Torbay and South Devon NHS Foundation Trust
Public Board of Directors

The Boardroom/MS Teams

29 September 2021 11:30 - 29 September 2021 14:00

AGENDA

#	Description	Owner	Time
1	User Experience Story Receive and Note	CN	
2	Preliminary Matters	Ch	
3	Welcome and Introductions Note	Ch	
3.1	Board Corporate Objectives Information 3.01 Board Corporate Objectives.pdf 9	Ch	
3.2	Apologies for Absence Note	Ch	
3.3	Declaration of Interests Note	Ch	
4	Consent Agenda (Pre Notified Questions)		
4.1	Committee Reports		
4.1.1	SEND Chairs Report - 4 August 2021 Receive and Note 4.01.01 SEND Chairs Report 4 August 2021.pdf 11	Ch	
4.1.2	Finance, Performance and Digital Committee Chairs Report - 26 July 2021; and 23 August 2021 Receive and Note 4.01.02 Finance Performance and Digital Committe... 13 4.01.02 Finance Performance and Digital Committe... 17	P Richards	
4.1.3	Audit Committee Chairs Report - 8 September 2021 Receive and Note 4.01.03 Audit Committee Chair's Report - 8 Septem... 21	S Taylor	

#	Description	Owner	Time
4.1.4	Quality Assurance Committee - 26 July 2021 Receive and Note 4.01.04 Quality Assurance Committee - 26 July 202... 23	J Lyttle	
4.1.5	Charitable Funds Committee Chairs Report - 14 July 2021; and 15 September 2021 Verbal 4.01.05 Charitable Funds Committee Chairs Report... 25 4.01.05 Charitable Funds Committee Chairs Report... 27	J Lyttle	
4.1.6	People Committee Chairs Report - 23 August 2021 Receive and Note 4.01.06 People Committee Chairs Report - 23 Augu... 29	V Matthews	
4.1.7	Building a Brighter Future Committee Chairs Report - 18 August 2021; and 22 September 2021 Receive and Note 4.01.07 Building a Brighter Future Committee Chair... 31 4.01.07 Building a Brighter Future Committee Chair... 33	C Balch	
4.2	Reports from Executive Directors (for noting)		
4.2.1	Chief Operating Officer's Report - September 2021 Receive and Note 4.02.01 Chief Operating Officer’s Report - Septemb... 35	COO	
4.2.2	Estates Performance and Compliance Group Report Receive and Note 4.02.02 Estates Performance and Compliance Grou... 43	CFO	
4.2.3	Building a Brighter Future Programme Update Receive and Note 4.02.03 Building a Brighter Future Programme Upd... 51	DTP	
5	For Approval		

#	Description	Owner	Time
5.1	Minutes of the Meeting held on the 28th July 2021 Approve 5.01 - Minutes of the meeting held on the 28 July 2... 59	Ch	
6	For Noting		
6.1	Report of the Chairman Verbal	Ch	
6.2	Board Composition Receive and Note 6.02 Board Composition.pdf 75	Ch	
6.3	Chief Executive's Report Receive and Note 6.03 Chief Executive's Report.pdf 77	CE	
7	Safe Quality Care and Best Experience		
7.1	Integrated Performance Report (IPR): Month 5 2021/22 (August 2021 data) Receive and Note 7.01 Integrated Performance Report Month 5.pdf 95	CFO	
7.2	End of Life Annual Report Receive and Note 7.02 End of Life Annual Report 2020 21.pdf 161	CN	
7.3	Mortality Surveillance Scorecard - September 2021 Receive and Note 7.03 Mortality Surveillance Scorecard - September... 181	MD	
7.4	Report on Safeguarding Adults and Deprivation of Liberty Safeguards Receive and Note 7.04 Report on Safeguarding Adults and Deprivatio... 201	CN	

#	Description	Owner	Time
7.5	Safeguarding Children Annual Report Receive and Note 7.05 Safeguarding Children Annual Report.pdf 219	CN	
8	Valuing our Workforce		
8.1	Assurance Framework for Seven Day Hospital Services Receive and Note 8.01 Assurance Framework for Seven Day Hospital... 253	MD	
8.2	Workforce Race Equality Standard Report 2021 Receive and Note 8.02 Workforce Race Equality Standard Report 202... 261	CPO	
9	Improved Well-Being Through Partnerships		
9.1	Adult Social Care Local Account Summary 2020 21 Receive and Note 9.01 Adult Social Care Local Account Summary 20... 305	COO	
10	Well-Led		
10.1	Terms of Reference: Audit CommitteeBuilding a Brighter FutureNon-Executive Directors Approve 10.01 Terms of Reference.pdf 363	Committee Chairs	
11	Compliance Issues		
12	Any Other Business Notified in Advance Note	Ch	
13	Date and Time of Next Meeting - 11.30 am, Wednesday 27th October Note	Ch	

INDEX

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 title: SEND Alliance – Chairs Report (August 2021)	**Meeting date:** 4 August 2021
Report sponsor	SEND Alliance Chair
Report author	Interim AD for Strategy and Provider Partnerships

Introduction

This report summarises the outcomes from the August meeting of the SEND Strategic Alliance Board in addition to developments outside of Board meetings later in the Summer (The meeting planned for 31st August was stood down) It will be shared with the Board of each member organisation to ensure consistent communications across the Alliance.

Summary

The SEND Strategic Alliance Board met on 4th August 2021 with representatives of each member organisation in attendance, and the CEO for University Hospitals Plymouth NHS Trust observing.

Urgent and Emergency Care (UEC)

At the meeting the group agreed to bring urgent and emergency care into the SEND work programme in recognition of the challenges facing local providers in relation to the pandemic and the requirement to coordinate activities across Devon with other providers (e.g. SWAST). A CEO meeting was planned to review UEC modelling data and agree an appropriate way forwards.
At a subsequent meeting of SEND CEOs, COOs and the CMO from RD&E, the group reviewed activities underway across providers and ambitions of local system partners in order to review the scope of work within the SEND Alliance. It was agreed that rather than establishing a dedicated SEND programme, the providers would channel our ambitions through the UEC work being led by the ICS (previously CCG/STP). At an upcoming meeting to be chaired by the ICS we will suggest adding agenda items relating to how we use data more effectively to provide better visibility across Devon, and also relating to developing a more strategic view and better coordination with SWAST.

Pathology Work Programme

The CEO for UHP set out strong support for the ambitions in pathology which have progress in the last two years through the Peninsula Pathology Network. The network has demonstrated excellent quality of services in all providers and is focussing efforts on seeking benefits through further local collaboration.

The SRO for Pathology presented a project mandate describing the scope of ambition, timeline and costs for the developments proposed across pathology services. The CEOs from TSDFT and RD&E welcomed these proposals and agreed to present a succinct summary of the ambition (with clear, unequivocal strategic direction) and

implications to their respective Boards in order to formalise the mandate to proceed with this work.

Alongside this the CEOs agreed to establish a group that would review governance and leadership arrangements that would have appropriate authority and skills for the work.

Care model development principles

The group was presented with a draft set of principles for developing services through the SEND Alliance which focussed on the general approach to this work. Following discussion feedback was provided which recommended taking an approach that would:

- Focus development principles on the commonalities between Alliance members' health and care models
- Separately describe principles relating to partnership working

Conclusion

The SEND Strategic Alliance is progressing developments through the priority work-streams as well as continuing to define how it operates across all three organisations. Key external partners (notably UHP) are engaging well with the SEND Alliance and it continues to show promise as an effective tool to facilitate collaboration for the chosen areas.

Recommendations

The Board is asked to note this report and continue to provide necessary support to executive leads and priority specialty SROs in the course of their work.

Torbay and South Devon
NHS Foundation Trust

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

Committee meeting date:	26 July 2021
Report author + date:	Paul Richards, Non-Executive Director 17 August 2021
This report is for: *(please select one box)*	Information☒ Decision ☐
Link to the Trust's strategic objectives: *(please select one or more boxes as appropriate)*	1: Safe, quality care and best experience ☐ 2: Improved wellbeing through partnership ☐ 3: Valuing our workforce ☐ 4: Well led ☒
Public or Private *(please select one box)*	Public ☒ or Private ☐

Key issues to highlight to the Board

Risk management

The committee received updates on the BAF and Corporate Risk Register, noting in particular the usefulness of the new Heat Map. The committee was assured on the completeness of the BAF and discussed its consistency with other organisations across the system.

Strategy & long-term planning

The committee received the final **Strategic Outline Case for the Building a Brighter Future Programme**. The following points were noted:

- Letters of support were in the process of being received and would be included in the final document.
- The preferred option included a 22% optimism bias; 15% planning contingency and £66m for inflation.
- Options for the digital solution had been refined following independent external advice
- Two options in the digital economic case met the 4:1 benefit ratio and the estates economic case was close to meeting the 4:1 threshold, and the finance case was broadly unchanged since the draft SOC was presented to the Committee.
- The commercial case had been strengthened, however guidance on modern methods of construction and net zero carbon had not yet been received.

It was noted that the SOC would be submitted to NHSE/I following approval at the Trust Board of Directors.

The committee discussed the approach to demand and capacity planning and were reassured as to the process to further refine this and ensure full clinical and system sign off through the OBC process. The committee also questioned the approach to future-proofing the Trust's workforce, and it was noted that the Trust's Workforce Plan would need to inform the OBC. Engagement was already taking place with educational establishments to influence education programmes for the future.

Medium-term planning

The Committee received a briefing on the Integrated Care System and the Trust's half year position, noting the following points:

- A balanced plan for the system was supported by £150m of non-recurrent funding.
- There was an estimated system underlying deficit of c£300m. This figure was in the process of being validated.
- It was felt the Trust could achieve a break even position for H2, but this would require £7.2m of CIP savings being realised in the second half of the year.
- A key assumption was the return to 2019/20 activity, income in line with Half 1 funding and top sliced by 3% for expected reduction in CCG allocation.
- Risks to the year-end position included excess inflation with incremental drift outpacing funding; a need to fund the 3% pay award; impact of the Flowers Case in respect of payment for annual leave; no Emergency Recovery Funding in the second half of the year; and CIP delivery.
- A further risk was the timing of the planning round and when funding guidance might be received from the national team.

Business cases

The Committee received an **outline business case (OBC) for the second phase of work to the Trust's chiller system**. Following committee discussion on the work phasing, supply chaing resilience and technical sign offs, the committee approved the OBC for Phase 2 Chillers works.

The Committee also received a business case to support **capital development in the Horizon Centre** to enhance Medical Student Training. This was to be funded by a grant from the University of Plymouth. Following discussion on the revenue assumptions and the ongoing relationships with our local medical schools, the Committee approved acceptance of the grant from University of Plymouth.

Finally, the Committee received an outline business case for **Production Storage Replacement**. This was in line with the Trust's capital programme and would resolve some long-standing network resilience and redundancy issues. Being reassured about the future-proofing of the system the Committee approved the business case.

Performance

The committee received the M3 Integrated Performance Report:

Financially, the Trust had realised a small surplus of £60,000 in Month 3, and there was a positive year to date variance to plan of £2.6m. This was as a result of Covid top-ups and Torbay Pharmaceuticals income. However, bank and agency costs were £600,000 above plan, mainly driven by the increased demand in the Emergency Department. It had been necessary to open a Covid ward, which was also driving an increase in expenditure.

The Committee also received the quarterly Treasury Report, noting the Trust's cash and loan position and improvements in the debtors position.

Operationally, the Trust was currently operating at c97% bed occupancy and over 100% of non-Covid activity compared to pre-Covid levels, alongside increasing numbers of Covid-positive

patients needing to be admitted. This had impacted on the Trust's ability to follow patient pathways and ensure patients were admitted to the right place first time.

In line with the Trust's escalation plan, some non-elective work had been stood down including some day surgery, and a Covid ward had been established. It was noted that the workforce was under significant pressure within the hospitals, community services and beyond. At present there were c 600 hours of unfilled care packages compared to a normal level of c50 hours at any one time. All of these factors were driving a significant increase in length of stay.

Nevertheless, it was noted that elective activity remained above plan, although this was expected to deteriorate during August. RTT and 52 week performance remained stable, but it was reasonable to expect a deterioration in 52 week performance during August.

Cancer performance had deteriorated, largely due to the fragility of the Dermatology service affecting cancer two week waits and 62 day performance. Other areas of concern were Urology and Endoscopy with plans in place to address these areas.

Taking the discussion in the round, the committee was reassured that the Trust had reinstated its incident command structure and that clear approval processes were in place for any Covid-related spend. It was noted that the Trust had budgeted £800,000 to support escalation between July and September, based on information available at budget setting. However, there was a risk that this would not be adequate to support the significant increases in both Covid and non-Covid demand.

In terms of **Cost Improvement Planning**, the committee received a brief process-oriented update. The need to have clear plans, with solid milestones, was noted. It was also emphasised that the efficiency planning process needed to be a continuous process as opposed to an annual event – and the committee agreed that this would require both targeted support to teams and a change in mindset.

The Committee received an update on **Capital Expenditure and Cash**. It was noted that, despite a modest acceleration in capital spend, the Trust was still behind plan. Governance had been strengthened around capital spend, along with additional project management support to teams.

It was noted that the plans were dependent on £10.5m interim Public Dividend Capital (PDC), which was still unapproved. The committee received some analysis on mitigating strategies should this funding not be forthcoming, which would protect the Trust's overall cash balance.

Items for escalation

From its discussion, the committee seeks to highlight:

- Significant risk to the cost improvement plans, and the need to track delivery against firm plans to release cash
- Bed occupancy levels, increasing length of stay and wider impacts on quality, staff experience and elective services
- The risk to the capital programme in terms of delivery and receipt of interim public dividend capital to support the cash position
- Staff workloads, wellbeing and morale

Key decision(s)/recommendations made by the Committee

Approved:

- The committee supported the Building a Brighter Future Strategic Outline Case
- The committee approved business cases for Phase 2 Chillers works, improvements to the Horizon Centre (externally funded) and Production Storage Replacement

Torbay and South Devon
NHS Foundation Trust

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

Committee meeting date:	23 August 2021
Report author + date:	Paul Richards, Non-Executive Director 20 September 2021
This report is for: *(please select one box)*	Information☒ Decision ☐
Link to the Trust's strategic objectives: *(please select one or more boxes as appropriate)*	1: Safe, quality care and best experience ☐ 2: Improved wellbeing through partnership ☐ 3: Valuing our workforce ☐ 4: Well led ☒
Public or Private *(please select one box)*	Public ☒ or Private ☐

Key issues to highlight to the Board

Risk management

The committee received updates on the BAF and Corporate Risk Register. A discussion was held regarding the 'amber/red' rating of corporate object 4 (quality, safety & patient experience). It was clarified that this resulted from a discussion at Risk Group, where the deteriorating position was noted and the reliance on system support and solutions emphasised. The 'amber/red' designation was felt to highlight a likely direction of travel should sustainable solutions not be identified.

Strategy & long-term planning

The committee received an update on the **Digital Business Case**. The following points were noted:

- The team was currently working on the cost benefits of each option to ensure these were robust and deliverable.
- Stakeholder engagement continued, in particular with clinicians, to ensure they understood the benefits case and were signed up to the solution. This was somewhat challenging in the current operational environment.
- Aligning the Trust's workforce plan to the digital case would be vital if benefits were to be tracked and delivered robustly.

Medium-term planning

The committee received an update on the future of the former Dartmouth & Kingswear community hospital. A series of options were presented and an update on stakeholder engagement was received. The committee noted the complex and intricate programme and the strength of feeling within the community, but were reassured to hear that plans were underway to work in partnership with the Town Council on a community-led solution.

Performance

The committee received the M4 Integrated Performance Report:

Financially, for the month of July, the Trust reported a £0.06m deficit, which was in line with plan. Year to date, the position was a surplus of £2.5m, giving a favourable variance to plan of £2.6m. The main drivers of the favourable year to date position were noted as reduced elective activity, Torbay Pharmaceuticals favourable performance and under-utilisation of planned contingency. However, the quantum of agency spend remained a significant concern.

Operationally, the system continued to experience severe pressure comprising a mix of high demand; high acuity; staffing absences; and a lack of care home and domiciliary availability.

Handover times in the Emergency Department were long and it had been necessary to divert a significant number of cases, with 157 people in the Emergency Department experiencing waits for beds of over 12 hours in July.

Lengths of stay were noted to have increased, partly due to the constraints in nursing homes and domiciliary care, and the elective care shut down had increased waiting times for surgery, including cancer cases and particularly within dermatology; breast care; and gynaecology.

In terms of **Cost Improvement Planning**, the committee received a deep dive report. It was noted that the CIP target for the first half of the financial year had been set at £800,000 and £7.2m for the second half of the year.

Teams had been asked to complete stocktake templates and these had identified schemes totalling £1m that were considered deliverable, and a further £7.1m of proposed schemes, however this figure had now reduced to £3.2m. Proposed plans had been tested with teams and discussions held around how to find the remainder of the target for this year. Areas included a review of bank and agency staffing, in particular rostering.

It was noted that teams were also being asked to start to consider schemes for 2022/23 to ensure these were in place to deliver at the start of the financial year. The focus for the CIP programme for 2022/23 would be to capture the full year effect of schemes in the current year; good housekeeping; and bigger schemes that would require additional support to deliver. Teams have been informed that schemes would need a clear route to cash release in order for project management resource to be provided.

It was agreed that the hospital must be de-escalated in order to secure the safety of patients, and the operational and clinical capacity to focus on the financial challenge.

The CFO presented to the committee a proposed scope of work for some focused **external support to drive the financial recovery plan** forward. While this would be subject to Regional approval through the management consultancy business case process, the committee endorsed the approach.

The Committee received an update on **Capital Expenditure and Cash**. It was noted that, despite a modest acceleration in capital spend, the Trust was still behind plan. The committee received a breakdown of performance by scheme, noting that some areas (such as backlog maintenance) were actually ahead of plan. It remained the expectation that other areas would catch up, in particular major programmes such as the AMU development, which had been delayed owing to unforeseen site abnormals.

Finally, the committee received an update on the **High Speed Vial Line (HSVL) programme at Torbay Pharmaceuticals**. The Committee noted an increase in expected costs owing to a need to update the infrastructure at Wilkins Drive and also as a result of inflation. The increase required was £962,000 and was included in the capital programme for the current financial year. The committee welcomed the Director of Environment's offer to work closely with the TP team and their cost consultant to better understand the position and any further risks to the programme or financial envelope.

Items for escalation

From its discussion, the committee seeks to highlight:

- The Digital Business Case and the need to ensure it met the needs of community services
- Progress on the proposals for the former Dartmouth Hospital
- CIP and efficiency targets and the need to increase recurrent CIP delivery
- The proposed Financial Improvement Programme and associated external support
- The cost overrun on the Torbay Pharmaceutical HSVL project
- Concerning trends around bank and agency spend and the need for close oversight
- The impact of current demand on performance and productivity, and the impact that this had on capacity to focus on efficiencies

Key decision(s)/recommendations made by the Committee

Approved:

- The committee approved additional capex of £962k to support the completion of the HSVL project
- The proposed Financial Improvement Programme, subject to regional sign off

Audit Committee
Chair's Report to the Board of Directors

Meeting date:	8th September 2021
Report by:	Sally Taylor
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☐ 3: Valuing our workforce ☐ 4: Well led ☒
Public or Private:	Public ☐ or Private ☒

Key issues to highlight to the Board:

1. Counter Fraud annual report was received. Noted that the Counter Fraud Authority recently imposed new standards and most areas are now amber or red. This is in line with other trusts and there are no concerns during this transition period.

2. External auditors presented their Annual Report and their Value for Money report. No significant weaknesses were identified. An improvement recommendation was made re financial sustainability (the need for an improvement timeline and sustainable recurrent savings plans)

3. Internal Audit presented their interim report. It was noted that the Risk Group have reviewed the key areas of the plan and agreed the priorities. There is to be a Review of the process for carrying out patient risk assessments since not all assessments are currently carried out and there is a need to prioritise appropriately.
   Satisfactory result was reported for the audit of Estates and Facilities Management (safety). A Moderate result was reported for the audit of the Data Security and Protection Toolkit. The approach to this audit was mandated bunNHS Digital. 6 medium risks were identified (mainly re the need to update policies and obtain supplier certification re compliance)

4. The Adult Social Care Biannual aged debt write off report was received. The increase in the value of debt and the increase in bad debt provision (to 15%) were noted. A deep dive by the FPDC was proposed for February 2022.

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

See point 4 above

Report of Quality Assurance Committee Chair to TSDFT Board of Directors

Meeting date:	26th July 2021
Report by + date:	Jacqui Lyttle Committee Chair 7th August 2021
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☒ 4: Well led ☒
Public or Private	Public ☒ or Private ☐

Key issues discussed and decisions made

1. As an extraordinary item , the committee discussed at length the current hospital pressures. It noted that occupancy was above 97%, the trust remained at OPEL 4, length of stay was extending, some non-elective activity had been stood down and that non-COVID emergency demand was more than 100% of pre COVID levels. The committee acknowledged that the pressures on the services provided by the trust would impact on patient safety, and quality but was assured that processes were in place to mitigate these risks. These mitigating actions included, nursing staff levels being reviewed daily, mutual aid being provided by the RDE, acceleration of harm reviews, reinstatement of GOLD command, improvement work on discharge pathways and hospital flow.

2. The committee received the BAF and CRR relating to quality, safety, and risk. The committee had agreed in May to separate COVID and non-COVID risks. The CNO informed the committee that following discussions at system level the view was that the issues were intrinsically linked, it was therefore agreed that the BAF should be updated to that effect. No new risks were identified.

3. The committee received and approved the draft clinical governance framework.

4. The committee received an excellent in-depth presentation on stoke services. It was noted that performance had deteriorated but the committee was assured that the trust was not an outlier with other trusts or via benchmarking, and that incidents were within the accepted range. The committee was alerted to risks relating to staff recruitment and retention (medical and nursing) and assessed that the service was extremely fragile. Whilst work was taking place to strengthen the service it was apparent that in the longer term the service would not have the ability to provide a safe, high-quality service without system support.

5. The committee received and approved the Cost Improvement Quality Impact Assessment Process and Framework.

6. The committee receive significant assurance in several maternity areas including staffing, governance, and safety.

7. The committee received and approved the 2020/21 Infection Prevention and Control Annual report.

8. The committee received and approved the 2020/21 Feedback and Engagement Service Annual Report

9. The committee received and noted the QIG assurance report noting no new risks

10. The committee received the SAE assurance report. The MD presented on a neonatal death that had been referred to the HSIB in October 2020. An issue had been identified relating to a delay in transfer to theatre for a caesarean section. The committee were informed that this was a safety issue and that a review was now underway.

11. The committee received a report on a thematic review of incidents and feedback relating to the discharge process. The committee noted that whilst incidents had increased there were no site-specific issues or concerns. The committee noted that 9% of all complaints and 5% of concerns related to communication around discharge but received assurance that further improvement work was being undertken in this area with the establishment of a task and finish group. The committee requested that a deep dive on the discharge process and IC be presented at a future meeting to provide additional assurance and a better understanding of the issues and risks.

12. The committee received an update on the improvement work underway within nuclear medicine and were assured that a detailed action plan was in place to implement the recommendations following the recent external peer review.

13. 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.

Key Decision(s)/Recommendations Made:

1. The committee agreed that the BAF be amended considering the combination of COVID and non-COVID risks, that the score be set at 20 and that new more sensitive metrics be developed to ensure a more dynamic picture of actual and predicted risk.

2. The committee ask the board to note the particular risks relating to stroke and its sustaibanilty in the longer term without system support

3. The committee agreed that a deep dive report be presented in November on discharge, IC, and front door improvement programmes.

4. The committee requested that the outcome of the maternity theatre review be presented at a future meeting

5. The committee ask the board to note the risk of not having rapid access to maternity theatres

Report of Charitable Funds Committee Chair to TSDFT Board of Directors

Meeting date:	14th July 2021
Report by + date:	Jacqui Lyttle, Committee Chair 28th July 2021
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☒ 4: Well led ☒
Public or Private	Public ☒ or Private ☐

Key issues to highlight to the Board:

1. **Investment managers report** - the committee received a very comprehensive report from the Investment Manager showing that investments continue to outperform against our benchmark and peers. In particular it was pleasing to see that the portfolio is not just performing well but is ethical and shows a high commitment in the reduction of carbon emissions.

2. **Update on Fundraising –** the committee were informed that the new post of fundraising manager was due to be advertised in the near future, this was welcomed by the members as it would mean that the trust fundraising strategy could be taken forward. The committee asked for a timeline on the recruitment process and input into the recruitment process.

3. **Cashflow planning and Investment sales** – the committee received a comprehensive report detailing the trusts cashflow position and increased uncertainty regarding the 2021/22 forecast on expenditure and approved the postponement of further investment sales. The committee undertook to keep the situation under continued review.

4. **Central funds and funding requests** – the committee received a position statement on central funds and funding requests. It noted that the negative balance on central funds had been eliminated. It was assured by the Investment manager that there was no current reason to plan for any significant cyclical investment losses. It was agreed that the future management of central funds would be based on the average income expected each year.

5. **2021/22 Planning process –** the committee received a comprehensive paper detailing the planning process for 2021/22. The committee agreed the process and the priorities for the year as being a) health and well-being of staff as a result of COVID b) medical equipment c) improve patient and carer experience d) staff training and development

6. **Nursery** – The committee received a very comprehensive report providing an update on the evaluation of the governance arrangements for the nursery and the need to move to financial sustainability. The committee noted that considerable work would need to be undertaken to develop the options detailed within the report and that a business case would need to be developed and presented to FPDC for consideration.

7. **COVID- 19 donations update** – the committee received a detailed update on the work undertaken since the last meeting, this included continued support to front line staff, the development of an application for the 3rd grant from NHS charities together and work starting on the Bayview development.

8. 2020/21 Financial position and audit update - the committee were advised that Grant Thornton were not able to complete their audit until the autumn. Whilst this meant that the accounts could not be approved until the November meeting the committee was assured that the trust would still meet its statutory obligations in terms of submission of the accounts. The committee noted the increase in audit and were advised that this was because the external auditors used different teams to audit the trust and charitable funds accounts.

Key Decision(s)/Recommendations Made:

1. **Investment portfolio –** To ensure that we maximise our investment and reduce exposure risks the committee agreed that the asset allocation be reviewed and reset.

Report of Charitable Funds Committee Chair to TSDFT Board of Directors

Meeting date:	15th September 2021
Report by + date:	Jacqui Lyttle, Committee Chair 20th September 2021
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☒ 4: Well led ☒
Public or Private	Public ☒ or Private ☐

Key issues to highlight to the Board:

1. **External auditors -** the committee received a letter of engagement together with a plan for the annual audit from external auditors Grant Thornton.

2. **Investment policy -** the committee received a comprehensive report from the Investment Manager following a detailed appraisal of the charities portfolio. The committee considered the proposal to realign the investment portfolio. The main changes were the ability of the investment manager to invest in oversea investments and to reduce corresponding investment in UK equities in order to reduce risk exposure. The committee had discussed at great length the need to ensure that risks were minimised, and growth maximised in July 2021 whilst retaining an overall portfolio balance of medioum risk level and were assured that the proposal reflected these discussions and requirements.

3. **Central funds and funding requests –** the committee received a report detailing the financial position of the central funds and noted that as predicted, the majority of funds available would be utilised supporting fundraising and COVID related activity for the next 12- 18 months. The committee noted the financial position of legacy funds and the difficulty obtaining firm proposals from budget holders.

4. **2021/22 financial plan** – the committee received a comprehensive report proposing the plan for 2021/22. It noted that the plan was relatively low risk because of significant accumulated reserves. It also noted risks associated with the nursery in respect of COVID and employer pension contributions. due but were assured that detailed work was underway to look at future options. The committee also noted that expenditure by local funds was expected to be subdued and it was unlikely that the fundraising manger would be in post before the financial year end.

5. **Update in financial position –** the committee received an update on the financial position and were assured that the position was in line with the predicted position and was showing a breakeven position due to subdued income matched by expenditure.

6. **Update on staffing resources** – the committee received an update on the review of charitable funding resources. The committee have for some time felt the level of resource to be too low and represented a risk to the delivery of the CF strategy. On receiving the update, the committee was assured that additional resources were being considered to support the Capital and Financial team.

7. **COVID- 19 donations update** – the committee received a detailed update on the work undertaken since the last meeting, which covered fundraising activity and use of the COVID funds. The committee was assured that the funds were being managed in line with other funds and that front line staff were continuing to benefit from the appeals activities. It also noted that the trust underwent a successful appraisal of it grants awards vs project progression by NHS Charities Together.

Key Decision(s)/Recommendations Made:

1. **External auditors –** The committee approved the letter of engagement and authorised the CFO to sign it on the trustee's behalf. It also approved the audit plan.

2. **Investment policy –** The committee noted the appraisal by the investment manager and agreed to the changes in benchmark and asset allocation ranges.

3. **Central funds and funding requests**- the committee agreed that in order to expedite the use of legacy funds it would request proposals from Foundation Trust decision making committees.

4. **2021/22 financial plan** – the committee approved the financial plan for 2021/22, it also agreed to the extension of the current interim fundraising post and associated admin support in line with the delay in the substantive recruitment

Torbay and South Devon NHS
NHS Foundation Trust

Report of the People Committee Chair to the Board of Directors

Meeting date:	23rd August 2021
Report by:	Vikki Matthews
This report is for: *(please select one box)*	Information☒ Decision ☐
Link to the Trust's strategic objectives: *(please select one or more boxes as appropriate)*	1: Safe, quality care and best experience ☐ 2: Improved wellbeing through partnership ☐ 3: Valuing our workforce ☐ 4: Well led ☐
Public or Private *(please select one box)* ***[If the Board requires information on sensitive or confidential matters please mark 'Private']***	Public ☒ or Private ☐

Key issues to highlight to the Board:

- **Resourcing strategy** – the committee received a useful and timely update on the Trust's resourcing strategy and of particular assurance to the committee was that: a) this subject is still high on the People Directorate and the Trust's agenda, b) the work is being future proofed to consider the workforce required in 10+ years' time and that c) the needs of the broader system are being taken in to consideration. The committee asked that the communication of this work be carefully considered and that an appropriate bridge is made between the harsh realities being experienced day to day by colleagues with the narration of a brighter future.
- **Achievement review –** the committee was pleased to hear about the continued progress with the new achievement review – particularly its focus on the quality of the conversation and its alignment with the clinical appraisal as far as is possible. The roll out has been curtailed by the extreme demand on the Trust over the Summer but this has facilitated a variety of new and innovative ways of ensuring the appropriate communication and training of the new approach. The Committee's thanks goes to Chris Edworthy and her team for their work on this.
- **Data** – the committee was concerned to see that there is a £1.3m overspend in the area of bank and agency staff and have asked for a deep dive on this to be brought to the next meeting. We were also concerned, but not surprised, to see a sharp rise in sickness absence figures for the month of May although it should be noted that we were missing the latest figures for June and July. There is likely to be a strong correlation between these 2 concerns.
- **People Plan** – we received an excellent update on the Trust's people plan and were encouraged to see some strong progress against the plan's commitments despite the challenging working environment at this time.

Key decision(s)/recommendations made by the Committee:
[list any approvals made by the Committee here eg business cases, Regulator statements, report &a/c's]

1. The Committee asked that the communication of future plans be balanced carefully against the challenging realities that many colleagues are experiencing day to day.
2. The Committee asked for more detail to be brought to the next meeting in relation to bank and agency spend and the risk in sickness absence.

NHS
Torbay and South Devon
NHS Foundation Trust

Building a Brighter Future Committee
Chair's Report to the Board of Directors

Meeting date:	18th August 2021
Report by:	Chris Balch
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☒ 4: Well led ☒
Public or Private:	Public ☒ or Private ☐

Key issues to highlight to the Board (September 2021):

1. The Committee received a report on the risk management process which will operate for the BBF Programme from September. This separates the identification of digital and estates related risks which will be subject to separate Outline Business Cases (OBCs). The Committee discussed the relationship between BBF Programme risks and the Corporate Risk Register (CRR) and Board Assurance Framework (BAF) and were assured that while they are seeking to manage different aspects of risk they are being effectively used to identify and manage the risks associated with the BBF Programme. It was agreed that the Committee will ensure that deep dives into the key risks will be incorporated into its forward programme as the work on the OBC progresses.

2. The Committee discussed the strength of assurance rating in the BAF for the BBF programme and agreed that it should remain as 'green' given the successful submission of the SOC in July, but that this will need to be kept under review as work on the OBC progresses with the expectation that it could change.

3. The Committee received a presentation on work underway on the Digital OBC. This provided assurance that good progress has been made and that we remain on track to present an OBC for approval by the Board before the end of 2021. The Committee noted the key challenges facing the team, most notably, securing workforce engagement at a time of acute operational pressures and co-ordinating the work with potential partners across the SW peninsula. A key focus of the work is refining and building confidence in the benefits case notwithstanding that this will ultimately depend on the selected EPR solution and the successful implementation of the associated transformation programme.

4. The Committee received reports on progress with the Engagement and Communication strategy and plan and specifically the clinical engagement programme. The Committee noted good progress in developing internal and external communication channels and engaging with stakeholders including the Governor working group. The Committee acknowledged the challenges of

engaging with clinicians under current operational circumstances but welcomed the commitment to work with the design leaders and hold a series of 'drum beat' meetings with clinical teams over the coming months. While it may be necessary to adapt the programme to prevailing circumstances the Committee were assured that there will be the necessary engagement and buy in from clinicians to the OBC.

5. The Committee received the regular financial report of the funding of work on the BBF Programme. Following an update on discussions with NHSE/I regarding seed funding the Committee were assured that resources will be available to maintain momentum over the coming months with some funding likely to be released before formal approval of the SOC.

Key Decision(s)/Recommendations Made:
1) To note the above

Torbay and South Devon
NHS Foundation Trust

Building a Brighter Future Committee
Chair's Report to the Board of Directors

Meeting date:	22nd September 2021
Report by:	Chris Balch
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☒ 4: Well led ☒
Public or Private:	Public ☒ or Private ☐

Key issues to highlight to the Board (September 2021):

1. The Committee were updated on the risk management process being used for the BBF Programme which is now in operation. A programme of 'deep dives' was discussed and agreed to provide assurance to the Committee on the management of key estates and digital risks. These will be incorporated into the Committee's forward workplan.

2. The Committee received an updated BAF focusing on corporate objective 11. This includes specific reference to the risk associated with the receipt of seed funding to enable work to commence in earnest on the estates OBC. Reference was also made to the timing risk associated with the PCBC which the ICS will need to progress to determine how elective care services are to be reconfigured across the system. This will be a key input for the Trust's OBC.

3. The Committee received a 'deep dive' report on how the risks associated with the delivery of operational efficiencies (CIP), which the Trust will need to demonstrate if the investment set out in the OBC is to be approved, are to be managed. The risk mitigation measures which are proposed provided the Committee with assurance that there is a clear focus on the key issues which need to be resolved. These are wide-ranging and the Committee noted that the BBF programme (and the Committee) need to be careful of not taking on too wide a remit.

4. The Committee received a report detailing the proposed BBF clinical engagement programme which will commence in October with regular 'drumbeat' meetings. It was noted that as well as focusing on the 12 clinical specialties which account for a high proportion of service use on the acute hospital site, clinical engagement will also take place for the Emergency Department and pathology where the histopathology lab will need to be relocated.

5. The Committee received a report on progress with the preparation of the digital OBC. This indicated significant progress in the past month including good engagement of staff with a digital roadshow. A benefits leadership group has now

been formed to drive both the identification and realisation of benefits from digital investment.

6. The Committee received a report on the feedback received on the SOC submission from the regional office and the responses provided. This suggests that the Trust's SOC meets the fundamental criteria and has been positively received. The SOC is now with the national team.

7. The Committee was updated on the good progress made with the Engagement and Communication strategy and plan. This has included two very valuable meetings with the Governors' working group.

8. The Committee received the regular financial report of the funding of work on the BBF Programme. This highlighted the difficulty which the BBF programme will face in maintaining momentum if seed funding is not made available before the end of October.

Key Decision(s)/Recommendations Made:
1) To note the above

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Chief Operating Officer's Report - September 2021			**Meeting date:** 29 September 2021
Report sponsor	Chief Operating Officer		
Report author	System Directors		
Report provenance	Contents reflect latest updates from management leads across all Integrated Service Units (ISUs) and Children and Family Health Devon (CFHD)		
Purpose of the report and key issues for consideration/decision	To provide a high-level operational update to complement the Integrated Performance Report (IPR) monthly reports including performance metrics. The report this month continues to focus on the ongoing risks and operational pressures in responding to current COVID-19 activity. Alongside the significant rise in non-elective activity this has required a focus on capacity and planning across both adult and children's services. The impact on community services and the independent sector is also detailed along with reset plans "Best Week" activities. The report also provides information and greater visibility for a number of important areas of Trust business not fully covered in the IPR.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to receive and note the Chief Operating Officer's Report September 2021		
Summary of key elements			
Strategic objectives supported by this report	**Safe, quality care and best experience** X; **Valuing our workforce** X **Improved wellbeing through partnership**; **Well-led** X		

<table>
<tr><td>Is this on the Trust's Board Assurance Framework and/or Risk Register</td><td>
<table>
<tr><td>Board Assurance Framework</td><td>X</td><td>Risk score</td><td>20</td></tr>
<tr><td>Risk Register</td><td></td><td>Risk score</td><td></td></tr>
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BAF Objective 2: To deliver levels of performance that are in line with our plans and national standards to ensure provision of safe, quality care and best experience
</td></tr>
<tr><td>External standards affected by this report and associated risks</td><td>
<table>
<tr><td>Care Quality Commission</td><td>X</td><td>Terms of Authorisation</td><td></td></tr>
<tr><td>NHS Improvement</td><td>X</td><td>Legislation</td><td></td></tr>
<tr><td>NHS England</td><td>X</td><td>National policy/guidance</td><td></td></tr>
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Report title: Chief Operating Officer's Report – September 2021		**Meeting date:** 29 September 2021
Report sponsor	Chief Operating Officer	
Report author	System Directors	

1. Purpose

This report provides the Board with an update on progress and the controls in place in relation to operational delivery across the Trusts five Integrated Service Units and Children and Family Health Devon.

2. Introduction

The report this month reflects on the impact of COVID-19 and the ongoing displacement of the day surgery unit, the consequential planned care impact and staff resilience across all areas of workforce within the Trust, the community and independent care provider market.

Across the summer months the Trust has continued to operate in a position of significant escalation. The gold and silver command structures remain in place with a heightened focus on workforce and community response and market management. Teams have worked closely with NHSE&I and the Emergency Care Improvement Support Team (ECIST) colleagues to ensure the Trust is paying attention to all areas of pathway improvement to enable optimum patient experience. Clinical, operational and support function teams are working with transformation colleagues to map and plan the "Best week" conditions to enable the system reset and return of the day surgery unit. The Trust will run a series of "Best Weeks" each week will test a series of improvements to support the safest patient journeys through the urgent care system. In doing so the aim is to reduce the reliance on beds which is currently displacing the day surgery from the Day Surgery Unit and therefore having a significant impact on high priority surgical activity.

3. Urgent and Emergency Care

July and August have seen a continuation of the high demand on services. The prevalence of COVID-19 has required an escalation space dedicated to this pathway to remain open at all times. The Summer has seen record numbers of visitors to our area as a result of restriction in international holiday travel. This has led to the usual increase in attendances to urgent and emergency care increasing further. In view of this the Trust had increased the size of the waiting area of the Urgent Treatment Centre (UTC) at Newton Abbot and added one additional treatment room, this forms part of the plan to improve capacity at the UTC for Winter 2021/22.

In the Emergency Department (ED) areas were identified for escalation to manage the surges in patients requiring treatment throughout the day. The pressure on reduced bed numbers has required the use of these escalation spaces and has led to extended stays for patients in ED and challenges in supporting timely ambulance handovers of care.

The medical and surgical receiving units continue to perform well, allowing for patients to be seen directly from a GP without the need to transit through the ED. The Trust is reporting an increase in the time patients spend in the ED and delays to ambulance handovers for July and August, this is in line with the regional position. The work to de-escalate the Trust and improve performance continues and there are some early signs of improvement.

4. Planned care

4.1 Elective Care / Referral to Treatment (RTT).

A restricted level of day surgery activity continues to be undertaken in main theatres as a result of the COVID-19 surge plan with all theatre activity on the Torbay site severely restricted. Further actions and interventions are being undertaken to maximise activity at the weekends and to ringfence wherever beds for elective care.

Outsourcing of patients to the Mount Stuart Hospital facility has increased for both out-patients and day case surgery. Transformational plans for elective pathways have a continued focus on increased opportunities for the use of virtual platforms to maximise opportunities for increased patient throughput.

There is a strong focus and commitment from the Trust corporate and operational leaders supporting our frontline operational and clinical teams with improvement plans for Urology, Trauma and Orthopaedics, Upper Gastrointestinal, Dermatology and Ophthalmology. Patients waiting for care in these specialities are experiencing significantly extended waiting times.

5. Torbay System

5.1 Wave 3 COVID-19

COVID-19 is continuing to impact significantly in community services with an increase in employees either testing positive or being required to self-isolate. This is mirrored in the Trusts independent sector partners with an increase in positive tests among domiciliary care agencies and in care homes.

The market in which the Trusts Adult Social Care and Torbay Council commissioners operate is not currently able to support timely discharge of patients to ASC provider services. Some of these are longstanding issues and have been compounded by recent events over the past 18 months of COVID pandemic pressures. Similar care market challenges are faced throughout country and can be found in reports from the Association of Directors of Adult Social Care (ADASS).

5.2 Workforce

Workforce issues are further pressurised as the Trusts domiciliary and care home providers are continuing to struggle to recruit. The labour market currently pays better in other sectors, such as hospitality than in the domiciliary care market. In the care home sector, the requirement for staff to be vaccinated is creating an additional pressure for homes as they add another stipulation to the requirements of candidates. Robust monitoring and support is in place for individual clients to support those most at risk.

5.3 Arranging Support Team (AST)

Providers now have a well-defined access point to the AST and front-end service to allow rapid changes in support packages after discharge from the hospital. Clients coming out of hospital with the Short-Term Service in place, who have yet to have a Social Care Assessment are being proactively monitored to supply the AST with information that is accurate and timely. Amended support packages will align with the ongoing needs of the client at the social care assessment. AST then begin searching for the appropriate level of care in the care market ahead of the end of the short-term service provision. The new process also ensures that the correct number of hours are being utilised, confirming clients don't end up in crisis.

5.4 Under 65 mental health

The team is continuing to successfully address the issue of over-use of residential placements. An example of improving independence has been demonstrated over the last month as an individual has moved from a 6-year residential placement to a supported living arrangement. The person concerned has joined a leisure centre for swimming, enjoyed days trips out, volunteers in a community support role and with support and is managing their own budget. A further case example is a one-year residential placement which is now an extra care housing placement. Here the person is helping to garden, does her own shopping, taking her friend's dog out for walks and is making friends with other residents. In both recent cases the level of independence is increasing with the appropriate support in place.

5.5 Paediatrics

Due to the expected surge of admissions for children with respiratory infections from August leading into Winter the Short Stay Paediatric Assessment Unit (SSPAU) which was relocated from the Louisa Carey ward onto Elizabeth Ward. There are strict criteria in place on how it is used to include no overnight stays. This move was excellently co-ordinated and executed with support from a number of Trust services including estates, and the improvement and innovation team. There has been a really positive impact at the front door for the paediatric attendance and ED waits.

5.6 Drug & Alcohol services

The following have been funded through additional COVID funding, the COVID outbreak management fund (COMF);

- The Drug and Alcohol service refreshed website planned to go live in September 2021. This includes the development and ability for people to refer themselves online and where appropriate follow a digital pathway of resources which will be created as part of this.
- A bespoke App is being produced (ConnectPlus) for Drugs and Alcohol. This is likely to come online towards the end of the year.
- SilverCloud an App and website for individuals with alcohol or low-level mental health issues is now being implemented across the service. The implementation of this will involve specific staff becoming champions to ensure it is delivered effectively. SilverCloud works using a CBT approach and only 15 minutes per week, per client is required from staff to review progress.

5.7 Healthy Lifestyles / Stop Smoking Service

As part of Devon's work to implement the Long-Term Plan (LTP) and its commitment in relation to Tobacco Dependence Treatment Services, the Trust have been given provisional agreement for funding be allocated for Torbay Hospital to support the treatment for tobacco dependency.

6. South Devon System

All teams are experiencing challenges with staffing and capacity, nevertheless teams continue to meet essential needs and minimise risk across the localities. The Intermediate Care Team (IC) are providing support where domiciliary care cannot be sourced from the independent sector. Whilst this reduces the risks of admission for the individual patient it also reduces the IC Team capacity for their core role and increases other risks including the escalation of care needs.

The availability of residential care and domiciliary care continues to present a challenge across IC and social care provision. A detailed whole system market sufficiency plan has been prepared across the Integrated Care System (ICS) and contains details for South Devon and Torbay.

There remain a number of providers in outbreak and reporting significant staffing loss. Community nursing teams are prioritising on daily basis to manage demand due to significant vacancies. Nursing tasks which can be are delayed or managed differently. Community therapies are continuing to manage demand the longest wait is 8 weeks. IC are also having to reprioritise to manage demand and urgent care response times. Discharge to assess (D2A) do not always get the same day response as planned however patients are allocated a next day slot if the same day service is not available.

6.1 Speech and language team

The team are working on a very significant backlog; longest wait remains at 36 weeks

6.2 Health care of older people

The frailty pathway is developing and now has a consultant plus a registrar working in assessment areas. The team are hopeful to very shortly appoint to a non-medical consultant development post and a frailty co-ordinator (12 months funded by CCG) This is a really positive development and will support the Trusts care model in a fully integrated way.

6.3 Stroke

The workforce across acute and community stroke services is in a challenged position with 1 substantive consultant plus a locum and a final year registrar. Enhanced support is in place with oversight through the Trusts Risk Group.

7. Children and Family Health Devon

7.1 Activity & waiting times.

The children's learning disability and community nursing service continue to have none or only negligible waiting times. In most other services waiting times have improved over the past 6 months. This is due to a combination of the systematic review of processes and managers and leaders focusing heavily on performance,

recruitment, quality and waiting times in their service areas. Children's occupational therapy, Physiotherapy and Autism Spectrum Condition (ASC) assessment have all improved their baseline access position.

Although there is more work to do, the ASC service has steadily increased its output per member of staff and this coupled with additional agency recruitment in the ASC plan has enabled more assessments to be completed. Although the overall number of children waiting remain high due to the significant volumes of referrals being received and accepted each month the overall service level time waiting is reducing. ASC leads and Torbay and South Devon colleagues are developing the plan for reducing the ASC waits in the Torbay area specifically.

The speech and language therapy (SALT) service has a comprehensive recovery plan in place which was reported at the latest integrated governance group meeting (IGG). The service has made significant internal improvements in processes and the waiting list has reduced and in particular the longer waits have come down.

The child and adolescent mental health service (CAMHS) service remains under high levels of pressure. Referral rates and acuity are both high and this is coupled with significant pressure on the workforce with some areas having high turnover rates.

The CAMHS head of service and clinical director are presenting a deep dive to DPT and the report will form the basis of the CAMHS exception report for IGG in September.

7.2 COVID-19 response

CFHD staff continue to display flexibly and commitment to the population of children and young people that use our services with a mix of face to face (F2F) and virtual clinical work being undertaken.

Due to the diverse nature of the work, the split of F2F to virtual is largely needs based. A recent mapping with service managers showed that nursing, learning disability and physio are around 100% face to face work whilst some, like CAMHS were nearer 40%. The team continue to map these and are using this information to plan the estates work for 2022-23 and beyond. The estimate is that excluding the smaller volume 'hands on services' (nursing et al) it will settle somewhere around 80/20 F2F with staff working 60/40 (office to home) from early in 2022, COVID permitting.

7.3 Transformation update

The costings for the workforce model are virtually complete and the team anticipate having a robust version for internal (i.e. CFHD-TSD-DPT) check and challenge in October and a paper to partnership board for November. The clinical model, designed mostly by clinical staff is well received and has been shown to the CCG and local authority colleagues with positive feedback.

Following the recent resignation of the programme manager, an internal expression of interest (EOI) has generated 4 very interesting candidates who have a breadth of programme and clinical experience. In addition, another member of the transformation team has picked up major elements of the programme management

and together these will add capacity to the team and help us to deliver the next phases of the programme which remains eagerly awaited by staff although pressure on the core programme team remains high with most having dual roles, programme and operational.

7.4 Key risks

Staffing in CAMHS remains very challenging with Devon reflecting a national picture of new monies coming on stream leading to staff leaving for promotional roles in other areas. This and other elements of CAMHS risks will be reviewed in the deep dive.

The delays to the transformation programme continue to be cited by staff as a source of worry and concern and coupled with COVID-19 and the pressures that it has created this does now seem to be showing itself in increased referrals for staff support, and in some areas, increased sickness occasions and length of absence. This is being monitored and reviewed by managers and reported in the workforce and OD group.

7.5 Strengths

Staff are the greatest asset and continue to deliver high quality services for CYP and support between them for colleagues is perhaps higher than ever. Innovative support examples, online after work cooking sessions, virtual recreational evenings and sponsored events have helped staff to stay connected and engaged.

If it had been said 2.5 years ago that 99% of the staff would be using remote means for meetings and for seeing children & families, many would have said that to have been highly unlikely and yet this is what has been achieved and sustained.

8. Conclusion

This period of time for the organisation has felt for many the most stressful across all services. The human impact of fatigue, the pressure of constant flow and disruption to core services have heralded strong feelings across senior clinicians and operational leads. The clinical and operational teams have worked tirelessly in supporting each other in the safe delivery of care under these difficult circumstances with feelings running high and frustrations at many levels.

9. Recommendation

The Board is asked to receive and note the Chief Operating Officer's Report September 2021.

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: **Estates Performance and Compliance Group Report**			Meeting date: 29 September 2021
Report appendix			
Report sponsor	Deputy CEO & Chief Finance Officer		
Report author	Interim Director of Environment		
Report provenance	Estates Performance and Compliance Group Estates Facilities Maintenance Senior Management Team Meeting Executives		
Purpose of the report and key issues for consideration/decision	The purpose of this report is to brief the Trust Board on EFM key issues, performance and compliance for July and August 2021		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	To note the current performance of Estates and Facilities Department and headline summary of key work areas underway within the Department.		

Summary of key elements

Strategic objectives supported by this report

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

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

Board Assurance Framework	5	**Risk score**	25
Risk Register	2179	**Risk score**	16

BAF Objective 5: To provide and maintain a fit for purpose estate infrastructure ensuring service continuity at all times

External standards affected by this report and associated risks

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

Report title: Estates Performance and Compliance Group Report		Meeting date: 29 September 2021
Report sponsor	Deputy CEO & Chief Finance Officer	
Report author	Interim Director of Environment	

1. Introduction

This report summarises Estates and Facilities performance and compliance for July and August 2021 and provides a headline summary of the key work areas underway within the Department.

2. Headline Summary

2.1 Safety, Security, and Emergency Planning (SSEP) Team

Health & Safety (including Fire Safety) colleagues within the existing SSEP team will transfer to the Estates and Facilities Department effective 1st October.

A structure review and service redesign focussing on an improved resource appropriate corporate health & safety function will be undertaken by the Deputy Director of Environment.

2.2 Fire Safety Management

As part of a bridging solution to support the action described in 2.1, the Director of Environment has negotiated an interim service level agreement with the Director of Estates & Facilities at University Hospitals Plymouth (UHP) for the provision of fire safety advisory services to support the management of fire safety at TSDFT. This takes the form of a 0.6 whole time equivalent. UHP have a Devon system wide recognised exemplar service with regard fire safety.

A further paper will be presented to Trust Board in October 2021 which will provide a detailed update and overview of the Trust position regarding fire safety.

2.3 Staff Accommodation

There has been a significant increase in the numbers of internationally recruited nurses and medical students joining the Trust, this has resulted in some challenges accommodating the elevated demand for staff accommodation. Other staff joining the Trust have also been unable to secure commercial rental properties due to the increased demand for holiday accommodation. The EFM Accommodation team have been working closely with senior nurse leadership to mitigate where possible. A paper detailing a short-term strategy to address the accommodation shortfall will be presented to the Executive Directors in October.

2.4 Dartmouth Hospital Disposal

As agreed by the Trust Board at the extraordinary meeting held on 1st September, the Trust is now in dialogue with Dartmouth Town Council to support the development of a community bid for the Dartmouth hospital site and will commence a programme of public engagement shortly to ensure that the aspirations of local residents are heard and help to inform the inclusion of social value in the redevelopment of the Dartmouth Hospital premises.

2.5 Sherborne House

The Newton Abbot Health & Wellbeing Centre development at Sherborne House is nearing completion. The first occupants – the Continuing Healthcare Team - moved into the building on 23rd August, with the Albany Street team relocating in October 2021. As part of the decant programme, occupation of part of the first floor of Tor Hill House in Torquay completed in September, co-locating with Torbay Council. This package of work will mean that the Trust is able to conclude the Bay House lease in October 2021.

2.6 Acute Medical Unit

During August, Kier Construction have completed the diversion of underground engineering services, demolitions and ground preparations work. This section of the programme has taken longer than planned due to unforeseen and unchartered engineering services, drainage and asbestos containing materials. However, the piling works, re-programmed for late August progressed to the revised plan and completed on time. The period between now and mid-October will progress with foundation and oversite works in preparation to accept the pre-constructed lift housings and the structural steel programmed to arrive on site mid-October.

Since May 2021 Kier Construction have completed the detailed design and submitted their proposed Guaranteed Maximum Price offer (GMP). The GMP has been reviewed by the Trust project team in preparation for final approval and issue of a formal contract. The new unit is planned to complete late September 2022.

Ongoing weekly dialogue with the outpatient departments and Histopathology continues enabling the Kier team to highlight plans and activities for the following week to ensure a coordinated approach to interface issues or potentially noisy works. This has been well received by the operational teams with positive outcomes. Although the disruptive works are complete this forum of communication will continue.

A time lapse camera has been installed and once programmed all staff will have sight of activities and progress.

2.7 Urology Services

The feasibility study underway to identify a more suitable location for Urology Services is nearing conclusion. The service is currently provided from cramped accommodation in level 2 Outpatients that cannot meet the needs of this growing service and is in an area that affords minimal patient privacy and dignity. The original brief to reconfigure space within outpatients did not achieve the service requirements, due to the adjacencies of other important functions, including pharmacy.

Working with the Urology team a clinically suitable design has been achieved within the previous Elizabeth ward footprint at level 7 of the Old Hospital building. The proposed footprint will enable the colocation of associated decontamination services and will accommodate four treatment rooms and a significantly improved patient flow. There are fire safety concerns to overcome and identifying a suitable location for the ventilation and fire safety plant is a challenge in that part of the hospital. However, the design team are finalising their plans which will present a costed proposal for consideration in October, and if approved, commencement of building work from March 2022.

2.8 Dartmouth Health & Wellbeing Centre

Building work continues to programme at the site in Townstal, Dartmouth to create the Health & Wellbeing Centre development. Behind the scenes, legal agreements are being prepared to regularise the proposed occupation of the GP practice and voluntary sector services and the Project Team has reformed to plan for occupation from Summer 2022.

2.9 Critical Infrastructure Update

In recent financial years extensive replacements of the chilled water plant and distribution infrastructure, which in the main serve ventilation systems for critical areas such as operating theatres, has been undertaken.

The programme of work continues this year with a new chilled water system for all day surgery and eye theatres. This has resulted in the removal of dated and high maintenance equipment which has been replaced with a modern, efficient chilled water system which will improve the ability to control the environment in the Day Surgery Unit.

The replacement windows project in the Tower Block is currently being reviewed. Due to the absence of a decant ward and the organisation's ongoing covid/green operational pressures and inability to close wards, a different approach is required to tackling this important backlog and CQC 'Must Do'. Rather than attempting to close a ward at a time, the EFM team are now looking at the viability of scaffolding each elevation of the Tower Block in turn. This approach will inevitably still lead to closure of beds, though it is hoped EFM can work room by room, bay by bay. A more detailed update will be included in future EPCG reports.

With the recent provision of a third CT Scanner and the advent of the new Acute Medical Unit the electrical infrastructure and stand-by generator capacity / resilience at Sub-Station 2 is being enhanced to cater for the increase in electrical load.

Work is underway to improve the resilience of the existing fire hydrant main by replacing older and worn out sections.

Improvements to the steam infrastructure that will improve the efficiency of the steam raising plant, reduce water consumption and improve the ability to monitor emissions is being undertaken.

Aged hot water and heating systems are being replaced with modern and more efficient equipment with improved controls.

Improvements to the building management system are also being made which will aid in controlling and monitoring all of the new systems with the aim to improve environmental control.

3. Compliance Overview

The EFM Operations team routinely assess 129 metrics of productivity and compliance, of which 44 key compliance indicators are measured against an expected performance standard. A summary of the in-month achievement of compliance indicators is included in Table 1 below.

Table 1 has been assessed against the following standards criterion.

Tier 1 - Implementation	Evidence of Planned Preventative Maintenance Delivery, Defect Logs and External Contractor management
Tier 2 - Assets and Infrastructure	Evidence of specific asset groups and condition management
Tier 3 - Management Systems	Evidence of Policies and Management Plans, Roles and Responsibilities, Training, Risk Assessments and Committees / Management Groups.
Key	Green = good; Yellow = requirements minimal improvement; Amber = requires significant improvement; red = inadequate

Table 1: Compliance Summary

Compliance Item	Tier 1 – Implementation (% score)	Tier 2 - Assets & Infrastructure (% score)	Tier 3 - Management Systems (% score)	Total % Score	Trend
Water	85.00	86.00	74.00	81.67	
Fire	67.50	60.00	71.00	66.17	
Medical Gases	87.00	80.00	86.50	84.50	
Electrical Power / Resilience	86.00	86.00	87.50	86.50	
Critical Ventilation	76.67	70.00	70.00	72.22	
Lifts	85.00	80.00	68.00	77.67	
Pressure Systems	86.67	72.50	67.00	75.39	
Asbestos	82.50	85.00	83.00	83.50	
Cleaning	87.50	86.00	86.00	86.50	
Waste	77.50	66.00	77.00	73.50	
Catering	85.00	86.00	87.00	86.00	

3.1 Exception Reports

Fire Safety: Planned maintenance regimes are largely up to date and complete, however, due to the significant higher levels of remedial actions required relating to the current levels of backlog maintenance, moving to a fully compliant position is challenging given the condition of the estate and the absence of any decant ward facility.

Critical Infrastructure Risk capital funding in the context of fire safety is prioritised towards higher risk inpatient areas. The fire precaution works, which is a key enabler to improving fire safety compliance, has been tendered and awarded. The project plan detailing the programme of works is currently being scoped.

EFM are currently revising the various fire safety actions and activity plans into a single master action plan document to improve the overall governance of fire safety management. All actions continue to be monitored through the Fire Safety Group, which is chaired by the Director of Environment and meets on a monthly basis to maintain momentum against this important area of concern and to ensure that the management response to fire risk assessments throughout the Trust continues to improve.

Water: Pseudomonas risk assessments require completion. An action plan, led by the Head of Estates Operations, supported by the Authorised Engineer (Water) and Deputy Director of Environment is underway with clinical colleagues and the Infection Control Team to complete the risk assessments.

3.2 Performance Improvements

The in-month performance dashboard was reviewed by the Estates Performance and Compliance Group (EPCG) on 26 August 2021 and an action log has been identified and will be used by the EFM Operations Leads to introduce measures of improvement, with a review of progress reported to each monthly meeting. Performance standards of the two PFI Contractors operating at Dawlish and Newton Abbot Hospitals and of the Community sites maintenance contractor have been similarly reviewed, with the in-month metrics incorporated into Table 1, above.

Although the metrics dataset has improved over the last 12 months, it is recognised that further enhancements are required to ensure that full assurance can be demonstrated. Led by the Deputy Director of Environment, this review will incorporate an evaluation of the existing software capabilities to identify what new quality management system should be introduced to enhance the compliance dashboard and overall reporting. An allocation has been prioritised as part of the 2021/22 capital programme to ensure the estate asset management system is fit-for-purpose and is able to provide comprehensive assurance, over and above what is achievable with the current outdated system.

4. EFM Workforce Headlines

4.1 Sickness Absence

Sickness absence in the Department is reported at 7.74%, of which long term sickness is stable at 70%.

Mental health continues as the top cause of sickness absence at 27.4%. The second highest cause is musculoskeletal, increased marginally to 17.8%. The EFM Management Team continue to focus on supporting staff as teams continue to respond to the COVID pandemic.

4.2 Achievement Review

The Department's completion rate of achievement reviews currently stands at 84.26%, which is below the Trust target of 90% and above the current Trust average of 80.56%. Good progress continues to be made, monitored monthly by the Senior Management Team

4.3 Mandatory Training

The Department's overall compliance for mandatory training remains green RAG rated, currently standing at 89.6%.

The Team continue to focus on improving Conflict Resolution Training currently amber RAG rated at 81.87% and Information Governance Training currently RAG rated at 80.73%

5. Finance Overview Month 05 2021/22

The overall position for EFM reported £8,794k expenditure in M05 which was £228k, (3%) below the year-to-date budget of £9,022k. The EFM run-rate reported a net decrease of (£28k) in M05 compared to M04.

5.1 CIP Planning

As part of the Trust Business Planning process, the Deputy Director of Environment is co-ordinating Departmental CIP schemes for 2022/2023. These schemes will include further savings from energy efficiency, reduction in food costs and introducing improved technology**.**

The EFM Team acknowledge the savings opportunities referenced in the Model Hospital which suggests savings opportunities based on the 2019/2020 ERIC return of between £1.3 - £8.5 million. This will be revisited once the 2020/2021 ERIC results are published in October.

The LED lighting project is nearing completion and will deliver c£178,000 energy efficiency savings (full year effect).

The review of Soft FM, carried out by the external consultancy Ecovate is now complete and the report submitted to the Interim Director of Environment. It has been agreed that further in-depth work will be undertaken in the Catering Department, specifically around physical changes which could be made to the environment, to help improve efficiency of the department.

A deep dive of the portering service has also been agreed following receipt of the report. This will include reviewing efficiency of the areas which have departmental porters (emergency department, theatres, radiology etc).

6. Conclusion

The Board is asked to note the current performance and key headlines of the Estates and Facilities Management Department.

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Building a Brighter Future Programme update			**Meeting date:** 29 September 2021
Report appendix			
Report sponsor	Director of Transformation and Partnerships, SRO		
Report author	Programme Director		
Report provenance			
Purpose of the report and key issues for consideration/decision	To give members of the Trust Board an update on the latest position regarding the Building Brighter Future Programme		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendations	The Board is asked to receive and note the Building a Brighter Future update.		

Summary of key elements

Strategic objectives supported by this report

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

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

Board Assurance Framework	x	**Risk score**	12
Risk Register		**Risk score**	

BAF Objective 11: To develop and implement the New Hospital Plan (Building a Brighter Future) ensuring that it meets the needs of the local population and the Peninsula System

External standards affected by this report and associated risks

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

Report title: Building a Brighter Future Programme update		**Meeting date: 29 September 2021**
Report sponsor	Director of Transformation and Partnerships, SRO	
Report author	Programme Director	

1.0 Introduction

This paper has been prepared to give members of the Trust Board an update on the Building a Brighter Future (BBF) programme, with particular reference to the current status of the Strategic Outline Case (SOC) that was presented to NHSE/I on 28th July 2021. The Board is also provided with an update on the work currently being undertaken by the BBF programme group.

Members of the Trust Board are asked to note the content of this report.

2.0 Strategic Outline Case summary position

As highlighted the Strategic Outline Case was submitted to the NHSE/I Regional Office on 28th July and the BBF programme office has now received feedback on the review of the fundamental criteria that should be included within the document. This feedback was provided to the programme office on 26th August and a full response has now been provided to the Regional Office in readiness for submission to the New Hospital Programme (NHP) national team.

The feedback from the NHSE/I regional team was very constructive, and they confirmed that 7 amber rated criteria for such a complex SOC was positive and that there was nothing of any significance that required any fundamental changes to the SOC. In addition, our management consultancy support, PwC confirmed that this feedback was very positive when benchmarked against other SOC's that had been submitted.

A more detail assessment of the amber rated criteria is noted in the section below.

3.0 Main issues noted

From the fundamental criteria review the NHSE/I regional team highlighted 7 Amber areas that required further clarification. These are noted below along with the trust response to each issue noted. The elements highlighted in **bold** are the amber rated criteria and the Trust response is noted in full.

Strategic Objectives - The SOC should identify the SMART objectives associated with the project, and set out reasonable spending objectives linked to benefits. These objectives will need to be reinforced with Critical Success Factors.
Trust response To address this, we have revisited the "measurable" aspects of our SMART investment objectives. We have added further detail on specific metrics that will be used and where possible shown baseline performance and

improvement targets with dates. Whilst there is still further work to do on this for OBC we have gone a lot further now in describing measures than was shown in our original submission.

Strategic Context - The context for change should be set out clearly, with local and national drivers for the change identified. The Trust should show how the proposals align to government and DHSC policy. This case for change should be evidence based and should articulate the proposed clinical model, underpinned by demand and capacity modelling. It should demonstrate:

- the links to enabling strategies, e.g. workforce, patient experience and patient safety;
- consideration of quality, workforce and financial/efficiency considerations;
- stakeholder engagement, including with clinical leaders and trust staff to assess clinical oversight and involvement in the business case development;
- alignment with service configuration, commissioning intentions and patient-centred design and build;
- consistency with estate strategies.

Trust response

Our People Plan describes our approach to the workforce challenges. This is our strategy. We have strengthened references to the People Plan in the main body of our SOC document

The workforce plan to be delivered at OBC is separate and will be much more detailed around exact workforce requirements. It will include the following elements:

(i) Alignment to the wider ICS Workforce plan.
(ii) Alignment to the evolved model of care across a number of long-term conditions
(iii) Alignment to the Demand and Capacity modelling that will be undertaken
(iv) Alignment to the design of the new facilities
(v) Alignment with revenue affordability of the project.

This workforce plan will look at the entire patient pathway and will therefore address all elements of our ICO service model.

Demand/capacity/workforce - we agree that more information is required and have now included further information.

Support from other Organisations (CCG / STP) - The Trust should provide written letters of support demonstrate support from all major commissioning CCGs and the wider STP for the proposed service provision/ proposal.

Trust response

We have updated the capital funding sources as required

- Revenue support - we have updated the wording in relation to transitional funding in line with advice from the regional team - now reads "It is understood that short-term adverse revenue impacts of the NHP Programme are recognised at a NHSE/I national level, in addition to at a Devon ICS level, and this is subject to discussion with the NHSE/I South West Regional Team in order to identify transitional funding solutions. This is not an issue which is unique to our Programme and is a national funding issue."

  We will continue discussion with the Devon system and revisit this in OBC.
- Estates strategy - we note the point and understand the need for clear alignment of the ICS and Trust strategies. Whilst noting these documents are where they are at this SOC stage, we will work with the ICS to ensure clearer alignment of these strategies at OBC and will be asking that the ICS strategy appropriately prioritises NHP schemes.

Consultation - For major reconfigurations requiring capital investment, commissioners and providers will need to confirm consultation requirements and there these are required consultation will need to be completed prior to SOC submission (where required) with the business case reflecting the outcomes of consultation and how that has shaped the business case options appraisal.

Trust response

Noted and we understand the amber rating but believe we can proceed. We are clear on the position and can add no more at this stage. We are proceeding with SOC submission as was agreed in the national round table discussion

Short List - The SOC should identify a minimum of four shortlisted options for further appraisal.
There should be an indicative cost, benefit and risk appraisal performed on the four options, demonstrating a Net Present Social Value (NPSV) to justify the preferred way forward at an early stage, albeit it is accepted that this will need further development at OBC stage.

Trust response

Following this feedback, we have revisited the rating of the 'do minimum' option and reviewed the RAG ratings. On reflection the RAG assessment presented was overly harsh and has now been revised to a more appropriate level.

Capital Affordability - The case must demonstrate that the costed proposals fall within an affordable package, such as that determined through capital planning or STP / HIP funding processes. Risk and Contingency should be appropriately calculated and inflation assumptions clearly stated. The SOC should also include costed OB forms.
Trust response Capital affordability - We can confirm this is in line with our capital plan but we don't propose to include it as another appendix. As the capital plan only spans 5 years it would only demonstrate limited alignment in any case We will address the point about CCG confirmation of commitment to NHP schemes at OBC and will work towards inclusion of this in the next letter of support. Funding assumptions. • Capital requirement over and above NHP and NHSX sums now treated as emergency PDC and modelled as such for affordability. • Finance case has been updated as necessary throughout. This is a more reasonable assumption for this SOC stage and can be revisited at OBC. • Source and apps alignment - An additional table has been included to also show PDC capital that is not NHP related. • Disposals - we agree with the feedback and have removed this statement. • Backlog - Have updated wording to reflect backlog clearance as far as NHP funds allow • OB form summary -additional summary created and this has been added
Revenue Affordability - The SOC must show that the proposals can be managed within the Trust's existing revenue envelope and will not cause or increase revenue deficits for the Trust. The SOC should include an incremental Statement of Comprehensive Income, Statement of Cashflows and Statement of Financial Position and Trust-wide Statement of Comprehensive Income including the impact of the proposed investment. Short term worsening of the I&E position should be explained and mitigated and the case should demonstrate how recovery over the short term will be delivered.
Trust response On examining this we have found one correction to be necessary to the figures in our underlying affordability model. The correction is not material and relates to the underlying BAU position so has no impact on the comparison of the options. This has been addressed in our model and the financial statements have been updated in the finance case to ensure full alignment.

Where required, the original SOC and appendices has been amended to reflect the required changes noted above.

As highlighted earlier in the paper, nothing with the responses noted above is materially significant and therefore does not affect the original submission that was made on the 28th July 2021.

The revised documentation including appendices was returned to the NHSE/I regional team on Friday 10th September 2021.

4.0 Next steps

The regional team will now forward the amended documentation and the comments made at fundamental criteria review stage to the NHP National team. Further clarifications may be required by the NHP national team, but subject to these being confirmed the current advice is the SOC will progress to approval at the November meeting of the national 'capital and cash' committee. It must be stressed that this is the current advice from the Regional Office, and no confirmation has yet been provided by the NHP national team in this regard.

5.0 BBF Programme Group Update

This section provides an update on the discussions that have taken place in the last month at the BBF programme group. The main issues discussed were as follows:

- Workstream/ Risk register update – the Programme Manager, gave the programme group an overview of the workstreams leads feedback.
  Progress –The main issue for discussion in this area related to the Wave 3 capital project which is has still yet to have the funding confirmed on the project. This project is now noted as Red, and this will remain the case until the funding position on the project is confirmed
- Digital OBC – the Digital Programme lead now has a regular agenda item at the programme group meetings to enable all members of the team to be updated on the progress associated with the Digital OBC.
  Progress – the group received an update on the following issues:
  - **Digital OBC – an update on the progress being made towards the development of the digital OBC is now provided to each programme group meeting.**
  - **Digital stakeholder engagement sessions being planned for September and October.**
  - **Digital benefits – these meetings will take place weekly with a view to ensuring that the benefits noted within the digital OBC are agreed and that the transformation requirements of each benefit is appropriately resourced.**
- Clinical engagement – Joanne Watson, Health and Care Strategy Director, provided the group with an update on the 'drumbeat' clinical engagement meetings that will be commencing in October.
  Progress – The terms of the reference for the meetings have now been subject to executive review. At the time of writing, the Terms of Reference are yet to be finalised but from the discussions that have

taken place at programme group they are now very well. Main outstanding issues to be resolved are:

- **Project management support – which will be provided by PwC to ensure that the appropriate level of challenge is introduced into the discussion.**
- **Data capture – a methodology for the capture and reporting on outcomes from the meetings need to be formalised**

- Outline Business Case 'seed allocation – the programme group receives a regular update on the progress being made with the 'seed' funding application.
  Progress – the national office has now received the OBC 'seed' allocation application, and the programme office now understands that the allocation is likely to be released in two separate phases. Firstly, the initial instalment will cover the costs of project teams and consultancy support, whereas the final phase (for technical advisors) will not be released until the national guidance on issues such as Net Zero Carbon and Modern Methods of Construction has been completed and published.
  The programme office is still awaiting confirmation from the national team in relation to the timing of this release.

6.0 Conclusion

The Board is asked to receive and note the Building a Brighter Future update.

Torbay and South Devon
NHS Foundation Trust

MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
PUBLIC BOARD OF DIRECTORS MEETING
HELD IN THE BOARD ROOM, TORBAY HOSPITAL AND VIA MICROSOFT TEAMS
AT 10.30 AM ON WEDNESDAY 28TH JULY 2021

PUBLIC

Present:	Sir Richard Ibbotson	Chairman
	* Professor C Balch	Non-Executive Director
	* Mr R Sutton	Non-Executive Director
	* Mr P Richards	Non-Executive Director
	* Mrs S Taylor	Non-Executive Director
	* Mr J Welch	Non-Executive Director
	* Mrs J Lyttle	Non-Executive Director
	Ms L Davenport	Chief Executive
	* Mr I Currie	Medical Director
	* Ms A Jones	Director of Transformation and Partnerships (part meeting)
	* Mrs D Kelly	Chief Nurse
	* Mr D Stacey	Chief Finance Officer
	* Mr J Harrison	Chief Operating Officer (part meeting)
	* Mrs J Falcao	Chief People Officer
	* Dr J Watson	Health and Care Strategic Director
In attendance:	* Mrs J Downes	Director of Corporate Governance
	Ms S Toull	Board Secretary
	* Dr J Harris	Associate Director of Communications Partnerships
	* Mrs S Elleray	Ward Manager, Coronary Care Unit
	* Mrs N Goswell	System Director of Nursing and Professional Practice (part meeting)
	* Mrs M Mortimore	Deputy Head of Midwifery and Gynaecology (part)
	* Mr C Knights	Building a Brighter Future Programme Lead (part meeting)
	* Mr P Mclean	Digital Lead (part meeting)
	* Mr A Welch	Associate Director Project Finance (part meeting)
	* Cllr J Stockman	Torbay Council

* via Microsoft Teams

		ACTION
131/07/21	**User Experience Story** Deborah Kelly, Chief Nurse, introduced Sam Elleray, Coronary Care Unit, Ward Manager whose father, Bob, had been a patient of the Trust. Sadly, he passed away in August 2020 and Sam wished to share her father's journey with the Board. Sam Elleray explained her father had been plagued by ill health throughout his life as a result of rheumatic fever, albeit he lived an active life, and retired in the mid 90's after he was diagnosed with cancer. With a life expectancy of 18 months he continued to live a full life until Christmas 2018 when he was treated for cancer of the voice box. In May 2020, her father, an inpatient of Dr France, deteriorated quickly, and he made the decision to go home to die and with the help and support of the palliative care team he passed away peacefully, at home, She reflected how when her father decided to end the treatment, he was supported, listened to and respected. She highlighted the amazing Multi-Disciplinary Team End of Life Care approach that had been wrapped around her father and felt her father had the 'perfect death' with the support of the Trust. The Chairman thanked Sam for a powerful and brave presentation. He reminded the Board that Trust staff should not see death as failure and explained the story reinforced the need to hold difficult but crucial conversations with patients about their end of life care. Liz Davenport, Chief Executive, added how the power of the story talked to the 'Torbay Spirit' and spoke to the need for good pathways of care that patients feel they have choice and control over. Jacqui Lyttle, Non-Executive Director, reported Quality and Assurance Committee noted 90% of concerns and complaints were due to poor communication, which led to poor experience and outcomes for patients. She thanked Sam for her powerful insight into how the Trust can get patient care right. Cllr Jackie Stockman, Torbay Council, asked Sam to consider what the provision would have looked like if she was not a Nurse. Sam responded that although she was a Nurse and her mother, a former Health Care Assistant, she believed the experience would have been the same because, Dr France had listened to her father. Sally Taylor, Non-Executive Director, reflected on the seamless way Sam's father's wishes were met due to the correct equipment being available, and referenced how the 'Just in Case' bags had worked for them and also the family being available to care for their father. She also asked the Board to note that although patient's early wishes may be to die at home towards the end of life, they often chose to stay in a safe environment such as the hospital.	

Deborah Kelly, reflected on the unpredictable and at times distressing journey around end of life care. She assured the Board the Trust sign-posted families to the appropriate services when required.

In receiving and noting the user experience story, the Chairman, on behalf of the Board, thanked Sam Elleray for her presentation.

Preliminary Matters

132/07/21 **Welcome and Introductions**

The Chairman welcomed those in attendance to the Torbay and South Devon Foundation Trust Board meeting.

133/07/21 **Board Corporate Objectives**

The Trust Board's Corporate Objectives were noted.

The Board received and noted the Board Corporate Objectives.

134/07/21 **Apologies for Absence**

The Board noted apologies of absence from Adel Jones, Director of Transformation and Partnerships, who would be joining the Board meeting later, and Vikki Matthews, Non-Executive Director.

135/07/21 **Declaration of Interests**

There were no declarations of interest.

Consent Agenda (Pre-notified questions)

Reports from Board Committees

136/07/21 **South East North Devon (SEND) Chairs Report - 1st July 2021**

The Board received the Chair's Report of the South East North Devon Alliance meeting held on 1st July 2021.

The Board received and noted the Chair's report of the South East North Devon Alliance.

137/07/21 **Finance, Performance and Digital Committee – 28th June 2021**

The Board received the Chair's Report of the Finance, Performance and Digital Committee meeting held on 28th June 2021.

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

138/07/21 **Charitable Funds Committee Chairs Report – 14th July 2021**

Jacqui Lyttle, reported that no risks were identified at the Charitable Funds Committee on 14th July 2021, and confirmed a formal Charitable Funds Committee Chairs report would be presented to the September Board meeting.

The Board received and noted the verbal Chairs Report of the Charitable Funds Committee.

139/07/21 **People Committee Chairs Report - 28th June 2021**

The Board received the Chair's Report of the People Committee held on 28th June 2021.

The Board received and noted the Chairs report of the People Committee.

140/07/21 **Building a Brighter Future Committee Chairs Report - 21st July 2021**

The Board received the Chair's Report of the Building a Brighter Future Committee held on 21st July 2021.

The Board received and noted the Chairs report of the Building a Brighter Future Committee.

Reports from Executive Directors

141/06/21 **Chief Operating Officer's Report July 2021**

The Board received the Chief Operating Officers Report for July 2021.

The Board received and noted the Chief Operating Officers Report .

For Approval

142/07/21 **Minutes of the Meeting held on 30th June 2021**

The Board approved the minutes of the meeting held on 30th June 2021.

The Board approved the minutes of the meeting held on 30th June 2021.

For Noting

143/07/21 **Report of the Chairman**

The Chairman briefed the Board on the following key events:

- The Trust staff had responded to unprecedented levels of activity. He acknowledged the current pressures and thanked staff for their extraordinary response on behalf of the people the Trust served.

- The Governors had been invaluable in supporting the recent recruitment interview processes for the Director of Corporate Governance and Non-Executive Director positions; and for their engagement with the Dartmouth Health and Well Being Centre.

- The national mandated position of Health and Well Being Guardian, would be held by the Chairman, who felt passionately, that Trust's staff were the single most important factor of the NHS; and the Health and Well Being of staff should be of prime concern. He acknowledged that this had been a long standing priority of the Trust and the Chief People Officer.

- There would be no Board meeting in August, however due to the pace and scale of some of the Trust activity, short notice single agenda item Board meetings may need to be called; or decisions sought 'out of committee'.

144/07/21 **Report of the Chief Executive**

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

- Dave Stacey, Chief Finance Officer had been appointed Deputy Chief Executive with effect from 6th July 2021.

- The Trust and the region had experienced significant pressures, including increased numbers of people presenting with Covid; coupled with an increased demand for urgent and emergency care. The workforce was pressured and this was reflected across acute, community and care home settings.

- The Trust had implemented its summer escalation plan and as the Trust moved into the winter period the Board was given assurance that plans were being reviewed and updated to take account of the situation. It was acknowledged that elective care would be impacted and some patients would be subject to cancellations however assurance was provided that teams had worked closely with patients to manage the risk.

- Professor Chris Whitty, Chief Medical Officer had released his annual report, which highlighted the challenges coastal communities faced, in particular Torbay.

- The zero tolerance approach to racism and aggressive and abusive behaviour had been reaffirmed and staff reminded that the Trust would support the right to challenge inappropriate behaviour.

- Jim Clark, Registered Nurse, Outpatients had been commended for 50 years of service to the Trust.

- The Devon Long Term Plan programme was being developed and would become the anchor point to develop the Trusts Health and Care strategy, and the basis to transform services and engage with the local population.

- Engagement with the local population through social media had proven impactful and the Trust had seen increasing numbers of people engage through this medium.

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

Safe Quality Care and Best Experience

145/07/21 **Integrated Performance Report – Month 3, 2021/22**

John Harrison, Chief Operating Officer, presented the Integrated Performance Report for month 3, 2021/22 and drew the following to the Board's attention:

Quality and Safety

- The Trust had reported four serious incidents; and two deaths of drug and alcohol service users.
- Access to stroke beds was challenged to the level of escalation. He explained stroke patients spent 66% of time in allocated stroke beds against a target of 90%. Assurance was provided to the Board that a number of measures were in place to improve compliance.
- Executive and peer review validation of CQC evidence had been progressed.

Workforce

- Workforce resourcing was being focused on service delivery to mitigate the immediate pressure on service provision.
- The statutory mandatory training position had been maintained.
- Staff Achievement Review rates had decreased against the target level.

Finance

- Operating expenditure was marginally above expected level at £0.74m due to pay costs; and bank and agency spend in the Emergency Department, implemented to enable safe patient flow.
- The Trust out turned at a £2.6m favourable variance against plan, due to income from the CCG Covid top-up payments and the positive year end position of Torbay Pharmaceuticals.
- The Trust cash position was robust at £28m.
- The Trust's response to green capacity and delivery of safe services had put pressure on the budget.

Joanne Watson, Health and Care Strategic Director, explained that an 8 to10% increase in non-Covid urgent and emergency care had been seen, which had significantly challenged the Trust. The first Covid patient in the third wave was admitted in July, and had resulted in a series of adjustments being made which impacted elective care. On 16th July 2021, to the Trust had moved to the next stage of the Covid escalation plan, which was to re-instate a dedicated ward for Covid patients.

Liz Davenport, drew the Board's attention to the current position with regard to ambulance turnaround times and length of stay, and confirmed the Trust was at 97% occupancy. She explained the challenges with workforce in the hospital, community and Nursing Homes, which had impacted on the flow of the care system.

Jackie Stockman, asked if the nursing/residential home and domiciliary care position was challenged currently in Torbay and South Devon. John Harrison explained that system capacity had been challenged due to the numbers of staff having to isolate. Domiciliary Care was in a better position but, was not operating at optimal capacity.

Jacqui Lyttle asked whether the referral to treatment (RTT) and follow-ups lists had been validated. John Harrison explained all patients on an RTT code of over 40 weeks had been reconciled and the Trust was undertaking validation of all RRT lists. He confirmed patients on waiting lists were being offered follow-up's and the prioritisation process was based on risk and complexity.

Jacqui Lyttle, enquired how the Trusts cancer wait list compared with the Devon system. John Harrison confirmed the Trust was average for the South West. He acknowledged the most challenged service was Dermatology outpatients, and informed the Board conversion rates were low compared to other cancers. Urology was a significant area of concern and work had been undertaken within the pathway, with additional clinical leads trained to provide support.

Jacqui Lyttle, queried whether there was a disaggregated position for 4 hour ED waits, between Minor Injuries Unit (MIU), Newton Abbot Hospital and the Torbay Hospital ED department. John Harrison, confirmed the Trust was able to disaggregate major and minors, including the MIU at Newton Abbot. The Board noted Newton Abbot was busy too however, patients should attend the most appropriate setting to be treated.

Paul Richards, Non-Executive Director, acknowledged the effort by staff to improve the data position across the acute and community settings and recognised the unprecedented times staff have worked in but, asked what the trajectory was for dealing with the waiting list backlog. Liz Davenport, assured the Board the Executive Team had worked through the plans and acknowledged the concerns regarding the current waiting list backlogs.

The Board received and noted the Integrated Performance Report – Month 3, 2021/22.

145/07/21 **Safe Staffing Annual Establishment Review**

Deborah Kelly, presented the Safe Staffing Annual Establishment Review. She explained that patient focused improvements, productivity and efficiency, nurse and ward manager leadership needed to be strengthened throughout the Trust, in line with recent Royal College of Nursing Guidance.

She assured the Board, the appropriate governance, oversight and bench marking had been undertaken with regional colleagues and therefore she was confident the Trust could demonstrate compliance.

She asked the Board to note the proposal for an establishment uplift of 87 whole time equivalents to enable ward managers to take on the full leadership roles. She confirmed the full year costs incurred would be £38m.

It was noted the Establishment Review was based on normal levels of activity and bed occupancy.

The Chairman acknowledged the provenance of the paper and the debate and discussion that had been had at committee level.

Deborah Kelly, acknowledged the level of scrutiny that the Establishment Review had undergone, particularly given the financial challenges the Trust faced and the financial commitment the Establishment Review would require. She highlighted that the increase in agency spend evidenced in the Integrated Performance Report and the investment in the establishment would help to negate agency spend. She added that Ward Managers would be utilised to optimise staffing levels using their rostering skills, she added that with the support of the Workforce Lead, who had already had a positive impact on the staffing position, a review of skills and expertise would help to move to a performance management framework to ensure the correct staff were deployed at the right time.

Sally Taylor, Non-Executive Director enquired whether the Establishment Review distinguished between Registered and Non-registered Nurses. Deborah Kelly confirmed it was binary, as the majority of Nurses within the Trust were Registered Nurses.

The Board approved the proposed uplift to establishment and associated funding requirements.

146/07/21 **Maternity Governance Safety Report**

Deborah Kelly, presented the Maternity Governance Safety Report setting out the position against the Ockenden Review Standards. She confirmed the Trust as compliant in all areas but, the recommendation for a Senior Independent Advocate would be led by the Local Maternity System.

She asked the Board to note the decrease in the still birth rate and acknowledged the increase in Special Care Baby Unit admissions.

There were no outstanding HSIB Reports for the Quarter 1, but the strengthening of reporting and ensuring comprehensive insight had been worked upon.

The Board was made aware of the Maternity Department staffing challenges, due to a number of vacancies and staff requiring to self-isolate. Anecdotally June and July had been busy months and there was a growing level of complexity of care.

The Board was informed the bid for monies post the Birth Rate Plus review had been allocated but, the Trust had not received the full allocation of monies. The Board was asked to consider how the Local Maternity System and Integrated Care System could work together and respond to the growing level of complex patients and required staffing model, against a gap in funding and asked the Board to consider the need for an uplift in funding.

Deborah Kelly, confirmed the 'patient voice' had been built into to the feedback and engagement plan to strengthen quality and patient safety within the Maternity Department.

Sally Taylor, asked if increased complexity in pregnancy was a common theme and were there any specific reasons for the increase in complexity. Maria Mortimore, Deputy Head of Midwifery & Gynaecology confirmed the increased complexity in pregnancy was a national issue due to medical and socially increasing acuity and the health of women having deteriorated. Also, there were now more women presenting with mental health issues due to the pandemic and although the Trust had a perinatal mental health team, they were at capacity. Also commented on was the prevalence of safeguarding complexities among the demographic in Torbay.

The Board received and noted the Maternity Governance Safety Report for April to June 2021.

147/07/21 **Mortality Safety Scorecard**

Mr Ian Currie, Medical Director presented the Mortality Safety Scorecard and drew the Board's attention to the following:

- The mortality index was in the expected range and the Trust was not an outlier.
- The SHMI data confirmed deaths within hospital or three months post discharge were at expected levels.
- The Trust was within the expected level of unadjusted mortality.
- Mortality by numbers had returned to the expected levels over the last three months.
- No concerns were raised in respect of the total hospital and community deaths.
- In respect of benchmarking, increased numbers of deaths in the community had been seen in Wave 1 and Wave 2 of the pandemic.
- A Dr Foster safety alert had been received in respect of higher than expected acute and unspecified renal failure. A case note review was

undertaken by the Director of Patient Safety and the findings would be scrutinised at the Mortality Surveillance Group.
- No still births were reported in the previous quarter.
- The Medical Examiners Service had been affected by sickness, however it had continued to scrutinise the mandated percentage of deaths.
- The nationally mandated Medical Examiners Service would be rolled out to all Community and Independent settings by March 2022, with the Trust hosting the service for the footprint.

The Board received and noted the Mortality Safety Scorecard.

148/07/21 **Annual Medical Appraisal and Revalidation Report**

Ian Currie, presented the Medical Appraisal and Revalidation Report. He explained all Doctors in non-training posts were mandated to revalidate every five years. The GMC had temporarily halted the revalidation process for 2020 due to the Covid pandemic, with appraisals being reintroduced in October 2020. The new appraisal process was 'lighter touch' capturing patient and colleague feedback and discussing wellbeing, as advised by the Academy of the Royal Medical College.

The Chairman endorsed the report and provided assurance to the Board on the Annual Medical Appraisal and Revalidation Report.

The Board approved the Annual Report of the Responsible Officer relating to the Medical Appraisal and Revalidation and delegated authority to the Chief Executive to sign the Statement of Compliance on behalf of the Board.

149/07/21 **Annual Infection Prevention Control Report**

Deborah Kelly introduced the Infection Prevention Control Annual Report and acknowledged the work of Dr Joanne Watson, in her capacity as Director of Infection Prevention and Control.

Joanne Watson, explained how the report set out the activity of Infection Prevention and Control Team over the last year, together with how it had responded to the challenges brought about by the Covid pandemic. She highlighted how the Trusts response to infection prevention control throughout the pandemic had been multi-disciplinary and commended the support of the Microbiology Team and staff throughout the Trust.

The Chairman offered Board recognition to the Infection Prevention Control Team for their determination to drive improvement.

Liz Davenport, reflected on the support that staff had required throughout the pandemic around infection prevention and control and asked Joanne Watson for her sense of how staff had felt during this period. Joanne Watson explained the improvement plan encouraged staff to bring their concerns forward. She said the report reflected the first two waves of Covid and the position and learning were constantly changing. She highlighted how infection

prevention and control should be everyone's concern and all staff should embed infection prevention and control in to their work.

The Board approved the Infection Prevention and Control Annual Report 2020/21.

150/07/21 **Complaints, Feedback and Engagement Service Annual Report 2020/2021**

Deborah Kelly, presented the Complaints, Feedback and Engagement Annual Report 2020/21and highlighted t how the it provided an insightful lens on complaints and concerns raised by people experiencing our services.

She drew the Boards attention to the rise in the number of complaints and the distinct themes, in particular:

- Caring and compassionate discharge and how the Trust connects patients into other services post discharge. She assured the Board this was a priority and the Quality and Assurance Committee would be undertaking a 'deep dive' into the patient discharge process.
- Visiting was a theme of complaints but it was acknowledged the Trusts visiting policy would continue in line with government guidance.
- Treatment delays, which would be supported by the recovery and restoration work.

She reflected on the regrettable position that patients feel the only avenue was to lodge a complaint through the formal complaints process. A new platform had therefore been developed to identify patient concerns and address them earlier. She said the recently held Patient Experience Summit had set out the vision and strategy, and would be closely aligned to the broader engagement plan.

The Chairman acknowledged the importance of learning from patient experience to enable the Trust to improve services. He reflected on the need to acknowledge and seek learning from good feedback as well.

Ian Currie, explained that learning from positives had been highlighted by the National Safety Team, and this had been incorporated into the National Patient Safety Learning initiative.

Liz Davenport, said she received all complaints and compliment letters on behalf of the Trust, and asked the Board to consider how staff confidence to engage in difficult conversation could be improved.

Deborah Kelly, said conversations had taken place at the Clinical Management Group to establish a virtual Quality Improvement Hub, taking patient stories and enabling staff to route them into practice.

Ian Currie, commented on how the Trust managed incidents spoke to the safety culture, and that understanding competing demands and priorities needed to be established to respond productively.

Jackie Stockman, reflected on the positives of the DAISY Award and Learning from Excellence Accreditation. She said there should be more emphasis on what goes well and communication was key.

The Board received and noted the Complaints, Feedback and Engagement Service Annual Report 2020/2021

151/07/21 **Children Family Health Devon Annual Report 2020/21**

Liz Davenport, described the journey that had commenced with Children Family Health Devon two and a half years ago, with the aim of bringing together Children's Community Services, Mental Health and Nursing to provide positive outcomes for children and young people going into adulthood.

She acknowledged there had been challenges, exacerbated by the pandemic which included increasing wait lists and referral rates post-pandemic but, she asked the Board to note the progress made to date and the future ambition of the Children Family Health Devon Service.

Chris Balch, Non-Executive Director, asked which organisation the staff felt allegiance to given the service was a partnership. Liz Davenport acknowledged in the first year the staff had not identified with either Children Family Health Devon or the Trust but, over the past eighteen months, progress had been made with improved governance arrangements, senior staff engagement and the commissioning of a listening exercise with staff. Staff are keen to have an allegiance with Children Family Health Devon and the Integrated Care Model.

The Board received and noted the Children and Family Health Devon Annual Report 2020/21.

Improved Well Being through Partnerships

152/07/21 **Building a Brighter Future (BBF) Strategic Outline Case**

The Chairman introduced the Building a Brighter Future Strategic Outline Case.

Liz Davenport reflected on the significance of the Building a Brighter Future Strategic Outline Case for the Trust and wider Devon community.

Adel Jones, Director of Transformation and Partnerships, described the process the Building a Brighter Future Strategic Outline Case had gone through and asked the Board to approve the Strategic Outline Case and Estates Strategy for submission to NHSEI. She confirmed approval would take place in November with seed allocation money being received immediately therefore, there was a need to move at pace and the Board would expect to see the Building a Brighter Future Outline Business Case in October.

Chris Knights, Building a Brighter Future Programme Lead presented the Strategic Outline Case. He highlighted that the Trust, as an Integrated Care Organisation was in a strong place to deliver the clinical model, maximising independence and managing care of the local population. He confirmed 25 engagement sessions had been held and numerous letters of support had been received.

He asked the Board to be mindful of the footprint demographic. He also articulated the social deprivation amongst the footprint and the need for acute, community and digitally enabled care.

Paul Mclean, Building a Brighter Future, Digital Lead assured the Board that the digital ambition aligned with the Devon Long Term Plan and would enable enable the Trust to deliver on its vision in acute and community settings.

He asked the Board to note the Strategic Outline Case recommendation that the Trust accelerated the Electronic Patient Record business case.

Alan Welch, Associate Director Project Finance explained the financial analysis had been refined and the regional team agreed the Strategic Operating Case met all the criteria.

In respect of the Estate Strategy, the plan was to achieve a new and upgraded building for patient treatment and care, with the remaining areas being repurposed or invested utilising business as usual funds.

The Board was reminded of the need to demonstrate the Trust could afford the capital investment proposed. Currently, the costs had been budgeted for £5m overspend, with a plan to manage down to breakeven.

Alan Welch reported on the strong value for money economic case highlighting the cost benefit ratio was £3.59/£1 and with Digital and Estates combined was, £4.47/£1.

The Board was informed guidance was awaited regarding modern methods of carbon reduction and achieving net zero carbon emissions, together with clarity on how the Trust should engage with the market and contractors but, this level of detail would be within the Outline Business Case.

The Chairman thanked the Building a Brighter Future team for pulling together a complicated, multistrand project.

Chris Balch, explained to the Board how critical the seed funding was. He reflected on the need to engage with the public to share with them the Trusts commitment to their health and well-being and how imperative it was for the Trust to design the Building a Brighter Future story ‘on a page’ to engage with Governors and the public.

Liz Davenport, described how the building and digital investment would enable the Trust to build services around prevention and early intervention.

The Board approved the Building a Brighter Future Strategic Outline Case and Estates Strategy for submission to NHSEI

Well Led

153/07/21 **2021/22 Business Planning Update**

Dave Stacey, Chief Finance Officer, presented the Business Planning Update Report for 2021/22. He reported that the national planning framework had divided 2021/22 in to two halves for planning purposes and explained how the planning process, timeline and parameters for Half 2 planning period would operate. The Trust had prepared for deep dive reviews and cost improvement plans in line with the Devon ICS priorities of improving quality and financial value.

He drew the Board's attention to work undertaken within the Trust including, updating the Trust's strategy, mission statement and objectives which would be developed through the Board Development sessions.

The Board received and noted the Business Planning Update Report 2021/22.

154/07/21 **Ethics Committee Terms of Reference**

Ian Currie presented the revised terms of reference and explained the Ethics Committee had been re-established in 2020, in response to emerging ethical debates arising during the Covid pandemic. He added that the opportunity for clinicians to access a sounding board had been well received and valued by clinicians. The panel was diverse and offered the opportunity for wide ranging discussion and enabled the Trust to understand ethical dilemmas in practice.

The Board approved the Ethics Committee Terms of Reference.

155/07/21 **Compliance Issues**

There were no compliance issues reported.

156/07/21 **Any Other Business Notified in Advance**

There was no any other business raised for discussion.

157/07/21 **Date and Time of Next Meeting:**

11.30 am, Wednesday 29th September 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)

NHS
Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Board Composition			**Meeting date:** 29 September 2021
Report appendix	n/a		
Report sponsor	Chairman		
Report author	Director of Corporate Governance		
Report provenance	Council of Governors, Governor Nomination and Remuneration Committee and Non-Executive Director Nomination and Remuneration Committee		
Purpose of the report and key issues for consideration/decision	The purpose of this report is to notify the Board of Directors of the following changes to the Board and Committee composition: • On 4 August 2021, the Council of Governors approved the appointment of Dr Sarah Wollaston, Non-Executive Director for a three year term of office commencing on 1 October 2021; • On 4 August 2021, the Council of Governors approved a six month extension to the term of office of Sally Taylor, Non-Executive Director commencing on 1 January 2021. The Council of Governors also approved the continuation of Sally Taylor as Vice-Chair during this period. • At the same meeting, the Council of Governors also noted the retirement of Jon Welch, Non-Executive Director with effect from 30 September 2021. • Following these changes, a review of Non-Executive Director portfolio's has been undertaken and Dr Sarah Wollaston has replaced Jon Welch on the following Board Sub-Committees: BBF Committee, People Committee and Quality Committee. • On 12 August 2021, the Non-Executive Director Nomination and Remuneration Committee approved the appointment of Emily Long as Director of Corporate Governance and Trust Secretary in place of the retiring Director of Corporate Governance and Trust Secretary. It is anticipated that Emily will join the Trust in early November.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendations	The Board is asked to: • Note the appointment of Dr Sarah Wollaston as Non-Executive Director for a term of office of three years commencing on 1 October 2021; • Note the re-appointment of Sally Taylor as Non-Executive Director and Vice-Chair, for a term of six months commencing on 1 January 2021;		

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- Note the retirement of Jon Welch, Non-Executive Director with effect from 30 September 2021;
- Note the changes to Committee membership; and
- Ratify the appointment of Emily Long as Director of Corporate Governance and Trust Secretary.

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<tr><td colspan="2">Summary of key elements</td></tr>
<tr><td>Strategic objectives supported by this report</td><td>

<table>
<tr><td>Safe, quality care and best experience</td><td></td><td>Valuing our workforce</td><td></td></tr>
<tr><td>Improved wellbeing through partnership</td><td></td><td>Well-led</td><td>X</td></tr>
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<tr><td>Is this on the Trust's Board Assurance Framework and/or Risk Register</td><td>

<table>
<tr><td>Board Assurance Framework</td><td>X</td><td>Risk score</td><td>12</td></tr>
<tr><td>Risk Register</td><td>n/a</td><td>Risk score</td><td>n/a</td></tr>
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BAF Ref 9: To ensure management practice, leadership capacity and capability to deliver high-quality, sustainable care for the local population

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<tr><td>External standards affected by this report and associated risks</td><td>

<table>
<tr><td>Care Quality Commission</td><td>X</td><td>Terms of Authorisation</td><td>X</td></tr>
<tr><td>NHS Improvement</td><td>X</td><td>Legislation</td><td>X</td></tr>
<tr><td>NHS England</td><td>X</td><td>National policy/guidance</td><td>X</td></tr>
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Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Chief Executive's Report			**Meeting date**: 29 September 2021
Report appendix	Board assurance framework summary		
Report sponsor	Chief Executive		
Report author	Associate Director of Communications and Partnerships		
Report provenance	Reviewed by Executive Directors 21 September 2021		
Purpose of the report and key issues for consideration/decision	To provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments since the previous Board meeting.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to receive and note the Chief Executive's Report the report and consider any implications on our strategy and delivery plans.		

Summary of key elements

Strategic objectives supported by this report

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

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

Board Assurance Framework	X	**Risk score**	See Below
Risk Register	X	**Risk score**	Various

- BAF objective 1: To develop and implement the Long-Term Plan with partners and local stakeholders to support the delivery of our ICO Strategy - risk score 20
- BAF objective 4: To provide safe, quality patient care and achieve best patient experience
- BAF objective 10: To actively manage the potential for negative publicity, public perception or uncontrollable events that may impact on our reputation - risk score 9

External standards affected by this report and associated risks

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

Report title: Chief Executive's Report		Meeting date: 29 September 2021
Report sponsor	Chief Executive	
Report author	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

We are currently reviewing our strategic goals through our Strategy Group. Our strategic goals will help us achieve our purpose. These will be brought to the Board of Directors for approval in the next few months.

Our draft strategic goals are:

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

This report is structured around our draft 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 28 July 2021 are as follows:

3.1 Excellent population health and wellbeing

Redevelopment of former site of Dartmouth and Kingswear community hospital

We continue to work with our local communities in Dartmouth and surrounding villages regarding the redevelopment of the former Dartmouth and Kingswear Hospital site.

We are very aware that the people of Dartmouth and surrounding villages are keenly interested in the future of the former Dartmouth and Kingswear hospital site and we want to work with them to provide best value for Dartmouth and for the NHS.

We have worked with community representatives to create a stakeholder task and finish group which has met twice so far (in July and September). This group is helping us to identify how we could deliver best value to the local community as well as helping to develop a plan to seek the views of the wider community.

Since our first workshop in July we have been in correspondence with Dartmouth Town Council and have offered them the opportunity to develop a community-led bid for the site of the former Dartmouth and Kingswear Hospital. This was

discussed at the full meeting of the Dartmouth Town Council on 06 September 2021 and we are working with the Council to explore this option further.

We are reviewing our plans for engagement with the community in light of this development.

Flu vaccination programme for health and care staff
We are pleased to say we have received our first delivery of flu vaccinations and began our staff vaccination programme on 20 September 2021. We are encouraging all our health and care staff to get the flu vaccination as early as possible to help protect themselves, their families and our patients.

COVID-19 booster vaccinations
We are ready to begin our COVID-19 booster vaccination programme for frontline health and social care workers in line with the JCVI recommendation as soon as we receive delivery of the vaccinations.

Changes to visiting arrangements
On Monday 16 August, we changed our visiting arrangements across our hospitals, returning to a policy of each patient being allowed one nominated visitor for one hour, once a day. This action was taken to continue to keep our patients, visitors and staff as safe as possible, and help prevent the spread of COVID-19.

We understand that people's circumstances can change, so patients and families are encouraged to discuss any individual needs with the relevant ward manager.

Visiting and appointment information for Maternity Services remain unchanged.

We will continue to regularly review our visiting arrangements in line with NHS and Government guidance and local public health advice. We would like to thank everyone for their ongoing patience and understanding during what continues to be challenging time.

Visit from the Mayor of Torbay
Staff at Torbay Hospital welcomed Councillor Terry Manning, The Worshipful the Mayor of Torbay and his consort for a visit earlier this month.

The Mayor was shown around the Torbay Hospital site by Sir Richard Ibbotson, Chairman, and heard from staff who have worked throughout the pandemic. They were also able to see first-hand some of the latest building developments taking place onsite.

Due to the current restrictions in place the visit was limited to outdoor spaces and areas outside of hospital wards, but staff were on hand to speak to Cllr Manning about their experiences of working throughout the pandemic and share just some of the issues that are important to them.

Cllr Manning heard from the Emergency Department team, staff involved in developments such as the new expanded Acute Medicine Unit (AMU) and teams from the Intensive Care Unit and Ricky Grant Unit for cancer services.

Finally, due to the nature of not being able to meet as many staff as a normal visit would involve, Cllr Manning recorded a video message for staff across the organisation, in both hospital and community settings, which thanked them for their hard work and highlighted how grateful the local community are for the role they play in keeping everyone as safe as possible.

I would like to take this opportunity to formally thank Cllr Manning for his interest in and support for health and care services in the bay.

3.2 Excellent experience receiving and providing care

Rheumatology team shortlisted for Nursing Times award

Our rheumatology team has been shortlisted for a prestigious Nursing Times award for the second year running, for their ground-breaking work on an app that enables patients to better manage their condition.

Specialist rheumatology nurse Rian Penford, along with colleague Dr Kirsten Mackay and the rheumatology team, worked with Health and Care Innovations (HCI) to co-design and launch Rheumatology Connect in 2018, in order to help their 5,000 or so rheumatology patients to self-manage their conditions with clear and concise information accessible at home. The App was shortlisted for a Nursing Times award in 2020 for the category 'promoting patient self-management.' The arrival of the pandemic hastened Rian and her colleagues to achieve their dream to further develop the App to be more interactive and include medications management and symptom tracking tools.

In May 2021 the additional functionalities were added and, alongside the development work by HCI to enable multiple conditions to be managed within the app, the newly named CONNECTPlus was launched. Patients now not only have 24-hour access to information and frequently-asked-questions, but also to track their progress, manage their appointments access video information about medications.

Within the rheumatology department, the App has improved patients' experiences and has helped to free up the rheumatology team for more urgent cases, now managed by one weekly clinic.

The winner will be announced at the award ceremony on 27 October.

CONNECTPlus shortlisted for the 2021 Health Service Journal Awards

'CONNECTPlus: Reducing demand through empowering patients with multiple long term conditions to self manage' has been shortlisted for the Driving Efficiency through Technology award at the HSJ Awards 2021.

The CONNECTPlus multiple conditions app (developed in partnership with Health and Care Innovations) helps people to manage multiple conditions together and in one place. It is both informative and interactive and provides 24/7 access to clinically assured information with a range of features including symptom trackers, medication management and appointment reminders.

Since the use of the app in Rheumatology and Neurology pathways we have reported seeing 43% fewer calls to department helplines as patients are finding

answers to their queries in the app. They have also seen a huge saving in nurse clinic time with medication clinics reducing from four hours of nurse time a week to just 30 minutes. This has meant it is possible for nurses to prioritise their time to see patients requiring urgent treatment.

The winner will be announced during the awards ceremony on 18 November 2021.

Audiology department maintains accreditation
Our Audiology department has maintained its accreditation with UKAS (the United Kingdom Accreditation Service) against the IQIPS standards of care.

Audiology – Hearing Care at Torbay Hospital was the first service in the South West to receive the internationally recognised UKAS accreditation in 2014, and have maintained this year on year.

A team of assessors visited the department and its community locations in May 2021 to observe clinical practice and facilities. The accreditation applies to every aspect of the service including paediatrics and adults, complex and routine services that are run from our community hospitals, our health and wellbeing centres and at Torbay Hospital.

The accreditation covers a wide range of competences including consideration of the patient experience, efficient use of facilities and resources as well as ensuring excellent safety practices are embedded into the culture of the department.

Accreditation gives the people using our Audiology services, and their relatives, confidence in the diagnosis and care they receive.

Ward accreditations
During August and September three more of our wards were assessed under the scheme.

Cromie Ward achieved a silver award on their first accreditation – this is a fantastic achievement, particularly in view of their fifth ward move in the last 18 months.

Simpson Ward achieved a gold award, showcasing the progress they have made since their silver award last year. Meanwhile Dart Ward at Totnes Hospital maintained achieved a gold award for the second year in a row – they are the first of our wards to do this and should be justly proud of themselves.

DAISY awards
In July our DAISY award winner was Colin Wosley, a registered nurse on Dunlop Ward (cardiology and general medicine) who was nominated by two members of the same family for the care he gave to their relative during the last few days of their life. The nominations highlighted:

“The wonderful Colin her palliative care nurse ensured not only she was comfortable but we were too. He gave her the dignity she deserved made decisions collaboratively with us as family informed at every step. It was the worst

of times for us as she got weaker and her pain intensified however we were guided by Colin through her last days. His care and compassion knew no bounds; and his experience gave us the peace of mind we needed to make the most of the time we had left. Thank you."

"Colin throughout administering her treatment did so with care compassion and showed the utmost dignity. Colin has a rare skill and was extremely thoughtful and considerate during what was for us a tragic and stressful time. Colin should be commended at the highest level for the way he dealt with my sister as his patient. Please can you help me in bringing Colin his well-deserved recognition."

In August our DAISY award winner was Carole Beasley, a registered nurse on our acute medical unit/emergency admissions unit, who was nominated by a colleague for the work she did in raising money to make a real difference to patients and their families during their last days of life and for advocating for her team's wellbeing to improve working conditions during the first wave of COVID-19. The nomination highlighted:

"Carole became an End of Life trainee- one of only six people who committed to a year long project run by Rowcroft Hospice and funded by Macmillan to test a new programme of learning enabling nurses to make direct workplace change to benefit patients and their loved ones at end of life. The project started pre-pandemic when Carole worked on the emergency admissions unit but then she was redeployed to the COVID-19 admission ward during the project time and is continuing to make improvements in her new post. Her many quality improvement outcomes (they were only expected to make one!) illustrate her absolute drive and passion to do the right thing not only for patients and families but also her colleagues. She became a fantastic example of a change agent able to make local ward based impact that matters."

Beginning our Pathway to Excellence

In June and July we held two successful sessions with senior nursing and midwifery leaders in the organisation as we launched our Pathway to Excellence journey. These were interactive events that engaged staff and furthered their understanding of Pathway to Excellence, and what it means for us and our patients. We linked up with our twinned hospital in America, The Good Samaritan and they shared their Shared Governance journey with us.

Shared Governance is one element of the Pathway to Excellence, and the main area that we need to roll out as an organisation - evidence based decision making by those who work in the clinical areas. These two sessions are the beginning of a series of events to roll out the Pathway to Excellence across the whole of Torbay and South Devon.

Our Emergency Department launched their nurse-led Shared Governance council for patient safety in June. Since the council has started the team have implemented several new ideas to improve quality and patient safety including:

- a suggestion box for staff to raise any safety concerns with potential solutions, empowering our nursing teams
- monthly hot safety topics briefing given in nursing handover and emailed out to all staff. These topics are displayed within the department

- A waiting room patient safety checklist - a patient safety checklist was implemented to ensure patients safety and fundamental aspects of care are given to patients while waiting for treatment
- Hospital bed consideration posters have been introduced to prompt staff to transfer patients onto hospital beds if they have remained in the department for a long period for pressure ulcer prevention and to promote patient comfort
- Patient Safety Aide Memoire details nursing tasks according to a child's presentation ensuring care is delivered in a timely manner ensuring safety for our paediatric patients.

3.3 Excellent value and sustainability

Our Board Assurance Framework
Appended to this report is a summary of our Board Assurance Framework. I would like to draw your attention to the increasing risk to safe, quality patient care (risk number four) where the current risk score has increased from 16 to 20. This relates to the significant challenges we are facing with rising demand for care across routine, urgent and emergency services.

We are not alone in facing these challenges – we are working together with hospitals across Devon to address these.

Along with the rest of the NHS, we and other NHS providers in Devon are seeing an increase in patients admitted to hospital with COVID-19 which means there are fewer beds available for other patients. There are also high numbers of people attending our emergency departments; many are ill and need to be admitted, some are using ED inappropriately for minor conditions. And patients are facing increasingly lengthy waits for treatment.

Services across the health and care system (ourselves included) are affected by the number of staff isolating due to COVID-19 and the number of job vacancies. COVID-19 pressures are affecting social care providers ability to resource care packages which makes it harder to discharge patients from hospital.

Due to this combination of factors, we are finding it a constant challenge to find capacity to treat patients who need emergency surgery or urgent cancer care. Our priorities are always those patients with the most urgent need.

In order to keep caring for those most in need, we have had to temporarily stop undertaking some routine work, including operations, outpatient appointments and some follow-up appointments for patients with long-term conditions. We know that this means people will be waiting longer for care and we are deeply sorry. These decisions are not taken lightly.

We have begun a series of best weeks (building effective solutions together) to test ideas and try out new things that we hope will make a real difference, helping us to improve the care we provide, including how quickly we are able to support people to go home and enabling us to re-start many of our planned care services and to give those people who are waiting, the care they need.

Pioneering virtual HoloLens 2 pilot at Torbay Hospital

Along with a small group of other hospital trusts, we have worked with NHS Digital as a national pilot centre for trialling the ground-breaking Microsoft HoloLens 2 and Dynamics 365 Remote Assist.

A mixed reality headset, HoloLens 2 uses multiple sensors, advanced optics, and holographic processing. The digital overlays created within the headset can be used to display information which blends with the real world to create a mixed or augmented view.

The first pilot project is taking place our Breast Care Unit at Torbay Hospital, where the digital technology will support nurse-led dressing clinics. Clinical specialist nurses will be able to send a high-resolution video feed to consultants, in real time, to get immediate feedback and advice on a patient's needs. Additionally, consultants are able to add digital markers and annotations live on to the video, to guide the nurse's view where useful. This replaces the current system of emailing static images to consultants.

Consultants are then able to talk and interact with patients and gather crucial information throughout the appointment process. It can also help with business continuity, for example, if a clinician is self-isolating due to COVID-19.

Patients and staff benefit from charitable donations

People in Torbay and South Devon have raised over £50,000 since the beginning of the COVID-19 pandemic to support us.

We have been overwhelmed by the generosity of everyone who has supported our charity appeal.

The money raised went directly to initiatives supporting patients as well as staff who were responding to COVID-19.

We have also benefited from national fundraising thanks to NHS Charities Together and the legacy of Captain Sir Tom Moore. These additional funds have contributed a further £181,000 to the appeal's total, both through direct award and in the form of grant applications.

4. Chief Executive engagement August/September

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
• Video blog sessions • Pathway to Excellence meeting • F1 Doctor induction • Diversity and Equality Lead	• Chief Executive of Integrated Care System for Devon • Deputy Chief Executive, Devon Integrated Care System

• Histopathology visit • Freedom to Speak Up Guardian • Staff heroes presentation • Staff side meeting • Meeting with domestic and housekeeping staff • League of Friends • Chaplaincy	• Director of Long-Term Plan, Devon Clinical Commissioning Group • Devon NHS Chief Executives • Devon Integrated Care System meeting • Chief Executive Officer, Healthwatch Torbay • Interim Medical Director, Devon Integrated Care System • South West Regional Chief Executives • Director of Communications, Devon Integrated Care System • Director of Strategy, Devon Integrated Care System • Deputy Chief Executive, Devon Community Foundation • Devon Chairs and CEOs meeting • South Local Care Partnership Executive • Chief Executive, Devon Partnership NHS Foundation Trust • Chief Executive, University Hospitals Plymouth NHS Foundation Trust • Locality Director, South & West, Devon Clinical Commissioning Group • Medical Director, Livewell South West • Care Quality Commission, Engagement Meeting • Chief Superintendent • Building our workforce strategy workshop • Specialised Commissioning Medical Director • Director of Adult Social Care, Torbay Council • SEND Alliance Board Meeting • Deputy Chief Operating Officer, Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust • Chief Pharmaceutical Officer • Chief Executive, Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust • Devon Long-Term Plan Meeting • Director of Transformation, Devon Partnerships NHS Foundation Trust • Devon Children and Families Partnership Manager • Superintendent, Mental Health and Suicide Prevention

	• South West Integrated Personalised Care Lead • Torbay Council Emergency Service 2 Minute Silence • Devon Overview and Scrutiny Committee

5. Local health and care economy developments

5.1 Partner and partnership updates

5.1.1. Devon Long-Term Plan

NHS organisations and local councils continue to work together to finalise Devon's Long-Term Plan – a vision for how health and care services will be delivered in the next five years.

Our Long-Term Plan road map will set out a number of proposals that would help us to transform the way health and care services are delivered in Devon.

The proposals are in draft form and work is progressing well with all partners to agree priorities.

Further development will be supported by engagement and, where required, formal consultation with staff, patients, communities and stakeholders. Engagement is likely to begin later this year.

We have big, bold ambitions set out in our Long-Term Plan to truly deliver on our vision to ensure *"equal chances for everyone in Devon, to lead long, happy and healthy lives"*.

5.1.2 Devon integrated care system and local care partnerships

The Health and Care Bill is currently at committee stage. This is where MPs go through the Bill line by line and amendments are proposed and voted upon.

NHS Chief Executive, Amanda Pritchard, and Chief Operating Officer Mark Cubbon gave evidence to the committee on clinical representation, engagement and accountability in decision making and how the legislation will improve patient experience.

Work in Devon to develop an Integrated Care System is building momentum as we approach the April 2022 deadline with lots of guidance coming through over the summer including information on the development of place-based partnerships, working with communities, clinical and care professional leadership in systems and partnerships with the voluntary, community and social enterprise sector.

The Devon system governance task and finish group, chaired by Dame Suzi Leather and including Local Authority, provider and CCG representation, is helping to interpret the guidance and make recommendations as to how this will work in practice, while the transition group is working on the detailed plans.

In August, the advertisement for the post of designate Chair of the anticipated NHS Integrated Care Board (ICB) was published. The recruitment process is being run by NHS England and NHS Improvement, and the Devon post is one of 17 advertised nationwide.

5.1.3 NHS System Oversight Framework 2021/22

The new NHS system oversight framework NHS System Oversight Framework-2021-22, published in June 2021, sets out NHSE/I's approach to the oversight of integrated care systems ('ICS's), Clinical Care Commissioning Groups (CCG's) and Trusts, with a focus on system-led delivery of care.

The framework defines how ICS performance will be measured and the level of support and oversight the ICS will need within the current statutory framework, but also accounts for the local flexibility of ICS's within defined parameters for tailoring to local circumstances. This is the latest addition to a suite of essential documents for ICS's alongside:

- the NHS Long Term Plan (vision)
- ICS White Paper (priorities)
- the 2021/22 operational planning guidance (priorities)
- the ICS design framework (structures)

ICS's will be expected to agree a memorandum of understanding with regional teams setting out delivery and governance arrangements across the ICS, including:

- financial governance arrangement that support the effective management of resources
- quality governance arrangements
- oversight mechanisms and structures that reflect delivery and governance arrangements
- local strategic priorities that the ICS has committed to for 2021/22

The existing statutory roles and responsibilities of NHS England and NHS Improvement('NHSE/I') in relation to Trusts and Commissioners will however remain unchanged, as will the accountabilities of individual NHS organisations.

Over the next six months, we will be working with our partners from across the Devon system to ensure the metrics we will be monitored against are in place and the memorandum of understanding setting out the delivery and governance arrangements is agreed with regional NHSE/I and established for April 2022.

Our Devon system rating

As part of the new NHS System Oversight Framework for Integrated Care Systems (ICSs), the Devon system has received "segment" four support due to our longstanding financial issues. This means support under the new Recovery Support Programme will span all member organisations of the ICS, including the CCG and all providers.

We had made good progress in addressing Devon's longstanding financial challenges before the COVID-19 pandemic halted our work delivering the changes needed to make the health and care system more efficient.

From April 2022, we are moving to become a new ICS, like every part of the country, and this will enable us to work better together with our commissioners, our providers and local authority partners to better tackle our long-standing challenges.

Devon's particular exit criteria for Segment 4 are currently under discussion with NHS England and are due to be clarified by the end of September 2021.

5.1.4 System pressures

Pressures continue to be seen across the Devon system, in mental health care, primary care (GPs) and adult social care as well as our acute hospital trusts. As a result, people are facing longer waits in emergency departments and planned procedures are being postponed.

Contributory factors across Devon include:

- **Higher numbers of COVID-19 inpatients.** Although numbers are lower than previous waves, there is a significant impact on beds and staffing available for other patients including those who are due to undergo planned procedures
- **High COVID-19 rates**. We have high levels of staff isolating because they or a family member has COVID-19. This is making it harder to maintain services at a time when more staff are taking much needed and well-earned annual leave.
- **High numbers of people attending emergency departments (ED).** Many of these patients are very unwell and need to be admitted into hospital beds.
- **Patients using ED inappropriately.** People who have an emergency should attend ED but those who attend for treatment for minor conditions will have a very long wait and are putting unnecessary pressure on these already stretched services.
- **Delays in discharging people from hospital.** COVID-19 pressures are impacting on social care providers' ability to deliver their services, meaning that care packages in the community are difficult to resource. This means that there are many people in hospital who are ready to leave, consequently we can't use their beds for patients who are waiting in ED.
- **Job vacancies**. There are vacancies across the health and care system. For example we need at least 1,000 more social care workers in Devon and there currently 1,400 NHS vacancies in Devon.
- **Demand for NHS 111** is up to 12% higher than expected on some days.

Ambulance services

The ambulance service is also seeing some of its highest numbers of calls ever recorded.

Levels of demand have remained constant over recent weeks, activity remains very high and an unprecedented levels of time has been lost in handover delays at the acute hospitals across Devon.

Primary care

Primary care is the NHS' front door, and the level of demand for GP services shows no sign of abating. Over the last year, there have been millions of face to face appointments in general practice in Devon, and our GP practices have seen a 14 per cent increase in demand since before the pandemic.

While GPs have continued to provide face-to-face appointments throughout the pandemic for anyone who needs to be seen in person and it's clinically appropriate, the increase in requests have added significant pressure to primary care.

Like many frontline services, GP practices are still suffering the impact of the isolation rules for people who are household contacts of a positive case. Nearly all of our GP practices have been impacted over the last year, and currently 10 percent of practices are facing severe operational pressures and the remaining practices are seriously impacted by the increase in demand and staff isolating.

In response, staff in health and care services across Devon are working long hours and extra shifts, but they are extremely tired.

We are also:

- creating extra capacity. We are building new theatres and diagnostic facilities in Plymouth and at the former NHS Nightingale hospital in Exeter.
- recruiting more staff. If you are interested in a career in health or social care we would love to hear from you. Visit proudtocaredevon.org.uk
- promoting how to access health care services through local media and our social media channels.
- vaccinating people – the local vaccination programme continues at full steam and saving lives every day.
- asking local people to do their bit by choosing the right service for their needs.

5.1.4 Designated Enhanced Response Areas

Devon, Plymouth, Torbay, Cornwall and the Isles of Scilly have some of the highest COVID-19 case rates in the country and have been designated Enhanced Response Areas.

The government is working with local authorities in areas which need an enhanced response to COVID-19 to avoid the NHS facing unsustainable pressure.

Enhanced Response will receive additional support, such as surge testing and logistical resources to maximise vaccine uptake, for a five-week period.

Local authority pop up testing vehicles recently expanded to also offer vaccinations and are now covering a wider area to target people who are harder to reach.

People can do their bit by getting vaccinated, having both doses if they are 18 or over, maintaining social distancing and good hygiene, by meeting outside or in well ventilated areas indoors and by wearing face masks indoors in public places.

5.1.5 COVID-19 booster vaccinations

The NHS has started delivering COVID-19 booster jabs to people in eligible groups in the South West, as the biggest vaccination programme in health service history moves to the next stage.

In line with new guidance set out by the JCVI, the NHS vaccination programme will now invite eligible people, who had their second COVID jab at least six months ago, for a top up. People will be able to book in after receiving an invite by letter, email or text.

Clinically Extremely Vulnerable people are being identified through their GP or consultant and invited to book their 3rd dose There has been high take up of this offer. Clinically Extremely Vulnerable 12-15 year olds are already being vaccinated at dedicated clinics.

16/17 year olds are now able to book their appointment through the National Booking Service, in addition to attending walk in clinics.

12/15 year olds will predominantly have their vaccine at school through the school immunisation service provider in Devon/Plymouth/Torbay - Virgin Care. Parental (or guardian/carer) consent will be sought through the digital consent system. Alternative provisions are being made for those not attending school through vaccine centres. The aim is to offer every eligible child a first dose by half term.

There are a range of sites where people can have their booster, including English Riviera Centre, Home Park, Greendale, Newton Abbot Racecourse and Barnstaple Leisure Centre. There are also a number of more local sites including pharmacies, GP practices and we will offer pop up vaccine clinics as has happened throughout the vaccination programme.

Vaccine teams will visit care homes and offer both staff and residents the vaccine at the same time. Hospital hubs are offering health and care staff their booster jabs.

5.1.6. Global shortage of blood testing equipment

A global supply issue has affected the availability nationally of the blood tubes used for blood tests and has had an impact on the number of tests that are being carried out.

The shortage has meant that surgeries and other healthcare settings have had to restrict the number of blood tests they can carry out and reduce non-clinically urgent testing.

However, blood tests have only been deferred where it has been clinically safe to do so.

The availability of alternative products and improvement in production capabilities, alongside the efforts of NHS staff to manage use, mean that the supply situation is no longer as constrained as it was in August. However, the issue has not yet been completely resolved

Acute trusts, community hospitals and mental health trusts has been requested continue to maintain the existing guidance until Friday 08 October. The best practice guidance for primary and secondary care encourages clinicians to think twice, check twice and order once.

5.1.7. New Care Quality Commission strategy

The Care Quality Commission (CQC) have launched a new strategy. The CQC's purpose of ensuring high-quality, safe care won't change, but how it works to achieve this will.

The new strategy is set out under four themes:

- **people and communities:** regulation that is driven by people's needs and experiences, focusing on what is important to them as they access, use and move between services.
- **smarter regulation:** a more dynamic and flexible approach that provides up-to-date and high-quality information and ratings, easier ways of working with CQC, and a more proportionate regulatory response.
- **safety through learning:** an unremitting focus on safety, requiring a culture across health and care that enables people to speak up and in this way share learning and improvement opportunities.
- **accelerating improvement:** encouraging health and care services, and local systems, to access support to help improve the quality of care where it's needed most.

Running through each of these themes are two core ambitions:

- **assessing local systems:** giving the public independent assurance about the quality of care in their area
- **tackling inequalities in health and care:** pushing for equality of access, experiences and outcomes from services.

You can read the full strategy here.

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 July Board report, activity to promote the work of our staff and partners has included:

Recent key media releases and responses:

- Pathway to Excellence – release celebrating the launch of the Pathway to Excellence programme. We have been selected as one of 14 NHS providers in the UK to take part in this global programme for nursing and midwifery standards, which aims to create a positive working environment for nursing staff
- CONNECTPlus HSJ award nomination – we are celebrating the fantastic news that the CONNECTPlus app, co-developed by our teams and HCI, has been nominated for a Health Service Journal award. The app helps people to manage multiple conditions together and in one place
- Dawlish Minor Injuries Unit – enquiry received on the current position of Dawlish MIU, following Totnes enquiries. Statement highlighted the commitment to reopen and the difficulty in recruiting the necessary staff

- Visiting arrangement changes – coverage on the announcement that we have changed our visiting policy back to one visitor only, in order to protect our most vulnerable patients

Recent engagement on our social media channels includes:

- Bank holiday choose well messaging – encouraging people before and during the bank holiday weekend to choose the right service for their need when they need our help, in order to keep our Emergency Department for emergencies
- Newton Abbot Urgent Treatment Centre – shared a video which highlights the support offered at our Urgent Treatment Centre and the faster, more streamlined service it can provide for people in need of urgent help
- Festival testing – following recent links between COVID-19 outbreaks and festivals, we used national resources to encourage any festival goers returning to our area to take a test to protect themselves and their loved ones
- Staycations – using national assets to highlight to visitors in our area where they can seek help, including their GP at home and high street pharmacists
- Changes in visiting – outlined our updated visiting policy in order to protect our most vulnerable patients
- Continued guidance for healthcare settings – used our own resources to remind the public that social distancing and face covering guidance is still in place for healthcare settings
- Results days – highlighted the opportunities that a career in the NHS brings on both GCSE and A level results days
- Supporting discharges – asked families to find out what they can do to support their loved one's discharge when they are ready to leave hospital

Development of our social media channels:

Channel	End of year target	As of 31 March 2021	As of 31 August 2021
LinkedIn	5,000 followers	2,878	3,283 ↑ 405 followers
Facebook	15,000 likes	12,141	12,507 ↑ 366 followers
	12,499 followers	12,499	12,893 ↑ 394 followers
Twitter	8,000 followers	6,801	6,991 ↑ 190 followers

7 Recommendation

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

BOARD ASSURANCE FRAMEWORK SUMMARY

Q3 2020/21 v11

Torbay and South Devon NHS Foundation Trust

Ref	Executive Owner	Corporate Objective	Current risk	Target risk	Strength of Controls	Strength of assurance	Changes
1	Liz Davenport Chief Executive	To develop and implement the Long Term Plan with partners and local stakeholders to support the delivery of the Trust's strategy	20	16	Amber	Amber	
2	John Harrison Chief Operating Officer	To deliver levels of performance that are in line with our plans and national standards to ensure provision of safe, quality care and best experience	20	16	Amber	Red	
3	Dave Stacey Chief Finance Officer	To achieve financial sustainability, enabling appropriate investment in the delivery of outstanding care	16	16	Amber	Amber	
4	Deborah Kelly Chief Nurse	To provide safe, quality patient care and achieve best patient experience	20	16	Amber	Amber/Red	Risk score increased from 16 to 20 due to increasing prevalence of Covid/increasing demand. Strength of assurance increased to amber/red due to decreasing confidence in mitigations
5	Dave Stacey Chief Finance Officer	To provide and maintain a fit for purpose estate infrastructure ensuring service continuity at all times	25	16	Amber	Amber	
6	Adel Jones Director of Transformation & Partnerships	To provide and maintain a fit for purpose digital infrastructure ensuring service continuity at all times	25	8	Amber	Amber	
7	Adel Jones Director of Transformation and Partnerships	To implement the Trust plans to transform services, using digital as an enabler, to meet the needs of our local population	16	12	Amber	Red	
8	Judy Falcao Chief People Officer	To develop, implement and continuously review the Trust People Plan, ensuring the Trust is a '*great place to work*'	12	8	Amber	Amber	
9	Judy Falcao Chief People Officer	To ensure management practice, leadership capacity and capability to deliver high-quality, sustainable care for the local population	12	8	Amber	Amber	
10	Liz Davenport Chief Executive	To actively manage the potential for negative publicity, public perception or uncontrollable events that may impact on	9	9	Amber	Amber	
11	Adel Jones Director of Transformation & Partnerships	To develop and implement the New Hospital Plan (Building a Brighter Future) ensuring that it meets the needs of the local population and the Peninsula System	12	12	Amber	Green	
12	Deborah Kelly/Ian Currie Chief Nurse/Medical Director	To mitigate the long term impact of Covid-19 on the quality and safety of services for the local population	20	6	Amber	Amber	Risk merged with 4 as prevalence of Covid-19 continues

Torbay and South Devon
NHS Foundation Trust

Report to Trust Board of Directors			
Report title: Integrated Performance Report (IPR): Month 5 2021/22 (August 2021 data)			Meeting date: 29 September 2021
Report appendix	M5 2021/22 IPR focus report M5 2021/22 Dashboard of key metrics		
Report sponsor	Deputy CEO and Chief Finance Officer		
Report author	Head of Performance		
Report provenance	ISU and System governance meetings – review of key performance risks and dashboard Executive Directors: 20 September 2021 Integrated Governance Group: 22/23 September 2021 Finance, Performance, and Digital Committee: 27 September 2021		
Purpose of the report and key issues for consideration/decision	The purpose of this report is to bring together the key areas of delivery (including, quality and safety, workforce, operational performance, and finance) into a single integrated report to enable the Trust Board to: • Review evidence of overall delivery, against national and local standard and targets • Interrogate areas of risk and plans for mitigation • provide assurance to the Board that the Trust is on track to deliver the standards required by the regulator. Areas of exception that the Board will want to focus on are highlighted below and detailed in the attached Focus Report.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to receive and note the IPR; and the documents and evidence presented.		
Summary of key elements			
Strategic objectives supported by this report	**Safe, quality care and best experience** X; **Valuing our workforce** X **Improved wellbeing through partnership**; **Well-led** X		
Is this on the Trust's Board Assurance Framework and/or Risk Register	**Board Assurance Framework** X; **Risk score** Various **Risk Register** X; **Risk score** Various		

<table>
<tr><td></td><td>This report reflects the following corporate risks:

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

BAF Objective 2: To deliver levels of performance that are in line with our plans and national standards to ensure provision of safe, quality care and best experience
BAF Objective 3: To achieve financial sustainability, enabling appropriate investment in the delivery of outstanding care
BAF Objective 4: To provide safe, quality patient care and achieve best patient experience
BAF Objective 8: To implement and continuously review the impact of the Trust People Plan ensuring the Trust is 'a great place to work'</td></tr>
<tr><td>External standards affected by this report and associated risks</td><td>
<table>
<tr><td>Care Quality Commission</td><td>X</td><td>Terms of Authorisation</td><td></td></tr>
<tr><td>NHS Improvement</td><td>X</td><td>Legislation</td><td></td></tr>
<tr><td>NHS England</td><td>X</td><td>National policy/guidance</td><td>X</td></tr>
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Report title: Integrated Performance Report (IPR): Month 5 2021/22 (August 2021 data)		**Meeting date:** 29 September 2021
Report sponsor	Deputy Chief Executive & Chief Finance Officer	
Report author	Head of Performance	

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

1. Quality headlines

Incidents

The Trust reported two new severe incidents in August:

Both have met the criteria for a serious incident and has been reported onto the Strategic Executive Information System (StEIS):

- Fall
- Clinical Assessment - Delay in diagnosis

VTE performance remains below the required 95% standard

The VTE assessment improvement group continue to meet on a fortnightly basis to oversee the improvement plan. A range of changes have been implemented and embedded to improve the compliance with VTE assessment within 24 hours as we strive to achieve and sustain the 95 % national standard. In July 2021 the compliance achieved 94.4%. These key elements have included:

- VTE is a mandatory field within the CPS since 8 July 2021
- The weekly report distribution has been reviewed and updated to ensure those recipients hold accountability for achieving this requirement.
- All junior doctors joining the Trust undertake VTE training within the Trust education platform the HIVE and this is monitored by medical education.
- The VTE prevention group will be reinstated and will meet monthly from September 2021

Once fully operational the VTE prevention group will lead on the VTE improvement plan and report to the Quality Improvement Group.

Stroke

The percentage of stroke patients spending 90% of time on a stroke ward remains below the 90% target at 51%. The proportion of stroke patients admitted to the stroke unit within 4 hours has fallen to less than 3% (the key issue here is timely covid swabbing to facilitate transfer).

A number of measures are in place to improve compliance:

- Access to stroke beds is ringfenced to enable direct transfer to a stroke bed, however this is impacted due to increased attendances and admissions to the Trust in recent months, these have exceeded pre-covid levels.
- The control room continue to monitor the stroke beds
- There is a stroke specialist nurse allocated to ED every day, to review and progress the treatment and transfer to a stroke bed. If patients are delayed getting to the stroke unit these nurses will help oversee their care.
- The ED and Stroke Teams are meeting bi-monthly, to discuss any issues with the stroke pathway.
- Covid swabbing delays – the stroke co-ordinators should order swabs themselves to facilitate speed.

Infection, Prevention, and Control

For August the number of C.Diff cases was eight which is a decrease from August. All appropriate actions are being taken with a Root Cause Analysis being conducted.

CQC

The CQC and Compliance Assurance Group (CQCCAG) has the main oversight role of monitoring, challenging and tracking progress towards the CQC Improvement Plan. This Improvement Plan is the Trust's plan to address the 28 Requirement Notices (Must Dos) and the 43 Should Do Improvements in TSDFT's CQC Inspection Report published on 2 July 2020.

The focus of the CQCCAG July and August 2021 meetings was to discuss progress on the following themes from the Must Dos and Should Dos: Resus training, Safeguarding training and compliance, MCA training and compliance.

The status 'Completed' is assigned by action owners, and these actions are yet to have the evidence validated before sending for Executive lead review and sign off.

A clinically-led TSDFT Peer-to-Peer Review process is in operation, where the evidence provided to close an improvement action from the Must Do Should Do list is reviewed by a critical friend. This review happens in the practice area, against the evidence folder and by using the CQC Key Lines of Enquiry.

Eight areas have been visited to date and the feedback given to the Service leads. More reviews are being planned in September.

Maternity Metrics

During August 2021, the maternity service had less births than were previously projected, with 156 births in month. The team have also seen the number of women booking for midwifery care returning back to the levels seen this time last year, with approximately 200 women booking for care each month. September and October 2021 are still projected to be busier months, with over 200 births projected.

The service has continued to see increased induction of labour, caesarean section and admission to the Special Care Baby Unit and continues to be impacted by a rise in women presenting with COVID-19.

There was no mortality to report during July. There was one baby born who required transfer to a tertiary unit for therapeutic cooling. This meets the criteria for referral to HSIB and has been reported to STEIS.

The staffing challenges have continued throughout August. This has been from a midwifery and obstetric perspective. A number of actions have been taken to mitigate the risk, including managerial and specialist midwives undertaking clinical shifts and use of agency staff, plus active recruitment to vacancies. We foresee a small improvement in staffing levels during September as staff return to their full duties and new staff come into post, however we do anticipate continued challenges during this time.

2. Workforce Headlines

The August 2021 whole time equivalent (WTE) (hours worked) of 6240 is a slight increase from 6238 in July.

Agency expenditure for Aug was £1.090m (Month 4 £1.284m),converted to WTE this shows a decrease to 144 WTE in August from 151 WTE the previous month.

The annual rolling sickness absence rate was 4.13% at the end of July 2021 against the target of 4.00%. The monthly sickness figure for July was 4.73% and continues the unseasonal increase from 4.55% in June. Initial August figures are showing another big jump in the monthly sickness figure to approximately 5.00% which would be the highest August figure ever recorded.

The Achievement Review compliance for August has seen a drop from the May high of 86.61% down to 80.56%.

3. Performance Headlines

Details of specific national performance indicators are contained in the IPR focus report.

Operational headlines

The August key performance indicator headlines demonstrate significant pressure on both community and acute services across both elective and emergency care.

During August hospital teams have been responding to the increased number of covid presentations and those patients requiring inpatient support and treatment. The covid inpatient bed demand has been managed within the single ward footprint and allocated ICU capacity. This has been achieved with the support of the inter-provider agreement to transfer suitable patients to the Royal Devon and Exeter Hospital.

Overall pressure on beds has remained unseasonably high with an increase in delays to discharge associated with social care support packages and placements. There has also been a steady increase in the number of patients remaining in hospital with a length of stay over 7 and 21 days.

The A&E 4-hour standard for August was 67.6% and OPEL 4 status was declared on an unprecedented 27 days. A high number of patients stayed 12 hours or more within the emergency department and ambulance delays were experienced. Conversations are on-going with the South West Ambulance Service to reduce these delays and how demand patterns and conveyance rates can be improved.

The Day Surgery Unit remains partially closed to provide additional assessment space and inpatient bed capacity.

Focus remains on sustaining access to urgent patients and those on cancer pathways. Three areas of risk are noted in the report being the delivery of two-week wait times for skin pathways and delays across both urology and lower GI pathways against the Cancer 62-day referral to retreatment standard.

Children and Family Health Devon services (CFHD) remain challenged with long waits, however, plans now agreed to increase capacity will see steady improvement over the coming months whilst the planned changes to the clinical model across Devon, and Information Technology system implementations are completed. The Children and Adolescent Mental Health Service (CAMHS) remains under pressure due to staff vacancy and recent increased levels of demand. A deep dive is being conducted by Devon Partnership Trust and will be reported at the September CFHD Integrated Governance Group. There remains a high level of demand for eating disorder referrals; routine waits are increasing and the team are needing support from partner organisations to maintain service capacity. Significant new investment from NHS England has been announced, model developed, and recruitment is progressing. The Independent sector provision for nursing and residential home placement along with domiciliary care providers continues to experience capacity constraints led by staffing recruitment and retention difficulties. This is resulting in continued delays to patients requiring support on discharge from hospital as well as meeting any changing needs of patients receiving support and packages of care.

These services are essential to provide people as much independence as possible and supports people to spend less time in bed-based care and delayed discharges. July (latest data available) has seen an increase in the number of reported outstanding packages of 608 hours from a March position of 51 hours.

Community teams continue to support the intermediate model of care across the Integrated Service Units to receive referrals from primary care to avoid hospital referral and to expedite hospital discharge. Urgent referrals to teams received in August have increased (183) although below the level seen in August 2020 (211). Metrics are also reviewed to assess referral and activity levels in intermediate care teams and the impact this has on population-based metrics for hospital attendance length of stay and Emergent Department attendances across the Integrated Service Units.

Recovery and waiting time headlines

Contracted elective activity in August remains below pre-covid levels as follows: outpatient new 85%, outpatient follow up 90%, elective day case 80%, and elective inpatient 64%.

Surgical activity in particular continues to be impacted by the loss of inpatient beds for elective admissions and the closure of day surgery theatres.

The recovery focus in outpatient setting is the adoption of virtual non-face-to-face appointments where ever possible. Increasing clinic utilisation and follow up avoidance using Patient Initiated Follow Up (PIFU). This work is being supported by the Transformation Programme.

The Trend of increasing number of patients having long waits has continued in August with 1,799 people will be reported as waiting over 52 weeks and 71 over 104 weeks.

Performance monitoring and assurance headlines

The Integrated Governance Group (IGG) meetings were all completed in August with each of the Integrated Service Units and CFHD able to highlight areas of performance risk and give assurance to the executive and escalate where further support is required.

4. Finance headlines

For the month of August, the Trust is reporting a £1.2m deficit, which is adverse to plan. Year to date, the position is a surplus of £1.3m, giving a favourable variance to plan of £1.5m.

The main driver of the favourable year to date position is primarily due to reduced elective activity, Torbay Pharmaceuticals favourable performance and under-utilisation of planned contingency offset by reduced ERF and high cost drugs income.

In overall terms, pay costs are showing a £0.76m adverse variance driven by agency costs due to operational pressures primarily within A&E, with non-pay showing a net neutral position against plan. The main drivers of the non-pay position are the following: additional COVID related cost for Rapid Testing and Infection Prevention and Control grants (funded by Torbay Council) and hospital discharge (funded by CCG) offset by lower spend on reserves.

The cash position remains strong with a month end balance of £33.1m. To date the Trust has spent c. £6.5m on capital schemes, an increase of c. £2.3m from Month 4. Looking ahead, the Trust is currently reporting that it will achieve its planned break-even position as at the end of Month 6. It should be noted that the thresholds for accessing ERF funding have been revised for Quarter 2. Originally set at 85% (of baseline) this has now been increased to 95%. This will have an impact on the wider System performance as it will not earn as much ERF as expected. An estimate of this risk to the Trust is £0.5m (no change from M4).

The Trust is experiencing significant operational pressures in emergency care and patient discharge, which are incurring significant additional costs and having a knock-on effect on the ability to deliver elective care. The estimated financial impact of this is currently covered by the contingency built into the budget for the first half year (H1), but there are risks to the financial position should this escalate further and will need to be considered in the financial plan for the second half (H2).

Integrated Performance Focus Report (IPR) Trust Board

Torbay and South Devon NHS Foundation Trust

September 2021: Reporting period August 2021 (Month 5)

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

Quality and Safety Summary

Incidents: The Trust reported two new severe incidents. Both incidents have met the criteria for a serious incident and has been reported onto the Strategic Executive Information System (StEIS):

- Fall
- Clinical Assessment - delay in diagnosis

Stroke: The percentage of stroke patients spending 90% of time on a stroke ward remains below the 90% target at 51%. The proportion of stroke patients admitted to the stroke unit within 4 hours has fallen to less than 3% (the key issue here is timely covid swabbing to facilitate transfer).

VTE performance remains below the required 95% standard: The VTE Assessment Improvement Group continue to meet on a fortnightly basis to oversee the improvement plan. A range of changes have been implemented and embedded to improve the compliance with VTE assessment within 24 hours as we strive to achieve and sustain the 95% national standard. In July 2021 the compliance achieved 94.4%. These key elements have included:

- VTE is a mandatory field within the CPS since 8 July 2021.
- The weekly report distribution has been reviewed and updated to ensure those recipients hold accountability for achieving this requirement.
- All junior doctors joining the Trust undertake VTE training within the Trust education platform the HIVE and this is monitored by medical education.
- The VTE Prevention Group will be reinstated and will meet monthly from September 2021.

Once fully operational the VTE Prevention Group will lead on the VTE improvement plan and report to the Quality Improvement Group.

IPC: For August the number of C.Diff cases (8) has increased from July (5). All appropriate actions are being taken with a Root Cause Analysis being conducted.

Maternity: During August 2021, the maternity service had less births than were previously projected, with 156 births in month. The team have also seen the number of women booking for midwifery care returning back to the levels seen this time last year, with approximately 200 women booking for care each month. September and October 2021 are still projected to be busier months, with over 200 births projected.

- However, the service has continued to see higher rates of intervention, such as increased induction of labour, caesarean section, and admission to the Special Care Baby Unit. There is a sustained rise in caesarean section rates and the induction of labour rate. This has also been impacted by a rise in women presenting with COVID-19.
- There was no mortality to report during August and no cases meeting the STEIS reportable criteria.

CQC compliance: As at end of August there remains two ‘Must Do’ and eight ‘Should Do’ overdue; these are being reviewed by the the CQC and Compliance Assurance Group.

CQC update

The CQC and Compliance Assurance Group (CQCCAG) has the main oversight role of monitoring, challenging and tracking progress towards the CQC Improvement Plan. This Improvement Plan is the Trust's plan to address the 28 Requirement Notices (Must Dos) and the 43 Should Do Improvements in TSDFT's CQC Inspection Report published on 2 July 2020.

The focus of the CQCCAG July and August 2021 meetings was to discuss progress on the following themes from the Must Dos and Should Dos: Resus training, safeguarding training and compliance, Mental Capacity Act training, and compliance.

Table 1: The status of Must Dos and Should Dos per CQC core service at 31st August 2021.

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	1	n/a	0	n/a	0	n/a	0	n/a
Urgent and Emergency	8	6	8	6	0	0	0	0	0	0
Medical Care	9	12	8	9	0	0	0	0	1	3
Surgery	4	5	3	0	0	0	0	0	1	5
Maternity	4	11	4	11	0	0	0	0	0	0
Children and Young People (Acute)	1	5	1	5	0	0	0	0	0	0
Community Inpatients	1	4	1	4	0	0	0	0	0	0
TOTAL	28	43	26	35	0	0	0	0	2	8

The status 'Completed' is assigned by action owners, and these actions are yet to have the evidence validated before sending for Executive lead review and sign off.

A clinically-led TSDFT Peer-to-Peer Review process is in operation, where the evidence provided to close an improvement action from the Must Do Should Do list is reviewed by a critical friend. This review happens in the practice area, against the evidence folder, and by using the CQC Key Lines of Enquiry.

Eight areas have been visited to date and the feedback given to the Service leads. More reviews are being planned in September.

Achieved
Hospital Standardised Mortality Rate (HSMR) – update not available
Strategic Executive Information System (STEIS)
Never Events
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams
Formal complaints - Number received
Infection Control - Bed Closures - (Acute)
Hand hygiene
Reported Incidents – Severe
Reported Incidents – Death
Medication errors resulting in moderate harm

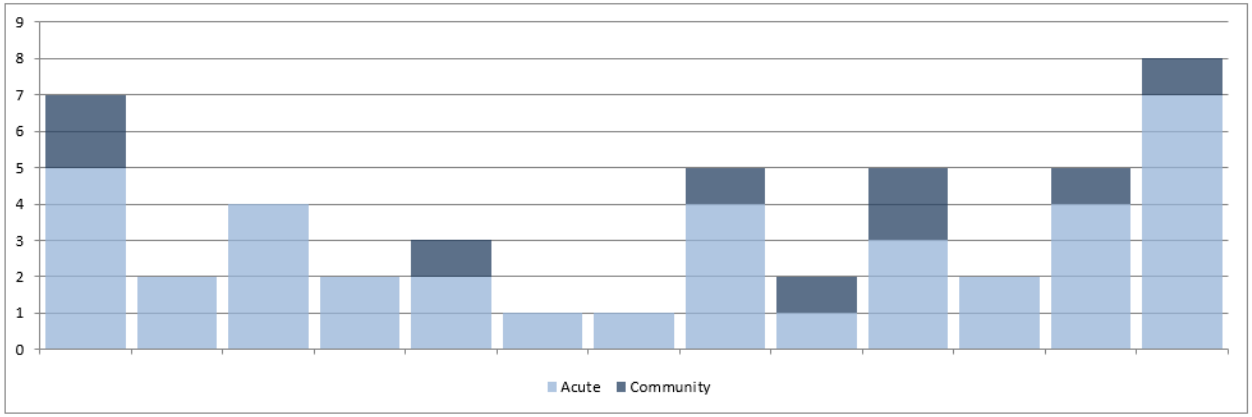
Under Achieved
Safer Staffing - ICO – Night time
Safer Staffing - ICO – Daytime

Not Achieved
VTE - Risk Assessment on Admission (ICO)
Stroke patients spending 90% of time on a stroke ward
Follow ups 6 weeks past to be seen date
Fracture Neck Of Femur - Time to Theatre <36
Avoidable New Pressure Ulcers - Category 3 +

No target set
Medication errors - Total reported incidents

Number of Clostridium Difficile cases

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Acute	5	2	4	2	2	1	1	4	1	3	2	4	7
Community	2	0	0	0	1	0	0	1	1	2	0	1	1



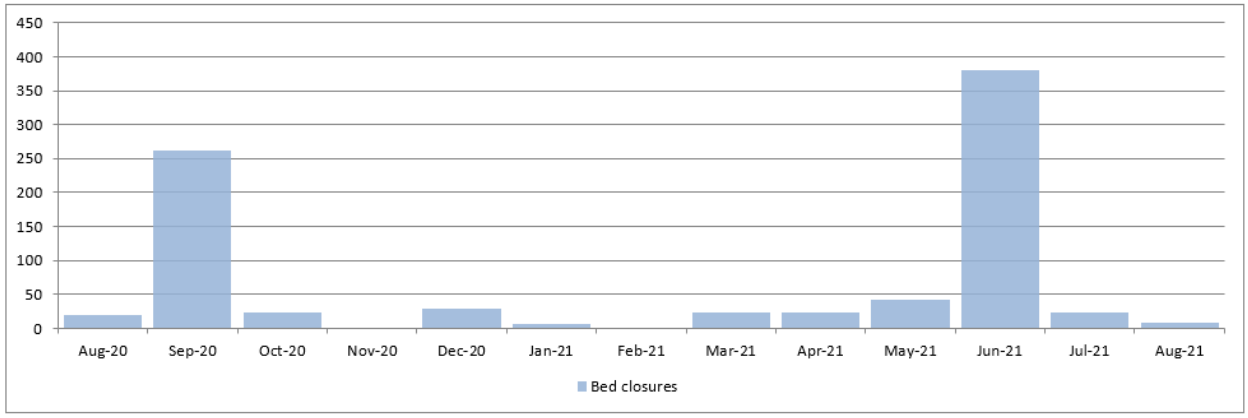
For August the number of C.Diff cases was 8 which is an increase from July and were reported from the following 7 acute areas:

- Cromie
- ED
- Turner
- Ainslie
- Dunlop
- Ella Rowcroft
- EAU 4

All appropriate actions are being taken with a RCA being conducted.

Infection control - Bed closures (Acute)

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Bed closures	20	262	23	0	30	6	0	23	24	42	381	24	8



The Trust has the reduced numbers of bed closures due to infection.

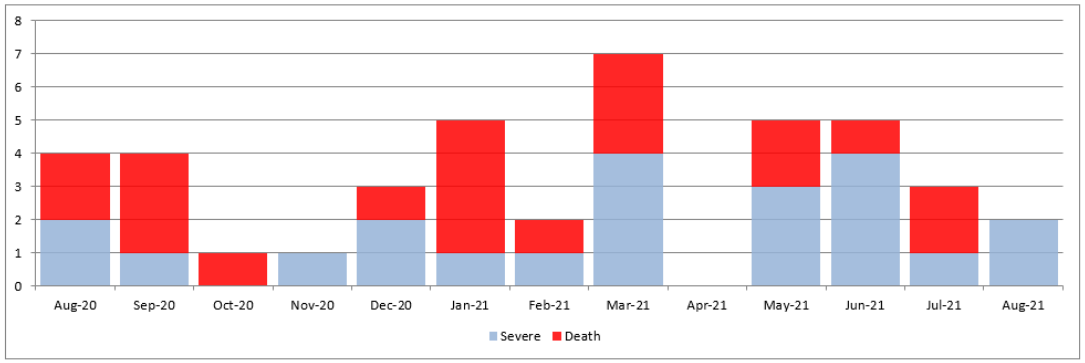
For August 2021 we have had a total of 8 bed day across the Trust closed over the month for:

- C. Diff
- Non C.Diff diarrhoea

Management of these have followed IPC guidelines including increased levels of cleaning.

Reported Incidents - Severe and Death

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Severe	2	1	0	1	2	1	1	4	0	3	4	1	2
Death	2	3	1	0	1	4	1	3	0	2	1	2	0

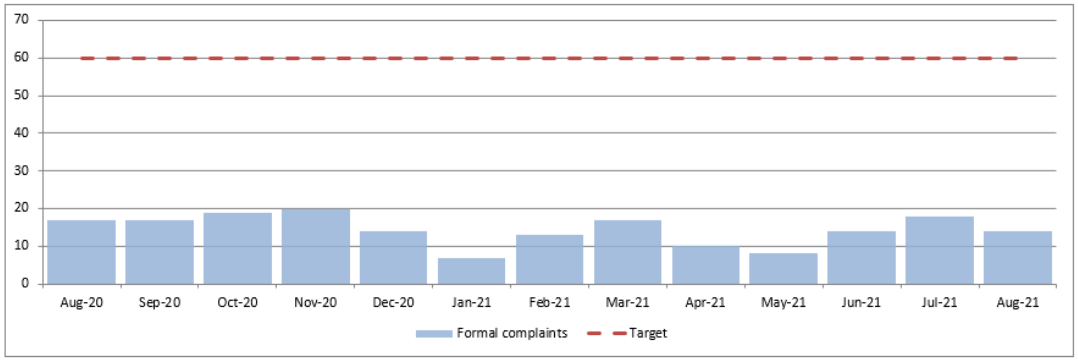


The Trust reported two new severe incidents in August;
The following two severe incidents have met the criteria for a serious incident and has been reported onto the Strategic Executive Information System (StEIS):

- Fall
- Clinical Assessment - delay in diagnosis

Formal complaints

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Formal complaints	17	17	19	20	14	7	13	17	10	8	14	18	14
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



In August 2021, 14 complaints were received which is slightly less than in July 2021 (18 complaints received).

The themes of complaints include:

- Treatment (5)
- Assessment (5)
- Care (3)
- Discharge (1)

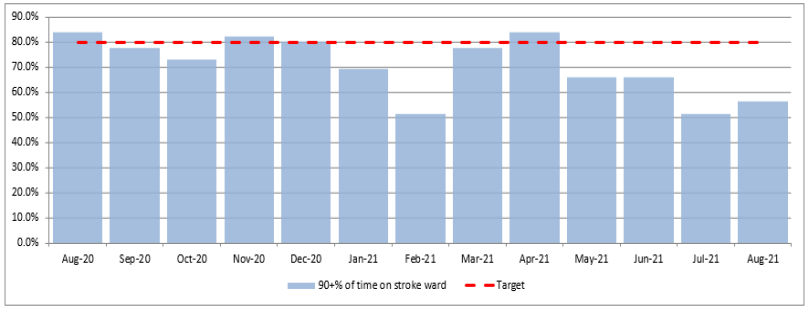
There has been an increase in complaints relating to assessment but these five complaints all relate to different services so there is no highlighted area of concern.

On 13 July 2021 a visioning event was held with health and care partners across Torbay and South Devon to start the journey of our Patient and Service User Experience Long Term Plan. The next step is to work with our local population through established groups and Health Watch to co-design the key aims of this plan.

Quality and Safety- Exception Reporting

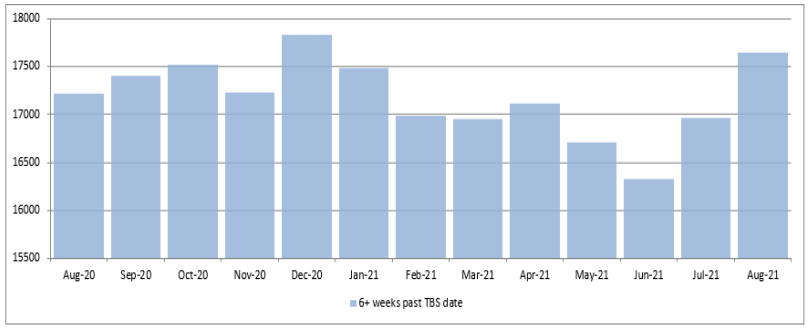
Stroke

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
90+% of time on stroke ward	83.9%	77.6%	73.2%	82.2%	80.4%	69.4%	51.6%	77.5%	84.1%	65.9%	66.1%	51.4%	56.3%
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%



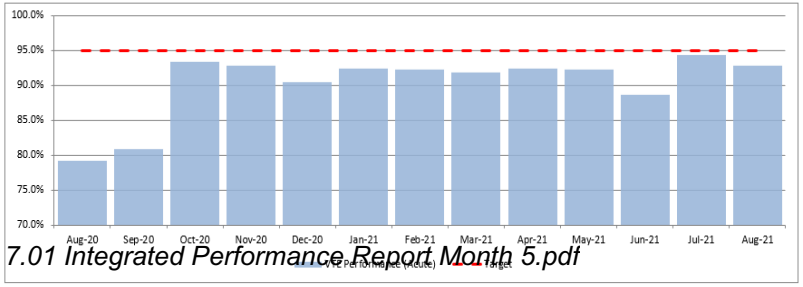
Follow ups 6 weeks past to be seen by date

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
6+ weeks past TBS date	17220	17408	17519	17229	17837	17489	16986	16950	17118	16713	16323	16967	17651



ICO VTE risk assessment on admission

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
VTE Numerator	4013	4253	5066	4837	4903	4705	4457	5307	5491	5400	5518	5685	4962
VTE Denominator	5068	5260	5423	5209	5423	5091	4831	5775	5938	5851	6228	6024	5344
VTE Performance (Acute)	79.2%	80.9%	93.4%	92.9%	90.4%	92.4%	92.3%	91.9%	92.5%	92.3%	88.6%	94.4%	92.9%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



Stroke: The percentage of stroke patients spending 90% of time on a stroke ward remains below the 90% target at 51%. A number of measures are in place to improve compliance:

- Access to stroke beds is ringfenced to enable direct transfer to a stroke bed, however this is impacted due to increased attendances and admissions to the Trust in recent months, these have exceeded pre-covid levels.
- The control room continue to monitor the stroke beds.
- There is a stroke specialist nurse allocated to ED every day, to review and progress the treatment and transfer to a stroke bed. If patients are delayed getting to the stroke unit these nurses will help oversee their care.
- The ED and Stroke Teams are meeting bi-monthly, to discuss any issues with the stroke pathway.
- Covid swabbing delays – the stroke co-ordinators should order swabs themselves to facilitate speed.

Follow ups: The number of follow up patients waiting for an appointment greater that six weeks past their 'to be seen by date' has increased to 17651.

- Supporting teams to implement Patient Initiated Follow Up (PIFU) to reduce number of follow up appointments required.
- Harm Review meetings are being progressed and thematic reviews being conducted against our longest waiting patients.
- The main area is ophthalmology with 5400 six-weeks beyond their to be seen by date.

The **VTE assessment** Improvement Group continue to meet on a fortnightly basis to oversee the improvement plan. A range of changes have been implemented and embedded to improve the compliance with VTE assessment within 24 hours as we strive to achieve and sustain the 95 % national standard. In July 2021 the compliance achieved 94.4%. These key elements have included:

- VTE is a mandatory field within the CPS since 8 July 2021
- The weekly report distribution has been reviewed and updated to ensure those recipients hold accountability for achieving this requirement.
- All junior doctors joining the Trust undertake VTE training within the Trust education platform the HIVE and this is monitored by medical education.
- The VTE prevention group will be reinstated and will meet monthly from September 2021 .

Once fully operational the VTE prevention group will lead on the VTE improvement plan and report to the Quality Improvement Group.

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	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	YTD
% of Caesarean sections	25-30%	29.9%	26.8%	34.9%	26.7%	28.7%	24.3%	29.5%	34.0%	31.4%	36.2%	40.2%	37.8%	**31.8%**
Breast feeding rates	>75%	77.7%	70.1%	69.8%	82.2%	78.1%	75.7%	81.8%	73.5%	76.2%	75.3%	74.4%	76.4%	**76.1%**
% of women booked for 'Continuity of carer' model	>35%	64.9%	66.0%	63.3%	60.1%	61.7%	62.3%	67.9%	57.0%	64.2%	64.3%	64.9%	59.7%	**63.1%**
No. of stillbirths	0	0	0	0	1	1	1	0	0	0	0	0	0	**3**

- During August 2021, the maternity service had less births than were previously projected, with 156 births in month. The team have also seen the number of women booking for midwifery care returning back to the levels seen this time last year, with approximately 200 women booking for care each month. September and October 2021 are still projected to be busier months, with over 200 births projected.

- However, the service has continued to see higher rates of intervention, such as increased induction of labour, caesarean section and admission to the Special Care Baby Unit. This is supported by the data with a sustained rise in caesarean section rates and the induction of labour rate. This has also been impacted by a rise in women presenting with COVID-19.

- There was no mortality to report during July. There was one baby born who required transfer to a tertiary unit for therapeutic cooling. This meets the criteria for referral to HSIB and has been reported to STEIS.

- The staffing challenges have continued throughout August. This has been from a midwifery and obstetric perspective. A number of actions have been taken to mitigate the risk, including managerial and specialist midwives undertaking clinical shifts and use of agency staff, plus active recruitment to vacancies. We foresee a small improvement in staffing levels during September as staff return to their full duties and new staff come into post, however we do anticipate continued challenges during this time.

Workforce Summary
September 2021 Update of Progress Against Our People Plan

Our People Plan

The formal launch of our People Promise and Plan, stood down to operational pressures is now being launched through a combination of videos, attendance at networks and existing meetings, BPs working with ISUs. A progress report was presented at the People Committee on 23rd August, including a spotlight on 'Looking after our People' pillar. A RAG rating was introduced into the report for each pillar update. An update on the future workforce strategy was also included, as part of 'New Ways of Working' pillar. Our People Promise and Plan was focus of 'Trust Talks' this month, presented by the Chief People Officer.

Growing for Our Future

High demands on staffing across the Trust has impacted with increased numbers of vacancies and exceptionally high requests for temporary staffing. As with many areas of the organisation the Resourcing Hub teams have been working consistently in a pressurised environment to deliver the best possible service during these exceptional times.

External webpages have now been updated and ongoing review and improvement.

Increased requests and support provided for social media, applicant booklets and attraction campaigns to support attraction and specific campaigns being discussed with areas with particular hard to fill specialisms including social work and radiology. The Digital Communications Assistant role continues to be instrumental and delivers clear blended working between Communications and Engagement team and Resourcing Hub.

Our new recruitment system (TRAC) continues to improve services however, also acknowledging that changes to processes during such a pressured time for the organisation as well as moved to increasing robustness around Agenda for Change with job descriptions has impeded the success. Interventions are in place to continue to drive service improvement.

Establishment of new meaningful metrics group to create new performance dashboards underway.

Increased aligned working with Head of Nursing Workforce and Safer Staffing and Nursing Recruitment Lead, is supporting recruitment and retention activity of HCA's and nursing.

Establishment of new recruitment events team and first event took place in August. This group brings together all resourcing ideas to work as one employer brand and developing our attraction activity.

Establishment of temporary staffing service review group supporting developing the best service for our managers and bank workers.

Pillar workstreams are collating next phases of ideas and re-prioritising the work for Q2 and Q3 to ensure energy focussed on biggest impact and supports recovery activity of our Trust.

Looking After Our People

Looking After Our People Pillar was the spotlight session at the People Committee on 23 August 2021, and was also the focus of Trust Talks, which highlighted the work to date.

This included an update of what has been achieved, including:

- 68 Wellbeing buddies trained and a further 21 to be trained (including ED, podiatry, maternity, audiology, Union House, People Directorate, coaching collective and Brixham Hospital.
- In the July quarterly staff survey, 58% staff said they have had the opportunity to discuss their wellbeing, and of those, 86% felt the conversation had a positive outcome on their wellbeing.

Our antibullying network has been promoted and the antibullying video induction is being finalised.

'Supporting our People' guidance has been produced and promoted to support managers and individuals in their own wellbeing

New Ways of Working and Delivering Care

Discussions continue with the BMA on the Trust's position on adopting local agreements on annual leave and supporting professional activities entitlement for SAS doctors transferring to the new National 2021 SAS Contract, both the Trust and local BMA have agreed that it is important that a consistency of approach is adopted across the ICS, arrangements are therefore being made for senior representatives of the Trust to discuss the matter with their ICS counterparts. Whilst these discussions are outstanding the transition to the new 2021 contract is being conducted in accordance with the national agreement. To date approximately 3 of our 64 eligible SAS doctors have expressed an interest in transferring to the new contract.

The Job Planning Implementation Group continue to meet regularly to oversee and make decisions relating to the new job planning system and ensure the Trust has a fair and transparent job planning process which is reflected in its policy. The Group is currently working on the new job planning policy to ensure it is fit for purpose and meets are aspirations for future job planning.

Due to operational pressures the Medical task and finish group whose purpose is to review and make recommendations relating to the Medics Remuneration for Additional Clinical Work Policy has been paused, it is expected the group will meet again towards the end of September to continue its work, this includes the review of payments and the inclusion of TOIL.

Belonging - Staff networks influencing future strategies

Following two attendances at the Equality Business Forum (EBF) the Building Brighter Future (BBF) Director invited members of all Networks to share the latest stages of BBF programme of work for their views on things that need to be taken into consideration in the programme of work for BBF.

The EBF members sent a letter of support to Director of BBF also setting out specifics of what they want included in future provision of estate to include interfaith prayer room

BAME network Chair involved in refreshment of COVID risk assessment

To ensure we are recruiting in a way that is diverse and inclusive the BAME Network Chair was part of the Interview panel for the recent NED appointment. This will be extended to recruiting other senior posts with a team of inclusive representatives from our internal networks

Creating the Conditions to Enable Transformation

Just and Learning culture - Disciplinary Policy supporting materials progressed.

Review of organisational values has commenced via a poll on ICON asking our people whether the current organisational values make a difference to them individually and in their teams. A total of 401 people have completed the poll so far, with the poll closing end of July 2021. Over 60% felt that they did not make a difference to them and their teams, providing evidence for a need to refresh, by co-creation, our values.

Increasing Skills and Confidence in Improvement; ICS System Change Programme –delivered by England Partnership workshop, will lead to a Train the Trainer programme and be integrated into current QI programme. Improvement and Innovation prospectus completed.

Cultural Framework and Manager's Essentials; Management Essentials for HIVE – known as "IManage". Co-designed with manager's reference group and some testing in operations. Good progress made, style established, videos developed, core elements close to completion. Release of 'Compassionate Leadership' video. 'Introduction to Management' video completed.

Digital Skills; A portal is being built on the Learning Management System for Digital skills and literacy. On HIVE includes support material, Teams. Along with HEE Digital Literacy Lead – developing deployment of national toolkit. Working with Volunteer Network to create a new Digital Champion Profile. Working with South Devon College to build Digital Passport.

Workforce Status

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

Under Achieved
Appraisal Completeness

Not Achieved
Monthly Sickness Absence & Rolling 12 months and current month (1 month in arrears)

Performance exceptions and actions

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

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

The Trust's turnover rate now stands at 11.73% for the year to August 2021.

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

The annual rolling sickness absence rate was 4.13% to end of July 2021 - This is against the target rate for sickness of 4%. The monthly sickness figure for July was 4.73%

Mandatory Training rate: **GREEN**

The current rate is 89.36% for August 2021 against a target of 85% and this is a small decrease from the 89.53% in July.

Appraisal rate: **Amber**

The Achievement Review rate for the end of August 2021 was 80.56% a reduction from the 81.26 % as at the end of July.

Agency Expenditure: As at Month 05 the Trust Agency spend was is £1,090k giving Financial YTD figure of £5.053m (£2.5m above plan)

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

NHSI Staff Group	2021/03	2021/04	2021/05	2021/06	2021/07	2021/08	Change since March 2021	% Change
Allied Health Professionals	524.97	527.08	528.95	524.64	519.16	524.63	-0.34	-0.07%
Health Care Scientists	94.17	95.17	93.71	93.71	93.71	94.39	0.23	0.24%
Medical and Dental	531.34	527.82	524.87	527.65	556.82	557.43	26.09	4.91%
NHS Infrastructure Support	1122.74	1120.22	1121.66	1126.62	1123.82	1121.33	-1.41	-0.13%
Other Scientific, Therapeutic and Technical Staff	341.40	342.77	343.99	341.63	348.60	346.41	5.02	1.47%
Qualified Ambulance Service Staff	10.72	9.52	9.52	9.33	10.33	10.53	-0.19	-1.74%
Registered Nursing, Midwifery and HV staff	1241.94	1237.33	1239.03	1237.77	1248.15	1254.04	12.10	0.97%
Support to clinical staff	1906.40	1880.31	1889.59	1902.13	1898.32	1901.54	-4.86	-0.26%
Grand Total	5773.68	5740.22	5751.33	5763.49	5798.91	5810.30	36.63	0.63%

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

A reduction in overall bank and agency usage was off-set by a similar increase in substantive staff worked whole time equivalent (WTE). This shift equates to little change in the WTE worked position.

The substantive staff increase seen is aligned to our plan to reduce reliance on bank and agency with the recruitment to vacancies against the approved establishment as scrutinised through the vacancy panel.

Pay Report Summary for the final 3 months of 2020-21 and YTD 2021-2022

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG
Cost	£	£	£	£	£	£	£	£
Substantive	£24,645,064	£21,483,866	£31,299,992	£21,340,031	£21,422,432	£21,269,748	£21,100,577	£21,485,466
Bank	£1,052,959	£1,074,886	£1,253,501	£1,058,626	£1,040,420	£991,252	£1,098,843	£997,363
Agency	£666,436	£572,475	£1,053,038	£755,150	£827,832	£1,095,792	£1,284,092	£1,090,236
Total Cost £	£26,364,459	£23,131,226	£33,606,531	£23,153,807	£23,290,684	£23,356,792	£23,483,512	£23,573,065
WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Substantive	5,711.13	5,816.28	5,844.37	5,838.43	5,757.26	5,762.25	5,750.55	5,848.93
Bank	248.71	331.21	301.34	328.09	269.23	317.11	336.05	247.74
Agency	116.38	102.39	160.15	115.40	116.45	161.63	151.10	143.60
Total Worked WTE	6,076.21	6,249.88	6,305.86	6,281.92	6,142.94	6,240.99	6,237.70	6,240.27

Workforce – Vacancies (12 months rolling) - (New Ways of Working - Growing for the Future)

Vacancy data based on Finance Reporting from Unit 4 Agresso – the increase in Month 5 contracted medical and dental staff is due to junior doctors intake overlapping i.e. the new cohort starting before the old cohort leaving in August so the payroll file has both, this is not fully reflected in the finance data as not yet fully synchronised; this happens every year around this time. Cost centre and occupation code vacancy clarity continues to be a challenge and work is underway to review this.

Staff Group	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Medical And Dental	518.35	527.76	531.47	531.98	532.11	532.75	530.01	541.66	542.30	543.04	545.08	546.21
Nursing And Midwifery Registered	1,243.27	1,276.48	1,301.80	1,306.14	1,318.38	1,322.60	1,323.27	1,325.10	1,321.76	1,323.84	1,331.03	1,332.16
Support To Clinical Staff	1,782.16	1,856.95	1,871.02	1,873.98	1,873.08	1,874.40	1,878.97	1,917.95	1,917.53	1,921.00	1,947.00	1,957.12
Add Prof Scientific and Technic	378.94	427.92	429.39	435.21	436.21	436.14	437.55	431.92	431.19	434.19	435.19	436.19
Allied Health Professionals	447.57	479.19	483.13	484.06	490.23	490.83	491.07	493.43	495.28	498.80	504.60	512.00
Healthcare Scientists	93.16	105.02	104.43	104.43	104.43	104.43	104.43	99.60	99.60	100.02	102.19	103.19
Administrative And Estates	1,149.40	1,173.83	1,179.06	1,183.11	1,182.75	1,183.84	1,184.64	1,157.25	1,157.46	1,162.98	1,164.98	1,167.06
Total Staff Budgeted WTE	5,612.85	5,855.77	5,908.94	5,927.54	5,945.82	5,953.62	5,958.57	5,972.71	5,970.92	5,989.69	6,035.89	6,059.75

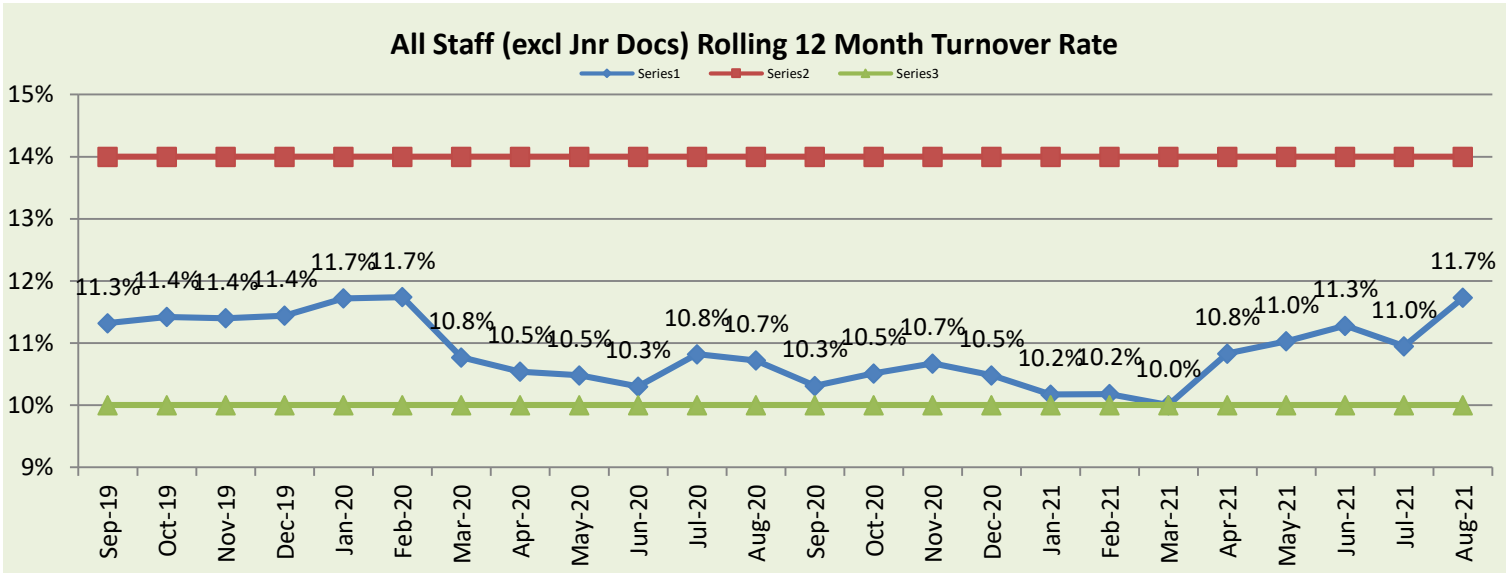
Staff Group	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Medical And Dental	525.00	521.19	518.49	519.24	517.75	533.98	527.31	524.764	522.61	524.21	521.61	616.14
Nursing And Midwifery Registered	1,215.61	1,221.69	1,232.54	1,223.95	1,237.38	1,240.80	1,244.21	1246.217	1,246.20	1,246.99	1,248.93	1,258.71
Support To Clinical Staff	1,820.93	1,834.67	1,828.35	1,856.95	1,849.09	1,883.86	1,905.39	1898.958	1,878.21	1,909.51	1,887.68	1,928.06
Add Prof Scientific and Technic	410.34	402.49	406.08	404.14	406.15	405.08	405.12	406.838	406.93	410.04	411.09	424.86
Allied Health Professionals	482.55	478.15	474.20	471.91	485.89	481.30	482.42	479.384	480.14	479.20	470.70	473.80
Healthcare Scientists	99.41	101.37	99.72	99.17	99.17	99.17	99.17	99.17	100.17	98.72	98.72	99.40
Administrative And Estates	1,107.69	1,108.59	1,110.50	1,113.61	1,114.21	1,122.69	1,135.62	1128.59	1,134.90	1,132.52	1,134.71	1,133.17
Total Staff Worked WTE	5,670.05	5,676.69	5,678.20	5,697.30	5,718.16	5,777.59	5,809.97	5794.641	5,774.76	5,807.70	5,780.96	5,942.54

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
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Medical And Dental	-6.65	6.57	12.98	12.74	14.36	-1.22	2.70	16.90	19.69	18.83	23.47	-69.93
Nursing And Midwifery Registered	27.66	54.79	69.26	82.19	81.00	81.80	79.05	78.88	75.56	76.85	82.10	73.46
Support To Clinical Staff	-38.77	22.28	42.67	17.03	23.99	-9.46	-26.42	18.99	39.32	11.49	59.32	29.07
Add Prof Scientific and Technic	-31.40	25.43	23.31	31.08	30.06	31.07	32.44	25.08	24.26	24.15	24.10	11.33
Allied Health Professionals	-34.98	1.04	8.93	12.15	4.34	9.53	8.65	14.05	15.14	19.61	33.90	38.21
Healthcare Scientists	-6.25	3.65	4.72	5.26	5.26	5.26	5.26	0.43	-0.57	1.30	3.47	3.79
Administrative And Estates	41.71	65.24	68.57	69.51	68.54	61.14	49.02	28.66	22.56	30.46	30.27	33.90
Total Integrated WTE	-17.08	230.08	230.73	230.25	227.66	176.03	148.61	178.07	196.16	181.98	264.88	116.01

Workforce – Agency (New Ways of Working - Growing for the Future)

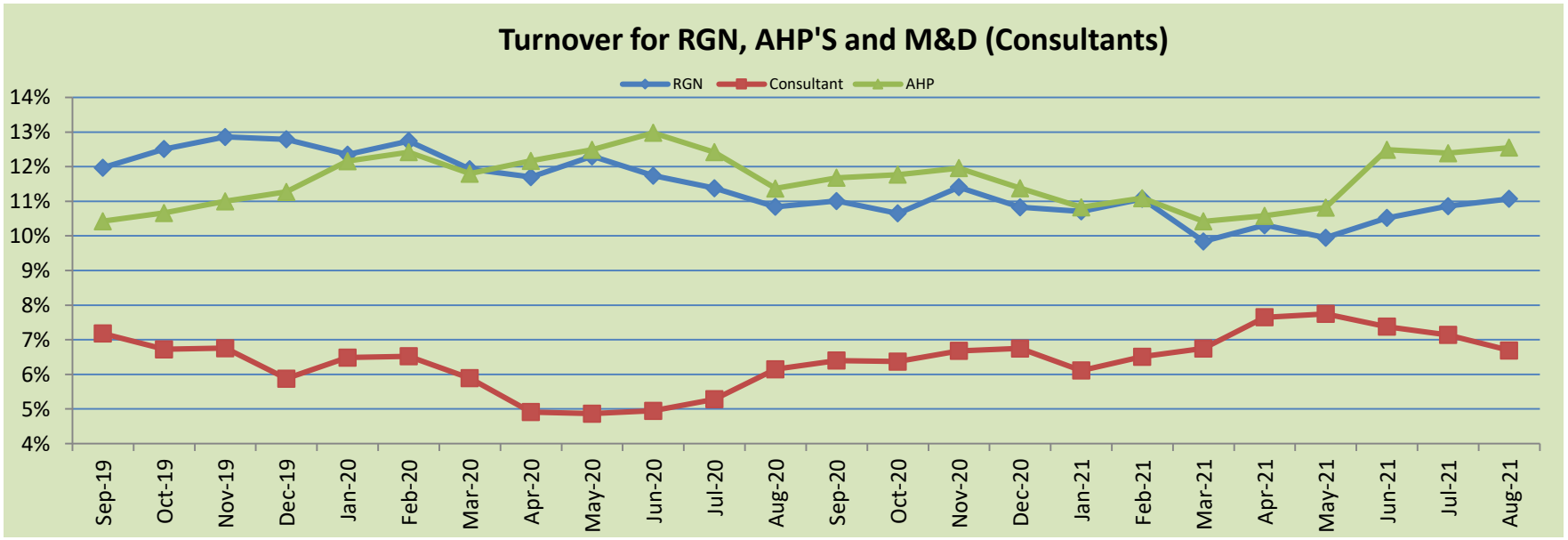
The table below shows the agency expenditure by staff group monthly for the last 3 months of 2020 -21 Financial Year and 2021 – 2022 Financial Year to date.
August showed a significant reduction in agency spend and particularly in consultant agency although there was a sharp increase in trainee agency spend.
The negative agency spend against Health Care Assistants (HCA) is due to finance corrections against forecasted usage.
Overall agency spend stands at £2.548m above plan for the Financial Year to date.

Torbay and South Devon NHS Foundation Trust	2020-2021			2020 - 2021	2021 -2022					
Total Agency Spend Financial Year 2020/21	**Jan**	**Feb**	**Mar**	**Total**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Total**
Registered Nurses	310	289	316	3012	356	348	468	584	520	2276
Scientific, Therapeutic and Technical	12	14	32	504	43	99	142	122	110	516
of which Allied Health Professionals	6	1	25	336	31	45	63	58	65	262
of which Other Scientific, Therapeutic and Technical Staff	6	13	7	168	12	54	79	64	45	254
Support to clinical staff (HCA)	31	56	45	214	-1	-10	-3	7	-8	-15
Total Non-Medical - Clinical Staff Agency	353	359	393	3730	398	437	607	713	622	2777
Medical and Dental Agency	193	47	442	2704	243	262	353	455	328	1642
Consultants	178	141	310	1961	213	203	281	344	178	1220
Trainee Grades	15	-94	132	743	30	59	72	111	150	422
Non Medical - Non-Clinical Staff Agency	121	166	218	1196	114	128	136	116	140	634
Total Pay Bill Agency and Contract	667	572	1053	7630	755	827	1096	1284	1090	5053



All Staff Rolling 12 Month Turnover Rate

The graph shows that the Trusts turnover rate now stands at 11.73% for the year to August 2021 which is an increase from the 10.95% in July.



Safer Staffing – Care hours per patient day (CHPPD) and planned versus actual (New Ways of Working - Growing for the Future)

Aug-21

Ward	Day						Night						Total Patients	Day			Night		
	RN / RM		Nursing Associates		Care Staff		RN / RM		Nursing Associates		Care Staff			Average fill rate - registered nurses/midwives (%)	Average fill rate - nursing associates (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - nursing associates (%)	Average fill rate - care staff (%)
	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours							
Ainslie	1426	1330	0	0	1604	1867	1070	966	0	0	1070	1185	791	93.3%	0.0%	116.3%	90.3%	0.0%	110.8%
Allerton	2304	1245	0	0	1070	1884	1070	1024	0	0	1070	1063	800	54.0%	0.0%	176.1%	95.7%	0.0%	99.3%
Cheetham Hill	1783	1664	0	0	2139	2483	1070	736	0	0	1426	2008	821	93.4%	0.0%	116.1%	68.8%	0.0%	140.8%
Coronary Care	1426	1426	0	0	0	4	1070	1081	0	0	0	12	368	100.0%	0.0%	0.0%	101.1%	0.0%	0.0%
Cromie	1426	1396	0	0	891	914	1070	1012	0	0	713	637	713	97.9%	0.0%	102.6%	94.6%	0.0%	89.3%
Dunlop	1426	1302	0	0	1248	1408	1070	771	0	0	713	1143	738	91.3%	0.0%	112.8%	72.0%	0.0%	160.2%
EAU3	1725	0	0	0	1380	0	1380	0	0	0	1035	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
EAU4	1783	1362	0	0	1426	646	1426	1254	0	0	1070	697	540	76.4%	0.0%	45.3%	87.9%	0.0%	65.2%
Ella Rowcroft	1012	1159	0	0	1323	1557	966	1012	0	0	713	1029	614	114.5%	0.0%	117.8%	104.8%	0.0%	144.2%
Forrest	1070	1145	0	0	713	851	713	713	0	0	713	776	510	107.1%	0.0%	119.4%	100.0%	0.0%	108.8%
George Earle	1783	1596	0	0	2139	2648	1070	981	0	0	1426	2056	855	89.5%	0.0%	123.8%	91.7%	0.0%	144.2%
ICU	3565	2763	0	0	0	288	3209	2707	0	0	0	46	180	77.5%	0.0%	0.0%	84.4%	0.0%	0.0%
Louisa Cary	1426	1944	0	0	713	1053	1426	1597	0	0	713	680	447	136.3%	0.0%	147.7%	112.0%	0.0%	95.4%
John Macpherson	713	870	0	0	610	535	713	820	0	0	357	748	356	122.1%	0.0%	87.7%	115.0%	0.0%	209.7%
Midgley	1783	1524	0	0	1426	2054	1070	1058	0	0	1070	1387	866	85.5%	0.0%	144.0%	98.9%	0.0%	129.7%
SCBU	713	996	0	0	357	217	713	782	0	0	357	322	43	139.7%	0.0%	60.7%	109.7%	0.0%	90.3%
Simpson	1783	1529	0	0	2139	2337	1070	887	0	0	1426	1442	804	85.8%	0.0%	109.3%	82.9%	0.0%	101.1%
Turner	1426	1261	0	0	1783	2190	713	725	0	0	1070	1226	440	88.4%	0.0%	122.9%	101.6%	0.0%	114.6%
Total (Acute)	*28570*	*24510*	*0*	*0*	*20959*	*22934*	*20884*	*18123*	*0*	*0*	*14939*	*16452*	*9886*	85.8%	0.0%	109.4%	86.8%	0.0%	110.1%
Brixham	868	808	0	0	1736	1854.25	682	672	0	0	682	1001.5	611	93.1%	0.0%	106.8%	98.5%	0.0%	146.8%
Dawlish	868	751.25	0	0	1302	1073.25	744	605	0	0	682	796	532	86.5%	0.0%	82.4%	81.3%	0.0%	116.7%
Teign Ward	1302	1246.3	0	0	1953	1746.75	682	682	0	0	1023	1152	915	95.7%	0.0%	89.4%	100.0%	0.0%	112.6%
Templar Ward	1302	1309.5	0	0	1953	2415	682	726	0	0	1116	1424	915	100.6%	0.0%	123.7%	106.5%	0.0%	127.6%
Totnes	938	837.3	0	0	1463	1383.75	744	683	0	0	341	680.5	547	89.3%	0.0%	94.6%	91.8%	0.0%	199.6%
Organisational Summary	33848	29463	0	0	29366	31407	24418	21491	0	0	18783	21506	13406	87.0%	0.0%	107.0%	88.0%	0.0%	114.5%

Organisational CHPPD	Planned Total	Planned RN	Planned NA	Planned HCA	Actual Total	Actual RN	Actual NA	Actual HCA
	6.77	3.71	0.00	3.06	7.75	3.80	0.00	3.95
Total Planned Beds / Day	507							
Days in month	31							

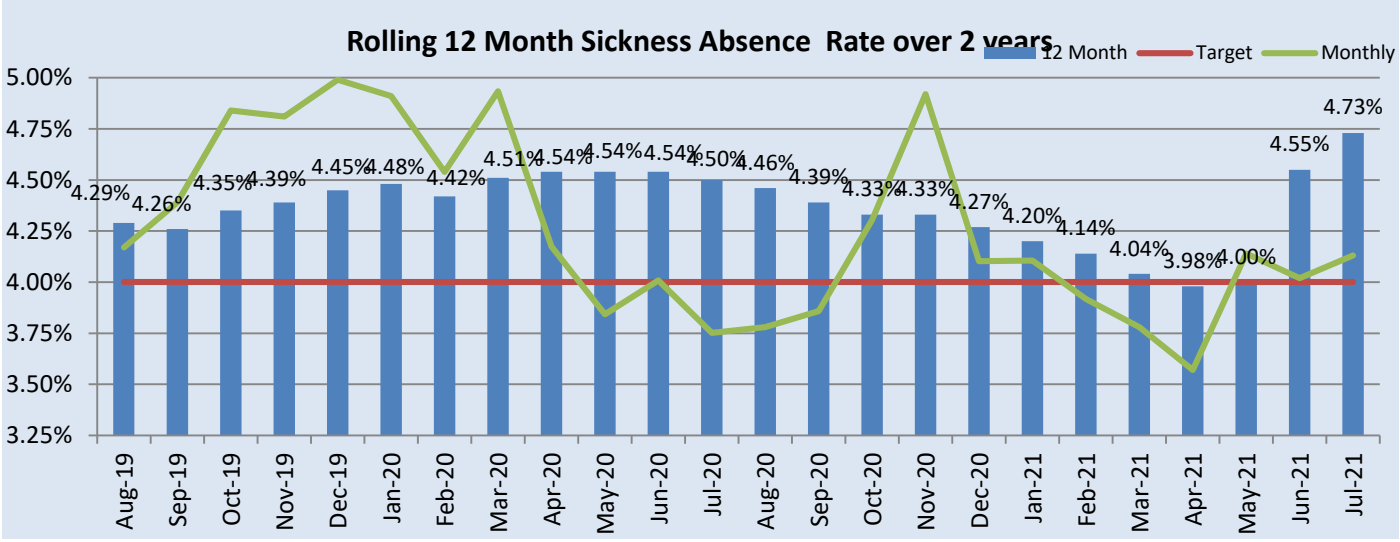
- The Registered Nurse (RN) average fill rate for day has decreased slightly from 89.5% to 87.0% and night has decreased from 93.4% to 88.0%.
- Allerton RN fill rate of 54% is as a response to sickness and vacancies but an increased fill rate of HCA's has been used to maintain patient safety and backfill RN.
- Cheetham Hill reported 68.8% fill for nights but again, off set this with an increase in HCA at night to 140.8% to ensure patient safety. Similarly Dunlop reported an RN fill rate overnight of 72.0% but off set this with an increased fill rate of HCA to 160.2%
- The RN increased fill rate for day in the following areas is in response to increased activity and the opening of escalation beds or change of speciality; Ella Rowcroft and Forrest. Louisa Cary's increased fill rate is in response to enhanced care needs for patients needing mental health support.
- The majority of clinical areas has seen a fill rate of above 100% for HCA's and this is due to enhanced care needs and the opening of some escalation beds.
- Twice daily staffing meetings are now in place for all Matrons to attend to ensure staff are redeployed appropriately to ensure patient safety across the Trust.
- The software Safe Care is used to risk assess clinical areas by shift to ensure patient safety.

Safer Staffing – Care hours per patient day (CHPPD) and planned versus actual (New Ways of Working - Growing for the Future)

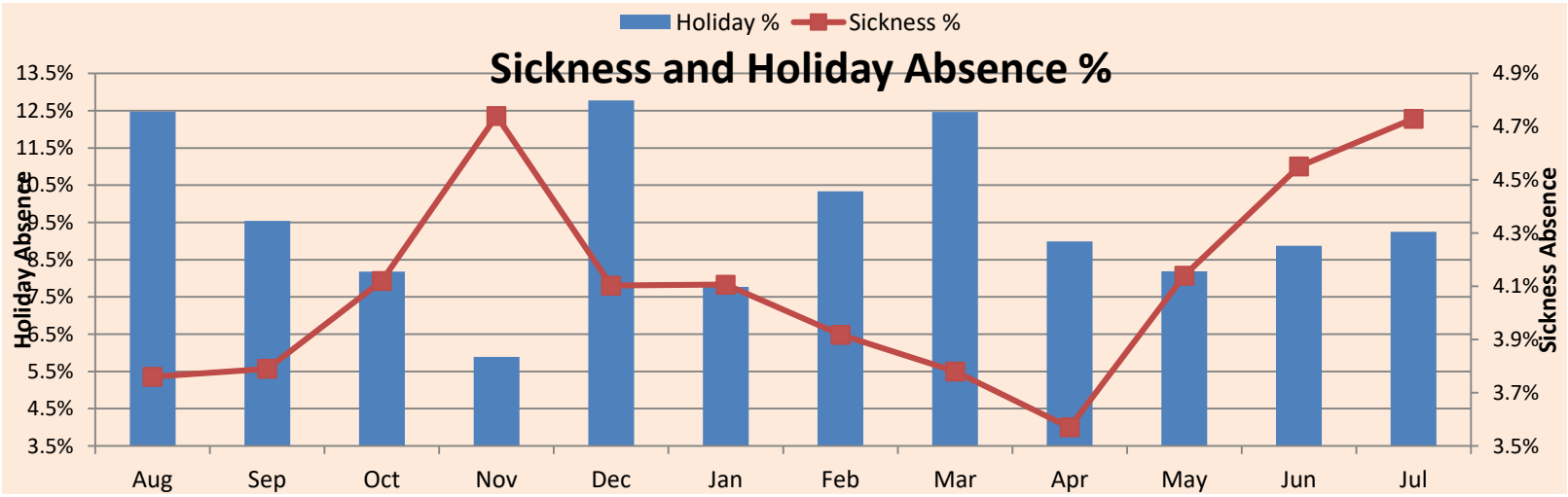
Ward	Planned Total CHPPD	Planned RN / RM CHPPD	Planned NA CHPPD	Planned HCA / MCA CHPPD	Actual Mean Monthly Total CHPPD	Actual Mean Monthly RN / RM CHPPD	Actual Mean Monthly NA CHPPD	Actual Mean Monthly HCA / MCA CHPPD	Total CHPPD days not met in month	RN / RM CHPPD days not met in month	NA CHPPD days 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	NA 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 NA (September 2016)	Carter Median CHPPD HCA (September 2016)
Ainslie	6.41	3.10	0.00	3.32	6.80	2.90	0.00	3.90	4	19	0	2	12.9%	61.3%	0.0%	6.5%	7.74	4.74	0	2.91
Allerton	6.21	3.83	0.00	2.38	6.50	2.80	0.00	3.70	13	29	0	0	41.9%	93.5%	0.0%	0.0%	7.74	4.74	0	2.91
Cheetham Hill	7.39	3.29	0.00	4.11	8.40	2.90	0.00	5.50	3	25	0	0	32.3%	71.0%	0.0%	0.0%	7.74	4.74	0	2.91
Coronary Care	5.75	5.75	0.00	0.00	6.90	6.80	0.00	0.00	0	0	0	0	0.0%	0.0%	0.0%	0.0%	7.74	4.74	0	2.91
Cromie	5.09	3.10	0.00	1.99	5.60	3.40	0.00	2.20	4	4	0	12	12.9%	12.9%	0.0%	38.7%	7.74	4.74	0	2.91
Dunlop	5.99	3.35	0.00	2.64	6.30	2.80	0.00	3.50	7	27	0	0	22.6%	87.1%	0.0%	0.0%	7.74	4.74	0	2.91
EAU4	7.08	3.98	0.00	3.10	7.30	4.80	0.00	2.50	12	4	0	22	38.7%	12.9%	0.0%	71.0%	7.74	4.74	0	2.91
Ella Rowcroft	6.57	3.29	0.00	3.29	7.70	3.50	0.00	4.20	0	1	0	0	0.0%	3.2%	0.0%	0.0%	7.74	4.74	0	2.91
Forrest	6.09	3.38	0.00	2.71	6.80	3.60	0.00	3.20	3	4	0	3	9.7%	12.9%	0.0%	9.7%	7.74	4.74	0	2.91
George Earle	7.39	3.29	0.00	4.11	8.50	3.00	0.00	5.50	1	19	0	0	3.2%	61.3%	0.0%	0.0%	7.74	4.74	0	2.91
ICU	24.28	24.28	0.00	0.00	32.20	30.40	0.00	1.90	0	1	0	0	0.0%	3.2%	0.0%	0.0%	7.74	4.74	0	2.91
Louisa Cary	7.26	4.84	0.00	2.42	11.80	7.90	0.00	3.90	0	1	0	1	0.0%	3.2%	0.0%	3.2%	7.74	4.74	0	2.91
John Macpherson	4.03	2.30	0.00	1.73	8.30	4.70	0.00	3.60	0	0	0	0	0.0%	0.0%	0.0%	0.0%	7.74	4.74	0	2.91
Midgley	5.95	3.17	0.00	2.78	7.00	3.00	0.00	4.00	0	22	0	0	0.0%	71.0%	0.0%	0.0%	7.74	4.74	0	2.91
SCBU	6.90	4.60	0.00	2.30	53.90	41.30	0.00	12.50	0	0	0	0	0.0%	0.0%	0.0%	0.0%	7.74	4.74	0	2.91
Simpson	7.39	3.29	0.00	4.11	7.70	3.00	0.00	4.70	10	22	0	0	32.3%	71.0%	0.0%	0.0%	7.74	4.74	0	2.91
Turner	10.73	4.60	0.00	6.13	12.30	4.50	0.00	7.80	2	19	0	0	6.5%	61.3%	0.0%	0.0%	7.74	4.74	0	2.91
Brixham	6.40	2.50	0.00	3.90	7.10	2.40	0.00	4.70	2	22	0	2	6.5%	71.0%	0.0%	6.5%	7.74	4.74	0	2.91
Dawlish	7.25	3.25	0.00	4.00	6.10	2.50	0.00	3.50	28	29	0	25	90.3%	93.5%	0.0%	80.6%	7.74	4.74	0	2.91
Teign Ward	5.33	2.13	0.00	3.20	5.30	2.10	0.00	3.20	17	16	0	18	54.8%	51.6%	0.0%	58.1%	7.74	4.74	0	2.91
Templar Ward	5.43	2.13	0.00	3.30	6.40	2.20	0.00	4.20	0	11	0	1	0.0%	35.5%	0.0%	3.2%	7.74	4.74	0	2.91
Totnes	6.22	2.89	0.00	3.33	6.60	2.80	0.00	3.80	8	18	0	4	25.8%	58.1%	0.0%	12.9%	7.74	4.74	0	2.91

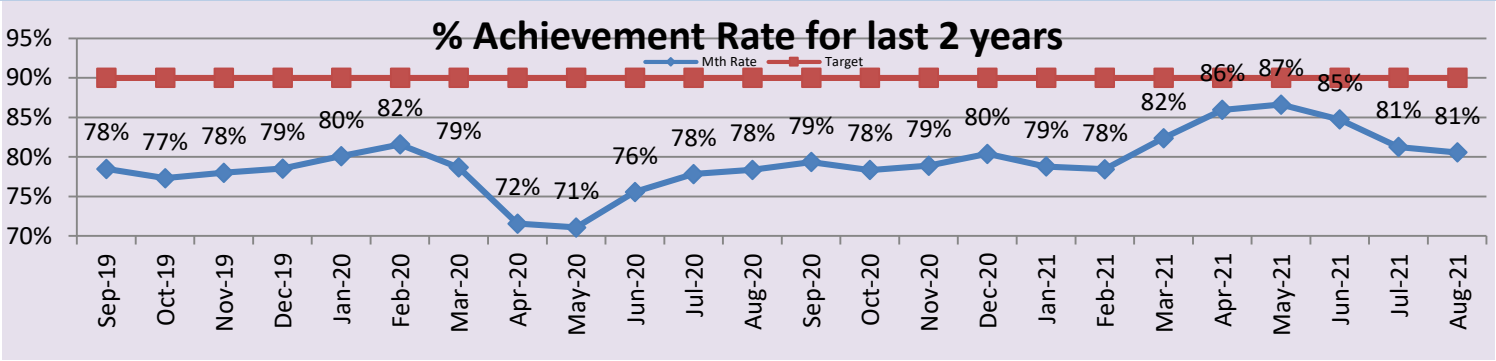
- In August the overall number of care hours per patient per day for both RN & HCA combined, is 7.75 which is comparable with the July 21 CHPPD of 7.64. This above the planned CHPPD of 6.77.
- The demand for emergency and acute medical services has been consistently high during the month and the trust has declared OPEL 4 due to capacity issues, this has increased the level of nursing hours required, hence the actual overall CHPPD being above planned.
- Some areas have not achieved the planned CHPPD for RN's but have increased the HCA CHPPD to ensure patient safety is not compromised. This is mainly due to vacancies and staff sickness.
- The staffing risk framework is enacted twice daily at the Matron Staffing Meetings to ensure staff deployment is safe and effective.

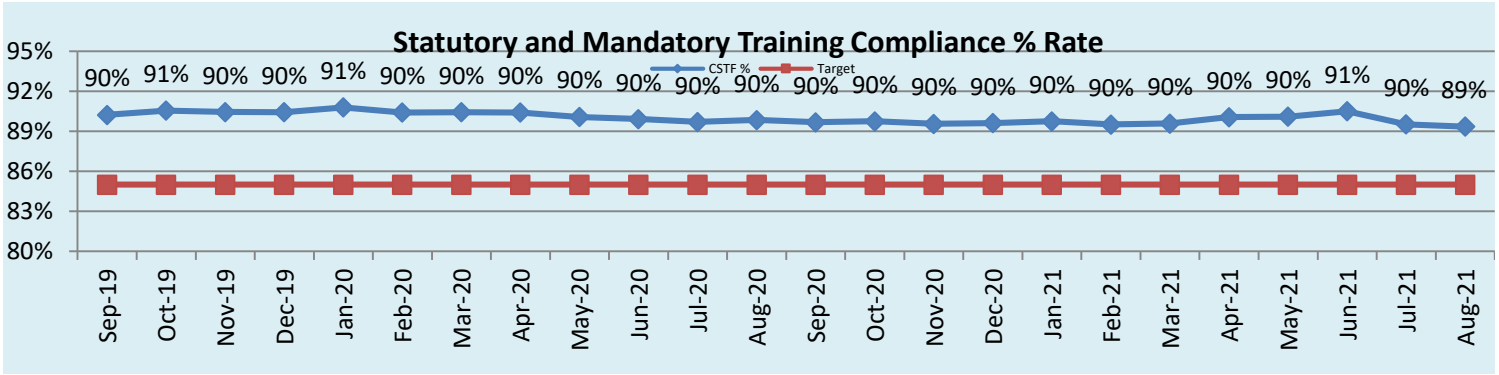
Rolling 12 month sickness rate (reported one month in arrears)



The annual rolling sickness absence rate was 4.13% at the end of July 2021 against the target of 4.00%. The monthly sickness figure for July was 4.73% and continues the unseasonal increase from 4.55% in June. Initial August figures are showing another big jump in the monthly sickness figure to approximately 5.00% which would be the highest August figure ever recorded. This increase corresponds with an increase in covid-related absence seen over recent months.







Achievement Review (Appraisal)

The Achievement Review rate for the end of August was 81% which continues the decline from the historical high of May being 87%. This will be partly due to the increased pressures and increased sickness and holiday over the last few months.

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 above shows that the current rate is 89.36% for August which is a reduction from the 89.53% in July.

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

Safeguarding Adults Compliance						Safeguarding Children Compliance		
Aug-21						Aug-21		
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 1	Level 2	Level 3
6816	4180	351	43	4	9	2547	3541	728
6448	3692	201	23	1	6	2332	2852	539
94.60%	**88.33%**	**57.26%**	**53.49%**	**25.00%**	**66.67%**	**91.56%**	**80.54%**	**74.04%**

Module	Target	Performance
Information Governance	95% and above	83.33%
Manual Handling	85% and above	78.37%
Safeguarding Children-Level 1	85% and above	83.96%

Achieved
Number of Delayed Discharges (Community) - national return suspended
Number of Delayed Transfer of Care (Acute) - national return suspended
Carers Assessments Completed year to date
Safeguarding Adults - % of high risk concerns where immediate action was taken – not available
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) – not available
Proportion of carers receiving self-directed support (ASCOF)
Proportion of clients receiving self-directed support (ASCOF)

Under Achieved

Not Achieved
Proportion of clients receiving direct payments (ASCOF)
Permanent admissions (18-64) to care homes per 100k population (ASCOF)
Permanent admissions (65+) to care homes per 100k population (ASCOF)

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

Wave 3 COVID -19 is continuing to impact significantly in community services with an increase in employees either testing positive or being required to self-isolate. This is mirrored in the Trust's independent sector partners with an increase in positive tests among domiciliary care agencies and in care homes.

Context of the market in which TSDFT Adult Social Care (ASC) and Torbay Council Commissioners operates indicate impediments to timely discharge of clients to ASC provider services, which are longstanding issues and have been compounded by recent events over the past 18 months of COVID pandemic pressures. For clarity, the COVID pandemic has not created these issues, but has increased the risk. Similar care market challenges are faced throughout the country and can be found in reports from ADASS.

Workforce issues are further pressurised as the Trust's domiciliary and care home providers are continuing to struggle to recruit. The labour market currently pays better in other sectors, such as hospitality, than in the domiciliary care market. In regard to care home sector, requirement for staff to be vaccinated creates an additional pressure for care homes as they add another stipulation to the requirements of candidates resulting in providers imminently becoming unable to safely support their existing clients and impacting their ability to increase their client numbers. Robust monitoring and support are in place to target those most at risk.

Providers now have a well-defined access point to the AST and Front End Service to allow rapid changes in support packages after discharge from the hospital. Clients coming out of hospital with Short Term Services in place, who have yet to have a Social Care Assessment at this point which is within four weeks, are being proactively monitored to supply AST with information that is accurate and timely. The amended support package requests will align with likely ongoing needs of the client at the social care assessment. AST can then begin searching for the appropriate level of care in the care market ahead of the end of the short term service provision. The new process also ensures that the correct amount of hours are being utilised, confirming clients do not end up in crisis.

Transforming Torbay Safeguarding Adult Single Point of Contact (SPOC) Service is underway, with the proposal agreed through the ASC Transformation Group. The transformed model will allow for greater use of community resources for referrals that do not meet 'Section 42' threshold. As the function will be completed over a larger workforce in the Front End Service, risks around SPOC staff are greatly reduced and easier to mobilise staff to undertake visits as part of initial enquiries. Embedding the new service will be undertaken over the next quarter's activity.

Under 65 Mental Health is continuing to successfully address the issue of over use of residential placements. Improving independence has been demonstrated over the last month as an individual has moved from a 6-year residential placement to supported living where the person has joined a leisure centre for swimming, enjoyed days trips out, volunteers in a community support role and with support is managing their own budget. A further case where a one year residential placement has become an extra care housing placement where the person is helping to garden, does her own shopping, taking her friend's dog out for walks and making friends with other residents. In both recent cases the level of independence is increasing with the appropriate support in place.

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

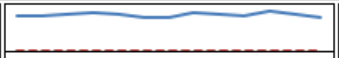
2021/22 Performance Scorecard to 31 August 2021

Torbay Social Care KPIs	2021/22 full year target	2021/22 YTD target	Outturn YTD	Comment
% clients receiving self-directed support	94%	94%	100.0%	On target.
% clients receiving direct payments	28%	28%	19.5%	Not meeting target (324 / 1661). 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	19.0	A low outturn signifies better performance. Not meeting target (14 admissions compared to target of 10)
Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	450.0	450.0	511.5	A low outturn signifies better performance. Not meeting target (190 admissions compared to target of 167)
Outcome of short term support - % reablement episodes not followed by long term SC support	83%	83%	..	Data currently unavailable following changes to paris IC referral. Resolution in progress.
% carers receiving self directed support	85%	85%	100.0%	On target.
% Adults with learning disabilities in paid employment	7.0%	7.0%	7.1%	On target.
% Adults with learning disabilities in settled accommodation	80%	80%	81.0%	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.

Measure	Target 2021/2022	13 month trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Year to date 2021/22
PUBLIC HEALTH SERVICES																
% of face to face new birth visits within 14 days *	95.0%		94.1%	90.7%	95.7%	88.7%	88.0%	90.0%	80.2%	91.9%	92.5%	86.6%	80.4%	74.4%	81.0%	82.4%
Children with a child protection plan *			221	200	214	221	223	223	207	223	234					234
4 week smoking quitters (Quarterly) **	200			124			199			334						
Opiate users - % successful completions of treatment (Quarterly) **	Var			5.4%			4.4%			3.7%						

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

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

Measure	Target 2021/2022	13 month trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Year to date 2021/22
COMMUNITY BASED SERVICES																
Nursing activity (F2F)			7,178	7,429	7,819	7,858	7,697	7,165	7,031	8,064	7,620	7,447	8,333	7,536	7,018	37,954
Therapy activity	65,415		3,499	3,837	3,609	2,708	2,638	2,783	3,016	3,593	3,751	3,342	3,493	3,150	3,493	17,229
No. intermediate care urgent referrals	0		211	221	200	207	235	175	146	155	165	155	129	156	183	788
No. intermediate care placements			18	6	11	20	19	13	14	42	39	37	40	42	45	203
Intermediate Care - placement average LoS			16.8	26.4	16.8	28.8	28.7	37.4	34.1	21.0	27.6	17.8	25.6	27.9	21.6	24.1

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 utilising virtual telephone and video conferencing.

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

	Act. 20/21 Outturn	Jun-21	Jul-21	Aug-21	Total
Admissions / Discharges					
Total Admissions (General)	2,677	246	252	199	1,183
Direct Admissions (General)	186	15	18	15	73
Transfer Admissions (General)	2,491	231	234	184	1,110
Stroke Admissions	220	28	19	17	110
Transfers from CH to DGH	179	26	33	21	139
Beds					
Bed Occupancy [1]	84.5%	98.0%	97.4%	98.5%	96.9%
Bed Days Lost to Bed Closure	244	5	3	0	10
Length of Stay					
Delayed Discharges		13	35	30	230
Average Length of Stay - Overall (General)	10.4	11.5	11.1	12.0	11.7
Average Length of Stay - Direct Admissions	8	9.1	7.9	9.0	8.8
Average Length of Stay - Transfer Admissions	10.5	11.7	11.3	12.2	11.9
Average Length of Stay - Stroke	14.4	17.9	18.1	19.8	18.4
Long LoS (>30 days)	246	15	11	16	57
MIUs					
Total MIU Activity	22,487	3,488	3,642	3,504	16,048
New MIU Attendances	20,310	3,180	3,336	3,217	14,701
All Follow Up Attendances	2,177	308	306	287	1,347
Planned Follow Up Attendances	1,650	227	201	185	968
Unplanned Follow Up Attendances	527	81	105	102	379
MIU Four Hour Breaches	1	1	0	3	5
Average Waiting Time (Mins) - 95th Pctile	43	65	68	77	63

Community Hospitals

Community hospital admissions have risen above pre-covid levels. Bed occupancy remains high at 98.5% in August.

Average length of stay has risen to 12 days and compares well with the 13.1 days pre covid in 2019/20.

Minor Injury Unit activity remains steady with 3,217 attendances in August from 3,336 in July 2021 with three four-hour breaches and a slight increase in average waiting time.

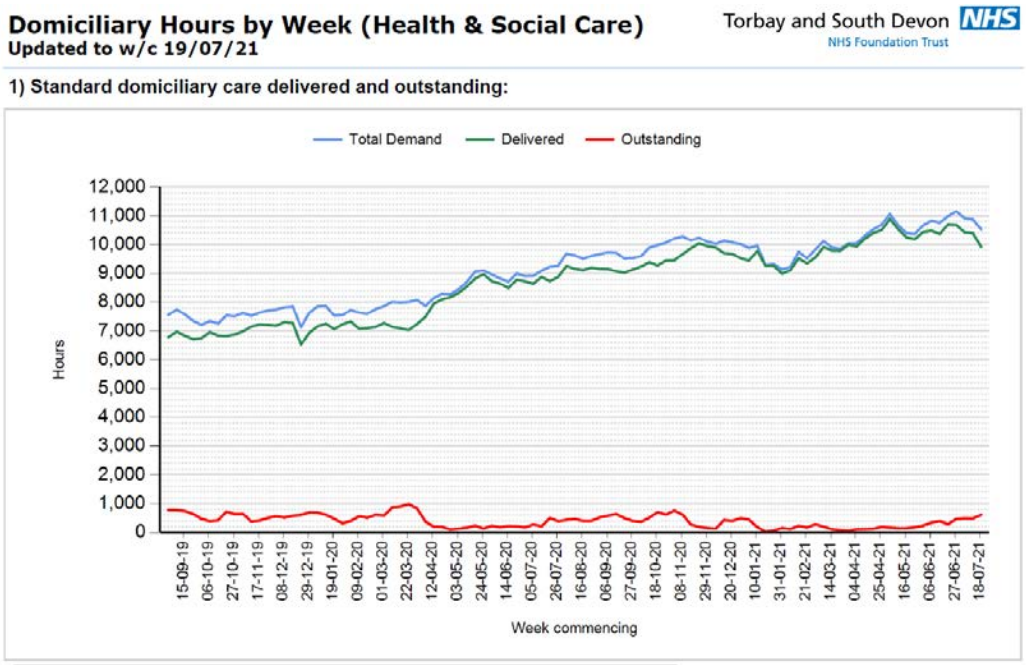
Notes:

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

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

Community Services – Domiciliary Care Hours by Week

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.



Week Commencing	Delivered	Outstanding	Total Demand	% Outstanding
27-Jul-20	8,879	389	9,268	4.2%
31-Aug-20	9,157	517	9,674	5.3%
28-Sep-20	9,135	396	9,531	4.2%
26-Oct-20	9,448	620	10,068	6.2%
30-Nov-20	9,949	150	10,099	1.5%
28-Dec-20	9,526	490	10,016	4.9%
25-Jan-21	9,264	58	9,322	0.6%
22-Feb-21	9,349	174	9,523	1.8%
29-Mar-21	9,991	51	10,042	0.5%
26-Apr-21	10,508	189	10,697	1.8%
31-May-21	10,437	235	10,672	2.2%
28-Jun-21	10,687	467	11,154	4.2%
19-Jul-21	9,922	608	10,530	5.8%

The chart above shows the latest data available for total commissioned domiciliary hours by week for Torbay. As of week commencing 19 July 2021 (latest actuals monthly data available), 9,922 hours of domiciliary care were delivered, 608 hours (5.8% of total demand) were outstanding, reflecting a total demand of 10,530 hours compared to a total demand of 8,074 hours in March 2020.

Staffing, recruitment, and retention remains a significant challenge for the independent sector providers.

Operational Performance Summary – July 2021

Covid: The Trust continues to care for a number of Covid patients; the arrangement to transfer suitable covid patients to Royal Devon and Exeter Hospital remains in place subject to meeting clinical criteria and daily capacity. To date, only a few patients have followed this pathway.

Accident and Emergency: Demand for urgent and emergency services remains at a significant level. Surges in demand combined with access to inpatient beds is contributing to delays to assess and treat patients leading to a high number of 12-hour visits within the ED department. Ambulance handover delays remain high but the number of delays in August has reduced.

People waiting for care: The number of patients waiting over 18-weeks, 52-weeks, and 104-weeks for treatment continues to increase. Based on activity plans the overall forecast is not showing any reduction in waiting times in the short term. Capacity at Mount Stuart Hospital remains critical to support delivery of routine elective care for orthopaedics, upper GI, urology, and gynae along with insourcing capacity at weekends for Endoscopy and Ophthalmology day cases. Patient Initiated Follow Up and video/telephone appointments will release capacity to reduce the waiting time for some patients. Patients continue to be booked in line with the current clinical prioritisation requirements ensuring that capacity is directed more to urgent clinical priorities. Recovery plans, specific to delivery of cancer targets, are focusing across the three most challenged areas of Dermatology (2-week-wait), Urology, and Lower GI pathways and are being escalated with executive team oversight.

The Day Surgery Unit remains partially closed to elective surgery to respond to emergency pressures with the hosting of the Medical Receiving Unit allowing 25 inpatient beds to be returned for general acute care.

Diagnostic waiting times for Endoscopy, CT, and MRI remain a risk to the timely treatment of cancer and urgent patients. The use of a mobile scanner, insourcing at weekends, and the use of the Nightingale Hospital facilities will increase capacity over the coming months.

The steady increase in activity levels since the first wave of pandemic is seen, however, in July and August there is a reduction in elective activity being seen. This is in contrast to plans and system wide elective recovery plans. It is noted that Devon system partners have similarly experienced recent reductions in activity driven by emergency pressures and staffing related capacity constraints.

Staffing, recruitment, and retention remains a significant challenge for the independent sector providers; this is seen in the increasing number of outstanding hours for domiciliary care.

Patients in hospital: In August there was a continued increase in the number of patients having a length of stay greater than 7 and 21 days. The number of patients experiencing long lengths of stay is a critical measure as the Trust is challenged to maintain the flow of urgent patients requiring hospital care and treatment following emergency presentation.

In September the Trust is undertaking a **'Best Week**' programme of work to determine how patient experience and pathways of care can be improved with the aim to:

- reduce demand and admissions in the emergency department;
- release clinical time back to patient care;
- increase the amount of hands on care at weekends, and;
- reduce medical outliers to allow increased bed capacity to support elective surgery;
- facilitate a timely discharge.

The findings from the Best Week will be shared across operational and clinical teams to further focus efforts for another Best week in October and November.

Operational Performance Quadrant

Achieved
Dementia Find (NHSI)
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 2 week wait
Clinic letters timeliness - % specialties within 4 working days
Cancer - 28 day faster diagnosis standard
Cancer - 31-day wait for second or subsequent treatment – Surgery
A&E - patients recorded as >60 min corridor care
Cancer – 62-day wait for first treatment – screening
On the day cancellations for elective operations

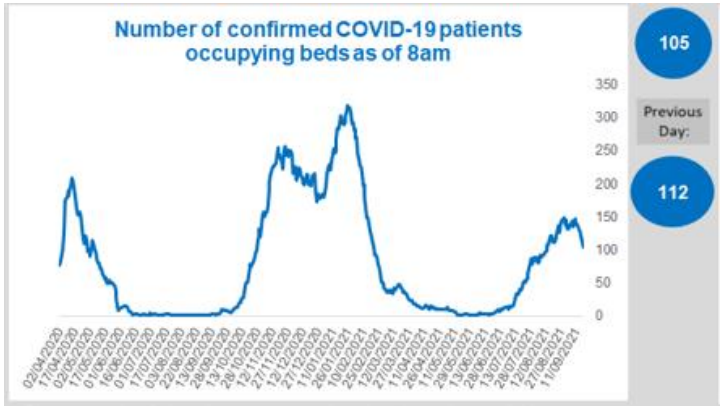
Under Achieved

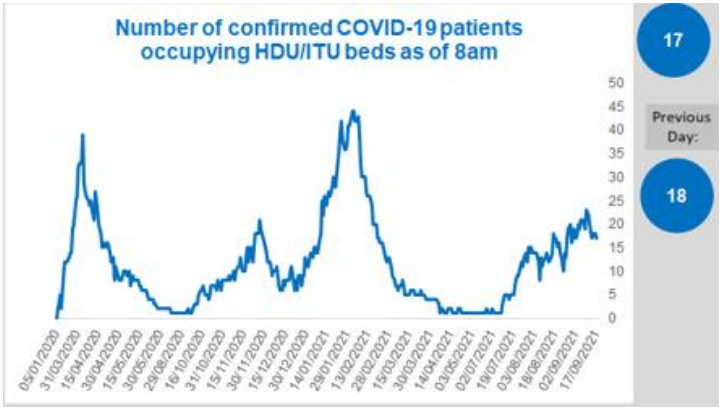
No target set

Not Achieved
Cancer - Two week wait from referral to date 1st seen
A&E - patients seen within 4 hours (NHSI)
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients
Ambulance handover delays > 30 minutes
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
A&E - patients with >12 hour visit time pathway
Bed Occupancy (overall system)
Number of extended stay patients >21 days (daily average)
Number of Clostridium Difficile cases reported
Cancelled patients not treated within 28 days of cancellation
Number of patients >7 days LoS (daily average)

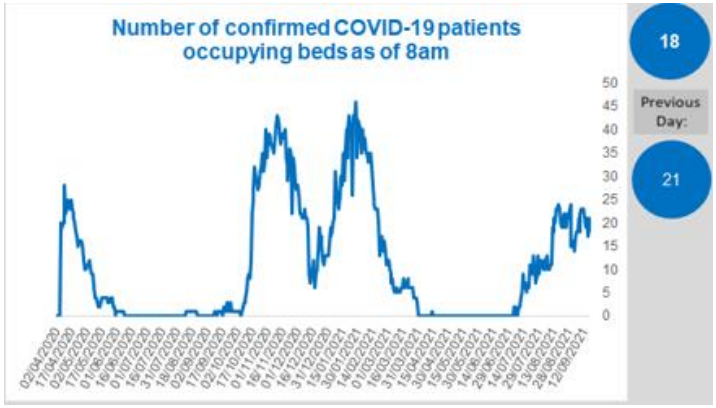
Covid - Hospitalisations

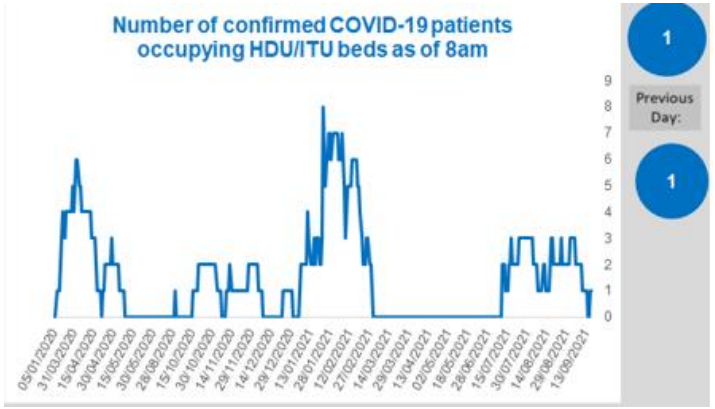
Devon ICS
(as at 17 September 2021)





Torbay and South Devon NHS FT
(as at 17 September 2021)





The Trust continues to care for a number of Covid patients.

The transfer of suitable blue patients to Royal Devon and Exeter Hospital remains in place subject to meeting clinical criteria and daily capacity.
Latest modelling: hospitalisations are more closely aligned to the best case scenario. This remains steady for the time being and modelling suggests slow improvement through September and October.

As winter approaches it is recognised that the normal winter virus and flu hospitalisations will start to increase. This will continue high occupancy of inpatient beds and challenges on patient flow.

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Patients seen within 4 hours in A&E	Performance M5 67.6% Performance M4 68.6% Target 95% Risk level HIGH	Demand for Urgent and Emergency service remains at a significant level. Surges in demand combined with access to inpatient beds is contributing to delays to assess and treat patients. Acuity of patients arriving remains high. All Trusts across the region are experiencing high levels of A&E demand. Long waits continue to be experienced at peak times with 534 patients experiencing a 12 hour stay in the department. The length of stay on assessment units has also increased due to general acute bed availability with patients often having to stay overnight.	To improve access to acute beds and available assessment the scaling back of elective surgical work and re-purposing of the Day Surgery Unit has continued. A series of improvement tests of change are being trialled through the 'Best Week'. The first to commence to 29 September and to be repeated in October and November. The goal being to avoid excessive waits in ED, to manage urgent care pressures within available bed stock, and return elective capacity currently stalled.	

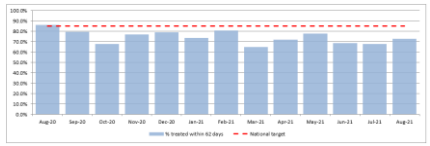
Trajectories		
M4	M5	M6
95%	95%	95%

| Patients waiting longer that 18 weeks from Referral to Treatment | Performance M5
59.4%
Performance M4
61.7%
Target
92%
Risk level
HIGH | The total number waiting for treatment has increased by 703 from last month. 580 patients are waiting longer that 78 weeks and 71 patients waiting longer than 104 weeks. All over 52 week waits have been validated by the Performance Team to provide assurance that they are legitimate breaches. Based on activity plans the overall waiting time forecast is not showing any reductions in RTT waiting times in the short term. Medium to longer terms plans will need to address the full backlog accumulated over the covid period. Critical to this will be the implementation of new models of care in the delivery of non-face-to-face consultations and capacity to address historical infrastructure and capacity constraints in theatres and diagnostics. | 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 to identify opportunities to increase capacity as part of the requirement for 2021/22 Business planning.
Insourcing continues at weekends in ophthalmology and endoscopy.
Additional insourcing weekends are being scheduled using ERF funding. |  |

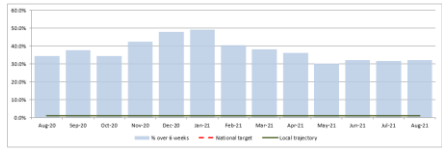
Activity variance vs 2019/20 baseline	M4	M5
Op new	-21.4%	-15.4%
OP Follow up	-13.2%	-10.5%
Day Case	-13.8%	-19.7%
Inpatient	-34.1%	-35.9%

RTT Trajectory %		
M4	M5	M6
92%	92%	92%

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Cancer 62 day wait for 1st treatment from 2-week wait referral	**Performance M5**	Performance against the 62-day referral to treatment standard increased in August to 72.6% (unvalidated). Increasing backlogs for certain tests including prostate biopsies colonoscopy and Dermatology 2-week-wait initial consultations remains a concern and may impact performance in coming months. In addition whilst urgent cancer pathways continue to be prioritised with the ongoing escalation to manage covid-19 capacity constraints from Staffing and facilities remain a risk.	Plans remain in place to ring-fence and prioritise capacity to support cancer pathways from referral, diagnosis, and treatment. Radiotherapy and medical oncology has continued to maintain timely access for treatment from diagnosis and treatment plan confirmation. In September recovery plans across the three most challenged areas of Dermatology (2ww) Urology and LGI pathways are being escalated with executive team oversight. The BEST week initiatives will support the return of increased surgical capacity.	
	72.6%			
	Performance M4			
	67.8%			
	Target			
	85%			
	Risk level			
	HIGH			

Trajectories		
M4	**M5**	**M6**
85%	85%	85%

Diagnostic tests longer than 6 weeks	**Performance M5**	Diagnostic waiting times for Endoscopy CT and MRI remain a risk to the timely treatment of cancer and urgent patients. Having no site for a mobile scanner on the DGH site remains a constraint for bringing in additional mobile capacity Sickness, training, and recruitment remain critical factors in the current staffing pressures and to fully utilise fixed CT and MRI capacity.	Using of insourcing and mobile scanner units continue to support in house capacity. Radiology (CT and MRI) are using capacity at the Nightingale hospital Exeter and this will increase in November. An increase in endoscopy insourcing lists from two to three weekends per month has been agreed. Proactive recruitment and training initiatives continue to support teams that are operating with vacancies to minimise locum and bank staff.	
	32.2%			
	Performance M3			
	31.7%			
	Target			
	1%			
	Risk level			
	HIGH			

Trajectories		
M3	**M4**	**M5**
1%	1%	1%

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Dementia Find	Performance M5	Performance against the Dementia Find assessment standard continues to remain above the target of 90%.	The reliance on an HCA to support the dementia find process is being reviewed as part of the ward improvement work. Until a seamless electronic clinical record is available this may continue to require close operational support.	
	97.2%			
	Performance M4			
	97.8%			
	Target			
	90%			
	Risk level			
	LOW			

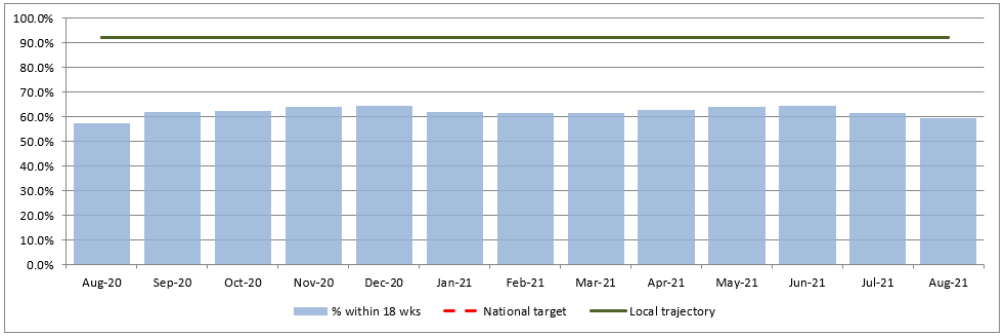
Trajectories		
M4	M5	M6
90%	90%	90%

Services with greater than 100 patients waiting over 18 weeks

AUGUST 2021 Incomplete 92% Table - National Specialty

	>126			
Submitted Spec	Incomplete IPI	Incomplete Outpatien	Grand To	% < 18
Endocrinology		202	514	60.70
Pain Management	71	133	582	64.95
Neurology	5	344	855	59.18
Respiratory Medicine	1	304	942	67.62
Colorectal Surgery	111	482	1176	49.57
Upper Gastrointestinal Surgery	421	402	1433	42.57
Paediatrics	7	658	1440	53.82
Oral Surgery	182	349	1731	69.32
Gastroenterology	286	106	1816	78.41
Dermatology		521	1884	72.35
Gynaecology	240	459	1908	63.36
Cardiology	22	617	2139	70.13
ENT	180	626	2172	62.89
Urology	350	1087	2529	43.18
Trauma & Orthopaedics	1174	810	3308	40.02
Ophthalmology	381	1451	4204	56.42
Grand Total	3515	9043	30956	59.43

Referral to Treatment – incomplete pathways



Referral to Treatment: RTT performance in August has deteriorated with the proportion of people waiting less than 18 weeks at 59.43%; this is behind the Operational Plan trajectory of 82% and national standard of 92%. We have continued to see an increase in the total number of incomplete pathways (waiting for treatment) to 30,956 from 30,253 an increase of 703 from the July position.

52 week waits: For August 1,799 people will be reported as waiting over 52 weeks, this being the second increase we have seen in the last four months, and is due to the change in referral numbers 12 months ago as we came out of the first wave of Covid. Overall long waits are increasing, patients waiting longer that 78 weeks have increased to 580 in August from 459 and 104 weeks waits have increased to 71 from 42 in July. The loss of elective activity from emergency pressures on beds continues to be seen, with inpatient elective activity for T&O continuing to be stood down. Teams are being asked to review plans to maximise every opportunity to return activity levels to pre-COVID levels.

Recovery planning: Teams are being asked to increase the utilisation of Mount Stuart Hospital capacity for T&O, UPGI, Urology, and Gynae for both long waiting outpatients and day cases. The new Interim Head of Planned Care has started to work with the operational teams to explore maximising all insourcing/outsourcing opportunities initially for Urology, Upper GI, and T&O.
Work continues to transform the outpatient model of delivery with a shift to increased non-face-to-face appointments, however, there remains more work to do with the percentage of non face to face delivered outpatients being below national and local peers.
A target to reduce the number of 104 week waits to zero is anticipated in the planning guidance. The waiting time forecasting, however, is not showing any reductions in RTT waiting times in the short term. The work across the Devon system to align capacity for elective and non elective care will become increasingly relevant in the success of our recovery plans.

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

NHSI Performance – Follow ups

The table below shows the specialties with the highest backlog for follow up appointments. The number of overdue follow ups in the 6 to 12/ 12 to 18 weeks/ and 18 plus weeks category has increased by 175/ 569/ 151 patients respectively.

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

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

Specialtities with highest Follow-Up Backlog Passed TBS as at 01.08.2021			
Row Labels	06-12 Weeks	12-18 Weeks	18 Weeks +
Ophthalmology	826	1115	5072
Rheumatology	212	283	923
Ear Nose Throat	183	186	845
Paediatrics	251	255	495
Neurology	133	174	461
Orthoptist	164	156	317
Urology	83	154	407
Gynaecology	83	77	273
Respiratory Medicine (Chest)	78	65	251
Orthodontics	50	54	302
Colorectal Surgery	57	68	328
Orthopaedics	67	56	186
Dermatology	93	111	58
Geriatric Medicine	51	48	233
Cardiac Testing	73	14	41
Gastro-Enterology	122	97	6
Breast Surgery	34	33	221
Cardiology	54	47	90
Pain Management	45	61	66
Oral Surgery	32	43	7
Plastic Surgery	34	69	49
Diabetic	44	26	29
Upper Gastrointestinal Surg	34	21	61
Restorative Dentistry	9	10	69
Grand Total	**2892**	**3279**	**10841**

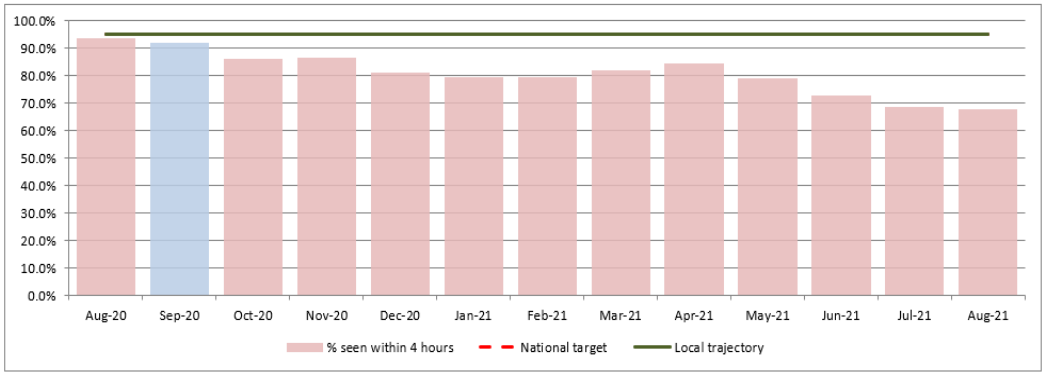
Specialtities with highest Follow-Up Backlog Passed TBS as at 05.09.2021			
Row Labels	06-12 Weeks	12-18 Weeks	18 Weeks +
Ophthalmology	822	1232	5082
Rheumatology	313	324	980
Ear Nose Throat	186	262	845
Paediatrics	193	314	500
Neurology	149	203	554
Orthoptist	207	186	327
Urology	64	139	451
Gynaecology	60	83	212
Respiratory Medicine (Chest)	52	92	215
Orthodontics	56	49	283
Colorectal Surgery	71	83	342
Orthopaedics	81	49	164
Dermatology	163	148	99
Geriatric Medicine	29	62	201
Cardiac Testing	78	18	16
Gastro-Enterology	159	152	55
Breast Surgery	48	31	238
Cardiology	69	61	85
Pain Management	63	51	40
Oral Surgery	47	45	16
Plastic Surgery	40	71	73
Diabetic	30	46	23
Upper Gastrointestinal Surg	15	34	67
Restorative Dentistry	14	13	49
Grand Total	**3067**	**3848**	**10992**

Variance		
06-12 Weeks	12-18 Weeks	18 Weeks +
-4	117	10
101	41	57
3	76	0
-58	59	5
16	29	93
43	30	10
-19	-15	44
-23	6	-61
-26	27	-36
6	-5	-19
14	15	14
14	-7	-22
70	37	41
-22	14	-32
5	4	-25
37	55	49
14	-2	17
15	14	-5
18	-10	-26
15	2	9
6	2	24
-14	20	-6
-19	13	6
5	3	-20
175	569	151

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

A&E and MIU patients seen within 4 hours

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Patients	8497	7904	6777	5844	6227	5436	5365	7118	7947	8802	9622	9536	9072
4 hour breaches	553	644	934	787	1171	1118	1103	1268	1238	1860	2636	2990	2935
% seen within 4 hours	93.5%	91.9%	86.2%	86.5%	81.2%	79.4%	79.4%	82.2%	84.4%	78.9%	72.6%	68.6%	67.6%
National 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%
Local trajectory	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%



Performance 4 hour standard: Performance has deteriorated in August to 67.6%. Access to suitable inpatients beds has contributed to delays at peak times. The levels of escalation as recorded by the Daily OPEL score reflect the increased levels of escalation with 27 days at OPEL 4 in August.

12 hour Trolley wait: 188 patients are reported as having a 12-hour trolley wait from decision to admit to admission to an inpatient bed.

Ambulance Handovers: 120 ambulance delay over 60 minutes; delays of over 30 mins decreased from 421 to 266.

Patients with a greater than 12-hour visit time pathway: 534 patients had a greater than 12-hour visit time.

Corridor Care: No patients recorded as receiving corridor care.

Operational delivery:

Demand for Urgent and Emergency service remains at a significant level. Surges in demand combined with access to inpatient beds is contributing to delays in the emergency department to assess and treat patients. The Trust continues to see a significant level of COVID-19 patients requiring urgent care, however, not necessarily requiring admission to the hospital. Acuity of patients arriving remains high.

Pressure across the system (GP's, 111) continues and, on occasion, leads to patients choosing to attend the acute A&E Department of the Urgent Treatment Centre.

During these time safety remains the biggest priority and the Trust is continually monitoring the patients both in the department and waiting for treatment.

Aug-19

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

Aug-21

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

Escalation status

Opel status	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Opel 1	24	13	2	0	1	0	0	1	3	2	0	0	0
Opel 2	7	16	8	14	16	4	0	23	26	16	1	0	0
Opel 3	0	1	21	17	14	26	28	7	1	13	21	7	4
Opel 4	0	0	0	0	0	1	0	0	0	0	8	24	27
A&E Performance	93.5%	91.9%	86.2%	86.5%	81.2%	74.4%	79.4%	82.2%	84.4%	78.9%	72.6%	68.6%	67.6%
Bed Occupancy (Acute)	80.0%	83%	88%	85%	83%	89%	89%	85%	87%	92%	95%	95%	93%

Cancer treatment and cancer access standards

As at 07.09.2021	2021														
	Q2					Q3									
	June					July					August				
target_type	Achieved	Breached	Total	Perf	Min. Dummy	Achieved	Breached	Total	Perf	Min. Dummy	Achieved	Breached	Total	Perf	Min. Dummy
14 day - 2ww Referral	1,353.0	277.0	1,630.0	83.0%	1	986.0	393.0	1,379.0	71.5%	1	733.0	619.0	1,352.0	54.2%	1
14 day - Breast Symptomatic Referral	51.0	39.0	90.0	56.7%	1	62.0	6.0	68.0	91.2%	1	56.0	16.0	72.0	77.8%	1
28 day - Faster Diagnosis Standard	1,300.0	375.0	1,675.0	77.6%	1	1,051.0	354.0	1,405.0	74.8%	1	930.0	246.0	1,176.0	79.1%	1
31 day - 1st Treatment	209.0	3.0	212.0	98.6%	1	203.0	5.0	208.0	97.6%	1	159.0	3.0	162.0	98.1%	1
31 day - Subsequent Treatment - Drug	86.0	0.0	86.0	100.0%	1	94.0	0.0	94.0	100.0%	1	78.0	0.0	78.0	100.0%	1
31 day - Subsequent Treatment - Radiotherapy	60.0	2.0	62.0	96.8%	1	53.0	1.0	54.0	98.1%	1	54.0	3.0	57.0	94.7%	1
31 day - Subsequent Treatment - Surgery	41.0	1.0	42.0	97.6%	1	41.0	0.0	41.0	100.0%	1	31.0	2.0	33.0	93.9%	1
31 day - Subsequent Treatment - Other	33.0	0.0	33.0	100.0%	1	25.0	0.0	25.0	100.0%	1	15.0	0.0	15.0	100.0%	1
62 day - 2ww referral	86.0	39.5	125.5	68.5%	1	82.5	41.5	124.0	66.5%	1	70.0	25.5	95.5	73.3%	1
62 day - Screening Referral	8.0	1.0	9.0	88.9%	1	11.0	3.0	14.0	78.6%	1	14.0	1.0	15.0	93.3%	1
62 day - Consultant Upgrade						1.0	0.0	1.0	100.0%	1					

Cancer standards The table above shows the position for August 2021 (as at 7th September 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: 54.2% is below the standard of 93%. We have seen skin breaches increase from a loss of clinical capacity along with 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 Skin (8%) 397 breaches , Lower GI (50%) 119 breaches,

28 days From Referral to Diagnosis: Performance in August is 79.1% (unvalidated) against the target of 75%.

NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard has improved in August (un-validated) (with 73.3% as at 7 September 2021) within target however 27 patients falling outside the target time of referral to treatment within 62 days; Urology account for 9 and LGI 5 patients being (51%) of all breaches.

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

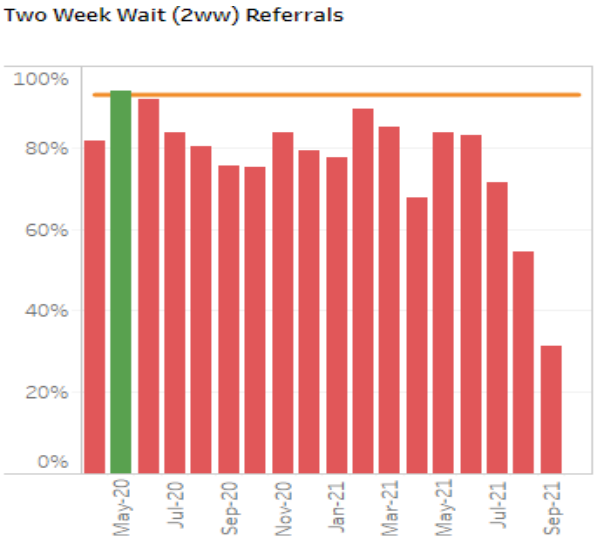
104-day wait: Currently there are 17 (unvalidated) patients with a greater than 104 day wait in August, 5 with confirmed cancer. All of the long wait patients are reviewed by the cancer team with pathway queries escalated to operational teams and the RTT Risk and Performance Assurance Group. Urology are the most challenged with 12 patients waiting longer than 104 days, 4 with confirmed cancers.

Further analysis and operational updates against the 2-week-wait, 28-day, and 62-day performance is detailed below.

Cancer – two-week wait

2-week wait The target relating to the first part of a patient's journey states that, following an urgent GP referral for suspected cancer, at least 93% of patients should be seen by a specialist within two weeks. The standard is the same for patients with breast symptoms (where cancer is not initially suspected).

Monthly aggregate performance



August performance by cancer site

Site	<=14	>14	Total
Brain	1	0	1
Breast	172	20	192
Gynae	104	5	109
H&N	115	32	147
Haem	7	0	7
LGI	119	119	238
Lung	28	5	33
Non-spec	13	0	13
Skin	37	379	416
UGI	75	13	88
Urol	71	47	118
Grand Total	742	620	1,362

Month	<=14	>14	Total	Perf
Apr-21	1,046	501	1,547	67.6%
May-21	1,235	239	1,474	83.8%
Jun-21	1,353	277	1,630	83.0%
Jul-21	987	393	1,380	71.5%
Aug-21	742	620	1,362	54.5%
Sep-21	517	642	1,159	44.6%

August performance:
Skin represent 61% of breaches
LGI represent 19% of breaches
September data is incomplete however the forecast is for a performance of 44%

<u>Dermatology Service situation report</u>

Situation:
Backlog of referrals now means patient are being booked 4 plus weeks ahead and none within the 14-day standard.

Background:
July 2021 - notices received regarding loss of all locum contracts due to adherence to Trust payment rates policy; gradual loss of capacity from this point.

- Substantive recruitment and mutual aid requests were unsuccessful.
- Agreement to re-appoint one locum (August) resulting in a net capacity deficit of 110 slots per month.
- Negotiations with South, East, North Devon (SEND) partners regarding joint working on recruitment and capacity mitigation.
- September 2021 - additional locum appointed to December 2021
- Demand Management opportunities re digital referrals being fast tracked with clinicians and SEND network.

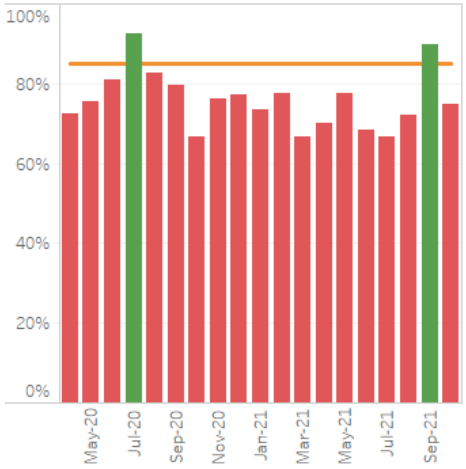
Actions:
Recovery plan and options paper is being reviewed by executive team to:

1. support short term recovery by diverting routine capacity to the 2-week-wait pathway;
2. support the demand management opportunities with digital imaging and triage on referral;
3. prioritise and support mutual aid opportunities across the SEND alliance.

Cancer 62-day

Waiting to start treatment The target that spans the patient pathway is for at least 85% of patients to start a first treatment for cancer within two months (62 days) of an urgent GP referral. Patients who are referred from an NHS cancer screening service should also start treatment within 62 days, but the operational threshold is set at 90%.

62 Day Pathway - 2ww



Site	<=62	>62	Total
Breast	15.0	3.0	18.0
CUP	0.0	1.0	1.0
Gynae	3.0	1.0	4.0
H&N	3.0	2.0	5.0
Haem	1.0	0.0	1.0
LGI	2.0	5.0	7.0
Lung	5.5	1.0	6.5
Skin	26.0	3.0	29.0
UGI	5.5	1.0	6.5
Urol	8.0	9.5	17.5
Grand Total	69.0	26.5	95.5

Breach analysis and Operational update:

Urology: Local anaesthetic template biopsies – Diagnostic delay is the significant factor contributing to treatment delays; currently 101 on waiting list for biopsy with lack of clinical space and trained staff to facilitate any increase in capacity. The team have commenced utilising clinical facility capacity run by Royal Devon and Exeter Hospital (20 patients in September and 10 scheduled for October),however, remain insufficient to reduce the waiting times. Require capacity for 10 lists per month (50 patients) due to leave and clinical capacity only 5 lists scheduled for October. Advert for Locum. Waiting list initiative would be possible with return of the Day Surgery Unit. On-site outpatient treatment room options being developed.

Lower GI: Capacity constraints across all aspect of the LGI cancer pathway are contributing to the breaches. First outpatient appointment wait up to 4 weeks; significant annual leave in August contributing to this increase and time will now improve. Diagnostic delays for colon CT scan up to 6 weeks and colonoscopy 3 to 4 weeks; Endoscopy capacity remains a risk. Access to theatres for surgical treatments is being maintained, however, due to beds and ICU capacity waits are up to 3 to 4 weeks for urgent admissions up from 1 to 3 weeks. Overall staffing is satisfactory to deliver clinical capacity.

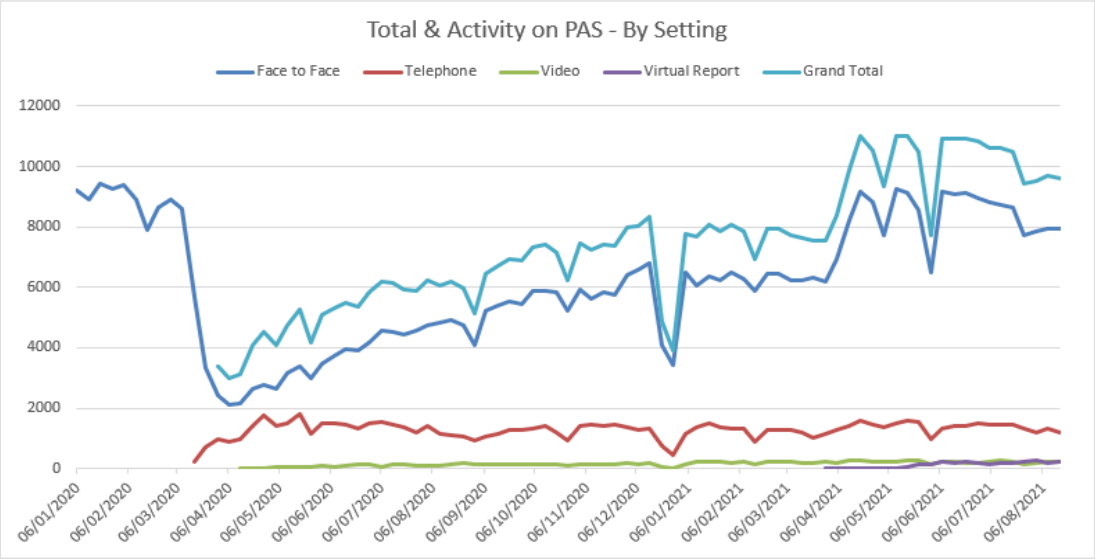
Cancer risks and concerns

	Risk/concern	Mitigating actions
1	**Outpatient space** Appropriate outpatient and procedure space continues to be a significant risk across multiple specialties along with continued loss of capacity from social distancing and ventilation air changes where aerosol generating procedures are required.	Teams are being supported to increase the volume of non-face-to-face appointments. Room utilisation is being reviewed with updates on available clinic sessions shared on a week-by-week basis with teams.
2	**Endoscopy** 5 scoping list are to be lost at local Independent Sector provider from October reducing capacity.	An additional insourcing weekend per month have been agreed through to March 2022. Further capacity will be needed to maintain waiting times.
3	**Urology** 115 TP biopsies waiting for appointment 4.10.21. Loss of capacity within DSU is driving up waiting times. Position will be compounded by locum leaving at the end of the month. Extra sessions being looked at for weekends, space to accommodate this an issue. 5 extra Flexi cystoscopy lists have been booked.	Sessions at Tiverton and Ottery St Mary have been agreed to support some additional TP biopsy sessions - 10 patients in Total by End of October against a backlog of 101 patients currently on waiting list.
4	**Skin** Current 2-week waits patient being booked greater than 4 weeks. Due to prioritisation of capacity clinical concerns over the level of urgent referrals not being seen (non 2-week-wait) and the potential for undiagnosed cancers. Urgent referrals now being made a priority.	Options appraisal for short term mitigation completed. This focuses on prioritising activity to the 2-week-wait patients. Longer term plan remains additional recruitment/support for nurse-led capacity/working across the wider SEND providers and demand management utilising referral image capture and clinical triage. Second locum commenced.
5	**PET Scans** Long waits of 2 to 3 weeks due to volume of referrals. Raised at the Alliance who have requested Torbay patients are offered an alternative location than Plymouth if there are earlier appts elsewhere. Plan being put into place by Alliance Medical to recover.	Escalated with Alliance Medical (PET provider) with TSD patient now being offering scans in both Taunton and Plymouth.
6	**Chemotherapy** Lack of trained SACT nurses continues to put pressure on service. Reliant on agency and bank.	Business plan submitted for additional substantive staffing.
7	**Cancer performance data C**oncerns as the cancer business intelligence lead will be leaving. Reduction in support is expected and essential tasks could be the only things covered. Concerns re increasing demand for cancer data across the Trust and quality of upload reports which are being used nationally to reflect our performance. This is impacting on cancer managers, clinicians, nursing, and admin staff across the Trust and having a detrimental effect on the implementation of service development projects and supporting business cases efficiently and effectively.	A recruitment plan is in place. The initial meeting held with Information Managers explored the transition plan to provide cross cover whilst the post is filled and gets up to speed in the role.
8	**MDT Co-ordinators** Workload has increased dramatically due to surge in referrals and lack of capacity in outpatient/inpatient settings resulting in more escalations, breach reports, chasing of enquiries and reports etc. Concerns this will potentially impact on the quality of our data on Tableau not being up to date which Clinical Leads and Operational Managers refer to for their performance.	Workforce planning review is taking place by managers; business plan to be submitted for additional staff. Teams also looking to streamlining MDTs meetings and roles to release time to ensure timely data entry and data quality. Cancer Managers and Cancer Clinical Leads developing a plan.

Virtual appointments

The implementation of new models of care in the delivery of non face to face consultations will be key to reduce the waiting time for patients. The Trust is demonstrating some good practices and new approaches for virtual/ telephone appointments are being adopted, however the Trust is not meeting the national targets.

The target required to meet Elective Recovery Fund (ERF) system gateway is to deliver a minimum of 25% non face-to- face outpatient appointments in reported activity.



The actual performance for non face-to-face for August is:

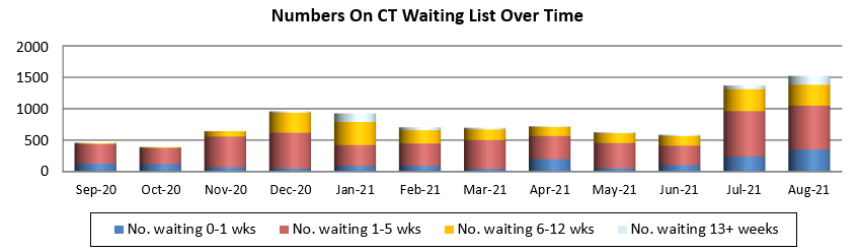
	July	August
New	14%	15%
Follow Up	22%	21%
Combined	**20%**	**19%**

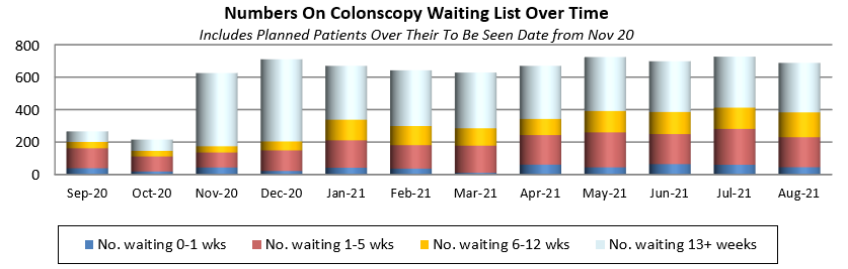
Actions

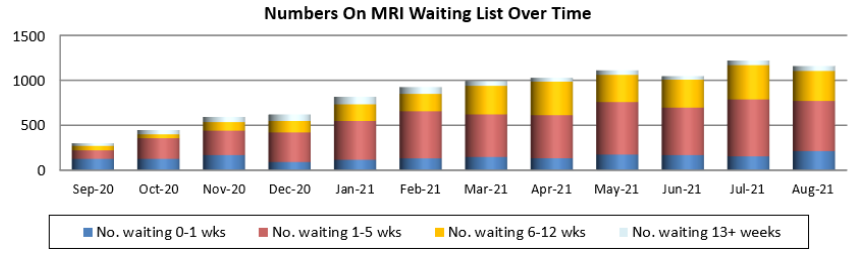
The following actions are being taken to improve Trust performance:

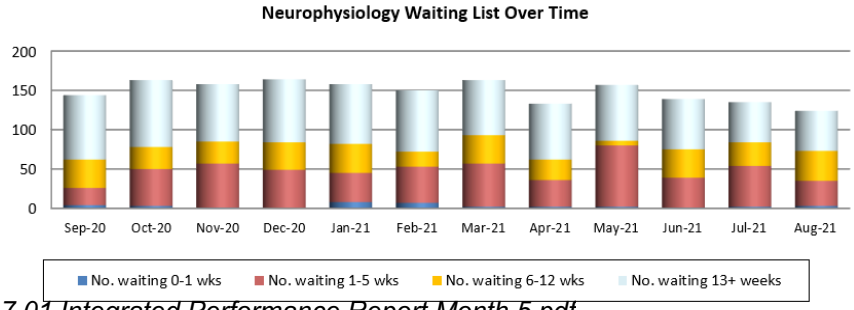
- Offering to support the teams linking with North Devon services that are achieving highest non-face-to-face rates, to see how they operate differently;
- Sharing good practice from one service to another wherever possible/appropriate;
- Providing services with essential information on performance and highlighting where there are areas for improvement;
- Supporting teams with their clinic space booking whilst looking at alternative, external e-scheduler booking systems, to improve access and access to clinic space;
- Making fields on PAS mandatory to record if appointments are telephone/video/ or face-to-face to move away from a face-to-face appointment being the default.
- Working with teams to ensure accurate recording of all activity to enable to improve data capture and data quality.
- Dedicated project manager to over see the Outpatient Transformation Programme with oversight though the Outpatient Transformation Delivery Board.
- Sharing Tableau reports with operational teams to review performance and forecasts.

NHSI indictor - patients waiting over 6 weeks for diagnostics



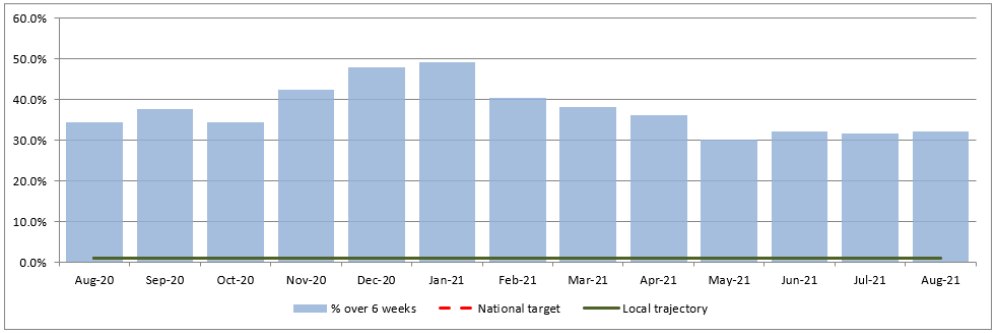






Diagnostic tests longer than the 6 week standard

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Patients	3207	3446	3810	4624	4989	5013	4934	4957	4876	4909	4702	5682	5655
Waiting longer than 6 weeks	1106	1295	1312	1957	2389	2462	1992	1892	1768	1478	1516	1799	1821
% over 6 weeks	34.5%	37.6%	34.4%	42.3%	47.9%	49.1%	40.4%	38.2%	36.3%	30.1%	32.2%	31.7%	32.2%
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	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%



All modalities are continuing to see patients with urgent need with appropriate Infection, Prevention and Control precautions.

CT numbers waiting and waiting times for routine tests have increased in August. There are increasing staffing pressures to maintain capacity for scans, reporting and vetting of referrals.

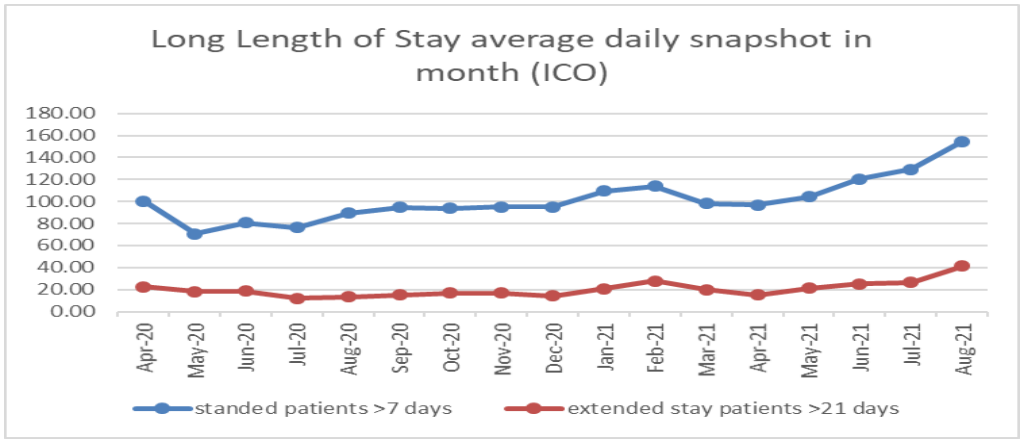
Colonoscopy numbers and routine waiting times remain high. Loss of lists at the IS from October will be partly offset by additional weekend insourcing now agreed, however overall capacity remains insufficient to bring waits back to plan. Urgent cancer pathways are being prioritised.

MRI waits and total numbers on the list continue to be a concern reflecting continued high demand. Access for mobile scanning units remains constrained as only one mobile pad available and needed for mobile CT.

Dexa scan waits are improving following the commissioning of the replacement machine and associated estates works.

Access to diagnostics, and in particular radiology, is critical for maintaining timely cancer diagnosis and supporting treatment pathways. Whilst teams continue to prioritise urgent referrals it does mean that overall some patients may wait longer for routine diagnostic tests.

Other performance exceptions

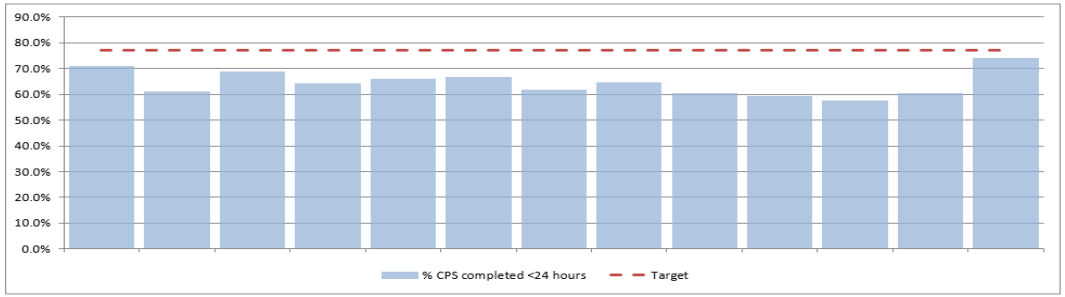


Long Length of Stay (LOS)

In August there is a continued increase in the average number of patients counted as having long length of stay greater than 7 and 21 days as measured in a daily census. The number of patients experiencing long LOS is a critical measure as the Trust is challenged to maintain the flow of urgent patients requiring hospital care and treatment following emergency presentation.

Care Plan Summaries completed within 24 hours of discharge - Weekday

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Discharges	1425	1361	1324	1176	1436	1157	1049	1282	1434	1484	1474	1341	1286
CPS completed within 24 hours	1011	832	913	754	950	774	650	828	866	883	848	812	953
% CPS completed <24 hours	70.9%	61.1%	69.0%	64.1%	66.2%	66.9%	62.0%	64.6%	60.4%	59.5%	57.5%	60.6%	74.1%
Target	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%



Care Planning Summaries (CPS)

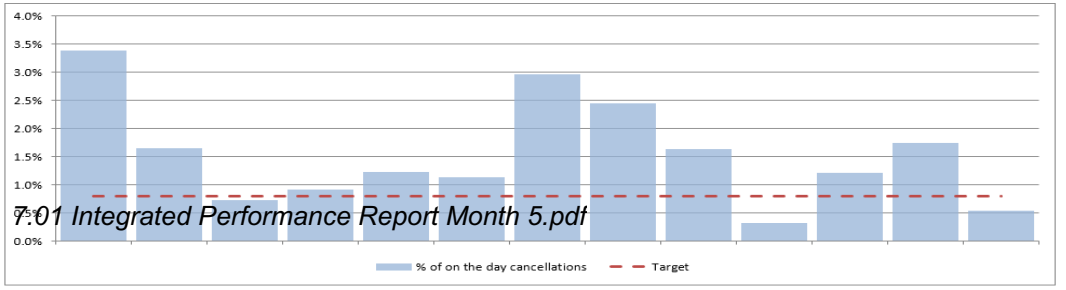
There is an improvement in the weekday CPS completion with CPS completion at 74.1%; the combined weekday and weekend average for 24-hour CPS completion is 68.35% in August.

Newton Abbot is the best performing ISU for 24 hour performance at 75.99%.

A CPS Improvement Group meets every two weeks and is chaired by the System Medical Director for South Devon System and supported by the QI team. A number of improvement initiatives are in place to improve the 24 hour performance.

On the day cancellations for elective operations

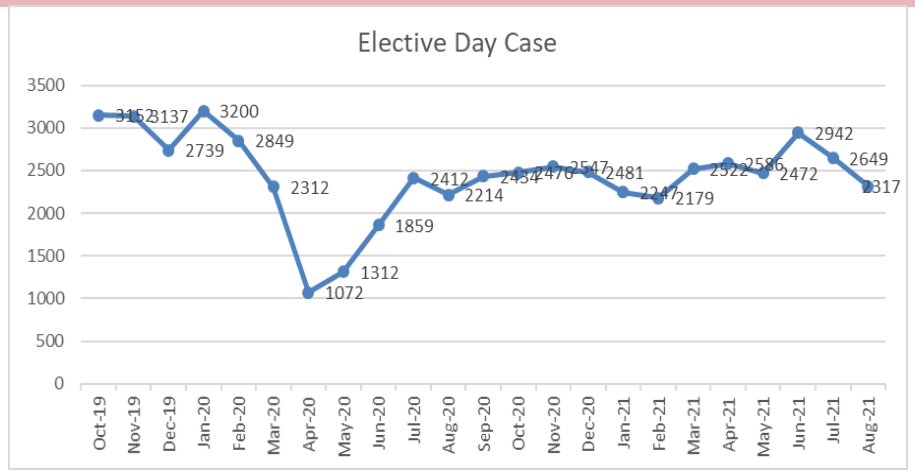
	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Cancellations	74	46	20	26	35	29	71	71	48	9	40	51	14
Elective spells	2189	2772	2742	2835	2835	2550	2400	2904	2922	2760	3276	2933	2602
% of on the day cancellations	3.4%	1.7%	0.7%	0.9%	1.2%	1.1%	3.0%	2.4%	1.6%	0.3%	1.2%	1.7%	0.5%
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%

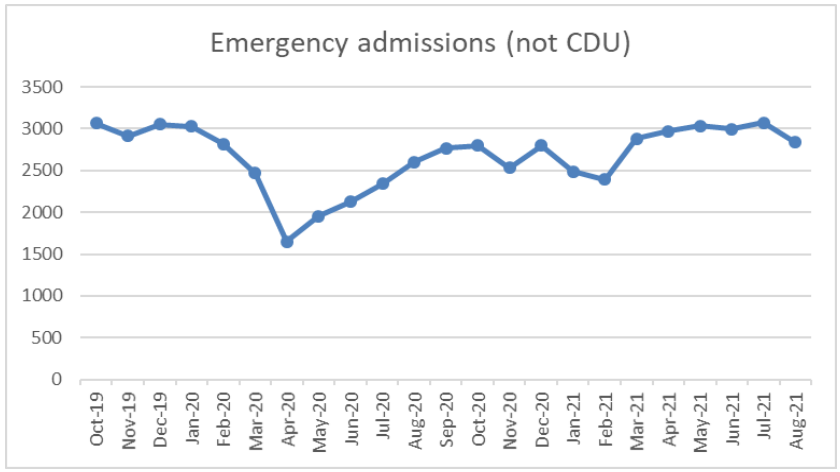


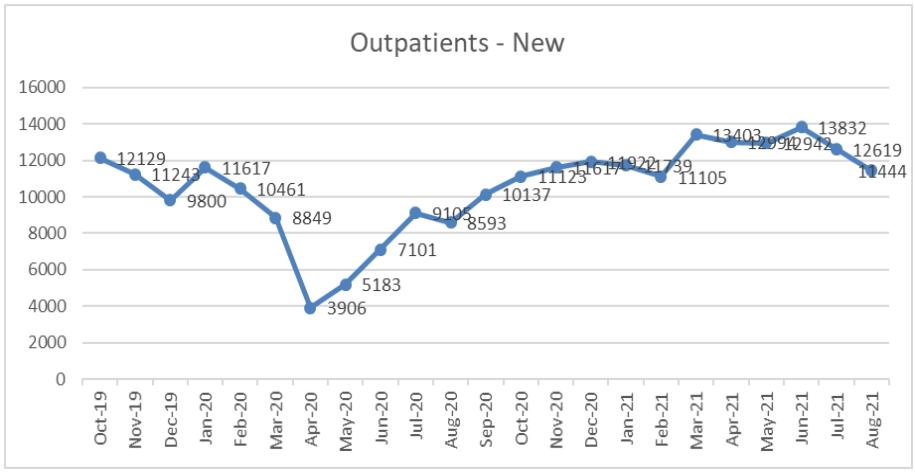
Cancelled operations

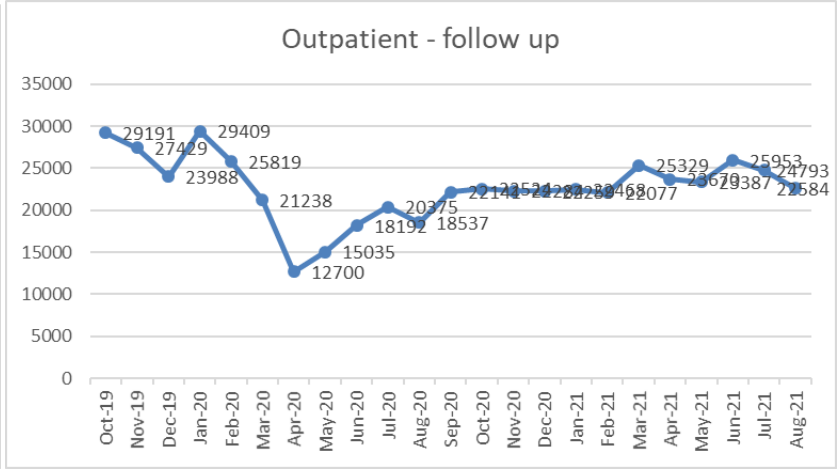
The total number of elective procedures cancelled on the day decreased in August to 14 of 2602 elective spells (0.5%). It s noted however that far fewer procedures requiring a hospital bed have been scheduled due to the continued escalation together with the volume of patient through the Day Surgery unit being greatly reduced.

Headline acute activity comparisons 2019/20 v 2020/21









The charts above show the monthly activity run rate of reported contract activity to end of August 2021.

The steady increase in activity levels since first wave of pandemic is seen, however, in July and August there is a reduction in elective activity shown. This is in contrast to our plans and system wide elective recovery plans. It is noted that Devon system partners have similarly experienced recent reductions in activity driven by emergency pressures and staffing related capacity constraints.

The impact of ward bed escalation to support the urgent care demand has meant the stepping down of non-urgent elective inpatient and some day case surgery through the Day Surgery Unit.

Teams continue to seek opportunities working with the Chief Operating Officer and Interim Head of Elective Care to further increase activity to utilise the Elective Recovery Fund (ERF) where this is operationally possible and working with system partners to optimise these opportunities.

Children and Family Health Devon

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

CAMHS

- The CAMHS Service remains under pressure due to staff vacancy and recent increased levels of demand. A deep dive is being conducted by Devon Partnership Trust and will be reported at the September Integrated Governance Group.
- Acute, crisis, and out of hours activity is an area of focus, with additional staff redeployed to work weekends through COVID. Additional monies for crisis, easting disorder, and mental health in schools has been awarded and the service model developed; recruitment is under way.
- Safeguarding Children Level 3 training and appraisal compliance improved significantly on their position this year and is currently RAG rated green.
- There remains a high level of demand for Eating Disorder referrals; routine waits are increasing and team are needing support from partner organisations to maintain service capacity; significant new investment from NHS England has been announced, model developed, and recruitment progressing.
- Overall the service is seeing a return to a higher level of face-to-face activity, retaining virtual appointments where this is clinically appropriate and effective.

Integrated therapies and nursing

- Recovery plans for Autistic Spectrum Disorder (ASD) waiting times are being implemented and due to recruitment issues, these will be extended until the end of March 2022; these are reported to NHS England and the Clinical Commissioning Group (CCG) fortnightly.
- Referrall to Treatment (RTT) performance has improved in Learning Disability and Physio services. ASD and Speech and Language Therapy (SLT) have the greatest challenge on reducing waiting times for treatment. Plans are being monitored with the CCG and IGG.
- Care notes clinical system now rolled out to all Integrated Therapies and Nursing Torbay services with a single system now in use. The business case is now approved for System One, however, there will be a delay in implementing the new system due to delays in the transformation programme.

	Number of children waiting over 52 weeks for first definitive treatment		Percentage of routine referrals for CYP who are on an incomplete pathway within 18 weeks		Total number on caseload	
	FY 2021 August	FY 2022 August	FY 2021 August	FY 2022 August	FY 2021 August	FY 2022 August
Community Children's Nursing (CFH Devon)	0	0	100.0%	100.0%	267	282
Learning Disability (CFH Devon)	0	0	88.9%	94.4%	318	259
Mental Health and Wellbeing	5	35	70.1%	55.8%	3823	4388
Occupational Therapy (CFH Devon)	1	1	44.7%	63.1%	1207	1203
Palliative Care (CFH Devon)	0	0	NA	NA	41	43
Physiotherapy (CFH Devon)	0	0	82.4%	89.1%	471	488
Special School Nursing (CFH Devon)	0	0	100.0%	66.7%	463	531
Specialist Autism Spectrum Assessment Team (CFHD)	1098	1624	18.4%	9.2%	2453	3373
Specialist Children's Assessment Centre (CFHD)	15	29	45.8%	42.8%	642	946
Speech & Language Therapy (CFH Devon)	84	273	39.4%	35.8%	4026	4[illegible]

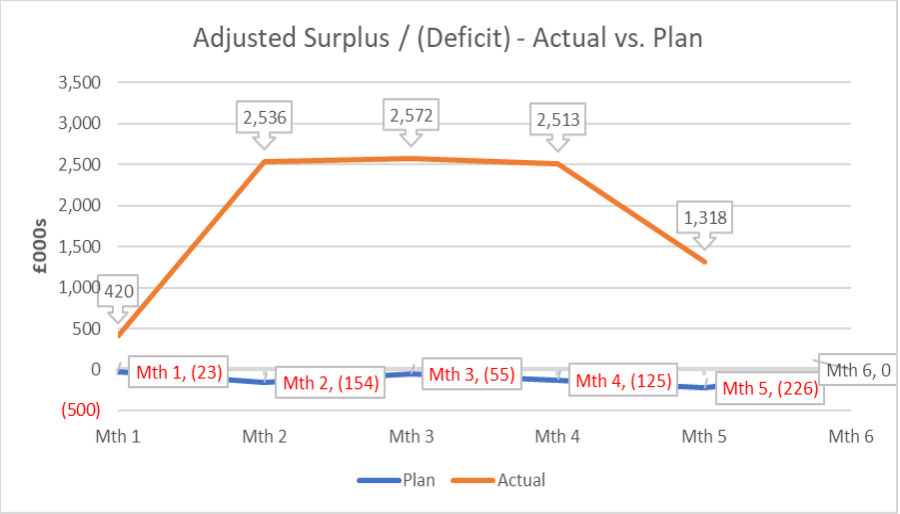
Financial Performance – Month 5 (August)
FY 2021 / 22

Financial Overview – Month 5, August 2021

High Level Summary

For Period ended - 31 August 2021, Month 5	Plan £m	Actual £m	Variance £m
Total Operating Income	235.28	237.40	2.13
Total Operating Expenditure	(232.25)	(232.79)	(0.54)
Adjusted Surplus/(Deficit)	(0.23)	1.32	1.54
Capital	11.76	6.48	(5.28)
Cash & Cash Equivalents		33.14	

Adjusted Surplus / (Deficit)



Operating Income
Operating income for the year to date totals £237.4m, within which income for patient care activities totals £217.8m. The favourable variance is driven by additional COVID related income (£3.3m favourable), Torbay pharmaceutical sales (£0.6m favourable) and ASC client contribution (£0.2m favourable which is matched by additional costs) offset by provision for ERF due to increased threshold (£1.1m adverse), patient related income linked to clinical activity (£0.65m adverse) and other income (£0.26m adverse).

Operating Expenditure
Total operating expenditure of £232.8m, which includes £116.9m of staff costs. The reported overspend of £0.54m is related to pay cost (£0.76m due to increased usage of Nursing agency staff primarily in A&E) offset by lower depreciation (£0.22m). The net non pay categories are in line with plan with reserves under utilisation offset by increased COVID cost.

Adjusted Surplus / (Deficit)
At month 5 the Trust is recording a £1.5m favourable variance against plan, primarily due to reduced elective activity, Torbay Pharmaceuticals favourable performance and under utilisation of planned contingency offset by reduced ERF and high cost drugs income.

Cash
The Trust is showing a healthy cash position at the end of Month 5, with £33.1m held in cash and cash equivalents. A planned cash position was not required as part of the H1 submission.

Capital
To date the Trust has spent c. £6.5m on capital schemes. A separate capital report has been prepared for the Trust's FPDC.

I&E Position – Month 5, August 2021

Income & Expenditure – Performance versus Plan

£m	M5 - In Month			M5 - YTD		
	Budget	Actual	Variance	Budget	Actual	Variance
Patient Income - Block	32.83	32.78	(0.05)	164.15	163.86	(0.29)
Patient Income - Variable	3.80	2.61	(1.18)	19.01	18.65	(0.36)
ERF Funding	0.54	0.19	(0.35)	2.93	1.82	(1.11)
ASC Income - Council	4.58	4.58	0.00	22.92	22.92	0.00
Other ASC Income - Contribution	1.01	0.92	(0.08)	4.97	5.15	0.19
Torbay Pharmaceutical Sales	1.82	2.12	0.30	8.46	9.10	0.64
Other Income	2.20	1.83	(0.37)	10.91	10.65	(0.26)
Covid19 - Top up & Variable income	0.39	0.43	0.04	1.94	5.25	3.31
Total (A)	**47.16**	**45.47**	**(1.69)**	**235.28**	**237.40**	**2.12**
Pay - Substantive	(22.91)	(22.48)	0.42	(113.60)	(111.80)	1.79
Pay - Agency	(0.56)	(1.09)	(0.54)	(2.51)	(5.05)	(2.55)
Non-Pay - Other	(13.06)	(12.09)	0.97	(65.78)	(61.59)	4.19
Non- Pay - ASC/CHC	(8.65)	(8.97)	(0.32)	(43.20)	(47.38)	(4.18)
Financing & Other Costs	(2.16)	(2.07)	0.09	(10.77)	(10.50)	0.27
Total (B)	**(47.33)**	**(46.71)**	**0.62**	**(235.85)**	**(236.33)**	**(0.48)**
Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)	**(0.17)**	**(1.24)**	**(1.06)**	**(0.57)**	**1.08**	**1.65**
NHSE/I Adjustments - Donated Items / Impairment / Gain on Asset disposal	0.07	0.04	**(0.03)**	**0.34**	**0.24**	**(0.10)**
Adjusted Financial performance - Surplus / (Deficit)	**(0.10)**	**(1.20)**	**(1.09)**	**(0.23)**	**1.32**	**1.55**

In Month 5 the Trust recorded a deficit of £1.2m which is adverse to plan.

The year to date position shows a surplus of £1.3m against a planned deficit of £0.2m, giving a favourable variance of £1.5m.

In Month Position:

Income

The key variances are below:

- Patient income variable – lower income in month (£1.18m) primarily due to pass through drugs income (as per risk highlighted in Month 3 regarding timing differences).
- Elective Recovery Funding (ERF) is behind plan (£0.35m) due to the provision for increased threshold (to 95%) and hospital elective surgical cancellation trends due to ED and medical surge.
- Torbay Pharmaceutical sales were £0.30m higher than planned in month from all sources.
- Other income is £0.37 lower than plan primarily due to provision for R&D activities (£0.63m) offset by an increase in non-patient care services (£0.28m).

Pay

- In Substantive pay there is a net favourable variance in month (£0.42m) mainly due to unfilled vacancies.
- Agency cost is £0.54m higher than budget within all staff groups but primarily due to Nursing (£0.39m) linked to A&E activity, specialling and RMN requirements. Various other staff groups account for £0.15m.

Non-pay

- The main driver of the favourable non-pay other position (£0.97m) is under utilisation of reserves.
- The £0.32m adverse position for ASC/CHC costs is due to: £0.21m driven by higher costs in ASC Residential Long Stay through higher than budgeted for client numbers with some of these costs relating to prior months. COVID £0.19m hospital discharge (matched by income from the CCG) offset by Placed people underspend of £0.07m driven by lower than budgeted for costs within Adult IPP.

H1 Plan, Forecast Outturn and Risk

H1 Plan and Forecast
The Trust provided a detailed resubmission of the H1 plan to NHSE/I in June, showing a break-even position and as at M5 the Trust is forecasting that it will meet this plan.

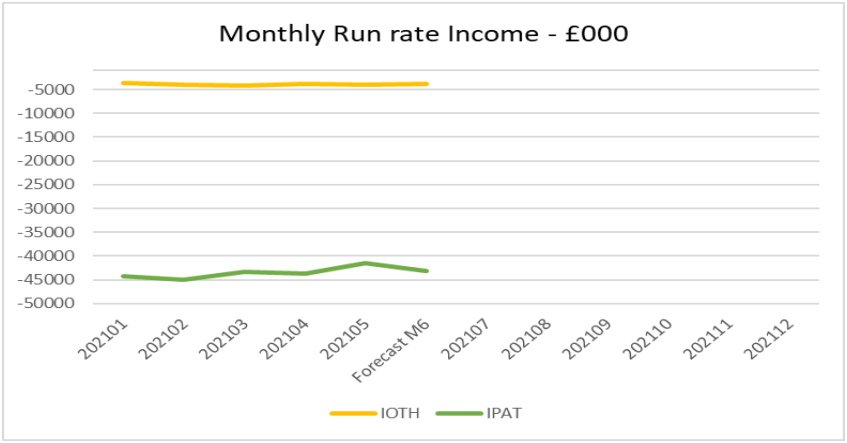
Key risks to the position are:

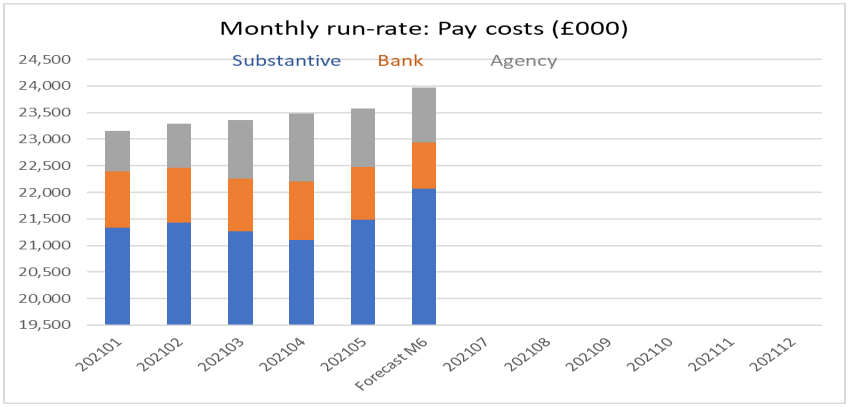
- ERF – the threshold has been amended to 95% (from 85%) thereby the System will not earn as much ERF as expected. The estimate of this risk is £0.5m for the Trust.

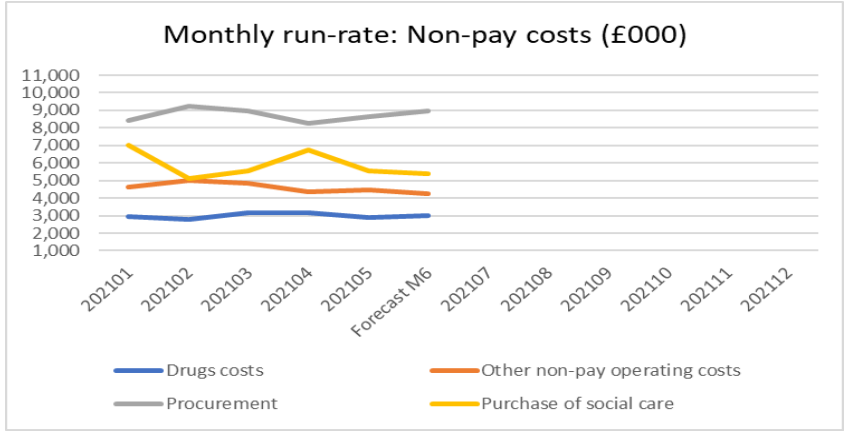
- Funded nursing care assessments backlog – there is currently a backlog of approximately 170 cases, a proportion of which would lead to backdated claims for continuing health care.

- Wave 3 Covid – the Trust has budget for the next month of £0.3m for costs relating to Covid, that are not funded on a passthrough basis (such as increased cost of infection control). It is unclear whether this level of budget is sufficient should there be a significant impact from a surge in Covid cases.

- The Trust is experiencing significant operational pressures in emergency care and patient discharge, which are incurring significant additional costs and having a knock-on effect on the ability to deliver elective care. The estimated financial impact of this is currently covered by the contingency built into the budget for the first half year (H1), but there are risks to the financial position should this escalate further and will need to be considered in the financial performance for the second half of the year (H2).

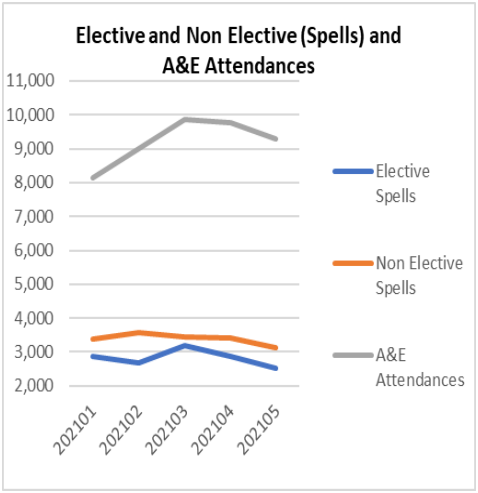


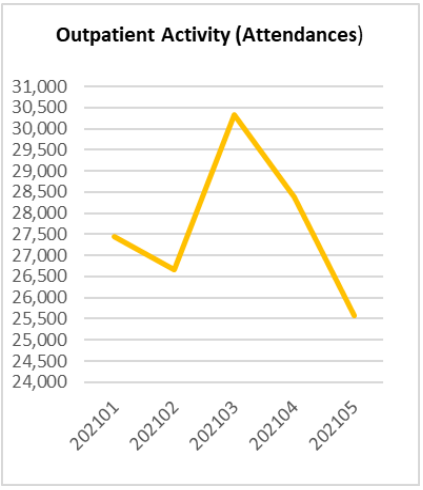




Change in Activity Performance – Month 4 to Month 5

		Plan	Jul-21	Aug-21	Change	% Change		Aug-20	% change
Activity Drivers	A&E Attendances		9,762	9,286	-476	-5%		*8,678*	7%
	Elective Spells	2,842	2,860	2,512	-348	-12%		*2,406*	4%
	Non Elective Spells		3,411	3,125	-286	-8%		*3,044*	3%
	Outpatient Attendances	25,279	28,384	25,571	-2,813	-10%		*22,627*	13%
	Adult CC Bed Days		168	213	45	27%		*162*	31%
	SCBU Bed Days		199	123	-76	-38%		*215*	-43%
Bed Utilisation	Occupied beds DGH		9,817	10,023	206	2%		*8,974*	12%
	Available beds DGH		10,383	10,804	421	4%		*11,183*	-3%
	Occupancy		95%	93%	-2%	-2%		80%	13%
Resource Consumption	Medical Staff Costs - £000's	5,196	5,299	5,293	-6	0%		*4,839*	9%
	Nursing Staff Costs - £000's	5,410	5,535	5,416	-119	-2%		*4,994*	8%
	Temp Agency Costs - £000's	554	1,284	1090	-194	-15%		*547*	99%
	Total Pay Costs* - £000's	23,464	23,484	23,573	89	0%		*21,951*	7%





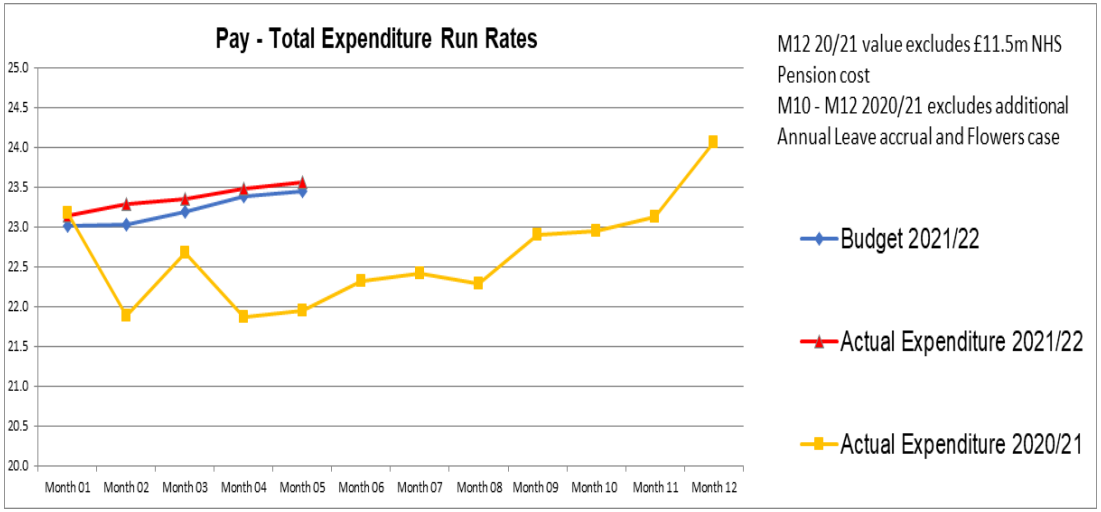
Activity Drivers

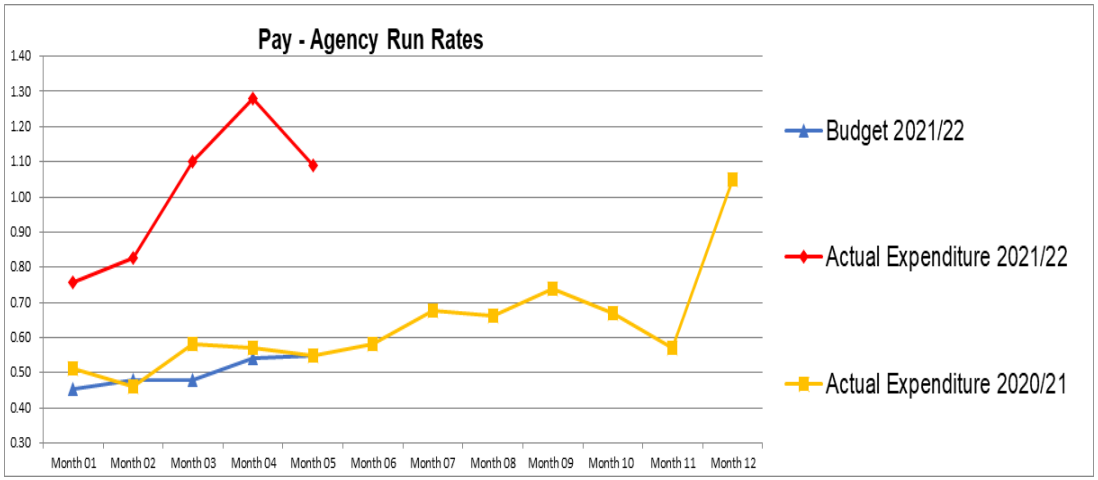
- No formal plan (for contracting purposes) has been created for A&E, Non Elective, or ACC/NCC. This is as a result of the focus being on the recovery of elective activity from the centre.
- Overall, elective activity levels are below plan at Month 5 and are below that of 2019/20, which is the comparator year for NHSE/I purposes. At least part of the reason for this is because elective activity was cancelled in July as a result of both NEL pressures and the impact on staffing because of COVID.
- ISU's are looking at ways to increase their activity, including making use of the ERF available to increase capacity to see more patients to reduce waiting lists and ensure patients are treated as quickly as possible.
- The Trust is waiting on national H2 guidance to be issued as this will then inform the basis of the H2 activity plan submission, which we believe will be due in October / November time.

Bed utilisation

- In August, overall bed occupancy at 93% remains above required levels to support patient flow to avoid emergency care delays and reduced elective capacity. The number of available bed days has increased on the previous month with the opening of Forrest ward and the relocation of the medical receiving unit to Day surgery unit.
- Access to beds for medical and surgical emergencies has continued to be a major operational constraint. There continues to be long waits in the Emergency department and a high number of hours lost due to delayed Ambulance handovers. Trust being in OPEL 4 escalation for most of the month.
- The ongoing need to escalate bed capacity to maintain patient flow continues to see the Day Surgery Unit re-designated as the Medical receiving Unit to allow Forrest ward (25 beds) to be opened as general Acute medical inpatient beds. This has restricted the capacity for planned elective surgery with elective admission now limited to Cancer and the most urgent patients. Suspension of routine elective orthopaedic surgery has continued with the elective orthopaedic ward set aside for medical patients. Prioritisation of Trauma and priority P1 and P2 surgical patients has continued. There will be further increases in routine waiting times until elective IP Beds and Day Surgery Unit can be restored.
- Covid admission remain close to the maximum that can be managed without escalation into a further ward. Throughout August the Trust has transferred a number of Covid patients to the RD&E to maintain this position.

Pay Expenditure – Month 5, August 2021



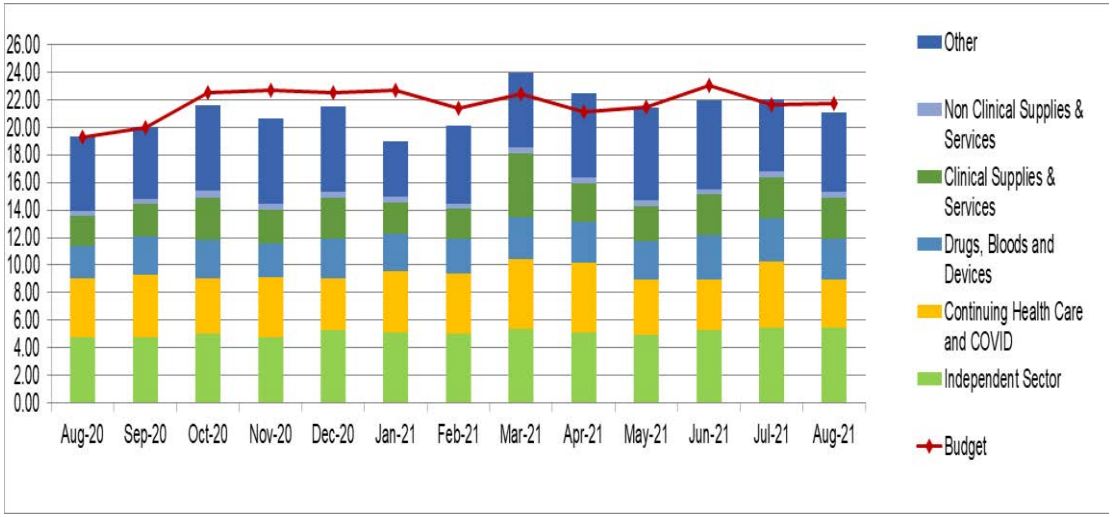


In Month 5 the total pay expenditure is £23.57m, which is £0.09m higher compared to Month 4 (£23.48m). Further details are provided below:

- Substantive pay increased by £0.39m across the various staff groups but primarily in Medical Staff (£0.18m).
- Bank pay net decrease of £0.10m primarily within Medical and Nursing staff.
- Agency costs were £0.19m lower than Month 4 primarily within Medical and Nursing staff.
- Of the year to date pay costs, those associated with COVID account for £1.36m, comprised of:
  - Sick pay - £0.76m,
  - vaccination - £0.19m
  - additional shifts of existing workforce – £0.24m, and
  - testing – £0.17m
- The Apprentice levy balance at Month 5 is £2.1m (no change from Month 4). The Trust's apprenticeship strategy is reviewed regularly and actions are being taken.

Temporary staffing spend will be a key feature in Executive-led financial recovery efforts over the first half of the year.

Non-Pay Expenditure – Month 5, August 2021



The total non-pay run rate in Month 5 (£21.06m) is £0.99m lower in comparison to previous month (£22.05m), key details are provided below:

- Decreases in:
  - COVID – £1.16m lower, this is predominantly driven by there being no payments in relation to Rapid Testing and Infection Prevention & Control to Independent Sector providers within Torbay (as the grants payments were all processed in July). In addition to this, costs have been slightly lower in August related to Hospital Discharge.
  - Drugs costs – £0.23m lower usage overall but primarily in high cost drugs (£0.09m) and Healthcare at Home drugs (£0.08m).
  - Placed People - £0.15m lower and this predominantly relates to reductions in both CHC localities (Torbay and South Devon). In Torbay this is linked to direct payments and in South Devon there has been lower spend in short stay nursing areas (interim funding).
  - Non-clinical supplies – decreased by £0.02m due to domestic cleaning materials (£0.05m) offset by increase in uniform cost (£0.03m).

- Increases in:
  - Net Operating expenditure – £0.51m mainly CFHD alliance recharge. In M4 there is a reduction in cost due to a change in Devon Partnership Trust charge.
  - Clinical supplies – £0.06m, higher spend on chemical consumables £0.30m and increased TP cost of sales £0.05m offset by a reduction in various medical and surgical supplies cost £0.29m.

COVID Cost Analysis – Month 5, August 2021

COVID Expenditure	Inside Envelope Actual 31/08/2021 YTD £'000	Outside Envelope Actual 31/08/2021 YTD £'000	Total Actual 31/08/2021 YTD £'000
Staff and executive directors costs	994	367	1,361
Supplies and services – clinical (excluding drugs costs)	35	1,088	1,123
Supplies and services - general	89	1	90
Drugs	8	0	8
Establishment	35	0	35
Premises - other	104	10	114
Transport	32	0	32
Other	72	0	72
Total operating expenditure	**1,369**	**1,466**	**2,835**

Hospital Discharge, Rapid Testing and Infection Control COVID	Total Cost Actual 31/08/2021 YTD £'000	CCG Income Actual 31/08/2021 YTD £'000	Council Income Actual 31/08/2021 YTD £'000	Provider Refunds Actual 31/08/2021 YTD £'000
Hospital Discharge Programme (HDP) Scheme 2	1,406	(1,406)		
Rapid Testing & Infection Control	2,565		(2,458)	(107)
General	36			(96)
Total	**4,007**	**(1,406)**	**(2,458)**	**(203)**

As highlighted above, within the Trust's pay position at Month 5 COVID costs account for £1.36m.

Within non-pay COVID costs account for £1.47m, comprised of:

- Testing - £1.09m, and
- Segregation of patient pathways - £0.34m
- Patient transport and other - £0.04m

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 £4.01m, with a contribution of £2.46m received from Torbay Council towards this.
- Rapid Testing and Infection Control grants (Q1 & Q2 2021/22) have been fully passported to providers within Torbay in line with grant conditions.
- Hospital discharge costs (year to date £1.4m) are being reclaimed through Devon CCG for the first half of 2021/22. Discharge criteria saw client's entitlement drop from six to four weeks from the 1st July.
- Looking ahead costs will continue to be incurred but it is anticipated this will be matched with an appropriate income stream for the first half of the financial year. Recent government announcement indicates Hospital Discharge funding will continue now throughout the second half of 2021/22 but with regard to Rapid Testing & Infection Prevention & Control grants nothing has been formally announced in relation to post September 2021.

Key Drivers of System Positions – Month 5, August 2021

System	ISU	Financial Commentary / Key Drivers
CFHD	CYP	Expenditure run rate remains constant. Staff consultation - the Senior Team are progressing internal discussions on pathway options and cost; ongoing high level of vacancies. IT EPR business case approved but commencement delayed to ensure it supports new clinical pathways; no costs included in this year's revenue account.
Torbay Pharmaceuticals	PMU	TP sales in M5 is £0.3m higher than plan and ahead of the year to date by £0.6m, due to increased sales from all sources.
Corporate	EFM	Underspent by £228k at M5 due to pay underspend of £256k mainly due to budget set for agency costs now recharged to COVID and overachievement of income by £154k mainly from visitor car parking & some backdated income in M3. This is offset by £183k overspend on non-pay arising mainly from increased spend on utilities and repairs and maintenance.
	Exec. Directors	Underspent by £542k at M5 due to pay underspend of £395k mainly due to vacancies & lower than expected CEA payments and overachievement of income from VAT reclaims & Court of Protection income. Various underspends on non pay including some that are offset by shortfall in related income.
	Financing Costs	Excluding items outside the NHSEI control total, costs are £0.2m favourable to plan. There are no noteworthy components.
	Other	Reserves includes plan adjustments, contingency accrual, & provision for Sharepoint CALS, FNC backlog & Independent Sector inflation, legal fees & miscellaneous other small provisions.
South System	Coastal	Underspent at M5 against budget £1.2m. Recovery activity levels less than planned and reduction in elective activity due to the ongoing response to Covid and green surge, delays in recruitment, reduced spend in theatre supplies and drugs. The forecast to half year (H1) is estimated at £1.4m underspent as levels of activity and recovery continue to un deliver against plan due to the continual summer surge and Covid pressures demand.
	Newton Abbot	Overspent against plan at M5 by £1.02m due to the continual cost pressures mainly in response to green and Covid surge in ED for agency and bank nursing staff, Medical staff and locum, and cover of staff absence £1.3m, although a slight reduction in agency costs has been seen in M5. This is offset with underspends in ICU, wards and community teams £0.2m mainly due to vacancies. The cost pressures are expected to continue with a forecast overspend of £1.5m predicted at the half year. The pressure and challenges continue within ED and Medical Staffing with a predicted overspend of £1.7m, offset with continual savings £0.2m in ICU and MIU.
	Moor to Sea	Broadly in line with budget overall at M5 but with overspends on wards mainly due to staff absence, specialling requirements, and two extra beds at Totnes £275k, purchase of intermediate care beds £69k, offset by savings due to delays in recruitment £250k, non pay £67k, and other income £18k. There are also winter pressures costs with an adverse variance to plan, but with an offset in expected income to cover these costs. Run rates are expected to remain consistent with an overall marginal underspend against plans at the half year.
	Shared Operations	Underspent against budget at M5 by £138k which is mainly due to vacant posts £126k, Medical electronics, HSDU, post room and other non pay £96k, offset with overspend in patient transport £74k response to current surge and Covid. The forecast at the half year is predicting an underspend against plan of £148k as savings continue with an expected underspend £205k, offset by patient transport costs £57k.

Torbay System	Independent Sector	ISU is £137K underspent against a YTD budget envelope of £38.9m. Cost YTD is £4.3m higher than budget but this is primarily due to COVID related spend (Hospital Discharge, Rapid Testing and Infection Control). COVID costs total circa £4.0m and this is matched by an equivalent value in Income. Outside of COVID, spend is lower than planned YTD materially in ASC and is driven by lower activity (than planned) on Dom Care, Residential Care short stay combined with higher than budgeted client contributions (backdated financial assessments).
	Torquay	ISU has a YTD £147K overspend against a YTD budget envelope of circa £16.5m. The overspend is linked to pay pressures within the Obs and Gynae directorate (£116K) with this linked to pay pressures in Midwifery (safe ward cover) and non-pay issues of £90K within the Public Heath area (Torbay Drug & Alcohol service).
	Paignton and Brixham	ISU has a minor YTD £101K underspend against a YTD budget envelope of circa £35.1m. Underlying this the main areas to note is a material £980K non-pay underspend (Labs Medicine) but this is primarily offset by £829K under recovery of other income (Labs Medicine). The labs Medicine area is heavily impacted by COVID / Testing and extremely difficult to plan / judge (months in advance).
Contract Income	Patient Income	The Trust has received the following income: 1) £1.8m of Elective Recovery Funding (ERF) at M5 from the CCG. 2) C. £1.4m additional income via the CCG relating to the Hospital Discharge Programme (HDP). There is a corresponding cost to offset this. 3) An additional c. £2.5m relating to grants received by Torbay Council, which is then passported to us to pay out as per the grant conditions to providers such as care homes to cover costs for extra IPC and rapid testing.

Cash Position – Month 5, August 2021

	YTD at M05 £m
Opening cash balance	**45.45**
Capital Expenditure (accruals basis)	(6.48)
Capital loan drawndown	0.00
Capital loan repayment	(0.99)
Proceeds on disposal of assets	0.00
Movement in capital creditor	(8.49)
Other capital-related elements	(0.66)
Sub-total - capital-related elements	**(16.62)**
Cash Generated From Operations	11.42
Working Capital movements - debtors	(8.85)
Working Capital movements - creditors	3.37
Net Interest	(1.14)
PDC Dividend paid	0.00
Other Cashflow Movements	(0.49)
Sub-total - other elements	**4.31**
Closing cash balance	**33.14**

Better Payment Practice Code	Paid year to date	Paid within target	% Paid within target
Non-NHS - number of bills	60,851	53,595	88.1%
Non-NHS - value of bills (£k)	115,861	98,693	85.2%
NHS - number of bills	845	645	76.3%
NHS - value of bills (£k)	9,144	6,421	70.2%
Total - number of bills	61,696	54,240	87.9%
Total - value of bills (£k)	125,005	105,114	84.1%

Key points of note:

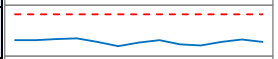
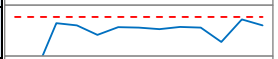
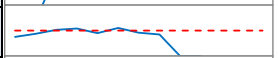
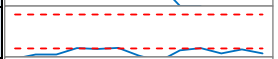
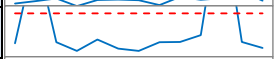
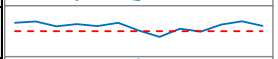
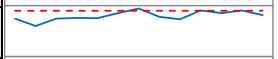
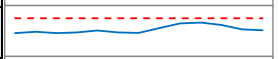
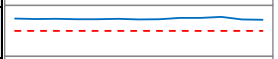
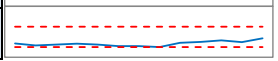
- A 2021/22 cashflow plan has not been required by NHSE/I. A full-year cashflow plan was incorporated into a FPDC capital and cash reports at M02 and M03. The Trust is planning that its cash balance will decrease over the year from the exceptionally high March 2021 level of £45m, to circa £4m. This plan assumes that the capital plan is delivered and that planned Public Dividend Capital support will be obtained.
- Over the year to date, cash balances have decreased by £12.3m. This was principally due to the paying down of capital creditors (£8.5m), an increase in accrued income (£8.9m), partly offset by an increase in Revenue creditors of circa £3.4m. These movements are consistent with the full-year cashflow plan.
- As per the cashflow plan, cash balances are expected to decrease further during the course of the year as deferred income balances unwind and some of the Trust's cash reserves are used to support capital expenditure.
- NHSE/I has indicated that there will be increased focus on the Better Payment Practice Code and options to improve performance are being reviewed and implemented.

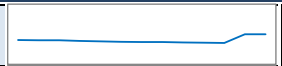
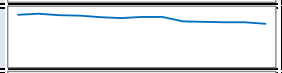
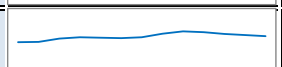
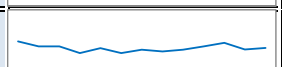
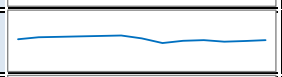
Statement of Financial Position (SoFP) – Month 5, August 2021

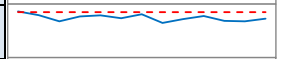
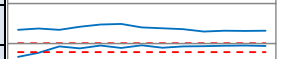
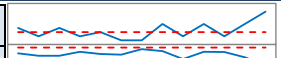
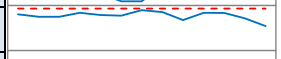
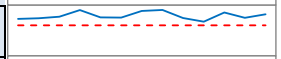
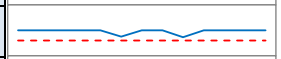
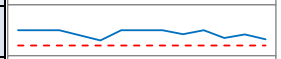
	Month 5		
	Position 31 March 2021 £m	Position 31 Aug 2021 £m	Movement £m
Non-Current Assets			
Intangible Assets	10.09	11.06	0.97
Property, Plant & Equipment	202.37	201.09	(1.28)
On-Balance Sheet PFI	17.11	16.94	(0.17)
Other	2.04	2.02	(0.02)
Total	**231.61**	**231.11**	**(0.50)**
Current Assets			
Cash & Cash Equivalents	45.45	33.14	(12.31)
Other Current Assets	33.20	42.16	8.96
Total	**78.64**	**75.30**	**(3.34)**
Total Assets	**310.25**	**306.41**	**(3.84)**
Current Liabilities			
Loan - DHSC ITFF	(4.80)	(4.80)	0.00
PFI / LIFT Leases	(1.17)	(1.23)	(0.06)
Trade and Other Payables	(61.81)	(56.36)	5.45
Other Current Liabilities	(10.44)	(13.27)	(2.83)
Total	**(78.23)**	**(75.66)**	**2.56**
Net Current assets/(liabilities)	**0.41**	**(0.36)**	**(0.78)**
Non-Current Liabilities			
Loan - DHSC ITFF	(29.08)	(28.09)	0.99
PFI / LIFT Leases	(16.60)	(16.05)	0.55
Other Non-Current Liabilities	(15.88)	(15.06)	0.82
Total	**(61.55)**	**(59.20)**	**2.36**
Total Assets Employed	**170.47**	**171.55**	**1.08**
Reserves			
Public Dividend Capital	130.76	130.76	0.00
Revaluation	49.15	49.15	0.00
Income and Expenditure	(9.44)	(8.36)	1.08
Total	**170.47**	**171.55**	**1.08**

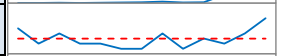
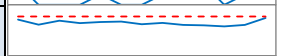
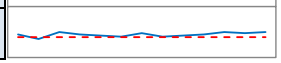
Key points of note:

- Non-current assets have reduced by £0.5m, principally as depreciation (£7.0m) has exceeded capital expenditure (£6.5m).
- Cash has reduced by £12.3m, as explained in the commentary to the cashflow section.
- Other current assets have increased by £9.0m, principally due to increased accrued income.
- Trade and other payables have reduced by £5.5m, principally due to the paying down of the capital creditor (£8.5m).
- Non-current liabilities have reduced by £2.4m, principally due to scheduled loan / lease repayments.

	ISU	Target	13 month trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Year to date
QUALITY LOCAL FRAMEWORK																	
Reported Incidents - Severe	Trustwide	<6		2	1	0	1	2	1	1	4	0	3	4	1	2	10
Reported Incidents - Death	Trustwide	<1		2	3	1	0	1	4	1	3	0	2	1	2	0	5
Medication errors resulting in moderate harm	Trustwide	<1		0	0	0	0	0	0	2	0	0	1	1	0	0	2
Medication errors - Total reported incidents	Trustwide	N/A		39	51	53	53	34	41	51	54	50	64	57	47	38	256
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		1	1	3	0	0	0	1	0	0	1	0	2		3
Never Events	Trustwide	<1		0	2	1	0	0	0	0	1	0	0	0	0	0	0
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		8	5	5	2	4	7	6	6	5	7	11	9	8	20
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams	Trustwide	<1		1	0	0	0	0	0	0	0	0	0	0	0	0	0
Formal complaints - Number received	Trustwide	<60		17	17	19	20	14	7	13	17	10	8	14	18	14	64
VTE - Risk Assessment on Admission	Trustwide	>95%		79.2%	80.9%	93.4%	92.9%	90.4%	92.4%	92.3%	91.9%	92.5%	92.3%	88.6%	94.4%	92.9%	91.9%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		75.2	87.3	102.6	108.5	89.9	110.3	92	84.3						95.2
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		84.0%	86.4%	86.5%	90.1%	89.7%	90.3%	85.8%	82.5%	89.0%	90.2%	87.1%	89.5%	87.0%	88.6%
Safer Staffing - ICO - Nightime	Trustwide	90% - 110%		86.4%	87.7%	89.4%	84.8%	88.5%	88.6%	88.3%	85.4%	90.3%	88.5%	89.4%	93.4%	88.0%	89.9%
Infection Control - Bed Closures - (Acute)	Trustwide	<100		20	262	23	0	30	6	0	23	24	42	381	24	8	479
Hand Hygiene	Trustwide	>95%		98.3%	98.9%	96.9%	97.8%	97.0%	98.3%	95.3%	92.8%	96.0%	94.8%	97.6%	98.9%	97.1%	98.2%
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	Trustwide	>90%		74.4%	60.0%	74.5%	75.7%	75.6%	85.3%	94.4%	78.1%	73.2%	90.6%	85.3%	90.6%	81.5%	84.9%
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		83.9%	77.6%	73.2%	82.2%	80.4%	69.4%	51.6%	77.5%	84.1%	65.9%	66.1%	51.4%	56.3%	65.7%
Follow ups 6 weeks past to be seen date	Trustwide	6400		17220	17408	17519	17229	17837	17489	16986	16950	17118	16713	16323	16967	17651	17651
WORKFORCE MANAGEMENT FRAMEWORK																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<4.00%		4.5%	4.4%	4.3%	4.3%	4.3%	4.2%	4.1%	4.0%	4.0%	4.0%	4.1%	4.1%		4.1%
Appraisal Completeness	Trustwide	>90%		78.4%	79.4%	78.4%	78.9%	80.4%	78.8%	78.4%	82.4%	85.9%	86.6%	84.7%	81.3%	80.6%	82.4%
Mandatory Training Compliance	Trustwide	>85%		89.9%	89.7%	89.7%	89.6%	89.6%	89.7%	89.5%	89.6%	90.1%	90.1%	90.5%	89.5%	89.4%	89.6%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		10.7%	10.3%	10.5%	10.7%	10.5%	10.2%	10.2%	10.0%	10.8%	11.0%	11.3%	11.0%	11.7%	

	ISU	Target	13 month trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Year to date
COMMUNITY & SOCIAL CARE FRAMEWORK																	
Number of Delayed Discharges (Community) *	Trustwide	<315		175	246	256						0	424	0	0	0	
Number of Delayed Transfer of Care (Acute)	Trustwide	<240		89	72	129											
Carers Assessments Completed year to date	Trustwide	40% (Year end)		95.3%	99.2%	94.8%	95.5%	95.8%	98.0%	96.3%	96.3%	93.3%	97.5%	98.3%	100.0%	100.0%	100.0%
Children with a Child Protection Plan (one month in arrears)	Trustwide	NONE SET		221	200	214	221	223	223	207		234					234
4 Week Smoking Quitters (reported quarterly in arrears)	Trustwide	NONE SET			124			199				334					334
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	NONE SET			5.4%			4.4%				3.7%					3.7%
Safeguarding Adults - % of high risk concerns where immediate action was taken	Trustwide	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET		561	560	576	599	658	617	615	616		608	629	631	564	564
Intermediate Care - No. urgent referrals	Trustwide	113		211	221	200	207	235	175	146	155	165	155	129	156	183	788
Community Hospital - Admissions (non-stroke)	Trustwide	NONE SET		260	262	274	193	242	249	205	255	282	294	292	297	230	1395
ADULT SOCIAL CARE TORBAY KPIs																	
Proportion of clients receiving self directed support	Trustwide			81.1%	80.0%	79.8%	77.6%	76.4%	75.1%	73.8%	74.0%	72.9%	71.9%	71.0%	100.0%	100.0%	100.0%
Proportion of carers receiving self directed support	Trustwide			95.3%	99.2%	94.8%	95.5%	95.8%	98.0%	96.3%	96.3%	93.3%	97.5%	98.3%	100.0%	100.0%	100.0%
% Adults with learning disabilities in employment	Trustwide			8.6%	8.8%	8.5%	8.5%	8.2%	8.1%	8.3%	8.3%	7.5%	7.4%	7.4%	7.4%	7.1%	7.1%
% Adults with learning disabilities in settled accommodation	Trustwide			79.0%	79.1%	80.2%	80.6%	80.5%	80.4%	80.6%	81.8%	82.6%	82.3%	81.7%	81.3%	81.0%	81.0%
Permanent admissions (18-64) to care homes per 100k population	Trustwide			24.3	20.2	20.2	14.8	18.9	14.8	17.5	16.2	17.5	20.2	23.1	17.7	19.0	19.0
Permanent admissions (65+) to care homes per 100k population	Trustwide			524.4	557.2	565.4	573.6	579.0	587.2	540.8	464.3	499.8	510.8	487.3	498.1	511.5	511.5
Proportion of clients receiving direct payments	Trustwide			22.7%	23.3%	23.6%	22.6%	22.4%	21.7%	21.2%	21.1%	20.1%	19.8%	19.5%	19.6%	19.5%	19.5%
% reablement episodes not followed by long term SC support	Trustwide			86.2%	85.9%	84.6%	85.2%	85.5%	85.4%	85.7%	85.8%						..

	ISU	Target	13 month trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Year to date
NHS I - OPERATIONAL PERFORMANCE																	
A&E - patients seen within 4 hours	Trustwide	>95%		93.5%	91.9%	86.2%	86.5%	81.2%	79.4%	79.4%	82.2%	84.4%	78.9%	72.6%	68.6%	67.6%	74.1%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		57.3%	62.1%	62.3%	64.2%	64.3%	61.8%	61.4%	61.4%	62.7%	63.9%	64.4%	61.7%	59.4%	62.4%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		86.3%	79.3%	67.9%	77.0%	78.9%	73.8%	80.9%	64.8%	71.8%	77.9%	68.8%	67.8%	72.6%	71.6%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		34.5%	37.6%	34.4%	42.3%	47.9%	49.1%	40.4%	38.2%	36.3%	30.1%	32.2%	31.7%	32.2%	32.5%
Dementia - Find - monthly report	Trustwide	>90%		84.4%	89.2%	96.6%	94.4%	97.7%	94.8%	98.0%	95.0%	96.7%	96.9%	97.4%	97.8%	97.2%	97.2%
LOCAL PERFORMANCE FRAMEWORK 1																	
Number of Clostridium Difficile cases reported	Trustwide	<3		4	2	4	2	3	1	1	5	2	5	2	5	8	22
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		80.1%	75.1%	74.8%	83.6%	78.9%	77.1%	89.6%	85.1%	67.7%	83.9%	83.0%	71.3%	54.3%	72.5%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		100.0%	95.9%	97.8%	86.6%	94.0%	75.0%	96.3%	95.2%	61.9%	54.1%	56.7%	91.0%	77.8%	66.7%
Cancer - 28 day faster diagnosis standard	Trustwide			72.4%	66.6%	72.7%	75.3%	75.9%	72.2%	77.3%	75.0%	75.6%	75.6%	76.0%	76.4%	78.6%	76.4%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%		97.3%	97.4%	97.7%	99.0%	97.5%	97.5%	98.8%	99.0%	97.4%	96.7%	98.5%	97.5%	98.2%	97.7%
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%		100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%	98.6%	100.0%	100.0%	100.0%	100.0%	99.8%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%		100.0%	100.0%	100.0%	98.0%	96.0%	100.0%	100.0%	100.0%	98.5%	100.0%	97.0%	98.3%	96.4%	98.0%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		91.3%	100.0%	93.3%	96.3%	93.3%	96.4%	97.0%	84.8%	100.0%	96.7%	97.7%	100.0%	97.1%	98.3%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		100.0%	100.0%	60.0%	75.0%	66.7%	77.8%	83.3%	100.0%	75.0%	73.3%	85.7%	78.6%	93.3%	81.8%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			9	9	8	13	14	11	6	15	15	17	10	10	13	13
RTT 52 week wait incomplete pathway	Trustwide	0		745	892	1141	1277	1435	1570	1823	2041	1895	1596	1562	1648	1799	1799
On the day cancellations for elective operations	Trustwide	<0.8%		3.4%	1.7%	0.7%	0.9%	1.2%	1.1%	3.0%	2.4%	1.6%	0.3%	1.2%	1.7%	0.5%	1.4%
Cancelled patients not treated within 28 days of cancellation *	Trustwide	0		3	29	4	1	1	5	6	8	6	11	3	10	17	57
Bed Occupancy	Overall System	80.0%		86.7%	91.6%	82.4%	90.5%	89.8%	94.4%	93.4%	99.5%	94.2%	96.1%	98.0%	97.4%	98.5%	96.9%
Number of patients >7 days LoS (daily average)	Trustwide			89.3	94.9	94.0	95.4	95.1	109.5	114.2	98.2	97.0	104.5	120.5	129.4	154.4	106.8
Number of extended stay patients >21 days (daily average)	Trustwide			13.3	15.2	17.1	16.7	14.0	20.8	27.8	19.9	15.2	21.3	25.0	26.3	41.5	20.3

	ISU	Target	13 month trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Year to date
LOCAL PERFORMANCE FRAMEWORK 2																	
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		46	59	73	38	138	75	82	94	90	128	380	421	266	1285
Ambulance handover delays > 60 minutes	Trustwide	0		3	0	14	1	19	15	20	32	19	26	173	165	120	503
A&E - patients recorded as >60min corridor care	Trustwide			0	0	0	0	0	0	0	0	0	0	0	0	0	0
A&E - patients with >12 hour visit time pathway	Trustwide			1	10	16	4	18	18	27	28	14	46	246	438	534	1278
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0		0	0	1	0	1	2	3	5	2	3	32	157	188	382
Number of Clostridium Difficile cases - (Acute) *	Trustwide	<3		5	2	4	2	2	1	1	4	1	3	2	4	7	17
Number of Clostridium Difficile cases - (Community)	Trustwide	0		2	0	0	0	1	0	0	1	1	2	0	1	1	5
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		70.9%	61.1%	69.0%	64.1%	66.2%	66.9%	62.0%	64.6%	60.4%	59.5%	57.5%	60.6%	74.1%	62.1%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		43.7%	35.0%	41.4%	41.6%	32.4%	47.4%	30.9%	41.0%	25.5%	33.1%	32.4%	34.2%	46.6%	34.4%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%		90.9%	72.7%	100.0%	90.9%	86.4%	81.8%	95.5%	81.8%	86.4%	90.9%	100.0%	95.5%	100.0%	94.5%

	ISU	Target	13 month trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Year to date
NHS I - FINANCE AND USE OF RESOURCES																	
Capital Service Cover	Trustwide	2															
Liquidity	Trustwide	4															
I&E Margin	Trustwide	1															
I&E Margin Variance from Plan	Trustwide																
Variance from agency ceiling	Trustwide	1															
Overall Use of Resources Rating	Trustwide																
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide			1297	1220	-23	1420	2378	3635	937	3180		2623	2551	2438		
Agency - Variance to NHSI cap	Trustwide			0.49%	0.38%	-0.10%	-0.20%	-0.20%	-0.20%	-0.20%	-0.25%		-1.40%	-1.80%	-2.10%		
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide																
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide			532	-236	1686	5147	6653	9748	11822	2305		2004	3206	4292		
Distance from NHSI Control total (£'000's)	Trustwide			0	0	112	1493	1858	3993	1179	655		2690	2621	2638		
Risk Share actual income to date cumulative (£'000's)	Trustwide			0	0	0	0	0	0	0	0	0	0	0	0		
ACTIVITY VARIANCE vs 2019/20 BASELINE																	
Outpatients - New	Trustwide			-15.8%	-3.2%	-5.6%	4.5%	-0.9%	-21.7%	-14.0%	26.8%	-5.3%	-15.9%	0.2%	-21.1%	-15.4%	-11.7%
Outpatients - Follow ups	Trustwide			-24.3%	-15.0%	-23.8%	-18.5%	-8.5%	-25.3%	-17.0%	16.8%	-7.9%	-13.1%	-0.9%	-13.2%	-10.5%	-9.2%
Daycase	Trustwide			-23.9%	-14.4%	-21.9%	-18.9%	-9.4%	-29.8%	-23.5%	9.1%	-8.9%	-20.5%	5.1%	-12.3%	-19.7%	-11.5%
Inpatients	Trustwide			-30.6%	-10.4%	-37.7%	-33.8%	-9.9%	-33.4%	-44.8%	-18.8%	1.8%	-19.8%	-15.4%	-33.4%	-35.9%	-21.2%
Non elective	Trustwide			-7.0%	-1.3%	-9.7%	-15.4%	-13.3%	-20.2%	-16.5%	18.0%	4.5%	3.8%	8.1%	3.9%	-4.5%	3.1%
INTEGRATED CARE MODEL																	
Intermediate Care Referrals (All)	Trustwide			410	471	425	423	494	473	464	502	590	564	574	539	0	
Intermediate Care GP Referrals	Trustwide			82	96	90	83	106	106	98	95	94	79	81	77	0	
Average length of Intermediate Care episode	Trustwide			13.158	21.333	14.744	10.846	11.798	12.237	12.336	12.498	11.735	12.593	12.42	16.107	0	
Total Bed Days Used (Over 70s)	Trustwide			7229	8613	8677	8211	8796	9271	8636	9898	9713	8593	4035		0	
- Emergency Acute Hospital	Trustwide			4786	5220	5566	5202	5522	5575	5561	6021	5257	4953			0	
- Community Hospital	Trustwide			2224	3208	2943	2606	2844	3172	2461	3353	3268	2981	3240		0	
- Intermediate Care	Trustwide			219	185	168	403	430	524	614	524	1188	659	795		0	

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: End of Life Annual Report 2020/21			Meeting date: 29 September 2021
Report appendix	Appendix 1: EOL Governance Structure Appendix 2: NHS Benchmarking Network publication		
Report sponsor	Chief Nurse		
Report author	EOL Lead Nurse System Director for Nursing and Professional Practice (Torbay) EOL Education Lead Consultant in Palliative Medicine Palliative Care Lead Nurse		
Report provenance	End of Life Group.		
Purpose of the report and key issues for consideration/decision	The purpose of the report is to provide assurance to the Trust Board around the programme of work aligned to the strategic priorities for End of Life Care (EOLC) as set out in the national and Integrated Care System EOL program. The report will highlight the work streams aimed at delivering high quality of care to individuals and their families at end of life and how we review and monitor care provided. The report highlights the importance of working with health and care partners collaboratively across the system to achieve high quality end of life care for our local population.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Trust Board is asked to receive and note the End of Life Annual Report.		

Summary of key elements

Strategic objectives supported by this report

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

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

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

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

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1. Introduction

The paper provides the Trust Board with assurance of the programme of work aligned to End of Life Care (EOLC) across the organisation and includes the achievements and challenges during 2020/21.

End of life care is delivered across the whole organisation by our nurses, support workers, doctors and allied health professionals in a range of care settings. The strategic leadership for palliative and end of life care aligns to Paignton and Brixham Integrated Service Unit (ISU) alongside long term conditions, cancer care services and Specialist Palliative Care. The delivery model supports the aim to provide seamless care across the whole pathway, achieved through collaborative working across services and teams within the organisation and our local health and care partners.

EOL care is delivered in various settings including the persons own home, which may be a care home, the local hospice, Rowcroft, or within the acute or community hospital setting. During 2020/21 the global COVID-19 pandemic resulted in the Trust EOL care group setting up and leading a bespoke working group with our local partners. This group developed an agile and responsive plan to EOL care provision to ensure we had the capacity and capability to provide high quality EOL care during an evolving pandemic.

The impact of COVID -19 for patient experience and the experience of families and loved ones and our own staff cannot be underestimated. There were nationally directed restrictions on visiting with limited compassionate visiting for EOL care in hospital settings. This was adapted and changed during 2020/21 as a greater understanding and knowledge of the disease process and transmission emerged. Staff in the community and our hospital wards developed ways for family and loved ones to communicate such as the use of iPad's. This was very different model of care from what would normally be provide, where open access and the opportunity to enable families and loved ones to be together as a person reaches the end of their life and the impact was felt by all.

Our focus has continued to be on providing high quality EOL care to our local population in their place of preference where possible and deliver this with care and compassion.

2. The National Strategic, Regional and Local Priorities

2.1 The National Work streams set out below set out the six national workstreams for palliative and End of Life Care that underpin the regional (Devon ICS) and our local objectives.

The following are the six national workstreams for PEoLC that will consider the following: all age approach to PEoLC, working with people of lived experience and reduce health inequalities and inequities of access to services

1. **Clinical Excellence** - Outstanding clinical care based on best available evidence to ensure personalised palliative and personalised care for all ages in all settings	• Increased identification in last 12 months • Syringe driver capacity • Getting to good programme
2. **Commissioning, contracting & finance** - Explore, make recommendations and support development of CCF arrangements, to increase choice, flexibility and control to the person, ensuring optimal use of funding	• Assess regional maturity • Funding and contracting models • Guidance and resources
3. **Digital** - Establish a clear digital blueprint for the, definition, development and implementation of information standards for PEoLC in England	• EPaCCs/ equivalent • National capacity tracker for hospices • Metrics and national dashboard
4. **Patient Experience** - Utilise levers and incentives available to systematically embed the requirement to understand and learn from patient experience into the commissioning and delivery of PEoLC services	• Toolkit to support patient experience data • Learning from COVID-19 surveys • National Voices Options
5. **Workforce** - Develop a world class PEoLC workforce that is confident, capable and responsive to the needs of the individual. Ensuring sufficient staff levels across all relevant roles; confident and capable staff; and leadership capability and capacity at a local level	• Recruitment and retention scope • Goals of care • PCSP/ SDM training
6. **Stakeholder Engagement & Comms** - Overseeing the development and delivery of a strategic approach to communications and engagement across the national programme, and into the regions	• Regular touchpoints internally/ externally • External communications activities/ products • Stakeholder matrix

Regional PEoLC Networks - Delivery of the above through 7 regional networks each with an identified regional SRO, ICS/ STP SRO, Clinical Lead, Regional network manager. The activity within these networks will reflect at a local level the national priorities

2.2 The Integrated Care System EOL care ambitions for 2021/2026 are aligned to the "Ambitions for Palliative and End of Life Care – a national framework for local action" (May 2021) and include six ambitions set out below:

2.3 The Trust End of Life Strategy for 2021 -2024 has been refreshed and outlines the proposed overarching ambitions and direction of travel for Integrated Care across Torbay

and South in how End of Life Care (EoLC) should be provided regardless of service area or provider.

Our Goals:

- Provide high quality care to people approaching end of life
- Work in partnership to establish and support preferences for individual's end of life care
- Promote living well and as independently as possible
- Support people who are important to each patient
- Ensure equitable care to everyone at the end of their life regardless of their life limiting condition, care setting, social circumstances, life choices, culture and religion
- Work with specialist, acute, primary and community care providers to provide seamless patient journey
- Provide support & education to all our staff providing EOLC

2.4 The six ambitions for the STP/ICS for 2020/21 remained unchanged from 2019/20 due to the global pandemic.

1. Early Intervention: Advance Care Planning and Treatment Escalation plans
2. Care is Coordinated through health and social care teams
3. Rapid access to 24/7 medical, nursing and transport support to manage symptoms
4. People caring for you are confident, competent and compassionate
5. Access to personal care at home
6. Information and support for your family and significant others.

2.5 The End of life ICO group priorities align to the regional and national priorities and in 2020/21 due to the impact of the COVID pandemic these remained unchanged included:

- Consolidate adoption of the draft EoL Care Locality offer within the Integrated Service Units. (2)
- Roll out End of Life documentation to Community Hospitals and community teams (2,4)
- Develop EoL audit programme to include participation in National audits, and locally driven audits. (2,3,5,6)
- Develop a plan to improve recognition of patients likely to be in the last year of life (1)
- Understand the patient/carer and family experience of EoL care delivered by the ICO (6)
- Understand the perspective of staff who provide care at patients' EoL. (4)

3. Governance and Leadership (See Appendix 1)

3.1 The EOL Trust group report to the Quality Improvement Group (QIG) which reports to the Quality Assurance Committee and Trust Board.

3.2 The System Director for Nursing and Professional Practice (Torbay) provides strategic leadership of the EOL agenda and delivery is supported by the Consultant in Palliative Medicine and EOL lead nurse.

3.3 Externally the EOL ICO group links with the South Devon EOL Committee that reports to the STP/ICS EOL group led by the Clinical Commissioning Group. (Appendix 1)

4. End of Life Activity.

4.1 The data collected is based on people cared for either in our hospitals or at home who have been identified and the Blue Butterfly symbol initiated and end of life care plans implemented. This symbol and the EOL care plans are adopted when we are anticipating a person is approaching the end of life. Not all people who die are anticipated and therefore the blue Butterfly is not always initiated.

4.2 Across the Trust, EOL care is delivered in various settings including the persons own home, which may be a care home, the local hospice, Rowcroft, or within the acute or community hospital setting. From April 2020- March 2021 **654** people received end of life care in our hospitals an increase from 2019/20 of 140 people. Each individuals' circumstances will vary and the reason for admission is initially not for end of life care. We continue to focus on the importance of advance care planning and treatment escalation plans that reflect individuals wishes. **79** people who reached end of life were transferred home from hospital to meet their place of preference wishes for end of life care this is a decrease of 12 people from 2019/20. This reduction could be for a number of reasons including the ability of families to travel freely during covid restrictions to support their loved ones.

4.3 Many people die at home and receive their EOL care in their own home, in 2020/21 the care delivered in the community was provided by community nursing and other services to **482** people living in our community. In 2019/2020 450 people received EOL care in their own home and therefore an increase in EOL care in the community. The difference in data from 2019/20 and 2020/21 is likely to have been impacted by the global COVID 19 pandemic.

5. Performance and quality

The end of life care provision was last inspected by the Care Quality Commission for community and acute services in 2018.
The community end of life care was rated "requires improvement" overall which included "requires improvement" for safe, effective and well led and "good" for caring and responsive.
To address the areas requiring improvement a range of focused work overseen through the EOL group has progressed:

Safe: A number of areas for improvement were identified some were organisational wide such as mandatory training being up to date. One finding was a lack of personalised care plans in community hospitals and community setting and the EOL Blue Butterfly care plans have been fully implemented. This has been recent in the community setting and work continues to embed use alongside electronic recording in systmOne (see 5.3.6)

Effective: The need for EOL specific training was identified which has resulted in EOL ambassador training, syringe pump training and verification of expected death training (see 5.2). Participation in external audits was also identified and the community hospitals form part of the annual National Audit of Care at End of Life (NACEL) currently being undertaken. (5.1.1)

Well led: The inspection identified that EOL governance across the organisation was not well understood. This has been enhanced through a strategic clinical leadership from the System Director of Nursing and Professional Practice (Torbay) an Associate Director of

Nursing and Professional Practice who holds the portfolio and a matron EOL lead. The governance framework is set out in this paper(appendix 1)

Acute services end of life achieved “Good” overall and across the five key lines of enquiry. This included “requires improvement” for safe and “good” for the other four domains, effective, caring, responsive and well led.
To address the area identified in the CQC inspection in 2018 in relation to safe there were two key areas, staff not keeping comprehensive records of patient’s care and treatment. Since the inspection the Trust has implemented the EOL care plan which is clearly identified with the Blue Butterfly symbol across our inpatient acute site. The EOL care plan includes all aspects of care at EOL including the two areas within the inspection report where we could improve, pain management and spiritual, cultural needs. The palliative care nurse specialists audit monthly as set out in this report to strive for continual improvement (see 5.1.2) noting spiritual cultural needs still needs an on- going focus. Advanced Care planning was also an area highlighted for improvement. This report demonstrates the current work progressing to enhance and improve our offer in relation to Advanced care planning (see 5.3.3)

There were two must do requirements. In our acute hospital the need to ensure care planning documentation is used consistently to assess and plan the needs of palliative care and end of life patients. The report below reflects further work completed in 2020/21 to enhance care plans. In community EOL it was to ensure Mental Capacity Act 2005 was complied with, and the trust continues to strive to ensure staff complete the required training and enact the requirements of the Mental Capacity Act within their practice when required.

The Trust has now agreed that all practitioners working with people using our services will undertake MCA training at various levels dependent on their role. The scoping exercise identified which staff groups are required to undertake specific levels of MCA training and staff are currently completing this training which is recorded on the HIVE and reported to the MCA group within the Trust. Improving levels of understanding of MCA across the Trust will enhance EOL care across the organisation and the experience of the care we deliver to our local population.

The report below sets out the achievements and lessons learnt over 2020/21.

5.1 Audits

5.1.1 National Audit of Care at the End of Life (NACEL) 2020

This yearly audit forms part of the National Clinical Audit Programme and looks in detail at a sample of deaths in acute and community hospitals. In 2020, due to the COVID -19 pandemic, the audit was suspended. The Trust was asked to present at the NACEL Regional Findings Webinar on 22/10/2020 to share good practice and innovation from the 2019 audit and our response to the COVID-19 pandemic. On the basis of our presentation we were asked to produce a case study for publication on the NHS Benchmarking Network members pages. (Appendix 2). The National audit for 2021 is currently in progress and will look at deaths between 1 April – 31 August 2021. The results will be reported to the Board next year.

5.1.2 EOL documentation Quality Review

The documentation reviewed are the Individualised EOL care plans (butterfly packs) and syringe pump administration checklists.

The acute Inpatient bed-based care plans and syringe pump checklists are reviewed by the specialist palliative care team. The community bed-based care plans are reviewed retrospectively each quarter by the EOL education team, however in the year 2020/21 quarterly audits were not possible due to COVID restrictions affecting access to the medical records department and EOL education team member reassigned to the clinical service. To gain assurance on the quality of care provided during this time a retrospective quality review of the EOL documentation for patients who died in the community hospitals during February and March 2021 was completed. The results were compared to the previous review for the same months in 2020.

In the acute inpatient areas, due to COVID restriction for access to wards in line with infection prevention and control requirements, the team were unable to fully complete audits of each ward each month, therefore, audits were completed at times when the palliative care team were within the wards supporting EOL care and support to wards.

The themes identified to date include:

- Community hospital documentation reviews in August 2019 showed a reduction in the use of the EOL care plans. Following a re-launch of the care plans at each site in January 2020, the use and completeness of the documentation had improved in the February / March 2020 review. This improvement was maintained as seen in the quality review in February / March 2021

- Within community hospital Inpatient care, the medical teams not using the multi-professional communication pages in the care plan but recording in the medical notes remains an issue, and this has been highlighted to medical colleagues as an area for improvement.

- Quality of the completion of the care plan, this has improved since the initial care plan launch. The detail within each of the personalise care plans is consistently more thorough, this is helped by the ward managers receiving specific detail regarding the quality of the care plan reviewed and the audit date, their feedback to the teams was then more focused and has led to consistent improvement in completion

- Timeliness of commencing the care plan forms part of the National audit, which is currently taking place and will be reviewed once the data is published.

- In the acute inpatient areas, the care plan documentation is mostly filled in fully and correctly. An ongoing theme that appears to be missed is spirituality. This can sometimes be due to unconscious patients with no family present to ask particularly during the COVID period where no visitors were present. As changes in visiting although restricted are in place and more novel ways of contacting families this is being addressed.

- The current Community Hospital Syringe Pump Administration Record includes a basic check of medication delivery, which in most cases was completed 4-hourly but is limited to time remaining and site check, rather than the required 9-point

check (SOP Use of the McKinley T34 Syringe Pump CG1719). The checklist used in the Inpatient areas of Torbay Hospital has recently been updated and once approved by the Heath Records Committee will be rolled out across the community hospitals to support consistency.

- When a care plan or syringe pump checklist is noted to not be complete it is brought to the attention of the practitioner in charge of the patients care (as able). The paperwork on which we document the review, notes how many times each care plan is reviewed. If a care plan is reviewed more than once and on two occasions information is missing, this is flagged up to ward managers as a potential training issue

Moving forward into 2021/22 it is planned for all the inpatient areas across the Trust to complete the EOL documentation reviews for their own areas. This change will be supported by the Palliative and End of Life Care Team and will include the adoption in the community inpatient areas of the syringe pump checklist currently used only within the acute areas, thus standardising documentation for EOL care across the Trust.

5.2 Education and Training

At the end of 2020 the End of Life Education Team integrated with the Hospital Specialist Palliative Care Team. Having the skills and knowledge of specialist nurses who are current in their practice delivering education will be beneficial not only for the learner but for the Clinical Nurse Specialists (CNS) professional development. Training and education are bookable via the HIVE or through direct team contact. The team provide bespoke in time training where required to wards.

5.2.1 Staff syringe pump training and Verification of Expected Adult Death (VoED) training and compliance

Over the past year despite a high vacancy factor and redeployment to the clinical team to help meet the COVID-19 response, the EOL Education Team has been able to maintain a number of regular but mainly ad hoc training, in respect of T34 syringe pumps and Verification of Expected Adult Death (VoED). This has been for registered nursing staff across the Trust and care home sector (Tier 2).

To enable us to deliver ‘face to face’ training for staff new to the skills, we maintained safe distancing at a variety of venues by reducing the number of attendees per session. This resulted in more frequent delivery of the training sessions, particularly in April and May 2020, to meet the increased need.

Many of those trained since April 2020 have been staff reassigned to clinical areas they were unfamiliar with or staff new to post who required a rapid response to their training needs. Over a six-week period the EOL Education Team helped prepare 49 RN’s for their new roles.

For more experienced staff, who had previously completed training in VOED and syringe pumps, it was agreed for the duration of the pandemic they could complete online training instead of the usually required 3 yearly ‘face to face’ update. To facilitate this, eLearning was added to the Hive in the form of video updates. From 7/5/20, when it was introduced, 35 community staff (including those working in the community hospitals) have completed the eLearning VOED course and V2 Syringe Pumps have been completed 258 times.

As part of the covid effort the Trust increased the number of syringe pumps by 100 and these were a V3 model that required changes to training programmes that were successfully achieved across the Trust. The medical electronic trainer worked in partnership with the team to achieve this.

5.2.2 Ambassadors

There are currently approximately 35 EOL ambassadors across the Trust both in community nursing teams and ward -based nurses. The role remit is to represent and increase EOL care and brand awareness.

Since COVID the ambassador leads have developed and maintain communication via MS teams which has been received well. Review of the individuals experience, learning and continued practice is collected through drop in sessions on Microsoft teams. Ongoing support for the EOL Ambassadors programme, in partnership with Rowcroft Hospice, will focus on maintaining the knowledge, skills and momentum of the first two cohorts over 2021. A third cohort is planned for Q2 2022.

5.3 Projects and Initiatives

5.3.1 Hospital Specialist Palliative Care Team 7 day working

NICE guidance and CQC have recommended 7-day face to face working for the Hospital Specialist Palliative Care Team. A change in working patterns allowed this to be achieved from March to May 2020 but was not sustainable on current staffing levels. A business case to provide face to face specialist palliative care in the longer term will be progressed during 2021/22 and has been delayed due to the COVID 19 pandemic. To ensure patients receive appropriate specialist palliative care 7 days per week, Rowcroft hospice provides specialist palliative care advice and support via a 24/7 telephone.

5.3.2 Heart Failure Project

Following on from the Heart Failure project in 2018/2019, there are fortnightly MDT meetings with palliative care, community and hospital and the heart failure team in attendance. This is now embedded as a sustainable change that support patients on a palliative care trajectory and facilitates forward planning of their care.
This also supports the heart failure team to forward plan for patients in the last 12months of life.

5.3.3 Advance Care Planning

Building on the four month project undertaken in Torbay hospital supported by winter monies in 2019/2020 where the project was undertaken to promote the benefits of Advance Care Planning conversations with patients in the Acute Hospital. A Clinical Nurse Specialist and a Cancer Support Occupational Therapist took 55 referrals over a four-month period.

The benefits of advance care planning identified:

- It helps to ensure people receive the care they actually want.
- It improves ongoing and end-of-life care, along with personal and family satisfaction.
- Families of people who have an advance care plan have less anxiety, depression, stress and are more satisfied with care.

- For healthcare professionals and organisations, it reduces unnecessary transfers to acute care and unwanted treatment.

The report produced from this pilot included a recommendation to set up an ACP Task and finish group. A research project led by the resident University of Plymouth researcher has recently been submitted to the Torbay Medical research Fund to build on this work.

The work has progressed during 2020/21 with the ACP Task and finish group that represent the Trust and other providers including Rowcroft hospice, and they are reviewing and in the process of developing the local Trust websites and resources.

Asking ourselves 'What matters to me?' helps us plan for the future. Our answers could be about family, jobs, holidays, education, where we live, what we eat, what we love to do... the list is long.

Knowing what matters can play a huge part in helping to make our lives enjoyable and worthwhile. 'What matters to me?' is still important at the very end of our lives, too. For most of us that's a long time away. But it's never too early to talk to our family and friends about 'What matters.'

Sharing with others helps to make sure that any help or care we might need in the future, when we're ill or facing difficulties, matches up with our preferences. It can help our family and friends to support us in our choices.

The community nursing teams work closely with General Practice and clinical nurse specialist at Rowcroft hospice to contribute to advance care planning.

5.3.4 End of life care traineeship

Rowcroft completed their project in April 21, led by Kerry Macnish. The project aimed to develop a new role: - a "Traineeship role in end of life care" in partnership with Macmillan, the aim being to offer a long-protected learning and development programme to develop a change agent role leading on palliative and end of life care in generalist areas of care.

Four of the six trainees from the Trust, DPT and Rowcroft all traversed ups and downs within their traineeship experiences despite the wide range of professional and personal impacts of Covid. All completed their work place quality improvement projects focusing on improving patient care, family support and bereavement and also developed work to support their colleagues understanding and experiences in end of life care pre and during the pandemic. There will be a celebration and display of their achievements at Rowcroft on Thurs 14th October 2021.

5.3.5 Dying Matters campaign

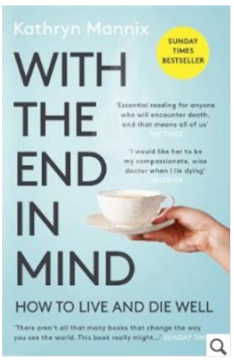
The week of 10 - 16 May 2021 marked Dying Matters Awareness Week – focusing on the importance of being In A Good Place to die.

The COVID-19 pandemic has put death and loss at the forefront of the nation's consciousness. Across the ICO we have encouraged and supported teams to be braver about talking about death, dying and bereavement during and beyond the National Dying Matters Awareness week.

Our 2021 daily themes shared on icon (the Trust's intranet) and through the Dying Matters social media explored what it means to be in a good place, and how you and your loved ones can plan for the end of life. They are:

- ***Physically (place of death, Advance Care Planning)***
- ***Emotionally (talking about death, making sure loved ones are cared for)***
- ***Financially (making a will, making funeral plans)***
- ***Spiritually (How different faith groups talk about and prepare for death)***
- ***Digitally (Looking at digital assets, social media, online banking)***

The EOL group also received a gift from a patient that wished to commission a seminar for staff working within the Trust and our local system partners via Microsoft Teams. On the 12th May 2021, we held the 'How do we talk about dying' seminar. This was led by Dr Kathryn Mannix, palliative care consultant and bestselling author of "With the End in Mind- How to live and die well" shared her wealth of experience and gave an insightful session on how we can better support patients and their families to think and plan ahead, in order to get the right care as the end of life approaches'.



Over 70 people attended and the feedback on the seminar was so positive that those attending wished to share this experience with colleagues that were unable to attend. With the consent of all participants the seminar is available via the HIVE, our training platform, for others to gain an insight into how as health and care professionals we can support people to plan.

5.3.6 EOL Care plan Roll out of the butterfly logo 

The EOL care plan is now being used in all bed-based Inpatient care in the acute and community hospitals. The Blue butterfly logo has replaced the gold star on SWIFT plus and is being used across all clinical inpatient areas. The change in logo aligns to the care plan logo and supports consistency for staff understanding which patients are in receipt of end of life care. In the last 12 months the blue butterfly and the associated documentation has also been introduced to community teams caring for people in their own homes which support consistency and understanding.

5.4 Patient Family and Carer experience

In 2020/21 achieving feedback from patients and carers on their experience of EOL care provided in various settings across the Trust has been challenging. This has been the case for a number of years but the progress we hoped to make in 2020/21 has been further compounded by the global pandemic and requires significant focus in 2021/22.

5.4.1 The EOL Trust group invited two relatives of one family to feedback on their lived experience which identified that our communication with families at the time of rapid deterioration to EOL for their loved one was not well communicated. From this opportunity the family have agreed to share their experience for future EOL training.

5.4.2 FAMCARE is a service evaluation of bereaved relatives' satisfaction with end of life care. Adapted from the national tool and through discussion with colleagues at Rowcroft hospice. The first evaluations will be sent in October 2021, which will ask for responses

from relatives where patients have died July to September, this will then continue on a quarterly basis going forward. Support by the clinical effectiveness team. Settings that will be included are:

- Acute bed-based care
- Community hospital bed-based care
- Patients who die at home/in the community

The FAMCARE tool is completed on a single occasions 4-12 weeks after the patient's death. The evaluation will be sent in the post with a generic covering letter and a return/freepost envelope addressed to Clinical effectiveness. this will be sent independently from other bereavement correspondence.

Quarterly reports will be produced, feedback to the individual areas, teams and services will be provided and this will be used to inform EOLC actions, support, education and enhancing our end of life care to our local population.

At the end of each year the data, learning and changes will be included within the board report.

This is a Trust wide evaluation and will require a trust wide approach and associated support and resource will need to be identified to ensure this is embedded and sustained.

5.5 Family and loved one support.

We know that talking about dying, death and bereavement is not easy. In response to this as part of the End of Life strategy and care provided across the Trust teams have developed and continue to provide a range of resources to help patients and their significant others to start a conversation, remember and help to make new and cherish life's memories. The resources are used across the Trust, with family, friends, or loved ones to help understand what to expect when someone is in their short months, weeks or days of life.

Included in the resources we adopt are:

Memory boxes: holds special things belonging to that person. It can help a person approach their final days with a sense of accomplishment and completeness, content and peace. The teams have helped to create boxes that include photos, some favourite music, letters, or a recorded message, a lock of hair, hand prints, perfume, aftershave our sense of smell is one of the most powerful ways to stimulate memories, these objects and messages can help remind families, children or loved ones of happy, sad & memorable times you spent together and offer some comfort.

Support for individuals to record a message – a message from the patient to their family, friends, we have helped patients make a collection of short videos using their phone.

Putting together a favourite music playlist: onto a CD or save them to a USB memory stick.

Wedding planners: The cancer CNS teams have helped to arrange short notice weddings – the use of the rose garden.

Visiting pets: last days of life spent with beloved pets, bringing comfort to the patient as their last wishes are fulfilled, treasured memories of last days of life for their family & friends

Prompt cards: Small cards with messages on them could include details of your favourite things. Examples include: 'I love you because...', 'Thank you for…', 'When we are not together, what I miss most about you is…', or 'Remember when…'.
Compassionate hearts: started as part of the COVID response support and has been continued as a support for patients and bereaved relatives.

We will continue to build on the resource and ideas to support patients and their families and friends in the last phase of their life.

5.6 Spiritual Care at the End of Life

The Chaplaincy and Pastoral Care Department continued to provide spiritual support at the end of life for those patients and their families who requested it. The team are available 24/7, either in the main hospital or on call. This applies to our community hospitals as well as Torbay. In the 12 months from April 2020 to March 2021 chaplains recorded just under 300 visits to patients on an End of Life care plan, representing 12.5% of our total visits. The total number was greatly reduced compared to previous years due to reduced staffing at the height of the pandemic and restrictions on visiting throughout the year. It should be noted that very few of these visits took place in community hospitals.

Patients were offered a variety of sacramental, prayer and emotional support, according to their needs. For some, a Chaplain simply provided a safe space to look back over their life, talk through their decisions about care or express their fears for the future. The care offered is always spiritual, but not always religious, and wherever possible included support for family and friends as well as the patient themselves.

Offering the best care possible during the pandemic has been a challenge, but more important than ever, particularly when relatives have not been able to be present, but chaplains have been available at all times to support patients and staff whenever called upon.

5.7 Music therapy

From April 2019 the Towersey Foundation provided funding for the Music Therapist from Rowcroft hospice to offer support at Torbay hospital one day per week. The service was paused due to funding ending in March 2020. This also coincided with the start of the global pandemic. Since that time further fund raising has taken place through Rowcroft hospice to provide the same offer once the COVID pandemic allows easy access to patients and their families and we aim to reinstate this offer again in 2021/22.

5.8 Post card for staff feedback on EOL

The EOL postcards was an initiative developed and launched to provide staff the opportunity to give daily feedback about their experience of end of life care, the team, the environment. This has been relaunched this year as from measure and monitoring feedback, it was evident that the essence of the cards had not really been appreciated and understanding across the teams was varied. This has resulted in a limited response and return of the cards remains low.

The use of the cards has been reviewed and will from October 2021 run alongside the FAMCARE roll out so each clinical area will be asked to complete at the end of each quarter. The post card has been redesigned into FORMIC, an IT system, so the clinical effectiveness team can receive and produce a report that will be shared with the clinical

areas and help to inform the EOL care education programme and support for the clinical teams. It is hope that by doing this it will encourage returns from each area.

5.9 National Audit of Care at the End of Life (NACEL) 2021 Quality Surveys

A letter asking for feedback on carer experience forms part of the 2021 NACEL audit, the results of which will be form part of next year's board report.

6. COVID-19 response

6.1 Community EOL COVID -19 response

At the outset of the COVID 19 pandemic in March 2020 a system wide End of Life community task and finish group was set up across Torbay and South Devon. This has been a collegiate working group that has included general practice, Rowcroft hospice, Marie Curie, NHS Devon CCG, care home visiting service and Torbay and South Devon NHS Foundation Trust. The group have successfully developed a model of end of life care provision that has the ability to increase capacity that will ensure high quality EOL care can be successfully provided. This group has forged strong links and has delivered significant achievements, demonstrating the benefits of collaboration through a shared vision to meet the needs of people in our community at EOL. The group met regularly between March 2020 and the end of June when numbers of COVID cases in our community reduced. The rise in cases later in the year led to the group being quickly and successfully reformed in October 2020 to readdress the action plan. The group continued to meet until 17th March 2021 when the case numbers again reduced.

7. Priorities achieved - 2020/21

7.1 End of life offer across our health community

Although leadership for end of life care (last year of life) sits within Paignton and Brixham ISU, it is delivered by multiple health and social care teams across our health community, including our partners in primary care, Rowcroft hospice, SWAST, Marie Curie etc. Our ambition is to deliver well-co-ordinated end of life care in all settings. In order to achieve this, the model for delivery of end of life care needs to be embedded in the day to day working of all health and social care teams. Access to information is key to achieving this and should be included in the IT strategy. Provision of education on the fundamentals of palliative and end of life care to health and social care professionals and volunteers is also fundamental to success. To this end, the Trust end of life work plan includes actions that support this ambition and staff members contribute to other important cross-community initiatives such as the Enhanced Health in Care Homes project and the Frailty & Healthy Ageing Partnership.

7.2 Roll out EOL care plan for people in their own home

This is part of the current work plan; a representative professional group was formed late 2020 to take this work forward that was initially planned in March then paused due to COVID commitment. This forms part of the workplan for 2021/22, implementation and start of the pilot was commenced in June 2021, early review and evaluation of the pilot end of September 2021.The pilot agreed to use the current in-patient bed based EOL Care plan, acknowledging that some changes may be required once the community teams had been able to use and share their thoughts on using this current document int the patient's home. The group aim to complete by January 2022 and then formally launch the completed Home care EOL care plan.

7.3 FAMCARE

Introduce a patient feedback tool (FAMCARE) for family and loved ones about their experience of the end of life care their relative received by the Trust was not achievable in 2020.21. We paused due to COVID and now plan to launch by October 2021 and each quarter for deaths with the 4-12-week prior to each core date to report into quarter 3.

7.4 The Purple Bereavement bag's

Every death matter's we only have one chance to get it right. We are working to ensure the best end-of-life and bereavement care, for all. From advocacy and education, to our vital services, bereavement support, we believe in the importance of dying well and grieving well.

"It didn't feel like a carrier bag was representative of the care and compassion that we give to families here at the Trust"

The implementation of the Purple Bags across all bed-based acute and community hospital care will enhance End of Life care and experience across the Trust by promoting respectful handling of patient property, which will mean a lot to our patient's relatives.

All in patient wards have a supply of purple bereavement bags and have posters displayed in their areas and are able to order on going supplies.

The bag is made from purple, laminated card with rope handles and a fold-over lid as shown and now in use across the Trust have standardise our approach to the bereaved via this Devon wide initiative.

7.5 Improve the recognition of people in the last year of life and advance care planning

In 2020/21 we continue to build on the work undertaken in the advance care planning pilot and enable staff to have courageous conversations to support individuals and families to consider their care wishes. As set out in section 4.3.3 and in the dying matter seminar in May 2021 led by Dr Kathryn Mannix.

7.6 Develop a model that enables staff feedback on providing EOL care

The post card system last year as stated above in section 5.7 resulted in limited feedback and in 2020/21 we will be working with our staff to consider options that will enable us to achieve meaningful feedback that can result in changes to improve EOL services where required. The use of the postcard is under review as part of the 2021/22 work plan and is intended to run alongside the roll out of FAMCARE to provide focused completion and comparable data, themes and then supported actions. The 2021 NACEL audit includes a staff feedback element which will be reported on in next year's report.

8. Conclusion

The report demonstrates the breath of work that supports end of life care and the importance of working collaboratively with a range of organisations, services and teams to feel confident and competent to provide high quality end of life care to our local population. Ultimately, stories and experiences are what End of Life Care, is about – getting people talking, listening and understanding so that we can ensure that people are in a good place when they die – physically, emotionally and with the right care and support that includes carers during and after their bereavement.

To focus on the need for data on patient and family experience of end of life care in order to understand where progress has been made and what gaps in care remain in the Trust. Participating in and learning from the findings of the National Audit of Care at the End of Life across the acute and community settings currently in progress will integrated into our programme of work.

To ensure that everyone has access to good quality end of life care, wherever they access that care and meet their needs is pivotal.

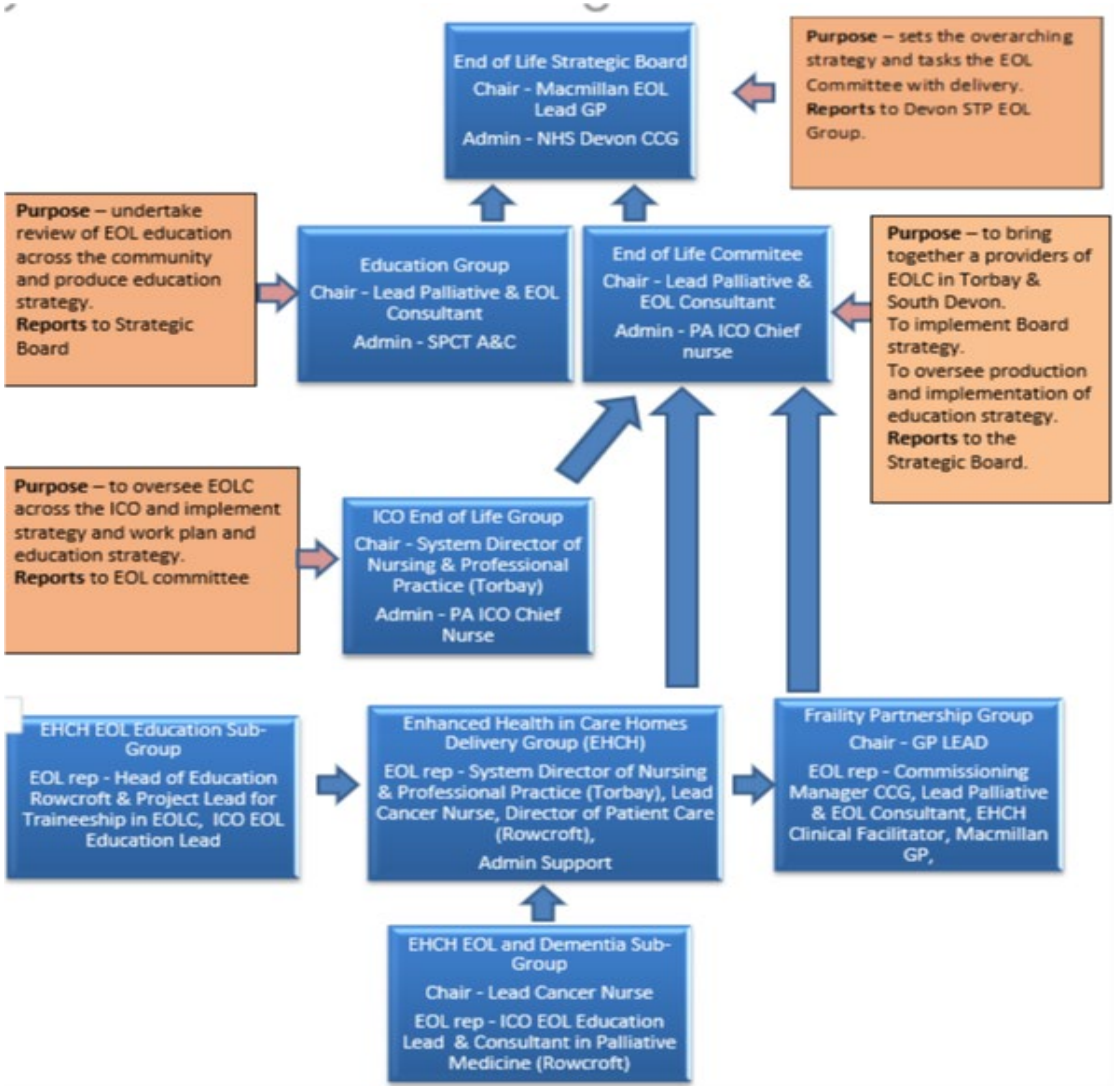
A number of initiatives have demonstrated benefit from undertaking pilots through the end of life group and with our partners we strive to achieve long term funding to embed change.

The COVID pandemic has strengthened our collaborative working with our partners to support individuals at end of life, their families and loved ones and our workforce and we will build on this going forward.

9. Recommendations

The Trust Board receive the report and acknowledge the breath of end of life work across the Trust. The report highlights the importance of working with health and care partners collaboratively across the system to achieve high quality end of life care for our local population.

Appendix 1 EOL Governance Structure



Appendix 2

NHS
Torbay and South Devon
NHS Foundation Trust

Benchmarking Network

WORKING TOGETHER TO SUPPORT OUR STAFF AND PATIENTS

How Torbay and South Devon NHS Foundation Trust developed resources for reassigned staff during the Covid-19 pandemic, delivering quality end of life care with the support of a system-wide collegiate working group.

Background

Torbay and South Devon NHS Foundation Trust is an integrated care organisation providing acute, community, and adult social care services. The Trust supports a resident population of approximately 375,000 people, and around 100,000 visitors during the summer holiday season. The Trust employs approximately 6,000 staff and has over 800 volunteers.

Torbay and South Devon comprise a significantly older and ageing population, with a large number of residential and nursing homes. The Trust have close links with Rowcroft Hospice, with shared Consultant posts and 24/7 advice line to all settings. In addition, GP Macmillan Facilitator posts provide vital GP attendance at end of life meetings to improve collaborative working.

Description of Initiative

End of Life (EoL) community task and finish group
At the outset of the Covid-19 pandemic in March 2020, a system-wide EoL community task and finish group was set up across Torbay and South Devon via MS Teams. The collegiate work group brought together General Practice, Rowcroft Hospice, Marie Curie, NHS Devon CCG, the care home visiting service, and Torbay and South Devon NHS Foundation Trust.

The shared vision to meet the needs of people in the community at the EoL has been facilitated through MS Teams. It demonstrates an enhanced collaborative team approach to drive forward care for this patient group.

The EoL community task and finish group have successfully developed a model of EoL care provision that has the ability to increase capacity where or when needed, and ensures that high quality EoL care can be successfully provided. This group has forged strong links and has rapidly delivered interventions.

Benefits

A selection of the group's achievements, include:

- Electronic transfer of syringe pump authorisation forms across primary care and community services
- Increased numbers of staff trained in syringe pump management and Verification Of Expected Death
- Increased numbers of staff trained in core EoL competences
- Education for non-medical prescribers in prescribing EoL medication
- Development of resources to support safe discharge of patients with Covid-19 or suspected Covid-19 back in to the community
- Support and resources for community hospitals receiving Covid-19 patients.

Compassion Hearts
Due to the challenges of visiting during the pandemic, the Trust introduced Compassion Hearts across the health community, including care homes. The knitted or fabric hearts are held by patients during their last hours or days of life and are then passed on to their families, along with the offer of a lock of hair. This

initiative will continue, and the Trust are grateful for the donation of so many hearts by staff and members of the public.

Film on symptom control for Covid-19 patients
The Trust's Digital Horizons Team supported production of a film to provide information and reassurance to staff who were reassigned from their usual areas of work to care for patients with Covid-19. The film consisted of a scripted conversation between the Palliative Medicine Consultant and a junior doctor on the principles of symptom control and EoL care for these patients. The film was made available on the Trust intranet (ICON) and also the Trust e-Learning platform as part of the Covid-19 staff resources.

Further work

The team will continue their cross-community EoL MS Teams meetings, which has achieved higher attendance than previous sessions. In addition, the commitment to EoL care at the Trust will be evidenced by:

- Ongoing education on EoL training for reassigned staff will continue
- Regular EoL newsletter for staff
- Staff feedback postcards on EoL care delivery experience
- Patient comfort packs donated by the League of Friends
- Ambassadors project – training programme on EoL care for staff from across the health community culminating in a quality improvement project within their own work place
- Adult Memory boxes donated by 4Louis charity

Deep Dive into 'This Is Me' Document

In 2018, a new care plan for patients at the end of life was developed to support ward staff in caring for patients in acute and community hospitals. As part of the suite of resources that was developed, a Personalised Plan of Care known as the 'This is me' document was included, filled in by the patient or relative. The aim of the document was to enable staff to care for the patient as an individual.

The information on the form includes the name that the patient likes to be known by, the names of important people in their life, current and past interests, a preference for company or quiet time alone, food and drink preferences and any other important information.

The document gives a rich insight into the person being cared for. The documents have allowed the ward team to better tailor care around the patient. Nursing staff feel that they can talk to patients about things that they enjoy while delivering care. Families have found filling out the form therapeutic and meaningful as the process often generates memories and laughter. On one occasion the discovery that a patient had a life-long love of music allowed referral to the music therapist.

NACEL supporting findings

Torbay and South Devon NHS Foundation Trust have been participating in the National Audit of Care at the End of Life (NACEL) and share how they have benefited from the national benchmarking metrics:

- Separate reports for acute and community hospital deaths have enabled production of separate improvement plans
- Audit of effectiveness of EoL care plan have guided care and documentation
- NACEL highlights areas for targeted education e.g. discussion of hydration and nutrition, side effects of drugs, recognition of dying
- The metrics allow monitoring of progress over successive NACEL audits.

Contact information

Dr Jo Sykes, Consultant in Palliative Medicine; Torbay and South Devon NHS Foundation Trust

Torbay and South Devon
NHS Foundation Trust

Report to the Board Trust of Directors			
Report title: Mortality Surveillance Score Card – September 2021			Meeting date: 29 September 2021
Report appendix	Appendices 1 – Hospital Mortality Appendices 2 – Unadjusted Mortality Rate Appendices 3 – Mortality Analysis Appendices 4 – Dr Foster Patient Safety Dashboard Appendices 5 – Focused Mortality Reviews		
Report sponsor	Medical Director		
Report author	Medical Director		
Report provenance	The report will go to the next Mortality Surveillance Group meeting on the 14 October 2021 and Quality Improvement Group Meeting on the 21 September 2021.		
Purpose of the report and key issues for consideration/decision	The report is for monthly assurance to ensure learning from deaths. The Hospital Standardised Mortality Rate (HSMR) showed a significant peak in April 2020 predominately due to a reduction in-hospital activity due to the first wave of Covid. The HSMR the then returned to within the expected range. The Summary Hospital Mortality Index (SHMI) for Q1 2020/2021 was higher than expected due to reduced inpatient activity during the first Covid surge. The weekly deaths show a rise in out of hospital deaths in some localities during the second Covid wave in early 2021. The total number of in-hospital deaths rose during March and April 2020 due to Covid. The number of deaths reduced during the summer months and in winter 20/21 were lower than average. Investigation into deaths coded as due to acute renal failure would suggest that the underlying acute illness should have been recorded as the cause of death rather than renal failure. During the reporting period of July to August 2021, there were no stillbirth, maternal or neonatal deaths. Child deaths for January to August 2021 are reported.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	To receive and note the Mortality Score Card		

Summary of key elements	
Strategic objectives supported by this report	

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

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

Board Assurance Framework	X	**Risk score**	20
Risk Register		**Risk score**	

BAF 4: To provide safe, quality patient care and achieve best patient experience

External standards affected by this report and associated risks

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

Report title: Mortality Surveillance Score Card – September 2021		Meeting date: 29 September 2021
Report sponsor	Medical Director	
Report author	Medical Director	

1.0 Introduction & Data Source

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

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

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

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

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

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

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

Safety Indicator		Data Source	Target	RAG
Appendix 1 • A. Hospital Standardised Mortality Rate (HSMR)	Mortality	Dr Foster 12-month average	Below the 100 line with an aim for a yearly HSMR ≤90	101.6
• B. Summary Hospital Mortality Index (SHMI)		DH SHMI data		
Appendix 2 • Unadjusted Mortality Rate • By number • By location		Trust Data ONS Data	Yearly Average ≤3%	3.36%

Appendix 3 • Mortality Analysis		Trust Data Dr Foster DH HSMR data	CUSUM alerts greater than 1 in last 12 months	CuSuM Flags Acute Renal Failure & Intestinal infections
Appendix 4 • Dr Foster Patient Safety Dashboard		Dr Foster	All safety indicators positive	All positive
Appendix 5 • Mortality Reviews and Learning		Trust Data		

2.0 Trust Wide Summary

The Hospital Standardised Mortality Rate (HSMR) is slightly above the expected level of 100 for our population for the last 12 months average although this is not statistically significant. The HSMR for March 2021 is 91.9, so better than expected.
The Trust has a slightly lower than average palliative care coding rate although this coding rate is stable over time whereas national and regional peers have seen a slight increase (3.8% vs a national average of 4.75%). The Trust also has a slightly lower than average Charlson co-morbidity upper quartile rate (96 vs national average of 100) but this has increased in the last year indicating an increasing level of clinical recording of co-morbidity and subsequent coding.
The weekly deaths show a rise in out of hospital deaths for some localities during January 2021 particularly Newton Abbot compared to previous years.
This report shows a continued increase in Medical Examiner (ME) activity as the service continues to roll out across the Trust and death scrutiny takes place. Medical examiners have referred deaths to the Coroner and for further local assessment by the Trusts' Clinical Governance process. Some of the metrics around ME scrutiny have deteriorated in August due to leave and sickness and this has been discussed with the Regional Medical Examiner.

Appendix 1 – Hospital Mortality

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

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

1A The HSMR is based on the *Diagnosis all* Groups using the December 2020 monthly benchmark and analysed by Relative Risk - Trend / Month

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

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

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Chart 1 - HSMR by Month April 2020 to March 2021 (latest month available)
Chart one (as below) shows a longitudinal monthly view of HSMR.

The latest month's data, March 2021, has a relative risk of **91.9** (basket of 56 diagnostic groups) and is below the 100 average although the confidence interval encompasses 100.

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

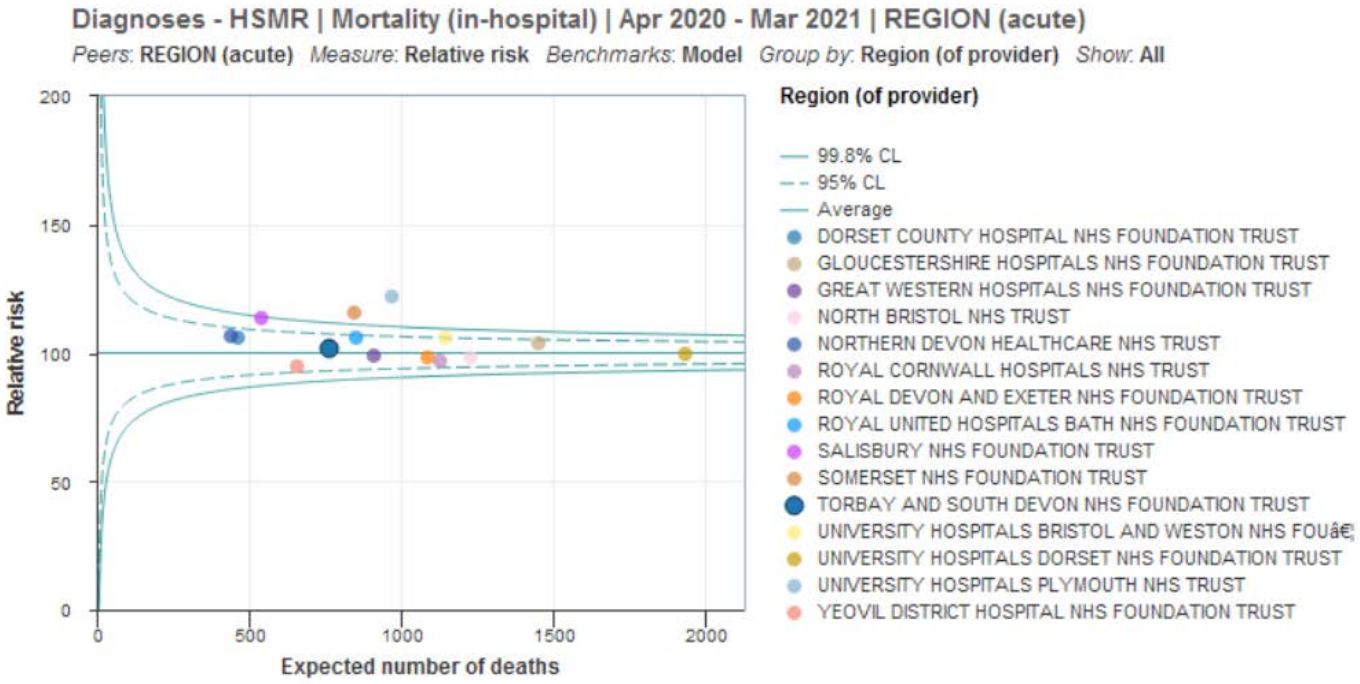
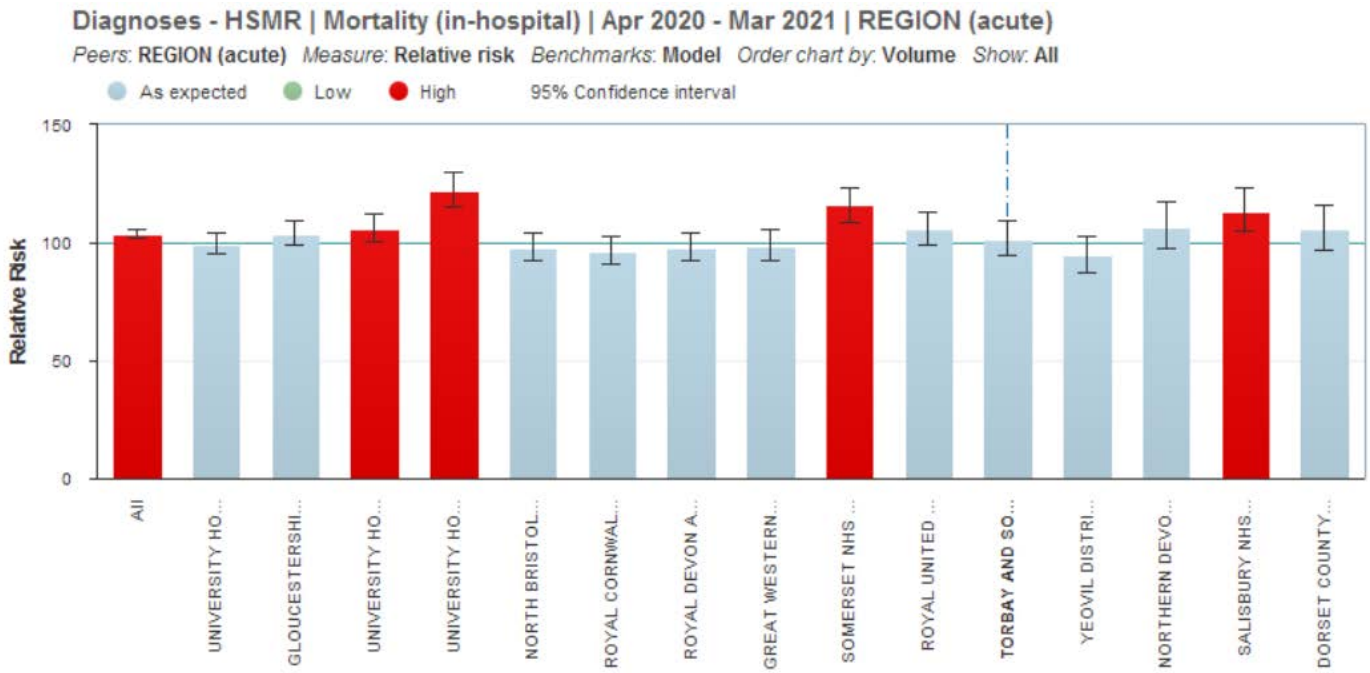


Chart 3 displays the above data as a 'Peer Comparison', and ranked as a bar chart.
The 12-month average HSMR is near the expected rate. Torbay and South Devon is not an outlier during this time period.



1B Summary Hospital Mortality Index (SHMI) Reporting Period March 2020 –February 2021

SHMI is derived from Hospital Episode Statistics (HES) data and data from the Office of National Statistics (ONS). SHMI is based upon inpatient deaths **and** deaths up to *30 days* post discharge from hospital and this is the main difference between SHMI and HSMR. The data is released on a **3 monthly basis** and is very retrospective, therefore, please note *the following data is based on the* **March 2020 – February 2021** *data period and is different to HSMR.*

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

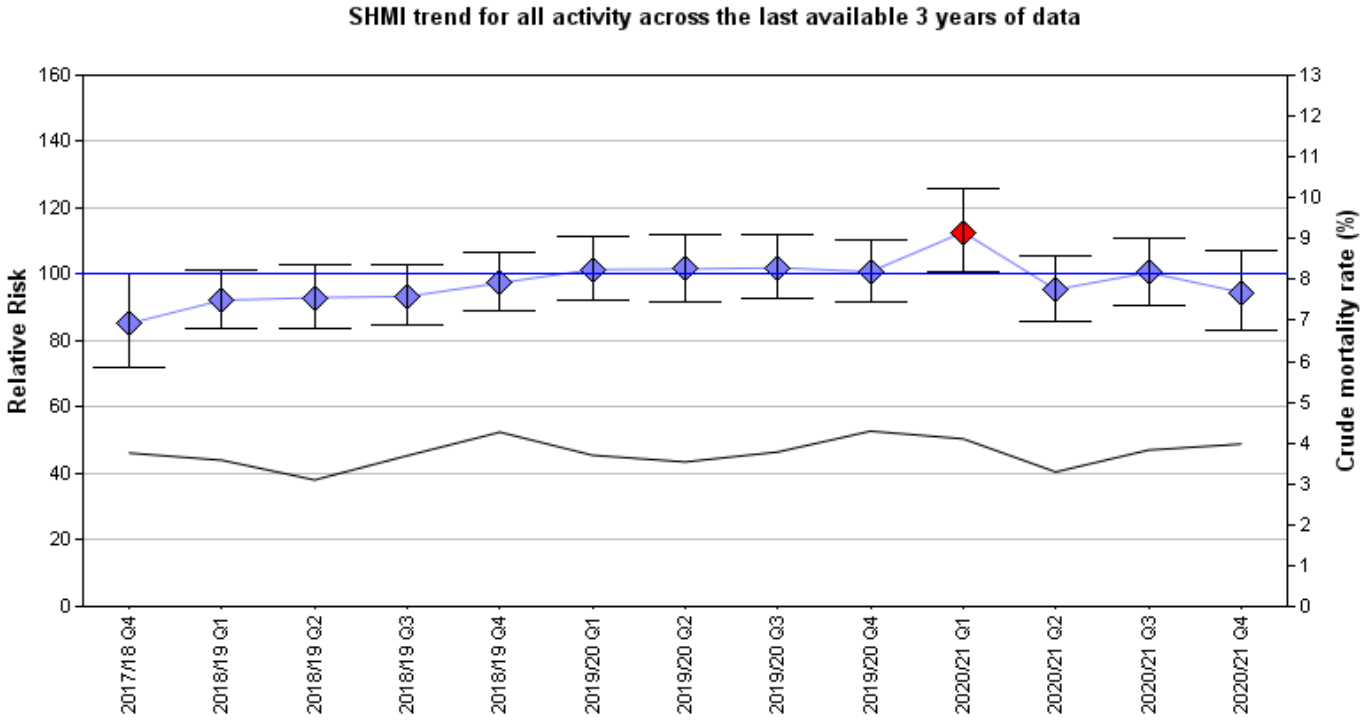


Chart 5 (as below) details - SHMI all deaths, SHMI in hospital deaths, and HSMR comparison, all within normal limits

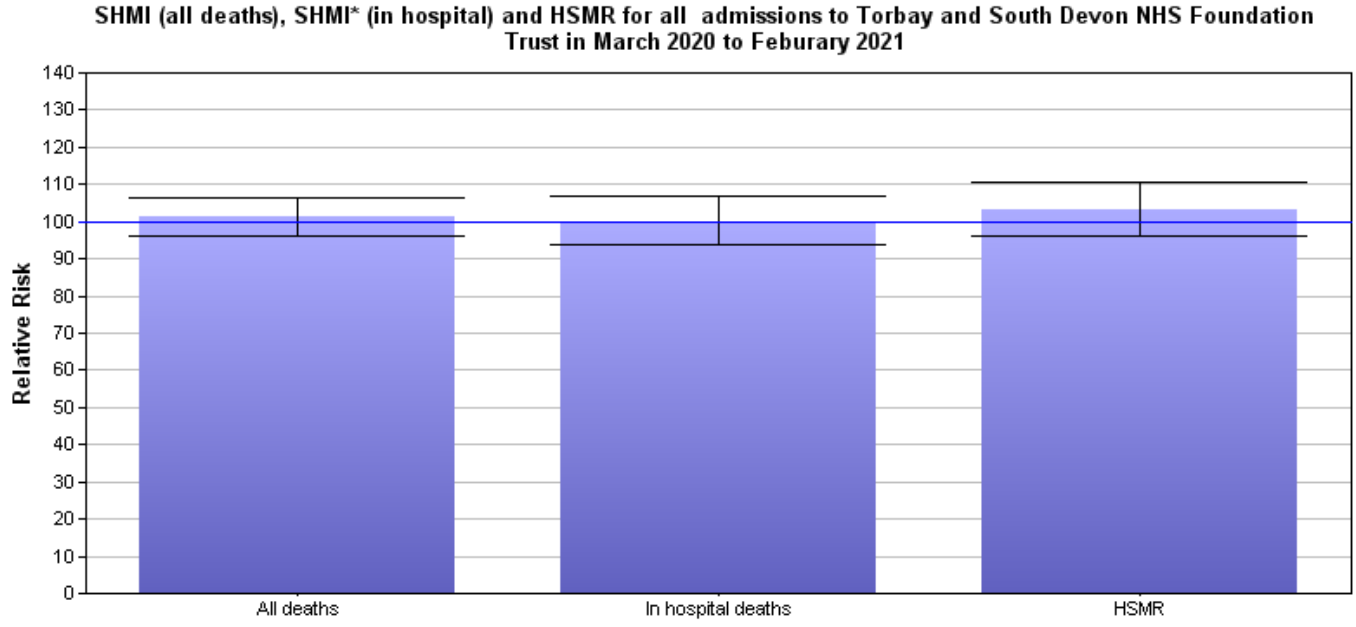
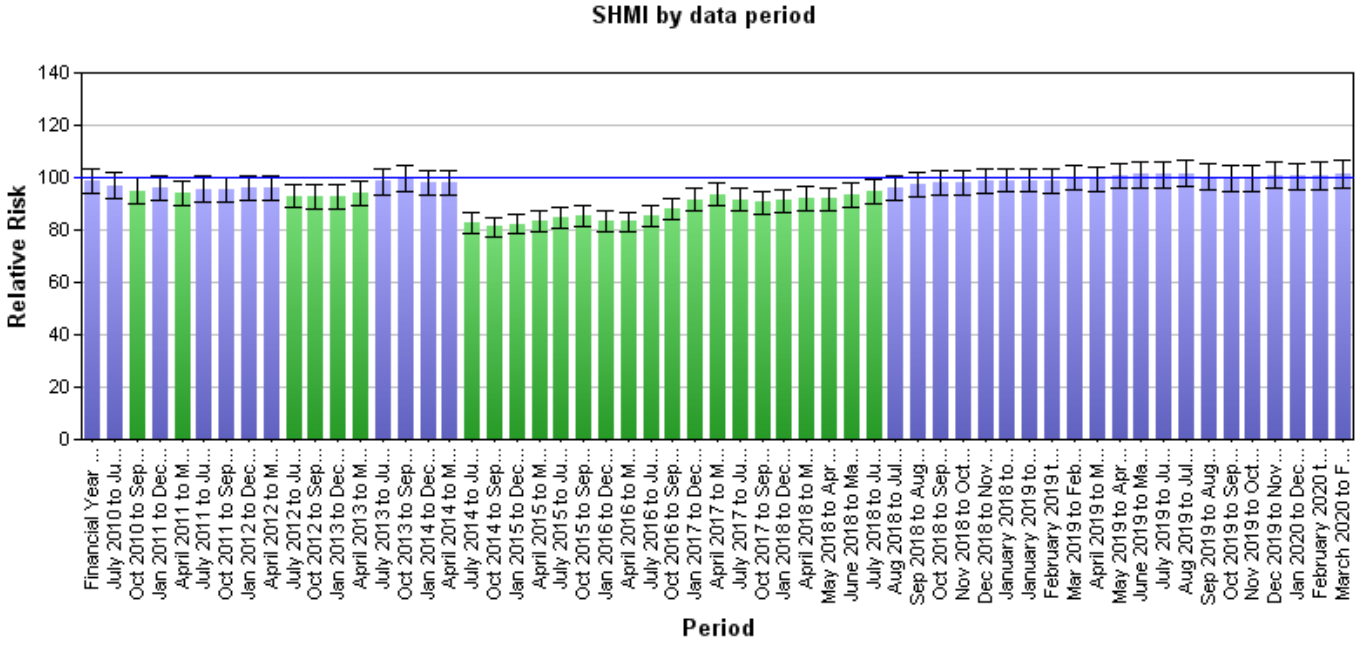


Chart 6, below, expresses the 12-month rolling SHMI data by time period. The mortality index is reporting the expected number of deaths during this time period.



Appendix 2 – Unadjusted Mortality Rate

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

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

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

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

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

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

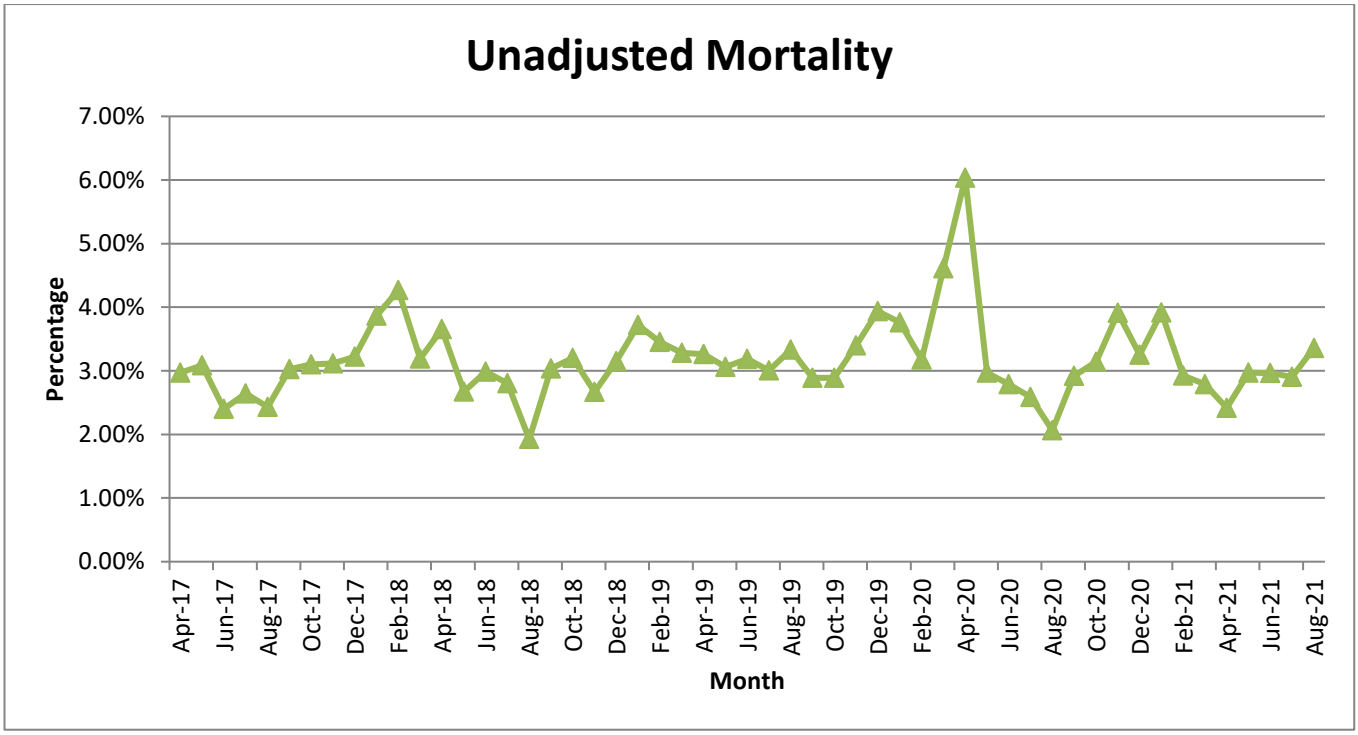


Chart 8 As below, indicates the monthly number of hospital deaths. This shows a rise in March and April 2020 partly due to Covid, before decreasing to very low numbers during Summer 2020.

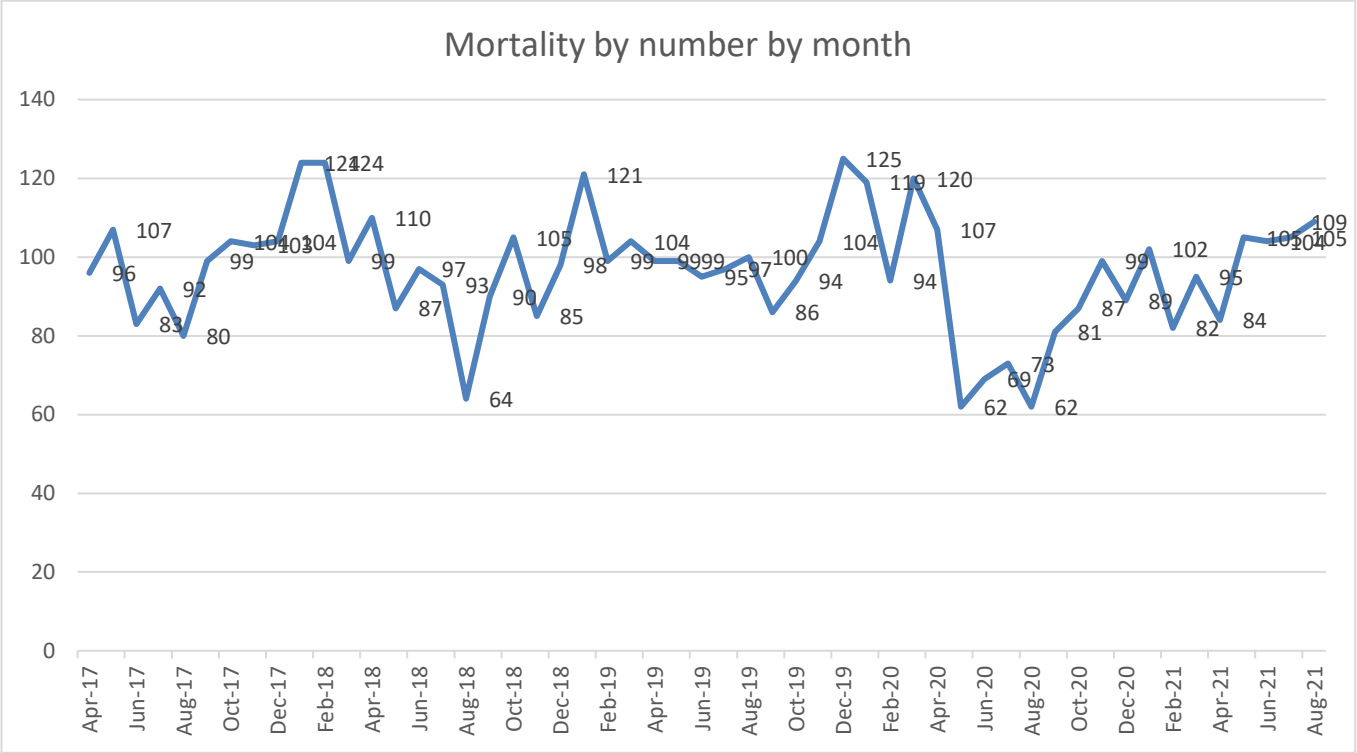


Chart 9, records hospital and community deaths (people's homes) and includes a comparator year, 2019. There is a rise in total deaths in March and April 2020, as against the previous year, and then a return to the 2019 level for the rest of 2020.

In 2021 there is a rise in deaths in January reducing again in early February with a further peak in mid-April. The last two data points may be prone to data lag and will change in next month's review.

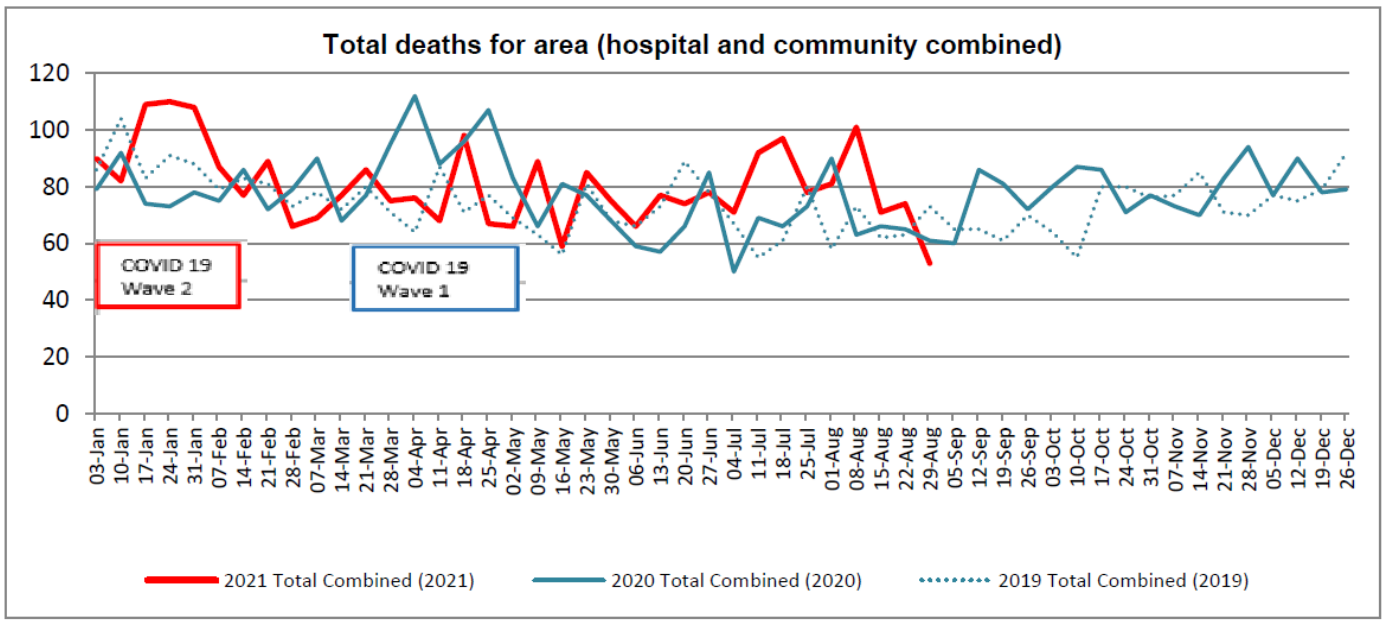
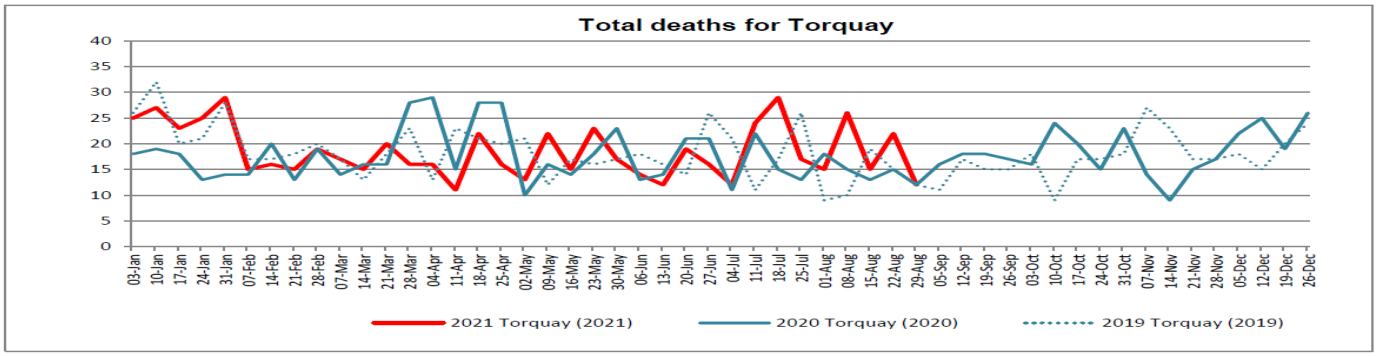
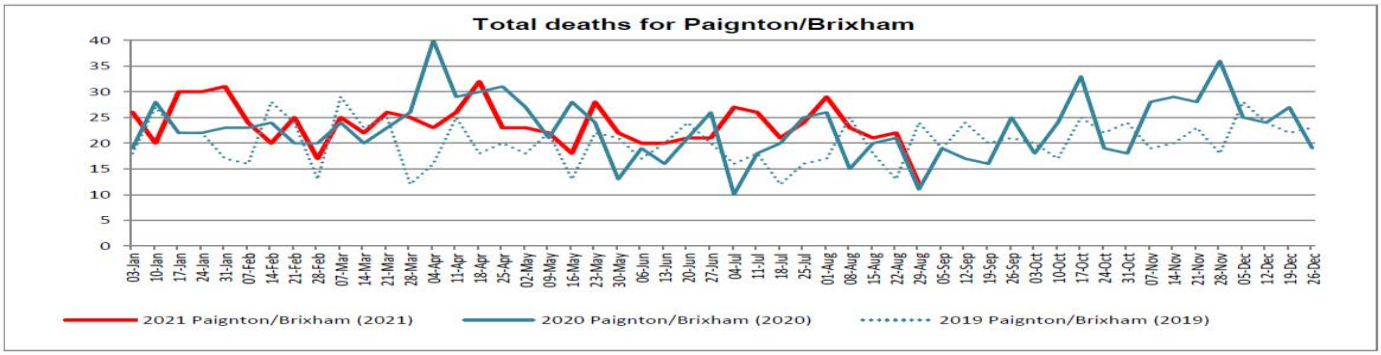
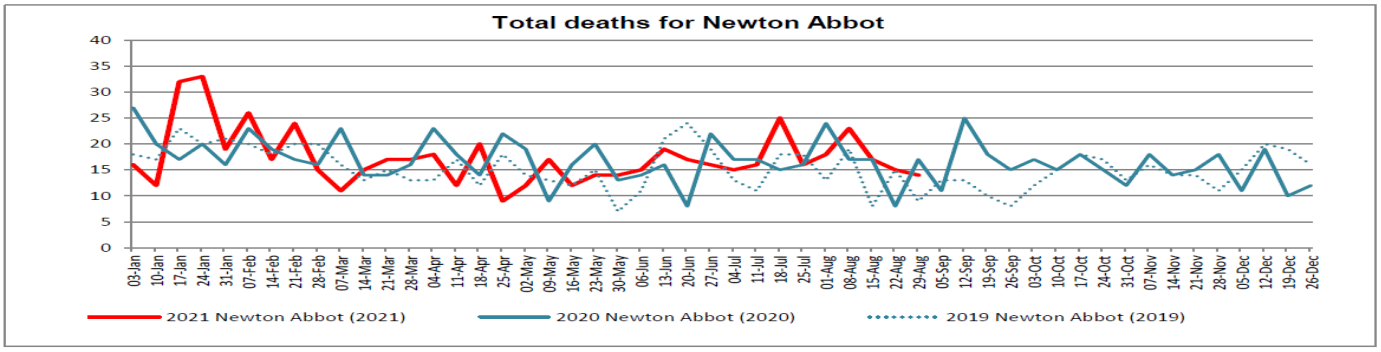
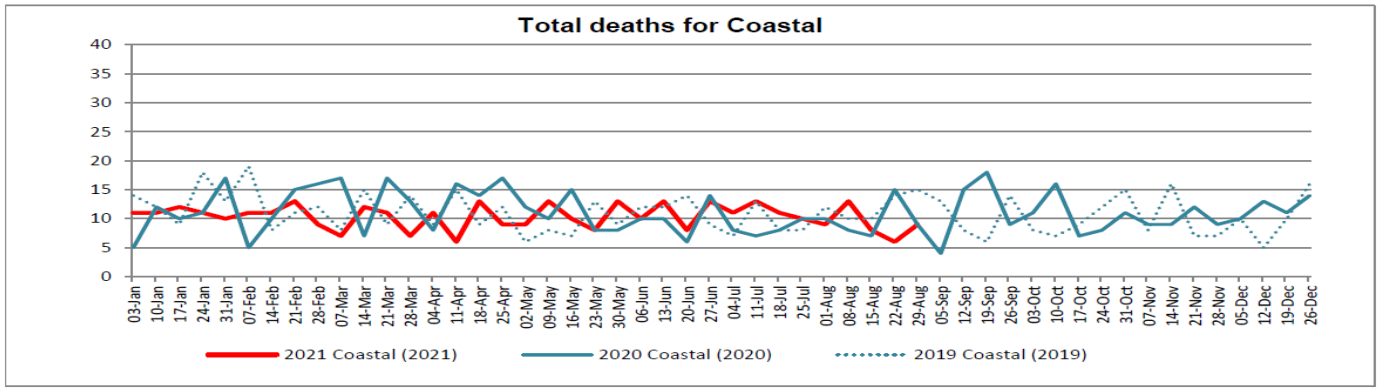


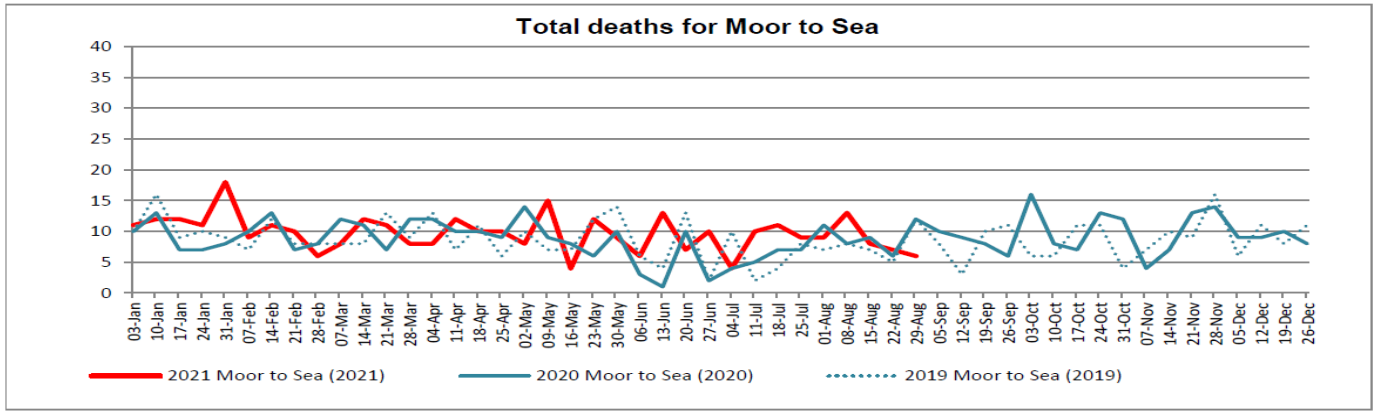
Chart 10 - Total Deaths by ISU locality











Appendix 3 – Mortality Analysis

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

	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	Apr-21	May-21	Jun-21	Jul-21	Aug-21	
Torquay ISU																			
DELIVERY SUITE													1						
LCHDU	1																		
LOUISA CARY			1	1															
MOTHER AND BABY																			
Paignton and Brixham ISU																			
BRIXHAM		1	1	1				3	4	2	6	4		5	1	1	1	1	
CARDIAC CATHETER SUITE																1			
CHEETHAM HILL	10	13	9	8	14	7	12	6	11	11	12	10	11	10	11	7	9	11	
DUNLOP	10	4	6	6	3	5	6	2	4	3	4		5	4	3	3	4	8	
MIDGLEY	7	4	8	11	10	3	13	13	10	7	13	16	14	13	18	12	18	16	
SIMPSON	13	5	2	4	7	4	7	6	10	8	5	2	8	9	16	12	8	4	
TORBAY CHEST PAIN UNIT																			
TORBAY CORONARY CARE BEDS	4	2		2	1	3			2	3	1	2	1		2	2	3	4	
TURNER	5	1				2	4	5	2	3	2	3	8		5	6	7	5	
ELIZABETH										3	1	3	1	1	1				
WARRINGTON	2	7				1		2	2		2	1	1	2	2	2	2	3	
Netwon Abbot ISU																			
ACUTE MEDICAL RECEIVING UNIT				1															
MEDICAL RECEIVING UNIT														1		3	4	1	
EAU3	7	3	3	6	2	4	1												
EAU4	13	3	3	5	7	6	11	7	7	9	17	10	11	8	9	16	11	11	
INTENSIVE CARE UNIT	6	8	7	5	5	8	7	5	6	12	2	5	4	5	10	16	7	11	
RECOVERY INTENSIVE CARE UNIT		5																	
TEIGN WARD	3	5	1	5	5	2	3	1	3	2	2	1	2	1	3	2	2		
TEMPLAR WARD	2	8	2	1		4		3		1		1	2	4		1	1		
TEMPORARY INTENSIVE CARE UNIT											1	1							
Coastal ISU																			
AINSLIE	5	2	3		1		2		2	1	2	1	1	1			4	7	
ALLERTON	6	3	5	4	7	5	3	7	8	8	2	3	8	4	6	4	3	7	
CROMIE	3	13		1	1		1	8	8	7	13	6	2	2	7	2	5	5	
DAWLISH		3		1	3	1	1				4	1	1			1	1		
ELLA ROWCROFT	1	3	2	1		2		4	3			3		1			2		
FORREST	8	7	4	1							4	5	4				4	5	
THEATRES											1							1	
Moor to Sea ISU																			
DART	3	1					1	1	1				2	3	3		1		
GEORGE EARLE	11	6	5	5	7	5	9	14	16	9	8	4	8	10	8	13	8	9	
Grand Total	**120**	**107**	**62**	**69**	**73**	**62**	**81**	**87**	**99**	**89**	**102**	**82**	**95**	**84**	**105**	**104**	**105**	**109**	

Dr Foster utilises an alerting system, as below. Triggers are raised when the expected number is exceeded by the actual number and Dr Foster also provides a guide should an alert occur. Deaths due to 'Acute and unspecified renal failure' are higher than expected (43 observed v 23.9 expected). This does not appear to be a coding issue. A case notes review has been organised with by the Director of Patient Safety and a Renal Consultant. Preliminary findings would suggest the Trust is more likely than others to code the cause of death as 'acute renal failure'. This has been communicated to the Medical Examiners to explore whether other acute conditions are in fact the cause of acute renal failure. Deaths due to intestinal infection are higher than expected (19 observed v expected 8.7). Again, this does not appear to be due to coding issues and has been discussed at Mortality surveillance review.

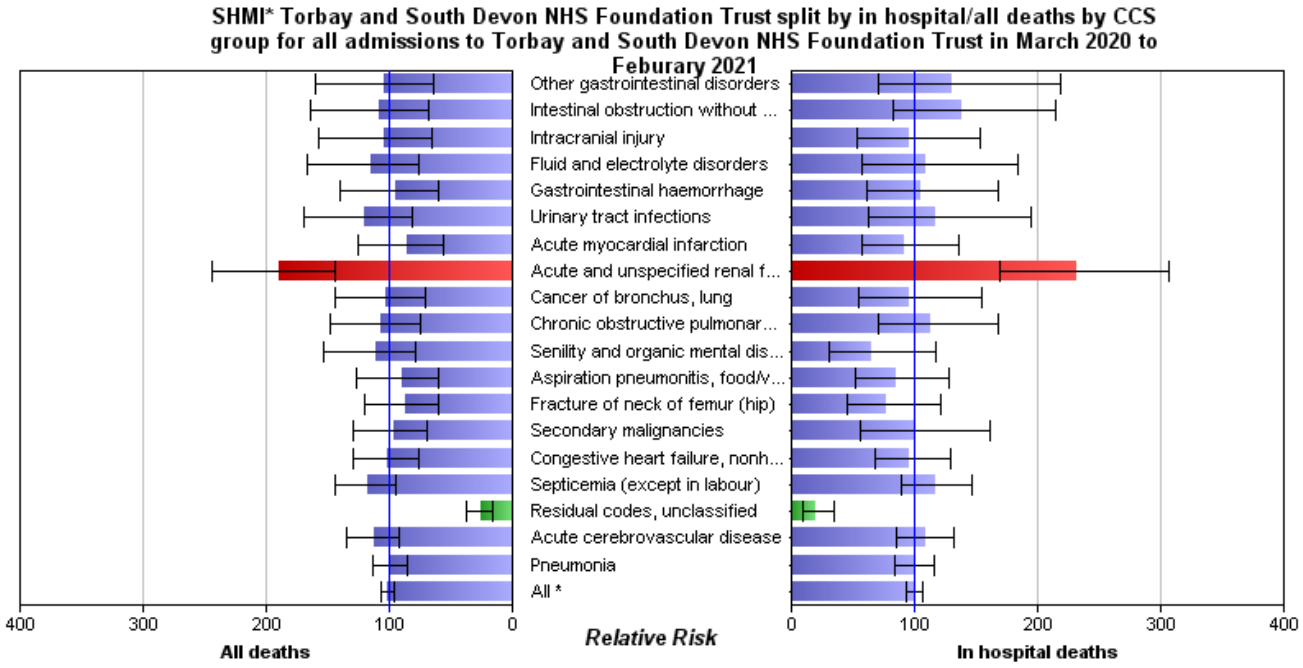
Table 3 – **Dr Foster Alerts by clinical classification**

The latest month data is showing no new alerts.

Relative risk & CUSUM alerts

Title	CUSUM	Vol	Obs	Exp	%	Relative risk	Trend
All Diagnoses	9	**60680**	**1013**	**1063.9**	**1.7**	**95.2**	
HSMR (56 diagnosis groups)		24121	773	761.1	3.2	101.6	
Abdominal pain	1	1873	5	1.6	0.3	**311.3**	
Acute and unspecified renal failure	3	232	43	23.9	18.5	**180.2**	
Alcohol-related mental disorders	1	165	4	0.6	2.4	**719.6**	
Digestive congenital anomalies	1	11	1	0.0	9.1	5702.1	
Immunizations and screening for infectious disease	1	11	1	0.2	9.1	440.7	
Intestinal infection	2	546	19	8.7	3.5	**217.5**	
Intrauterine hypoxia and birth asphyxia	1	5	1	0.0	20.0	5313.2	
Peritonitis and intestinal abscess	1	18	4	1.4	22.2	281.8	
Syncope	1	290	4	1.2	1.4	337.8	

Chart 7 The SHMI clinical classification software (CCS), clusters patient diagnoses and procedures into a number of manageable and meaningful groups. This chart shows deaths occurring in hospital and all deaths (i.e. in hospital deaths and deaths occurring within 30 days after discharge) by clinical cluster. In hospital deaths due to 'Acute and unspecified renal failure' are greater than expected. Initial investigation suggests this is **not** related to coding issues. This month's position reflects no change for the period reported.


SHMI* Torbay and South Devon NHS Foundation Trust split by in hospital/all deaths by CCS group for all admissions to Torbay and South Devon NHS Foundation Trust in March 2020 to Feburary 2021
Other gastrointestinal disorders
Intestinal obstruction without ...
Intracranial injury
Fluid and electrolyte disorders
Gastrointestinal haemorrhage
Urinary tract infections
Acute myocardial infarction
Acute and unspecified renal f...
Cancer of bronchus, lung
Chronic obstructive pulmonar...
Senility and organic mental dis...
Aspiration pneumonitis, food/v...
Fracture of neck of femur (hip)
Secondary malignancies
Congestive heart failure, nonh...
Septicemia (except in labour)
Residual codes, unclassified
Acute cerebrovascular disease
Pneumonia
All *
400
300
200
100
0
All deaths
Relative Risk
0
100
200
300
400
In hospital deaths

Appendix 4 – Dr Foster Patient Safety Dashboard

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

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

Table 4 – Patient Safety Indicators

Patient Safety Indicators

Period: 12 months (Apr 20 to Mar 21)

Indicator	Volume	Observed	Expected	Obs rate/k	Exp rate/k	Relative risk
Accidental puncture or laceration	46680	53	71.2	1.1	1.5	74.4
Deaths after surgery	399	21	32.2	52.6	80.8	65.1
Deaths in low-risk diagnosis groups	17227	50	84.1	2.9	4.9	59.4
Decubitus ulcer	6840	339	424.9	49.6	62.1	79.8
Infections associated with central line	8928	1	0.6	0.1	0.1	175.0
Obstetric trauma - caesarean delivery	506	1	2.3	2.0	4.6	43.1
Obstetric trauma - vaginal delivery with instrument	214	14	14.7	65.4	68.7	95.2
Obstetric trauma - vaginal delivery without instrument	986	38	28.9	38.5	29.3	131.5
Postoperative haemorrhage or haematoma	10786	3	4.6	0.3	0.4	64.6
Postoperative physiologic and metabolic derangement	8249	0	1.6	0	0.2	0.0
Postoperative pulmonary embolism or deep vein thrombosis	11026	19	43.5	1.7	3.9	43.7
Postoperative respiratory failure	7281	0	8.0	0	1.1	0.0
Postoperative sepsis	93	0	1.6	0	17.4	0.0
Postoperative wound dehiscence	456	0	0.4	0	0.9	0.0

Appendix 5 – Focused Mortality Reviews

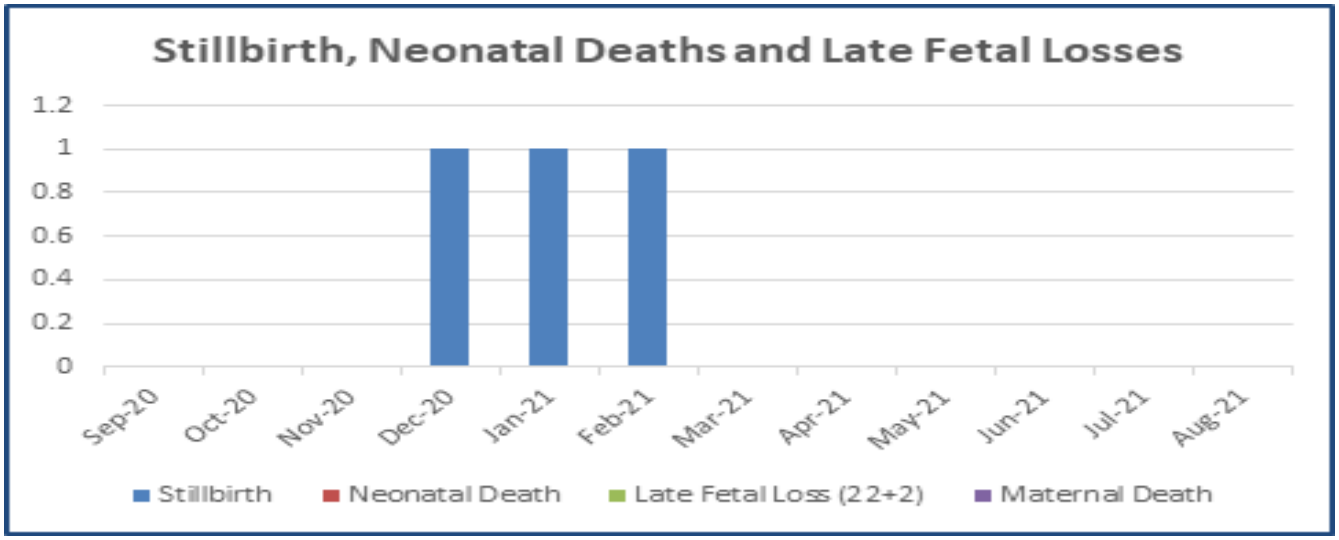
Number of deaths of a patient with a Learning disability

All deaths involving patients with a learning disability are reviewed through the Learning Disabilities Mortality Review (LeDeR) process. This process feeds back into the Trust any learning. In Q4 2020 / 2021 there were 4 deaths in hospital for review via this process.

Number of Neonatal, Perinatal, and Maternal Deaths

During the reporting period of July to August 2021, we had no stillbirth, maternal or neonatal deaths.

Chart 12 – Stillbirth, Neonatal Deaths and Late Fetal Losses



Number of child deaths

In Jan 2021 to March 2021 there were three deaths. Two of these were expected. The third death was unexpected. This was a 17yr old male with a likely suicide for which we are awaiting the coronial verdict.

In April 2021 to August 2021 there were two deaths. One of these was expected and one was unexpected. This was a 17yr old male with a suspected suicide for which we are awaiting the coronial verdict.

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

During July and August 2021, the Trust received two complaints from families with concerns regarding a patient's death. One complaint is still active and the other has been closed.

Medical Examiners

The Medical Examiners Service continues to be impacted by sickness resulting in reduced Medical Examiner capacity. This was exacerbated in August by annual leave resulting in 75.3% of eligible cases being scrutinised. To mitigate this the medical examiner officer are reviewing all cases and liaising with the next of kin to identify any areas of concern. The regional Medical Examiner is aware of this mitigation and has sanctioned this approach.

Work is underway, in conjunction with the CCG and other regional Medical Examiner Offices, to progress the roll out of the Medical Examiners service into the community and independent settings by March 2022.

Table 5 – Medical Examiners Performance Summary

Month	Total number of adult deaths	Number not currently included in ME process (COVID ward / direct to coroners)	Number scrutinised by ME	% Total deaths scrutinised	% deaths included in ME process scrutinised	Number scrutinised referred to coroner	% referred to coroner	Number MCCD issued within 5 days (non coroners)	% MCCD issued within 5 days (non coroners)	Number MCCD issued within 3 days (non coroners)	% MCCD issued within 3 days (non coroners)	Number raised to clinical governance
Jan-21	104	46	45	43.3%	77.6%	10	22.2%	23	65.7%	11	31.4%	5
Feb-21	81	7	67	82.7%	90.5%	16	23.9%	41	80.4%	31	60.8%	8
Mar-21	97	13	68	70.1%	81.0%	9	13.2%	49	83.1%	30	50.8%	10
Apr-21	72	13	55	76.4%	93.2%	8	14.5%	42	89.4%	31	66.0%	3
May-21	92	11	66	71.7%	81.5%	6	9.1%	52	86.7%	31	51.7%	0
Jun-21	113	24	77	68.1%	86.5%	6	7.8%	65	91.5%	40	56.3%	9
Jul-21	114	26	76	66.7%	86.4%	3	3.9%	66	90.4%	36	49.3%	7
Aug-21	117	28	67	57.3%	75.3%	4	6.0%	51	81.0%	34	54.0%	4

National Cardiac Arrest Audit- This has been requested

Full year audit data for 2020 / 2021 indicates nothing out with the normal expected range for the Trust. There were a total number of 55 cardiac arrests during this year. This rate is on the national average and maintains the downwards trend since 2018. The mean age was 71 (down from 79yrs in 2018) and was 60% male.
The survival to discharge rate was 20% which is an increase from 17% in 2017 and is on the national average. The Trust is slightly above average for shockable arrests and slightly below for Pulseless Electrical Activity (PEA) arrests.

Learning from Inquests

During July and August 2021 there were four Coroner's requests for information. There were three inquests during this time with no Trust attendance. There was a total of five cases closed during these months.

The Trust has no outstanding Regulation 28 reports, these are sometimes known as Preventing Future Deaths reports issued by the coroner to relevant organisations.

Trust learning: Serious Adverse Event Group May and June 2021

Key Issues	Learning and actions taken
Treatment / Diagnostic learning The SAE group discussed 6 investigations and received 1 presentation in July and 8 investigations were discussed and 1 presentation was received in August 2021.	
One investigation involved misplacement of a nasogastric feeding tube after a stroke.	The indications for NG feeding and complexity of decision making in a severely ill patient after a stroke were discussed. Protocols for NGT placement were reviewed.
A cardiac arrest attempt in a patient with a diagnosis of advanced cancer was discussed.	The importance of communication of discussions regarding resuscitation attempts

	across different Providers in a patient's care was discussed.
Documentation Dating, signing issues with documentation	In all cases an investigation is undertaken and the teams are involved in the RCA, learning and sharing.

Glossary of Terms

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

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

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

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

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

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Report on Safeguarding Adults and Deprivation of Liberty Safeguards			Meeting date: 29 September 2021
Report appendix			
Report sponsor	Chief Nurse		
Report author	Head of Safeguarding Adults MCA DOLS		
Report provenance	The report has been informed by data collated by Trust performance management team for Torbay and Devon Safeguarding Adults Partnership (TDSAP), activity within the TDSAP arrangements, Adult Social Care Outcomes Framework (ASCOF) data, Torbay Council KPI's, Care Quality Commission (CQC) Inspection published 2nd July 2020, papers and minutes from the TSDFT Safeguarding Adult and Mental Capacity Operational Group and TSDFT Integrated Safeguarding and Inclusion Group. The report is also informed by regional and national guidance and legislative frameworks.		
Purpose of the report and key issues for consideration/decision	This annual report will inform Torbay and South Devon NHS Foundation Trust Board members on issues relating to safeguarding vulnerable adults in Torbay and South Devon. The Trust has delegated responsibility for Local Authority statutory safeguarding duties for adults on behalf of Torbay Council. This is governed by The Care Act 2014. In addition, the Trust is a partner organisation working with Devon County Council and Torbay Council as a provider of health and care services. Devon County Council retains the lead for adult safeguarding in the South Devon footprint. The Chief Nurse is Executive Lead for Safeguarding and is supported in this role by the Deputy Director of Adult Social Services and the Named Professionals.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to receive and note the Safeguarding Adults and Deprivation of Liberty Safeguards Report.		

Summary of key elements

- Note Progress against Board Safeguarding Adults Priorities in 2020/21
- Pandemic – operational impact on Safeguarding Adults in 2020/2021
- Achievement and progress against CQC improvements around safeguarding training

Strategic objectives supported by this report	

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

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

Board Assurance Framework		**Risk score**	
Risk Register	x	**Risk score**	9

External standards affected by this report and associated risks

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

Mental Capacity (Amendment) Act 2019. Liberty Protection Safeguards (LPS)

Last year's report highlighted The Mental Capacity (Amendment) Act 2019 (LPS) was due to be implemented on 1st October 2020 but had been delayed until April 2022 in light of the impact of Covid-19.

Under the new arrangements NHS Trusts, CCG's and Local Authorities will become responsible bodies and have statutory duties to ensure people who meet threshold, are lawfully deprived of their liberty. The Trust will hold all 3 Responsible Body duties due to its delegated functions. Internal scoping has identified that around 10,000 patents and service users will require a lawful deprivation of liberty. This total includes approximately 8953 patients within acute or community hospital settings.

At the time of writing the Department of Health and Social Care, has not published draft code of practice for consultation or published an updated Impact assessment.

The Trust LPS Project Management Group is overseeing implementation and will need to continue to plan, prepare and assess risk for 1st April 2022 implementation.

Deprivation of Liberty Safeguards
Deprivation of Liberty Safeguards remains a key risk. Specialist assessors are very limited due to the qualifications required and the volume of assessments is high. Risk continues to be assessed and managed on an ongoing basis however it has not addressed the waiting list.

CQC Inspection published
The TSDFT CQC Assurance Group has met monthly with robust action plans against each of the 8 must do actions and 1 should so

	action relating to safeguarding adults and MCA. Responses are highlighted within this report but we must maintain strong governance and oversight to ensure improvement is achieved on a sustainable basis.

Report title: Report on Safeguarding Adults and Mental Capacity Act and Deprivation of Liberty Safeguards		**Meeting date: 29 September 2021**
Report sponsor	Chief Nurse	
Report author	Head of Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty Safeguards.	

Introduction

The Safeguarding Adult Annual Report for 2020/2021 provides key information in relation to core messages, performance, legal frameworks, governance and safeguarding activity during 2020/2021

Discussion

1. National and Local Context

National Care Act 2014 statutory guidance continues to direct how organisations work together to safeguarding adults from abuse. It is underpinned by six key principles

- Empowerment. People being supported and encourage to make their own decisions and informed consent.
- Prevention. It is better to take action before harm occurs
- Proportionality. The least intrusive responses to the risk presented
- Protection. Support and representation for those in greatest need
- Partnership. Local solutions through services working with their communities.

The national making safeguarding personal agenda (MSP) links heavily to the six key principles. Led by the Association of Directors of Adult Social Care (ADASS), Local Government Association and other national partners including health, it is a sector led initiative to develop an outcome focus to safeguarding practice. The agenda has focused nationally, regionally and locally in evidencing MSP principles in safeguarding responses and performance and improving outcomes in response to safeguarding adult reviews.

1. COVID-19

The Local Government Association published it's second report titled COVID-19 Adult Safeguarding Insight Project in July 2021. The report provides a national picture relating to safeguarding adult's activity during the COVID-19 pandemic up to December 2020.

Key messages included

- Higher reporting of safeguarding adult concerns than in 2019. Reflected locally.
- A sharp decline in reporting as lockdowns started and sharp increases as lockdowns eased. Not reflected locally.
- Increases in rates of domestic abuse, self-neglect and psychological abuse. Reflected locally.
- National decrease in enquiries in residential and nursing homes. Not reflected locally.
- Challenges in progressing enquiries. Not reflected locally.

- Authorities adapting to maintain safeguarding roles and responsibilities. Reflected locally.

Throughout the pandemic, local safeguarding adult responses has remained a priority for the Trust. However local safeguarding adult board arrangements were impacted with regard to some sub group arrangements.

2. How are we aligned in Torbay and South Devon?

There are strong partnership arrangements across geographical boundaries such as the newly formed Torbay and Devon Safeguarding Adult Partnership (TDSAP) and the Torbay and Devon Anti-Slavery and Prevent Partnership Boards. Lead professionals attend and contribute to safeguarding and Mental Capacity forums at a regional level. The close partnership arrangements ensure TSDFT systems and processes are informed by local, regional and national drivers.

3. Culture and Leadership

Trust Values, Vision, Objectives and Purpose are aligned to Safeguarding / Mental Capacity Act principles. These key messages directly link to the NHS constitution principles such as:

- Protection of human rights. (Principle 1)
- Safe, high quality care which focuses on patient experience. (Principle 3)
- Placing the patient at the heart of everything. (Principle 4)
- Informed consent and the Mental Capacity Act (Rights)

Three examples of how we are putting this into practice include

- Introduction of mandatory Mental Capacity Act Training for all staff
- Best Practice forums
- Placing making safeguarding personal principles at the centre of safeguarding responses.

4. Legislation and Guidance

5.1 Care Act 2014

The Care Act 2014 sets out provision relating to the care and support for adults and carers. Sections 42-47 of the Care Act relates specifically to Adult Safeguarding. Chapter 14 of Care Act statutory guidance sets out how these duties should be implemented. The Care Act requires that each local authority must:

- Set up an Adult Safeguarding Board (SAB).
- Make enquiries or cause others to do so, if it has reasonable cause to suspect an adult is experiencing, or is at risk of, abuse or neglect.
- Conduct safeguarding adult reviews in accordance with s.44 of the Act (SAB).
- Co-operate with each of its relevant partners as set out in Section 6 of the Act in order to protect the adult.
- In their turn each relevant partner must also co-operate with the local authority.

5.2 The Mental Capacity Act 2005 (MCA 2005)

This Act provides a statutory framework for:

- People who lack capacity to make decisions for themselves, or
- People who have capacity and want to prepare for a time in the future when they may lack capacity.
- Who can take best interest decisions, in which situations, and how they should go about this.

The Mental Capacity Act Code of Practice gives guidance for decisions under the Act.

5.3 Deprivation of Liberty Safeguards (Dols)

- The Dols legal framework is covered in the Mental Capacity Act 2005 framework.
- It sets out approving the deprivation of liberty for people who lack the capacity to consent to treatment or care, in either a hospital, care home or specified domestic settings.
- The requirements about when and how deprivation of liberty may be authorised.
- The assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

The Mental Capacity Act and Deprivation of Liberty Codes of Practice sets out guidance for decisions under the Act.

5.4 The Mental Capacity (Amendment) Act 2019

This Act creates a new regime, the Liberty Protection Safeguards (LPS) in replacement of Dols. The new scheme was due to begin on 1st October 2020 but due to Covid has been delayed until April 2022. The new duties will have significant implications for the Trust discussed elsewhere in this report.

5.5 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13

The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

To meet the requirements of this regulation, the Trust must have a zero-tolerance approach to abuse, unlawful discrimination and restraint.

5.6 Other Key Statutory Frameworks

- Human Rights Act 1998
- Equality Act 2010
- Modern Slavery Act 2015
- Counter Terrorism and Security Act 2015
- Safeguarding Vulnerable Groups Act 2006

5. Strategic Priorities and Driving Improvement.

Our priorities link to those approved within local Safeguarding Adult Board arrangements, the outcomes of the TSDFT CQC inspection report published 2nd July 2020 and specific workstreams within the Adult Social Care Improvement Programme.

In December 2020 the Torbay and Devon Safeguarding Adult Boards merged to form the Torbay and Devon Safeguarding Adult Partnership (TDSAP). Initially, the new Board agreed to continue to oversee the previous Boards priorities.

Devon Safeguarding Adult Board (DSAB)

1. Safeguarding within the COVID pandemic.
2. Living Well in the context of prevention of abuse or neglect.

Torbay Safeguarding Adults Board (TSAB)

1. Embedding Making Safeguarding Personal
2. Learning from Safeguarding Adults Reviews.
3. Safeguarding Adult Interface within local domestic abuse and sexual violence strategies
4. Prevention and Creative Solutions for people with complex needs
5. Mental Capacity Act /Liberty Protection Safeguards Implementation
6. Market Shaping and Commissioning - reshaping to meet changing demand complex needs.

CQC Inspection (CQC) - July 2020

Summary of must do actions relating to

1. Safeguarding Training
2. Mental Capacity Act
3. Training Records

Within

1. Urgent and Emergency Services
2. Medical Care
3. Surgery - Ensure the service complies with the Mental Capacity Act legal frameworks.

Interlinked Adult Social Care Improvement Projects (ASCiP)

1. Front Door, Gateway & Flow Project
2. Professional Practice and Performance Management
3. Quality Assurance and Improvement Team
4. Training and Development

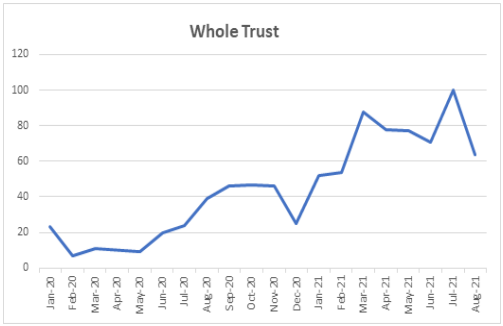
6.2 Delivering Against Strategic Priorities and Driving Improvement - Summary

6.21 **Mental Capacity Act** (DSAB 2; TSAB 1,2,5; CQC 1,2,3; ASCiP 2,4)

- By April 2021 the Trust had fully reviewed and implemented a new mandatory training strategy for the Mental Capacity Act.
- Training has been made mandatory.
- The Trust has a clarity of understanding of who needs to do what.
- We know what our compliance levels are with positive progression

Training Level	Starting Position (end of April '21)	Current (end of August '21)
1	61.48%	77.7%
2	47.33%	73.82%
3	18.03%	42.3%

- We have created and distributed seven 7-minute best practice briefings.
- We have developed new Dols processes to support staff in regulated services.
- We have increased identification of and reporting of Dols within regulated services



- We have organised 3 best practice MCA sessions including facilitated sessions with Professor Michael Preston-Shoot (Research Academic, Author) and Tim Spencer Lane (Law Commission, LPS Specialist)
- We deliver bespoke MCA sessions on request to Regulated staffing groups.
- We have undertaken MCA Audits in Health and Social Care settings and are finalising an annual MCA Audit and reporting programme.
- We have a management Liberty Protection Safeguards Project Group to oversee implementation of LPS.

6.22 **Safeguarding within the COVID Pandemic** (DSAB 1)

- We developed guidance for front line staff on the way we work, implications and practical tips
- We undertook targeted activity with the Hospital Discharge services in the use of the Mental Capacity Act in discharge processes.
- Safeguarding responses remained a priority response service throughout the pandemic.
- We worked with regional authorities to maintain awareness of trends during the pandemic and related this back to front line staff (for example COVID scams, increased vigilance relating to domestic abuse).

- We contributed to national data collection for safeguarding adults during the pandemic.

6.23 **Safeguarding and Quality Assurance Interface** (DSAB 1,2; TSAB 1,2; ASCiP 2,3)

An internal ASW Assurance audit was commissioned and completed to undertake

- A review of the collaborative working arrangements between the Safeguarding Adults Single Point of Contact and the Quality Assurance and Improvement Team.

- A detailed review of "Unsuitable Referrals" (referrals made that did not meet the threshold for a formal Safeguarding Section 42 Enquiry) made to the Safeguarding Adults Single Point of Contact, to identify the sources and themes of these referrals, and the subsequent actions taken to direct these to the appropriate services.

The overall conclusion was 'good practice'. An action plan was agreed within ongoing activity to ensure that agreed actions are completed within timescale.

6.24 **Safeguarding Adults** (DSAB 2; TSAB 1,2,3; CQC 1,2,3; ASCiP 1,2,4)

- The Trust undertook a complete review of its mandatory safeguarding adult training programme in response to the CQC inspection and new local safeguarding adult board training strategy.
- The new framework went live in January 2021 and the Trust now has
  - Clarity of understanding of who needs to do what.
  - Accurate reporting of compliance levels

Training Level	Starting Position (end of January '21)	Current (end of August '21)
1	96.4%	94.6%
2	88.65%	88.33%
3	51.82%	57.26 (TBC due to course timelines 66%)

- The mandatory safeguarding and training teams are working closely to ensure capacity in the system to meet training demand. This will be continued to be monitored and reviewed within the Mandatory training group.

- We have written and consulted staff side policy relating to domestic abuse and sexual violence. This will be going to care and clinical policy shortly.
- Patient side policy has been rewritten and current in draft format
- We have identified 15 staff who have completed DASV champion training who will become TSDFT DASV champions. Staff shall have lanyards, business cards and contact details on icon. The purpose will be to support our workforce in all aspects of DASV. The particular areas of expertise of each champion is also identified to assist our workforce in approaching who they believe is best placed to respond to their circumstances. This system will be implemented during the next reporting period.
- We have redesigned and aligned local reporting systems so there is continuity of approach across the Torbay and Devon footprint. This provides greater

consistency for partner agencies, places greater emphasis on making safeguarding personal and provides improved data reporting.

- We have co- written and reviewed local policy and practice guidance with colleagues in Devon County Council. These include
    - Managing allegations against People in positions of Trust
    - Safeguarding Escalation Protocols
    - Managing responses to Self-Neglect
    - Mental Capacity Act
    - Best Interest Decision Making Guidance
    - Risk Management Frameworks
- A proposal to remodel the Torbay Safeguarding Adult Single Point of Contact has been completed to improve efficiency and increase capacity to respond to adult abuse concerns. The new model will see the safeguarding single point of contact incorporated into the ASCiP Gateway Flow, Front Door and Flow Project. Work continues to plan and prepare for a go live date in Autumn 2021.
- We have commissioned Living Options to support our making safeguarding personal agenda within the Torbay and Devon Safeguarding Adult Partnership. This will see the Partnerships Community Reference Sub Group holding partners to account in the making safeguarding personal agenda and driving improvement through the partnership arrangements.

7 Quality Assurance and Governance

7.1 Torbay and Devon Safeguarding Adult Partnership

The Devon and Torbay Safeguarding Adults Board merged in December 2020 to form the Torbay and Devon Safeguarding Adult Partnership. The Partnership oversees and leads adult safeguarding across Torbay and Devon and are interested in a range of matters that contribute to the prevention of abuse and neglect. Safeguarding Adult Boards have three statutory duties:

- It must publish a strategic plan
- It must publish an annual report
- It must conduct any safeguarding adults review in accordance with Section 44 of the Act.

The Trust has been at the centre of creating the new partnership arrangement and has a key role in the business activity of the Board.

7.2 Trust Integrated Safeguarding and Inclusion Group (ISIG):

This is an Executive Led group with a mandate to deliver safeguarding and children statutory functions as a provider of health and social care and priorities of local safeguarding adult boards. The group also maintains oversight of other partnership arrangements linked to themes such as exploitation, domestic abuse and sexual violence. Delivery of priorities are largely connected with the strategic priorities and activities referenced in para 6.

7.3 Safeguarding Adults and Mental Capacity Operational Group.

The purpose of the group is to ensure that clinical teams are leading the delivery of the safeguarding adult's and mental capacity agenda.

The monitoring and quality assurance of Trust wide safeguarding adults processes are reported to this group. This group reports to the Integrated Safeguarding and Inclusion Group, chaired by the Chief Nurse and links to the Quality Improvement Group internally and the Torbay and Devon Safeguarding Adults Board externally. The Trust's Integrated Safeguarding and Inclusion Group have overseen the operational work plan and directly links with the outputs in para 6.

7.4 Dementia Steering Group.

The Dementia Steering Group is tasked with embedding national dementia strategy into local systems. This includes having a clear overview and understanding of how staff in TSDFT can support people with dementia within our services.

- The group benchmarked current provision across primary, secondary and community care. A number of priorities were identified:
- Ensuring that people with dementia do not stay in hospital unnecessarily- linking this with the frailty project at the front door.
- Ensuring that the trust offers nutritionally balanced meals as finger food to enhance independence.
- Ensuring that there is a range of meaningful occupation to support people with dementia while in hospital. This has been difficult during the pandemic. The group are currently exploring using remote technology to offer opportunities e.g. weekly attendance at a virtual singing group, but also exploring a return of volunteers to wards.

- Providing supportive observations to people including those with behaviours that challenge
- The group launched the supportive observations policy for providing enhance care
- Provided education using the dementia bus- supporting staff in acute wards, community teams, care homes to have an insight into some of the difficulties people with dementia may experience which may impact on behaviour. The training debrief was delivered by staff in partnership with a dementia carer and was very well received

A member of the safeguarding team attends the quarterly forum meetings

8 Other Areas of Safeguarding Activity

8.1 Modern Slavery.

Slavery is not an issue confined to history; all staff receive modern slavery awareness as part of the mandatory safeguarding adult framework.

The Trust has an ICON site which includes a suite of information to support staff in responding to modern slavery concerns. The Trust contributes to partnership arrangements led by the Torbay and Devon Anti-Slavery Partnership. The partnership has been development a partnership response protocol which is nearing completion at the time of writing.

8.2 **Prevent**.

Prevent Duty Guidance 2021 is one part of the UK Counter terrorism strategy CONTEST.

A key challenge is to ensure that, where there are signs that someone has been or is being drawn into terrorism, our staff recognise those signs correctly and are aware of and can locate available support, including the Channel programme where necessary.

The Trust is a key partner within the Torbay and Devon Prevent Partnership Board. Prevent awareness is mandatory for all staff and there is an icon page to support staff responding to prevent concerns. The Trust is a standing member of the Torbay Channel Panel and attends Devon Channel Panel as required. The Trust Prevent Policy was updated in February 2020 to reflect updated referral pathways.

8.3 Criminal Exploitation

County Lines remains an increasing problem in Devon which is directly linked to criminal exploitation. County lines, is when gangs and organised crime networks exploit vulnerable adults and children to sell drugs, which originate in major cities. Often these people are made to travel across counties, and they use dedicated mobile phone 'lines' to supply drugs.

It can also involve ‘cuckooing’ which when those gangs take over the home of a vulnerable adult and use it to sell drugs from. We retain close links with our local safer community partnerships and Devon and Cornwall Police in response to County Lines Concerns. The new safeguarding adult concern form places a greater emphasis on exploitation for consideration within safeguarding duties.

8.4 Domestic Abuse and Sexual Violence.

The Trust is a member of the:

- Torbay Domestic Abuse and Sexual Violence Executive and Operational Groups and there are work plans relating to both groups.
- The Domestic Abuse and Sexual Violence Steering Group.

Both groups have directed many of the activities referenced in para. 5.

Staff working in specific services receive enhanced training relating to domestic abuse and sexual violence.

The Trust continues to contribute to Multi-Agency Risk Assessment Conference (MARAC) arrangements to ensure coordinated responses and support mechanisms are in place to people who have experienced or are experiencing Domestic Abuse and Sexual Violence.

8.5 Our Role in Ensuring Quality of Care in Care Homes

The Trust has statutory responsibility for adult social care and safeguarding for all care home residents in Torbay, and almost half of the residents in these homes are funded

this way. There are also people whom are self-funding in these homes, whom we must legally ensure are safeguarded as per our responsibilities under The Care Act 2014.

The Care Quality Commission (CQC) is the overall legal regulator of care homes and is responsible for the monitoring and audit of quality. In Torbay there are currently 69 residential homes registered with CQC and 13 nursing homes with approximately 2100 registered beds.

The NHS England framework for Enhanced Health in Care Homes (EHCH) continues to be rolled out across Torbay. One of the key elements of care detailed is multidisciplinary team (MDT) support for residents with care and support needs. The Quality Assurance and Improvement Team (QAIT) partially provides this MDT from within the team. Where there is a need for more disciplines to be involved the QAIT will signpost, coordinate or work in conjunction with other health/social care professionals to improve the care of complex conditions. There have been further community health care professional posts established to work within the community and with an expectation that they support care home staff and also to assess and treat care home residents.

8.6 The Quality Assurance and Improvement Team

QAIT continues to offer care home staff and management the opportunity to develop a long-term relationship with a smaller group of staff and clinicians. Such trusting relationships enable QAIT to prevent issues becoming serious.

QAIT are undergoing some structural and process changes within the wider context of the Torbay Adult Social Care Improvement Plan. A more robust data system is being developed to enable easier identification of risk, themes and trends within an overall dash board.

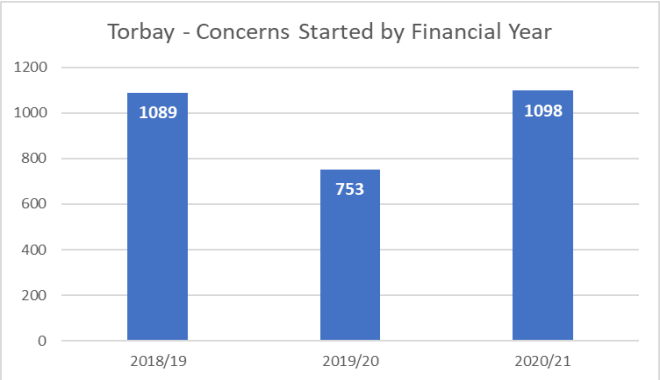
The COVID-19 pandemic has been a challenge that QAIT have heavily been involved in from the start. Care homes, supported living and out-reach services have received extensive support from QAIT and the team have been integral in coordinating support, monitoring risk, escalating concerns and producing a daily COVID report for Gold and Silver command, CCG and Public health. This support was over 7 days a week for large parts of the pandemic. Although this has impacted on the team's ability to carry on with their usual work the frequent contact with providers has strengthened relations and trust. Feedback from providers and CQC with regards to the level and competence of the support given by Torbay has been very positive.

The QAIT is also involved in monitoring 21 domiciliary care providers, 13 outreach / enabling services and 21 supported living services, 8 of which have an outreach service attached to them. A QAIT officer post has been established to cover these services and works alongside commissioners to encourage supported living providers to join the Torbay supported living framework.

9. Performance

In 2020 / 2021 the key headline quantitative data identifies that:

9.1 **1098 safeguarding adult concerns** were reported to the Torbay SPOC (18/19 comparator + 1%. DCC +65%).



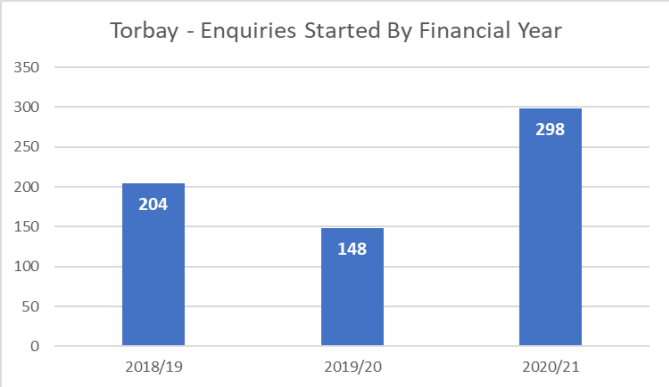
Analysis

The number reflects concerns that genuinely meet an adult abuse concern criteria. Whilst the figure is static, early conversation with potential alerters may help to identify an appropriate referral pathway rather than directing straight to safeguarding.

In addition, new LGA Guidance in 2019 was published which gave greater clarity on what constitutes a safeguarding concern. This was widely circulated to enable front line workers to fully consider national guidance before reporting adult abuse concerns.

We have just started to produce quantitative data within the new Torbay and Devon Safeguarding Adult Partnership (TDSAP) which will in future enable us to better draw comparators with DCC and benchmark nationally.

9.2 **298 safeguarding adult enquiries** were undertaken. This is the highest number of enquiries undertaken within current reporting systems which started in 2012. (18/19 comparator + 46%. DCC +13%)



Analysis

Whilst the number of concerns raised is static, the conversion from concern to enquiry rate has increased in 2020/21. This is likely to reflect new LGA guidance on what constitutes a safeguarding enquiry resulting in a broader interpretation of criteria.

Again, the new TDSAP reporting data will enable Torbay to measure enquiry rates against our neighbouring authority and national trends.

** Note 18/19 comparator has been used as in 19/20 there was a data recording issue that did not give an accurate reflection of reported safeguarding concerns

and enquiries in Torbay. This was identified and resolved and did not affect safeguarding responses during the 18/19 reporting period.

9.3 **Types of Abuse**. In Torbay and Devon, the four most common types of abuse mirror those for England and they are:

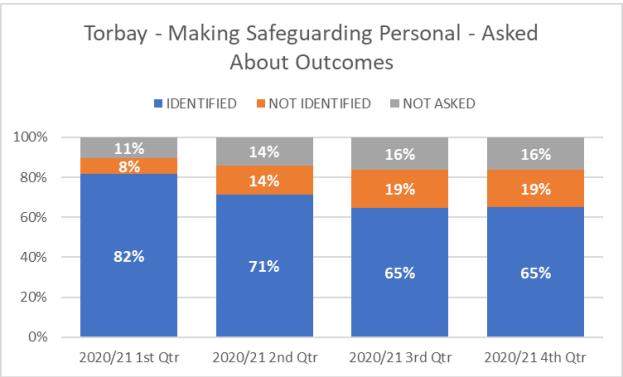
- Psychological Abuse
- Financial Material Abuse
- Neglects and Acts of Omission
- Physical Abuse

These themes have been consistent for several years both locally and nationally. We are mindful that adults with care and support needs continue to be at increased risk of scamming and we continue to respond to new scams such as those relating to Covid, text scams and online abuse. We are working closely with Police, Trading Standards, the National Illegal Money Lending Team and others to provide a best practice forum and consider what if any additional action partners can take in response.

The previous safeguarding adult board arrangements identified domestic abuse and sexual violence as a strategic priority which enabled a strong interface with activities within the Community Safeguarding Partnerships Operational and Executive Group. This is a likely factor in increased reporting due to increased targeted training such as domestic abuse champions and domestic abuse / sexual violence themed best practice safeguarding forums, hosted by the safeguarding adult team in 2019.

9.4 **Location of alleged abuse**. 45% of enquiries related to people living in care provider services whilst 36% related to people living in their own home. The national average for people living in residential care is 44%. Most reports relating to alleged abuse within peoples own homes is identified by carer agency staff or other visiting services. We aim to see an increase in the number of reports received directly from members of the public and a wider publicity campaign is currently being considered within the new safeguarding partnership arrangements.

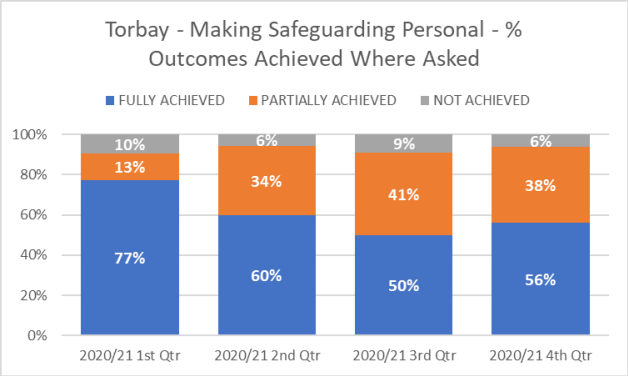
9.5 **Making Safeguarding Personal.** In 85% of enquiries, people were asked their preferred outcomes. The additional 15% is scrutinised to ensure there is justifiable reason why the person has not been asked their preferred outcomes.



Analysis

Making Safeguarding Personal and working with individuals to identify their preferred outcomes is a key practice issue. Whilst 15% of people were not asked, we have safety nets in place prior to case closure to explore why this may have been and these are explained in more detail below.

9.6 In 92% of enquiries where an outcome was expressed, the preferred outcomes of individuals were fully or partially met.



Analysis

In many cases, outcomes may only be partially met due to external factors which influence people's responses. The data indicates a strong emphasis on working with people to achieve preferred outcomes wherever possible.

9.7 **Risk Outcome**. 61% of enquiries had a recorded outcome of risk reduced whilst 32.7% had a recorded outcome of risk removed. This reflect the same position as the previous reporting period.

9.8 **Gender**. 52% of safeguarding enquiries related to females whilst 48% related to males. Within the current reporting period we will be adapting our records to reflect better how people identify their gender.

9.9 **Repeat Enquiries**. The Trust has a KPI with Torbay Council which is <8%. During the reporting period it was identified that the repeat referral rate for enquiries was increasing and this peaked mid-year to in excess of 14%. This facilitated a benchmark against other local authorities within the south west, many of whom reported higher repeat referral rates. We undertook a light touch audit of repeat referrals and these were identified as being appropriate and unavoidable. This has decreased since and therefore has not resulted in any further scrutiny.

9.10 **Performance Quality Assurance**

9.11 **Case Closure Panel Meetings.** All safeguarding enquiries are reviewed within panel meetings prior to closure. This involves a lead safeguarding professional and social work supervisor reviewing safeguarding records to confirm that the Local Authority has satisfied itself that it has met its statutory safeguarding duties. This includes a review of the safeguarding response, records, legal literacy, safeguarding and protection plan as well as the application of best practice principles. Any further activity needed is directly fedback to practitioners by supervisors which also provides opportunity for reflective practice.

9.12 **Multi-agency case file audits** are scheduled within the new safeguarding adult partnership arrangement. This will increase our opportunities to review safeguarding performance within a multi-agency context with assurance provided direct to the safeguarding adult partnership.

9.13 **Supervision Audit**. A generic adult social care supervision audit was undertaken with a specific question relating to safeguarding adults. 46 out of 52 respondents confirmed that safeguarding was either always or sometimes discussed in supervision. The Principal Social Worker is working directly with community teams to develop a response plan to the audit outcomes.

10 Conclusion

10.1 Safeguarding activity increased during 2020/201 with the highest number of safeguarding enquiries being undertaken in response to concerns raised. Other quantitative data was broadly the same as in previous reporting years although there has been a steady rise in the number of enquiries linked to alleged domestic abuse and sexual violence.

10.2 Statutory duties relating to safeguarding were not affected by the pandemic but did result in some adjustments to the way we work and heightened vigilance in response to the pandemic.

10.3 The new Torbay and Devon Safeguarding Adult Partnership was formed in December 2020 with Mr Paul Northcott appointed as the Independent Chair of the Partnership. The TDSAP will drive safeguarding strategic priorities and business activities across the Torbay and Devon footprint. We are already seeing the value of this new arrangement across the safeguarding partnership

10.4 The Trust has continued to drive forward the safeguarding and mental capacity act agenda throughout this reporting period. Mandatory and Safeguarding Adult Training frameworks have been introduced and there is a key priority to meet compliance targets in response.

10.5 The Trust has a strong commitment to local and regional partnership arrangements to ensure our services are informed and we contribute fully to the safeguarding and mental capacity act agendas.

10.6 Liberty Protection Safeguards remain a high priority and is likely to have a significant impact on all TSDFT services. A monthly project management group continues to meet will need to drive key decisions relating to implementation ahead of the current go live date of 1st April 2022.

11. Recommendations

The Board is asked to receive and note the Safeguarding Adults and Deprivation of Liberty Safeguards Report.

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors		
Report title: Safeguarding Children – Annual Report		Meeting date: 29 September 2021
Report appendix		
Report sponsor	Chief Nurse Torquay System Director Children's Alliance Director	
Report author	Named Nurse for Safeguarding Children Named Nurse Child Family Health Devon	
Report provenance	Trust Executive Team	
Purpose of the report and key issues for consideration/decision	This annual report will inform Torbay and South Devon NHS Foundation Trust Board members on issues relating to the safeguarding of children in Torbay and South Devon. The Trust is a partner agency and has statutory duties outlined in the Childrens Act and supported by "Working together to Safeguarding Children" 2019 guidance. The report will inform members of the activities of the Safeguarding Children Team and the activities of the wider safeguarding duties and activities completed by Trust staff, both directly and indirectly to safeguard children. The Chief Nurse is the Executive Lead for Safeguarding and is supported by the Torquay System Director, Childrens Alliance Director and the Named Professionals in this role. The Annual Report draws out the following: ➢ The scope of work undertaken across the organisation that aligns to our statutory responsibilities and accountabilities to safeguard children and young people which is achieved through robust system, processes and partnership working. ➢ The emerging service capacity issues / operational demand; compounded by the impact of COVID-19 and likely long-term impact of the inaccessibility of services and subsequent waiting lists for required services. ➢ The achievements and support the increasing operational service provision of the TSDFT and CFHD Safeguarding Children Teams, with consideration of service redesign / increase in capacity to support the team in provision of the statutory requirements for Torbay and South Devon Foundation Trust. ➢ The challenges of the current Trust IT systems in supporting the management of safeguarding information by the Safeguarding team, including abilities to facilitate safeguarding referrals utilising the ED Symphony electronic patient record system and monitoring/quality assurance for	

<table>
<tr><td></td><td colspan="3">submission of safeguarding children referrals across the wider Trust.

Board to recognise and support Trust activity, included in the CQC action plan, to improve staff compliance with Level 3 mandatory multiagency safeguarding children training, in accordance with Intercollegiate document 2019 guidance.</td></tr>
<tr><td>Action required (choose 1 only)</td><td>For information
☐</td><td>To receive and note
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<tr><td>Recommendation</td><td colspan="3">The Board is asked to receive and note the Safeguarding Children Annual Report.</td></tr>
<tr><td colspan="4">Summary of key elements</td></tr>
<tr><td>Strategic objectives supported by this report</td><td colspan="3"><table>
<tr><td>Safe, quality care and best experience</td><td>x</td><td>Valuing our workforce</td><td></td></tr>
<tr><td>Improved wellbeing through partnership</td><td>x</td><td>Well-led</td><td>x</td></tr>
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<tr><td>External standards affected by this report and associated risks</td><td colspan="3"><table>
<tr><td>Care Quality Commission</td><td>x</td><td>Terms of Authorisation</td><td></td></tr>
<tr><td>NHS Improvement</td><td></td><td>Legislation</td><td>x</td></tr>
<tr><td>NHS England</td><td></td><td>National policy/guidance</td><td>x</td></tr>
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Report title: Safeguarding Children – Annual Board Report		Meeting date: 29 September 2021
Report sponsor	Chief Nurse	
Report author	Named Nurse for Safeguarding Children Named Nurse Child Family Health Devon	

1.0 Introduction

1.1

This Annual Report for Safeguarding Children outlines progress and delivery against the overarching strategic priorities for the period 2020/21. In addition, the report will set out the Trust's safeguarding children's assurance framework, including and performance and quality improvements against the statutory requirements set out in in the HM Government (2018) 'Working Together to Safeguard Children' document and under Section 11 of the Children Act 2004. The information included in the report will provide evidence and assurance that the Trust is discharging its duties for observing both the safety and wellbeing of children and young people using services provided by Torbay South Devon NHS Foundation Trust (TSDFT).

1.2 Vision

The Torbay and South Devon Foundation Trust mission statement for safeguarding children services is:

Torbay and South Devon NHS Foundation Trust work with a mixture of partner agencies, parents and carers; to support children in having safe, healthy and happy childhoods that help to prepare them for adult life. All staff working within the Trust, including those services we contract to other organisations, are aware of the need to safeguard and promote the welfare of children.

We all have a responsibility to recognise children who may be at risk of suffering harm and those in need of protection and how to respond to those concerns in a timely fashion. This includes services that predominately care for adults, which need also to always consider the safety and wellbeing of children associated with the adults receiving their care. By safeguarding children, we act to:

- *Promote their welfare and protect them from harm.*
- *Protect them from abuse and maltreatment*
- *Prevent harm to their health and development*
- *Ensure they grow up with the provision of safe effective care*

The mission statement directly aligns to the Trust values. These values foster a culture of safeguarding practice such that all staff employed by Torbay and South Devon NHS Foundation Trust will seek to keep children and young people safe by:

- Valuing them and listening to and respecting them
- Adopting child protection practices through procedures and code of conduct for staff and volunteers

- Providing effective management for staff and volunteers through supervision, support and training.
- Recruiting staff and volunteers safely all employees who come into contact with children and young people are subject to a formal Disclosure and Barring Service check.
- Sharing concerns with agencies who need to know and involving parents and children appropriately

2.0 Context for Safeguarding Children and Young People

2.1 National

NHS England - COVID Pandemic Legislation

On 17th March 2020, communication from NHS England and NHS Improvement was shared to the CEOs of NHS and Foundation Trusts, CEOs of Clinical Commissioning Groups, Directors of Public Health and other Health Providers to inform services on COVID-19 prioritisation measures to be taken in order to release capacity within services to support acute COVID preparedness and response.

This was followed by further communication on 19th March 2020 on COVID-19 prioritisation within Community Health services. The guidance had a significant impact on the public health nursing service provision and therapy support provision for children and young people. The guidance advocated for continuation of safeguarding services and the Trust took the protective step of maintaining the safeguarding children provision for the children and young people accessing their service.

Due to the significant numbers of staff that were redeployed across different services, the support of the Safeguarding Teams has been vital in providing advice, guidance and oversight of the safeguarding practices to ensure the safety of the young people accessing our services, but also the safe practice and emotional well-being of the Trust staff.

Integrated Care System (ICS) development

The Department of Health and Social Care (DHSC) is proposing to establish statutory ICSs, made up of an Integrated Care Board and Integrated Care Partnership (together referred to as the ICS) in each local area. The plan is that ICSs will strengthen partnerships between the NHS and local authorities, enabling more joined up planning and provision, including for the services children and young people receive. In most cases, ICSs will work across much larger footprints than their preceding clinical commissioning groups (CCGs).

The Integrated Care Board will take on the commissioning functions of the CCGs, including the commissioning of children's services. Each Integrated Care Board and its partner local authorities will be required to establish an Integrated Care Partnership, bringing together health, social care, public health (and potentially representatives from the wider public space where appropriate, such as education, policing, social care providers or housing providers), with a view to improving health and care outcomes for their populations.

The proposed legislation is designed to be flexible, allowing the NHS to continue to evolve and develop new and better ways of working, based on local needs and circumstances.

Nonetheless, it is considered essential to clarify that all CCG commissioning functions and statutory responsibilities, including those relating to child safeguarding, children in care, and special educational needs and disabilities, will transfer to the ICS. For example, the role of statutory safeguarding partner will transfer from the accountable officer of a CCG to the chief executive of the Integrated Care Board. The DHSC would like to work with safeguarding partnerships to understand how best to make this accountability work in practice.

Further guidance on the proposal will be published in June 2021.

2.2. Local

Due to the COVID-19 pandemic, working practice, systems and services have been significantly impacted. The rapid changes required to adapt to the changing clinical pressures have demanded a flexible, robust and adaptable service response from the Trust Safeguarding Children service provision and the networking with local multiagency partners.

2.2.1 Organisational restructuring in 2020/21

Following the change in the contractual arrangements for services from 2019/20 in relation to children and young peoples' services, the Trust has continued to support the transition of changes to the Community Childrens services through establishing the Child and Family Health Devon (CFHD) and the children's public health provision (Health Visitor / School Nurse) 0-19 Torbay Services in partnership with Action for Children and Checkpoint (The Childrens Society).

The Trust safeguarding children provision for these services ensures that the operational and strategic responsibilities are met to the standards and requirements aligned to Section 11 of the Childrens Act 2004 and in accordance to remits agreed with NHS Devon CCG. This has been challenged and delayed by the covid pandemic staff redeployment and service change guidance. The core TSDFT frameworks have remained but the CFHD community-based framework transition suffered the most significant impact. The information technology support, provision of laptops, use of Microsoft Teams and 'Attend Anywhere' has allowed staff to re-establish connections with children and young people and support service provision and delivery of care as legislation and guidance has allowed. CFHD strategic service design arrangements to move to locality-based teams have continued to progress.

2.2.2 Ofsted inspections for Local Authorities – Devon and Torbay

Devon

A planned focused visit was due to take place in May 2021 (this report is to cover April 2020-April 2021, the findings from the May visit will be covered in next years report) following the previous inspection in January 2020, which found serious failures in the services provided to children and young people. Whilst a number of issues required improvement, the MASH was found to provide an effective service to children. It was noted that:

'A particular strength is that partners, including the police and health colleagues, consistently RAG rate their own information. This promotes a shared ownership of the analysis of risk'.

The Health support in Devon MASH is commissioned and provided by the Safeguarding Children Team for CFHD. This enables efficient and effective information sharing and high-quality supervision support delivered to the CFHD workforce where children are receiving safeguarding interventions.

Torbay

This focused visit took place to Torbay Childrens services on 24th and 25th March 2021.

The methodology for this visit was in line with the inspection of local authority children's services (ILACS) framework. However, the delivery model was adapted to reflect the COVID-19 context. This visit was carried out remotely. Inspectors used video and telephone calls for discussions with local authority and education staff, managers and leaders, children and young people, and foster carers. The lead inspector and the director of children's services agreed arrangements to deliver this remote visit effectively while working within national and local guidelines for responding to COVID-19.

What needs to improve in this area of social work practice

- Management directions and plans for children, so that they contain specific actions that directly relate to addressing what needs to be done, within clear timescales.
- The quality of supervision, to ensure that identified actions on children's plans are followed through in a timely manner and, where required, consider time-specific remedial actions or escalation.
- The sufficiency and availability of highly specialist placements provision, the suitability of aftercare and the range of housing options for care-experienced young people (care leavers).
- More specific support to care experienced young people to help prepare them for the adult world and the challenges they may face, and to sustain their accommodation arrangements

Key areas supported by the TSDFT Safeguarding Children Team practitioners which were identified within the findings of the report were MASH and Exploitation identification / prevention services.

The report noted that:

'The day to day management and responses to referrals in the multi-agency safeguarding hub (MASH) have not been hindered by increased referral rates or the pressures of the new ways of working. MASH partners are fully involved, albeit virtually, in decision-making.'

'Strategic and operational partnership working to identify trends and exploitation hotspots is improving. This is a marked improvement from previous monitoring visits when there was little, or no, knowledge of the extent of the exploitation of the children of Torbay'.

2.2.3 Pandemic – operational impact on Safeguarding Children in 2020/2021

In March 2020, the COVID -19 pandemic resulted in National guidance for NHS staff in the management of clinical care. Safeguarding Children services, under direction of NHS England and NHS Improvement, were to remain active and to continue all direct safeguarding work.

Due to different working practices the Torbay and CFHD Safeguarding Childrens Teams have had to adopt different working practices during the period of the annual report.

The TSDFT Safeguarding Children Team continued the provision of the full service from a base at Torbay Hospital. The team have established robust remote working practice to support continuing representation with Torbay MASH and maintaining safeguarding supervision for caseload and non-caseload holding staff.

In the initial lockdown period, additional oversight and monitoring of patient presentations to the unscheduled care areas was established to support staff who had been redeployed to areas and who may require additional support in their safeguarding children duties. Quality assurance and audit showed that safeguarding children practice was well established and embedded for staff and there was minimal impact to referral levels. Safeguarding supervision and feedback have been provided by the Safeguarding Nurse Practitioners to operational staff to ensure they were supported in their practice and emotional well-being.

The CFHD Safeguarding Children Team have continued the provision of the service by working remotely from home. The team have established robust remote working practice to support continuing representation with Devon MASH and maintaining safeguarding supervision for caseload and non-caseload holding staff. The team have twice weekly meetings to ensure that they are able to access peer support and supervision from the Named Nurse. The Team work closely with Devon SPA; ensuring established information sharing, oversight of records and contact for practitioners to access advice / guidance and ad-hoc safeguarding supervision for children and young people that they are working with.

All Named Professionals have engaged in local and national remote networking to ensure learning is shared and quality assurance is maintained during this period. Locally, initial data indicates a significant rise in domestic abuse, challenges for young people with mental health problems, hidden exploitation of young people and a rise in sexual abuse disclosures/examinations. The complexities of the contextual safeguarding considerations for children, young people and families have also increased, complicated by the lack of services available during the covid lockdown periods. The Safeguarding Children Teams have continued to network with multiagency local service providers to be able to inform service development and training needs for TSDFT during this challenging time.

Throughout the report, details of the service adaptations that have been undertaken will be shared in the individual sections.

3.0 Torbay and South Devon Foundation Trust Statutory Framework responsibilities

3.1 Children Act 1989

The overarching principle of the Children Act 1989 states that "The welfare of the child is paramount". Section 27 of the Children Act 1989 places a specific duty on health bodies to cooperate in the interests of children in need ("need" is defined under Section 17 of the Children Act 1989). Section 47 of the Children Act 1989 places a specific duty on health bodies to assist Local Authorities (Social Care) in carrying out enquiries into whether a child is at risk of significant harm.

3.2 Children Act 2004

Section 11 of the Children Act 2004 places a legal duty on all health organisations to ensure that in discharging their functions they have regard to the needs to safeguard and promote the welfare of children. To be effective it requires staff members to acknowledge their individual responsibility for safeguarding and promoting the welfare of children. It also requires Torbay and South Devon NHS Foundation Trust to support them in this role. This includes ensuring that all staff have access to appropriate training advice, support and supervision in relation to this responsibility. In order to fulfil this responsibility, the Trust will ensure that all staff have access to expert advice, support and training in relation to child protection.

3.3 Torbay and South Devon NHS Foundation Trust accountabilities

Torbay and South Devon NHS Foundation Trust accepts that:

- The welfare of the child is paramount as enshrined in the Children Act 1989
- All children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse.
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- Working in partnership with children, young people, parents, carers and other agencies is essential in promoting young people's welfare.

4.0 Governance and Assurance Framework

4.1 Safeguarding Standards with Partner agencies

The Trusts commitment to the legislative responsibility provides the foundation to the agreed standards between TSDFT and NHS Devon Clinical Commissioning Group (CCG) for the provision of safeguarding/child protection services.

The standards are aligned to the key legislative guidance supported by Working together to Safeguard children (2018), the Intercollegiate Document (Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019) and reinforced by the quality assurance requirements set out by Section 11 of the Childrens' Act 2004.

As the standards are aligned to the legislation, this enables the governance process to link to the multiagency practice of the local safeguarding partnerships.

The Devon Safeguarding Children's Partnership (Devon Children and Families Partnership – DCFP) is well established. Named Professionals from both TSDFT and CFHD are key members of the sub group framework.

The Inaugural meeting for Torbay Safeguarding Childrens Partnership (TSCP) took place in September 2020. The partnership working continues to move from strength to strength. The organisational structure of the partnership differs slightly from the Devon Partnership. The Named Professionals and Service Leads from TSDFT are members of the core sub groups and are able to identify key staff to support additional task and finish groups.

It is recognised that the significant levels of service changes that have taken place across the partnerships have had a direct impact on engagement, but positive communication has been maintained utilising embedded processes, such as the Named and Designated Professional peninsula networks which have supported multiagency working practice. Trust Named Professionals and CCG Designated Professionals have continued to contribute to multiagency collaboration with regards to safeguarding children training arrangements and considerations for child safeguarding practice reviews.

The TSDFT Safeguarding Children service is commissioned on a block contract basis and, as such, does not have key performance indictors to monitor effectiveness of service provision. For the CFHD Team, under the service level agreement with Devon County Council for the Public Health Nursing Service, there are a number of performance indicators which are reported to and monitored by the Service Leads for the PHN service.

The Section 11 audit, as required under the Working Together to Safeguard Children legislation, supports the Trust in evidencing their compliance with safeguarding requirements and providing quality assurance to the Safeguarding Partnerships. This is also supported by a set of standards which have been agreed with Devon Clinical commissioning group (CCG). These standards were last agreed with the Clinical Commissioning Group in 2017/18, and remain in place continuing to underpin the Trust requirements for 2020/21. The standards have remained under scrutiny and discussion in the Trust Governance meetings (for TSDFT and CFHD), supported by Designated Professional representation from the CCG, with a consideration to refresh and update the standards in the near future.

See table below for the current safeguarding children / child protection standards for TSDFT:

Quality Requirement		**indicator**	**Target attainment**	**Frequency of monitoring**
1a	Children not put at unnecessary risk of harm	All allegations against staff will be reported to LADO	100%- **met**	6 monthly
1b		DBS checks	100%- **met**	6 monthly
2	Discharge Section 11 duties	Submit Section 11 self-assessment to LSCB and commissioner	Adequate evaluation by LSCB- **met**	As directed by TSCB/DSCB

3	Compliance with multiagency processes	Two relevant audits (including one of case records)	Minimum 10 records in each- **met**	per annum
4a	Compliance with Working Together: child death review	Audit of: Contribution to review (form B submission) on request	95%- **met**	On request
4b		Organisation attendance at local review meeting on request	70% - **met**	On request
5	Compliance with Working Together: Serious case reviews	Completion of IMRs/RCAs of appropriate standard within timescales, as per national guidance	100%- **met**	Monthly (by exception)
6a	Quality assurance system to monitor the discharge of the organisational responsibilities	Annual report to be shared with commissioner	100%- **met**	Annual
6b		Attainment of staff safeguarding training at Level 1, 2, 3 & 4.	90% at Level 1- 80% at Level 2- 80% at level 3 (See section 5.15)	6 monthly
6c		Supervision policy/ reference in place	100%- **met**	Annual
6d		Attendance record at LSCB	75%-**met**	Annual
6e		Audit in any area of service delivery reflecting client satisfaction of those under 18. *OR*	100%- **not met***	Annual
		Consultation on views of young people incorporated into service development		
6f		Declaration to commissioner of any SAEs/ SIRIs relating to safeguarding children	100%- **met**	monthly by exception
6G		Ensure LAC have relevant initial or follow up review health assessments in line with national timescales and robust quality assurance within acute setting.	100% -**not met**Δ	monthly by exception

Table 1

Performance Metric 6e - An audit on client satisfaction of those under 18 within safeguarding has not been achieved during 2020/21. This has been due to limited contact due to the covid pandemic restrictions. Focused work on achieving this in 2020/21 will be included in the governance work plans. The Safeguarding Children Partnerships have facilitated the multiagency case audit (MACA) programme, which

is supported by partner information from the Trust. Future MACA activity may support achieving this metric requirement.

Performance Metric 6G – please see section 5.5 for further details.

4.2 Internal Trust Governance

4.2.1 TSDFT Safeguarding Governance

For TSDFT, the Safeguarding Children Operational Group (SCOG) meets on a monthly basis. It is chaired by the Torbay System Director for Nursing and Professional Practice and is well attended by Paediatric service Leads and Named Professionals. The terms of reference have been reviewed and the dashboard has been updated to reflect the increasing safeguarding responsibilities and activities delivered across the Trust.

SCOG monitors the progress of Trust compliance against the CCG standards via the dashboard and the workplan for the group. The audit and policy ratification process are is also held within this group. All Trust Paediatric services are represented in the membership of the SCOG and the agenda ensures that all incidents, the risk register, complaints, policy updates, audits, training and supervision compliance, serious case reviews and internal managements reviews are considered and monitored on a monthly basis. The minutes from the SCOG meeting are then reported into the Trusts Integrated Safeguarding and Inclusion Group to ensure appropriate oversight of all safeguarding children issues.

SCOG also holds monitoring responsibilities towards external factors, such as child safeguarding practice reviews (also known as significant case reviews or serious case reviews) Any action plans arising from multiagency reviews are monitored via the SCOG workplan and trust briefing reports are submitted by the Named Nurse for review by the attendees.

4.2.2 CFHD Safeguarding Governance

Further to the establishment of Child and Family Health Devon (CFHD) in April 2019 the governance process has been incorporated into the Torquay ISU. There were a number of challenges that emerged which were complicated by the covid working guidance and redeployment of a significant number of key staff members across the alliance services.

The Safeguarding Alliance Governance Group has now been established and has a term of reference that was agreed in September 2020. The group has an established membership and is well attended. The workplan, metrics and action plan are monitored by the group and information is reported into the TSDFT Integrated Safeguarding Group for Trust Board oversight. The memorandum of understanding between the alliance organisations has remained under scrutiny and is in the process of revision, overseen by the Torquay ISU Lead for Professional Practice. Significant consideration is in place to provide clarity for staff in relation to roles and responsibilities, given the planned service changes to a locality-based model of service delivery, which is a current work in progress for the CFHD service.

4.3 Child Safeguarding Practice Reviews (formally Serious Case Reviews)

Initial consideration for a Child Safeguarding Practice review (CSPR) is undertaken under the rapid review process. This is an information gathering process where all partner agencies who have been involved with the child/family submit a chronology of key events and an analysis of their interventions. This information is then submitted to the CSPR review panel for the Local Childrens Safeguarding Partnership (Devon or Torbay) for consideration. The outcome is determined by the CSPR group and then submitted to the National panel for agreement.

Rapid reviews undertaken in 2020/2021:
Torbay: 4
Devon: 4
CSPR identified in 2020/2021:
Torbay: 3
Devon: 0

Actions plans and progress are monitored via the Trust governance structure, initially considered at SCOG and the CFHD Safeguarding Alliance Governance Group.

Child Safeguarding Practice reviews (CSPR) were established under the Children Act (2004) to review cases where a child has died and abuse or neglect is known or suspected. CSPRs could additionally be carried out where a child has not died, but has come to serious harm as a result of abuse or neglect.

When the CSPR reports have been completed, they require sign off by the Partnership, in accordance with recognised National process. Even though the reports may not have been released, the actions that were identified for the Trust as part of the reviewing process are able to be completed and monitored within the internal governance system. For 2020/21, themes included bruising and injuries in non- mobile children, child exploitation and staff knowledge and understanding of familial child sexual abuse.

There are no current outstanding actions for TSDFT from CSPR – all required actions have been completed.

4.4 Allegations against staff

Allegations against staff in relation to safeguarding children are heard by the Local Authority Designated Officer (LADO). Any allegation or concern that an employee or volunteer has behaved in a way that has harmed, or may have harmed, a child must be taken seriously and dealt with sensitively and promptly, regardless of where the alleged incident took place. Any allegation in relation to Trust staff must be referred to the LADO, in accordance with Trust policy.

For TSDFT, there have been 12 LADO referrals, 4 of which resulted in progressing to an allegation meeting.
For CFHD (excluding Devon Partnership Trust (DPT) CAMHS staff), there have been 0 LADO referrals.

For the timescale of this report the Trust does not have any current LADO cases nor outstanding actions in response to allegations against Trust staff.

4.5 Safeguarding Children Audit 2020/2021

Record Keeping Audit within the 0 to 19 service
Special Case Flagging
Quality assurance project – Repeated Abdominal pain presentations /Safeguarding considerations

5. Performance of Safeguarding Children Services

5.1 Maternity Safeguarding Children Activities

During 2020, midwives completed 335 interagency communication forms (ICF), identifying pregnant women who have safeguarding and vulnerability factors. This includes substance misuse, domestic abuse, mental health, teenager, etc. This equates to approximately 14% of women using the maternity services within Torbay and South Devon and requires a significant amount of resource to ensure that needs are assessed and appropriate plans are put in place to safeguard the baby and family.

The COVID-19 pandemic has had a significant impact on health and care services during 2020. The maternity service has continued to provide maternity care to women; however, this has had to be adapted to include some virtual appointments and no home visiting unless exceptional circumstances, in line with National guidance. Trust maternity services developed a clear plan for how services would be provided during the COVID-19 pandemic and have reviewed this regularly in line with National guidance. For women with identified vulnerabilities, the Trust has continued to provide services that are accessible and promptly re-introduced a first day home visit following the birth of the baby as soon as guidance allowed. The team have used digital technology to continue to participate in safeguarding meetings and work closely with local authority social care partners to ensure families and their babies are safeguarded and have robust plans in place.

Relevant meetings have continued throughout the pandemic but have utilised digital technology to ensure that these could continue safely, which has allowed for the Safeguarding Midwife to remain fully accessible to Trust staff and partner agencies, whether working from home or within the Hospital setting. The Safeguarding Midwife continues to be a member of both Torbay and Devon Rural Multi Agency Risk Assessment Conference (MARAC); contributing to meetings when pregnant women are being discussed.

The Safeguarding Midwife is also a member of Torbay's Unborn Baby Tracker Panel; this is a multiagency panel of professionals, which meets fortnightly. The unborn baby panel is an early opportunity to track and monitor the wellbeing and safety of vulnerable children at the pre-birth stage.

During 2020, there was a new initiative for Devon families with the Vulnerable Pregnancy meeting. This is attended by either the Safeguarding Midwife or Public Health Midwife. The meeting occurs monthly, and offers holistic support for families who are identified as having social complexities – this provides a safety net for families who do not meet the threshold for statutory intervention, but who maternity staff feel do need a robust plan of support for the family to thrive. The panel is attended by maternity staff, Action for Children, Devon Partnership Trust, Health Visiting and other local agencies who can offer support.

The Public Health Midwife continues to chair the monthly Public Health Liaison meeting. This is a multi-disciplinary meeting involving midwifery, Consultant Paediatrician, Perinatal Mental Health Team and Paediatric pharmacist. The aim of the meeting is to develop a care plan for babies who have additional care needs, such as maternal substance use. This enables a clear plan to be put into place regarding the observations the baby will require. The Public Health Midwife is collaborating with the Local Maternity System to align this process Devon-wide.

The Named Midwife and the Safeguarding Midwife continue developing networks both in the South West and Nationally. In 2020, they attended regular SW Safeguarding Midwives forums, Named Professional events and National events albeit virtually during the pandemic. The use of digital technology has enabled greater attendance at the national events. These are useful forums to share best practice and provide peer supervision.

Our high-risk consultant clinic is run weekly, and attended by the Specialist Public Health Midwife. Women with significant mental health disorders, substance and alcohol misuse, teenagers and other complex social needs are referred to this clinic by their midwife at booking. Multi-disciplinary care is offered, and safeguarding concerns are frequently identified due to the nature of the referrals. The Public Health Midwife and Safeguarding Midwife liaise closely to support staff and the women themselves.

Due to increasing clinical capacity issues during the pandemic, the Safeguarding Midwife has provided operational support to the Midwifery Teams by attending Child Protection Conferences, Strategy meetings, Core Groups and Child in Need meetings and Discharge planning meetings. This can be either due to capacity issues or to support with complex cases. She additionally supports Health in MASH, for both Devon and Torbay, with requests for maternity health information in response to MASH enquiries. There continues to be an increase year on year of Court directed report requests for Family Court to be completed by maternity staff. This has a significant impact on the service both for the midwife completing the report and on the senior staff supporting them.

The impact of increasing safeguarding children considerations and support for statutory duties continues to provide challenge for the maternity service.

5.1.2 Safeguarding Supervision in Maternity Services

Safeguarding supervision continues to be embedded within maternity. There have been an additional 4 senior midwives who have undertaken the training provided by the Named Nurse in 2020, with another staff member due to attend the next planned training session.

The Trust Safeguarding supervision policy is followed, with a clear and embedded structure across Maternity services. This is led by the Named Midwife and Safeguarding Midwife and supported by the Community Team Leaders and Maternity Services Safeguarding Supervisors to ensure that safeguarding supervision is accessed and accessible by all staff, both community and hospital based. In addition, the Named Nurse provides quarterly updates for the Community Team Leads and Maternity Services supervisors, which are well attended. The Named Midwife and Safeguarding Midwife access additional support from the Designated Nurse.

The standard of 100% for safeguarding supervision for community midwives with a case load is three monthly and all other maternity staff six monthly. Internal reporting systems of supervision both ad-hoc and planned, are currently being enhanced to provide accurate centrally recorded data and monthly reporting. This will be monitored through Safeguarding Children's Operational Group.

In addition, there has been collaborative work with the wider Trust Safeguarding Teams to support action plans in response to Child Safeguarding Practice reviews. The Midwifery Safeguarding Team Task and finish groups supported updated practice with regards to Discharge planning meetings and Acceptable behaviour policy.

5.2 Paediatric Liaison service activities

Clear and purposeful information sharing is a critical and essential aspect in powerful health care delivery. The Paediatric Liaison Service believes that by effectively and safely communicating with health partners/other agencies, we can help ensure that children and young people have their health and wellbeing needs appropriately supported. The service has continued to achieve this through four main overarching themes including; information sharing, special case flagging, staff advice/supervision and staff training.

5.2.1 Information sharing

Within this time frame, the service has had oversight of **2952** safeguarding referrals that include; Paediatric Liaison Referrals, Multiagency Safeguarding Hub (MASH) referrals and Multiagency Risk Assessment Conference (MARAC) referrals. The service received **2498** Paediatric Liaison Referrals from across the trust. The service had oversight of **352** Emergency Department (ED)/Minor Injury Unit (MIU) Multi Agency Safeguarding Hub (MASH) referrals, providing additional information forms as appropriate to ensure effective sharing of information to relevant safeguarding hubs and health partners. The service has also continued to support the ED/MIU by providing an overview of all Multi Agency Referral Assessment Conference (MARAC) referrals completed by the Emergency Department and Minor Injury Units. The service has processed **102** MARAC referrals, once more providing additional information as appropriate.

5.2.2 Special Case Flagging

The service has continued to develop the special case flagging to ensure relevant and accurate information is readily accessible to frontline practitioners. The service can receive flag requests from different service providers and from this the service currently manages **328** active special case flags. This is an increase of 19% from last year. The current special case flags include; medical flags (**89**), safeguarding flags (**46**), high risk missing person flags (**8**), drug box flags (**90**), and SARC (**95**). In recognition of the services expansion these flags are reviewed annually, and the process regularly audited with the support of the TSDFT Clinical Auditing Team to ensure they are relevant and up to date.

5.2.3 Supervision and staff training

The Paediatric Liaison Service has continued to be a point of contact to all agencies as well as providing ad hoc supervision to trust staff. Within this last term, the service has recorded **156** contacts and/or ad hoc supervisions requests – a decrease of **49%** compared to last year. We believe that a significant contributing factor for this decrease in contacts is due to the now established presence of a Safeguarding Nurse Practitioner within the acute services, who offer frontline practitioners with another source of safeguarding support and supervision.

5.2.4 Staff training

The Paediatric Liaison Service recognises that for children and young people to have their health and wellbeing needs appropriately supported, frontline practitioners need awareness of local contextual safeguarding issues. With support from the Safeguarding Nurse Practitioners, the Paediatric Liaison Service provides advice, guidance and supervision to staff in their consideration and contacts with children and young people who are accessing Trust services. The Paediatric Liaison Service recognises that at the heart of improving the quality of safeguarding referrals is through improved staff awareness and understanding. The Paediatric Liaison Nurses support the training of staff through;

- One-to-one operational induction with newly recruited Paediatric Nursing Staff into the Emergency Department during their supernumerary phase,
- Group operational induction training to Junior and Middle Grade medics within their rotations into Paediatrics and Emergency Medicine,
- Group Level 2 Safeguarding Children Level 2 Workshop group training – a new service provision that was introduced in August 2019.

The service continues to audit and record training feedback to ensure the provision can continue to develop and evolve to best support frontline practitioners and promote Safeguarding Children within Adult and Paediatric Services.

5.3 Children in Care / Looked After Children

This report incorporates both the acute and primary health services offered to the population of children and young people under the care of the local authority.
The numbers of children in care are consistently increasing both locally and nationally. There has been an annual increase of 4% of Children in Care (CIC) in the UK over the last few years. In March 2021 there were 319 under the care of Torbay local authority (8% increase on 2019/20), which is one of the highest rates of CIC per population in the UK and 814 CIC under the care of Devon County Council (DCC). There were also over 700 children and young people from other local authorities placed within the CFHD footprint. CIC can frequently be moved around the CCG area.

The numbers of children and young people coming into care locally increased (7%) during 2020-2021. This was partly due to the demands of living in the Covid-19 pandemic with increased risk of domestic violence, social isolation and increased poverty etc.

Most of these children and young people (CYP) have experienced abuse, neglect and/or trauma in their life before being taken into care. They have often experienced a number of Adverse Childhood Experiences (ACEs) such as parental substance misuse, family mental health issues, exposure to violence or criminal behaviour and loss of a parent, including separation. Research indicates that the higher number of ACEs experienced is linked with an increased risk of short and longer term poorer physical and mental health outcomes. This partly explains why CYPIC often have far higher incidences of physical, social, behavioural and emotional health needs.

CIC and Care Leavers can be more vulnerable; for example, being at higher risk of being groomed and exploited. This can be as a result of several factors including low self-esteem and being targeted by those who exploit their need to belong and appear to offer support and affection. These CYP can also be more vulnerable if they have been separated from their support networks, such as positive friendships and trusted adults. CYPIC are also more at risk of going “missing” from their homes, which can also expose them to further ACES and risk of exploitation.

5.3.1 CIC & Safeguarding (Report by Named Doctor for Children in Care)

During this challenging 12 months (April 20-March 2021) incorporating the COVID-19 pandemic, we have responded and adapted our working practices as much as possible to keep vulnerable children at the centre of our work.

There have been a number of achievements and highlights, our administration team were nominated and won the regional PAFTA award for Team of the year for 2020 which is a fantastic recognition for their hard work behind the scenes. Use of video consultation early in the pandemic allowed us to offer flexibility to our children and young people for initial health assessments although the majority of children need a physical examination so require face to face appointments. However, when young people are cared for out of our local area we can offer a video consultation which has meant we can use our local background knowledge to provide a more in-depth health summary/assessment when appropriate. Our audit of initial health assessments continues to highlight how well we are doing with regard to the quality, meeting all expected standards. It has also been an opportunity to improve attendance at National meetings to share good practice across the country.

Regarding challenges, working across two local authorities does make this challenging and the issues do differ across the patches.

We still experience delays in receiving consent from children’s services with 35% only received on time for Torbay, (similar figures to the previous year but improved from 19% 2 years ago). For Devon this has declined to 31% (from 45%) for this 12-month period. We continue to work with our partners in children’s services to improve this through the operational group meetings. An escalation process has been in place within Torbay and there has been an improvement in the length of delay of consent being received which is reflected in our figures below. With a new IT system in Torbay Children’s services it is hoped this will improve further and work with the Designated Nurse and executive teams continues to try and address this issue.

Despite this, we are able to offer our initial health assessments within 15 working days for 88 % of children in Devon and 90% in Torbay. Unfortunately, because of the delay in consent being received we are still only able to return the requests to

children's services within the statutory timescales for in 56% of cases for Devon and 55% for Torbay. The trend is improved in Torbay from 2 years ago which may reflect a reduction the length of delay due to measures introduced over the last 2 years. Several of these children were offered two appointments during the initial part of COVID-19 pandemic (one virtual and then follow up for physical examination) as well as changes to working during the initial part of the pandemic; despite this we have managed to improve our timeliness over the past months.

Our capacity both within the medical team and admin team has improved over the past 2 years due to a successful business case, but there is still a need to look at capacity and demand as the complexity of children in care increases moving forward and with the introduction of new KPI's for performance for both children in care and adoption work.

Adult medicals have also been an area of increasing complexity with the pandemic on a National Scale with GP surgeries not being able to offer face to face medicals. Despite this being a safeguarding concern, a temporary change in law allowed for us to accept telephone consultations. However, this has been complex and taken up proportionally more admin and clinical time.

Finally, there is an ongoing piece of work following changes to the Law governing medical records when the NHS number changes for a child following adoption. The Trust now has an overarching policy published which has mitigated some of the clinical risk, however there is further work required concerning the electronic record system and notifications which we continue to work on through governance meetings.

5.3.2 Children and Young People in Care Nurse Team (report by the Named Nurse for CYPIC & Care Leavers)

Our team offers a service to all CYPIC and Care Leavers that incorporates a resilience-based and trauma-aware approach. This approach aims to identify and build upon their strengths with the aim of increasing their health and well-being, their safety and to improve their life chances. They achieve this by offering comprehensive statutory health reviews, support, guidance and sign-posting, multi-agency working and listening to young people and acting as their advocate. The team work alongside their safeguarding colleagues and contribute to strategy & secure criteria meetings and Rapid review reports etc. The complexity and frequency of safeguarding incidents is increasing. The Named Nurse and team work with partnership agencies such as education, social care (including fostering) and the CCG to ensure that a high standard of care and safety frameworks are continually developed at an individual and strategic level. These CYP must be seen as a priority in health services to ensure a preventative approach and to promote their current and long-term health outcomes.

5.3.3 Significant safeguarding issues for Children and Young People in Care and Care Leavers 2020-21

As with all health services, Covid-19 had a significant impact on service delivery within the CYPIC team. Initially, Face to Face (F2F) contacts were stopped and the team had to rapidly adapt to working virtually. This brought a number of challenges in assessing children's health, welfare and development. However, national guidance changed and the team reinstated F2F visiting for the majority of their statutory Review Health Assessments (RHA), with the option of virtual contact as an

alternative option if the CYP preferred this method. Generally, most CYPIC living in the area were seen by the CIC Nurses within agreed timelines. This was recognised as a positive development in both the Torbay and Devon Ofsted reports earlier this year.

Other adaptations to working in the Covid-19 pandemic included assessing all CYPIC using a RAG-rating tool. This was completed in conjunction with the local authorities to identify any children or families that were at particular risk or vulnerable and sharing information to ensure their safety and addressing their needs.
In addition, new multidisciplinary meetings, such as the Torbay CIC Providers meeting, were initiated to ensure partnership working across agencies. Many of these have continued to develop and improve awareness of service offers, share learning and resources and enhanced inter-agency communication.

It has been recognised that the Covid-19 pandemic and lock-downs have had an impact on safeguarding both children, young people and the adults that care for them. This includes changes in the way that County Lines has operated with more local children potentially being targeted, particularly vulnerable young people such as some of those in care. The CYPIC Nursing team were consequently being asked to attend high numbers of Strategy meetings, which caused demands on the nursing capacity and delays for the meetings. The Named Nurse worked in collaboration with Torbay Local Authority to provide a targeted approach of attendance and provision of health information. This new way of working has received positive feedback from the Local Authority as it has ensured that health information is incorporated into the meeting and has reduced delays.

Overall, 2020/1 has been a challenging year for many reasons. However, the Torbay health services for Children and Young People in Care have continued to develop and adapt to ensure that the health needs of our children and young people are identified and addressed on an individual and strategic level.

5.4 Public Health Nurses – Torbay 0 to 19 service

In March 2020, following direction from NHSEngland, SCPHN staff were redeployed across the Trust.

3.43 WTE were shielded
Band 6= 8.12 identified for redeployment
Band 5= 4.57
Band 4=5.91

The remaining staff were risk assessed into two teams; those who were able to be client facing (8.46 WTE) and those who had underlying health issues which did not warrant shielding (7.86WTE)

School nurses were not redeployed in their entirety due to our safeguarding concerns about vulnerable young people. This was contrary to other areas of the country. Decisions around delivering the healthy child programme were guided by the IHV and NHS prioritisation within community health services direction.

Using our levels of service, Universal, Universal Plus & Universal Partnership Plus criteria, we defined our targeted families who would need face to face contacts and

developed a virtual offer for those we were less worried about. All mandated contacts followed this process.

Child health clinics became ‘essential’ with staff booking families into sessions on a weekly basis after triaging. These clinics now focused on babies with neonatal jaundice, feeding problems and failure to thrive.
Infant feeding clinics became virtual with the advent of ‘Attend Anywhere’ as did ASQ assessments.

All new birth contacts were face to face as antenatal contacts became virtual where universal or face to face if targeted.

We launched our Admin Hub as a single point of contact and our triage practitioners were invaluable in answering questions and concerns.
We developed our social media Twitter, website, Facebook, Instagram and employed a comms member of the team and invested in IT equipment to enable staff to work more in a more agile manner.

In July 2020, an informal consultation took place with staff around changing our established working practices of geographical attachment with surgeries and developing two teams to fit the council’s preferred model of Thrive.
This continues to be our working model and has meant we can cover all our safeguarding requirements within a team. This led to changes to the supervision model traditionally offered by the safeguarding practitioners to teams. The universal team now being offered targeted learning sessions. Themes have been developed in response to serious case reviews e.g. immobile baby policy and court skills.
All visiting has returned to normal with some exceptions around time scales (new births are 10 to 18 days due to capacity) and multip antenatal ladies are having virtual contacts. All targeted work is face to face.

Currently we have large volumes of referrals coming into the service which has meant developing a waiting list.

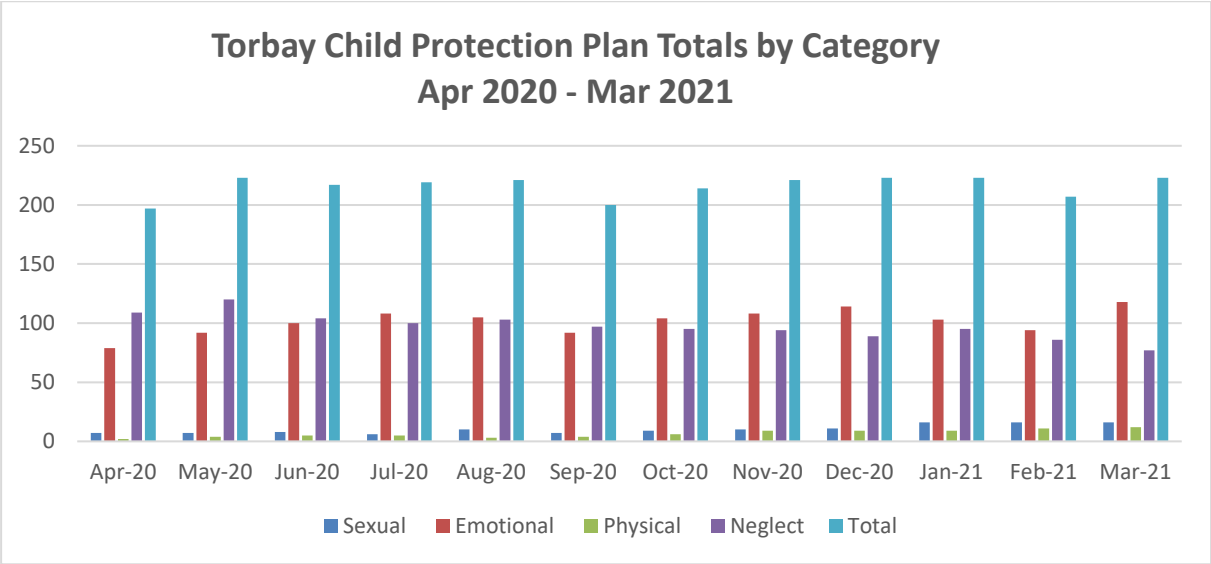
5.5 Safeguarding Children Team performance activities

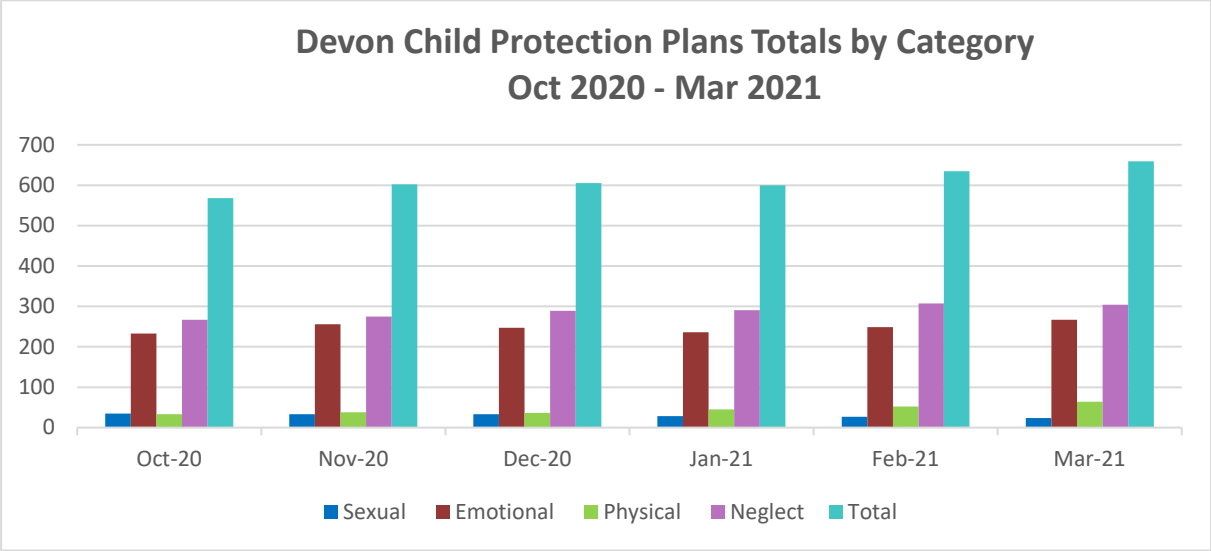
The Safeguarding Team performance report information will be based on the CCG standards. In order to understand the context of the needs of the local population the figure below shows the data for the children subject to child protection plans in Devon and Torbay; split by category.

For Torbay, the highest categories are consistently neglect and emotional abuse, which is in direct correlation with the local figures for deprivation, poverty and domestic abuse.

For Devon, figures have been gathered since October 2020 and give a similar pattern to Torbay.

In response, the dynamics of the working practice of the TSD and CFHD Safeguarding Childrens Team ensure that staff have awareness of both Devon and Torbay Local Authority working practice and Safeguarding Children Partnership strategies.





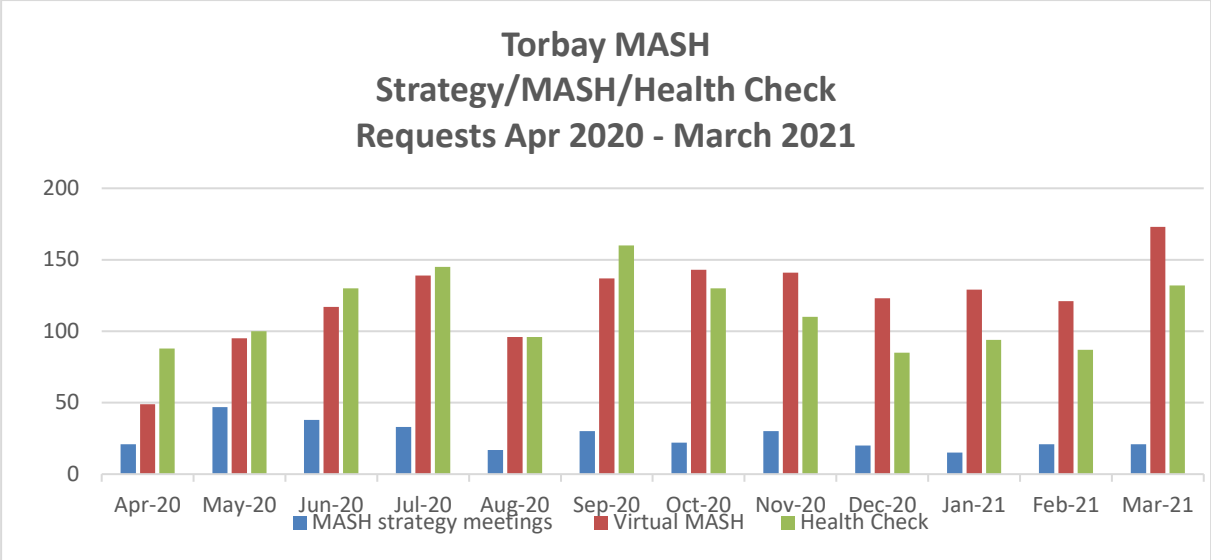
5.5.1 Health in MASH

TSDFT Safeguarding Children Team provide the health support to the Torbay Multiagency Safeguarding Hub (MASH). The support for Devon MASH is provided by the CFHD Safeguarding Children team.

The MASH receives all of the child protection referrals for local authority Childrens services. The health team support the investigations for each referral by completing health enquiries for all parties related to the referrals. This may then lead to contributing to virtual MASH and strategy meetings by information gathering from all available health sources; including TSDFT Health services, adult support services, GP's and CAMHS, and then providing analysis and recommendations for threshold decisions.

The numbers of Mash enquiries continue to increase (see figures in 5.71 and 5.72) below) and, in spite of service redevelopment and efficiency improvements, the MASH responsibilities have a significant impact on the capacity of the both the Devon and Torbay safeguarding children team.

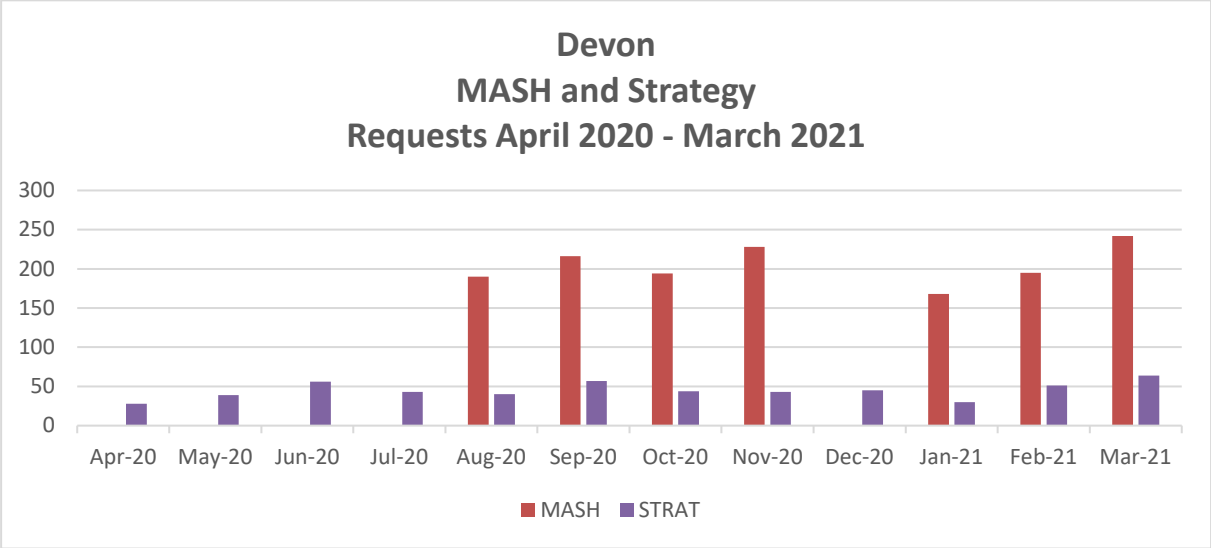
5.5.1.1 Torbay – Health in MASH



TSDFT Safeguarding Children Team provide health information to support consideration of children / young persons safeguarding needs following MASH enquiries / referrals. The Safeguarding Nurse Practitioners gather data, supported by the Admin staff, from a variety of sources, including acute, public health, sexual medicine service, CAMHS, GP and adult support services. They then provide an analysis of the information to support a multiagency consideration and outcome.

During covid lockdown period this has been either in a virtual mash response, facilitated via secure emails or by strategy meetings, completed using Microsoft Teams technology. Networking and liaison with the other agencies have remained in place during 2020/2021, facilitated by access to Microsoft Teams technology.
The TSDFT team have been able to work from a base at Torbay Hospital, developing a mix of office based and home working, subject to risk assessment, to support a robust and sustainable approach for clinical staff from across the Trust. It has enabled the team to adopt a flexible approach and for staff wellbeing, supervision and mutual support to be sustained throughout this challenging year. Without the environmental support and the support from the IT teams to provide appropriate technology, this provision would not have been possible.

5.5.1.2 Devon - Health in MASH

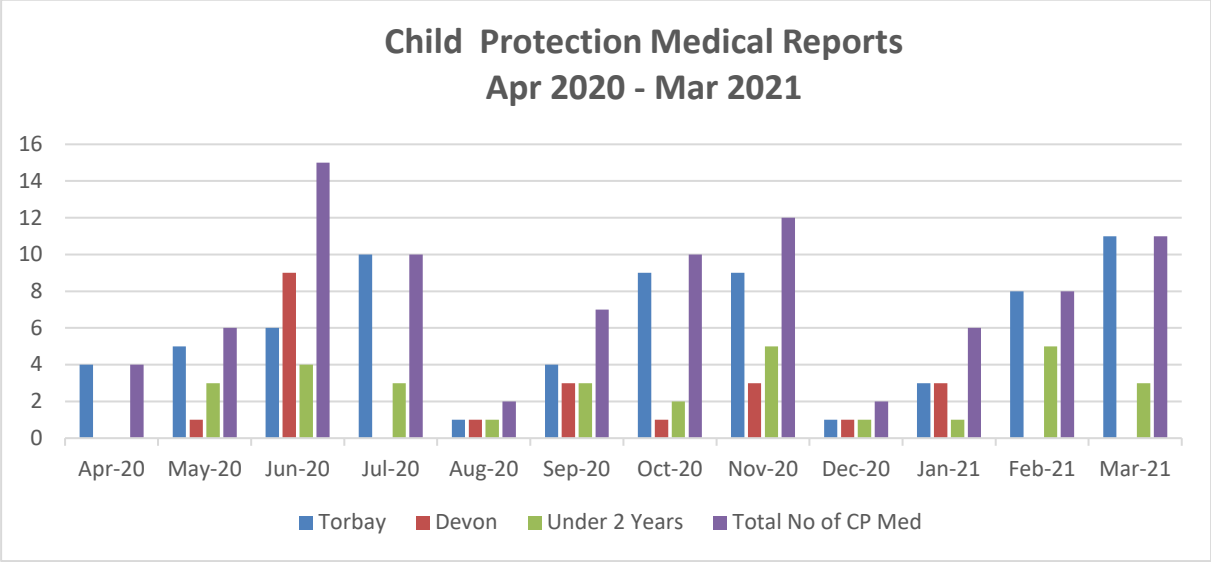


CFHD Safeguarding Children Team provide health information to support consideration of children / young person's safeguarding needs following MASH enquiries / referrals. The Safeguarding Nurse Practitioners gather data, supported by the Researcher, from a variety of sources, including public health, CAMHS, GP and adult support services. They then provide an analysis of the information to support a multiagency consideration and outcome.

During lockdown, the team have established multiagency communication process to replace the office systems of communication i.e. remote notice board for prompt notification of strategy meetings, office remote huddles (clinical and restorative function). The Team have worked from home and maintained the networking contact with the MASH multiagency team via Microsoft Teams. This has included attendance at daily then weekly vulnerable children's group/panel and MASH partnership meetings by the Named Nurse and Managers for service review.
In order to support staff wellbeing, the team have introduced twice weekly team meetings to monitor, train and support team members.
Securing additional DCC computers has been essential to allow each member of the team to provide full service from home.

5.5.2 Child Protection Medicals

Child protection medical examinations form part of the statutory response to child protection referrals from the health perspective. Child protection medical examinations are completed by Consultant Paediatricians / Middle grades and are completed in accordance with Royal College of Paediatrics guidance which is incorporated into Trust process. Referrals for Child protection medicals are made following strategy meetings held in either Devon or Torbay MASH's. (see figure below)



TSDFT Named Professionals have supported multiagency improvements to develop a shared protocol for the procedure of the medical examinations, liaising with both Devon and Torbay childrens services. As a result of the new processes, Consultant Paediatricians are regularly supporting decision making at strategy meetings for children who have experienced physical harm.

The Trust has adapted the multiagency protocol to establish an internal protocol to support improved quality outcomes for children / young people who require child

protection medical examinations. This has been audited against the newly published Royal College of Paediatrics and Child Health (RCPCH) standards and the audit presented to SCOG. Improvements to local process to ensure alignment to RCPCH standards for Child Protection medicals has subsequently been completed.

Ofsted have included consideration of Child Protection medicals in both Devon and Torbay Local Authorities at recent inspections. In Torbay, the new protocol has satisfied previous Ofsted recommendations. The protocol has been embedded but there is a continued training need, which is being supported by the Named Doctors, due to high turnover of social care child protection staff. In Devon, there is current work in progress, facilitated by the MASH Manager, in collaboration with the Named Doctors on improving considerations for Child Protection medical examinations at strategy meetings, mirroring the work previously undertaken in Torbay. There is a positive working relationship between TSDFT Named Professionals and both Torbay and Devon MASH Teams.

Medical examinations in relation to sexual abuse / assault are completed by the Sexual Assault Referral Centre (SARC). The Trust has developed an information sharing protocol to ensure that professionals are in a position to ensure continuing appropriate support is provide to children / young people.

5.5.3 Safeguarding Supervision Compliance

In addition to safeguarding supervision, staff require advice and guidance to support their safeguarding children practice. As the dynamics of family situations have become more complex, particularly during the covid lockdown periods, staff are making increased contacts for this support.

Both the TSDFT and CFHD Safeguarding Children teams provide this service. For TSDFT the majority of contacts are directed through the Paediatric Liaison service which is well established and embedded into clinical practice across teams such as Public Health Nursing, Unscheduled care, Louisa Cary Ward, Special Care Baby Unit and Adult inpatient wards. For CFHD this has a significant impact for the service as many of the staff cohort are case holders or completing targeted direct work with children/ young people / families. During the covid lockdown period the ‘duty contacts’, directed though Devon SPA have increased significantly. Data for CFHD as below:

DUTY CALLS Apr 2020 – March 2021											
Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
34	62	120	117	85	96	108	146	98	45	90	50

The data for the Safeguarding Children activities is reported and monitored via the governance meetings and both teams have identified capacity as a risk, which is documented on the risk register.

The Named Nurses, supported by the Governance groups, are currently progressing work on aligning a shared Safeguarding Supervision policy and Child Protection Policy to gain clarity and mirrored practice for all staff across TSDFT and CFHD alliance. This will support a mutual method of practice, agreement on compliance and aligned data for reporting for quality assurance purposes, whilst supporting individual needs of practitioners. This will support the shared vision and ethos of all

organisations. The policy will remain aligned to the standards of supervision outlined by the Local Safeguarding Childrens Partnerships and the South West Child Protection procedures.

To support the operational management of recording and reporting this essential information, the Named Nurse for CFHD has been collaborating with service leads to support data coding for patient electronic record systems, ‘Careplus’ and ‘Carenotes’ respectively, alongside the reporting systems in place for DPT (Develop) and TSD. This will allow staff to record safeguarding supervision contacts efficiently and effectively.

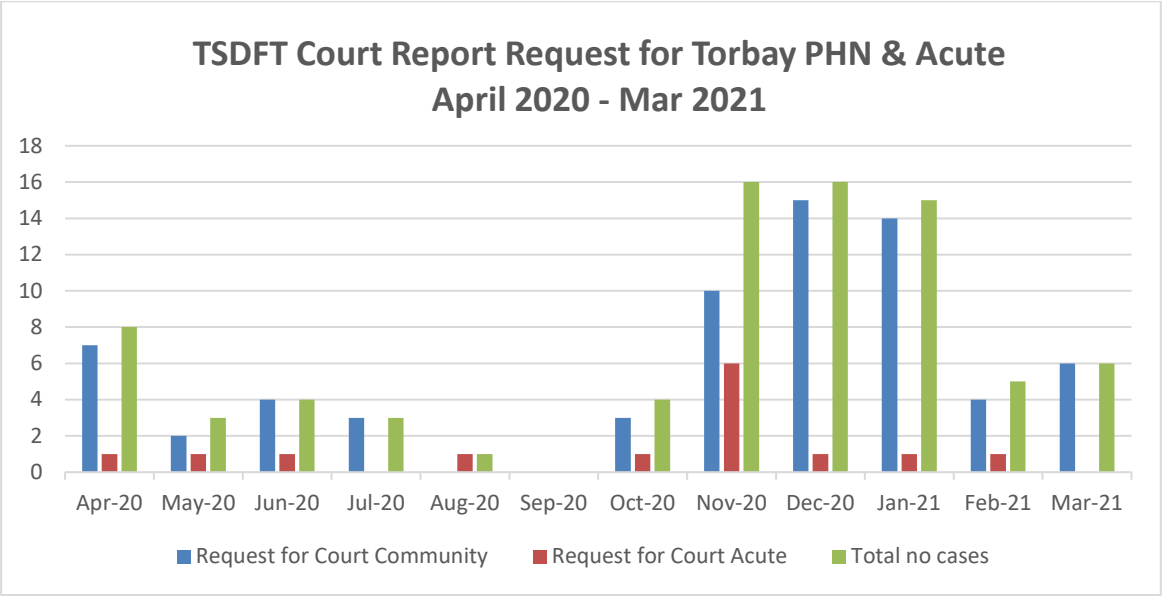
Safeguarding supervision is provided by the Safeguarding Childrens Teams; it is provided as formal group sessions or one to one sessions. The group sessions may be targeted for specific teams in TSD, such as Torbay Sexual Medicine service, Child Health or the Emergency Department, or multidisciplinary sessions in CFHD. All of the sessions allow for group case discussions and updates on current practice or areas of learning highlighted by Child Safeguarding Practice reviews. It is essential that staff are supported in their safeguarding duties and the TSDFT and CFHD Named Nurses have worked closely together to ensure / support appropriate provision for all staff in their responsibilities.

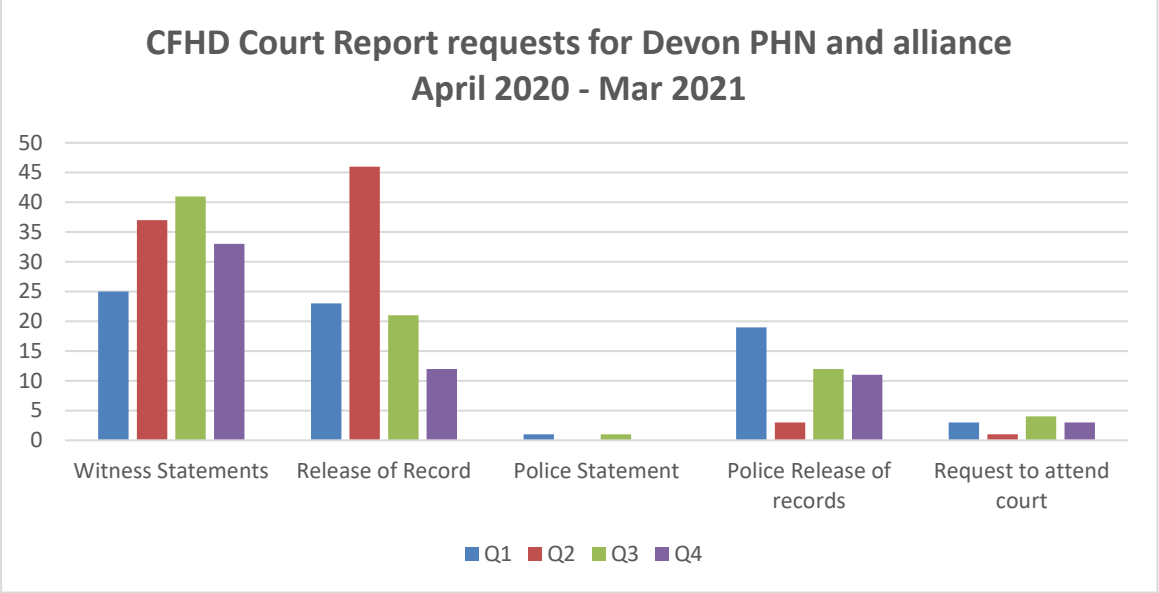
Additional Safeguarding supervisors have been trained from both TSDFT and CFHD by the TSDFT Named Nurse, who delivers a 2-day training programme followed by quarterly updates. Staff from a range of teams such as midwifery, speech and language therapists, paediatric diabetes nurses, sexual medicine nurses, emergency department staff, paediatric consultants and adult drug and alcohol service; in order to support the supervision provision in specialist paediatric services, particularly for ad-hoc supervision discussions. There are plans to extend this training provision to identified staff across the CFHD service to increase safeguarding supervision support at the operational level.

5.5.4 Court duties

Court duties in relation to Family court form an important part of the safeguarding duties for TSDFT/CFHD staff. For staff who have been directly involved in the care of a child, there may be a requirement for them to participate in legal proceedings if the child becomes looked after. Both TSDFT and CFHD are experiencing increasing demand on staff to complete court reports and attend court as witnesses.
It is a regular request for Health Visitors, School Nurses and Consultant Paediatricians, but increasingly requests are being made from Emergency Department Clinicians, Paediatric Nurses, CAMHS staff and Midwives.

The Trust are receiving increasing numbers of court requests, which are in direct correlation to the increasing numbers of children and young people who are subject to child protection or who have become looked after. (See figure below)





Both the TSDFT and CFHD Safeguarding Children Teams offer support to all staff who are required to complete a court report, in accordance with Trust policy. Staff are also offered safeguarding supervision and support for court attendance. The increasing numbers of requests for reports has implications on capacity for all staff groups, including the Safeguarding Children Team.

For TSDFT, all court requests are managed with the support of the Data Access Team to ensure oversight of all information sharing and medical record release for court purposes. This ensures monitoring of a high standard and consistent process for all children and families. With the continuing transition of CFHD services and aligning the memorandum of understanding with the alliance organisations statutory duties, the working practice for release of records and court support remains under discussion and is a priority for the CFHD Safeguarding Children Alliance Group.

5.5.5 Child Death Statutory Duties

Under statutory guidelines, issued October 2018, all child deaths, both expected and unexpected, are reviewed in the location/hospital of death, if out of area (OOA) reports

would be shared with the Child Death Overview Panel (CDOP) of child's home address.

These reviews can be in the form of a Child Death Review Meeting (CDRM) chaired by the Named Doctor for Child Death, hospital-based mortality meeting (currently not operated in the Trust for child deaths), perinatal mortality review (held last Thursday in month), serious adverse event (SAE) or other investigatory bodies including Healthcare Safety Investigations Branch (HSIB).

Figures for child death review process managed by Child Death Review Coordinator / Named Doctor for Child Death for TSDFT for 2020-2021 are as below:

Reported Deaths		**Under 1s**	**1-17**	**Learning Disabilities Mortality Review (LeDeR) cases**	**Early response / strategy meeting**	**Staff well-being debrief**	**OOA**	**Child Death review meeting**
Unexpected	5	3	2	0	3 ERM / 2 STRAT		1	1 +5 from previous year 2 c/f for 2021 1 awaiting further investigation
Expected	7	3	4	3	5 ERM	1	2	4

5.5.5.1 Early Response Meeting (ERM) and Child Death Review Meeting (CDRM)

Following changes to statutory guidance in October 2018, new processes have become well embedded into practice:

Early Response Meeting (ERM) - multi-disciplinary held within 48-72 hours following child death to review available information, identify any further investigations required, ensure no safeguarding concerns and all persons involved with child's care pre-death were aware/notified.

Child Death Review Meetings (CDRM) - multi-disciplinary, depending on circumstances of death may also involve other investigatory bodies including Healthcare Safety Investigation Branch (HSIB) and Health & Safety Executive (HSE). These meetings are held when all investigation/results are available; average timescale 4 months after death. Cases are analysed and reported back to Child Death Review Panel with any relevant factors that may have contributed to the child's death. These factors might, by means locally or nationally, require intervention or be modified to reduce risk of future child deaths. These have included:

- CTG software to be used and interpreted by trained clinicians only.
- Direct transfer to delivery suite when a baby becomes bradycardic outside delivery suite
- Rectal thermo in place before cooling
- Importance of reviewing low blood sugar in new born baby

Issues identified in CDRMs:

- For unexpected deaths, consideration for Scene of Crimes Officer to attend ED when examination of body is carried out and for photography support for ease of clarity for pathologist when carrying out post mortem.
- Need to improve End of Life training, education and confidence for staff when dealing with patients receiving palliative care.
- To support staff wellbeing - Improving staff notification / awareness in acute hospital setting to advise staff coming on duty there has been a death on ward.
- Support families with 'wishes document' information sharing with SWAST via NHS spine for patients receiving palliative care at home.
- Lack of placental histology service within Trust and region
- There was also recognised excellent multi-disciplinary engagement with health services, social care, education and hospice; championing optimised care response to clinical needs of child for escalating and deescalating complex cases utilising virtual meetings due to the COVID pandemic restrictions.

Due to COVID-19 working restrictions in place, ERM and CDRM could no longer be held face-to-face and therefore, newly introduced Microsoft Teams technology was used for all child death meetings. Positive benefits have included enabling improved and more accessible attendance from external agencies who would normally travel across counties to attend and also that meetings could be recorded, by consent of attenders, allowing the Coordinator to improve the quality of the minutes for the meeting. Once pandemic restrictions are lifted, it is likely that Microsoft Teams will continue to be a valuable tool used for meetings, saving time and money for external agencies statutory requirements in attending child death meetings.

5.5.5.2 Impact of COVID-19 pandemic working practice on Child Death practices

TSDFT did not experience any deaths of children directly attributed to COVID-19. Even so, the pandemic had a huge impact upon working practice and individual personal experiences of child death.

In the first half of 2020 there were 4 deaths on the children's ward and a death at local hospice. These children and families were well known to ward and community nursing staff who, due to restrictions, were unable to attend the childrens funeral services to pay their respects. Reduced parent/family presence on the ward, together with challenges from changes to working practices due to government restrictions and other capacity pressures, had a significant impact on nursing staff's resilience and wellbeing.

COVID-19 pandemic also had an impact on families i.e. appropriate care support packages management, access to secondary care due to government restrictions within hospital setting. It also had an impact on child death processes with restrictions in families being able to attend hospital post event, supporting bereaved families when shielding, and also managing patient / family anxieties when attending hospital.

In recognition and response to these experiences, a wellbeing day, in adherence with covid guidance, was organised, with consent/support from Trust Executive Leads. The day was run in 2 sessions; allowing maximum restricted attendance of 25

persons in morning and 25 in the afternoon, with an outside cross-over lunch funded from a previous MDT Child Death Study Day. The day's session, led by the Clinical Psychology Team, was well received by clinical staff. Attendance included Consultant Paediatricians, Community and Ward Nursing Staff, and chaplaincy. Some of the comments received following the wellbeing day were:

- "A chance to discuss some difficult situations and share experiences"
- "To know you are not alone/abnormal in the way you feel"
- "It's okay to feel anxious, exhausted"
- "It was hard to hear that peers were still struggling emotionally"
- "The openness of other peoples' experiences and feelings, realising what other people go through"
- "Thank you for realising our well-being is important and acknowledging that fact"

In response to the feedback and recognising a continuing need for the additional support, Child Health has continued to provide face-to-face monthly sessions supported by the Clinical Psychology Service.

5.5.5.3 Child Death review training and learning events

Due to COVID-19 restrictions the usual National Network of Child Death Review Professionals (NNCDRP) annual conference, usually held in Birmingham, was cancelled. However new, virtual quarterly National Child Mortality Database webinars were set up, providing updates to changes in practice. These webinars were recorded which has enabled the Named Doctor to share learning with their peers.

Peninsula Child Death Review Coordinator's Meeting usually held annually became bi-annual via Microsoft Teams. This reflected the impact of additional COVID 19 data collection expectations and constantly changing clinical landscape. Supported by the Designated Doctor for Child Death, work is being undertaken to create a generic template from the statutory guidelines for the peninsula coordinators to support best practice, with special recognition of the updated guidance and processes in place in Torbay Hospital Emergency Department.

In September 2020 a 'Police Emergency Department (ED) Walk Through', previously arranged for Spring 2020, was held as a virtual training session. A combination of 38 police officers; consultant paediatricians; social care representatives; mortuary staff, Trust safeguarding and ED staff linked in.
Feedback received included:

- "Whilst I have been involved in the chairing of strategy meetings and also attended child death review meetings for a number of years, it was extremely helpful to have a much clearer understanding of the process, particularly pre-Children's Social Care being informed/involved. I was particularly impressed with how Named Doctor focused on professionals ensuring they have good self-care through these proceedings. She was also very child focused and reiterated the importance of compassion for the families."

- "It was really good and brought back a lot of experiences from when nursing in A&E and support of parents who had lost a child. I found the practitioners involved in the training were respectful of parents' emotional needs throughout

the process. The specific terms/language used were good and has prompted me to consider use of and impact of language within my own service."

- "I just think from an understanding perspective and the working partnership you have within the Trust is great, this is something I will definitely develop on."

Torbay & South Devon NHS Foundation Trust continues to be the lead agency for the Peninsula in offering multiagency training for Child Death.

5.5.6 TSDFT Mandatory Safeguarding Children training

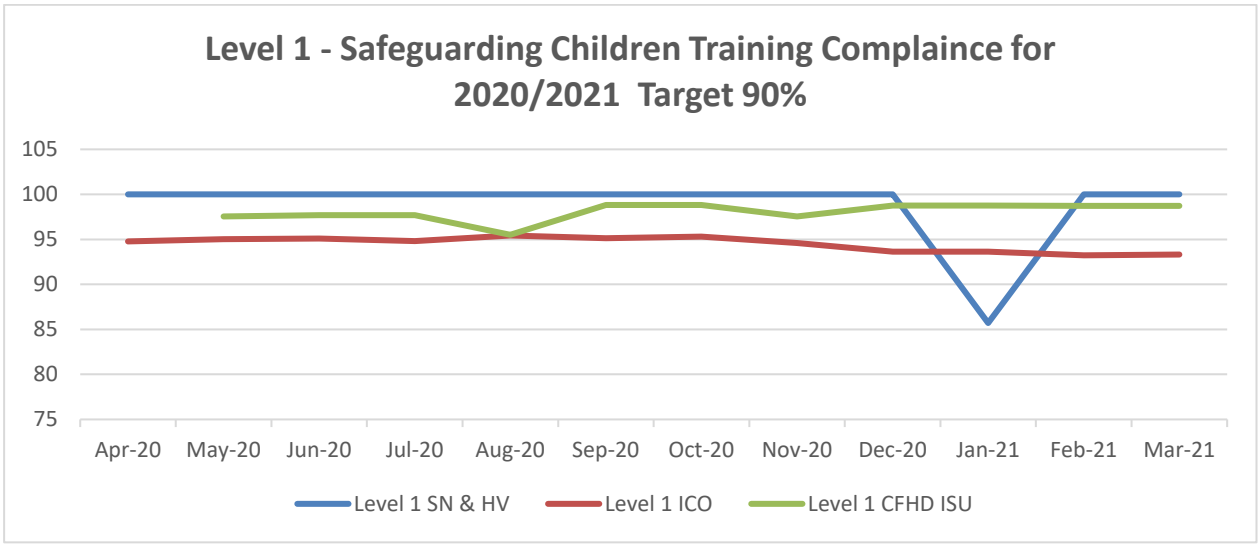
Safeguarding Children training compliance is measured and monitored on a monthly basis. The data is reported to the Safeguarding Children Operational Group (SCOG) and CFHD Safeguarding Operational Board for oversight. For monitoring purposes, the responsibility is initially held by the individual staff member; highlighted by email and on their individual training record on HIVE. The compliance data is also emailed on a monthly basis to the Line Managers, the Service Lead (AND) and upward via internal Trust hierarchy.

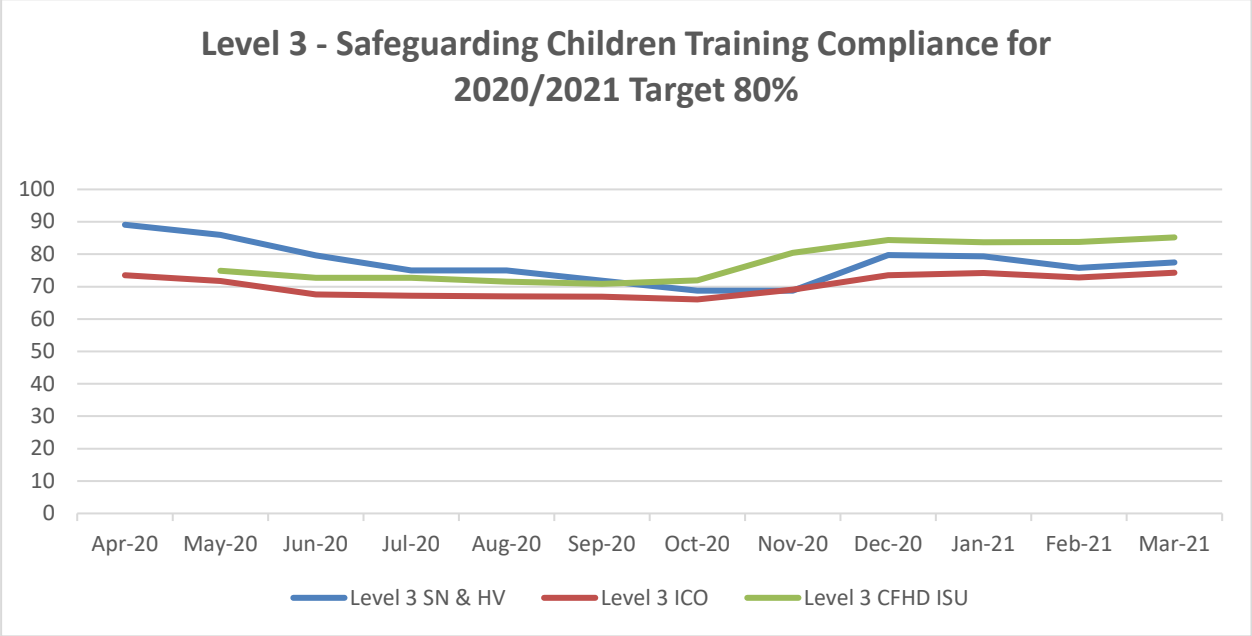
The training levels are set by the Named Nurses for Safeguarding Children in direct consultation and reference to the Intercollegiate document guidance (updated 2019) and is agreed by the Trust training lead and the Chief Nurse on an annual basis on submission of the training needs analysis.

To support key performance indicator monitoring for all aspects of TSDFT service provision, the compliance data is reported for the Integrated Care Organisation (ICO) compliance, the 0-19 Torbay service (Torbay Public Health Nurses – Health Visitors / School Nurses) and Child and Family Health Devon is also split for reporting to the alliance governance and performance purposes.

Compliance levels are reported to the current CCG standards of:

Level 1 - 90%
Level 2 - 80%
Level 3 - 80%





Compliance for Mandatory training has been significantly impacted due to the pandemic working arrangements. The staff availability for completing Level 1 and 2 was challenged by the redeployment and altered working practices. The Level 3 course is commissioned via the Torbay Safeguarding Children Partnership (TSCP). It was delivered face to face prior to the pandemic. The TSCP Learning and Development group made prompt decisions to update the sessions to availability via Zoom and the sessions have been available to staff for a significant period during the year. Staff engagement is high and there is positive feedback on the online sessions.

This has been a National issue and discussed in detail in the National Safeguarding Named Professionals online forum. Many areas resorted to the online NHS England programme for the Level 3 provision, but has struggled to gain compliance and reported negative feedback, particularly for staff wellbeing/support whilst accessing the learning in this style. Due to the continuing impact of staffing pressures, there remains a compliance challenge, which is under scrutiny and monitored via SCOG and CFHD Safeguarding Board.

Achievements for 2020-2021

- Provision of Safeguarding supervision to staff by the Safeguarding Childrens Teams – both in ad-hoc/duty calls and formal one to one or group sessions.
- Formation and attendance to CFHD Safeguarding Alliance Governance Group.
- TSDFT monitoring and oversight of all Torbay Hospital ED attendances during initial lockdown period to provide assurance that all safeguarding referrals required were completed and staff were supported in their statutory duties.
- Child Death review process managed via Microsoft Teams, supported by Child Death Review Coordinator and Named Doctor.
- Adoption records process highlighted and arrangements agreed for safe process to ensure relevant health information is transferred to child new post adoption health records – facilitated by Named Doctor for Looked After Children.
- Process for Health representation to strategy meetings for Children in Care updated and embedded – facilitated by Named Nurse for Children in Care.
- All actions and recommendations for TSDFT highlighted in Serious Case reviews / Child Safeguarding Practice Reviews completed and reported to Torbay Safeguarding Children Partnership – audits completed/in progress to reflect embedded learning.
- TSDFT and CFHD Safeguarding Childrens Teams support to Torbay and Devon MASH respectively; maintaining standards throughout the lockdown periods with an emerging picture of significant increases in numbers of referrals and complexities of situations for children and families.
- Revised Safeguarding Supervision arrangements for Torbay 0 to 19 Public Health Nursing Teams following restructure of service to Universal and Plus services – teams now have one to one and group update sessions in place which have been planned in accordance with outcomes from CSPR, audits, staff identified learning needs and updates in national guidance.
- Looked After Children Admin Team – won PAFTA regional award to Best Team 2021, recognising their skills, experience and support to increasing needs and statutory requirements to support children in care.
- TSDFT Safeguarding Children Team - Nomination by staff for PAFTA for individualised supervision support provided.
- In response to staff feedback from CAMHS, additional support in place at CAMHS multidisciplinary team meetings from the CFHD Safeguarding Children Team to support awareness and guidance for staff, with positive impact on outcomes for children / young people.
- CFHD Safeguarding Team monitoring of Child at Risk alerts (CARA) for unborn babies started during lockdown periods to support consideration of vulnerable women/ babies and ensure information sharing and early intervention where required.

Challenges for 2020-2021

- Mandatory Safeguarding Children Training compliance – in particular Level 3 due to accessibility and provision restrictions during lockdown periods, significantly impacted by staff redeployment.
- Arrangements to support CFHD Safeguarding Team with requests for court reports, witness statements, legal contacts require further clarity and organisational structure.

- Staff capacity for both CFHD and TSDFT Safeguarding Children Teams, including the ability to provide induction and wellbeing support, due to changes in working practices impacted by covid guidance.
- Staff capacity for both CFHD and TSDFT Safeguarding Childrens Teams to provide support to MASH services and wider organisation due to increases in safeguarding enquiries, complexity of family's needs and staff wellbeing and resilience.
- Number of IT systems for use by Trust staff including Careplus, Carenotes, Symphony, DART, ICHS, TMobile, PARIS, Infoflex. This has potential to allow for safeguarding risk, particularly where there are challenges with efficient operation for the system. Symphony system is current risk on TSDFT risk register; mitigating factors are in place. Named Nurse for CDFHD is currently working on mitigations for data extractions utilising coding in Careplus and Carenotes.

6. Conclusion

During 2020/2021, there have been significant achievements across the Trust, in many service areas. The working relationship between the Safeguarding Children Team and clinical services has continued to improve, resulting in positive outcomes for children and families. For example, the Emergency Department staff have faced extraordinary complexities, especially during the covid pandemic, but they have remained committed to supporting the safeguarding considerations of the patients attending the Department. The monitoring audit supported by the TSDFT Safeguarding Children Team evidenced that expected safeguarding children practice continued in spite of staff changes subsequent to redeployment.

The onset of the COVID -19 pandemic has had serious repercussions on the safeguarding childrens operational activity. The Trust Safeguarding Childrens teams, in accordance with National guidance, have remained fully operational, with CFHD Team working form home and TSDFT Team working from office based at Torbay Hospital. It has been noted during attendance to National Named Professionals network meetings that not all Trusts have supported their safeguarding children operational activity as TSDFT has done. Many Trusts redeployed members of their safeguarding teams to clinical services, which has resulted in additional risks for many services. These were well evidenced in the report "Working for babies / Lockdown lessons from local systems" published in January 2021. TSDFT have ensured that the continuation and prioritisation of safeguarding children has supported staff to continue to provide timely, appropriate and proportionate interventions and support for children, young people and families throughout the last year.

As a result, across the Trust, in all areas of child facing care, the Safeguarding Children Teams have supported and advised teams having to adapt services and find ways to support children's safety whilst complying with the national covid guidance for their service. The impact of this felt most strongly in maternity, child health, Torbay 0 to 19 service, the Emergency Department and Child and Family Health services. Research and monitoring of local data have shown significant increases in domestic abuse reports, increasing presentations of parents in mental health crisis, increasing contacts/ supports with parents suffering with substance misuse / alcohol misuse and multiagency challenges in ability to engage in meaningful, consistent direct contact with children, young people and their families. Support and safety planning for children and young people has been managed in the

context of plans changing on a regular basis and as services moved forward there has been important liaison nationally between Named Professionals. Many of the services changes made have enabled multiagency support to be delivered which will continue to inform future service provision.

The challenge to support capacity requirements towards the Trust safeguarding children practice has continued to increase during 2020/2021. The services changes and subsequent IT system challenges continue to present a high risk, which is recorded on the Trust risk register. There is work in progress across the services to mitigate the risk and consider the potential for service redevelopment and future planning.

7. Recommendations

The Board is asked to receive and note the Safeguarding Children Annual Report.

Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Assurance framework for Seven Day Hospital Services			Meeting date: 29 September 2021
Report appendix	Appendix 1- 7 Day Hospital Services Self-Assessment – Spring/Summer 2021		
Report sponsor	Medical Director		
Report author	System Medical Director for South Devon		
Report provenance	Executive Directors Meeting 28 of September 2021		
Purpose of the report and key issues for consideration/decision	This is a report on the progress made by Torbay and South Devon Foundation Trust in relation to seven-day hospital services (7DS). This programme supports providers of acute hospital services to tackle variation in outcomes for patients admitted to hospitals in an emergency, at the weekend and during weekdays.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Trust Board is asked to note the contents of the report and the risks and assurance highlighted. The monitoring of 7-day services continues as described and reporting to the Board will be undertaken on a bi-annual basis.		
Summary of key elements			

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

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

BAF Objective 4: To provide safe, quality patient care and achieve best patient experience

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

Report title: Assurance framework for Seven Day Hospital Services		**Meeting date: 29 September 2021**
Report sponsor	Medical Director	
Report author	System Medical Director for South Devon	

Introduction

This is a report on the progress made by Torbay and South Devon Foundation Trust in relation to seven-day hospital services (7DS). This programme supports providers of acute hospital services to tackle variation in outcomes for patients admitted to hospitals in an emergency, at the weekend and during weekdays.
This work is built on 10 clinical standards (CS) developed by the NHS Services, Seven Days a Week Forum in 2013. Four of these clinical standards were made priorities for delivery to ensure patients admitted in an emergency receive the same high-quality initial consultant review, access to diagnostics and interventions, and ongoing consultant-directed review at any time on any day of the week. Full details of all the clinical standards are available at: NHS England » Seven Day Services Clinical Standards

In addition to the 7DS clinical standards for all emergency patients, there are 5 urgent network clinical services which have been given priority: The Trust reports on hyperacute stroke and STEMI heart attacks. Other urgent clinical services are provided by neighbouring Trusts. **Mortality rates** at weekends are also discussed in this report.

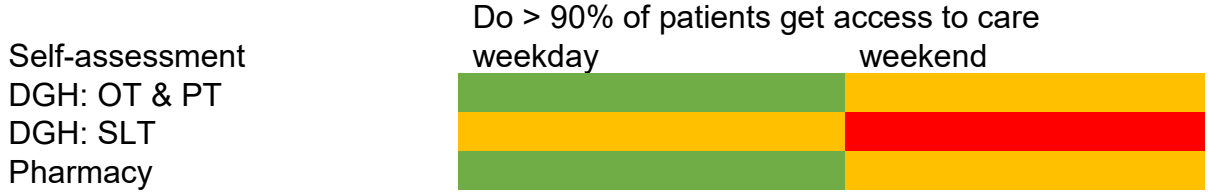
Discussion

As an organisation we have reported on our performance in achieving the **priority standards** since 2016. Over this time, our performance has improved particularly around the 14-hour standard to consultant review (standard two). We have not previously reported our performance against Standards 3 and 9. Our performance is captured in the Excel spreadsheet.

Standard 3. MDT review All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team. overseen by a competent decision-maker, unless deemed unnecessary by the responsible consultant. An integrated management plan with estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours

Standard 9. Support services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken

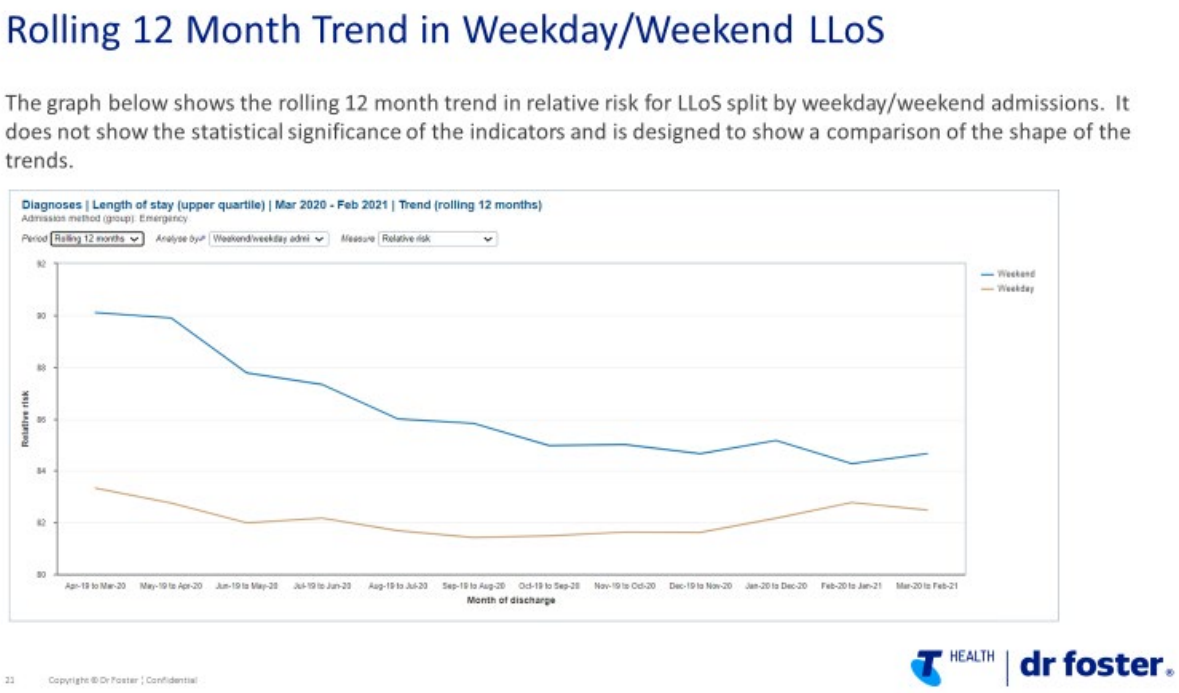
MDT review (Standard 3)



Support services (Standard 9)

DGH: OT & PT
DGH: Stroke OT & PT
DGH: SLT
DGH: Pharmacy
Com hosps: OT & PT
Com hosps: stroke OT & PT
Com hosps: SLT
Com hosps: Pharmacy
Com services: Ot & PT
Com services: Stroke OT& PT
Com services: SLT
Com services: Pharmacy

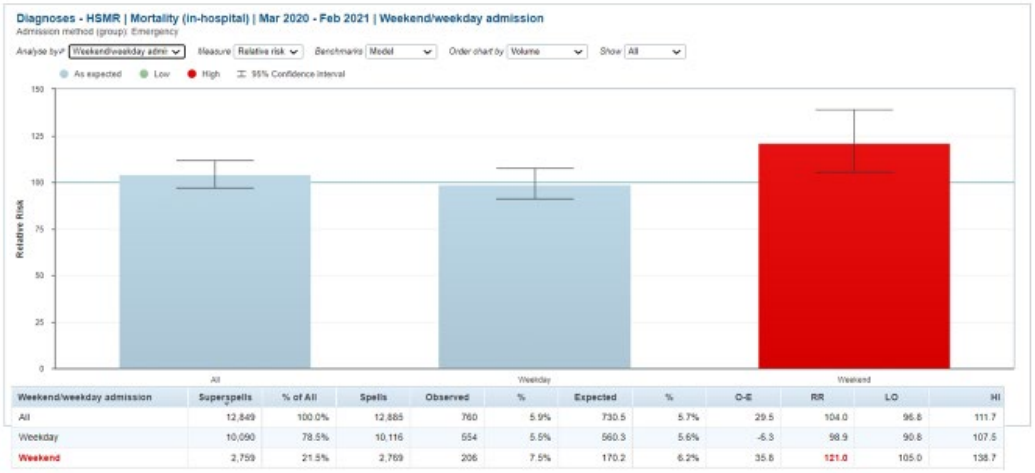
These data make it clear that care at the weekends remains significantly different to that received on a weekday. Improving weekend MDT care may improve care and shorten LOS, however average length of stay for both weekday and weekend are lower than National averages (linked to model of care and perhaps driving our slightly higher readmission rates) and continue to improve.



Mortality is slightly higher at the weekend both locally at TSDFT and across with wider CCG. This is now significantly different from the national picture (thus represented in red). Initial review reveals no clear explanation for this (no particular diagnostic group or age group) and the explanation is likely to be multifactorial. Factors may include; sicker patients presenting at the weekend, a lower denominator meaning the relative risk is higher, challenges in the wider system leading to delays in presentation to TSDFT, and lower staffing levels at the weekend. A deep dive is planned into this, including detailed case note review.

HSMR by Weekday/Weekend Admissions

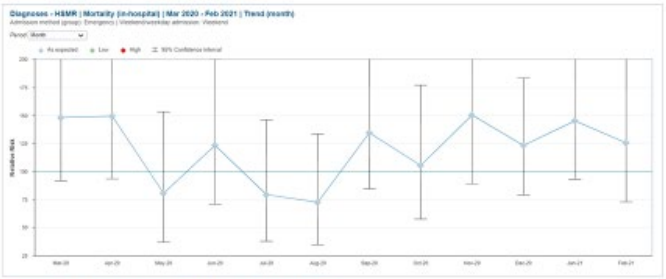
There is statistically significant variation between mortality for the HSMR basket for weekday vs. weekend admissions with weekend admissions having a statistically significantly higher than expected relative risk.



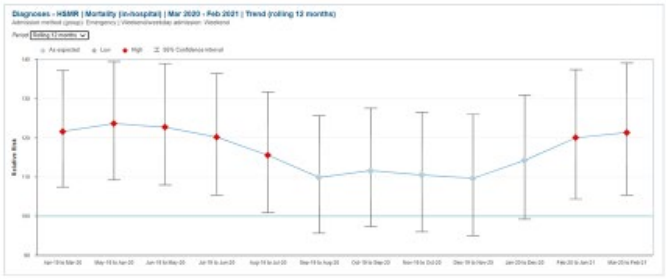
Weekend/weekday admission	Superspells	% of All	Spells	Observed	%	Expected	%	O-E	RR	LO	HI
All	12,849	100.0%	12,885	760	5.9%	730.5	5.7%	29.5	104.0	96.8	111.7
Weekday	10,090	78.5%	10,116	554	5.5%	560.3	5.6%	-6.3	98.9	90.8	107.5
Weekend	2,759	21.5%	2,769	206	7.5%	170.2	6.2%	35.8	121.0	105.0	138.7

Trends in Weekend HSMR

The monthly trend shows no statistically significant variation.



The rolling 12 month trend shows the relative risk was within the expected range between the Sep-19/Aug-20 and Jan-20/Dec-20 periods before becoming statistically significantly higher than expected again for the latest two data periods.



Conclusion

7 day performance in the 4 priority standards has improved, but is now stable. This is the first-time performance in standards 3 and 9 have been reported, and we do not achieve the standards at weekends. Despite this weekend LOS continues to improve. Mortality at the weekends as measured by HSMR appears higher; the reasons for this are likely to be complex and a in depth review is planned.

Recommendations

The board is asked to note the report and to receive a further report in Jan 2022.

7 Day Hospital Services Self-Assessment

Organisation	**Torbay and South Devon NHS foundation trust**
Year	**2021**
Period	**Spring/Summer**

Priority 7DS Clinical Standards

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	We are compliant in this standard in paediatric admissions, however are not compliant in surgical, and general medical admissions with the reported performance around 66-70 % rather than 90%. Thishas improved over the last 5 years - but has been static for the last 2 years. Recording is not fully accurate and impacts on our recorded performance.	No, the standard is not met for over 90% of patients admitted in an emergency	No, the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: • Within 1 hour for critical patients • Within 12 hour for urgent patients • Within 24 hour for non-urgent patients	Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?	Microbiology	Yes available on site	Yes available on site	Standard Met
		Computerised Tomography (CT)	Yes available on site	Yes available on site	
		Ultrasound	Yes available on site	Yes available on site	
	Echocardiography is available at the weekend for critical patients and urgent patients (through the consultant cardiologist on-call, and many of our ITU consultants) however routine echocardiography is not available over the weekend. MRI is available for critical and urgent patients over the weekend, however is not available for routine patients. During the week routine patients may expect to wait more than 24 hours for an MRI at present.	Echocardiography	Yes available on site	No the test is only available on or off site via informal arrangement	
		Magnetic Resonance Imaging (MRI)	Yes available on site	No the test is only available on or off site via informal arrangement	
		Upper GI endoscopy	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 6: Hospital inpatients must have timely 24 hour access, seven days a week, to key	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes available on site	Yes available on site	
		Interventional Radiology	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	

consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	We are compliant with this standard. Interventional radiology is delivered by a joint rota shared across between the SEND network. Renal replacement therapy is delivered either on the intensive care unit for patients with other intensive care needs, or by transfer to Exeter for appropriate patients.	Interventional Endoscopy	Yes available on site	Yes available on site	Standard Met
		Emergency Surgery	Yes available on site	Yes available on site	
		Emergency Renal Replacement Therapy	Yes available off site via formal arrangement	Yes mix of on site and off site by formal arrangement	
		Urgent Radiotherapy	Yes available on site	Yes available on site	
		Stroke thrombolysis	Yes available on site	Yes available on site	
		Percutaneous Coronary Intervention	Yes available on site	Yes available on site	
		Cardiac Pacing	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	Twice daily review is available on ITU, Medical receiving unit , and SRU for applicable patients. Once daily review for appropriate patients in other clinical environment is available (In the vast majority of patients), and time is provided in consultant job plans. Where this would not affect the patient pathway reviews at the weekend may be delegated to other members of the multidisciplinary team. Weekend review in stable patients is not available in cardiology patients, on Dunlop ward (but is available for patients on the chest pain unit and coronary care unit).	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Standard Not Met
		Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice Daily: No the standard is not met for over 90% of patients admitted in an emergency	

7DS Clinical Standards for Continuous Improvement

Self-Assessment of Performance against Clinical Standards 1, 3, 4, 7, 9 and 10
Provide a brief overall summary of performance against these standards, highlighting areas where progress has Over the past five years there has a significant improvement in the services available at the weekend. These include the availability of the multi-professional MDT to support shared decision-making, and the availability of support services. Many of the service is however still do not reach the 14 hour standard record recommended, with a reduced availability of services at the weekend. Some services for example medicines reconciliation at the weekend and the availability of primary care services remain very limited. been made since 2015

7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	No, the standard is not met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 5	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 6	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 8	No, the standard is not met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust

Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)
Key challenges remain the delivery of stroke specialist consultant review, and twice daily consultant review of hyperacute stroke patients at the weekend

Template completion notes

Trusts should complete this template by filling in all the yellow boxes with either a free text assessment of their performance as advised or by choosing one of the options from the drop down menus.

NHS
Torbay and South Devon
NHS Foundation Trust

<table>
<tr><td colspan="4">Report to Trust Board of Directors</td></tr>
<tr><td colspan="3">Report title: Workforce Race Equality Standard (WRES) Report 2021</td><td>Meeting date:
29 September 2021</td></tr>
<tr><td>Report appendix</td><td colspan="3">Appendix 1 - TSDFT WRES Data 2020
Appendix 2 - TSDFT WRES data report
Appendix 3 - Indicator 2 - 8 data
Appendix 4 - WRES Action Plan</td></tr>
<tr><td>Report sponsor</td><td colspan="3">Chief People Officer</td></tr>
<tr><td>Report author</td><td colspan="3">Equality, Diversity and Inclusion lead</td></tr>
<tr><td>Report provenance</td><td colspan="3">Organisational Development Department
Equality Business Forum
To be reviewed at the October People Committee</td></tr>
<tr><td>Purpose of the report and key issues for consideration/decision</td><td colspan="3">The purpose of this report is to provide an overview of our annual performance against the Workforce Race Equality Standard (WRES) metrics for 2020-21. The data will be shared on our public website, along with our action plan, in line with regulatory requirements.
Based on our workforce data (End of March 2021) and feedback from the NHS Staff Survey (2020), detailed in Appendix 1 and 2, we have developed a robust WRES action plan, described in Appendix 4, which will be progressed over the next twelve months to help close gaps in workplace inequalities between our BME and white staff.
<table>
<tr><th></th><th>Ethnic Minority</th><th>White</th><th>Not Stated</th><th>Total</th></tr>
<tr><td>Total Heads Count 2021</td><td>477</td><td>6111</td><td>200</td><td>6788</td></tr>
<tr><td>%</td><td>7.03%</td><td>90.03%</td><td>2.95%</td><td>100.00%</td></tr>
</table>
We also have plans to review our overarching strategic approach to equality and inclusion, including strengthening reporting arrangements and collective oversight of progress made.</td></tr>
<tr><td>Action required (choose 1 only)</td><td>For information
☐</td><td>To receive and note
☒</td><td>To approve
☐</td></tr>
<tr><td>Recommendation</td><td colspan="3">The Board is asked to receive and note the Workforce Race Equality Standard (WRES) Report 2021.</td></tr>
</table>

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

NHS Workforce Race Equality Standard (WRES)

Annual Report 2021

Torbay and South Devon NHS Foundation Trust

1 - Executive Summary; the breakdown

- We are an Integrated Care Organisation (ICO) and are over 6,500 people strong. We are responsible for the delivery of acute, community health and social care services. We are culturally innovative, and have a clear ambition to improve outcomes for everyone in our population, Building a Brighter Future.
- Our People Promise describes how Torbay and South Devon will feel as a great place to work, and Our People Plan describes how we will create the conditions for people to thrive, and deliver exceptional integrated health and care, whatever essential role we play. Our People Promise and Plan have been shaped by our people, as well as our colleagues across the whole NHS. Importantly, we are committed to understand and build on what works well and to address the issues that get in the way.
- The Covid-19 pandemic has significantly raised the profile of BME health inequalities both nationally and in Devon. The recent Nous report commissioned by Together for Devon has highlighted the inequalities in the experience of health and care in Devon for BME communities and staff. The Integrated Care System for Devon (ICSD) has committed to delivering the 34 recommendations from the Nous report to improve experiences for ethnically diverse staff and communities, and the eight recommendations to improve LGBTQ+ inclusivity.
- The Devon Wide BME Network is chaired by our EDI Lead. The Network and its members are committed to ensuring that the recommendations of the Nous report are implemented in line with WRES reporting. Therefore, actions implemented by ICSD should drive and align to the high-level strategies of the NHS People Plan 2020/21, the NHS Long Term Plan and the NHS Equality Objectives, and with our local WRES action plans.
- Devon remains predominantly a White area with 5.1 % BME people reported in the 2011 Census. However, it is likely this figure is more in the region of 7% and is set to increase with the mobilization of the Devon International Recruitment Hub (IRH) in place.
- Our aim is to create a culture of including and belonging and have equitable representation of minorities at all levels within our organization in line with ‘A Model Employer’ goals, which aims to accelerate recruitment of BME staff at senior levels.
- We have developed a robust WRES action plan, which will be progressed over the next twelve months to help us achieve this and close gaps in workplace inequalities between our BME and white staff.
- The WRES highlights the importance of how we must all treat each other with

kindness, civility and compassion. It is essential we all realise we can all make a difference towards the Trust becoming a more inclusive and equitable place to work.

- We are very proud to have launched a number of Networks in driving forward equality, diversity and inclusion initiatives organisation wide, and furthermore, celebrating the best of every person's individuality.
- The Equality Business Forum (EBF) together with the Networks will also have an important role in overseeing progress of the WRES action plan and strengthening collaboration between the Board and BME staff across the organisation.
- The WRES will be a standard item on the EBF and Network monthly meetings and network members will continually seek updates on its progress.
- The Trust also has Equality, Diversity and Inclusion (EDI) Leads who will have a key role in working with the networks, to support and guide the organisation and its stakeholders in improving staff and service user experience.
- Finally, TSDFT takes the view that an action plan is an organic tool to be adapted as concerns are raised. This means our actions moving forward will be adaptable and personalized for our future states.

"The aim of the NHS Constitution is clear, to treat everyone, regardless of background with kindness, respect and care. The WRES is built on the valuesof the constitution and aims to ensure that all members of staff, regardless ofbackground, have the opportunity to be the best that they can be. The evidence is that closing the gaps on workforce race equality in the NHS improves patient care, patient safety and patient satisfaction, saves money and saves lives".[6].

Yvonne Coghill, ex-Director, Workforce Race Equality Standard Implementation NHSEngland

Key Headlines from the WRES Data

Please see Appendix 1 for WRES Data 2020 Infographic.

- Under representation of BME staff at Band 7 and above.

  The intention of the Model Employer target is to reflect representation of ethnic minority staff at equal proportions in all AFC pay scales by 2025. BME representation of the total workforce is currently 7%

- Inequalities in recruitment – white people are **nearly twice (1.73)** as likely to be appointed from shortlisting compared to BME people.
- **31%** of BME staff who completed the NHS Staff Survey said that they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.**0.2% Slight Increase** on 2019 data. We are slightly higher (worse than) the national average.
- **25.2%** of BME staff who completed the NHS Staff Survey said that they had experienced harassment, bullying or abuse from staff in the last 12 months. **4.5% Increase** on 2019**.** We are below (better than) the national average.
- **15.1**% of BME staff who had completed the NHS Staff Survey said that they had personally experienced discrimination at work from their manager/team leader or other colleague. **4.8% Increase** on 2019 data. We are slightly higher (worse than) the national average.
- **75.7**% of BME staff believing that trust provides equal opportunities for career progression or promotion has **reduced significantly by 6% since 2019.**We are above (better than) the national average.
- **No BME representation** on the Board.
- Current figures would indicate BME staff were **no more likely than white staff** to enter the formal disciplinary process. There are no recorded cases in 2021 for BME staff and 10 cases for white staff (0.16%).
- Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff in 2021 is **1.01 for TSDFT.** Our performance against this indicator has dipped slightly so that we move from a position in 2019/20 where BME staff were more likely than white colleagues to access training, to a position in 20/21 where BME and white colleagues are equally likely to access training.

2 - Introduction

Welcome to our WRES Annual Report 2021 which includes a data report for 2020/21and an action plan for 2021/22.

The Workforce Race Equality Standard (WRES)

There is considerable evidence that the less favourable treatment of BME staff in the NHS, through poor treatment and lack of opportunities, has a significant impact on staff well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.

The WRES was introduced in 2015 and is designed to close gaps in work place inequalities between our black and minority ethnic (BME) and white.[1] This was in response to the 2014 study by Roger Kline titled 'The snowy white peaks of the NHS', which highlighted the link between good patient care and an NHS workforce that is representative of the local population it serves.

Commissioned and overseen by the NHS Equality and Diversity Council (EDC) and NHSEngland, the WRES is included in the NHS Standard Contract and Trusts are required to publish their WRES data and action plans on an annual basis.

The main purpose of the WRES is to: -

- Enable the organisation to review WRES performance.
- Produce action plans to close the gaps in workplace experience between white and BME staff.
- Improve BME representation at the Board and senior levels of the organisation.

Overall, there are nine indicators that make up the NHS WRES. These comprise workforce indicators (1-4), Staff Survey indicators (5-8) and an indicator focused on board representation (9) based on the workforce data and an action plan tracked year on year to demonstrate continuous improvement to tackle the root causes of discrimination. The 2020-21 WRES data for TSDFT is based on staff who have an ethnicity recorded on the Trust's Electronic Staff Records (ESR) system and we currently have data on the ethnic origins of 97% of our workforce.

From April 2016 onwards, progress on the WRES is considered as part of the "well-led" domain in CQC's inspection programme. The aims of the WRES Annual Report are to:

- Compare the workplace and career experiences of BME and White staff in the NHS using data drawn from WRES reporting; and

- Identify improvement priorities to create an inclusive culture for people to thrive by eliminating unlawful discrimination, promoting equal opportunity and fostering good relations.

This year the national workforce race equality standard programme have created 'Disparity ratios', highlighting how staff with minority ethnic backgrounds are represented at different levels in each trust. The data indicates the differences in progression between white people and those from an ethnic minority background through the ranks of each organisation. The data can be used alongside the WRES data to highlight areas for improvement.

The WRES supports our compliance with the Public Sector Equality Duty, as part of the Equality Act 2010.[2] It reinforces the improvements set out in the NHS Long Term Plan and is integral to the NHS People Promise within the NHS People Plan 2020/21, a promise we must all make to each other, to work together and improve the experience of working in the NHS for everyone.[3]

The WRES complements the Workforce Disability Equality Standard (WDES) and both are vital to ensuring that the values of equality, diversity and inclusion lay at the heart of the NHS.

1. https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/
2. https://www.gov.uk/government/publications/public-sector-quick-start-guide-to-the-public-sector-equality-duty
3. https://www.england.nhs.uk/ournhspeople/

2.1 - Our Values

Whether you're a patient, a visitor or a member of staff, our Vision sets out what you can expect from us – 'Working with you for you'

Our values describe and define our culture. In everything we do, we aim to:

- Treat everyone with 'Respect and Dignity'
- Commit to the quality of care we provide
- Treat our service users and colleagues with 'Compassion'
- Work collaboratively to 'Improve lives'
- Work together for people
- Ensure that everyone is counted and most importantly that they feel counted

2.2 - Our Commitment

It is clear from our WRES data analysis that we need to improve the experience for our BME colleagues and continue focusing on closing the gaps in workplace inequalities between our BME and white staff.

We are committed to delivering our robust WRES action plan as part of the Equality,Diversity and Inclusion strategy; a golden thread which runs through our newly developing and exciting ‘People Plan’ and ‘Pathway to Excellence’ programme.

We all need to treat each other with kindness, civility and compassion and we know that improving the experience of all our colleagues will lead to better care for our patients.

We have introduced a number of Staff Networks in response to staff requests during 2020/21, a catalyst to empower, encourage, and promote equitable opportunities for staff from across our organisation. It is a safe and supportive space for colleagues to come together, share their experiences and feedback on a wide range of actions and decisions.

Our BME Staff Network is still in its infancy but is growing in numbers and will play a vital role in supporting and guiding the organisation to drive forward WRES improvements over the coming months and beyond.

Stakeholders across the organisation have been given the opportunity to input to the development of the action plan.

We are very grateful to those who shared their experiences and to everyone who has engaged in our WRES journey. We now look forward to working together throughout 2021/22 to deliver the actions in the plan and improve workplace and career experiences for our BME colleagues across TSDFT.

2.3 - Why Race?

The Legal Case	Working towards equality, diversity and inclusion is rooted in the fundamental values,pledges and responsibilities of the NHS Constitution.[4] The WRES also supports our compliance with the Public Sector Equality Duty, as part of the Equality Act 2010.
The Moral Case	Now more than ever Covid-19 and the Black Lives Matter movement highlighted the moral case for the WRES. We are committed to understanding and tackling inequality and recognising its impact on the lived experiences of our BME and all colleagues and communities.
The Quality Case	The experience of our staff is linked to patient satisfaction, patient safety and high-quality patient care.
The Financial Case	Improved workforce efficiency improves organisational financial efficiency.

The action plan focuses on the steps we need to take to close the gaps in work place inequalities between our BME and white staff; to drive changes in attitude and culture; to increase employment and career opportunities, and implement long-lasting change for BME people. Help support the staff networks in championing an organisation which is committed to an open culture, reducing bullying, and improving staff wellbeing.

4 https://www.gov.uk/government/publications/the-nhs-constitution-for-england

3 - Conclusions and next steps

- The data indicates some improvement in some areas for our BME colleagues but we still require further, focused action. We are still not achieving outcomes and experiences in line with our expectations.
- Recognising that some of the actions we take, such as actions to improve the culture of inclusion and leadership development, will require longer than 12 months to implement, we endeavor to have a rolling action plan that is reviewed annually.
- Our data was submitted August 2021 and our action plan has been reviewed and is attached in Appendix 4. Its focus and activities are in line with best practice and other trusts but we have not been seeing the results that we need and it would appear that we may have been trying to do too many things in parallel. Consequently, the focus for the year ahead will be on key priorities (Refer to 3.1 - Agreed Areas of Focus)
- The WRES will continue, alongside organisational work streams, at system level and in line with the Nous report recommendations to help ensure that there is momentum and continuous improvement in the workforce race equality agenda. This will help drive a culture of inclusion within the organisation and help meet the goals set out in the People Promise and Plan 2021 so that it will take us forward, faster, with greater impact.

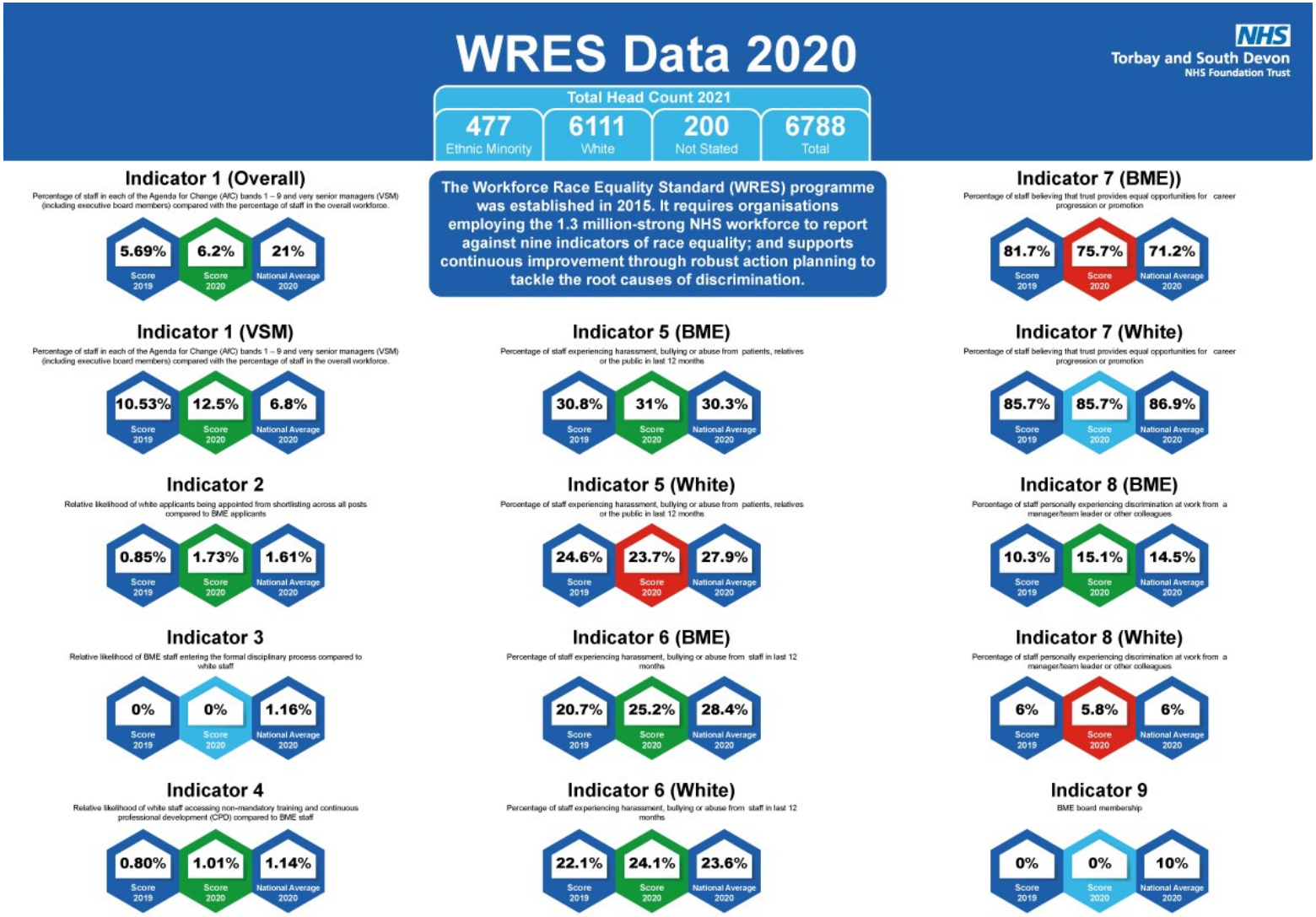
3.1 - Agreed Areas of Focus

- Health Inequalities- Employability. We will work with partners to widen access to quality work thus creating job and work experience opportunities for under-represented and the most deprived people in our communities.
- Recruitment practices to be overhauled so that we are truly Inclusive and Diverse, to ensure we attract and retain a diverse workforce particularly at Board and senior management levels. We will focus on ensuring that our workforce is reflective of our local communities.
- Reciprocal Mentoring. We have been selected as an organisation to participate in the Reciprocal Mentoring Inclusion Scheme. This is a systemic leadership development intervention that provides opportunities for individuals from under-represented groups to work as equal partners in progress with senior executive leaders. The scheme is designed to create transformational change and enable a culture of diversity, equality and inclusion, where the power of difference is valued through sharing lived experiences, creating awareness, insights and action. This directly contributes towards the creation of a more equitable and inclusive organisation where the factors that generate inequity are positively and proactively addressed. This programme is a powerful enabler that can change organisational norms and traditional culture, one conversation at a time.
- The Networks. The trust is committed to supporting Networks to become sustainable with increased visibility, membership, wider reach and impact across all protected characteristics. They will play a significant role in driving up the standards to improve our WRES data over the next year through the WRES action plan, as well as empowering our BME colleagues to use their voices through the network, sharing their lived experiences to educate and to improve outcomes for BME colleagues, all staff and patients. Our networks will be prominent in contributing too and informing decision making.
- Develop career pathways. Focus on development and progression opportunities for a new and existing staff, recognise and reward talent, develop Apprenticeship career pathways and work alongside the Devon IR Hub to ensure our International Nurses have a clear understanding of clinical pathways for career progression. This will also aid in the understanding of any barriers and will have the support of the Networks.
- Education and Cultural Awareness. Deliver a management essentials programme and Cultural Framework via Imanage to include cultural competency to raise awareness and encourage conversation around uncomfortable topics, such as race and White Privilege as well as celebrating and valuing the contribution of all our staff. There will be a focus on

celebrating cultural festivals and encouraging more proactive campaigns around inclusion.

- Achieving equality and inclusion is central to our success and mission critical to delivering outstanding quality services.

Appendix 1 - TSDFT WRES Data 2020



Appendix 2 - TSDFT WRES Data Report

Detailed below is the organisation's WRES data which was submitted August 2021 covering the period 1 April 2020 to 31 March 2021

Indicator 1 - Percentage of staff in each of the Agenda for Change (AfC) bands 1 – 9 and very senior managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce.

2a. Non-clinical workforce

	BME staff in 2019/20	BME staff in 2020/21	BME staff difference	White staff in 2019/20	White staff in 2020/21	White staff difference	Unknown/ null staff in 2019/20	Unknown/ null staff in 2020/21	Unknown/ null staff difference	Total staff headcount
Cluster 1 (Band 1-4)	2.2%	2.4%	+0.2%	95.5%	93.5%	-2.0%	2.2%	4.1%	+1.9%	1429
Cluster 2 (Band 5-7)	1.7%	2.3 %	+0.6%	96.7%	95.9%	-0.8%	1.7%	1.8%	+0.1%	434
Cluster 3 (Band 8a-8b)	2.2%	2.1%	-0.1%	93.3%	94.8%	+1.5%	4.4%	3.1%	-1.3%	97
Cluster 4 (Band 8c-VSM)	Nil	2.2%	+2.2%	90.6%	95.6%	+5.0%	9.4%	2.2%	-7.2%	45

2b. Clinical workforce

	BME staff in 2019/20	BME staff in 2020/21	BME staff difference	White staff in 2019/20	White staff in 2020/21	White staff difference	Unknown/ null staff in 2019/20	Unknown/ null staff in 2020/21	Unknown/ null staff difference	Total staff headcount
Cluster 1 (Band 1-4)	5.5%	6.2%	+1.2%	93.0%	92.5%	-0.5%	2.0%	1.3%	-0.7%	1593
Cluster 2 (Band 5-7)	7.8%	8.8%	+1.0%	86.9%	87.7%	+0.8%	5.3%	3.5%	-1.8%	2443
Cluster 3 (Band 8a-8b)	1.4%	1.5%	+0.1%	90.8%	93.4%	+2.6%	7.8%	5.1%	-2.7%	136
Cluster 4 (Band 8c-VSM)	3.1%	2.9%	-0.2%	87.5%	91.4%	+3.9%	9.4%	5.7%	-3.7%	35
Cluster 5 (Medical & Dental Consultants)	14.6%	14.9%	+0.3%	84.6%	83.9%	-0.7%	0.8%	1.2%	+0.4%	254
Cluster 6 (Medical & Dental Non-Consultants & Career grades)	22.9%	23.9%	+1.0%	74.3%	75.2%	+0.9%	2.8%	0.9%	-1.9%	117
Cluster 7 (Medical & Dental Trainee grades)	15.9%	22.0%	+6.1%	67.0%	72.9%	+5.9%	17.1%	5.1%	-12.0%	218

2c. TSDFT vs National data

National WRES indicator data			TSDFT 2019	National 2019	TSDFT 2020	National 2020
1	Percentage of BME staff	**Overall**	5.69%	19.7%	6.2%	21.0%
		VSM	10.53%	6.5%	12.5%	6.8%
2	Relative likelihood of white applicants being appointed from shortlisting across all postscompared to BME applicants		0.85	1.46	1.73	1.61
3	Relative likelihood of BME staff entering the formal disciplinary process compared towhite staff		0.00	1.22	0.00	1.16
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		0.80	1.15	1.01	1.14
5	Percentage of staff experiencing harassment, bullying or abuse frompatients, relatives or the public in last 12 months	**BME**	30.8%	29.8%	31%	30.3%
		White	24.6%	27.8%	23.7%	27.9%
6	Percentage of staff experiencing harassment, bullying or abuse fromstaff in last 12 months	**BME**	20.7%	29.0%	25.2%	28.4%
		White	22.1%	24.2%	24.1%	23.6%
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	**BME**	81.7%	69.9%	75.7%	71.2%
		White	85.7%	86.3%	85.7%	86.9%
8	Percentage of staff personally experiencing discrimination at work froma manager/team leader or other colleagues	**BME**	10.3%	15.3%	15.1%	14.5%
		White	6%	6.4%	5.8%	6.0%
9	BME board membership		0.00	8.4%	0.00	10.0%

Appendix 3 - Indicator 2 - 8 Data

Indicator 2 – Relative likelihood of staff being appointed from shortlisting across all posts.

(A figure below '1' would indicate that white candidates are less likely than BME candidates to be appointed from shortlisting)

(Data source: Trust's recruitment data)

	Relative likelihood in 2020	Relative likelihood in 2021	Relative likelihood difference (+-)
Relative likelihood of staff being appointed from shortlisting across all posts	0.85	1.73	+0.88

Indicator 3 – Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Note This indicator will be based on data from a two-year rolling average of the current year and the previous year

(A figure below '1' would indicate that BME staff members are less likely than white staff to enter the formal disciplinary process)

(Data source: Employee relations data)

	Relative likelihood in 2020	Relative likelihood in	Relative likelihood difference (+-)
Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.	0.00	0.00	0.00

Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD.

(A figure below '1' would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff)

(Data source: Trust HR data)

	Relative likelihood in 2020	Relative likelihood in 2021	Relative likelihood difference (+-)
Relative likelihood of staff accessing non-mandatory training and CPD.	0.8	1.01	+ 0.21

Indicators 5 – 8

(Data source: NHS Staff Survey)

	BME staff responses to 2019 NHS Staff Survey	White staff responses to 2019 NHS Staff Survey	% points difference (+/-) between BME staff and white staff responses 2019	BME staff responses to 2020 NHS Staff Survey	White staff responses to 2020 NHS Staff Survey	% points difference (+/-) between BME staff and white staff responses 2020
5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	30.8	24.6	+6.2	31.0	23.7	+7.3
6 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	20.7	22.1	-1.4	25.2	24.1	+1.1
7 – Percentage believing that the Trust provides equal opportunities for career progression or promotion	81.7	85.7	-4.00	75.7	85.7	-10.0
8 – In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	10.3	6.0	+4.3	15.1	5.8	+9.3

Appendix 4 - WRES Action Plan

Metric	Objective	Action/s	Timescales	Lead/s	Why
1	Percentage of BME staff Improve our ethnicity declaration rates tobuild a more accurate picture of the diversity of our workforce. Improve diverse representation across the workforce, at all levels of Agenda for Change and profession. Deliver in line with TSDFT People Promise and Plan 2021-2024	1. Work with the Staff Network to raise awareness of WRES and encourage staff to feel confident in declaring their ethnicity status on ESR. **2.** Review our recruitment processes to promote our commitment to be an inclusive workplace that welcomes people from BME backgrounds. **3.** Enhanced Onboarding Overseas nursing for 2021/22 will be managed through the new Devon IR Hub which has- a focus on inclusivity and supporting cultural awareness. This Devon IR Hub is hosted by TSDFT and as such we will be working very closely on continuous improvements in these	March 2021 July December 2021 Jan 2021 Onwards	Head of WF&OD Lead EDI Lead.BME Staff Network Communications Resourcing Lead EDI Lead International Nursing Lead Head of WF&OD EDI Lead	To build a more accurate picture of the diversity of our workforce.200 staff of unknown ethnicity could have significant impact on small numbers of BME staff. To celebrate the diversity of our workforce and encourage everyone to bring their whole-self to work. To review fairness in our recruitment processes.

		areas. 4. Complete detailed analysis of data by directorate and profession to identify areas of under-representation and barriers to career progression. 5. Review and set aspirational targets - Model Employer: Increasing BME representation at senior levels across Torbay and South Devon NHS Foundation Trust Develop a career pathway for underrepresented groups in senior leadership role 6. Continue to work with our existing volunteering and work experience programmes,to promote the wide range of career opportunities across the Trust. 7. Develop Apprenticeship career pathways Review models	October 2021-Onwards July 2021 Apr/Jul 2022 Jan 2022	WIT Lead EDI Lead BP's Director of WF&OD EDI Lead. EDI Lead/ Volunteer Services Manager	Identify potential barrier to recruitment/promotion of BME staff. To understand where we have gaps/under representation. To identify role models and leaders in the pipeline Commitment to meet the aspirations on improving BME representation across the workforce and at leadership positions in the NHS, as set-out in both the NHS People Plan and within the WRES 'Model Employer' leadership representation strategy. To become a model employer, be compassionate and inclusive, and improve how

		for connecting opportunities and engaging with BME communities towards gaining and sustaining employment.			we recruit, retain and develop BME people. To agree local aspirational goals and ambitions to improve BME representation.

2	Relative Likelihood of White applicants being appointed from shortlisting across all posts compared to white staff Reduce the inequality in recruitment shortlisting from 1.73 to 1.00.	**BME Staff Engagement** Continue our internal BME staff engagement to better understand the experiences of BME colleagues in the recruitment and selection process. Including experiences and views of career progression opportunities.	October 2021 July 2022	WF&OD Lead Resourcing Lead EDI Lead BME Staff Network	Introduce a system of constructive and critical challenge to ensure fairness during interviews.
	Review recruitment practices to ensure the process is equitable and inclusive where everyone can thrive.	**Overhaul our Recruitment and Selection Process** 1. Review the overall recruitment practices: - Develop our Employer Brand - Criteria for appointment - Management of unsuccessful candidates - Promotions, acting up and secondments - Job adverts length of advert, communications about the advert, wording, JDs - Better understand	July 2021	Resourcing Lead EDI Lead BME Network	To improve career progression prospects for BME staff (See 6 Below)

		Barriers for staff applying, and being successful at reaching senior posts			
		2. BME representation on recruitment and selectionpanels. The proposal is for all roles of Band 8 and above to include an Inclusivity Representative (Reps) as part of their interview panel.	July 2021	Resourcing Lead EDI Lead BME Staff Network	To ensure the lived experiences of BME staff are considered 'Wehave a voice that counts.
		3. **Review training and education,** Deliver Management essentials Programme and Cultural Framework via the IManage a multipurpose education tool. for the managers of TSDFT to manage our people in compassionate ways Modules to educate and improve managers' awareness and	Sept 2021	OD Manager EDI Lead BME Staff Network	The role of the inclusivity rep would be to provide the supportive consideration on the behaviors and values, as well as diversity of the candidates who apply for our roles that have the most influence around setting our cultural

		understanding of the benefits of diversity and inclusivity. Model to include cultural awareness			
		4. Launch reciprocal mentoring for inclusion programme Reciprocal Mentoring is a product of traditional model of mentoring and reverse mentoring.	Feb 2021 Onboarding	Head of WF&OD Lead EDI Lead across ICSD	To ensure diversity in thought when decisions arebeing made and to ensure objectivity in the recruiting process.
		5. Launch a series of 'Let's Talk' to promote awareness and understanding of Cultural Awareness and EDI	Nov 2021	Head of WF&OD OD manager EDI Lead.BME Staff Network Communications team	Opportunities for individuals from under-represented groups to work as equal partners in progress with senior executive leaders.
		6. Promote and support BME Staff to take up the offer of places on the Health Education England Stepping Up Ready Now and other Leadership programmes	Nov 2021	Head of WF&OD EDI Lead.BME Staff Network Communications	Building the conditions to enable Transformation

3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff. Current figures would indicate BME staff were **no more likely** than white staff to enter the formal disciplinary process. **No recorded cases 2021 for BME staff** % White staff 2021 0.16% (10 Cases)	1. Engage with the Staff Network chairs when reviewing disciplinary policies. 2. Review training and education, please refer to 3 above. **Conflict resolution support and training** 3. Development of a just and learning culture which is restorative and inclusive. A culture underpinned by civility and respect, avoiding a culture of fear/blame. This is to support all colleagues within the Trust We will	October 2021 September 2020 Date to be set	HR Lead BME Staff Network Chair Head of WF&OD Lead HR Lead EDI Lead BME Staff Network HR Manager Staff Side	To increase the confidence of staff entering into the disciplinary process that they will be treated fairly Cultural Awareness, Mental Health In the Workplace ‘ Unconscious Bias training and information for line managers and recruitment staff. To improve awareness and understanding of unconscious bias and stereotyping. Encourage BME staff to have a voice and trust that they will be treated fairly and heard.

		continue to review our informal intelligence through a just and learning culture to triangulate the experience of staff/data/processes.			
		4. Mediation. Continue development of our team of workplace mediators with accredited training. The aim is to eventually have a pool of diverse mediators across TSDFT	October 2021	Head of WF&OD Comms team EDI Lead	Encourage BME staff to be able to share concerns.
		5. Continue to promote awareness and understanding ofCultural differences through a series of 'Let's Talk' conversations to be rolled out through the organisation.	Jan 2021	People Hub	Improve Cultural awareness
		6. We have now a new case management system in HR called Selenity which should improve data management and reporting.			Accurate data. Confidence in our data

<table>
<tr>
<td>4</td>
<td>Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff in 2021 is 1.01 for TSDFT

<table>
<tr><td>2020</td><td>0.8</td></tr>
<tr><td>2021</td><td>1.01</td></tr>
<tr><td>National 2020</td><td>1.14</td></tr>
</table>

TSDFT is below the national average showing that we have more BME staff accessing non-mandatory training/CPD than the average NHS trust.</td>
<td>Ensure TSDFT is keeping accurate and up-to- date records on non- mandatory training. However, this indicator is still a useful proxy for understanding the level of fairness by which staff are treated when it comes non–mandatory training and CPD

Training and development

Continue detailed analysis of the BME staff take up of internal and external Leadership Courses.

Continue to promote targeted opportunities available through NHS Southwest Leadership Academy</td>
<td>March 2021</td>
<td>Head of WF&OD</td>
<td>To understand link between BME staff undertaking non-mandatory training and CPDand under-representation at senior levels.</td>
</tr>
</table>

		1. Talent Management Continue development of our approach to talent management, to create additional structured routes to access training and development.	Nov 2021	Head of WF&OD Lead HR Lead	% of underrepresented staff in Band 8A and above Achievement of model employer Internal promotions
		2. Career progression post training Work collaboratively with the Devon International Recruitment Hub and run a series of workshops to ensure that our international nurses have a clear understanding of career pathway options.	October 2021	Head of WF&OD Lead IRH Lead EDI Lead BME Staff Network	Better understand barriers to progression. Encourage International nurses to take up career opportunities.
		3. Shadowing, secondments, Bespoke coaching	Coaching to be piloted September 2021	OD Facilitator, & Coaching Lead EDI Lead	To empower BME staff.' We each have a voice that counts.

<table>
<tr>
<td>5</td>
<td>Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months Slight increase 0.2%
We are slightly higher (worse than) the national average.

<table><tr><td>2019</td><td>30.8%</td></tr><tr><td>2020</td><td>31%</td></tr><tr><td>National 2020</td><td>30.3%</td></tr></table>
Reduce the incidence of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public.</td>
<td>1. To promote the Culture, Change and worktogether to drive the importance of the WRES throughout the current work streams and future initiatives.

2. Review training and education,
Review and finalise the virtual induction training
Ensure the B&H video is integrated into mandatory training
Ensure the civility saves lives and B&H training is integrated into i-manage.
Begin fostering a Culture of Respect and Dignity</td>
<td>October 2021

Nov 2021</td>
<td>Head of WF&OD
Lead
EDI Lead
BME Staff Network

OD Manager
OD Practitioner
EDI Lead
FTSU</td>
<td>Part of the overall organisational goal to create an inclusive culture.

To ensure that that BME staff are involved in the Culture Change Programmeand are valued in making a difference.</td>
</tr>
</table>

		3. To continue listening across a variety of platforms where colleagues feel safe to share their lived experiences. Focus on the drive to eliminate harassment, bullying and abuse and reassure staffthat concerns will be acted on appropriately.	Oct 2021/Jan/Apr/Jul 2022	Head of WF&OD Lead EDI Lead BME Staff Network	To build on the culture of the organisation in order to driveinitiatives to reduce harassment, bullying and abuse from members of the public.
		4. Raise awareness of the WRES with the Council of Governors and the Equality Business Forum Support staff by producing zero-tolerance materials.	October 2021	Head of WF&OD EDI Lead Staff Networks	Understand the lived experience behind the data.
		5. Encourage colleagues to participate and providefeedback in the NHS Staff Survey.	November 2021	BME Staff Networks	Value the richness of staff feedback to inform actions. Small numbers of BME staff has large impact on %

		6. EDI Lead, Freedom to Speak Up Guardians, BME Staff Network Chairs, and Bullying and Harassment Advisors to triangulate learning from themes in relation to the experiences of BME staff and feedback to senior management team.	Oct 2021/ Jan/Apr/Jul 2022	EDI Lead/Freedom to Speak Up Guardians BME Staff Network Chairs Bullying and Harassment Advisors Comms Team	To work together in partnership so that all staff, and in particular our BME staff, feel safe to speak up, knowing that the right actions will be taken.
		7. Target the recruitment of additional anti bullying advisors to develop the diversity of the network	October 2021	Head of WF&OD Practitioner EDI Lead Staff Networks	Support staff to speak up

		8. In line with the NHS People Plan, focus on work streams to ensure that we create a culture where everyone feels they belong. 9. Promote reporting racist incidents on Datix	January 2021 October 2021	H&S Leads BME Staff Network EDI Leads BME Staff Network	Celebrate our diversity and enjoy learning about cultures. Support staff to speak up.

<table>
<tr>
<td>6</td>
<td>Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months. has increased by 4.5% We are below (Better than) the national average.

<table><tr><td>2019</td><td>20.7%</td></tr><tr><td>2020</td><td>25.2%</td></tr><tr><td>National 2020</td><td>28.4%</td></tr></table>
Reduce the incidence of BME staff experiencing harassment, bullying or abuse from staff</td>
<td>1. Actions as above (Indicator 5)</td>
<td>As above (Indicator 5)</td>
<td>As above (Indicator 5)</td>
<td>As above (Indicator 5)

We need to actively encourage our BME staff to raise concerns without fear of reprisal.
Work alongside our Staff Side colleagues to monitor themes and hot spots.</td>
</tr>
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7	Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion has **reduced significantly by 6%** 2019 81.7% 2020 75.7% National 2020 71.2% Increase career progression and promotion opportunities for BME staff	1. Encourage colleagues to participate and provide feedback in the NHS Staff Survey. 2. Arrange a series of engagement focus groups to listen to BME colleagues, International Nurses share experiences about career progression and promotion, and feedback themes which can inform the recruitment review, appraisal and development review. 3. Reciprocal mentoring (as Indicator 2 above)	November 2021 November 2021 – January 2021 As above (Indicator 2)	Head of WF&OD facilitator EDI Lead BME Staff Network Head of WF&OD BME Staff Network Resourcing Lead As above (Indicator 2)	Value the richness of staff feedback to inform actions. Insight into the lived experience of BME staff to inform policy and process reviews. As above (Indicator 2

<table>
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<td>8</td>
<td>Percentage of BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues has Increased by 4.8%

<table><tr><td>2019</td><td>10.3%</td></tr><tr><td>2020</td><td>15.1%</td></tr><tr><td>National 2020</td><td>14.5%</td></tr></table>
Reduce the incidence of BME staff experiencing discrimination at work</td>
<td>1. Encourage colleagues to participate and provide feedback in the NHS Staff Survey.

2. Actions as in Indicator 5

3. Encourage colleagues to speak up.</td>
<td>November 2021

Actions as in Indicator 5

Oct 2021 Jan/Apr/Jul 2021</td>
<td>Director of WF&OD
HR Lead
BME Staff Network

Actions as in Indicator 5

BME Staff Network Freedom to Speak UpGuardians / Fairness Champions</td>
<td>Value the richness of staff feedback to inform actions.

Support staff to feel safe tospeak up, knowing that theright actions will be taken.</td>
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9	Percentage difference between the organisation's board voting membership and its overall workforce. We currently have 16 Board Members (15 Voting- 1 Non-voting Member of which 8 are Executive Board Members. **All of which are White**. **Our overall Workforce % by ethnicity is 7% BME 90% White. 2.9% unknown**. Increase diversity of Board.	1. Ensure the process for appointment of Executive and Non-Executive Directors encourages BME applicants. 2. As a demonstration of Trust commitment to inclusion, include reciprocal mentoring programme for BME Staff Network members to have mentoring relationship with Board members. 'Walk a mile in someone else's shoes'. From hearing insights and lived experiences, Board members will be better informed in making decisions that benefit all staff and patients. 3. Establish links with local and national BME recruitment	July 2021 Dec 2021 Dec 2021	Director of WF&OD Resourcing Lead EDI Lead Director of WF&OD Board Champion Staff Network Director of W&OD Resourcing	To demonstrate visible leadership in this area atsenior levels. Importance of leadershiprole models. Increase diversity of Board

		agencies to increase the BME representation at senior management and Non-Executive Director level in the Trust		Lead	
		4. Take up the offer of a Board Workshop from the National WRES Team who are delivering Board workshops across the country to enhance understanding of the WRES and offer practical advice.	Jan 2022	W&OD Lead EDI Lead	

All Metrics	To close the gaps between the workplace and career experiences of BME staff.	Across all, or multiple indicators, the following actions willchampion positive WRES outcomes and improved staff experience: 1. Recognition of the value of the Staff Network acrossthe organisation – benefits the organisation as muchas the individual: a. Resources b. Time – facility time for Network Chairs and timefor staff to attend, c. Support 2. Build an equality educational program of masterclasses to build staff and manager competence around EDI 3. Develop a range of resources for leaders and staff to engage in meaningful conversations about race inequality 4. Overhaul recruitment process to incorporate: Training on good practice with instructions to hiring managers to ensure fair and inclusive practices, adoption of values-based interviews, skills-based assessments 5. Recruit BME colleagues to the bespoke coaching programme and support for BME			Improve the experience of BME staff. Improve the culture of the organisation. Compliance with: • Public Sector Equality Duty, Equality Act 2010. • NHS Standard Contract. • NHS Long Term Plan. • NHS People Promise and Plan Looking after our People Belonging in the NHS New ways of working Growing for the future Increase diversity of Board

		staff 6. Support BME staff to undertake NHS SWLA courses including Stepping Up and Ready Now 7. Listening with fascination and sharing lived experience – story telling to bring the lived experiencealive, which along with the data and the feedback through the Staff Survey gives a whole perspective and has such a powerful impact, e.g. Schwartz Round, Board of Directors' meetings, People and Culture Committee. 8. Reciprocal mentoring – using this model to raise awareness of inequalities and promote diversity 9. Integrate the WRES within mainstream business and ensure BME representation across the organisation's governance structures including regular reporting via the Integrated Board Report and as part of the CultureChange Programme. 10. Regular communications to bring WRES alive and celebrate achievements. Produce innovate ways to communicate e.g. infographics.			

		11. The ESR self-service portal gives all staff the ability to update their personal details as required. Continue to encourage staff to self-report ethnicity			

NHS
Torbay and South Devon
NHS Foundation Trust

Report to Trust Board of Directors			
Report title: Adult Social Care Local Account Summary 2020/21			Meeting date: 29 September 2021
Report appendix	Appendix 1: Local Account Summary – 2020/21		
Report sponsor	Chief Operating Officer		
Report author	Deputy Director Adult Social Services System Director Torbay		
Report provenance	The Local Account Summary has been developed in collaboration with the Adult Social Care workforce and external partners on behalf to Torbay Council as part of the Adult Social Care Agreement.		
Purpose of the report and key issues for consideration/decision	This report features the Annual Local Account Summary which is a Local Authority statutory requirement and will become a public facing document. This report has been prepared to provide assurance to the Board that the Adult Social Care strategic agreement has been delivered during 2020/21.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to receive and note the Adult Social Care Local Account Summary 2020/21 and the progress made against the Adult Social Care Improvement Plan to date.		

Summary of key elements

Strategic objectives supported by this report

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

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

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

External standards affected by this report and associated risks

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

Report title: Adult Social Care Local Account Summary 2020/21		**Meeting date:** 29 September 2021
Report sponsor	Chief Operating Officer	
Report author	Deputy Director Adult Social Services System Director Torbay	

1. Introduction

The Local Account for Adult Social Care sets out what we have achieved with partners for local people in relation to adult social care. It outlines our level of performance for financial year 2020/21 and our commitment to future service delivery.

The Government has asked that Local Accounts are put in place to offer Local Authorities the opportunity to share a common approach to the performance of adult social care. It also outlines the details of our multi agency approach to adult safeguarding. This reflects the view of government that adults safeguarding is on a statutory basis in the same manner that children's safeguarding is a statutory responsibility as outlined in the Care Act.

The Local Account summary has also been aligned to the 2020/2023 Adult Social Care Strategic Agreement for the duration of the agreement between Torbay Council and Torbay and South Devon NHS Trust.

The Adult Social Care Strategic Agreement usually contains local developed and agreed KPIs that are focussed on in the Local Account Summary. The 2020/23 three-year agreement differed in that it focused attention primarily on the delivery of the Adult Social Care Improvement Plan instead.

The Adult Social Care Improvement Plan (ASCiP) forms the basis of a transformational programme of activity that will see the workforce improve efficiencies, effectiveness and quality whilst engaging further with system partners and the public in a strength and asset-based community led approach to the delivery of adult social care in the future.

2. Purpose

This report will consider:

- Adult Social Care service delivery as measured against the Adult Social Care Outcomes Framework (ASCOF).
- Present achievements made within the ASCiP as assurance that the Adult Social Care Strategic Agreement is being delivered against.
- Present the Local Account Summary (Appendix A) which evidences some of the experiences of people who are receiving services.

3. Progress update:

Adult Social Care Outcomes Framework (ASCOF)

The ASCOF is currently subject to revision and as part of the ASCiP we are already aligning ourselves with the ADASS consultation paper where appropriate to do so. The proposal paper introduces new ASCOF which are strength based, outcome focussed and aligned to the requirements of the Care Act which compliments the strategic direction of the ASCiP. The consultation paper is pending further consultation as delays occurred with the national timeframe due to Covid. The iPMO are engaged with discussions about the proposed new ASCOF measures and these will be central to the developing ASCiP. As a result, Torbay will be in a good position to evidence our compliance with the Care Act and developing strength-based focused KPIs which put us in prime position to present well at any future CQC inspection proposed via the Health and Social Care white paper.

Social Care Performance Report

Torbay and South Devon NHS
NHS Foundation Trust

2021/22 Performance Scorecard to 31 August 2021

- Measures are for year to date unless stated - Targets in brackets are monthly trajectories - Measures with ID 'ASC' are national KPIs - Amber = 5 to 10% from target, Red = over 10%		2021/22 full year target	Torbay	Torquay	Paignton & Brixham	Older People MH	Community Mental Heath	Comment
ASC-1C pt1	% clients receiving self-directed support	94%	100% (94%)	100% (94%)	100% (94%)	100% (94%)	100% (94%)	On target.
ASC-1C pt2	% clients receiving direct payments	28%	19.5% (28.0%)	20.6% (28.0%)	20.5% (28.0%)	11.7% (28.0%)	3.5% (28.0%)	Not meeting target (324 / 1661). DPs will be addressed as part of the ASC improvement plan.
ASC-2A pt1	Permanent admissions (18-64) to care homes per 100k population (rolling 12 month)	14.0	19.0 (14.0)					A low outturn signifies better performance. Not meeting target (14 admissions compared to target of 10)
ASC-2A pt2	Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	450.0	511.5 (450.0)					A low outturn signifies better performance. Not meeting target (190 admissions compared to target of 167)
ASC-2D	Outcome of short term support - % reablement episodes not followed by long term SC support	83%	.. ..	.. ..	.. ..	.. ..		Data currently unavailable following changes to paris IC referral. Resolution in progress.
ASC-1C pt1b	% carers receiving self directed support	85%	100% (85%)	100% (85%)	100% (85%)	100% (85%)		On target.
ASC-1C pt2b	% carers receiving direct payments	85%	97% (85%)	97% (85%)	96% (85%)	100% (85%)		On target.
ASC-1E	% Adults with learning disabilities in paid employment	7.0%	7.1% (7.0%)					On target.
ASC-1G	% Adults with learning disabilities in settled accommodation	80%	81.0% (80.0%)					On target.
BCF-04c	Delayed transfers of care from hospital (delays per day) - Torbay residents (BCF)	9.2	.. ..					A low outturn signifies better performance. KPI reported 1 month in arrears. No data as national collection suspended.

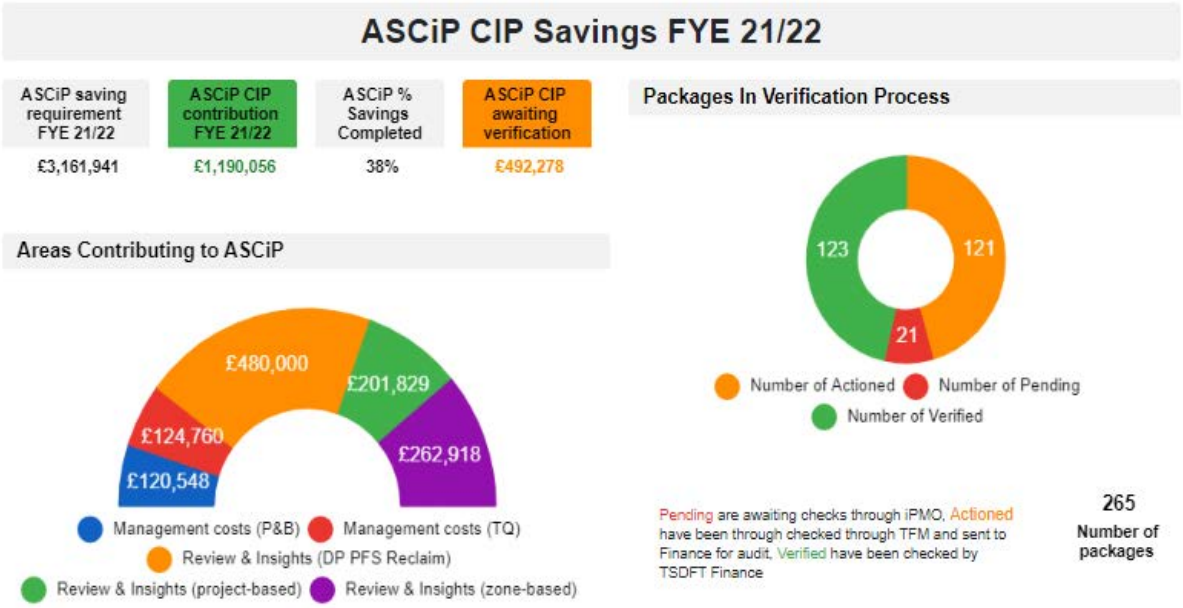
The above dashboard represents current ASCOF activity. Self-directed care remains an area of concern; significant work is being done through the iPMO and newly appointed project lead in respect of Direct Payments. The combined learning and ongoing development work in place already provide optimism for underperformance to be addressed in the coming months. In the last month alone 16 new individuals were offered Direct Payments and we hope to see this positive trend improving further.

General ASCiP Highlights

- Interim arrangements to support processes, flow and transparency are being finalised across Torbay.
- Data dashboards are ready to implement and awaiting final agreements being reached regarding the interim team structures. The interim structure will enable a consistent approach to ASC service delivery by focussing workforce in either front end triage activity or complex care activity.
- Verification process for ASCiP savings has been established with Senior ASC, Finance and iPMO colleagues.
- Single Point of Contact (safeguarding) proposal has been adopted. This will allow for greater resilience and a one front end service drawing on our preventative focus for cases that don't meet s.42 Care Act requirements.

Finance

The following table indicates the financial savings already made against the ASCiP



The Local Account

The Local Account Summary has been present to and accepted by Torbay Council's Formal Cabinet. It was received well and the attached document (Appendix A) clearly demonstrates that across the service areas ASC has been able to demonstrate positive engagement with people in receipt of services as well as community partners and independent providers. There are first hand accounts from members of our community who have benefited from Social Care intervention despite the limitations placed upon us all as we worked through the ramifications of the CV19 pandemic.

Further improvements to ASC delivery have been identified and will still need to be addressed as we progress into the future where CV19 will continue to be a part of our lives. The Local Account demonstrates that, despite these inherent challenges, together with statutory colleagues, carers, community, voluntary and 3rd sector partners we can still achieve positive outcomes for and with people who require support and thereby enhance wider public wellbeing.

Recommendations

The Board is asked to receive and note the Adult Social Care Local Account Summary 2020/21 and the progress made against the Adult Social Care Improvement Plan to date.

Local Account Summary 2020-21

Contents

Foreword by Councillor Jackie Stockman: Cabinet Member for Adult Services and Public Health

In what has been an extraordinary and challenging year, we have delivered some amazing work and are continuing to deliver on an improved adult social care system for all our residents across Torbay.

Working in collaboration with Community & Voluntary Social Enterprises (CVSE), our workforce and residents with lived experiences, to co-design the Adult Social Care improvement plan, clearly demonstrates our innovative ways of working, and the delivery of this project going forward will pave the way for partnership working for the future.

We couldn't do our work without the amazing people of Torbay who volunteer, and the community and voluntary sector organisations who work so hard. It's also important that we continue to thank and support unpaid carers, who also make such a vital contribution.

The Carers' Strategy 2021-24, recognises the contributions carers make to our community and this strategy along with our signing of our Commitment to Carers' pledge back in November 2020, will strive to provide more services and support to those, who quite often do not even recognise themselves as carers. I am also delighted to be part of the Learning Disability Partnership Board which continues to work with the Learning Disability community to encourage people with learning disabilities to be involved in decisions about the services we provide and the policies and strategies we will deliver.

As a Council, we continue to face financial pressures and with an increasing ageing population, we must look at innovative ways in which we can increase efficiencies. The projects included within this account will include some cost savings as part of their overall objective but are not the primary reason for delivery. We will continue to find ways to improve the wellbeing and independence of our residents and support them to live in their homes and communities for as long as possible. There will always be a statutory provision of care for our residents that need it.

As way of closing, on behalf of myself and everyone across Torbay, I would like to express my sincere appreciation and thanks to everyone working across adult social care and our support services. We are honoured to have such a dedicated and resilient workforce - Torbay has a care system that we as residents can be proud of and continues to demonstrate that quality and care is at the heart of everything we do.

Foreword by Sir Richard Ibbotson and Liz Davenport, Chair and Chief Executive of Torbay and South Devon NHS Foundation Trust

The Adult Social Care Annual Local Account is a summary of what we have been doing for adult social care in Torbay over the last year, including how we spend our budget and what you have said about the service.

Over the last year, there have been unprecedented demands right across the health and social care system and our communities faced a challenging future brought into focus by the CPVID-19 pandemic

When the Local Care Partnership (LCP) was set up in 2015, it was seen as a ground-breaking partnership between health and social care services to improve the lives of our more vulnerable residents in Torbay and the pandemic enabled us to build on and develop this further still.

Our collective response to COVID-19 across Torbay truly was partnership working at its best. We pulled together at an extremely challenging time to deliver positive outcomes for and with our communities to ensure all vulnerable residents were supported.

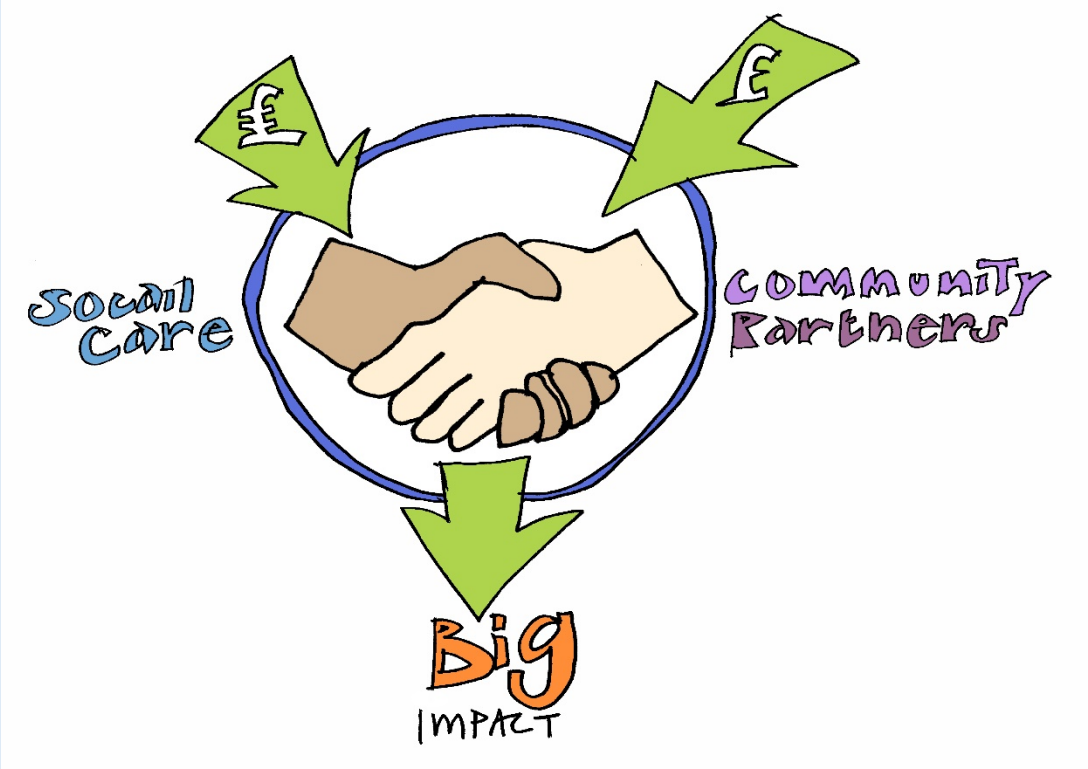
We strengthened our relationships with local and regional partners including NHS Devon Clinical Commission Group, Devon County Council, Torbay Council, Public Health England South West and also with local voluntary and community organisations such as Healthwatch and Torbay Community Development Trust and other voluntary sector providers. The way our partners have come together and responded to the pandemic is testament to the strength and value of this collaboration.

The LCP network enabled us to respond quickly to allocate resources to meet the needs of our community; while the grass roots knowledge of community partners and providers helped us to deliver these resources to maximum benefit. We worked with our partners to manage outbreaks in care homes, in a truly collaborative and sensitive way, and minimised distress for individuals and the wider systems in ways that we are happy to celebrate. Support with infection control and the provision of Personal Protective Equipment (PPE) were just some of the ways we were able to ensure that care homes could continue to care for those most in need whilst managing the concerns of their own workforce who were at the front line of delivery.

At a time of great uncertainty, it was wonderful to see how we rallied together. However, we all know that the hard work does not stop here and we need to keep momentum going. The good news is that the relationships we strengthened during the pandemic will continue with a focus on improving the lives of our most vulnerable residents.

Undoubtedly, we have learnt a lot from this experience and we are building on this through our developing three-year Adult Social Care Improvement Plan which will integrate these lessons and embed the continual improvements which have already been made.

Finally, an enormous thank you and gratitude goes to everyone working in adult social care in Torbay in both paid and unpaid roles. Your continued efforts and commitment cannot be underestimated and this has been highlighted during the last year. Moving forward, we will continue to work in partnership to maintain Torbay's reputation as a leader in quality and successful integrated ways of working.



Jo Williams: Director of Adult Social Services

Welcome to the 2021/2022 Local Account Summary for Adult Social Care in Torbay, intended to report on the performance and use of resources for this vital area of the Council.

The past 12 months have been incredibly challenging for us all and we have seen greater demand than ever on our adult care system. Although the pandemic has prevented some of the work planned within voluntary community and social enterprise (VCSE) contracts from taking place, the organisations concerned have responded flexibly; using resources creatively to meet the needs of Torbay residents. We are keen to continue with this new way of working to ensure that previous partnership working successes are embedded within our new working culture.

As new opportunities for community development emerge, we will continue to take a collaborative approach and we will facilitate active involvement from partners in our own redesign work. Wherever possible, we will support our VCSE partners by sharing expertise or resources, for instance by giving them access to in-house training, which they might otherwise have to pay for. We will also explore opportunities to share volunteer capacity across the system, attracting new volunteers with a greater variety of roles, and possible pathways into employment.

Our Adult Services improvement plan is on target to deliver a new adult social care system by 2023 with its vision to create a thriving community that supports residents to live well and independently, for as long as possible.

As part of the improvement plan, we will implement our new “Front Door”, which will be integrated with the community offer; making it more responsive, and easier for people to access wellbeing support in their local community.

The improvement plan will also seek to reinforce the asset-based, person-centred approach in Adult Social Care through staff development, whilst enabling our frontline teams to work more closely with community partners; allowing stronger and more enduring relationships to develop.

Work continues to support our Carers in Torbay. As well as signing up to the ‘Commitment to Carers’ pledge along with other businesses across Devon, we have also engaged with local carers through our online consultation. It is their feedback that has helped shape the development of our Carers Strategy which will be delivered over the next 3 years.

It has been an extraordinary year but one in which we have come out of, both stronger and more resilient and that together we can to deliver the best possible adult care system for our residents.

The Vision

Torbay and South Devon Foundation Trust and Torbay Council are working together on an Improvement Plan to progress the Adult Social Care delivery in Torbay. Much has been learnt from the Covid Pandemic and new ways of working with our Community has developed as a result. We wanted to capitalise and build on these new relationships and ways of working by engaging in a wider conversation about what our shared vision should be for the coming years. Members of staff alongside service providers from the private and voluntary sector as well as people who have lived experience and their carers were invited to join us in a number of facilitated conversations focused on creating a shared Vision of the future for Adult Social Services

Our shared vision is:

Thriving communities where people can prosper

Our mission statement is:

Our residents can have a place to call home in a community they can be part of, while being empowered to achieve what matters most to them, through the best care and support available.

Why did we need an Improvement Plan?

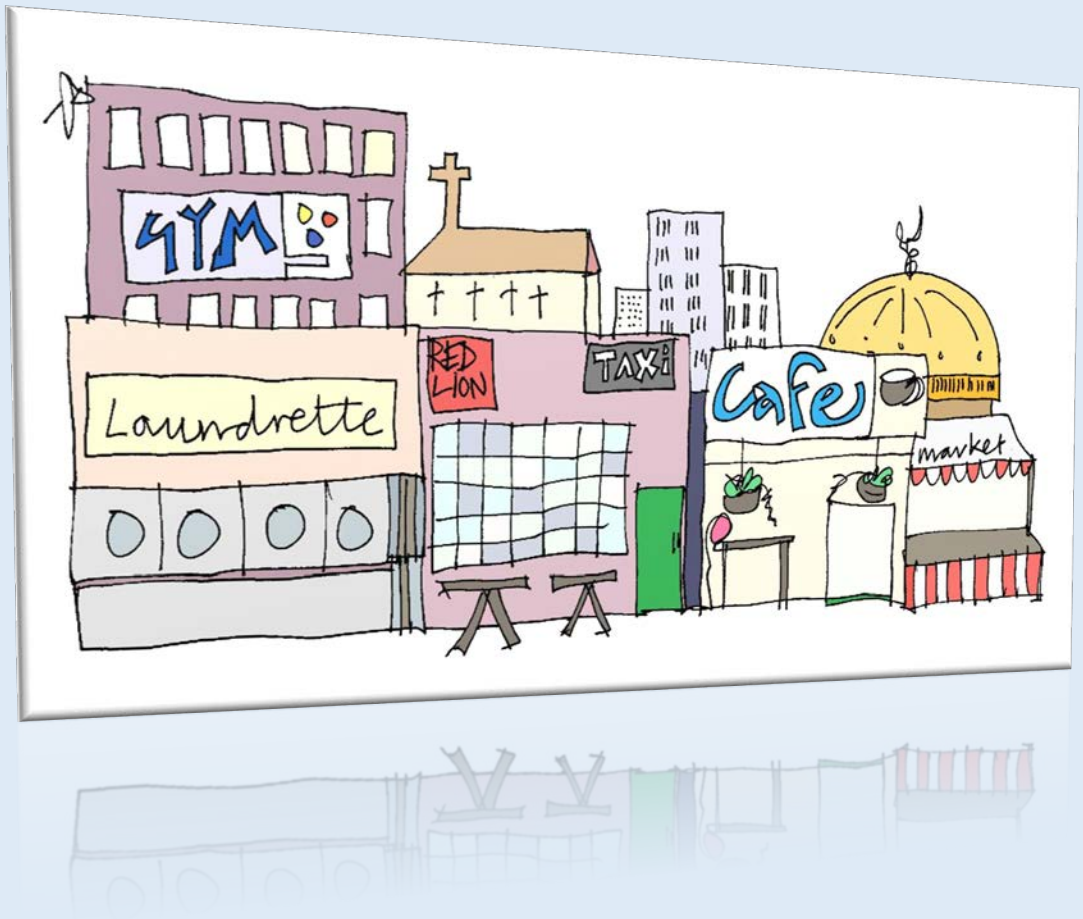
We know that the demand on the adult care system in Torbay is high and it will only continue to increase due to our aging population and areas of social deprivation. This is one of the reasons why we need to change the way we currently deliver our social care and work towards fully adopting a community led approach where our communities can be supported to flourish. Our commitment to engage with and work with our voluntary and community partners as well as people who use services to co-design the plan will enable us to develop a robust service delivery that is fit for the future and for the people of Torbay. We are also encouraging a culture within teams of embedding continual improvement. We are focussing on achieving positive shared outcomes for people receiving Social Care support and reflecting this via monitoring our own performance and seeking feedback from all involved so we can learn from experience.

We are reminding people of the core values of social care, including:

- being part of the community,
- supporting people to build their own capability,
- enabling people to live their lives as independent as possible.

Adult Social Care – Torbay's Future

The Adult Social Care Improvement plan (ASCiP) seeks to support the vision of developing thriving communities in Torbay by delivering the strategic priorities, deepening integration with partners and promoting a strength-based approach throughout all conversations. This will be achieved by working in collaboration with partner agencies and by valuing skills, knowledge and potential in all individuals and their communities.



During the last year we have begun the journey of innovation by starting with the end in mind and identifying long-term opportunities that bridge back to the present. Together with our workforce, partners and feedback from the public we have been working towards creating efficiencies to develop reasonable processes with less opportunity for failure.

This will all lead to better outcomes for people who require support and those who are able to facilitate access.

Our Aims are:

To be effective

To ensure staff and communities who are part of adult social care delivery experience good outcomes and positive impacts.

To work within the assigned budget of adult social care in Torbay.

To achieve the vision through delivering on the strategic priorities,

Building on the learning obtained during the Covid pandemic we have deepened our health and adult social care integration by working together and with partners to have embedded arrangements that allow for the speedy discharge of patients from hospital whilst achieving best possible outcomes for adults in Torbay.

Furthermore, we will have timely, targeted and effective use of re-enablement and rehabilitation that has a focus on enabling independence and self-management and avoiding the over-prescription of care. People with long term conditions will have a care and support plan with a focus on achieving the maximum possible independence.

Support plans are regularly reassessed based on outcomes achieved by a fully trained workforce who are supported to meet the needs of social care which fits the ethos and vision of adult social care in Torbay.

Torbay Social Care in 2020/2021

Adult social care is provided by Torbay and South Devon NHS Foundation Trust and commissioned by Torbay Council. We support adults who have care needs to be as safe and independent as possible. Please see appendix 1 and 2 for more detailed breakdown.

At a glance

- We received 5,407 requests for support compared to 6,210 in 2019/20

5,407

- 1,156 people received one-off support compared to 1,148 in 2019/20

1,156

- 1,275 people received Short Term Reablement services to help them regain independence compared to 1,219 in 2019/20

1,275

- 544 People started to receive an ongoing support service including community activities compared to 667 in 2019/20

544

- 2,136 People did not go on to receive a service for a variety of reasons (pay themselves, not eligible etc) compared to 2,434 in 2019/20

2,136

- 72% of service users received community based social care services through self-directed support

72%

- 4,406 carers on Torbay's carers register. We assessed and reviewed 1,187 carers in 2020/21 and provided 546 carers with Direct Payments

4,406

- 343 people with mental health issues were supported by services compared to 315 in 2019/20

343

- 93 people aged 18-64 with learning disabilities living in residential or nursing accommodation compared to 110 in 2019/20

93

- 3,225 Adults received long term support services last year. 36% are aged between 18-64. 64% are aged 65+

3,225

- 1,729 people received home care support to enable them to stay in their own home compared to 1,541 in 2019/20

1,729

- 930 people were in permanent residential placements during 2020/21 compared to 940 in 2019/20

930

- 1,921 People were directed to other types of help and support including community activities compared to 2,063 in 2019/20

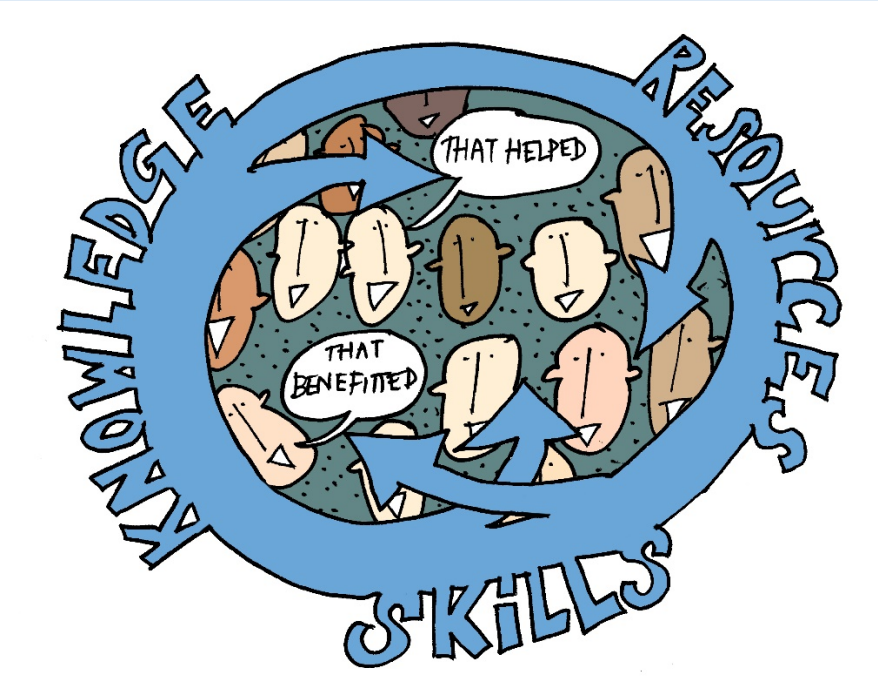
1,921

- A total of 482 service users received direct payments compared to 553 in 2019/20

482

- 1,098 safeguarding concerns were raised. This represents a 45.8% increase in the 753 safeguarding concerns raised in 2019/20

1,098



Principal Social Work Annual Review

Coronavirus Act 2020

On the 25th of March 2020, the Coronavirus Act came into statute. As a consequence, we formulated a policy, pathway and process to look at a proportionate response around service delivery. The Coronavirus Act refers to this as Care Act Easements and allowed Local Authorities to cease formal Care Act assessments, applications of eligibility and reviews should the demands on services become overwhelmed due to the impact of Coronavirus. Although there were some changes made to the way that services were offered, the community and social care teams worked collaboratively for the residents of Torbay to minimise the impact of the pandemic on service delivery. We never had to evoke the Care Act Easements in Torbay with built in regular meetings to review the process and demands.

World Social Work Day

The theme for World Social work day was based on the Ubuntu 'I am because we are' which is a word, concept and philosophy that resonates with the social work perspective of the interconnectedness of all peoples and their environments. This was very apt due to the impact of the pandemic and also in a year where there was focus on racial inequalities through the Black Lives Matter campaigns. A day was arranged in conjunction with our colleagues from Children's services in which local Social workers created powerful video clips demonstrating their passion and commitment to the profession.

Creative Solution Forum

Operational services across Torbay (Mental Health, Substance use, Adult Social Care) and commissioners are seeing an increase in the number of people presenting with a highly complex mixture of substance misuse, physical health deterioration and mental health problems. In addition, changes to the Care Act require a more integrated response to people with issues of self-neglect who present risk to themselves or others. The Torbay Safeguarding Adults Board (TSAB) requested assurances that there are appropriate structures in place to consider these cases where multi-agency, multi-disciplinary support plans are not delivering outcomes for individuals. The first Creative Solution Forum, was initiated in Torbay in January 2020. The Forum has looked to establish ways to support individuals, staff and agencies in understanding and managing risk fluidly. The overarching aim of the forum is to work together in partnership to consider creative options for people with highly complex needs and presentations that require a multi-agency response where other single or multi-agency process have been exhausted.

Training and Post-Qualifying

As part of our commitment to professional development, we saw three staff members successfully complete their Social Work degree in late 2020. All three staff are individuals that have worked within the organisation for many years, and all of which had never studied after they had left school. This degree course is a great opportunity to utilise our skilled and un-registered work force who have great experience of working with the communities of Torbay to further develop their knowledge, values and capabilities further.

From completing the degree course, there is now a mandatory first year in practice under the Assessed and Supported Year in Employment (ASYE) program. A rigorous program ensures the initial development under the Social Work degree continues to be established and embedded in practice. The ASYE practitioner is further supported by skilled, capable Practice Educators who capture a portfolio of evidence demonstrating that the newly qualified social workers are competent to become Senior Social Work level autonomous professionals.

Three staff successfully completed the Master's level Practice Educator Award via Bournemouth University. This is a rigorous academic and practice-based course, which evaluates a practitioner's ability to support, enable and assess a student Social worker. The course supports our Senior Social worker's professional development and enhances supervisory skills.

Outcome 1: Providing Safe Quality Care and Best Experience

We will deliver high quality care that meets best practice standards, is timely, accessible, personalised and compassionate. It will be planned and delivered in partnership with those who need our support and care to maximise their independence and choice.

Focus on Mental Health

In under 65 MH we have been working with providers to ensure that all clients live in the least restrictive environments that promote their independence. We have been working to develop the local supported living framework and to identify ways to support people in their own homes. Torbay Public Health have engaged with local voluntary sector providers to help improve access to voluntary sector and community assets in order to support people to achieve positive mental wellbeing. We continue to work with partners and our communities to ensure that the people of Torbay receive a good offer in terms of mental health support.

Person C – Experience of Mental Health Service Delivery

C spent 8 months in a Residential Home due to the provider of her previous supported living accommodation closing. C was reviewed by the Mental Health Social Care Team and it was identified that with support she could live with a greater degree of independence. The allocated social worker worked closely with C and supported with her anxieties around moving to alternative accommodation. C explained that;

> ***"I was nervous at the start of my move; the carers had done everything for me and I wasn't sure that I could manage things like my cooking on my own anymore"***

Supported living accommodation was found with C. Together the social worker and C also identified that in addition to her mental health needs C required some additional support with physical health needs and ensured that reablement support was put in place. C explained;

> ***"We talked about carers coming into see me, I was reluctant as I am a private person but we agreed that the Reablement team would work with me first to see how I got on. I liked our two weeks together, they were kind but allowed me to work at my own pace. They didn't seem to 'clock-watch' which helped me"***

Since moving C has experience a greater degree of independence and has said;

"I am glad that I have moved, I feel settled and reassured by my support worker here"

Focus on the Transition team

We have developed a specialist team to work with young people who are being referred through to our service from our colleagues in Children's services. This team has developed from having two skilled and un-registered practitioners to include a Social Work Lead and two additional experienced Social Workers. Close links have been developed with Children's services, Education and Mental Health services. There are now regular review meetings to consider a young person's aims, hopes and aspirations when they reach 14 and 16 years old. The transition team work within a strengths-based approach aligning their assessments and support with the preparing for adulthood guidelines promoting health, education, employment, independence and community inclusion. The team work flexibly to ensure their care plans are outcome based which includes reviewing a situation when it is right for the young person rather than on an annual basis. For example, a young person AA has a learning disability and resides with her grandparents. Unfortunately, AA and her family lost her grandfather which resulted in her inheritance of a considerable estate which included a property. She was deemed as lacking capacity regarding her finances. She had disengaged from education and whilst also grieving the loss of her husband, AA's Grandmother believed AA was extremely disabled and unable to make decision about living independently. Enabling support worked with AA to support her to understand finances and budgeting for living independently, manging her own property, preparing independent living skills and thinking about future employment. Clear achievable outcomes were set and reviewed during different stages over the following 18 months. The outcome for AA means she has gained employment, is now managing her day to day finances and is sharing her time between her grandmother's home and her own property.

Focus on Learning Disability

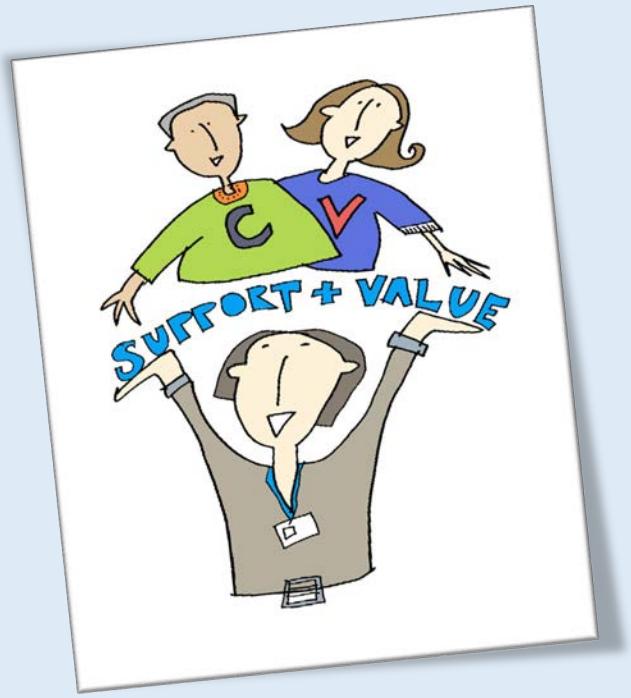
Much of 2020/21 was spent evaluating and preparing for the launch of Torbay's Market Position Statement to achieve the following outcomes:

- An increase of 50 units of self-contained supported living, sheltered housing and/or Extra Care for people with learning disabilities, in line with the Housing Strategy 2017. One third of people over 45 with a moderate or severe learning disability, and one third younger adults (under 35 years) are living with parents. We want to ensure there is appropriate accommodation and choice, so people can have planned transitions towards independent living, and avoid unnecessary entry into residential care wherever possible.
- Increased Quality Assurance support for supported living providers and the consequent improvement and monitoring of the quality of support and tenancies.

- A reduction in the number of working age adults with LDs in long-term residential settings (currently just over 70 adults). Residential settings by their nature, do not usually maintain or increase self-determination, control, citizenship, or enable community inclusion and natural circles of support.
- The development of an outcomes commissioning framework for the development of Daytime activities/services which offer more choice, develop community inclusion and deliver more aspirational outcomes. Greater housing choice - particularly self-contained Supported Living, sheltered housing, Extra Care and access to general needs housing.

The Torbay Learning Disability Partnership Board (LDPB), which was launched in December 2019 will continue to be supported by 8 Ambassadors who act as Learning Disability self-advocates. The Ambassadors ensure that people with learning disabilities are involved in decisions about all new services, strategies and policies.

The Ambassadors are supported by Devon Link-up, to talk to others and share any news from the LDPB as well as gather common issues to raise at the LDPB.



The issues closest to people's hearts are housing, support services and health. People wanted greater choice about where they lived and more self-contained supported living accommodation and more person-centred care. The views of people with learning disability have been fed into our market development plan.

Hollacombe responds to Covid

Hollacombe Community Resource Centre is a day service in Paignton for adults who have a profound and multiple learning disability. Since March 2020 when the Government implemented the first lockdown due to the Covid-19 Pandemic the service has supported people within the day service and within the community. People have been supported to make the transition from being at home to the service as lockdowns have been introduced and then eased.

Hollacombe has been recognised for being one of the first services in the country to re-open its centre following the lifting of the first lockdown and in July 2020 was invited by the Local Government Association to give a presentation via a webinar on the procedures that were put in place, in line with the Government guidelines, to mitigate the risks of covid-19 being transmitted within the service as far as possible. Hollacombe gave a further presentation in March 2021 for the Social Care Institute of Excellence with the aim being to give confidence to other providers to re-open services.

Below is an excerpt of a letter received from a parent in December 2020 that demonstrates the success and value that Hollocombe has provided during these trying times.

"What a surreal year this has been for us all? None of us could have imagined the changes we faced, the challenges we met and the constant worry of Covid affecting those around us.

From the bottom of my heart I want to thank each and every one of you for going the extra mile and keeping J safe and protected. Sending him back to base on the 14th September was probably the biggest decision I have ever had to make but as soon as he returned that day I knew it had been the right one.

Without having the daily support from the team, it would have been a mentally and physically challenging lockdown but knowing that J was having his physio and was loving his life watching endless quiz programmes, with commentary from whoever was with him made it a positive experience (maybe not for them but definitely for J). And it gave me a break!

The team you have at Hollacombe are all amazing and dedicated people. In those six months, from March to September staff kept me going. There was constant banter and laughter coming from J's room. An odd moan was sometimes in there but that's J.

I have no worries whatsoever about J being at Hollacombe and I cannot thank you enough for keeping him safe."

Focus on Autistic Spectrum Conditions and Neurodiversity

During 2019, in recognition of the need to focus on post-diagnostic support in Torbay for people with Autistic Spectrum Condition (ASC), a multi-stranded ASC post-diagnostic project was launched, which included the following:

- A new accessible information and advice service, to help improve access to employment, education and welfare benefits.

- The development of Peer Support for people with ASC through seed funding of small groups (one for adolescents and one for adults)
- Employment of a 0.4FTE specialist ASC Social Worker

It is hoped that these measures will contribute towards better outcomes for individuals and prevent people requiring additional health and social care by improving understanding, skills, knowledge and support in community services.

Torbay Council has been a key partner in the development and delivery of the Devon's Sustainability and Transformation Plan's (STP) Joint Learning Disability and Autism Strategy and action plan, and is a member of the Transforming Care Partnership.

Focus on Dementia

The Care Home Education and Support Team (CHEST) continues to form an integral part of the Older People Mental Health service in Torbay despite the enormous challenges that the ongoing Covid pandemic has brought upon Health and Social Care services as a whole. Although CHEST core business needed to be suspended in the initial months of the pandemic it soon became apparent that people with Dementia both in Care Homes and in the Community still required the specialist input provided by the team. The CHEST method focusses on a strengths-based, holistic, person-centred and collaborative non-pharmacological approach to look at the person and how they are trying to communicate their needs. Medication although helpful can never be the only solution and we work with providers and people's loved ones and formal carers to adapt interventions thus easing a person's distress.

CHEST colleagues focused on re-building and strengthening relationships with Care Homes, which in turn boosted staff morale. Although there has been no official survey undertaken this year, there has been some informal feed-back from different homes stating that they find the CHEST involvement to be invaluable, particularly in terms of the quick response it provides. Many homes appreciate the ability to refer to CHEST directly.

Case Study; Focus on Dementia

A recent contact was received from a local nursing home regarding a person they had supported for a number of years.

Mrs A had begun to become physically aggressive during personal care interventions. Initially, CHEST practitioner observed the carers delivering personal care, and the following was noted - Mrs A would become more agitated and would kick out when the carers all talked to her simultaneously, especially if the instructions given were quite complex. This may have resulted in Mrs A, feeling overwhelmed and over-stimulated. It was therefore suggested that carers prepare the room before they began the personal care intervention; Mrs A's "This Is Me" history stated that she enjoyed classical music, so this was played before the activity to help her to relax; pain medication was administered 30 mins prior to the intervention to reduce the risk of increased pain and the clock in the room should be corrected as it was several hours late and there was a possibility that Mrs A may have believed that it was too late to be receiving personal care. It was also suggested that only one carer talked to Mrs A and used simplified language. The "talker" was advised to provide constant reassurances and eye-contact, and a simple narrative of what was happening and what was required of Mrs A, whilst other carers carried out the intervention.

When the above was put into practice, Mrs A was calmer and more responsive, and she was also able to assist with required positioning. Most importantly, the need for medication was avoided although this had been considered due to the high levels of physical aggression that Mrs A was exhibiting and staff were concerned about their own safety while working with her.

Focus on Homelessness

An integrated team consisting of a social worker, drug and alcohol treatment worker, housing staff, outreach team and the new Housing First team have worked to remove barriers for people who are homeless to access housing, health and care services. The Housing First team work with those whose needs have not been previously met; housing people straight from the streets into the community, and providing intensive support to help people maintain their accommodation. The Housing First team is working well with the Homeless and Vulnerability locality team with good effect. The team work across 7 days a week and have a case load of only 5 people to ensure that they can provide the levels of support that people need.

AB came to the attention of adult social care in 2019 due to homelessness, feeling suicidal, and was at risk of Domestic Abuse. The project supported him to find accommodation and engage with the Department of Work and Pensions to access appropriate benefits. AB moved into a property in the local area on his own once benefits were in place. He secured appropriate employment as a security guard. His mental health is now stable given the support he received from his GP and Adult Social Services.

Focus on carers

We know that people do not always see that they are a Carer, so we try to make it as easy as possible for Carers to be identified, whether at GP surgeries, through other professionals that may work with Carers, and through our campaigns such as Carers week. As of January 2021, just under 1200 Carers of Adults had received an assessment and/or a health and wellbeing check this year, which is 34% of people receiving Adult Social Care services against an annual target of 36%.

Support to Carers During Covid

The Pandemic has increased pressure on Carers and we have looked to provide support in different ways during this time:

- We offered on-line meetings where appropriate with our Carer Support Workers, as well as telephone contacts and socially distanced face to face meetings, and tech support for Carers who might need it.
- We organised On-Line Carers Week Activities and Carers Rights Day, which meant Carers could have us ‘switched on’ at home across the day.
- We made Welfare Calls to Carers on the Carers Register during Lock-downs.
- Our Signposts for Carers Telephone Line has been very busy:
- We have run a range of on-line activities such as Carers Groups, and a Young Adult Carer (YAC) online Drop-In Event with cake pre-delivered by the YAC Team.

- Up to end Jan 2021 416 carers have received support to have a Carers Break (which during the Lock-Downs were used for on-line craft courses, garden benches, gardening materials – anything identified by the carer to give them a break from their caring role.

"I just wanted to relay to you how grateful I am for receiving the carers update letters. I think you offer a great service"

"***It was fun, the cake was nice and I got the chance to meet people that were carers too, which is rare for me, it was also nice to just talk to people*".**

(Transition Age Young Adult Carer 17 years).

Our Commitment to Carers

In Nov 2020 various organisations across the Bay issued their individual Commitments to Carers with Torbay Youth Trust, Torbay Council, Compass House medical practice, Devon Partnership Trust making clear Commitments to supporting Carers.

We have also looked at how we can make our services more accessible to people of Black, Asian, ethnic minority, refugee backgrounds through a Project with Plymouth called 'Mind the Gap'.

We also launched our Carers Consultation in November 2020, and had over 420 replies. These replies are shaping the design of our Carers Strategy 21-24.

Young Adult Carers Services

- This year we have supported over 100 Young Adult Carers in their caring role, including 30 young Carers in transition (16 – 18), with one-to-one support, welfare calls, signposting, on-line, and socially distanced face-to-face meetings. We have continued to work closely with South Devon College, linking closely around their new Carers Champion role and they have just been successful in gaining their Carer Accreditation.
- Ongoing YAC Drop-In sessions and group meetings, YAC operational group meeting fortnightly on-line, activity on-line group events for YACS such as craft sessions are well attended.
- Takota – Peer group for 25 – 35's meets regularly on-line (many of our former Young adult carers 25+ are part of this.)

- Excellent links with life-changing opportunities e.g. Tall Ships, Outward Bound. Strong YAC voice – service is led by Operational Group of YACs. Many trained in evaluation, some in presentation skills to run / co-run awareness work.

Welfare Calls to Carers during Lockdowns

T/C to a lady who cares for her husband. Was feeling very low and unsure whether she would be able to carry on. Had a long chat whereby at the end she was laughing. I telephoned her the following week, then fortnight, then month by which time she was feeling much better. She was so grateful for the calls and just having a chat with someone and to know she could call helped her through this particular crisis. All is well for now.

T/C to a gentleman who cares for his wife. He was really struggling with his wife's mobility issues and didn't know which way to turn. I gave him numbers of some agencies that could help and made some calls for him. Equipment has now been provided and the gentleman was very grateful. I followed up with a couple of calls where we discussed and sorted other small issues. He said he was so glad that we were there as the pressures of caring along with the presence of the pandemic made it very difficult to know which way to turn.

Focus on Safeguarding

Our aim in the broadest sense is for the public, volunteers and professionals to work together to ensure everyone is treated with dignity and respect, and that people have choice, control and compassionate care in their lives.

'Safeguarding' is a term used to mean both specialist services and other activity designed to promote the wellbeing and safeguard the rights of adults with care and support needs where harm or abuse has or is suspected to have occurred. Our responsibilities within care services are to: make enquiries or cause others to do so where safeguarding concerns are identified; co-operate with key partner agencies, to carrying out timely Safeguarding Adult Reviews; to share information to meet the aim of protecting adults with care and support needs and to train our staff to respond effectively to safeguarding concerns.

Between April '20 to January 2021 our safeguarding adult repeat referrals rates increased to 13% compared to 6.9% during the past 12 months. We undertook a bespoke audit which identified no specific concerns relating to performance and practice. The increase is primarily due to the complexity of needs of people referred to our services. 94% of people say that risk is either reduced or removed as a consequence of interventions whilst 93% of people state responses fully or partially achieve preferred outcomes.

Between April '20 to January 2021, 951 safeguarding adult concerns were received by the Torbay Safeguarding Adult Single Point of Contact. 251 proceeded to statutory safeguarding adult enquiries. This is a significant increase in safeguarding enquiries recorded compared to last year and is due to the way that the Torbay Safeguarding Adult Single Point of Contact now records Safeguarding Enquiries.

The Trust's work in this area primarily divides between the community operational teams who respond to safeguarding concerns and our Quality, Assurance and Improvement Team (QAIT) which works with care homes and domiciliary care providers to promote high quality care and proactively monitoring quality standards.

We work closely with Devon and Cornwall Police, Devon Partnership Trust, Devon Clinical Commissioning Group and the Care Quality Commission both in causing enquiries to be made and maintaining strong local partnership arrangements. Ultimate accountability for safeguarding adults sits with the newly formed Torbay and Devon Safeguarding Adult Partnership. Following consultation with key stakeholders in 2020, Torbay and Devon Safeguarding Adult Boards merged in December 2020 to form a single partnership Board arrangement across Torbay and Devon. This will create a single strategic direction across both local authorities and promote greater consistency of approach across the safeguarding adult network.

Safeguarding reporting has remained consistent throughout most of the pandemic and has been constantly benchmarked against other South West Regional authorities. Safeguarding Adults has remained a key statutory priority for adult social care services throughout this period.

Learning from Safeguarding Adult Reviews

Local Safeguarding Adults Board (SAB) must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult. Boards must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. Boards may also arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

Torbay commissioned one safeguarding adult review during this reporting period and the review was undertaken in February 2021. An overview report and recommendations will be initially sent to the new SAB for approval and publication. The Board will also oversee any learning actions from this review. The new Board arrangements will support greater collective learning outcomes across the local safeguarding adult partnership.

Advocacy for people unable to make decisions for themselves

We continue to use advocacy services across the three legal frameworks: Mental Health/IMHA, Mental Capacity/IMCA and Care Act this is via a contract with Devon Advocacy consortium. We have not been using the Care Act advocacy service to the same level as we use the IMCA service. A recent promotion of the Care Act advocacy service has been undertaken, and a rigorous monitoring will be undertaken to ensure people who use our services are appropriately supported at all times. The IMCA service is really well used, and we regularly refer people. Advocacy continues to take place to ensure the human rights of people lacking capacity are upheld during the Covid -19 pandemic. It is done via remote contact taking into consideration relevant caselaw and Court and central government guidance to inform practice.

Deprivation of Liberty Safeguards

This is a key Safeguarding issue where sharing experience together as partners is critical. Safeguarding in this context is about ensuring that those who lack capacity and are residing in care home, hospital and supported living environments are not subject to overly restrictive measures in their day-to-day lives, but the risk of high risk of harm is mitigated. This is known as Deprivation of Liberty Safeguards (DoLS) Safeguarding - for example due to the serious onset of dementia an individual's capacity to act safely is significantly affected. During the pandemic, we have had to adapt the way assessments are undertaken in accordance with central government guidance. Our practice has also been informed by national forums such as those convened by the national mental capacity act forum. Assessments continue to be undertaken remotely unless there are exceptional circumstances. This is under constant review based on assessed risk and COVID national guidance.

Learning and Improvement

The joint Safeguarding Adult Board learning and Improvement sub group focuses on several work streams including multi-agency case audit; training and competency framework review; embedding learning into practice. Several meetings had to be stood down this year due to COVID priorities. However, the Trust has undertaken a full review of mandatory safeguarding adult training for all health and adult social care and introduced a new training frame work with effect from January 2021. The framework is aligned to national competency standards and is also accessible to appropriate staff from partnership organisations. The Trust is also implemented a new mandatory mental capacity act training framework for all health and social care staff and this will be systemised from April 2021.

Safeguarding Quality Checkers

The new SAB partnership has a stand-alone community reference group to support the local safeguarding adult Board arrangement. The Terms of Reference of the group are currently being reviewed to ensure that lived experience is captured and fed back into local systems and processes.

Safeguarding Adults: A Summary

Whilst our performance is good, we must constantly strive to understand emerging issues for Safeguarding Adults in Torbay and act proactively to maintain our performance. Our new partnership Board arrangement will assist in driving a consistent approach in these agendas across our local safeguarding adult partnership. A key message is that safeguarding adults is everyone's business and we are all part of our local safeguarding adult team. When adult abuse concerns are raised we work in a multi-disciplinary and multi-agency context to understand risk and ensure responses are person centred, include the right people and include the right partner agencies.

Outcome 2: Improved wellbeing through partnership

We will work with our local partners in the public, private, voluntary and community sectors to tackle the issues that affect the health and wellbeing of our population. We will work in partnership with individuals and communities to support them to take responsibility for their own health and wellbeing. We will be a socially responsible organisation contributing to a better environment.

How are we performing

Supported Living Provision

Supported housing provides crucial help to some of our most vulnerable people. It can have an enormous positive impact on an individual's quality of life: from their physical and mental health to their engagement with the community and reducing social isolation.

The Supported Living framework introduced in April 2018 provides a greater focus on assisting improvement alongside our statutory assessment function. The framework is intended as a focal point for joint working between partnership organisations and reflects Torbay's integrated health and care service delivery model.

The framework supports Torbay in moving towards a more enabling environment with measurable outcomes in promoting people's independence, quality of life and health and well-being.

Our Supported Living framework has allowed us to better communicate and work more closely in partnership with our Providers; developing additional capacity and delivering improved outcomes for people assessed as requiring this type of service.

During the year we identified significant gaps in the market for people with a mental health diagnosis resulting in a tender, specifically for this client group, being published in the summer of 2020. As a result, we have increased the number of Supported Living Providers on our framework and are working with them to increase capacity and develop services.

We have seen increased interest from providers, currently delivering other services, wishing to discuss Torbay's Supported Living market, framework, tender opportunities, expansion and / or change of direction of their current provision.

Enhanced Intermediate Care

We have invested in Enhanced Intermediate Care services to help people stay independent at home longer. Intermediate care also aims to avoid hospital admission if possible and delay people being admitted to residential care until they absolutely need to. Intermediate Care is a key requirement in facilitating early discharges from hospital. We work to ensure Enhanced Intermediate Care is fully embedded working with GPs and Pharmacists as part of the health and wellbeing teams within Torquay, Paignton and Brixham. We also have a dietician in the Torquay locality who has been invaluable during any Covid Care Home Outbreaks

We have developed stronger links with the ambulance service and the acute hospital which means that the person experiences a more seamless service between settings. We work with the Joint Emergency Team in the Emergency Department (ED) to prevent an unnecessary admission into the hospital when they present in ED.

We have recently started doing a virtual multi-disciplinary team meeting with the Care Home Visiting Service, Older Mental Health Services, dietician, pharmacist and Health Care for the Older Person Consultants. This happens weekly and we refer any people in our Intermediate Care service who we feel would benefit from this specialised group of clinicians. This results in the person receiving suggested care by the consultants without having to attend an appointment. This service has been extended so that the localities can discuss any people who are either in their own home or a care home placement. This has promoted proactive treatment for these people

The average age of people benefitting from this service is 83 years old. The deeper integration of these services has helped ensure people have shorter stays in hospital. The implementation of a ‘discharge to assess at home’ pathway has further developed the ability of the organisation to care for people at home and we always work towards the ethos that ‘the best bed is your own bed’.

Extra Care Housing

Extra Care housing combines care and support to maximise the independence of Torbay’s population whose Long-Term Condition or diagnosis means they require ongoing care and / or support to maintain independent living, for as long as possible, in their own community-based home. Our Extra Care service is multi-generational supported living benefitting from 24/7 on-site staffing.

Demand for Extra Care Housing continues to outstrip supply. To address this the Council has purchased a site in Torquay to increase capacity. A dedicated Capital housing officer has been recruited by the Council to work in partnership with TDA and Torbay and South Devon NHS Foundation Trust in developing these sites. The Extra Care project group membership includes multi-disciplinary representation and the voluntary sector whose aim is to develop housing which:

- Promotes independence, quality of life, health and well-being and offers choice and diversity.
- Creates mixed communities which integrate well.
- Supports people in their own home.
- Build homes which adapt to individuals' changing needs.
- Diverts people from more institutionalised care.

Wellbeing services with the Voluntary Sector

During 20/21 the statutory sector in Torbay further developed its well-being offer by working more closely in an enduring partnership with the Community and Voluntary Sector in Torbay.

Jointly with the Voluntary Sector we have responded to the challenges of the pandemic

- By Facilitating/supporting alliances/partnerships within the community to improve resilience
- By working more openly and collaboratively with the Voluntary sector on an equal footing via forums such as the Voluntary Sector Steering group and via the use of the Adult Social Care precept for 20/21.

During the pandemic Voluntary Sector partner organisations responded flexibly and used resources in a creative fashion. Their added value to the social care offer was noted and their place and benefit to the Health &Social Care system, and Adult Social Care in particular can only build in strength as we move forward with the Adult Social Care Improvement Plan.

Voluntary and Community Sector

Responding to the Pandemic

In 2019/2020, the statutory sector in Torbay has strengthened existing partnerships with Voluntary, Community and Social Enterprise (VCSE) organisations, as well as creating new ones. Closer working has allowed us to develop the wellbeing offer in Torbay, and in particular, it has enabled a more co-ordinated approach to the challenges of the Coronavirus pandemic. The response from VCSE organisations during this period has been exceptional, with a number of notable achievements including:

The creation of a Community Helpline, staffed by people from partner agencies across VCSE, NHS and Torbay Council. The Helpline has provided advice, information, signposting, and referral to support services; as well as matching volunteers with people in the community who needed help. Between March 2019 and February 2020, the helpline took over 17,000 calls and recruited over 1,000 volunteers from the local community. Volunteers have been "matched" to people needing help with things such as shopping, picking up prescriptions, and attending medical appointments. They have also

supported with befriending for those isolated. Over 1,900 requests for help have been fulfilled in this way.

- The Helpline has also provided mental health and wellbeing support to volunteers on the frontline, and has encouraged a “street-level self-help” approach in communities to maintain resilience; including the development of 68 “Good Neighbour” networks across the Bay, supported by Community Builders where required.
- Working alongside statutory services, Torbay Food Alliance was developed to support people unable to access food, either because of food poverty or shielding; which provided over 450,000 meals in 2019/20, along with advice, information and signposting. The Alliance is a consortium of 11 VCSE organisations working from across Torbay.

Partnership working

The development and implementation of the Adult Social Care Three Year Plan has been very much informed by our “Community Led Support” work in Adult Social Care, which preceded it. This focused on working in a different way with the community, and a more person-centred approach to wellbeing. This work has been further developed and reinforced through the pandemic, with a more open, collaborative approach being taken to joint working; improving relationships and understanding between the sectors. Initiatives have been truly community-led and asset-based, with statutory services taking a more facilitative, supporting role.

The VCSE sector has been agile, creative, and person-centred in its response to community need; which has positively influenced culture within Adult Social Care and the way in which we are improving our services. For example, as part of the Three-Year Plan, we are redesigning our “Front Door” (the way in which people access our services) in Adult Social Care. This is not only being informed by the development of the Community Helpline, but VCSE partners are actively involved in the redesign work. This approach is fully aligned to the Care Act (2014), which recommends greater integration and collaboration with local partners, for the benefit of community wellbeing.

A new Steering Group has been created with representatives from across the VCSE and statutory sectors; which will help to guide and shape developments. A VCSE Forum has also been set up, to make it easier for organisations within the sector to connect with a common purpose; providing greater opportunities for collaboration, and a stronger voice in the local system.

Technology Enabled Care Services (TECS)

A Technology Enabled Care Service (TECS) is available across Torbay. Commissioned in 2018 by Torbay and South Devon NHS Foundation Trust, the service is provided by NRS Healthcare located in Paignton. TECS provides solutions to individuals to keep them safe and independent in their own homes for longer, potentially delaying any need for formal service interventions.

NRS Healthcare offer a private purchase option so that people are able to choose different ways to support how they access the community and live as independently or care for loved ones. For those who are eligible following a Care Act Assessment, TECS will be considered before other packages of care are put in place.

TECS supported people and carers with convenient, cost effective and accessible ways to managing health and wellbeing. No one anticipated the pandemic or the impact that this would have on ensuring that care continued in the safest possible way whilst enabling ease of access to healthcare professionals. TEC responded to the pandemic in a number of ways including adjusting some of the equipment available to support people with a wide range of needs requiring them to isolate. This technology allowed people to manage various conditions as well as reduce anxiety and isolation through video links with nurses and family.

This contract has supported people from managing medications independently through to allowing people to access their community with TEC phones linked to 24/7 care for emergencies. The provider NRS have been developing a new system to support people being discharged from hospital through until their assessment has been completed in their home while having access to a care line. Work has started with public health to use TEC to support people with diabetes and mental health so that they are able to manage and live full lives.

Digital Inclusion

To consider the impact of a new digital world a group formed and developed across the community including the VCSE, Public Health, Healthwatch, TSDFT to understand the impact of a digital shift on how people are able to access their community and social interests. This group has developed a survey which will uncover the depths of the impact on this shift, identify how to support individuals and inform how services are commissioned in the future.

Outcome 2: Case Studies

TECS Case Study: The following case study details a gentleman who although wanting to remain at home was, as were his family, concerned about his ability to do so.

Client Information	Elderly man, registered blind
Client situation	Family concerns around client's ability to remain at home and keen to pursue a residential placement.
Reason for TEC	TEC sensors were installed around the home to understand movement and use of appliances such as the kettle and fridge. This was to build a picture of activity and patterns, in particular around night time activity. Note: these sensors have no visual or audio.
Useful Insights	TEC identified a pattern of his daily life. While he isn't particularly active when on his own, if he wants to go to the kitchen for a drink or food at night, he is able to do this. Trends were formed to understand healthy sleeping and resting patterns.
Impact on care provided	There was limited activity accessing the kitchen and using the kettle, microwave or fridge and so he remains reliant on carers for this important aspect of his daily life. However, this technology confirmed that presently there are not significant night time needs. When he is in bed, the motion sensors pick up little movement and most nights he sleeps for long periods.
Result	All parties were reassured and the man was able to remain in his home for the time being.

The Hope Programme

The HOPE (Help to Overcome Problems Effectively) Programme is an evidence based 6-week self-management course based on positive psychology, mindfulness and cognitive behavioural therapy, built on 20 years of research from Coventry University.

It brings together people with similar needs and experiences in a safe space across 6 weeks. Participants are given the tools to build their knowledge, skills and confidence whilst helping each other. The groups are run by trained facilitators – professionals or volunteers.

Across Torbay and extending into wider Devon, the HOPE programme continues to go from strength to strength with over 1,400 participating in the programme to date. We celebrated our Third Birthday on 13th November 2020

As we continue to adapt our day to day lives towards a new normal amidst the Covid-19 pandemic, the HOPE programme has had to evolve as well. Since April, facilitators have been delivering the HOPE programme using Microsoft Teams and finding out the best ways to modify the face to face programme to an online one. This meant a two-month hiatus from April – June 2020, but since then we have been delivering 'Virtual HOPE'. This has increased our spread and reach, with people not having to travel to a HOPE venue but can access in the comfort of their own homes. We have also been able to offer more evening courses to support people who have working responsibilities.

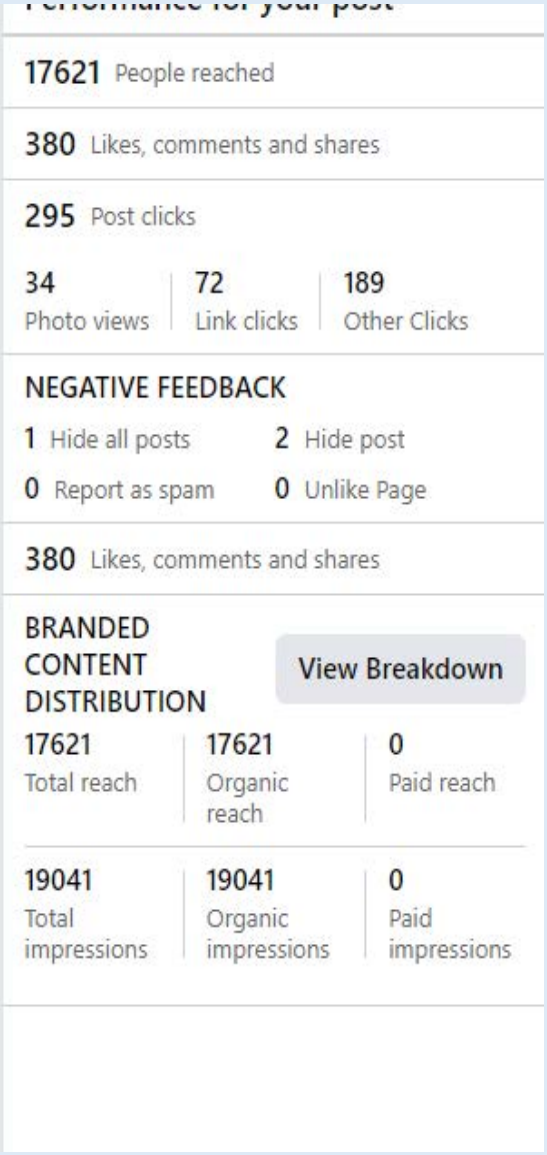
Here is our current delivery offer of HOPE (face to face being stood down while we are in lock-down)

	Face-to-face	Virtual	Digital
Method?	In person	MS Teams	Online
How?	Set dates and time	Live course (set date & time)	Self-paced over 6 weeks
When?	Set times	Set times	24/7
Where?	Named venue, set place, same time	Anywhere, any place, set time	Anywhere, any place, any time
Commitment?	2 hrs per week at set time	2 hrs per week at set time	2 hrs per week
Delivered by?	2 facilitators	One or more facilitators	One or more facilitators
Communication?	In person, group discussion and exchange of ideas with instant feedback	Online, live interaction using audio and webcam	Online forums, private messaging, and support. With optional weekly virtual sessions to 'come together' to share learning
Requirements?	Travel to venue. Access to travel and venue Cost (travel & time)	Internet access, access to PC/ laptop/ tablet/ smartphone	Internet access, access to PC/ laptop/ tablet/ smartphone
Most suited to:	Classroom learners that like to learn 'in person' with others and enjoy face-to-face teaching.	Online learners who like learning within a group. Good for those who enjoy scheduled teaching and learning.	Online learners, self-motivated, who like flexible learning that can be done when it is most convenient. Good option for those who want to keep their anonymity & privacy.
Certification:			The digital courses are QIS2015 accredited.

QISMET CERTIFICATED

We were initially sceptical that people would want to access the HOPE programme using technology, but we have been blown away with the response – so far, we have had 144 people participate in Virtual HOPE and 60 people attend Digital HOPE (2020) and 165 people sign up for Digital HOPE (2021).

We advertised the Digital HOPE Programme on the 'HOPE Programme – Devon' Facebook page and the response was astonishing. The post reached over 17.6k people, with 380 likes, comments and shares (142 shares!!):



We have extended our offer to cover new groups of people who share common experiences including:

Long-Covid (including a course specifically for health and social care staff living with the symptoms of Long Covid)

Virtual HOPE Programme for Postnatal and Emotional Wellbeing

Hope+ Hear for yourself the impact that HOPE + has had on one of the participants in this podcast recording:

https://vimeo.com/507020431/f0b7247643

Participant quotes:

"This experience has been a life saviour for me"

"I've never felt so supported and I've gained friendships with people who understand, thank you"

"Since week 5 my husband and son, who came to visit, have noticed my hair has regrown, it was falling out in clumps back in January but since being on the programme this hasn't happened and it looks thicker again."

Recent studies by Coventry University have shown that attending a Devon based HOPE programme has resulted in significant and meaningful improvement in participants knowledge, skills and confidence to self-manage between the pre-course and 12 months post HOPE.

On the first week of the HOPE Programme we ask each participant to select up to three emotions, which represent how they have been feeling in the past few days. We encourage participants to be really open and honest about how they are feeling and to not think about it too much detail, as often our first thoughts are the most accurate. At week 1, we see a combination of both positive and negative, but generally the emotions are more negative.

At week 5, we ask the participants to repeat this activity to see whether their emotions have changed. Often, the shift we see is astounding! There is, of course, still some negative emotions but there are far more positive than previously.

Please see the word clouds from the virtual HOPE programme for postnatal emotional wellbeing:

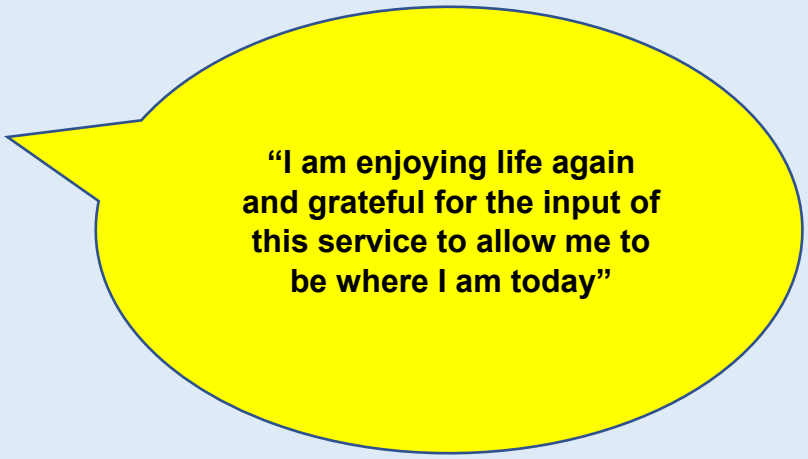
VS

Plus-sized, housebound community outreach programme

Over the past 18 months a pilot has been ran to offer a personalised service for individuals in Torbay who are housebound, plus sized and unable to access Tier 3 weight management services. The objective of this programme was to support and empower these individuals to achieve personal goals, that matter most to them. Data obtained from this piloted service demonstrates a significant clinical improvement in people's knowledge, skills and confidence (also known as activation level) in addition to improving Loneliness scores. Furthermore, financial data shows a potential cost saving of over £116,000 to adult health care services has resulted from this service being rolled out. This service is currently being reviewed and it remains unknown at this stage what decision the Trust will make. This programme in addition to supporting those engaged, has;

- Trialled and co-designed the virtual HOPE+ programme.
- Developed involvement with and funding for virtual reality headsets to support goal achievement.
- Gained a working partnership with Devon and Somerset Fire and Rescue service to provide home safety assessment in housebound, plus sized clients home's and allow for
- emergency evacuation assessment and planning to keep this vulnerable client group safer.
- Advocated change to the societal stigma around plus sized, housebound individuals
- Promoted the use of health coaching skills to allow for person centred change in self-management.

Jane is a woman in her 20's who due to an accident left her housebound, and led to significant weight gain. Jane's goal of wanting to access the community and return to work, was overruled by her mobility safety and recommendations. With open, honest shared conversations Jane was able to leave her flat and return to work in a part time role with reasonable adjustments made to her needs. As Jane's confidence increased, in time, she was able to take actions to get an adapted vehicle for her use which widened her working opportunities and community access. Jane is now successfully back working in the community.



HOPE: Client Stories (consent has been obtained by individuals for use of their story and images)

Valmai, spent most days restricted in her residential home with low self-esteem, feeling isolated and found it hard focusing on future goals.

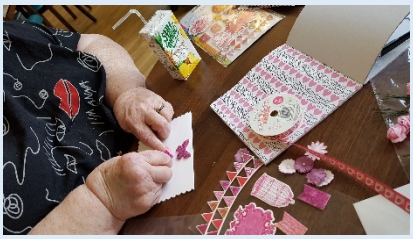
Social occasions meant a lot to Valmai and her main goal was to have a tea party with a select number of close friends. Valmai created her own invitations and party bunting, something she never thought she could do.

"I am more assertive now and learning to enjoy life"

"I never thought my hands would be any good at being creative, I've surprised myself"

"I feel like I have achieved something for once"

Valmai then went on to join a local craft group gaining social enjoyment and personal gratitude. Valmai became more confident to access the community again which further enhanced her wellbeing and later resulted in a planned UK holiday away with her partner which was a longer-term goal discussed at the start of engagement.



"I finally have my freedom back"

"I feel organised and able to focus on things that are important to me, which I didn't used to do"

"the input from people like you has completely changed my life and I am very grateful for that. Thank you".

Jon has been housebound as a result of his plus size for many years. His mood would often become challenging and cause lack of sleep making him “put off things”. Through use of health coaching skills, it was recognised that troubling finances were an impacting factor. With support from the programme Jon organised these enabling him to “feel calmer with his finances”.

“I have got my mind back where it should be to function properly”

Jon had a goal to organise and sort through his garage which he had been unable to access for some years. After providing some suitable contacts, Jon independently organised a skip and together with help from a friend and the community outreach coordinator, he managed to de-clutter and organise this space.

“I am in the best mental state I have been in for years and it feels like a 100lb weight has been lifted off my shoulders”.

With partnership of Devon and Somerset Fire and Rescue service, Jon had a home safety fire assessment and had new smoke alarms fitted to increase safety precautions.

Jon’s actions of managing his health and situation became noticeably more positive as time went on. Jon began to take control of his goals and would often have achieved it and more in between our sessions.

Jon is now engaged with the healthy lifestyles team and accesses his workshop as often as he can.

“I am in the happiest place, brain wise I have been all my life”.

“now the only way is up, I can see light at the end of the tunnel”

Outcome 3: Valuing our workforce

Our aim is to ensure people and carers have the most positive experience of care and support possible and that people can easily access information and advice in a way that is sensitive to their needs.

How are we performing

Training Project - Highlights of success

During 2019/20 we have developed a range of education, learning and development programmes that support staff and our community partners in becoming more confident and informed about the legal framework supporting the work we do.

An Induction programme for new starters has been established, along with generic and specialist education pathways, including bitesize learning opportunities for carers and the voluntary sector. We have also developed an education programme to support staff undertake Tier 1 training as part of the Core Capability Framework for People with Autism.

Technology Enabled Care. Scoped and developed a training presentation along with Explainer films and eLearning to show how technology enabled care (TEC) can support people with certain conditions and vulnerabilities to live their lives with confidence, dignity and independence.

7 Minute Briefing (7MB) have been tested and trailed in relation to the Multi-Agency Framework which is a shared, cross sector understanding of what constitutes a safeguarding concern. It promotes across all organisations collective and transparent accountability and responsibility for decisions and actions in respect of safeguarding concerns. 7MB are now being developed across Adult Social Care that aims to strengthen the way teams are able to communicate more effectively. The brief duration should also mean that they hold people's attention, as well as giving managers something to share with their staff.

Career pathways and development opportunities for all staff groups are being developed from entry points to graduate levels of training. Competency frameworks will follow that underpin all training activities. This will allow for inclusive progression and developmental opportunities for all staff groups.

The aim of the training programmes and developing opportunities, through career pathways will contribute to improving the effectiveness of staff working in a strengths-based way and assure compliance with the Care Act 2014 in Adult Social Care; this includes alignment with the framework principles from Integrated Service Units Delivering Integrated Care: Personalised Care and Support - Conversations with people based on what matters most to them.

Support is built up around people's strengths, their own networks of support, and resources (assets) that can be mobilised from the local community. It aims to, increase efficiencies within and between business processes in Adult Social Care in Torbay which are measurable in terms of outcomes, process and balance (impact) through staff training based on insights from Adult Social Care Improvement Plan projects.

Advice and Information

During 2019/20, Torbay Council, along with its partners in the NHS, voluntary and private sectors, continued to provide information and advice on health and care to the people within our community. Torbay Council and Torbay and South Devon NHS Foundation Trust have a long-standing commitment, and track record, to ensure that people who use both health and social care services have integrated care services that work together to give best care based on a person's personal circumstances.

The Care Act 2014 further develops this principle by the shift from the local authority's duty to provide services to meeting needs. We offer information and advice to help everyone understand what support they will need to help them better plan for the future. We are closely working with others, such as voluntary and community sector organisations to co-produce changes, and to communicate with service users and residents, to involve them in the implementation of the Care Act. An example is the FAIR (Financial Advice, Information & Resilience) project, making advice and financial information services more accessible for people over 50.

Towards the end of 2019/20, the emergence of the COVID-19 pandemic has meant that partner agencies have had to significantly shift their focus with regards to the provision of information and advice, to support the people in our community with dealing with this crisis.

Examples include: the joint NHS and local authority Shielding Hub team supporting vulnerable people needing extra help while following advice to 'shield' at home; and the Torbay Helpline (for people in need because of illness or isolation and also for those that are prepared to offer help) a group of organisations from the charity and voluntary sector in the Bay including the Torbay Community Development Trust, Brixham Does Care, Age UK Torbay, Healthwatch Torbay, Ageing Well Torbay, Citizens Advice Torbay, the Torbay Advice Network, Homemaker Southwest and What's Your Problem, all working alongside Torbay Council and the Torbay and South Devon NHS Trust

During 2020/21, Torbay Council, along with its partners in the NHS, voluntary and private sectors, began a strategic review of information, advice and guidance related to adult social care, to build on our existing approaches so that people are better informed when making decisions about their health and care needs. As we approach 2021-22, Adult Social Care in Torbay continues to have demand on its services from different front doors, including residents of Torbay and their family and friends, local and community-based services, primary care and acute services. We have created a programme of work which will redesign the Adult Social Care front door. Working in partnership with the local networks to address continuity of access, seamless referrals, future needs analysis,

person-centred information, advice and guidance to ensure Care Act 2014 prevention principles are part of the key drivers of improvement.

An improved front door will increase diversion from formal care which is better for people and communities. The front door will enable and support an agreed approach to sharing information to provide well informed local networks with effective referral mechanisms that deliver good outcomes. The programme will develop a measurement strategy that enables impacts to be measured and business intelligence gathered which can be used for strategic commissioning.

Outcome 3: Case Studies

A qualified social work practitioner within the Torquay triage team talks about their experience of working in Adult Social Care in Torbay.

Louise describes a social work intervention she was involved with which received really positive feedback from the person's family members and resulted in a positive outcome for the individual.

Names have been anonymised to maintain confidentiality.

Summary:

Mrs A has a diagnosis of dementia and in December 2020 was found wandering outside confused and inappropriately dressed, she was admitted to hospital and then discharged to a short stay residential placement under the 6-week Covid funding stream.

My role was to complete a social care assessment and establish Mrs A's ongoing care and accommodation needs, and longer-term plans and care provisions.

Due to the current pandemic, and the challenges professionals face, we are frequently receiving updates on policies, procedures and practice, and regular guidance updates on how to implement such changes within our day to day practice. I feel that we have to embrace a positive attitude towards such changes and ensure the individuals within our communities remain at the centre of our practice. A positive attitude enabled me to be enthusiastic with regards to innovative and new ways of working. This included the use of technology to replace a traditional face to face visit or assessment.

The care home Mrs A was temporarily accommodated in, sadly experienced an outbreak of covid-19, therefore professional visits to the home were suspended. However, Mrs A's family wished for Mrs A to return home as soon as she was able to. Therefore, using the Attend Anywhere online system, we were able to arrange a meeting online quickly, whereby both Mrs A and her family could all be involved in the process.

Using the Attend Anywhere system also enabled me to complete a Mental Capacity assessment for Mrs A as per The Mental Capacity Act 2005. I was able to share my experiences of this with colleagues, and I found this experience to be a positive one for myself, Mrs A and her family. It meant we were able to communicate clearly online without the use of face masks or PPE, which can sometimes be a barrier to communication with individuals whom may have sensory impairments.

Mrs A's discharge home experienced a slight delay due to Mrs A contracting Covid within the care home, and later being admitted back into hospital. However, being pro-active and ensuring effective communication was maintained at this time was pertinent to the overall outcome. I ensured I continued with the discharge planning process and arranged for NRS-TECS to be installed within Mrs A's home address. I provided the family and hospital with regular updates and actions I had taken to support Mrs A being discharged back to her home address.

Multi-disciplinary and Partnership working was pertinent to Mrs A's return home. I ensured I maintained my professional responsibility and accountability, whilst recognising the pressures other teams and professionals may be under. Mrs A was on an extremely busy Covid ward within the hospital, so I ensured I updated different staff members daily to ensure communications were effective and fundamental information did not get missed. I referred to other disciplines such as occupational therapists, and ensured a robust package of support was in place alongside Mrs A's family support network to facilitate a safe discharge home.

Maintaining regular and empathetic contact with Mrs A's family enabled them to feel empowered and involved in the decision-making process for Mrs A. Although Mrs A met the criteria for residential care, Mrs A and her families wishes were for her to return home. This wish was achieved by being innovative and creative and utilising Mrs A's personal support networks alongside additional services. Mrs A returned home with the support of her family, TECS, OT and equipment input, a robust package of support and two ongoing nightshifts per week.

This intervention really emphasises the positive outcomes we can achieve with individual's and their families. As long as we ensure we are reactive and proactive as practitioners, and adopt 'a can-do attitude' and maintain effective relationships and communication with both other disciplines and with the individual families whom we work with.

Feedback from Mrs A's family:

Hi Louise

So nice to talk to you again this evening and thank you so much for checking in on Nana to ensure she got home ok from hospital.

As promised, I wanted to share with you the video of Nana meeting Mum today as she got wheeled out of hospital and then her in the car singing 'happy and you know it'. She has since had her hair done and looking tip top. Bless her. 🙏

None of this would have been possible without you Louise, you have been so instrumental in Nana's care and we simply cannot thank you enough for everything you have done. It is clear you really care about your clients through your work, the way you have engaged with our family and just gone over and above to ensure all Nana's needs have been met. You really are an asset to the team. I feel compelled to copy in Sarah as your senior manager so she is aware of how fantastic we think you are.....although I am sure she probably thinks that already!

Financial position and use of resources.

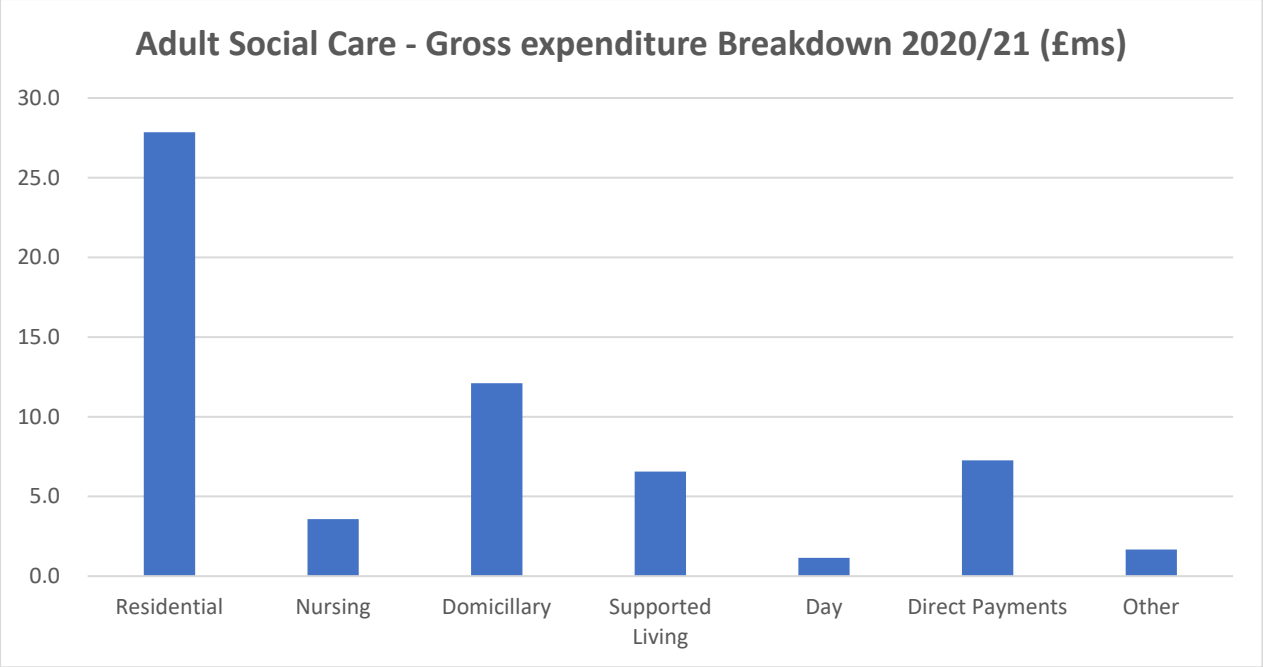
Our aim with this section of the review is to describe the financial resources available and how they have been used in the care sector. On 1st October 2015 an Integrated Care Organisation (ICO) was formed and this organisation's remit was to provide Adult Social Care (ASC) on behalf of the population of Torbay. From a financial perspective the Council's role as a commissioning body is to provide a funding contribution to the overall running costs of the ICO. In 2020/21 this contribution was £48.7m and is to cover the cost of client care and any operational costs.

The ICO provides a diverse range of service, of which ASC is a part. The ASC aspect specifically comprises of care management and social care support across Torbay as well as the cost of social workers, community care workers, occupational therapists, physiotherapists, finance and benefit assessors and support service staff. The Council contribution towards ICO running costs therefore aims to cover the cost of these staff, in addition to the actual cost of client care (outlined in more detail below).

The vast majority of ASC spend is on the purchase of client care (including residential, nursing, day and domiciliary care) from independent providers. The majority of these providers are based within Torbay; however, the ICO also funds some specialist residential care provided out of area. At any point in time there is on average 2,350 people receiving a service of some type.

Net expenditure on the cost of care alone totalled £48.0m in 2020-21 (note this figure includes estimated £3m of costs related to the Trust wanting higher ASC costs as a way of reducing acute health provision / costs). This is the net figure after taking in to account all client contributions towards the cost of care.

Under national legislation people assessed as having a social care need are also given an individual financial assessment. This assessment can result in a client being asked to make a contribution towards the cost of any care that the Council then puts in place. The income collected from these client contributions in 2020/21 amounted to £12.2m. The total (gross) expenditure on services was therefore £60.2m and the allocation of this gross expenditure across different types of services is illustrated in the chart below.



These services are provided to clients aged 18 to over 100 years old, with a range of needs such as learning disabilities, mental health issues, dementia, as well as those with sensory or physical disabilities, vulnerable people, and the frail and elderly.

In addition to the above core spend, the financial year 2020/21 was unprecedented with the impact of Covid 19. The Independent Sector market within Torbay needed additional financial support for it to play its part in dealing with the pandemic. Funding of over £7.0m was passported to providers through the Trust accounts and covered the following areas.

- Specific grants of circa £5.9m covering infection prevention & control, rapid testing and workforce capacity.
- General Covid funding for market support of over £1.2m.

Financial outlook for 2021-22 and beyond

The main challenge will link to the impact ongoing of Covid 19. Funding for this is expected to be non-recurrent and if providers continue to incur costs as they have, the lack of further funding may threaten their financial viability. The ICO / Council is committed to working with its providers over this time to ensure support is available and that any further funding is passed on in a timely manner.

Even with this issue aside, there continues to be significant operational and financial pressures facing Health and Social Care across the Country. These range from economic issues such as continued increases to the cost of care, ongoing funding constraints and specifically in Torbay an elderly demographic compared to other parts of the country.

Despite these issues the ICO and its partner organisations are committed to ensuring resources are managed so that we can provide the best level of care, for the highest number of clients.

Further to this last point, both the Council and Devon Clinical Commissioning Group acknowledge the pressures facing social care and continue to believe that the ICO is still best placed to manage these services. The ICO will aim to achieve this through the managing of resources across health and social care to deliver a more efficient and effective profile of expenditure. This is needed not only to maintain a financially stable and sustainable model of care, but one that has the ability to improve people's experiences of the service. Such development will be done in consultation with the Council and, where it is necessary to make changes to the way services are delivered, consultation will take place with the people and carers who use those services.

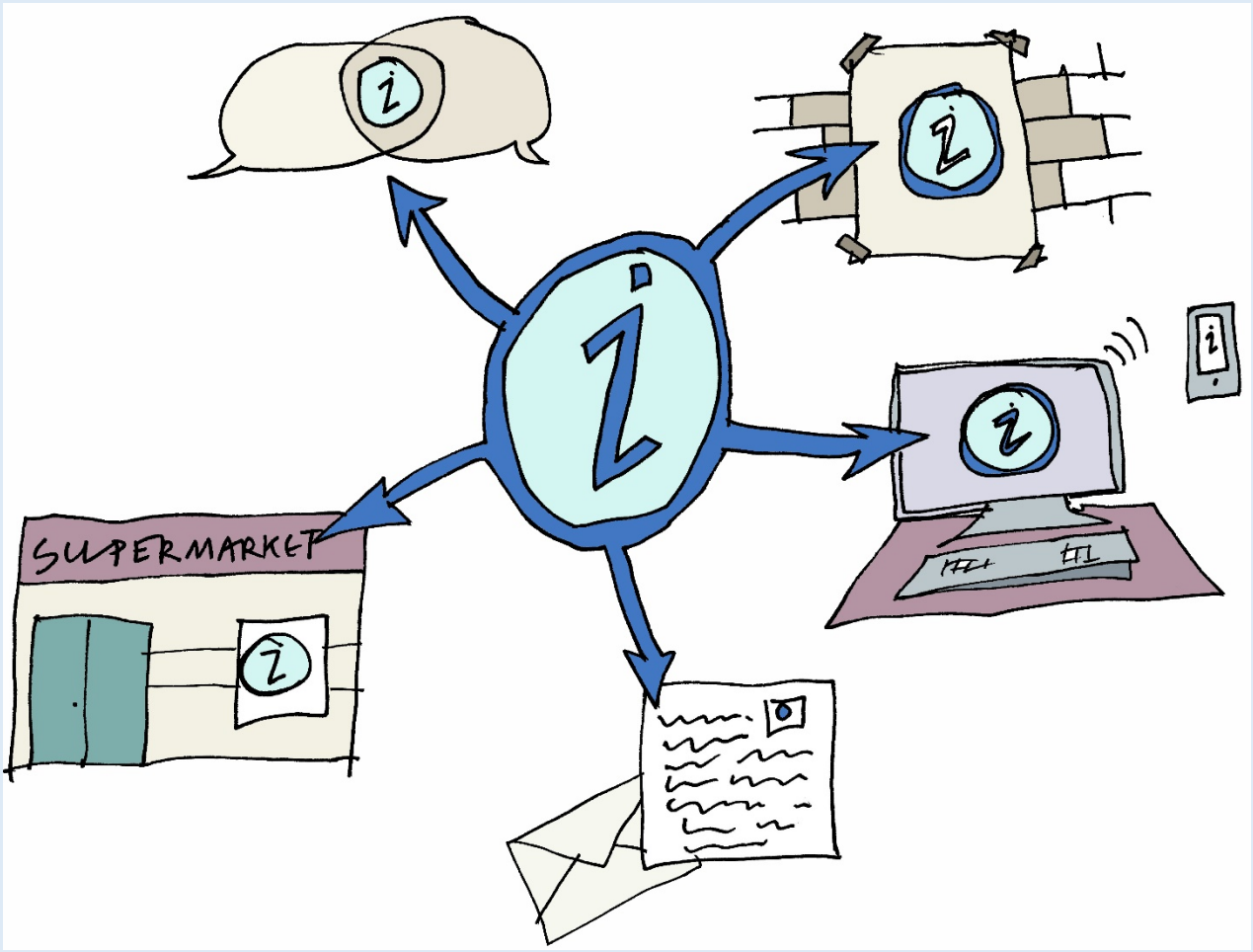
Looking after Information

The trust is committed to upholding the rights and freedoms of our service users and take seriously its responsibility in safeguarding the information that it holds. All incidents where a breach of confidentiality has occurred have been recorded on the Trust incident system in line with the organisation's policies. Risks to information are recorded on the organisation's risk management system in line with the Trust's policy.

The organisation submits evidence of our robust processes as part of the Data Security and Protection Toolkit which ensured the Trust met the toolkit standards for 2019-2020.

All breaches of confidentiality are scored in line with current guidance provided by the Information Commissioner's Office (ICO) with 10 incidents in 2019-2020 meeting the requirement for onward reporting. There were no incidents involving Adult Social Care data requiring onward reporting.

All data incidents, risks and Data Security and Protection Toolkit evidence is regularly reviewed at Information Governance Steering Group chaired by the Trust's Senior Information Risk Officer (SIRO).



Healthwatch response to the Local Account 2021 – 2022

Healthwatch Torbay is the independent consumer champion for people using local health and social care services in Torbay and South Devon. Healthwatch listens to what people like about services and what could be improved and shares those views with those who have the power to make change happen.

Healthwatch commends the effectiveness of Torbay's Adult Social Care teams in maintaining support for local people alongside pandemic challenges. We were pleased to understand that the Care Act Easement option has not been needed as existing duties could still be met.

This Local Account demonstrates an aspiration to continuously improve services and the progress made along those pathways. Whilst we support the mission and vision expressed in this Account, Healthwatch needs to be assured that this is driven by engagement with our local community to understand their experience of receiving social care. The thread of positive stories throughout gives evidence of effective outcomes as does the work to build partnership representation on decision-making forums.

The Account recognises the strength of integration across health and social care with a primary intent to build resilience in populations and individuals. This includes nurturing of the voluntary sector and creative approaches to building that relationship to the advantage of all.
The report rightly brings out the value in enhancing the mental health and well-being of family carers, the commitment to do more and listening to the voice of those who are seldom heard.

We look forward in the next year to working in partnership to gain even more from feedback and engagement, giving evidence to support the culture of learning. We are pleased to be working with our stakeholders and have been invited to join the Adult Social Care Improvement Board and the Torbay-Devon Joint Safeguarding Board.

We cannot end this comment without thanking the staff who have provided a rapid response to crisis during the pandemic; have used their knowledge and experience to make a difference to local people in a number of different settings and have just kept going with dedication.

Dr Kevin Dixon
Chair

Pat Harris
Chief Executive Officer

Appendix 1

Domain & KPI	2019/20 Outturn	2020/21 Outturn provisional	2019/20 Target	2020/21 Target	2019/20 England Average
Domain 1: Enhancing quality of life for people with care and support needs					
ASC 1A: Social care-related quality of life	19.8	19.3	19.7	19.7	19.1
ASC 1B: The proportion of people who use services who have control over their daily life	83.6%	85.1%	82.0%	82.0%	77.3%
ASC 1C part 1A: The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support)	88.2%	72.2%	94.0%	94.0%	91.9%
ASC 1C part 1B: The proportion of people using social care who receive self-directed support (carers receiving self-directed support)	92.5%	96.0%	85.0%	85.0%	86.9%
ASC 1C part 2A: The proportion of people using social care who receive direct payments (adults receiving direct payments)	25.1%	20.5%	28.0%	28.0%	27.9%
ASC 1C part 2B: The proportion of people using social care who receive direct payments (carers receiving direct payments for support direct to carer)	92.5%	96.0%	85.0%	85.0%	77.1%
ASC 1D: Carer-reported quality of life	n/a	n/a	n/a	n/a	n/a
ASC 1E: Proportion of adults with a learning disability in paid employment	8.3%	7.2%	7.0%	7.0%	5.6%
ASC 1F: Proportion of adults in contact with secondary mental health services in paid employment (commissioned outside ICO)	3.0%	2.1%	6.4%	6.4%	9.0%
ASC 1G: Proportion of adults with a learning disability who live in their own home or with their family	78.6%	82.2%	80.0%	80.0%	77.3%
ASC 1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support (commissioned outside ICO)	45.0%	78.7%	60.0%	60.0%	58.0%
ASC 1I part 1: Proportion of people who use services who reported that they had as much social contact as they would like	50.8%	50.8%	50.0%	50.0%	45.9%
ASC 1I part 2: Proportion of carers who reported that they had as much social contact as they would like	n/a	n/a	n/a	n/a	n/a

ASC 1J: Adjusted Social care-related quality of life – impact of Adult Social Care services	0.399	0.376	no tgt	no tgt	0.401
Domain 2: Delaying and reducing the need for care and support					
ASC 2A p1: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 1 - younger adults	24.3	17.5	14.0	14.0	14.6
ASC 2A p2: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 2 - older people	516.2	423.4	450.0	450.0	584.0
ASC 2B p1: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 1 - effectiveness	80.3%	77.8%	76.5%	76.5%	82.0%
ASC 2B p2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 2 - coverage	5.7%	3.1%	5.0%	5.0%	2.6%
ASC 2C p1: Delayed transfers of care from hospital per 100,000 population. Part 1 - total delayed transfers	10.0	n/a	no tgt	no tgt	10.8
ASC 2C p2: Delayed transfers of care from hospital per 100,000 population. Part 2 - attributable to social care	4.5	n/a	no tgt	no tgt	3.2
ASC 2C p3: Delayed transfers of care from hospital per 100,000 population. Part 3 - jointly attributable to NHS and social care	0.4	n/a	no tgt	no tgt	1.0
ASC 2D: The outcomes of short-term support % reablement episodes not followed by long term SC support	85.9%	86.8%	83.0%	83.0%	79.5%
Domain 3: Ensuring that people have a positive experience of care and support					
ASC 3A: Overall satisfaction of people who use services with their care and support	68.5%	71.2%	70.0%	70.0%	64.2%
ASC 3B: Overall satisfaction of carers with social services	n/a	n/a	n/a	n/a	n/a
ASC 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for	n/a	n/a	n/a	n/a	n/a
ASC 3D part 1: The proportion of people who use services who find it easy to find information about services	72.5%	72.5%	80.0%	80.0%	68.4%
ASC 3D part 2: The proportion of carers who find it easy to find information about services	n/a	n/a	n/a	n/a	n/a
Domain 4: Safeguarding adults who circumstances make them vulnerable and protecting from avoidable harm					

ASC 4A: The proportion of people who use services who feel safe	70.8%	72.2%	72.3%	72.3%	70.2%
ASC 4B: The proportion of people who use services who say that those services have made them feel safe and secure	84.0%	81.6%	85.0%	85.0%	86.8%

Notes:

• RAG rating is against ASA target. Green = on target or within agreed tolerance

• Differences in survey KPIs are not always statistically significant due to survey margin of error

• Biennial carers survey 2020/21 postponed due to covid.

Appendix 2

Measure	2018/19	2019/20	2020/21	% change
Number of requests for support	6,249	6,210	5,407	-12.9%
Number of people received who received one-off support	1,189	1,148	1,156	+0.7%
Number of people who received short term reablement services	1,356	1,219	1,275	+4.6%
Number of people who did not go on to receive a service	2,492	2,434	2,136	-12.2%
Number of people who started to receive an on-going support service	604	667	544	-18.4%
% of service users who received a community-based service through self-directed support		88%	72%	
Number of people who were directed to other types of help and support	2,294	2,063	1,921	-6.9%
Number of services users receiving direct payments	553	532	482	-9.4%
Number of safeguarding concerns raised	1,089	753	1,098	+45.8%
Number of people who received long-term support services		3,047	3,225	+5.8%
% of people aged 18-64 who received long-term support services		39%	36%	
% of people aged 65+ who received long-term support services		61%	64%	
Number of people who received home care support	1,479	1,541	1,729	+12.2%
Number of people in permanent residential placements	906	940	930	-1.1%
Number of Carers on carers register		4,176	4,406	+5.5%
Number of Carers assessed and reviewed		1,277	1,187	-7.0%
Number of Carers with direct payments		609	546	-10.3%
Number of people with mental health issues who were supported by services	301	315	343	+8.9%
Number of people with learning disabilities living in residential or nursing accommodation	117	110	93	-15.5%

NHS
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Report to the Board of Directors			
Report title: Terms of Reference			Meeting date: 29 September 2021
Report appendix	Appendix 1: Audit Committee Terms of Reference Appendix 2: Building a Brighter Future ('BBF') Committee Terms of Reference Appendix 3: Non-Executive Directors ('NED') Nominations and Remuneration Committee Terms of Reference		
Report sponsor	Director of Corporate Governance		
Report author	Director of Corporate Governance		
Report provenance	Reviewed and agreed by each respective Board Sub-Committee		
Purpose of the report and key issues for consideration/decision	The annual review of the Terms of Reference for the following Board Sub-Committees have been undertaken and the following changes agreed: Audit Committee • Revised wording to paragraph 4.1.2.3 to reflect changed requirement for external audit assurance of the quality account. • General updates – changes to BBF Committee name and job titles. BBF Committee • Revised membership to reflect current attendees. • General updates – changes to BBF Committee name and job titles. NED Nominations and Remuneration Committee • Clarification of the process for the establishment or re-establishment of posts at VSM level. • Job title updates. The Terms of Reference for each respective Board Sub-Committee have been updated and are presented for approval.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☐	**To approve** ☒
Recommendation	The Board is asked to approve the revised Terms of Reference for the Audit Committee, BBF Committee and NED Nominations and Remuneration Committee.		

Summary of key elements	
Strategic objectives supported by this report	

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

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

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

Torbay and South Devon
NHS Foundation Trust

AUDIT COMMITTEE

TERMS OF REFERENCE

Version:	**3.0**
Approved by:	**Audit Committee**
Date approved:	**8 September 2021**
Approved by:	**Board of Directors**
Date approved:	**[29] September 2021**
Date issued:	**[29] September 2021**
Review date:	**September 2022**

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Torbay and South Devon
NHS Foundation Trust

TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST

AUDIT COMMITTEE
TERMS OF REFERENCE

1. Constitution

1.1 The Trust Board hereby resolves to establish a Committee to be known as the Audit Committee ('the Committee'). The Committee is a non-executive committee of the governing body and has no executive powers, other than those specifically delegated in these Terms of Reference.

1.2 The Committee will adhere to, and be cognisant of the Trust values at all times.

1.3 The Committee is constituted as a standing committee of the Trust Board ('Board'). Its constitution and terms of reference are subject to amendment by the Trust Board.

2. Purpose

2.1 The Committee will have primary responsibility for reviewing the effectiveness of the framework in place for the identification and management of risks and associated controls, corporate governance and assurance frameworks.

2.2 The Committee will have close working relationships with the Quality and Assurance Committee which has responsibility for oversight and monitoring of clinical risks.

2.3 The Committee shall provide the Board of Directors with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the Foundation Trust's activities both generally and in support of the statement of internal control. In addition the Committee shall:

2.3.1 Ensure independence of external and internal audit;
2.3.2 Ensure that appropriate standards are set and compliance with them is monitored, in all areas that fall within the remit of the Committee; and
2.3.3 Monitor corporate governance (e.g. compliance with terms of licence, constitution, codes of conduct, standing orders, standing financial instructions, maintenance of registers of interests).

3. Powers

3.1 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference.

3.2 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.

3.3 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.

3.4 The Committee is authorised by the Board of Directors to request the attendance of individuals and authorities from outside the Foundation Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.

3.5 The Committee is authorised by the Board of Directors to obtain outside legal or other independent professional advice at the expense of the organisation, subject to budgets agreed by the Board.

4. Duties and Responsibilities

The duties and responsibilities of the Committee are as follows:

4.1 Integrated governance, risk management and internal control

4.1.1 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisations objectives.

4.1.2 In particular, the Committee will review the adequacy and effectiveness of:

4.1.2.1 All risk and control related disclosures statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit opinion, external audit opinion or other appropriate independent assurances, prior to submission to the Board and/or the Council of Governors.

4.1.2.2 Statements within the quality account.

4.1.2.3 External audit assurance of the quality account (if applicable).

4.1.2.4 The underlying assurance processes that indicate the degree of achievement of the Trust's objectives, the effectiveness of the management of principal risks, the appropriateness of the above disclosure statements; and, the adequacy and effectiveness of risk appetite/risk appetite governance.

4.1.2.5 The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certifications.

4.1.2.6 The policies and procedures for all work related to fraud and corruption as required by NHS Counter Fraud Authority.

4.1.3 In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as

appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

4.1.4 This will be evidenced through the Committee's use of an effective Board Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

4.1.5 As part of its integrated approach, the Committee will have effective relationships with other key committees (for example, the Quality and Assurance Committee) so that it understands processes and linkages. However, these other committees must not usurp the Committee's role.

4.2 Internal Audit

4.2.1 The Committee shall ensure that there is an effective internal audit function that meets the *Public Sector Internal Audit Standards 2017* and provides appropriate independent assurance to the Audit Committee, Chief Executive (as Accountable Officer) and the Board.

4.2.2 This will be achieved by:

4.2.2.1 Considering the provision of the internal audit service, the costs involved and any questions of resignation and dismissal.

4.2.2.2 Reviewing and approving the annual internal audit workplan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Board Assurance Framework.

4.2.2.3 Considering the major findings of internal audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise the use of audit resources.

4.2.2.4 Ensuring that the internal audit function is adequately resourced and has appropriate experience and standing within the organisation.

4.2.2.5 Overseeing the continuing independence of the internal auditor.

4.2.2.6 Monitoring the effectiveness of internal audit and carrying out an annual review.

4.3 External Audit

4.3.1. The Committee shall review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

4.1.3.1. Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit (and make recommendations to the Board and/or Council of Governors when appropriate).

4.3.1.2 Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan.

4.3.1.3. Discussing with the external auditors their evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.

4.3.1.3 Reviewing all external audit reports, including the report to those charged with governance, (before submission to the Board and/or the Council of Governors) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

4.3.1.4 Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.

4.4 Other Assurance Functions

4.4.1. The Committee shall review the findings of other significant assurance functions, both internal and external and consider the risk implications for the governance of the Trust, including its subsidiaries.

4.4.2 These will include, but will not be limited to, any reviews by Department of Health and Social Care arm's length bodies or Regulators / Inspectors (eg Care Quality Commission, NHS Resolution Scheme etc), and professional bodies with responsibility for the performance of staff or functions (eg Royal College's, accreditation bodies etc).

4.4.3 The Head of Internal Audit and representative of external audit reserves the right to report directly to the Committee if they consider it necessary.

4.4.4 The Committee will review the adequacy of the clinical audit function.

4.4.5 In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Committee's own areas of responsibility. This will particularly include the Trust's Quality Assurance Committee, Board Committee's and any other risk management and assurance committees or groups that are established.

4.4.6 In reviewing the work of the Quality Assurance Committee, and issues around clinical risk management, the Committee should satisfy itself on the assurance that can be gained from the clinical audit function.

4.4.7 Where the Committee considers there is evidence of ultra-vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Committee should raise the matter with the Chairman of the Trust and report its findings to the Board of Directors.

4.5 Counter Fraud

4.5.1 The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud, bribery and corruption that meet NHS Counter Fraud Authority standards and shall review the outcomes of work in these areas.

4.5.2 In accordance with 3.2 of the NHS Counter Fraud Authority's *Fraud Commissioners Standards,* the Committee has:

'stated its commitment to ensuring commissioners achieve these standards and therefore requires assurance that they are being met via NHS Counter Fraud Authority's quality assurance programme'.

4.5.3 The Committee will refer any suspicions of fraud, bribery and corruption to the NHS Counter Fraud Authority.

4.6 Management

4.6.1 The Committee shall request and review reports, evidence and assurances from directors and managers on the overall managements for governance, risk management and internal control.

4.6.2 The Committee may also request specific reports from individual functions within the organisation (eg clinical audit).

4.7 Financial Reporting

4.7.1 The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.

4.7.2 The Committee should ensure that the systems for financial reporting to the Trust, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided.

4.7.3 The Committee shall review the annual report and financial statements before submission to the Trust, focusing particularly on:

4.7.3.1 The wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.

4.7.3.2 Changes in, and compliance with, accounting policies, practices and estimation technique.

4.7.3.3 Unadjusted misstatements in the financial statements.

4.7.3.4 Significant judgements in preparation of the financial statements.

4.7.3.5 Significant adjustments resulting from the audit.

4.7.3.6 Letter of representation.

4.7.3.7 Explanations for significant variances.

4.8 Whistleblowing

4.8.1 The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently through the Trust's procedures eg Freedom to Speak Up Guardian or Local Counter Fraud Specialist.

5. Reporting

5.1 The Committee shall report to the Trust on how it discharges its responsibilities.

5.2 The minutes of the Committee's meetings shall be formally recorded by the secretary and submitted to the governing body.

5.3 The Chair of the Committee shall draw to the attention of the governing body any issues that require full disclosure to the full governing body, or require executive action.

5.4 A summary report from the Committee will be presented to the next Trust Board meeting

5.5 The Committee shall receive a summary report from those Groups reporting in to the Committee.

5.6 The Committee will report to the Board at least annually on its work in support of the Annual Governance Statement, specifically commenting on:

5.6.1 The fitness for purpose of the Board Assurance Framework.

5.6.2 The completeness and 'embeddedness' of risk management in the organisation.

5.6.3 The integration of governance arrangements.

5.6.4 The appropriateness of the evidence that shows the Trust is fulfilling regulatory requirements relating to its existence as a functioning business.

5.6.5 The robustness of the processes behind the quality accounts.

5.7 This annual report should also describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee considered in relation to the financial statements and how they were addressed.

6. Membership and Attendance

6.1 The Committee shall be appointed by the Board from amongst the independent, Non-Executive Directors of the Trust and shall consist of not less than three members. A quorum shall be three independent members. One of the members will be appointed Chair of the Committee by the Trust. The Chair of the Foundation Trust shall not be a member of the Committee.

6.2 The membership shall comprise a Non-Executive Chair and the Non-Executive Chairs of the following Board sub-committee's as standing members of the Committee:

- Finance, Performance and Digital Committee
- Building a Brighter Future Committee
- People Committee
- Quality Assurance Committee

6.3 The Chief Finance Officer and Chief Nurse and appropriate internal and external audit representatives shall normally attend meetings of the Committee.

6.4 The counter fraud specialist will attend a minimum of two committee meetings a year.

6.5 The Chief Executive (in their capacity as Accounting Officer for the Trust) shall be invited to attend meetings and should discuss at least annually the process for assurance that supports the Annual Governance Statement. They should also attend when the Committee considers the draft annual governance statement and the annual report and accounts.

6.6 Other executive directors/managers, should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director/manager.

6.6 Representatives from other organisations (for example, NHS Counter Fraud Authority) and other individuals may be invited to attend on occasion.

6.7 The Director of Corporate Governance (or their nominee) shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and committee members.

6.8 At least once a year the Committee should meet privately with the external and internal auditors.

6.9 The Chair of the Council of Governors will appoint a Governor to attend meetings of the Committee for the purpose of observing the performance of the external auditor in line with the Governor's duty to appoint the Trust's external audit services. The appointment will be reviewed each year.

6.10 Members unable to attend a Committee meeting should inform the Secretary to the Committee as soon as possible in advance of the meeting, except in extenuating circumstances.

6.11 A register of attendance 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 One of the Non-Executive Directors shall act as Committee Chair. In their absence, one of the other Non-Executive Directors present shall be nominated and appointed as acting Chair of the meeting.

7.2 The Chair will liaise with the Committee Secretary to ensure the agenda, reports and documents and minutes are circulated to the Committee members in accordance with section 12.

8. Meeting Administration

8.1 The Committee shall be supported administratively by the Director of Corporate Governance (or their nominee), whose duties in this respect will include:

8.1.1. Agreement of the agenda with the Chair and attendees.

8.1.2 Preparation, collation and circulation of papers in good time.

8.1.3 Ensuring that those invited to each meeting attend.

8.1.4 Taking the minutes and helping the Chair to prepare reports to the Board.

8.1.5 Keeping a record of matters arising and issues to be carried forward.

8.1.6 Arranging meetings for the Chair eg, with the internal/external auditors or local counter fraud specialists.

8.1.7 Maintaining records of members' appointments and renewal dates etc.

8.1.8 Advising the Committee on pertinent issues/areas of interest/policy developments.

8.1.9 Ensuring that action points are taken forward between meetings.

8.1.10 Ensuring that Committee members receive the development and training they need.

9. Frequency of meetings

9.1 The Committee must meet as frequently as possible to enable it to discharge all its responsibilities. The Committee will meet at least 5 times each year at appropriate times in the reporting and audit cycle.

9.2 The Trust, Chief Executive, external auditors or Head of Internal Audit may request a meeting if they consider that one is necessary.

10. Meetings

10.1 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.

10.2 The agenda will be sent out to the Committee members at least 5 days prior to the meeting date, together with the updated action schedule and other associated papers.

10.3 Meetings, other than those regularly scheduled as above, shall be summoned by the Committee Secretary at the request of the Chair.

11. Conduct of Meetings

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

12. Review

12.1 As part of the Trust's annual committee effectiveness review process, the Committee shall review its collective performance.

12.2 The Committee's Terms of Reference shall be reviewed on an annual basis and approved by the Board of Directors.

13. Monitoring Effectiveness

13.1 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.

14. Access

14.1 The Head of Internal Audit, representative of external audit and counter fraud specialist have a right of direct access to the Chair of the Committee.

14.2 The Chair of the Committee shall be entitled to call and hold private meetings with the External Auditor and Internal Auditor.

Approved September 2021
Revised in accordance with HFMA NHS Audit Committee Handbook (fourth edition)

Appendix 1
Members and required attendees of the Committee

Members (title)	**Required at**
Non-Executive Director ***(Chair)***	All meetings
Chair of Board Sub-Committee: • Finance, Performance and Digital Committee • Building a Brighter Future Committee • People Committee and • Quality Assurance Committee	All meetings
Attendees (title)	**Required at**
Chief Finance Officer	All meetings
Deputy Director of Finance	All meetings
Chief Nurse	All meetings
Director of Corporate Governance	All meetings
Internal Audit management representative(s)	All meetings
External Audit management representative(s)	All meetings
Local Counter Fraud Specialist	Half-yearly
Governor observer	All meetings
(For minutes) Corporate Governance Manager	All meetings

Torbay and South Devon
NHS Foundation Trust

BUILDING A BRIGHTER FUTURE ('BBF') COMMITTEE

TERMS OF REFERENCE

Version:	**2.0**
Approved by:	**Building a Brighter Future Committee**
Date approved:	**22 September 2021**
Approved by:	**Board of Directors**
Date approved:	**[29 September 2021]**
Date issued:	**[29 September 2021]**
Review date:	**September 2022**

Torbay and South Devon NHS Foundation Trust

TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST

BUILDING A BRIGHTER FUTURE ('BBF') COMMITTEE
TERMS OF REFERENCE

1. Constitution

1.1 The Building a Brighter Future Committee ('the Committee') is formally established as a sub-committee of the Board of Directors of Torbay and South Devon NHS Foundation Trust.

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 amendment by the Board.

2.2 The Committee derives its power from the Board and has no executive powers, other than those specifically delegated in these terms of reference.

3. Purpose

3.1 The purpose of the Committee is to provide assurance to the Board regarding the processes, procedures and management of the BBF Programme and to support the successful achievement of the Programme investment objectives and realisation of the stated benefits.

3.2 The Committee will assure the Board of the achievement of the objectives set out in the Programme; approved projects are being effectively managed and controlled; and confirm that projects are delivering the stated benefits, are value for money, and are ultimately affordable.

3.3 The Committee may set up sub-groups aligned to key areas of its activity as it deems appropriate.

3.4 The Committee will promote local level responsibility and accountability.

4. Powers

4.1 The Committee is authorised by the Board to investigate any activity within its terms of reference.

4.2 The Committee is accountable to the Board 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 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 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 reserves the right to hold meetings in private ie comprising of Committee members only.

5 Duties and Responsibilities

5.4 The Committee is required to:-

5.4.1 Establish a Programme of independent assurance to ensure the BBF Programme plan and its projects are managed and delivered in a controlled way.

5.4.2 Receive reports from the BBF Programme Group that address delivery progress, including, costs; key risks; outcome of assurance activities; and, actions to address recommendations including key decisions with reference to the capital development forward plan.

5.4.3 Ensure that prior to formal approval, confirmation of appropriate processes have been implemented and assurance activities completed on key BBF Programme documents, to include:

- Programme and project delivery plans
- Strategic Outline Case ('SOC')
- Outline Business Case ('OBC')
- Full Business Case ('FBC')
- Contract and procurement strategies
- Contract and works procurement documentation

5.4.4 Ensure that appropriate internal and external due diligence has been completed prior to appointment of any preferred bidders/contractors in connection with any contract.

5.4.5 Ensure that robust and effective governance arrangements are implemented to oversee the delivery of the BBF Programme and approved projects.

5.4.6 Provide advice and support to the identification and effective control of the BBF Programme and any key project risks.

5.4.7 Review identified inter-dependencies across the Programme and its approved projects (and external to the BBF Programme) and ensure that controls are established to manage these effectively.

5.4.8 Ensure that effective control and risk management arrangements are implemented to manage the delivery of the BBF Programme and the approved projects within its control.

5.4.9 Review and provide assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee, seeking where necessary further action/assurance.

5.4.10 Review BBF Programme related risks identified on the Corporate Risk Register and seek assurance in relation to risk mitigation and future activity/plans.

5.4.11 Review and advise the Board on the risks associated with any material issues as required from time to time. In preparing such advice, the Committee shall satisfy itself that a due diligence appraisal of the proposition is undertaken and is within the risk appetite and tolerance of the Trust, drawing on independent external advice where appropriate and available, before the Board takes a decision whether to proceed.

5.4.12 Actively champion internally and externally, the investment objectives and benefits of the BBF Programme.

5.4.13 Communicate information about the New Hospitals Programme and approved projects to key internal and external groups, staff, stakeholders, Governors and the general public.

5.4.14 Ensure relevant, timely and appropriate information is communicated to and from NHSI/NHSE and the Devon and Cornwall and IoS system via the regional governance framework (currently named the Peninsula Group) established to coordinate hospital infrastructure projects.

5.4.15 To consider within its agenda, material issues communicated to it by the Audit Committee, arising from the work of Internal Audit function relating to matters which fall within the scope of the Committee. The Committee shall provide feedback as to any shortcomings perceived in the scope or adequacy of the BBF Programme and shall respond to any other matters of an internal audit nature that are referred to it by the Audit Committee.

5.4.16 Review and endorse the content of any description associated with the BBF Programme within the Trust's annual report and account.

5.4.17 Seek assurance on any additional matter referred to the Committee from the Board.

5.4.18 Conduct an annual review of the Committee's Terms of Reference and its own effectiveness and recommend to the Board any changes deemed necessary.

5.4.19 Report to the Board on matters set out in these Terms of Reference and the Committee has discharged its responsibilities.

5.4.20 Where the Committee's monitoring and review activities reveal cause for concern or scope for improvement, it shall make recommendations to the Board on action needed to address the issue or to make improvements.

6 Membership

6.1 The Committee shall consist of the following members:

- Non-Executive Director (Chair)
- Non-Executive Director
- Non-Executive Director
- Director of Transformation and Partnerships (Senior Responsible Officer)
- Medical Director
- Chief Finance Officer
- Health and Care Strategy Director

6.2 One of the Non-Executive Directors 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.

6.3 The following shall be required to attend all meetings of the Committee:

- BBF Programme Director
- Interim Director of Environment

6.4 The following shall be invited to attend all meetings of the Committee. Other attendees may be invited for whole or part meetings.

- Director of Corporate Governance
- Governor observer (see 6.5 for appointment process)

6.5 The process for selecting the Governor observer is a matter for the Chair of the Council of Governors and Governors. In the event that the nominated Governor observer is unable to attend a meeting, the Committee Chair will allow a substitute Governor to attend.

6.6 Other members/attendees may be co-opted or requested to attend as considered appropriate.

7 Attendance

7.1 A register of attendance 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, select a substitute or replacement.

8. Quorum

8.1 The quorum necessary for the transaction of business shall be 3 members, of which two Non-Executive Directors and one Executive Director must be present.

8.2 Any member of the Committee who is able to speak and be heard by each of the other members shall be deemed to be present in person and shall count towards the quorum.

8.3 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.

8.4 Deputies will not count towards the quorum.

9. Administration

9.1 The Committee shall be supported by the Director of Corporate Governance, or their nominee, whose duties in this respect will include:

- In consultation with the Committee Chair and BBF Programme Director develop and maintain the reporting schedule to the Committee.
- Collation of papers and drafting of the agenda for agreement by the Chair of the Committee.
- Taking the minutes and keeping a record of matters arising and issues to be carried forward.
- Advising the Committee of scheduled agenda items.
- Agreeing the action schedule with the Chair and ensuring circulation.
- Maintaining a record of attendance.

10. Meetings

10.1 Meetings will be held on the following basis:

- Meetings will be held monthly.
- Meeting duration will be no longer than 2.5 hours.
- Items for the agenda should be sent to the Meeting Administrator no later than 5 working days prior to the meeting. Urgent items may be raised in exceptional circumstances under 'any other business'.
- The agenda will be issued by email to the Committee members and attendees, no later than 3 business days prior to the meeting, together with the action schedule and other associated papers.
- An action schedule will be circulated to members following each meeting and must be duly completed and returned to the Meeting Administrator for circulation with the following meeting's agenda and associated papers.

11. Reporting

11.1 The Committee will provide a report from the Committee Chair following each meeting to the next Trust Board of Directors in support of its work on promoting good management and assurance processes. The report shall include matters requiring escalation and key risks (as applicable).

11.2 The Committee will receive reports as per the meeting work plan.

11.3 A briefing from those Groups reporting up to the Committee detailing items for escalation and key risks (as applicable) will be received by the Committee along with exception reports as agreed.

12. Review

12.1 As part of the Trust's annual committee effectiveness review process, the Committee shall review its collective performance on an annual basis.

12.2 The Committee's Terms of Reference shall be reviewed on an annual basis and approved by the Board of Directors.

13. Monitoring effectiveness

13.1 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 ensure that once a year a review of the following is undertaken and reported to the next meeting of the Committee:

- The objectives set out in section 5 were fulfilled; and
- An annual self-assessment on the effectiveness of the Committee is undertaken.

13.2 An annual report on the work and effectiveness of the Committee will be submitted to the Trust Board.

Torbay and South Devon
NHS Foundation Trust

NON-EXECUTIVE DIRECTORS NOMINATION, REMUNERATION AND TERMS OF SERVICE COMMITTEE

TERMS OF REFERENCE

Version:	**3.0**
Approved by:	**NEDs Nomination, Remuneration and Terms of Service Committee**
Date approved:	**27 July 2021**
Approved by:	**[Board of Directors]**
Date approved:	**[29 September 2021]**
Date issued:	**[29 September 2021]**
Review date:	**September 2022**

NON-EXECUTIVE DIRECTOR NOMINATIONS, REMUNERATION AND TERMS OF SERVICE COMMITTEE

TERMS OF REFERENCE

1. Constitution

1.1 The Non-Executive Director Nominations, Remuneration and Terms of Service Committee ('the Committee') is a sub-committee of the Board of Directors of Torbay and South Devon NHS Foundation Trust.

1.2 The Committee in its workings will be required to adhere to the Constitution of Torbay and South Devon NHS Foundation Trust, the Terms of Authorisation and NHS Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a sub-committee of the Board of Directors, the Standing Orders of the Trust shall apply to the conduct of the working of the Committee.

2. Membership

2.1 Members of the Committee shall be appointed by the Board and shall be made up of the Chairman, Vice-Chair, Senior Independent Director and Chair of the People Committee

2.2 The Chief Executive will be expected to attend all meetings of the Committee but shall not be present when discussing the appointment or remuneration of the Chief Executive, nor in the decision making process.

2.3 Only members of the Committee have the right to attend Committee meetings, however if a Committee member is unable to attend at short notice, the Chairman may nominate another Non-Executive Director to attend and deputise in their place. In such circumstances the Non-Executive Director attending in place of the Committee member will assume the same powers as the Committee member and their attendance will count towards the quorum.

2.4 Other individuals may be invited to attend for all or part of any meeting at the request of the committee. It is expected that a senior HR representative and the Director of Corporate Governance will attend all meetings in an advisory capacity.

2.54 The Board shall appoint the Committee Chair who shall be an independent Non-Executive Director. In the absence of the Committee Chair and / or an appointed deputy, the remaining members present shall elect a chair for the meeting.

3. Secretary

3.1 The Director of Corporate Governance or their nominee shall act as the Secretary to the Committee.

4. Quorum

4.1 The quorum necessary for the transaction of business shall be three independent Non-Executive Directors. A duly convened meeting of the Committee 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.

5. Purpose

5.1 The Committee shall meet to consider and review current and future requirements applicable to:

i) strategic portfolio changes relevant to the posts covered by the Committee's remit;
ii) the performance of and the setting of salaries, terms of service and allowances for the posts covered by the Committees remit;
iii) the Trust's senior management succession planning arrangements and talent management process;
iv) senior managerial competence relating to leadership capability; and
v) the allowances as may be payable to Foundation Trust Governors.

5.2 The Committee shall meet each year for the purpose of reviewing the performance development reviews of Executive Directors, Associate Directors and defined Senior Managers.

5.3 The Committee will meet at other times for the following purposes as determined by the Chair of the Committee:

i) To keep up to date with relevant national and local developments;
ii) To inform the Committee of changes, both local and national, which may impact on the Committee;
iii) To proactively seek best practice and bring to the attention of the Committee;
iv) To review remuneration policies, including having oversight of those applicable to staff employed on very senior manager terms and conditions;
v) To consider proposals for changes in terms and conditions of employment;
vi) To consider any matter relating to the continuation in office of any Executive Director including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their employment contract;
vii) To consider any in-year variations of salaries and terms and conditions of employment of Executive Directors and Senior Managers who are subject to the annual review process carried out by the Committee;
viii) To oversee the process for the nomination of the Chief Executive for approval by the Board (and ratification by the Council of Governors);
ix) To oversee the process for the appointment of other Executive Directors, Associate Directors and Company Secretary; and
x) To lead the process for the identification and nomination of the chair of all Board Committees and Board post holders ie Senior Independent Director and Deputy Chair.

Guidelines extracted from the NHS Code of Governance are attached in Appendix 2.

6. Notice of Meetings

6.1 Meetings of the Committee shall be summoned by the Secretary of the Committee at the request of any of its members.

6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee in advance of the meeting. Supporting papers shall be sent to Committee members at the same time.

7. Minutes of Meetings

7.1 The Secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and in attendance.

7.2 Minutes of Committee meetings shall be circulated promptly to all members of the Committee.

7.3 The minutes of the Committee shall record the decisions and report in writing to the Board the basis for its decisions.

8. Duties

The Committee has delegated responsibility for:

8.1 Setting remuneration for all Executive Directors and Associate Directors, including from time to time setting remuneration levels of interim posts, and including pension rights and any compensation payments. The Committee shall also recommend and monitor the level and structure of remuneration for senior management. The definition of senior management for this purpose will be determined by the Board, and includes the first layer of management below Board level. (See Appendix I for schedule of employees covered by the Committee's remit.) No director or manager shall be involved in any decisions as to their own remuneration. The Chief Executive shall attend to present their recommendations for Executive Director and Associate Director remuneration (but not their own) and other employees as listed in Appendix I.

8.2 In recommending such a policy, take into account all factors which it deems necessary including:

i) Observing all legal and contractual obligations as they affect individual post holders;

ii) Acting in accordance with the Trust's Standing Orders, Constitution, Terms of Authorisation and NHS Code of Governance issued by the Independent Regulator for NHS Foundation Trusts;

iii) Having regard to any directions made by the Secretary of State in so far as they apply to the Trust;

iv) Have regard to the guidance in any directives on pay and conditions of employment as issued by the Department of Health in so far as they apply to the Trust;

v) Take into account the financial state of the Trust;

vi) Have regard for legislation on discrimination when considering levels of pay / terms and conditions; and

vii) Consider the relationship between the remuneration of these posts and that of other grades of staff employed by the Trust. This may include reference to the level of pay awards granted under national pay systems eg. Agenda for Change.

The objective of such a policy shall be to ensure that rewards are fair and appropriate to individual's contributions – having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff.

8.3 Recommend the scope and detail to be included in the annual report concerning basic salary and elements relating to performance including an explanation of the criteria on which performance is based.

8.4 Ensure that the criteria presented for the annual review of:

i) Increases in basic salaries;
ii) Additional bonuses based on performance / achievement of objectives; and
iii) Changes in terms and conditions of employment

are applied objectively to the determination of the award for each Executive Director, Associate Director and defined Senior Manager.

8.5 Review the ongoing appropriateness and relevance of the remuneration policy.

8.6 Consider all proposed changes to the senior management structure and approve job descriptions for post holders covered by the Committee's remit.

8.7 Determine the policy for, and scope of, pension arrangements for each Executive Director and other senior managers as it is designated to consider.

8.8 Consider changes within the Executive Directors and / or senior managers pension schemes which may be required on an ad-hoc basis, and which may arise at times of appointment or promotion.

8.9 Ensure that contractual terms on termination, and any payments made, are fair ensuring value for money, and that the duty to mitigate loss is fully recognised; taking account of such national guidance and legal obligations including seeking approval from the Treasury for termination of payments as may be appropriate.

8.10 Within the terms of the agreed policy and in consultation with the Chair and / or Chief Executive as appropriate, determine the total individual remuneration package, including benefits, of each Executive Director, Associate Director and other Very Senior Managers.

8.11 Review and note annually the remuneration trends across the NHS.

8.12 Oversee any major changes in employee benefits structures for postholders covered by the Committee's remit.

8.13 Oversee any major changes to the process for ensuring compliance with the Fit and Proper Person Regulations;

8.14 Monitor the evaluation process for the performance of the Chief Executive.

8.15 Agree the policy for authorising claims for expenses from the Chief Executive and Chairman.

8.16 Ensure that all provisions regarding disclosure of remuneration are set out in the Annual Report.

8.17 Be exclusively responsible for establishing the selection criteria, selecting, appointing and setting the terms of reference for any remuneration consultants who advise the Committee and to obtain reliable, up to date information about remuneration in other NHS Trusts. The Committee shall have full authority to commission any reports or surveys which it deems necessary to help it fulfil its obligations.

8.18 Regularly review the structure, size and composition (including the skills, knowledge and experience) of the Board of Directors and make recommendations to the Board with regard to any changes and appropriate process.

8.19 Ensure that there is a formal, rigorous and transparent procedure for the appointment of new Executive Directors to the Board which fit the criteria set out by the Committee in particular. The same procedure shall apply to the appointment of Associate Directors and the Company Secretary;

(i) to consider candidates from relevant backgrounds; and
(ii) to use open advertising or the services of external advisers to facilitate the search.

8.20 Keep under review the leadership needs of the Trust, with a view to ensuring the continued capability of the organisation.

8.21 Set the allowances as may be payable to Foundation Trust Governors.

8.22 Be exclusively responsible for establishing the selection criteria, selecting, appointing and setting the terms of reference for any remuneration consultants who advise the committee on appointments to the Board of Torbay Pharmaceuticals and to obtain reliable, up to date information about remuneration in similar organisations. The committee shall have full authority to commission any reports or surveys which it deems necessary to help it fulfil its obligations.

8.23 Consider and approve the establishment of all new posts requiring VSM status and to verify justification if such posts fall outside the VSM pay framework applicable.

8.24 Consider and approve all proposals for existing or new posts to be re-classified as VSM posts. In considering such proposals, the Committee shall receive supporting information, which will include relevant national

benchmarking data and confirmation that the Trust's standard HR assessment against national provisions and remuneration assessment processes, Agenda for Change and Doctors and Dentists pay frameworks, have been undertaken and exhausted.

9. Reporting Responsibilities

9.1 The minutes of the Committee shall be formally recorded by the Secretary of the Committee and submitted to the Board of Directors. The Chair of the Committee shall draw the attention of the Board to the basis for its decisions.

9.2 The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.

10. Decisions of the Committee

10.1 Any decisions of the Committee shall be taken on a majority basis. The Chair shall have a casting vote in the event of equality of voting.

11. Other

11.1 The Committee shall, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at a maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

11.2 Responsibility for communicating decisions of the Committee in writing to the Chief Executive is vested in the Chair, and for Executive Directors and other Senior Managers this power is vested in the Chief Executive.

12. Authority

12.1 The Committee is authorised by the Board to seek any information it requires from any employee of the Trust in order to perform its duties.

12.2 In connection with its duties the Committee is authorised by the Board to obtain, at the Trust's expense, any outside legal or other professional advice.

13. NHS Constitution

The Committee will embody the principles of the NHS Constitution in all it does.

APPENDIX 1

SCHEDULE OF POSTS COVERED BY THE COMMITTEE'S REMIT*

Executive Directors
Chief Executive
Deputy Chief Executive
Chief Finance Officer
Chief Nurse

Chief People Officer
Director of Transformation and Partnerships
Chief Operating Officer
Executive Medical Director

Associate Directors
Health and Care Strategy Director

Committee's other duties:
Director of Corporate Governance and Trust Secretary for:

- appraisal
- board recommendation – appointment/dismissal

Very Senior Managers for remuneration comprising:
Executive Directors
Associate Directors (non-voting Board members)
Associate Director of Adult Social Services (seconded to Torbay Council)
Director of Corporate Governance and Trust Secretary
Interim Director of Estates and Commercial Development
Programme Director (Building a Brighter Future)

TP staff (comprising as at September 2021)
Managing Director
Finance Director
Technical Director
Commercial and Strategy Director
Head of Manufacturing (VSM contract holder not part of TP Executive Team)
Interim Project Manager (VSM contract holder not part of TP Executive Team)

Executive Directors and Associate Directors direct reports for:

- succession planning
- talent management

Senior Managers (Band 8d and above) for:

- monitoring the level and structure of remuneration for senior management (for this purpose deemed to be band 8d and above)

Posts subject to payment of allowances:
Deputy Chief Executive
Clinical Director allowances
Governors (expenses)

*This list is not exhaustive and may vary as posts change within the organisational structure
[Approved 29 September 2021]

APPENDIX 2

NON-EXECUTIVE DIRECTOR NOMINATIONS, REMUNERATION AND TERMS OF SERVICE COMMITTEE

GUIDELINES RELATING TO THE NHS CODE OF GOVERNANCE (WORKING DOCUMENT)

These guidelines support the Non-Executive Director Nominations, Remuneration and Terms of Service Committee ('the Committee') Terms of Reference. They reference to the NHS Foundation Trust Code of Governance, especially the following Code Provisions:

Code Provisions

B.2.1 The Nominations Committee or Committees with external advice as appropriate, are responsible for the identification and nomination of Executive and Non-Executive and Non-Executive Directors. The Nominations Committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS Foundation Trust and the skills and expertise required within the Board of Directors to meet them.

Process

The review process will be determined and undertaken as identified in the Committee's Terms of Reference.

B.2.2 Directors of the board of directors and governors on the council of governors should meet the 'fit and proper' persons test described in the provider licence. Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations.

Process

The appointment letter for newly appointed directors includes a declaration statement to this effect which is signed on appointment. The code of conduct for directors places an obligation on directors to inform the Trust of a change of circumstances to this effect.

B.2.3 There may be one or two Nominations Committees. If there are two committees one will be responsible for considering nominations for Executive Directors and the other for Non-Executive Directors (including the chairperson). The Nominations Committee(s) should regularly review the structure, size and composition of the Board of Directors and make recommendations for changes where appropriate. In particular the Nomination Committee(s) should evaluate the balance of skills, knowledge and experience on the Board and, in light of this evaluation, prepare a description of the role and capabilities required for appointment of both Executive and Non-Executive Directors, including the Chairman.

Process

The nominations process will be for the appointments of Chief Executive and other Executive Directors (See C.1.10). The process will not be for the appointment of the Chair and Non-Executive Directors (See Code provision B.2.5, B.2.6 and B.2.7).

B.2.4 The Chairman or an independent Non-Executive Director should Chair the Nomination Committee(s).

Process

The Chairman shall chair the Committee as stated in the Terms of Reference.

B.2.11 It is a requirement of the 2012 Act that the Chairman, the other Non-Executive Directors and – except in the case of the appointment of a Chief Executive – the Chief Executive, are responsible for deciding the appointment of Executive Directors. The Nominations Committee with responsibility for Executive Director nominations should identify suitable candidates to fill Executive Director vacancies as they arise and make recommendations to the Chairman, the other Non Executive Directors and, except in the case of the appointment of a Chief Executive, the Chief Executive.

Process

The Board of Directors have established the Committee for the appointment of the Chief Executive and other Executive Directors and Associate Directors and Company Secretary. There is no further nominations process.

B.2.12 It is for the Non-Executive Directors to appoint and remove the Chief Executive. The Appointment of a Chief Executive requires the approval of the Council of Governors.

Process

The Committee is to note that this provision is set out in the Constitution.

B.2.9 An independent external adviser should not be a member or have a vote on the nominations committee(s)

Process

The Committee is to note that this is set out in the Terms of Reference

B.3.3 The Board of Directors should not agree to a full time Executive Director taking on more than one Non-Executive Directorship of an NHS Foundation Trust or another organisation of comparable size and complexity, nor the Chairmanship of such an organisation.

Process

The Committee is to note that Executive Directors are required to declare such interests under the Foundation Trust's Code of Conduct.

B.4.2 The chairperson should regularly review and agree with each director their training and development needs as they relate to their role on the board.

Process

In respect of Executive Directors, the Chair provides the Chief Executive with appraisal information in relation to their role as Board director.

C.1.14 A separate section of the Annual Report should describe the work of the Committee(s), including the process it has used in relation to Board appointments.

Process

A report will be produced to reflect the work of the Committee and the Committee responsible for Non-Executive Director nominations, remuneration and terms of service.

Remuneration policy

B.8.1 The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to, service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.

Process

The Committee will act in accordance with the NHS Code of Governance.

D.1.1 Any performance related elements of the remuneration of Executive Directors should be designed to align their interests with those of patients, service users and taxpayers and to give these Directors keen incentives to perform at the highest levels. In designing schemes of performance related remuneration, the Remuneration Committee should follow the following provisions:

i) The Remuneration Committee should consider whether the Directors should be eligible for annual bonuses. If so, performance conditions should be relevant, stretching and designed to match the long term interests of the public and patients.

ii) Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the NHS Foundation Trust. Consideration should be given to criteria which reflect the performance of the NHS Foundation Trust relative to a group of comparator Trusts in some key indicators, and the taking of independent and expert advice where appropriate.

iii) Performance criteria and any upper limits for annual bonuses should be set and disclosed.

iv) The Remuneration Committee should consider the pension consequences and associated costs to the NHS Foundation Trust of basic salary increases and any other changes in pensionable remuneration, especially for Directors close to retirement. In general, only basic salary should be pensionable.

Process

The review process will be determined and undertaken as identified in the Terms of Reference.

D.2.1 The Board of Directors should establish a Remuneration Committee composed of Non-Executive Directors which should include at least three independent Non-Executive Directors. The Remuneration Committee should make available its Terms of Reference, explaining its role and the authority delegated to it by the Board of Directors. Where remuneration consultants are appointed, a statement should be made available of whether they have any other connection with the NHS Foundation Trust.

Process

The Committee is established and Terms of Reference are available. The process when / if appointing remuneration consultants will be in accordance with the Code of Governance.

D.2.2 The Remuneration Committee should have delegated responsibility for setting remuneration for all Executive Directors, including pension rights and any compensation payments. The Committee should also recommend and monitor the level and structure of remuneration for senior management. The definition of 'senior management' for this purpose should be determined by the Board but should normally include the first layer of management below Board level.

Process

The procedure for setting remuneration will be determined and undertaken as identified in the Terms of Reference.

[Approved 29 September 2021]