
















Torbay and South Devon NHS Foundation Trust
Public Board of Directors

27 October 2021 11:30 - 27 October 2021 14:00

AGENDA

#	Description	Owner	Time
1	User Experience Story Receive and Note	CN	11:30 - 12:00
2	Preliminary Matters	Ch	
2.1	Declaration of Interests Note	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		12:00 - 12:10
4.1.1	SEND Alliance Chairs Report - 5 October 2021 Receive and Note  4.1.1 SEND Alliance Chairs Report - 5 October 202... 11	Ch	
4.1.2	Finance, Performance and Digital Committee Chairs Report - 27 September 2021 Receive and Note  4.1.2 Finance Performance and Digital Committee... 15	P Richards	

#	Description	Owner	Time
4.1.3	<p>Quality Assurance Committee - 27 September 2021</p> <p>Receive and Note</p> <p> 4.1.3 Quality Assurance Committee Chairs Report -... 19</p>	J Lyttle	
4.1.4	<p>Building a Brighter Future Committee Chairs Report - 20 October 2021</p> <p>Receive and Note</p> <p> 4.1.4 Building a Brighter Future Committee Chairs... 23</p>	C Balch	
4.2	Reports from Executive Directors (for noting)		12:10 - 12:15
4.2.1	<p>Chief Operating Officer's Report - October 2021</p> <p>Receive and Note</p> <p> 4.2.1 Chief Operating Officer's Report October 202... 27</p>	COO	
4.2.2	<p>Directorate of Transformation and Partnerships Quarterly Report - October 2021</p> <p>Receive and Note</p> <p> 4.2.2 Directorate of Transformation and Partnership... 39</p>	DTP	
5	For Approval		
5.1	<p>Minutes of the Meeting held on the 29th September 2021</p> <p>Approve</p> <p> 5.1 Public Board of Directors Minutes 29 Septembe... 47</p>	Ch	12:15 - 12:20
5.2	<p>Annual Members Meeting held on 22nd September 2021</p> <p>Approve</p> <p> 5.2 Annual Members Meeting held on 22nd Septem... 65</p>	Ch	12:20 - 12:25
6	For Noting		
6.1	<p>Report of the Chairman</p> <p>Verbal</p>	Ch	
6.2	<p>Chief Executive's Report</p> <p>Receive and Note</p> <p> 6.2 Chief Executives Report.pdf 73</p>	CE	12:25 - 12:40

#	Description	Owner	Time
7	Safe Quality Care and Best Experience		
7.1	<p>Integrated Performance Report (IPR): Month 6 2021/22 (September 2021 data)</p> <p>Receive and Note</p> <p> 7.1 Integrated Performance Report Month 6 2021 2... 89</p>	CFO	12:40 - 13:00
7.2	<p>Maternity Governance and Safety Report (1 July 2021 - 30 September 2021)</p> <p>Receive and Note</p> <p> 7.2 Maternity Governance and Safety Report 1 July... 155</p>	CN	13:00 - 13:10
8	Valuing our Workforce		
8.1	<p>Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training</p> <p>Receive and Note</p> <p> 8.01 Report of the Guardian of Safe Working Hours... 169</p>	MD	13:10 - 13:20
9	Improved Well-Being Through Partnerships		
9.1	No agenda items received		
10	Well-Led		
10.1	<p>Engagement and Communications Strategy</p> <p>To Approve</p> <p> 10.1 Engagement and communications strategy.pdf 175</p>	CE	13:20 - 13:30
10.2	<p>Sustainability Position and Green Plan Development</p> <p>To Approve</p> <p> 10.2 Sustainability Position and Green Plan Develo... 215</p>	CFO	13:30 - 13:40
11	Compliance Issues		
12	<p>Any Other Business Notified in Advance</p> <p>Note</p>	Ch	
13	<p>Date and Time of Next Meeting - 11.30 am, Wednesday 24th November 2021</p> <p>Note</p>	Ch	

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BOARD CORPORATE OBJECTIVES

Corporate Objective:

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

Corporate Risk / Theme

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

Report title: SEND Alliance – Chairs Report	Meeting date: 5 Oct 2021
Report sponsor	SEND Alliance Chair
Report author	Associate Director for Strategy and Provider Partnerships (TSDFT)

Introduction

This report summarises the outcomes from the October meeting of the SEND Strategic Alliance Board. It has been shared with the Board of each member organisation to ensure consistent communications across the Alliance.

Summary

The SEND Strategic Alliance Board met on 5th October 2021 with representatives of each member organisation in attendance, and the CEO for University Hospitals Plymouth NHS Trust observing.

SEND Work Programme

The group’s initial focus was on urology where there is significant work underway across the South West region that all of our Alliance organisations are involved in. There is a proposal for office-based Trust Investigation Units to be established alongside centres of excellence with surgeons working across multiple sites where appropriate.

The teams leading this work in Urology have been credited as developing a mature and credible approach to collaborative working with a model that builds on what each provider does well. There is learning from this that may be applied to other services through the SEND Alliance.

The regional plans are in development and our local lead for Urology in SEND (Ian Currie) has proposed that he discusses taking the role of SRO for the East part of the region. This would involve engaging Taunton and Somerset with the SEND Alliance for Urology. This was approved by the Board.

Other Alliance business

Although it was agreed that Urgent and Emergency Care (UEC) would not form a formal work programme within the Alliance, the Board requested an update to reflect the current demands on this part of the system and to explore what more could be done in collaboration. A report was provided that gave an overview of the current state of urgent and emergency services in the context of declining COVID numbers (at the time of the report) and also how elective orthopaedic services would be facilitated to recommence as “Green” pathways are reinstated. The state of primary care was described as

“fragile” and there are high “held” levels due to difficulties discharging from acute settings to the community.

Following a comparison of health and care strategies across the organisations a set of principles for collaborative care model development were reviewed:

- Focus on prevention, wellbeing and reducing inequalities
- Place-based delivery of integrated health and social care building on local community assets and strengths
- Sustainable, high quality elective care delivered by shared elective centres and pathways that span organisations
- "Digital first" modes of delivery
- Home first with local most of the time
- Seek equity in outcomes, regardless of inputs and methods

There was positive feedback from the group, who recognised these principles and also suggested a set of changes to describe the aims of the Alliance more broadly.

A further set of principles were reviewed, this time describing how the Alliance members would work in partnership, as follows:

- As an alliance of health and care providers, we have a common goal - improving the health and wellbeing of the people we serve
- We share relevant information to support the aims of alliance working
- We maintain clear lines of communication and understand and respect each other's roles
- We act in an open and transparent way at all times
- We assume best intent

The group agreed to these principles with minor adjustments with regard to information sharing. Both set of principles will be reconsidered at the next meeting.

The CEOs described how a new piece of work has been commissioned to explore modelling around SEND Alliance governance, and this will be considered at the next SEND Alliance Board meeting.

Conclusion

The SEND Strategic Alliance is progressing urology developments in collaboration with wider regional partners although operational pressures in the context of COVID and urgent care demand have slowed progress in other priority work-streams.

The SEND Alliance continues to refine its scope and purpose in the direction agreed when it was established, and it will continue to do so in order to meet the aims of the Alliance.

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.

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

Committee meeting date:	27 September 2021
Report author + date:	Paul Richards, Non-Executive Director 20 October 2021
This report is for: <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Board

Risk management

There had been no formal updates to the BAF in advance of this meeting. However, the Risk Group had continued to meet in order to ensure the approach was sufficient and robust. Concern was expressed regarding the level of financial risk the Trust was facing. The Committee received a detailed paper on this risk, highlighting some gaps in control including Getting It Right First Time (GIRFT) and NHS Elect.

Strategy & long-term planning

The committee received a comprehensive paper on an opportunity to collaborate with Torbay Council on the sustainability agenda, notably through a local Photovoltaic Farm. The committee endorsed the development of a Heads of Terms, while a fuller business case and economic appraisal were developed.

Medium-term planning

The Committee received a report on Maternity staffing, which gave rise to a shortfall in midwifery staff of 14 WTE. The Committee recommended the report for consideration at Trust Board.

The Committee also received a confidential report on commercial development, which highlighted one successful contract award and two pipeline opportunities under development.

Performance

The committee received the M5 Integrated Performance Report, noting:

Operationally

- The Trust continued to experience sustained emergency pressure, compounded by a reduction in community capacity and workforce issues. Emergency Department performance was at 67%, with the Trust declaring Opel 4 for 27 days in August, with this continuing into September. Long waits for ambulance handovers and for admission into medical beds continued to be a significant problem.
- There were significant delays in social care, with 608 hours of outstanding packages. This compared to 51 hours in March. 80% of rapid response capacity was providing backfill for domiciliary care, which was impacting on lengths of stay within the Trust.
- Elective activity was below pre-Covid levels, and surgery had been lost due to the need to close the Day Surgery Unit. 18 week performance was at 59.4%, with c1,700 52 week waits and c70 patients waiting over 104 weeks.
- Cancer performance had deteriorated with some patients waiting longer than target who had confirmed cancers. Of concern in respect of two week wait performance was Dermatology and Lower GI.

The Committee made specific enquiries around workforce and recruitment, mutual support, drivers of emergency demand and access to out of hours services.

Financially, the Trust was reporting adverse performance in month which had reduced the year to date surplus to £1.3m. The main driver was an adjustment to high cost drugs income, which had been highlighted to the Committee in Month 3. The Committee noted that despite a modest reduction in agency spend, this remained extremely high at over £1m per month. The Committee noted that the Trust was expecting to deliver the required break-even result for the first half of the year.

The Committee received an update on **Capital Expenditure and Cash**. The Committee noted that progress on capital projects had been slow, and there needed to be significant acceleration in order to meet the year-end target. To date there had been £6.8m spend on capital projects.

The Committee also received an update on the Acute Medical Unit development. The Committee acknowledged the challenges in the design of the Unit, but welcomed the final design. The key risks to the programme were noted around delivery within envelope. Brexit, Covid and supply chain issues had driven some price pressures, and the contractors had faced a series of unforeseen abnormal site conditions. The committee was reassured that contract cost team was supporting price negotiations and that the unit would be delivered prior to winter 2022.

The Committee received a presentation on post-implementation reviews, which had been undertaken once a business case had been approved and embedded. Seven business cases had been reviewed by the Finance Delivery Group (FDG) over the last six months, with one PIR undertaken. The committee noted the process and endorsed the proposal to enhance the training for operational managers and other teams to complete good business cases and endorsed a regular rhythm of post investment appraisal.

Items for escalation

From its discussion, the committee seeks to highlight:

- The progress of the Acute Medical Unit build and associated risks & financial pressures
- Slow progress on capital projects and the challenging financial outlook
- The closer partnership working opportunities around the sustainability agenda

Key decision(s)/recommendations made by the Committee

Approved:

- The Maternity Staffing report (14 WTE)

Report of Quality Assurance Committee Chair to TSDFT Board of Directors

Meeting date:	27 th September 2021
Report by + date:	Jacqui Lyttle Committee Chair 6 th October 2021
This report is for:	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues discussed and decisions made

1. The committee received the BAF and CRR relating to quality, safety, and risk. It noted the increase in the risk score from 16 and 20 in relation to **Objective 4: To provide safe, quality patient care and achieve best patient experience**, and was assured that the risk appropriately reflected the risk relating to post COVID restoration and recovery.
2. The committee received and approved the draft health and care governance framework.
3. The committee received an excellent in-depth presentation on ED and 12-hour breaches. It noted that the trust was not achieving its 4 or 12 hour wait targets and that the number and length of patients waiting to be transferred to ward based care was deteriorating but was assured that patients with the greatest clinical need are being prioritised, that best practice is used with regards to rapid assessment and treatment, early warning sign management is in place and there is constant review of overcrowding and flow to mitigate avoidable harm. . It noted that the number of ambulance offload delays had increased but was assured that no clinical incidents had resulted as a consequence. The committee was assured that the trust was continuing to receive support from the national Emergency Care Improvement Support Team (ECIST) and that the ED team continued to review and embed sustainable improvements within emergency care pathways. No new risks were identified as a consequence of the deep dive presentation.
4. The committee received and approved the Adult Social Care Local Account and was assured that all of the appropriate processes and frameworks were in place to meet our statutory and regulatory obligations.
5. The committee received and approved the Adverse Incident Annual Report and was assured that the trust has the appropriate safeguards and processes in place to identify and learn from incidents, and never events.

6. The committee received the annual Report on Safeguarding Adults and Deprivation of Liberty and was assured that the risks had not changed since 2019/20 and that appropriate protocols, practices and partnerships are in place for the trust to manage its statutory safeguarding duties. The committee received a high level of assurance that robust governance arrangements are in place and that the trust has action plans in place for areas requiring focus and support.
7. The committee received the Children's Safeguarding Annual Report and obtained a high level of assurance that we have the appropriate processes and safeguards in place to meet our statutory duties. The committee also received assurance that the trust has the appropriate plans in place to manage/mitigate risks and appropriate governance arrangements in place to escalate issues and concerns.

Both items 6 and 7 gave the committee assurance on delivery on our statutory safeguarding responsibilities and the progress against safeguarding priorities for 2020/21.

8. The committee received the Medicines Governance Annual report. It received significant assurance on the safe and effective use of medicines within the trust. The committee noted that the harm rate for medicines during the year ending March 2021 was 88% which meets the national benchmark. The committee also noted that the missed dose compliance rate of 98.2% against a target of greater than 98%. The committee received a high level of assurance that robust action plans were in place to mitigate concerns relating to missed doses and certain high risk medicines including insulin and controlled drugs. The committee was not fully assured on a number of quality and safety issues relating to pharmacy department infrastructure issues and agreed to escalate them to the board.
9. The committee received and approved the COVID-19 Public Enquiry Planning Report and noted the trusts intended approach.
10. The committee received the draft Feedback, Complaints and Patient Advice and Liaison (PALS) report and received significant assurance that the appropriate framework is in place for the trust to meet its statutory obligations.
11. The committee received and noted the QIG assurance report noting no new risks for escalation to the board
12. The committee received the SAE assurance report and can confirm no new risks to escalate to the board.
13. The committee received a detailed quality report to support the IPR. The committee discussed and considered in detail patient safety elements related to serious and moderate incidents, levels of incidents open, being reviewed and awaiting closure and an increase in the number of Transfer of Strategic Executive Information System (StEIS) patient safety reportable incidents. It received full assurance that the StEIS incidents are being fully investigated, there is a detailed and robust plan in place to review the closure of incidents and was assured that work is underway within the ISUs to develop detailed quality improvement plans.

14. The committee received and approved the End-of-Life Annual Report and received assurance of the programme of work aligned to End of Life Care across the Trust and the improvements made. It was also assured that there is a clear plan of action in place to work on challenges relating to shared documentation and communication weaknesses.
15. The committee received an excellent report detailing drug and alcohol deaths in Torbay covering the period 2018- 21. The report provided assurance on the governance and safeguarding processes in place and despite an increase in deaths relating to alcohol during 2020/21 the committee were assured that a detailed review had been undertaken on all deaths and there was no systemic root cause. The report identified that whilst drug related deaths spiked following ease of lock down this position improved with Torbay reported deaths being below the national average for 2020/21. The committee were assured that newly developed governance arrangements are now in place to support both drug and alcohol users to access more treatment and interventions with the intention of mitigating avoidable deaths.

Key Decision(s)/Recommendations Made:

1. The committee ask the board to note the particular risks relating to pharmacy infrastructure issues in particular the ageing automated dispensing system, inadequate dispensary temperature control, in adequate aseptic facilities and risks relating to the failure of the electronic prescribing and medicines administration (EPMA) system.

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

Meeting date:	20 th October 2021
Report by:	Chris Balch
This report is for:	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private:	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>
Key issues to highlight to the Board (October 2021):	
<ol style="list-style-type: none"> 1. The Committee were updated on the risks to the delivery of the BBF Programme covering both infrastructure and digital elements. These remain as previously advised and are being actively managed. There remains significant dependence on progress being made at system level with respect to undertaking a Pre-Consultation Business Case (PCBC) for reconfiguration of elective services and at national level with respect to the release of seed funding for the OBC and national guidance on the New Hospital Programme (NHP). 2. The Committee received a 'deep dive' report on managing the risks associated with undertaking the necessary site enabling works and maintaining business as usual whilst transitioning from current end of life IT systems to a new Electronic Patient Record (EPR). The Committee noted the significant number of buildings which will need to be cleared to allow infrastructure services (electricity and drainage) to be upgraded prior to the construction of new buildings. Work is underway to develop a detailed programme of work including the reprovision of key facilities e.g., histopathology lab and the reconfiguration of support services. It was noted that these changes will be supported by early communications and engagement. The Committee were assured that appropriate mitigation actions are in hand to manage the cost and timing implications of site enabling works. 3. The Committee were assured that the Trust is well sighted on the risks associated with the Integrated Health and Care System (IHCS) and Laboratory Information Management System (LIMS) both of which are no longer fit for purpose given their age and the difficulty/cost of maintaining them. Business continuity plans are in place but there is an increasingly urgent need to replace them through the procurement of an EPR. 4. The Committee received an update on progress with the preparation of the digital OBC. This is going well with a draft available for review due to be produced by the end of October. This will include updated economic and financial appraisals based 	

on the results of market engagement and further detailed work on benefit realisation. Significant uncertainty surrounds the system/regional and national approval processes and timelines although the Committee were assured that the focus remains firmly on identifying the best EPR option to support the transformation and delivery of services for our population.

5. The Committee received a report which indicates that the original timetable to produce the infrastructure/estates OBC is no longer achievable due to lack of system progress in progressing the PCBC and releasing seed funding both for the programme team and external advisors. This means that detailed design work is unlikely to be able to start before April 2022. As a result, the target date for completion of the OBC has been pushed back from October 2002 to April 2023. This should not impact on the Trust's objective of being able to start construction at the beginning of 2025. The Committee noted the importance of maintaining momentum in the planning and delivery of the BBF Programme and its importance for staff morale.

Key Decision(s)/Recommendations Made:

- 1) To note the above

Report to the Trust Board of Directors			
Report title: Chief Operating Officer's Report October 2021		Meeting date: 27 th October 2021	
Report sponsor	Chief Operating Officer		
Report author	System Directors		
Report provenance	Contents reflect latest updates from management leads across all Integrated Service Units (ISUs) and Children and Family Health Devon (CFHD)		
Purpose of the report and key issues for consideration/decision	<p>To provide an operational update to complement the Integrated Performance Report (IPR) monthly reports including performance metrics.</p> <p>The report explains the key activities, risks and operational responses to support delivery of services now and into winter including efforts to increase delivery of high priority elective services.</p> <p>The report also provides information and greater visibility for a number of important areas of Trust business not fully covered in the IPR.</p> <p>Key issues for consideration include securing beds for high priority surgery, hospital flow challenges and mitigations through the implementation and learning from the Best Week. Workforce resilience remains a key challenge for the Trust and system partners. The Best Week initiative is a series of weeks all teams are involved in to intensively test improvement work and to support each other.</p> <p>Some notable areas for celebration include the process redesign work to maximise opportunities resulting from new national Infection Prevention and Control (IPC) guidance to see more patients and the development of a service offer for Travellers by the Torbay 0-19 team.</p>		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	Receive and note the report.		

Summary of key elements			
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce X
	Improved wellbeing through partnership		Well-led X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score 20
	Risk Register		Risk score
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			
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation
	NHS Improvement	X	Legislation
	NHS England	X	National policy/guidance

Report title: Chief Operating Officer's Report		Meeting date: 27 th October 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 the continuing impact of COVID -19, the ongoing displacement of Day Surgery unit and impact on planned care. However, this month the Trusts high priority elective patient pathways are in a slightly more positive position. This is as a result of holding bed capacity for patients requiring high priority planned surgery. Workforce resilience across the Independent sector is continuing to challenge the ability to secure sufficient capacity in the sector to support outflow from both acute and community hospitals. Workforce resilience remains an issue for all operational teams in the organisation.

The Trust continues to operate in a position of significant escalation which is mirrored across the rest of the local system. The acute and community bed stock has been impacted further by infection, prevention and control (IPC) issues which are closely managed on a daily basis between the IPC team and matrons to ensure appropriate management and safety. This has resulted in a number of ward closures which has impacted further on flow.

The first of 3 Best Weeks currently planned commenced on the 29 September 2021. Ideas were generated from front line teams and processes were put in place to capture daily learning and review immediate changes that needed to be made supported by the Executive team and led by the Executive Director of Transformation and Partnerships. Staff wellbeing was a key element of the weeks work. There was significant energy created in relation to this and learning will be taken forward. The next iteration will be a 'Best Week light' recognising feedback from teams in relation to resilience whilst continuing to build on ideas and opportunities where these have been identified. This will then culminate in a Best Week in November.

3. Emergency Preparedness Resilience and Response (EPRR)

In September 2021, the Trust submitted the response to the annual EPRR core standards which forms an overall score that provides the relevant assurance for the CCG and NHSE/I in relation to the preparedness state of the Trust, matched against the duties within the Civil Contingencies Act 2004. The Trusts' scoring is yet to be confirmed but work streams will continue to improve the Trust's response to EPRR over the forthcoming months. The Trust Board will receive a full board report in November with a presentation outlining the final EPRR Assurance overall score and a copy of the EPRR Work Plan for the next financial year.

4. COVID -19

The numbers of patients with COVID -19 have tracked lower than the predicted modelling in Torbay, with a significant decrease seen in late September and early October. However, numbers have started to increase again from mid-October. The Trust continues to hold one ward for our patients and is working with system colleagues and the RD&E to support this ongoing position.

5. Children and Family Health Devon (CFHD)

5.1 Performance

Across all ten CFHD service lines, management of waiting times and creating or maintaining optimal productivity continues to be a focus. In summary (see figure 1), Children’s Community Nursing and Learning Disability Services continue to achieve 100% referral to treatment times (RTT). Although Occupational Therapy is achieving sustainable efficiency gains overall, RTT has dropped slightly this month. Physiotherapy is on an overall improving trajectory but has also fallen back slightly this month. Limited capacity in Child and Adolescent Mental Health Services (CAMHS) in the context of high demand and acuity continues to place pressure on waiting times and RTT has dropped to 52%. The team have reviewed the key contributing factors and are developing an action plan to support recovery. The currently estimated timeline to recover 92% RTT is October 2022. The number of children/young people waiting over 18 weeks for Speech and Language Therapy is increasing due to the impact of the service suspension in 2020 and diminished treatment activity during lockdowns. RTT for the ASD Assessment service, while still low, is beginning to improve as progress is made in increased assessment output and reducing numbers of children waiting. The ASD waiting list recovery project has delivered 1,401 assessments to date since April 2021 and the waiting list has reduced by 825 CYP / 29%. The service is on track to reach 92% RTT by year end.

Figure 1: CFHD Summary- mean waiting times and RTT September 2021

Overall RTT (Incomplete Pathway)				
Service	Mean Wait	% waiting ≤ 18 weeks	% RTT ≤ 18 weeks compared to last month	% RTT ≤ 18 weeks over the last 12 months
Community Children’s Nursing (CFH Devon)	4.6	100.0%	→	
Learning Disability (CFH Devon)	5.3	100.0%	↑	
Mental Health and Wellbeing (CFHD)	19.4	52.0%	↓	
Occupational Therapy (CFH Devon)	16.3	58.7%	↓	
Palliative Care (CFH Devon)	0.0	100.0%	↑	
Physiotherapy (CFH Devon)	11.3	78.5%	↓	
Special School Nursing (CFH Devon)	5.7	100.0%	→	
Specialist Autism Spectrum Assessment Team (CFHD)	54.9	12.1%	↑	
Specialist Children’s Assessment Centre (CFHD)	25.4	40.0%	↓	
Speech & Language Therapy (CFH Devon)	28.9	32.6%	↓	

5.2 Workforce

Morale amongst the CFHD workforce remains relatively resilient although sickness absence has risen slightly with the most common cause being stress and anxiety.

CFHD are placing continued emphasis on improving compliance with supervision and appraisal expectations in order to support staff with their job roles and reflections on their performance and development. Staff wellbeing is an important focus throughout all service lines. Vacancy rates in CAMHS are a concern with an in-year mean of 18% - with the impact on clinical capacity and in turn, the adverse effect on staff morale. Recruitment campaigns are on-going with varying degrees of success, in the context of a national shortage of CAMHS clinical staff.

Staff engagement events continue with fortnightly Q&A live events with the Director and Deputy Director and all staff are invited. Attendance varies between 100 and 30 staff joining the call. In the main questions and comments from staff relate to the transformation programme. Staff are managing the extended uncertainty, regarding their job roles until such time as the formal consultation process which will outline the workforce structure in detail. This is scheduled to commence in January 2022.

Over the past 15 months, there has been a monthly meeting with CEO, Liz Davenport chairing and latterly, Beverley Mack, Children's Alliance Director, which is open to CFHD leaders. The purpose of this meeting is to provide a reflective space without an agenda, to enable colleagues to discuss issues that are important to them in their roles and services. The meetings facilitate collaborative and visible leadership and enable senior leaders to remain in touch with staff and their experiences. This is important in the context of the workforce undergoing significant change processes over the course of the last 3 years.

5.3 Transformation Programme

In September, the Transformation Programme Lead left her post for an internal promotion. This key role is being backfilled internally. Leadership capacity remains a key risk (rated 20) for the timeline of the transformation programme. The final check and challenge processes are underway with regard to the new workforce structure and the financial modelling is in progress. CFHD are working on establishing robust arrangements, based on agreed principles for the corporate support infrastructure for CFHD, which straddles two employing organisations. It is important to re-set the CFHD infrastructure as DPT and TSDFT will remain the employer/provider organisations for the CFHD contract for the foreseeable future. Owing to the complexity of work, CFHD plan to present the service proposals for approval to the Partnership Board on 2nd December and commence the staff consultation in January with a 'go live' date, subject to the consultation process, in April 2022.

6. Coastal ISU: Elective / Planned Care

Holding bed capacity for high priority planned care was achieved at the end of September and the first cohort of urgent surgical patients were seen through these beds on Wednesday 29th of September. This has enabled the organisation to treat more patients who have waited a very long time and also those with urgent needs.

There has been a significant increase in the use of independent sector resources to support the Trusts plans which include an increased number of cases being sent

weekly to the Mount Stuart Hospital and detailed plans underway to utilise the Exeter Nightingale Hospital facility from January 2022. A separate proposal for in-sourcing skill gaps to blend with our existing clinical teams will support reduction of people waiting a long time for surgery is in development.

Capacity funded via the Enhanced Recovery Fund (ERF) is in the process of being re-prioritised to target resources towards the highest priority cases, this is being supported by CCG commissioning colleagues.

Processes are being redesigned to maximise opportunities provided by new IPC guidance. Exceptions will include clinically extremely vulnerable patients and aerosol generated procedures (AGP)'s.

A dashboard of performance and forecasting is currently be developed by the information team.

The Trust is continuing to provide a range of wellbeing support to operational delivery teams.

7. Paignton and Brixham ISU: – cancer and diagnostics update

7.1 Cancer 2-Week Wait (2WW) Performance

Dermatology continues to be the most pressured service. Staffing issues within Dermatology is predicted to impact targets going forward. A request for mutual aid has been submitted along with consideration to in-source specific skills to support the current teams in order to improve performance.

A detailed Recovery Action Plan (RAP) for all challenged specialties is in place.

7.2 Diagnostics

CT

The total numbers of patients waiting for a CT scan is increasing. Priority is given to the Emergency Department, inpatients and cancer patients. The demand for inpatient CT scans has increased by 40% through 2019, 2020 and 2021. Difficulty in recruiting suitably trained CT radiographic staff is hampering recovery. The risk is, in part, mitigated by use of the Nightingale scanner and continued use of InHealth mobile scanning. However, both these solutions have their limitations. Patients are reluctant to travel to the Nightingale facility and a mobile scanner is restrictive in the range of scans it can provide. There has been a recent insourcing staffing solution presented to Radiology which is currently being worked through and will support the staffing of the third CT scanner.

MRI

As with CT, the total number of patients waiting for an MRI scan continues to increase. There has been a considerable increase in inpatient demand which has a negative impact upon elective capacity. Mitigation includes outsourcing to InHealth mobile scanning. More scans could be outsourced but the lack of sufficient locations to site a mobile scanner is an obstacle.

US

The ultrasound waiting list continues to improve. This has, in part been possible through waiting list initiatives

Laboratory Medicine

The SEND Alliance Board has started to develop the governance arrangements that will surround the development of the business case to support the SEND pathology service.

7.3 Mortuary

The Trust's mortuary capacity has been severely tested in recent months. The facility has had to operate in excess of 90% capacity on many occasions. The reasons for the increased occupancy of the storage facility is multi-faceted. One of the main compounding issues has been difficulties resulting from an increase in out of area deaths. This adds time delays to the process of families arranging funeral directors and thereafter the onward transportation of the deceased. In addition, changes to processes with the coroner offices is thought to be causing delays. With this latter point in mind the subject was discussed at a recent Coroner/Pathologist meeting where it was agreed, amongst other actions, to undertake a process review with the goal of improving communication between the coroner offices and the local mortuaries.

In addition, and following a recent NHSEI request to Trust Boards that they ensure their mortuary and body store is compliant with existing Human Tissue Authority (HTA) guidance the following assurance is provided.

1. Following the last HTA inspection it was identified that some improvements were required. The team worked alongside the Human Tissue Authority and created a multi-disciplinary panel within the Trust to address the issues raised. After some months of work including a complete overhaul of the documentation and physical works to improve our capacity and environment, the HTA granted a full licence and we're satisfied that all actions were complete. The HTA newsletter (that contains updates to HTA Guidance) is monitored via email when it is released and any actions for the Post Mortem sector are acted upon within the department and raised at the HTA meeting.
2. There is a schedule of audits within the Mortuary covering the HTA standards from Traceability of deceased patients and tissue to suitability of premises and governance systems. These audits are managed on the Q-pulse quality management system and any findings raised with corrective and preventative actions on the audit module of Q-pulse.
3. The HTA Governance meeting is held every 3 months, chaired by the Medical Director, with representatives from the mortuary, histopathology and other departments that deal with human tissue. The purpose of the meeting is to ensure the conditions of the licence that Torbay and South Devon Foundation Trust holds under the Human Tissue Act 2004 are complied with. The output of this meeting informs QIG/QAC.

4. Issues related to the mortuary are escalated through ISU Governance processes and via the HTA Governance meeting.

The letter from NHSEI also asked for a review of practices to ensure the following actions are implemented:

1. Ensure all access points to the mortuary or body store are controlled by swipe card security access. Where this is not immediately possible, organisations must assure themselves that there is sufficient mitigation in place to ensure the facilities are secure and there is auditable access.

2. There must be effective CCTV coverage in mortuary areas and this should be reviewed on a regular basis by an appropriately trained and authorised individual. Specialist training and mental health support may be required to support staff to undertake this task.

3. A documented risk assessment of the facilities should be undertaken with regard to the operation, security and construction of the mortuary or body store area.

4. Ensure there is consistent application of appropriate levels of DBS checks for all Trust and contracted employees, specifically in line with requirements of the NHS Standard Contract. Employers are required to pay attention to the security features of a DBS certificate.

Working with the relevant departments, Estates, SSEP and the Peoples Hub the Mortuary service provides the following responses:

1. All access points to the mortuary are controlled via swipe card access. SSEP hold a register of staff who are eligible for access. Access control is reviewed via a security audit undertaken by the mortuary team.

2. CCTV monitors the entrances, the relative's area and the fridge room. Access is restricted to prevent any leakage of sensitive images.

3. A premises risk assessment is one of the risk assessments undertaken by the mortuary team in conjunction with estates partners. It is reviewed every 2 years, or if any changes occur.

4. All new staff employed by TSDFT are subject to a DBS check as per the Trust's DBS Check Policy (H14, v1.5). All mortuary staff have a DBS certificate.

8. Newton Abbot ISU: - Urgent & Emergency Care

September saw a continuation of the demands on services and as schools have started the new term, the prevalence of COVID-19 has started to increase. The flow of patients through the health service remains challenging and to support patient care the escalation space in the Emergency Department (ED) remains open and the Trust continues to ask patients to attend the Urgent Treatment Centre (UTC) where appropriate.

Reduced bed numbers due to the COVID-19 response continues to have an impact, extending the stays for patients attending the ED or the Medical Receiving Unit. The UTC continues to see an increasing number as patients are picking up messaging to “choose well” or are being asked to attend the UTC following their arrival at the ED.

The UTC remains open 8am to 8pm seven days a week with x-ray provision however, this consistency of service has come at the cost of both Dawlish and Totnes Minor Injury Units (MIU) which remain closed at this time. Staff absence and recruitment difficulties are both factors impacting on the Trust ability to re-open all the MIU’s at this time. Active recruitment remains underway to resolve the staffing issues.

9. Torquay ISU: Child Health /Paediatrics

There is a new Matron and Senior Operations Manager which have recently joined the team, with both settling into their respective roles and leading on improvements to the Paediatric services. A recent away day for the Senior Nursing team focussed on improvements across the service area which included implementing Pathways to Excellence, reviewing internal processes for the management of incidents, complaints and learning from these and Health Rosta and Safe Care. All of which will improve the care, safety, efficiency and experience for our children, young people, families and staff.

10. Torbay System: - Community Services and Independent Sector

10.1 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 resulting effect is a stationary care market with providers unable to accept as many new people as there is demand for as they are unable to meet people’s needs appropriately.

This situation has impacted on hospital flow as the market is currently unable to support timely discharge of patients to the independent sector. Adult Social Care Senior Managers alongside Torbay Council commissioners continue to work with the Provider market to explore potential opportunities to seek and employ alternative resources that will enable movement in the system and free up capacity to support hospital flow. Unfortunately, the market remains challenged with longstanding investment issues providing challenge compounded by COVID -19. This is a picture that is seen across all Statutory provision and has been referenced from the Association of Directors of Adult Social Care (ADASS) and more recently in the [2020/21 Annual Review of Adult Social Care Complaints](#)

10.2 Workforce

Workforce issues are further pressurised as the Trusts domiciliary and care home providers are continuing to find recruitment a challenge as there are many choices of employment available to people at more attractive rates. The requirement for staff to

be vaccinated, whilst providing protection to vulnerable adults, has also created additional staff turnover.

10.3 Arranging Support Team (AST)

The team are providing a clear access point to support any rapid changes required to care packages after hospital discharge, ensuring that the appropriate level of care is in place to prevent a crisis and that care is found on an ongoing basis dependent upon the needs of those clients.

Despite the process being streamlined and fit for purpose the lack of capacity in the care market has meant the benefit to the wider system has not yet been realised. Demand management and managing organisational change are the most significant challenges affecting the team this month.

10.4 Safeguarding

Transforming the Torbay safeguarding adult single point of contact (SPOC) service continues to be progressed. Safeguarding activity remains high, including whole service investigations and is being well managed by the teams.

10.5 Drug and Alcohol Service

The service continues to develop recovery and after care services and has developed a recovery group "TARGET" (Torbay Aftercare and Recovery Group Evolving Together). Service users about to leave treatment or who are stable in their recovery, have been joining together with staff from the drug and alcohol services and other independent and voluntary services to improve care. The group meet up on Saturdays and have been forming ideas and activities alongside organising a beach clean-up and fundraising coffee mornings.

10.6 Children's 0-19 Service

The team have developed a service offer for Travellers which includes direct access to dental care, help to access GP's, support for immunisations, direct contact for the health visiting and midwifery teams, toddler book start pack and other helpful information, advice and guidance to support families.

The School entry (4-5yr olds) health screening questionnaire is being completed electronically for the first time by the team, which provides a much more efficient and effective system to screen, identify additional need and allocate resource appropriately.

The National Childhood Measurement Programme (NCMP) commences in November with all Torbay children in Reception and year 6 being invited to take part.

11. South Devon System:

All teams are continuing to experience challenges with staffing and capacity, nevertheless teams continue to meet essential needs and minimise risk across the

localities. The Intermediate Care Team (IC) are continuing to provide 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 in turn increasing the risk of 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) for South Devon and Torbay.

There remain a number of independent sector providers experiencing covid positive people in their services and they are reporting significant staffing impacts. The Trusts Community Services Team continues to support providers to recover from incidents of covid.

In relation to acute wards the pressures continue with IPC challenges and the resulting challenge of onward patient flow. This has resulted in further pressure for medical cover which is stretched across additional wards.

Planned works to Newton Abbot Hospital to repair the roof are underway and the internal requirements for scaffolding have now been completed. The UTC will now see further works to extend the waiting room space and provide a better environment for patients.

Sherbourne House will be available to occupy in October and will bring together the community teams over two floors including the voluntary sector.

12. Conclusion

The whole system remains in an escalated position and pressure on clinical and operational teams continues, which is stressful for staff. Teams and services remain under significant and sustained pressure which has been unrelenting for some considerable time. Opportunities for Executives to connect with teams over the Best Week has been welcomed.

13. Recommendation

The board are asked to note the contents of the report.

Trust Board of Directors				
Report title: Directorate of Transformation and Partnerships Quarterly Report – October 2021		Meeting date: 27 th October 2021		
Report appendix				
Report sponsor	Director of Transformation and Partnerships			
Report author	Director of Transformation and Partnerships			
Report provenance				
Purpose of the report and key issues for consideration/decision	<p>The Board is asked to receive and note the update from the Directorate of Transformation and Partnerships, particular areas of note are:</p> <ul style="list-style-type: none"> • The first of a series of improvement activity to support the recovery of our services through the BEST week programme has been successfully delivered. The focus on staff wellbeing was well received and the opportunity to listen and respond to the views of our front-line teams proved important in developing our winter plan. • Within the Building a Brighter Future programme the “drumbeat” meetings have commenced. These meetings provide opportunities for clinical and managerial leaders from key specialties work with the NHP team to build our brighter future. • Our Data Protection team prepared the Trust well for the Information Commissioner Officer inspection in October 2021. We gave a good account of our work and look forward to receiving the final report to use this feedback to improve what we do. 			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board is asked receive and note the report.			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership	X	Well-led	X
Is this on the Trust’s Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score	25
	Risk Register	X	Risk score	25

	<p>BAF Objective 6: To provide and maintain a fit for purpose digital infrastructure ensuring service continuity at all times (Risk Score 25)</p> <p>BAF Objective 7: To implement the Trust plans to transform services, using digital as an enabler, to meet the needs of our local population (Risk Score 16)</p>														
<p>External standards affected by this report and associated risks</p>	<table border="1"> <tr> <td data-bbox="491 465 912 539"> <p>Care Quality Commission</p> </td> <td data-bbox="912 465 999 539"></td> <td data-bbox="999 465 1417 539"> <p>Terms of Authorisation</p> </td> <td data-bbox="1417 465 1506 539"></td> </tr> <tr> <td data-bbox="491 539 912 584"> <p>NHS Improvement</p> </td> <td data-bbox="912 539 999 584"></td> <td data-bbox="999 539 1417 584"> <p>Legislation</p> </td> <td data-bbox="1417 539 1506 584"></td> </tr> <tr> <td data-bbox="491 584 912 629"> <p>NHS England</p> </td> <td data-bbox="912 584 999 629"></td> <td data-bbox="999 584 1417 629"> <p>National policy/guidance</p> </td> <td data-bbox="1417 584 1506 629"></td> </tr> </table>			<p>Care Quality Commission</p>		<p>Terms of Authorisation</p>		<p>NHS Improvement</p>		<p>Legislation</p>		<p>NHS England</p>		<p>National policy/guidance</p>	
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Report title: Directorate of Transformation and Partnerships Quarterly Report	Meeting date: 27 th October 2021
Report sponsor & author	Director of Transformation and Partnerships

1. Introduction

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

2. Strategy and Provider Partnerships – Lead Chris Winfield

Following a number of sessions with the Trust Board, a formal review of the draft Trust Strategy will be presented to the Board at the October Private Board meeting with a view to the final version presented in Public Board in November 2021. This is a significant step in the Trust engaging with our staff and local people in the development and delivery of our strategic vision.

The Trust is continuing to progress the partnership opportunities through the South, East and North Devon Alliance (SEND). The Alliance reviewed the draft principles of our collective health and care strategies, which is an important step in engaging our teams in the development of sustainable and high-quality clinical pathways across Devon.

3. Improvement and Innovation Team – Lead Dawn Butler

Trust Improvement Programmes

The Improvement and Innovation Teams have continued in their relentless focus on driving delivery of transformation across our four transformation portfolios, urgent care and flow improvement, outpatients and procedures, elective care recovery and Home First. In particular the teams have worked closely with clinical and operational colleagues to accelerate delivery of some of our key high impact changes as part of the Trust's Best Week series.

Cost Improvement

The team are working alongside the Financial Recovery Director to ensure we maximise cash releasing delivery of financial targets for the second half of the financial year (H2). The focus is now moving towards identification and development of larger transformation programmes that will enable a significant financial return on investment for the next two years.

Strategic Transformation

The Improvement and Innovation team working with Dr Joanna Watson and the BBF team have helped to shape the Drumbeat meetings as a core part of putting in place the foundations for co-designing our new integrated model of care that will underpin future care provision as part of our New Hospital Programme and Digital Developments.

Building Improvement Capability

At a time when our care services face unprecedented challenges and as we prepare as an organisation to embark on one of the most ambitious strategic transformations in our history, we have to ensure we have strong foundations for improvement underpinning everything we do. To help us achieve this we have developed an Improvement and Innovation Strategy, that sets out how we create a culture of continuous learning and improvement where everyone is enthused, inspired and confident to implement change that makes a positive difference to the people we serve.

The strategy consists of the Improvement and Innovation Prospectus, which describes the offer of our expert team, the Building Capability Framework, which articulates a new curriculum ladder, competency framework and development of our QI HUB and finally a Resource Strategy, which sets out a strategy for investment in our improvement capacity.

We are listening to colleagues and taking onboard feedback as we refine and finalise the strategy with a clear intent to begin implementation of the 'Building Capability Framework' in the next 4-6 weeks.

4. Project Management Office and CIP Development – Lead Carl Beardsmore

The new PMO process offering has progressed well despite the limited resource within the team and we released a beta-tested version of the Smartsheets to Finance on time in preparation for the second half of the financial year. This has been well received in meeting the requirements of our finance teams. Roll-out to the ISU's has commenced and is planned to be in place by the end of October. In parallel with ISU roll-out, will be the final stakeholder roll-out - Improvement & Innovation, whose offering will be built on the use and learning from Finance and the ISU's. Training on aspects of the process including Smartsheet will be provided during the roll-out with follow-up session being planned to ensure the new process is well embedded and understood.

5. Health Informatics Service – Lead Gary Hotine

The HIS' Data Protection team supported the Information Commissioner's Office (ICO) audit of the Trust by supplying the information requested (approx. 200 reports/policies/procedures etc.) and scheduling the interviews over a week with their two senior auditors. The Trust gave a good account of the processes we have in place for data protection and look forward to receiving the learning from the audit.

IT operations supported BEST week in addition to maintaining all IT services with no unplanned outages, and progressing the network replacement.

The capital planning process was concluded, and schemes are now following the governance route for their revenue elements to be approved.

Progress on the OBC for the BBF Digital (EPR) element is on-track to be completed by the end of October, and the engagement sessions and the Trust led Request for Information (FRI) exercise on behalf of Devon ICS completed.

The business case to support non-clinical IT efficiencies, as part of maximising CIP opportunities, has been progressed and is anticipated to be in final draft in November. The service continues to suffer from workforce issues, largely due to equivalent roles in local providers attracting higher rates of pay. Despite these a number of IT projects were successfully completed in the period: InfoFlex Colposcopy, Pathology upgrade (to ensure support until 2023), PACS upgrade, and the Cardiology IT system full replacement.

Finally, the Clinical Systems Admin Team transferred in September from Operations to the HIS, as per the approved Executive portfolio review in February.

6. Communications and Partnerships Team – Lead Jane Harris

Key priority workstreams delivered over the last three months include:

- Development of our new organisational engagement and communications strategy and action plan which is presented to the Board today for approval
- Development of our tone of voice guidelines which are presented to Board today for approval
- Further development of our strategic narrative to align with our organisational strategy and vision
- Development of our building a brighter future engagement and communications strategy and successful delivery of engagement with key stakeholders on our strategic outline case
- Development of the weekly Wednesday vlog to increase clinical visibility and voices
- Leading engagement and communications around the redevelopment of the former Dartmouth and Kingswear community hospital site
- Approval of our South local care partnership engagement and communications approach by the South LCP executive team
- Adoption of LinkedIn as a key recruitment channel
- Refresh, redesign and relaunch of Healthy Futures as a monthly digital newsletter for key stakeholders, partners, patients, carers and the public
- Pilot of a fortnightly health column in Torbay Weekly
- Successful delivery of our summer urgent care campaign
- Pilot and delivery of three storytelling workshops to colleagues in the People Directorate
- Supporting the Foundation Trust Office with a data cleanse of our membership
- Supporting the Foundation Trust Office with the Annual Members Meeting (promotion and content creation).

Focus for the next three months are:

- Creation of a workplan to support the delivery of our new organisational engagement and communications strategy
- Creating and delivering our winter communications plan (including media plan) to support our services and people and ensuring alignment with the system winter communications plan

- Refreshing our staff heroes awards and working with the people directorate to introduce long service awards
- Media training for key spokespeople
- Developing workshops on social media to support our staff and teams to communicate and engage more effectively
- Restructure of the team to facilitate the successful delivery of the strategy
- Full development of the engagement and communications plan for building a brighter future outline business case phase
- Continuing to work with our communities in Teignmouth and Dartmouth on the development of the health and wellbeing centres and the redevelopment of the former community hospital sites
- Developing an effective engagement and communications plan for the south local care partnership following approval of the strategy and approach

7. Building a Brighter Future Programme

- The programme office is now working through the detailed requirements associated with the delivery of the OBC for the infrastructure element of the project. The planning assumptions are that the 'seed' allocation for the delivery of the OBC will be secured in 2 phases. The first phase of 'seed' allocation will be for project team costs, and the second phase will be for technical advisors, which is likely to be made available from next spring. This will result in the OBC being delivered later than originally planned. A full report is being presented to the BBF committee in October to confirm the revised detailed plan and feedback will be provided to the Trust Board, once this meeting has taken place.
- The programme office is working with the regional team of NHSE/I to secure their approval of the Strategic Outline Case. Once this approval has been secured, the case will then be forwarded onto the national team for their consideration.
- Work is continuing on the planning of the BBF clinical engagement programme (Drumbeat meetings). This work is being led by Joanne Watson, Health and Care Strategy Director, and the board will continue to receive updates as these meetings progress.

8. Recommendations

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

**MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
PUBLIC BOARD OF DIRECTORS MEETING
HELD IN THE BOARD ROOM, TORBAY HOSPITAL AND VIA MICROSOFT TEAMS
AT 11.30 AM ON WEDNESDAY 29TH SEPTEMBER 2021**

PUBLIC

Present:	Sir Richard Ibbotson	Chairman
	* Professor C Balch	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
	* Mrs D Kelly	Chief Nurse
	* Mr D Stacey	Chief Finance Officer
	* Mrs J Falcao	Chief People Officer
	* Dr J Watson	Health and Care Strategic Director

In attendance:	Mrs S Byrne	Board Secretary
	* Dr J Harris	Associate Director of Communications Partnerships
	* Dr S Wollaston	Observer
	* Mrs M Machin	System Director, Torbay
	* Mrs J Phare	Associate Director of Nursing and Professional Practice, Torbay
	* Cllr J Stockman	Torbay Council
	* Ms K Hookway	Community Nurse Team Leader
	* Ms S Tranter	District Nurse Manager
	* Ms L Houlihan	Associate Director of Nursing and Professional Practice
	* Ms S Simadree	Diversity and Inclusion Lead

* via Microsoft Teams

		ACTION
158/09/21	User Experience Story	
<p>Deborah Kelly, Chief Nurse, introduced Kirsty Hookway, Community Nurse Team Leader, Stacey Tranter District Nurse Manager and Lisa Houlihan, Associate Director of Nursing and Professional Practice, Newton Abbot. Kirsty Hookway shared her experience of Community Nursing with the Board.</p>		

Her career started in the Trust as a Health Care Assistant. In 1994 she chose to undertake her Registered Nurse training. She had worked within many departments of the Trust before she commenced her role in the Community Nursing Team in 2014.

She explained there was an expectation Nurses are skilled in making decisions, were used to working alone and understood their roles come with a level of risk and could be unpredictable, which they were prepared for. She highlighted the effect the pandemic had had on community services which included patients and staff experiencing heightened anxiety in part due to the impact of changing ways of working including the use of technology.

Kirsty informed the Board on a weekend round she was due to visit an insulin dependent patient with dementia who was 92 years old and usually cared for by her daughter, who was away for respite. The carers were scheduled to arrive at the same time as the District Nurse but despite Kirsty leaving a message with the Care Agency, no carer arrived. She was aware of the importance of the patient eating immediately after her insulin had been administered therefore she looked on the carers file administered her medication, prepared her evening meal and contacted the patient's daughter to alleviate any fears or worries. The Community Nursing team had established a positive relationship with the patient's daughter and had supported her to administer the patient's insulin in the past. Kirsty reflected on how small acts can have such a huge impact on patients and their families

Liz Davenport, Chief Executive, read out the letter of thanks received from the family, she highlighted how the feedback reflected how Kirsty touched the lives of the people she cared for and their families.

Jacque Lyttle, Non-Executive Director, acknowledged how the account demonstrated the importance of an Integrated Care Organisation approach and how Kirsty's simple act de-escalated what could have become a distressing situation for the patient.

Adel Jones, Director of Transformation and Partnerships, recognised the level of lone working for staff working for our community teams and asked Kirsty to reflect on whether there was additional support that could be offered.

Chris Balch, Non-Executive Director, asked if care agencies having access to digital communications would it be of benefit community teams. Kirsty explained System One has improved the access of patient records but, highlighted how disjointed communication could be at the weekend.

The Chairman on behalf of the Board thanked Kirsty for valuable insight into the Community Nursing Team.

Preliminary Matters

159/09/21 Welcome and Introductions

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

160/09/21 **Board Corporate Objectives**

The Trust Board's Corporate Objectives were noted.

The Board received and noted the Board Corporate Objectives.

161/09/21 **Apologies for Absence**

The Board noted apologies of absence from John Harrison, Chief Operating Officer and Robin Sutton, Non-Executive Director.

The Board noted Mrs Michelle Machin's attendance on behalf of the Chief Operating Officer.

162/09/21 **Declaration of Interests**

There were no declarations of interest.

Consent Agenda (Pre-notified questions)

Reports from Board Committees

163/09/21 **South East North Devon (SEND) Chairs Report – 4th August 2021**

The Board received the Chair's Report of the South East North Devon Alliance meeting held on 4th August 2021.

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

164/09/21 **Finance, Performance and Digital Committee – 26th July 2021 and 23rd August 2021**

The Board received the Chair's Report of the Finance, Performance and Digital Committee meeting held on 26th July 2021 and 23rd August 2021.

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

165/09/21 **Audit Committee Chairs Report – 8th September 2021**

The Board received the Chair's Report of the Audit Committee held on 8th September 2021.

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

166/09/21 **Quality Assurance Committee - 26th July 2021**

The Board received the Chair's Report of the Quality Assurance Committee held on 26th July 2021.

The Board received and noted the Chairs report of the Quality Assurance Committee.

167/09/21 **Charitable Funds Committee Chairs Report – 14th July 2021; and 15th September 2021**

The Board received the Chair's Report of the Charitable Funds Committee held on 14th July 2021 and 15th September 2021.

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

168/09/21 **People Committee Chairs Report – 23 August 2021**

The Board received the Chair's Report of the People Committee held on 23rd August 2021.

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

169/09/21 **Building a Brighter Future Committee Chairs Report – 18th August 2021; and 22nd September 2021**

The Board received the Chair's Report of the Building a Brighter Future Committee held on 18th August 2021 and 22nd September 2021.

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

Reports from Executive Directors

170/09/21 **Chief Operating Officer's Report September 2021**

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

The Board received and noted the Chief Operating Officers Report.

171/09/21 **Estates Performance and Compliance Group Report**

The Board received the Estates Performance and Compliance Group Report for September 2021.

The Board received and noted the Estates Performance and Compliance Group Report.

172/09/21 **Building a Brighter Future Programme Update**

The Board received the Building a Brighter Future Programme Update for September 2021.

The Board received and noted the Building a Brighter Future Programme Update.

For Approval

173/09/21 **Minutes of the Meeting held on 28th July 2021**

The Board approved the minutes of the meeting held on 28th July 2021.

The Board approved the minutes of the meeting held on 28th July 2021

For Noting

174/09/21 **Report of the Chairman**

The Chairman briefed the Board on the following key events:

- Following the retirement of Jane Downes, Director of Corporate Governance and Company Secretary, Emily Long was successfully appointed to the post and would commence on 1st November 2021. The Board believed her governance experience in the private sector and legal background would prove an invaluable asset.
- After serving for sixteen years as a Non-Executive Director for initially Torbay and South Devon Care Trust and then Torbay and South Devon Foundation Trust Jon Welch would retire on 30th September 2021. The Chairman offered heartfelt thanks on behalf of the Trust for the contribution he had made to the health and social care agenda of the Integrated Care Organisation. The Board wished him a happy retirement.
- Dr Sarah Wollaston would join the Trust Board as a Non-Executive Director on the 1st October 2021. She currently serves the local population in her capacity of a GP and was formerly an MP therefore she would have an insight into the Trusts footprint.

177/09/21 **Board Composition**

The Chairman notified the Board of the following changes to the Board and Committee composition, which were approved by the Council of Governors on 4th August 2021:

- Dr Sarah Wollaston, would be appointed as a Non-Executive Director for a three year term of office commencing on 1 October 2021;
- Sally Taylor, Non-Executive Director and Vice Chair term of office would be extender for six months commencing on 1 January 2022.
- Jon Welch, Non-Executive Director would retire from the Board with effect from 30 September 2021.

- A review of Non-Executive Director portfolios had been undertaken and Dr Sarah Wollaston would replace Jon Welch on the following Board Sub-Committees: Building a Brighter Future 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.

The Board received and noted the changes to the Board composition.

176/09/21 Report of the Chief Executive

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

- The retirement of Jon Welch, Non-Executive Director and the contribution he had made to the Board and the Trust agenda was acknowledged.
- The Board Assurance Framework (BAF) highlighted the challenge to the Trust to provide safe, quality patient care and achieve best patient experience for patients waiting for an intervention. She explained the improvement plan had included the Trust's 'Building Effective Solutions Together' (BEST) Week, which commenced on Wednesday 29th September 2021, which would have a strong focus on health and well-being.
- The CONNECTPlus multiple conditions app had been imbedded into the Rheumatology and Neurology structure and the department had reported a 43% decrease in patient contacts since implementation of the app, this had enabled the nursing team to prioritise patients more effectively.
- The Trust were working with the local Dartmouth community on a joint community bid in respect of the redevelopment of the former Dartmouth and Kingswear Community Hospital.
- Preparation being undertaken to become an NHS Integrated Care System by April 2022.

Adel Jones, Director of Transformation and Partnerships, expanded on the aim of 'Building Effective Solutions Together' (BEST) Week. She thanked Natalie Keens, Community Service Lead who proposed the acronym. She explained the principle was to ensure staff are enabled to take control of their Departments and give staff the opportunity to explore what could drive efficiencies. The aim was to de-escalate to Opel 3 and re-establish elective services.

There would be a focus on the Urgent and Emergency Care pathway; Ward processes; discharges before 10am with the support of Community Services; and six day working.

Staff listening sessions were taking place and there was a commitment to prioritise staff well-being.

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

Safe Quality Care and Best Experience

177/09/21 Integrated Performance Report – Month 5, 2021/22

Adel Jones, Director of Transformation and Partnerships, presented the Integrated Performance Report for month 5, 2021/22 and drew the following to the Board's attention:

Quality and Safety

- Venous thromboembolism had achieved 94.4% compliance in July, and the team were striving to achieve and sustain the 95% national standard.
- The percentage of stroke patients spending 90% of time on a stroke ward was reported below target at 51%; with the proportion of stroke patients admitted to the stroke unit within 4 hours having fallen to less than 3% due to difficulties with timely facilitation of transfers due to COVID swabbing.
- The CQC Compliance and Assurance Group had focused on Resus training, safeguarding training and compliance and Mental Capacity Act training and compliance for July and August 2021. All status 'completed' actions were undergoing evidence validation prior to Executive lead review and sign off.

Workforce

- Sickness absence rate was reported unseasonably high at 5% and spoke to the operational pressures and the tiredness of staff.
- Agency expenditure had seen a slight improvement due to the control measures that had been put in place.
- Deborah Kelly, Chief Nurse, had briefed the Board on the maternity staffing metrics and the Board had approved a phased uplift of staffing 2021/2022 and 2022/2023 to ensure the safety and quality of the maternity services the Trust provided.

System Pressure

- The prevalence of COVID within the community. The Trust and system partners had seen an increase in demand for Urgent and Emergency Care.
- The Day Surgery Unit was hosting the Medical Receiving Unit, to support the urgent and emergency care position but, it was acknowledged there was a detrimental impact on the elective care position.
- Workforce shortages across every sector had impacted flow; currently there were 608 hours of outstanding packages of care and an increase in community referrals and intermediate care placements which had impacted the system.
- The Trust's reported 18 Week Wait position stood at 59%; and the Cancer 62 day position was 72%. Assurance was provided all patients

who had to wait longer than the national standard reviewed through the Trust Harm Review process.

- The Child Family Health Devon and CAMHS waiting list position remained challenged. A deep dive was being conducted by Devon Partnership Trust and the report would be received by Child Family Health Devon Integrated Governance Group.

Finance

- The Trust reported a £1.2m deficit, which was adverse to plan; the year to date position was surplus £1.3m, giving a favourable variance to plan of £1.5m this was attributed to reduced elective activity and Torbay Pharmaceuticals favourable performance.

Paul Richards, Non-Executive Director, highlighted the challenge of the improvement plan. He explained there was a need for the capital budget to support the Acute Medical Unit to enable the Trusts infrastructure to support covid recovery.

Chris Balch, Non-Executive Director, asked had the Trust made a strong enough case in respect of the challenges faced by Coastal communities. He said the Trust's foot print would now have summer and winter pressures to consider.

Michelle Machin, System Director, Torbay explained the Trusts staffing model had been adapted using heat map data in response to the unprecedented demand for staycations in Devon; and there was a strong focus with the support of Devon ICS to plan seasonally as there was expectation the area would continue to see a high level of seasonal activity.

Liz Davenport, Chief Executive, assured the Board that the ICS were working as a system and aimed to influence thinking nationally, to mitigate the risks Professor Chris Whitty highlighted in his recent report.

The Chairman, was supported the need to articulate the unusual position of the Trust, he acknowledged funding and resourcing was based on a stable population.

Vikki Matthews, Non-Executive Director, explained People Committee had noted the increased levels of sickness and absence rates due to a fatigued workforce. She acknowledged the duty the Trust had to patients and staff; and asked if preparations and plans were in place to address the increased levels of absence.

Deborah Kelly, Chief Nurse, acknowledged the flexibility of using bank and agency workforce to support increased levels of absence and seasonal population rates; and proposed the People Committee undertook a deep dive into ratios of employed staff and bank and agency staff.

Judy Falcao, Chief People Officer, explained the staff who had enrolled on the Trust's Bank had substantive roles within the Trust. She acknowledged the Trust's reliance on agency and explained this had been due to the Trust's

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escalated position. She explained the Board needed to consider a strategy to ensure the Trust's bank was robust.

There was a twelve month resourcing plan she and Deborah Kelly were leading on, which aspired to a 95% fill rate but, this had been hampered by staff sickness.

Deborah Kelly, updated the Board in respect of the national job plan directive for Allied Health Professional's, which would support the Trust in the deployment of staff safely, efficiently and effectively.

Jacqui Lyttle, Non-Executive Director, explained the Quality Assurance Committee had sought to establish, challenge and provided assurance processes in place to reduce risks or harm for people waiting for treatment. She explained 12 hours wait times, Referral to Treatment Time and Cancer Targets were scrutinised to provide assurance clinically urgent and appropriate patients were seen.

Paul Richards, Non-Executive Director, recognised that staff were working tirelessly across the Trust to support the long waiting lists; and asked for the national guidance to be explained.

Adel Jones, Director of Transformation and Partnerships, confirmed patients with the greatest clinical need were prioritised and the Trust was planning and committed to expanding planned care capacity but, day surgery and elective care had been suspended to support urgent care demands. As part of the Trusts BEST Week, Ella Rowcroft Ward would be supported to deliver elective joint surgery. She explained to address the waiting list back log short term solutions were being developed with system partners.

The Board received and noted the Integrated Performance Report – Month 5, 2021/22.

178/09/21 End of Life Annual Report 2020-21

Deborah Kelly, Chief Nurse presented the End of Life Annual Report to the Board. The report set out the overarching end of life assurance framework against the national audits and regulatory framework. The Board were informed the Trust took a Multi-Disciplinary Team approach to End of Life care and care was focused on intervention within the last twelve months of life.

She explained this had been an unprecedented and challenged year but the End of Life team had delivered their aspirations and ambitions by partnering with other providers. The report identified a number of initiatives that were implemented to support patients and their families during the COVID pandemic.

A key priority pre-pandemic, was FamCare which would enable the Trust to understand and respond to the needs of those the Trust serves and FamCare would continue to be embedded as it had highlighted, compassion, care planning, rapid access to care and medication.

Sally Taylor, Non-Executive Director, asked the Board to note the amalgamation of the education and specialist palliative care teams had led to better support at the end of a patient's life.

Jacque Phare, Associate Director of Nursing and Professional Practice, highlighted to the board, Appendix 2, 'Working together to support of staff and patients', a piece of work the Trust undertook in partnership which had been recognised by the national end of life network. She also asked the Board to note The Hive training for End of Life care had been improved with a personal account provided by a member of staff to support learning.

Liz Davenport, highlighted the importance of enabling end of life conversations so the people the Trust serve can end their lives as they would wish.

The Board received and noted the End of Life Annual Report 2020-21.

179/09/21 Mortality Surveillance Scorecard

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

- The mortality index was in expected range; the Trust was not an outlier.
- Investigation into deaths coded as due to 'acute renal failure' had been undertaken and it concluded the cause of death should have been recorded as 'underlying acute illness'.
- There had been two 17 year old male suicides; Torbay Council and the Trust were in support of paediatric suicide prevention training as, the leading cause of deaths in the 20-34 age group was suicide.

The Board and Councillor Jackie Stockman were supportive of suicide prevention training being offered to paediatric teams.

Liz Davenport, acknowledged Councillor Jackie Stockman leadership on this agenda and her work to reduce the risk of suicide in young people. She felt there was an opportunity to shape and influence suicide prevention awareness amongst specialist teams, school and within families to support early identification of emerging mental health needs.

Sally Taylor, highlighted the social isolation that would have been felt by the 20-34 age group during the pandemic; coupled with the expectations of young people and was supportive of the need for education around suicide prevention.

The Board received and noted the Mortality Surveillance Scorecard.

180/09/21 Report on Safeguarding Adults and Deprivation of Liberty Safeguards

Deborah Kelly, Chief Nurse, presented the Annual Report on Safeguarding Adults and Deprivation of Liberty Safeguards. She asked the Board to note the following:

- The patients at risk referral rate from staff and provider services had remained static but the risks reported were significantly greater. The Safeguarding Adult Partnership Board had oversight of strategies to support the risk.
- A framework had been put in place to ensure vulnerable patients were enabled to choose their own care.
- Mental Capacity Act and Deprivation of Liberty Safeguard training and application had been embedded through changes in practice but, the culture change that was required was acknowledged.
- A piece of work was being undertaken to replace Deprivation of Liberty Safeguards; Liberty Protection Safeguards was being progressed and led by Sharon O'Reilly, Deputy Director of Adult Social Care.

Liz Davenport explained there would be a need for the Trust to change ways of working in line with Liberty Protection Safeguards. She confirmed the next annual report would highlight and seek to explain what would be required of the Trust.

The Board received and noted the Annual Report on Safeguarding Adults and Deprivation of Liberty Safeguards

181/09/21 Safeguarding Children Annual Report

Deborah Kelly, Chief Nurse, presented the Annual Report on Safeguarding Children, she asked the Board to note the following:

- An increased number of referrals, with children of greater risk had been seen during the pandemic.
- There was complexity around Child Family Health Devon alliance and the governance arrangements, with a significant amount of work having been undertaken in Level 3 mandatory multi agency safeguarding children training.

Liz Davenport, acknowledged the impact the pandemic had, had on the children who the Safeguarding Children Team support.

The Chairman acknowledged the small safeguarding teams of the Trust and thanked them for their support.

The Board received and noted the Safeguarding Children Annual Report Valuing our Workforce

182/09/21 Assurance Framework for Seven Day Hospital Services

Mr Ian Currie, Medical Director, asked the Board to note the Trust's aspiration of seven day services and acknowledged the need for this to be approached as a multi-disciplinary team and as a system.

Chris Balch, Non-Executive Director asked if the Building a Brighter Future Team could support the delivery of the aspiration of seven day hospital services with the utilisation digital platforms. Ian Currie considered the opportunities digital would offer and he concurred that there were no specific requirements on how seven-day hospital standards were to be delivered and therefore the digital arena would offer opportunities to enable this agenda to progress.

Joanne Watson, Director of Health and Social Care, explained how the BEST week which commenced on 29th September 2021 was aspiring to six day working, she acknowledged this was a big change for the Trust but, would be an opportunity to consider the impact and benefits of seven day working.

Deborah Kelly, was supportive of the multi-disciplinary approach and BEST week; she explained data from the BEST week would need to be carefully considered by the Board who would need to take a view on what a seven day working week would look like for the Trust.

For BEST week to be effective the need to be able to discharge medically fit patients, the approach would need to be supported by the Devon System.

The Board considered the societal changes that would need to take place to enable a weekend workforce.

Paul Richards, Non-Executive Director, acknowledged how the pandemic had transformed the workforce's approach to technology and flexible working; and as the Trust considered the Electronic Patient Record there would be an opportunity to transform patient care and how the care was delivered for the benefit of the people we serve.

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

183/09/21 Workforce Race Equality Standard Report 2021

Judy Falcao, Chief People Officer presented the Workforce Race Equality Standard (WRES) Report, the purpose of the report was to provide an overview of the Trusts annual performance against the WRES metrics for 2020-21. She confirmed in line with regulatory requirements the data and action plan would be shared on the Trust's website. The WRES action plan had been developed in line with the Trusts workforce data and feedback from the 2020 NHS Staff Survey and would be progressed over the next twelve months.

The Board were informed that although there had been improvements made by the Trust there was an under representation of ethnic minorities at Band 7 grade and above. Inequalities due to the recruitment processes; bullying, harassment and discrimination were still present. Assurance was provided that the action plan would focus on these areas of concern highlighted and would be supported and would be delivered with partners in the Devon ICS.

Jacqui Lyttle, Non-Executive Director, asked how the Board could ensure we held a better understanding of the Trusts workforce.

Sanita Simadree, Diversity and Inclusion Lead and Chair of the Devon Wide BAME Network explained, as the network matured it would be instrumental in supporting Trust developing a better understanding of the workforce.

Liz Davenport, said the comprehensive report spoke to the heart of the Trust's ambition, she acknowledged the need the Trust to commit to a behavioural and cultural shift for BAME members of staff. She explained that if the Trust achieves the culture it aspired to it would improve the quality of our decisions with a positive impact in our community.

Liz Davenport, highlighted the programme 'Leading for Inclusion' which had been sponsored by the NHSEI Regional Team.

Vikki Matthews, Non-Executive Director, was supportive of the WRES Report and highlighted the ambitious action plan. She said the People Committee would undertake to review the progress of the WRES action plan to ensure the ambition was fulfilled.

Chris Balch, proposed the Trust encouraged White British race equality champions, the proposal was supported.

Deborah Kelly, Chief Nurse asked how the WRES action plan would be socialised, embedded and positive actions communicated. Sanita Simadree, explained Coaches had been mobilised to support the Trusts ambition.

The Chairman acknowledged the Board enthusiasm and was supportive of the WRES Report 2021.

The Board received and noted the Workforce Race Equality Standard Report 2021.

Improved Well Being through Partnerships

184/09/21 Adult Social Care Local Account Summary 2020-21

Liz Davenport, Chief Executive, presented the Local Account Summary. It provided a summary of or what had been delivered in support of the agreement the Trust entered with Torbay Council including progress against Adult Social Care Improvement plan to date.

The Board were informed the Adult Social Care Improvement Plan had been co-designed in partnership with the local authority.

Shelly Machin, System Director, Torbay highlighted the fantastic examples of true partnership working despite the challenged position, that were highlighted in the Adult Social Care Local Account Summary of 2020-21.

The Board's attention was drawn to some particular stories:

- Frameworks put in place to support those who did not think they could live on their own;

- Supporting those in our community to be their 'best selves' and have the best future;
- Hollacombe Day Services had been heralded nationally for ensuring day services continued during COVID-19 pandemic.

Throughout the COVID-19 pandemic true partnership had been seen, with helplines and food alliances set up at pace to support the local community. Councillor Jackie Stockman, Torbay Council acknowledged the benefit to the community, through working in partnership.

Jacqui Lyttle, Non-Executive Director, described how fantastic examples of partnership working are also demonstrated through the Quality Assurance Committee.

The Board received and noted Adult Social Care Local Account Summary 2020-21

Well Led

185/09/21 Terms of Reference

Liz Davenport, Chief Executive with the agreement of the respective sub-committee chairs asked the Board to formally approve Terms of Reference for the following:

- Audit Committee;
- Building a Brighter Future Committee;
- Non-Executive Directors Nomination and Remuneration Committee.

Chris Balch, asked whether the Chief Nurse could be requested to become a member of the Building a Brighter Future Committee for input in respect of workforce.

After consideration, the Board agreed to ensure standing commitments were minimised therefore, it was proposed Executive were invited to committee's when the need was required.

The Board approved the sub-committee Terms of Reference for:

- **Audit;**
- **Building a Brighter Future;**
- **Non-Executive Directors Nomination and Remuneration.**

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 27th October 2021.

Exclusion of the Public

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

BOARD OF DIRECTORS

PUBLIC

No	Issue	Lead	Progress since last meeting	Matter Arising From
177/09/21	The People Committee undertake a deep dive into optimal ratios for substantive staff and bank and agency staff within larger cohorts of the workforce.	JF		

**MINUTES OF THE 2021 ANNUAL MEMBERS MEETING
HELD AT 11AM ON WEDNESDAY 22 SEPTEMBER 2021
AT THE HORIZON CENTRE, TORBAY HOSPITAL, TORQUAY**

Present:

Sir Richard Ibbotson Chairman
Dave Stacey Deputy Chief Executive and Chief Finance Officer

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

In attendance:

Barrie Morris (Director) & Mark Bartlett (Manager), Grant Thornton LLP

1. **Welcome and Apologies**

The Chairman welcomed everyone to the live Annual Members Meeting, explaining that he was joined by Dave Stacey, Deputy Chief Executive. He explained that a recording of the meeting would be made available to view on the Trust website after the event.

The Chairman explained that the Trust Annual Report would be the focus of the meeting and that this covers the period April 2020 to March 2021. The Annual Members Meeting had been delayed to September, in the hope that it could be a live physical event, but unfortunately due to continued Covid-19 pandemic and guidance on social distancing within the NHS, this had not proved feasible.

The Chairman opened the meeting by thanking all frontline staff delivering both health and social care in extraordinary environments and conditions, dealing with extreme challenges. Many were tired and had been working extended shifts since the pandemic started and all deserved our continued recognition and thanks.

The Chairman said it was a difficult time for the Trust, but he was clear that the Board's role was to do the best we can for the people we serve with the resources that are available.

Sadly, we were unable to be joined by the Lead Governor, John Smith, and the Chairman wished him a speedy recovery. The Chairman specifically referred to the excellent work of the elected Council of Governors during the year, holding

Action

the Trust Board to account and acting as a vital point of contact with community that the Trust serves.

Jane Downes, Director of Corporate Governance and Trust Secretary, was thanked for her contribution to Trust Governance, leaving behind a positive legacy and he wished her a successful retirement.

The Chairman then outlined the changing context of the NHS structures, with the establishment of Integrated Care Systems (ICS) nationally, and the recently announced Devon ICS. The Chairman welcomed plans for greater integrated care, bringing Trusts and Local Authorities closer together and allowing local communities to decide upon priorities. Torbay and South Devon NHS Foundation Trust had been at the forefront of integrated care for many years.

2. **Our Year with you (2020/21) - Chief Executive Report**

Dave Stacey (Deputy Chief Executive) undertook the review of the year April 2020 to March 2021 on behalf of the Chief Executive.

Short video clips highlighting some of the work undertaken by staff, and direct experiences of patients/clients were played at intervals throughout the review featuring:

- Maternity Services
- Adult social care
- Hollacombe Community Resource Centre
- Child and Adolescent Mental Health Services
- The HOPE Programme
- Building a Brighter Future programme.

Dave Stacey said the Trust aimed to support the people of Torbay and South Devon to live well. Working together in partnership helped give everyone a brighter future and the past eighteen months of Covid-19 pandemic had clearly shown the impact partnerships can make. He formally thanked the fantastic work of the voluntary, community and social enterprise partners in Torbay and South Devon, as well as the Trust's amazing volunteers.

More patients than ever before were being seen across all the Trust services, whilst at the same time the Trust was working at a reduced capacity to prevent the spread of Covid-19. The continuing pandemic had shone a real spotlight on the health inequalities facing our people and the challenges facing our staff.

Examples of how the Trust had progressed its integrated care strategy in numbers were displayed on a slide, which included:

- 1,972 babies born in Trust maternity units, with the team responding magnificently to the unique challenges posed by the pandemic;
- 970 clients supported by the Adult Social Care Teams;
- 75,000 attendances at Emergency Department, with an additional 41,000 visits to the Urgent Treatment Centre in Newton Abbot;
- Torbay Domiciliary team supporting 1,100 clients;

- 35,000 emergency admissions, of which 26,000 were able to go home on the same day, supporting people to receive quick care and treatment; and
- All achievements made possible by over 6,500 staff and our 635 volunteers. Many volunteers had changed how they volunteered during the pandemic and deserved a huge thank you.

Recognition was made of the extraordinary and very swift adaptations that took place this year in order to keep our staff, patients and visitors safe. These actions took included:

- Creating Covid and non-Covid areas in our acute hospital, effectively running two emergency departments;
- Relocating wards as required during the pandemic to meet changing needs;
- Reassigning many staff to new or different roles, matching these roles to their experience and training; and
- Continuing to provide urgent and emergency care, alongside treatments and surgery for our cancer services. This had been made possible by our partnership with Ramsay Healthcare who run our local private hospital – Mount Stuart.

Recognition was made of the key role of Trust staff, who are caring, courageous and creative with a collaborative approach in providing integrated care. Our staff, volunteers and Governors really do make a difference very single day.

Further highlights with Trust partners were demonstrated in the presentation including:

- Forward-thinking alliance arrangements with Children and Family Health Devon, helping the next generation to “start well”;
- Recently established wider strategic partnership with North Devon Healthcare NHS Trust and Royal Devon and Exeter NHS Foundation Trust, to enable sustainable high-quality care for the future;
- Torbay Pharmaceuticals division as a global player in the industry and during early days of pandemic began making hand sanitizer, helping keep staff and patients safe;
- Part of University of Exeter’s Academy of Nursing, working to improve services and in partnership with Plymouth University to promote clinical research; and
- Our Oncology Research and Development Department began pioneering a radiotherapy trial called PACE to help prostrate cancer patients. It was the first site in the South west to open the trial and has delivered new technique, allowing fewer visits and is seen as an excellent alternative to surgery.

Dave Stacey also highlighted a number of challenges faced by the Trust, primarily around money, space, time and people:

- In August 2021 it was announced that the Integrated Care System for Devon will receive Level Four support through the NHS England’s System Oversight Framework - this is the most intensive support;

- Partnership approach is the future for health and care services, locally, regionally and nationally – working closely with local authorities, voluntary community and social enterprise sector;
- Trust estate is ageing and many of Trust buildings do not offer the flexibility to deliver modern healthcare effectively;
- Have opened new acute surgical unit at Torbay Hospital, improving experience of receiving emergency surgical care and started work on the new acute medical unit which will increase capacity from 26 to 52 assessment spaces;
- Progress with the new health and wellbeing centre in Dartmouth;
- Biggest challenge is lengthy waits for routine and urgent treatment including operations, diagnostics and outpatients;
- Recruitment challenges, hoping reintroduction of student bursaries nationally and additional investment in training places will assist with this in the longer-term; and
- Launched our People Plan to better support our current workforce

Successes were highlighted next in the presentation including:

- Innovation and improvement at the very core of our people and services;
- Support provided into care homes during the pandemic;
- Innovations in artificial intelligence and use of virtual reality to support patient care;
- Use of immersive technologies in education and clinical practice and work on Intensive Care Unit rehabilitation working;
- Introduction of CONNECTPlus for MS Patients and also development of the Rheumatology CONNECTplus App, now shortlisted for awards; and
- HOPE programme developed helping local people with long term health conditions.

Dave Stacey then explained some of the next steps for the Trust:

- After a very busy summer, with well over 100,000 visitors, the Trust continues to see a significant rise in demand for all services – acute, community and adult social care;
- This is whilst still operating at reduced capacity to prevent the spread of Covid-19;
- It had been necessary to temporarily stop undertaking routine work and the impact of this on patients was recognised;
- Staff continued to work really and were doing all they can to keep seeing patients and keep operations going; and
- Working together as a system to create extra capacity across Devon. We may need to ask people to travel further to receive care and reduce waits and hope you will understand this.
-

The future for the Trust was then discussed:

- Trust has provisionally been allocated a share of £3.7 billion government funding for a new hospital development;
- This was a once in a lifetime opportunity to make a real difference in how we deliver services;

- Parts of Torbay Hospital date back to the 1920's – some even older;
- Our IT infrastructure is also aging with some systems no longer fit-for purpose;
- Without this significant investment, our estate and digital infrastructure will continue to deteriorate; and
- Hence our new programme called “Building a Brighter Future”.

Dave Stacey then pointed out ways in which local people can help their local NHS:

- Chose the right service for your needs including using 111;
- Get your Covid-19 vaccination when it is offered and follow social distancing guidance and get your flu vaccine if offered;
- If patients no longer need an appointment, let us know so can offer to others;
- Be kind to others, including our very tired staff;
- If interested in a career in health or social care, visit the Proud to Care Devon website;
- Volunteer with us, support our Charitable Funds or stand as a Governor; and
- Get involved via signing up to be a member, follow our social media, read our monthly our website for updates.

The Deputy Chief Executive report concluded by thanking the local people of Torbay and South Devon, our brilliant Trust staff, wonderful Governors, friendly volunteers, our patients and carers and partners.

3. **Overview of Financial Statements 2020/21**

Dave Stacey, Chief Finance Officer, gave an overview of the Financial Statements for 2020/21 and reported on a number of key points.

Performance against key financial targets had delivered a much lower deficit of £100k. Significant funding during Covid from Government. Capital expenditure had increased to £36.4m; double that of previous year and there was a healthier cash balance at year end of £45.4m

Dave Stacey reported on a number of factors that had affected financial performance in 2020/21, including the Covid-19 pandemic. However, the Trust received multi-million Covid funding to support the response. In addition, there had been generous local and national donations, both monetary and in kind and the Trust was very grateful for the generosity of individuals and businesses.

Looking ahead to 2021/22, there would be a focus on finding a new normal as Covid will not disappear and there would be a focus on applying any additional funding to support Covid response and to recovering waiting lists.

Financial headlines were discussed, with pay costs rising during response to Covid and some related non-pay costs. Capital expenditure breakdown was shown, which showed a strong platform in supplying the required improvements

to both IT and Trust estate to move forward, building a bridge to the Building a Brighter Future Programme.

The Chairman thanked Dave Stacey and his Finance Team for their considerable work on the financial statements.

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

Barrie Morris, Director, Grant Thornton presented an overview of the audit findings report for the 2020/21 Annual Accounts.

Barrie Morris explained the responsibilities of the Auditors in terms of auditing the 202/21 accounts and more latterly assessing whether the Foundation Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. The second aspect is a new requirement under new National Audit Office (NAO) code of practice and involved different work.

It was Grant Thornton's first year of auditing the Trust accounts and both teams had to get used to each other, in addition to adapting to working in a very different way due to the pandemic. The Finance Team was very helpful and co-operative in responding to requests and providing supporting information.

There had been a significant increase in income level for Trust and that impacts the level of testing the Auditors are required to take (materiality level). Grant Thornton focused on a materiality level of £6.95m (1.4% of gross revenue) but noted any key areas of risk below that amount in addition.

The key judgement risk areas that were looked at by Auditors were:

- Management override of controls
- Improper revenue recognition
- Completeness of expenditure
- Valuation of land and buildings
- Valuation of tangible assets

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

- One unadjusted item (£2m) relating to deferred income where evidence of performance obligations not being met was not available. Auditors felt Trust had acted in good faith and the issue had been discussed and agreed with Audit Committee and no amendment was required;
- A number of recommendations to improve IT control environment and financial processes at the Trust had been identified and agreed by management and actions are in place to follow those up; and
- Accordingly, an unmodified opinion on the accounts was made by Grant Thornton on 28 June 2021 and a group assurance certificate submitted to the NAO.

Barrie Morris concluded the Auditors' Report by thanking Dave Stacey and his Finance Team for supporting Grant Thornton in their first year as Auditors. He

then handed over to his colleague, Mark Bartlett, to talk about the Value for Money work.

Mark Bartlett, Manager at Grant Thornton, outlined the new NAO Code of Audit Practice with requirement to report in more detail on the Trust's overall arrangements and raise key recommendations. Specified criteria were:

- a) financial sustainability
- b) Governance; and
- c) improving economy, efficiency and effectiveness.

Initially planning identified a risk in respect of financial sustainability based on the adverse value for money exercise in 2019/20 around in-year deficit, forecast deficit positions, however, Grant Thornton did not identify any significant weaknesses in the Trust's arrangements through their own audit, which is a positive outcome.

One improvement recommendation was made in respect of financial sustainability, to develop a clear timeline for the expected delivery of future savings plans and clearly articulate those risks.

The Chairman thanked Grant Thornton for their work in what had been an extraordinary challenging year. He said he was aware that the relationship between Trust and External Auditors was not always easy to get right, as there needed to be appropriate challenge but also ability to develop a good relationship with Trust Finance Department. The Chairman said he felt the balance had been correct.

5. **Questions from Members**

The Chairman said that he was aware that if the Annual Members' Meeting had been held face to face he would have been able to invite questions from the membership.

The Chairman asked that if, after the meeting today, there were further questions arising from the business of the meeting that these be submitted to the Foundation Trust Office for a response. In addition, a recording would be put up on the Trust website so further questions can be submitted to Foundation Trust Office email (foundationtrust.tsdf@nhs.net). They would be answered and questions/answers would be put up on the website at a later date.

6. **Close of meeting**

In closing the meeting, the Chairman thanked everyone for their attendance, interest and support during a challenging period.

Report to the Trust Board of Directors				
Report title: Chief Executive's Report		Meeting date: 27 October 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 19 October 2021			
Purpose of the report and key issues for consideration/decision	To provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments since the previous Board meeting.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board are asked to receive and note the Chief Executive's Report			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership	X	Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score	Variable
	Risk Register	X	Risk score	Variable
<ul style="list-style-type: none"> • 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 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: 27 October 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 29 September 2021 are as follows:

3.1 **Excellent population health and wellbeing**

Redevelopment of former site of Dartmouth and Kingswear community hospital

Councillors from Dartmouth Town Council are working with us to explore the feasibility of a community bid for the site. Working in partnership with other local stakeholders, Dartmouth Town Council would like to buy the site and manage how it is developed, so that both the local economy and the local community benefit.

As an NHS organisation, we are required to achieve open market value for any property sale. We appreciate the significance of this prime, waterfront site for the town and are very keen to support a community bid, if we can, because it would give local people a real say in how the site could be developed in future. We have also offered to work with the town council to seek local people's views if they decide to progress with a community bid.

If the Town Council is unable to secure funding to support a community bid for the site, we will advertise it for sale on the open market during 2022 in order to honour its commitment to make a significant financial contribution to the

Dartmouth Health and Wellbeing Centre, which is currently under construction. Dartmouth Town Council understand and have agreed this with us. The details of a community bid will need to be developed in time for consideration by at our Board Meeting in January 2022.

Flu vaccination programme for health and care staff

Our flu vaccination programme is well underway and to date we have vaccinated over 2,200 of our people – more than a third of our workforce. While the majority of vaccinations are given at our Torbay Hospital site, this month we began to deliver flu clinics for staff at our community sites.

COVID-19 booster vaccinations

Our COVID-19 booster vaccination programme began last month and to date we have vaccinated just a third of our workforce. Staff are being encouraged to book in for their booster as soon as they become eligible (26 weeks after they received their second dose of the original COVID-19 vaccination).

Mandatory COVID-19 vaccinations in care homes

The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 (the Regulations) were made on 22 July 2021 and will come into force on 11 November 2021. The Regulations require all persons working in or deployed into a CQC registered care home (which provides accommodation together with nursing or personal care) in England to be fully vaccinated.

The new mandatory vaccination rules will not just impact upon care home providers and care home staff; **the rules will apply to anyone working or deployed in a care home (unless an exemption applies)**, regardless of their role, how often they may be required to work in the care home, or, who employs them. The rules apply to volunteers, students, job applicants, workers visiting from non-care settings and visiting professionals.

Working in partnership with staffside, we have developed a new policy (Mandatory Coronavirus Vaccinations) which includes a framework for managers which has been shared with our staff. Our People Hub are contacting those managers whose teams may be directly affected by this new legislation to offer guidance and support.

Safety and security in public buildings

Following the tragic death of Sir David Amess MP, we have reviewed the arrangements in place in across our services and our sites to support people's safety and security.

We have a range of physical measures in place to help protect our staff, patients and our sites, such as access controls, alarms and staff identity badges as well as personal protective equipment. We have a lone worker policy in place to support people who are working alone either within or outside of our premises, for example within the community.

We have shared with our staff the measures in place to keep both them and people who use our sites as safe as possible and reminded them of their responsibilities and the support and advice available. Our Safety, Security and

Emergency Planning team will continue to lead on the safety and security of our sites and our people and ensure that everyone has access to the information, advice and support they need.

3.2 Excellent experience receiving and providing care

Ward accreditations

During October three more of our wards were assessed under the scheme.

Dunlop ward achieved a silver award and demonstrated great improvements since the last accreditation visit in May 2021

Brixham hospital achieved a silver award on their first accreditation which is a fantastic achievement. The assessing team were very impressed with the care, kindness and compassion they observed during their visit.

Louisa Cary ward achieved a gold award, showcasing the progress they have made since their silver award earlier this year. The assessing team found that the excellent staff team put patients and families at the heart of everything they do.

DAISY awards

In September our DAISY award winner was Amanda Doe, a registered nurse on Louise Cary ward by one of her patients. The nomination highlighted:

"I have been on Louisa Cary for three months so far and whenever Mandy is on and looking after me, she never fails to make me laugh, no matter how down I am.

Also, she is always singing so you know when she's coming. It brings a good vibe to the ward, even if she is super busy she will always make the time to say hello and sing you a song/ when I was being restrained one time she was there to hold my hand and tell me everything will be okay. She makes passing a tube the quickest and most pleasant that it can be.

Mandy is always there for you working super hard and very dedicated. One night she was even here until 10pm, two hours after her shift finished, to help me when I was going through a really tough time."

Our Pathway to Excellence

Our maternity services have just celebrated six months of their shared governance. They held a small, safe, socially distanced celebration to acknowledge and recognise their achievements. They are to be commended as they have really ploughed on through despite staffing challenges over the summer months.

Following on from our summer pathway to excellence launches, our Senate met for the first time 15 October to co-design our broader shared governance model, and to begin to lay the foundations of journey to excellence in a formal capacity.

Moorfields eye hospital are visiting at the end of the month to see our shared governance in action and learn from what we have achieved thus far, as they begin to set up their councils in Moorfields, with a view to achieving pathway to excellence designation. This is real credit to our teams, namely maternity and the

Emergency Department for doing so well with developing their councils and raising the nursing voice within the departments.

Our BEST Week

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.

Our first BEST Week ran from 29 September to 06 October during which we were able to re-start planned care operations. During the week we were able to operate on 96 people, many of whom had been waiting a very long time for their care including eight total knee replacements, four total hip replacements, two total shoulder replacements. Two of the people who had their operations during this week had been waiting over two years for their operation. I am pleased to say that we have been able to continue with planned care operations despite continued high demand for urgent and emergency care.

Our pilot specialist advice telephone lines for orthopaedics and paediatrics supported people to get the right care in the right place and reduced unneeded admissions.

However, our urgent and emergency care services remain under extremely high pressure. While we were able to get some people home more quickly, we still have high numbers of people in our beds who need more support to go home and are waiting for care packages or care home beds – there is a lot of work already taking place but much more is needed so that we can make sure we support people to get home as quickly and safely as possible, freeing up beds for those who are most in need.

While we were able to get some people the care they needed which meant they didn't need to come into hospital, we weren't able to do as much of this as we wanted to. Again, this is an area where if we get it right, it will really make patient experience and outcomes better for everyone.

Building on Our BEST Week: making time to care began on 20 October with the focus very much on releasing clinical time to lead and care, supporting staff wellbeing and leading with kindness. Our plan will continue to be getting people the care they need as close to home as possible. We are going to focus on a clear, defined number of changes that we think will really make a difference and commit to implementing them.

Supporting our carers

On 23 September the Government set out new proposals to make the right to request flexible working a 'day one entitlement' for every employee in Britain. It will also be introducing a day one right to one week's unpaid leave for carers balancing a job with caring responsibilities. We are encouraging all our people to take part in the Government consultation [Making flexible working the default - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/making-flexible-working-the-default) which is open until 01 December 2021.

As a Level 2 Carer Confident employer, we are proud to already offer flexible working for unpaid carers. We encourage other employers to do the same.

Celebrating Black History Month

Black History Month is a time for reflection - to explore Black history, heritage and culture leading to a greater understanding of issues around race and equality. The theme of this year's national campaign invites Black people of all ages throughout the UK to share what they are **proud to be** as part of their identity.

I was proud to record a vlog with Tanya White, physician associate, to celebrate black history month. I am passionate about supporting the development of an organisational culture where we all feel able to show up to work as we are and not feel excluded, silenced or ignored. Our background, our history and our experience is what makes us unique as individuals and should be valued, recognised and acknowledged. In our people plan and promise we are clear that we are working towards everyone feeling like we have a voice that is heard and that we belong - we all have a part to play in making this our shared reality.

Sanita Simadree, our Diversity & Inclusion Lead, working with our staff networks, has led a programme of events, activities and space for reflection which includes an event of poetry with Totnes based performance poet, Harula Ladd, a poetry writing workshop with Angela 'Poppy Seed' Harvey and an evening of conversation with Michael Caines, Alexandra Ankrah and Dr Habib Naqvi, hosted by Sir Richard Ibbotson and myself. I'd also like to take this opportunity to thank our wonderful catering teams for supporting Black History Month and helping us celebrate the richness and diversity of our people.

National Guardian's Office identifies areas for learning to improve speaking up experiences of health workers in case review

The National Guardian's Office has published a report which analyses the themes and learning for the whole health sector from its [review of the speaking up culture at Blackpool Teaching Hospitals](#) which was undertaken in 2020.

The National Guardian's Office received information indicating that a speaking up case may not have been handled following good practice. The information received also suggested black and minority ethnic workers had comparatively worse experiences when speaking up.

Reviews seek to identify learning, recognise innovation and support improvement, and, ultimately, improve the experience of workers, patients, and the public.

The report makes recommendations for actions which national bodies and the healthcare system as whole can take to support organisations, including bringing national guidance into line with good practice and make that guidance universally applicable.

We are currently reviewing the report to ensure that we fully consider the learning and apply it to improve our own processes and plans.

3.3 Excellent value and sustainability

New study to help detect cancers earlier opens at Torbay Hospital

A new study which will investigate a blood test that helps detect cancers earlier has opened at Torbay Hospital.

The nationwide SYMPLIFY study, supported by the National Institute for Health Research, will investigate a new multi-cancer early detection (MCED) test in the NHS, known as Galleri, for patients with non-specific symptoms that may be a result of cancer.

The opening of the study is the result of a close collaboration between clinical services and our research and development team. I recognise that the nature of the project has required a lot of hard work from our staff across a range of departments and specialties and would like formally acknowledge this.

Donations from Torbay Hospital's League of Friends

This month we have been the proud recipients of a number of wonderful donations from Torbay Hospital League of Friends.

They have funded two paediatric ventilators for our Emergency Department which will help the team provide lifesaving ventilatory support and further support the excellent care delivered by our teams. This type of ventilator is the only device available that can be used for all age groups; from neonatal to adults. It also offers many different types of ventilation modes suitable for children of all ages.

A certain number of children who need ventilation may also require time-critical transfer to specialist centres (e.g. Bristol, Plymouth, London). The ventilators are also portable to support these time critical transfers. The same type of equipment is also used by dedicated children's hospitals and the critically ill children's transport team, which means the transfer process becomes more seamless and helps us provide the highest quality care possible.

The League of Friends' generous fundraising has paid for two stairclimbers, which will help people with limited mobility travel using patient transport.

The two bariatric stairclimbers will be used by our Patient Transport Services to ensure that people are safely helped up and down stairs and into vehicles. The stairclimbers are specifically designed to help people with limited mobility.

These will result in a more comfortable and easier journey for people who need help getting to and from hospital and healthcare sites for appointments and treatment. The CR230 stairclimber produced by manufacturer AAT is able to support those who weigh up to 230kg, which is over 70kg more than the limit of the current equipment.

Torbay Hospital League of Friends had previously supported Patient Transport Services by funding 11 stairclimbers which are already benefitting patients in all of the team's double crewed ambulances.

And last but certainly not least, our South Devon Upper Gastrointestinal (GI) Unit is benefitting from a new ultrasound model, made possible thanks to the further generosity of Torbay Hospital's League of Friends.

The laparoscopic bile duct ultrasound model will be used for training surgeons from around the UK in this technique. The advanced model replicates body tissue and allows highly realistic training to be delivered.

Laparoscopic bile duct ultrasound improves both patient care and efficiency in the management of gallstone disease.

Over many years, our South Devon Upper GI Unit has developed a national reputation for delivering high quality courses and forging the introduction of this new technology. The donation from the League of Friends will enhance our unit's training offer and ultimately result in a better patient in experience.

I would like to take this opportunity to thank all our League of Friends for their continuing support which makes a very real difference to our patients and staff.

The Health and Social Care Leadership Review

Earlier this month, the Government launched a review of leadership in health and social care. The review will be led by former Vice Chief of the Defence Staff General Sir Gordon Messenger, and will report back to Secretary of State for Health and Social Care Sajid Javid, in early 2022.

The Health and Social Care Leadership Review will look to improve processes and strengthen the leadership of health and social care in England. Working with the health and care systems, retired General Sir Gordon Messenger will have a team from the Department of Health and Social Care and the NHS to support him led by Dame Linda Pollard, chair of Leeds Teaching Hospital.

The review will consider how to foster and replicate the best examples of leadership. It aims to reduce regional disparities in efficiency and health outcomes across the country. The review will also look at how to deliver the findings of proposals and commitments made in previous reports on leadership.

The work of the review only applies to England, though other nations will be free to consider its findings, and it will be funded from within existing DHSC budgets. Publication of the review will be followed by a plan committing to implementing any agreed recommendations along with clear timelines.

4. Chief Executive engagement October

I have continued to engage with external stakeholders and partners – in the main with the aid of digital technology. Along with the executive team, I remain very conscious of the need to maintain direct contact with our staff, providing visible leadership and ongoing support, as our teams continue to strive to deliver excellent care during exceptionally challenging circumstances across all our services.

Internal	External
<ul style="list-style-type: none"> • Video blog sessions • Freedom to Speak Up Guardian • League of Friends meeting with the Chairman • Visit to Corporate Support Teams at Regents House • Visit to teams working from the Bowyer Building • Staff side meeting • League of Friends presentation to the Emergency Department • Lead Head & Neck/Thyroid Cancer Clinical Nurse Specialist • Medical Staffing Committee AGM • Visit to the Emergency Department team • Visit to the Estates Team • Visit to Louisa Carey ward team 	<ul style="list-style-type: none"> • Chief Executive of Integrated Care System for Devon • Deputy Chief Executive, Devon Integrated Care System • Director of Long-Term Plan, Devon CCG • ICS Partnership Board • Devon Integrated Care System meeting • Interim Medical Director, ICS • South West Regional Chief Executives • Devon Chairs & CEO's meeting • Chief Executive of Devon Partnership Trust • Chief Executive, University Hospitals Plymouth • Locality Director, South & West, Devon CCG • Director of Adult Social Care, Torbay Council • Chief Executive RD&E and NDFT • Chief Officer for Adult Care and Health, Devon County Council • Health Systems Partnership • AGM - South West Peninsula Academic Health Science Network (SW AHSN) • Principal, South Devon College • Devon League of Friends • Managing Director, Teignbridge District Council • Chief Executive Officer Rowcroft Hospice • Director of Childrens' Services, Torbay Council • Director of Commissioning – Out of hospital • Children's Improvement Board • Interim Chief Superintendent, Devon & Cornwall Police • Director of Improvement and Delivery, NHSEI • Regional Medical Director, Chief Clinical Information Officer, NHSEI

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 early next 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

Chair-designate for Devon's Integrated Care Board

Further to a recent national recruitment process, a Chair-designate for Devon's new Integrated Care Board (ICB) has not been appointed.

This is a key leadership appointment and we all agree it is vital that we get the right candidate for our system.

Dame Suzi Leather, who has chaired the Devon health and care system since 2018, continues in the role until the next steps are agreed.

5.1.3 System pressures

As highlighted by a media release in early October, Devon's health and social care system is under extreme pressure due to high demand for services, sustained demand for COVID-19 beds, pressure on staffing and the need for social care exceeding the available capacity.

Pressures are being seen across the system, in mental health care, primary care (GPs) and adult social care as well as our acute hospital trusts.

People in Devon are asked to support services by:

- Using the most appropriate service for their need and only attending an Emergency Department in a genuine life-threatening emergency.
- Collecting friends or relatives as soon as they are well enough to be discharged from hospital to free up beds for other patients who need them.
- Downloading the HANDi paediatric app for advice on common childhood illnesses and when to seek help

- Using local pharmacist for minor conditions such as insect bites, skin rashes, coughs, colds, sore throats, tummy trouble and aches and pains.
- Using [NHS 111](#) – online or by phone for advice or medical treatment quickly where they can't wait to see their GP. If they need to be seen by a Minor Injuries or Emergency Department they can book you in.
- Getting vaccinated against COVID-19. Have both jabs and your booster if you are eligible
- Staying away from hospitals if you have COVID-19 symptoms, or diarrhoea and vomiting.

Other causes of pressure include some people using Emergency Departments inappropriately, high numbers of staff off work due to COVID-19 or other reasons and a high number of vacancies in the current competitive jobs market. The enhanced infection prevention and control measures that were implemented during the height of the pandemic have been reduced to some extent, but are still higher than before the pandemic and mean we can treat fewer people in the same time period than in normal times.

The NHS is working hard to address pressures across the system by promoting the most appropriate places to seek medical help, vaccinating people against COVID-19 and through staff working long hours and extra shifts.

Longer term measures include recruiting more staff and creating extra capacity with new theatres and diagnostic facilities in Plymouth and at the former NHS Nightingale hospital in Exeter.

5.1.4. Global shortage of blood testing equipment

Due to the mitigations in place and the efforts of colleagues across the NHS the supply situation has stabilised but with supplies not yet back at normal levels.

To reflect the current position, and to avoid putting further pressure on stock, as the situation continues to recover, testing activity in acute trusts, community hospitals and mental health trusts, in line with the best practice guidance can, local stocks permitting, resume.

We have been reminded to continue to order little and often during this period of recovery and to restock gradually. We will regularly review our stock holding and upcoming planned care requirements and aim to re-stock with one week's worth of tubes based on demand in June and July 2021.

These measures will be undertaken where safe to do so, using our clinical judgement at all times to ensure patient wellbeing.

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

Recent key media releases and responses:

- Torbay Hospital League of Friends stairclimbers donation – celebrating the generous donation from Torbay Hospital League of Friends for two brand new stairclimbers for patient transport services, which will help more people with limited mobility have a smoother journey
- Promoting NHS 111 and our Urgent Treatment Centre – promoting NHS 111 as an important tool to use when local people need advice and support, in order to keep our Emergency Department free for emergencies
- Mayoral visit – release issued on the visit of The Worshipful the Mayor of Torbay Councillor Terry Manning to Torbay Hospital. Cllr Manning spoke to some of our staff to hear about the challenges they have faced during the pandemic and to see some of the latest onsite building developments
- New Non-Executive Director appointment – announced that Dr Sarah Wollaston, local GP and former chair of the Health Select Committee, has been appointed as a NED on our board and will be joining us in October
- Charity thank you – thanked local people for contributing £50,000 to our COVID-19 appeal which went towards supporting frontline staff and COVID-19 patients as well as wellbeing initiatives for our people
- New Hospital Programme – response approved by the Department for Health’s communications team which outlined where we are in the process, the plans we have in place and our next steps

Recent engagement on our social media channels includes:

- Together for Devon vaccination campaign – promoting the regional campaign to drive uptake in young people receiving a COVID-19 vaccination
- Pharmacy support – reminded the public of the high street health expert; their local pharmacy, and how they can help and support with minor health concerns
- Healthwatch 111 survey – Healthwatch are providing local people the opportunity to feedback on the NHS 111 service and their own experiences
- COVID-19 booster and flu vaccinations – encouraging the public to get their vaccinations this winter to protect themselves and others
- Ward Accreditation success – celebrating the news that Simpson Ward at Torbay Hospital has become the most recent ward to be awarded with a gold award in the ward accreditation scheme
- Annual Members’ Meeting – promoted the upcoming AMM and highlighted where people can find out more and joining instructions
- Planned care – shared the regional announcement about the current pressures we face in Devon and the effects these are having on services, including operations
- Visiting restrictions – reminding the public of our visiting restrictions, why these are in place and to please be kind and understanding to our staff during this time
- Healthcare Assistant opportunities – video featuring our Healthcare Assistants and the benefits of joining our staff bank
- Stoptober – promoting the start of Stoptober and signposting people to help and support for quitting smoking

Development of our social media channels:

Channel	End of year target	As of 31 March 2021	As of 30 September 2021
LinkedIn	5,000 followers	2,878	3,350 ↑ 472 followers
Facebook	15,000 likes	12,141	12,529 ↑ 388 followers
	12,499 followers	12,499	12,920 ↑ 421 followers
Twitter	8,000 followers	6,801	7,042 ↑ 241 followers

7 Recommendation

Board members are 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



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

Report to Trust Board of Directors											
Report title: Integrated Performance Report (IPR): Month 6 2021/22 (September 2021 data)			Meeting date: 27 October 2021								
Report appendix	M6 2021/22 IPR focus report M6 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: 19 October 2021 Integrated Governance Group: 20/21 October 2021 Finance, Performance, and Digital Committee: 25 October 2021										
Purpose of the report and key issues for consideration/decision	<p>The purpose of this report is to bring together the key areas of delivery (including, quality and safety, workforce, operational performance, and finance) into a single integrated report to enable the Trust Board to:</p> <ul style="list-style-type: none"> Review evidence of overall delivery, against national and local standard and targets Interrogate areas of risk and plans for mitigation provide assurance to the Board that the Trust is on track to deliver the standards required by the regulator. <p>Areas of exception that the Board will want to focus on are highlighted below and detailed in the attached Focus Report.</p>										
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>								
Recommendation	The Board is asked to review the documents and evidence presented.										
Summary of key elements											
Strategic objectives supported by this report	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Safe, quality care and best experience</td> <td style="padding: 5px; text-align: center;">Yes</td> <td style="padding: 5px;">Valuing our workforce</td> <td style="padding: 5px; text-align: center;">Yes</td> </tr> <tr> <td style="padding: 5px;">Improved wellbeing through partnership</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">Well-led</td> <td style="padding: 5px; text-align: center;">Yes</td> </tr> </table>			Safe, quality care and best experience	Yes	Valuing our workforce	Yes	Improved wellbeing through partnership		Well-led	Yes
Safe, quality care and best experience	Yes	Valuing our workforce	Yes								
Improved wellbeing through partnership		Well-led	Yes								
Is this on the Trust's Board Assurance Framework and/or Risk Register	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Board Assurance Framework</td> <td style="padding: 5px; text-align: center;">Yes</td> <td style="padding: 5px;">Risk score</td> <td style="padding: 5px; text-align: center;">25</td> </tr> <tr> <td style="padding: 5px;">Risk Register</td> <td style="padding: 5px; text-align: center;">Yes</td> <td style="padding: 5px;">Risk score</td> <td style="padding: 5px; text-align: center;">25</td> </tr> </table>			Board Assurance Framework	Yes	Risk score	25	Risk Register	Yes	Risk score	25
Board Assurance Framework	Yes	Risk score	25								
Risk Register	Yes	Risk score	25								

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

Report title: Integrated Performance Report (IPR): Month 6 2021/22 (September 2021 data)		Meeting date: 27 October 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 no new severe incidents in September.

Stroke: The percentage of stroke patients spending 90% of time on a stroke ward remains below the 90% target at 69.2% which is an improvement against the position in August (56.3%).

VTE performance remains below the required 95% standard:

In September 2021 the compliance achieved had a slight reduction to 91.9% . One variable which is a challenge has been the changes in bed base across the Trust with fluctuating escalation beds, an improvement plan is in place the 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 has been reinstated and will meet monthly from September 2021.

Once the VTE prevention group is fully operational this work will be a function of this group and report to the Quality Improvement Group.

IPC: For September the number of C.Diff cases (2) has reduced from August (8). All appropriate actions are being taken with a Root Cause Analysis being conducted.

Maternity: During September 2021, the maternity service had more births than were previously projected, with 217 births in month where August saw 156 births.

- 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.
- Sadly, there were two women who attended the maternity services whose babies were stillborn. Both incidents occurred during the antenatal period, one at 25 weeks and one at 33 weeks. No cases met the criteria for referral to HSIB in September
- The staffing challenges have continued throughout September and a number of actions have been taken to mitigate the risk

CQC compliance: As at end of September there remains one 'Must Do' and eight 'Should Do' overdue; the executive validation of evidence for all Must Do's and Should Do's have commenced in September with Medicine and Trustwide core services been reviewed.

2. Workforce Headlines

September monthly sickness absence rate is currently 5.36% which is the highest one-month figure since February 2007. Increased mental health absence as well as Covid absence are the main reasons for the exceptionally high sickness absence we are currently seeing.

The September 2021 WTE (hours worked) of 6375 is a large increase from 6240 in August and is over the planned budget for the month by 60 WTE.

Agency expenditure for September was £1.192m (M5 £1.090m). The increase in this period is mainly due to an increase in Registered Nursing agency increase to £599k from £520k the previous month.

The Achievement Review compliance continues to decline and as at the end of September stood at 79.61% down from the May 2021 high of 86.61%.

3. Performance Headlines

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

Operational headlines

Covid: The Trust continues to care for a number of Covid patients averaging 17 daily in hospital beds in September; including a number in the intensive care unit. The arrangement to balance demand and capacity across the local hospital system remains in place and is helping to balance demand and capacity on a daily basis.

Accident and Emergency: Demand for urgent and emergency services in volume terms is now at pre-pandemic levels. There is some evidence that levels of acuity have increased. Primarily it is the delays to access inpatient beds that is contributing to the length of time patients are spending in the Emergency Department. In September there were 491 who spent 12-hour or more in the Emergency Department with ambulance handover delays remaining high with over 72 patients experiencing over an hour delay once arriving to the Emergency Department for handover this being an improvement on recent months.

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 within the independent sector remains important in supporting 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 (PIFU) and video/telephone appointments will release capacity to reduce the waiting time for some patients. 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 oversight. The Day Surgery Unit remains partially closed to elective surgery in order to respond to emergency pressures with the hosting of the Medical Receiving Unit allowing 25 inpatient beds to be re-purposed 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.

Patients in hospital: 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. The delays in accessing inpatient beds is strongly correlated to availability of care in community settings including domiciliary, nursing, and residential care home placements

In September the number of long lengths of stay 21- and 7-day length of stay patients has remained significantly higher than normal levels with an average of 44 patients over 21 days in hospital compared to 15 last September.

There are increased numbers of patients who are medically fit and require ongoing care in community settings. With a significant number of discharges being delayed this remains one of the most significant challenges as we move into winter.

In September the Trust completed the first of the scheduled monthly “Best Weeks”, a programme to trial tests of change to impact on patient flow releasing “time to care” and ease the pressure on beds to facilitate increased levels of elective inpatient treatments and day surgery. Despite still being a very challenging week with continued constraints for timely admission from ED and assessment units it was possible to restart some restricted and high priority elective operating activity.

Community care: The levels on unfilled packages of care has continued to increase. This is now a significant factor in the delayed discharging of patients along with access to nursing and residential care home facilities. Urgent care teams are being diverted to maintaining packages of care. Staffing across many community teams are below desired levels.

4. Finance headlines

For the month of September (M6), the Trust is reporting a £1.3m deficit, which is adverse to plan in month. Year to date, the position shows a small surplus against a break-even plan.

Total income for the year to date is £5.2m favourable to plan. Key drivers are as follows: COVID related income (£4.3m favourable), national pay award funding not in plan (£3.6m favourable), Torbay pharmaceutical sales (£0.2m favourable) offset by a provision for ERF income owing to the increase in the achievement threshold alongside increasing cancellation of elective surgery (£1.4m adverse), lower labs testing income (£0.8m adverse matched by cost reduction), reclassification of renal and audit income within block (£0.6m adverse) and pass through drugs income (£0.4m adverse).

Operating expenditure and financing cost in the year to date is £5.1m adverse to plan. Key drivers are as follows: COVID related costs (£4.3m adverse matched by income), pay award not in plan (£3.6m adverse matched by income), increase in Agency (£3.2m adverse) and Bank spend (£2.7m adverse) due to operational pressures and increases in other operating costs (£0.6m adverse) offset by under utilisation of reserves (£4.6m favourable), vacancies (£4.4m favourable) and lower spend on depreciation (£0.3m favourable).

The cash position remains strong with a month end balance of £28.5m. To date the Trust has spent c. £7.1m on capital schemes, an increase of c. £0.6m from Month 5.

Looking ahead, the National planning guidance for H2 and the budget envelope was issued on 30th September, and a more detailed submission of the Trust's organisational budget will be submitted on 25th November. A planned submission has been prepared by the Trust in accordance with the guidance. This requires a break-even position after taking account of CIP achievement of £7.2m. However, the latest forecast for the year suggests a gross risk of £8.3m before mitigations. The risk is driven by shortfalls in CIP plans and anticipated cost pressures from winter escalation, exacerbated by the current Covid environment. To support the delivery of the required financial position, a Budget Spending and Investment Protocol has been developed. This protocol sets out the parameters and governance measures for spending and investment in H2 and beyond, and is aimed at addressing the financial performance and current trajectory both at ISU and Trust level and ensuring interventions and mitigations are identified and progressed in H2 for a balance position.

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 no new severe incidents in September.

Stroke: The percentage of stroke patients spending 90% of time on a stroke ward remains below the 90% target at 69.2% which is an improvement against the position in August (56.3%).

VTE performance remains below the required 95% standard:

In September 2021 the compliance achieved had a slight reduction to 91.9% . One variable which is a challenge has been the changes in bed base across the Trust with fluctuating escalation beds.

These key elements have included:

- VTE is a mandatory field within the CPS since 8 July 2021
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- 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.
- Sadly there were two women who attended the maternity services whose babies were stillborn. Both incidents occurred during the antenatal period, one at 25 weeks and one at 33 weeks. No cases met the criteria for referral to HSIB in September
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CQC compliance: As at end of September there remains one 'Must Do' and eight 'Should Do' overdue; the executive validation of evidence for all Must Do's and Should Do's have commenced in September with Medicine and Trustwide core services been reviewed.

The 28 Requirement Notices (Must Dos) and the 43 Should Do Improvements in TSDFT’s CQC Inspection Report published on 2 July 2020 is monitored through the CQC and Compliance Assurance Group (CQCCAG). An Improvement Plan is in place to address these requirement notices.

There remains 1 Must Do open:

Surgery Core Service: Ensure the service complies with the Mental Health Act and Mental Capacity Act legal frameworks; Education and Training is in place and confirmed as completed as at 30th September, confirmation and validation due in October CQC and Compliance Assurance Group (CQCCAG) meeting.

The Should Do’s are being progressed and monitored, closure of these are being validating during October 2021.

The Executive Led Review process is in operation, where the evidence provided to close an improvement action from the ‘Must Do’ and ‘Should Do’ list is reviewed an Executive Lead and Internal audit. A draft re[port will be completed for the November Quality Assurance Committee.

Table 1: The status of Must Dos and Should Dos per CQC core service at 30th September 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	9	9	0	0	0	0	0	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	27	35	0	0	0	0	1	8

Quality and Safety Quadrant

Achieved

Hospital Standardised Mortality Rate (HSMR)

Never Events

Formal complaints - Number received

Infection Control - Bed Closures - (Acute)

Hand hygiene

Reported Incidents – Severe

Reported Incidents – Death

Avoidable New Pressure Ulcers - Category 3 +

Under Achieved

Safer Staffing - ICO – Daytime

Medication errors resulting in moderate harm

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

Strategic Executive Information System (STEIS)

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

Safer Staffing - ICO – Night time

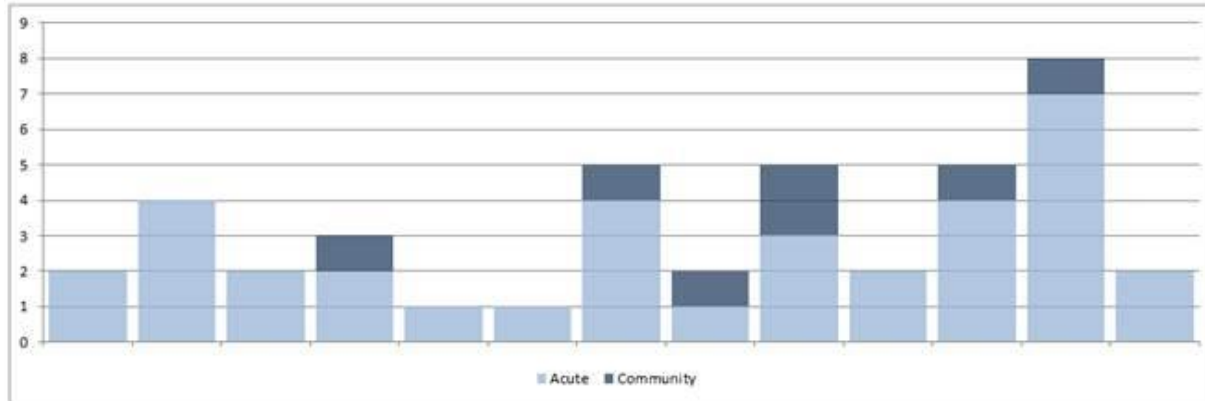
No target set

Medication errors - Total reported incidents

Quality and Safety-Infection Control

Number of Clostridium Difficile cases

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

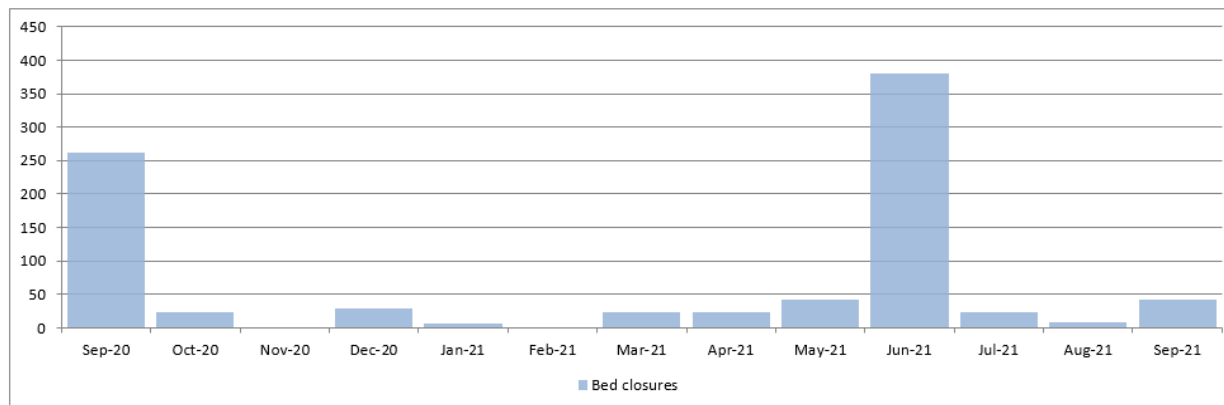


For September the number of C.Diff cases dramatically reduced from 8 to 2 in September.

Further analysis is being conducted to understand what the root cause of the c.diff. All appropriate actions have been taken.

Infection control - Bed closures (Acute)

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



For September 2021 the Trust encountered a significant increase of bed closures from the 8 in August and this was due to covid contacts.

Management of these have followed IPC guidelines including Public Health England guidance. We have therefore increased levels of cleaning.

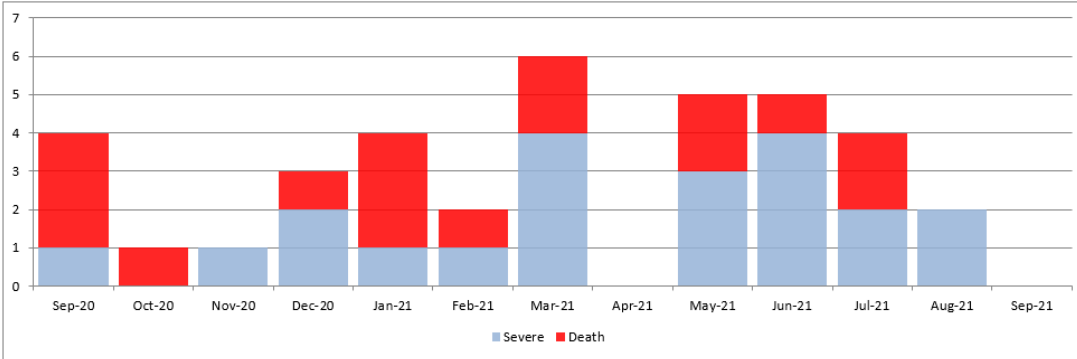
Quality and Safety- Incident reporting and complaints

Reported Incidents - Severe and Death

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

The Trust reported no new severe incidents in September.

There were no incidents reported in September where a patient died and concerns around care / treatment were raised.



Formal complaints

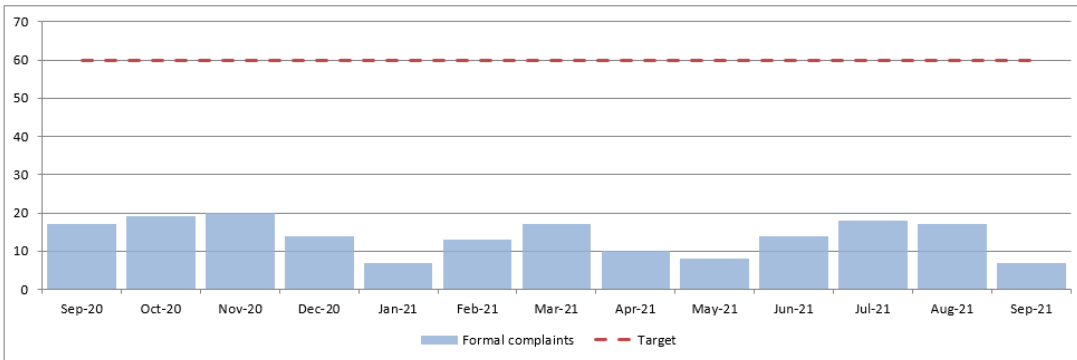
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Formal complaints	17	19	20	14	7	13	17	10	8	14	18	17	7
Target	60	60	60	60	60	60	60	60	60	60	60	60	60

In September 2021, the Trust received 7 formal complaints, this is a significant decrease compared to August 2021 (17).

Themes of complaints included:

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

There is no theme relating to a specific service therefore has not highlighted an area of concern.

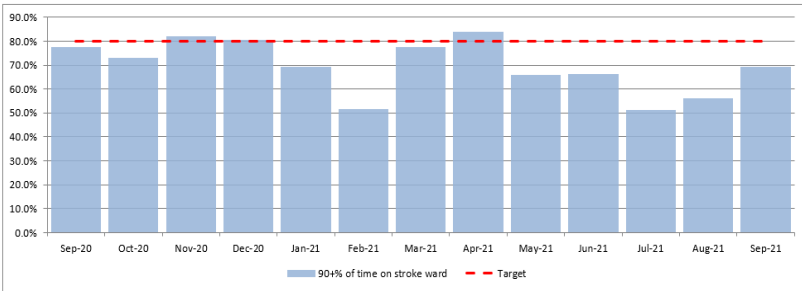


Quality and Safety- Exception Reporting

Stroke

Stroke: The percentage of stroke patients spending 90% of time on a stroke ward remains below the 90% target at 69.2% which is an improvement against the position in August (56.3%). A number of measures are in place to improve compliance:

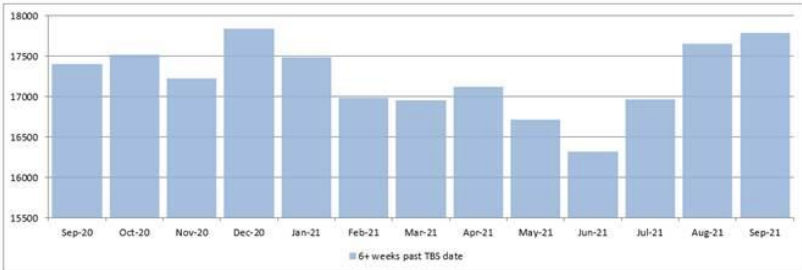
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
90+% of time on stroke ward	77.6%	73.2%	82.2%	80.4%	69.4%	51.6%	77.5%	84.1%	65.9%	66.1%	51.4%	56.3%	69.2%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%



- Drivers behind the underperformance are capacity predominantly and length of stay in ED as opposed to outlier across other wards.
- 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 helping oversee their care.
- The ED and Stroke Teams are meeting bi-monthly, to discuss any issues with the stroke pathway.
- Covid swabbing delays

Follow ups 6 weeks past to be seen by date

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
6+ weeks past TBS date	17408	17519	17229	17837	17489	16986	16950	17118	16713	16323	16967	17651	17789



Follow ups: The number of follow up patients waiting for an appointment greater than six weeks past their 'to be seen by date' has increased from 17651 in August to 17789 in September.

- 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 six-weeks beyond their to be seen by date.

ICO VTE risk assessment on admission

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
VTE Numerator	4253	5066	4837	4903	4705	4457	5307	5491	5400	5518	5685	4962	5188
VTE Denominator	5260	5423	5209	5423	5091	4831	5775	5938	5851	6228	6024	5344	5643
VTE Performance (Acute)	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%
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%



The VTE assessment

In September 2021 the compliance achieved had a slight reduction to 91.9%. One variable which is a challenge has been the changes in bed base across the Trust with fluctuating escalation beds.

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 has been reinstated and will meet monthly from September 2021 .

Once the VTE prevention group is fully operational this work will be a function of this group 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	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD
% of Caesarean sections	25-30%	26.8%	34.9%	26.7%	28.7%	24.3%	29.5%	34.0%	31.4%	36.2%	40.2%	37.8%	34.1%	32.0%
Breast feeding rates	>75%	70.1%	69.8%	82.2%	78.1%	75.7%	81.8%	73.5%	76.2%	75.3%	74.4%	76.4%	78.1%	76.1%
% of women booked for 'Continuity of carer' model	>35%	66.0%	63.3%	60.1%	61.7%	62.3%	67.9%	57.0%	64.2%	64.3%	64.9%	59.7%	65.3%	63.1%
No. of stillbirths	0	0	0	1	1	1	0	0	0	0	0	0	2	5

- During September 2021, the maternity service saw a rise in the number of births , with 217 births in month. October and November 2021 are still projected to be busy months, with over 200 births projected.
- The service has continued to see a rise in acuity, which naturally leads to 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.
- Sadly there were two women who attended the maternity services whose babies were stillborn. Both incidents occurred during the antenatal period, one at 25 weeks and one at 33 weeks. No cases met the criteria for referral to HSIB in September
- The staffing challenges have continued throughout September. 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, and medical staff 'acting down'. The Trust Board have also approved recruitment of a further 10wte midwives and active recruitment is underway. We foresee a small improvement in staffing levels during October, however staff absence remains high due to a number of factors. Mandatory training has been restarted following a pause in July and August 2021.

Workforce Status

Performance exceptions and actions

Staff sickness/absence: RED for 12 months and RED for current month

The annual rolling sickness absence rate was 4.36% to end of September 2021; this is against the target rate for sickness of 4%. The monthly sickness figure for September was 5.36%. We are currently experiencing exceptionally high sickness with September's monthly figure the highest one month figure since February 2007. The total estimated cost for all sickness in September was £920k (salary cost only, this does not include Bank/Agency/overtime) and mental health accounted for 34% of September's sickness absence.

Appraisal rate: Red

The Achievement Review rate for the end of September 2021 was 79.69% a reduction from the 80.56% as at the end of August. High absence and system pressure are continuing barriers to being able to improve the achievement review uptake and the recent reduction from May's high figure of 86.61% is clearly linked to the demand on services. Approx. 450 staff would need to have an appraisal every month but that would need to be 635/month over the next six months to have full compliance.

Turnover (excluding Junior Doctors): GREEN

The Trust's turnover rate now stands at 11.32% for the year to September 2021. A Devon ICS retention project has just been initiated to support staff to work longer for specifically identify hotspots focussed on staff aged 50 and above. Delivery of the People Promise will ensure improved staff experience and also positively impact on retention.

Mandatory Training rate: GREEN

The current overall rate is 88.95% for September 2021 against a target of 85% and this is a small decrease from the 89.36% in August. Specific subjects below the target include Information Governance, Infection Control, Manual Handling, Safeguarding Children and Resuscitation – there are also subject that have multiple levels that do not have all levels compliant such as Safeguarding Adults, Children and MCA. Training is also being impacted heavily by system pressures and the inability to prioritise training over other activities.

Agency Expenditure: As at Month 06 the Trust Agency spend was £1.192m giving Financial YTD figure of £6.245m (£3.2m above plan) – increased recruitment of overseas nursing in the coming months should start to reduce the need for agency upon those staff being in place and contributing fully. Overall improved time to hire for all new starters should further reduce agency spend and as our new recruitment system (TRAC) is embedded into the organisation more KPI's will be available around this activity.

Vacancy Rate: The current Full Time Equivalent vacancies for the Trust stand at 208 FTE and range from 0.76 FTE in Medical and Dental up to 75.69 FTE in Qualified Nursing vacancies (this includes 81 FTE Adult Nursing vacancies, 5 FTE Midwifery vacancies 1 FTE Community Nurse vacancy and 12 FTE over budget (negative vacancy) for Paediatric Nursing. In response to an external review of vacancy data a working group has been set up to better align with finance systems and reporting.

October 2021 Update of Progress Against Our People Plan

Our People Plan

As we approach the end of Year 1 of Our People Promise and Plan, we are reviewing progress against our baseline measures, achievements and areas we will need to focus on further, to inform Year 2 priorities. We have reviewed our organisational values in light of the review of our organisational strategy, researched best practice and collated views from our people via an online short survey. The result is that we will drive a significant focus on delivering on Our People Promise, in place of organisational values. These were created using national evidence and engagement as well as local engagement, using the words used by our people.

Reflecting on the KPIs reviewed above, the plans in place to address improvements are built into our strategic People Plan; progress against the 5 pillars is described below.

Growing for Our Future

Demands remain exceptionally high across from all areas of the ICO leading to high vacancy and temporary staff activity and extra focus has been given supporting 'Best Week' to 'unblock' vacancies through quick and responsive activity by the Recruitment team.

Recruitment Co-ordinators are moving to align themselves with the professional disciplines of the ICO to provide greater support and create deeper understanding to offer more targeted advice to our recruiting managers.

Work continues in the established working groups: *Temporary Staffing Service Review*; & *Recruitment and Careers Events* group

The new priority areas have been reviewed and new groups set up for Employer Brand – with a new *Why Work For Us* working group set up to focus on attraction material to support recruitment and onboarding activity; and for the Resourcing Hub a new group to work on focusing on *Accessible Recruitment*. A pilot of introducing Inclusivity Reps onto selection panels is underway, progressing drive for inclusive recruitment approaches.

A working group for HCSW recruitment activity is driving forward new initiatives, including a new apprenticeship programme for new to care applicants, advert is live and the programme due to start before Christmas.

Closer working relationships between Work Experience and Resourcing is under development as this activity moves into the Resourcing Hub family. School careers events being planned for as part of the Recruitment event calendar.

Developing local connections for national programmes such as HSSAP which will support our inclusive recruitment approaches in the Hub and support employability activity.

Looking After Our People

Wellbeing buddy training continues with additional trainers being identified to support the roll out.

As part of Best Week a number of Wellbeing Roadshows were undertaken at a variety of sites to have conversations around what would help our peoples wellbeing

The Trust has signed up to being part of the Trailblazer for the new national Health and Wellbeing Framework – this will help support our People Plan and People Promise.

New Ways of Working and Delivering Care

The Medical Directors across the SEND Network will be meeting in early November to discuss adopting a consistent approach to the BMA local agreements on annual leave and supporting professional activities entitlement for SAS doctors transferring to the new National 2021 SAS Contract. We continue to await further guidance from NHS Employers and BMA on the implications of the 3% pay award provided to those remaining on the 2008 SAS contract, which makes transitioning to the new 2021 Contract less financially attractive to doctors. The national deadline for transition ended on 30th September, NHS Employers and the BMA are encouraging Trusts to extend this deadline locally, due to the added complications highlighted above, the Trust has extended its transition deadline until 31 December 2021.

Medical Workforce have successfully worked with our new job planning software provider L2P to redesign the on-call element of the system so the it more appropriately meets our needs and this is now live, in addition the Medical Workforce Service Manager together with the Associate Medical Director for Coastal have jointly designed job planning templates with L2P which will be assigned to specialities providing consistency and transparency in the job planning process. The Job Planning Implementation Group continue to work on the new job planning policy, they are currently agreeing a consistency programmed activity rate for additional roles and establishing a overarching job planning consistency panel.

The Medical Director has submitted a paper to the Executive to consider several options relating to payment for additional clinical work undertaken by medics, including aligning Trust rates to that of RD&E and North Devon to provide consistency across the SEND network. The joint management and staff side task and finish group will subsequently negotiate on the options available whilst continuing to consider more initiative ways of using TOIL, reviewing current policy to ensure it meets our future needs.

The ICS is leading on developing an ICS approach to workforce planning which will align to the awaited ICS Workforce Strategy.

H2 interim workforce plans underway to support 2022-2025 business planning. The People Business Partners continue to work with the ISUs to develop their plans. National submission required on 16 November 2021.

The Workforce Planning intranet site is live and provides guidance and case studies.

Work in ongoing to develop career pathways, initially within the nursing profession. Further work is planned for other professional groups.

Belonging

Inclusivity reps are on interview panels for a variety of band 8 roles and above during pilot phase of October and November ensuring we are recruiting more inclusively.

A staff network maturity framework assessment was submitted to NHSE/I for each of our EDI networks.

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 Policies and Achievement Review ready for ratification, subject to Staffside approval. 8 new Mediators identified, ranging across all levels of role. Policy reviews to align with JLC started:

- Grievance > Resolution Policy
- Bullying and Harassment Policy
- Improving Performance
- Flexible Working

Increasing Skills and Confidence in Improvement; Completed draft improvement training strategy, reviewed by Chief Nurse and had a positive response and in addition linking to training Junior doctors on QI.

Cultural Framework and Manager's Essentials; Established 12 priorities for IManage by engaging with our managers, IManage/HIVE restructured to work better to suit managers, embedded a Just and Learning Culture.

Digital Skills; completed first draft of scoping review "Defining our approach to Digital Development – a co-design solution to digital literacy in a health provision" – co-written with Prof M Punt from Plymouth University.

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

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	2021/09	Change since March 2021	% Change
Allied Health Professionals	524.97	527.08	528.95	524.64	519.16	524.63	538.34	13.37	2.55%
Health Care Scientists	94.17	95.17	93.71	93.71	93.71	94.39	92.69	-1.48	-1.57%
Medical and Dental	531.34	527.82	524.87	527.65	556.82	557.43	561.16	29.82	5.61%
NHS Infrastructure Support	1122.74	1120.22	1121.66	1126.62	1123.82	1121.33	1122.71	-0.03	0.00%
Other Scientific, Therapeutic and Technical Staff	341.40	342.77	343.99	341.63	348.60	346.41	345.03	3.63	1.06%
Qualified Ambulance Service Staff	10.72	9.52	9.52	9.33	10.33	10.53	10.53	-0.19	-1.74%
Registered Nursing, Midwifery and HV staff	1241.94	1237.33	1239.03	1237.77	1248.15	1254.04	1267.34	25.40	2.05%
Support to clinical staff	1906.40	1880.31	1889.59	1902.13	1898.32	1901.54	1904.65	-1.75	-0.09%
Grand Total	5773.68	5740.22	5751.33	5763.49	5798.91	5810.30	5842.46	68.78	1.19%

All the key staff groups are starting to see increased staff in post FTE based on the increased investment in clinical staffing groups.

The massively increased substantive costs for September is due to the backdated pay award from April.

Continuing system pressures have resulted in big increases in agency/bank and substantive worked WTE. The increased agency work did not result in an increased cost for September showing the demand had changed.

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

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP
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	£25,412,838
Bank	£1,052,959	£1,074,886	£1,253,501	£1,058,626	£1,040,420	£991,252	£1,098,843	£997,363	£1,177,818
Agency	£666,436	£572,475	£1,053,038	£755,150	£827,832	£1,095,792	£1,284,092	£1,090,236	£1,191,740
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	£27,782,396
WTE Worked	WTE	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	5,887.22
Bank	248.71	331.21	301.34	328.09	269.23	317.11	336.05	247.74	313.21
Agency	116.38	102.39	160.15	115.40	116.45	161.63	151.10	143.60	174.75
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	6,375.18

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

Vacancies: Vacancy data based on Finance Reporting from Unit 4 Agresso. 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
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Medical And Dental	527.76	531.47	531.98	532.11	532.75	530.01	541.66	542.30	543.04	545.08	546.21	546.61
Nursing And Midwifery Registered	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	1342.46
Support To Clinical Staff	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	1971.99
Add Prof Scientific and Technic	427.92	429.39	435.21	436.21	436.14	437.55	431.92	431.19	434.19	435.19	436.19	436.19
Allied Health Professionals	479.19	483.13	484.06	490.23	490.83	491.07	493.43	495.28	498.80	504.60	512.00	512.00
Healthcare Scientists	105.02	104.43	104.43	104.43	104.43	104.43	99.60	99.60	100.02	102.19	103.19	103.19
Administrative And Estates	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	1169.22
Total Staff Budgeted WTE	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	6087.48

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
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Medical And Dental	521.19	518.49	519.24	517.75	533.98	527.31	524.76	522.608	524.21	521.61	616.14	545.85
Nursing And Midwifery Registered	1,221.69	1,232.54	1,223.95	1,237.38	1,240.80	1,244.21	1,246.22	1246.202	1,246.99	1,248.93	1,258.71	1,266.77
Support To Clinical Staff	1,834.67	1,828.35	1,856.95	1,849.09	1,883.86	1,905.39	1,898.96	1878.2122	1,909.51	1,887.68	1,928.06	1,934.83
Add Prof Scientific and Technic	402.49	406.08	404.14	406.15	405.08	405.12	406.84	406.931	410.04	411.09	424.86	413.28
Allied Health Professionals	478.15	474.20	471.91	485.89	481.30	482.42	479.38	480.141	479.20	470.70	473.80	482.36
Healthcare Scientists	101.37	99.72	99.17	99.17	99.17	99.17	99.17	100.17	98.72	98.72	99.40	98.16
Administrative And Estates	1,108.59	1,110.50	1,113.61	1,114.21	1,122.69	1,135.62	1,128.59	1134.898	1,132.52	1,134.71	1,133.17	1,132.60
Total Staff Worked WTE	5,676.69	5,678.20	5,697.30	5,718.16	5,777.59	5,809.97	5,794.64	5774.7622	5,807.70	5,780.96	5,942.54	5,881.46

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
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Medical And Dental	6.57	12.98	12.74	14.36	-1.22	2.70	16.90	19.69	18.83	23.47	-69.93	0.76
Nursing And Midwifery Registered	54.79	69.26	82.19	81.00	81.80	79.05	78.88	75.56	76.85	82.10	73.46	75.69
Support To Clinical Staff	22.28	42.67	17.03	23.99	-9.46	-26.42	18.99	39.32	11.49	59.32	29.07	37.17
Add Prof Scientific and Technic	25.43	23.31	31.08	30.06	31.07	32.44	25.08	24.26	24.15	24.10	11.33	22.91
Allied Health Professionals	1.04	8.93	12.15	4.34	9.53	8.65	14.05	15.14	19.61	33.90	38.21	29.64
Healthcare Scientists	3.65	4.72	5.26	5.26	5.26	5.26	0.43	-0.57	1.30	3.47	3.79	5.03
Administrative And Estates	65.24	68.57	69.51	68.54	61.14	49.02	28.66	22.56	30.46	30.27	33.90	36.63
Total Staff Worked WTE	178.99	230.44	229.95	227.55	178.12	150.70	182.99	195.96	182.70	256.65	119.82	207.83

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.

September showed another significant increase in agency spend predominantly led by the high monthly figure for qualified nurses.

The negative agency spend against HCA's is due to finance corrections against forecasted usage.

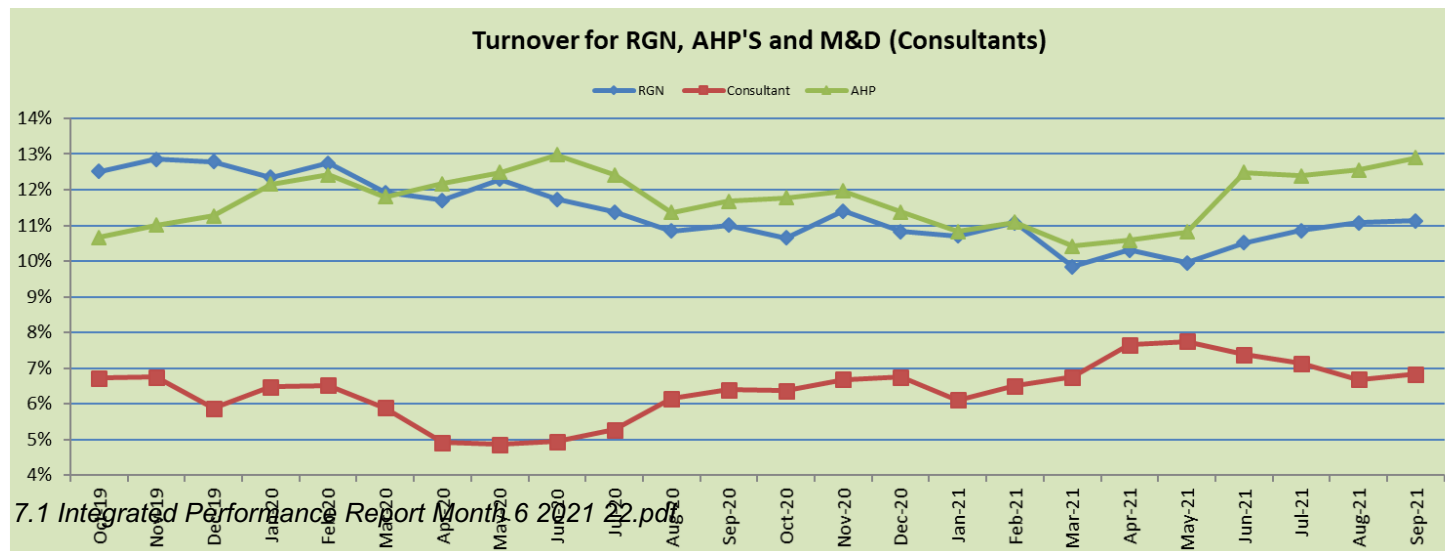
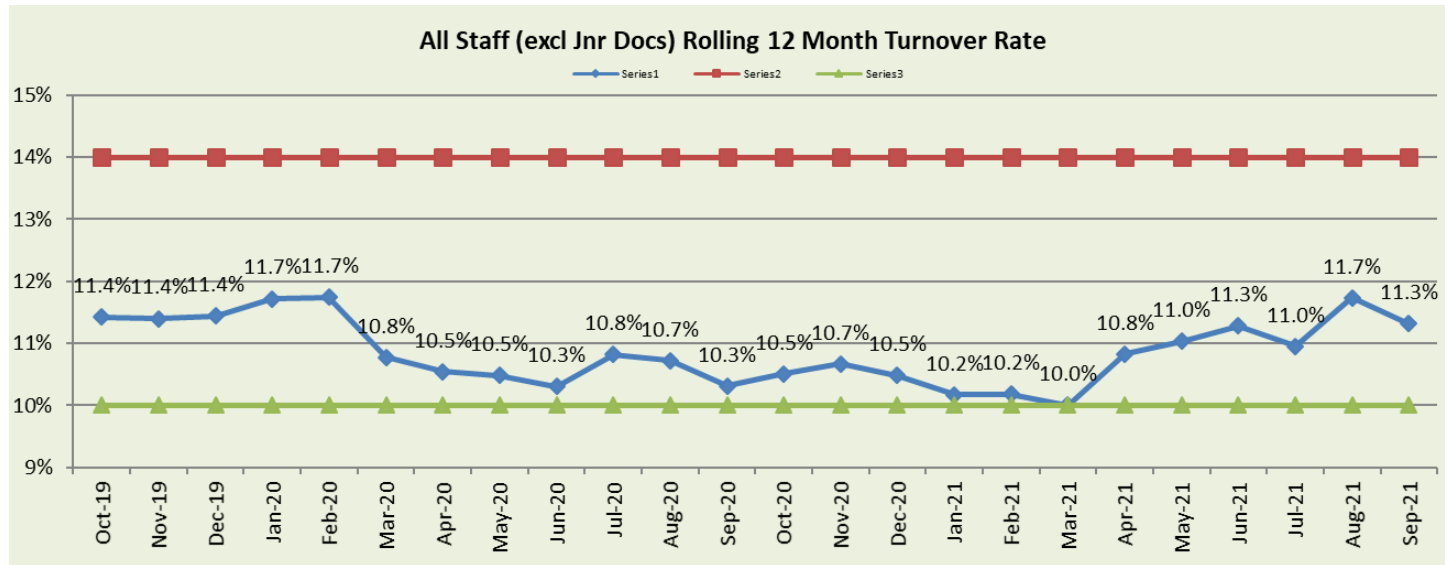
Overall Agency spend stands at £3.239m above plan for the Financial Year to date.

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	Sep	Total
Registered Nurses	310	289	316	3012	356	348	468	584	520	599	2875
Scientific, Therapeutic and Technical	12	14	32	504	43	99	142	122	110	112	628
of which Allied Health Professionals	6	1	25	336	31	45	63	58	65	47	309
of which Other Scientific, Therapeutic and Technical Staff	6	13	7	168	12	54	79	64	45	65	319
Support to clinical staff (HCA)	31	56	45	214	-1	-10	-3	7	-8	2	-13
Total Non-Medical - Clinical Staff Agency	353	359	393	3730	398	437	607	713	622	713	3490
Medical and Dental Agency	193	47	442	2704	243	262	353	455	328	317	1959
Consultants	178	141	310	1961	213	203	281	344	178	171	1391
Trainee Grades	15	-94	132	743	30	59	72	111	150	146	568
Non Medical - Non-Clinical Staff Agency	121	166	218	1196	114	128	136	116	140	162	796
Total Pay Bill Agency and Contract	667	572	1053	7630	755	827	1096	1284	1090	1192	6245

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

All Staff Rolling 12 Month Turnover Rate

The graph shows that the Trusts turnover rate now stands at 11.32% for the year to September 2021 which is a small reduction from 11.73% in August.



Safer Staffing – Planned versus Actual (New Ways of Working - Growing for the Future)

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	1725	1300	0	0	1725	1719	1380	894	0	0	1035	1126	675	75.4%	0.0%	99.7%	64.8%	0.0%	108.7%
Allerton	2833	1343	0	0	1035	1960	1380	1001	0	0	1035	1051	861	47.4%	0.0%	189.3%	72.5%	0.0%	101.5%
Cheetham Hill	1380	1979	345	0	2070	2047	1035	1104	0	0	1380	1938	817	143.4%	0.0%	98.9%	106.6%	0.0%	140.4%
Coronary Care	1380	1471	0	0	0	0	1035	1024	0	0	0	0	376	106.6%	0.0%	0.0%	98.9%	0.0%	0.0%
Cromie	1633	1057	0	0	863	1374	1035	651	0	0	690	886	713	64.7%	0.0%	159.3%	62.9%	0.0%	128.3%
Dunlop	1380	1312	0	0	1208	1489	1035	931	0	0	1035	1107	718	95.1%	0.0%	123.3%	90.0%	0.0%	106.9%
EAU3	1668	0	0	0	1334	0	1334	0	0	0	1001	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
EAU4	1725	1214	0	0	1380	491	1725	1127	0	0	1380	679	483	70.3%	0.0%	35.6%	65.3%	0.0%	49.2%
Ella Rowcroft	1035	1171	0	0	1380	1559	989	874	0	0	690	1037	578	113.2%	0.0%	113.0%	88.4%	0.0%	150.2%
Forrest	1035	1088	0	0	690	850	690	667	0	0	690	747	507	105.1%	0.0%	123.2%	96.7%	0.0%	108.2%
George Earle	1380	1767	345	0	2070	2117	1035	920	0	0	1380	1767	828	128.1%	0.0%	102.2%	88.9%	0.0%	128.0%
ICU	3450	2580	0	0	0	417	3105	2323	0	0	0	0	176	74.8%	0.0%	0.0%	74.8%	0.0%	0.0%
Louisa Cary	2070	1644	0	0	690	960	2070	1551	0	0	690	747	427	79.4%	0.0%	139.1%	74.9%	0.0%	108.3%
John Macpherson	1035	847	0	0	541	591	690	728	0	0	690	728	307	81.8%	0.0%	109.3%	105.5%	0.0%	105.5%
Midgley	1725	1430	0	0	1725	1904	1725	1001	0	0	1380	1357	855	82.9%	0.0%	110.4%	58.0%	0.0%	98.3%
SCBU	1035	976	0	0	345	129	1035	863	0	0	345	184	127	94.3%	0.0%	37.4%	83.4%	0.0%	53.3%
Simpson	1380	1539	345	0	1725	2207	1035	827	0	0	1035	1437	812	111.5%	0.0%	128.0%	79.9%	0.0%	138.8%
Turner	1035	1219	0	0	1725	2006	690	690	0	0	1380	1139	455	117.8%	0.0%	116.3%	100.0%	0.0%	82.5%
Total (Acute)	28904	23937	1035	0	20505	21818	23023	17174	0	0	15836	15926	9715	82.8%	0.0%	106.4%	74.6%	0.0%	100.6%
Brixham	840	724	420	0	1260	1437.5	990	660	0	0	660	935	593	86.2%	0.0%	114.1%	66.7%	0.0%	141.7%
Dawlish	840	773.5	0	0	1050	965.5	720	614.5	0	0	660	704.5	507	92.1%	0.0%	92.0%	85.3%	0.0%	106.7%
Newton Abbot - Teign Ward	1680	1200	0	0	2135	1976.75	990	695	0	0	990	1181.5	888	71.4%	0.0%	92.6%	70.2%	0.0%	119.3%
Newton Abbot - Templar Ward	1890	1239	0	0	1890	1918	990	682	0	0	1080	1309	888	65.6%	0.0%	101.5%	68.9%	0.0%	121.2%
Totnes	840	770.75	0	0	1260	1138.25	720	649	0	0	660	645.5	530	91.8%	0.0%	90.3%	90.1%	0.0%	97.8%
Organisational Summary	34994	28644	1455	0	28100	29254	27433	20475	0	0	19886	20701	13121	81.9%	0.0%	104.1%	74.6%	0.0%	104.1%

- The decreased in fill rates is partly reflective of the increased demand requirements post Safer Staffing review – the fill rate will improve as posts are recruited into.
- Allerton fill rate of 47.7% for days and 72.5% for nights was mainly due to sickness absence and Maternity leave within the RN workforce
- Cromie ward fill rate of 64.7% for days and 62.9% for nights was due to the redeployment of RN's to the escalation ward.
- EAU3 is no longer used as in patient beds so will be removed from the report next month
- The fill rate for HCA's remains above the required level at 104% for days and slightly below the planned at 95.7% for nights.
- The Registered Nurse (RN) average fill rate for day has decreased slightly to 81.9% for days and night has decreased to 74.6%.
- The increased HCA fill during the day is to compensate for the less than required RN fill and an increase in enhanced care needs for some patients. Some of the HCA fill rate is associated with our IR nurses in training.

- Louisa Cary continue to see a higher fill rate at night for RN's to care for patients with complex mental health needs

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

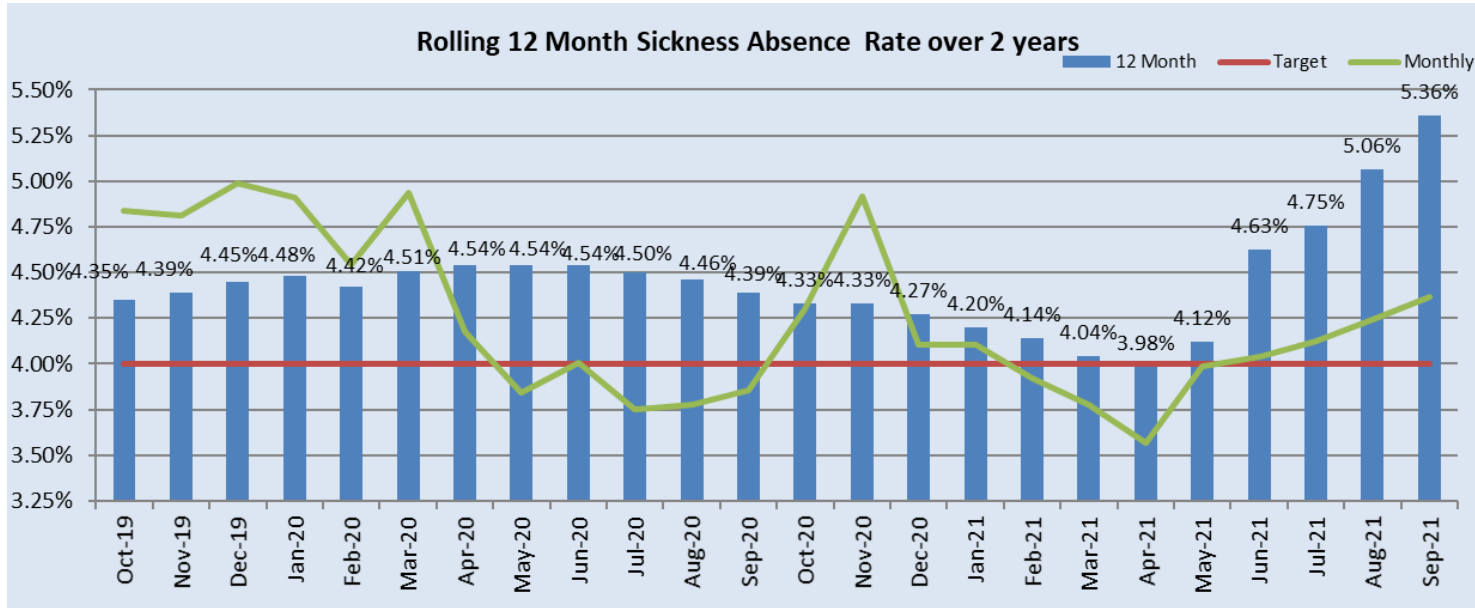
Ward	Planned Total CHPPD	Planned RN / RM CHPPD	Planned NA CHPPD	Planned HCA / MCA CHPPD	Actual Mean Monthly Total CHPPD	Actual Mean Monthly RN / RM CHPPD	Actual Mean Monthly NA CHPPD	Actual Mean Monthly HCA / MCA CHPPD	Total CHPPD days not met in month	RN / RM CHPPD days not met in month	NA CHPPD days 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	7.52	3.98	0.00	3.54	7.50	3.30	0.00	4.20	18	24	0	6	60.0%	80.0%	0.0%	20.0%	7.74	4.74	0	2.91
Allerton	7.40	5.02	0.00	2.38	6.20	2.70	0.00	3.50	29	30	0	1	96.7%	100.0%	0.0%	3.3%	7.74	4.74	0	2.91
Cheetham Hill	7.39	2.88	0.41	4.11	8.60	3.80	0.00	4.90	1	0	30	3	10.0%	43.3%	100.0%	0.0%	7.74	4.74	0	2.91
Coronary Care	5.75	5.75	0.00	0.00	6.60	6.60	0.00	0.00	3	3	0	0	10.0%	10.0%	0.0%	0.0%	7.74	4.74	0	2.91
Cromie	5.53	3.54	0.00	1.99	5.60	2.40	0.00	3.20	13	30	0	0	43.3%	100.0%	0.0%	0.0%	7.74	4.74	0	2.91
Dunlop	6.47	3.35	0.00	3.11	6.70	3.10	0.00	3.60	7	15	0	2	23.3%	50.0%	0.0%	6.7%	7.74	4.74	0	2.91
EAU3	7.67	4.31	0.00	3.35					0	0	0	0	0.0%	0.0%	0.0%	0.0%	7.74	4.74	0	2.91
EAU4	7.96	4.42	0.00	3.54	7.30	4.80	0.00	2.40	21	8	0	25	70.0%	26.7%	0.0%	83.3%	7.74	4.74	0	2.91
Ella Rowcroft	6.57	3.29	0.00	3.29	8.00	3.50	0.00	4.50	1	9	0	1	3.3%	30.0%	0.0%	3.3%	7.74	4.74	0	2.91
Forrest	6.09	3.38	0.00	2.71	6.60	3.50	0.00	3.10	5	9	0	4	16.7%	30.0%	0.0%	13.3%	7.74	4.74	0	2.91
George Earle	7.39	2.88	0.41	4.11	7.90	3.20	0.00	4.70	5	3	30	3	16.7%	10.0%	100.0%	10.0%	7.74	4.74	0	2.91
ICU	24.28	24.28	0.00	0.00	30.20	27.90	0.00	2.40	3	8	0	0	10.0%	26.7%	0.0%	0.0%	7.74	4.74	0	2.91
Louisa Cary	9.68	7.26	0.00	2.42	11.50	7.50	0.00	4.00	2	17	0	0	6.7%	56.7%	0.0%	0.0%	7.74	4.74	0	2.91
John Macpherson	5.18	2.88	0.00	2.30	9.40	5.10	0.00	4.30	2	2	0	1	6.7%	6.7%	0.0%	3.3%	7.74	4.74	0	2.91
Midgley	7.53	3.97	0.00	3.57	6.70	2.80	0.00	3.80	26	30	0	8	86.7%	100.0%	0.0%	26.7%	7.74	4.74	0	2.91
SCBU	9.20	6.90	0.00	2.30	16.90	14.50	0.00	2.50	1	0	0	13	3.3%	0.0%	0.0%	43.3%	7.74	4.74	0	2.91
Simpson	6.57	2.88	0.41	3.29	7.40	2.90	0.00	4.50	3	13	30	0	10.0%	43.3%	100.0%	0.0%	7.74	4.74	0	2.91
Turner	10.73	3.83	0.00	6.90	11.10	4.20	0.00	6.90	10	8	0	14	33.3%	26.7%	0.0%	46.7%	7.74	4.74	0	2.91
Brixham	6.95	3.05	0.70	3.20	6.30	2.30	0.00	4.00	28	30	30	0	93.3%	100.0%	100.0%	0.0%	7.74	4.74	0	2.91
Dawlish	6.81	3.25	0.00	3.56	6.00	2.70	0.00	3.30	25	25	0	22	89.3%	83.3%	0.0%	73.3%	7.74	4.74	0	2.91
NA - Teign Ward	6.40	2.97	0.00	3.43	5.70	2.10	0.00	3.60	29	30	0	6	96.7%	100.0%	0.0%	20.0%	7.74	4.74	0	2.91
NA - Templar Ward	6.50	3.20	0.00	3.30	5.80	2.20	0.00	3.60	28	30	0	6	93.3%	100.0%	0.0%	20.0%	7.74	4.74	0	2.91
Totnes	6.44	2.89	0.00	3.56	6.00	2.70	0.00	3.40	24	24	0	19	80.0%	80.0%	0.0%	63.3%	7.74	4.74	0	2.91

Organisational CHPPD	Planned Total	Planned RN	Planned NA	Planned HCA	Actual Total	Actual RN	Actual NA	Actual HCA
		7.35	4.10	0.10	3.15	7.55	3.74	0.00
Total Planned Beds / Day	507							
Days in month	30							

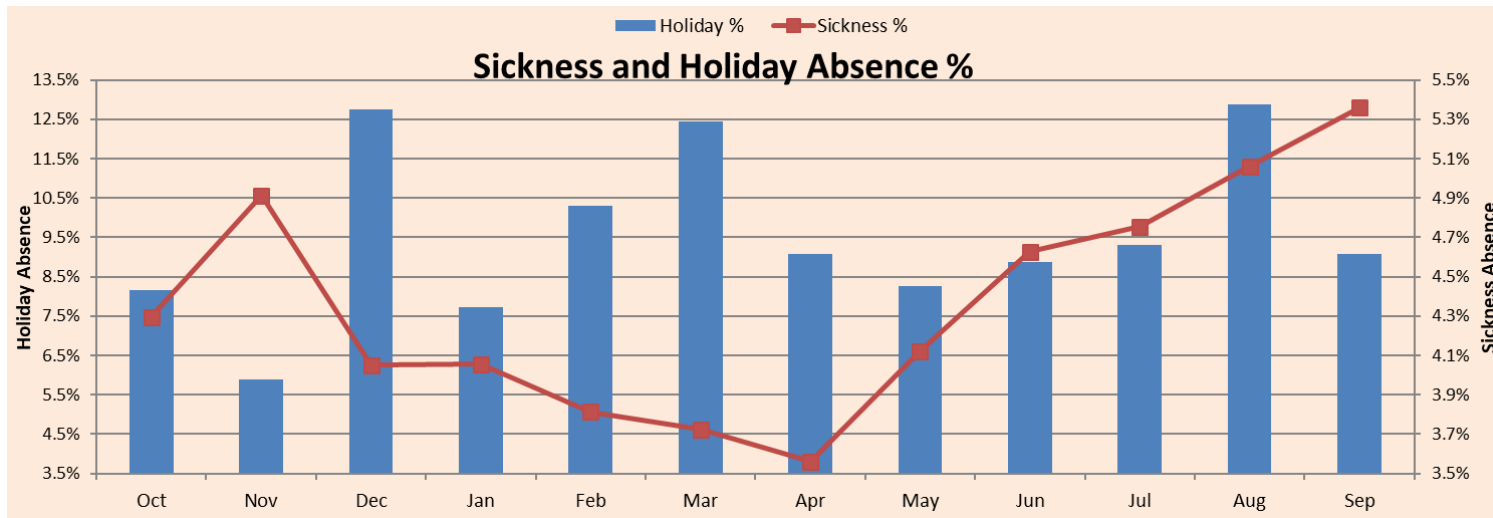
- September 21 the overall CHPPD for RN & HCA combined is 7.35 which is comparable to last month's combined CHPPD of 7.75 and the Carter median
- The Trust has continued to see a high demand for acute and emergency services and have declared OPEL 4 during this month hence the number of nursing hours required being above the planned in some areas.
- Of the ward areas above, 59% were resourced above the planned total nursing hours due to additional demand driven by increased care needs and the opening of escalation areas/beds. This increase in staffing requirements is achieved through the use of bank and agency staffing.
- Operationally, the continued need for unfunded beds ultimately reduces the overall CHPPD as nursing teams provide care to more patients.
- The committee should note the uplift to nurse staffing has now been built into the roster templates and therefore a gap has emerged with planned and actual CHPPD in some areas. Targeted recruitment work is currently underway to address this gap.
- 7. ~~Integrated Performance Report CHPPD 6 2021 22.pdf~~ The staffing risk framework is enacted at the twice daily Matron staffing meeting to ensure staff is safe and effective and patients care needs are met.

Workforce – Sickness (Looking After Our People)

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

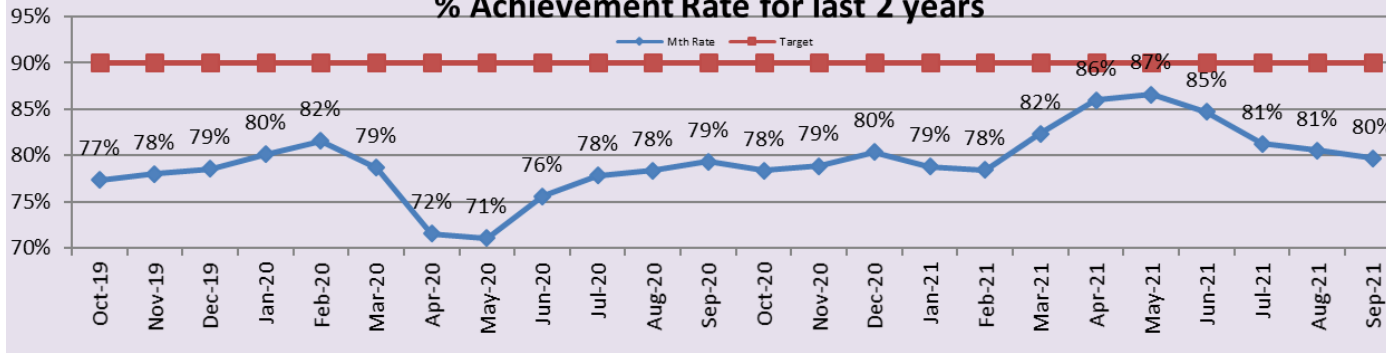


The annual rolling sickness absence rate was 4.36% at the end of September 2021 against the target of 4.00%. The monthly sickness figure for September was 5.36% and continues the unseasonal increase from 5.06% in August. June, July, August and September 2021 are all the highest months recorded for sickness for those specific months since 2005 and Sep 2021 is the highest single month since Feb 2007.



Workforce – Appraisal and Training (Looking After Our People)

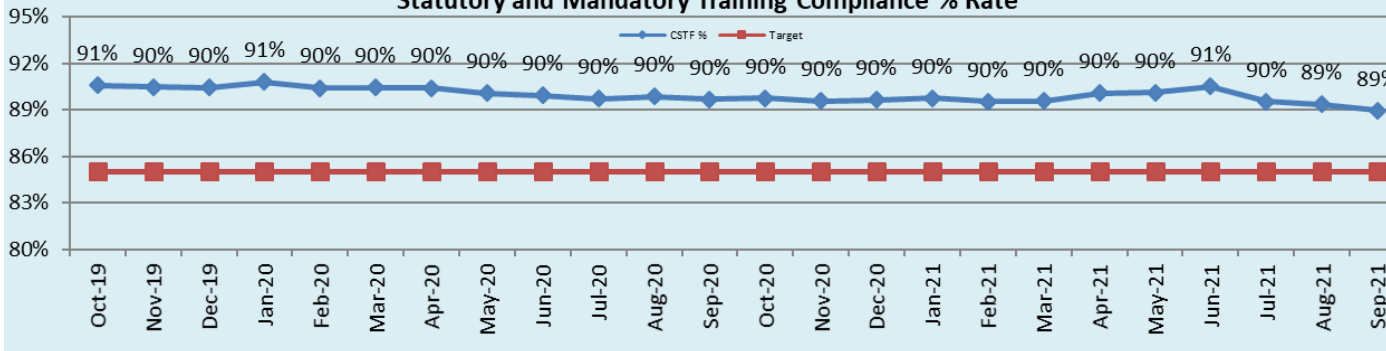
% Achievement Rate for last 2 years



Achievement Review (Appraisal)

The Achievement Review rate for the end of September was 79.69% which continues the decline from the historical high of May being 86.61%. This will be partly due to the increased pressures and increased sickness and holiday over the last few months.

Statutory and Mandatory Training Compliance % Rate



Statutory and mandatory training The Trust has set a target of 85% compliance as an average for the statutory and mandatory training modules which is against the 11 subjects which align with the MAST Streamlining project from April 2018. The graph shows that the current rate is 88.95% for September which is a reduction from the 89.36% in August.

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		
Sep-21						Sep-21		
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 1	Level 2	Level 3
6847	4206	353	41	4	9	2559	3562	726
7.64%	37.91%	20.2%	2.1%	0.2%	0.1%	2326	2860	513
94.22%	87.99%	57.22%	65.85%	25.00%	77.78%	90.89%	80.29%	70.66%

Module	Target	Performance
Information Governance	95% and above	82.72%
Infection Control	85% and above	84.97%
Manual Handling	85% and above	78.51%
Safeguarding Children-Level 1	85% and above	88.23%

Community and Social Care Quadrant

Achieved

Number of Delayed Discharges (Community)
- national return suspended

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

Carers Assessments Completed year to date

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

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

Not Achieved

Proportion of clients receiving direct payments (ASCOF)

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

No target set

Children with a Child Protection Plan (one month in arrears)

4 Week Smoking Quitters (reported quarterly in arrears)

Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)

Deprivation of Liberty Standard

Community Hospital - Admissions (non-stroke)

Under Achieved

Under 65 Mental Health Residential Review

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.

Adult Social Care Improvement Plan was invited to Torbay Council's Overview and Scrutiny Committee on 13 October. Steve Honeywill, Torbay Council - Head of Commissioning, and Steve Holman, TSDFT - Associate Director of ASC Operations for Torbay presented on the following topics:

- To review the effectiveness of the Adult Social Care Improvement Plan to ensure that the changes underway are being delivered as proposed and are meeting the needs of Torbay's residents.
- To track patients from discharge from hospital to the care they receive in the community to ensure that it is fit for purpose

Current savings: In Year 1 (2021/22) current savings are £1.7m, 86% of the year 1 target.

Front Door project insights: Loneliness, housework and washing – unable to fund themselves, Sitting service – dementia, Home visiting – informal chat and company, need for improved information, Advice and Guidance. Over 4 months, 242 people were referred into the Community Helpline
47 people came back through to ASC for further assistance. Of those 47 people, a dual approach between statutory and community/voluntary was found.

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 30 September 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%	19.0%	Not meeting target (315 / 1655). DPs will be addressed as part of the ASC improvement plan.
Permanent admissions (18-64) to care homes per 100k population (rolling 12 month)	14.0	14.0	17.7	A low outturn signifies better performance. Not meeting target (13 admissions compared to target of 10)
Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	450.0	450.0	449.6	A low outturn signifies better performance. On target.
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%	80.6%	On target.
Delayed transfers of care from hospital (delays per day) - Torbay residents (BCF)	TBC	TBC	..	A low outturn signifies better performance. KPI reported 1 month in arrears. No data as national collection suspended.

Measure	Target 2021/2022	13 month trend	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to date 2021/22
			PUBLIC HEALTH SERVICES													
% of face to face new birth visits within 14 days *	95.0%		90.7%	95.7%	88.7%	88.0%	90.0%	80.2%	91.9%	92.5%	86.6%	80.4%	74.4%	81.0%	70.1%	80.3%
Children with a child protection plan *			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%			4.3%				

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

Community Services

Measure	Target 2021/2022	13 month trend	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to date 2021/22
COMMUNITY BASED SERVICES																
Nursing activity (F2F)			7,429	7,819	7,858	7,697	7,165	7,031	8,064	7,614	7,433	7,781	7,605	7,090	7,547	45,070
Therapy activity	65,415		3,837	3,609	2,708	2,638	2,783	3,016	3,593	3,750	3,338	3,492	3,162	4,061	3,926	21,729
No. intermediate care urgent referrals	0		221	200	207	235	175	146	155	165	155	130	158	191	233	1,032
No. intermediate care placements			6	11	20	19	13	14	42	39	39	40	41	46	32	237
Intermediate Care - placement average LoS			26.4	16.8	28.8	28.7	37.4	34.1	21.0	27.6	17.8	25.6	28.3	23.9	30.9	25.8

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 - September-21

	Act. 20/21 Outturn	Jul-21	Aug-21	Sep-21	Total
Admissions / Discharges					
Total Admissions (General)	2,677	252	201	196	1,381
Direct Admissions (General)	186	18	13	8	79
Transfer Admissions (General)	2,491	234	188	188	1,302
Stroke Admissions	220	19	17	19	129
Transfers from CH to DGH	179	33	22	21	161
Beds					
Bed Occupancy ¹	84.5%	97.4%	98.5%	98.8%	97.2%
Bed Days Lost to Bed Closure	244	3	0	2	12
Length of Stay					
Delayed Discharges		35	30	60	230
Average Length of Stay - Overall (General)	10.4	11.1	11.9	12.7	12.1
Average Length of Stay - Direct Admissions	8	7.9	8.8	9.4	9.3
Average Length of Stay - Transfer Admissions	10.5	11.3	12.1	13.0	12.3
Average Length of Stay - Stroke	14.4	18.1	19.8	22.2	19.9
Long LoS (>30 days)	246	11	16	21	78
MIUs					
Total MIU Activity	22,487	3,642	3,505	3,162	19,211
New MIU Attendances	20,310	3,336	3,218	2,885	17,587
All Follow Up Attendances	2,177	306	287	277	1,624
Planned Follow Up Attendances	1,650	201	185	190	1,158
Unplanned Follow Up Attendances	527	105	102	87	466
MIU Four Hour Breaches	1	0	3	8	13
Average Waiting Time (Mins) - 95th Pctile	43	68	77	92	67

Community Hospitals

Community hospital admissions have risen above pre-covid levels. Bed occupancy remains high at 98.8%.

Average length of stay has risen to 12.7 days compared with the 13.1 days pre covid in 2019/20.

Minor Injury Unit activity records 3,162 attendances in September with eight four-hour breaches and an increase in average waiting time.

Notes:

7.1 Integrated Performance Report Month 6 2021 22.pdf

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

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

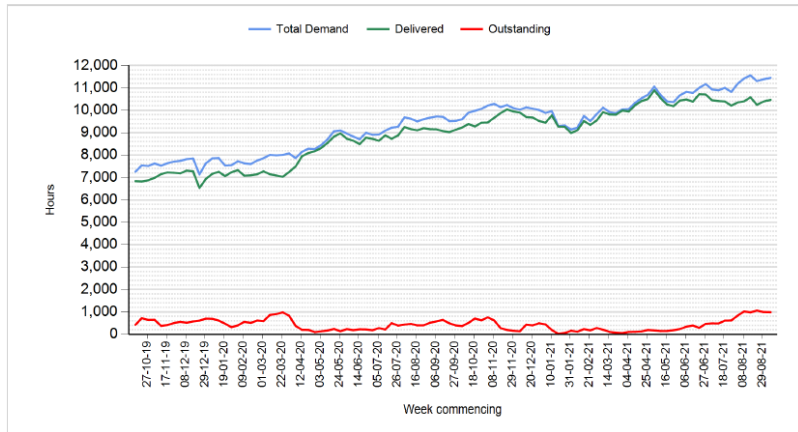
Community Services – Domiciliary Care Hours by Week

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.

Hours of care given

Domiciliary Hours by Week (Health & Social Care) Torbay and South Devon 
 Updated to w/c 06/09/21 NHS Foundation Trust

1) Standard domiciliary care delivered and outstanding:



Unmet packages of care



The trends of South Devon: POC covered by another service, South Devon: POC covered by another service, South Devon: POC outstanding, Torbay: POC covered by another service and Torbay: POC outstanding for Date. Colour shows details about South Devon: POC covered by another service, South Devon: POC outstanding, Torbay: POC covered by another service and Torbay: POC outstanding.

The chart above “Hours of Care given” shows the latest data available for total commissioned domiciliary hours by week for Torbay. The Chart “Unmet packages of care” shows the number of unmet packages of care for Torbay (orange) and South Devon (Green) and where provided by diverting other NHS community provision (Blue). The increase in unfilled packages of care since June is one of the key factors in the increased number of patients having discharge delayed once medically fit for discharge. Maintaining packages of care for those patients already receiving care also remains a challenge. Across the sector there are significant workforce recruitment and retention challenges so increasing capacity is very difficult at this time.

However, increasing the capacity in the domestic care sector will be critical as we are to support the flow of patients from an acute setting where a new or changed package of care is needed.

Operational Performance Summary

Operational performance summary: Chief Operating Officer

Covid: The Trust continues to care for a number of Covid patients averaging 17 daily in hospital beds in September; including a number in the intensive care unit. The arrangement to balance demand and capacity across the local hospital system remains in place and is helping to balance demand and capacity on a daily basis.

Accident and Emergency: Demand for urgent and emergency services in volume terms is now at pre-pandemic levels. There is some evidence that levels of acuity have increased. Primarily it is the delays to access inpatient beds that is contributing to the length of time patients are spending in the Emergency Department. In September there were 491 who spent 12-hour or more in the Emergency Department with ambulance handover delays remaining high with over 72 patients experiencing over an hour delay once arriving to the Emergency Department for handover this being an improvement on recent months.

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 within the independent sector remains important in supporting 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 (PIFU) and video/telephone appointments will release capacity to reduce the waiting time for some patients. 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 oversight.

The Day Surgery Unit remains partially closed to elective surgery in order 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.

Patients in hospital: 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. The delays in accessing inpatient beds is strongly correlated to availability of care in community settings including domiciliary, nursing, and residential care home placements.

In September the number of long lengths of stay 21- and 7-day length of stay patients has remained significantly higher than normal levels with an average of 44 patients over 21 days in hospital compared to 15 last September.

There are increased numbers of patients who are medically fit and require ongoing care in community settings. With a significant number of discharges being delayed this remains one of the most significant challenges as we move into winter.

In September the Trust completed the first of the scheduled monthly “Best Weeks”, a programme to trial tests of change to impact on patient flow releasing “time to care” and ease the pressure on beds to facilitate increased levels of elective inpatient treatments and day surgery. Despite still being a very challenging week with continued constraints for timely admission from ED and assessment units it was possible to restart some restricted and high priority elective operating activity.

Community care: The levels on unfilled packages of care has continued to increase. This is now a significant factor in the delayed discharging of patients along with access to nursing and residential care home facilities. Urgent care teams are being diverted to maintaining packages of care. Staffing across

many community teams are below desired levels.

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 - 31-day wait for second or subsequent treatment – Surgery
A&E - patients recorded as > 60 min corridor care
On the day cancellations for elective operations
Number of Clostridium Difficile cases reported
Care Planning Summaries % completed within 24 hours of discharge – Weekday

Under Achieved

Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients

No target set

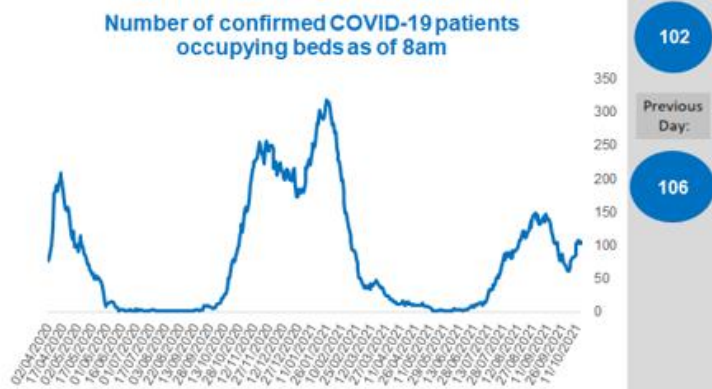
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Not Achieved

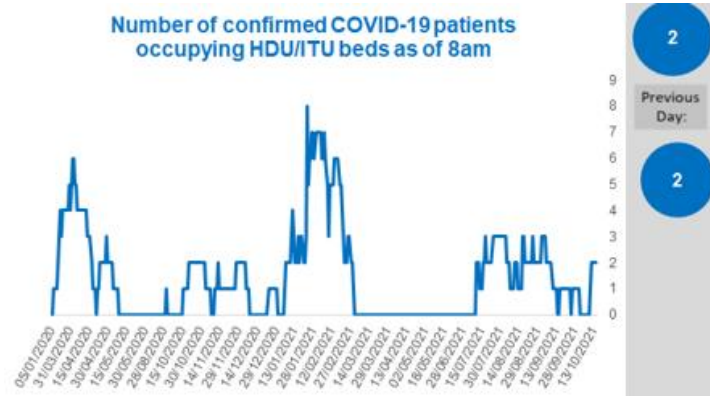
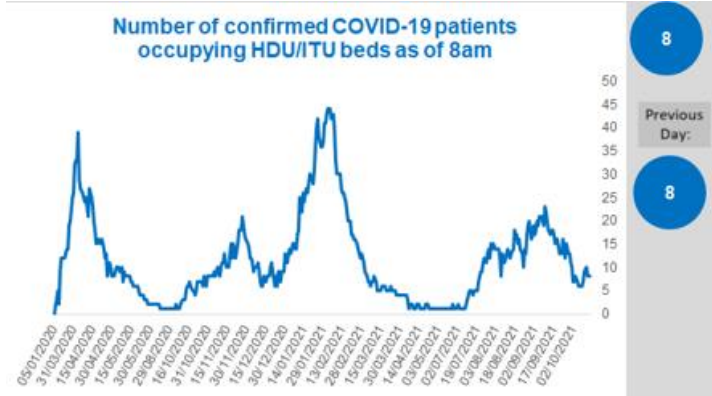
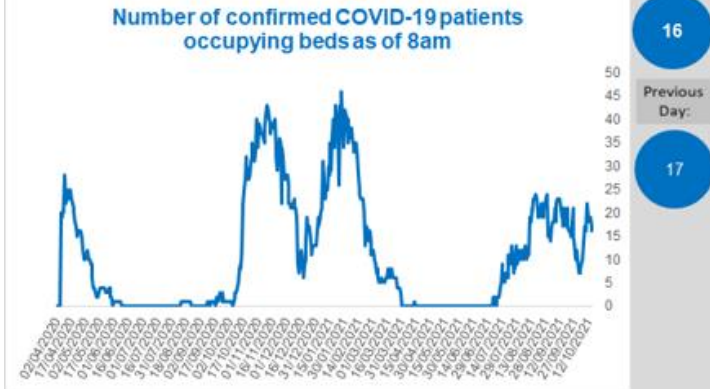
Cancer - Two week wait from referral to date 1st seen
A&E - patients seen within 4 hours (NHSI)
Ambulance handover delays > 30 minutes
Ambulance handover delays > 60 minutes
Cancer - 28 day faster diagnosis standard
Cancer - 62-day wait for first treatment - 2ww referral (NHSI)
Cancer – 62-day wait for first treatment – screening
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 – 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)
Cancelled patients not treated within 28 days of cancellation
Number of patients >7 days LoS (daily average)

Covid - Hospitalisations

Devon ICS
(as at 15 October 2021)



Torbay and South Devon NHS FT
(as at 15 October 2021)



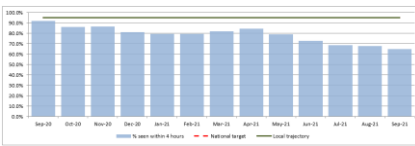
The Trust continues to care for a number of Covid patients.


The transfer of suitable blue patients to Royal Devon and Exeter Hospital remains in place subject to meeting clinical criteria and daily capacity. Numbers of patients transferred on this pathway is less than anticipated.

Latest modelling: hospitalisations are more closely aligned to the best case scenario. This remains steady for the time being and modelling suggests covid hospitalisations will continue throughout the winter period.

As winter approaches it is recognised that the normal winter virus and flu hospitalisations will start to increase. This will place further pressure on 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 M6	Demand for Urgent and Emergency service remains at a significant high 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 491 patients experiencing a 12-hour stay in the department comparing to 10 last September. 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 commenced on 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.						
	65.1%								
	Performance M5								
	67.6%								
	Target								
	95%								
	Risk level								
HIGH									
									
			Trajectories						
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">M5</th> <th style="width: 33%;">M6</th> <th style="width: 33%;">M7</th> </tr> <tr> <td style="text-align: center;">95%</td> <td style="text-align: center;">95%</td> <td style="text-align: center;">95%</td> </tr> </table>	M5	M6	M7	95%	95%	95%
M5	M6	M7							
95%	95%	95%							

Patients waiting longer than 18 weeks from Referral to Treatment	Performance M6	The total number of people waiting for treatment has increased by 479 from last month. 641 patients are waiting longer than 78 weeks and 101 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 Elective Recovery Fund funding.															
	57.4%																	
	Performance M5																	
	59.4%																	
	Target																	
	92%																	
	Risk level																	
HIGH																		
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Activity variance vs 2019/20 baseline</th> <th style="width: 33%;">M5</th> <th style="width: 33%;">M6</th> </tr> <tr> <td>Op new</td> <td style="text-align: center;">-15.4%</td> <td style="text-align: center;">-3.7%</td> </tr> <tr> <td>OP Follow up</td> <td style="text-align: center;">-10.5%</td> <td style="text-align: center;">-6.0%</td> </tr> <tr> <td>Day Case</td> <td style="text-align: center;">-19.7%</td> <td style="text-align: center;">-6.5%</td> </tr> <tr> <td>Inpatient</td> <td style="text-align: center;">-35.9%</td> <td style="text-align: center;">-25.6%</td> </tr> </table>	Activity variance vs 2019/20 baseline	M5	M6	Op new	-15.4%	-3.7%	OP Follow up	-10.5%	-6.0%	Day Case	-19.7%	-6.5%	Inpatient	-35.9%	-25.6%
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M5	M6	M7																
92%	92%	92%																

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Cancer 62 day wait for 1 st treatment from 2-week wait referral	Performance M6	<p>Performance against the 62-day referral to treatment standard remains below target (85%) in September to 73.3%.</p> <p>Increasing backlogs for certain tests including prostate biopsies colonoscopy and Dermatology 2-week-wait initial consultations remains a concern and is delaying diagnosis and treatment on these pathways.</p> <p>Whilst urgent cancer pathways continue to be prioritised, the ongoing escalation to manage covid-19 and urgent care pressures is a risk to delivering procedures that require access to theatres and beds.</p>	<p>Plans remain in place to ring-fence and prioritise capacity to support cancer pathways from referral, diagnosis, and treatment. Radiotherapy and medical oncology has continued to maintain timely access for treatment from diagnosis and treatment plan confirmation.</p> <p>In September recovery plans across the three most challenged areas of Dermatology (2ww) Urology and LGI pathways are being escalated with executive team oversight.</p> <p>The BEST week initiatives will support the return of increased surgical capacity.</p>	
	73.3%			
	Performance M5			
	75%			
	Target			
	85%			
	Risk level			
HIGH				
Diagnostic tests longer than 6 weeks	Performance M6	<p>Diagnostic waiting times for Endoscopy CT and MRI remain a risk to the timely treatment of cancer and urgent patients.</p> <p>Having no site for a mobile scanner on the DGH site remains a constraint for bringing in additional mobile capacity</p> <p>Sickness, training, and recruitment remain critical factors in the current staffing pressures and to fully utilise fixed CT and MRI capacity.</p>	<p>Using of insourcing and mobile scanner units continue to support in house capacity.</p> <p>Radiology (CT and MRI) are using capacity at the Nightingale hospital Exeter and this will increase in November.</p> <p>An increase in endoscopy insourcing lists from two to three weekends per month has been agreed.</p> <p>Proactive recruitment and training initiatives continue to support teams that are operating with vacancies to minimise locum and bank staff.</p>	
	32.6%			
	Performance M5			
	32.2%			
	Target			
	1%			
	Risk level			
HIGH				
Trajectories				
M5	M6	M7		
85%	85%	85%		
1%	1%	1%	Page 36 of 64 Overall Page 124 of 223	

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend				
Dementia Find	Performance M6	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.					
	92.7%							
	Performance M5			97.2%				
	Target			90%				
	Risk level			LOW				
				Trajectories				
				M5	M6	M7		
				90%	90%	90%		

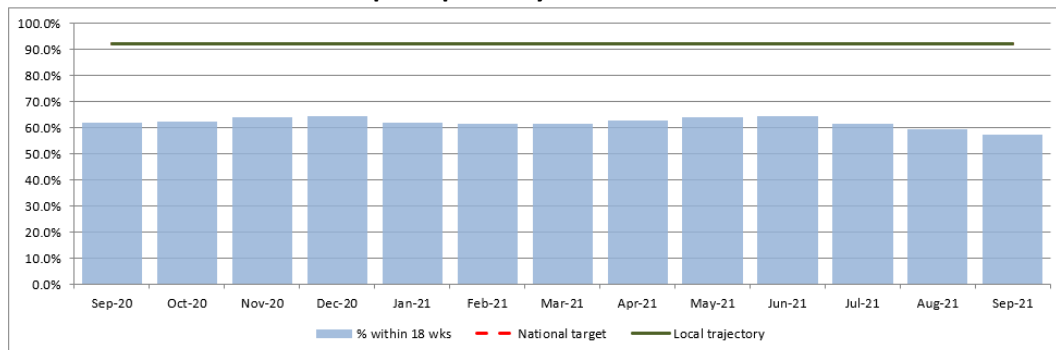
NHSI Performance – Referral to Treatment (RTT)

Services with greater than 100 patients waiting over 18 weeks

SEPTEMBER 2021 Incomplete 92% Table - National Speciality

Submitted Spec	>126		Grand Total	% < 18wk
	Incomplete IPDC	Incomplete Outpatients		
Vascular Surgery	34	80	282	59.57
Pain Management	56	183	442	57.24
Endocrinology		216	552	60.87
Respiratory Medicine		349	1049	66.73
Neurology	4	372	814	53.81
Gastroenterology	312	148	1866	75.35
Dermatology		653	2156	69.71
Colorectal Surgery	110	545	1278	48.75
Oral Surgery	227	466	1815	61.82
Cardiology	22	695	2233	67.89
Paediatrics	9	733	1441	48.51
Gynaecology	291	477	1944	60.49
Upper Gastrointestinal Surgery	440	403	1448	41.78
ENT	182	710	2170	58.89
Urology	355	1075	2533	43.55
Ophthalmology	402	1521	4314	55.42
Trauma & Orthopaedics	1244	684	3080	37.4
Grand Total	3730	9677	31435	57.35

Referral to Treatment – incomplete pathways



Referral to Treatment: RTT performance in September has deteriorated with the proportion of people waiting less than 18 weeks at 57.35%; 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 31,435 from 30,956 an increase of 479 from the August position.

52 week waits: For September 1,943 people will be reported as waiting over 52 weeks and is an increase from 1,799, and is due to the change in referral numbers 12 months ago as the Trust came out of the first wave of Covid. Overall long waits are increasing, patients waiting longer than 78 weeks have increased to 641 in September from 580 and 104 weeks waits have increased to 101 from 71 in August. 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 and to plan for inpatient day case Nightingale capacity that will be coming online in late December 2021. Further insourcing and outsourcing capacity is being sought through the 'Half 2' Target Investment Fund. 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 has now been confirmed in the planning guidance, and meetings are now in place with the CCG and NHSE/I Region to monitor performance. 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).
7.1 Integrated Performance Report Month 6 2021 22.pdf

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 and 18 plus weeks category has decreased in September but the 12 to 18 week category has seen a slight increase.

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.

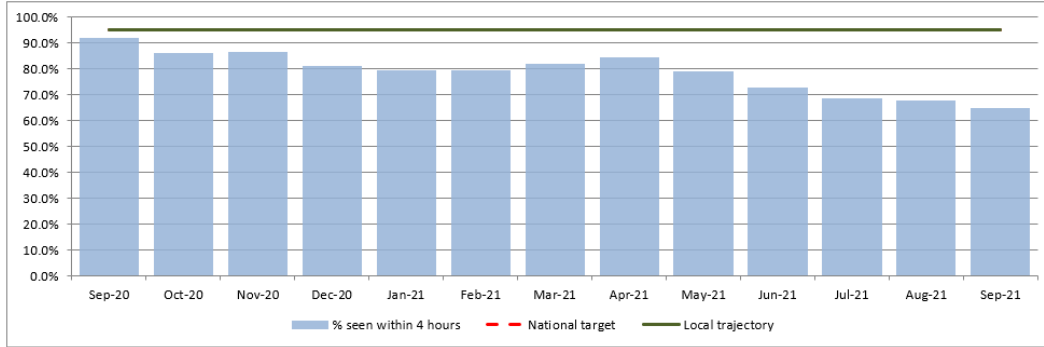
The incident reporting process in Datix will be relied upon to document any actual harm that is encountered and this will again be reported through the Harm Review Group with appropriate Root Cause Analysis.

Specialities with highest Follow-Up Backlog Passed TBS as at 05.09.2021				Specialities with highest Follow-Up Backlog Passed TBS as at 04.10.2021				Variance		
Row Labels	06-12 Weeks	12-18 Weeks	18 Weeks +	Row Labels	06-12 Weeks	12-18 Weeks	18 Weeks +	06-12 Weeks	12-18 Weeks	18 Weeks +
Ophthalmology	822	1232	5082	Ophthalmology	850	1302	5064	28	70	-18
Rheumatology	313	324	980	Rheumatology	227	416	1019	-86	92	39
Ear Nose Throat	186	262	845	Ear Nose Throat	204	250	808	18	-12	-37
Paediatrics	193	314	500	Paediatrics	228	264	509	35	-50	9
Neurology	149	203	554	Neurology	145	213	560	-4	10	6
Orthoptist	207	186	327	Orthoptist	157	220	325	-50	34	-2
Urology	64	139	451	Urology	65	107	453	1	-32	2
Gynaecology	60	83	212	Gynaecology	60	85	210	0	2	-2
Respiratory Medicine (Chest)	52	92	215	Respiratory Medicine (Chest)	55	79	184	3	-13	-31
Orthodontics	56	49	283	Orthodontics	42	48	258	-14	-1	-25
Colorectal Surgery	71	83	342	Colorectal Surgery	57	88	358	-14	5	16
Orthopaedics	81	49	164	Orthopaedics	58	53	143	-23	4	-21
Dermatology	163	148	99	Dermatology	207	175	120	44	27	21
Geriatric Medicine	29	62	201	Geriatric Medicine	23	42	143	-6	-20	-58
Cardiac Testing	78	18	16	Cardiac Testing	73	34	10	-5	16	-6
Gastro-Enterology	159	152	55	Gastro-Enterology	162	196	79	3	44	24
Breast Surgery	48	31	238	Breast Surgery	29	39	238	-19	8	0
Cardiology	69	61	85	Cardiology	89	81	68	20	20	-17
Pain Management	63	51	40	Pain Management	78	62	45	15	11	5
Oral Surgery	47	45	16	Oral Surgery	56	52	27	9	7	11
Plastic Surgery	40	71	73	Plastic Surgery	32	46	62	-8	-25	-11
Diabetic	30	46	23	Diabetic	56	43	20	26	-3	-3
Upper Gastrointestinal Surg	15	34	67	Upper Gastrointestinal Surg	19	25	73	4	-9	6
Restorative Dentistry	14	13	49	Restorative Dentistry	6	18	35	-8	5	-14
Grand Total	3067	3848	10992	Grand Total	3032	4053	10886	-35	205	-106

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

A&E and MIU patients seen within 4 hours

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Patients	7904	6777	5844	6227	5436	5365	7118	7947	8802	9622	9536	9072	8738
4 hour breaches	644	934	787	1171	1118	1103	1268	1238	1860	2636	2990	2935	3052
% seen within 4 hours	91.9%	86.2%	86.5%	81.2%	79.4%	79.4%	82.2%	84.4%	78.9%	72.6%	68.6%	67.6%	65.1%
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.

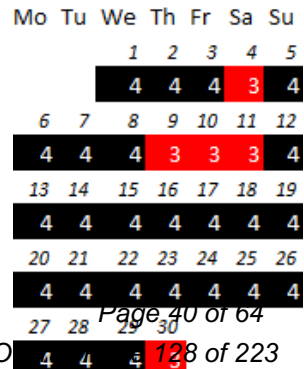
Patients with a greater than 12-hour visit time pathway: 534 patients had a greater than 12-hour visit time.

Corridor Care: No patients recorded as receiving corridor care.

Sep-19



Sep-21



Cancer treatment and cancer access standards

As at 18.10.2021	2021											
	July				August				September			
	Achieved	Breached	Total	Perf	Achieved	Breached	Total	Perf	Achieved	Breached	Total	Perf
target_type												
14 day - 2ww Referral	991.0	394.0	1,385.0	71.6%	745.0	619.0	1,364.0	54.6%	849.0	678.0	1,527.0	55.6%
14 day - Breast Symptomatic Referral	62.0	6.0	68.0	91.2%	56.0	16.0	72.0	77.8%	73.0	6.0	79.0	92.4%
28 day - Faster Diagnosis Standard	1,095.0	352.0	1,447.0	75.7%	1,002.0	294.0	1,296.0	77.3%	850.0	553.0	1,403.0	60.6%
31 day - 1st Treatment	204.0	5.0	209.0	97.6%	164.0	2.0	166.0	98.8%	164.0	1.0	165.0	99.4%
31 day - Subsequent Treatment - Drug	94.0	0.0	94.0	100.0%	87.0	0.0	87.0	100.0%	90.0	0.0	90.0	100.0%
31 day - Subsequent Treatment - Radiotherapy	53.0	1.0	54.0	98.1%	53.0	2.0	55.0	96.4%	70.0	1.0	71.0	98.6%
31 day - Subsequent Treatment - Surgery	39.0	0.0	39.0	100.0%	36.0	1.0	37.0	97.3%	22.0	0.0	22.0	100.0%
31 day - Subsequent Treatment - Other	25.0	0.0	25.0	100.0%	19.0	0.0	19.0	100.0%	24.0	0.0	24.0	100.0%
62 day - 2ww referral	82.5	41.5	124.0	66.5%	75.0	25.0	100.0	75.0%	76.5	27.5	104.0	73.6%
62 day - Screening Referral	11.0	3.0	14.0	78.6%	12.0	1.0	13.0	92.3%	5.0	2.0	7.0	71.4%
62 day - Consultant Upgrade	1.0	0.0	1.0	100.0%					1.0	0.0	1.0	100.0%

Cancer standards The table above shows the position for September 2021 (as at 18th October 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: 55.6% is below the standard of 93%. We continue to see 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 (8.6%) 424 breaches, Lower GI (56.8%) 138 breaches.

28 days From Referral to Diagnosis: Performance in September is 60.6% (unvalidated) against the target of 75% and is the first time we will not be compliant against this standard since September 2020 and reflects the impact of the high number of Skin breaches.

NHSI monitored Cancer 62 day standard: The 62-day referral to treatment standard has plateaued in September at 73.6% against the target of 85% (un-validated) with 76.5 patient being seen within 62 days, however, 27.5 patients falling outside the target time; Urology account for 13.5 breaches and Lung 4.5 breaches being (65%) of all breaches.

104-day wait: Currently there are 23 (unvalidated) patients with a greater than 10- day wait in September, 8 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 16 patients waiting longer than 104 days, 8 with confirmed cancers.

The chart below shows the recorded increase in cancer referrals by cancer site

Cancer Referrals (Mar - Sept[Q1/2])

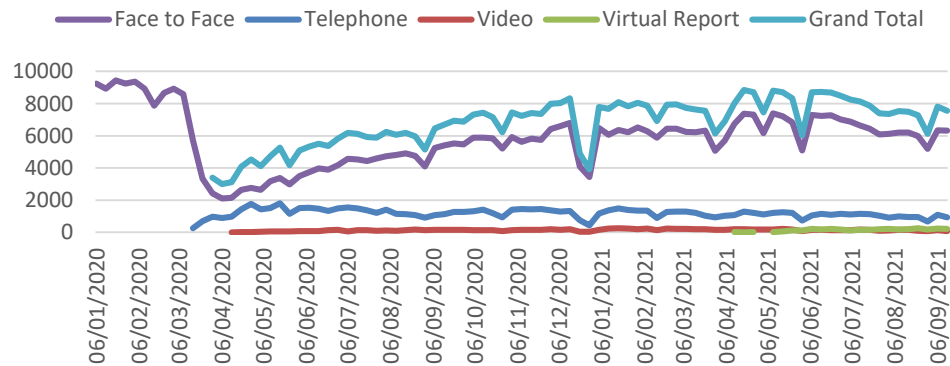
Sus. Ca. Type	2019/20	2020/21	2021/22	Compound Growth (19/20 - 20/21)
Breast	872	880	1209	17.7%
Gynae	587	551	664	6.4%
H&N	796	740	942	8.8%
Haem	43	39	56	14.1%
LGI	1356	1083	1540	6.6%
Lung	173	127	184	3.1%
Skin	2842	2395	3419	9.7%
UGI	468	448	627	15.7%
Urol	634	519	737	7.8%
Grand Total	7771	6782	9378	9.9%

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 across new and follow ups in reported activity.

Total & Activity on PAS - By Setting



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

	July	August	Sept
New	14%	15%	9%
Follow Up	22%	21%	21%
Combined	20%	19%	18%

September performance is below the Nationally set aim of 25%. The programme of in-depth specialty reviews with clinical and operational teams is progressing. Opportunities are being identified as well as increased awareness of outpatient utilisation and productivity. A number of activities recorded on InfoFlex are being identified where non-face-to-face clinical activity is captured and needs to be reported in our national returns.

Actions

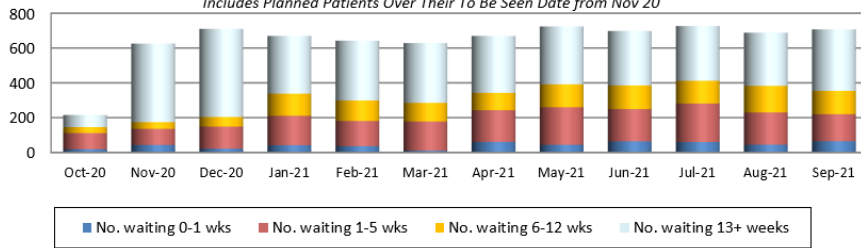
The following actions are being taken to improve Trust performance:

- Shared learning with North Devon services that are achieving higher non-face-to-face rates;
- Sharing good practice from one service to another wherever possible/appropriate;
- Providing service and clinic level performance reports highlighting where there are areas for improvement;
- Improving the functionality of the Patient Administration System (PAS) including mandatory fields to record if appointments are telephone/video/ or face-to-face and 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 through the Outpatient Transformation Delivery Board.
- Sharing Tableau reports with operational teams to review performance and forecasts.
- Programme of validation and data mapping required to record InfoFlex data into national returns.

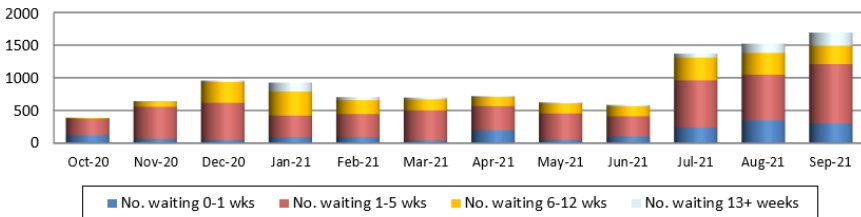
NHSI indicator - patients waiting over 6 weeks for diagnostics

Numbers On Colonoscopy Waiting List Over Time

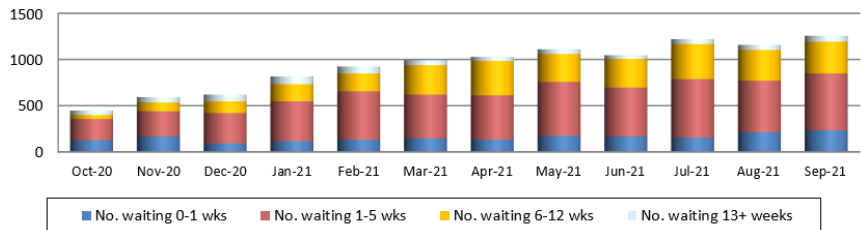
Includes Planned Patients Over Their To Be Seen Date from Nov 20



Numbers On CT Waiting List Over Time

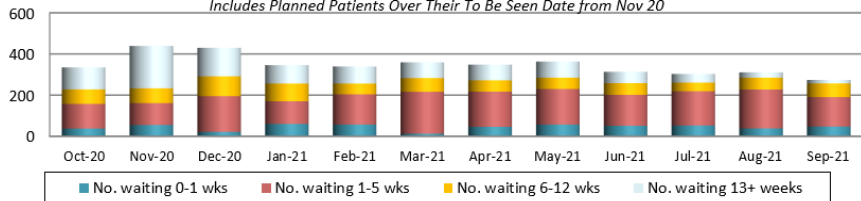


Numbers On MRI Waiting List Over Time



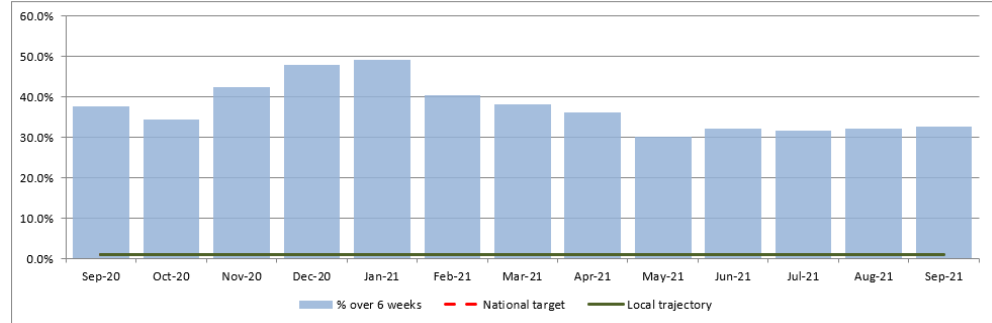
Numbers On Flexi Sigmoidoscopy Waiting List Over Time

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



Diagnostic tests longer than the 6 week standard

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Patients	3446	3810	4624	4989	5013	4934	4957	4876	4909	4702	5682	5655	5542
Waiting longer than 6 weeks	1295	1312	1957	2389	2462	1992	1892	1768	1478	1516	1799	1821	1808
% over 6 weeks	37.6%	34.4%	42.3%	47.9%	49.1%	40.4%	38.2%	36.3%	30.1%	32.2%	31.7%	32.2%	32.6%
National target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Local trajectory	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 continued to increase in September. There are increasing staffing pressures to maintain capacity for in-house scans, reporting and vetting of referrals. Additional capacity at the Nightingale Hospital Exeter will come on line in November 2021.

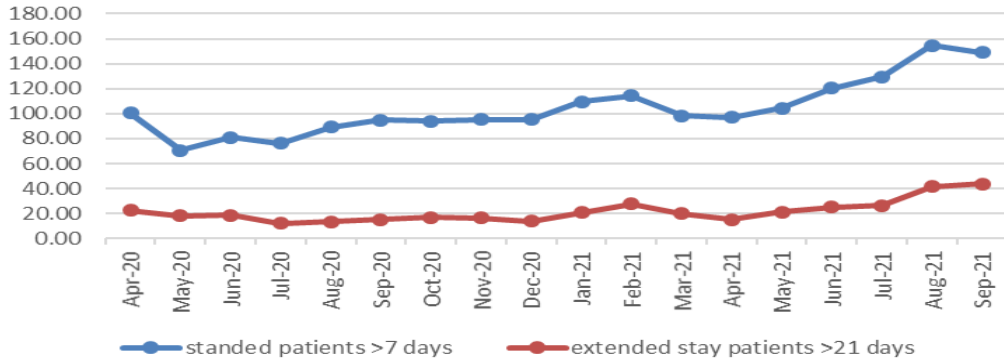
Colonoscopy numbers and routine waiting times remain high. Loss of lists at the Independent Sector from October will be partly offset by additional weekend insourcing now agreed, however, overall capacity remains insufficient to bring waits back to plan. Urgent cancer pathways are being prioritised.

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.

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 will wait longer for routine diagnostic tests.

Other performance exceptions

Long Length of Stay average daily snapshot of beds occupied (ICO)



Long Length of Stay (LOS)

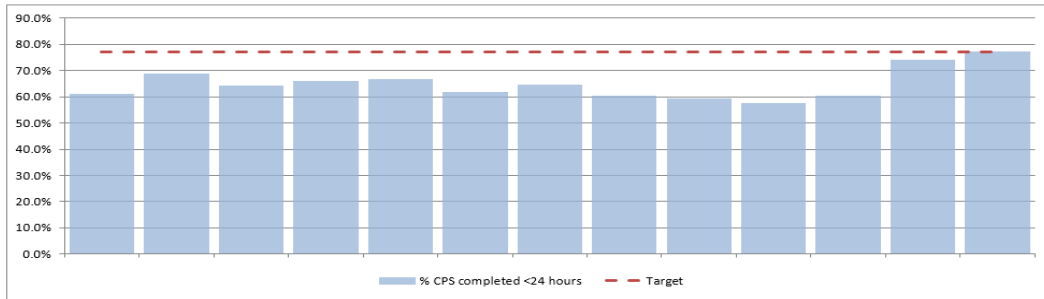
In September the average number of patients counted as having long length of stay greater than 7 and 21 days as measured in a daily census has remained high. The number of patients experiencing long LOS is a critical measure as the Trust is challenged to maintain the flow of urgent patients requiring hospital care and treatment following emergency presentation. Many of these patient are waiting for support in at alternative home or care setting; this may be a package of care or nursing home placement.

Care Plan Summaries completed within 24 hours of discharge - Weekday

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Discharges	1361	1324	1176	1436	1157	1049	1282	1434	1484	1474	1341	1286	1424
CPS completed within 24 hours	832	913	754	950	774	650	828	866	883	848	812	953	1101
% CPS completed <24 hours	61.1%	69.0%	64.1%	66.2%	66.9%	62.0%	64.6%	60.4%	59.5%	57.5%	60.6%	74.1%	77.3%
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)

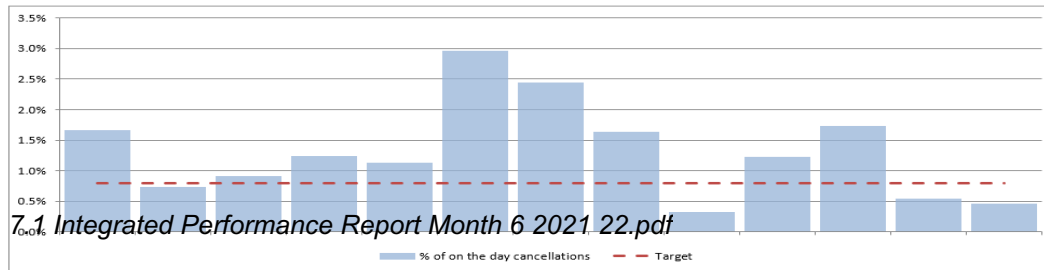
There is an improvement in the weekday CPS completion (within 24 hours of discharge) with the CPS completion rate for September being 77.3% achieving the locally set trust target of 77% for the first time. This is a significant milestone to be celebrated.



	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Cancellations	46	20	26	35	29	71	71	48	9	40	51	14	14
Elective spells	2772	2742	2835	2835	2550	2400	2904	2922	2760	3276	2933	2602	2994
% of on the day cancellations	1.7%	0.7%	0.9%	1.2%	1.1%	3.0%	2.4%	1.6%	0.3%	1.2%	1.7%	0.5%	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%

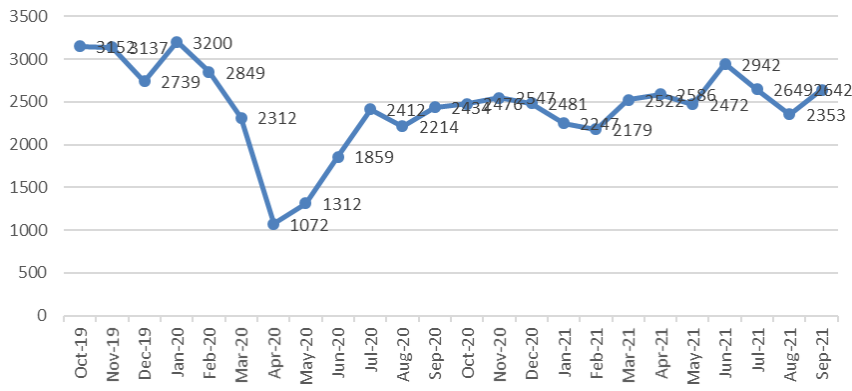
Cancelled operations

14 patients were cancelled on the day of an elective operation. It is noted that far fewer procedures requiring a hospital bed had been scheduled due to the continued escalation together with the volume of patients through the Day Surgery unit being greatly reduced.

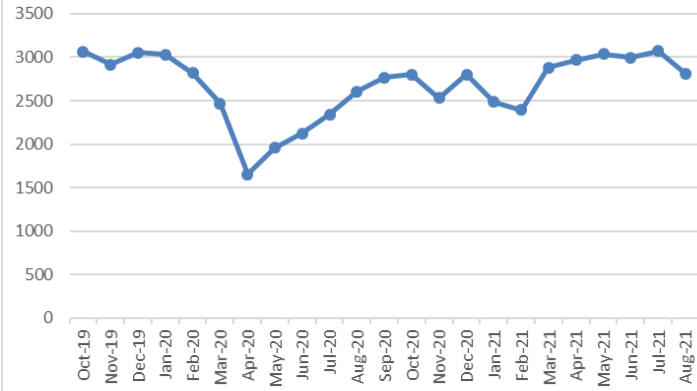


Headline acute activity comparisons 2019/20 v 2020/21

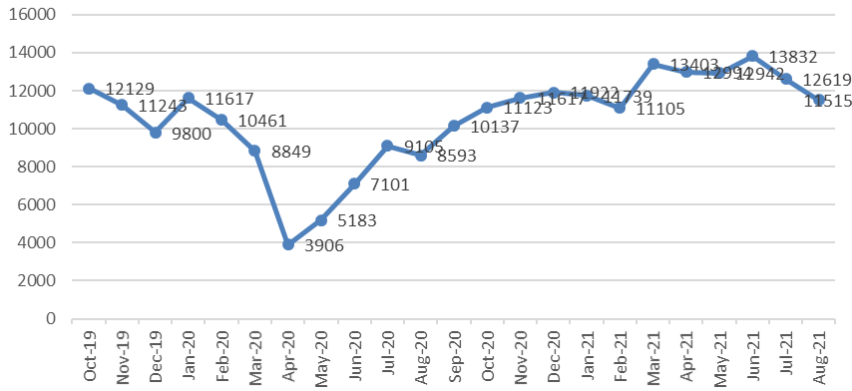
Elective Day Case



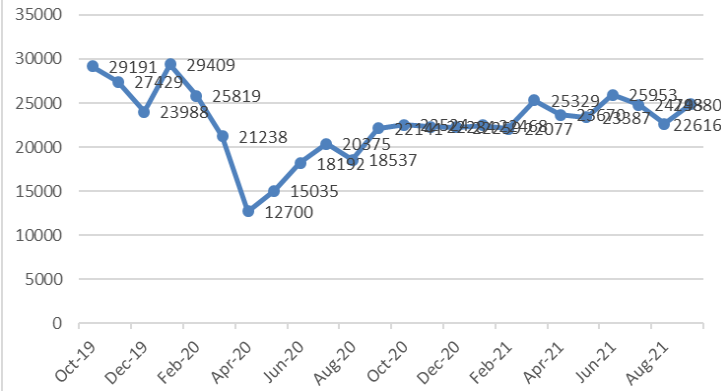
Emergency admissions (not CDU)



Outpatients - New



Outpatient - follow up



The charts above show the monthly activity run rate of reported contract activity to end of September 2021.

A steady increase in activity levels since first wave of pandemic is seen. After a reduction in elective day case activity in July and August there is a slight increase in elective day case activity seen in September. Overall levels of activity, when compared to 2019/20 has increased again in September (Day case 93%, elective inpatient 74%, outpatient follow up 95%).

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.

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.

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 was conducted by Devon Partnership Trust reported at the September Integrated Governance Group. There are multiple areas of challenge. IGG will be updated in the November meeting against the action plan.
- Additional monies for crisis, eating disorder, and mental health in schools has been awarded and the service model developed; recruitment is under way.
- 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.
- Estates work being undertaken to model the estate capacity for both clinical and administration functions.

Integrated therapies and nursing

- Recovery plans for Autistic Spectrum Disorder (ASD) waiting times have been 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. Waiting times are reducing.
- Referral 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.

	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 September	FY 2022 September	FY 2021 September	FY 2022 September	FY 2021 September	FY 2022 September
Community Children's Nursing (CFH Devon)	0	0	100.0%	100.0%	271	277
Learning Disability (CFH Devon)	0	0	93.5%	100.0%	311	247
Mental Health and Wellbeing	1	40	76.9%	51.8%	3881	4405
Occupational Therapy (CFH Devon)	2	1	56.4%	58.7%	1223	1187
Palliative Care (CFH Devon)	0	0	NA	100.0%	41	43
Physiotherapy (CFH Devon)	0	0	87.7%	78.5%	504	517
Special School Nursing (CFH Devon)	0	0	100.0%	100.0%	479	516
Specialist Autism Spectrum Assessment Team (CFHD)	1122	1470	21.4%	10.9%	2486	3244
Specialist Children's Assessment Centre (CFHD)	13	34	53.6%	40.0%	662	950
Speech & Language Therapy (CFH Devon)	75	285	47.8%	32.6%	4096	4999

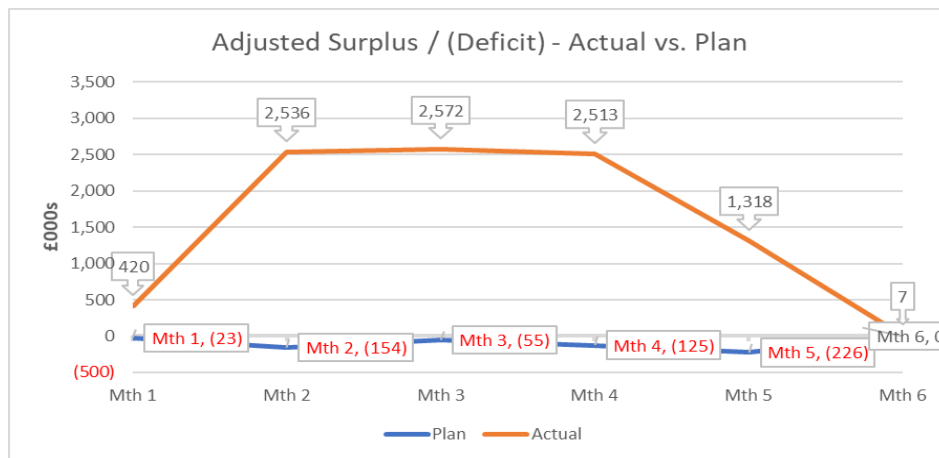
Financial Performance – Month 6 (September) FY 2021 / 22

Financial Overview – Month 6, September 2021

High Level Summary

For Period ended - 30 September 2021, Month 6			
	Plan £m	Actual £m	Variance £m
Total Operating Income	282.41	287.60	5.18
Total Operating Expenditure and Financing Cost	(282.82)	(287.90)	(5.08)
Surplus/(Deficit)	(0.41)	(0.31)	0.10
Add back: NHSE/I Adjustments	0.41	0.32	(0.09)
Adjusted Surplus/(Deficit)	(0.00)	0.01	0.01
Capital	16.21	7.13	(9.08)
Cash & Cash Equivalents		28.46	

Adjusted Surplus / (Deficit)



Operating Income

Operating income for the year to date totals £287.6m, within which income for patient care activities totals £264.1m. Total income for the year to date is £5.2m favourable to plan. Key drivers are as follows: COVID related income (£4.3m favourable), national pay award funding not in plan (£3.6m favourable), Torbay pharmaceutical sales (£0.2m favourable) offset by a provision for ERF income owing to the increase in the achievement threshold alongside increasing cancellation of elective surgery (£1.4m adverse), lower labs testing income (£0.8m adverse matched by cost reduction), reclassification of renal and audit income within block (£0.6m adverse) and pass through drugs income (£0.4m adverse).

Operating Expenditure

Total operating expenditure and financing cost of £287.9m, which includes £144.6m of staff costs. Operating expenditure and financing cost in the year to date is £5.1m adverse to plan. Key drivers are as follows: COVID related costs (£4.3m adverse matched by income), pay award not in plan (£3.6m adverse matched by income), increase in Agency (£3.2m adverse) and Bank spend (£2.7m adverse) due to operational pressures and increases in other operating costs (£0.6m adverse) offset by under utilisation of reserves (£4.6m favourable), vacancies (£4.4m favourable) and lower spend on depreciation (£0.3m favourable).

Adjusted Surplus / (Deficit)

At month 6 the Trust is recording a small surplus against a break even plan.

Cash

The Trust is showing a healthy cash position at the end of Month 6, with £28.5m 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. £7.1m on capital schemes. A separate capital report has been prepared for the Trust's FPDC.

I&E Position – Month 6, September 2021

Income & Expenditure – Performance versus Plan

£m	M6 - In Month			M6 - YTD		
	Budget	Actual	Variance	Budget	Actual	Variance
Patient Income - Block	32.83	32.57	(0.27)	196.98	196.42	(0.56)
Patient Income - Variable	3.80	3.72	(0.09)	22.81	22.36	(0.45)
ERF Funding	0.48	0.22	(0.26)	3.41	2.04	(1.37)
ASC Income - Council	4.58	4.60	0.02	27.50	27.52	0.02
Other ASC Income - Contribution	0.97	0.88	(0.10)	5.94	6.03	0.09
Torbay Pharmaceutical Sales	1.91	1.48	(0.43)	10.37	10.58	0.21
Other Income	2.17	6.21	4.04	13.08	16.86	3.78
Covid19 - Top up & Variable income	0.39	0.54	0.15	2.33	5.79	3.46
Total (A)	47.14	50.20	3.06	282.42	287.60	5.18
Pay - Substantive	(22.92)	(26.60)	(3.67)	(136.52)	(138.40)	(1.88)
Pay - Agency	(0.50)	(1.19)	(0.68)	(3.01)	(6.24)	(3.23)
Non-Pay - Other	(13.02)	(12.71)	0.31	(78.80)	(74.30)	4.50
Non-Pay - ASC/CHC	(8.36)	(8.99)	(0.63)	(51.56)	(56.37)	(4.81)
Financing & Other Costs	(2.17)	(2.10)	0.07	(12.94)	(12.60)	0.34
Total (B)	(46.98)	(51.58)	(4.60)	(282.83)	(287.91)	(5.08)
Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)	0.16	(1.39)	(1.55)	(0.41)	(0.31)	0.10
NHSE/I Adjustments - Donated Items / Impairment / Gain on Asset disposal	0.07	0.08	0.01	0.41	0.32	(0.09)
Adjusted Financial performance - Surplus / (Deficit)	0.23	(1.31)	(1.54)	(0.00)	0.01	0.01

In Month 6 the Trust recorded a deficit of £1.3m which is adverse to plan.

The year to date position shows a small surplus against a planned breakeven position.

In Month Position:

Income

The key variances are below:

- Patient income block – lower income in month (£0.27m) due to reclassification of renal and audit income to other income.
- Elective Recovery Funding (ERF) is behind plan (£0.26m) 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 £0.43m lower than planned due to NHS sales and delay in Drugs shipment to October.
- Other income is £4.04m higher than plan primarily due to pay award (£3.63m backdated from April matched by cost), increase in non-patient care services (£0.20m) and Cancer research grants (£0.14m).

Pay

- In Substantive pay there is a net adverse variance in month (£3.63m) primarily due to pay award (backdated from April matched by income).
- Agency cost is £0.68m higher than budget primarily due to Nursing (£0.47m) linked to A&E activity, specialising and RMN requirements, Ancillary £0.10m linked to COVID requirement and various other staff groups (£0.11m).

Non-pay

- The main driver of the favourable non-pay other position (£0.31m) is under utilisation of reserves (£1.01m) offset by increased cost in: STP resourcing contribution (£0.32m) legal (£0.09m), Drugs and general supplies (£0.09m), international recruitment (£0.07m) and various other (£0.13m).
- The £0.63m adverse position for ASC/CHC costs is due to: COVID £0.24m hospital discharge (matched by income from the CCG), ASC £0.21m due to unachieved CIP and higher costs in residential areas due to activity and price, Placed people £0.18m unachieved CIP in CHC and higher cost due to increased volume of clients in FNC and intermediate care.

H1 Result and H2 Plan

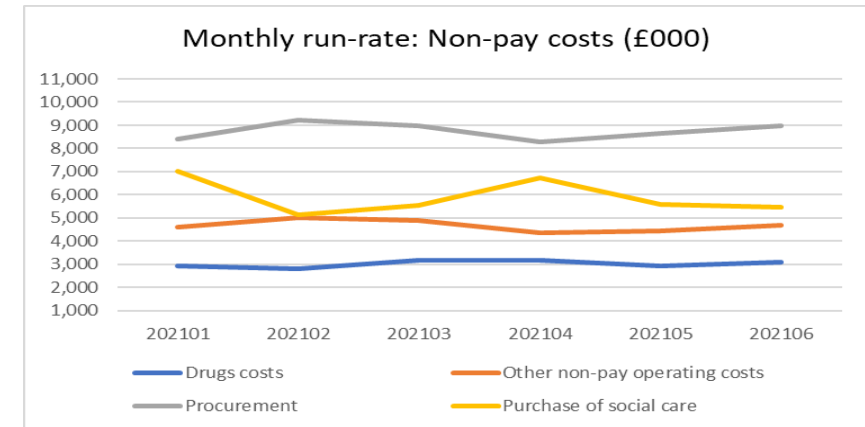
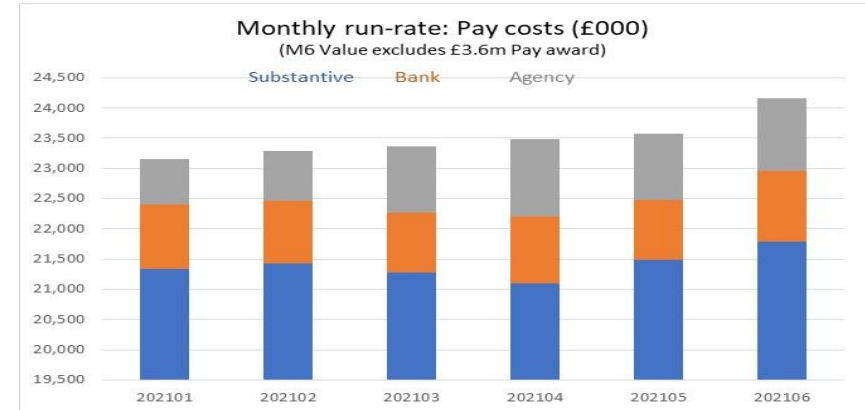
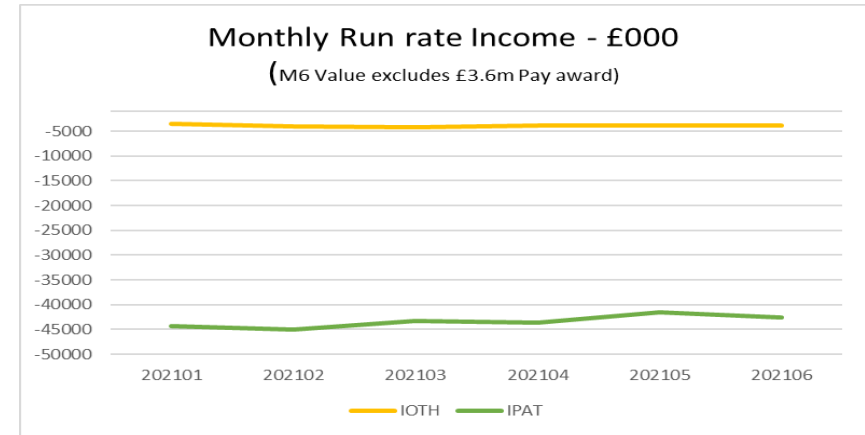
H1 Result

The Trust provided a detailed resubmission of the H1 plan to NHSE/I in June, showing a break-even position and as at M6 the Trust achieved a small surplus against this plan.

H2 Plan

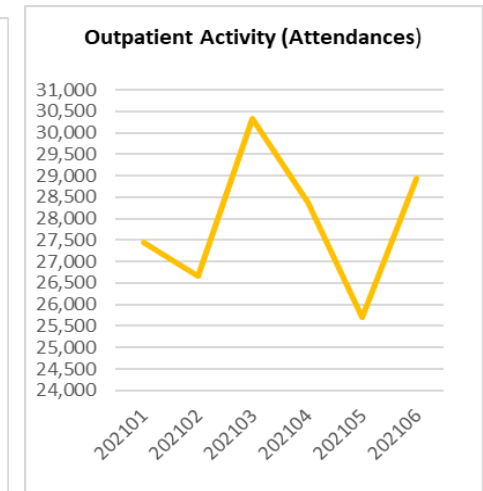
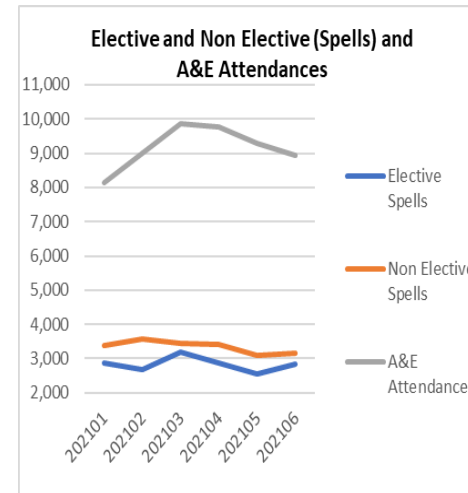
The National planning guidance for H2 and the budget envelope was issued on 30th September, and a more detailed submission of the Trust's organisational budget will be submitted on 25th November.

A planned submission has been prepared by the Trust in accordance with the guidance. This requires a break-even position after taking account of CIP achievement of £7.2m. However, the latest forecast for the year suggests a gross risk of £8.3m before mitigations. The risk is driven by shortfalls in CIP plans and anticipated cost pressures from winter escalation, exacerbated by the current Covid environment. To support the delivery of the required financial position, a Budget Spending and Investment Protocol has been developed. This protocol sets out the parameters and governance measures for spending and investment in H2 and beyond, and is aimed at addressing the financial performance and current trajectory both at ISU and Trust level and ensuring interventions and mitigations are identified and progressed in H2 for a balance position.



Change in Activity Performance – Month 5 to Month 6

	Plan	Aug-21	Sep-21	Change	% Change	Sep-20	% change	
Activity Drivers	A&E Attendances		9,286	8,934	-352	-4%	8,138	10%
	Elective Spells	2,781	2,549	2,843	294	12%	2,663	7%
	Non Elective Spells		3,100	3,165	65	2%	3,145	1%
	Outpatient Attendances	26,762	25,702	28,934	3,232	13%	26,926	7%
	Adult CC Bed Days		216	246	30	14%	148	66%
	SCBU Bed Days		224	100	-124	-55%	182	-45%
Bed Utilisation	Occupied beds DGH		10,023	9,881	-142	-1%	8,595	15%
	Available beds DGH		10,804	10,534	-270	-2%	10,342	2%
	Occupancy		93%	94%	1%	1%	83%	11%
Resource Consumption	Medical Staff Costs - £000's	5,152	5,293	5,782	489	9%	4,881	18%
	Nursing Staff Costs - £000's	5,422	5,416	6,671	1,255	23%	5,196	28%
	Temp Agency Costs - £000's	499	1,090	1,192	102	9%	584	104%
	Total Pay Costs - £000's	23,423	23,573	27,782	4,210	18%	22,327	24%



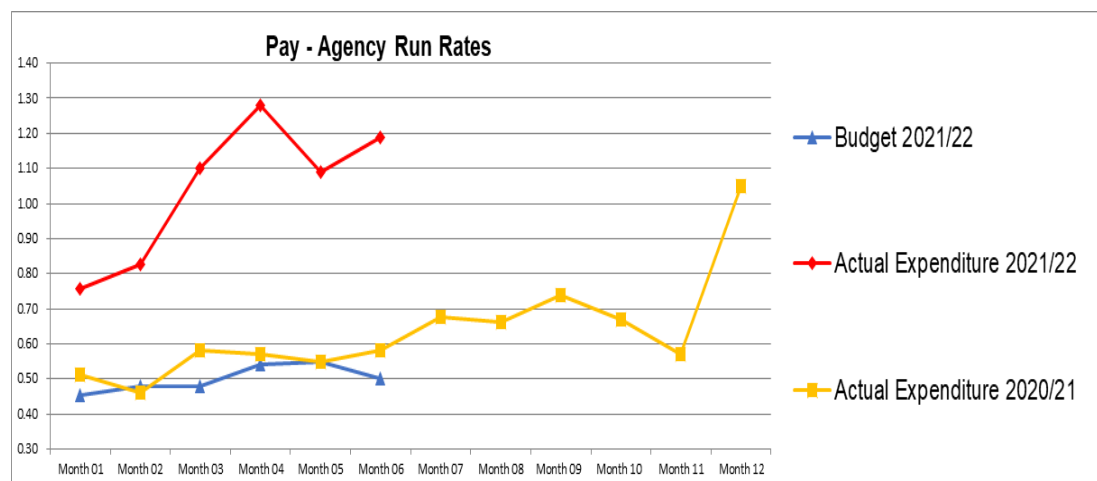
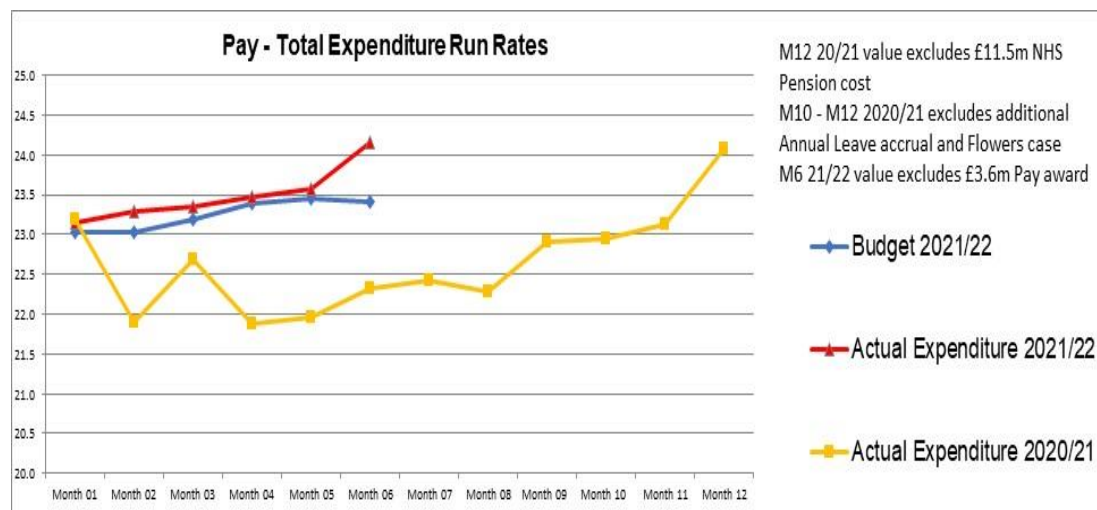
Activity Drivers

- 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 is above plan at Month 6 but, 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 September 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 H2 guidance has now been issued and the Trust recently submitted an activity plan to the STP. As a result of the new guidance and change in requirements, providers have submitted ERF plans to the STP for review. Any successful bids will be included in the next iteration of the activity plan.

Bed utilisation

- In September, overall bed occupancy at 94% remains above required levels to support patient flow to avoid emergency care delays and reduced elective capacity.
- 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. Routine elective orthopaedic surgery has restarted during the Best Week 29th September releasing the orthopaedic ward to focus on elective care, however maintaining this position is high risk.

Pay Expenditure – Month 6, September 2021

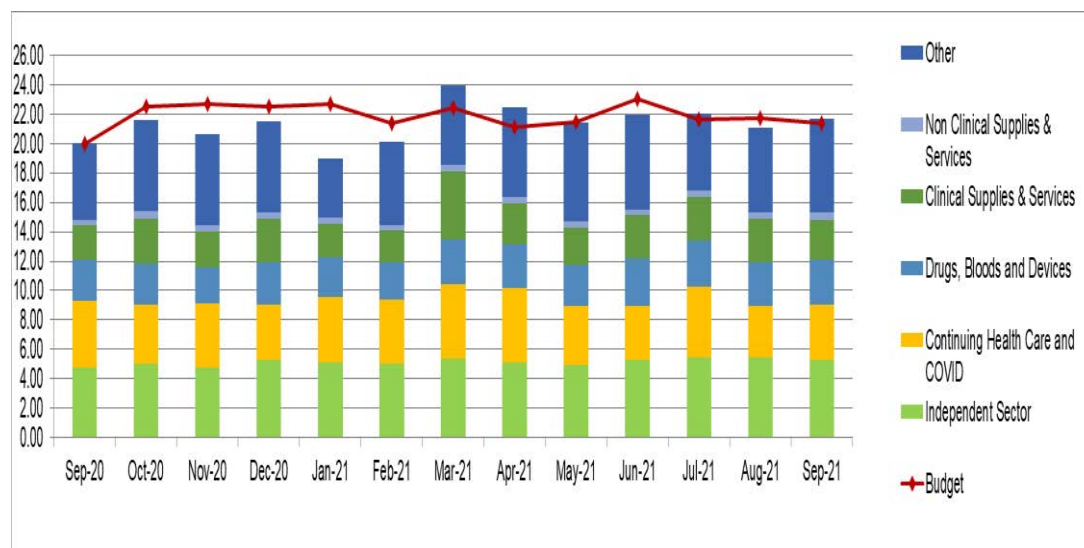


In Month 6 the total pay expenditure is £27.78m, which is £4.21m higher compared to Month 5 (£23.57m). This is primarily due to pay award of £3.63m (backdated from April).

Further details are provided below:

- Substantive pay increased by £3.93m across the various staff group mainly due to the pay award as described above.
- Bank pay increased by £0.18m primarily within Nursing and HCA's linked to pressures in clinical activity.
- Agency costs were £0.10m higher than Month 5 primarily within Nursing staff due to increased pressure in clinical activity.
- Of the year to date pay costs, those associated with COVID account for £2.99m, comprised of:
 - Sick pay - £1.35m,
 - vaccination - £0.20m
 - additional shifts of existing workforce – £1.24m, and
 - testing – £0.20m
- The Apprentice levy balance at Month 6 is £2.18m (£2.14m in M5). The Trust's apprenticeship strategy is reviewed regularly and actions are being taken.

Non-Pay Expenditure – Month 6, September 2021



The total non-pay run rate in Month 6 (£21.70m) is £0.64m higher in comparison to previous month (£21.06m), key details are provided below:

- Increases in:
 - Net Operating expenditure – £0.61m relates mainly to STP resourcing cost (£0.32m) and CT outsourcing accrual (£0.22m) and various other cost (£0.07m).
 - Drugs costs – £0.19m higher usage overall but primarily in Healthcare at Home drugs (£0.15m).
 - Placed People and COVID - £0.19m relates to increased spend levels in CHC South Devon (£0.14m) particularly within Nursing home establishments and COVID (£0.05m).
 - Non-clinical supplies – increased by £0.10m due to domestic cleaning materials (£0.13m) offset by decrease in uniform cost (£0.03m).
- Decreases in:
 - Clinical supplies – £0.28m, lower spend on chemical consumables (£0.24m) and decreased TP cost of sales (£0.24m) offset by increase in lab apparatus and equipment (£0.11m) and various medical and surgical supplies cost (£0.09m).
 - Independent Sector – £0.17m lower due to being one day less in September.

COVID Cost Analysis – Month 6, September 2021

COVID Expenditure	Inside	Outside	Total
	Envelope	Envelope	
	Actual	Actual	Actual
	30/09/2021	30/09/2021	30/09/2021
	YTD	YTD	YTD
	£'000	£'000	£'000
Staff and executive directors costs	2,592	399	2,991
Supplies and services – clinical (excluding drugs costs)	95	1,344	1,439
Supplies and services - general	133	1	134
Drugs	105		105
Establishment	44		44
Purchase of social care	1		1
Premises - other	137	10	147
Transport	37	0	37
Other	86		86
Total operating expenditure	3,230	1,754	4,984

Hospital Discharge, Rapid Testing and Infection Control COVID	Total	CCG	Council	Provider
	Cost	Income	Income	Refunds
	Actual	Actual	Actual	Actual
	30/09/2021	30/09/2021	30/09/2021	30/09/2021
	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000
Hospital Discharge Programme (HDP) Scheme 2	1,603	(1,603)		
Rapid Testing & Infection Control	2,565		(2,458)	(107)
General	82			(96)
Total	4,250	(1,603)	(2,458)	(203)

As highlighted above, within the Trust's pay position at Month 6 COVID costs account for £2.99m.

Within non-pay COVID costs account for £1.99m, comprised of:

- o Testing - £1.35m, and
- o Segregation of patient pathways - £0.60m
- o 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 £4.25m, 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 £1.6m) being reclaimed through Devon CCG for the first half of 2021/22. Discharge criteria saw clients 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. Recent government announcement confirms Hospital Discharge funding will continue now throughout the second half of 2021/22 and Rapid Testing & Infection Prevention & Control grants will continue as well, but grant conditions and allocations have not been formally released.

Key Drivers of System Positions – Month 6, September 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 M6 is £0.44m lower than plan due to lower NHS sales and delay in Drugs shipment to October but still ahead of the year to date by £0.21m.
Corporate	EFM	Underspent by £252k at M6 due to pay underspend of £259k mainly due to budget set for agency costs now recharged to COVID and overachievement of income by £171k mainly from visitor car parking & some backdated income in M3. This is offset by £177k overspend on non-pay arising mainly from increased spend on utilities and repairs and maintenance.
	Exec. Directors	Underspend has reduced from £542k in M5 to £313k in M6. Pay underspend has remained constant at £400k (mainly due to vacancies & lower than expected CEA payments) but non pay underspend has reduced by £243k due to a provision of £172k for STP resourcing & legal fees. Income underachievement has reduced slightly to £114k.
	Financing Costs	Excluding items outside the NHSE/I control total, costs are £0.35m 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 M6 against budget with £1.3m being non pay £0.9m, pay £0.1m, income £0.2m. 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, income higher than planned for which most offsets expenditure. Run rates in the coming months are expected to increase as capacity becomes available and activity increases.
	Newton Abbot	Overspent against plan at M6 by £1.35m 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 £1.8m. This is offset with underspends in ICU, wards, MIU and community teams £0.5m mainly due to vacancies. The cost pressures are expected to continue with ongoing monitoring of costs in response to autumn and winter demand.
	Moor to Sea	Small overspend of £85k against plan at M6 but with overspends on wards mainly due to staff absence and increased specialising requirements, purchase of intermediate care beds £0.23m, offset by savings due to delays in recruitment £0.19m. 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 in the foreseeable months.
	Shared Operations	Underspent against budget at M6 by £100k which is mainly due to vacant posts in Security and Outpatients team £143k, offset by overspend in non pay 46k mainly in patient transport due to response to current surge and Covid.
Torbay System	Independent Sector	ISU is circa £0.3m overspent against a YTD budget envelope of £46.5m. Cost YTD is £5.0m higher than budget but this is primarily due to COVID related spend (Hospital Discharge, Rapid Testing and Infection Control). COVID costs total circa £4.25m and this is

		matched by an equivalent value in Income. Outside of COVID, spend is higher than planned YTD materially in Placed People and is driven by higher activity (than planned) on Continuing Health Care within the Torbay locality.
	Torquay	ISU has a circa YTD £0.3m overspend against a YTD budget envelope of circa £20.5m. The main area of risk to be noted is around Ward Staffing with ongoing staffing pressures on Child Health and Maternity Wards reflecting a range of issues including filling vacancies, sickness levels, staff isolating and high patient acuity.
	Paignton and Brixham	ISU has a circa YTD £0.25m overspend against a YTD budget envelope of circa £42.9m. Underlying this the main areas to note is a material £1.1m non-pay underspend (Labs Medicine) but this is primarily offset by £0.8m 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). In addition to this the material areas of overspend are within Cancer Services – Medicine (£0.3m Non pay) and lower than budgeted income from patient activities in LTC Rheum & Neurology (£0.35m).
Contract Income	Patient Income	The Trust has received the following income: 1) £2.0m of Elective Recovery Funding (ERF) at M6 from the CCG. 2) C. £1.6m 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 6, September 2021

	YTD at M06 £m
Opening cash balance	45.45
Capital Expenditure (accruals basis)	(7.13)
Capital loan/PDC drawdown	2.01
Capital loan repayment	(2.40)
Proceeds on disposal of assets	0.00
Movement in capital creditor	(9.51)
Other capital-related elements	(0.79)
Sub-total - capital-related elements	(17.82)
Cash Generated From Operations	12.13
Working Capital movements - debtors	(10.15)
Working Capital movements - creditors	3.80
Net Interest	(1.50)
PDC Dividend paid	(2.88)
Other Cashflow Movements	(0.58)
Sub-total - other elements	0.84
Closing cash balance	28.46

Better Payment Practice Code	Paid year to date	Paid within target	% Paid within target
Non-NHS - number of bills	72,634	63,736	87.7%
Non-NHS - value of bills (£k)	137,575	116,696	84.8%
NHS - number of bills	1,033	778	75.3%
NHS - value of bills (£k)	11,806	8,799	74.5%
Total - number of bills	73,667	64,514	87.6%
Total - value of bills (£k)	149,381	125,495	84.0%

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 £17.0m. This was principally due to the paying down of capital creditors (£9.5m), an increase in debtors (£10.2m), partly offset by an increase in revenue creditors of circa £3.8m. 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 6, September 2021

	Month 6		
	Position 31 March 2021	Position 30 Sept 2021	Movement
	£m	£m	£m
Non-Current Assets			
Intangible Assets	10.09	11.01	0.92
Property, Plant & Equipment	202.37	200.48	(1.90)
On-Balance Sheet PFI	17.11	16.90	(0.21)
Other	2.04	2.01	(0.03)
Total	231.61	230.39	(1.22)
Current Assets			
Cash & Cash Equivalents	45.45	28.46	(16.99)
Other Current Assets	33.20	43.48	10.28
Total	78.64	71.93	(6.71)
Total Assets	310.25	302.33	(7.93)
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)	(52.98)	8.83
Other Current Liabilities	(10.44)	(13.58)	(3.14)
Total	(78.23)	(72.60)	5.63
Net Current assets/(liabilities)	0.41	(0.66)	(1.08)
Non-Current Liabilities			
Loan - DHSC ITFF	(29.08)	(26.67)	2.40
PFI / LIFT Leases	(16.60)	(15.96)	0.64
Other Non-Current Liabilities	(15.88)	(14.93)	0.95
Total	(61.55)	(57.56)	3.99
Total Assets Employed	170.47	172.17	1.70
Reserves			
Public Dividend Capital	130.76	132.76	2.01
Revaluation	49.15	49.15	0.00
Income and Expenditure	(9.44)	(9.74)	(0.31)
Total	170.47	172.17	1.70

Key points of note:

- Non-current assets have reduced by £1.2m during the year to date, principally as depreciation (£8.3m) has exceeded capital expenditure (£7.1m).
- Cash has reduced by £17.0m, as explained in the commentary to the cashflow section.
- Other current assets have increased by £10.3m, principally due to increased accrued income (e.g. CCG pay award £3.6m, CCG ERF £1.4m, CCG Covid £2.5m, DHSC Covid reimbursement £1.0m, Council precept £2.0m).
- Trade and other payables have reduced by £8.8m, principally due to the paying down of the capital creditor (£9.5m) and agreed repayment of 2020/21 CCG funding £4.0m, partly offset by increased payroll creditor (due to pay award and Flowers settlement) £2.0m and general payables.
- Other current liabilities have increased by £3.1m, due to increased deferred income.
- Non-current liabilities have reduced by £4.0m, principally due to scheduled loan / lease repayments.

	ISU	Target	13 month trend	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to date
QUALITY LOCAL FRAMEWORK																	
Reported Incidents - Severe	Trustwide	<6		1	0	1	2	1	1	4	0	3	4	2	2	0	11
Reported Incidents - Death	Trustwide	<1		3	1	0	1	3	1	2	0	2	1	2	0	0	5
Medication errors resulting in moderate harm	Trustwide	<1		0	0	0	0	0	2	0	0	1	1	0	0	1	3
Medication errors - Total reported incidents	Trustwide	N/A		51	53	53	34	41	51	54	50	64	57	47	38	46	302
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		1	3	0	0	0	1	0	0	1	0	2	0		3
Never Events	Trustwide	<1		2	1	0	0	0	0	1	0	0	0	0	0	0	2
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		5	5	2	4	7	6	6	5	7	11	8	8	6	25
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams	Trustwide	<1		0	0	0	0	0	0	0	0	0	0	0	0	2	2
Formal complaints - Number received	Trustwide	<60		17	19	20	14	7	13	17	10	8	14	18	17	7	74
VTE - Risk Assessment on Admission	Trustwide	>95%		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%	92.0%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		85.1	94.4	101.2	85	92.8	85.3	85.1	76.4	88.9	85.8				86.4
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		86.4%	86.5%	90.1%	89.7%	90.3%	85.8%	82.5%	89.0%	90.2%	87.1%	89.5%	87.0%	81.9%	87.4%
Safer Staffing - ICO - Nighttime	Trustwide	90% - 110%		87.7%	89.4%	84.8%	88.5%	88.6%	88.3%	85.4%	90.3%	88.5%	89.4%	93.4%	88.0%	74.6%	87.1%
Infection Control - Bed Closures - (Acute)	Trustwide	<100		262	23	0	30	6	0	23	24	42	381	24	8	42	521
Hand Hygiene	Trustwide	>95%		98.9%	96.9%	97.8%	97.0%	98.3%	95.3%	92.8%	96.0%	94.8%	97.6%	98.9%	97.1%	96.5%	98.3%
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	Trustwide	>90%		60.0%	74.5%	75.7%	75.6%	85.3%	94.4%	78.1%	73.2%	90.6%	85.3%	90.6%	81.5%	82.5%	84.9%
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		77.6%	73.2%	82.2%	80.4%	69.4%	51.6%	77.5%	84.1%	65.9%	66.1%	51.4%	56.3%	69.2%	65.7%
Follow ups 6 weeks past to be seen date	Trustwide	6400		17408	17519	17229	17837	17489	16986	16950	17118	16713	16323	16967	17651	17789	17789
WORKFORCE MANAGEMENT FRAMEWORK																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<4.00%		4.4%	4.3%	4.3%	4.3%	4.2%	4.1%	4.0%	4.0%	4.0%	4.1%	4.1%	4.2%		4.1%
Appraisal Completeness	Trustwide	>90%		79.4%	78.4%	78.9%	80.4%	78.8%	78.4%	82.4%	85.9%	86.6%	84.7%	81.3%	80.6%	79.7%	82.4%
Mandatory Training Compliance	Trustwide	>85%		89.7%	89.7%	89.6%	89.6%	89.7%	89.5%	89.6%	90.1%	90.1%	90.5%	89.5%	89.4%	89.0%	89.6%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		10.3%	10.5%	10.7%	10.5%	10.2%	10.2%	10.0%	10.8%	11.0%	11.3%	11.0%	11.7%	0.0%	

	ISU	Target	13 month trend	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to date
COMMUNITY & SOCIAL CARE FRAMEWORK																	
Number of Delayed Discharges (Community) *	Trustwide	<315		246	256												
Number of Delayed Transfer of Care (Acute)	Trustwide	<240		72	129												
Carers Assessments Completed year to date	Trustwide	40% (Year end)		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%	100.0%
Children with a Child Protection Plan (one month in arrears)	Trustwide	NONE SET		200	214	221	223	223	207		234	0	0	0	0	0	234
4 Week Smoking Quitters (reported quarterly in arrears)	Trustwide	NONE SET		124			199				334	0	0	0	0	0	334
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	NONE SET		5.4%			4.4%				0.0%	0.0%	4.3%	0.0%	0.0%	0.0%	4.3%
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		560	576	599	658	617	615	616	0	608	629	631	564	546	546
Intermediate Care - No. urgent referrals	Trustwide	113		221	200	207	235	175	146	155	165	155	130	158	191	233	1032
Community Hospital - Admissions (non-stroke)	Trustwide	NONE SET		262	274	193	242	249	205	255	282	294	292	297	233	229	1627
ADULT SOCIAL CARE TORBAY KPIs																	
Proportion of clients receiving self directed support	Trustwide			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%	100.0%
Proportion of carers receiving self directed support	Trustwide			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%	100.0%
% Adults with learning disabilities in employment	Trustwide			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%	7.1%
% Adults with learning disabilities in settled accommodation	Trustwide			79.1%	80.2%	80.6%	80.5%	80.4%	80.6%	81.8%	82.6%	82.3%	81.7%	81.3%	81.0%	80.6%	80.6%
Permanent admissions (18-64) to care homes per 100k population	Trustwide			20.2	20.2	14.8	18.9	14.8	17.5	16.2	17.5	20.2	23.1	17.7	19.0	17.7	17.7
Permanent admissions (65+) to care homes per 100k population	Trustwide			557.2	565.4	573.6	579.0	587.2	540.8	464.3	499.8	510.8	487.3	498.1	511.5	449.6	449.6
Proportion of clients receiving direct payments	Trustwide			23.3%	23.6%	22.6%	22.4%	21.7%	21.2%	21.1%	20.1%	19.8%	19.5%	19.6%	19.5%	19.0%	19.0%
% reablement episodes not followed by long term SC support	Trustwide			85.9%	84.6%	85.2%	85.5%	85.4%	85.7%	85.8%							..

	ISU	Target	13 month trend	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to date
NHS I - OPERATIONAL PERFORMANCE																	
A&E - patients seen within 4 hours	Trustwide	>95%		91.9%	86.2%	86.5%	81.2%	79.4%	79.4%	82.2%	84.4%	78.9%	72.6%	68.6%	67.6%	65.1%	72.6%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		62.1%	62.3%	64.2%	64.3%	61.8%	61.4%	61.4%	62.7%	63.9%	64.4%	61.7%	59.4%	57.4%	61.5%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		79.3%	67.9%	77.0%	78.9%	73.8%	80.9%	64.8%	71.8%	77.9%	68.8%	67.8%	75.0%	73.3%	72.2%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		37.6%	34.4%	42.3%	47.9%	49.1%	40.4%	38.2%	36.3%	30.1%	32.2%	31.7%	32.2%	32.6%	32.5%
Dementia - Find - monthly report	Trustwide	>90%		89.2%	96.6%	94.4%	97.7%	94.8%	98.0%	95.0%	96.7%	96.9%	97.4%	97.8%	97.2%	92.7%	96.5%
LOCAL PERFORMANCE FRAMEWORK 1																	
Number of Clostridium Difficile cases reported	Trustwide	<3		2	4	2	3	1	1	5	2	5	2	5	8	2	24
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		75.1%	74.8%	83.6%	78.9%	77.1%	89.6%	85.1%	67.7%	83.9%	83.0%	71.3%	54.6%	55.6%	69.6%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		95.9%	97.8%	86.6%	94.0%	75.0%	96.3%	95.2%	61.9%	54.1%	56.7%	91.0%	77.8%	92.4%	70.8%
Cancer - 28 day faster diagnosis standard	Trustwide			66.6%	72.7%	75.3%	75.9%	72.2%	77.3%	75.0%	75.6%	75.6%	76.0%	76.4%	77.4%	60.6%	73.6%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%		97.4%	97.7%	99.0%	97.5%	97.5%	98.8%	99.0%	97.4%	96.7%	98.5%	97.5%	98.8%	99.4%	98.0%
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%		100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%	98.6%	100.0%	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%	98.0%	96.0%	100.0%	100.0%	100.0%	98.5%	100.0%	97.0%	98.3%	96.4%	98.6%	98.1%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		100.0%	93.3%	96.3%	93.3%	96.4%	97.0%	84.8%	100.0%	96.7%	97.7%	100.0%	97.3%	100.0%	98.5%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		100.0%	60.0%	75.0%	66.7%	77.8%	83.3%	100.0%	75.0%	73.3%	85.7%	78.6%	92.3%	71.4%	80.0%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			9	8	13	14	11	6	15	15	17	10	10	13	15	15
RTT 52 week wait incomplete pathway	Trustwide	0		892	1141	1277	1435	1570	1823	2041	1895	1596	1562	1648	1799	1943	1943
On the day cancellations for elective operations	Trustwide	<0.8%		1.7%	0.7%	0.9%	1.2%	1.1%	3.0%	2.4%	1.6%	0.3%	1.2%	1.7%	0.5%	0.5%	1.4%
Cancelled patients not treated within 28 days of cancellation *	Trustwide	0		29	4	1	1	5	6	8	6	11	3	10	17	5	86
Bed Occupancy	Overall System	80.0%		91.6%	82.4%	90.5%	89.8%	94.4%	93.4%	99.5%	94.2%	96.1%	98.0%	97.4%	98.5%	98.8%	97.2%
Number of patients >7 days LoS (daily average)	Trustwide			94.9	94.0	95.4	95.1	109.5	114.2	98.2	97.0	104.5	120.5	129.4	154.4	149.1	106.8
Number of extended stay patients >21 days (daily average)	Trustwide			15.2	17.1	16.7	14.0	20.8	27.8	19.9	15.2	21.3	25.0	26.3	41.5	43.9	20.3

	ISU	Target	13 month trend	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to date
LOCAL PERFORMANCE FRAMEWORK 2																	
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		59	73	38	138	75	82	94	90	128	380	421	266	219	1504
Ambulance handover delays > 60 minutes	Trustwide	0		0	14	1	19	15	20	32	19	26	173	165	120	72	575
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			10	16	4	18	18	27	28	14	46	246	438	534	491	1769
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0		0	1	0	1	2	3	5	2	3	32	157	188	69	451
Number of Clostridium Difficile cases - (Acute) *	Trustwide	<3		2	4	2	2	1	1	4	1	3	2	4	7	2	19
Number of Clostridium Difficile cases - (Community)	Trustwide	0		0	0	0	1	0	0	1	1	2	0	1	1	0	5
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		61.1%	69.0%	64.1%	66.2%	66.9%	62.0%	64.6%	60.4%	59.5%	57.5%	60.6%	74.1%	77.3%	64.7%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		35.0%	41.4%	41.6%	32.4%	47.4%	30.9%	41.0%	25.5%	33.1%	32.4%	34.2%	46.6%	46.4%	36.0%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%		72.7%	100.0%	90.9%	86.4%	81.8%	95.5%	81.8%	86.4%	90.9%	100.0%	95.5%	100.0%	90.9%	93.9%

	ISU	Target	13 month trend	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to date
NHS I - FINANCE AND USE OF RESOURCES																	
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide			1220	-23	1420	2378	3635	937	3180		2623	2551	2438			
Agency - Variance to NHSI cap	Trustwide			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			-236	1686	5147	6653	9748	11822	2305		2004	3206	4292			
Distance from NHSI Control total (£'000's)	Trustwide			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			
ACTIVITY VARIANCE vs 2019/20 BASELINE																	
Outpatients - New	Trustwide			-3.2%	-5.6%	4.5%	-0.9%	-21.7%	-14.0%	26.8%	-5.3%	-15.9%	0.6%	-20.4%	-14.4%	-3.7%	-10.2%
Outpatients - Follow ups	Trustwide			-15.0%	-23.8%	-18.5%	-8.5%	-25.3%	-17.0%	16.8%	-7.9%	-13.1%	-0.9%	-13.1%	-10.2%	-6.0%	-8.6%
Daycase	Trustwide			-14.4%	-21.9%	-18.9%	-9.4%	-29.8%	-23.5%	9.1%	-8.9%	-20.5%	5.1%	-12.2%	-18.5%	-6.5%	-10.5%
Inpatients	Trustwide			-10.4%	-37.7%	-33.8%	-9.9%	-33.4%	-44.8%	-18.8%	1.8%	-19.8%	-15.4%	-33.4%	-35.5%	-25.6%	-21.8%
Non elective	Trustwide			-1.3%	-9.7%	-15.4%	-13.3%	-20.2%	-16.5%	18.0%	4.5%	3.8%	8.1%	3.9%	-5.3%	-0.6%	2.4%
INTEGRATED CARE MODEL																	
Intermediate Care Referrals (All)	Trustwide			471	425	423	494	473	464	502	590	564	574	539	0	0	
Intermediate Care GP Referrals	Trustwide			96	90	83	106	106	98	95	94	79	81	77	0	0	
Average length of Intermediate Care episode	Trustwide			21.333	14.744	10.846	11.798	12.237	12.336	12.498	11.735	12.593	12.42	16.107	0	0	
Total Bed Days Used (Over 70s)	Trustwide			8613	8677	8211	8796	9271	8636	9898	9713	8593	4035		0	0	
- Emergency Acute Hospital	Trustwide			5220	5566	5202	5522	5575	5561	6021	5257	4953			0	0	
- Community Hospital	Trustwide			3208	2943	2606	2844	3172	2461	3353	3268	2981	3240		0	0	
- Intermediate Care	Trustwide			185	168	403	430	524	614	524	1188	659	795		0	0	

Report to the Trust Board of Directors			
Report title: Maternity Governance & Safety Report (1 July – 30 September 2021)			Meeting date: 27 October 2021
Report appendix	No appendix		
Report sponsor	Chief Nurse		
Report author	Head of Midwifery and Gynaecology Clinical Governance Co-ordinator Quality Improvement Midwife Deputy Head of Midwifery		
Report provenance	The content of this report is a summary of the safety improvement activities implemented by the Maternity Governance Group within the Trust to meet the national priority to reduce brain injuries occurring during or soon after birth, stillbirths, neonatal and maternal deaths by 50% by 2025. This is informed by the Safety workstream of the Devon Local Maternity & Neonatal System (LMNS).		
Purpose of the report and key issues for consideration/decision	<p>The purpose of the report is to inform the Trust Board of the work being undertaken by the Maternity Governance Group. It also informs the membership of recent recommendation made within the Ockenden Interim Report (Dec 2020).</p> <ul style="list-style-type: none"> • The paper specifically sets out the Trust position and compliance with the Ockenden Report as of 30 September 2021. • Setting out the Trust position in relation to perinatal mortality and morbidity, specifically reduction in still births. • Progress and next steps with regard to achievement of CNST key safety actions <p>An expectation of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme is that a quarterly report will be presented to the Trust Board.</p>		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input checked="" type="checkbox"/>
Recommendation	<p>The Trust Board of Directors are asked to:</p> <ul style="list-style-type: none"> • Note the progress and compliance position with regard to the priority areas • Note the key quality and safety issues identified in the report • Note progress and next steps with regard to the CNST process 		

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	N	Risk score	
	Risk Register	N	Risk score	
External standards affected by this report and associated risks	Care Quality Commission	x	Terms of Authorisation	
	NHS Improvement	x	Legislation	
	NHS England	x	National policy/guidance	x
<p>CNST set clear safety standards for Trusts in relation to maternity services. Demonstration that these standards have been met result in the Trust being eligible for a rebate on their maternity CNST contribution and a share of any unallocated funds.</p>				

Report title: Quarterly Maternity Governance Safety Report (1 July – 30 September 2021).	Meeting date: 27 October 2021
Report author	Rachael Glasson, Associate Director of Midwifery & Professional Practice/HoM Anne Marie Whiting, Clinical Governance Co-ordinator Maria Mortimore, Maternity Safety Champion/Deputy Head of Midwifery Jo Blackler, Quality Improvement Midwife

1.0 Introduction

Safety, quality and experience has always been a priority for the maternity and neonatal services at Torbay and South Devon NHS Foundation Trust. The publication of the Ockenden Interim Review of Maternity Care at Shrewsbury and Telford, (December 2020) sadly provides all maternity and neonatal providers and commissioners with evidence of the devastating effects and consequences that poor culture and governance can have on families. NHS England & Improvement have set out clear expectations in response to the Ockenden Report for all providers of maternity care.

The Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme also set out 10 key safety actions, which includes providing a quarterly maternity safety and governance report to the Trust Board to enable them to be sighted on maternity safety, progress and achievements.

This is the fourth quarterly report since the publication of Ockendon. As with the previous reports, it will be constructed to meet the recommendations within the Ockenden report. We plan for this to be an iterative process, firstly as the Board and maternity services work to review, amend and strengthen existing reporting mechanisms, and secondly as NHS England & Improvement (NHSEI) provide additional resources to support Trusts in enhancing their safety culture.

This quarterly report will look back at the period 1 July 2021 – 31 September 2021

2.0 Review and monitoring of safety within maternity services

2.1 Governance process

The Chief Nurse has Trust responsibility for safety, quality and experience, and as such is the named Executive Maternity Safety Champion. A named Non-Executive Director is also in post with a clear remit to champion safety within maternity services.

The maternity services have a clinical service lead who is a Consultant Obstetrician, who also undertakes the role of obstetric safety champion, and a Head of Midwifery (Associate Director of Midwifery and Professional Practice). Additionally, there is a midwifery safety champion and neonatal nursing and medical safety champions. The maternity safety champions meet monthly. The governance processes are supported by a dedicated Clinical Governance Co-Ordinator (Senior Midwife).

2.2 Ockenden Interim Maternity Review

The Ockenden Interim Report into Maternity Services at Shrewsbury and Telford NHS Trust was published in December 2020. In conjunction with this, NHS England and Improvement set out a series of immediate and essential actions.

Previous quarterly reports have set out the maternity journey to achieving the recommendations and actions. There two areas for actions that require action to be taken by stakeholders outside of the Organisation. The first of these is the introduction of a senior independent advocate role in each organisation. This is being developed by NHSE and further information will be made available later in the year. The second is the development of maternal medicine specialist centres to provide specialist advice, support and care to women with very complex pregnancies. Plans are progressing for these centres at Plymouth and Bristol, with an all-day webinar being held on 15 December 2021 describing the pathways proposed.

The maternity task and finish group submitted evidence of compliance with the recommendations to a 'portal' on the 30 June 2021. This extensive piece of work has been reviewed by an independent team. The original timeline for feedback was to the Regional Team at the end of July 2021. However, due to the amount of evidence and the need to undertake quality assurance feedback to Trusts has been delayed to the end of October 2021.

It is anticipated that the final Ockenden report will published at the end of 2021.

2.3 Perinatal Clinical Quality Surveillance Model

As part of the Ockenden Review and the NHSEI 12 urgent actions, a model has been proposed to improve oversight of safety metrics within Maternity and Neonatal Services. The Perinatal Clinical Quality Surveillance (PCQS) Model is based on three principles, with principle one relating to trust level, principle two at system level and principle three at regional level.

Principle one focuses on strengthening trust level oversight for quality, with 6 requirements. Progress against these are detailed in Table 1.

Table 1: Perinatal Clinical Quality Surveillance Model

PCQS Requirements	TSDFT position
1. To appoint a non-executive director to work alongside the board-level perinatal safety champion to provide objective, external challenge and enquiry.	In place Sally Taylor, NED
2. That a monthly review of maternity and neonatal safety and quality is undertaken by the trust board.	In place Maternity metrics included within Integrated Performance Report (IPR)
3. That all maternity Serious Incidents (SIs) are shared with trust boards and the LMNS, in addition to reporting as required to HSIB.	In place
4. To use a locally agreed dashboard to include, as a minimum, the measures set out in Appendix 2, drawing on locally collected intelligence to monitor maternity and neonatal safety at board meetings.	In place Dashboard included in IPR. SI's – as above Minimum dataset being reported within quarterly report to Board. See Table 3.
5. Having reviewed the perinatal clinical quality surveillance model in full, in collaboration with the local maternity system (LMNS) lead and regional chief midwife, formalise how trust-level intelligence will be shared to ensure early action and support for areas of concern or need.	Completed – standard operating procedure in place
6. Safety Champion Guidance being reviewed.	In progress

As a system Devon LMNS will be working with the Regional Chief Midwife to develop processes to meet requirement, however as a Service and in conjunction with the Executive, we would escalate any safety concerns to the Chief Midwife.

2.4 Trust Board Reporting – Quality and Safety within Maternity Services

As described above maternity metrics are now reported as part of the Board IPR. These are still birth rate, caesarean section rate and smoking status at time of birth. The full PCQS dataset forms part of the maternity service monthly Governance report that is shared at the Torquay ISU Governance meeting, the Quality Improvement Group and the Integrated Governance Group on a monthly basis and will be summarised within the quarterly Safety and Governance Board reports that are submitted to the Quality Assurance Committee and the Trust Board. See Table 2 for PCQS minimum dataset information summary

Table 2: PCQS Minimum Dataset Information Summary

	July	August	September
Findings of review of all perinatal deaths using the real time data monitoring tool	PMRT in use	PMRT in use	PMRT in use
Findings of review all cases eligible for referral to HSIB.	0 cases	0 cases	Final Report received MI-003097
<p>Report on:</p> <ul style="list-style-type: none"> The number of incidents logged graded as moderate or above and what actions are being taken <ul style="list-style-type: none"> Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite , gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively. 	<p>Incidents - 1 *Term Baby transferred to Level 3 NNU for active cooling -HSIB investigation.</p> <p>Training - 90-100% compliance</p> <p>Staffing – challenging staffing levels due to staff absence. Escalated, risk register score increased, mitigations put in place, including</p>	<p>Incidents - 2 *Term Baby transferred for ongoing care to level 3 NNU with meconium aspiration - local review *Term Baby transferred to Level 3 NNU for active cooling-HSIB investigation.</p> <p>Training – 68-90% compliance</p> <p>Staffing – challenging staffing levels due to staff absence. Mitigations continue, including deferral of training.</p>	<p>Incidents – 2 *Stillborn Baby at 33 weeks gestation *Stillborn Baby at 25 weeks gestation.</p> <p>Training – 57%-100% compliance</p> <p>Staffing – 6 monthly maternity staffing oversight Board paper (Jan -Jun 21). Agreed additional funding for 10wte midwives</p>

	deferral of training.		Challenging staffing levels, but training restarted.
Service User Voice feedback	Feedback mechanisms in place	Feedback mechanisms in place	Feedback mechanisms in place
Staff feedback from frontline champions and walk-about	Completed	Completed	Completed
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	Nil	Nil	Nil
Coroner Reg 28 made directly to Trust	Nil	Nil	Nil
Progress in achievement of CNST 10	Trust Board Declaration submitted Full compliance with 10/10 standards	Year 4 standards launched.	CNST Task and Finish group re-established

Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)	72%
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)	100%

2.5 Serious Adverse Events

2.5.1 Perinatal Mortality Review Tool (PMRT)

The PMRT tool is now embedded in practice following its introduction in 2018. It has been used at the local multi-disciplinary case reviews to review the care and draft reports. There are clear reporting timescales.

The maternity service writes to all parents to advise them that a review will take place. They are given the opportunity to provide a perspective about their care and raise any questions that they have. The team have learnt that not all parents wish to provide their perspective of care, or, indeed, may change their mind. Following completion of the review, the team invite the parents to a follow up meeting to discuss their care and the findings of the local review.

The team are now using the templates that are provided on the PMRT website, and record all family feedback and questions into the parent engagement section of the PMRT.

During this reporting period we received some really positive feedback from a family regarding the care that they were provided with by the clinical team, in particular the Bereavement midwife and the midwife at the time of birth. This has been shared with all all of the staff caring for the family at this difficult time

2.5.1.1 PMRT - Notifications

During this July – September 2021, we had two cases that met the reporting criteria.

These were two antepartum stillbirths. Both of the Mothers presented to Maternity service prior to labour. The Mothers were 33 weeks and 25 weeks gestation. Both of these cases have undergone duty of candour and will have a multidisciplinary case review using the PMRT process for review.

Case 1 –A Mother, 27 years old in her first pregnancy presented to the Maternity unit at 33⁺² weeks gestation with a history of abdominal and lower back pain. She reported normal fetal movements. On arrival the Mother's blood pressure was abnormally high and there was protein in her urine sample. The Midwife was unable to auscultate a fetal heart. An ultrasound scan confirmed that there was no fetal heart and the baby had died. The labour was induced and the Baby was stillborn. Duty of candour has been undertaken by the Trust.

Case 2 - A Mother, 36 years old in her eighth pregnancy presented to her community midwife at 25⁺⁰ weeks gestation, with a history of absent fetal movements since the previous day. The Midwife was unable to auscultate a fetal heart. An Ultrasound Scan confirmed that there was no fetal heart beat and the baby had died. A decision was made to induce the labour, with early admission to the Bereavement Suite due to number of previous births and previous silent labours.

2.5.1.2 PMRT – Completed Reviews

During this reporting criteria we have not completed any reviews.

2.5.2 Healthcare Safety Investigation Branch (HSIB)

2.5.2.1 Referrals to HSIB

HSIB continue to investigate births and maternal deaths that meet their referral criteria. This includes any baby that requires active cooling treatment. This is given to babies where there has been a potential shortage of oxygen around the time of and during the birth which can lead brain injury in a newborn baby. The aim of the treatment is to slow down the processes that cause brain damage.

In the reporting timescale of July - September 2021 there were two cases that met the criteria.

Case 1: A mother in her first pregnancy with a mental health history presented to delivery suite with an increased heart rate. Following review, she went home and then returned for further review and was admitted. The Mother went into labour and was transferred to delivery suite. The fetal heart was monitored electronically and was noted to be abnormal and the baby was born by a caesarean birth. Following the birth, the baby required resuscitation and met the criteria for active cooling. The baby was transferred for care to a Tertiary Unit

Case 2: A Mother who had known risk factors was induced due to her baby being identified as small for gestation. The Baby was initially well at birth, then after 20 minutes required oxygen and support with breathing. The baby was transferred to the Special Care Baby Unit, later required more intensive support as the baby was noted to be showing abnormal fitting movements at around 6 hours of age and was transferred to a Tertiary Unit requiring active cooling.

2.5.2.2 Finalised investigation reports from HSIB

The maternity service has received one final report from HSIB on 28 September 2021. This Mother's baby was stillborn at term following an emergency admission for bleeding. The Mother had been screened by ultrasound scans during the pregnancy to monitor the placental location. The investigation report had made six recommendations. The service is developing an action to

meet and monitor the recommendations. This will be shared in the next quarterly report. The family have requested a tripartite meeting with the maternity representatives of the Trust and HSIB, which is taking place in October 2021 .

2.5.2.3 Quarterly Engagement Visit with South West Maternity Investigation Team

In September 2021 the maternity service team met with the South West HSIB Maternity Investigation Team to learn about the progress of HSIB investigations locally and nationally.

The team learnt about the top recommendations for practice both nationally and locally. HSIB will be providing Trust with more detailed data and information about themes and learning.

2.5.3 NHS Resolution

From the 1st April 2020 it became no longer necessary for trusts to report Early Notification (EN) cases to NHS Resolution. This decision was reviewed in September 2020 and national agreement made to extend the current reporting arrangement until March 2021.

As a service we will report all cases that meet the EN criteria to HSIB, and HSIB will triage all cases and prioritise those where there is evidence of harm to the baby and will share these cases directly with NHS Resolution.

2.6 Safety Improvement

2.6.1 Maternity and Neonatal Health Safety Improvement Programme (MATNEOSIP)

The maternity service is continuing its work on the Perinatal Excellence to Reduce Injury in Premature Birth (PERIPrem) Project (focussed project aimed at improving outcomes for pre-term babies). The bundle consists of 10 elements, which have all been introduced at Torbay and South Devon. Work is now ongoing to embed the elements into normal practice. In house training has been arranged for 13/10/2021 with a member of the national team looking at the optimal cord clamping element at LSCS.

The Obs Cymru QI Programme (Obstetric Bleeding Strategy for Wales) is now continuing following a pause whilst elements of the pathway were embedded in practice. The Multi-Disciplinary Team is now in the process of reviewing management of blood loss and the introduction of the pathway documentation.

2.6.2 Saving Babies Lives Care Bundle

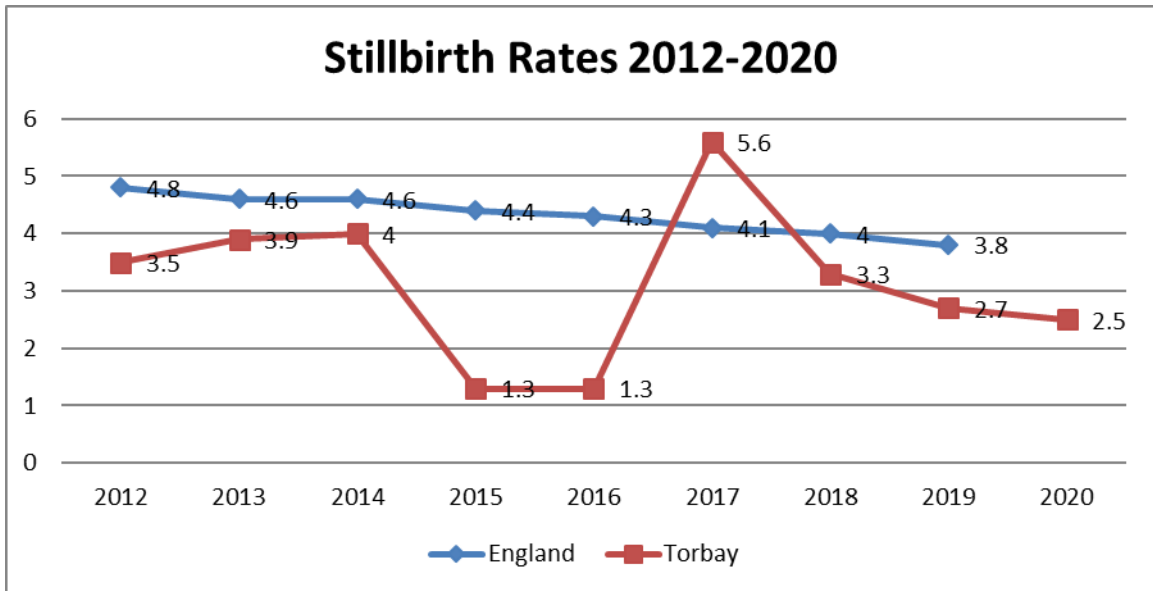
Saving Babies Lives Care Bundle Version 2 (SBLCB v2) was launched in March 2019. This builds on the existing bundle, but adds a fifth element (preventing risk of preterm birth) for implementation. Full implementation of the care bundle was achieved by the expected date of 31 March 2021.

At the final SBLCBv2 quarterly report submitted in April 2021 we were able to demonstrate full compliance. We therefore fully meet the standard 3 of the CNST safety actions.

2.6.3 Stillbirth Rate

One of the aims of SBLCB v1 and v2 is to reduce the number of still birth. Our 2020 annual data is now available and has shown that the still birth rate has reduced at TSD for the 3rd year in a row. This is shown in Table 3 (Note: national comparative data is not yet available for 2020).

Table 3: Annual Stillbirth Rate per 1000 births

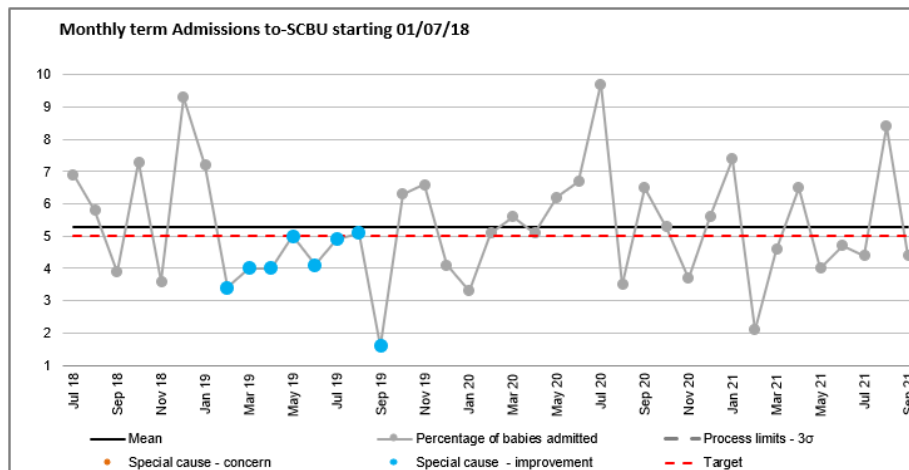


2.6.4 Avoiding Term Admissions into Neonatal Units – ATAIN

There is ongoing collaborative work between the Maternity Service and Child Health in relation to ATAIN. The trust continues to report data to the ATAIN programme on a quarterly basis and has an ongoing action plan. ATAIN is a CNST key safety action, with progress against the action plan being shared with the Board Level Champion.

For this reporting period, 5.5% of term babies were admitted to the Special Care Baby Unit. This is a slight increase from the last reporting period and is just above the target of 5% or less. See table 4 for monthly term admission to SCBU rate.

Table 4: Monthly Term Admission to SCBU Rate



As a service we are at the limits of what we can achieve in relation to this important safety and quality action. This is due to space and capacity issues within the clinical area. The estates strategy for the Women’s Health Unit, which had been approved prior to the COVID-19 pandemic and was awaiting allocation of capital funding, includes provision of dedicated Transitional Care Facilities. This would enable us to continue our improvement journey to support the on-going care of babies with additional needs, but not requiring SCBU and ensuring

mothers and babies are not separated. The team are in the process of refreshing the estates strategy.

2.7 Maternity Safety Champions

The Maternity and Neonatal Safety Champions continue to meet monthly and are working collaboratively to improve safety and provide a conduit through which staff can raise safety concerns from the ward level through to the Board. Staff can raise concerns directly with the Board Level Safety Champion (BLSC) during the monthly Maternity Safety walkarounds which are being undertaken within the Maternity and Neonatal Unit. The BLSC has also been joined on these walkarounds by the Non-Executive Director representing Maternity, allowing them both to hear at first hand the experience and concerns of staff.

The safety concerns boxes in clinical areas continue to be well utilised. These allow maternity and neonatal staff the opportunity to raise concerns anonymously. Concerns raised are discussed at the monthly safety 'drop-in' meeting, with the Maternity and Neonatal Safety Champions agreeing actions to address these. Minutes from these meetings are stored on shared drives accessible to all Maternity and Neonatal staff.

Recent concerns that have been raised and actions taken include:

- **Equipment on Postnatal ward** – additional equipment sourced.
- **Call bells system not sounding in all areas of ward, resulting in separation of team when staffing Ante/Postnatal ward** – new call bell system fitted.
- **Number of admissions to Ante/Postnatal at same time and between 07.00-08.00hrs** – protected time for no ward transfers (07.00—08.00hrs) highlighted, plus the importance of staggering admissions highlighted in Maternity Service meeting and Meridian band 7 meeting.
- **Request for more information on frequency and type of baby observations** – poster produced by Maternity Support Worker and will be finalised with policy.
- **Storage in Antenatal Clinic** – SCBU storage cupboard reviewed on level 4 and larger area provided for Antenatal Clinic storage.

Issues that cannot be resolved by the Maternity and Neonatal Safety Champions or that require further support or escalation are raised with the Board Level Safety Champion and action plans developed. This has included significant concerns regarding staffing levels within Maternity. The Board Level Safety Champion and Head of Midwifery included an options appraisal to increase midwifery staffing establishment level within the recent Maternity Staffing Oversight Board Report. The outcome being an agreed increase to the midwifery establishment.

All the 'Must Do' actions and 'should do' actions from the last CQC report have been actioned and an internal Well Led Executive review of Maternity services was undertaken on 15 October 2021. Work continues within the service to ensure that all actions are being monitored and standards maintained.

3 CNST: 10 Key Safety Actions

NHSR published the expected safety actions for year 3 of the maternity incentive scheme on 20 December 2019. Achievement of all 10 of the safety actions will result in a rebate of part of the CNST contribution to the Trust. There have been significant changes to the standards. For year 3, as with Years 1 & 2, the Board are required to have oversight of the actions and sign off that these have been implemented by the final submission date.

The team re-established the 'CNST' task and finish group to ensure that we are able to meet and evidence compliance with the standards. In June 2021, the maternity service provided the Board with a paper setting out how the Trust was meeting the safety standards. The Board approved the paper and the declaration of compliance will be submitted to NHS Resolution during the submission window of 19 July 2021 to midday on 22 July 2021. Table 5 provides a summary of our final position.

Table 5: CNST Maternity Incentive Scheme Year 3: Summary position

Safety Action	Safety action summary	Status
1	Perinatal Mortality Review Tool (PMRT)	COMPLIANT
2	Maternity Services Data Set (MSDS)	COMPLIANT
3	Avoiding Term Admissions	COMPLIANT
4	Clinical Workforce (Obs, Anaes, Paed, NN Nursing)	COMPLIANT
5	Midwifery Workforce	COMPLIANT
6	Saving Babies Lives Version 2	COMPLIANT
7	Service User Feedback	COMPLIANT
8	Multi-Professional Training	COMPLIANT
9	Maternity Safety Champions	COMPLIANT
10	HSIB and Early Notification Scheme	COMPLIANT

Year 4 of the Maternity Incentive Scheme was launched in August 2021. The 10 safety action remain the same, however there have been some changes to specific elements within each standard. The team have re-established the 'CNST' task and finish group in order to ensure achievement of the standards in year 4. The Board Declaration will be due in June 2022.

4 COVID-19 Pandemic

As previously reported, during the COVID-19 pandemic, the team have been able to maintain a full maternity service following the NICE schedule of care. Our COVID-19 maternity plan that was developed in conjunction with anaesthetic, paediatric and infection prevention and control colleagues, continues to be reviewed regularly.

During the reporting period we have seen a significant rise in the number of pregnant women and people who have tested positive for COVID-19. In addition, we have also seen an increasing number of colleagues affected by the virus. This has had a significant impact on staffing levels – see section 5 Staffing.

We continued to work closely as a system facilitated by the Devon LMS) and the Maternity Voices Partnership to ensure that the system approach is equitable to families using maternity services as well as introducing new initiatives such as pulse oximetry testing for pregnant women who have COVID-19.

5 Staffing

The staffing levels throughout this reporting period have been extremely challenging and minimum safe staffing levels have been very hard to meet. This is due to a number of factors, including a rise in the level of sickness absence, in particular mental health symptoms, maternity leave, altered duties, and self-isolation requirements.

Colleagues have been continued to be extremely flexibility and committed. However, both substantive and temporary staff are reporting high levels of fatigue, resulting in colleagues not being able to work additional shifts.

A number of actions have been taken to increase the level of staffing and mitigate the risks associated with not meeting the minimum recommended standards. This includes pausing mandatory training, specialist midwives and managers working in clinical roles, use of agency midwives and nurses, medical staff 'acting down'. Daily monitoring of staffing was put in place to ensure all actions were taken to maximise staffing levels. The risk register was reviewed and score raised to a corporate level score, along with the risk being escalated to the Senior Leadership Team, including Executive and Non-Executive Safety Champions.

Whilst September has continued to be challenging, the team have reintroduced mandatory training. There have also been 3 new midwives starting with the Trust, along with a 1 year Locum Consultant Obstetrician and Gynaecologist.

As previously reported, the Birthrate Plus[®] Establishment Review finalised report was received in March 2021. This is the recognised tool to determine maternity establishments and is externally facilitated. A bid for national funding for 14.4wte midwives was made to NHS England and Improvement to support the Trust to meet the Birthrate Plus[®] gap and the Ockenden recommendations was submitted. The maternity services were allocated funding for 4.4wte in Maternity Services. 2.8wte equivalent midwives have already been recruited with interview planned for the remaining 1.6wte.

The 6 monthly maternity staffing overview report was presented at the September 2021 Board meeting. This provided an options appraisal in relation to midwifery staffing and meeting the above requirements. The paper was approved with the outcome being agreement to fund an additional 10wte midwives. 1.2wte have already been recruited to, with additional recruitment being planned. This is likely to be a phased approach due to the number of new colleagues required. The maternity team have expressed their thanks to the Board for approving the additional funding and are looking forward to welcoming their new colleagues.

6 Conclusion

The maternity and neonatal teams continue to ensure that systems are in place to provide assurance in relation to safe midwifery care. The team are committed to reviewing and fully implementing the recommendations from the Ockenden Interim Report and strengthening the oversight provided by the Trust Board.

There has been a shortfall identified within the funded midwifery establishment and plans are in place to address this following Board agreement to fund 10wte midwives.

7 Recommendations

The Trust Board of Directors are asked to:

- Note the progress and compliance position with regard to the priority areas
- Note the key quality and safety issues identified in the report
- Note progress and next steps with regard to the CNST process

Report to the Trust Board of Directors				
Report title: Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training		Meeting date: 27 th October 2021		
Report appendix	Nil			
Report sponsor	Medical Director			
Report author	Consultant in Emergency Medicine and Guardian of Safe Working Hours			
Report provenance				
Purpose of the report and key issues for consideration/decision	To provide assurance to the Board that doctors in training under the new terms and conditions of service are working safe working hours and to highlight any areas of concern			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation				
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership	X	Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register		Risk score	
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation	
	NHS Improvement		Legislation	
	NHS England		National policy/guidance	X

Report title: Guardian of Safe Working Hours – Doctors and Dentists in training		Meeting date: 27th October 2021
Report sponsor	Medical Director	
Report author	Consultant in Emergency Medicine and Guardian of Safe Working Hours	

1. Executive Summary

The following report concerns the time period of 22nd of May 2021 up to the 14th of October 2021 based on the Exception Reports submitted by the Junior Doctor workforce.

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

2. Introduction

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

3. Exception Reports

There have been 122 Exception Reports in the period 2 March 2021 to 22nd of May. This remains lower than similar periods in 2018 and 2019. It is slightly more than the last five quarters. The relatively low numbers could represent junior doctor professionalism and good will during the coronavirus pandemic. I hope this represents a junior workforce that is happy and content with their rotas and job plans.

Table 1 – Exception Reports by Area

Specialty	No. exceptions raised in reporting period	No. exceptions closed	No. exceptions outstanding	Comment
Emergency Medicine	2	2	0	
Acute medicine	8	8	0	
General Medicine	50	46	4	

General Surgery	51	43	8	
Ophthalmology	3	3	0	
Paediatric	6	5	1	
Urology	2	2	0	
Total	122	109 (90%)	12 (10%)	

Table 2 – Exception reports by Grade

Grade	No. exceptions raised in reporting period
F1	62
F2	25
CT1-3	30
ST 4-9	5
Total	122

Table 3 – Nature of Exception

Additional Hours	108
Service support	4
Pattern	7
Educational	3

Table 4 – Outcome of Exceptions

TOIL	17	The high number of payment outcomes is caused by a large proportion being completed by myself (65/122) at 28/7 as per policy.
Payment	88	
No compensation required	0	
Agreed no further action required	1	
Outstanding	16	

4. Comment on Exception Reports

The number of exceptions in the quarter is slightly larger than the last quarter but this is likely explained by the longer period between dates (5months). 90% have been responded to, with 65 taking longer than 28days. The vast majority of exception reports have been filled by junior members of staff with the majority coming from F1 General Medical and Acute Surgical rotations.

5. Rota Reviews

Rota reviews have been carried out by Practice Managers Reports working alongside Medical HR on every Junior Doctor rota as mandated by the Junior Doctor Contract. There is an ongoing review of staffing numbers in the General Medical junior doctor rotations, with a plan to bolster numbers in the coming rotations. There is an ongoing review of the surgical F1 hot week rota.

6. Fines

There have been no Guardian fines for this period.

7. Qualitative Information

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

8. Issues Arising

- TOIL/payment difficulties: The current process requires an on-line exception report and a paper submission for hours/TOIL. The duplication of work makes it more difficult to arrange payment. The time taken to complete the various discussions to get TOIL makes it unlikely an appropriate time can be found before the end of the rotation. TOIL cannot be taken forward onto new rotations.
- The Junior Doctor Contract allows exception reporting for:
 - Any activities required for the successful completion of Annual Review of Competency Progression (ARCP) and any additional educational or development activities explicitly set out in the agreed personalised work schedule.
 - Activities that are agreed between the doctor and their employer, such as quality improvement or patient safety tasks directly serving a department or wider employing organisation, or their doctors (e.g. attending a JDF, activities related to Rota management, BMA roles, delivering teaching, or setting up training programmes).
 - All professional activities that doctors are required to fulfil by their employer (e-portfolio, induction, e-learning, quality improvement and quality assurance projects, audits, mandatory training/courses).

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

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

Our current batch of junior doctors can be commended for completing their administrative work in their own time/quiet work periods. There have been no exception reports for administrative time lost. There is nowhere in the country that has solved this issue and our policy is in line with local other hospitals within the Peninsular training region.

8. Actions Taken to Resolve Issues

- Electronic exception reporting i.e. supervisors completing exception reports on Allocate without a meeting. Reducing the need for face to face meetings and including a maximum time for response (four weeks) and a default sign-off by the GoSWH (after four weeks, or at the end of a rotation). This has brought Torbay in-line with other local Trusts and the Junior Doctor contract.
- Local agreement is that TOIL or payment for non-clinical (administrative) activity needs to be pre-agreed with supervisors. This prevents junior doctors being disappointed by a lack of opportunity to claim TOIL and protects rotas from losing hours at short notice.

9. Summary

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

Junior Doctors, workforce practitioners and rota coordinators continue to show admirable flexibility, professionalism and diligence.

Report to the Trust Board of Directors			
Report title: Engagement and communications strategy		Meeting date: 27 th October 2021	
Report appendix	Appendix 1: Tone of voice guidelines		
Report sponsor	Director of Transformation and Partnerships		
Report author	Associate Director of Communications and Partnerships		
Report provenance	Draft reviewed by the Board of Directors on 29 July 2021		
Purpose of the report and key issues for consideration/decision	<p>To approve the engagement and communications strategy.</p> <ol style="list-style-type: none"> 1. The strategy represents a significant step-change for us as an organisation with a clear focus on the importance of listening to understand our different communities, their concerns and their context 2. Building trust and listening well will involve time and resource and we need to increase our capacity and capability to do this effectively – the strategy is our avenue to a brighter future in this respect 3. The engagement and communications strategy takes into account associated organisational plans and strategies alongside system-wide plans and strategies 4. A workshop was held with our Governors which has directly informed the development of the strategy and action plan 5. The learning and feedback from Governors directly informed a further draft of the strategy which was then tested and checked with colleagues across clinical and corporate services in June and July 2021. 6. The full draft was considered by the Board of Directors at the private session in July 2021 and it was also shared with the Council of Governors for comment and feedback. All comments and feedback have been incorporated into the final draft presented today. 7. Associated documents have been developed to support the delivery of the engagement and communications plan which include a strategic narrative and tone of voice guidelines. These will be complemented by an agreed house style and a branding refresh in the coming months. 8. The tone of voice guidelines is included as an appendix today to receive Board approval. 		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>

Recommendation	The Board are asked to discuss and approve <ul style="list-style-type: none"> the engagement and communications strategy and associated action plan the tone of voice guidelines. 			
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	9
	Risk Register	X	Risk score	9
BAF Objective 10: To actively manage the potential for negative publicity, public perception or uncontrollable events that may impact on the Trust's reputation				
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	
	NHS Improvement	X	Legislation	
	NHS England	X	National policy/guidance	X

Report title: Engagement and communications strategy	Meeting date: 27 th October 2021
Report sponsor	Director of Transformation and Partnerships
Report author	Associate Director of Communications and Partnerships

Introduction

This report is to share the final draft of the engagement and communications strategy and action plan for approval.

A listening exercise was undertaken by the Associate Director of Communications and Partnerships during her first few weeks in post which informed and directed the draft aim and objectives of our new strategy.

Our strategy has been developed by taking into account a number of related strategies and plans including:

- our organisational objectives
- our developing purpose, vision and values
- our people plan
- our major incident policy and plan as well as our business continuity plans
- our new hospital programme (building a brighter future)
- our Governors and membership plan

It also considers the wider system plans and strategies including the Devon long-term plan, the Devon health inequalities plan, the South Local Care Partnership plan and the South, East and North Devon strategic network plan.

A workshop was held with our Governors on 03 June to test assumptions and check and challenge the emerging aim and objectives for our strategy. Small group sessions took place as part of the workshop to help build the actions that will support the achievement of the objectives and drive the associated workplan for the team. A similar workshop was run with the communications team as part of their team development.

The learning and feedback from these sessions directly informed a further draft of the strategy which was then tested and checked with colleagues across clinical and corporate services in June and July 2021.

The full draft was considered by the Board of Directors at the private session in July 2021 and it was also shared with the Council of Governors for comment and feedback. All comments and feedback have been incorporated into the final draft presented today.

Associated documents have been developed to support the delivery of the engagement and communications plan which include a strategic narrative and tone

of voice guidelines. These will be complemented by an agreed house style and a branding refresh in the coming months.

The tone of voice guidelines is included as an appendix to receive Board approval.

Conclusion

The engagement and communications strategy, action plan and tone of voice guidelines documents are presented for approval.

The strategic narrative will be finalised once the organisational strategy is approved. This is due to be considered by the Board of Directors in October 2021.

Recommendation

Board members are asked to **approve** the strategy, action plan and tone of voice guidelines.

Engagement and communications strategy

Introduction

Our purpose is simple. We are here to support the people of Torbay and South Devon to live well.

In order to enable us to achieve our purpose we need to understand what matters to our people, what helps them to stay well and live well and what challenges they face. This means listening carefully and consistently, having effective systems and processes in place to capture people's views and voices and regularly sharing with them our opportunities, challenges and stories.

This is vital if we are to build and maintain the confidence and trust of our staff, our patients and carers, our partners and the people who live in the communities we serve. A robust and transparent approach to engagement and communications helps build reputation, facilitates the strategic and operational running of services and supports the development of a shared consciousness so that people can understand what we are doing, why we are doing it and how we will do it while having the opportunity to be heard and have their say. It also contributes to a sense of belonging among staff and building a positive, supportive culture.

The NHS as a whole is facing challenges which are unparalleled in its 73 year history. The continuing pandemic has brought even greater public scrutiny, waiting lists have increased significantly, the financial challenges are even more acute and change is needed on multiple fronts across all services. And we are all dealing with anxiety and fear in our home and work lives, which affects our ability to deal with change, process information and how we respond in a crisis or emergency situation.

The latest Ipsos MORI Veracity Index shows that nurses and doctors remain the most trusted profession in the UK. Care home staff also receive high trust scores. And the NHS as a whole is trusted more than other UK institutions.

However, we can no longer take this trust for granted – it needs to be earned and maintained. The very reassurance, care and treatment the NHS provides means that people are emotionally connected to our services and our people in ways that make conversations about access, waits for treatment and fundamental changes in how services are provided, potentially difficult and challenging.

Why have a strategy?

Good engagement and communication has never been more important. We need people to feel heard while helping them to understand why changes may be needed or are being considered. We need to show and tell our story, our vision and our why.

Our strategy considers how we can meet the engagement and communications challenges we face while creating more opportunities to support the delivery of our organisational objectives, the fulfilment of our purpose and the ambition of our vision. It looks at how we can target our efforts and make the biggest positive impact within the available resource.

It offers a clear plan for how we will make the most of our opportunities and shows how we will measure how we are doing. Given the ever-changing internal and external landscape, our plan will be reviewed annually and will support the development of team and individual workplans.

Our engagement and communications strategy has been produced through a series of conversations with our staff, Governors, partners and our stakeholders. It sets out what we hope to achieve, how we will do this and how we will know if we have reached our objectives. It will continue to adapt and respond to our changing external environment as Devon moves towards an Integrated Care System.

Where we are now

We are currently refreshing our organisational strategy, therefore, it is timely to review our approach to engagement and communications. We are also working with colleagues on an overall approach to involvement for the organisation to include patient feedback and engagement and staff engagement as well as our public engagement and communications. We want to ensure that we hold ourselves to account for our engagement and communications with our people.

The recent creation of the post of Associate Director of Communications and Partnerships brings together public engagement and communications in a way that we have not done before and our inclusion in the Government's New Hospital Programme offers us a further opportunity to look, listen and learn in different and more effective ways. We are strengthening our engagement and communications function in recognition of the positive impact strategic engagement communications can have for staff, patient and public engagement.

We have made good progress on developing joined up plans as part of working towards a single system approach for Devon. With the Devon long-term plan, the development of the Devon integrated care system and the co-ordinated approach to the three New Hospital Programmes in Devon, we are increasingly able to join up our ways of working, our resources and our long-term transformation plans.

The development of Local Care Partnerships in Devon also supports us to address those issues which are complex and interrelated while tailoring our approach to the needs of our own communities in the South Local Care Partnership. Through the South Local Care Partnership we are beginning to coordinate how we seek specific views and opinions from our communities on key issues.

We know that we haven't been as good as we could be at listening to the people who use our services and those who work with us and for us. Our approach to engagement has been fragmented and inconsistent while our approach to communications has been reactive and unstructured.

Where we want to be

We want to have meaningful conversations with our people and our communities. This means that we give equal weight to what people want to talk to us about as to what we want to talk to people about, recognising that our priorities may not be other people's priorities. This is equally true for our staff as for our patients, carers and communities.

We commit to listen and learn – using what people tell us to inform our services while being clear about the extent to which people have the ability to influence change. We commit to sharing what has changed as a result of people’s views and feedback.

We recognise that meaningful conversations can be challenging, difficult and emotional. We commit to role modelling an approach to open, honest, timely, warm, authentic conversations at all levels and across all services.

We know that some people may have concerns about sharing their stories and experiences with us. We acknowledge that comments, views, responses and concerns shared by individuals may be reflected in our documents and publications and may be quoted verbatim. However, no individuals will be named in these documents and publications and no personal identifiable information will be shared. In certain circumstances, comments and responses made by organisations may be publicly attributed to those organisations.

Achieving our engagement and communications objectives will mean that we will:

- build confidence in us as a listening and responsive community partner with the people who use our services, our staff and our partners
- create a concise and compelling story about who we are, why we matter and how people can work with us and for us to help us achieve our vision
- produce open and honest communications in everyday language with consistent messages in a warm, human tone of voice
- use what we hear to improve our services and our engagement and communications
- help the people who live in our communities, our staff, our partners and our regulators to understand our work, our challenges and opportunities and provide a range of ways that they can have their say and share their views
- have congruence between what we say, how we say it, what we do, how it feels to work for us and how it feels to receive treatment
- put our people at the heart of our story, showing what we do, telling our story in their own words, visible, present and connected
- build our reputation locally, regionally and nationally
- attract and retain talented and skilled people to work with us and for us
- have a strong, confident, competent, multi-disciplinary engagement and communications team who works as a team of teams and who are empowered, autonomous and effective

Our objectives

The aim of our engagement and communications strategy is to support meaningful conversations with our people and communities.

This will enable us to deliver our vision, goals and purpose while reflecting and being true to our values.

We believe that the following three objectives will help us achieve our aim.

- build trusted relationships with our communities and people
- make sure people’s voices shape our services now and in the future

- create a diverse range of ways for people be informed about our work and engage with us

Objective 1: to build trusted relationships with our communities and people

This is important because it will:

- support us to understand what matters to people, what strengths we can build on and what challenges we can help to address
- support us to focus on those voices that we can struggle to hear, supporting equality and diversity while also engaging better with the silent majority
- help people to understand what we are doing, why we are doing it and how they can have their say
- help people share their experiences of health and care services in Torbay and South Devon

With the desired outcomes:

- people view us as a trusted, credible organisation which is committed to meaningful, open and honest conversations
- the people of Torbay and South Devon feel informed about our work, are aware of how they can feedback to us, feel confident to discuss issues with us and assured that these will be acted upon
- our partners and stakeholders across Devon and the south west feel connected to and involved in our work and understand how it fits together with their work and the system and regional developments
- our staff feel they belong, are valued and understand how their role connects to our purpose, positively impacting on recruitment and retention. They hear their voices and see their faces in our communications and our stories.

Objective 2: to make sure people's voices shape our services now, and in the future

This is important because it will:

- help us promote active and meaningful engagement
- show our commitment to simple, effective engagement and communications
- help us listen to the experiences of patients, carers and families and use their feedback to improve services
- make sure we hear the voices of groups and individuals who are less often heard
- help people to understand the challenges we face and why we make the decisions we do

With the desired outcomes:

- the people of Torbay and South Devon feel more able to engage with us and their trust in us increases
- people understand the challenges we face, the changes we may need to make and have the opportunity to have their voice heard
- we hear a more diverse range of voices and views which better reflect the communities we serve and the people who live and work in those communities

Objective 3: to create a diverse range of ways for people be informed about our work and engage with us

This is important because it will:

- share and celebrate the fantastic work of our teams, services and people
- show our commitment to honest communication that is easy to understand
- make sure we are reaching and hearing from a wide representation of our people and communities
- help people to understand the challenges we face and why we make the decisions we do
- help us understand the needs of the people in our communities
- build public confidence in us as a listening organisation

With the desired outcomes:

- our population and stakeholders are confident that we are acting in the interests of the people we service and that we have a clear vision for the future of local health services
- the people of Torbay and South Devon have the information they need to improve their own health and wellbeing
- our engagement and communications staff feel valued and their training and development needs are supported.

Our engagement and communication principles

Our engagement principles

- Working with, not doing to – we are all equal partners
- Listening and learning – reflecting and responding
- Transparent - on the ask and the extent of people's ability to influence decisions and outcomes

Our communication principles

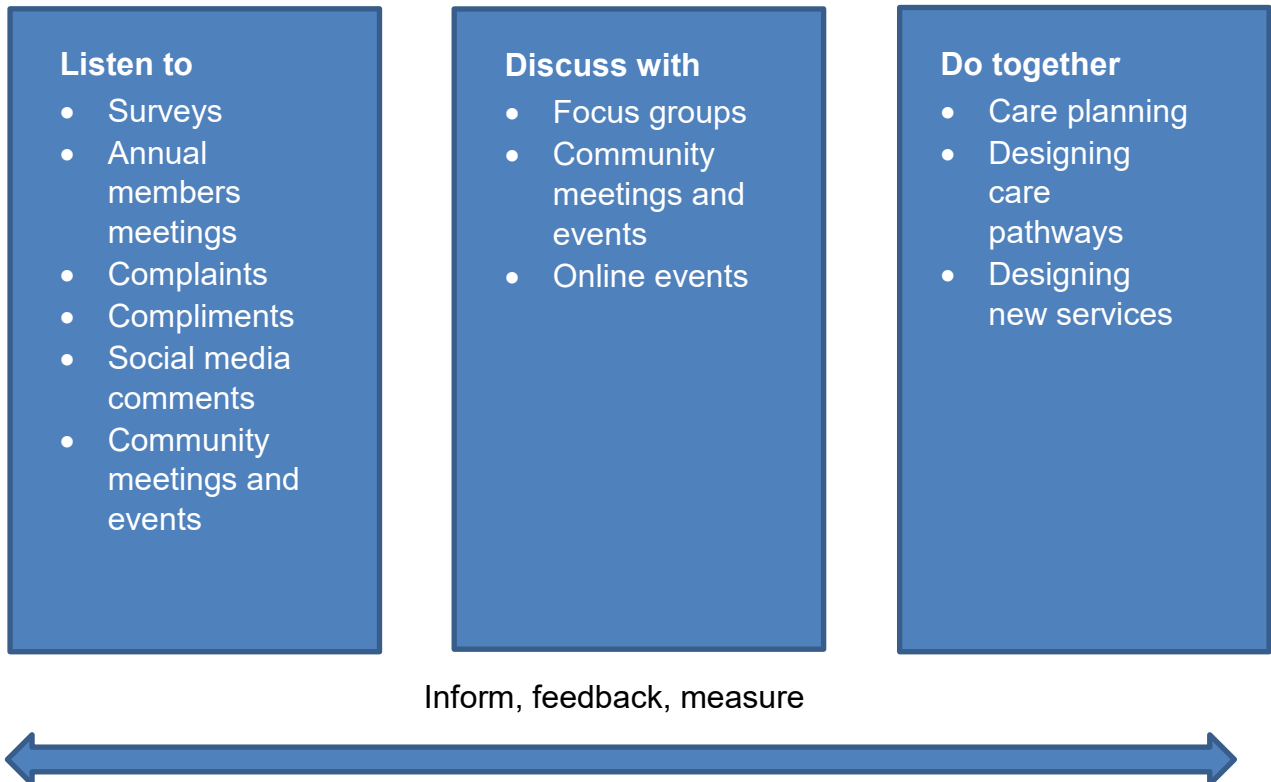
- Authentic – reflect our reality and that of our staff, patients and public
- Open and honest – realistic about our challenges and, if we are making changes, why we are making them
- Clear and simple – avoiding jargon
- Inclusive and accessible – connecting people

Everyone in our organisation is responsible for making sure these principles are applied consistently across all our services and work. The Associate Director of Communications and Partnerships and the communications and engagement team will provide specialist expertise, advice, guidance and constructive challenge as appropriate.

Our model of engagement

This is the framework we use for understanding different forms and degrees of staff, patient and public participation. It is useful to consider it when planning the types of engagement required for different work, services, programmes and plans.

Our intention is always to make sure that we are transparent on the ask and the extent of people’s ability to influence. Depending on the issue we may ask people to help us plan, or ask for their opinions on our plans, or ask them to comment on our plans. Whatever we are doing we will be clear on the extent to which people have a genuine opportunity to influence and shape our work, services, plans and programmes.



We will also use our Devon equality impact assessment tool to assess the impact of new or existing plans on particular groups of people, to find out if there is a positive or negative outcome and make reasonable changes where possible. We will identify possible disadvantages, determine if they are discriminatory and the extent to which any discrimination can be eliminated, minimised or justified.

Our audiences and stakeholders

Building trusted relationships is vital to the success of our strategy. We need to understand who key audiences and stakeholders are and what their potential role is in the delivery of our purpose to support the people of Torbay and South Devon to live well.

We recognise that binary definitions of stakeholders and audiences are increasingly redundant. For example, a colleague may well also be a patient of one of our services, or a carer of a patient. They will also be a member of our communities if they live within our geographical location. Equally a local pharmacist may be part of a partner organisation but also be a patient, or a volunteer, or a member of our Foundation Trust. While recognising the overlap between audiences as described above, audience segmentation is still a useful starting point for planning engagement and communications activities.

We recognise that different audiences will want or need different levels of involvement and engagement from informing, through listening, discussion to working together in co-design and co-production. We will use the most appropriate approach for each audience depending on the preferences of our audiences and the requirements and needs of each service, plan, programme or issue.

The very simple matrix below is not intended to be exhaustive and is in no order of priority. It is included to recognise the range of our potential audiences and stakeholders.

It is also fully recognised that we will adopt multiple approaches to different stakeholders, for example, we will listen to and discuss with members of the public and not just inform them.

<p>Inform</p> <ul style="list-style-type: none"> • Members of the public • Media (local and national) • Professional bodies • Regulators/Government – NHS England and Improvement, Care Quality Commission, Health Overview and Scrutiny Committees • Community providers eg pharmacists, opticians • Local businesses and organisations with an interest in health • Potential staff (job seekers, people returning to practice, people looking to relocate or development opportunities) 	<p>Listen to</p> <ul style="list-style-type: none"> • Patients • Carers • Patient and carer groups and organisations (locally, regionally and nationally) – for example Young Devon • Members and Governors • Third sector and voluntary organisation partners • Community leaders and groups • NHS providers and commissioners • GP practices • Social care • Patient Participation Groups • Fundraisers/donors
<p>Discuss with</p> <ul style="list-style-type: none"> • League of Friends groups • Trade union and staff side representatives • Council of Governors • Healthwatch Devon • Patient and carer groups • MPs and councillors • Devon County Council • Torbay Council • South Hams District Council • Teignbridge District Council • Parish and Town Councils • VCSE sector 	<p>Do together</p> <ul style="list-style-type: none"> • Our staff and volunteers (including bank staff) • Our non-executive directors • Patients and carers through care planning • South Local Care Partnership member organisations • NHS providers and commissioners locally and regionally • Primary care • Public health

<ul style="list-style-type: none"> • Education sector including universities and Health Education England • Emergency services/blue light services • Housing sector • Health and Wellbeing Boards • Local Medical Committee • Local Pharmacy Committee • Seldom heard or not yet reached groups including those with protected characteristics 	
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Our tools and channels

Audience	Tool/channel	Areas for development
Patients and carers	Patient and carer information leaflets, letters and documents TV screens on sites Posters and flyers Website Social media channels (Facebook, Twitter and LinkedIn) Local media Devon Virtual Voices Panel	Hiblio TV channel Online surveys and questionnaires Focus groups/workshops Social media channels
Members	Annual Members Meeting Website Social media channels (Facebook, Twitter and LinkedIn) Local Media	Membership newsletter Membership events Online surveys and questionnaires Focus groups/workshops Social media channels
Governors	Fortnightly Governor update Email circulation list Governor meetings and network events	
Key stakeholders	Monthly stakeholder newsletter Website Social media channels (Facebook, Twitter and LinkedIn) Local media MP briefings	Online surveys and questionnaires Focus groups/workshops Social media channels

	Attendance at HOSC and other relevant meetings Annual report and quality account	
Our people (staff)	Twice weekly e-newsletter ICON (intranet) All staff emails Monthly Trust Talk Weekly Chief Executive vlog Weekly Executive vlog Induction and training Staff networks Senior managers briefing Screensavers Social media channels (Facebook, Twitter and LinkedIn) Posters and fliers Pull up banners TV screens Virtual staff room	Further development of e-newsletter to include analytics Online surveys and questionnaires Focus groups/workshops Social media channels
Members of the public	Annual report and quality account Website Social media channels (Facebook, Twitter and LinkedIn) Local media	Social media channels
Media	Press releases and briefings Website Social media channels (Facebook, Twitter and LinkedIn)	

Measuring our progress

Audience	Measurement	Evaluation
Patients and carers	Embed feedback into our communications Healthwatch – critical friend	Complaints, compliments, number of stories showing how we are using feedback, patient stories
Members	Two-way dialogue Regular communications	Numbers of members Membership spread across demographics Membership retention rate Interest levels in Governor posts

Governors	Governor elections Number of candidates Two-way dialogue Regular meetings	Governor retention rate, Feedback from Governors, working relationship
Key stakeholders	Stakeholder newsletter evaluation	Open rates and analytics for stakeholder newsletter, working relationship,
Our people (staff)	Annual NHS staff survey Quarterly staff pulse check Ad hoc feedback	Sickness absence rate Retention rate Relationship with staff networks and staff side
Members of the public	Website analytics Social media usages statistics including posts issued, engagement, reach and conversations Individual campaign evaluation	Tone Usage Key messages Reputation
Media	Media monitoring Attendance at events, briefings	Tone Volume Key messages Reputation

Our messages

Consistent high-level messages support our engagement and communications strategy. They also provide us with clear, simple messages for our people, communities and stakeholders on key issues. Where appropriate, we will co-ordinate consistent repetition of key messages with our partners to our audiences and stakeholders.

Our high-level key messages are contained with our core strategic narrative. We strive for many different and diverse voices telling our stories with a shared language and vocabulary.

In our conversations with our communities, including our staff, we focus on what matters to people, what any message or change means for them, how they can make a positive difference, how it feels to work with us and for us and how it feels to receive care and treatment.

We build our stories around:

- Purpose – why we are here – one shared vision, our touchstone that connects us whatever our role and helps us when we have difficult decisions to make
- People – colleagues, culture, wellbeing, showing rather than telling
- Place – locations, specialisms, agile, building a brighter future
- Partners – Devon integrated care system, South local care partnership, South east and north Devon strategic network, Governors, members, VCSE organisations, our communities

- Praise – celebrate, innovate, inspire
- Problems – we own our problems, we welcome change, we seek solutions
- Personal – human, warm, fallible (where appropriate), real

Delivery, outcomes and evaluation

We have an action plan for 2021/22. During each of the next two years we will public an action plan for the year ahead based on our objectives and priorities as well as feedback from staff, patients, carers and stakeholders. We will report quarterly to the Board of Directors on progress against the annual action plan as well as goals and outcomes for where we want to be in April 2024.

Evaluation is key to measuring the impact and effectiveness of our approach. Our approach to evaluation focuses on listening to our staff, patients, carers and communities to understand if our engagement and communications are meeting their needs and adapting our approach in response to their feedback.

We continually review and evaluate our activity so that we are able to be flexible and responsive. As part of our evaluation we look at four key areas:

- What we planned to do and why
- What we produced and where it was used
- What people tell us, their experiences and feedback
- What people did differently as a result and what impact we can measure

We will use a combination of ongoing feedback and soft intelligence as well as data and statistics where appropriate, for example:

- Responses and changes over time in staff surveys (annual and pulse checks), number of queries on Just Ask
- Attendance at events - in-house, online and our communities
- Followers, shares, likes, reach, impressions and use of hashtags on social media and digital channels
- Page visits and click-throughs on website, intranet and digital publications, open rates on email newsletters
- Award finalists and winners locally, regionally and nationally
- Complaints, compliments, Governor questions
- Local, regional, national and trade media coverage, balance of coverage and breadth of reach
- Changes over time in responses to surveys, polls and questionnaires

Engagement and communications strategy action plan

Objective 1: to build trusted relationships with our communities and people

Action	This year	Next year	Intended outcome
Taking a transparent, open and honest approach to our engagement and communications activity	<p>Continue regular reports to the Board of Directors (quarterly through the Director of Transformation and Partnerships report)</p> <p>Provide bespoke reports to the Board of Directors and Council of Governors as required</p> <p>Establish an engagement and communications annual report</p>		<p>The people of Torbay and South Devon, our commissioners and our regulators feel confident that we have a clear strategy and plan and that we are holding ourselves to account for delivering the strategy and plan</p> <p>We are always learning</p>
Build relationships with groups and individuals	<p>Plan how to fill the identified gaps to reach as many people as possible</p> <p>Connect with established groups already in place</p> <p>Build on how we engage with the voluntary, community and social enterprise sector as well as partner organisations through the South local care partnership</p>	Bring together our patient and carer engagement groups, members and Governors, and other key stakeholders to form an involvement forum to meet quarterly	<p>The people of Torbay and South Devon feel informed and are aware of how they can feed back to us, feel confident to discuss issues with us and are assured that these will be acted upon</p> <p>We are always learning</p> <p>We are compassionate and inclusive</p>

	<p>Regularly ask our people and communities what matters to them, what helps them stay well, live well and what challenges and barriers they face in living well and use this insight to develop our service plans and frame our communications</p> <p>Refresh our monthly stakeholder newsletter to be more interactive and engaging while introducing analytics to track engagement and activity</p> <p>Map current patient and carer engagement groups already in place across all services (clinical and corporate)</p> <p>Work with community partners and where appropriate commission semi-structured interviews, focus groups etc using a community asset based approach</p>		<p>We each have a voice that counts</p>
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<p>Working with system partners to share our common vision for NHS services in Devon and maximise engagement and understanding</p>	<p>Work collaboratively with our partners on health messaging and information sharing</p> <p>Meet regularly with engagement and communications leads in the Devon integrated care system and South local care partnership to support joint working</p> <p>Support the development of a number of specific system wide campaigns, for example, winter, Covid-19 vaccination</p> <p>Share system-wide purpose and vision through all our channels</p>		<p>The people of Torbay and South Devon are well informed and have a good understanding of local services and what is available to them</p> <p>The people of Torbay and South Devon understand the challenges we face and how we are working together to address them. They are aware of how they can feed back to us, feel confident to discuss issues with us and are assured that these will be acted upon</p> <p>The people of Torbay and South Devon have the information they need to improve their own health and wellbeing</p> <p>We are a team</p>
<p>Develop a common language which is simple, easy to understand and engaging and which is used for all our</p>	<p>Develop and agree our strategic narrative and story</p>	<p>Audit the use of strategic narrative, our tone of voice, house style and branding</p>	<p>The people of Torbay and South Devon are well informed and have a good understanding of local</p>

<p>engagement and communications across all services</p>	<p>Develop tone of voice guidelines which clearly outlines our commitment to using plain English and simple, everyday language in our communications</p> <p>Create a house style to support the branding refresh and tone of voice guidelines (see above)</p> <p>Adopt the reading age check as a basic standard for our communications</p> <p>Translate complex change into 'what does it mean for me/my family/my role'</p>	<p>across all services and take any remedial action required</p> <p>Provide training to staff on our tone of voice and house style as required</p>	<p>services and what is available to them</p> <p>The people of Torbay and South Devon have the information they need to improve their own health and wellbeing</p> <p>The people of Torbay and South Devon feel more able to engage with us and their trust in us increases</p> <p>We are compassionate and inclusive</p>
<p>Support the People Directorate to recognise and reward our staff for their hard work, achievements, milestones and commitment</p>	<p>Create branded cards which can be used for personal messages from Executives including for retirement and wellbeing messages as well as acknowledgement</p> <p>Refresh our thank you postcards for staff, patient and</p>		<p>Our people feel valued and recognised for their work and their contributions</p> <p>Our people feel a sense of belonging and feel recognised and rewarded</p>

	<p>public use to reflect our new branding</p> <p>Support the development of our values, ensuring they are embedded in our work and behaviour</p> <p>Review our staff heroes awards scheme to simplify the process, reduce bureaucracy, clarify the criteria, improve awareness and ensure consistency with our refreshed branding</p>		<p>People looking for a new role, opportunity or challenge view us positively as a potential employer</p> <p>We are a team</p> <p>We are recognised and rewarded</p> <p>We each have a voice that counts</p>
<p>Train and support the professional development of our engagement and communications staff</p>	<p>Identify training needs and assign dedicated personal time for continual professional development (pro rata for part time staff)</p> <p>Hold regular monthly team development sessions</p> <p>Establish an annual training plan linked to appraisals</p>	<p>Source mentoring programme for team members</p>	<p>Our engagement and communications team feel valued, their training and development needs are supported, people are able to grow and progress their careers</p> <p>We are a team</p> <p>We are always learning</p> <p>We are recognised and rewarded</p>

<p>Learn from good practice and what is working well elsewhere in the county and country</p>	<p>Regular attendance and participation in the Devon system Heads of Communications network</p> <p>Join regional and national engagement and communications networks</p> <p>Join the Consultation Institute as a member organisation and support key staff to undertake relevant training</p>	<p>Support the engagement and communications team to access training and development opportunities</p> <p>Regularly source good practice from both inside and outside the NHS and share this with others</p>	<p>Our engagement and communications team understand their role and what is expected of them in terms of engagement and communications – and have the support they need to do this effectively</p> <p>We are a team</p> <p>We are always learning</p> <p>We work flexibly</p>
<p>Support staff to understand the value and purpose of high-quality engagement and communications</p>	<p>Provide support and advice to staff on good engagement and communications practice</p> <p>Identify and build a network of engagement and communications allies, including specialist storytellers, across all services and connect them together</p> <p>Develop a series of training masterclasses for staff on key aspects of communication including:</p>	<p>Develop a mentoring and coaching programme for staff interested in learning more about good engagement and communications</p> <p>Hold regular story telling sessions with our engagement and communications allies</p>	<p>Our people understand their role and what is expected of them in terms of engagement and communications and have the support they need to do this effectively</p> <p>Our people feel supported and valued, able to express their ideas and opinions, positively impacting on wellbeing and retention</p> <p>We are always learning</p>

	<ul style="list-style-type: none"> • How to pitch a story • How to write for different audiences • Writing for the web • Twitter 101 • Media training <p>Working with colleagues in Digital Horizons we will also develop and offer a masterclass on how to film and edit video (including storyboarding and scripting)</p> <p>Include at least one patient story a month in our ICO News newsletter for staff</p>		We are a team
Train and develop our staff to be confident in engaging with all audiences and supporting them to understand the power of patient and public engagement	<p>Train the core engagement and communications team in the NHS 10 steps to better engagement programme</p> <p>Facilitate train the trainer session for identified core staff (at least 3 people)</p>	Roll out regular training programme of 10 steps to better engagement for identified staff	<p>Our people understand their role and what is expected of them in terms of engagement and communications and have the support they need to do this effectively</p> <p>Our people feel supported and valued, able to express their ideas and opinions, positively impacting on wellbeing and retention</p>

			<p>We are always learning</p> <p>We are a team</p> <p>We are compassionate and inclusive</p>
<p>Making sure public information is current and accurate; providing consistency across our website</p>	<p>Work with the web team to audit our website to remove inaccurate, out of date and misleading information</p> <p>Work the web team to review and refresh website content to reflect our tone of voice and key messages</p> <p>Support the web team to improve the accessibility of the website</p>		<p>The people of Torbay and South Devon are well informed and have a good understanding of local services and what is available to them</p> <p>The people of Torbay and South Devon have the information they need to improve their own health and wellbeing</p> <p>The people of Torbay and South Devon feel more able to engage with us and their trust in us increases</p> <p>We each have a voice that counts</p> <p>We are always learning</p>

Objective 2: to make sure people’s voices shape our services now, and in the future

Action	This year	Next year	Intended outcome
<p>Support and contribute to the development of an organisational involvement strategy – ensuring congruence between our people plan, patient feedback and engagement strategy, membership strategy and this strategy</p>	<p>Develop an agreed mixed methodology approach for engagement – semi-structured interviews, focus groups, surveys</p> <p>Co-design the involvement strategy and seek ratification from the Board of Directors</p> <p>Work with the patient feedback team to develop a you said, we did process for sharing feedback and outcomes via patient and staff stories for social media and other relevant channels</p>	<p>Refine our processes for sharing patient feedback and stories</p>	<p>The people of Torbay and South Devon feel informed and are aware of how they can feed back to us, feel confident to discuss issues with us and are assured that these will be acted upon</p> <p>The people of Torbay and South Devon feel more able to engage with us and their trust in us increases</p> <p>Our people feel supported and valued, able to express their ideas and opinions, positively impacting on wellbeing and retention</p> <p>We each have a voice that counts</p> <p>We are always learning</p>
<p>Work with the Foundation Trust office to engage and communicate with Governors on a regular basis</p>	<p>Provide advice and guidance to the Foundation Trust office to support the refresh of the fortnightly Governors update</p>		<p>Our Governors feel informed and involved, feel confident to discuss issues with us and are assured that these will be acted upon</p>

	<p>Attend Council of Governors meetings and network meetings on request and on a regular basis</p> <p>Allocate dedicated pages in our monthly stakeholder newsletter for Governor profiles, updates and calls to action – work with the Foundation Trust office to ensure a regular flow of content</p> <p>Provide answers to Governor queries in a timely and appropriate manner</p>		<p>Our Governors work with us in partnership to help us improve our engagement and communications and to reach, engage and listen to more of our communities</p> <p>We each have a voice that counts</p> <p>We are always learning</p> <p>We are a team</p> <p>We work flexibly</p>
<p>Support the development and delivery of an effective member engagement and communications strategy in partnership with the Foundation Trust team</p>	<p>Undertake a data cleanse of our membership database to update demographic information and contact details</p> <p>Support engagement and communications for the Annual Members' Meeting including promotion of the event, supplying video content and storyboarding</p>	<p>Work with the Membership Committee and Foundation Trust office to develop our offer to members</p> <p>Work with the Membership Committee and Foundation Trust office to develop a targeted membership recruitment campaign for identified demographics</p>	<p>Our members feel valued and recognise the benefits of membership for themselves and for their communities</p> <p>Our members feel informed and involved, feel confident to discuss issues with us and are assured that these will be acted upon</p>

	<p>Support the production of the Annual Report and Quality Account in various formats including an infographic and an annual review summary</p> <p>Develop a schedule for promoting membership through our social media channels and stakeholder newsletter</p> <p>Support the Foundation Trust office in the design and production of a regular membership newsletter</p>	<p>Explore Live Tweeting from the Annual Members Meeting to increase accessibility and participation</p> <p>Focus on connecting with people who aren't online and findings new ways to support them to be members</p>	<p>Our members are encouraged and supported to become Governors and to play a more active part in our work</p> <p>We each have a voice that counts</p> <p>We are always learning</p> <p>We are compassionate and inclusive</p> <p>We are a team</p>
<p>Support people to hold us to account</p>	<p>Create a proactive publicity programme for the Board of Directors to actively promote the public part of the meeting and encourage people to attend</p> <p>Advertise and promote the Board of Directors meetings and offer people the opportunity to ask questions using a clear hashtag</p>	<p>Tweet and post questions and answers from the Board of Directors meeting and share these through the monthly stakeholder newsletter</p> <p>Develop a proposal and plan to live Tweet the Board of Directors meetings</p>	<p>The people of Torbay and South Devon feel informed and are aware of how they can feed back to us, feel confident to discuss issues with us and are assured that these will be acted upon</p> <p>The people of Torbay and South Devon feel more able to engage with us and their trust in us increases</p>

			<p>We each have a voice that counts</p> <p>We are compassionate and inclusive</p>
<p>Establish closer relationships with local media and our voluntary sector partners to reach those without access to the internet</p>	<p>Create a database of local newspapers, parish bulletins, free publications and other publications</p> <p>Pilot a fortnightly health matters column in Torbay Weekly</p> <p>Work with colleagues in the South Local Care Partnership to share short briefings and updates through their channels to their audiences</p>	<p>Through Devon integrated care system connect with Patient Participation Groups in Torbay and South Devon and provide regular short briefings which they can share with their PPGs and with their own local publications</p>	<p>The people of Torbay and South Devon feel informed and are aware of how they can feed back to us, feel confident to discuss issues with us and are assured that these will be acted upon</p> <p>The people of Torbay and South Devon feel more able to engage with us and their trust in us increases</p> <p>We each have a voice that counts</p> <p>We are compassionate and inclusive</p> <p>We work flexibly</p>
<p>Celebrate the diversity of our people and communities</p>	<p>Work with EDI leads and staff networks to tell the stories of</p>		<p>Our people feel valued, seen and heard</p>

	<p>our staff across all our networks</p> <p>Ensure moments, holidays, celebrations throughout the year are recognised in our internal and external communications</p> <p>Support ongoing communications about staff networks and forums</p>		<p>Our people feel a sense of belonging and feel confident to be part of our organisation</p> <p>People looking for a new role, opportunity or challenge view us positively as a potential employer</p> <p>We each have a voice that counts</p> <p>We are recognised and rewarded</p> <p>We are a team</p> <p>We are compassionate and inclusive</p>
<p>Involve and engage our communities in our future vision</p>	<p>Develop a robust engagement and communications plan for our building a brighter future programme as we move to outline business case</p>		<p>The people of Torbay and South Devon understand our challenges and the opportunity we have to work in different ways to provide better care and better outcomes</p>

	<p>Establish a working group with Governors to support the development of the above</p>		<p>The people of Torbay and South Devon have a range of opportunities to get involved in the development of our plans, have their views heard and shape our future with us</p> <p>Our commissioners, regulators and key stakeholders are kept informed of our plans and have the opportunity to comment and feed in their views at relevant stages and are assured that we are listening to our people</p> <p>We each have a voice that counts</p> <p>We are always learning</p> <p>We are compassionate and inclusive</p> <p>We work flexibly</p>
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Objective 3: to create a diverse range of ways for people to be informed about our work and engage with us

Action	This year	Next year	Intended outcome
Review our media relations	<p>Refresh our database of local, regional, national, trade, journalist contacts</p> <p>Identify media training needs of key individuals within the organisation and develop a training plan</p> <p>Develop our media experts list</p> <p>Review our Media Policy and standard operating procedure for handling media enquiries</p>	<p>Develop a thought-leadership approach for senior leaders and work with key identified publications to place commentary, features and views</p> <p>Continue to deliver media training programme to identified staff</p> <p>Develop a programme of crisis media training for identified individuals and roll this out</p> <p>Build and refine our media experts list</p>	<p>Our people feel confident to act as ambassadors for our work and engage positively with local, regional, national and trade media</p> <p>People looking for a new role, opportunity or challenge view us positively as a potential employer</p> <p>We each have a voice that counts</p> <p>We are compassionate and inclusive</p> <p>We are a team</p>
Put our people at the heart of our stories, supporting our staff, patients, carers and	Work with the digital horizons team to create visually engaging stories to support our proactive content planner		Our people feel valued and recognised for their work and their contributions

<p>volunteers to tell their stories in their own voices</p>	<p>Work with our engagement and communications allies across all services to explore new ways of storytelling</p>		<p>Our people feel a sense of belonging</p> <p>People looking for a new role, opportunity or challenge view us positively as a potential employer</p> <p>The people of Torbay and South Devon see people they know, their friends and family in our communications, they feel more able to engage with us and their trust in us increases</p> <p>We each have a voice that counts</p> <p>We are compassionate and inclusive</p> <p>We are a team</p>
<p>Develop accessible communications channels and documents</p>	<p>Use alt text on all images on social media</p>	<p>Produce more documents and information in infographic format, audio formats and video formats</p>	<p>The people of Torbay and South Devon are well informed and have a good understanding of local</p>

	<p>Ensure all videos shared online and on social media have subtitles</p> <p>Adopt capitalisation on hashtags on social media so they are readable by screen readers</p> <p>Source easy read training for the engagement and communications team</p>	<p>Produce key corporate publications in easy read, accessible formats</p>	<p>services and what is available to them</p> <p>The people of Torbay and South Devon have the information they need to improve their own health and wellbeing</p> <p>We are compassionate and inclusive</p> <p>We each have a voice that counts</p>
<p>Tailor communications to suit individual needs</p>	<p>Work with the Accessible Information Team to ensure there is a smooth process for translating information on request</p> <p>Work with the Accessible Information Team to ensure there is a smooth process for providing information in alternative formats such as large, print, audio, Makaton, BSL etc on request</p>		<p>The people of Torbay and South Devon are well informed and have a good understanding of local services and what is available to them</p> <p>The people of Torbay and South Devon have the information they need to improve their own health and wellbeing</p> <p>We are compassionate and inclusive</p>

			We each have a voice that counts
Support the people directorate to attract, recruit and retain talented and skilled people	<p>Pilot a digital communications assistant post (funded by the People Directorate) to focus on attracting and recruiting staff and showcasing us as a great place to work</p> <p>Develop recruitment marketing campaigns and amplify by promoting recruitment open days/events, vacant roles (including apprenticeships) and staff stories through our digital and social channels</p> <p>Promote us as a great place to train by promoting courses/training opportunities and sharing staff stories through our digital and social media channels</p>	Review the digital communications assistant post and seek future funding.	<p>Our people feel valued and recognised for their work and their contributions</p> <p>Our people feel a sense of belonging</p> <p>People looking for a new role, opportunity or challenge view us positively as a potential employer</p> <p>We are a team</p> <p>We each have a voice that counts</p> <p>We are compassionate and inclusive</p> <p>We are recognised and rewarded</p>
Making events and meetings more accessible	When booking external venues, make sure they are easily accessible, provide		The people of Torbay and South Devon feel informed and are aware of how they can feed back to us, feel

	<p>hearing loops and have sufficient free parking close by</p> <p>Schedule events and meetings at weekends or evenings where appropriate to facilitate attendance</p> <p>Wherever possible, book a 'break out' room to serve as a quiet space for people who may need a break during large meetings, events or workshops</p> <p>Ensure BSL interpreters and other assistance is available at events as required</p> <p>Ensure the needs of different audiences are taken into account when planning and providing online events, workshops and meetings</p>		<p>confident to discuss issues with us and are assured that these will be acted upon</p> <p>The people of Torbay and South Devon feel more able to engage with us and their trust in us increases</p> <p>We work flexibly</p> <p>We are compassionate and inclusive</p> <p>We are safe and healthy</p>
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Our tone of voice guidelines

How we speak and write

How we write and speak affects how people feel about us. The words we use have the power to offer comfort and encouragement at difficult times and to build trust and confidence. They can bring people together and create a sense of shared purpose and community. They also have the ability to create doubt, uncertainty and confusion.

Our words build our communications and these should reflect our values as well as those set out in the NHS Constitution. They should be simple, clear, accessible, factual, straightforward, concise, honest, open, professional and respectful.

Our tone of voice is directly affected by the words we choose to use and simply changing those words can make us more or less welcoming. It can make the difference between someone applying for a job with us or feeling reassured that their loved one will be cared for as they would wish. It can make the difference between someone feeling able to ask for help or make a telephone call. It is therefore vitally important that we get this right, as it could potentially make the difference between someone getting the help they need, or not.

Many of our patients have contact with us when they are at their most vulnerable. Pain, fear and anxiety can affect how people respond to our words. Our communications must be centred around our patients and focus on what they need to know (not what we want to say).

We are proud of our people. They are dedicated and passionate about providing high quality care. They are highly skilled and trained in their fields with the knowledge, experience and expertise to care for people with kindness. Our tone of voice is equally important when communicating with each other – how we talk, write and behave towards each other as colleagues and professionals can make us feel valued, supported and give us a sense of belonging. Or it can leave us feeling unheard, dismissed and excluded.

Our communications will be in the same tone as the way we speak to people. We want our communications to be capable of being spoken out loud and sound as if they are addressed to an individual. Our communications are a conversation, not a lecture. We will sound welcoming and relatable, not corporate. The style should be both personal and direct, while also maintaining an air of professionalism and, where appropriate, authority.

Our communications should make our audiences feel that we are approachable and human. They should be warm, non-judgemental and empathetic. Our tone should always communicate genuine understanding and respect. Our audience should feel informed and empowered. We should not sound corporate or distant or use language that makes people feel excluded.

We are open to questions and explain why we have made the decisions we have, whether that be about individual care, service change, job changes or our future plans.

When our full name has been made clear, i.e. the logo is included, use 'Torbay and South Devon' not 'Torbay and South Devon NHS Foundation Trust'. Where there is no logo, we use our full name then 'Torbay and South Devon' thereafter.

- We own our communications, our behaviour and our actions. We talk about 'we', 'us' and 'our'. We don't talk about ourselves in the third person. We say 'we' not 'the trust', not 'T&SDFT' and not 'Torbay and South Devon NHS Foundation Trust'. For example, 'we support the people of Torbay and South Devon to live well.' Not: 'the trust supports the people of Torbay and South Devon to live well.'
- Our tone of voice is the same whether we are speaking to each other as colleagues within our own teams or across services or whether we are speaking to the people who use our services, our partners or the public. We are consistent in how we speak, talk, listen and act.
- We use the active voice. It is our people and services who make things happen and our communications should show this. For example, 'our people will listen to you and talk to you about the things that are important to you. This will help us to be able to improve the quality of the services we provide to you.' Not: 'The trust is committed to listening to the public and using this feedback to make improvements.'
- We put people first. We know people are more than their diagnosis. We talk about 'people who may have additional support needs' not 'disabled people'. We talk about people living with dementia' and not 'people with dementia'. We also know that people are more than their jobs. We recognise the roles and responsibilities that our staff have outside of work – we celebrate their joys and we empathise with their challenges.
- We are clear. We avoid jargon, acronyms and unnecessary technical language and use words which are as simple and accessible as possible. For example, 'We want to provide support and services to enable people to stay in their own homes and communities'. Not: 'We will facilitate community-based provision which will help us move away from a bed-based model of care.' Or, 'we are working hard to keep services running as safely as possible'. Not: 'we are aiming to retain a significant amount of surgery capacity'. If an acronym is to be used, we make sure that the full title is used in the first mention, followed by the acronym in brackets, e.g. "The Royal College of Nursing (RCN) recommends..."
- We use real stories or case studies and facts to show what we do, who we are and how we make a difference. We feature our staff and our partners in our stories as well as people who use our services.
- We are hopeful. We use the language of living well and living the best life possible. We say 'together we can support you to live well even though some symptoms may stay with you.' Not: 'Less than 40 per cent of people will recover.'

- We use contractions to make our language less formal. For example, 'It's not always easy to tell someone you've got a brain injury.' Not: 'It is not always easy to tell someone you have got a brain injury.'
- We don't make assumptions. We say 'you may feel' not 'you will feel'.
- We are always honest 'for many people, there is no quick and simple treatment to deal with addiction' or 'we need to make difficult decisions about which services will move to the new building'.
- We are reassuring 'however, with the right treatment and support, it is possible to manage to reduce your alcohol use and live well' or 'we will listen to your concerns and make sure we include them in our decision making'.
- We are caring. We show kindness and respect in everything we do and that includes our communications. For example, 'we know that you may find going into hospital frightening or worrying but our people are there to support you and your family'. Not: 'some people will show fright or apprehension when admitted to a hospital ward.'
- We speak with honesty and confidence about cognitive impairments, learning disabilities, mental health conditions and addiction. We use empathetic language but we don't avoid the very real issues people face. The language we use helps to inspire trust.
- We are empathetic – we acknowledge and recognise the stress that being unwell or living with a long-term condition can bring. We also recognise and acknowledge that many of our staff are affected by work-related stress and our messages may, at times, cause people to feel stressed. We are thoughtful and sensitive when talking or writing about subjects which can provoke strong emotional reactions

Patients versus service users versus clients

We know that different people have different preferences and our staff and services also have their own views. The terms we use to describe the people we support matter.

Traditionally the NHS has used patients for all those who receive care. Over the past twenty years, the term service user has been in regular use in mental health services.

For some, the use of patients supports the parity of esteem for physical and mental health, equating them as equal and acknowledging that mental health problems are an illness like any other. It helps to reduce stigma by reassuring people that, just as with a broken leg or heart disease, the illness isn't defined by a person or individual.

However, others, including many people with long term conditions, feel that the use of the term patient defines them as being 'ill' when they have a condition that they live with for their whole life. The term makes them feel passive and vulnerable, that they are in receipt of 'treatment' and play no active role in their own recovery and wellbeing.

In addition, research shows that the majority of people using maternity services do not like the term 'patient' being used as they do not consider pregnancy to be an 'illness'.

Some people who experience problems with substance misuse or alcohol prefer the term client to either patient or service user. Others feel that 'client' has business overtones while others have even said that it makes them feel like someone using illicit services (referencing prostitutes and their clients).

As you can see, it's a sensitive issue, with widely diverging opinions.

In our communications we strive to not isolate or offend anyone. Therefore, where possible, we will call people who use the services we provide people. And say, 'We support people in Torbay and South Devon.' We will refer to 'people who use our services' and 'people we support'.

However, we appreciate that may cause problems, particularly when trying to differentiate between patients and NHS staff or patients and carers. And because the NHS staff plan is called the people plan!

In these cases, we will consider if a more specific description would make things clearer. For example: "she was a patient at Torbay District Hospital at the time'. Such decisions will be made on a case by case basis.

Carer versus family or friend

As above, we know that people have different preferences. We use carers, family and friends where possible to acknowledge the important roles played by people within these categories.

However, where word space is limited we will use carers by itself to denote those people who support the people who use our services. Carers is a recognised term and acknowledges people in a supporting role, whether they provide active care, psychological support or practical help. Defining supporters as carers also makes sure that they have access to the support and help available to carers from local services, national services, charities and the Government.

For further assistance or to receive this information in a different format

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Version Control

Report to the Trust Board of Directors			
Report title: Sustainability Position and Green Plan Development		Meeting date: 27 th October 2021	
Report appendix	N/A		
Report sponsor	Deputy Chief Executive & Chief Finance Officer		
Report author	Interim Director of Environment		
Report provenance	N/A		
Purpose of the report and key issues for consideration/decision	<p>This paper sets out the Trust's current position with respect to the sustainability agenda, our achievements to date and our future objectives to comply with national NHSEI sustainability targets.</p> <p>The paper also describes the Net Zero Carbon (NZC) opportunities presented by the Building a Brighter Future (BBF) / New Hospital Programme (NHP) and the current risks to meeting our carbon reduction targets beyond BBF.</p> <p>In order to improve our compliance with national requirements, we ask Board to approve:</p> <ul style="list-style-type: none"> • The nomination of a Senior Responsible Officer (SRO) to act as NZC Lead (proposed to be the DCEO) • The use of some Board Development time to agree our definition of social value • The development of a three-year Green Plan which aligns to <i>Greener NHS</i> guidance • Approve the formation of a Sustainability & Wellbeing Group to provide appropriate governance 		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>
Recommendation	<ol style="list-style-type: none"> 1. To approve the nomination of an SRO for NZC 2. To approve a Board development session on social value 3. To approve the development of a three-year Green Plan 4. To approve the creation of a Sustainability & Well Being Group 		

Summary of key elements			
Strategic objectives supported by this report	Safe, quality care and best experience	x	Valuing our workforce
	Improved wellbeing through partnership	x	Well-led x
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score
	Risk Register		Risk score
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation x
	NHS Improvement		Legislation x
	NHS England		National policy/guidance x

Report title: Sustainability Position and Green Plan Development	Meeting date: 27 th October 2021
Report sponsor	Deputy Chief Executive & Chief Finance Officer
Report author	Interim Director of Environment

1. Introduction

The sustainability agenda is increasing in both importance and urgency. The UK is about to host COP 26, and it is expected that a wide range of policy announcements will follow in order to accelerate decarbonisation initiatives.

As a healthcare provider we are obliged to deliver sustainable healthcare, safeguard human health, and meet statutory and mandatory requirements in the context of sustainability. The Trust is starting to make meaningful contributions towards reducing carbon emissions as both a provider of healthcare services and as a major employer within the Torbay & South Devon community.

We have made initial steps towards reducing our carbon impact, such as the significant and widespread replacement of energy inefficient lighting throughout our estate with modern energy efficient Light Emitting Diode (LED) lighting, that has the potential to save 290 tonnes of carbon dioxide per annum. We have also been awarded £50K of national funding to assist us to produce a Heat Decarbonisation Plan (HDP) that we must complete by 31st March 2022, which will complement our Building a Brighter Future (BBF) programme and its inherent NZC mandate.

At last month's Trust Board, Board approved a proposal to work towards a Heads of Terms with Torbay Council (TC) that will pave the way to enter into a commercial agreement with TC to receive renewable electrical energy from a photovoltaic (PV) farm built and operated by the local authority.

This is only the start, and as an organisation committed to sustainable development, we will strive to improve our strategic approach to sustainability and our intent to decarbonise our business and services in accordance with the UK and NHS targets.

2. National context

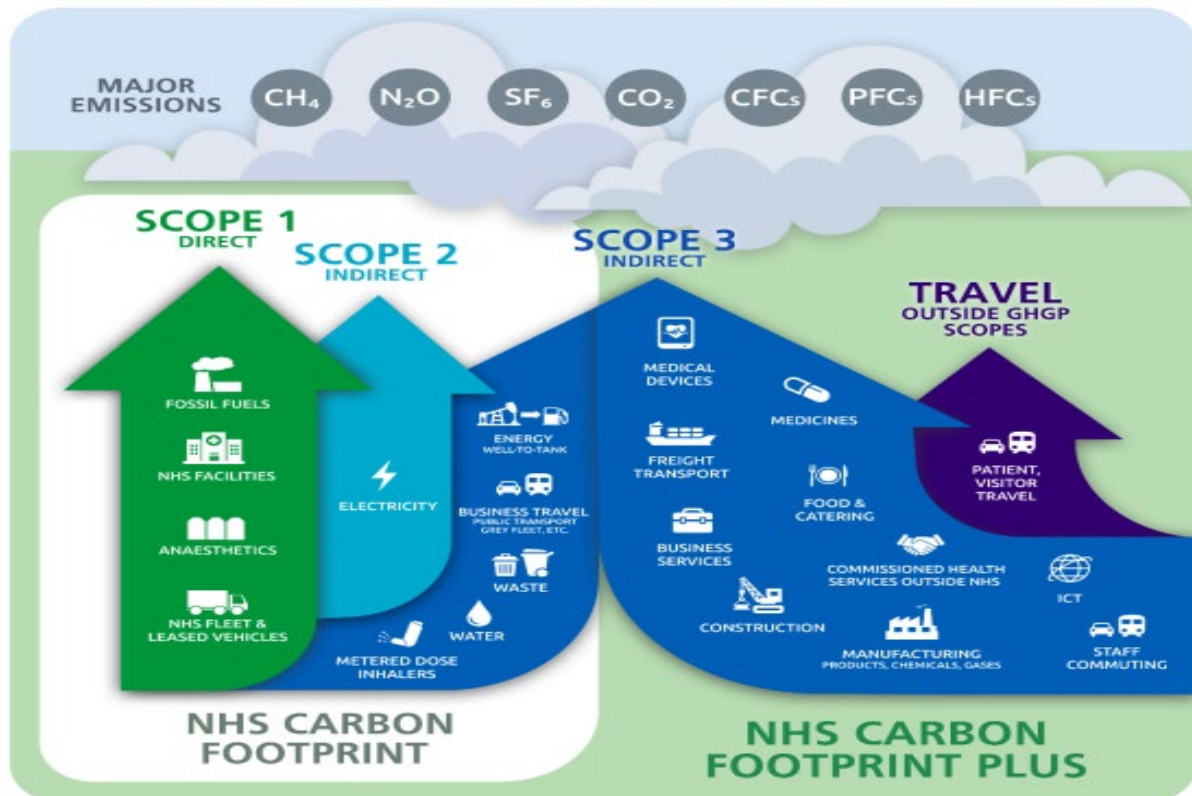
In 2020, the NHS released a report entitled *Delivering a Net Zero National Health Service*, which define two ambitious targets for the NHS;

- 1) Net Zero by 2040 for the emissions the NHS directly controls (the NHS Carbon **Footprint**), with an 80% reduction by 2028-2032
- 2) Net Zero by 2045 for the broader emissions we can influence (the NHS Carbon **Footprint Plus**), with an 80% reduction by 2036-3039

In addition to the 2020 report, *Greener NHS* published a letter in July to NHS chief executive officers setting out requirements and expectations for Trusts and Integrated Care Systems, defining how they should approach this challenge. The letter requires all Trusts to nominate a board-level Net Zero lead by October 2021 and to develop a three-year strategic Green Plan by March 2022, which incorporates the organisation's approach to reducing emissions and meeting the net zero targets.

To support national sustainability reporting, each Trust is also required to designate a sustainability lead who will be responsible for submitting returns for data collection activity cascaded down to Trusts from *Greener NHS*. This includes quarterly sustainability data collection, NHS Fleet data return and further future questionnaires as they arise.

The below diagram below illustrates constituent elements of the NHS Carbon Footprints, both direct and indirect and is helpful to assess the magnitude and culture shift TSDFT must achieve longer term.



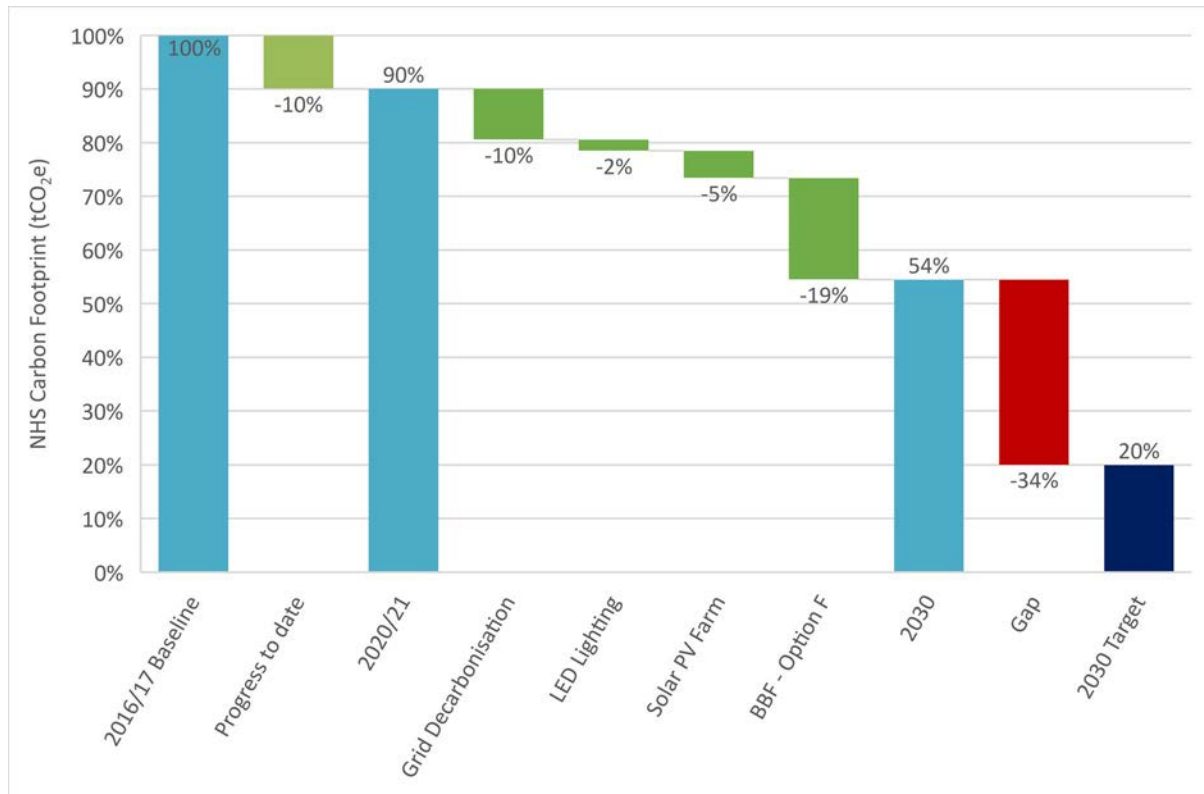
3. Key Actions

To deliver our sustainability mandate, the following strategic actions are required for approval;

- Nominate an SRO to act as a Net Zero Carbon (NZC) Lead (proposed to be the DCEO)
-
- The development of a three-year Green Plan which aligns to *Greener NHS* guidance
- Approve the formation of a Sustainability & Wellbeing Group

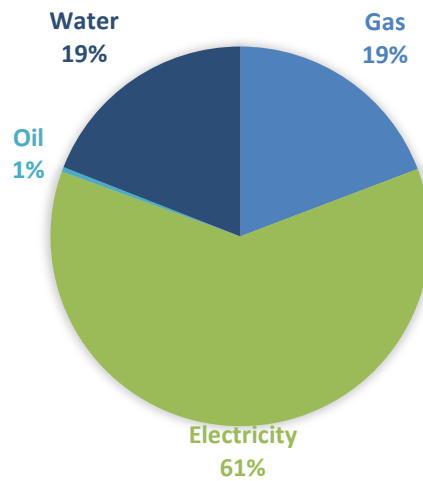
4. The Challenge

It is acknowledged that NZC principles of BBF will significantly improve the sustainability of our estate (including digital enablement). However, even with BBF there is still expected to be a significant gap to reach the interim 80% NHS Carbon Footprint reduction target. The waterfall chart (acute setting only) below provides a high-level overview on the impact of previous work on our carbon footprint at Torbay Hospital, as well as the projected impact that projects in development could have. It shows that even with reducing carbon intensity of the grid, the LED lighting & solar PV projects and the redevelopment of the estate under BBF, the Trust is currently expected to be significantly short of the NHS 2030 target of 80% reduction. This clearly shows the importance of developing a detailed roadmap and Green Plan for how the gap will be addressed which includes both the acute and community estates.

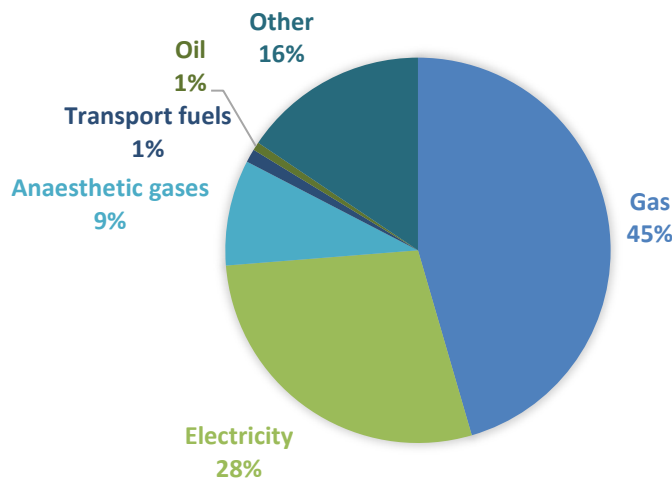


As shown below, electricity and gas remain the largest contributors to our carbon footprint. Therefore, these should be considered the primary areas for significant reduction opportunities and, initially, electricity reduction projects should remain high on the agenda. This is because the carbon intensity of electricity is still relatively high and critically, as shown below, despite making up only 28% of carbon emissions, electricity makes up 61% of Trust utility bills. As a result of this, any electricity reduction projects will generate carbon savings and are likely to also drive operational cost savings that will assist with our cost improvement plans. Opportunities that contribute to the reduction of imported grid electricity include further upgrading lights to LED, replacing ventilation systems with efficient alternative components and consuming locally-generated renewable electricity.

TORBAY HOSPITAL - UTILITIES COST BREAKDOWN



TORBAY HOSPITAL - NHS CARBON FOOTPRINT BREAKDOWN



On this basis, our focus must cover a wide spectrum of sustainability opportunities, however the completion of the following are immediate must do's.

- 1) Complete the current phased rollout of LED lighting and identify additional opportunities for deployment of this technology in our older retained building stock
- 2) Continue to develop the opportunity to collaborate with the Torbay Council to connect Torbay Hospital to a new solar PV farm under consideration
- 3) Complete our Heat Decarbonisation Plan which considers how the Trust will close the gap to 80%.
- 4) Implement an automated Monitoring & Targeting software system to improve tracking and trending of utilities consumption.

5. Further Considerations for our Green Plan

5.1 Green Travel Plan

Our existing Green Travel Plan (GTP) has been reviewed. Whilst the aims and intentions of the plan are aligned to the broader sustainability ambitions of the organisation, the document requires refresh to ensure actions are more specific and that the latest developments in sustainable and active travel are incorporated within it. It is also critical that the plan reflects the fundamental shift in ways of working that have been catalysed by the pandemic and that, whilst this has presented challenges, it represents an opportunity in reducing environmental impact through increased remote working or utilisation of localised community office hubs, as well as the drive to increase virtualisation of care and reduce patient face to face appointments.

5.2 Engaging with teams

Broader aspects of sustainability have been considered and it is noted that there are a number of encouraging examples of sustainability being driven by teams across the organisation, such as a programme of actions within surgical teams to improve the sustainability of theatres by optimising anaesthetic gas use and increasing waste segregation. This type of work should be encouraged and celebrated via the Sustainability & Wellbeing Group and that activity formalised within our Green Plan. It has also been identified that a separate body of work will need to be conducted to quantify and develop a plan to mitigate the Trust's NHS Carbon Footprint Plus emissions. The timeline for reduction of this category of emissions is longer than our direct emissions but the challenge is potentially of a considerably larger scale.

5.3 Building a brighter future

The below list is not exhaustive, however, sets out considerations and opportunities for sustainability inherent to BBF and beyond.

- Physical
 - o Best-practice construction techniques deployed to ensure embodied carbon is minimised and offset where it cannot be eliminated
 - o Support sustainable / active travel modes through installation of EV charging infrastructure, cycle storage and improvements to public transport access reducing carbon from transport and improving local air quality

- Social
 - o Enhancements to outside amenity space between buildings (e.g. street furniture, public art, gardens and benches)
 - o Improvements to mobility accessibility
 - o Engagement with local community during design stages
 - o Sustainable procurement of construction phase using frameworks and Considerate Constructors Scheme
- Economic
 - o Job creation within local area
 - o Reserved procurement opportunities for SMEs
 - o Engagement with local educational institutions to facilitate site visits / uptake of apprenticeships during construction phase
 - o Digital infrastructure improvements to support virtualisation of care thus reducing travel impact and consumption demands within buildings
- Natural
 - o Net gains to biodiversity and green space
 - o Reductions in water consumption per unit area
 - o Selection of construction materials to minimise, and where possible eliminate, construction waste to landfill
- Human
 - o Active building design to promote active lifestyles without inhibiting disabled accessibility
 - o Improvements to staff comfort and patient experience through high quality ventilation, promotion of natural light, sound insulation and improved thermal control

5.4 Procurement and social value

It should be noted that the NHS will be required to allocate a minimum of 10% weighting in competitive tendering exercises to “social value”, effective April 2022. This follows on from a successful roll out within central government departments and local government, and could re-shape relationships with Trust suppliers as we cement our position as an anchor institution.

Social value is subjective and means different things to different people depending on the context and environment. We could define social value as the benefits that come from third-party contracts that improve the economic, social and environmental wellbeing of our local people and communities.

It is suggested that some Board development time could be used to shape our thinking around social value and what ‘good’ would look like across our wide range of suppliers. Relevant themes for evaluation could be:

- Covid 19 recovery
- Building skills and employability
- Tackling economic inequality
- Fighting climate change
- Promoting equal opportunity and wellbeing
- Ethical procurement

6.0 Conclusions

If the organisation is to meet its mandated carbon reduction targets, there is a clear need for a step change in how we prioritise sustainability and make it part of our day to day business, hence by default it becomes part of our organisational culture.

The nomination and appointment of an SRO and the formation of Sustainability & Well Being Group are vital for the organisation to make appropriate and realistic progression if we are to achieve NZC by 2045.

There is a fabulous opportunity to engage with patients, staff and visitors and make them part of this journey.

7.0 Recommendations

The Board is asked to:

- approve the nomination of the SRO for NZC
- endorse the use of Board development time to agree our definition of social value
- approve the development of a three-year Green Plan
- approve the creation of a Sustainability & Well Being Group