Torbay and South Devon NHS Foundation Trust
Public Board of Directors

The Boardroom, Hengrave House/MS Teams
27 April 2022 11:30 - 27 April 2022 14:30

AGENDA

#	Description	Owner	Time
1	Welcome and Introductions Note	Ch	11:30-11:35
2	Preliminary Matters	Ch	
2.1	Apologies for Absence and Quoracy Note	Ch	
2.2	Declaration of Interests Note	Ch	
2.3	Board Corporate Objectives Information 2.03 Board Corporate Objectives.pdf 9	Ch	
3	User Experience Story Note	CN	11:35-12:00
4	Consent Agenda (Pre Notified Questions)		
4.1	Committee Reports		
4.1.1	No agenda items submitted		
4.2	Reports from Executive Directors (for noting)		
4.2.1	Chief Operating Officer's Report - April 2022 Receive and Note 4.02.01 Chief Operating Officer's Report April 2022.... 11	COO	
5	For Approval		
5.1	Unconfirmed Minutes of the Meeting held on the 30 March 2022 and Outstanding Actions Approve 5.01 Unconfirmed Minutes of the Meeting held on 3... 21	Ch	12:00-12:05
6	For Noting		

#	Description	Owner	Time
6.1	Parking Lot of Deferred Items For Information 6.01 Parking Lot of Deferred Items.pdf 33	DCG	
6.2	Report of the Chairman Verbal	Ch	12:05-12:15
6.3	Chief Executive's Report Receive and Note 6.03 Chief Executive's Report.pdf 35	CE	12:15-12:30
7	Safe Quality Care and Best Experience		
7.1	Integrated Performance Report (IPR): Month 12 2021/22 (March 2022 data) Receive and Note 7.01 Integrated Performance Report Month 12 Marc... 51	DTP	12:30-12:45
7.2	Report of the Guardian of Safe Working Hours - Doctors and Dentists in Training Receive and Note 7.02 Report of the Guardian of Safe Working Hours... 121	MD	12:45-12:55
7.3	Maternity Governance and Safety Report (1 January 2022 – 31 March 2022) Receive and Note 7.03 Maternity Governance and Safety Report 1 Ja... 127	CN	12:55-13:05
7.4	Implementation Plan to Achieve Midwifery Continuity of Carer as the Default Model of Care Approve 7.04 Implementation Plan to Achieve Midwifery Con... 143	CN	13:05-13:20
7.5	Focus on how infection prevention and control measures for COVID are developing for Living with COVID Receive and Note 7.05 Focus on how infection prevention and control... 155	DIPC	13:20-13:35

#	Description	Owner	Time
8	Valuing our Workforce		
8.1	2021 National NHS Staff Survey Report Approve 8.01 2021 National NHS Staff Survey Report.pdf 167	CPO	13:35-13:45
8.2	Equality, Diversity and Inclusion Update Receive and Note 8.02 Equality, Diversity and Inclusion Update.pdf 177	CPO	13:45-13:55
8.3	Talent Management Update Receive and Note 8.03 Talent Management Update.pdf 189	CPO	13:55-14:05
9	Improved Well-Being Through Partnerships		
9.1	No agenda items submitted		
10	Well-Led		
10.1	Digital Outline Business Case Update Receive and Note 10.01 Electronic Patient Record Outline Business C... 197	DTP	14:05-14:15
11	Compliance Issues		
12	Any Other Business Notified in Advance Note	Ch	
13	Date and Time of Next Meeting - 11.30 am, Wednesday 25 May 2022 Note	Ch	

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BOARD CORPORATE OBJECTIVES

Corporate Objective:

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

Corporate Risk / Theme

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

NHS
Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Chief Operating Officer's Report April 2022			**Meeting date:** 27th April 2022
Report sponsor	Chief Operating Officer		
Report author	System Directors		
Report provenance	The report reflects updates from management leads across the Integrated Service Units (ISUs) and Children and Family Health Devon (CFHD)		
Purpose of the report and key issues for consideration/decision	This report provides an operational update to complement the Integrated Performance Report (IPR), including some specific performance metrics. The report offers greater visibility of activity not fully covered in the IPR. The Trusts recovery phase work is explored in more detail in this month's report alongside the continued impact from Covid. 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.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to receive and note the Chief Operating Officer's Report.		

Summary of key elements

Strategic objectives supported by this report

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

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

Board Assurance Framework	X	**Risk score**	20
Risk Register		**Risk score**	

BAF Objective – 2 To deliver levels of performance that are in line with our plans and national standards to ensure provision of safe, quality care and best experience

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

Report title: Chief Operating Officer's Report		**Meeting date:** 27th April 2022
Report sponsor	Chief Operating Officer (COO)	
Report author	System Directors	

1. Purpose

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

2. Introduction

This month has seen the continued surge of Covid patients alongside a rise in staff sickness. This has added challenge during this period of intense activity preparing the level 2 area of the Torbay Hospital site to become the new acute medical unit (AMU). The purpose being to provide enhanced medical assessment capacity and, critically to move the AMU away from the Day Surgery Unit (DSU) to enable stepping up planned care delivery.

3. Emergency Preparedness Resilience and Response (EPRR)

The EPRR Team have now successfully published the EPRR Policy, the policy responds to the action plan submitted to NHSE in September 2021. This work has made significant improvement to the EPRR partial compliance statement reported to Board in December 2021.

4. System Recovery and Capacity response plan

This month has seen a continued impact on the Emergency Department (ED) and wards as a result of both Covid admissions and nosocomial infections. There is also a continued high level of associated staff sickness and absence. Escalation ward areas, McCullum, Joan Williams and the cardiac catheter recovery have remained in operation. It has been agreed to continue McCullum as an escalation ward whilst the recovery plans are embedded and the outflows improved. The work in the community enhancing the access to residential, nursing and domiciliary care provision continues to be a key focus across our five localities. Plans to return the chemotherapy service to its substantive location which is currently the Joan Williams ward have been finalised for early June.

5. Children and Family Health Devon (CFHD)

5.1 Performance

Four services - Community Children's Nursing, Palliative Care and Specialist Nursing continue to maintain (100% RTT) and Learning Disability (95% RTT) – all remaining areas are on or above the RTT target. CAMHS has shown an increase of 2.2% RTT and Occupational Therapy is on a strong improvement trajectory, increasing RTT by 8.1% on the previous month's performance. There are drops in RTT performance in SALT (0.4%), ASD (0.7%), and Physiotherapy (5.6%) on the previous month.

Children & Family Health Devon

IGG Summary Report

Last Updated: 11/03/2022 10:41:02

Report Month
February 2022

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)	2.7	100.0%	→	
Learning Disability (CFH Devon)	8.9	95.0%	↓	
Mental Health and Wellbeing (CFHD)	19.7	54.8%	↑	
Occupational Therapy (CFH Devon)	11.4	78.1%	↑	
Palliative Care (CFH Devon)	Null	Null	→	
Physiotherapy (CFH Devon)	14.7	65.9%	↓	
Special School Nursing (CFH Devon)	13.3	100.0%	→	
Specialist Autism Spectrum Assessment Team (CFHD)	46.1	24.9%	↓	
Specialist Children's Assessment Centre (CFHD)	43.0	31.4%	↑	
Speech & Language Therapy (CFH Devon)	31.7	35.5%	↓	

CFHD Transformation Programme

A formal staff consultation was launched on 5th April for a period of 7 weeks. There is a continued and significant focus on staff engagement throughout this period. The aim being to support staff to meaningfully engage in the consultation and to provide feedback. There are a number of staff engagement events taking place and those that have already taken place have been well attended and well received by staff. The engagement is to move from services organised according to specialty to needs based clinical pathways delivered by multi-disciplinary clinical pathway teams.

The team have begun to recruit to senior posts in the leadership structure with the appointment to two key posts - Associate Clinical Director Psychological Therapies and the Deputy Director, both commencing in post in May. The addition of these posts will provide much needed leadership capacity to the CFHD team.

Work continues to re-design the governance and reporting structure for CFHD. The aim is to develop a more efficient governance architecture, which brings together the two provider organisations in such a way that supports the assurance requirements of individual organisations whilst supporting the effective delivery of an integrated service. Changes to the internal governance structure for CFHD will augment leadership of the quality agenda.

Children's Services Contracts Review

The jointly commissioned review continues and the draft report with findings and recommendations has been produced. Further discussions are needed to agree the content, findings and recommendations of the review.

Risks

Corporate level risks relate to CAMHS staff vacancies, increase in numbers of children waiting and waiting times and access to out of hours psychiatry.

6. Coastal ISU: Elective / Planned Care – Surgical Activity

The plans to relocate the Medical Receiving Unit (MRU) which will in future be known as the AMU and stand up elective capacity in the Day Surgery Unit and elective orthopaedic ward continue at pace. The ambitious plan to begin elective operating in these facilities on 25th April remains on track. The process of contacting the highest priority patients and booking them for surgery in these facilities has now begun.

The urology team was displaced by the moves described above and are now in the process of establishing themselves at Paignton hospital, the enabling works are ongoing within the live environment to ensure the team can work effectively. An ongoing QEIA process has identified the need for a site presence within the acute to ensure clinical safety for the emergency and oncology pathways. The lack of a base for the urology service provision at this time has required the team to seek support from the wider urology community. The team are currently working with the CCG to set up mutual aid for the prostate pathway. Royal Devon University Hospital have taken 25 TP biopsy patients and will be supporting until at least May. Requests have been put in for 2 additional nursing staff to support pathways for the standalone unit. Longer term plans for the provision of urology services in South Devon are being produced.

A task and finish group has been formed to support recovery of the extended waits for ophthalmology patients. The group is focusing on all stages of treatment and care including surveillance. Recommendations from this work to date include additional resources in consultant, nursing and administration staff groups. The System-wide lead for Ophthalmology is supporting the team to access the Nightingale for surveillance and other potential options to reduce the 9000 follow up patient backlog.

The Nightingale Hospital orthopaedic pathway is established and has completed more than 50 hip or knee joint replacements. None of our patients have stayed more than 1 day and many are discharged on the same day. Torbay patients and surgeons have access to 3 days of theatre lists every 4-weeks.

In line with National guidance the Trust has submitted plans to treat all patients who have waited over 104 weeks by the end of June 2022. This is a very challenging target and will require the Trust to align outpatient, diagnostic and surgical activities seamlessly. It is expected that around half of the patients who have waited over 104 weeks will be treated within the expanded capacity including the Day Surgery Unit and the orthopaedic ward, the remainder will be treated through insourced and outsourced capacity. At the end of June there will be circa 51 trauma and orthopaedic patients that may not be treated. This has resulted in a mutual aid request being submitted by the system to NHSEI to source capacity outside of area.

7. Paignton and Brixham ISU: – Cancer and Diagnostics Update

Cancer Performance

The two week wait performance for March has seen a positive improvement to 61%, from February's performance of 48% (against the 93% target). The main improvements were in Breast and Dermatology.

Currently, we are achieving the 28-day faster diagnosis standard for March at 75% for the first time since August 2021 after only narrowly missing the target in February with 74.4%. Improvements have been seen in Gynaecology, achieving the target for the first time in 12 months and Dermatology who have improved their performance to achieve February at 77% and March at 86% currently. This target remains the key focus for many of our specialties as it defines the amount of time our patients are waiting for their diagnosis. The Breast Care team are comfortably meeting the 28-day, despite not booking patients within 2 weeks, meaning that patients still receive their diagnosis, including the all clear within 28 days.

Reopening of day surgery will support an improvement in this position, having a positive impact on waiting times for surgical treatments and diagnostics including cancer treatments. For the urology prostate pathway mutual aid has been agreed with 3 regional Trusts as described in the Coastal update.

7.1 Diagnostics

CT waiting times have decreased marginally during the last month, in part through greater use of the Nightingale (NHE) facilities. However, the challenge of providing medical cover for contrast scans at the NHE remain and therefore the capacity assigned to the Trust is not yet being fully utilised as a result. From the end of April cover from radiologists in Exeter is intended to provide greater capacity for contrast scans. An IT solution to facilitate cover by the Trusts radiologists is also being worked up.

The continued availability of agency CT Radiographers is also contributing to a slight improvement in waiting times although the greatest contribution has been to help cover Covid-related absence by substantive staff. Whilst substantive recruitment is underway, the service continues to use 5 locum radiographers who are supporting varying number of hours per week. 1 WTE experienced CT radiographer has been appointed and the team will continue to drive recruitment for both MRI and CT.

Both MR and CT lend themselves to additional mobile capacity and space on Trust premises continues to be sought. A potential second site exists at Newton Abbot Hospital; a recent site survey has indicated a significant amount of enabling work to be able to accommodate a second mobile scanner and this continues to be explored.

Ultrasound has seen an increase in demand for the first time in several months taking the monthly level of demand back to the position at the latter end of 2021. This increase in demand has been compounded by Covid-related absence within the workforce. An additional 8-10 sessions/month have been worked to help keep the waiting times in check.

8. Newton Abbot ISU: - Urgent & Emergency Care

Attendances through urgent and emergency care have remained consistent during March however flow out of the Emergency Department (ED) remains challenging due to the prevalence of Covid in the hospital and in the community. This has led to increasing delays for patients to be seen in both the Torbay Emergency Department and the Newton Abbot Urgent Treatment Centre (UTC).

The new Acute Medical Unit (AMU) is still on track to open later this year. Detailed work on the operating model is underway to optimise its success.

9. Torquay ISU:

9.1 Child Health /Paediatrics

The First Steps Project will be officially launched on 7 April 2022, building on the joint working and collaboration of services across the CFHD and Paediatric teams. First Steps enables families who need support from multiple services to be seen and have an initial assessment with a multi-disciplinary team and then to be provided with a care plan. This project is also providing additional support for Special Educational Needs (SEND) Co-ordinators from schools and other referrers such as health visitors by holding regular drop in sessions with a paediatrician.

To support this project, the team are collaborating with Health and Care Innovations to develop a Neuro-diversity pathway for children and families on the "ConnectPlus" app. This will support parents and carers with information about local services, video "how to guides" and service user stories, as well as a development record and diary for families.

The Pathway to Excellence Patient Experience Council has been launched and this is exploring the ward environment and experience from the patients and family's viewpoint. The team will explore feedback from the children, young people and families review and develop and implement recommendations for improvements.

Dr Kerr-Liddell, Clinical Service Lead for Child Health has taken on the Associate Medical Director role for Torquay ISU. The team have expressed their thanks for the excellent service and support Dr Kerr-Liddell has provided to the team during her tenure and wish her well in her new role. Interviews for a successor will take place on 6 April.

9.2 Dietetics

Permanent funding has been agreed by the commissioner for a full time Band 6 Dietitian and 0.5 WTE Band 3 Dietetic support worker for the dietetic led cow's milk allergy service. This important service with direct links with health visitors and primary care, has now been running for more than 2 years. Alongside the improved patient and family experience, the benefits include saving consultant and GP time and more than £50K savings per annum by appropriate prescribing of specialist formula milks. Following the success this is now being rolled out in other parts of Devon.

The dietetics team has also secured 12 months of funding from the NHSE Diabetes Transformation Fund for a 0.5 WTE Band 6 Dietitian to work with the existing Specialist Diabetes Nurse to develop the Transition Service for Children and Young People with Diabetes.

The Hydration in Care Homes project has been extended until November. Staff are really engaged and motivated to help better hydrate residents in order to reduce urinary tract infections and falls secondary to dehydration as well as improving wellbeing.

9.3 Children's Torbay 0-19 Service

Torbay have been successful in being pre-selected to be eligible for the Family Hubs /

Start for Life Package funding (Bristol, Cornwall, Plymouth & Torbay). Pre-selection means the Torbay Local Authority area is eligible to apply for the funding, with ambitious plans to place family hubs at the centre of early help within 15 minutes' walk anywhere in Torbay. As well as existing Children's Centres the plan includes access points within the voluntary and community sector across the 3 towns.

9.4 Community Dentistry

Improved outcomes have been achieved for residents of the Leonard Stocks centre, which is a homeless hostel in Torbay. The community dental team have been working alongside hostel staff to provide urgent and emergency treatment and during a 6-week period, 20 residents received treatment.

10. Torbay System: - Community Services and Independent Sector

The government set out its new plan for adult social care reform in England which includes a lifetime cap on the amount anyone in England will need to spend on their personal care, alongside a more generous means-test for local authority financial support. From October 2023, the government plans to introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime. The reforms will require operational changes to Adult Social Care in Torbay informed by the regulations and final guidance which will be published in the spring. A project brief is being developed to incorporate all necessary operational areas and will incorporate the scope and interfaces of the social care charging reform work.

The Government has mandated the Fair Cost of Care (FCC) work as part of Adult Social Care (ASC). The ambition to establish the financial modelling and an accompanying market strategy across the whole market has been scaled back. FCC will now financially model standard residential care, residential care for enhanced needs, standard nursing care, nursing care for enhanced needs and 18+ domiciliary care.

11. Moor to Sea (M2S)

Pressures continue to be felt in both acute and community services with an increase in Covid related absence. Only the highest priority services comprising P1 and P2 activity is being delivered, with the focus on releasing capacity to support discharge and safe patient flow. There is a concern as this continues about the ability to focus adequately on rehabilitation and prevention and the longer-term impact. Inpatient therapies continue to struggle to cover core service due to absence and vacancies. Work is ongoing to secure GP medical cover for Totnes community hospital. The GP practice with which the team were working has withdrawn at this point due to an inability to recruit. The Healthcare of Older People Team are currently flexing their workplans to provide Totnes medical cover. This will require retention of locums to release consultant time. The impact of this will form part of the overarching medicine recovery workforce plan.

The What Matters to You Matters (WMTYM) work is ongoing on Cheetham Hill ward with both a staff and patient focus. Ultimately by focussing on what matters to the patients with an ambition to impact positively on discharge planning and flow. For staff the aim is to

support improved wellbeing. This week a poet has been on the ward creating “3-minute poems” for staff and patients.

The Thinking Ahead project in the community is using WMTYM conversations with service users identified as frail. The project is intended to support advanced care plans which avoid, where appropriate, a hospital admission. Other positive work in M2S includes the development and promotion of a “kindness culture”. This is starting within the Speech and Language Therapy service but will roll-out to other services.

A data analyst working with the CCG and the Trust has started with the Acute Frailty Team. After 2 weeks there is already some exciting developments in understanding our baseline data and linking the data for patients seen by the team so that we can understand the impact of the service. Continuing the patient focus Experience Based Design work is also being revisited within Acute Frailty to understand and learn from the patient experience.

12. Southern Devon Community Services

Staff Covid absence remains high across community services with limited ability to cross-cover. The impact on community service response times has been previously reported and has also been communicated with Primary Care. Covid outbreaks in care homes / providers has increased since the last report but plateaued in the most recent week.

13. Conclusion

The theme again this month has been the ongoing Covid pressures, workforce challenges alongside the tremendous efforts to restart elective activities. Detailed attention on workforce and escalation has enabled clear visibility of the Easter plans and a greater understanding of the gaps and mitigations.

14. Recommendation

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

MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST PUBLIC BOARD OF DIRECTORS MEETING HELD IN THE BOARD ROOM, TORBAY HOSPITAL AND VIA MICROSOFT TEAMS AT 11.30 AM ON WEDNESDAY 30 MARCH 2022

Present:	Sir Richard Ibbotson	Chairman
	* Professor C Balch	Non-Executive Director
	* Mr P Richards	Non-Executive Director
	* Mrs S Taylor	Non-Executive Director
	* Mrs J Lyttle	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 Officer and Chief Finance Officer
	* Mr J Harrison	Chief Operating Officer
	* Ms A Jones	Director of Transformation and Partnerships
	* Ms D Kelly	Chief Nurse
In attendance:	* Mr O Raheem	Interim Director of Corporate Governance and Trust Company Secretary
	Mrs S Byrne	Board Secretary
	* Dr J Harris	Associate Director of Communications and Partnerships
	* Ms T McKenzie	Tissue Viability Lead Nurse *(Attended 56/03/22)*
	* Miss L T	Tissue Viability Patient *(Attended 56/03/22)*
	* Mr C Manlow	Director of Patient Safety *(Attended 66/03/22)*
	* Mrs J Bassett	Head of Maternity *(Attended 69/03/22)*
	* Mr A Chorlton	Clinical Safety Manager *(Attended 71/03/22)*

* via Microsoft Teams

52/03/22 **Welcome and Introductions**

The Chairman welcomed all those in attendance to the meeting.

Preliminary Matters

53/03/22 **Apologies for Absence and Quoracy**

The Board noted apologies of absence from Mr Currie, Medical Director, Mrs Falcao, Chief People Officer and Dr Watson, Health and Care Strategic Director

The Board noted Mr Armitage's attendance on behalf of the Chief People Officer.

54/03/22 **Board Corporate Objectives**

The Board received and noted the Board Corporate Objectives.

55/03/22 **Declaration of Interests**

There were no declarations of interest.

56/03/22 **User Experience Story - Paignton & Brixham**

Ms Kelly introduced Ms McKenzie, Tissue Viability Lead and Miss T, a lower limb service patient since 2021.

Miss T, a recovered intravenous drug user who was once homeless, informed the Board she had suffered with leg ulcers for ten years. She explained historically there had been no continuity in the care of her ulcer's and the pain and smell had caused her isolation, embarrassment and depression. She spoke about how comfortable and reassured the lower limb service nurses had made her feel; and since her referral to the lower limb service, she had not required any admissions to hospital or antibiotics for her ulcers.

Prof. Balch asked Miss T what had caused the delay in referral to the Lower Limb Service. Ms McKenzie explained the Lower Limb service was only established in 2015 and in 2021 the CCG commissioned the Trust to establish a further eight clinics, five days a week, hence the referral in 2021.

Mrs Lyttle asked how the Trust could make the homeless and drug user cohort aware of the lower limb service. Ms McKenzie explained the Tissue Viability Team had commenced a homeless clinic in Torquay once a week to ensure the health care needs of Torbay's homeless population were met. Mrs Lyttle also reflected on the need for all partner services to be aware of the lower limb service to ensure the population was sign-posted correctly. Miss T agreed that her story, which highlighted the availability and importance of the lower limb service could be shared with the wider population.

Mrs Taylor asked if lymphedema bandaging was supported by the Tissue Viability Service. Ms McKenzie explained Lymphedema bandaging was a specialist bandaging regime, the Cancer Services Team were commissioned to provide.

Mrs Davenport summarised Miss T's experience, who had highlighted the importance of trust enabling her to regain her life and this was what the Trust strived to do, 'The best it can, with what it has for the people it served'.

Consent Agenda (Pre-notified questions)

	Reports from Board Committees
57/03/22	**Quality Assurance Committee Chair's Report - 24 January 2022** The Board received the Quality Assurance Committee Chair's Report of the Committee meeting held on 24 January 2022 as previously circulated, from Mrs Lyttle. The Board was asked to note an amendment to point 6. paragraph 7 **Amend:** "The committee noted that during November and December there had been 24 reportable Strategic Executive Information System (STEIS) incidents." **To read:** "The committee noted that during November and December there had been 4 reportable Strategic Executive Information System (STEIS) incidents."
	The Board received and noted the Quality Assurance Committee Chairs Report.
58/03/22	**People Committee Chair's Report - 21 February 2022** The Board received the People Committee Chair's Report, held on 21 February 2022, as previously circulated, from Mrs Matthews.
	The Board received and noted the Chairs report of the People Committee.
59/03/22	**Charitable Funds Committee Chair's Report - 16 March 2022** The Board received the Charitable Funds Committee Chair's Report, held on 16 March 2022, as previously circulated, from Mrs Lyttle.
	The Board received and noted the Chairs report of the People Committee.
	Reports from Executive Directors
60/03/22	**Chief Operating Officer's Report - March 2022** The Board received the Chief Operating Officer's Report of March 2022, as previously circulated, from Mr Harrison.
	The Board received and noted the Chief Operating Officers Report.
	For Approval
61/03/22	**Unconfirmed Minutes of the Meeting held on the 23 February 2022 and Outstanding Actions**

The Board approved the minutes of the meeting held on 23 February 2022 subject to Mrs Lyttle being noted as present at the public board meeting on 23 February 2022.

Outstanding actions were noted as complete.

62/03/22 **Parking Lot of Deferred Items**

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

63/03/22 **Report of the Chairman**

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

- The Council of Governors meeting was held on 9 March 2022, the new Governors were formally welcomed into the Council.
- The Governors held their first face to face event in March which had been well received. Formal thanks were offered to Eileen Englemann, Deputy Lead Governor and John Smith, Lead Governor for their co-ordination of the event.
- Dr Joanne Watson's portfolio had been reviewed and would include the role of Director of Infection, Prevention and Control.
- A South West Regional Meeting of Chairs and Chief Executive Officer's was called on 25 March 2022 and was attended by the Chairman and Mr Stacey. The key themes from the meeting were:
  - A system plan to focus on and manage the current risks;
  - The aspiration for system plans to make the ED pathways optimally efficient;
  - Ambulance handover times;
  - Improvement on discharge performance.
- Cllr Richard Bingley had been elected as the new Conservative Council Leader for Plymouth City Council. He would represent Plymouth City Council within the Integrated Care System.

The Board received and noted the report of the Chairman.

64/03/22 **Report of the Chief Executive**

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

- Continued areas of focus for the Trust were:
  - The Urgent and Emergency Care pathway;
  - Impact of Covid19;
  - Ambulance handover delays; and
  - The reset of planned care services to enable the management of good and swift pathways of care.

- Detailed operational plans would be reviewed by Board to manage the competing demands but, she asked the Board to be mindful of the potential harm that could come to patients waiting for elective care.
- Progression of the Integrated Care System was taking place, in line with the planned implementation. The Integrated Care Board (ICB) were being brought together ahead of July 2022 to enable the creation of conditions for success. The preparation of the detailed ICB paper had been commenced.
- Ukrainian staff had been contacted and were being supported by the Trust. The Board were informed the Trust were following national guidance including advice that donations should be coordinated through the Disasters Emergency Committee.

It was noted that the Trust also had Russian staff that may require support at this sensitive time.

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

Safe Quality Care and Best Experience

65/03/22 **Integrated Performance Report – Month 11, 2021/22**

Ms Kelly presented the Integrated Performance Report for month 11, 2021/22, as previously circulated, and drew the following to the Board's attention:

Quality and Safety

- Four Strategic Executive Information System (STEIS) fall or fracture incidents had been reported and were under review. A report would be brought to Board in May 2022 for board assurance.
- There had been one death of a Drug and Alcohol patient, there had been no evidenced lapses of care and the cause of death was pending investigation.
- Venous Thromboembolism (VTE) was reported as 95.2%.
- There had been a notable reduction in breast feeding rates and work to ensure mothers were getting the right level of breast-feeding support was being progressed.
- The Maternity Department had recruited into the 14 vacancies.

Workforce

- The annual rolling absence rate for the end of February was 5.01%.
- There were currently 420 staff recorded as absent; 176 of those staff are reported as Covid19 positive. The staff position was being monitored and risk assessed.

Finance

- A £0.7m surplus was reported; and year to date the Trust had reported a £1.5m favourable to plan.
- The cash position remained strong with a month end balance of £41.5m
- The phased plan for efficiencies at month 11 was £1.2m against £1.6m assessed as delivered, an upside of £0.4m.

- The Trust submitted a draft operational plan to NHSEI for year end 2022/23 which showed a full year adjusted deficit of £32.71m. The plan was unlikely to be accepted by the regulators.

Performance

- The Covid19 admissions for month 11 averaged 21 patients per day, with lower admissions to ICU than in previous waves of the pandemic. This had impacted the operational and recovery plans.
- The Cancer performance standards had been impacted due to Covid19 escalation. A Cancer Cabinet had been established to ensure Executive oversight of the challenges and risks.
- A reduction in the number of 12-hour waits had been seen.
- There had been a reduction in the average number of patients with no criteria to reside.

Mrs Lyttle gave an insight into some of the workforce metrics reviewed by the QAC during the Committee's deliberations on risk of harms due to staff shortages.

Prof. Balch highlighted the importance of the Trust's staff workforce plan and requested that the Board to ensure that there was due oversight of retirements, recruitment and support of struggling teams. Mr Armitage gave explanations on workforce metrics and how the issue of staff turnover was being mitigated through collaborative working under the System Workforce Plan and retention packages The Trust had also led on behalf of the System, the International Recruitment programme, which had yielded good calibre staff

Mr Armitage explained how the focused marketing within the local area to prospective employees was being progressed. Mrs Davenport expanded on the unique opportunity the Trust offered prospective employees and how the new recruitment videos reflected the Trust's ethos. She also highlighted the career opportunities staff would have to progress with the establishment of the Integrated Care System.

Mrs Davenport reported that she had met regularly with Ms Simadree, the Diversity & Inclusion Lead and asked the Board to note that the Trust was offering staff who had recently arrived in the country bespoke support packages; individual approaches to inductions; and settling in sessions which had been well received.

Mr Richards highlighted the need for the system to work together to drive efficiencies and transformation through the operational and financial plan for 2022/23.

The Board received and noted the Integrated Performance Report – Month 11, 2021/22.

66/03/22 **Mortality Safety Scorecard**

Mr Manlow presented the Mortality Safety Scorecard, as previously circulated, and focused the Board's attention on:

- The Hospital Standardised Mortality Rate (HSMR) rolling 12-month position to November 2021 was 108 against a benchmark of 100. The Trust were reported as an outlier.
- The Summary Hospital Level Mortality Indicator (SHMI) reported a higher than expected mortality level in the Summer of 2021. No salient cause was identified upon further investigation.
- Deaths due to acute renal failure; and diarrhoea and vomiting were higher than expected. Upon review of the files, it was considered a coding error, with complex frail patient deaths being coded as renal failure deaths. He asked the Board to note the good examples of care seen through the review patient files.
- The Mortality Surveillance Group were aware of the risks around inaccurate coding to patient safety and commissioning. The Coding Team were being supported to improve the accuracy of the data capture.

Mrs Lyttle acknowledged the importance of all staff entering the correct information for the coders to work from. Mr Richards explained how the Electronic Patient Record would support accurate coding and, in many instances, automatic coding.

Mrs Davenport reflected on how the report offered learning and drove improvement with the support of the Medical Examiners. Ms Jones described the importance of clinical coding to improve mortality data. Improving the data was a key part of delivering the Trust's strategy.

The Chairman reminded the Board on the need to provide assurance to the people it served that death rates were proportionate.

The Board received and noted the Mortality Safety Scorecard.

67/03/22 **CQC Assurance Report**

Ms Kelly presented the CQC Assurance Report as previously circulated. She brought the Boards attention to:

- The following CQC Inspectors had been appointed to support the Trust: Denise Eastaff, Hospital Relationship Manager and Julie Foster, Inspection Manager.
- Six out of nine areas from the CQC Must Do and Should Do action review remained incomplete as a result of Covid19.
- A significant piece of work had been undertaken to digitise education but, in person training had been hampered by the Covid19 escalation. There was no intent to compromise the Trust's standard but, recognition of a realistic target to address the significant training backlog as part of the recovery plan.
- Progress against the nutrition and hydration action plan was reported, with teams refining data sources, 'live reporting positions' had been established and monthly audits were being undertaken. This had given a greater insight and learning opportunities into identifying consistency of practice.
- There would be a focus on strengthening of risk assessments and governance frameworks to provide broader governance and oversight of all Integrated Service Units.
- The rolling replacement programme was now in place.
- Work to socialise the process of the redeployment of staff in a consistent manner was being progressed.

Mrs Matthews asked if the CQC actions were new actions or if they were historical. Ms Kelly explained that the CQC action concerning Nutrition and Hydration, was a fundamental of care. It was not a Covid-19 related issue but, a historical cultural issue. She explained how and new practices were being embedded as part of the improvement plan.

Prof. Balch asked if the practices were being rolled out in community settings. Mrs Kelly confirmed all inpatient settings were having the new practice embedded post the CQC findings and the Nutritional Steering Group was considering how practices could be effectively embedded in the Community.

The Board received and noted the CQC Assurance Report.

68/03/22 **Safe Staffing Bi-Annual Review (August 21 - January 22)**

Ms Kelly presented the Midwifery Staffing Oversight Report to the Board, as previously circulated. She brought the Boards attention to:

- The Trust continued to work in a heightened level of escalation, latterly, with notable increased staff sickness.
- The Care Hours per Patient per Day (CHPPD) position fell below peers and the national average baseline.
- The recruitment strategy to progress to 95% fill rate was being managed at pace but, a challenged position was reported. With the main staffing pipeline being International Nurses, who required time to transition.
- The complexity of patients had increased and therefore there was a need for additional nursing intervention.
- Consideration was being given to how redeployment out of speciality could work effectively and the need for e-rostering to be approved six weeks ahead.

Mrs Matthews reflected on the difficult reported position but noted the positive work that had been undertaken in International Recruitment and the development of a System Workforce Strategy.

The Board received and noted the Safe Staffing Bi-Annual Review (August 21 - January 22).

69/03/22 **Interim Maternity Governance Update**

Ms Kelly presented the Interim Maternity Governance Update to the Board, as previously circulated. She brought the Board's attention to:

- The publication of the Ockenden Report on 30 March 2022. Mrs Bassett's review of the Ockenden Report had highlighted the need for a comprehensive review of continuity of care.Further guidance from NHSEI was awaited.
- Guidance was awaited from the Clinical Negligence Scheme for Trusts (CNST) as to the measurement of Carbon Monoxide test for expectant mothers in 2020 and 2021. This test was stood down as it was an Aerosol Generated Procedure (AGP). If the Trust did not meet the threshold there would be a financial implication.

Mrs Davenport counselled on the need to engage through the governance processes with the maternity workforce to find solutions regarding the Carbon Monoxide AGP procedure and Continuity of Care.

The Board received and noted the Interim Maternity Governance Update.

70/03/22 **Improvement plans developed in response to the results of the Care Quality Commission (CQC) NHS Patient Experience Surveys for 2021. NHS Maternity Survey**

Ms Kelly presented the Improvement plans developed in response to the results of the Care Quality Commission (CQC) NHS Patient Experience Surveys for 2021 NHS Maternity Survey to the Board, as previously circulated. She brought the Board's attention to:

- The good response rate to the CQC NHS Maternity Survey.
- The Trust was not an outlier but, the areas for improvement were:
  - Antenatal check ups;
  - Labour and birth;
  - Care after birth;
  - Care in hospital post birth; and
  - Post recovery information after birth.
- Covid19 had impacted where mothers could have their post-natal care delivered and home visits had been restricted.

The Board approved the improvement plan be aligned to the Maternity Survey 2021 and for focused areas of improvement; and the recommendation that the Feedback and Engagement Group oversee and monitor the progress of both plans.

71/03/22 **Violence, Protection and Reduction Strategy**

Mr Harrison presented the Violence, Protection and Reduction Strategy to the Board, as previously circulated. He drew the Board's attention to:

- The importance of staff feeling they work in a safe environment.
- The Datix incident reporting system was critical to effective reporting of incidents staff considered unsafe and ensuring support could be provided.
- There was a need to raise public awareness that visitors would be supported by the strategy.
- Ensuring the training was fit for purpose.

Mrs Lyttle welcomed the strategy as it would signal the importance the Trust placed on its staff's health and wellbeing.

Mrs Matthews highlighted concern about dealing with patients with violent behavious due with mental health problems. She added that violence of any kind could not be tolerated and that the Trust as an employer had a responsibility to keep staff safe. Mr Chorlton, provided examples of where teams were exploring alternative sanctions for patients who had behaved violently.

Mrs Davenport supported the strategy and highlighted the need to engage with staff and staff side in respect of this strategy. Mr Chorlton assured the Board that staff side were engaged with the strategy and there was a co-chair arrangement of the Health and Safety Committee with staff side.

Mr Sutton asked how the Trust ensured it shared patient information across the South West. Mr Chorlton explained that a package of care markers was being developed so all partners would hold the same information on a patient, marked in the same way.

It was noted that the Board held a zero-tolerance approach to violent behaviour.

The Board received and noted the Violence, Protection and Reduction Strategy.

72/03/22 **Electronic Patient Record (EPR) Outline Business Case (OBC)**

Ms Jones presented the Electronic Patient Record (EPR) Outline Business Case (OBC) to the Board, as previously circulated. She drew the Board's attention to:

- The Electronic Patient Record (EPR) Outline Business Case (OBC) had been submitted for regional review.
- The system was in the process of securing the funding source.

The Board received and noted the Electronic Patient Record (EPR) Outline Business Case (OBC).

73/03/22 **Compliance Issues**

There were no compliance issues reported.

74/03/22 **Any Other Business Notified in Advance**

There was no any other business raised for discussion.

75/03/22 **Date and Time of Next Meeting:**

11.30 am, Wednesday 27 April 2022.

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
48/02/22	The Green Plan to become an annual agenda item.	BS	Mrs Byrne added The Green Plan to the workplan. Action closed.	23.02.2022
47/02/22	Ms Jones agreed to ensure the digital infrastructure risk was articulated within the digital workstream.	DTP	Ms Jones confirmed the Digital Infrastructure Risk had been articulated in the Digital Workstream. Action closed.	23.02.2022
33/02/22	Mrs Byrne to arrange a Board visit the Digital Horizons lab.	BS	Mrs Byrne had been in contact with the Digital Horizons Lab and a date was being confirmed. Action closed.	23.02.2022

Torbay and South Devon NHS Foundation Trust

Public Board of Directors

Parking Lot **Reviewed: 1st February 2022**

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

Torbay and South Devon NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Chief Executive's Report			**Meeting date**: 27 April 2022
Report appendix	Board assurance framework summary		
Report sponsor	Chief Executive		
Report author	Associate Director of Communications and Partnerships		
Report provenance	Reviewed by Executive Directors 19 April 2022		
Purpose of the report and key issues for consideration/decision	To provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments since the previous Board meeting.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board are asked to receive and note the Chief Executive's Report		

Summary of key elements

Strategic objectives supported by this report

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

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

Board Assurance Framework	X	**Risk score**	
Risk Register	X	**Risk score**	

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

External standards affected by this report and associated risks

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

Report title: Chief Executive's Report		Meeting date: 27 April 2022
Report sponsor	Chief Executive	
Report author	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 and our priorities

Our strategic goals and priorities have been set to help us achieve our purpose and our vision.

Our strategic goals are:

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

Our priorities are:

- More personalised and preventative care: what matters to you matters
- Reduce inequity and build a health community with local partners
- Relentless focus on quality improvement underpinned by people, process and technology
- Build a healthy organisational culture where our workforce thrives
- Improve access to specialist services through partnerships across Devon
- Improve financial value and environmental sustainability

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

3 Our key issues and developments

As our Board meeting is taking place during the pre-election period for local elections, the agenda is confined to those matters that need a Board decision or require Board oversight and does not include matters of future strategy or the future deployment of resources. The pre-election period runs from 28 March 2022 until the election results are announced on 06 May 2022.

Key issues and developments to bring to the attention of the Board since the last Board of Directors meeting held on 30 March 2022 are as follows:

3.1 Excellent population health and wellbeing

NHS Workforce Race Equality Standard 2021 data analysis report for NHS trusts published

On 07 April 2022 the NHS Workforce Race Equality Standard 2021 data analysis report for NHS trusts was published. You can read the report here.

We are currently awaiting our individual report and we will share this with our people and key stakeholders once it is received. We are committed to working with you to create a fairer and more inclusive culture both here and within the wider NHS, and we will continue to work with you and our BAME network to learn and improve.

Retirement of Jennie Stevens MBE, Chief Officer for Adult Care and Health, Devon County Council
Jennie Stephens, Chief Officer for Adult Care and Health, Devon County Council, has retired following many years of dedicated service to Devon health and care services.

Jenni has promoted joint working arrangements across health and social care and has been an important partner in our ambition to deliver integrated care.

We wish Jennie a long and happy retirement and thank her for her tireless support and commitment to partnership working.

3.2 Excellent experience receiving and providing care

Current pressures
The number of patients with COVID-19 in our hospitals is slowly reducing. While it is encouraging that the majority of our patients who have tested positive for COVID are in hospital for other conditions and are asymptomatic or experiencing mild symptoms the impact that the presence of COVID has in our hospitals continues to be really significant.

We have relocated the medical receiving unit and the discharge lounge at Torbay Hospital to level 2, which means that we have been able to progress returning our day surgery unit to its original location.

We continue to see the impact of COVID-19 across all our services with sustained and increasing staff sickness absence. Demand for our services remains very high across acute, community and social care.

Ambulance handovers continue to be an area of particular area of focus for us, and despite significant work in this area, remain 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. We are beginning to see a positive impact on our waiting lists, particularly around those who have been waiting for the longest time for treatment and care, but we fully recognise that people continue to wait too long for care. This is a position that is mirrored across the country but that is no excuse. Every number on our waiting lists is a person whose quality of life is being affected by their wait and we are committed to working together with our partners to do everything we can to reduce our waiting lists and make sure that people get the care they need when they need it.

Proof of negative lateral flow tests are no longer required for visitors, however, other than this, our visitor arrangements remain unchanged. Each patient has

one visitor for one hour once a day (unless special arrangements have been agreed). It is vitally important that people do not visit if they have any symptoms of COVID-19 or D&V as this will help us to continue to protect our vulnerable patients and our hard-working staff.

Reducing waiting times for surgery and diagnostics
Patients waiting for orthopaedic surgery are now benefiting from treatment at the Nightingale Hospital Exeter. The first Torbay and South Devon patients had their operations last month and their feedback has been very positive.

Our day surgery unit at Torbay Hospital is now fully restored. The team are to be highly commended for their commitment to keeping as much planned care surgery operating as possible throughout the winter and for working together with partners to maximise resources to deliver safe and effective care.

We continue to offer people waiting for diagnostics the opportunity to have their scan at the Nightingale Hospital Exeter and encourage everyone to take up the offer if they are able to do so.

During the past two years we have worked closely with Mount Stuart Hospital to reduce the impact of the pandemic on about ability to care for our patients and help us deliver diagnostic, urgent and cancer surgical services with hundreds of surgical procedures and diagnostic CT scans being performed at Mount Stuart for our patients.

We are hugely grateful to our colleagues at Mount Stuart Hospital for all their support and for working with us to make sure that our most vulnerable patients have continued to receive safe and timely care. We also want to say a big thank you to all our colleagues who have been involved with this work over the past two years – it truly was a collaborative effort with the involvement of everyone from IT to surgical – thank you!

Marking the national day of reflection
On 23 March we marked the national day of reflection by participating in the national minutes' silence at midday across our sites (where we could safely do so). We also joined in 'shine a light' at 8pm.

Supported by our HeArTs programme (Health and the Arts in Torbay and South Devon) and our COVID-19 fund, local poet Harula Ladd was on site at Torbay Hospital offering poetry takeaways for staff and patients. Harula writes three-minute improvised poems to order and it was a meaningful opportunity for people to have their thoughts, ideas and concerns reflected back in a poem. We also held an online drop-in session with Harula for staff on Tuesday 29 March.

We are arranging for Harula to visit some of our community sites to run similar sessions for community staff and patients. We are planning to use words and themes from the poems Harula has written for staff and patients to make a 'Torbay and South Devon' poem which brings together our people's voices to share what matters to us.

Ward accreditations
During March 2022, one more of our wards was assessed under the scheme.

Warrington ward achieved a gold award – this was their first assessment and a fantastic achievement. The assessors were impressed by the excellent patient care being provided by the knowledgeable and dedicated staff.

DAISY awards
Our DAISY award winner for February 2022 was Kate Campbell, midwife. Due to a combination of annual leave and working patterns we haven't yet been able to give Kate her award but we will do so as soon as we can.

For March 2022 we have two DAISY award winners. Sophie Wells works on Simpson ward at Torbay Hospital – we haven't yet been able to give Sophie her award but we will do so as soon as we can. There will be more information about Kate and Sophie and why they have won in my May report to Board.

The second DAISY winner for March 2022 is Jo White, a midwife who has recently retired and returned. We were delighted to be able to give Jo her award on her final day of substantive employment (a wonderful way to acknowledge her retirement) and we are also delighted that Jo will continue to be part of our Torbay and South Devon family through our bank.

The nomination for Jo is below – it has been redacted to maintain confidentiality but still clearly shows why Jo is an exceptional midwife:

The nomination came from the birthing partner of Alice (not her real name).
"Jo, our midwife, came on shift at 8pm and from the moment she said hello we all knew we were in safe hands. It was a long birth which led to Alice needing an induction. Poor Alice knew the contracts were going to be intense and that she would need all the support she could get. Jo was working with a 3rd year student midwife Martha. Jo asked if we minded Martha joining us to which we all said we didn't mind at all. Jo and Martha worked beautifully as a team they knew when we needed the support when to give us just some family time and when Alice needed talking through all of her options. Jo was a brilliant mentor to Martha and really encourage her to take Alice and the baby on as her own patient.

My baby niece was born safely at XXXX weighing XXX by Martha with the support of Jo. It was the first birth I had ever been a part of and I cannot thank Jo and Martha for the amazing support they gave my family. Unfortunately my niece was a little unwell and had to be moved to SCBU but she's a little fighter and was discharged home from hospital today."

Ofsted inspection for Torbay Children's Services
Ofsted's Inspection of Local Authorities Childrens Services (ILACS) has now been carried out. The full Ofsted inspection began on 21 March 2022 and lasted for two weeks. The report is presently going through the Ofsted consistency process and is due to be published on 18 May 2022.

Staff survey results published
The results of the national NHS staff survey were published in full on 30 March. 3,089 of our people took part in the survey – 46% of our total workforce and an increase on last year. That gives us a really good basis for understanding how it

feels to work for Torbay and South Devon and where we need to focus our efforts to improve our working environment and our culture.

Overall, our feedback for all but one of the indicators was in line with or better than the national average. The exception ('we are always learning') was just 0.1 below the average. While this is good news, the picture across the whole country is that the strain of the continuing pandemic has had a huge impact on staff morale and wellbeing. We are no exception, and on many indicators, our scores have deteriorated since last year.

The positive headlines for us are that our people remain focused on providing and supporting compassionate, quality care and have a good level of autonomy in their own roles. There is also a strong sense of feeling trusted to do the job and shared values within teams with good support from line managers.

However, many of our people have told us that there are not enough staff for them to do your job properly and this is impacting on how they feel about coming to work and the care they are able to provide. We hear loud and clear that our people are feeling stressed and experiencing fatigue and burnout. Therefore, staff recruitment and wellbeing will be a real focus for our action plan during 2022/23. Our People Directorate are already building the feedback into next year's action plans including expanding the health and wellbeing buddy network, providing better debriefing and support after a critical incident and finding new ways to 'grow our own' talent as well as increasing international recruitment.

Our People Directorate are working hard to interrogate the data in more detail so that we don't miss any issues where a small percentage change might have a big impact. We are also sharing results with teams and departments so they can understand the picture in their own area and focus on what they can do to make improvements locally. A full report is being presented to the Board today.

Building our brighter future – conversations with our people
From 28 March to 06 April we undertook eight days of staff engagement on our building a brighter future programme. The roadshows took place across 14 of our sites and we had approximately 200 conversations. We are currently analysing the data and will share the feedback with our people shortly.

3.3 Excellent value and sustainability
Dartmouth health and wellbeing centre
Construction of the new health and wellbeing centre is continuing with the external walls now complete and the roof joists and covering also finished. This means that we are now at the highest point of the construction and on 26 April we will be celebrating this with a small ceremony of invited guests.

As April progresses, externally work on the carpark will continue, external wood cladding and window begins. Inside, partitions are being erected which will define the internal layout.

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

leadership and ongoing support, as our teams continue to strive to deliver excellent care during exceptionally challenging circumstances across all our services.

Internal	External
• Video blog sessions • Staff side • Diversity and Inclusion Lead • Freedom to Speak Up Guardian • Partnership Forum • Tea Trolley visits to John Macpherson Ward, Delivery Suite and Microbiology • Walkaround Level 2, Torbay Hospital • Lead Governor meetings • Lead Head & Neck/Thyroid Cancer Clinical Nurse Specialist	• Chief Executive, Integrated Care System for Devon • Deputy Chief Executive, Integrated Care System for Devon • Chair, Integrated Care System for Devon • Long Term Plan Programme Director, Integrated Care System for Devon • Improvement Director, NHSEI • Provider Collaborative Programme Director (MHLDA) • Devon ICS Programme Director (MHLDA) • Chief Executive, Devon Partnership Trust • Chief Executive, Royal Devon University Healthcare NHS Foundation Trust • Chief Executive, University Hospital Plymouth NHS Foundation Trust • Chief Executive, Torbay Council • Director of Adult Social Services, Torbay Council • Chief Officer for Adult Care, Devon County Council • Devon NHS Chief Executives meeting • South West Regional Chief Executives • Integrated Care Board Orientation Sessions • Acute Provider Collaborative Meeting • Torbay Place Based Leadership Board Meeting • South West Regional Roadshow • Midlands and South System Talent Management Co-design Group • Independent Executive Support - Integrated Care System for Devon SOF4 Programme

5. Local health and care economy developments

5.1 Partner and partnership updates

5.1.1 Integrated Care System developments

Work is underway by the Integrated Care System (ICS) Development Programme to strengthen collaborative working and support people and communities.

Following a workshop in November last year, a system working group have co-produced a shared high-level view of ICS programme priorities for the next 12-18 months. The group includes colleagues from primary care, secondary care, mental health, local authorities, the voluntary sector and Healthwatch.

In parallel, the programme has responded to immediate needs to develop:

- a system Leadership Programme to support the establishment of pan-system groups, including the Integrated Care Board (ICB), and to strengthen system leadership within professional groups
- plans for a series of Devon Conferences to strengthen mindsets, skills and actions for system working
- a Devon Plan and draft ICS maturity assessment
- in May, ICB and ICS Executives will be invited to review the design phase work and agree the ISD Programme Implementation Plan, kick-starting the next exciting phase in our ICS development.

The programme is key to achieving the changes necessary to deliver Devon's long- term plan and shared vision of equal chances for everyone to lead long and healthy lives.

5.1.2 Workforce strategy update

Work continues to produce a system-wide action plan to improve staff health and wellbeing, with a view to reducing and better managing absences. The current focus is on working with providers to complete reviews and generate an action plan.

This plan will focus on ensuring we have standardised best practice processes for managing absence based on the NHSE/I publication 'Deep dive into factors affecting non-COVID sickness absence North West NHS Trusts 2020'.

An Employee Assistance Programme is in place for all staff across Devon and the programme is assessing the extent to which we need to add to /change our proactive health and wellbeing offer.

System partners are working together to review the outcome of the NHS staff survey and agree actions to tackle the issues identified.

5.1.3 Engagement on protected elective capacity

NHS organisations in Devon are working together on a local engagement programme to consider measures that could help protect planned operations from being postponed when hospitals face very demand for their urgent care services.

On 08 February 2022, the Department of Health and Social Care published the NHS Elective Recovery Plan that describes how the NHS will tackle the backlog of care built up during the Covid-19 Pandemic.

The plan aims to eliminate waits of longer than 18 months for planned care by April 2023 and waits longer than a year by March 2025. It refers to protecting elective capacity as a principal way of tackling the NHS backlog. Protected elective capacity (PEC) means separating planned from emergency care to avoid the current challenge where emergency cases can disrupt routine operations and cause cancellations or delays.

Between 02 March and 08 April 2022, the NHS in Devon undertook a period of targeted engagement events with people who this work impacts the most (for example, those currently on waiting lists for surgery or staff working in these areas). Over a series of nine focus groups, staff and patients were invited to share emerging thinking and discuss how we can protect elective capacity in Devon.

Focus groups also specifically included insights from people with disabilities, people from the Deaf Community, patients from diverse ethnic backgrounds, people from rural areas and people from the LGBTQ+ community in Devon. Feedback will be used to support options development, which require consultation, later this year.

5.1.4 Digital locum GP service

The NHS in Devon is working with partners to lead the way in developing digital solutions for general practice with its game changing ‘GP in the Cloud’ digital locum technology.

At a time when NHS organisations are seeing sustained high demand on services while managing high staff absence due to COVID, this ground-breaking technology is a welcome addition, providing much-needed extra resources for general practice.

The innovative technology enables a GP to be located anywhere in the UK to carry out online consultations to patients across Devon via the internet, using a secure cloud-based virtual desktop (VDI), based within the Devon information technology infrastructure.

The digital locum service offers many uses, including:

- support for clearing a backlog of digital work at busy times to help free up staff on the ground to do more face-to-face clinics
- providing short-notice extra GP cover
- cover for annual leave or other planned absences.

The ‘Digital Locum Service’ is delivered through a partnership of Devon Clinical Commissioning Group, Delt Shared Services Limited, National Association of Sessional GPs (NASGP) and Lantum.

5.1.5 Nightingale offering range of services

The NHS Nightingale Exeter is now offering a range of orthopaedic, ophthalmology, diagnostic and rheumatology services to local people, helping to further reduce waiting times.

The facility was initially part of the national response to the first wave of the pandemic, providing emergency in-patient care for nearly 250 patients with COVID- 19 from across Devon, Somerset and Dorset.

After being decommissioned as a COVID-19 hospital in March 2021, the Nightingale was purchased by the Royal Devon University Healthcare NHS Foundation Trust on behalf of NHS organisations across Devon and the South West region. The site has since been used to provide thousands of important diagnostic scans to local people and support the delivery of COVID-19 vaccine studies, as well as acting as a training centre to support new staff arriving from overseas.

In May 2021, it was announced that the Nightingale would receive a share of funding from the National Accelerator Systems Programme, which was awarded to Devon to support the reduction in waiting times.

As a result of a clinically led redesign programme, the Nightingale has now been transformed into a state-of-the-art facility and is home to the following services:

- Southwest Ambulatory Orthopaedic Centre, which has two operating theatres for day case and short stay elective orthopaedic procedures
- Centre of Excellence for Eyes, which operates diagnostic screening services for ophthalmology patients and will run a high-volume cataract treatment hub
- Devon Diagnostic Centre, which is providing CT, MRI, X-ray, ultrasound, echocardiograms and fluoroscopy services
- The RD&E's Rheumatology department which provides outpatient care and day case infusions.

For more details, visit: https://royaldevon.nhs.uk/news/devon-nightingale-s-legacy- continues-as-the-hospital-tackles-the-region-s-waiting-lists/.

5.1.6 Devon and Cornwall care record

Across Devon and Cornwall, a programme of digital work is underway to deliver a new system called the Devon and Cornwall care record that will transform the way we provide services to patients. It is part of a national programme to transform information sharing across health and social care.

Throughout March and April, the programme team have been holding webinars for general practice, Healthwatch and other key stakeholders to brief them on the programme and what it means for patients, GP practices and the wider system.

The programme will continue to work with GP practices and other stakeholder organisations to increase the number of data sharing agreements in place. This will enable the wider health and care community to benefit fully from accessing information and provide better care for patients.

Extensive testing will also continue behind the scenes with system partners and their IT teams. This testing ensures that when new organisations come on board, the system works, patient information is displayed correctly, and the appropriate authorised clinicians and healthcare workers can access the patient's record.

5.1.7 CCG staff transitioning to ICB – consultation

A staff consultation on the transition to becoming an Integrated Care Board (ICB) was launched by NHS Devon Clinical Commissioning Group (CCG) on 06 April.

NHS Devon ICB is expected to be a statutory organisation on 01 July 2022, replacing the CCG as the organisation responsible for planning, buying and monitoring healthcare services.

As part of the transition, the CCG is required to consult with all staff who will automatically transfer to the ICB under TUPE regulations and are protected by NHS England's employment commitment.

For many staff, this will mean little or no changes to their roles on 01 July, however some may see changes to job title and/or line management arrangements.

The consultation, which is open until 04 May, follows last month's announcement about the ICB's new Board and executive team members.

5.1.8 General Practice strategy for Devon

There has been substantial progress during March on the new General Practice Strategy for Devon. Engagement is being carried out in three identified phases:

- phase 1 – gathering (01 February – 31 March 2022)
- phase 2 – collation of material gathered and production of report (April)
- phase 3 – engagement on draft document (May)

All the original reference group meetings have taken place within the Phase 1 schedule; 13 in total. This includes groups with GPs, practice managers, Healthwatch, patient groups, external provider organisations through to internal CCG colleagues. There has been strong interest and engagement within these sessions and the output from each has been noted, with the themes being fed back to each group to clarify content recorded.

Three additional reference groups will be arranged – these are the Urgent Care Commissioners, Children and Young People's Mental Health and the Mental Health Learning Disability and Autism group. These will take place during April, alongside the collation of material gathered and production of the initial draft.

Two surveys have been issued to enable wider gathering of views from individuals. One, aimed at healthcare professionals, has been circulated widely across practices (for all practice staff), all reference group attendees, promoted via bulletins and the CCG's GP webinar, shared with Clinical Directors, nursing groups, the GP Strategic Operational Group (GPSOG), the Workforce Improvement Group (WIG) and Governing Body members.

The other survey, aimed at patients, public and elected representatives, has been circulated to system partners, practices and Healthwatch asking them to share this onwards to reach as many patients as possible through their networks and Patient Participation Groups (PPGs). Both surveys closed on 08 April.

As the information-gathering phase now closes, focus will turn to collating all materials gathered and preparing an early draft strategy during April. This draft will be shared with key stakeholders and the CCG's Primary Care Commissioning Committee for further engagement during May, providing an opportunity for early review and feedback by members. The expectation is that the final version will be signed off and published in July 2022.

5.1.9 Royal Devon University Healthcare NHS Foundation Trust formed after merger

The Royal Devon and Exeter NHS Foundation Trust (RD&E) and Northern Devon Healthcare NHS Trust (NDHT) have formally merged to become the Royal DevonUniversity Healthcare NHS Foundation Trust.

The new Trust, which began on 1 April 2022, has two acute and 20 community hospitals, and almost 17,000 staff. While the Trusts have merged, the same services continue to be offered from all hospitals and teams.

The name of the overall Trust has changed, but North Devon District Hospital, the Royal Devon and Exeter Hospital (Wonford and Heavitree) and the Trust's community services – including community hospitals – will continue to be known by their existing names.

Chief executive officer, Suzanne Tracey, and new chair, Dame Shan Morgan, haveexplained what the merger means to staff and patients in a short video. Further information is also available on the Trust's website.

5.1.10 Mental Health, Learning Disability and Autism Provider Collaborative

Ambitious plans to transform community mental health in Devon have reached a key milestone as localNHS organisations have agreed to formally work alongside the Voluntary, Community, Social Enterprise and Independent Sector (VCSEI) to support those witha severe mental illness.

Closer partnership working with VCSEI partners is one of the core features of Devon's Community Mental Health Framework, which aims to better support thosewith a severe mental illness. Following extensive engagement during 2021, an alliance of VCSEI organisations was formed to support this work. The alliance comprises Improving Lives Plymouth; Devon Mind; Shekinah; Step One; CoLab Exeter; and Rethink Mental Illness.

Devon Partnership NHS Trust and Livewell Southwest – the providers of mental health services in Devon and Plymouth – are leading the Framework developments and have been working collaboratively with the Alliance to agree on a contract, whichhas now been signed-off.

The Alliance will work across four areas: Northern, Eastern, Western and Southerncovering Devon's five Local Care Partnership footprints with an initial focus on recruiting Locality Managers and Recovery Practitioners who will play an importantrole in supporting individuals.

Service provision will be shaped through an ongoing process of learning and co-production involving partners and service users.
A new Locality Manager role will be recruited for each area, with post-holders due to be in place soon. They will act as the primary point of contact for the Alliance for theirrespective area, working with both statutory and other VCSEI partners.

Alongside this, a new Recovery Practitioner role will be created and based in the Mental Health Multi-Agency Teams and aligned to Devon's 31 Primary Care Networks (PCNs). The Alliance hopes to recruit to 20 posts.

For more information, visit www.mentalhealthdevon.co.uk

5.1.11 Engagement summary published

NHS England and NHS Improvement is working closely with the Local Government Association (LGA) and the Department of Health and Social Care (DHSC) to support system leaders as they develop Integrated Care Partnerships (ICPs).

In September 2021, they published a joint engagement document that presented a vision for how ICPs can provide the foundations for strong, effective partnership working. A summary of the ICP engagement response, which also includes further information and case studies, has recently been published.

6 Local media update

6.1 News release and campaign highlights include:

We continue to maximise our use of local and social media as well as our website to ensure that the people of Torbay and South Devon have access to timely, accurate information, to support them to live well and access services appropriately when needed.

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

Recent key media releases and responses:

- Day of reflection coverage – for the two year anniversary of the first COVID-19 lockdown, one of our consultants, Yahya, and his son, Tayyib, spoke to BBC Spotlight about their experiences of working together at Torbay Hospital over the last two years, having last spoke to the BBC in 2020
- Rising COVID-19 patients in Devon – Ian Currie, Medical Director was interviewed by the BBC and ITV following the news that there were more COVID-19 patients in Devon hospitals in March than at any other point during the pandemic
- World Social Work Day – release celebrating the contribution of our social workers on World Social Work Day using case studies

- Cancer peer support group – release highlighting the launch of a new peer support group for people affected by head and neck cancer in Torbay and South Devon

Recent engagement on our social media channels includes:

- Measures in place to protect our people – a video from Dr Joanne Watson, Director of Infection Prevention and Control, to highlight why we still have our current restrictions in place
- Chief People Officer vacancy – started a promotion campaign for our Chief People Officer opportunity, using a video which celebrates what it's like to work and be a part of the Torbay and South Devon family
- Nutrition and Hydration Week – used the week as an opportunity to highlight to our audiences the benefits of good nutrition and hydration for our health
- National Day of Reflection – promoted the second anniversary of the first COVID-19 lockdown as a time to reflect, and encouraged our followers to join in with the minute's silence and 'shine a light', that our organisation joined in with where possible
- 5k your way – promoting a 5k your way event in Torbay for people affected by cancer
- Helping relatives with transports – encouraging family members to ask what they can do to help get their loved ones home when they are ready to leave hospital, including provide transport
- Spring scenes in Newton Abbot – shared a fantastic photo sent in by one of our staff of the flowers on display at Newton Abbot Community Hospital

Development of our social media channels:

Channel	End of year target	As of 31 March 2021	As of 31 March 2022
LinkedIn	5,000 followers	2,878	3,882 ↑ 1,004 followers
Facebook	15,000 likes	12,141	12,850 ↑ 709 followers
	15,000 followers	12,499	13,314 ↑ 815 followers
Twitter	8,000 followers	6,801	7,378 ↑ 577 followers

7 Recommendation

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

BOARD ASSURANCE FRAMEWORK SUMMARY

Q4 2021/22 v19

Torbay and South Devon NHS Foundation Trust

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	20	Red	Red	Target risk increased from 16 to 20 and general updates to ensure BAF is aligned with current position
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	12	Amber	Amber	General updates to ensure BAF is aligned with current position
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	12	Amber	Amber	General updates to ensure BAF is aligned with current position
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	Significant updates following deep dive at April BBF Committee. Further refinements to be made following debate at the meeting which will be reflected in the next version

NHS
Torbay and South Devon
NHS Foundation Trust

Report to Trust Board of Directors			
Report title: Integrated Performance Report (IPR): Month 12 2021/22 (March 2022 data)			Meeting date: 27th April 2022
Report appendix	M12 2021/22 IPR focus report M12 2021/22 IPR Dashboard of key metrics		
Report sponsor	Deputy CEO and Chief Finance Officer		
Report author	Head of Performance		
Report provenance	ISU and System governance meetings – review of key performance risks and dashboard Executive Director: 21 April 2022 Integrated Governance Group: 20/21 April 2022 Finance, Performance, and Digital Committee: 25 April 2022		
Purpose of the report and key issues for consideration/decision	The purpose of this report is to bring together the key areas of delivery (including, quality and safety, workforce, operational performance, and finance) into a single integrated report to enable the Trust Board to: • Review evidence of overall delivery, against national and local standard and targets • Interrogate areas of risk and plans for mitigation • provide assurance to the Board that the Trust is on track to deliver the standards required by the regulator. Areas of exception that the Board will want to focus on are highlighted below and detailed in the attached Focus Report.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to **review** the documents and evidence presented.		
Summary of key elements			
Strategic objectives supported by this report	**Safe, quality care and best experience**: Yes; **Valuing our workforce**: Yes **Improved wellbeing through partnership**: ; **Well-led**: Yes		
Is this on the Trust's Board Assurance Framework and/or Risk Register	**Board Assurance Framework**: Yes; **Risk score**: 20 **Risk Register**: Yes; **Risk score**: 25		

External standards affected by this report and associated risks	

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

This report reflects the following corporate risks:

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

Report title: Integrated Performance Report (IPR): Month 12 2021/22 (March 2022 data)		**Meeting date:** 27 April 2022
Report sponsor	Deputy Chief Executive & Chief Finance Officer	
Report author	Head of Performance	

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

1. Quality headlines

CQC: Both the March 2020 action plan and the December 2021 action plan are being progressed through their respective groups with no exceptions being reported.

Incidents: In March there were 2 severe incidents and 3 deaths reported.

- 1 intermediate care placement fall resulted in a fractured hip and has been reported on STEIS and 1 x ED triage delay.
- 3 deaths:
  1. Clinical Institute Withdrawal Assessment Alcohol - implementation – STEIS
  2. Delay in a Cardiac arrest call. – STEIS
  3. Child death – ED - STEIS

Stroke: The percentage of time stroke patients are spending on a stroke ward remains below the 90% target for March, and there has been a deterioration in performance;

- In March patients on average only spent 28% of time on the stroke ward.
- However, 6.1% of stroke patients were admitted within 4 hours, whilst still well below target is an improvement from February data.

VTE assessment: The VTE assessment compliance in March 2022 demonstrated a small reduction in compliance from 95.2% to 94.4%. The VTE group is now well established and through the work of this group are adopting a targeted approach inpatient wards to drive further improvement.

Infection, Prevention, and Control: Bed closures have increased to 203 in March 2022 from 71 in February 2022. The number of C.Diff cases have increased within the acute hospital and community from a total of 3 in February to 7 in March. The infection control focus has been on COVID-19 outbreaks which have affected the organisation.

Maternity: Following the publication of the Ockenden Report, Trust Boards are required to have an overview of maternity and neonatal safety and quality metrics. The Robson group presented in this report (proposed by WHO in 2015) is a classification system by which all perinatal events and outcomes can be compared.

Staffing: The Covid-19 nurse safer staffing risk framework remains in place after an increase in staff sickness related to COVID-19. However, wards remain in an overall amber position with mitigations and reassignment to areas according to patient need.

4. Workforce Headlines

The annual rolling sickness absence rate was 5.34% to end of March 2022; this is against the target rate for sickness of 4% and is the highest figure since ESR was implemented in 2005. The monthly sickness figure for March was 7.44% which again is the highest monthly figure since 2005 however covid related sickness accounted for 3.15% the March position.

The Achievement Review rate for the end of March 2022 was 71.87% which is another reduction from February's 75.22%. This is being reviewed through integrated governance group meetings with improvement plans being developed.

The Trust's turnover rate now stands at 13.43% for the year to March and is within the target range of between 10%-14% however this figure continues to rise.

The current overall mandatory training rate is 89.50% for March 2022 against a target of 85% and is a slight increase for the figure in February of 89.22%. A new interface will be implemented that should improve the data accuracy of the HIVE for staff compliance figures.

The financial year end Trust Agency spend was £13.248m which was £4.9m above plan for the year. The March agency figure was £1.468m compared to £658k in February.

5. Performance Headlines

Covid: Throughout March, the Trust experienced a record number of covid hospitalisations with a rapid increase from circa 20 covid patients to 71 by 29th March; the number of patients requiring intensive care however remained low reflecting reduced morbidity of covid infection. Staff sickness levels also increased from the surge in covid infections experienced across the community. The workforce escalation plan to divert non-urgent clinical capacity to priority areas with continuation of payment incentives to backfill shifts helped to mitigate the full impact of these staffing pressures, albeit bringing with it a risk of staff burnout.

Recovery Planning: Recovery planning and estates works to facilitate the key changes has continued throughout March. The two key elements remain on track, being the return of the Day Surgery Unit and increased elective beds to allow the commencement of routine inpatient operating by the end of April. There have been some further significant service changes to accommodate the move of the Medical Receiving Unit (MRU) into the outpatient department on level 2 requiring the relocation of other outpatient clinic facilities. The biggest is on urology who will move the whole outpatient service to the Paignton Hospital site. The System Capacity and Recovery Group has continued to oversee this work and ensure rapid delivery of the required capacity.

Urgent Care: Urgent and emergency services continued to be challenged throughout March with OPEL 4 declared on 18 days and all other days OPEL 3. High bed occupancy continued to cause delays to ambulance handover, extended waits in ED and assessment areas with patients often bedded in ED and assessment areas overnight.
702 people spent 12-hours or more in the Emergency Department this being a deterioration from February 364; ambulance handover delays remained high with 757

patients experiencing a delay of over an hour once arriving to the Emergency Department.

In line with the national mandate, this month's focus report contains data to highlight ambulance emergency response times highlighting the challenges faced by the ambulance service in delivering the Cat 1 and Cat 2 response times.

People waiting for care: The number of patients waiting over 18-weeks, 52-weeks, and 104-weeks for treatment continues to increase in March. At the end of March 245 patients waiting over 104 weeks. With the plans remaining on track to re-open the Day Surgery Unit and restart routine elective orthopaedic inpatient surgery, capacity will become available to target these longest waiting patients and to clear most of the 104-week backlog by 30th June. This is subject however to covid demand subsiding and ring-fenced capacity being maintained.

Capacity within the private sector remains important in supporting delivery of routine elective care along with continued 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. Capacity at the Nightingale Hospital Exeter for orthopaedic procedures commenced as planned on 25th March with two full days of operating and positive feedback from the clinicians undertaking the lists.

The Trust is engaged with the ICS system Waiting Well programme. Through this work non-clinical validation of long wait patients (longer than 52 weeks) is being supported by the Devon Referrals Support Service contacting some of our longest waiting patients to give assurance and direct to wellbeing and lifestyle support. This Waiting Well project is also developing information links through various forms of media for patients to give further advice on waiting times and wider support.

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. Performance in March however has improved across the key access time standards. Improvement in Dermatology 2ww times has continued and is now within target. Urology however has seen a deterioration with the impact of staff changes and relocation of services and remains the highest risk service across the cancer standards.

Recovery plans remain high risk and being given weekly executive oversight.

Diagnostic waiting times: MRI, CT**,** Endoscopy, and Echocardiography remain challenged with a number of patients waiting over 6 weeks for diagnostic tests. 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 March, the number of 7-day and 21-day length of stay patients has remained significantly higher than normal levels.
The increased length of stay is in part a result of the number of patients who are medically fit with no 'criteria to reside' who require ongoing support and care in community settings. In March, there is continued reduction in the average number of

patients per day recorded as having no criteria to reside from 101 in January to 70 although remaining significantly higher than historic levels (30-40). The retention and recruitment of staff remains 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.

Adult Social Care (ASC) and Independent Sector:

Operational update:

- Front End Service (FES) and Complex Care Service (CCS) have seen high volumes of work resulting in increasing waiting lists.
- Continued pressure on workforce is due to covid related sickness and outstanding vacancies.
- Both FES and CCS are improving case closure rates, reducing inactive cases and cases open for 180 days.
- Overall increase in activity levels being seen as a result of team productivity and linked to roll out of enhanced level of reporting developed over recent months. The reports are reviewed through the refreshed assurance and governance route giving greater detail and understanding of individual and team performances.
- Recruitment plans are in place and being implemented.
- Regular flow meetings are in place to focus on inactive and cases held open for over 180 days.
- Measures are being implemented to address outstanding reviews including flagging at the point of case allocation which reviews are outstanding, this ultimately supports TSDFT meeting Care Act statutory responsibilities for reviews.

Inflationary uplifts for 2022/23 have been approved by TSDFT and Joanna Williams (Torbay Council's Director of Adult Social Services).

Fair Cost of Care (FCC) implementation, designed to ensure local authorities can prepare their markets for reform and move towards paying providers a fair cost of care as appropriate to local circumstances, is underway.

Adult Social Care Improvement Plan (ASCiP) will continue its work planning for the 2022/23 Cost Improvement Plan Savings. Transformation programme for 2022/23 will be prioritised alongside the initial stages of the central government requirements for social care charging reform (Care Accounts).

6. Finance headlines

The Trust has achieved a materially balanced revenue position against plan for the financial year 2021/22. Note that the position includes a write off to revenue of PFI capital prepayment cost at £0.2m.

For the month of March (M12) the Trust is reporting a £0.2m surplus and for the year to date the Trust is reporting a £1.7m surplus. Both M12 and year to date actuals are behind plan (£146K adverse in month, £59K adverse year to date).

Total income for the year is £27.1m favourable to plan. Key drivers are as follows:

NHS Pension (matched by cost)	£12.2m
Non patient services, Education & training, R&D and other	£8.4m
COVID related income	£6.2m
ASC client contribution income	£0.9m
ERF, ERF+ and capacity funding	£0.9m
Additional CFHD income	£0.6m
Offset by:	
Lower Council income	(£1.8m)
Lower Torbay Pharmaceutical sales	(£0.3m)

Operating expenditure and financing cost in the year is £26.9m adverse to plan. Key drivers are as follows:

NHS Pension (matched by income)	(£12.2m)
COVID related costs not initially budgeted	(£6.2m)
Agency spend	(£4.9m)
Bank spend	(£4.0m)
Increased clinical supplies and services costs	(£3.7m)
ASC and Placed People increased cost	(£3.1m)
Donated / push stock	(£1.3m)
Offset by	
Underspend on substantive pay due to vacancies	£7.5m
Underspend within CFHD alliance	£1.0m

The cash position remains strong with a year-end balance of £39.3m. in 21/22 Trust has spent c. £38.0m on capital schemes, an increase of c. £13.1m from Month 11.

The full H2 plan for efficiencies was £7.2m. At Month 11 there was a shortfall of c. £0.5m against plan, supported by non-recurrent measures and slippage. The extension of these into Month 12, means the Trust is able to report full delivery of the H2 plan at year end. However, it should be noted that of the £7.2m delivery only £1.6m was recorded as recurrent, which has a bearing on next year's (2022/23) position and efficiency requirements.

As previously reported, 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 at the end of the year is c. £8.2m delivered against a plan of c. £8.0m, giving a small upside of c. £0.2m (from H1).

All in year risks have been mitigated within the outturn position. By achieving the planned surplus of £1.8m it meant the Devon system had also reached its plan for FY 2021/22.

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. We have achieved £7.0m of income through ERF and ERF+ in year.

The Trust currently has a planned adjusted deficit of £29.9m for FY 2022/23. The final plan will be submitted on 28 April to NHSE/I. The following areas are worth noting:

- The plan is unlikely to be accepted by regulators and further improvement would be required.
- The planned deficit of £29.9m is after the delivery of an efficiency requirement at £28.5m, through transformation and Covid cost reduction initiatives.
- The plan currently includes scaled back ERF allocation from the CCG and matching activities which present significant risks for claw-back if 104% targets and stretch targets are not reached.
- Commissioner contracts are being re-introduced with aligned incentive payment mechanisms for elective activity, which would see the Trust lose income if elective activity fails to achieve the required levels. Details to be confirmed.
- There is no future funding for Hospital Discharge Programme. However, the Trust is in discussion with the ICS and Local Authorities regarding an interim funding and exit strategy.
- Capital plans for 2022-23 and beyond have been developed, there are significant pressures

Integrated Performance Focus Report (IPR) Trust Board

Torbay and South Devon NHS Foundation Trust

April 2022: Reporting period March 2022 (Month 12)

	Section 1: Performance
	Quality and safety
	Workforce
	Community and Social Care
	NHSI operational performance with local performance metric exceptions
	Children and Family Health Devon
	Section 2: Finance
	Finance
	Section 3: Appendices
	Statistical Process Control charts – pilot

Quality and Safety Summary

CQC: Both the March 2020 action plan and the December 2021 action plan are being progressed through their respective groups will no exception reports being reported.

Incidents: In March there were 2 severe incidents and 3 deaths reported.

- x 1 intermediate care placement fall resulted in a fractured hip and has been reported on STEIS and 1 x ED triage delay.
- X 3 deaths – failure to escalate care, lapses in care in relation to CIWA score and a child death in ED, all reported on STEIS.

Stroke: The percentage of time stroke patients are spending on a stroke ward remains below the 90% target for March, and there has been a deterioration in performance;

- In March patients ion average only spent 28% of time on the stroke ward.
- However, 6.1% of stroke patients were admitted within 4 hours, whilst still well below target is an improvement from February data.

VTE assessment:

- The VTE assessment compliance in March 2022 demonstrated a small reduction in compliance from 95.2% to 94.4% . The VTE group is now well established and through the work of this group are adopting a targeted approach inpatient wards to drive further improvement.

Infection, Prevention, and Control: Bed closures have increased to in March 2022 from 71 in February 2022. The number of C.Diff cases have increased within the acute hospital and community from a total of 3 in February to 7 in March. The infection control focus has been on COVID-19 outbreaks which have affected the organisation.

Maternity: Following the publication of the Ockenden Report, Trust Boards are required to have an overview of maternity and neonatal safety and quality metrics. The Robson group presented in this report (proposed by WHO in 2015) is a classification system by which all perinatal events and outcomes can be compared.

Staffing: The Covid-19 nurse safer staffing risk framework remains in place after an increased in staff sickness related to COVID-19. However wards remain in an overall amber position with mitigations and reassignment to areas according to patient need.

CQC update

The CQCs Inspection Report, published on 2 July 2020 continues to be monitored through CQC and Compliance Assurance Group. This plan was created to address the 28 Requirement Notices (Must Dos) and the 43 Should Do improvements following the CQCs Inspection At present the improvement plan has 9 Must Do and 8 Should Do actions to complete. Of the Must Dos, they fall into 4 main themes – Training, Appraisal, Clutter and rolling replacement programme. Despite best efforts these have all been impacted by the pandemic.
The Trust has created a recovery programme for training and appraisal so these can be achieved over a 3 year time period and this has been progressed through the appropriate committees. The individual ISU's will still monitor attendance to ensure full compliance is reached at the earliest opportunity .

The rolling equipment replacement programme has seen, in the 21/22 financial year, an acceleration in its investment for the rolling replacement of medical devices which have reached their end of serviceable life. It was forecast that the Trust would spend circa £2.4m on the replacement of medical devices in 21/22, however due to accelerated investment, the actual spend in this area has been £5.9m. Replacement commitments being taken into the 22/23 financial year amount to £2.4m and all capital investment in this area will be subject to a Quality and Equality Impact Assessment (QEIA) via the Capital Investment Delivery Group .

Work continues to ensure a clutter free environment and includes physical adjustments to the TAIRU building which will conclude in Q1 allowing bulk storage of large items, the Fire Safety Group now provides a forum to discuss issues and a feasibility study is underway to create additional bed and mattress storage on level 4 .

Following the focused inspection of Medical Care that took place on 1st December 2021, where EAU4 (COVID), and Forest (escalation) wards were inspected, the final inspection report was published on the 4th March 2022. The action plan is now being delivered through the Nutrition and Hydration Steering Group with most of the initial actions completed. The ongoing audits are showing good compliance and this is reported 3 times a week though the Safety Cell , through the ISU's governance meetings and a monthly report to Quality Improvement Group for oversight.

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

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

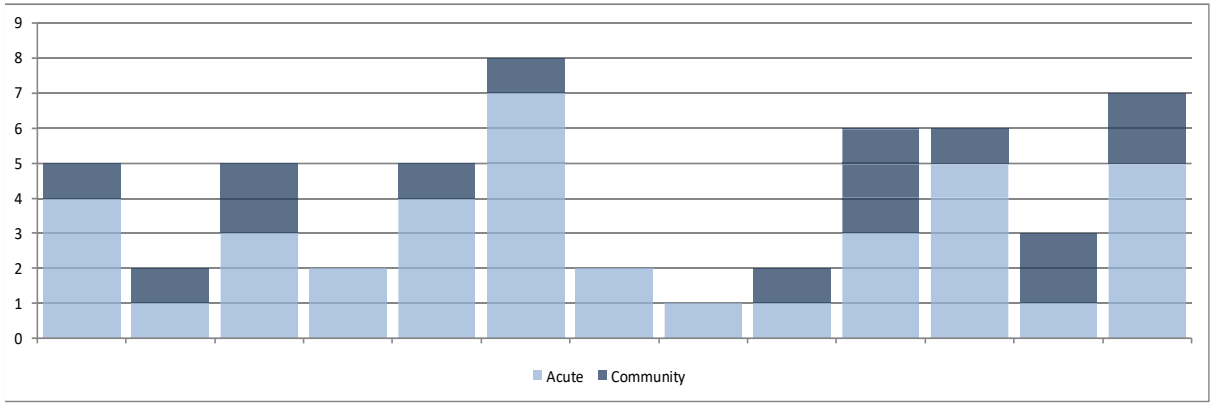
Quality and Safety Indicators

Key							
↑ = Performance improved from previous month		↓ = Performance deteriorated from previous month		↔ = No change			
	Not achieved		Under-achieved		Achieved		No target set		Data not available

Reported Incidents - Severe		↑
Reported Incidents - Death		↓
Medication errors resulting in moderate harm		↓
Medication errors - Total reported incidents		
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)		↔
Never Events		↔
Strategic Executive Information System (STEIS)		↑
QUEST (Quality Effectiveness Safety Trigger Tool		↑
Formal complaints - Number received		↓
VTE - Risk Assessment on Admission		↑
Hospital standardised mortality rate (HSMR)		↑
Safer Staffing - ICO - Daytime		↑
Safer Staffing - ICO – Night time		↑
Infection Control - Bed Closures - (Acute)		↓
Hand Hygiene		↑
Fracture Neck Of Femur - Time to Theatre <36 hours		↓
Stroke patients spending 90% of time on a stroke ward		↓
Mixed sex accommodation breaches		↔
Follow ups 6 weeks past to be seen date		↓

Number of Clostridium Difficile cases

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



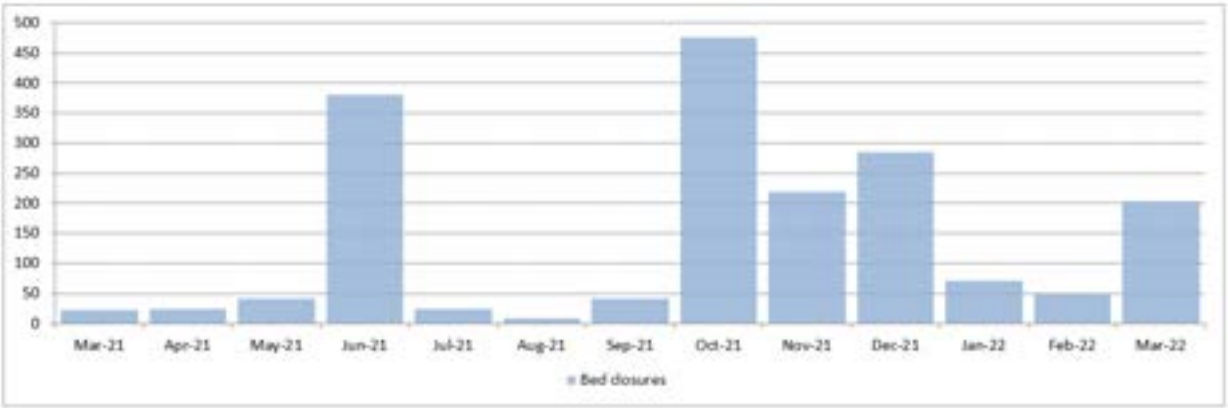
The number of C.Diff cases for March is 7;

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

Themes that are being seen are delay in isolation, sending specimens and giving empirical treatment.
None of which however, led to acquisition of C.Diff.

Infection control - Bed closures (Acute)

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Bed closures	23	24	42	381	24	8	42	476	218	285	71	49	203



March bed closures have increased to 200 from the February position of 49.

The reason for the closures have included;

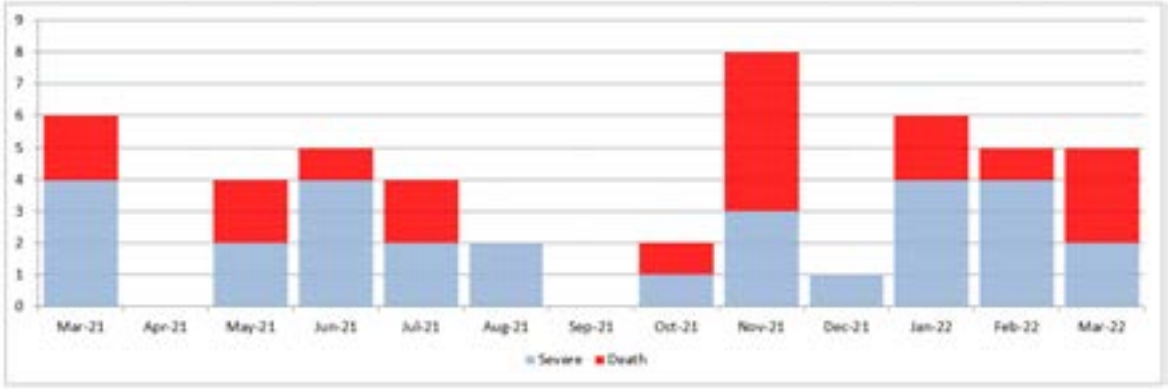
- Covid positive on admission and outbreaks during admission

- Staff driven outbreak since relaxation of COVID-19 rules in the Community.

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

Reported Incidents - Severe and Death

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



In March there were

- 2 Severe
  - 1 x Intermediate Care placement patient. Fall # NOF – STEIS
  - ED delay in initial triage / ECG - STEIS
- 3 deaths reported –
  - CIWA implementation lapses in Care – STEIS
  - Failure to escalate a Cardiac arrest call. – STEIS
  - Child death – ED - STEIS

Formal complaints

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Formal complaints	17	10	9	15	18	17	11	11	10	9	16	11	12
Target	60	60	60	60	60	60	60	60	60	60	60	60	60

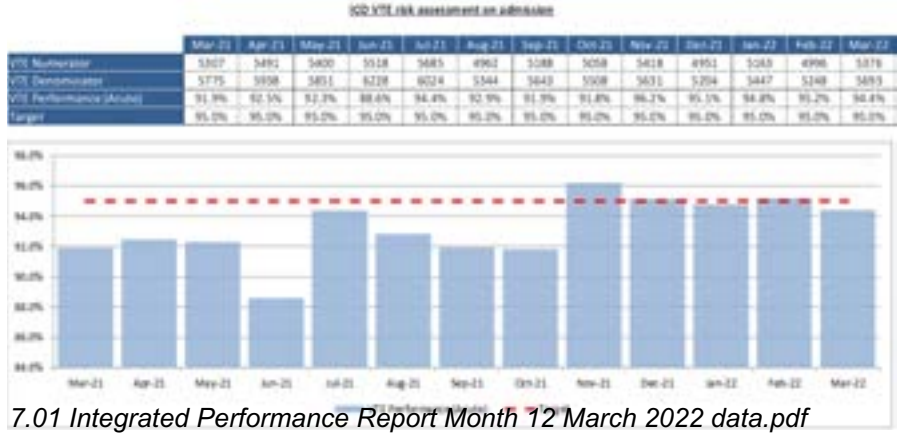
The Trust received 14 formal complaints in March

Of these 14 complaints :

- X3 with regards delays to treatment
- X2 relate to patient deaths

Delays in treatment has been the most common cause of formal complaints for the last 3 months.

Quality and Safety- Exception Reporting



Stroke:

The percentage of time stroke patients spend on a stroke ward has reduced to 28%

- The stroke ward has been closed due to covid. Only 6.1% of stroke patients were admitted within 4 hours.
- SNP allocated to ED every day, to review and progress treatment and transfer to a stroke bed and oversee their care.
- The stroke team (nurses and therapists) outreach to see stroke patients on other wards.
- The operations team are bidding for equipment to support patients on outlying wards
- We are linking with the stroke network- performance is poor nationally
- Plans in progress to ringfence stroke beds .

Follow ups:

The number of follow up patients waiting for an appointment greater that six weeks past their 'to be seen by date' has further increased to 21,338 in March an increase of 842.

Outpatient Transformation Programme is supporting the adoption of best practice to reduce the demand for follow ups (Target of 25%) including patient Initiated Follow up. It is expected that backlogs will start to reduce as capacity is fully restored and these improvements take effect.

Where long delays continue teams will continue to review and expedite any patients identified as higher risk.

VTE assessment

- The VTE assessment compliance in March 2022 demonstrated a small reduction in compliance from 95.2% to 94.4% .
- The VTE group is now well established and through the work of this group are adopting a targeted approach inpatient wards to drive further improvement.
- This is complemented by sustaining the work to maintain a high profile of the importance of VTE assessment.

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

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Running Total
% of women booked for continuity of carer	57.0%	64.2%	64.3%	64.9%	59.7%	65.3%	69.5%	54.0%	65.5%	61.9%	58.9%	50.7%	61.3%
Number of Stillbirths	0	0	0	0	0	2	1	0	1	3	0	0	7
% Robson Group 1	12.0%	0.0%	18.5%	22.9%	3.7%	11.4%	20.0%	24.1%	22.2%	15.4%	10.0%	8.7%	14.1%
% Robson Group 2	59.5%	47.6%	54.7%	48.1%	44.1%	62.5%	37.8%	51.6%	44.9%	57.1%	58.3%	30.3%	49.7%
% Robson Group 5	87.5%	64.7%	68.0%	70.8%	84.6%	82.1%	69.0%	78.6%	88.2%	81.0%	79.2%	90.0%	78.6%
% Breastfeeding at Delivery	73.5%	77.4%	75.3%	74.4%	76.4%	78.1%	71.0%	80.3%	72.2%	80.5%	78.9%	75.2%	76.1%

- The Robson Group classification categorises all women who deliver at each unit , regardless of mode of delivery. This WHO categorisation is thought to be a more intelligent way to monitor CS rates as oppose to total CS rates . For example in the table above, the data for Robson group 5 can be explained as follows: Of the women who would fall into Group 5 (women with a previous section) 90% of them had a repeat CS in this pregnancy . The remaining 10% had a vaginal delivery . The Robson group data allows a more sensitive way of comparisons with similar sized units . At our clinical effectiveness meeting we allocated a midwife and obstetric registrar to review the Robson groups 1,2 and 5 for December 2021. We will look at national rates compared to local rates and identify any learning.

- During March 2022, there were 155 births in the month. There are 150 deliveries projected for April and 162 for May 2022. The induction of labour rate in March 38 % compared to February 27%. Overall annual rate is around 36% which is a similar rate to the national picture

- In March 2022 we had no stillbirths or neonatal deaths however we had two late fetal losses. These are babies born before 24 weeks gestation. These births will investigated using the national tool for the review of perinatal deaths.

- COVID infections and self isolation still affecting staffing levels, however the teams have worked hard to provide safe staffing levels.
- We have paused any further roll out of additional teams within the Maternal Continuity of Care model to stabilise staffing levels

Performance exceptions and actions

Staff sickness/absence: RED for 12 mths and RED for current mth
The preliminary annual rolling sickness absence rate was 5.34% to the end of March 2022 which is continuing to increase due to the very low unseasonal figures for Jan-Mar 2021 and exceptionally high sickness currently – The sickness target rate is 4%. The unprecedented high sickness has continued through March with the monthly figure standing at 7.44% which is massively the hugest one month figure ever.

Appraisal rate: **Red**
March's Achievement Review rate reduced significantly to 71.87% from February's 75.22 % and is the lowest level since May 2020. Continued high absenteeism and system pressures are impacting the ability to perform Achievement Reviews.

Turnover (excluding Junior Doctors): **GREEN**
The Trust's turnover rate now stands at 13.43% for the year to March 2022 and is within the target range of between 10%-14% but has increased again from February's 12.86% however it should be noted that staff retiring and returning are part of these figures and account for up to 1.75% of that figure.

Mandatory Training rate: **GREEN**
The March overall rate mandatory training figure increased to 89.50% against a target of 85% and this was from February's 89.22% figure. An interface will be implemented over the coming months between ESR and the Hive and will solve many of the data quality issues with current reporting. Information Governance, Manual Handling and Safeguarding Children are all below the target compliance level for Corporate Mandatory training – Slide 7 has been added to highlight the multi-level training compliance.

Agency Expenditure: The Trust Agency reported figure for March was £1.468m giving the end of the Financial figure of £13.248m (£4.9m above plan).

Vacancy Rate: The Trust vacancy rate total as at the end of March stood at 356 FTE vacancies including 116 FTE qualified Nursing vacancies. The reduction in vacancies from the 392 in February is due to a combination of increased staff and a reduction in the overall budget.
Detailed vacancy reporting is still difficult in a number of areas at cost centre and occupational code level but is being reviewed on a regular basis and a new process is in place to improve this integrity.

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:

Growing for Our Future

- The first campaign using the new resourcing marketing material was launched in March, being used for the Chief People Officer recruitment. The videos and still images are also supporting the evolving 'Care to join' social media activity. Further filming us due to take place during early May to support the final video promoting the 'day in the life of' short films focussing on clinical roles.
- New format of our applicant attraction booklet (using page tiger) was launched in line with recruiting for Chief People Officer, with close collaboration between resourcing and communications team. This received fantastic feedback and is now the base format for senior level recruitment roles, and can be adapted quickly and professionally for any roles which would benefit form this type of supportive pack.
- Building on the new digital resourcing marketing content, work is underway to launch a pilot project of targeted local TV adverts seeking to attract from the local community to the main Torbay & South Devon sites. The first month will go live in May and will also be run alongside social media adverts as a test phase to inform future resourcing marketing strategy development.
- The resourcing event group is growing further traction and improvements learning form the first face to face which took place early in the year. Event planning is underway for a new format of 'apply, interview, offer – on the day' and the first one of these new trial formats is scheduled for 12 May with a targeted applicant of Healthcare Support Workers (HCSW) which is where the highest vacancy area is. This event is being developed with collaboration from resourcing, nursing workforce and education.
- Collaboration with ICS partners continues 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 (particular focus on temporary staffing), with the Resourcing Hub Service Manager leading many groups within the Devon ICS Resourcing Pillar. Progress and impact will be shared in coming months

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 ides 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.

New Ways of Working and Delivering Care

- The ICS medical recruitment campaign is in full swing; the marketing company are producing six short case study videos focusing on hard to recruit specialties in Devon with each of the NHS organisations providing an input. The videos will showcase what its like to live and work in Devon. An identity for the 'We are Devon' medical recruitment website has been developed and agreed by the steering group.
- A review of the Junior Doctor Medical Rota is underway and a working group with key stakeholders has been established. The group hope to produce a report on their findings with an options appraisal by the end of May.
- 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 17th 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

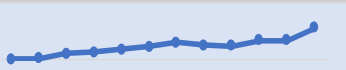
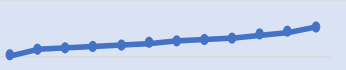
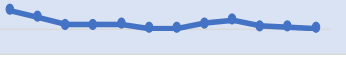
Belonging

- 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.

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.
- Improvement & Innovation launch delayed due to operational busyness. Improvement celebration day planned for beginning of May to showcase improvements from across our Trust and highlight the team support (Improvement & Innovation prospectus finalised) available.
- 10-week QI training programme completed with Patient, Safety Quality Team. 2nd cohort commenced with Clinical Governance Team and 3rd planned with Pharmacy after Easter.
- 36 places booked onto the 4-day QI Practitioner Course commencing 17th May.
- Adapted Drumbeat Clinical Engagement Programme planned to start 26th April – this will support clinical teams with the redesign of their care models as part of the Building a Brighter Future work.
- QI support to Pathways to Excellence Councils.
- Plans to offer QI input to Preceptee and New consultant/SAS programmes Work to capture new project ideas and completed work to share and celebrate in progress on the QI ICON pages.
- Continued work to standardise project documentation and processes Work to create improvement hub delayed as Estates need to prioritise to clinical changes to support recovery plans.

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

Indicator	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Performance
Month Sickness %	4%	3.98%	4.12%	4.63%	4.75%	5.06%	5.41%	5.87%	5.52%	5.46%	6.03%	6.10%	7.44%	
12 Mth Rolling Sickness %	4%	3.57%	3.98%	4.04%	4.13%	4.24%	4.36%	4.50%	4.56%	4.67%	4.85%	5.03%	5.34%	
Achievement Rate %	90%	85.95%	86.61%	84.73%	81.26%	80.56%	79.69%	77.86%	79.15%	78.57%	76.13%	75.22%	71.87%	
Labour Turnover Rate	10-14%	10.83%	11.03%	11.28%	10.95%	11.73%	11.32%	11.57%	11.51%	11.97%	12.60%	12.86%	13.43%	
Overall Training %	85%	90.06%	90.10%	90.51%	89.53%	89.36%	88.95%	89.02%	88.75%	88.38%	88.62%	89.22%	89.50%	
FTE Vacancy	N/A	178	196	182	255	117	206	340	378	381	373	392	356	
Vacancy Factor	<10%	2.98%	3.29%	3.04%	4.22%	1.93%	3.38%	5.46%	6.05%	6.10%	5.95%	6.23%	5.67%	
Monthly Agency Spend	£698K	£756	£827	£1,096	£1,284	£1,090	£1,090	£1,231	£1,373	£1,248	£1,025	£658	£1,468	
Nuring Staff Average % Day Fill Rate- Nurses		89%	92%	87%	90%	87%	82%	86%	89%	88%	87%	88%	88%	
Nuring Staff Average % Night Fill Rate- Nurses		90%	90%	89%	93%	88%	75%	81%	84%	81%	78%	79%	79%	
Safer Staffing- Overal CHPPD		8.39	8.08	7.71	7.73	7.75	7.55	7.56	7.78	7.93	7.64	7.61	7.56	

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.

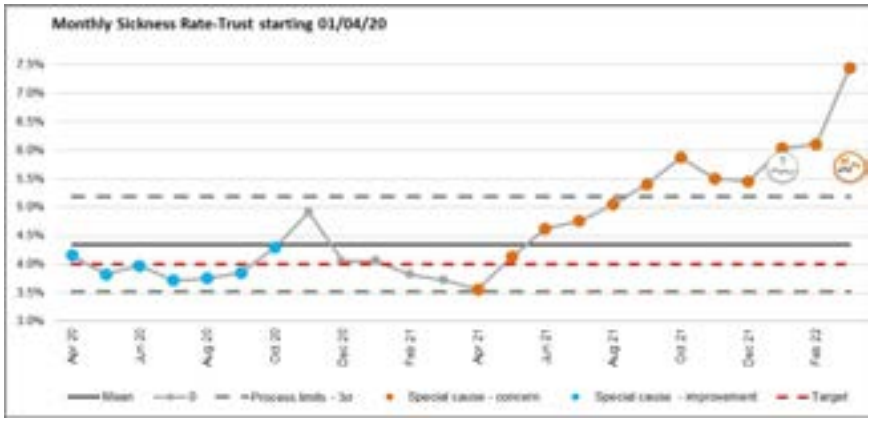
To help you interpret the data a number of rules can be applied.

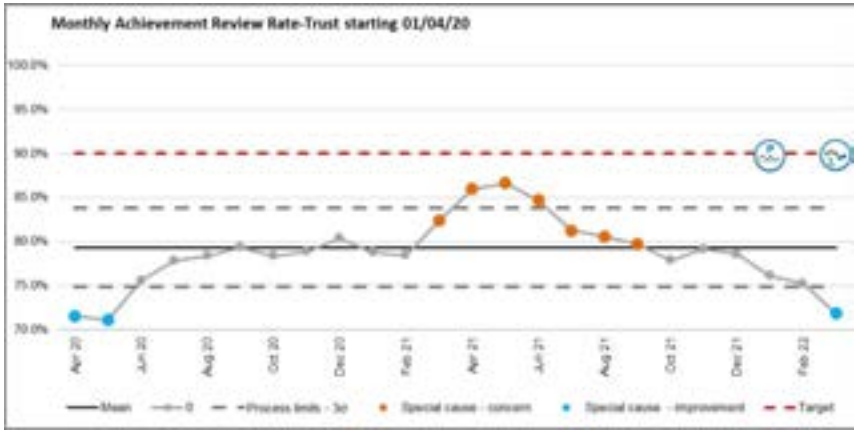
Any single point outside the process limits

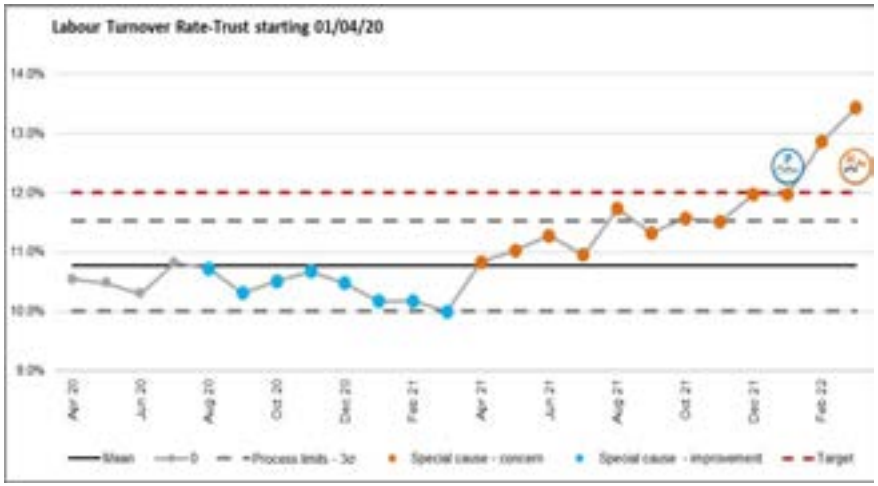
A run of 7 points above or below the mean (a shift), or a run of 7 points all consecutively ascending or descending (a trend).

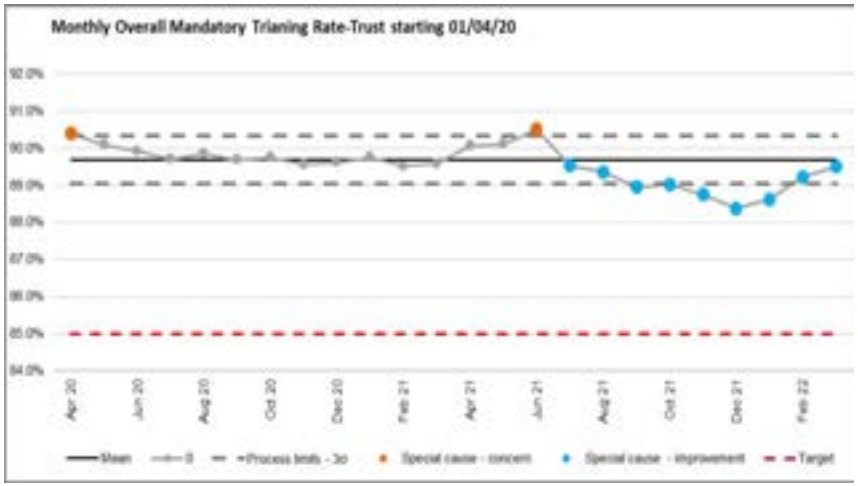
Any unusual pattern or trend within the process limits.

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 at the highest monthly figure ever / AR shows a trend below the mean and is continuing to reduce and March reduced to a significant level / LTR shows two trends with the most recent the increase in turnover however this includes retire and return / overall Training compliance remains consistent although March 2022 data may impact this a little.

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

Multiple Level Training Breakdown

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Infection Control L1*	91.75%	91.00%	90.91%	90.87%	91.62%	91.56%	91.52%	91.18%	90.84%	90.58%	90.77%	91.28%
infection Control L2*	82.15%	82.95%	84.74%	82.48%	82.71%	82.30%	82.28%	82.77%	82.00%	81.64%	82.40%	82.41%
Moving & Handling L1*	91.26%	91.17%	91.27%	90.70%	89.96%	90.61%	90.43%	89.85%	90.11	89.52%	89.69%	90.22%
Moving & Handling L2*	60.08%	63.06%	65.38%	66.45%	68.21%	68.54%	68.37%	67.07%	67.93	68.73%	69.31%	69.50%
Safeguarding Adults L1	96.30%	96.13%	96.09%	95.41%	94.60%	94.22%	94.29%	93.85%	93.55%	94.36%	94.47%	94.71%
Safeguarding Adults L2	89.50%	89.85%	89.95%	88.01%	88.33%	87.99%	87.83%	87.68%	87.07%	87.67%	88.04%	88.56%
Safeguarding Adults L3	49.29%	53.11%	57.42%	56.45%	57.26%	57.22%	59.03%	61.76%	62.90%	58.21%	58.47%	57.58%
Safeguarding Adults L4	50.00%	48.84%	59.09%	54.55%	53.49%	65.85%	63.41%	59.09%	65.91%	62.22%	62.22%	65.12%
Safeguarding Adults L5	33.33%	25.00%	25.00%	25.00%	25.00%	25.00%	75.00%	75.00%	80.00%	80.00%	80.00%	100.00%
Safeguarding Adults L6	66.67%	66.67%	66.67%	66.67%	66.67%	77.78%	77.78%	77.78%	77.78%	77.78%	77.78%	87.50%
Mental Capacity Act L1	61.48%	65.92%	72.74%	75.47%	77.77%	79.69%	81.22%	81.87%	83.13%	84.44%	85.35%	86.51%
Mental Capacity Act L2	47.33%	57.86%	66.58%	69.50%	73.82%	74.20%	76.76%	78.39%	79.06%	79.53%	80.52%	81.74%
Mental Capacity Act L3	18.03%	22.21%	30.72%	35.84%	42.30%	44.77%	48.74%	51.91%	54.86%	56.81%	58.42%	59.98%
Mental Capacity Act L4	n/a	20.00%	20.00%	20.00%	20.00%	20.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Mental Capacity Act L5	n/a	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	33.33%	33.33%	33.33%	100.00%
Mental Capacity Act L6	n/a	0.00%	0.00%	0.00%	0.00%	85.71%	85.71%	85.71%	85.71%	85.71%	83.33%	83.33%
Safeguarding Children L1	93.51%	93.05%	93.53%	91.82%	91.56%	90.89%	90.98%	89.86%	89.56%	89.09%	89.38%	89.90%
Safeguarding Children L2	83.13%	82.51%	82.69%	80.53%	80.54%	80.29%	80.89%	80.87%	80.52%	80.58%	81.04%	81.38%
Safeguarding Children L3	74.73%	75.20%	72.57%	71.33%	74.04%	70.66%	73.00%	75.96%	73.60%	69.08%	69.12%	73.21%
ABLS L1	97.05%	96.94%	96.99%	96.78%	96.67%	96.61%	96.82%	96.69%	96.87%	98.18%	98.02%	98.17%
ABLS L2	66.53%	68.90%	73.41%	72.87%	74.15%	72.34%	72.87%	72.49%	70.95%	71.57%	70.17%	68.09%
AILS L3	55.14%	60.91%	66.13%	66.67%	65.61%	61.35%	63.49%	64.63%	64.85%	65.49%	61.22%	57.68%
AALS L4	54.11%	57.75%	59.44%	62.59%	34.25%	42.47%	47.22%	46.85%	52.11%	60.36%	60.00%	63.25%
PBLS L2	64.13%	66.25%	69.10%	68.56%	69.15%	69.08%	68.37%	67.96%	66.32%	65.08%	64.38%	63.54%
PILS L3	29.79%	36.23%	38.36%	46.58%	47.83%	52.86%	55.22%	38.10%	39.42%	44.30%	47.20%	43.90%
PALS L4	26.00%	22.73%	25.76%	46.15%	44.12%	41.79%	41.54%	41.79%	37.88%	35.37%	49.23%	50.79%
NBLS L2	85.80%	80.25%	84.47%	81.37%	81.13%	76.13%	67.70%	74.38%	68.75%	71.67%	69.78%	65.41%
NBLS L3												61.29%

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

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

NHSI Staff Group	2021/03	2021/04	2021/05	2021/06	2021/07	2021/08	2021/09	2021/10	2021/11	2021/12	2022/01	2022/02	2022/03	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	522.34	520.82	-4.15	-0.79%
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	92.36	91.76	-2.40	-2.55%
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	551.50	559.04	27.70	5.21%
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	1147.56	1149.02	26.28	2.34%
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	342.02	346.93	5.54	1.62%
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	9.53	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	1293.75	1287.20	45.26	3.64%
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	1897.31	1912.84	6.45	0.34%
Grand Total	5773.68	5740.22	5751.33	5763.49	5798.91	5810.30	5842.46	5838.17	5849.93	5840.95	5845.95	5856.38	5878.15	104.47	1.81%

Pay Report Summary for the last 12 months

	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
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	£22,715,706	£35,278,455
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	£1,217,561	£1,436,187
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	£658,009	£1,467,363
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	£24,591,276	£38,182,005
WTE Worked	WTE	WTE	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	5,922.11	5,961.13
Bank	331.21	301.34	328.09	269.23	317.11	336.05	247.74	313.21	272.84	350.26	343.70	215.37	333.80	348.91
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	140.10	212.24
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	6,396.02	6,522.28

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 45 FTE over this period however this is a slight reduction on the previous month.

The Agency costs variation from £658k in Feb to £1,467k in March is a combination of year end adjustments and the extra temporary staff required due to the unparalleled sickness levels in March with the normal high holiday usage and system pressures.

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
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Medical And Dental	541.66	542.30	543.04	545.08	546.21	546.61	551.92	552.62	554.97	555.12	555.27	555.27
Nursing And Midwifery Registered	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	1,413.96	1,412.88
Support To Clinical Staff	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	2,037.44	2,037.57
Add Prof Scientific and Technic	431.92	431.19	434.19	435.19	436.19	436.19	445.02	445.02	446.02	446.02	460.53	460.53
Allied Health Professionals	493.43	495.28	498.80	504.60	512.00	512.00	508.88	508.41	509.58	509.78	509.78	509.78
Healthcare Scientists	99.60	99.60	100.02	102.19	103.19	103.19	104.19	103.91	104.90	104.90	104.90	104.90
Qualified Ambulance Service Staff	5.80	5.80	5.80	5.80	5.80	5.80	6.80	6.80	6.80	6.80	6.80	6.80
Administrative And Estates	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	1,196.97	1,188.27
Total Staff Budgeted WTE	5,972.71	5,970.92	5,989.69	6,035.89	6,059.75	6,087.48	6,228.84	6,242.48	6,255.19	6,266.10	6,285.64	6,276.00

Staff Group	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Medical And Dental	524.76	522.61	524.21	521.61	616.14	545.85	551.08	543.11	534.76	538.94	542.01	548.01
Nursing And Midwifery Registered	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	1,298.77	1,296.64
Support To Clinical Staff	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	1,898.81	1,917.73
Add Prof Scientific and Technic	406.84	406.93	410.04	411.09	424.86	413.28	418.97	403.66	413.99	414.68	416.53	414.95
Allied Health Professionals	479.38	480.14	479.20	470.70	473.80	482.36	488.14	485.86	484.17	485.77	476.60	475.29
Healthcare Scientists	99.17	100.17	98.72	98.72	99.40	98.16	97.69	99.30	97.80	96.36	96.36	96.77
Qualified Ambulance Service Staff	10.72	5.60	6.52	7.52	8.41	7.61	10.61	7.61	7.61	8.61	8.61	7.61
Administrative And Estates	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	1,156.45	1,163.14
Total Staff Worked WTE	5794.64	5774.76	5807.70	5780.96	5942.54	5881.46	5888.47	5864.67	5873.75	5893.15	5894.15	5920.15

Staff Group	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Medical And Dental	16.90	19.69	18.83	23.47	-69.93	0.76	0.84	9.51	20.21	16.18	13.26	7.26
Nursing And Midwifery Registered	78.88	75.56	76.85	82.10	73.46	75.69	136.52	137.78	131.48	126.13	115.19	116.24
Support To Clinical Staff	18.99	39.32	11.49	59.32	29.07	37.17	99.48	115.43	118.03	121.33	138.62	119.83
Add Prof Scientific and Technic	25.08	24.26	24.15	24.10	11.33	22.91	26.05	41.36	32.03	31.34	44.00	45.58
Allied Health Professionals	14.05	15.14	19.61	33.90	38.21	29.64	20.74	22.55	25.41	24.01	33.18	34.49
Healthcare Scientists	0.43	-0.57	1.30	3.47	3.79	5.03	6.50	4.61	7.10	8.54	8.54	8.13
Qualified Ambulance Service Staff	-4.92	0.20	-0.72	-1.72	-2.61	-1.81	-3.81	-0.81	-0.81	-1.81	-1.81	-0.81
Administrative And Estates	28.66	22.56	30.46	30.27	33.90	36.63	54.04	47.38	47.99	47.22	40.52	25.13
Total Staff Worked WTE	178.07	196.16	181.98	254.93	117.21	206.01	340.37	377.81	381.45	372.95	391.50	355.85

Vacancies: Vacancy data based on Finance Reporting from Unit 4 Agresso – The end of March total vacancy figure stands at 356 FTE with the Vacancy Factor now reduced to 5.67% from 6.23% in February. Nursing vacancies for March increased by 1 FTE over the last month from 115 FTE to 116 FTE.

The support to clinical staff group has seen the biggest in month vacancy reduction from 139 FTE to 120 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 2021 – 2022.

The February and March figures show a significant variance and will be in part Finance adjustments alongside the significant staff absenteeism through March.

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

The end of the Financial year Agency spend was £4.9m over budget.

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**	**Feb**	**Mar**	**Total**
Registered Nurses	356	348	468	584	520	599	557	676	570	432	408	818	6336
Scientific, Therapeutic and Technical	43	99	142	122	110	112	162	140	144	147	130	67	1418
of which Allied Health Professionals	31	45	63	58	65	47	65	70	80	88	86	23	721
of which Other Scientific, Therapeutic and Technical Staff	12	54	79	64	45	65	96	70	64	59	44	44	696
Support to clinical staff (HCA)	-1	-10	-3	7	-8	2	15	19	13	35	31	24	124
Total Non-Medical - Clinical Staff Agency	398	437	607	713	622	713	734	835	727	614	569	909	7878
Medical and Dental Agency	243	262	353	455	328	317	322	390	378	265	-63	370	3621
Consultants	213	203	281	344	178	171	212	278	245	167	11	250	2554
Trainee Grades	30	59	72	111	150	146	110	112	133	98	-74	120	1067
Non Medical - Non-Clinical Staff Agency	114	128	136	116	140	162	174	148	143	146	152	189	1748
Total Pay Bill Agency and contract	755	827	1096	1284	1090	1192	1231	1373	1248	1025	658	1468	13248

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								
	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		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 (%)
Ainslie	1783	1379	0	0	1783	2017	1426	1137	0	0	1070	1241	754	77.3%	0.0%	113.1%	79.7%	0.0%	116.0%
Allerton	2933	1625	0	0	1070	1738	1426	1104	0	0	1070	1171	855	55.4%	0.0%	162.5%	77.4%	0.0%	109.4%
Cheetham Hill	1426	1796	357	0	2139	2286	1070	828	357	0	1426	2174	851	125.9%	0.0%	106.9%	77.4%	0.0%	152.4%
Coronary Care	1426	1300	0	0	0	0	1070	1058	0	0	0	0	395	91.1%	0.0%	0.0%	98.9%	0.0%	0.0%
Cromie	1691	1365	0	0	891	1032	1070	1000	0	0	713	770	673	80.7%	0.0%	115.8%	93.5%	0.0%	107.9%
Dunlop	1426	1294	0	0	1248	1304	1070	851	0	0	1070	1175	687	90.8%	0.0%	104.5%	79.6%	0.0%	109.9%
Forrest	1783	1528	713	0	1426	1493	1783	1436	713	0	1426	1227	758	85.7%	0.0%	104.7%	80.5%	0.0%	86.0%
EAU4	1783	1049	0	0	1426	1212	1783	1196	0	0	1426	1035	713	58.8%	0.0%	85.0%	67.1%	0.0%	72.6%
Ella Rowcroft	1070	836	0	0	1426	1052	1024	725	0	0	713	679	384	78.1%	0.0%	73.7%	70.8%	0.0%	95.2%
Warrington	1070	1194	0	0	713	901	713	726	0	0	713	978	498	111.6%	0.0%	126.3%	101.8%	0.0%	137.1%
George Earle	1426	1580	357	0	2139	1574	1070	932	0	0	1426	1606	792	110.8%	0.0%	73.6%	87.1%	0.0%	112.6%
ICU	3565	2391	0	0	0	276	3209	2357	0	0	0	12	194	67.1%	0.0%	0.0%	73.4%	0.0%	0.0%
Joan Williams	713	849	0	0	713	470	713	656	0	0	713	532	332	119.1%	0.0%	66.0%	91.9%	0.0%	74.6%
Louisa Cary	2139	1506	0	0	713	943	2139	1403	0	0	713	728	480	70.4%	0.0%	132.3%	65.6%	0.0%	102.1%
Escalation (McCullum)	713	734	0	0	713	872	713	574	0	0	713	888	397	102.9%	0.0%	122.3%	80.4%	0.0%	124.5%
Midgley	1783	1736	0	0	1783	1530	1783	1093	0	0	1426	1323	867	97.4%	0.0%	85.8%	61.3%	0.0%	92.7%
SCBU	1070	954	0	0	357	143	1070	729	0	0	357	219	119	89.2%	0.0%	40.0%	68.2%	0.0%	61.3%
Simpson	1426	1861	357	0	2139	1954	1070	1140	0	0	1426	1700	846	130.5%	0.0%	91.4%	106.6%	0.0%	119.2%
Turner	1070	1289	0	0	1783	1635	713	713	0	0	1426	1162	524	120.5%	0.0%	91.7%	100.0%	0.0%	81.5%
Total (Acute)	*30291*	*26263*	*1782.5*	*0*	*22460*	*22430*	*24909*	*19653*	*1069.5*	*0*	*17825*	*18614*	*11119*	86.7%	0.0%	99.9%	78.9%	0.0%	104.4%
Brixham	868	1010	434	0	1302	1162	1023	693	0	0	682	815	505	116.3%	0.0%	89.2%	67.7%	0.0%	119.4%
Dawlish	868	1066	0	0	1085	833	744	788	0	0	682	572	449	122.8%	0.0%	76.8%	105.8%	0.0%	83.9%
John Macpherson	1070	793	0	0	552	813	713	667	0	0	713	706	259	74.1%	0.0%	147.2%	93.6%	0.0%	98.9%
NA - Teign Ward	1953	1536	0	0	1953	1519	1023	759	0	0	1023	1265	864	78.7%	0.0%	77.8%	74.2%	0.0%	123.7%
NA - Templar Ward	1736	1565	0	0	2205	1935	1023	682	0	0	1116	1430	919	90.1%	0.0%	87.7%	66.7%	0.0%	128.1%
Totnes	868	843	0	0	1302	1079	744	675	0	0	682	683	547	97.1%	0.0%	82.8%	90.7%	0.0%	100.1%
Organisational Summary	37654	33075	2217	0	30859	29770	30179	23917	1070	0	22723	24083	14662	87.8%	0.0%	96.5%	79.3%	0.0%	106.0%

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

CHPPD Monthly Summary

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	7.70	3.30	0.00	4.30	13	25	0	2	41.9%	80.6%	0.0%	6.5%	7.74	4.74	0	2.91
Allerton	7.40	5.02	0.00	2.38	6.60	3.20	0.00	3.40	27	31	0	0	87.1%	100.0%	0.0%	0.0%	7.74	4.74	0	2.91
Cheetham Hill	7.39	2.88	0.41	4.11	8.30	3.10	0.00	5.20	2	5	31	1	25.8%	3.2%	100.0%	0.0%	7.74	4.74	0	2.91
Coronary Care	5.75	5.75	0.00	0.00	6.00	6.00	0.00	0.00	12	12	0	0	38.7%	38.7%	0.0%	0.0%	7.74	4.74	0	2.91
Cromie	5.53	3.54	0.00	1.99	6.20	3.50	0.00	2.70	4	14	0	3	12.9%	45.2%	0.0%	9.7%	7.74	4.74	0	2.91
Dunlop	6.47	3.35	0.00	3.11	6.70	3.10	0.00	3.60	12	21	0	6	38.7%	67.7%	0.0%	19.4%	7.74	4.74	0	2.91
Forrest	10.12	4.60	1.84	3.68	7.50	3.90	0.00	3.60	31	26	0	16	100.0%	83.9%	0.0%	51.6%	7.74	4.74	0	2.91
EAU4	8.28	4.60	0.00	3.68	6.30	3.10	0.00	3.20	31	31	0	23	100.0%	100.0%	0.0%	74.2%	7.74	4.74	0	2.91
Ella Rowcroft	6.57	3.29	0.00	3.29	8.60	4.10	0.00	4.50	2	2	0	3	6.5%	6.5%	0.0%	9.7%	7.74	4.74	0	2.91
Warrington	6.09	3.38	0.00	2.71	7.60	3.90	0.00	3.80	0	2	0	1	0.0%	6.5%	0.0%	3.2%	7.74	4.74	0	2.91
George Earle	7.39	2.88	0.41	4.11	7.20	3.20	0.00	4.00	17	10	31	16	54.8%	32.3%	100.0%	51.6%	7.74	4.74	0	2.91
ICU	24.28	24.28	0.00	0.00	26.00	24.50	0.00	1.50	8	12	0	0	25.8%	38.7%	0.0%	0.0%	7.74	4.74	0	2.91
Joan Williams	8.36	4.18	0.00	4.18	7.60	4.50	0.00	3.00	24	8	0	24	77.4%	25.8%	0.0%	77.4%	7.74	4.74	0	2.91
Louisa Cary	7.36	5.52	0.00	1.84	9.50	6.10	0.00	3.50	1	9	0	2	0.0%	29.0%	0.0%	6.5%	7.74	4.74	0	2.91
Escalation (McCullum)	6.57	3.29	0.00	3.29	7.70	3.30	0.00	4.40	4	14	0	4	12.9%	45.2%	0.0%	12.9%	7.74	4.74	0	2.91
Midgley	7.53	3.97	0.00	3.57	6.60	3.30	0.00	3.30	26	31	0	20	83.9%	100.0%	0.0%	64.5%	7.74	4.74	0	2.91
SCBU	9.20	6.90	0.00	2.30	17.20	14.10	0.00	3.00	0	0	0	8	0.0%	0.0%	0.0%	25.8%	7.74	4.74	0	2.91
Simpson	7.39	2.88	0.41	4.11	7.90	3.50	0.00	4.30	8	1	31	0	25.8%	3.2%	100.0%	0.0%	7.74	4.74	0	2.91
Turner	10.73	3.83	0.00	6.90	9.20	3.80	0.00	5.30	27	13	0	28	87.1%	41.9%	0.0%	90.3%	7.74	4.74	0	2.91
Brixham	6.95	3.05	0.70	3.20	7.30	3.40	0.00	3.90	9	8	31	5	29.0%	25.8%	100.0%	16.1%	7.74	4.74	0	2.91
Dawlish	6.81	3.25	0.00	3.56	7.30	4.10	0.00	3.10	12	1	0	20	38.7%	3.2%	0.0%	64.5%	7.74	4.74	0	2.91
John Macpherson	5.18	2.88	0.00	2.30	11.50	5.60	0.00	5.90	0	1	0	0	0.0%	3.2%	0.0%	0.0%	7.74	4.74	0	2.91
NA - Teign Ward	6.40	3.20	0.00	3.20	5.90	2.70	0.00	3.20	24	25	0	13	77.4%	80.6%	0.0%	41.9%	7.74	4.74	0	2.91
NA - Templar Ward	6.50	2.97	0.00	3.53	6.10	2.40	0.00	3.70	24	29	0	8	77.4%	93.5%	0.0%	25.8%	7.74	4.74	0	2.91
Totnes	6.44	2.89	0.00	3.56	6.00	2.80	0.00	3.20	24	20	0	26	77.4%	64.5%	0.0%	83.9%	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
	7.63	4.15	0.20	3.28	7.56	3.89	0.00	3.67

Community and Social Care Indicators

Key							
↑ = Performance improved from previous month ↓ = Performance deteriorated from previous month ↔ = No change							
	Not achieved		Under-achieved		Achieved		No target set		Data not available

Carers Assessments Completed year to date		↔
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)		
Safeguarding Adults - % of high risk concerns where immediate action was taken		↔
DOLS - Deprivation of Liberty Standard		
Intermediate Care - No. urgent referrals		
Community Hospital - Admissions (non-stroke)		
Proportion of clients receiving self-directed support (ASCOF)		↔
Proportion of carers receiving self-directed support (ASCOF)		↔
Percentage of Adults with learning disabilities in employment (ASCOF)		↔
Percentage of adults with learning disabilities in settled accommodation (ASCOF)		↑
Permanent admissions (18-64) to care homes per 100k population (ASCOF)		↓
Permanent admissions (65+) to care homes per 100k population (ASCOF)		↓
Proportion of clients receiving direct payments (ASCOF)		↓

Operational update:

- Front End Service (FES) and Complex Care Service (CCS) have seen high volumes of work resulting in increasing waiting lists.
- Continued pressure on workforce is due to covid related sickness and outstanding vacancies.
- Both FES and CCS are improving case closure rates, reducing inactive cases and cases open for 180 days.
- Overall increase in activity levels being seen as a result of team productivity and linked to roll out of enhanced level of reporting developed over recent months. The reports are reviewed through the refreshed assurance and governance route giving greater detail and understanding of individual and team performances.
- Recruitment plans are in place and being implemented.
- Regular flow meetings are in place to focus on inactive and cases held open for over 180 days.
- Measures are being implemented to address outstanding reviews including flagging at the point of case allocation which reviews are outstanding, which ultimately supports TSDFT meeting Care Act statutory responsibilities for reviews.

Inflationary uplifts for 2022/23 have been approved by TSDFT and Joanna Williams (Torbay Council's Director of Adult Social Services). Inflationary uplifts for 2022/23 cannot rectify disparity in the market or address financial issues which are linked to the requirements to review/implement financial models or changes in how services are delivered. Developing the inflation proposal has come from partnership working with senior Torbay Council Commissioning staff. In addition to this, elements of inflationary uplift and pressures have been reflected in the ASC medium plan which has been discussed at senior levels across the Trust, Torbay Council and Devon CCG.

Fair Cost of Care (FCC) implementation, designed to ensure local authorities can prepare their markets for reform and move towards paying providers a fair cost of care as appropriate to local circumstances, is underway. It will complete a Cost of Care exercise from a broad market sample, understand the impact of reform on local markets through data on operational costs and quantity of self-funders, and improve commissioning oversight and market management to ensure the care sector is positioned to deliver reform and ambitions.

Adult Social Care Improvement Plan (ASCiP) will continue its work planning for the 2022/23 Cost Improvement Plan Savings. Current savings are £2.2M FYE in part as a result of adopting a strength-based approach to the reassessments in accordance with the Care Act 2014 outcome focused approach to social care. The second stage of transformation for 2022/23 will be prioritised alongside the initial stages of the central government requirements for social care charging reform (Care Accounts).

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 March 2022

Torbay Social Care KPIs		2021/22 YTD target	Outturn YTD	Comment
ASC-1C pt1	% clients receiving self-directed support	94%	100.0%	On target.
ASC-1C pt2	% clients receiving direct payments	28%	19.8%	Not meeting target (318 / 1605). DPs will be addressed as part of the ASC improvement plan.
ASC-2A pt1	Permanent admissions (18-64) to care homes per 100k population (rolling 12 month)	14.0	21.7	A low outturn signifies better performance. Not meeting target (16 admissions compared to target of 10)
ASC-2A pt2	Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	450.0	570.8	A low outturn signifies better performance. Not meeting target (212 admissions compared to target of 167) Large increase in Mar22 due to inclusion of new IC assessment data.
ASC-2D	Outcome of short term support - % reablement episodes not followed by long term SC support	83%	88.9%	On target.
ASC-1C pt1b	% carers receiving self directed support	85%	100.0%	On target.
ASC-1E	% Adults with learning disabilities in paid employment	7.0%	7.1%	On target.
ASC-1G	% Adults with learning disabilities in settled accommodation	80%	81.1%	On target.
BCF-04c	Delayed transfers of care from hospital (delays per day) - Torbay residents (BCF)	TBC	..	A low outturn signifies better performance. KPI reported 1 month in arrears. No data as national collection suspended.

Corporate Objective	Measure	Target 2021/2022	13 month trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Year to date 2021/22
PUBLIC HEALTH SERVICES																	
	% of face to face new birth visits within 14 days *	95.0%		91.9%	92.5%	86.6%	80.4%	74.4%	81.0%	72.9%	83.8%	82.1%	80.2%	78.8%	84.4%	70.3%	80.5%
	Children with a child protection plan *			223	234	213	201	171	165	147	147						147
	4 week smoking quitters (Quarterly) **	200		334			110			189			264				264
	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.

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

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 hospital 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

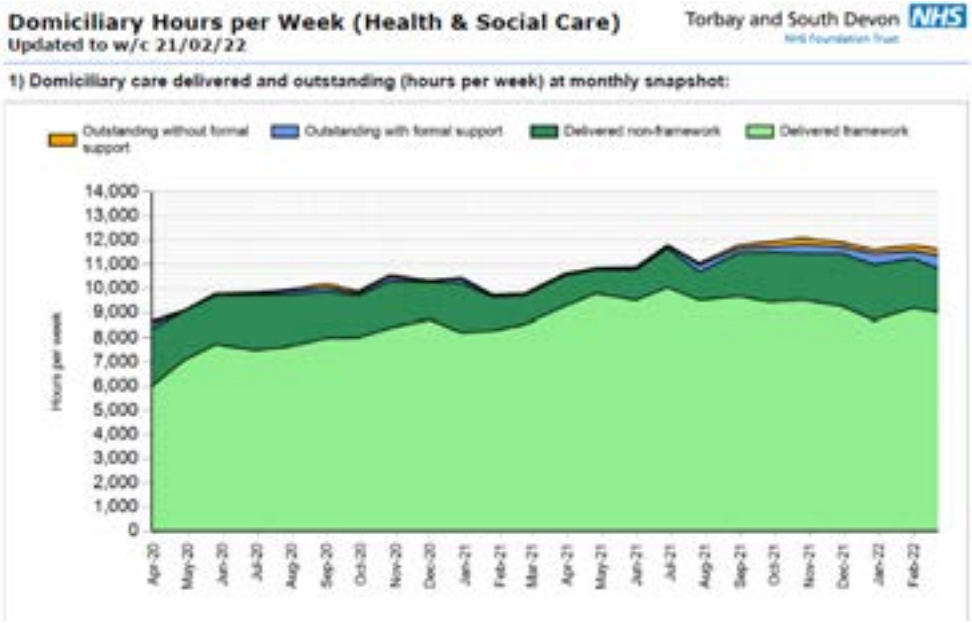


Chart 2 -Unmet packages of care

Chart 1 – 'Hours of care given' shows the latest data available for total commissioned domiciliary hours by week for Torbay. The amount of care provided is seen along with the unmet/outstanding demand. The outstanding hours without formal support are of highest concern. As at 14 March 2022 there were 47 clients (334 hours) identified as outstanding without formal support in Torbay.

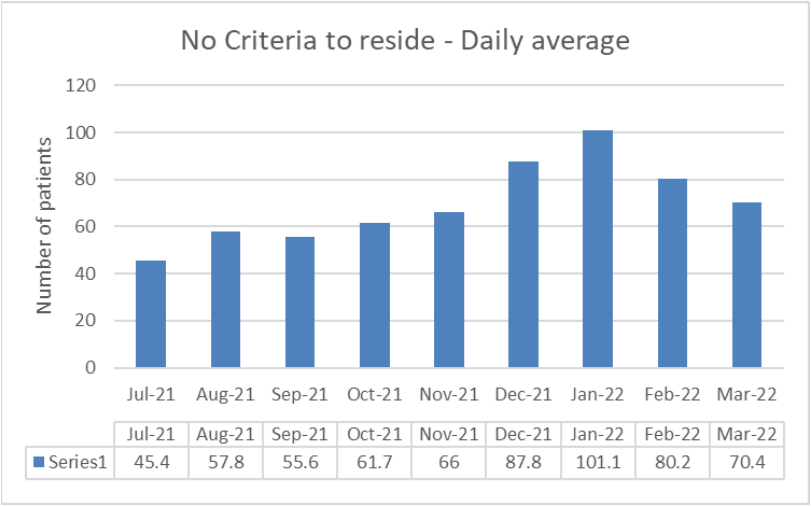
Chart 2- "Unmet packages of care" shows the <u>number</u> of unmet packages of care for South Devon (orange) and Torbay (Green) and where provided by diverting other NHS community provision (Blue). The Torbay data has been reviewed in January with identification of adjustments to more accurately reflect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

Community Services – hospital discharge and onward care

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:



	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Series1	45.4	57.8	55.6	61.7	66	87.8	101.1	80.2	70.4

The average number of patients with no criteria to reside decreased in March. However, The number of delayed discharges continues to be above historical levels and is being impacted by capacity in the domiciliary care and independent sector.

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 reflect a reduction in the number of patients waiting for a short-term placement, however, delays for long-term placement and home with support continue to be significantly above historical levels.

All patients requiring a complex discharge are managed and reviewed through the Discharge Hub and are reviewed on a daily basis

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 March, the Trust experienced a record number of covid hospitalisations with a rapid increase from circa 20 covid patients to 71 by 29th March; the number of patients requiring intensive care however remained low reflecting reduced morbidity of covid infection. Staff sickness levels also increased from the surge in covid infections experienced across the community. The workforce escalation plan to divert non-urgent clinical capacity to priority areas with continuation of payment incentives to backfill shifts has mitigated the full impact of these staffing pressures.

Recovery Planning: Despite the recent surge in covid hospitalisations and covid staff related sickness levels the recovery planning has continued throughout March. The two key elements remained on track being the return of the Day Surgery Unit and increased elective beds to allow the commencement of routine inpatient operating to commence by the end of April. There have been some further significant service changes to accommodate the move of the MRU into the outpatient space with the relocation of other outpatient clinic facilities . The biggest impact being on urology who will move their whole outpatient service to the Paignton Hospital site. The System Capacity and Recovery Group has continued to oversee this work and ensure rapid delivery of the required capacity.

Urgent Care: Urgent and emergency services continued to be challenged throughout March with OPEL 4 declared on 18 days and all other days OPEL 3. High bed occupancy continued to affect delays to ambulance handover, extended waits in ED and assessment areas, and patients bedded in ED and assessment areas overnight.
702 people spent 12-hours or more in the Emergency Department this being a deterioration from February 364; ambulance handover delays remain high with 757 patients experiencing a delay of over an hour once arriving to the Emergency Department.

People waiting for care: The number of patients waiting over 18-weeks, 52-weeks, and 104-weeks for treatment continues to increase in March. At the end of March 245 patients waiting over 104 weeks. With the plans remaining on track to re-open the Day Surgery Unit and restart routine elective orthopaedic inpatient surgery capacity will become available to target these longest waiting patients and to clear most of the backlog by 30th June subject to covid demand subsiding and ring fenced capacity being maintained.
Capacity within the private sector remains important in supporting delivery of routine elective care along with continued 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. These pathway remain high risk and being given weekly executive oversight. Capacity at the Nightingale Hospital Exeter for orthopaedic procedures commenced as planned on 25th March with two full days of operating and positive feedback from the clinicians undertaking the lists.
The Trust is engaged with the ICS system Waiting Well programme. Through this work non-clinical validation of long wait patients (longer than 52 weeks) is being supported by the Devon Referrals Support Service contacting some of our longest waiting patients to give assurance and direct to wellbeing and lifestyle support. This Waiting Well project is also developing information links through various forms of media for patients to give further advice on waiting times and wider support.

Operational Performance Summary – Page 2

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. Performance across the key access time standards have improved in March. Improvement in Dermatology 2ww times has continued and now within target. Urology has seen a deterioration with the impact of staff changes and relocation of services. Urology is the highest risk service across the cancer standards.

Diagnostic waiting times: MRI, CT**,** Endoscopy, CT, and cardiology MRI remain challenged with a number of patients waiting over 6 weeks for diagnostic tests. 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 March, the number of 7-day and 21-day length of stay patients has remained significantly higher than normal levels.
The increased length of stay is in part a result of the number of patients who are medically fit with no 'criteria to reside' who require ongoing support and care in community settings. In March there was continued reduction in the average number of patients per day recorded as having no criteria to reside from 101 in January to 70 although remaining significantly higher than historic levels. The retention and recruitment of staff remains 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.

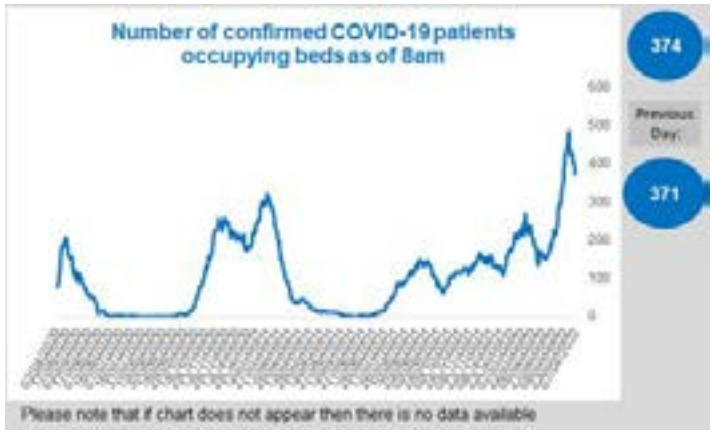
Operational Performance Indicators

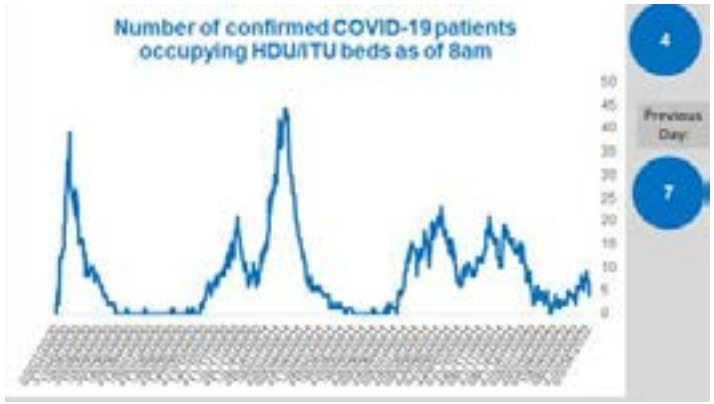
Key									
↑ = Performance improved from previous month ↓ = performance deteriorated from previous month ↔ = no change									
	Not achieved		Under-achieved		Achieved		No target set		Data not available		NHSI Indicator

A&E - patients seen within 4 hours (NHSI)		↓
Referral to treatment - % Incomplete pathways <18 wks (NHSI)		↓
Cancer - 62-day wait for first treatment - 2ww referral (NHSI)		↑
Diagnostic tests longer than the 6 week standard (NHSI)		↑
Dementia Find (NHSI)		↑
Number of Clostridium Difficile cases reported		↑
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 - 31-day wait from decision to treat to first treatment		↑
Cancer - 31-day wait for second or subsequent treatment - Drug		↓
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy		↓
Cancer - 31-day wait for second or subsequent treatment – Surgery		↓
Cancer – 62-day wait for first treatment – screening		↓
Cancer - Patient waiting longer than 104 days from 2 week wait		↔

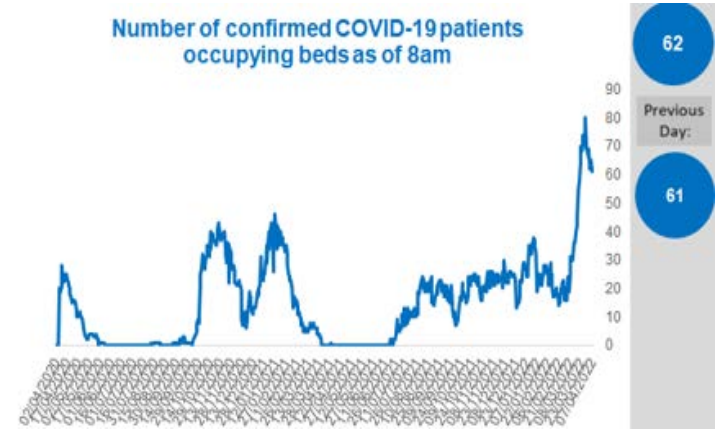
On the day cancellations for elective operations		↑
Cancelled patients not treated within 28 days of cancellation		↓
Outpatient virtual (Non-face-to-face) appointments		↑
Bed Occupancy (Acute)		↓
No Criteria to Reside - daily average - weekday (ICO)		
Number of patients >7 days LoS (daily average)		↓
Number of extended stay patients >21 days (daily average)		↑
Ambulance handover delays > 30 minutes		↓
Ambulance handover delays > 60 minutes		↓
A&E - patients recorded as greater than 60 min corridor care		↔
A&E - patients with >12 hour visit time pathway		↓
A+E Trolley waits> 12 hours from decision to admit		↓
Care Planning Summaries % completed within 24 hours of discharge – Weekend		↓
Care Planning Summaries % completed within 24 hours of discharge – Weekday		↓
Clinic letters timeliness - % specialties within 4 working days		↓

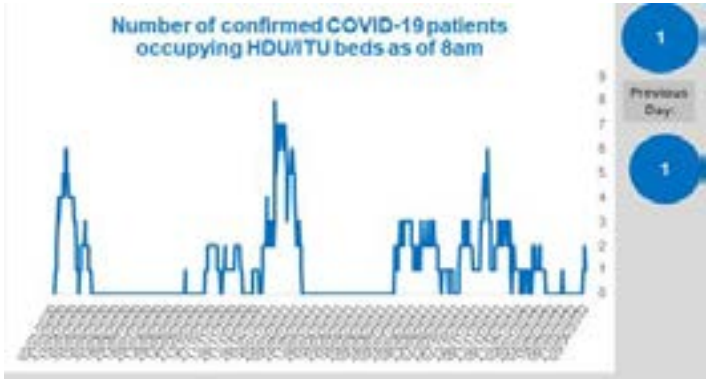
Devon ICS
(as at 7 April 2022)





Torbay and South Devon NHS FT
(as at 7 April 2022)





Throughout March the Trust has experience a record number of beds occupied by covid patients following the trend in infection rates across the community and hospital settings requiring further escalation beyond the single dedicated covid ward. The number of patients has peaked at 80 however the relative number of deaths or patients requiring intensive care has remained significantly lower than previous waves. The impact on staff sickness from the Omicron surge in infections has also been felt however the workforce escalation plan to divert non-urgent clinical capacity to support inpatient care as well as financial incentives to staff to contribute to additional shifts has helped mitigate the risks. The Incident Control Centre (ICC) and drumbeat of daily meetings to oversee the escalation planning and incident response has been effective.

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Patients seen within 4 hours in A&E	Performance M12 58.4% Performance M11 60.6% Target 95% Risk level HIGH	The Emergency Department remains challenged with access to inpatient beds continuing to contribute to ambulance handover delays. Ambulance handover delays have increased this month with 1026 handover over 30 minutes delay and 757 over 60 minutes delay. 701 patients experienced over 12 hours in the department being the second highest recorded and 202 waiting over 12 hours from decision to admit. Across the wider system there continues to be capacity and workforce challenges to maintain the flow of patients out of hospital.	To improve access to beds the scaling back of elective inpatient programme and re-purposing of the Day Surgery Unit has continued. Additional escalation beds opened in January have been fully utilised. Work to relocate the Medical Receiving Unit is progressing at pace to allow the handing back of elective beds and Day Surgery Unit. Work continues with system partners to support capacity to target admissions avoidance and reduce delays to discharge patients medically fit.	
Patients waiting longer that 18 weeks from Referral to Treatment	Performance M12 52.2% Performance M11 54.7% Target 92% Risk level HIGH	The total number of people waiting for treatment has increased by 1,674 from last month. 763 patients are waiting longer that 78 weeks and 243 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.	Operational focus continues on maintaining urgent and cancer related work. Patients will be booked in-line with clinical prioritisation Treatment capacity to target longest waits will be increased by: • Use of the Nightingale to provide 4 days operating per month. • Additional insourcing to use main theatres and day unit at weekends - aim to start by end of May. • Teams reviewing plans to identify opportunities to increase capacity and productivity as part of the restoration of services and for 2022/23 Business planning. • Mobile endoscopy room to be on site from May • Continue existing schemes with insourcing at in ophthalmology and endoscopy.	

Activity variance vs 2019/20 baseline	M11	M12
Op new	-6.9%	22.8%
OP Follow up	-15.0%	19.6%
Day Case	-14.7%	16.2%
Inpatient	-37.6%	-23.7%

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Cancer 62 day wait for 1st treatment from 2-week wait referral	Performance M12 59.5% Performance M11 52.1% Target 85% Risk level HIGH	Performance against the 62-day referral to treatment standard remains below target. Capacity to support Urology 2ww and diagnostics remains highest overall risk along with endoscopy wait times. Maintaining 2 weeks urgent referral in Dermatology as the summer approaches with he seasonal increase in referrals is also noted. Radiology waiting times have continued to increase with times for urgent appointments also extending. The Trust continues to have capacity constrained by covid related pressures and staff sickness.	Plans to reinstate elective day case capacity through the Day Surgery Unit and protected inpatients beds are on track. This work is led by the COO. Support for urology is being prioritised and receiving weekly exec review to progress plans to secure and increase capacity. 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 leading the process to sign off and review recovery plans through the Cancer Clinical Cabinet.	
Diagnostic tests longer than 6 weeks	Performance M12 36.8% Performance M11 38.4% Target 1% Risk level HIGH	Diagnostic waiting times for Endoscopy CT and MRI remain a risk to the timely treatment of cancer and urgent patients. Having no site for a mobile scanner on the DGH site remains a constraint for bringing in additional mobile capacity. Sickness, and recruitment remain critical factors in the current staffing pressures and to fully utilise fixed CT and MRI capacity. Insourcing for endoscopy is needed to maintain capacity however is becoming less effective with a higher rate of repeat investigations	The use of insourcing and mobile scanner units continue to support in-house capacity. Radiology (MRI) are using capacity at the Nightingale Hospital Exeter; currently 2-days a week, 160 patients per month). For endoscopy the plan is to move away from reliance on weekend insourcing and to provide inhouse capacity using a mobile endoscopy room. Pro-active recruitment and training initiatives continue to support teams that are operating with vacancies to minimise locum and bank staff.	

NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Dementia Find	Performance M12	Performance against the Dementia Find assessment standard has improved in March. 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.	
	93.6%			
	Performance M11			
	89.7%			
	Target			
	90%			
	Risk level			
	LOW			

NHSI Performance – Referral to Treatment (RTT)

Services with greater than 100 patients waiting over 18 weeks

March 2022 Incompletes 92% Table - National Specialty

Submitted Spec	>126 Incomplete IPDC	>126 Incomplete Outpatients	Grand Total	% < 18wk
Plastic Surgery	54	28	252	67.46%
Rheumatology	15	93	298	63.51%
Clinical Neuro-Physiology		114	186	38.71%
Nephrology		132	214	38.32%
Pain Management	38	195	454	49.56%
Endocrinology		334	681	50.95%
Neurology	24	594	1077	42.62%
Respiratory Medicine	3	669	1429	52.97%
Gastroenterology	345	382	2112	65.58%
Gynaecology	341	406	2287	67.09%
Colorectal Surgery	156	628	1413	44.48%
Paediatrics	12	1013	2094	49.81%
Dermatology	1	1025	2144	52.15%
Upper Gastrointestinal Surgery	888	653	1686	34.70%
Oral Surgery	435	942	2613	47.46%
Cardiology	64	1364	2954	51.66%
ENT	211	1273	2850	47.93%
Urology	436	1244	2851	41.77%
Ophthalmology	340	1459	4283	58.96%
Trauma & Orthopaedics	1452	462	3540	45.93%
Grand Total	4437	13383	37142	52.02%

Referral to Treatment – incomplete pathways

Referral to Treatment: RTT performance in March has deteriorated slightly with the proportion of people waiting less than 18 weeks at 52.2% (unvalidated); 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 37,142 (un-validated) from 35,468, an increase of 1,674 from the Feb position.

52 week waits: For March, 3,199 (unvalidated) people will be reported as waiting over 52-weeks and is an increase from 2,759. Overall long waits are increasing, with patients waiting longer than 78-weeks having increased slightly to 763 in March from 649, 104 weeks waits continuing to increase to 243 from 215 in February. 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 utilisation.
Recovery planning: Works are reaching completion to re-open DSU in April 2022 and MRU has now relocated to L2 Outpatients – disruption continues to some services who required relocating from L2 Outpatients. The CCG continues to pause outsourcing to Mount Stuart Hospital for T&O, UPGI, urology, colorectal and gynae. Extending the delay to recommencing this outsourcing could push waits out for routine patients, Endoscopy and Bower Cancer Screening have now ceased lists at Mount Stuart Hospital. Approval has now been given to bring mobile Endoscopy Van on-site, this will mitigate the loss of the MSH lists and bolter existing insourcing capacity. T&O have now completed the firsts lists at the recommissioned Nightingale Hospital Exeter, the next lists are scheduled for W/C 18.04.2022. Further insourcing and outsourcing capacity is being sought through the Elective Recovery Fund (ERF) to use theatres on site at weekends for T&O, urology, upper GI, and dermatology as well as looking at options to increase overall anaesthetic provision. Cataract operations have commenced at Optimax, further lists are being scheduled in April.
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 by the 30.06.2022 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 out of area independent sector capacity. The modelling indicates that we could get to 51 over 104 week waits at the end of June, subject to DSU opening, protected Ella Beds and all ERF schemes being approved. 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 meetings 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 greater than 6 weeks. March has seen increases 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.

Specialtities with highest Follow-Up Backlog Passed TBS as at 28.02.2022			
Row Labels	06-12 Weeks	12-18 Weeks	18 Weeks +
Ophthalmology	821	1306	5546
Rheumatology	218	298	1310
Ear Nose Throat	185	293	942
Paediatrics	171	276	645
Neurology	142	171	806
Orthoptist	191	228	480
Urology	38	58	301
Gynaecology	55	63	185
Respiratory Medicine (Chest)	171	249	273
Orthodontics	30	46	240
Colorectal Surgery	31	52	385
Orthopaedics	49	131	114
Dermatology	137	188	440
Geriatric Medicine	78	90	122
Cardiac Testing	26	8	22
Gastro-Enterology	109	203	216
Breast Surgery	37	26	288
Cardiology	98	193	149
Pain Management	40	53	82
Oral Surgery	78	101	138
Plastic Surgery	48	42	92
Diabetic	59	75	58
Upper Gastrointestinal Surg	42	77	97
Respiratory Technician		64	161
Endocrinology	32	33	42
Grand Total	2957	4359	13183

Specialtities with highest Follow-Up Backlog Passed TBS as at 28.03.2022			
Row Labels	06-12 Weeks	12-18 Weeks	18 Weeks +
Ophthalmology	864	1362	5845
Rheumatology	235	289	1335
Ear Nose Throat	237	263	1055
Paediatrics	179	231	628
Neurology	130	184	852
Orthoptist	237	272	494
Urology	63	56	296
Gynaecology	52	61	201
Respiratory Medicine (Chest)	124	276	322
Orthodontics	35	31	234
Colorectal Surgery	41	56	401
Orthopaedics	82	106	160
Dermatology	144	179	450
Geriatric Medicine	47	81	120
Cardiac Testing	24	30	21
Gastro-Enterology	124	178	230
Breast Surgery	21	27	296
Cardiology	108	164	168
Pain Management	46	41	80
Oral Surgery	66	108	140
Plastic Surgery			
Diabetic	78	74	65
Upper Gastrointestinal Surg	40	90	109
Respiratory Technician	53	29	196
Endocrinology	45	45	39
Grand Total	3181	4334	13877

Variance		
06-12 Weeks	12-18 Weeks	18 Weeks +
43	56	299
17	-9	25
52	-30	113
8	-45	-17
-12	13	46
46	44	14
25	-2	-5
-3	-2	16
-47	27	49
5	-15	-6
10	4	16
33	-25	46
7	-9	10
-31	-9	-2
-2	22	-1
15	-25	14
-16	1	8
10	-29	19
6	-12	-2
-12	7	2
-48	-42	-92
19	-1	7
-2	13	12
53	-35	35
13	12	-3
224	**-25**	**694**

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

A&E and MIU patients seen within 4 hours

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Patients	7118	7947	8802	9622	9536	9072	8738	8415	7483	6923	7201	6819	7974
4 hour breaches	1268	1258	1860	2636	2990	2935	3052	3155	3010	2596	2800	2690	3316
% seen within 4 hours	82.2%	84.4%	78.9%	72.6%	68.6%	67.6%	65.1%	62.5%	59.8%	62.5%	61.1%	60.6%	58.4%
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 March to 58.4%. Access to suitable inpatients beds has contributed to delays at peak times. The Trust declared internal critical incident to support operational response.

12 hour Trolley wait: 202 patients are reported as having a 12-hour trolley wait from decision to admit to admission to an inpatient bed.

Ambulance Handovers: 757 ambulance delays over 60 minutes and increase from 438 in Feb; and 1026 ambulance handover delays of over 30 minutes an increase from 727 in Feb.

Patients with a greater than 12-hour visit time pathway: 701 (13% of type 1 attendances) patients had a greater than 12-hour visit time.

Corridor Care: No patients recorded as receiving corridor care.

Operational delivery:

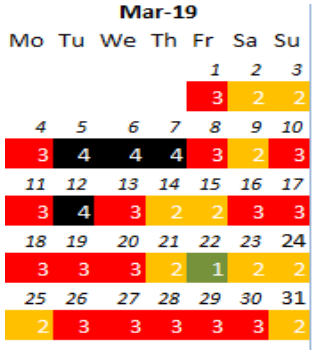
The number of patients waiting for a suitable bed continues to be the challenge that prevents improvements in performance and timely treatment of urgent patients. With a higher acuity of patients presenting and less available space to assess and treat, the Emergency Department is making the best flexible use of space to provide safe care to patients.

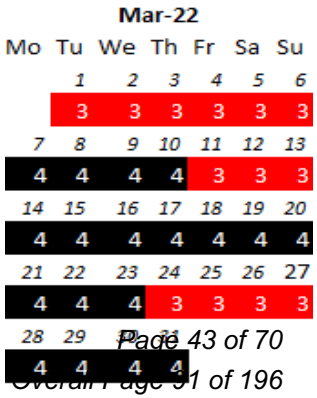
The 3rd wave of COVID continues to impact on the flow of patients with the necessary infection, prevention control measures in the department and into the rest of the hospital.

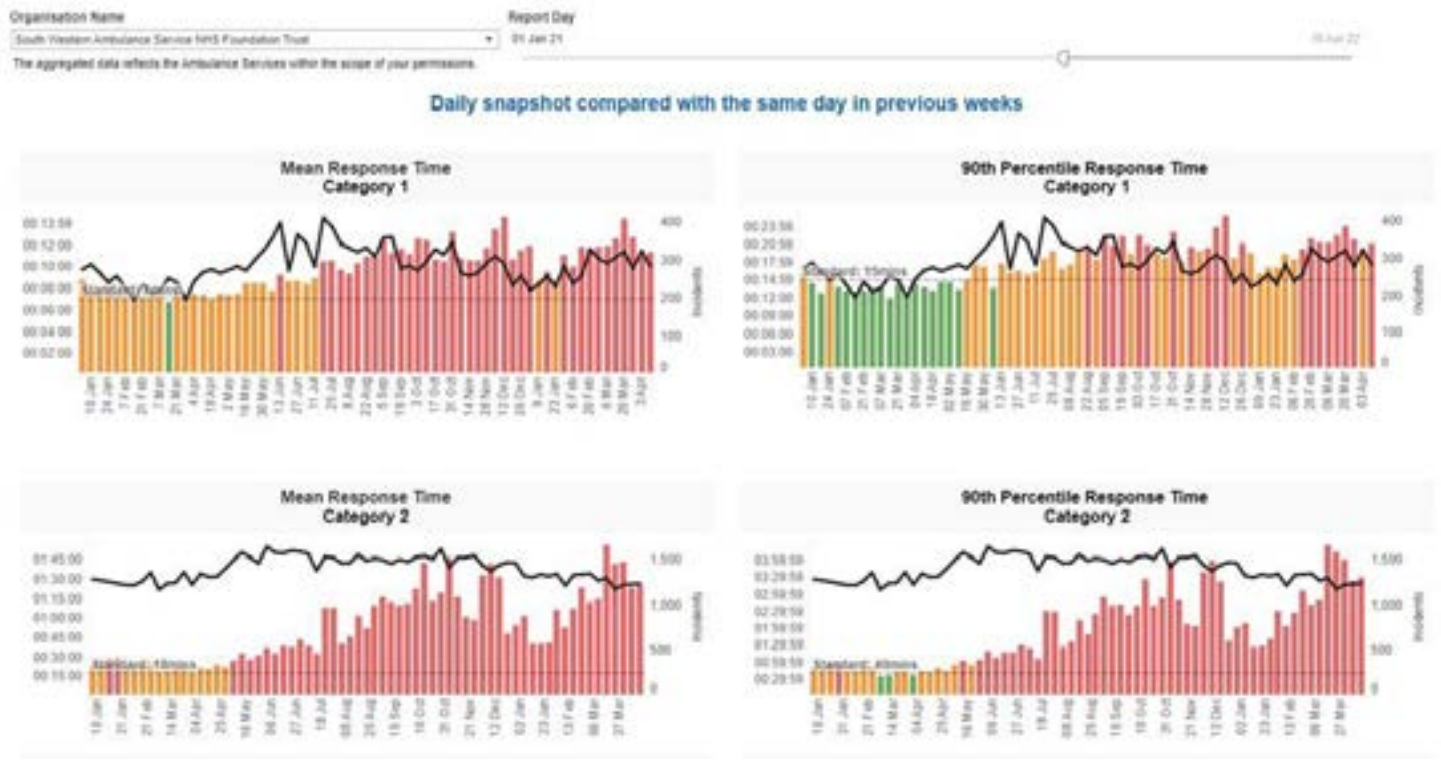
Escalation status

Opel status	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Opel 1	1	3	2	0	0	0	0	0	0	0	0	0	0
Opel 2	23	26	16	1	0	0	0	0	0	1	0	0	0
Opel 3	7	1	13	21	7	7	5	3	1	4	10	27	13
Opel 4	0	0	0	8	24	24	25	28	29	26	21	1	18
4-hour Performance (ICO)	82%	84%	79%	73%	69%	69%	65%	62%	60%	63%	61%	61%	58%
Bed Occupancy (Acute)	85%	87%	92%	95%	95%	95%	94%	93%	93%	93%	93%	94%	95%
Ambulance handover delays >1 hour	32	19	26	173	165	120	72	125	617	616	559	438	757
Dom Care - hours outstanding*	51	189	235	467	613	994	1,261	1,357	1,288	468	611	605.75	625.75
No Criteria To Reside - daily average (weekday)					45	58	56	62	66	88	101	80	70

* December 2021 count changed to only include outstanding hours where client without formal support and client receiving formal support not at home







In relation to overall system pressures the above ambulance response time have been included into the performance report to highlight the significant contribution handover delays can have on wider system resources, patient experience and safety. At TSDFT we continue to experience high levels of handover delays so impacting on the capacity for the ambulance service to maintain timely responses to urgent 999 calls and more routine responses – The charts above show the recent deterioration in the category 1 and 2 ambulance response times for the SWAST headline performance.

Category 1 calls being the 999 highest priority for immediate life threatening conditions with a target response time of 7 minutes
Category 2 calls being serious condition such as stroke or chest pain with a target response time of 18 minutes

Cancer treatment and cancer access standards

As at 11.04.2022	2022											
	Q1											
	January				February				March			
target_type	Achieved	Breached	Total	Perf	Achieved	Breached	Total	Perf	Achieved	Breached	Total	Perf
14 day - 2ww Referral	768.0	900.0	1,668.0	46.0%	794.0	851.0	1,645.0	48.3%	1,059.0	674.0	1,733.0	61.1%
14 day - Breast Symptomatic Referral	17.0	26.0	43.0	39.5%	45.0	18.0	63.0	71.4%	34.0	8.0	42.0	81.0%
28 day - Faster Diagnosis Standard	895.0	756.0	1,651.0	54.2%	1,186.0	438.0	1,624.0	73.0%	1,123.0	380.0	1,503.0	74.7%
31 day - 1st Treatment	184.0	5.0	189.0	97.4%	167.0	4.0	171.0	97.7%	188.0	5.0	193.0	97.4%
31 day - Subsequent Treatment - Drug	68.0	0.0	68.0	100.0%	69.0	0.0	69.0	100.0%	71.0	2.0	73.0	97.3%
31 day - Subsequent Treatment - Radioth	35.0	1.0	36.0	97.2%	57.0	1.0	58.0	98.3%	45.0	3.0	48.0	93.8%
31 day - Subsequent Treatment - Surgery	29.0	1.0	30.0	96.7%	24.0	2.0	26.0	92.3%	34.0	7.0	41.0	82.9%
31 day - Subsequent Treatment - Other	9.0	0.0	9.0	100.0%	30.0	0.0	30.0	100.0%	16.0	0.0	16.0	100.0%
62 day - 2ww referral	59.0	52.5	111.5	52.9%	55.5	46.5	102.0	54.4%	78.0	53.0	131.0	59.5%
62 day - Screening Referral	8.0	2.0	10.0	80.0%	6.0	1.0	7.0	85.7%	8.0	2.0	10.0	80.0%
62 day - Consultant Upgrade	1.0	0.0	1.0	100.0%	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 March 2022 (as at 11th April 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.*

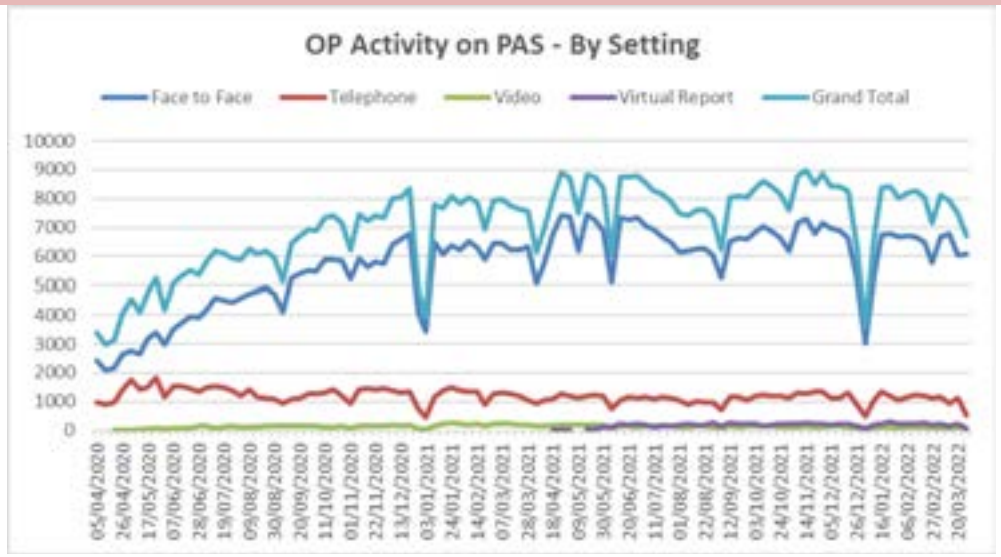
Urgent cancer referrals 14 day 2ww: 61.1% (unvalidated) is below the standard of 93%. Skin breaches continue to reduce with waits currently at 2 weeks and 3 days. Breast breaches have plateaued but will continue to impact March performance with waits currently at 2 weeks and 5 days. The most challenged pathways in March are Breast (36%) 170 breaches, LGI (57%) 117 breaches, Skin (58%) 240 breaches and Urology (59%) 63 breaches.

28 days From Referral to Diagnosis: Performance in March is 75% (unvalidated) against the target of 75%, this being a further improvement on February (73.5%) and reflects the breach reductions in the key specialities for LGI (143), Urology (59), Skin (58) & Breast (44)

NHSI monitored Cancer 62 day standard: The 62-day referral to treatment standard has improved slightly in March at 59.5% (unvalidated) against the target of 85% with 78 patient being seen within 62 days, however, 53 patients falling outside the target time; Urology account for 18 breaches, Skin 10 breaches, LGI 10 breaches & Breast, Haem, UPGI 3 breaches and account for 89% of all breaches.

104-day wait: Currently there are 39 (unvalidated) patients with a greater than 104-day wait in March, an improvement from the 45 in February. 17 patients in the backlog having 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 remain the most challenged with 26 patients waiting longer than 104 days, 15 with confirmed cancers.

Virtual appointments (Non-face-to-face)



	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
New	14.0%	15.0%	9.0%	14.0%	14.5%	12.4%	11.3%	14.3%	13.5%
Follow up	22.0%	21.0%	21.0%	21.0%	23.6%	21.7%	24.0%	23.9%	20.6%
Overall	20.0%	19.0%	18.0%	19.5%	21.1%	19.3%	20.7%	21.3%	18.8%

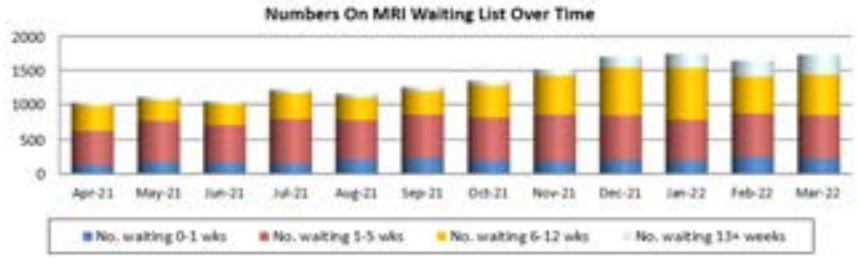
High Level Milestones	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Virtual Consultation Data - establish accurate recording and range of services.								
Review of current virtual appointments per service- • what is going well and why, and the learning from this shared • barriers to change, particularly for services reporting the lowest numbers and steps to address this.								
Communication and engagement around ambitions for Patient centred outpatients and review of what services are already doing to achieve this and map trust offer and use for gap analysis across services								
Establish clear processes, SOPS and clinical guidance to Virtual Consultations - focus on implementation, check and challenge through the PCO Board.								
25% of outpatient activity is completed virtually								

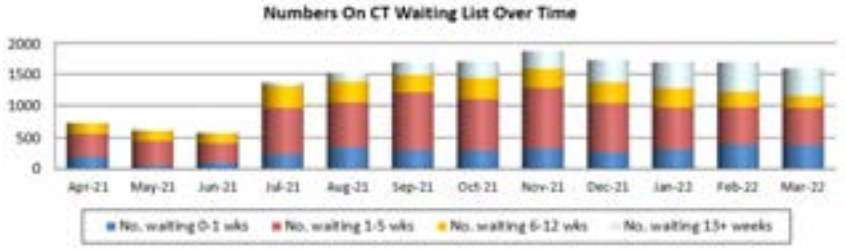
The Trust continues to see virtual appointment performance below the nationally set requirement achieving 18.8% in March against the target of 25% and the lowest in the Devon providers. Achieving 25% at Integrated Care System level is linked to achieving financial incentives into the Elective Recovery Fund and remains one of the business planning standards.

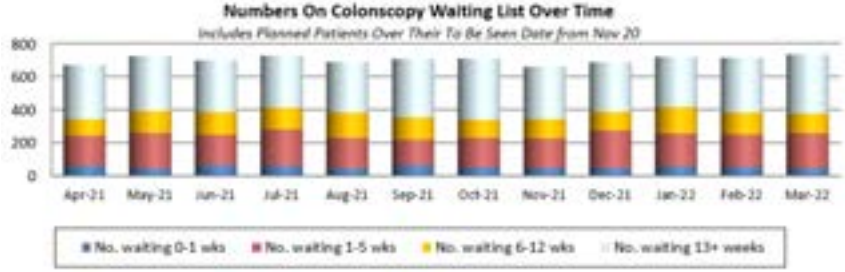
The Outpatient Transformation Programme has set out its programme of work (summarised opposite) to deliver improvement and 25% from September 2022.

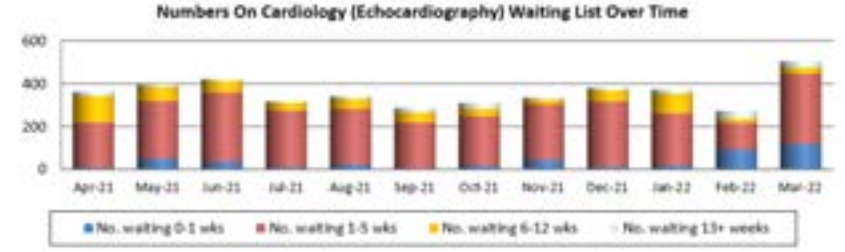
There is a scheduled programme of in-depth specialty reviews with clinical and operational teams. The ongoing escalation for covid continues to be a challenge with the focus on maintaining most critical service capacity. Opportunities are however being identified to increase outpatient utilisation and productivity. A number of activities recorded on other clinical systems (InfoFlex and community systems) are also being identified where non-face-to-face clinical activity is captured and needs be reported in our national returns. A task and Finish group has been established to review and set out a workplan to ensure all “in scope” outpatient data is collected and reported.

NHSI indictor - patients waiting over 6 weeks for diagnostics









Diagnostic tests longer than the 6 week standard

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Patients	4957	4876	4909	4702	5682	5655	5542	5591	5846	5899	6162	5862	6303
Waiting longer than 6 weeks	1892	1768	1478	1516	1799	1821	1808	1888	1894	2237	2546	2250	2317
% over 6 weeks	38.2%	36.3%	30.1%	32.2%	31.7%	32.2%	32.6%	33.8%	32.4%	37.9%	41.3%	38.4%	36.8%
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.

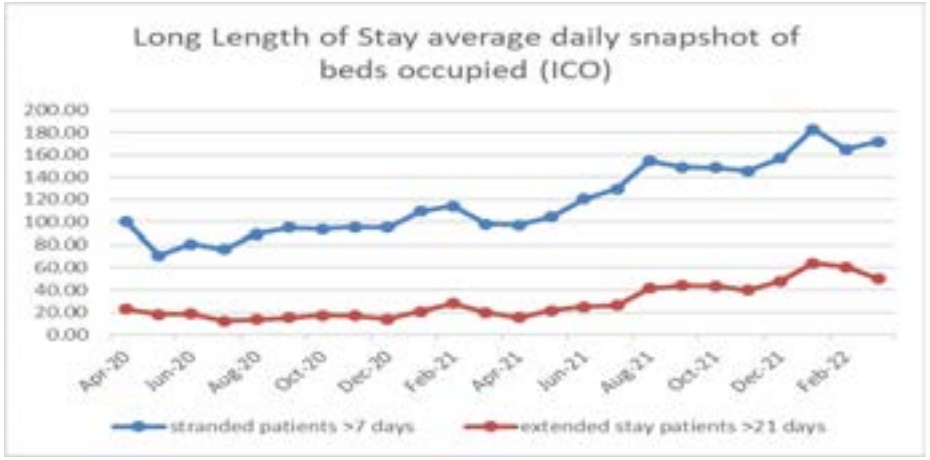
MRI waits and total numbers on the list continue to increase with 889 (777 in February) over 6 weeks. This reflects the continued high demand and capacity pressures. Capacity is reliant on the support of mobile scanner visits with all in-house scanner capacity being utilised. Access for mobile scanning units to increase capacity is limited as only one mobile pad available and needed for mobile CT.

CT numbers waiting and waiting times for routine tests have stabilised but remain above target with 634 patients (724 in February) 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 is available. Radiographer vacancies continue to limit the ability to fully utilise in-house scanner capacity.

Colonoscopy numbers and routine waiting times remain high with 476 over 6 weeks. Weekend insourcing continues but is becoming less effective as different teams are attending. A mobile endoscopy unit is scheduled to commence in May to offset the switch away for insourcing and sessions at Mount Stuart Hospital where notice has been served. This will then give capacity needed to stabilise increases in waiting times. Urgent cancer pathways continue to be prioritised.

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 (LOS)

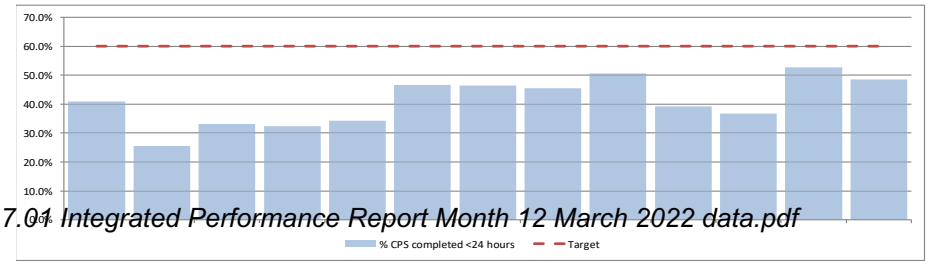
In March the average number of patients counted as having long length of stay greater than 7 and 21 days as measured in a daily census remains high. The number of patients experiencing long LOS is a critical measure as the Trust is challenged to maintain the flow of urgent patients through a fixed number of beds. 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) so subject to capacity pressures across the wider independent care sector.

Care Planning Summaries (CPS)

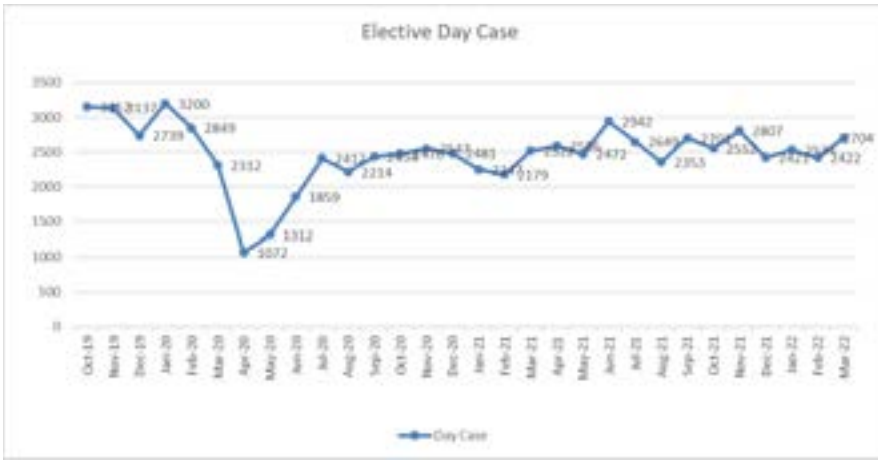
Hospital Care Planning Summaries serve as the primary documents communicating a patient's care plan to the post-hospital care team. CPS completion (within 24 hours of discharge) has improved over the year.

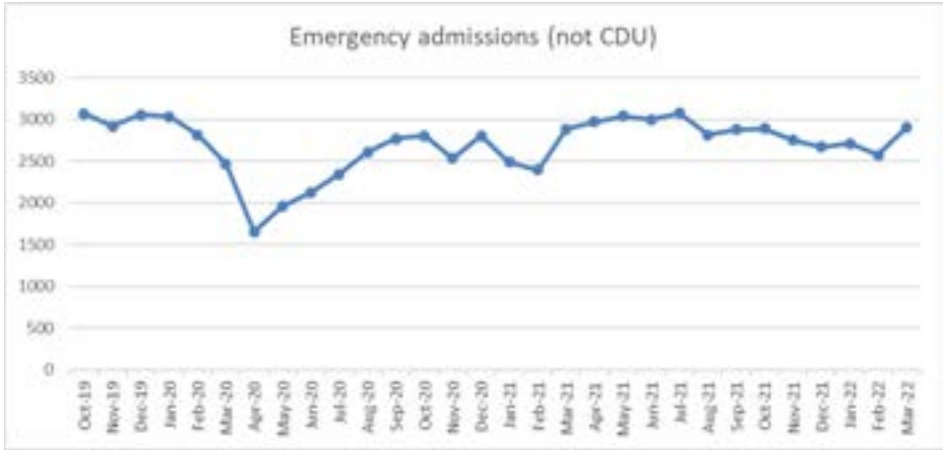
Care Plan Summaries completed within 24 hours of discharge - Weekend

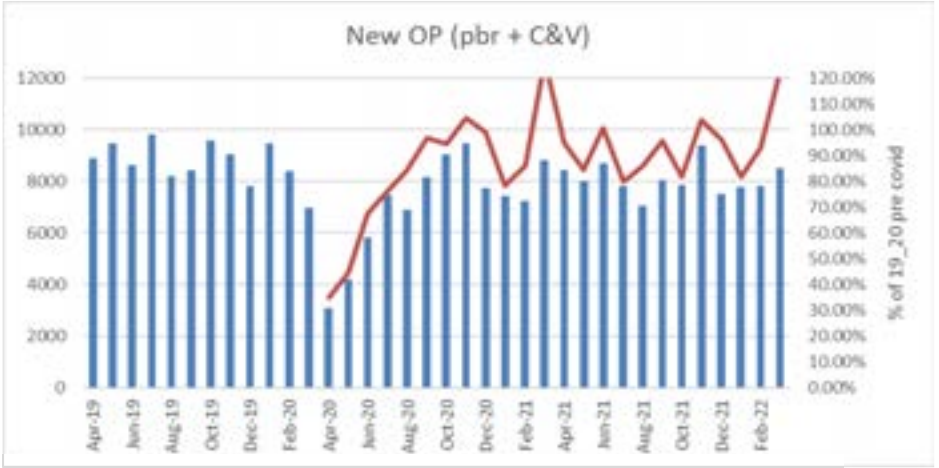
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Discharges	300	318	420	339	342	341	267	374	294	263	305	254	251
CPS completed within 24 hours	123	81	139	110	117	159	124	170	149	103	112	134	122
% CPS completed <24 hours	41.0%	25.5%	33.1%	32.4%	34.2%	46.6%	46.4%	45.5%	50.7%	39.2%	36.7%	52.8%	48.6%
Target	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%



Headline acute activity comparisons 2019/20 v 2020/21







The charts above show the monthly activity run rate of reported contract activity (Payment by Results & Cost and Volume) to end of March 2022. Compared to 2019/20 pre-covid level comparisons are:

The continued closure of the Day Surgery Unit and loss of elective beds to to support the demand for medical inpatient demand and covid response has continued into March so impacting elective activity levels. This is primarily for routine elective patients and waiting times have continued to increase with 243 patients waiting over 104 weeks at the end of March from date of original referral.

The Day Surgery Unit is now scheduled to reopen on 25th April together with plans also to reopen the orthopaedic ward for elective admissions. This will increase levels of elective care and start to treat the backlog of longest waiting patients. The plan is to have no over 104 week waits by end of June and no over 78 weeks waits by end of March 2023. To support this plan the Trust will also be using insourcing at weekends to further increase activity in the longest waiting specialties.

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) remains the greatest challenge on reducing waiting times for treatment and this is compounded by the recent secondment of the SLT with no lead appointed at time of writing. Agency and bank continue to be explored. Additional resources have been identified by LA and CCG.
- Additional investments for Occupational Therapy were only partially operationalised in 20-21 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 appear to have stabilised and are more in line with trust norm's. 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, easting disorder, and mental health in schools has been awarded and the service model developed, go live for these developments in April 2022

Estates

Work being undertaken to model the estate capacity for both clinical and administration functions, options include co-location of CFHD within an Exeter base.

	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 March	FY 2022 March	FY 2021 March	FY 2022 March	FY 2021 March	FY 2022 March
Community Children's Nursing (CFH Devon)	0	0	100.0%	100.0%	275	309
Learning Disability (CFH Devon)	0	0	100.0%	97.5%	269	249
Mental Health and Wellbeing	23	40	73.7%	54.3%	4051	3904
Occupational Therapy (CFH Devon)	1	0	66.3%	79.4%	1244	992
Palliative Care (CFH Devon)	0	0	NA	NA	43	44
Physiotherapy (CFH Devon)	0	3	72.4%	64.4%	552	481
Special School Nursing (CFH Devon)	0	0	NA	40.0%	472	539
Specialist Autism Spectrum Assessment Team (CFHD)	1509	1182	19.2%	23.8%	3697	2406
[illegible]	[illegible]	[illegible]	42.3%	32.6%	971	1453
Speech & Language Therapy (CFH Devon)	360	739	48.8%	34.5%	5081	4899

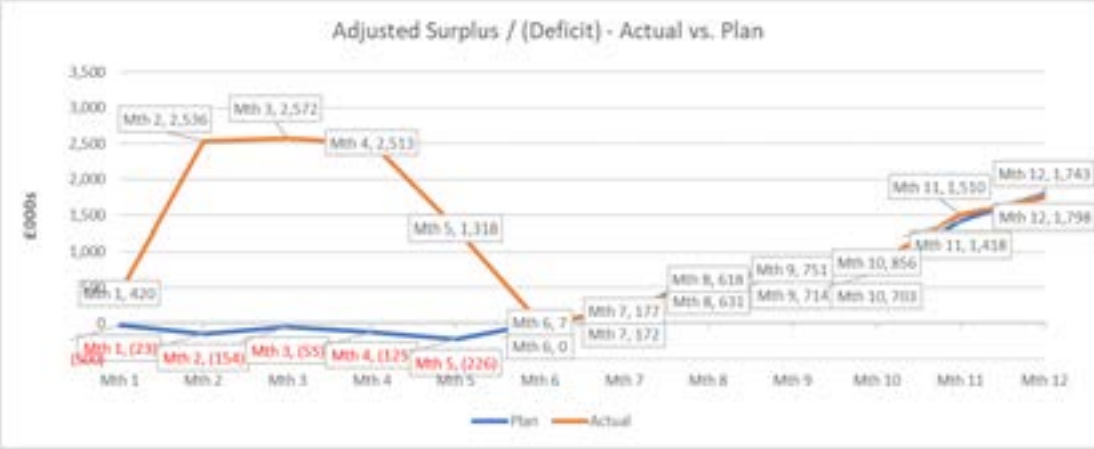
Section 2 Finance
Financial Performance – Month 12 (March) FY 2021 / 22

Financial Overview – Month 12, March 2022

High Level Summary

For Period ended - 31 March 2022, Month 12	Plan £m	Actual £m	Variance £m
Total Operating Income	574.46	601.54	27.08
Total Operating Expenditure and Financing Cost	(573.47)	(600.37)	(26.90)
Surplus/(Deficit)	0.99	1.17	0.17
Add back: NHSE/I Adjustments	0.81	0.58	(0.23)
Adjusted Surplus/(Deficit)	1.80	1.74	(0.06)
CIP	8.00	8.24	0.25
Capital	53.96	38.04	(15.92)
Cash & Cash Equivalents		39.34	

Adjusted Surplus / (Deficit)



The Trust has achieved a materially balanced revenue position against plan for the financial year 2021/22. Note that the position includes a write off to revenue of PFI capital prepayment cost at £0.2m.

Operating Income
Operating income for the year to date totals £601.5m, within which income for patient care activities totals £543.7m. Total income for the year to date is £27.1m favourable to plan. Key drivers are as follows: NHS Pension (£12.2m favourable, matched by cost), non patient services, education and training, R&D grants and various income (£8.4m favourable), in-year COVID related income e.g. Council funding stream which was not initially budgeted in H1 and H2 (£6.2m favourable), ASC client contribution income (£0.9m favourable matched by cost), ERF, ERF+ and capacity funding (£0.9m favourable), additional CFHD income within block contract (£0.6m) offset by: lower Council income (£1.8m adverse) and lower Torbay Pharmaceutical sales (£0.3m adverse).

Operating Expenditure
Total operating expenditure and financing cost of £600.4m, which includes £305.9m of staff costs. Operating expenditure and financing cost in the year to date is £26.9m adverse to plan. Key drivers are as follows: NHS Pension (£12.2m adverse, matched by income), COVID related costs including those council funding streams not initially budgeted in H1 and H2 (£6.2m adverse but matched by income), increase in Agency (£4.9m adverse) and Bank spend (£4.0m adverse), increased clinical supplies and services cost (£3.7m adverse), ASC and Placed people due to increased CHC and residential long stay cost (£3.1m adverse), Donated / push stock (£1.31m adverse) offset by lower substantive pay due to vacancies (£7.5m favourable) and lower CFHD alliance cost (£1.0m favourable).

Adjusted Surplus / (Deficit)
At year-end the Trust is recording a surplus of £1.74m against plan of £1.80m.

CIP
At year-end the Trust delivered £8.24m of savings against plan of £8.00m through either recurrent and non-recurrent means.

Capital
In 21/22 the Trust has spent c. £38.0m on capital schemes, this represents £2.4m underspend against CDEL allocation that had been largely utilised at ICS level. A separate capital report has been prepared for the Trust's FPDC.

Cash
The Trust is showing a healthy cash position of £39.3m at the end of Month 12.

I&E Position – Month 12, March 2022

Income & Expenditure – Performance versus Plan

£m	M12 - In Month			M12 - YTD		
	Budget	Actual	Variance	Budget	Actual	Variance
Patient Income - Block	32.40	32.91	0.51	391.38	391.93	0.55
Patient Income - Variable	3.63	4.08	0.44	44.88	44.93	0.04
ERF/ERF+/TIF/Capacity Funding	1.09	2.03	0.94	8.93	9.83	0.90
ASC Income - Council	4.59	4.09	(0.50)	55.01	53.24	(1.77)
Other ASC Income - Contribution	1.00	0.94	(0.06)	11.80	12.66	0.86
Torbay Pharmaceutical Sales	2.04	1.71	(0.33)	21.97	21.65	(0.32)
Other Income	3.17	20.12	16.95	34.25	54.84	20.59
Covid19 - Top up & Variable income	0.64	1.49	0.86	6.25	12.47	6.23
Total (A)	**48.55**	**67.36**	**18.81**	**574.46**	**601.54**	**27.08**
Pay - Substantive	(24.04)	(36.96)	(12.92)	(283.97)	(292.61)	(8.64)
Pay - Agency	(0.90)	(1.47)	(0.57)	(8.38)	(13.25)	(4.87)
Non-Pay - Other	(12.20)	(16.58)	(4.38)	(151.82)	(156.43)	(4.61)
Non- Pay - ASC/CHC	(8.78)	(10.81)	(2.03)	(102.79)	(113.53)	(10.74)
Financing & Other Costs	(2.32)	(0.77)	1.55	(26.51)	(24.55)	1.96
Total (B)	**(48.24)**	**(66.59)**	**(18.35)**	**(573.47)**	**(600.37)**	**(26.90)**
Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)	**0.31**	**0.77**	**0.46**	**0.99**	**1.17**	**0.18**
NHSE/I Adjustments - Donated Items / Impairment / Gain on Asset disposal	0.07	(0.54)	**(0.61)**	**0.81**	**0.57**	**(0.24)**
Adjusted Financial performance - Surplus / (Deficit)	**0.38**	**0.23**	**(0.15)**	**1.80**	**1.74**	**(0.06)**

In Month 12 the Trust recorded a surplus of £0.23m and for the year to date the Trust is reporting a £1.74m surplus.

Both M12 and year to date actuals are behind plan (£0.15m adverse in month, £0.06m adverse year to date).

In Month Position:

Income

The key variances are below:

- Patient income block £0.51m higher – additional income received linked to CFHD mental health support.
- Patient income variable £0.44m higher based on NHSE income.
- ERF/ERF+ £0.94m higher – per the agreed value with the ICS.
- ASC Income council £0.50m – lower Council income
- Torbay Pharmaceutical sales were £0.33m lower than planned primarily due to lower NHS sales.
- Other income is £16.95m higher than plan. £12.20 is due to NHS Pension (matched by cost), income from various sources: non patient services (£1.83m), education and training (£1.63m), Donated / push stock (£0.85m) and various other income (£0.44m).
- COVID income £0.86m higher – additional workforce retention and infection control fund (matched by cost).

Pay

- In Substantive pay there is an adverse variance in month of £12.92m of which £12.20m is due to recognition of NHS Pension costs (matched by income) and increase in Bank staff use (£0.47m) in HCA, Medical Trainee grades and Non Clinical staff and various Substantive staff appointments (£0.25m).

- Agency cost is £0.57m higher than budget primarily in Nursing (£0.34m) and Ancillary staff group (£0.18m - COVID, Estates and TP production requirement) and various other staff (£0.05m).

Non-pay

- The main drivers of the adverse non-pay other (£4.38m) position are due to cost increase as follows: Clinical supplies spend (£1.80m), Donated /push stock (£1.32m), CFHD alliance cost (£0.72m), general supplies (£0.19m), discount rate on provisions (£0.19m) and spend on PFI scheme (£0.18m).

- The £2.03m adverse position for ASC/CHC costs is due to: COVID payment (£1.16m) for Workforce recruitment and retention round 2, Infection Control and Rapid Testing grants (matched by income), Placed People (£0.53m) due to higher CHC costs in Torbay locality (one back dated high cost client) combined with unachieved savings and ASC (£0.34m) higher than anticipated costs on care provision (Dom Care, Residential Short Stay and Nursing Long Stay). In addition to this there has also been an increase to the Bad debt provision and a reduction in Direct Payment reclaims.

- Financing costs is £1.55m lower than plan primarily due to lower PDC (£1.02m) and Impairment (£0.86m) offset by depreciation (£0.30m).

Risks and Mitigations and Forward Look

Risks and Mitigations

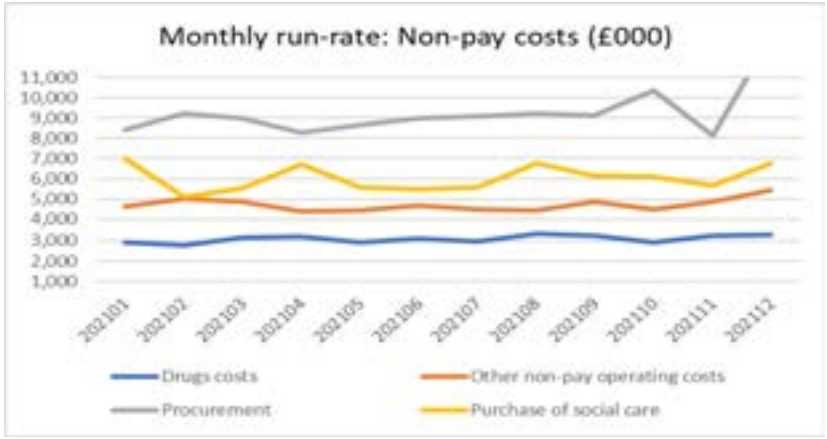
All in year risks have been mitigated within the outturn position. By achieving the planned surplus of £1.8m it meant the Devon system had also reached its plan for FY 2021/22.

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. We have achieved £7.0m of income through ERF and ERF+ in year.

Forward Look

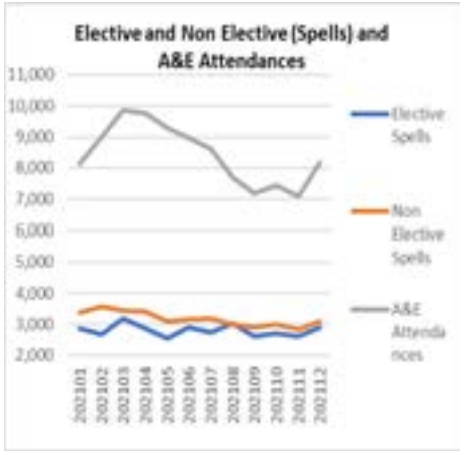
The Trust currently has a planned adjusted deficit of £29.9m for FY 2022/23. The final plan will be submitted on 28 April to NHSE/I. The following areas are worth noting:

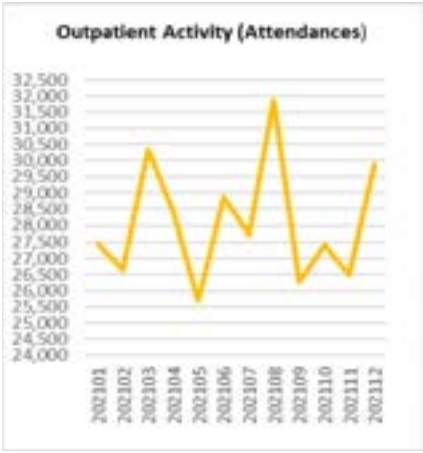
- The plan is unlikely to be accepted by regulators and further improvement would be required.
- The planned deficit of £29.9m is after the delivery of an efficiency requirement at £28.5m, through transformation and Covid cost reduction initiatives.
- The plan currently includes scaled back ERF allocation from the CCG and matching activities which present significant risks for claw-back if 104% targets and stretch targets are not reached.
- Commissioner contracts are being re-introduced with aligned incentive payment mechanisms for elective activity, which would see the Trust lose income if elective activity fails to achieve the required levels. Details to be confirmed.
- There is no future funding for Hospital Discharge Programme. However, the Trust is in discussion with the ICS and Local Authorities regarding an interim funding and exit strategy.
- Capital plans for 2022-23 and beyond have been developed, there are significant pressures on CDEL allocation.



Change in Activity Performance – Month 11 to Month 12

		Feb-22	Mar-22	Change	% Change		Mar-21	% change
Activity Drivers	A&E Attendances	7,085	8,171	1,086	15%		*7,289*	12%
	Elective Spells	2,618	2,904	286	11%		*2,734*	6%
	Non Elective Spells	2,829	3,097	268	9%		*3,253*	-5%
	Outpatient Attendances	26,484	29,860	3,376	13%		*29,712*	0%
	Adult CC Bed Days	146	165	19	13%		*211*	-22%
	SCBU Bed Days	105	120	15	14%		*75*	60%
Bed Utilisation	Occupied beds DGH	9,779	10,798	1,019	10%		*8,791*	23%
	Available beds DGH	10,415	11,359	944	9%		*10,397*	9%
	Occupancy	94%	95%	1%	1%		85%	11%
Resource Consumption	Medical Staff Costs - £000's	5,002	5,848	846	17%		*5,406*	8%
	Nursing Staff Costs - £000's	5,882	6,326	445	8%		*5,477*	16%
	Temp Agency Costs - £000's	658	1,467	809	123%		*1,053*	39%
	Total Pay Costs - £000's	24,591	38,182	13,591	55%		*34,702*	10%





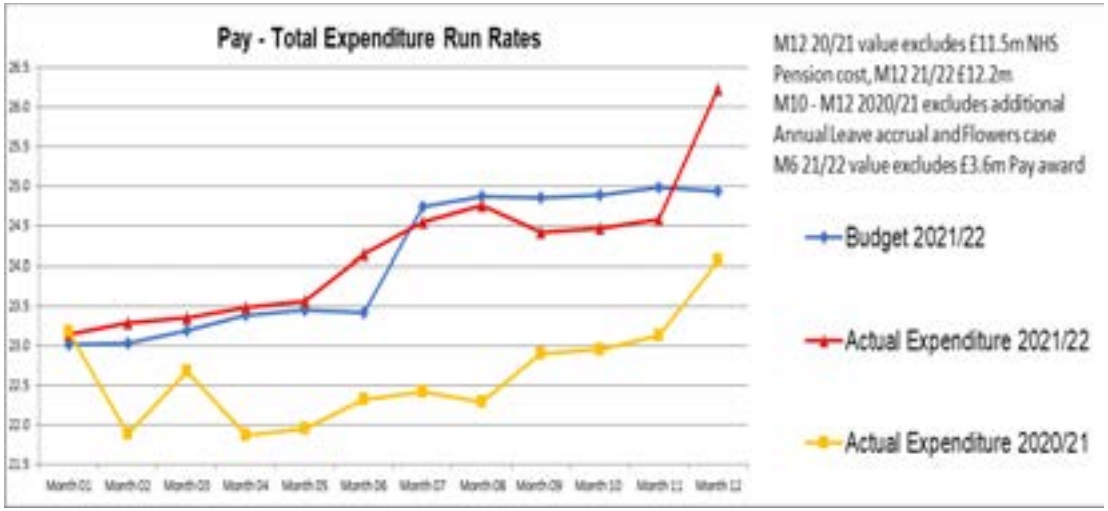
Activity Drivers

- No formal plan (for contracting purposes in 21/22) had been created for A&E, Non Elective, or ACC/NCC. This is as a result of the focus on the recovery of elective activity from the centre.
- 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. In the new year, with the increase of elective recovery target to 104%, there will be a significant drive on activity and productivity.
- The Trust is working with the ICS to ensure a consistent approach to planning. The ICS will be submitting an aligned activity and financial plan to the regional team. As a result of the new guidance and change in requirements, providers had undertaken a separate ERF plan process to maximise system allocation and recovery.

Bed utilisation

- In March, the overall bed occupancy at 95% continued to be above required levels to support patient flow to avoid emergency care delays and required the continued stepping down of routine elective capacity. Plans to reduce length of stay and reduce overall bed occupancy continued to be constrained by the levels of delayed transfers of care that averaged 60 patients per day who were classified as medically fit for discharge.
- Access to beds for medical and surgical emergencies has seen patients regularly staying overnight in assessment units and Emergency Department. This being a major factor in the continued high level of ambulance handover delays and long waits in the Emergency department. Trust has been in OPEL 3 escalation for most of the month
- Recovery plans have been approved to see the relocation of the Medical Receiving Unit to a non ward area to enable the planned reopening of the Day Surgery Unit from mid-April and also the opening of elective ward beds to support routine elective inpatient admissions.
- The impact of opening the additional ward areas in January and February can be seen with 962 additional bed days available this March when compared to last year equating to 30 beds.

Pay Expenditure – Month 12, March 2022

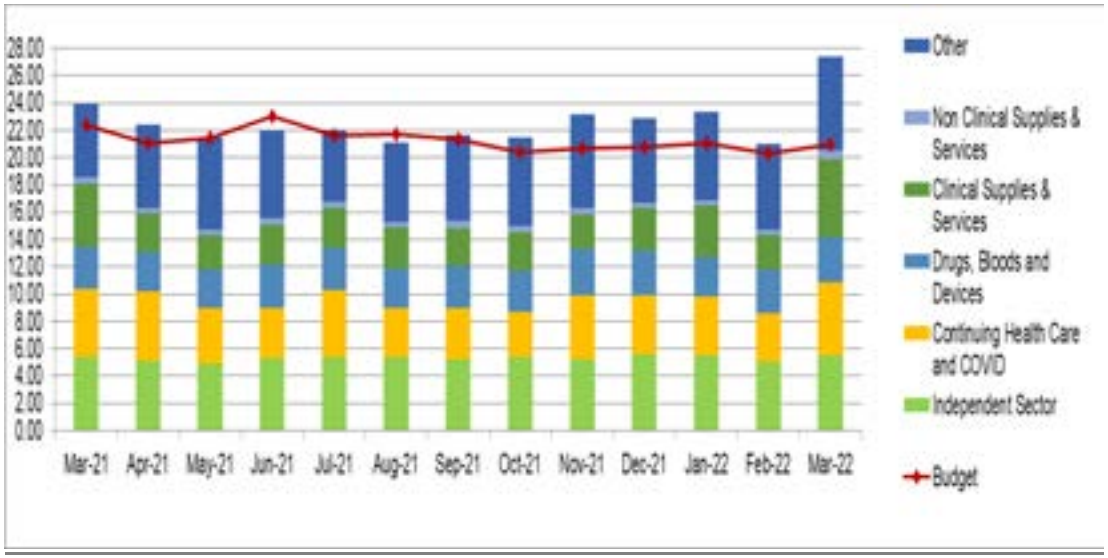


Excluding the increase in NHS Pension cost (£12.20m), the total pay run rate in Month 12 (£26.23m) is £1.64m higher compared to compared to Month 11 (£24.59m).

Further details are provided below:

- Substantive pay increased by £0.61m primarily due to additional permanent staff recruited within Medical (£0.29m), Other Clinical Staff (£0.17m) and HCA (£0.15m).
- Bank pay increased by £0.22m primarily within Medical Staff (£0.12m) and HCA (£0.08m) due to clinical activity.
- Agency costs were £0.81m higher than Month 11. The increases are in Medical Staff (£0.43m) and Nursing (£0.41m) due to vacancies and clinical pressures.
- The year to date Agency costs as at M12 totals £13.25m 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 £11.28m, comprised of:
  - Segregation of patient pathways - £4.63m,
  - Backfill for higher sickness absence - £1.54m,
  - Decontamination - £1.55m,
  - Ambulance Capacity - £1.19m,
  - Additional shifts of existing workforce – £1.20m,
  - Increase ITU capacity £0.45m,
  - Testing – £0.44m, and
  - Vaccination programme - £0.28m
- The Apprentice levy balance at Month 12 is £2.29m (£2.26m in M11). The Trust's apprenticeship strategy is reviewed regularly and actions are being taken.

Non-Pay Expenditure – Month 12, March 2022



The total non-pay run rate in Month 12 (£27.38m) is £6.39m higher in comparison to previous month (£20.99m), key details are provided below:

- Increases in:
  - Clinical supplies – £2.00m, primarily medical and surgical supplies £1.57m and TP cost of sales £0.71m offset by lower chemical consumables £0.28m.
  - Donated PPE / push stock from DH - £1.31m.
  - COVID funding £1.16m - related to Workforce recruitment and retention round 2, Infection Control and Rapid Testing grants that was paid out in March with no payments having been made in February. In addition to these higher values were paid to IS providers in March than in February to ensure market sustainability. Please note this mainly offset with income received from Torbay Council.
  - Placed People (including Continuing Healthcare) £0.62m March spend is higher than February and this is due to there being three days more of costs in March. In addition to this March costs are higher specifically in CHC within the Torbay locality (one back dated high cost client).
  - Net Operating expenditure – £0.57m, primarily increase in CFHD alliance costs (£0.77m) offset by reduction in professional services cost (£0.20m).
  - Adult Social Care (ASC) - £0.46m March spend is higher than February and this is due to there being three days more of costs in March.
  - General supplies – £0.27m, non healthcare service contract including records management (£0.15m), domestic cleaning mats and kitchen equipment (£0.09m) and pathology accreditation / license (£0.03m).

COVID and Other one-off Funding Analysis – Month 12, March 2022

COVID Expenditure	Inside Envelope Actual 31/03/2022 YTD £'000	Outside Envelope Actual 31/03/2022 YTD £'000	Total Actual 31/03/2022 YTD £'000
Staff and executive directors costs	10,562	719	11,281
Supplies and services – clinical (excluding drugs costs)	451	3,029	3,480
Supplies and services - general	383	1	384
Drugs	477	1	478
Establishment	89		89
Purchase of social care	2		2
Premises	476	14	490
Education and training - non-staff	40		40
Transport	63		63
Other	175		175
Total operating expenditure	**12,718**	**3,764**	**16,482**

Hospital Discharge, Rapid Testing and Infection Control COVID	Total Cost Actual 31/03/2022 YTD £'000	CCG Income Actual 31/03/2022 YTD £'000	Council Income Actual 31/03/2022 YTD £'000	Provider Refunds Actual 31/03/2022 YTD £'000
Hospital Discharge Programme (HDP) Scheme 2	2,946	(2,946)		
Infection Control, Rapid Testing & Vaccines	4,229		(4,063)	(166)
Domiciliary Care - H2 Incentive & Retention scheme	314		(314)	
Independent Sector Workforce Recruitment and Retention	1,579		(1,479)	
General & Sustainability Fund	418			(94)
Total	**9,486**	**(2,946)**	**(5,856)**	**(260)**

As highlighted above, within the Trust's pay position at Month 12 £11.28m is for COVID costs.

Within non-pay COVID costs account for £5.20m, comprised of:
- Testing - £3.03m,
- Segregation of patient pathways - £1.95m,
- Decontamination - £0.15m, and
- Patient transport, vaccination and quarantine - £0.07m

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 £9.5m, with a contribution of circa £5.85m received from Torbay Council towards this.
- Hospital discharge cost circa £2.95m being reclaimed through Devon CCG. Discharge criteria saw client's entitlement drop from six to four weeks from the 1st July 2021. National funding for Hospital Discharge ends on 31st March 2022.
- During 2021/22 all Rapid Testing, Infection Control, Vaccines & IS Workforce Recruitment and Retention grants have been fully passported to providers within Torbay in line with grant conditions. Current business planning for 2022/23 assumes no further national funding being made available to Local Authorities, therefore, no payments are planned for Torbay providers on these specific areas.
- Outside of the above, Torbay Council provided an additional tranche of funding (£0.3m) to help support Domiciliary Care providers (Living well at Home). This was specific and targeted funding focusing on workforce Incentive / retention schemes and was fully paid to these key providers during November to ensure system stability ahead of Christmas / winter pressures.

Key Drivers of System Positions – Month 12, March 2022

System	ISU	Financial Commentary / Key Drivers
CFHD	CYP	Expenditure run rate has remained constant. Staff consultation - the Senior Team are progressing internal discussions on pathway options and cost; ongoing high level of vacancies. IT EPR business case approved but commencement delayed to ensure it supports new clinical pathways; no costs included in this year's revenue account.
Torbay Pharmaceuticals	PMU	TP sales in M12 is £0.34m lower than plan primarily due to lower NHS sales. Year to date is £0.32m lower than plan.
Corporate	EFM	The H2 year end position shows an overspend of £264k mainly arising from non-pay overspend of £342k offset by a CIP overachievement of £102k. The non-pay overspend relates to repairs & maintenance, increased utility costs and laundry, linen and cleaning equipment and materials offset by underspends in leases and rents and waste. The CIP achievement is largely from recurrent schemes.
	Exec. Directors	The H2 year end position shows an underspend of £1.5m. However, there is a £1.7m overspend on non-pay due to £0.6m agreed HIS N365 business plan, £0.26m overspend on International Recruitment costs, £0.25 SEED funded expenditure, £0.1m Education and Training courses, £0.1m system licences, £0.08m on relocation expenses (offset by income), £0.07m ED cultural workshops, offset by £0.1m reduction in legal fees. Pay is overspent by £0.2m mainly due to posts funded by income in Education £0.4m; offset by £0.07m International Recruitment & supernumerary pay and various vacancies. The income overachievement of £3m includes funding for Education posts, SEED funding for BFF, Devon IR Alliance income and relocation funding. Non-recurrent CIP (slippage) has been transacted across most directorates (but largely Education income) resulting in an overachievement of £0.5m.
	Financing Costs	Excluding items outside the NHSE/I control total, costs show a £0.97m favourable variance to plan. This is principally due to reduced PDC Dividend cost, largely as a result of cash balances being higher than planned during the year.
	Other	Reserves includes plan adjustments, provisions for FNC backlog, legal fees, miscellaneous and other small provisions.
South System	Coastal	The year end position is £3.9m underspent against a full year budget of £85.8m being non pay £2.0m, pay £1.2m, and additional income £0.6m. There is continued slippage in elective recovery activity in response to the ongoing Covid and green surge, delays in recruitment, and reduced spend in theatre supplies and drugs. Run rates increased from the previous month mainly in equipment and year end stock.
	Newton Abbot	Overspent at the year end by £3.2m against a full year budget of £38.5m. Mainly due to 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 £2.3m and Acute Medicine (including all Gen Med Junior Doctors) by £1.2m, under delivery CIP £0.6m. This is offset by underspends in UTC, ICU, and vacant posts £0.9m. Increased run rate from previous month mainly in temporary staffing costs.
	Moor to Sea	Marginal overspent at year end by £0.01m against a budget of £24.1m with overspends showing in pay and non pay for recharges which are offset by related income. Run rates slightly higher than the previous month, but remain relatively consistent.

	Shared Operations	Overspent at M12 £0.8m against a full year budget by £9.9m which is mainly due to Medical electronics equipment and devices. There are other small overspends in transport £0.01m due to demand, offset by underspends of £0.2m in pay due to delays in recruitment.
Torbay System	Independent Sector	ISU is circa £2.6m overspent against a budget envelope of £89.6m. Non-Pay cost is £10.8m higher than budget but this is primarily due to COVID related spend (£7.6m) which has no budget (Hospital Discharge 'H1', Rapid Testing and Infection Control). Additional pressures in ASC of £1.8m (Long Stay residential / nursing & Bad Debt provision) have adversely impacted non-pay cost as have unachieved CIP savings of £0.8m within Placed People. Partially offsetting the adverse non-pay cost there is £7.2m of additional Covid related funding and £0.9m of ASC client contributions.
	Torquay	ISU has a circa YTD £0.45m overspend against a budget envelope of circa £43.0m. There are two main areas driving this overspend. Firstly, ward staffing, with staffing pressures on 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 £0.47m overspend against a budget envelope of circa £80.1m. Underlying this the main areas to note is a material £0.5m pay / non-pay underspend linked to medical vacancies, ERF slippage and labs medicine but this is offset by £1.0m 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).
Contract Income	Patient Income	The Trust has received the following income: 1) £7.0m of Elective Recovery Funding (ERF and ERF+) and £1.0m of TIF at M12 from the CCG. 2) C. £2.9m additional income via the CCG relating to the Hospital Discharge Programme (HDP). There is a corresponding cost to offset this. 3) An additional c. £5.9m 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 12, March 2022

CIP H2 Plan and M11 Actual

H2 Plan

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

M12 Actual and Year End

The M12 CIP plan is £1.25m with actual delivery of £1.72m, an upside of £0.47m.

The Trust is able to report full delivery of the H2 plan at year end. However, it should be noted that of the £7.23m delivery only £1.6m was recorded as recurrent, which has a bearing on next year's (2022/23) position and efficiency requirements.

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

CIP plans delivered for the year total £8.24m against the plan of £8.00m, an upside of c. £0.2m (from H1).

Cash Position – Month 12, March 2022

	YTD at M12 £m
Opening cash balance	**45.45**
Capital Expenditure (accruals basis)	(38.10)
Capital loan/PDC drawndown	19.58
Capital loan repayment	(4.80)
Proceeds on disposal of assets	0.01
Movement in capital creditor	2.85
Other capital-related elements	(1.54)
Sub-total - capital-related elements	**(22.01)**
Cash Generated From Operations	25.42
Working Capital movements - debtors	(4.72)
Working Capital movements - creditors	4.98
Net Interest	(2.98)
PDC Dividend paid	(5.66)
Other Cashflow Movements	(1.12)
Sub-total - other elements	**15.91**
Closing cash balance	**39.34**

Better Payment Practice Code	Paid year to date	Paid within target	% Paid within target
Non-NHS - number of bills	145,108	123,927	85.4%
Non-NHS - value of bills (£k)	286,203	240,117	83.9%
NHS - number of bills	2,093	1,229	58.7%
NHS - value of bills (£k)	26,773	20,663	77.2%
Total - number of bills	147,201	125,156	85.0%
Total - value of bills (£k)	312,976	260,780	83.3%

Key points of note:

- A 2021/22 cashflow plan has not been required by NHSE/I. The Trust was planning that its cash balance would decrease over the year from the March 2021 level of £45m, to circa £26m. This assumed that the capital plan was delivered and that planned Public Dividend Capital support would be obtained.
- It was pointed out previously that the above reduction in the cash balance might not be completed until the early months of 2022/23, when the (normally high) year end capital creditor will be paid off.
- Over the year, cash balances have decreased by £6.1m, to £39.3m. The capital creditor at March 2022 was very high (£13.6m) and the cash balance will be expected to fall further during the first few months of 2022/23, as this creditor is paid off.
- 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 12, March 2022

	Month 12		
	Position 31 March 2021 £m	Position 31 March 2022 £m	Movement £m
Non-Current Assets			
Intangible Assets	10.09	9.69	(0.40)
Property, Plant & Equipment	202.37	224.00	21.63
On-Balance Sheet PFI	17.11	17.60	0.49
Other	2.04	1.44	(0.60)
Total	**231.61**	**252.73**	**21.12**
Current Assets			
Cash & Cash Equivalents	45.45	39.34	(6.10)
Other Current Assets	33.20	41.24	8.05
Total	**78.64**	**80.59**	**1.94**
Total Assets	**310.25**	**333.32**	**23.06**
Current Liabilities			
Loan - DHSC ITFF	(4.80)	(3.87)	0.94
PFI / LIFT Leases	(1.17)	(1.31)	(0.15)
Trade and Other Payables	(61.81)	(67.08)	(5.26)
Other Current Liabilities	(10.44)	(13.06)	(2.61)
Total	**(78.23)**	**(85.31)**	**(7.09)**
Net Current assets/(liabilities)	**0.41**	**(4.73)**	**(5.14)**
Non-Current Liabilities			
Loan - DHSC ITFF	(29.08)	(25.21)	3.87
PFI / LIFT Leases	(16.60)	(15.29)	1.31
Other Non-Current Liabilities	(15.88)	(13.80)	2.08
Total	**(61.55)**	**(54.29)**	**7.26**
Total Assets Employed	**170.47**	**193.71**	**23.23**
Reserves			
Public Dividend Capital	130.76	150.33	19.58
Revaluation	49.15	51.54	2.39
Income and Expenditure	(9.44)	(8.16)	1.27
Total	**170.47**	**193.71**	**23.23**

Key points of note:

- Non-current assets have increased by £21.2m, principally as capital expenditure (£39.0m) and asset revaluation (£3.6m) have exceeded depreciation (£17.3m) and the recategorisation of assets (£1.7m) as 'held for sale'.
- Cash has reduced by £6.1m, as explained in the commentary to the cashflow statement.
- Other current assets have increased by £8.0m, principally due to debtors increasing from the low March 2021 level (e.g. Covid reimbursement £0.9m, HDP £1.3m, ERF £0.5m), PDC Dividend prepayment £1.0m and the recategorisation of assets £1.7m as 'held for sale'.
- Trade and other payables have increased by £5.3m, principally due to increases in the capital creditor £2.9m and general payables.
- Other current liabilities have increased by £2.6m, due to increased deferred income.
- Non-current liabilities have reduced by £7.3m, mainly due to scheduled loan / lease repayments.
- PDC reserves have increased by £19.6m due to receipt of capital PDC funding. Revaluation reserves have increased by £2.4m due to the annual asset revaluation process.

It is understood that measurement is integral to the improvement methodology in healthcare but it is not always possible to see from the data if improvements are being made. There is an element of variation in the way services are delivered by individual departments, people, and different types of equipment.

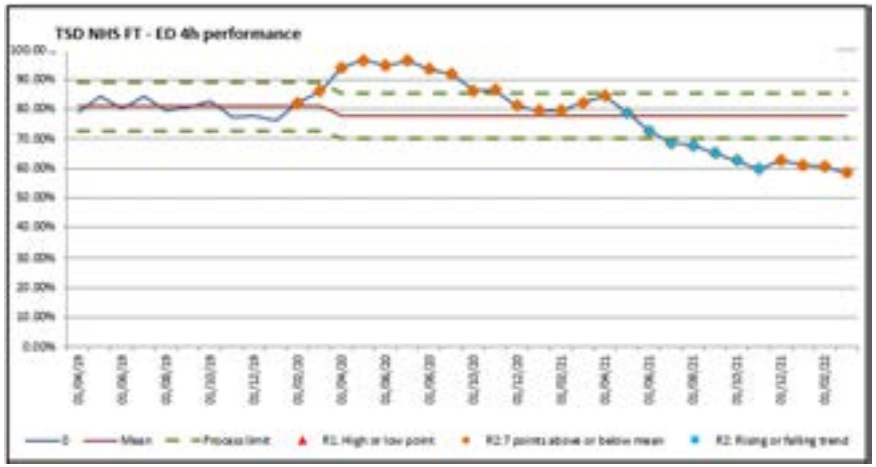
The main aims of Statistical Process Control (SPC) charts is to understand what is 'different' and what is the 'norm'. SPC charts can help to:

- 'predict' statistically whether a process is 'capable' of meeting a target;
- identify if a process is sustainable - i.e. are your improvements sustaining over time;
- identify when an implemented improvement has changed a process - i.e. it has not just occurred by chance;
- generally understand processes - helping make better predictions and thus improve decision making;
- recognise abnormalities within processes;
- understand that variation is normal and to help reduce it;
- prove or disprove assumptions and (mis) conceptions about services;
- drive improvement – used to test the stability of a process prior to redesign work, such as Demand and Capacity.

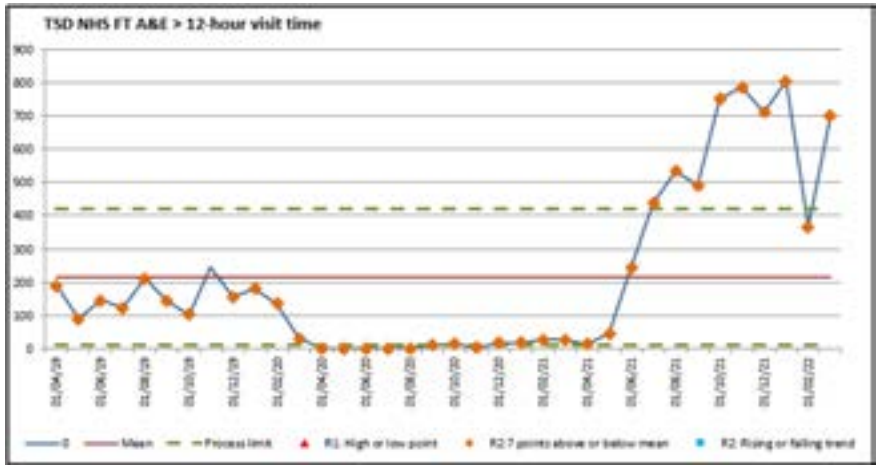
Control limits are the standard deviations located above and below the centre line of an SPC chart. If the data points are within the control limits, it indicates that the process is in control (common cause variation). If there are data points outside of these control units, it indicates that a process is out of control (special cause variation).

In preparing for fuller roll out, a selection of key metrics are presented below in SPC format.

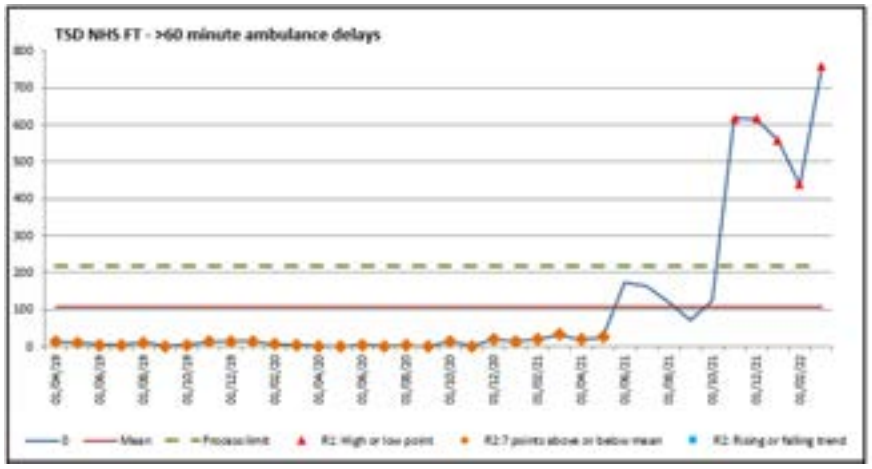
ED 4 hour performance



12- hour visit time

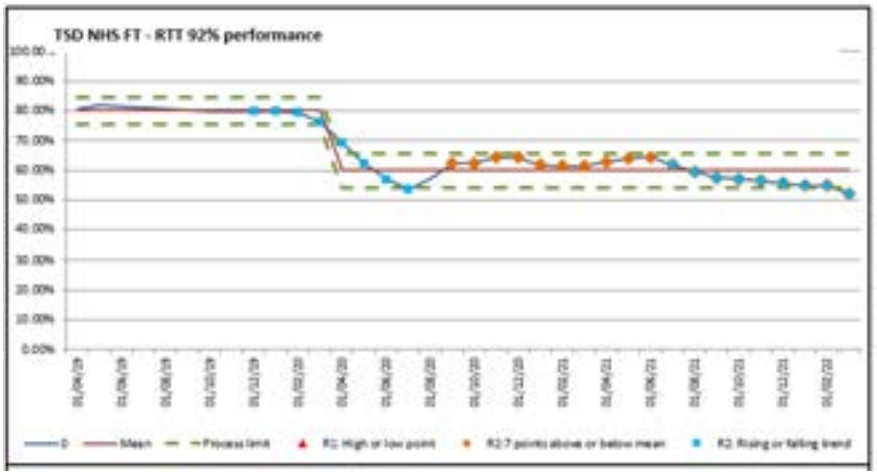


Greater than 60-minute ambulance handover delays

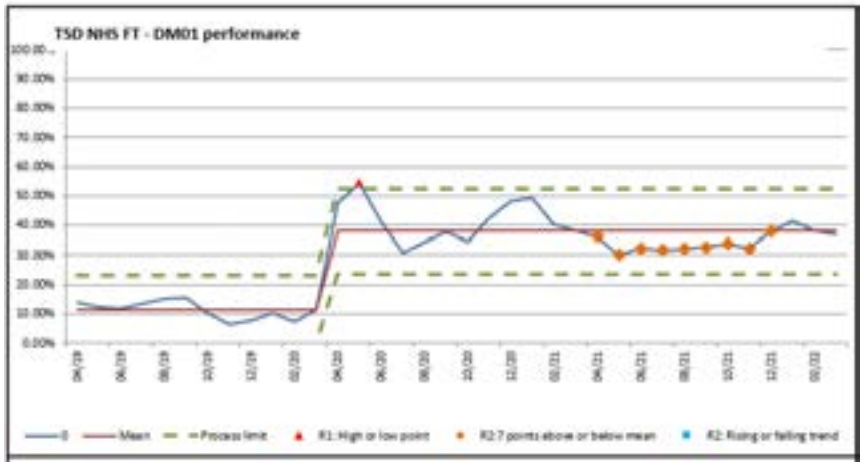


Key Indicators - Statistical Process Control (SPC) charts

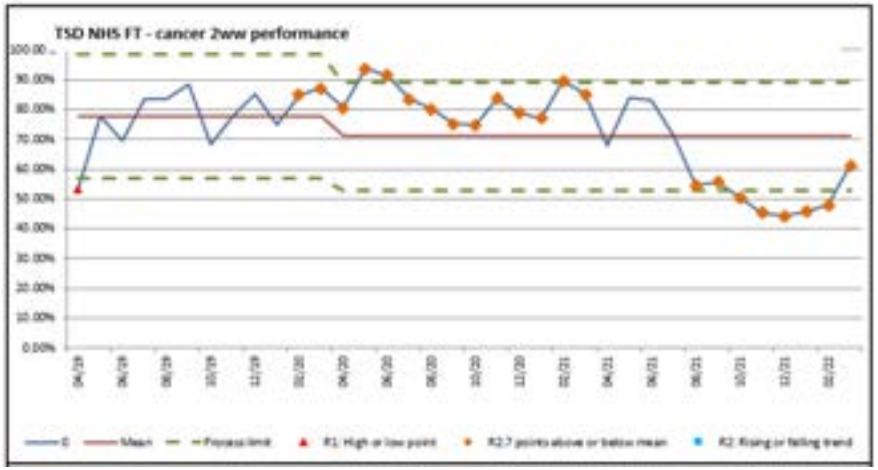
Referral To Treatment



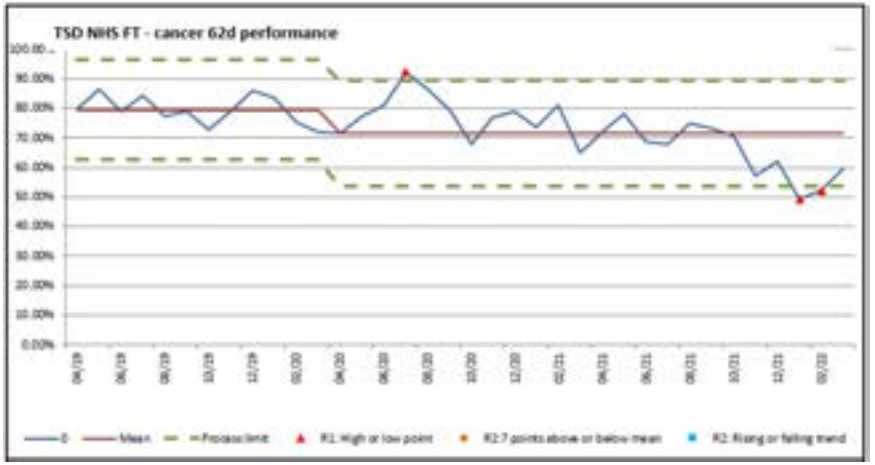
Diagnostics performance

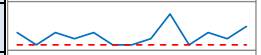
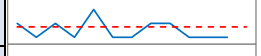
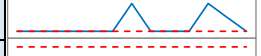
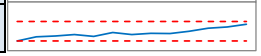


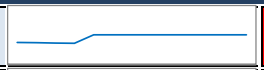
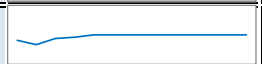
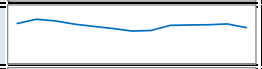
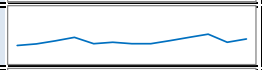
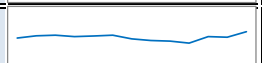
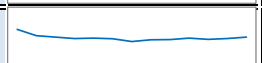
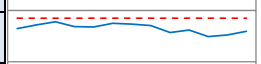
Cancer 2-week-wait performance

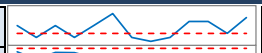
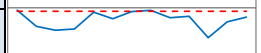
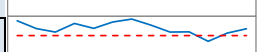
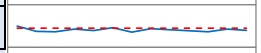
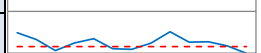
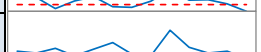
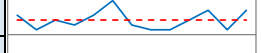
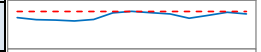


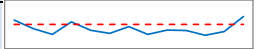
Cancer 62-day performance



	ISU	Target	13 month trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Year to date
QUALITY LOCAL FRAMEWORK																	
Reported Incidents - Severe	Trustwide	<6		4	0	2	4	2	2	0	1	3	1	4	4	2	25
Reported Incidents - Death	Trustwide	<1		2	0	2	1	2	0	0	1	5	0	2	1	3	17
Medication errors resulting in moderate harm	Trustwide	<1		0	0	1	1	0	0	0	0	0	0	0	0	1	3
Medication errors - Total reported incidents	Trustwide	N/A		54	50	64	57	47	38	47	58	46	59	43	56	50	615
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		1	0	1	0	2	0	0	1	1	0	0	0	0	5
Never Events	Trustwide	<1		1	0	0	0	0	0	0	0	0	0	0	0	0	4
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		6	5	7	11	8	8	6	1	12	12	6	13	9	54
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams	Trustwide	<1		0	0	0	0	0	0	2	0	0	0	2	1	0	5
Formal complaints - Number received	Trustwide	<60		17	10	9	15	18	17	11	11	10	9	16	11	12	149
VTE - Risk Assessment on Admission	Trustwide	>95%		91.9%	92.5%	92.3%	88.6%	94.4%	92.9%	91.9%	91.8%	96.2%	95.1%	94.8%	95.2%	94.4%	93.1%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		105.8	102.6	105.5	106.6	108	110.2	108.4	109.6	108.1	107.5				86.4
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		82.5%	89.0%	90.2%	87.1%	89.5%	87.0%	81.9%	81.9%	89.3%	87.81%	86.8%	88.3%	90.0%	87.3%
Safer Staffing - ICO - Nightime	Trustwide	90% - 110%		85.4%	90.3%	88.5%	89.4%	93.4%	88.0%	74.6%	74.6%	83.7%	60.32%	77.8%	78.8%	79.3%	84.2%
Infection Control - Bed Closures - (Acute)	Trustwide	<100		23	24	42	381	24	8	42	476	218	285	71	49	203	1823
Hand Hygiene	Trustwide	>95%		92.8%	96.0%	94.8%	97.6%	98.9%	97.1%	96.5%	98.5%	96.2%		99.1%	95.3%	98.7%	97.2%
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	Trustwide	>90%		78.8%	73.2%	90.3%	84.8%	91.2%	82.1%	81.0%	82.1%	60.0%	68.6%	77.4%	78.4%	76.9%	84.9%
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		77.5%	84.1%	65.9%	66.1%	51.4%	56.3%	69.2%	35.9%	52.8%	50.0%	18.2%	59.0%	28.1%	54.8%
Mixed Sex Accommodation breaches	Trustwide	0											0	0	0	0	0
Follow ups 6 weeks past to be seen date	Trustwide	6400		16950	17118	16713	16323	16967	17651	17789	18231	18069	19797	20026	20496	21388	21388
WORKFORCE MANAGEMENT FRAMEWORK																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<4.00%		4.0%	4.0%	4.0%	4.1%	4.1%	4.2%	4.4%	4.5%	4.6%	4.7%	4.8%	5.0%		4.1%
Appraisal Completeness	Trustwide	>90%		82.4%	85.9%	86.6%	84.7%	81.3%	80.6%	79.7%	77.9%	79.2%	78.6%	76.1%	75.2%	71.9%	82.4%
Mandatory Training Compliance	Trustwide	>85%		89.6%	90.1%	90.1%	90.5%	89.5%	89.4%	89.0%	89.0%	88.8%	88.4%	88.6%	89.2%	89.5%	89.6%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		10.0%	10.8%	11.0%	11.3%	11.0%	11.7%	11.3%	11.6%	11.5%	12.0%	12.6%	12.9%	13.4%	

	ISU	Target	13 month trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Year to date
COMMUNITY & SOCIAL CARE FRAMEWORK																	
Carers Assessments Completed year to date	Trustwide	40% (Year end)		96.3%	93.3%	97.5%	98.3%	100.0%	100.0%	100.0%	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			234	213	201	171	165	147	147	0	0	0	0	0	147
4 Week Smoking Quitters (reported quarterly in arrears)	Trustwide	NONE SET					117			291	0	0	264	0	0	0	365
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	NONE SET					4.3%			5.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.2%
Safeguarding Adults - % of high risk concerns where immediate action was taken	Trustwide	100.0%		100.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET		616	0	608	629	631	564	546	604	590	628	644	623	645	645
Intermediate Care - No. urgent referrals	Trustwide	113		155	165	155	129	158	191	241	222	237	219	195	213	212	2334
Community Hospital - Admissions (non-stroke)	Trustwide	NONE SET		255	282	294	292	297	233	229	243	191	200	202			2463
ADULT SOCIAL CARE TORBAY KPIs																	
Proportion of clients receiving self directed support	Trustwide			74.0%	72.9%	71.9%	71.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Proportion of carers receiving self directed support	Trustwide			96.3%	93.3%	97.5%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% Adults with learning disabilities in employment	Trustwide			8.3%	7.5%	7.4%	7.4%	7.4%	7.1%	7.1%	6.8%	7.0%	6.8%	6.7%	6.6%	7.1%	7.1%
% Adults with learning disabilities in settled accommodation	Trustwide			81.8%	82.6%	82.3%	81.7%	81.3%	81.0%	80.6%	80.6%	81.5%	81.6%	81.6%	81.8%	81.1%	81.1%
Permanent admissions (18-64) to care homes per 100k population	Trustwide			16.2	17.5	20.2	23.1	17.7	19.0	17.7	17.7	20.4	23.1	25.8	19.0	21.7	21.7
Permanent admissions (65+) to care homes per 100k population	Trustwide			464.3	499.8	510.8	487.3	498.1	511.5	449.6	422.7	411.9	376.9	487.3	476.5	570.8	570.8
Proportion of clients receiving direct payments	Trustwide			21.1%	20.1%	19.8%	19.5%	19.6%	19.5%	19.0%	19.4%	19.4%	19.6%	19.4%	19.6%	19.8%	19.8%
% reablement episodes not followed by long term SC support	Trustwide			85.8%				85.9%	87.1%	87.4%	87.9%	87.9%	87.7%	88.0%	87.8%	88.9%	88.9%
NHS I - OPERATIONAL PERFORMANCE																	
A&E - patients seen within 4 hours	Trustwide	>95%		82.2%	84.4%	78.9%	72.6%	68.6%	67.6%	65.1%	62.5%	59.8%	62.5%	61.1%	60.6%	58.4%	67.2%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		61.4%	62.7%	63.9%	64.4%	61.7%	59.4%	57.4%	57.0%	56.5%	55.6%	54.7%	54.7%	52.0%	58.1%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		64.8%	71.8%	77.9%	68.8%	67.8%	75.0%	73.3%	70.5%	57.0%	61.9%	49.1%	52.1%	59.5%	65.0%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		38.2%	36.3%	30.1%	32.2%	31.7%	32.2%	32.6%	33.8%	32.4%	37.9%	41.3%	38.4%	36.8%	34.8%
Dementia - Find - monthly report	Trustwide	>90%		95.0%	96.7%	96.9%	97.4%	97.8%	97.2%	92.7%	94.4%	95.0%	87.3%	94.8%	89.7%	93.6%	94.5%

	ISU	Target	13 month trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Year to date
LOCAL PERFORMANCE FRAMEWORK 1																	
Number of Clostridium Difficile cases reported	Trustwide	<3		5	2	5	2	5	8	2	1	2	6	6	3	7	49
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		85.1%	67.7%	83.9%	83.0%	71.3%	54.6%	55.6%	50.5%	45.2%	44.3%	45.6%	48.1%	61.1%	58.8%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		95.2%	61.9%	54.1%	56.7%	91.0%	77.8%	92.4%	95.1%	79.8%	82.5%	38.6%	71.4%	81.0%	73.5%
Cancer - 28 day faster diagnosis standard	Trustwide			75.0%	75.6%	75.6%	76.0%	76.4%	77.4%	60.6%	58.8%	52.5%	52.8%	55.2%	73.1%	75.0%	67.1%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%		99.0%	97.4%	96.7%	98.5%	97.5%	98.8%	99.4%	98.2%	96.7%	96.8%	94.8%	96.5%	97.4%	97.4%
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%		100.0%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	97.3%	99.6%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%		100.0%	98.5%	100.0%	97.0%	98.3%	96.4%	98.6%	98.4%	100.0%	100.0%	97.1%	98.3%	93.8%	98.1%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		84.8%	100.0%	96.7%	97.7%	100.0%	97.3%	100.0%	100.0%	97.1%	100.0%	96.4%	91.7%	82.9%	96.2%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		100.0%	75.0%	73.3%	85.7%	78.6%	92.3%	71.4%	87.5%	82.4%	77.8%	72.7%	85.7%	80.0%	80.3%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			15	15	17	10	10	13	15	29	14	26	27	39	39	39
RTT 52 week wait incomplete pathway	Trustwide	0		2041	1895	1596	1562	1648	1799	1943	2093	2169	2384	2584	2759	3199	3199
RTT 78 week wait incomplete pathway	Trustwide	0		234	289	330	377	458	580	641	572	477	532	587	649	763	
On the day cancellations for elective operations	Trustwide	<0.8%		2.4%	1.6%	0.3%	1.2%	1.7%	0.5%	0.5%	1.2%	2.6%	1.3%	1.4%	0.9%		1.5%
Cancelled patients not treated within 28 days of cancellation *	Trustwide	0		8	6	11	3	10	17	5	3	30	12	6	8		111
Outpatient virtual appointments (non-face-to-face)	Trustwide	25%		20.4%	18.6%	19.2%	19.1%	20.0%	19.6%	20.3%	20.5%	21.1%	19.3%	20.7%	21.3%	0.0%	
Bed Occupancy	Acute	90.0%		89.0%	85.0%	87.0%	92.0%	95.0%	95.0%	93.0%	94.0%	93.0%	93.0%	93.0%	93.0%		97.3%
No Criteria to Reside - daily average - weekday (ICO)	Trustwide	No target						45.4	57.8	55.6	61.7	66.1	87.8	101.1	80.2	70.4	
Number of patients >7 days LoS (daily average)	Trustwide			98.2	97.0	104.5	120.5	129.4	154.4	149.1	148.4	145.7	157.0	183.0	165.0	172.0	106.8
Number of extended stay patients >21 days (daily average)	Trustwide			19.9	15.2	21.3	25.0	26.3	41.5	43.9	43.6	39.9	48.0	64.0	60.6	50.0	20.3
LOCAL PERFORMANCE FRAMEWORK 2																	
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		94	90	128	380	421	266	219	285	959	952	889	727	1026	6342
Ambulance handover delays > 60 minutes	Trustwide	0		32	19	26	173	165	120	72	125	617	616	559	438	757	3687
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			28	14	46	246	438	534	491	753	788	712	806	364	701	5893
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0		5	2	3	32	157	188	69	130	139	162	131	123	202	1338
Number of Clostridium Difficile cases - (Acute) *	Trustwide	<3		4	1	3	2	4	7	2	1	1	3	5	1	5	35
Number of Clostridium Difficile cases - (Community)	Trustwide	0		1	1	2	0	1	1	0	0	1	3	1	2	2	14
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		64.6%	60.4%	59.5%	57.5%	60.6%	74.1%	77.3%	74.5%	72.0%	63.0%	69.2%	75.2%	72.1%	67.6%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		41.0%	25.5%	33.1%	32.4%	34.2%	46.6%	46.4%	45.5%	50.7%	39.2%	36.7%	52.8%	48.6%	40.3%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%		81.8%	68.5%	62.5%	66.5%	69.8%	69.0%	73.0%	67.7%	67.8%	69.1%	74.6%	67.7%	66.0%	74.5%

	ISU	Target	13 month trend	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Year to date
NHS I - FINANCE AND USE OF RESOURCES																	
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide			3180		2623	2551	2438	1240	-367	-327	-401	-609	-845	-955	-2025	
Agency - Variance to NHSI cap	Trustwide			-0.25%		-1.40%	-1.80%	-2.10%	-2.10%	-2.10%	-2.10%	-2.00%	-2.00%	-1.80%	-1.60%	-1.40%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide										-332	-593	-833	-659	-222	248	
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide			2305		2004	3206	4292	5275	9080	12336	16029	19492	20987	15148	15919	
Distance from NHSI Control total (£'000's)	Trustwide			655		2690	2621	2638	1539	7	8	-13	37	153	88	-59	
Risk Share actual income to date cumulative (£'000's)	Trustwide			0	0	0	0	0	0	0	0	0	0	0	0	0	
ACTIVITY VARIANCE vs 2019/20 BASELINE																	
Outpatients - New	Trustwide			26.8%	-5.3%	-15.9%	0.6%	-20.4%	-14.4%	-4.8%	-19.4%	1.9%	-4.4%	-18.8%	-6.9%	22.8%	-8.0%
Outpatients - Follow ups	Trustwide			16.8%	-7.6%	-12.9%	-0.9%	-13.1%	-10.2%	-5.9%	-19.1%	-2.7%	-7.0%	-22.3%	-15.0%	19.6%	-8.8%
Daycase	Trustwide			9.1%	-8.9%	-20.5%	5.1%	-12.2%	-18.4%	-4.5%	-20.7%	-11.7%	-12.6%	-22.3%	-14.7%	16.2%	-11.2%
Inpatients	Trustwide			-18.8%	1.8%	-19.8%	-15.4%	-33.1%	-35.2%	-24.4%	-25.8%	-37.0%	-33.5%	-47.5%	-37.6%	-23.7%	-28.3%
Non elective	Trustwide			18.0%	4.5%	3.8%	8.1%	3.9%	-5.3%	-0.8%	-7.9%	-9.6%	-15.0%	-12.2%	-8.3%	13.6%	-2.5%

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Report to the Trust Board of Directors			
Report title: Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training			Meeting date: 27 April 2022
Report appendix	Nil		
Report sponsor	Medical Director		
Report author	Consultant in Emergency Medicine and GOSWH		
Report provenance			
Purpose of the report and key issues for consideration/decision	To provide assurance to the Board that doctors in training under the new terms and conditions of service are working safe working hours and to highlight any areas of concern		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board are asked to receive and note the Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training		

Summary of key elements

Strategic objectives supported by this report

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

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

Board Assurance Framework	X	**Risk score**	16
Risk Register		**Risk score**	

BAF objective 9: To ensure management practice, leadership capacity and capability to deliver high-quality, sustainable care for the local population

External standards affected by this report and associated risks

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

Report title: Guardian of Safe Working Hours – Doctors and Dentists in training		Meeting date: 27 April 2022
Report sponsor	Medical Director	
Report author	Consultant in Emergency Medicine and GOSWH	

1. Executive Summary

The following report concerns the time period of 28th of January 2022 up to the 10th of April 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 Condition of Service 2016, that are sustainable and fair and that they are able to claim money/time off in lieu should they need to work extra hours to maintain patient safety/attend educational opportunities or complete career enhancing objectives.

3. Exception Reports

There have been 79 Exception Reports in the period 28th of January 2022 up to the 10th of April 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, but may represent a workforce that is dislocated from the reporting system. There is ongoing Quality Improvement (QI) work to find out whether this is the case, and remedy any issues arising.

Table 1 – Exception Reports by Area

Specialty	No. exceptions raised in reporting period	No. exceptions closed	No. exceptions outstanding	Comment
Acute medicine	21	14	7	
General Medicine	32	21	11	
General Surgery	18	5	13	7days old, incomplete 13 reported by same Dr at the same sitting.
Ophthalmology	7	1	6	
Respiratory	1	0	1	
Total	79	52 (%)	48 (%)	All incomplete less than 28days or pending further information.

Table 2 – Exception reports by Grade

Grade	No. exceptions raised in reporting period
F1	50
F2	2
CT1-3	20
ST 4-9	7
Total	79

Table 3 – Nature of Exception

Additional Hours	71
Service support	2
Educational	6

Table 4 – Outcome of Exceptions

TOIL	7	The high number of outstanding outcomes is due to large volume within the last 28 days.
Payment	29	
Cancelled (no action required)	1	
Agreed no further action required	4	
Outstanding	38	

4. Comment on Exception Reports

The number of exceptions in the quarter is in keeping with the last 18 months. 52% have been responded to, with 17 completed by myself. The vast majority of exception reports have been filled by junior members of staff with the majority coming from Acute Medical, General Medical and Acute Surgical rotations.

The JDRC are running a QI project to try to understand the patterns of Exception Reporting with the aim of removing barriers to completion. The eventual aim is to improve uptake and completion amongst Junior Doctors. There is a feeling that a discrepancy lies between the number of contract breaches and the number of exception reports filed. The QIP will aim to describe this and the factors associated with it. One barrier is that is difficult to interpret patterns of reporting from the number of exception reports submitted. There is a 'small number' bias inherent in the lack of junior Drs reporting and overall, small number regularly completed. Hence the project will mainly draw from qualitative data from JDRC reports, surveys and questionnaires. It is logged with, and being supported by, the QI lead for the hospital.

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. Medical HR, the Medical Operational Manager and representatives from the Medical Junior Doctor workforce are currently completing a project to review the number of juniors required per ward/on call, with the aim of improving staffing and generate more resilient rotas.

There is an ongoing review of the surgical hot week rotas. 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. An alternative rota design has been created by the Surgical rota manager and a Junior Doctor on a surgical placement. This has removed the 70hour week and will be implemented from the August intake of Juniors. The Obstetric and Gynaecology Junior Rotations are under filled when considering Whole Time Equivalents (WTEs). This has led to current Junior Doctors feeling unsupported as rota organisers work to fill gaps in staffing. The rota remains under discussion and all parties are working to improve compliance.

6. Fines

There have been no Guardian fines for this period.

7. Issues Arising

- My tenure as Guardian of Safe Working Hours finishes in August. The post has been advertised and there are two applicants who will be interviewed in July. I am very thankful for the opportunity to undertake this role, and for the help of Medical HR and the JDRC throughout my tenure.

8. Actions Taken to Resolve Issues

- Rota related actions are described above.
- Medical HR have been proactive in producing GoSWH/LTFT champion roles and responsibilities, and advertising in preparation for handover in August.

9. 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. The Trust benefits from a driven JDRC and a strong theme of co-operation between it and rota managers.

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

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Report to the Trust Board of Directors			
Report title: Maternity Governance & Safety Report (1 January 2022 – 31 March 2022)			**Meeting date:** 27 April 2022
Report appendix	Appendix 1:		
Report sponsor	Chief Nurse		
Report author	Head of Midwifery and Gynaecology Clinical Governance Co-ordinator Digital & Quality Improvement Midwife Deputy Head of Midwifery		
Report provenance	The content of this report is a summary of the safety improvement activities implemented by the Maternity Governance Group within the Trust to meet the national priority to reduce brain injuries occurring during or soon after birth, stillbirths, neonatal and maternal deaths by 50% by 2025. This is informed by the Safety workstream of the Devon Local Maternity & Neonatal System (LMNS).		
Purpose of the report and key issues for consideration/decision	The purpose of the report is to inform the Trust Board of the work being undertaken by the Maternity Governance Group. It also informs the membership of recommendations made within the Ockenden Interim Report (Dec 2020). • The paper specifically sets out the Trust position and compliance with the Ockenden Report as of 30 September 2021. It will also refer to the final Ockenden paper published on 30th March 2022 • Setting out the Trust position in relation to perinatal mortality and morbidity, specifically reduction in still births. • Progress and next steps with regard to achievement of CNST key safety actions An expectation of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme is that a quarterly report will be presented to the Trust Board.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Trust Board of Directors are asked to: • Note the progress and compliance position with regard to the priority areas • Note the key quality and safety issues identified in the report • Note progress and next steps with regard to the CNST process		

Summary of key elements	
Strategic objectives supported by this report	

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

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

Board Assurance Framework		**Risk score**	
Risk Register		**Risk score**	

External standards affected by this report and associated risks

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

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.

Report title: Maternity Governance & Safety Report (1 January 2022 31st March 2022).	**Meeting date:** 27 April 2022
Report author	Associate Director of Midwifery & Professional Practice/HoM Clinical Governance Co-ordinator Maternity Safety Champion/Deputy Head of Midwifery Digital & Quality Improvement Midwife

1.0 Introduction

Safety, quality and experience has always been a priority for the maternity and neonatal services at Torbay and South Devon NHS Foundation Trust. The publication of both the Ockenden Interim Review of Maternity Care at Shrewsbury and Telford, December 2020) and Ockenden Final Report (March 2022) sadly provides all maternity and neonatal providers and commissioners with evidence of the devastating effects and consequences that poor culture and governance can have on families. NHS England & Improvement have set out clear expectations in response to the Ockenden Report for all providers of maternity care.

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

This quarterly report will be constructed to meet the recommendations within the Ockenden report as well as addressing the reporting requirements for MIS. We plan for this to be an iterative process, firstly as the Board and maternity services work to review, amend and strengthen existing reporting mechanisms, and secondly as NHS England & Improvement (NHSEI) provide additional resources to support Trusts in enhancing their safety culture.

This quarterly report will look back at the period 1 January 2022 – 31 March 2022

2.0 Review and monitoring of safety within maternity services

2.1 Ockenden Maternity Review

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

Evidence of compliance with the recommendations of these actions was submitted. There were 5 pieces of evidence that remained outstanding. An action plan has been developed and is progressed via the Maternity Assurance review group and monitored through the Maternity Governance Group.

The final Ockenden Report was published on the 30th March 2022.
This report acts as an immediate call to action for all commissioners and providers of maternity and neonatal services who need to ensure lessons are rapidly learned and service improvements for women, babies, and their families are driven forward as quickly as possible.

NHS England and NHS Improvement are working with the Department of Health and Social Care to implement the 15 Immediate & Essential Actions (IEAs) and every trust, ICS and LMS/LMNS Board must consider and then act on the report's findings.

The expectation is that the report is shared at Trust Boards and then action plans are developed against areas where the service needs to make changes.

It describes four key pillars:

1. Safe staffing levels
2. A well-trained workforce
3. Learning from incidents
4. Listening to families

Central to this is the importance of creating a culture where all staff feel safe and supported to speak up. Every trust board is to have robust Freedom to Speak Up training for all managers and leaders and a regular series of listening events. A dedicated maternity listening event should take place in the coming months. A revised national policy and guidance on speaking up will be published.

Further investment to support implementation of this work has been announced by NHSEI.

Next steps for the Trust

- Undertake a benchmarking exercise against the 92 actions included as part of the 15 IEA. This will be done in collaboration as a system, with Board level safety champions and Maternity Voices Partnership**. By end of May 2022**
- Create an action plan to address any gaps in the service which will be monitored via maternity governance group. **By end of June 2022**
- Structured review of maternity governance processes in line with Trust review by the Good Governance Institute **By end of July 2022**
- Set up listening forums for staff and for women – **By end of May 2022**
- Explore use of confidential phoneline for women who may have been affected by the report findings and wish to discuss their care. **By end of May 2022**
- Board seminar on findings and wider Trust implications of report **June 2022**

2.2 Perinatal Clinical Quality Surveillance Model

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

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

Table 1: Perinatal Clinical Quality Surveillance Model

PCQS Requirements	TSDFT position
1. To appoint a non-executive director to work alongside the board-level perinatal safety champion to provide objective, external challenge and enquiry.	In place √ Sally Taylor, NED
2. That a monthly review of maternity and neonatal safety and quality is undertaken by the trust board.	In place √Maternity metrics included within √Integrated Performance Report (IPR)
3. That all maternity Serious Incidents (SIs) are shared with trust boards and the LMNS, in addition to reporting as required to HSIB.	In place
4. To use a locally agreed dashboard to include, as a minimum, the measures set out in Appendix 2, drawing on locally collected intelligence to monitor maternity and neonatal safety at board meetings.	In place √Dashboard included in IPR. √SI's – as above √Minimum dataset being reported within quarterly report to Board. See Table 3.
5. Having reviewed the perinatal clinical quality surveillance model in full, in collaboration with the local maternity system (LMNS) lead and regional chief midwife, formalise how trust-level intelligence will be shared to ensure early action and support for areas of concern or need.	In Place ✓ Perinatal clinical quality surveillance model reviewed in collaboration with the local maternity system (LMNS) lead and regional Chief Midwife. ✓ Agreement reached to formalise how Trust-level intelligence will be shared to ensure early action and support for areas of concern or need. √Standard operating procedure
6. To review existing guidance, refreshed how to guides and a new safety champion toolkit to enable a full understanding of the role of the safety champion, including strong governance processes and key relationships in support of full implementation of the quality surveillance model	In place ✓ Board Level, NED, Obstetric and Midwifery Safety Champions ✓ Monthly Safety walkarounds with Board Level and Midwifery Safety Champion ✓ Bi-monthly safety reports provided for Board Level Safety Champion ✓ NED involvement in Maternity meetings and walkarounds Action: • Review NED capacity • Key maternity meetings form part of the NED's diary • Benchmark against safety champion toolkit and how to guides

2.3 Trust Board Reporting – Quality and Safety within Maternity Services

As described above maternity metrics are now reported as part of the Board IPR. These metrics are the stillbirth rate, continuity of carer and smoking status at time of birth. We no longer report an overall caesarean section rate as advised by the Okenden report but report Caesarean births using Robson Groups. The Robson system classifies all deliveries into one of ten groups on the basis of five parameters: obstetric history, onset of labour, fetal lie, number of neonates, and gestational age. The full PCQS dataset forms part of the maternity service monthly Governance report that is shared at the Torquay ISU Governance meeting, the Quality Improvement Group and the Integrated Governance Group on a monthly basis and will be summarised within the quarterly Safety and Governance Board reports that are submitted to the Quality Assurance Committee and the Trust Board. See Table 2 for PCQS minimum dataset information summary

Table 2: PCQS Minimum Dataset Information Summary

	January 2022	**February 2022**	**March 2022**
Findings of review of all perinatal deaths using the real time data monitoring tool	PMRT in use	PMRT in use	PMRT in use
Findings of review all cases eligible for referral to HSIB. No new referrals in this reporting timeframe.	MI-003838 Findings: Follow GROW/GAP programme Latent phase guidance. Escalation re abnormal fetal heart.	MI – 004026 Findings – No service provision for placental histology.	
Report on: • The number of incidents logged graded as moderate or above and what actions are being taken	3 stillbirths in 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 the initial review. this stage.	1 Late fetal loss	2 late fetal losses.
• Training compliance for all staff groups in maternity related to the		**Training –** 68-90%	

core competency framework and wider job essential training • Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively.	**Training -** 90-100% compliance **Staffing** – challenging staffing levels due to staff absence. Escalated, risk register score increased, mitigations put in place, including some deferral of training.	compliance **Staffing** – challenging staffing levels due to staff absence. Mitigations continue, including some deferral of training.	**Training** – 57%-100% compliance **Staffing** Specialist midwives and managers working in clinical roles when acuity high. Ongoing use of agency midwives and nurses Daily monitoring of staffing was put in place.
Service User Voice feedback	Feedback mechanisms in place	Feedback mechanisms in place	Feedback mechanisms in place
Staff feedback from frontline champions and walk-about	Completed	Completed	Completed
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	Nil	Nil	Nil
Coroner Reg 28 made directly to Trust	Nil	Nil	Nil
Progress in achievement of CNST 10		Concerns have been raised to the Board regarding Element 1 reducing smoking in pregnancy.	Year 4 scheme paused in December 2021- no update on revised reporting dates

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

2.4 Serious Adverse Events

2.4.1 Perinatal Mortality Review Tool (PMRT)

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

The maternity service writes to all parents to advise them that a review will take place. They are given the opportunity to provide a perspective about their care and raise any questions that they have. The

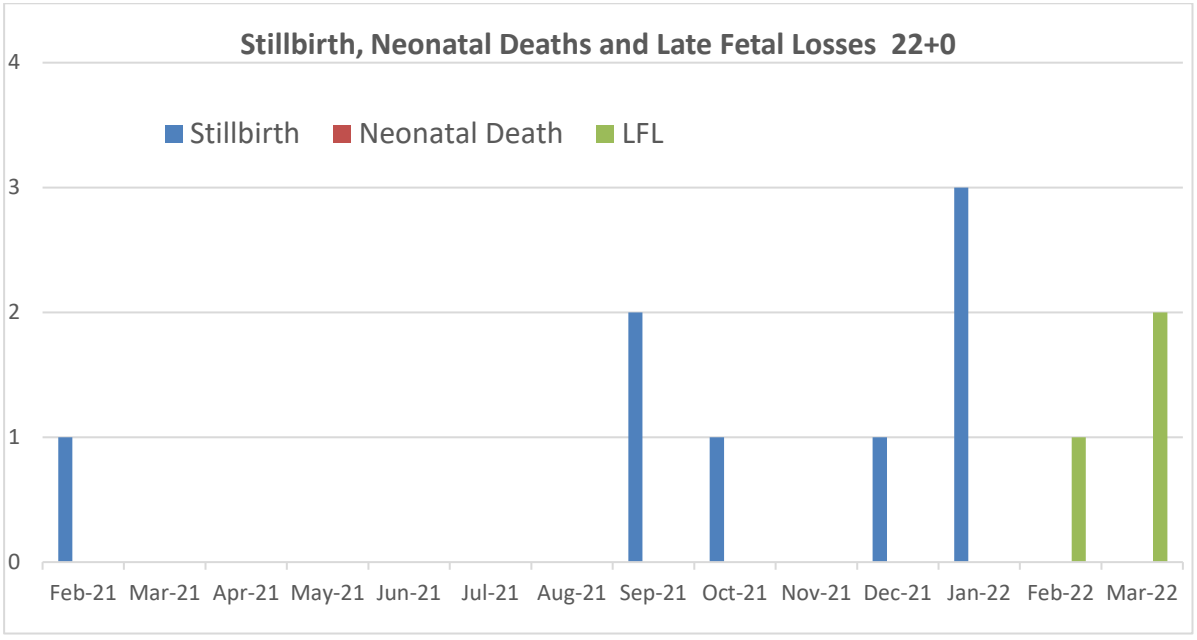
The team are now using the templates that are provided on the PMRT website, and record all family feedback and questions into the parent engagement section of the PMRT. We have now established a process of inviting external reviewers to the PMRT reviews as set out in the standards.

2.4.1.1 PMRT - Notifications

During January to March 2022 we had six cases that met the reporting criteria.

These were three antepartum stillbirths (deaths from 24 weeks gestation onwards). All of these Mothers presented to the Maternity service prior to labour. The Mothers were 36 weeks, 36+4- and 40-weeks' gestation. All of the cases have undergone duty of candour and will have a multidisciplinary case review using the national PMRT process for review.

We had three Mothers who had Late fetal loses (babies born between 22+0 weeks gestation and 23+6 weeks gestation).
We had an open discussion at our multidisciplinary audit/clinical effectiveness meeting in April 2022 to share the increase in deaths in this quarter particularly in light of the Okenden 2022 report. No concerns were identified reviewing the cases and the data.



2.4.1.2 *PMRT – Completed Reviews*

During this reporting criteria we completed one review of a Mother who had a 26- week stillbirth in December 2021. The PMRT identified that the Mothers risk was not identified at booking, but identified at 20 weeks gestation. The case was reviewed as part of the formal PMRT review panel. It was the PMRT panel's view that it was unlikely that this factor influenced the outcome
An action was identified in relation to the mother's risk factors not being identified at booking.
The introduction of the new Maternity IT system will identify risk factors, and risk factors will be viewed across entire patient record.

2.4.2 Healthcare Safety Investigation Branch (HSIB)

2.4.2.1 Referrals to HSIB

In the reporting timescale of January - March 2022 no cases met the criteria for referral.

2.4.2.2 Finalised investigation reports from HSIB

The maternity service has received two final reports from HSIB.
Case 1 - The Maternity service were advised to put in place three safety recommendations.

- The Trust to support staff to follow the GAP/GROW programme in its entirety and to ensure local guidance is aligned to the programme.
- The Trust to develop guidelines for monitoring a mother's and baby's wellbeing when an inpatient during the latent phase of labour and after opioid based analgesia has been administered.
- The Trust to ensure that immediate escalation to the obstetric team and senior midwife is undertaken for any CTG which has non-reassuring features from the outset.

Case 2 - One safety recommendation

- The Trust to ensure placentas are sent for pathological examination including histology in line with national guidance.

The Maternity service have this safety recommendation on the risk register. This has been escalated to the Devon Local Maternity and Neonatal Service (LMNS) and CCG. Action plans have been developed to manage all of the safety recommendations and the families have been informed. The families have been offered follow up meetings.

2.4.2.3 Quarterly Engagement Visit with South West Maternity Investigation Team

In January 2022 the maternity service team met with the South West HSIB Maternity Investigation Team to learn about the progress of HSIB investigations locally and nationally.

We learnt about the progress of our ongoing investigations. We also had feedback and further discussion about the initial case review and the process of obtaining and meeting with the family regarding consent and duty of candour.

2.5 Safety Improvement

2.5.1 Maternity and Neonatal Health Safety Improvement Programme (MATNEOSIP)

The Perinatal Excellence to Reduce Injury in Premature Birth (PERIPrem) project now falls under Mat Neo SIP programme requirements for Maternity.
During 22/23 four virtual share and learn sessions will be held to support the ongoing work in this area in individual Trusts. The first share and learn session will focus on updates and feedback/input on current work around the “place of birth” element of the PERIPrem bundle.

The most recent MatNeoSIP Patient Safety Network Event, held on 10 March 2022, was attended by representatives from Devon, Cornwall, Somerset and further afield. The event included a presentation from the Public Health Midwife from Torbay Maternity Services and the Clinical Lead for the Healthy Lifestyles Team, who described the collaborative efforts to implement the Treating Tobacco Dependency (TTD) pathway, which has included the successful approval of Maternity Support Workers to work in this field. Presentations were also provided on further smoke-free initiatives in other trusts, the Sheffield Maternity Cooperative Cultural Competency Workshops and the Birth Before Arrival project which is being supported under the Perinatal Health Equity Programme. 6 Trusts within the South West AHSN (Academic Health Science Network) will be recruited to share their data on BBA babies (live births within the prehospital setting). Torbay Maternity Services have registered their interest and have been accepted into this new project.

2.5.2 Saving Babies Lives Care Bundle

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

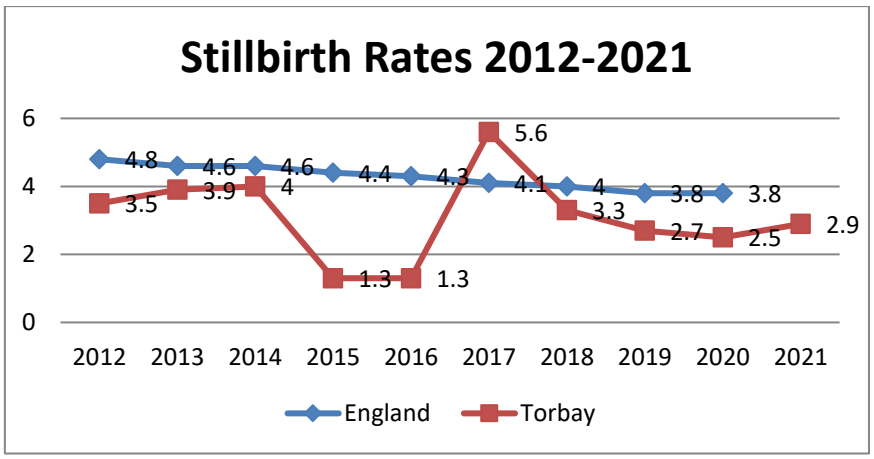
At the final SBLCBv2 quarterly report submitted in April 2021 we were able to demonstrate full compliance. We therefore fully met the standard for the CNST safety actions for Year 3.

The CNST requirement for Year 4 in relation to smoking in pregnancy is to demonstrate 80% compliance over a 6-month period of recording of CO measurement at booking and 36 weeks. It has been identified that due to a variety of barriers including non-COVID safe rooms this is unlikely to be achieved. Our concerns have already been raised to the Board in March 2022.

2.5.3 Stillbirth Rate

One of the aims of SBLCB v1 and v2 is to reduce the number of stillbirths. National comparative data for England for 2020 has been published and this remains at 3.8% the same as the previous year. TSD is still below the England rate. This is shown in Table 3

Table 3: Annual Stillbirth Rate per 1000 births

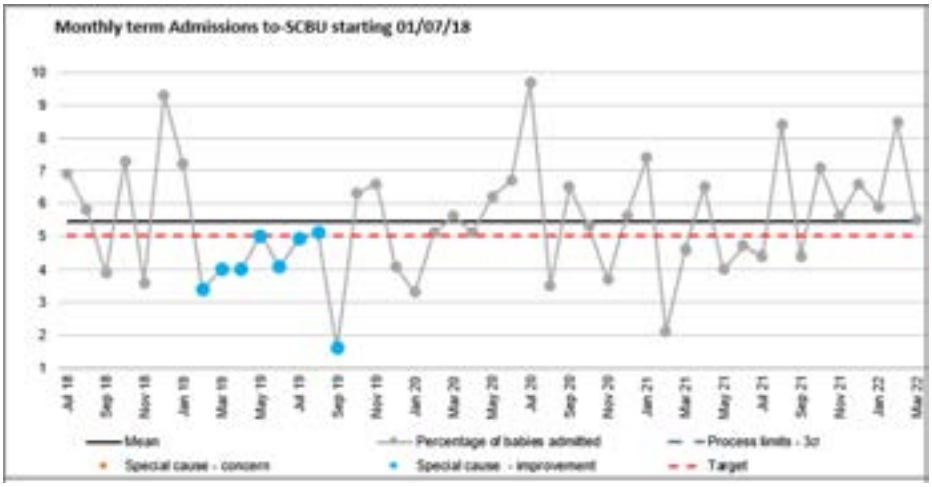


2.5.4 Avoiding Term Admissions into Neonatal Units – ATAIN

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

For this reporting period, 6.5% of term babies were admitted to the Special Care Baby Unit. This is an increase from the last reporting period and is just above the target of 5% or less. See table 4 for monthly term admission to SCBU rate.

Table 4: Monthly Term Admission to SCBU Rate



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

2.6 Maternity Safety Champions

The Maternity and Neonatal Safety Champions work continues within the Maternity and Neonatal services. Staff are provided with a number of mechanisms through which they can raise concerns which can, in turn, be escalated to the Board. Monthly walkarounds with both the Board Level Safety Champion (BLSC) and the Non-Executive Director representing Maternity continue and staff in both services have engaged well with these events.

Vaccination room door - Staff in Antenatal Clinic raised that there is an issue with the door to the vaccination room. The door is very heavy and difficult to open, especially when a woman is in the room with the midwife. There are also no windows in the room. **Action** – a request has been made to the Estates dept to fit a door stop pedal mechanism on to the door to allow it to be locked open.

SystmOne Maternity IT system – Maternity staff discussed the introduction of SystmOne and the training that is required for this, they also raised concerns about the additional time that it will take to input data when the new system is first introduced. **Action** – managers are actively trying to identify times when team members can undertake training. Midwives and MSW's advised that if they are unable to complete the e-learning for SystmOne during their working hours then they can be paid bank/extra hours or take time off in lieu if they can complete this in their own time. Every effort will be made to find additional maternity staff to work at the time of Go Live to provide extra support in the clinical areas.

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

3. CNST: 10 Key Safety Actions

Year four of the Maternity Incentive Scheme launched on 9 August 2021. Achievement of all 10 of the safety actions will result in a rebate of part of the CNST contribution to the Trust. The new submission date was to be 30 June 2022.
A letter was sent to Trusts by NHS Resolution on 23 December 2021. In recognition of the current pressure on the NHS and maternity services, the majority of reporting requirements relating to demonstrating achievement of the maternity incentive scheme (MIS) 10 safety actions are paused with immediate effect for a minimum of 3 months. This was to be kept under review and at the time of this report there has been no update to cessation of the pause.
Trusts have been asked to continue to apply the principles of the 10 safety actions, due to the importance of the delivery of safer maternity care. Continuing principles should include: undertaking midwifery workforce reviews, ensuring that, as far as possible, oversight continues to be provided by the maternity, neonatal and board level safety champions continue, as well as the use of available on-line training resources.
Trusts were asked to continue to report to MBRRACE-UK and report eligible cases to the Health Safety Investigation Branch (HSIB). The Local Maternity service has achieved these standards. Every reasonable effort will be made to continue to make the Maternity Services Data Set submissions to NHS Digital.
The reporting period for MIS year 4 will be kept under review and may potentially be extended further. There has no been update at the time of writing this report on the

updated standards for Year 4. Once the new timeframes have been released by NHSR a full summary paper containing the Trust's position against the 10 safety standards will be required to be presented to the Quality Assurance Committee. This will then enable the CEO to complete the self-declaration of compliance.

4. Staffing

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

Colleagues have been continued to be extremely flexibility and committed. The ongoing incentive payment helped to enable safer staffing levels.

The Birthrate+ acuity data for this quarter demonstrates we were unable to support 4 out of hospital births and the coordinators were not supernummery on 6 occasions.

Mitigations

A number of actions have been taken to increase the level of staffing and mitigate the risks associated with not meeting the minimum recommended standards. This includes

- Specialist midwives and managers working in clinical roles when acuity high
- Ongoing use of agency midwives and nurses
- Daily monitoring of staffing was put in place to ensure all actions were taken to maximise staffing levels.

The risk register was reviewed and score raised to a corporate level score, along with the risk being escalated to the Senior Leadership Team, including Executive and Non-Executive Safety Champions.

The Trust continues to recruit against the revised baseline following the uplift from Board in September 2021. NHSEI allocated 50k of funding to support the recruitment and retention agenda and a WTE midwifery post was created to implement this agenda. This post was filled in December 2021 and an action plan is in place to address the ongoing work to improve the vacancy position.

A number of actions to improve recruitment and retention are already proving to have a success. 3 International Midwifery recruits have been offered post along with a return to practice midwife as well as other external recruitment is contributing to the overall vacancy position

The currency vacancy position is 13 WTE midwives

5. Conclusion

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

6. Recommendations

The Trust Board of Directors are asked to:

- Note the progress and compliance position with regard to the priority areas
- Note the key quality and safety issues identified in the report
- Note progress and next steps with regard to the CNST process
- Note the next steps and plan with regard to the Final Ockenden report 2022

Torbay and South Devon NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Implementation Plan to Achieve Midwifery Continuity of Carer (MCoC) as the Default Model of Care			Meeting date: 27 April 2022
Report appendix	Appendix A: Readiness to implement and sustain MCoC assessment framework Appendix B: Default MCoC Model of Care Implementation Plan		
Report sponsor	Chief Nurse		
Report author	Head of Midwifery and Gynaecology Transformation Midwife		
Report provenance	The content of this report is a summary of the Trust's plan to ensure that there is a default Midwifery Continuity of Carer Model in place. This is informed by the national Maternity Transformation Programme		
Purpose of the report and key issues for consideration/decision	The purpose of the report is to inform the Trust Board of the work being undertaken by the Maternity Service to meet the requirements set out by NHS England and Improvement Maternity Transformation Programme. • The paper specifically sets out the Trust position in relation to the provision of a default model of Midwifery Continuity of Carer (MCoC) and compliance with the requirements for MCoC within the Maternity Transformation Programme. • The paper sets out the local implementation plan that describes how MCoC will be offered to all women as the default model of care. • The paper also includes the next step with regard to the MCoC model following publication of the Ockenden Report 2022 • The paper proposes that the Board will receive quarterly updates via the quarterly Maternity Safety and Governance Board paper. It is an expectation of the Maternity Transformation Programme Board that the local implementation plan will be agreed by the Trust Board by 15th June 2022 and a quarterly update on progress will be received thereafter.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☐	**To approve** ☒
Recommendation	The Trust Board of Directors are asked to: • Note current progress and next steps with regard to the implementation of MCoC as the default model • Approve the local implementation plan • Approve the proposed suggestion to include the quarterly update within the quarterly Maternity and Safety Board paper.		

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

Implementation Plan to Achieve Midwifery Continuity of Carer (MCoC) as the Default Model of Care	Date: 27 April 2022
Report sponsor	Chief Nurse
Report author	Head of Midwifery and Gynaecology Transformation Midwife

1.0 Introduction

The purpose of this paper is to provide an update on the current position with implementation of Midwifery Continuity of Carer (MCoC) as the default model of care for all pregnant women in England, as per national mandate.

The Maternity Incentive Scheme (MIS) Year 4 Safety Action 9 requires Trust Boards to be assured of the implementation plan of the MCoC model of care.

Following publication of the final Ockenden report on 30th March 2022, Trusts are required to immediately assess their staffing position and make one of 3 decisions in relation to their maternity service and MCoC.

2.0 Background

In line with Better Births and the NHS Long Term Plan, all women should be offered the opportunity to receive the benefits of MCoC across their antenatal, intrapartum, and postnatal care. The central tenet underpinning this vision was the concept that women should have continuity of the person looking after them throughout their maternity journey (i.e. before, during and after birth) in order to ensure that the needs of the woman, her baby and family were put at the heart of delivering high quality, continuously improving care.

Providing Midwifery Continuity of Carer by default therefore means:

- Offering all women MCoC as early as possible during the antenatal period; and
- Putting in place clinical capacity to provide MCoC to all those receiving antenatal, intrapartum and postnatal care at the provider.

Not all women will be in a position to receive Continuity of Carer, through choosing to receive some of their care at another maternity service. In a small number of cases, women will be offered a transfer of care to a specialist service for maternal / fetal medicine reasons

Due to the COVID-19 pandemic, a revised trajectory was issued and to generate momentum, the LMNS has agreed a local action plan to demonstrate progress against MCoC being the default model of care This puts in place the ‘building blocks’ that will allow maternity services to be in a position to deliver a sustainable model of Continuity of Carer. The building blocks are described in Appendix A

Once fully rescheduled and all the building blocks (see appendix A for assurance framework) are in place. Full roll out will be achieved by March 2023.

In addition to the implementation plan being signed off by the LMNS, each Trust is required to demonstrate senior engagement at Trust board level with the local implementation plan being agreed by the Board by June 2022.

The final Ockenden report was published on 30th March 2022. Included in this was the requirement for Trust's to consider four key pillars; one of these is safe staffing levels. With direct reference to that element, Trusts were then asked to review a specific action on continuity of Carer.

'All trusts must review and suspend if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts.'

Trusts should therefore immediately assess their staffing position and make one of the following decisions for their maternity service:

1. *Trusts that can demonstrate staffing meets safe minimum requirements can continue existing MCoC provision and continue to roll out, subject to ongoing minimum staffing requirements being met for any expansion of MCoC provision.*

2. *Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC, but can meet the safe minimum staffing requirements for existing MCoC provision, should cease further roll out and continue to support at the current level of provision or only provide services to existing women on MCoC pathways and suspend new women being booked into MCoC provision.*

3. Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC and for existing MCoC provision, should immediately suspend existing MCoC provision and ensure women are safely transferred to alternative maternity pathways of care, taking into consideration their individual needs; and any midwives in MCoC teams should be safely supported into other areas of maternity provision.

3.0 Current position

Torbay and South Devon NHS Foundation Trust's maternity service has been operating a fully integrated midwifery model of care since 1994 following the government changing childbirth report in 1993.The service covers the urban areas of Torbay as well as rural South Devon. Torbay has significant areas of deprivation and high levels of safeguarding.

As integrated midwifery was already in place in Torbay, compliance with the Better Births MCoC didn't require a full system overhaul and smaller adaptations were implemented instead. In March 2020 the integrated team model was reconfigured to increase the compliance with the Better Births standards. The model was changed from 5 teams to 6 to reduce the headcount in each team. These teams are geographically located to provide care to pregnant women with mixed medical, obstetric and social risk.

- 4 Teams with 8 Midwife head count (7WTE) based in urbans areas
- 2 Teams with 9 Midwife head count (7WTE) based in rural areas

Guidance at the time of establishing the teams meant that the 4 teams in the urban areas met the guidance for team size (maximum of 8 headcount) and therefore deemed 'Better Birth' compliant for MCoC. The 2 teams with a larger headcount are deemed non-compliant for MCoC

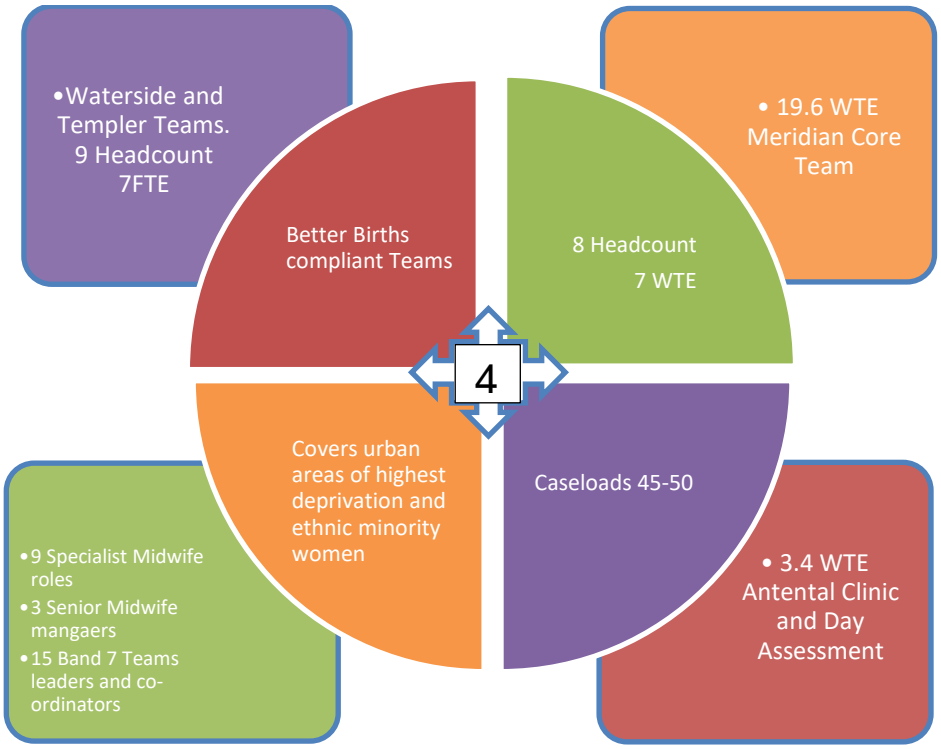
All 6 teams have a WTE of 7 to provide the 24/7 cover for intrapartum care however this is not always possible due to sickness, leave, increased training requirements and additional weekend cover etc. In this case the meridian core(hospital) team or midwives from another team would be required to care for women from that team who require urgent or intrapartum care.

The core “meridian team” staff provide day assessment care (9-5), inpatient antenatal and postnatal care to all women and there can be up to an additional 2 midwives on labour ward to provide intrapartum care when staffing levels allow.

The infographic below shows the current model for TSD maternity service

The inner circle with 4 quadrants represents the MCoC compliant teams

The outer 4 squares represent the 2 MCoC Non-Compliant teams as well as the hospital inpatient and outpatient teams and the management/specialist teams



4.0 Assurance around achievement of minimum safe staffing levels to achieve MCoC compliance

Minimum safe staffing levels are monitored on a daily basis by the delivery suite coordinators and team leaders. Where minimum levels cannot be achieved this is escalated to the senior midwifery leadership team. An escalation policy is in place as well as via the Birth Rate + acuity tool. This tool enables the monitoring of acuity as well as the actions taken to maintain safe staffing levels.

Mitigations

A number of actions have been taken to increase the level of staffing and mitigate the risks associated with not meeting the minimum recommended standards. This includes

- Specialist midwives and managers working in clinical roles when acuity high
- Ongoing use of agency midwives and nurses
- Daily monitoring of staffing was put in place to ensure all actions were taken to maximise staffing levels.
- Escalation on call rota
- The Trust continues to recruit against the revised baseline in the midwifery establishment following the uplift from Board in September 2021.

5.0 Proposed Model for MCoC

5.1 The national planning guidance sets out the building blocks that need to be in place prior to and during rollout of MCoC. They are set out as a readiness to implement and sustain MCoC assessment framework. A RAG-rated assessment of current compliance with the building blocks has been developed (Appendix A) along with an action plan to support this (Appendix B).

5.2 Torbay and South Devon currently aims to be able to provide MCoC to 66% of the pregnant women in our locality. The reason that we cannot provide MCoC to 100% of our population is due to the following reasons. 7.5% of women choose to receive their care from other local maternity services and are unlikely to change their choice due to their geographical location. The remaining 26.5% are currently receiving integrated care from the 2 larger Non- Compliant teams.

Torbay and South Devon NHS Foundation Trust ‘s proposal for achieving MCoC will be achieved through the following actions: (see appendix B for full details)

- Recruitment and retention action plan to ensure safe staffing levels.

- Once all vacancies recruited and safe staffing can be demonstrated then next step is to consider the introduction of an additional MCoC team.

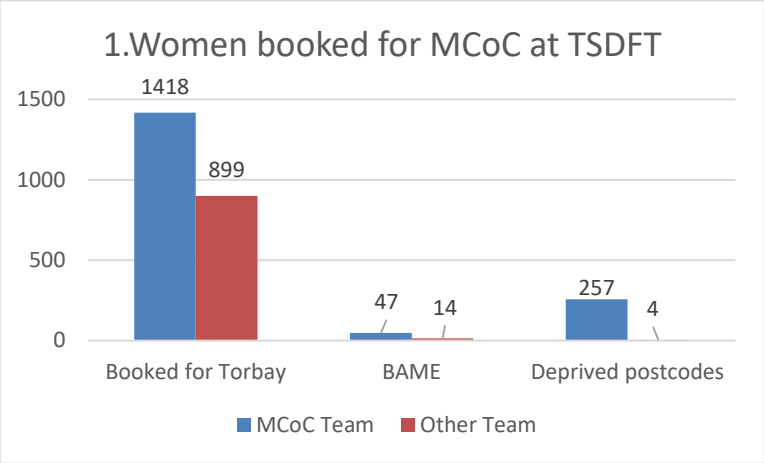
- 3 options will be explored for the additional team

    - 5th urban MCoC team – geographically based mixed risk team
    - A case loading team – providing one to one care
    - A hospital based high risk team – for women who require more specialist care

- A third/final phase of our plan would be to review the existing MCoC model and consider further MCoC teams in the rural areas. Further developments of the service will focus on providing truer continuity of carer by ensuring that women meet more midwives within their community team. Ideas such as meet the midwife and coffee mornings have been postponed due to COVID-19 but these sessions will be prioritised to enable relational continuity.

The focus will continue to be on enabling MCoC for the most vulnerable and complex women who use our services (see graphs below). These graphs demonstrate the number of women who book in pregnancy (Graph 1) and are placed onto a MCoC

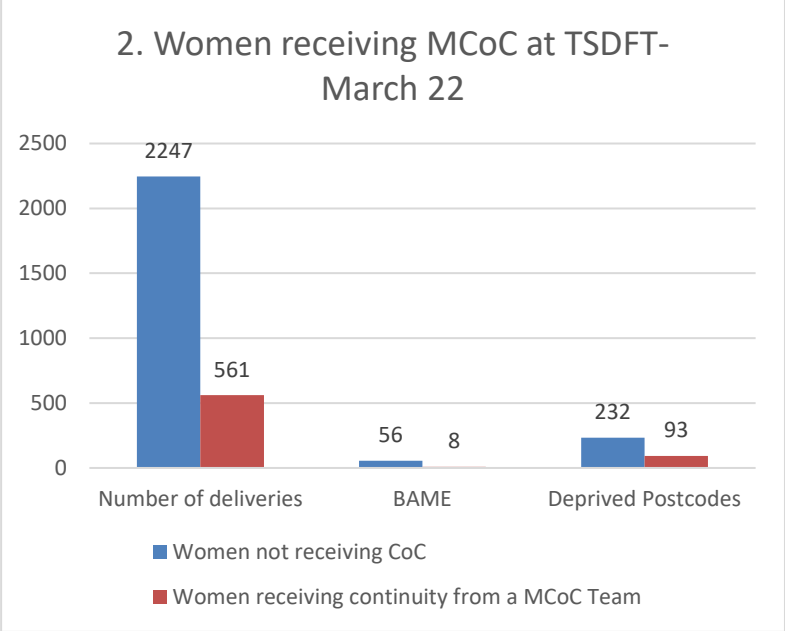
pathway as well as those women who actually received MCoC during their pregnancy and birth experience (Graph 2)



The MCoC Teams are located in the areas with higher density of families from ethnic minorities and areas of most deprivation

77% of women from an ethnic minority group booked for MCoC.

98.5% of women living in an area of deprivation booked for MCoC.



The most recent data (March 2022) shows that currently 25% of all women cared for by TSDFT received MCoC.

14% of women from an ethnic minority group received MCoC.

40% of women living in an area of deprivation received MCoC.

5.3 With relation to the requirement to review the MCoC model in light of the Ockenden report it is proposed that Torbay and South Devon NHS Trust decide to align with option 2

"Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC, but can meet the safe minimum staffing requirements for existing MCoC provision, should cease further roll out and continue to support at the current level of provision or only provide services to existing women on MCoC pathways and suspend new women being booked into MCoC provision"

The rationale for this decision is that the integrated model of care, is a well-established model that has been in place for many years in this Trust. Changes to the model, as detailed in this paper, as well as increases in the complexity and acuity of women has resulted in the staffing deficit that the Trust Board are well cited on and have supported via the agreed uplift in midwifery staffing. Pausing the model will not provide additional staff and would impact further on workforce morale. The newly appointed Head of Midwifery and the Chief Nurse have sought the views of staff informally and plan more listening events to address this as well as the other actions to come from Ockenden.

The concerns that have been heard from hearing the voice of staff both now and from forums within the last 12 months, pertain to getting the staffing levels rights by recruiting more midwives as well as reviewing shift patterns and the on-call requirement.

The Head of Midwifery is committed to addressing these two concerns as a matter of priority.

6.0 Implications

There is a requirement for review of progress to be monitored Quarterly at the Trust Board for assurance and escalation. The Trust Board already receive a quarterly maternity Quality and Safety Report and it is proposed to include the MCoC quarterly update within the paper. The MCoC action plan will also be monitored via the Monthly Maternity Governance Meeting.

There is also a requirement for oversight via Devon Integrated Care Board and the Region for assurance. This will be achieved through the Devon LMNS and will include linkage with the CNST standards and Ockendon Report actions. There may be challenges to the national ambition timeframe of all women receiving MCoC as the default model of care by March 2023 due to ongoing COVID impact and recruitment challenges, this will impact on the ability to embed all of the building blocks required.

Any deviation from national ambition dates will be presented to the Trust Board ,having check and challenge via the LMNS prior to completion of the finalised implementation plan as per national planning guidance. We continue to engage with the LMNS to drive sustainable change and meet the national ambition.

7.0 Conclusion

Torbay and South Devon NHS Foundation Trust has a long-standing history of offering Continuity of Carer models. This has meant that the maternity service is extremely well placed to meet the requirements of Better Births and the Maternity Transformation Programme with minimal changes needed.

The majority of the building blocks to ensure a successful and sustainable implementation of a default MCoC model of care are already in place. The action plan within Appendix B sets out the steps required to ensure that this is fully met within the timescales set by NHS England and Improvement.

8.0 Recommendations

The Trust Board of Directors are asked to:

- Note current progress and next steps with regard to the implementation of MCoC as the default model
- Approve the local implementation plan
- Approve the proposed suggestion to include the update within the quarterly Maternity and Safety Board paper.
- Approve the proposal for MCoC associated with the requirements of the Ockenden report 2022

Appendix A: Readiness to implement and sustain MCoC assessment framework

The following table sets out the building blocks that are required to ensure a successful implementation and sustainability of a default MCoC model of care.

Item	Detail/Notes	RAG
Planning spreadsheet	Demonstrates safety from a staffing perspective: • How many women can receive MCoC -reviewing in area and out of area, cross boundary movement. • Where women are cared for at any given time, now and in MCoC models (see NHSE/I toolkit for example of this. • Midwifery deployment plan for MCoC including timescales and recruitment plan for a phased scale up to default position.	Greater than 60% of women already booked for MCoC model of care. Plan to reduce caseloads of existing 4 MCoC Team to ensure stainability of the model Expansion to whole service model not currently feasible due to % of part time working
Safe Staffing	• How many midwives required • How many in post • Recruitment plan to optimal midwifery staffing with time frames	14 WTE Band 6 Midwives identified and funded. Recruitment and retention action plan in place. Target of December 2022 to achieve establishment.
Communication and engagement	• Provides evidence of staff engagement and logs responses/counter responses • Gives opportunity to share vision • Whether or not you plan to do a consultation	There have been multiple engagement events hosted by the RCM Union Reps, Retention Lead Midwives and the People Council and numerous themes have been identified. Currently trailing new shift patterns to improve staff burnout and retention. No staff consultation planned before introduction of additional team, however will be required to support a

		change to current shift patterns. The new HOM has conducted some informal listening workarounds with staff
Skill mix	• Review of skill mix, including number of band 5 midwives placed in MCoC team. Band 5 midwives those working in the core ensuring appropriate support throughout. Band 5 (usually 1 per team) report being very well supported whilst undertaking preceptor programme. • Appropriate and planned use of MSW particularly in teams working in areas of greatest need. • Ensure preparedness of band 7 DS coordinators to support programme of change.	MCoC Teams staffed with band 6 midwives or band 5 with 6 months experience. This will continue in compliance with Ockendon report recommendations. All Teams supported by band 3 MSW. All Band 7 coordinators experienced with working with MCoC teams
Training	Each midwife has planning on working in the team has a personal Training Needs Analysis (TNA) examples planned for the tool kit or existing ones can be used.	Due to the long-standing model, and already highly skilled work force, all current integrated midwives are experienced in working across all parts of maternity care.
Team building	Time allocated for team building and softer midwifery development as midwives move to a new way of working. Consider organisational development support	Team building planned for all teams in summer 2022. Retention action plan in place to ensure continual support and development of staff
Linked Obstetrician	Has there been obstetric involvement and linked obstetricians identified? Is the referral to obstetrician process clearly set out in the SOP as well as other clinical guidance?	Linked obstetricians identified work ongoing due to plans to introduce an additional team
Standard Operating Policy (SOP)	Each Trust needs a SOP that outlines roles and responsibilities to support delivery of care in this way, it should pass through the maternity service governance processes as with other guidance documents.	In place and approved by maternity governance group on 15th December 2021.
Pay	RCM requests that no midwife should be financially disadvantaged	Reviewed and meeting national guidance

	for working in this way. Each Trust needs to review and manage but there is helpful information in the NHSE/I toolkit	
Estate and equipment	Place for midwives to see women. Equipment with which to provide care. Where problems are encountered this should be escalated at Trust Board quarterly review and to ICS.	Base for an additional Team to be identified. Funding for additional equipment from LMNS approved
Evaluation	There will be local, regional, and national evaluation and reporting in place. Is there a system for this to occur smoothly?	This will be reviewed through the Devon LMNS, with onward review through the usual reporting mechanisms by the LMNS
Review Process	Date for initial plan to be review by Trust Board. Quarterly review dates set. Dates set for LMNS and regional and national review.	Initial plan – 27.4.2022 Quarterly Review dates • 27.7.2022 • 26.10.2022 • 25.1.2023 Progress on plan reviewed at monthly governance meeting

Appendix B: Default MCoC Model of Care Implementation Plan

ACTION	DATE	Update	Owner
Phase 1 – Recruitment and retention to ensure safe staffing and wellbeing Ensure sustainable and safe shift pattern. Further explore options for additional MCoC Team.	April 2022 to December 2022	The new MCoC team will be launched when recruitment enables and the team can be fully staffed. In the interim new midwives will be placed in existing MCoC teams and core teams. Trial, review and implementation of more sustainable staff shift pattern.	J Bassett – Head of Midwifery / Associate Director of Midwifery and Professional Practice. L Statham – Transformation Lead Midwife
Phase 2 – Implementation of additional MCoC team if safe staffing levels in place	December 2022 – March 2023		J Bassett – Head of Midwifery / Associate Director of Midwifery and Professional Practice. L Statham – Transformation Lead Midwife
Phase 3 – Complete review of MCoC model and consider further additional team/s.	April 2023	Explore the feasibility of whole service MCoC model.	J Bassett – Head of Midwifery / Associate Director of Midwifery and Professional Practice. L Statham – Transformation Lead Midwife

Torbay and South Devon NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Focus on how infection prevention and control measures for COVID are developing for Living with COVID.			Meeting date: 27 April 2022
Report appendix	Appendix 1: C1621 – Living with COVID Appendix 2: C1630 – Next steps on IPC		
Report sponsor	Director of Infection Prevention & Control		
Report author	Director of Infection Prevention & Control		
Report provenance	Formal presentation at Clinical Management Group 28 4 2022		
Purpose of the report and key issues for consideration/decision	The report sets out our process to determine our compliance and way forwards with COVID IPC measures following national guidance from NHSEI. There are key issues around asymptomatic surveillance for people in hospital and isolation of COVID contacts which require careful consideration. Consulting with stakeholders internally (clinical leadership, Staffside, community care) and externally (Devon ICS, care home sector, CQC and public health) on our planned approach started 21 4 22 and will complete on 28 4 22. The paper sets out our recommendations with background information informing our implementaion of important national guidance.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	Deviation from national guidance will require Board approval. Recommendations will be finalised following the consultations and brought to the Board.		

Summary of key elements

Strategic objectives supported by this report

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

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

Board Assurance Framework		**Risk score**	
Risk Register		**Risk score**	

External standards affected by this report and associated risks

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

	There are risks around nosocomial infection which we are looking to balance with other safety and quality risks. These will be described, monitored and mitigated.

Report title: Focus on how infection prevention and control measures for COVID are developing for Living with COVID.		**Meeting date: 27 April 2022**
Report sponsor	Director of Infection Prevention & Control	
Report author	Director of Infection Prevention & Control	

Introduction

In line with current guidance to move to 'Living with Covid' we are updating our practice around the identification and management of cases of covid 19.

In undertaking the review of the new and existing national guidance we are recommending some deviations from guidance, in a limited number of areas around testing protocols and isolation protocols.

Recommendations have been developed by the Director of Infection Prevention & Control in discussions with the Chief Nurse, Medical Director and COO with important, guiding contributions from consultant microbiologists and the Infection Prevention & Control team. The recommendations are currently being discussed with senior clinical colleagues and leaders. Our way forwards will be finalised after the Clinical Management Group meeting on 28 April with recommendations coming for the Board to consider and approve if we do deviate from the national guidance.

This paper summarises a potential way forwards from May 2022 highlighting where we expect to deviate from national guidance. The discussions arising from this are being recorded as demonstration of good governance in making the decision around national guidance, alongside working with Devon CCG/ ISU, NHSEI, the CQC, UKHSA and internal partners such as Staffside in preparation for change.

A more detailed paper for the Board will be prepared as required, which will include risk assessments and mitigations as appropriate.

Background

Vaccination is proving to be highly effective at reducing the risk of symptomatic illness, severe disease, hospitalisation, and mortality. Alongside the vaccine, new treatments are available that can help to reduce the severity of disease, for those who are most likely to be at risk of adverse outcomes from vaccine failure. We initially saw a relatively modest impact on hospital admissions and mortality during the high community incidence of SARS-CoV-2 during the Omicron peak and the extent of nosocomial associated mortality was significantly reduced during the Omicron wave.

Over recent weeks we have seen an increased rate of cases identified on admission but also as part of the routine swabbing. This increase is on the background of extremely high community prevalence across Torbay & South Devon and the Southwest. While we have high numbers testing positive, we are not seeing large numbers of people who are very sick with their covid alone and a very low percentage requiring oxygen or other support: one per month requiring ventilation support, usually unvaccinated.

This means the risk to the NHS from being overwhelmed is reduced for any given level of community infections and the direct harms from Covid may well be outweighed by the

indirect harms and specifically the negative impacts arising from measures to reduce transmission.

There have been two papers published by NHSEI which seek to address the above issue with respect to reducing the impact of COVID infection in hospital on best patient care. These are:

- C1621 Living with COVID (30 March 2022) – which covers surveillance screening for COVID in different situations
- C1630 IPC Guidance for COVID (14 April 2022)- which covers isolation of COVID contacts, as well as patient spacing and cleaning in the health care setting (hospital).

Discussion

The key areas where there is disagreement with the implementation of national guidance are:

1. With regards to C1621, the guidance says to replace the current surveillance for asymptomatic COVID by PCR to Lateral flow device testing. This is inaccurate/ low sensitivity and inefficient to operationalise; the current system requires lab activity with funding significantly reduced by September 2022 making it unsustainable. If we do not follow national guidance to use LFD, then an alternative plan is required which is not reliant of PCR. In addition patients usually do not need treatment for COVID and identification complicates care not enhancing it.
   Others such as University Hospitals Plymouth and the Somerset NHS FT has stopped inpatient testing at all except for specific group of patients (immunosuppressed and care home residents). Current frequency of testing is every three days, national guidance would go to 3 times in the first week and then stop.

2. C1630 sets out that COVID contacts do not need to be isolated now. With such an infectious infection, this will allow unfettered spread within a ward which we will not understand without at least a stepwise approach to move from current management to that which is put forward in national guidance.

It is these two points which our multi-professional clinicians need to agree with the next stage in managing COVID. These are being discussed now with specific points being addressed so that recommendations can be finalised for a final decision.

Recommendations for discussion at the Clinical Management Group

1. Reduce COVID-19 surveillance testing of inpatients- deviation from national guidance.
   - All will be tested on admission with use of COVID blue wards for those identified as COVID positive on admission
   - Identification of high risk of vaccine failure for ongoing surveillance of COVID infection
   - For green pathways- PCR test on day 4 of admission (date of admission is day 1) only
   - Separate task and finish group to set up planned care LFD testing

2. Reduce isolation time to 7 days, in line with national guidance and 2 negative LFD tests
3. Reduce effects of COVID positive cases on ward with modifications of outbreak policy. Isolation of highest risk contacts for 7 days only and managed with IPC on situational basis – deviation from national guidance
4. Support staff surveillance of COVID infection through LFD testing
5. Review of PPE and use with COVID positive inpatients- standardisation of approaches and plan to be in line with national guidance

Conclusion

The purpose of this paper is for the Board to be aware that national guidance is controversial and we may need to deviate from this so as to support the people of Torbay and South Devon to be well.

Recommendations

The Board is asked to note this situation and await our ICO's position with respect to IPC management for COVID as we go into Summer 2022.

To:
- ICS leads
- All CCG accountable officers
- All NHS trust and foundation trust:
  - chief executives
  - medical directors
  - chief nursing officers
  - chief people officers/HR directors
- All PCNs and all GP practices
- All community pharmacies
- All NHS primary care dental contract holders
- All primary care optometrists and dispensing opticians
- All pathology incident directors
- All regional chief scientific officers

cc.
- All ICS chairs
- All CCG chairs
- All NHS trust and foundation trust chairs
- All local authority chief executive
- NHS regional directors
- NHS regional directors of commissioning

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

30 March 2022

Dear colleagues,

Living with COVID-19 – testing update

Thank you for everything you and your teams have done over the last two years. Since the pandemic began, the NHS has treated 660,000 inpatients; and yet even at the height of the pandemic, there were at least two patients being treated for non-COVID-19-related reasons for every patient being treated for COVID-19.

With the pressure from COVID-19 continuing, we will be setting out in the coming weeks a way forward on a number of areas where guidance has evolved throughout the pandemic; adapting the way that the NHS operates with COVID-19 in general circulation and with the virus likely to remain endemic for some time to come. This first letter sets out our approach to delivering the UK Health Security Agency's (UKHSA) advice in relation to staff and patient testing. We will keep these arrangements under review along with our partners at UKHSA.

Patient testing

Although the general public will not be offered COVID-19 tests routinely if symptomatic, there may be some instances where a clinician will want to offer a COVID-19 test as part of a diagnostic pathway.

From 1 April, in line with UKHSA advice, NHS patient testing will operate as follows:

Inpatients in a healthcare setting

- All NHS patients in a hospital setting requiring a test by a clinician to support clinical decisions during their care and treatment pathway should be offered a polymerase chain reaction (PCR) test as part of their usual diagnostic pathway. **There is no change in testing protocol for this group of patients**.
- Testing for asymptomatic inpatients on day 3 and days 5-7 of their stay should now be undertaken by lateral flow device (LFD). Trusts can order a supply of LFDs for this use case from UKHSA via the trust's usual ordering route. **This is a change in testing technology for this group of patients**.
- Severely immunocompromised patients who move beds within a hospital setting should continue to be tested using PCR. **There is no change in testing protocol for this group of patients**.
- All patients on discharge to other care settings, including to care homes or hospices, should continue to be tested using PCR. **There is no change in testing protocol for this group of patients**.
- Outbreak testing should be undertaken using PCR, if advised by a local infection prevention and control (IPC) team or following local public health advice. **There is no change in testing protocol for this group of patients and/or staff**.
- There will be no variant of concern genotyping of positive samples in NHS laboratories. **This is a change in testing protocol**. However, full genome sequencing of positive samples will continue in UKHSA laboratories, and positive samples should continue to be sent for sequencing in line with current UKHSA guidance.
- Other than locally-determined specific use cases, visitors to hospital (including women and their birth partners attending for routine antenatal care, and end of life visitors) should not be tested. **This is a change in testing protocol**.

Patients on admission to a healthcare setting

- All asymptomatic patients requiring emergency/unplanned admission via emergency departments or via any other route (eg medical/surgical assessment units, GP direct admission) should be offered a PCR test to enable their appropriate patient

placement. This may be a rapid PCR test, depending on local protocols. LFDs can continue to be used in emergency departments as part of the early decision assist test (EDAT) pathway. **There is no change in testing protocol for this group of patients**.

- Women admitted to a labour ward or setting should be tested as soon as is practical at the hospital site using PCR or rapid tests. Their birth partners will not be tested. **There is no change in testing protocol for this group of patients**.

- Asymptomatic patients requiring emergency admission to a mental health unit, and NHS patients in mental health and learning disability settings returning from a period of planned leave should be tested using LFDs. Trusts can order a supply of LFDs for this use case from UKHSA via the trust's usual ordering route, or should coordinate with their regional testing lead where direct ordering is not yet in place. **There is a change in supply of testing for this group of patients**.

- Planned elective admissions should be tested using LFDs, in advance of admission. Patients should be directed to the gov.uk website to order their tests, where they will be asked to confirm that they have a planned upcoming admission. Patients should inform their treating trust if they test positive, and should be asked to provide proof of testing (text or email from the gov.uk website) on admission. More information to support this use case will be made available. **This is a change in testing technology**.

Patients in the community

- High risk patients in the community identified for COVID-19 MAB/Antiviral treatment will continue to access tests from UKHSA. This will be communicated separately.

- All NHS patients in a community or primary care setting requiring a test by a clinician to support clinical decisions during their care and treatment pathway should be offered a lateral flow device (LFD) test as part of their usual diagnostic pathway. Patients should be directed to the gov.uk website to order their tests, where they will be asked to confirm that their clinician has requested this. **This is a change in testing technology for this group of patients**.

Staff testing

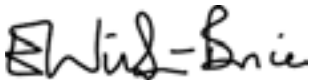
From 1 April, in line with UKHSA advice, NHS staff testing will operate as follows:

- NHS patient facing staff should continue to test twice weekly when asymptomatic. LAMP testing will no longer be available after 31 March. LFD tests will continue to be available through the gov.uk portal for NHS staff working in a patient-facing role. NHS England is working with UKHSA to determine how routine asymptomatic testing should be stepped down in line with any decrease in prevalence rates.

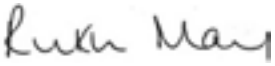
- Symptomatic NHS staff should test themselves using LFDs. LFD tests will continue to be available through the gov.uk portal for NHS staff in England with symptoms.
- Staff who test positive should continue to follow the current return to work guidance. LFDs to support this guidance will continue to be available through the gov.uk portal for NHS staff in England.
- Staff who are household contacts of a positive COVID-19 case will now be able to continue to work as normal if they remain asymptomatic and continue to test twice weekly. They will no longer be required to have a PCR test in order to return to work.
- Staff undertaking COVID-19 tests as part of a research study (eg SIREN) should follow the protocols of their study. Please contact your local study coordinator for further details.
- Staff should undertake COVID-19 tests on an ad hoc basis if instructed by their employer or director of public health in specific circumstances. Staff will be notified via their line management structure if this applies to them.

Thank you again for all your work in support of the COVID-19 response to date.

Yours sincerely



Professor Em Wilkinson-Brice
Deputy Chief People Officer



Ruth May
Chief Nursing Officer

Dr Nikita Kanani
Medical Director for Primary Care

Professor Stephen Powis
National Medical Director

To:
- Trust CEOs
- Trust directors of nursing
- Trust medical directors
- Trust chief operating officers
- Trust DIPCs
- Trust IPC leads
- CCG directors of nursing
- CCG medical directors
- Regional IPC leads
- Regional chief nurses
- Regional medical directors

cc.
- Regional directors
- Regional operating directors

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

14 April 2022

Dear colleagues,

Next steps on IPC: Publication of revised UK Infection Prevention and Control (IPC) Guidance and an IPC Manual for England

Thank you for everything you and your teams have done over the last two years. With the pressure from COVID-19 continuing, we are setting out a way forward on a number of areas where guidance has evolved throughout the pandemic; adapting the way that the NHS operates with COVID-19 in general circulation and with the virus likely to remain endemic for some time to come. This second letter, following our previous correspondence on testing, sets out our approach to delivering the UK Health Security Agency's (UKHSA) advice in relation to Infection Prevention and Control.

UKHSA has today published their revised UK IPC Guidance. This takes into account UKHSA's latest assessment of the scientific evidence, and also the feedback from local providers on the ongoing impact on capacity that IPC measures are having. This revised guidance contains the following important changes in relation to the isolation of COVID-19 positive inpatients and their contacts:

- **Stepping down inpatient COVID-19 isolation precautions:** For inpatients with COVID-19, where available, LFD tests can be used to reduce the isolation period down from 10 days to 7 days. Patients should have two negative LFD tests taken 24

hours apart as well as showing clinical improvement, before being moved out of isolation before day 10. These tests can take place on any two consecutive days from day 6 onwards but if either of the two tests is positive, the patient must not be re-tested and must complete the full 10 day isolation.

- **Stepping down COVID-19 precautions for exposed patient contacts:** Inpatients who are considered contacts of SARS-CoV-2 cases are no longer required to isolate if they are asymptomatic.

In-line with the flexibility afforded for local risk-assessment within the UK IPC Guidance, and advice from UKHSA, the following should also be noted:

- **Returning to pre-pandemic physical distancing in all areas**, including in emergency departments, ambulances and patient transport, as well as all primary care, inpatient and outpatient settings. This should be done in a way that maintains compliance with all relevant Health Technical Memoranda and Health Building Notes.
- **Returning to pre-pandemic cleaning protocols outside of COVID-19 areas,** with enhanced cleaning only required in areas where patients with suspected or known infection are being managed.

These changes to the UK IPC Guidance signal a step in the transition back to pre-pandemic IPC measures. This transition is further supported by the publication of an IPC Manual for England. Providers should make plans to assure themselves that they have implemented the standard IPC measures outlined in the Manual as soon as possible.

UK IPC Guidance continues to recommend all healthcare organisations should undertake local risk assessments to ensure safe systems of work, balancing risks across the whole patient pathway from home into hospital, in the context of the wider impact of COVID-19 on health services. Providers should ensure that they have balanced these risks appropriately and take into account the impact on capacity and flow given current pressures on UEC and elective pathways.

All patients, visitors and staff should continue to practise good hand and respiratory hygiene, including the continued use of face masks by staff and face masks/coverings by visitors and patients where clinically tolerated. The current triaging and cohorting arrangements outlined in UK IPC Guidance will continue to apply.

All providers should follow the new COVID-19 testing arrangements introduced from 1 April which outline implementation of UKHSA's advice on NHS patient and staff testing, including agreed protocols for the use of PCR and LFD tests.

Yours faithfully

Sir David Sloman
Chief Operating Officer
NHS England and NHS Improvement

Prof Stephen Powis
National Medical Director
NHS England and NHS Improvement

Duncan Burton
Deputy Chief Nursing Officer, Workforce and Maternity Operations
NHS England and NHS Improvement

Torbay and South Devon NHS
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: 2021 National Staff Survey Report			Meeting date:27 April 2022
Report appendix			
Report sponsor	Chief People Officer		
Report author	Workforce and Organisational Development Business Partner		
Report provenance	People Committee		
Purpose of the report and key issues for consideration/decision	To update the Board on the Trusts local and national position in respect of 2021 Staff Survey findings and to agree priorities for 2021.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☐	**To approve** ☒
Recommendation	The Board is asked to receive and note the content of the 2021 National Staff Survey report and approve the priorities for 2021		

Summary of key elements

Strategic objectives supported by this report

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

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

Board Assurance Framework		**Risk score**	
Risk Register		**Risk score**	

External standards affected by this report and associated risks

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

Report title: 2021 National NHS Staff Survey		Meeting date: 27 April 2022
Report sponsor	Chief People Officer	
Report author	Workforce and Organisational Development Business Partner	

1.0 Purpose

1.1 To provide the Board with an update on feedback from the 2021 national staff survey, incorporating;
- how the Trust's feedback compares nationally and to the wider system
- how we are performing on the delivery of our people promises and their sub-elements.
- the largest improvements and deteriorations in comparison to 2020
- the identifications of priorities for inclusion in year 2 of our People Plan and Promise.

2.0 Background

2.1 This year the national staff survey has seen the biggest overhaul of its time, with it being redeveloped to align with the people promise, which was published as part of the National People Plan in 2020/21 to support the delivery of the NHS Long term plan. The People Promise reflects what our NHS people have said matters most to them and would make the greatest difference in improving their experience in the workplace. Only by making Our People Promise a reality will the NHS become the best place to work for all. The people best placed to say progress has been made are those who work in our teams. Using the staff survey as the principal way to measure progress will enable us see progress in the delivery of our people promise and to take action to improve.

2.2 The survey was issued to all staff in November 2021. Given the pandemic, the vast majority of staff continued to receive an electronic survey, with the exception of those departments where an electronic survey in 2020 appeared to have a disproportionate effect on their response rate. These departments then received a paper survey and this included some of our ward based teams and estate and facilities teams.

2.3 Feedback from the survey is presented in the form of nine elements – the seven people promises, together with staff engagement and staff morale. Each element consists of a varying number of sub-elements which consist of a varying number of questions. Each element and sub elements receive a scale summary score from 0 to10, with 10 being the best score attainable.

3.0 Executive summary

3.1 The past 12 months has continued to challenge each and every one of our teams as we have continued to respond to the pandemic, at the same time as planning for the recovery of our services and building a brighter future.

3.2 The annual staff survey provides an incredibly helpful insight into how the pandemic has continued to affect the experience of our people at work. Broadly, our feedback scores for the 9 elements are equivalent to or above the national average. However, this is not intended to minimise or marginalise the experience of our teams. This year the scale of the variations is notable. Historically, we have seen variations of 2-3%,but this year we have significant variations closer to and above10%, indicating the real strength of decline in our people experience in certain areas.

4.0 Response Rate

4.1 Despite the significant pressures on our teams, we saw an increase in the overall response rate from 42% in 2020 to 46% in 2021. This is equivalent to the response rate of our benchmarking group - Acute and Acute & Community Trusts.

5.0 National and System Comparison

Element overview

5.1 At an element level our overall feedback scores are equivalent to or above the national average, with the exception of 'we are always learning' where we perform below the national average by 0.1. 'We are always learning' consists of two sub elements – development and appraisal, and it is our feedback around appraisals that is below the national average. We perform particularly favourably in regards to 'we are recognised and rewarded', 'we are a team' and 'we work flexibly' (see figure 1) Therefore it is unsurprising that some of our highest performing questions, in comparison to the national average, fall within these elements.

Figure 1

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.2	5.9	6.7	5.9	5.1	6.1	6.7	6.8	5.8
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	3,080	3,075	3,032	3,060	2,916	3,057	3,073	3,081	3,081

Top and bottom scores compared to national average

5.2 At a more granular level, the five questions in which we compare most favourably to the national average can be seen in figure 2. The biggest variance is the percentage of our staff saying they will look for another job within 12 months, whereby we are nearly 4% better than the national average and 1.4% better than Devon ICS. This may explain, in part, that whilst the Devon system has seen a rise in leavers; 2% over 2-3 months, from 10% to 12%, this has not been reflected in the data for our Trust where there has been no significant change in the number of leavers over the last 6 months. However, the cautionary note would be that whilst we compare favourably nationally and within the system, we have seen a 2.6% increase from 2020.

5.3 We also see a positive comparison in regards to ability to make suggestions and a degree of choice in how work is performed. These are two of the questions that make up the autonomy and control sub element of 'we each have a voice that counts'. The area for focus this year must be about how we create a culture that enables staff to make improvements happen in their work areas, as this is where we perform below the national average.

Figure 2

Top 5 scores vs National Average	TSDFT 2021	National average	Variance	Devon ICS	Variance
22b I will probably look for a job at a new organisation in the next 12 months	18.4%	22.1%	3.7 better	19.8%	+1.4
3d I am able to make suggestions to improve the work of my team/dept	73.1%	69.8%	+3.3	72.0%	+1.1
6c I achieve a good balance between my work life and home life	54.2%	51.1%	+3.1	54.1%	+0.1
8d The people I work with show appreciation for each other	68.8%	65.8%	+3.0	69.6%	-0.8
5b I have a choice in deciding how to do my work	54.5%	51.5%	+3.0	54.3%	+0.2

5.3 Conversely, the five questions in which we compare most unfavourably to the national average can be seen in figure 3. Whilst the percentage of people stating that they have received an appraisal is above the national average, the questions relating to the quality and impact of the conversation are below – with the biggest variance, at over 5% being around it helping to improve how the job is done. The extent to which the appraisal makes our people feel valued by the organisation, is also a concern and more than 4% below the national average. Towards the end of last year a piece of work was undertaken to review and amend the policy and paperwork, and to develop and launch guidance materials and training to support a quality conversation. Managers from a variety of settings were engaged in trialling the paperwork, prior to its launch and a survey has recently been launched to evaluate its effectiveness given the new policy has now been in use for 4 months. This will enable continued learning and refinement of the process as we respond to feedback.

The next biggest adverse variation to the nation average is acting on concerns raised by patients and service users. Much work has been undertaken this year to stabilise the feedback and engagement team and re-energise the Friends and Family test, with further plans to increase the capacity to hear the voice of patients and families this year.

Whilst there have been significant developments in our wellbeing offer this year, the need to maintain focus and investment in the wellbeing of our people is emphasised, as we perform 5% below Devon ICS and 4.5% below the national average. This need is reinforced when we look at our internal performance against the relevant ranking of our people promise elements and sub elements (section 6).

Figure 3

Bottom 5 scores vs National average	TSDFT 2021	National average	Variance	Devon ICS	Variance
19b (Appraisal) It helped me improve how I do my job	14.6%	19.8%	-5.2	15.7%	-1.1
21b my organisation acts on concerns raised by patients/service users	65.9%	71%	-5.1	69.7%	-3.8
21a Care of patients/service users is my organisations top priority	70.8%	75.5%	-4.7	75.7%	-4.9
11a My organisation takes positive action on health and wellbeing	51.9%	56.4%	-4.5	57.0%	-5.1
19d (Appraisal) Left me feeling that my work is valued by the organisation	25%	29.3%	-4.3	25.0%	0

6.0 Internal performance

Element and sub element overview

6.1 Given the change in reporting format, the people promise elements are not comparable to last year, but we can understand their relevant rankings as detailed in figure 4. With the highest element score, our feedback suggests that we perform best in our promise – *'We are compassionate and inclusive'*, with all four sub elements being in the top three highest rankings. Whilst staff engagement has declined in line with the national average, by 0.2 scale summary points from last year, it is still our second highest ranking element, with motivation being within the top three highest sub elements. Our equally third highest ranking element are the promises – *'We are a team* 'and 'W*e each have a voice that counts',* with 'autonomy and control' appearing as one of the third highest sub elements. The reduction in bullying, abuse and harassment from staff and managers has contributed in 'negative experiences', also being in the top three ranking sub elements.

6.2 Conversely our feedback suggests that the promise we perform least well in is '*We are always learning'.* As can be seen in the relative ranking of the sub elements and detailed in section 5, this is as result of feedback around the quality and impact of appraisals.

6.3 Whilst hidden at an element level, the sub-elements identify real concern around burnout, work pressure and our health and safety climate which are identified in more detail in figure 6.

Figure 4

Element	Score	Element Ranking	Sub-elements	Score	Sub-element ranking
We are compassionate and Inclusive	7.2	1	Compassionate culture	6.9	3
			Compassionate leadership	6.9	3
			Equality & Diversity	8.2	1
			Inclusion	6.9	3
Staff engagement	6.8	2	Motivation	6.9	3
			Involvement	6.8	
			Advocacy	6.6	
We are a team	6.7	3	Team working	6.6	
			Line manager	6.7	
We each have a voice that counts	6.7	3	Autonomy & control	6.9	3
			Raising concerns	6.4	
We work flexibly	6.1	4	Support for work life balance	6.1	
			Flexible working	6.0	
We are recognised and rewarded	5.9	5	*No sub element*		
We are safe and healthy	5.9	5	Health & Safety climate	5.1	12
			Burnout	4.9	13
			Negative experiences	7.8	2
Morale	5.8	6	Thinking about leaving	6.2	
			Work pressure	4.9	13
			Stressors	6.3	
We are always learning	5.1	7	Development	6.3	
			Appraisal	3.9	14

Top and bottom scores compared to 2021

6.7 Whilst the elements and sub elements are not comparable, with the exception of the 32 new questions, we can compare question level feedback to last year. The five questions in which we have seen the biggest improvement in comparison to last year can be seen in figure 5. Given the challenges of the pandemic, it is encouraging to see an increase in the percentage of staff feeling confident to raise concerns about unsafe clinical practice. This is reflected in the Lead FTSU Guardian report which identifies an increase in staff raising concerns about standards of care and patient safety. It is also positive to see an improvement in reporting and a reduction of bullying, harassment and abuse from colleagues and managers, as the Lead FTSU Guardian report also reflects that as well as culture, bullying and harassment continues to account for the largest proportion of concerns raised. Whilst improving to a lesser extent, it is encouraging to see positive advancements around involvement in decision making and opportunities to show initiative.

Figure 5

Most Improved Feedback	2020	2021	Variance
17a I would feel secure in raising concerns about unsafe clinical practice	71%	75.1 %	+4.1
14d The last time you experienced HBA at work did you or a colleague report it	43.9 %	47.9 %	+4.0
9c My immediate line manager asks for my opinion before making decisions that affect my work	56%	57.8 %	+1.8
3c There are frequent opportunities for me to show my initiative	72.9 %	74.4 %	+1.5
14c In the last 12 months how many times have you personally experienced BHA from colleague	19.5 %	18.3 %	1.2 improve ment

6.8 Conversely, the five questions in which we have seen the biggest decline in comparison to last year can be seen in figure 6. Worthy of note is the scale of the variations. Historically, we have seen 2-3% variations in the survey but this year we have significant variations closer to and above10%, indicating the real strength of decline in our people experience. At over 11%, overwhelmingly the biggest decline has been the percentage of staff who feel there are sufficient staff for them to do their job properly, which is significantly impacting the *work pressure* sub score seen in figure 4. Nationally, there has been a similar decline in this question. We know that chronic excessive workload is the single biggest influencer of staff engagement, and therefore heavily contributing to this declining position. The span of control work being undertaken as part of the structural refresh will be an important step in understanding and addressing this issue. As will the expansion of international recruitment, at the same time as developing career pathways and career conversations to support 'growing our own' in order to address not only current gaps in our workforce but to ensure workforce pipelines for tomorrow. More work will need to be done culturally on how we prioritise work and manage demand with limited resource.

6.9 At over 9%, the next biggest decline has been around recommendation as a place to work and receive treatment, which make up the advocacy sub element of staff engagement. Nationally there has been an equivalent level of decline in recommendation as a place to work, but at 7% there has been a slightly smaller decline nationally for recommendation for treatment. The percentage of staff who look forward to work, has seen the fourth biggest decline at over 6% which contributes to the motivation sub element of staff engagement. All contributing to the significant statistical decline we have seen this year in staff engagement.

6.10 The fifth question to have seen the greatest decline in comparison to last year, is satisfaction with pay, which has fallen by over 6% in line with the national average.

Figure 6

Most declined feedback	2020	2021	Variance
3i There are enough staff at this organisation for me to do my job properly	35.2%	23.9%	-11.3
21c I would recommend my organisation as a place to work	67.7%	58.6%	-9.1
21d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	74.2%	64.6%	-9.6
2a I look forward to going to work	56.4%	49.7%	-6.7
4c My level of pay	37.8%	31.5%	-6.3

7.0 Covid-19 Classification breakdowns

7.1 As in 2020, the 2021 staff survey asked three classification questions relating to their experience during the Covid-19 pandemic:

- Have you worked on a Covid-19 specific ward?
- Have you been redeployed due to the pandemic?
- Have you been required to work remotely/from home due to the pandemic?

7.2 Figure 7 shows the element scores for staff in each of the three categories above, compared with the results for all staff. Some broad headlines can be deduced from this data;

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

7.2.2 Staff who were redeployed generally reported the poorest experience.

7.2.3 The ranking of the themes remained largely consistent across the different groups and in line with all staff. The highest scores for all groups being around '*We are compassionate and inclusive'* and the lowest scores being around '*We are always learning'*.

Figure 7

Element	All staff	Worked on Covid 19 specific Ward	Redeployed	Required to work at home/remotely
We are compassionate and Inclusive	7.2	6.9	6.9	7.4
Staff engagement	6.8	6.4	6.3	6.9
We are a team	6.7	6.3	6.4	6.9
We each have a voice that counts	6.7	6.3	6.2	6.9
We work flexibly	6.1	5.5	5.5	6.6
We are recognised and rewarded	5.9	5.4	5.3	6.2

We are safe and healthy	5.9	5.4	5.3	6.0
Morale	5.8	5.4	5.3	5.8
We are always learning	5.1	5.0	5.0	5.2

Better experience than all staff Worse experience than all staff

Worst experience

8.0 Workforce Race Equality Standard (WRES)

8.1 The Workforce Race Equality Standard (WRES) was introduced in 2015 to hold a mirror up to the NHS and spur action to close gaps in workplace inequalities between our black and minority ethnic (BME) and white staff.

8.2 Four of the nine WRES indicators are taken from the National Staff Survey. Figure 8 shows the Trusts performance against the WRES standard for the last two years and in comparison, to the national average. The broad headlines are;

8.2.1 Experience of bullying, harassment and abuse (BHA) from patients has increased for both white and BME staff, but at 2% there has been a smaller increase for BME staff. However, at 33% this is almost 5% above the national average and must be an area of focus this year.

8.2.2 Conversely, BHA from staff has decreased for both demographic groups. As the biggest improvement is seen in the experience of white staff the disparity gap is widening slightly. At 24.6% the percentage of BME reporting experience of BHA from staff is 2% lower than the national average.

8.2.3 Whilst the percentage of staff feeling there are equal opportunities for career progression has remained consistent for white staff, it has significantly improved for BME staff and is considerably higher than the national average. As detailed in the EDI report, extensive engagement work has happened in the last year to understand and to start to address the barriers to career progression for our BME staff, so the staff survey feedback is an encouraging sign of progress.

8.2.4 The prevalence of discrimination has increased for both demographic groups, with the disparity gap remaining considerable, but consistent with the national average. Engagement work to understand the nature and form discrimination is planned to ensure appropriate actions are developed, but will be central to the redevelopment of our training and education around compassion and inclusion incorporating how we lead inclusively, and civility & respect

Figure 8

	BME 2020	White 2020	BME 2021	White 2021	BME Average 2020
% staff experiencing BHA from patients, relatives or public	31%	23.7%	33%	26.5%	28.8%
% staff experiencing BHA from staff	25.2%	24.1%	24.6%	22.3%	28.5%
% staff believing equal opportunities for career progression	44.4%	57.5%	51%	57.3%	44.6%
% staff experiencing discrimination at work from manager or colleagues	15.1%	5.8%	17.3%	6.3%	17.35

9.0 Workforce Disability Equality Standard

9.1 The Workforce Disability Equality Standard (WDES) was introduced in 2019 and requires the Trust to annually self-assess against 13 indicators of workplace experience and opportunity, and to develop and implement robust action planning for improvement.

9.2 Nine of the 13 WDES indicators are taken from the National Staff Survey. Figure 9 shows the Trusts performance against the WRES standard for the last two years and in comparison, to the national average.

9.2.1 With the exception of equal opportunities for career progression, the experience of our people with long term conditions is in line or better than the national average.

9.2.2 The areas that have seen the biggest improvements in comparison to 2020 are; the percentage of staff with LTC feeling pressure to come to work despite feeling unwell which has improved by over 6%. Followed by experience of BHA by managers which has improved by over 3% and the percentage of staff with LTC reporting experience of BHA which has improved by 2.6%.

9.2.3 Conversely the areas that have seen the biggest decline in comparison to 2020 are; the percentage of staff with LTC feeling there are equal opportunities for career progression which has reduced by over 5%. This is followed by the percentage of staff with LTC experiencing BHA by patients which has increased by 4%. The percentage of staff with LTC stating that there have been adequate adjustments for them to carry out work has reduced by nearly 4%. A task and finish group has already been established to understand and address the issues relating to reasonable adjustments being made.

9.2.4 The areas in which we see the greatest disparity in experience between staff with and without a LTC are; equal opportunities for career progression which is 9.3% lower for staff with LTC and experience of BHA from staff which is 8.6% higher.

Figure 8

	LTC or illness 2020	Without LTC 2020	LTC or illness 2021	Without LTC 2021	LTC or illness average 2020
% staff experiencing BHA from patients, relatives or public	27.9%	22.9%	32.1%	25.4%	32.4%
% staff experiencing BHA from manager	19.4%	9.5%	16.3%	8.7%	18%
% staff experiencing BHA from colleagues	26.8%	16.9%	24.5%	15.9%	26.6%
% of staff that reported experience of BHA	45.4%	44.6%	48%	48.6%	47%
% staff believing equal opportunities for career progression	55.4%	57.3%	49.7%	59%	51.4%
% staff feeling pressure from manager to come to work despite feeling unwell	31.5%	22.3%	25.1%	19.8%	32.2%

% staff satisfied with the extend Trust values their work	35.5%	47.5%	34%	40.8%	32.6%
% staff saying the Trust has made adequate adjustments for them to carry out work	80.2%		76.3%		70.9%
Staff engagement score (0-10)	6.7	7.1	6.4	6.9	6.4

10.0 Priorities and actions

10.1 Our People Promise and Plan is a key enabler for the delivery of our Trust strategy and describes the actions that we are taking to ensure Torbay and South Devon is a great place to work, hence supporting the achievement of our Trust goal of 'excellent experience in providing care'. This requires the creation of an organisational culture where our workforce thrives. In June, you will hear the fantastic achievements and celebrations from year 1 of our People Plan. Whilst significant progress has been made we know that this journey is not complete, so you will also hear how we are continually learning from our staff experience feedback and using the information presented in this report to inform our priorities for year two.

10.2 Plans already in place for year 2 include;

10.2.1 The continued focus on wellbeing for our people. Wellbeing support for recovery will include the introduction of hand washing for the mind, critical incident support, debriefing and reflection support. Wellbeing support for teams will continue through the expansion of our already 123 strong Health & Wellbeing buddy network and support for health and wellbeing conversations.

10.2.2 Implementation of the recently developed Improvement & Innovation Building Capability Framework, in order to develop the skills and confidence of our people in delivering transformation and improvement.

10.2.3 Launching *i-manage* – a management essentials toolkit underpinned by the cultural framework, to support our managers and aspiring managers to become competent and confident in their managerial abilities. The importance of inclusive, distributed leadership has never been more important.

10.2.4 Expanding international recruitment, at the same time as developing career pathways and career conversations to support 'growing our own', in order to address not only current gaps in our workforce but to ensure workforce pipelines for tomorrow.

10.2.5 Redeveloping our training and education around compassion and inclusion to include how we lead inclusively and civility & respect.

10.2.6 Developing our approach to workforce planning including the introduction of new roles, at the same time as utilising e-job planning and e-rostering to ensure we maximise efficiency

11.0 Recommendation

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

Torbay and South Devon NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Equality, Diversity and Inclusion Update			Meeting date: 27 April 2022
Report appendix	No appendix		
Report sponsor	Chief People Officer		
Report author	Head of Workforce and OD		
Report provenance	Report requested by Chief People Officer		
Purpose of the report and key issues for consideration/decision	Report is to update and give assurance of Equality, Diversity and Inclusion activities of working happening within the Trust. The key points include: 1. National context and position that influences the EDI agenda and work 2. System activities being undertaken and system group linkages 3. Key Trust activities of work being undertaken, areas for learning and risks identified		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to receive and note this report.		

Summary of key elements

Strategic objectives supported by this report

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

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

Board Assurance Framework		**Risk score**	
Risk Register		**Risk score**	

External standards affected by this report and associated risks	

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

Risks identified in this report

- The health and wellbeing of people being impacted by bullying and harassment
- Organisational reputation through potential new applicants not attracted to our Trust due to lack of diversity and demonstrative commitment to EDI matters
- Discrimination related Employee Relation (ER) cases impacting health and wellbeing of people and organisational reputation

Report title: Equality, Diversity and Inclusion Update		**Meeting date: 27 April 2022**
Report sponsor	Chief People Officer	
Report author	Head of Workforce and OD	

1. Purpose

The purpose of this report is to provide the Board with an update on the activity of work happening within the field of Equality, Diversity and Inclusion (EDI) in the Trust.

This report reflects the national directives and Devon Integrated Care System (ICS) and priorities.

The EDI priorities sit within the Trusts people plan and promises. Year 1 focused heavily on engagement and listening to what matters to our people and also included the following priorities:

- Expanding and developing our networks
- Understanding the barriers to career progression – BAME network and international nurses
- Overhauling recruitment processes – with the implementation of inclusivity reps on interview panels
- Attracting a diverse workforce
- Closing the gap in disciplinary processes – through reviewing disciplinary cases over one year

The activities undertaken and the progress made can be seen throughout the report. Impact is starting to be seen through higher levels of engagement from BME staff in the national staff survey, increased network numbers and just under 7% increase of BME staff feeling the organisation provides equal opportunities for career progression.

Year 2 priorities will build on the engagement undertaken, take into account learnings from year 1 and include the following priorities:

- Reducing discrimination and bullying and harassment (by public and staff)
- Raising cultural awareness and celebrating diversity by educating and learning to increase the sense of belonging
- Career progression for under-represented groups
- Further overhauling recruitment processes to increase diversity
- Developing and strengthening the EDI networks

2. Background

National Context

The national focus and drive of our EDI work has been through the implementation of the National People Plan and Promises: action for us all in July 2020. The aim of the people plan is; more people, working differently in a compassionate inclusive culture and is underpinned by four pillars:

- **looking after our people** – with quality health and wellbeing support for everyone
- **belonging in the NHS** – with a particular focus on tackling the discrimination that some staff face
- **new ways of working and delivering care** – making effective use of the full range of our people's skills and experience
- **growing for the future** – how we recruit and keep our people, and welcome back colleagues who want to return.

In the Trust we introduced a fifth pillar 'Creating the Conditions to Enable Transformation', recognising that there are significant requirements for our people to transform services, and in order to achieve this, they need to feel valued, skilled and confident and understand what is required.

The national 2020/21 (year 1) people plan contains learning from wave one of pandemic and responds to the needs of the delivery of the NHS Long Term Plan. It appropriately has a relentless focus on diversity and inclusion actions to improve the experience of our people at work, paying attention to supporting people in under-represented groups. A particular focus is improving the experience of BME staff who have been disproportionately affected by COVID-19.

Most of the EDI work falls into the belonging and growing for the future pillars.
The national people plan also responds to the delivery of Model Employer, the Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards and the National Staff Survey (NSS). These are key standards that drive improvement for EDI.

The latest national WRES report was released on 31 March 2022 and for the first time each organisation is going to receive an individual detailed report. This is expected imminently and once received the board will receive a report including actions for improvement.

3. Devon Integrated Care System (ICS) Equality, Diversity and Inclusion Activities

Devon ICS Equality, Diversity and Inclusion Group

The ICS EDI group formerly known as the Devon Co-operative has now been set up and has input into addressing the recommendations of the NOUS Report. It also works with other system groups to address EDI priorities. One of the Trusts EDI Leads is a member of the group.
The Devon ICS commissioned the NOUS report on the 'Experiences of health and care in Devon for Black, Asian and Minority Ethnic communities and staff'. The report was researched and produced by independent specialists the Nous Group between September 2020 and February 2021.

Devon-Wide BAME Network

One of the Trusts EDI leads is the Chair of the Devon-wide BAME Network as well as our internal BAME network working very closely with the ICS EDI leads. Both networks contributed to the NOUS Report.

Health Inequalities Executive Leadership Group

The Head of Workforce and Organisational Development (OD) is a member of the Executive System Health Inequalities Group. The focus of the group is on addressing health inequalities for our local population of which many of our staff are also part of. The priorities of work are will be published imminently.

4. Organisation Equality, Diversity and Inclusion Activities

Whilst the National People Plan has driven our EDI priorities during 2020/21 and will continue to into 2022/23 much of our work over the last year has been to strengthen trust and relationships with our BME staff although not exclusively.

Our aim through this work is to:

- Create a culture of inclusion and belonging for all with a particular focus on those people in our under-represented groups.
- Have equitable representation of minorities at all levels within our organisation in line with 'A Model Employer' goals

As we progress through the EDI work there will be opportunities to collaborate and work in partnership across the ICS. As these are identified they will be directed through the relevant ICS group.

Engagement

Engaging through listening and congruent action is a strong feature in our activities. We knew through the NSS that our BME staff had a poorer experience at work compared to many white staff but didn't know how best engage with them. We now know that the level of trust required to enable people to share their experiences was absent.

The pandemic unexpectedly gave way to opportunities for making a real difference. It enabled conversations with individuals and groups of staff in a way that has now given true insights into the experiences of our people, in particular our BME staff. An example of this is through the disproportionate impact of COVID on people from a BME background. In 2020 there was an urgent need to develop an individual COVID risk assessment with BME staff in order to know how best to support and protect them and their health and wellbeing. Our now BAME network Chair led the opening up of conversations where vulnerable people shared how scared they were feeling and how they were being treated by others inside and outside of work. In 2020 this was with a group of 4 or 5 people. As trust grew the conversations continued during 2021/22 and the network has grown to over 70 BME staff who continue to grow stronger in voice.

We have seen an increase in national staff survey (NSS) responses from BME staff in 2021. This will be explored in more depth in the future WRES report. Whilst the increase may be related to the depth of engagement with the BAME network, this year we need to ensure that engagement and trust continues to grows so as it not to make it feel like a tick box exercise. Members of our BAME network have made it clear how important this is to them.

Along with all of our networks we will continue to finding different ways of engaging our under-represented people and actively encouraging participation in the NSS 2022/23.

Belonging

As part of our engagement with people in all of our under-represented network groups it was important to understand what belonging means to them.
Although this visual captures the words of our people what is unseen is the courage, vulnerability shown and the stories shared, mainly from those who have never spoken before.

This starts to demonstrate the level of trust and confidence that is beginning to grow affording us to understand what we need to address and most importantly how. We will continue to work with the networks to co-design those actions and solutions

Learning from Engaging

A number of themes emerged from the continuation of engagement that included:

- Creating psychological safety through building trust is vital, takes time and easily destroyed. We must work at a pace that is comfortable with the group of people we are working with. It is imperative we understand what matters most to them.
- Barriers to career progression – this is multi-faceted but developing personal confidence, visible pathways and development opportunities for all is needed.
- A lack of cultural awareness in the organisation often taking the form of micro-aggression and insensitive, clumsy language. This is leading to feeling bullied and harassed an on occasion being discriminated against.

The learning from the engagement work has influenced and impacted many of the activities below.

Raising Cultural Awareness and Celebrating Diversity

The NSS shows we are mostly above the national average in the category of ‘we are compassionate and inclusive’ but we must still pay attention to the feedback noted above.

In response, as a first step the following awareness and celebratory activities have been led by members of our networks. A sample of them includes:

- Rainbow badge campaign – over 1000 badges issued as result of staff pledges
- History of LGBTQ+ evening workshops

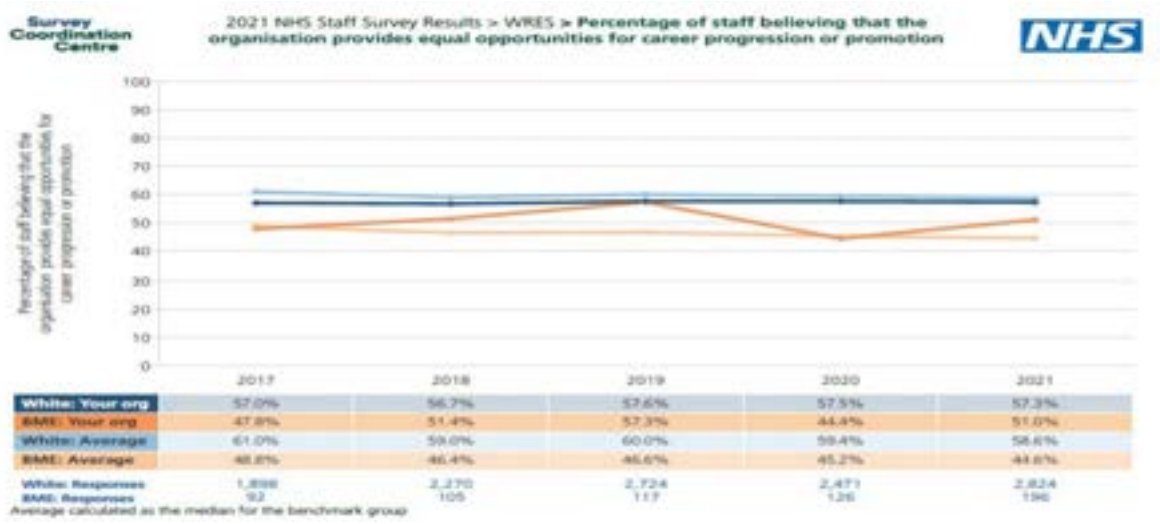
- LGBTQ+ raising awareness quiz
- Evening event at Torquay Museum – Exploring the Michaelangelo Trail
- Celebrating Black history month a live event. Proud to be…An evening with Michael Caines MBE, Alexandra Ankrah and Dr Habib Naqvi including a member of staff all sharing their stories and reflections of Black History.
- Celebrating black history with different cuisine in Bay View Restaurant
- Chinese New Year - celebrated with Chinese food in Bay View Restaurant
- Race Equality Week - joint event with Unison
- Celebrating Ramadan
- Disability awareness week – access to webinars
- Menopause week - access to webinars, access to workshops and speakers

Education is also crucial when raising awareness of cultural and diversity differences. Modernising EDI mandatory training is one way in which we are doing this. All staff will access over 3 years. The content will be more relevant using recent examples of cultural and diversity concerns and delivered in an interactive way that brings it to life encouraging the learner to reflect on their own behaviours, actions and bias. This will be available by early summer.

In addition we have procured a package of EDI training designed to be delivered in bite-sized amounts. Some will be delivered through the mandatory training but additional topics can be facilitated within teams. This is currently being trialled in General Theatres with the aim of raising awareness by prompting conversations about EDI topics that are often uncomfortable to talk about.

BME Staff Career Progression - Understanding the Barriers

Seeing diversity at every level of an organisation builds confidence in the people that work within it and creates a sense of belonging which is imperative in setting the foundations of an inclusive culture. It is an important theme and significance running through the people plan.



The figure above from the recent NSS was a key priority during 2020/21. We needed to understand the barriers to career development and progression of BME colleagues. The BAME network chair worked in partnership with the international resourcing team. They ran several workshops and a series of one to one conversations with members of the BAME network and international nurses. The findings included the following themes:

- Lack of confidence for being interviewed
- Invisibility of available career development therefore not accessing
- Career Progression – not understanding the career pathways available and not feeling able to have conversations with managers to discuss routes available

A series of actions have been put in place working in partnership with the education team to address the barriers. This has included providing interview skills training, support in writing job application forms and raising awareness of career pathways through the BAME network and international recruitment team.

We are also piloting a coaching skills programme for BME staff to increase empowerment and build confidence to say what matters to them and what their needs are.

What can also be seen in the figure above is that whilst the percentage of staff feeling there are equal opportunities for career progression has remained consistent for white staff, it has significantly improved for BME staff and is considerably higher than the national average. Thus, reducing the disparity ratio. This can in some way be related to the work already undertaken but we recognise this is only the beginning and there is still significant work to do.

A priority for 2022/23 will be to undertake a similar approach to understanding the barriers to career progression for those with long term conditions and disabilities and other under-represented groups.

Developing the Leadership Talent of BME Staff

As a direct outcome from understanding the barriers to career progression a bespoke leadership programme has been very recently commissioned. This is funded by the Education Team and is designed to develop the talent of our BME people and build confidence to become future leaders. This will be advertised within the organisation and a selection process will be in place. The programme will commence during early summer 2022.

Tackling the Disciplinary Gap

A people plan priority was that across the NHS we must close the ethnicity gap in entry to formal disciplinary processes. 12 months of Trust disciplinary cases analysed showed our BME staff are no more likely to enter formal disciplinary process than white staff.

Tackling Bullying and Harassment

Aligned to the feedback through our engagement the latest NSS findings bullying, harassment and abuse (BHA) from patients has increased for both white and BME staff. At 2% there has been a smaller increase for BME staff however, at 33% this is almost 5% above the national average and an area for priority focus.
Conversely, BHA from staff has decreased for both demographic groups. As the biggest improvement is seen in the experience of white staff the disparity gap is widening slightly. At 24.6% the percentage of BME reporting experience of BHA from staff is 2% lower than the national average.

Our Anti-bullying network has been established and promoted. Low numbers of people have accessed the network and a review of the network in partnership with our EDI networks will be undertaken.

Tackling Discrimination

	BME 2020	White 2020	BME 2021	White 2021	BME Average 2020
% staff experiencing discrimination at work from manager or colleagues	15.1%	5.8%	17.3%	6.3%	17.35

Again, aligned to the feedback and as can be seen in the figure above the prevalence of discrimination has increased for both demographic groups, with the disparity gap remaining considerable, but consistent with the national average. This is a risk for the Trust and will be a key priority to work with our networks to understand what action needs to be taken for them to feel improvements are being made towards eradicating discrimination in our Trust.

Networks

Why are networks important?
Staff networks are a key mechanism for driving meaningful change and making a difference, as well as empowering people with the opportunity to grow personally and professionally. They also provide a safe space and a critical forum for individuals to come together, share ideas, raise awareness of challenges and provide support.
Within the Trust we have a number of networks that include:

- LGBTQ+
- Mental Health Forum
- Menopause Group
- Under 30s
- BAME
- Disability Network
- Equality Business Forum (EBF) - comprises of chairs of each network and also includes freedom to speak up guardians and staff side.

During 2021 the Trusts Chief Executive attended the EBF and The Chief Finance Officer attended the under 30s group.
The networks vary in size from 6 to over 200. This is representative of them operating in a way that is important to the members of the group. This may not necessarily follow the uniformity of a traditional network setup. It is important to note that some are networks born out of what our people wanted, not necessarily representative of protected characteristics which is most usual. Some are more active than others but they are all contributing and influencing policy change and future organisational strategies.
In September 2021 each of the Chairs undertook a network maturity assessment as set out by the national EDI team. We are awaiting the feedback which is expected imminently.

Influencing Future Strategy

The Director of Building a Brighter Future (BBF) has attended 3 EBF meetings and 2 meetings where all members from networks were invited where he shared the BBF overall strategy, OBC and digital strategy. The network members via EBF have offered constructive feedback and suggestions for consideration and given two letters of support.

Influencing Policy Change

As networks it is really important they are able to influence policy changes to ensure they are fit for purpose and positively support the needs of our people. The LGBTQ+ network have been instrumental in introducing the Transgender Policy that supports both staff and patients. These have been actively supported by staff side colleagues. We have also seen the introduction of the Menopause Policy to support reasonable adjustments at work and to sign post to other available support.

New Appointments of Network Chairs

Both the mental health forum and disability group have seen their relative Chairs step down during 2021. Both Chairs had been in position for a number of years. It is important to acknowledge the significant contribution they both made in driving change for the members of their respective networks giving a platform for the incoming chairs to start from. The mental health forum has appointed a new Chair. The disability group has an interim arrangement until a new chair is appointed.

Attracting Diverse Talent in an Inclusive Way

As part of overhauling recruitment practices a review of the Trusts branding and attraction approach has been undertaken. This has included developing new materials and visuals to support the recruitment of a more diverse future workforce and can be seen in the new promotional films.

During 2022/23 further work is to be undertaken in broadening attraction methods for wider diversity of applicants.

Recruiting Talent in an Inclusive Way

Aligned to the national people plan priorities the introduction of inclusivity representatives to diversify recruitment panels for B8 and above posts has been implemented. This included a NED interview process and appointment during 2021. The purpose of this is to ensure an inclusive approach and mindset is being applied within interview panels which in turn provides a diversity of talent in the future workforce. Although in small numbers so far the inclusive mindset and perspective has started to see the challenge recruiting manager habits, bias and mindsets in making appointments.

The impact is yet to be measured but will be during 2022.

Reciprocal Mentoring for Inclusion

The Reciprocal Mentoring Programme for Inclusion programme was designed to provide opportunities for individuals from under-represented groups (BME, gender, LGBTQ+ and staff with disabilities) across the NHS, to mentor senior NHS executives, creating a powerful alliance where knowledge and understanding of their lived experience is used to shift awareness and action at board level.

It was designed to:

- create a safe learning relationship for mutual learning about Reciprocal Mentoring, Inclusive Leadership, Culture Change
- Prepare participants with the skills to Implement Reciprocal Mentoring Programme to optimise the career development of the under-represented group in their workplace.

In 2020 the Trust was selected to be pilot of the reciprocal mentoring for inclusion scheme. The introduction meeting was held and then unexpectedly the programme was paused by the national team. In February this year the national team re-engaged and stated that the programme will not be re-starting and in light of the financial pressures the NHS is under a way different approach will need to be taken.

We are still keen to undertake the programme and will be working with our regional talent leads to develop a way forward.

Board Development

In May 2020 in preparation for taking part in the Reciprocal Mentoring for Inclusion Programme the Board undertook a development session with Dr Eden Charles, Faculty member, Programme Director and Consultant to the NHS Leadership Academy. The aim of the session was to broaden individual knowledge base, develop thinking and explore leadership, management and professional role in relation to inequity.

5. Risks

There are a number of identifiable EDI risks that include:

- The health and wellbeing of people being impacted by bullying and harassment
- Organisational reputation through potential new applicants not attracted to our Trust due to lack of diversity and demonstrative commitment to EDI matters
- Discrimination related Employee Relation (ER) cases impacting health and wellbeing of people and organisational reputation

These risks will be mitigated against by the areas of focus in 2022/23 as seen below.

6. Conclusion

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

Torbay and South Devon NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Talent Management Update			Meeting date: 27 April 2022
Report appendix	No Appendix		
Report sponsor	Chief People Officer		
Report author	Head of Workforce and OD		
Report provenance	Requested by Chief People Officer To be presented at People Committee June 2022		
Purpose of the report and key issues for consideration/decision	Report is to update and give assurance on Talent Management activities happening within the Trust. The key points include: 1. National context and position that influences the Talent Management agenda and work 2. System activities being undertaken and system group linkages 3. Key Trust activities of work being undertaken		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to receive and note this report.		

Summary of key elements

Strategic objectives supported by this report			
Safe, quality care and best experience		**Valuing our workforce**	x
Improved wellbeing through partnership		**Well-led**	x
Is this on the Trust's Board Assurance Framework and/or Risk Register			
Board Assurance Framework		**Risk score**	
Risk Register		**Risk score**	

External standards affected by this report and associated risks	**Care Quality Commission**	**x**	**Terms of Authorisation**	
	NHS Improvement		**Legislation**	
	NHS England		**National policy/guidance**	

Report title: Talent Management Update		Meeting date: 27 April 2022
Report sponsor	Chief People Officer	
Report author	Head of Workforce and OD	

Talent Management Update – April 2022

1. Purpose

The purpose of this report is to provide an update to the Board on activity and progress for talent management within the Trust in line with our year 1 people plan and promises.

The paper will incorporate the national position of NHS Talent Management framework and approach, which sets the wider context for local talent management plan.

The year 1 priorities included:

- Overhauling recruitment processes – attracting talent in a diverse way
- Recruiting talent in an inclusive way
- Taking part in the High Potential Scheme
- Taking part in the Reciprocal Mentoring Scheme for Inclusion
- Roll out of refreshed Achievement Review approach and documentation

The activities undertaken can be seen within the report. The impact seen in year 1 for is minimal as the pandemic pressures have hindered progress of a number of priorities.

Year 2 priorities will include:

- Roll out of a systematic robust succession planning process for Executive Director reports and the next group of direct reports
- Continue attracting talent in a diverse way
- A systematic roll out of refreshed Achievement Review approach and documentation
- Engage with revised ICS wide HPS scheme when released
- Focus on retaining our talented people – ICS wide project
- Career progression for staff in under-represented groups

2. Background

National Context

In 2019 an ambitious national framework for talent management was launched with an emphasis on pipelines for senior roles. We undertook a detailed organisational talent maturity assessment aligned to the framework. Along with most other organisations it identified we were at the beginning of our talent management journey. Recognising the enormity and complexity of work to be done the Leadership Academy offered additional support to the talent leads to progress talent activity in their respective organisations. This coincided with the arrival of the pandemic in March 2020 and talent management activity was paused.

More recently the government launched The Messenger Review on leadership capability in health and social care which has seen a continued pause on national talent

management activity and development of frameworks. The recommendations from the review are expected in May with revised interventions and priorities set by the national team during Q2/3.

The Messenger Review has also triggered the pausing of the high potential scheme and talent boards.

3. Devon Integrated Care System (ICS) Activity

High Potential Scheme (HPS)

The HPS was created in 2019 by the NHS Leadership Academy. It was designed to inclusively support and develop a cadre of multi-professional, high potential people bands 8a-d through their careers to give them the knowledge, skills, attitudes, behaviours, experience and support to succeed in the most senior roles across the NHS.
In 2019 Trust was selected as the host organisation for the pilot of HPS across the Devon system. The HPS programme was paused in March 2020 due to the pandemic and continues to be so due to the Messenger Review. During this time the Head of Workforce and OD has been working with the regional HPS lead to influence the future model. The redefined model and approach is expected to be launched in 2022/23 Q3/Q4.

Devon ICS Talent Management Structure

Currently there is not a specific system talent management group. However, recruiting talent and retention of talent are aligned to existing groups under the Devon System governance structure. There are representatives from the Trust in each group actioning specific pieces of work that can be seen below.

Retention - Retaining Our People and Their Talent

In addition to the existing workforce challenges of recruiting to many caring roles and the ageing profile of our workforce the pandemic has also had an impact. People are beginning to make life choices and leaving the NHS causing an even bigger challenge creating larger gaps in the workforce.

In response to this a Devon system retention project has been set up of which we have representatives from the Trust on the group and are active participants. The focus of the project is to:

- Identify and prioritise retention hotspots across the Devon ICS system.
- Identify main retention challenges and retention drivers for these groups.
- Establish where there is already great practice to address these challenges which can be shared and embedded across the system.
- Develop a plan to introduce practices to improve retention rates within the identified staff groups. This will be supported by local plans.

From March to October 2022 the intention is to develop and pilot a range of interventions to support identified areas of focus. They may include:

- Design of stay conversation and process with pilot.
- Six career coaching pilots for RN and SN groups to map options to available opportunities with their own organisations and across the ICS.
- Guidance for managers on how to have stay conversations.
- Development of stay plan, with pathway options.

Progress will be reported through the People and Education Group and People Committee.

4. Organisation Talent Management Activity

Despite the pausing of the national talent management programme of work we as a Trust have still undertaken a series of activities. They were identified either as a direct action from the national people plan, driven by organisational data and priorities or as a wider Devon System.

Attracting Diverse Talent in an Inclusive Way

As part of overhauling recruitment practices a review of the Trusts branding and attraction approach has been undertaken. This has included developing new materials and visuals to support the recruitment of a more diverse future workforce and can be seen in the new promotional films.

During 2022/23 further work is to be undertaken in broadening attraction methods for wider diversity of applicants.

Recruiting Talent in an Inclusive Way

Aligned to the national people plan priorities, the introduction of inclusivity representatives to diversify recruitment panels for B8 and above posts has been implemented. This included a NED interview process and appointment during 2021. The purpose of this is to ensure an inclusive approach and mindset is being applied within interview panels which in turn provides a diversity of talent in the future workforce. Although in small numbers so far the inclusive mindset and perspective has started to see the challenge of traditional recruiting manager habits and mindsets in making appointments.

The impact is yet to be measured but will be during 2022.

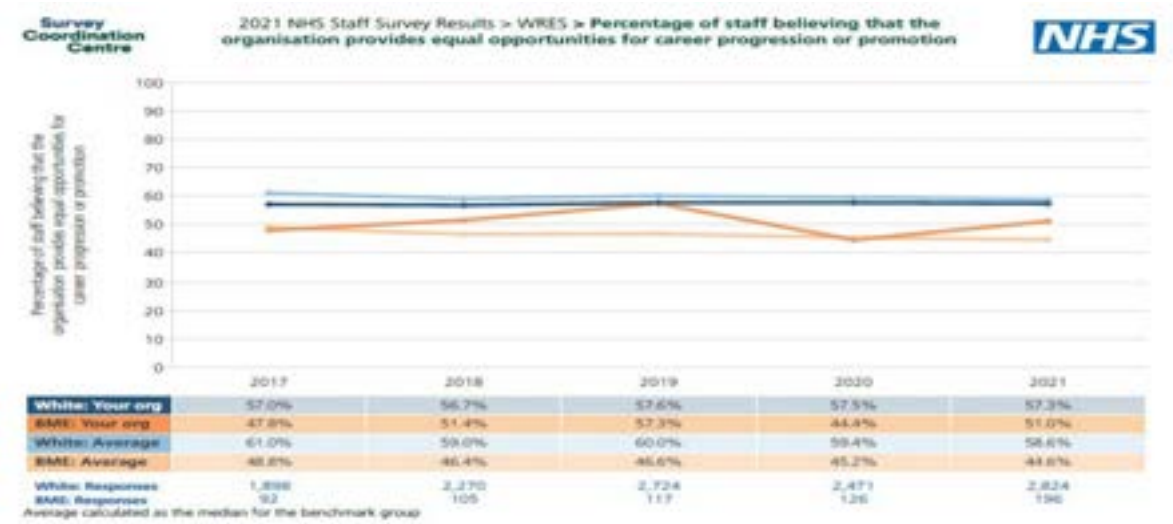
Achievement Reviews - Spotting and Developing Talent

2021 saw the re-focus of achievement reviews introducing the concept of career aspirations - widening the perspective of what's important to our people in their careers. Unfortunately the revised achievement review approach coincided with a further pandemic wave hindering progress.

Re-focusing and re-introducing bite-sized learning on the achievement review, it's purpose, how to have the achievement review conversation and career conversations is a key priority for 2022/23.

BME Staff Career Progression and Talent - Understanding the Barriers

Seeing diversity at every level of an organisation builds confidence in the people that work within it and creates a sense of belonging which is imperative in setting the foundations of an inclusive culture. It is an important theme and significance running through the people plan.



The figure above from the recent National Staff Survey was a key priority for us during 2020/21. We needed to understand the barriers to career development and progression of BME colleagues. The BAME network chair worked in partnership with the international resourcing team running several workshops and a series of one to one conversations with members of the BAME network and international nurses. The findings included the following themes:

- Being interview ready
- Visibility of available career development
- Inability to access personal and leadership development

A series of actions have been put in place working with the education team to address the barriers. This has included providing interview skills training, support in writing job application forms and raising awareness of career pathways through the BAME network and international recruitment team.

What can also be seen in the figure above in 2021, is that whilst the percentage of staff feeling there are equal opportunities for career progression has remained consistent for white staff, it has significantly improved for BME staff and is considerably higher than the national average. Thus, reducing the disparity ratio. This can in some way be related to the work already undertaken but we recognise this is only the beginning and there is still significant work to do.

A priority for 2022/23 will be to undertake a similar approach to understanding the barriers to career progression for those with long term conditions and disabilities and other under-represented groups.

Developing the Leadership Talent of our BAME People

As a direct outcome from understanding the barriers to career progression a bespoke leadership programme has been very recently commissioned. This is funded by the Education Team and is designed to nurture and develop the talent of our BAME people in building confidence to become future leaders. This will be advertised within the organisation and a selection process will be in place. The programme will commence during early summer 2022.

Reciprocal Mentoring for Inclusion

The programme was designed to provide opportunities for individuals from under-represented groups (BAME, gender, LGBTQ+ and staff with disabilities) across the NHS, to mentor senior NHS executives, creating a powerful alliance where knowledge and understanding of their lived experience is used to shift awareness and action at board level. It was designed to:

- create a safe learning relationship for mutual learning about Reciprocal Mentoring, Inclusive Leadership, Culture Change
- Prepare participants with the skills to Implement Reciprocal Mentoring Programme to optimise the career development of the under-represented group in their workplace.

In 2020 the Trust was selected to be pilot of the reciprocal mentoring for inclusion scheme. The introduction meeting was held and then unexpectedly the programme was paused by the national team. In February this year the national team re-engaged and stated that the programme will not be re-starting and in light of the financial pressures the NHS is under a way different approach will need to be taken.

We are still keen to undertake the programme and will be working with our regional talent leads to develop a way forward.

Succession Planning

Succession planning into senior management roles is a risk to the organisation.

To address this, during March the Executive Directors began a refresh of the succession planning of their direct reports. This leads the way to a systematic succession planning and identification of critical roles process to include the next group of direct reports. By October 2022 we will have a complete picture of the succession plans from 8b upwards including direct report medical equivalent.

5. Conclusion

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

Torbay and South Devon NHS Foundation Trust

Report to Trust Board of Directors			
Report title: Electronic Patient Record (EPR) Outline Business Case (OBC) Update			Meeting date: 27 April 2022
Report appendix	n/a		
Report sponsor	Director of Transformation and Partnerships		
Report author	Digital Lead		
Report provenance	The Electronic Patient Record (EPR) Outline Business Case (OBC) has been developed by a small team under the guidance of a Digital Executive Advisory Group consisting of Trust Board members the Director of Transformation and Partnerships; Medical Director; and Deputy Chief Executive and Chief Finance Officer.		
Purpose of the report and key issues for consideration/decision	To provide an update on the EPR OBC		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board of Directors is asked to receive and note the update.		

Summary of key elements

Strategic objectives supported by this report

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

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

Board Assurance Framework	X	**Risk score**	25
Risk Register	X	**Risk score**	25

BAF Risk 6 – To provide a fit for purpose digital infrastructure

External standards affected by this report and associated risks

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

Report title: Electronic Patient Record Outline Business Case		Meeting date: 27 April 2022
Report sponsor	Director of Transformation and Partnerships	
Report author	Digital Lead	

1. Introduction

An Executive Advisory Group (comprising Director of Transformation and Partnerships, Medical Director and Deputy Chief Executive and Chief Finance Officer) have provided Executive level guidance to the Electronic Patient Record (EPR) Outline Business Case's (OBC) development.

The EPR OBC sets out the case for an integrated EPR and a preferred way forward for a competitive procurement exercise.

2. Governance and proposal

The EPR OBC is part of the Building a Brighter Future (BBF) Programme. Its progress has been provided to the BBF Committee, the Finance Performance and Digital Committee (FPDC), and the Trust Board. Most recently, an update was provided to the last Trust Board on the 30th March.

The update for this Trust Board is as follows:

1. The EPR OBC successfully passed through the Regional fundamental criteria review gateway during March. The business case has now moved to the next gateway stage of National Review. This stage involves a detailed review of the business case in conjunction with the Department of Health and Social Care (DHSC). The planned date of the National Joint Investment Sub-Committee (JISC), who act as business case approval body, is 20th June.

2. In parallel to the journey of our EPR OBC, the ICS Providers are continuing to seek National support for both funding and streamlining national approvals for a shared EPR. This includes determining the ICS ambition, system-wide benefits, the enabling EPR solution, and costs. Mid-May is targeted as the completion timescale. PWC is working with the ICS Providers in support of this activity.

3. Conclusion

The EPR OBC is successfully progressing on its journey through to securing National approval. Uncertainty on funding remains - the likely final answer will be for funding to be secured through the NHSX 3-year digital investment plan process, in partnership with the ICS, which will be concluded in June 2022.

4. Recommendation

Trust Board is requested to note the update set out above.