






# Torbay and South Devon NHS Foundation Trust

## Public Board of Directors

The Boardroom, Hengrave House/MS Teams  
23 February 2022 11:30 - 23 February 2022 14:30



# AGENDA

#	Description	Owner	Time
1	<p>Welcome and Introductions</p> <p>Note</p>	Ch	11:30-11:35
2	<p>Preliminary Matters</p>	Ch	11:35-11:40
2.1	<p>Apologies for Absence and Quoracy</p> <p>Note</p>	Ch	
2.2	<p>Declaration of Interests</p> <p>Note</p>	Ch	
2.3	<p>Board Corporate Objectives</p> <p>Information</p> <p> 2.03 Board Corporate Objectives.pdf 9</p>	Ch	
3	<p>Digital Futures Presentation</p> <p>Note</p>	MD	11:40-12:10
4	<p>Consent Agenda (Pre Notified Questions)</p>		
4.1	<p>Committee Reports</p>		12:10-12:15
4.1.1	<p>Finance, Performance and Digital Committee Chair's Report - 24 January 2022</p> <p>Receive and Note</p> <p> 4.01.01 Finance, Performance and Digital Committ... 11</p>	P Richards	
4.1.2	<p>Audit Committee Chair's Report - 12 January 2022</p> <p>Receive and Note</p> <p> 4.01.02 Audit Committee Chairs Report - 12 Januar... 13</p>	S Taylor	
4.1.3	<p>Building a Brighter Future Committee Chair's Report - 19 January 2022 and 16 February 2022</p> <p>Receive and Note</p> <p> 4.01.03 Building a Brighter Future Committee Chair... 15</p> <p> 4.01.03 Building a Brighter Future Committee Chair... 17</p>	C Balch	

#	Description	Owner	Time
4.2	Reports from Executive Directors (for noting)		12:15-12:30
4.2.1	<p>Chief Operating Officer's Report - February 2022</p> <p>Receive and Note</p> <p> 4.02.01 Chief Operating Officer's Report February 2... 19</p>	COO	
4.2.2	<p>Directorate of Transformation and Partnerships Quarterly Report</p> <p>Receive and Note</p> <p> 4.02.02 Directorate of Transformation and Partners... 29</p>	DTP	
5	For Approval		12:30-12:35
5.1	<p>Unconfirmed Minutes of the Meeting held on the 26 January 2022 and Outstanding Actions</p> <p>Approve</p> <p> 5.01 Unconfirmed Minutes of the Meeting held on th... 37</p>	Ch	
6	For Noting		12:35-12:50
6.1	<p>Parking Lot of Deferred Items</p> <p>For Information</p> <p> 6.01 Parking Lot of Deferred Items.pdf 49</p>	DCG	
6.2	<p>Report of the Chairman</p> <p>Verbal</p>	Ch	
6.3	<p>Chief Executive's Report</p> <p>Receive and Note</p> <p> 6.03 Chief Executive's Report.pdf 51</p>	CE	
7	Safe Quality Care and Best Experience		12:50-13:30
7.1	<p>Integrated Performance Report (IPR): Month 10 2021/22 (January 2022 data)</p> <p>Receive and Note</p> <p> 7.01 Integrated Performance Report Month 10 2021... 69</p>	DTP	

#	Description	Owner	Time
7.2	<p><b>Assurance Framework for Seven Day Hospital Services</b></p> <p>Receive and Note</p> <p> 7.02 Assurance Framework for Seven Day Hospital... 137</p>	MD	
7.3	<p><b>Guardian of Safe Working Hours - Doctors and Dentists in Training</b></p> <p>Receive and Note</p> <p> 7.03 Guardian of Safe Working Hours - Doctors and... 145</p>	MD	
7.4	<p><b>Midwifery Staffing Oversight Report</b></p> <p>Receive and Note</p> <p> 7.04 Midwifery Staffing Oversight Report.pdf 151</p>	CN	
8	<b>Valuing our Workforce</b>		
8.1	<b>No agenda items submitted</b>		
9	<b>Improved Well-Being Through Partnerships</b>		13:30-13:50
9.1	<p><b>Digital Strategy Update</b></p> <p>Receive and Note</p> <p> 9.01 Digital Strategy Update.pdf 165</p>	DTP	
10	<b>Well-Led</b>		13:50-14:10
10.1	<p><b>The Green Plan</b></p> <p>Approve</p> <p> 10.01 Green Plan.pdf 171</p>	CFO	
11	<b>Compliance Issues</b>		
12	<p><b>Any Other Business Notified in Advance</b></p> <p>Note</p>	Ch	
13	<p><b>Date and Time of Next Meeting - 11.30 am, Wednesday 30 March 2022</b></p> <p>Note</p>	Ch	

# INDEX

2.03 Board Corporate Objectives.pdf.....	9
4.01.01 Finance, Performance and Digital Committee Chair's Report - 24 Janu.....	11
4.01.02 Audit Committee Chairs Report - 12 January 2022.pdf.....	13
4.01.03 Building a Brighter Future Committee Chairs Report - January 2022.pdf.....	15
4.01.03 Building a Brighter Future Committee Chairs Report - 16 February 2022.....	17
4.02.01 Chief Operating Officer's Report February 2022.pdf.....	19
4.02.02 Directorate of Transformation and Partnerships Quarterly Report.pdf.....	29
5.01 Unconfirmed Minutes of the Meeting held on the 26 January 2022 and Out.....	37
6.01 Parking Lot of Deferred Items.pdf.....	49
6.03 Chief Executive's Report.pdf.....	51
7.01 Integrated Performance Report Month 10 2021 22 January data.pdf.....	69
7.02 Assurance Framework for Seven Day Hospital Services.pdf.....	137
7.03 Guardian of Safe Working Hours - Doctors and Dentists in Training.pdf.....	145
7.04 Midwifery Staffing Oversight Report.pdf.....	151
9.01 Digital Strategy Update.pdf.....	165
10.01 Green Plan.pdf.....	171

## **BOARD CORPORATE OBJECTIVES**

### **Corporate Objective:**

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

### **Corporate Risk / Theme**

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





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

<b>Committee meeting date:</b>	25 January 2022
<b>Report author + date:</b>	Paul Richards, Non-Executive Director 17 February 2022
<b>This report is for:</b> <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b> <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
<b>Public or Private</b> <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

**Key issues to highlight to the Board**

This was a shortened meeting owing to the operational pressures facing the Trust.

**Investment**

The committee received and approved four business cases, comprising investment requests for Microsoft N365, a replacement diagnostic CT scanner, a replacement radiotherapy CT scanner and replacing critical endoscopy decontamination equipment.

The committee also received an update on the revenue funding received in year, initially to support an ambulance handover pod. The deployment of this funding was reviewed and approved.

**Performance**

The Committee reviewed the Month 9 IPR, noting that it presented a period of sustained demand, which was reflected in the Trust's performance.

The impact to the Trust of the mandatory vaccination policy was discussed and potential mitigations explored. There was a detailed discussion regarding staffing levels and the overall recruitment pipeline. The committee was concerned that it did not have visibility of comprehensive workforce information, given the need to triangulate the Trust's performance with finance, workforce and quality data.

The Committee also received Deloitte's Phase One report, arising from the financial improvement programme commissioned as part of the Trust's plans to exit SOF 3. The report detailed the opportunity to realise c£4.7m of savings in 2022-23 across: rostering; temporary staff and premium pay; payroll; procurement and legal; and discretionary

spend. It was emphasised that the Trust's total efficiency requirement for next financial year could amount to £24-26m, and as such transformational changes with partners in the system would be required. It was also noted that staff would need to be able to have the headroom to support transformational plans which would require the Trust to be operating in a steady state, not escalation.

### ***Medium term planning***

The committee received and approved the Trust's submission for the Multiple Complex Needs tender. Assurance was sought regarding the scope of the tender, the adequacy of the financial envelope and the partnership governance arrangements. The commercial and operational teams were commended for their hard work on the bid.

The Committee also noted and approved the financing approach to the restructuring process in support of the new operational structure

### ***Other matters.***

The Committee received the following items:

- Budget Setting and Planning Update
- Capital Plan 21-22 and IFRS Update
- Project Update Report – Acute Medicine Unit and associated schemes
- Quarterly Treasury Report
- Torbay Pharmaceuticals Monthly Report
- Information Management and Technology Group Summary Report

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

#### **Approved:**

- Four business cases as referenced above
- The financing approach to the operational restructure
- The submission of the MCN tender
- The launch of Deloitte's Phase Two of work under the financial improvement programme

**Audit Committee  
Chair's Report to the Board of Directors**

<b>Meeting date:</b>	12 January 2022
<b>Report by:</b>	Sally Taylor
<b>This report is for:</b>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
<b>Public or Private:</b>	Public <input type="checkbox"/> or Private <input checked="" type="checkbox"/>

**Key issues to highlight to the Board:**

1. Counter Fraud report was received. Noted that the Counter Fraud Authority recently imposed new functional standards. Most areas were amber or red during this transition period but are all now assessed as green other than Fraud risk assessment which is amber as evidence of regular review of embedded risk is required. Appropriate resources are now in place.
2. External auditors presented their update. It was noted that a number of their audits had been reviewed by the FRC and the QAD of the ICAEW and were all found to be good/satisfactory and requiring no significant improvements.
3. Internal Audit presented four final reports. One provided significant assurance and three provided satisfactory assurance. A number of recommendations made previously are still outstanding but are being monitored by the risk group. It was noted that the Risk Group have reviewed the audit plan and made some amendments based on current priorities. However, the draft audit and assurance plan up to 2024/2025 will need review at the next meeting since the meeting was held virtually which did not allow for robust debate and challenge.
4. The BAF and CRR were reviewed for relevance and vigour and updates noted. All updates were at the request of board sub-committees providing evidence that the systems are working appropriately. It was reported that 8 of the 11 key risks have scores in excess of their target scores.
5. Tender waivers were presented. The value has decreased but the number has increased. A detailed review is required for the next meeting.
6. The meeting was not held as a meeting but by circulation of papers and requests for comments. This didn't allow the robust challenge that would normally have occurred and actually saved little or no time. The recommendation is that meetings should be held as scheduled in future so that the NEDs can contribute appropriately.

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

**See point 3,5 &6 above**

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

<b>Meeting date:</b>	Paper meeting - January 2021
<b>Report by:</b>	Chris Balch
<b>This report is for:</b>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
<b>Public or Private:</b>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>
<b>Key issues to highlight to the Board (January 2021):</b>	
<ol style="list-style-type: none"> <li>1. The Committee conducted its business via a paper meeting due to the operational pressures facing the Trust.</li> <li>2. The Committee received and noted the following reports:               <ul style="list-style-type: none"> <li>• BBF Programme Risk Report and Board Assurance Framework for 2021/22</li> <li>• Digital Workstream Update</li> <li>• Support Services Site Enabling Update</li> <li>• Finance Report be received and noted.</li> <li>• Confirmation of Seed Allocation for the remainder of 2021/22</li> </ul> </li> <li>3. Given the nature of the meeting no items were identified for escalation to the Board.</li> </ol>	
<b>Key Decision(s)/Recommendations Made:</b>	
1) To note the above	



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

<b>Meeting date:</b>	16 <sup>th</sup> February 2022
<b>Report by:</b>	Chris Balch
<b>This report is for:</b>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
<b>Public or Private:</b>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>
<b>Key issues to highlight to the Board (February 2022):</b>	
<ol style="list-style-type: none"> <li>1. The Committee noted the latest risk profile of the BBF programme. While the focus remains on previously identified risks to the infrastructure and digital elements of the programme it was noted that the risk score associated with the site enabling works has been downgraded.</li> <li>2. The Committee received and noted minor amendments to the BAF in respect of Objective 11. The substantive risk assessment remains unaltered.</li> <li>3. The Committee received an update on progress with the preparation of the Digital OBC noting the following key points: <ul style="list-style-type: none"> <li>• While funding uncertainty remains, a short-term solution is being pursued which will allow the OBC to be submitted for formal Regional Review. In the longer term the Trust is working with the Devon system to secure funding through the NHSX digital investment plan process. The likely timeline for securing funding certainty means that procurement of an EPR will need to be delayed for a few months.</li> <li>• The results of both internal and external reviews of the draft OBC require some changes in the assessment of options. However, this will not impact on the range of possible outcomes.</li> <li>• Good progress was reported in securing national support for the ambition of creating a shared EPR across both the Devon and Cornwall systems.</li> <li>• The risk of programme slippage for critical end of life IT systems was noted and assurance provided that work is in hand to manage this. However this is likely to involve significant cost over and above the cost of implementing an EPR.</li> </ul> </li> <li>4. The Committee received a report on initial demand and capacity modelling focusing on acute bedspaces and theatre capacity. The work is intended to inform discussions at both system level and with clinicians on the need to secure transformation in the delivery of services as the 'do nothing' scenario</li> </ol>	

demonstrates an inexorable increase in the demand for hospital services. The modelling enables new ways of working to be explored to allow a clear brief to be developed for the new hospital facilities. Key assumptions surround the level of deflection that can be achieved and the scope for efficiency improvements. The Committee recognised the value of this work as the basis for engagement and debate with key stakeholders.

5. The Committee received an update on work underway to develop a business case for site enabling works. These will need to be approved and commenced in advance of the main infrastructure works and will require the relocation and/or reprovision of several specialist facilities. The Committee noted the opportunity for promoting agile working and making the best use of the Trust's existing estate to deliver wider environmental and social benefits. It also recognised the importance of early engagement with the teams and staff who will be impacted by the planned changes.
6. The Committee noted the work underway to align the New Hospital Programme in Devon with the emerging long-term plan for the Devon system. A report on discussions regarding maternity and paediatric services revealed a high degree of alignment of future planning assumptions.
7. The Committee received a report on the programme finances. As a result of the seed funding allocated in the run up to Christmas the financial risks for 2021/22 can be managed. Work is now underway to secure funding for the programme for 2022/23.

1) To note the above



<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Chief Operating Officer's Report February 2022		<b>Meeting date:</b> 23 February 2022		
<b>Report sponsor</b>	Chief Operating Officer			
<b>Report author</b>	System Directors			
<b>Report provenance</b>	The report is informed from the core business activities of the Trusts Integrated Service Units (ISUs) and Children and Family Health Devon (CFHD)			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>This report provides an operational update to complement the Integrated Performance Report (IPR) monthly reports, including performance metrics. The report offers greater visibility of activity not fully covered in the IPR; in particular this month focusses on the Trust plans in relation to system capacity and recovery.</p> <p>The report explains the key activities, risks and operational responses to support delivery of services through this phase of the pandemic surge and winter including actions to increase delivery of high priority cancer and elective services.</p> <p>The impact of securing the beds needed for ongoing hospital flow and workforce challenges are also covered.</p>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board are asked to receive and note the Chief Operating Officer's Report.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	20
	<b>Risk Register</b>		<b>Risk score</b>	
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				

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

<b>Report title:</b> Chief Operating Officer's Report February 2022	<b>Meeting date:</b> 23 February 2022
<b>Report sponsor</b>	Chief Operating Officer (COO)
<b>Report author</b>	System Directors

## 1. Purpose

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

## 2. Introduction

The Trust has continued to experience challenges related to patient flow as a result of the Covid pandemic. However there has been some reduction in ambulance handover delays in recent weeks and this has been noted by Regional colleagues. The number of patients with Covid in hospital beds has stabilised and is starting to show consistent signs of reducing. This early trend has supported commencement of the next Covid recovery phase of work. Accordingly, the System Capacity and Recovery Group has been established, led by the Chief Operating Officer. This group is charged with securing capacity to deliver rapid improvement in waiting times across urgent care, elective and cancer / diagnostics pathways.

## 3. Covid - 19 response plan

The Trust remains in an escalated position in relation to Covid and is currently operating at Covid level 2. This means our patients with Covid are supported in a single Covid ward. In order to manage urgent and emergency demand for Covid and non Covid activity additional bed capacity has been put in place as part of the Quarter 4 plan. This has increased medical bed capacity enabling flow and supporting the offloading of ambulances.

Staffing availability has continued to be challenging due to Covid related absences along with the requirement to staff escalation areas. There are agreed staffing risk assessment arrangements in place to ensure safe staffing is reviewed across all areas.

Recovery work has started and a detailed piece of demand and capacity and bed modelling has been undertaken which illustrates a number of challenges and these have informed the developing recovery plan. The aim of the plan is to balance the demands for urgent and emergency care, planned care restoration and recovery and community recovery.

The recovery plan aims to reduce the level of escalation in the urgent care system and in doing so to achieve and maintain optimum ambulance handover times and flow through the Emergency Department (ED). Critically the plan will also see increases to elective, cancer and diagnostic activity as the Day Surgery Unit (DSU) becomes operational again and orthopaedic inpatient surgery restarts.

One of the major constraints in securing the capacity necessary to achieve these aims are the challenges the Trust and our independent sector providers are experiencing in delivering the capacity needed to provide patients with the optimum experience of discharge. The recovery plan therefore focuses on the collaborative work necessary to achieve reductions in the number of people waiting for support to achieve their discharge. These relationships and partnership working with community teams is the essence of the care model the Trust operates as an integrated care organisation. More detail on these plans will be forthcoming in future reports and will build on the excellent collaborative working relationships our ISU teams have built with Torbay and South Devon providers.

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

##### Performance

A continued focus on waits has delivered an overall improvement, waits are maintained at 100% of patients being seen within 18 weeks in three services, waits have improved in 6 services and there has been a small deterioration in physiotherapy. Overall, services remained under significant pressure from demand; for example, the Children’s nursing team is experienced > 200% increase in demand since 2019.

##### 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)	1.6	100.0%	→	
Learning Disability (CFH Devon)	8.9	94.4%	↑	
Mental Health and Wellbeing (CFHD)	19.9	53.2%	↑	
Occupational Therapy (CFH Devon)	15.1	62.1%	↑	
Palliative Care (CFH Devon)	Null	Null	→	
Physiotherapy (CFH Devon)	12.7	78.3%	↓	
Special School Nursing (CFH Devon)	4.9	100.0%	→	
Specialist Autism Spectrum Assessment Team (CFHD)	50.1	22.1%	↑	
Specialist Children's Assessment Centre (CFHD)	34.3	34.8%	↑	
Speech & Language Therapy (CFH Devon)	30.4	33.4%	↑	

The Autism Spectrum Disability (ASD) waits project continues to reduce the number of young people on the waiting list and the time children are waiting. The number of children / young people waiting for ASD assessment is currently 1,660 with the team having delivered over 1,700 assessments since April. This represents a 38% reduction in the waiting list from the beginning of the project.

Additional Covid funding has been awarded to CFHD by Devon County Council (DCC) to reduce waiting times in Occupational Therapy (OT) and Speech and Language Therapy (SaLT). The funding will be utilised during this year and next, thereby providing a realistic timescale within which staff can be recruited to deliver the project.

##### Inspections

A Torbay area SEND (Special Education Needs and Disabilities) inspection was undertaken in November by Ofsted and CQC. The findings were published in a letter in January outlining a number of areas of concern that need to be addressed by the

Local Authority, Education and Health system. In response, partners will develop a Written Statement of Action (WOSA) in April. The WOSA will set out how the areas of concern will be addressed will be formally monitored by the Department for Education.

An Ofsted inspection of the MASH (multi-agency safeguarding hub) took place at the end of January. CFHD provides the health input to the MASH, and colleagues were involved in the inspection, feedback is awaited.

### **Transformation**

A number of elements of the transformation programme are complete. That is, clinical pathway design, operating model, workforce re-structure and financial modelling are all complete. There are numerous and significant inter-operability issues inherent in delivering an integrated service across two organisations, which require resolution prior to 'go live'.

### **Children's contracts service review**

A review of the children's services contracts is underway, commissioned by the CCG, TSDFT (for CFHD) and Livewell SW. The review has helpfully identified some key areas of learning. The detailed findings and recommendations, which need to be signed off by each organisation that commissioned the review, will be outlined in a report and presented to the CCG Governing Body at the end of March.

## **5. Coastal ISU: Elective / Planned Care – Surgical Activity**

Ella Rowcroft day case recovery beds have been maintained through winter and the Covid surge. This capacity has enabled high priority patients to be treated that would have been otherwise delayed. The Trust has seen however an increase in the number of patients waiting classified as P2, representing the second highest clinical priority of patients.

The Nightingale orthopaedic pathway is continuing to be developed and the Trust is working closely with the Nightingale teams to support this. The Nightingale and the continued outsourcing to Mount Stuart Hospital supports more patients to access surgery. There are challenges however as some complex and long waiting patients need care which can only be provided on an acute hospital site. The recovery plan referenced above will address this requirement and will again enable the Trust to provide surgery for the most complex patients.

The Nightingale Team has also set up glaucoma screening and the Trusts Ophthalmology Team are developing their plans to ensure this capacity can be utilised for the benefit of local patients.

As reported last month, the cancer network provided a fully staffed urology mobile unit. This was successfully implemented and 52 perineal biopsies patients and 80 cystoscopy patients were seen as a result. This was a significant achievement by the Urology Team to complete this implementation at short notice over the Christmas period.

The team are working with a high street company in Newton Abbot which has theatre capacity that can be used for cataract surgery and a plan is in place, with CCG support to start treating patients in February.

## **6. Paignton and Brixham ISU: – Cancer and Diagnostics Update**

### **6.1 Cancer Performance**

Cancer performance remains challenged across a number of the national waiting time standards.

For January 2022, the two-week-wait (2WW) position was at 46% against the 93% target. Extended waiting times for first appointment in Dermatology and Breast care is the key driver, performance was 25% and 27% respectively. In relation to the 28-day Faster Diagnosis Standard (FDS) 75% target, the Trust achieved 56% with dermatology outpatient waits and diagnostic times in Colorectal and Urology causing the majority of the breaches. The 62-day performance in January is currently 50% (85% target) – this position is expected to improve as final validation of the data is completed – this was most heavily impacted by Urology and Colorectal, as a result of an extended diagnostic phase in these pathways.

Dermatology has seen the expected reduction in demand over the winter period coupled with additional capacity this will support a recovery of this position during March. Dermatology patients are now being offered appointments with less than 2 weeks wait and this is also positively influencing the FDS. Increased capacity with the use of additional locum sessions, the independent sector for routine work (where possible) and also the implementation of dermatoscope image triage service is scheduled for the end of this month. The dermatoscope service is estimated will provide an outpatient appointment demand reduction of around 20% as the service is embedded over the next year.

Breast cancer referral have increased and this has again played a significant part in the current challenged position. This has been compounded by reduced radiology capacity has resulted in 2ww breaches in both Breast 2ww and Breast Symptomatic pathways during November and December. The service is not expected to be back booked patients within 2wks in February.

Urology is a long-standing performance issue for the 62 day pathway – with the lack of Day Case theatre space for diagnostics being a key factor. The Covid Recovery Plan to move back into the Day Surgery Unit will support increased capacity for this service. The TP biopsy and Cystoscopy mobile unit has had a positive effect on diagnostic waiting times, however these additional tests will present a challenge in the later stages of the pathway. The team are modelling the impact this will have on the surgical treatment waiting times to seek solutions as early as possible.

In Colorectal pathways, the significant increase in referrals has been the main driver for the increased number of patients waiting.

As part of the cancer services improvement planning, a systematic review of pathways has highlighted delays for colonoscopy are present in the majority of the patients waiting longer than the standard. Covid ward cover from the Trusts

Gastroenterologists has led to cancellation of some lists as has the loss of locum posts in December.

## **6.2 Diagnostics**

CT and MRI waiting times have deteriorated further in the most recent period. Recent commencement of the Nightingale MRI service will contribute to improvement. An IT solution to enable full utilisation of the CT capacity at the Nightingale is being trialled. If successful this will help by enabling the rostering a Trust radiologist to the facility to support the CT lists and once this is in place the useable capacity at the Nightingale will double. In addition, work is progressing to scope the potential of siting a second mobile CT / MRI scanner at Newton Abbot Hospital. This has been previously deemed not possible but our mobile scanning partner has developed several plans that could make this achievable.

## **6.3 Mortuary**

The last 6 months has been a busy period for the Trust mortuary. During December and January, a number of additional temporary storage facilities were deployed. These were all within the footprint of the mortuary service and through close cooperation with Torbay and Devon County Council the Local Resilience Forum has supported the mortuary team in managing the capacity. Since the end of January, the service has been operating with just one temporary unit.

## **7. Newton Abbot ISU: - Urgent & Emergency Care**

The Emergency Department has remained under significant pressure over this period as a result of flow challenges in the Trust. This has meant that offloading ambulances has been challenging at times. The team have worked hard to ensure that all suitable space is used and that ambulances are offloaded as a priority. As extra bed capacity has come on line this has enabled flow and supported the improving ambulance handover position seen during the early part of February.

## **8. Torquay ISU: Child Health /Paediatrics**

Child Health along with the 0-19 service and CFHD are working with partners across wider Children's services supporting an improvement plan following the Special Educational Needs and Disabilities (SEND) inspection which took place in November 2021. The report was published on 13<sup>th</sup> January 2022 with a requirement that a Written Statement of Action (WSOA) be submitted due to areas of weakness being identified. The team will work closely with Torbay Council and the CCG who are jointly responsible for submitting the WOSA.

Paediatric Outpatients is now operating alongside the Short Stay Paediatric Assessment Unit (SSPA) as a temporary measure. This move enabled the establishment of the Discharge Lounge in the vacated space which was a critical element of the winter plan. The move also allows more flexibility with both medical and nursing staffing and has provided more training opportunities and an improved patient experience. Feedback is being collated but initial responses are positive and receiving valuable suggestions to continue improving our services. The ambition is to establish a permanent base where these services can be co-located.

Child Health has supported the Trust during the recent surge by accommodating 18-25-year olds, streaming from ED once patients have been triaged and providing clinical and administrative support to adult services across the Trust.

SCBU and the health visitors from the 0-19 service have been working together to support the earlier discharge of babies from SCBU by supporting them at home. This has been particularly helpful while we currently have reduced capacity in SCBU (down to 7 cots from 10) due to the repurposing of McCullum ward.

## 9. Torbay System: - Community Services and Independent Sector

### 9.1 Supporting the Care Sector

The team have focused on supporting the care sector to work through the workforce issues alongside supporting and improving flow and discharge.

There are a number of grants and supported initiatives including the utilisation of the CCG funded carers to directly support key partners, this has enabled support provision to a number of complex discharges.

A campaign is planned launching soon to promote care opportunities.



The graphic features a photograph of an elderly man and a woman, Jayne, sitting together. The text 'Torbay Cares ...could you?' is written in a large, handwritten-style font. Below the photo, a quote from Jayne reads: 'I care because I can work around looking after my grandchildren and enjoy doing something that matters. - Jayne, Torquay'. To the right, a dark teal box contains the text: 'Find out more about opportunities in care work in Torbay: Text "I care" to 60060 or visit torbaycares.co.uk'. At the bottom left, it says 'Torbay's care providers working together, supported by Torbay Council'.

There has been grant funding deployed following co-design with community partners to support an increase in hourly pay rate for Domiciliary care agency staff along with extra payments to care home staff and supported living and extra care.

Focused recruitment for the sector including funding a manager and website to drive activity

Exploration into financial support for Home Office applications for overseas staff in the UK. Bureaucracy, time delay and cost has been a consistent barrier in this area. In addition, there has been block and non-recurrent payment provided in Q4 21/22 to all CQC registered providers. The balance of this grant will be distributed across market on the basis of market share.

Work is underway in relation to increasing community capacity to support rehabilitation as part of the winter 22/23 planning, this includes the feasibility of a social care reablement facility.



Financial planning and independent sector modelling is underway looking at inflation uplifts which will be key to market delivery going forward.

### **Cost of care and care accounts**

There is a significant change in legislation leading to a calculation of fair cost of care which requires work to develop a new model in relation to people's contribution to care. This significantly impacts commissioning, market management and strategic planning. The team are working through this and will provide an update in a future report.

### **Market Development and Strategy**

Core work is underway reviewing the strategic blueprint and the impact of the new cost of care on the market

## **9.2 Children's 0-19 Service**

Work is progressing well on the production of a range of helpful resources for Torbay children, young people and families, funded through one off Covid funding received from Torbay Council. The resources cover a wide range of topics including infant feeding, toileting, sleep and cannabis and the law for under 18's which will be used by the Trusts substance misuse workers, the Youth Offending Team and secondary schools.

The service is working with Compass House Medical centre to develop a social prescriber role for Torbay Children, young people and families, also funded through Covid -19 funds which will be a pilot for 12 months and will then be fully evaluated.

## **10. Moor to Sea**

There is a planned stakeholder event on 16<sup>th</sup> February to consider how Dartmouth Health and Wellbeing Centre will be used when built to promote even greater integration of services for the local population. The build is on time and on budget.

Community pressures are reflected in Moor to Sea with significant time and effort being invested in supporting the domiciliary care and care home sector.

## **11. South Devon Community Services**

Care homes are reporting more single cases of Covid than last month and currently there are a number of new incidences a day. However, thankfully these cases are not resulting in the level of hospitalisation experienced in earlier waves of the pandemic. Community teams across the Trust continue to support care homes as required.

There is a risk assessment process in place to support homes to safely admit clients when they may have a case of Covid and where this is appropriate. This process is proving successful the process / management of this is under review to ensure it is optimised safely.

Unsourced packages of care challenges continue within the South Devon area. This continues to require backfill from Intermediate Care and Therapies teams to ensure

people are supported at home. Multi-Disciplinary team meetings are held weekly to review the unsourced care list with a view to looking at alternative ways to meet needs and to ensuring requests for care are still current and appropriate

Teams are supporting each other across South Devon due to high levels of absence due to Covid and non-Covid related issues in order to maintain services

#### **14. Conclusion**

There are a number of challenges identified within this report and in this context, teams are delivering services in a way that keeps patients safe and ensures they receive the best experience possible in the circumstances.

#### **15. Recommendation**

The Board are asked to review and note the contents of this report.

<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Directorate of Transformation and Partnerships Quarterly Report		<b>Meeting date:</b> 23 February 2022		
<b>Report appendix</b>				
<b>Report sponsor</b>	Director of Transformation and Partnerships			
<b>Report author</b>	Director of Transformation and Partnerships			
<b>Report provenance</b>				
<b>Purpose of the report and key issues for consideration/decision</b>	<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"> <li>• The approval of the Trust Strategy and the ambitious plans to develop the strategic delivery framework.</li> <li>• The significant progress of the Digital Outline Business Case and system leadership of the collaborative approach to digital transformation.</li> <li>• The development of the Improvement and Innovation strategic enabling plan, to enable quality improvement to become everyone's business, engaging our staff in innovative practice.</li> <li>• The significant progress of the Building a Brighter Future programme moving from Strategic Outline Case into the site enabling works and Outline Business Case.</li> <li>• The recognition of the significant strategic progress that the Trust has made over the last quarter, enabled by the Directorate.</li> </ul>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board is asked receive and note the report.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>	X	<b>Well-led</b>	X

<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	25
	<b>Risk Register</b>	X	<b>Risk score</b>	25
	<p>BAF Risk 1 – Implement the Long-Term Plan – Risk 20  BAF Risk 6 – Maintain a fit for purpose digital infrastructure – Risk 25  BAF Risk 7 – Implement Trust plans for transform services – Risk 16  BAF Risk 10 – Actively manage the potential for negative publicity – Risk 9  BAF Risk 11 – To develop and implement the Trust Building a Brighter Future programme – Risk 16</p>			
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>		<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>		<b>Legislation</b>	
	<b>NHS England</b>		<b>National policy/guidance</b>	

<b>Report title:</b> Directorate of Transformation and Partnerships Quarterly Report	<b>Meeting date:</b> 23 February 2022
<b>Report sponsor &amp; author</b>	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

The Trust Board approved the Trust Strategy in January 2022, as a result of a significant level of engagement. This is a critical aspect of Trust business and provides the Trust with a great opportunity to provide real clarity in what matters most for our organisation. The intention is now to ensure that the strategy is focussed on delivery.

Over the next quarter the focus of the team is to produce a set of communications and engagement materials, along with a stakeholder engagement plan to ensure that the strategy drives the delivery of our strategic objectives.

Alongside this comprehensive programme of engagement will be the development of a Strategy Delivery Framework, which will include our strategic enabling plans. The delivery framework and enabling plans will provide the Board, our staff patients and stakeholders, with a greater level of granularity of what we will deliver each year.

The Strategy and Delivery Framework will become a core aspect of our governance architecture and over the next year Board Assurance Framework will be refined to reflect the revised Trust priorities and strategic objectives.

The Trust approach to business planning will be refined to ensure that there is a clear line of sight between the corporate priorities and objectives through to the plans of our integrated service units and corporate services.

## 3. Improvement and Innovation Team – Lead Dawn Butler

The team are concluding the final stages of the Improvement and Innovation strategic enabling plan. This will form a core part of the delivery plan for the Trust strategy and will ensure that there is a comprehensive approach and resource to deliver the four pillars of improvement and innovation, which include:

- **Quality improvement and capability building** – to ensure that all frontline teams have the capacity and capability to improve their services. This will be a critical aspect of the CQC improvement plan
- **Cost improvement, Recovery and Sustainability** – aligned with the outcome of the Deloitte review, the approach and resources to reliably deliver the annual cost improvement programme and ensure optimisation and efficiency of our services.

- **Trust Improvement Programmes** – strategic improvement programmes that will contribute to the delivery of greater productivity over the medium term.
- **Strategic Transformation and Innovation** – A team aligned to the Building a Brighter Future programme, supporting the drumbeat programme and ensuring that the programme business case is underpinned by a strategic transformation plan, underpinned by digital innovation.

A critical aspect of the Improvement and Innovation strategic enabling plan, is the development of an Innovation Hub, which will bring to life for all of our staff the opportunity of utilising innovative techniques, services, digital enablers and thinking into their working practice. The Innovation Hub is planned to be placed within an area of the Bayview restaurant and will be accessible to all. Our improvement coaches will utilise the space for meetings and to share new evidence-based practice examples. The planning work for this exciting and critical enabler is underway with the support of the Director of Estates and Facilities and will underpin our Building a Brighter Future Programme.

The Improvement and Innovation Teams have continued in their relentless focus on driving delivery of transformation across our four transformation portfolios, which have been redefined. As part of the financial improvement programme, the benefits of these transformation programmes will be assessed to ensure the focus of the team derives maximum benefit over the next financial year.

A significant programme of work has been undertaken by Susan Martin, from the Improvement and Innovation Team, who has worked tirelessly alongside the operational teams to ensure that the Trust had robust covid preparedness plans, which are now moving into the recovery planning phase.

#### **4. Project Management Office and CIP Development – Lead Carl Beardsmore/ Paul Crocker**

The new PMO process has been launched and will underpin the delivery of the financial plan for 22/23. The PMO have worked closely with the Financial Improvement Director to ensure that all scheme benefits are transacted and project plans delivered.

The team have commenced the implementation of the new structure, in response to the Attain review in 2019/20. This will significantly increase the capacity within the team to improve the project management processes within the ISU and corporate teams, improving Trust assurance.

The PMO register has been cleansed to ensure that there is a clear view of deliverable schemes for 2021/22, with a look forward to further development work with ISU and corporate teams to ensure that there is a greater level of confidence in project delivery for 22/23.

Specialty benchmarking packs are being refreshed with the latest Model Hospital and GIRFT data to enable specialities to utilise this valuable national intelligence, to improve their services.

## **5. Health Informatics Service (HIS) – Lead Gary Hotine**

The HIS team continue to drive the schemes supported within the capital plan to delivery – Gary can you provide a brief update here please, what we have completed and any residual risks.

Using the Trust prioritisation matrix, the team have contributed to the IM&T capital development plan, ensuring that the critical needs of Torbay are fully understood and articulated through the ICS Digital Strategy.

The Trust continues to experience a number of outages and in addition to providing significant levels of support to resolve these issues, the team also focus on the learning from such events to ensure that those aspects that are within our control can be mitigated. This is a significant burden for this already over-stretched team.

The HIS Director has put forward the revenue case to resource much needed IM&T professionals into the structure as part of the IM&T investment plan and this now forms part of the ask of the ICS Digital Transformation Group.

Much of the focus of the team has been to ensure that we are “match fit” for our future, critically this work includes:

- The development of the Outline Business Case (OBC) for an Electronic Patient Record
- Providing system leadership to ensure that the collective option within the OBC is optimised and has support for system partners
- Ensuring that all avenues for support from regional and national colleagues are explored in relation to digital sources of funds
- The delivery of the four priorities within the Digital Strategy

The Trust Board and Governors receive regular updates from the team around this work and there are further updates within the papers for this Board meeting and are not repeated in this paper.

However, it is important that Board should note and acknowledge the very significant level of focus and contribution that this team is making to improve our digital future, provide a foundation on which we can transform and to ensure that the digital risks that the Trust has built up over time are resolved. I would like to pass on my gratitude to this leadership team, who despite the national uncertainties are garnering support and seeking solutions.

## **6. Communications and Partnerships Team – Lead Jane Harris**

Our Fundraising Manager, Paul Norrish is a vital part of this team and has again this year provided much needed support and resource to our teams throughout the most recent wave of covid and winter pressures.

Paul has been hugely successful in securing investment from the national covid funds and utilising this to ensure that staff are better supported in their work. Paul has built strong and effective relationships with members of the community, and working with the League of Friends has garnered the support of local organisations such as Torquay United.

In addition to securing investment into the Trust key highlights of Paul's contribution to the Trust include:

- Funding and supporting the development of rest facilities for staff, including new kitchens
- Funding the new developments within the Bayview restaurant
- Supporting the installation of new bike storage facilities for staff
- Arranging special food events, including Chinese New Year, Blue Monday event to bring a bit of joy into the acute trust at critical times in the year
- Arranging food parcels, from the van, to our community sites including much appreciated fruit baskets and providing the Executive with a significant volume of chocolates to distribute to our teams when they need them most.
- Arranging recovery events for staff to improve wellbeing (China Blue mug painting)

A fundraising strategic framework is under development and alongside this the recruitment of a substantive fundraising manager is being progressed, both of which are being presented to the Charitable Fund Committee in March 2022.

Our communications and engagement team continue to improve their offer to support internal and external communications. Key highlights are:

- Effective weekly managers briefings in place to ensure that there is a good cascade of information supporting our clinical and operational teams
- Developing effective relationships with local media, including a regular section in Torbay Weekly
- Filming with ITV Westcountry has been undertaken this week and will showcase some of our impactful community services, which is a key strategy for engaging local people in what we can do together, to support improved health and wellbeing
- Developing the communications and engagement plan supporting the effective delivery of the Trust Strategy

## **7. Building a Brighter Future Programme**

The team continue to provide successful leadership of this ambitious and important transformation programme. The credibility of the team is recognised nationally and is a critical aspect of building confidence with the national decision-making bodies as we proceed with approvals for New Hospital Programme (NHP) funding. The Trust Board receive regular updates on the programme through the BBF committee and therefore this won't be repeated in this update. However key highlights that are important to note include:

- Chris Knights has been invited to take up a number of national and regional leadership roles, including chairing the national programme directors group for the NHP, which reflects the credibility his leadership and of our BBF team.
- Ensuring that all New Hospital Programme (NHP) leaders are collaborating and aligning their plans with a "system view". This is being successfully achieved through the NHP Peninsula Group, chaired by the Director of Transformation and Partnerships, this forum is increasing both in terms of importance and impact



- The BBF Programme Director has built a strong reputation of effective leadership with the national team and has been invited to pick up a number of national opportunities to influence the national perspective.
- Through the strong leadership of this team, regional and national colleagues are engaged fully in the development and delivery of the Business Case and programme
- The Digital Outline Business Case (OBC) is being presented to Board in February 2022 for submission to the Regional Office formal review
- The Strategic Outline Case (SOC) has met the fundamental criteria of the Regional Office and is awaiting further guidance from the national team around the approach to Digital and the timeline for SOC submission to the national team, anticipated in June 2022.
- Joanne Watson has successfully secured investment into the Researchers in Residence to support the development and delivery of the BBF programme, working in Partnership with the University of Plymouth.
- The Drumbeat Programme, led By Dr Joanne Watson, has been refined and will re-launch in April 2022. This critical engagement work will bring to life for our teams the opportunities and ambitions within our BBF programme and is designed to provide the start of a series of opportunities for our teams to co-produce their brighter future.

## 8. Partnerships

The Directorate continue to provide system leadership across a range of partnerships, as part of the Boards strategic priorities. Of particular note, significant progress is being made in:

- The agreement to sign the memorandum of understanding with the Torbay Community Wealth Building partnership. Cementing our commitment as an anchor institution to improve the economic prosperity of our local community
- Significant progress is being made in the partnership work with South Devon College, on improving digital skills in the community, designing and delivering a programme that improves digital competency for our workforce and working collaboratively to support young, digital innovators to work with the Trust to improve services.
- The Trust has been approached to be the only organisation in the South West to work in partnership with the Clinical Entrepreneurship Programme to test and evaluate innovation
- Working with partners across Torbay, with a group of philanthropists in “Local Motion” we are one of six sites nationally to have secured funding to support a significant level of community development work to improve food security and opportunities for Children and Young People.

Looking forward key partnership priorities will be supporting the development of our Local Care Partnership and developing healthy, strategic relationships on which to build acute provider collaboratives.

## **9. Recommendations**

Despite the significant levels of pressure experienced from the latest Covid surge and winter pressures, the team have made huge progress in important strategic developments over the last quarter. The Board is asked to note this contribution as outlined in 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 26<sup>TH</sup> JANUARY 2022**

**PUBLIC**

Present:	Sir Richard Ibbotson	Chairman
	* Professor C Balch	Non-Executive Director
	* Mr P Richards	Non-Executive Director
	* Mrs S Taylor	Non-Executive Director
	* Mrs V Matthews	Non-Executive Director
	* Mr R Sutton	Non-Executive Director
	Ms L Davenport	Chief Executive
	* Mr D Stacey	Deputy Chief Executive and Chief Finance Officer
	* Mr I Currie	Medical Director
	* Ms A Jones	Director of Transformation and Partnerships
	* Ms D Kelly	Chief Nurse
	* Mr J Harrison	Chief Operating Officer (Part)
	* Mrs J Falcao	Chief People Officer
	* Dr J Watson	Health and Care Strategic Director
	* Mrs E Long	Director of Corporate Governance and Trust Company Secretary
In attendance:	Mrs S Byrne	Board Secretary
	* Mr A Cooper	Interim Director of Environment
	* Mrs M Mortimore	Matron/Deputy Head of Midwifery & Gynaecology
	* Mr C Winfield	Interim Associate Director for Strategy and Provider Partnerships

\* via Microsoft Teams

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01/01/22 **Welcome and Introductions**

The Chairman welcomed all those present and in attendance to the meeting.

**Preliminary Matters**

02/01/22 **Apologies for Absence and Quoracy**

The Board noted apologies of absence from Mrs Lyttle, Non-Executive Director.

03/01/22 **Board Corporate Objectives**

**The Board received and noted the Board Corporate Objectives.**

04/01/22 **Declaration of Interests**

There were no declarations of interest.

**Consent Agenda (Pre-notified questions)**

**Reports from Board Committees**

05/01/22 **Finance, Performance and Digital Committee Chair's Report– 22<sup>nd</sup> November 2021 and 14<sup>th</sup> December 2021**

The Board received the Chair's Report of the Finance, Performance and Digital Committee meeting held on 22<sup>nd</sup> November 2021 and 14<sup>th</sup> December 202, as previously circulated, from Mr Richards.

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

06/01/22 **People Committee Chair's Report - 20<sup>th</sup> December 2021**

The Board received the Chair's Report of the People Committee held on 20<sup>th</sup> December 2021 as previously circulated, from Mrs Matthews.

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

07/01/22 **Quality Assurance Committee Chair's Report – 22<sup>nd</sup> November 2021**

The Board received the Chair's Report of the Quality Assurance Committee held on 22<sup>nd</sup> November 2021 as previously circulated, from Mrs Lyttle.

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

08/01/22 **Building a Brighter Future Committee Chair's Report – 14<sup>th</sup> December 2021**

The Board received the Chair's Report of the Building a Brighter Future Committee held on 14<sup>th</sup> December 2021, as previously circulated, from Professor Balch.

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

09/01/22 **Charitable Funds Committee Chair's Report – 7<sup>th</sup> January 2022**

The Board received the Chair's Report of the Charitable Funds Committee held on 7<sup>th</sup> January 2022, as previously circulated, from Mrs Lyttle.

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

**Reports from Executive Directors**

10/01/22 **Chief Operating Officer's Report - January 2022**

The Board received the Chief Operating Officer's Report of January 2022, as previously circulated, from Mr Harrison.

**The Board received and noted the Chief Operating Officers Report.**

**For Approval**

11/01/22 **Unconfirmed Minutes of the Meeting held on the 24<sup>th</sup> November 2021 and Outstanding Actions**

The Board approved the minutes of the meeting held on 24<sup>th</sup> November 2021, as previously circulated.

The following actions were noted as follows:

- 231/11/21 was to be closed. The Trust's feedback and engagement was reported within the quality reports through the Quality Improvement Group on a monthly basis and the process was under review.
- 233/11/21 was to be closed. The diagnostic safety culture survey would be undertaken in financial year 2022/23 and presented to the Quality Assurance Committee.

**The Board approved the minutes of the meeting held on 24<sup>th</sup> November 2021.**

**For Noting**

12/01/22 **Parking Lot of Deferred Items**

Mrs Long, explained that the Standing Operating Procedure for Business Continuity for Governance Meetings had been enacted on 22<sup>nd</sup> December 2021. Consequently it was agreed to stand down as many Board sub-committee meetings as possible during January to enable Trust staff to focus on the pressures within the hospital and community. Those meetings still convened were 'business focused', ensuring risk and urgent action were taken. All deferred items were captured in a "parking lot" and would be scheduled onto upcoming meeting agendas.

Mr Stacey explained the Standing Order's and SFI's Report had been deferred until the 29<sup>th</sup> June 2022 Trust Board. This was in response to the SOF4 (System Oversight Framework), whereby the ICS had piloted a different way of working and feedback was awaited. Also, the national pharma review was due to be concluded, which included Torbay Pharmaceuticals. He assured the Board one Standing Order's and SFI's Report accounting for all areas of Trust business would be submitted to the June public board.

### **The Board received and noted the Parking Lot of Deferred Items.**

#### **13/01/22 Report of the Chairman**

The Chairman verbally briefed the Board on the following key events:

- Visits that he made to the Totnes Community Hospital, Newton Abbot Urgent Treatment Centre, Brixham Friends Centre and Brixham Community Hospital had been positive and well received. He encouraged the Board to visit Trust sites and engage with staff where possible.
- On the acute site, the infection prevention control measures that had been put in place to prevent nosocomial outbreaks across the Trust had been successful. He thanked Dr Watson for her leadership and oversight.
- The Governor elections were in progress. Any Trust member who joined prior to 10<sup>th</sup> December 2021 was eligible to vote.
- He offered his congratulations to those who were recognised in the New Year's Honours list.

### **The Board received and noted the report of the Chairman.**

#### **14/01/22 Report of the Chief Executive**

Mrs Davenport, Chief Executive, presented her report, as previously circulated, highlighting the following key issues:

- The mandatory vaccination programme had commenced. As per the government mandate, all frontline NHS substantive and agency staff needed to be vaccinated by 1 April 2022. She highlighted there were risks to people's employment if they chose not to have the vaccination.
- Dr Watson's oversight and leadership within Infection Prevention and Control had enabled the Trust to manage nosocomial infection in the hospital well. She acknowledged the critical importance of the change in visiting arrangements and asked for anyone who attended the hospital to take a Lateral Flow Test prior to arrival.
- The hospital remained under significant pressure. An Incident Control Centre had been established to strategically manage the pressures, caused by Covid admissions, staffing pressures and a pressured Urgent and Emergency Care department. She recognised the benefits of the proactive treatment clinical teams had offered patients in their own homes meant pressure had been alleviated.

- Dr Rhoda Allison MBE, Associate Director of Nursing and Professional Practice, Moor to Sea, had been awarded an MBE in the Queen's new year's honours list for her services to physiotherapy.
- Chantal Baker, Nursing and Midwifery Excellence Lead Nurse was presented a Silver Chief Nurse Officer Award by Ruth May virtually on 14<sup>th</sup> December 2021. Recognition of the outstanding commitment she had given to her work, in particular the Nightingale Hospital, Exeter in 2020 and 2021.
- Due to Covid19 restrictions the Annual Staff Heroes Awards were presented virtually in December. With all the Executive Team visiting the staff and teams that have excelled over 2021.
- An unannounced focused CQC inspection of two wards and care of the elderly services took place on the 1<sup>st</sup> December 2021. The Trust expected to receive the full CQC report in February 2022. She assured the Board the Trust were focusing on the key areas of concern escalated by the CQC.
- The CQC and OFSTED SEND inspection report had been published and the Trust were working collaboratively with key partners to assess the weaknesses within the system for children with special education needs and disabilities.
- There was to be a delay in the formation of the Integrated Care System (ICS) and the establishment of the Integrated Care Board (ICB).

Mrs Matthews, asked what residual issues would need to be managed in respect of the mandatory vaccination staffing programme.

Mrs Falcao, explained the data received from the national team suggested circa 200 Trust staff had not been vaccinated. The initial work was to establish staff in scope for mandatory vaccination. She acknowledged the complexity of the programme and confirmed the Trust had been working with ICS to ensure standardised approach was undertaken. She explained learning had been sought from the care home mandatory vaccination programme and the Southampton Hospital mandatory vaccination programme. She asked the Board to note the risk the Trust would hold as there would not be many redeployment opportunities for unvaccinated clinical staff.

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

## **Safe Quality Care and Best Experience**

15/01/22 **Integrated Performance Report – Month 9, 2021/22**

Ms Jones, presented the Integrated Performance Report for month 9, 2021/22, as previously circulated, and drew the following to the Board's attention:

### **Quality and Safety**

- High bed occupancy was reported on blue and green pathways. With nosocomial outbreaks putting pressure on beds. There had been minimal support from community settings due to the increase of Covid infections within the community.

- Infection Prevention Control measures to prevent nosocomial outbreaks had but pressure on bed capacity in the acute site.
- Against the 4 hours target the Trust achieved 62%.
- 712 patients spent more than 12 hours in the Emergency Department with ambulance handover delays remaining high.
- Incident control measures were in place and the Trust was working against the covid escalation framework.
- Due to extended diagnostic wait times, there were delays in planned care. However, as the Trust moved out of the pandemic the focus would be on the recovery of services.
- The Trust had continued to mitigate the length of stay of patients.

### **Workforce**

- Sickness levels remained high.
- The appraisal process had highlighted the need for the Trust to prioritise well-being support for its workforce.

### **Finance**

- Agency cost was reported at £10m, £4m above plan. This was due to unfilled vacancies, staff absences and the need for additional staff whilst the Trust operated in Opel 4.
- The Trust reported a financial position of £0.1m favourable to the month plan and £0.8m favourable to year to date.
- There was no recurrent measure to deliver the efficiency plan to report a balanced financial position.

Mrs Matthew's, brought the Board's attention to the absence and turnover rate in clinical teams and at leadership level. She confirmed the People Committee had commissioned a 'deep dive' into staff turnover in the aforementioned areas.

Professor Balch, asked when the Trust might see national Infection Prevention Control measures easing. Dr Watson, explained the modelling for the omicron variant was difficult. The Torbay and South Devon community had not seen a decline in infections as modelled. She confirmed masks would remain mandatory in NHS settings until at least the end of March.

Mrs Davenport, recognised how important the recovery plans were for those waiting for treatment and confirmed teams were working on the recovery plans.

## **The Board received and noted the Integrated Performance Report – Month 9, 2021/22.**

### **16/01/22 January 2022 Mortality Safety Scorecard**

Mr Currie presented the January 2022 Mortality Safety Scorecard, as previously circulated. He brought the Boards attention to:



- The mortality ratio for September, which was 84.9%. The Trust were aware in the four months preceding, the mortality rate had been higher than expected and this was under investigation.
- The 12 month rolling mortality index for quarter 2 exceeded the average 100 relative risk mark the data was being analysed to ascertain driving the increase.
- Chart 3, mortality by clinical grouping, the Trust was an outlier for intestinal infections. The case notes were under review.
- All deaths of people with learning disabilities, including autism, were reviewed through the Learning Disabilities Mortality Review (LeDeR) process. Patients with learning disabilities had a life expectancy 15 to 20 years less than average. Currently data was unavailable, this had been escalated to the central patient safety team and CCG. When the data was available it would inform clinical practice.

Mr Currie confirmed, deaths that occurred within Devon Partnership's Trust Acute Mental Health ward on the Trust's site, were recorded within the Devon Partnership Trust data.

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

#### **17/01/22 CQC Focused Inspection Report**

Ms Kelly asked the Board to note the CQC letter to the Trust dated 2<sup>nd</sup> December 2021, as previously circulated. She confirmed an unannounced focused inspection by the CQC took place on 1<sup>st</sup> December 2021. The following wards were inspected, EAU4, Forrest and George Earl. The CQC found staff were operating in a challenged environment, with nutrition and hydration documentation that was failing to be completed. Following feedback from the CQC, an action plan had been implemented and the strengthening of governance and oversight had been undertaken.

The Board noted the report and update, along with their concern that despite operational pressures and at times a lack of familiarity with wards that staff were working on document management to ensure proper care was given and evidenced was essential.

Mrs Matthews, noted that the findings were not just a reflection on compliance but a cultural issue and there was a need to change embedded habits.

Ms Kelly, reflected on a legacy of a lack of appropriate supervision, governance and oversight at ward level with Ward Managers historically carrying their own case load and the plans in place to resolve this. To mitigate this risk the Board approved a proposed uplift to establishment and associated funding requirements in July 2021. The aim of this was for the Ward Managers to be able to provide the required education, coaching and direction to the ward staff. However, the ability to back fill their positions and release a significant amount of time to oversee the ward had proven difficult. The waves of the pandemic had magnified and exacerbated the patient safety issues, with greater reliance on redeployment and bank staff. However, the medium to long term plan to support the improvement journey via oversight at ward manager level and care rounds was being established, with the support of quality improvement facilitators and would be maintained.

## **The Board received and noted the CQC Focused Inspection Report**

### **18/01/22 Maternity Governance and Safety Report 1 October 2021 - 30 December 2021**

Ms Kelly presented the Maternity Governance and Safety report, 1 October 2021 to 30 December 2021, as previously circulated.

Ms Kelly brought to the Boards attention to the need for a clinical review to be undertaken to understand the high rates of c-section and induction births. In respect of the staffing position Ms Kelly reported a challenged position, with decisions to balance quality and risk regularly reviewed.

Mrs Taylor, who held maternity safety oversight within her Non-Executive Director portfolio, explained that the maternity position was very similar to other areas of the Trust, with estate, staffing and systems being the main areas of risk. An electronic observations business case was in development to alleviate some of the pressure.

## **The Board received and noted the Maternity Governance and Safety Report 1 October 2021 - 30 December 2021.**

### **Improved well-being through partnerships**

### **19/01/22 Building a Brighter Future Programme Update**

Ms Jones, presented the Building a Brighter Future (BBF) Programme Update to the Board. The BBF team had hosted national team visits and presented the Trust's credible and clear plan to them, which had gained positive views and clear support. She highlighted:

- Letters of support from local partners for the strategic outline case had been received;
- The Board had approved the Digital Outline Business Case which was being progressed; and
- 'Seed' allocation funding of £2.809m up to March 2022 had been approved to enable the programme office to progress the business case for the site enabling works.

Professor Balch, explained the 'seed' funding confirmed until March 2022, enabling a clear programme of activity, would drive momentum. However, there was also the need for a wider conversation at ICS level to agree which services would be provided as a system.

Dr Watson, acknowledged the importance of clinical engagement to the Digital, Estate and Health and Care Strategy. She said this engagement had been placed on hold due to the pressures within the Trust but opportunities for clinical engagement were now growing.

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

20/01/22 **Outcome Paper: Healthwatch Devon community engagement survey relating to the disposal of the former Dartmouth and Kingswear Cottage Hospital site**

Mr Stacey presented the Healthwatch Devon community engagement survey relating to the disposal of the former Dartmouth and Kingswear Cottage Hospital site, as previously circulated. He asked the Board to note the survey was supportive of the Trust's approach to work collaboratively with Dartmouth Town Council. The Trust and Dartmouth Town Council were preparing a credible bid for the former hospital site, which was to be welcomed.

**The Board received and noted the Outcome Paper: Healthwatch Devon community engagement survey relating to the disposal of the former Dartmouth and Kingswear Cottage Hospital site**

21/01/22 **Dartmouth Neighbourhood Plan – Trust 2nd Response**

Mr Stacey, presented the Dartmouth Neighbourhood Plan – Trust 2nd Response paper to the Board, as previously circulated. Mr Stacey explained the key considerations within the neighbourhood plan and asked the Board to note that the Trust's response to the draft was important as the plan could start to impact on planning decisions even before fully adopted.

Mr Cooper, asked the Board to note the exceptional level of beneficial informal engagement on the Dartmouth Neighbourhood Plan that had taken place with the support of Professor Balch. Mr Cooper confirmed the Dartmouth Neighbourhood plan would become the development plan.

**The Board reviewed and approved the response to the latest draft of the Dartmouth Neighbourhood Plan.**

22/01/22 **Community Wealth Build - Memorandum of Understanding**

Ms Jones, presented the Community Wealth Build - Memorandum of Understanding, as previously circulated, she highlighted to the Board as an anchor institution the Trust held an important role in working with strategic partners to improve the economic prosperity of Torbay with the intended outcome of improving the wider determinants of health, in alignment to the Trust strategy. She sought approval from the Trust Board to commit to and adopt community wealth building practices.

She commended to the Board the Memorandum of Understanding, which would support the creation of a local supply chain, a local labour market and bring transformative capital and investment to local enterprises.

She asked for members of the Trust Board to consider sitting on the Community Wealth Building Group.

The Board were in support of the Community Wealth Build Memorandum of Understanding. It spoke to the Trust's ICO values and the values of place and being

a healthy place based system. The opportunity for the Trust to influence the health and well-being of the local population in this forum was acknowledged.

**The Board approved the Trusts intent to commit to the principles and adoption of community wealth-building practice; and for members of the Trust Board to sit on the Community Wealth Building group, Employment sub-group and Procurement sub-group**

**Well Led**

23/01/22 **ICS Devon SOF 4 Exit Criteria**

At the request of the ICS, Mrs Davenport asked the Board to receive and note the ICS Devon SOF4 Exit Criteria paper, as previously circulated. She explained each organisation across the NHS had their own SOF plan but there would be a requirement for all NHS Organisations to contribute to the SOF4 Exit Criteria for Devon ICS.

**The Board received and noted the ICS Devon SOF 4 Exit Criteria.**

24/01/22 **Trust Strategy**

Ms Jones, was seeking approval of the final draft Trust Strategy, as previously circulated. She confirmed it had been developed over several months with members of the Trust Board actively engaging in its structure and content. The strategy would be a set of guiding principles and set out the strategic enabling as well as delivery plans to meet the Trust's purpose and vision. If approved, a range of communications would be developed to reach out to staff, patients and stakeholders and an implementation plan would be created.

The Board, reflected on how the Trust's strategy built upon the ICO Strategy set in 2015 and would support the Trust in making the best use of the opportunities it had. Ms Jones noted that the Trust now needed to engage meaningfully with system partners and service users building upon the positive engagement that had already taken place.

Ms Jones would develop proposals for the implementation of the strategy, supporting guidance and a framework to report back to the Board on delivery.

**ACTION: AJ**

**The Board approved the Trust Strategy.**

25/01/22 **Terms of Reference: People Committee and Quality Assurance Committee**

Mrs Long referred the Board to the minor Terms of Reference Changes to the People Committee and Quality Assurance Committee and asked that they be approved.

**The Board approved the Terms of Reference: People Committee and Quality Assurance Committee.**

**26/12/22 Compliance Issues**

There were no compliance issues reported.

**27/12/22 Any Other Business Notified in Advance**

There was no any other business raised for discussion.

**28/12/22 Date and Time of Next Meeting:**

11.30 am, Wednesday 24<sup>th</sup> February 2021.

**Exclusion of the Public**

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

## BOARD OF DIRECTORS

### PUBLIC

No	Issue	Lead	Progress since last meeting	Matter Arising From
231/11/21	Ms Kelly to consider the opportunities for learning for the Patient Advice and Liaison Service.	CN	231/11/21 was to be closed. The Trust's feedback and engagement was reported within the quality reports through the Quality Improvement Group on a monthly basis and the process was under review.	24.11.2021
233/11/21	Ms Kelly, proposed a diagnostic safety culture survey be disseminated to staff to provide the Board with an understanding of what supportive measures could be put in place to improve culture.	CN	233/11/21 was to be closed. The diagnostic safety culture survey would be undertaken in financial year 2022/23 and presented to the Quality Assurance Committee.	24.11.2021
24/01/22	Ms Jones would develop proposals for the implementation of the strategy, supporting guidance and a framework to report back to the Board on delivery.	DPT		26.01.2022



**Public Board of Directors**

**Parking Lot**

**Reviewed: 1<sup>st</sup> February 2022**

<b>Item/action/issue/policy name</b>	<b>Meeting Date</b>	<b>Comment</b>
Standing Orders, SFI's Report	26 <sup>th</sup> January 2022	Deferred to 29 <sup>th</sup> June 2022





<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Chief Executive's Report			<b>Meeting date:</b> 23 February 2022	
<b>Report appendix</b>	Board assurance framework summary			
<b>Report sponsor</b>	Chief Executive			
<b>Report author</b>	Associate Director of Communications and Partnerships			
<b>Report provenance</b>	Reviewed by Executive Directors 15 February 2022			
<b>Purpose of the report and key issues for consideration/decision</b>	To provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments since the previous Board meeting.			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board are asked to receive and note the Chief Executive's Report			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>	X	<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	
	<b>Risk Register</b>	X	<b>Risk score</b>	
<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul>				
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	X	<b>Terms of Authorisation</b>	X
	<b>NHS Improvement</b>	X	<b>Legislation</b>	
	<b>NHS England</b>	X	<b>National policy/guidance</b>	X

<b>Report title:</b> Chief Executive's Report	<b>Meeting date:</b> 23 February 2022
<b>Report sponsor</b>	Chief Executive
<b>Report author</b>	Associate Director of Communications and Partnerships

## 1 **Our vision and purpose**

Our vision is better health and care for all. 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 26 January 2022 are as follows:

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

#### **Mandatory COVID-19 vaccinations for frontline health and care staff**

On 31 January 2022, the Secretary of State announced that the Government intends to revoke the regulations requiring vaccination as a condition of deployment for healthcare workers from 01 April 2022. This is subject to Parliamentary process and will require further consultation and a vote to be passed into legislation.

We are currently awaiting further clarity and guidance and we will share this with our staff as soon as we receive it. In the meantime, we will continue to support those of our staff who may still be undecided about having the COVID-19 vaccinations to make informed choices and to offer vaccinations.

We very much appreciate the huge effort that has been put in to increasing the already high vaccination take-up among NHS staff, including through one-to-one conversations, and we thank our staff for this. The vaccine remains the best way to protect ourselves, our families, our colleagues and patients from the virus.

The latest published data (10 February 2022) shows that 95.2% of our staff have received two doses of the COVID-19 vaccination.

### **People's experience of intermediate care in Dartmouth**

In 2019, in response to people's queries about what intermediate care was and whether it actually worked, we agreed with our partners and stakeholders in Dartmouth to ask people about their experiences of the service. So that people felt comfortable giving negative as well as positive feedback, we asked Healthwatch to talk to people on our behalf, with a list of agreed questions.

The pandemic created challenges in enabling people to participate in the survey and this impacted on the relatively small number of people interviewed (11). However, it is very encouraging to see that the respondents were positive about their care – with 100% trust and confidence in the professionals looking after them. Some people did not feel as involved as we would like in planning their care, and we are currently working to strengthen our approach to personalisation of care and involving people in making decisions about the aims and goals of interventions. We are also building on other methods of people giving us feedback about the services they receive, including the national Friends and Family Test. We are committed to continuing to work with our local communities to develop services and would welcome any other feedback.

We would like to thank Healthwatch for undertaking this survey on our behalf so we can better understand people's experience of receiving intermediate care. The full report is available on the Healthwatch Devon [website](#).

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

### **Current pressures**

Following the expected COVID-19 surge at the end of January/beginning of February, we have been able to return to one COVID-19 ward at our Torbay Hospital site. We continue to see the impact of COVID-19 across all our services, with continued bed closures in our community and acute hospitals due to outbreaks and sustained staff sickness absence.

Demand for our services remains very high across acute, community and social care. Ambulance handovers are a particular area of focus for us, however, it continues to be an area of challenge as is patient flow through our hospitals from the front door of our buildings to our patients' front doors. People are waiting longer than we would like to be seen at our Emergency Department, particularly people who present with less urgent needs and waiting lists for operations, diagnostics and follow-up appointments continue to grow.

We are developing our plans for improvement in discharge delays for both our community and acute hospitals while maximising our exploring all alternatives to admission and providing intensive support into people's homes as needed. We have worked with our local communities to support discharges from hospital as soon as people are medically fit and our volunteers have supported us with this work as well, supporting people with shopping and other daily tasks when they have returned home from hospital.

We have invested in an additional 900 hours of domiciliary care a week in Torbay and 300 additional hours of domiciliary care a week in South Devon, to provide more support packages for people at home. We have also sourced up to 35 extra beds in care homes – this figure varies, depending on how homes are affected by COVID-19. Personalised health budgets are also available through Devon Clinical Commissioning Group to support people and their families with discharges, enabling them to put additional arrangements in place to care for their loved one.

We are also focusing on reducing our waiting lists. MRI and CT scans are now available for our people at the Nightingale Hospital Exeter.

Last month our dedicated urology teams set up a mobile urology unit on our Torbay Hospital site and performed an additional 140 procedures over two weeks. This involved 55 prostate biopsies and 85 cystoscopies; a procedure to examine and treat problems with the bladder or urethra. This made a significant impact on the backlog of patients, which had built up due to the pandemic; with 40% of patients waiting for a biopsy cleared from the waiting list and 23% of patients waiting for a cystoscopy.

Patient feedback has been overwhelmingly positive, with patients rating their care as “excellent” and describing staff as very professional and reassuring. Staff were also praised for ensuring patients were well informed and that they felt relaxed and comfortable during the procedures.

We are planning to return our day surgery unit to its original location on our Torbay Hospital site which will enable it to run at full capacity and we are looking to maximise opportunities for 7 day working. We will also allocate protected beds for planned surgery, including orthopaedics and other specialities to support us to address the backlog of people waiting for treatment.

While taking these actions within our own organisation, we will continue to work closely with our system partners and our local VCSE organisations to address these challenges and make the best use of the available resources to support people who need our care. There is no simple solution to the complex challenges facing health and social care but by working together we can do more than we can alone. We must reduce the health inequalities affecting people across Devon – these have been further exacerbated by the COVID-19 pandemic - and we need to do what is right for our whole population.

We continue to be mindful of the impact of the past two years on the wellbeing of our dedicated and hardworking staff. Our wellbeing team continue to offer a wide range of support and also to signpost people to local, regional and national support available.

### **Ward accreditations**

During January 2022, four more of our wards were assessed under the scheme.

Dunlop ward achieved a gold award – a fantastic achievement following their silver award four months ago.

Ainslie ward achieved a gold award – their second gold award in a row.

Allerton ward achieved a silver award – a great achievement following their bronze award two months ago.

Midgley ward achieved a silver award – their second silver award in a row.

### **DAISY awards**

In January 2022 our DAISY award winner was Tracey Oliver, junior sister on our COVID-19 ward (EAU4). The nomination highlighted:

*“Tracey stepped up to be manager of the COVID ward EAU4 back in late summer 2021 having worked through since the very first COVID patient was admitted to EAU4 in March 2020.*

*Since stepping up she has been an absolute rock for the staff members on COVID EAU4 and has been an advocate for our wellbeing. She has fought for safe staffing and implemented changes to improve our ways of working. She managed to give 100% while under a huge amount of pressure. It is not just her work to the ward and staff that should be commended but her nursing care and compassion for the patients is second to none.*

*Tracey’s skills and knowledge have prevented patients deteriorating. When patients have entered end of life, she ensured they have died with dignity. She provides brilliant holistic care to her patients. We cannot thank her enough for all she has done for us and our patients.”*

### **Our People Awards**

On 14 February we launched our new Our People Awards to recognise and reward our people and our teams. Our People Awards are based on our people promise – seven categories will be awarded three times a year and two categories are annual awards.

Our People Partner award will be given annually to colleagues or teams from partner organisations (nominated by our staff) who show a real commitment to integrated care and working together to provide the best care, service or support we can.

Our People’s Choice award will be given annually and is open for nominations. Patients, carers, partners and the public can nominate teams or individual members of staff for our People’s Choice Award via our website: [Our People Awards - Torbay and South Devon NHS Foundation Trust](#). We will also have paper nomination forms available for people who are not online. Nominations for our People’s Choice Award are open until the end of September and the public will be able to vote for their winner from a shortlist of finalists in November.

### **NHS Confederation showcases our integrated teams in action**

At the end of January the NHS Confederation published a blog with Sharon O’Reilly, Deputy Director of Adult Social Services [Integration with purpose: supporting Oliver and Dylan to live well | NHS Confederation](#).

The blog highlights some of the excellent outcomes our adult social care teams are achieving through working in partnership with Devon Partnership NHS Trust’s

mental health teams, as part of our integrated care model. It is wonderful to see our care model in action helping to support individuals, their families and carers across Torbay and South Devon.

### **Care Quality Commission maternity survey**

On 10 February 2022 the Care Quality Commission published their annual maternity survey which looked at the experience of women who gave birth in early 2021.

The national data showed that results have declined in many areas and that this is likely to reflect the impact that the COVID-19 pandemic had on services and staff. Results show that areas particularly affected were involvement of partners, choice, information provision and staff availability. Despite the pressures of the pandemic, the majority of women continued to report positive experiences of maternity care, particularly during their labour and birth.

In line with findings reported in previous maternity surveys, results continued to show poorer experiences of care for many women postnatally compared with other aspects of the maternity pathway.

In terms of our local results, 180 of our patients responded to the survey, giving us a response rate of 61.43%. Our benchmarking shows that our results were better than most trusts for 10 questions and somewhat better than most trusts for 3 questions.

We scored about the same as other trusts for 36 questions but scored somewhat worse than most trusts for 1 question. This question relates to people being given a choice about where their postnatal care would take place.

We will be bringing a detailed report and information about actions our maternity services are taking to improve services to next month's meeting.

The maternity survey is available here: [Maternity survey 2021 | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/maternity-survey-2021)

### **National maternity safety champions visit**

In early February we had a virtual visit from the national maternity safety champions. The national team are undertaking a programme of meetings with Trust Boards across all maternity services in England as part of their engagement strategy to ensure focused attention is paid to maternity services by individual organisations. Jacqueline Dunkley-Bent, Chief Midwifery Officer, NHS England and NHS Improvement and National Maternity Safety Champion, Department of Health and Social Care, presented the national safety agenda, reflected on progress so far and discussed plans for the future.

### **Care Quality Commission unannounced inspection – draft report received**

We have received the draft report for the unannounced inspection visit which took place in December 2021 and we are currently undertaking a factual accuracy check. Three wards at Torbay Hospital were visited. We expect the inspection report to be published in March 2022.

### **Changes to Care Quality Commission regulatory approach**

The Care Quality Commission informed us of changes to their regulatory approach from 01 February 2022. From this date, they will inspect where:

- there is evidence that people are at risk of harm. This applies to all health and social care services, including those where inspections were previously postponed except in cases where the CQC had evidence of risk to life
- they can support increasing capacity across the system, particularly in adult social care
- a focus on the urgent and emergency care system to help the CQC understand the pressures, where local or national support is needed, and share good practice to drive improvement.

### **CQC/Ofsted inspection of services for children with special educational needs and/or disabilities in Torbay**

Following the publication of the report from Ofsted and the Care Quality Commission (CQC) on services for children with special educational needs and/or disabilities (SEND), Torbay Council and NHS Devon Clinical Commissioning Group are working to produce a 'Written Statement of Action' to explain how we will tackle eight areas of 'significant weakness'.

As a key partner we have been involved in these discussions and this month we joined a meeting with Ofsted and the Department of Education to support the improvements that are needed in this area.

## **3.3 Excellent value and sustainability**

### **Catering services receive a 5\* rating from the Environmental Health Officer**

Our catering services have received a 5\* rating from the Environmental Health Officer. This is testament to their hard work redesigning the ward catering services and introducing bespoke ward catering assistants. I would like to take this opportunity formally recognise this achievement and the dedication and commitment of our Facilities Management Team on behalf of the Board.

### **Health Investor Awards 2022 – private/public partnership of the year**

Our joint venture partnership with gbpartnerships Ltd, SDH Innovations Partnerships LLP (SDHIP), has been shortlisted for the private/public partnership of the year category in the Health Investor Awards 2022.

SDHIP is a 50:50 Joint Venture Partnership between ourselves and gbpartnerships (gbp), via gbp's wholly owned subsidiary, Health Innovation Partners (HIP). It is a leading example of how the NHS Strategic Estates Partnership (SEP) PPP model can be effectively utilised to improve health and care services and value for money for the NHS.

Through this innovative partnership we are able to deliver greater value to our local communities than we could do alone, supporting us in our vision for better health and care for all.

The awards ceremony will take place in London in June.

### **Supporting a community bid for the former community hospital site in Dartmouth and Kingswear**

As I reported last month, we continue to work with Dartmouth Town Council to explore a community bid for the site of the former community hospital. Before Christmas Healthwatch ran a survey for us and Dartmouth Town Council, to find out local people's views about what facilities they would like to see on the site of the former community hospital in Dartmouth. The survey ran from 08 November to 10 December. During that time, 642 people responded either online or by filling out a paper copy of the survey, which was available at local venues in and around Dartmouth.

The results show overwhelming support (85%) for a community bid for the site, with the aim of delivering social benefit as well as economic value for the community. The remaining 15% expressed some concerns about whether the council had the required funding or expertise to deliver such a significant development project.

People were asked to say what facilities they would like to see on the site and the most popular response was for affordable housing for key workers and local people. Other responses included facilities for community and social groups, health or care services, using the site for commercial purposes or selling it, harbour offices, police services and parking. The full results of the survey are available on the Healthwatch Devon and Healthwatch Torbay [websites](#).

We are pleased that the overwhelming majority of respondents endorse our collaborative working to support a community bid for the site of the former Dartmouth and Kingswear Cottage Hospital. This remains our 'Plan A' and we are all working hard to progress a development brief for the site. Through real partnership working, we aspire to a successful community bid. If that proves impossible, the site will be advertised for sale on the open market in the second half of 2022.

We need the income from selling the site before April 2023 in order to honour our financial commitment to the new Health and Wellbeing Centre. We expect to bring a report to Board in March outlining whether the community bid is viable. If a community bid proves unsuccessful, the site will be sold on the open market later this year.

### **Dartmouth Health and Wellbeing Centre**

Our building contractors are continuing to make good progress on the new Health and Wellbeing Centre in Dartmouth. The programme is currently running to schedule, with anticipated completion in late summer.

The first floor is now under construction, with roof beams due to go in this month. Our aim is to have a hold a 'topping out celebration' once the highest point has been reached and the site is safe for invited visitors. We expect this to be in late April.

In the meantime, we are working closely with our GP and voluntary sector partners to finalise the detail for how the internal spaces will be used. If construction continues to run to our planned programme, the building should be fully open in autumn 2022.



### **Brixham health and wellbeing centre**

Good progress is being made on the Brixham health and wellbeing centre (which will be based at Brixham community hospital). The project is due to complete at the end of March and it is hoped that the GPs will be able to move in mid-April.

The health and wellbeing centre will function as a satellite site for the local GP practices and GPs will attend on a rotational basis.

#### **4. Chief Executive engagement February**

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

Internal	External
<ul style="list-style-type: none"> <li>• Video blog sessions</li> <li>• Staff side</li> <li>• Freedom to Speak Up Guardian</li> <li>• Medical Staffing Committee meeting</li> <li>• Staff visits – catering, medical electronics, fire and security, estates, resus, IT</li> <li>• Lead Governor meetings</li> <li>• Swallows support group launch event</li> <li>• Lead head and neck/thyroid cancer clinical nurse specialist</li> <li>• Undergraduate team</li> <li>• Maternity safety Executive meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Chief Executive, Integrated Care System for Devon</li> <li>• Deputy Chief Executive, Devon Clinical Commissioning Group</li> <li>• Chief Executive, Devon Partnership NHS Trust</li> <li>• Chief Executive, Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust</li> <li>• Chief Executive Office, University Hospitals Plymouth NHS Trust</li> <li>• Devon NHS Chief Executives meeting</li> <li>• South West Integrated Personalised Care Lead</li> <li>• Leading for inclusion workshop</li> <li>• South West Regional Chief Executives</li> <li>• Director of Children’s Services, Torbay Council</li> <li>• Director of Adult Social Services, Torbay Council</li> <li>• Chief Officer for Adult Care and Health, Devon County Council</li> <li>• Director of Strategic Transformation, NHS England and NHS Improvement</li> <li>• Children’s Alliance Director</li> <li>• Chief Executive Officer, Health Watch, Torbay and Plymouth</li> <li>• Chief Executive Officer, Torbay Council</li> <li>• Chief Officer for Children’s Services, Devon County Council</li> <li>• South West Local Care Partnership Executive</li> </ul>

- Deputy Chief Executive and Executive Director of Finance and Strategy, Devon Partnerships NHS Trust
- Senior Director of Digital Transformation, Integrated Care System for Devon
- Torbay Council Overview and Scrutiny Committee
- Neuro Rehab and Spinal Cord Injury Delivery within the South West
- Improvement Director, NHS England and NHS Improvement
- Peninsula Neuro Rehabilitation meeting with NHs England and NHS Improvement

## 5. Local health and care economy developments

### 5.1 Partner and partnership updates

#### 5.1.1 Integrated Care System developments

NHS Devon Integrated Care Board (ICB) has appointed three Non-Executive Directors (NEDs) to its new Board. Dr Thandiwe Hara, Professor Hisham Saleh Khalil and Professor Sheena Asthana will begin work in coming weeks, giving them time to be inducted and settle in before the ICB formally launches on 01 July 2022 (subject to parliamentary approval of the Health and Care Bill).

#### **Dr Thandiwe Hara – NED for Citizen and Community Involvement**

Thandi is currently the University of Oxford's Strategy Development Executive alongside being a non-executive Board member of the NIHR SW Clinical Research network and a trustee for the Plymouth Racial Equality Council. Thandi has extensive experience in community engagement, health inequalities and local government strategy and policy.

#### **Professor Hisham Saleh Khalil – NED for Quality and Performance**

Hisham is a practising ear, nose and throat (ENT) consultant at University Hospitals Plymouth NHS Trust and Associate Dean and Faculty Head of the Peninsula Medical School. A current University Hospitals Plymouth NHS Trust NED, Hisham has held a similar role at the Royal Devon and Exeter NHS Foundation Trust. Hisham is an active clinical researcher with an interest in new models of healthcare delivery and ENT.

#### **Professor Sheena Asthana – NED for Health Inequalities and Population Health**

Sheena has been the director of the Plymouth Institute of Health and Care Research since 2020 where her research focused on closing inequality gaps in access to health care, education and other public services. Throughout her career, Sheena has been active in advocating for, and informing policy change in, health inequalities.

Over the past few years, Devon has put a greater focus on equality, diversity and inclusion, and it is positive to see the Board beginning to better reflect the rich diversity and culture in Devon.

The ICB will have six NEDs in total, with further announcements on appointments due towards the end of February, alongside the ICB's executive team.

As well as the executive and non-executive members, the ICB Board will also have four partnership members from NHS provider, primary care, local authority and population health and prevention.

Work on the governance model - including delegations of decision-making accountability and budgets - continues. NHS Devon ICB aims to begin operating in shadow from in spring, ahead of the full launch in July 2022.

### 5.1.2 Local Care Partnership update

Work is underway to Local Care Partnerships (LCPs) – the foundations of ICSs that build on existing local arrangements (see also section three below).

Devon will have six Local Care Partnerships that will see partners and stakeholders working together to design and deliver more joined-up care in local areas:

- Northern
- Eastern
- Southern
- Western
- Plymouth
- Mental health, learning disabilities and autism

Work between system partners is underway to determine the vision, leadership, governance and budget of each LCP, with the ambition to establish each LCP by 01 July, if not sooner.

A first workshop was held recently to look at current progress and where development is needed. From this, a roadmap for development will be created so LCPs can receive the right support.

### 5.1.3. Integration White Paper published

The government [published a white paper](#) on 9 February 2022 setting out proposals that aim to provide better, more joined-up health and care services at 'place' level. There are six 'places' that we call Local Care Partnerships (as above).

The integration white paper focuses on integration arrangements at place level and aims to accelerate better integration across primary care, community health, adult social care, acute, mental health, public health and housing services which relate to health and social care. Children's social care is not included within the scope of the paper. The document covers:

- **Governance** - All places will be required to adopt a governance model by spring 2023.

- **Leadership** - The paper states that there should be a single person accountable for the delivery of the shared plan and outcomes in each place or local area. This may be, for example, an individual with a dual role across health and care or an individual who leads a place-based governance arrangement.
- **Budget pooling** - NHS and local government organisations will be supported and encouraged to do more to align and pool budgets, subject to both NHS and local authority partners agreeing locally what constitutes fair.
- **Oversight** - The government will set out a framework with a small and focused set of national priorities and an approach from which places can develop additional local priorities – to come into force in April 2023. Local leaders will be responsible for working with partners to develop their priorities.
- **Digital** - ICSs will be required to develop digital investment plans for bringing all organisations to the same level of digital maturity. Every ICS will need to ensure that all constituent organisations have a base level of digital capabilities and are connected to a shared care record by 2024.
- **Workforce** - ICSs will be required to support joint health and care workforce planning at place level, working with both national and local organisations. Integrated skills passports are set to be introduced to: enable health and care staff to transfer their skills and knowledge between the NHS, public health and social care; increase nurse training opportunities in social care settings; and focus on roles which can support care co-ordination across boundaries, for example link workers. DHSC will increase the number of healthcare interventions that social care workers carry out by developing a national delegation framework of nursing interventions.

Source: [NHS Confederation](#). Further information: [Local Government Association](#), [County Councils Network](#)

#### 5.1.4 Elective recovery plan

The NHS and government have published a [‘Delivery plan for tackling the COVID-19 backlog of elective care’](#) (8 February) with an expansion in capacity for tests, checks and treatments.

The plan, which will give patients greater control over their own health and offer greater choice of where to get care if they are waiting too long for treatment, focuses on four areas:

1. Increasing health service capacity
2. Prioritising diagnosis and treatment
3. Transforming the way we provide elective care
4. Ensuring better information and support to patients

Despite the dedication of staff across the country, the pandemic has inevitably had an impact on the amount of planned care the NHS has been able to provide, in turn meaning longer waits for many patients.

Nationally, six million people are now on the elective care waiting list, up from 4.4 million before the pandemic. These patients are at various stages of their treatment pathway, with approximately four in five waiting for care that does not require admission to hospital, such as diagnostic tests or outpatient appointments.

An expansion in diagnostic capacity will mean 95% of patients will receive a test within six weeks of referral, while no patient will wait more than a year for elective surgery by March 2025. And by March 2024, 75% of patients will either have a diagnosis or have their cancer ruled out within 28 days of being urgently referred by their GP.

Devon's planned care workstream is continuing to develop proposals to reduce waiting lists.

#### **5.1.5. Digital developments**

Across Devon and Cornwall, a programme of digital work is underway to transform the way services are provided by giving care providers the right information at the right time to make the best possible decisions to support local people.

The Devon and Cornwall Care Record is a new system that brings together patient data from a wide range of clinical systems and presents it as a single summary view.

It enables authorised health and care staff to see information held by other providers across Devon and Cornwall's health system – from GP practices and hospitals to hospices and social care settings.

The first organisations taking part will go live in spring 2022.

This work forms part of Devon's digital strategy, which has three key aims:

1. **Digitise** infrastructure and services
2. **Connect** systems, records and services
3. **Transform** services with digital solutions

Devon's ambition is to use technology and digital solutions to deliver a more joined-up service in which the citizen is able to take more ownership of their wellbeing and to receive care in a way that best meets their needs.

### **5.2 Devon, Torbay and Plymouth to benefit from Government's new 'County Deal'**

Last summer the Prime Minister set out his Government's "Levelling Up" ambition and in his speech set out that there would be an opportunity for new 'County Deals' to take devolution beyond the largest cities, offering the rest of England the same powers metro mayors have gained over things like transport, skills and economic support.

Earlier this month a 'geographic' Devon, consisting of Devon County Council, Torbay Council and Plymouth City Council, was announced as one of the first nine initial County Deal areas and has been invited to begin negotiations about what the deal will include and in what form. At this time, we understand that this will most likely be in the form of a non-mayoral combined authority.

Our local authority partners have invited us to join them in their conversations with the government about the Devon County Deal so that we can maximise the opportunities that may be on offer to improve the lives of the people who live in our communities and support them to thrive.

### **5.3 New Chair appointed at Livewell Southwest**

Dr Karen Cook has been appointed the new Chair of Livewell Southwest. Livewell's Board have formally approved the appointment, which will begin on 01 April 2022, when she will take over from current Chair Duncan Currall, who has been in post since Livewell became a Community Interest Company in 2011 and has completed his term in the role.

Dr Cook joined Livewell Southwest in 2019 as a Non-Executive Director and brings over 30 years' experience in the education sector including 10 years as Deputy Vice-Chancellor at Plymouth Marjon University. She has recently retired as Chief Finance and Operating Officer (and CEO for six months in 2018) for Plymouth CAST Multi-Academy Trust.

On behalf of the Board, I have extended our congratulations to Dr Cook on her appointment.

### **5.4 New Chair appointed for Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust**

Dame Shan Morgan has been appointed as the new Chair of the Royal Devon and Exeter NHS Foundation Trust (RD&E) and Northern Devon Healthcare NHS Trust (NDHT).

Dame Shan will take up her role on 01 April 2022. The two organisations are proposing to merge on this date to combine their resources and expertise to improve the resilience and sustainability of health services across North and East Devon.

Dame Shan will take on the role for an initial term of office of three years and succeeds current Chairman James Brent, who comes to the end of his term of office on 31 March 2022. Dame Shan was appointed following a robust recruitment process, with an appointment panel made up of stakeholders representing both organisations.

In the event that the RD&E and NDHT are not given approval to merge, Dame Shan will take over as Joint Chair of both separate organisations.

On behalf of the Board, I have extended our congratulations to Dame Shan on her appointment.

### **5.5 Livewell Southwest to temporarily run Mayflower Medical Group**

From 01 April 2022 Livewell Southwest will run the Mayflower Medical Group on a temporary basis. The Mayflower Medical Group provides GP services at five sites in Plymouth:

- Stirling Road Surgery
- Ernesettle Medical Centre
- Mount Gould Primary Care Centre
- Trelawny Surgery
- Mannamead Surgery

Livewell Southwest already provide a wide range of health and care services in Plymouth and are well-placed to provide the support needed at Mayflower until a longer-term solution is in place.

NHS Devon Clinical Commissioning Group are working closely with Livewell Southwest and Access Health Care to ensure a smooth transition in the handover, with minimal disruption to patients and staff.

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

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

- Plymouth University students help with digital innovation – celebrating the work of two postgraduate students as part of their internship to support digital innovation in our organisation
- Rhoda Allison MBE – release celebrating the news that our very own Rhoda was awarded an MBE in the New Year's Honours list
- Security supervisor nominated for national award – joint release issued announcing that Chris Sparks, security supervisor at Torbay Hospital has been nominated for a national Our Health Heroes award
- Chantal Chief Nursing Officer award – celebrating that our very own Chantal Baker has been awarded the prestigious Silver Chief Nursing Officer award in recognition of her work setting up Nightingale Hospital Exeter
- Mandatory vaccinations – media enquiries around mandatory vaccinations and our current staff uptake were directed to the published data available online and the national guidance

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

- Additional MRI and CT provision at Nightingale Hospital Exeter –people in our area needing a scan can now benefit from increased provision at NHE, as part of our work with system partners to reduce waiting times
- Service relocations – announcements and map graphics about the temporary moves of both paediatric outpatient clinics and Ricky Grant Day Unit
- Help us get your loved ones home – outlining what family members can do to support their loved one when they are ready to be discharged from hospital
- Lateral flow testing required for visitors –proof of a negative lateral flow test is now required for patient visitors
- Local vaccination clinics – promoting the walk-in vaccination clinics in our areas for those needing a COVID-19 vaccine
- Face masks in healthcare settings – despite national changes, face masks are still required in our hospitals and healthcare settings
- NHS Confederation case study – NHS Confederation blog which showcased a case study from our adult social care teams as a fantastic example of integrated care

- DAISY award winners – celebrating our fantastic DAISY award winning nurses who were recently presented with their award
- COVID-19 appeal thank you – video from our donations manager thanking the public for their support with donations and how these have helped our staff and patients
- Cold weather – as the temperature dropped, we shared resources on the groups most at risk during cold weather and the importance of checking on vulnerable individuals

#### Development of our social media channels:

Channel	End of year target	As of 31 March 2021	As of 31 January 2022
LinkedIn	5,000 followers	2,878	3,613 <span style="color: green;">↑ 735 followers</span>
Facebook	15,000 likes	12,141	12,762 <span style="color: green;">↑ 621 followers</span>
	15,000 followers	12,499	13,180 <span style="color: green;">↑ 681 followers</span>
Twitter	8,000 followers	6,801	7,245 <span style="color: green;">↑ 444 followers</span>

## 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**

Q4 2020/21 v17



Ref	Executive Owner	Corporate Objective	Current risk	Target risk	Strength of Controls	Strength of assurance	Executive Comment
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	Red	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, responding to the new paradigm of harm and safety as a result of COVID-19	20	16	Amber	Amber/Red	
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	25	Red	Red	
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 implement and continuously review the Trust People Plan, ensuring the Trust is a 'great place to work'	16	8	Amber	Amber	Feedback from People Committee review Dec 21 incorporated, WRES added into assurance
9	Judy Falcao Chief People Officer	To ensure management practice, leadership capacity and capability to deliver high-quality, sustainable care for the local population	16	8	Amber	Amber	Feedback from People Committee review Dec 21 incorporated. To begin to track manager turnover.
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 it meets the needs of the local population and the Peninsula System	16	12	Amber	Amber	Minor updates to mitigation actions and completion dates. Addition of key risk in respect of seed funding.



<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Integrated Performance Report (IPR): Month 10 2021/22 (January 2022 data)			<b>Meeting date:</b> 23 February 2022	
<b>Report appendix</b>	M10 2021/22 IPR focus report M10 2021/22 IPR Dashboard of key metrics			
<b>Report sponsor</b>	Deputy CEO and Chief Finance Officer			
<b>Report author</b>	Head of Performance			
<b>Report provenance</b>	ISU and System governance meetings – review of key performance risks and dashboard Executive Director: 16 February 2022 Integrated Governance Group: 16/17 February 2022 Finance, Performance, and Digital Committee: 21 February 2022			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The purpose of this report is to bring together the key areas of delivery (including, quality and safety, workforce, operational performance, and finance) into a single integrated report to enable the Trust Board to:</p> <ul style="list-style-type: none"> <li>• Review evidence of overall delivery, against national and local standard and targets</li> <li>• Interrogate areas of risk and plans for mitigation</li> <li>• provide assurance to the Board that the Trust is on track to deliver the standards required by the regulator.</li> </ul> <p>Areas of exception that the Board will want to focus on are highlighted below and detailed in the attached Focus Report.</p>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board is asked to <b>review</b> the documents and evidence presented.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	20
	<b>Risk Register</b>	X	<b>Risk score</b>	25

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

<b>Report title:</b> Integrated Performance Report (IPR): Month 10 2021/22 (January 2022 data)		<b>Meeting date:</b> 23 February 2022
<b>Report sponsor</b>	Deputy Chief Executive & Chief Finance Officer	
<b>Report author</b>	Head of Performance	

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

## 1. Quality headlines

**CQC:** A Focused inspection of Medical Care took place on 1<sup>st</sup> December 2021, EAU4 (COVID), Forest (escalation) and George Earle were inspected regarding concerns raised on staffing levels and nutrition and hydration care needs. The draft inspection report has been received is currently undergoing factual accuracy. Daily Nutrition and Hydration review for all patients taking place and will be included in future reports.

### **Incidents:**

In January there were 4 severe incidents all of which were falls that resulted in a fractured limb. Comprehensive review of falls prevention being undertaken All of these incidents have been reported onto STEIS. There were 2 deaths in January, both incidents are within ED and are being investigated.

**Stroke:** The percentage of time stroke patients are spending on a stroke ward remains below the 90% target for December. The Trust has been unable to report against the Stroke position this month due to data collection issues. This will be resumed for the March Report.

### **VTE assessment**

The compliance in January recorded a worsening position of 89.7% from a position of 95.1% in December. The COVID surge plan in December was instigated, this has increased the bed base across the Trust with fluctuating escalation beds. This has continued throughout January 22.

No additional changes have occurred since the introduction of these key elements:

- 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.

**Infection, Prevention, and Control:** December bed closures have decreased to 71 in January 22 from 285 in December 21: Covid positive on admission and outbreaks during admission. The number of C.Diff cases have increased within the acute hospital and community onset has reduced .The predominate infection control focus has been on COVID-19 outbreaks which have affected the organisation.

**Maternity:** We have seen an improvement in Breast Feeding rates and a reduction in C Section rates for this Period . Sadly, there have been 3 stillbirths in January at 36 weeks, 36+4 and 40 weeks. The parents have consented to post-mortems. The 3 cases

will be reviewed using the perinatal mortality tool, no specific themes have been identified at this stage.

During January 2022, there were 169 births in the month. There are 163 deliveries projected for February, 168 for March and 137 for April 2022.

**Staffing:** The Covid-19 nurse safer staffing risk framework is in place, wards remain in an amber position overall with mitigations and reassignment to areas.

## **2. Workforce Headlines**

The annual rolling sickness absence rate was 4.79% to end of January 2022; this is against the target rate for sickness of 4% and is the highest figure since July 2007 and will likely continue to increase due to very low absence in January to March 2021. The monthly sickness figure for January was 5.54% which continues the very high level of sickness but less than the October high of 5.88%. A working group is being formed to review how we can improve the data accuracy of daily report due to the current challenged systems and processes.

The Achievement Review rate for the end of January 2022 was 76.13% a further reduction from the 78.57 % as at the end of December.

The Trust's turnover rate now stands at 12.60% for the year to January and is within the target range of between 10%-14%, however, this figure has been on the increase.

The current overall mandatory training rate is 88.62% for January 2022 against a target of 85%. Overall training compliance continues to be only marginally impacted by the current system pressures however subjects with multiple levels still need improvement.

The Month 10 Trust Agency spend was £1.025m which was a significant reduction of £223k from Decembers figures giving Financial YTD figure of £11.122m (£4.5m above plan as at the end of month 10).

## **3. Performance Headlines**

### **Operational headlines**

**Covid:** Throughout January, the Trust dealt with an increased number of covid admissions and infections across the hospital requiring further escalation beyond the single dedicated covid ward averaging 25 to 30 daily in hospital; the number of patients requiring intensive care however remained low. The impact on staff sickness from the Omicron surge in infections has been felt however the workforce escalation plan to divert non-urgent clinical capacity and incentives to contribute to additional shifts to support hospital teams has helped to mitigate the overall impact. The Incident Control Centre (ICC) and drumbeat of daily meetings to oversee the escalation planning and incident response has been effective. Covid hospitalisation levels over the coming weeks remain uncertain however there is increasing confidence that numbers will not escalate and more likely see a downward trend.

**Recovery Planning:** Against this backdrop focus is moving towards recovery. Work has now started with a detailed piece of demand and capacity, and bed modelling to establish recurring bed base to support improved flow across the ICO and the

recommencement of elective care across all specialities whilst not impacting negatively on emergency pathways. A System Capacity and Recovery Group and governance architecture has been set up to oversee this work and ensure rapid delivery of the required capacity.

**Urgent Care:** Urgent and emergency services continued to be challenged throughout January. The Trust continues to see high bed occupancy resulting in delays to ambulance handover, extended waits in ED and assessment areas, and patients bedded in ED and assessment areas overnight.

Access to inpatient beds remains the primary contributor to the length of time patients are spending in the Emergency Department. Available inpatient beds increased with the opening of a further 25 beds requiring relocation of the cancer day case unit and re-allocation of beds used to support maternity escalation. The number of patients in hospital waiting for transfers of care to short- and long-term placement or home with care packages increased in January to an average of 100 patients per day medically fit for discharge (88 in December).

In January, there were 806 people who spent 12-hours or more in the Emergency Department (712 in December) with ambulance handover delays remaining high, meaning 559 patients experienced a delay of over an hour once arriving to the Emergency Department (of the 18 South West trusts TSDFT ranks seventh worst against the 30-day rolling average with a daily average of 17 handovers greater than 60 minutes).

**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 forecast to end of March is not showing any reduction in waiting times in the short term. The continued capacity constraints in the Day Surgery Unit and ceasing of all non-urgent inpatient surgery remain in place. Capacity within the private 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 continue to be developed as a strategy 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. Capacity at the Nightingale Hospital Exeter for orthopaedic day case is delayed and will come on line in late March.

The System Capacity and Recovery Group is overseeing the work to escalate bed capacity to maintain patient flow and facilitate reopening of the Day Surgery Unit along with protected beds to support orthopaedic and surgical routine elective inpatient. These plans and actions will form the basis of our response to increasing elective activity and to start targeting the elective backlog and long waits. The Trust will be responding to the NHS plan for “Delivery of the backlog of elective care” and ensuring we gain access the additional funding being made available.

**Cancer care:** An increase in referrals and reduction in capacity from covid escalation for surgical and diagnostic stages of care continues to impact on the delivery of the cancer performance standards.

A review of cancer action plans is being led by the Chief Operating Officer and will be signed off through the Cancer Cabinet to commence in February 2022. Improvements in

dermatology 2-week-wait time have been seen in recent weeks reducing from 5 weeks to just over 2 weeks from referral. In support of urology diagnostic backlog a mobile unit, arranged through the Cancer Network has been utilised in January to support clearance of backlog for urology prostate biopsies and cystoscopies.

Improvement against the 62-day Referral To Treatment standard (85%) remains a key challenge with 50% meeting the 62-day standard in January. This resulted in 57 patients receiving treatment greater than 62-days from referral with 27 in urology, 12 skin, 8 lung, and 4 lower GI pathway. A return of Day Surgery Unit capacity will be a significant factor in allowing teams to target the backlog of surgical treatment and invasive diagnostic tests to improve the overall 62-day performance. In latest published comparative performance against this standard across the South West region the Trust is one of the lowest performing against this standard.

**Diagnostic waiting times:** 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 continue to be critical to supporting capacity over the coming months.

**Patients in hospital:** In January the number of 21-day and 7-day length of stay patients has remained significantly higher than normal levels with an average of 64 patients over 21 days in hospital compared to 20 last January, and 183 over 7 days compared to 109 last January. The length of stay for patients discharged from community hospitals has increased to 17 days compared to 10.5 days seen across 2020/21 and 13 days reported in September.

The increased length of stay is in part a result of the significant number of patients who are medically fit with no 'criteria to reside' who require ongoing support and care in community settings with the retention and recruitment of staff remaining a significant challenge for independent sector providers providing nursing residential and domestic care packages of care. It is also noted that there is a relative shift in the proportion of patients in hospital requiring additional care needs on discharge as measured through the discharge pathways being recorded and reflects the acuity of patients coming in to hospital.

**Community and social care:** The levels of unfilled packages of care remains high and impacting on patient flow and discharge from community and acute settings of bedded care. Urgent care team capacity continues to be diverted to ensure packages of care for the most at-risk patients are maintained. Staffing across many community teams continue to be below desired levels.

**4. Finance headlines**

For the month of January (M10) the Trust is reporting a £0.1m surplus and for the year to date the Trust is reporting a £0.9m surplus. Both M10 and year to date actuals are ahead of plan (£120k favourable in month, £150k year to date).

Total income for the year to date is £8.1m favourable to plan. Key drivers are as follows:

COVID related income e.g. Council funding stream	£5.5m
Education and training, R&D grants and other	£3.1m
ASC client contribution income	£0.8m



Torbay Pharmaceutical sales	£0.5m
<i>Offset by:</i>	
Lower Council grant income	(£0.7m)
ERF income recovery & elective cancellations	(£0.6m)
Reclassification from patient care income to other income	(£0.3m)

Operating expenditure and financing cost in the year to date is £8.3m adverse to plan. Key drivers are as follows:

COVID related costs not initially budgeted	(£5.4m)
Agency spend	(£4.5m)
Bank spend	(£3.3m)
Increased clinical supplies and services costs	(£2.1m)
ASC and Placed People increased cost	(£1.1m)
Undelivered CIP	(£0.6m)
ASC bad debt provision	(£0.5m)
Drugs Cost	(£0.2m)
<i>Offset by</i>	
Underspend on substantive pay due to vacancies	£7.4m
Underspend within CFHD alliance	£1.7m
Underspend on Financing cost	£0.4m

The cash position remains strong with a month end balance of £32.6m. To date the Trust has spent c. £15.9m on capital schemes, an increase of c. £2.2m from Month 9.

The phased plan for efficiencies at Month 10 is c. £1.2m, against which c. £1.4m has been assessed as being delivered, an increase of c. £0.2m. Year-to-date, for H2, delivery is recorded as c. £3.9m against a plan of c. £4.8m, a shortfall of c. £0.9m.

For H1 the Trust's efficiency target was c. £0.8m, against which c. £1.0m was recorded as delivered. Therefore, the combined position for efficiencies as at Month 10 is c. £4.9m delivered against a plan of c. £5.5m, giving a shortfall of c. £0.7m (taking into account rounding).

Whilst the current expectation is that non-recurrent measures and other mitigating actions will cover the shortfall, it should be noted that the current level of unidentified efficiencies together with the adverse variance to plan gives an overall risk of under-performance of c. £1.6m. Work is ongoing with ISUs and departments to identify additional schemes, both recurrent and non-recurrent, to close their gaps to target which will be supported further by input from Deloitte as part of the Financial Improvement Programme.

The Trust has reviewed its forecast in the light of the continuing pressures from Covid, offset by a reduction in spend in elective areas.

With regards to ERF the threshold percentage in H2 has been amended from 95% of SUS submitted activity to 89% of RTT stop clock activity. The system as a whole did earn ERF in Q3, mainly against activities delivered in Accelerator sites mainly against activities delivered in Accelerator sites. There is still a risk that the System might not achieve any ERF in Q4.

There are additional funding streams in H2 i.e. ERF+ and TIF and ISU's have undertaken a review of likely spend/activity to date and expected during the remainder of H2. These other funding streams are low risk income values and the Trust will maximise the benefit of these allocations. This will complement the spend against ERF, reducing the financial risk to the Trust if the System does not meet the 89% threshold.

Looking beyond this financial year, the following key risk areas are noteworthy:

- The underlying position. The Trust's underlying deficit prior to Covid was around £45m. Even allowing for policy changes (such as the recurrent nature of top up funding moving forwards), the underlying deficit has worsened like for like to in excess of £52m.
- Efficiency requirement for 2022-23. This is under development with the ICS, but could exceed £20m
- Significant reduction (~60%) in COVID top-up funding
- The reintroduction of commissioner contracts and specifically the aligned incentive payment mechanism, which would see the Trust lose income if elective activity fails to achieve the required levels
- The future of the Hospital Discharge Programme. The Trust is forecast to have recovered £3.4m of costs under this scheme in 2021-22 – the scheme ends on 31 March
- Capital planning for 2022-23 and beyond – it is expected that there will be significant pressure on the ICS capital envelope (CDEL)

# Integrated Performance Focus Report (IPR) Trust Board



Torbay and South Devon  
NHS Foundation Trust

February 2022: Reporting period January 2022 (Month 10)

	<b>Section 1: Performance</b>
	Quality and safety
	Workforce
	Community and Social Care
	NHSI operational performance with local performance metric exceptions
	Children and Family Health Devon
	<b>Section 2: Finance</b>
	Finance
	<b>Section 3: Appendices</b>
	Statistical process control charts – pilot

# Quality and Safety Summary

**CQC:** A Focused inspection of Medical Care took place on 1<sup>st</sup> December 2021, EAU4 (COVID), Forest (escalation) and George Earle were inspected regarding concerns raised on staffing levels and nutrition and hydration care needs. The draft inspection report has been received is currently undergoing factual accuracy. Daily Nutrition and Hydration review for all patients taking place and will be included in future reports.

## **Incidents:**

In January there were 4 severe incidents all of which were falls that resulted in a fractured limb. Comprehensive review of falls prevention being undertaken All of these incidents have been reported onto STEIS. There were 2 deaths in January, both incidents are within ED and are being investigated.

**Stroke:** The percentage of time stroke patients are spending on a stroke ward remains below the 90% target for December. The Trust has been unable to report against the Stroke position this month due to data collection issues. This will be resumed for the March Report

## **VTE assessment**

The compliance in January recorded a worsening position of 89.7% from a position of 95.1% in December. The COVID surge plan in December was instigated, this has increased the bed base across the Trust with fluctuating escalation beds. This has continued throughout January 22.

No additional changes have occurred since the introduction of these key elements:

- 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.

**Infection, Prevention, and Control:** December bed closures have decreased to 71 in January 22 from 285 in December 21: Covid positive on admission and outbreaks during admission. The number of C.Diff cases have increased within the acute hospital and community onset has reduced .The predominate infection control focus has been on COVID-19 outbreaks which have affected the organisation.

**Maternity :** We have seen an improvement in Breast Feeding rates and a reduction in C Section rates for this Period . Sadly, there have been 3 stillbirths in January at 36 weeks, 36+4 and 40 weeks. The parents have consented to post-mortems. The 3 cases will be reviewed using the perinatal mortality tool, no specific themes have been identified at this stage.

During January 2022, there were 169 births in the month. There are 163 deliveries projected for February, 168 for March and 137 for April 2022.

**Staffing:** The Covid-19 nurse safer staffing risk framework is in place, wards remain in an amber position overall with mitigations and reassignment to areas.

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. A number of the Must Do actions that have been deemed closed by the CQC CAG remain open with 6 of the 9 relating to training

- The Trust is reviewing its approach to ensure that we have a realistic and achievable plan to deliver against the standard of 85%, recognising the recovery position for training compliance across the whole St/ Man training platform - these are to be approved via the People Committee in March for 2022/23
- 1 relating to appraisal - Currently HR are reviewing the appraisal policy in a similar manner as Mandatory Training,. Whilst the standard will remain unchanged, achievement of the 95% target will be revised over a 2 years period in view of the medical dispensation in 20/2. Again an update is expected at February's CQCCAG meeting
- 1 relating to a rolling equipment replacement policy - Task and Finish Group to undertake a deep dive review in this area, Webpage built on ICON to set out the equipment procurement process, Communication strategy being developed to highlight the process and governance to all staff. Estates are scheduled to feedback at February's Meeting on timescales and progress on this action and the one below.
- 1 relating to a clutter free premises - Estates and facilitates capital programme in place to address these areas including storage facilities

**Table 1: The status of Must Dos and Should Dos per CQC core service.**

<b>CQC Compliance Actions Status</b>						
CQC Core Service	No. of Actions		Completed		Overdue / Concern	
	Must Do	Should Do	Must Do	Should Do	Must Do	Should Do
<b>Trustwide</b>	1	0	0	n/a	1	n/a
<b>Urgent and Emergency</b>	8	6	6	5	2	1
<b>Medical Care</b>	9	12	5	9	4	3
<b>Surgery</b>	4	5	3	1	1	4
<b>Maternity</b>	4	11	3	11	1	0
<b>Children and Young People (Acute)</b>	1	5	1	5	0	0
<b>Community Inpatients</b>	1	4	1	4	0	0
<b>TOTAL</b>	<b>28</b>	<b>43</b>	<b>19</b>	<b>35</b>	<b>9</b>	<b>8</b>

## Quality and Safety Quadrant

<b>● Achieved</b>
Never Events
Formal complaints - Number received
Hand hygiene
Infection Control - Bed Closures - (Acute)
Avoidable New Pressure Ulcers - Category 3 + (reported 1 month in arrears)
Medication errors resulting in moderate harm

<b>● Under Achieved</b>
Reported Incidents – Severe

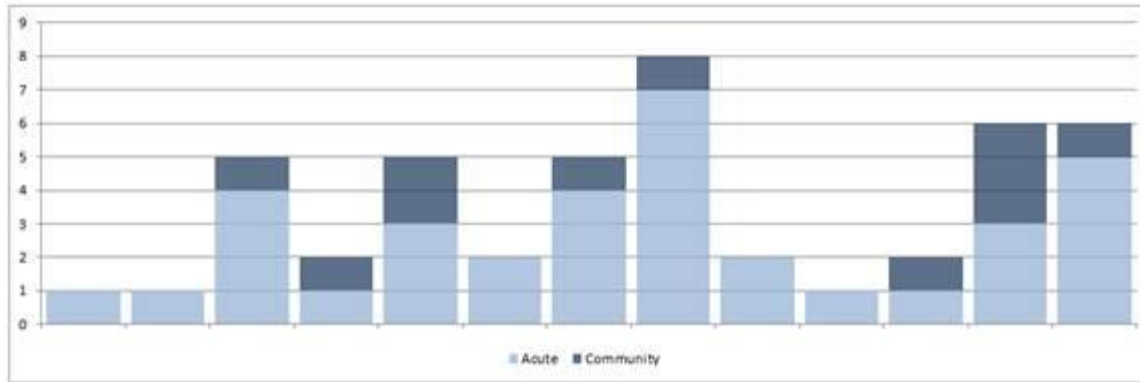
<b>● No target set</b>
Medication errors - Total reported incidents

<b>● Not Achieved</b>
Follow ups 6 weeks past to be seen date
Fracture Neck Of Femur - Time to Theatre <36
Strategic Executive Information System (STEIS)
Hospital Standardised Mortality Rate (HSMR) rolling 12 months
Reported Incidents – Death
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams
VTE - Risk Assessment on Admission (ICO)
Safer Staffing - ICO – Daytime
Safer Staffing - ICO – Night time

<b>Data not currently available</b>
Stroke patients spending 90% of time on a stroke ward

Number of Clostridium Difficile cases

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Acute	1	1	4	1	3	2	4	7	2	1	1	3	5
Community	0	0	1	1	2	0	1	1	0	0	1	3	1



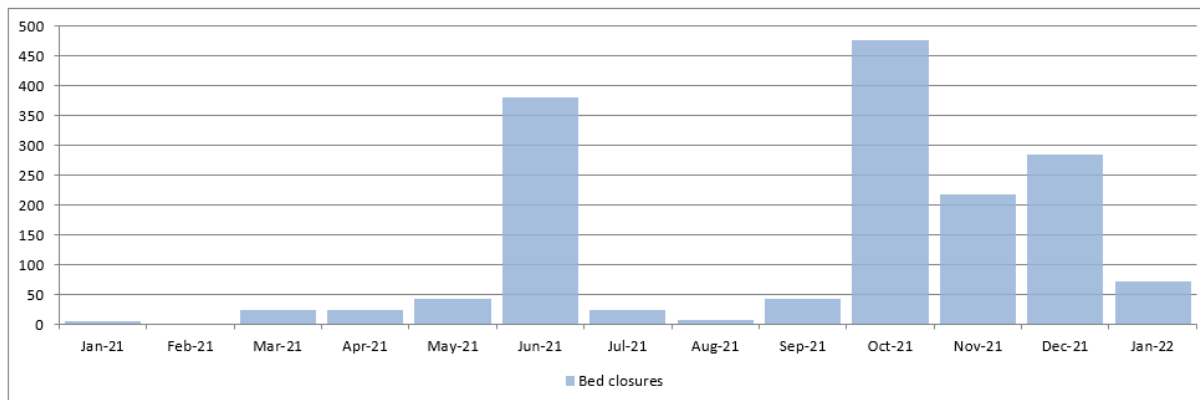
The number of C.Diff cases for January is 6;

- 5 of which is hospital onset
- 1 in the community

There are no themes and particular areas where there have been more than 1 identified. Root causes are being conducted and audit of hand hygiene methods are collected

Infection control - Bed closures (Acute)

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Bed closures	6	0	23	24	42	381	24	8	42	476	218	285	71



January bed closures have decreased to 71 from the December position of 285 which is a much improved position.

The reason for these closures have included:

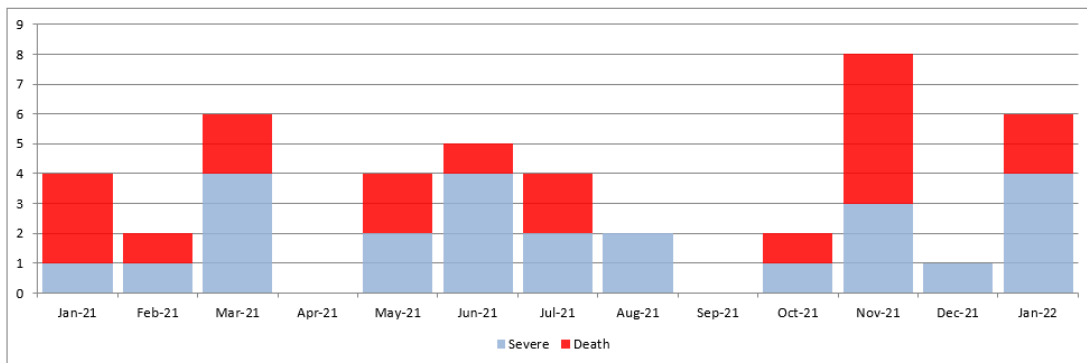
- Covid positive on admission and outbreaks during admission.

Management of these have followed IPC guidelines including Public Health England guidance.

# Quality and Safety- Incident reporting and complaints

**Reported Incidents - Severe and Death**

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Severe	1	1	4	0	2	4	2	2	0	1	3	1	4
Death	3	1	2	0	2	1	2	0	0	1	5	0	2



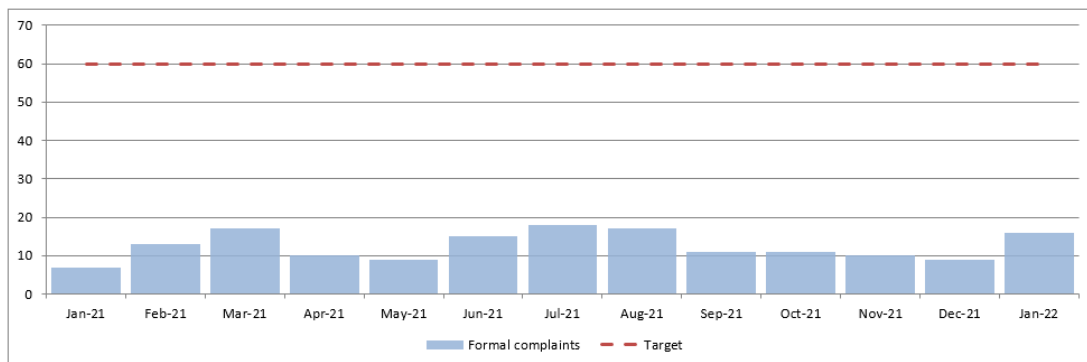
In January there were 4 severe incidents.

- x 4 in patient falls, all resulted in a fracture of a limb and all have been reported on STEIS.

2 deaths reported – awaiting outcomes of 72 hour report and investigation - both cases within the ED speciality

**Formal complaints**

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Formal complaints	7	13	17	10	9	15	18	17	11	11	10	9	16
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



The Trust received 17 formal complaints in January.

Themes of complaints included:

- Treatment – related to different services
- Discharge – related to different services
- Assessment – related to different services

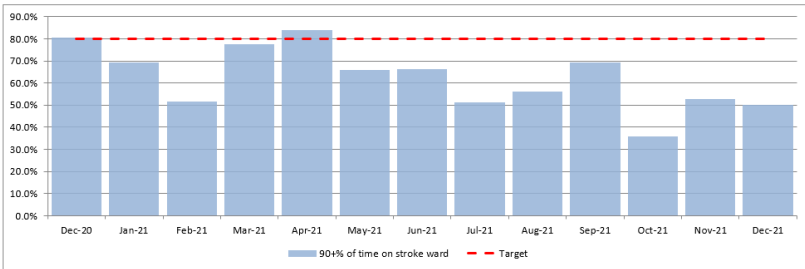
There is no theme relating to a specific service or area, therefore has not highlighted an area of concern.



# Quality and Safety- Exception Reporting

Stroke

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
90+% of time on stroke ward	80.4%	69.4%	51.6%	77.5%	84.1%	65.9%	66.1%	51.4%	56.3%	69.2%	35.9%	52.8%	50.0%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

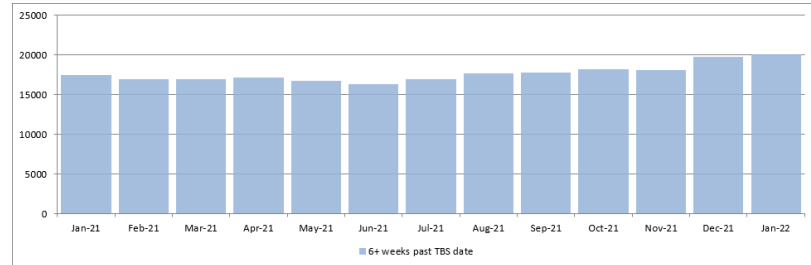


**Stroke:** The percentage of time stroke patients spend on a stroke ward remained below the 90% target for December. There have been data issues over January which has prevented the Trust from Reporting this position.

- The control room continue to monitor the use of stroke beds and support the transfer of non stroke patients off GE if clinical condition permits.
- Increase in the number of stroke patients not on GE due to capacity and /or patient flow
- SOP being developed for the management of patients not in designated stroke area
- Regular interface meetings with ED paused but new dates booked
- Nursing teams competencies in thrombolysis increased.
- Peer review in progress – collecting evidence.

Follow ups 6 weeks past to be seen by date

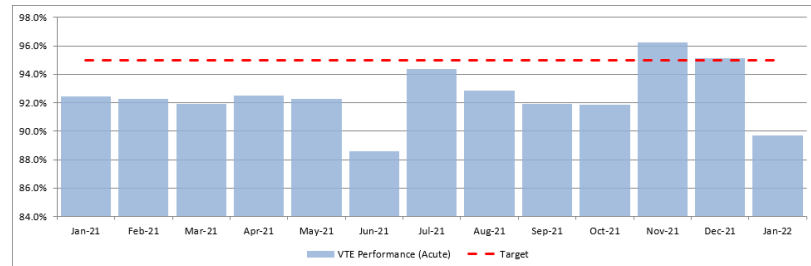
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
6+ weeks past TBS date	17489	16986	16950	17118	16713	16323	16967	17851	17789	18231	18069	19797	20026



**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 to 20,026 in January. A review of all services across the Trust has been conducted and further services have been stepped down to respond to the Omicron COVID-19 variant in December. Harm Review meetings are being progressed and thematic reviews being conducted against our longest waiting patients.

ICO VTE risk assessment on admission

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
VTE Numerator	4705	4457	5307	5491	5400	5518	5685	4962	5188	5058	5418	4951	4888
VTE Denominator	5091	4831	5775	5938	5851	6228	6024	5344	5643	5508	5631	5204	5449
VTE Performance (Acute)	92.4%	92.3%	91.9%	92.5%	92.3%	88.6%	94.4%	92.9%	91.9%	91.8%	96.2%	95.1%	89.7%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



## VTE assessment

The compliance in January decreased to 89.7% from a compliance of 95.1% in December. The COVID surge plan in December was instigated, this increase in bed capacity remained throughout January. Data analysis is being reviewed by the VTE group to better understand the underperformance

No additional changes have occurred since the introduction of these key elements:

- 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.

## 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	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan 21	YTD
% of Caesarean sections	25-30%	28.70%	24.30%	29.50%	34.00%	31.40%	36.20%	40.20%	37.80%	34.10%	28.40%	36.60%	41.60%	37.9%	35.7%
Breast feeding rates	>75%	78.10%	75.70%	81.80%	73.50%	76.20%	75.30%	74.40%	76.40%	78.10%	71.00%	80.30%	72%	80.5%	76.0%
% of women booked for 'Continuity of carer' model	>35%	61.70%	62.30%	67.90%	57.00%	64.20%	64.30%	64.90%	59.70%	65.30%	69.50%	54.00%	65.50%	61.9%	62.6%
No. of stillbirths	0	1	1	0	0	0	0	0	0	2	1	0	1	3	8

- We have seen an improvement in Breast Feeding rates and a reduction in C Section rates for this Period
- During January 2022, there were 169 births in the month. There are 163 deliveries projected for February, 168 for March and 137 for April 2022.
- The acuity of women seen within the service remains very high and this, in turn, leads to higher rates of intervention, including increased induction of labour, caesarean section and admission to the Special Care Baby Unit. The induction of labour rate in January was 40.2% and the caesarean section rate was 37.9%.
- Sadly, there have been 3 stillbirths in January at 36 weeks, 36+4 and 40 weeks. The parents have consented to post-mortems. The 3 cases will be reviewed using the perinatal mortality tool, no specific themes have been identified at this stage.
- We have continued to face significant staffing challenges through January, from both a midwifery and obstetric perspective. This has been due to a combination of long term sickness and absence due to Covid-19 sickness and self -isolation . In order to maintain staffing levels within the maternity service managers, ward managers and specialist midwives have undertaken clinical shifts and we continue to utilise

agency staff. We are actively trying to recruit to vacant posts.

### Performance exceptions and actions

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

The annual rolling sickness absence rate was 4.79% to the end of January 2022 which is continuing to increase due to the very low unseasonal figures for Jan-Mar 2021 - This is against the target rate for sickness of 4%. The monthly sickness figure for January was 5.54% (this may change a little as retrospective updates are made) . Mental Health continues to account for 33% of calendar days for the last 12 months however for the month of January it only accounted for 27% as Covid related sickness was the highest reason for the month with 29% of absent days. The overall January sickness has been comparable to both December and November and still less than the 5.88% in October.

#### **Appraisal rate: Red**

January's Achievement Review rate was 76.13% and a reduction from the 78.57 % as at the end of December and is now at the lowest level in the last 12 months

High absenteeism and system pressures continue to impact the ability to perform Achievement Reviews.

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

The Trust's turnover rate now stands at 12.60% for the year to January 2022 and is within the target range of between 10%-14% however this is the highest figure we have seen in the last year so will need to be monitored against key teams and services.

#### **Mandatory Training rate: GREEN**

The January overall rate mandatory training figure was 88.62% against a target of 85% and a small increase from the 88.38% in December and continues to be stable throughout the pandemic period. However Information Governance, Manual Handling, Safeguarding Children and Infection Control are all below the target compliance level for Corporate Mandatory training - all MCA levels and 7 out of 8 Life Support specific levels are also below compliance targets.

**Agency Expenditure:** The Trust Agency spend for January was £1.025m giving Financial YTD figure of £11.122m (£4.5m above plan) – January has seen a significant drop in overall agency spend £223k less than December and it is also the lowest month agency spend since May of last year. The main reduction are in both Medical and Dental spend and Nursing Agency spend.

**Vacancy Rate:** The Trust vacancy rate total as at the end of February stood at 373 FTE vacancies including 126 FTE qualified Nursing vacancies with both of these figures slightly reduced from the end of December. Detailed vacancy reporting is still difficult in a number of areas at cost centre and occupational code level.

## Update of Progress Against Our People Promise and Plan

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. Our People plan dashboard includes the national staff survey findings, which has been reviewed nationally to ensure the findings align to the People promise enabling us to robustly measure how effectively we are delivering the People Promise – this will be supplemented by the quarterly people pulse survey, which will provides a more regular pulse check.

It is important to note that activities against our people promise and plan has been revised and prioritised in light of the operational escalation, with a particular focus on looking after our people and resourcing:

### **1. Growing for Our Future**

- Activity continues around developing our resourcing events and this month will be a new to care Health Care Support Worker (HCSW) awareness session on Friday 11 Feb to align to national apprenticeship week.
- Our social media presence is increasing with a growing confidence and professionalism around posts and adverts
- A new marketing campaign is underway to fresh and revive our people story.. ‘Care to join’. This is a close collaboration between resourcing and communications and engagement team to maximise investment and ensure we capture our messages in the best way. This will take place over a number of months and content will start to be used from March campaigns onwards
- Supporting the celebration and awareness or race equality week c vlog was produced to share our actions and intentions around inclusive recruitment which remains a core principle of the development of the Resourcing Hub
- Appointment of the new Volunteering & Employability Manager will now see this area grow with increased community engagement and collaboration with health and social care, as week as voluntary sector groups. This role will increase the strength of partnering and support around resourcing activities.
- Our Accessible Recruitment task and finish group has restarted with a fresh focus on removing barriers to application to join us and will benefit all routes to join our Trust
- Increased close working with education and nursing workforce colleagues to develop our future workforce and the various ‘supply routes, including the preparation for further increased numbers of international nursing recruitment during 2022/23
- Collaboration with ICS partners around supporting improved ways of working around our resourcing activities is being refreshed and members from the Resourcing Hub involved in actively contributing to various task and finish groups, with the Resourcing Hub Service Manager leading many groups within the Devon ICS Resourcing Pillar. Progress and impact will be shared in coming months

### 2. Looking After Our People

- Wellbeing listening sessions are taking place in hotspot areas and for teams that are being moved due to COVID escalation plan. These include, Forrest, Brixham Hospital, ED, EAU4 and Pathology.
- Wellbeing Buddies – Training for our Wellbeing buddies continues with a plan for monthly training sessions through to June and monthly catch up sessions with our wellbeing buddies to support them, share ideas etc. We currently have 109 trained Wellbeing Buddies across the Trust.
- Support to our COVID areas continues via our Charitable Funds
- HOPE for colleagues programme has been planned for the year
- With the changes to VCOD we are committed to maintaining a supportive approach in helping staff to make the decision that is right for them.

### 3. New Ways of Working and Delivering Care

Discussions are ongoing regarding payment for additional clinical work undertaken by medics with the option to take TOIL instead of payment. The ICS medical recruitment campaign is ongoing; with two key projects – Collaborative marketing campaign. Commissioned a marketing media company to support the development of a Devon wide recruitment video and website.

Team job planning in near completion and the policy is being updated to reflect local changes.

Local Clinical Excellence Awards: For the last two years NHS Employers has been conducting negotiations for a new reward system for consultants. A joint proposal was developed and negotiations concluded at the end of January, with both trade unions taking the proposal to their committees. Unfortunately the proposal was rejected on grounds of several issues pertaining to national funding investment levels, local variability in available funds and other flexibilities in application. The default fall-back position is a reversion to what is set out in **schedule 30** of the terms and conditions for consultants and therefore we will be required to continue to run annual local clinical excellence rounds (LCEA) from April 2022 but will have relative flexibility on how we do so. Therefore the Trust will now need to agree with our JLNC staffside committee what the LCEA round for 2022 will look like.

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

The national framework for business planning for 2022-23 has been issued, the timeline for the national workforce submission is 17<sup>th</sup> March 2022, however the ICS timeline is still awaited. Whilst the business planning process focusses on the workforce plans for the next 12 months, work has started on developing 3-year workforce plans.

3 key pieces of work are ongoing to develop robust workforce plans in preparation for our future BBF workforce plan:

- Aligning financial and workforce data

- Broader cultural change and engagement to promote improved workforce planning

- To develop a toolkit to support People Business Partners and operational managers

### 4. Belonging

- To further strengthen the ambition for the Trusts mediation service to be a proactive, preventative model a deep dive session with the People Hub team is being undertaken. The purpose of this will be to identify and understand what new strategies and approaches will be required to better support our people with regards to managing conflict and reaching earlier solutions. This will also include working alongside staff side colleagues the review and update the Grievance Policy through a just and learning culture lens.
- Through the Workforce Race Equality Standard (WRES), staff survey and BAME network ethnic minority colleagues have reported increased levels of feeling excluded, being on the receiving end of micro-aggression and bias attitudes and behaviours. In response to this one of the key areas of focus is education for all. The Trusts EDI Mandatory training is being overhauled and will contain refreshed material to include reflection of own attitudes and behaviours and will be available from April. In addition there will be further training material that can be used to enhance knowledge, skills and understanding and will be accessible to all.

### 5. Creating the Conditions to Enable Transformation

- Increasing Skills and Confidence in Improvement: Plan to launch Improvement & Innovation Framework April 2022. QI 4 day Practitioner course to recommence May 2022, with 16 people already booked to attend. Working on the development of a video on Introduction to QI for staff induction. Embedding of QI methodology into the BBF Drumbeat Programme to support speciality teams with clinical pathway transformation. A weekly QI training programme is running for the Patient Safety Quality Team.
- Just and Learning Culture; please see update in Belonging pillar regarding a review of our Grievance policy and procedure through a JLC lens.
- Cultural Framework and Manager's Essentials; IManage has now been trialled with a selection of managers, with useful positive feedback, the launch is imminent and will follow a review of the training videos available as part of the new Skills Boost licence.

## Workforce – KPI's (New Ways of Working - Growing for the Future)

Indicator	Target	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Performance
Month Sickness %	4%	4.14%	4.04%	3.98%	4.12%	4.63%	4.75%	5.06%	5.41%	5.87%	5.52%	5.46%	5.54%	
Mental Health Days % of Sickness (12 mth)	N/A	35.10%	33.97%	33.29%	32.03%	32.37%	35.70%	37.03%	33.84%	33.44%	33.29%	32.67%	32.18%	
12 Mth Rolling Sickness %	4%	3.92%	3.78%	3.57%	3.98%	4.04%	4.13%	4.24%	4.36%	4.50%	4.56%	4.67%	4.79%	
Achievement Rate %	90%	78.45%	82.37%	85.95%	86.61%	84.73%	81.26%	80.56%	79.69%	77.86%	79.15%	78.57%	76.13%	
Labour Turnover Rate	10-14%	10.18%	10.00%	10.83%	11.03%	11.28%	10.95%	11.73%	11.32%	11.57%	11.51%	11.97%	12.60%	
Overall Training %	85%	89.51%	89.58%	90.06%	90.10%	90.51%	89.53%	89.36%	88.95%	89.02%	88.75%	88.38%	88.62%	
FTE Vacancy	N/A	176	149	178	196	182	255	117	206	340	378	381	373	
Vacancy Factor	<10%	2.96%	2.49%	2.98%	3.29%	3.04%	4.22%	1.93%	3.38%	5.46%	6.05%	6.10%	5.95%	
Monthly Agency Spend	£657K	£572	£1,053	£756	£827	£1,096	£1,284	£1,090	£1,090	£1,231	£1,373	£1,248	£1,025	
Nuring Staff Average % Day Fill Rate- Nurses		86%	83%	89%	92%	87%	90%	87%	82%	86%	89%	88%	87%	
Nuring Staff Average % Night Fill Rate- Nurses		88%	85%	90%	90%	89%	93%	88%	75%	81%	84%	81%	78%	
Safer Staffing- Overall CHPPD		8.46	8.39	8.39	8.08	7.71	7.73	7.75	7.55	7.56	7.78	7.93	7.64	

# Statistical Process Control (SPC)

SPC is a method of quality control which employs statistical methods to measure, monitor, and control a process. It is a scientific visual method to monitor, control, and improve the process by eliminating special cause variation in a process.

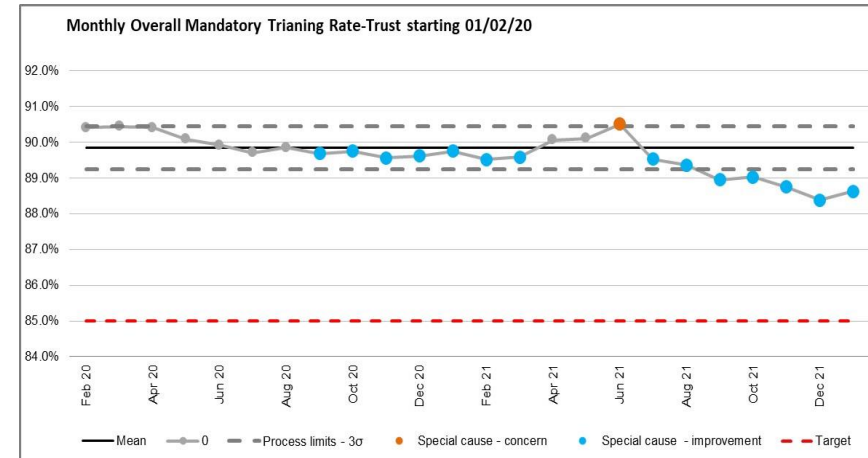
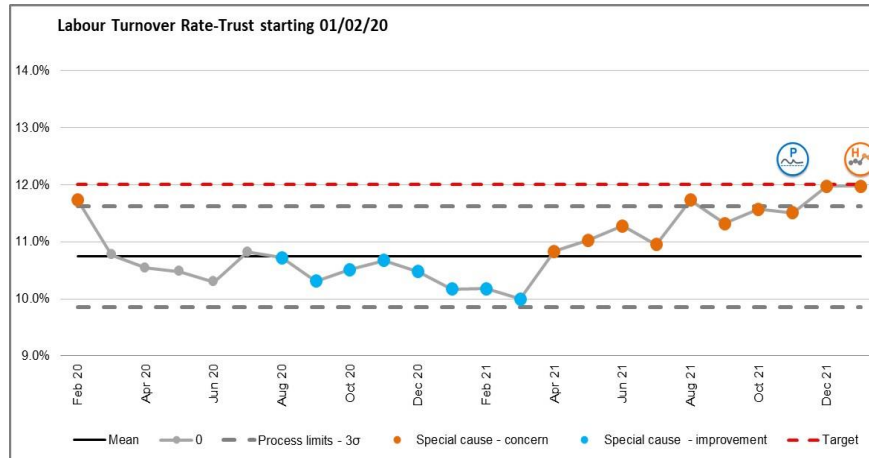
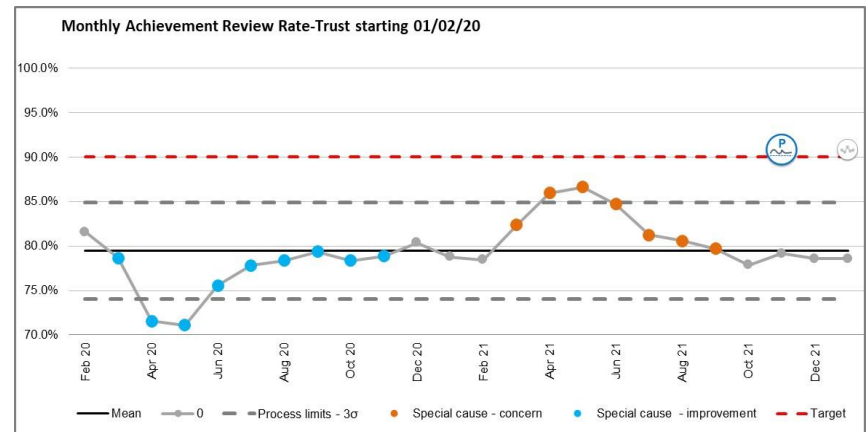
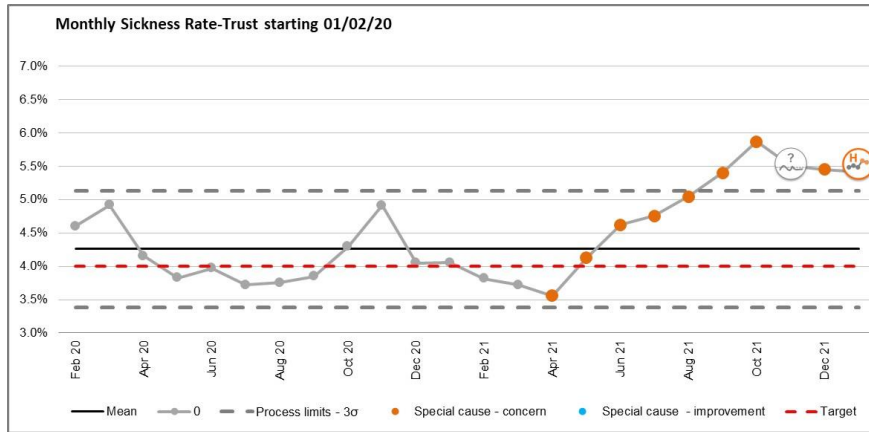
To help you interpret the data a number of rules can be applied.

Any single point outside the process limits

A run of 7 points above or below the mean (a shift), or a run of 7 points all consecutively ascending or descending (a trend).

Any unusual pattern or trend within the process limits.

The number of points within the middle third of the region between the process limits is different from two thirds of the total number of points.



Comments: Sickness is showing the steady increase since August / AR shows a trend below the mean followed by a trend above the mean but all well below target / LTR also shows two trends with the most recent the increase in turnover / Training highlights that the Pandemic has only marginally impacted compliance over the last 2 years however the most recent trend is below the mean average.



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

All the key staff groups are starting to see increased staff in post FTE based on the increased investment in clinical staffing groups. N&M increasing by 46 FTE and M&D by 21 FTE since March and both these staff groups showing the biggest percentage increase.

The reduction in Agency costs are mainly from Nursing and M&D agency usage. Bank FTE usage has reduced dramatically from December to January however the Substantive worked and cost has increased.

### 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	2021/10	2021/11	2021/12	2022/01	Change since March 2021	% Change
Allied Health Professionals	524.97	527.08	528.95	524.64	519.16	524.63	538.34	536.58	528.76	527.30	524.64	-0.34	-0.06%
Health Care Scientists	94.17	95.17	93.71	93.71	93.71	94.39	92.69	92.70	93.80	92.40	91.36	-2.81	-2.98%
Medical and Dental	531.34	527.82	524.87	527.65	556.82	557.43	561.16	561.56	554.68	553.85	552.38	21.03	3.96%
NHS Infrastructure Support	1122.74	1120.22	1121.66	1126.62	1123.82	1121.33	1122.71	1124.58	1133.69	1134.71	1137.89	15.15	1.35%
Other Scientific, Therapeutic and Technical Staff	341.40	342.77	343.99	341.63	348.60	346.41	345.03	346.02	346.89	342.63	342.09	0.69	0.20%
Qualified Ambulance Service Staff	10.72	9.52	9.52	9.33	10.33	10.53	10.53	10.53	10.53	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	1266.85	1267.50	1271.48	1287.67	45.72	3.68%
Support to clinical staff	1906.40	1880.31	1889.59	1902.13	1898.32	1901.54	1904.65	1899.35	1914.09	1908.06	1899.40	-7.00	-0.37%
Grand Total	5773.68	5740.22	5751.33	5763.49	5798.91	5810.30	5842.46	5838.17	5849.93	5840.95	5845.95	72.27	1.25%

### Pay Report Summary for the last 12 months

	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	JAN
Cost	£	£	£	£	£	£	£	£	£	£	£	£
Substantive	£21,483,866	£31,299,992	£21,340,031	£21,422,432	£21,269,748	£21,100,577	£21,485,466	£25,412,838	£22,212,036	£22,229,296	£22,000,915	£22,354,848
Bank	£1,074,886	£1,253,501	£1,058,626	£1,040,420	£991,252	£1,098,843	£997,363	£1,177,818	£1,105,903	£1,155,652	£1,170,666	£1,090,632
Agency	£572,475	£1,053,038	£755,150	£827,832	£1,095,792	£1,284,092	£1,090,236	£1,191,740	£1,231,573	£1,373,403	£1,247,147	£1,025,186
Total Cost £	£23,131,226	£33,606,531	£23,153,807	£23,290,684	£23,356,792	£23,483,512	£23,573,065	£27,782,396	£24,549,512	£24,758,351	£24,418,728	£24,470,667
WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Substantive	5,816.28	5,844.37	5,838.43	5,757.26	5,762.25	5,750.55	5,848.93	5,887.22	5,868.32	5,852.42	5,861.51	5,875.21
Bank	247.74	247.74	247.74	247.74	247.74	247.74	247.74	247.74	247.74	247.74	247.74	247.74
Agency	102.39	160.15	115.40	116.45	161.63	151.10	143.60	174.75	174.59	182.45	172.07	147.00
Total Worked WTE	6,249.88	6,305.86	6,281.92	6,142.94	6,240.99	6,237.70	6,240.27	6,375.18	6,315.75	6,385.13	6,377.28	6,237.57

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

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
	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Medical And Dental	532.75	530.01	541.66	542.30	543.04	545.08	546.21	546.61	551.92	552.62	554.97	555.12
Nursing And Midwifery Registered	1,322.60	1,323.27	1,325.10	1,321.76	1,323.84	1,331.03	1,332.16	1,342.46	1,408.99	1,411.72	1,412.10	1,414.24
Support To Clinical Staff	1,874.40	1,878.97	1,917.95	1,917.53	1,921.00	1,947.00	1,957.12	1,971.99	2,016.16	2,027.12	2,027.91	2,035.32
Add Prof Scientific and Technic	436.14	437.55	431.92	431.19	434.19	435.19	436.19	436.19	445.02	445.02	446.02	446.02
Allied Health Professionals	490.83	491.07	493.43	495.28	498.80	504.60	512.00	512.00	508.88	508.41	509.58	509.78
Healthcare Scientists	104.43	104.43	99.60	99.60	100.02	102.19	103.19	103.19	104.19	103.91	104.90	104.90
Qualified Ambulance Service Staff	8.63	8.63	5.80	5.80	5.80	5.80	5.80	5.80	6.80	6.80	6.80	6.80
Administrative And Estates	1,183.84	1,184.64	1,157.25	1,157.46	1,162.98	1,164.98	1,167.06	1,169.22	1,186.88	1,186.88	1,192.92	1,193.92
<b>Total Staff Budgeted WTE</b>	<b>5,953.62</b>	<b>5,958.57</b>	<b>5,972.71</b>	<b>5,970.92</b>	<b>5,989.69</b>	<b>6,035.89</b>	<b>6,059.75</b>	<b>6,087.48</b>	<b>6,228.84</b>	<b>6,242.48</b>	<b>6,255.19</b>	<b>6,266.10</b>

Staff Group	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE
	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Medical And Dental	533.98	527.31	524.76	522.61	524.21	521.61	616.14	545.85	551.08	543.11	534.76	538.94
Nursing And Midwifery Registered	1,240.80	1,244.21	1,246.22	1,246.20	1,246.99	1,248.93	1,258.71	1,266.77	1,272.47	1,273.93	1,280.61	1,288.11
Support To Clinical Staff	1,883.86	1,905.39	1,898.96	1,878.21	1,909.51	1,887.68	1,928.06	1,934.83	1,916.68	1,911.69	1,909.88	1,913.99
Add Prof Scientific and Technic	405.08	405.12	406.84	406.93	410.04	411.09	424.86	413.28	418.97	403.66	413.99	414.68
Allied Health Professionals	481.30	482.42	479.38	480.14	479.20	470.70	473.80	482.36	488.14	485.86	484.17	485.77
Healthcare Scientists	99.17	99.17	99.17	100.17	98.72	98.72	99.40	98.16	97.69	99.30	97.80	96.36
Qualified Ambulance Service Staff	10.72	10.72	10.72	5.60	6.52	7.52	8.41	7.61	10.61	7.61	7.61	8.61
Administrative And Estates	1,122.69	1,135.62	1,128.59	1,134.90	1,132.52	1,134.71	1,133.17	1,132.60	1,132.84	1,139.50	1,144.93	1,146.70
<b>Total Staff Worked WTE</b>	<b>5777.59</b>	<b>5809.97</b>	<b>5794.64</b>	<b>5774.76</b>	<b>5807.70</b>	<b>5780.96</b>	<b>5942.54</b>	<b>5881.46</b>	<b>5888.47</b>	<b>5864.67</b>	<b>5873.75</b>	<b>5893.15</b>

Staff Group	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE
	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Medical And Dental	-1.22	2.70	16.90	19.69	18.83	23.47	-69.93	0.76	0.84	9.51	20.21	16.18
Nursing And Midwifery Registered	81.80	79.05	78.88	75.56	76.85	82.10	73.46	75.69	136.52	137.78	131.48	126.13
Support To Clinical Staff	-9.46	-26.42	18.99	39.32	11.49	59.32	29.07	37.17	99.48	115.43	118.03	121.33
Add Prof Scientific and Technic	31.07	32.44	25.08	24.26	24.15	24.10	11.33	22.91	26.05	41.36	32.03	31.34
Allied Health Professionals	9.53	8.65	14.05	15.14	19.61	33.90	38.21	29.64	20.74	22.55	25.41	24.01
Healthcare Scientists	5.26	5.26	0.43	-0.57	1.30	3.47	3.79	5.03	6.50	4.61	7.10	8.54
Qualified Ambulance Service Staff	-2.09	-2.09	-4.92	0.20	-0.72	-1.72	-2.61	-1.81	-3.81	-0.81	-0.81	-1.81
Administrative And Estates	61.14	49.02	28.66	22.56	30.46	30.27	33.90	36.63	54.04	47.38	47.99	47.22
<b>Total Staff Worked WTE</b>	<b>176.03</b>	<b>148.61</b>	<b>178.07</b>	<b>196.16</b>	<b>181.98</b>	<b>254.93</b>	<b>117.21</b>	<b>206.01</b>	<b>340.37</b>	<b>377.81</b>	<b>381.45</b>	<b>372.95</b>

Vacancies: Vacancy data based on Finance Reporting from Unit 4 Agresso – The end of January total vacancy figure stands at 373 FTE with the Vacancy Factor now at 5.95% which is a small reduction from December. Nursing vacancies have also reduced from 5 FTE.

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

The table below shows the agency expenditure by staff Group monthly for the Financial Year and 2021 – 2022 Financial Year to date. January has seen another steep decline in Agency spend with a big reduction in Medical and Dental (£113k) and Nursing (£138k) from Decembers figures. HCA spend has increased to the highest monthly figure of the year but is still a small percentage of the overall figure. The reduced spend in January only increased the variance to the plan slightly but this figure now stands at £4.5m. The negative agency spend against HCA’s is due to Finance corrections against forecasted usage.

Torbay and South Devon NHS Foundation Trust	2021 -2022										
Total Agency Spend Financial Year 21/22 YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total
Registered Nurses	356	348	468	584	520	599	557	676	570	432	5110
Scientific, Therapeutic and Technical	43	99	142	122	110	112	162	140	144	147	1221
of which Allied Health Professionals	31	45	63	58	65	47	65	70	80	88	612
of which Other Scientific, Therapeutic and Technical Staff	12	54	79	64	45	65	96	70	64	59	608
Support to clinical staff (HCA)	-1	-10	-3	7	-8	2	15	19	13	35	69
Total Non-Medical - Clinical Staff Agency	398	437	607	713	622	713	734	835	727	614	6400
Medical and Dental Agency	243	262	353	455	328	317	322	390	378	265	3314
Consultants	213	203	281	344	178	171	212	278	245	167	2293
Trainee Grades	30	59	72	111	150	146	110	112	133	98	1021
Non Medical - Non-Clinical Staff Agency	114	128	136	116	140	162	174	148	143	146	1407
Total Pay Bill Agency and Contract	755	827	1096	1284	1090	1192	1231	1373	1248	1025	11122

# 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	1783	1347	0	0	1783	1846	1426	966	0	0	1070	1115	711	75.5%	0.0%	103.5%	67.7%	0.0%	104.3%
Allerton	2895	1522	0	0	1070	1809	1426	1070	0	0	1070	1208	868	52.6%	0.0%	169.1%	75.0%	0.0%	112.9%
Cheetham Hill	1426	1671	357	0	2139	2634	1070	874	357	0	1426	2148	861	117.2%	0.0%	123.1%	81.7%	0.0%	150.6%
Coronary Care	1426	1385	0	0	0	104	1070	1081	0	0	0	0	385	97.1%	0.0%	0.0%	101.0%	0.0%	0.0%
Cromie	1668	1330	0	0	891	1092	1070	966	0	0	713	748	669	79.8%	0.0%	122.6%	90.3%	0.0%	104.8%
Dunlop	1426	1374	0	0	1248	1299	1070	828	0	0	1070	1162	738	96.3%	0.0%	104.1%	77.4%	0.0%	108.6%
Forrest - Summer Escalation	1783	1456	713	0	1426	1355	1783	1205	713	0	1426	1184	701	81.7%	0.0%	95.0%	67.6%	0.0%	83.0%
EAU4	1783	1288	0	0	1426	1261	1783	1196	0	0	1426	1355	710	72.2%	0.0%	88.4%	67.1%	0.0%	95.0%
Ella Rowcroft	1070	945	0	0	1426	989	1012	759	0	0	713	798	395	88.4%	0.0%	69.4%	75.0%	0.0%	111.9%
Warrington	1070	1126	0	0	713	1033	713	747	0	0	713	931	513	105.3%	0.0%	144.8%	104.8%	0.0%	130.6%
George Earle	1426	1480	357	0	2139	1722	1070	978	0	0	1426	1913	682	103.8%	0.0%	80.5%	91.4%	0.0%	134.1%
ICU	3565	2531	0	0	0	388	3209	2296	0	0	0	0	171	71.0%	0.0%	0.0%	71.6%	0.0%	0.0%
Escalation (McCullum)	713	769	0	0	713	664	713	518	0	0	713	861	412	107.8%	0.0%	93.2%	72.6%	0.0%	120.8%
Louisa Cary	2139	1592	0	0	713	820	2139	1277	0	0	713	729	308	74.4%	0.0%	114.9%	59.7%	0.0%	102.2%
John Macpherson	1070	768	0	0	575	545	713	711	0	0	713	690	302	71.8%	0.0%	94.8%	99.6%	0.0%	96.8%
Midgley	1783	1980	0	0	1783	1558	1783	1047	0	0	1426	1303	849	111.1%	0.0%	87.4%	58.7%	0.0%	91.4%
SCBU	713	865	0	0	357	185	713	836	0	0	357	196	240	121.3%	0.0%	51.9%	117.3%	0.0%	54.8%
Simpson	1426	1714	357	0	1783	2157	1070	1074	0	0	1070	1731	844	120.2%	0.0%	121.0%	100.4%	0.0%	161.8%
Turner	1070	1160	0	0	1783	1961	713	713	0	0	1426	1070	511	108.5%	0.0%	110.0%	100.0%	0.0%	75.0%
Total (Acute)	30230	26301	1782.5	0	21965	23420	24541	19137	1069.5	0	17469	19138	10870	87.0%	0.0%	106.6%	78.0%	0.0%	109.6%
Brixham	868	727	434	0	1302	1617	1023	627	0	0	682	1024	589	83.8%	0.0%	124.2%	61.3%	0.0%	150.1%
Dawlish	868	919	0	0	1085	950	744	686	0	0	682	682	448	105.9%	0.0%	87.5%	92.2%	0.0%	100.0%
Newton Abbot - Teign Ward	1953	1506	0	0	1953	1903	1023	749	0	0	1023	1303	925	77.1%	0.0%	97.4%	73.2%	0.0%	127.4%
Newton Abbot - Templar Ward	1736	1454	0	0	2198	1888	1023	770	0	0	1116	1243	923	83.8%	0.0%	85.9%	75.3%	0.0%	111.4%
Totnes	868	791	0	0	1302	1129	744	682	0	0	682	620	539	91.1%	0.0%	86.7%	91.7%	0.0%	90.9%
Organisational Summary	36523	31697	2217	0	29805	30905	29098	22651	1070	0	21654	24010	14294	86.8%	0.0%	103.7%	77.8%	0.0%	110.9%

- The Registered Nurse (RN) average fill rate for day has increased in Jan to 86.8% from 80.7% in Dec 21 and the night fill rate has increased to 77.8% in Jan from 72.5% in December. This improvement is associated with an increase number of RN's returning to work following COVID-19 sickness and a slight reduction in the number of vacancies.
- The Health Care Support Worker (HCSW) average fill rate for day was 103.7% and night was recorded as 110.9% in December which is an increase for nights from 105.8% in January to provide additional support where the fill rate for RN's is below 80%.

Areas to note in January 2021	Driver	Mitigations
Allerton (non COVID-19)	Bed occupancy reduced due to ward closure, reflected in total nursing hours. 6 RN vacancies with recruitment plan in place.	Backfill with HCSW to maintain patient safety. Daily Senior nurse presence to support staff and monitor safety
Warrington	A higher fill rate is reflective of 2 patients requiring 1:1 care.	Increased in support staff to care for patients with new tracheostomy.
Cheetham Hill and Simpson	Increased number of patients with challenging behaviours requiring high levels of enhanced supervision, particularly at night.	Increased fill rate for HCSW at night provided by temporary staffing to enable 1:1 care.

# 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	7.40	3.30	0.00	4.20	16	28	0	2	51.6%	90.3%	0.0%	6.5%	7.74	4.74	0	2.91
Allerton	7.40	5.02	0.00	2.38	6.50	3.00	0.00	3.50	28	31	0	0	90.3%	100.0%	0.0%	0.0%	7.74	4.74	0	2.91
Cheetham Hill	7.39	2.88	0.41	4.11	8.50	3.00	0.00	5.60	2	13	31	0	3.2%	12.9%	100.0%	0.0%	7.74	4.74	0	2.91
Coronary Care	5.75	5.75	0.00	0.00	6.70	6.40	0.00	0.30	2	5	0	0	6.5%	16.1%	0.0%	0.0%	7.74	4.74	0	2.91
Cromie	5.53	3.54	0.00	1.99	6.20	3.40	0.00	2.80	3	14	0	1	9.7%	45.2%	0.0%	3.2%	7.74	4.74	0	2.91
Dunlop	6.47	3.35	0.00	3.11	6.30	3.00	0.00	3.30	16	23	0	6	51.6%	74.2%	0.0%	19.4%	7.74	4.74	0	2.91
Forrest - Summer Escalation	10.12	4.60	1.84	3.68	7.40	3.80	0.00	3.60	0	0	0	0	0.0%	0.0%	0.0%	0.0%	7.74	4.74	0	2.91
EAU4	8.28	4.60	0.00	3.68	7.20	3.50	0.00	3.70	27	28	0	15	87.1%	90.3%	0.0%	48.4%	7.74	4.74	0	2.91
Ella Rowcroft	6.57	3.29	0.00	3.29	8.80	4.30	0.00	4.50	0	1	0	1	0.0%	3.2%	0.0%	3.2%	7.74	4.74	0	2.91
Warrington	6.09	3.38	0.00	2.71	7.50	3.70	0.00	3.80	0	2	0	2	0.0%	6.5%	0.0%	6.5%	7.74	4.74	0	2.91
George Earle	7.39	2.88	0.41	4.11	8.90	3.60	0.00	5.30	2	3	31	0	6.5%	9.7%	100.0%	0.0%	7.74	4.74	0	2.91
ICU	24.28	24.28	0.00	0.00	30.50	28.20	0.00	2.30	3	8	0	0	9.7%	25.8%	0.0%	0.0%	7.74	4.74	0	2.91
Escalation (McCullum)	11.50	5.75	0.00	5.75	6.80	3.10	0.00	3.70	30	30	0	30	100.0%	100.0%	0.0%	100.0%	7.74	4.74	0	2.91
Louisa Cary	7.36	5.52	0.00	1.84	14.30	9.30	0.00	5.00	1	1	0	1	0.0%	3.2%	0.0%	3.2%	7.74	4.74	0	2.91
John Macpherson	5.18	2.88	0.00	2.30	9.00	4.90	0.00	4.10	2	3	0	3	6.5%	9.7%	0.0%	9.7%	7.74	4.74	0	2.91
Midgley	7.53	3.97	0.00	3.57	6.90	3.60	0.00	3.40	22	26	0	20	71.0%	83.9%	0.0%	64.5%	7.74	4.74	0	2.91
SCBU	9.86	6.57	0.00	3.29	8.70	7.10	0.00	1.60	21	11	0	28	67.7%	35.5%	0.0%	90.3%	7.74	4.74	0	2.91
Simpson	6.57	2.88	0.41	3.29	7.90	3.30	0.00	4.60	1	4	31	0	3.2%	12.9%	100.0%	0.0%	7.74	4.74	0	2.91
Turner	10.73	3.83	0.00	6.90	9.60	3.70	0.00	5.90	22	16	0	23	71.0%	51.6%	0.0%	74.2%	7.74	4.74	0	2.91
Brixham	6.95	3.05	0.70	3.20	6.80	2.30	0.00	4.50	17	30	31	2	54.8%	96.8%	100.0%	6.5%	7.74	4.74	0	2.91
Dawlish	6.81	3.25	0.00	3.56	7.20	3.60	0.00	3.60	12	12	0	14	38.7%	38.7%	0.0%	45.2%	7.74	4.74	0	2.91
NA - Teign Ward	6.40	3.20	0.00	3.20	5.90	2.40	0.00	3.50	26	30	0	9	83.9%	96.8%	0.0%	29.0%	7.74	4.74	0	2.91
NA - Templar Ward	6.50	2.97	0.00	3.53	5.80	2.40	0.00	3.40	31	26	0	15	100.0%	83.9%	0.0%	48.4%	7.74	4.74	0	2.91
Totnes	8.29	3.71	0.00	4.57	6.00	2.70	0.00	3.20	31	31	0	31	100.0%	100.0%	0.0%	100.0%	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
	7.55	4.12	0.21	3.23	7.64	3.80	0.00	3.84
Total Planned Beds / Day	514							
Days in month	31							

- The overall CHPPD position has reduced slightly in the month of Jan 21, which reflects the overall reduction in the RN position.
- The RN CHPPD for TSD has reduced to 3.80 from 4.01 in Dec 21 which is below the Carter recommendation of 4.7.
- The HCA CHPPD is at 3.84 which is above the Carter recommendation of 2.91.
- The Trust has continued to see a high demand for acute and emergency services and 21 days in Jan 22 declared OPEL 4, hence the total actual number of care hours per patient day of 7.55 being slightly above the total planned of 7.55 in order to maintain patient safety.

Areas of concerns	Driver	Mitigations
<b>McCullum (Medical escalation)</b>	Reduced bed numbers at the beginning of reporting period – staff increased as patient numbers increased	Reviewed twice daily at staffing meetings and staff reassigned if necessary
<b>Totnes Hospital</b>	High number of RN vacancies and increased staff absence related to COVID-19	Matron and ward managers on site to support staff and patient safety. Recruitment plan in place

## Community and Social Care Quadrant

### Achieved

Carers Assessments Completed year to date

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

Intermediate Care - No. urgent referrals

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

Proportion of carers receiving self-directed support (ASCOF)

Proportion of clients receiving self-directed support (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

Percentage of Adults with learning disabilities in employment (ASCOF)

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

### **Data not currently available**

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

Number of Delayed Discharges (Community)  
- national return suspended

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

Due to reduced staffing levels, a summary for Adult Social Care and the Independent Sector and improvement programme is not available this month.

## Social Care and Public Health performance metrics - Torbay

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

### Social Care Performance Report

2021/22 Performance Scorecard to 31 January 2022

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%	19.4%	Not meeting target (312 / 1608). 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	25.8	A low outturn signifies better performance. Not meeting target (19 admissions compared to target of 10)
Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	450.0	450.0	487.3	A low outturn signifies better performance. Not meeting target (181 admissions compared to target of 167)
Outcome of short term support - % reablement episodes not followed by long term SC support	83%	83%	..	Data currently unavailable following changes to paris IC referral. Resolution in progress.
% carers receiving self directed support	85%	85%	100.0%	On target.
% Adults with learning disabilities in paid employment	7.0%	7.0%	6.7%	Not meeting target (32 / 479).
% Adults with learning disabilities in settled accommodation	80%	80%	81.6%	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	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Year to date 2021/22
			<b>PUBLIC HEALTH SERVICES</b>													
% of face to face new birth visits within 14 days *	95.0%		90.0%	80.2%	91.9%	92.5%	86.6%	80.4%	74.4%	81.0%	72.9%	83.8%	82.1%	80.2%	78.8%	81.1%
Children with a child protection plan *			223	207	223	234	213	201	171	165	147	147				147
4 week smoking quitters (Quarterly) **	200				334			117			291					291
Opiate users - % successful completions of treatment (Quarterly) **	Var				3.7%			4.3%			5.2%					5.2%

**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.

7.01 Integrated Performance Report Month 10 2021 22 January data.pdf

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



# Community Services

Measure	Target 2021/2022	13 month trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Year to date 2021/22
<b>COMMUNITY BASED SERVICES</b>																
Nursing activity (F2F)			7,165	7,031	8,064	7,598	7,422	7,755	7,599	7,046	7,642	7,448	7,201	7,188	6,564	73,463
Therapy activity	65,415		2,783	3,016	3,593	3,764	3,339	3,492	3,227	4,014	4,244	3,981	3,306	2,711	2,673	34,751
No. intermediate care urgent referrals	0		175	146	155	165	155	129	158	191	238	221	237	219	188	1,901
No. intermediate care placements			13	14	42	39	39	39	41	46	30	35	30	46	38	383
Intermediate Care - placement average LoS			37.4	34.1	21.0	27.6	17.8	25.6	28.3	23.9	29.7	23.6	26.1	28.8	31.0	26.3

The Community Hospital Dashboard should be reviewed in the context of the significant changes in services and service demand from the COVID-19 response. The ICO model of care seeks to optimise use of intermediate care referrals and placements as an alternative to attendance to emergency departments and assessments and reduce the length of stay in hospital.

Community Hospital Dashboard - Summary of Key Measures - January-22

	Act. 20/21 Outturn	Nov-21	Dec-21	Jan-22	Total
<i>Admissions / Discharges</i>					
Total Admissions (General)	2,677	174	181	178	2,127
Direct Admissions (General)	186	13	22	11	139
Transfer Admissions (General)	2,491	161	159	167	1,988
Stroke Admissions	220	11	24	12	193
Transfers from CH to DGH	179	14	10	14	219
<i>Beds</i>					
Bed Occupancy <sup>1</sup>	84.5%	98.9%	96.6%	96.7%	97.3%
Bed Days Lost to Bed Closure	244	131	90	15	275
<i>Length of Stay</i>					
Delayed Discharges		0	0	0	230
Average Length of Stay - Overall (General)	10.4	14.6	15.1	15.9	13.3
Average Length of Stay - Direct Admissions	8	10.3	10.4	15.1	11.1
Average Length of Stay - Transfer Admissions	10.5	14.9	15.5	15.9	13.4
Average Length of Stay - Stroke	14.4	25.6	23.9	24.3	21.1
Long LoS (>30 days)	246	17	29	29	178
<i>MIUs</i>					
Total MIU Activity	22,487	2,592	2,442	2,465	29,566
New MIU Attendances	20,310	2,315	2,152	2,195	26,833
All Follow Up Attendances	2,177	277	290	270	2,733
Planned Follow Up Attendances	1,650	200	227	201	1,981
Unplanned Follow Up Attendances	527	77	63	69	752
MIU Four Hour Breaches	1	0	0	0	13
Average Waiting Time (Mins) - 95th Pctile	43	86	186	79	73

Notes:  
7.01 Integrated Performance Report Month 10 2021 22 January data.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 Hospitals

Bed occupancy remains high at 96.7% in January.

Average length of stay is 15.9 days compared with the 13.1 days (pre covid) in 2019/20. Discharges from community hospitals continue to be impacted by the availability of domiciliary care and access to residential nursing home beds.

Community hospitals are recording 29 greater than 30 day length of stay. (27% of community beds)

Minor Injury Unit activity records 2,465 attendances in January with zero four-hour breaches and a decrease in average waiting time to 79 minutes.

# Community Services – hospital discharge and onward care

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. 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.

**Chart 1- Hours of care given**

**Domiciliary Hours per Week (Health & Social Care)**  
Updated to w/c 24/01/22

Torbay and South Devon   
NHS Foundation Trust

1) Domiciliary care delivered and outstanding (hours per week) at monthly snapshot:

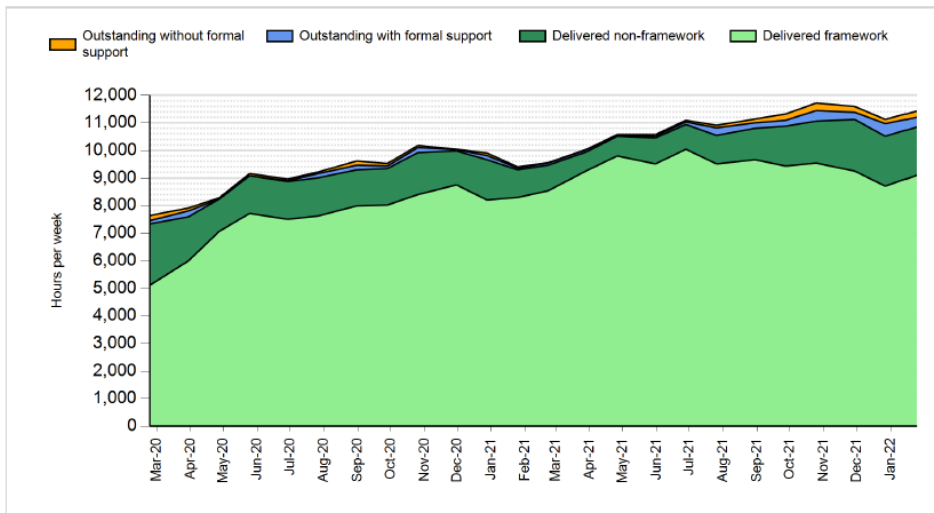






Chart 1 – ‘Hours of care given’ shows the latest data available for total commissioned domiciliary hours by week for Torbay. The increase in overall hours is seen along with the unmet/outstanding demand. The outstanding hours without formal support are of highest concern. As at 15 February 2022 there were 47 clients (309 hours) identified as outstanding without formal support in Torbay.

**Chart 2 -Unmet packages of care**

Domiciliary Care Packages: Unfilled or provided by other services

South Devon: POC covered by another service   
 South Devon: POC outstanding   
 Torbay: POC covered by another service   
 Torbay: POC outstanding 

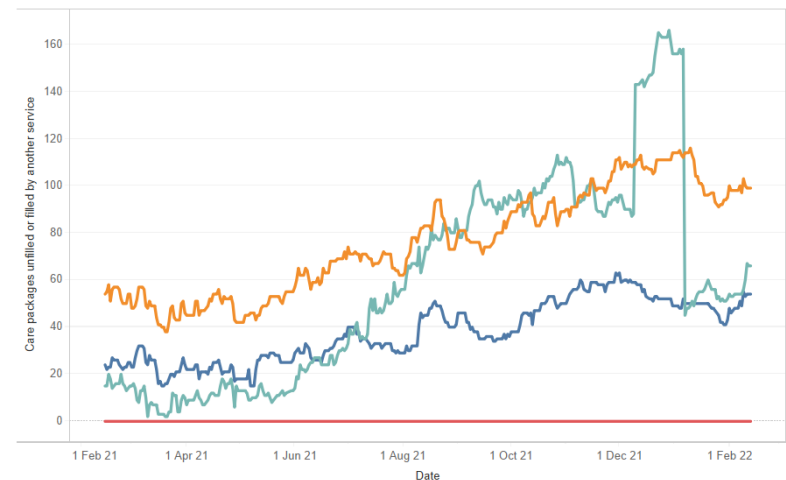
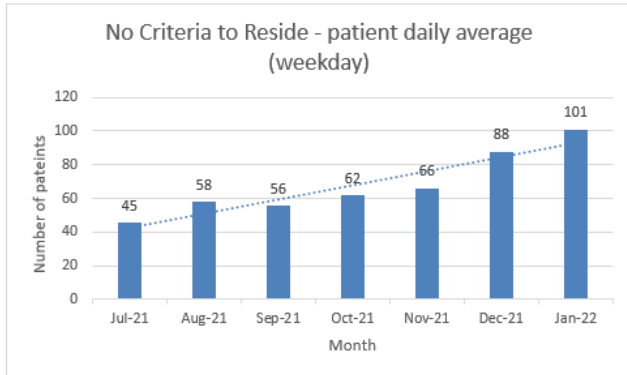


Chart 2- “Unmet packages of care” shows the number of unmet packages of care for South Devon (orange) and Torbay (Green) and where provided by diverting other NHS community provision (Blue). The Torbay data has been reviewed in January with identification of adjustments to more accurately reflect unmet packages of care.

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 if we are to support the flow of patients from an acute setting where a new or changed package of care is needed.

## Criteria To Reside

The Trust records a patient’s Criteria to Reside daily. The Graph below is for whole ICO bed base acute and community hospital beds:



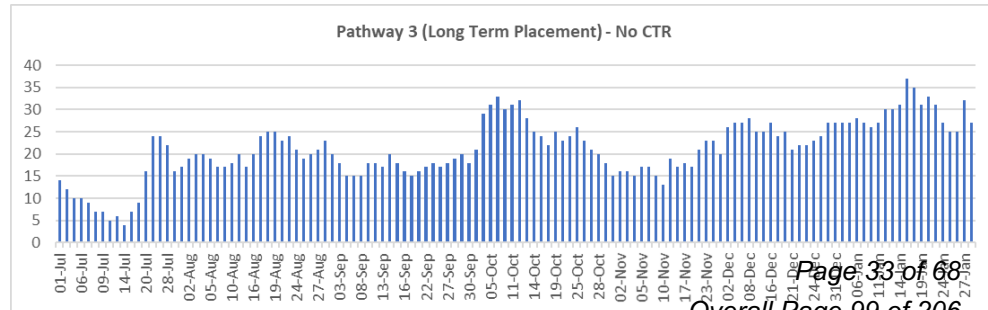
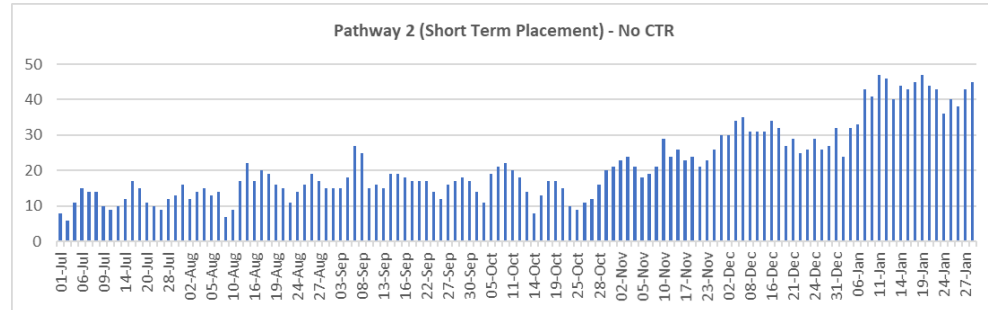
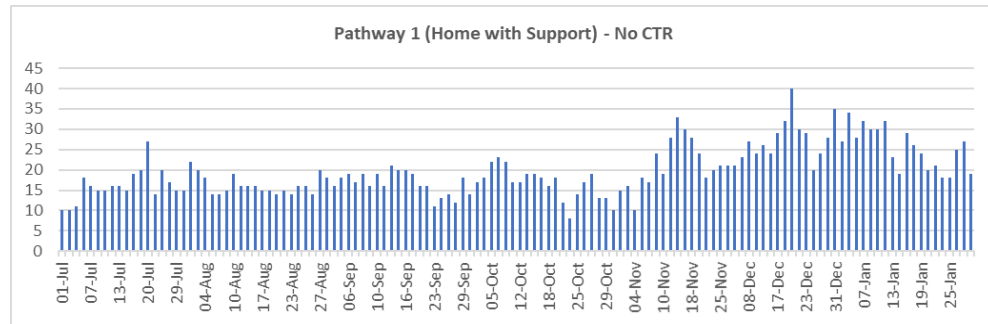
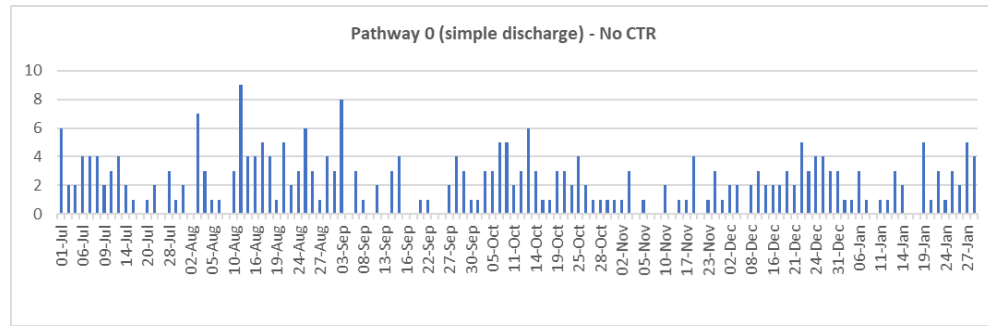
The average number of patients with no criteria to reside is increasing. There is a strong correlation to the increase in unfilled packages of care.

The graphs opposite show the split of patient per day by discharge pathway (taken as a snapshot) with No Criteria to Reside reported.

The graphs reflects the increased number of patients waiting for short (40 patients daily on average) and long term placement (25 patients daily on average) with domiciliary care package for home support consistent at around 25 patient delayed.

All patients requiring a complex discharge are managed and reviewed through the Discharge Hub.

- Pathway 0 = Simple discharge - no additional support
- Pathway 1 = Home / usual residence with support
- Pathway 2 = Short term placement - rehab/reablement in a temporary bedded setting
- Pathway 3 = Long term placement - complex support package / long term placement



# Operational Performance Summary – Page 1

## Operational performance summary: Chief Operating Officer

**Covid:** Throughout January, the Trust dealt with an increased number of covid admissions and infections across the hospital requiring further escalation beyond the single dedicated covid ward averaging 25-30 daily in hospital; the number of patients requiring intensive care however remained low. The impact on staff sickness from the Omicron surge in infections has been felt however the workforce escalation plan to divert non-urgent clinical capacity and incentives to contribute to additional shifts to support hospital teams has helped to mitigate the overall impact. The Incident Control Centre (ICC) and drumbeat of daily meetings to oversee the escalation planning and incident response has been effective. Covid hospitalisation levels over the coming weeks remain uncertain however there is increasing confidence that numbers will not escalate and more likely see a downward trend.

**Recovery Planning:** Against this backdrop focus is moving towards recovery. Work has now started with a detailed piece of demand and capacity, and bed modelling to establish recurring bed base to support improved flow across the ICO and the recommencement of elective care across all specialities whilst not impacting negatively on emergency pathways. A System Capacity and Recovery Group and governance architecture has been set up to oversee this work and ensure rapid delivery of the required capacity.

**Urgent Care:** Urgent and emergency services continued to be challenged throughout January. The Trust continues to see high bed occupancy resulting in delays to ambulance handover, extended waits in ED and assessment areas, and patients bedded in ED and assessment areas overnight. Access to inpatient beds remains the primary contributor to the length of time patients are spending in the Emergency Department. Available inpatient beds increased with the opening of a further 25 beds requiring relocation of the cancer day case unit and re-allocation of beds used to support maternity escalation. The number of patients in hospital waiting for transfers of care to short and long term placement or home with care packages increased in January to an average of 100 patients per day medically fit for discharge (88 in December). In January, there were 806 people who spent 12-hours or more in the Emergency Department (712 in December) with ambulance handover delays remaining high, meaning 559 patients experienced a delay of over an hour once arriving to the Emergency Department (of the 18 South West trusts TSDFT ranks seventh worst against the 30-day rolling average with a daily average of 17 handovers greater than 60 minutes).

**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 forecast to end of March is not showing any reduction in waiting times in the short term. The continued capacity constraints in the Day Surgery Unit and ceasing of all non-urgent inpatient surgery remain in place. Capacity within the private 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 continue to be developed as a strategy 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. Capacity at the Nightingale Hospital Exeter for orthopaedic day case is delayed and will come on line in late March.

The System Capacity and Recovery Group is overseeing the work to escalate bed capacity to maintain patient flow and facilitate reopening of the Day Surgery Unit along with protected beds to support orthopaedic and surgical routine elective inpatient. These plans and actions will form the basis of our 7:01 Integrated Performance Report Month 10 2021 targeting the date of the backlog of elective care” and ensuring we gain access the additional funding being made available.

**Cancer care:** An increase in referrals and reduction in capacity from covid escalation for surgical and diagnostic stages of care continues to impact on the delivery of the cancer performance standards.

A review of cancer action plans is being led by the Chief Operating Officer and will be signed off through the Cancer Cabinet to commence in February 2022. Improvements in dermatology 2-week-wait time have been seen in recent weeks reducing from 5 weeks to just over 2 weeks from referral. In support of urology diagnostic backlog a mobile unit, arranged through the Cancer Network has been utilised in January to support clearance of backlog for urology prostate biopsies and cystoscopies.

Improvement against the 62-day Referral To Treatment standard (85%) remains a key challenge with 50% meeting the 62-day standard in January. This resulted in 57 patients receiving treatment greater than 62-days from referral with 27 in urology, 12 skin, 8 lung, and 4 lower GI pathway. A return of Day Surgery Unit capacity will be a significant factor in allowing teams to target the backlog of surgical treatment and invasive diagnostic tests to improve the overall 62-day performance. In latest published comparative performance against this standard across the South West region the Trust is one of the lowest performing against this standard.

**Diagnostic waiting times:** 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 continue to be critical to supporting capacity over the coming months.

**Patients in hospital:** In January the number of 21-day and 7-day length of stay patients has remained significantly higher than normal levels with an average of 64 patients over 21 days in hospital compared to 20 last January, and 183 over 7 days compared to 109 last January. The length of stay for patients discharged from community hospitals has increased to 17 days compared to 10.5 days seen across 2020/21 and 13 days reported in September. The increased length of stay is in part a result of the significant number of patients who are medically fit with no 'criteria to reside' who require ongoing support and care in community settings with the retention and recruitment of staff remaining a significant challenge for independent sector providers providing nursing residential and domestic care packages of care. It is also noted that there is a relative shift in the proportion of patients in hospital requiring additional care needs on discharge as measured through the discharge pathways being recorded and reflects the acuity of patients coming in to hospital.

**Community and social care:** The levels of unfilled packages of care remains high and impacting on patient flow and discharge from community and acute settings of bedded care. Urgent care team capacity continues to be diverted to ensure packages of care for the most at-risk patients are maintained. Staffing across many community teams continue to be below desired levels.

## Operational Performance Quadrant

### Achieved

A&E - patients recorded as greater than 60 min corridor care

Dementia Find (NHSI)

Cancer - 31-day wait for second or subsequent treatment - Drug

Cancer - 31-day wait for second or subsequent treatment - Radiotherapy

Cancer - 31-day wait for second or subsequent treatment – Surgery

### Under Achieved

Cancer - Patient waiting longer than 104 days from 2 week wait

### No target set

No Criteria to Reside - daily average - weekday (ICO)

### Data not available

Outpatient virtual (Non-face-to-face) appointments

### Not Achieved

A&E - patients seen within 4 hours (NHSI)

Number of Clostridium Difficile cases reported

Clinic letters timeliness - % specialties within 4 working days

### Not Achieved

Cancer - 31-day wait from decision to treat to first treatment

Ambulance handover delays > 30 minutes

Ambulance handover delays > 60 minutes

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

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

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

Care Planning Summaries % completed within 24 hours of discharge – Weekday

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 patients >7 days LoS (daily average)

Number of extended stay patients >21 days (daily average)

On the day cancellations for elective operations

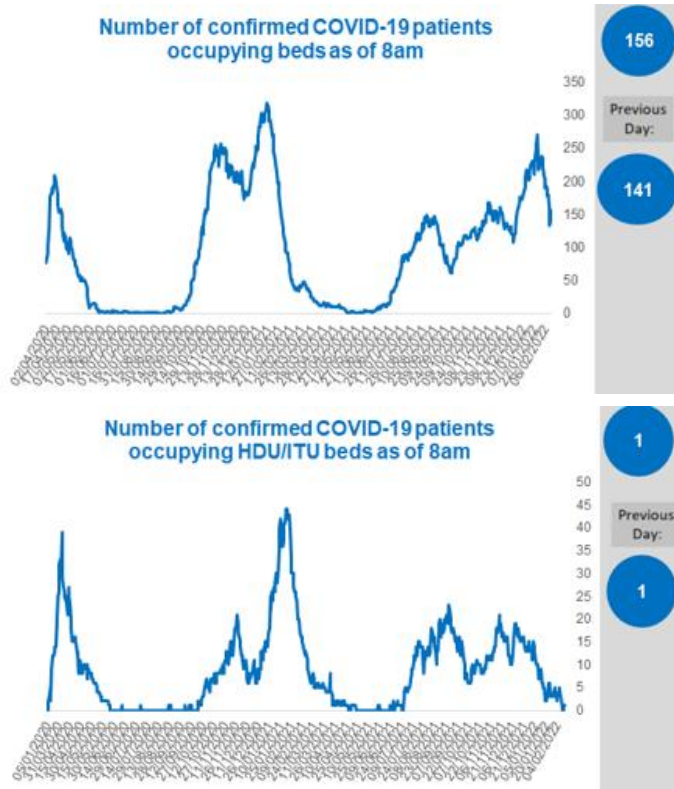
Page 36 of 68

Cancelled patients not treated within 28 days of cancellation

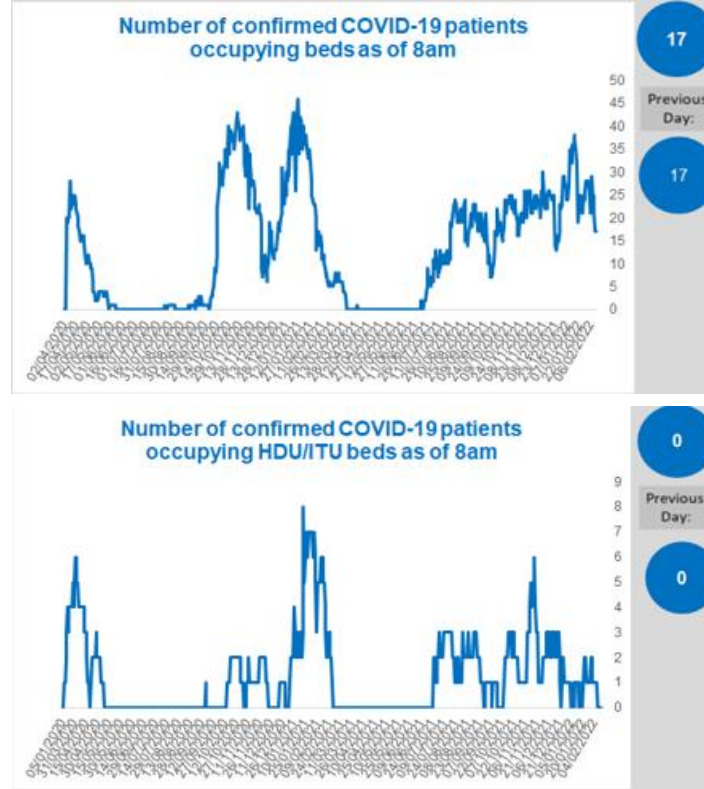
Overall Page 102 of 206

## Covid - Hospitalisations

### Devon ICS (as at 14 February 2022)



### Torbay and South Devon NHS FT (as at 14 February 2022)



Throughout January the Trust dealt with an increased number of covid admissions and infections across the hospital requiring further escalation beyond the single dedicated covid ward averaging 25-30 daily in hospital; the number of patients requiring intensive care, however, remained low. The impact on staff sickness from the Omicron surge in infections has been felt however the workforce escalation plan to divert non-urgent clinical capacity and incentives to contribute to additional shifts to support hospital teams has helped to mitigate the overall impact. The Incident Control Centre (ICC) and drumbeat of daily meetings to oversee the escalation planning and incident response has been effective. Covid hospitalisation levels over the coming weeks remain uncertain however there is increasing confidence that numbers will not escalate and more likely see a downward trend.

# NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Patients seen within 4 hours in A&E	Performance M10	<p>The Emergency Department remains challenged with access to inpatient beds continuing to contribute to ambulance handover delays. Ambulance handover delays have increased with one of the highest number of hours lost in the region impacting on emergency response times and quality of patient care.</p> <p>In January, 806 patients experiencing a 12-hour stay in the department compared to 18 in January 2021.</p> <p>Across the wider system there continues to be capacity and workforce challenges to maintain the flow of patients out of hospital.</p>	<p>To improve access to beds the scaling back of elective inpatient programme and re-purposing of the Day Surgery Unit has continued. In January a total of 25 additional beds were opened to support urgent care. Looking ahead to facilitate the handing back of elective beds and day surgery, further estates work and workforce plans are being implemented to increase available bed capacity without impacting pressure on urgent care bed capacity. Work continues with system partners to support capacity to target admissions avoidance and reduce delays to discharge patients medically fit.</p>	
	61.1%			
	Performance M9			
	62.5%			
	Target			
	95%			
	Risk level			
HIGH				

Patients waiting longer than 18 weeks from Referral to Treatment	Performance M10	<p>The total number of people waiting for treatment has increased by 820 from last month. 587 patients are waiting longer than 78 weeks and 183 patients waiting longer than 104 weeks. All over 52-week waits have been validated by the Performance Team. 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.</p>	<p>Operational focus continues on maintaining urgent and cancer related work. The protected inpatient orthopaedic beds have unfortunately been re-allocated to support the COVID response. The use of Mount Stuart Hospital facilities has paused for any further new patients. Use of the Nightingale for T&amp;O has been delayed until late March 2022. 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 restoration of services and for 2022/23 Business planning. Insourcing continues at weekends in ophthalmology and endoscopy. Additional insourcing weekends are being scheduled using Elective Recovery Fund funding.</p>	
	54.7%			
	Performance M9			
	55.9%			
	Target			
	92%			
	Risk level			
HIGH				

Activity variance vs 2019/20 baseline	M9	M10
Op new	-4.4%	-18.8%
OP Follow up	-7.0%	-22.3%
Day Case	-12.6%	-22.3%
Inpatient	-33.5%	-47.5%



## NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Cancer 62 day wait for 1 <sup>st</sup> treatment from 2-week wait referral	Performance M11	<p>Performance against the 62-day referral to treatment standard remains below target (85%) in January. Improvements in dermatology 2-week-wait time have been seen in recent weeks reducing from 5 weeks to just over 2 weeks from referral and in support of urology diagnostic backlog a mobile unit arranged through the Cancer Network has been utilised in January.</p> <p>Cancer pathways continue to be prioritised for admission however the ongoing escalation to manage covid-19 is seeing increasing waits for priority cancer pathway patients requiring access to theatre and recovery beds.</p>	<p>To support the reduction in surgical wait times the plans to reinstate elective day case capacity through the Day Surgery unit and protected inpatients beds from April 2022 are being confirmed. This work is led by the COO. Radiotherapy and medical oncology has continued to maintain timely access for treatment from diagnosis and treatment although a change in location of the Day Unit has impacted on capacity in January. The COO is also leading the process to sign off and review recovery plans through the Cancer Clinical Cabinet.</p>	
	49.1%			
	Performance M9			
	61.9%			
	Target			
	85%			
	Risk level			
HIGH				
Diagnostic tests longer than 6 weeks	Performance M10	<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. Sickness, training, and recruitment remain critical factors in the current staffing pressures and to fully utilise fixed CT and MRI capacity.</p> <p>The removal of historical overtime incentives is impacting on additional sessions that can be provided from current workforce.</p>	<p>The use of insourcing and mobile scanner units continue to support in-house capacity.</p> <p>Radiology (MRI) are using capacity at the Nightingale Hospital Exeter; currently 2-days a week, 160 patients per month).</p> <p>Insourcing for weekend endoscopy list (3 weekends per month) funded through ERF have continued.</p> <p>Pro-active recruitment and training initiatives continue to support teams that are operating with vacancies to minimise locum and bank staff.</p>	
	41.3%			
	Performance M9			
	37.9%			
	Target			
	1%			
	Risk level			
HIGH				

## NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend																												
Dementia Find	Performance M11	Performance against the Dementia Find assessment standard has increased to 94.8% in January. Performance against this indicator is reliant on support from a Health Care Assistant, performance will be impacted by annual leave and HCA availability.	The reliance on an HCA to support the dementia find process is being reviewed as part of the ward improvement work. Until a seamless electronic clinical record is available this may continue to require close operational support.	<table border="1"> <caption>Dementia Find Performance Trend (Jan-21 to Dec-22)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Jan-21</td><td>92.0</td></tr> <tr><td>Feb-21</td><td>95.0</td></tr> <tr><td>Mar-21</td><td>93.0</td></tr> <tr><td>Apr-21</td><td>94.0</td></tr> <tr><td>May-21</td><td>94.0</td></tr> <tr><td>Jun-21</td><td>95.0</td></tr> <tr><td>Jul-21</td><td>95.0</td></tr> <tr><td>Aug-21</td><td>94.0</td></tr> <tr><td>Sep-21</td><td>91.0</td></tr> <tr><td>Oct-21</td><td>93.0</td></tr> <tr><td>Nov-21</td><td>94.0</td></tr> <tr><td>Dec-21</td><td>88.0</td></tr> <tr><td>Jan-22</td><td>94.8</td></tr> </tbody> </table>	Month	Performance (%)	Jan-21	92.0	Feb-21	95.0	Mar-21	93.0	Apr-21	94.0	May-21	94.0	Jun-21	95.0	Jul-21	95.0	Aug-21	94.0	Sep-21	91.0	Oct-21	93.0	Nov-21	94.0	Dec-21	88.0	Jan-22	94.8
	Month				Performance (%)																											
	Jan-21				92.0																											
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Aug-21	94.0																															
Sep-21	91.0																															
Oct-21	93.0																															
Nov-21	94.0																															
Dec-21	88.0																															
Jan-22	94.8																															
94.8%																																
Performance M9																																
87.3%																																
Target																																
90%																																
Risk level																																
LOW																																

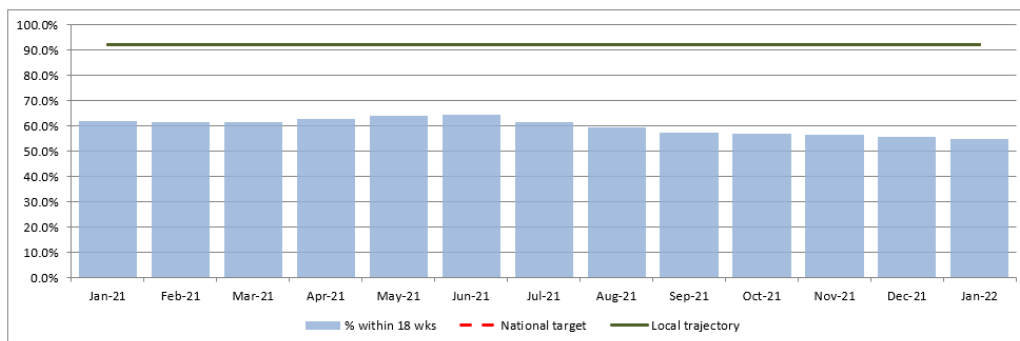
# NHSI Performance – Referral to Treatment (RTT)

## Services with greater than 100 patients waiting over 18 weeks

January 2022 Incomplete 92% Table - National Specialty

Row Labels	Incomplete IPDC	Incomplete OP	Grand Total	%<18wk
	>126			
Pain Management	50	154	449	54.57%
Endocrinology		298	580	48.62%
Neurology	9	474	950	49.16%
Respiratory Medicine		505	1299	61.12%
Gastroenterology	310	305	1944	68.36%
Gynaecology	304	373	2100	67.76%
Colorectal Surgery	129	593	1349	46.48%
Paediatrics	9	824	1763	52.75%
Dermatology	1	899	2130	57.75%
Upper Gastrointestinal Surgery	431	578	1606	37.17%
Oral Surgery	385	713	2239	50.96%
Cardiology	72	1080	2725	57.72%
ENT	203	1006	2487	51.39%
Urology	363	1135	2601	42.41%
Trauma & Orthopaedics	1315	430	3073	43.22%
Ophthalmology	297	1517	4218	56.99%
Grand Total	3960	11395	33909	54.72%

## Referral to Treatment – incomplete pathways



**Referral to Treatment:** RTT performance in January has plateaued with the proportion of people waiting less than 18 weeks at 54.72%; 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 33,909 from 33,089, an increase of 820 from the December position.

**52 week waits:** For January, 2,584 people will be reported as waiting over 52-weeks and is an increase from 2,384. Overall long waits are increasing, but patients waiting longer than 78-weeks have increased slightly to 587 in January from 532, with 104 weeks waits continuing to increase to 183 from 148 in December. The loss of elective activity due to emergency pressures on beds continues to be seen, with non-urgent outpatient activity being stood down and only P1 and P2 priority patients being admitted, however, where possible teams are dating P3 and P4 patients to maximise list efficiency so long as there are no P2 patients to date.

**Recovery planning:** The CCG have paused the sending of long-wait patients to Mount Stuart Hospital for T&O, UPGI, urology, colorectal and gynae. Extended delay to recommencing this outsourcing will push waits out for routine patients. Plans have been delayed further for patients to be treated through the recommissioned Nightingale Hospital Exeter, it is anticipated that this will now start late March 2022. Further insourcing and outsourcing capacity is being sought through the Elective Recovery Fund (ERF) two insourcing companies have had site visits to discuss the to use theatres on site at weekends for urology, upper GI, and dermatology as well as looking at options to bolster overall anaesthetic provision. Options are also being considered to carry out cataract operations at a local private provider. The mobile van initiative to ease pressure on the prostate cancer pathway has now finished with 52 perineal biopsies and 80 Cystoscopies procedures being completed.

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 2022/23 planning guidance, and meetings are now in place with the CCG and NHSE/I to monitor performance. All options are being considered by the CCG including securing independent sector capacity out of area. The waiting time forecast, however, is showing that there will remain between 195 and 305 104-week waits on our lists at 31<sup>st</sup> March 2022. The work across the Devon System to align capacity for elective and non-elective care will become increasingly relevant in the success of our recovery plans.

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

## NHSI Performance – Follow ups

The table below shows the specialties with the highest backlog for follow-up appointments. The number of overdue follow ups in all categories has increased slightly in January with increases seen in the greater than 6 to 12-week and greater than 18-weeks categories (the 12 to 18-weeks saw a reduction).

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.

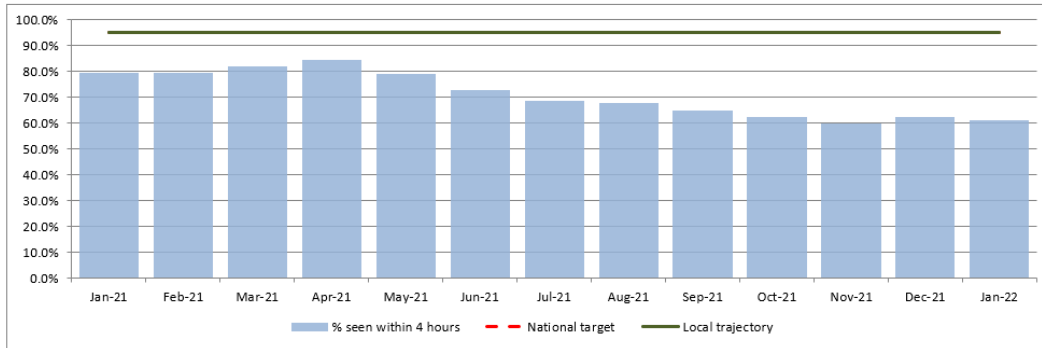
The incident reporting process in Datix will be relied upon to document any actual harm that is encountered and this will again be reported through the Harm Review Group with appropriate Root Cause Analysis.

Specialities with highest Follow-Up Backlog Passed TBS as at 02.01.2022				Specialities with highest Follow-Up Backlog Passed TBS as at 31.01.2022				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	812	1216	5524	Ophthalmology	852	1228	5476	40	12	-48
Rheumatology	204	345	1255	Rheumatology	196	296	1283	-8	-49	28
Ear Nose Throat	227	275	915	Ear Nose Throat	177	323	880	-50	48	-35
Paediatrics	215	360	570	Paediatrics	224	259	686	9	-101	116
Neurology	135	238	706	Neurology	97	214	730	-38	-24	24
Orthoptist	138	192	437	Orthoptist	177	197	448	39	5	11
Urology	42	50	368	Urology	37	50	308	-5	0	-60
Gynaecology	69	56	183	Gynaecology	59	64	187	-10	8	4
Respiratory Medicine (Chest)	78	99	192	Respiratory Medicine (Chest)	252	96	250	174	-3	58
Orthodontics	56	54	246	Orthodontics	52	46	238	-4	-8	-8
Colorectal Surgery	32	62	352	Colorectal Surgery	33	58	373	1	-4	21
Orthopaedics	115	96	168	Orthopaedics	85	94	98	-30	-2	-70
Dermatology	168	293	322	Dermatology	152	265	386	-16	-28	64
Geriatric Medicine	43	36	108	Geriatric Medicine	85	57	109	42	21	1
Cardiac Testing	23	14	17	Cardiac Testing	8	6	21	-15	-8	4
Gastro-Enterology	193	174	238	Gastro-Enterology	154	185	217	-39	11	-21
Breast Surgery	59	30	271	Breast Surgery	39	22	278	-20	-8	7
Cardiology	127	148	81	Cardiology	164	150	98	37	2	17
Pain Management	45	55	85	Pain Management	37	51	72	-8	-4	-13
Oral Surgery	69	113	83	Oral Surgery	104	109	104	35	-4	21
Plastic Surgery	25	60	47	Plastic Surgery	28	46	66	3	-14	19
Diabetic	53	88	42	Diabetic	57	91	44	4	3	2
Upper Gastrointestinal Surg	36	37	89	Upper Gastrointestinal Surg	69	45	99	33	8	10
Respiratory Technician	49	42	106	Respiratory Technician	42	54	129	-7	12	23
Endocrinology	22	45	38	Endocrinology	32	42	41	10	-3	3
Grand Total	3087	4229	12481	Grand Total	3272	4095	12662	185	-134	181

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

A&E and MIU patients seen within 4 hours

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Patients	5436	5365	7118	7947	8802	9622	9536	9072	8738	8415	7483	6923	7201
4 hour breaches	1118	1103	1268	1238	1860	2636	2990	2935	3052	3155	3010	2596	2800
% seen within 4 hours	79.4%	79.4%	82.2%	84.4%	78.9%	72.6%	68.6%	67.6%	65.1%	62.5%	59.8%	62.5%	61.1%
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 January to 61.1%. 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 21 days at OPEL 4.

**12 hour Trolley wait:** 131 patients are reported as having a 12-hour trolley wait from decision to admit to admission to an inpatient bed.

**Ambulance Handovers:** 559 ambulance delays over 60 minutes; 889 ambulance handover delays of over 30 minutes.

**Patients with a greater than 12-hour visit time pathway:** 806 patients had a greater than 12-hour visit time.

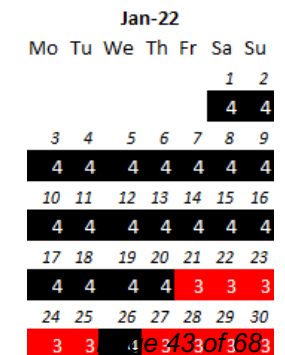
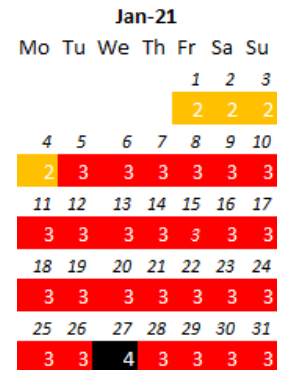
**Corridor Care:** No patients recorded as receiving corridor care.

## Operational delivery:

Performance remains a significant challenge through January with the Trust at OPEL 4 for the majority of the month. Flow out of the department has been difficult and this has led to significant delays to transfers and patient moves.

The number of patients attending the Emergency Department in January is 17% higher than January 2021; the acuity of the patients presenting is higher with an increase in the average length of stay.

Safety remains the highest priority while as the Trust manages the demands on all of its services through the pandemic.



## Escalation status

Opel status	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Opel 1	0	0	1	3	2	0	0	0	0	0	0	0	0
Opel 2	4	0	23	26	16	1	0	0	0	0	0	1	0
Opel 3	26	28	7	1	13	21	7	7	5	3	1	4	10
Opel 4	1	0	0	0	0	8	24	24	25	28	29	26	21
4-hour Performance (ICO)	74%	79%	82%	84%	79%	73%	69%	69%	65%	62%	60%	63%	61%
Bed Occupancy (Acute)	89%	89%	85%	87%	92%	95%	95%	95%	94%	93%	93%	93%	93%
Ambulance handover delays >1 hour	15	20	32	19	26	173	165	120	72	125	617	616	559
Dom Care - hours outstanding*	58	174	51	189	235	467	613	994	1,261	1,357	1,288	468	611
No Criteria To Reside - daily average (weekday)							45	58	56	62	66	88	101

\* December 2021 basis to only include outstanding hours where there is no formal support and client receiving formal support not at home

## Cancer treatment and cancer access standards

As at 10.02.2022	2021								2022			
	Q4								Q1			
	November				December				January			
target_type	Achieved	Breached	Total	Perf	Achieved	Breached	Total	Perf	Achieved	Breached	Total	Perf
14 day - 2ww Referral	859.0	1,022.0	1,881.0	45.7%	709.0	893.0	1,602.0	44.3%	754.0	898.0	1,652.0	45.6%
14 day - Breast Symptomatic Referral	77.0	16.0	93.0	82.8%	39.0	6.0	45.0	86.7%	17.0	27.0	44.0	38.6%
28 day - Faster Diagnosis Standard	992.0	899.0	1,891.0	52.5%	868.0	772.0	1,640.0	52.9%	831.0	692.0	1,523.0	54.6%
31 day - 1st Treatment	209.0	7.0	216.0	96.8%	174.0	4.0	178.0	97.8%	183.0	10.0	193.0	94.8%
31 day - Subsequent Treatment - Drug	73.0	0.0	73.0	100.0%	88.0	0.0	88.0	100.0%	62.0	0.0	62.0	100.0%
31 day - Subsequent Treatment - Radiotherapy	63.0	0.0	63.0	100.0%	53.0	0.0	53.0	100.0%	34.0	1.0	35.0	97.1%
31 day - Subsequent Treatment - Surgery	35.0	1.0	36.0	97.2%	33.0	0.0	33.0	100.0%	27.0	1.0	28.0	96.4%
31 day - Subsequent Treatment - Other	24.0	0.0	24.0	100.0%	21.0	0.0	21.0	100.0%	8.0	0.0	8.0	100.0%
62 day - 2ww referral	69.0	45.5	114.5	60.3%	66.0	31.0	97.0	68.0%	56.0	59.0	115.0	48.7%
62 day - Screening Referral	14.0	3.0	17.0	82.4%	7.0	2.0	9.0	77.8%	8.0	2.0	10.0	80.0%
62 day - Consultant Upgrade	1.0	1.0	2.0	50.0%	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 January 2022 (as at 10<sup>th</sup> February 2022). *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:** 45.6% (unvalidated) is below the standard of 93%. Skin breaches have started to reduce with waits currently at 2 weeks and 5 days. We are continuing to see increased breach numbers in Breast which is impacting January performance with waits currently at 2 weeks and 3 days. The most challenged pathways are Skin (25.0%) 403 breaches, Breast (27%) 204 breaches and Urology (45%) 73 breaches.

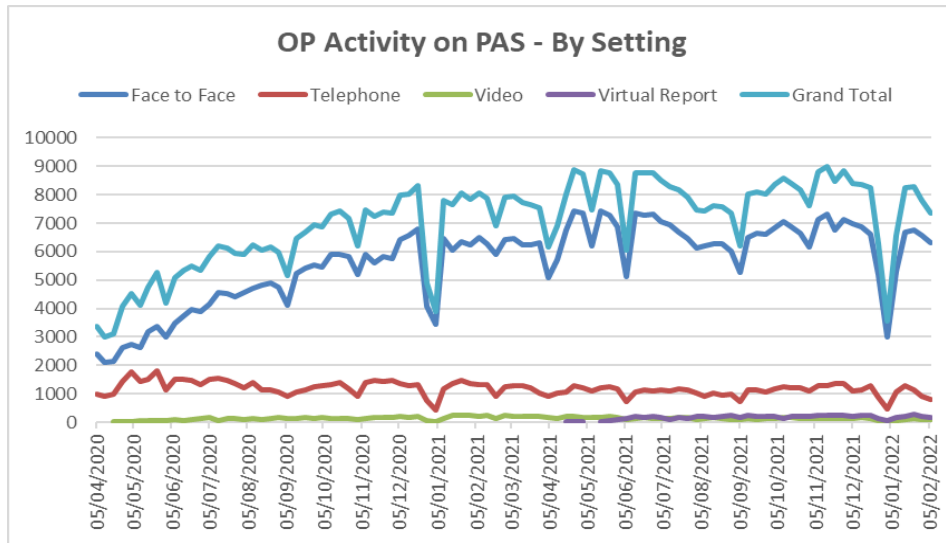
**28 days From Referral to Diagnosis:** Performance in January is 55.2% (unvalidated) against the target of 75% and reflects the impact of the high number of breaches for Skin (284) ,Lower GI (174), Breast (65) and Urology (61).

**NHSI monitored Cancer 62 day standard:** The 62-day referral to treatment standard has deteriorated in January at 49.1% (unvalidated) against the target of 85% with 57 patient being seen within 62 days, however, 59 patients falling outside the target time; Urology account for 22 breaches, Skin 13 breaches and Lung 8 breaches being (73%) of all breaches.

**104-day wait:** Currently there are 27 (unvalidated) patients with a greater than 104-day wait in January, 13 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 15 patients waiting longer than 104 days, 8 with confirmed cancers.

## Virtual appointments (Non-face-to-face)

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.



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

*Validated* data for Month 10 is not available at the time of this report.

	July	Aug	Sept	Oct	Nov	Dec
New	14%	15%	9%	14%	14.5%	12.4%
Follow Up	22%	21%	21%	21%	23.6%	21.7%
<b>Combined</b>	<b>20%</b>	<b>19%</b>	<b>18%</b>	<b>19.5%</b>	<b>21.1%</b>	<b>19.3%</b>

The Trust continues to see appointment performance below the nationally set requirement of 25% and the lowest in the Devon providers. Achieving 25% at Integrated Care System level is linked to achieving financial incentives into the Elective Recovery Fund and remains one of the business planning standards.

The programme of in-depth specialty reviews with clinical and operational teams is progressing however the focus of operational teams on escalation for covid is delaying progress. Opportunities are being identified as well as increased awareness of outpatient utilisation and productivity. A number of activities recorded on other clinical systems (InfoFlex) are being identified where non-face-to-face clinical activity is captured and needs to be reported in our national returns. To incorporate these non PAS events will require a resourced programme of work.

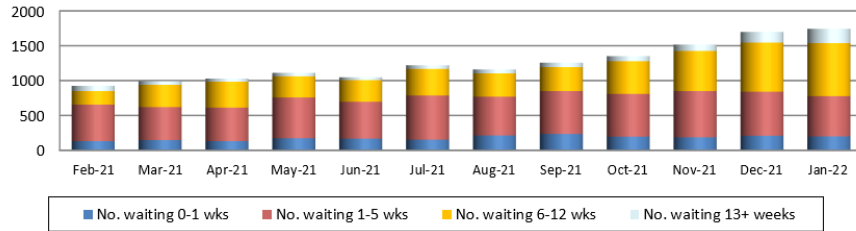
### Actions

The following actions are being taken to improve Trust performance:

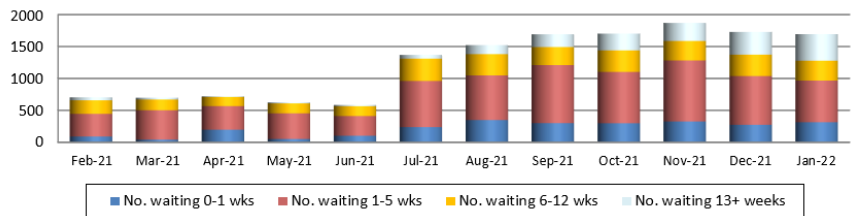
- Shared learning with North Devon services that are achieving higher non-face-to-face rates;
- Sharing good practice from one service to another wherever possible/appropriate;
- Providing service and clinic level performance reports highlighting where there are areas for improvement;
- Improving the 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 ensure all activity is reported in national returns.

# NHSI indicator - patients waiting over 6 weeks for diagnostics

### Numbers On MRI Waiting List Over Time

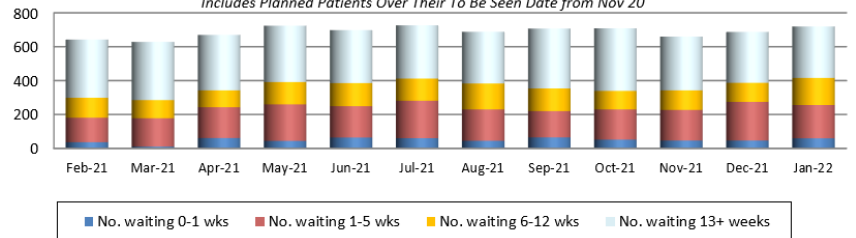


### Numbers On CT Waiting List Over Time

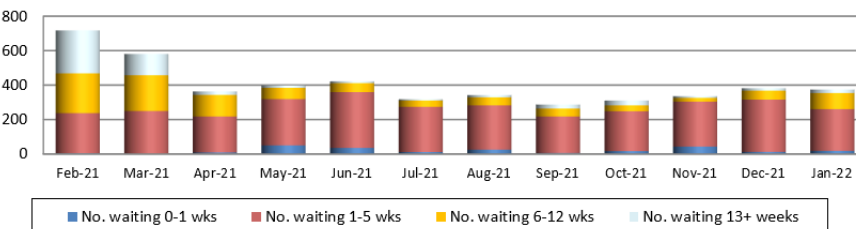


### Numbers On Colonoscopy Waiting List Over Time

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

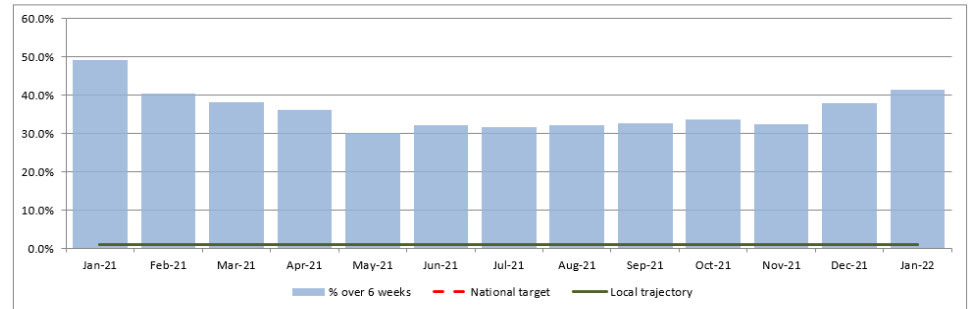


### Numbers On Cardiology (Echocardiography) Waiting List Over Time



### Diagnostic tests longer than the 6 week standard

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Patients	5013	4934	4957	4876	4909	4702	5682	5655	5542	5591	5846	5899	6162
Waiting longer than 6 weeks	2462	1992	1892	1768	1478	1516	1799	1821	1808	1888	1894	2237	2546
% over 6 weeks	49.1%	40.4%	38.2%	36.3%	30.1%	32.2%	31.7%	32.2%	32.6%	33.8%	32.4%	37.9%	41.3%
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 remain above target with 728 pts (691 in Dec) waiting over 6 weeks. There are increasing staffing pressures to maintain capacity for in-house scans, reporting, and vetting of referrals. Insourcing using mobile units will continue to support capacity. Additional capacity at the Nightingale Hospital is planned once contrast capability available. Radiographer vacancies continue to limit the ability to fully utilise in-house scanner capacity.

Colonoscopy numbers and routine waiting times remain high with 413 over 6 weeks. Loss of lists at the Independent Sector from October will be partly offset by additional weekend insourcing now agreed. Overall capacity however remains insufficient to bring waits back to plan without continued significant insourcing support and investment. Urgent cancer pathways are being prioritised.

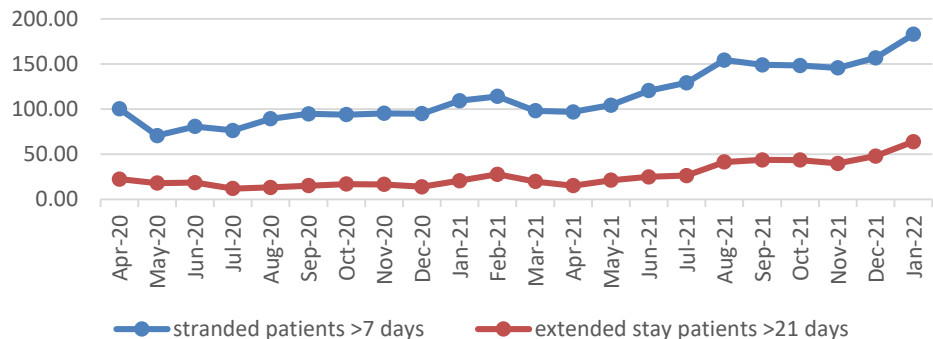
MRI waits and total numbers on the list continue to increase with 967 (859 in Dec) over 6 weeks. This reflects the continued high demand and capacity pressures. Capacity is reliant on the support of mobile scanner visits with all in-house scanner capacity being utilised. Access for mobile scanning units to increase capacity is limited 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)

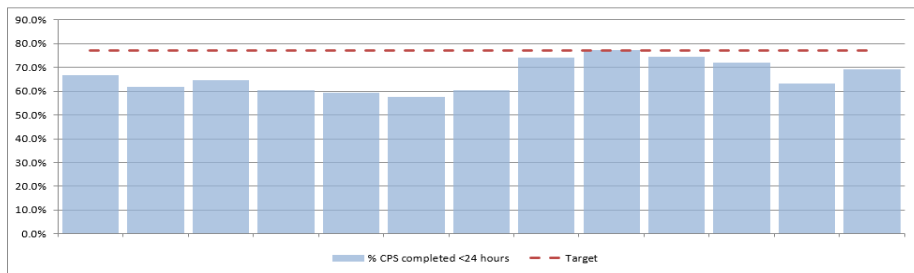


## Long Length of Stay (LOS)

In January 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 continued to increase. 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 will be included in the daily list of patients identified as no criteria to reside and on complex discharge pathways (P1-3).

Care Plan Summaries completed within 24 hours of discharge - Weekday

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Discharges	1157	1049	1282	1434	1484	1474	1341	1286	1424	1263	1347	1239	1024
CPS completed within 24 hours	774	650	828	866	883	848	812	953	1101	941	970	781	709
% CPS completed <24 hours	66.9%	62.0%	64.6%	60.4%	59.5%	57.5%	60.6%	74.1%	77.3%	74.5%	72.0%	63.0%	69.2%
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%



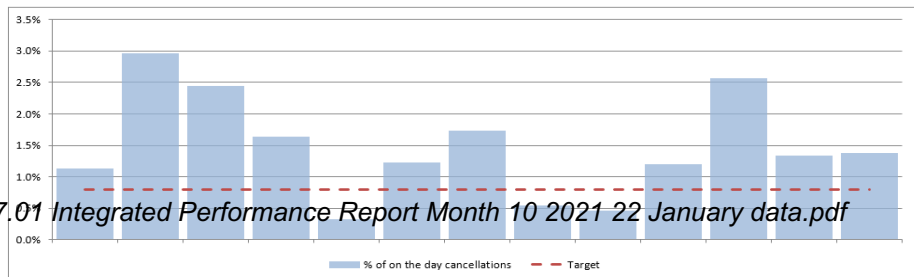
## Care Planning Summaries (CPS)

Hospital Care Planning Summaries serve as the primary documents communicating a patient's care plan to the post-hospital care team. CPS completion (within 24 hours of discharge) has improved from last month across weekday CPS completion.

As at 11/2/2022, 85 patient discharges in January 2022 had no CPS completed.

On the day cancellations for elective operations

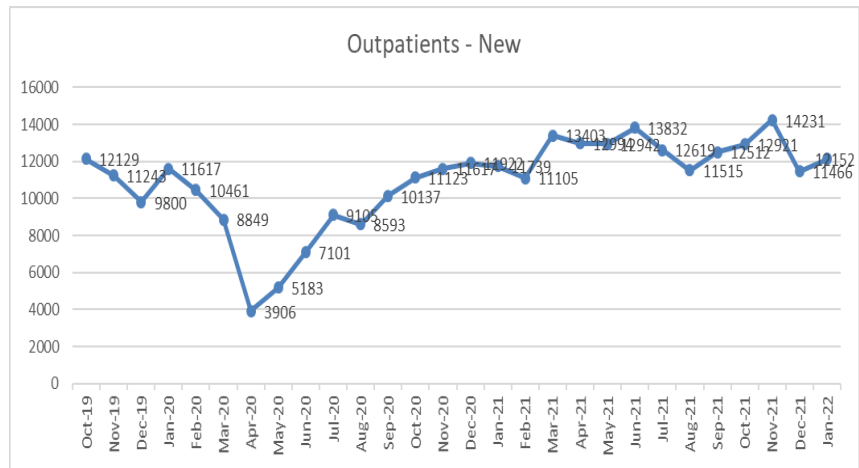
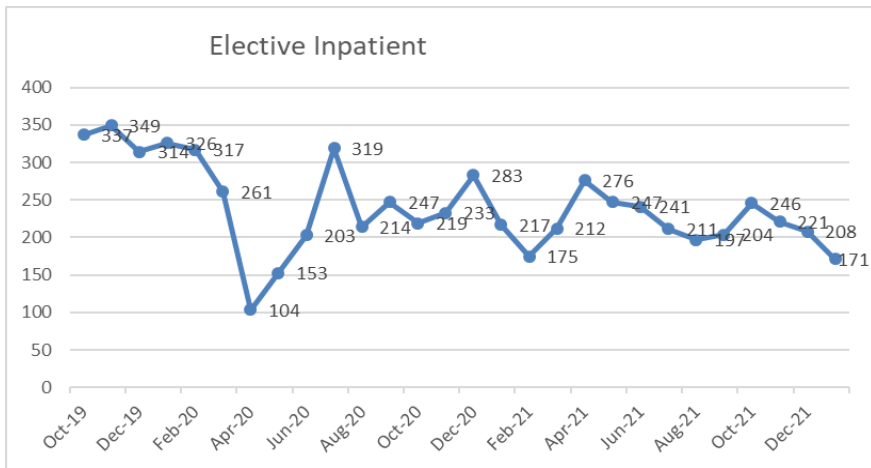
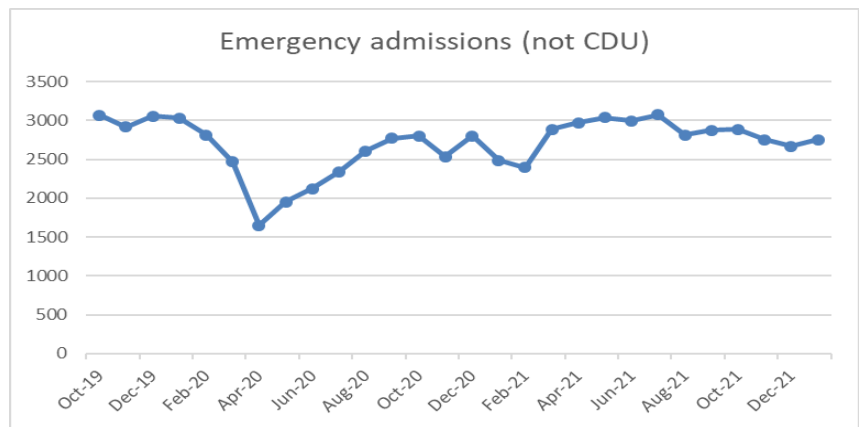
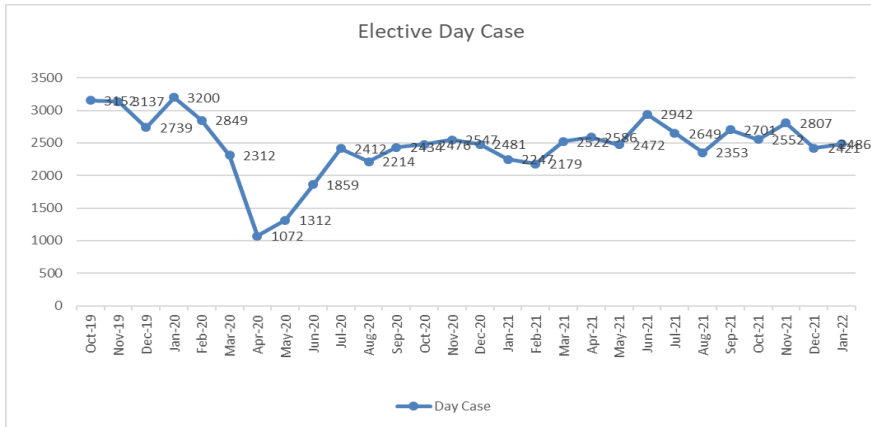
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Cancellations	29	71	71	48	9	40	51	14	14	34	79	36	38
Elective spells	2550	2400	2904	2922	2760	3276	2933	2602	2994	2830	3074	2691	2760
% of on the day cancellations	1.1%	3.0%	2.4%	1.6%	0.3%	1.2%	1.7%	0.5%	0.5%	1.2%	2.6%	1.3%	1.4%
Target	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%



## Cancelled operations

38 patients (1.4%) were cancelled on the day of an elective operation. 6 of those patients cancelled were not treated within 28 days of the cancellation.

# Headline acute activity comparisons 2019/20 v 2020/21



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

Compared to 2019/20 pre- covid level comparisons are: elective day case = 78%, elective inpatient = 52%, outpatient new = 105%, emergency admission = 91%.

The escalation of beds to support the demand for medical inpatient and covid response in December, that resulted in the closure of the orthopaedic ward to elective care, has continued into January impacting elective activity levels.

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.

In response to the need to reinstate elective care capacity together with the forecast reduction of covid hospitalisation the System Capacity Group has now been established led by the Chief Operating officer. The aims of this group is to oversee the planning to return the Day Surgery Unit to full surgical capacity and ensure sufficient elective protected beds are available to deliver capacity to treat routine elective patients and those waiting longest on waiting lists. The aim is to have plans implemented to make these changes from April 2022.

## 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.

### Integrated therapies and nursing

- Recovery plans for Autistic Spectrum Disorder (ASD) waiting times have progressed positively and will be extended into Q3, funded from underspend.
- Progress is positive with a sustained downward trend evident with 1k less CYP waiting than January 21. Reporting to NHS England and the Clinical Commissioning Group (CCG) continues fortnightly. An integrated virtual/core model has been developed which is robust and efficient.
- Speech and Language Therapy (SLT) has the greatest challenge on reducing waiting times for treatment and this is compounded by the recent secondment of the SLT with no lead appointed.
- Additional investments for Speech and Language Therapy and Occupational Therapy were not operationalised in 2020-21 due to significant challenges in service lines and availability of bank and agency staff.

### CAMHS

- The CAMHS Service remains under pressure due to staff vacancy and recent increased levels of demand. Vacancy rates in CAMHS have stabilised in some areas but significant challenges remain in Eastern and Torbay. The service leads are fully sighted on the challenges and action plans are closely monitored. CAMHS waiting times have been published in the local press.
- Additional monies for crisis, eating disorder, and mental health in schools has been awarded and the service model developed, go live for these developments in April 2022
- There remains a high level of demand for the acute and out of hours service. Work underway to strengthen the Out of Hours acute pathway
- Estates work being undertaken to model the estate capacity for both clinical and administration functions.

	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 January	FY 2022 January	FY 2021 January	FY 2022 January	FY 2021 January	FY 2022 January
Community Children's Nursing (CFH Devon)	0	0	100.0%	100.0%	270	309
Learning Disability (CFH Devon)	0	1	96.4%	96.8%	279	253
Mental Health and Wellbeing	9	21	77.9%	56.3%	3874	3860
Occupational Therapy (CFH Devon)	1	0	66.7%	69.8%	1187	1019
Palliative Care (CFH Devon)	0	0	NA	NA	42	43
Physiotherapy (CFH Devon)	0	0	81.2%	71.2%	505	483
Special School Nursing (CFH Devon)	0	0	100.0%	100.0%	464	531
Specialist Autism Spectrum Assessment Team (CFHD)	1382	1114	18.7%	20.6%	3463	2556
Specialist Children's Assessment Centre (CFHD)	87	232	40.4%	32.2%	866	1373
Speech & Language Therapy (CFH Devon)	299	338	57.0%	35.8%	4987	5038

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## Financial Performance – Month 10 (January) FY 2021 / 22

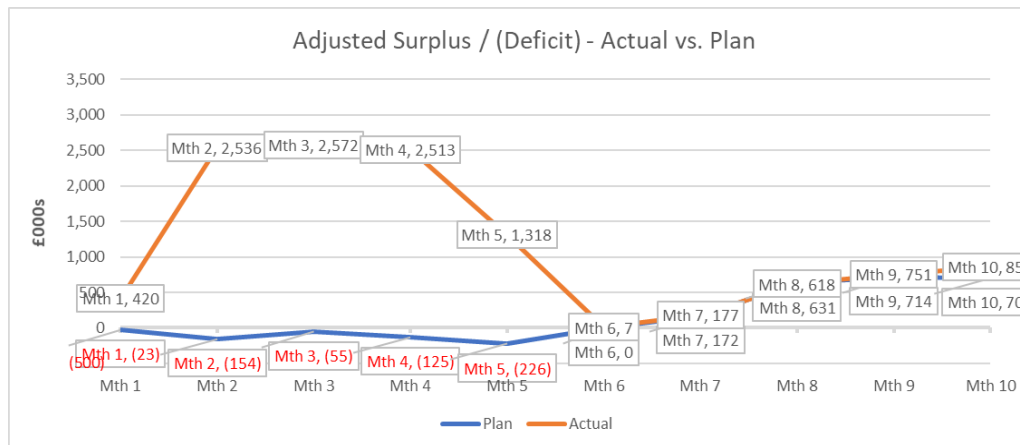
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## Financial Overview – Month 10, January 2022

### High Level Summary

For Period ended - 31 January 2022, Month 10			
	Plan £m	Actual £m	Variance £m
Total Operating Income	477.64	485.74	8.10
Total Operating Expenditure and Financing Cost	(477.61)	(485.91)	(8.30)
Surplus/(Deficit)	0.03	(0.18)	(0.20)
Add back: NHSE/I Adjustments	0.68	1.03	0.36
Adjusted Surplus/(Deficit)	0.70	0.86	0.15
CIP	5.55	4.89	(0.66)
Capital	36.91	15.92	(20.99)
Cash & Cash Equivalents		32.64	

### Adjusted Surplus / (Deficit)



#### Operating Income

Operating income for the year to date totals £485.7m, within which income for patient care activities totals £441.5m. Total income for the year to date is £8.1m favourable to plan. Key drivers are as follows: in-year COVID related income e.g. Council funding stream which was not initially budgeted in H1 and H2 (£5.4m favourable), education and training, R&D grants and various income (£3.1m favourable), ASC client contribution income (£0.8m favourable matched by cost) and TP sales (£0.5m favourable) offset by: lower Council grant income (£0.7m), ERF income owing to the changes in funding threshold alongside increasing cancellation of elective surgery (£0.6m adverse), reclassification of renal transport income and audit income from patient care income to other income and pass through drugs within block contract income (£0.3m adverse).

#### Operating Expenditure

Total operating expenditure and financing cost of £485.9m, which includes £242.8m of staff costs. Operating expenditure and financing cost in the year to date is £8.3m adverse to plan. Key drivers are as follows: COVID related costs including those council funding streams not initially budgeted in H1 and H2 (£5.4m adverse but matched by income), increase in Agency (£4.5m adverse) and Bank spend (£3.3m adverse), undelivered CIP (£0.7m adverse), increased clinical supplies and services cost (£2.1m adverse), ASC and Placed people due to increased CHC and residential long stay cost (£1.1m adverse), ASC bad debt provision (£0.5m adverse) and drugs cost (£0.2m adverse) offset by lower substantive pay due to vacancies (£7.4m favourable), lower CFHD alliance cost (£1.7m favourable) and lower financing costs (£0.4m favourable).

#### Adjusted Surplus / (Deficit)

At month 10 the Trust is recording a surplus of £0.86m against plan of £0.70m and is forecasting to deliver a balance position against plan at year-end.

#### CIP

At month 10 the Trust delivered £4.89m of savings against plan of £5.55m through either recurrent and non-recurrent means.

#### Capital

To date the Trust has spent c. £15.9m on capital schemes, with a forecast underspend of £1m at year-end. A separate capital report has been prepared for the Trust's FPDC.

#### Cash

The Trust is showing a healthy cash position of £32.6m at the end of Month 10 with a forecast balance of £25.5m at year end.

## I&E Position – Month 10, January 2022

### Income & Expenditure – Performance versus Plan

£m	M10 - In Month			M10 - YTD		
	Budget	Actual	Variance	Budget	Actual	Variance
Patient Income - Block	32.40	32.55	0.15	326.58	326.39	(0.19)
Patient Income - Variable	3.63	3.67	0.04	37.62	37.33	(0.29)
ERF/TIF/Capacity Funding	1.11	1.10	(0.02)	6.72	6.10	(0.62)
ASC Income - Council	4.59	3.89	(0.70)	45.84	45.17	(0.67)
Other ASC Income - Contribution	1.00	1.12	0.12	9.90	10.70	0.80
Torbay Pharmaceutical Sales	2.00	2.50	0.50	17.97	18.49	0.52
Other Income	2.87	3.96	1.09	28.05	31.20	3.15
Covid19 - Top up & Variable income	0.64	1.19	0.55	4.96	10.36	5.40
<b>Total (A)</b>	<b>48.24</b>	<b>49.97</b>	<b>1.74</b>	<b>477.64</b>	<b>485.74</b>	<b>8.10</b>
Pay - Substantive	(23.99)	(23.45)	0.54	(235.87)	(231.72)	4.15
Pay - Agency	(0.90)	(1.02)	(0.12)	(6.57)	(11.12)	(4.55)
Non-Pay - Other	(12.25)	(13.52)	(1.27)	(127.27)	(127.45)	(0.18)
Non-Pay - ASC/CHC	(8.81)	(9.85)	(1.04)	(86.04)	(94.13)	(8.09)
Financing & Other Costs	(2.36)	(2.02)	0.34	(21.86)	(21.49)	0.37
<b>Total (B)</b>	<b>(48.31)</b>	<b>(49.86)</b>	<b>(1.55)</b>	<b>(477.61)</b>	<b>(485.91)</b>	<b>(8.30)</b>
<b>Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)</b>	<b>(0.07)</b>	<b>0.11</b>	<b>0.18</b>	<b>0.03</b>	<b>(0.17)</b>	<b>(0.20)</b>
NHSE/I Adjustments - Donated Items / Impairment / Gain on Asset disposal	0.07	0.00	(0.07)	0.68	1.03	0.36
<b>Adjusted Financial performance - Surplus / (Deficit)</b>	<b>(0.01)</b>	<b>0.11</b>	<b>0.12</b>	<b>0.70</b>	<b>0.86</b>	<b>0.15</b>

In Month 10 the Trust recorded a surplus of £0.11m and for the year to date the Trust is reporting a £0.86m surplus.

Both M10 and year to date actuals are ahead of plan (£0.12m favourable in month, £0.15m year to date).

### In Month Position:

#### Income

The key variances are below:

- Patient income block £0.15m higher – additional income received linked to CFHD mental health support.
- ASC Income council £0.70m – lower Council grant income.
- ASC Client contribution income is £0.12m higher in month (matched by cost).
- Torbay Pharmaceutical sales were £0.50m higher than planned (£0.90m due to pass through income matched by cost).
- Other income is £1.09m higher than plan from various sources (education and training, R&D, non patient services and Devon IR).
- COVID income is £0.55m higher in month due to additional income received from Torbay Council re: workforce retention (matched by cost).

#### Pay

- In Substantive pay there is a net favourable variance in month (£0.54m) mainly due to unfilled vacancies.
- Agency cost is £0.12m higher than budget primarily in Ancillary staff group (COVID, Estates and TP production requirement),

#### Non-pay

- The main drivers of the adverse non-pay other position (£1.27m) are as follows: pass through TP chemical consumables cost (£0.90m matched by income), medical beds and other supplies £0.14m, Devon IR cost £0.20m, consultancy £0.20m offset by lower Drugs usage £0.17m.
- The £1.04m adverse position for ASC/CHC costs is due to: COVID workforce grant £0.54m (matched by income), Placed People £0.27m due to unachieved CIP and higher costs in Torbay locality; ASC £0.23m due to higher than anticipated costs on Residential Long Stay Care and increase in bad debt provision and unachieved CIP.
- Financing costs £0.34m favourable. This is principally due to reduced depreciation charges, largely as a result of capital projects being completed later than planned.

## H2 Plan and Risks and Mitigations

### H2 Plan

The Trust submitted the H2 plan in November to NHSE / I. This requires a break-even position after taking account of CIP achievement of £7.2m. Should the Trust achieve the break-even plan it will also receive from the CCG £1.8m Provider Incentive payment (.

### Risks and Mitigations

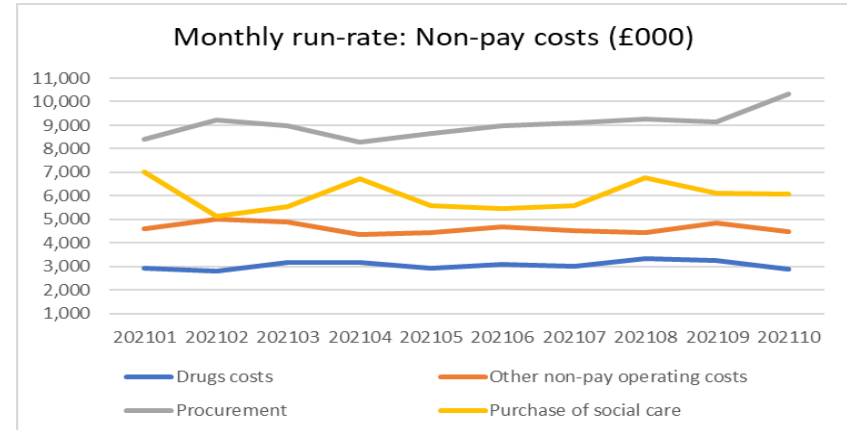
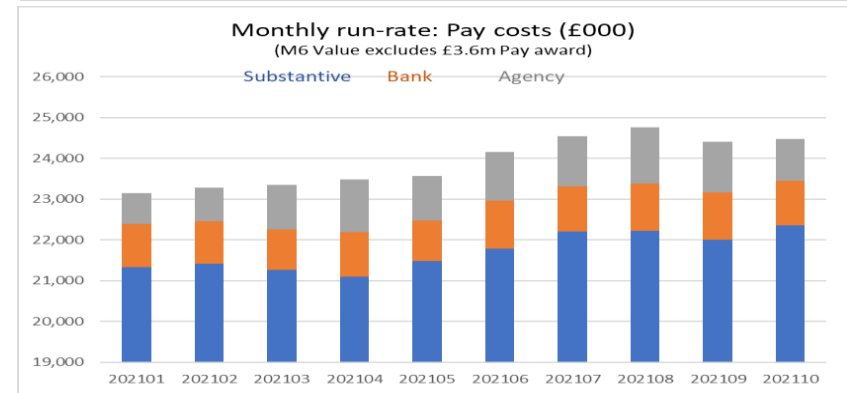
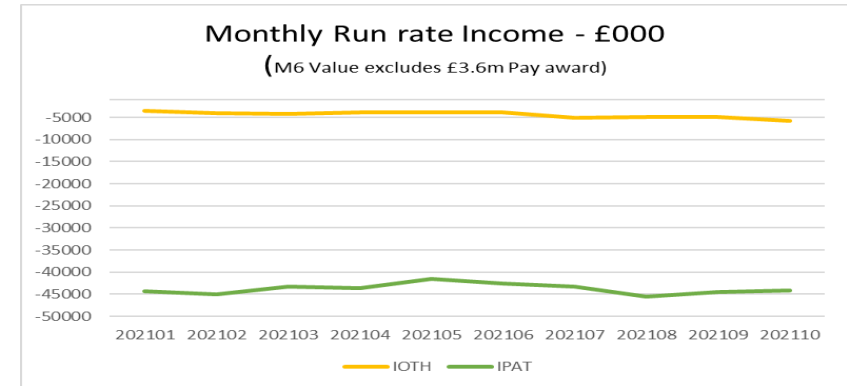
The Trust has reviewed its forecast in the light of the continuing pressures from Covid, offset by a reduction in spend in elective areas.

With regards to ERF the threshold percentage in H2 has been amended from 95% of SUS submitted activity to 89% of RTT stop clock activity. The system as a whole did earn ERF in Q3, mainly against activities delivered in Accelerator sites mainly against activities delivered in Accelerator sites. There is still a risk that the System might not achieve any ERF in Q4.

There are additional funding streams in H2 i.e. ERF+ and TIF and ISU's have undertaken a review of likely spend/activity to date and expected during the remainder of H2. These other funding streams are low risk income values and the Trust will maximise the benefit of these allocations. This will complement the spend against ERF, reducing the financial risk to the Trust if the System does not meet the 89% threshold.

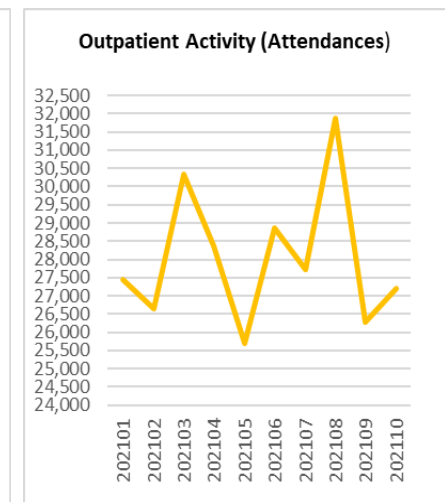
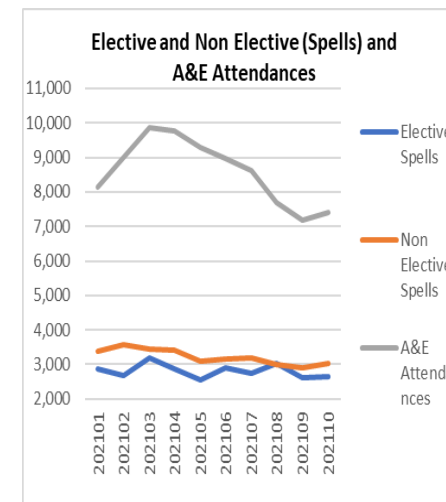
Looking beyond this financial year, the following key risk areas are worth noting:

- Efficiency requirement for 2022-23. This is under development with the ICS, but could exceed £20m
- Significant reduction (~60%) on COVID top-up funding
- The reintroduction of commissioner contracts and specifically the aligned incentive payment mechanism, which would see the Trust lose income if elective activity fails to achieve the required levels
- The future of the Hospital Discharge Programme. The Trust is forecast to have recovered £3.4m of costs under this scheme in 2021-22 – the scheme ends on 31 March
- Capital planning for 2022-23 and beyond – it is expected that there will be significant pressure on the ICS capital envelope (CDEL)



## Change in Activity Performance – Month 9 to Month 10

	Plan M10	Dec-21	Jan-22	Change	% Change	Jan-21	% change	
<b>Activity Drivers</b>	A&E Attendances		7,176	7,413	237	3%	5,553	33%
	Elective Spells	3,580	2,629	2,657	28	1%	2,464	8%
	Non Elective Spells		2,895	3,030	135	5%	2,754	10%
	Outpatient Attendances	31,459	26,266	27,214	948	4%	26,136	4%
	Adult CC Bed Days		223	176	-47	-21%	181	-3%
	SCBU Bed Days		172	116	-56	-33%	176	-34%
<b>Bed Utilisation</b>	Occupied beds DGH		9,934	10,223	289	3%	9,178	11%
	Available beds DGH		10,674	10,961	287	3%	10,331	6%
	Occupancy		93%	93%	0%	0%	89%	4%
<b>Resource Consumption</b>	Medical Staff Costs - £000's	5,315	5,397	5,297	-100	-2%	5,080	4%
	Nursing Staff Costs - £000's	6,094	5,742	5,799	57	1%	5,330	9%
	Temp Agency Costs - £000's	904	1,247	1,025	-222	-18%	666	54%
	Total Pay Costs - £000's	24,887	24,419	24,471	52	0%	26,364	-7%



### Activity Drivers

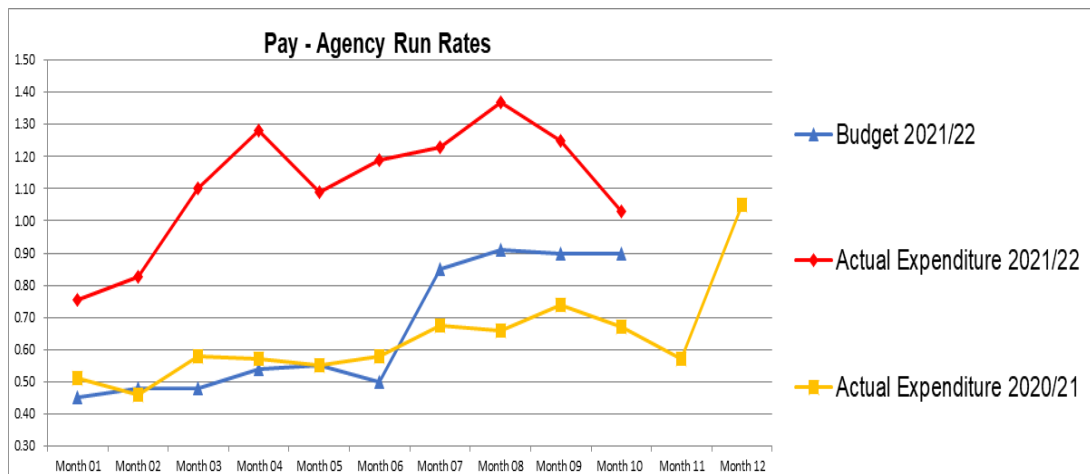
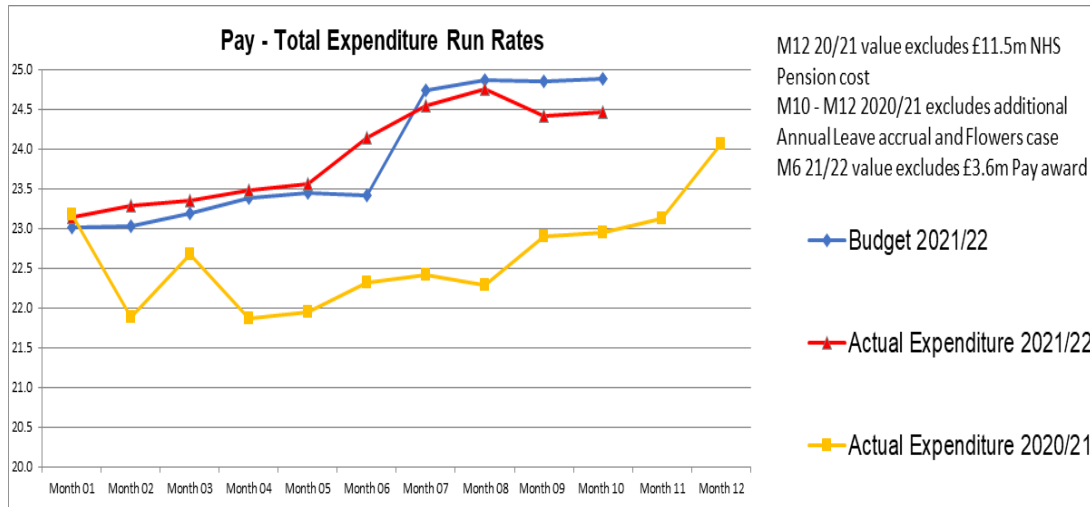
- No formal plan (for contracting purposes) has been created for A&E, Non Elective, or ACC/NCC. This is as a result of the focus being on the recovery of elective activity from the centre.
- Overall, elective activity level is below plan at Month 10 but, higher levels of activity were delivered compared to M9. In comparison against 2019/20, which is the comparator year for NHSE/I purposes, the Trust achieved 78% overall Elective/Outpatient activity in M10. Partly explained by elective activity in Jan 20 being the highest month of 2019/20.
- ISU's are looking at ways to increase their activity, including making use of the additional ERF+ funding available to increase capacity to see more patients to reduce waiting lists and ensure patients are treated as quickly as possible.
- The draft 2022/23 guidance has now been issued and the Trust is working with the ICS to ensure a consistent approach to planning. This will enable the ICS to submit an aligned activity and financial plan to the regional team. As a result of the new guidance and change in requirements, providers will undertake a separate ERF plan process to share back with the STP for review. Detailed ERF guidance is yet to be published at the time of writing.

### Bed utilisation

- In January, the total bed days available increased with the opening of 25 additional beds during the month in response to the continued pressures and covid response. The overall bed occupancy at 93% continues to be above required levels to support patient flow to avoid emergency care delays and reduced elective capacity. The bed capacity continues to be constrained by the levels of delayed transfers of care that averaged 100 patients per day in January who were classified as medically fit for discharge.
- Access to beds for medical and surgical emergencies has continued to be a major operational constraint with patient regularly staying overnight in assessment units and ED. This backlog of patient awaiting a bed is contributing to 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 continues to restrict the capacity for planned elective day surgery and elective admission prioritised for Cancer and the most urgent patients. Routine elective orthopaedic surgery continues to be stood down in January with the bed capacity used to support the emergency medical pathways of care.



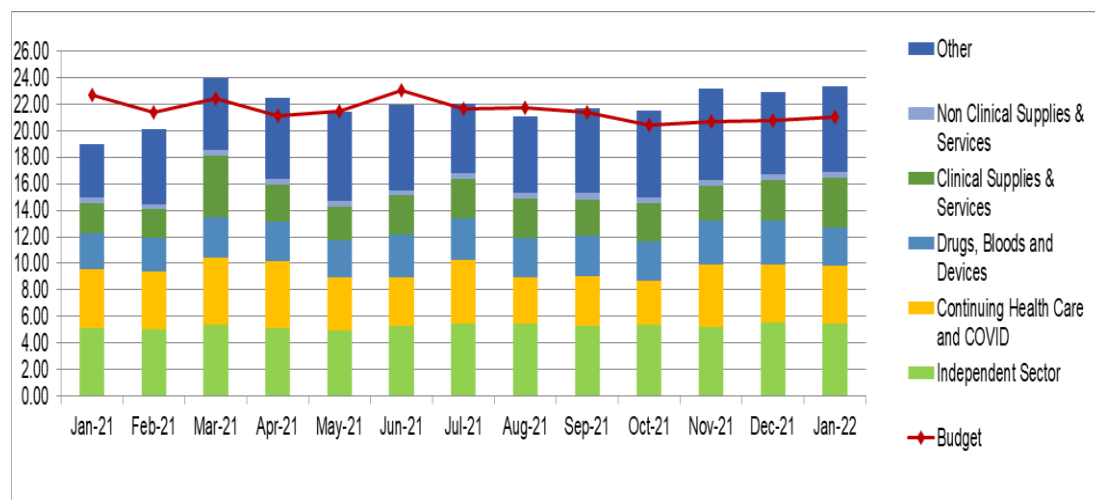
## Pay Expenditure – Month 10, January 2022



In Month 10 the total pay expenditure is £24.47m, which is £0.05m higher compared to Month 9 (£24.42m). Further details are provided below:

- Substantive pay increased by £0.35m primarily within Nursing staff (£0.21m) and HCA (£0.11m) due to winter incentive payments.
- Bank pay decreased by £0.08m primarily within Nursing (£0.06m) and HCA's (£0.01m).
- Agency costs were £0.22m lower than Month 9 mainly due to lower Nursing agency use (£0.14m) linked to the Trust's winter incentive payment to substantive staff and increase in bank staff use for Medical staff (£0.11m) offset by increase in HCA and AHP agency cost (£0.03m).
- The Agency costs as at M10 totals £11.12m which is significantly higher than the FY 2020/21 full year spend of £7.63m. The particularly high Agency use this financial year is due to operational pressures along with COVID, sickness absence and difficulty in recruiting.
- Of the year to date pay costs, those associated with COVID account for £9.43m, comprised of:
  - Segregation of patient pathways - £3.61m,
  - Backfill for higher sickness absence - £1.61m,
  - Decontamination - £1.23m,
  - Ambulance Capacity - £0.99m,
  - Additional shifts of existing workforce – £0.92m,
  - Increase ITU capacity £0.42m,
  - Testing – £0.37m, and
  - Vaccination programme - £0.28m
- The Apprentice levy balance at Month 10 is £2.24m (£2.22m in M9). The Trust's apprenticeship strategy is reviewed regularly and actions are being taken.

## Non-Pay Expenditure – Month 10, January 2022



The total non-pay run rate in Month 10 (£23.38m) is £0.48m higher in comparison to previous month (£22.90m), key details are provided below:

- **Increases in:**
  - Clinical supplies – £0.64m, primarily increased spend on TP chemical consumables £0.90m (matched by income), medical beds (£0.09m) offset by lower TP cost of sales £0.19m and medical and surgical supplies £0.16m.
  - Net Operating expenditure – £0.23m relates mainly to increase in CFHD alliance costs (£0.44m) offset by lower IT equipment cost (£0.21m).
  - Placed People - £0.15m primarily driven by: increased costs in CHC Direct Payment within the Torbay locality (volume) and increased cost in relation to Short Term Nursing / Residential placements within South CHC which is again volume driven; offset by:
- **Decreases in:**
  - Drugs costs – £0.39m lower usage across various Drugs categories (High cost drugs £0.10m, Healthcare at Home drugs £0.08m, inpatient and outpatient drugs £0.09m, high cost outpatient drugs £0.06m and Cancer drugs £0.05m).
  - ASC - £0.09m lower spend in January due to reduced Residential Long Stay Expenditure in the Torquay area relating to lower volume of clients.
  - COVID related funding £0.06m (hospital discharge, testing, infection prevention and control) matched by income.

COVID and Other one-off Funding Analysis – Month 10, January 2022

COVID Expenditure	Inside	Outside	Total
	Envelope	Envelope	
	Actual	Actual	Actual
	31/01/2022	31/01/2022	31/01/2022
	YTD	YTD	YTD
	£'000	£'000	£'000
Staff and executive directors costs	8,791	644	9,435
Supplies and services – clinical (excluding drugs costs)	385	2,466	2,851
Supplies and services - general	352	1	353
Drugs	402	1	403
Establishment	78		78
Purchase of social care	1		1
Premises	412	9	421
Lease expenditure	36	0	36
Transport	57	0	57
Other	143		143
<b>Total operating expenditure</b>	<b>10,657</b>	<b>3,121</b>	<b>13,778</b>

Hospital Discharge, Rapid Testing and Infection Control COVID	Total	CCG	Council	Provider
	Cost	Income	Income	Refunds
	Actual	Actual	Actual	Actual
	31/01/2022	31/01/2022	31/01/2022	31/01/2022
	YTD	YTD	YTD	YTD
	£'000	£'000	£'000	£'000
Hospital Discharge Programme (HDP) Scheme 2	2,448	(2,448)		
Infection Control, Rapid Testing & Vaccines	3,586		(3,421)	(165)
Domiciliary Care - H2 Incentive & Retention scheme	314		(314)	
Independent Sector Workforce Recruitment and Retention	1,126		(1,126)	
General & Sustainability Fund	215		(120)	(105)
<b>Total</b>	<b>7,689</b>	<b>(2,448)</b>	<b>(4,981)</b>	<b>(270)</b>

As highlighted above, within the Trust's pay position at Month 10 £9.43m is for COVID costs.

Within non-pay COVID costs account for £4.34m, comprised of:

- o Testing - £2.47m,
- o Segregation of patient pathways - £1.69m,
- o Decontamination - £0.13m, and
- o Patient transport and other - £0.05m

**Hospital Discharge and other COVID Related Costs**

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

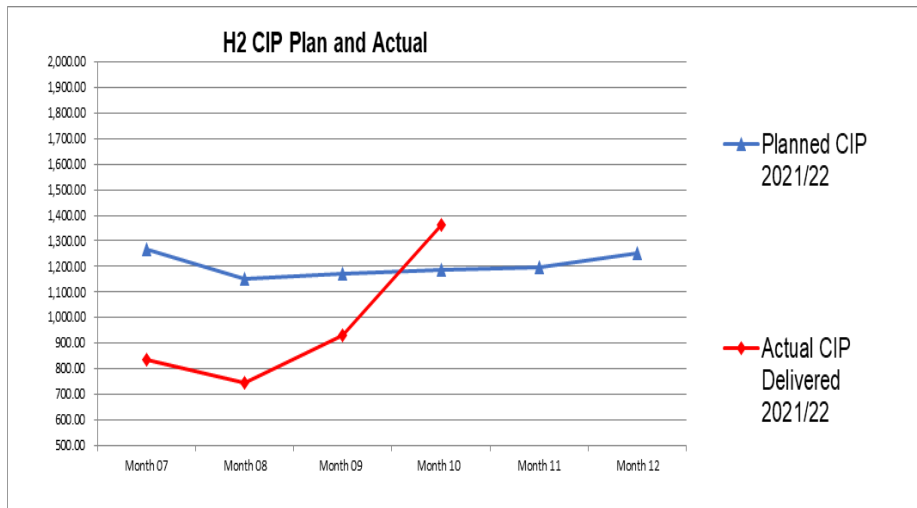
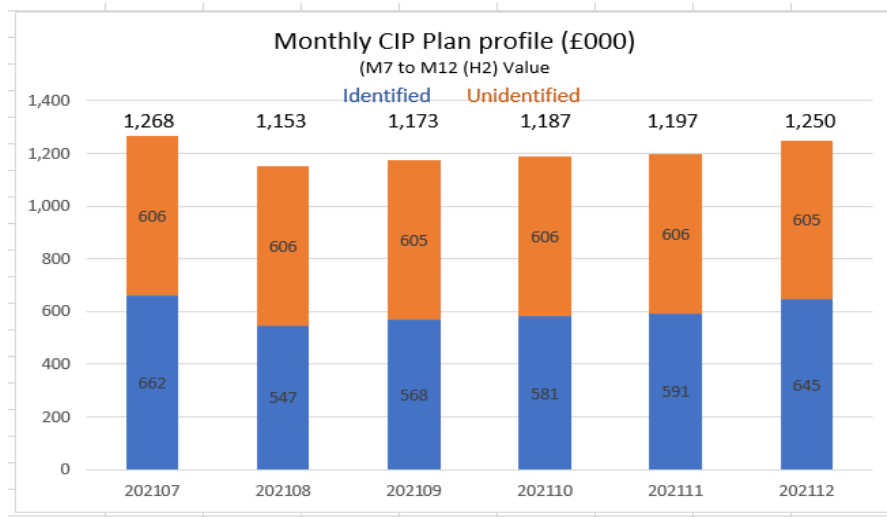
- Spend to date is just under £7.7m, with a contribution of circa £5.0m received from Torbay Council towards this.
- Rapid Testing and Infection Control grants (H1 2021/22) have been fully passported to providers within Torbay in line with grant conditions. H2 grants have been allocated and Torbay Council will receive £1.6m in two tranches. Funding will be fully passported to the trust and paid to providers in line with grant conditions. The first tranche of just under £1.0m has been received and to date £0.9m of this has been passported to providers.
- Tranche 1 of the IS Workforce Recruitment and Retention grant (Round 1) has been allocated and in December with Tranche 1 of Round 2 distributed in January.
- Hospital discharge costs (year to date just under £2.45m) being reclaimed through Devon CCG. Discharge criteria saw client's entitlement drop from six to four weeks from the 1st July. National funding for Hospital Discharge will continue for H2 and Trust will work with Devon CCG who have a capped allocation to work within for the county.
- Outside of the above, Torbay Council have provided two tranches of additional funding to support market sustainability.
  - £0.3m funding specifically for Domiciliary Care providers (Living well at Home). This is specific and targeted funding focusing on workforce Incentive / retention schemes and was fully paid to these key providers during November.
  - £1.0m of general funding to support providers experiencing short term financial difficulties as a result of the pandemic. Funding will be used for elements such as insurance, staffing and voids and is administered through weekly panel, being jointly chaired by Head of ASC Commissioning (Torbay Council) and Joint Associate Director of Operations for ISU Torquay. To date £0.1m of this fund has been paid to providers.
- Recently Torbay Council has received further new grant funding of just over £0.2m for Omicron Support Fund. Schemes are currently being developed with payments envisaged to providers late February / early March.

Key Drivers of System Positions – Month 10, January 2022

System	ISU	Financial Commentary / Key Drivers
<b>CFHD</b>	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.
<b>Torbay Pharmaceuticals</b>	PMU	TP sales in M10 is £0.50m higher than plan primarily due to pass through income (matched by cost). Year to date is also £0.5m ahead of plan.
<b>Corporate</b>	EFM	The H2 year to date position at M10 is an overspend of £257k mainly arising from non pay overspend of £284k offset by a CIP overachievement of £21k. The non pay overspend relates to repairs & maintenance, increased utility costs and laundry, linen and cleaning equipment and materials.
	Exec. Directors	The H2 year to date position at M10 is an underspend of £0.3m. However, there is a £1.2m overspend on non pay due to £0.6m agreed HIS N365 business plan, £0.13m overspend on International Recruitment costs, £0.15m overspend on Devon IR Alliance (but offset by income), £0.08m on relocation expenses, £0.07m ED cultural workshops plus various smaller overspends across other directorates. Pay is overspent by £0.07m mainly due to posts funded by income in Education and Transformation & Partnerships; offset by £0.07m International Recruitment supernumerary pay. The income overachievement of £0.9m includes funding for Education posts and Devon IR Alliance costs. Non recurrent CIP (slippage) has been transacted across most directorates (but largely Education income) resulting in an overachievement of £0.6m.
	Financing Costs	Excluding items outside the NHSE/I control total, costs show a £0.83m favourable variance to plan. This is principally due to reduced depreciation charges, largely as a result of capital projects being completed later than planned.
	Other	Reserves includes plan adjustments, provisions for FNC backlog, legal fees & miscellaneous other small provisions.
<b>South System</b>	Coastal	Underspent against M10 YTD budget by £2.5m being non pay £1.9m, pay £1.0m, offset by adverse position for under delivery of CIP £0.6m. Continued reduction in elective recovery activity due to the response to Covid and green surge, delays in recruitment, and reduced spend in theatre supplies. Run rates are expected to increase in coming months but forecasting an underspend at year end.
	Newton Abbot	Overspent against M10 YTD budget by £2.6m due to continued cost pressures in response to the green and Covid surge in ED and Acute Medicine. This is reflected by high Medical Locum and Bank and Nursing Agency and Bank spend: ED areas were overspent £1.9m and Acute Medicine (including all Gen Med Junior Doctors) by £0.9m, unachieved CIP £0.3m. These cost pressures are expected to continue due to winter demand but are offset by underspends in UTC, ICU, vacant posts £0.6m. Run rates are expected to remain at the same level until year end.
	Moor to Sea	Overspent against M10 YTD budget by £0.7m, is mainly due to the continued cost pressures on the four Wards £0.6m to cover Patient activity, staff absence and also specialist security. Intermediate Care Beds are overspent by £0.5m but this will reduce considerably when the DCC contribution has been agreed, unachieved CIP £0.1m. All other net variances are £0.5m underspent. Run rates are expected to remain relatively constant until year end.

	Shared Operations	Underspent against M10 YTD budget by £0.17m, which is mainly due to vacant posts of £0.2m combined, offset by increased patient transport demand £0.1m due to response to winter surge. Run rates are expected to remain relatively constant until year end.
<b>Torbay System</b>	Independent Sector	ISU is circa £0.7m overspent against a YTD budget envelope of £75.3m. Non-Pay cost is £8.1m higher than budget but this is primarily due to COVID related spend (£6.5m) which has no budget (Hospital Discharge 'H1', Rapid Testing and Infection Control). Additional pressures in ASC (Long Stay residential & Bad Debt provision) have adversely impacted non-pay cost as have unachieved CIP savings within Placed People. Partially offsetting the adverse non-pay cost there is £6.5m of additional Covid related funding and £0.8m of ASC client contributions.
	Torquay	ISU has a circa YTD £0.35m overspend against a YTD budget envelope of circa £35.7m. There are two main areas of risk. Firstly, 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. Secondly, Intermediate Care spend is higher than budgeted with regard short term placements in Torbay nursing homes.
	Paignton and Brixham	ISU has a circa YTD £0.15m overspend against a YTD budget envelope of circa £71.8m. Underlying this the main areas to note is a material £1.1m pay / non-pay underspend linked to medical vacancies, ERF slippage and labs medicine but this is offset by £1.2m under recovery of income. Other Labs Medicine income (£0.8m) forms part of this under recovery with the balance within Income from patient activities (Long Term Conditions).
<b>Contract Income</b>	Patient Income	The Trust has received the following income: 1) £4.2m of Elective Recovery Funding (ERF) and £0.7m of TIF at M10 from the CCG. 2) C. £2.4m additional income via the CCG relating to the Hospital Discharge Programme (HDP). There is a corresponding cost to offset this. 3) An additional c. £5.0m 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, rapid testing and workforce recruitment and retention scheme.

CIP – Month 10, January 2022



CIP H2 Plan and M10 Actual

H2 Plan

The target CIP requirement for H2 is £7.23m profiled as shown in the table opposite.

M10 Actual and year to date

The M10 CIP plan is £1.19m with actual delivery of £1.36m, an upside of £0.17m.

Year to date, CIP delivery in H2 is £3.9m.

*Please note: The planned CIP for H1 was £0.77m, against which £1.02m was delivered as at M6.*

CIP plans identified for the year to date total £4.9m.

Whilst the current expectation is that non-recurrent measures and other mitigating actions will cover the shortfall, it should be noted that the current level of unidentified efficiencies together with the adverse variance to plan gives an overall risk of under-performance of c. £1.6m. Work is ongoing with ISUs and departments to identify additional schemes, both recurrent and non-recurrent, to close their gaps to target which will be supported further by input from Deloitte as part of the Financial Improvement Programme.

Cash Position – Month 10, January 2022

	YTD at M10 £m
<b>Opening cash balance</b>	<b>45.45</b>
Capital Expenditure (accruals basis)	(15.92)
Capital loan/PDC drawdown	3.73
Capital loan repayment	(3.39)
Proceeds on disposal of assets	0.01
Movement in capital creditor	(8.32)
Other capital-related elements	(1.44)
<b>Sub-total - capital-related elements</b>	<b>(25.34)</b>
Cash Generated From Operations	21.00
Working Capital movements - debtors	(6.59)
Working Capital movements - creditors	4.47
Net Interest	(2.47)
PDC Dividend paid	(2.88)
Other Cashflow Movements	(0.99)
<b>Sub-total - other elements</b>	<b>12.53</b>
<b>Closing cash balance</b>	<b>32.64</b>

Better Payment Practice Code	Paid year to date	Paid within target	% Paid within target
Non-NHS - number of bills	120,991	104,119	86.1%
Non-NHS - value of bills (£k)	228,902	192,649	84.2%
NHS - number of bills	1,766	1,229	69.6%
NHS - value of bills (£k)	21,089	15,594	73.9%
Total - number of bills	122,757	105,348	85.8%
Total - value of bills (£k)	249,991	208,243	83.3%

**Key points of note:**

- A 2021/22 cashflow plan has not been required by NHSE/I. The Trust is planning that its cash balance will decrease over the year from the exceptionally high March 2021 level of £45m, to circa £4m. This plan assumes that the capital plan is delivered and that planned Public Dividend Capital support will be obtained.
- Over the year to date, cash balances have decreased by £12.8m. Noteworthy components are the paying down of capital creditors (£8.3m) and an increase in debtors (£6.6m) from the unusually low March 2021 level.
- 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 10, January 2022*

	Month 10		
	Position 31 March 2021	Position 31 Jan 2022	Movement
	£m	£m	£m
<b>Non-Current Assets</b>			
Intangible Assets	10.09	9.68	(0.41)
Property, Plant & Equipment	202.37	204.71	2.34
On-Balance Sheet PFI	17.11	16.72	(0.39)
Other	2.04	2.04	(0.00)
<b>Total</b>	<b>231.61</b>	<b>233.14</b>	<b>1.53</b>
<b>Current Assets</b>			
Cash & Cash Equivalents	45.45	32.64	(12.81)
Other Current Assets	33.20	39.96	6.77
<b>Total</b>	<b>78.64</b>	<b>72.60</b>	<b>(6.04)</b>
<b>Total Assets</b>	<b>310.25</b>	<b>305.74</b>	<b>(4.51)</b>
<b>Current Liabilities</b>			
Loan - DHSC ITFF	(4.80)	(4.81)	(0.01)
PFI / LIFT Leases	(1.17)	(1.28)	(0.11)
Trade and Other Payables	(61.81)	(57.31)	4.51
Other Current Liabilities	(10.44)	(13.15)	(2.71)
<b>Total</b>	<b>(78.23)</b>	<b>(76.54)</b>	<b>1.69</b>
<b>Net Current assets/(liabilities)</b>	<b>0.41</b>	<b>(3.94)</b>	<b>(4.35)</b>
<b>Non-Current Liabilities</b>			
Loan - DHSC ITFF	(29.08)	(25.68)	3.40
PFI / LIFT Leases	(16.60)	(15.52)	1.08
Other Non-Current Liabilities	(15.88)	(13.98)	1.90
<b>Total</b>	<b>(61.55)</b>	<b>(55.18)</b>	<b>6.38</b>
<b>Total Assets Employed</b>	<b>170.47</b>	<b>174.02</b>	<b>3.55</b>
<b>Reserves</b>			
Public Dividend Capital	130.76	134.48	3.73
Revaluation	49.15	49.15	(0.00)
Income and Expenditure	(9.44)	(9.61)	(0.18)
<b>Total</b>	<b>170.47</b>	<b>174.02</b>	<b>3.55</b>

**Key points of note:**

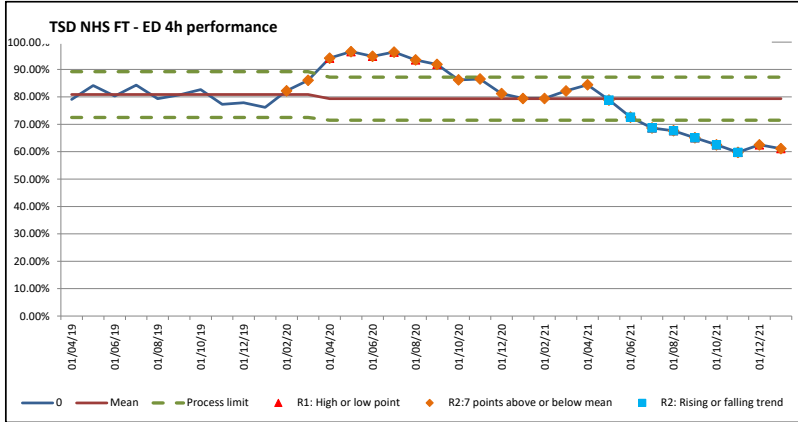
- Non-current assets have increased by £1.5m during the year to date, principally as capital expenditure (£15.9m) has exceeded depreciation (£13.8m).
- Cash has reduced by £12.8m, as explained in the commentary to the cashflow statement.
- Other current assets have increased from the unusually low year-end level by £6.8m, principally due to increased debtors (e.g. CCG HDP £2.5m, DHSC Covid reimbursement £1.3m, ASC contributions £1.1m), and insurance / rates prepayments £1.9m.
- Trade and other payables have reduced by £4.5m, principally due to the paying down of the capital creditor £8.3m and agreed repayment of 2020/21 CCG funding £4.0m, partly offset by increased PDC Dividend creditor £1.8m and increased general payables.
- Other current liabilities have increased by £2.7m, due to increased deferred income.
- Non-current liabilities have reduced by £6.4m, principally due to scheduled loan / lease repayments.
- PDC reserves have increased by £3.7m due to receipt of capital PDC funding.



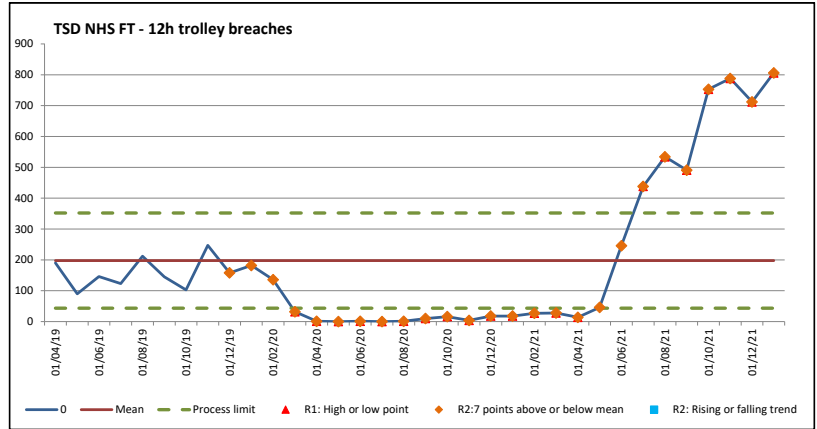
# Statistical process control (SPC) charts

In preparing for fuller roll out, a selection of key metrics are presented below in SPC format. The Finance Committee will receive a wider roll out plan at its March meeting.

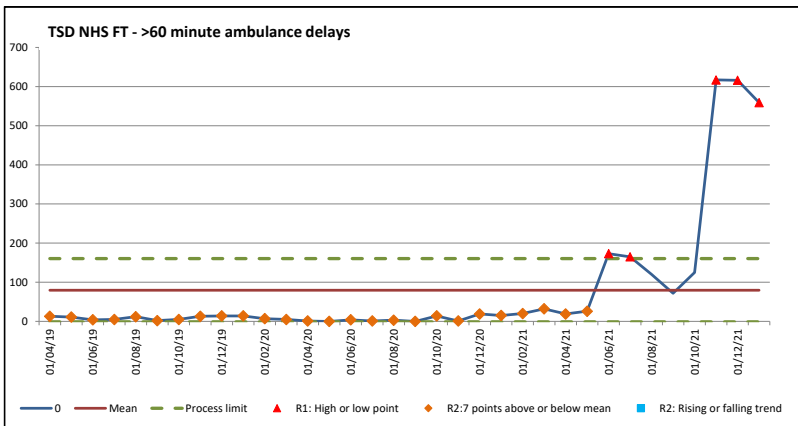
## ED 4 hour performance



## 12h breaches



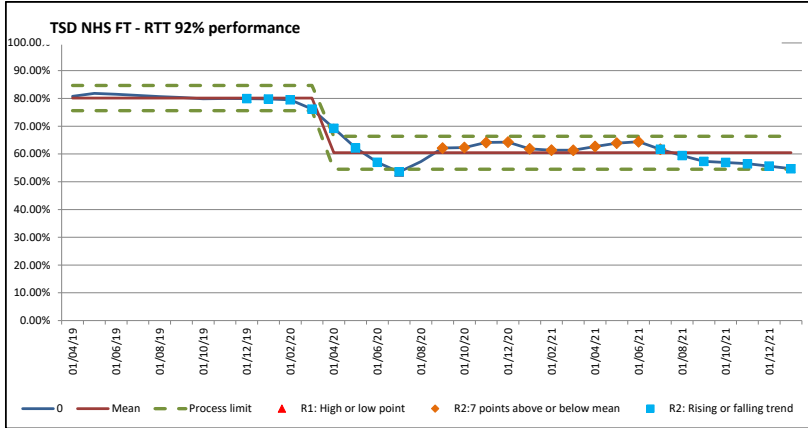
## >60minute ambulance handover delays



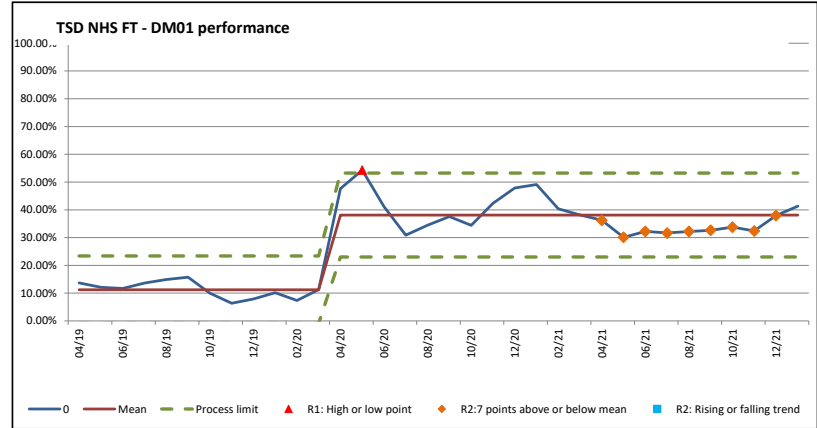
# Statistical process control (SPC) charts

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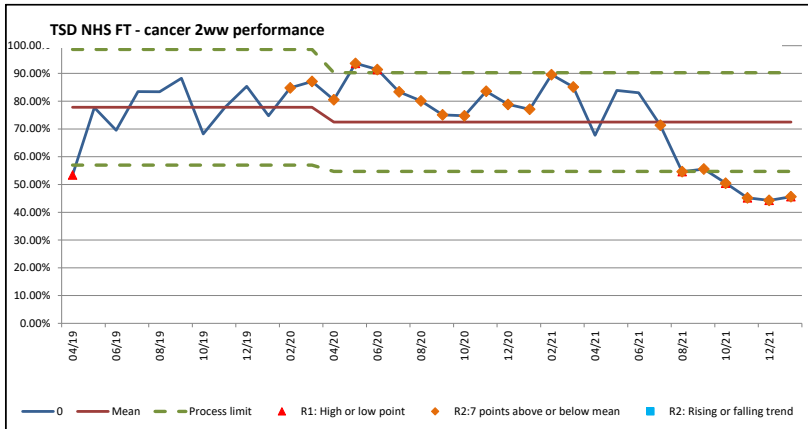
## RTT 92%



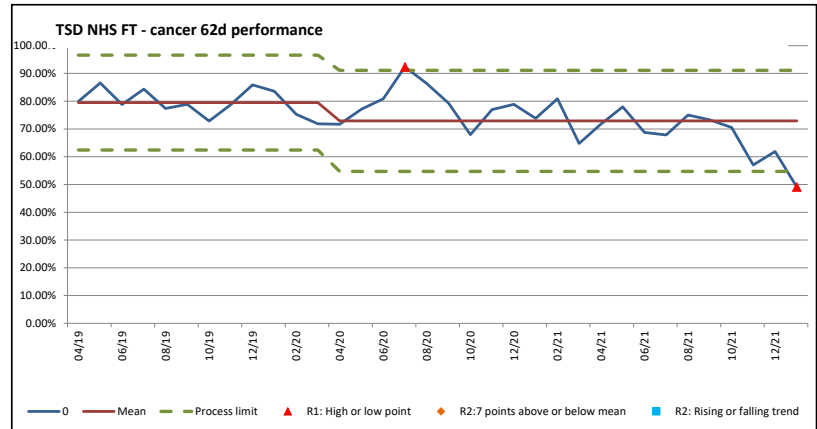
## DM01 performance



## Cancer 2ww performance



## Cancer 62d performance



	ISU	Target	13 month trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Year to date
<b>QUALITY LOCAL FRAMEWORK</b>																	
Reported Incidents - Severe	Trustwide	<6		1	1	4	0	2	4	2	2	0	1	3	1	4	19
Reported Incidents - Death	Trustwide	<1		3	1	2	0	2	1	2	0	0	1	5	0	2	13
Medication errors resulting in moderate harm	Trustwide	<1		0	2	0	0	1	1	0	0	0	0	0	0	0	2
Medication errors - Total reported incidents	Trustwide	N/A		41	51	54	50	64	57	47	38	47	58	46	59	43	509
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		0	1	1	0	1	0	2	0	0	1	1	0	0	5
Never Events	Trustwide	<1		0	0	1	0	0	0	0	0	0	0	0	0	0	3
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		7	6	6	5	7	11	8	8	6	1	12	12	6	42
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams)	Trustwide	<1		0	0	0	0	0	0	0	0	2	0	0	0	2	4
Formal complaints - Number received	Trustwide	<60		7	13	17	10	9	15	18	17	11	11	10	9	16	126
VTE - Risk Assessment on Admission	Trustwide	>95%		92.4%	92.3%	91.9%	92.5%	92.3%	88.6%	94.4%	92.9%	91.9%	91.8%	96.2%	95.1%	89.7%	92.7%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		106.5	106.8	105.8	102.6	105.5	106.6	108	110.2	108.4	109.6				86.4
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		90.3%	85.8%	82.5%	89.0%	90.2%	87.1%	89.5%	87.0%	81.9%	81.9%	89.3%	87.81%	86.8%	86.9%
Safer Staffing - ICO - Nighttime	Trustwide	90% - 110%		88.6%	88.3%	85.4%	90.3%	88.5%	89.4%	93.4%	88.0%	74.6%	74.6%	83.7%	60.32%	77.8%	85.0%
Infection Control - Bed Closures - (Acute)	Trustwide	<100		6	0	23	24	42	381	24	8	42	476	218	285	71	1571
Hand Hygiene	Trustwide	>95%		98.3%	95.3%	92.8%	96.0%	94.8%	97.6%	98.9%	97.1%	96.5%	98.5%	96.2%		99.1%	98.0%
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	Trustwide	>90%		85.3%	94.4%	78.8%	73.2%	90.3%	84.8%	91.2%	82.1%	81.0%	82.1%	60.0%	68.6%	77.4%	84.9%
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		69.4%	51.6%	77.5%	84.1%	65.9%	66.1%	51.4%	56.3%	69.2%	35.9%	52.8%	50.0%		60.1%
Follow ups 6 weeks past to be seen date	Trustwide	6400		17489	16986	16950	17118	16713	16323	16967	17651	17789	18231	18069	19797	20026	20026
<b>WORKFORCE MANAGEMENT FRAMEWORK</b>																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<4.00%		4.2%	4.1%	4.0%	4.0%	4.0%	4.1%	4.1%	4.2%	4.4%	4.5%	4.6%	4.7%		4.1%
Appraisal Completeness	Trustwide	>90%		78.8%	78.4%	82.4%	85.9%	86.6%	84.7%	81.3%	80.6%	79.7%	77.9%	79.2%	78.6%	76.1%	82.4%
Mandatory Training Compliance	Trustwide	>85%		89.7%	89.5%	89.6%	90.1%	90.1%	90.5%	89.5%	89.4%	89.0%	89.0%	88.8%	88.4%	88.6%	89.6%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		10.2%	10.2%	10.0%	10.8%	11.0%	11.3%	11.0%	11.7%	11.3%	11.6%	11.5%	12.0%	12.0%	

ISU	Target	13 month trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Year to date	
<b>COMMUNITY &amp; SOCIAL CARE FRAMEWORK</b>																	
Carers Assessments Completed year to date	Trustwide	40% (Year end)		98.0%	96.3%	96.3%	93.3%	97.5%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Children with a Child Protection Plan (one month in arrears)	Trustwide	NONE SET		223	207		234	213	201	171	165	147	147			234	
4 Week Smoking Quitters (reported quarterly in arrears)	Trustwide	NONE SET							117			291				117	
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	NONE SET							4.3%			5.2%				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%	
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET		617	615	616	0	608	629	631	564	546	604	590	628	604	
Intermediate Care - No. urgent referrals	Trustwide	113		175	146	155	165	155	129	158	191	241	219	229	211	188	1258
Community Hospital - Admissions (non-stroke)	Trustwide	NONE SET		249	205	255	282	294	292	297	233	229	243	191	200	202	1870
<b>ADULT SOCIAL CARE TORBAY KPIS</b>																	
Proportion of clients receiving self directed support	Trustwide			75.1%	73.8%	74.0%	72.9%	71.9%	71.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Proportion of carers receiving self directed support	Trustwide			98.0%	96.3%	96.3%	93.3%	97.5%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% Adults with learning disabilities in employment	Trustwide			8.1%	8.3%	8.3%	7.5%	7.4%	7.4%	7.4%	7.1%	7.1%	6.8%	7.0%	6.8%	6.7%	6.8%
% Adults with learning disabilities in settled accommodation	Trustwide			80.4%	80.6%	81.8%	82.6%	82.3%	81.7%	81.3%	81.0%	80.6%	80.6%	81.5%	81.6%	81.6%	80.6%
Permanent admissions (18-64) to care homes per 100k population	Trustwide			14.8	17.5	16.2	17.5	20.2	23.1	17.7	19.0	17.7	17.7	20.4	23.1	25.8	17.7
Permanent admissions (65+) to care homes per 100k population	Trustwide			587.2	540.8	464.3	499.8	510.8	487.3	498.1	511.5	449.6	422.7	411.9	376.9	487.3	422.7
Proportion of clients receiving direct payments	Trustwide			21.7%	21.2%	21.1%	20.1%	19.8%	19.5%	19.6%	19.5%	19.0%	19.4%	19.4%	19.6%	19.4%	19.4%
% reablement episodes not followed by long term SC support	Trustwide			85.4%	85.7%	85.8%											..
<b>NHS I - OPERATIONAL PERFORMANCE</b>																	
A&E - patients seen within 4 hours	Trustwide	>95%		79.4%	79.4%	82.2%	84.4%	78.9%	72.6%	68.6%	67.6%	65.1%	62.5%	59.8%	62.5%	61.1%	68.6%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		61.8%	61.4%	61.4%	62.7%	63.9%	64.4%	61.7%	59.4%	57.4%	57.0%	56.5%	55.6%	54.7%	59.2%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		73.8%	80.9%	64.8%	71.8%	77.9%	68.8%	67.8%	75.0%	73.3%	70.5%	57.0%	61.9%	49.1%	67.0%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		49.1%	40.4%	38.2%	36.3%	30.1%	32.2%	31.7%	32.2%	32.6%	33.8%	32.4%	37.9%	41.3%	34.2%
Dementia - Find - monthly report	Trustwide	>90%		94.8%	98.0%	95.0%	96.7%	96.9%	97.4%	97.8%	97.2%	92.7%	94.4%	95.0%	87.3%	94.8%	95.0%

	ISU	Target	13 month trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Year to date
<b>LOCAL PERFORMANCE FRAMEWORK 1</b>																	
Number of Clostridium Difficile cases reported	Trustwide	<3		1	1	5	2	5	2	5	8	2	1	2	6	6	39
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		77.1%	89.6%	85.1%	67.7%	83.9%	83.0%	71.3%	54.6%	55.6%	50.5%	45.2%	44.3%	45.6%	59.7%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		75.0%	96.3%	95.2%	61.9%	54.1%	56.7%	91.0%	77.8%	92.4%	95.1%	79.8%	82.5%	38.6%	73.3%
Cancer - 28 day faster diagnosis standard	Trustwide			72.2%	77.3%	75.0%	75.6%	75.6%	76.0%	76.4%	77.4%	60.6%	58.8%	52.5%	52.8%	55.2%	65.6%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%		97.5%	98.8%	99.0%	97.4%	96.7%	98.5%	97.5%	98.8%	99.4%	98.2%	96.7%	96.8%	94.8%	97.4%
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%		98.8%	100.0%	100.0%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%		100.0%	100.0%	100.0%	98.5%	100.0%	97.0%	98.3%	96.4%	98.6%	98.4%	100.0%	100.0%	97.1%	98.4%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		96.4%	97.0%	84.8%	100.0%	96.7%	97.7%	100.0%	97.3%	100.0%	100.0%	97.1%	100.0%	96.4%	98.4%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		77.8%	83.3%	100.0%	75.0%	73.3%	85.7%	78.6%	92.3%	71.4%	87.5%	82.4%	77.8%	72.7%	80.0%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			11	6	15	15	17	10	10	13	15	29	14	26	27	27
RTT 52 week wait incomplete pathway	Trustwide	0		1570	1823	2041	1895	1596	1562	1648	1799	1943	2093	2169	2384	2584	2584
On the day cancellations for elective operations	Trustwide	<0.8%		1.1%	3.0%	2.4%	1.6%	0.3%	1.2%	1.7%	0.5%	0.5%	1.2%	2.6%	1.3%	1.4%	1.2%
Cancelled patients not treated within 28 days of cancellation *	Trustwide	0		5	6	8	6	11	3	10	17	5	3	30	12	6	97
Outpatient virtual appointments (non-face-to-face)	Trustwide	25%		22.0%	20.4%	20.4%	18.6%	19.2%	19.1%	20.0%	19.6%	20.3%	20.5%	21.1%	19.3%		
Bed Occupancy	Overall System	80.0%		94.4%	93.4%	99.5%	94.2%	96.1%	98.0%	97.4%	98.5%	98.8%	97.6%	98.9%	96.6%	96.7%	97.3%
No Criteria to Reside - daily average - weekday (ICO)	Trustwide	No target								45.4	58	56	62	66	88	101	
Number of patients >7 days LoS (daily average)	Trustwide			109.5	114.2	98.2	97.0	104.5	120.5	129.4	154.4	149.1	148.4	145.7	157.0	183.0	106.8
Number of extended stay patients >21 days (daily average)	Trustwide			20.8	27.8	19.9	15.2	21.3	25.0	26.3	41.5	43.9	43.6	39.9	48.0	64.0	20.3
<b>LOCAL PERFORMANCE FRAMEWORK 2</b>																	
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		75	82	94	90	128	380	421	266	219	285	959	952	889	4589
Ambulance handover delays > 60 minutes	Trustwide	0		15	20	32	19	26	173	165	120	72	125	617	616	559	2492
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			18	27	28	14	46	246	438	534	491	753	788	712	806	4828
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0		2	3	5	2	3	32	157	188	69	130	139	162	131	1013
Number of Clostridium Difficile cases - (Acute) *	Trustwide	<3		1	1	4	1	3	2	4	7	2	1	1	3	5	29
Number of Clostridium Difficile cases - (Community)	Trustwide	0		0	0	1	1	2	0	1	1	0	0	1	3	1	10
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		66.9%	62.0%	64.6%	60.4%	59.5%	57.5%	60.6%	74.1%	77.3%	74.5%	72.0%	63.0%	69.2%	66.6%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		47.4%	30.9%	41.0%	25.5%	33.1%	32.4%	34.2%	46.6%	46.4%	45.5%	50.7%	39.2%	36.7%	38.7%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%		81.8%	95.5%	81.8%	68.5%	62.5%	66.5%	69.8%	69.0%	73.0%	67.7%	67.8%	69.1%	74.6%	85.0%

ISU	Target	13 month trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Year to date
<b>NHS I - FINANCE AND USE OF RESOURCES</b>																
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide		3635	937	3180		2623	2551	2438	1240	-367	-327	-401	-609	-845	
Agency - Variance to NHSI cap	Trustwide		-0.20%	-0.20%	-0.25%		-1.40%	-1.80%	-2.10%	-2.10%	-2.10%	-2.10%	-2.00%	-2.00%	-1.80%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide											-332	-593	-833	-659	
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide		9748	11822	2305		2004	3206	4292	5275	9080	12336	16029	19492	20987	
Distance from NHSI Control total (£'000's)	Trustwide		3993	1179	655		2690	2621	2638	1539	7	8	-13	37	37	
Risk Share actual income to date cumulative (£'000's)	Trustwide		0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>ACTIVITY VARIANCE vs 2019/20 BASELINE</b>																
Outpatients - New	Trustwide		-21.7%	-14.0%	26.8%	-5.3%	-15.9%	0.6%	-20.4%	-14.4%	-4.8%	-19.4%	1.9%	-4.4%	-18.8%	-10.4%
Outpatients - Follow ups	Trustwide		-25.3%	-17.0%	16.8%	-7.6%	-12.9%	-0.9%	-13.1%	-10.2%	-5.9%	-19.1%	-2.7%	-7.0%	-22.3%	-10.5%
Daycase	Trustwide		-29.8%	-23.5%	9.1%	-8.9%	-20.5%	5.1%	-12.2%	-18.4%	-4.5%	-20.7%	-11.7%	-12.6%	-22.3%	-13.0%
Inpatients	Trustwide		-33.4%	-44.8%	-18.8%	1.8%	-19.8%	-15.4%	-33.1%	-35.2%	-24.4%	-25.8%	-37.0%	-33.5%	-47.5%	-27.7%
Non elective	Trustwide		-20.2%	-16.5%	18.0%	4.5%	3.8%	8.1%	3.9%	-5.3%	-0.8%	-7.9%	-9.6%	-15.0%	-12.2%	-3.2%
<b>INTEGRATED CARE MODEL</b>																
Intermediate Care Referrals (All)	Trustwide		473	464	502	590	564	574	560	472	525	511	537	0	0	
Intermediate Care GP Referrals	Trustwide		106	98	95	94	79	81	77	73	74	62	74	76		
Average length of Intermediate Care episode	Trustwide		12.237	12.336	12.498	11.735	12.593	12.42	16.361	13.455	14.568	12.192	12.2	0	0	
Total Bed Days Used (Over 70s)	Trustwide		9271	8636	9898	9713	8593	4035	9171	9240	9881	9871	0	0	0	
- Emergency Acute Hospital	Trustwide		5575	5561	6021	5257	4953		5179	5298	5238	6022	0	0	0	
- Community Hospital	Trustwide		3172	2461	3353	3268	2981	3240	2973	2867	3318	3377	0	0	0	
- Intermediate Care	Trustwide		524	614	524	1188	659	795	1019	1075	1325	472	0	0	0	

<b>Report to the Board of Directors</b>			
<b>Report title:</b> Assurance framework for Seven Day Hospital Services			<b>Meeting date:</b> 23 February 2022
<b>Report appendix</b>	Appendix 1 - 7 Day Hospital Services Self-Assessment		
<b>Report sponsor</b>	Medical Director		
<b>Report author</b>	System Medical Director for South Devon		
<b>Report provenance</b>			
<b>Purpose of the report and key issues for consideration/decision</b>	This is a report on the progress made by Torbay and South Devon Foundation Trust in relation to seven-day hospital services (7DS). This programme supports providers of acute hospital services to tackle variation in outcomes for patients admitted to hospitals in an emergency, at the weekend and during weekdays.		
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>
<b>Recommendation</b>	The Trust Board is asked to note the contents of the report and the risks and assurance highlighted. The monitoring of 7-day services continues as described and reporting to the Board will be undertaken on a bi-annual basis.		
<b>Summary of key elements</b>			
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b> <span style="float: right;">X</span>
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b> <span style="float: right;">20</span>
	<b>Risk Register</b>		<b>Risk score</b>
BAF objective 4: To provide safe, quality patient care and achieve best patient experience, responding to the new paradigm of harm and safety as a result of COVID-19			
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	X	<b>Terms of Authorisation</b>
	<b>NHS Improvement</b>	X	<b>Legislation</b>
	<b>NHS England</b>	X	<b>National policy/guidance</b>

<b>Report title:</b> Assurance framework for Seven Day Hospital Services		<b>Meeting date:</b> 23 February 2022
<b>Report sponsor</b>	Medical Director	
<b>Report author</b>	System Medical Director for South Devon	

## Introduction

This is a report on the progress made by Torbay and South Devon Foundation Trust in relation to seven-day hospital services (7DS). This programme supports providers of acute hospital services to tackle variation in outcomes for patients admitted to hospitals in an emergency, at the weekend and during weekdays.

This work is built on 10 clinical standards (CS) developed by the NHS Services, Seven Days a Week Forum in 2013. Four of these clinical standards were made priorities for delivery to ensure patients admitted in an emergency receive the same high-quality initial consultant review, access to diagnostics and interventions, and ongoing consultant-directed review at any time on any day of the week. Full details of all the clinical standards are available at: [NHS England » Seven Day Services Clinical Standards](#)

In addition to the 7DS clinical standards for all emergency patients, there are 5 urgent network clinical services which have been given priority: The Trust reports on hyperacute stroke and STEMI heart attacks. Other urgent clinical services are provided by neighbouring Trusts. The impact of increasing services at weekends on discharge and flow during best week are highlighted. **Mortality rates** at weekends are also discussed in this report.

## Discussion

As an organisation we have reported on our performance in achieving the **priority standards** since 2016. Over this time, our performance has improved particularly around the 14-hour standard to consultant review (standard two) and in the availability of MRI and Echocardiography over the weekend. Our performance is captured in the 7 Day Hospital Services Self-Assessment, Appendix 1.

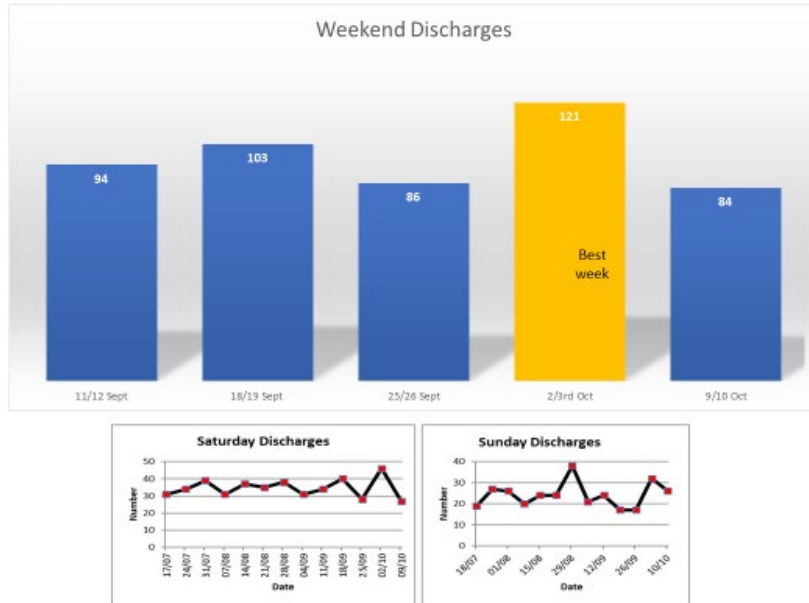
### Best week

In autumn 2021 we ran a series of “Best Weeks” with a view to attempting to de-escalate to Opel three, maintaining trauma on Ainslie and surgery on Ella Rowcroft increasing discharges and reducing long length of stay.

One of the interventions was a full ‘Safer’ ward round on Cheetham Hill, and additional consultant ward rounds on Dunlop, EAU4, Midgley, Allerton and Forrest to support progression of care and increase discharges as well as an increase in therapy capacity and intermediate care capacity.

This resulted in a significant increase in weekend discharges as well as improving other aspects of care.





26 |

## Mortality

Mortality remains higher at the weekend both locally at TSDFT and across the wider CCG. This is now significantly different from the national picture (thus represented in red).

## HSMR by Weekday/Weekend Admissions

There is variation between mortality for the HSMR basket for weekday vs. weekend admissions with weekend admissions having a statistically significantly higher than expected relative risk. This rate pulls the overall above the alert threshold.

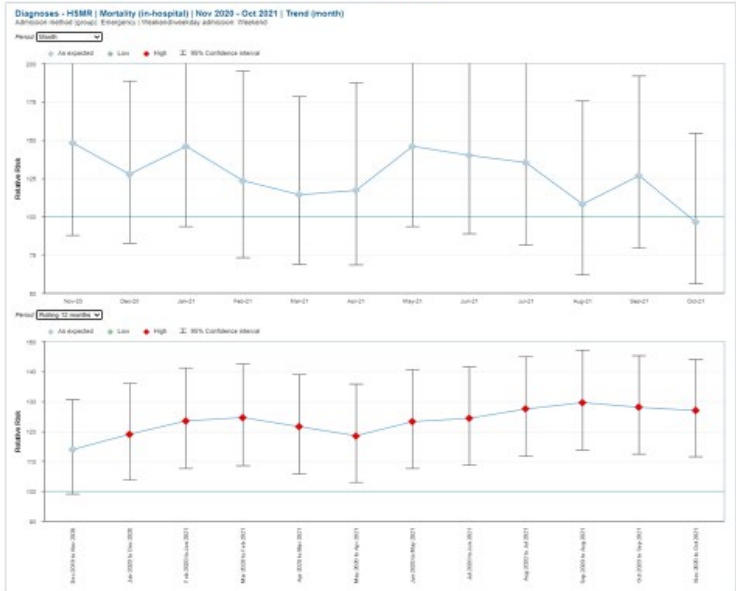


The team at Dr Foster provided an analysis of this in October '21. At the weekend there were slightly more individuals in the >75 age group, a higher comorbidity index, greater deprivation, and higher frailty. Whilst the national picture reveals similar themes, the trust has a higher proportion of these individuals than national peers. These factors are likely to contribute to this picture. A lower denominator meaning the relative risk is higher, challenges in the wider system leading to delays in presentation to TSDFT, and

lower staffing levels at the weekend may also play a role. A detailed case note review is planned.

There is some suggestion that performance may be improving (see October '21 data) however, the rolling trend remains significantly higher.

### Trends in Weekend HSMR



The monthly trend shows no one month is statistically higher than expected.

However, the rolling 12 month trend shows the relative risk was significantly higher than expected in 11 of the last 12 rolling 12 month periods.

*N.B. the greater the sample size the more likely it is that the confidence limits will be narrower.*



### Conclusion

7-day performance in 3 of the priority standards has been stable for the last two years. Performance vs. standard 2 has improved but there remain differences in care at the weekend.

'Best week' reveals again that improved staffing at the weekend contributes to a significant improvement in discharge rates and patient flow.

Mortality at the weekends as measured by HSMR is higher; the reasons for this are likely to be complex, with frailer and sicker patients being admitted at the weekends to a slightly greater extent than is seen nationally, and a case note review is planned to look for other causes.

If the Trust were to deliver the same staffing in inpatient areas supporting urgent care (for example, the medical wards) during the weekend as in the week it is likely to significantly reduce length of stay.

### Recommendations

The board is asked to note the report and to receive a further report in July 2022.

<b>Organisation</b>	Torbay and South Devon NHS foundation trust
<b>Year</b>	2021
<b>Period</b>	Spring/Summer

**Priority 7DS Clinical Standards**

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
<p><b>Clinical Standard 2:</b> All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.</p>	<p>We are compliant in this standard in paediatric admissions, however are not compliant in surgical, and general medical admissions with the reported performance around 66-70 % rather than 90%. This has improved over the last 5 years - but has been static for the last 2 years. Recording is not fully accurate and impacts on our recorded performance.</p>	<p>No, the standard is not met for over 90% of patients admitted in an emergency</p>	<p>No, the standard is not met for over 90% of patients admitted in an emergency</p>	<p>Standard Not Met</p>

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score	
<p><b>Clinical Standard 5:</b> Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:</p> <ul style="list-style-type: none"> <li>• Within 1 hour for critical patients</li> <li>• Within 12 hour for urgent patients</li> <li>• Within 24 hour for non-urgent patients</li> </ul>	<p>Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?</p>	Microbiology	Yes available on site	Yes available on site	<p>Standard Met</p>
		Computerised Tomography (CT)	Yes available on site	Yes available on site	
		Ultrasound	Yes available on site	Yes available on site	
	<p>Echocardiography is available on Saturday for critical patients and urgent patients (through the consultant cardiologist on-call, and many of our ITU consultants) and more routine Echocardiography is available over on Sunday.</p> <p>MRI is available for critical and urgent patients over the weekend, however is not available for routine patients. During the week routine patients may expect to wait more than 24 hours for an MRI at present.</p>	Echocardiography	Yes available on site	<p>No the test is only available on or off site via informal arrangement</p>	
		Magnetic Resonance Imaging (MRI)	Yes available on site	Yes available on site	
		Upper GI endoscopy	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score	
<b>Clinical Standard 6:</b> Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes available on site	Yes available on site	Standard Met
		Interventional Radiology	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Interventional Endoscopy	Yes available on site	Yes available on site	
		Emergency Surgery	Yes available on site	Yes available on site	
	We are compliant with this standard. Interventional radiology is delivered by a joint rota shared across between the SEND network. Renal replacement therapy is delivered either on the intensive care unit for patients with other intensive care needs, or by transfer to Exeter for appropriate patients.	Emergency Renal Replacement Therapy	Yes available off site via formal arrangement	Yes mix of on site and off site by formal arrangement	
		Urgent Radiotherapy	Yes available on site	Yes available on site	
		Stroke thrombolysis	Yes available on site	Yes available on site	
		Percutaneous Coronary Intervention	Yes available on site	Yes available on site	
		Cardiac Pacing	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
<b>Clinical Standard 8:</b> All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	Twice daily review is available on ITU, Medical receiving unit , and SRU for applicable patients. Once daily review for appropriate patients in other clinical environment is available (In the vast majority of patients), and time is provided in consultant job plans. Where this would not affect the patient pathway reviews at the weekend may be delegated to other members of the multidisciplinary team. Weekend review in stable patients is not available in cardiology patients, on Dunlop ward (but is available for patients on the chest pain unit and coronary care unit).	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Standard Not Met
		Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice Daily: No the standard is not met for over 90% of patients admitted in an emergency	

## 7DS Clinical Standards for Continuous Improvement

### Self-Assessment of Performance against Clinical Standards 1, 3, 4, 7, 9 and 10

Provide a brief overall summary of performance against these standards, highlighting areas where progress has Over the past five years there has a significant improvement in the services available at the weekend. These include the availability of the multi-professional MDT to support shared decision-making, and the availability of support services. Many of the service is however still do not reach the 14 hour standard record recommended, with a reduced availability of services at the weekend. Some services for example medicines reconciliation at the weekend and the availability of primary care services remain very limited. been made since 2015

## 7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
<b>Clinical Standard 2</b>	No, the standard is not met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust
<b>Clinical Standard 5</b>	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust
<b>Clinical Standard 6</b>	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust
<b>Clinical Standard 8</b>	No, the standard is not met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust

### Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)

Key challenges remain the delivery of stroke specialist consultant review, and twice daily consultant review of hyperacute stroke patients at the weekend

### Template completion notes

Trusts should complete this template by filling in all the yellow boxes with either a free text assessment of their performance as advised or by choosing one of the options from the drop down menus.

<b>Report to the Board of Directors</b>				
<b>Report title:</b> Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training			<b>Meeting Date:</b> 23 February 2022	
<b>Report appendix</b>	No appendices			
<b>Report sponsor</b>	Medical Director			
<b>Report author</b>	Consultant in Emergency Medicine and GOSWH			
<b>Report provenance</b>				
<b>Purpose of the report and key issues for consideration/decision</b>	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			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board are asked to receive and note the Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>	X	<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	x	<b>Risk score</b>	16
	<b>Risk Register</b>		<b>Risk score</b>	
BAF objective 9: To ensure management practice, leadership capacity and capability to deliver high-quality, sustainable care for the local population				
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>		<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>		<b>Legislation</b>	
	<b>NHS England</b>		<b>National policy/guidance</b>	X

<b>Report title: Guardian of Safe Working Hours – Doctors and Dentists in training</b>		<b>Meeting date:</b> 23 February 2022
<b>Report sponsor</b>	Medical Director	
<b>Report author</b>	Consultant in Emergency Medicine and GOSWH	

### 1. Executive Summary

The following report concerns the time period of 14<sup>th</sup> of October 2021 up to the 28th of January 2022 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 Conditions 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 107 Exception Reports in the period 14<sup>th</sup> of October 2021 up to the 28th of January 2022. This remains lower than similar periods in 2018 and 2019. 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
Gastroenterology	1	1	0	
Acute medicine	15	14	1	
General Medicine	45	20	25	All incomplete less than a



				week, 18 have been created by one Dr on a single day.
General Surgery	32	27	5	
Ophthalmology	9	9	0	
Paediatric	1	1	0	
Respiratory	3	3	0	
GP	1	1	0	
Total	107	76 (71%)	31 (29%)	

**Table 2 – Exception reports by Grade**

Grade	No. exceptions raised in reporting period
F1	51
F2	31
CT1-3	15
ST 4-9	10
Total	107

**Table 3 – Nature of Exception**

Additional Hours	101
Service support	3
Educational	3

**Table 4 – Outcome of Exceptions**

TOIL	20	The high number of outstanding outcomes is due to large volume within the last 7 days. One Dr in particular has submitted 18.
Payment	46	
Cancelled (no action required)	6	
Agreed no further action required	4	
Outstanding	31	

#### **4. Comment on Exception Reports**

The number of exceptions in the quarter is in keeping with the last 18 months. 71% have been responded to, with 27 completed by myself. 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 Dr rotations, with a plan to bolster numbers in the coming rotations. Three doctors have been recruited from abroad and attempts have been made to recruit Trust Grades as well as Allied Health Professionals.

There is an ongoing review of the surgical F1 hot week rota. Two rotas approach 70 hours. Whilst in keeping with the Junior Dr contract they are fragile and a potential source for Guardian fines in the future. The rota manager is attempting to recruit a Junior Dr to help her design an alternative rota which maintains service coverage.

## **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. In practice it is common for TOIL to be arranged outside of the Exception Reporting system and therefore be unrecorded. TOIL cannot be taken forward onto new rotations.
- The Junior Doctor Contract allows exception reporting for:
  - o 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.
  - o 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).

- o 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-authorised) administration time or c) expecting junior doctors to complete the work outside of working hours (and the clauses of their contract).

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

There was an issue this quarter with the Doctor's Mess needing 'deep cleaning' to try to mitigate the risk of a COVID outbreak. The initial handling of this had not been considered and due to a series of communication errors the mess was closed for a longer time period than was required. The Junior Doctor Contract demands that our Trust provides accommodation for junior Doctors for sleeping arrangements. This is typically used by a) junior doctors working Non-Residential On-Call shifts but who live too far from the hospital to work from home and b) emergency sleeping arrangements if a junior doctor feels too tired to drive home after a night shift (there are multiple cases of doctors crashing cars at the end of night shifts and thus, this is a more significant issue than it may appear). An agreement has been brokered by Infection Control and JDRC that if the same should issues should arise in the future, accommodation will be sourced in the accommodation blocks near the Horizon center.

## **9. Actions Taken to Resolve Issues**

- Electronic exception reporting i.e. supervisors completing exception reports on Allocate without a meeting. Reducing the need for face to face meetings and including a maximum time for response (four weeks) and a default sign-off by the GoSWH (after four weeks, or at the end of a rotation). This has brought Torbay in-line with other local Trusts and the Junior Doctor contract.
- Discussions and agreements with Medical and Surgical rotas regarding current rotas and how they can potentially be altered.

- 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.

## **10. Summary**

Overall, departments appear compliant and supportive of their Junior Doctors. Departments with high numbers of exception reports appear to be engaged in fixing the rotas but are significantly hindered by the number of available doctors.

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

GMC National Training Survey 2020/2021 Quality reports from medical trainees showed that 12 programmes were rated excellent and 12 good by trainees with one (ENT) rated inadequate. Comments around training in haematology/oncology, obstetrics and gynaecology and Emergency medicine have been further investigated by the medical education team and recovery plans are established.

<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Midwifery Staffing Oversight Report		Meeting date: 23 February 2022		
<b>Report appendix</b>	Appendix 1 – Birthrate Plus Outcome			
<b>Report sponsor</b>	Chief Nurse			
<b>Report author</b>	Associate Director of Midwifery and Professional Practice/Head of Midwifery and Gynaecology			
<b>Report provenance</b>	This report is a summary of Midwifery Staffing within the maternity service. This based upon NICE guidance to ensure safe staffing levels. This is monitored by the Maternity Clinical Governance Group.			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The purpose of the report is to inform the Trust Board of the work being undertaken in relation to effective midwifery workforce planning as per NICE guidance, NG4 (2015).</p> <p>The guidance recommends that the midwifery establishment is reviewed at Board level at least every 6 months. In addition, an expectation of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme is that a 6-monthly report will be presented to the Trust Board.</p> <p>The report provides a summary of recommendations in relation to the provision of safer staffing with the maternity service.</p>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>➤ Note the challenges in midwifery staffing and impact on maintaining workforce and care model standards</li> <li>➤ Note the challenges faced with recruitment and strategies to recruit to vacant posts</li> <li>➤ Note the mitigations to ensure safety</li> </ul>			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>	X	<b>Well-led</b>	X

<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	
	<b>Risk Register</b>	X	<b>Risk score</b>	16
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	X	<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>	X	<b>Legislation</b>	
	<b>NHS England</b>	X	<b>National policy/guidance</b>	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>			

Midwifery Staffing Oversight Report		Date: 23 February 2022
<b>Report sponsor</b>	Chief Nurse	
<b>Report author</b>	Associate Director of Midwifery and Professional Practice/Head of Midwifery and Gynaecology	

## 1.0 Introduction

There are clear standards for effective midwifery workforce planning. NICE guidance, NG4 (2015) recommends that the midwifery establishment is reviewed at Board level at least every 6 months. This has been achieved through quarterly meetings between the Chief Nurse, System Director of Nursing and the Head of Midwifery and through inclusion in the Chief Nurse's 6 monthly Midwifery staffing report that is taken to the Board.

The Clinical Negligence Scheme for Trusts (CNST) maternity incentive, Year 4, set out clear expectations in relation to demonstrating an effective system of midwifery workforce planning. The required standards are as follows:

1. A systematic, evidence-based process to calculate midwifery staffing establishment is complete
2. The midwifery coordinator in charge of labour ward must have supernumerary status (defined as having no caseload of their own during a shift) to ensure there is an oversight of all birth activity within the service
3. All women in active labour receive one-to-one care
4. Submit a bi-annual midwifery staffing oversight report that covers staffing / safety issues to the Board.

The staffing report submitted to the Trust Board should comprise evidence to support standards 1 and 2 and progress or achievement of standard 3. This report covers the time period 1 July 2021 to 31 December 2021 and ensures compliance with standard 4.

In addition to the CNST standards, the Ockendon Review (Dec 2020), Trusts have been required to set out they are meeting the minimum maternity staffing requirements as set out by the most recent Birthrate Plus ® report. Therefore, this requirement is also covered within this report.

## 2.0 Midwifery Staffing Establishment Review

### 2.1 Birthrate Plus®

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

TSDFT completed a BR+ establishment review in February 2021, receiving the final report in March 2021. The benefit of the BR+ report is that it:

- Through the analysis of activity BR+ identifies the WTE for the clinical midwifery activity is within the service and thus allows for more efficient and accurate workforce planning, based on the use of an evidenced based tool.
- The tool supports the application of a skill mix percentage, which most maternity services apply a 90:10 ratio.

The activity is separated between core activity within the maternity unit and activity within the community midwifery model of integrated care. This provides a blended model of care and supports women to receive midwifery care across the antenatal, intrapartum and postnatal care continuum. Within this model, midwives move in and out of the main maternity unit and community bases, responding to the needs of the women. There is a small core of hospital-based midwives who provide ongoing 24-hour care for women who need prolonged hospital surveillance and care. The community modelling has considered the workforce required to deliver Midwifery Continuity of Carer as specified within the national maternity improvement plan.

### **Outcome of 2021 Birthrate Plus Review**

Appendix 1 sets out the BR+ WTE requirements per clinical area and alongside this the actual funded establishment of qualified and unqualified maternity staff is shown. The variance as identified was **-14.69 wte** and the Trust is focused on recruiting against this deficit in line with the approved funding by the Board in September 2021 and additional National funding allocation.

### **Skill Mix**

Birthrate+ identified that there is an imbalance of qualified to unqualified ratio within the core meridian team (Delivery Suit and John McPherson). Although the maternity service does have a band 2 Health Care Assistant establishment, BR+ recommends that these staff are not be included within BR+ midwifery workforce requirements as their job descriptions do not meet the requirements to be able to replace / substitute midwives. It should also be noted that supernumerary midwives within the labour ward, clinic, and inpatient ward are also excluded from the calculations.

### **Current Skill Mix**

- Maternity unit core staffing, direct clinical care requirements according to BR+ is 40.22 WTE, funded establishment currently is 39.18 WTE, variance -1.04
- Qualified to unqualified ratio is 70:30 Qualified to Unqualified ratio in Meridian Team
- The Board will recall outcomes from BR+ pointed to an increasing picture of complexity and acuity of clinical care, as such there will be a skill mix review to redress this imbalance and work towards a 90:10 skill mix ratio within the existing budget.
- This skill mix review should also review the role of the Band 2 Health Care Assistant within midwifery services as it may be more helpful to consider a skill mix involving band 4 and 5's, particularly as recruitment of band 6 midwives is proving challenging and is set to be so for the forthcoming future.



- Analysis of the application of BR+ against Specialist, management, leadership and Midwifery Coordinator roles show that there is a need to ensure there is sufficient qualified midwives to enable and deliver Continuity of Care.
- In terms of understanding the impact of this skill mix dilution on care, there is no evidence around safety, however the quality of the care would be enhanced in a way that would enable a richer qualified Midwife presence, particularly in terms of post-natal care such as breast feeding.

### 3.0 Current Workforce challenges and Opportunities

The senior midwifery leadership team review the midwifery establishment on a monthly basis. This enables the team to identify any potential issues arising in the future and enables them to put contingencies into place.

#### 3.1 Current Vacancy position

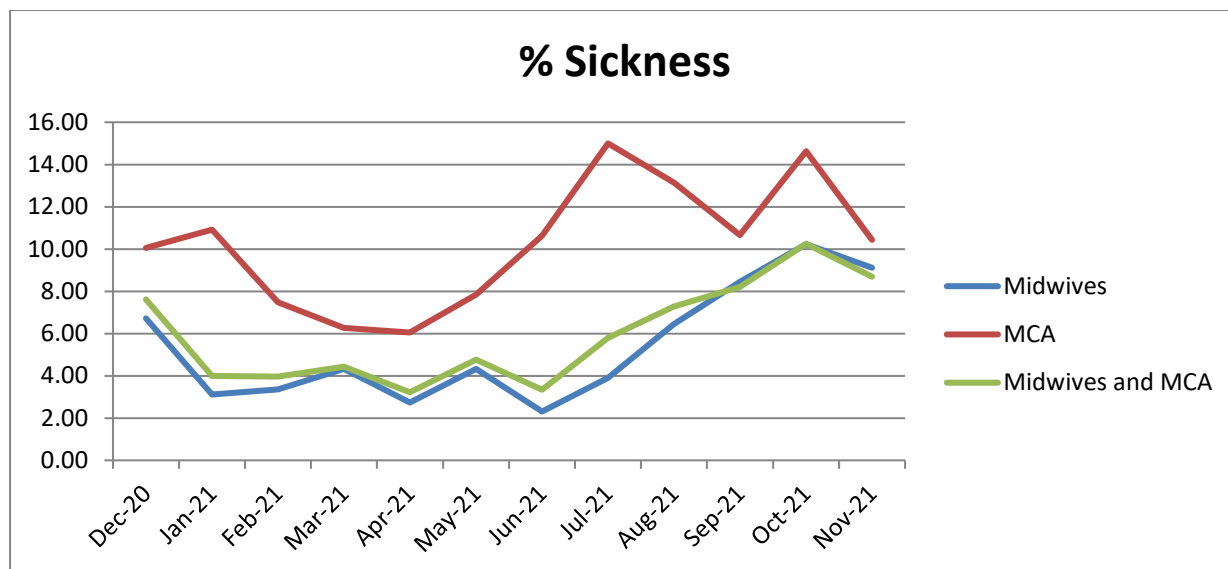
The Trust remains concerned about the ongoing vacancy rate which is currently 14.62 WTE. While there are recruitment plans in place, there is a need to progress these more aggressively and consider alternative routes to attract and sustain a robust of people. Section 3.3 sets out the key intervention being progressed.

#### 3.2 Sickness Absence Rates

During the six-month reporting period we have seen fluctuating sickness levels. The current sickness rate in Midwifery services is approximately 9% for Midwifery and 10.2% for Maternity Support Workers ( see Table 1) . This is significantly higher than the Trust average of around 5% for the same reporting period. The team have had a number of staff with long-term medical conditions that have necessitated sickness absence, along with staff who have been affected by long-COVID. All COVID related absence are not reported as part of the overall sickness levels.

We recognise that staff have been working extremely hard during the COVID pandemic and it is clear that staff (as with all health workers) are fatigued. In view of this we have encouraged staff to take leave that is due and considered how we can support staff well-being. Staff have been offered free weekly meditation session, whilst our Professional Midwifery Advocates (PMAs) are available to support staff.

**Table 1. Midwifery Sickness Percentage**



The leadership team work proactively with the Human Resources department and staff members to support them to return to work as soon as they are fit to do so. This is monitored with our monthly staffing report, which can identify specific areas within the maternity service that may require additional support. This includes where midwifery staffing levels do not meet the locally agreed minimum staffing levels. This is also shared with staff.

We have also worked with the Organisational Development (OD) Team to undertake listening events with the staff. The report was received in January 2021 and a series of meetings held with staff to identify actions to take forward. This has led to the development of three staff councils: people, safety and leadership following the principles of Shared Governance. Each council has developed a work plan to address areas where improvements or changes can be made.

### 3.3 Attrition rates

During the 6-month period covered within this report, we have seen a midwifery vacancy range of 1.5wte – 3.71 wte. Historic attrition rates for the two years 2020 – 2021 have been 2.8 - 5% giving an average of 3.9%. During this time period, we have continued to see staff reaching retirement, along with staff choosing to follow different career pathways.

Current attrition levels is expected to remain for 2022/23, there is a need to ensure robust and aggressive recruitment plans to mitigate continued risk in midwifery vacancies.

### 3.4 Progress on recruitment

In order to combat our attrition rate and achieve an establishment fill rate of 95% we need to recruit at least 3.00 - 4.00wte midwives every 3 months, to achieve 95% establishment fill rate by December 2023.

For the first time, recruitment has proved challenging and appears to have been impacted by COVID-19, with midwives reviewing work-life balance and not wishing to work full-time. We are currently out to advert for a number of midwifery posts which have arisen as a result of the funded establishment uplift following the BR+ establishment review. As with other maternity services, it is proving challenging to recruit to these new posts, worryingly after multiple rounds of adverts community midwifery posts have received no interest and no applicants. Whilst there is some internal movement of staff, there remains the need to increase the headcount with new midwives so recruitment efforts continue.

### 3.5 Recruitment Strategies

A number of recruitment strategies are being deployed, including:

- ✓ A recruitment video promoting our maternity service promoting the Trust as a great place to live and work,
- ✓ Career days, open days,
- ✓ Direct recruitment from various universities
- ✓ Supporting return to practice midwives and offering flexible working opportunities.

In 2022/23, the service will work with the regional team to take a more progressive approach in terms of:

- Promoting the post registered nurse route to midwifery
- Overseas recruitment
- Creating greater opportunity for flexible working across the service while maintaining commitment to Continuity of care
- Introduction of Band 4 and use of Band 5 RGN , particularly the use of Band 5 RN, enabling the progression to post Reg Midwifery training.

## 4.0 Birth to Midwife Ratio

Another indicator to use which offers insight into maternity workforce models and staffing levels is the use of the midwife to birth ratio. This is calculated by dividing the total number of births by the whole-time equivalent number of midwives. This is a crude calculation as only considers births and not all of the other activity that is required.

The current national recommendation is a ratio of 1:28 midwives; however, this ratio is likely to be reduced due to the recognition of the additional requirements for midwifery staff. It can be measured in two ways, firstly the total number of midwives excluding the Head of Midwifery (HoM) over the year's births. Secondly using the current month's births and the whole-time midwifery establishment, this excludes the Head of Midwifery, midwifery matrons and specialist midwives.

During the first year of the COVID-19 pandemic, there has been a significant reduction in the number of births. However, in June 2021, there were 200 births, as opposed to 160 in the preceding two months. This resulted in a Midwife to Birth ratio of 1:29 in month. See Table 2. The birth figures for the next 4 months are projecting in excess of 200 birth, with 231 in July and 230 in September. The Board should

note that the Midwife to Birth ratio is likely to remain above 1:28 for the foreseeable future until such time that the skill mix and vacancy position has been addressed.

**Table 2. Midwife to Birth ratio (exc. HoM, matrons and specialist roles)**

Time period	Midwife: Birth Ratio
Jul 21	1:24
Aug 21	1:22
Sep 21	1:23
Oct 21	1:25
Nov 21	1:25
Dec 21	1:29

## 5.0 Labour Ward Co-ordinator Supernumerary Status

The national recommendation is that each labour ward has a supernumerary Midwifery Co-ordinator. This is a specialist role that and ensure that a clinical specialist is available to oversee the safety within the department, providing support, advice and clinical interventions as required.

Our maternity staffing document sets out that the delivery suite co-ordinator is a supernumerary role. Until the implementation of Birthrate Plus® Intrapartum Acuity Tool it was not possible to capture data in relation to the supernumerary status. From the 1 April 2019 the delivery suite co-ordinators have been recording any instances where they have been unable to have supernumerary status.

Within the last Board Report, we set the ambition to achieve 100% and shared our action plan to achieve this. Table 3 set out compliance with supernumerary status.

**Table 3. Summary of Delivery Suite Co-ordinator Supernumerary Status**

2021	Instances where delivery suite co-ordinator is not supernumerary
Jul	5
Aug	6
Sep	2
Oct	1
Nov	6
Dec	21

During the six-month period there were 41 instances out of 956 recording points this equates to 4%. For all instances where the co-ordinator was not in a supernumerary capacity, this had not been the intention for that shift and will have been as a result of late notice sickness or sudden rise in acuity.

For each shift, the co-ordinator will assess the workload and allocate staff accordingly. The service has a clear escalation plan and the co-ordinator has a number of actions that they can take at times of high acuity or if there is unexpected staff absence. Taking over the care of a woman on delivery suite is one of the last actions that the co-ordinator will do, however they will weigh up the balance of risk in taking this action. Should they deem this necessary, they will care for women who

have low acuity, such as a postnatal woman and have minimal care requirements, to release a midwife to care for a woman who has higher acuity. This enables them to maintain their helicopter view of the maternity service. The co-ordinator will return to supernumerary status at her earliest opportunity.

The maternity service has an escalation process to help mitigate against this risk, which includes an additional midwife available on-call to support at times of high acuity. However, due the staffing challenges described above it has not always been possible to staff the escalation rota. In June, we developed a rota that included the specialist midwives working clinical shifts. This is currently being reviewed as this is not yet established fully.

## 6.0 Women Receiving One-to-One Care in Labour

The maternity service captured the number of women receiving one-to-one care in labour. It is completed for each woman and recorded on the STORK maternity system and within the red flags on the Birthrate Plus acuity tool. The aim is to achieve 100%.

**Table 4. Percentage of women receiving one-to-one care in labour.**

Time period	%
Jul 21	99
Aug 21	100
Sep 21	99
Oct 21	100
Nov 21	100
Dec 21	99

The maternity service works extremely hard to ensure this standard is met as can be seen in Table 4. Over the six-month time period, 4 women are recorded as not receiving one-to-one care in labour. On these occasions the supernumerary labour co-ordinator would manage this situation and ensure the woman's experience of labour is optimised whilst maintaining safety and resolving staff staffing issues through the escalation process.

## 7.0 Red flags

NICE guidance identifies a number of events that can be viewed as red flags. These are signs that there may not be enough midwives available to meet the acuity demand.

- Activities that need to be done on time are delayed or cancelled.
- After giving birth, a woman has to wait for 60 minutes or more before she is washed or given stitches, if she needs them.
- A woman does not get the medicines she needs when she's been admitted to a hospital or a midwifery-led maternity unit.
- A woman has to wait 30 minutes or more to get pain relief when she's been admitted to a hospital maternity unit or a midwifery-led maternity unit.
- A woman who is in labour or who has a problem needing midwife care has to wait 30 minutes or more for assessment after the midwife has been alerted.

- A woman is not given a full examination when she reports she is in labour.
- There is a delay of 2 hours or more between coming in for an induction and the induction being started.
- Delays in spotting and acting on signs that the woman may have a serious health problem
- Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman in established labour
- Unable to provide an out of hospital birth when requested

From April 2019, red flag events and actions taken in response to these were captured using the Birthrate Plus ® Acuity Tool. The midwifery red flags for the reporting period are detailed in Table 5.

**Table 5. Midwifery Red Flag Events**

Red flag	Descriptor	Incidence						Tot
		Jul	Aug	Sep	Oct	Nov	Dec	
RF1	Delayed or cancelled time critical activity	1	0	0	0	0	0	1
RF2	Missed or delayed care	1	1	3	0	0	0	5
RF3	Missed medication	0	0	0	0	0	0	0
RF4	Delay in providing pain relief	0	0	0	0	0	0	0
RF5	Delay between presentation and assessment	0	0	0	0	0	0	0
RF6	Full clinical examination not carried out when presentation in labour	0	0	0	0	0	0	0
RF7	Delay of ≥2 hours between admission for induction of labour and beginning of process	2	1	0	1	0	2	6
RF8	Delayed recognition of and action on abnormal vital signs	0	0	0	0	0	0	0
RF9	121 care in labour	2	0	1	0	0	1	4
RF10	Unable to facilitate out of hospital birth	2	2	4	11	2	2	23
	Totals	8	4	8	12	2	5	39

### Key Themes and Trends

From our analysis of the system, red flags generally occur at times of high acuity. The matrons review any red flag events with the co-ordinator, using the same process as the supernumerary status. For the months June to December 2021 there were 39 red flags compared to the same period in 2020 where there were 64 red flags.

The two most common reason for a red flag within this reporting period have been

1. The inability to provide an out-of-hospital birth. This was because of the requirement to have two staff members attend. All women were offered care within the hospital setting.

2. Delayed or missed care. In all instances this related to delayed care, with the majority due to being unable to transfer a woman to Delivery Suite from the antenatal ward to continue the induction of labour process. All women who experience this delay are advised of the reason and that they will be transferred as soon as the team are able to accept. The ward staff liaise with delivery suite regularly and if there is any concern, transfer would be expedited.

## 8.0 Escalation and Interventions to Assure Safety

The maternity service has a clear escalation process for when demand exceeds capacity. This includes the use of an escalation on-call midwife outside of core working hours to support high acuity. This is monitored through the monthly staffing reports.

**Table 6. Summary of escalation midwife usage**

Time period	No. of Times Escalation Midwife Used
Jul 21	1
Aug 21	0
Sep 21	0
Oct 21	2
Nov 21	0
Dec 21	2

There are a number of emerging challenges and risks across maternity resulting from the staffing position, these include:

- meet the minimum safe staffing levels on a regular basis,
- meet the CNST requirement of the delivery suite co-ordinator being in a supernumerary role
- on the whole the team have been able to maintain providing one-to-one care in labour, during July 2021 this has not been maintained.
- staff morale is low and whilst the COVID-19 pandemic has impacted on this, colleagues are reporting that the staffing levels and the level of complexity and acuity of families they are caring is impacting on their well-being.
- caseloads for the community teams are exceeding the national recommendations, resulting in insufficient capacity to manage their caseload effectively and safely. For example, attending safeguarding meeting and completing the reports to ensure that safety of families.
- attendance at mandatory training

### Mitigations

- Senior Midwifery staff are included in the rota
- Reliance on Bank and Agency staff - Agency staff in maternity has been used for the first-time during July 2021.
- Two midwives have already been recruited who are due to commence their posts in October 2021, which leaves funding for an additional 3 midwives.

- Proactive sickness and absence management
- Daily monitoring of staffing, including arrangement of shift swaps
- Identifying alternative duties for colleagues unable to undertake face-to-face clinical duties, for example telephone booking appointments, attendance at virtual safeguarding meetings.
- Cancellation of all non-urgent meetings
- Cancellation of training during July and August

## 9.0 COVID-19 and impact on staffing levels

COVID-19 has continued to have an impact on staffing. We currently have 4.85wte (6) midwives either in non-clinical roles or not able to undertake their full roles due to risk assessments. We have developed temporary alternative ways of working for these individuals, so that they are able to fully contribute to the providing a safe, quality service. Examples include virtual clinics for first appointments, attending virtual safeguarding midwives, responding to telephone queries and audit.

We are also seeing an increasing number of staff who are having to self-isolate. This is having a significant impact on the team's ability to meet minimum staffing requirements. The early part of July has shown that this position is worsening at present and the team are working creatively to improve the staffing levels, including the use of agency staff.

The team are seeing more women with many more complexities and higher acuity, along with women choosing to follow a birth pathway that would not be recommended by the midwifery and obstetric teams. Along with the increase workload that this results in, it also has an emotional impact of the team. On-going support is available through line-manager, wider management team, Professional Midwifery Advocates and the Employee Assistance Programme.

## 10.0 Conclusion

The latter part of the reporting period has been extremely challenging in relation to meeting safe staffing levels. Staff have worked tirelessly to ensure that we continue to provide a safe and quality service for the women and families that we care for. All quality metrics are within required parameters.

The Trust continues to progress all opportunities for recruiting against the approved budget to meet the full Birthrate Plus<sup>®</sup> establishment recommendations of 14.4wte and will progress at pace the skill mix review within the core Meridian team. This report is able to demonstrate the requirements for Year 4 CNST Safety Action 5 and is submitted to the Trust Board as evidence for the validation and self-certification process.



## 11.0 Recommendations

The Board is asked to:

- Note the analysis of the BR+ establishment review.
- Note the challenges in midwifery staffing and impact on maintaining workforce and care model standards
- Note the challenges the maternity service is facing with recruitment
- Note the mitigations to ensure safety

## Appendix 1. BR+ Requirements compared with Actual Funded Establishment

BR+ Requirements			Actual Funded Establishment			
Core activity within Maternity	Clinical Activity	WTE	Meridian Midwives	Direct Clinic Care	Variance	Excluded supernumerary / ward management / skill mix exclusions
	Labour Ward	16.53	Band 7			8.20
	John Macpherson	16.53	Band 6	25.63		
	Antenatal Clinic / Day Assessment	7.16	Band 5	5.00		
			Band 3	8.55		
			Band 2			4.66
<b>Total</b>	<b>40.22</b>	<b>Total</b>	<b>39.18</b>	<b>-1.04</b>	<b>12.86</b>	
Integrated Community	Clinical Activity	WTE	Community Midwives	Direct Clinical Care		Excluded supernumerary / ward management / skill mix exclusions
	MCoC	50.89	Band 7			3.00
	Homebirths	2.94	Band 6	42.00		
	Community AN / PN care	1.82	Band 3			8.26
	<b>Total</b>	<b>55.65</b>	<b>Total</b>	<b>42.00</b>	<b>-13.65</b>	<b>11.26</b>
Non-Clinical Midwives	Specialist / Management Midwives	9.59	Specialist / Management Midwives	9.50	-0.09	
			Supernumerary LW / ward manager /community team leaders	11.20	11.2	
	<b>BR+ Overall Total</b>	<b>105.46</b>	<b>Clinical Funded WTE</b>	<b>101.88</b>	<b>-3.58</b>	<b>Non-clinical funded WTE 24.12</b>

<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Digital Strategy Update		Meeting date: 23 February 2022		
<b>Report appendix</b>	Appendix 1: Digital Inclusion Network-Empowering the Citizen			
<b>Report sponsor</b>	Director of Transformation and Partnerships			
<b>Report author</b>	Director of Transformation and Partnerships			
<b>Report provenance</b>				
<b>Purpose of the report and key issues for consideration/decision</b>	The Trust Board agreed the Digital Strategy in July 2020. This paper outlines the positive progress achieved within each of the four digital goals.			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Trust Board is asked to receive and note the progress against the digital strategy goals.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>	X	<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework Risk Ref 7 &amp; 8</b>	X	<b>Risk score</b>	25
	<b>Risk Register</b>	X	<b>Risk score</b>	25
BAF Objective 6: To provide and maintain a fit for purpose digital infrastructure ensuring service continuity at all times				
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	X	<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>	X	<b>Legislation</b>	X
	<b>NHS England</b>	X	<b>National policy/guidance</b>	X

<b>Report title: Digital Strategy Update</b>		<b>Meeting Date:</b> 23 February 2022
<b>Report sponsor</b>	Director of Transformation and Partnerships	
<b>Report author</b>	Director of Transformation and Partnerships	

## 1. Introduction

The board approved the Digital Strategy on 30<sup>th</sup> July 2020 and has received regular updates on the progress against the key milestones outlined therein. This paper provides an overview of the deliverables against each of the digital goals and progress to date.

The digital vision and goals are outlined in the table below. There has been steady progress in each of the digital goals, however the formal governance arrangements that will really drive delivery are not yet in place and will be a key focus over the next six months.

DIGITAL GOALS	DIGITAL OBJECTIVES
1. Build a digital ready organisation	<ul style="list-style-type: none"> <li>a. Instil digital leadership.</li> <li>b. Build a digital ready workforce.</li> <li>c. Support a culture of digitally enabled innovation, experimentation and implementation.</li> </ul>
2. Implement a connected health and care solution	<ul style="list-style-type: none"> <li>a. Architect the design blueprint for the next 10-15+ years and ensure enforced.</li> <li>b. Decide whether commit to an EPR solution and, if so, implement.</li> <li>c. Support the development of seamless digital pathways.</li> </ul>
3. Empower the citizen	<ul style="list-style-type: none"> <li>a. Provide citizens with health and well-being solutions in their own homes.</li> <li>b. Ensure citizens can actively manage their own health and care.</li> <li>c. A citizen's record follows them everywhere.</li> </ul>
4. Access to systems any time and place	<ul style="list-style-type: none"> <li>a. Provide a secure and reliable infrastructure that can be connected to from anywhere and at any time.</li> <li>b. Prioritise access to all systems at the point of care.</li> <li>c. Empower the workforce with valuable and accurate information to act upon.</li> </ul>

## **2. Progress against the Digital Goals**

### ***Digital Goal One – Building a Digital Ready Organisation***

The Board completed the NHS Provider Digital Board Leadership programme and as a result commissioned the work on the development of the Digital Strategy. Digital topics have featured heavily during the majority of Board meetings since. Having a Non-Executive Director with specific digital expertise on the Board is a feature of best practice. Alongside this, the Director of Transformation and Partnerships is now the co-chair of the NHS Providers Digital Board network, with the specific intention on increasing the breadth of interest in digital matters across a wider group of board members nationally.

Through the Trust partnership with South Devon College, led by the Chief Nurse and the Director of Transformation and Partnerships, three workstreams have been agreed to improve the digital readiness of the organisation including:

- Digital literacy for staff – developing an accredited training programme delivering digital competencies, consistent with national standard and linked to a professional competency framework.
- Digital literacy for our community – a programme is in place to improve the opportunity for members of the community to develop digital skills that will support them to access health and care services in a digital era.
- Digital entrepreneurial placements – building on the success of our apprenticeship models, developing a programme that supports young entrepreneurs (e.g. those with game writing expertise) to work with the NHS to develop digital solutions for traditional problems.

Additionally, the Digital Innovations team have tested significant technologies for remote monitoring and management (e.g. HoloLens in breast surgery).

### ***Digital Goal Two – Implement a Connected Health and Care Solution***

The primary focus of this workstream has been to accelerate the development of the Electronic Patient Record (EPR) Outline Business Case (OBC). The Trust Board has been instrumental in the shaping of the business case and the approach to secure external funding to secure the levels of digital transformation required by the organisation.

The Health Informatic Service (HIS) Director has been instrumental in working alongside the Integrated Care System (ICS) Digital Transformation lead to ensure that the Trust has influenced the ICS Digital Strategy, ensuring alignment with the Trust.

The Director of Transformation and Partnerships has joined Digital Executive leads across Devon to work through the benefits of a collective EPR across Devon. Maximising the opportunity for back-office and clinical transformation, underpinned by digital technologies.

### ***Digital Goal Three – Empower the Citizen (Appendix 1)***

The Trust Board and Council of Governors recently received a presentation on the excellent progress that the Digital Citizen workstream has delivered. This is an example

of multi-agency partnership working with our communities. Key highlights of the work include:

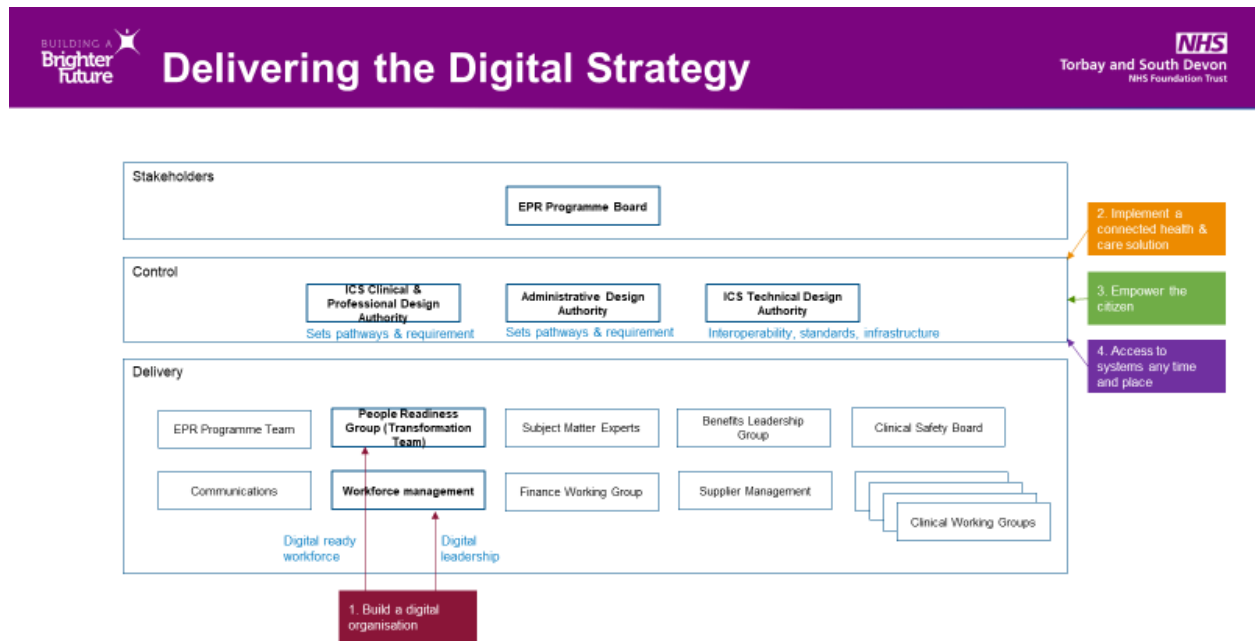
- Healthwatch led digital skills analysis of the community to ensure that the solutions we develop together, meet the needs of local people
- Digital buddies, people in our community who volunteer to support those who need support with using on-line services to better manage the technology
- Access to Digital hardware – through the partnership with South Devon College, laptops are being re-purposed and provided to members of the community who would not normally be able to access the hardware.
- Digital skills development – working with South Devon College and the voluntary Sector developing a range of digital skill development offers to support local people to enhance their digital literacy.

### Digital Goal Four – Access to Systems Any Time, Any Place

This goal is inter-dependent on securing the Electronic Patient Record and is therefore phased to deliver interventions and benefits later in the Trust digital journey. Current mobile working provision is enabled for the vast majority of clinical services, however the ambitions outlined within the digital strategy, will require an integrated EPR to deliver the level of functionality we aspire to.

### 3. Governance

Within the Digital Strategy a proposal was put forward for a Digital Design Authority. This is becoming more critical now as the workstreams are better developed and need greater oversight. The Digital Strategy Executive Group, received a proposal on the governance arrangements, outlined below, which will require further development prior to implementation.



### 4. Recommendations

The Trust Board is asked to note the progress made against the digital goals.

## Digital Inclusion Network-Empowering the Citizen

### Introduction

This report is to bring to the attention of the Board to the work that is being carried out by the Digital Inclusion Network.

The Digital Inclusion Network was formed as a result of the COVID 19 pandemic. Voluntary and Community Sector organisations and the statutory sector came together to try and coordinate various digital offers, and our response to communities in Torbay.

Since its creation in 2020, the group have formed a formal network to deploy a strategy to help people get online, stay online, and improve their online experiences. They share best practice, seek collaboration and funding opportunities, and look to provide coordinated digital solutions via existing community-based assets and solutions.

### Discussion

The gap between those who have access to the latest technology and those who do not is defined as the 'digital divide'. Nationally we know that 20% of the population lack the skills needed to use the internet.<sup>1</sup> In Torbay that equates to 27,250 people who are digitally excluded, and for Torbay & South Devon this is 57,500 people.

A lack of digital skills and access can have a huge negative impact on a person's life, becoming recognised as a social determinant of health. It can mean paying more for essentials, financial exclusion, and an increased risk of experiencing poverty. It also means losing a voice and visibility in society. People who are digitally excluded are primarily those already at a disadvantage. All this leads to poorer health outcomes, lower life expectancy, increased loneliness, social isolation and less access to jobs and education.

Digital exclusion was exacerbated during COVID 19, as the world embraced digital technology more than ever before. Torbay's Voluntary / Community Sector and statutory sector formed a Digital Inclusion Network, as a community response to address some of the pressing needs caused by digital exclusion. The group link in with wider Devon partners and strategy, but they are predominantly focused within Torbay.

The Digital Inclusion Network's operational model is rooted in communities and in collaboration that has grown from experience in connecting and working effectively with those groups who are statistically more likely to be digitally excluded. It looks at ways to collectively work together to share best practice, seek funding opportunities and find a community-based solution to enable people to:

- **Get online:** through access to IT hardware, such as laptops, and Wi-Fi and support to gain the skills to be able to use these.

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<sup>1</sup> <https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion>

- **Stay online:** providing ongoing support of people to practice the skills they have learnt so that they become embedded, and the person becomes both IT competent and confident.
- **Improve online:** supporting the person to transfer learning and explore online according to their interests and aspirations.

The underlying approach of the network is to ensure that there is:

- A coordinated response to digital inclusion between statutory, voluntary sector and business.
- A creation of pathways to ensure peers are included in the group and evolution of the partnerships/network.
- Sharing of best practice and innovation in digital access and participation.
- Listening to, involving and targeting our populations appropriately with digital opportunities.
- Awareness of strategy and plans, and linking these to the wider system.

## Conclusion

The network actively brings together key digital contacts from both statutory and voluntary organisations in regular bi-monthly network meetings.

At these meetings, guest speakers from both sectors have been identified and presented to discuss ongoing digital opportunities and any new or existing digital referral pathways. This includes speakers from the Trust, Torbay Council, South Devon College, Torbay Community Development Trust, Teignbridge CVS, Libraries Unlimited, Digital Health Devon and the South West Academic Health Science Network.

A 'Digital Offer' document is in the final stages of production combining the digital opportunities and referral pathways available from all Network members, with an agreement in place to share this document with all the people and communities which the Network supports online. In order to share best practice and digital opportunities between meeting dates, an MS Teams channel has been set up via the official NHS MS account, with many members of the Network already set up to use this and contributing.

Network members are also in the process of sharing statistics on how the Network operational model has helped local people and communities, including case studies. When complete, these will be made available and shared widely.

The Digital inclusion Network will continue to focus on a strength-based approach to support and find community solutions for people who are digital excluded to get online, stay online and improve their online experiences.

## Recommendations

No recommendations at this stage, the report is for Trust Board information only.



<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Green Plan		<b>Meeting date:</b> 23 February 2022		
<b>Report appendix</b>	Green Plan – draft for ratification			
<b>Report sponsor</b>	Deputy Chief Executive & Chief Finance Officer			
<b>Report author</b>	Interim Director of Environment			
<b>Report provenance</b>	N/A			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>This paper updates board on progress with regard the development of our Green Plan.</p> <p>The Green Plan drafting has now been completed and is included for consideration and approval.</p> <p>The draft has been circulated for comment to our new Sustainability &amp; Well Being group and has also been reviewed by our Associate Director of Communications and Partnerships.</p> <p>The draft version has been provided to the Integrated Care System (ICS) Sustainability Lead to assist with the production of the broader ICS Green Plan which must be completed by 31<sup>st</sup> March. The approved version will be submitted to the ICS following board approval.</p>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input type="checkbox"/>	<b>To approve</b> <input checked="" type="checkbox"/>	
<b>Recommendation</b>	To approve the draft Green Plan.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	x	<b>Valuing our workforce</b>	x
	<b>Improved wellbeing through partnership</b>	x	<b>Well-led</b>	x
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>		<b>Risk score</b>	
	<b>Risk Register</b>		<b>Risk score</b>	

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

<b>Report title:</b> Green Plan	<b>Meeting date:</b> 23 February 2022
<b>Report sponsor</b>	Deputy Chief Executive & Chief Finance Officer
<b>Report author</b>	Interim Director of Environment

## 1. Introduction

In October 2020 the *Greener NHS* National Programme released a landmark report *Delivering a Net Zero National Health Service*. The connection between climate change and healthcare was made clear and with the NHS, one of the largest employers in the UK, contributing to 4% of England's carbon footprint, it is evident that the NHS has a significant role to play. Our Green Plan provides context for our place in the wider NHS green journey now and in the future. The report also drew attention to the necessity to build adaptive capacity and resilience into the way care is delivered. While we acknowledge the importance of the NHS net zero target, adapting to the changing physical climate, such as increases in extreme weather, is just as important to ensure sustainable healthcare.

To help achieve a net zero NHS, both NHS trusts and integrated care systems are required to develop green plans, as set out by the NHS standard contract in 2021/22. Our Green Plan aims not only to focus our efforts in delivering ever-more sustainable healthcare but also to improve people's experience of health and care services while supporting our vision for better health and care for all.

- Prioritising interventions which improve the quality of healthcare we deliver, while also tackling greenhouse gas emissions and broader sustainability challenges.
- Defining our strategic approach in such a way that we make the right sustainability decisions first time.

Our plan covers 2022-2024 however we will ensure it is updated and expanded regularly, as and when there is a better understanding of our environmental impacts and how to reduce them. Our Green Plan will also be aligned with actions and timescales that *Delivering a Net Zero National Health Service* set out, including the targets for the next 20+ years.

## 2. Purpose

Our Green Plan defines our commitment to environmental sustainability with a primary focus on how we will drive towards the NHS net zero targets. The key outcomes include:

- Ensuring we are aligned to the NHS-wide ambition, and that of the Devon Integrated Care System to become the world's first healthcare system to reach net zero carbon emission.

- Prioritising interventions which improve the quality of healthcare we deliver, while also tackling greenhouse gas emissions and broader sustainability challenges.
- Defining our strategic approach in such a way that we make the right sustainability decisions first time.

Our plan covers 2022-2024 however we will ensure it is updated and expanded regularly, as and when there is a better understanding of our environmental impacts and how to reduce them. Our Green Plan will also be aligned with actions and timescales that *Delivering a Net Zero National Health Service* set out, including the targets for the next 20+ years.

### 3. Stakeholders

Our Green Plan summarises both where we currently are on our sustainability journey and where we aim to get to. As such, it is intended for all of our key stakeholders, including;

- our staff
- our Board of Directors and senior leadership teams
- our Sustainability and Wellbeing Group
- our governors and members
- our patients and the communities we serve
- our partners in Torbay and South Devon including local authorities, voluntary, community and social enterprise organisations, housing and education

### 4. What the document contains

The document contains key sections/chapters required for a compliant green plan. Within each section our document sets where we are, where we want to be and how we plan to improve.

These sections are:

- Estates & Facilities (energy, water and waste)
- Travel and Transport
- Anaesthetic gases and metered dose inhalers
- Workforce and system leadership
- Digital Transformation
- Supply chain and procurement
- Capital Projects
- Food and Nutrition
- Other environmental impacts (air pollution, green space and biodiversity)
- Adaptation

## **5. Governance**

Our Green Plan will be updated and approved by the Trust Board on an annual basis. At the end of quarter 2 each year, a progress report will be submitted to the Board to review Key Performance Indicators and the progress of improvement actions.

Our drive for sustainable development and our net zero agenda will be championed at Board level by our designated net zero lead: David Stacey – Deputy Chief Executive Officer and Chief Finance Officer.

The administration and upkeep of the plan will be the responsibility of the Director of Environment and Estates & Facilities team, with its implementation and development being driven primarily via our Sustainability and Wellbeing Group.

## **6. Conclusions**

In summary our green plan positions us on our sustainability journey, it sets out some of the good work we have already achieved and also the significant work ahead. Through our newly established Sustainability and Wellbeing Group and governance structure described, we will ensure our green plan remains current and provides us with the framework to reach net zero carbon.

The Trust Board is asked to approve the Green Plan.

# Green Plan 2022-2025

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TORBAY & SOUTH DEVON NHS FOUNDATION TRUST

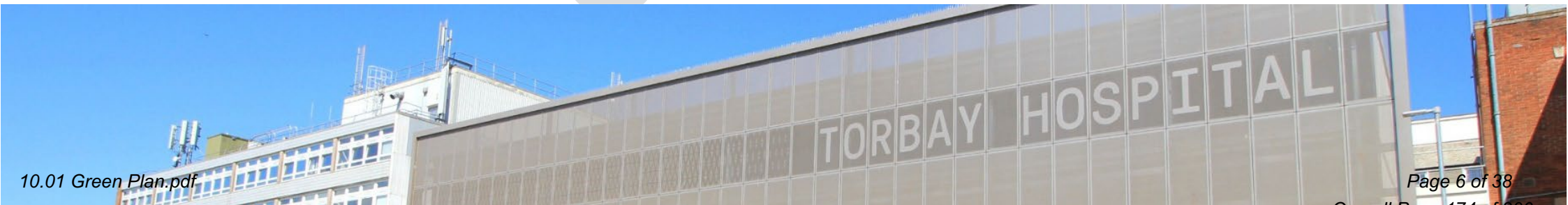
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**Version:** 1.6

**Issue Description:** *Draft Copy – For Internal Use Only*

**Date of Issue:** 14/01/2021

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## 1. WELCOME

We fully recognise the devastating impact that human activity is having on the natural environment. The numerous environmental impacts includes the rapidly warming climate, unsustainable accumulation of waste, deteriorating air quality and widescale elimination of biodiversity. We form an integral part of the wider Devon health and care system, serving a population of over 290,000 people. As such, we have a significant environmental footprint at both a local and national level. We must therefore ensure that we can enable our brilliant staff and amazing volunteers to dedicate the time and energy required to drive towards the NHS net zero target and make us a truly sustainable organisation.

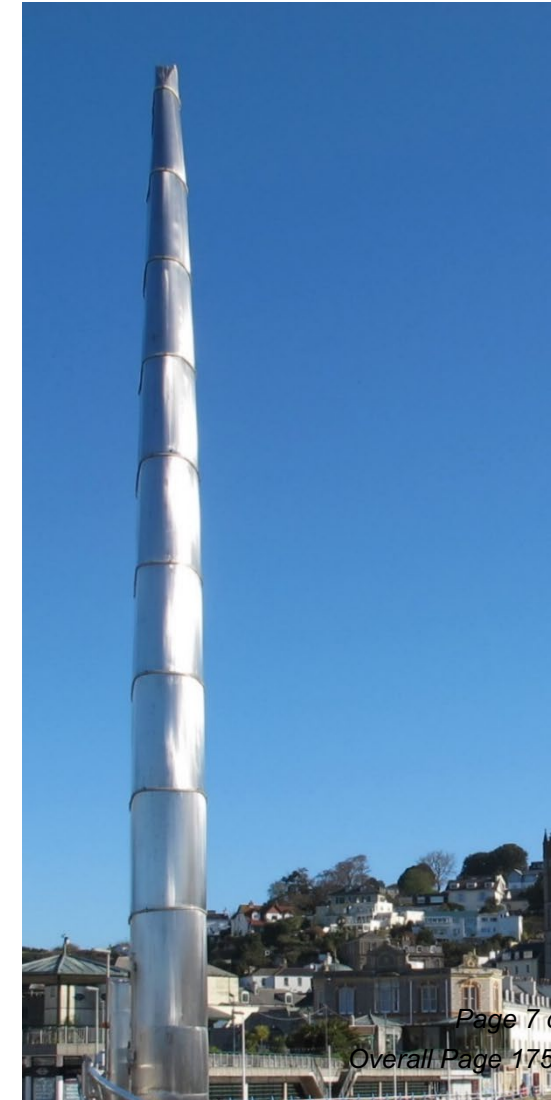
That is not to say that this is our first step on this journey. I am proud to say that we are fortunate to have people and teams throughout our organisation who are passionate about sustainability and the need to address the climate emergency. In the last few years, we have invested in high-efficiency LED lighting to reduce electricity demand, drastically cut emissions from volatile gases used for anaesthetics, made strides to reduce single use plastics in clinical settings, increased the amount of food sourced locally, supported staff to work remotely to reduce commuting, and contributed to the NHS tree planting scheme.

Despite the positive progress we have made, it is now critical that we step up our commitment, affirming this at a leadership level and driving a more holistic approach to sustainable development. This is what our Green Plan is all about. It is our live strategy document which will inform stakeholders on our approach to sustainability across a number of different areas of focus supporting them to hold us to account while also allowing us to track our progress against our declared targets. We recognise that that our Green Plan will need to evolve alongside our Building a Brighter Future (BBF) programme to redevelop Torbay Hospital and our wider strategy and as such will be reviewed internally twice a year, ~~with and~~ a revision ~~will be~~ published annually.

We face an enormous challenge ahead but I am confident that through the dedication of our workforce and collaboration with our health and care system partners, our local authorities and the communities we serve, we will be able to play our part in delivering a net zero National Health Service.

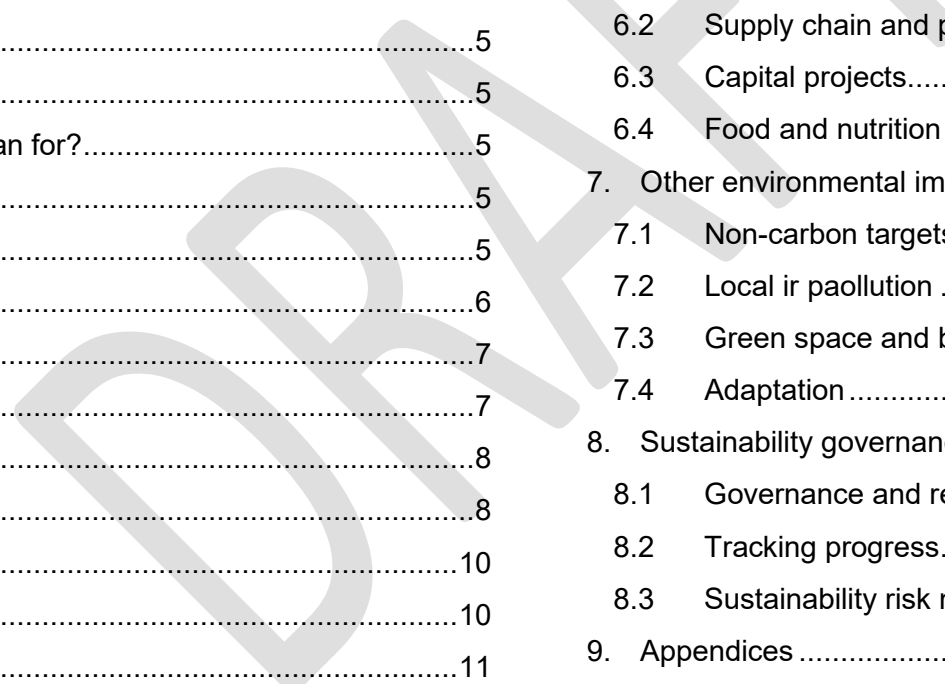
David Stacey – Deputy Chief Executive and Chief Finance Officer –  
Senior Responsible Officer for Sustainability

**SIGNATURE**



## CONTENTS

1. Welcome .....	<b>Error! Bookmark not defined.</b>
2. About us .....	<b>Error! Bookmark not defined.</b>
3.1 Who we are.....	3
3.2 Who we serve .....	3
3.3 Our organisation in numbers .....	3
3. Our Vision.....	4
4. About this document.....	5
4.1 Background.....	5
4.2 Purpose .....	5
4.3 Who is our Green Plan for?.....	5
4.4 Drivers for change.....	5
4.4.1 Legislative .....	5
4.4.2 Financial.....	6
4.4.3 Capacity .....	7
4.4.4 Greener NHS .....	7
5. NHS Carbon Footprint .....	8
5.1 Carbon targets .....	8
5.2 Estates and facilities .....	10
5.2.1 Energy.....	10
5.2.2 Waste.....	11
5.2.3 Water .....	13
5.3 Travel and Transport.....	14
5.4 Anaesthetic gases and metered-dose inhalers .....	15
5.4.1 Volatile anaesthetic gases .....	15
5.4.2 Nitrous oxide and entonox .....	16
5.4.3 Metered dose inhalers (MDIs).....	17
5.5 Workforce and system leadership .....	18
5.6 Digital transformation.....	19
6. NHS Carbon Footprint Plus.....	20
6.1 Carbon targets.....	20
6.2 Supply chain and procurement .....	21
6.3 Capital projects.....	22
6.4 Food and nutrition .....	23
7. Other environmental impacts .....	24
7.1 Non-carbon targets.....	24
7.2 Local air pollution .....	24
7.3 Green space and biodiversity .....	25
7.4 Adaptation .....	26
8. Sustainability governance .....	27
8.1 Governance and reporting.....	27
8.2 Tracking progress.....	28
8.3 Sustainability risk management .....	28
9. Appendices .....	30
9.1 Appendix A: KPI tracking.....	30
9.2 Appendix B: areas of focus – summary action plan .....	31





## 2. ABOUT US

### 3.1 WHO WE ARE

We are Torbay and South Devon NHS Foundation Trust and since 2015 have been one of the few Integrated Health and Social Care Organisations in the country.

We serve our local people by providing joined up care across our communities. We deliver acute services from Torbay Hospital and community-based health and social care, in people’s homes and across a wide range of community buildings stretching from Dawlish to Dartmouth. In addition, we work flexibly with our partners to provide services in community buildings to ensure our local people can access the support they need e.g. in job centres. We have a proven track-record of innovation both in terms of our integrated care services and with some of our specialist clinical services, for example day surgery, being nationally recognised nationally for their best practice.

### 3.2 WHO WE SERVE

The South Devon and Torbay area covers some 350 square miles, including rural communities, urban centres and 75 miles of coastline. We serve a resident population of approximately 286,000 people, plus around 100,000 visitors at any one time during the summer holiday season. Our commitment to working in partnership to improve services underpins everything we do. We are the lead provider for the Devon Children and Families Alliance, and we share clinical services across other hospitals for cancer, vascular surgery, sexual health services, plastic surgery and many more.

### 3.3 OUR ORGANISATION IN NUMBERS

Number of staff	6,387	Population	293,400
Foundation Trust Public members	8,800	Visitors during holiday season	+100,000
Number of volunteers	573	GP practices	28

Per Annum	
Number of outpatients appointments	322,000
Number of elective day case procedures	3,660
Number of elective inpatient procedures	35,600
Number of Accident and Emergency attendances (including Minor Injury Units)	113,000
Number of emergency admissions	39,000

### 3. OUR VISION

In 2022 we published our refreshed strategy which affirms our vision for 'better health and care for all'. Our vision will be delivered through our health and care plan which is underpinned by a set of key principles:

- prevention and community development
- what matters to me – personalised care
- home first
- digitally enabled
- majority of services closer to home
- safe and effective general acute care
- specialist services in partnership
- equity of access

Never has our vision for better health and care for all, been more important. The impact of COVID-19 has not only increased the pressure across all aspects of health and social care, but those who live in our most deprived coastal communities have seen an increasing gap in health inequalities.

Our strategy to deliver integrated care with our communities, through collaboration with partners, is now also a key part of the Government's legislation for the creation of Integrated Care Systems.

This means that our longstanding belief that the best way to care for people is by focusing on what matters to them, putting them at the centre of everything we do and integrating services around them, is now supported nationally.

We are proud to be part of the Government's New Hospitals Programme which we call Building Our Brighter Future. Sustainability and net zero carbon are core to this once in a generation investment in our buildings, digital infrastructure and people. Our Green Plan complements and supports our vision and is a key enabling plan for our strategy.



## 4. ABOUT THIS DOCUMENT

### 4.1 BACKGROUND

In October 2020 the *Greener NHS* National Programme released a landmark report *Delivering a Net Zero National Health Service*. The connection between climate change and healthcare was made clear and with the NHS, one of the largest employers in the UK, contributing to 4% of England’s carbon footprint, it is evident that the NHS has a significant role to play. Our Green Plan provides context for our place in the wider NHS green journey now and in the future. The report also drew attention to the necessity to build adaptive capacity and resilience into the way care is delivered. While we acknowledge the importance of the NHS net zero target, adapting to the changing physical climate, such as increases in extreme weather, is just as important to ensure sustainable healthcare.

To help achieve a net zero NHS, both NHS trusts and integrated care systems are required to develop green plans, as set out by the NHS standard contract in 2021/22. Our Green Plan aims not only to focus our efforts in delivering ever-more sustainable healthcare but also to improve people’s experience of health and care services while supporting our vision for better health and care for all.

### 4.2 PURPOSE

Our Green Plan defines our commitment to environmental sustainability with a primary focus on how we will drive towards the NHS net zero targets. The key outcomes include:

- ensuring we are aligned to the NHS-wide ambition, and that of the Devon Integrated Care System to become the world’s first healthcare system to reach net zero carbon emission

- prioritising interventions which improve the quality of healthcare we deliver, while also tackling greenhouse gas emissions and broader sustainability challenges
- defining our strategic approach in such a way that we make the right sustainability decisions first time

Our plan covers 2022-2024 however we will ensure it is updated and expanded regularly, as and when there is a better understanding of our environmental impacts and how to reduce them. Our Green Plan will also be aligned with actions and timescales that *Delivering a Net Zero National Health Service* set out, including the targets for the next 20+ years.

### 4.3 WHO IS OUR GREEN PLAN FOR?

Our Green Plan summarises both where we currently are on our sustainability journey and where we aim to get to. As such, it is intended for all of our key stakeholders, including;

- our staff
- our Board of Directors and senior leadership teams
- our Sustainability and Wellbeing Group
- our governors and members
- our patients and the communities we serve
- our partners in Torbay and South Devon including [local authorities](#), voluntary, community and social enterprise organisations, housing and education

### 4.4 DRIVERS FOR CHANGE

#### 4.4.1 LEGISLATIVE

**Table 1: Legislative and healthcare sustainability drivers**

<b>Climate Change Act 2008 (2050 Target Amendment) Order 2019</b>	This sets legally binding UK targets for the reduction of carbon emissions. As a public body the NHS must meet these targets. The targets include a 34% reduction by 2020, which has already been achieved, and a 50% reduction by 2025. The act was amended in 2019 to add a goal of net zero carbon by 2050.
<b>Civil Contingencies Act 2004</b>	Requires all NHS organisations to prepare for adverse events and demonstrate they have undertaken risk assessments and that carbon reduction plans are in place.
<b>Public Services (Social Value) Act 2012</b>	All commissioners of public services to consider social and environmental value, when buying goods and services. Social value is defined as the collective gain to the community from commissioning/procurement.
<b>The Second National Adaptation Programme 2018-2023</b>	Sets out actions that organisations need to take to respond to the risks identified in the Climate Change Risk Assessment. This report forms part of the five-yearly cycle of requirements laid down in the Climate Change Act 2008.
<b>NHS Standard Forms Contract</b>	Mandated by NHS England which contains a requirement for NHS providers to maintain a Green Plan demonstrating how progress will be made.

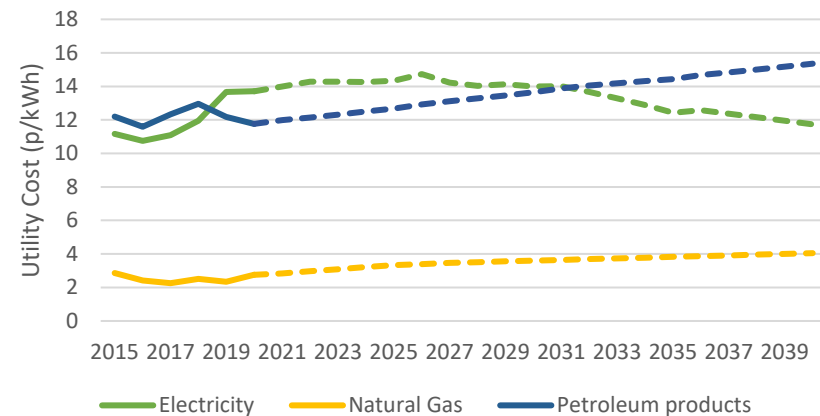
#### 4.4.2 FINANCIAL

Energy costs have risen sharply over the last three years with gas prices increasing by around 25% and electricity prices by as much as 30% since

2016. Government projections indicate that gas and transport fuel costs will continue to rise for the foreseeable future; electricity prices, however, are expected to peak around the middle of the current decade, before beginning to fall again. Figure 1 and Figure 2 suggest that grid electricity will become a more financially-attractive resource over the next two decades, however as it is currently considerably more expensive per unit than gas, we can expect our overall energy costs to rise if we do not reduce our consumption.

In addition to this, in 2021 we saw a significant rise in volatility in energy markets with the day-ahead price per unit of natural gas rising to many times higher than historic winter peak prices. The volatility in the gas market has had a knock-on impact on the cost of electrical power which has also seen extreme short-term pricing.

Given turbulent market conditions are expected to prevail in the near term, it is critical now, more than ever, that we focus on minimising energy consumption across our estate. It also highlights the importance of considering additional opportunities to source a greater proportion of our energy demands from on-site, low carbon generation such as solar PV.



**Figure 1: Forecast utility costs per kWh (BEIS, 2019)**

### 4.4.3 CAPACITY

The UK faces a significant challenge in the near future to supply sufficient energy to meet the country's ever-growing demand. By 2030 a large proportion of the UK's operating nuclear reactors are due to be retired. At the same time, the Government has stated that it aims to close all remaining coal power plants by 2025 to align with its decarbonisation targets. Forecasts from the Department of Business, Energy and Industrial Strategy show that while renewable generation will continue to grow, nuclear is expected to make up an increased proportion of future energy mix. There is a risk that if new nuclear projects suffer delays or cancellation, that fossil fuels will continue to be relied upon to make up the shortfall. It is therefore critical that we prioritise reductions in energy demand wherever possible, along with improving resilience of supply and reducing reliance on grid systems.

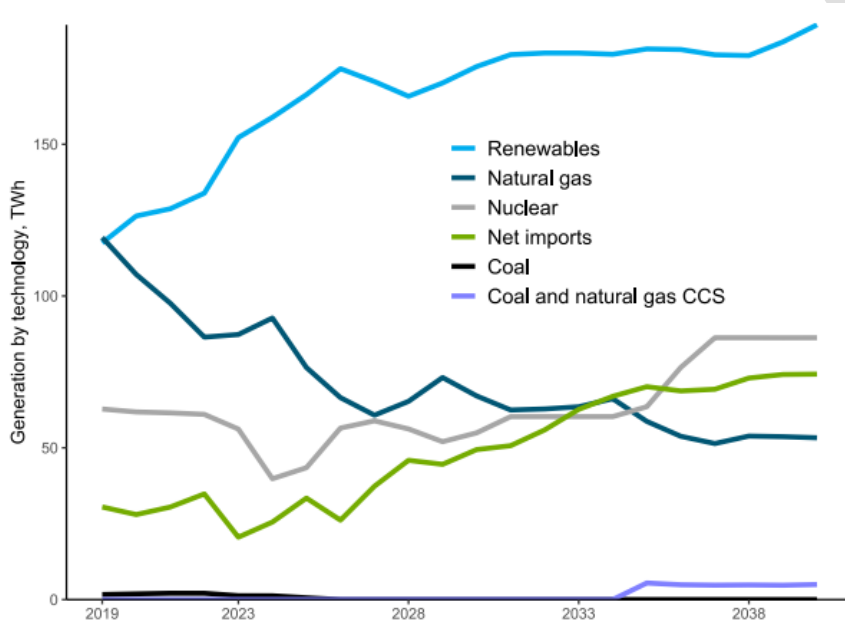


Figure 2: UK Energy Mix forecasts (BEIS, 2019)

### 4.4.4 GREENER NHS

In January 2020 the then Chief Executive of the NHS, Sir Simon Stevens, launched the campaign "For a Greener NHS" which outlines a practical, evidence-based and quantified path to a net zero NHS. Later that year, within the landmark report *Delivering a Net Zero National Health Service* the organisation has defined clear targets for the NHS to reach net zero carbon;

- Net Zero by 2040 for the NHS Carbon Footprint, with an ambition for an 80% reduction by 2028 to 2032
- Net Zero by 2045 for the NHS Carbon Footprint Plus, with an ambition for an 80% reduction by 2036 to 2039

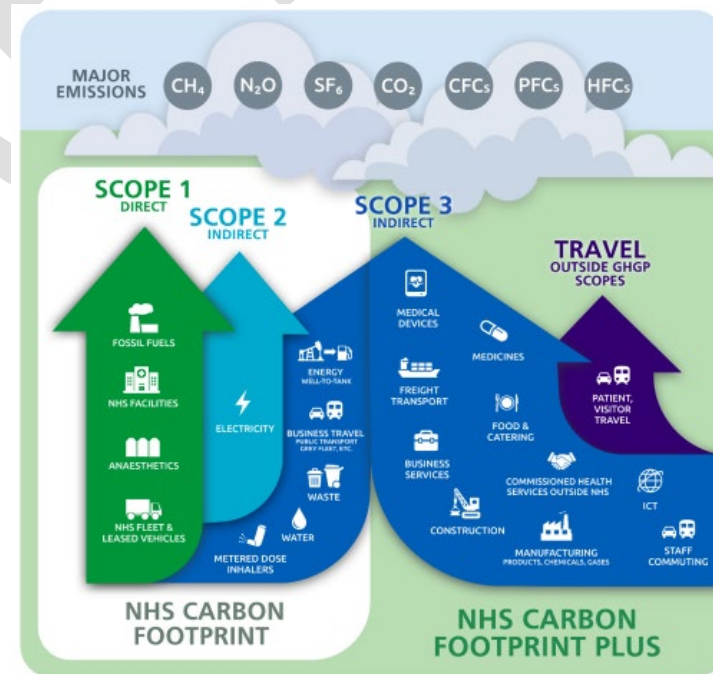


Figure 3: GHG Protocol scopes set out in Delivering a 'Net Zero' National Health Service (Greener NHS, 2020)

## 5. NHS CARBON FOOTPRINT

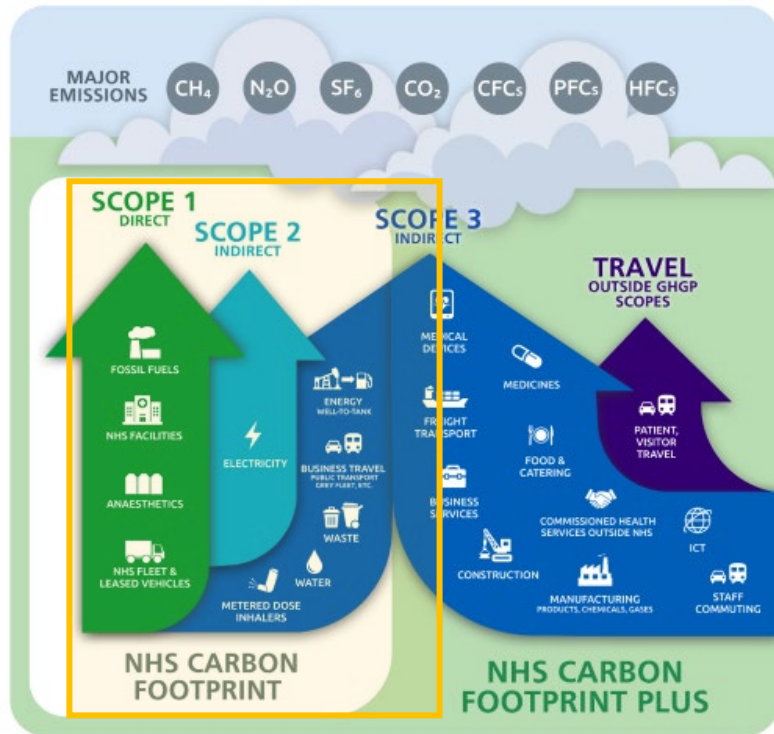


Figure 4: GHG emissions scope - NHS Carbon Footprint

This section addresses areas of focus which will primarily impact our NHS Carbon Footprint (as shown in Figure 4). These are the carbon emissions for which we have direct control.

Figure 5 presents a breakdown of our NHS Carbon Footprint. The chart shows that emissions that result from heating and powering our buildings make up over 85% of our total footprint. Reducing emissions from energy use, in particular eliminating natural gas, presents the greatest challenge for us to reach net zero for our NHS Carbon Footprint.

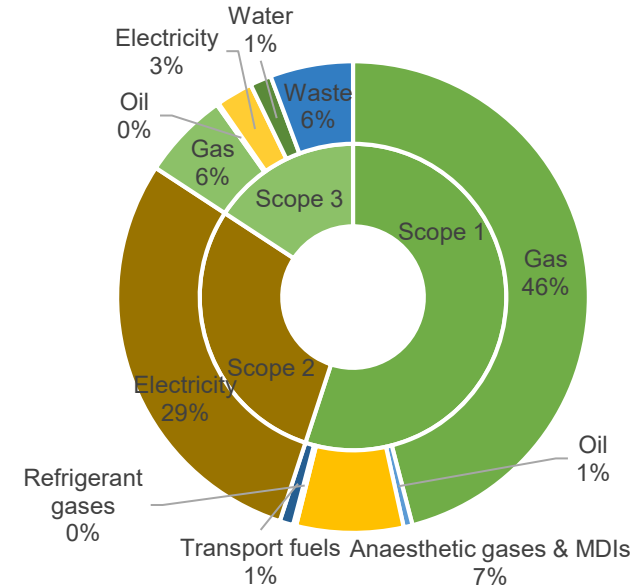


Figure 5: Our Carbon Footprint breakdown

### 5.1 CARBON TARGETS

Figure 6 displays the NHS targets for reducing the NHS Carbon Footprint. We are aligned to reaching these goals, recognising as we do, that it will require a significant, concerted effort both from ourselves and through collaboration with the wider Devon Integrated Care System and central NHS functions.

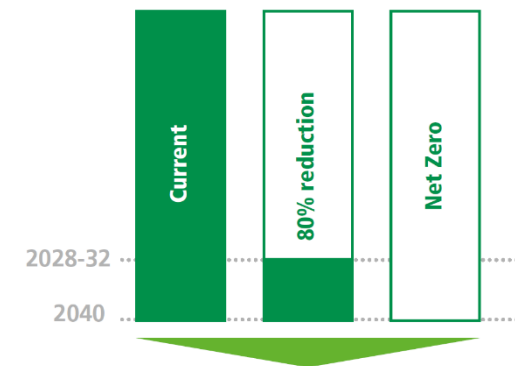


Figure 6: NHS Carbon Footprint reduction targets

With a baseline year of 2016/17, our Carbon Footprint targets are:

- **80% reduction by 2032**
- **100% reduction by 2040**

2016/17 has been selected as our baseline year as it is the earliest year for which we believe we have good quality data upon which to calculate our emissions.

Figure 7 presents a breakdown of our Carbon Footprint over the last five years. It can be seen that total emissions have been reduced by 15% since the baseline year. The bulk of the improvement has been driven by reduced emissions from electricity, although this benefit has been mitigated by an increase in emissions from natural gas consumption.

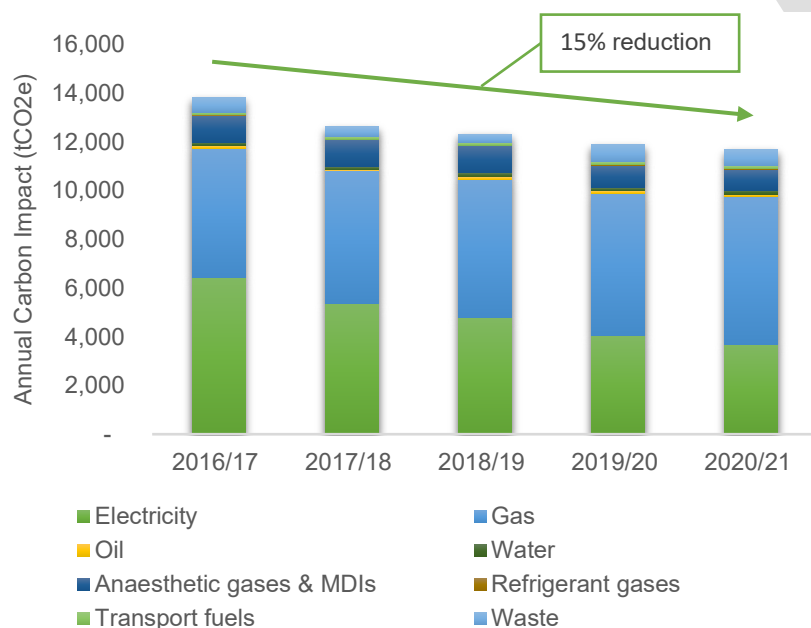


Figure 7: Our annual NHS Carbon Footprint emissions

In Figure 8, we can see the scale of the challenge ahead of us for meeting our interim 80% reduction target by 2032. The chart shows our progress between the baseline year and the last financial year. It also shows the further emissions reduction we would expect to see if we continued to operate in the same way, without any changes in service demand. This reduction would occur as a result of the electricity grid continuing to reduce in carbon intensity as it has done for the last five years owing to the increased use of renewables and phasing out of fossil fuels for power generation (see Figure 2).

Figure 8 reveals that without dedicated interventions, we would only achieve around 28% reduction in emissions by 2032, well short of our 80% reduction target.

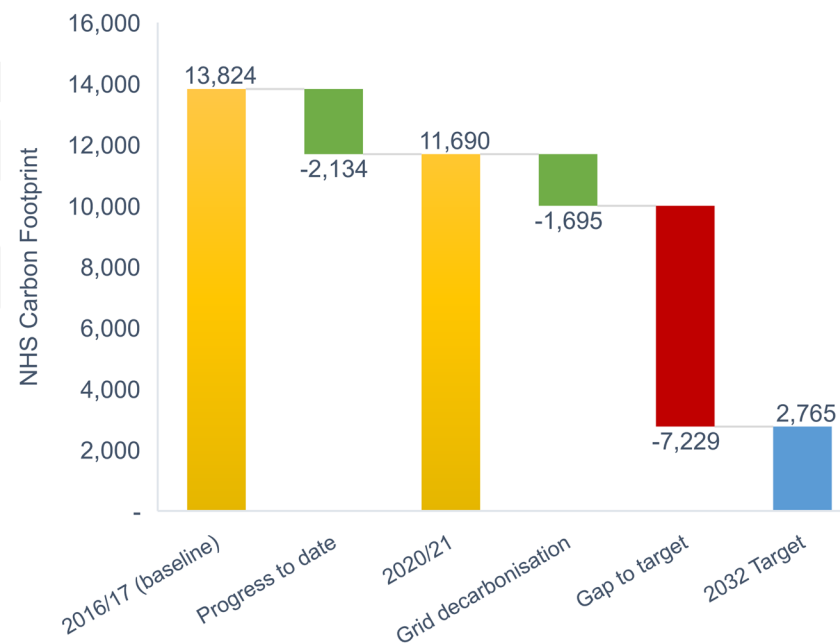


Figure 8: Our 'Business As Usual' carbon footprint forecast

## 5.2 ESTATES AND FACILITIES

### 5.2.1 ENERGY

Emissions from energy use in our buildings make up 85% of our NHS Carbon Footprint. It is therefore critical that we make reductions in this area to achieve our target of 80% reduction by 2032.

#### WHERE WE ARE

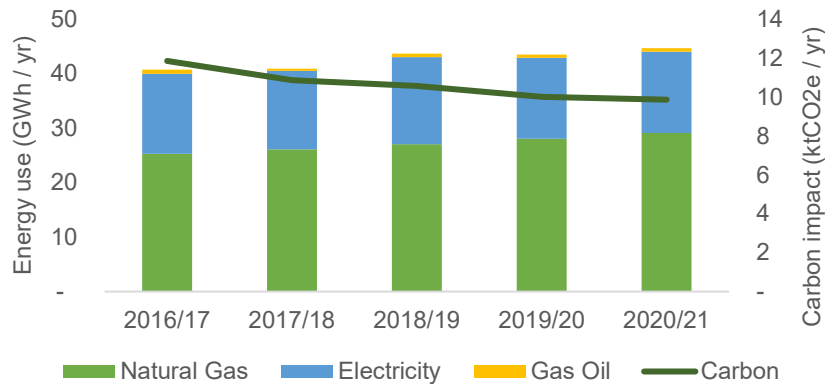


Figure 9: Our annual energy demand by resource

Figure 9 shows that our total energy consumption has risen 10% since the baseline year driven by an increased demand for natural gas. The aggregate size of the estate has not changed significantly during this period so it is likely that a major contributor to the rise will have been an increased demand for our services. Additionally, the safety needs of our staff and patients during the pandemic has necessitated an increase in the ventilation of our buildings. This has increased the demand for gas across the estate as more heat is released to atmosphere through open windows and via increased air changes from mechanical ventilation. In spite of this,

carbon emissions from energy have fallen 17% since 2016/17, driven by the decarbonisation of the national electricity grid.

Figure 10 reveals the relative energy demand of different sites across our estate. Our acute site consumes 81% of our energy and therefore must remain the priority for delivering energy saving

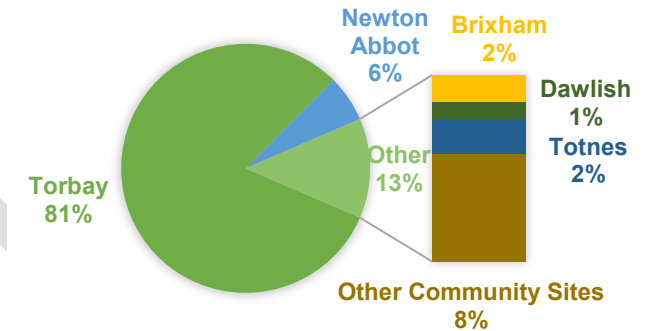


Figure 10: Our 2020/21 energy breakdown by site

issues but we recognise that the energy demands of our community estate are by no means insignificant at 18%. In 2021, we commenced a programme to upgrade lighting to high efficiency LEDs both at Torbay Hospital and across several community sites. The project will reduce our utility bills by £140k and save around 290 tCO<sub>2e</sub> p.a.

#### WHERE DO WE WANT TO BE

We must find innovative ways to reduce the total energy we consume, despite the challenges presented by the pandemic and an increased service demand from an ageing population. We also need to understand opportunities to decarbonise heat, through the elimination of gas-fired heating systems where suitable. To support this activity, we successfully secured grant funding from the Low Carbon Skills Fund (LCSF) which is being used to develop Heat Decarbonisation Plans for a number of our sites.

#### HOW WE PLAN TO IMPROVE

1. embed net zero design into our Building a Brighter Future programme



2. complete heat decarbonisation plans funded via Low Carbon Skills Fund
3. procure certified green electricity backed by REGOs for all our supplies.
4. collaborate with local authority to develop opportunity for large-scale solar PV farm to be built adjacent to Torbay Hospital.

### 5.2.2 WASTE

Waste disposal is a key support service without which hospitals cannot operate. In 2019 Simon Corben, newly appointed Senior Responsible Officer for clinical waste across the NHS, wrote to all NHS trusts to encourage a renewed focus on the area. A clear, directional strategy was developed for the next 10 years including building a national infrastructure and supplier resilience plan which aimed to;

- remove plastics from high temperature incineration
- move toward UK approved reusable containers or non-plastic sharps and pharmaceutical packaging.

#### WHERE WE ARE

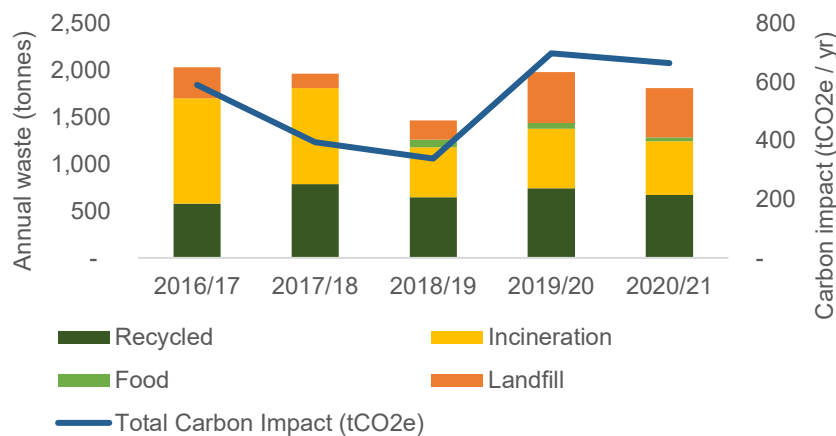


Figure 11: Annual waste volumes & associated carbon impact

Figure 9 shows our annual waste volumes since our baseline year. The chart shows that with the exception of 2018/19, for which data is believed to be incomplete, total waste volumes have stayed relatively consistent at 1,800 – 2000 tonnes p.a. The chart also reveals that the associated carbon impact of waste treatment has risen significantly since 2017/18 owing to a greater proportion of our waste being directed to landfill.

Figure 10 shows that, including food sent for anaerobic digestion, we currently recycle 39% of our waste, with 32% being sent for high temperature incineration and 29% to landfill. The increase in landfill waste is largely a result of an increased demand for single-use PPE driven by the COVID-19 pandemic.

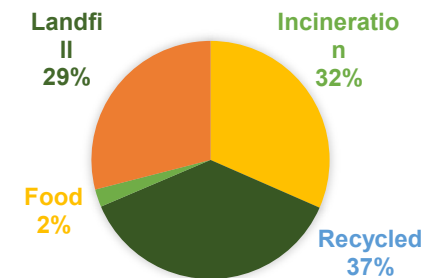


Figure 12: Breakdown of waste streams

We recognise that there is scope for us to improve in this area but we have already driven significant improvements in our management of waste. In 2019 we commenced a trial to implement Biosystems an alternative to sharps and pharmaceutical bins. Biosystems is a safe, sustainable and cost-effective way to dispose of sharps, pharmaceuticals and instruments into a container that can be used up to 600 times. The benefits of the system include;

- reduces disposal of existing single-use containers and improves waste segregation with movable bins on trolleys rather than being fixed.
- reduces carbon emissions by an estimated 64 tCO<sub>2e</sub> / yr

In addition to this, we have an exemplary recycling segregation system which means we separate streams on site for cardboard, metal, food, electronics, glass, wood and even crisp bags. On site segregation minimises the need for downstream treatment and enables high quality output from recycled materials.

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## WHERE DO WE WANT TO BE

We recognise that we must find innovative ways to reduce waste and in particular waste sent to landfill, while still meeting clinical needs during the pandemic.

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## HOW WE PLAN TO IMPROVE

1. rollout Biosystems reusable sharps and pharmaceuticals more extensively.
2. investigate options to implement reusable facemasks and PPE

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### 5.2.3 WATER

Water is a basic necessity and in many parts of the world is very scarce. While its availability is currently not a major concern in the UK, with an increasing population and a fast-warming climate, the problem is likely to develop.

Water is a critical resource and its consumption drives a significant proportion our overall utilities bill. Compared with other utilities, water does not have a large impact on our carbon footprint, but its cost and potential future scarcity mean we must make sure that it is monitored, controlled and used sensibly.

#### WHERE WE ARE

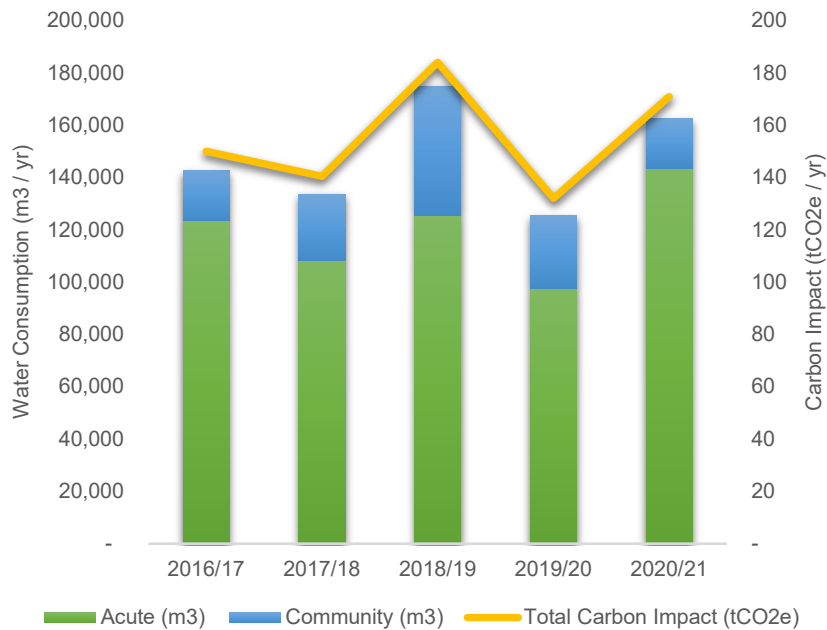


Figure 13: Our annual water consumption

Figure 10 shows our water consumption since 2016 and the respective carbon impact. From 2016/17 to 2017/18, our water consumption declined by 6%, but then saw a dramatic increase in 2018/19 by 31% to approximately 175,000 m3/yr. The anomalously high consumption in this year was primarily driven by issues at a number of community sites.

In 2019/20 our water consumption came back on track to around 125,500 m3/yr. However, once again, consumption increased by around 30% primarily driven by an unidentified leak at the main hospital. Developing the capability to quickly identify and resolve abnormally high consumption across our estate will be critical to drive down our water demand on an ongoing basis.

#### WHERE DO WE WANT TO BE

Automatic Meter Reading (AMR) devices are a technology that we could implement and install onto our water meters to provide accurate and consistent readings. Although this technology would identify leaks quickly, reducing water waste, and thus, costs, it is expensive to install. In addition to the use of AMR devices, we should review opportunities to deploy submeters across the acute site, these are relatively low cost and can be effective for identifying abnormal consumption in specific areas. Educating our staff and the patients can also help reduce the overall water consumption; through provision the correct training and awareness programmes, costs and our overall carbon impact can be kept to a minimum.

#### HOW WE PLAN TO IMPROVE

1. review opportunities to deploy AMR technology and decide whether they are a cost-effective option to drive down water consumption.
2. organise staff training and increase patient awareness of sustainable water management.

### 5.3 TRAVEL AND TRANSPORT

We have had a green travel plan since 2007. This section provides an update on the current initiatives and planned action to support sustainable travel choices for patients, staff and visitors. It also describes the transition of our transport fleet to ultra-low and zero-emission vehicles.

#### WHERE WE ARE

We support our staff to work differently and closer to home in a way that enhances wellbeing and also reduces carbon emissions from their journeys to and from work, while also reducing pressure on our limited car parking provision. We are in the process of reviewing and updating the our green travel plan with an intent to publish by June 2022. Sustainable and active travel has been encouraged by deployment of a number of EV chargers at our acute site, installation of cycle shelters and a cycle path entrance separate from the main road.



We have recently introduced digital technology to enable the assessment and benchmarking of staff commuting patterns and emissions. This will include a scoping analysis to achieve ACEL (Average Commuter Emissions Level). Through this data analysis, we will identify further travel options that will include optimised car sharing for staff via a digital platform

and information to support improved public transport options to our various locations of care (and work).

We work closely with our local authority partners on all green travel initiatives to ensure we maximise opportunities reduce carbon emissions through improved public transport links and healthy choice options.

#### WHERE DO WE WANT TO BE

We recognise that to fully meet the expectations of our patients, staff and visitors we need to improve our cycle amenities on site. A new bicycle user group will be established in 2022.

We also respect that we serve a rurally dispersed community where personal vehicular access is sometimes the only way to access our services, therefore we intend to revise our car parking provisions in 2022, which we will outline in our new car parking strategy which will be published by July 2022.

The NHS Long Term Plan sets out a commitment for 90% of the NHS fleet to use low, ultra-low and zero-emission vehicles by 2028, reaching net zero emissions by 2040. We must align to this ambition.

#### HOW WE PLAN TO IMPROVE

1. courier vans, fleet of 5 – to transfer to ultra-low emission or zero emission vehicles: target date from 2025. One vehicle has already transitioned to fully electric.
2. pool cars, fleet of 7 - to transfer to ultra-low emission or zero emission vehicles: target date 2023 and to transition to zero emission vehicles: target 2030.
3. patient transport fleet of 19 – investigating solutions in line with technology. Review in line with the current lease agreement arrangement in 2023/2024.
4. pharmacy home delivery fleet of 4 – to transfer to ultra-low emission or zero emission vehicles: target date 2026.

## 5.4 ANAESTHETIC GASES AND METERED-DOSE INHALERS

Inhaled anaesthetic agents, including volatiles - used for anaesthesia in theatres - and Nitrous Oxide (N<sub>2</sub>O) & Entonox (50% O<sub>2</sub>/50% N<sub>2</sub>O) - used for pain relief in a range of clinical settings, are critical to our delivery of care. However, these are also potent greenhouse gases and thus even with low volumes used across our services, Figure 5 shows that they make-up 7% of the our NHS Carbon Footprint.

### 5.4.1 VOLATILE ANAESTHETIC GASES

#### WHERE WE ARE

We are fortunate to have an exceptionally talented clinical team in this area, many of whom are passionate about sustainability. Team members have setup a Green Theatres Group which is dedicated to encouraging wider theatre users to help address the environmental impact of this aspect of care. The group is driving sustainability improvements in a range of areas and has been particularly effective at reducing the carbon impact from volatiles use in theatres.

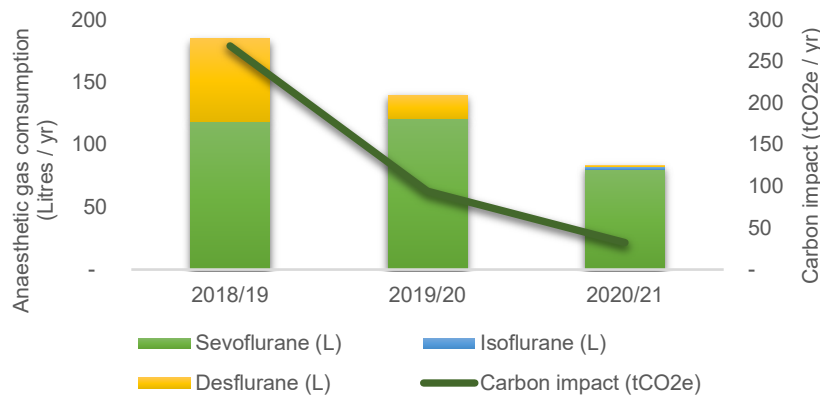


Figure 14: Volatiles use and associated carbon impact

Figure 11 shows how volatiles use has reduced over a three-year period, with a desflurane (the most detrimental gas used in theatres) having been reduced to a negligible quantity. The result of this has been an 88% reduction in carbon emissions. While some of this reduction will have been influenced by a reduction in the number of surgical procedures owing to the COVID-19 pandemic, the majority of the benefit has been driven by concerted actions by our clinical teams;

- desflurane bottles have been removed from anaesthetic machines and are stored separately, only available on specific request.
- low flow techniques have been adopted to reduce sevoflurane use.

#### WHERE DO WE WANT TO BE

We aim to maintain and where possible, further reduce our carbon impact from volatiles, we will continue to keep desflurane off the anaesthetic machines and use only when clinically critical. We will also continue to encourage low flow techniques, even in the anaesthetic room. Furthermore, we will look to drive down the use of sevoflurane by considering how to deploy regional/neuraxial anaesthesia in greater proportion of scenarios, reviewing options for increased use of intravenous anaesthetics and assessing options for capturing exhaled volatiles.

#### HOW WE PLAN TO IMPROVE

Our plans to further mitigate volatiles impact include;

1. maintain policy of desflurane being available only by request
2. encourage use of regional/neuraxial anaesthesia in an increased % of cases
3. review potential to us intravenous anaesthetic alternatives e.g. remifentanil
4. evaluate cost of exhaled gas capture/treatment technologies

## 5.4.2 NITROUS OXIDE AND ENTONOX

### WHERE WE ARE

Given that the impact of volatiles has been dramatically reduced, our most significant carbon impact is driven by N<sub>2</sub>O. Figure 15 shows that in 2020/21 the gas contributed 96% of the emissions of inhaled agents used by us. On this basis, reduction of N<sub>2</sub>O use must be the priority for us going forward. Analysis of N<sub>2</sub>O use in 2018/19 at Torbay Hospital indicates that only 5-6% of the N<sub>2</sub>O used in the hospital is actually delivered in clinical settings. This means that as much as 95% of the hospital's carbon impact from N<sub>2</sub>O results from wastage.

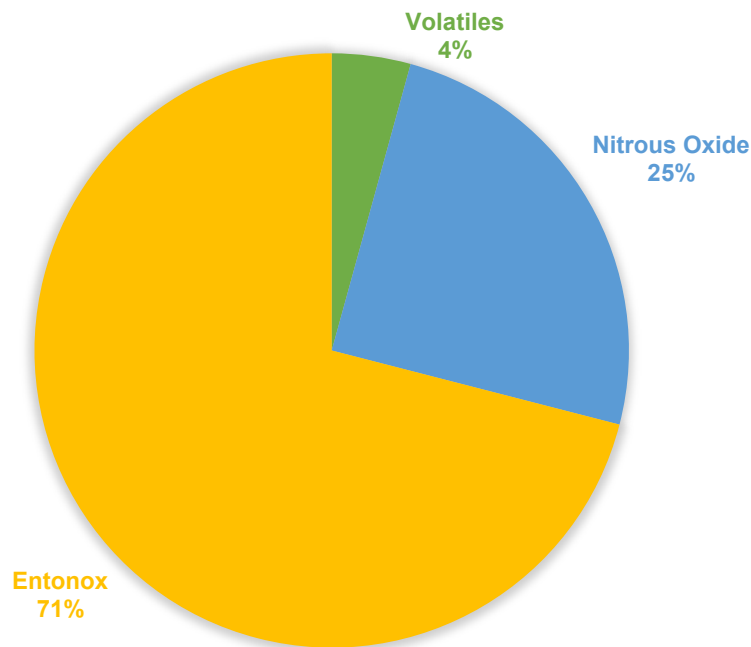


Figure 15: Our 2020/21 breakdown of carbon impact from inhaled agents

### WHERE DO WE WANT TO BE

Our priority for reducing the impact of N<sub>2</sub>O/Entonox use must be to identify where wastage is occurring within our system. This will involve collaborative working between clinical leads, estates teams and the medical gases committee. While cutting our gas wastage will have the most significant impact in this area, we must also encourage and challenge clinical colleagues to consider where clinical use of N<sub>2</sub>O/Entonox can be limited or eliminated.

### HOW WE PLAN TO IMPROVE

Our plans to reduce the impact of N<sub>2</sub>O use include;

1. identify pipework legs to clinical areas which no longer require N<sub>2</sub>O and prepare plans to terminate supply to these areas.
2. review options to limit stock of cylinders retained on site such as reducing size of manifold or decommissioning piped system in favour of portable delivery systems.
3. conduct Entonox waste review by evaluating consumption in maternity against benchmarks and producing plans for reduction.

### 5.4.3 METERED DOSE INHALERS (MDIS)

Inhalers are medications breathed through the mouth into the lungs to help open the airway thereby allowing increased ease of breathing. They are predominantly prescribed to patients with asthma. Some inhaler types contain propellants with high global warming potential (GWP) making them potent greenhouse gases.

Table 2: Description of inhaler types

Inhaler type	Description	Carbon impact
Pressurised Metered Dose Inhaler (pMDI)	Most common type. Pressurised propellant in aerosol chamber expels medicine into lungs.	Contain hydrofluorocarbon (HFC) propellants that have very high GWPs.
Breath-Actuated Inhaler (BAI)	Inhalation combined with propellants enable medicine to reach lungs.	Typically contain the same HFC propellants as pMDIs so similar carbon impact.
Dry Powder Inhaler (DPI)	Medicine is in powder form and is inhaled without propellants.	Do not use propellants and active ingredients have relatively low GWP.
Soft Mist Inhaler (SMI)	Medicine is in liquid form delivered as a mist without propellants.	Do not use propellants so lower impact than MDI & BAIs.

#### WHERE WE ARE

In 2020/21 we issued over 5000 inhalers to patients. Figure 13 shows the breakdown of the type of inhalers provided. The chart shows that 56% of all inhalers issued were pMDIs. Owing to carbon impact of the propellants in the medications, pMDIs contributed 92% of the total estimated carbon impact of inhalers. While it may not be possible to use SMIs or DPis in place of pMDIs for all patients, it is clear there is an opportunity to reduce pMDI use.

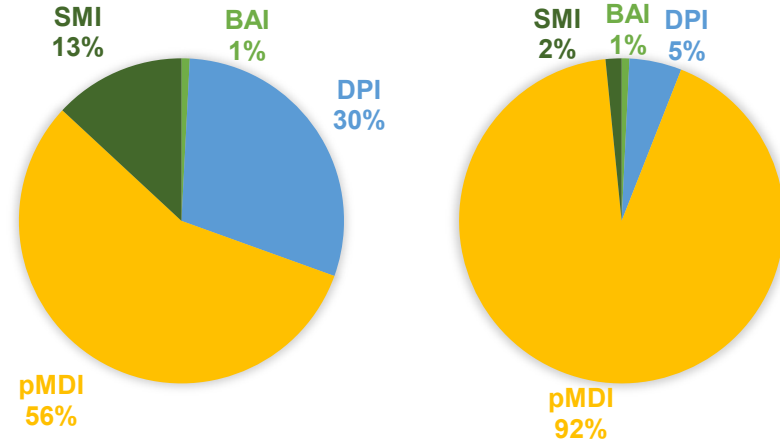


Figure 16: Breakdown of inhaler types by number (left) and by estimated carbon impact (right)

#### WHERE DO WE WANT TO BE

We are committed to moving away from pMDIs to dry powder and soft mist alternatives as part of its plan to reduce the carbon impact of medicines. Our Chief Pharmacist will work with clinicians over the next twelve months to evolve a transition strategy which will report proposed target milestones and delivered progress to our Sustainability and Well Being Group. Progress will be reported within future editions of our Green Plan.

#### HOW WE PLAN TO IMPROVE

1. develop transition strategy to increase the use of lower carbon alternatives to pMDIs.

## 5.5 WORKFORCE AND SYSTEM LEADERSHIP

### WHERE WE ARE

We have appointed the deputy chief executive to take the role of senior responsible officer for net zero carbon and the delivery of our Green Plan.

We have also approved the creation of a Sustainability and Wellbeing Group who will maintain central leadership on all sustainability, wellbeing and green plan matters. The group will be responsible for agreeing objectives, setting targets, approving relevant work plans and monitoring progress. We will also use the forum to share ideas, create solutions and plans with our system partners within the Devon Integrated Care System and the broader NHS.

As already identified, our Green Plan is a key enabling plan to support us to deliver our vision for 'better health and care for all' and our organisational strategy.

### WHERE DO WE WANT TO BE

We recognise and fully embrace the climate emergency and the imperative to meet nationally set targets. We must therefore ensure net zero carbon is fully considered in all our business going forward. To achieve this level of consideration, all our governance will include acknowledgement of whether or not carbon reduction/mitigation is relevant to a decision process, and where it is, we will report how carbon reduction mitigation will be achieved or not.

Since the pandemic, our workforce has admirably adjusted to working differently, often working from home continuously or intermittently. We have learnt much about how to better support our staff to work from home.

We also recognise as we learn to live with COVID-19, and adjust to the opportunities it has presented, there is a clear benefit to both the environment and our staff from travelling less. With this in mind, and through staff engagement, we will be developing community administration hubs across our community estate. This will enable staff to make shorter journeys and also in some cases offer walking or cycling opportunities, while working in an office setting with other staff colleagues.

### HOW WE PLAN TO IMPROVE

1. support the establishment and development of our Sustainability and Wellbeing Group (SWG)
2. communicate our Green Plan all our teams and encourage feedback and engagement.
3. review the potential to harness near-real time data such as smart meter data, to create a dashboard highlighting energy consumption and carbon impact at different sites and in different areas.



## 5.6 DIGITAL TRANSFORMATION

### WHERE WE ARE

Digital transformation of health and care, and the success of our Building a Brighter Future programme, are vital to delivering our health and care plan and our overall vision and strategy and with it the associated carbon reduction benefits. This success requires both investment and commitment to a major transformational change programme. We will submit our digital outline business case in February 2022 and expect to receive the outcome by June 2022.

### WHERE DO WE WANT TO BE

A key objective our digital transformation business case is to deliver an asset which is kind on the environment and in line with the net zero carbon agenda identified through the climate emergency status set by the Torbay local authority.

We intend for our future digital system to be compliant with national standards in relation to the environment and net zero carbon, and where possible, to go beyond and above these requirements. Aspirations for our transformation programme include;

- reducing requirement to travel, driving emissions reductions and improvements to local air quality
- reducing use of paper and printing materials
- streamline multiple aspects of delivery of service thereby demanding fewer resources

### HOW WE PLAN TO IMPROVE

We are looking to drive improvements through the following activities;

1. consolidation of data systems and selection of high efficiency equipment for new data centres to minimise electricity demand.
2. continue to encourage the use of video conferencing options for meetings between teams at different sites, with remote contractors and with patients, where appropriate.
3. review options for sustainable disposal of IT equipment with re-use as a priority and WEEE recycling as a fall back.

## 6. NHS CARBON FOOTPRINT PLUS

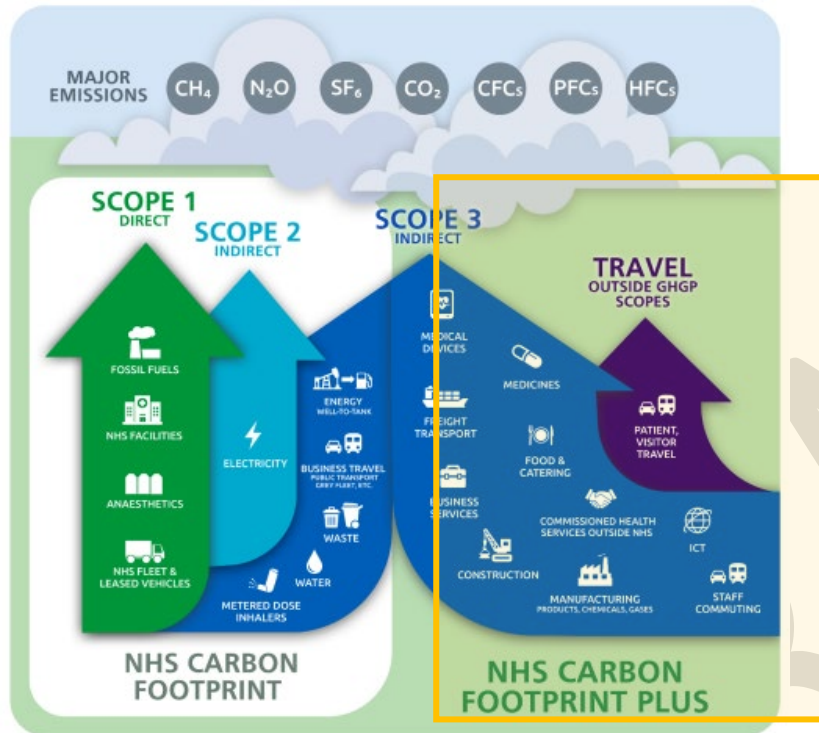


Figure 17: GHG emissions scope - NHS Carbon Footprint Plus

This section addresses areas of focus which will primarily impact our NHS Carbon Footprint Plus (as shown in Figure 13). These are the carbon emissions for which we generally do not have direct control but are able to influence.

Figure 14 presents an overview of the NHS Carbon Footprint Plus. We have not yet completed a baselining exercise to evaluate our specific breakdown but as an integrated care trust, it is expected to be similar to the average. On this basis, we can see that 76% of the total emissions

result from sources extraneous to our core business operations. We recognise the significance of our challenge in this area.

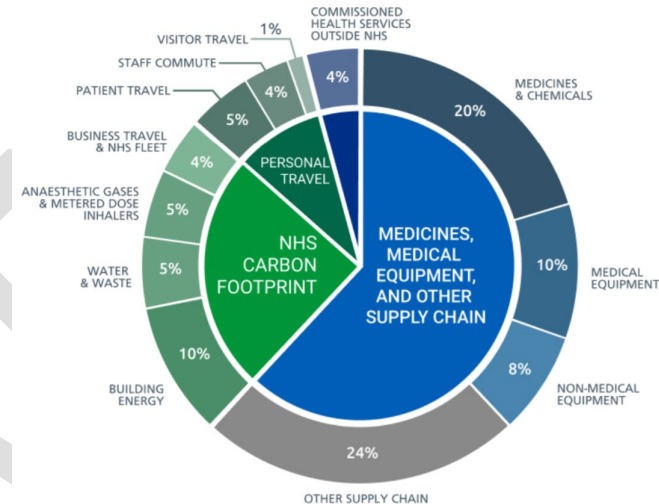


Figure 18: NHS average emissions breakdown by source

### 6.1 CARBON TARGETS

In line with much of the NHS, our approach to carbon reduction to date has focussed on reducing operational emissions – those associated with building utilities and transport. Going forward, it is clear that a broader approach must be adopted to tackle not only the emissions which we control but also our wider emissions, which we are able to

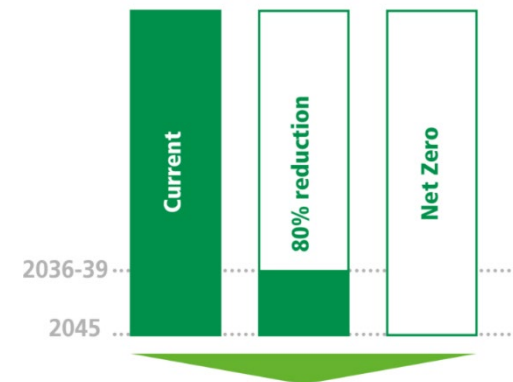


Figure 19: NHS Carbon Footprint Plus reduction targets

influence. Our initial focus will be to understand the breakdown of our own Footprint Plus to enable us to prioritise improvement.

Figure 19 displays NHS targets for Carbon Footprint Plus. We are aligned to reaching these goals, recognising as we do, that it will require a significant, concerted effort both from within our organisation and through collaboration with the wider Devon Integrated Care System and central NHS functions. With a provisional baseline year of 2016/17, our Carbon Footprint plus targets are:

- **80% reduction by 2039**
- **100% reduction by 2045**

## 6.2 SUPPLY CHAIN AND PROCUREMENT

### WHERE WE ARE

According to the *Delivering a Net Zero National Health Service* report from October 2020, the NHS supply chain is responsible for 62% of the NHS Carbon Footprint Plus. Torbay & South Devon is an integrated care Trust and therefore it is likely that our supply chain will contribute a similar proportion of our footprint. To verify this, we are undertaking a Scope 3 baselining assessment, the output of which will be incorporated within future revisions of this plan.

### WHERE DO WE WANT TO BE

We recognise that before we are able to define clear plans to mitigate the carbon impact of our supply chain, we must understand our baseline position. We will commit to completing an initial baselining assessment of our NHS Carbon Footprint Plus prior to the annual review of this Green Plan. Our baseline will enable us to understand where 'hotspots' exist in our supply chain and thus allow us to prioritise plans for reduction.

While defining our baseline will be our primary focus, we know that there are actions that we can undertake now to proactively reduce the carbon impact our purchased goods and services. Our procurement team are

currently reviewing how to effectively incorporate sustainability metrics as a core element of future tender evaluation processes.

### NHS ACTIVITY TYPE

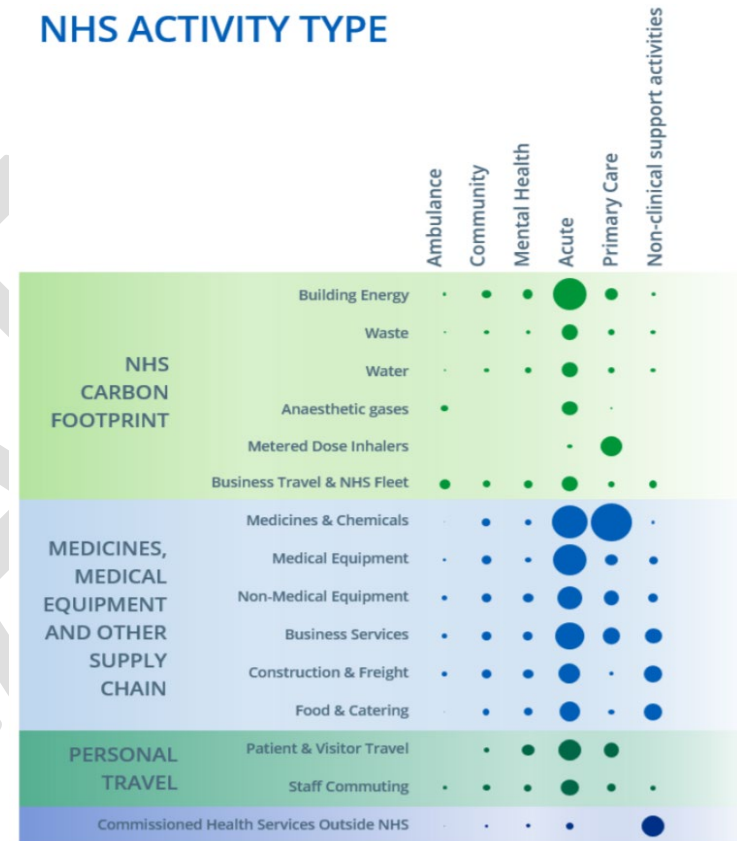


Figure 20: Emissions sources by activity type and care setting (Greener NHS, 2020)

### HOW WE PLAN TO IMPROVE

1. collate financial and material data required to complete NHS Carbon Footprint Plus baseline.
2. implement process to ensure sustainability KPIs are included in tender evaluation criteria for tenders above a defined value.

## 6.3 CAPITAL PROJECTS

### WHERE WE ARE

The embodied carbon of a building includes all elements of its lifecycle that lead from its inception through to the design, construction, operation and eventual life expiry of the built asset. It is therefore an imperative that we recognise the importance of mapping the extent of embodied carbon within any building we plan to build, develop a robust mitigation plan to minimise environmental impact, and monitor our performance against our plan.

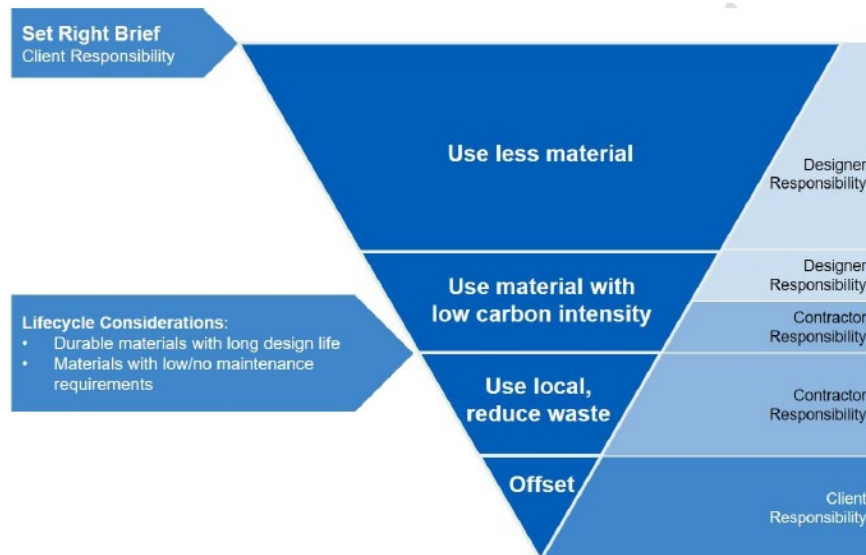


Figure 21: Embodied carbon of buildings - mitigation hierarchy

### WHERE DO WE WANT TO BE

Within our embodied carbon strategy, we will describe how we meet the embodied carbon reduction requirements of our Building a Brighter Future programme, how we translate this into the new healthcare buildings we construct, and also any of those we refurbish.

We will deliver this strategy work by the engagement of suitably qualified and experienced technical advisors who will support us in understanding all embodied carbon considerations and how we will most appropriately mitigate.

The appointment of our technical advisors for our Building a Brighter Future programme has already been achieved. We have appointed a globally-recognised, leading healthcare architectural practice as the lead practitioner in the design of our new hospital buildings. The appointed practice is highly skilled at assessing the impacts and necessary mitigations associated with construction embodied carbon and are currently working on an assessment of the likely embodied carbon based upon their concept designs.

### HOW WE PLAN TO IMPROVE

1. ensure all current and new capital team members have reviewed the latest NHS guidance on Net Zero Building standards.
2. seek independent advice as required, to ensure that large redevelopment works conducted as part of our Building a Brighter Future programme meet the highest sustainability standards.

## 6.4 FOOD AND NUTRITION

We are committed to reducing the carbon impact of our food offer to patients, staff and visitors.

### WHERE WE ARE

Patient food is provided throughout all our sites using 'cook freeze' products purchased from an NHS national framework supplier. As the food is frozen, the shelf life is longer and helps to reduce food waste. Food is packaged in recyclable containers and available in multi portion units which again contributes to reducing food waste.

Patients order meals twice per day via an electronic meal ordering system; fast turnover wards such as maternity and the emergency admissions wards offer an individual plated meal system which is ordered at the point of service, giving patients more choice while providing an efficient, flexible solution to help further reduce cost and waste.

Food is managed and regenerated at ward level by catering assistants who solely focus on patient feeding, liaising closely with the main kitchen ensuring the patients receive the correct food, thus minimising food waste.

Our Bayview restaurant provides retail food for staff and visitors and is freshly cooked daily. Seasonal menus are offered and locally grown produce from nominated suppliers used wherever possible. Out of the 12 fresh meat products purchased, only five are processed. The aim is to reduce the amount of processed food used while incorporating more fresh, sustainable products into the menus and including more plant-based dishes where possible.

The Trust reported 37 tonnes of food waste last financial year, this is a significant improvement from 46 tonnes in the previous reporting period.

### WHERE DO WE WANT TO BE

The catering team will develop initiatives and plans to deliver further food waste reduction year on year with an ambition to reduce food waste to only unavoidable residual waste within three years. We must continue with good practices we've already adopted such as;

- sourcing fruit and vegetables from a large variety of over 60 growers throughout the South West of England
- purchasing dairy products from a local family-owned business delivering the finest locally sourced food and produce in South Devon since 1
- using cups that have a 26% lower carbon footprint than a standard takeaway cup when recycled
- using fresh fish sourced from suppliers certified with the Marine Stewardship Council (MSC)

### HOW WE PLAN TO IMPROVE

Further to our ongoing sustainability drive in this area we will look to;

1. use products with added sustainable palm oil only
2. further reduce the amount of processed meat offered (currently five types) and replace with fresh meat where possible.
3. ensure plant-based substitutes are available on staff and patient menus
4. implement further processes and controls to ensure food waste is reduced.
5. all takeaway food to be served in recyclable packaging.

## 7. OTHER ENVIRONMENTAL IMPACTS

### 7.1 NON-CARBON TARGETS

This section addresses aspects of sustainability that do not have a direct link with net zero carbon but are still important to our holistic aim of reducing our environmental impact as an organisation.

### 7.2 LOCAL AIR POLLUTION

If not carefully measured, polluted air is a serious health hazard which can lead to respiratory diseases, with young children and older adults being the most vulnerable. Improving the air quality around the trust and the NHS lies alongside one of the UK's main priorities, with cleaner air benefiting both the quality of life and the economy. Pollutants of specific concern include oxides of nitrogen (NO<sub>x</sub>) and particulate matter (PM) as these have been shown to drive respiratory issues.

#### WHERE WE ARE

The primary sources of local air pollution in and around the communities we serve will be vehicular traffic and, to a lesser extent, combustion of gas in our heating systems. According to the government website, UK Air, the air quality in the surrounding area of Torbay Hospital is currently level 2, "Low".

#### WHERE DO WE WANT TO BE

While the local air quality is not especially bad in our area, we recognise that we must ensure minimise our impact. We are also aware that while

the general air quality in the area is not poor, there may be specific 'hotspots' in and around our sites which could be negatively impacting on the health and wellbeing of our staff, patients and visitors. Developing a clearer picture of risk areas would be a key step in developing a targeted action plan.

#### HOW WE PLAN TO IMPROVE

1. review potential benefits of an air sampling campaign to identify high risk areas for NO<sub>x</sub> and particulates.
2. engage with local council to understand opportunity to align on awareness-raising communications such as a 'no engine idling' campaign.
3. review viability of adopting key actions from the Clean Air Hospital Framework developed at Great Ormond Street Hospital.

## 7.3 GREEN SPACE AND BIODIVERSITY

### WHERE WE ARE

We are constantly looking to expand the number of green spaces within our estate and through this promote biodiversity. We recognise the benefits green space has on our staff, and especially to the patients around our sites. Built environments which incorporate significant green space and associated biodiversity has been proven to improve patients' health outcomes, and decrease the duration of hospital stays.



Figure 22: The topography and openness of our acute campus allows for many areas of green space

In 2019, Torbay Hospital joined the NHS Forest scheme where 160 trees were planted and circular habitats around the hospital were produced, where staff and patients can walk along various paths through the nature and enjoy the wildlife. On top of this, last year, we planted 100 trees to form hedgerows and increase overall biodiversity.



Figure 23: Tree planting activity on the Torbay Hospital site

### WHERE DO WE WANT TO BE

Green spaces are of huge value for hospitals, and our goal is to increase the quantity, and the quality of biodiversity throughout. Through our Building a Brighter Future programme, we have a fantastic opportunity to incorporate green spaces into redeveloped areas of the site. This is a core priority of our programme's sustainability agenda. We also have an opportunity to collaborate with the local authority and community nature organisations, to discuss how best to promote biodiversity throughout our local communities.

### HOW WE PLAN TO IMPROVE

1. communicate plans to develop green space and biodiversity as part of our Building a Brighter Future programme to staff and garner feedback
2. incorporate green space and biodiversity promotion into our Sustainability and Wellbeing Group's areas of focus and engage with local authority to discuss collaborative approach.

## 7.4 ADAPTATION

### WHERE WE ARE

This section addresses plans to ensure that we are able to suitably adapt to meet the challenges that will arise from the changing climate. While the NHS as a whole is driving towards our net zero targets to minimise its contribution to climate change, we are already seeing weather conditions becoming more extreme each year. Last year we saw forest fires, flooding, and heat waves all over the globe with many people losing their homes and their livelihoods. As an NHS trust, we are in danger of our services being overrun and/or disrupted due to such events, therefore, we are continually looking to improve our efforts to minimise our contribution to climate change.

### WHERE DO WE WANT TO BE

While some risks which are likely to be exacerbated by the changing climate are already being managed through our Emergency Planning procedures, we do not currently have a Climate Change Risk Assessment (CCRA) document in place. The CCRA is used to specify the risks associated with climate change, how our operations might be affected, and what needs to be done to minimise and/or avoid the risks involved. By producing a CCRA for the next five years, we will understand where we are vulnerable and where our priorities lie, thus, allowing each site to adapt to minimise the effect of the risks.

### HOW WE PLAN TO IMPROVE

1. produce a CCRA, detailing the risks to our operations associated with climate change, and how they're able to adapt.



Figure 24: Climate change risks and their variation by area (Under the Weather V2 – improving health, wellbeing and resilience in a changing climate, March 2015)

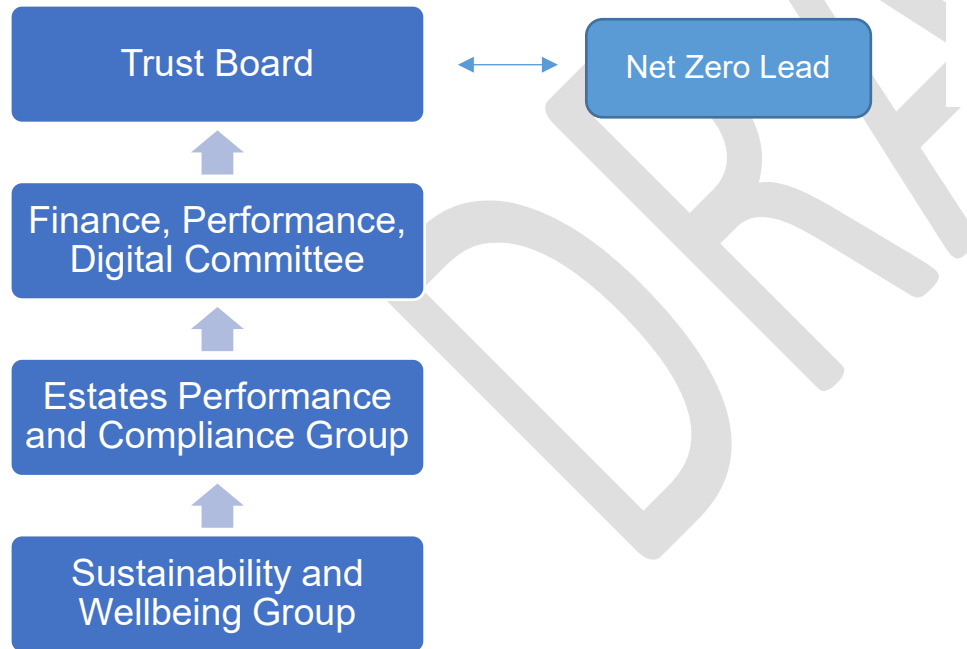


## 8. SUSTAINABILITY GOVERNANCE

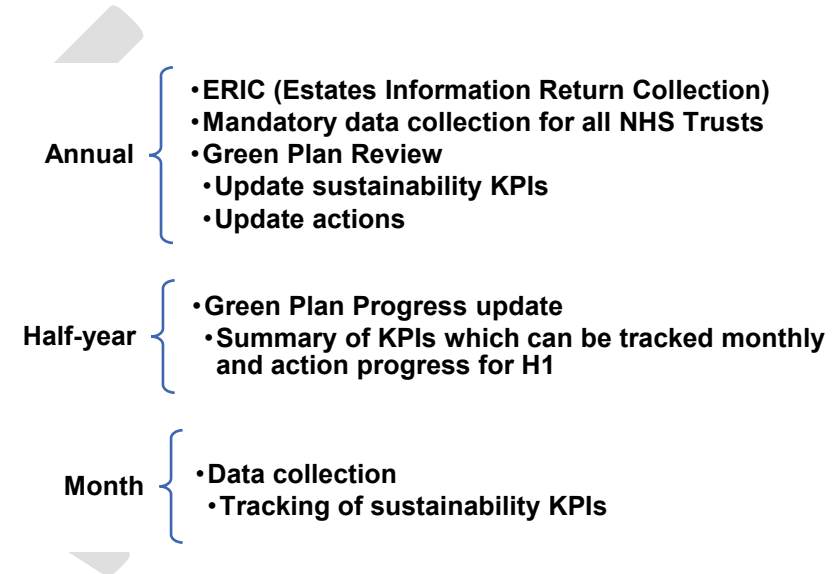
### 8.1 GOVERNANCE AND REPORTING

Our Green Plan will be updated and approved by the Trust Board on an annual basis. At the end of quarter 2 each year, a progress report will be submitted to the Board to review Key Performance Indicators and the progress of improvement actions.

Our drive for sustainable development and our net zero agenda will be championed at Board level by our designated net zero lead: **David Stacey – Deputy Chief Executive Officer and Chief Finance Officer**. The administration and upkeep of the plan will be the responsibility of the Estates and Facilities team with its implementation and development being driven primarily via our Sustainability and Wellbeing Group.



Key elements of our sustainability reporting and the respective timescales are outlined below.



## 8.2 TRACKING PROGRESS

Our annual Green Plan update will allow us to provide a narrative to our staff, patients and community about the actions we are taking to improve our sustainability. We will also use it to report our progress against our targets, using a number of key environmental indicators. These are outlined in Table 2.

**Table 3: Our Sustainability KPIs**

KPI	Unit	Description
Electricity consumption	kWh/ m <sup>2</sup>	Total electricity demand per m <sup>2</sup> of occupied floorspace.
Gas consumption	kWh/ m <sup>2</sup>	Total gas demand per m <sup>2</sup> of occupied floorspace.
Carbon from energy	kgCO <sub>2</sub> e/ m <sup>2</sup>	Total carbon output per m <sup>2</sup> of occupied floorspace.
Waste production	kg / m <sup>2</sup>	Total waste produced by Trust per m <sup>2</sup> of occupied floorspace.
Waste recycled	%	Proportion of total waste fraction which is segregated into recycled waste streams.
Water impact	m <sup>3</sup> /m <sup>2</sup>	Total water consumption per m <sup>2</sup> of floorspace.
NHS Carbon Footprint	tCO <sub>2</sub> e	Total emissions from Trust-controlled activities
NHS Carbon Footprint Plus	tCO <sub>2</sub> e	Total emissions from wider Trust-influenced emissions

## 8.3 SUSTAINABILITY RISK MANAGEMENT

Risks and opportunities relating to sustainable development will be tracked and managed through our Sustainability and Wellbeing Group and overseen by the Director of Environment.

Identifying and mitigating potential risks which may inhibit our sustainability agenda, in particular our drive towards net zero carbon will be critical to enable us to achieve our ambitions.

Within this first iteration of our Green Plan, we have identified generic sustainability risks which are likely to be faced by trusts throughout the NHS. In future versions, we will aim to develop our sustainability risk register to be specific to our operations and challenges.

### Failing to meet carbon reduction targets

When considering factors such as the planned changes to our estate, the evolving requirements of high-quality healthcare and changing carbon intensity of grid utilities it is by no means guaranteed that we will continue our current trend of reducing overall core carbon emissions.

To minimise the impact that factors outside of our influence can have on our sustainability reporting, we have chosen to benchmark our KPIs using normalising factors (e.g. m<sup>2</sup> floorspace or patient numbers)

### Finance

Finance will be required to deliver on the commitments of our strategy. Efficiency savings and embedded sustainability practices may be masked by rising utility costs and changing requirements of healthcare.

We can mitigate this risk through senior support and clear, consistent reporting.

### Failing to comply with environmental legislation

Given our size, disaggregated estate and complexity of operations it is conceivable that we could inadvertently fail to comply with one or more elements of environmental legislation.

This risk is managed on an ongoing basis through the retention of expert support and diligent oversight.

### Climate change

Climate change risks are currently incorporated within our Emergency Planning Risk Register, however it is important that we produce a specific Climate Change Risk Assessment (CCRA).

Identified risks will be managed through the accompanying Climate Change Adaptation Plan (CCAP) as specified by SDU guidance.

### Local community influence

As part of our purpose to support local people live well we recognise that a coordinated approach which incorporates environmental and social sustainability is paramount. As a core part of the community and an anchor institution, we must lead by example on sustainable development to ensure the concept is embedded in the wider community.

This will be managed through a robust commitment to our sustainability strategy and reporting.

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## 9. APPENDICES

### 9.1 APPENDIX A: KPI TRACKING

Table 4: Annual sustainability Key Performance Indicator Summary

KPI	Unit	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Trend
Electricity consumption	kWh/ m <sup>2</sup>	136	135	150	153	154					
Gas consumption	kWh/ m <sup>2</sup>	233	245	255	289	299					
Carbon from energy	kgCO <sub>2</sub> e/ m <sup>2</sup>	109	102	100	103	101					
Waste production	kg / m <sup>2</sup>	18.7	18.4	13.8	20.4	18.6					
Waste recycled	%	28%	40%	50%	41%	39%					
Water impact	Litres/m <sup>2</sup>	1,313	1,255	1,651	1,294	1,672					
NHS Carbon Footprint	tCO <sub>2</sub> e	13,824	12,623	12,322	11,887	11,690					
NHS Carbon Footprint Plus	tCO <sub>2</sub> e	No data	No data	No data	No data	Pending					N/A

9.2 APPENDIX B: AREAS OF FOCUS – SUMMARY ACTION PLAN

Area of focus	Ref.	Action
Energy	1.1	Embed net zero design into our Building a Brighter Future programme
	1.2	Complete heat decarbonisation plans funded via Low Carbon Skills Fund
	1.3	Procure certified green electricity backed by REGOs for all our supplies.
	1.4	Collaborate with local authority to develop opportunity for large-scale solar PV farm to be built adjacent to Torbay Hospital.
Waste	2.1	Rollout Biosystems reusable sharps and pharmaceutical more extensively.
	2.2	Investigate options to implement reusable facemasks and PPE
Water	3.1	Review opportunities to deploy AMR technology and decide whether they are a cost-effective option to drive down water consumption.
	3.2	Organise staff training and increase patient awareness of sustainable water management.
Transport & Travel	4.1	Courier vans, fleet of 5 – to transfer to ultra-low emission or zero emission vehicles: target date from 2025. One vehicle has already transitioned to fully electric.
	4.2	Pool cars, fleet of 7 - to transfer to ultra-low emission or zero emission vehicles: target date 2023 and to transition to zero emission vehicles: target 2030.
	4.3	Patient transport fleet of 19 – investigating solutions in line with technology. Review in line with the current lease agreement arrangement in 2023/2024.
	4.4	Pharmacy home delivery fleet of 4 – to transfer to ultra-low emission or zero emission vehicles: target date 2026
Volatile anaesthetic gases	5.1	Maintain policy of desflurane being available only by request
	5.2	Encourage use of regional/neuraxial anaesthesia in an increased % of cases
	5.3	Review potential to us intravenous anaesthetic alternatives e.g. remifentanyl
	5.4	Evaluate cost of exhaled gas capture/treatment technologies
N <sub>2</sub> O & Entonox	6.1	Identify pipework legs to clinical areas which no longer require N <sub>2</sub> O and prepare plans to terminate supply to these areas.
	6.2	Review options to limit stock of cylinders retained on site such as reducing size of manifold or decommissioning piped system in favour of portable delivery systems.
	6.3	Conduct Entonox waste review by evaluating consumption in maternity against benchmarks and producing plans for reduction.
MDIs	7.1	Develop transition strategy to increase the use of lower carbon alternatives to pMDIs.
Workforce & System Leadership	8.1	Support the establishment and development of our Sustainability our Wellbeing Group (SWG)
	8.2	Communicate our Green Plan to all our teams and encourage feedback and engagement.
	8.3	Review the potential to harness near-real time data such as smart meter data, to create a dashboard highlighting energy consumption and carbon impact at different sites and in different areas.

Digital Transformation	9.1	Consolidation of data systems and selection of high efficiency equipment for new data centres to minimise electricity demand.
	9.2	Continue to encourage the use of video conferencing options for meetings between teams at different sites, with remote contractors and with patients, where appropriate.
	9.3	Review options for sustainable disposal of IT equipment with re-use as a priority and WEEE recycling as a fall back.
Supply Chain & Procurement	10.1	Collate financial and material data required to complete NHS Carbon Footprint Plus baseline.
	10.2	Implement process to ensure sustainability KPIs are included in tender evaluation criteria for tenders above a defined value.
Capital Projects	11.1	Ensure all current and new capital team members have reviewed the latest NHS guidance on net zero building standards.
	11.2	Seek independent advice as required, to ensure that large redevelopment works conducted as part of our Building a Brighter Future programme meet the highest sustainability standards.
Food & Nutrition	12.1	Use products with added sustainable palm oil only
	12.2	Further reduce the amount of processed meat offered (currently five types) and replace with fresh meat where possible
	12.3	Ensure plant-based substitutes are available on staff and patient menus
	12.4	Implement further processes and controls to ensure food waste is reduced
	12.5	All takeaway food to be served in recyclable packaging
Local Air Pollution	13.1	Review potential benefits of an air sampling campaign to identify high risk areas for NO <sub>x</sub> and particulates
	13.2	Engage with local council to understand opportunity to align on awareness-raising communications such as a 'no engine idling' campaign
	13.3	Review viability of adopting key actions from the Clean Air Hospital Framework developed at Great Ormond Street Hospital
Green space & biodiversity	14.1	Communicate plans to develop green space and biodiversity as part of our Building a Brighter Future programme to staff and garner feedback
	14.2	Incorporate green space and biodiversity promotion into our Sustainability and Wellbeing Group's areas of focus and engage with local authority to discuss collaborative approach
Adaptation	15.1	Produce a CCRA, detailing the risks to our operations associated with climate change, and how they're able to adapt

