





# Torbay and South Devon NHS Foundation Trust

Public Board of Directors

The Boardroom, Hengrave House/MS Teams

29 June 2022 11:30 - 29 June 2022 14:30

# AGENDA

#	Description	Owner	Time
1	<p>Welcome and Introductions</p> <p>Note</p>	Ch	11:30-11:35
2	<p>Preliminary Matters</p>	Ch	
2.1	<p>Apologies for Absence and Quoracy</p> <p>Note</p>	Ch	
2.2	<p>Declaration of Interests</p> <p>Note</p>	Ch	
2.3	<p>Board Corporate Objectives</p> <p>Information</p> <p> 2.03 Board Corporate Objectives.pdf 7</p>	Ch	
3	<p>Patient Experience Story - Newton Abbot</p> <p>Note</p>	CN	11:35-12:00
4	<p>Consent Agenda (Pre Notified Questions)</p>		
4.1	<p>Committee Reports</p>		
4.1.1	<p>Quality Assurance Committee Chair's Report - 23 May 2022</p> <p>Note</p> <p> 4.01.01 Quality Assurance Committee Chairs Com... 9</p>	J Lyttle	
4.1.2	<p>Charitable Funds Committee Chair's Report - 15 June 2022</p> <p>Note</p> <p> 4.01.02 Charitable Funds Committee Chair's Report... 15</p>	J Lyttle	
4.1.3	<p>Building a Brighter Future Chair's Report - 15 June 2022</p> <p>Note</p> <p> 4.01.03 Building a Brighter Future Committee Chair'... 17</p>	C Balch	

#	Description	Owner	Time
4.1.4	<b>Finance Performance and Digital Committee Terms of Reference</b> Approve  4.01.04 Finance Performance and Digial Committe... 19	IDCG	
4.1.5	<b>Charitable Funds Committee Terms of Reference</b> Approve  4.01.05 Charitable Funds Committee Terms of Refe... 33	IDCG	
4.2	<b>Reports from Executive Directors (for noting)</b>		
4.2.1	<b>Chief Operating Officer's Report - May 2022</b> Receive and Note  4.02.01 Chief Operating Officers Report - May 2022... 43	COO	
5	<b>For Approval</b>		
5.1	<b>Unconfirmed Minutes of the Meeting held on the 25 May 2022 and Outstanding Actions</b> Approve  5.01 Unconfirmed Minutes of the Meeting held on th... 55	Ch	12:00-12:05
6	<b>For Noting</b>		
6.1	<b>Parking Lot of Deferred Items</b> For information  6.01 Parking Lot of Deferred Items.pdf 67		
6.2	<b>Report of the Chairman</b> Verbal	Ch	12:05-12:15
6.3	<b>Chief Executive's Report</b> Receive and Note  6.03 Chief Executive's Report.pdf 69	CE	12:15-12:30
7	<b>Safe Quality Care and Best Experience</b>		

#	Description	Owner	Time
7.1	<p><b>Integrated Performance Report (IPR): Month 2 2022/23 (May 2022 data)</b></p> <p>Receive and Note</p> <p> 7.01 Integrated Performance Report Month 2 May 2... 81</p>	HCS D	12:30-12:45
8	<b>Valuing our Workforce</b>		
8.1	<p><b>Our People Promise and Plan 2021-2024: Celebrating year one and looking ahead to year two</b></p> <p>Approve</p> <p> 8.01 Our People Promise and Plan 2021-2024 Cele... 153</p>	CPO	12:45-13:00
8.2	<p><b>Bespoke Workforce Race Equality Standard (WRES) report overview</b></p> <p>Receive and Note</p> <p> 8.02 Bespoke WRES report overview.pdf 171</p>	CPO	13:00-13:15
9	<b>Improved Well-Being Through Partnerships</b>		
9.1	<b>No agenda items submitted</b>		
10	<b>Well-Led</b>		
10.1	<b>No agenda items submitted</b>		
11	<b>Compliance Issues</b>		
12	<p><b>Any Other Business Notified in Advance</b></p> <p>Note</p>	Ch	
13	<p><b>Date and Time of Next Meeting - 11.30 am, Wednesday 29 June 2022</b></p> <p>Note</p>	Ch	



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## **BOARD CORPORATE OBJECTIVES**

### **Corporate Objective:**

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

### **Corporate Risk / Theme**

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



<b>Meeting date:</b>	23 <sup>rd</sup> May 2022
<b>Report by + date:</b>	Jacqui Lyttle, Committee Chair 15 <sup>th</sup> June 2022
<b>This report is for:</b>	Information Decision
<b>Link to the Trust's strategic objectives:</b>	1: Safe, quality care and best experience 2: Improved wellbeing through partnership 3: Valuing our workforce 4: Well led
<b>Public or Private</b>	Public

## 2. Emerging quality risks escalated from Board Sub-Committees:

The Committee noted the following:

### People Committee

- Work had commenced to identify fragile services in the Trust, where due to retirements or sickness there was a risk to delivery of care. It was noted that, in terms of nursing, planning on a wider scale was taking place to understand numbers of staff who were likely to retire in the next year and impact on services. Scoping work was also taking place at system level to understand the impact of nursing retirements.
- The need for additional seed funding for the Building a Brighter Future Project, was noted which, if not received, would impact on the workforce planning element of the project and the delivery of clinical services.
- No other risks were escalated from any other board sub-committees.

## 3. Clinical Governance Framework/Good Governance Institute (GGI) update (BAF objectives 4, 9)

The committee received a verbal update on the work of the GGI and Clinical Governance Framework (CGF).

- It was acknowledged further scoping work needed to take place to ensure the CGF was aligned to the Integrated Service Unit (ISU) structure and to the Trust's broader corporate governance and operating model.
- The committee was assured that the GGI would stress test the CGF undertaking a desk top review/analysis of the Trust's governance arrangements with the outputs being presented to the July QAC meeting.

The Committee received and noted the Clinical Governance Framework/GGI Update.

## 4 Care Quality Commission (CQC) Assurance Plan (BAF objective 4)

The Committee received the CQC Assurance Plan report, discussing in detail the following areas.

- Progress against the 'must do' and 'should do' actions following the CQC's focussed inspection in December 2021.
- The current position regarding nutrition and hydration compliance. It noted in particular the decision to no longer use the National Safety Thermometer data set but data collected from a daily audit process which would provide a more accurate position on standard compliance.
- The Committee noted that by the end of the summer the Trust's nursing establishment would be fully populated which would release ward managers from operational duties and allow them to lead and manage teams.
- The committee noted the trust was supporting a ward accreditation programme, and a speak up to safety initiative would shortly be launched to create an environment where staff felt safe to speak out.
- The Committee welcomed the improvements that had been made since the CQC's visit in December 2021 and how staff had welcomed these changes and were starting to flourish in their roles.

The Committee received and noted the Care Quality Commission Action Plan.

## **5 Quality Account for 2021/22 (BAF objective 2, 4, 9)**

The Committee received and noted the Quality Account for 2021/22 confirming it was a fair and true representation of the year.

## **6 Draft Quality and Patient Safety Plan (BAF objective 4)**

The committee received the draft Quality and Patient Safety Plan and priorities for 2022/23 and noted

- The Plan had been co-developed by CNO, MD and ISUs to ensure staff had the opportunity to frame the document and were supportive of the quality goals that were being defined.
- The document provided clarity around the Trust's approach and methodology to quality and patient safety.
- It was acknowledged there was a need to create an environment and culture aligned to excellence and noted the changes to QIG meeting with bi-monthly meetings focussing on assurance and improvement.

The Committee approved:

- The Draft Quality and Patient Safety Plan
- Priorities for the organisation for 2022/23

## **7 Quality Report for Healthcare**

The Committee received the Quality Report, and noted the following areas:

- The Trust has continued not to meet its stroke target (% of time spent on a dedicated stroke ward), due to staffing issues and closure of the stroke ward (George Earle). Whilst the committee was assured that patients who were not on the dedicated stroke ward received input from the multi-

disciplinary team it was recognised that there was a quality impact in terms of outcomes for that cohort of patients.

- It also noted that the trust has moved from 1 to 3 stroke consultants in post and that George Earl was now fully open.
- The committee had identified the stroke service as a high-risk area in the past and sought further assurance that processes and plans are in place to both improve the care of patients and to sustainably achieve the required standards and it was agreed that a further deep dive be presented to QaC in September.
- The committee noted the ongoing work relating to the closure of incidents. The report identified key themes were, falls, trips and diagnostic delays with specific work being undertaken in these areas.
- The committee considered the impact of the Ockenden requirements on the Trust and the need to develop and implement a credible service improvement plan. It was agreed that Ockendon would form part of the committees set agenda for the foreseeable future and that the learnings from the review would inform wherever possible QI in other specialities.

The Committee received and noted the Healthcare Quality Report

## 8 Social Care Quality Report

The committee received a verbal report on social care quality.

- Detail was provided on two providers of concern. One was a nursing home for over 65s and the second was a domiciliary care provider.
- Emerging risks surrounding a learning disability home were also discussed.
- The committee noted that providers of concern equated to around 3% of the Trust's overall number of providers.
- The committee was assured that work was ongoing to strengthen the systems and processes to support the QAIT team in particular around procurement, finance and quality assurance of providers with a fit for purpose contract monitoring process.

The Committee welcomed the report and noted the progress made on historical areas of concern

## 9 Harm Review Update (BAF Objectives 4 and 10)

The committee received a comprehensive report on the Harm Review process. It noted:

- The Harm Review Group has undertaken a look back at cases to understand whether harm had occurred due to long waits, and also a prospective review of waiting lists to identify where harm might occur in the future.
- That outpatient waiting lists - those patients with appointment dates and those that did not yet have dates for an appointment have been reviewed.
- A non-clinical validation process had taken place which had reduced the number of patients waiting
- A clinical validation of the remaining cases was now required (c23,000 patients)

- The trust was undertaking clinical validation on patients waiting more than 104 weeks.

Whilst the committee was assured that mitigating actions and processes were in place to reduce harm for known risks it recognised that whilst some specialities such as Ophthalmology were good at reporting incidents on the Trust's Datix system other specialities processes were not so robust which means the committee was unable to quantify the level of harm occurring. As a consequence it was agreed that these concerns would be escalated to the board.

The Committee received and noted the Harm Review Update.

#### **10 Proposal for Patient Safety Culture Survey (BAF objective 4)**

The Committee received the proposal for a Patient Safety Culture Survey and agreed it was agreed this was something that needed to be undertaken and approved its adoption following review by the board.

#### **11 Committee Annual Report (BAF objective 9)**

The Committee received and approved the Annual Report.

#### **12 Quality Improvement Group (QIG) (BAF objective 4)**

The Committee received the QIG Report and noted the work of the group over the last 2 months, in particular the focus on the clinical effectiveness agenda; backlog of NICE guidance; clinical audits; and support for teams to complete audits.

#### **13 Serious Adverse Events Sub-Group (SAESG) (BAF Objective 4)**

The Committee received the report of the SAESG and noted the work that had taken place over the last two months and incidents the Group had reviewed. In particular it was assured to note that a self-reflective approach was being taken to review the context in which incidents had occurred to understand how human factors, pressure of demand and so on could have had an impact on incidents. It was also noted that work would be undertaken to support staff to be engaged and take learning from the process.

The Committee received and noted the Serious Adverse Events Sub-Group Report.

#### **14 Covid-19 Public Enquiry Steering Group (BAF objective 9, 11)**

The committee received an update on the work of the Group and noted the appointment of administration support was taking place to support the establishment of systems and processes to collate and store data, especially for those members of staff who were leaving the Trust.

The Committee received and noted the Covid-19 Public Enquiry Steering Group Report.



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

**1. Board Assurance Framework (BAF) and Corporate Risk Register (CRR)**

The committee agreed that Objective 4 would be amended in the following areas

- the risk in terms of partnership working be updated to reflect the risk of system partners failing to collaborate on the delivery of clinical services
- broadening the risk in respect of staff turnover to include retirements, retention etc
- include current gap in controls around the ICS workforce development plan and the impact on the trust
- the risk scores be reviewed as the committee were not assured that the target risk (16) and current risk (20) were representative of the current position

**2. Harm review process**

The committee were not able to get full assurance that patients were not coming to harm whilst waiting on a long waiting list and ask the board to note partial assurance and the need to reflect the committees concerns within the BAF.



## Report of Charitable Funds Committee Chair to TSDFT Board of Directors

<b>Meeting date:</b>	15 <sup>th</sup> June 2022
<b>Report by + date:</b>	Jacqui Lyttle, Committee Chair 22 <sup>nd</sup> June 2022
<b>This report is for:</b>	Information <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
<b>Public or Private</b>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

### Key issues to highlight to the Board:

#### 1. Investment manager report

The committee received a very comprehensive report and presentation from Investec our investment Manager (IM). It noted that because of a depression in the world economy and the war in Ukraine

- Our investment portfolio had fallen by -7.1% over the past 6 months against our benchmark of -4.1% but was assured by the IM that we were in line with our peer group.
- The committee were assured that our asset holdings of quality short duration bonds had helped limit our exposure to further falls. Our fall in value -2.6 % versus our benchmark of - 12.5% It was also assured that our other assets had been protected from further losses by the tactical management of our funds.
- The committee were assured that in the longer term our current asset allocation was balanced, and low risk and no changes were required to its distribution.

#### 2. Fundraising strategy update

The committee were pleased to receive a detailed report and noted in particular

- Recruitment of fundraising and partnership manager who will lead the development and delivery of our fundraising strategy
- Establishment of Charitable Funds Operational Working Group which will ensure that funds are raised in line with the trust's priorities

#### 3. Charitable funds annual report

The committee were pleased to receive the first draft of an magazine style report detailing the trusts fundraising activity. It is intended that the report will be distributed broadly via:

- ICON
- Governors' newsletters
- Members updates
- Healthy Futures Newsletter
- Social media channels

#### 4. Central funds and funding requests

The committee received a comprehensive report and:

- Noted that there was an over commitment on central funds of 79K due to investment losses over the last quarter but was assured considering the IM's report that this will balance out in the long term to a neutral position.
- were advised that despite progress in a utilising accumulated legacy balances work pressures within relevant departments and estates was holding back progress.
- noted in particular 3 funds that had balances of more than 250k which accounted for more than 50% of the legacy fund balances were unable to be utilised due to pressures on the estates team.
- noted that the trust was looking to access a further 30K grant from NHS Charities together

#### 5. Review of terms of reference

The committee received an amended terms of reference which proposed that the Director of Operation Finance replaces the Chief Finance Office as a member of the committee. The committee approved the amended terms of reference

#### 6. COVID- 19 appeal and NHS Charities together funding

The committee received a detailed update on the work undertaken since the last meeting, which covered fundraising activity and use of the COVID funds. The committee was assured that the funds were being managed in line with other funds and that front line staff were continuing to benefit from the appeals activities.

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

##### The committee

1. Noted the Investment managers report.
2. Asked the CEO (who was present at the meeting) to take the matter of legacy fund projects being supported by estate forward on its behalf.
3. **The committee asks the board to approve its amended terms of reference**

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

<b>Meeting date:</b>	15 <sup>th</sup> June 2022
<b>Report by:</b>	Chris Balch
<b>This report is for:</b>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
<b>Public or Private:</b>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>
<b>Key issues to highlight to the Board (June 2022):</b>	
<p><b>20</b></p> <ol style="list-style-type: none"> <li>1. The focus of the June Committee was to receive the updated Digital Outline Business Case. Good progress has been made in progressing this with changes made to reflect comments received as part of the regional/national assessment process. There has been minor delay in the planned approval date as a result in changes in how business cases are being handled nationally. This is now expected to be the 6<sup>th</sup> July 2022.</li> <li>2. Good progress is being made in developing the case for an EPR to cover the whole of the peninsula. While a preferred procurement route via RCHT has been established further progress remains subject to securing the necessary funding. If this is successful it is likely to require further changes to the Outline Business Case. The Trust therefore retains the option of pursuing its own procurement route, subject to the necessary approvals and funding being resolved.</li> <li>3. The Committee were updated on work being undertaken to review the assessment of programme risks. The latest changes to the BAF in relation to Objective 11 were noted.</li> <li>4. The Committee received the latest finance report which confirmed that progress remains curtailed because of the inadequacy of seed funding allocated to the Trust. Bids for additional funds will be pursued when the opportunity arises.</li> <li>5. The Committee was updated on the latest briefing meeting for Cohort 4 NHP sites held on the 25<sup>th</sup> May 2022. This indicated a possible shift in approach towards ensuring that infrastructure investment delivers operational and financial efficiency. In this respect the revised SOC which it is planned to submit in the next few months will need to demonstrate the proposals offer an 'optimal' solution. It appears likely that given the extent/cost of site enabling works required on the Torbay site, a streamlined route to business case approval will not be available to the Trust with possible implications for timescales.</li> </ol>	
1) To note the above	



<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Finance Performance and Digital Committee Terms of Reference			<b>Meeting date:</b> 29 June 2022	
<b>Report appendix</b>	Appendix 1: Terms of Reference			
<b>Report sponsor</b>	Interim Director of Corporate Governance and Trust Secretary			
<b>Report author</b>	Corporate Governance Manager			
<b>Report provenance</b>	Finance, Performance and Digital Committee, 23 May 2022			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The Committee Terms of Reference are reviewed on an annual basis and are presented to the Board for consideration. They have previously been considered and approved by the Finance, Performance and Digital Committee at its meeting on 23 May 2022.</p> <p>The Terms of Reference have been updated to ensure they reflect current nomenclature and to remove reference to delegated levels in monetary terms and to direct the reader to the Trust's Standing Orders.</p> <p>It is recognised that the Terms of Reference will require further updates once the current review of the Trust's structure is complete so that they accurately reflect the reporting groups that will be in place.</p>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input type="checkbox"/>	<b>To approve</b> <input checked="" type="checkbox"/>	
<b>Recommendation</b>	The Board of Directors is asked to approve the revised Terms of Reference.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>		<b>Valuing our workforce</b>	
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>		<b>Risk score</b>	
	<b>Risk Register</b>		<b>Risk score</b>	

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



FINANCE, PERFORMANCE AND DIGITAL COMMITTEE

TERMS OF REFERENCE

Version:	<del>3</del> 2.0
Approved by:	Finance, Performance and Digital Committee
Date approved:	<del>28</del> 39 <del>May</del> rch 202 <del>2</del> 1
Approved by:	Board of Directors
Date approved:	<del>29</del> 8 <del>June</del> April 202 <del>2</del> 1
Date issued:	<del>xxx</del> 28 <del>April</del> 202 <del>2</del> 1
Review date:	<del>May</del> rch 202 <del>3</del> 2

**FINANCE, PERFORMANCE AND DIGITAL COMMITTEE  
TERMS OF REFERENCE****1. Constitution**

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

**2. Authority**

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

**3. Purpose**

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

### 3.2 The objectives of the committee are:

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

## 4. Powers

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

## 5. Duties and responsibilities

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

## 5.2 The duties and responsibilities shall be:

### 5.21 Finance and Financial Performance

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

### 5.22 Performance Delivery and Assurance

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

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

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

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

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

### 5.25 **Commercial Development**

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

### 5.26 **Governance**

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

## 6. Membership and Attendance

6.1 Core membership shall be made up of the following:

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

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

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

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

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

## 7. Chair

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

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

## 8. Meeting Administration

8.1 The Committee shall be supported by the Director of Corporate Governance and Trust Secretary ~~Company Secretary~~, or their nominee, whose duties in this respect will include:

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

## **9. Quorum**

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

## **10. Frequency of Meetings**

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

## **11. Meetings**

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

## **12. Reporting**

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

## **13. Conduct of Meetings**

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

## **14. Review**

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

## 15. Monitoring Effectiveness

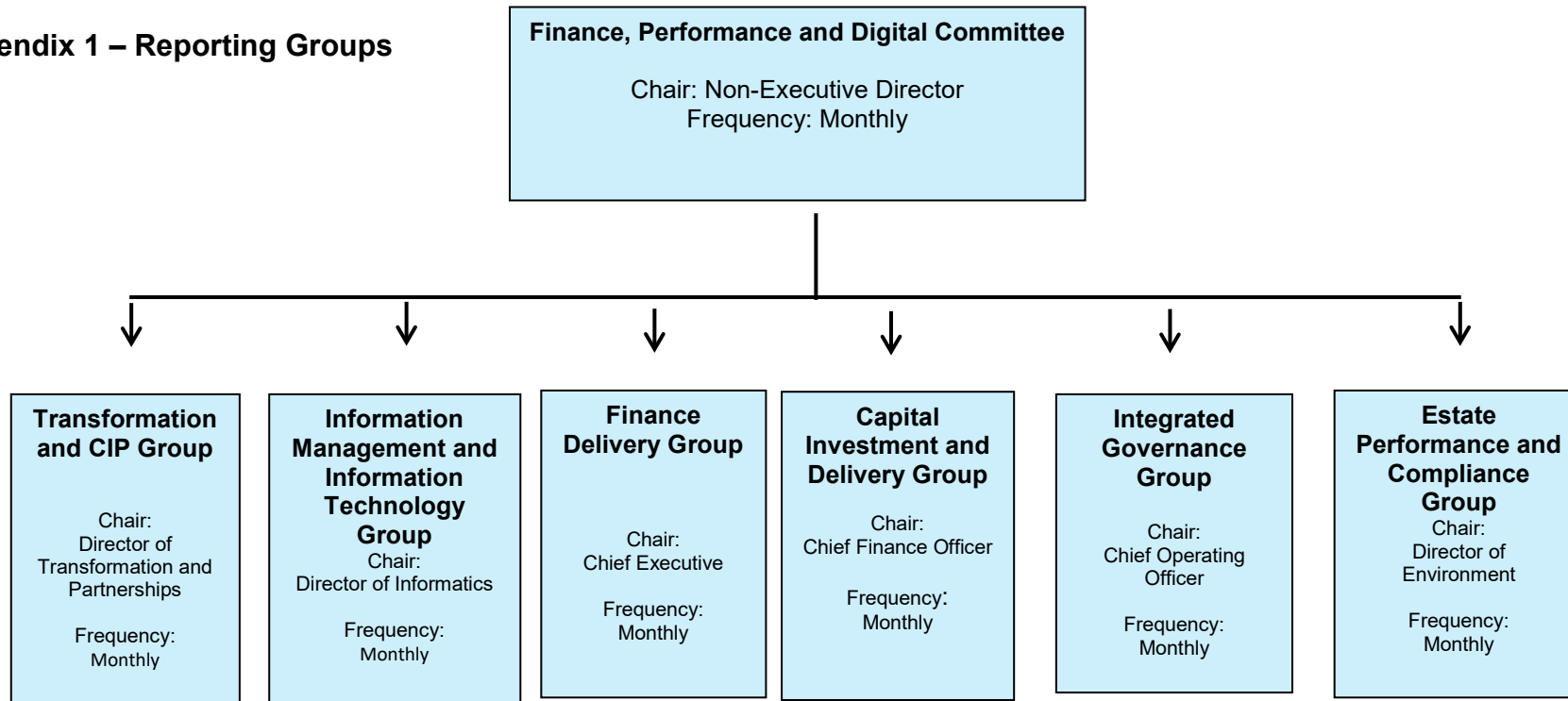
15.1 In order that the Committee can be assured that it is operating at maximum effectiveness in discharging its responsibilities as set out in these terms of reference and, if necessary, to recommend any changes to the Board, the Chair will, once a year, lead an effectiveness review of the Committee.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

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





## Appendix 1 – Reporting Groups



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

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



<b>Report to Board of Directors</b>			
<b>Report title:</b> Charitable Funds Committee Terms of Reference		Meeting date: 29 June 2022	
<b>Report appendix</b>	Appendix 1: Charitable Funds Committee		
<b>Report sponsor</b>	Interim Director of Governance and Trust Secretary		
<b>Report author</b>	Corporate Governance Manager		
<b>Report provenance</b>	Nil		
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The Charitable Funds Committee Terms of Reference have been reviewed by the Committee with the following amendments recommended for approval by the Board of Directors:</p> <ul style="list-style-type: none"> <li>• The Director of Operational Finance to replace the Chief Finance Officer as a member of the Committee.</li> <li>• The wording of the quorum amended to state the quorum will need to comprise one Executive level ‘member’ rather than ‘director’ as there will now only be one Executive Director as a member of the committee (Medical Director). This will ensure that in the absence of the Medical Director the Committee will still be quorate with the presence of the Director of Operational Finance (or deputies).</li> <li>• The establishment of a Charitable Funds Fundraising Working Group reporting to the Committee being reflected in the appendix to the Terms of Reference. The Group will support and take forward the Trust’s fundraising strategy.</li> </ul>		
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input type="checkbox"/>	<b>To approve</b> <input checked="" type="checkbox"/>
<b>Recommendation</b>	The Board is asked to approve the updated Charitable Funds Committee Terms of Reference.		
<b>Summary of key elements</b>			
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>		<b>Valuing our workforce</b>
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b> X

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



## CHARITABLE FUNDS COMMITTEE

### TERMS OF REFERENCE

Version:	2.1
Approved by:	Charitable Funds Committee
Date approved:	<del>15 June 2023</del> <del>16 March 2021</del>
Approved by:	Board of Directors
Date approved:	<del>29 June 2022</del> <del>27 April 2022</del>
Date issued:	<del>29 June 2022</del> <del>27 April 2022</del>
Review date:	<del>June</del> <del>March</del> 2023

## **TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST**

### **CHARITABLE FUNDS COMMITTEE TERMS OF REFERENCE**

#### **1. Constitution**

- 1.1 The Torbay and South Devon NHS Charitable Fund ('the charity') is registered with the Charity Commission (no. 1052232).
- 1.2 Torbay and South Devon NHS Foundation Trust is public benefit organisation. As a corporation, the Trust is appointed to act as the Corporate Trustee of the charity. The Trust has a Board of Directors which exercises the powers of the Trust on its behalf except where any of these powers have been delegated by the Board. The Board of Directors fulfils the purpose of the Corporate Trustee on behalf of the Trust and is the sole Trustee of the charity.
- 1.3 The Charitable Funds Committee ('the Committee') is accountable to the Corporate Trustee for its performance and effectiveness in accordance with these terms of reference.
- 1.4 The Charitable Funds Committee ('the Committee') is constituted as a Standing Committee of the Trust Board ('Board'). Its constitution and terms of reference are subject to amendment by the Board.
- 1.5 The Committee has delegated responsibility for the day to day management of charitable funds on behalf of the Corporate Trustee. Overall liability for the governance of charitable funds is retained by the Trustee and no liability will be attributed to members of the Committee.
- 1.6 The Committee will adhere to, and be cognisant of the Trust values at all times.

#### **2. Authority**

- 2.1 The Committee is authorised by the Corporate Trustee to:
  - Govern, manage and regulate the finances, accounts, investments, assets, business and all affairs whatsoever of the charity
  - Approve the charity's strategy including financial strategy
  - Approve annual plan and expenditure priorities for funds



- Approve major expenditure proposals having a value of over £50,000 and where thought necessary, proposals with a lower value
- Approve the charity's Annual Report and Accounts
- Appoint Fund Managers
- Appoint investment advisers and review every three years
- Approve the charity's fundraising plans

### **3. Purpose**

- 3.1 On behalf of the Corporate Trustee, the purpose of the Committee is to manage the routine affairs of the charity, in accordance with the Scheme of Delegation.
- 3.2 The Committee will assure the Corporate Trustee that the Trust's charitable activities are within the law and regulations set by the Charity Commission for England and Wales. It does not remove from the Trustee the overall responsibility for stewardship of the Committee but provides a forum for a more detailed consideration of all charitable activity within the Trust.
- 3.3 The Committee will ensure that funds are spent in accordance with any legally-binding constraints over the use of funds and take due account of any non-binding wishes expressed by donors.
- 3.4 The Committee will oversee and review the strategic and operational management of the charity.
- 3.5 The Committee will ensure co-operation with the external auditors in the regulation of charitable funds.

### **4. Powers**

- 4.1 The Committee is authorised by the Corporate Trustee to investigate any activity within its terms of reference.
- 4.2 The Committee is accountable to the Corporate Trustee and any changes to these terms of reference must be approved by the Corporate Trustee.
- 4.3 The Committee is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 4.4 The Committee is authorised by the Corporate Trustee to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.
- 4.5 The Committee is authorised by the Corporate Trustee to obtain outside legal or other specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board.

- 4.6 In cases where a decision on any investment proposal is viewed as urgent, the Committee have delegated the power to authorise such changes to any two of the following members of the Committee: Chief Finance Officer, Committee Chair or Non-Executive Director. In exceptional circumstances, and in the absence of the Chief Finance Officer, the Deputy Director of Finance may act as an authorised person. Any such decisions must be reported to the next meeting of the charity.

## 5 Duties and Responsibilities

5.4 The Committee is required to:-

- 5.4.1 Govern, manage and regulate the finances, accounts, investments, assets, business and all affairs whatsoever of the charity.
- 5.4.2 Ensure that systems are in place to provide appropriate and effective financial control and compliance with legal and regulatory requirements including due consideration of donor's wishes and reputational risks.
- 5.4.3 Review and approve annual expenditure priorities for funds, and the charity's annual plan and ensure compliance with agreed priorities and monitor performance against plan.
- 5.4.4 Consider and approve charitable expenditure proposals with a value over £50,000 and where thought necessary, proposals with a lower value.
- 5.4.5 Encourage the use of funds for the benefit of patient welfare.
- 5.4.6 Consider the report from the charity's auditor and consider and approve the charity Annual Report and Accounts
- 5.4.7 Review and approve the charity's investment policy. Appoint and monitor performance of the charity's investment managers, and review their performance every three years.
- 5.4.8 Determine and approve the strategy of the charity and monitor performance against it.
- 5.4.9 Appoint Fund Managers.
- 5.4.10 Review and approve fundraising plans and monitor performance ensuring compliance with fundraising regulatory requirements.
- 5.4.11 Further to 5.4.3 above, approval for individual purchases should be obtained from:

Up to £5,000	Fund Holder
£5,0001 to £20,000	Chief Finance Officer
£20,000 to £50,000	Chief Executive
Over £50,000	Charitable Funds Committee

The authorisers detailed above may also, in circumstances where thought necessary, authorise expenditure with a value below their specified range.

## 6 Membership

- 6.1 The Committee shall consist of the following members:
- Non-Executive Director (Committee Chair)
  - Non-Executive Director
  - Medical Director
  - Director of Operational Finance~~Chief Finance Officer~~
- 6.2 One of the Non-Executive Directors shall act as Committee Chair. In their absence, the other Non-Executive Director shall be nominated and appointed as acting Chair for the meeting.
- 6.3 The following shall be required to attend all meetings of the Committee:
- Senior Finance Manager – Corporate Services
- 6.4 The following shall be invited to attend all meetings of the Committee:
- Governor observer (see 6.5 for appointment process)
- 6.5 The process for selecting the Governor observer is a matter for the Chair of the Council of Governors and Governors. In the event that the nominated Governor observer is unable to attend a meeting, the Committee Chair will allow a substitute Governor to attend.
- 6.6 Other members/attendees may be co-opted or requested to attend as considered appropriate.

## 7 Attendance

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

## 8. Quorum

- 8.1 The quorum necessary for the transaction of business shall be 3 members, comprising two Non-Executive Directors (of which one must be the named NED) and one Executive level member~~Director~~.
- 8.2 A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.
- 8.3 Deputies will count towards the quorum.

## **9. Administration**

9.1 The Committee shall be supported by the Corporate Governance Manager or their nominee, whose duties in this respect will include:

- In consultation with the Committee Chair and Chief Finance Officer develop and maintain the reporting schedule to the Committee.
- Collation of papers and drafting of the agenda for agreement by the Chair of the Committee.
- Taking the minutes and keeping a record of matters arising and issues to be carried forward.
- Advising the group of scheduled agenda items.
- Agreeing the action schedule with the Chair and ensuring circulation.
- Maintaining a record of attendance.

## **10. Meetings**

10.1 Meetings will be held on the following basis:

- Meetings will be held bi-annually or more often if called by the Chair.
- Meeting duration will be no longer than 2 hours.
- Items for the agenda should be sent to the Corporate Governance Manager a minimum of 7 days prior to the meeting. Urgent items may be raised under 'any other business'.
- The agenda will be issued by email to the Committee members and attendees, one week prior to the meeting date, together with the action schedule and other associated papers.
- An action schedule will be circulated to members following each meeting and must be duly completed and returned to the Corporate Governance Manager for circulation with the following meeting's agenda and associated papers.

## **11. Reporting**

11.1 The Committee will provide a report to the Corporate Trustee in support of its work on promoting good management and assurance processes. The report shall include matters requiring escalation and key risks (as applicable).

11.2 The Committee will receive reports as per the meeting work plan.

## **12. Review**

12.1 As part of the Trust's annual committee effectiveness review process, the Committee shall review its collective performance.

12.2 The Committee's Terms of Reference shall be reviewed on an annual basis and approved by the Corporate Trustee.

### **13. Monitoring effectiveness**

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

- The objectives set out in section 3 were fulfilled; and
- An annual self-assessment on the effectiveness of the Committee is undertaken.

**Groups reporting to the Charitable Funds Committee**

Charitable Funds Fundraising Working Group

<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Chief Operating Officer's Report June 2022		<b>Meeting date:</b> 29 June 2022		
<b>Report sponsor</b>	Chief Operating Officer			
<b>Report author</b>	System Directors			
<b>Report provenance</b>	The report reflects updates from management leads across the Trusts Integrated Service Units (ISUs) and Children and Family Health Devon (CFHD)			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The 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 urgent work required to support safely reducing length of stay.</p> <p>The report explains the key activities, risks and operational responses to support delivery of services through this phase of the recovery and restoration planning including delivery of high priority cancer, diagnostics and elective services.</p>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board is asked to receive and note the Chief Operating Officer's Report.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	20
	<b>Risk Register</b>		<b>Risk score</b>	
BAF Objective – 2 To deliver levels of performance that are in line with our plans and national standards to ensure provision of safe, quality care and best experience				

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



<b>Report title:</b> Chief Operating Officer's Report		<b>Meeting date:</b> 29 June 2022
<b>Report sponsor</b>	Chief Operating Officer (COO)	
<b>Report author</b>	System Directors	

## 1. Purpose

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

## 2. Introduction

Progress continues in the recovery and restoration delivery plans. The hospital has experienced an increase in urgent and emergency presentations in line with pre-pandemic levels. As described last month capacity remains challenged across a number of clinical areas with ongoing work to substantiate workforce in the agreed areas and attention is focused towards reducing our length of stay.

## 3. System Recovery and Capacity response plan

On 8<sup>th</sup> June Joan Williams ward (escalation) was handed over to the estates team for essential maintenance and upgrades prior to the return of the chemotherapy service to its substantive location Ricky Grant Day Unit (Joan Williams).

Following the Bank Holiday, the number of patients in the acute Trust over 7 days peaked at over 200, although returning closer to the baseline levels of 120 -130 these numbers are still impacting on flow and capacity. Overall length of stay has increased by 2 days from pre-Covid. There have been strenuous efforts to build discharge momentum and good patient flow including a forensic review of complex discharge patients. Good progress has been made with residential reablement and long-term care home capacity (pathways 2 and 3), however there remain significant challenges with domiciliary care (pathway 1) capacity. There has been a collaborative approach with domiciliary providers and the local authorities reviewing capacity and providing support to prevent / minimise hand backs of care. As part of the improvement plans a therapist has been dedicated to review all patients on pathway 1 with the Multi-Disciplinary Team (MDT) to ensure safe and effective use of support and engage with community and voluntary sector alternatives. Another significant area of challenge are pathway 0 patients, alongside our ICS colleagues we are completing a pathway 0 audit to greater understand the issues to feed in to a recovery plan at both organisation level and system level. Plans to reinstate the short stay medical ward are also being progressed at pace.

The quality, safety and experience of supporting patients to return to their place of residence has been highlighted and alongside the delays requiring the instigation of a clinically led summit to focus on getting our patients home safely and in a timely fashion. We are working closely with colleagues across the ICS to learn together and make improvements across Devon. This work will be led and supported by the System Care Group Director for Families Community and Home and Associate Directors (ADs), alongside professional leadership from the trust wide Associate Director of Nursing and Professional Practice (ADNPP).

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

### **4.1 Transformation CFHD**

The formal staff consultation relating to the long-planned transformation work has been undertaken over a seven-week period between up to the 27<sup>th</sup> May. There was a high degree of staff engagement throughout and over 1000 items of feedback have been received. These range from questions, single issue comments to lengthy documents making counter-proposals. The feedback has been organised into themes and the leadership team is in the process of reviewing all feedback and formulating responses. As previously stated, implementation of the new service model will be dependent on the interoperability issues which arise from a two provider / employer organisation service model, being addressed.

In the context of the prolonged uncertainty and job insecurity that staff have faced over a period of four years, there is a continued emphasis on staff wellbeing, staff retention and communications with staff so they are updated on the progress of the programme. Staff are anxious to have clarity with regard to their job roles, and teams etc. We plan to undertake a recruitment campaign for staff to apply for vacancies as many have expressed an interest in taking up career progression opportunities or posts in different parts of CFHD.

### **4.2 SEND inspection re-visit in Devon**

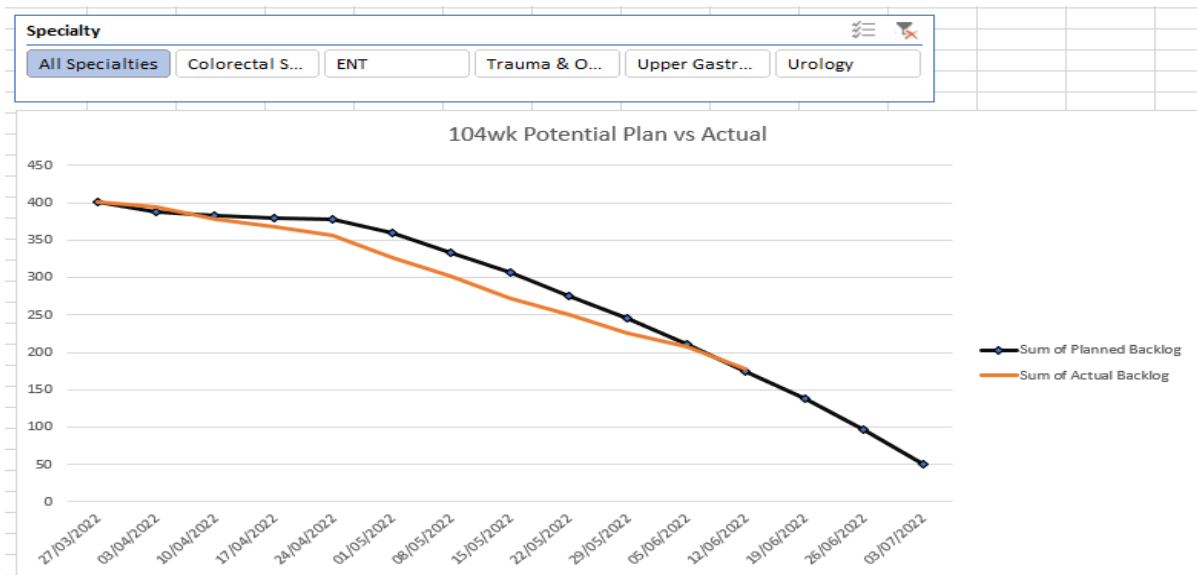
CQC and Ofsted inspectors revisited Devon between 23<sup>rd</sup> and 25<sup>th</sup> May to assess the progress made against the four areas of the Written Statement of Action, which had been developed following the SEND inspection in 2018. Inspectors' findings are embargoed at present until the formal letter has been received by the CCG and LA.

## **5.0 Planned Care, Long term conditions and diagnostics**

### **5.1 Coastal ISU – Elective Care**

The return to pre-Covid activity levels continues to gather pace. The Trust delivered 4,000 more elective events in May than was delivered in April. We are currently recording activities in our Inpatient and Day Surgery Unit facilities at pre-Covid levels. This is very significant given the focus on the recovery of our long wait elective and Cancer waiting lists.

Our 104-week position remains on track against our plan submitted in March 2022



Despite being on track presently our predicted position for June 30<sup>th</sup> is that 100 patients will be recorded as >104-week waiters. This is 49 above our original plan, however within the 100 patients are 55 who have exercised their right to delay surgery beyond June 2022. Capacity was available to treat the large majority of these simpler cases in June meaning we would have met or possibly bettered the predicted position of 51.

Attentions now turns to July and the rest of Q2 when we will see further 104-week pressures coming through our Patient Target Lists (PTL's). These pressures are already being reduced by booking as many of these patients as possible into our June and July theatre sessions.

The Trust has recently submitted plans to reduce the number of patients waiting 78 weeks or more. Modelling suggests we will record 215 non-admitted and 90 admitted breaches in ENT, General Surgery and Orthopaedics on 31<sup>st</sup> March 2023. Every opportunity to mitigate this position will be pursued in the coming months.

Plans to establish a mobile endoscopy facility have moved forward, delivery is planned for late July followed by 6 weeks of enabling activities. This is a very positive step forward for our endoscopy service and will make a material contribution to our Cancer recovery plans.

Opportunities to improve efficiency and effectiveness have been identified within the Trusts elective transformation programs, these activities are being supported by Deloitte. The South West region has also procured the services of 4 Eyes Insight to support the development of further opportunities within our Surgical and Theatre services, this work is in the process of being commissioned by Torbay's elective leadership team and will start in July.

## Paignton and Brixham ISU: – Cancer and Diagnostics Update

### 5.2 Cancer Performance

May's performance against the 62-day cancer standard was 62% (85% target) – an improvement on April's performance (59%).

The Trust's challenged 62-day cancer performance triggered a meeting with regional leads for Elective and Cancer performance in June. The meeting was an opportunity to demonstrate our strong understanding of the key risks and issues we are facing, as well as the remedial actions we have underway. Urology, Skin and Lower GI have been the main contributors to this position. In the last 6 weeks Dermatology waiting times for first appointments have been improved which has also recovered their 62-day waiting time position.

71% of urological cancers are prostate tumours and we continue to have extended waiting times for prostate template biopsies. This position is improving, as additional sessions and insourcing – supported by the reopening of Day Surgery – are reducing the backlog of patients waiting. There are now 19 undated 2WW biopsies compared to a 67 in May. To sustainably maintain this position additional estates work is being finalised to finish a specialist procedure room in Paignton to complete the offering of the new Urology Investigation Unit (UIU). Staffing is also a significant factor in recovery, consultant and nursing vacancies are present, but out to advert, as well as continued partnership working with RDUH.

Colorectal is heavily reliant on diagnostic colonoscopy procedures and the recovery of their position is focused on the reduction of the current 30 day wait. From July there is a mobile endoscopy unit arriving at Torbay, this will be commissioned and fully operational by September. This mobile unit allows building work to commence in January to construct 2 new endoscopy rooms (1 will replace an existing older room and 1 is additional) – this will give us 4 permanent rooms by Q2 2023/24. There has been extensive modelling, supported by the CCG and Clinical Leads, to demonstrate the backlog clearance (both 2WW and routine) by January 2023.

For the 28-day faster diagnosis standard performance is presently 69% in May (75% target). Only three tumour sites failed this metric; Urology, Colorectal and Gynaecology. The narrative above describes the key factors in the former two. For Gynaecology a solitary capacity issue in hysteroscopy is the cause – new equipment has now been purchased and completion of Estate's work is required to bring this into use.

May's 31-day first treatment metric is also forecast below target at 91%, with the majority of breaches in Colorectal, however 8 of the 10 breaches were less than 2 weeks over target which demonstrates the slim margins needed to see improvement in delivery of the standard. The capacity constraint was a result of limitations in theatre capacity alongside staffing. Often the same clinicians required to conduct the diagnostic elements of the cancer pathways also operate in theatre.

Currently the Trust has 307 patients over 62-days, 14% of our total number of open cancer pathways, the aim is to reduce this to 6.2% (115) by March 2023. With extensive clearance of diagnostic backlogs planned for Colorectal and Urology in coming months, it is forecast that the cancer performance position will deteriorate slightly as these longest waiting patients are treated.

### **5.3 Diagnostics**

CT waiting times have remained level for May (v April), however there is strong likelihood that this position will deteriorate going forwards due to reduced levels of mobile capacity for CT.

MR waiting times have also remained level and should improve in coming weeks as there is increased mobile capacity (at the expense of CT).

Torbay and South Devon Foundation Trust (TSDFT) are now in a position to book CT and MR contrast studies at the Nightingale hospital in Exeter which will allowed increased activity, though this will still be variable around availability of appropriately trained support staff.

In CT, the current time service levels are being maintained by significant levels of agency cover which will need to remain at a similar level until recruitment to posts is successful. 1 whole time equivalent (WTE) experienced CT radiographer commences in July and there are interviews due in coming weeks. The team are continuing 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.

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 is being compounded by impact of staff sickness and maternity leave resulting in an increased number of patients waiting.

## **6.0 Newton Abbot ISU: - Urgent & Emergency Care**

May's attendances for urgent and emergency care at the Acute hospital were in line with pre-pandemic levels. Reduced patient flow from urgent care settings to wards and home continues to have an effect on patients waiting to be seen and treated, ambulances continue to have delays in handing over. Ambulance arrivals have steadily increased from an average of 59 in April 2022 to 66 in May 2022, capacity in other healthcare settings is influencing the public's choice to attend the Urgent Treatment Centre or the Emergency Department for their health needs. In conjunction with the Deputy Medical Director, our Commissioners and primary care representatives' plans are in development to increase capacity across the summer for minor injury support across **2 localities**.

## **7.0 Families Community and Home**

### **7.1 Torbay SEND**

Confirmation has been received by Torbay Council that the Written Statement of Action (WSOA) submitted in April was approved by Ofsted and is now published and available at [www.torbay.gov.uk/send-report](http://www.torbay.gov.uk/send-report)

The SEND Strategic Partnership are progressing the implementation of the plan, using revised governance arrangements to drive and support the ambitions within the WSOA.

## **7.2 Child Health /Paediatrics**

In June we are holding a day for child health colleagues, partners and families and carers to come together and share ideas and visions for what the service should look like for children in 10 years' time, this will help us develop out longer-term strategy for paediatrics and child health and support the Building a Brighter Future programme.

We are planning a transitional care model to support babies and families to establish feeding and bonding in the early years and avoid admission to Special Care Baby Unit (SCBU) where possible. Transitional care keeps the family together. We are aiming to have this in place by September with an outreach service to follow in April 2023. The outreach service will mean that some babies and families that would have traditionally required a stay in SCBU can go home, or go home earlier with additional support at home from the Health Visiting Team. This should also help avoid readmissions.

Simulation training for supporting adolescent mental health is being arranged for staff after we won a bid for £15,000.

We were successful in winning a number of PAFTA's (Paediatric Awards for Trainee Achievements): Allied Health Professional of the year – Beth Young Physician Associate; Senior hero and first recipient of the Kate Westwood Memorial Award – Jemma Baker; Nursing role model – Debbie Bourne; Team of the year – Louisa Cary shared the award with four other teams.

Torbay Children's Services recent Ofsted Inspection received a 'Good' rating. There was positive feedback from inspectors for partner agency support in Multi-Agency Safeguarding Hub (MASH) and health agency support provided by Safeguarding Children Nurse Practitioners from TSDFT Safeguarding Children Team.

## **7.3 Children's Torbay 0-19 Service**

The School & Public Health Nurses Association (SAPHNA) vision for the School Nursing service, sets out the rationale behind why their vision is required and recommends how this can be achieved.

Their vision is for School Nursing to be a vital partner within an integrated system; to maximise the potential of every child and young person and to reduce the health consequences of poverty and inequalities that arise in childhood and that can continue through adolescence and into adulthood. To work in partnership with children and young people to co-produce and deliver first class services that are responsive to their needs. To focus on the prevention of ill health, protection against risk and disease and promotion of healthy behaviours so our children and young people can be the healthiest in the world and we build a healthy and prosperous future population.

Locally the 0-19 service is redefining the service to include:

- Resources packs for schools and community settings
- School nurse joining the 0-19 advice line team on Thursdays to ensure that appropriate referrals get through to the Universal team. This is for Schools, GP's or Parents – using the Stop, Talk, Refer process.
- Introducing a termly school nurse newsletter for parents of school age children

- Awareness sessions on key health topics for schools and community groups
- Weekly drop-in sessions for young people
- Offering a personalised response by contacting parents / young people approx. 6 weeks after an episode of care is completed to reduced risk of being referred
- Changes to the school entry screening process to improve take up.

## 7.4 Maternity

### Going Live – SystemOne

Go Live occurred 3<sup>rd</sup> May 2022. TPP (Parent company) and TSDFT SystemOne project team were present in clinical areas to assist staff over the first 2 weeks of implementation. The introduction of a MS teams' channel specifically for all staff to gain advice/ guidance on issues was very helpful. This includes training videos by staff on topics to help with confidence this has been well received.

### Clinical Negligence Scheme for Trusts (CNST):

Year 4 of the CNST maternity incentive scheme to support the delivery of safer maternity care was relaunched 6<sup>th</sup> May 2022. New time scales – Trusts must submit the completed Board declaration form to NHS resolution by noon 5<sup>th</sup> January 2023. The extension in deadline for achieving compliance will enable continued improvement activity against the CO monitoring standard.

### Recruitment and Retention:

Recruitment strategies are having a positive effect on the vacancy position within maternity services. The prediction is that all current vacancies will be recruited into by end of 2022. Additional national funding bid successful (50K) to support the retention workstreams.

## 7.5 Torbay Drug & Alcohol Service

Following the successful contract award for lot 2 of the Multi complex needs tender, the early stages of mobilisation have commenced.

An Alliance contract has been issued to the Trust and the first Alliance Leadership Team (ALT) has had an initial meeting, with initial planning on the Alliance vision, principles, culture setting and relationships being considered collaboratively with the Alliance being chaired by an independent chair Keith Perkin.

## 7.6 Community Dentistry

The Community Dental contract between NHS England and NHS Improvement and the Trust has recently been extended for a further year to March 31<sup>st</sup> 2024, this news has been welcomed by the Service.

## 7.7 Sexual Health Services

The service has been working closely with IPC colleagues with regards the Monkey Pox outbreak ensuring the local team are fully compliant in the event of a local case presenting to the service.

The lead provider Devon Sexual Health services has communicated helpful guidance to the public via its website <https://www.devonsexualhealth.nhs.uk/monkeypox-what-you-need-to-know/>

## **7.8 Torbay System: - Independent Sector**

The Fair Cost of Care work has mobilised, further presentations have been made to the market to demonstrate the modelling tools and how the Trust and Council will support providers. There has been a reasonable response so far for uptake, this is being progressed through the newsletter sent 7<sup>th</sup> June with links to signing up to the toolkit. Analysis of responses will run to ensure there is a fair representation of the market and providers will be contacted where applicable to ensure the balance.

The business case paper for the Paignton Reablement service will be presented at the June Transformation and Performance meeting. This will demonstrate the opportunity to specify a bespoke and skilled service dedicated to reablement and strength-based outcomes for patients in intermediate care. The efficiencies of this service would be expected to deliver better outcomes for people and enable them to return home equipped, reduce the length of stay and, as a result of that, increase capacity and flow from the hospital.

Supported Living tender evaluations are completed with 23 applicants. The timeline has extended by 2 months to enable providers to further expand on the social value question. Extra Care Housing has mobilised well with a new electronic system to manage the administration of prescriptions, this has had teething problems which have been resolved and the system improved

Recruitment and retention remain a key issue for home care providers. We are working through how we can support practically and gain an understanding of where those leaving are moving to in the market. As part of the Fair Cost of Care work we will be looking at how we can improve the position through organised/shared rounds, shift pay and improving the administration of increases/decreases to care needs.

Social Care Charging Reform Care Accounts programme is progressing with Torbay currently as one of two Pathfinder sites, following five Trailblazer Local Authorities who will implement earlier in January 2023, allowing Pathfinders to engage with valuable lessons learned. The Minimum Viable Product technology specification, which will be required by all social care IT systems is being developed between NHS Transformation, Digital and IT Systems Providers to be finalised at the end of June 2022, ready for all social care IT systems to be developed for the statutory changes and allow metering towards the cap on social care costs. NHS Transformation will also be preparing to introduce a technology enhancement workstream to examining how technology products and/or digital solutions can improve efficiencies and manage capacity for Local Authorities. Further work around the data points survey has been undertaken, which seeks to understand the capabilities of Local Authorities to return specific data related to Care Accounts. The process will also bring together a public engagement forum to address questions and answers and to understand how Care Accounts is currently understood by Torbay citizens and to support good communications.



## 8.00 Moor to Sea

Community services continue to be busy with ongoing pressures to respond to discharge pathways leading to growing waiting lists across services. Provider capacity continues to be challenging. GP surgeries have moved to SystmOne but changes made within the system for IG reasons have meant that community teams can no longer access GP records for their patients. Contingency plans have been put in place to mitigate these risks; this includes processes for referrals and prescribing whilst discussions are ongoing to resolve the situation. Despite this a number of pieces of improvement work are ongoing to support efficiency and improved patient experience. The community nursing team experienced the very sad loss of a close colleague and team member and are being supported by their Community Nurse Lead and Community Service Manager.

The development of the Dartmouth Health & Wellbeing Centre continues. The project completion is now likely to be early Autumn (approximately a 2-month delay) with the commissioning of the building taking a further 4-6 weeks. A task and finish group has been started to look at engagement with staff and service users developing the model of care. The Communications Team are working with us to develop our mission statement & set of commitments which we will use – as a multi-agency group – to frame our ongoing development work.

Stroke Services are now at establishment within the Consultant Stroke Physician workforce with the appointment earlier this year of Dr Helen Harris – our new Stroke Physician - who will formally take up her substantive post in September and the return of Dr Biju Bhaskaran from an extended career break both joining Dr John France. This means that for the first time in almost 4 years the stroke service is no longer dependent on locums. However, we are still very challenged on our ability to get our patients direct to the stroke Unit in 4 hours; only 5.6% of stroke patients (2 patients) got to George Earl ward in that critical time frame. This requires a system response and we continue to work with the flow team, ED and the site team to improve this pathway for our patients. The other area of concern in our service is the lack of clinical leadership for our stroke & neuro rehab pathways with our inability to recruit to our Non-medical consultant post. Alternative solutions are being proactively sought.

Healthcare of Older People services continue to support Totnes Hospital whilst we identify and develop the future model of care. Geriatric Medicine training is changing over the next few years with a greater focus on community training placements for our junior doctors. Totnes Hospital has now been accredited as a training site for junior doctors IMT2 and above offering an opportunity moving forward. This does not mean that we will be allocated training doctors for Totnes as that would require a significant on-site senior medical presence but in terms of offering alternative opportunities for our doctors it is a significant step forward.

In-patient therapies remain under significant pressure due to the number of vacancies and ongoing demand to provide additional support over weekends & bank holidays. However, opportunities are being taken as part of the system recover plan to restructure the inpatient team and put in place new rotations across the acute & community which it is believed will bring a greater focus onto healthcare of older people as a specialty & aid recruitment in both the acute & community settings.

## **9.0 Conclusion**

The teams continue to move forward into the summer with a real focus on sustainable delivery. There is optimism in recruiting to the system director posts to lead and support this journey of recovery and delivery in quality, safety and efficiency.

## **10.0 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 25 MAY 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 V Matthews	Non-Executive Director
	Mr R Sutton	Non-Executive Director (Part)
	* Ms L Davenport	Chief Executive (Part)
	Mr D Stacey	Deputy Chief Executive Officer and Chief Finance Officer
	* Mr I Currie	Medical Director
	* Mr J Harrison	Chief Operating Officer
	* Ms A Jones	Director of Transformation and Partnerships
	* Ms D Kelly	Chief Nurse
	* Mrs J Falcao	Chief People Officer
	* Dr J Watson	Health and Care Strategic Director
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 H Hinkle	Director of Services, Magnet4Europe
	* Ms R Spalding	Chief Nursing Officer, Good Samaritan Hospital
	* Mrs S Burns	Freedom to Speak Up Guardian
	* Mrs J Thomas	Lead Governor
	* Mr D Crawley	Governor

\* via Microsoft Teams

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98/05/22 **Welcome and Introductions**

The Chairman welcomed all those in attendance to the meeting.

**Preliminary Matters**

99/05/22 **Apologies for Absence and Quoracy**

The Board noted apologies of absence from Mrs Lyttle, Non-Executive Director. The Chairman explained Mrs Davenport would be sitting on the Interview Panel for the Director of Integrated Adult Social Care, Devon County Council today and therefore would join the Board meeting virtually; with Mr Stacey in attendance from the Boardroom.

The Chairman welcomed Mrs Thomas, newly elected Lead Governor and Mr Cawley, public governor to the Board meeting.

## 100/05/22 **Board Corporate Objectives**

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

## 101/05/22 **Declaration of Interests**

There were no declarations of interest.

## 102/05/22 **Celebrating International Partnerships**

Mrs Kelly welcomed Ms Spalding, Chief Nursing Officer, Good Smartian Hospital, United States and Ms Hinkle, Director of Services, Magnet4Europe. She explained the partnership between the Trust, Magnet4Europe and the Good Samaritan Hospital established circa 2020.

The Board was briefed on Magnet4Europe's work alongside around 60 hospitals across Europe and on how the Magnet4Europe framework of excellence that was recognised internationally had supported:

- the mental health of nurses and midwives;
- improvement of the working environment;
- the nursing voice; and
- shared decision making to ensure best outcomes for patients.

The Chairman acknowledged the pressures the pandemic had placed on all nursing communities; and now the request to recover capacity. He asked how The Good Samaritan Hospital had been managing a similar conflict of priorities. Ms Spalding confirmed that the challenges faced were similar and the United States had similar workforce and recovery issues. She explained the shared learning of experiences had been of great benefit providing solidarity and the opportunity to move forward as a 'global voice'.

Ms Kelly highlighted that the Band 7 Away Day Event at the Imperial Hotel on 24 May 2022 had been well attended despite the hospital work pressures. She counselled it was important that such events go ahead as they helped to attract staff to NHS professions and, the Trust. She confirmed Nursing staff were focused on shared decision making, cultural change and had placed importance on 'self-care'. This had been achievable due to the Board's support of the Nursing establishment review, enabling Band 7 Nurses to retain a professional space and lead.

Mrs Matthews commended the Magnet4Europe's excellence framework for bringing together collaboration and learning and wanted to know if there were opportunities for international talent management. Ms Spalding confirmed the ambition to grow international recruitment.

Ms Spaulding spoke on the alternative models of care such as virtual nursing. Dr Watson explained that the Trust was moving towards the procurement of an Electronic Patient Record and asked Ms Spaulding and Ms Hinkle for their learning from implementation of electronic systems. Ms Spaulding highlighted the benefit of collaboration with the Councils to drive the implementation of the Electronic Patient Record.

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

### **Committee Reports**

103/05/22 **Finance Performance and Digital Committee Chair's Report - 25 April 2022**

**The Board received and noted the Finance Performance and Digital Committee's Chairs Report of 25 April 2022.**

104/05/22 **Quality Assurance Committee Chair's Report - 28 March 2022**

**The Board received and noted the Quality Assurance Committee Chair's Report of 28 March 2022.**

105/05/22 **People Committee Chair's Report - 25 April 2022**

**The Board received and noted the People Committee Chair's Report of 25 April 2022.**

106/05/22 **Audit Committee Chair's Report - 20 April 2022**

**The Board received and noted the Audit Committee Chair's Report of 20 April 2022.**

107/05/22 **Building a Brighter Future Chair's Report - 16 May 2022**

**The Board received and noted the Building a Brighter Future Chair's Report of 16 May 2022.**

108/05/22 **Committee Annual Reports – Quality Assurance Committee, Finance Performance and Digital Committee, People Committee, Audit Committee, and Building a Brighter Future Committee**

**The Board received and noted the following Committee Annual Reports – Quality Assurance Committee, Finance Performance and Digital Committee, People Committee, Audit Committee, and Building a Brighter Future Committee**

### **Reports from Executive Directors**

109/05/22 **Chief Operating Officer's Report - May 2022**

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

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

110/05/22 **Directorate of Transformation and Partnerships Quarterly Report**

The Board received the Directorate of Transformation and Partnerships Quarterly Report, as circulated, from Ms Jones.

**The Board received and noted the Directorate of Transformation and Partnerships Quarterly Report.**

111/05/22 **Estates Performance and Compliance Group Report**

The Board received the Estates, Performance and Compliance Group Report, as circulated, from Mr Stacey.

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

**For Approval**

112/05/22 **Unconfirmed Minutes of the Meeting held on the 27 April 2022 and Outstanding Actions**

The Board approved the minutes of the meeting held on 27 April 2022.

Outstanding actions were noted as complete.

**The Board approved the minutes of the meeting held on 27 April 2022.**

**For Noting**

113/05/22 **Parking Lot of Deferred Items**

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

**Report of the Chairman**

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

- Mrs Jean Thomas had been elected by the Council of Governors as Trust Lead Governor; and following a ballot process Mr Andrew Stilliard had been elected as Deputy Lead Governor. The Chairman thanked Mr John Smith, former Lead Governor and Eileen Engelmann, former Deputy Lead Governor for their tenure.
- Following a stringent recruitment process for the role of Chief People Officer interviews had taken place on 19 May 2022. After much consideration the Trust had decided not to appoint to the substantive post at present. The Interim Chief

People Officer would commence on 7 June 2022 and a second substantive recruitment campaign taking place over the summer.

- The Non-Executive Director short listing process would be undertaken on 26 May 2022.
- Dr Liz Thomas, Deputy Medical Director, Torbay System, was welcomed to the Trust.
- The Good Governance Institute had been supporting the Trust with a number of projects including workshops for the Council of Governors.
- The League of Friends Unmasked Ball was due to take place at the Spanish Barn, Torre Abbey on 2 July 2022.

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

### **115/05/22 Report of the Chief Executive**

Mr Stacey, Deputy Chief Executive, presented the Chief Executive's report, as circulated, highlighting the following key issues:

#### **Operational Pressures**

- There was a falling demand for Covid-19 inpatient services, with Covid-19 inpatients now within the planned 8 bedded annex. This enabled:
  - timely access to other services for patients;
  - a reduction in inpatient length of stay; and
  - the ability to manage the complex patient discharge list more efficiently.
- The Trust's trajectory for the 104 ww position was aligned to the national mandate of zero 104ww list by the end of June, with the Trust seeking mutual aid for 51 patients on the 104ww list.
- The Trust had seen significant pressure this week in Urgent and Emergency Care; and processes were in place to improve the ambulance handover position.

#### **Children's Services**

- Torbay Children's Service had received an OFSTED rating of good across all four areas of the inspection.
- The Trust had focused on improving the support for children admitted with mental health needs by providing equipment and aids to support emotional wellbeing. Dr Dearden, Consultant Paediatrician and Paediatric Mental Health Lead had launched, with colleagues the Paediatric Mental Health Network to enable shared learning and offer support.

#### **Ockenden**

- The Trust had reported against the seven immediate areas of action highlighted in the Ockenden Report and the Maternity Department was fully compliant against five. The two partially compliant areas were:
  - Listening to Women and their Families; and
  - Risk Assessment throughout Pregnancy.

## **Our People Awards**

Following great consideration of many credible nominations the inaugural winners of the Trust's Our People Awards were announced:

### **We are a team**

- Junior Doctors Representative Committee

### **We are always learning**

- Healthy Living Programme for Type 2 Diabetes, St. Edmunds

### **We are safe and healthy**

- Della Holwill and Emily Cooper, Community Dietitians

### **We work flexibly**

- Shelia Needs, Liver Specialist

### **We each have a voice that counts**

- Lauren Bone, Torbay Health Visiting and School Nursing

### **We are compassionate and inclusive**

- James Reed, Radiology

### **Chair's Special Award**

- COVID-19 and flu vaccination team, Torbay Hospital

## **Leagues of Friends**

- The Leagues of Friends support for the Trust and all community sites was acknowledged; there was reflection on the benefits services derive from the good work of the League of Friends.
- The League of Friends Unmasked Ball was to be held at the Spanish Barn, Torre Abbey on 2 July 2022.

The Chairman sought Dr Watson's advice on Infection Prevention Control measures within NHS settings. Dr Watson explained that Covid-19 infection rates were low at present and gave explanations on why mask wearing had remained in NHS settings. She reflected on the successful vaccination programme roll out but counselled that Covid-19 has not gone away but presently manageable.

Prof. Balch highlighted how patients wait for treatment had doubled in time. He asked if any research had been undertaken to understand the variable pressures on the acute emergency setting. Mr Stacey confirmed there was correlative data to suggested patients presenting in Urgent and Emergency settings were on waiting lists and the worsening of their symptoms due to delays meant elective wait list patients were joining the unplanned care pathway. Mr Currie described the demand on the health and care system with increased demand seen in primary care settings; and patients presenting with greater levels of disease.

Mr Harrison counselled if elective capacity was protected, it would offer protection for the Urgent and Emergency Care pathway.

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



## Safe Quality Care and Best Experience

116/05/22 **Integrated Performance Report – Month 1, 2022/23**

Ms Currie presented the Integrated Performance Report for month 1, 2022/23, as circulated, and drew the following to the Board's attention:

### Quality and Safety

- Following the CQC visits of March 2020; and December 2021 the Trust remained with 9 Must Do and 8 Should Do actions to complete. A review of all evidence for the Rolling Replacement Programme; and Environmental Clutter would be undertaken by 30 June 2022 to assess if the evidence presented provides assurance to close 2 actions.
- Two severe incidents were reported on STEIS.
- Two child deaths were reported; a process review would be undertaken by the Serious Adverse Events Group.
- The percentage of time stroke patients spent on the stroke ward remained below 80% but there had been improvements in performance. Patients who spent more than 90% of their time on the stroke ward rising to 35.3%.
- Midwifery staffing levels had improved.

### Workforce

- Rolling sickness absence rates remained high at 5.57%.
- The staff turnover rate was 13.15%, this was within the target range of 10%-14%.

### Performance

- There had been a gradual improvement in performance compared to March, despite pressures.
- Covid inpatient admittance had reduced to 8 patients, bedded in the allocated annexe.
- The Trust declared Opel 4 status for four days; in Month 1 Urgent and Emergency Care lost hours had reduced; and there had been an improvement in inpatient length of stays.
- The Day Surgery Unit had re-opened.
- The diagnostic position was challenged with a number of people waiting over 6 weeks for MRI, CT, Endoscopy and Cardiology MRI, impacting cancer and urology services.
- The Cancer Recovery Plans for the 52 day cancer target were challenged.
- A temporary Urology Unit and insourcing had been commissioned to support the reduction of the 62 day wait urology target.

In respect of reducing the 104ww trajectory to zero by the end of June, insourcing of additional capacity had been commissioned; operating lists were being utilised; and the plan was supported by the Nightingale Hospital and Independent Sector. Mr Currie explained clinical teams had raised their concerns around insourcing; and himself and Mr Harrison had met with them to listen to their concerns and offered support.

## Finance

- The Trust reported a balanced revenue position for April.
- Capital spend schemes were slightly ahead of plan at £3.49m
- The overall efficiency target of £28.5m would be phased throughout the year.

Mrs Matthews highlighted the continuing rise in absence rates. The Chairman advised staff had been put under pressure and strain over the pandemic and high staff sickness and turnover was likely to continue for some time. Mrs Davenport reflected on the Trust's strong approach to health and wellbeing of its workforce throughout the pandemic.

Prof. Balch asked if there were any Infection Prevention Control measures in place for diagnostics that would impact waiting lists. Dr Watson confirmed NHSEI directives had enabled Infection Prevention Control measures to be reduced in diagnostic settings to improve capacity. Mrs Davenport confirmed diagnostic referrals were predicted to grow. Mr Currie explained there was a need to invest in the Electronic Patient Record and IT services to develop more efficient ways of working.

Mr Harrison undertook to report to the Board the residual impact left due to Covid-19 and opportunities to maximise the growth of diagnostic services. **ACTION: Mr Harrison**

Mr Richards asked the Board to note the ambitious financial targets, reliant upon an increase in activity to 104% of pre-covid levels. He explained Finance Performance and Digital Committee would monitor the cost improvement plans but, counselled on the need for the risk register to clearly reflect what was within the Trust's ability to deliver and what would require system or regional support.

## The Board received and noted the Integrated Performance Report – Month 1, 2021/22.

### 116/05/22 Mortality Safety Scorecard

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

- The rolling 12 month mortality rate remained high at 107.3, due to an increase in the death rate during Summer 2021. Preliminary investigations showed no lapses in care but, upon investigation, liver disease was higher than expected within these patients and the Trust alongside Torbay Council Public Health Team were reviewing the information.
- An increase in mortality rates at the weekend compared to during the week had been seen across the South West. There was a need to understand this data in greater detail.
- The requirement for Community Medical Examiners had been deferred until April 2023 but the Trust's ambition was to implement Medical Examiners in the Community prior to this, and in time for the Medical Examiners to review deaths at Rowcroft Hospice.

Mrs Davenport asked the Board to be aware of the impact of alcohol dependency in the locality. She explained this had supported commissioning of capacity in the Multi-Disciplinary Alcohol Team to identify people at risk of alcoholism; and mitigate the risk earlier.

Mr Sutton asked if the Trust had seen an increase in childhood hepatitis cases. Mr Currie confirmed cases of childhood hepatitis were relatively low. However, there had been a recent case of a child who required a liver transplant after contracting viral hepatitis.

## **The Board received and noted the Report of Mortality Safety Scorecard**

### **117/05/22 CQC Annual Assurance Report**

Ms Kelly presented the CQC Annual Assurance Report, as circulated. She brought the Board's attention to:

- Establishment changes were taking place and Joan Williams would be stood down, she confirmed the CQC would be informed.
- Further to the CQC inspection on the 1 December 2021 plans were in place to ensure a sustained and consistent level of care was offered in all areas of the Trust; and the Quality Improvement Plan would support this work.

## **The Board received and noted the CQC Annual Assurance Report**

### **Valuing our Workforce**

### **118/05/22 Freedom to Speak Up Guardian Six Monthly Report**

Mrs Falcao introduced Mrs Burns who presented the Freedom to Speak Up Guardian Six Month Report, as circulated. Mrs Burns informed the Board 34 concerns were formally raised, they included:

- Bullying and harassment;
- Staffing; and
- Patient care.

She confirmed the themes correlated to the National Staff Survey.

Mrs Burns explained there had been Infection Prevention Control measures escalated to the Freedom to Speak Up office but she was aware that as the country removed the restrictions and NHS settings continued with Infection Prevention Control measures, this was to be expected.

Mrs Kelly highlighted the benefits of staff psychological safety when the staffing ratios were correct or there was access to senior leaders. Also, how small changes provide staff with confidence. She explained positive steps were taking place for the benefit of staff including:

- Health Care Support Worker posts were now fully recruited to;
- Cultural changes;

- The Speak Up Safely programme and award would commence in June 2022; and
- Pathway to Excellence.

Mrs Burns explained staff wanted to have their concerns raised but, quite often did not feel comfortable speaking up. Therefore, the WorkInConfidence Platform had been procured and would be launched as part of the People Promise Pillar, Every Voice Counts. Mrs Matthews was supportive of the implementation of the platform but asked how it's use should be gauged. Mrs Burns did not believe more issues would be raised but people would feel more comfortable speaking up. Mrs Burns explained, she was not the replacement of a line manager but rather was the person to support someone in a difficult circumstance, as opposed to losing the person to another Trust.

Mrs Jones asked if cultural changes would lead to a reduction in Freedom to Speak Up requests. Mrs Burns said for staff who have worked here a long time it should not be difficult for them to challenge but counselled that not everyone would always be happy. She explained international staff find it difficult to speak openly about their feelings.

Mrs Davenport asked if there had been any learning from other Trusts that could be implemented to support staff. Mrs Burns reflected on how the establishment of the Councils would support the Freedom to Speak Up Agenda to enable a collective voice to support strong issues.

Mrs Jones asked how could the Trust support Corporate Services. Mrs Burns explained, regardless of what staff do within the Trust they are all important and the Trust should acknowledge this. She explained the establishment of the Councils would provide this opportunities.

Mrs Burns asked the Board to note the National Guardian Office had released the Speak Up, Listen Up, Follow Up training module for staff, managers and Executives.

## **The Board received and noted the Freedom to Speak Up Guardian Six Monthly Report.**

### **Well Led**

#### **119/05/22 Refresh of the Trust Constitution**

The Trust Constitution had been reviewed by the Trust solicitors and the Council of Governors. The key amendments to the constitution were:

- S.24 – Amendment to reflect the provisions of the law on NEDs and EDs appointments.
- Annex 1 – Introduction of the Rest of the South-West Peninsula constituency
- Annex 3 – Increase in the number of governors from 32 to 33
- Annex 4 – Deletion of Model Election Rules which is considered to be irrelevant.

Mrs Matthews highlighted the use of male pronouns throughout the constitution and asked if this could be changed to non-gender specific. The Chairman understood Mrs Matthew's point but, counselled if the change was to be made the constitution would need to go back to the Council of Governors for review and approval in the

first instance. Following a detailed discussion, it was agreed that the suggestion for the constitution to be gender neutral would be considered during future reviews.

A further suggestion was received that the gender neutral approach should be extended to the writing of Trust policies in the future. **ACTION: Mr Raheem**

**The Board approved:**

- **The proposed changes to the Trust's Constitution;**
- **Noted that the constitution would become a working document upon approval today; and**
- **Noted that the Monitor would be notified of the changes to the constitution as required.**

120/05/22 **Compliance Issues**

There were no compliance issues reported.

121/05/22 **Any Other Business Notified in Advance**

There was no any other business raised for discussion.

122/05/22 **Date and Time of Next Meeting:**

11.30 am, Wednesday 29 June 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**

<b>No</b>	<b>Issue</b>	<b>Lead</b>	<b>Progress since last meeting</b>	<b>Matter Arising From</b>
116/05/22b	Mr Harrison undertook to report to the Board the residual impact left due to Covid19 and opportunities to maximise the growth of diagnostic services.	Mr Harrison		25.05.22
119/05/22b	The approach to policy writing be reviewed.	Mr Raheem	This action has been noted for communication to officers responsible for review of policies	25.05.22



**Public Board of Directors**

**Parking Lot**

**Reviewed: 4<sup>th</sup> January 2022**

<b>Item/action/issue/policy name</b>	<b>Meeting Date</b>	<b>Comment</b>
Standing Orders, SFI's	26 <sup>th</sup> January 2022	Deferred to 27 <sup>th</sup> July 2022





<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Chief Executive's Report			<b>Meeting date:</b> 29 June 2022	
<b>Report appendix</b>	Board assurance framework summary Integrated Care System for Devon update for Boards			
<b>Report sponsor</b>	Chief Executive			
<b>Report author</b>	Associate Director of Communications and Partnerships			
<b>Report provenance</b>	Reviewed by Executive Directors 21 June 2022			
<b>Purpose of the report and key issues for consideration/decision</b>	To provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments since the previous Board meeting.			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board are asked to receive and note the Chief Executive's Report			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>	X	<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	
	<b>Risk Register</b>	X	<b>Risk score</b>	
	<ul style="list-style-type: none"> <li>BAF objective 1: to develop and implement the Long-Term Plan with partners and local stakeholders to support the delivery of our ICO Strategy - risk score 20</li> <li>BAF objective 10: to actively manage the potential for negative publicity, public perception or uncontrollable events that may impact on our reputation - risk score 9</li> </ul>			
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	X	<b>Terms of Authorisation</b>	X
	<b>NHS Improvement</b>	X	<b>Legislation</b>	
	<b>NHS England</b>	X	<b>National policy/guidance</b>	X

<b>Report title:</b> Chief Executive's Report	<b>Meeting date:</b> 29 June 2022
<b>Report sponsor</b>	Chief Executive
<b>Report author</b>	Associate Director of Communications and Partnerships

## 1 **Our vision and purpose**

Our vision is better health and care for all. Our purpose is to support the people of Torbay and South Devon to live well.

## 2 **Our strategic goals 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**

Key issues and developments to bring to the attention of the Board since the last Board of Directors meeting held on 25 May 2022 are as follows:

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

#### **New specialist service launched to support people to quit smoking**

Earlier this month our Maternity Services launched a Treating Tobacco Depending Service for pregnant women and birthing people to help them quit smoking.

The specialist service is based in the Maternity Unit at Torbay Hospital where smoke free pregnancy support workers are on hand to provide advice and support including nicotine replacement therapy, e-cigarettes and behavioural support.

The service also extends to people living in the same household as a pregnant person, as their smoke can affect pregnant people and their baby during

pregnancy and after birth. They may also find it more difficult to quit when people close to them are smoking.

### **Showcasing our commitment to building healthy communities with partners**

Together with other health and care services in Devon we were delighted to welcome the Healthwatch England national committee for a visit this month in collaboration with Healthwatch Devon, Plymouth and Torbay.

A key part of the visit was to Torbay Community Helpline and Hub which highlighted our innovative approach to delivering adult health and social care in collaboration with the voluntary sector.

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

Ofsted's Inspection of Local Authorities Children's Services (ILACS) took place between 23 and 25 May 2022. The inspection report is due to be published at the end of June/beginning of July 2022.

### **Tandra Forster confirmed as new Director of Integrated Adult Social Care, Devon County Council**

Following interviews on 25 May, Tandra Forster has been confirmed as the new Director of Integrated Adult Social Care at Devon County Council. Tandra is currently working for Southend-on-Sea City Council where she is the Director of Adult Social Services and the strategic lead with health, cultural partners and the voluntary and community sector. Tandra will join Devon County Council later this year. Until she is in post, Tim Golby will continue as the interim Director of Integrated Adult Social Care.

### **Carers week raises awareness of caring and the support available locally**

This year, Torbay Carers Services once again organised a full line-up of events for local unpaid carers, who are family members or friends who support someone with health or care needs.

Carers Week is an annual campaign to raise awareness of caring, highlight the challenges carers face, and recognise the contribution they make to families and communities throughout the country. The theme for this year was 'making caring visible, valued and supported'.

Sessions held for unpaid carers included live cookery sessions, digital masterclasses, day trips, online tours and social events. I'd like to take this opportunity to thank everyone involved in organising this fantastic week of events and our dedicated people who support local carers throughout the year.

### **Celebrating our volunteers**

This year, Sir Richard and I, had the great pleasure of sending each of our hundreds of volunteers a personally signed thank you card during Volunteers Week to recognise their dedication and commitment. The last two years have been very challenging and affected the work of our volunteers but we are delighted to be welcoming more and more of our volunteers back as we continue to restore and build our volunteer programme.

### **Multiple Sclerosis team win international award**

An innovative service developed by our Multiple Sclerosis (MS) team in partnership with a former local GP who lives with MS has won an international award.

Inspired by a conversation with Dr Colin Bannon about how receiving better health and lifestyle advice can help people manage MS, Dr Agne Straukiene (Consultant Neurologist) and her team developed the Healthy Lifestyle Clinic.

For the past three years, every person in Torbay and South Devon with newly diagnosed MS has been offered the opportunity to join the clinic and meet with other people living with MS. Together people living with MS are able to find out more about the condition and the treatments available as well as exploring how a healthy lifestyle can significantly improve brain health. The team have won the first MS Brain Health Team Award (2022) which recognises the unique service that they provide.

### **Dr Mary Stocker wins south west regional NHS Parliamentary Award for excellence in healthcare**

Dr Mary Stocker, a Consultant Anaesthetist and, for over fifteen years the Clinical Lead for the Day Surgery Unit at Torbay Hospital, has been awarded the excellence in healthcare award for her contributions to advancing best practice and excellence in day surgery.

The excellence in healthcare award recognises individuals or teams who go above and beyond to improve outcomes and experiences for patients living with and beyond major health conditions or work to prevent them.

Mary will be presented with her regional award at the NHS Parliamentary Awards ceremony where the national category winner will also be selected. The ceremony will be held in London on 06 July 2022.

Mary is she is now joint clinical lead for the southwest ambulatory orthopaedic centre at NHS Nightingale Exeter (Nightingale).

This role at the Nightingale has seen Mary play a key part in the development of innovative ambulatory pathways, enabling the centre to take a significant role in tackling surgery backlogs in the region. The centre has already become the leading ambulatory orthopaedic centre in terms of day-case rates for hip and knee replacement surgery in the country and has been shortlisted for a Health Service Journal Patient Safety award.

Since the centre opened in March 2022, over 220 patients from Torbay, South Devon and Exeter have been through its doors for hip and knee replacements. All patients who have been treated so far have been discharged by the day after their surgery and 60% leave on the same day.

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

### **Current pressures**

We have continued to progress our recovery plan and this month Ricky Grant Day Unit moved back to level 6 at Torbay Hospital while building work began in the Horizon Centre to improve our training and education facilities for our students.

The number of patients with COVID-19 in our hospitals has stabilised. We introduced new protocols for caring for people with COVID-19 in our hospitals, in line with national guidance, which is proving effective.

Demand for our services remains very high across acute, community and social care. Care sector and domiciliary care services in both Torbay and South Devon are experiencing high levels of vacancies and sickness absence rates which is impacting on the number of people they are able to support through the different packages of care. This is affecting our ability to get people home from hospital as soon as we (and they) would wish. We continue to work collaboratively with our partners to support wherever we can.

Key areas of focus continue to be minimising ambulance handover delays and reducing the number of people waiting for two years for treatment (104 week waits). Despite this, there remain too many occasions when ambulances are queuing outside our Emergency Department. All patients who arrive at our Emergency Department are triaged and assessed, with the most clinically urgent being prioritised.

We are seeing many more people who are presenting as acutely unwell in our urgent and emergency care services. We believe some of this is due to people not presenting to services earlier in the pandemic. This means that people are presenting as emergencies when earlier interventions could have either resolved the issue or started effective treatment.

Our Minor Injury Units (MIUs) in Totnes and Dawlish have been temporarily closed since March 2020 – at first due to the pandemic and subsequently due to staffing challenges. We hope to be able to reopen one of the MIUs shortly to provide additional resource during the summer. We are working with partners in primary care to find an alternative way to deliver a minor injury service in the area where the MIU will remain temporarily closed. We recognise that this is not an ideal solution or what local people will want to hear but we have to do the best we can with the resources we have available.

### **Visiting guidance**

Following changes to the national guidance, we have updated our policy and guidance for people visiting our hospitals and healthcare sites.

People in our hospitals can have two visits during our regular, twice daily, visiting times. Special arrangements can be made in exceptional circumstances for individual patients.

Face masks are no longer required in most areas (although exceptions apply). We fully support anyone who wishes to continue to wear a face mask.

### **Ward accreditations**

No ward accreditations took place in May 2022.

### **DAISY awards**

We have two DAISY award winners for May 2022 who will both receive their awards in July (due to their availability). I will share full details in my July report.

We are holding a celebration event for all our DAISY award winners on Friday 01 July and I will provide a post-event briefing in my July report.

### **Learning from excellence – progressing our pathway to excellence**

As part of our ongoing participation in the Magnet 4 Europe research and programme, several of our nursing colleagues attended the recent international conference in Ireland which brought together 60 organisations who have been collaborating, sharing best practice and supporting each other through the programme for the last 18 months.

Through this programme, we have been twinned with colleagues in America, from The Good Samaritan Hospital, in Indiana, USA, who are Magnet accredited. At the conference our nursing leads delivered a poster presentation in collaboration with colleagues from The Good Samaritan Hospital which demonstrated the evolution of our shared decision-making model. I would like to congratulate Chantal Baker and Corinne Jackson (who co-presented the poster presentation) who won entry tickets to the American Nursing Credentialing Centre (ANCC) conference in Philadelphia in November as a result of the excellence of their presentation.

Board members will recall that Rachel Spalding, CNO and Heidi Hinkle, Director of Nursing and Magnet Programme Director, of The Good Samaritan Hospital, joined us at our May public Board meeting to share their experiences. During their visit, they also spent time with our band 7's at their council away day, met some of our shared decision-making chairs and visited our community nursing teams and maternity unit.

### **Supporting our international nurses**

We have been awarded the NHS Pastoral Care Quality Award for providing high quality support to internationally educated nurses.

As an organisation, we are committed in ensuring that we support our internationally educated nurses as they transition to become valued members of our nursing community.

This award is in recognition of our dedication to our international nursing colleagues in providing the pastoral care that they need and our continuing commitment to them as an organisation. I'd like to take this opportunity to recognise the excellence work of colleagues in the Devon International Recruitment Hub (which we are proud to host) and in our clinical and corporate teams in supporting our international nurses.

### **Death of Dr Peter Scott-Morgan**

I was deeply sorry to hear the news that Dr Peter Scott-Morgan has passed away. Peter was an inspirational person whose determination and imagination encouraged and moved many people.

The care and treatment he received from our clinical teams was highlighted in the 2020 documentary which followed his journey with motor-neurone disease (MND) and we were really proud to take part. Under the care of our medical teams, Peter underwent two landmark sets of major surgery to pre-empt the inevitable effects of MND.

Peter was a great ambassador for challenging perceptions of disability as well as for the importance of personalised care. Working with Peter exemplified our organisational commitment to 'what matters to you matters' and has shaped our vision and strategy. Our thoughts are with his family and friends at this very sad time. We will treasure our memories of Peter.

## **3.3 Excellent value and sustainability**

### **NHS Greener**

In October 2020, the NHS became the world's first health service to commit to reaching carbon net zero.

For the first time - every NHS trust in England now has a Green Plan setting out how it will reduce its emissions and environmental impact to support this ambition to reach net zero by 2040.

Our Green Plan was approved by our Board earlier this year and is available on our website. It is a key enabling plan for our strategy and vision for better health and care for all.

### **New high-speed vial line being installed at Torbay Pharmaceuticals**

Good progress is being made with the installation of the new high-speed vial line which will allow Torbay Pharmaceuticals to increase production capacity, providing opportunities for more skilled jobs locally over the coming years.

The investment is a testament to Torbay Pharmaceuticals' commitment to the local economy and to delivering a secure supply for all customers, translating to benefit for patients.

### **It's in our hands – regional TV and digital campaign**

We were very proud to support filming for a regional television and digital/online campaign commissioned by NHS England and NHS Improvement South West. Filming took place earlier this year with teams in radiology, MSK services, clinical psychology, out of hours nursing team, the technology enabled care service, Louisa Cary ward, the Emergency Department and more.

The campaign focuses on the NHS being in everyone's hands and asks people to make the right call for the service they need.

### **Supporting people affected by the war in Ukraine**

Colleagues from Torbay Pharmaceuticals have recently travelled to southern Moldova to deliver donated gifts to refugee families. Thanks to the generosity of staff working at Torbay Pharmaceuticals and other local donors they were able to deliver donated backpacks to children which were filled with practical and fun gifts as well as food parcels to up to 700 people.

#### **Our people to benefit from NHS Charities Together funding**

Our charity will receive a £154,000 recovery grant from NHS Charities Together to support staff wellbeing initiatives.

The grant will support eight projects promoting health and wellbeing initiatives for staff, which will include developing our green spaces, refurbishing staff areas and providing arts recovery initiatives.

The funding will also build on some of our existing activities by expanding our Wellbeing Buddy scheme and offering more opportunities for managers to receive mental health training.

The award will be paid out in stages over the next two years, benefiting staff, patients and volunteers.

#### **Messenger review published**

Earlier this month the independent review of health and adult social care leadership led by General Sir Gordon Messenger and Dame Linda Pollard was published. Health and Social Care Secretary Sajid Javid has accepted all seven recommendations that have been put forward by the review.

We welcome the findings of the review and are pleased to see that the significant role that managers fulfil in the NHS is recognised. It is vitally important that we are able to ensure that managers have access to the right development opportunities to enhance and hone their skills.

We need to develop a collaborative approach to culture and behaviour and ensure that we embed equality of opportunity for people from diverse backgrounds as we move forward.

Developing the strength of leadership across systems is key and bringing talent into the most challenged areas to create more opportunities to learn from the best is to be encouraged and welcomed.

The published review is can be accessed [here](#).

#### **4. Chief Executive engagement June**

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
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- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Video blog sessions</li> <li>• Freedom to Speak Up Guardian</li> <li>• Chair of Staffside</li> <li>• Carters Award presentation</li> <li>• Medical Staffing Committee meeting</li> <li>• Associate Medical Directors meeting</li> <li>• Chaplaincy volunteers afternoon tea</li> <li>• Acute Medical Unit site visit</li> </ul> | <ul style="list-style-type: none"> <li>• South West Regional Director, NHS England and NHS Improvement (NHSEI)</li> <li>• Chief Executive, Integrated Care System for Devon (ICSD)</li> <li>• Deputy Chief Executive, Devon Clinical Commissioning Group</li> <li>• Medical Director, ICSD</li> <li>• Long Term Plan Programme Director, ICSD</li> <li>• ICSD Chief Delivery Officer Interview Panel</li> <li>• Improvement Director, NHSEI SW</li> <li>• Chief Executive Officer, University Hospital Plymouth NHS Trust</li> <li>• Chief Executive Officer, Devon Partnership NHS Trust</li> <li>• Chief Executive Officer, Royal Cornwall Hospitals NHS Trust</li> <li>• Director of Children’s Services, Torbay Council</li> <li>• Director of Adult Social Services, Torbay Council</li> <li>• Devon NHS CEOs Meeting</li> <li>• South West Regional Chief Executives</li> <li>• Locality Director – South/West</li> <li>• HealthWatch England Committee Meeting (dinner)</li> <li>• Chief Executive Officer, HealthWatch Torbay</li> <li>• Kevin Foster MP</li> </ul> |
|--|---|

## 5. Local health and care economy developments

### 5.1 Partner and partnership updates

#### 5.1.1 Integrated Care System developments

Integrated Care Systems are being formally established on 01 July across England.

As part of the changes, Devon’s health and care system has announced its new name and identity, making a clear statement about its vision to join up services in the county.

Please see the ICSD update for Boards appended to this report.

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

**Recent key media releases and responses:**





- Our first Our People Awards winners – press release celebrating the first set of winners from our recently revamped staff recognition award scheme; Our People Awards
- Dartmouth topping out ceremony – release on the ceremony which marked the highest point of construction for the new Dartmouth Health and Wellbeing Centre
- COVID-19 treatments for vulnerable people – promoted the work of our COVID-19 medicines delivery unit which is providing new treatments to those most at risk of serious disease
- New equipment for children in hospital – children and young people staying at Torbay Hospital are set to benefit from new equipment to use during their stay
- One family, four generations of service – as part of our International Nurses Day coverage, we shared the story of a nurse in our intensive care unit whose family history in healthcare spans four generations
- Ambulance queues at Torbay Hospital – following a trending photo on social media of ambulance queues at our Emergency Department, we issued a response to a number of media enquiries outlining how we had experienced one of our busiest days of the year and that we are doing all we can to move people through our hospitals as quickly and as safely as possible

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

- International Nurses Day – video featuring our nursing and midwifery staff sharing why they love their role and their passion for helping others
- High demand in Emergency Department – following reports of ambulance queues, we posted that our Emergency Department was busy and there are long waits, but reassured people needing emergency care that they will be seen
- Healthcare Support Worker recruitment event – promoting our recruitment event held in Torquay for both new and experienced healthcare support workers to find out more about working with us
- Acute Medical Unit build progress – sharing some of the latest images from our AMU build at Torbay Hospital and how this will benefit our local community
- Spring photos from staff – shared some wonderful photos sent in by our staff of spring scenes around our grounds and local areas
- High demand in Emergency Department – following reports of ambulance queues, we posted that our Emergency Department was busy and there are long waits, but people needing emergency care will still be seen
- International Clinical Trials Day – promoting the fantastic work of our research and development teams with some fascinating statistics about their recent work and studies
- LGBT+ network at Exeter Pride – our LGBT+ network was joined by colleagues from other NHS organisations as they took part in Exeter Pride

- International HR Day – celebrating our colleagues working in human resources who shared aspects of their roles that they really enjoy

#### Development of our social media channels:

Channel	End of year target	As of 31 March 2021	As of 31 May 2022
LinkedIn	5,000 followers	2,878	4,247  1,369 followers
Facebook	15,000 likes	12,141	12,978  837 followers
	15,000 followers	12,499	13,487  988 followers
Twitter	8,000 followers	6,801	7,504  703 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**

Q1 2022/23 v02



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	Updated to reflect 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	Updated to reflect current position
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	20	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	Updated to reflect 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	Updated to reflect 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	General updates to reflect current position

<b>Report to Trust Board of Directors</b>				
<b>Report title:</b> Integrated Performance Report (IPR): Month 2 2022/23 (May 2022 data)			<b>Meeting date:</b> 29 June 2022	
<b>Report appendix</b>	M2 2022/23 IPR focus report M2 2022/23 IPR Dashboard of key metrics			
<b>Report sponsor</b>	Deputy CEO and Chief Finance Officer			
<b>Report author</b>	Head of Performance			
<b>Report provenance</b>	ISU and System governance meetings – review of key performance risks and dashboard Executive Director: 22 June 2022 Integrated Governance Group: 22/23 June 2022 Finance, Performance, and Digital Committee: 27 June 2022			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The purpose of this report is to bring together the key areas of delivery (including, quality and safety, workforce, operational performance, and finance) into a single integrated report to enable the Trust Board to:</p> <ul style="list-style-type: none"> <li>• Review evidence of overall delivery, against national and local standard and targets</li> <li>• Interrogate areas of risk and plans for mitigation</li> <li>• provide assurance to the Board that the Trust is on track to deliver the standards required by the regulator.</li> </ul> <p>Areas of exception that the Board will want to focus on are highlighted below and detailed in the attached Focus Report.</p>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board is asked to <b>review</b> the documents and evidence presented.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	Yes	<b>Valuing our workforce</b>	Yes
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b>	Yes
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	Yes	<b>Risk score</b>	20
	<b>Risk Register</b>	Yes	<b>Risk score</b>	25

**External standards affected by this report and associated risks**

<b>Care Quality Commission</b>	<b>Yes</b>	<b>Terms of Authorisation</b>	
<b>NHS Improvement</b>	<b>Yes</b>	<b>Legislation</b>	
<b>NHS England</b>	<b>Yes</b>	<b>National policy/guidance</b>	<b>Yes</b>

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.

<b>Report title:</b> Integrated Performance Report (IPR): Month 2 2022/23 (May 2022 data)		<b>Meeting date:</b> 29 June 2022
<b>Report sponsor</b>	Deputy Chief Executive & Chief Finance Officer	
<b>Report author</b>	Head of Performance	

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

## 1. Quality headlines

### **CQC:**

The March 2020 action plan and the December 2021 action plan continues to be overseen and monitored through their respective groups. The Trust remains with 6 Must Do and 8 Should Do actions to complete, a reduction of 2 Must Do actions on the previous report. The closed actions are M17 clutter and M1 Appropriate Resus training. The remainder fall into 3 areas – Staff Training, Staff Appraisals, and the Rolling Replacement Programme.

A review of all evidence in relation to the Rolling Replacement Programme, will be undertaken by 30th June to assess if the evidence presented strengthens and satisfies the requirements to close this action or requires escalation. If closed, governance and oversight will continue through the respective committees.

With regard to training and appraisal the Trust has agreed a 3-year recovery programme, post Covid, to ensure compliance.

### **Incidents:**

In May there were 3 severe incidents and 1 death reported.

- 1x Urology delay in diagnosis and 2 x Ophthalmology Delay resulting in permanent loss of vision
- 1 x cause of death Pulmonary Embolism, lack of VTE prophylaxis administration

### **Stroke:**

The percentage of patients who spend 90% of their time on a stroke ward has not met the target of 80% but it has increased to 67.6% for May; 84.6 % of patients were seen by a Stroke Nurse within 24 hours of admission.

### **VTE assessment:**

The VTE assessment compliance in May 2022 demonstrated a reduction in compliance from 91.3% to 89.7% in May 2022. The VTE Steering Group continues to meet monthly with a comprehensive improvement plan having been developed to address the areas of non-compliance and initiatives to be implemented to ensure consistent improvement.

### **Infection, Prevention, and Control:**

Bed closures have decreased to 12 in May from an April position of 30.

The number of C.Diff cases has increased with a total of 5 in May reported compared to 2 in April.

**Maternity:** In May 2022 SystemOne, the Maternity Electronic Patient Record, was launched. All reporting aspects are now encompassed within the Trust's Data

Warehouse Team's project, the project roll out is scheduled to be completed by the end of June 2022, however, due to the change in the EPR and the mechanism by which data is extracted, there will be a delay in the ability to report externally and internally. This has resulted in being unable to provide the usual data of Robson Group, smoking and breastfeeding rates for May 2022. Once the data reports are completed this data will be able to be extracted in retrospect.

**Staffing:** There has been an improvement in the registered nurse vacancy position due to our international recruitment strategy. Wards remain in an overall amber position with mitigations and reassignment whilst the new international nurses onboard and apply for NMC registration. The Trust has been awarded the NHS Pastoral Care Quality Award in recognition of our commitment to providing high-quality pastoral care to internationally educated nurses and midwives during recruitment processes and their employment.

## 2. Workforce Headlines

The preliminary annual rolling sickness absence rate is 5.60% to the end of May 2022 which is continuing to increase due to the very high figures in 2022 to date; the sickness target rate is 4%. Sickness has now dropped in May with the monthly figure standing at 4.66% which is a significant drop from 6.36% in Apr 2022.

May's Achievement Review rate increased again to 73.90% from April's 71.27%. Continued high absenteeism and system pressures are impacting the ability to perform Achievement Reviews.

Whilst the Trusts turnover rate of 13.56% for the year ending May 2022 remains within the normal tolerances of 10-14%, the SPC chart clearly reflects an upward trend since July 21. This in part reflects the significant increase in the number of our colleagues retiring and returning, which accounts for 1.7% of the overall turnover rate. There are significant increases in voluntary resignation relating to a better reward package, promotion, work life balance, health, and working relationships.

The May overall rate mandatory training figure increased to 89.83% against a target of 85% and this slight increase from the 89.55% figure in April. Information Governance, Manual Handling and Safeguarding Children are all below the target compliance level for Corporate Mandatory training

The Trust Agency reported figure for April was £1.335m an increase from the April figure of £1.148m. To note whilst sickness seems to have reduced significantly in May and safer staffing has improved- agency spend has increased despite this reduction.

## 3. Performance Headlines

**Covid:** The Trust has continued to care for patients with Covid with the numbers remaining static and marginally exceeding capacity within the 8 bed Covid unit. This has released the majority of the remaining beds in the ward back for non covid medical patients. At the end of May, the Trust adopted the revised Covid IPC rules releasing increased capacity in outpatient and other waiting areas through social distancing and reduced testing requirements for both admission and existing inpatients.



**Recovery Planning:** During May, following the relocation of the Medical Receiving Unit to level 2 in April, the operation of the Day Surgery Unit and opening of beds to support elective orthopaedic operations has been sustained with activity levels recovering towards pre-pandemic levels in these areas. At the end of May, the medical oncology day unit was also transferred back to its substantive accommodation. This resulted in a closure of 10 escalation beds however the remaining escalation beds will remain open as set out in the Trusts Recovery Plan. Urology services have transferred to the Paignton Hospital site with some further estate works planned to fully optimise the service. In doing so it is anticipated further efficiencies will be delivered in the urology pathway increasing the number of treatments and reducing use of theatres for delivery of some activity which will be delivered safely in the Paignton outpatient setting.

**Urgent Care:** Urgent and emergency services continue to be challenged with the Trust operating at OPEL 4, the highest level of escalation, declared on 2 days. The four-hour performance target for May is reported as 57.6% and the lowest performance for 13 months and being one of the lowest performing Trusts in the South Region. High bed occupancy has continued to impact patient flow leading delays to ambulance handover, extended waits in ED and assessment areas, and patients bedded in ED and assessment areas overnight. 548 people spent 12-hours or more in the Emergency Department this being an improvement from April of 656; ambulance handover delays remain high with 514 patients experiencing a delay of over an hour once arriving at the Emergency Department. Overall levels of demand through the ED remain at just below pre-pandemic levels for the time of year. There has been improvement in the number of long stay patients with both the number of 7-day and 21-day stays recorded reducing for the third consecutive month and reflects the improvements seen in the average number of patients in hospital who could be safely discharged (Not Critical to Reside) falling to a daily average across the ICO of 46 in May from a high of 101 in January. Bed occupancy however remains above the levels needed to have timely flow from ED and assessment areas. Whilst the reduction in NCTR is good progress the average length of stay remains significantly higher than pre-pandemic level and the same period last year. Further work is being led through the Flow Improvement Group and System Team to understand the drivers for this and areas for targeted improvement work.

**People waiting for care:** The number of patients waiting over 104 weeks has started to reduce from 245 at the end of March to 173 at the end of May and a forecast of < 100 for the end of June. This is behind the National ambition to avoid anyone waiting over 104 weeks by the end of June. However, this still demonstrates good progress since the return of elective capacity and confidence that all patients waiting this long, who wish to be treated, will be in the coming weeks. The focus now moves on to the next target to reduce the number of patients waiting over 78 week waits to the planned position of 305 by end of March 2023. Whilst this is the aggregate Referral to Treatment position teams are focusing on waiting times across all stages of treatment.

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. In outpatients, the target is to achieve 25% of consultant led outpatient attendance delivered non-face to face. The current performance for May is 21%.

Cancer 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 pathways remain high risk and are receiving weekly executive oversight.

**Communication with patients with long waits:** The Trust is engaged with the Integrated Care System (ICS) system Waiting Well Programme. Through this work non-clinical validation of long wait patients “yet to be seen” (longer than 52 weeks) is being supported by the Devon Referrals Support Service (DRSS) by contacting some of our longest waiting patients to give assurance and direct to wellbeing and lifestyle support. This Waiting Well Programme is also developing information links through various forms of media for patients to give further advice on waiting times and wider support.

**Diagnostic waiting times:** MRI, CT, Endoscopy, CT, and Echocardiography remain challenged with 65% 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 continue to be critical to supporting capacity. The national expectation is to plan an increase in diagnostic activity to 120% of 2019/20 levels and to have no more than 25% of patients waiting over 6 weeks by end of March 2023.

**Patients in hospital:** The number of 7-day and 21-day length of stay patients has reduced with daily average of 166 over 7 days and 39 over 21 days in hospital. This improvement is linked to some further reduction in the number of patients reported as having no criteria to reside. There has been a continued reduction in the average number of patients per day recorded as having no criteria to reside from 101 in January to 46 in May, although remaining higher than historic levels indicating there is potential for further improvement. A 50% reduction in no criteria to reside from December 2021 levels has been built into the bed modelling for winter 22/23. In support of onward packages of care and complex discharges the retention and recruitment of staff remains a significant challenge for independent sector providers who provide nursing residential and domestic care packages of care.

**Community and social care:** There continues to be a focus on increased productivity across community teams and recruitment to ensure teams can operate at full establishment. The levels of unfilled packages with “no other formal support” remain a concern with 242 hours outstanding as at 16 May 2022. Daily review and mitigations are in place to prioritise those patients with no other formal support in place and potentially delaying those leaving acute settings of care.

**4. Finance headlines**

In Month 2 (May) the Trust recorded a £2.07m deficit, a £1.29m positive variance to plan (28 April version). The positive variance to plan is a result of the additional inflationary funding confirmed by NHSE/I. This income was not reflected in the 28 April plan submission.

In terms of the underlying position against plan (28 April version), the Trust is £2.07m adrift, this being primarily the result in CIP under-delivery (particularly workforce), significant overspends in the urgent care system (£661k in month) and slower Covid cost reduction than required (cleaning).

Total income for M02 is £1.40m favourable to plan (including the additional inflationary funding received). Key drivers are as follows:

Additional Inflationary funding via tariff uplift	£1.28m
Non patient services and education and training	£0.21m

Additional CFHD income	£0.13m
ASC Income	£0.12m
<i>Offset by:</i>	
Lower Torbay Pharmaceutical sales	(£0.34m)

Operating expenditure and financing cost in M02 are £0.13m adverse to plan. Key drivers are as follows:

Agency spend	(£0.72m)
Bank spend	(£0.50m)
Purchase of Healthcare	(£0.45m)
Supplies and services	(£0.32m)
Drugs	(£0.22m)
<i>Offset by</i>	
Substantive pay (incl. movement in reserves for pension)	£1.17m
Depreciation	£0.35m
Miscellaneous expenditure	£0.57m

In M02 £0.85m was released from the balance sheet in respect of FNC reviews (£0.32m), intermediate care beds (£0.20m) and (£0.33m) pension cost. A further £0.35m of expenditure was reallocated to the balance sheet (revenue to capital). The total of these adjustments is £1.20m, this benefit partly offsets the underlying deficit.

The cash position at the end of May is £17.95m. It should be noted that the Trust has received £6.30m of PDC cashflow support and a further £5.70m has been requested for receipt in M04.

Spend on capital schemes (CDEL) £4.78m which is behind (£1.98m) the plan value of £6.76m at the end of May.

M02 YTD plan for efficiencies was £3.6m, of which £1.72m has been marked identified / delivery not transacted subject to validation. The Trust has an overall efficiency target of £28.50m for 2022/23, which has been phased throughout the financial year.

A number of the pay related efficiency schemes have yet to commence, but are due to deliver during the first quarter. The Trust's actual financial performance for M02 highlights a shortfall of £1.90m against the efficiency target, predominantly linked to the position on pay. However, slippage in other areas of spend, along with non-recurrent benefits, mean that the Trust is able to report a position in line with plan for M02. This is not sustainable and CIP delivery and cost control must improve.

The Trust's April plan submission position envisaged an adjusted deficit of (£29.9m) for FY 2022/23. A re-submission was submitted on 20th June to NHSE/I with a revised breakeven position as requested by regulators. The revised plan will be reflected in the budget from M03.

Looking ahead:

- The initial plan submission was after the delivery of an efficiency requirement of £28.5m, through transformation and Covid cost reduction initiatives. At this

point in time, delays have already occurred against the original planned phased delivery.

- Under the re-submitted breakeven plan the above efficiency requirement remains. In addition, a list of targeted measures to breakeven had been proposed under the revised plan. The executives are carrying out a number of focused briefing sessions with ISU management to set out the requirement for delivery.
- Contract agreement is underway between the ICS and providers with a simplified and compliant approach on marginal contract set-up for ERF.
- It is likely the Hospital Discharge programme will continue into 2022/33 supported by S256 monies.
- Capital plans for 2022-23 and beyond have been developed, there are significant pressures on CDEL allocation, further prioritisation is underway.
- Cash is going to be extremely constrained over the remainder of the financial year.

# Integrated Performance Focus Report (IPR) Trust Board



Torbay and South Devon  
NHS Foundation Trust

June 2022: Reporting period May 2022 (Month 2)

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

# Quality and Safety Summary

## CQC:

- The March 2020 action plan and the December 2021 action plan continues to be overseen and monitored through their respective groups. The Trust remains with 6 Must Do and 8 Should Do actions to complete, a reduction of 2 Must Do actions on the previous report. The closed actions are M17 clutter and M1 Appropriate Resus training. The remainder fall into 3 areas – Staff Training, Staff Appraisals, and the Rolling Replacement Programme.
- A review of all evidence in relation to the Rolling Replacement Programme, will be undertaken by 30th June to assess if the evidence presented strengthens and satisfies the requirements to close this action or requires escalation. If closed, governance and oversight will continue through the respective committees.
- With regard to training and appraisal the Trust has agreed a 3-year recovery programme, post Covid, to ensure compliance.

## Incidents:

In May there were 3 severe incidents and 1 death reported.

- 1x Urology delay in diagnosis and 2 x Ophthalmology Delay resulting in permanent loss of vision;
- 1 x death M&M score 1 due to lack of VTE prophylaxis administration.

## Stroke:

- The percentage of patients who spend 90% of their time on a stroke ward has not met the target of 80% but it has increased to 67.6% for May; 84.6 % of patients were seen by a Stroke Nurse within 24 hours of admission.

## VTE assessment:

- The VTE assessment compliance in May 2022 demonstrated a reduction in compliance from 91.3% to 89.7% in May 2022
- The VTE Steering group continues to meet monthly with a comprehensive Improvement plan having been developed to address the areas of non-concordance and initiatives to be implemented to ensure consistent improvement.

## Infection, Prevention, and Control:

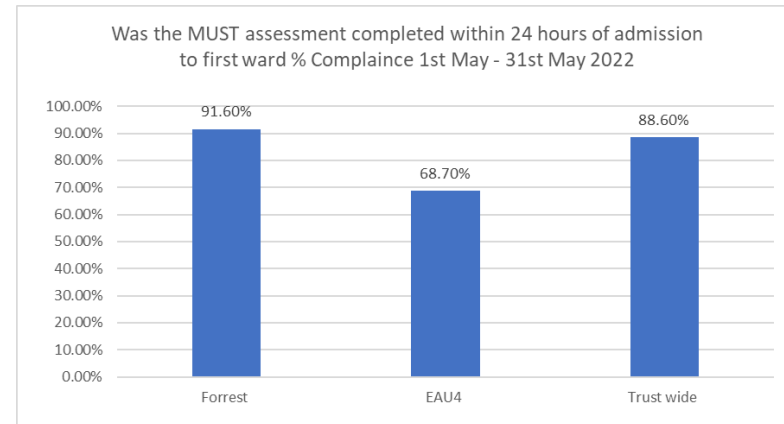
- Bed closures have decreased to 12 in May from a March position of 49.
- The number of C.Diff cases have increased with a total of 5 in May reported compared to 2 in April.

**Maternity:** In May 2022, SystemOne, the Maternity EPR was launched. All reporting aspects are now encompassed within the Trust's Data Warehouse Team's project, the Project Roll out is scheduled to be completed by the end of June 2022, however, due to the change in the EPR and the mechanism by which data is extracted, there will be a delay in the ability to report externally and internally. This has resulted in being unable to provide the usual data of Robson group, smoking and breastfeeding rates for May 2022. Once the data reports are completed this data will be able to be extracted in retrospect.

**Staffing:** There has been an improvement in the registered nurses vacancy position due to our international recruitment strategy. Wards remain in an overall amber position with mitigations and reassignment whilst the new international nurses onboard and apply for NMC registration. The Trust has been awarded the NHS Pastoral Care Quality Award in recognition of our commitment to providing high-quality pastoral care to internationally educated nurses and midwives during recruitment processes and their employment.

As a result of the CQC inspections of EAU4 and Forrest ward in May 2022, the daily 5 Patient Risk Assessment audits are now being recorded electronically, the audit reflects all patient risk assessments, including Nutrition and Hydration. The results can view daily, weekly and monthly compliance and these results are presented by the ADNPPs to the monthly Nutrition & Hydration Steering Group (N&HSG), Integrated Governance Group (IGG) and the Quality Improvement Group (QIG) for oversight and scrutiny.

- Data shows ‘assessments completed within 24 hours at Trust wide level is at 88.60% with
- Forrest at 91.60% and EAU4 at 68.70% - intervention plans are in place
- The Trust continues to undertake a ‘point prevalence’ audit capturing every patient across the organisation at a given time & date - this is the data recoded in this report.
- As a fail safe, there is a daily review of 5 patient records, including all admissions to ensure that patients who have not had their RA undertaken are captured –
- Review of the current data collection method is due to take place at the end of June 2022 to ensure accurate correlation between the 5 a day audits and monthly safety assessment data.
- A significant piece of work is underway to strengthen the nursing establishment and leadership in EAU4 to ensure oversight and completion of audits on a daily basis.
- From July 2022, we will be recording the compliance position of all Risk assessments to the Board, inclusive of the Nutrition and Hydration within the IPR



The 2020 Action plan is monitored through CQC Compliance Assurance Group and reports to QIG. Through May and June 2022, 2 Must do actions have been closed, Trustwide clutter (M17) and Oversight of compliance with Resuscitation Training levels (M1).

The Trust remains with 6 Must Do and 8 Should Do actions to complete. The must Do actions have 3 themes: Training, Appraisal, and a Medical Device Rolling Replacement programme. Training and appraisal have been greatly impacted by the pandemic and the Trust operational pressures, a 3 year recovery programme has been devised and submitted to the People Committee this month. these two areas which has been approved at PEGG. The individual ISU’s continue to monitor attendance to ensure full compliance is reached at the earliest opportunity.

All Medical Devices are recorded on the asset register with a unique asset number and are maintained in line with individual Medical device guidance, instructions and regulations, with review dates recorded on the asset register.

The Medical Equipment Priority Group receives allocated funds, within year, for replacement, and uses the assets register to procure the necessary devices but a clear policy or procedure is not evident and the areas requiring replacement have no programme dates for replacement. The lead for Medical Devises is writing a SOP for clinical areas to manage their equipment.

## Quality and Safety Indicators

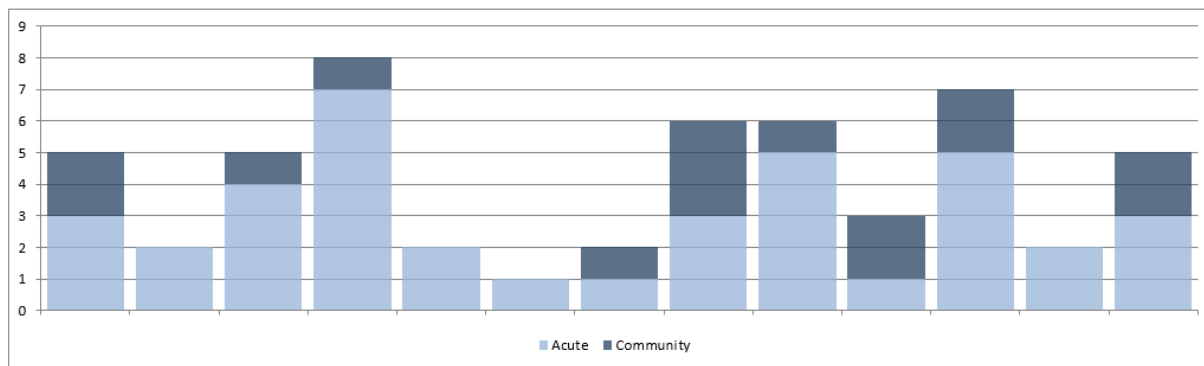
Key									
<span style="color: green;">↑</span> = Performance improved from previous month <span style="color: red;">↓</span> = Performance deteriorated from previous month                       ↔ = No change									
■	Not achieved	■	Under-achieved	■	Achieved	■	No target set	■	Data not available

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	■	↔



Number of Clostridium Difficile cases

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



The number of C.Diff cases for May is 5;

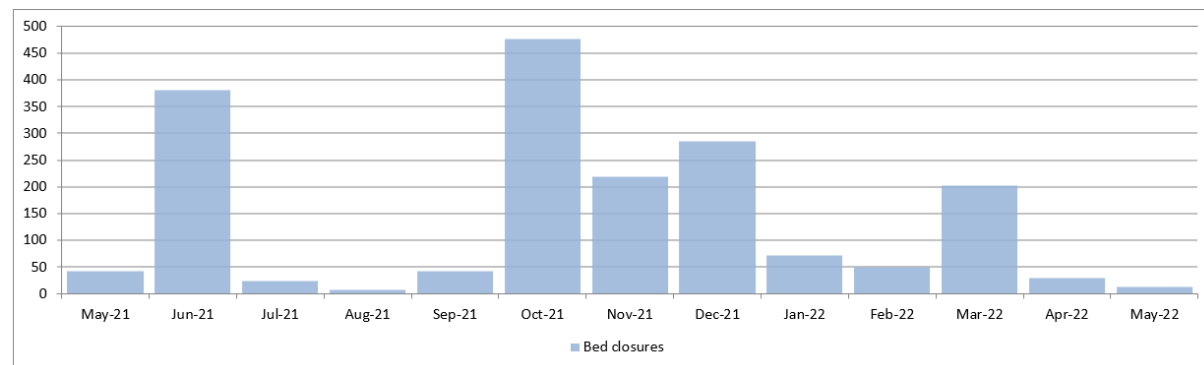
- 3 of which is hospital onset;
- 2 in the community but have had Trust contact in last 28 days.

Themes that are being seen are delay in isolation and giving empirical treatment.

None of which, however, led to acquisition of C.Diff.

Infection control - Bed closures (Acute)

	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Bed closures	42	381	24	8	42	476	218	285	71	49	203	30	12



May bed closures have decreased to 12 from the April position of 30.

The reason for the closures have included;

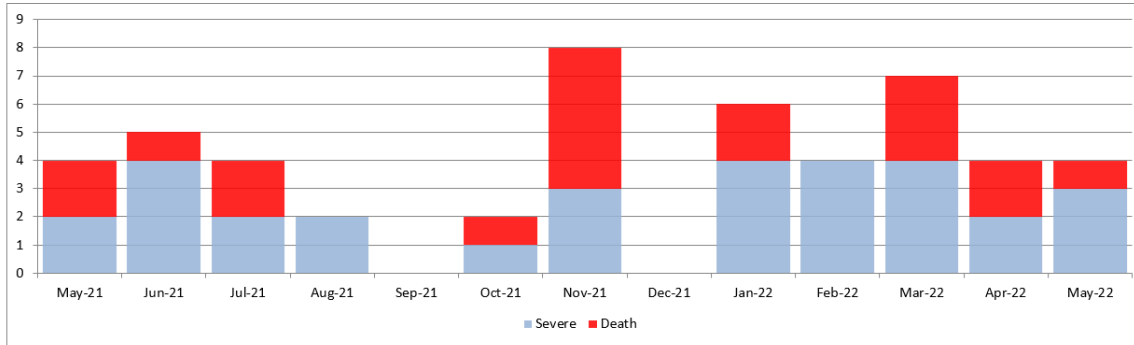
- Covid positive on admission and outbreaks during admission

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

# Quality and Safety- Incident reporting and complaints

**Reported Incidents - Severe and Death**

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



In May there were

3 Severe incidents:

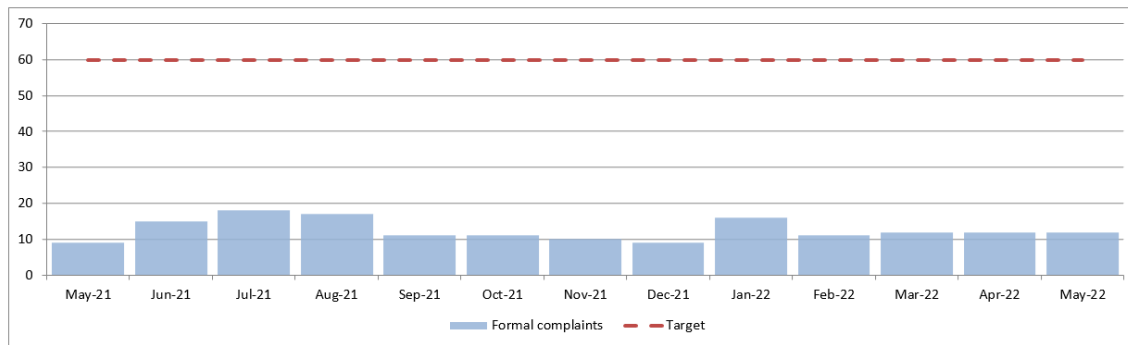
- 1x Urology delay in diagnosis.
- 2 x Ophthalmology Delay resulting in permanent loss of vision

1 death reported:

- Cause of death Pulmonary Embolism  
Lack of VTE prophylaxis administration

**Formal complaints**

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



The Trust received 12 formal complaints in May;

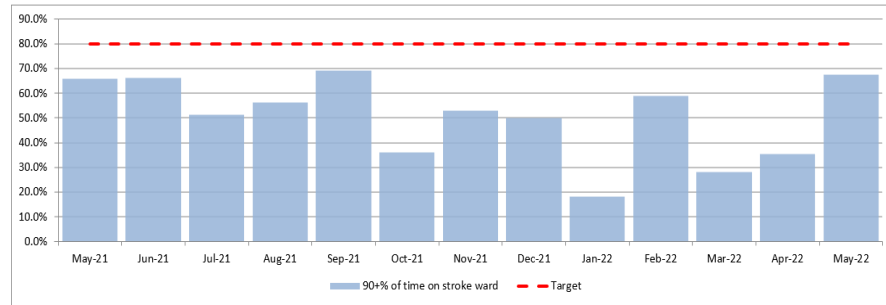
Of these 12 complaints;

- 10 were in relation to treatment
- 1 in relation to assessment
- 1 in relation to discharge

# Quality and Safety- Exception Reporting

## Stroke

	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
90%+ of time on stroke ward	65.9%	66.1%	51.4%	56.3%	69.2%	35.9%	52.8%	50.0%	18.2%	59.0%	28.1%	35.3%	67.6%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%



## Stroke:

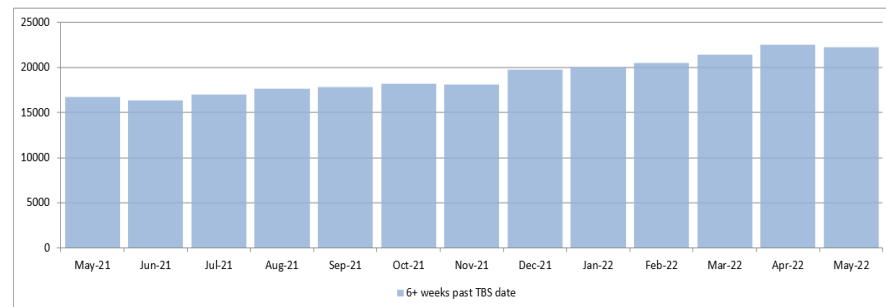
The percentage of patients who spend 90% of their time on a stroke ward has not met the target of 80% but it has increased to 67.6 % for May.

A number of other SNAP stroke targets are however being met across the organisation including;

- 84.6 % of patients saw a stroke nurse within 24 hours
- 53.8% of patients received a scan within one hour
- 92.3% of patients received scan within 24 hours
- 100% of patients received a nutrition screen

## Follow ups 6 weeks past to be seen by date

	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
6+ weeks past TBS date	16713	16323	16967	17651	17789	18231	18069	19797	20026	20496	21388	22516	22215



## Follow ups:

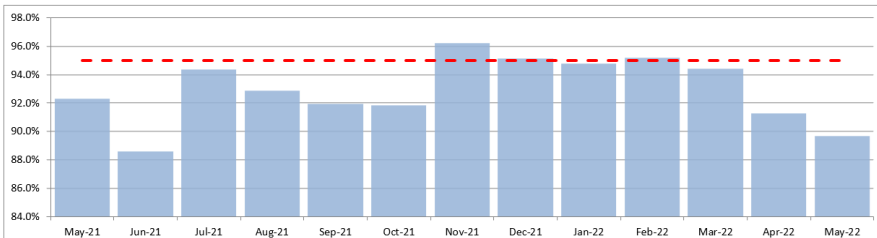
The number of follow up patients waiting for an appointment greater than six weeks past their 'to be seen by date' has decreased in May.

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.

## ICO VTE risk assessment on admission

	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
VTE Numerator	5400	5518	5685	4962	5188	5058	5418	4951	5163	4996	5376	4789	5170
VTE Denominator	5851	6228	6024	5344	5643	5508	5631	5204	5447	5248	5693	5246	5766
VTE Performance (Acute)	92.3%	88.6%	94.4%	92.9%	91.9%	91.8%	96.2%	95.1%	94.8%	95.2%	94.4%	91.3%	89.7%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



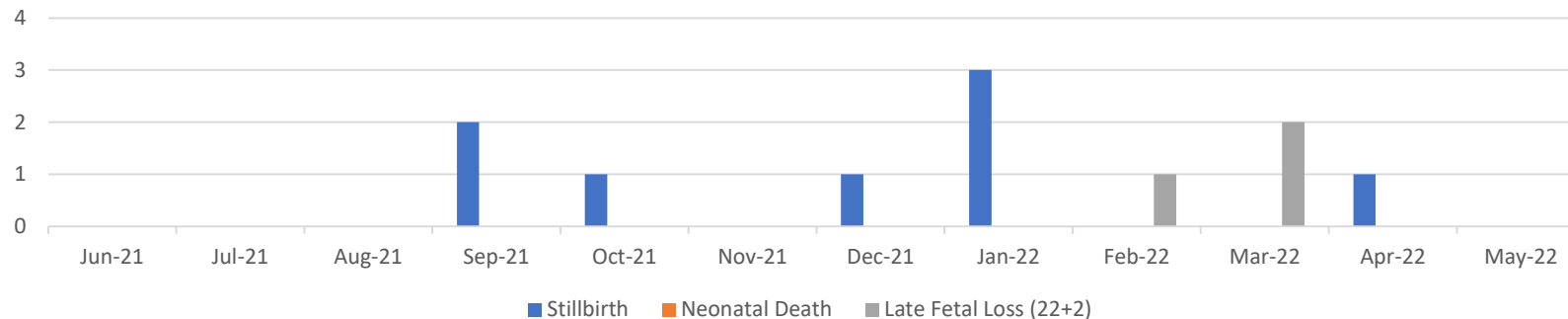
## VTE assessment

- The VTE assessment compliance in May 22 demonstrated a reduction from 91.3% in April to 89.7% in May 22.
- All areas not achieving the targeted 95% compliance are being individually contacted to highlight the risk and concern and to identify improvement strategies to be fed back to the next VTE Steering Group.
- The group continues to review the prescribed medication charts to move the VTE assessment to the front page to improve visibility
- All ISU Associate Medical Directors will be invited to attend the monthly steering group meeting to support this agenda.

## Quality and Safety - Perinatal Clinical Quality Surveillance May 2022

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

### Stillbirth, Neonatal Death and Late Fetal Losses



- In May 2022 ,SystmOne , the Maternity EPR was launched. All reporting aspects are now encompassed within the Trust’s Data Warehouse Team’s project, InView. The InView Project is scheduled to be complete by the end of June 2022, however, due to the change in the EPR and the mechanism by which data is extracted ,there will be a delay in the ability to report externally and internally. This has resulted in being unable to provide the usual data of Robson group, smoking and breastfeeding rates for May 2022. Once the data reports are completed this data will be able to be extracted in retrospect.
- In May 2022 we had no stillbirths, neonatal deaths or late fetal losses.
- Midwifery staffing has improved, recruitment continues to fill vacant posts that were secured as part of the Ockenden funding. Staffing gaps related to sickness and the remaining vacant posts are being supported with bank and on occasions, agency midwives. The HOM is closely monitoring the requirement for agency; this is used when alternatives have been explored to cover shifts. We have been able to reduce our staffing risk score to 12 and this has been demonstrated on the risk register.
- We have paused any further roll out of additional teams within the Maternal Continuity of Care ( MCoC) model until staffing fully established.
- Preparations are underway for the Ockenden Insight visit on the 28th July 2022 . This involves representatives from region and system as well as service user. This visit will also be accompanied by the newly appointed Deputy Head of the Maternity Transformation Programme who is keen to review TSD model of MCoC as well as meet a team from the SW region as part of his induction to the role

### Performance exceptions and actions

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

The preliminary annual rolling sickness absence rate is 5.60% to the end of May 2022 which is continuing to increase due to the very high figures in 2022 to date – The sickness target rate is 4%. Sickness has now dropped in May with the monthly figure standing at 4.66% which is a significant drop from 6.36% in Apr 2022.

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

May's Achievement Review rate increased again to 73.90% from April's 71.27%.

Continued high absenteeism and system pressures are impacting the ability to perform Achievement Reviews.

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

Whilst the Trusts turnover rate of 13.56% for the year ending May 2022 remains within the normal tolerances of 10-14%, the SPC chart clearly reflects an upward trend since July 21. This in part reflects the significant increase in the number of our colleagues retiring and returning, which accounts for 1.7% of the overall turnover rate. There are significant increases in voluntary resignation relating to a better reward package, promotion, work life balance, health and working relationships. Please refer to page 3 for actions that are being taken to support retention.

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

The May overall rate mandatory training figure increased to 89.83% against a target of 85% and this slight increase from the 89.55% figure in April. 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 April was £1.335m an increase from the April figure of £1.148m. To note whilst sickness seems to have reduced significantly in May and safer staffing has improved- agency spend has increased despite this reduction.

**Vacancy Rate:** The budget for 2022-23 was set on the basis of the Safer Staffing review in 2021, Ockenden recommendations, Elective recovery additional capacity, the COVID recovery plan and any additional staff approved through business cases.

The Trust vacancy rate total as at the end of May stood at 340 FTE vacancies including 62 FTE qualified Nursing vacancies down from 79 FTE vacancies in April. Workforce and Finance are in the process of reviewing the categories to ensure that they are consistent and will be implementing a new process to improve the integrity of the data, which will involve triangulating with budget holders.

## 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.

The first year of delivery against our people promise and plan has been reviewed; the outcome of which is built into our Year 1 report. This is due to be shared with our People Committee (27th June) and Trust Board (29th June). Priorities for year 2 have now been developed and are being socialised with our people.

## **Growing for Our Future**

- Further filming has taken place to complete the new collection of promotion material, most recently filming to include non clinical and volunteering roles. The next TV advert campaign will run during July to support recruitment focus of attracting more volunteers.
- The Health Care Support Worker event in May was a huge success and a real collaboration and team effort. Lessons learnt and improvements are feeding into the planning for a number of future events over the coming months. A key feature of these events will be showcasing career pathways and support that we offer as part of working in the NHS and creating an accessible experience.
- A new welcome group has been established to bring together ideas and contributions to create a improved experience for new starters and supporting onboarding and inductions. Part of the output of this group will be to hold new welcome events, revise toolkits and support for local induction, and produce a new Welcome to our Trust interactive booklet.
- ICS Resourcing Pillar – temporary staffing group is progressing review of agency framework to support reducing unnecessary agency spend and increasing temp bank capacity building a collaboration of banks and aspiration of a one bank offer.
- New workforce transformation programme has started which will be driving forward the improvements from lots of process improvement workshops supported by external partners. These improvements will include delivering better application experience for candidates and improve recruitment activity timelines.

## Workforce Summary Continued

### Looking After Our People

- Devon ICS is running a one year project to support and improve the retention of key staff. The staff groups shown as having the highest turnover are early stage career support to nursing (SN) staff aged 20 – 29 and later stage career RNs aged 50+.
- The primary research and analysis showed that the key retention drivers for these groups are; feeling valued and recognised; having professional development opportunities; having supportive line management and work life balance. The staff survey for our Trust shows that these are important to staff across the organisation.
- The project is trialling career coaching for cohorts from these two groups and the second cohort for nurses started last week. Feedback from the first cohort has been excellent. <https://vimeo.com/710757847/47ecbed3c3>
- Off the back of this, the project is testing:
  - Stay conversation template and guidance
  - Career on a page information
  - Coaching as a career development tool
  - Stay/career plan development
  - Further development for line managers using the people promise as a basis for benchmarking performance.
- Once tested these will be scaled up and operationalised across the ICS, including with our colleagues in Adult Social Care.

There are also plans to set up a Devon ICS coaching collective to support people looking for career development or a career change. For further information, please contact Annie Broadbent on [annie.broadbent1@nhs.net](mailto:annie.broadbent1@nhs.net)

### New Ways of Working and Delivering Care

- The marketing campaign for the Collaborative bank has been extended for a further 6 months following approval of funding by the CIS New Ways of Working steering group.
- A Medical recovery plan group has been set up to deliver and implement a recovery plan for our medical workforce. Confirmation of funding has been given and discussions on the recruitment plan for the medical posts are ongoing.
- The ICS is leading on developing an ICS approach to workforce planning which will align to the ICS Workforce Strategy.
- The third workforce submission has been made to the ICS in readiness for submission to NHSEI as part of business planning for 2022-23.

### Belonging

- Promotion of inaugural BME Leadership programme asking for expressions of interest open to all staff groups to commence in Autumn 2022.
- Inclusivity representative present as an interview panel member at Chief People Officer and System Director interviews to provide challenge and promote inclusive mindsets whilst interviewing.

### Creating the Conditions to Enable Transformation

#### Building Capability:

- 4-day QI practitioner course – commenced on 17<sup>th</sup> May. Day 3 14<sup>th</sup> June, Day 4 28<sup>th</sup> June. 25 attended with good representation from all ISUs and several improvement projects are now being developed.
- Cohort 2 of the 4-day practitioner course commencing 5<sup>th</sup> July. Places are still available and being advertised.

#### Drumbeat programme (BBF):

- 13 of the 14 invited teams are now actively involved in the programme to start discussing the redesign of their clinical models. Another set of facilitated meetings are arranged for next week with paediatrics, respiratory, cardiology, acute medicine, gastroenterology, oncology, haematology and end of life.

#### Quality & Safety:

- Work commencing to launch and align QI training to the Quality & Safety Long Term Plan
- Work ongoing to support the development of Quality Boards across the organisation
- Work commencing to look at implementing a Patient Culture Survey

iManage is in a constant and agile state of development. We have begun to receive feedback from users who have completed some of the training content on iManage. We are currently focusing on creating tools for managers to use that would help them more accurately navigate TRAC and reduce FAQ's to the resourcing hub team. These tools are now located on iManage as guides for external vacancy process. Our next focus areas will be internal vacancy process and volunteers. We also aim to imminently engage the payroll team to explore which iManage solution would be best for them.



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

Indicator	Target	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Performance
Month Sickness %	4%	4.63%	4.75%	5.06%	5.41%	5.87%	5.52%	5.46%	6.03%	6.10%	7.44%	6.36%	4.66%	
12 Mth Rolling Sickness %	4%	4.04%	4.13%	4.24%	4.36%	4.50%	4.56%	4.67%	4.85%	5.03%	5.34%	5.57%	5.60%	
Achievement Rate %	90%	84.73%	81.26%	80.56%	79.69%	77.86%	79.15%	78.57%	76.13%	75.22%	71.87%	71.27%	73.90%	
Labour Turnover Rate	10-14%	11.28%	10.95%	11.73%	11.32%	11.57%	11.51%	11.97%	12.60%	12.86%	13.43%	13.15%	13.56%	
Overall Training %	85%	90.51%	89.53%	89.36%	88.95%	89.02%	88.75%	88.38%	88.62%	89.22%	89.50%	89.55%	89.83%	
FTE Vacancy	N/A	182	255	117	206	340	378	381	373	392	356	352	340	
Vacancy Factor	<10%	3.04%	4.22%	1.93%	3.38%	5.46%	6.05%	6.10%	5.95%	6.23%	5.67%	5.62%	5.43%	
Monthly Agency Spend	£698K	£1,096	£1,284	£1,090	£1,090	£1,231	£1,373	£1,248	£1,025	£658	£1,468	£1,148	£1,335	
Nuring Staff Average % Day Fill Rate- Nurses		87%	90%	87%	82%	86%	89%	88%	87%	88%	88%	89%	96%	
Nuring Staff Average % Night Fill Rate- Nurses		89%	93%	88%	75%	81%	84%	81%	78%	79%	79%	80%	87%	
Safer Staffing- Overall CHPD		7.71	7.73	7.75	7.55	7.56	7.78	7.93	7.64	7.61	7.56	7.59	7.6	

# 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.

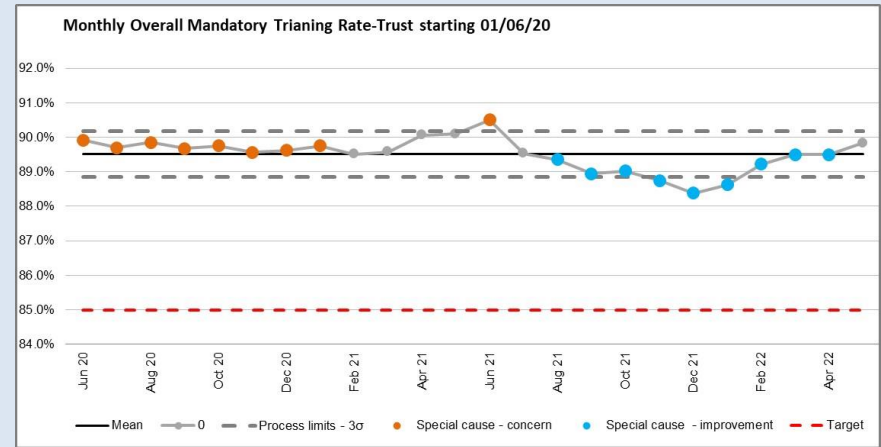
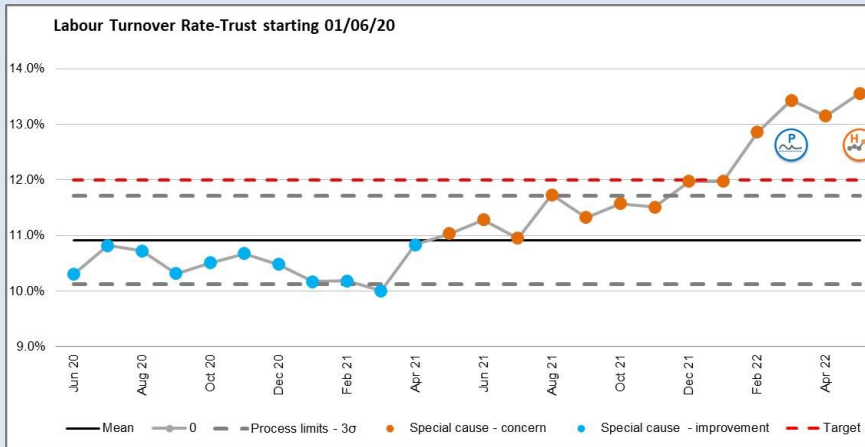
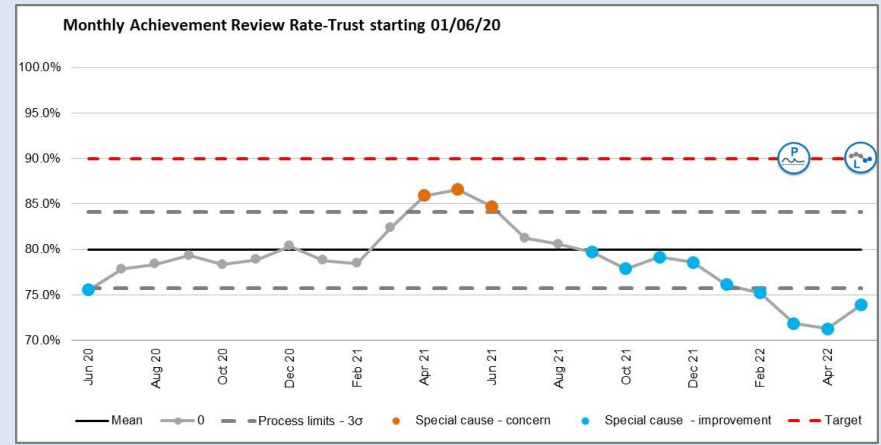
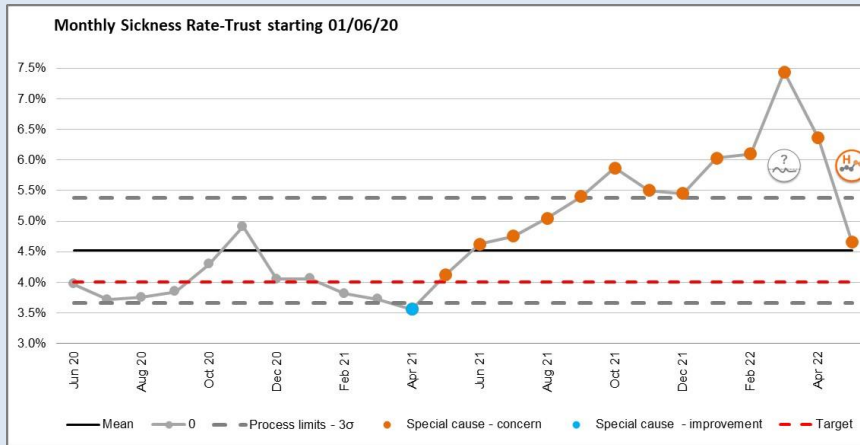
To help you interpret the data a number of rules can be applied.

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 has dropped to 4.66% from over 6% in April / AR has improved slightly in May but the trend is still below the mean / LTR shows two trends with the most recent the increase in turnover however despite the reduction in April, this has increased again in May and does include retire and

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

## Multiple Level Training Breakdown

	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Infection Control L1*	91.00%	90.91%	90.87%	91.62%	91.56%	91.52%	91.18%	90.84%	90.58%	90.77%	91.28%	91.69%	91.45%
infection Control L2*	82.95%	84.74%	82.48%	82.71%	82.30%	82.28%	82.77%	82.00%	81.64%	82.40%	82.41%	82.60%	82.11%
Moving & Handling L1*	91.17%	91.27%	90.70%	89.96%	90.61%	90.43%	89.85%	90.11	89.52%	89.69%	90.22%	90.80%	90.24%
Moving & Handling L2*	63.06%	65.38%	66.45%	68.21%	68.54%	68.37%	67.07%	67.93	68.73%	69.31%	69.50%	68.73%	68.47%
Safeguarding Adults L1	96.13%	96.09%	95.41%	94.60%	94.22%	94.29%	93.85%	93.55%	94.36%	94.47%	94.71%	94.77%	95.14%
Safeguarding Adults L2	89.85%	89.95%	88.01%	88.33%	87.99%	87.83%	87.68%	87.07%	87.67%	88.04%	88.56%	88.35%	87.86%
Safeguarding Adults L3	53.11%	57.42%	56.45%	57.26%	57.22%	59.03%	61.76%	62.90%	58.21%	58.47%	57.58%	58.10%	61.56%
Safeguarding Adults L4	48.84%	59.09%	54.55%	53.49%	65.85%	63.41%	59.09%	65.91%	62.22%	62.22%	65.12%	65.85%	64.29%
Safeguarding Adults L5	25.00%	25.00%	25.00%	25.00%	25.00%	75.00%	75.00%	80.00%	80.00%	80.00%	100.00%	100.00%	100.00%
Safeguarding Adults L6	66.67%	66.67%	66.67%	66.67%	77.78%	77.78%	77.78%	77.78%	77.78%	77.78%	87.50%	87.50%	87.50%
Mental Capacity Act L1	65.92%	72.74%	75.47%	77.77%	79.69%	81.22%	81.87%	83.13%	84.44%	85.35%	86.51%	87.58%	88.27%
Mental Capacity Act L2	57.86%	66.58%	69.50%	73.82%	74.20%	76.76%	78.39%	79.06%	79.53%	80.52%	81.74%	81.88%	83.72%
Mental Capacity Act L3	22.21%	30.72%	35.84%	42.30%	44.77%	48.74%	51.91%	54.86%	56.81%	58.42%	59.98%	61.15%	62.62%
Mental Capacity Act L4	20.00%	20.00%	20.00%	20.00%	20.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%
Mental Capacity Act L5	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	33.33%	33.33%	33.33%	100.00%	100.00%	100.00%
Mental Capacity Act L6	0.00%	0.00%	0.00%	0.00%	85.71%	85.71%	85.71%	85.71%	85.71%	83.33%	83.33%	83.33%	71.43%
Safeguarding Children L1	93.05%	93.53%	91.82%	91.56%	90.89%	90.98%	89.86%	89.56%	89.09%	89.38%	89.90%	90.21%	90.64%
Safeguarding Children L2	82.51%	82.69%	80.53%	80.54%	80.29%	80.89%	80.87%	80.52%	80.58%	81.04%	81.38%	81.63%	82.44%
Safeguarding Children L3	75.20%	72.57%	71.33%	74.04%	70.66%	73.00%	75.96%	73.60%	69.08%	69.12%	73.21%	72.86%	73.31%
ABLS L1	96.94%	96.99%	96.78%	96.67%	96.61%	96.82%	96.69%	96.87%	98.18%	98.02%	98.17%	98.12%	98.41%
ABLS L2	68.90%	73.41%	72.87%	74.15%	72.34%	72.87%	72.49%	70.95%	71.57%	70.17%	68.09%	68.80%	68.73%
AILS L3	60.91%	66.13%	66.67%	65.61%	61.35%	63.49%	64.63%	64.85%	65.49%	61.22%	57.68%	54.58%	57.42%
AAALS L4	57.75%	59.44%	62.59%	34.25%	42.47%	47.22%	46.85%	52.11%	60.36%	60.00%	63.25%	60.49%	65.13%
PBLS L2	66.25%	69.10%	68.56%	69.15%	69.08%	68.37%	67.96%	66.32%	65.08%	64.38%	63.54%	62.77%	64.56%
PILS L3	36.23%	38.36%	46.58%	47.83%	52.86%	55.22%	38.10%	39.42%	44.30%	47.20%	43.90%	42.74%	38.52%
PALS L4	22.73%	25.76%	46.15%	44.12%	41.79%	41.54%	41.79%	37.88%	35.37%	49.23%	50.79%	50.00%	47.54%
NBLS L2	80.25%	84.47%	81.37%	81.13%	76.13%	67.70%	74.38%	68.75%	71.67%	69.78%	65.41%	61.50%	69.66%
NBLS L3											61.29%	61.67%	60.66%

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

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Total	Strongly Disagree %	Disagree %	Neither Agree or Disagree %	Agree %	Strongly Agree %	Total
I look forward to going to work	17	41	103	90	19	270	6.30%	15.19%	38.15%	33.33%	7.04%	100.00%
I am enthusiastic about my job	9	19	76	110	57	271	3.32%	7.01%	28.04%	40.59%	21.03%	100.00%
Time passes quickly when I am working	6	16	72	99	77	270	2.22%	5.93%	26.67%	36.67%	28.52%	100.00%
There are frequent opportunities for me to show initiative in my role	20	40	45	106	39	250	8.00%	16.00%	18.00%	42.40%	15.60%	100.00%
I am able to make suggestions to improve the work of my team / department	20	34	42	108	46	250	8.00%	13.60%	16.80%	43.20%	18.40%	100.00%
I am able to make improvements happen in my area of work	20	34	42	108	46	250	8.00%	13.60%	16.80%	43.20%	18.40%	100.00%
Care of patients / service users is my organisation's top priority	9	34	63	128	27	261	3.45%	13.03%	24.14%	49.04%	10.34%	100.00%
I would recommend my organisation as a place to work	32	52	67	95	16	262	12.21%	19.85%	25.57%	36.26%	6.11%	100.00%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	18	30	63	123	27	261	6.90%	11.49%	24.14%	47.13%	10.34%	100.00%

The above table shows the results of the latest quarterly Pulse Survey – future Pulse Survey results will start to include trend data to include the results of the previous Pulse Surveys.

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

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

N&M FTE in-post has increased by 66 FTE since May of last year and M&D has increased by 46 FTE over the same period.

Agency FTE has increased from last month and this is reflected in the costs for Agency.

NHSI Staff Group	2021/05	2021/06	2021/07	2021/08	2021/09	2021/10	2021/11	2021/12	2022/01	2022/02	2022/03	2022/4	2022/5	Change since April 2021	% Change
Allied Health Professionals	528.95	524.64	519.16	524.63	538.34	536.58	528.76	527.30	524.64	522.34	520.82	513.97	517.62	-11.33	-2.14%
Health Care Scientists	93.71	93.71	93.71	94.39	92.69	92.70	93.80	92.40	91.36	92.36	91.76	90.16	89.16	-4.55	-4.86%
Medical and Dental	524.87	527.65	556.82	557.43	561.16	561.56	554.68	553.85	552.38	551.50	559.04	576.93	571.32	46.45	8.85%
NHS Infrastructure Support	1121.66	1126.62	1123.82	1121.33	1122.71	1124.58	1133.69	1134.71	1137.89	1147.56	1149.02	1148.34	1146.50	24.84	2.21%
Other Scientific, Therapeutic and Technical Staff	343.99	341.63	348.60	346.41	345.03	346.02	346.89	342.63	342.09	342.02	346.93	351.10	356.26	12.27	3.57%
Qualified Ambulance Service Staff	9.52	9.33	10.33	10.53	10.53	10.53	10.53	10.53	10.53	9.53	10.53	10.45	10.45	0.93	9.77%
Registered Nursing, Midwifery and HV staff	1239.03	1237.77	1248.15	1254.04	1267.34	1266.85	1267.50	1271.48	1287.67	1293.75	1287.20	1306.43	1305.28	66.25	5.35%
Support to clinical staff	1889.59	1902.13	1898.32	1901.54	1904.65	1899.35	1914.09	1908.06	1899.40	1897.31	1912.84	1907.03	1929.11	39.52	2.09%
<b>Grand Total</b>	<b>5751.33</b>	<b>5763.49</b>	<b>5798.91</b>	<b>5810.30</b>	<b>5842.46</b>	<b>5838.17</b>	<b>5849.93</b>	<b>5840.95</b>	<b>5845.95</b>	<b>5856.38</b>	<b>5878.15</b>	<b>5912.46</b>	<b>5925.70</b>	<b>174.37</b>	<b>3.03%</b>

### Pay Report Summary for the last 12 months

	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Cost	£	£	£	£	£	£	£	£	£	£	£	£
Substantive	£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	£23,784,603	£22,891,926
Bank	£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	£1,342,004	£1,362,536
Agency	£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	£1,146,711	£1,335,644
<b>Total Cost £</b>	<b>£23,356,792</b>	<b>£23,483,512</b>	<b>£23,573,065</b>	<b>£27,782,396</b>	<b>£24,549,512</b>	<b>£24,758,351</b>	<b>£24,418,728</b>	<b>£24,470,667</b>	<b>£24,591,276</b>	<b>£38,182,005</b>	<b>£26,273,318</b>	<b>£25,590,106</b>
WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Substantive	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	5,972.99	5,931.47
Bank	317.11	336.05	247.74	313.21	272.84	350.26	343.70	215.37	333.80	348.91	292.62	270.31
Agency	161.63	151.10	143.60	174.75	174.59	182.45	172.07	147.00	140.10	212.24	162.93	194.59
<b>Total Worked WTE</b>	<b>6,240.99</b>	<b>6,237.70</b>	<b>6,240.27</b>	<b>6,375.18</b>	<b>6,315.75</b>	<b>6,385.13</b>	<b>6,377.28</b>	<b>6,237.57</b>	<b>6,396.02</b>	<b>6,522.28</b>	<b>6,428.54</b>	<b>6,396.37</b>

# 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	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	Apr-22	May-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	537.50	536.50
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	1,384.03	1,373.51
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	1,950.33	1,940.50
Add Prof Scientific and Technic	226.13	226.40	226.40	226.40	226.40	226.40	231.12	231.12	232.12	232.12	246.63	246.63	242.72	242.72
Allied Health Professionals	699.22	700.07	706.59	713.39	721.79	721.79	722.78	722.31	723.48	723.68	723.68	723.68	738.55	742.55
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	105.64	105.64
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	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	1,307.23	1,306.43
<b>Total Staff Budgeted WTE</b>	<b>5,972.71</b>	<b>5,970.92</b>	<b>5,989.69</b>	<b>6,035.89</b>	<b>6,059.75</b>	<b>6,087.48</b>	<b>6,228.84</b>	<b>6,242.48</b>	<b>6,255.19</b>	<b>6,266.10</b>	<b>6,285.64</b>	<b>6,276.00</b>	<b>6,272.80</b>	<b>6,254.65</b>

Staff Group	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	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	Apr-22	May-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	551.66	545.79
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	1,305.03	1,311.17
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	1,919.01	1,920.71
Add Prof Scientific and Technic	227.31	222.33	224.89	224.95	234.72	223.75	227.20	213.43	226.79	227.66	227.99	224.92	228.01	225.38
Allied Health Professionals	658.92	664.74	664.35	656.84	663.94	671.90	679.91	676.09	671.37	672.78	665.14	665.32	654.49	651.07
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	94.77	94.17
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	7.61	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	1,159.95	1,158.82
<b>Total Staff Worked WTE</b>	<b>5,794.64</b>	<b>5,774.76</b>	<b>5,807.70</b>	<b>5,780.96</b>	<b>5,942.54</b>	<b>5,881.46</b>	<b>5,888.47</b>	<b>5,864.67</b>	<b>5,873.75</b>	<b>5,893.15</b>	<b>5,894.15</b>	<b>5,920.15</b>	<b>5,920.52</b>	<b>5,914.71</b>

Staff Group	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	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	Apr-22	May-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	-14.16	-9.29
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	79.00	62.34
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	31.32	19.79
Add Prof Scientific and Technic	-1.18	4.07	1.51	1.45	-8.32	2.65	3.92	17.69	5.33	4.46	18.64	3.21	14.71	17.34
Allied Health Professionals	40.30	35.33	42.25	56.55	57.86	49.89	42.87	46.22	52.11	50.90	58.54	58.36	84.06	91.48
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	10.87	11.47
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	-0.81	-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	147.28	147.61
<b>Total Staff Worked WTE</b>	<b>178.07</b>	<b>196.16</b>	<b>181.98</b>	<b>254.93</b>	<b>117.21</b>	<b>206.01</b>	<b>340.37</b>	<b>377.81</b>	<b>381.45</b>	<b>372.95</b>	<b>391.50</b>	<b>355.85</b>	<b>352.28</b>	<b>339.94</b>

Vacancies: Vacancy data based on Finance Reporting from Unit 4 Agresso–The budget setting process for the year 2022-23 has been challenging this year. N&M vacancies have reduced from 79 WTE in April to 62 WTE in May and AHP vacancies have increased from 84 WTE in April to 91 WTE in May. N&M 7 WTE have increased by Finance Report on May 21, 2022 and Workforce are working with Nursing Workforce to validate the vacancies. A&C Page 26 of 71 remain consistent at 147 WTE which are due to delays in implementing plans. Overall Page 106 of 185

## 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 2021-22 and the rolling total for the 22-23 Financial Year.

The May figure shows a rise in agency cost compared to Apr 2022.

Torbay and South Devon NHS Foundation Trust	2021-22 Financial Year												2022-23 Financial Year		
Total Agency Spend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	2021-22 Total	Apr-22	May-22	2022-23 Total
Registered Nurses	348	468	584	520	599	557	676	570	432	408	818	6336	546	709	1255
Scientific, Therapeutic and Technical	99	142	122	110	112	162	140	144	147	130	67	1418	93	138	231
of which Allied Health Professionals	45	63	58	65	47	65	70	80	88	86	23	721	52	75	127
of which Other Scientific, Therapeutic and Technical Staff	54	79	64	45	65	96	70	64	59	44	44	696	41	63	104
Support to clinical staff (HCA)	-10	-3	7	-8	2	15	19	13	35	31	24	124	32	40	72
Total Non-Medical - Clinical Staff Agency	437	607	713	622	713	734	835	727	614	569	909	7878	671	887	1558
Medical and Dental Agency	262	353	455	328	317	322	390	378	265	-63	370	3621	321	202	523
Consultants	203	281	344	178	171	212	278	245	167	11	250	2554	230	124	354
Trainee Grades	59	72	111	150	146	110	112	133	98	-74	120	1067	91	326	417
Non Medical - Non-Clinical Staff Agency	128	136	116	140	162	174	148	143	146	152	189	1748	156	122	278
<b>Total Pay Bill Agency and Contract</b>	<b>827</b>	<b>1096</b>	<b>1284</b>	<b>1090</b>	<b>1192</b>	<b>1231</b>	<b>1373</b>	<b>1248</b>	<b>1025</b>	<b>658</b>	<b>1468</b>	<b>13248</b>	<b>1148</b>	<b>1335</b>	<b>2483</b>

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

Ward	Day						Night						Total Patients	Day			Night		
	RN / RM		Nursing Associates		Care Staff		RN / RM		Nursing Associates		Care Staff			Average fill rate - registered nurses/midwives (%)	Average fill rate - nursing associates (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - nursing associates (%)	Average fill rate - care staff (%)
	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours							
Ainslie	1783	1763	0	0	1783	1689	1426	1346	0	0	1070	1195	776	98.9%	0.0%	94.8%	94.4%	0.0%	111.7%
Allerton	2914	2481	0	0	1070	1217	1426	1150	0	0	1070	1202	880	85.2%	0.0%	113.8%	80.6%	0.0%	112.4%
Cheetham Hill	1426	1973	357	0	2139	2095	1070	851	357	0	1426	1913	849	138.3%	0.0%	98.0%	79.6%	0.0%	134.2%
Coronary Care	1426	1488	0	0	0	13	1070	1070	0	0	0	4	381	104.3%	0.0%	0.0%	100.0%	0.0%	0.0%
Cromie	1679	1442	0	0	891	1075	1070	1061	0	0	713	808	713	85.9%	0.0%	120.6%	99.2%	0.0%	113.3%
Dunlop	1426	1292	0	0	1248	1310	1070	909	0	0	1070	1150	741	90.6%	0.0%	105.0%	84.9%	0.0%	107.5%
Forrest	1783	1672	713	0	1426	1378	1783	1645	713	0	1426	1119	747	93.8%	0.0%	96.6%	92.3%	0.0%	78.5%
EAU4	1783	1495	0	0	1426	1705	1783	1406	0	0	1426	1266	750	83.9%	0.0%	119.6%	78.9%	0.0%	88.7%
Ella Rowcroft	1070	1008	0	0	1426	1218	1012	863	0	0	713	702	442	94.3%	0.0%	85.4%	85.2%	0.0%	98.4%
Warrington	1070	1173	0	0	713	900	713	725	0	0	713	782	517	109.7%	0.0%	126.3%	101.6%	0.0%	109.7%
George Earle	1426	1536	357	0	2139	2097	1070	1079	0	0	1426	1814	840	107.7%	0.0%	98.0%	100.8%	0.0%	127.2%
ICU	3565	2388	0	0	0	334	3209	2250	0	0	0	23	171	67.0%	0.0%	0.0%	70.1%	0.0%	0.0%
Joan Williams	713	695	0	0	713	613	713	713	0	0	713	736	321	97.5%	0.0%	85.9%	100.0%	0.0%	103.2%
Louisa Cary	2139	1609	0	0	713	757	2139	1435	0	0	713	774	471	75.2%	0.0%	106.1%	67.1%	0.0%	108.5%
Escalation (McCullum)	713	923	0	0	1070	883	713	575	0	0	1070	1008	512	129.5%	0.0%	82.6%	80.6%	0.0%	94.2%
Midgley	1783	1933	0	0	1783	1477	1783	1495	0	0	1426	1314	895	108.4%	0.0%	82.8%	83.9%	0.0%	92.1%
SCBU	1070	1172	0	0	357	112	1070	845	0	0	357	265	189	109.6%	0.0%	31.5%	79.0%	0.0%	74.2%
Simpson	1426	1620	357	0	2110	2389	1070	1074	0	0	1426	1828	860	113.6%	0.0%	113.2%	100.4%	0.0%	128.2%
Turner	1070	1431	0	0	1783	1978	713	702	0	0	1426	1116	507	133.8%	0.0%	111.0%	98.4%	0.0%	78.2%
<b>Total (Acute)</b>	<b>30260.5</b>	<b>29093.88</b>	<b>1782.5</b>	<b>0</b>	<b>22787.25</b>	<b>23238.5</b>	<b>24897.5</b>	<b>21188.5</b>	<b>1069.5</b>	<b>0</b>	<b>18181.5</b>	<b>19015.83</b>	<b>11562</b>	<b>96.1%</b>	<b>0.0%</b>	<b>102.0%</b>	<b>85.1%</b>	<b>0.0%</b>	<b>104.6%</b>
Brixham	868	983	434	0	1302	1454.5	1023	682	0	0	682	990	612	113.2%	0.0%	111.7%	66.7%	0.0%	145.2%
Dawlish	868	969.75	0	0	1085	895	744	727	0	0	682	715.5	477	111.7%	0.0%	82.5%	97.7%	0.0%	104.9%
John Macpherson	1070	1076	0	0	564	588	713	777	0	0	713	683	429	100.6%	0.0%	104.3%	108.9%	0.0%	95.8%
NA - Teign Ward	1953	1657	0	0	1953	1604	1023	1023	0	0	1023	978.5	914	84.8%	0.0%	82.1%	100.0%	0.0%	95.7%
NA - Templar Ward	1736	1606.3	0	0	2198	2003	1023	1001	0	0	1116	1050	919	92.5%	0.0%	91.1%	97.8%	0.0%	94.1%
Totnes	868	853.3	0	0	1302	1186	744	688	0	0	682	675	532	98.3%	0.0%	91.1%	92.5%	0.0%	99.0%
<b>Organisational Summary</b>	<b>37623</b>	<b>36239</b>	<b>2217</b>	<b>0</b>	<b>31191</b>	<b>30969</b>	<b>30168</b>	<b>26086</b>	<b>1070</b>	<b>0</b>	<b>23080</b>	<b>24108</b>	<b>15445</b>	<b>96.3%</b>	<b>0.0%</b>	<b>99.3%</b>	<b>86.5%</b>	<b>0.0%</b>	<b>104.5%</b>

- The Registered Nurse (RN) average fill rate for day has increased in May 22 to 96.3% from 89.0% in April 22 and the night fill rate has increased to 86.5% in April 22 from 79.7% in Mar 22. This improvement in fill rate is demonstrates the reduction in Registered Nurse Vacancies.
- The Health Care Support Worker (HCSW) average fill rate for day was 99.3% and night was recorded as 104.5% which is an increase for both days and nights but continues to be in line with the safer staffing establishment. The slightly high fill rate at night was to provide supportive observation to patients with complex needs.
- Reassuringly there were no general wards reporting less than 80% fill rate, where this is was the case, mitigations were put in place to reduce any potential risks to patients such as backfilling with HCSW's.



# 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	4.00	0.00	3.70	10	14	0	9	32.3%	45.2%	0.0%	29.0%	7.74	4.74	0	2.91
Allerton	7.40	5.02	0.00	2.38	6.90	4.10	0.00	2.70	23	30	0	4	74.2%	96.8%	0.0%	12.9%	7.74	4.74	0	2.91
Cheetham Hill	7.39	2.88	0.41	4.11	8.00	3.30	0.00	4.70	6	4	31	4	6.5%	6.5%	100.0%	0.0%	7.74	4.74	0	2.91
Coronary Care	5.75	5.75	0.00	0.00	6.80	6.70	0.00	0.00	1	2	0	0	3.2%	6.5%	0.0%	0.0%	7.74	4.74	0	2.91
Cromie	5.75	3.68	0.00	2.07	6.20	3.50	0.00	2.60	11	20	0	7	35.5%	64.5%	0.0%	22.6%	7.74	4.74	0	2.91
Dunlop	6.47	3.35	0.00	3.11	6.30	3.00	0.00	3.30	19	26	0	7	61.3%	83.9%	0.0%	22.6%	7.74	4.74	0	2.91
Forrest	10.12	4.60	1.84	3.68	7.80	4.40	0.00	3.30	31	17	31	25	100.0%	54.8%	100.0%	80.6%	7.74	4.74	0	2.91
EAU4	8.28	4.60	0.00	3.68	7.80	3.90	0.00	4.00	21	27	0	11	67.7%	87.1%	0.0%	35.5%	7.74	4.74	0	2.91
Ella Rowcroft	6.57	3.29	0.00	3.29	8.60	4.20	0.00	4.30	0	3	0	0	0.0%	9.7%	0.0%	0.0%	7.74	4.74	0	2.91
Warrington	6.09	3.38	0.00	2.71	6.90	3.70	0.00	3.30	3	2	0	2	9.7%	6.5%	0.0%	6.5%	7.74	4.74	0	2.91
George Earle	7.39	2.88	0.41	4.11	7.80	3.10	0.00	4.70	7	6	31	3	22.6%	19.4%	100.0%	9.7%	7.74	4.74	0	2.91
ICU	24.28	24.28	0.00	0.00	29.20	27.10	0.00	2.10	3	4	0	0	9.7%	12.9%	0.0%	0.0%	7.74	4.74	0	2.91
Joan Williams	8.36	4.18	0.00	4.18	8.60	4.40	0.00	4.20	11	3	0	12	35.5%	9.7%	0.0%	38.7%	7.74	4.74	0	2.91
Louisa Cary	7.36	5.52	0.00	1.84	9.70	6.50	0.00	3.20	1	4	0	0	0.0%	12.9%	0.0%	0.0%	7.74	4.74	0	2.91
Escalation (McCullum)	6.76	2.71	0.00	4.06	6.60	2.90	0.00	3.70	16	9	0	18	51.6%	29.0%	0.0%	58.1%	7.74	4.74	0	2.91
Midgley	7.53	3.97	0.00	3.57	6.90	3.80	0.00	3.10	28	17	0	30	90.3%	54.8%	0.0%	96.8%	7.74	4.74	0	2.91
SCBU	9.20	6.90	0.00	2.30	12.70	10.70	0.00	2.00	3	3	0	16	9.7%	9.7%	0.0%	51.6%	7.74	4.74	0	2.91
Simpson	7.19	2.88	0.41	3.90	8.00	3.10	0.00	4.90	2	2	31	0	6.5%	6.5%	100.0%	0.0%	7.74	4.74	0	2.91
Turner	10.73	3.83	0.00	6.90	10.30	4.20	0.00	6.10	17	6	0	25	54.8%	19.4%	0.0%	80.6%	7.74	4.74	0	2.91
Brixham	6.95	3.05	0.70	3.20	6.70	2.70	0.00	4.00	19	25	31	1	61.3%	80.6%	100.0%	3.2%	7.74	4.74	0	2.91
Dawlish	6.81	3.25	0.00	3.56	6.90	3.60	0.00	3.40	18	6	0	21	58.1%	19.4%	0.0%	67.7%	7.74	4.74	0	2.91
John Macpherson	5.18	2.88	0.00	2.30	7.30	4.30	0.00	3.00	2	0	0	6	6.5%	0.0%	0.0%	19.4%	7.74	4.74	0	2.91
NA - Teign Ward	6.40	3.20	0.00	3.20	5.80	2.90	0.00	2.80	27	24	0	28	87.1%	77.4%	0.0%	90.3%	7.74	4.74	0	2.91
NA - Templar Ward	6.50	2.97	0.00	3.53	6.20	2.80	0.00	3.30	20	18	0	21	64.5%	58.1%	0.0%	67.7%	7.74	4.74	0	2.91
Totnes	6.44	2.89	0.00	3.56	6.40	2.90	0.00	3.50	14	13	0	18	45.2%	41.9%	0.0%	58.1%	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
	7.64	4.13	0.20	3.31	7.60	4.04	0.00	3.57

- The RN actual CHPPD for TSD has increased to 4.04 in May 22 from 3.91 in April 22, which although a slight improvement remains below the Carter recommendation of 4.7. The CHPPD has seen an improvement over the last 3 months in line with an improved vacancy position.
- The HCA actual CHPPD is at 3.57 which is above the Carter recommendation of 2.91 and slightly above the planned 3.31
- During May the operational position improved and only 2 days were declared at OPEL 4 and 15 days were declared at OPEL 3. The total planned CHPPD was recorded as 7.64 and the actual was reported as 7.60 which is within our staffer staffing establishment.

## Community and Social Care Indicators

Key				
<span style="color: green;">↑</span> = Performance improved from previous month <span style="color: red;">↓</span> = Performance deteriorated from previous month <span style="color: black;">↔</span> = No change				
Not achieved	Under-achieved	Achieved	No target set	Data not available

Carers Assessments Completed year to date	Achieved	↔
Children with a Child Protection Plan (one month in arrears)		
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)		
DOLS - Deprivation of Liberty Standard	No target set	
Intermediate Care - No. urgent referrals		
Community Hospital - Admissions (non-stroke)	No target set	
Proportion of clients receiving self-directed support (ASCOF)	Achieved	↔
Proportion of carers receiving self-directed support (ASCOF)	Achieved	↔
Percentage of Adults with learning disabilities in employment (ASCOF)	Achieved	↔
Percentage of adults with learning disabilities in settled accommodation (ASCOF)	Achieved	↔
Permanent admissions (18-64) to care homes per 100k population (ASCOF)	Not achieved	↓
Permanent admissions (65+) to care homes per 100k population (ASCOF)	Not achieved	↓
Proportion of clients receiving direct payments (ASCOF)	Not achieved	↓
% reablement episodes not followed by long term SC support	Achieved	↑

### Operational update:

The unifying of social care processes for Baywide services is progressing well alongside a more consistent approach to referrals, triage and panels. Feedback has been overwhelmingly positive about the changes amongst staff for the Safeguarding Single Point of Contact process which has resulted from the Baywide interim structure for Adult Social Care.

Within the Fair Cost of Care project, the joint TSDFT and Torbay Council team have requested participation by domiciliary and home care organisations. The FCC team and participants will be working alongside an external accountancy until mid-September which will support the October deadline for Torbay financial returns and sustainability plan.

Care Accounts, as part of the social care charging reform, is a key project between TSDFT and Local Authority and planning is underway. The current Discovery Phase of planning progresses well with emphasis on digital transformation. The newly formed joint TSDFT and Torbay Council project team continues to work alongside Local Government Association and NHS Transformation as part of the Pathfinder Programme. The Pathfinder Programme will provide further support in terms of technical and operational readiness from central government and will take lessons earned from Trailblazer Local Authorities.

Adult Social Care Improvement Plan (ASCiP) has implemented its plans for the 2022/23 Cost Improvement Plan Savings. As a result of adopting a strength-based approach to reassessments in accordance with the Care Act 2014 outcome focused approach to social care, the first quarter on 2022/23 is promising. The second stage of transformation for 2022/23 has been prioritised alongside central government requirements for social care charging reform (Care Accounts) which will bring forward the need to improve information, advice and guidance for citizens of Torbay.

## 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.

Measure	Target 2022/2023	13 month trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Year to date 2022/23
<b>SOCIAL CARE SERVICES</b>																
% clients receiving self directed support - Torbay			71.9%	71.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% clients receiving direct payments - Torbay			19.8%	19.5%	19.6%	19.5%	19.0%	19.4%	19.4%	19.6%	19.4%	19.6%	19.8%	19.5%	19.4%	19.4%
% carers receiving self directed support - Torbay			97.5%	98.3%	100.0%	100.0%	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 - Torbay			7.4%	7.4%	7.4%	7.1%	7.1%	6.8%	7.0%	6.8%	6.7%	6.6%	7.1%	7.3%	7.3%	7.3%
% Adults with learning disabilities in settled accommodation - Torbay			82.3%	81.7%	81.3%	81.0%	80.6%	80.6%	81.5%	81.6%	81.6%	81.8%	81.1%	81.3%	81.2%	81.2%
Permanent admissions (18-64) to care homes per 100k population - Torbay			20.2	23.1	17.7	19.0	17.7	17.7	20.4	23.1	25.8	19.0	21.7	24.5	29.9	29.9
Permanent admissions (65+) to care homes per 100k population - Torbay			510.8	487.3	498.1	511.5	449.6	422.7	411.9	376.9	487.3	476.5	570.8	576.2	823.8	823.8
% reablement episodes not followed by long term SC support - Torbay			85.1%	85.0%	85.9%	87.1%	87.4%	87.9%	87.9%	87.7%	88.0%	87.8%	88.9%	84.5%	86.8%	86.8%

**Social Care Services:** The table above captures the current Torbay Adult Social Care key performance indicators. The targets for 2022\_23 have not yet been agreed so no RAG rating has been applied. The recorded increase in permanent admissions (65+) to care homes per 100k population from 576.2 in April to 823.8 in May is due to system and reporting changes in the care management system and will be the new baseline going forward.

Measure	Target 2022/2023	13 month trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Year to date 2022/23
% reablement episodes not followed by long term SC support - Torbay			85.1%	85.0%	85.9%	87.1%	87.4%	87.9%	87.9%	87.7%	88.0%	87.8%	88.9%	84.5%	86.8%	86.8%
<b>PUBLIC HEALTH SERVICES</b>																
% of face to face new birth visits within 14 days *	95.0%		86.6%	80.4%	74.4%	81.0%	72.9%	83.8%	82.1%	80.2%	78.8%	84.4%	70.3%	74.7%	78.0%	76.4%
Children with a child protection plan *			213	201	171	165	147	147	145	143	154	167	156	-		..
Opiate users - % successful completions of treatment (Quarterly) **	Var			4.3%			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.

# Community Services – hospital discharge and onward care

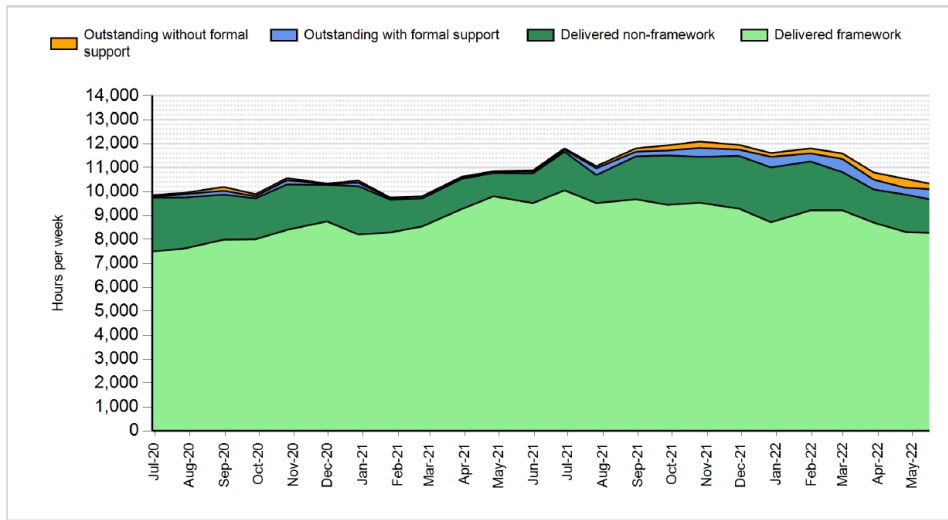
As a provider of Health and Social Care, Trust teams either commission directly from the independent sector or work in partnership with Devon County Council to secure the necessary capacity in the community. This includes domiciliary care which is essential to provide people as much independence as possible avoiding 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**

**Domiciliary Hours per Week (Health & Social Care)**  
Updated to w/c 16/05/22

Torbay and South Devon   
NHS Foundation Trust

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



**Chart 2 -Unmet packages of care**

Domiciliary Care Packages: Unfilled or provided by other services

South Devon: POC covered by another service (Blue)  
 South Devon: POC outstanding (Orange)  
 Torbay: POC covered by another service (Red)  
 Torbay: POC outstanding (Green)

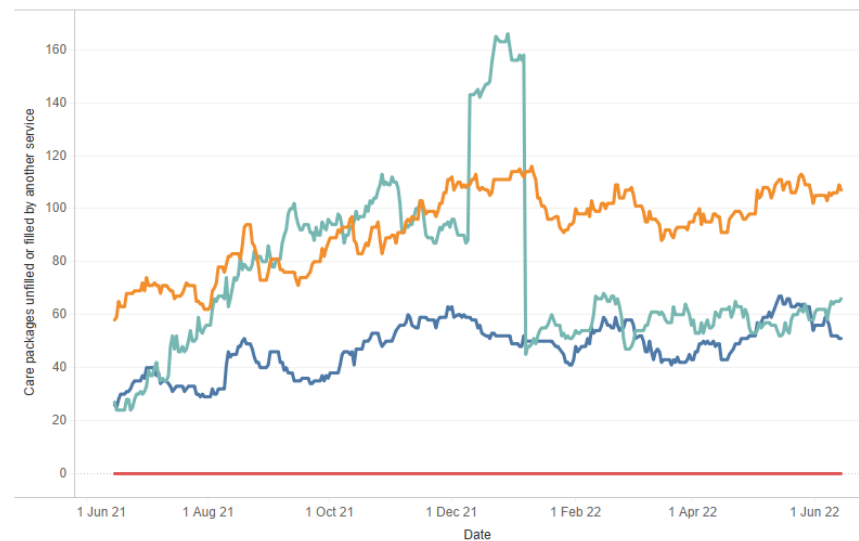


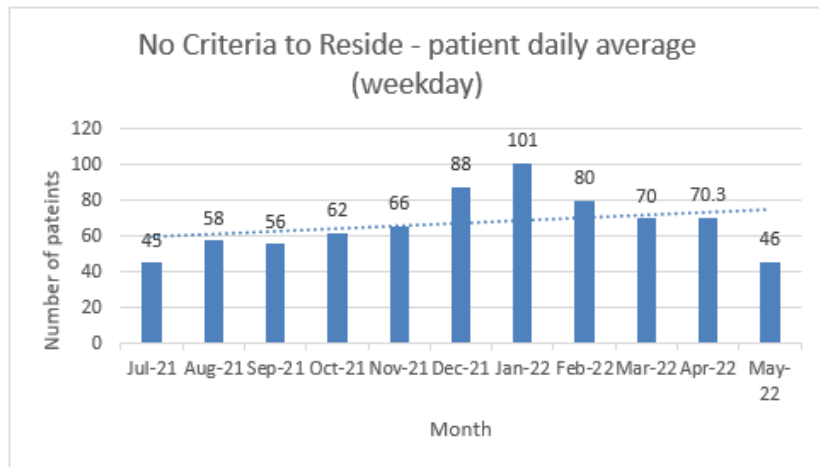
Chart 1 – ‘Hours of care given’ shows the latest data available for total commissioned domiciliary hours by week for Torbay. The amount of care provided is seen along with the unmet/outstanding demand. The outstanding hours without formal support are of highest concern. The weekly snapshot in April (362 hours) outstanding decreased to 242 hours without formal support in May (as at 15 May 2022).

Chart 2- “Unmet packages of care” shows the number of unmet packages of care for South Devon (orange) and Torbay (Green) and where provided by diverting other NHS community provision (Blue). Current levels remain significantly higher than those reported in Q1 2021/22.

Across the sector there are significant workforce recruitment and retention challenges so increasing capacity is very difficult at this time. However, increasing the capacity in the domestic care sector will be critical if we are to support the flow of patients from an acute setting where a new or changed package of care is needed.

## Criteria To Reside

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



The average number of patients with no criteria to reside continues to decrease from the peak seen in January. However, the number of delayed discharges continues to be above historical levels. The Trust has a Complex Discharge Pathway Improvement Plan to support operational bed capacity and flow.

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

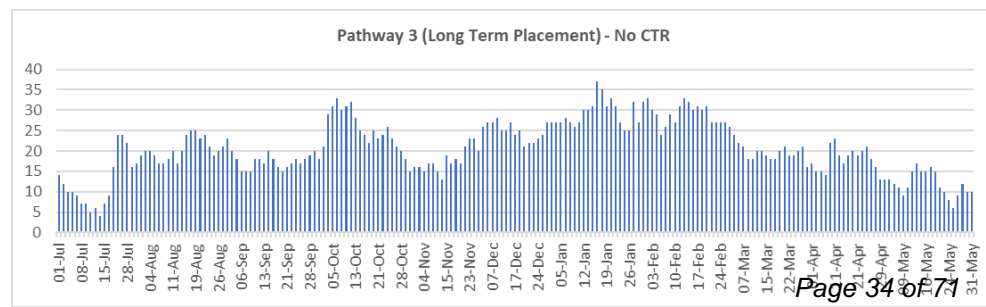
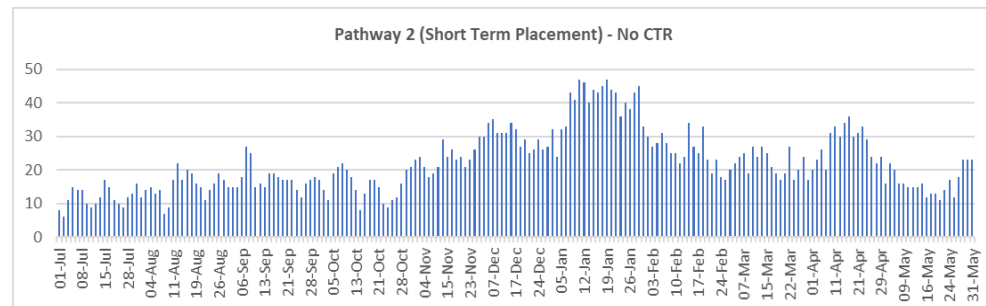
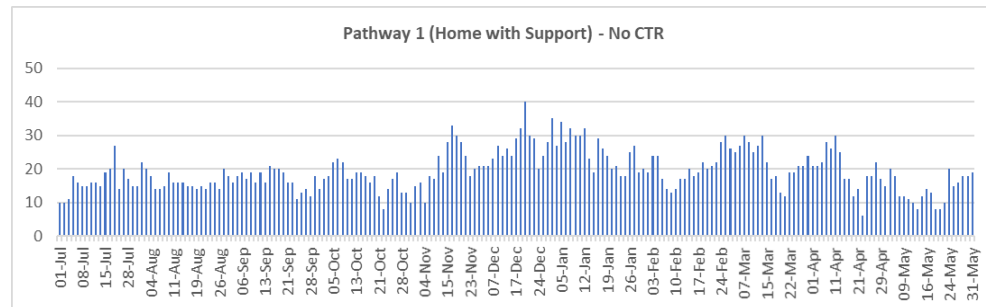
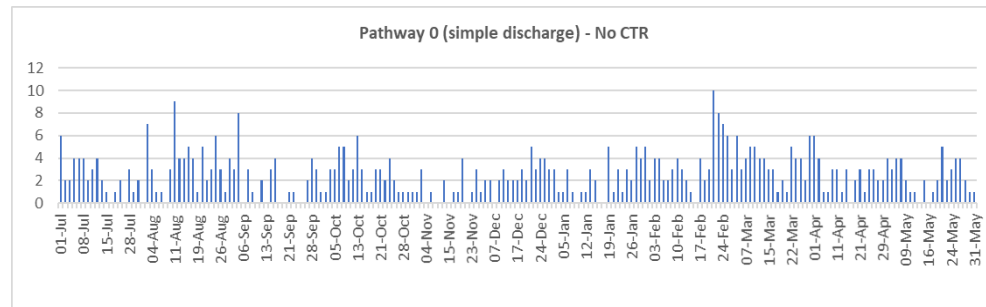
The graphs reflect a reduction in the number of patients waiting for a simple discharge and delayed discharge for those patients waiting for a short-term and long-term placement. All patients requiring a complex discharge are managed and reviewed through the Discharge Hub and are reviewed on a daily 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

7.01 Integrated Performance Report Month 2 May 2022.pdf  
 Pathway 3 = Long term placement



## Operational Performance Summary – Page 1

### Operational performance summary: Chief Operating Officer

**Covid:** The Trust has continued to care for patients with Covid with the numbers remaining static and marginally exceeding capacity within the 8 bed Covid unit. This has released the majority of the remaining beds in the ward back for non covid medical patients. At the end of May, the Trust adopted the revised Covid IPC rules releasing increased capacity in outpatient and other waiting areas through social distancing and reduced testing requirements for both admission and existing inpatients.

**Recovery Planning:** During May, following the relocation of the Medical Receiving Unit to level 2 in April, the operation of the Day Surgery Unit and opening of beds to support elective orthopaedic operations has been sustained with activity levels recovering towards pre pandemic levels in these areas. At the end of May, the medical oncology day unit was also transferred back to its substantive accommodation. This resulted in a closure of 10 escalation beds however the remaining escalation beds will remain open as set out in the Trusts Recovery Plan. Urology services have transferred to the Paignton Hospital site with some further estate works planned to fully optimise the service. In doing so it is anticipated further efficiencies will be delivered in the urology pathway increasing the number of treatments and reducing use of theatres for delivery of some activity which will be delivered safely in the Paignton outpatient setting.

**Urgent Care:** Urgent and emergency services continue to be challenged with the Trust operating at OPEL 4, the highest level of escalation, declared on 2 days. The four-hour performance target for May is reported as 57.6% and the lowest performance for 13 months and being one of the lowest performing Trusts in the South Region. High bed occupancy has continued to impact patient flow leading delays to ambulance handover, extended waits in ED and assessment areas, and patients bedded in ED and assessment areas overnight. 548 people spent 12-hours or more in the Emergency Department this being an improvement from April of 656; ambulance handover delays remain high with 514 patients experiencing a delay of over an hour once arriving at the Emergency Department. Overall levels of demand through the ED remain at just below pre-pandemic levels for the time of year. There has been improvement in the number of long stay patients with both the number of 7-day and 21-day stays recorded reducing for the third consecutive month and reflects the improvements seen in the average number of patients in hospital who could be safely discharged (Not Critical to Reside) falling to a daily average across the ICO of 46 in May from a high of 101 in January. Bed occupancy however remains above the levels needed to have timely flow from ED and assessment areas. Whilst the reduction in NCTR is good progress the average length of stay remains significantly higher than pre-pandemic level and the same period last year. Further work is being led through the Flow Improvement Group and System Team to understand the drivers for this and areas for targeted improvement work.

**People waiting for care:** The number of patients waiting over 104 weeks has started to reduce from 245 at the end of March to 173 at the end of May and a forecast of < 100 for the end of June. This is behind the National ambition to avoid anyone waiting over 104 weeks by the end of June. However this still demonstrates good progress since the return of elective capacity and confidence that all patients waiting this long, who wish to be treated, will be in the coming weeks. The focus now moves on to the next target to reduce the number of patients waiting over 78 week waits to the planned position of 305 by end of March 2023. Whilst this is the aggregate Referral to Treatment position teams are focusing on waiting times across all stages of treatment. 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. In outpatients, the target is to achieve 25% of consultant led outpatient attendance delivered non face to face. The current performance is 21%

reported in May.  
7.01 Integrated Performance Report Month 2 May 2022.pdf

Cancer 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 pathways remain high risk and are receiving weekly executive oversight.

**Communication with patients with long waits:** The Trust is engaged with the Integrated Care System (ICS) system Waiting Well Programme. Through this work non-clinical validation of long wait patients “yet to be seen” (longer than 52 weeks) is being supported by the Devon Referrals Support Service (DRSS) by contacting some of our longest waiting patients to give assurance and direct to wellbeing and lifestyle support. This Waiting Well Programme is also developing information links through various forms of media for patients to give further advice on waiting times and wider support.

**Diagnostic waiting times:** MRI, CT, Endoscopy, CT, and Echocardiography remain challenged with 65% 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 continue to be critical to supporting capacity. The national expectation is to plan an increase in diagnostic activity to 120% of 2019/20 levels and to have no more than 25% of patients waiting over 6 weeks by end of March 2023.

**Patients in hospital:** The number of 7-day and 21-day length of stay patients has reduced with daily average of 166 over 7 days and 39 over 21 days in hospital. This improvement is linked to some further reduction in the number of patients reported as having no criteria to reside. There has been a continued reduction in the average number of patients per day recorded as having no criteria to reside from 101 in January to 46 in May, although remaining higher than historic levels indicating there is potential for further improvement. A 50% reduction in no criteria to reside from December 2021 levels has been built into the bed modelling for winter 22/23. In support of onward packages of care and complex discharges the retention and recruitment of staff remains a significant challenge for independent sector providers who provide nursing residential and domestic care packages of care.

**Community and social care:** There continues to be a focus on increased productivity across community teams and recruitment to ensure teams can operate at full establishment. The levels of unfilled packages with “no other formal support” remain a concern with 242 hours outstanding as at 16 May 2022. Daily review and mitigations are in place to prioritise those patients with no other formal support in place and potentially delaying those leaving acute settings of care.

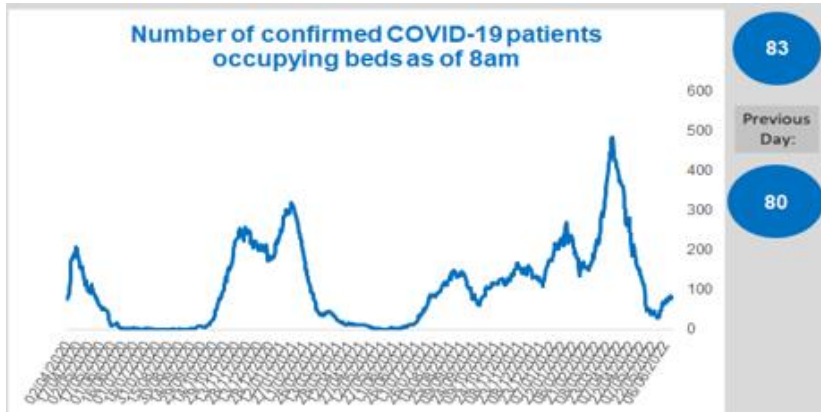


## Operational Performance Indicators

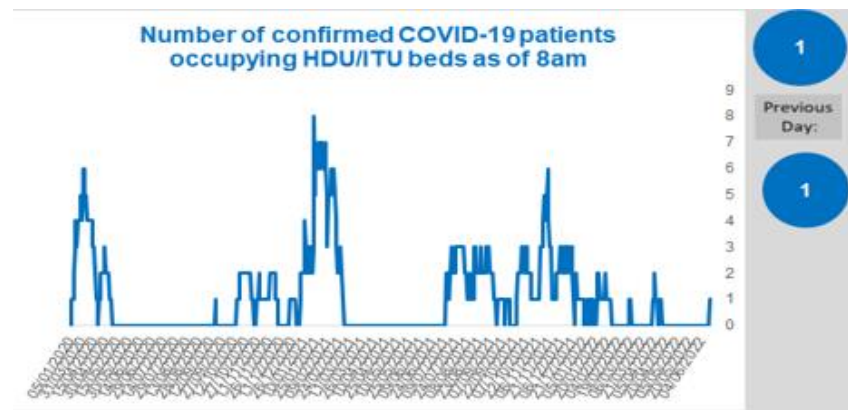
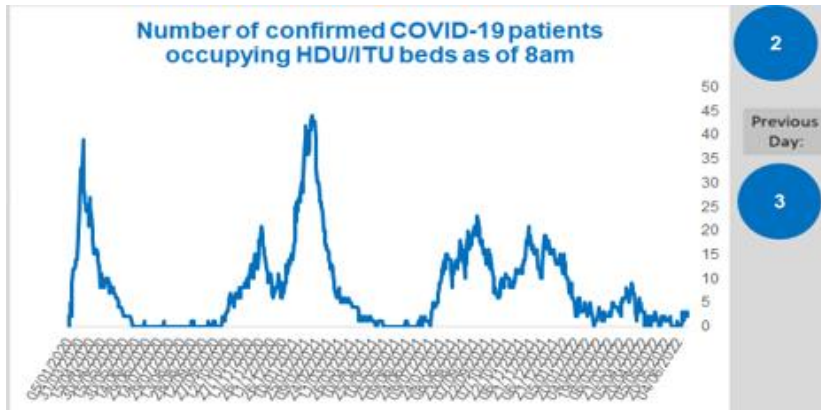
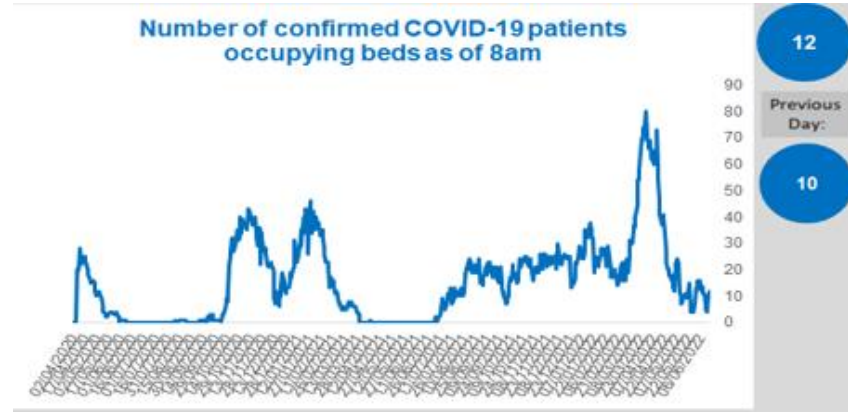
Key										
<span style="color: green;">↑</span> = Performance improved from previous month <span style="color: red;">↓</span> = performance deteriorated from previous month                       ↔ = no change										
	Not achieved		Under-achieved		Achieved		No target set		Data not available	NHSI 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										↑
Virtual Outpatient (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										↓

# Covid - Hospitalisations

Devon ICS  
(as at 16 June 2022)



Torbay and South Devon NHS FT  
(as at 16 June 2022)



The Trust continues to care for patients with Covid within one ward, in line with the current operational plan. The number of patients requiring intensive care remains low.

# NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Patients seen within 4 hours in A&E	Performance M2	The Emergency Department remains challenged with access to inpatient beds continuing to contribute long stays in the department, overcrowding, and ambulance handover delays. Ambulance handover delays remain very high with 514 patients experiencing over 60 minute delay compared to 26 patients last May. 548 patients experienced over 12 hours in the department compared to 46 last May. Across the wider system there continues to be both capacity and workforce challenges to maintain the flow of patients out of hospital.	<p>Streaming GP referred emergencies to the Medical and Surgical Receiving units reduces the potential crowding in ED and can ensure early specialist assessment. Triage is in place to clinically risk assess all handover and ED long waits for medical review.</p> <p>The Discharge Lounge utilisation remains high and is being successful in bringing forward the time that ward beds are released to support flow from ED.</p> <p>Work continues with system partners to support admissions avoidance and reduce delays to discharge patients when medically fit.</p>	
	57.6%			
	Performance M1			
	58%			
	Target			
	95%			
	Risk level			
HIGH				
Patients waiting longer than 18 weeks from Referral to Treatment	Performance M2	The total number of people waiting for treatment has increased by 1,767 from last month. 813 patients are waiting longer than 78 weeks and 173 patients waiting longer than 104 weeks. All over-52-week waits have been validated by the Performance Team. Based on activity plans the overall waiting time forecast is not showing any reductions in RTT waiting times in the short term. Medium to longer terms plans will need to address the full backlog accumulated over the covid period. Critical to this will be the implementation of new models of care in the delivery of non-face-to-face consultations and capacity to address historical infrastructure and capacity constraints in theatres and diagnostics.	<p>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:</p> <ul style="list-style-type: none"> <li>Use of the Nightingale to provide 3 days operating in June (2 days in May) and ad-hoc sessions.</li> <li>Insourcing of clinical teams to use main theatres and day unit at weekends has commenced.</li> <li>Teams reviewing plans to identify opportunities to increase capacity and productivity as part of the restoration of services and for 2022/23 business planning.</li> <li>Mobile endoscopy room – still awaiting sign off.</li> <li>Continue existing schemes with insourcing in ophthalmology and endoscopy.</li> </ul>	
	52.3%			
	Performance M1			
	50.4%			
	Target			
	92%			
	Risk level			
HIGH				

Activity variance vs 2019/20 baseline	M11	M2
Op new	-16.3%	-13.8%
OP Follow up	-13.4%	-5.5%
Day Case	-17.7%	-10.4%
Inpatient	-9.2%	-8.8%

## NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Cancer 62 day wait for 1 <sup>st</sup> treatment from 2-week wait referral	Performance M2	<p>Performance against the 62-day referral to treatment standard remains below target. The greatest backlog of over 62-day waits for treatments are in urology (140) Lower GI (60) Upper GI (20) and Skin (20).</p> <p>In May, urgent referral volumes reached record levels with capacity to support 2-week-wait and diagnostics timely access remaining a high overall risk. Wait times increased for access to urgent Breast referral, with Urology, UGI and Dermatology all recording waits over 2 weeks.</p> <p>There has been a growing backlog in pathway validation due to the high demand and staffing pressures.</p>	<p>Reinstatement of the Day Surgery Unit has eased some of the capacity pressures of delivering diagnostics and cancer treatments although there remains a backlog of patients to work through.</p> <p>Insourcing additional clinical capacity is in place to increase capacity in Urology and lower GI focusing on the diagnostic elements of pathways.</p> <p>The COO and Cancer Clinical Lead are leading the process to review site specific action plans and escalate issues requiring further support. Clinical capacity and recruitment to key roles remain the greatest challenge.</p>	
	61.5%			
	Performance M1			
	57.8%			
	Target			
	85%			
	Risk level			
HIGH				
Diagnostic tests longer than 6 weeks	Performance M2	<p>Diagnostic waiting times for Endoscopy CT and MRI remain a risk to the timely treatment of cancer and urgent patients.</p> <p>Having no site for a mobile scanner on the DGH site remains a constraint for bringing in additional mobile capacity. Sickness and recruitment remain critical factors in the current staffing pressures and to fully utilise fixed CT and MRI capacity.</p> <p>Insourcing for endoscopy is needed to maintain capacity, however, is becoming less effective with a higher rate of repeat investigations.</p>	<p>The use of insourcing and mobile scanner units continue to support in-house capacity.</p> <p>Radiology (MRI) are using capacity at the Nightingale Hospital Exeter; currently 2-days a week, 160 patients per month).</p> <p>For endoscopy the plan is to move away from reliance on weekend insourcing and to provide in-house capacity using a mobile endoscopy room scheduled for September 2022.</p> <p>Pro-active recruitment and training initiatives continue to support teams that are operating with vacancies to minimise locum and bank staff.</p>	
	32%			
	Performance M1			
	33.9%			
	Target			
	1%			
	Risk level			
HIGH				

# NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend																																										
Dementia Find	Performance M2	Performance against this indicator is reliant on support from a Health Care Assistant, performance will be impacted by annual leave and HCA availability.	The reliance on an HCA to support the dementia find process is being reviewed as part of the ward improvement work. Until a seamless electronic clinical record is available this may continue to require close operational support.	<table border="1"> <caption>Dementia Find Performance Trend (May 2021 - May 2022)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>May 21</td><td>95.0</td><td>90.0</td></tr> <tr><td>Jun 21</td><td>95.0</td><td>90.0</td></tr> <tr><td>Jul 21</td><td>95.0</td><td>90.0</td></tr> <tr><td>Aug 21</td><td>95.0</td><td>90.0</td></tr> <tr><td>Sep 21</td><td>90.0</td><td>90.0</td></tr> <tr><td>Oct 21</td><td>90.0</td><td>90.0</td></tr> <tr><td>Nov 21</td><td>90.0</td><td>90.0</td></tr> <tr><td>Dec 21</td><td>85.0</td><td>90.0</td></tr> <tr><td>Jan 22</td><td>90.0</td><td>90.0</td></tr> <tr><td>Feb 22</td><td>90.0</td><td>90.0</td></tr> <tr><td>Mar 22</td><td>90.0</td><td>90.0</td></tr> <tr><td>Apr 22</td><td>90.0</td><td>90.0</td></tr> <tr><td>May 22</td><td>90.0</td><td>90.0</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	May 21	95.0	90.0	Jun 21	95.0	90.0	Jul 21	95.0	90.0	Aug 21	95.0	90.0	Sep 21	90.0	90.0	Oct 21	90.0	90.0	Nov 21	90.0	90.0	Dec 21	85.0	90.0	Jan 22	90.0	90.0	Feb 22	90.0	90.0	Mar 22	90.0	90.0	Apr 22	90.0	90.0	May 22	90.0	90.0
	Month				Performance (%)	Target (%)																																								
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Apr 22	90.0	90.0																																												
May 22	90.0	90.0																																												
94.6%																																														
Performance M1																																														
91.7%																																														
Target																																														
90%																																														
Risk level																																														
LOW																																														

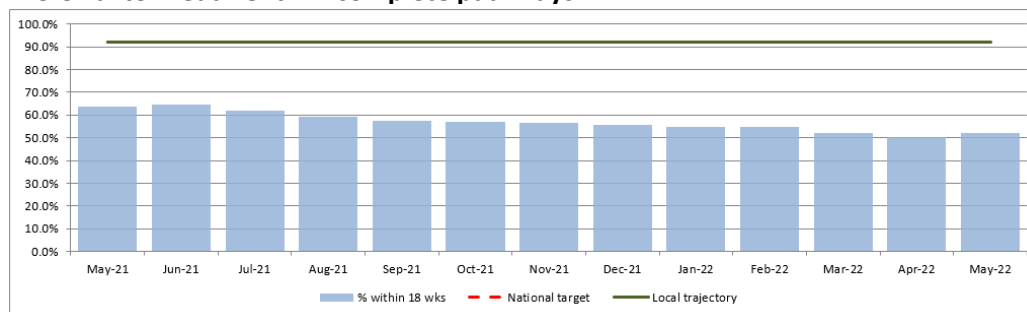
# NHSI Performance – Referral to Treatment (RTT)

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

May 2022 Incomplete 92% Table - National Speciality

	>126		Grand Total	%<18wks
	Incomplete IPDC	Incomplete OP		
Clinical Haematology		111	191	0.418848
Nephrology		125	204	0.387255
Clinical Neuro-Physiology		131	200	0.345
Rheumatology	40	109	369	0.596206
Pain Management	48	206	504	0.496032
Endocrinology		378	713	0.469846
Neurology	19	673	1243	0.443282
Gynaecology	349	397	2500	0.7016
Respiratory Medicine		811	1662	0.512034
Colorectal Surgery	134	718	1550	0.450323
Gastroenterology	381	497	2448	0.64134
Dermatology	1	1056	2353	0.550786
Upper Gastrointestinal Surgery	476	621	1753	0.374216
Paediatrics	9	1179	2161	0.450255
Oral Surgery	414	1135	2958	0.476335
Cardiology	47	1539	3220	0.507453
ENT	185	1454	3188	0.485885
Urology	399	1330	3009	0.42539
Ophthalmology	332	1641	4961	0.602298
Trauma & Orthopaedics	1388	607	3824	0.478295
Grand Total	4344	15190	40921	0.522641

## Referral to Treatment – incomplete pathways



**Referral to Treatment:** RTT performance in May has improved slightly slightly with the proportion of people waiting less than 18 weeks at 52.26%; 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 40,921 from 39,145, an increase of 1,767 from the April position.

**52 week waits:** For May, 3,795 people will be reported as waiting over 52-weeks and is an increase from 3,657 in April. Overall long waits are increasing, with patients waiting longer than 78-weeks having decreased slightly to 813 in May from 869, 104 weeks waits have continued to decrease to 173 from 234 in April.

**Recovery planning:** The reopening of Day Surgery and the use of the protected beds on Ella Rowcroft has been maintained since their opening and activity levels are building back to pre-Covid levels. The MRU relocation to Level 2 Outpatients continues to restrict OP activity and the delays to the opening of Crow Thorn has further impacted some services who required relocating from Level 2 Outpatients. The CCG has restarted outsourcing to Mount Stuart Hospital (MSH) for T&O and Gynae; but not long waiters. Approval has been given to bring a mobile Endoscopy van on-site located at the Annex; this will mitigate the loss of the MSH lists and bolster existing insourcing capacity; planned commencement for August with some enabling works to be completed. T&O continue to use lists at the recommissioned Nightingale Hospital Exeter with 2 all-day lists in May and 3 all-day lists in June. Further insourcing and outsourcing capacity is being sought through the Elective Recovery Fund (ERF) to use theatres on site at weekends for T&O with their first lists on the weekend of 21<sup>st</sup>/22<sup>nd</sup> May, Urology, Upper GI, and Dermatology are still under discussion. Cataract operations have commenced at Optimax (privately provided ophthalmic theatre), further lists are being scheduled around surgeon availability. It is noted that the contribution from insourcing is likely to fall short of the anticipated rate built into the operational plan.

Work continues to transform the outpatient model of delivery with a shift to increased non-face-to-face appointments, current performance is below national expectations and performance of local peers. Transformation programme support is in place to drive these improvements.

A trajectory to reduce the number of 104-week waits by the end of June 2022 has now been agreed with commissioners. This plan leaves a shortfall of circa 100 cases at the end of June and is reliant upon continued ringfence of elective capacity and insourcing at weekends. All options are being considered by the CCG including securing out of area independent sector capacity. 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 for 104-week waits and elimination of 78-week waits by March 2023.

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



## NHSI Performance – Follow ups

The table below shows the specialties with the highest backlog for follow-up appointments greater than 6 weeks. May has seen an increase in the 12 to 18 week bandings and reductions in the 6 to 12 and 18+ bandings

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

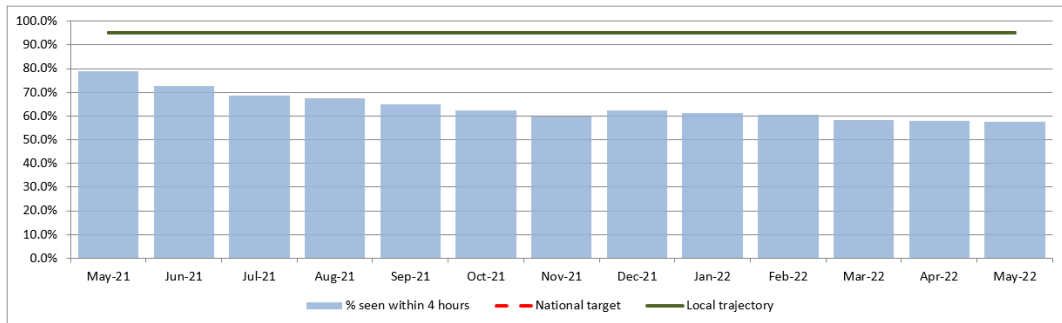
The incident reporting process in Datix will be relied upon to document any actual harm that is encountered and this will again be reported through the Harm Review Group with appropriate Root Cause Analysis.

Specialities with highest Follow-Up Backlog Passed TBS as at 03.05.2022				Specialities with highest Follow-Up Backlog Passed TBS as at 31.05.2022				Variance		
Row Labels	06-12 Weeks	12-18 Weeks	18 Weeks +	Row Labels	06-12 Weeks	12-18 Weeks	18 Weeks +	06-12 Weeks	12-18 Weeks	18 Weeks +
Ophthalmology	878	1394	6104	Ophthalmology	825	1420	6008	-53	26	-96
Rheumatology	194	352	1378	Rheumatology	178	303	1278	-16	-49	-100
Ear Nose Throat	262	332	1156	Ear Nose Throat	201	390	1135	-61	58	-21
Paediatrics	166	224	710	Paediatrics	185	206	675	19	-18	-35
Neurology	133	212	895	Neurology	162	202	966	29	-10	71
Orthoptist	218	304	554	Orthoptist	170	312	590	-48	8	36
Urology	97	87	305	Urology	72	133	309	-25	46	4
Gynaecology	48	47	220	Gynaecology	43	43	209	-5	-4	-11
Respiratory Medicine (Chest)	122	194	423	Respiratory Medicine (Chest)	67	185	422	-55	-9	-1
Orthodontics	52	44	223	Orthodontics	31	61	213	-21	17	-10
Colorectal Surgery	34	61	408	Colorectal Surgery	35	52	410	1	-9	2
Orthopaedics	115	99	192	Orthopaedics	114	157	191	-1	58	-1
Dermatology	155	208	521	Dermatology	158	218	576	3	10	55
Geriatric Medicine	55	49	140	Geriatric Medicine	50	51	147	-5	2	7
Cardiac Testing	45	24	21	Cardiac Testing	81	23	25	36	-1	4
Gastro-Enterology	131	143	211	Gastro-Enterology	91	127	195	-40	-16	-16
Breast Surgery	32	29	301	Breast Surgery	45	32	314	13	3	13
Cardiology	163	139	218	Cardiology	130	159	227	-33	20	9
Pain Management	27	65	57	Pain Management	32	52	44	5	-13	-13
Oral Surgery	86	83	183	Oral Surgery	90	86	191	4	3	8
Plastic Surgery	41	68	82	Plastic Surgery	23	62	93	-18	-6	11
Diabetic	63	79	71	Diabetic	66	102	56	3	23	-15
Upper Gastrointestinal Surg	33	61	127	Upper Gastrointestinal Surg	31	52	111	-2	-9	-16
Respiratory Technician	7	62	224	Respiratory Technician	2	56	232	-5	-6	8
Endocrinology	47	51	45	Endocrinology	35	62	33	-12	11	-12
<b>Grand Total</b>	<b>3267</b>	<b>4437</b>	<b>14812</b>	<b>Grand Total</b>	<b>2957</b>	<b>4569</b>	<b>14689</b>	<b>-310</b>	<b>132</b>	<b>-123</b>

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

A&E and MIU patients seen within 4 hours

	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Patients	8802	9622	9536	9072	8738	8415	7483	6923	7201	6819	7974	8021	8797
4 hour breaches	1860	2636	2990	2935	3052	3155	3010	2596	2800	2690	3316	3370	3732
% seen within 4 hours	78.9%	72.6%	68.6%	67.6%	65.1%	62.5%	59.8%	62.5%	61.1%	60.6%	58.4%	58.0%	57.6%
National target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Local trajectory	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



**Performance 4 hour standard:** Performance has deteriorated to 57.6%. Access to suitable inpatient beds has contributed to delays at peak times.

**12 hour Trolley wait:** 68 patients are reported as having a 12-hour trolley wait from decision to admit to admission to an inpatient bed.

**Ambulance Handovers:** 514 ambulance delays over 60 minutes a decrease from 680 in April; and 894 ambulance handover delays of over 30 minutes a decrease from 967 in April.

**Patients with a greater than 12-hour visit time pathway:** 548 patients had a greater than 12-hour visit time.

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

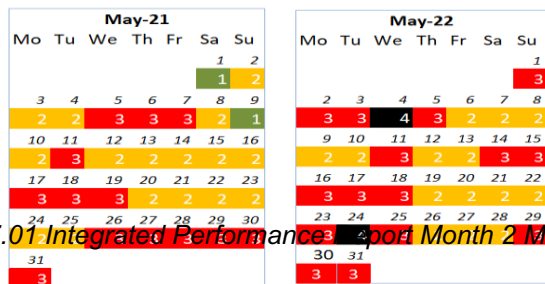
## Operational delivery:

Continued pressure across the emergency department and the assessment areas in May with significant waits for access to inpatient beds. Improvements were seen for some of our longest waiting patients and ambulance delays were reduced.

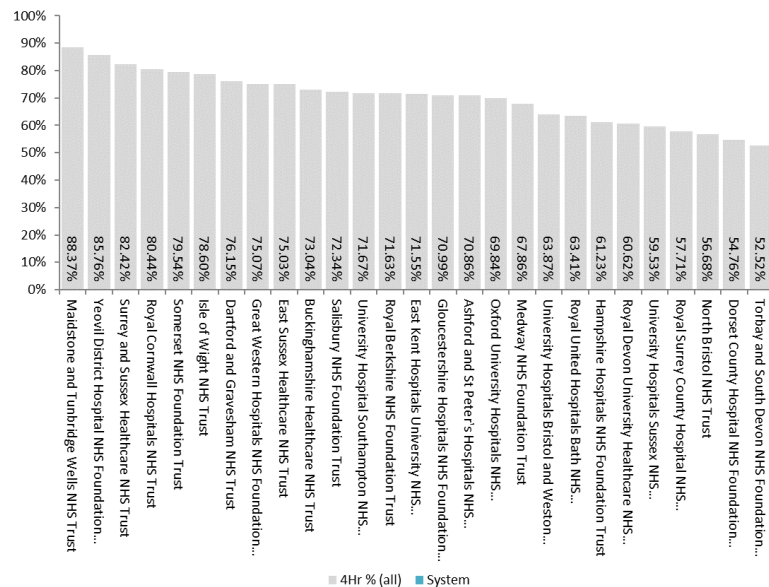
We continue to provide compassionate care and maintain safety despite the challenges faced every day.

Escalation status	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Opel status													
Opel 1	2	0	0	0	0	0	0	0	0	0	0	0	0
Opel 2	16	1	0	0	0	0	0	1	0	0	0	2	14
Opel 3	13	21	7	7	5	3	1	4	10	27	13	24	15
Opel 4	0	8	24	24	25	28	29	26	21	1	18	4	2
4-hour Performance (ICO)	79%	73%	69%	69%	65%	62%	60%	63%	61%	61%	58%	58%	57.6%
Bed Occupancy (Acute)	92%	95%	95%	95%	94%	93%	93%	93%	93%	94%	95%	94%	93%
Ambulance handover delays >1 hour	26	173	165	120	72	125	617	616	559	438	757	680	514
Dom Care - hours outstanding*	235	467	613	994	1,261	1,357	1,288	468	611	605.75	625.75	538.25	697.5
No Criteria To Reside - daily average (weekday)			45	58	62	66	88	101	80	70	70	70	46

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

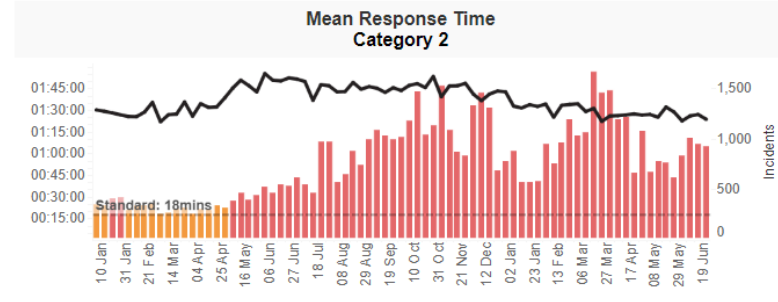
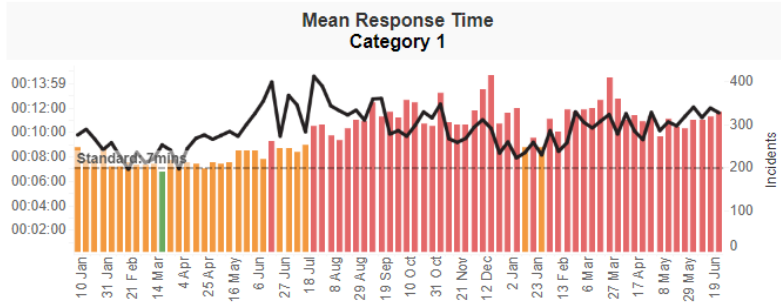


## 4-hour performance: provider comparison last 6 weeks - South Region 4hr performance - all





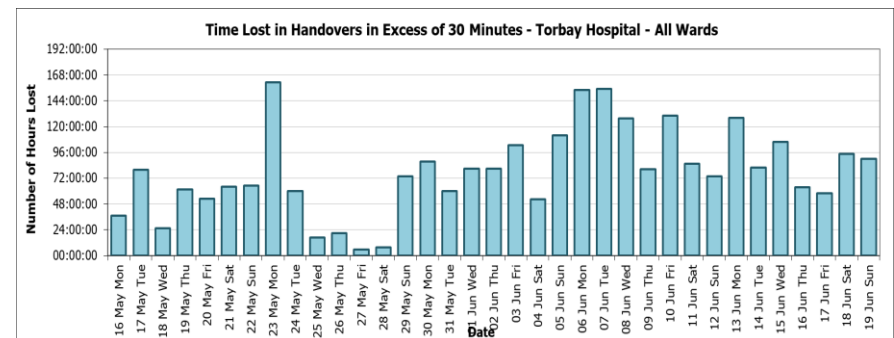
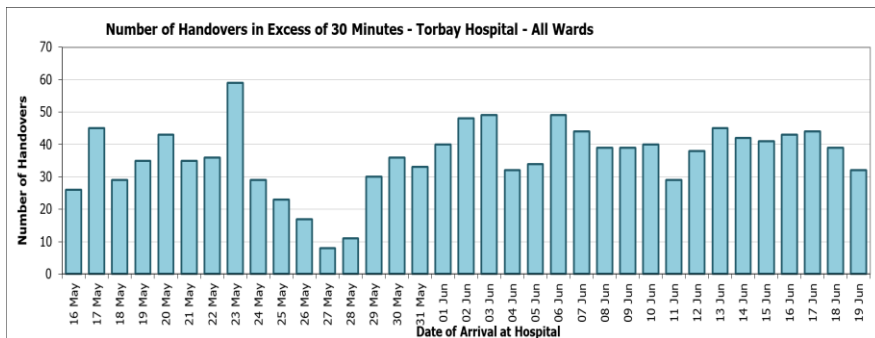
## South West Ambulance Response Times – Category 1+2



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 performance 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

The two charts below show the number of delayed handovers > 30 minutes and the daily hours lost experienced at TSDFT



## Cancer treatment and cancer access standards

As At 20.06.2022	2022											
	Q2											
	April				May				June			
target_type	Achieved	Breached	Total	Perf	Achieved	Breached	Total	Perf	Achieved	Breached	Total	Perf
14 day - 2ww Referral	1,044.0	736.0	1,780.0	58.7%	928.0	597.0	1,525.0	60.9%	442.0	1,072.0	1,514.0	29.2%
14 day - Breast Symptomatic Referral	43.0	13.0	56.0	61.9%	35.0	10.0	45.0	77.8%	13.0	22.0	35.0	37.1%
28 day - Faster Diagnosis Standard	1,244.0	420.0	1,664.0	74.8%	979.0	470.0	1,449.0	67.6%	338.0	146.0	484.0	69.8%
31 day - 1st Treatment	170.0	10.0	180.0	94.4%	195.0	20.0	215.0	90.7%	194.0	9.0	203.0	95.6%
31 day - Subsequent Treatment - Drug	71.0	2.0	72.0	98.6%	56.0	1.0	58.0	98.2%	50.0	1.0	51.0	98.0%
31 day - Subsequent Treatment - Radiotherapy	35.0	2.0	37.0	94.6%	50.0	4.0	54.0	92.6%	34.0	0.0	34.0	100.0%
31 day - Subsequent Treatment - Surgery	20.0	0.0	20.0	100.0%	21.0	1.0	22.0	95.5%	13.0	3.0	16.0	81.3%
62 day - 2ww referral	64.0	44.0	108.0	59.3%	79.0	49.5	128.5	61.5%	94.0	31.0	125.0	75.2%
62 day - Screening Referral	9.5	3.0	12.5	76.0%	8.0	4.0	12.0	66.7%	10.0	2.0	12.0	83.3%
62 day - Consultant Upgrade	1.0	0.0	1.0	100.0%	1.0	2.0	3.0	33.3%				

**Cancer standards** The table above shows the position for Q2 (as at 20<sup>th</sup> June 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:** 60.9% (unvalidated) is below the standard of 93%. Skin breaches have gone out slightly with waits currently at 2 weeks and 4 days. Urology Waits (4wks 4 days) and LGI waits (5wks) continue to impact. The most challenged pathways in May are Breast (25%) 145 breaches, LGI (33%) 193 breaches, UPGI (41%) 58 Breaches & Urology (44%) 87 Breaches.

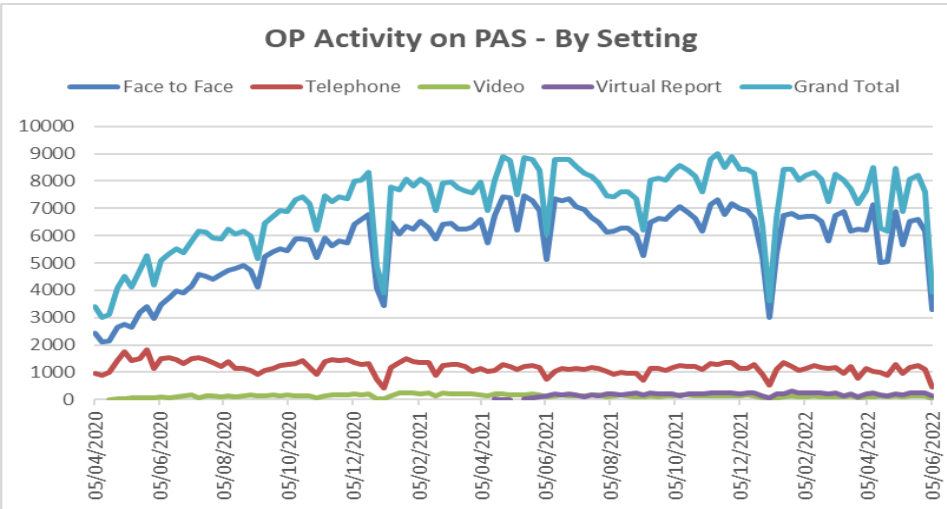
**28 days From Referral to Diagnosis:** Performance in May is 67.6% (unvalidated) against the target of 75%, this has deteriorated from April (75.0%) and reflects the breach increases for LGI (174), Urology (106), Gynae (56), Skin (43) and Breast (26).

**NHSI monitored Cancer 62 day standard:** The 62-day referral to treatment standard has improved slightly in May at 61.5% (unvalidated) against the target of 85% with 79 patient being seen within 62 days, however, 49.5 patients falling outside the target time; against the breaches Urology account for 21 of the breaches, 8 LGI, Skin 5 & Lung 4.5 being 77% of all breaches.

**104-day wait:** Currently there are 65 (unvalidated) patients with a greater than 104-day wait in May. 23 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 39 patients waiting longer than 104 days, 20 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	Apr-22	May-22
<b>New</b>	14.0%	15.0%	9.0%	14.0%	14.5%	12.4%	11.3%	14.30%	13.5%	12.7%	12.6%
<b>Follow-UP</b>	22.0%	21.0%	21.0%	21.0%	23.6%	21.7%	24.0%	23.90%	20.6%	22.0%	23.8%
<b>Combined</b>	<b>20.0%</b>	<b>19.6%</b>	<b>20.3%</b>	<b>20.5%</b>	<b>21.1%</b>	<b>19.3%</b>	<b>20.7%</b>	<b>21.30%</b>	<b>18.8%</b>	<b>19.6%</b>	<b>20.9%</b>



The Trust continues to see virtual appointment performance below the nationally set requirement (25%) achieving 19.6% in April and the lowest across all 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 for the Virtual appointment targets of 25% from September 2022.

There is a scheduled programme of in-depth specialty reviews with clinical and operational teams. The ongoing escalation for covid has been a challenge between February 22/April 22 with the focus on maintaining most critical service capacity. The impact of recovery priorities for the most urgent care also increases the demand for direct hands on consultations. 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 to 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.

Use of Advice and Guidance, Patient Initiated Follow up and referral optimisation are all showing progress against March 2023 targets.

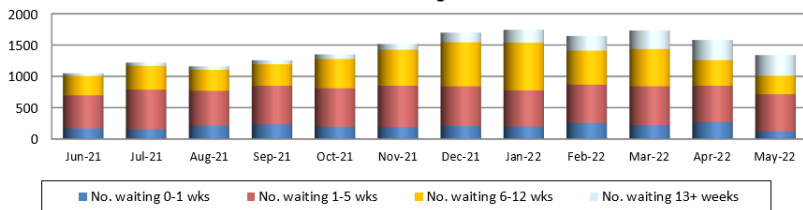
High Level Milestones	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Virtual Consultation Data - establish accurate recording and range of services.								
Review of current virtual appointments per service- <ul style="list-style-type: none"> <li>what is going well and why, and the learning from this shared</li> <li>barriers to change, particularly for services reporting the lowest numbers and steps to address this.</li> </ul>								
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.								
7.01 Integrated Performance Report Month 2 May 2022.pdf 25% of outpatient activity is completed virtually								

# NHSI indicator - patients waiting over 6 weeks for diagnostics

Diagnostic tests longer than the 6 week standard

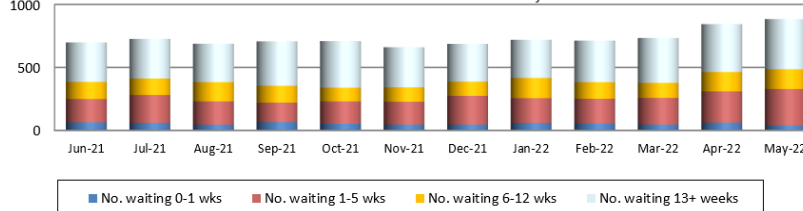
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Patients	4909	4702	5682	5655	5542	5591	5846	5899	6162	5862	6303	6130	5605
Waiting longer than 6 weeks	1478	1516	1799	1821	1808	1888	1894	2237	2546	2250	2317	2080	1792
% over 6 weeks	30.1%	32.2%	31.7%	32.2%	32.6%	33.8%	32.4%	37.9%	41.3%	38.4%	36.8%	33.9%	32.0%
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%

Numbers On MRI Waiting List Over Time

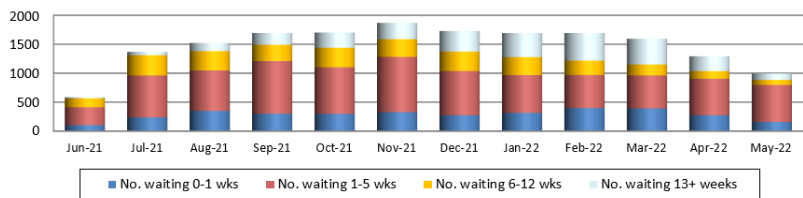


Numbers On Colonoscopy Waiting List Over Time

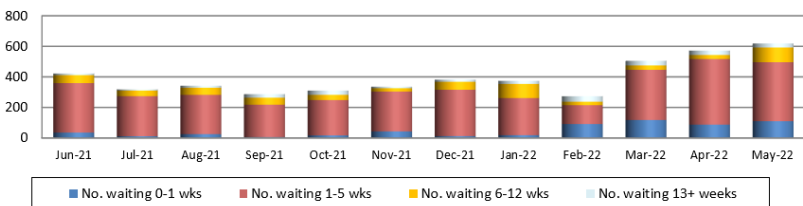
Includes Planned Patients Over Their To Be Seen Date from Nov 20



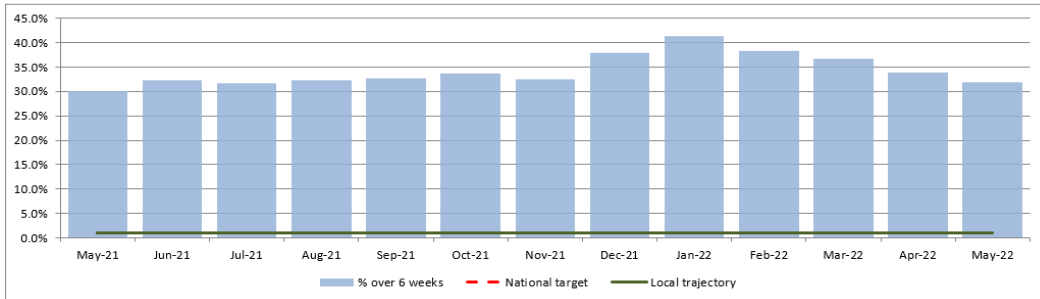
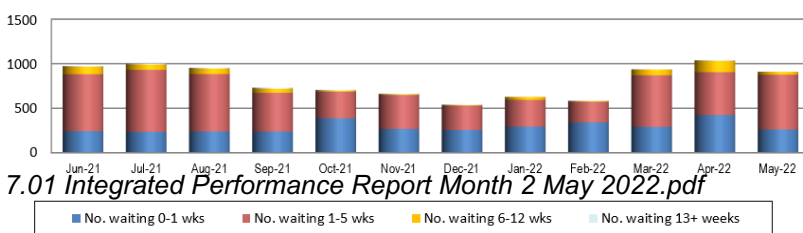
Numbers On CT Waiting List Over Time



Numbers On Cardiology (Echocardiography) Waiting List Over Time



Numbers on Non-Obstetric Ultrasound Waiting List Over Time



All modalities are continuing to see patients with urgent need with appropriate Infection, Prevention and Control precautions.

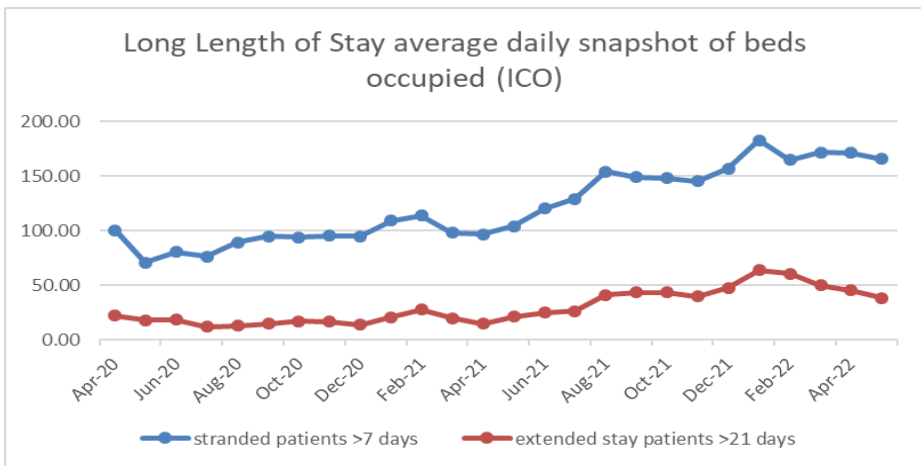
**MRI waits** and total numbers on the list have improved with 625 (732 in April) patients waiting over 6 weeks. Demand continues to increase. Increasing capacity is reliant on the support of mobile scanner visits and the use of Nightingale as all in-house scanner capacity is being utilised. Access for 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 improved but remain above target with 197 patients (387 in April) 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 (will be reducing going forward). Additional capacity at the Nightingale Hospital is planned to start at the end of May with contrast capability now being available. Radiographer vacancies continue to limit the ability to fully utilise in-house scanner capacity.

**Colonoscopy** numbers and routine waiting times increasing, with 556 over 6 weeks. Weekend insourcing continues but is becoming less effective as increasingly different teams are attending. A mobile endoscopy unit is now scheduled to commence in August to allow a move away from insourcing with increased capacity for in-house sessions. This will then give capacity needed to stabilise and improve 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

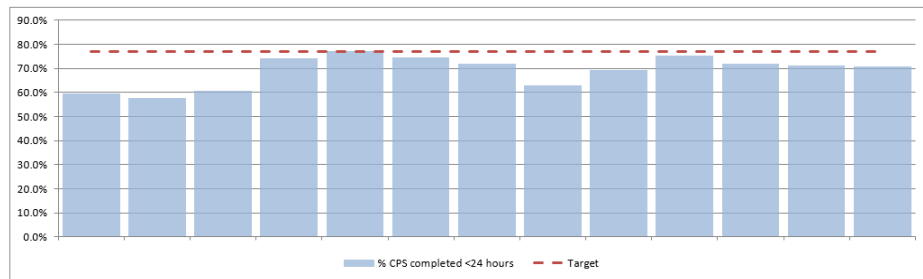


## Long Length of Stay (LOS)

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.

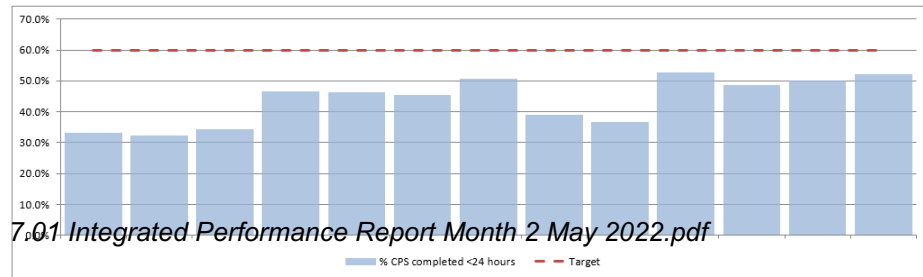
Care Plan Summaries completed within 24 hours of discharge - Weekday

	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Discharges	1484	1474	1341	1286	1424	1263	1347	1239	1024	1052	1175	1271	1468
CPS completed within 24 hours	883	848	812	953	1101	941	970	781	709	791	847	904	1042
% CPS completed <24 hours	59.5%	57.5%	60.6%	74.1%	77.3%	74.5%	72.0%	63.0%	69.2%	75.2%	72.1%	71.1%	71.0%
Target	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%



Care Plan Summaries completed within 24 hours of discharge - Weekend

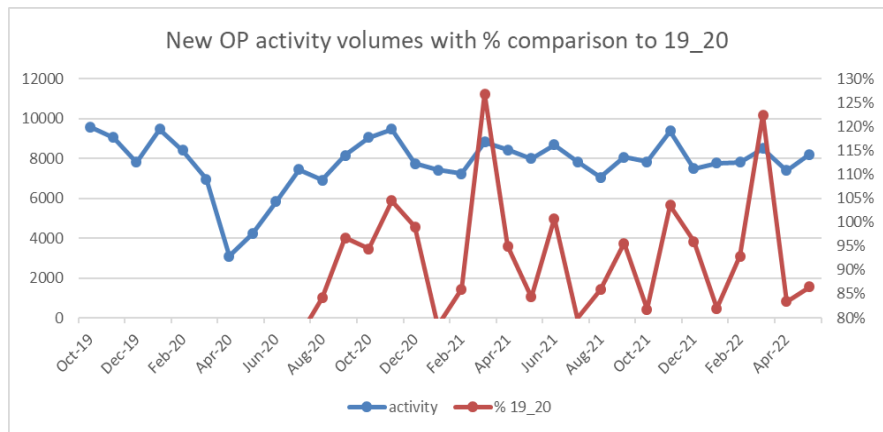
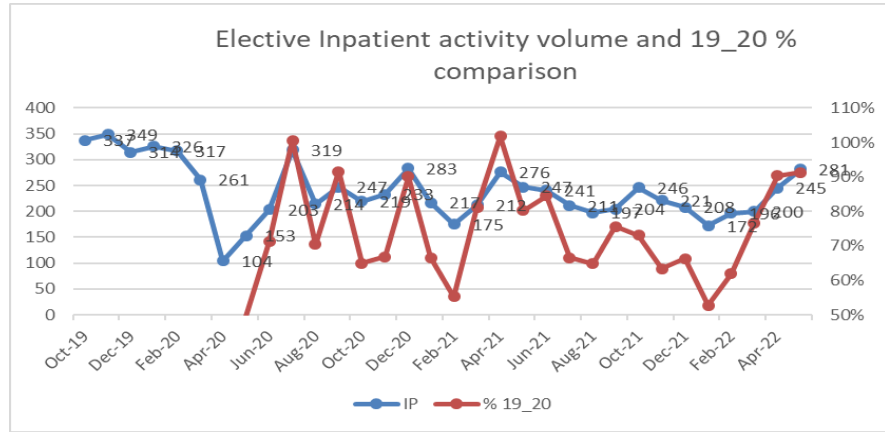
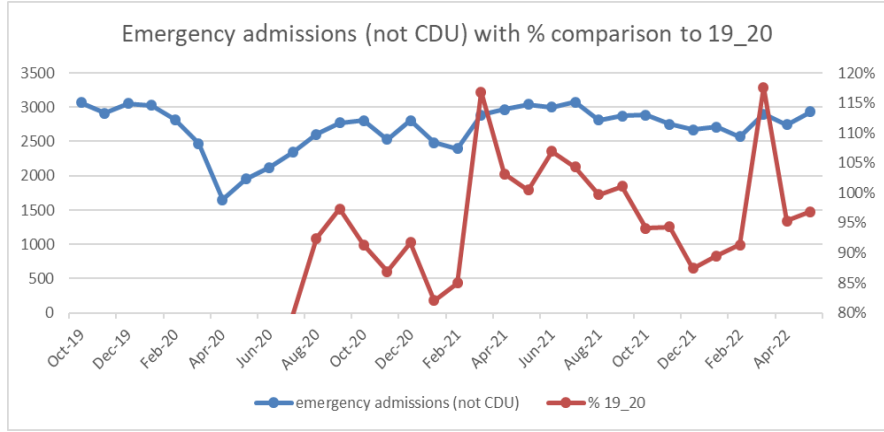
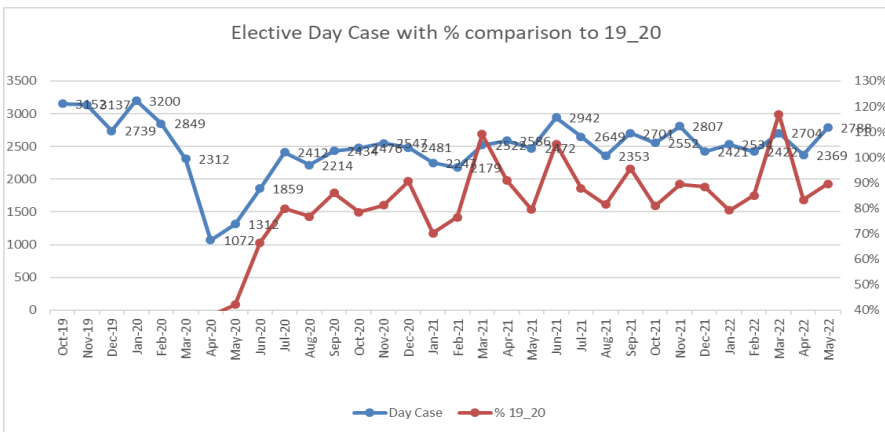
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Discharges	420	339	342	341	267	374	294	263	305	254	251	278	341
CPS completed within 24 hours	139	110	117	159	124	170	149	103	112	134	122	139	178
% CPS completed <24 hours	33.1%	32.4%	34.2%	46.6%	46.4%	45.5%	50.7%	39.2%	36.7%	52.8%	48.6%	50.0%	52.2%
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%



## 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.

# Headline acute activity and comparisons to pre covid 2019/20 activity levels



The charts above show the monthly activity run rate of reported contract activity (Payment by Results & Cost and Volume) to end of May 2022 together with a comparison to 2019/20 levels of activity. Note that the March 22 comparison is skewed as March 20 had reduced activity due to the start of the pandemic.

The reopening of the Day Surgery Unit and return of elective beds has contributed to an increase in both day case and elective activity in Month 2. The Trust is also now utilising capacity and the Nightingale Hospital Exeter and continuing to use insourcing at weekend across ophthalmology and endoscopy day cases. As part of the wider recover plans teams are planning to achieve in excess of 100% of 2019/20 activity levels.

It is noted that whilst the volume of emergency admission remains just below pre-covid levels there has been a focus on admissions avoidance and higher quality of patients being admitted is being seen.



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.

## CFHD

- Internal and external business/governance reporting review model with director for comment.
- Workforce consultation closed with over 900 pieces of feedback that now need to be reviewed before responses can be provided and we can move to mobilisation. Mobilisation dependent on System One.
- Inter-operability issues continue having a significant impact on capacity. CFHD awaiting board support in resolving.
- Leadership and clinical vacancies significant – recruitment underway but some on hold until consultation risks are identified.
- Increased demand on all services during May and going into June.

## Single Point of Access

- Progress made with reducing backlog.
- Need to recruit to several posts prior to mobilisation.

## Integrated therapies and nursing

- SLT interim leadership now in place but early years and ASD lead remain vacant.
- Recovery plans for Autistic Spectrum Disorder (ASD) waiting times progressing – virtual team contracts extended and capacity being sought from lean processes (around private assessment review).
- SLT and OT additional funding contracts being reviewed and ensure realistic targets are set considering recruitment challenges.

## CAMHS

- Vacancy rates in CAMHS appear to have stabilised
- IT networking of the Torbay site has been escalated but not yet resolved.
- Non-complex ADHD commissioning in North Devon is in escalation for resolution.
- Care-notes clinical records system upgrade needs resolution between TSD and DPT.

## 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.
- Concern around estates plan in Torbay and CFHD not always being included in strategic planning. Recent discussions have progressed this but new estate needs to be sought in the area due to demolishing of some premises to enable BBF work over the coming 1-10

	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 May	FY 2022 May	FY 2021 May	FY 2022 May	FY 2021 May	FY 2022 May
Community Children's Nursing (CFH Devon)	0	0	100.0%	100.0%	246	288
Learning Disability (CFH Devon)	0	0	81.0%	100.0%	320	261
Mental Health and Wellbeing	1	16	61.1%	71.0%	3635	4134
Occupational Therapy (CFH Devon)	0	1	46.1%	69.8%	1195	1183
Palliative Care (CFH Devon)	0	0	NA	NA	38	42
Physiotherapy (CFH Devon)	1	0	74.8%	83.7%	431	529
Special School Nursing (CFH Devon)	0	0	100.0%	NA	406	474
Specialist Autism Spectrum Assessment Team (CFHD)	914	1760	20.8%	16.7%	2318	3726
Specialist Children's Assessment Centre (CFHD)	12	128	41.7%	40.6%	627	1030
Speech & Language Therapy (CFH Devon)	44	296	46.1%	43.7%	3994	5229



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## Financial Performance – Month 02 (May) FY 2022 / 23

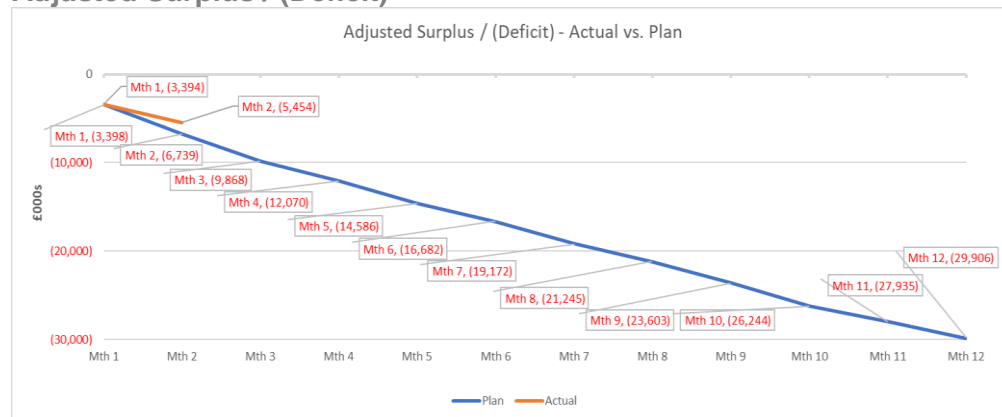
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## Financial Overview – Month 02, May 2022

### High Level Summary

For Period ended - 31 May 2022, Month 02			
	Plan £m	Actual £m	Variance £m
Total Operating Income	93.26	95.17	1.90
Total Operating Expenditure and Financing Cost	(100.15)	(100.77)	(0.62)
Surplus/(Deficit)	(6.89)	(5.61)	1.28
Add back: NHSE/I Adjustments	0.15	0.15	0.01
Adjusted Surplus/(Deficit)	(6.74)	(5.45)	1.29
Inflationary Funding Adjustment to Plan	1.28		
Revised Surplus/(Deficit)	(5.46)	(5.45)	0.01
CIP	3.60	1.72	(1.88)
Capital (CDEL)	6.76	4.78	(1.98)
Cash & Cash Equivalents		17.95	

### Adjusted Surplus / (Deficit)



*In Month 2 (May) the Trust recorded positive variance of £1.29m against the original plan submitted on 28th April 2022. This was a result of the additional inflationary funding via tariff uplift confirmed by NHSE/I which is aimed at helping in reducing Trust's planned deficit for the year. As explained below, the Trust's underlying performance is adverse to plan.*

#### Year to Date Position:

##### Operating Income

Operating income for the year to date totals £95.17m, within which income for patient care activities totals £86.87m. Total income for the year to date is £1.90m favourable to plan. Key drivers are as follows: NHS income from the commissioners including the additional inflationary funding £1.28m and £1.00m mainly relates to deferred income release to match expenditure incurred, which is partially offset with adverse variance on pharmacy sales (£0.51m)

##### Operating Expenditure

Total operating expenditure and financing cost is £100.77m against the budget of £100.15m with an adverse variance of (£0.62m). Key drivers are as follows:

- Employee expenses (£1.20m adverse), substantive posts remain unfilled resulting in disproportionate overspends on agency and bank usage.
- Other operating expenses are broadly in line with plan -but do include a one-off business rates adjustment (£0.51m favourable), other operating expenditure (£1.12m favourable) offset by purchase of health and social care (£1.10m adverse) and transport costs (£0.20m adverse).
- Remaining variance is due to CIP delivery (see below).

##### CIP Summary

Year to date CIP target at M02 was £3.60m, no delivery of CIP had been formally transacted via the financial ledger however £1.72m has been marked delivered subject to validation to transact in M03. The remainder of undelivered CIP has been mitigated via reserves and balance sheet releases.

##### Balance Sheet

In M02 £0.85m was released from the balance sheet in respect of FNC reviews (£0.32m), intermediate care beds (£0.20m) and (£0.33m) pension cost. A further £0.35m of expenditure was reallocated to the balance sheet. The total of these adjustments is £1.20m, this benefit offsets the underlying deficit of £1.20m.

##### Capital

Capital expenses (CDEL) totalled £4.78m at M02 which is (£1.98m) behind planned expenditure value of £6.76m.

##### Cash

The Trust is showing a cash position of £17.95m at the end of M02.

## I&E Position – Month 02, May 2022

### Income & Expenditure – Performance versus Plan

£m	M02 - In Month			M02 - YTD		
	Budget	Actual	Variance	Budget	Actual	Variance
Patient Income - Block	31.57	32.73	1.16	63.14	64.20	1.06
Patient Income - Variable	4.15	4.13	(0.01)	8.29	8.23	(0.06)
ERF/ERF+/TIF/Capacity Funding	0.05	0.13	0.08	0.10	0.13	0.03
ASC Income - Council	4.67	4.67	0.01	9.33	9.34	0.01
Other ASC Income - Contribution	1.05	1.16	0.11	2.07	2.12	0.06
Torbay Pharmaceutical Sales	1.81	1.47	(0.34)	3.39	2.88	(0.51)
Other Income	3.21	3.60	0.39	6.42	7.72	1.30
Covid19 - Top up & Variable income	0.27	0.28	0.01	0.54	0.55	0.01
<b>Total (A)</b>	<b>46.78</b>	<b>48.18</b>	<b>1.40</b>	<b>93.27</b>	<b>95.17</b>	<b>1.90</b>
Pay - Substantive	(24.50)	(23.83)	0.67	(49.02)	(48.96)	0.06
Pay - Agency	(0.61)	(1.34)	(0.72)	(1.22)	(2.48)	(1.26)
Non-Pay - Other	(12.67)	(13.05)	(0.38)	(25.44)	(25.12)	0.32
Non-Pay - ASC/CHC	(9.75)	(9.81)	(0.07)	(19.16)	(19.47)	(0.31)
Financing & Other Costs	(2.66)	(2.29)	0.37	(5.31)	(4.75)	0.56
<b>Total (B)</b>	<b>(50.18)</b>	<b>(50.32)</b>	<b>0.13</b>	<b>(100.15)</b>	<b>(100.78)</b>	<b>(0.63)</b>
<b>Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)</b>	<b>(3.41)</b>	<b>(2.14)</b>	<b>1.27</b>	<b>(6.88)</b>	<b>(5.61)</b>	<b>1.27</b>
NHSE/I Adjustments - Donated Items / Impairment / Gain on Asset disposal	0.07	0.07	0.00	0.14	0.15	0.01
<b>Adjusted Financial performance - Surplus / (Deficit)</b>	<b>(3.34)</b>	<b>(2.07)</b>	<b>1.27</b>	<b>(6.74)</b>	<b>(5.46)</b>	<b>1.29</b>

YTD Income & Expenditure by System				
System	Description	YTD Budget	YTD Actual	YTD Variance
<b>Children and Family Health Devon (CFHD)</b>	Income from patient activities	49.64	57.59	7.95
	Other Operating Income	0.85	1.30	0.45
	Operating expenditure - Pay	(19.79)	(20.21)	(0.42)
	Operating expenditure - Non Pay	(30.70)	(36.48)	(5.78)
<b>Children and Family Health Devon (CFHD) Total</b>		<b>(0.00)</b>	<b>2.20</b>	<b>2.20</b>
<b>Pharmacy Manufacturing Unit</b>	Income from patient activities	0.76	1.34	0.58
	Other Operating Income	33.94	29.41	(4.53)
	Operating expenditure - Pay	(15.67)	(14.29)	1.38
	Operating expenditure - Non Pay	(19.64)	(17.36)	2.29
	Finance expenditure	(0.29)	(0.29)	0.00
	Misc non-operating items	(0.20)	(0.20)	0.00
<b>Pharmacy Manufacturing Unit Total</b>		<b>(1.09)</b>	<b>(1.38)</b>	<b>(0.29)</b>
<b>Shared Operations</b>	Income from patient activities	14.20	14.20	0.00
	Other Operating Income	0.67	0.43	(0.24)
	Operating expenditure - Pay	(15.97)	(17.65)	(1.68)
	Operating expenditure - Non Pay	(2.95)	(5.86)	(2.91)
<b>Shared Operations Total</b>		<b>(4.06)</b>	<b>(8.88)</b>	<b>(4.82)</b>
<b>Shared Corporate Services</b>	Income from patient activities	710.86	759.19	48.32
	Other Operating Income	36.10	36.12	0.02
	Operating expenditure - Pay	(88.35)	(97.30)	(8.95)
	Operating expenditure - Non Pay	(126.59)	(85.10)	41.49
	Finance expenditure	(1.63)	(1.49)	0.14
	Finance income	0.00	0.48	0.48
	Misc non-operating items	(11.37)	(11.35)	0.02
<b>Shared Corporate Services Total</b>		<b>519.02</b>	<b>600.55</b>	<b>81.52</b>
<b>South Devon</b>	Income from patient activities	12.67	1.64	(11.04)
	Other Operating Income	3.18	3.49	0.31
	Operating expenditure - Pay	(201.88)	(207.82)	(5.94)
	Operating expenditure - Non Pay	(42.38)	(52.59)	(10.21)
	Finance expenditure	(3.08)	(3.08)	0.00
<b>South Devon Total</b>		<b>(231.49)</b>	<b>(258.36)</b>	<b>(26.87)</b>
<b>Torbay</b>	Income from patient activities	59.25	34.76	(24.48)
	Other Operating Income	10.52	12.20	1.68
	Operating expenditure - Non Pay	(260.28)	(280.05)	(19.77)
	Operating expenditure - Pay	(160.74)	(157.11)	3.62
<b>Torbay Total</b>		<b>(351.26)</b>	<b>(390.20)</b>	<b>(38.94)</b>
<b>Grand Total</b>		<b>(68.86)</b>	<b>(56.07)</b>	<b>12.79</b>

#### In Month Position:

##### Income

- Overall patient income variance is £1.40m favourable, of which £1.28m is inflationary funding across the following categories: £0.97m from the CCG, £0.04m from Specialist Commissioning, and £0.27m via Torbay Council and deferred income of £0.13m release in addition to £0.50m in M01 to match expenditure in CFHD. Various other income includes car parking, education, research and development and catering £0.20m. This is offset with adverse pharmacy sales of (£0.34m)

##### Pay

- No pay award had been formally agreed in M02, the position includes the estimated 2% pay accrued for substantive and Bank staff.
- In M02 overall pay is overspent by (£0.06m) against the budget of (£25.11m). CIP target of £1.28m is marked undelivered, of which £0.96m has been identified.
- M02 substantive staff group is underspent by £0.67m, of which substantive staffing it £1.17m underspent and bank usage is overspent (£0.50m).
- Agency cost is (£0.72m) higher than budgeted including CIP target. The overspend in Agency mainly relates Nursing (£0.41m) and medical (£0.20m) staff groups. This has increased comparing to M01 by (£0.20m).

##### Non-pay

- Non-pay overall is overspent by (£0.45m), mainly relating provider SLAs (£0.45m), drugs (£0.22m) and supplies and services (£0.32m). Offsetting underspends relate to other operating expenditure £0.57m.
- The non-pay CIP target for May is £0.41m of which £0.74m has been identified however yet to be validated.
- ASC/CHC overspend of (£0.07m), mainly due to higher than anticipated costs on residential long stay care price with the same issue impacting nursing long stay.

**Risks and Mitigations**

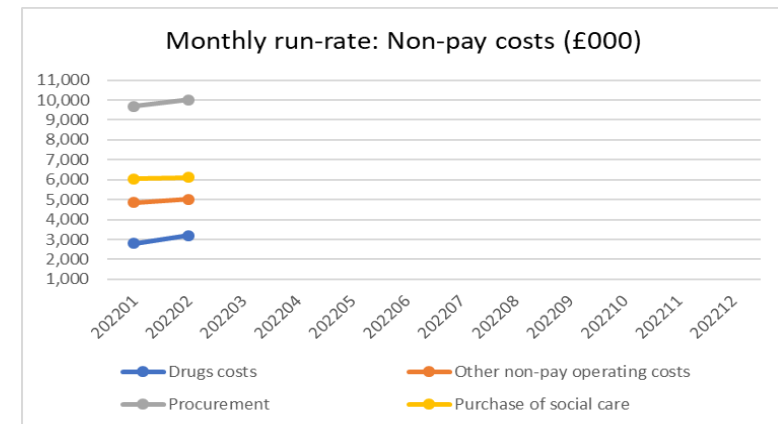
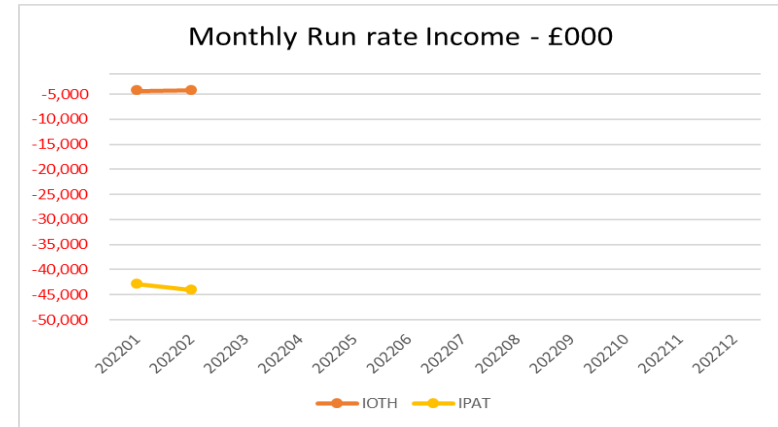
In M02 there has been no CIP delivery formally transacted against a target of £3.60m, however £1.72m has been identified and can be delivered subject to validation. The balance was notionally mitigated via reserves for this month which is not a sustainable position to be in at M2. At this stage of the financial year ISU's are expected to identify detailed delivery plans for CIP, bi-weekly governance meetings have been arranged to review CIP schemes. Deloitte are also supporting ISU's in project implementation under a number of workstreams.

ERF income has been assumed at £0.13m year to date given the cost position and activity performance. An increase is expected as schemes establish.

**Forward Look**

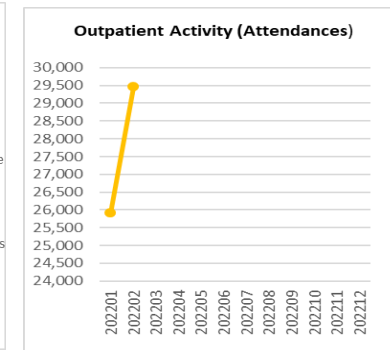
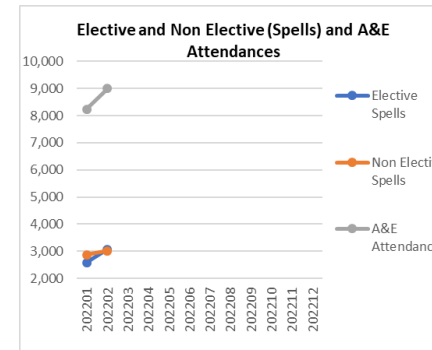
The Trust's April plan submission position envisaged an adjusted deficit of (£29.9m) for FY 2022/23. A re-submission was submitted on 20<sup>th</sup> June to NHSE/I with a revised breakeven position as requested by regulators. The revised plan will be reflected in the budget from M03.

- The initial plan submission was after the delivery of an efficiency requirement at £28.5m, through transformation and Covid cost reduction initiatives. At this point in time, delays have already occurred against the original planned phased delivery.
- Under the re-submitted breakeven plan the above efficiency requirement remains. In addition, a list of targeted measures to breakeven had been proposed under the revised plan. The executives are carrying out a number of focused briefing sessions with ISU management to set out the requirement for delivery.
- Contract agreement is underway between the ICS and providers with a simplified and compliant approach on marginal contract set-up for ERF, which would include potential mitigation in the first instance via ICS / S256.
- It is likely the Hospital Discharge programme will continue into 2022/33 supported by S256.
- Capital plans for 2022-23 and beyond have been developed, there are significant pressures on CDEL allocation, further prioritisation is underway.



## Change in Activity Performance – Month 01 to Month 02

		YTD Plan M2	May-22	YTD Actual	Variance to YTD Plan	% Variance	May-21	% change
Activity Drivers	A&E Attendances	17,315	8,991	17,229	-86	0%	9,009	0%
	Elective Spells	5,865	3,069	5,653	-212	-4%	2,675	15%
	Non Elective Spells	6,662	3,012	5,887	-775	-12%	3,558	-15%
Bed Utilisation	Outpatient Attendances	55,533	29,001	54,916	-617	-1%	26,654	9%
	Occupied beds DGH		11,188	21,653	0	0%	9,392	19%
	Available beds DGH		12,000	23,164	0	0%	10,248	17%
Resource Consumption	Occupancy		93%	93%	0%	0%	92%	2%
	Medical Staff Costs - £000's	10,553	5,690	11,358	805	8%	5,406	5%
	Nursing Staff Costs - £000's	11,628	6,487	12,714	1,086	9%	5,477	18%
	Temp Agency Costs - £000's	1,224	1,336	2,483	1,259	103%	1,053	27%
	Total Pay Costs - £000's	50,240	25,165	51,438	1,199	2%	34,702	-27%



### Activity Drivers

- ICS and providers are currently in the process of finalising the contract and activity plans.
- Overall, elective activity levels are broadly on plan at M02, however, below plan for outpatients and day cases. In comparison against 2019/20 (NHSE/I comparator year), the Trust achieved 92% overall elective/outpatient activity in M02. It should be noted that elective activity is planned to ramp up during Q1 to be at 100% of 19.20 levels from July 22.
- ISUs are continually looking at ways to increase their productivity, including maximising through-put within existing resources and also making use of additional ERF funding to increase capacity for seeing more patients, reducing waiting lists and ensuring patients are treated as quickly as possible.
- The Trust and ICS have created processes for recording and monitoring ERF costs and activity.

### Bed utilisation

- In May, the overall bed occupancy is at 93%. This remains above required levels to support timely patient flow to avoid emergency care delays. It is noted that the overall available beds have been supported with the opening of the elective orthopaedic ward and the removal of day case trolleys. The level of Covid-19 hospitalisations has reduced releasing some medical bed capacity for general use.
- Work has also continued to focus on the number of discharge delays with recent improvements being sustained to manage the number of patients identified as medically fit and having no criteria to reside in an acute hospital bed – This has reduced from a daily average of 101 in January to 46 in May
- Access to beds for medical and surgical emergencies has meant that patients continue to remain 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. The trust has been in OPEL 3 escalation for the majority of the month.
- At the end of May, the relocation of the Chemotherapy day unit back to its original ward area has been completed, removing 10 escalation beds from overall bed numbers.

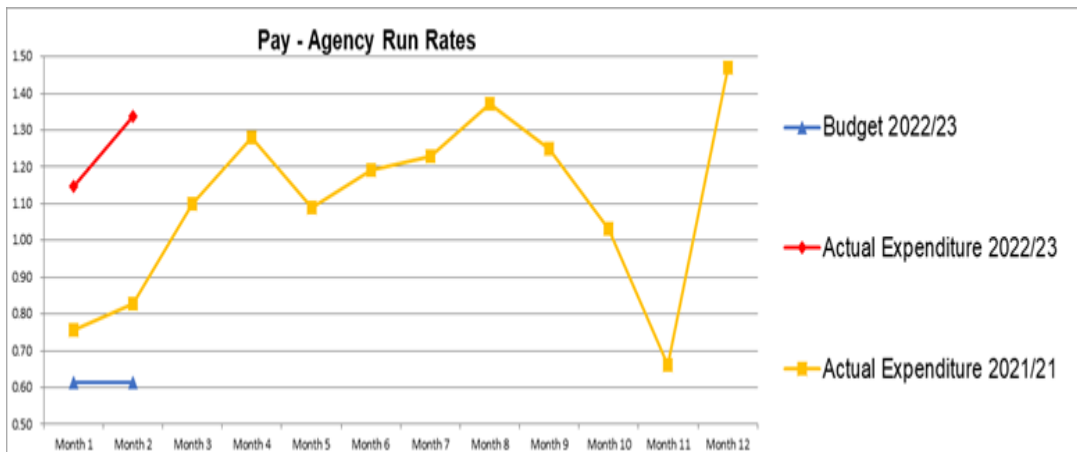
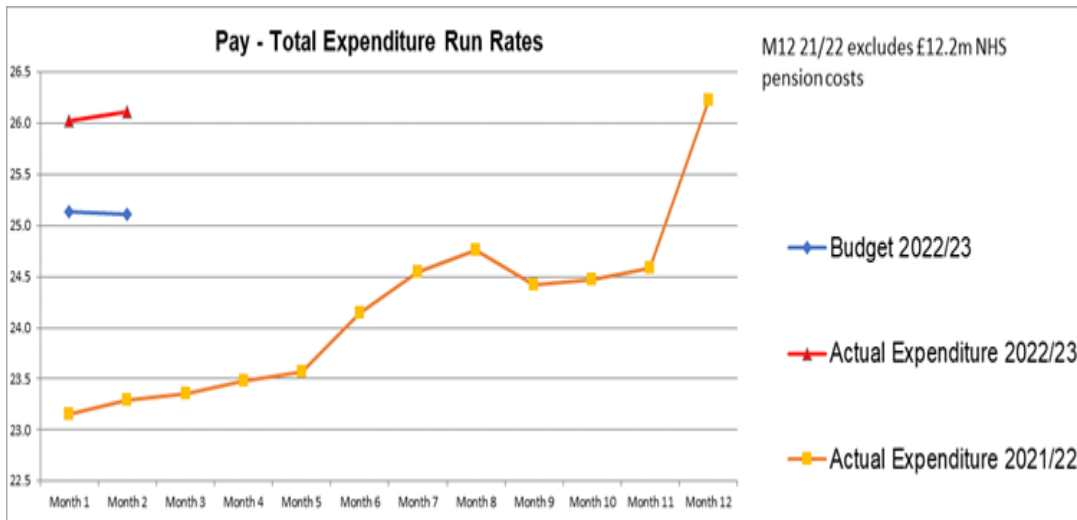
### Pay Expenditure Run Rate – Month 02, May 2022

The total pay run rate in M02 is £26.12m which is broadly in line with Month 01 actuals. There has been an increase in bank (£0.20m) and agency (£0.19m) usage.

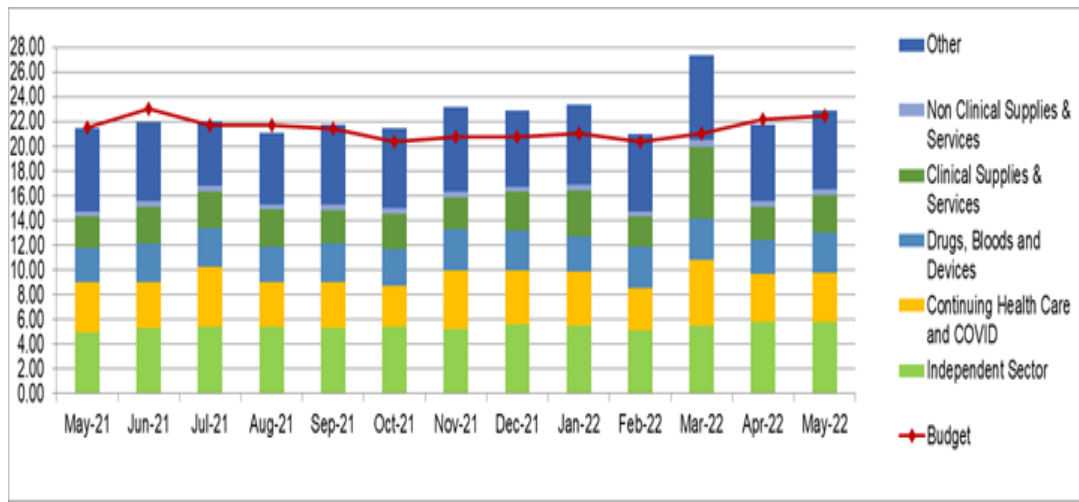
Comparisons actual to budget for M02 key issues are as follows:

- Bank pay is overspent by (£0.50m) which is primarily in HCA (£0.26m), Medical staff (£0.06m), Nursing (£0.07m) and non-medical non-clinical (£0.07m)
- Agency costs are overspent (£0.72m) due to Nursing (£0.41m), Medical staff (£0.20m) and (£0.15m) over various clinical and admin roles, due to ongoing vacancies.
- The Apprentice levy balance (unutilised funds) at M02 is £2.36m (£2.62m in M01). The Trust's apprenticeship strategy is reviewed regularly and actions are being taken to ensure the levy is utilised effectively as possible.
- Against the CIP target of £2.60m at M2 no formal transaction on delivery has been recorded however £0.96m had been identified awaiting validation.

*Pay run rate graph has been adjusted to exclude one off balance sheet adjustments*



Non-Pay Expenditure – Month 02, May 2022



The total non-pay run rate in M02 (£22.87m) is £1.14m higher in comparison to previous month (£21.73m), key details comparing to May run-rate are provided below:

- o Clinical supplies – net increase of (£0.41m) as clinical activity and recovery takes place. There are primarily in medical and surgical supplies (£0.39m), general and laboratory equipment (£0.17m), contract maintenance (£0.13m) offset with a reduction in Torbay Pharmaceuticals cost of sales £0.33m.
- o Drugs, bloods and devices net increase (£0.41m)
- o CHC related COVID cost – net increase (£0.04m) which relates to HDP. Funding has been secured from Devon CCG to cover expenditure with income
- o Placed People (including Continuing Healthcare) (£0.14m) increase in run rate due to unbudgeted FNC one off catch-up costs relating to prior year received in M02 (mitigation is under discussion at system level).
- o Net Operating expenditure – net increase (£0.19m), primarily due to the one-off business rates adjustment and premises costs reflected in M01 (£0.51m) and furthermore a reduction in purchase of health care £0.15m, other operating expenditure £0.11m and consultancy costs £0.04m
- o Adult Social Care (ASC) - £0.03m. Provider requests are flowing in the HISCUP panel requesting higher than budgeted POC price increases.
- o General supplies – minimal movement of £0.01m, due to a reduction in uniform costs.



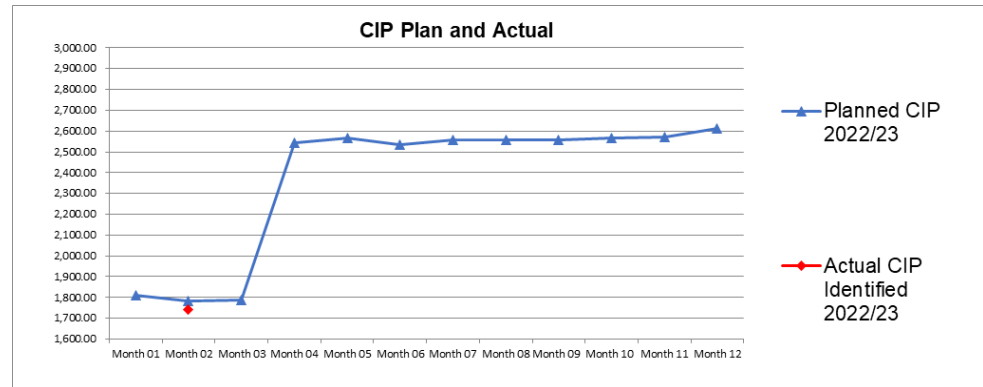
Key Drivers of System Positions – Month 02, May 2023

System	ISU	Financial Commentary / Key Drivers
<b>Children &amp; Family Health Devon</b>	CFHD	Budget has been set on model option 2 for 2022/23. As at M02, the Alliance generated a surplus and after the risk share calculation, TSD is benefiting from £220k surplus to the I&E. The actual expenditure run rate has remained constant. The proposed staffing model and clinical pathways consultation is live, with Senior Teams leading discussions on pathway options; this contributes to a current high level of vacancies which will not change until the consultation is concluded. SystemOne EPR revenue has been budgeted for but there is potential that the project may not commence until 2023/24 due to a change in TSD priorities and unavailability of IT resources; therefore, no costs are currently expected in this financial year.
<b>Torbay Pharmaceuticals</b>	PMU	TP sales in M02 is (£0.40m) lower than plan primarily due to lower Non-NHS sales. Overall performance in month is materially balanced, with a net profit of £3k
<b>Corporate</b>	EFM	Overspent at M02 by (£852k). Pay is overspent by (£407k) due to the cessation of additional domestic and porters recharged to Covid-19, and increased deep cleaning and escalation. Non-pay is overspent by (£161k) due to repairs and maintenance contracts and external service agreements. Income is overachieved by £68k mainly due to increase lease rental on the Level 4 outlets coming back to contractual levels after Covid-19 reductions. There were also increases in patient/visitor car parking charges and meal sales. Unachieved CIP target of (£352k), previously identified CIP has not yet been transacted, plans are in place.
	Exec. Directors	Underspent by £95k. Pay is underspent by £171k mainly due to issues in recruitment and retention within HIS of £110k, Director of Nursing & Quality international nurses supernumerary pay costs £77k and £31k pension rebate. Education and Training Registered Nursing Degree Apprentices £51k offset with (£105k) CEA award accrual. Non-pay is overspent by (£49k) mainly due to (£83k) international nurses recruitment costs, offset by underspends in HIS £47k. Income has overachieved by £215k mainly due to Q1 Health Education England (HEE) income regarding medical training and education £205k, VAT reclaim £80k, Director of Nursing secondment £40k, international nurses recruitment income (£103k). Unachieved CIP target of (£245k).
	Financing Costs	Excluding items outside the NHSE/I control total, costs are £0.45m favourable to plan. This is principally due to fixed assets being brought into service later than planned, resulting in a reduced depreciation charge.
	Other	Reserves includes plan adjustments, provisions for FNC backlog, legal fees, miscellaneous and other small provisions. Recovery costs have been allocated to a central budget to allow better analysis of expenditure. In M02 there is an underspend of £57k. Costs are expected to increase as recovery plans come into place.
<b>South System</b>	Coastal	Overspent M02 by (£354k) against budget. Pay is underspent £197k which consists of savings due to vacant posts £520k and offset with ward agency and Medical locum costs (£323k). Non-pay is overspent (£121k) mainly due to medical and surgical supplies and audiology items, and an adverse CIP variance (£464k). Pay run rates have increased M1 compare to an average of the previous quarter due to recruitment of vacant posts, and non-pay remains broadly in line with the previous quarter average spend. ERF recovery schemes are recorded centrally and not within this ISU.
	Newton Abbot	Overspent at M02 (£1.10m) against budget. Pay is overspent (£727k) due to ongoing cost pressures in ED (£565k) and Acute Medicine (£292k). This is reflected by high Medical Locum, Bank and Nursing Agency spend in these areas including Gen Med Junior Doctors, and is offset with pay underspends due to vacancies in UTC, ICU £129k. Non pay overspend (£386k) mainly undelivered CIP



		(£328k) and ED volume related non pay costs (£51k). Increased run rate from previous month, and above average for last quarter in Acute Medicine and ED temporary staffing costs covering further vacancies and absence.
	Moor to Sea	Overspent at M02 (£171k) against budget. Pay is overspent (£64k) mainly ward bank and agency costs due to delayed recruitment and care of the elderly senior medical pay costs (£195k), offset by underspends in community services vacant posts £131k. Non-pay is overspent (£146k) mainly due to an adverse CIP target of (£172k) offset with miscellaneous non-pay items £30k. There is favourable position of £38k other income. Pay run rates have decreased from the previous month, and lower than the past quarter average, with an increase in non-pay run rates due to intermediate care bed costs.
	Shared Operations	Overspent M02 (£123k) against budget. Pay underspent £15k due to vacant posts. Non-pay overspends (£159k) mainly transport (£33k), medical electronics (£51k), security services (£19k), and adverse CIP target (£84k), offset with underspends in post room £13k and outpatients £14k. Other income £20k more than planned. Non-pay run rates increased from previous months mainly security series and transport, but broadly consistent with previous quarter average excluding year-end adjustments.
<b>Torbay System</b>	Independent Sector	Against a budget of (£16.60m) there is a minor YTD overspend of (£36k). Despite a challenging CIP target, a near breakeven position is being achieved by a combination of high number of Direct Payment reclaims (volume & value) combined with a lower level of ASC short stay placements than previously anticipated (short stay placements primarily are processed and paid during / after placement).
	Torquay	Against a budget of (£3.60m) there is a YTD overspend of (£319k) which is driven by two main issues. Firstly, there is a (£190k) overspend on pass through high cost drugs (income & expenditure) and secondly, there is a (£127k) over spend on intermediate care placements within the Torbay area caused by a number of highly complex cases requiring care, way in excess of the previous six week maximum.
	Paignton and Brixham	Excluding Clinical income and Passthrough there is a YTD overspend of (£259k) against a budget of (£11.20m). Overspend is primarily driven by not being able to fully achieve the savings target of £482k and overspends on safer staffing wards due to agency expenditure (£150k).
<b>Contract Income</b>	Patient Income	The Trust has received the following income in M02: 1) Income assumed for Elective Recovery Funding in M02 and year to date is £127k. 2) C.£0.55m additional income assumed via the CCG relating to the Hospital Discharge Programme (HDP) and year to date £0.83m. There is a corresponding cost to offset this. 3) Nothing relating to grants has been received or assumed from Torbay Council.

CIP- Month 02, May 2022



**CIP**

The Trust's financial plan for 2022/23 requires the delivery of a £28.5m efficiency programme, which includes a £10.4m reduction in COVID related costs (compared to 2021/22). Phased delivery of the efficiency plan for the first quarter is £5.4m, with planned delivery of £1.8m in each of Months 1, 2 & 3. Per the Trust's April planning submission, the split of the £3.60m target for M02 is:

- Pay related - £2.60m
- Non-pay related - £0.80m
- Income related - £0.20m

A number of the pay related efficiency schemes have yet to commence, but are due to deliver from the end of the first quarter. The Trust's actual financial performance for M02 would suggest a potential shortfall of £1.9m (c. 52%) against the efficiency target, predominantly linked to the position on pay. Through slippage in other areas of spend, together with non-recurrent benefits, the Trust is able to report a position in line with plan at M02. However, it should be noted that it's too early in the financial year to commit to using these to offset the shortfall on CIP, as the flexibilities can only be utilised once and may be required to support/offset other issues during the course of the year.

The traditional CIP element of the efficiency programme (£18.1m) is due to be delivered via a combination of cross-cutting (Trust wide) and local ISU/Department schemes. Plans are already in place for a number of the cross-cutting schemes, the key concern being delivery of key actions/pace of delivery. In order to improve grip and control, a bi-weekly CIP delivery board is being established by combining the Transformation & CIP Group and Financial Delivery Group (FDG) meetings. The focus of the CIP delivery board will be on holding SROs (Senior Responsible Officers) to account for the identification and delivery of CIP plans, and key enabling actions. For example, with the Workforce temporary spend reduction (£2.8m target) and Procurement (£1.6m target) schemes, every month of delay could result in a loss of £300k and £130k savings opportunities respectively. NB - Original start dates, Workforce scheme - 1st July, Procurement scheme - 1st April.

Cash Position – Month 02, May 2022

	Plan £m	M02 Actual £m	Variance £m
<b>Opening cash balance</b>	<b>39.34</b>	<b>39.34</b>	<b>0.00</b>
Capital Expenditure (accruals basis)	(6.80)	(4.78)	2.02
Capital loan/PDC drawdown	0.00	0.00	0.00
Capital loan repayment	(0.55)	(0.72)	(0.17)
Proceeds on disposal of assets	0.00	0.00	0.00
Movement in capital creditor	(11.00)	(9.53)	1.47
Other capital-related elements	(0.58)	(0.55)	0.03
<b>Sub-total - capital-related elements</b>	<b>(18.94)</b>	<b>(15.58)</b>	<b>3.36</b>
Cash Generated From Operations	(1.57)	(0.86)	0.71
Working Capital movements - debtors	(0.69)	(3.95)	(3.26)
Working Capital movements - creditors	(2.51)	(0.30)	2.21
Net Interest	(0.52)	(0.48)	0.03
PDC Dividend paid	0.00	0.00	0.00
Other Cashflow Movements	(0.18)	(0.22)	(0.04)
<b>Sub-total - other elements</b>	<b>(5.46)</b>	<b>(5.81)</b>	<b>(0.35)</b>
<b>Closing cash balance</b>	<b>14.94</b>	<b>17.95</b>	<b>3.01</b>

Better Payment Practice Code	Paid year to date	Paid within target	% Paid within target
Non-NHS - number of bills	26,666	22,611	84.8%
Non-NHS - value of bills (£k)	62,635	53,175	84.9%
NHS - number of bills	371	235	63.3%
NHS - value of bills (£k)	6,842	4,787	70.0%
Total - number of bills	27,037	22,846	84.5%
Total - value of bills (£k)	69,477	57,962	83.4%

**Key points of note:**

- Based upon its April Plan submission, the Trust has received £6.3m of PDC cashflow support and a further £5.7m has been requested for receipt in M04.
- Capital-related cash outflow is £3.4m lower than planned. This is due to accruals capital expenditure £2.0m lower than plan and the paying down of the capital creditor £1.5m lower than plan.
- Working capital debtor movements is £3.3m adverse to plan, principally due to increased debtors with Torbay Council £1.5m, Dartmouth H&WBC £0.6m and CDF £0.4m.
- Working capital creditor movements in £2.2m favourable to plan. This in principally due to a delay in the release of deferred income.
- NHSE/I have 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 02, May 2022

	Month 02		
	Plan £m	Actual £m	Variance £m
<b>Non-Current Assets</b>			
Intangible Assets	12.17	10.11	(2.05)
Property, Plant & Equipment	215.38	215.81	0.43
On-Balance Sheet PFI	17.54	17.51	(0.03)
Right of Use assets	23.85	20.15	(3.70)
Other	1.44	1.47	0.03
<b>Total</b>	<b>270.37</b>	<b>265.04</b>	<b>(5.33)</b>
<b>Current Assets</b>			
Cash & Cash Equivalents	14.94	17.95	3.01
Other Current Assets	41.93	44.18	2.25
<b>Total</b>	<b>56.88</b>	<b>62.13</b>	<b>5.25</b>
<b>Total Assets</b>	<b>327.25</b>	<b>327.18</b>	<b>(0.07)</b>
<b>Current Liabilities</b>			
Loan - DHSC ITFF	(3.87)	(3.87)	(0.00)
PFI / LIFT Leases	(1.31)	(1.31)	(0.01)
Trade and Other Payables	(53.84)	(55.88)	(2.04)
Other Current Liabilities	(15.52)	(15.84)	(0.32)
<b>Total</b>	<b>(74.53)</b>	<b>(76.89)</b>	<b>(2.36)</b>
<b>Net Current assets/(liabilities)</b>	<b>(17.65)</b>	<b>(14.76)</b>	<b>2.89</b>
<b>Non-Current Liabilities</b>			
Loan - DHSC ITFF	(24.66)	(24.49)	0.17
PFI / LIFT Leases	(15.08)	(15.07)	0.01
Other Non-Current Liabilities	(26.17)	(22.49)	3.67
<b>Total</b>	<b>(65.90)</b>	<b>(62.05)</b>	<b>3.85</b>
<b>Total Assets Employed</b>	<b>186.82</b>	<b>188.23</b>	<b>1.41</b>
<b>Reserves</b>			
Public Dividend Capital	150.33	150.33	0.00
Revaluation	51.54	51.54	0.00
Income and Expenditure	(15.05)	(13.64)	1.41
<b>Total</b>	<b>186.82</b>	<b>188.23</b>	<b>1.41</b>

**Key points of note:**

- Following the adoption of the IFRS 16 accounting standard on 1 April 2022, a separate category for Right of Use assets has been included within non-current assets.
- Non-current assets are £5.3m lower than planned, principally due to a reduced estimate of IFRS 16 Right of Use assets related to CFHD and capital expenditure £2.0m lower than planned.
- Cash is £3.0m higher than planned, as explained in the commentary to the cashflow statement.
- Other current assets are £2.3m higher than planned. This is principally due to increased debtors with Torbay Council £1.5m, Dartmouth H&WBC £0.6m and CDF £0.4m.
- Trade and other payables are £2.0m higher than planned. This is principally due to a delay in the paying down of capital creditors.
- Other non-current liabilities are £3.7m higher than planned, principally due to a reduced estimate of IFRS 16 liabilities related to CFHD.

## Statistical Process Control (SPC) charts

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:

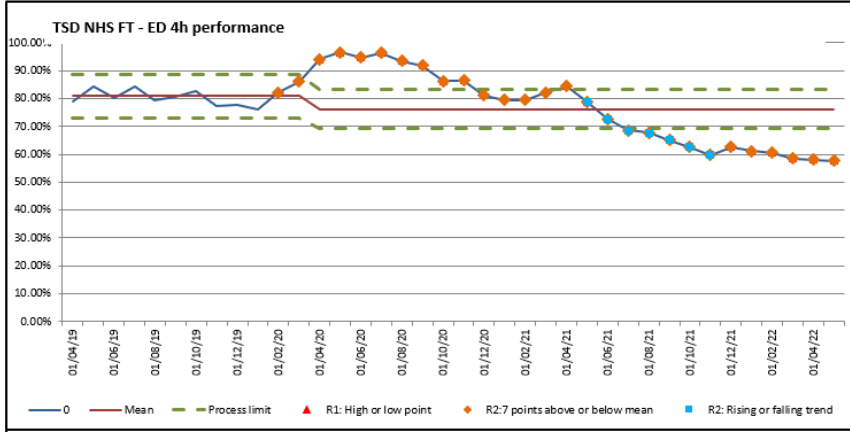
- 'predict' statistically whether a process is 'capable' of meeting a target;
- identify if a process is sustainable - i.e. are your improvements sustaining over time;
- identify when an implemented improvement has changed a process - i.e. it has not just occurred by chance;
- generally understand processes - 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).

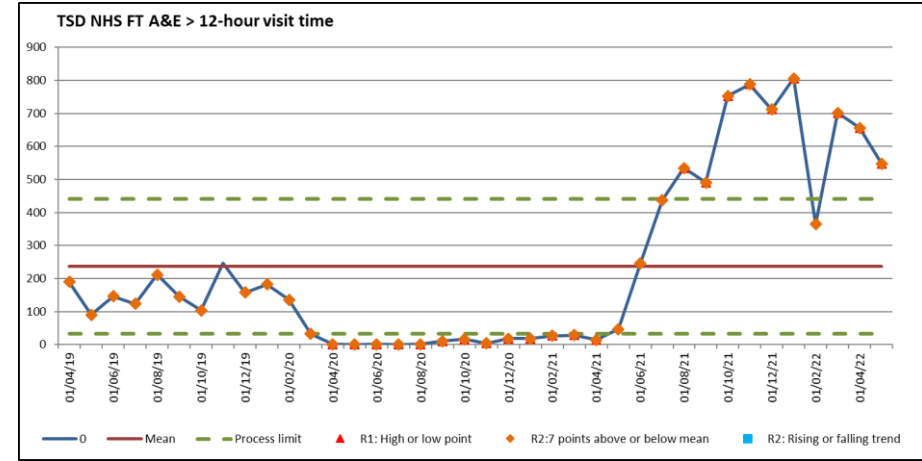
In preparing for fuller roll out, a selection of key metrics are presented below in SPC format.

# Key Indicators - Statistical Process Control (SPC) charts

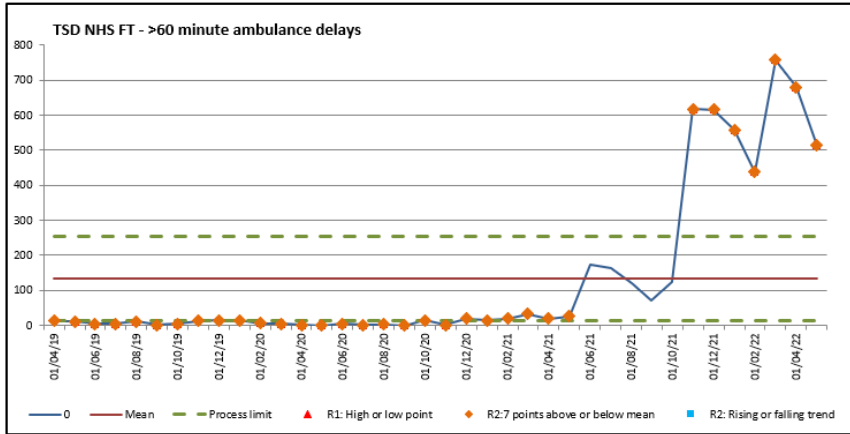
## ED 4 hour performance



## 12- hour visit time

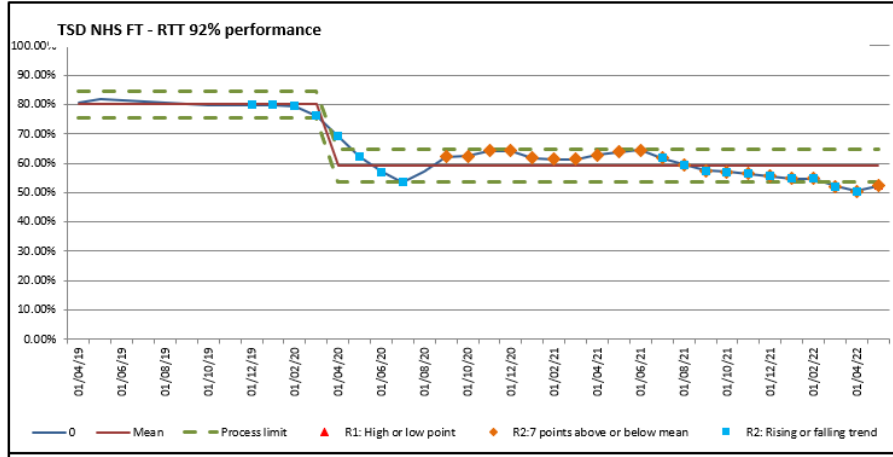


## Greater than 60-minute ambulance handover delays

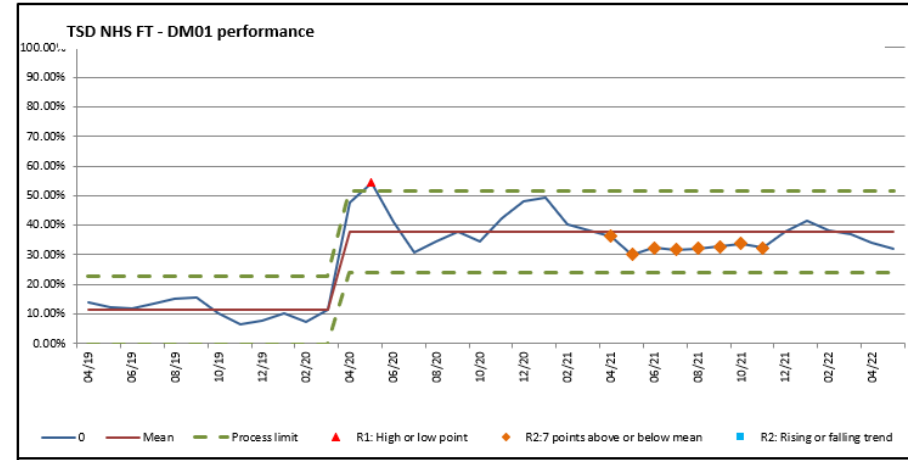


# Key Indicators - Statistical Process Control (SPC) charts

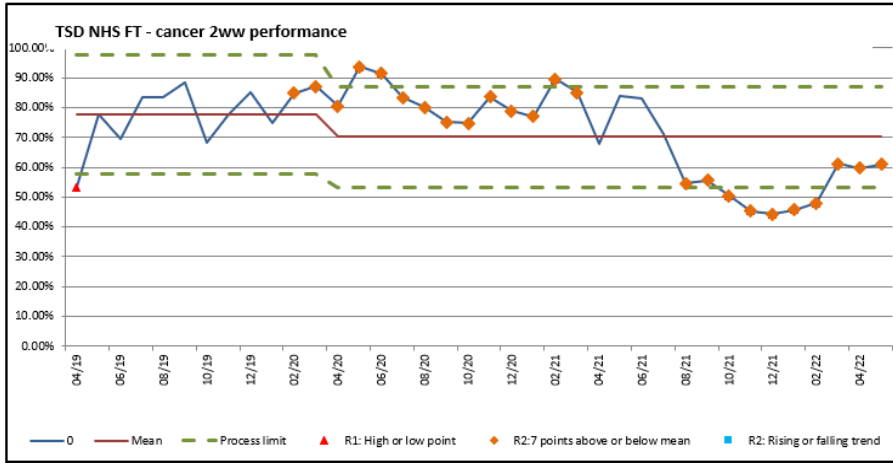
## Referral To Treatment



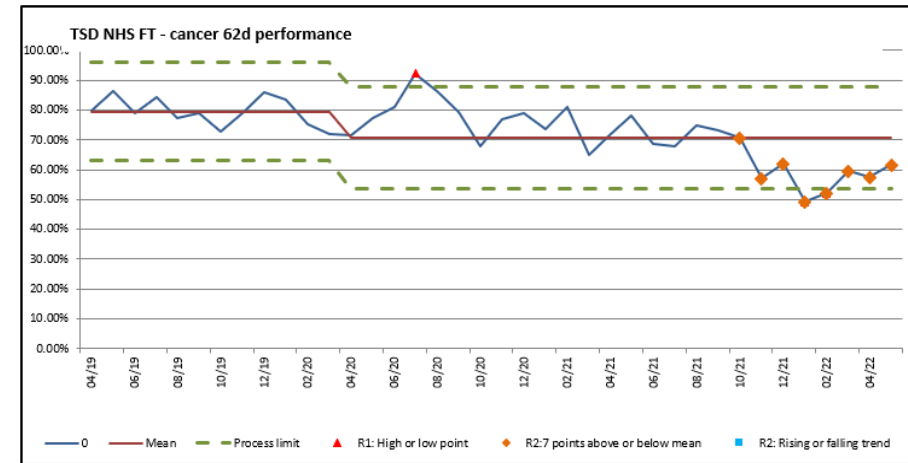
## Diagnostics performance



## Cancer 2-week-wait performance



## Cancer 62-day performance



	ISU	Target	13 month trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Year to date
<b>QUALITY LOCAL FRAMEWORK</b>																	
Reported Incidents - Severe	Trustwide	<6		2	4	2	2	0	1	3	0	4	4	4	2	3	5
Reported Incidents - Death	Trustwide	<1		2	1	2	0	0	1	5	0	2	0	3	2	1	3
Medication errors resulting in moderate harm	Trustwide	<1		1	1	0	0	0	0	0	0	1	1	1	1	1	2
Medication errors - Total reported incidents	Trustwide	N/A		64	57	47	38	47	58	46	59	43	56	54	57	62	119
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		1	0	2	0	0	1	1	0	0	0	1	0		0
Never Events	Trustwide	<1		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		7	11	8	8	6	1	12	12	6	13	9	8	11	19
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams	Trustwide	<1		0	0	0	0	2	0	0	0	2	1	0	0	0	0
Formal complaints - Number received	Trustwide	<60		9	15	18	17	11	11	10	9	16	11	12	12	12	24
VTE - Risk Assessment on Admission (acute)	Trustwide	>95%		92.3%	88.6%	94.4%	92.9%	91.9%	91.8%	96.2%	95.1%	94.8%	95.2%	94.4%	91.3%	89.7%	90.4%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		105.5	106.6	108	110.2	108.4	109.6	108.1	107.5	107.3	109.1				0
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		90.2%	87.1%	89.5%	87.0%	81.9%	81.9%	89.3%	87.81%	86.8%	88.3%	90.0%	89.0%	96.1%	96.1%
Safer Staffing - ICO - Nighttime	Trustwide	90% - 110%		88.5%	89.4%	93.4%	88.0%	74.6%	74.6%	83.7%	60.32%	77.8%	78.8%	79.3%	79.7%	86.5%	86.5%
Infection Control - Bed Closures - (Acute)	Trustwide	<100		42	381	24	8	42	476	218	285	71	49	203	30	12	42
Hand Hygiene	Trustwide	>95%		94.8%	97.6%	98.9%	97.1%	96.5%	98.5%	96.2%		99.1%	95.3%	98.7%	94.5%	92.3%	93.4%
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	Trustwide	>90%		90.3%	84.8%	91.2%	82.1%	81.0%	82.1%	60.0%	68.6%	77.4%	78.4%	76.9%	67.9%	65.8%	
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		65.9%	66.1%	51.4%	56.3%	69.2%	35.9%	52.8%	50.0%	18.2%	59.0%	28.1%	35.3%	67.6%	56.3%
Mixed Sex Accommodation breaches	Trustwide	0									0	0	0	0	0	0	0
Follow ups 6 weeks past to be seen date	Trustwide	6400		16713	16323	16967	17651	17789	18231	18069	19797	20026	20496	21388	22516	22215	22215
<b>WORKFORCE MANAGEMENT FRAMEWORK</b>																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<4.00%		4.0%	4.1%	4.1%	4.2%	4.4%	4.5%	4.6%	4.7%	4.8%	5.0%	5.3%	5.6%		4.1%
Appraisal Completeness	Trustwide	>90%		86.6%	84.7%	81.3%	80.6%	79.7%	77.9%	79.2%	78.6%	76.1%	75.2%	71.9%	71.3%	73.9%	73.9%
Mandatory Training Compliance	Trustwide	>85%		90.1%	90.5%	89.5%	89.4%	89.0%	89.0%	88.8%	88.4%	88.6%	89.2%	89.5%	89.6%	89.8%	89.8%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		11.0%	11.3%	11.0%	11.7%	11.3%	11.6%	11.5%	12.0%	12.6%	12.9%	13.4%	13.2%	13.6%	



ISU	Target	13 month trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Year to date	
<b>COMMUNITY &amp; SOCIAL CARE FRAMEWORK</b>																	
Carers Assessments Completed year to date	Trustwide	40% (Year end)		19.8%	19.5%	19.6%	19.5%	19.0%	19.4%	19.4%	19.6%	19.4%	19.6%	19.8%	19.5%	19.4%	100.0%
Children with a Child Protection Plan (one month in arrears)	Trustwide	NONE SET		213	201	171	165	147	147	145	143	154	167	156	0	0	0
4 Week Smoking Quitters (reported quarterly in arrears)	Trustwide	NONE SET			110			189	0	0	264	0	0	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%	0.0%	0.0%	0.0%
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET		608	629	631	564	546	604	590	628	644	623	645	671	664	671
Intermediate Care - No. urgent referrals	Trustwide	113		155	129	158	191	241	222	237	219	195	213	212	188	210	214
Community Hospital - Admissions (non-stroke)	Trustwide	NONE SET		294	292	297	233	229	243	191	200	202			305	229	265
<b>ADULT SOCIAL CARE TORBAY KPIs</b>																	
Proportion of clients receiving self directed support	Trustwide			71.9%	71.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Proportion of carers receiving self directed support	Trustwide	94%		71.9%	71.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% Adults with learning disabilities in employment	Trustwide	7%		7.4%	7.4%	7.4%	7.1%	7.1%	6.8%	7.0%	6.8%	6.7%	6.6%	7.1%	7.3%	7.3%	7.3%
% Adults with learning disabilities in settled accommodation	Trustwide	80%		97.5%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Permanent admissions (18-64) to care homes per 100k population	Trustwide	14		20.2	23.1	17.7	19.0	17.7	17.7	20.4	23.1	25.8	19.0	21.7	24.5	29.9	24.5
Permanent admissions (65+) to care homes per 100k population	Trustwide	450		510.8	487.3	498.1	511.5	449.6	422.7	411.9	376.9	487.3	476.5	570.8	576.2	823.8	576.2
Proportion of clients receiving direct payments	Trustwide	25%		19.8%	19.5%	19.6%	19.5%	19.0%	19.4%	19.4%	19.6%	19.4%	19.6%	19.8%	19.5%	19.4%	19.5%
% reablement episodes not followed by long term SC support	Trustwide	83%				85.9%	87.1%	87.4%	87.9%	87.9%	87.7%	88.0%	87.8%	88.9%	84.5%	86.8%	84.5%
<b>NHS I - OPERATIONAL PERFORMANCE</b>																	
A&E - patients seen within 4 hours	Trustwide	>95%		78.9%	72.6%	68.6%	67.6%	65.1%	62.5%	59.8%	62.5%	61.1%	60.6%	58.4%	58.0%	57.6%	57.8%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		63.9%	64.4%	61.7%	59.4%	57.4%	57.0%	56.5%	55.6%	54.7%	54.7%	52.0%	50.4%	52.3%	52.3%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		77.9%	68.8%	67.8%	75.0%	73.3%	70.5%	57.0%	61.9%	49.1%	52.1%	59.5%	57.8%	61.5%	61.5%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		30.1%	32.2%	31.7%	32.2%	32.6%	33.8%	32.4%	37.9%	41.3%	38.4%	36.8%	33.9%	32.0%	32.0%
Dementia - Find - monthly report	Trustwide	>90%		96.9%	97.4%	97.8%	97.2%	92.7%	94.4%	95.0%	87.3%	94.8%	89.7%	93.6%	91.6%	94.6%	93.2%

ISU	Target	13 month trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Year to date
<b>LOCAL PERFORMANCE FRAMEWORK 1</b>																
Number of Clostridium Difficile cases reported	Trustwide	<3	5	2	5	8	2	1	2	6	6	3	7	2	5	7
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%	83.9%	83.0%	71.3%	54.6%	55.6%	50.5%	45.2%	44.3%	45.6%	48.1%	61.1%	59.6%	60.9%	60.9%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%	54.1%	56.7%	91.0%	77.8%	92.4%	95.1%	79.8%	82.5%	38.6%	71.4%	81.0%	76.8%	77.8%	77.8%
Cancer - 28 day faster diagnosis standard	Trustwide		75.6%	76.0%	76.4%	77.4%	60.6%	58.8%	52.5%	52.8%	55.2%	73.1%	75.0%	76.9%	67.6%	67.6%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%	96.7%	98.5%	97.5%	98.8%	99.4%	98.2%	96.7%	96.8%	94.8%	96.5%	97.4%	92.6%	90.7%	90.7%
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	97.3%	98.6%	98.3%	98.3%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%	100.0%	97.0%	98.3%	96.4%	98.6%	98.4%	100.0%	100.0%	97.1%	98.3%	93.8%	94.7%	92.6%	92.6%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%	96.7%	97.7%	100.0%	97.3%	100.0%	100.0%	97.1%	100.0%	96.4%	91.7%	82.9%	100.0%	95.5%	95.5%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%	73.3%	85.7%	78.6%	92.3%	71.4%	87.5%	82.4%	77.8%	72.7%	85.7%	80.0%	70.4%	66.7%	66.7%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide		17	10	10	13	15	29	14	26	27	39	39	33	65	65
RTT 52 week wait incomplete pathway	Trustwide	0	1596	1562	1648	1799	1943	2093	2169	2384	2584	2759	3199	3374	3765	3765
RTT 78 week wait incomplete pathway	Trustwide	0	330	377	458	580	641	572	477	532	587	649	763	779	813	813
RTT 104 week wait incomplete pathway	Trustwide	0	13	23	42	71	100	116	126	147	182	213	245	192	173	173
On the day cancellations for elective operations	Trustwide	<0.8%	0.3%	1.2%	1.7%	0.5%	0.5%	1.2%	2.6%	1.3%	1.4%	0.9%	0.9%	1.6%	1.1%	1.4%
Cancelled patients not treated within 28 days of cancellation	Trustwide	0	11	3	10	17	5	3	30	12	6	8	11	12	5	17
Virtual outpatient appointments (non-face-to-face) - 1 month in arrears	Trustwide	25%	19.2%	19.1%	20.0%	19.6%	20.3%	20.5%	21.1%	19.3%	20.7%	21.3%	18.8%	19.6%	20.9%	
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%	94.0%	97.6%
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	70.3	46.0	
Number of patients >7 days LoS (daily average)	Trustwide		104.5	120.5	129.4	154.4	149.1	148.4	145.7	157.0	183.0	165.0	172.0	171.6	166.0	168.8
Number of extended stay patients >21 days (daily average)	Trustwide		21.3	25.0	26.3	41.5	43.9	43.6	39.9	48.0	64.0	60.6	50.0	45.6	38.5	42.1
<b>LOCAL PERFORMANCE FRAMEWORK 2</b>																
Ambulance handover delays > 30 minutes	Trustwide	Trajectory	128	380	421	266	219	285	959	952	889	727	1026	967	894	1861
Ambulance handover delays > 60 minutes	Trustwide	0	26	173	165	120	72	125	617	616	559	438	757	680	514	1194
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		46	246	438	534	491	753	788	712	806	364	701	656	548	1204
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0	3	32	157	188	69	130	139	162	131	123	202	155	68	223
Number of Clostridium Difficile cases - (Acute) *	Trustwide	<3	3	2	4	7	2	1	1	3	5	1	5	2	3	5
Number of Clostridium Difficile cases - (Community)	Trustwide	0	2	0	1	1	0	0	1	3	1	2	2	0	2	2
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%	59.5%	57.5%	60.6%	74.1%	77.3%	74.5%	72.0%	63.0%	69.2%	75.2%	72.1%	71.1%	71.0%	71.0%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%	33.1%	32.4%	34.2%	46.6%	46.4%	45.5%	50.7%	39.2%	36.7%	52.8%	48.6%	50.0%	52.2%	51.2%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%	62.5%	66.5%	69.8%	69.0%	73.0%	67.7%	67.8%	69.1%	74.6%	67.7%	66.0%	69.5%	65.4%	65.4%

ISU	Target	13 month trend	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Year to date
<b>NHS I - FINANCE AND USE OF RESOURCES</b>																
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide		2623	2551	2438	1240	-367	-327	-401	-609	-845	-955	-2025	-187	718	
Agency - Variance to NHSI cap	Trustwide		-1.40%	-1.80%	-2.10%	-2.10%	-2.10%	-2.10%	-2.00%	-2.00%	-1.80%	-1.60%	-1.40%	-2.00%	-2.40%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide							-332	-593	-833	-659	-222	248	-1812	-1873	
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide		2004	3206	4292	5275	9080	12336	16029	19492	20987	15148	15919	-57	1977	
Distance from NHSI Control total (£'000's)	Trustwide		2690	2621	2638	1539	7	8	-13	37	153	88	-59	-5	1286	
Risk Share actual income to date cumulative (£'000's)	Trustwide		0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>ACTIVITY VARIANCE vs 2019/20 BASELINE</b>																
Outpatients - New	Trustwide		-15.6%	0.8%	-20.1%	-14.2%	-4.5%	-19.0%	1.9%	-4.2%	-18.5%	-7.1%	22.4%	-16.3%	-13.8%	-15.0%
Outpatients - Follow ups	Trustwide		-12.8%	-0.8%	-13.0%	-10.1%	-5.8%	-19.0%	-2.7%	-6.9%	-22.2%	-15.2%	19.3%	-13.4%	-5.5%	-9.4%
Daycase	Trustwide		-20.5%	5.3%	-12.1%	-18.4%	-4.5%	-20.6%	-11.7%	-12.6%	-22.3%	-15.8%	17.0%	-17.7%	-10.4%	-13.9%
Inpatients	Trustwide		-19.8%	-15.4%	-33.1%	-35.2%	-24.4%	-25.8%	-37.0%	-33.8%	-47.5%	-38.8%	-23.4%	-9.2%	-8.8%	-9.0%
Non elective	Trustwide		3.8%	8.2%	4.1%	-5.1%	-0.8%	-7.9%	-9.6%	-14.9%	-12.2%	-10.3%	12.3%	-11.4%	-11.5%	-11.5%
<b>INTEGRATED CARE MODEL</b>																
Intermediate Care Referrals (All)	Trustwide		564	574	560	472	525	511	537	504	540	554	550	#N/A	#N/A	
Intermediate Care GP Referrals	Trustwide		95	94	78	80	78	75	74	64	94	87	89	88	94	
Average length of Intermediate Care episode	Trustwide		12.59	12.42	16.36	13.46	14.57	12.19	12.20	14.10	13.60	15.60	15.60	#N/A	#N/A	
Total Bed Days Used (Over 70s)	Trustwide		8593	4035	9171	9240	9881	9871	12186	12896	13120	15944	9295	#N/A	#N/A	
- Emergency Acute Hospital	Trustwide		4953	5284	5179	5298	5238	6022	5610	6074	5935	7076	4011	#N/A	#N/A	
- Community Hospital	Trustwide		2981	3240	2973	2867	3318	3377	5610	6074	5935	5935	7076	#N/A	#N/A	
- Intermediate Care	Trustwide		659	795	1019	1075	1325	472	966	748	1250	1792	1273	#N/A	#N/A	



<b>Report to the Trust Board of Directors</b>			
<b>Report title:</b> Our People Promise and Plan 2021-2024: Celebrating year one and looking ahead to year two		Meeting date: 29 June 2022	
<b>Report appendix</b>	Appendix 1 – The People Plan		
<b>Report sponsor</b>	Chief People Officer		
<b>Report author</b>	Associate Director of People and People Business Partner		
<b>Report provenance</b>	People Committee		
<b>Purpose of the report and key issues for consideration/decision</b>	<p>To update the Board on the achievements from year one of the People Promise and Plan in regards to;</p> <ul style="list-style-type: none"> <li>- Looking after our people</li> <li>- Belonging in the NHS</li> <li>- New ways of working</li> <li>- Growing for the future</li> <li>- Creating the condition for transformation</li> </ul> <p>To propose priorities for year two, recognising our journey is far from complete. This includes;</p> <ul style="list-style-type: none"> <li>- <b>Our local priorities</b>, which build upon the essential foundations from year and utilise the learning and feedback from our people. The importance of congruence has led to an organisational design and development approach which focuses on creating a culture where our people can thrive and learn, by empowering and enabling our people to share leadership. By identifying effective structures, systems and processes that <b>enable</b> (rather than obstruct) our desired culture, as well as developing behaviours and capability, and continuously reflecting and improving to sustain and embed changes, we will have a meaningful impact.</li> <li>- <b>Devon ICS priorities</b>, we are heavily engaged and often leading a number of people priorities on behalf of the system</li> <li>- <b>National Priorities</b>, which will need to be delivered locally to help close our vacancy gaps and create capacity for our people.</li> </ul>		
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input type="checkbox"/>	<b>To approve</b> <input checked="" type="checkbox"/>
<b>Recommendation</b>	To note the content of this report and approve the priorities for 2022/23		

Summary of key elements			
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	x	<b>Valuing our workforce</b> x
	<b>Improved wellbeing through partnership</b>	x	<b>Well-led</b> x
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	x	<b>Risk score</b> 16
	<b>Risk Register</b>		<b>Risk score</b>
<p>BAF Objective 8: To implement and continuously review the Trust People Plan, ensuring the Trust is a '<i>great place to work</i>'</p> <p>BAF Objective 9: To ensure management practice, leadership capacity and capability to deliver high-quality, sustainable care for the local population</p>			
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	x	<b>Terms of Authorisation</b>
	<b>NHS Improvement</b>	x	<b>Legislation</b>
	<b>NHS England</b>	x	<b>National policy/guidance</b> x



Torbay and South Devon  
NHS Foundation Trust

# Our People Promise and Plan

2021-2024

Our People  
AT THEIR BEST



Click to get started





CONTENTS

- OUR PEOPLE PROMISE, PLAN AND VISION >
- LOOKING AFTER OUR PEOPLE >
- BELONGING IN THE NHS >
- NEW WAYS OF WORKING >
- GROWING FOR THE FUTURE >
- CREATING THE CONDITIONS FOR OUR PEOPLE >
- LEARNING AND DEVELOPING - MOVING INTO YEAR 2 >

*To expand text or play a video please click on the 'Find out more' tab or the picture/ text that flashes blue.*



We are  
a team



## Our people promise, plan and vision - why it matters

Our people promise describes how we want it to feel for our people to work with us and for us. We want Torbay and South Devon to be a great place to work for everyone. Our people plan describes how we will create the conditions for people to thrive, and deliver exceptional integrated health and care, whatever essential role we play.

Our people promise and plan have been shaped by our people, as well as our colleagues across the whole NHS. Importantly, we are committed to working together to understand and build on what works well and to address the issues that get in the way. Our vision recognises how people feel about their experience of work and how they are supported and developed impacts on their ability to deliver great work.



## We feel

Our people promise and plan connects us together as a community, where everyone's voice is heard and we feel valued for who we are and what we do well. We belong.

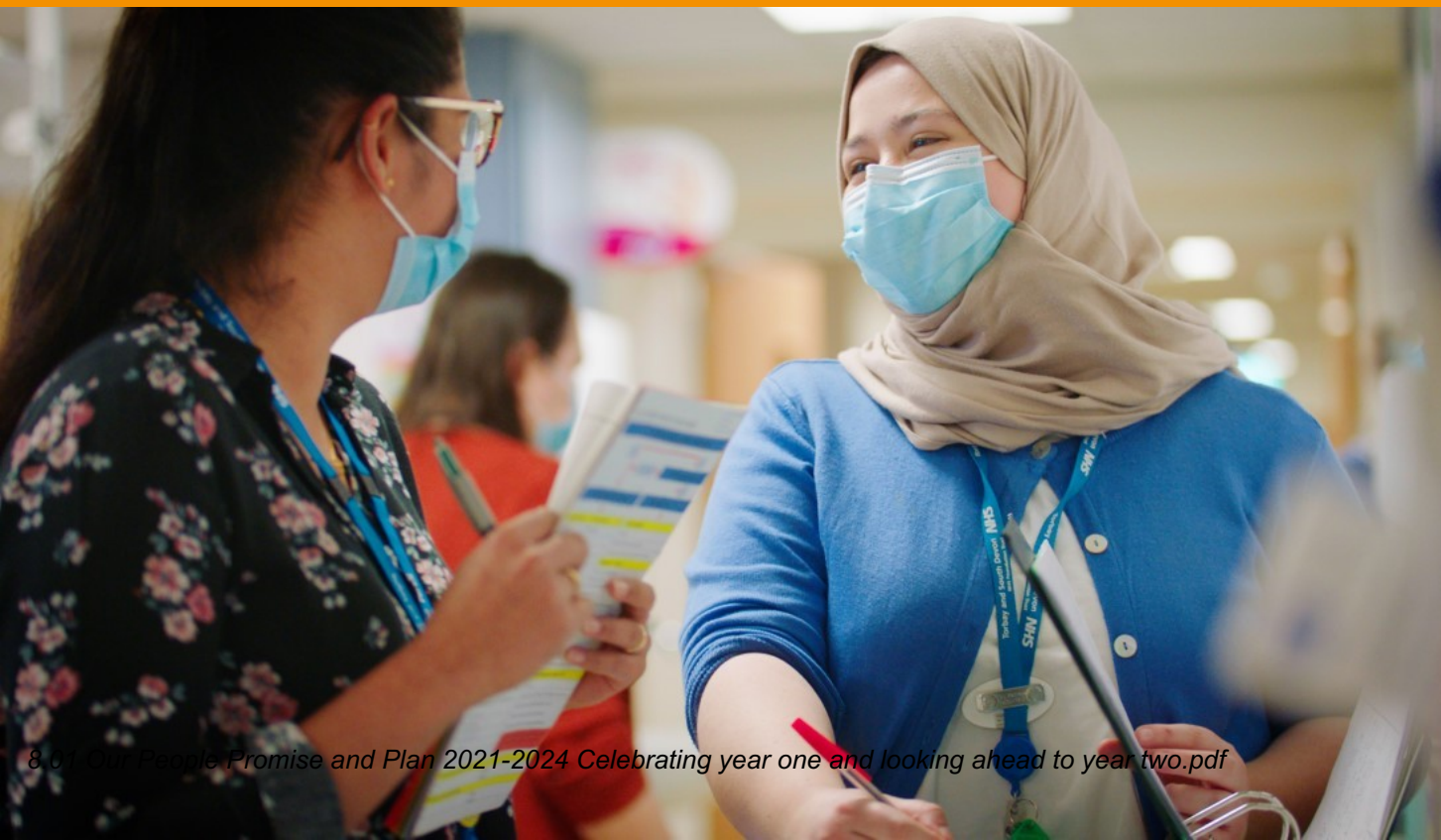
## We are

We are supported to grow through learning and development, have choices around exciting, rewarding and flexible careers and stay healthy, physically and psychologically.



## We deliver

We all seek out and drive improvement in ways we are proud of, that support the delivery of excellent health and care services for our community into our future.



## Our people plan pillars – our 2021 priorities

Pillar	<b>Looking after our People</b>	<b>Belonging in the NHS</b>	<b>New Ways of Working</b>	<b>Growing for the future</b>
National	<ul style="list-style-type: none"> <li>• risk assessments</li> <li>• vaccinations</li> <li>• access to support</li> <li>• wellbeing conversations</li> </ul>	<ul style="list-style-type: none"> <li>• staff networks</li> <li>• model employer</li> <li>• ethnicity gap in disciplinary processes</li> <li>• overhaul recruitment practices</li> </ul>	<ul style="list-style-type: none"> <li>• CPD to support Critical Care and vaccinations</li> <li>• digital and remote working</li> </ul>	<ul style="list-style-type: none"> <li>• workforce sharing agreements</li> <li>• recruitment and retention</li> <li>• workforce planning</li> </ul>
Regional	<p>Our people are safe and supported to be physically and mentally healthy and well</p> <ul style="list-style-type: none"> <li>• implement a just and learning culture</li> <li>• dashboard of health and wellbeing metrics</li> <li>• develop measure of employee relations procedures</li> </ul>	<p>We are open and inclusive and staff have a voice</p> <ul style="list-style-type: none"> <li>• metrics to measure progression</li> <li>• document employee value proposition</li> <li>• establish two staff networks</li> <li>• develop recruitment pipeline dashboard</li> </ul>	<p>Making the most of the skills in our team</p> <ul style="list-style-type: none"> <li>• develop system workforce plan</li> <li>• capture system level workforce challenges</li> <li>• measure of employees in emergent roles</li> <li>• reported apprentices levy</li> </ul>	<p>Recruiting and retaining our people</p> <ul style="list-style-type: none"> <li>• brand vacancies as "proud to care"</li> <li>• system plan for international recruitment</li> <li>• Devon bank for clinical roles</li> <li>• survey onboarding for domestic and international recruits</li> </ul>
Us	<ul style="list-style-type: none"> <li>• wellbeing conversations</li> <li>• health and wellbeing buddies</li> <li>• vaccination campaign</li> <li>• anti-bullying network</li> </ul>	<ul style="list-style-type: none"> <li>• increase staff numbers who disclose their protected characteristics</li> <li>• increase under-represented groups in senior leadership roles</li> <li>• attract a diverse workforce reflective of local communities</li> </ul>	<ul style="list-style-type: none"> <li>• develop departmental workforce plans to inform our organisational workforce plan</li> <li>• develop career pathways</li> </ul>	<ul style="list-style-type: none"> <li>• develop employer brand to attract applicants</li> <li>• launch Devon International Recruitment Hub</li> <li>• create our own resourcing hub</li> </ul>
Our 5 <sup>th</sup> Pillar	<p><b>Creating the conditions to enable transformation</b></p> <ul style="list-style-type: none"> <li>• develop evaluation toolkit to assess digital literacy</li> <li>• create improvement methodology</li> <li>• deliver management essentials programme</li> <li>• develop a just and learning culture</li> </ul>			

This is the plan we developed to deliver our Year 1 priorities.



# Looking after our people

Everyday, our people achieve extraordinary things for our patients. Caring for our people matters equally with caring for our patients - their health, safety and wellbeing is just as important. If we don't look after ourselves and each other, we cannot deliver safe, high-quality care. Our experiences during the COVID-19 pandemic only served to highlight and reinforce the need to focus on our people. We need to continue to build on the progress we have made together. Here are some of our achievements from year one of our people plan.

**Our wellbeing buddies:** at the end of the first wave of the pandemic we used surveys, focus groups, utilisation rates and informal intelligence to assess the impact of our wellbeing. Overwhelmingly, our people told us that they look to their colleagues and their team as their most important source of support. We have, therefore, developed the wellbeing support we offer to reflect what matters to our people - developing a network of 150 wellbeing buddies across all our services.



**Wellbeing conversations:** we have developed materials to support our people to have wellbeing conversations. Our quarterly People Pulse told us that over 80% of people felt a wellbeing conversation had had a positive impact for them

**Wellbeing guardian:** we appointed Sir Richard as our wellbeing guardian in March 2021. This role arose out of the 2019 NHS Staff and Learners' Mental Wellbeing Review, and was championed through the subsequent NHS People Plan. Wellbeing guardians are pivotal enablers in helping to create an organisational culture where empowering the health and wellbeing of our NHS people is routine and considered across all organisational activities and decisions.



*This isn't about free bananas! I'm pleased and relieved to see that the Trust is increasingly acknowledging that our people are the single most important factor.*

*Taking forwards the Wellbeing Buddy initiative can be a significant part of this if we let it.*

*In my experience, when times get difficult, looking out for your oppo becomes more important than ever.*

**Sir Richard Ibbotson, Chairman**

# Looking after our people

**Risk assessments:** we developed and utilised risk assessment and support materials in line with national guidance to keep our teams safe.

**Anti-bullying advisors:** we have introduced a network of anti-bullying advisors who offer a first point of contact for any of our people who experience or witness behaviour from another employee at work that causes them concern.

Our most recent National staff survey feedback showed a 1.2% **improvement** in the percentage of our people who experienced bullying, harassment or abuse from colleagues with the number decreasing from 19.5% in 2020 to 18.3% in 2021. This is good progress but much more needs to be done.
















**Vaccinations:** we supported the roll out of the mass vaccination programme for COVID-19 and flu, with 96% of our people receiving their first COVID-19 vaccination, 95% receiving their second vaccination and 84% receiving a booster vaccination. 66% of our people who work on the frontline received their flu vaccination.

**Wellbeing resources and support:** we have developed a range of wellbeing interventions to support individuals and teams which are available locally, regionally and nationally. These have been promoted via our *wellbeing wall* to help our people navigate the range of options available to them.

  
Torbay and South Devon  
NHS Foundation Trust


## Anti - Bullying Advisors


Our network of anti-bullying advisors are here to offer support and help.

 Sarah Blacoe <a href="mailto:sarah.blacoe@nhs.net">sarah.blacoe@nhs.net</a>	 Angela Sumner 01803 654186 <a href="mailto:angela.sumner@nhs.net">angela.sumner@nhs.net</a>	 Derek Hill 01803 654186 <a href="mailto:derek.hill1@nhs.net">derek.hill1@nhs.net</a>	 Julie Turley-Lister 01803 (6)56057 <a href="mailto:julie.turley-lister@nhs.net">julie.turley-lister@nhs.net</a>
 Martin Manley 01803 656406 <a href="mailto:martin.manley@nhs.net">martin.manley@nhs.net</a>	 Sarah Burns 07825 044439 <a href="mailto:Sarahj.burns@nhs.net">Sarahj.burns@nhs.net</a>	 Debbie Maynard 07976895349 <a href="mailto:Debbie.maynard@nhs.net">Debbie.maynard@nhs.net</a>	 Trudi May 07825 027589 <a href="mailto:trudi.may@nhs.net">trudi.may@nhs.net</a>
 Chris Edworthy 01803 654504 <a href="mailto:chris.edworthy@nhs.net">chris.edworthy@nhs.net</a>	 Sarah Lehmann <a href="mailto:sarah.lehmann@nhs.net">sarah.lehmann@nhs.net</a>	 Maria Saunders <a href="mailto:maria.saunders@nhs.net">maria.saunders@nhs.net</a>	 Chloe Wright <a href="mailto:chloe.wright12@nhs.net">chloe.wright12@nhs.net</a>
 Claire Brown 01803 656056 <a href="mailto:claire.brown3@nhs.net">claire.brown3@nhs.net</a>	 Tamsin Sleep 01803 655141 <a href="mailto:Tamsin.sleep@nhs.net">Tamsin.sleep@nhs.net</a>	 Mike Bilham <a href="mailto:Mike.bilham@nhs.net">Mike.bilham@nhs.net</a>	

To get support, visit the Wellbeing pages on ICON or contact one of the advisors.

[www.torbayandsouthdevon.nhs.uk](http://www.torbayandsouthdevon.nhs.uk)

 TorbayAndSouthDevonFT

 @TorbaySDevonNHS



Working with you, for you



Internal

I would like support with my health and wellbeing

Speak to Managers and colleagues  
1-2-1's  
Clinical Supervision  
Wellbeing buddies (if active in your area) – further info on ICON  
Staff room web site access to support – <https://staff.tsdf.t.nhs.uk>  
Wellbeing pages on ICON – [search wellbeing](#) or [wellbeing button on front page](#)  
Employee Assistance Programme (HELP) 24/7 line – 0800 031 4674 or <https://tsdf.t.optimise.health>  
People Hub Support Line – [tsdf.humanresources@nhs.net](mailto:tsdf.humanresources@nhs.net) or 9-5 Mon-Fri 01803 655754  
Wellbeing e-mail - [tsdf.wellbeing@nhs.net](mailto:tsdf.wellbeing@nhs.net)  
HOPE (self-care 6 week programme) 01803 210493 or [hope.devon@nhs.net](mailto:hope.devon@nhs.net)  
Menopause group [Search through Forums on front page of wellbeing \(scroll to bottom of page\) on ICON](#)  
Chaplaincy - 01803 654186/656406  
Coaching – [search coaching on ICON front page](#)  
Library wellbeing books and [bookclub](#), [visit pages Library and information service \(public\)](#), [Health & Wellbeing collection](#)  
Peoples Post – [All editions on ICON, bottom of wellbeing front page](#)  
Own professional support and pastoral care  
Financial wellbeing – [see ICON wellbeing page](#)

My Team needs some support and I need further help

Speak to Manager and colleagues  
Organisational Development & Wellbeing Team : [debrief sessions and listening sessions](#) – [contact.tsdf.wellbeing@nhs.net](mailto:contact.tsdf.wellbeing@nhs.net)  
Chaplaincy - 01803 654186/656406  
Critical Incident Stress Management (JIGSAW – putting the pieces back together) [Team debrief after serious incident](#) – [tsdf.jigsaw@nhs.net](mailto:tsdf.jigsaw@nhs.net)  
SIT – space, information, time. [A guide to supporting and signposting colleagues for when something has happened](#)

I am finding things difficult I need some extra support

Speak to managers and colleagues  
SIT – space, information, time. [A guide to supporting and signposting colleagues for when something has happened](#)  
Union representatives – [search trade Unions on ICON](#)  
Freedom To Speak Up Guardians – [Access via ICON](#) or [tsdf.guardian@nhs.net](mailto:tsdf.guardian@nhs.net)  
Occupational Health – [manager referral](#)  
Anti-Bullying Advisor Network – [access via ICON](#)

# Wellbeing Wall – building health brick by brick

Any queries please contact [tsdf.wellbeing@nhs.net](mailto:tsdf.wellbeing@nhs.net) or 07825 027589

If something has happened, support your colleague by encouraging them to pause, take a deep breath and SIT.

- S** SPACE: Find a quiet space, offer a drink and place to talk
- I** INFORMATION: Listen, signpost and consider who else may be helpful to talk to
- T** TIME: Allow opportunity to talk about the incident, check they have support

Regional

HOPE in the community disease specific – [hope.devon@nhs.net](mailto:hope.devon@nhs.net)  
Devon Wellbeing Hub (individual and Team support) – <https://www.devonwellbeinghub.nhs.uk/>  
Active Devon – [activedevon.org](http://activedevon.org)  
Health Lifestyle Team (live in Torbay) 0300 456 1006 (physical health)  
One Step (live in Devon) 01392 908139 (physical Health)

Devon Wellbeing Hub psychology support for teams - <https://www.devonwellbeinghub.nhs.uk/>

HOPE in the community disease specific – [hope.devon@nhs.net](mailto:hope.devon@nhs.net)  
[Talkworks](#) – Talking Therapies, fast track for NHS staff – 0300 555 3344  
Devon Wellbeing Hub (individual and Team support) – <https://www.devonwellbeinghub.nhs.uk/>

National

NHS people Staff support line: 0800 0696 222/text – [FRONTLINE to 85258](#)  
Bereavement support line – 0300 303 4434  
Filipino extended offer – 0300 303 1115  
One You with links to every mind matters – [www.nhs.uk/one](http://www.nhs.uk/one)  
NHS apps - <https://www.nhs.uk/nhs-services/online-services/nhs-app/>  
[#ProjectM](#) – a space for team leaders and managers to connect  
[Money Advice](#)  
[Project5.org](#)

[#ProjectM](#) – a space for team leaders and managers to connect

[Project5.org](#) wellbeing support service for health care workers  
Access own professional support groups  
NHS people: [people.nhs.uk](http://people.nhs.uk)  
Samaritans: 116 123 111







# Belonging in the NHS

Our people tell us that belonging means to them;

- Having their voices heard and difference accepted
- To be encouraged and not judged
- Being visible, not overlooked
- Having opportunities to grow in confidence to take on new roles

When these things are experienced, we will have an inclusive culture. By having this in place, we will achieve our collective potential, excellence in care, develop our services in a way that is needed to improve the health of our population and close the gap on health inequalities.



Expanding and developing our staff networks

[Find out more](#)



Increase the number of staff who have disclosed their protected characteristics

[Find out more](#)



Engagement to understand the barriers to career progression

[Find out more](#)

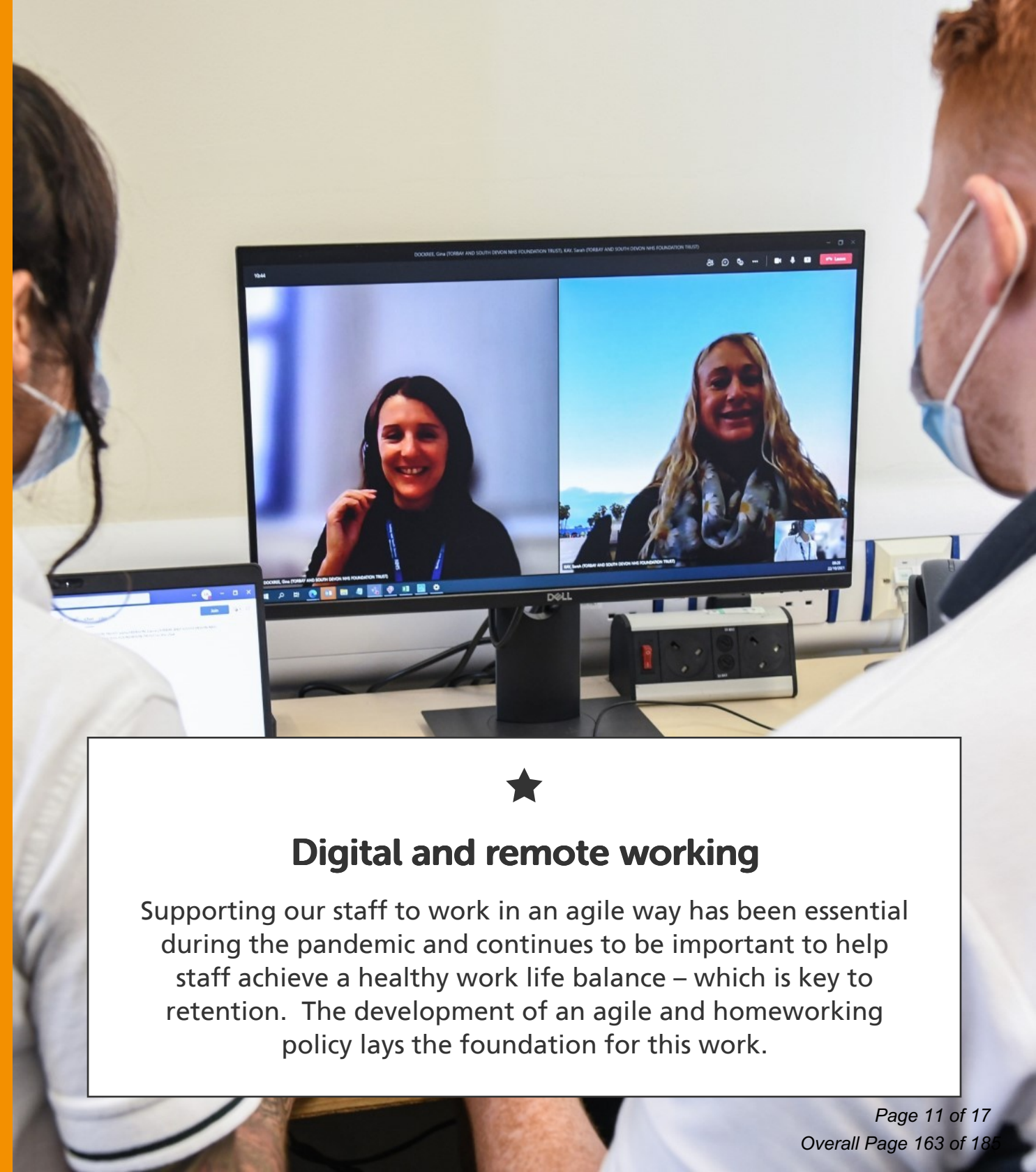
# New ways of working

The challenge of COVID-19 has compelled the NHS to make the best use of our people's skills and experience, to provide the best possible patient care. Here are some of our achievements this year.

**CPD to support critical care and career pathways:** during the first and second wave of the pandemic over 600 staff were, up-skilled to support their reassignment. The review and learning from this process has resulted in the development of a new reassignment process which was implemented in winter 2021 including practice standards and digital training packages supporting the development of career pathways.

**Continue to develop department workforce plans to inform our workforce plan:** both the pandemic and system recovery have emphasised the critical need for robust workforce planning.

Find out more



## Digital and remote working

Supporting our staff to work in an agile way has been essential during the pandemic and continues to be important to help staff achieve a healthy work life balance – which is key to retention. The development of an agile and homeworking policy lays the foundation for this work.





# Growing for the future

Improving how we recruit, train and keep our people, as well as how we welcome back colleagues who want to return, is essential if we are to address the pressures of workload and deliver the care patients need.

We know there is much to be done to address the gaps in our workforce across various roles, professional groups and geographies, but we have started to make progress and here are some of our achievements from year one.

This year we:

- brought back 30 of our volunteers and welcomed 43 new volunteers
- created 19-page tigers and developed content for over 65 social media job posts
- advertised over 2,000 vacancies via TRAC
- set up over a 1,000 user accounts for our people on TRAC
- converted 138 job descriptions to our new template
- formatted 519 job descriptions in line with our new current standards and branding



# Creating the conditions for transformation

This is an organisational imperative for us and must include psychological safety and positive risk-taking while focusing on 'what matters to me'. Here are some of our achievements from this year:

**Developed a management essentials programme based on the cultural framework:** the importance of inclusive, distributed leadership has never been more important. Investing in and supporting our managers and aspiring managers to become competent and confident in their managerial abilities is essential. Imanage is a training and information resource based on the Hive. In addition to bringing together links to policies, procedures, 'how to guides', and common forms, it also provides support through videos, e-learning packages and links to other guidance to help our managers thrive.



Developing a leadership and cultural approach based on our people promise



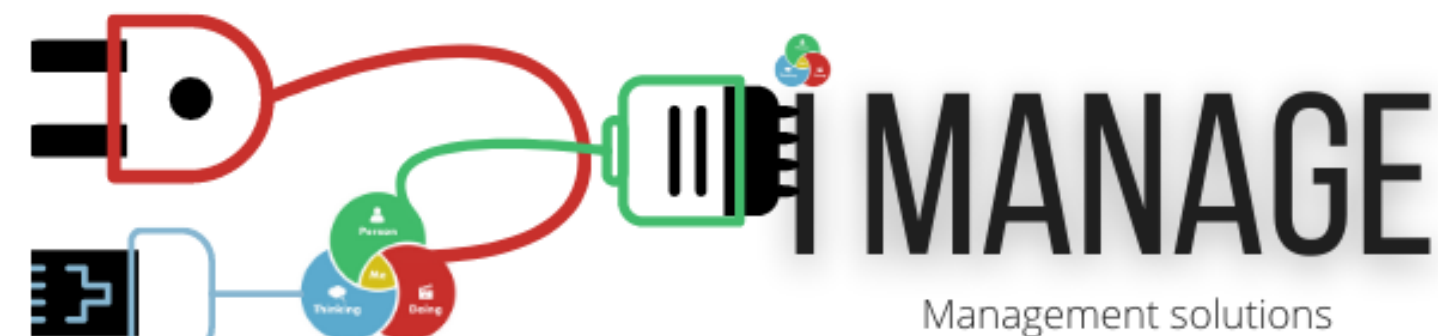
Developing a just and learning culture



Developing an evaluation toolkit to determine our digital literacy needs in order to develop an accessible digital culture



Creating an improvement methodology based on quality improvement and organizational development principles to upskill our people





# What happens next?

Year one has laid some of the essential foundations, many of which will now become business as usual e.g. team job planning, wellbeing buddies.... other actions are continuing to be progressed in year two. We are proud of these achievements but know our journey is far from complete.

Feedback from our people helps us understand the impact of our progress and where we need to focus our attention in year two. Here is a summary of this feedback:

- **2021 National Staff Survey Feedback**
- **Workforce Race Equality Standard**
- **Workforce Disability Equality Standard**

# Our local priorities 2022/2023

As we know, the national people plan was developed to support the delivery of the NHS long-term plan which sets out the priorities for healthcare over the next 10 years. In the same way, our local people promise and plan must support the achievement of our organisational strategy and **key goals**.

Our learning and feedback from year one highlights the real need for congruence in order for us to achieve a meaningful impact. For example, our extensive wellbeing offer will not in itself address the feedback we see in our national staff survey around burnout. This can only be achieved if our people have sufficient capacity, which needs us to close our vacancy gap, review our span of control, develop our strategic workforce planning and lead compassionately and inclusively—to mention but a few. This learning has led us to develop an organisational design and development approach to our year two priorities which focuses on creating a culture where our people can thrive and learn, by empowering and enabling our people to share leadership. By identifying effective structures, systems and processes that **enable** (rather than obstruct) our desired culture, as well as developing behaviours and capability, and continuously reflecting and improving to sustain and embed changes, we will have a meaningful impact.

## A clear route map to delivering a thriving & learning culture, driven through Shared Leadership



In the short term we would expect this approach to deliver a reduction in vacancy, sickness absence and agency spend. In the longer term, we would expect to see a more engaged workforce – where our people are committed to and feel part of our vision, are well and have the capacity to deliver exceptional care - a culture where our people thrive.



# Aligning with other priorities - working together for better health and care for all

## National priorities

There are a number of national priorities that we will need to deliver locally in 2022/23 to help close our vacancy gaps and create capacity for our people.

Find out more



## Integrated Care System for Devon

Working as part of an integrated care system, we are also heavily engaged and often leading, a number of people priorities on behalf of the system.

Find out more





## Torbay and South Devon NHS Foundation Trust



<b>Report to the Trust Board of Directors</b>				
<b>Report title: Bespoke Workforce Race Equality Standard (WRES) Overview</b>		<b>Meeting date:</b> 29 June 2022		
<b>Report appendix</b>	Appendix 1 – WRES action plan			
<b>Report sponsor</b>	Chief People Officer			
<b>Report author</b>	Head of Workforce and OD			
<b>Report provenance</b>	People Committee Executive Director Group meeting			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>This report is to provide an overview of the bespoke WRES report that gives a position of the experience at work of Black and Minority Ethnic (BME) staff.</p> <p>It provides an analysis and areas for improvement all of which will be taken delivered through the Trusts People Plan and Promises.</p> <p>A detailed improvement plan is included.</p>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board is asked to receive and note this report.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	x	<b>Valuing our workforce</b>	x
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b>	x
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>		<b>Risk score</b>	
	<b>Risk Register</b>		<b>Risk score</b>	
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	x	<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>		<b>Legislation</b>	
	<b>NHS England</b>		<b>National policy/guidance</b>	

<b>Report title: Bespoke Workforce Race Equality Standard (WRES) Overview</b>	<b>Meeting date: 29 June 2022</b>
<b>Report sponsor</b>	Chief People Officer
<b>Report author</b>	Head of Workforce and OD

## Introduction

This purpose of this report is to:

- Provide an overview of the key headlines in the recently received bespoke 2021 WRES report
- Seek to identify future activities of improvement work during year 2 of our People Plan and Promises
- Build on the equality, diversity and inclusion (EDI) detailed update presented at May Board

The report is of importance as it gives a proxy indication of what it feels like to work at the Trust for BAME colleagues. It also steers us to the areas of improvement that are required to support the conditions for our people to thrive in the Trust.

Elements of this report have been discussed at a recent executive director group meeting who observed that 3 of the Trusts strategic objectives are underpinned by the delivery of this work.

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.

The 2021 WRES report recently received from NHSI/E features a summary of workforce race equality standard (WRES) metrics for our Trust. This is the first time such a report has been generated on a Trust by Trust basis throughout the country. The intention is to provide detailed information for each Trust enabling us to identify where progress has been made, but importantly to also identify where there is a required focus of attention for future action, to improve this critical aspect of our workforce agenda. This in turn will support the refinement of our WRES action plan and annual report, required under the NHS standard contract.

The full report can be through this link [Policies, Procedures and Reports \(torbayandsouthdevon.nhs.uk\)](https://torbayandsouthdevon.nhs.uk) (South West RA9 Torbay and South Devon NHS Foundation Trust).

The current reporting year for the purposes of this report is 2020/2021. The report was expected in December 2021 but was delayed until May 2022. Data for indicators 1 to 4 and 9 are taken from Strategic Data Collection Service WRES form submissions relating to the workforce as at the end of March 2021. Data for indicators 5 to 8 come from the NHS Staff Survey run in November and December 2020. Whilst technically not part of the NHSI/E report, we have also made reference to our 2021 NHS Staff Survey to indicate whether there is an improving or deteriorating trajectory.

There are opportunities for system working to address some of the areas of improvement particularly relating to the overhauling of recruitment practices within the Growing for the Future people plan pillar.



## Discussion

### Headline summary

The following indicators have been identified as areas of strength or where there is an improving trajectory;

**Indicator 3: Likelihood of entering formal disciplinary process.** The likelihood ratio of BME staff entering the formal disciplinary process compared to white staff remains 0, as in the previous 4 years. This compares to a South West ratio of 1.17 and national ratio of 1.14.

Whilst this is a favourable outcome it is important that we review this practice on a yearly basis to enable critical analysis and constant learning. During 2022 we will investigate disciplinary cases from 2020/21 to identify any potential for bias or inequity.

**Indicator 4: Likelihood of undertaking non-mandatory training.** The likelihood ratio of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff is 1.01. Whilst this has increased over the past 5 years it is not significantly different from '1.00' or equity. This compares to a south west ratio of 0.96 and national ratio of 1.14 and for which the Trust performs in the best 5% of Trusts in the country.

Whilst this is a positive position we must continue to ensure that the organisation promotes CPD and that the message is shared across all media and through the BME network. There is a key link to the Education Strategy and plan as to how the Trust ensures learning, development and education is accessible to all.

**Indicator 6: Percentage of staff experiencing harassment, bullying or abuse (HBA) from staff.** The report rates the percentage of staff experiencing HBA from other staff as similar for white staff, 24.1% and for BME staff 25.2%. The BME percentage is ranked in the top 28% of trust in the country. We know from the 2021 national staff survey that these figures have continued to improve for both white staff 22.3% and BME staff, 24.6%. Whilst this might be seen an improving picture we must not be complacent as we know through our extensive engagement this remains an area of concern for our BME colleagues as highlighted in indicator 8 below. Any level of harassment, bullying or abuse experienced by staff is not acceptable and the Trust has a zero-tolerance approach to managing any issues relating to HBA.

The 2021 staff survey saw an increase in response rate of 2% from our BME staff. This is likely to be related to the extensive engagement and support given to individuals to come to early conciliation wherever possible.

**Indicator 7: Percentage of staff who believed the Trust provided equal opportunities for career progression or promotion.** The report rates the percentage of staff who believe that the trust provided equal opportunities for career progression as similar for BME staff, 75.7% and for white staff 85.7%. Whilst 5% lower than our percentage in 2019, the BME percentage is ranked in the top 29% of Trust in the country and compares to 71.7% in the south west and 69.2% nationally. Whilst not directly comparable due to a slight change in wording, we do know that there has been

an improvement in the 2021 national staff survey feedback which will have a significant impact on Indicators 5-8.

Conversely the following indicators have been identified as areas for improvement;

**Indicator 1: BME Representation in the workforce by pay band.** BME staff represent 7.00% of the Trust total workforce, compared to 11.2% in the South West and 22.4% nationally. This is slightly higher than the BME representation in the local communities of Devon which is 5.1% as reported in the 2011 census. Data analysis suggests that this increase is primarily driven by an increase in overseas recruitment for nursing roles over the last few years.

In terms of non-clinical staff on AfC pay bands, BME staff were underrepresented at band 3 and 4, but proportionally at band 5 and above. Conversely, in clinical staff on AfC pay bands, BME staff were proportionally represented at band 4 and under but underrepresented at band 6 and above. Amongst medical and dental staff, BME staff were underrepresented at consultant level and above.

The race disparity ratio compares the progression of white staff through the organisation with the progression of BME staff through the organisation. If the race disparity ratio is greater than '1.00' it means that progression favours white staff, whilst a ratio below '1.00' means that progression favours BME staff. The Trust performs well in regards to the disparity ratios for non-clinical staff and is in the top 10% of Trusts nationally. However, at 2.65 there is a medium degree of inequality for clinical staff between lower (band 5 and under) and middle (band 6-7) and at 5.88 there is a large degree of inequality between lower and upper (band 8a and above) for which the Trust performs in the worst 10% of Trusts.

It is important to note that given the BME numbers are small the focus should be on this rather than percentage change. A small increase in numbers will have a large impact on percentage reported.

To address the inequality actions have been identified under two of the pillars within our Trust People Plan (Belonging in the NHS and Growing for the Future). This will include a focus on how we attract a diverse workforce across all bands. In addition, the work that commenced in developing career pathways will continue to not only include international nurses but other professional groups.

**Indicator 2: Likelihood of appointment from shortlisting categorised as inequality of a small degree.** It is 1.73 times more likely that a white candidate would be appointed from shortlisting compared to BME applicants. This is a significant increase from the previous two years, where the ratio has been less than one. This is higher than the South West and national ratio, for which we perform in the worst 25% of Trusts in the country.

An action within 'Growing for the Future' pillar for the year 2 people plan is to understand our shortlisting data and to put in place an improvement intervention.

**Indicator 5: Percentage of staff experiencing harassment, bullying or abuse (HBA) from patients, relatives or the public.** The report rates the percentage of staff experiencing HBA from patients as similar for white staff, 23.7% and for BME staff 31%, and ranks the Trust in the middle 50% of Trust nationally. However, we know from the 2021 national staff survey that these figures have increased for white staff 26.5% and

BME staff, 33%. Whilst the disparity has not changed, the increasing prevalence is of concern and therefore will be a priority to understand in more detail and address in the action plan.

A point worthy of note is that throughout the extensive engagement during 2021 this had not been identified as an area of concern by our BAME network or BME colleagues. A detailed programme of work will be undertaken as a matter of priority in year 2 people plan to understand if there are hotspot service areas and particular groups of staff that are being affected.

**Indicator 8: Percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues.** The percentage of staff experiencing discrimination at work from other staff in the last 12 months was significantly higher for BME staff, 15.1% than for white staff, 5.8%. Whilst the Trust percentage is lower than the south west, 17.4% and nationally, 16.7%, it is 5% higher than in 2019 therefore not only the disparity but the prevalence is increasing. We know from the 2021 national staff survey that this picture continues to deteriorate with 17.3% of our BME staff reporting experience of discrimination as opposed to 6.3% of white staff.

These findings were further highlighted during our recent engagement with BME colleagues who identified 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 and on occasion being discriminated against. This is a far-reaching and ranging issue that requires a multi-faceted approach to drive improvement and will be undertaken as a priority in the year 2 people plan.

**Indicator 9: BME representation on the board minus BME representation in the workforce.** The board representation indicator is calculated by deducting the percentage of BME staff in the workforce from the percentage of BME members on the board of directors. A positive value means that the percentage of BME members on the board of directors is higher than the workforce, and a negative value means that the percentage of BME members on the board is lower. The Trust difference between BME representation on the board and in the workforce was -7.00% in 2021 and continues to reflect a deteriorating position over the past 4 years. This compares to a difference in the south west of -5.4% and nationally of -9.8%.

As this is an area of focus for improvement particular attention was paid to the attraction and recruitment process of the Chief People Officer (CPO). This included the production of new digital content for the marketing material and sees an increase in diverse imagery. In addition prospective agencies from the NHS approved 'THE' framework were contacted and three agencies were invited to send proposals. All three agencies promoted a diverse search approach as part of their approach proposal. One agency was recommended to Nom RemCom for approval and part of decision making was their reach to attraction and engaging with EDI groups.

The impact of this approach will be reviewed after the interview process for the CPO.

## **Conclusion**

Whilst the WRES report shows a mixed picture we are beginning to see pockets of improvement but there are a number of areas that require intense focus to improve the experience of BME colleagues at work. Each area for improvement will be delivered through the Trusts year 2 People Plan and where possible through partnership of the Integrated Care System Devon (ICSD).

Equality, Diversity and Inclusion of which the WRES report is part of, is everyone's business. Each person within the Trust makes a contribution to this agenda and how it feels to work in the organisation. The key to both the degree of success and speed of improvement is how managers take responsibility and are held account for their personal people practice and create the right environment for our people to thrive and transform.

## **Recommendations**

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

## Appendix A

### WRES Action Plan 2022-2023

*Please note:* Significant progress has been made across the Trust in building engagement in BAME inclusion and setting the groundwork for change; through leadership commitment, a strong and visible Black Asian Minority Ethnic network, creating Inclusive Cultures, raising awareness and overhauling recruitment practises. The action plan below aims to build on these foundations by identifying strategies for lasting systemic change.

Action	Accountability	Timescales	Outcomes and Success Measures	WRES Metric
<b>Key Priority 1: Recruitment And promotion Overhaul action plan</b>				
There are opportunities for system working to address some of the areas of improvement particularly relating to the overhauling of recruitment practices within the Growing for the Future people plan pillar.				
Ensure Executive and Very Senior Managers (ES&VM) own the agenda, as part of culture changes in organisations, with improvements in Black Asian and Minority Ethnic representation (and other under-represented groups) as part of objectives and appraisal.	Head of Workforce &OD  Resourcing Hub Service Lead	Q4 2022	objectives and appraisal to be set: a) Setting specific KPIs and targets linked to recruitment. b) KPIs and targets must be time limited, specific and linked to incentives for which ES&VMs are accountable	1 & 2
			Review ES and VM knowledge and experience and where necessary, put in place appropriate development sessions, development ambitions/objectives to raise understanding and awareness of EDI and drive the EDI agenda forward.	

			Embed in appointment material (JD's advert etc) the emphasis on the Trust's commitments to equality and diversity.	
<p>Introduce a system of constructive and critical challenge to ensure fairness during interviews.</p> <p>This system includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process before offer is made, if it is deemed unfair and complements the need for accountability</p> <p>Review and improve attraction campaigns to attract a broader and diverse applicant, including use of terminology, use of forms and paperwork</p>	Resourcing Hub Service Lead	Q4 2022	<p>Standardised recruitment process for B8a+ across Trusts that show (as a minimum):</p> <p>Confirmation of EDI training across the panel;</p> <p>Confirmation of the diverse communities that were reached out to (inc areas where they have been previously been unsuccessful in recruiting from;</p> <p>A check that there is full diversity inclusion at the advert/campaign stage – methods, where advertising etc;</p> <p>A review of diversity (data) of the appointable candidates following shortlisting stage – if not sufficiently diverse, then active consideration by the Chair to continue (a stop and check point) OR requests the process to pause and be re-launched. If continue, then justification should be documented;</p> <p>Justification as to why the highest scoring candidate is the strongest candidate;</p> <p>Reporting and escalation as required</p>	1 & 2

<p>Organise talent panels to:</p> <p>a) Create a 'database' of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staff</p> <p>b) Agree action approaches to filling roles for under-represented groups</p> <p>c) Set transparent minimum criteria for candidate selection into talent pools</p>	Head of Workforce & OD	Q1 2023	Define, develop and implement appropriate talent panel/pool infrastructures that will facilitate fair, inclusive and transparent mobilisation of staff; including those in under-represented groups.	1 & 2
<p>Enhance EDI support available to:</p> <p>a) Train organisation and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies</p> <p>b) Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews.</p>	EDI Lead	Q4 2022	Review Equality Impact Assessment (EIA) process and ensure appropriate colleagues are trained in use. Ensure these are embedded in policy and development.	2 & 7
	Resourcing Hub Service Lead		Ensure EIA's are reviewed at policy sign off by inclusion/EDI lead.	
			Ensure that for B8a+, all recruitment paperwork (JD's, questions etc) include the requirement to demonstrate behaviours/capabilities to ensure candidates are living the Trust EDI values at all levels.	
<p>Overhaul interview processes to incorporate:</p> <p>a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.</p> <p>b) Ensure adoption of values based shortlisting and interview approach</p>	Resourcing Hub Service Lead	Q4 2022	Ensure appropriate training provided to all hiring managers, to help ensure they are equipped with the skills they need to recruit and select talent inclusively, fairly and objectively and trained to understand and	1, 2 & 7
	EDI Lead		mitigate different sources or error and bias. Review experience and qualification requirements to	

c) Consider skills-based assessment such as using scenarios			ensure no groups are unfairly excluded.	
Investigate disciplinary cases from 2021 and 2022 to identify any potential for bias or inequity.	People Hub Service manager	Q4 2022	Whilst this is a favourable outcome it is important that we review this practice on a yearly basis to enable critical analysis and constant learning. During 2022 we will investigate disciplinary cases from 2021/22 to identify any potential for bias or inequity.	3
<b>Key Priority 2: Development and progression</b>				
High priority areas for improvement highlighted in the trust WRES report-. Focus on making career progression more equitable, under the belonging pillar				
Review data presented in RA9 Organisational WRES report and staff survey from 2022 relating to career development and progression of BAME colleagues.	Head of Workforce &OD	Q4 2022	Targeted and specific actions developed to address areas of concern.	4 and 7
Undertake analysis of BAME colleague training access with particular focus on Bands 5 and over	EDI Lead	Q4 2022	Focus on making career progression more equitable for our BME staff in specific roles and pay bands where significant disparities exists.	4



Listening sessions	EDI Lead together with other service leads	Q4 2022	Build on the work already started to better understand barriers to career progression across all pay bands Continue engagement with our International Nurses Roll out Engagement across areas identified in the data	4 and 7
Continue to promote relevant career development training to BAME network members	Head of Clinical Education	Q3 2022	Proportion of BAME colleagues accessing career development training reflects BAME representation across the Trust.	4
BME Leadership Programme	Head of Clinical Education	Q3 2022	BME leadership programme promoted trust wide July 2022. This is a personal staff development programme available to staff who identify as Black, Asian, and Minority Ethnic (BAME). This is an inaugural Talent Development Programme, which reinforces our commitment to equality of opportunity and positive action.	4 and 7
Bespoke Coaching for our BME staff	Head of Workforce and OD	Q3 2022	To increase empowerment and build confidence to be able to share views and what matters to them.	4 and 7
Interview Ready	Head of Clinical Education	Q3 2022	Mock interviews- Support with expressions of interest. Mainly aimed at bands 5.	4 and 7
CPD Clearer pathways	Head of Clinical Education	Q3 2022	Shared at Onboarding of International nurses	4

			CPD awareness targeting BAME colleagues & support with completing application forms especially for our IEN	
<b>Key Priority 3: Creating culture of inclusion</b>				
Raising cultural awareness and celebrating diversity by educating and learning to increase the sense of belonging Particular focus on education, raising cultural awareness. Tackling discrimination and bullying and harassment within the Belonging pillar				
Induction training Revamped Mandatory training	EDI Lead	Q3 2022	EDI mandatory training will be revamped and launched in autumn 2022 to reflect current and meaningful content. These changes will be presented in a creative format, such that it increases curiosity, raises self-awareness and aims to educate around the importance of EDI.	All
Skill Boosters- We have procured this brave, engaging and effective video training package which enables individuals to be the best they can and support difficult conversations.	EDI Lead	Q3 2022	Access to video-based training for Inclusion, Leadership and teamwork will be available to all staff through our dedicated learning management system (Hive). Some will also be incorporated into mandatory training.	All
Imanage	Head of Workforce &OD	Q3 2022	Imanage combines all management resources in to one location providing consistent access to relevant resources. A part of the focus for the next year will be around incivility, values, respect, self-awareness, and emotional intelligence	All
Host regular listening sessions and support teams that are identified as being hot spot service areas with in the organisation	Head of Workforce &OD	Q3 2022	Support teams to have honest open discussions around race, bias, banter, language. Using the above resources.	5,6 and 8

Anti-bullying team to explore ways of increasing engagement, raising profile and visibility of the team. Collaborate with work around civility. Work closely with FTSUG and trade unions to identify hot spot service areas.	Head of Workforce &OD	Review Q3 2022	Recruit a more Diverse team and promote Inclusion and civility. Work with and identify hotspot areas. Wellbeing team- Introduced wellbeing buddies. With the aim of a buddy in every team.	5,6 and 8
Work in confidence is an anonymous conversation platform, which you can use to speak to one of our Freedom to Speak Guardians to discuss your ideas and report concerns. Launched June 2022	FTSUG	Q2 2022	Start a conversation. Get a resolution. Anonymously. Learn how we keep your identity hidden and secure Report bullying and improper behaviour Tell us what we should stop doing Discuss ideas and improvements Report fraud or misconduct Suggest more efficient ways of working	All
Just Culture	Head of Workforce &OD  People Hub service manager	Review Q4 2022	Just culture aims to give a more compassionate and understanding approach in the application of people hub policy and procedure. Just culture aims to learn from and explore differences and learn from innovative approaches that cultural differences display. There will be listening events held with international nurses to proactively learn from differences and imbed change on all sides.	All

<p>Developing and strengthening the BAME network. with the aim of empowering BAME staff to achieve their potential through creating positive change.</p> <p>The BME staff network believes that, in order for every individual to reach their full potential, there must be no fear of discrimination or prejudice and a belief that career opportunities or experience of work is not predetermined by ethnicity, nationality or colour.</p>	Head of Workforce &OD	Ongoing 2022/23	<p>The first year has been about creating psychological safety through building trust, which is vital and easily destroyed. Success is measured by the expanding size of the network and engagement with projects associated with the belonging pillar.</p> <p>Continue to build on this and ensure members are involved, listened too and heard.</p> <p>There is still a fear of speaking out for many but the network aims to be the vehicle for bringing about meaningful change. Through positive action.</p>	6 and 8
Celebrate Diversity with high profile BAME speakers and events.	Chair of BAME Network	Review Q1 2023	<p>Positive feedback from 'Proud to be' event</p> <p>Attendees represent leaders, network members, and allies.</p>	All
<b>Key Priority 4: Leadership</b>				
Revisit reverse mentoring pilot programme and review of impact, and develop recommendations for future.	Head of Workforce &OD	Q4 2022	If programme re-started – Minimum 5 mentorship pairs in place and meeting regularly.	All
Collaborate with Trust Board to develop leadership KPIs for Inclusion.	Head of Workforce &OD	Q4 2022	Inclusion KPIs in place for each member of the Executive Group	All

Consider establishing Executive Sponsors for each of the Trust's Colleague Networks	Head of Workforce &OD	Q4 2022	Executive Sponsors identified and communicated across the Trust.	All
strengthening collaboration between the Board and BME staff across the organisation.	Head of Workforce &OD	Q3 2022	Network chair invited to share progress of the network. Encourage members to share lived experience.	All