3209	2473	0	0	161	63.0%	77.1%	0.0%
Louisa Cary	1426	1512	713	686	1426	1426	713	725	333	106.1%	100.0%	101.6%
John Macpherson	713	784	610	644	713	729	357	793	158	109.9%	102.2%	222.4%
Midgley	1783	1554	1426	1857	1070	1066	1070	1380	866	87.2%	99.6%	129.0%
SCBU	713	711	357	362	357	725	357	334	129	99.6%	101.6%	0.0%
Simpson	1783	833	1783	1380	1070	391	1070	936	437	46.7%	36.6%	87.5%
Turner	1162	1259	2496	2092	713	713	1426	1093	431	108.4%	100.0%	76.6%
<b>Total</b>	<b>29514.25</b>	<b>23316.9</b>	<b>20481.5</b>	<b>22488</b>	<b>20585</b>	<b>17456</b>	<b>14260</b>	<b>17173.2</b>	<b>8780</b>	<b>81.8%</b>	<b>84.8%</b>	<b>120.4%</b>
Brixham	868	754	1736	1948.25	682	682	682	1034	522	86.9%	112.2%	151.6%
Dawlish	868	613	1302	1478.25	744	424	341	959	483	70.6%	57.0%	281.2%
Newton Abbot - Teign Ward	1302	1171	1953	2074.5	682	682	1023	1497.5	905	89.9%	100.0%	146.4%
Newton Abbot - Templar Ward	1302	1203.5	1953	2143	682	682	1116	1276	909	92.4%	100.0%	114.3%
Totnes	931	817.15	1302	1384	744	683	341	719	536	87.8%	91.8%	210.9%
<b>Organisational Summary</b>	<b>33785</b>	<b>27876</b>	<b>28728</b>	<b>31516</b>	<b>24119</b>	<b>20609</b>	<b>17763</b>	<b>22659</b>	<b>12135</b>	<b>82.5%</b>	<b>85.4%</b>	<b>127.6%</b>

Organisational CHPPD	Planned Total	Planned RN	Planned HCA	Actual Total	Actual RN	Actual HCA
		6.97	3.87	3.10	8.46	4.00
Total Planned Beds / Day	483					
Days in month	31					

X  
X

Message to Darryl and Natasha re narrative for safer staffing

Integrated Performance Report IPR Month 12 March 2021 data .pdf

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


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)
<a href="#">Ainslie</a>	6.41	3.10	3.32	7.60	3.40	4.20	0	9	0	0.0%	29.0%	0.0%	7.74	4.74	2.91
<a href="#">Allerton</a>	6.41	4.03	2.38	8.00	4.10	3.80	4	13	0	12.9%	41.9%	0.0%	7.74	4.74	2.91
<a href="#">Cheetam Hill</a>	6.57	3.29	3.29	8.00	2.50	5.50	1	31	0	3.2%	100.0%	0.0%	7.74	4.74	2.91
<a href="#">Coronary Care</a>	5.75	5.75	0.00	6.90	6.90	0.00	1	1	0	3.2%	3.2%	0.0%	7.74	4.74	2.91
<a href="#">Cromie</a>	7.39	4.11	3.29	7.60	4.30	3.40	9	9	11	29.0%	30.0%	35.5%	7.74	4.74	2.91
<a href="#">Dunlop</a>	5.99	3.35	2.64	6.20	2.70	3.60	9	29	0	29.0%	93.5%	0.0%	7.74	4.74	2.91
<a href="#">EAU3</a>	7.67	4.31	3.35	18.40	10.10	8.30	1	1	1	3.2%	3.2%	3.2%	7.74	4.74	2.91
<a href="#">EAU4</a>	7.67	4.31	3.35	8.40	4.30	4.10	9	16	1	29.0%	51.6%	3.2%	7.74	4.74	2.91
<a href="#">Ella Rowcroft</a>	10.68	5.75	4.93	10.80	5.90	4.80	13	11	14	41.9%	35.5%	45.2%	7.74	4.74	2.91
<a href="#">Forrest</a>	5.75	3.19	2.56	7.20	3.40	3.80	0	0	0	0.0%	0.0%	0.0%	7.74	4.74	2.91
<a href="#">George Earle</a>	6.57	3.29	3.29	8.40	2.60	5.80	0	29	0	0.0%	93.5%	0.0%	7.74	4.74	2.91
<a href="#">ICU</a>	24.28	24.28	0.00	30.40	29.30	1.10	3	5	0	9.7%	16.1%	0.0%	7.74	4.74	2.91
<a href="#">Louisa Cary</a>	7.26	4.84	2.42	13.10	8.80	4.20	0	0	0	0.0%	0.0%	0.0%	7.74	4.74	2.91
<a href="#">John Macpherson</a>	4.03	2.30	1.73	18.70	9.60	9.10	0	0	0	0.0%	0.0%	0.0%	7.74	4.74	2.91
<a href="#">Midgley</a>	5.95	3.17	2.78	6.80	3.00	3.70	1	20	0	3.2%	64.5%	0.0%	7.74	4.74	2.91
<a href="#">SCBU</a>	8.63	5.75	2.88	16.50	11.10	5.40	0	0	0	0.0%	0.0%	0.0%	7.74	4.74	2.91
<a href="#">Simpson</a>	6.57	3.29	3.29	8.10	2.80	5.30	0	15	0	0.0%	93.8%	0.0%	7.74	4.74	2.91
<a href="#">Turner</a>	12.27	3.83	8.43	12.00	4.60	7.40	19	1	25	61.3%	3.2%	80.6%	7.74	4.74	2.91
<a href="#">Brixham</a>	6.40	2.50	3.90	8.50	2.80	5.70	1	7	1	3.2%	22.6%	3.2%	7.74	4.74	2.91
<a href="#">Dawlish</a>	6.56	3.25	3.31	7.20	2.10	5.00	5	31	0	16.1%	100.0%	0.0%	7.74	4.74	2.91
<a href="#">Newton Abbot - Teign Ward</a>	5.33	2.13	3.20	6.00	2.00	3.90	3	15	4	9.7%	48.4%	12.9%	7.74	4.74	2.91
<a href="#">Newton Abbot - Templar Ward</a>	5.43	2.13	3.30	5.80	2.10	3.80	4	15	1	12.9%	48.4%	3.2%	7.74	4.74	2.91
<a href="#">Totnes</a>	7.00	3.69	3.31	6.70	2.80	3.90	17	31	1	54.8%	100.0%	3.2%	7.74	4.74	2.91


X


X


Message to Darryl and Natasha re narrative for safer staffing slides.

## Community and Social Care Quadrant

 <b>Achieved</b>
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)
Permanent admissions (65+) to care homes per 100k population (ASCOF)

 <b>Not Achieved</b>
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)

 <b>No target set</b>
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)

 <b>Under Achieved</b>

## 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 TCDDT part of the project stakeholders, in this endeavor as work concerning the structure and processes which will result in an 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.


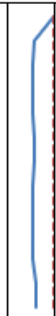


## Social Care and Public Health performance metrics - Torbay

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 31 March 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%	21.1%	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	16.2	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	464.3	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%	85.8%	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%	81.8%	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	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Year to date 2020/21
% of face to face new birth visits within 14 days *	95.0%			76.4%	81.9%	84.5%	92.4%	94.5%	94.1%	90.7%	95.7%	88.7%	88.0%	90.0%	80.2%	91.9%	89.6%
Children with a child protection plan *				194		223	217	219	221	200	214	221	223	223	207		207
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 SERVICES

**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 IPR Month 12 March 2021 data .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	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Year to date 2020/21
<b>COMMUNITY BASED SERVICES</b>																
Nursing activity (F2F)			8,467	6,686	7,407	7,954	8,228	7,178	7,429	7,819	7,858	7,697	7,167	7,024	7,921	90,368
Therapy activity	65,415		4,161	2,237	2,829	3,620	3,849	3,499	3,837	3,609	2,708	2,638	2,783	3,016	3,593	38,218
No. intermediate care urgent referrals	0		219	230	248	283	242	211	221	200	207	235	175	146	155	2,553
No. intermediate care placements			39	15	6	14	12	18	6	11	20	19	13	14	42	190
Intermediate Care - placement average LoS			20.8	25.5	38.7	39.1	18.3	16.8	26.4	16.8	28.8	28.7	37.4	34.1	21.0	27.4

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 - March-21

	Act. 19/20 Outcome	Jan-21	Feb-21	Mar-21	Total
<b>Admissions / Discharges</b>					
Total Admissions (General)	2,596	249	205	255	2,677
Direct Admissions (General)	242	20	7	21	186
Transfer Admissions (General)	2,354	229	198	234	2,491
Stroke Admissions	256	21	23	28	220
Transfers from CH to DGH	238	21	20	21	179
<b>Beds</b>					
Bed Occupancy <sup>1</sup>	95.1%	94.4%	93.4%	99.5%	84.5%
Bed Days Lost to Bed Closure	57	41	61	2	244
<b>Length of Stay</b>					
Delayed Discharges		0	0	0	230
Average Length of Stay - Overall (General)	13.1	11.7	11.5	11.6	10.4
Average Length of Stay - Direct Admissions	10.7	8.9	9.6	9.0	8.0
Average Length of Stay - Transfer Admissions	13.4	11.8	11.6	11.8	10.5
Average Length of Stay - Stroke	18.7	16.7	17.5	17.0	14.4
Long LoS (>30 days)	246	12	9	5	64
<b>MIUs</b>					
Total MIU Activity	41,656	1,421	1,480	2,137	22,487
New MIU Attendances	37,118	1,289	1,298	1,934	20,310
All Follow Up Attendances	4,518	132	182	203	2,177
Planned Follow Up Attendances	3,305	94	142	148	1,650
Unplanned Follow Up Attendances	1,213	38	40	55	527
MIU Four Hour Breaches	3	1	0	0	1
Average Waiting Time (Mins) - 95th Pctile	53	42	45	43	43

## Community Hospitals

Community hospital admissions remain in-line with pre-covid levels. There has been an increase in bed occupancy to 99.5% in March.

Average length of stay remains consistent at 11.6 days and compares well with the 13.1 days over 2019/20.

Minor Injury Unit activity has increased from 1,480 in February 2021 to 2,137 in March 2021 with no four-hour breaches and no change in average waiting time.

ISU reporting that care home outbreaks have reduced and we continue to offer full support for infection, prevention and control. For any outbreak a debrief takes place with learning shared across organisations and Public Health.

### Notes:

~~Target rates for performance Report for March 2021 data applied to the report.~~

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

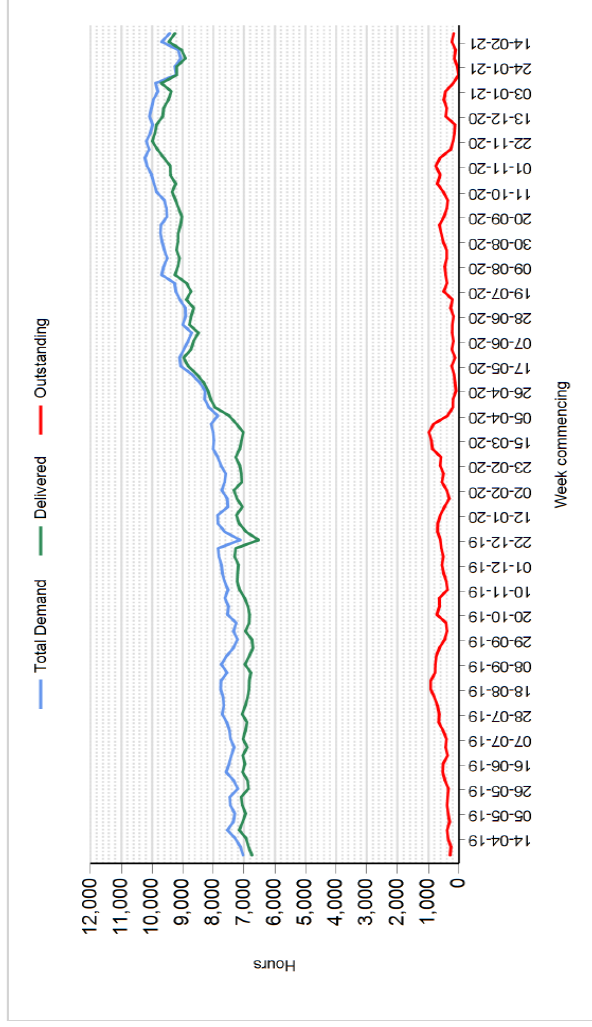
## Community Services – Domiciliary Care Hours by Week

### Domiciliary Hours by Week (Health & Social Care)

Updated to w/c 22/02/21

Torbay and South Devon  
NHS Foundation Trust

1) Standard domiciliary care delivered and outstanding:



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.

The chart above shows the latest data available for total commissioned domiciliary hours by week for Torbay. As at 22 February 2021 9,256 hours of domiciliary care were delivered, 174 hours (1.8%) are outstanding, reflecting a total demand of 9,430 hours compared to a total demand of 7,757 hours in February 2020.

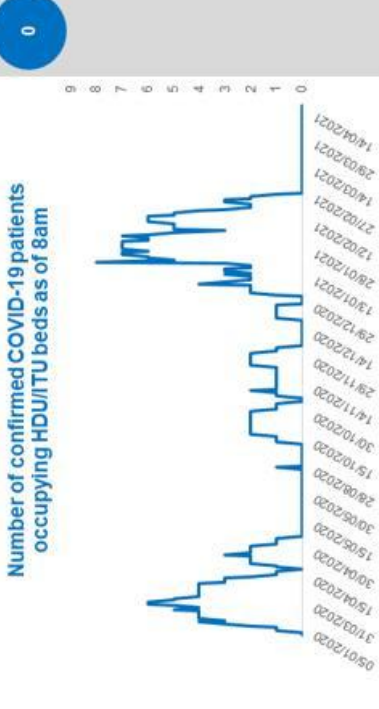
This latest data shows a slight reduction against the recent trend since April 2020 of increasing hours per week.

## Covid - Hospitalisations

Devon ICS  
( as at 20 April 2021)



Torbay and South Devon NHS FT  
(as at 20 April 2021)



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.

March has seen the number of patients occupying beds in TSDFT for managing covid-19 gradually reduce to zero in line with modelling. System colleagues at the Royal Devon and Exeter Hospital continue to support the treatment of patients with covid (blue pathway) from the Torbay and South Devon areas to enable TSDFT to increase access to urgent and emergency care services and access to elective care for patients who have been waiting for treatment.

Cromie (24 beds) is no longer a COVID ward and has re-opened as a medical ward but remains on stand-by if needed for covid patients. The Medical and Surgical Receiving Units are open along with the Day Surgery Unit to routine elective surgery and beds on the orthopaedic ward are being released to support orthopaedic admissions.

## Operational Performance Summary – March 2021

### Operational headlines

Covid - In March the de-escalation of covid expansion was completed releasing the Day Surgery Unit and Medical and Surgical Assessment Units also stepping back up to normal operational function. The Trust has continued to use facilities at the local Independent Sector provider to support clinical priority pathways of care and to support additional elective and diagnostic capacity.

Managing within current bed stock for emergency admissions remains a challenge and there have been delays within the Emergency Department and assessment units for patients waiting for appropriate bed. In March an increase of long delays in ED over 12 hours (28 patients) and increase in ambulance handover delays greater than 60 minutes (32 patients).

Capacity to maintain both emergency and urgent elective surgery has been maintained. Further work is needed however to restore pre-covid levels of routine surgical elective care. The latest planning guidance sets out a clear trajectory of recovery of elective activity. We are currently achieving this and forecast continued achievement.

Outpatient activity remains at 80% of pre-covid levels. Work on Level 2 main outpatient department to increase clinic space for ophthalmology has been completed, however, the overall department will continue to have limited capacity due to the enabling works for the New Medical Receiving Unit now commenced as well as social distancing. The focus remains on adopting virtual non face to face appointments where ever possible.

### Recovery and waiting time headlines

The number of patients waiting over 52 week has continued to increase with 2041 recorded at the end of March.


Performance against the Cancer access standards has been maintained however remains below the national performance targets Diagnostics performance has seen improvements in CT and echocardiography however waits remain high for Ultrasound, MRI, and Gastro diagnostic procedures.


### Performance monitoring headlines

The Integrated Governance Group (IGG) meetings were all completed in March with each of the Integrated Service Units able to highlight areas of performance risk and give assurance to the executive that plans are in place or where further support is required.


An increased number of ambulance delays and long waits for patients to be admitted are reported in March. Overall OPEL days have improved, however, patient flow continues to be a challenge.

## Operational Performance Quadrant

 <b>Achieved</b>
Dementia Find (NHSI)
Cancer - Two week wait from referral to date 1st seen
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 - 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
Number of patients >7 days LoS (daily average)
Cancer – 62-day wait for first treatment - screening

 <b>Not Achieved</b>
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)
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)
Number of Clostridium Difficile cases reported
Cancer - 31-day wait for second or subsequent treatment - Surgery

 <b>Under Achieved</b>
A&E - patients with >12 hour visit time pathway

 <b>No target set</b>

## NHSI Performance Indicator Summary

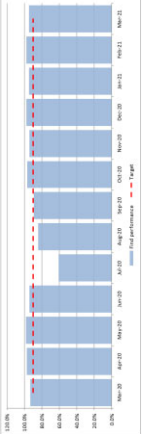
Metric	Risk identified	Management actions	Trend										
<b>Performance M12</b> <span style="background-color: red; color: white; padding: 2px;">82.2%</span> <b>Performance M11</b> <span style="background-color: red; color: white; padding: 2px;">79.4%</span> <b>Target</b> 95% <b>Risk level</b> HIGH	The reported performance against the 4-hour standard for March is 82.2%. During March access to inpatient beds has continued to be the main challenge impacting on 4 hour performance. Overall bed numbers at Torbay Hospital remain reduced (net 30 beds after escalation ward opened) due to Covid ward and result of creating additional ED space and temporary medical receiving unit.	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 continues to be in place to contain the risk and any impact of covid-19 in Green areas of the hospital.	<table border="1" style="margin-top: 10px;"> <thead> <tr> <th colspan="2">Trajectories</th> </tr> </thead> <tbody> <tr> <td>M11</td> <td>M12</td> </tr> <tr> <td>95%</td> <td>95%</td> </tr> <tr> <td>M11</td> <td>M12</td> </tr> <tr> <td>95%</td> <td>95%</td> </tr> </tbody> </table>	Trajectories		M11	M12	95%	95%	M11	M12	95%	95%
	Trajectories												
	M11	M12											
	95%	95%											
	M11	M12											
95%	95%												
The pathways to Medical and Surgical Receiving Units has helped to spread the demand for assessment and ease the impact on crowding within ED.	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. Blue pathways to RDE has been agreed.												

<b>Performance M12</b> <span style="background-color: red; color: white; padding: 2px;">62.2%</span> <b>Performance M11</b> <span style="background-color: red; color: white; padding: 2px;">61.4%</span> <b>Target</b> 92% <b>Risk level</b>	The total number waiting for treatment is 28,036 an increase of 2,297 over last month. Two additional thresholds for waits are now also being reported – patients waiting longer than 78 weeks (currently 235) and patients waiting longer than 104 weeks (currently 6). The Trust has gone beyond the national requirement and are prioritising all patients on the waiting list. Waiting time forecasting is not showing any reductions in RTT waiting times in the short term. Medium to longer terms plans will need to address the full implementation of new models of care in the delivery of non face to face consultations and capacity to address constraints in theatres and diagnostics.	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. Patients will be booked in line with the current clinical prioritisation requirements ensuring that capacity is directed more to urgent clinical priorities. Teams are being asked to review their plans in line with the requirement for 2021/22 Business planning. Insourcing continues at weekends in ophthalmology and endoscopy.	<table border="1" style="margin-top: 10px;"> <thead> <tr> <th colspan="2">Activity variance vs previous year</th> </tr> </thead> <tbody> <tr> <td>Op new</td> <td>M10</td> </tr> <tr> <td>-19.9%</td> <td>M11</td> </tr> <tr> <td>OP Follow up</td> <td>M12</td> </tr> <tr> <td>-25.8%</td> <td>M12</td> </tr> <tr> <td>Day Case</td> <td>M12</td> </tr> <tr> <td>-29.8%</td> <td>M12</td> </tr> <tr> <td>Inpatient</td> <td>M12</td> </tr> <tr> <td>-33.4%</td> <td>M12</td> </tr> <tr> <td>-44.7%</td> <td>M12</td> </tr> </tbody> </table>	Activity variance vs previous year		Op new	M10	-19.9%	M11	OP Follow up	M12	-25.8%	M12	Day Case	M12	-29.8%	M12	Inpatient	M12	-33.4%	M12	-44.7%	M12
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<b>Integrated Performance Report</b>	The total number waiting for treatment is 28,036 an increase of 2,297 over last month.	Operational focus continues on maintaining urgent and cancer related work.																					

## NHSI Performance Indicator Summary

Metric	Risk identified	Management actions	Trend										
Cancer 62 day wait for 1 <sup>st</sup> treatment from 2-week wait referral	Performance M12	<p>Performance against the 62-day referral to treatment standard in March is 67.4%. The highest risk specialities 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.</p> <p>Clinical staff vacancies remain a challenge in oncology consultant cover.</p>											
	67.4%												
	Performance M11												
	80.9%												
	Target												
	85%												
Risk level	HIGH												
Diagnostic tests longer than 6 weeks	Performance M12	<p>Progress has been made with the endoscopy ventilation air change compliance to the third endoscopy room to reinstate further capacity.</p> <p>The plans in place to bring in additional echocardiography capacity is reducing wait numbers as planned and on trajectory 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. Limited mobile van availability is limiting ability to reduce waits.</p>											
	38.2%												
	Performance M11												
	40.4%												
	Target												
	1%												
Risk level	HIGH												
Integrated Performance Report IPR Month 12 March 2021 data .pdf			<table border="1"> <thead> <tr> <th colspan="2">Trajectories</th> </tr> </thead> <tbody> <tr> <td>M10</td> <td>M11</td> </tr> <tr> <td>85%</td> <td>85%</td> </tr> <tr> <td>M10</td> <td>M12</td> </tr> <tr> <td>1%</td> <td>1%</td> </tr> </tbody> </table>	Trajectories		M10	M11	85%	85%	M10	M12	1%	1%
Trajectories													
M10	M11												
85%	85%												
M10	M12												
1%	1%												

## NHSI Performance Indicator Summary

Metric	Risk identified	Management actions	Trend
<b>Dementia Find</b>	<b>Performance M12</b>	Performance against the Dementia Find assessment standard remains above the target of 90%.	<p>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.</p> 
	<b>95%</b>		
	<b>Performance M11</b>		
	<b>98%</b>		
	<b>Target</b>		
	90%		
<b>Risk level</b>			
<b>LOW</b>			
<b>Trajectories</b>			
	<b>M11</b>	<b>M12</b>	<b>M1</b>
	90%	90%	90%





## NHSI Performance – Follow ups

Specialities with the highest Follow-up Appt Backlog February 2021				Specialities with the highest Follow-up Appt Backlog March 2021				Variance	
Row Labels	06-12 Weeks	12-18 Weeks	18 Weeks +	06-12 Weeks	12-18 Weeks	18 Weeks +	06-12 Weeks	12-18 Weeks	18 Weeks +
Ophthalmology	864	1224	4930	796	1288	4968	-68	64	38
Ear Nose Throat	157	241	843	178	239	869	21	-2	26
Rheumatology	172	318	777	264	286	799	92	-32	22
Neurology	138	276	449	115	230	408	-23	-46	-41
Paediatrics	195	267	431	205	266	473	10	-1	42
Orthoptist	111	121	393	104	133	392	-7	12	-1
Orthodontics	51	54	339	82	60	332	31	6	-7
Urology	92	137	338	103	142	383	11	5	45
Respiratory Medicine (Chest)	68	96	311	74	82	312	6	-14	1
Geriatric Medicine	102	104	278	65	131	295	-37	27	17
Colorectal Surgery	37	86	272	50	65	292	13	-21	20
Orthopaedics	82	103	206	68	110	188	-14	7	-18
Breast Surgery	37	35	204	28	48	215	-9	13	11
Cardiology	65	81	169	86	87	142	21	6	-27
Cardiac Testing	178	111	167	146	113	92	-32	2	-75
Gynaecology	70	74	163	51	90	164	-19	16	1
Audiology	3	16	111	3	12	31	0	-4	-80
Diabetic	56	52	77	43	49	47	-13	-3	-30
Restorative Dentistry	25	48	52	19	69	41	-6	21	-11
Dermatology	85	64	37	99	64	4	14	0	-33
Upper Gastrointestinal Surg	18	24	37	37	20	51	19	-4	14
<b>Grand Total</b>	<b>2814</b>	<b>3640</b>	<b>10662</b>	<b>2831</b>	<b>3727</b>	<b>10593</b>	<b>17</b>	<b>87</b>	<b>-69</b>

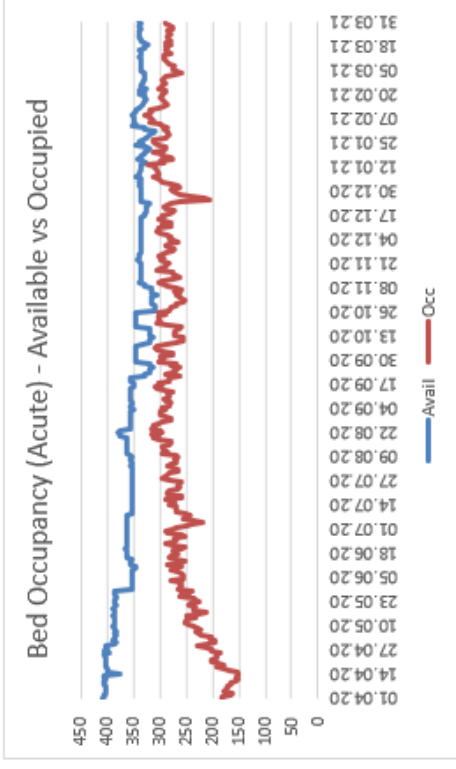
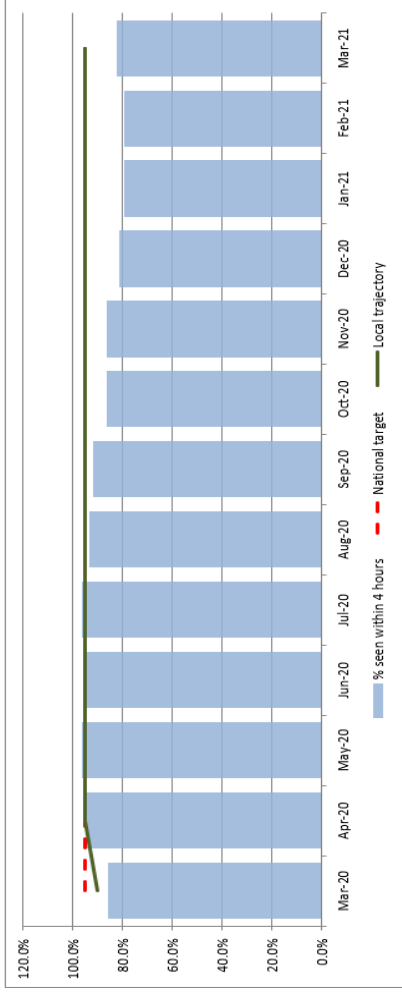
The table above shows the specialities with the highest backlog for follow appointments. The number of overdue follow ups in the 18 plus weeks category has reduced by 69 patients.

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 speciality.

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



### 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 improved in March to 82.2% from 76% in February. Access to suitable inpatient beds has contributed to delays. The levels of escalation as recorded by the Daily OPEL score reflect an overall easing of system pressure from last month with 23 days at OPEL 2. In March an increase of long delays in ED over 12 hours (28 patients) and increase in ambulance handover delays greater than 60 minutes (32 patients).

Improvement work continues to focus on front door assessment processes, clinical assessment and escalation to reduce hospital length of stay, and avoidance of admission to reduce overall bed occupancy. A bed modelling exercise had commenced to reassess overall bed provision and the allocation of speciality level beds.

Staffing pressures and covid related absences have continued with reliance on bank and agency to maintain full staffing rota.

**12 hour Trolley wait:** Five 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 March there were 32 ambulance delay over 60 minutes; delays of over 30 mins increased from 82 to 94.

### Escalation status

Opel status	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Opel 1	17	25	21	22	28	24	13	2	0	1	0	0	1
Opel 2	13	5	9	22	3	7	16	8	14	16	4	0	23
Opel 3	1	0	1	0	0	0	1	21	17	14	26	28	7
Opel 4	0	0	0	0	0	0	0	0	0	0	1	0	0
A&E Performance Integrated Performance Report IPR Month 12 March 2021 data.pdf	86.1%	91.1%	96.5%	94.8%	96.4%	93.5%	91.9%	86.2%	86.5%	81.2%	74%	79%	82%
Bed Occupancy (Acute)	92.4%	54.6%	64.8%	75%	75.2%	80.0%	83%	88%	85%	83%	89%	89%	85%

Mar-21						
Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## Cancer treatment and cancer access standards

target_type	2021											
	January				February				March			
	Achieved	Breached	Total	Pert	Achieved	Breached	Total	Pert	Achieved	Breached	Total	Pert
14 day - 2ww Referral	958	283	1,241	77.2%	988	114	1,102	89.7%	1,120	195	1,315	85.2%
14 day - Breast Symptomatic Referral	64	21	85	75.3%	104	4	108	96.3%	99	5	104	95.2%
28 day - Faster Diagnosis Standard	935	305	1,240	75.4%	938	281	1,219	76.9%	1,041	345	1,386	75.1%
31 day - 1st Treatment	175	6	181	96.7%	172	2	174	98.9%	203	3	206	98.5%
31 day - Subsequent Treatment - Drug	88	1	89	98.9%	88	0	88	100.0%	90	0	90	100.0%
31 day - Subsequent Treatment - Radiotherapy	51	1	52	98.1%	51	0	51	100.0%	56	1	57	98.2%
31 day - Subsequent Treatment - Surgery	26	1	27	96.3%	33	1	34	97.1%	24	6	30	80.0%
31 day - Subsequent Treatment - Other	25	0	25	100.0%	14	0	14	100.0%	25	0	25	100.0%
62 day - 2ww referral	71	26	96	73.4%	75	21	95	78.4%	80	38	118	67.7%
62 day - Screening Referral	7	2	9	77.8%	5	1	6	83.3%	17	0	17	100.0%
62 day - Consultant Upgrade	0	1	1	0.0%	2	0	2	100.0%	1	0	1	100.0%

**Cancer standards** The table above shows the position for March 2021 (as at 15 April 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:** 85.2% 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 are Urology (55%), Upper GI (73%) and Lower GI (79%).

**28 days From Referral to Diagnosis:** Performance in March is 75.1% against the target of 75%.

**NHSI monitored Cancer 62 day standard:** The 62 day referral to treatment standard has dipped slightly in March (un-validated) with 67.7% within target meaning 38 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 March, eight patients with confirmed cancer were treated beyond 104 days. All of the long wait patients are reviewed by the cancer team with pathway queries escalated to operational teams and the RTT Risk and Performance Assurance Group.

As of 15/04/2021 - 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

integrated performance report March 2021 data .pdf

## Cancer standards – speciality level

Site	2mww (93%)					62 day (85%)					28 day (75%)							
	Oct	Nov	Dec	Jan	Feb	Mar	Oct	Nov	Dec	Jan	Feb	Mar	Oct	Nov	Dec	Jan	Feb	Mar
Breast	93% (203/16)	79% (185/49)	86% (157/25)	72.2% (130/50)	90.5% (152/16)	87.68% (178/25)	100% (12/0)	94% (61/1)	89% (16.5/2)	86.2% (12.5/2)	76.9% (10/3)	100% (18/0)	98% (155/3)	96% (221/10)	96% (181/8)	89.8% (150/17)	100% (44/0)	94.9% (205/11)
Breast Symptomatic													97% (78/2)	99% (74/1)	92% (79/7)	77.1% (74/22)	100% (9/0)	91.7% (100/9)
Gynae	97% (114/3)	94% (90/6)	95% (90/5)	94.6% (88/5)	92% (81/7)	84.4% (103/19)	50% (1/1)	43% (3.5/2)	71% (2.5/1)	100% (2.5/0)	100% (5.5/0)	100% (1.5/0)	70% (69/30)	65% (64/34)	68% (62/29)	56% (56/22)	47.8% (11/12)	68.7% (77/35)
H&N	49% (61/63)	59% (94/64)	78% (90/26)	67.8% (80/38)	87% (107/16)	90.37% (122/13)	100% (1/0)	100% (2/0)	100% (5/0)	100% (1/0)	66.7% (4/2)	61.5% (8/5)	74% (81/29)	87% (112/17)	70% (86/37)	77.1% (91/27)	92.5% (49/4)	107% (107/9)
Haem	50% (1/1)	100% (12/0)	100% (10/0)	100% (12/0)	100% (7/0)	100% (13/0)	33% (2/4)	67% (2/1)	100% (1/0)	75% (3/1)	100% (4/0)	66.6% (2/1)	100% (22/0)	86% (6/1)	79% (11/3)	90% (9/1)	100% (2/0)	88.8% (8/1)
LGI	80% (174/43)	88% (189/26)	82% (158/35)	72.6% (159/60)	91.3% (157/15)	79.7% (126/32)	30% (3/7)	71% (6/3.5)	62% (5/3)	66.7% (6/3)	88.9% (8/1)	44.4% (4/5)	38% (98/162)	63% (70/122)	38% (64/105)	35.8% (68/122)	55.3% (21/17)	36.6% (67/116)
Lung	80% (22/3)	68% (16/7)	73% (11/4)	66.7% (14/7)	84% (21/4)	96.3% (26/1)	78% (7/1)	100% (3/0)	100% (2/0)	50% (1/1)	100% (1/0)	85.7% (6/1)	100% (22/0)	94% (15/1)	72% (13/5)	94.4% (17/1)	100% (3/0)	93.1% (27/2)
Skin	71% (365/155)	98% (403/7)	78% (301/87)	94.4% (306/18)	97.2% (344/10)	93.3% (421/30)	92% (36/4)	82% (28/6)	88% (36.5/5)	88.9% (32/4)	89.2% (33/4)	100% (28/0)	82% (416/92)	75% (309/101)	83% (294/58)	75.2% (239/79)	84.6% (55/10)	88.3% (356/47)
UGI	81% (71/17)	88% (86/12)	77% (61/18)	80.3% (106/26)	91.2% (62/6)	73.4% (69/25)	0% (0/2)	86% (7/1)	80% (4/1)	100% (3/0)	100% (6/0)	72.7% (4/1.5)	82% (76/17)	86% (87/14)	79% (65/17)	85.3% (99/17)	83.3% (10/3)	78.3% (65/18)
Urol	40% (41/61)	46% (44/52)	45% (46/55)	31.8% (41/88)	60.6% (57/37)	55.3% (62/50)	34% (7.5/16)	48% (8/9)	31% (6/13.5)	30.8% (6/13.5)	29.4% (5/12)	22.95% (7/23.5)	44% (44/56)	44% (32/41)	54% (41/35)	48% (48/45)	25% (3/9)	24.0% (31/98)
Aggregate	75.1% (1059/368)	83.4% (1131/223)	79.4% (933/255)	71.2% (943/293)	89.7% (993/112)	85.2% (1120/195)	68% (70.5/35)	77% (76.5/23.5)	76% (82.5/25.5)	73.8% (69/24.5)	71.7% (78.5/22.5)	67.7% (79.5/38)	73.7% (1048/393)	76% (1000/345)	75% (904/305)	75.4% (859/354)	76.9% (209/54)	75.1% (1043/346)
	(Total <14 DAYS / Total >14 days)						(Total <62 days / Total >62 days)						(Total <28 days / Total >28 days)					

### Mitigating Actions

#### Urology:

- Continued use of Mount Stuart Hospital (sending 11 new referrals per week with possible surgery).
- Increasing capacity for urgent outpatients and diagnostic assessments, this will require additional outpatient based facilities configured for one stop processes (Level 2 reconfiguration work ongoing, but delayed).
- Increase in the number of Cystoscopes (now 20).
- Purchase of Sheath System (awaiting delivery) for use on surveillance patients with service operating out of Paignton.
- Possible replacement Locum identified.

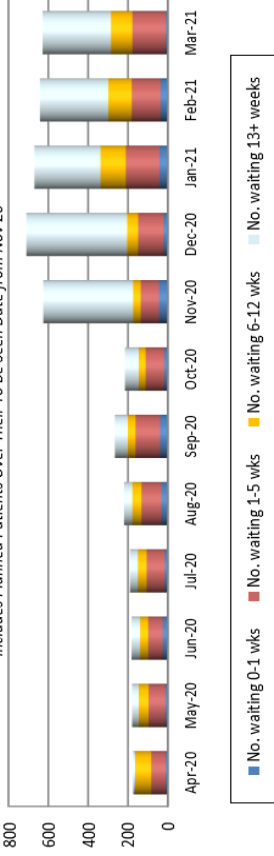
#### Lower GI:

- Second new consultant starting June 2021.
- Rm 3 Endoscopy out of action for 8 weeks – 8 sessions at MSH being used to compensate.
- Continuation of weekend insourcing (weekends per month) local team doing 2 in 7 weekends.
- Advert out for new Gastro Consultant – will start to reduce delays in the diagnostic phase of the LGI cancer pathway.

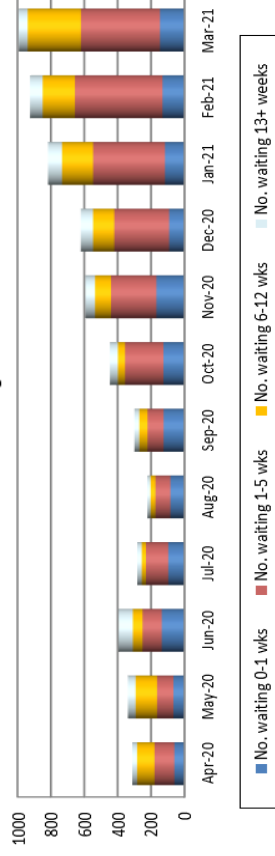
# NHSI indicator - patients waiting over 6 weeks for diagnostics

## Numbers On Colonoscopy Waiting List Over Time

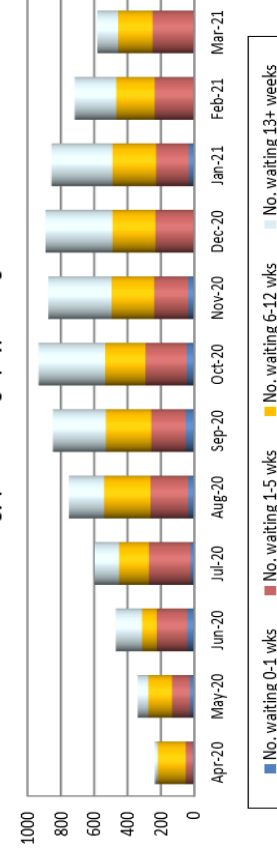
Includes Planned Patients Over Their To Be Seen Date from Nov 20



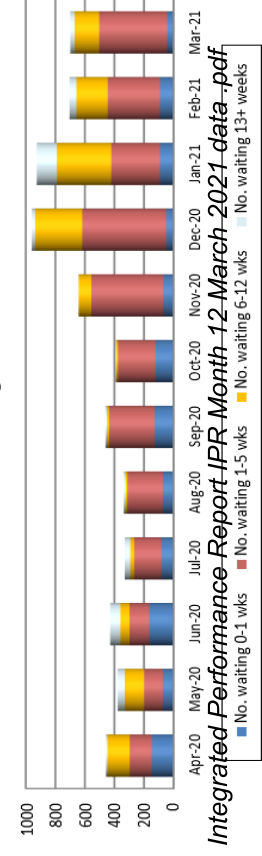
## Numbers On MRI Waiting List Over Time



## Numbers On Cardiology (Echocardiography) Waiting List Over Time



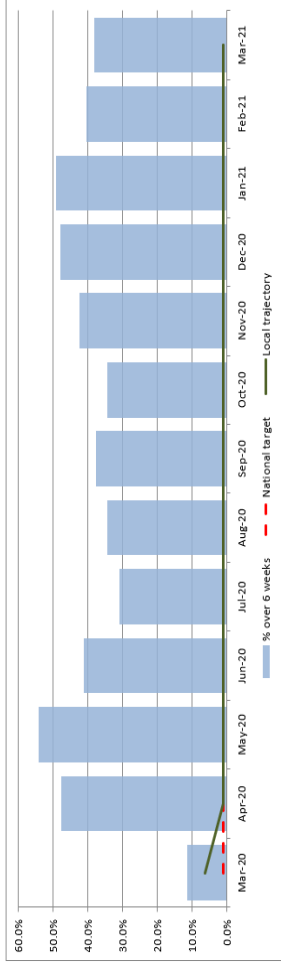
## Numbers On CT Waiting List Over Time



Integrated Performance Report IPR Month 12 March 2021 data -pdf

Diagnostic tests longer than the 6 week standard

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Patients	2652	2266	2361	2883	2948	3207	3446	3810	4624	4989	5013	4934	4957
Waiting longer than 6 weeks	299	1080	1282	1186	911	1106	1295	1312	1957	2389	2462	1992	1892
% over 6 weeks	11.3%	47.7%	54.3%	41.1%	30.9%	34.5%	37.6%	34.4%	42.3%	47.9%	49.1%	40.4%	38.2%
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	6.2%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%



March has seen a decrease in the overall percentage of patients with a diagnostic waiting time over six weeks to 38.2% from 49.1% in January.

All modalities are continuing to see patients with urgent need with appropriate infection, prevention and control precautions.

MRI waits continue to be a concern and seeing a steady increase. Additional capacity is reliant on mobile unit insourcing. These plans are under review.

Improvements have been made reducing backlog in echocardiography.

Appropriate referrals are predicted to be within the 6 week diagnostic wait target by end of April. A third Echo machine has been purchased; delivered and installed w/c 15 March 2021. A range of options are being explored as part of business planning process to optimise as many clinic sessions as possible.

Nightingale Hospital options for CT and MR provision currently being worked up.

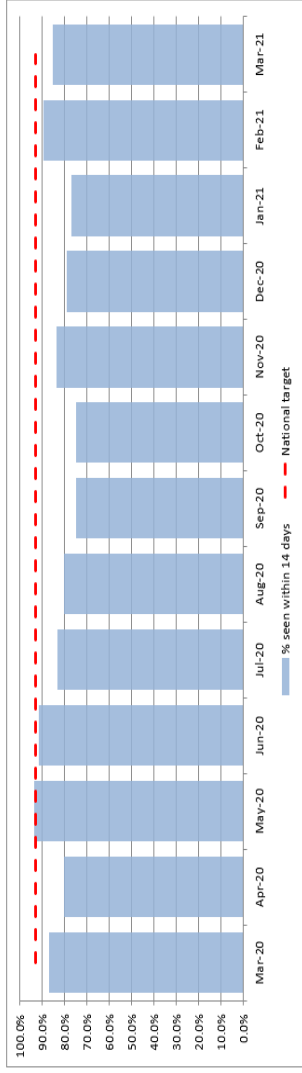
Colonoscopy – Numbers remain high however there are robust plans in place to that will see improvement using insourcing at weekends / additional in-house sessions and sessions contracted at local IS provider.

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

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Zww referrals seen	1397	549	847	1071	1281	1217	1336	1410	1345	1183	1225	1102	1314
Zww breaches	180	107	54	92	213	242	333	356	221	250	283	115	195
% seen within 14 days	87.1%	80.5%	93.6%	91.4%	83.4%	80.1%	75.1%	74.8%	83.6%	78.9%	77.1%	89.6%	85.2%
National target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%

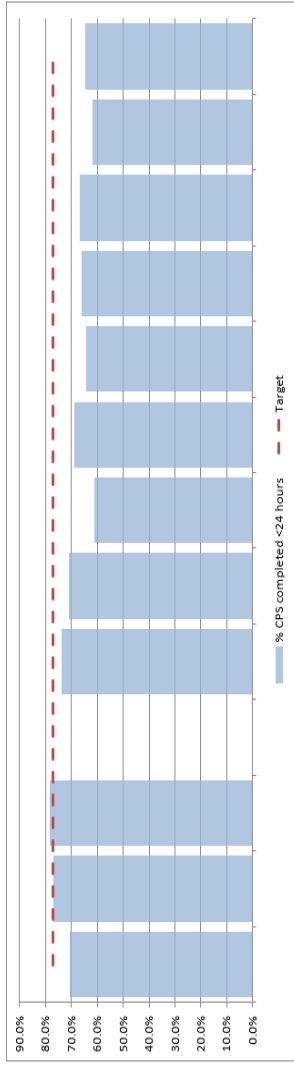


## Cancer two-week wait referral

The number of cancer two-week wait referrals are now just below pre- covid levels. Performance is below the 93% standard at 85.3% of patients seen within two weeks from referral.

Care Plan Summaries completed within 24 hours of discharge - Weekday

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Discharges	1376	885	1099	n/a	1405	1425	1361	1324	1176	1436	1157	1049	1282
CPS completed within 24 hours	972	681	815	n/a	1034	1011	832	913	754	950	774	650	828
% CPS completed <24 hours	70.6%	76.9%	78.4%	n/a	73.6%	70.9%	61.1%	69.0%	64.1%	66.2%	66.9%	62.0%	64.6%
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%



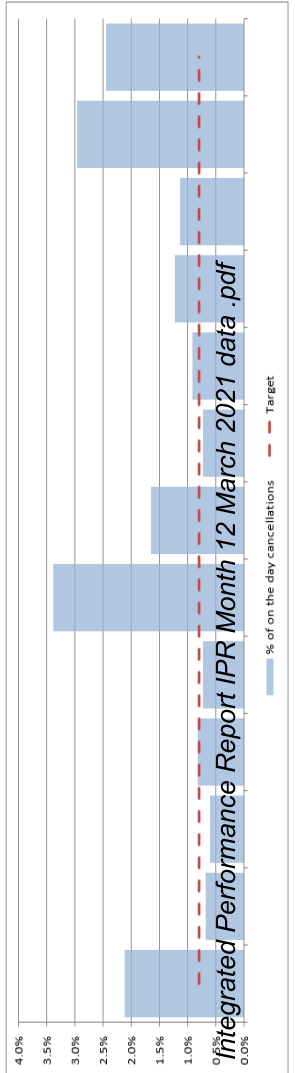
## Care Planning Summaries (CPS)

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

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Cancellations	56	8	9	15	18	74	46	20	26	35	29	71	71
Elective spells	2631	1174	1503	1826	2446	2189	2772	2742	2835	2550	2400	2904	2904
% of on the day cancellations	2.1%	0.7%	0.6%	0.8%	0.7%	3.4%	1.7%	0.7%	0.9%	1.2%	1.1%	3.0%	2.4%
Target	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%



## Cancelled operations

The total number of elective procedures increased in March with 71 (2.4%) cancelled on the day. Of these 71 patients 8 patients were not treated within 28 days of cancellation.

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.

# Children and Family Health Devon



## The Children and Family Health Devon report performance exceptions and operational variances through the monthly Integrated Governance Group (TSDFT) and the Alliance Partnership Board.

### CAMHS

- The CAMHS Service is under pressure due to staff vacancy and recent increased levels of demand. The workforce remains reliant on interim positions in key workforce roles. Operational capacity remains impacted by 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 to achieve 90% compliance by end of March 2021.
- There has been increased demand for Eating Disorder referrals; routine waits are increasing and team are needing support from partner organisations to maintain service capacity.
- Overall the service is seeing a return to a higher level of face-to-face activity, however, retaining the virtual appointment process where this is clinically appropriate and effective.

### Integrated therapies and nursing

- Recovery plans for ASD waiting times have been approved and now being implemented – this will see 20 wte practitioners engaged to increase capacity with recruitment on track to be completed by end of April/May.
- RTT performance has improved in Learning Disability and Physio services. Autistic Spectrum Disorder (ASD), Speech and Language Therapy (SLT) have the greatest challenge on reducing waiting times for treatment. Plans are being monitored with the CCG and Integrated Governance Group.
- All teams have completed initial capacity and demand analysis and now working to overlay actions to provide trajectory forecasts for ongoing monitoring – Support from NHSI is being provided to support the validation of recovery trajectories and improved capacity monitoring against plan.
- Care notes clinical system now rolled out to all IT&N Torbay services so a single system now in use. The Business case now approved for System One as a single clinical records system across CFHD with CAMHS planned to be early adopters.

## 18 week RTT Performance

March 2021		RTT % <18 weeks		Caseload		
Service	RTT longest waits (weeks)	Mar - 20	Mar-21	Mar-20	Mar-21	Change last 12 months
CAMHS	70	75%	74%	4304	4374	+71
Occupational Therapy	82	58%	61%	818	1214	+ 369
Speech and Language Therapy	113	64%	45%	3859	5116	+ 1257
Autistic spectrum assessment team	145	26%	16%	2079	3673	+ 1599
<i>Integrated Performance Report IPR Month 12 March 2021 data</i>	<i>136</i>	<i>85%</i>	<i>69%</i>	<i>484</i>	<i>524</i>	<i>+ 40</i>
Learning disability	9	91%	100%	271	260	- 11 Overall Page 112 of 186





## Financial Performance – Month 12



## Financial Overview – Month 12, March 2021

### High Level Summary

For Period ended - 31 March 2021, Month 12			
	Plan £m	Actual £m	Variance £m
Total Operating Income	546.12	559.93	13.81
Total Operating Expenditure	(541.14)	(553.47)	(12.33)
Adjusted Surplus/(Deficit)	(0.60)	0.05	0.65
Capital (Total CDEL)		34.63	
Cash & Cash Equivalents	6.59	45.45	38.85

### Operating Income

Operating income for the year to date totals £559.9m, within which income for patient care activities totals £496.3m.

The Trust returned an additional £0.5m in Month 12 for COVID funding received in excess of requirements, and there has been a £3.5m adjustment (reduction) against the CCG block for section 256.

### Operating Expenditure

Total operating expenditure of £553.5m, which includes £285.7m of staff costs.

### Financing Cost

A total of £3.7m has been charged to Impairment due to asset write off.

### 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 12 the Trust is recording a £0.7m favourable variance against plan.

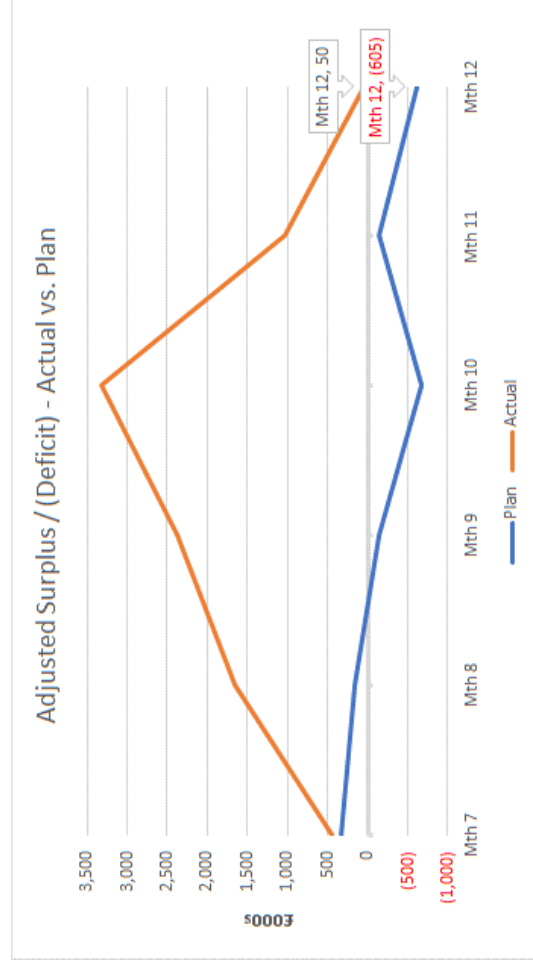
### Cash

The Trust continues to post a healthy cash position ending the year with £45.5m in cash and cash equivalents.

### Capital

At year end the Trust has spent a total of £34.6m on capital schemes.

### Adjusted Surplus / (Deficit)



## I&E Position – Month 12, March 2021

### Income & Expenditure – Performance versus Plan

£m	M12 - In Month			M12 - YTD		
	Budget	Actual	Variance	Budget	Actual	Variance
Patient Income - Block	29.40	29.78	0.38	344.83	344.76	(0.07)
Patient Income - Variable	3.47	4.98	1.51	41.35	42.92	1.57
ASC Income - Council	4.11	3.06	(1.05)	53.41	51.97	(1.44)
Other ASC Income - Contribution	0.91	0.60	(0.31)	11.01	11.07	0.06
Torbay Pharmaceutical Sales	1.89	2.90	1.01	22.38	20.20	(2.18)
Other Income	2.67	22.86	20.19	30.56	56.51	25.95
<b>Covid19 - Top up income</b>	4.74	3.29	(1.45)	42.58	32.50	(10.08)
<b>Total (A)</b>	<b>47.19</b>	<b>67.47</b>	<b>20.28</b>	<b>546.12</b>	<b>559.93</b>	<b>13.81</b>
Pay - Substantive	(22.76)	(33.65)	(10.89)	(266.32)	(278.11)	(11.79)
Pay - Agency	(0.54)	(1.05)	(0.51)	(6.55)	(7.63)	(1.08)
Non-Pay - Other	(12.38)	(16.79)	(4.41)	(137.53)	(136.14)	1.39
Non-Pay - ASC/CHC	(10.03)	(10.44)	(0.41)	(114.66)	(111.99)	2.67
Financing & Other Costs	(2.02)	(5.98)	(3.96)	(22.54)	(26.18)	(3.64)
<b>Total (B)</b>	<b>(47.73)</b>	<b>(67.91)</b>	<b>(20.18)</b>	<b>(547.60)</b>	<b>(560.05)</b>	<b>(12.45)</b>
<b>Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)</b>	<b>(0.54)</b>	<b>(0.44)</b>	<b>0.10</b>	<b>(1.48)</b>	<b>(0.12)</b>	<b>1.36</b>
NHSE/1 Adjustments - Donated Items / Impairment / Gain on Asset disposal	0.08	(0.55)	(0.63)	0.88	0.17	(0.71)
<b>Adjusted Financial performance - Surplus / (Deficit)</b>	<b>(0.46)</b>	<b>(0.99)</b>	<b>(0.53)</b>	<b>(0.60)</b>	<b>0.05</b>	<b>0.65</b>

In Month 12 the Trust recorded a deficit of £1.0m against a planned deficit of £0.5m.

The year to date position shows a surplus of £0.1m against a planned deficit of £0.6m, giving a favourable variance of £0.7m.

### Income

- Patient Income, block & variable, increased mainly due to receipt of an additional £1.5m from SCG. Lower Adult Social Care (ASC) income is matched by cost, and also the reduction in client contributions.
- Torbay Pharmaceutical sales were higher than planned in month, but are adverse for the year as a whole.
- Other income has increased due to a number of end of year adjustments, most notable of which is the recognition of income to offset NHS Pension costs, £11.5m. In addition, income has been received to cover the incremental increase in annual leave accrual, the Flowers legal case, and DHSE PPE push stock.
- COVID income is £1.5m lower due to hospital discharge and lab testing (matched by cost) and return of funds received in excess of requirements (additional £0.5m).

### Pay

- As highlighted above, there is a significant increase in Month 12 due to recognition of NHS Pension costs, offset by additional income. Costs associated with the incremental increase in annual leave accrual and the Flowers legal case have also been matched by income.
- Agency costs are higher than budget due to increased medical staffing, Nursing and HCA cost, linked to increased clinical activity, and Domestic cost due to additional infection control requirements.

### Non-pay

- Main drivers of the adverse non-pay position include: Utilised DHSC PPE push stock (offset by income), year-end clinical supplies adjustments (mainly chemical consumables) within TP & lab medicine, and theatre supplies procurement.
- The adverse position in month for ASC/CHC was primarily as a result of higher cost levels in Torbay CHC due to back dated costs for two high cost clients. ASC costs were also higher than budgeted due to Domiciliary care.
- Financing costs include £3.7m of impairments.

Change in Activity Performance – Month 11 to Month 12

	Plan	Feb-21	Mar-21	Change	% Change	Mar-20	% change
<b>Activity Drivers</b>	A&E Attendances	9,444	5,535	7,289	1,754	6,679	9%
	Elective Spells	3,547	2,354	2,734	380	2,573	6%
	Non Elective Spells	3,361	2,675	3,253	578	2,757	18%
	Outpatient Attendances	28,328	25,496	29,712	4,216	24,848	20%
<b>Bed Utilisation</b>	Adult CC Bed Days	274	235	211	-24	249	-15%
	SCBU Bed Days	304	162	75	-87	256	-71%
	Occupied beds DGH		8,439	8,791	352	8,973	-2%
<b>Resource Consumption</b>	Available beds DGH		9,478	10,397	919	12,078	-14%
	Occupancy		89%	85%	-4%	74%	10%
	Medical Staff Costs - £000's	4,996	4,759	5,406	647	4,997	8%
	Nursing Staff Costs - £000's	5,564	5,486	5,477	-9	5,162	6%
	Temp Agency Costs - £000's	545	572	1053	481	727	45%
<b>Total Pay Costs* - £000's</b>	<b>23,301</b>	<b>23,131</b>	<b>34,702</b>	<b>11,570</b>	<b>34,945</b>	<b>-1%</b>	

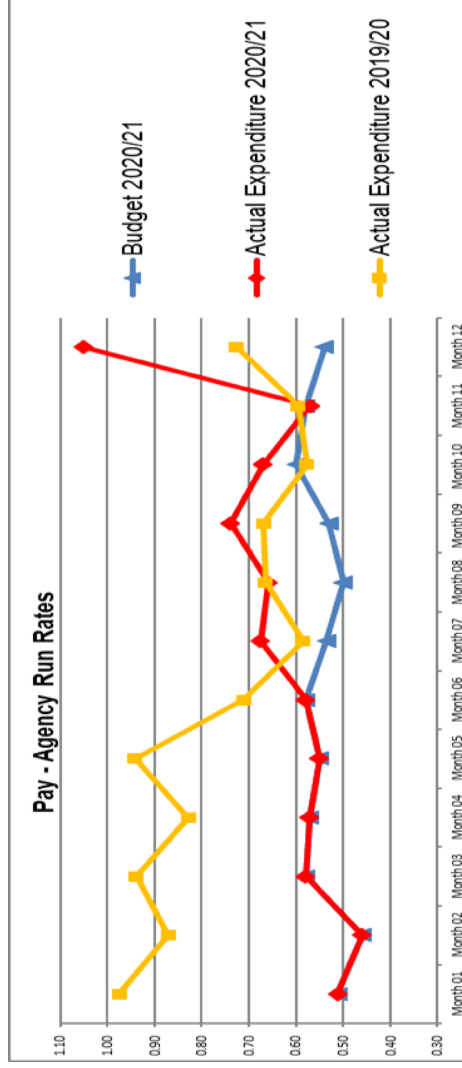
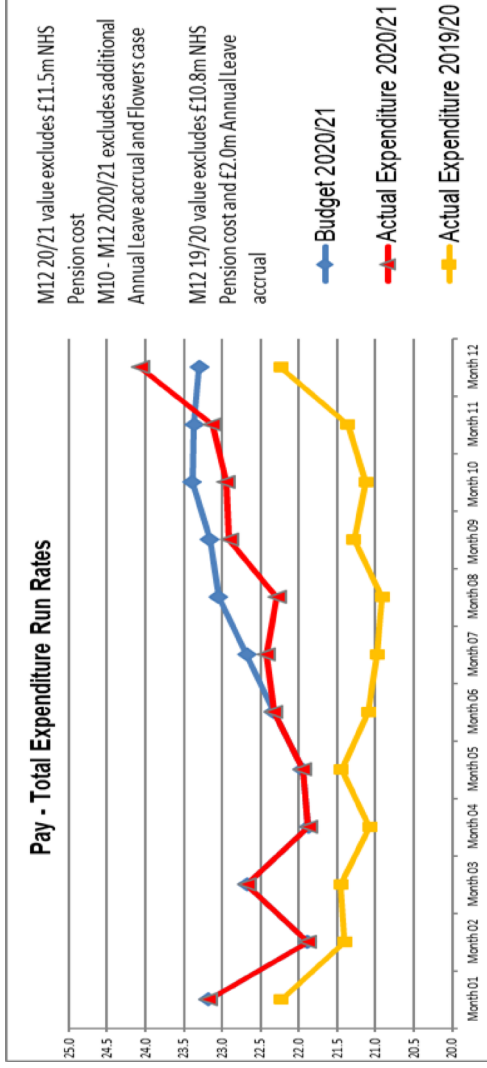
**Activity Drivers**

- Overall activity numbers are the highest they have been in 21/22, but are below plan apart from Outpatients.
- Outpatient and Non Elective activity numbers are the highest values of the year. Outpatients were actually 5% above the planned number for March.
- 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 Trust will be submitting its draft activity plan submission to the STP on 23rd April, after working with Operational teams on expected activity numbers against the 2019/20 baseline year. Discussions are underway for the financial arrangement for H1 2021/22.

**Bed utilisation**

- In March, overall bed occupancy is 85% which is slightly lower than the February level.  
NB - overall occupancy includes specialist wards including cancer, COVID, paediatric, and maternity wards.
- Similar to previous months, 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.
- There has been an increase in available beds due to restoration of some ward areas, de-escalation from COVID, and completion of estates works for infection control compliance.

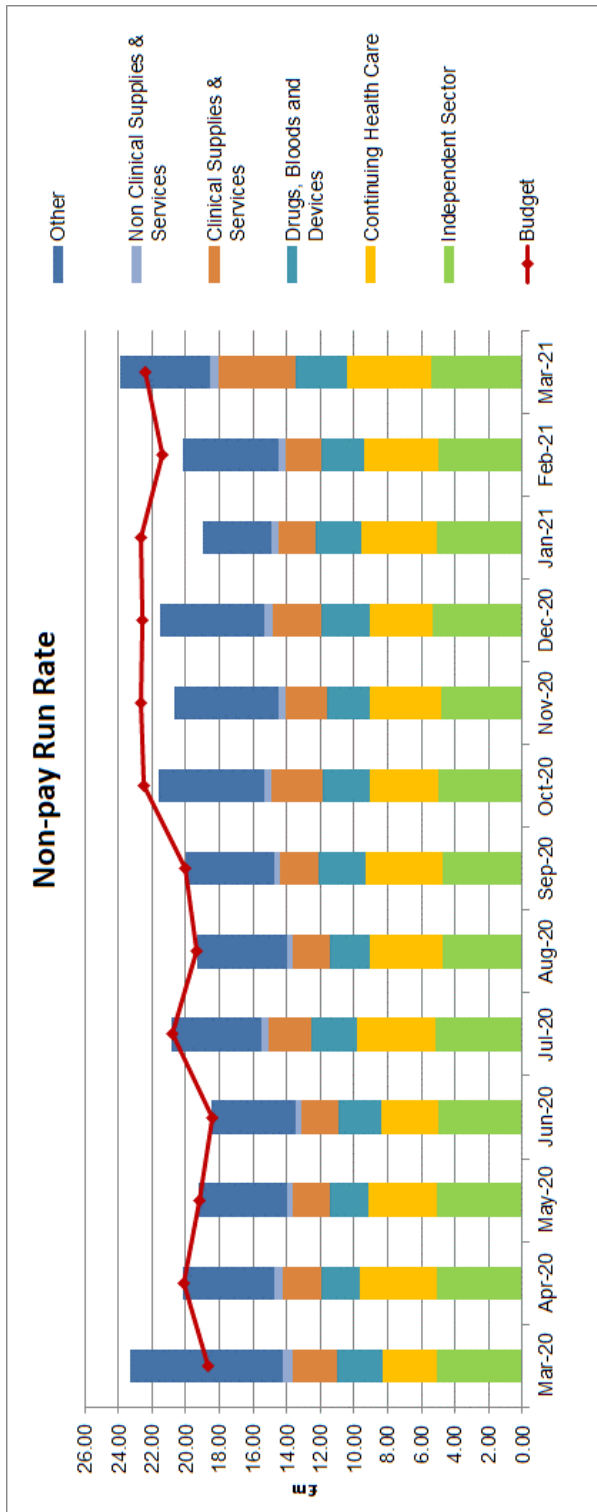
## Pay Expenditure – Month 12, March 2021



Excluding the increase in NHS Pension cost (£11.52m), Flowers case (£1.10m) and movement in annual leave accrual the total pay run rate in Month 12 (£24.07m) is £0.94m higher compared to the previous month (£23.13m). Further details are provided below:

- Substantive net pay increase £0.28m – relates mainly to increase in Medical staff cost.
- Bank pay net increase £0.18m – mainly due to HCA and Medical staff due to clinical activity.
- Agency cost increased by £0.48 in Month 12, mainly within Medical staffing due to additional clinical activity.
- Of the year to date pay costs, those associated with COVID account for £7.56m, comprised of:
  - o additional shifts of existing workforce – £3.00m,
  - o backfill for higher sickness absence – £3.24m,
  - o workforce expansion – £0.14m,
  - o sick pay – £0.29m,
  - o testing – £0.53m,
  - o Exeter Nightingale running cost – £0.22m; and
  - o vaccination – £0.14m.
- The Apprentice levy balance at Month 12 is £2.05m (Month 11, £2.00m). The Trust's apprenticeship strategy is reviewed regularly and actions are being taken.

Non-Pay Expenditure – Month 12, March 2021



The total non-pay run rate in Month 12 (£23.93m excluding utilised DHSC PPE stock and write down £3.3m) is £3.78m higher in comparison to previous month (£20.14m), key details are provided below:

- Increases in
  - Clinical supplies – £2.51m, primarily due to TP and lab medicine closing stock adjustment £1.36m (chemical consumables and lab apparatus), procurement of medical supplies and equipment for theatres, cardiology, education, and lab medicine £0.66m and contract testing £0.19m,
  - Independent sector and Placed People - £1.05m due to additional days in month (over £0.30m per day) and back dated costs for two high cost clients in the Torbay Continuing Healthcare,
  - Drugs costs – £0.46m due to higher usage within outpatient (£0.20m), inpatient (£0.21m), and cancer drugs (£0.06m),
  - Non-clinical supplies – £0.12m mainly due to spend on kitchen equipment and domestic materials; offset by:
- Decrease in:
  - Net operating cost of £0.35m – material movements are: reversal of reserves accrual, £0.91m, offset by increase in professional services, £0.51m, and grossing up of consortium arrangement £0.22m (matched by income).

## COVID Cost Analysis – Month 12, March 2021

COVID Expenditure	Inside Envelope		Outside Envelope		Reimbursement Nightingale		Total	
	Actual 31/03/2021	YTD	Actual 31/03/2021	YTD	Actual 31/03/2021	YTD	Actual 31/03/2021	YTD
Staff and executive directors costs	7,052		289		223		7,564	
Non pay expenditure	5,244		1,561		2		6,807	
<b>Total operating expenditure</b>	<b>12,297</b>		<b>1,850</b>		<b>225</b>		<b>14,372</b>	

Hospital Discharge COVID	Total		Council Contribution		Net Cost to the Trust		Supported through CCG	
	Actual 31/03/2021	YTD	Actual 31/03/2021	YTD	Actual 31/03/2021	YTD	Actual 31/03/2021	YTD
Hospital Discharge & Market Support	8,962		1,000		4,532		3,430	
Infection Control Fund (Round 1 & 2)	5,060		5,060		0		0	
Rapid Testing & Workforce Capacity	866		866		0		0	
<b>Total</b>	<b>14,888</b>		<b>6,926</b>		<b>4,532</b>		<b>3,430</b>	

As highlighted above, within the Trust's pay position at Month 12 COVID costs account for £7.56m.

Within non-pay COVID costs account for £6.81m, comprised of:

- Testing – £2.80m
- 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 £14.9m, with a contribution of £6.9m received from Torbay Council towards this.
- Infection control monies of over £5m (Round 1 & 2) have been fully passed to providers within Torbay in line with grant conditions.
- Circa £9m of spend on Hospital Discharge and Market Support, of which Torbay Council contributed £1m and £3.4m was reclaimed through the CCG (national hospital discharge funding stream).
- Looking ahead costs will continue to be incurred during 2021/22 and new grants and fresh guidance have recently been released.

Key Drivers of System Positions – Month 12, March 2021

System	ISU	Financial Commentary / Key Drivers
<b>CFHD</b>	CYP	Expenditure run rate remains constant. Staff consultation - the Senior Team are commencing internal discussions on options; ongoing high level of vacancies. IT investment project business case has now been approved; no costs included in this year's revenue account.
<b>Torbay Pharmaceuticals</b>	PMU	TP had lower sales realised from all sources M7-M11, sales increased in M12 by £1.3m.
<b>Corporate</b>	EFM	Car parking to remain FOC to staff into 2021/22 and funding has been included as part of the Trusts overall system allocation. Increased cleaning, linen and repair costs seen as services move back and set back up, plus additional spend for cleaning due to pandemic partly offset by reduced utility costs in year.
	Exec. Directors	Operating within funding envelope due to underspends in pay from vacancies in year and increased education income. Additional various non-pay spend offset by income and pay underspends.
	Financing Costs	Underlying costs are largely in line with plan. Key exceptional items are impairment cost £3.7m and waiver of Charitable Fund grant balance £0.4m, partly offset by donated asset income relating to Covid equipment £1.3m.
	Other	Reserves has a provision for pay costs which mainly includes notional pension contributions as well as accrual for carry forward of annual leave and MARS payments made in year.
<b>South System</b>	Coastal	Phase 3 investments slipped due to Covid surge and have not been able to recover in this financial year due to the pandemic, resulting with ISU spend being less than planned at year end. Plans are in place for capacity increases from April. Costs have remained level during most of the second half of the year, but with increase in M12 mainly due to theatre supplies procurement and year end stock adjustments. Safer staffing review is being undertaken.
	Newton Abbot	Cost pressure mainly due to MRU with budget not yet allocated, and ED with reliance on agency and locum costs to cover staff sickness and absence. MIU setting back up plus Winter cost. Safer staffing review per above.
	Moor to Sea	Pay costs have remained relatively constant for the past several months, with a slight reduction in non-pay costs. The ISU has underspent against budget envelope.
	Shared Operations	Increased costs in last quarter of the financial year due to winter pressures and escalation ward costs moved to this area. Shared ops is broadly within budget showing a marginal underspend at year end (excluding Coronavirus costs that are currently coded to this area).
<b>Torbay System</b>	Independent Sector	Net cost fairly static, month on month. ISU operated within funding envelope.
	Torquay	The second wave of COVID made recovery / standing back up services challenging especially when combined with winter pressures. ISU operated at budget levels.
	Paignton and Brixham	ISU had to manage balancing recovery plans and dealing with second wave of COVID / winter pressures within revised budget envelope. Investment funding was not fully utilised which resulted in the ISU operating comfortably within revised budget envelope.
<b>Contract Income</b>	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 and lab testing. Income reduced in M11 and M12 due to refund to the CCG of additional Covid income of £4.5m. Received an additional £1.4m from SCG in M12.



Cash Position – Month 12, March 2021

	YTD at Month 12		
	Plan £m	Actual £m	Variance £m
<b>Opening cash balance (net of working capital loans)</b>	<b>(15.59)</b>	<b>(15.59)</b>	<b>0.00</b>
Capital Expenditure (accruals basis)	(38.72)	(36.41)	2.31
Capital loan drawdown	0.00	0.00	0.00
Capital loan repayment	(7.80)	(7.80)	(0.00)
Proceeds on disposal of assets	0.22	0.09	(0.13)
Movement in capital creditor	1.01	9.15	8.14
Other capital-related elements	6.87	7.06	0.18
<b>Sub-total - capital-related elements</b>	<b>(38.41)</b>	<b>(27.92)</b>	<b>10.49</b>
Cash Generated From Operations	21.06	24.74	3.68
Working Capital movements - debtors	6.35	8.16	1.81
Working Capital movements - creditors	(8.89)	11.35	20.23
Net Interest	(3.04)	(2.94)	0.09
PDC Dividend paid	(3.04)	(3.04)	(0.00)
Other Cashflow Movements	48.16	50.70	2.54
<b>Sub-total - other elements</b>	<b>60.60</b>	<b>88.96</b>	<b>28.36</b>
<b>Closing cash balance</b>	<b>6.59</b>	<b>45.45</b>	<b>38.85</b>
Closing cash balance	6.59	45.45	38.85
Closing working capital facility	0.00	0.00	0.00
Closing interim revenue support facility	0.00	0.00	0.00
<b>Closing cash balance (net of working capital facility)</b>	<b>6.59</b>	<b>45.45</b>	<b>38.85</b>
<b>Better payment practice code</b>	<b>Paid in year</b>	<b>Paid within target</b>	<b>% Paid within target</b>
Non-NHS - number of bills	126,099	110,457	87.6%
Non-NHS - value of bills (£k)	243,447	204,318	83.9%
NHS - number of bills	1,790	1,113	62.2%
NHS - value of bills (£k)	25,358	13,086	51.6%
Total - number of bills	127,889	111,570	87.2%
Total - value of bills (£k)	268,805	217,404	80.9%

**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 £10.5m lower than Plan, principally due to accruals capex lower than planned, £2.3m, and the capital creditor higher than planned £8.1m.

**Other elements:**

- Cash Generated from Operations is £3.7m favourable, due to EBITDA £3.7m favourable.
- Working capital debtor movements are £1.8m favourable to plan. This is principally due to reduced debtors with local NHS Trusts, partly offset by recognition of NHS-donated stock £0.5m.
- Working capital creditor movements is £20.2m favourable to plan. This is principally due to increased deferred income £5.6m, funding returnable to CCG £4.5m, increased annual leave accrual £1.4m, Roche contract creditor £1.3m, and increased accruals and general payables.
- Other cashflow movements is £2.5m favourable to plan, principally due to revenue PDC not yet returned £4.1m, partly offset by delayed PDC-funded capital expenditure.
- Performance against the Better Payment Practice Code has been adversely affected by a dispute with DPT. This has since been resolved.

## Statement of Financial Position (SoFP) – Month 12, March 2021

	Month 12		
	Plan	Actual	Variance
	£m	£m	£m
<b>Non-Current Assets</b>			
Intangible Assets	11.74	6.49	(5.24)
Property, Plant & Equipment	202.96	205.97	3.01
On-Balance Sheet PFI	17.53	17.11	(0.42)
Other	1.28	1.13	(0.16)
<b>Total</b>	<b>233.51</b>	<b>230.70</b>	<b>(2.82)</b>
<b>Current Assets</b>			
Cash & Cash Equivalents	6.59	45.45	38.85
Other Current Assets	34.85	33.20	(1.65)
<b>Total</b>	<b>41.44</b>	<b>78.64</b>	<b>37.20</b>
<b>Total Assets</b>	<b>274.96</b>	<b>309.34</b>	<b>34.38</b>
<b>Current Liabilities</b>			
Loan - DHSC ITFF	(4.80)	(4.80)	0.00
PFI / LIFT Leases	(1.17)	(1.17)	(0.00)
Trade and Other Payables	(41.04)	(69.61)	(28.56)
Other Current Liabilities	(3.86)	(2.65)	1.21
<b>Total</b>	<b>(50.88)</b>	<b>(78.23)</b>	<b>(27.35)</b>
<b>Net Current assets/(liabilities)</b>	<b>(9.43)</b>	<b>0.41</b>	<b>9.85</b>
<b>Non-Current Liabilities</b>			
Loan - DHSC ITFF	(29.08)	(29.08)	0.00
PFI / LIFT Leases	(16.60)	(16.60)	0.00
Other Non-Current Liabilities	(15.09)	(14.96)	0.12
<b>Total</b>	<b>(60.76)</b>	<b>(60.64)</b>	<b>0.12</b>
<b>Total Assets Employed</b>	<b>163.32</b>	<b>170.47</b>	<b>7.16</b>
<b>Reserves</b>			
Public Dividend Capital	128.19	130.76	2.56
Revaluation	46.08	49.15	3.07
Income and Expenditure	(10.95)	(9.44)	1.52
<b>Total</b>	<b>163.32</b>	<b>170.47</b>	<b>7.16</b>

### Key points of note:

- Non-Current Assets are £2.8m lower than Plan, mainly due to capital expenditure £2.3m lower than Plan and impairments £3.7m, partly offset by revaluation £3.2m.
- Cash is £38.9m favourable to Plan (see above).
- Other Current Assets are £1.7m lower than Plan. This is principally due to reduced debtors with local Trusts, partly offset by recognition of NHS-donated stock £0.5m.
- Trade and Other Payables are £28.6m higher than Plan. This is principally due to increased capital creditor £8.1m, increased deferred income £5.6m, funding returnable to CCG £4.5m, increased annual leave accrual £1.4m, Roche contract creditor £1.3m and increased accruals and general payables.
- Other Current Liabilities are £1.2m lower than Plan, primarily due to the derecognition of maternity pathway deferred income £0.8m.
- PDC reserves are £2.5m higher than Plan, primarily due to revenue PDC not yet returned £4.1m, partly offset by delayed PDC-funded capital expenditure.
- The revaluation reserve is £3.1m higher than planned, largely as a result of the year end asset revaluation process.

ISU	Target	13 month trend	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Year to date
<b>QUALITY LOCAL FRAMEWORK</b>																
Reported Incidents - Severe	<6		0	0	3	2	2	2	1	0	1	2	1	1	6	21
Reported Incidents - Death	<1		1	0	2	2	2	2	3	1	0	1	6	1	1	21
Medication errors resulting in moderate harm	<1		2	0	0	0	1	0	0	0	0	0	1	1	1	4
Medication errors - Total reported incidents	N/A		46	19	24	40	41	39	51	52	53	34	41	51	54	499
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	9 (full year)		0	1	1	1	1	1	1	3	0	0	1	1		11
Never Events	<1		0	0	0	0	0	0	2	1	0	0	0	0	1	4
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	<1		3	3	4	1	4	8	5	5	2	4	7	6	6	55
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams	<1		0	1	0	0	0	1	0	0	0	0	0	0	0	2
Formal complaints - Number received	<60		22	2	4	13	17	17	17	18	20	14	7	10	9	148
VTE - Risk Assessment on Admission (Acute)	>95%		90.5%	86.4%	92.1%	82.5%	80.2%	79.2%	80.9%	93.4%	92.9%	90.4%	92.4%	92.3%	92.0%	87.5%
VTE - Risk Assessment on Admission (Community)	>95%		97.6%	93.9%	96.2%	88.9%	94.2%	96.9%	87.8%	95.9%	93.4%	92.9%	96.4%	92.7%	87.9%	93.1%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	<100		112.1	125	81.5	105.6	92.1	77.9	89.6	107.9	115.8	95.2				98
Safer Staffing - ICO - Daytime	90% - 110%		88.9%	87.3%	85.4%	89.8%	90.8%	84.0%	86.4%	86.5%	90.1%	89.7%	90.3%	85.8%	82.5%	87.4%
Safer Staffing - ICO - Nighttime	90% - 110%		91.3%	89.0%	87.0%	89.9%	92.2%	86.4%	87.7%	89.4%	84.8%	88.5%	88.6%	88.3%	85.4%	88.1%
Infection Control - Bed Closures - (Acute)	<100		0	4	0	12	0	20	262	23	0	30	6	0	23	380
Hand Hygiene	>95%		94.9%	99.4%	98.9%	97.9%	97.2%	98.3%	98.9%	96.9%	97.8%	97.0%	98.3%	95.3%	92.8%	97.2%
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	>90%		80.0%	80.0%	97.5%	91.7%	94.6%	74.4%	60.0%	74.5%	75.7%	75.6%	85.3%	94.4%	78.1%	80.0%
Stroke patients spending 90% of time on a stroke ward	>80%		90.2%	66.7%	90.6%	79.1%	86.8%	83.9%	77.6%	73.2%	82.2%	80.4%	69.4%	51.6%	77.5%	77.3%
Follow ups 6 weeks past to be seen date	6400		7056	8824	14211	15398	16408	17220	17408	17519	17229	17837	17489	16986	16950	16950
<b>WORKFORCE MANAGEMENT FRAMEWORK</b>																
Staff sickness / Absence Rolling 12 months (1 month in arrears)	<3.95%		4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.4%	4.3%	4.3%	4.3%	4.2%	4.1%		4.1%
Appraisal Completeness	>90%			71.6%	71.0%	75.6%	77.8%	78.4%	79.4%	78.4%	78.9%	80.4%	78.8%	78.4%	82.4%	82.4%
Mandatory Training Compliance	>85%			90.1%	88.0%	89.9%	89.9%	89.9%	89.7%	89.7%	89.6%	89.6%	89.7%	89.5%	89.6%	89.6%
Turnover (exc Jnr Docs) Rolling 12 months	10%-14%			10.5%	10.5%	10.3%	10.8%	10.7%	10.3%	10.5%	10.7%	10.5%	10.2%	10.2%	10.0%	

ISU	Target	13 month trend	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Year to date
<b>COMMUNITY &amp; SOCIAL CARE FRAMEWORK</b>																
Carers Assessments Completed year to date	40% (Year end)		39.6%	100.0%	100.0%	95.2%	94.3%	95.3%	99.2%	94.8%	95.5%	95.8%	98.0%	96.3%	96.3%	98.0%
Children with a Child Protection Plan (one month in arrears)	NONE SET		194	197	223	217	219	221	200	214	221	223	223	207		223
4 Week Smoking Quitters (reported quarterly in arrears)	NONE SET		231			56			124			199				124
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	NONE SET		6.1%			5.9%			5.4%			4.4%				5.4%
Safeguarding Adults - % of high risk concerns where immediate action was taken	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	NONE SET		520	532	515	553	559	561	560	576	599	658	617	615		n/a
Intermediate Care - No. urgent referrals	113		219	230	248	283	242	211	221	200	207	235	175	146	155	2251
Community Hospital - Admissions (non-stroke)	NONE SET		202	138	172	221	206	260	262	274	193	242	249	205	255	2215
<b>ADULT SOCIAL CARE TORBAY KPIS</b>																
Proportion of clients receiving self directed support				85.0%	83.1%	82.1%	81.8%	81.1%	80.0%	79.8%	77.6%	76.4%	75.1%	73.8%	74.0%	74.0%
Proportion of carers receiving self directed support				100.0%	100.0%	95.2%	94.3%	95.3%	99.2%	94.8%	95.5%	95.8%	98.0%	96.3%	96.3%	96.3%
% Adults with learning disabilities in employment				8.9%	8.9%	8.9%	8.7%	8.6%	8.8%	8.5%	8.5%	8.2%	8.1%	8.3%	8.3%	8.3%
% Adults with learning disabilities in settled accommodation				79.3%	79.2%	80.0%	79.3%	79.0%	79.1%	80.2%	80.6%	80.5%	80.4%	80.6%	81.8%	81.8%
Permanent admissions (18-64) to care homes per 100k population				21.5	21.5	27.0	18.9	24.3	20.2	20.2	14.8	18.9	14.8	17.5	16.2	16.2
Permanent admissions (65+) to care homes per 100k population				506.9	504.1	502.6	538.1	524.4	557.2	565.4	573.6	579.0	587.2	540.8	464.3	464.3
Proportion of clients receiving direct payments				23.7%	23.1%	22.9%	22.9%	22.7%	23.3%	23.6%	22.6%	22.4%	21.7%	21.2%	21.1%	21.1%
% reablement episodes not followed by long term SC support				86.8%	85.6%	85.2%	87.1%	86.2%	85.9%	84.6%	85.2%	85.5%	85.4%	85.7%	85.8%	85.8%
<b>NHS I - OPERATIONAL PERFORMANCE</b>																
A&E - patients seen within 4 hours	>95%		86.1%	94.1%	96.5%	94.8%	96.4%	93.5%	91.9%	86.2%	86.5%	81.2%	79.4%	79.4%	82.2%	88.9%
Referral to treatment - % incomplete pathways <18 wks	>92%		76.2%	69.3%	62.2%	57.0%	53.3%	57.3%	62.1%	62.3%	64.2%	64.3%	61.8%	61.4%	62.3%	61.4%
Cancer - 62-day wait for first treatment - 2ww referral	>85%		71.8%	71.7%	77.1%	80.9%	92.3%	86.3%	79.3%	67.9%	77.0%	78.9%	73.8%	80.9%	67.4%	77.3%
Diagnostic tests longer than the 6 week standard	<1%		11.3%	47.7%	54.3%	41.1%	30.9%	34.5%	37.6%	34.4%	42.3%	47.9%	49.1%	40.4%	38.2%	41.5%
Dementia - Find - monthly report	>90%		93.5%	97.6%	98.1%	94.5%	60.8%	84.4%	89.2%	96.6%	94.4%	97.7%	94.8%	98.0%	95.0%	91.7%

ISU	Target	13 month trend	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Year to date
<b>LOCAL PERFORMANCE FRAMEWORK 1</b>																
Number of Clostridium Difficile cases reported	<3		0	5	8	5	4	4	2	4	2	3	1	1	5	44
Cancer - Two week wait from referral to date 1st seen	>93%		87.1%	80.5%	93.6%	91.4%	83.4%	80.1%	75.1%	74.8%	83.6%	78.9%	77.1%	89.5%	85.2%	82.3%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	>93%		95.1%	96.2%	100.0%	95.3%	97.4%	100.0%	95.9%	97.8%	86.6%	94.0%	75.0%	96.3%	95.2%	93.5%
Cancer - 28 day faster diagnosis standard	>96%		74.8%	47.1%	80.8%	81.5%	79.8%	72.4%	66.6%	72.7%	75.3%	75.9%	72.2%	77.3%	75.0%	73.6%
Cancer - 31-day wait from decision to treat to first treatment	>96%		99.0%	97.7%	99.2%	100.0%	99.4%	97.3%	97.4%	97.7%	99.0%	97.5%	97.5%	98.8%	99.0%	98.4%
Cancer - 31-day wait for second or subsequent treatment - Drug	>98%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%	99.9%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	>94%		97.7%	93.0%	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	96.0%	100.0%	100.0%	98.2%	98.8%
Cancer - 31-day wait for second or subsequent treatment - Surgery	>94%		100.0%	96.6%	96.2%	100.0%	96.4%	91.3%	100.0%	93.3%	96.3%	93.3%	96.4%	97.0%	80.6%	94.8%
Cancer - 62-day wait for first treatment - screening	>90%		76.5%	73.3%	33.3%	66.7%	0.0%	100.0%	100.0%	60.0%	75.0%	66.7%	77.8%	83.3%	100.0%	80.5%
Cancer - Patient waiting longer than 104 days from 2ww			21	19	42	68	32	9	9	8	13	14	11	6	15	15
RTT 52 week wait incomplete pathway	0		53	93	192	344	524	745	892	1141	1277	1435	1570	1823	2041	2041
On the day cancellations for elective operations	<0.8%		2.1%	0.7%	0.6%	0.8%	0.7%	3.4%	1.7%	0.7%	0.9%	1.2%	1.1%	3.0%	2.4%	1.5%
Cancelled patients not treated within 28 days of cancellation *	0		5	46	2	1	5	3	29	4	1	1	5	6	8	111
Bed Occupancy	80.0%		92.4%	54.6%	64.8%	74.7%	93.3%	86.7%	91.6%	82.4%	90.5%	89.8%	94.4%	93.4%	99.5%	82.1%
Number of patients >7 days LoS (daily average)			119.8	100.5	70.8	80.9	76.5	89.3	94.9	94.0	95.4	95.1	109.5	114.2	98.2	70.8
Number of extended stay patients >21 days (daily average)			26.0	22.6	18.1	18.7	12.0	13.3	15.2	17.1	16.7	14.0	20.8	27.8	19.9	16.1
<b>LOCAL PERFORMANCE FRAMEWORK 2</b>																
Ambulance handover delays > 30 minutes	Trajectory		43	16	9	19	10	46	59	73	38	138	75	82	94	659
Ambulance handover delays > 60 minutes	0		5	1	0	4	1	3	0	14	1	19	15	20	32	110
A&E - patients recorded as >60min corridor care			115	0	0	0	0	0	0	0	0	0	0	0	0	0
A&E - patients with >12 hour visit time pathway			32	1	0	6	0	1	10	16	4	18	18	27	28	129
Trolley waits in A+E > 12 hours from decision to admit	0		1	0	0	0	0	0	0	1	0	1	2	3	5	12
Number of Clostridium Difficile cases - (Acute) *	<3		0	4	6	4	1	5	2	4	2	2	1	1	4	36
Number of Clostridium Difficile cases - (Community)	0		0	1	2	1	3	2	0	0	0	1	0	0	1	11
Care Planning Summaries % completed within 24 hours of discharge - Weekday	>77%		70.6%	76.9%	78.4%		73.6%	70.9%	61.1%	69.0%	64.1%	66.2%	66.9%	62.0%	64.6%	68.3%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	>60%		44.5%	57.1%	54.1%		46.3%	43.7%	35.0%	41.4%	41.6%	32.4%	47.4%	30.9%	41.0%	42.8%
Clinic letters timeliness - % specialities within 4 working days	>80%		68.2%	95.5%	86.4%	90.9%	90.9%	90.9%	72.7%	100.0%	90.9%	86.4%	81.8%	95.5%	81.8%	88.6%

ISU	Target	13 month trend	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Year to date
<b>NHS I - FINANCE AND USE OF RESOURCES</b>																
EBITDA - Variance from PBR Plan - cumulative (£'000's)			-23577	218	524	800	1323	1297	1220	-23	1420	2378	3635	937	3180	
Agency - Variance to NHSI cap			-0.87%	0.79%	0.87%	0.44%	0.39%	0.49%	0.38%	-0.10%	-0.20%	-0.20%	-0.20%	-0.20%	-0.25%	
CIP - Variance from PBR plan - cumulative (£'000's)			-9325													
Capital spend - Variance from PBR Plan - cumulative (£'000's)			4249	567	1112	1813	2770	532	-236	1686	5147	6653	9748	11822	2305	
Distance from NHSI Control total (£'000's)			-20367	0	0	0	0	0	0	112	1493	1858	3993	1179	655	
Risk Share actual income to date cumulative (£'000's)			-2000	0	0	0	0	0	0	0	0	0	0	0	0	

**ACTIVITY VARIANCE vs PREVIOUS YEAR**

Outpatients - New			-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			-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			-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			-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			-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)			358	430	513	568	479	410	471	425	423	494	473	464	502	
Intermediate Care GP Referrals			78	95	115	127	107	82	96	90	83	106	106	98	95	
Average length of Intermediate Care episode			14.035	9.9284	8.5661	9.1331	11.478	13.158	21.333	14.744	10.846	11.798	12.237	12.336	12.498	
Total Bed Days Used (Over 70s)			10937	5771	5262	6759	6821	7229	8613	8693	8211	8812	9280	3075	0	
- Emergency Acute Hospital			6238	3265	3733	4408	4486	4786	5220	5582	5202	5538	5584	0	0	
- Community Hospital			3786	1844	1142	1764	2060	2224	3208	2943	2606	2844	3172	2461	0	
- Intermediate Care			913	662	387	587	275	219	185	168	403	430	524	614	0	

<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Digital Strategy Update			<b>Meeting date:</b> 28 <sup>th</sup> April 2021	
<b>Report appendix</b>	N/A			
<b>Report sponsor</b>	Director of Transformation and Partnerships			
<b>Report author</b>	Gary Hotine, HIS Director			
<b>Report provenance</b>				
<b>Purpose of the report and key issues for consideration/decision</b>	A brief update on the Digital Strategy progress to Trust Board.			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Trust Board are asked to note the report			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>	X	<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	25
	<b>Risk Register</b>	X	<b>Risk score</b>	25
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	X	<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>	X	<b>Legislation</b>	
	<b>NHS England</b>	X	<b>National policy/guidance</b>	X

<b>Report title: Digital Strategy Update</b>		<b>Date:22 April 2021</b>
<b>Report sponsor</b>	Director of Transformation and Partnerships	
<b>Report author</b>	HIS Director	

## 1.0 Summary

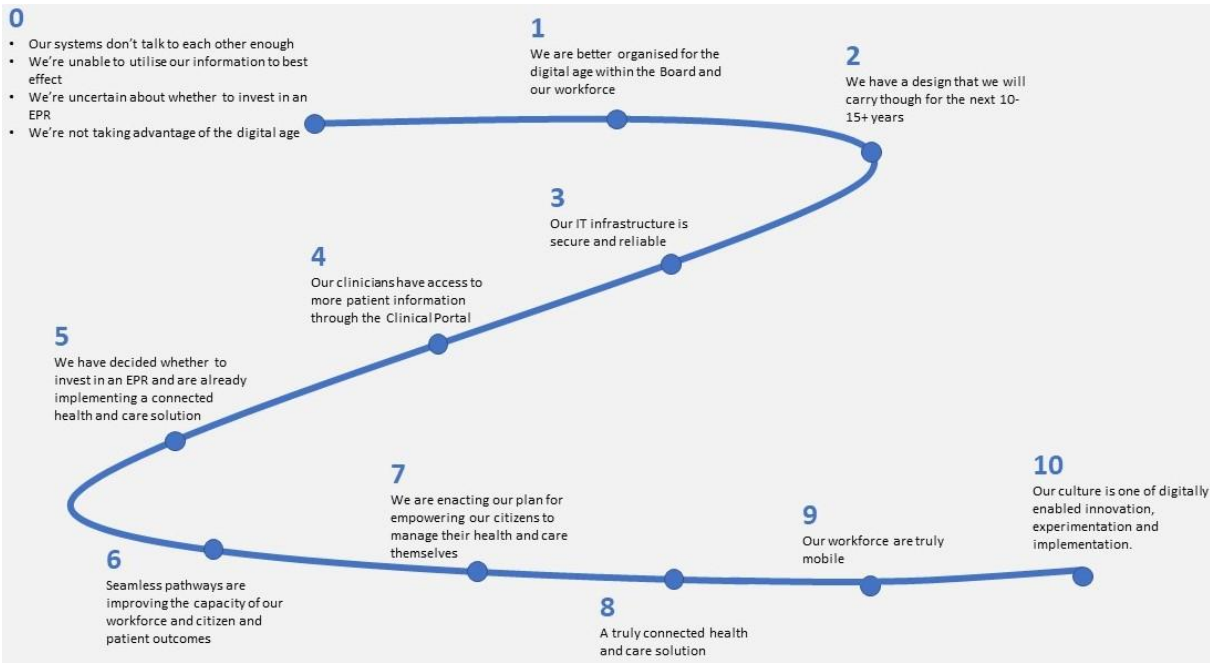
The Trust recognises its relatively poor digital position and this is reflected both in the BAF and corporate risk register. The main risk (#1159) scores at the highest level and is described as “*Current IT Systems and Infrastructure Will Not Meet Future Demands*”. A new digital strategy was developed to address this risk and Objective 7 in the BAF (*To provide and maintain a fit for purpose digital infrastructure ensuring service continuity at all times*).

The Trust Board approved its digital strategy in the Autumn of 2020. This included approval of the following priority projects:

Digital goal	Project	Description
1. Build a digital ready organisation	1.1 Embed digital into the Board	Board sponsor – Liz Davenport Lead – Adel Jones
	1.2 Build a digital workforce	Board sponsor – Judy Falcao Lead – Digital Horizons team
2. Implement a connected health and care solution	2.1 Design Authority	Board Sponsor – Deborah Kelly Lead – Mike Green
	2.2 EPR – yes or no?	Board Sponsor – Dave Stacey Lead Paul Mclean
3. Empower the citizen	3.1 Plan for Citizen Empowerment	Board sponsor – Adel Jones Lead – Katie Herd
4. Access to information any time & place	4.1 Plan for Mobile Working	Board sponsor – Ian Currie Lead - Gary Hotine



The Digital Strategy also detailed a roadmap of objectives and increasing the maturity of the resulting digital environment:



This report provides an update on each of the projects, and how this effects the Trust's digital maturity journey.

**1.1 Digital Goal 1 – Build a digital ready organisation**

**1.1.1 Embed digital into the Board**

Of the Digital Strategy priority projects, one in particular has been agreed as the priority in terms of its impact on other strategic Trust objectives, notably the New Hospitals Programme, in addition to being a key influence on several other projects:

Broad digital questions we are seeking to address in our NHP submission include:

- How do we enable a shared electronic patient record?
- What will be our key health and care solutions in the future?
- How will we support community and social care?
- What is our plan for the digital citizen?
- How will we integrate with Primary Care?
- What are our interoperability answers?
- What are we doing to enable a digital building?

← The EPR decision

} Impacted by the EPR decision

To this end the Board's attention in matters Digital has necessarily been focussed on the EPR decision (Project 2.2), and the enabling activities. These are closely linked with the NHP and several non-executive directors are engaged directly, including the digital enablement for the built environment. The wider non-executive has received briefings on the Southwest Shared EPR project, and many executive directors have key roles on that and the local projects in support of this (for example, the deputy chief executive as joint SRO, the chief financial officer leading the affordability workstream and many NEDs having direct involvement in a range of supporting activities).

The NHS Providers' Digital Boards support programme has been embraced by the Board, furthermore there has been significant interest from board members in the new NHSP digital network.

### **1.1.2 Build a digital workforce**

The Board will be familiar with the People Plan and the digital elements incorporated within it. One particular longstanding issue for the Trust and its workforce is that of communication at all levels. With the new appointment of the Associate Director of Communications and Partnerships, the focus on the needs of the workforce, and the technologies, change management and development needs to address this issue has been agreed.

There will be an ambitious goal of ensuring all staff have personal, digital access to a staff app supported by the MS Teams platform. A project with approved funding for technology solutions to migrate to SharePoint Online will be used to support this.

The above projects are both foundational to the success of the digital strategy, and in moving the Trust along its maturity roadmap. There is a risk around the capacity of the workforce because of COVID and the Trust's recovery plan to absorb even more change in support of the above goal.

## **1.2 Digital Goal 2 – Implement a connected health and care solution**

### **1.2.1 Design Authority**

With the creation by the Chief Executive of the Strategy Development Group, there is now an opportunity to appropriately align the Digital Design Authority within this governance structure. The details of terms of reference are currently being discussed and agreed with the Exec sponsor and lead for this project;

### **1.2.2 EPR decision**

A separate paper is being presented to Board today, but a summary of the current position is:

- Work and structure aligned with NHSX's Digital Blueprint (I.e Fabric, Footprint and Flow);
- The Digital strategic outline case (SOC) for Flow is in review with the Executive Director Review team;
- There are a set of Executive Director meetings organised to share the status;
- Plans for OBC development are being concluded;
- Direction on the Fabric and Footprint elements are better understood;

The EPR project has been the significant focus in the six months since approval of the Digital Strategy and is the cornerstone of it. Excellent progress has been made, and the SOC provides the detail to evidence this. Once the decision is taken and implementation activities begin, our journey will take us to milestone 5 on our roadmap, and once implemented we would arrive at milestone 9 (milestones 7 and 9 are ultimately delivered through the technology platform enablement of the EPR).

## **1.3 Digital Goal 3 – Empower the citizen**

### **1.3.1 Plan for citizen empowerment**

This project requires more System-level coordination than the others as citizens don't always respect the boundaries of organisations involved in delivering health and care for them. To this end the STP Digital Group have initiated a System approach to citizen empowerment, supported by the Deputy Chief Executive as SRO and John McCormack as clinical lead. John is a local GP but his pioneering work in this area has earned him national recognition as a clinical leader in this field. Workshops are taking place and the lead for this project has been fully engaged.

In addition, there is a highly engaged local group, supported by our lead for volunteering, Katie Herd, to understand the issues relating to digital inclusion and how we can improve support for our local community.

## **1.4 Digital Goal 4 – Access to information any time & place**

### **1.4.1 Plan for mobile working**

For those elements of infrastructure that are generic to any of the EPR options, capital funding bids have been placed for 2021/22 to begin the technology enablement that will build on the Trust's existing mobile working capability. The decision regarding the EPR option will then clarify the remaining infrastructure requirements for the Warranted Environment, including those to support mobile working, with funding secured appropriate for that option.

Existing IT infrastructure projects underway that materially impact the ability for staff to work in a mobile and agile way have been identified, and appropriate Critical Success Factors added to the scope of these projects. This mitigates the risk of making IT infrastructure investments that become sunk costs once the EPR warranted environment requirement is clear.

## **2. Recommendations**

The Trust Board is asked to note and approve the contents of the report.



<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Digital Strategic Outline Case status update			<b>Meeting date:</b> 28 <sup>th</sup> April 2021	
<b>Report appendix</b>	Appendix 1 - Digital SOC status overview			
<b>Report sponsor</b>	Director of Transformation and Partnerships			
<b>Report author</b>	HIP2 Digital Lead			
<b>Report provenance</b>	The Digital SOC is being developed by a small team including an Exec Advisory Group consisting of Adel Jones, Dave Stacey, and Ian Currie.			
<b>Purpose of the report and key issues for consideration/decision</b>	A brief update on the status of the development of the Digital SOC			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board is requested to note the status and support the trajectory			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	Y	<b>Valuing our workforce</b>	Y
	<b>Improved wellbeing through partnership</b>	Y	<b>Well-led</b>	Y
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	Y	<b>Risk score</b>	25
	<b>Risk Register</b>	Y	<b>Risk score</b>	25
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	Y	<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>	Y	<b>Legislation</b>	Y
	<b>NHS England</b>	Y	<b>National policy/guidance</b>	Y

<b>Report title:</b> Digital Strategic Outline Case status update	<b>Meeting date:</b> 28 <sup>th</sup> April 2021
<b>Report sponsor</b>	Director of Transformation and Partnerships
<b>Report author</b>	HIP2 Digital Lead

## 1. Introduction

The plan for our NHP Programme SOC submission is to recommend that our solution for an Electronic Patient (EPR) and our wider ICS requirement, be delivered ahead of plans for the estate infrastructure.

To put us in the best position to deliver these digital solutions as soon as possible, we have

- developed a standalone NHP Digital SOC (this paper is an update of this)
- accelerated OBC-level activities wherever possible within the SOC e.g. detailing cost and benefit analysis.

An Exec Advisory Group (Adel, Dave, and Ian) have provided Exec level guidance with the Digital SOC progression.

## 2. Discussion

The Digital SOC in in draft for review. It sets out the following:

The case for change – by showing how digital needs to be improved to address the Trust ambitions set out in the Health and Care Strategy

The options for the cornerstone EPR solution

Option	Description
1. Do nothing. Business as usual	Continue with the current multiple-systems strategy and minimal investment. The patients' records are spread across multiple separate systems (some electronic, some paper-based). Key solutions will be replaced, as part of natural succession, under business as usual.
2. Do minimum - optimise current multiple systems strategy	Continue with the current multiple-systems strategy but a) replace key health and care systems that are outdated or inoperable and, b) increase our interfacing, system support, and vendor management capacity.
3. Open procurement exercise for an integrated EPR	Embark on an open procurement exercise to source an integrated EPR solution i.e. specify the Trust requirement and enter a tender process.
4. Join RD&E's integrated EPR independently (TSDFT only)	Agreement is reached with RD&E for TSDFT, to independently share their integrated EPR. Other Trusts may follow independently.
5. Join RD&E's integrated EPR as a collective (group of Trusts)	Agreement is reached with RD&E for a collective group of Trusts, including TSDFT, to utilise their integrated EPR. Implementations will be sequenced.

Note: To address our need for change, we need to start with our choices for our EPR solution, but it's not the only thing we need to address. We also need to address some key questions. For example:

- What will be our key health and care solutions in the future?
- How will we support community and social care?
- What is our plan for the digital citizen?
- How will we integrate with Primary Care?

The options have been assessed against Critical Success Factors

Critical Success Factors (CSFs)				
Title	A - Strategic fit	B - Potential value for money	C - Potential affordability	D - Achievability
Key question	To what extent does the Option meet the needs of our strategy?	To what extent does the Option optimise social value in terms of costs, benefits and risks?	Is the option deliverable within the identified capital envelope and does it contribute to the delivery of efficiencies which drive a sustainable improvement in the Trust's revenue position?	To what extent is the Option likely to be delivered and the outcomes realised?

### 3. Conclusion

Summary outcome table for the preliminary assessment

Option	Critical success factors				Recommendation for the OBC	
	A - Strategic fit	B - Potential value for money	C - Potential affordability	D - Achievability		
1 – Do nothing. Business as usual	✗	✗	n/a	✗		Carry forward, as the baseline
2 – Do minimum - optimise current multiple systems strategy	✓	✗	n/a	✓		Meets CSFs but less attractive. Carry forward.
3 – Open procurement exercise for an integrated EPR	✓✓	✓✓✓	n/a	✓✓		Meets CSFs. Carry forward as viable Option
4 – Join RD&E's integrated EPR 'independently'	✓✓✓	✓✓	n/a	✓✓✓		Meets CSFs. Carry forward as a viable Option.
5 – Join RD&E's EPR 'as part of a collective'	✓✓✓	✓✓✓	n/a	✓✓		Meets CSFs. Carry forward as a viable Option.

Note: Affordability is part of the overall NHP Programme SOC

### 4. Recommendations

The Board continue to provide support for the Digital SOC, and subsequent OBC activities

The Board support the significant level of workforce engagement that is to necessary to a) complete a robust Digital OBC, and b) to put the Trust in the best position for a successful digital future.

# NHP: Digital SOC

## Status update

Board of Directors

April 2021

Commercially sensitive, strictly confidential





# Contents

1. Status summary
2. Context
3. The options
4. Critical success factors
  - a. Costs - methodology
  - b. Benefits - methodology
5. Assessment outcome
  - a. Potential affordability
  - b. Potential value for money
6. SOC Recommendations
7. Key challenges



# 1. Status summary

Torbay and South Devon

NHS Foundation Trust



We are in good shape. We've reached a key milestone (the draft Digital SOC is in review), but we have plenty to do...

## Digital Team goals

1. Digital SOC – draft ready for review by end March
2. Digital SOC - get ahead on OBC content, such that digital is accelerated
3. NHP overall Programme SOC - incorporate digital
4. Digital OBC – deliver a robust OBC as soon as possible

## Status

Delivered. The draft SOC is in review with the Digital SOC Exec Advisory Grp

Delivering. Costs and benefits are already into OBC depth

In progress. Due in May.

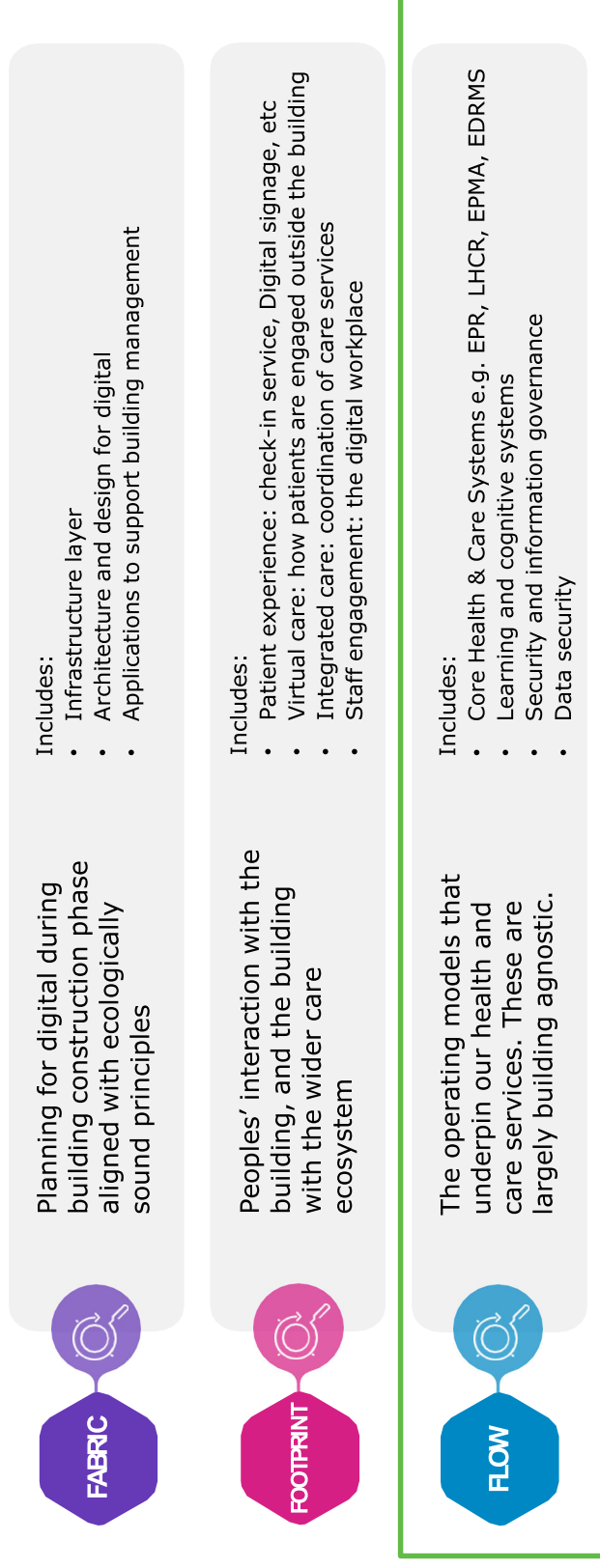
Started. We're detailing our plan now.



## 2. Context (slide 1 of 2)

You will begin to hear more about an 'NHSx Blueprint', 'Fabric', 'Footprint', and 'Flow'

The NHSx Blueprint for Digital Hospitals is to be used as part of our NHP submission. It sets out 3 components of digital:

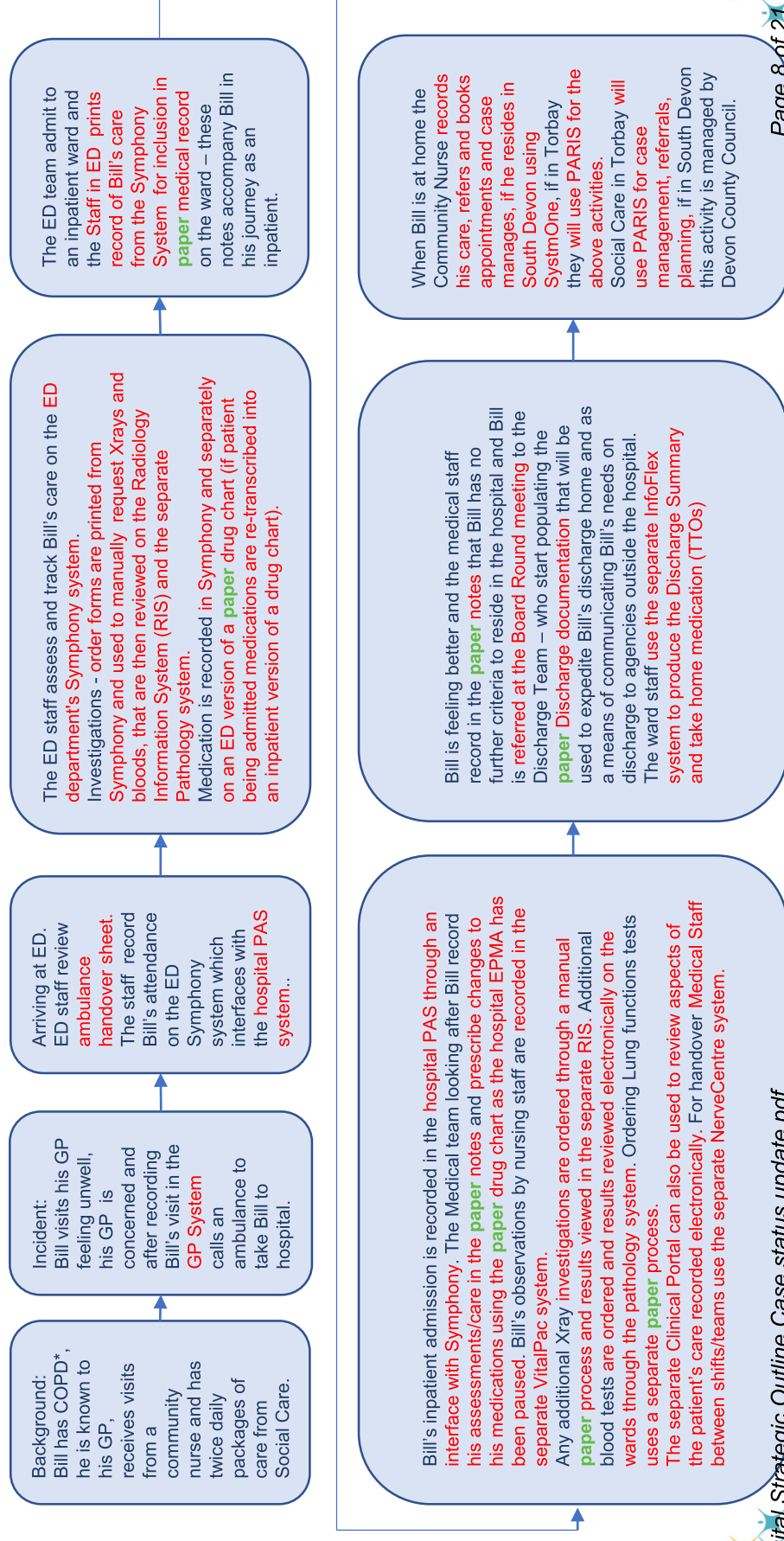


The Digital SOC predominantly addresses the *Flow* component of the NHSx Digital Blueprint

## 2. Context (slide 2 of 2)

A good way to articulate the case for change is with an example pathway...

In this one pathway, our staff interact with 25 separate **digital** and **paper** information systems – they are asked to remember, print, transcribe and verbalise to connect these systems



# 3. The options

(slide 1 of 2)

Torbay and South Devon

NHS Foundation Trust



To address our need for change, we need to start with our choices for our EPR solution, but it's not the only thing we need to address

Our options are based around the EPR decision as it is the most significant

- It impacts how we address broader digital questions
- It is likely to require the most investment

Broad digital questions we are seeking to address in our NHP submission include:

- How do we enable a shared electronic patient record?
- What will be our key health and care solutions in the future?
- How will we support community and social care?
- What is our plan for the digital citizen?
- How will we integrate with Primary Care?
- What are our interoperability answers?
- What are we doing to enable a digital building?

← The EPR decision

Impacted by the EPR decision

So, currently, our predominant focus is on the EPR decision and affordability but does include addressing these broader questions.



# 3. The options

(slide 2 of 2)

Torbay and South Devon

NHS Foundation Trust



There are currently 5 options for an electronic patient record solution

Option	Description
1. Do nothing. Business as usual	Continue with the current multiple-systems strategy and minimal investment. The patients' records are spread across multiple separate systems (some electronic, some paper-based). Key solutions will be replaced, as part of natural succession, under business as usual.
2. Do minimum - optimise current multiple systems strategy	Continue with the current multiple-systems strategy but a) replace key health and care systems that are outdated or inoperable and, b) increase our interfacing, system support, and vendor management capacity.
3. Open procurement exercise for an integrated EPR	Embark on an open procurement exercise to source an integrated EPR solution i.e. specify the Trust requirement and enter a tender process.
4. Join RD&E's integrated EPR independently (TSDFT only)	Agreement is reached with RD&E for TSDFT, to independently share their integrated EPR. Other Trusts may follow independently.
5. Join RD&E's integrated EPR as a collective (group of Trusts)	Agreement is reached with RD&E for a collective group of Trusts, including TSDFT, to utilise their integrated EPR. Implementations will be sequenced.



# 4. Critical Success Factors



A high-level preliminary assessment of the options has been completed, against our critical success factors

## Definitions

Critical Success Factors (CSFs)				
Title	A - Strategic fit	B - Potential value for money	C - Potential affordability	D - Achievability
Key question	To what extent does the Option meet the needs of our strategy?	To what extent does the Option optimise social value in terms of costs, benefits and risks?	Is the option deliverable within the identified capital envelope and does it contribute to the delivery of efficiencies which drive a sustainable improvement in the Trust's revenue position?	To what extent is the Option likely to be delivered and the outcomes realised?
Further detail	Alignment with the Trust Health and Care Strategy Alignment with the Trust Digital Strategy Alignment with regional and national health and care strategies	Total Cost of Ownership (TCO) Anticipated benefits Efficiencies and Productivity Cost reduction opportunities Risks	Available sources of funding NHP investment Alignment with any sourcing opportunities and constraints Delivery of cash releasing benefits and other efficiencies	Availability of the skills required for success Ability of the Trust to respond to the transformation required Achievability of outcomes

## Outcomes

CSF - assessment outcome descriptions				
Assessment outcome	A - Strategic fit	B - Potential value for money	C - Potential affordability	D - Achievability
X	Considered to undermine our strategic needs	Appears to have little, or no, social value	Considered to be unaffordable	Little, or no, confidence that the outcomes will be achieved
✓	Considered to be a low-level fit with our strategic needs	There appears to be a low level of social value	Potentially affordable but considerable uncertainty	Low confidence that the outcomes will be achieved
✓✓	Considered to be a good fit with our strategic needs	There appears to be good social value	Likely delivery of a sustained improvement to the Trust's financial position	Some confidence that the outcomes will be achieved
✓✓✓	Considered to be a strong fit with our strategic needs	A high degree of confidence in social value	High confidence in delivery of a sustained improvement to the Trust's financial position	A high degree of confidence that the outcomes will be achieved



# 4a. Costs - methodology



As part of determining potential value for money, we have taken our understanding of costs beyond that required at SOC level, so we can accelerate our OBC work....

## Sources

- Our accounts
- 38 core and main departmental patient facing IT systems analysed
- Supplier contracts
- Other Trust business cases
- Desk research

## Approach

- Directed by PWC and assurance with Finance [*in progress*]
- Capital and revenue costs over total cost of ownership periods of 15 and 25 years.
- Cost avoidance related to current systems: support + future replacements/ upgrades.
- Net Book Value of existing capital assets included
- Contingencies based on confidence levels
  - Option 2 = 20%
  - Option 3 = 15%
  - Option 4 & 5 = 5%

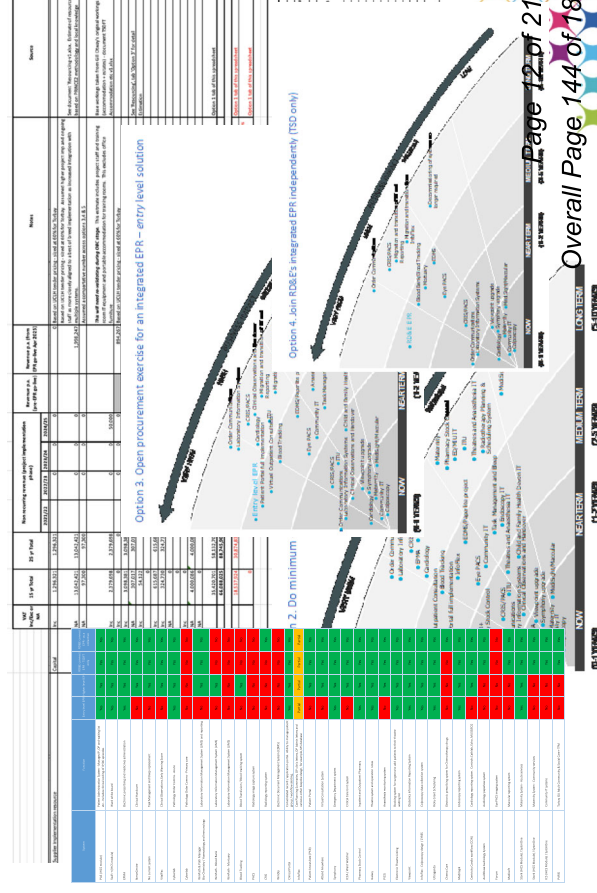
Digital Strategy ~~Allocations are currently indicative.~~



## Outcome

- A comprehensive cost model with clear assumptions
- System replacements identified
- Technology roadmaps drafted

NB validating current systems with no formal contracts management was the biggest challenge for establishing the baseline position





# 4b. Benefits - methodology

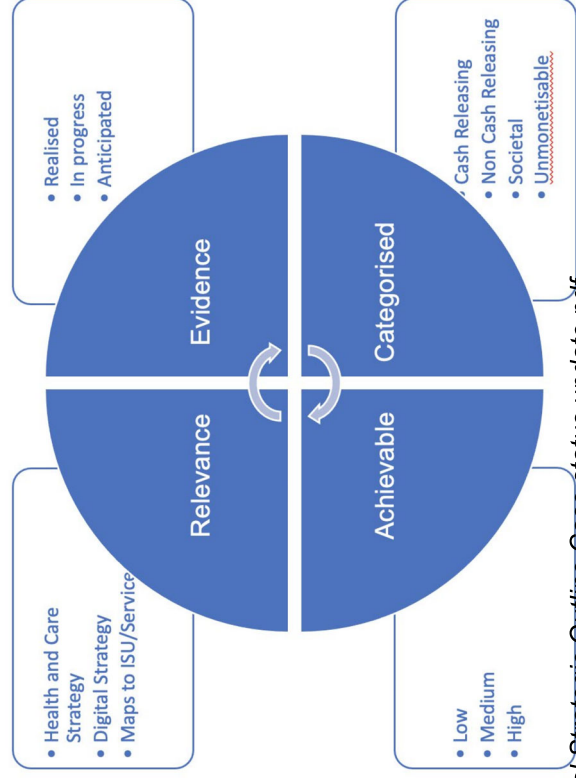


... and we've also gone into OBC level on benefits.

## Sources

- Previous business case studies
- Published benefits realisation
- Structured Interviews (Community, System Directors, Performance; Finance; Innovation, Pharmacy)
- Local intelligence and thinking

## Approach



Digital Strategic Outline Case status update.pdf

## Outcome

Grouping
Emergency and Ambulatory Care
Outpatients
Medication
Radiology and Laboratory
Pathway Management
Theatres
Workforce
Care Closer to Home
Paperless
Income

- 67 benefits logged so far
- Assumptions and costs being validated
- More benefits expected around community & social care but harder to identify and evidence

Reference	Source	Description	Relevance	Priority	Category	Confidence	Systems	Reference	Source	Priority	Confidence	Systems			
TSO.0011	UCLH	Reduce 1% of repeat admissions from A&E	Strategy	In progress	Non-Cash	Medium	3,4 and 5	TSO.0002	UCLH	Opportunity to reduce equivalent of 4 Nurse WTE A&E	Strategy	Anticipated	Non-Cash	Medium	3,4 and 5
TSO.0012	UCLH	Avoid future admissions to A&E 10%	Strategy	In progress	Non-Cash	Medium	3,4 and 5	TSO.0003	UCLH	20% reduction in agency spend on nursing	Strategy	In progress	Cash	High	3,4 and 5
TSO.0013	UCLH	Reduce 30 days of inpatient care by 20% for high risk	Strategy	In progress	Non-Cash	Medium	3,4 and 5	TSO.0004	UCLH	Operations better, better informed status of beds, better patient management & patient information	Strategy	In progress	Unmonetisable	High	3,4 and 5
TSO.0014	UCLH	Reduce 10% of inpatient care by 20% for high risk	Strategy	In progress	Non-Cash	Medium	3,4 and 5	TSO.0005	UCLH	Staff time saved operating paper reports	Service	Realised	Non-Cash	Medium	3,4 and 5
TSO.0015	UCLH	Reduce 10% of inpatient care by 20% for high risk	Strategy	In progress	Non-Cash	Medium	3,4 and 5	TSO.0006	UCLH	Staff time saved operating paper reports	Service	Realised	Cash	Medium	3,4 and 5
TSO.0016	UCLH	Reduce 10% of inpatient care by 20% for high risk	Strategy	In progress	Non-Cash	Medium	3,4 and 5	TSO.0007	UCLH	System Escalation calls - improved access to nurse real time	Service	Anticipated	Unmonetisable	Medium	3,4 and 5
TSO.0017	UCLH	Reduce 10% of inpatient care by 20% for high risk	Strategy	In progress	Non-Cash	Medium	3,4 and 5	TSO.0008	UCLH	Workforce benefit from the use of shared services	Strategy	Anticipated	Covered in 'Cost'	Low	4
TSO.0018	UCLH	Reduce 10% of inpatient care by 20% for high risk	Strategy	In progress	Non-Cash	Medium	3,4 and 5	TSO.0009	UCLH	Staff will no longer need to use different systems as an ITN when coming from Rfide or across	Service	Anticipated	Unmonetisable	Low	4 and 5
TSO.0019	UCLH	Reduce 10% of inpatient care by 20% for high risk	Strategy	In progress	Non-Cash	Medium	3,4 and 5	TSO.0010	UCLH	High cost savings are only used where clinically appropriate	Service	Realised	Cash	Medium	3,4 and 5
TSO.0020	UCLH	Reduce 10% of inpatient care by 20% for high risk	Strategy	In progress	Non-Cash	Medium	3,4 and 5	TSO.0011	UCLH	High cost savings are only used where clinically appropriate	Service	Realised	Cash	Medium	3,4 and 5

# 5. Assessment outcome (slide 1 of 2)



A high-level preliminary assessment has been completed, against our critical success factors, of the EPR Options and how we subsequently deliver against the broader ambition.

Option	Critical success factors				Recommendation for the OBC
	A - Strategic fit	B - Potential value for money	C - Potential affordability	D - Achievability	
1 – Do nothing. Business as usual	X	X	n/a	X	● Carry forward, as the baseline
2 – Do minimum - optimise current multiple systems strategy	✓	X	n/a	✓	● Meets CSFs but less attractive. Carry forward.
3 – Open procurement exercise for an integrated EPR	✓✓	✓✓✓	n/a	✓✓	● Meets CSFs. Carry forward as viable Option
4 – Join RD&E's integrated EPR 'independently'	✓✓✓	✓✓	n/a	✓✓✓	● Meets CSFs. Carry forward as a viable Option.
5 – Join RD&E's EPR 'as part of a collective'	✓✓✓	✓✓✓	n/a	✓✓	● Meets CSFs. Carry forward as a viable Option.



NB not assessed at Digital SOC level.  
Potential affordability is part of the the overall NHP Programme SOC — as agreed by Execs



# 5. Assessment outcome (slide 2 of 2)



Achievability is not just implementation, but also whether we can make a success of it

Option 2 requires increasing support staff to manage multiple systems strategy<sup>1</sup>

Currently Low-end vs high end EPR – average taken for metrics

Option	Critical success factors				Recommendation for the OBC
	A - Strategic fit	B - Potential value for money	C - Potential affordability	D - Achievability	
1 – Do nothing. Business as usual	X	X	n/a	X	Carry forward, as the baseline
2 – Do minimum - optimise current multiple systems strategy	✓	X	n/a	✓	Meets CSFs but less attractive. Carry forward.
3 – Open procurement exercise for an integrated EPR	✓✓	✓✓✓	n/a	✓✓	Meets CSFs. Carry forward as viable Option
4 – Join RD&E's integrated EPR 'independently'	✓✓✓	✓✓	n/a	✓✓✓	Meets CSFs. Carry forward as a viable Option.
5 – Join RD&E's EPR 'as part of a collective'	✓✓✓	✓✓✓	n/a	✓✓	Meets CSFs. Carry forward as a viable Option.

VfM cost benefit ratios currently exceed 4.0 for Options 3, 4, and 5

Difference is currently many unknowns in a multiple Trust approach (Option 5)

Difference is 2 additional IT systems could be replaced in option 5



# 5a. Potential affordability

Torbay and South Devon

NHS Foundation Trust



Affordability will be addressed in the overall NHP Programme SOC. There are two key areas being looked at:

## 1) Affordability of the capital investment

- We will be looking to clarify the envelope for initial digital investment (£50m ?)
- We will look into sources of funds available from business as usual, NHP submission, elsewhere e.g. NHSX
- We will tailor our investment ambition to fit available funds
- Current headline is – there is a degree of confidence that capital affordability can be addressed in the overall NHP SOC for some options

## 2) Affordability of the ongoing consequences of investment

- Calculating the revenue consequences of initial digital investment
- Clarify the need for further refresh/renew in future years
- Acknowledge the need to shift from historic under investment to a new level of normal digital investment
- Current headline is – there is a degree of confidence that ongoing affordability can be adequately addressed in the overall NHP SOC for some options



## 5b. Potential Value for Money

VFM is the focus of the economic case within the overall NHP SOC. Current areas of focus in our drafting.....

- Further refinement of the costs assumptions
- Further refinement of the benefit assumptions
- VFM perspective will be presented as a combined view (Infrastructure and Digital) in the overall NHP SOC
- Likely that the required cost to benefit ratio of 1:4 will be demonstrable for some options in the combined case.
- Current headline is – it's possible that the 1:4 ratio could be demonstrable for some options for the digital component of the overall case (although this wont be presented separately)



# 6. SOC recommendations

Torbay and South Devon

NHS Foundation Trust



Recommendations are directed at the NHP assessor e.g. NHSei, NHSx

## 1.3 Recommendations

- 1.3.1 Recommendation 1: Support the Trust in proceeding to the next stage – the development of the Outline Business Case (OBC) for NHP digital investment in an EPR solution. The number of options at the OBC stage will be reduced based on more extensive engagement with stakeholders and deeper quantitative analyses.
- 1.3.2 Recommendation 2: Support the Trust in accelerating the development of an OBC for the EPR solution, ahead of the overall NHP Programme OBC. In this way, there is the opportunity to implement the EPR change ahead of the building infrastructure change. Concurrent organisational disruptions from two major change programmes can be avoided.



# 7. Some key challenges



## NHS EI and NHSx contacts

Required are trusted advisors and internal influencers from NHS EI and NHSx

## Quantifying benefits

Agreeing on 'cash releasing' and 'cost-avoidance'  
Ensuring no double-counting  
Providing confidence in realisation i.e. evidence

## SWP programme alignment

Alignment of timelines, costs, benefits for our Option 5  
Ensuring SWP plans and TSD NHP compliment each other

## Stakeholder engagement

Ensuring buy-in and commitment to change





**End**

Thank you for your support



- The biggest benefit is attached to a reduction in face-to-face appointments by 50%
  - This estimate is considered to be realistic, and if anything conservative:
    - Based on a case study from Berkshire, who have an EPR, and have realised a 42% reduction and are on course for 50%
    - It is in line with our current Trust ambition and the work currently in place to reduce face-to-face appointments
    - The figure is only for outpatient attendances, and doesn't include savings around procedures
    - The confidence in our ability to reduce face-to-face increases significantly with the advantages that an integrated EPR using alerts functionality and decision support provides to deliver efficient and effective management of OP care.
      - The opportunity with an EPR maybe greater than our estimate and will be explored further at OBC
    - The activity figures we have are only for the acute. According to the Performance Team, community activity isn't recorded by is estimated to be 600K contacts, and similar with social care (300K contacts). These will also benefit greatly from the platform, and would result in additional savings.





<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Safer Staffing: Maternity & Ockenden Recommendations			<b>Meeting date:</b> 28 April 2021	
<b>Report appendix</b>	None			
<b>Report sponsor</b>	Chief Nurse			
<b>Report author</b>	Head of Midwifery and Gynaecology			
<b>Report provenance</b>				
<b>Purpose of the report and key issues for consideration/decision</b>	The purpose of the report is to update Trust Board around national and local developments in maternity staffing.			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>				
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	x	<b>Valuing our workforce</b>	x
	<b>Improved wellbeing through partnership</b>	x	<b>Well-led</b>	x
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	N	<b>Risk score</b>	
	<b>Risk Register</b>	N	<b>Risk score</b>	
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	x	<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>	x	<b>Legislation</b>	
	<b>NHS England</b>	x	<b>National policy/guidance</b>	x

Safer Staffing: Maternity & Ockenden Recommendations		Date: 28 April 2021
<b>Report sponsor</b>	Chief Nurse	
<b>Report author</b>	Head of Midwifery and Gynaecology	

## 1.0 Introduction

Following the publication of the Ockenden Review of Maternity Services at Shrewsbury and Telford NHS Trust (Dec 2020), NHS Trusts were required to implement urgent and immediate safety actions, providing assurance that these had been completed, along with the Trust position for CNST standards and safer staffing levels, by 15 February 2021.

NHS England are investing over £95 million of recurrent funding into maternity services to enable the Ockenden safety recommendations to be fully implemented. Trusts are required to submit bids to their Local Maternity and Neonatal System (LMNS), who will collate the bids for each system and submit to NHS England. The bids should include the latest establishment review based on the Birthrate Plus<sup>®</sup> Establishment Review Tool.

TSDFT received their Birthrate Plus<sup>®</sup> Establishment Review report during March 2021. This identified a variance of -13.27wte within the midwifery workforce.

This report will provide details of Birthrate Plus<sup>®</sup> Establishment Review report. It will also consider the wider service staffing implications of the Ockenden review and provide detail of the proposed bid that will be submitted to Devon LMNS.

## 2.0 Ockenden Recommendations and NHS England Bid Requirements.

The Ockenden Report and NHS England sets out specific requirements within their Maternity Assurance Framework:

- i) Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it.
- ii) Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward.
- iii) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.
- iv) All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.
- v) Undertake a maternity work-force gap analysis, to have a plan in place to meet the Birthrate Plus (BR+) (or equivalent) standard by the 31<sup>st</sup> January 2020 and to confirm timescales for implementation.
- vi) At least one consultant midwife in each maternity unit
- vii) Specialist midwives in every trust and health board

Each Organisation is required to set out how they can continue to meet their obstetric workforce requirements, the Birthrate Plus® recommendations for midwifery workforce, and training and development requirements.

### 3.0 Birthrate Plus

Birthrate Plus® (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published.

It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and RCOG.

TSDFT completed a BR+ establishment review in February 2021, receiving the final report in March 2021. This identified a variance of **-13.27wte** within the midwifery workforce. It also found that women receiving the highest categories of care at TSDFT (62.4%) was higher than that of the average for England (58%). It was noted that there had been an 8.3% increase of complexity in the care provided to women.

Recruiting to the above variance would enable increase the staffing levels within the hospital-based midwifery core team which would enable the delivery suite co-ordinator to remain supernumerary at all times (Safer staffing and CNST requirement). It would also enable the development of a 7<sup>th</sup> Continuity of Carer Team resulting in a reduction of caseloads to the nationally recommended size (Better Births), whilst also providing the opportunity to reshape two of the teams to meet the national requirements. This would mean that our model of midwifery care was fully compliant with the Better Birth recommendations.

### 4.0 Obstetric Workforce

Currently there are 9.0wte Consultant Obstetricians and Gynaecologists. Following the Ockenden Report and the requirement of the Immediate and Urgent Actions, a review of job plans was undertaken and changes made to enable the requirements to be met, eg twice daily ward rounds. However, these changes meant that the existing staff were working additional PAs to accommodate this. Likewise, a lead Obstetrician for fetal monitoring and bereavement have been identified and are in role, however, funding for their time has not been identified.

There is a clear need for MDT training evidenced within the Ockenden report and we would wish to further develop and provide greater opportunity for adhoc training, increased number of insitu simulations and planned obstetric emergency training.

As a Trust, the establishment of O&G Consultants is proportionally lower than the organisation that we benchmark against and our neighbouring organisations. Therefore, it is proposed that a further Obstetric consultant is required. This would enable 1PA to be allocated for the fetal monitoring role, 3 PAs to be allocated for MDT training and 6 PAs to for the MDT ward rounds. These would be pro-rata.

## 5.0 Multi-Disciplinary Team (MDT) Training.

TSDT maternity services has established MDT training over the years as this has been a CNST requirement. However, as described above this is an element of our service that needs further development, including more ad-hoc simulations to support staff and enhance safety. As such we will be bidding for 3.0 band 3 Maternity Support workers, to support this. 2.0wte will be utilised to support back fill and release staff to participate in training, whilst the further 1.0wte will work with our existing education lead midwife and consultant colleagues to provide improved MDT safety training.

Additionally, the bid will include an additional 3wte band 6 midwives. 1.5wte will be to provide training, with the remaining 1.5wte being utilised to support backfill as above.

## 6.0 Funding bid

The funding bid has a number of clear parameters. One of which is that maternity services are only able to bid for Band 5 & 6 midwives. As a service we have identified that some of the above posts will need to be banded higher to recognise the specialist nature of the roles.

The NHSE webinar noted that it was there expectation that the band 6 and 5 posts recruited to would enable movement within organisations to support Band 7 and above posts. Therefore, the Trust will need to fund any funding differential. For the purposes of the bid, there will be a requirement to fund the differential for 2.0wte band 7s and 1.0wte band 8b. This equates to circa £40,000. The Trust will need to commit to bridging this funding gap.

Summary of Bid
16 wte Band 6 *
3wte Band 3
1 wte Consultant Obstetrician.

\*Differential funding from Trust for 2.0 Band 7, 1.0 Band 8b

The funding bid is currently being finalised, but is likely to be in the region of £1million.

The funding bid is due to be submitted to Devon LMNS on 30 April 2021, and submitted to NHSE on 6 May 2021. The outcome of the funding bids will be made available in June 2021.

## **7.0 Conclusion**

The Ockenden report has recommended a series of actions to improve safety for mothers and their babies using maternity service. The above paper provides a summary of the identified gap in staffing levels to meet these requirements. This will require a substantial increase in funding recurrently.

## **8.0 Recommendations**

The Trust Board receives and notes progress around national and local developments with regard to maternity staffing.





<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> 2020 National Staff Survey Report			<b>Meeting date:</b> 28 <sup>th</sup> April 2021	
<b>Report appendix</b>	None			
<b>Report sponsor</b>	Director of Workforce & OD			
<b>Report author</b>	Workforce & OD Business Partner			
<b>Report provenance</b>	People Committee			
<b>Purpose of the report and key issues for consideration/decision</b>	To update the Trust Board on the Trusts local and national position in respect of 2020 Staff Survey findings and to agree priorities for 2021.			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Trust Board of Directors are asked to note the content of this report and endorse the priorities for 21/22 and the plans to realise improvement.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	x	<b>Valuing our workforce</b>	x
	<b>Improved wellbeing through partnership</b>	x	<b>Well-led</b>	x
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>		<b>Risk score</b>	
	<b>Risk Register</b>		<b>Risk score</b>	
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	x	<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>	x	<b>Legislation</b>	
	<b>NHS England</b>	x	<b>National policy/guidance</b>	x

<b>Report title: 2020 National NHS Staff Survey</b>		<b>Meeting date: 28<sup>th</sup> April 2021</b>
<b>Report sponsor</b>	Director of Workforce and Organisational Development	
<b>Report author</b>	Workforce and Organisational Development Practitioner	

## 1.0 Purpose

- 1.1 To provide the Trust Board of Directors with an update on;
- The Trusts local and national position in respect of 2020 Staff Survey findings
  - Identified priorities for 2021 and initial plans

## 2.0 Background

- 2.1 The National NHS Staff Survey was issued to all staff in November 2020 to seek their views about their jobs and working for the Trust. Given the pandemic, the vast majority of staff received an electronic survey, as we wanted to reduce the risk of transmission through handling paper copies. The overall findings from the survey are presented in the form of ten key themes, with each theme receiving a score from 0-10, with 10 being the best score attainable.

## 3.0 Executive summary

- 3.1 The past 12 months have truly been a year unlike no other. The pandemic has challenged each and every one of us, not just at work but also at home as we have adapted to new ways of working and living – none of us have been unaffected.
- 3.2 The Staff Survey provides an incredibly helpful insight into how the pandemic has affected the experience of our people at work. In comparison to the national average, this is an improving picture as we have seen an increase in the number of themes where we perform above the national average, and a reduction in the number of themes below the national average. In comparison to our own performance last year, we continue to see a more stabilised position, with marginal change within three themes. To be celebrated is the improvement we have seen in morale, which given the challenges of the last 12 months is immensely positive. There has been a marginal deterioration in the score for teamworking and bullying and harassment (meaning the prevalence has increased)

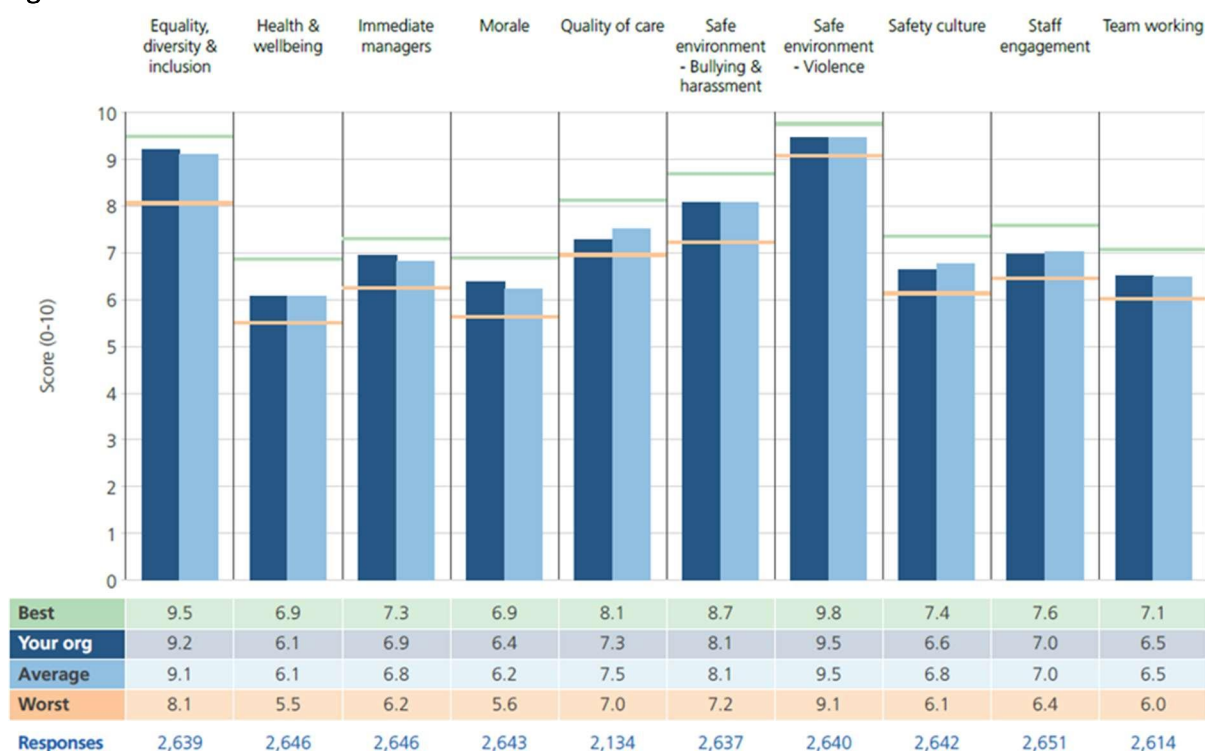
## 4.0 Response Rate

- 4.1 Perhaps unsurprisingly given the pandemic and the significant pressures on operational teams, the Trust saw a small decline in the response rate from 47% in 2019 to 42% in 2020. This compares to a median response rate of 45% for our comparator group - Acute and Acute & Community Trusts.

## 5.0 National Comparison

- 5.1 The overall findings for the Trust, benchmarked against the best, average and worst results are in figure 1.

Figure 1



5.2 In comparison to the national average, the Trust has seen a general improvement in its overall performance with an increase in the number of themes above the national average, and a reduction in the number of themes below the national average.

Figure 2

	2020	2019
Above the national average	3	2
In line with the national average	5	4
Below the national average	2	5

\*Quality of appraisal is no longer a theme in 2020, hence the reduction in the number of themes from 11 to 10.

5.3 It is pleasing to see that morale remains one of the themes that are above the national average. Whilst there has been no statistical significant change since 2019, both EDI and immediate manager are rated above the national average. Conversely, as there has been no significant improvement, quality of care and safety culture remain below the national average.

Figure 3

Above the national average	Immediate Manager, Morale, EDI
In line with the national average	Health & Wellbeing, B&H, Violence, staff engagement, team working
Below the national average	Quality of Care, Safety culture

## 6.0 Comparison to performance in 2019

6.1 In comparison to last year's performance, there has been marginal change within three themes. An improvement in morale, which given the challenges of the last 12 months is immensely positive. There has been a marginal deterioration in the score for teamworking and bullying and harassment (meaning the prevalence has increased)

Figure 4

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	9.2	2907	9.2	2639	Not significant
Health & wellbeing	6.1	2923	6.1	2646	Not significant
Immediate managers †	6.9	2931	6.9	2646	Not significant
Morale	6.3	2891	6.4	2643	Not significant
Quality of care	7.3	2392	7.3	2134	Not significant
Safe environment - Bullying & harassment	8.2	2905	8.1	2637	Not significant
Safe environment - Violence	9.5	2909	9.5	2640	Not significant
Safety culture	6.6	2903	6.6	2642	Not significant
Staff engagement	7.0	2945	7.0	2651	Not significant
Team working	6.6	2907	6.5	2614	Not significant

† Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

6.2 Figure five details the questions that make up each of the themes, enabling a more granular focus. Points worthy of note;

6.2.1 *Health and wellbeing* – Whilst this is the lowest ranking theme, there has been a steady increase in the opportunities for flexible working over the last 4 years and an increase in the belief that the Trust takes positive action on health and wellbeing over the past 3 years. Conversely, over the last 4 years there has been a year on year increase in the percentage of staff suffering from MSK. Of concern this year is the considerable increase in staff suffering from work related stress, which is approaching 45%. There has been a considerable improvement (7%) in staff not coming to work when they feel unwell. This may well relate to the enforced self-isolation of the pandemic.

6.2.2 *Immediate manager* –It is positive to see that for the past four years there has been a year on year increase in staff feeling their manager values their work and in them taking a positive interest in their health and wellbeing. For the past three years there has also been an increase in the prevalence of clear feedback.

6.2.3 *Morale* – Is the second lowest ranking theme. However, it is positive to see that the questions relating to retention have all improved this year. For the past three years there have also been year on year increases for staff feeling encouraged by their immediate manager, relationships being less strained and having less unrealistic time pressures. Of concern is that for the past three years there has been a continued decline in staff having a choice about how they perform their work.

6.2.4 *Safety Culture* – This is one of the lowest ranking themes. However, it is encouraging to see that improvements have been made in a number of areas and there has continued to be a steady upward trend over the past 5 years in staff being given feedback about improvements made as a result of incidents. Conversely, for the past three years we have seen a continued downward trend in staff feeling confident that the Trust would address their concerns and in acting on concerns raised by patients/service users.

6.2.5 *Staff engagement* theme – For the past three years we have seen a downward trend in a number of the questions within staff engagement. It is therefore positive to see that there has been improvement around recommendation as a place to work and receive treatment and that care is the Trusts top priority.

Figure 5

THEME	QUESTION	Finding	Variance to 2019 findings	National Average	Trend Years
Equality & Diversity	14 – Trusts acts fairly with regard to career progression/promotion	85.2%	0.5% decline	84.9%	
	15a – Experienced discrimination from patients/service users	5.0%	0.6% decline	6.2%	
	15b- Experienced discrimination from manager/team leader	6.4%	Same	7.9%	
	28b – Adequate adjustments to carry out work	80.6%	2.6% improvement	75.6%	
Health & Wellbeing	5h- Opportunities for flexible working	55.6%	1.1% improvement	55.5%	4 ↑
	11a – Trust takes positive action on H&W	29.4%	0.8% improvement	31.7%	3 ↑
	11b – Experienced MSK as a result of work activities in last 12months	28.2%	2.4% decline	28.8%	4 ↓
	11c – Felt unwell as a result of work related stress in last 12 months	43.8%	5.8% increase	44.1%	
	11d – Come to work despite feeling unwell	46.5%	7.2% improvement	46.6%	
	Immediate Manager	5b – Support from immediate manager	71.6%	1.3% decline	69.1%
Immediate Manager	8c – Gives clear feedback on work	61.5%	01.1% improvement	60.6%	3 ↑
	8d – Asks for my opinion before making decisions that affect my work	56.1%	Same	54.5%	
	8f – Takes a positive interest in my H&W	71.9%	0.7% improvement	69.2%	4 ↑
	8g- Values my work	73.7%	0.4% improvement	71.8%	4 ↑

Morale	4c – Involved in deciding changes that affect my work/team/dept	51.3%	1.5% decline	50.3%	
	4j – Receive respect I deserve from work colleagues	72.7%	1% decline	70.4%	
	6a – Have unrealistic time pressures	25.5%	1.8% improvement	24.4%	3 ↑
	6b - Choice in deciding how to do my work	56.1%	1.8% decline	54.3%	3 ↓
	6c – Relationships at work are strained	47.3%	0.3% improvement	45.5%	3 ↑
	8a – Immediate manager encourages me at work	72%	1.8% improvement	69.2%	3 ↑
	19a – Often think about leaving the Trust	25.7%	1.2% improvement	26.7%	
	19b – Probably look for a job at a new org in next 12 months	15.9%	1.3% improvement	18.7%	
	19c – As soon as I find another job I will leave this Trust	11.4%	0.6% improvement	13.2%	
Quality of Care	7a – satisfied with quality of care I give to patients	78.4%	1.2% decline	82%	
	7b – My role makes a difference to patients	88.0%	2% decline	89.7%	
	7c – Able to deliver the care I aspire to	63%	2.4% decline	70.0%	
Safe Environment – Bullying & Harassment	13a – Experience BHA from patients/service users	26.5%	0.6% improvement	26%	
	13b - Experience BHA from managers	11.5%	1.6% decline	12.6%	
	13c - Experience BHA from colleagues	19.5%	1.4% decline	19.8%	
Safe Environment - Violence	12a – Experienced physical violence from patients/service users	14.5%	same	14.2%	
	12b - Experienced physical violence from managers	0.4%	same	0.5%	
	12c Experienced physical violence from colleagues	1.2%	0.2% decline	1.4%	
Safety Culture	16a – Treats staff who are involved in an error fairly	63.2%	3.1% improvement	61.4%	

	16c – Trust takes action to ensure errors don't happen again	68.6%	3% improvement	72.7%	
	16d – Given feedback about changes made in response to reported errors	55.1%	1.4% improvement	61.9%	5 ↑
	17b – Feel secure in raising concerns about unsafe clinical practice	70.9%	2.1% improvement	71.8%	
	17c – Confident my Trust would address my concern	55.8%	0.4% decline	59.1%	3 ↓
	18b – Trust acts on concerns raised by patients/service users	68.8%	0.8% decline	74%	3 ↓
Staff Engagement	2a – Look forward going to work	56.3%	1.4% decline	58.5%	3 ↓
	2b – Enthusiastic about my job	72.9%	0.6% decline	73.1%	3 ↓
	2c – Time passes quickly when I am working	76.3%	1.8 decline	78.1%	3 ↓
	4a – Frequent opportunities to show my initiative	72.9%	2.1% decline	71.9%	
	4b – Able to make suggestions to improve work of team/dept	75.7%	0.5% decline	73%	3 ↓
	4d – Able to make improvements happen in my work area	53.6%	0.8% decline	55.4%	3 ↓
	18a – Care of patients is my Trust top priority	75.5%	0.2% improvement	79.4%	
	18c – Recommend Trust as a place to work	67.6%	1.3% improvement	66.9%	
	18d – If a friend needed treatment I would be happy the standard of care provided by Trust	74.2%	1.2% improvement	71%	
Team Working	4h – Team has a set of shared objectives	73.1%	0.9% decline	71.6%	
	4i – Team often meets to discuss the teams effectiveness	56.2%	3.1% decline	56.7%	

## 7.0 Covid-19 Classification breakdowns

7.1 This year, given the pandemic, the NSS asked staff four classification questions relating to their experience during the pandemic;

- Have you worked on a Covid-19 specific ward?
- Have you been redeployed due to the pandemic?
- Have you been required to work remotely/from home due to the pandemic?
- Have you been shielding? For yourself? For a member of your household?

7.2 Figure 6 shows the theme scores for staff in each of the four categories above, compared with the results for all staff. Some broad headlines can be deduced from this data;

7.2.1 Overall staff who worked remotely or at home reported a more positive experience. This is encouraging given the Trusts move toward agile working.

7.2.2 Staff who were shielding for a member of their household generally reported the poorest experience, closely followed by those who worked on a Covid ward.

7.2.3 The ranking of the theme remained largely consistent across the different groups and in line with all staff. The highest scores for all groups being around the low prevalence of violence and positive experience of equality, diversity and inclusion. The lowest scores were around health and wellbeing, with the addition of morale for those staff that were working remotely or shielding due to a household member. This will be particularly important to note as the Trust develops its approach to agile working.

Figure 6

Theme	All staff	Worked on Covid Ward	Redeployed	Worked remotely/at home	Shielding for self	Shielding for household member
EDI	9.2	9.0	8.9	9.4	8.8	8.9
Health & Wellbeing	6.1	5.7	5.6	6.5	6.1	6.0
Immediate manager	6.9	6.7	6.8	7.3	7.0	6.7
Morale	6.4	6.2	6.1	6.5	6.3	6.0
Quality of Care	7.3	7.1	7.2	7.1	7.2	6.9
Bullying & Harassment	8.1	7.4	7.7	8.5	7.8	7.9
Violence	9.5	8.9	9.3	9.8	9.5	9.6
Safety culture	6.6	6.5	6.4	6.7	6.7	6.3
Staff engagement	7.0	6.8	6.8	7.1	7.1	6.5
Team working	6.5	6.2	6.3	6.9	6.4	6.5

all staff  Better experience than all staff  Worse experience than all staff  
 Worst experience



## 8.0 Workforce Race Equality Standard (WRES)

- 8.1 The Workforce Race Equality Standard (WRES) was introduced in 2015 to hold a mirror up to the NHS and spur action to close gaps in workplace inequalities between our black and minority ethnic (BME) and white staff.
- 8.2 Four of the nine WRES indicators are taken from the National Staff Survey. Figure 7 shows the Trusts performance against the WRES standard for the last two years and in comparison, to the national average. The broad headlines are;
- 8.2.1 Experience of bullying, harassment and abuse (BHA) from patients has remained largely consistent for BME staff and 3% above the national average, where there has been a marginal reduction for white staff suggesting the disparity is widening.
- 8.2.2 Whilst experience of BHA from staff has increased for both demographic groups, the percentage increase is 3% higher for BME staff, but remains below the national average.
- 8.2.3 Whilst the percentage of white staff who believe there is equal opportunities for career progression has remained consistent, it has reduced significantly by 6% for BME staff, but does remain higher than the national average.
- 8.2.4 Whilst the prevalence of discrimination has marginally declined for white staff it has considerably increased for BME staff, although this remains below the national average.
- 8.3 In summary, the Trust findings compare favourably to the national average in three of the four questions. However, in comparison to the Trusts performance in 2019, the findings suggest a deteriorating experience for our BME staff and potentially a widening disparity of experience in comparison to white colleagues.

Figure 7

	BME 2019	White 2019	BME 2020	White 2020	BME Average 2020
% staff experiencing BHA from patients, relatives or public	30.8%	24.6%	31%	23.7%	28%
% staff experiencing BHA from staff	20.7%	22.1%	25.2%	24.1%	29.1%
% staff believing equal opportunities for career progression	81.7%	85.7%	75.7%	85.7%	72.5%
% staff experiencing discrimination at work from manager or colleagues	10.3%	6.0%	15.1%	5.8%	16.8%

## 9.0 Workforce Disability Equality Standard

- 9.1 The Workforce Disability Equality Standard (WDES) was introduced in 2019 and requires the Trust to annually self-assess against 13 indicators of workplace experience and opportunity, and to develop and implement robust action planning for improvement.
- 9.2 Nine of the 13 WDES indicators are taken from the National Staff Survey. Figure 8 shows the Trusts performance against the WRES standard for the last two years and in comparison, to the national average. The broad headlines are;

- 9.2.1 The experience of BHA from patients/relatives has increased by 1.1% for staff with LTC or illnesses, whereas it has reduced by 1.3% for staff without a LTC/illness. This suggests a widening of the disparity, although the Trusts findings remain positive in comparison to the national average.
- 9.2.2 The experience of BHA from managers has increased for both demographic groups. Whilst the increase has been slightly higher for staff without a LTC/illness, the percentage remains considerably higher (10%) for staff with a LTC/illness and is marginally higher than the national average.
- 9.2.3 On a more positive note, the experience of BHA from colleagues has reduced by nearly 2% for staff with a LTC/illness and is in line with the national average. However, it remains 10% higher than for staff without a LTC/illness.
- 9.2.4 Reporting experiences of BHA has fallen for both staff groups and they are now broadly comparable, but below the national average.
- 9.2.5 There has been a considerable increase in the percentage of staff with a LTC/illness believing the Trust provides equal opportunities for career progression and this is above the national average. Whereas the percentage has fallen slightly for staff without a LTC/illness.
- 9.2.6 The percentage of staff feeling pressure to come to work from their manager despite feeling unwell, remains largely unchanged and favourable to the national average.
- 9.2.7 Whilst the percentage of staff feeling satisfied with the extend the Trust values their work has remained largely unchanged for staff without a LTC/illness, it has fallen for staff with a LTC/illness and is below the national average.
- 9.2.8 There have been improvements in the percentage of staff who believe the Trust has made sufficient adjustments to enable them to perform their work, and this is above the national average.
- 9.2.9 It is positive to see that the staff engagement score has improved for staff with a LTC/illness and is line with the national average, but this remains below the score for staff without a LTC/illness.
- 9.3 Generally, the Trust performs in line or slightly above the national average, in the majority of questions. In comparison to last year it is very much a mixed picture with improvement in staff engagement, reasonable adjustment and perception of equity for career progression but deterioration in BHA and sense of value.

Figure 8

	LTC or illness 2019	Without LTC 2019	LTC or illness 2020	Without LTC 2020	LTC or illness average 2020
% staff experiencing BHA from patients, relatives or public	26.8%	24.2%	27.9%	22.9%	30.9%
% staff experiencing BHA from manager	18.2%	7.8%	19.4%	9.5%	19.3%

% staff experiencing BHA from colleagues	28.6%	15.4%	26.8%	16.9%	26.9%
% of staff that reported experience of BHA	47.5%	47.6%	45.4%	44.6%	47%
% staff believing equal opportunities for career progression	77.1%	87.3%	81.4%	86.1%	79.6%
% staff feeling pressure from manager to come to work despite feeling unwell	32%	21.8%	31.5%	22.3%	33%
% staff satisfied with the extend Trust values their work	37%	47.8%	35.5%	47.5%	37.4%
% staff saying the Trust has made adequate adjustments for them to carry out work	78.3%		80.2%		75.5%
Staff engagement score (0-10)	6.5	7.1	6.7	7.1	6.7

## 10.0 Priorities and actions

- 10.1 Our People Promise describes how Torbay and South Devon will feel as a great place to work. 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. In short, the people promise sets out what a member of staff can expect from us, and our local People Plan details how we are going to deliver these promises.
- 10.2 As previously reported there are plans for the 2021 national staff survey to be aligned to the People Promise and therefore mapping of the questions has already started. Figure 9 seeks to summarise;
- The proposed priorities and rationale
  - How these priorities relate to the People Promise
  - The specific actions in the people Plan that will seek to improve the finding and ensure further deliver against the promise

Figure 9

Proposed Priority	Rationale for priority	People Promise	People Plan Pillar and actions
Health & Wellbeing	Whilst in line with the national average, this remains the Trusts lowest score, with little change over the past 4 years	<b>Promise 4</b> We are safe and healthy	<b>Looking after our People</b> 1. Introduction of wellbeing conversations 2. Establishing health and wellbeing buddies 3. Introducing an anti-bullying network
Bullying and harassment	Whilst in line with the national average there has been deterioration this year		
Morale	Whilst above the national average this is the Trusts second lowest score	Combination but the lowest scores relate to ability to contribute to change and have a choice in how work is done which relates to <b>Promise 3</b> – we each have a voice that counts	<b>Creating the conditions to enable transformation</b> 1. Create improvement methodology 2. Deliver management essentials programme
Teamworking	Whilst in line with the national average this is the Trusts third lowest score, with deterioration seen this year.	<b>Promise 7</b> We are a Team	<b>Creating the conditions to enable transformation</b> 1. Delivery of the cultural Framework
Quality of Care	Whilst one of the Trust higher scores we continue to perform below the national average	<b>Promise 1</b> We are compassionate and Inclusive	<i>To be developed with Executive Colleagues and all staff</i>
Safety Culture	Whilst one of the Trust higher scores we continue to perform below the national average	Combination but the lowest scores relate to being confident that the Trust will act on concerns of staff and patients which relates to <b>Promise 3</b> – we each have a voice that counts	<b>Creating the conditions to enable transformation</b> 1. Developing a Just & Learning Culture 2. FTSU work programme  <i>Further development with Executive Colleagues and all staff</i>

## 11.0 Recommendation

11.1 The Trust Board of Directors are asked to note the content of this report and endorse the priorities for 21/22 and the plans to realise improvement.

<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Building a brighter future – outline communications and engagement plan		Meeting date: 28 April 2021		
<b>Report appendix</b>	n/a			
<b>Report sponsor</b>	Deputy Chief Executive and SRO for Building a brighter future (new hospital programme)			
<b>Report author</b>	Associate Director of Communications and Partnerships			
<b>Report provenance</b>	Presented to the Building a brighter future redevelopment committee on 22 April 2021			
<b>Purpose of the report and key issues for consideration/decision</b>	To update the Board of Directors on the progress made to date on development the outline communications and engagement approach for Building a brighter future and the new hospitals programme.			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board are asked to receive and note the Building a brighter future outline communications and engagement plan			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>	X	<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>		<b>Risk score</b>	
	<b>Risk Register</b>		<b>Risk score</b>	
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>		<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>		<b>Legislation</b>	
	<b>NHS England</b>		<b>National policy/guidance</b>	X

<b>Report title:</b> Building a brighter future – outline communications and engagement plan		<b>Meeting date:</b> 28 April 2021
<b>Report sponsor</b>	Deputy Chief Executive and SRO for Building a brighter future (new hospital programme)	
<b>Report author</b>	Associate Director of Communications and Partnerships	

## 1. Introduction

This paper has been provided to give members of the Board of Directors an overview of the outline communications and engagement plan for the Building a brighter future programme.

## 2. Core narrative – Building a brighter future

We have been given a share of £3.7 billion government funding for a new hospital development. This is fantastic news and a once in a lifetime opportunity to make a real difference in how we deliver services with, to and for our people.

It is not just about building a better hospital in Torquay. It is about exploring opportunities to deliver our services in ways that provide better outcomes for our population and better working environments for staff across all the communities that we serve.

It gives us the opportunity to further build on our integrated approach to service delivery and will be led and shaped by our health and care model, which is currently being developed by our staff in conjunction with our partners.

We will take advantage of new technologies and the latest improvements in health and social care, planning not only for the needs of our people today but also for the future.

This won't be a quick programme – it will take at least 10 years - and it will be made up of a number of different phases and projects as we work together towards our vision.

We have already started some of the building work with the recent ground-breaking ceremony for our new Acute Medicine Unit at Torbay Hospital. And we are working very closely with our local partners on new health and wellbeing centres for Dartmouth and Teignmouth.

We will also have to make difficult decisions at times about what we build new, what we refurbish and what stays the same. While we are receiving a significant amount of money it is not enough to do everything that we would wish to do. We will also have to make difficult decisions about service locations and how we deliver services.

We know that change is difficult and challenging for all of us, even when it is wanted and welcomed – which not all change will be. We know that the decisions we make may cause people to feel distress, upset, grief or loss. We know that for many of you there may be long periods of uncertainty as to what is happening to your service, or your role, or your workplace. We will be continually mindful of the impact that our changes may have on you, your colleagues and your patients.

What we can promise you is that we keep you informed, give you plenty of opportunity to share your ideas, thoughts and concerns and share with you how we use what you have told us to develop our plans. We commit to being open and honest with you and our communities about the decisions we are making and why we are making them.

We are focusing our programme around three elements: people, estates and digital. These are the areas which if we get right, will provide a brighter future for us all.

Building a brighter future is:

- Clinically and professionally led and committed to sustainability and value for money
- An opportunity to deliver better care and outcomes for our patients in different ways
- Realistic about what we can achieve with the money we have
- Inclusive, open and honest
- Not just about hospital services or buildings, it is about everything we do
- Gradually changing how we work and provide care over the next ten years

### **3. Our approach to communications and engagement**

**Aim:** to inform, involve and engage our people and communities in our vision to enable the successful delivery of our programme

**Objectives:**

- For staff to understand the purpose of the programme and to have a range of opportunities to share their views and inform the development of the work
- For our key stakeholders to be kept informed and given regular opportunities to question, check and challenge our thinking and progress
- For patients and the public to be able to access information easily in a range of formats about what we are doing and why we are doing it and have the opportunity to share their views, thoughts and feedback
- For all public engagement and consultation to be delivered in line with best practice, legal requirements, relevant timelines and in partnership with the Devon system

### **4. Independencies for communications and engagement**

We are one of 21 schemes selected as part of the new hospitals programme nationally.

The other providers within the south west are:

- Dorset Healthcare University NHS FT
- Northern Devon Healthcare NHS Trust
- Royal Cornwall Hospitals NHS Trust
- Royal United Hospitals Bath NHS FT
- Somerset NHS FT
- University Hospitals Plymouth NHS Trust

As you can see, there are two other providers who are part of the new hospitals programme in the Devon Integrated Care System.

We are working in conjunction with our system communications and engagement teams to develop our plans together given the interdependencies around engagement and consultation. We are planning to co-host as much of the engagement, meetings and discussions together as we move forward as many of the changes to the way services will be delivered will affect people and staff across the county. We also plan to use the Devon Virtual Voices Panel to seek views and feedback as well as testing our messaging for accessibility and understanding.

By working closely together, we can avoid duplication, reduce confusion and give clear and consistent messages while engaging people in meaningful conversations about change. We can also ensure that those elements of our plans which require public consultation are supported in a robust and timely manner.

Our stakeholder mapping is currently in development and engaging with those who are often 'seldom heard' will be a priority for us, particularly given the significant levels of deprivation we have in Torbay and south Devon.

Our stakeholder mapping will directly inform the development of our engagement plan which will define and target activity by stakeholder audience. Audiences will include staff, patients and their representatives, carers, Torbay and South Devon FT Governors and members, GPs, local government scrutiny, the general public, local councillors, MPs, Healthwatch, voluntary community and social enterprise partners, local charities and local health system partners.

Engagement is key to the successful delivery of our programme – it is not enough to inform, share and communicate. We need to actively listen to and involve our people in the development of our plans and show how we have done this. We need to work with and for our people.

We are looking at embracing a community asset-based approach where we will work with our voluntary, community and social enterprise partners who are already working with and trusted by many of the people we need to reach.

Such an approach would focus on empowering (and commissioning) our VCSE partners not only to share information about the programme and how people can have their say but also to undertake focus groups and semi-structured interviews on our behalf. It would provide us with much richer insight that would be gained from a more traditional NHS approach to engagement and consultation.

## **5. Recommendations**

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



<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> 2021/22 Annual Planning and Budget Setting Update		<b>Meeting Date:</b> 28 April 2021		
<b>Report appendix</b>	Appendix 1: 2021/22 Planning timeline overview			
<b>Report sponsor</b>	Chief Finance Officer Director of Transformation and Partnerships			
<b>Report author</b>	Interim Deputy Director of Finance Assistant Director of Finance Business Partnering Head of Business Development / Recovery Lead			
<b>Report provenance</b>	Chief Finance Officer			
<b>Purpose of the report and key issues for consideration/decision</b>	This report provides an update on progress for the annual planning process and development of CIP plans for 2021/22. The report also provides the Trust Board with an update on the financial framework for the first half of the 2021/22 financial year, and the Trust approach to budget setting.			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Trust Board is asked to note progress developing plans internally, and in coordination with the Devon ICS, within the national planning framework for 2021/22.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>	X	<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	Y	<b>Risk score</b>	16
	<b>Risk Register</b>	Y	<b>Risk score</b>	16
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	X	<b>Terms of Authorisation</b>	X
	<b>NHS Improvement</b>	X	<b>Legislation</b>	X
	<b>NHS England</b>	X	<b>National policy/guidance</b>	X

2021/22 Annual Planning and Budget Setting Update		Date: 28 April 2021
<b>Report sponsor</b>	Chief Finance Officer Director of Transformation and Partnerships	
<b>Report author</b>	Interim Deputy Director of Finance Assistant Director of Finance Business Partnering Head of Business Development / Recovery Lead	

### Introduction and contents

This paper outlines the current position with 2021/22 plan development, including the following topics:

1. Planning process and timeline update .....	3
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## 1. Planning process and timeline update

The national planning framework has divided 2021/22 into two halves for planning purposes. See *Appendix 1: 2021/22 Planning timeline overview* for a graphical summary of the planning timeline this year.

Guidance released in late March focussed on the first half of 2021/22, and broadly aims to maintain the levels of resourcing and capacity provided in 2020/21 Q3 (Oct-Dec) to support COVID recovery and restoration of services for the first six months of the year. Additional non-recurrent funding in the form of Elective Recovery Fund (ERF) is available if activity targets are exceeded, in order to incentivise backlog reduction, non-financial constraints notwithstanding.

For the second half of 2021/22 there is limited guidance available. We have little assurance of the funding envelope available, but can reasonably expect a significant tapering off. This would return us to a position described to the Board before the pandemic where our underlying recurrent financial position is in excess of a £65m deficit, after undelivered CIP and recurrent Covid impacts are taken into account. The Trust's planning assumptions work on the basis of a recurrent CIP target of £20m to be delivered this year, although there is a significant gap in plans to meet this target.

Internally, planning is being coordinated through a central planning team which has organised a series of "round-table" meetings with ISU leads, support teams and executive leads through April and May. These will take teams through a process of:

- Taking stock following the two COVID surges, understand the impact they have had on services and individuals, and the residual risks and issues
- Ensuring all are on the same page and we take a "one team" approach
- Looking at the planning challenges ahead and where each ISU needs to get to, and the resources available for delivering this
- Reviewing what this means in practice for the ISUs and exploring what more we can do
- Developing improvement/transformation ideas alongside activity, workforce, and finance plans

The ICS is coordinating some of the central submissions (such as the narrative plans and system-wide numerical plans) on behalf of all Devon providers. We are engaging with this process through:

- Our central planning team
- Devon clinical/pathway networks
- Devon transformation/improvement networks
- Devon performance, finance and workforce networks

## 2. Cost improvement plan (CIP) position

The following analysis of CIP plans sets out the level of detail associated with schemes in each ISU, and the associated risk. After adjusting for risk the benefits likely to be delivered by existing plans is approximately £7.2m in 2021/22, leaving a gap of £12.8m that requires substantial further work.

### Current CIP position by ISU (as reported by the PMO)

	2021/22 Cost Reduction Target	PIDOP & CC and Account identified	CC and Account identified	GAP- To be covered by "Plan B"	PIDOP but No CC and Account identified	No PIDOP & CC and Account identified
Independent Sector - ASC	£2,418,000	£2,417,425	£0	£575	£0	£0
Independent Sector - PP	£2,144,000	£0	£1,237,000	£907,000	£0	£0
Torquay	£1,800,000	£616,344	£241,500	£942,156	£0	£0
Paignton & Brixham	£4,782,000	£569,179	£1,035,300	£3,177,521	£0	£8,000
Moor-to-Sea	£973,000	£50,000	£0	£923,000	£150,000	£0
Coastal	£4,187,000	£0	£320,000	£3,867,000	£558,000	£1,612,000
Newton Abbot	£1,580,000	£0	£400,000	£1,180,000	£0	£1,038,393
Corporate	£1,764,000	£0	£274,000	£1,490,000	£159,659	£0
Trustwide	£352,000	£0	£0	£352,000	£0	£240,000
<b>Total</b>	<b>£20,000,000</b>	<b>£3,652,948</b>	<b>£3,507,800</b>	<b>£12,839,252</b>	<b>£867,659</b>	<b>£2,898,393</b>

### Overview of opportunities included within existing CIP plans

Method	Description	Examples	Current value
Transformation programmes	Changes formally commissioned by the transformation function, inc. service and pathway developments that have emerged from initial creation of the ICO	<ul style="list-style-type: none"> <li>ICM home first D2A and enhance care in care homes</li> <li>OP follow-up reduction through PIFU and virtual outpatients</li> <li>ASC and independent sector workforce review</li> </ul>	£5,629k
"Business as usual" cost reduction in core services	Initiatives identified, planned and managed within ISUs. Typically smaller & less disruptive. Often informed by benchmarking, national initiatives (e.g. GIRFT), peer reviews (Devon clinical networks), local team and individual innovation, "round-table" reviews, etc.	<ul style="list-style-type: none"> <li>Reducing locum/agency usage</li> <li>Reducing use and cost of diagnostic tests/reporting</li> <li>Reducing use of high cost drugs</li> <li>Workforce banding and role redesign</li> <li>Procurement cost reduction</li> </ul>	£5,046k
Back office cost reduction	Cost reduction in back office/ corporate services	<ul style="list-style-type: none"> <li>Inventory management and EFM biosystems waste initiative.</li> </ul>	£140k
Technical adjustments	Accounting changes that will impact recorded costs without fundamentally changing services.  Generally inappropriate to "push" for savings unless really clear legal accounting process.	<ul style="list-style-type: none"> <li>PDC adjustments relating to change in property use.</li> </ul>	£274k

Given we are already approaching the end of month 1, there is an urgent need to re-focus on the **delivery** of efficiency plans. It is likely that plans have not started to release any cost or productivity benefit, and this will be reviewed through the Transformation and CIP meeting.

### 3. Further developments to address the CIP gap

By the end of April 2021, the ISUs will have undertaken a thorough clinical and operational review of the existing CIP plans for 2021/22 (for the first time since December) and work to address the gap will have commenced. This will focus first on engagement with operational and clinical teams to agree further cost reduction initiatives in the “round table” and “budget review” sessions in April and May.

ISU plans will be supplemented by opportunities described by back-office teams in recent weeks that can be introduced by agreement of the executive team according to the remaining CIP gap and developments with external partners (e.g. through the SEND alliance).

The following table sets out the broad methods that will be employed to develop CIP plans further.

#### *Overview of further cost reduction opportunities to progress*

Method	Description / comments
All of the existing methods to be progressed further primarily through another “round table review” with ISUs.	<ul style="list-style-type: none"> <li>This will engage operational teams as we recover from COVID in a positive and constructive conversation about how we improve efficiency/productivity to release resources that can be employed to increase capacity or deliver cost reduction in 2021/22.</li> </ul>
“Red pen” budget review	<ul style="list-style-type: none"> <li>Finance-led challenge of planned expenditure in corporate budgets</li> <li>Will identify opportunities and also improve financial understanding</li> </ul>
Business processes / “Good housekeeping”	<ul style="list-style-type: none"> <li>Review of (280) NHSI good practice initiatives and business management principles (e.g. optimising use of back office resources and relating to value/return from business cases)</li> </ul>
Devon system / SEND developments	<ul style="list-style-type: none"> <li>e.g. short term clinical resilience/ resource sharing, long term service model improvement</li> </ul>
Improvement campaign / waste reduction	<ul style="list-style-type: none"> <li>Whole-trust innovation/ideas campaign (12m+)</li> </ul>
Income generation	<ul style="list-style-type: none"> <li>e.g. Potential from payroll, potential non-recurrent WLI, private practice</li> </ul>
Other opportunities	<ul style="list-style-type: none"> <li>List of potential further opportunities under review, including (but not restricted to) non-recurrent initiatives and short-term cost controls</li> </ul>

#### 4. Latest Guidance/Approach for 2021/22 Financial Plans

The latest planning guidance from NHSE/I (issued on 25th March 2021) identified that for the first six months of 2021/22, funding to ICSs will be in line with the financial envelopes for the second half of 2020/21.

Given these arrangements it is proposed that a budget be set for ISUs and other areas, for the first half of the year, based on the H2 2020/21 funding envelopes and actual costs. This approach will also reflect, insofar as possible, the more detailed work undertaken with respect to safer staffing reviews and the independent sector.

In addition, work will continue on developing a 12-month BAU budget, that would then be used as the basis for Quarters 3 and 4, when financial arrangements are expected to return to a more traditional approach. The BAU budget will include agreed changes for the Independent Sector, including an inflationary allowance on costs of 2%, and a non-recurrent support reserve of £1.2m, to address any continuing COVID pressures as well, as supporting seasonal variation (winter). The BAU budget will also reflect insofar as possible and subject to Board approval the safer staffing reviews, transitionally phased, based on recruitment profiles/timing.

#### 5. Link to Business Planning

Business planning review meetings have been underway for a number of months. The Trust is preparing two financial plans, one that covers the first half (H1) of 2021/22, and a full-year plan to be utilised as financial arrangements return a more traditional approach.

A draft financial plan has been prepared to reflect the Trust's underlying position, based on the forecast out-turn for the current financial year, adjusted to eliminate the impact of the coronavirus pandemic and to reflect the 2019/20 activity levels. Whilst this has been useful to identify an underlying cost base, the main uncertainty within the plan is the funding settlement with Devon CCG beyond H1. This draft plan is currently under review, but the completion of that work has necessarily been delayed by the significant operational and clinical challenges relating to the pandemic and the impact this is having on ISUs' time.

Work will continue through quarter one to develop and refine the plan taking into account the results of the round table meetings referred to above, together with additional budget setting/'red pen' exercises, and in line with central guidance as it becomes available. It should be noted that discussion within the ICS and with Commissioners continues despite the absence of guidance.

#### 6. Revenue Financial Forecasts and Modelling

##### **National and ICS Position**

Guidance was issued to NHS organisations on 25th March 2021 outlining the planning approach for the first half of the year, and setting out the financial envelopes available to ICSs, based on those used in the second half (H2) of 2020/21. A formal planning round is expected to take place during quarter one, towards the end of which we expect to be informed of the national financial settlement for the remainder of the financial year and specifically what sum is available to each ICS.

## **Torbay and South Devon NHS Foundation Trust – H1 Budget 2021/22**

The Trust's proposed approach to the budget for the first two quarters of 2021/22 will be as follows:

### **a. Underlying assumption**

- Funding envelope will be in line with H2 2020/21
- Trust will be expected to break-even in quarter one on a control total basis (i.e. after adjusting for the impact of donated assets)

### **b. Expenditure/Non-patient Income Budgets**

- Provide services with budgets based on the actual costs incurred in quarter three (2020/21), adjusted as follows:
  - Remove any significant non-recurrent costs.
  - Add inflation (as advised by NHSE/I in the guidance issued), funded from reserves as follows:

Expenditure Type	%
AfC Pay*	0.80%
Consultant Pay**	(0.49%)
Staff/Career grade Pay	0.10%
Trainee grade Pay	3.20%
CHC	1.56%
Social care	3.40%
Drugs	0.31%
Other non-pay	0.89%
Non-patient income	0.00%

\* - in line with the guidance the pay increase reflects incremental drift; there is no provision for inflation related pay increases which we have been advised will be separately funded

\*\* - in line with the guidance the consultant pay is 0.1% inflation adjusted for full year LCEA in 20/21 H2 envelopes, resulting in a negative growth in H1

- Specific provision has been made for increased costs of CNST and depreciation in line with calculations of expected costs next year
- Residual reserves, held centrally, will be available to provide funding towards any increased rate of Covid costs and other specific, validated, cost/service pressures that have arisen since quarter three. It should be noted that the usual business case process will govern the release of centrally-held budgets.
- Meetings have been arranged for early May to review budget allocations.
- For H1 the Trust is required to achieve an efficiency of 0.28% (£0.8m). This has not yet been allocated to operating units, but is held in reserves
- Contingency of 0.5% has been provided for in reserves
- Additional non-pay reserve to support additional marginal costs, where validated, in the delivery of Elective Recovery Fund income

- A summary at system level is set out below, with an adjusted net cost of £257.2m.
- An extrapolated run rate before inflation would suggest an estimate for the first half one of £269.7m based on month 10 and month 11 expenditure extrapolated to a six-month period. Applying the same adjustments identified above, would suggest a comparative current run rate of £277.7m (£0.8m higher than the proposed budget envelope, but that is offset by non-patient income being £2.3m higher in the period as well).
- The funding held in reserves for schemes/posts agreed/funded in prior years but not yet in place, will continue to be held within reserves and allocated to services as and when expenditure is incurred.

System	H1 Draft Budget £000's
Children and Family Health Devon	12,797
Pharmacy Manufacturing Unit	9,203
Shared Corporate Services	55,570
Shared Operations	7,338
South Devon	69,847
Torbay	122,133
<b>Grand Total</b>	<b>276,888</b>

**c. Patient Income Budget**

- Income for the first half of the year will be based on the income envelope for the second half of 2020/21, adjusted as follows:
  - o a reduction in allocation to reflect the surplus achieved by the Trust in Q3, doubled to gross up for the full six months. This leads to a £4.8m negative adjustment, being double the £2.4m surplus achieved in Q3 2020/21.
  - o Elective Recovery Fund income of £2.2m, risk adjusted down to 80% delivery (£1.8m), to reflect anticipated benefit of increased activity in line with NHSE/I target trajectories.
- It is also assumed that patient income from other sources will also be in line with the actual income in quarter three of 2020/21



#### d. Combined income and expenditure

	£'000s
Income from Devon CCG (excl. ERF)	194,685
Other income (excl. ERF)	79,270
ERF income to deliver existing capacity	1,750
<b>Total Income</b>	<b>275,705</b>
Expenditure	(276,888)
<b>Operating Surplus/(deficit)</b>	<b>(1,183)</b>

Whilst the table above suggests an initial deficit for the first half of 2021/22, the Devon system is required to break-even. Discussions are currently being held via the ICS Deputy Directors of Finance and Directors of Finance groups as to how to utilise system contingency/reserves in order to allow individual organisations, and the ICS as a whole, to show a break-even position for H1.

The key risks, from a finance perspective, that the Trust faces going into the 2021/22 financial year are outlined below:

- Cost Improvement Plans yet to be fully developed and no CIP plans assumed to be delivered in quarter one, placing an immediate requirement on any contingency held, thus reducing that available to offset any unplanned pressures that may arise.
- Whilst the financial position in the first half of the year should result in a break-even position, the underlying deficit remains and still needs to be addressed.
- It is assumed that any new investments agreed for quarters one and two can be covered by monies held in reserves
- The additional costs associated with potential changes to the pension scheme are not included in the pay uplift in the tariff and will be resourced separately from additional central funding. The plan assumes that the full impact of any changes to the pension scheme will be fully funded.

## 7. Recommendations

The Trust Board is asked to note progress developing plans internally, and in coordination with the Devon ICS, within the national planning framework for 2021/22.

Specifically, the Trust Board is also asked to note:

- The requirement for the Trust to deliver a break-even position for H1
- The Trust continues to have an underlying deficit position, which needs to be addressed
- The key financial risks as we enter into the 2021/22 Financial Year.

# Appendix 1: 2021/22 Planning – Timeline overview

