












# Torbay and South Devon NHS Foundation Trust

## Public Board of Directors

The Boardroom, Hengrave House/MS Teams  
28 September 2022 11:30 - 28 September 2022 14:30




# AGENDA

#	Description	Owner	Time
1	<p>Welcome and Introductions</p> <p>Note</p>	Ch	11:30-11:35
2	Preliminary Matters	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 - Organ Donation Service</p> <p>Note</p>	CN	11:35-12:00
4	Consent Agenda (Pre Notified Questions)		
4.1	Committee Reports		
4.1.1	<p>Finance Performance and Digital Committee Chair's Report - 25 July and 22 August 2022</p> <p>Note</p> <p> 4.01.01 Finance Performance and Digital Committe... 9</p> <p> 4.01.01 Finance Performance and Digital Committe... 13</p>	P Richards	
4.1.2	<p>Quality Assurance Committee Chair's Report - 25 July 2022</p> <p>Note</p> <p> 4.01.02 Quality Assurance Committee Chair's Repo... 17</p>	J Lyttle	

#	Description	Owner	Time
4.1.3	<p>People Committee Chair's Report - 27 June and 22 August 2022</p> <p>Note</p> <p> 4.01.03 People Committee Chair's Report - 22 Aug... 23</p> <p> 4.01.03 People Committee Chair's Report - 27 June... 25</p>	V Matthews	
4.1.4	<p>Building a Brighter Future Committee Chair's Report - 17 August and 21 September 2022</p> <p>Note</p> <p> 4.01.04 Building a Brighter Future Committee Chair'... 27</p> <p> 4.01.04 Building a Brighter Future Committee Chair'... 29</p>	C Balch	
4.1.5	<p>Charitable Funds Committee Chair's Report - 14 September 2022</p> <p>Verbal</p>	J Lyttle	
4.1.6	<p>Audit Committee Chair's Report - 8 September 2022</p> <p>Verbal</p>	S Taylor	
4.2	Reports from Executive Directors (for noting)		
4.2.1	<p>Chief Operating Officer's Report - September 2022</p> <p>Receive and Note</p> <p> 4.02.01 Chief Operating Officer's Report September... 31</p>	COO	
4.2.2	<p>Directorate of Transformation and Partnerships Quarterly Report</p> <p>Receive and Note</p> <p> 4.02.02 Directorate of Transformation and Partners... 43</p>	DTP	
5	For Approval		
5.1	<p>Unconfirmed Minutes of the Meeting held on the 27 July 2022 and Outstanding Actions</p> <p>Approve</p> <p> 5.01 Unconfirmed Minutes of the Meeting held on th... 51</p>	Ch	12:00-12:05
6	For Noting		

#	Description	Owner	Time
6.1	<b>Report of the Chairman</b> Verbal	Ch	12:05-12:15
6.2	<b>Chief Executive's Report</b> Receive and Note  6.02 Chief Executives Report.pdf 65	CE	12:15-12:30
7	<b>Safe Quality Care and Best Experience</b>		12:30-13:30
7.1	<b>Integrated Performance Report (IPR): Month 5 2022/23 (August 2022 data)</b> Receive and Note  7.01 Integrated Performance Report Month 5 Augu... 81	COO	
7.2	<b>Mortality Surveillance Scorecard - September 2022</b> Receive and Note  7.02 Mortality Surveillance Scorecard - September... 151	MD	
7.3	<b>Midwifery Staffing Oversight Report</b> Receive and Note  7.03 Midwifery Staffing Oversight Report.pdf 175	CN	
7.4	<b>Safeguarding Children (Inc. Section 11 Annual Submission)</b> Receive and Note  7.04 Safeguarding Children Inc. Section 11 Annual... 187	CN	
7.5	<b>Patient and Service User Experience of Health and Care Strategy 2022-25</b> Receive and Note  7.05 Patient and Service User Experience of Health... 225	CN	
8	<b>Valuing our Workforce</b>		
8.1	<b>No agenda items</b>		
9	<b>Improved Well-Being Through Partnerships</b>		13:30-13:45



#	Description	Owner	Time
9.1	<p><b>Annual Review of the Adult Social Care Strategic (ASC) Agreement 2021/22</b></p> <p>Receive and Note</p> <p> 9.01 Annual Review of the Adult Social Care Strate... 281</p>	DTP	
10	<b>Well-Led</b>		13:45-14:15
10.1	<p><b>Building a Brighter Future Strategic Outline Case</b></p> <p>Approve</p> <p> 10.01 Building a Brighter Future Strategic Outline B... 307</p>	DTP	
10.2	<p><b>Risk Management/Strategy Policy</b></p> <p>Approve</p> <p> 10.02 Risk Management Policy and Strategy.pdf 521</p>	IDCG	
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 26 October 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'.



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

<b>Committee meeting date:</b>	22 August 2022
<b>Report author + date:</b>	Paul Richards, Non-Executive Director 21 September 2022
<b>This report is for:</b> <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b> <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
<b>Public or Private</b> <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

**Key issues to highlight to the Board**

The Committee received the BAF and CRR. A detailed discussion ensued, in particular noting the number of highly scored risks the Trust was carrying. The Committee raised concern around the sustainability of the current IT environment and the financial outlook. The Committee also noted the importance of system collaboration and leadership in resolving longstanding challenges, and would welcome the introduction of a system-wide accountability and delivery framework.

**Investment**

The Committee received the Teignmouth Health and Wellbeing Centre Business Case report and discussed the following points:

- The complicated commercial and business model proposed and the significant change in accounting treatment owing to the introduction of IFRS 16
- The agreement of heads of terms with Teignbridge District Council (TDC) for the Brunswick 2 site and the planning application under development
- The source of funding for the planning and design fees (funded by the GP practice)
- The significant increase in the build cost due to inflation, scope and the change in location, and knock-on impacts on revenue costs.
- The net revenue affordability of the scheme under most scenarios presented

The Committee noted the total gross cost was now c£18m, which was above the £15m threshold that required NHSE review. Advice on this matter was currently being sought from the ICS and NHSE.

The Committee noted the scenarios within the commercial model to clawback the Trust capital that had been expended on the Brunswick 1 site, and also the mechanisms to mitigate the risk presented by unequal lease terms between the landlord (Trust) and tenant (GPs).

The Committee noted the following key risks:

- IFRS 16 relief and competition for other capital
- Annual rent reviews and impact on Capital Departmental Expenditure Limits (CDEL) (inflation)
- Sign off process and the possible requirement for a comparative a PDC funding model
- Lifecycle, ongoing maintenance and what happens on expiry of the sub-lease at, say, year 30
- Flood risks

A wide-ranging discussion ensued. The Committee noted that the counterfactual case, ie 'do nothing' would still have a significant financial impact if Teignmouth Hospital was retained in its current form, not least in light of its current condition and the associated backlog maintenance.

The Committee also sought assurance around the cost per square metre of the revised proposal, noting the square metre cost of Dartmouth was c£2,000 (a figure that had been agreed in 2020) compared to £3,929 for the Teignmouth site, which reflected in particular increases in costs and inflation, and the complexity of the site.

The Committee raised concern was raised around the length of the head lease (40 years), which did not currently have a break clause in it, and the cost of a refit of the building which would be required during the length of the lease term. This matter would be subject to further diligence.

The Committee also sought greater clarity as to the underlying clinical strategy and model for the development of the centre. Assurance was provided that this work had commenced with an aim to provide detail around how this model could be proven in Dawlish, to finalise the blueprint for other localities.

The Committee confirmed the scheme could continue in its development, subject to discussion with NHSE and the ICS and seeking to underwrite on any financial consequences for the Trust including CDEL and IFRS 16. The Committee also requested further risk analysis on the disparity between the proposed head and sub-lease arrangements.

### *Performance*

The Committee was informed that the Trust had been identified as a Tier 1 provider and was receiving recovery planning and targeted support from NHSE around 62 day cancer (Lower GI and Urology) and 78 week Referral to Treatment backlog.

The Committee noted progress had been made to reduce the number of 104 week waiters, with only 70 now outstanding, a number of which (40) were due to patient choice.

Although the number of inpatients with Covid was reducing and the Incident Control Centre had been stood down, the Trust continued to be in a very challenged position. Joint work across the system continued in times of extreme escalation, and the Trust had been able to offer some short term support to neighbouring Trusts. The Committee commended the successful reopening of Totnes Minor Injuries Unit in July.

The Committee discussed the factors affecting recovery, in particular in those fragile services such as Urology which would require a system solution as part of the acute sustainability review.

The Committee also discussed the Trust's ability to meet its performance targets. The need to ensure a robust Winter Plan was in place for the Trust and the wider system was noted, as this would support recovery during the winter months.

The Committee was reminded that its workforce was very tired with low morale, and turnover and sickness rates continued to be high. There was a need to focus on the health and wellbeing of staff to support them whilst meeting very challenging performance targets.

#### *Finance*

The Committee noted the Trust's reported deficit of £2.9m for the year to date, which was in line with plan.

The Committee shared significant concern as to the underlying position, as non-recurrent savings and balance sheet releases of £7.6m in the year to date had supported the reported position. This meant that on an underlying basis the Trust's year to date deficit could be as high as £10.5m.

Three key factors affecting the deficit were undelivered CIP; overspend in the urgent care system; and slower than expected Covid cost reduction. Regular meetings were taking place to ensure there was oversight of the actions being taken to reduce the Trust's deficit.

Cash balances were now benefiting from payments being made at the start of the month which had increased the Trust's working capital position by £10m. The cash position was kept under close daily scrutiny owing to the underlying position.

The Committee discussed the actions the Trust had agreed to ensure a break-even position at year end, noting two crucial items were not on track. The first related to the £5.5m income from Torbay Council relating to Social Care spend. A further meeting was taking place later this week with the Council and it was likely some, but not all, of the balance would be received. The second was in relation to the £2m slippage to implement the new Child and Family Health Devon model, as the service had significant performance issues and was recruiting to posts and was also currently suffering from a cyber issue resulting in the need for costly workarounds.

The Committee discussed further risks that could affect reaching a break-even position at year end, including CIP delivery, inflationary pressures above funding already received and excessive growth (both price and volume) in the independent sector, which was proving worse than the worst-case scenario envisaged at budget setting.

The Committee received assurance that the ICS was aware of the Trust's financial position, and also that other Trust were taking the same actions as this Trust in terms of trying to break-even at year end.

Recruitment to the additional financial recovery focused project support posts that had been approved at a previous Committee meeting was queried. It was noted work was taking place to accelerate recruitment to the posts

The Committee also received the Capital Expenditure, Cash Plans – Current Position report. The Committee noted that the Trust had been required to resubmit its Operational Plan which now totalled a planned expenditure of £442.3m over five years.

The Committee noted the need for national commitments for funding for TP from 2023/24 onwards and assurance was provided that this would be sought over the next few months..

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

The Committee also received the following items:

- Trust Accommodation Strategy and Next Steps
- Dawlish PFI Expiry Update
- Correspondence regarding feedback and next steps on the Operating Plan submission, including new sign off requirements for any new spend, possible capital funding restrictions, and an increased focus on productivity
- Options for Trust insurance renewal
- Emerging Risks from IGG meetings
- TP Finance Report (highlighting significant financial risk in the forecast)
- IM&T Group Report

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

**Approved:**

- The progression of Teignmouth Health and Wellbeing Centre through the planning process
- The development of costed options and solutions for staff accommodation, in partnership with local councils, other public sector bodies and NHSE/I
- The proposed purchase price for Dawlish Hospital on expiry of the PFI in 2024

**Escalating:**

- Risk to Torbay Pharmaceuticals year end forecast
- Risks to meeting the Trust's financial year-end target



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

<b>Committee meeting date:</b>	25 July 2022
<b>Report author + date:</b>	Paul Richards, Non-Executive Director 21 September 2022
<b>This report is for:</b> <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b> <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
<b>Public or Private</b> <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

### Key issues to highlight to the Board

The Committee received the BAF and CRR, noting that the revised BAF was to be completed by September. The Committee discussed the digital risks on the BAF and the potential to consolidate these. The consensus, however, was that the risks (around (i) infrastructure and (ii) transformation enabled by digital) were sufficiently distinct to stand alone for the time being.

#### **Investment**

The Committee received the Executive Summary Building Capacity and Capability in Transformation Report. The Committee acknowledged the need to increase the Trust's internal capacity to support delivery of the four key pillars of transformation, including the Trust's Cost Improvement Programme (CIP). The Business case outlined a year one investment of £412,000 and it was hoped this could be sourced from Integrated Care System (ICS) System Oversight Framework 4 exit funding; ICS system transformation funding; and executive vacancy factor contributions. The Committee noted that funding for Year 2 would be predicated on a return on investment in Year 1.

The Committee had a rounded discussion around clinical input and engagement in transformation and wider staff engagement and responsibility. It was emphasised that some of the up front resource required was to upskill and engage staff in transformation. Furthermore, the Committee discussed the potential synergies around the Trust's proposed Electronic Patient Record (EPR) implementation. The Committee noted the work would be aligned and the resource would support the required standardisation of clinical pathways across the peninsula.

The Committee approved year one of the case subject to external funding being secured and year two subject to achieving a satisfactory return on investment in year one.

#### **Performance**

*Quality*

The Committee noted the Trust had eight 'should do' and seven 'must do' actions that remained outstanding from the last CQC visit. The Committee also had a brief discussion on severe incidents (two in month), stroke performance and VTE prophylaxis compliance.

#### *Workforce*

The Committee noted that staff turnover remained high, but within tolerance, especially once retire and return arrangements were taken into account. Mandatory training levels had slightly increased in June and there had been a modest reduction in use of agency staff.

#### *Performance*

The Committee noted the increase in Covid numbers and the impact on the acute site, which had seen a need to open up a Covid ward on Forrest Ward during the month. The increase in Covid numbers had also affected urgent care performance with the 4 hour target at 54.5%.

The Committee noted that 702 people had waited over 12 hours for admission from the Emergency Department, and 832 ambulances had waited over an hour to handover patients. This was an increasing concern and reflective of pressures across the entire health and care system.

In respect of planned care, the Committee noted that 104 week wait numbers had reduced to 74 in July, with 42 of these being due to patient choice.

Cancer 62 day performance remained of concern, alongside 78 week performance. Site specific recovery plans were being put in place for Urology and Lower GI, which were the most fragile services. It was noted that the Trust was likely to be subject to enhanced regional and national monitoring against these two constitutional standards.

The Committee noted some evidence of out of hospital delays, notably that hospital length of stays had increased with 173 patients over seven days and 43 over 21 days, primarily due to waits for packages of care and nursing homes. In addition, some packages of care had been handed back to the Trust.

#### *Finance*

The CFO highlighted to the Committee that the Trust had ended Month 3 on plan, reporting a deficit of £3.1m. It was emphasised that this masked underlying variances driven by CIP delivery being behind plan; ongoing unfunded escalation costs; and delays in implementing Covid cost reductions. The underlying position was a £6.4m deficit.

Work continued to implement the areas of opportunity that had been identified to break even, however, these had not made sufficient progress which gave rise to a £1.9m opportunity cost within the year to date position.

The Trust's cash position was challenging and work was taking place with the Clinical Commissioning Group and Integrated Care System around the timing of block payments in order to provide working capital and cash headroom until such time as interim revenue support could be accessed.

Risk was emerging around excess inflation, and the impact in particular on the social care sector. It was noted that for every package of care that was closed down or downgraded, new packages were coming on line that were more costly and/or complex. However, the Committee noted that it was likely the Elective Recovery Fund would not be clawed back in the first half of the year.

The Committee also received the Capital Expenditure and Cash Plans Current Position Report, noting that the planned allocation for 2022/23 remained unchanged at £27.3m.

The Trust had been allocated funding to enhance Endoscopy facilities totalling £5m. £1.5m of this was phased for 2022/23. The Committee also noted that work continued around quantifying the transitional relief for the implementation of IFRS 16, and into securing additional capital support for Torbay Pharmaceuticals.

The Committee noted the current priorities identified against the anticipated CDEL funding. It was noted that if provision was made for the cost of installing two CTs, a small residual budget of £0.4m would remain for non-prioritised critical and urgent requirements. This could be increased if charitable funding of £2m was directed towards existing commitments and/or urgent and critical needs.

While capital spend to date was £0.8m behind plan, work continued to take place through the Capital Investment and Delivery Group to prioritise all urgent and critical needs.

### **Adult Social Care**

The Committee received the Adult Social Care Improvement Plan update. This highlighted the work undertaken to identify £6m of savings, required as part of the agreement with Torbay Council. The Committee noted significant risk around packages of care, market management and sustainability / oversight, and the development of a joint improvement plan around the end to end contracting process.

The Committee also discussed the wider direction of travel for Adult Social Care, notable the lifetime care caps and introduction of care accounts. The ongoing fair cost of care exercise represented a significant risk to the Trust.

### **Other matters.**

The Committee also received the following items:

- CIP Delivery Group Terms of Reference
- Commercial Pipeline Quarterly Report
- Update report on the EPR OBC
- Treasury Report and Social Care Aged Debt and Write off Position
- Emerging Risks identified at IGG
- TP Finance report
- IM&T Group report
- Estates Performance and Compliance Group report

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

#### **Approved:**

- Year One of Building Capacity and Capability in Transformation
- CIP Delivery Group Terms of Reference

#### **Escalating:**

- Transformation and Capacity Plan

- EPR OBC
- Areas of concern identified through the IPR Report

<b>Meeting date:</b>	25 <sup>th</sup> July 2022
<b>Report by + date:</b>	Jacqui Lyttle, Committee Chair 31 <sup>st</sup> August 2022
<b>This report is for:</b>	Information
<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

## Key issues to highlight to the Board:

### Board Assurance Framework (BAF) and Corporate Risk Register (CRR)

The Committee received the BAF and CRR and noted the work taking place to review and revise the Trust's BAF. It was highlighted that some of the target dates attached to actions required further review but the committee was assured that this would be addressed as part of the review of the BAF as data was pulled across into the new format and reviewed.

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

The impact of continued high sickness rates and turnover was discussed, in particular the risk to delivery of high-quality care, which, as well as impacting on quality of care, also affected staff morale and fatigue. It was noted sickness absence had recently decreased from 6% to 4.66% and turnover was current 13.56% and just within tolerance (10-14%). The committee were assured that these KPI's would continue to be reviewed by the people committee with any adverse spikes in performance being referred to the QaC for review.

### Stroke Deep Dive (Objectives 2 and 4)

The stroke team gave a presentation to the Committee on the work that had taken place since the last stroke deep dive a year ago, and issues that continued to impact on the delivery of the stroke service. The following was highlighted.

- Over the past year the following actions had been set:
  - Strengthen Trust policy and approach in hyperacute care
  - Stabilise the medical workforce
  - Stabilise and upskill the nursing workforce
  - Arrange a peer review
  - Improve interface with Emergency Department
  - Improve links with South, East and North Devon
- The committee noted that some of these actions had been completed and some were still outstanding but received assurance that a detailed improvement action plan was in place.
- Improvements had been made to the completion of the nutrition and hydration assessments; however further work was required to ensure full compliance.
- A peer review was due to take place in August.
- The team had struggled to improve the interface with the Emergency Department due to pressures facing the Department, but the committee noted improvements in this area including a review of overnight ED admissions by the Stroke Co-Ordinator the next day.
- Sentinel Stroke National Audit Programme (SSNAP) performance had deteriorated during the pandemic, but the committee received assurance that as the department now had a full complement of stroke consultants' performance would begin to improve.

- In respect of patient experience, issues highlighted were lack of access to the stroke unit and communication with carers. However, the committee noted that compliments had been received around quality of care.
- Outstanding areas of action included:
  - Access to the stroke unit and work with operational team to adopt the approach used at the Royal Devon University Healthcare Trust (RDUHT)
  - Strengthen robustness of MCA assessments and approach to Best Interests
  - Communication with carers
  - Leadership of rehabilitation aspects of the pathway

The Committee was informed a soft launch of additional stroke targets was taking place on 1 August and, at present, the Trust would breach these new targets.

The committee received and noted the Stoke Deep dive presentation and requested a follow up report in 6 months.

### **CQC Assurance Report / The National Maternity Self-Assessment Tool**

#### **a) CQC Assurance Report (Objective 4)**

The Committee received the CQC Assurance Report with the following being highlighted:

- The 'must do' action in respect of compliance with resuscitation training levels had been closed.
- A further action in respect of mandatory training remained open and education leads had been asked to provide improvement trajectories to meet the target.
- Improvements had been made to compliance with moving and manual handling and Mental Capacity Act and Mental Health Act targets.
- The committee noted that there was a Trust-wide action in relation to the need for a medical equipment rolling replacement programme. The Trust did not operate a rolling replacement programme, however had an asset log that detailed the risk profile and life expectancy for every piece of medical equipment. The CQC would be asked if this provided assurance the Trust could close down the action with the committee being briefed on the outcome of the request.
- In respect of nutrition and hydration, the committee was assured that most of the actions had been met, with work continuing to ensure Forrest Ward and EAU4 met the target of 90% of a Malnutrition Universal Screening Tool (MUST) assessment completed within 24 hours of admission.

#### **b) National Maternity Self-Assessment Tool (Objective 4)**

The Committee received the National Maternity Self-Assessment Tool, discussing and noting the following:

- Following the assessment 68% of the Trust's evidence was rated green, 28% amber: and 4% red.
- Areas scoring red related to insufficient operational management support to the maternity team and the absence of a specialist maternity strategy that was developed in collaboration with staff and service users.
- A query was raised by the committee around what was felt to be the biggest risk for the service. It was noted it was felt to be governance oversight in maternity services and dedicated time to ensure good governance took place. A further risk was around operational support to enable the service to function effectively.
- The committee noted an action plan to address the gaps identified through the self-assessment would now be developed.

The Committee received and noted the CQC Assurance and National Maternity Self-Assessment Tool Reports. In respect of the National Maternity Self-Assessment Tool the committee also:

- noted the findings of the Maternity Self-assessment Tool
- supported the plan to develop an action plan with the aim to achieve full compliance in all domains; and
- supported the recommendation that the Directorate and ISU governance groups approve, support and monitor the action plan.

### **Maternity Governance and Safety Report (1.4.22 – 30.6.22) (Objective 4)**

The Committee received the Maternity Governance and Safety report discussing and noting the following:

- The paper set out the Trust's position and compliance with Clinical Negligence Scheme for Trusts (CNST).
- Following the Ockenden Report, NHSEI had identified 7 immediate and essential actions (IAEs) for Trusts to meet. The committee was assured that the Trust complied with all seven IEs.
- The Committee noted and was assured the Trust met all the requirements of the Perinatal Clinical Quality Surveillance Model.
- In quarter one two new cases had been referred to the Healthcare Safety Investigation Branch (HSIB), and the report provided the detail of these cases.
- The Trust was compliant with the requirements of the Saving Babies Lives Care Bundle.
- The Trust's stillbirth rate was below average.
- In respect of staffing, there had been occasions when it had not been possible for maternity co-ordinators to be supernumerary, however assurance was provided that 1-1 care was maintained.

The Committee received and noted the Maternity Governance and Safety Report, in particular:

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

### **Quality Report for Health Care (Objectives 2 and 4)**

The Committee received a very comprehensive Health Care Quality Report noting the following:

- Venous Thromboembolism performance had improved but had not yet met the target of 95% compliance with the committee receiving assurance that work continued to improve performance.
- It was noted that the trust was ranked 35 nationally out of 135 Trusts who participated in the national cancer patient experience survey. There were 2 areas the Trust did not score as highly as expected around tumour site level, and further analysis would take place and an action plan agreed to improve performance which would be shared with the committee on completion.
- Patients continued to remain in the Emergency Department (ED) for long periods of time. To ensure quality of care these patients were treated as inpatients and received a clinical care risk assessment and medical review while waiting for treatment.
- There had been 18 Strategic Executive Information System (STEIS) reportable incidents in May (10) and June (8). It was noted that a wrong site surgery had been reported as a never event, however following investigation it was found to be a decision made between the surgeon and patient prior to surgery.
- A query was raised around the role of the Surgical and Medical Assessment Units, how they linked to the ED, supported the reduction of length of stays, and quality of care as there was anecdotal evidence of poor patient experience. It was noted that the units are not functioning as they were designed and that an in-depth review be presented at a future committee meeting.

The Committee received and noted the report and was assured that controls are in place so that quality and safety is being managed effectively within the Trust; and the patient safety metrics currently reported in the Trust IPR are aligned to Trust Quality Goals for 22/23 as detailed in the Patient Safety and Quality Plan

### **Harm Review Group Update (Objective 4)**

The Committee received the Harm Review update noting the following:

- Non-clinical validation had been undertaken of patients on waiting lists and some success had been achieved in Dermatology. This would now be rolled out across other specialities.
- Clinical assessments also took place to ensure patients were able to keep well whilst waiting for treatment review those waiting.
- It was noted the Trust did not yet hold complete data on the harm patients were experiencing, as not all incidents were recorded on the Trust's Datix system.
- In respect of current performance, it was noted the Trust had been focusing on reducing 104 week waits, reducing to 74 in June. Areas of concern continued to be 62-week cancer and 78 week waits.

The Committee received and noted the Harm Review Group Update.

## **Patient and Service User Experience of Health and Care Strategy 2022-2025 (Objective 4)**

The Committee received and approved the Patient and Service User Experience of Health and Care Strategy 2022-2025

## **Complaints, Feedback and Engagement Service Annual Report 2021-2022 (Objectives 2 and 4)**

The Committee received the Complaints, Feedback and Engagement Services Annual Report 2021/22, the following was highlighted:

- The Team had received 2,741 contacts in the reporting year. 223 of these were complaints and other contacts in the main related to concerns or to provide support and directing to other services.
- The number of complaints received had decreased from pre pandemic levels.
- 82% of complaints were extended beyond the original timeframe agreed with the complainant, and in some cases extended up to five times. In addition, on eight occasions the six-month response standard had been breached. This would be an area of focus for the coming year.
- 15 complaints had been made to either the Parliamentary and Health Service Ombudsman or Local Government and Social Care Ombudsman. Of those, 7 were not investigated following initial review; 2 not upheld; 1 partly upheld and 1 upheld. Four complaints were still being investigated.
- There had been a focus on compliments to ensure teams forwarded any compliments received to the Feedback and Engagement Team, so they could be logged.
- The Friends and Family Test had been revised and the number of responses received had begun to increase.

The Committee received and noted the Complaints, Feedback and Engagement Services Annual Report 201/22, noting:

- the content of the report and the achievements aligned to feedback and engagement through 2021/22 whilst the global pandemic has continued; and
- the Outcome from the Ombudsman Reviews.

## **Quality Improvement Group (Objective 4)**

The Committee received and noted the Quality Improvement Group Update Report and key areas of escalation detailed within it.

## **Serious Adverse Events Group (Objective 4)**

The committee received and noted the report of the Serious verse Events Group

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

1. The Committee approved the Infection Prevention and Control Annual Report 2021/22 and recommended approval by the Board of Directors.
2. The Committee approved the Patient and Service User Experience of Health and Care Strategy 2022-25 and recommended approval by the Board of Directors.
3. The Committee approved the Complaints, Feedback and Engagement Services Annual Report 201/22, and recommended approval by the Board of Directors
4. The committee ask the Board to note the continued issues relating to Stroke Services
5. The committee ask the board to note the issues and risks identified in the Harm Review Group Update.







**Report of the People Committee Chair  
to the Board of Directors**

<b>Meeting date:</b>	22 <sup>nd</sup> August 2022
<b>Report by:</b>	Vikki Matthews
<b>This report is for:</b> <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b> <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input type="checkbox"/>
<b>Public or Private</b> <i>(please select one box)</i> <b>[If the Board requires information on sensitive or confidential matters please mark 'Private' ]</b>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

The Committee felt the following items required escalation to the Board of Directors:

- **Fragility of services** – as part of the discussion relating to the Learning and Education Strategy, a discussion arose about the fragility of clinical services. There was a sense that Covid related stress on the system had been replaced by chronic system demand. In some specialties, the issues relating to hard to fill vacancies and sickness absence were being compounded by the potential of a pay dispute. It was acknowledged that the ask for clinical colleagues to complete mandatory training whilst operating in this challenging context requires sensitive handling.
- **Learning & Education strategy** – the Committee were pleased to approve the updated Learning & Education strategy, an excellent document which attends to short term challenges whilst also addressing longer issues relating to workforce planning, education and training.
- **People Plan** – we received a detailed update on the Growing for the Future Pillar of the People Plan and were pleased to note the volume of great work that has gone on in the area of talent attraction and resourcing. The need for an associated accommodation strategy was raised.
- **Performance metrics** – sickness absence increased in July despite a reduction in April which we hoped would continue. The team are working with Trust leaders to keep this figure at manageable levels. Wellbeing support is available for colleagues and work is ongoing to ensure that the support is clearly signposted and understood. Turnover continues to increase and concern was raised that the figure is likely to be above tolerance levels by the next Committee meeting. Exit interviews are taking place to understand why colleagues are choosing to leave the Trust, and in addition stay interviews are being held to understand what the Trust can do to encourage colleagues to stay, especially those at the end of their career who might be looking for the option of more flexible working opportunities.
- **Workforce transition programme** - this programme was discussed and commended by the Committee. Through a range of improvements relating to rostering, it is estimated that potential savings of £2.8m per annum can be realised. The Committee welcomed the plans and the level of ambition of the savings. We pressed hard to ensure that the ambitions were realisable in the current context and were assured that this is a realistic target.

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

*[[list any approvals made by the Committee here eg business cases, Regulator statements, report &a/c's]*

1. The Committee approved the Trust's Learning & Education strategy
2. The Committee commended the work of the Growing for the Future pillar of the Trust's People Plan.

**Report of the People Committee Chair  
to the Board of Directors**

<b>Meeting date:</b>	27 <sup>th</sup> June 2022
<b>Report by:</b>	Vikki Matthews
<b>This report is for:</b> <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Link to the Trust's strategic objectives:</b> <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input type="checkbox"/>
<b>Public or Private</b> <i>(please select one box)</i> <b>[If the Board requires information on sensitive or confidential matters please mark 'Private' ]</b>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

The items/ risks to be raised to the Board are as follows:

- **People Plan** – the Committee received a report on the implementation of the Trust's People Plan and Promise. The report highlighted the many achievements realised by the team over the last year and outlined priorities for the coming year. The Committee endorsed the content and the new format of the report and thanked the team for their work to deliver in such challenging circumstances. A request was made that the next iteration of the report be mindful of the audience and therefore language, and that there could be a greater focus on tangible actions for delivery and measures of success.
- **Mandatory Training Plan** – a paper outlining an updated approach to mandatory training compliance was received and approved. This involves the implementation of a Training Assurance and Accountability framework and protected time for staff to undertake mandatory training. The Committee was pleased to endorse the approach and the 3 year improvement trajectory but also recognised that this isn't just about time, it's also about how colleagues choose to use their time, which means that the content must be relevant to the new ways of working. The Committee recommended that training be integrated into the new appraisal to reinforce expectations and set improvement targets.
- **Workforce information Report** – Committee members were pleased to see that sickness absence levels have reduced, with the monthly figure standing at 4.66% which is a significant drop from 6.36% in Apr 2022. Whilst this is pleasing to see, the Committee will wait to see if this continues to form a trend before offering assurance to the Board that things are stabilising, particularly given the Trust's challenging context, and the increasing Covid numbers. Turnover levels are showing as green in the report, but the rate continues to rise and currently stands at 13.56%. The Committee is extremely concerned about retention and was pleased to receive a detailed report from the COP breaking down the Trust's retention risks and detailing some system wide strategies that are being deployed.
- **Agency spend** – continues to rise with the reported figure for April standing £1.335m - an increase from the April figure of £1.148m. This is a challenging situation and seems counter intuitive as sickness levels reduced significantly in May and safer staffing has improved, The team are going to do a deep dive to help understand this. One

hypothesis is that it could be an issue with the accuracy of the data. The need for accurate data was discussed and the Chief Nurse raised that the report detailed a much higher number of nursing vacancies than was the case. The Committee was reminded that the Trust's regulators receive the reports and use the data to form their conclusions on the Trust's performance so accuracy is vital.

- **Workforce Improvement Workstream** – the Committee was pleased to receive a report on Workforce Improvement. Savings of 2.8m for 2022/23 have been identified against 4 areas: reducing agency spend; capitalising on system efficiencies; reducing overtime and reducing bank costs. Whilst the work and ambition of this workstream was fully endorsed, questions were raised about the overall delivery plan to achieve the bold ambitions and detail of this will be brought to a future meeting for assurance.
- **Learning and Education Strategy** – the Committee was pleased to receive and endorse the Trust's updated Learning and Education strategy. The strategy aligns to a number of other important documents such as the Trust's Health and Care strategy; People Promise and Plan; Patient Experience strategy; and ICS Strategy. This aligned approach was endorsed as was the approach to the development of the strategy with considerable external engagement influencing its content. The Committee liked the shift to person-centred interprofessional learning and to citizen learning and were also pleased to see the link to longer term workforce design. The Committee asked whether there is a correlation between the provision and availability of CPD and retention, and a report on this will be brought back to a future meeting.
- **BAME network** - Sanita Simadree provided an overview of the work of the Black Asian Minority Ethnic (BAME) Network and shared a video presented by members of the Trust's BAME community. The Network provides a vital forum for BAME colleagues to share experiences (both good and bad) of working for the Trust and a platform for those experiences to be the catalyst for positive change. The Committee heard that there continues to be racism and discrimination in the Trust and this was reflected in some of the results in this year's staff survey. The Committee expressed their appreciation to Sanita for her leadership in this area and asked for assurance about the sustainability of the network. The Committee queried whether a reallocation of the Trust's resources was required to ensure the longevity of the work.
- **The WRES report** was received by the Committee and showed a mixed picture in terms of the Trust's progress towards equal opportunity for all. For instance, the figure for white staff believing that the Trust provides equal opportunity for career progression for all is 85.7% whilst the number for BAME colleagues is 75.7%. It was therefore pleasing to learn that the BAME network is one of a number of ways that can be deployed across the Trust to close this gap, making the sustainability of that work even more paramount.
- **Governor observer** – the Committee recorded thanks to Jean Thomas who has been a really supportive Governor Observer of the Committee.

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

*[list any approvals made by the Committee here eg business cases, Regulator statements, report &a/c's]*

1. The Committee approved the new approach to mandatory training compliance
2. The Committee endorsed the priorities outlined for delivery and focus this year in the People Plan.

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

<b>Meeting date:</b>	21 <sup>st</sup> September 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 (Sept 2022):</b>	
<p><b>20</b></p> <ol style="list-style-type: none"> <li>1. The Committee received an updated report on the risks associated with the BBF Programme. This is now focused solely on the estates and digital infrastructure component of the Programme as the risks associated with the EPR are being dealt with elsewhere. It was noted that the risks surrounding the potential impact of inflation in construction costs has been added as a red risk for which deep dives will continue to be undertaken.</li> <li>2. The Committee reviewed the new draft BAF template focusing on Objective 11 for which it holds responsibility. It was noted that other key risks to the delivery of the BBF Programme are dealt with elsewhere in the BAF, particularly: agreeing service transformation at a system level through the work of the acute provider collaborative; co-ordination with other elements of the Trust's Health and Care and estates strategies, particularly in respect of community provision; and workforce planning.</li> <li>3. The Committee reviewed the final version of the revised SOC. Some concern was noted regarding submitting the SOC in advance of the results of the work on transforming services through the acute provider collaborative. However, it was noted that approval of the SOC is a necessary first step in a three-stage approval process with the detailed work required at the OBC stage able to take account of the agreed future configuration of services across Devon. The Committee agreed that it is important that the Trust is able to proceed with this work.</li> <li>4. The Committee noted that the scope of investment envisaged in the acute estate has not changed significantly from the original SOC submitted in July 2021. The increase in cost is due to: changes in national requirements regarding single room provision; the inclusion of segregated elective care facilities previously to be funded through STP capital; the clearance of redundant buildings following completion of works; and most significantly building cost inflation.</li> <li>5. The Committee approved the SOC and agreed to recommend it for approval by the Board.</li> <li>6. The Committee were informed that final decisions on the procurement and funding of the EPR are still awaited.</li> </ol>	

7. The Committee received an update on ongoing engagement around the BBF Programme with the hope and expectation that the next phase of work will be focused on plans for the delivery of the EPR.
8. The Committee received an updated report on the funding of the BBF Programme team. It was noted that work on both the digital and estates components of the Programme is being supported out of the Trust's capital programme to maintain momentum given the absence of adequate seed funding. This is likely to give rise to financial pressures on the capital programme unless additional funding is released.

1) To note the above



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

<b>Meeting date:</b>	17 <sup>th</sup> August 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"/>
<p><b>Key issues to highlight to the Board (Aug 2022):</b> 20</p> <ol style="list-style-type: none"> <li>1. The Committee received report on the risks associated with the BBF Programme and noted work being undertaken to update these. The implications of growing inflationary pressures were highlighted. This would be the subject of a deep dive report to the Committee in coming months.</li> <li>2. The Committee reviewed the new draft BAF template focusing on Objective 11 for which it holds responsibility. It was agreed that the Committee needs to focus on those risks which are directly in its line of sight and avoid straying into areas which sit with other Committees, for example workforce. The capacity of highly pressured staff to engage with the change required by the BBF Programme was noted. It was agreed that this needs to be reflected in the CRR and BAF.</li> <li>3. The Committee received an update on progress with the Digital workstream. The results of the RCHT procurement process is awaited which the expectation that sign off of national funding is expected in mid-September. The challenge of then progressing with the Full Business Case over a tight timescale was noted. Significant risks remain particularly over the capacity for clinical engagement and resourcing. The Committee was assured that fall back positions regarding procurement and end of life systems are being maintained.</li> <li>4. The Committee reviewed an early draft of the revised SOC which is due for approval by the Board and submission in late September. The document now focuses on investment in the acute estate and associated digital infrastructure as the EPR is being funded separately. The approach being pursued was discussed and supported. This includes costs associated with meeting nationally mandated single room standards, providing segregated elective care capacity and clearing buildings which are subject to a large maintenance backlog. It was agreed that further work was required to reshape and strengthen the Trust's strategic case for investment.</li> <li>5. The Committee received a report on progress with clinical engagement through the Drumbeat programme which encompasses 14 teams responsible for the bulk of activity on the acute hospital site.</li> </ol>	

6. The results of wider engagement with staff through a series of online events highlighted concerns raised regarding the Trust's ability to deliver its new Health and Care Strategy particularly around resource constraints, directing resources towards prevention and change management capacity.
7. The Committee were updated on ongoing discussions with the national New Hospital Programme team. It remains the ambition to have allocations and timetables agreed by the end of 2022.
8. The Committee received the latest finance report which demonstrated how the Programme is being maintained in the absence of seed funding and necessarily on a limited budget.

1) To note the above

<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Chief Operating Officer's Report September 2022		<b>Meeting date:</b> 28 September 2022		
<b>Report sponsor</b>	Chief Operating Officer			
<b>Report author</b>	System Care Group 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 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 also highlights a number of key developments across the community alongside the key activities, risks and operational responses to support delivery of services through this phase of the recovery and restoration. This includes 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>	X	<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>	X	<b>Legislation</b>	
	<b>NHS England</b>	X	<b>National policy/guidance</b>	

<b>Report title:</b> Chief Operating Officer's Report		<b>Meeting date:</b> <b>28 September 2022</b>
<b>Report sponsor</b>	Chief Operating Officer (COO)	
<b>Report authors</b>	System Care Group Directors	

## 1. Purpose

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

## 2. Introduction

August presented different challenges following the spike in Covid infections seen in June and July. ED attendances remained high throughout the summer whilst annual leave amongst our planned care specialties reduced activities in our clinics and theatres. The Trust was formally advised in August of its Tier 1 categorisation for Referral to Treatment (RTT) and Cancer performance and subsequently met with the Planned Care National leads to discuss how Tier 1 scrutiny and support will work in practice.

## 3. Urgent Care and recovery care group

### 3.1 Newton Abbot ISU: Urgent & Emergency Care

August saw a peak in activity as is usual with the number of visitors to the area over Summer. This has kept our Urgent and Emergency departments busy throughout the month. We re-opened Totnes Minor Injury Unit in July on weekdays and moved this to seven days a week in August, this has created the capacity to see patients locally in Totnes and the surrounding areas. That has reduced footfall to Newton Abbot Urgent Treatment centre and the Emergency Department at Torbay.

Ambulance arrivals in August averaged 62 a day with continued delays to offload patients into the emergency department. Access to inpatient beds continues to be the most significant factor to delays. Attendances to the emergency department were 6,198 in August and 37.8% of these were seen and discharged from the department within 4 hours.

The Urgent Treatment Centre saw 2,867 patients and Totnes saw 930 patients in the month. 94% of these patients were seen and discharged within 4 hours.

The opening of the new Acute Medical Unit has been delayed, the build is now scheduled to be completed by the end of November 2022, this will mean the opening of the unit will be in early December.

We are engaged in a review "a sustainable future for urgent care" through NHS Devon, for Devon. This review will focus on a long-term strategy (2-5 years) to provide community urgent care services across Devon that are consistent and easier to navigate and access for our population. Our active engagement and local knowledge will allow us to link the Devon review to our own plans through our Building a Brighter Future programme.

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

### **4.1 Performance**

The waits data which is routinely provided within the CFHD report is not currently available for August due to the national Carenotes system outage. This has adversely impacted on both the Child and Adolescent Mental Health Service (CAMHS) and Integrated Therapies and Nursing (ITN) data.

### **4.2 Care-Notes Outage**

The system supplier, Advanced discovered a cyberattack on 4th August resulting in a number of services and applications hosted by them becoming unavailable. Carenotes continues to remain unavailable and recovery of the CFHD Carenotes system is currently projected to be 4th November. In the interim, access for CFHD staff to the Devon and Cornwall shared record system has been arranged. Additionally, CarePlus, the clinical system used by ITN has been configured for use by CAMHS staff. Training has been delivered and user documentation has been created.

A number of key tasks will need to be completed after the Carenotes system recovery before staff are able to use it again – such as an upgrade to the latest version, system configuration (user accounts, letter templates, CFHD specific customisations), data migration (from CarePlus and other sources), system testing and sign off. It is estimated that these post system restoration activities will take 3-4 weeks to complete.

### **4.3 Transformation**

The review of the extensive feedback received from staff in response to the consultation is nearing completion. Changes to the proposals have been made in response to the feedback and the final model will be costed to ensure the service remains within budget.

The process steps towards mobilisation of the new model include completion of the HR elements of the consultation. The next steps include validation and cleansing of the waiting lists, co-production with clinicians and service users of the patient journeys through the service, migration of caseloads to new pathways and on-going organisational development work to assist staff to move into the new integrated teams.

A workshop is planned for colleagues from corporate support functions across Torbay and South Devon NHS Foundation Trust (TSDFT) and Devon Partnership Trust (DPT) to start identifying solutions to the interoperability challenges which are inherent in delivering an integrated service across two employing / provider organisations.

### **4.4 Workforce**

Successful recruitment campaigns have taken place for the following leadership posts; the Associate Clinical Directors (ACD) for Nursing and Allied Health Professions (AHP), the Head of Service for Therapies and Nursing and Service development and QI Lead. There was strong interest in the posts and the quality of applicants was high. The successful candidate for the ACD for AHPs was an internal applicant with the remainder being from neighbouring Trusts. Colleagues will commence in post end October / beginning of November.

Our people across CFHD are eagerly awaiting the final service model and are therefore managing continued uncertainty. CAMHS staff have responded to the Carenotes outage with resilience but find it anxiety provoking managing their clinical work, and mental health risks in particular, without access to clinical records. We are ensuring that clinicians are supported in making sound clinical judgements in the absence of clinical notes. The incident is captured as a corporate level risk in both organisations.

## **4.5 SEND**

### **Torbay**

Good progress is being made by the children's system in Torbay to deliver the Written Statement of Action (WSOA). Whilst we are fully engaged in contributing to the delivery of the WSOA, plans are ambitious and broad in scope and so this work presents significant capacity challenges. On 15th September Torbay received a monitoring visit from Ofsted, DfE and NHSE during which an update on progress was provided. During the visit, evidence was presented by Parent Carer Voice of the development of a more positive culture and working practices within Torbay.

### **Devon**

Following the outcome of the SEND revisit in May 2022, the area is required to submit an Improvement Plan to address areas of concern. A multi-agency draft plan has been developed which addresses each of the four areas of the original Written Statement of Action as well as addressing broader areas identified in the re-visit.

## **4.6 Children's contracts Service Review**

Integrated Care Board (ICB) and CFHD leaders are undertaking further work in respect of the CFHD gaps analysis. We are stratifying the gaps in clinical services based on clinical need and risk, areas which require system developments to take place and elements which should be removed from the specification. Good progress is being made with this work.

## **5.0 Planned Care, Care Group**

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

Due to the challenged position regarding the number of patients waiting 78 weeks or more and the Trust's cancer performance we have been placed in Tier 1 monitoring. This is a national categorisation system, we have now joined other Trusts within the Devon ICS who were already being monitored in the Tier 1 process. We now attend weekly review meetings at executive level with the Regional and National teams where oversight of our 78 week and cancer plans is maintained.

The number of 104-week waits reported at the end of August was 51 against a target of zero.

- 40 patients had chosen to delay their treatment beyond August
- 11 patients were complex including 4 pts who had cancelled as a result of Covid infection.

The number of 78 week waits reported at the end of August was 772 against a target of 697. After a prolonged period where the Trust delivered against its 78 week trajectory we have fallen behind our plan in August. This is largely due to a reduction in planned care activities owing to annual leave. It is expected that the gap will be closed during the months of September and October.

Recently submitted plans to reduce the number of patients waiting 78 weeks or more have been followed up by funding applications to deliver:

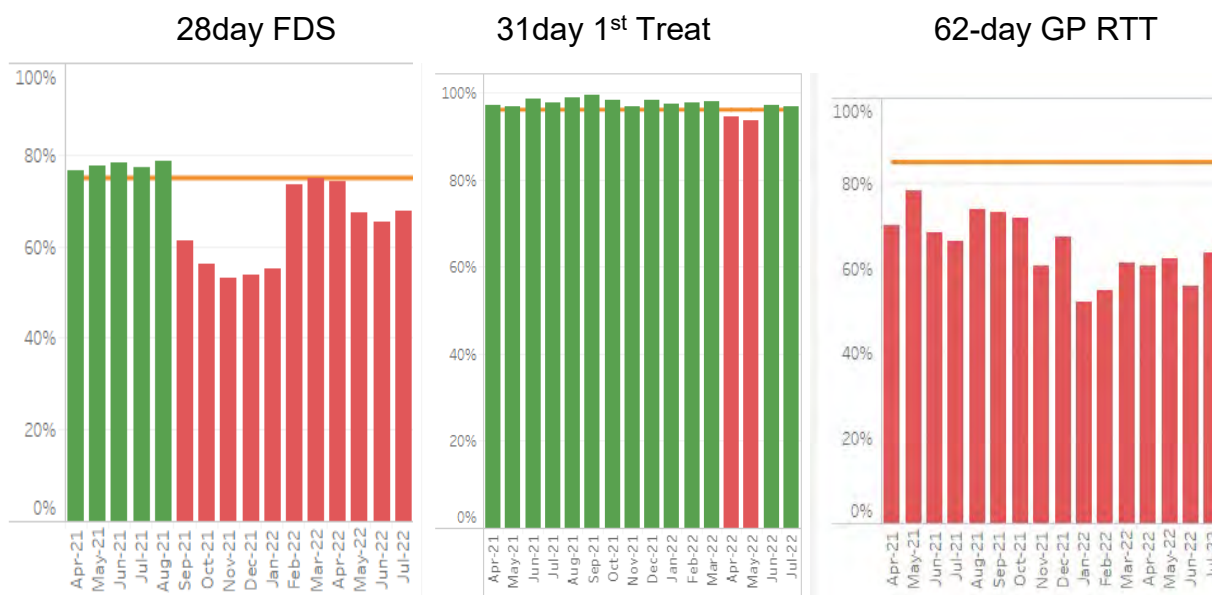
- Systematic validation of the RTT waiting list
- 7 day working in theatres
- Increased outpatient support and capacity in our “at risk” specialty’s

Funding has now been agreed and implementation of these initiatives will support our ambition to eradicate 78 week waits by March 23. This will be a very challenging undertaking for our operational and clinical teams.

The Trust continues to pursue all opportunities to improve efficiency and effectiveness in our Outpatient and Theatre facilities. This focus will support the delivery of 104% (business as usual) activities at reduced cost overall and is being supported by Deloitte and 4 Eyes Insight.

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

### 5.3 Cancer Performance



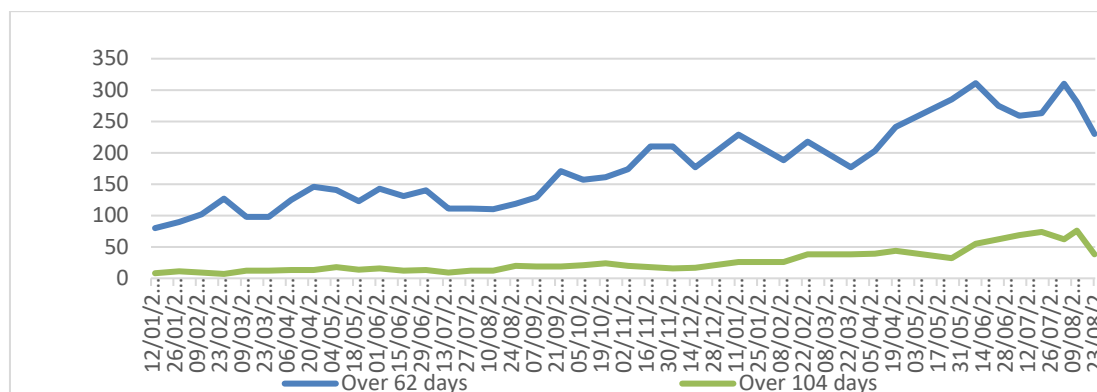
Two week wait (2WW) referrals remain consistently elevated with 1,893 suspected cancer (2WW) referrals received in August. This is a 29.8% increase on August 2021, and year to date referrals remain 21.3% above 2021/22.

It is clear that our failure to comply with 28day FDS is the driver for our overall 62-day RTT performance.



Urology and Lower GI are particularly challenged recording a mean position of 55 and 43 days against the 28-day standard in July. This will be the main focus of our Cancer recovery plans.

Our 62-day backlog has reduced during August, this is largely due to systematic validation of our 62-day pathways. There is a significant risk that we will see growth in our 62-day backlog in the coming months as the impact of Urology and UGI waits is felt.



## 5.4 Diagnostics – DM01

The Trust reported 34.9% referrals waiting more than 6 weeks for a diagnostic test at the end of August against a March 23 target of 25%. A DM01 recovery group with the help of ICS support is developing a recovery plan which will be shared at the October Board meeting.

Endoscopy and MRI make the biggest contribution to this position. The 4<sup>th</sup> Endoscopy (mobile) room is now operational with plans in place to create a 7-day service in Endoscopy by the end of October. A case to provide a permanent pad for mobile MRI will go to the capital prioritisation group on 28<sup>th</sup> September. Mutual aid has also been agreed within Devon to support recovery of our diagnostic and cancer pathways.

## 6.0 Families Community and Home care group

### 6.1 Torbay SEND

Current progress on the Written Statement of Action (WSOA) is continuing with some areas of the plan requiring escalation to the SEND Strategic Board; this includes a refresh of the local offer available to families, culture and workforce development plans, a co-production charter and an end to end review of the Education Health & Care plan (EHCP).

Included in the participation work to date is the values that children and young people have identified that they would like people who work with them to be: Honest, Caring, Thoughtful, Fair, Kind and Friendly.

### 6.2 Child Health / Paediatrics

We have reduced our backlog of typing by over 50% since June following our trial of dictate to text technology. Dragon Dictate is being installed this week and we are aiming to have the backlog cleared in its entirety by mid-October. This is also being helped by three administrators who started this month.

From a nursing perspective, we have managed to recruit to the safer staffing levels across all areas. We have still not been able to fill consultant vacancies, but we have reviewed our requirements for special interests and are in the process of advertising again for three consultant posts. We have also agreed an acting up post that starts in December. We are confident the new posts advertised will attract trainees who are due to complete their training next year.

We are awaiting the full report following the Ockenden visit that SCBU was part of, however, the initial informal feedback was positive.

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

A family hub bid was submitted by Torbay Council at the end of August to become a trailblazer local authority. If successful there are opportunities to extend the offer of services to be delivered from the current Children's Centres in Torbay, alongside working with the wider community network to support children, young people and families.

The team have been working alongside Torbay Council linking in with other Public Health colleagues identifying children and families moving to the UK as refugees from Ukraine and asylum seekers from other countries such as Afghanistan. Service leaflets have recently been translated into Ukrainian and Russian to support families access the 0-19 service and wider NHS services.

A youth homeless advocacy service commenced in June, delivered by the Children's Society as part of the 0-19 contract. A referral pathway and reporting procedures have been agreed and being implemented. All staff in the advocacy and missing team received training provided by Shelter in order to be skilled to deliver the service.

### **6.4 Health Lifestyles**

A recent bid has been submitted for the delivery of the Structured Diabetes Education programme across Devon. Currently the team deliver an accredited programme both face to face and through virtual format to the Torbay and South Devon newly diagnosed type 2 diabetes population.

### **6.5 Maternity**

#### **National funding opportunities for maternity**

We will be receiving some additional non-recurrent funding for 2022/23 to support the progression of services that promote the reduction in preterm birth (approx. £27k). An expression of interest (EOI) is to be submitted for funding for 2022/23 and 2023/24 as part of the NHSEI Ockenden funding to support leadership capacity in Obstetrics as well as some bereavement support. This is a relatively small amount of money (£15K) but will help to strengthen the time available for Obstetric leadership.

#### **Data quality / reporting challenges**

Work is continuing on building reports and mechanisms to extract quality data for both internal and external reporting requirements. There is still some difficulty in obtaining all required data fields.

### **Strengthening service User engagement**

Good progress has been made in embedding a number of changes suggested by the Maternity Voice Partnership (MVP). This includes updating of noticeboards, murals on wall in Delivery Suite and purchase of a number of TENS Machine for use in labour. A nominated MVP lead for TSD was appointed at the end of July. She is keen to work collaboratively with the team.

### **6.6 Torbay Drug & Alcohol Service**

A joint alliance leadership and management team meeting is planned in early September to work through future governance arrangements and update the wider operational delivery team on progress to date. A co-production / co-design group are developing and the vision, purpose and principles of the Alliance will all be developed and agreed in partnership with people with lived experience.

The service is working alongside the alcohol care team (ACT) in developing pathways to include safe discharge into the community.

### **6.7 Community Dental Service**

The service is experiencing continued pressure for general anaesthetic (GA) sessions for patients with additional needs, further work is required to balance this need alongside wider operational pressures. There are currently vacancies for Dental officers with no applicants to these roles, further work is planned to make these posts more attractive to potential candidates.

### **6.8 Community Sexual Health Service**

Due to feedback from some of the people using the service, the team are considering re-starting the drop-in clinics at Castle Circus health centre, which has been closed throughout the pandemic.

Whilst telephone triage would continue, a drop in would provide the right level of accessibility for some people and their needs. Further scoping of this will be carried out.

### **6.9 Baywide Independent Sector**

The Fair Cost of Care (FCC) deadline approaches for Providers to respond and Torbay Council is encouraging those who have signed up to complete the information. Monthly meetings are conducted with Torbay, DCC, Cornwall and Plymouth to support the approach and explore anomalies as they arise. In addition, two consultants are supporting Torbay and have proved valuable in their insights and experience which is beneficial to the FCC work and the support to Providers.

The Supported Living tender process is moving towards issuing of the contracts. The issue around hourly rates for Supported Living Outreach was been presented in a recommendation paper for Transformation and Performance however further detail was requested to understand the resulting cost model. There is a significant increase in cost envisaged as a result of delivering this service through Supported Living (SL). This is

being defined in conjunction with the living Well and Home (LW@H) framework outcomes for primary support to people with learning disabilities in the community who may otherwise require residential based care.

We are seeing a significant level of requests coming through to Health and Social Care Uplift Panel (HSCUP) for increases in fees and rates from providers. The impact of recruitment, petrol and cost of living continues to impact providers and we need to consider how the market is being shaped for the future. Going forward the HSCUP panel process will be aligned with the Complex Care Panel to improve the effectiveness of decision-making. Currently, recommendations are sent to the Transformation & Performance Committee to approve or decline requests which is causing delays to decision-making.

Care Accounts continues to progress working alongside the Trailblazers sites across England. Our colleagues in the Local Government Association (LGA) and Department for Health and Social Care (DHSC) are supporting our work to recognise the role of shared expertise across the integrated arrangements in delivering the final care accounts product in 2023. The Care Accounts project is also working to improve Torbay's Social Care digital offering and harnessing opportunities to be more efficient. There are significant challenges in delivering care accounts, which is shared nationally. However, in Torbay we have opportunities for improving our social care digital outlook in the coming 18 months.

## **7.0 Moor to Sea ISU (M2S)**

### **7.1 Community Services**

There continue to be significant pressures in social care with increases in safeguarding cases including 1 care home in whole home safeguarding and 1 under provider of concern. This has been an ongoing pressure as two other providers have only just stepped down out of the provider of concern process. Staff absence has caused challenges across community services throughout August but teams have worked closely together to provide cover. Both Primary Care Networks (PCN's) within Moor to Sea have recently appointed new Clinical Directors and regular meetings are being set up as both wish to work closely with us on developing services. The South Dartmoor CD has expressed an interest in being involved in Virtual Ward development. The Dartmouth Health & Wellbeing Centre is progressing and staff will get an opportunity this month to tour the new building to get a sense of the space and opportunity.

### **7.2 Totnes Hospital**

The Healthcare of the Older Person (HOP) team have recently recruited a Specialty Doctor following the departure of a Consultant Geriatrician. We have been able to support the Dr with consultant team oversight to provide some much-needed continuity to the Totnes Hospital ward. Whilst not the long-term solution it has brought some stability over summer and plans for winter whilst longer-term planning takes place.

### **7.3 Therapies**

Therapies teams have struggled during August with absence, both planned and unplanned and whilst teams continue to work hard and are reporting positive impact from new appointments, we continue to hear of the fatigue within teams. In Speech and Language Therapy the transfer of service for the South Hams and West Devon area has been

accepted by Livewell Southwest and consultation with the members of staff affected has begun as part of the TUPE process.

#### **7.4 Healthcare of Older People (HOP) and Frailty**

The team are currently struggling with staff absence, sickness and maternity leave. However, plans are moving forward to provide short-stay frailty beds alongside short-stay acute medicine beds when this function returns to level 4 in the coming weeks. Planning also continues for a frailty virtual ward. This is entirely dependent on successful recruitment but the team are optimistic and hoping to begin recruitment in the next few weeks. Discussion with the new Clinical Director for South Dartmoor PCN were positive and it is hoped that if recruitment is successful M2S could be a pilot area for this new way of working.

Ward teams continue to struggle with absence and concern for the fatigue felt by staff, but Simpson Ward have made some very positive appointments and staff are coming into post.

#### **7.5 Stroke**

At the beginning of August, we welcomed a regional team to the Trust to undertake our Stroke Peer review. This was instigated at our request about 12 months ago as part of an assurance process about the progress of our Stroke Improvement Plan. Whilst we have not had the full report their informal feedback was very positive about our staff but include four key areas for us to address. These are 1) Delivery of dedicated hyper-acute beds on George Earl, 2) Clinically-led decision making re: access to stroke beds, 3) A networked solution to out of hours support for thrombolysis and, 4) A more proactive approach to scanning and specifically CTA.

Work has already started on addressing these areas; there are now two dedicated hyper-acute beds on George Earl supported by a standard operating procedure (SOP) to ensure appropriate patients access these beds. We have already seen an improvement in performance for patients accessing the stroke ward. This is also supported by changes to the routine testing of patients for Covid. In August 28.6% patients got directly to George Earl Ward in 4 hours. This represents 9 patients getting to the right bed, first time for their hyper acute and acute stroke care. Whilst not yet where we need to be, it represents a significant improvement in recent months performance and is our best performance since January 2021. This was a huge amount of hard work by our stroke teams working with ED and the bed management team.

Our Stroke performance SSNAP results for the period April – June 2022 have just been published. The Stroke rehabilitation team have retained a B and the acute team have retained a D scoring. As a result of the improvement noted above, we are hopeful the next results to be published (in January) will show a positive change.

#### **8.0 Conclusion**

#### **9.0 Recommendation**

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



<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Directorate of Transformation and Partnerships Quarterly Report		Meeting date: 28 September 2022		
<b>Report appendix</b>				
<b>Report sponsor</b>	Director of Transformation and Partnerships			
<b>Report author</b>	Director of Transformation and Partnerships			
<b>Report provenance</b>				
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The Board is asked to receive and note the update from the Directorate of Transformation and Partnerships, particular areas of note are:</p> <ul style="list-style-type: none"> <li>• Significant progress is being made to recruit to the additional posts for the Improvement and Innovation team following the Trust Board approval of the business case.</li> <li>• The Health Informatics Service have raised significant risks in relation to vacancies in project managers and are producing a proposal for the Executive to consider to address recruitment challenges.</li> <li>• There remains a significant response to the national CareNotes cyber event for CFHD from our Health Informatics Service, working in partnership with Devon Partnership Trust. This is being managed through a critical incident response structure, led by DPT.</li> <li>• Strengthening our focus on leading our Local Care Partnership to ensure that there is a robust delivery plan to meet our strategic objectives.</li> </ul>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board is asked receive and note the report.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>	X	<b>Well-led</b>	X

<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	25
	<b>Risk Register</b>	X	<b>Risk score</b>	25
	Ref. 6 – Digital and Cyber Resilience Ref. 7 Building a Brighter Future Ref. 8 – Transformation and Partnerships			
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>		<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>		<b>Legislation</b>	
	<b>NHS England</b>		<b>National policy/guidance</b>	



<b>Report title:</b> Directorate of Transformation and Partnerships Quarterly Report	<b>Meeting date:</b> 28 September 2022
<b>Report sponsor &amp; author</b>	Director of Transformation and Partnerships

## 1. Introduction

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

## 2. Strategy – Lead Chris Winfield

The Trust Board approved the Trust Strategy in January 2022, and the focus very quickly moved to engagement and delivery. The strategic enabling plans are now in place.

The monthly Executive Strategy Group is working well with wide engagement of Executive and System Leadership teams. Over the last quarter the focus has been to develop a clearly defined set of priorities that clearly defined how we will improve services in our local communities. The priorities that have been developed include:

### Prevention

- Starting with a focus on our staff to improve health and wellbeing outcomes
- Real focus on improving opportunities for children and young people, particularly those in our most deprived communities
- Developing a shared prevention plan with LCP partners
- As an anchor organisation use our resource to build wealth in our local community

### Delivery of effective community care

- Improve the governance structures that improve community care
- Population health management and anticipatory care services
- Continuing the ambition to integrate our services with our partners including primary care and mental health.
- Supporting self-management

### Specialist care in our communities

- Radical re-design of outpatients
- Integrating community urgent care
- Designing specialist care in partnership with primary care
- Co-design the model of care that will be present in our health and wellbeing centres with our local communities and partners

### Transition from hospital to home

- Redesign our hospital discharge processes
- Focus on personalised care
- Transform our social care offer
- Focus on the delivery of a community frailty offer

These priorities will have a clear delivery workplan, which links to our local care partnership.

### **3. Partnerships (Local Care Partnership and Provider Partnerships) – Lead Chris Winfield**

Strengthening the focus of the Local Care Partnership (LCP), has been a priority over the last quarter. The Director of Transformation and Partnerships has now taken over the Chair of the LCP Executive and the Trust has now invested in focussed leadership capacity from the Chris Winfield to ensure that the LCP Delivery Group capability is strengthened. Priorities for the LCP have been agreed, which include:

- Children’s mental health and wellbeing pathway (early intervention services in our communities)
- Integrated community urgent care across primary and community services - Torquay (transformative approach to multi-agency same day services in Torquay designed around need)
- Maximising the opportunity of our community buildings to provide integrated urgent and planned care in our local community in South Devon
- Transformation of Adult Social Care
- Call to Action on the cost of living crisis and developing community assets through volunteering

All of these priorities link to the delivery of the Trust Strategy and align with the ICS community and primary care strategies. The focus over the next quarter, is to ensure that each priority has a clear delivery workplan underpinned by the principle of co-design and high levels of community engagement and involvement.

### **4. Improvement and Innovation Team – Lead Dawn Butler**

Significant improvement activity, targeted at cost improvement, performance and clinical recovery and implementation of our quality strategy is now well underway. The scale of improvement activity has been enabled by additional project managers joining the team, with further appointments underway for project support officers and Heads of Improvement and Innovation.

The additional resource into the team has been possible following approval of the business case presented to FPDC in July 22’ and the team have mobilised additional capability as quickly as possible to support transition of the work from external consultants Deloitte across to our internal Improvement team.

The team launched the second quality Improvement training last week with several clinical and operational leads coming forward with improvement projects that they will be supported to implement as part of the QI course. Colleagues from across the Trust will also be invited to join our ‘re-launched’ Improvement & Innovation Community which will meet in person on the 28<sup>th</sup> September and will build collective ownership for driving change projects at all levels across the ICO.

The Trust Improvement Plan spans portfolios across all of the below areas:

- **Urgent and Emergency Care:** Working with the UEC senior team we are scoping a 12-month plan of activity that will drive sustained change in our urgent care pathways, with phase 1 focused on winter preparedness.
- **Surgical Transformation:** We have had the benefit of Four Eyes and Deloitte analysis of our surgical pathways and projects are focussed on theatre pathway productivity improvements.
- **Patient Centred Outpatients:** Deep dives are underway across 15 specialties with improvement workbooks developed for each. Transformation of outpatient pathways is being driven alongside performance and clinical recovery of long backlogs and underpinned by important estate and workforce changes.
- **Home First:** Working in partnership with our Local Care Partnership to drive transformation of our out of hospital services. Drawing on national recurrent investment for virtual wards, focus is now on mobilising our virtual wards for respiratory and frailty, extending to cardiology as funds allow.
- **Flow Improvement:** Optimising safe and effective discharge that also delivers a good experience and best outcomes of care is the focus of significant work programmes at LCP and system level.
- **Workforce:** Our workforce transformation is driving activity that will deliver significant cost improvement this year (circa £2.8m) with additional Cost improvement planned for 2023/24.
- **Quality Strategy:** Our quality Improvement Steering group will meet for the second time on 23<sup>rd</sup> September to shape and direct the work of our teams to deliver measures of improvement that show progress against our 4 Trust quality and safety goals.

## 5. Project Management Office and CIP Development – Lead Richard Tregidgo

The PMO team continue to provide significant levels of support to the delivery of the financial improvement plan for 2022-23. This involves connecting to the processes where opportunities are identified and then working with Project Leads, SROs, Finance Colleagues and other Subject Matter Experts as projects progress to ensure the information held is complete and accurate. Performance management summary reports are produced fortnightly for the CIP Delivery Group, to ensure that there is a clear line of sight on the delivery of the schemes within the CIP plan. The PMO has ensured that there is due diligence around the Impact Assessment Panel to ensure that safety and quality standards are maintained. The Project Tracker has been refined in order to meet stakeholder requirements following a formal development methodology and similar support is being provided to other departments using the same software platform.

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

### Digital Strategy/EPR:

- The formal decision is awaited from Cornwall regarding the EPR vendor to become Preferred Bidder;
- The Outline Business Case remains in the regional/national approval process
- The Full Business Case is the current focus of the team.

### **IT Programme:**

- Recruitment and retention continues to be a major problem and escalated in the most recent period with close to 90% of the non-trainee project manager posts (5 WTE) now vacant (other vacancies also exist across the HIS and we continue to be an outlier in salary terms). An assessment and recommendation is being prepared for Executive review;
- SystemOne was implemented in Maternity;
- TPP has requested the Trust partner them in an HSJ submission (Best Acute Sector Partnership with the NHS) for the maternity implementation;
- The SystemOne Out of Hours Nursing implementation went live in July;
- PARIS Assessment Summary went live in August - a key dependency on other key priority developments;
- The long-standing intermittent issue with PARIS regularly crashing has been resolved by a reconfiguration of IT infrastructure.

### **Data Engineering:**

- The main core of the data warehouse was successfully upgraded (last upgrade took place in 2014);
- Supported the migration of maternity services to SystemOne;
- Supported the migration of adult critical care from WadWatcher to MedICUs;
- Supported the migration of the ED upgrade to ECDS v3;
- Submitted the first maternity services data in support of the CNST rebate/discount.

### **IT Operations:**

- The storage platform infrastructure implemented;
- The network replacement has now covered almost all hospital-based network infrastructure;
- The operations and cybersecurity leads played a major role in advising and enabling recovery works resulting from the national Carenotes cybersecurity incident affecting CFHD and CAMHS;
- The team have achieved and sustained the 95% SLA target for two months consecutively, the first time this has been achieved in many years.

### **Information Governance:**

- The Information Commissioner's Office (ICO) audit has completed its work and reported a successful outcome for the Trust.

### **Clinical Applications:**

- Configured & implemented Clinical Portal 2 functionality to Medical teams and to support virtual wards;
- Upgraded the Trust's Integration engine.
- Providing system leadership to ensure that the collective option within the OBC is optimised and has support for system partners
- Ensuring that all avenues for support from regional and national colleagues are explored in relation to digital sources of funds
- The delivery of the four priorities within the Digital Strategy

## 7. Communications and Partnerships Team – Lead Jane Harris

The team have continued to support operational delivery while supporting and leading key campaigns. Good progress has been made in further developing close working with health and care partners and we have successfully worked together on a number of projects and programmes, including the Devon winter communications plan. In addition, team have supported a number of regional, national and international visits and a range of local events.

The communications restructure has concluded and recruitment is underway to the remaining vacant roles. Our new Head of Communications and Engagement will join us in November and our new Engagement Manager starts at the end of October – these are key appointments who will help us strengthen our approach to communications and engagement and support the delivery of our communications and engagement strategy. The Web Services Manager role has transferred into the team along with responsibility for the public website and the new Fundraising and Partnerships Manager started in post at the beginning of the month.

## 8. Building a Brighter Future Programme

The Trust Board receives a separate briefing on the progress of the BBF programme and therefore this will not be repeated within this briefing.

## 9. Clinical Entrepreneur Programme

The Trust has a strong history of developing innovation and a willingness to test, evaluate and embed innovations that work into practice. Continuing to do this will be critical in delivering our future care model and building our brighter future. This recognition has resulted in us being one of the first ten NHS organisations to be invited to be a site that provides real world test and evaluation of the NHS Clinical Entrepreneur Programmes innovations. This is an exciting opportunity as we are the only site in the South West region and the innovations that we will be testing will be aligned to our strategy, priorities and aimed at some of the challenging issues that we locally face. The program has a central hub to support our work.

In this work we are looking to demonstrate and evaluate the quadruple aim for health and care across our Local Care Partnership, which in time we will be able to report on and share learning from.



As part of the program, we receive funding currently £200,000 per year for 3-5 years to support this program.

Currently we are in conversation with six innovators; 4 in the area of the People Directorate, including innovative and sustainable recruitment of doctors, one that will cover pharmacy and medication across our local place and one that supports children and young people prepare for a health intervention, thereby significantly reducing their anxieties, on the day cancellations and improving their outcomes.

## **10. Recommendations**

The Board is asked to note this contribution as outlined in the quarterly report from the Director of Transformation and Partnerships.

**MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST  
PUBLIC BOARD OF DIRECTORS MEETING  
HELD IN THE BOARD ROOM, TORBAY HOSPITAL AND VIA MICROSOFT TEAMS  
AT 11.30 AM ON WEDNESDAY 27 JULY 2022**

Present:	Sir Richard Ibbotson	Chairman
	* Professor C Balch	Non-Executive Director
	* Mr P Richards	Non-Executive Director
	* Mrs J Lyttle	Non-Executive Director
	* Mr R Sutton	Non-Executive Director
	Ms L Davenport	Chief Executive
	* Mr D Stacey	Deputy Chief Executive Officer and Chief Finance Officer
	* Mr I Currie	Medical Director
	* Mr J Harrison	Chief Operating Officer
	* Ms A Jones	Director of Transformation and Partnerships
	* Mrs S Flavin	Interim 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
	* Mrs N McMinn	Interim System Director of Nursing and Professional Practice, South Devon
	* Mrs J Thomas	Lead Governor
	* Mr D Crawley	Governor
	* Mr J Smith	Governor
	* Richard Collings	Lead Podiatrist (Item. 148/07/22)
	* Claire Northcott	Podiatry Patient (Item. 148/07/22)
	* Mrs J Phare	System Director of Nursing and Professional Practice, Torbay

\* via Microsoft Teams

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144/07/22 **Welcome and Introductions**

The Chairman welcomed all those in attendance to the meeting.

**Preliminary Matters**

145/07/22 **Apologies for Absence and Quoracy**

The Board noted apologies from Mrs Matthews, Mrs Taylor and Ms Kelly. Ms Kelly would be represented by Mrs McMinn, Interim System Director of Nursing and Professional Practice, South Devon.

146/07/22 **Board Corporate Objectives**

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

147/07/22 **Declaration of Interests**

There were no declarations of interest.

148/07/22b **Patient Story**

Mrs McMinn welcomed Richard Collings, Lead Podiatrist and Claire Northcott, a patient of the Diabetic Foot Service to the Board.

Mr Collings addressed the Board about some of the activities of his team including the most effective way for dealing with diabetic foot ulcerations. He gave as an example the positive story of Ms Northcott's to illustrate his point.

Ms Northcott detailed how her timely attendance at the podiatry clinic unannounced with a diabetic foot ulcer had resulted in urgent treatment. When she came out of hospital she was told she would not be able to have the same quality of life due to the amputation of her toes. However, the podiatry team had supported and facilitated her wish to return to running and they had enabled her to have a good quality of life. She explained some of the lifestyle changes she had made including a change of job as she could no longer stand for long hours.

Mrs Davenport acknowledged the importance of early intervention and the significance of the support by health care professionals to enabling people to lead the lives they would wish to live.

Mr Currie asked how the Trust could adapt to prevent the risk of diabetic foot ulceration. Mr Collings highlighted the need for proactive education around diabetic foot ulceration. He said he had sought learning from Ms Northcott's clinical pathway and had arranged training with the Minor Injury Unit and the Emergency Department on the issue. He explained there was a need for opportunities to be able to showcase why diabetic foot care was of great importance.

Mrs Jones explained the Trust's strategic intent was around prevention and she acknowledged the NHS did not consistently measure prevention metrics. She said she would welcome suggestions and ideas as to how the Trust might develop preventative metrics to ensure the appropriate levels of funding based on quantifiable benefits.

Mrs Lyttle asked if there were opportunities for the Trust to link in with community teams, Diabetic Clinics and the Primary Care Network on the preventative diabetic foot agenda to ensure there was system awareness. Mr Collings confirmed the Trust worked closely with primary care, there were training packages in place; and opportunities to refer into the podiatry clinics. However, staff turnover had caused



workforce challenges around training new staff or capacity issues for under resourced surgeries or teams.

The Chairman thanked Mr Collings and Ms Northcott for the inspiring story.

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

### **Committee Reports**

149/07/22 **Finance Performance and Digital Committee Chair's Report - 27 June 2022**

**The Board received and noted the Finance Performance and Digital Committee Chair's Report of 27 June 2022**

150/07/22 **People Committee Chair's Report - 27 June 2022**

**The Board agreed to defer the People Committee Chair's Report to 28 September 2022**

### **Reports from Executive Directors**

151/07/22 **Chief Operating Officer's Report - July 2022**

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

Prof. Balch asked if the Trust understood the reasons for its current levels of Stroke performance and, what assurance could be provided.

Mr Harrison acknowledged the Trust's challenge was access to beds. He explained there was a key challenge of ensuring stroke patients were admitted to the stroke ward within four hours to ensure they have the intervention to improve their recovery but, the pathway was most effective when the Trust was not in escalation.

He explained the Chief Executive's report which highlighted the challenged Covid-19 position in June and July, with one bay closed due to a Covid-19 contact. With the prevalence of Covid-19 in decline the Trust would be in a better position to access beds requirement.

Mr Harrison agreed the current performance was not acceptable and confirmed the protection of dedicated capacity with the support of the bed management team was currently being focused upon. However, when patients were admitted to the stroke ward there were good therapeutic practices and care in place to enable recovery.

Mrs Lyttle confirmed the stroke position was registered on the Quality Assurance Committee's Risk Register and the Committee's workplan. The Stroke Team attended the Quality Assurance Committee on 25 July 2022 where a deep dive was undertaken in respect of the deterioration in performance. The following improvements had been put in place and would be reviewed by the Committee in two months:

- A full complement of medical staff; and

- The ring fencing of two emergency beds.

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

**For Approval**

152/07/22 **Unconfirmed Minutes of the Meeting held on the 29 June 2022 and Outstanding Actions**

The Board approved the minutes of the meeting held on 29 June 2022.

All outstanding actions were noted as complete.

**The Board approved the minutes of the meeting held on 29 June 2022**

**For Noting**

153/07/22 **Report of the Chairman**

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

- The Non-Executive Director's undertook Major Incident Training with an independent trainer. The training was insightful and valuable; and some of the learning had resulted in actions which would be implemented.
- The Council of Governors met to receive feedback from the Good Governance Institute. Workstreams had been identified to ensure the greater efficiency of the Council of Governors
- The Governors met with Chairman and Prof. Balch for a tour of the Trust site and were able to see the Acute Medical Unit and Acute Mental Health Unit nearing completion.
- The Trust hosted some of the NHSE Board on Tuesday 26 July 2022. This was a good opportunity for the Trust to explain its intentions and direction of travel clearly highlighting the importance of the need for Building our Brighter Future and Electronic Patient Record Funding.
- He formally acknowledged the work and positive impact of Mrs Jacquie Phare, System Director of Nursing and Professional Practice, Torbay who would be imminently retiring and Mr Adrien Cooper, Interim Director of Environment who would be leaving the Trust at the end of August 2022, and wished them both well.

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

154/07/22 **Report of the Chief Executive**

Mrs Davenport wished Mrs Phare, System Director of Nursing and Professional Practice, Torbay a happy retirement. She paid tribute to her leadership in particular the delivery of the Enhanced Health in Care Homes; improved Patient Experience; and her clinical leadership around the immunisation programmes.

Mrs Davenport wished Mr Cooper, who had secured a permanent appointment at University College London farewell. She reflected on his knowledge, expertise and engineering background leading to the Trust truly understanding the key challenges faced within the estate. She acknowledged how his negotiating skills had been instrumental in progressing the estates developments in Dartmouth.

Mrs Davenport, presented the Chief Executive's report, as circulated, highlighting the following key issues:

- Members of the NHSE Board visited Devon ICS, the Trust and Torbay Pharmaceuticals. It was a positive opportunity to promote the work of the Trust and its staff; highlighting the importance of investment to secure sustainable services.
- A joint follow up report by OFSTED and the CQC had been published on 7 July 2022 following a recent inspection of health, social care and education services for children with Special Educational Needs in Devon (SEND). The report recognised there had been progress but, it had been insufficient. There would be continued focus on:
  - Partnership working to ensure there was a joined up strategic approach from the beginning of the pathway; and
  - Engagement with families to ensure they feel listened to and confident their voice would be heard.
- Levanto Residential Care Home had been subject to a CQC inspection and a CQC report deeming them inadequate was published on 20 July 2022. The Trust was taking all the necessary actions to ensure the service was supported for the safety of patients and learning sought. The CQC inspection had highlighted the impact of the pandemic on the local care community.
- The National Cancer Patient Experience Survey Results for 2021 had been received and showed the Trust cancer services had been rated highly. However, the Trust was currently subject to NHSE scrutiny in respect of meeting the 62 day standards.
- The Trust recognised the impact the cost of living crisis would be having on staff and although a pay award was pending. The Trust had been working proactively with staff, listening and responding to their concerns.

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

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

#### **155/07/22 Integrated Performance Report – Month 3, 2022/23**

Mr Stacey presented the Integrated Performance Report for month 3, 2022/23, as circulated, and drew the following to the Board's attention:

#### **Quality**

- Improvements were continuing to be seen with regards to the completion of patient nutritional risk assessments within 24 hours of admission. In June EAU4 achieved 84% and Forrest ward 98%, However, a significant piece of work continued to ensure the standard was maintained and adopted Trust wide.

Monthly assurance reports had been presented to the Quality Assurance Committee to ensure good oversight and governance.

- There had been a significant rise in the number of bed closures in June 2022 due to increase in Covid-19 admissions and nosocomial spread. This had, had a negative impact on the Trust's ability to admit patients to the stroke unit within the recommended 4 hours; 7% of stroke patients were admitted within 4 hours in the month of June 22, which was below the national target of 90%. A deep dive on the improvement plans had been presented at the Quality Assurance Committee on 25 July 2022.
- The following two serious incidents were reported in June and both were under investigation:
  - One in patient fall resulting in a fractured hip at Brixham Hospital; and
  - a new born baby was transferred to Bristol Children's Hospital following a Category 1 caesarean section.

## **Workforce**

- Staff sickness was reported as high and above target, with challenges in recording Covid-19 absences being resolved.
- Staff turnover was also reported as high at nearly 14%, whilst within tolerance level this had shown a statistically significant increase, partly driven by an increased request to retire and return. Devon ICS was leading on a system wide project to support staff turnover.

## **Performance**

- Covid-19 admissions were manageable in June 2022 but July 2022 had seen up to 70 inpatients but with less acuity than previous Covid-19 waves.
- The Day Surgery Unit remained open with insourcing in place for Ophthalmology, Orthopaedics and Gastroenterology.
- There would be 94 patients on the 104 week wait list at the end of June of which 45 were P6 (who choose to defer treatment) patients. The trajectory had been compromised due to list cancellations and Covid-19 positive patients.
- The Trust had been placed in Tier 1 intervention for 78 week wait lists due to significant risk.
- ED performance was reported at 54.5%; and the Trust had been in OPEL 4 for 14 days of June.
- High bed occupancy levels meant that performance and patient experience were challenged despite demand being just behind pre-Covid-19 levels.
- The Trust had been placed in Tier 1 intervention for its challenged Cancer pathway position, with 250 62 day breaches reported. Dermatology, Urology and Lower Gastrointestinal pathways were particularly challenged.
- The urology one stop service at Paignton Community Hospital and the endoscopy mobile unit had both been established and were key to recovery.
- It was noted there were 251 community care hours outstanding during the month of June. There was a focus on recruitment within the community to resolve the issue.

## **Finance**

- Year to date the Trust was reporting on plan with a deficit of £3.1m but, it was masking some significant underlying variances. In month breakeven actions

amounted to £1.9m mainly due Adult Social Care income. The underlining position was a £6.4m deficit in the year to date. The key drivers were:

- CIP under-delivery, with £2.7m on pay alone;
- Trust Escalation, costing circa £400-600k per month; and
- Associated overspend and delays in implementing Covid-19 cost reductions.
- It was unlikely Elective Recovery Fund monies would be clawed back.
- The following emerging risks were highlighted:
  - Increased inflation;
  - Package of care reviews; and
  - Agency Cap rules.

Mr Sutton asked given the request to submit a balanced operational plan and the risks highlighted within the performance report, when would it be appropriate to reflect and reforecast. Mr Stacey confirmed when the Trust set the balanced budget, £32m worth of risk was escalated. He explained as part of the month 4 financial performance update there would be an update on risk and mitigations, with an Operation Plan Risk and Mitigation Report being brought to Board in month 5 with a view to holding a formal conversation about the Operational Plan with Devon ICS and NHSE. **ACTION: DS**

Prof. Balch asked if the Trust was required to submit a balanced operational plan how would it afford to fund the pay award.

Mr Stacey confirmed at present it had not been agreed how the pay award would be funded but the Board would be made aware of any financial risks. He explained any Agenda for Change staff the Trust employed through the Local Authority would only have their pay award increase non-recurrently funded for the first year. Thereafter the Trust would be required to fund. Mrs Flavin confirmed work was underway to understand the likely pay increase that would be awarded across all staff bands.

Mrs Flavin confirmed the Trust had good relationships with the Trade Unions and were able to gain insight into how members and staff were feeling, acknowledging there was the possibility of difficult industrial relations over the coming months.

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

### **156/07/22 July 2022 Mortality Score Card**

Mr Currie presented the July 2022 Mortality Score Card, as circulated, to the Board. He escalated:

- The Trust alongside six other Trusts had been identified as outliers due to a sustained rise on mortality in a rolling 12 month period and this was being investigated.
- Unadjusted mortality rates remained around 3%.
- Alerts in particular clinical classifications included acute renal failure, tissue disorders. open wounds and cardiac arrest.
- There had been one still birth and one paediatric death which had been subject to a Mortality Review.

- There was proactive work being undertaken in response to paediatric suicide awareness with the Paediatric team, Medical Examiners and Child Death review lead.
- Medical Examiners were now embedded into the Trust processes and were reviewing 100% of deaths within the Trust.
- There had been delays in completing Death Certificates due to difficulties in releasing Junior Dr's to complete the same.

Ms Jones explained the implementation of the Electronic Patient Record would ensure accurate coding and assurance as to whether the Trust was an outlier.

Mrs Lyttle asked if coding was included as part of the Junior Doctors induction. Mr Currie confirmed coding was included within the Junior Doctors Induction and they were encouraged to code accurately but, when busy this does impact on patient care. He explained although coding of comorbidities was improving the implementation of a Peninsula wide Electronic Patient Record would support patient safety.

Mrs Davenport noted the pivotal role of the Medical Examiner, she asked whether the coding issues escalated needed to be addressed. Mr Currie confirmed he had asked the suppliers of 'Dr Foster' resources for further information.

Mr Richards explained the Electronic Patient Record business case would not only support the Trust to deliver care in a safe and effective way but the data collected as a system would support the population health agenda as there would be a better understanding of conditions highlighted through the data.

### **The Board received and noted the July 2022 Mortality Score Card**

#### **157/07/22b Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training**

Mr Currie presented the Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training, as circulated. The following areas had received exception reports:

- Acute medicine and surgery;
- Radiology; and
- ENT.

Mr Currie confirmed these reports were expected and, all reports had been considered and learning implemented. He reflected on the good working relationships the Trust had with its Junior Doctors.

Mr Currie highlighted when employing Junior Doctors on part time contracts, it caused difficulties in preparation of rotas and this had been seen in Obstetrics and Gynaecology and Paediatrics.

### **The Board received and noted the Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training**

## 158/07/22 **Medical Appraisal and Revalidation Report**

Mr Currie presented the Medical Appraisal and Revalidation Report, as circulated. He explained:

- Although all Doctors undertook an annual appraisal all licensed Doctors were required to revalidate every five years bringing all the evidence of the training together.
- The Trust also had a responsibility to appraise 50 Trust Grade Doctors and some local Doctors.
- He confirmed between March 2020 and October 2020 medical appraisals had been stood down.
- This year 90% of Doctors had been appraised.
- The Trust had taken the General Medical Council recommendation that appraisals were 'light touch'.
- 46 five year revalidations had been deferred this year due to:
  - Clinical pressures;
  - Both parties on site; and
  - Difficulties completing the 360 degree appraisal process.

The Chairman acknowledged the difficulty in securing appraisers and asked that thought be given to speaking with Doctors would like retire and return in a different capacity, such as appraising.

### **The Board approved the Medical Appraisal and Revalidation Report**

## 159/07/22 **Annual Infection Prevention and Control Report 2021-22**

Dr Watson presented the Annual Infection Prevention and Control Report for 2021-22, as circulated.

The main infection which had to be controlled in the year 2021-22 was COVID 19 and the Trust's performance in this has been one of the best in the South West with a low rate of definite hospital acquired COVID 19 infections (HAI) despite a low single room bed base. In the year there had been ~250 HAI. The IPC measures have changed in response to the changing variants, development of treatments and vaccine roll out programme. These are up to date and continuously adapting

There were no requirements to escalate the other infections under surveillance and the Trust needed to continue to ensure its Estate did not contribute to further levels of infection through:

- Decontamination;
- Ventilation; and
- Water Supply.

Mrs Davenport commended the work of the IPC Team under Dr Watson's leadership, as the level of focus on IPC within the Trust had supported Primary Care and the Care Home Sector.

### **The Board approved the Annual Infection Prevention and Control Report 2021-22**

Mrs McMinn, presented the Maternity Governance & Safety Report from 1 April 2022 – 30 June 2022, as circulated. She escalated:

- Further direction was awaited from the subsequent Ockenden maternity review but the Trust had already started to implement some recommendations such as:
  - The review of maternity governance with the support of the Good Governance Institute; and
  - Staff listening forums.
- A regional insights visit would take place on 28 July 2022 to focus on the progress made against the seven immediate actions.
- The staffing position risk had reduced from 16 to 12 due to the Trust being able to recruit into posts using the Ockenden funding.
- The maternity self-assessment, for the maternity service to be able to self-assess against operational service delivery stood at:
  - Green – 68%
  - Amber – 28%
  - Red – 4%
  - The main concern was there was currently no operational support secured for maternity.

Mrs Davenport asked how as a Trust we were engaging and involving staff with the maternity improvement programme and what was their level of confidence in the improvement programme. Mrs McMinn confirmed the feedback from listening event had been positive. There were a lot of engagement and probing questions around the ability to deliver the high level priorities such as continuity of care. Advice was being sought from the Regional Deputy Head of Midwifery regarding how other team deliver continuity of care.

Mrs Jones recognised the impact on morale the Ockenden Report would have had on staff and asked if there was anything further the Board could support the maternity team with. Mrs McMinn explained midwives are leaving the profession due to bad outcomes and there was a need for support posts, to work alongside and support midwives with education and transformation. She reflected on the positive impact Mrs Bassett had been since her appointment as Head of Midwifery and recognised the value of the support of the Board.

Mr Richards asked what channels the Maternity service used to collect service user feedback. Mrs McMinn explained LMNS was the primary route for feedback, with the service undertaking family, friends and inpatient feedback upon the time the family leaves however, a lot of care was undertaken in community settings where feedback was harder to capture.

### **The Board received and noted the Maternity Governance & Safety Report for 1 April 2022 – 30 June 2022**

### **161/07/22 Complaints, Feedback and Engagement Service Annual Report 2021/22**

Mrs Phare presented the Complaints, Feedback and Engagement Service Annual Report 2021/22 to the Board, as circulated. She asked the Board to note the Developing Patient and Service User Experience Report would come to the September Board.



She confirmed complaints were reviewed by the Feedback and Engagement Team and sent to the appropriate ISU to oversee and support a response from the service lead in partnership with Social Care. However, work to enhance the quality of complaint responses was on going.

During 2021 complaint responses were extended to around six weeks due to service pressures and staff sickness. There were:

- Eight responses that exceeded the six month period;
- Fifteen Responses referred to the Ombudsman with two upheld.

Complaints primarily concerned:

- Treatment
- Care
- Assessment
- Loss of personal effects; and
- Communication.

Bespoke working groups had been established to improve Trust wide learning.

It had been noticed there had been a reduction in complaints and currently the Trust was unsure if this was a trend due to pandemic or staff working hard to deal with concerns and resolve them when with the patient.

Other areas of focus were:

- The development of a young person strategy;
- A carers strategy;
- Friends and Family tests were to move to a QR code as well as paper versions; and
- The Feedback and Engagement Strategy, developed with the local population.

The Chairman highlighted to the Board that Feedback and Engagement Team did not solely support feedback and engagement in the acute setting but within the community too and they supported a great breath of the Trust activity.

Mrs Phare, acknowledged the Feedback and Engagement Team was small. She explained there was a need for additional investment to ensure patient experience was at the centre of the Trust and for the Feedback and Engagement Team to become proactive as opposed to reactive.

Mrs Davenport reflected on how difficult it was to write a complaint letter whereby sufficient information was provided, people felt heard and the approach was meaningful. She asked if there was any way the Board could support the team. Mrs Phare reflected that there was a need to train staff to be able to carefully respond to letters.

## **The Board received and noted the Complaints, Feedback and Engagement Service Annual Report 2021/22**

### **Improved Well-Being Through Partnerships**

162/07/22 **Children and Family Health Devon – Annual Report**

Mr Harrison presented the Children and Family Health Devon Annual Report, as circulated. He highlighted:

- There had been increased waits for families and children due to Covid-19.
- There had been a change in the seasonal demand patterns.
- Funding had been received to support the Autism waiting list.
- The Team had operated within the secured contract monies of £32m.

Ms Jones reflected on how the Child Family Health Devon team sat between two organisations and the recognition of the need for policies, processes and procedures to come together and be delivered as one collaborative organisation.

The Chairman acknowledged Ms Jones point and proposed a Board to Board was arranged with Devon Partnership Trust. **ACTION: Mrs Davenport**

Mrs Davenport explained she was the Chair of the Partnership Board. She acknowledged the scale of the transformational programme had not kept pace with the aspiration and a piece of work had been commissioned to review the Child Family Health Devon contract over last three years. The following recommendations were made:

- There was gaps in capacity;
- Implications of increasing demand
- Continuing conversation with the alliance model;
- Continue to keep a strong focus on children;
- Review with wider partners.

The priority for next year will be for consideration to be given to how Child Family Health Devon engages with children and families as the service continues to develop.

## **The Board received and noted the Children and Family Health Devon Annual Report**

### **163/07/22 Building a Brighter Future Update**

Ms Jones presented the Building a Brighter Future Update, as circulated. She confirmed the Strategic Outline Case submitted in 2021 would be resubmitted with two fundamental changes:

- Removal of the Electronic Patient Record but, as description of the benefits of a digital enabled hospital; and
- Building a Brighter Future review of strategic options and the recommended Strategic Outline Case.

The Chairman confirmed he would support a request for an Extraordinary Board meeting over the summer period in respect of submission of the Strategic Outline Case.

Prof. Balch informed the Board the Building a Brighter Future team was being supported by a small amount of capital funds. He explained there was a need for clarity from NHSE by the end of the year to enable the commencement of the site enabling works.

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

## 164/07/22 **Timeline – health and care in Torbay and South Devon**

Mrs Jones presented the Timeline – health and care in Torbay and South Devon report, as circulated to Board. She explained this would evolve but wanted the Trust to use the Communications and Engagement work for everyone to appreciate the history and journey the Trust had been on and for the Trust to embrace the future. She confirmed the timeline would run along the level 4 corridor.

Mrs Davenport supported the physical representation of history and the future plans, which would build hope.

Dr Watson explained this was the start of the heritage project work and would support the Trust taking the best parts of the story into the future.

Prof. Balch supported the work and asked for the timeline to be balanced between acute and community to reflect the Trust as an ICO. Mrs Jones, agreed she explained the Trust's ICO model was still unusual.

Dr Harris confirmed currently there were pockets of information and the task was to curate the Trust's story as an organisation going forward into the future.

## **The Board approved the draft timeline text for health and care in Torbay and South Devon**

### 165/07/22 **Compliance Issues**

There were no compliance issues reported.

### 166/07/22 **Any Other Business Notified in Advance**

There was no any other business raised for discussion.

### 167/07/22 **Date and Time of Next Meeting:**

11.30 am, Wednesday 29 July 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>
155/07/22	Operation Risk and Mitigation Report to be brought to Board in September 2022	Mr Stacey		27.07.22
162/07/22	A Board to Board with Devon Partnership Trust to be arranged.	Mrs Davenport		27.07.22

<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Chief Executive's Report			<b>Meeting date:</b> 28 September 2022	
<b>Report appendix</b>				
<b>Report sponsor</b>	Chief Executive			
<b>Report author</b>	Associate Director of Communications and Partnerships			
<b>Report provenance</b>	Reviewed by Executive Directors 20 September 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>	Various
	<b>Risk Register</b>	X	<b>Risk score</b>	
Ref. 8 – Transformation and partnerships Ref. 9 – Integrated Care System				
<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> 28 September 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 27 July 2022 are as follows:

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

#### **Flu and COVID-19 vaccination programme**

We will shortly begin our winter vaccination programme for flu and COVID-19. We will open our booking system for clinics starting on Tuesday 27 September 2022.

#### **Teignmouth health and wellbeing centre**

We have developed the detailed designs for the new centre on the new site and are now ready to begin to formalise the application for planning permission. As part of the pre-planning application process, we are informally engaging with local people on their views on the design of the building. We have developed a [website](#) that showcases the plans so that people can find out more about the building, its location and the detailed design. There is also a facility on the website for people to let us have their thoughts and any comments on the design

as well as a short survey. The website was open for feedback until 01 September, so that local people's views could be included in the planning application.

In addition, we set up an online presentation at 10am on 24 August for the public. Anyone who attended had the opportunity to hear more about the design and ask any questions they may have about the design of the building.

The public will have a further opportunity to review plans and give their formal views on the building to the Council as part of the application for planning permission process during September, October and November 2022.

### **Changes to face mask requirements in hospital and healthcare settings**

As the current wave of COVID-19 recedes we have stepped down mask wearing in non-clinical areas across all our sites.

As previously advised, we are keeping our policy under constant review and will make further adjustments as needed, which may include a return to mask wearing if the data indicates that this would be beneficial.

### **Radiotherapy trial opens**

Local people living with throat cancer now have the opportunity to receive a revolutionary form of radiotherapy thanks to a new trial.

We have opened a clinical research trial called TORPEdO, where throat cancer patients can benefit from proton beam therapy. Proton beam therapy uses protons which can release energy at an exact point in the body protecting more healthy tissue and decreases the chance of side effects developing.

Co-led by The Christie NHS Foundation Trust based in Manchester and The Institute of Cancer Research situated in London, this trial will determine whether the use of proton beam therapy reduces long-term side effects and improves quality of life for people treated with radiotherapy for throat cancer.

Proton beam therapy is currently only available at a very limited number of sites across the country, so local people will need to travel to The Christie NHS Foundation Trust in Manchester to participate in the trial.

### **Pastoral care award recognises the support we provide to our international nurses**

Earlier this year it was announced that we had achieved the Pastoral Care Quality Award for international recruitment support. Last month, Kerrie Walters, International Recruitment Advisor at NHS England, presented the team with the award and met some of our fantastic international nurses.

Launched in March 2022, the NHS Pastoral Care Quality Award scheme is helping to standardise the quality and delivery of pastoral care for internationally educated nurses and midwives across England to ensure they receive high-quality pastoral support. It's also an opportunity for trusts to recognise their work in international recruitment and demonstrate their commitment to staff wellbeing both to potential and existing employees.

As an organisation, we are committed to ensuring that internationally educated nurses are supported as they become valued members of the nursing community. This award recognises our teams' dedication to providing international nursing colleagues with the pastoral care that they need, and our continuing commitment to them as an organisation.

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

#### **Current pressures**

We have continued to see high demand for urgent and emergency care services throughout the summer and into September. Ambulance handover delays continue to be an issue despite significant partnership working in this area.

We have made good progress in reducing our 104 week waits and our focus is now very much on those waiting over 78 weeks.

These improvements have been made possible by re-establishing the Day Surgery service and stepping up other aspects of elective care as soon as the pandemic allowed. We fully recognise that we have much further to go. We are acutely aware that each number is a person who is waiting for care and having their daily life affected by the wait. The positive news is that across the aggregate position for all clinical services we are now around 104% of the level of activity we delivered in the year before the pandemic began.

We have a significant challenge in delivery of the cancer standard, this is most acute in Urology and Lower GI pathways. Capacity is not keeping pace with the increasing level of referral and access to diagnostic capacity is also not sufficient to deliver the standard.

Our clinical and operational teams in these areas are working tirelessly to secure more capacity and where ever possible to smooth the pathways, taking out avoidable waiting times and clinically triaging patients to ensure those with greatest potential needs are prioritised and in doing so to reduce clinical risk.

We are not alone with these challenges but we do have proportionately more patients waiting longer than many other NHS trusts. For this reason, we have been allocated into the Tier 1 category of NHS trusts for national monitoring and oversight.

Availability of the workforce with the required skills and in the right numbers is a national challenge. Our clinical and operational teams have a number of improvement plans which are being actively pursued. These include the new mobile endoscopy unit on the Torbay Hospital Annexe site, the conversion of a further clinical space in Paignton Hospital to enable delivery of a specific urology diagnostic procedure and securing extra capacity through insourcing and, with support from colleagues within the Integrated Care System, accessing some capacity across the wider Devon region.

We are finalising these improvement plans while getting on and delivering as quickly as possible and are committed to securing the necessary improvement in waiting times for our cancer patients.



I want to take this opportunity to formally recognise the tremendous response of our people and teams to the additional bank holiday on Monday 19 September.

Our aim was to maintain all planned surgical activity and all outpatient activity which relates to P1, P2, cancer and long wait patients while continuing to run our urgent and emergency care services as they normally would on a bank holiday.

While we were not able to run all the outpatient activity that we would have wished, we did manage to maintain a commendable amount of services and ensure that all planned theatre and day surgery activity took place (subject to patient choice). Where we had to reschedule activity all patients were personally contacted and, wherever possible, rebooked within a fortnight of their original date.

I want to give particular recognition to Tony Ray and the Patient Access Team who contacted over 1,200 patients to confirm or rearrange their appointments.

### **Endoscopy capacity increases**

Our endoscopy services at Torbay Hospital are set to benefit from a £4.99million capital investment which will increase capacity and help reduce local waiting lists.

We currently have three endoscopy rooms at Torbay Hospital. The funding will enable us to create a fourth room and training facility, meaning we can see more people and improve their experience and outcomes.

Our endoscopy service currently carries out around 150 procedures each week and demand continues to grow. Endoscopy services are used to examine inside a patient's digestive tract for conditions including Crohn's disease, coeliac disease and cancer. Early detection is really important to give people the best possible outcomes

This funding will enable us to progress our cancer improvement plan in respect of endoscopy while we progress our plans for the service as part of our Building a Brighter Future programme (new hospital investment).

Building is scheduled to begin on site in January 2023 and is expected to take nine months.

A mobile endoscopy unit has been put in place to provide additional capacity and also to support the safe and effective delivery of services during construction and patients are already being seen in the mobile unit.

### **Ockenden insights visits maternity services**

On 28 July 2022, maternity services hosted a visit with members of the national team from NHS England as well as members of the regional and system team. These assurance visits are happening across England over the next few months, with an aim to assess progress against the essential actions identified in the interim Ockenden Report 2020.

They spent the day meeting midwives, support staff, obstetricians, anaesthetists, our Special Care Baby Unit team, people we care for and members of the leadership and governance teams.

The feedback given at the end of the day was very positive. The overall feeling of the unit is that of a friendly, welcoming service with staff passionate to deliver the best care. The culture was described as feeling safe, with staff comfortable to share concerns and ideas.

There was acknowledgment of areas of focus. This included the physical environment we have to work in and the impact on the ability to deliver some elements of care in an optimal way as a result of this. A full overview of feedback will be sent to us in a few weeks and we will devise some actions to address any areas of improvement.

The specific feedback from a family on John Macpherson ward was overwhelmingly positive, with acknowledgment of feeling listened to and having views respected at all times.

### **New treating tobacco dependency service already making a difference**

Since we launched our new Treating Tobacco Dependency Service in June, 46 pregnant women and birthing people, have sought support for the service through their midwives.

The two-strong team for the service is Katie Aston, Smoke Free Pregnancy Support Worker and, and Hannah O'Sullivan, Public Health Midwife.

They provide advice and support to help pregnant people quit smoking such as using nicotine replacement therapy (NRT), e-cigarettes and behavioural support, and electronic checks to test their exposure to carbon monoxide, which is a harmful chemical present in cigarette smoke.

### **New alcohol care team at Torbay Hospital**

At the start of August, our new alcohol care team was launched at Torbay Hospital. The new team is available five days a week and provides support and guidance on the management of alcohol use disorders in hospital patients.

### **Home for lunch campaign launches**

At the beginning of August we launched our home for lunch programme. No one wants to be in hospital for longer than they need to be and home for lunch is how we ensure patients can leave hospital in a timely, comfortable and well-planned way, when they no longer need the level of care that our hospitals provide.

Supporting people to leave hospital as soon as they are well enough to do so is really important as staying in hospital when you no longer need hospital care can result in loss of independence, de-conditioning and can expose them to more risk of getting a hospital acquired infection. The evidence shows that people recover better and more quickly in their own bed, with the right support around them.

Supporting people to get home by lunchtime is much better too as it is safer and more convenient for patients and their families. People are likely to feel more awake, they can leave in daylight and shops, pharmacies and other services are more widely available.

We encourage everyone to work with our staff and their family and friends to start planning for their return home from the time they are admitted to one of our hospitals.

### **Totnes Minor Injury Unit now open 7 days a week**

The Minor Injuries Unit (MIU) at Totnes Community Hospital is now open 7 days a week from 8am-5pm. X-ray facility will be limited to all day Monday, and Tuesday and Wednesday mornings, with people advised to book via 111 if they think they need this service in advance to ensure x-ray is available. X-ray continues to be available 7 days a week, 9am to 5pm at Newton Abbot Urgent Treatment Centre.

### **Our people award wins**

At our July Trust Talk we announced our latest Our People Awards winners:

#### **We work flexibly**

- Jon Grayshan, Nursing Associate, Midgley Ward

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

- Fiona Gardner, Medical Secretary

### **Ward accreditations**

During July three of our wards underwent the accreditation assessment process. Dunlop ward and Dawlish community hospital both received a silver award. The coronary care unit received their second gold – an outstanding achievement.

During August three more of our wards underwent the accreditation assessment process. Cromie ward achieved a bronze while Forest ward achieved a silver. This was Forest ward's second assessment which demonstrated significant improvements since their first assessment (when they achieved a bronze). The assessment highlighted the excellent leadership of the ward as well as the friendly, knowledgeable, warm and welcoming staff team.

Ella Rowcroft achieved their second gold award – an outstanding achievement. I would like to take the opportunity to pay tribute to Lesley Woodhead, ward sister, who is retiring and thank her for her years of dedicated service.

### **DAISY awards**

Abi Harris, midwife, was our most recent DAISY award winner who was nominated by a mother for the care she provided during and after her pregnancy.

The nomination highlighted Abi's kindness and expertise while valuing the support she gave:

*"She was amazing during my pregnancy, knew the answer to every question I had and always gave a kind and graceful answer even when the question was probably silly and caused by worry.*

*"When our baby was born, we struggled with feeding and weight loss. Abi was so supportive at our appointments with her both in our home and in the hospital. She went above and beyond when our little one needed to be admitted back to hospital for checks, staying and comforting me while my*

*husband packed our bags for an overnight stay. I actually don't think I could have made it through so easily without Abi.*

*"Once our baby was well and gaining weight, she spotted that I had an infection and acted quickly to ensure that I was treated. This was difficult with COVID-19 but Abi offered support and empathy throughout the whole ordeal. She booked our appointments at the end of her clinic, knowing that we needed extra support and never once made us feel rushed. Although a good day as it meant our baby was beginning to thrive, I was sad to be discharged from the midwife service thanks to Abi."*

We will shortly be launching a DAISY team award in addition to our individual awards.

### **3.3 Excellent value and sustainability**

#### **Death of Her Majesty Queen Elizabeth II and proclamation of His Majesty King Charles III**

It is with great sadness that we heard of the death of Her Majesty the Queen.

On behalf of all our people we have written to His Majesty, King Charles III to share our deepest sympathies at this sad time.

Her late Majesty had strong connections to Devon, particularly through our county's strong military tradition and we know her loss will be felt keenly by many people here, who admired her commitment and service.

Following the announcement of the death, we raised and lowered the flag in the Rose Garden at Torbay Hospital to half-mast as a mark of respect. The flag was raised for the proclamation of His Majesty, King Charles III on Saturday 10 September and then lowered to half mast again until after the funeral.

Books of condolence have been made available in our chapels at Torbay Hospital and Newton Abbot Community Hospital. Arrangements were made for patients, staff and visitors to watch the state funeral on Monday 19 September.

I was proud to attend the proclamation announcement at Torbay Town Hall on Sunday 11 September and to lead our marking of the national moment of reflection on Sunday 18 September at 8pm outside the main entrance to Torbay Hospital. We also took part in the two minutes' silence at 11.55am on Monday 19 September.

#### **NHS pay award**

The 2022/2023 pay award for staff on NHS Terms and Conditions is due to be implemented and paid in September 2022 salary payments with the increased salary and arrears payments backdated to 01 April 2022.

Due to the pay award increase, a number of Agenda for Change pay bands now fall into a higher NHS pension contributions tier and as a result some of our people may be paying a higher employee percentage rate into their pension. If this is the case this will also be backdated to 01 April 2022.

This may result in some people receiving a smaller arrears payment than they were expecting. For some employees, the pay award arrears they receive may not cover your pension arrears, as a result they may owe pension contributions. We have contacted all affected staff who may be affected to advise them of this and offer support.

### **Pensions update**

From 01 October 2022 the rate at which NHS Pension contributions are deducted from employee wages will be changing, scheme members should be receiving a letter from NHS Pensions explaining this.

To give members time to adjust the Department of Health and Social Care (DHSC) is phasing in the new contribution rates in two stages, starting on 01 October 2022 with further changes planned in 2023.

These salary ranges will change each year in line with any annual increase to Agenda for Change pay scales. The means that members will be less likely to move into a higher contribution tier as a result of a national pay award. For further details of both the current and future NHS Pension Tiers please visit [Cost of being in the Scheme | NHSBSA](#)

### **Education and research facility reopens after redevelopment**

Torbay Hospital's education and research facility has reopened after an extensive redevelopment project that will support the training of medical students, multi-professional learners and staff from across the organisation.

The Horizon Centre is a state-of-the-art environment on the Torbay Hospital site, which hosts many of our education and research initiatives. The works have enhanced the educational and social facilities for both undergraduate learners and the wider staff community.

The redevelopment work totalled £660,000 and was funded by the University of Plymouth's Peninsula Medical School. This is in recognition of the increased number of medical students that we now host, ultimately improving their clinical learning and practice experience.

The Torbay Clinical Skills Wing was opened by Dr Claire Blandford, Clinical Project Lead for the steering group, and Will Denford, our previous Head of Medical Education, who was involved with the project from an early stage.

We are proud of our valued and established partnerships with both Peninsula Medical School and University of Exeter Medical School and has hosted year five medical students from both schools for many years. In 2017, the Board extended its agreement with Peninsula Medical School to begin hosting students from years three and four undergraduate medicine, which increased the number of medical students onsite incrementally from approximately 50 to a total of 110 last year.

The majority of the redevelopment project has focused on upgrading facilities and refurbishing the lower ground floor of the Horizon Centre, which included increasing the number of simulation suites used for training.

New debrief spaces and a wellbeing room have been created as part of the clinical skills hub, with enhanced storage facilities. Every teaching room on the floor has been refurbished, including the installation of upgraded audio-visual facilities.

Significant works have taken place in the library, which have included a complete upper floor upgrade with new furniture, the development of three small study rooms and a new reception foyer desk. Additional works in the reference space have been funded by our Education Directorate.

### **Redevelopment of the former Dartmouth and Kingswear community hospital site**

We have agreed Heads of Terms to sell the site of the former Dartmouth and Kingswear Community Hospital to Dartmouth Town Council.

The sale will release monies to fund our contribution to the new Dartmouth Health and Wellbeing Centre which is due to open later this year. It has always been our intent to make sure that an element of any sale must deliver social value to the communities in Dartmouth and the surrounding area as well as being commercially viable.

Last year independent health and social care champion, Healthwatch, carried out a survey on behalf of Dartmouth Town Council and ourselves to seek local people's views. 85% of those who took the time to give their views were keen to see a community bid for the site, to deliver social benefit as well as economic value for the community.

We recognise that the former hospital is dear to local people's hearts and occupies a prime waterfront site. We wanted to make sure that local people benefit from any development of the site and we are delighted that we have been able to support Dartmouth Town Council to purchase the site.

### **National and regional leaders visit Devon**

At the end of July, NHS organisations across Devon were pleased to welcome NHS England's chair, Sir Richard Meddings CBE, and fellow directors for a tour of some of its many services.

At Torbay and South Devon, our visitors were Sir Richard Meddings CBE (Chair of NHS England), Sir David Behan (Associate Non-Executive Director, NHS England and Chair of Health Education England), and Tim Ferris (National Director of Transformation, NHS England) who were accompanied by Elizabeth O'Mahony (South West Regional Director, NHS England) and Jane Milligan (Chief Executive, NHS Devon).

Colleagues from community services, our digital futures innovation hub, our building a brighter future programme, our equality and inclusion team and Torbay Pharmaceuticals shared their passion for working together with our local communities to deliver better health and care for all.

The visit to Devon was an opportunity to provide a realistic view of the county's challenges and opportunities, showcase the good work already underway, and look at future plans.

The tour included:

- The NHS Nightingale Hospital Exeter
- University Hospitals Plymouth NHS Trust's plans for a new emergency department
- The new short-term care centre in Plymouth
- Plans for a peninsula electronic patient record
- Torbay and South Devon NHS Foundation Trust including Torbay Pharmaceuticals
- Devon Partnership NHS Trust's mother and baby unit
- Visiting the Royal Devon University Healthcare NHS Foundation Trust to hear about Eastern Devon's voluntary, community and social enterprise (VCSE) sector work to support refugees and asylum seekers

### **Reducing our carbon emissions**

Over the past few years anaesthetists at Torbay Hospital have been working hard to switch to lower carbon alternatives to address the environmental impact of anaesthetic gases which are responsible for over 2% of all NHS emissions.

Desflurane is one of the most common anaesthetic gases used but is also one of the most harmful. It has 20 times the environmental impact of other less harmful anaesthetic gases and using a bottle has the same global warming effect as burning 440 kg of coal.

Following discussions with among our anaesthetists, we removed Desflurane from the anaesthetic machines we use at Torbay Hospital in February 2019. To support colleagues, we still had it available to use it on a patient-by-patient basis. With continued education and auditing of Desflurane use, we finally agreed to remove Desflurane completely from Torbay Hospital in July this year.

The use of lower carbon alternatives has no negative impact on patient care, experience or recovery and has a significant benefit for our environment. Since we made the change we have saved 844 tonnes of CO<sub>2</sub>.

Carbon emissions for 1 hour of surgery using Desflurane is equivalent to driving 189 miles whereas for the lower carbon alternatives it is between 4 and 7 miles. The team at Torbay have significantly increased their use of intra-venous anaesthesia and regional anaesthesia, both of which have benefits to patients as well as significant environmental advantages.

We are now looking at reducing our use of Nitrous Oxide by changing to mobile cylinders with regulators which will enable us to decommission our use of our piped manifold. Nitrous Oxide is a gas commonly used as an anaesthetic and analgesic agent that has an environmental impact 300 times that of carbon dioxide. We estimate that making this change will save around 244 tonnes of CO<sub>2</sub> a year.

#### **4. Chief Executive engagement July**

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

excellent care during exceptionally challenging circumstances across all our services.

Internal	External
<ul style="list-style-type: none"> <li>• Video blog sessions</li> <li>• Staffside</li> <li>• Diversity and Inclusion Lead</li> <li>• Meeting with Lead Governor</li> <li>• Torbay League of Friends</li> <li>• Chair of Teignmouth League of Friends</li> <li>• Visit with Anthony Mangnall MP to Totnes Hospital</li> <li>• Tea Trolley visit to Opthamology</li> <li>• Artist in Residence</li> <li>• Director of Audit and Assurance Services</li> <li>• ICU Consultants</li> <li>• Medical support workers welcome</li> </ul>	<ul style="list-style-type: none"> <li>• National Director of Transformation, NHS England and NHS Improvement (NHSEI)</li> <li>• Integrated Care System for Devon (ICSD) staff launch event</li> <li>• Chief Executive Officer, ICSD</li> <li>• Long Term Plan Programme Director, ICSD</li> <li>• Interim Director of Transformation, ICSD</li> <li>• Medical Director, ICSD</li> <li>• Director of Workforce, ICSD</li> <li>• Devon Medical Directors</li> <li>• Chief Executive Officer, University Hospital Plymouth NHS Trust</li> <li>• Chief Executive Officer, Royal Devon University Healthcare NHS Foundation Trust</li> <li>• Chief Executive Officer, Devon Partnership NHS Trust</li> <li>• Director of Finance and Strategy and Deputy CEO, Devon Partnership NHS Trust</li> <li>• Medical Director, LiveWell SouthWest</li> <li>• Chief Executive Officer, LiveWell SouthWest</li> <li>• Chief Executive Officer, Torbay Council</li> <li>• Director of Public Health, Torbay Council</li> <li>• Director of Adult Social Care, Torbay Council</li> <li>• Director of Children’s Services, Torbay Council</li> <li>• Chief Executive Officer, HealthWatch</li> <li>• Dinner with regional and national leaders and non-executive directors, NHSEI</li> <li>• Regional and national leaders and non-executive directors visit</li> <li>• Civic Mayor Mandy Darling, Torbay</li> <li>• Assistant Director, NHS Confederation</li> <li>• South Devon Choir (cheque presentation)</li> <li>• Chief Executive Officer, North Bristol NHS Trust</li> </ul>



- |  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• South West Integrated Personalised Care Lead, NHSEI</li> <li>• Torbay Place Based Leadership</li> <li>• Director of Integrated Adult Social Care, Devon County Council</li> <li>• Enhanced Health in Care Homes event</li> <li>• University of Plymouth Civic Dinner</li> <li>• Pathology strategy day</li> <li>• Proclamation of His Majesty King Charles III, Torbay Town Hall</li> </ul> |
|--|--|

## 5. Local health and care economy developments

### 5.1 Partner and partnership updates

#### 5.1.1 Integrated Care System for Devon (ICSD)

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

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

- Totnes Minor Injuries Unit reopens – sharing the news that the Minor Injuries Unit at Totnes Community Hospital reopened in time for the busy summer period
- Cancer services rated highly by patients – celebrating fantastic feedback received from patients in a national survey about the cancer services we provide
- One Devon Integrated Care System launch – promoted the regional release of Devon’s new partnership for health and care organisations
- BBC Spotlight coverage – Ian Currie, Medical Director appeared on BBC Spotlight in a live broadcast at Torbay Hospital, and outlined how people can choose the appropriate service to help emergency department pressures and the factors across the whole system that affect patient flow Throat cancer radiotherapy trial – opening of a revolutionary radiotherapy trial by our cancer research team which means local people can benefit from and contribute to improved cancer care nationally
- Anaesthetics at Torbay Hospital reduce carbon emissions – promoting fantastic work by our theatres team to switch to lower carbon alternative anaesthetic gases, helping us achieve our sustainability goals

- Future of the former site of Dartmouth and Kingswear Hospital – sharing the news that we have agreed heads of terms to sell the site to Dartmouth Town Council, for the benefit of the local community
- Specialist stop smoking service successes – NHS England South West release which recognised our new stop smoking maternity service as having supported nearly 50 mums-to-be in the two months since launch
- Non-Executive Director appointments – announcing the appointments of Richard Crompton and Sian Walker-McAllister to our board
- Torbay Hospital League of Friends (THLoF) support education programme – sharing the fantastic news of THLoF’s support for our Digital Horizon team’s purchase of a new computer, which will support the production of videos used for staff training, education and our communications

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

- Heatwave resources – during the heatwave, we shared useful links and guidance on common heat-related conditions, including heat exhaustion and sunburn
- Staying safe during warmer weather video – shared a video slideshow highlighting the risks of warmer weather and what people can do to keep themselves and vulnerable people safe
- Pharmacy support – outlining the support that local pharmacies can provide and the conditions they can support with as qualified health professionals
- Fantastic Friday ward team success – sharing details on a fantastic Friday celebration held on Simpson ward at Torbay Hospital, as they received a gold award in their recent accreditation as well as three individual DAISY awards for nursing staff
- NHS birthday – thanking all of our staff for their hard work and our local communities for their support on the NHS’ 74th birthday
- Staycation campaign – encouraging members of the public on holiday in our area to use the appropriate health services for their needs during their stay
- Hospital discharge campaign – using national assets to promote a campaign, encouraging inpatients and relatives to engage in their care and ask about plans for finishing recovery and returning home
- Minor Injuries Unit/Urgent Treatment Centre bank holiday promotion – ahead of the bank holiday weekend, promoted our MIU and UTC as appropriate alternatives to our emergency department
- Teignmouth Health and Wellbeing Centre design engagement – encouraging local people to have their say on proposed designs for the new health and wellbeing centre
- Mandala exhibition – highlighting the excellent Everyday Mandalas artwork exhibition currently on display in the Torbay Hospital HeArTs gallery
- Clinical Audit long service award – celebrating our clinical audit team, who were presented with a national award which recognised their combined 87 years of service in our clinical audit team
- Breast Care Unit donation – thanking organisers of an event which generously raised over £2,000 for our Breast Care Unit
- Waiting for treatment – information and advice available on our website for those people currently waiting for a hospital procedure

- A-level results day – congratulating those who had received results, and highlighted career pathways and alternative routes in a future career in healthcare

#### Development of our social media channels:

Channel	End of year target	As of 31 March 2021	As of 31 August 2022
LinkedIn	5,000 followers	2,878	4,665 <span style="color: green;">↑ 1,787 followers</span>
Facebook	15,000 likes	12,141	13,235 <span style="color: green;">↑ 1,094 followers</span>
	15,000 followers	12,499	13,945 <span style="color: green;">↑ 1,446 followers</span>
Twitter	8,000 followers	6,801	7,623 <span style="color: green;">↑ 822 followers</span>

## 7 Recommendation

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



<b>Report to Trust Board of Directors</b>				
<b>Report title:</b> Integrated Performance Report (IPR): Month 5 2022/23 (August 2022 data)			<b>Meeting date:</b> 28 September 2022	
<b>Report appendix</b>	M5 2022/23 IPR focus report M5 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 September 2022 Integrated Governance Group: 21/22 September 2022 Finance, Performance, and Digital Committee: 26 September 2022			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The purpose of this report is to bring together the key areas of delivery (including, quality and safety, workforce, operational performance, and finance) into a single integrated report to enable the Trust Board to:</p> <ul style="list-style-type: none"> <li>Review evidence of overall delivery, against national and local standard and targets</li> <li>Interrogate areas of risk and plans for mitigation</li> <li>provide assurance to the Board that the Trust is on track to deliver the standards required by the regulator.</li> </ul> <p>Areas of exception that the Board will want to focus on are highlighted below and detailed in the attached Focus Report.</p>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Board is asked to <b>review</b> the documents and evidence presented.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	X
	<b>Improved wellbeing through partnership</b>		<b>Well-led</b>	X
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	X	<b>Risk score</b>	20
	<b>Risk Register</b>	X	<b>Risk score</b>	25

<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>X</b>
	<p>This report reflects the following corporate risks:</p> <ul style="list-style-type: none"> <li>• failure to achieve key performance standards;</li> <li>• inability to recruit/retain staff in sufficient number/quality to maintain service provision;</li> <li>• failure to achieve financial plan.</li> </ul>			

<b>Report title:</b> Integrated Performance Report (IPR): Month 5 2022/23 (August 2022 data)		<b>Meeting date:</b> 28 September 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 continues to be overseen and monitored through the CQCCAG Group. Of the 28 Must Do and 43 Should Do improvements, the Trust has 6 Must Do and 2 Should Do actions to complete. The Must Do's relate to Staff Training & Staff Appraisals; with 5 of the 6 concerning training. As the Training recovery plan is being implemented the actions around mandatory training compliance (M3, 6, 10 12 & 25) are likely to be achieved and closed at the October CQCCAG meeting as part of the evidence review.

### **Incidents:**

There were 4 severe incidents and 4 incidents reported as death in July and August.

- The main theme from both months is falls – 5 over the 2 months resulting in harm. E.g. fractured neck of femur;
- A reporting discrepancy in radiology;
- Stopping of prophylactic anticoagulant without rationale;
- Possible suicide in the community.

### **Stroke:**

- The percentage of patients who spend 90% of their time on a stroke ward has not met the target of 80% but saw an improved position in July of 66.7% and a slight reduction in August of 59.3%.
- Although only 9.8% of patients were admitted to the stroke ward within 4 hours in July this increased to 28.6% in August. This has not met the target of 90% recommended by NICE, but is an improving position. The COVID-19 pandemic has had a major impact on the provision of care and treatment for stroke patients. A comprehensive action plan is in place to continue to improve upon this position.

### **VTE assessment:**

- VTE assessment compliance demonstrated a reduced compliance from 91.8% in August to 89.6% in September.
- The VTE Steering Group continues to meet monthly with a comprehensive improvement plan in place to address areas of non-compliance and ensure targeted initiatives are implemented to deliver consistent achievements of the target.

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

- Bed closures have decreased during the months of July and August and have been due to outbreaks of D&V.
- The number of C. Diff cases have increased with a total of 6 in July, and 9 in August of which 8 were hospital acquired.

### **Maternity**

- There was one stillbirth in July at 24 weeks gestation; will be reviewed via the Perinatal Mortality Review Tool process.
- The Maternity Unit hosted the Ockenden insights visit on 28th July and verbal feedback around culture, leadership and quality was positive. The formal report has not yet been received.

**Staffing:** Despite the reduced number of temporary staff available during the summer period we have managed to maintain a 94% Registered Nurse fill rate for day shifts and a 90% Registered Nurse fill rate for night duty, providing assurance that our clinical areas are safely staffed and actions taken to mitigate any risks. Where the fill rate has dropped below 90% actions have been taken to ensure a nurse to patient ratio of the recommended 1:8 for general adult wards.

## **2. Workforce Headlines**

The preliminary annual rolling sickness absence rate is 5.72% to the end of Aug 2022 which is continuing to increase due to the very high figures in 2022 to date. The sickness rate for the month of August was 4.71% which was a decrease on the rate for July which was 4.86%. The sickness target rate is 4%.

August's Achievement Review rate increased again to 78.03% from July's rate of 77.02%. Although continued absenteeism and system pressures are impacting the ability to perform Achievement Reviews, Our People Business Partners are working with ISUs to plan improvement trajectories and are gaining some traction.

Whilst the Trust's turnover rate of 13.82% for the month ending August 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. 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 <30 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 and this has influenced the review and prioritisation of delivery of our People Promise going forward.

The August mandatory training compliance rate against the Trust overall target of 85% is 89.20%. There remains ongoing non-compliance across a number of areas, Resus,



Safeguarding, MMH, IG and Infection control. The Improvement plan to address non-compliance has been agreed at the People Committee, including the recommendation for a 3-year improvement trajectory and introduction of the Mandatory Training Assurance and Accountability Framework. The Trust Mandatory Training Policy has been updated to include the Framework and is scheduled to be ratified at the September Staff Partnership Forum. The CQCQAG have been updated with the specific actions relating to Mandatory Training and are assured that we will be able to close any outstanding Must Do actions once the Policy has been approved. A briefing document with the update will be provided to managers by the end of September.

The Trust Agency reported figure for August was £1.115m, a slight increase from the July figure of £1.023m.

Nursing and Midwifery vacancies have decreased from 55 WTE in July to 44 WTE in August and Allied Health Professional vacancies have decreased from 91 WTE in July to 89 WTE in August. Admin and Clerical vacancies have increased to 111 WTE. Vacancies are higher in this area due to delays in implementing plans. Medical and Dental vacancies are 98 WTE over established due to junior doctor rotations ending and beginning. Finance and Workforce are working with Nursing Workforce to validate the vacancies and have established a project group to look at how this should be reported. Of the total vacancies, 50 WTE relate to Children and Family Health Devon and their revised model. It is important to note that vacancies are being covered by agency and bank and are excluded from this report.

### **3. Performance Headlines**

**Covid:** The number of Covid patients requiring care remains at a very low level, however, there continues to be ongoing Covid related staff sickness levels impacting on service continuity. Escalation capacity is being prepared as part of the winter plan in the anticipation of a further wave of infections that may impact on Demand and capacity to deliver services. Vaccination programmes will be fully supported.

**Recovery Planning:** Recovery plans for building back elective care capacity across day case and inpatient services has remained on track with continued use of the Nightingale Hospital Exeter and insourcing. Outpatient capacity in a number of high-volume areas remains below pre-Covid levels with a combination of estates and workforce pressures, which has led to continued increases in waiting times.

**Urgent Care:** Urgent and emergency services continue to be challenged with the Trust regularly operating at OPEL 4, the highest level of escalation. The 4-hour performance target for August is reported as 59% and is a slight improvement from last month. High bed occupancy has continued to impact patient flow leading to delays in ambulance handover and extended waits in ED (people spending 12-hours or more in the Emergency Department) and assessment areas. The number of long-stay patients greater than 7 days and 21 days, and the number of patients with 'No Criteria to Reside' remain above desired levels and continues to impact on high bed occupancy. Improvements in this area are being led through the Flow Improvement Group and System Team.

**People waiting for care:** The number of patients waiting over 104 weeks has reduced for the fifth month from 245 at the end of March to 51 at the end of August, with 38 of

these patients wanting to further delay treatment to a more convenient date, having already been offered dates for surgery (patient choice). A number of specialties have patients waiting over 52 weeks for first consultation. Plans are being agreed with teams to increase capacity and adopt non-face to face approaches for outpatient appointments.

Cancer recovery plans, specific to delivery of cancer targets, are focused across the three most challenged areas, these being Urology and Lower GI pathways against the 62-day urgent referral to treatment and 28-day faster diagnosis standards (FSD), and dermatology for the 2-week-wait / 28-day FSD standard. Whilst challenges remain meeting the demands on cancer pathways, the August performance dashboard is showing an improved position in 9 out of 10 of the Trust's cancer targets reported in the IPR.

**Diagnostic waiting times:** MRI, CT, Endoscopy, Echocardiography, and Non-Obstetric Ultrasound remain challenged. Overall there has been a small decline in performance with 33.9% of patients waiting over 6 weeks for diagnostic tests in the monitored modalities. The national expectation is to have no patients over 26 weeks by the end of March 2023 and to have no more than 25% of patients waiting over 6 weeks by the end of March 2023. At the end of August, we reported 595 patients greater than 26 weeks up from 444 at the end of July.

**Patients in hospital:** The number of 21-day length of stay (LOS) patients has increased with the daily average of 41 over 21 days in hospital. The number of longer LOS stay (7 days and over) is linked to the number of patients reported as having 'no criteria to reside' (41 daily average delays down from 57 in July) with many waiting for packages of care or placements to nursing and residential homes.

**Community and Adult Social Care:** Community hospital average length of stay remains higher than 2021/22 levels (13.6 days) at 15.1 days, with 14 patients staying longer than 30 days.

Across our Adult Social Care contracts in Torbay we are managing services for 2,365 clients a week across all services from domiciliary care to residential long stay in line with previous year. There is an increase in the average client expenditure (all settings) per week from £492 last year to £562 this year. It is also noted that the average hours per domiciliary care client has increased by 38% over the last 12 months; further work to understand the drivers for these increases is being undertaken.

The number of intermediate care placements has remained steady whilst the average length of stay for an intermediate care placement has increased from 23.9 days in August 2021 to 33.8 days in August 2022.

## CFHD

The Carenotes national cyber-attack has had a significant impact on CAMHS and wider CFHD services. TSD and DPT hold this as a shared risk and clinicians are often having to progress initial contacts with young people without the referral or background history available to them. There is not expected to be a resolution until late Autumn and whilst contingencies are in place via Business Continuity Plans, the additional workload for CFHD is significant and full impact will not be fully realised until recovery.



## Finance headlines

At Month 5 (August) the planned deficit for the year to date is £3.0m, the actual position shows an adverse variance to plan at £3.0m, giving rise to a total reported deficit of £6.02m.

Following a thorough balance sheet review, £5.4m of non-recurrent mitigations have been reflected in this year to date position.

This gives rise to an underlying deficit for the year to date of c£11.4m, largely due to the gap in CIP delivery, significant overspends in the urgent care system (£2.4m year to date) and slower Covid cost reduction than required (e.g. cleaning). Trends within the independent sector (adult social care & CHC) continue to cause significant concern and as such a further highlight report into that area is appended.

The Trust must now rapidly mitigate the position on CIP as an urgent action.

Total reported in month income for M05 is (£0.01m) unfavourable to plan. Key drivers are:

ASC Council income	(£0.62m)
Covid-19 labs testing	(£0.32m)
ESRF	(£0.30m)
Lower Torbay Pharmaceutical sales	(£0.05m)
Offset by:	
Research and Development	£0.59m
Deferred income	£0.27m
ASC income (client contributions) £0.18m	
STF Funding	£0.11m

Operating expenditure and financing cost in M05 are £2.88m adverse to plan. Key drivers are as follows:

Agency spend	(£0.57m)
Bank spend	(£0.51m)
Substantive pay (incl. movement in reserves)	(£0.32m)
Clinical supplies & services	(£0.10m)
Drugs (including pass through)	(£0.30m)
Provider SLA's	(£0.45m)
Premises costs	(£0.27m)
ASC/Placed People non-pay	(£0.79m)
Offset by	
Transport & establishment costs	£0.13m
Education and training	£0.11m
Depreciation	£0.19m

The cash position at the end of June is £21.58m. Access to PDC support remains absolutely critical to the Trust's 2022/23 cashflow. The Trust continues to seek £5.9m of emergency capital PDC and will seek revenue support to offset its revenue deficit.

Spend on capital schemes (CDEL) £11.74m which is behind (£1.07m) the plan value of £12.80m at the end of August.

The year to date plan YTD plan for efficiencies was £10.5m at M5, of which £6.6m has been formally transacted via the financial ledger and delivered. The current trajectory indicates a possible CIP shortfall of up to £16.7m for the year, against the £28.5m requirement. It is now critically urgent to identify schemes to close the gap.

Looking ahead:

- Following the national forecasting protocol, the Trust's officially reported forecast position at M05 is a balanced outturn position against plan, however the underlying net in-year risk with mitigations current stands at £20m. The Trust will not meet its control total unless further choices are made to reduce the deficit in line with a breakeven plan.
- System agency controls are being developed and the agency cap must be held. Due diligence is underway regarding real-term savings. The Trust has now switched off off-framework providers from 1st September.
- Urgent actions are required to rapidly identify further mitigating actions with real commitment through all level of the organisation to close the £16.7m of gap in CIP delivery. Please see separate report for Finance Committee from the first Trust Management Group (TMG) held on 20th September with the following key commitment and actions required of all budget holders:
  - o Roll out knowledge calls/training for CIP ownership - a non-negotiable is attendance
  - o Ensure CIP delivery and delivery of financial plan is a set objective for all leaders
  - o Regular drumbeat on CIP through exec VLOGs, ICON etc.
  - o At System/ISU level ensure there is an internal CIP delivery board accountable to the Trust-wide CIP delivery board.
  - o Budget owners must submit each month their financial plan/performance, major focus on CIP - to System Directors which should feed in through the relevant IGG meetings
  - o Nominated 'CIP Champions' within systems/ISUs who will assist in message setting, chasing returns, coordinating conversations about how we plug the gap
  - o All budget holders to submit cost-centre level recovery actions by 30 September

# Integrated Performance Focus Report (IPR) Trust Board



Torbay and South Devon  
NHS Foundation Trust

September 2022: Reporting period August 2022 (Month 5)

	<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 continues to be overseen and monitored through the CQCCAG Group. Of the 28 Must Do and 43 Should Do improvements required the Trust remains with 6 Must Do and 2 Should Do actions to complete. The Must Do's can be described as, Staff Training & Staff Appraisals. With 5 of the 6 concerning training. As the Training recovery plan is being implemented and the recovery trajectories are being added and recorded the actions around mandatory training compliance (M3, 6, 10 12 & 25) will be likely be achieved and closed at the September/October CQCCAG meeting as part of the evidence review.

## **Incidents:**

There were 4 severe incidents and 4 incidents reported as death in July and August

- The main theme from both months is falls – 5 over the 2 months resulting in harm. E.g. fractured neck of femur
- A reporting discrepancy in radiology
- Stopping of prophylactic anticoagulant without rationale
- Possible suicide in the community

## **Stroke:**

- The percentage of patients who spend 90% of their time on a stroke ward has not met the target of 80% but saw an improved position in July of 66.7% and a slight reduction in August of 59.3%.
- Although only 9.8% of patients were admitted to the stroke ward within 4 hours in July this improved to 28.6% in August. This has not met the target of 90% but is an improving position. The COVID-19 pandemic has had a major impact on the provision of care and treatment for stroke patients. A comprehensive action plan is in place to continue to improve upon this position.

## **VTE assessment:**

- VTE assessment compliance demonstrated a reduced compliance from 91.8% in August to 89.6% in September.
- The VTE steering group continues to meet monthly with a comprehensive improvement plan in place to address areas of non compliance and ensure targeted initiatives are implemented to deliver consistent achievements of the target.

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

- Bed closures have decreased during the months of July and August and have been due to outbreaks of D&V.
- The number of C.Diff cases have increased with a total of 6 in July, and 9 in August of which 8 were hospital acquired, this is comparable within the region.

## **Maternity**

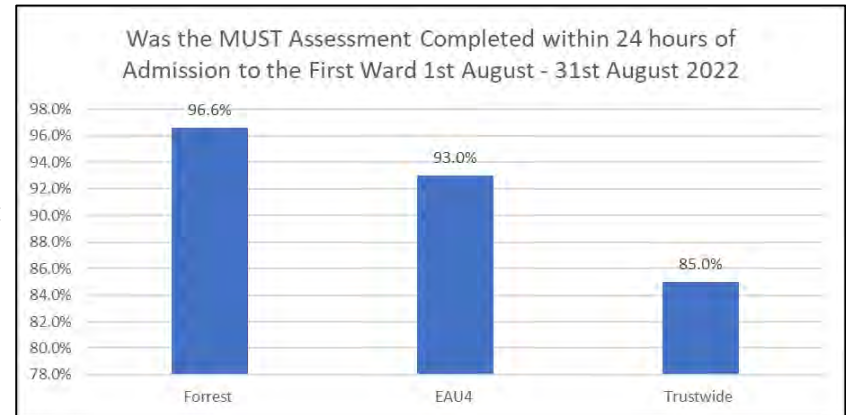
- There was 1 stillbirth in July at 24 weeks gestation; will be reviewed via PMRT (Perinatal Mortality Review Tool) process;
- The Maternity unit hosted the Ockenden insights visit on 28th July and verbal feedback around culture, leadership and quality was positive. The formal report has not yet been received.

**Staffing:** Despite the reduced number of temporary staff available during the summer period we have managed to maintain a 94% Registered Nurse fill rate for day shifts and a 90% Registered Nurse fill rate for night duty, providing assurance that our clinical areas are safely staffed and actions taken to mitigate any risks. Where the fill rate has dropped below 90% actions have been taken to ensure a nurse to patient ratio of the recommended 1:8 for general adult wards.

The daily 5 Patient Risk Assessment audits continue to be being recorded electronically and the results viewed in real time. Daily, weekly, and monthly compliance reports are generated 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.

August 22 – Trustwide assessments completed within 24 hrs was 85%.  
Forrest Ward recorded 96.6% and EAU4 93% in August.

- EAU4 continue to record a high compliance rate and although a sustained improvement close monitoring and support will continue.
- The Trust continues its 'point prevalence' audit capturing of every patient across the organisation.
- A comprehensive review of the assurance framework is underway to ensure that all data and audit information correlates to inform practice and allow greater oversight of the current position. Once completed a feed from this data will be taken directly to this IPR report



The 2020 Action plan is monitored through the CQC Compliance Assurance Group and reports to the Quality Improvement Group. Trust remains with 6 Must Do and 2 Should Do actions to complete after the CQCCAG were provided with sufficient evidence to enable the closure of 6 Must Do actions. These actions and compliance metrics will be monitored through the respective ISU's and associated safety and quality meetings and escalated through the Quality Assurance Committee.

These were;

- M21 Rolling Replacement Programme
- S9 VTE Assessments
- S10 Nutrition and Hydration
- S18 Medical Strategy
- S21 Pre operative assessments
- S22 Cancelled Operations

The Must Do's are related to Staff Training & Staff Appraisals.

At the Sept CQCCAG evidence will be provided in order that 5 improvement actions relating to training will be closed as the group discuss the Mandatory Training Recovery Plan and agreed projected targets. This plan, now approved at the People Committee, will become business as



## Quality and Safety Indicators

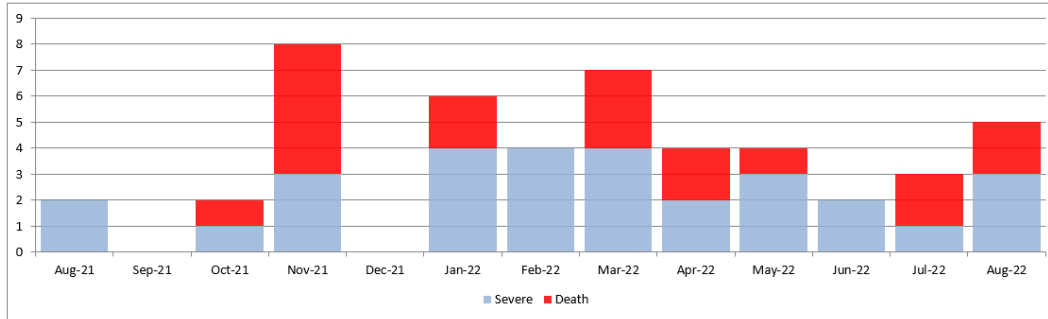
Key									
<span style="color: green;">↑</span> = Performance improved from previous month <span style="color: red;">↓</span> = Performance deteriorated from previous month <span style="color: black;">↔</span> = No change									
	Not achieved		Under-achieved		Achieved	No target set		Data not available	

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 – red rated areas)		↑
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		↔

# Quality and Safety- Incident reporting and complaints

Reported Incidents - Severe and Death

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



In July and August there were four severe incidents and four incidents reported with severity of death.

## Severe Incidents

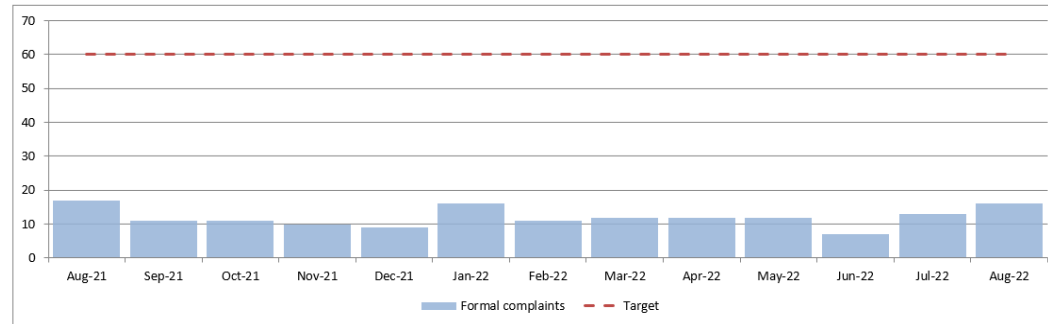
- Reporting discrepancy in Radiology;
- Unwitnessed fall resulting in fractured neck of femur;
- Fall resulting in fractured neck of femur;
- Unwitnessed fall.

## Death Incidents

- Unwitnessed fall resulting in fractured hip and elbow;
- Suspected suicide in the community;
- Medication stopped without justification;
- Failure/delay to administer prescribed transfusion.

Formal complaints

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Formal complaints	17	11	11	10	9	16	11	12	12	12	7	13	16
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



- The Trust received 16 formal complaints in August.

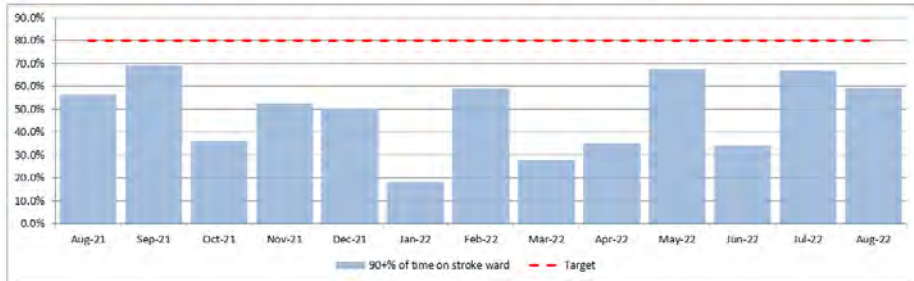
Of these 16 complaints;

- 10 were in relation to treatment
  - 6 in relation to assessment
  - 2 in relation to care
  - 1 in relation to an record management
  - 1 was in relation to a diagnosis
- 6 of these complaints were in relation to waiting times within the Emergency department

# Quality and Safety- Exception Reporting

## Stroke

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
90% of time on stroke ward	56.3%	69.2%	35.9%	52.8%	50.0%	18.2%	59.0%	28.1%	35.3%	67.6%	34.1%	66.7%	59.3%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%



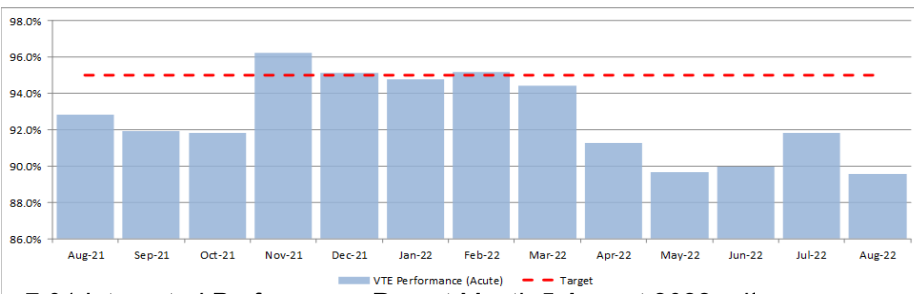
## Follow ups 6 weeks past to be seen by date

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
6+ weeks past TBS date	17651	17789	18231	18069	19797	20026	20496	21388	22516	22215	22158	21504	21797



## ICO VTE risk assessment on admission

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
VTE Numerator	4962	5188	5058	5418	4951	5163	4996	5376	4789	5170	4942	5007	5034
VTE Denominator	5344	5643	5508	5631	5204	5447	5248	5693	5246	5766	5493	5452	5621
VTE Performance (Acute)	92.9%	91.9%	91.8%	96.2%	95.1%	94.8%	95.2%	94.4%	91.3%	89.7%	90.0%	91.8%	89.6%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



## Stroke:

- The percentage of patients who spend 90% of their time on a stroke ward has not met the target of 80% but improved to 59.3% in August.
- 28.6% of stroke patients were admitted to the stroke ward within 4 hours in August which is an improvement on the July performance of 9.8%, but still well below the national target of 90%. This improvement has been as a result of working collaboratively with the Clinical Site Managers to ensure an emergency stroke bed is available at all times. Governance and oversight of this metric is being held by the ADNPP for Moor to Sea.

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

- 90% of patients received a scan within 12 hours;
- 100% of patients received a continence assessment;
- 100% of patients received a nutrition screen.

## Follow ups:

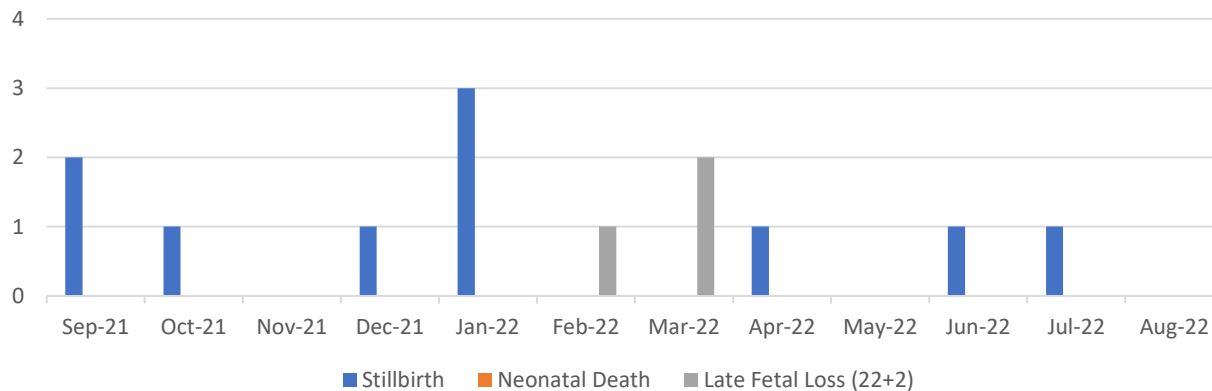
- The number of patients waiting for a follow up appointment greater than six weeks past their 'to be seen by date' has increased slightly in August.
- Outpatient Transformation Programme is supporting the adoption of best practice to reduce the demand for follow ups (Target of 25%) including patient Initiated Follow up. It is expected that backlogs will start to reduce as capacity is fully restored and these improvements take effect.
- Where long delays continue teams will continue to review and expedite any patients identified as higher risk.

## VTE assessment

- VTE assessment compliance demonstrated a slight decrease in compliance from 91.8% in July 22 to 89.6% in August.
- In August 2 areas failed to achieve the 95% compliance (SCBU and Louisa Cary) and therefore the overall trust compliance is lower than the 95% compliance rate. Action plans have been created to improve the compliance in these areas.
- All ISU Associate Medical Directors will be invited to attend the monthly steering group meetings to support the agenda.

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 Loss



- In July 2022 we had one stillbirth at 24+3 weeks gestation. There was no perinatal deaths in August 2022.
- In May 2022 SystmOne, the Maternity EPR was launched., however, work is still ongoing and due to the change in the EPR and the mechanism by which data is extracted, there has been a delay in the ability to report quality data externally and internally. There was a recent successful MSDS submission for the May data although work is ongoing to improve the data quality. With regard to internal reports there are still some areas we are unable to provide data for and there are still some data quality issues that need to be worked through to ensure the data is accurate. A more detailed report will be provided to QIG in September 2022
- Midwifery staffing has improved; recruitment for vacancies has been successful with < 5 WTE vacancies remaining . There has been a system decision to provide focused support for International Recruitment of Midwives in Northern Devon only due to their exceptionally high vacancy rate. Some short term sickness is continuing to impact, especially on being staffed adequately to facilitate out of hospital birth. Staffing gaps related to sickness and the remaining vacant posts are being supported with bank, we have not used agency staff since the beginning of June 2022.
- We hosted the Ockenden Insights visit on the 28<sup>th</sup> July 2022. Verbal feedback around culture, leadership and quality was extremely positive. The written report is yet to be received.

### Performance exceptions and actions

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

The preliminary annual rolling sickness absence rate is 5.72% to the end of Aug 2022 which is continuing to increase due to the very high figures in 2022 to date. The sickness rate for the month of August was 4.71% which was a decrease on the rate for July which was 4.86%. The sickness target rate is 4%.

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

August's Achievement Review rate increased again to 78.03 % from July's rate of 77.02%.

Although continued high absenteeism and system pressures are impacting the ability to perform Achievement Reviews, Our People Business Partners are working with ISUs to plan improvement trajectories and are gaining some traction.

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

Whilst the Trusts turnover rate of 13.82% for the month ending August 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. 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 <30 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 and this has influenced the review and prioritisation of delivery of our People Promise going forward.

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

The August **overall** rate mandatory training figure decreased slightly to 89.20% against a target of 85% **Information Governance, Manual Handling and Infection Control 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 August was £1.115m, a slight increase from the July figure of £1.023m.

**Vacancy Rate:** N&M vacancies have decreased from 55 WTE in July to 44 WTE in August and AHP vacancies have decreased from 91 WTE in July to 89 WTE in August. A&C vacancies have increased to 111 WTE. Vacancies are higher in this area due to delays in implementing plans. M&D vacancies are 98 WTE over established due to junior doctor rotations ending and beginning. Finance and Workforce are working with Nursing Workforce to validate the vacancies and have established a project group to look at how this should be reported. Of the total vacancies, 50 WTE relate to CFHD and their revised model. It is important to note that vacancies are being covered by agency and bank and are excluded from this report.

## Update of Progress Against Our People Promise and Plan

The review of the delivery of our year 1 People Promise/Plan and its impact, along with data from our national staff survey, pulse survey and other informal measures has informed our new priorities for delivering on Our People Promise for the next phase. Much of the work that began in the initial phase, and that we regularly report on has been integrated into the business of our teams.

Throughout September we are seeking peoples views and shaping further our proposed new People Promise priorities – to ensure that we are focussing our effort in key areas that will make the most impact. Going forward, there will be a significant focus on leadership and ensuring people feel safe and healthy to deliver services/care.

## **Growing for Our Future**

- Next Recruitment event is scheduled 27 September and will focus on recruiting new to care HCSW and also promoting other NHS opportunities
- Our last of three planned TV advert campaigns runs during September promoting NHS as a local employer
- Further final edits are underway to promote the team working and belonging at TSDFT
- New Welcome To Our Trust group is in the final stages of the first iteration of our new Welcome To Our Trust booklet which will be issued as part of the onboarding/welcoming of all new joiners.
- The work around re-negotiating the Devon ICS nursing agency framework is near completion and this work will help contribute towards reduce agency costs
- Our temporary Staffing teams begin a new weekly on site 'drop in'/survey for our bank workers to meet the team, answer queries and receive support. This is one of the new initiatives to help recruit, grow and support on temporary bank workers.
- We are contributing to the planning of Devon wide Virtual recruitment fair which will promote Devon as a destination of choice and is a collaboration of the Devon partners. This will involve speakers from a variety of disciplines in our Trust to promote areas where we have particular recruitment needs
- A revised Workforce Mobility Memorandum Of Understanding if being developed, for an improved streamlined approach to supporting people to move and work in different (primarily) NHS employers in Devon
- The Workforce Transformation Programme remains a core focus for most of the resourcing teams and projects are well underway to progress the activities. This includes supporting improved recruitment, temporary staffing and e-Rostering services

## Looking After Our People

We are excited to have been awarded monies from NHS Charities Together to support our wellbeing activities in the 4 areas below, many of which are already active:

- Looking After me Awareness Campaign week commencing 10 October please watch the bulletin for details as they come out
  - Mental Health Training for Managers
  - Wellbeing Buddies Scheme
  - Wellness Activities for Staff
- 
- Wellbeing Buddies are now running at approx. 160 and we will be looking at a project to determine where these buddies are in the Trust and identify if there are gaps where we need to focus
  - We have a new Mediation Service - If colleagues are experiencing conflict or relationship difficulties at work, help may be found by accessing Mediation/Support with Conflict service – search for further information on ICON mediation /support
  - Please remember to ensure all teams/departments are aware of the Wellbeing Wall accessed on ICON
  - Updates to the Wellbeing and Resilience section in this years Winter Plan have been completed and sent to Cathy Gardner

## New Ways of Working and Delivering Care

- Work is underway to develop a competency model, rather than role specific model, to support deployment / development of our workforce. This will track the patient through their pathway, which services/staff they access and what skills and competencies are required.
- Investment in our unregistered workforce to develop roles and career pathways - work is underway in this area, our Nursing and Midwifery workforce strategy, competencies based career pathways, the apprenticeship pathway and the retention project work.
- An Advanced practice - steering group has been established to define advanced and extended scope of practice roles within the Trust.
- Continuing Trust Wide job planning review to help understand our demand and capacity for services and feed into business planning.
- The ICS has developed a joint Medical recruitment website (hosted by One Devon), focusing on 'We are the NHS in Devon', to support the recruitment of medics. Work continues on building marketing materials for the website to take forward and use as a marketing campaign to recruit medics to Devon.
- The Trust has recruited 17 Medical Support Workers to support Cardiology, Acute Medicine, Rheumatology, Emergency Medicine, HoP, ICU, Paeds and Surgery. These posts will be with us from September 22 to March 23 and will help provide some winter resilience.
- 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 NHSEI as part of business planning for 2022-23. There may be another submission required in September. We are awaiting confirmation. As part of this there is work ongoing to reconcile Finance and ESR workforce data.
- Organisation wide plan to move to 3 – 5 year planning cycle to support workforce development for BBF, realise longer term cost savings and service transformation. this includes consideration of workforce planner role to support BBF work.

### Belonging:

- We are endorsing the positive message of inclusion by supporting the induction of the Myanmar intake of doctors by offering pastoral care to and introducing our new colleagues to our BAME network. In addition the EDI Lead was invited by SW HEE to supporting the wider intake across Devon by facilitating a welcome to the UK session.
- Work continues to provide the focus of equality, diversity and inclusion as part of our recruitment process and our EDI lead has been a panel member on two senior panels including the recruitment of the Chief People Officer and System Directors.
- Members of the LGBTQ+ network and allies attended the Totnes Pride event engaging with members of our local community
- Preparations are underway to celebrate black history month during October of which this years theme is 'Action not Words'. There will be a number of activities that will include pledges for anti-racism and allyship. A more detailed plan will be released.

### Creating the Conditions to Enable Transformation

#### Building Capability:

- Second Improvement Practitioner course commenced Wednesday 14<sup>th</sup> September with 24 candidates.
- Improvement training for Preceptorship commences Tuesday 20<sup>th</sup> September

#### Quality & Safety:

- Second Quality Improvement Delivery Group to be held on 29<sup>th</sup> September. QI coaches are meeting with priority leads to review aim and measures.
- Pathways to Excellence Programme Board – 1<sup>st</sup> meeting due to be held September 13<sup>th</sup>. This group will bring together all relevant stakeholders supporting the delivery of our Pathways to Excellence accreditation ( due August 2024)
- Inaugural Improvement & Innovation Community to be held on 28<sup>th</sup> September. This community will bring together like-minded staff from across our organization with an interest in Improvement & Innovation to learn, share and celebrate.

#### iManage:

iManage is undergoing some internal maintenance to our eLearning packages. There will now be links to each of the eLearning packages. This will mean that we will be able to fully utilise the tracking capabilities of our LMS.



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

Indicator	Target	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Performance
Month Sickness %	4%	5.41%	5.87%	5.52%	5.46%	6.03%	6.10%	7.44%	6.36%	4.66%	4.71%	4.86%	4.71%	
12 Mth Rolling Sickness %	4%	4.36%	4.50%	4.56%	4.67%	4.85%	5.03%	5.34%	5.57%	5.60%	5.62%	5.63%	5.72%	
Achievement Rate %	90%	79.69%	77.86%	79.15%	78.57%	76.13%	75.22%	71.87%	71.27%	73.90%	75.24%	77.02%	78.03%	
Labour Turnover Rate	10-14%	11.32%	11.57%	11.51%	11.97%	12.60%	12.86%	13.43%	13.15%	13.56%	13.67%	13.79%	13.82%	
Overall Training %	85%	88.95%	89.02%	88.75%	88.38%	88.62%	89.22%	89.50%	89.55%	89.83%	90.10%	89.73%	89.15%	
FTE Vacancy	N/A	206	340	378	381	373	392	356	352	340	292	252	141	
Vacancy Factor	<10%	3.38%	5.46%	6.05%	6.10%	5.95%	6.23%	5.67%	5.62%	5.43%	4.69%	4.04%	2.26%	
Monthly Agency Spend	£698K	£1,090	£1,231	£1,373	£1,248	£1,025	£658	£1,468	£1,148	£1,335	£1,174	£1,023	£1,179	
Nuring Staff Average % Day Fill Rate- Nurses		82%	86%	89%	88%	87%	88%	88%	89%	96%	96%	94%	94%	
Nuring Staff Average % Night Fill Rate- Nurses		75%	81%	84%	81%	78%	79%	79%	80%	87%	88%	86%	86%	
Safer Staffing- Overall CHPPD		7.55	7.56	7.78	7.93	7.64	7.61	7.56	7.59	7.6	7.55	7.48	7.59	

# 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.

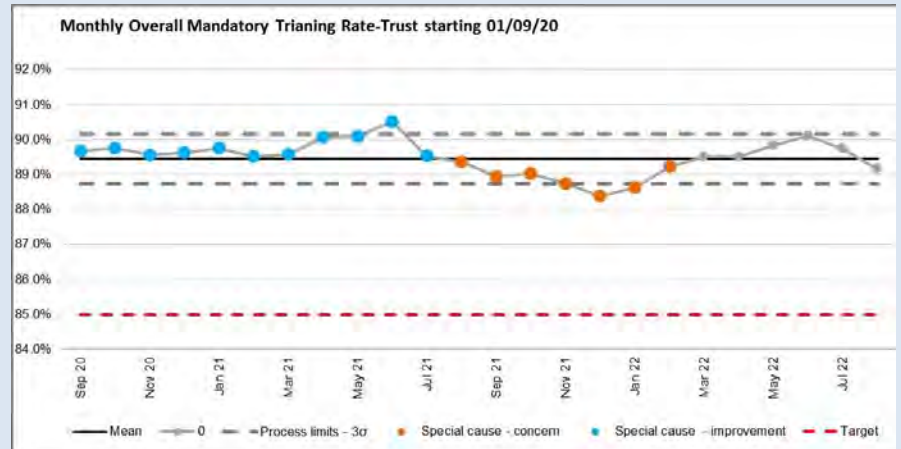
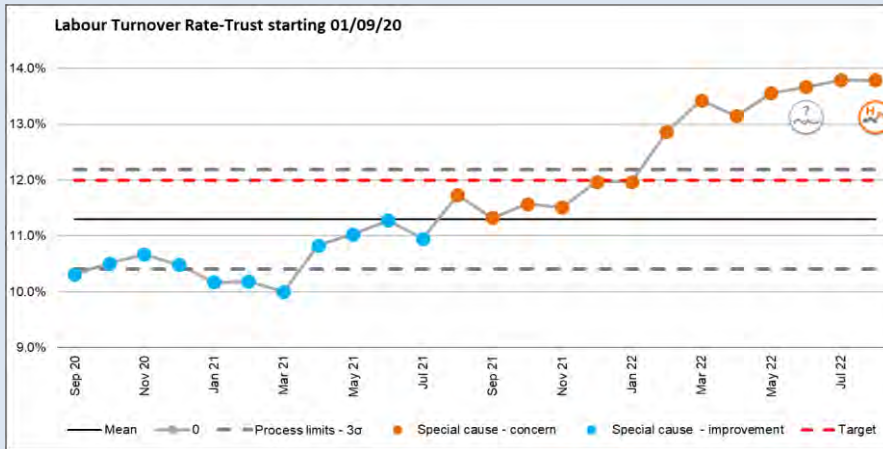
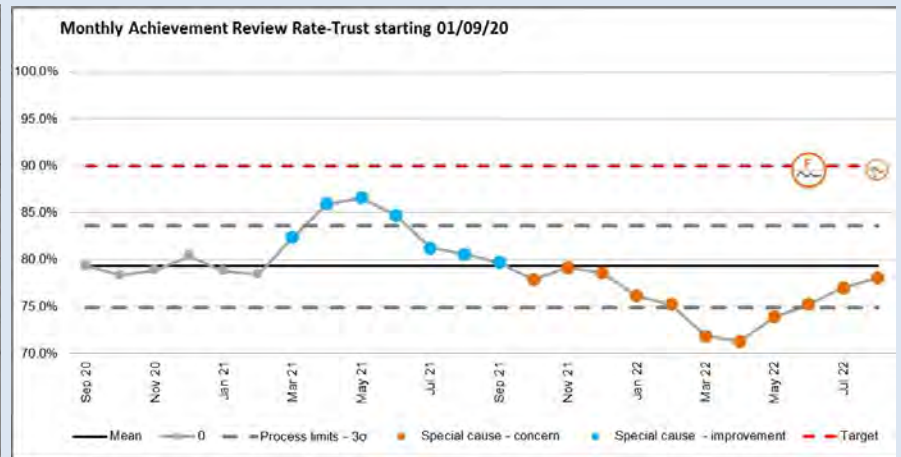
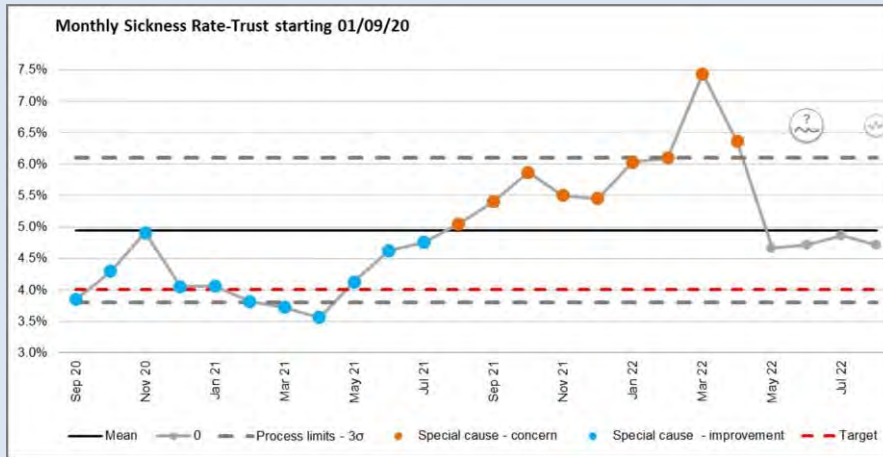
To help you interpret the data a number of rules can be applied.

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 decreased slightly to 4.71% but dropped from over 6% in April / AR has improved slightly in Aug but the trend is still below the mean / LTR shows two trends with the most recent the increase in turnover this has increased slightly again in Aug and does include retire and return /

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

## Multiple Level Training Breakdown

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Infection Control L1*	91.62%	91.56%	91.52%	91.18%	90.84%	90.58%	90.77%	91.28%	91.69%	91.45%	92.03%	92.14%	91.86%
infection Control L2*	82.71%	82.30%	82.28%	82.77%	82.00%	81.64%	82.40%	82.41%	82.60%	82.11%	81.85%	81.53%	81.00%
Moving & Handling L1*	89.96%	90.61%	90.43%	89.85%	90.11	89.52%	89.69%	90.22%	90.80%	90.24%	89.75%	88.50%	87.29%
Moving & Handling L2*	68.21%	68.54%	68.37%	67.07%	67.93	68.73%	69.31%	69.50%	68.73%	68.47%	69.95%	69.80%	69.66%
Safeguarding Adults L1	94.60%	94.22%	94.29%	93.85%	93.55%	94.36%	94.47%	94.71%	94.77%	95.14%	95.59%	95.48%	94.80%
Safeguarding Adults L2	88.33%	87.99%	87.83%	87.68%	87.07%	87.67%	88.04%	88.56%	88.35%	87.86%	89.28%	88.71%	88.39%
Safeguarding Adults L3	57.26%	57.22%	59.03%	61.76%	62.90%	58.21%	58.47%	57.58%	58.10%	61.56%	61.59%	62.03%	62.73%
Safeguarding Adults L4	53.49%	65.85%	63.41%	59.09%	65.91%	62.22%	62.22%	65.12%	65.85%	64.29%	76.19%	72.09%	71.11%
Safeguarding Adults L5	25.00%	25.00%	75.00%	75.00%	80.00%	80.00%	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Safeguarding Adults L6	66.67%	77.78%	77.78%	77.78%	77.78%	77.78%	77.78%	87.50%	87.50%	87.50%	87.50%	87.50%	100.00%
Mental Capacity Act L1	77.77%	79.69%	81.22%	81.87%	83.13%	84.44%	85.35%	86.51%	87.58%	88.27%	89.28%	89.78%	89.51%
Mental Capacity Act L2	73.82%	74.20%	76.76%	78.39%	79.06%	79.53%	80.52%	81.74%	81.88%	83.72%	84.87%	84.72%	84.19%
Mental Capacity Act L3	42.30%	44.77%	48.74%	51.91%	54.86%	56.81%	58.42%	59.98%	61.15%	62.62%	64.32%	64.76%	65.70%
Mental Capacity Act L4	20.00%	20.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%
Mental Capacity Act L5	0.00%	0.00%	0.00%	0.00%	33.33%	33.33%	33.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Mental Capacity Act L6	0.00%	85.71%	85.71%	85.71%	85.71%	85.71%	83.33%	83.33%	83.33%	71.43%	71.43%	83.33%	83.33%
Safeguarding Children L1	91.56%	90.89%	90.98%	89.86%	89.56%	89.09%	89.38%	89.90%	90.21%	90.64%	91.24%	91.30%	90.36%
Safeguarding Children L2	80.54%	80.29%	80.89%	80.87%	80.52%	80.58%	81.04%	81.38%	81.63%	82.44%	82.82%	82.48%	81.99%
Safeguarding Children L3	74.04%	70.66%	73.00%	75.96%	73.60%	69.08%	69.12%	73.21%	72.86%	73.31%	72.57%	72.38%	71.60%
ABLS L1	96.67%	96.61%	96.82%	96.69%	96.87%	98.18%	98.02%	98.17%	98.12%	98.41%	98.51%	98.46%	97.84%
ABLS L2	74.15%	72.34%	72.87%	72.49%	70.95%	71.57%	70.17%	68.09%	68.80%	68.73%	68.22%	69.82%	70.10%
AILS L3	65.61%	61.35%	63.49%	64.63%	64.85%	65.49%	61.22%	57.68%	54.58%	57.42%	61.25%	61.86%	56.08%
AALS L4	34.25%	42.47%	47.22%	46.85%	52.11%	60.36%	60.00%	63.25%	60.49%	65.13%	65.33%	68.49%	44.00%
PBLS L2	69.15%	69.08%	68.37%	67.96%	66.32%	65.08%	64.38%	63.54%	62.77%	64.56%	65.96%	66.64%	66.40%
PILS L3	47.83%	52.86%	55.22%	38.10%	39.42%	44.30%	47.20%	43.90%	42.74%	38.52%	35.52%	36.93%	38.55%
PALS L4	44.12%	41.79%	41.54%	41.79%	37.88%	35.37%	49.23%	50.79%	50.00%	47.54%	49.18%	54.10%	53.97%
NBLS L2	81.13%	76.13%	67.70%	74.38%	68.75%	71.67%	69.78%	65.41%	61.50%	69.66%	68.54%	77.01%	75.28%
NBLS L3								61.29%	61.67%	60.66%	60.66%	61.29%	59.68%

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

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

NHSI Staff Group	2021/08	2021/09	2021/10	2021/11	2021/12	2022/01	2022/02	2022/03	2022/4	2022/5	2022/6	2022/7	2022/8	Change since Aug 2021	% Change
Allied Health Professionals	524.63	538.34	536.58	528.76	527.30	524.64	522.34	520.82	513.97	517.62	515.85	516.77	519.23	-5.40	-1.04%
Health Care Scientists	94.39	92.69	92.70	93.80	92.40	91.36	92.36	91.76	90.16	89.16	89.16	91.16	91.40	-2.99	-3.20%
Medical and Dental	557.43	561.16	561.56	554.68	553.85	552.38	551.50	559.04	576.93	571.32	569.67	580.27	595.86	38.43	6.90%
NHS Infrastructure Support	1121.33	1122.71	1124.58	1133.69	1134.71	1137.89	1147.56	1149.02	1148.34	1146.50	1146.15	1155.06	1156.47	35.14	3.13%
Other Scientific, Therapeutic and Technical Staff	346.41	345.03	346.02	346.89	342.63	342.09	342.02	346.93	351.10	356.26	347.88	349.63	343.54	-2.87	-0.82%
Qualified Ambulance Service Staff	10.53	10.53	10.53	10.53	10.53	10.53	9.53	10.53	10.45	10.45	10.25	11.25	11.25	0.72	6.94%
Registered Nursing, Midwifery and HV staff	1254.04	1267.34	1266.85	1267.50	1271.48	1287.67	1293.75	1287.20	1306.43	1305.28	1317.37	1321.15	1340.29	86.25	6.91%
Support to clinical staff	1901.54	1904.65	1899.35	1914.09	1908.06	1899.40	1897.31	1912.84	1907.03	1929.11	1928.86	1952.94	1955.63	54.09	2.85%
<b>Grand Total</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>5925.20</b>	<b>5978.23</b>	<b>6013.67</b>	<b>203.37</b>	<b>3.51%</b>

N&M FTE in-post has increased by 86 FTE since Aug of last year and M&D has increased by 38 FTE over the same period.

Agency FTE has decreased from last month by 53 FTE, although this hasn't been reflected in the costs for Agency which has gone up compared to July.

## Pay Report Summary for the last 12 months

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUGUST
Cost	£	£	£	£	£	£	£	£	£	£	£	£
Substantive	£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	£22,092,285	£22,170,277	£23,160,550
Bank	£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	£1,138,479	£1,191,544	£1,367,791
Agency	£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	£1,173,389	£1,023,469	£1,180,278
<b>Total Cost £</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>	<b>£24,404,153</b>	<b>£24,385,291</b>	<b>£25,708,620</b>
WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Substantive	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	5,926.80	5,951.18	6,017.89
Bank	313.21	272.84	350.26	343.70	215.37	333.80	348.91	292.62	270.31	304.68	250.66	303.54
Agency	174.75	174.59	182.45	172.07	147.00	140.10	212.24	162.93	194.59	162.83	173.40	119.42
<b>Total WTE Worked</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>	<b>6,394.31</b>	<b>6,375.18</b>	<b>6,440.86</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
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Medical And Dental	546.61	551.92	552.62	554.97	555.12	555.27	555.27	537.50	536.50	536.49	536.49	536.49
Nursing And Midwifery Registered	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	1,377.64	1,378.26	1,377.61
Support To Clinical Staff	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	1,952.40	1,953.27	1,955.49
Add Prof Scientific and Technic	226.40	231.12	231.12	232.12	232.12	246.63	246.63	242.72	242.72	235.22	233.62	233.62
Allied Health Professionals	721.79	722.78	722.31	723.48	723.68	723.68	723.68	738.55	742.55	736.98	744.35	744.35
Healthcare Scientists	103.19	104.19	103.91	104.90	104.90	104.90	104.90	105.64	105.64	105.64	105.64	105.64
Qualified Ambulance Service Staff	5.80	6.80	6.80	6.80	6.80	6.80	6.80	6.80	6.80	6.80	6.80	6.80
Administrative And Estates	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	1,264.93	1,271.09	1,280.59
<b>Total Staff Budgeted WTE</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>	<b>6,216.10</b>	<b>6,229.52</b>	<b>6,240.59</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
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Medical And Dental	545.85	551.08	543.11	534.76	538.94	542.01	548.01	551.66	545.79	541.28	536.89	634.71
Nursing And Midwifery Registered	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	1,311.79	1,323.55	1,334.02
Support To Clinical Staff	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	1,937.89	1,966.05	1,974.62
Add Prof Scientific and Technic	223.75	227.20	213.43	226.79	227.66	227.99	224.92	228.01	225.38	225.05	229.23	228.31
Allied Health Professionals	671.90	679.91	676.09	671.37	672.78	665.14	665.32	654.49	651.07	653.05	653.60	654.95
Healthcare Scientists	98.16	97.69	99.30	97.80	96.36	96.36	96.77	94.77	94.17	92.49	95.16	96.16
Qualified Ambulance Service Staff	7.61	10.61	7.61	7.61	8.61	8.61	7.61	7.61	7.61	7.41	8.41	7.41
Administrative And Estates	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	1,155.57	1,164.97	1,169.55
<b>Total Staff Worked WTE</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>	<b>5,924.52</b>	<b>5,977.86</b>	<b>6,099.74</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
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Medical And Dental	0.76	0.84	9.51	20.21	16.18	13.26	7.26	-14.16	-9.29	-4.79	-0.40	-98.22
Nursing And Midwifery Registered	75.69	136.52	137.78	131.48	126.13	115.19	116.24	79.00	62.34	65.85	54.71	43.59
Support To Clinical Staff	37.17	99.48	115.43	118.03	121.33	138.62	119.83	31.32	19.79	14.51	-12.78	-19.13
Add Prof Scientific and Technic	2.65	3.92	17.69	5.33	4.46	18.64	21.71	14.71	17.34	10.17	4.39	5.31
Allied Health Professionals	49.89	42.87	46.22	52.11	50.90	58.54	58.36	84.06	91.48	83.93	90.75	89.40
Healthcare Scientists	5.03	6.50	4.61	7.10	8.54	8.54	8.13	10.87	11.47	13.15	10.48	9.48
Qualified Ambulance Service Staff	-1.81	-3.81	-0.81	-0.81	-1.81	-1.81	-0.81	-0.81	-0.81	-0.61	-1.61	-0.61
Administrative And Estates	36.63	54.04	47.38	47.99	47.22	40.52	25.13	147.28	147.61	109.36	106.12	111.04
<b>Total Staff Worked WTE</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>	<b>291.58</b>	<b>251.66</b>	<b>140.85</b>

N&M vacancies have decreased from 55 WTE in July to 44 WTE in August and AHP vacancies have decreased from 91 WTE in July to 89 WTE in August. A&C vacancies have increased to 111 WTE. Vacancies are higher in this area due to delays in implementing plans. M&D vacancies are 98 WTE over established due to junior doctor rotations ending and beginning. Finance and Workforce are working with Nursing Workforce to validate the vacancies and have established a project group to look at how this should be reported. Of the total vacancies, 50 WTE relate to CFHD and their revised model is important to note that vacancies are being covered by agency and bank and are excluded from this report.

## 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 August figure shows an increase in agency cost compared to July 2022 and most of this was for the Medical and Dental staff group.

Torbay and South Devon NHS Foundation Trust	2021-22 Financial Year									2022-23 Financial Year					
Total Agency Spend	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	2021-22 Total	Apr-22	May-22	Jun-22	Jul-22	Aug-22	2022-23 Total
Registered Nurses	520	599	557	676	570	432	408	818	6336	546	709	669	443	414	2781
Scientific, Therapeutic and Technical	110	112	162	140	144	147	130	67	1418	93	138	53	113	95	492
of which Allied Health Professionals	65	47	65	70	80	88	86	23	721	52	75	7	69	59	262
of which Other Scientific, Therapeutic and Technical Staff	45	65	96	70	64	59	44	44	696	41	63	46	44	36	230
Support to clinical staff (HCA)	-8	2	15	19	13	35	31	24	124	32	40	27	18	19	136
Total Non-Medical - Clinical Staff Agency	622	713	734	835	727	614	569	909	7878	671	887	749	574	528	3409
Medical and Dental Agency	328	317	322	390	378	265	-63	370	3621	321	202	331	328	455	1637
Consultants	178	171	212	278	245	167	11	250	2554	230	124	204	200	261	1019
Trainee Grades	150	146	110	112	133	98	-74	120	1067	91	326	127	128	194	866
Non Medical - Non-Clinical Staff Agency	140	162	174	148	143	146	152	189	1748	156	122	94	121	196	689
Total Pay Bill Agency and Contract	1090	1192	1231	1373	1248	1025	658	1468	13248	1148	1335	1174	1023	1179	5859

# 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	1576	0	0	1783	1762	1426	1208	0	0	1070	1161	760	88.4%	0.0%	98.9%	84.7%	0.0%	108.6%
Allerton	2933	2146	0	0	1070	1186	1426	1081	0	0	1070	1093	886	73.2%	0.0%	110.9%	75.8%	0.0%	102.2%
Cheotham Hill	1426	1668	357	0	2139	2227	1070	989	357	0	1426	1863	855	117.0%	0.0%	104.1%	92.5%	0.0%	130.6%
Coronary Care	1426	1407	0	0	0	80	1070	1058	0	0	0	69	375	98.6%	0.0%	0.0%	98.9%	0.0%	0.0%
Cromie	1691	1410	0	0	891	1092	1070	1070	0	0	713	990	749	83.4%	0.0%	122.5%	100.0%	0.0%	138.8%
Dunlop	1426	1421	0	0	1248	1166	1070	1070	0	0	1070	1094	722	99.7%	0.0%	93.4%	100.0%	0.0%	102.3%
Forrest	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
EAU4	1783	1492	0	0	1426	1553	1783	1540	0	0	1426	1081	744	83.7%	0.0%	108.9%	86.4%	0.0%	75.8%
Ella Rowcroft	1070	1098	0	0	1426	1167	1024	828	0	0	713	679	381	102.7%	0.0%	81.9%	80.9%	0.0%	95.2%
Warrington	1070	1191	0	0	713	755	713	713	0	0	713	769	510	111.4%	0.0%	105.9%	99.9%	0.0%	107.8%
George Earle	1426	1666	357	0	2139	2082	1070	943	0	0	1426	1622	838	116.8%	0.0%	97.3%	88.2%	0.0%	113.7%
ICU	3565	2634	0	0	0	300	3209	2323	0	0	0	46	176	73.9%	0.0%	0.0%	72.4%	0.0%	0.0%
McCullum (Escalation)	713	751	0	0	1070	1151	713	702	0	0	1070	943	511	105.3%	0.0%	107.6%	98.5%	0.0%	88.2%
Louisa Cary	2139	1546	0	0	713	719	2139	1365	0	0	713	843	414	72.3%	0.0%	100.9%	63.8%	0.0%	118.2%
John Macpherson	1070	955	0	0	552	629	713	715	0	0	713	696	349	89.2%	0.0%	113.9%	100.3%	0.0%	97.6%
Midgley	1783	2136	0	0	1783	1437	1783	1403	0	0	1426	1238	874	119.8%	0.0%	80.6%	78.7%	0.0%	86.8%
SCBU	1070	898	0	0	357	178	1070	829	0	0	357	115	189	84.0%	0.0%	49.9%	77.5%	0.0%	32.3%
Simpson	1426	1676	357	0	2110	3603	1070	1025	0	0	1426	1653	854	117.6%	0.0%	170.7%	95.8%	0.0%	115.9%
Turner	1070	1471	0	0	1783	1665	713	714	0	0	1426	1035	548	137.5%	0.0%	93.4%	100.1%	0.0%	72.6%
COVID-19 Ward	310	1610	0	0	248	2241	93	1346	0	0	124	1363	688	519.4%	0.0%	903.4%	1446.8%	0.0%	1099.2%
<b>Total (Acute)</b>	<b>29175</b>	<b>28749.67</b>	<b>1069.5</b>	<b>0</b>	<b>21448.25</b>	<b>24990.67</b>	<b>23219.5</b>	<b>20918.83</b>	<b>356.5</b>	<b>0</b>	<b>16879.5</b>	<b>18349.33</b>	<b>11423</b>	<b>98.5%</b>	<b>0.0%</b>	<b>116.5%</b>	<b>90.1%</b>	<b>0.0%</b>	<b>108.7%</b>
Brkham	868	852.75	434	0	1302	1385	1023	737	0	0	682	865	614	98.2%	0.0%	106.4%	72.0%	0.0%	126.8%
Dawlish	868	1147.5	0	0	1085	722.83	744	795.5	0	0	682	627.5	490	132.2%	0.0%	66.6%	106.9%	0.0%	92.0%
NA - Teign Ward	1953	1603	0	0	1953	1641.25	1023	1034.5	0	0	1023	947	925	82.1%	0.0%	84.0%	101.1%	0.0%	92.6%
NA - Templar Ward	1736	1588	0	0	2205	2056.25	1023	1045	0	0	1116	1166	917	91.5%	0.0%	93.3%	102.2%	0.0%	104.5%
Totnes	868	844.64	0	0	1302	1145.25	744	685	0	0	682	692	553	97.3%	0.0%	88.0%	92.1%	0.0%	101.5%
<b>Organisational Summary</b>	<b>35158</b>	<b>33176</b>	<b>1504</b>	<b>0</b>	<b>29047</b>	<b>29701</b>	<b>27684</b>	<b>23870</b>	<b>357</b>	<b>0</b>	<b>20941</b>	<b>21284</b>	<b>14234</b>	<b>94.4%</b>	<b>0.0%</b>	<b>102.2%</b>	<b>86.2%</b>	<b>0.0%</b>	<b>101.6%</b>

- The Registered Nurse (RN) average fill rate for day has slightly decreased in August 22 to 94.4% from a July position of 96.3%, and the night fill rate has been maintained at 86.2% in August 22 from 86.5% in July 22.
- The Health Care Support Worker (HCSW) average fill rate for day was 102.2% in August and night was recorded as 101.6% which has been maintained for both days and nights and 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.
- Some specialist areas such as Paediatrics and ITU reported a less than 80% fill rate but this was reflective of their patient acuity during the month of August.
- Allerton Ward is the only general ward to report less than 80% fill rate for RN's but this is due to a change in the skill mix while vacancies are being filled.



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

Ward	Planned Total CHPPD	Planned RN / RM CHPPD	Planned NA CHPPD	Planned HCA / MCA CHPPD	Actual Mean Monthly Total CHPPD	Actual Mean Monthly RN / RM CHPPD	Actual Mean Monthly NA CHPPD	Actual Mean Monthly HCA / MCA CHPPD	Total CHPPD days not met in month	RN / RM CHPPD days not met in month	NA CHPPD days not met in month	HCA/MCA CHPPD days not met in month	Total CHPPD % days not met in month	RN / RM CHPPD % days not met in month	NA CHPPD % days not met in month	HCA/MCA CHPPD % days not met in month	Carter Median CHPPD All (September 2016)	Carter Median CHPPD RN (September 2016)	Carter Median CHPPD NA (September 2016)	Carter Median CHPPD HCA (September 2016)
Ainslie	7.52	3.98	0.00	3.54	7.50	3.70	0.00	3.80	15	22	0	9	48.4%	71.0%	0.0%	29.0%	7.74	4.74	0	2.91
Allerton	7.40	5.02	0.00	2.38	6.20	3.60	0.00	2.60	30	31	0	10	96.8%	100.0%	0.0%	32.3%	7.74	4.74	0	2.91
Cheetham Hill	7.39	2.88	0.41	4.11	7.90	3.10	0.00	4.80	6	7	31	2	19.4%	12.9%	100.0%	0.0%	7.74	4.74	0	2.91
Coronary Care	5.75	5.75	0.00	0.00	7.00	6.60	0.00	0.40	3	4	0	0	9.7%	12.9%	0.0%	0.0%	7.74	4.74	0	2.91
Cromie	5.53	3.54	0.00	1.99	6.10	3.30	0.00	2.80	3	20	0	2	9.7%	64.5%	0.0%	6.5%	7.74	4.74	0	2.91
Dunlop	6.47	3.35	0.00	3.11	6.60	3.40	0.00	3.10	14	12	0	9	45.2%	38.7%	0.0%	29.0%	7.74	4.74	0	2.91
Forrest	0.00	0.00	0.00	0.00					0	0	0	0	0.0%	0.0%	0.0%	0.0%	7.74	4.74	0	2.91
EAU4	8.63	4.79	0.00	3.83	7.60	4.10	0.00	3.50	24	30	0	15	77.4%	96.8%	0.0%	48.4%	7.74	4.74	0	2.91
Ella Rowcroft	6.57	3.29	0.00	3.29	9.90	5.10	0.00	4.80	0	3	0	0	0.0%	10.7%	0.0%	0.0%	7.74	4.74	0	2.91
Warrington	6.09	3.38	0.00	2.71	6.70	3.70	0.00	3.00	2	2	0	4	6.5%	6.5%	0.0%	12.9%	7.74	4.74	0	2.91
George Earle	7.39	2.88	0.41	4.11	7.50	3.10	0.00	4.40	12	8	31	9	38.7%	25.8%	100.0%	29.0%	7.74	4.74	0	2.91
ICU	24.28	24.28	0.00	0.00	30.10	28.20	0.00	2.00	1	3	0	0	3.2%	9.7%	0.0%	0.0%	7.74	4.74	0	2.91
McCullum (Escalation)	6.76	2.71	0.00	4.06	6.90	2.80	0.00	4.10	16	5	0	15	51.6%	16.1%	0.0%	48.4%	7.74	4.74	0	2.91
Louisa Cary	9.68	7.26	0.00	2.42	10.80	7.00	0.00	3.80	10	16	0	1	0.0%	51.6%	0.0%	3.2%	7.74	4.74	0	2.91
John Macpherson	5.18	2.88	0.00	2.30	8.60	4.80	0.00	3.80	0	0	0	0	0.0%	0.0%	0.0%	0.0%	7.74	4.74	0	2.91
Midgley	7.53	3.97	0.00	3.57	7.10	4.00	0.00	3.10	20	10	0	27	64.5%	32.3%	0.0%	87.1%	7.74	4.74	0	2.91
SCBU	9.20	6.90	0.00	2.30	10.70	9.10	0.00	1.60	8	4	0	20	25.8%	12.9%	0.0%	64.5%	7.74	4.74	0	2.91
Simpson	7.19	2.88	0.41	3.90	9.30	3.20	0.00	6.20	6	4	31	0	19.4%	12.9%	100.0%	0.0%	7.74	4.74	0	2.91
Turner	10.73	3.83	0.00	6.90	8.90	4.00	0.00	4.90	31	7	0	31	100.0%	22.6%	0.0%	100.0%	7.74	4.74	0	2.91
COVID-19 Ward	0.96	0.50	0.00	0.46	9.50	4.30	0.00	5.20	0	0	0	0	0.0%	0.0%	0.0%	0.0%	7.74	4.74	0	2.91
Brixham	6.95	3.05	0.70	3.20	6.30	2.60	0.00	3.70	25	28	31	5	80.6%	90.3%	100.0%	16.1%	7.74	4.74	0	2.91
Dawlish	6.81	3.25	0.00	3.56	6.70	4.00	0.00	2.80	13	4	0	28	41.9%	12.9%	0.0%	90.3%	7.74	4.74	0	2.91
NA - Teign Ward	6.40	3.20	0.00	3.20	5.60	2.90	0.00	2.80	31	29	0	29	100.0%	93.5%	0.0%	93.5%	7.74	4.74	0	2.91
NA - Templar Ward	6.50	2.97	0.00	3.53	6.40	2.90	0.00	3.50	15	20	0	12	48.4%	64.5%	0.0%	38.7%	7.74	4.74	0	2.91
Totnes	6.44	2.89	0.00	3.56	6.10	2.80	0.00	3.30	24	19	0	27	77.4%	61.3%	0.0%	87.1%	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
	6.74	3.69	0.11	2.94	7.59	4.01	0.00	3.58
Total Planned Beds / Day	549							

- The RN actual CHPPD for TSD has been maintained at to 4.01 in August 22 from 4.04 in July 22, which although consistent remains slightly 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 actual HCA CHPPD is at 3.58 which is above the Carter recommendation of 2.91 and the planned CHPPD of 2.94
- During August 22 the operational position improved slightly, with 5 days declared at OPEL 4 and 22 days were declared at OPEL3. The total planned CHPPD was recorded as 6.74 and the actual was reported as 7.59 to reflect the ongoing use of escalation areas during times of peak



## 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

Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Not achieved	↔
DOLS - Deprivation of Liberty Standard	No target set	↔
Intermediate Care - No. urgent referrals	Achieved	↑
Community Hospital - Admissions (non-stroke)	No target set	↔
Urgent Community Response 2 hours	Not achieved	↓
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	↓

## Social Care and Public Health performance metrics - Torbay

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

**Social Care Services:** The table below 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.

Measure	Target 2022/2023	13 month trend	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Year to date 2022/23
<b>SOCIAL CARE SERVICES</b>																
% clients receiving self directed support - Torbay			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% clients receiving direct payments - Torbay			19.5%	19.0%	19.4%	19.4%	19.6%	19.4%	19.6%	19.8%	19.5%	19.4%	19.6%	19.7%	20.0%	20.0%
% carers receiving self directed support - Torbay			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% Adults with learning disabilities in employment - Torbay	7.2%		7.1%	7.1%	6.8%	7.0%	6.8%	6.7%	6.6%	7.1%	7.3%	7.3%	7.3%	7.5%	7.5%	7.5%
% Adults with learning disabilities in settled accommodation - Torbay			81.0%	80.6%	80.6%	81.5%	81.6%	81.6%	81.8%	81.1%	81.3%	81.2%	80.3%	79.7%	79.7%	79.7%
Permanent admissions (18-64) to care homes per 100k population - Torbay			19.0	17.7	17.7	20.4	23.1	25.8	19.0	21.7	24.5	29.9	35.3	28.5	40.8	40.8
Permanent admissions (65+) to care homes per 100k population - Torbay			511.5	449.6	422.7	411.9	376.9	487.3	476.5	570.8	576.2	823.8	880.4	928.8	939.6	939.6
% reablement episodes not followed by long term SC support - Torbay			87.1%	87.4%	87.9%	87.9%	87.7%	88.0%	87.8%	88.9%	84.5%	86.8%	89.6%	89.5%	85.4%	85.4%

**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.

Measure	Target 2022/2023	13 month trend	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Year to date 2022/23
<b>PUBLIC HEALTH SERVICES</b>																
% of face to face new birth visits within 14 days *	95.0%		81.0%	72.9%	83.8%	82.1%	80.2%	78.8%	84.4%	70.3%	74.7%	78.0%	80.8%	81.4%	72.4%	77.4%
Opiate users - % successful completions of treatment (Quarterly)**	Var			5.2%									6.5%			6.5%

# Community Services

## Community Hospital Dashboard - Summary of Key Measures - August-22

	Act. 21/22 Outturn	Jun-22	Jul-22	Aug-22	Total
<i>Admissions / Discharges</i>					
<b>Total Admissions (General)</b>	2,499	179	201	192	1,000
Direct Admissions (General)	152	3	9	18	48
Transfer Admissions (General)	2,347	176	192	174	971
Stroke Admissions	233	11	6	5	53
Transfers from CH to DGH	257	17	18	12	77
<i>Beds</i>					
<b>Bed Occupancy <sup>1</sup></b>	97.2%	98.8%	97.8%	99.1%	98.2%
<b>Bed Days Lost to Bed Closure</b>	383	0	0	0	0
<i>Length of Stay</i>					
<b>Delayed Discharges</b>		13	35	30	111
Average Length of Stay - Overall (General)	13.6	16.7	15.2	15.5	15.9
Average Length of Stay - Direct Admissions	12.4	11.2	11.5	9.8	10.8
Average Length of Stay - Transfer Admissions	13.7	16.8	15.3	15.7	16.1
Average Length of Stay - Stroke	20.9	16.5	18.8	19.7	17.6
Long LoS (>30 days)	229	21	14	19	89
<i>MIUs</i>					
<b>Total MIU Activity</b>	34,911	3,096	3,557	3,847	16,359
New MIU Attendances	31,634	2,819	3,236	3,574	14,947
All Follow Up Attendances	3,277	277	321	273	1,412
Planned Follow Up Attendances	2,403	179	202	170	913
Unplanned Follow Up Attendances	874	98	119	103	499
MIU Four Hour Breaches	55	173	118	230	601
Average Waiting Time (Mins) - 95th Pctile	77	111	97	104	104

### Operational update:

Community hospital bed occupancy remains high at 99.1%.

Timely discharges from community hospitals continue to be impacted by the availability of domiciliary care and access to residential nursing home beds.

The average length of stay in August was 15.5 days compared to 13.6 days average in 2021/22.

New MIU attendance in August increased to 3,574 with 230 4-hour breaches and an average waiting time of 104 minutes.

# Community Services – hospital discharge and onward care

As a provider of Health and Social Care, The Trust either commission directly from the independent sector or work in partnership with Devon County Council to secure the necessary capacity in the community. This includes domiciliary care which is essential to provide people as much independence as possible avoiding hospital bed-based care where this is not adding clinical value. The ability to measure unfilled packages and correlate these with patients awaiting support to step down from short term placement or from community or acute hospital bed provision enables action to be taken to close capacity gaps.

**Chart 1- Hours of care given**

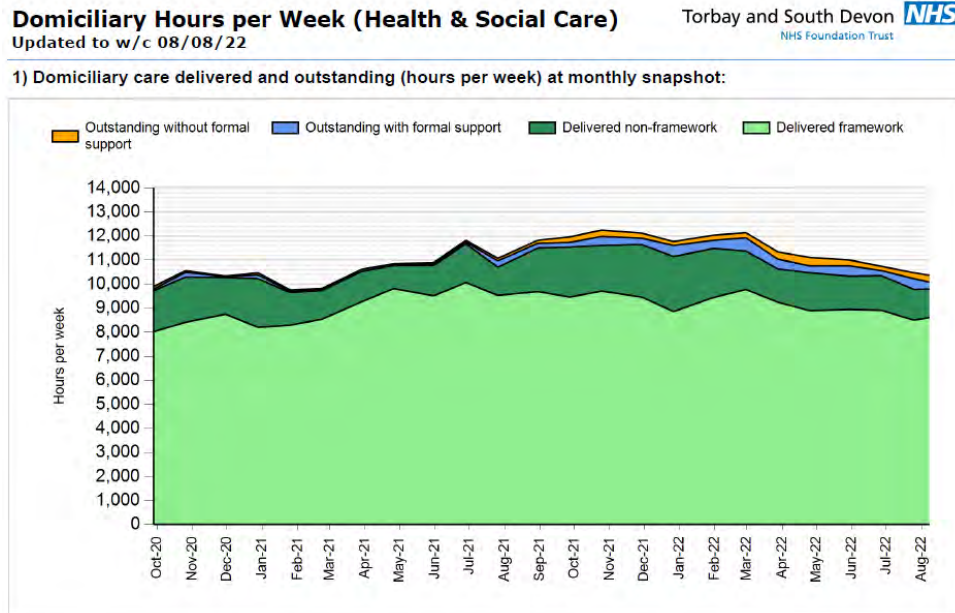


Chart 1 – ‘Hours of care given’ shows the latest data available for total commissioned domiciliary hours by week for Torbay. The amount of care provided is seen along with the unmet/outstanding demand; the outstanding hours’ without formal support’ are of highest concern. A snapshot taken on 8 August recorded 286 hours outstanding without formal support (from 232 hours as at 25 July 2022). Currently September is reporting 321 outstanding hours (as at 8 September 2022) a further increase.

**Chart 2 -Unmet packages of care**

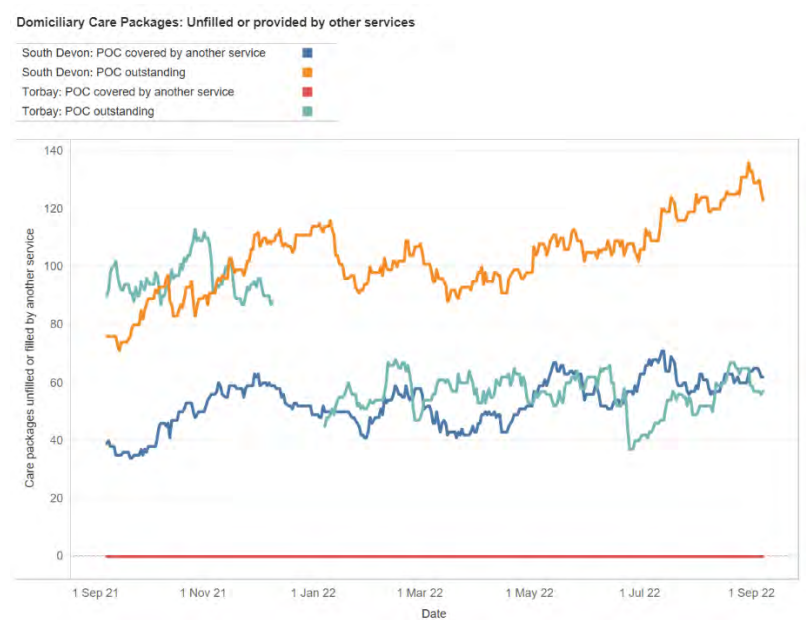
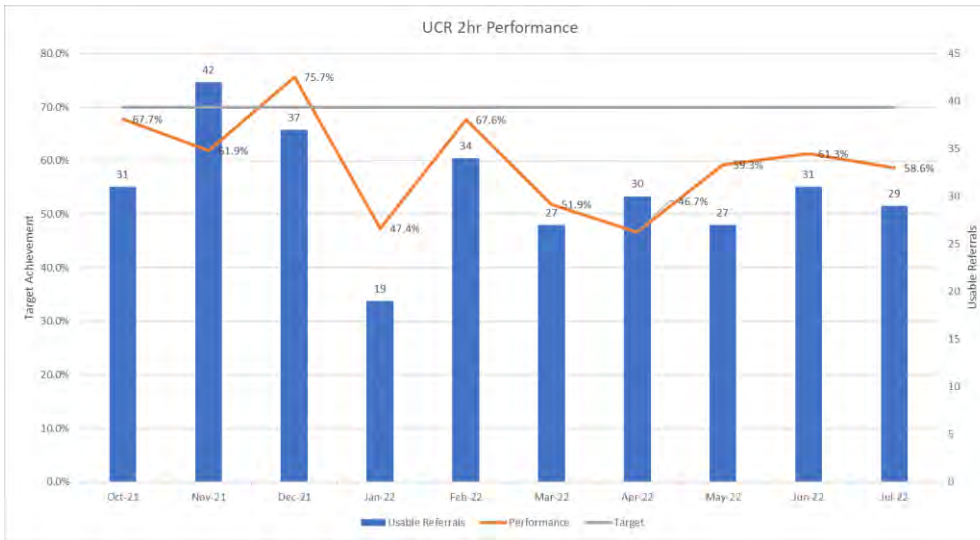


Chart 2- “Unmet packages of care” shows the number of unmet packages of care for South Devon (orange) and Torbay (Green) and where provided by diverting other NHS community provision (Blue). Current levels remain significantly higher than those reported in Q1 2021/22.

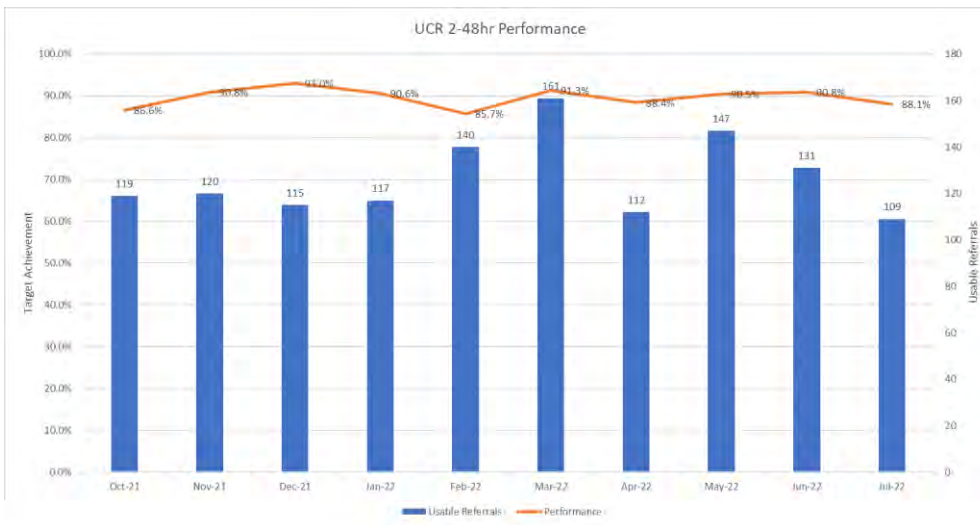
Across the sector there are significant workforce recruitment and retention challenges so increasing capacity is very difficult at this time. However, increasing the capacity in the domestic care sector will be critical if we are to support the flow of patients from an acute setting where a new or changed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

# Community Services – Urgent Community Response



NHS England and NHS Improvement are committed to developing a consistent NHS urgent community response (UCR) offer nationally. As set out in the NHS operational planning and contracting guidance 2022/23, all Integrated Care Systems (ICs) must ensure Urgent Community Response (UCR) services (that improve the quality and capacity of care for people through delivery of urgent, crisis response support within two hours) are available to all people within their homes or usual place of residence, including care homes. This is a national standard which was introduced in the NHS Long Term Plan and builds on National Institute of Health and Care Excellence (NICE) guidelines.

Performance against the target is captured across all ISUs, regularly reviewed with Intermediate Care Leads, and reported monthly to the Intermediate Care Data Task Group and the Home First Group.



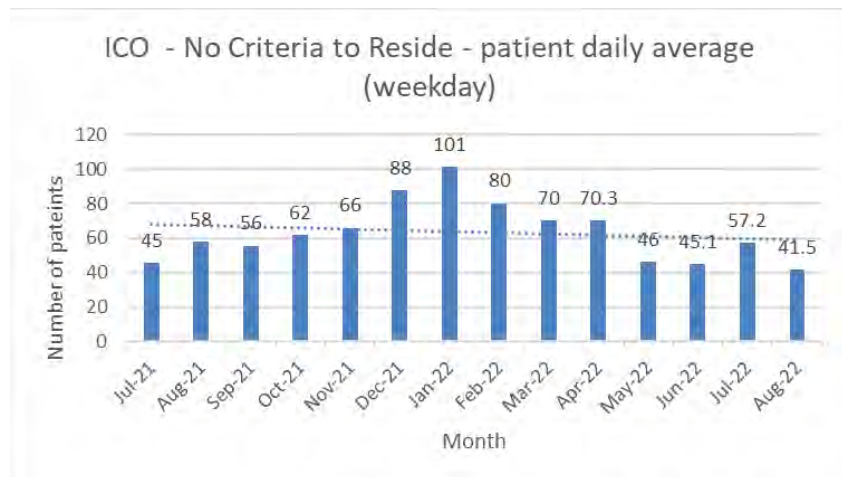
The performance for the July 2-hour target has not been achieved at 58.6%; a total of 29 2-hour target referrals were received.

109 referrals were received for a response within 2-48 hours and 88.1% were seen within the target time.



## 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. 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.

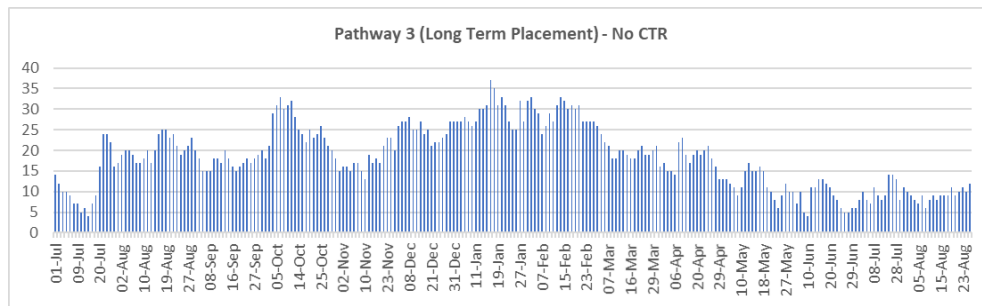
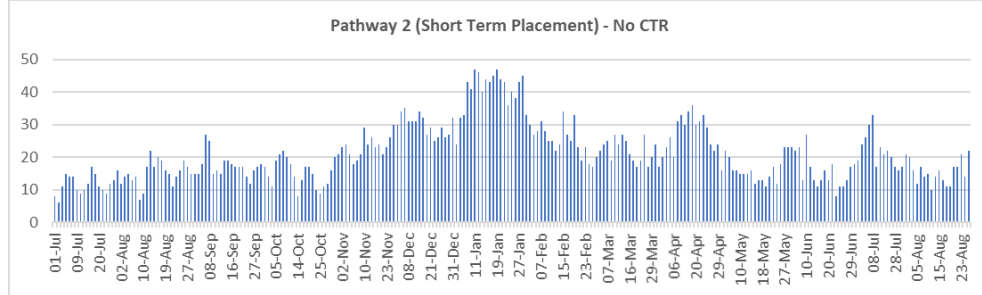
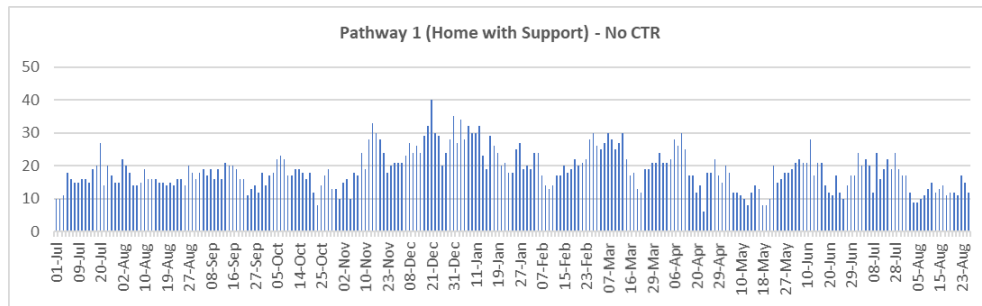
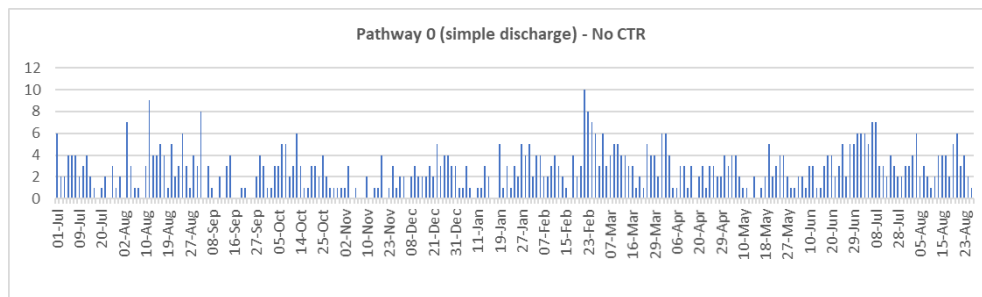
The graphs reflect the large proportion of patients waiting for a short-term and long term placement (Pathway 2 and 3) and relatively stable numbers of patients delayed waiting for a simple discharge and home with support (Pathway 0 and 1). All patients requiring a complex discharge are managed and reviewed through the Discharge Hub and are reviewed on a daily basis.

Pathway 0 = Simple discharge - no additional support

Pathway 1 = Home / usual residence with support

Pathway 2 = Short term placement - rehab/reablement in a temporary bedded setting

Pathway 3 = Long term placement



### Operational performance summary: Chief Operating Officer

**Covid:** The number of Covid patients requiring care remains at a very low level, however, there continues to be ongoing Covid related staff sickness levels impacting on service continuity. Escalation capacity is being prepared as part of the winter plan in the anticipation of a further wave of infections that may impact on Demand and capacity to deliver services. Vaccination programmes will be fully supported.

**Recovery Planning:** Recovery plans for building back elective care capacity across day case and inpatient services has remained on track with continued use of the Nightingale Hospital Exeter and insourcing. Outpatient capacity in a number of high-volume areas remains below pre-Covid levels with a combination of estates and workforce pressures; this has led to continued increases in waiting times.

**Urgent Care:** Urgent and emergency services continue to be challenged with the Trust regularly operating at OPEL 4, the highest level of escalation. The 4-hour performance target for August is reported as 59% and is a slight improvement from last month. High bed occupancy has continued to impact patient flow leading to delays in ambulance handover and extended waits in ED (people spending 12-hours or more in the Emergency Department) and assessment areas. The number of long-stay patients greater than 7 days and 21 days, and the number of patients with 'No Criteria to Reside' remain above desired levels and continues to impact on high bed occupancy. Improvements in this area is being led through the Flow Improvement Group and System Team.

**People waiting for care:** The number of patients waiting over 104 weeks has reduced for the fifth month from 245 at the end of March to 51 at the end of August (38 of these patients have chosen delay treatment to a more convenient date, having already been offered dates for surgery (patient choice) . A number of specialties have patients waiting over 52 weeks for first consultation. Plans are being agreed with teams to increase capacity and adopt non-face to face approaches for outpatient appointments.

Cancer recovery plans, specific to delivery of cancer targets, are focused across the three most challenged areas, these being Urology and Lower GI pathways against the 62-day urgent referral to treatment and 28-day faster diagnosis standards (FSD), and dermatology for the 2-week-wait / 28-day FSD standard. Whilst challenges remain meeting the demands on cancer pathways, the August performance dashboard is showing an improved position in 9 out of 10 of the Trust's cancer targets reported in the IPR.

**Diagnostic waiting times:** MRI, CT, Endoscopy, Echocardiography, and Non Obstetric Ultrasound remain challenged. Overall there has been a small decline in performance with 33.9% of patients waiting over 6 weeks for diagnostic tests in the monitored modalities. The national expectation is to have no patients over 26 weeks by the end of March 2023 and to have no more than 25% of patients waiting over 6 weeks by the end of March 2023. At the end of August we reported 595 patients greater than 26 weeks up from 444 at the end of July.

**Patients in hospital:** The number of 21-day length of stay (LOS) patients has increased with the daily average of 41 over 21 days in hospital. The number of longer LOS stay (7 days and over) is linked to the number of patients reported as having 'no criteria to reside' (41 daily average delays down from 57 in July) with many waiting for packages of care or placements to nursing and residential homes.

**Community and Adult Social Care:** Community hospital average length of stay remains higher than 2021/22 levels (13.6 days) at 15.1 days, with 14 patients staying longer than 30 days.

Across our Adult Social Care contracts in Torbay we are managing services for 2,365 clients a week across all services from domiciliary care to residential long stay in line with previous year. There is an increase in the average client expenditure (all settings) per week from £492 last year to £562 this year. It is also noted that the average hours per domiciliary care client has increased by 38% over the last 12 months; further work to understand the drivers for these increases is being undertaken.

The number of intermediate care placements has remained steady whilst the average length of stay for an intermediate care placement has increased from 23.9 days in August 2021 to 33.8 days in August 2022.



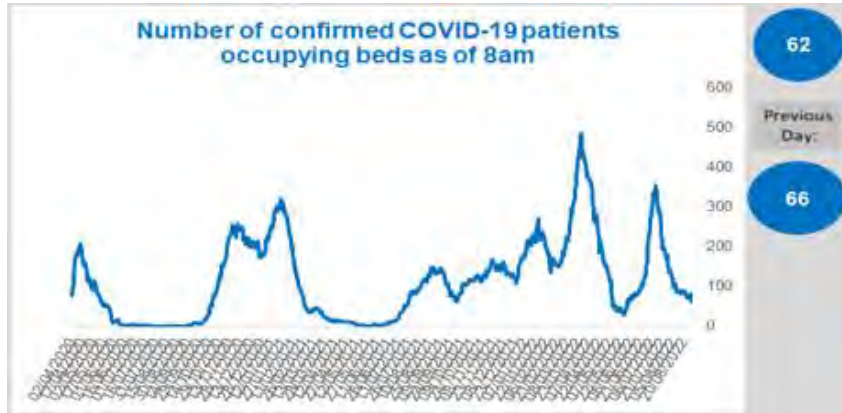
# Operational Performance Indicators

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

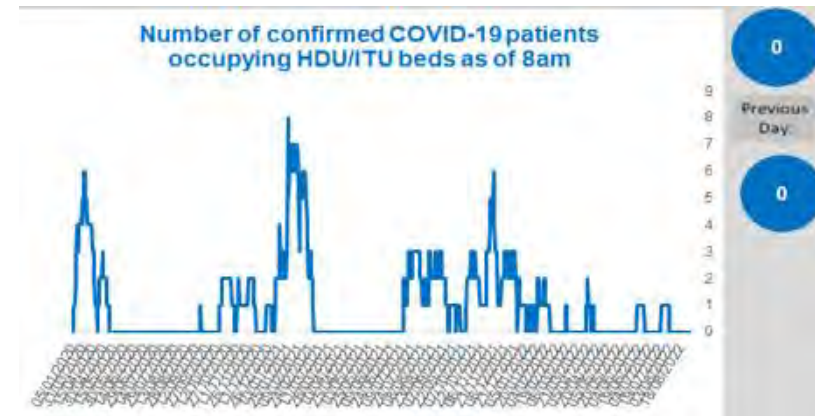
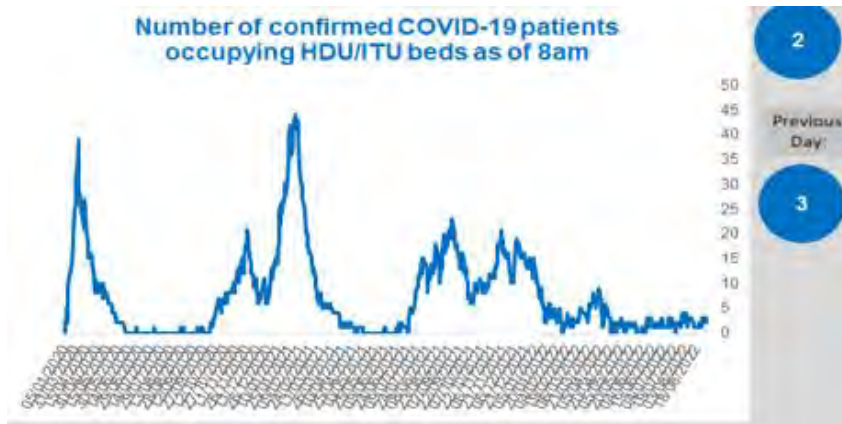
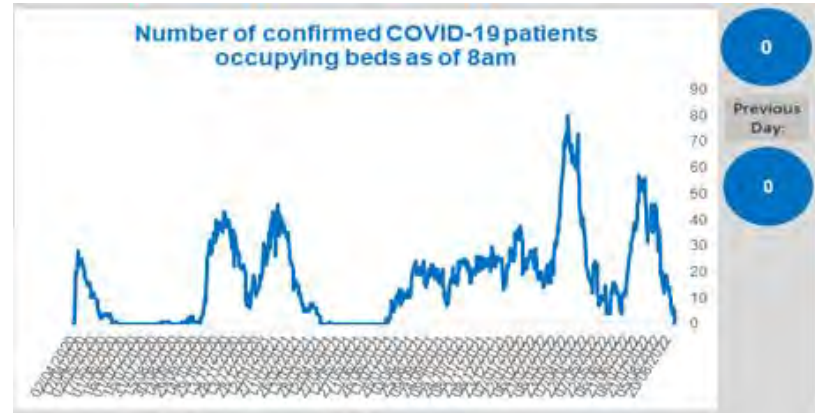
A&E - patients seen within 4 hours (NHSI)		↑	On the day cancellations for elective operations		↓
Referral to treatment - % Incomplete pathways <18 wks (NHSI)		↓	Cancelled patients not treated within 28 days of cancellation		↓
Cancer - 62-day wait for first treatment - 2ww referral (NHSI)		↓	Virtual Outpatient (Non-face-to-face) appointments		↓
Diagnostic tests longer than the 6 week standard (NHSI)		↓	Bed Occupancy (Acute)		↑
Dementia Find (NHSI)		↓	No Criteria to Reside - daily average - weekday (ICO)		
Number of Clostridium Difficile cases reported		↓	Number of patients >7 days LoS (daily average)		↔
Cancer - Two week wait from referral to date 1st seen		↑	Number of extended stay patients >21 days (daily average)		↓
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients		↑	Ambulance handover delays > 30 minutes		↓
Cancer – 28 day faster diagnosis standard		↑	Ambulance handover delays > 60 minutes		↓
Cancer - 31-day wait from decision to treat to first treatment		↑	A&E - patients with >12 hour visit time pathway		↓
Cancer - 31-day wait for second or subsequent treatment - Drug		↑	A+E Trolley waits > 12 hours from decision to admit		↑
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy		↑	Care Planning Summaries % completed within 24 hours of discharge – Weekend		↑
Cancer - 31-day wait for second or subsequent treatment – Surgery		↑	Care Planning Summaries % completed within 24 hours of discharge – Weekday		↑
Cancer – 62-day wait for first treatment – screening		↑	Clinic letters timeliness - % specialties within 4 working days		↑
Cancer - Patient waiting longer than 104 days from 2 week wait		↑			
RTT 52-week wait incomplete pathway		↓			
RTT 78-week wait incomplete pathway		↓			
RTT 104-week wait incomplete pathway		↑			

# Covid - 19 - Hospitalisations

Devon ICS  
(as at 1 September 2022)



Torbay and South Devon NHS FT  
(as at 1 September 2022)



The level of Covid-19 hospitalisations had fallen in August along with the levels of staff sickness relating to Covid-19 so easing some of the pressures seen in previous months. Modelling in conjunction with commissioning colleagues is highlighting potential pressures that may yet be seen this winter through increased covid circulating in the community with corresponding impact on staff sickness rates and hospital care IPC, together with increases in seasonal flu.

# NHSI Performance Indicator Summary

Metric	Risk identified	Management actions	Trend															
Patients seen within 4 hours in A&E	<b>Performance M5</b>	The Emergency Department remains challenged with access to inpatient beds continuing to contribute to long stays in the department, overcrowding, and ambulance handover delays. Ambulance handover delays remains high with 850 patients experiencing over 60 minute delay compared to 120 patients last August. 768 patients experienced over 12 hours in the department. Across the wider system there continues to be both capacity and workforce challenges to maintain the flow of patients out of hospital.	In association with commissioners we are completing our plans to respond to predicted winter pressures. These “winter plans” and associated funding is also aligned to wider the community and adult Social Care “Better Care fund” schemes. These will focus on maximising “out of hospital clinical support” including targeting the stepdown care for patients with “no criteria reside” from an acute or community hospital setting. In December the Trust will see the opening of the new acute medical unit (AMU). This with retention of existing estate will see a step change in assessment capacity and support overall patient flow. Meeting demand for urgent care and hospital admissions this winter does remain a very high risk.															
	51.9%																	
	<b>Performance M4</b>																	
	58.5%																	
	<b>Target</b>																	
	95%																	
<b>Risk level</b>																		
Patients waiting longer than 18 weeks from Referral to Treatment	<b>Performance M5</b>	The total number of people waiting for treatment has increased by 1,035 from last month to 43,020 on incomplete pathways. 787 patients are waiting longer than 78 weeks and 51 patients waiting longer than 104 weeks. All 52-week waits have been validated by the Performance Team. To support the National target of clearing all RTT 78 week waits by 31 <sup>st</sup> March, Interim targets have been set to clear all patients waiting over 52 weeks for a new outpatients by 31 <sup>st</sup> December. On current run rates these two targets will not be met. Increasing activity levels to pre covid levels remains a challenge across several of our most challenging specialties.	Operational focus continues on maintaining urgent and cancer related work together treating the longest 104 week waits. Capacity to target longest waits will be increased by: <ul style="list-style-type: none"> <li>Use of the Nightingale to provide 2 days operating in June (Surgeon permitting)</li> <li>Insourcing of clinical teams to use main theatres and day unit at weekends has commenced – but remains ad-hoc.</li> <li>Teams 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 – 1<sup>st</sup> list 12 Sept</li> <li>Continue existing schemes with insourcing in ophthalmology and endoscopy.</li> <li>OP Transformation programme to support teams to optimise productivity and so increase activity.</li> </ul>															
	48.5%																	
	<b>Performance M4</b>																	
	49.5%																	
	<b>Target</b>																	
	92%																	
<b>Risk level</b>			<p style="text-align: center;">The table below shows the activity variance to pre-covid levels</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="background-color: #d9e1f2;">Activity variance vs 2019/20 baseline</th> <th style="background-color: #d9e1f2;">M4</th> <th style="background-color: #d9e1f2;">M5</th> </tr> </thead> <tbody> <tr> <td>Op new</td> <td style="text-align: center;">-18.1%</td> <td style="text-align: center;">2.4%</td> </tr> <tr> <td>OP Follow up</td> <td style="text-align: center;">-15.3%</td> <td style="text-align: center;">4.0%</td> </tr> <tr> <td>Day Case</td> <td style="text-align: center;">-16.1%</td> <td style="text-align: center;">-6.9%</td> </tr> <tr> <td>Inpatient</td> <td style="text-align: center;">-16.1%</td> <td style="text-align: center;">-15.5%</td> </tr> </tbody> </table>	Activity variance vs 2019/20 baseline	M4	M5	Op new	-18.1%	2.4%	OP Follow up	-15.3%	4.0%	Day Case	-16.1%	-6.9%	Inpatient	-16.1%	-15.5%
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Inpatient	-16.1%	-15.5%																

## NHSI Performance Indicator Summary

Metric		Risk identified	Management actions	Trend
Cancer 62 day wait for 1 <sup>st</sup> treatment from 2-week wait referral	Performance M5	<p>August's performance against the 62-day cancer standard was 57%; a decline on July's performance. The Trust continues to be challenged to comply with the 62-day cancer performance target with remedial action plans in place. Urology, Skin and Lower GI continue to be the main contributors to this position. Of the backlog of 250 patients over 62-days, a high percentage of these patients are on Urology and Colorectal pathways. Workforce remains a significant challenge in these areas along with:</p> <ol style="list-style-type: none"> <li>Suitable facilities to increase capacity.</li> <li>Diagnostic delays for template Biopsies is Urology and colonoscopy for Lower GI pathways.</li> </ol> <p>Recovery plans are in place but will take time to fully implement</p>	<p>Reinstatement of the Day Surgery Unit has eased some of the capacity pressures of delivering diagnostics and cancer treatments.</p> <p>Insourcing of additional clinical capacity and mutual aid from other providers is helping to mitigate capacity gaps in Urology and lower GI focusing on the diagnostic elements of pathways. The mobile endoscopy room became operational on 12th September and will increase local capacity before the major works start in January to create an additional room in in the existing department.</p>	
	57%			
	Performance M4			
	60.4%			
	Target			
	85%			
	Risk level			
HIGH				
Diagnostic tests longer than 6 weeks	Performance M5	<p>Diagnostic waiting times for CT and MRI have improved, however workforce to maintain this is a risk with sickness and recruitment remaining critical factors in the ability to fully utilise fixed CT and MRI capacity. Having no site for a mobile scanner on the DGH site is also a constraint for bringing in additional mobile scanner capacity. In August capacity to report scans in a timely way is a key risk requiring support with 1,200 backlog. For endoscopy the continued need to medically cover the escalation ward and staff sickness has meant a scaling back of in-house capacity. Multiple solutions for Insourcing and outsourcing to maintain capacity is a risk to maintaining optimum operational efficiency and clinical outcomes.</p>	<p>The use of insourcing (mobile scanner units) and Nightingale Exeter is continuing supporting both CT and MRI capacity. Radiology (MRI) are using capacity at the Nightingale Hospital Exeter; currently 2-days a week, 160 patients per month). For endoscopy the mobile unit is now operational and mutual aid for 120 colonoscopies has been agreed across the ICS.</p> <p>Pro-active recruitment and training initiatives continue to support teams that are operating with vacancies to minimise locum and bank staff.</p>	
	33.9%			
	Performance M4			
	29.1%			
	Target			
	1%			
	Risk level			
7.01 Integrated Performance Report Month 5 August 2022.pdf				

## NHSI Performance Indicator Summary

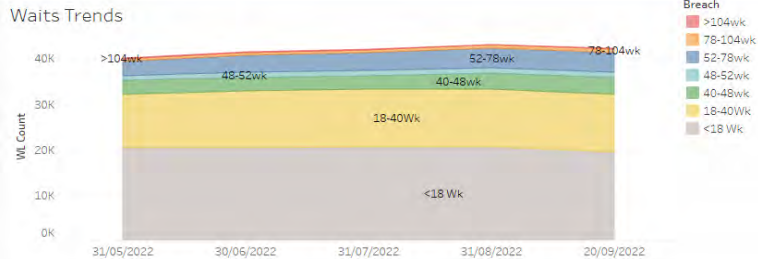
Metric		Risk identified	Management actions	Trend																												
Dementia Find	Performance M5	Performance against this indicator is reliant on support from a Health Care Assistant, performance will be impacted by annual leave and HCA availability.	The reliance on an HCA to support the dementia 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>Monthly Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Aug 21</td><td>95.0</td></tr> <tr><td>Sep 21</td><td>92.0</td></tr> <tr><td>Oct 21</td><td>93.0</td></tr> <tr><td>Nov 21</td><td>93.0</td></tr> <tr><td>Dec 21</td><td>88.0</td></tr> <tr><td>Jan 22</td><td>93.0</td></tr> <tr><td>Feb 22</td><td>93.0</td></tr> <tr><td>Mar 22</td><td>92.0</td></tr> <tr><td>Apr 22</td><td>92.0</td></tr> <tr><td>May 22</td><td>88.0</td></tr> <tr><td>Jun 22</td><td>85.0</td></tr> <tr><td>Jul 22</td><td>92.0</td></tr> <tr><td>Aug 22</td><td>92.0</td></tr> </tbody> </table>	Month	Performance (%)	Aug 21	95.0	Sep 21	92.0	Oct 21	93.0	Nov 21	93.0	Dec 21	88.0	Jan 22	93.0	Feb 22	93.0	Mar 22	92.0	Apr 22	92.0	May 22	88.0	Jun 22	85.0	Jul 22	92.0	Aug 22	92.0
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Target																																
90%																																
Risk level																																
LOW																																



# NHSI Performance – Referral to Treatment (RTT)

## Month Trend - RTT breakdown by long wait band (pre-final validation)

RTT Waits Trend & History



RTT Waits History

Report	Total WL	18wk Breach	40wk Breach	48wk Breach	52wk Breach	78wk Breach	104wk Breach
20/09/2022	42,148	22,839	10,002	6,377	5,097	823	52
31/08/2022	43,020	22,534	9,764	6,278	5,042	794	55
31/07/2022	41,985	21,537	8,657	5,784	4,613	690	72
30/06/2022	41,382	21,077	8,449	5,693	4,333	775	103
31/05/2022	40,054	19,622	7,962	4,938	3,904	842	159

## Referral to Treatment – Total of incomplete Pathways pathways



**Referral to Treatment:** RTT performance in August has deteriorated slightly with the proportion of people waiting less than 18 weeks at 48.5%; this is behind the Operational Plan trajectory of 82% and national standard of 92%. The total number of incomplete pathways (waiting for treatment) is 43,020.

**52 , 78 and 104 week waits:** For August 5,083 people will be reported as waiting over 52-weeks this being an increase from 3,795 in May. For over 78 weeks position increased slightly to 742 (after validation) from 868 in July, whilst 104 weeks waits have continued to decreased to 51 from 173 in May.

**Recovery planning:** The reopening of Day Surgery and the use of the protected beds on Ella Rowcroft has been maintained since their re-opening and activity levels back to pre-Covid levels. T&O continue to use lists at the re-commissioned Nightingale Hospital Exeter with 2 all-day lists per month. Recovery plans are dependent on full restoration of core capacity along with the continued and increased levels of insourcing of capacity. This additional capacity is funded through the ERF schemes and delivered through a number of different mechanisms including 3<sup>rd</sup> party contractors as well as in-house additional sessions. Through mutual aid we are also engaging with the wider ICS to outsource certain urology and colonoscopy diagnostic tests. Key to the delivery of additional capacity is the optimising of outpatient productivity through adoption of best practice and non face to face appointments. Performance for delivery of non face to face activity is below national expectations and performance of local peers. Transformation programme support is in place to drive these improvements.

**The Trust and the wider ICS is in the highest Tier of performance oversight with NHSE being Tier 1. This entails weekly executive level meetings with NHSE to update progress on plans to meet the national targets.**

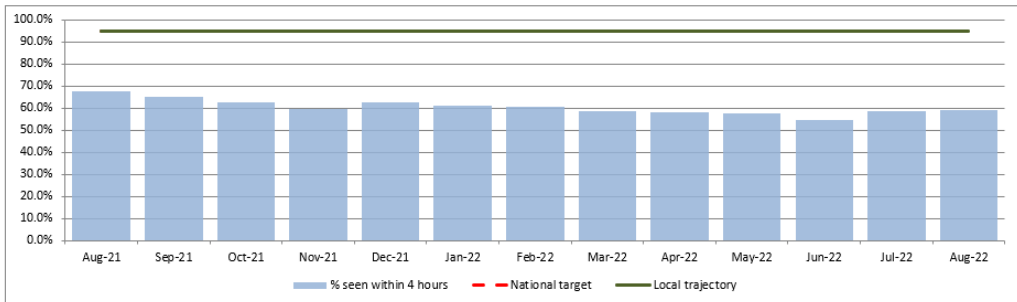
**Management action:** Led by the Chief Operating Officer plans are monitored through the Cancer / RTT Performance and Risk Assurance Report through the August 2022 meeting. The risk escalated to the monthly Integrated Governance Group (IGG).

Over 78 week waits at 20/9/22	
specialty	Sum of Number of Records
Cardiology	4
Clinical Neuro-Physiology	2
Colorectal Surgery	62
Dermatology	14
Endocrinology	1
ENT	33
Gastroenterology	13
General Medicine	1
Gynaecology	6
Nephrology	1
Neurology	8
Non Consultant	1
Ophthalmology	22
Oral Surgery	14
Paediatrics	91
Plastic Surgery	1
Respiratory Medicine	1
Rheumatology	1
Trauma & Orthopaedics	247
Upper Gastrointestinal Surgery	64
Urology	165
Vascular Surgery	4
(blank)	Page 42 of 69
<b>Grand Total</b>	<b>Overall Page 122 of 561</b>

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

A&E and MIU patients seen within 4 hours

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Patients	9072	8738	8415	7483	6923	7201	6819	7974	8021	8797	8650	9413	9678
4 hour breaches	2935	3052	3155	3010	2596	2800	2690	3316	3370	3732	3934	3907	3961
% seen within 4 hours	67.6%	65.1%	62.5%	59.8%	62.5%	61.1%	60.6%	58.4%	58.0%	57.6%	54.5%	58.5%	59.1%
National target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Local trajectory	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



**Performance 4 hour standard:** Performance has remained a challenge at 59.1%. Access to suitable inpatients beds has contributed to delays at peak times.

**12 hour Trolley wait:** 139 patients are reported as having a 12-hour trolley wait from decision to admit to admission to an inpatient bed.

**Ambulance Handovers:** 850 ambulance delays over 60 minutes an increase from 694 in July; and 1135 ambulance handover delays of over 30 minutes an increase from 995 in July.

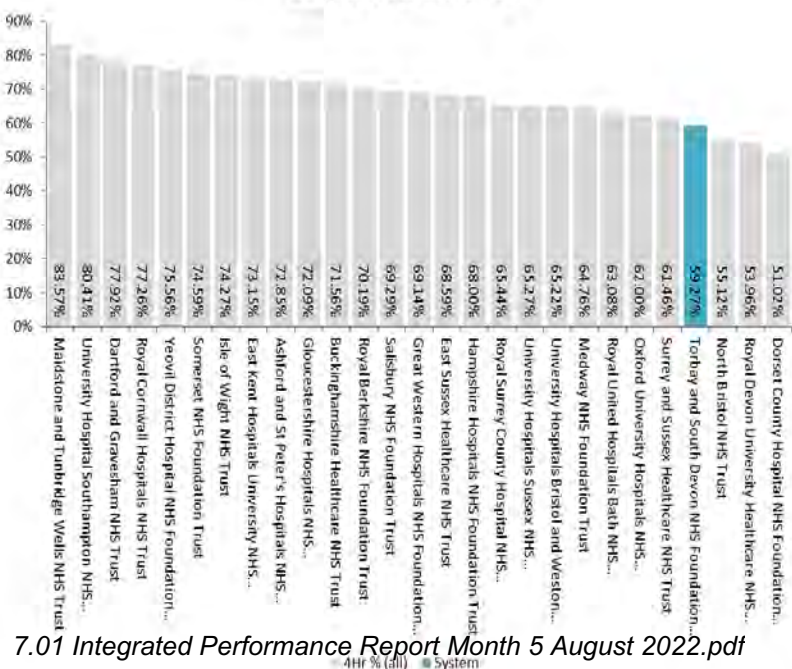
**Patients with a greater than 12-hour visit time pathway:** 768 patients had a greater than 12-hour visit time.

## Operational delivery:

Access to inpatient beds continues to delay the patients journey through the emergency department. We are seeing signs of improvement and quicker recovery from difficult periods. The acuity of patients walking into the department is high and this contributes to ambulance handover delays.

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

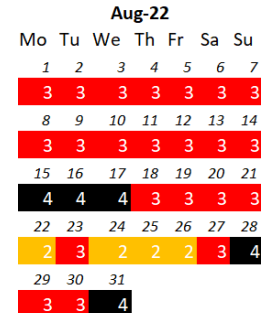
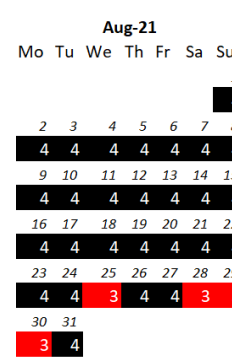
4hr performance - all



Escalation status

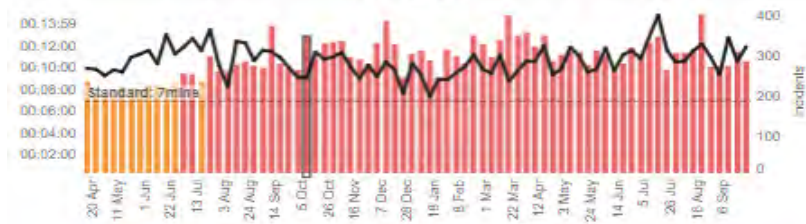
	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Opel status													
Opel 1	0	0	0	0	0	0	0	0	0	0	0	1	0
Opel 2	0	0	0	0	1	0	0	0	2	14	1	2	4
Opel 3	7	5	3	1	4	10	27	13	24	15	15	14	22
Opel 4	24	25	28	29	26	21	1	18	4	2	14	14	5
4-hour Performance (ICO)	69%	65%	62%	60%	63%	61%	61%	58%	58%	57.6%	54.5%	58.5%	59.1%
Bed Occupancy (Acute)	95%	94%	93%	93%	93%	93%	94%	95%	94%	93%	94%	93%	92%
Ambulance handover delays >1 hour	120	72	125	617	616	559	438	757	680	514	832	694	850
Domiciliary Care - hours outstanding*	994	1,261	1,357	1,288	468	611	605.75	625.75	538.25	697.5	461	610.75	634.5
No Criteria To Reside - daily Average (weekday)	58	56	62	66	88	101	80	70	70	46	45	57	41

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

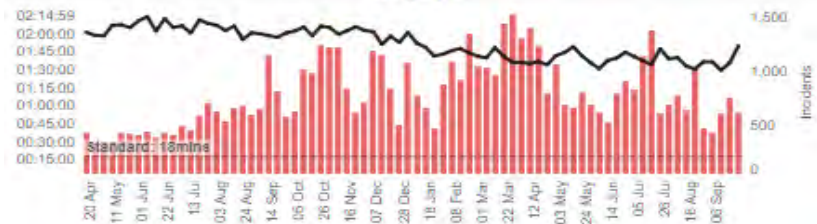


## South West Ambulance Response Times – Category 1+2

Mean Response Time Category 1



Mean Response Time Category 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

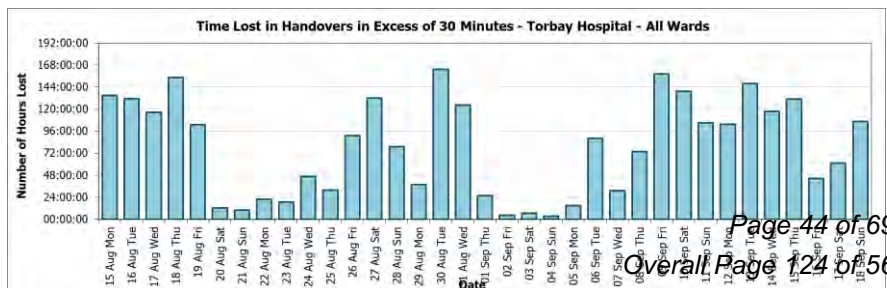
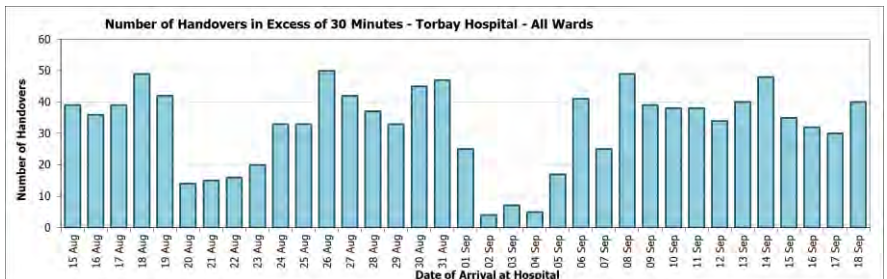
The two charts below show the number of delayed handovers > 30 minutes and the daily hours lost experienced at TSDFT

### Delays > 60 minutes by trust (hours lost)

Rolling 30-day position as at 20 Sep 22  
click on a bar to highlight focused site on the trend chart

Ambulance Tr.	Focused Site	Hours Lost
South Western	Royal Cornwall Hospital (Trelivick)	152:18:29
South Western	Derriford Hospital	134:19:47
South Western	Gloucestershire Royal Hospital	63:43:03
South Western	Torbay Hospital	55:56:00
South Western	Bristol Royal Infirmary	53:46:10
South Western	The Great Western Hospital	38:34:29
South Western	Royal Bournemouth Hospital	29:43:14
South Western	Royal United Hospital	29:22:27
South Western	Poole Hospital	27:31:28
South Western	Southmead Hospital	26:40:18
South Western	Weston General Hospital	20:36:31
South Western	Musgrove Park Hospital	15:13:15
South Western	Royal Devon & Exeter Hospital	11:52:41
South Western	North Devon District Hospital	10:33:26
South Western	Cheltenham General Hospital	7:53:58

### Delays > 30 mins number and hours lost





## Cancer treatment and cancer access standards

as at 20th Sept		June				July				August			
Target Type	Target	Achieved	Breached	Total	Perf	Achieved	Breached	Total	Perf	Achieved	Breached	Total	Perf
2ww referral	> 93%	594.0	1,041.0	1,635.0	36.3%	586.0	1,206.0	1,792.0	32.7%	769.0	1,242.0	2,011.0	38.2%
62-2ww referral	> 85%	56.5	45.0	101.5	55.7%	76.0	43.0	119.0	63.9%	71.0	52.0	123.0	57.7%
62-screening referral	> 90%	13.0	1.0	14.0	92.9%	9.0	4.0	13.0	69.2%	6.0	2.0	8.0	75.0%
14 day - breast symptomatic	> 93%	15.0	21.0	36.0	41.7%	9.0	43.0	52.0	17.3%	31.0	22.0	53.0	58.5%
28 Day Faster Diagnosis	> 75%	1,068.0	586.0	1,654.0	64.6%	1,178.0	573.0	1,751.0	67.3%	1,357.0	541.0	1,898.0	71.5%
31 day - first treatment	>94%	173.0	5.0	178.0	97.2%	208.0	6.0	214.0	97.2%	202.0	4.0	206.0	98.1%
31 day - Sub-Drug	>98%	77.0	0.0	77.0	100.0%	78.0	0.0	78.0	100.0%	89.0	0.0	89.0	100.0%
31 day - Sub-Other	>94%	13.0	0.0	13.0	100.0%	20.0	0.0	20.0	100.0%	30.0	0.0	30.0	100.0%
31 day - Sub-Rads	>94%	46.0	2.0	48.0	95.8%	52.0	0.0	52.0	100.0%	63.0	1.0	64.0	98.4%
31 day - Sub-Surg	>94%	21.0	3.0	24.0	87.5%	25.0	3.0	28.0	89.3%	21.0	1.0	22.0	95.5%

**Cancer standards** The table above shows the position for Q2 (as at 20<sup>th</sup> Sept 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.*

The NHSE Tier 1 performance review process has identified the 62 day referral to treatment standard as requiring focused support - Torbay and South Devon have identified 3 key areas of focus – targeting the Urology and Colorectal pathways:

### 1. Urology - Template biopsies

This diagnostic test remains the key cause of pathway delays in Urology: Additional sessions are being completed by our consultant urologists over the next 2 months with contractual agreement with Nuffield Plymouth to conduct 5 procedures per week (Oct – March 2023). This is along side existing insourcing arrangements with 18 Week Support.

Longer term plans include- 1. Recruitment for a nurse practitioner (to conduct biopsies) 2. Ongoing consultant recruitment; 3. Completion of a procedure room in Paignton Hospital Urology Investigations Unit.

### 2. Colonoscopies backlog and urgent waiting times

The new temporary endoscopy unit is open on the Annexe site, giving Torbay 4 endoscopy suites until building work for the substantive 4<sup>th</sup> room commences in Jan 2023. The Trust has secured capacity for 120 colonoscopies in Plymouth over October and November.

### 3. Colorectal outpatients

Outpatient waits remain at 7-8 weeks. Short term solutions are underway with the support offer from insourcing companies currently being evaluated, alongside additional sessions from the substantive consultant workforce. Torbay is also working with the Devon ICS to explore what support other regional Trusts can provide.

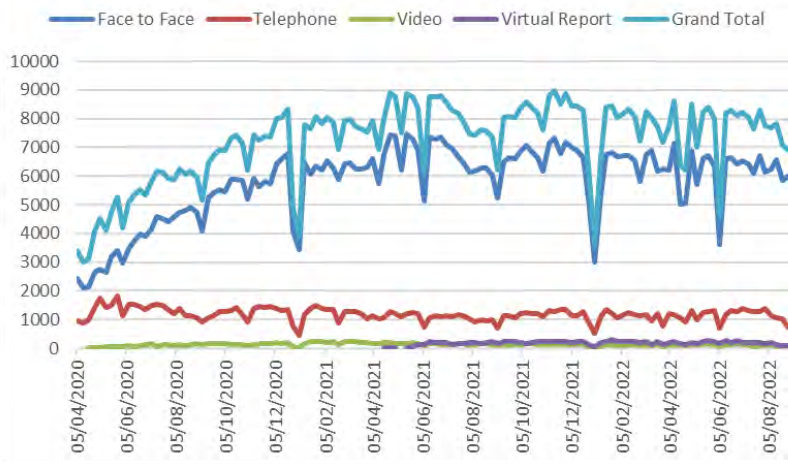
The Trust remains in Tier 1 for performance against cancer waiting times standards and has held an initial meeting with NHS England regional representatives in August. Tier 1 oversight comes with additional NHS Improvement Support Team (IST) resource which has been gratefully accepted

7.0 Integrated Performance Report Month 5 August 2022.pdf

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

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
New	15.0%	9.0%	14.0%	14.5%	12.4%	11.3%	14.30%	13.5%	12.7%	12.6%	13.1%	12.6%	12.0%
Follow-UP	21.0%	21.0%	21.0%	23.6%	21.7%	24.0%	23.90%	20.6%	22.0%	23.8%	23.6%	22.9%	18.6%
<b>Combined</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>	<b>20.9%</b>	<b>20.2%</b>	<b>16.9%</b>

OP Activity on PAS - By Setting



The Trust continues to see virtual appointment performance below the nationally set requirement (25%) achieving 16.9% in August. 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 Patient Centred Outpatient (PCO) Transformation Programme has set out its programme of work (summarised opposite) to deliver improvement for the Virtual appointment targets of 25% from September 2022. One escalated risk is the lack of Information Asset Officer for Attend Anywhere (video appointments system) to support the embedding of this new approach.

The programme of in-depth specialty reviews with operational teams is progressing. This is focusing on adoption of non face to face take up as well as understanding wider capacity and operational constraints that teams are experiencing and require support.

Use of Advice and Guidance, Patient Initiated Follow up and referral optimisation are all part of the strategy for releasing capacity and support the reduction in waiting times and increased productivity. However it has been identified that digital transformation has to be more than a simple lift and shift of current service models and it is likely that the stalling in progress is due to reaching the maximum benefit from this work and the next phase, to take us over the 25% non face to face and 25% reduction in outpatient appointments needs a clinical focus on driving pathway changes to reduce variation, aligned with national and regional best practice.

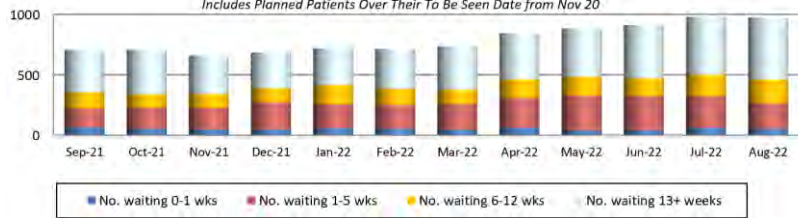
COMPLETED
IN PROGRESS ON TRACK
IN PROGRESS DELAYED
NOT YET STARTED

High Level Milestones	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Virtual Consultation Data - establish accurate recording and range of services.														
Review of current virtual appointments per service- what works and barriers, with particular focus on barrier that services reporting lowest numbers are experiencing and ways to mitigate.														
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 5 August 2022.pdf														
25% of outpatients appointments completed virtually														

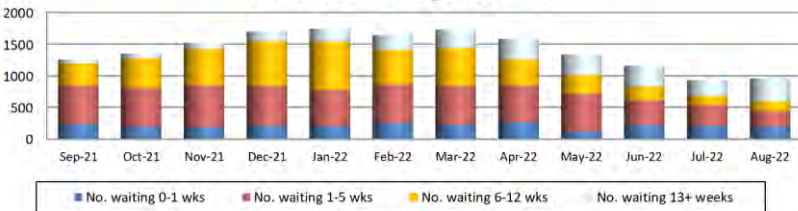
# NHSI indicator - patients waiting over 6 weeks for diagnostics

Numbers On Colonoscopy Waiting List Over Time

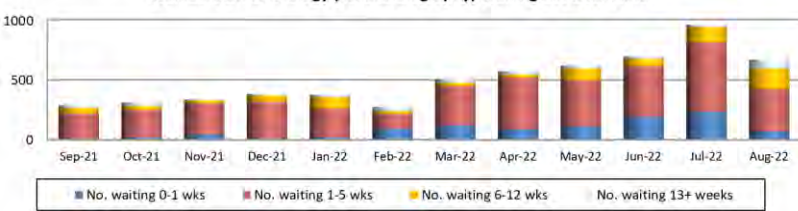
Includes Planned Patients Over Their To Be Seen Date from Nov 20



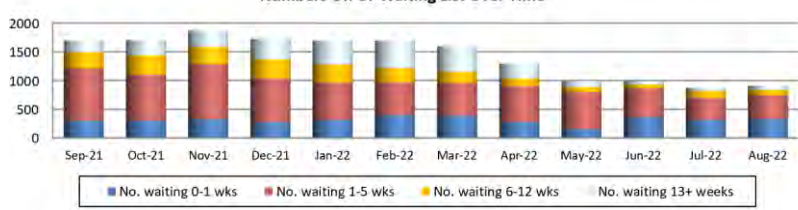
Numbers On MRI Waiting List Over Time



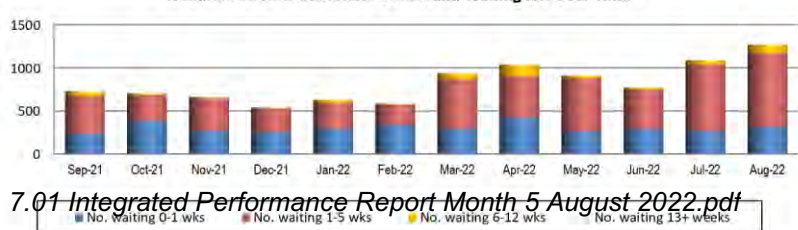
Numbers On Cardiology (Echocardiography) Waiting List Over Time



Numbers On CT Waiting List Over Time

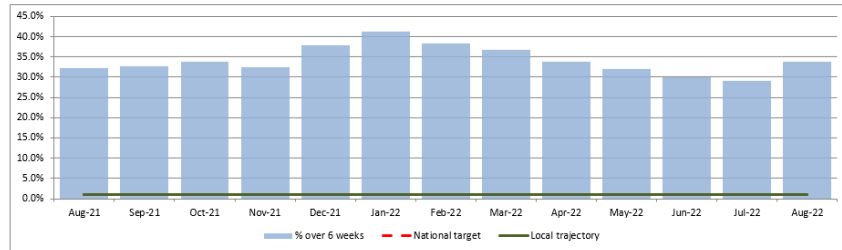


Numbers on Non-Obstetric Ultrasound Waiting List Over Time



Diagnostic tests longer than the 6 week standard

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Patients	5655	5542	5591	5846	5899	6162	5862	6303	6130	5605	5382	5803	5868
Waiting longer than 6 weeks	1821	1808	1888	1894	2237	2546	2250	2317	2080	1792	1620	1687	1989
% over 6 weeks	32.2%	32.6%	33.8%	32.4%	37.9%	41.3%	38.4%	36.8%	33.9%	32.0%	30.1%	29.1%	33.9%
National target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Local trajectory	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%



All modalities are continuing to see patients with urgent need with appropriate Infection, Prevention and Control precautions. 34% of patients are waiting over 6 weeks.

**Colonoscopy** remains the area of greatest risk. The numbers and routine waiting times are increasing with 708 patients waiting over 6 weeks. Weekend insourcing continues but is becoming less effective. The mobile endoscopy unit will increase capacity and started seeing first patients w/c 12th September. Longer term staffing remains a constraint with consultant teams continuing to cover medical inpatient beds as part of planned sessions. Mutual aid agreed with UHP to see 120 colonoscopies.

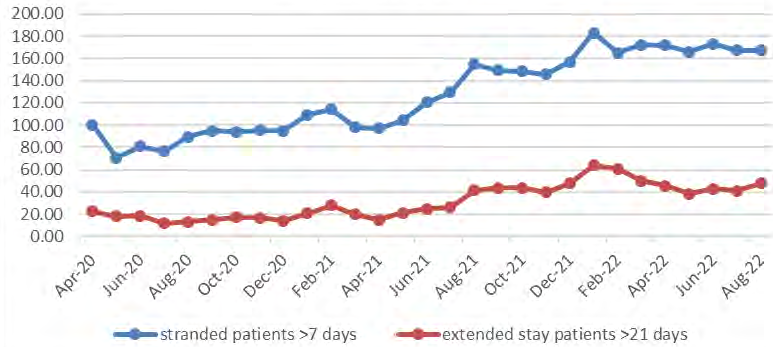
**MRI** waits and total numbers on the list have increased with 515 (395 in July) patients waiting over 6 weeks. Maintaining capacity is reliant on the support of mobile scanner visits and the use of Nightingale as all in-house scanner capacity is being utilised. Access for mobile scanning units to increase 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 165 patients (178 in July) waiting over 6 weeks. Recruitment to vacant posts remains the greatest challenge to increase utilisation hours of in-house scanners, reporting, and vetting of referrals. Insourcing using mobile units will continue to support capacity. Additional capacity is being provided at the Nightingale Hospital Exeter with contrast capability now being available.

Access to diagnostics, and in particular radiology, is critical for maintaining timely cancer diagnosis and supporting treatment pathways. Whilst teams continue to prioritise urgent referrals it does mean that overall some patients will wait longer for routine diagnostic tests.

# Other performance exceptions

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

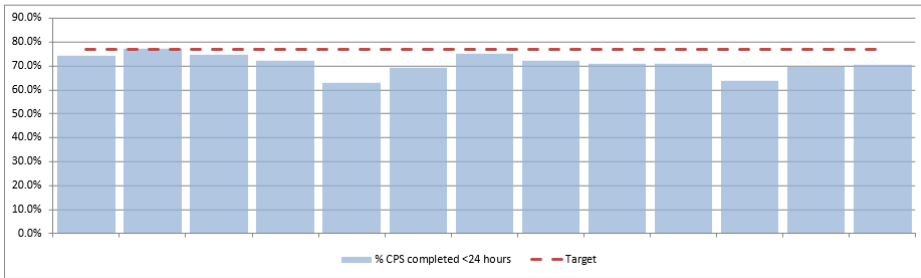


## Long Length of Stay (LOS)

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

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Discharges	1286	1424	1263	1347	1239	1024	1052	1175	1271	1468	1741	1329	1531
CPS completed within 24 hours	953	1101	941	970	781	709	791	847	904	1042	1111	926	1082
% CPS completed <24 hours	74.1%	77.3%	74.5%	72.0%	63.0%	69.2%	75.2%	72.1%	71.1%	71.0%	63.8%	69.7%	70.7%
Target	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%

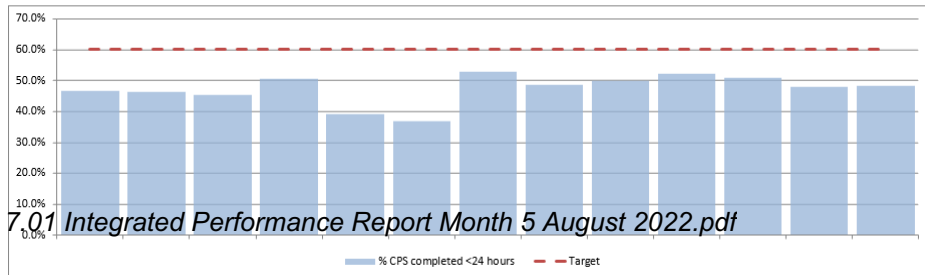


## Care Planning Summaries (CPS)

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

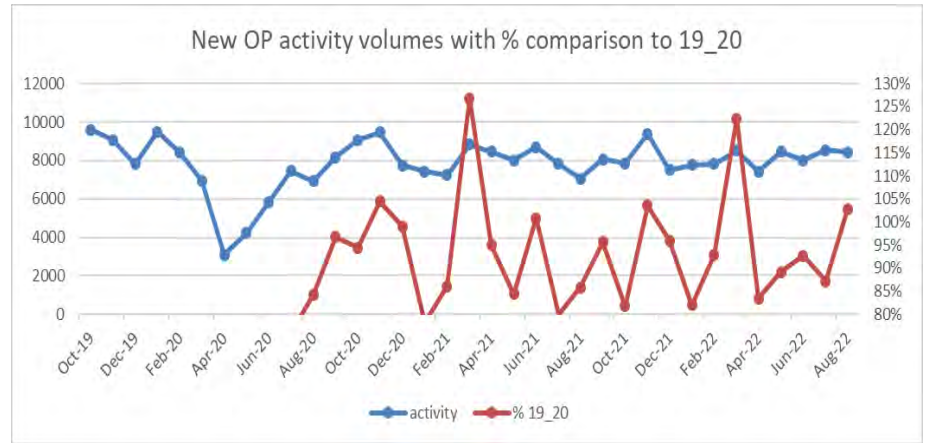
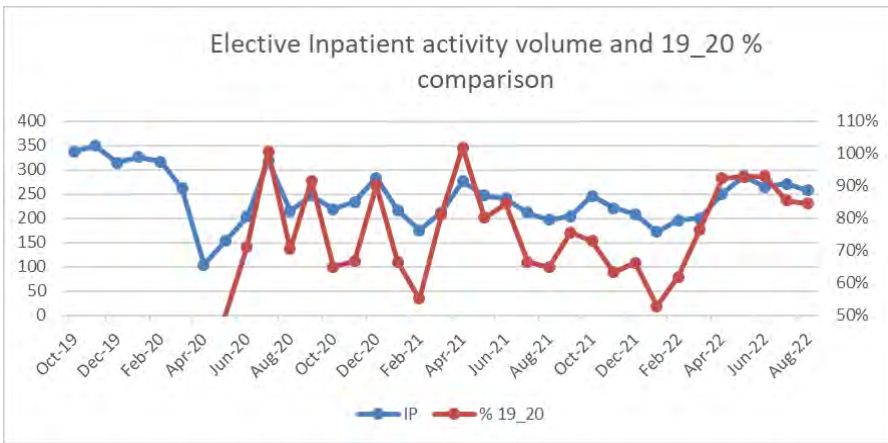
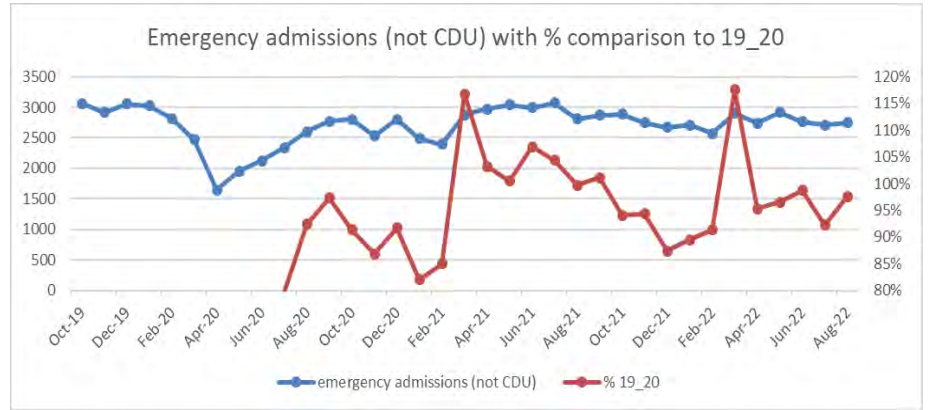
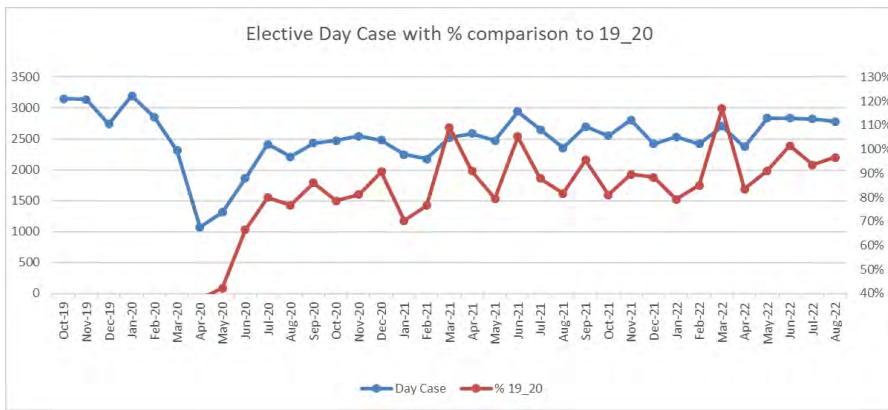
Care Plan Summaries completed within 24 hours of discharge - Weekend

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Discharges	341	267	374	294	263	305	254	251	278	341	260	323	242
CPS completed within 24 hours	159	124	170	149	103	112	134	122	139	178	132	155	117
% CPS completed <24 hours	46.6%	46.4%	45.5%	50.7%	39.2%	36.7%	52.8%	48.6%	50.0%	52.2%	50.8%	48.0%	48.3%
Target	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%





# Headline acute activity 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 August 2022 together with a comparison to 2019/20 levels of activity. Note that the March 21 and 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 5. 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. In August overall New outpatient volumes did return to pre covid levels however is noted that activity remains below pre covid levels in a number of key areas and is a challenge relating to addressing waiting times recovery.

**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**

- Business and Governance reporting model due for trial from October 2022.
- Workforce consultation feedback due October 2022.
- Inter-operability workshop being planned in collaboration with TSD and DPT; this has been postponed due to lack of TSD/DPT availability.
- Associate Clinical Directors in post from 1 November 2022.
- Service Development and QI Lead in post 7 November 2022.

## **Cyber-attack Clinical System**

The Carenotes national cyber-attack has had a significant impact on CAMHS and wider CFHD services. TSD and DPT hold this as a shared risk and clinicians are often having to progress initial contacts with young people without the referral or background history available to them. There is not expected to be a resolution until late Autumn and whilst contingencies are in place via Business Continuity Plans, the additional workload for CFHD is significant and full impact will not be fully realised until recovery.

## **Integrated Therapies and Nursing**

- Head of IT&N in post 31 October 2022.
- Early Years and ASD interim leads now in post (interim).
- Recovery plans for wait times agreed (ASD, OT, SLT and CiC).

## **CAMHS**

- IT networking of the Torbay site has been escalated but not yet resolved.
- Carenotes impact is significant.

## **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.
- Torbay estate crisis with infestation within The Annexe and lack of notice to move staff from Vowden Hall.

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Financial Performance – Month 05 (August)  
FY 2022 / 23

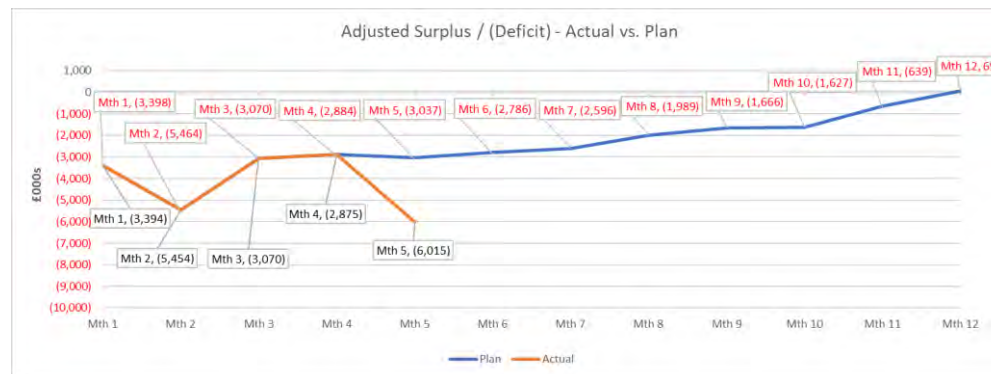
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## Financial Overview – Month 05, August 2022

### High Level Summary- Year to Date Position

For Period ended - 31 August 2022, Month 05			
	Plan £m	Actual £m	Variance £m
Total Operating Income	244.57	245.74	1.17
Total Operating Expenditure and Financing Cost	(247.97)	(252.13)	(4.15)
Surplus/(Deficit)	(3.40)	(6.39)	(2.99)
Add back: NHSE/I Adjustments	0.37	0.37	0.01
Adjusted Surplus/(Deficit)	(3.04)	(6.02)	(2.98)
CIP	10.49	6.64	(3.86)
Capital (CDEL)	12.80	11.74	(1.07)
Cash & Cash Equivalents		21.58	

### Adjusted Surplus / (Deficit)



At Month 5 (August) the planned deficit for the year to date is £3.0m, the actual position shows an adverse variance to plan at £3.0m, giving rise to a total reported deficit of £6.02m. In addition, taking into account a sum of £5.4m non-recurrent mitigations in this position, the underlying year to date deficit is c£11.4m, largely due to the gap in CIP delivery. The trust must rapidly mitigate the position on CIP.

#### Operating Income

Operating income for the year to date totals £245.74m which is **£1.17m favourable to plan**. Key drivers are as follows: ASC client contributions and deferred income release £1.00m, other deferred income release £1.10m, Non-patient care income e.g. international recruitment £0.67m, Research & Development £0.45m and CFHD additional mental health income £0.16m. The offset is due to an adverse variance on Torbay pharmaceutical sales (£1.23m) and reduced Covid-19 lab testing funding matched to spend (£1.10m).

#### Operating Expenditure

Total operating expenditure and financing cost is £252.13m against the budget of £247.97m with a **year to date adverse variance of (£4.15m)**, including under delivery on CIP. Key drivers are as follows:

- Employee expenses (£3.00m adverse), substantive posts remain unfilled resulting in overspends on agency and bank usage.
- Other operating expenses (£2.60m adverse) including a one-off business rates adjustment (£0.51m favourable), other operating expenditure (£1.83m favourable) offset by purchase of health and social care (£2.74m adverse) inpatient/ outpatient drug costs (£0.54m) pass through drugs and devices (£0.69m), other premises costs (£0.63m adverse) and transport costs (£0.23m adverse).

#### CIP Summary

Year to date CIP target at M05 was £10.5m, of which £6.6m has been formally transacted via the financial ledger and delivered. **Undelivered CIP £3.8m is contributing to the deficit position, predominantly on pay. The current trajectory indicates a CIP shortfall of £16.7m for the year which requires mitigation and the trust continues to identify schemes to close the gap.**

#### Non-recurrent Mitigation and Other

**M05 year-to-date £5.4m has been released including non-recurrent mitigations and other revenue adjustments.** The in-month position for M05 includes a release of annual leave provision carried-forward (£0.27m) and adult social care provision (£0.27m). A further (£0.68m) adjusted according to current risk assessment. All transactions offset the Trust's underlying deficit of £11.4m year-to-date, to a £6.0m reported deficit. This is not a sustainable position to maintain and urgent action is required to identify recurrent mitigations.

#### Capital & Cash

Capital expenses (CDEL) totalled £11.74m at M05 which is £1.07m behind planned expenditure value of £12.80m.

The Trust is showing a cash position of £21.58m at the end of M05.



## Forecast Overview

Following the national forecasting protocol, the Trust's officially reported forecast outturn is in line with plan, however the underlying risk forecast current stands at £27.5m. The Trust will not meet its control totals unless further choices are made to reduce the deficit in line with a breakeven plan. Please see next below for the detailed risk and mitigations in forecast deficit.

### Draft plan - £29.9m deficit (after £28.5m CIP inc Covid cost reduction)

#### Bridge to breakeven plan:

Inflation funding	£3.6m	●
Additional CHC funding	£2.4m	●
Spec Comm	£0.9m	●
ICS workstreams	£2.1m (of which £1.5m s256 income)	●
CFHD investment	£2.0m	●
Additional TC investment	£5.5m	●
A/L accrual	£3.1m	●
N365 roll out	£0.7m	●
Vacancy freeze	£2.0m	●
ICS back office	£0.7m	●
ICS surplus share	£6.9m	●
<b>Total</b>	<b>£29.9m</b>	

●	£13.8m
●	£7.2m
●	£8.9m

#### Risks and mitigations to a break even plan

		TSD	
Type	Description	Full Impact Net Deficit £'000	Weighted Impact Net Deficit with Mitigation £'000
Risk	CIP Shortfall	- 16,700	- 14,700
Risk	Increase in inflationary costs forecast above included in plan	- 2,500	- 2,500
Risk	Integrated care contract	- 5,500	- 2,500
Risk	Other fragile services requires investments	- 2,765	- 2,265
<b>Total Risks</b>		<b>- 27,465</b>	<b>- 21,965</b>
Risk as % of gross operating expenditure (same denominator as used for efficiencies in plans submission)			3.8%
<b>Gross operating expenditure</b>			<b>580,402</b>
Opportunity	Non recurrent actions/funding	2,000	2,000
<b>Total Opportunities</b>		<b>2,000</b>	<b>2,000</b>
<b>Net Risk</b>		<b>- 25,465</b>	<b>- 19,965</b>

Base Case Forecast: Surplus /(Deficit)										
	Forecast									Forecast Year
	YTD	M6	M7	M8	M9	M10	M11	M12	Total	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income from patient activities	224,170	45,019	44,912	44,838	44,819	44,889	44,713	44,887	314,078	538,247
Finance expenditure	(1,207)	(246)	(246)	(246)	(246)	(246)	(246)	(246)	(1,719)	(2,926)
Finance income	130	12	12	12	12	12	12	12	83	213
Misc non-operating items	(2,893)	(577)	(577)	(577)	(577)	(577)	(577)	(577)	(4,036)	(6,930)
Operating expenditure - Non Pay	(122,218)	(25,374)	(25,788)	(25,678)	(26,065)	(26,091)	(24,834)	(25,853)	(179,682)	(301,901)
Operating expenditure - Pay	(125,936)	(25,619)	(26,074)	(26,222)	(25,757)	(25,733)	(25,724)	(25,803)	(180,932)	(306,868)
Other gains/(losses)	-	-	-	-	-	-	-	-	-	-
Other Operating Income	21,568	3,910	4,281	4,452	4,740	4,447	4,404	4,896	31,131	52,700
	<b>(6,387)</b>	<b>(2,873)</b>	<b>(3,480)</b>	<b>(3,419)</b>	<b>(3,073)</b>	<b>(3,298)</b>	<b>(2,251)</b>	<b>(2,683)</b>	<b>(21,078)</b>	<b>(27,465)</b>
Upside scenario										<b>(19,965)</b>
Downside scenario										<b>(29,405)</b>

## In Month I&E Position – Month 05, August 2022

£m	M05 - In Month		
	Budget	Actual	Variance
Patient Income - Block	32.62	32.70	0.08
Patient Income - Variable	4.33	4.47	0.13
ERF/ERF+/TIF/Capacity Funding	0.57	0.28	(0.30)
ASC Income - Council	4.67	4.05	(0.62)
Other ASC Income - Contribution	1.07	1.26	0.18
Torbay Pharmaceutical Sales	1.82	1.77	(0.05)
Other Income	3.80	4.27	0.47
Covid19 - Top up & Variable income	0.27	0.27	0.00
<b>Total (A)</b>	<b>49.16</b>	<b>49.06</b>	<b>(0.10)</b>
Pay - Substantive	(23.70)	(24.53)	(0.83)
Pay - Agency	(0.61)	(1.18)	(0.57)
Non-Pay - Other	(12.79)	(13.69)	(0.90)
Non-Pay - ASC/CHC	(9.62)	(10.41)	(0.79)
Financing & Other Costs	(2.66)	(2.46)	0.20
<b>Total (B)</b>	<b>(49.38)</b>	<b>(52.27)</b>	<b>2.88</b>
<b>Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)</b>	<b>(0.23)</b>	<b>(3.21)</b>	<b>(2.99)</b>
NHSE/I Adjustments - Donated Items / Impairment / Gain on Asset disposal	0.07	0.07	(0.00)
<b>Adjusted Financial performance - Surplus / (Deficit)</b>	<b>(0.15)</b>	<b>(3.14)</b>	<b>(2.99)</b>

### In Month Income & Expenditure – Performance versus Plan and run rate

#### Income

- Overall patient income variance is £0.10m unfavourable. This includes ASC council income adjustment (£0.62m), ESRF (£0.30m) and Covid labs testing (£0.32m) both matched to spend and Torbay Pharmaceutical sales (£0.05m). Offsetting favourable variances include Research & Development £0.59m, Deferred income release £0.27m, ASC income (client contribution) £0.18 and STF funding release £0.11m.

#### Pay

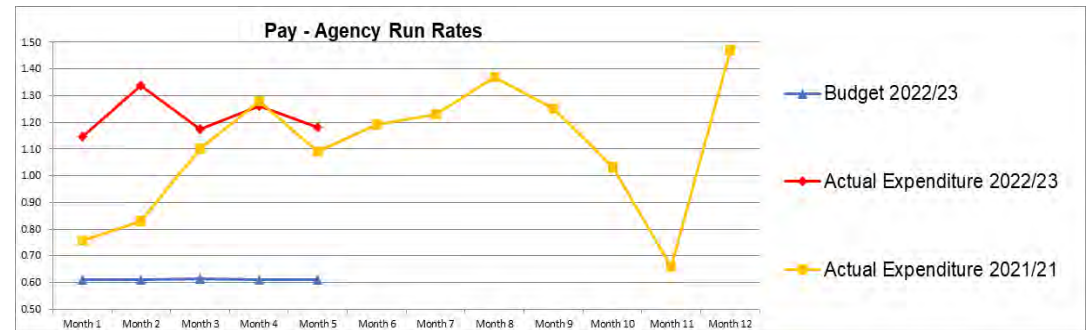
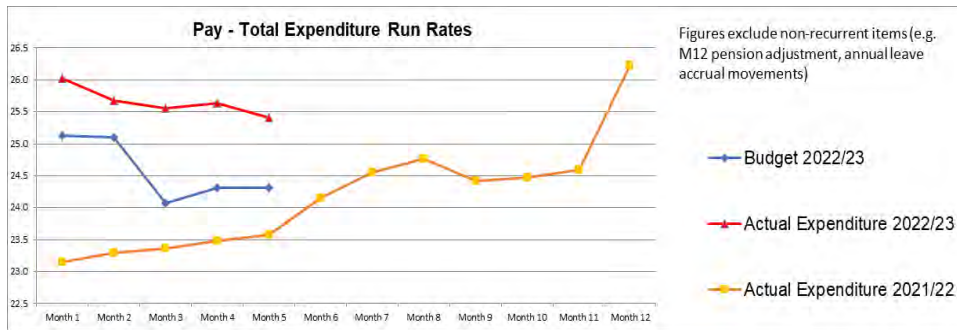
- The net movement in M05 overall for pay against the budget of £24.31m is £1.32m, of which £0.50m is due to lower balance sheet provisions used in M05. The position currently includes estimated 2% pay award accrued for substantive and Bank staff. The agreed award values will be backdated and paid in M06
- CIP target in M05 is £1.77m, there had been a catch-up in the identification of CIP in month and £1.96m has been identified and delivered.
- Substantive staffing is (£0.32m) overspent and bank usage is overspent (£0.51m).
- Agency costs are (£0.57m) higher than the budget with CIP, usage has increased compared to M04 by £0.16m. The overspend in Agency mainly relates Nursing (£0.12m) and medical (£0.29m) staff groups.
- All of the above overspends have been partially mitigated by £0.27m balance sheet adjustment of the annual leave accrual, therefore the underlying overspend in month is £1.67m

#### Non-pay

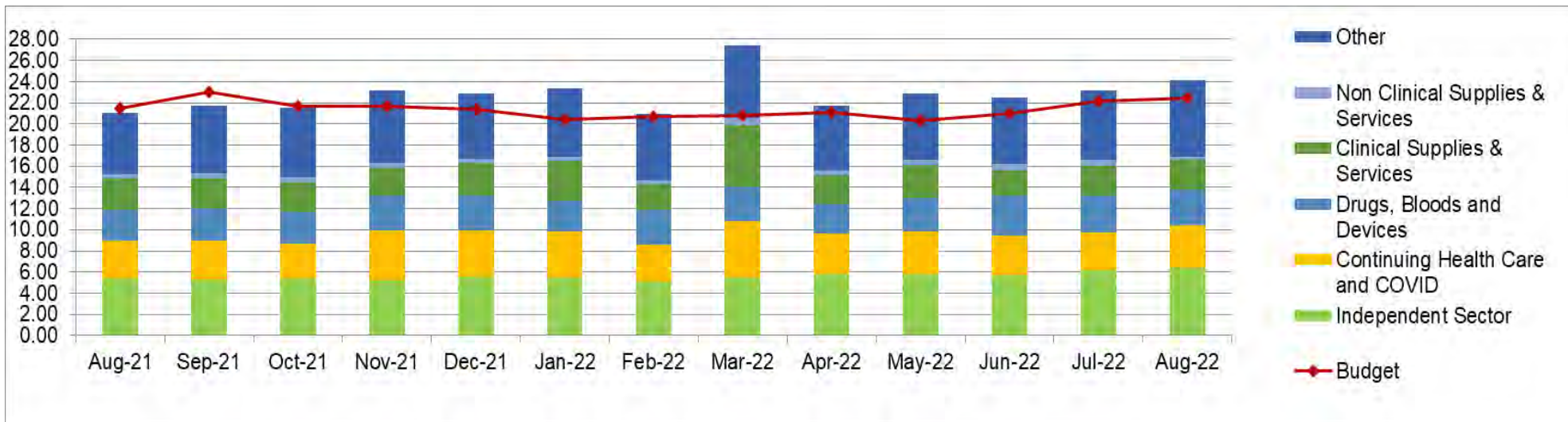
- Non-pay overall is overspent by (£1.69m), this includes clinical supplies and services (£0.10m), drugs (including pass through drugs and devices) (£0.30m), provider SLA's (£0.45m) and premises costs including security and estates purchased contracts (£0.27m). Offsetting underspends include education and training £0.11m and other expenditure £0.26m
- The non-pay CIP target for M04 is £0.69m of which £0.25m had been delivered.
- ASC overspend of (£0.50m) due to an under achievement in savings target combined with higher level of activity pressures (price and volume) predominantly in long stay residential and nursing. Placed People overspend of (£0.20m) due to an under achievement in savings target and cost pressures within adult IPP.

Income and Expenditure by System				
System Description	Expenditure & Income Category	M05 In Month Budget	M05 In Month Actual	M05 In Month Variance
Children and Family Health Devon (CFHD)	Operating expenditure - Pay	(0.99)	(0.87)	0.12
	Operating expenditure - Non Pay	(1.53)	(1.70)	(0.17)
	Income from patient activities	2.48	2.58	0.10
	Other Operating Income	0.04	0.10	0.06
<b>Children and Family Health Devon (CFHD) Total</b>		<b>(0.00)</b>	<b>0.10</b>	<b>0.10</b>
Pharmacy Manufacturing Unit	Operating expenditure - Pay	(0.81)	(0.71)	0.09
	Operating expenditure - Non Pay	(1.00)	(1.20)	(0.20)
	Misc non-operating items	(0.01)	(0.01)	0.00
	Income from patient activities	0.04	0.06	0.02
	Other Operating Income	1.82	1.77	(0.05)
	Finance expenditure	(0.01)	(0.01)	(0.00)
<b>Pharmacy Manufacturing Unit Total</b>		<b>0.03</b>	<b>(0.11)</b>	<b>(0.14)</b>
Shared Corporate Services	Operating expenditure - Pay	(3.57)	(5.54)	(1.96)
	Operating expenditure - Non Pay	(6.34)	(5.22)	1.12
	Misc non-operating items	(0.57)	(0.57)	(0.00)
	Income from patient activities	37.53	36.70	(0.83)
	Other Operating Income	1.82	2.09	0.26
	Finance income	0.00	0.03	0.03
	Finance expenditure	(0.08)	(0.07)	0.01
	Other gains/(losses)	0.00	0.00	0.00
	<b>Shared Corporate Services Total</b>		<b>28.79</b>	<b>27.42</b>
Planned Care, Long Term Conditions and Diagnostics	Operating expenditure - Pay	(10.17)	(10.01)	0.17
	Operating expenditure - Non Pay	(4.69)	(5.40)	(0.71)
	Income from patient activities	2.26	2.39	0.13
	Other Operating Income	0.61	0.32	(0.29)
	Finance expenditure	(0.01)	(0.01)	0.00
<b>Planned Care, Long Term Conditions and Diagnostics Total</b>		<b>(12.01)</b>	<b>(12.72)</b>	<b>(0.71)</b>
Urgent & Emergency Care and Operations	Operating expenditure - Pay	(3.66)	(3.62)	0.04
	Operating expenditure - Non Pay	(0.26)	(0.63)	(0.38)
	Income from patient activities	0.72	0.74	0.01
	Other Operating Income	0.05	0.07	0.02
	Finance expenditure	(0.14)	(0.14)	0.00
<b>Urgent &amp; Emergency Care and Operations Total</b>		<b>(3.29)</b>	<b>(3.59)</b>	<b>(0.30)</b>
Families, Community and Homes	Operating expenditure - Pay	(5.11)	(4.96)	0.15
	Operating expenditure - Non Pay	(10.42)	(11.61)	(1.19)
	Income from patient activities	1.72	2.10	0.38
	Other Operating Income	0.06	0.15	0.08
<b>Families, Community and Homes</b>		<b>(13.74)</b>	<b>(14.32)</b>	<b>(0.57)</b>
<b>Grand Total</b>		<b>(0.23)</b>	<b>(3.21)</b>	<b>(2.99)</b>

### Pay Expenditure Run Rate – Month 05, August 2022



### Non-Pay Expenditure – Month 05, August 2022



## Risks, Mitigations and Forward Look

### Risks and Mitigations

Year to date £6.64m CIP has been identified and transacted against a year to date target of £10.49m. The balance of undelivered CIP is contributing to the reported deficit position, this continues to be an unsustainable position.

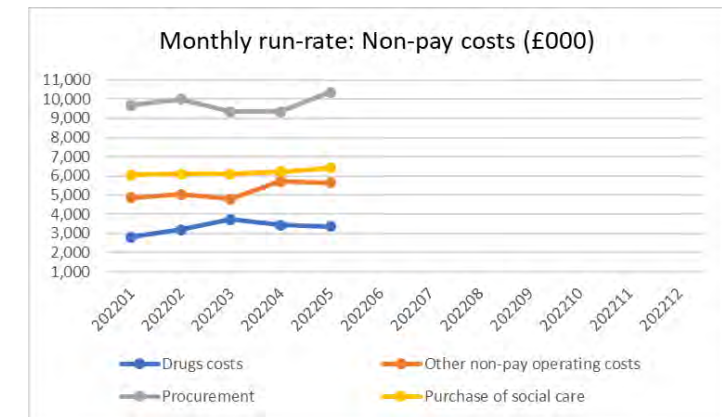
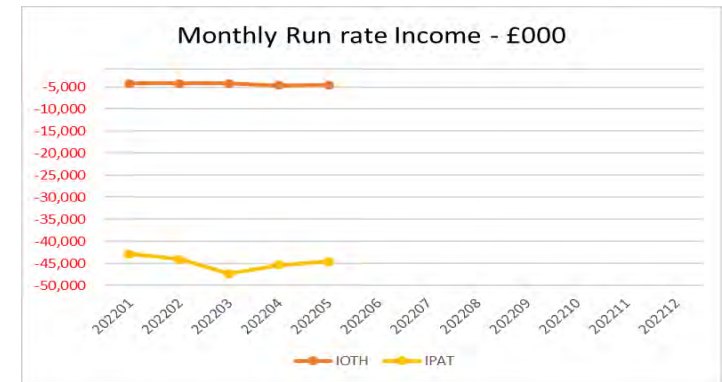
In order to improve grip and control, the bi-weekly CIP delivery group is now in effect and monthly CIP Governance/Grip & Control meetings have been introduced at an individual ISU level. The focus of both of these meetings is on holding SROs/ISUs to account for the identification and delivery of CIP plans, together with alternative schemes where gaps to target exist, and key enabling actions.

ESRF income has been assumed at £1.86m year to date linking in with cost and activity performance. NHSE/I has stated that there will be no claw back of ESRF income allocation for the first half of the financial year.

### Forward Look

The Trust's final plan re-submitted on 20<sup>th</sup> June to NHSE/I illustrates a breakeven position for the year as required by regulators.

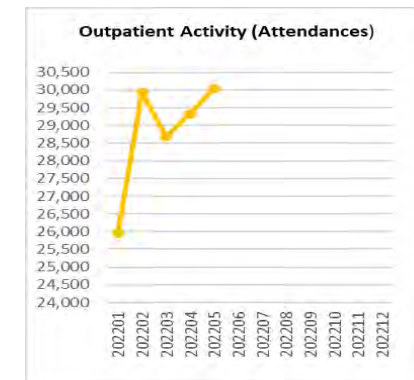
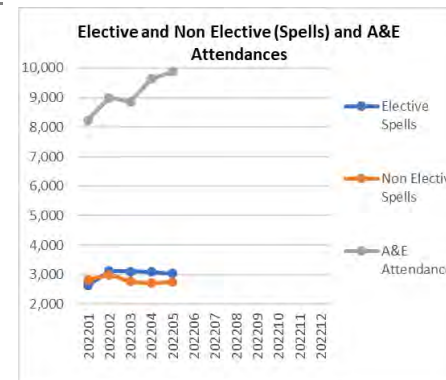
- It includes the delivery of an efficiency requirement at £28.5m, through transformation and Covid cost reduction initiatives. At this point a delivery gap of £16.7m has been forecast, which requires further deliverable schemes to be identified. It is expected that this value will be further mitigated by £2.0m.
- Contract agreement is in place between the ICS and providers with a simplified and compliant approach on marginal contract set-up for ESRF, which would include potential mitigation in the first instance via ICS / S256.
- Other significant risks to achieving the financial plan include increasing inflation beyond the excess inflation funding already received and excessive growth in the independent sector 2.5m
- Urgent actions are required to rapidly identify further mitigating actions with real commitment through all level of the organisation. Please see attached report and discussion in the first Trust Management Group (TMG) held on 20<sup>th</sup> September.





## Change in Activity Performance – Month 04 to Month 05

	Point of Delivery	Apr 22	May 22	Jun 22	Jul 22	Aug 22	% YTD vs Plan	Aug-19	Aug 19 v Aug 22 % change
		Actual	Actual	Actual	Actual	Actual			
Activity Drivers	Day Case	2,338	2,797	2,789	2,781	2,785	99%	2,886	-3%
	Elective	246	277	252	266	257	104%	304	-15%
	Outpatient New	7,431	8,205	7,991	8,405	8,429	98%	8,211	3%
	<b>Total Elective</b>	<b>10,015</b>	<b>11,279</b>	<b>11,032</b>	<b>11,452</b>	<b>11,471</b>	<b>98%</b>	<b>11,401</b>	<b>1%</b>
	F-Up	18,468	21,240	20,363	20,802	21,585	101%	20,781	4%
	Non-Elective	2,875	3,006	2,776	2,716	2,751	87%	3,268	-16%
	A&E Attendances	8,238	8,991	8,819	9,642	9,885	101%	11,044	-10%
	<b>Grand Total</b>	<b>39,596</b>	<b>44,516</b>	<b>42,990</b>	<b>44,612</b>	<b>45,692</b>	<b>97%</b>	<b>46,494</b>	<b>-2%</b>
Bed Utilisation	Occupied beds DGH	10,465	11,188	10,709	10,691	10,756			
	Available beds DGH	11,164	12,000	11,359	11,588	11,652			
	Occupancy	94%	93%	94%	92%	92%			



### Activity Drivers

- Overall ESRF performance from activity perspective is around 88% of 19/20 activity. The Aim is to achieve 104% of 19/20 value weighted activity levels this financial year with the support of £5.8m ESRF funding.
- The measurement of ESRF payment is based on weighted tariff values, the IT Datawarehouse team is working toward replicating the data script issued by the centre to enable the Trust to track ESRF £ performance on a monthly basis.
- There may be changes to the ESRF funding rules at national level, further update will be provided as the position become clearer. In Months 1-6 the national rules have enabled ESRF to be paid without reference to the threshold. For the second half of the year, months 6-12 there is the potential of clawback subject to achievement of the threshold on an ICS basis.
- A&E Attendances– are slightly above plan but less than the 11,044 from August 2019, this is in part due to the establishment of patient pathways direct to the medical and surgical assessment units following GP referral. A&E remains extremely crowded, the waits have been long with associated ambulance handover delays. This is linked to patient flow meaning patients are having to be held in A&E longer than desired once a decision to admit has been made.
- Elective Spells – YTD 104% vs plan but 15% below 19/20 levels. Day case surgery unit returned in May providing additional capacity. However, to start making progress against our planned recovery of waiting times further increases in capacity will be needed. Some of the ESRF programmes are below planned levels e.g. insourcing program.
- Non-Elective Spells – this is 16% below planned/19/20 levels. Whilst overall numbers of non-elective spells are below pre covid levels, the acuity and length of stay of patients who are admitted has increased. Winter plans seek to optimise available acute beds, same day emergency care, and target discharge delays for patients in hospital with no criteria to reside.
- Outpatient Attendance – Activity levels are performing in line with pre covid levels. Further activity increases are needed however to address the backlog of patients that have accumulated during the pandemic months.

### Bed utilisation

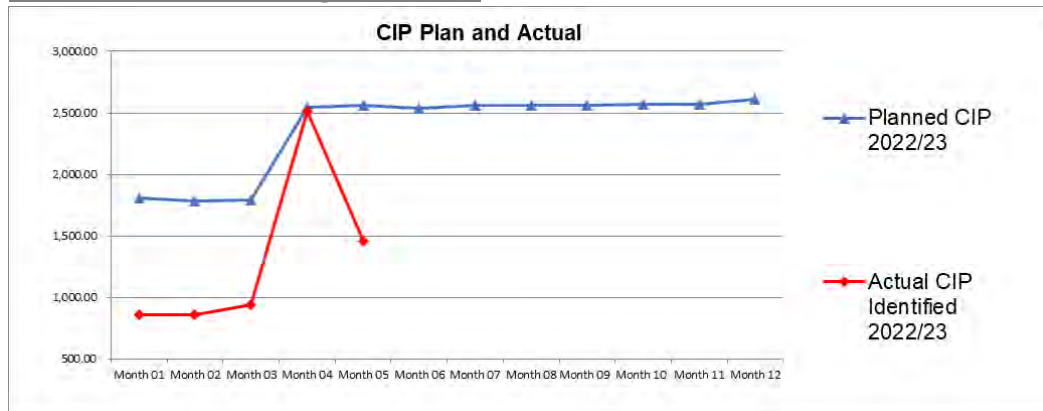
- In August, the overall bed occupancy has remained at 92%. Occupancy against General medical beds for non-elective admissions is much higher and over 98%. This level of bed occupancy remains above required levels to support timely patient flow, to avoid emergency care delays from the emergency department and assessment units. The use of the discharge lounge continues to be successful in bringing the time of discharge from wards to earlier in the day and aiding patient flow.
- The level of Covid-19 hospitalisations declined in August along with the levels of staff sickness relating to covid, so easing some of the pressures seen in previous months.
- 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, however we continue to see over 40 patients per day occupying a hospital bed with no criteria to reside.

Key Drivers of System Positions – Month 05, August 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. At M05, the Alliance generated a surplus and after the current risk share calculation, TSD is benefiting from £356k 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; the resource and available support are currently being reviewed for implementation commencement in 22/23 – on that basis, with no further information at this stage, 50% of the revenue spend has been included in the month 05 forecast position only.
<b>Torbay Pharmaceuticals</b>	PMU	TP sales in M05 are (£0.36m) lower than plan primarily due to lower contract manufacturer, NHS and export sales. Overall performance in month shows a profit below budget (£169k)
<b>Corporate</b>	EFM	Overspent at M05 by (£2.1m). Pay is overspent by (£816k) due to the cessation of additional domestic and porters recharged to Covid-19, and increased deep cleaning, escalation, ward opening and clinical demand; with an unachieved vacancy factor target of (£76k). Non-pay is overspent by (£506k) due to increased energy costs offset by capital recharges. Income is overachieved by £103k mainly due to increase lease rental on the Level 4 outlets coming back to contractual levels after Covid-19 reductions. There are also increases in patient/visitor car parking charges and meal sales. Unachieved CIP target of (£897k).
	Exec. Directors	Overspent at M05 by (£29k). Pay is overspent by £27k offsetting areas are issues in recruitment and retention within HIS of £59k, Education and Training vacancies £220k offset by Medical Director (£361k) CEA award accrual. Non-pay is underspent by £44k mainly due to (£207k) international nurses recruitment costs in the People Directorate; offset by underspends in Devon IR Alliance £146k and apprenticeship levy usage £59k both offset in income. Income has overachieved by £273k mainly due to Health Education England (HEE) income regarding medical training and education £206k, VAT reclaim £99k and Director of Nursing secondment £92k; offset by reductions in Devon IR Alliance (£153k) and apprenticeship levy usage (£78k) both offset in non-pay. Unachieved CIP target of (£433k).
	Financing Costs	Excluding items outside the NHSE control total, costs are £1.1m 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, annual leave accrual, miscellaneous and other small provisions. Year to date balance sheet release for planned breakeven position £7.7m Recovery and Elective Recovery costs have been allocated to a central budget to allow better analysis of expenditure. In M05 there is an underspend of £213k, budget has now been allocated correctly to the recovery areas. Costs are expected to increase as recovery plans come into place.
<b>Families, Community and Home</b>	Torquay	Against a budget of (£17.7m) there is a YTD overspend of £0.3m (1.6%) which is entirely driven by an overspend of (£353k) 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. This area is under review by operational leads and changes to improve the average length of placement will hopefully be in place late Autumn and ahead of winter which help the limit on going cost pressures in this area.

	Moor to Sea	Against a budget of (£9.7m) there is a YTD overspend of £0.3m (3.1%). This overspend is driven by HOP ward (Cheetham Hill & Simpson) overspends of circa £0.3m, Intermediate Care placements costs within the South Devon area of £0.1m, partially offset by underspends of £0.1m within community teams (linked to vacant positions).
	Independent Sector	Against a budget of (£41.5m) there is a YTD overspend of £0.4m (1.0%) and this is underpinned by three main areas. The target CIP target is not being fully achieved (£0.9m under achievement), volume / prices pressures within the ASC area on Dom Care, Nursing Long Stay and direct payments (£0.8m) and finally there is £0.4m of cost pressures within CHC South Devon locality. These issues are being partially mitigated by releasing accruals across both ASC and Placed People (£1.5m) and application of £0.2m of sustainability funding from Torbay Council.
<b>Urgent &amp; Emergency Care and Operations</b>	Newton Abbot	Against a budget of (£15.7m) there is a material 13.4% YTD overspend of £2.1m. The first main driver behind this is CIP under achievement of £0.5m. In addition to this there is an £0.9m overspend within the nursing Emergency Department area mainly linked to the unfunded 11 escalation beds. Another material overspending area is A&E senior medical costs (0.5m) which is driven again by the escalation beds and locums to cover for sickness in this high-risk area. This area is under review by operational leads with a key focus on winter planning and appropriate application of additional winter planning funding.
	Trust Wide Support Services	Against a budget of (£1.0m) there is a 20% YTD overspend of £0.2m. The first main driver behind this is Transport costs (primarily Patient Transport). Secondly there is a £0.1m overspend on the Forest ward linked to the budget being phased evenly across the financial year. Forecasts assume this area will at the very least be back to a break even position by the end of the financial year.
<b>Planned Care, Long Term Conditions &amp; Diagnostics</b>	Paignton and Brixham	Excluding Clinical income there is a YTD at M5 overspend of (£2.1m). Main overspends are on pay (£0.3m) being locum usage and additional medical sessions, not being able to fully achieve the savings target of (£0.3m) although £1.0m savings have been transacted, pass through and high cost drug expenditure (£0.5m), and other non-pay (£0.7m) made up of insourcing overspends and contract maintenance. Overall there is little movement in average run rates over the past quarter, however M5 showed some reductions in non-pay neurology insourcing costs, with increased drug costs.
	Coastal	Excluding clinical income there is a YTD overspend at M05 by (£1.3m) against budget. Pay is underspent £0.2m which consists of savings due to vacant posts £1.1m and offset with ward agency costs to cover absence, and Medical locum costs mainly to cover vacant posts (£0.9m). Non-pay is overspent (£0.4m) mainly due to medical and surgical supplies, and undelivered CIP variance (£0.8m) although £0.6m savings have been transacted to date, and drugs (£1.0m). Run rates have remained relatively constant based on the average from the previous quarter, ERF recovery schemes are recorded centrally and not within this ISU.
<b>Contract Income</b>	Patient Income	The Trust has received the following income in M05: 1) Income assumed for Elective Recovery Funding in M05 and year to date is £1.83m. 2) We continue to receive CCG income relating to the Hospital Discharge Programme (HDP) for corresponding cost incurred. 3) Nothing relating to grants has been received or assumed from Torbay Council.

## CIP- Month 05, August 2022



### CIP

Phased delivery of the efficiency plan for the first five months is £10.5m. Per the Trust's April planning submission, the split of the £10.5m target as at M05 is:

- Pay related - £7.4m
- Non-pay related - £2.6m
- Income related - £0.5m

A number of the pay related efficiency schemes have yet to commence, but are due to deliver after the start of the second quarter. The Trust's actual financial performance for M05 would suggest a potential shortfall of £3.8m (c. 37%) against the efficiency target, predominantly linked to the position on pay, with delivery to date viewed as:

- Pay related - £5.1m
- Non-pay related - £1.4m
- Income related - £0.1m

Based on the M05 position, the initial end of year forecast for CIP delivery is estimated at c. £11.8m (c. 59%) against the full £28.5m target. This is a decrease to what has been reported previously due to improvements made in CIP reporting. As previously reported, 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, some of which are due to commence after the end of the start of the second quarter, but of key concern is the delivery of key actions/pace of delivery and the identification of alternative schemes to address gaps to target.



Cash Position – Month 05, August 2022

	Plan £m	M05 YTD 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)	(12.91)	(12.45)	0.46
Capital loan/PDC drawdown	6.24	0.00	(6.24)
Capital loan repayment	(0.99)	(0.99)	(0.00)
Proceeds on disposal of assets	0.00	0.00	0.00
Movement in capital creditor	(11.00)	(9.12)	1.88
Other capital-related elements	(1.32)	(1.40)	(0.08)
<b>Sub-total - capital-related elements</b>	<b>(19.98)</b>	<b>(23.95)</b>	<b>(3.97)</b>
Cash Generated From Operations	9.87	5.45	(4.41)
Working Capital movements - debtors	(1.73)	(4.15)	(2.42)
Working Capital movements - creditors	(6.27)	0.14	6.42
Net Interest	(1.29)	(1.04)	0.25
PDC Dividend paid	(0.00)	0.00	0.00
Other Cashflow Movements	(0.56)	5.78	6.34
<b>Sub-total - other elements</b>	<b>0.02</b>	<b>6.19</b>	<b>6.17</b>
<b>Closing cash balance</b>	<b>19.38</b>	<b>21.58</b>	<b>2.20</b>

Better Payment Practice Code	Paid year to date	Paid within target	% Paid within target
Non-NHS - number of bills	61,705	51,355	83.2%
Non-NHS - value of bills (£k)	138,187	115,264	83.4%
NHS - number of bills	782	470	60.1%
NHS - value of bills (£k)	14,009	10,701	76.4%
Total - number of bills	62,487	51,825	82.9%
Total - value of bills (£k)	152,196	125,965	82.8%

**Key points of note:**

- Access to PDC support remains absolutely critical to the Trust's 2022/23 cashflow. The Trust continues to seek £5.9m of emergency capital PDC and to seek revenue support to offset its revenue deficit.
- Cashflow in the first half of each month has improved due to the agreement of the ICB to pay block income at the start (rather than the middle) of each month.
- Capital-related cashflow is £4.0m adverse to plan. This is largely due to capital PDC funding £6.2m not yet received, partly offset by accrued capital expenditure £0.5m behind plan and paying down of the capital creditor £1.9m lower than planned.
- Cash generated from operations is £4.4m adverse, principally due to the adverse I&E position.
- Debtor movements is £2.4m adverse. This is largely due to increased debtors in respect of Dartmouth H&WBC and Torbay Council.
- Creditor movements is £6.4m favourable, principally due to HEE deferred income and a delay in the planned unwinding of March 2022 deferred income.
- Other Cashflow Movements is £6.3m favourable, due to the receipt of revenue support PDC.

Statement of Financial Position (SoFP) – Month 05, August 2022

	Month 05		
	Plan £m	Actual £m	Variance £m
<b>Non-Current Assets</b>			
Intangible Assets	11.41	11.39	(0.01)
Property, Plant & Equipment	217.69	218.51	0.81
On-Balance Sheet PFI	17.46	17.41	(0.05)
Right of Use assets	19.15	19.26	0.11
Other	1.44	1.50	0.06
<b>Total</b>	<b>267.15</b>	<b>268.07</b>	<b>0.93</b>
<b>Current Assets</b>			
Cash & Cash Equivalents	19.38	21.58	2.20
Other Current Assets	42.97	44.40	1.43
<b>Total</b>	<b>62.35</b>	<b>65.98</b>	<b>3.63</b>
<b>Total Assets</b>	<b>329.50</b>	<b>334.05</b>	<b>4.56</b>
<b>Current Liabilities</b>			
Loan - DHSC ITFF	(3.87)	(3.87)	0.00
PFI / LIFT Leases	(1.30)	(1.31)	(0.02)
Trade and Other Payables	(57.09)	(60.85)	(3.76)
Other Current Liabilities	(10.21)	(13.95)	(3.74)
<b>Total</b>	<b>(72.46)</b>	<b>(79.98)</b>	<b>(7.52)</b>
<b>Net Current assets/(liabilities)</b>	<b>(10.11)</b>	<b>(14.00)</b>	<b>(3.89)</b>
<b>Non-Current Liabilities</b>			
Loan - DHSC ITFF	(24.22)	(24.22)	0.00
PFI / LIFT Leases	(14.76)	(14.74)	0.02
Other Non-Current Liabilities	(21.52)	(21.46)	0.05
<b>Total</b>	<b>(60.49)</b>	<b>(60.42)</b>	<b>0.07</b>
<b>Total Assets Employed</b>	<b>196.54</b>	<b>193.65</b>	<b>(2.89)</b>
<b>Reserves</b>			
Public Dividend Capital	156.57	156.66	0.09
Revaluation	51.54	51.54	0.00
Income and Expenditure	(11.57)	(14.55)	(2.99)
<b>Total</b>	<b>196.54</b>	<b>193.65</b>	<b>(2.89)</b>

**Key points of note:**

- Non-current assets are £0.9m higher than planned. This is principally due to depreciation £1.3m lower than planned, partly offset by capital expenditure £0.5m lower than planned.
- Cash is £2.2m lower than planned, as explained in the commentary to the cashflow statement.
- Other current assets are £1.4m higher than planned. This is principally due to increased debtors in respect of Dartmouth H&WBC £1.5m and Torbay Council, partly offset by reduced Covid reimbursement debtor.
- Trade and other payables are £3.8m higher than planned. This is principally due to increased capital creditors £1.9m and the timing of payments to suppliers.
- Other Current Liabilities are £3.7m higher than planned, largely due to HEE funding received quarterly in advance and a delay in the planned unwinding of 2021/22 deferred income.
- I&E reserves are £3.0m lower than planned, due to the adverse I&E position.

## 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:

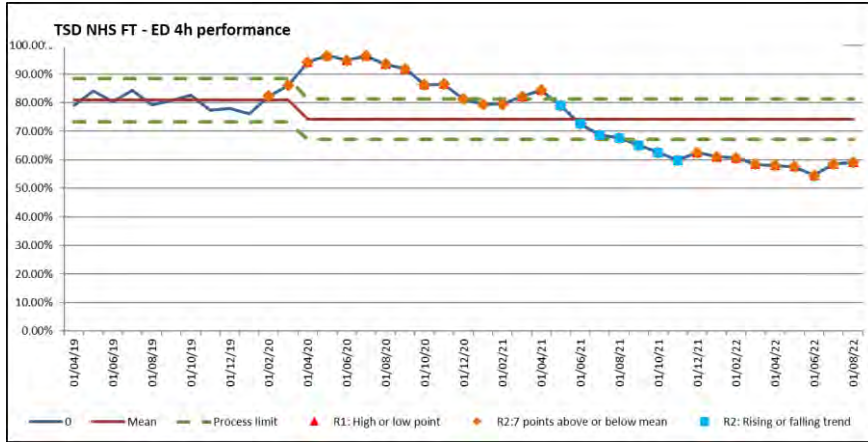
- 'predict' statistically whether a process is 'capable' of meeting a target;
- identify if a process is sustainable - i.e. are your improvements sustaining over time;
- identify when an implemented improvement has changed a process - i.e. it has not just occurred by chance;
- generally understand processes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

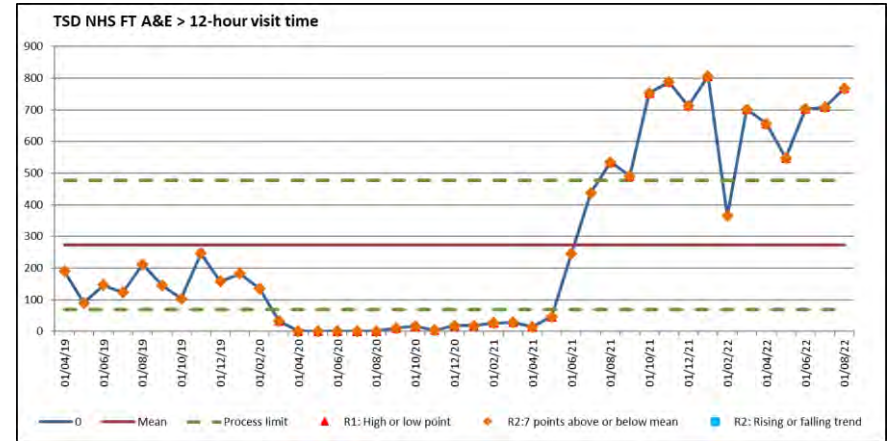
In preparing for fuller roll out, a selection of key metrics are presented below in SPC format.

# Key Indicators - Statistical Process Control (SPC) charts

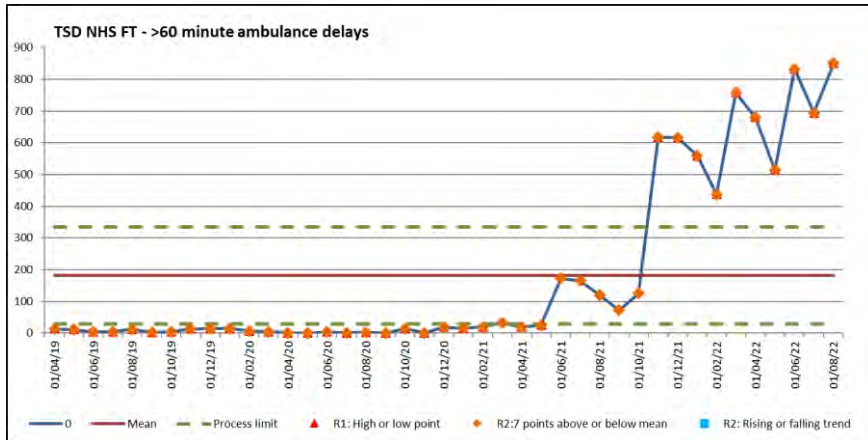
## ED 4 hour performance



## 12- hour visit time

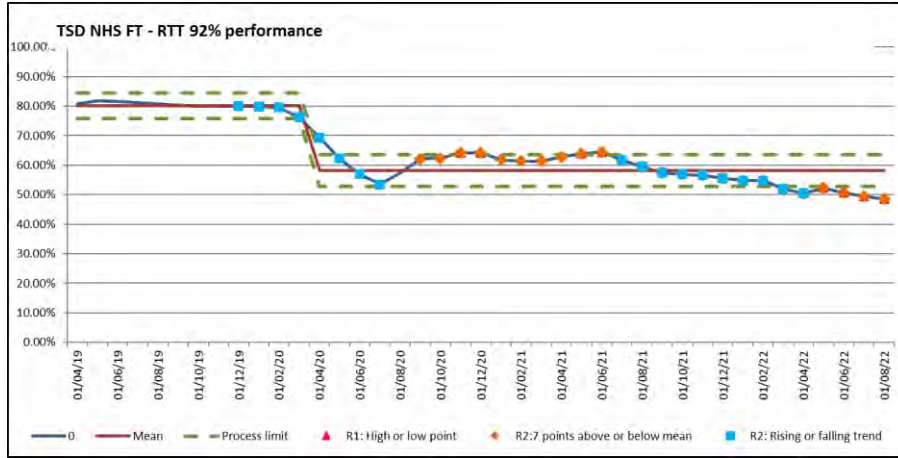


## Greater than 60-minute ambulance handover delays

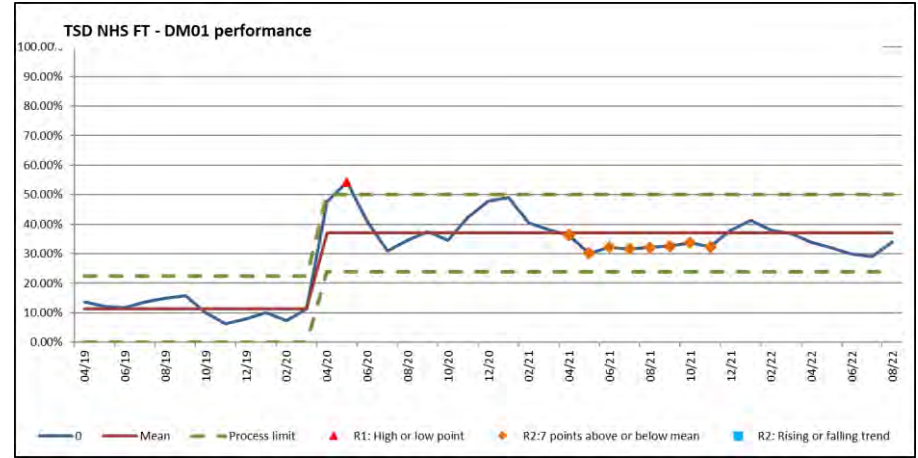


# Key Indicators - Statistical Process Control (SPC) charts

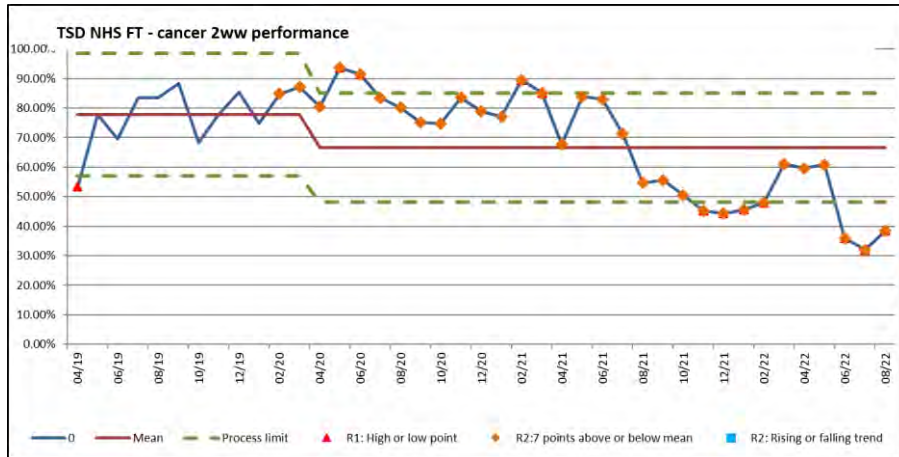
## Referral To Treatment



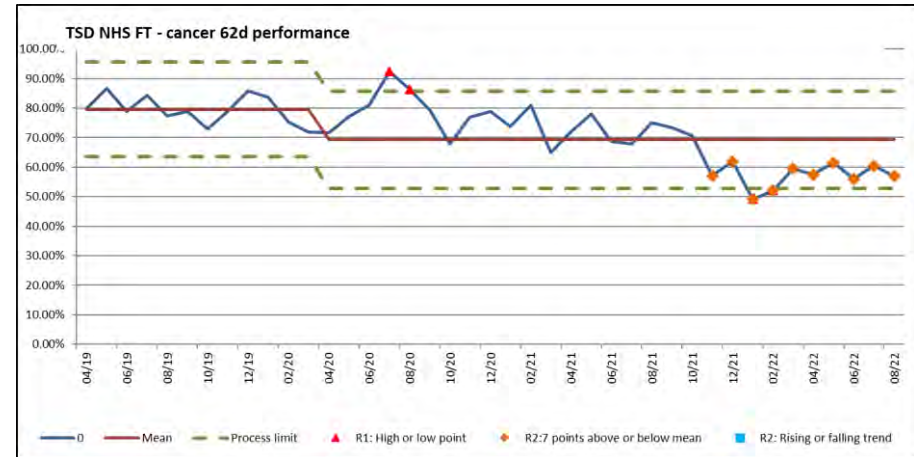
## Diagnostics performance



## Cancer 2-week-wait performance



## Cancer 62-day performance
















	ISU	Target	13 month trend	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Year to date
<b>QUALITY LOCAL FRAMEWORK</b>																	
Reported Incidents - Severe	Trustwide	<6		2	0	1	3	0	4	4	4	2	3	2	1	3	11
Reported Incidents - Death	Trustwide	<1		0	0	1	5	0	2	0	3	2	1	0	2	2	7
Medication errors resulting in moderate harm	Trustwide	<1		0	0	0	0	0	0	1	2	1	0	0	0	0	1
Medication errors - Total reported incidents	Trustwide	N/A		38	48	59	45	56	42	58	54	60	61	56	46	58	281
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		0	0	1	1	0	0	0	1	0	0	0	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		8	6	1	12	12	6	13	9	8	10	8	5	3	34
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams	Trustwide	<1		0	2	0	0	0	2	1	0	0	2	0	1	0	3
Formal complaints - Number received	Trustwide	<60		17	11	11	10	9	16	11	12	12	12	7	13	16	60
VTE - Risk Assessment on Admission (acute)	Trustwide	>95%		92.9%	91.9%	91.8%	96.2%	95.1%	94.8%	95.2%	94.4%	91.3%	89.7%	90.0%	91.8%	89.6%	90.4%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		110.2	108.4	109.6	108.1	107.5	107.3	109.1	112.3	113.5	117.4				230.9
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		87.0%	81.9%	81.9%	89.3%	87.81%	86.8%	88.3%	90.0%	89.0%	96.1%	95.8%	93.7%	94.4%	94.4%
Safer Staffing - ICO - Nighttime	Trustwide	90% - 110%		88.0%	74.6%	74.6%	83.7%	60.32%	77.8%	78.8%	79.3%	79.7%	86.5%	88.1%	85.8%	86.2%	86.2%
Infection Control - Bed Closures - (Acute)	Trustwide	<100		8	42	476	218	285	71	49	203	30	12	130	84	36	292
Hand Hygiene	Trustwide	>95%		97.1%	96.5%	98.5%	96.2%		99.1%	95.3%	98.7%	94.5%	92.3%	94.5%	96.0%	97.7%	94.8%
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	Trustwide	>90%		82.1%	81.0%	82.1%	60.0%	68.6%	77.4%	78.4%	76.9%	67.9%	65.8%	66.7%	56.4%	56.0%	
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		56.3%	69.2%	35.9%	52.8%	50.0%	18.2%	59.0%	28.1%	35.3%	67.6%	34.1%	66.7%	59.3%	53.7%
Mixed Sex Accommodation breaches	Trustwide	0						0	0	0	0	0	0	0	0	0	0
Follow ups 6 weeks past to be seen date	Trustwide	6400		17651	17789	18231	18069	19797	20026	20496	21388	22516	22215	22158	21504	21797	21797
<b>WORKFORCE MANAGEMENT FRAMEWORK</b>																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<4.00%		4.2%	4.4%	4.5%	4.6%	4.7%	4.8%	5.0%	5.3%	5.6%	5.6%	5.6%	5.8%		5.8%
Appraisal Completeness	Trustwide	>90%		80.6%	79.7%	77.9%	79.2%	78.6%	76.1%	75.2%	71.9%	71.3%	73.9%	75.2%	77.0%	78.0%	78.0%
Mandatory Training Compliance	Trustwide	>85%		89.4%	89.0%	89.0%	88.8%	88.4%	88.6%	89.2%	89.5%	89.6%	89.8%	90.1%	89.7%	89.2%	89.2%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		11.7%	11.3%	11.6%	11.5%	12.0%	12.6%	12.9%	13.4%	13.2%	13.6%	13.7%	13.8%	13.8%	13.8%



ISU	Target	13 month trend	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Year to date	
<b>COMMUNITY &amp; SOCIAL CARE FRAMEWORK</b>																	
4 Week Smoking Quitters (reported quarterly in arrears)	Trustwide	NONE SET		189	0	0	264	0	0	0	0	0	0	0	0	365	
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	6.95%		5.2%			5.4%			6.5%			6.5%				
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET	564	546	604	590	628	644	623	645	671	664	705	700	714	671	
Intermediate Care - No. urgent referrals	Trustwide	113		191	241	222	237	219	195	213	212	175	196	213	210	216	214
Community Hospital - Admissions (non-stroke)	Trustwide	NONE SET	233	229	243	191	200	202			265	241	213	229	220	265	
Urgent Community Reponse (2-hour) - Referrals	Trustwide	NONE SET			31	42	37	19	34	27	30	27	31	29		117	
Urgent Community Reponse (2-hour) - Target achievement	Trustwide	70%			67.7%	61.9%	75.7%	47.4%	67.6%	51.9%	46.7%	59.3%	61.3%	58.6%		56.4%	
Urgent Community Reponse (2-48 hour) - Referrals	Trustwide	NONE SET			119	120	115	117	140	161	112	147	131	109		1064	
Urgent Community Reponse (2-48 hour) - Target achievement	Trustwide	NONE SET			86.6%	90.8%	93.0%	90.6%	85.7%	91.3%	88.4%	90.5%	90.8%	88.1%		83.1%	
<b>ADULT SOCIAL CARE TORBAY KPIs</b>																	
Proportion of clients receiving self directed support	Trustwide			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Proportion of carers receiving self directed support	Trustwide	94%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
% Adults with learning disabilities in employment	Trustwide	7%		7.1%	7.1%	6.8%	7.0%	6.8%	6.7%	6.6%	7.1%	7.3%	7.3%	7.3%	7.5%	7.3%	
% Adults with learning disabilities in settled accommodation	Trustwide	80%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Permanent admissions (18-64) to care homes per 100k population	Trustwide	14		19.0	17.7	17.7	20.4	23.1	25.8	19.0	21.7	24.5	29.9	35.3	28.5	40.8	24.5
Permanent admissions (65+) to care homes per 100k population	Trustwide	450		511.5	449.6	422.7	411.9	376.9	487.3	476.5	570.8	576.2	823.8	880.4	928.8	939.6	576.2
Proportion of clients receiving direct payments	Trustwide	25%		19.5%	19.0%	19.4%	19.4%	19.6%	19.4%	19.6%	19.8%	19.5%	19.4%	19.6%	19.7%	20.0%	19.5%
% reablement episodes not followed by long term SC support	Trustwide	83%		87.1%	87.4%	87.9%	87.9%	87.7%	88.0%	87.8%	88.9%	84.5%	86.8%	89.6%	89.5%	85.4%	84.5%
<b>NHS I - OPERATIONAL PERFORMANCE</b>																	
A&E - patients seen within 4 hours	Trustwide	>95%		67.6%	65.1%	62.5%	59.8%	62.5%	61.1%	60.6%	58.4%	58.0%	57.6%	54.5%	58.5%	59.1%	57.6%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		59.4%	57.4%	57.0%	56.5%	55.6%	54.7%	54.7%	52.0%	50.4%	52.3%	50.6%	49.5%	48.5%	48.5%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		75.0%	73.3%	70.5%	57.0%	61.9%	49.1%	52.1%	59.5%	57.8%	61.5%	56.4%	60.4%	57.0%	57.0%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		32.2%	32.6%	33.8%	32.4%	37.9%	41.3%	38.4%	36.8%	33.9%	32.0%	30.1%	29.1%	33.9%	33.9%
Dementia - Find - monthly report	Trustwide	>90%		97.2%	92.7%	94.4%	95.0%	87.3%	94.8%	89.7%	93.6%	91.6%	94.6%	84.1%	92.5%	90.6%	90.9%

ISU	Target	13 month trend	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Year to date	
<b>LOCAL PERFORMANCE FRAMEWORK 1</b>																	
Number of Clostridium Difficile cases reported	Trustwide	<3		8	2	1	2	6	6	3	7	2	4	4	6	9	25
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		54.6%	55.6%	50.5%	45.2%	44.3%	45.6%	48.1%	61.1%	59.6%	60.9%	35.6%	31.9%	38.4%	38.4%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		77.8%	92.4%	95.1%	79.8%	82.5%	38.6%	71.4%	81.0%	76.8%	77.8%	41.7%	17.3%	58.5%	58.5%
Cancer - 28 day faster diagnosis standard	Trustwide			77.4%	60.6%	58.8%	52.5%	52.8%	55.2%	73.1%	75.0%	76.9%	67.6%	64.8%	67.7%	72.1%	72.1%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%		98.8%	99.4%	98.2%	96.7%	96.8%	94.8%	96.5%	97.4%	92.6%	90.7%	96.0%	96.7%	98.0%	98.0%
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	97.3%	98.6%	98.3%	100.0%	97.4%	100.0%	100.0%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%		96.4%	98.6%	98.4%	100.0%	100.0%	97.1%	98.3%	93.8%	94.7%	92.6%	95.5%	98.0%	98.4%	98.4%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		97.3%	100.0%	100.0%	97.1%	100.0%	96.4%	91.7%	82.9%	100.0%	95.5%	87.5%	88.9%	95.5%	95.5%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		92.3%	71.4%	87.5%	82.4%	77.8%	72.7%	85.7%	80.0%	70.4%	66.7%	92.9%	69.2%	70.0%	70.0%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			13	15	29	14	26	27	39	39	33	65	61	67	59	59
RTT 52 week wait incomplete pathway	Trustwide	0		1799	1943	2093	2169	2384	2584	2759	3199	3374	3765	4137	4578	5083	5083
RTT 78 week wait incomplete pathway	Trustwide	0		580	641	572	477	532	587	649	763	779	813	713	686	787	787
RTT 104 week wait incomplete pathway	Trustwide	0		71	100	116	126	147	182	213	245	192	173	96	70	51	51
On the day cancellations for elective operations	Trustwide	<0.8%		0.5%	0.5%	1.2%	2.6%	1.3%	1.4%	0.9%	0.9%	1.6%	1.1%	1.3%	1.7%	3.1%	1.8%
Cancelled patients not treated within 28 days of cancellation	Trustwide	0		17	5	3	30	12	6	8	11	12	5	9	9	13	48
Virtual outpatient appointments (non-face-to-face) 1 month in arrears	Trustwide	25%		19.6%	20.3%	20.5%	21.1%	19.3%	20.7%	21.3%	18.8%	19.6%	20.9%	20.9%	20.2%		
Bed Occupancy	Acute	90.0%		89.0%	85.0%	87.0%	92.0%	95.0%	95.0%	93.0%	93.0%	94.0%	95.0%	94.0%	93.0%	92.0%	97.6%
No Criteria to Reside - daily average - weekday (ICO)	Trustwide	No target		57.8	55.6	61.7	66.1	87.8	101.1	80.2	70.0	70.3	46.0	45.1	57.2	41.5	
Number of patients >7 days LoS (daily average)	Trustwide			154.4	149.1	148.4	145.7	157.0	183.0	165.0	172.0	171.6	166.0	173.0	167.0	167.0	168.9
Number of extended stay patients >21 days (daily average)	Trustwide			41.5	43.9	43.6	39.9	48.0	64.0	60.6	50.0	45.6	38.5	43.0	40.9	48.0	43.2
<b>LOCAL PERFORMANCE FRAMEWORK 2</b>																	
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		266	219	285	959	952	889	727	1026	967	894	1081	995	1135	5072
Ambulance handover delays > 60 minutes	Trustwide	0		120	72	125	617	616	559	438	757	680	514	832	694	850	3570
A&E - patients with >12 hour visit time pathway	Trustwide			534	491	753	788	712	806	364	701	656	548	702	708	768	3382
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0		188	69	130	139	162	131	123	202	155	68	178	162	139	702
Number of Clostridium Difficile cases - (Acute) *	Trustwide	<3		7	2	1	1	3	5	1	5	2	3	4	4	8	21
Number of Clostridium Difficile cases - (Community)	Trustwide	0		1	0	0	1	3	1	2	2	0	1	0	2	1	4
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		74.1%	77.3%	74.5%	72.0%	63.0%	69.2%	75.2%	72.1%	71.1%	71.0%	63.8%	69.7%	70.7%	69.0%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		46.6%	46.4%	45.5%	50.7%	39.2%	36.7%	52.8%	48.6%	50.0%	52.2%	50.8%	48.0%	48.3%	49.9%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%		69.0%	73.0%	67.7%	67.8%	69.1%	74.6%	67.7%	66.0%	69.5%	65.4%	69.5%	69.1%	80.2%	80.2%



ISU	Target	13 month trend	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Year to date
<b>NHS I - FINANCE AND USE OF RESOURCES</b>																
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide		1240	-367	-327	-401	-609	-845	-955	-2025	-187	718	-914	-1231	-4412	
Agency - Variance to NHSI cap	Trustwide		-2.10%	-2.10%	-2.10%	-2.00%	-2.00%	-1.80%	-1.60%	-1.40%	-2.00%	-2.40%	-2.40%	-2.10%	-2.10%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide					-593	-833	-659	-222	248	-1812	-1873	-2717	-2751	-3858	
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide		5275	9080	12336	16029	19492	20987	15148	15919	-57	1977	814	1203	1065	
Distance from NHSI Control total (£'000's)	Trustwide		1539	7	8	-13	37	153	88	-59	-5	1286	0	0	-2978	
<b>ACTIVITY VARIANCE vs 2019/20 BASELINE</b>																
Outpatients - New	Trustwide		-14.2%	-4.5%	-19.0%	1.9%	-4.2%	-18.5%	-7.1%	22.4%	-16.3%	-13.8%	-7.5%	-18.1%	2.4%	-11.1%
Outpatients - Follow ups	Trustwide		-10.1%	-5.8%	-19.0%	-2.7%	-6.9%	-22.2%	-15.2%	19.3%	-13.4%	-5.5%	-7.0%	-15.3%	4.0%	-7.6%
Daycase	Trustwide		-18.4%	-4.5%	-20.6%	-11.7%	-12.6%	-22.3%	-15.8%	17.0%	-17.7%	-10.4%	-0.4%	-7.9%	-3.5%	-8.0%
Inpatients	Trustwide		-35.2%	-24.4%	-25.8%	-37.0%	-33.8%	-47.5%	-38.8%	-23.4%	-9.2%	-8.8%	-7.0%	-16.1%	-15.5%	-11.4%
Non elective	Trustwide		-5.1%	-0.8%	-7.9%	-9.6%	-14.9%	-12.2%	-10.3%	12.3%	-11.4%	-11.5%	-12.5%	-17.3%	-16.0%	-13.7%
<b>INTEGRATED CARE MODEL</b>																
Intermediate Care Referrals (All)	Trustwide		472	525	511	537	504	540	554	550	514	541	503	512	0	
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		13.46	14.57	12.19	12.20	14.10	13.60	15.60	15.60	15.70	14.30	14.50	15.70	0.00	



<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Mortality Surveillance Score Card – September 2022			<b>Meeting date:</b> 28 September 2022	
<b>Report appendix</b>	Appendix 1 – Hospital Mortality Appendix 2 – Unadjusted Mortality Rate Appendix 3 – Mortality Analysis Appendix 4 – Focused Mortality Reviews			
<b>Report sponsor</b>	Medical Director			
<b>Report author</b>	Medical Director			
<b>Report provenance</b>	The report will go to the next Mortality Surveillance Group meeting and Quality Improvement Group Meeting			
<b>Purpose of the report and key issues for consideration/decision</b>	The report is for bi-monthly assurance to ensure learning from deaths			
<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 Mortality Surveillance Scorecard for September 2022.			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	X	<b>Valuing our workforce</b>	
	<b>Improved wellbeing through partnership</b>	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>	20
	<b>Risk Register</b>		<b>Risk score</b>	
BAF Ref. 1 Quality and Patient Experience				
<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>	X	<b>National policy/guidance</b>	X

<b>Report title: Mortality Surveillance Score Card – September 2022</b>		<b>Meeting date:</b> 28 September 2022
<b>Report sponsor</b>	Medical Director	
<b>Report author</b>	Medical Director	

## 1.0 Introduction

The document ‘National Guidance on Learning from Deaths’ was first published by the NHS National Quality Board in March 2017 and provides a framework for NHS Trusts for identifying, reporting, investigating and learning from deaths in care. The Trust must have an executive director who is responsible for the learning from deaths agenda and a non-executive director who provides oversight of the progress. From April 2017, Trusts have been required to collect and publish, on a quarterly basis, specified information on deaths by submitting a paper to public Board.

For some patients, death under the care of the NHS is an inevitable outcome and they experience excellent care from the NHS in the months or years leading up to their death. However, some patients experience poor quality provision of care resulting from multiple contributory factors. The purpose of reviews and investigations where problems in care may have contributed to death, is to learn in order to improve and prevent recurrence.

Since April 2020, it has been a requirement that all in-patient deaths are scrutinised by a suitably trained Medical Examiner. Some deaths which cannot be readily identified by a doctor as due to natural causes are referred to HM Coroner for investigation instead. Medical Examiners are mandated to give bereaved relatives a chance to express any concerns and to refer to HM Coroner any deaths appearing to involve serious lapses in clinical governance or patient safety. Some deaths require a case record review, looking at the care provided to the deceased as recorded in their case records in order to identify any learning. This would particularly apply where bereaved families and carers or staff have raised concerns about the quality of care provision.

Lastly, some deaths require a formal investigation as guided by the Serious Incident Framework.

### Data Sources

The indicators for this Scorecard have been collated from a variety of data sources using defined methodology. The report is designed to give a top-level view of our mortality data over time.

The report also includes mortality cases reviewed via the Trusts Morbidity and Mortality form based on the Royal College of Physicians Structured Judgement Frame Work (SJF) looking at any lapses in care as well as good practice.

Data sourced, includes data from the Trust, Department of Health (DH), and Dr Foster. The data in the appendices has, in the main, been displayed as run charts. The report is generated for the Trust Board, Quality Improvement Group, and Mortality Surveillance Group as well as local ISU governance groups.

The run charts used are designed to look for *trends* and *shifts* in the data.

**Trends:** If 5 or more consecutive data points are increasing or 5 or more consecutive points decrease, this is defined as a trend. If a trend is detected it indicates a non-random pattern in the data. This non-random pattern may be a signal of improvement or of process starting to err.

**Shifts:** If 6 or more consecutive data points are all above or all below the median this indicates a non-random pattern in the data which may be a signal of improvement or of a process starting to err.

**Table 1: Torbay & South Devon NHS Foundation Trust Data Sources**

Safety Indicator		Data Source	Target	RAG
Appendix 1	Mortality	Dr Foster latest benchmark Month	Below the 100 line with an aim for a yearly HSMR $\leq 90$	May 2022 124.8
<ul style="list-style-type: none"> <li>A. Hospital Standardised Mortality Rate (HSMR)</li> </ul>				12-month average 117.4
<ul style="list-style-type: none"> <li>B. Summary Hospital Mortality Index (SHMI)</li> </ul>		DH SHMI data		108.52 (Mar 21 – Feb 22) NHS Digital
Appendix 2		Trust Data	Yearly Average $\leq 3\%$	2.93%
<ul style="list-style-type: none"> <li>Unadjusted Mortality Rate</li> <li>By number</li> <li>By location</li> </ul>		ONS Data		
Appendix 3	Trust Data Dr Foster DH HSMR data	CUSUM alerts greater than 1 in last 12 months	3	
Appendix 4	Trust Data			
<ul style="list-style-type: none"> <li>Mortality Analysis</li> </ul>				
<ul style="list-style-type: none"> <li>Mortality Reviews and Learning</li> </ul>				

## 2.0 Trust Wide Summary

The Hospital Standardised Mortality Rate (HSMR) is above the expected level of 100 for our population for May 2022. The rolling 12-month position exceeded the expected range for the 12-months to May 2022 with a relative risk of 117.4 against a 100 benchmark. The rolling 12-month trend shows that the HSMR became statistically higher than expected in July 2021 and has continued to increase since this point. The Trust's HSMR is one of 10 trusts in our peer comparator which are statistically higher than expected out of 14 Trusts. The increase in HSMR over the last 2 years is broadly in line with the trend of increase in HSMR seen by our Regional peers.

The factors affecting HSMR have been considered. The Trust's average palliative care coding rate has increased over time and is now only slightly lower than the national rate (4.75% vs a national average of 4.84%). The Trust has a slightly lower than average Charlson co-morbidity upper quartile rate (90 vs national average of 100) and this depth of coding has increased over the last year. Overall the Trust reports a higher percentage of spells in the 'Symptoms and Signs' chapter (11.3% v 7.2% national). This may impact by reducing the overall expected mortality rate. The Trust has a greater proportion of patients in the higher deprivation quintiles compared to Regional peers. Higher deprivation is known to contribute to poorer health outcomes and shorter life expectancy. The Trusts' patients are older than the peer average which might result in a greater number of observed deaths.

The Medical Examiner Office highlighted to the Trust that there continues to be delays in death referrals and completion of the Medical Certificate of Cause of Death due to the current system pressures. The Medical Examiner Office is supporting additional operational processes to address this issue.

## Appendix 1 – Hospital Mortality

This metric looks at the two main national mortality tools and is therefore split into:

- 1A – Dr Foster’s Hospital Standardised Mortality Rate (HSMR) and,
- 1B – Department of Health’s Summary Hospital Mortality Index (SHMI)

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### 1A The HSMR is based on the *Diagnosis all Groups* using the December 2020 monthly benchmark and analysed by Relative Risk - Trend / Month

Our HSMR aim is to reduce and sustain the HSMR below a rate of  $\leq 90$

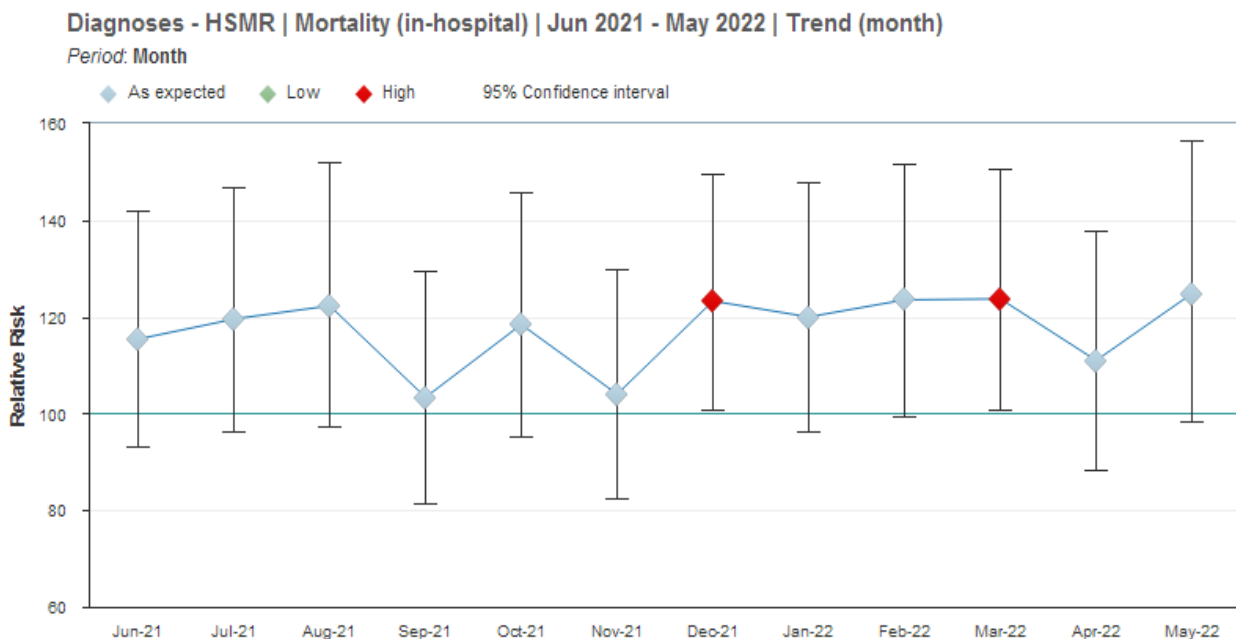
A rate above 100 with a **high relative risk** may signify a concern and needs to be investigated

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#### Chart 1 - HSMR by Month June 2021 to May 2022 (latest month available)

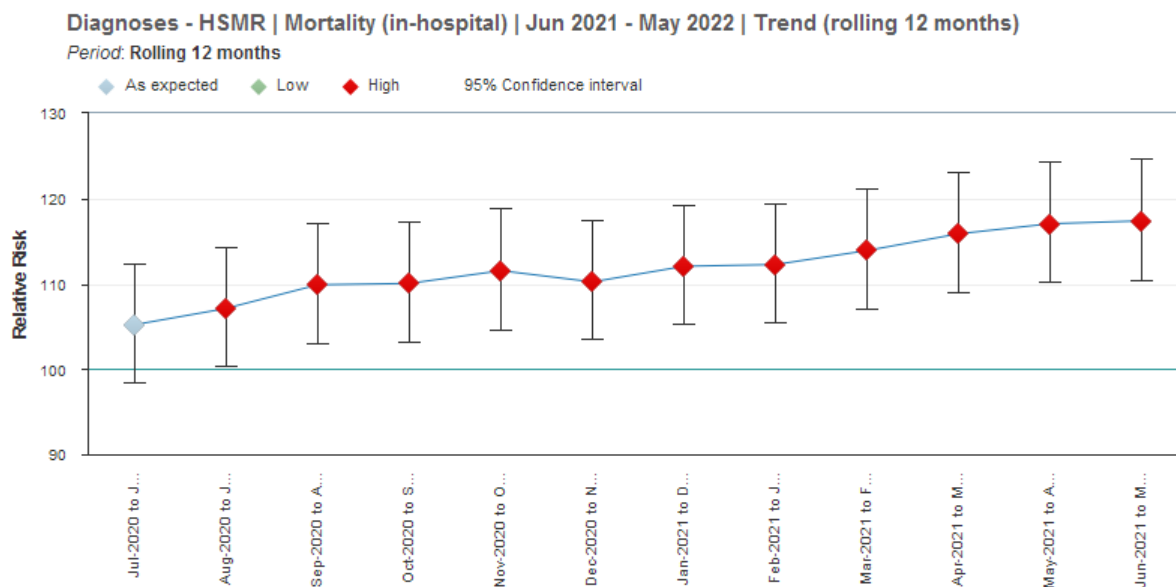
Chart one (as below) shows a longitudinal monthly view of HSMR.

The latest month’s data, May 2022, has a relative risk of 124.8 (basket of 56 diagnostic groups) and is above the 100 average. There is a rise in mortality during last summer May to August 2022, a further rise in winter December 2021 to February 2022, and from April to May 2022.

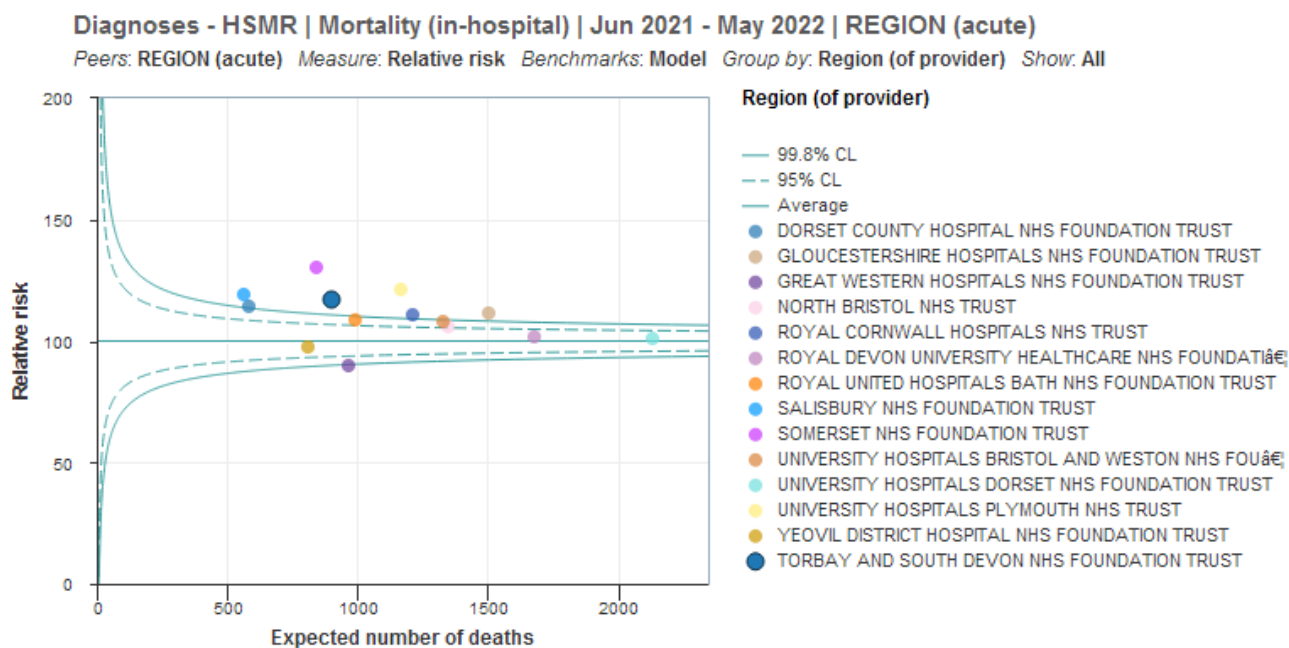


## Chart 2 -HSMR rolling 12-month position

The rolling 12-month position is shown below showing the cumulative position of the high monthly relative risk reported over the last 11 months.

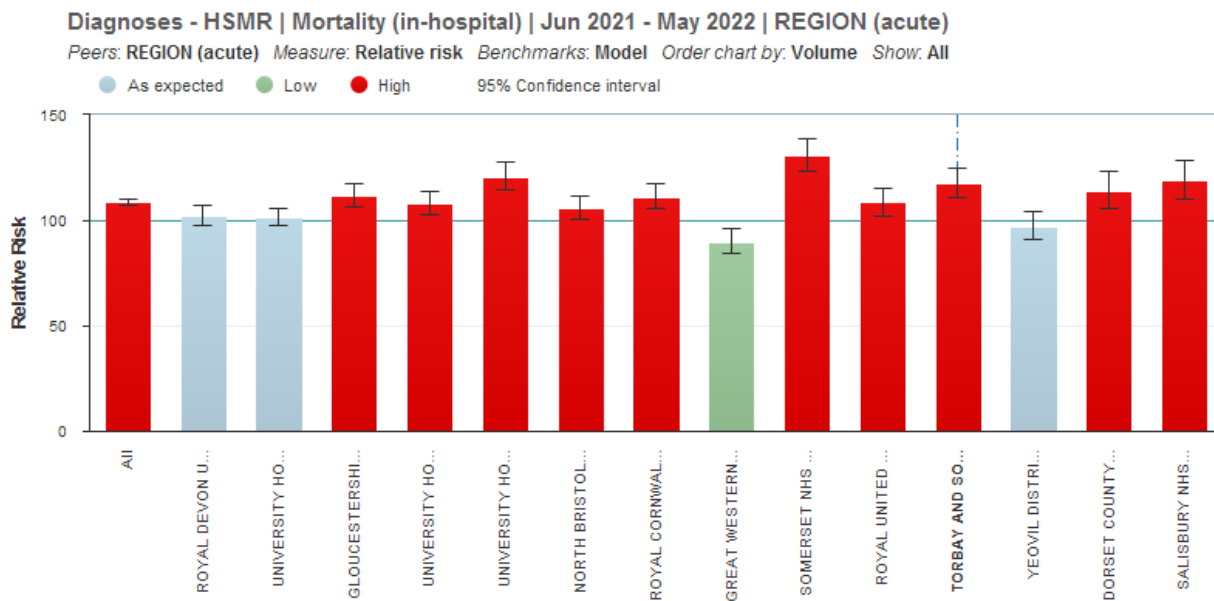


**Chart 3-HSMR Peer Comparison**, as below, highlights HSMR mortality by peer comparison, across the South West, using a 12-month annual total. This shows Torbay and South Devon is one of 10 Trusts in the Region with a statistically higher HSMR than expected.



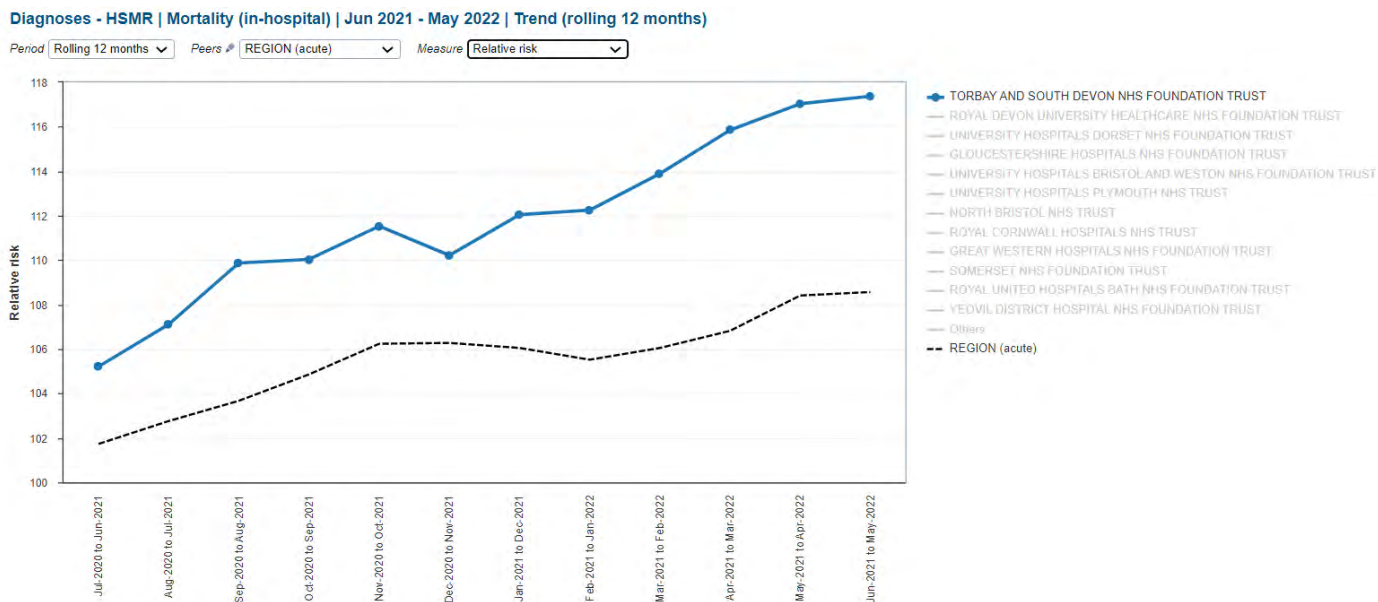


**Chart 4** displays the above data as a peer comparison as a bar chart. The 12-month average HSMR for Torbay and South Devon is flagging red as the lower confidence interval is above the 100 benchmark.

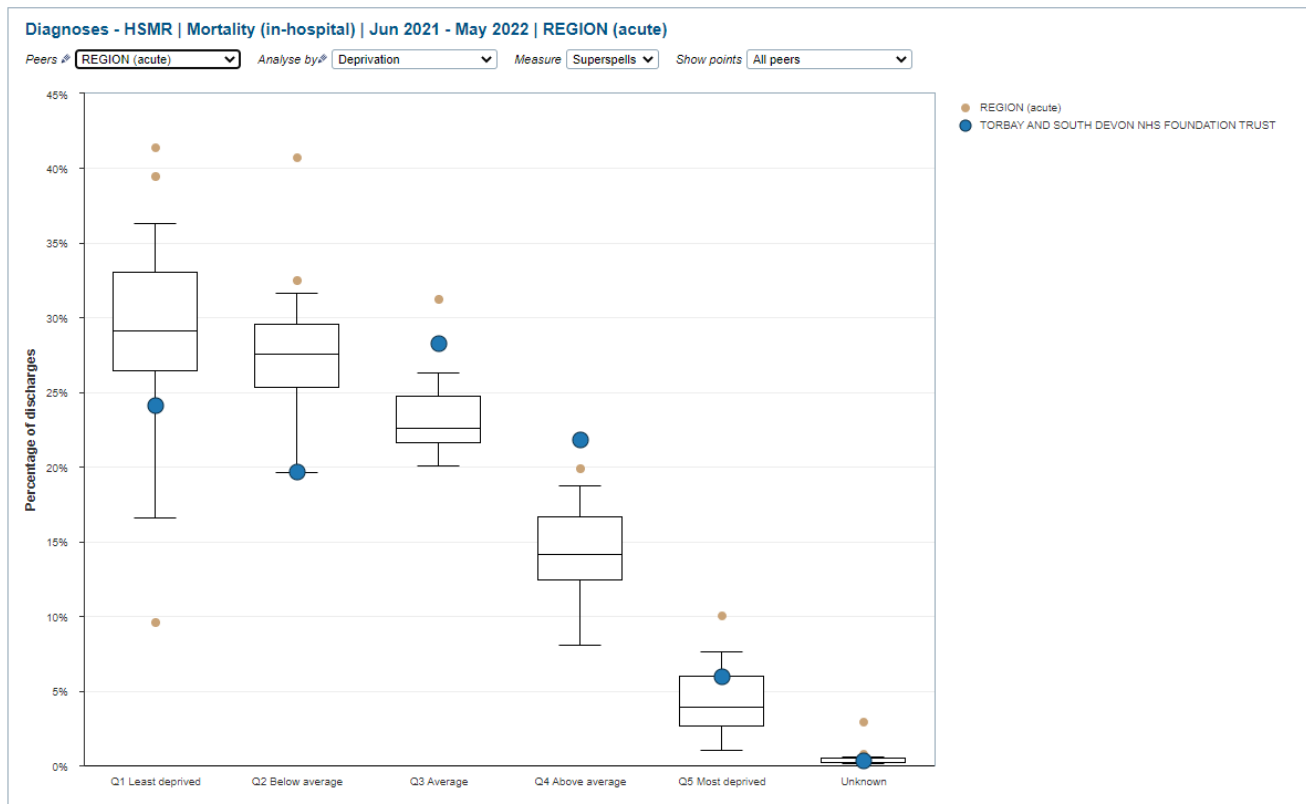


### Chart 5- HSMR Peer comparison

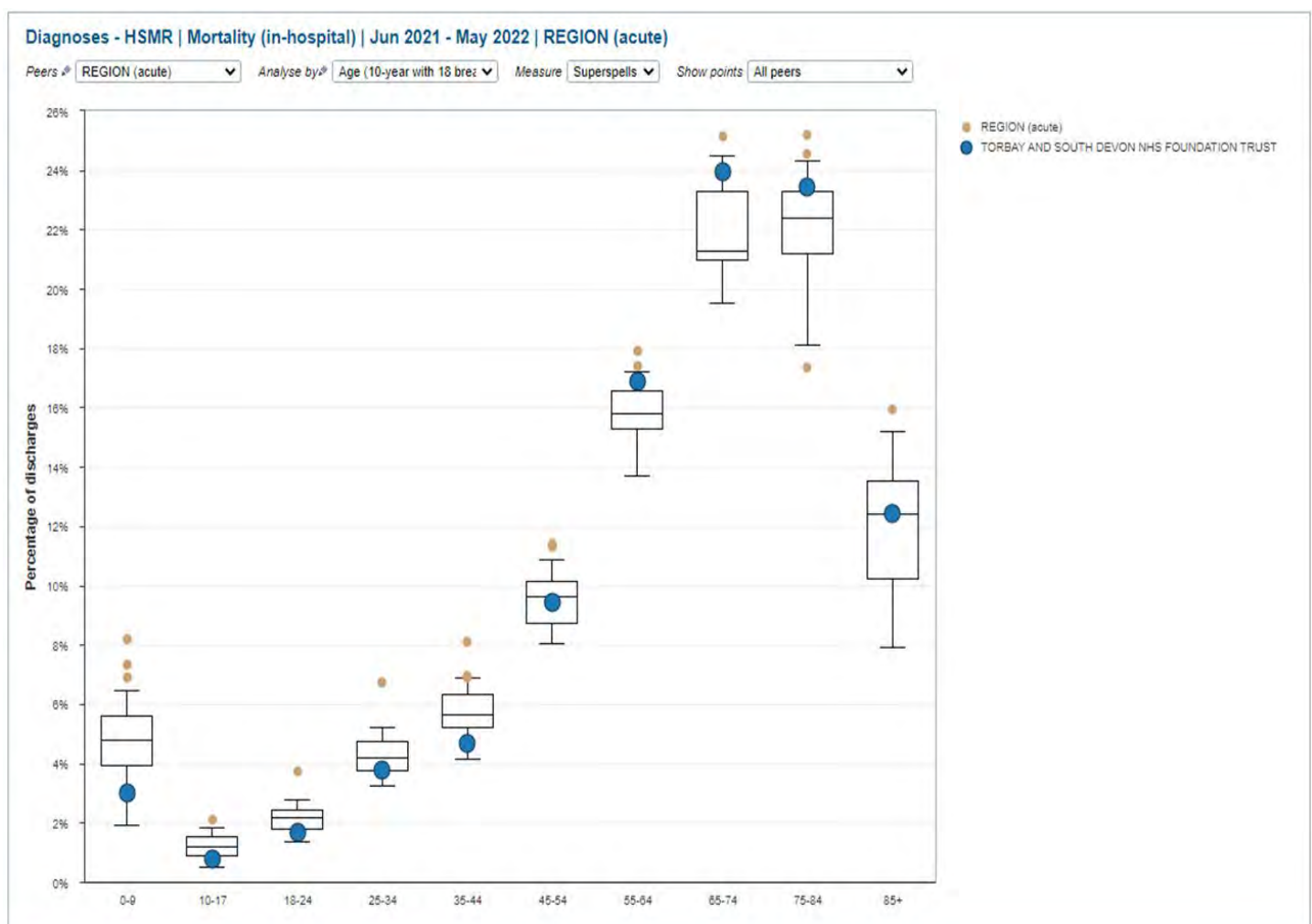
The increase in rolling HSMR seen in the Trust over the last 2 years is broadly in line with the Regional peer relative increase in HSMR



## Chart 6 - Factors effecting HSMR – Deprivation



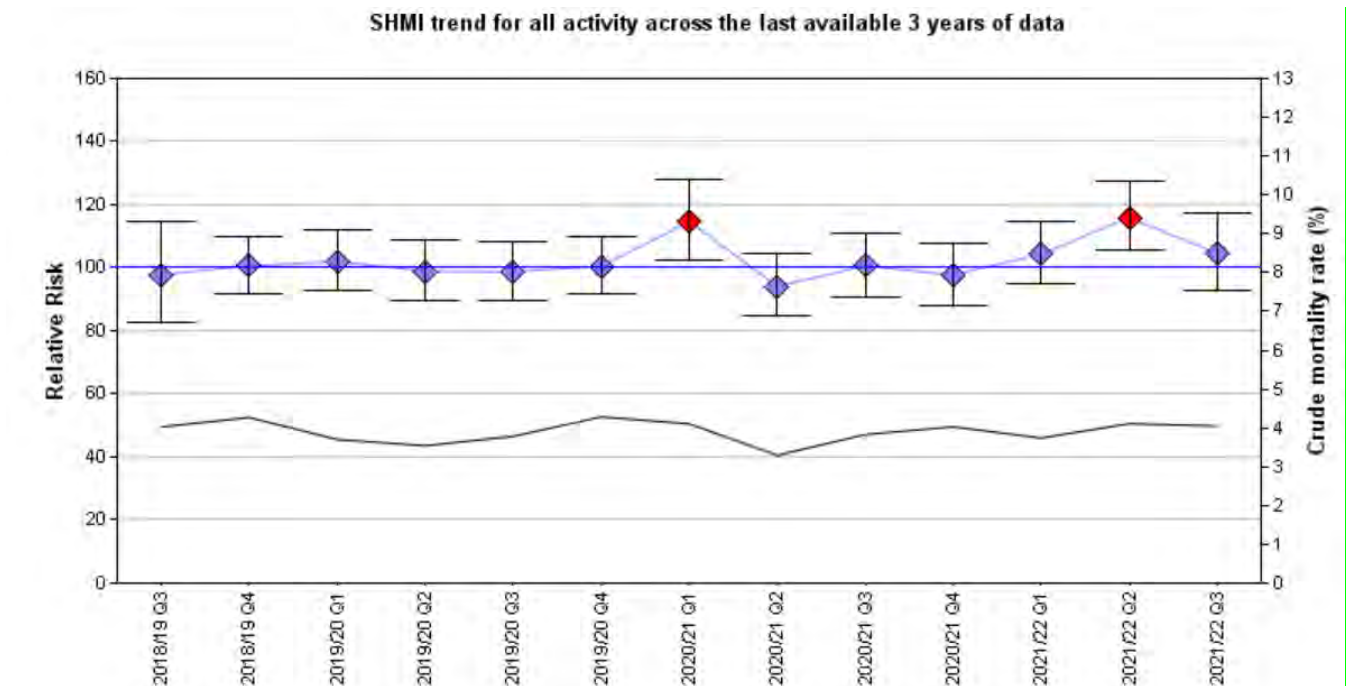
## Chart 7 - Factors effecting HSMR – Age



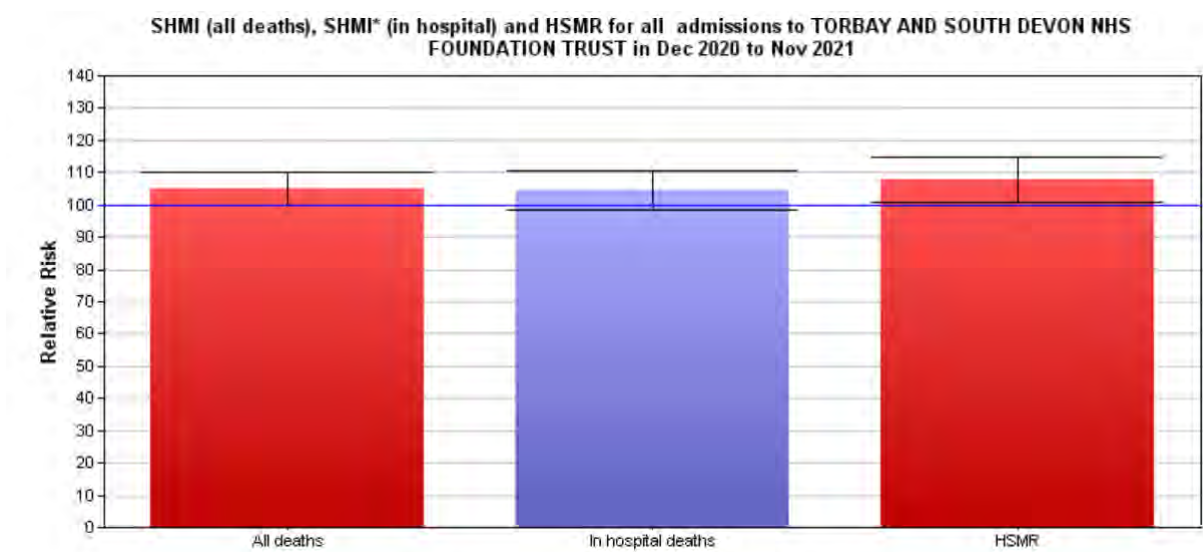
## 1B Summary Hospital Mortality Index (SHMI) Reporting Period July 2020 –June 2021

SHMI is derived from Hospital Episode Statistics (HES) data and data from the Office of National Statistics (ONS). SHMI is based upon inpatient deaths **and** deaths up to 30 days post discharge from hospital and this is the main difference between SHMI and HSMR. The data is released on a **3 monthly basis** and is very retrospective, therefore, please note *the following data is based on the March 2021 – February 2022 data period and is different to HSMR.*

**Chart 8**, as below, highlights SHMI by quarterly periods with all data points and confidence intervals within the expected range except two, which exceeds the average 100 relative risk mark. The first flag is Q1 2020/21 and relates to the first wave of Covid-19. The second flag for Q2 2021/22 with no significant cause identified. No further updates are currently available via Telstra Health.

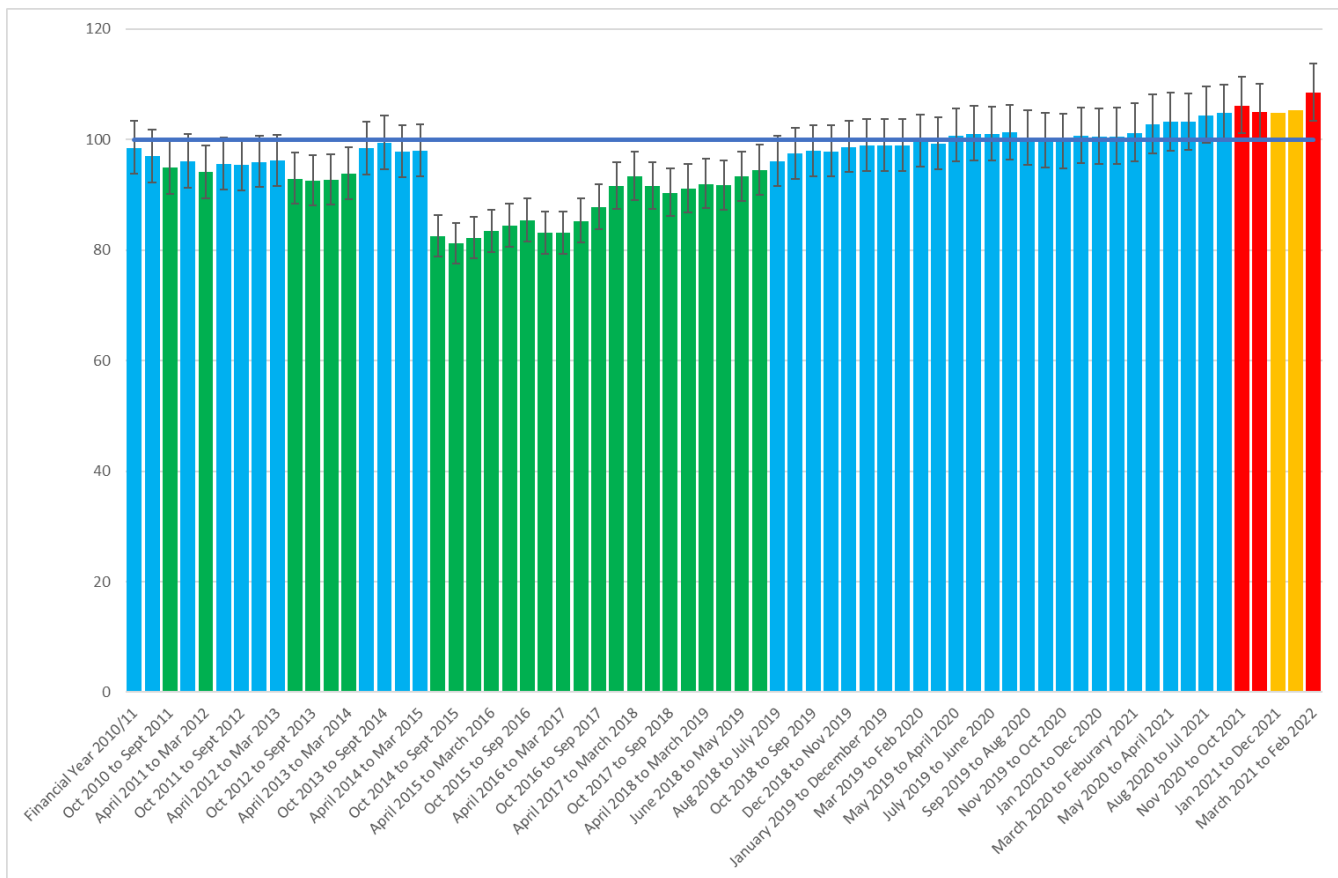


**Chart 9** (as below) details SHMI all deaths, SHMI in hospital deaths, and HSMR comparison. The HSMR and SHMI demonstrate a consistent comparison. Confidence intervals are triggering a higher than expected range. No further updates are currently available via Telstra Health.



**Chart 10**, below, expresses the 12-month rolling SHMI data by time period. The mortality index is reporting the expected number of deaths during this time period (March 2021 –February 2022). The confidence intervals for the last 3 reported periods are above 100 and will be subject to review.

**SHMI by data period**



## Appendix 2 – Unadjusted Mortality Rate

This data looks at the number of deaths in-hospitals and expresses this unadjusted death rate as a percentage, as well as by number and location across time

This percentage is defined as the monthly unadjusted or 'raw' mortality. It is calculated as follows:

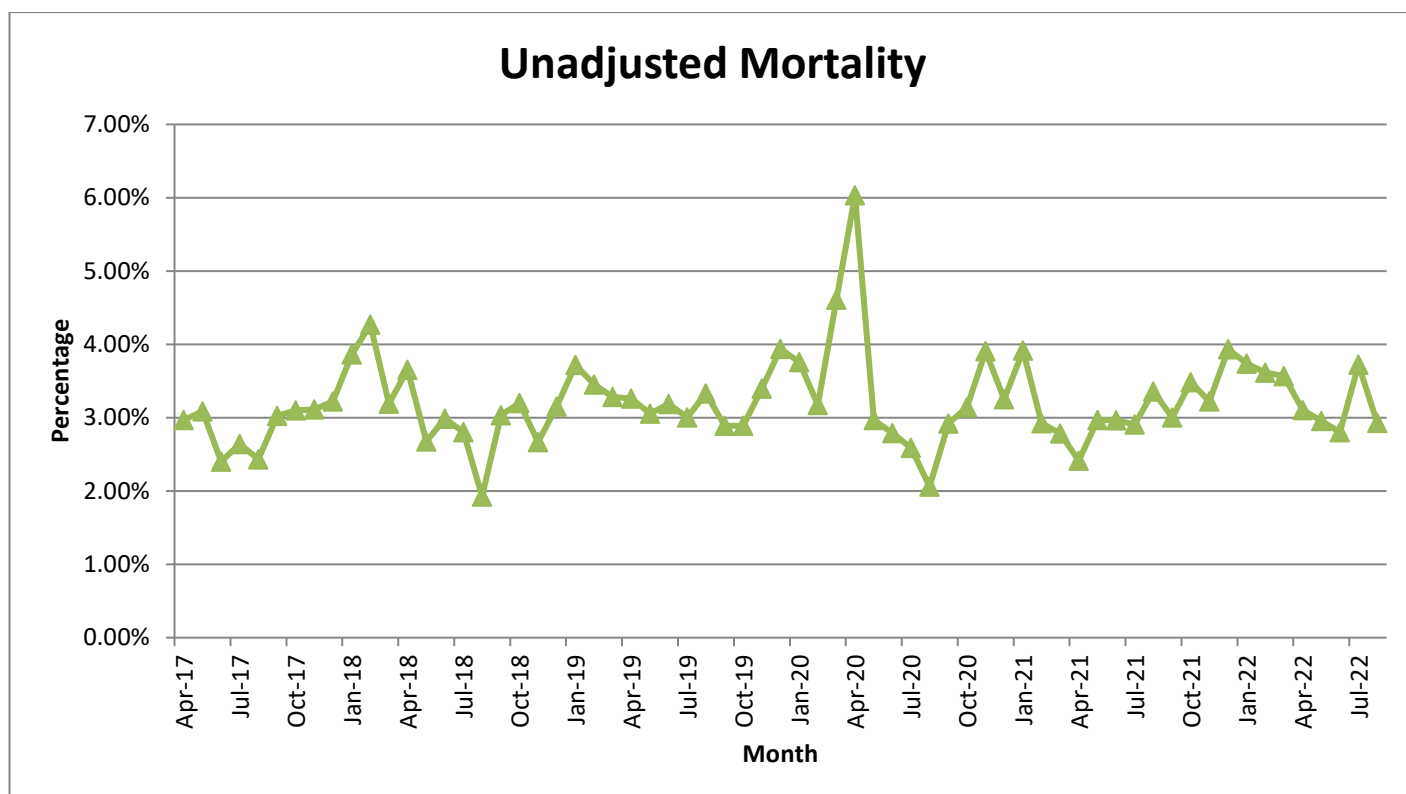
Determine the numerator: the total number of in-hospital deaths (TD) for the current month (excluding stillbirths and deaths in A & E).

Determine the denominator: the current month's total number of in-hospital deaths (TD) + live discharges (LD).

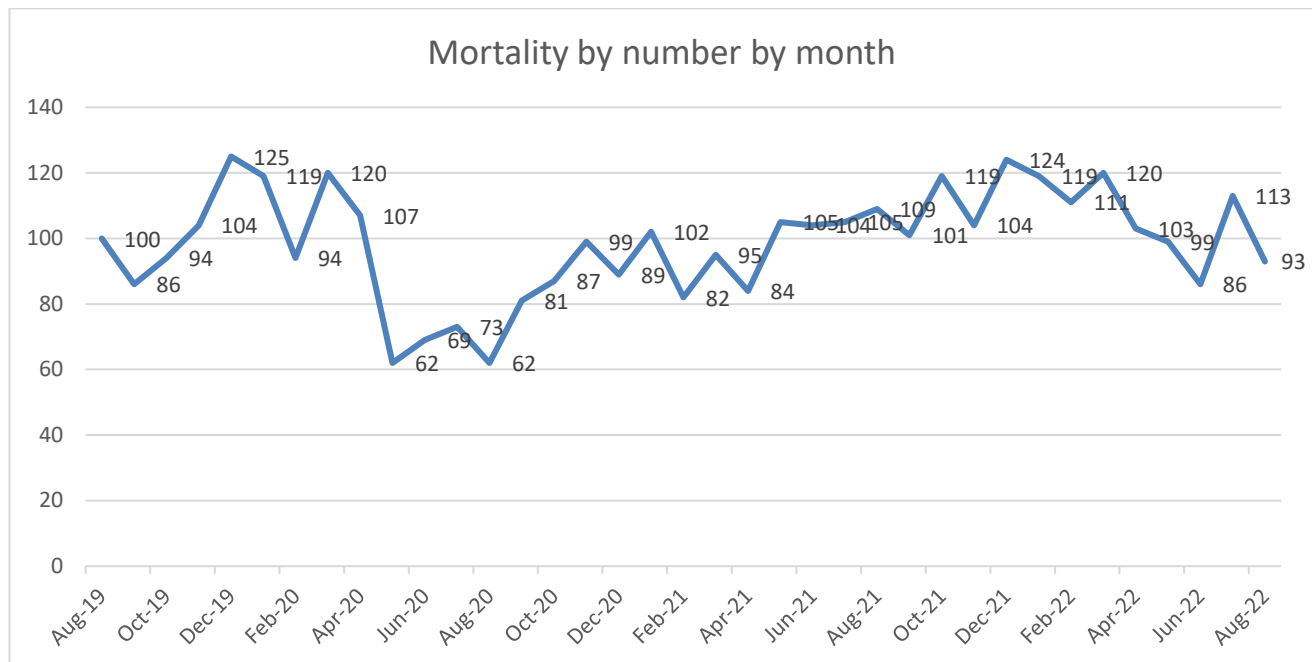
Calculate the actual percent monthly-unadjusted mortality by dividing (TD) by (TD + LD) and then multiply by 100.

**Chart 11**, below, highlights the Trust's in hospital unadjusted mortality. This has to be viewed along with the more in-depth analysis provided by HSMR and SHMI.

This chart includes the Covid lockdown period and highlights a rise in deaths in March and April 2020. The mortality rise in March is partly explained by a reduction in activity due to Covid changes. The mortality rise in April is solely down to reduced activity. In April 2019 we had 3036 discharges (the denominator) and in April 2020 this, due to Covid, had reduced to 1773. Unadjusted mortality remains within normal limits for the Trust.



**Chart 12** As below, indicates the monthly number of hospital deaths. This shows a rise in March and April 2020 partly due to Covid, before decreasing to comparatively low numbers during Summer 2020. As hospital activity increased following the initial pandemic lockdown, the number of hospital deaths has also increased. The pattern of increased deaths related to winter pressures appears to be re-emerging after a relatively low number of in-hospital deaths last winter.



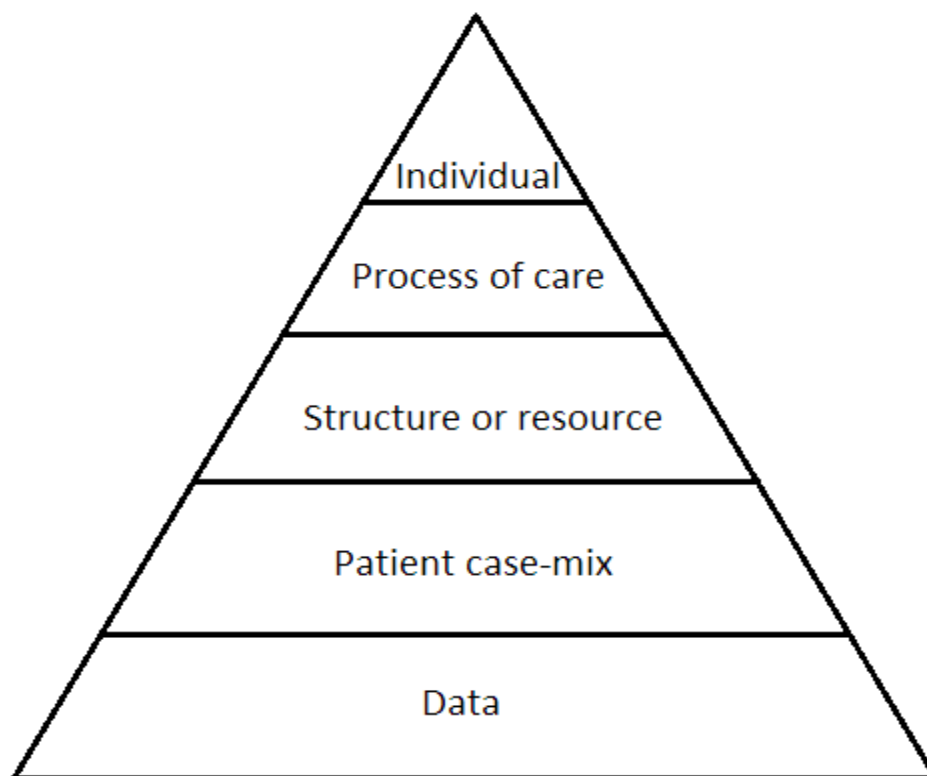
**Appendix 3 – Mortality Analysis**

**Table 2** –highlights mortality by ward location by month and are within the expected norms for each ward area

	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	Jun-22	Jul-22	Aug-22
<b>Torquay ISU</b>																
DELIVERY SUITE																
LCHDU																
LOUISA CARY																
MOTHER AND BABY																
<b>Paignton and Brixham ISU</b>																
BRIXHAM	1	1	1	1	2		1	1	2					2	1	
CARDIAC CATHETER SUITE		1								1	1					
DUNLOP	3	3	4	8	6	4	7	6	12	3	3	5	7	4	5	7
MIDGLEY	18	12	18	16	17	17	15	12	8	14	15	11	7	13	12	11
TORBAY CHEST PAIN UNIT						1										
TORBAY CORONARY CARE BEDS	2	2	3	4		3	2	3	3			2	4	2		
TURNER	5	6	7	5	5	5	5	7	10	9	9	4	7	10	6	5
ELIZABETH	1															
WARRINGTON	2	2	2	3	3	4	3	1	1	3	1	1	2	3	1	3
<b>Newton Abbot ISU</b>																
ACUTE MEDICAL RECEIVING UNIT																
ACUTE SURGICAL UNIT													1			
MEDICAL RECEIVING UNIT		3	4	1	3		2	6	4	3	7					
NEW MEDICAL RECEIVING UNIT													3			1
EAU3																
EAU4	9	16	11	11	8	16	9	10	12	5	10	7	10	8	7	6
INTENSIVE CARE UNIT	10	16	7	11	3	8	13	12	11	5	8	13	12	10	11	6
TEIGN WARD	3	2	2		4	2	1	2	2	1		1	3	1	3	2
TEMPLAR WARD		1	1			1		2	2	1			3	1	1	
<b>Coastal ISU</b>																
AINSLIE			4	7	3		1	7	3	6	4	3	2	1	3	3
ALLERTON	6	4	3	7	2	8	7	7	8	7	15	8	3	6	8	5
CROMIE	7	2	5	5	5	5	3	6	3	8	5	6	2	4	6	5
DAWLISH		1	1		2			3		5	4		2		2	1
ELLA ROWCROFT			2		1				3	1	1	2				1
FORREST			4	5	8	13	7	12	8	6	2	9	8	1	8	6
THEATRES				1						1	2		1			
<b>Moor to Sea ISU</b>																
CHEETHAM HILL	11	7	9	11	12	10	13	6	10	11	10	7	15	7	7	11
DART	3		1		1	3		1	2					1	3	1
GEORGE EARLE	8	13	8	9	9	10	6	12	5	8	9	9	4	7	17	7
SIMPSON	16	12	8	4	7	9	9	8	7	9	11	11	1	5	8	8
<b>Wards used in Covid Surge Response</b>																
JOAN WILLIAMS										2	2	1	1			
MCCALLUM									3	2	1	3	1		4	4
<b>Grand Total</b>	<b>105</b>	<b>104</b>	<b>105</b>	<b>109</b>	<b>101</b>	<b>119</b>	<b>104</b>	<b>124</b>	<b>119</b>	<b>111</b>	<b>120</b>	<b>103</b>	<b>99</b>	<b>86</b>	<b>113</b>	<b>93</b>

## Alerts by Clinical classification

An 'alert' is raised when the expected number of deaths is significantly exceeded by the actual number of deaths. The Trust adopts the 'pyramid of investigation for special cause variation' shown below to further investigate alerts.



- 1) 1<sup>st</sup> Step **Data**: has the data been coded accurately, have all the comorbidities been recorded and coded, does the coding reflect what actually happened to the patient?
- 2) 2<sup>nd</sup> Step **Patient case-mix**: Has something happened locally to affect the case mix? For example, patients admitted for end of life care and if so has a palliative care coding been recorded?
- 3) 3<sup>rd</sup> Step **Structure or Resource**: were there any changes to the structure and availability of resources e.g. availability of beds, equipment and staff
- 4) 4<sup>th</sup> Step **Process of care**: have new treatment guidelines been introduced, have appropriate care pathways been consistently followed, have there been changes to admission or discharge practices?
- 5) 5<sup>th</sup> Step: **Individual**: An individual is rarely the cause of an alert. A consultant name may be recorded against the primary diagnosis but many individuals and teams are involved in providing care. Have there been any changes to staff or teams during the investigation



**Table 3 – Dr Foster Alerts by clinical classification**

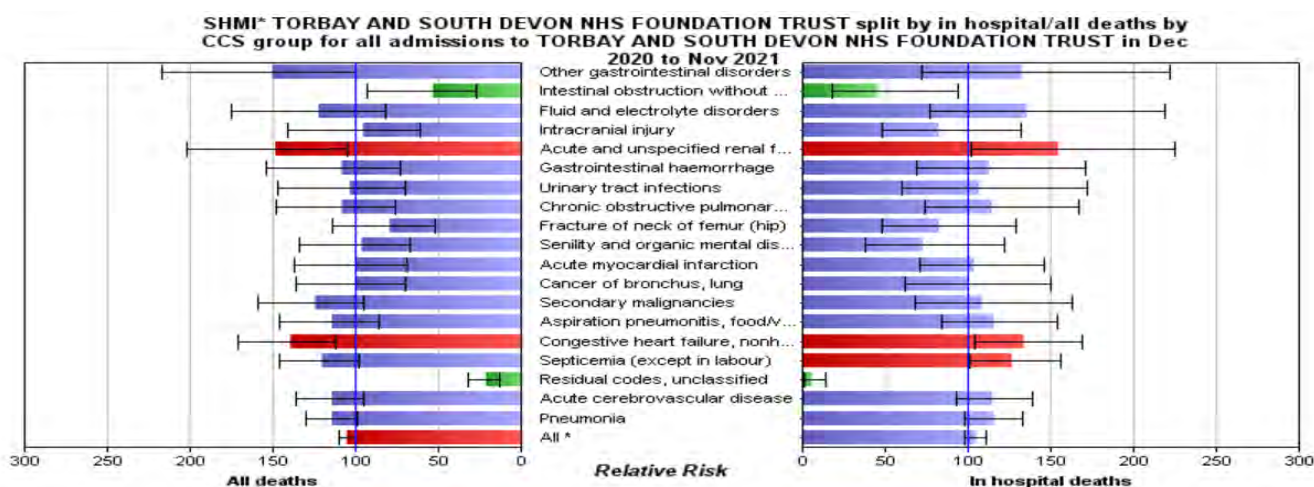
Title	CUSUM	Vol	Obs	Exp	%	Relative risk	Trend	LOS	Readm.	Peers
<b>All Diagnoses</b>	10	73388	1328	1226.8	1.8	108.3				
HSMR (56 diagnosis groups)	1	29702	1050	894.6	3.5	117.4				
Abdominal pain	1	22553	4	2.0	0.2	300.0				
Chronic obstructive pulmonary disease and bronchiectasis		559	35	23.2	6.5	150.8				
Congestive heart failure, nonhypertensive	1	479	82	54.2	17.1	151.2				
Intestinal infection	1	702	11	7.5	1.4	146.2				
Noninfectious gastroenteritis		129	3	1.3	2.3	229.0				
Open wounds of head, neck, and trunk	1	168	6	3.8	3.6	173.6				
Other lower respiratory disease	1	242	15	6.2	6.2	240.2				
Peritonitis and intestinal abscess	2	31	9	3.3	29.0	274.8				
Pneumonia		1295	200	173.2	15.4	115.5				
Respiratory failure, insufficiency, arrest (adult)	1	47	17	11.9	36.2	142.6				
Septicemia (except in labour)		391	91	71.5	23.3	127.2				
Syncope	1	272	4	1.4	1.5	295.5				
<b>All Procedures</b>	2	47989	672	995.5	1.4	112.7				
Diagnostic endoscopic examination of lower respiratory tract		106	3	0.5	2.8	552.5				
Rest of Miscellaneous operations	2	6095	29	16.0	0.5	181.2				
Rest of Mouth		188	2	0.2	1.1	895.0				
Rest of Respiratory (diagnostic/minor)	3	378	81	52.4	21.4	154.5				

Alerts with observed deaths greater than 10 are recommended for further investigation.

Compared to the dashboard in the August 22 there are two new diagnosis alerts and no new procedure alerts:

- Pneumonia –new RR alert
- Septicaemia (except in labour)-new RR alert
- Rest of mouth –new RR alert - Alerts with 5 or less observed deaths do not have further analysis undertaken at this time but will be monitored

**Chart 13** The SHMI clinical classification software (CCS), clusters patient diagnoses and procedures into a number of manageable and meaningful groups. This chart shows deaths occurring in hospital and all deaths (i.e. in-hospital deaths and deaths occurring within 30 days after discharge) by clinical cluster. Latest available data in Telstra Health Benchmarking Tool (December 2020 – November 2021) highlights alerts for mortality due to acute and unspecified renal failure, and congestive heart disease(non-hypertensive) in deaths occurring in hospital and up to 30 days after discharge. Septicemia (except in labour) is alerting for in-hospital deaths but not alerting for deaths up to 30-days post discharge. No further updates are currently available via Telstra Health.



## Chart 14 - Emergency Weekday / Weekend HSMR

Weekend and weekday HSMR are statistically significantly high and shows a higher relative risk of mortality at the weekend of 125 compared to 115 for weekday. This remains unchanged from the previous report



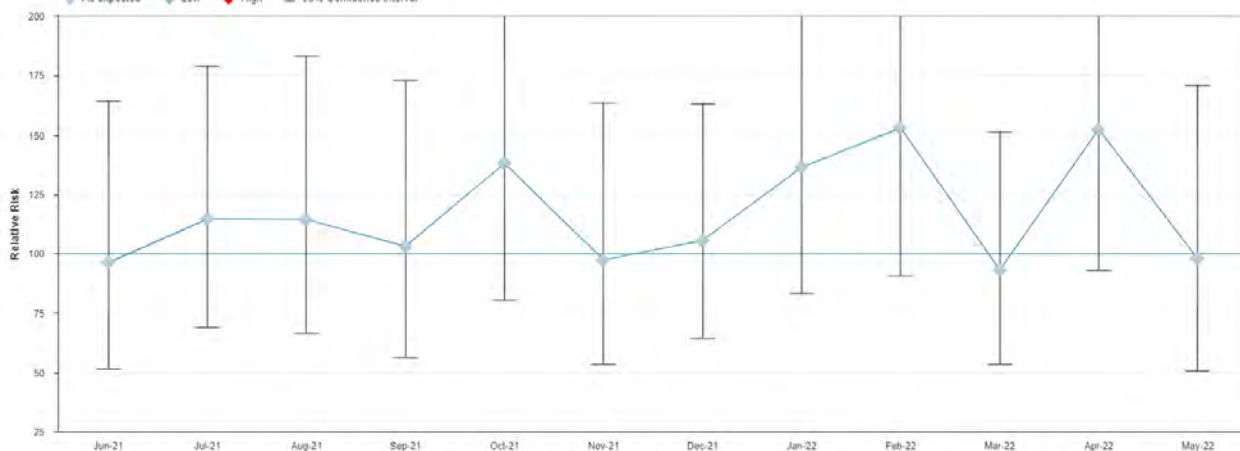
## Chart 15 - Pneumonia

### Pneumonia | Mortality (in-hospital) | Jun 2021 - May 2022 | Trend (month)

Diagnosis group: Pneumonia

Period: Month

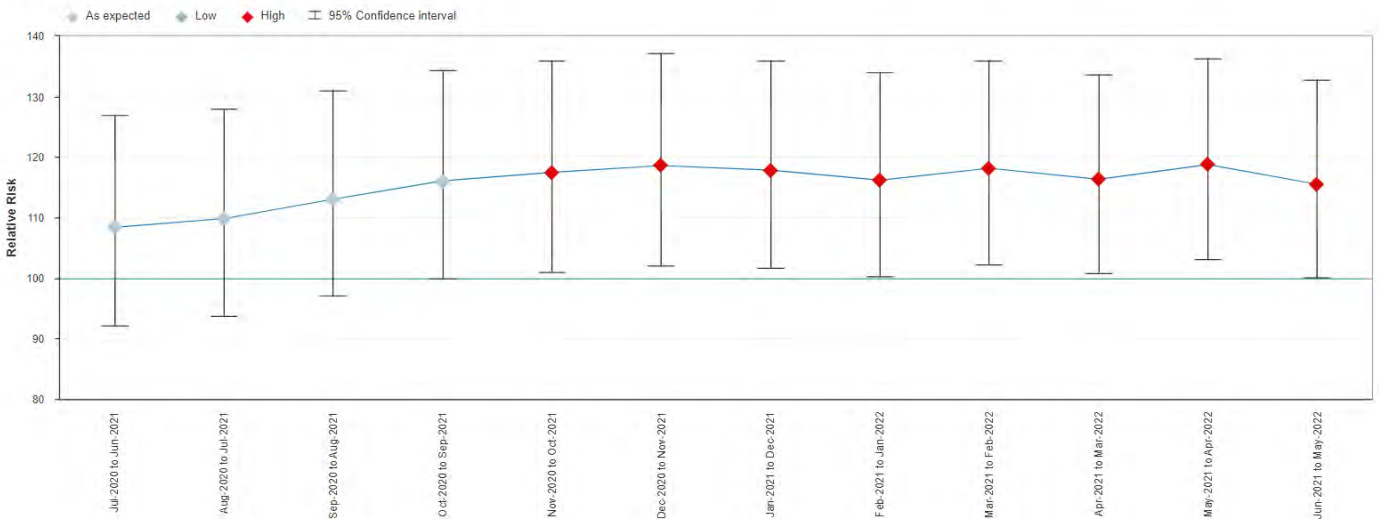
As expected Low High 95% Confidence interval



Pneumonia | Mortality (in-hospital) | Jun 2021 - May 2022 | Trend (rolling 12 months)

Diagnosis group: Pneumonia

Period: Rolling 12 months



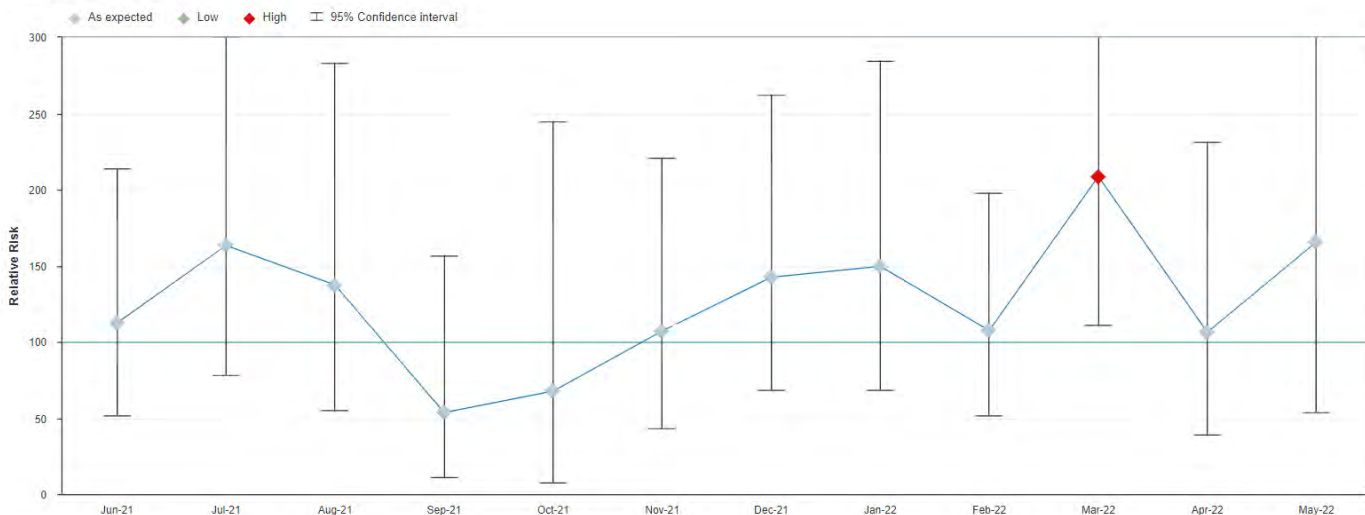
- No individual month is considered statistically significantly higher than expected.
- Overall the relative risk is statistically higher than expected with a relative risk of 115.5 (100.0 –132.7).
- The rolling 12-month trend shows that the trend has seen an increase since October 2021. It should be noted that the lower confidence interval is close to the national benchmark of 100.
- Further monitoring of this group is advised as it is likely to decrease as the COVID-19 data has less impact moving forward in the next 2 months.

## Chart 16 – Septicaemia (except in labour)

Septicemia (except in labour) | Mortality (in-hospital) | Jun 2021 - May 2022 | Trend (month)

Diagnosis group: Septicemia (except in labour)

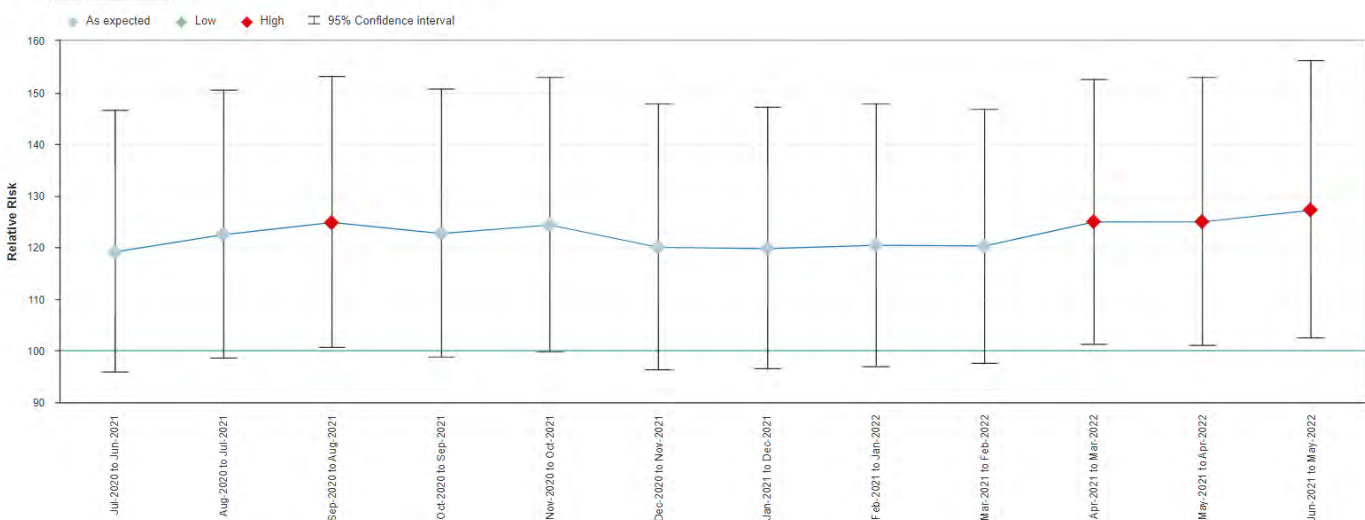
Period



Septicemia (except in labour) | Mortality (in-hospital) | Jun 2021 - May 2022 | Trend (rolling 12 months)

Diagnosis group: Septicemia (except in labour)

Period



- The monthly trend shows a sustained increase over the last three data points.
- As with the above diagnosis group, pneumonia, it should be noted that the lower confidence interval is close to the national benchmark.
- The latest data point has a relative risk of 127.2 (CI:102.4-156.2)

## Appendix 4 – Focused Mortality Reviews

### Number of deaths of a patient with a Learning disability

Patients with learning disabilities currently have a life expectancy at least 15-20 years shorter than other people. The Learning Disabilities Mortality Review (LeDeR) programme requires an independent case review following the deaths of people with Learning Disabilities. All deaths involving patients with a learning disability are reviewed through the LeDeR process. This feeds back into the Trust any learning. Currently up to date data from the LeDeR process is not available but the central patient safety team and CCG are working together to provide timely feedback. Further updates are awaited.

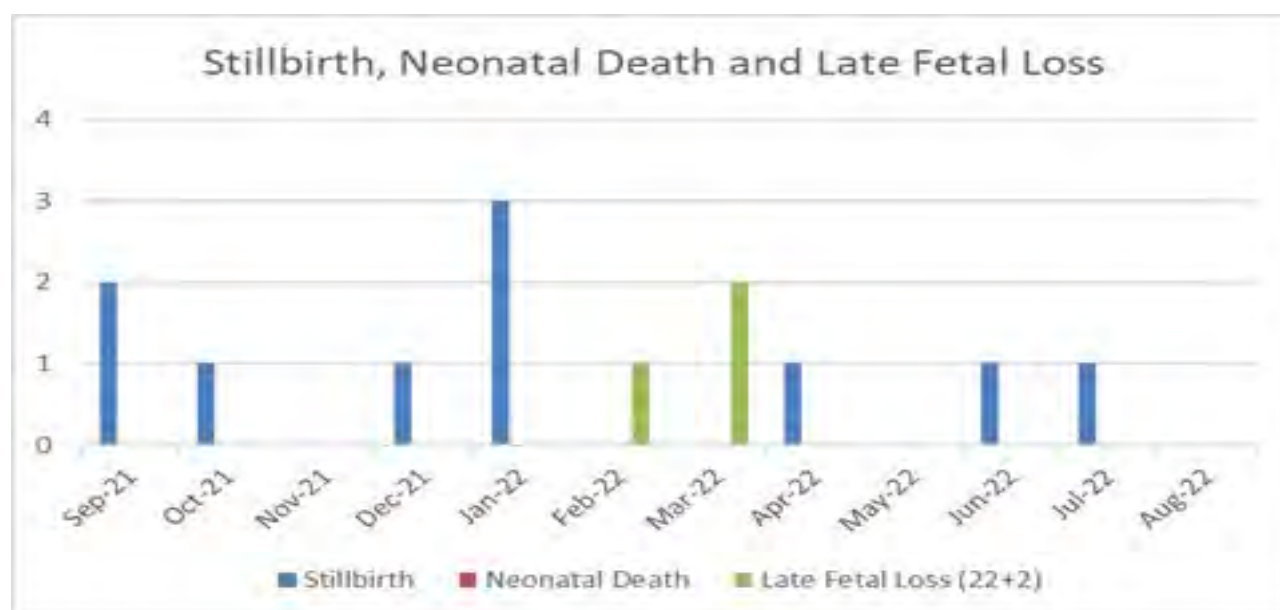
### Number of Neonatal, Perinatal, and Maternal Deaths

A stillbirth is when a baby born dead after 24 completed weeks of pregnancy. It occurs in around 1 in every 200 births in England.

During the reporting criteria July and August 2022 we had no Baby loss in July and one stillborn baby at 24+3 weeks gestation. The case has undergone duty of candour.

The family consented to a Post-mortem and we will wait for the results of this investigation before we undertake a multidisciplinary case review using the national Perinatal Mortality Review Tool.

### Chart 17 – Stillbirth, Neonatal Deaths and Late Fetal Losses



### Medical Examiners

The Medical Examiner's Office continues to function at full complement of both Medical Examiners and Medical Examiner Officers.

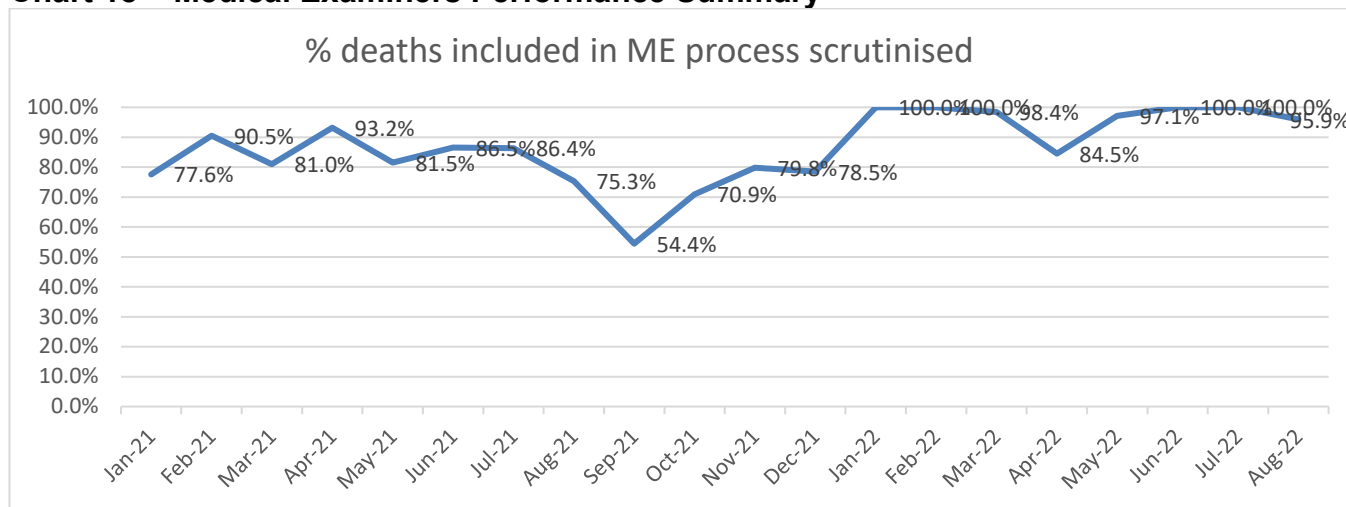
The Medical Examiner's office continues to report a number of breaches to the completion of the Medical Certificate of Cause of Death (MCCD) within the required 5-day period for registration continues. A quality Improvement project is being commenced by the Trust to explore this issue and instigate improvement work.

No other trends relating to care provision have been identified.

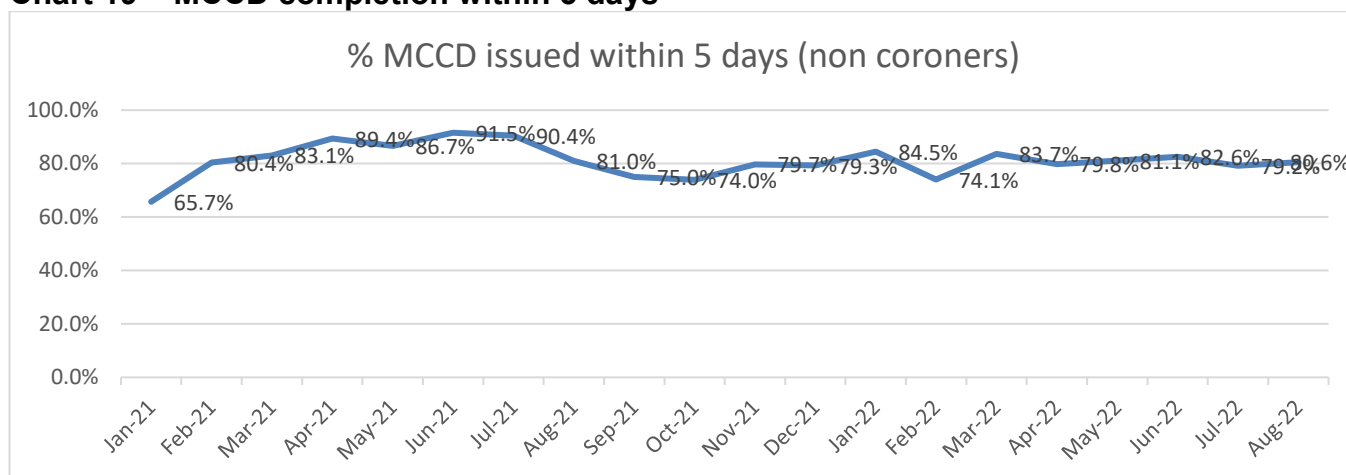


During August 2022, a total of four of patient deaths were passed without scrutiny to reduce the distress to the bereaved due to the delays in issuing the MCCD's as demonstrated in chart 18. It has now been confirmed that the medical examiners process will become statutory in April 2023. Work is continuing to support the roll out to the GP practices and Rowcroft Hospice and work is commencing to understand how the service will support child death reviews.

**Chart 18 – Medical Examiners Performance Summary**



**Chart 19 – MCCD completion within 5 days**



**Number of deaths in which complaints were formally raised by the family – Awaiting data**

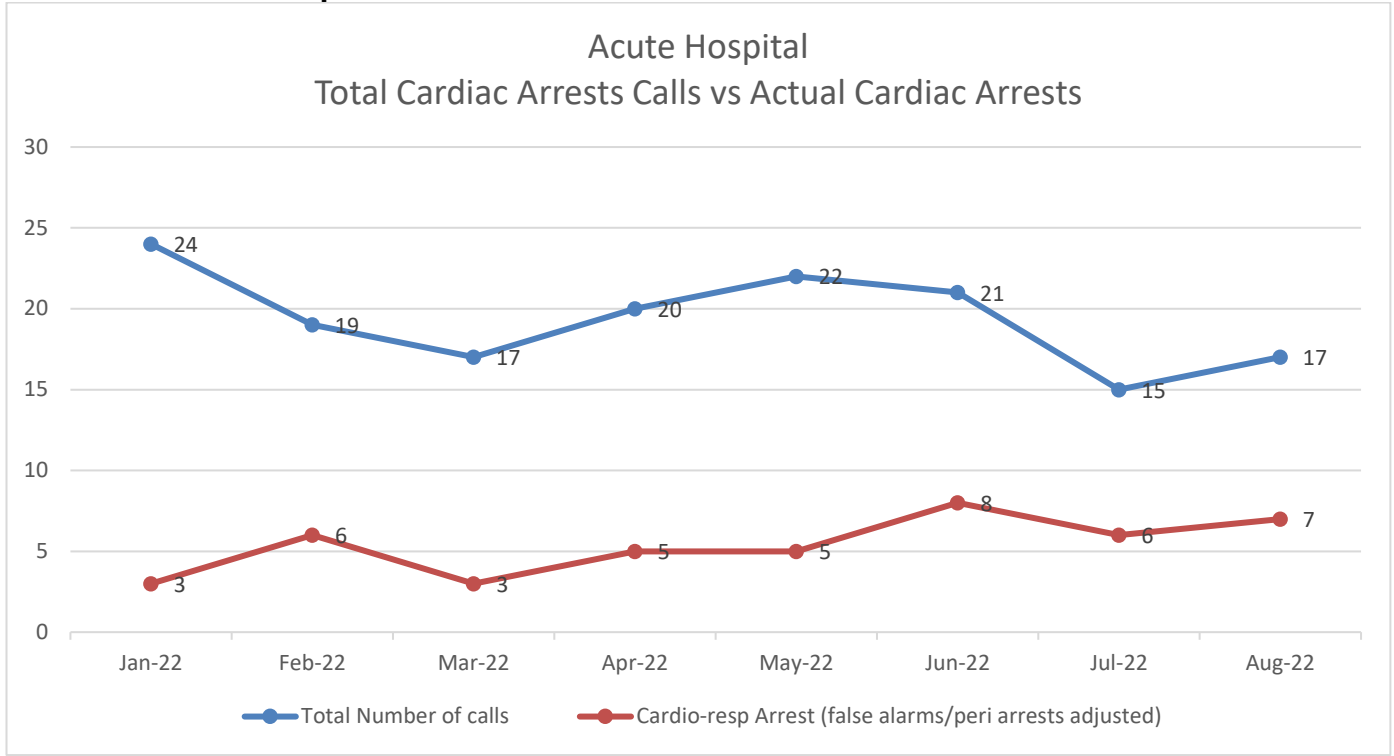
During July and August there has been one formal complaint relating to end of life care which is currently active and relates to medical treatment.

In addition, there have been 13 concerns and 3 compliments relating to timeliness of MCCD completion, care and / or medical treatment at End of Life.

**Cardiac Arrest**

Numbers of cardiac arrest call and actual cardiac arrests is demonstrating a stable position over the past 6 months.

**Chart 20– Acute Hospital – Cardiac Arrests**



In August 2022 the Resuscitation group completed a review of Resuscitation and Cardiac Arrests for 2021/2022. Chart 21 provides a summary of the reporting period and indicates no changes in the arrest rates from the previous year

**Chart 21 - 2021/2022 Cardiac arrest summary**

Period of report	01/04/2021 - 31/03/2022
Reported number of admissions to your hospital*	74,092
Reported number of 2222 calls	287
Number of team visits recorded	55
Number of individuals	55
Number of team visits to the ward recorded	36
Number of individuals	36
Number of potential non-arrests**	0

When benchmarking cardiac arrest rates Chart 22 demonstrates that TSDFT are below national average. This can be attributed to due to good care and / or appropriate TEP decision making

**Chart 22 – Rate of cardiac arrests per 1000 hospital admissions**

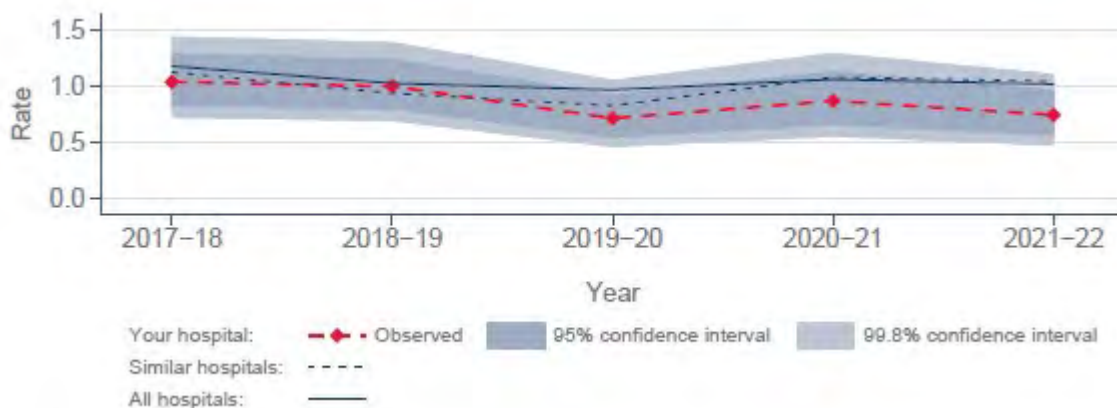
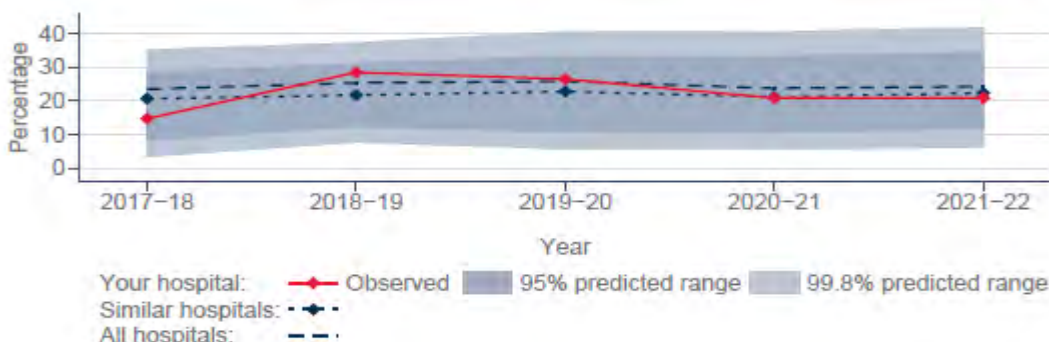


Chart 23 provides information on survival to hospital discharge. This indicates poorer outcomes during Q4 of 2021 / 2022

**Chart 23 – Risk- Adjusted survival to hospital discharge**

	Eligible	Observed percentage	Expected percentage	95% predicted range	99.8% predicted range	
Quarter 1	11	36.4	31.2	(1.0, 55.4)	(0.0, 72.4)	●
Quarter 2	12	16.7	22.3	(0.0, 44.2)	(0.0, 60.3)	●
Quarter 3	20	20.0	21.7	(2.1, 38.8)	(0.0, 50.9)	●
Quarter 4	10	10.0	20.0	(0.0, 43.0)	(0.0, 59.8)	●
Full year	53	20.8	23.5	(11.6, 34.5)	(6.1, 41.8)	●



Key actions following the 2021/2022 review of cardiac arrests are as follows:-

1. Q4 – poor outcomes. Continue to review during 2022/23
2. Resuscitation CQC requirement must do actions have been signed off as complete in July 2022.
3. Compliance recovery plan was approved by the People Committee in Spring 2022.

**Learning from Inquests**

During July and August 2022 there were a total of 12 requests for inquest. 5 inquests were held, one of which was attended by the Trust. There have been no Regulation 28 Reports.



## Trust learning: Serious Adverse Event Group

Key Issues	Learning and actions taken
<p><b>Treatment / Diagnostic learning</b></p> <p>The SAE group discussed investigations into 3 deaths in July. No new deaths were discussed in August 2022</p> <ol style="list-style-type: none"> <li>1. Urospesis and renal failure in patient with previous cystectomy and solitary functioning kidney with ureteric stone</li> <li>2. Death of patient during alcohol withdrawal management</li> <li>3. Death of patient after palliative operation for metastatic colonic cancer</li> </ol>	<p>Delays in listing for urgent non-cancer urological surgery during Covid</p> <p>Post mortem cause of death ischaemic heart disease no evidence of drug toxicity</p> <p>Recognition and response to post-operative peritonitis, coroner's inquest awaited</p>

## Glossary of Terms

**HSMR** (Hospital Standardised Mortality Rate) - the case-mix adjusted mortality rate relative to the national average.

- **Relative Risk (RR)** - The ratio of the observed number of negative outcomes to the expected number of negative outcomes. The benchmark figure (usually the England average) is always 100; values greater than 100 represent performance worse than the benchmark, and values less than 100 represent performance better than the benchmark. This ratio should always be interpreted in the light of the accompanying confidence limits. All HSMR analyses use 95 % confidence limits.

**CUSUM Alerts** - CUSUM is short for 'cumulative sum'. The charts show the cumulative sum of the differences between expected outcomes and actual outcomes over a series of patients. The total difference is recalculated for each new patient and plotted on a chart cumulatively (i.e. where one patient's difference ends the next one starts). Alerts are designed to signal that a pattern of activity appears to have gone beyond a defined threshold. They indicate a series of events that have occurred that are sufficiently divergent from expectations as to suggest a systematic problem. Alerts are triggered when the CUSUM statistic passes through a set threshold. This is shown graphically on the charts by a black cross on the threshold. Once an alert has been triggered the chart is re-set to the mid-way point. This will mean that another run of negative outcomes compared with expected outcomes will trigger an alert in a shorter timescale. The threshold value determines when the CUSUM graph is deemed to be out-of-control (i.e. higher or lower than the benchmark). At this point an Alert is raised and the CUSUM value is reset to half the threshold. The value selected affects the probability that an Alert is a False alarm and the probability that a real alarm is successfully detected. A high threshold is less likely to trigger false alarms but is more likely to miss a genuine out-of-control condition, and vice versa for a low threshold. For example, if chosen "Maximum (99.9%)" the system will select the highest threshold which corresponds to a False Alarm Rate (FAR) that is less than or equal to 0.1% given the annual volume and expected outcome rate of the analysis. With that threshold, only 0.1% of hospitals with in-control outcome rates (i.e. equal to the benchmark) will alert

### Charlson Index of Comorbidities

Co-morbidity is assigned to the spell from assessing the secondary diagnoses codes, that are coded in the episode of care used to derive the primary diagnosis. In majority of cases this will be the first episode of care (on admission to hospital), however, where the primary diagnoses in the first episode of care is an R code, the system will look to the second episode of care to identify a clearer diagnosis, should one be available. In that case the secondary diagnoses of the second episode will be used. The Charlson Index of comorbidities is used both for the HSMR and the SHMI.

**The Standardised Hospital Mortality Indicator (SHMI)** is the ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days post discharge from the hospital. The expected number of deaths is calculated from a risk adjusted model with a patient case-mix of age, gender, admission method, year index, Charlson Comorbidity Index and diagnosis grouping. The cumulative risk of dying within the spell for each patient within the selected group gives the number of expected deaths.

<b>Report to the Trust Board of Directors</b>			
<b>Report title:</b> Midwifery Staffing Oversight Report		<b>Meeting date:</b> 28 September 2022	
<b>Report appendix</b>			
<b>Report sponsor</b>	Chief Nurse		
<b>Report author</b>	Associate Director of Midwifery and Professional Practice / Head of Midwifery and Gynaecology Deputy Head of Midwifery and Gynaecology		
<b>Report provenance</b>	This report is a summary of Midwifery Staffing within the maternity service. This based upon NICE guidance to ensure safe staffing levels. This is monitored by the Maternity Clinical Governance Group and has been presented to the QAC		
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The purpose of the report is to inform the Trust Board of the work being undertaken in relation to effective midwifery workforce planning as per NICE guidance, NG4 (2015).</p> <p>The guidance recommends that the midwifery establishment is reviewed at Board level at least every 6 months. In addition, an expectation of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme is that a 6-monthly report will be presented to the Trust Board.</p> <p>The report provides a summary of recommendations in relation to the provision of safer staffing with the maternity service.</p>		
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>
<b>Recommendation</b>	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>• Note the ongoing improvements in midwifery staffing and the positive influence of the retention midwifery role.</li> <li>• Note the continuing challenges related to the nationally framed parameters around the MCoC model</li> <li>• Note the mitigations to ensure safety and quality</li> </ul>		

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>		<b>Risk score</b>
	<b>Risk Register</b>	N/a	<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>	x	<b>Legislation</b> x
	<b>NHS England</b>	x	<b>National policy/guidance</b>
<p>CNST set clear safety standards for Trusts in relation to maternity services. Demonstration that these standards have been met result in the Trust being eligible for a rebate on their maternity CNST contribution and a share of any unallocated funds</p>			

Midwifery Staffing Oversight Report		<b>Meeting Date:</b> 28 September 2022
<b>Report sponsor</b>	Chief Nurse	
<b>Report author</b>	Associate Director of Midwifery and Professional Practice / Head of Midwifery and Gynaecology	

## 1.0 Introduction

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

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

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

In light of the Ockenden Review (Dec 2020), Trusts have been required to set out they are meeting the minimum maternity staffing requirements as set out by the most recent Birthrate Plus ® report.

This report covers the time period 1 January 2022 to 30 June 2022 and details compliance with the above standards.

## 2.0 Midwifery Staffing Establishment

### 2.1 Birthrate Plus®

Birthrate Plus® (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published.

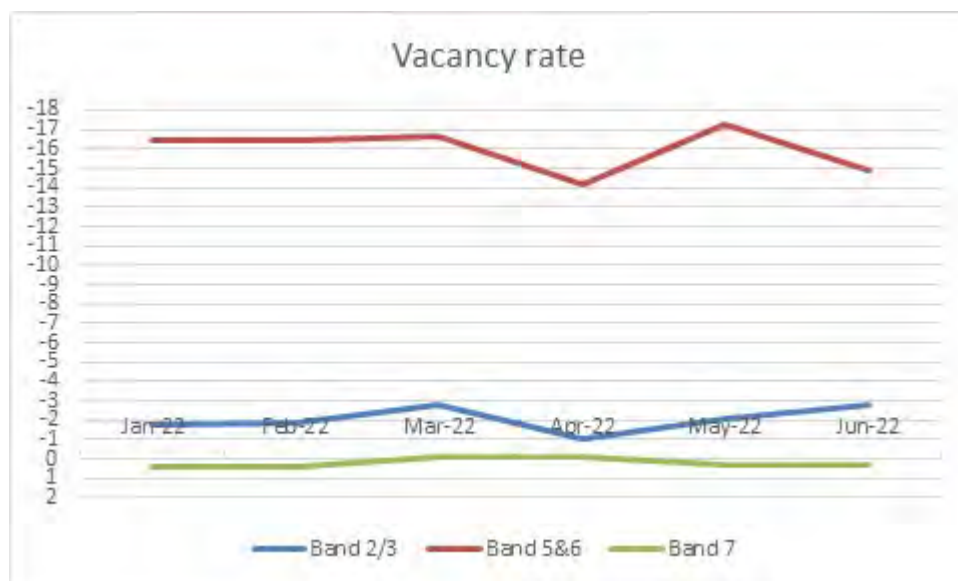
TSDFT completed a BR+ establishment review in February 2021, receiving the final report in March 2021. This identified a variance of **-13.27wte** within the midwifery workforce. Following release of the interim Ockenden report (2020) national funding to support midwifery and obstetric workforce was received in 2021. The amount received from the Trust did not address the variance in full so the Trust board approved an additional uplift of **10.0 WTE** midwives to address the gap.

### 2.2 Monthly Establishment Review.

The senior midwifery leadership team review the midwifery establishment on a monthly basis, enabling the team to identify any potential issues arising in the future and enabling them to put plans in place to mitigate against these.

### 2.3 Recruitment

During the 6-month period covered within this report, we have seen a variable monthly vacancy range. The table below shows the rate across different bands of staff. (WTE vacancy rate is on Left axis)



The large vacancy rate has mainly been caused by the large uplift, in maternity staffing from the Ockenden funding/ Trust agreed uplift. The vast majority of the posts created by this uplift have been appointed to, however, we are waiting for many of these staff to commence their posts in September /October 2022 as they are currently completing their midwifery training, preceptorship programmes or return to practice training.

We are anticipating full recruitment to the uplifted posts by the end of 2022.

The substantive Head of Midwifery post was filled by an interim post holder from January 2022 until March 2022. This was filled substantively by the current post holder on the 7<sup>th</sup> March 2022.

### 2.4 Retention

Our attrition rate remains very low, with the majority of staff who have left, having done so due to retirement and then remaining on the maternity bank.

We have also seen a positive response retention and recruitment following the appointment of 1.0WTE retention lead midwife. This is a post funded by NHSE until March 2023. The postholders have been instrumental in addressing the challenges associated with staff retention. This was an area of outstanding practice commended by the regional NHSE team during the Ockenden insights visit in July 2022.

### 2.4.1 Birth to Midwife Ratio

The midwife to birth ratio data provides an additional insight into maternity workforce models and staffing levels. This is calculated by dividing the total number of births by the whole-time equivalent number of midwives. This is a crude calculation as only considers births and not the impact of all of the other activity/acuity. It does also not include gaps in establishment caused by sickness, maternity leave and staff on amended duties.

The current national recommendation is a ratio of 1:28 midwives

Between January 2022 – June 2022 we have an average birth rate per month of 158 births. This is a slight reduction from the previous report period.

This has resulted in a Midwife to Birth ratio as displayed in Table 2. The birth to midwife ratio falls within the national recommendation.

The complexity and acuity of women, both medically and socially is increasing. This is evidenced by the increase rates of medical interventions, such as induction of labour and caesarean section, and a subsequent rise in the length of stay for women.

Table 2: Midwife to Birth ratio (exc. HOM, matrons and specialist roles)

Time period	Midwife: Birth Ratio
Jan 22	1: 23
Feb 22	1:19
Mar 22	1:19
Apr 22	1:20
May 22	1:20
Jun 22	1:22

### 2.4.2 Nationally Mandated Workforce Models across Maternity Pathway

In addition to the above, there have been a number of national trajectories that have been set by NHSE in relation to the provision of maternity care. This has resulted in the requirement to redesign our midwifery service to meet the requirement that the majority of women receive continuity of carer (MCoC) from a small team of midwives. The recommended ratio for community midwifery care is 1:36, however our teams are currently configured for 1:45-50. The Birthrate Plus® review took this into account and therefore identified the increase in midwifery establishment to meet this need. However, it is still difficult to encourage some staff to work within these teams due to the discord amongst the midwifery workforce around the shift/ on call patterns. associated with this model. The Head of Midwifery is working with the RCM and other stakeholders to review and resolve this. This is likely to result in a requirement to undertake an organisational change staff consultation.

## 3.0 Labour Ward (Delivery Suite) Co-ordinator Supernumerary Status.

The national recommendation is that each labour ward has a supernumerary Midwifery Co-ordinator working 24 hrs/day. This is a specialist role that and ensures that a clinical specialist is available to oversee the safety within the department, they provide support, advice and clinical interventions as required.

Our maternity staffing document sets out that the Delivery Suite Co-ordinator is a supernumerary role. Any instances where they have been unable to have supernumerary status is recorded on the Birthrate Plus® acuity tool.

We have previously set the ambition to achieve 100% supernumerary status for the Delivery Suite Coordinators and shared our action plan to achieve this. Table 3 sets out the compliance with supernumerary status.

Table 3: Summary of Delivery Suite Co-ordinator Supernumerary Status

2022	Instances where delivery suite co-ordinator is not supernumerary
Jan	5
Feb	2
Mar	3
Apr	3
May	0
Jun	9

During the six-month period there were 22 instances out of 938 recording points this equates to 2.3%. This is a reduction from the previous 6 month reporting period when it was 4%. For all instances where the co-ordinator was not in a supernumerary capacity, this had not been the intention for that shift and will have been as a result of sickness or a sudden rise in acuity.

The service has a clear escalation plan and the co-ordinator has a number of actions that they can take at times of high acuity or if there is unexpected staff absence. The co-ordinator taking over the care of a woman on Delivery Suite is one of the last actions that they will consider. This enables the co-ordinator to maintain their helicopter view of the maternity service. The co-ordinator will return to supernumerary status at her earliest opportunity.

The maternity service has an escalation process to help mitigate against this risk, to support at times of high acuity. There are recommendations for out of hours escalation support nationally. The Head of Midwifery is in the process of reviewing the efficacy of the Trust process. At times of high acuity, the specialist midwives and midwifery managers have worked clinically to support the service.

Please see Point 8.0 **Escalation and Interventions to Assure Safety** for further information on the escalation rota.

#### 4.0 Women receiving one-to-one care in labour

The maternity service records the number of women receiving one-to-one care in labour. This is completed for each woman and recorded within the red flags on the Birthrate Plus® acuity tool. The aim is to achieve 100%.



Table 4 Percentage of women receiving one-to-one care in labour.

Time period	%
Jan 22	100%
Feb 22	100%
Mar 22	100%
Apr 22	100%
May 22	100%
Jun 22	100%

The maternity service works extremely hard to ensure this standard is met as can be seen in Table 4. Over the six-month time period, this has been achieved for all women in labour. This is a high priority for the service, due to the important safety issues relating to the provision of 1:1 care in labour and to provide an optimum experience for the woman and her partner.

## 5.0 Obstetric Workforce

In this 6-month period covid related sickness absence has impacted significantly on the obstetric workforce. Cover for this absence has been possible by utilisation of locum doctors as well as colleagues being flexible and changing rotas/shifts at short notice. These gaps have impacted on the gynaecology service as lists/clinics have had to be cancelled or reduced.

An alteration to job plans has enabled one consultant to commence an additional antenatal clinic which has increased capacity in service. The consultants have also changed their labour ward cover pattern; for continuity they do full days instead of half days and they have split their weekend cover. This has enabled additional support for junior doctors as well as improving elements of work life balance and wellbeing

Work is ongoing to review the protected time that is required to undertake a number of obstetric leadership roles within the service. This has been identified as part of the recent Ockenden insights visit as well as following completion of the maternity self- assessment tool. (NHSE)

## 6.0 Red flags

NICE guidance identifies a number of events that can be viewed as red flags. These indicate that there may not be enough midwives available to meet the acuity demand. 9 events were identified by NICE, whilst locally we have added a further flag (denoted with an \*):

Red flag events and actions taken in response to these are captured using the Birthrate Plus ® Acuity Tool. The midwifery red flags for the reporting period are detailed in Table 5 overleaf:

Table 5: Midwifery Red Flag Events

Red flag	Descriptor	Incidence						Tot
		Jan	Feb	Mar	Apr	May	Jun	
RF1	Delayed or cancelled time critical activity	0	0	0	0	0	0	0
RF2	Missed or delayed care	0	1	0	1	1	0	3
RF3	Missed medication	0	0	0	0	0	0	0
RF4	Delay in providing pain relief	0	0	0	0	0	0	0
RF5	Delay between presentation and assessment	0	0	0	0	0	0	0
RF6	Full clinical examination not carried out when presentation in labour	0	0	0	0	0	0	0
RF7	Delay of $\geq 2$ hours between admission for induction of labour and beginning of process	0	0	0	0	0	2	2
RF8	Delayed recognition of and action on abnormal vital signs	0	0	0	0	0	0	0
RF9	121 care in labour	0	0	0	0	0	0	0
RF10*	Unable to facilitate out of hospital birth	1	0	3	0	0	4	8
	Totals	1	1	3	1	1	6	13

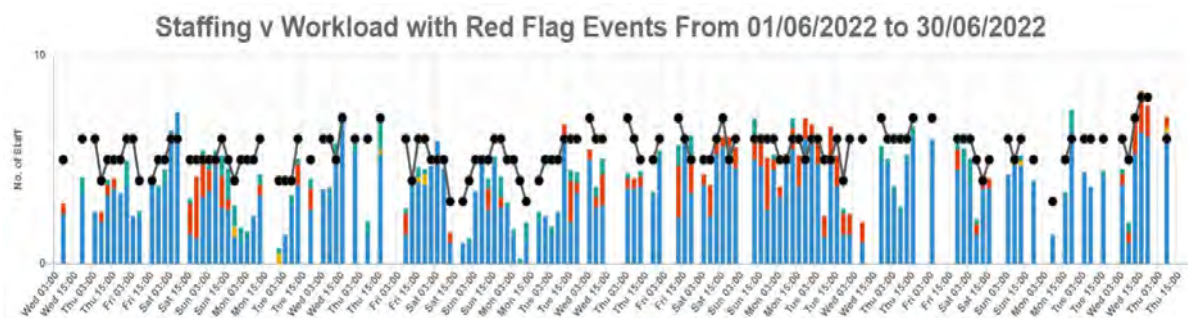
From our analysis of the system, red flags generally occur at times of high acuity. The matrons review any red flag events and discuss these with the Delivery Suite Co-ordinator, where relevant, using the same process as the supernumerary status.

All red flag instances were due to a conscious decision to trigger the red flag to ensure safety across the whole service was maintained. The most common reason for a red flag within this reporting period has been the inability to provide an out-of-hospital birth. This is often due to the requirement to have two staff members attend. All women were offered care within the hospital setting.

The second most frequent reason for a red flag reason has been missed or delayed care. In all three instances this related to delayed care and were all due to a delay in starting the induction of labour process. All women who experience this delay are advised of the reason and are transferred to Delivery Suite as soon as the team have capacity to accept them. The ward staff liaise with Delivery Suite on a regular basis and, if there is any concern, transfer would be expedited.

Charts 2 and 3 provide examples of the acuity data available from the Birthrate Plus<sup>®</sup> Acuity Tool.

## Charts 2: Staffing v Workload Example

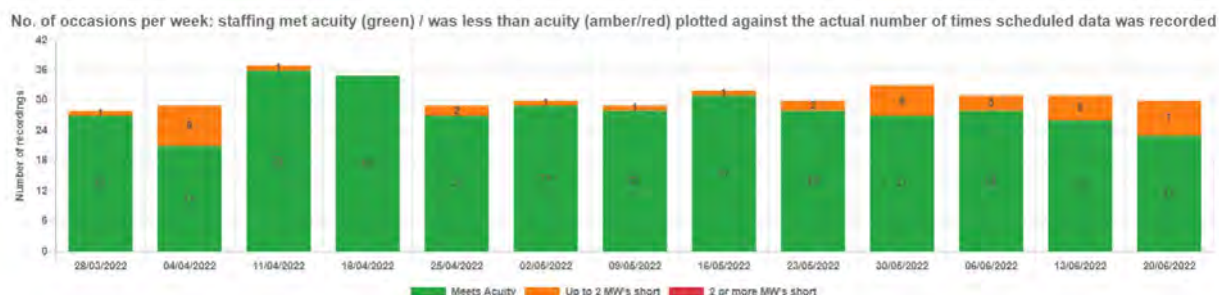


On the above bar chart the individual bars represent the total number of women on the Delivery Suite. Each woman is categorised into a colour, blue in labour and requiring 1 to 1 care in labour or antenatal high risk, yellow relates to low risk postnatal women, red to high risk postnatal women, green to women requiring assessment or induction of labour. The data provided in the above table is from June 2022.

This tool provides assurance that the appropriate number of midwives, indicated by black dots, are available to provide care for women within Delivery Suite.

The chart below indicates the number of occasions per week where staffing met the acuity level and is indicated in green. Red and amber indicate that staffing levels were not met. The period demonstrated here is **13 weeks starting 28 March 2022**.

## Charts 3: Staffing levels met acuity



The overall staffing levels net acuity indicate that staffing levels were more than 2 midwives short (Red) and 9% of recordings indicate that staffing levels were up to 2 midwives short. (Amber) Staffing levels met the acuity levels 91% of the time. There is only 74% data collection compliance for this time period, which may have impacted on the robustness of the data. Targeted work including additional training is planned to support the Delivery Suite co-ordinators to achieve higher compliance with this data recording.

## 7.0 Sickness

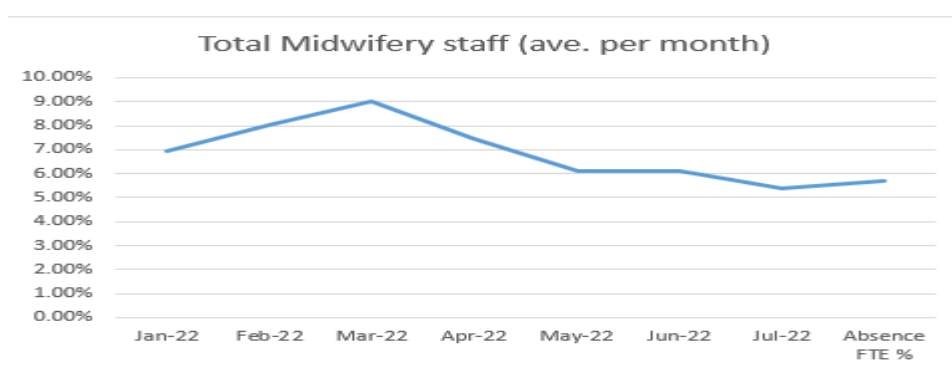
During the six-month reporting period we have seen a positive reduction in sickness levels from 9% in March to 5.5% in July. The team have had a number of staff with long-term medical conditions that have necessitated sickness absence, along with staff who have been affected by long-COVID. However, over this period we have seen a gradual return to work by colleagues. This has been aided by flexibility and adaptations to working patterns to support staff with ongoing health needs.

Covid related absence peaked between February to April 2022 but since then we have seen a gradual decline.

We recognise that staff have been working extremely hard during the COVID pandemic and it is clear that staff are fatigued. In view of this we have considered how we can support staff well-being. One colleague has offered free weekly meditation session, whilst our Professional Midwifery Advocates (PMAs) are available to support staff.

The retention and recruitment midwives have an action plan that includes supporting health and wellbeing. The actions include facilitated away days for all teams supported by the Devon Wellbeing Hub as well as reflexology sessions for staff

Chart 4: Midwifery Sickness Percentage



## 8.0 Escalation and Interventions to Assure Safety

The maternity service has a clear documented escalation process for when demand exceeds capacity. This includes the use of an escalation on-call midwife outside of core working hours to support high acuity. This is monitored through the Birthrate Plus ® Acuity Tool.

Table 5: Summary of escalation midwife usage

Time period	No. of Times Escalation Midwife Used
Jan 22	0
Feb 22	0
Mar 22	0
Apr 22	0
May 22	0
Jun 22	1

It should be noted that the service is currently facing challenges with the provision of a fully staffed escalation rota and has been supported at times by the senior midwifery managers working clinically out of hours. There are plans to review the escalation rota after consultation with the other Maternity services within the ICS.

There are a number of emerging challenges and risks across maternity resulting from the staffing position, these include:

- Meeting the minimum safe staffing levels on a regular basis,
- Meeting the CNST requirement of the Delivery Suite co-ordinator being in a supernumerary role
- Despite these challenges the team have been able to maintain providing one-to-one care in labour, at all times.
- Caseloads for the community teams are exceeding the national recommendations, resulting in insufficient capacity to manage their caseload effectively and safely. For example, attending safeguarding meetings and completing the reports to ensure the safety of families.
- Attendance at mandatory training

#### Mitigations

- Reliance on bank staff
- Specialist Midwives and Midwifery Managers working clinically
- Recruitment to nearly all posts funded by the maternity staffing uplift. Many of these staff are awaiting qualification/end of training posts to take up these posts
- Proactive sickness and absence management
- Daily monitoring of staffing levels, including arrangement of shift swaps
- Identifying alternative duties for colleagues unable to undertake face-to-face clinical duties, for example telephone booking appointments, attendance at virtual safeguarding meetings
- The appointment of a Band 3 Staffing Coordinator to support with all staffing/rota requirements

## 9.0 Conclusion

Over this period there has been a gradual improvement in a number of metrics pertinent to being able to provide optimum staffing levels within maternity. A new Head of Midwifery was appointed in March 2022 and she will continue to address the mechanisms and processes that are in place to maintain optimal staffing levels. There has been a marked improvement in the recruitment and retention of the workforce, largely due to the impact of the retention midwifery role. Staff have worked tirelessly to ensure that we continue to provide a safe and quality service for the women and families that we care for. All quality metrics are within required parameters.

## 10.0 Recommendations

The Trust Board is asked to:

- Note the ongoing improvements in midwifery staffing and the positive influence of the retention midwifery role.
- Note the continuing challenges related to the nationally framed parameters around the MCoC model
- Note the mitigations to ensure safety and quality

<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Safeguarding Children – Annual Board Report – April 2021 – March 2022		<b>Meeting date:</b> 28 September 2022		
<b>Report appendix</b>				
<b>Report sponsor</b>	Deborah Kelly – Chief Nurse / Natalie Herring – Interim Torquay System Director/ Beverley Mack - CFHD			
<b>Report author</b>	Phillipa Hiles – Named Nurse for Safeguarding Children			
<b>Report provenance</b>	Torbay and South Devon Foundation Trust Executive Team			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>This annual report will inform Torbay and South Devon NHS Foundation Trust Board members on issues relating to the safeguarding of children in Torbay and South Devon.</p> <p>The Trust is a partner agency and has statutory duties outlined in the Childrens Act and supported by “Working together to Safeguarding Children” 2019 guidance. The report will inform members of the activities of the Safeguarding Children Team and the activities of the wider safeguarding duties and activities completed by Trust staff, both directly and indirectly to safeguard children.</p> <p>The Chief Nurse is the Executive Lead for Safeguarding and is supported by the Torquay System Director, Childrens Alliance Director and the Named Professionals in this role.</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>	To approve recommendations set out in 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>	
	<b>Improved wellbeing through partnership</b>	x	<b>Well-led</b>	x
<b>Is this on the Trust’s Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>		<b>Risk score</b>	
	<b>Risk Register</b>	x	<b>Risk score</b>	9

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

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

Articulate any risks and implications arising from this report.



<b>Report title: Safeguarding Children – Annual Board Report April 2021 – March 2022</b>		<b>Meeting date: 28 September 2022</b>
<b>Report sponsor</b>	Chief Nurse	
<b>Report author</b>	Named Nurse for Safeguarding Children (TSD) Named Nurse (CFHD) with contributions from: Named Midwife Safeguarding Midwife Child Death Coordinator Named Doctor for Child Death Named Doctor for Child Protection Named Doctor for Child Protection Service Lead 0 to 19 Torbay service Named Doctor for Looked After Children Practice Lead Torbay Sexual Medicine service Consultant, Torbay Sexual Medicine service Paediatric Matron	

## 1.0 Introduction

This Annual Report for Safeguarding Children outlines progress and delivery against the overarching strategic priorities for the period April 2021/March 2022. In addition, the report will set out the Trust's safeguarding children's assurance framework, including and performance and quality improvements against the statutory requirements set out in in the HM Government (2018) 'Working Together to Safeguard Children' document and under Section 11 of the Children Act 2004. The information included in the report will provide evidence and assurance that the Trust is discharging its duties for observing both the safety and wellbeing of children and young people using services provided by Torbay South Devon NHS Foundation Trust (TSDFT).

## 1.2 Vision

The Torbay and South Devon Foundation Trust mission statement for safeguarding children services is:

*Torbay and South Devon NHS Foundation Trust work with a mixture of partner agencies, parents and carers; to support children in having safe, healthy and happy childhoods that help to prepare them for adult life. All staff working within the Trust, including those services we contract to other organisations, are aware of the need to safeguard and promote the welfare of children.*

*We all have a responsibility to recognise children who may be at risk of suffering harm and those in need of protection and how to respond to those concerns in a timely fashion. This includes services that predominately care for adults, which need also to always consider the safety and wellbeing of children associated with the adults receiving their care. By safeguarding children, we act to:*

- *Promote their welfare and protect them from harm.*
- *Protect them from abuse and maltreatment*
- *Prevent harm to their health and development*
- *Ensure they grow up with the provision of safe effective care*

The mission statement directly aligns to the Trust values. These values foster a culture of safeguarding practice such that all staff employed by Torbay and South Devon NHS Foundation Trust will seek to keep children and young people safe by:

- Valuing them and listening to and respecting them
- Adopting child protection practices through procedures and code of conduct for staff and volunteers
- Providing effective management for staff and volunteers through supervision, support and training.
- Recruiting staff and volunteers safely all employees who come into contact with children and young people are subject to a formal Disclosure and Barring Service check.
- Sharing concerns with agencies who need to know and involving parents and children appropriately

## 2.0 Context for Safeguarding Children and Young People

### 2.1 National

#### 2.1.1 Impact of COVID Pandemic Legislation on Safeguarding Children procedures and outcomes.

Following the communication in March 2020 from NHS England and NHS Improvement to the CEOs of NHS and Foundation Trusts, CEOs of Clinical Commissioning Groups, Directors of Public Health and other Health Providers to inform services on COVID-19 prioritisation measures to be taken in order to release capacity within services to support acute COVID preparedness and response, many reviews have been undertaken to consider the impact of those service recommendations on the safeguarding of our children and young people.

The NSPCC and The Child Safeguarding Practice Review panel, have both found a number of categories that were influential:

- Increase in stressors to parents, families and caregivers
- Increase in children and young people's vulnerability
- Reduction in normal protective services
- Impact of school closure

This has also been evidenced in an increase in domestic abuse, sexual abuse and physical abuse experiences impacting children and young people.

In particular, 'The Myth of Invisible Men – Safeguarding children under 1 from non-accidental injury caused by male carers' report was published by the Child Safeguarding Practice review panel in September 2021. The report also takes stock of how well safeguarding and other services engage with men. The report recognises that government has a number of initiatives underway to support parenting and that it is vital that we use these opportunities to make sure that policy and practice has a strong focus on fathers, especially given the impact of covid guidance and lack of face to face contact with parents experienced during the lockdowns.

The panel have also undertaken a National review following the murders of Arthur Labinjo-Hughes and Star Hobson. This report is due for release in May 2022 and learning will be considered in the report for April 2022- March 2023.

## 2.1.2 Integrated Care System (ICS) development

As described by the Kings Fund audit group, Integrated care systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.

As an established Integrated Care Organisation, Torbay and South Devon Foundation Trust is an integral partner in the development of the required systems to support local health and social care provision and is therefore supporting the Devon ICS, known as One Devon.

One Devon's vision is: equal chances for everyone in Devon to lead long, happy and healthy lives. To deliver the vision One Devon is setting out 6 ambitions for the next 5 years. They are:

- Ambition 1: Effective and efficient care  
Collaborate across the system to address quality (safety, effectiveness, experience) and productivity.
- Ambition 2: Integrated Care Model  
Systematic delivery of the integrated – or joined up – care across Devon.
- Ambition 3: The Devon deal  
A citizens-led approach to health and care. We will adopt a new approach to reduce differences in care across the county and will work with communities to identify priorities and tackle the root causes of problems.
- Ambition 4: Children and young people  
Working together with children, young people and their families. We want all children and young people in Devon to have the best start in life, grow up in loving and supportive families, and be happy, healthy and safe.
- Ambition 5: Digital Devon  
Invest in a digital Devon: people will only tell their story once; first contact will be digital and more advice and help will be available online. We want to make the most of advances in digital technology to help people stay well, prevent ill-health, and provide care.
- Ambition 6: Equally well in Devon  
Work together to tackle the physical health inequalities for people with mental illness, learning disabilities and/or autism.

## 2.2. Local

Due to the COVID-19 pandemic, working practice, systems and services have been significantly impacted. The rapid changes required to adapt to the changing clinical pressures have demanded a flexible, robust and adaptable service response from the Trust Safeguarding Children service provision and the networking with local multiagency partners.

### 2.2.1 Local Safeguarding Children Partnerships

Torbay and South Devon Foundation Trust, including Child and Family Health Devon services, are aligned to two safeguarding children partnerships; Devon Children and Families Partnership (DCFP) and Torbay Safeguarding Children Partnership (TSCP).

The Trust provide representation at the partnership meetings and task and finish groups, working alongside multiagency partners, to ensure that the health needs of local children and young people are considered.

#### Torbay Safeguarding Childrens Partnership – Business Plan 2021-2024

The Torbay Safeguarding Children Partnership business plan maps the vision of 'One Devon' in their ambition; to ensure that Torbay is an area in which children feel safe, listened to, are able to freely access the best possible learning opportunities and feel enabled to actively contribute to their society.

The partnership will focus on four specific safeguarding priority areas for the period 2021-2024, in addition to ensuring that all other functions regarding the safeguarding and welfare of children in Torbay are undertaken effectively.

The four key priority areas for the TSCP in the period 2021-2024 are:

- Priority 1: Reduce the level of child neglect in the Torbay area and challenge the causes of local neglect to prevent re-occurrences.
- Priority 2: Prevent child exploitation and sexual harm within the Torbay area and ensure the safety of all children, resident or visiting Torbay, from these forms of abuse.
- Priority 3: Prevent children in Torbay from being harmed by the effects of domestic abuse.
- Priority 4: Ensure that children in Torbay receive appropriate mental health support at their time of need and that this support dovetails with any other care planning needs of the child.

#### Devon Children and Families Partnership – Children and Young Peoples plan 2019-2023

Devon Children and Families Partnership have in place their Childrens and Young Peoples plan 2019-2023 with the vision: We believe that every child in Devon should have the best possible start in life and the opportunity to thrive. We want to ensure children and families receive the right support, at the right time and in the right place.

They have identified 4 principles, which are:

- Children are best brought up in families
- We will support families to find their own solutions
- We will listen to each other and work together with services shaped by all
- Children and families will always know where they stand with us

They have also identified clear priorities for action, including:

- Life Chances – achieve their potential with the opportunities to thrive
- Be Healthy and well – have the best start in life, stay well and thrive. With good information and specialist help when they need it
- Feel safe – be protected from neglect and supported when vulnerable
- Be Protected from Harm – swift action to protect them from harm, abuse and exploitation.

## Section 11 self-assessment audit

Section 11 of the Childrens Act (1989) places a statutory duty on a range of organisations, agencies and individuals to make arrangements to ensure that in discharging their functions and any services that they contract out to others, they have the regard to the need to safeguard and promote the welfare of children.

The Section 11 audit is designed to allow the Multiagency Safeguarding partnerships to assure themselves that agencies placed under these duties are cooperating with the legislation and are fulfilling their responsibilities to safeguard children and promote their welfare.

Torbay Safeguarding Children Partnership have requested an audit, to be returned in May 2022 and Devon Childrens and Families Partnership (DCFP) is anticipated to request their audit in summer of 2022. To date we have submitted the May audit data but have not received the request from DCFP as yet.

Any action plans arising from these audits will be incorporated into the workplan of the Safeguarding Children Operational Group (SCOG) for oversight of the Trust governance structure, including the Trust Board.

### Trust representation at Safeguarding Partnership meetings

Safeguarding Children Boards are represented by 3 key agencies; Health, Local Authority and Police. Health representation is provided by Devon ICS from the Designated professionals and Executive Leads for Safeguarding. Both of the Safeguarding partnerships have a number of groups which require Health representation – this is provided by the Named Doctors, Named Nurses for TSD and CFHD and deputised by the Safeguarding Children Nurses from both Childrens Safeguarding Teams. Meetings include:

- Quality Assurance delivery group (DCFP / TSCP)
- Children and Young peoples' exploitation (DCFP / TSCP)
- Policy and Procedures group (TSCP)
- Learning and Development group (TSCP)
- Neglect group (TCSP)
- Sexual abuse group (DCFP)

The Safeguarding Childrens Team also support, alongside Service Leads / Team Leads from relevant services, when there are task and finish groups formed to complete workstreams resulting from CSPR recommendations and action plans. The information and actions resulting from the groups and meetings is shared via newsletters, Best Practice forums, briefings and the Safeguarding supervisors network meetings to be disseminated to all staff via team meetings.

### 2.2.2 Director of Public Health Annual Report (Torbay)

The Public Health report was released in December 2021. It identified a number of key factors relating to the health and welfare of children and young people in Torbay. For the purposes of this report, the factors highlighted align with the priorities identified by the TSCP.

Torbay is home to 25,423 children. Torbay has the third highest number of school age children needing Social, Emotional and Mental Health interventions and self-harm remains a key area of concern. Torbay has the second highest number of referrals to social care services in the region with the highest rates of children in care.

- 18 out of 100 children have Special Educational Needs
- 18 out of 100 children under 16 are in relative poverty
- Torbay has significantly higher rates for 'alcohol related hospital admissions' for both the 40-64 population and the under 18s compared both nationally and regionally, with deprivation having a direct impact on alcohol specific conditions across the population.
- Hospital admissions relating to self-harm amongst 10 to 24year olds in Torbay are significantly higher than regional and national rates.
- 35 out of 100 children aged 5 have one or more decayed or filled teeth.
- There are 51 pregnancies to women aged under 18.

At the time of the report in Torbay there were 320 cared for children, 179 children subject to child protection plans and 1067 children in need. Improving outcomes for these children and their families remains a key issue for Torbay, system wide. These numbers represent the ongoing challenge of ensuring all our children and young people are safe, happy and healthy so they can reach their full potential.

The COVID-19 pandemic created increasingly complex issues for Torbay's children, young people and families. Interventions to help contain the disease - including online learning and pausing of face to face mental health support - have had a negative effect on mental health and wellbeing. Psychological distress, anxiety and depressive symptoms appeared to peak in April 2020 and although there is evidence of some recovery since that time, we are not yet back to pre-pandemic levels. The report also highlights how children and young people in Torbay have identified how the pandemic has affected them:

- more children are saying they feel lonely and isolated
- problems with anger
- increase in risk behaviours
- low self-esteem
- high numbers reporting depression and anxiety
- more young people reporting self-harm and suicidal thoughts
- problems coping with school and friendships
- more children appear withdrawn and anxious

Their feedback and testimony need to be considered in Trust service development and future planning to ensure we continue to support their wellbeing.

### 2.2.3 Ofsted inspections for Local Authorities – Devon and Torbay

#### Devon

On 26/05/2021 Ofsted completed a Childrens services focused visit for Devon County Council. The report was published on 15/07/2021. Due to COVID 19 context, the visit was carried out remotely, using video calls for discussion with practitioners. The inspectors found a number of factors that required improvement:



- Making sure that decisions taken by the multi-agency safeguarding hub (MASH) are acted on.
- Professional curiosity and the quality of assessments.
- How effectively plans drive progress for children.
- The quality of recorded management oversight and critical challenge.

The Inspectors recognised that demand for early help had risen sharply. The complexity and volume of referrals that the local authority was receiving had increased significantly. The local authority and its partners had risen to the challenge, delivering a well-coordinated and effective response.

A monitoring visit was completed on 02/02/2022, which was the second monitoring visit since the local authority was judged as inadequate in January 2020.

Inspectors found that the oversight of contacts and referrals about children coming into the MASH is mostly timely in terms of making decisions more quickly and largely directs referrals to the right service in line with the needs of the child and their family. An unprecedented increase in referrals over the summer of 2021 had begun to plateau. Importantly, elected members and corporate leaders are embracing the need to change after a long period of poor outcomes for families in Devon and are progressively prioritising children in the council's plans. A further monitoring visit was planned for June 2022.

## Torbay

On 24/03/2021 Ofsted completed a focused visit for Torbay Council. The visit was carried out remotely due to the covid pandemic working guidance in place at this time. Findings associated with the multiagency work completed in MASH were to be satisfactory but improvements were needed in the quality of supervision for Children's social workers, to ensure that identified actions on children's plans are followed through in a timely manner and, where required, consider time specific remedial actions or escalation. This reflects directly on the multiagency work to support families and any professional challenge that may occur. Improvements were also identified as being required in the support of children in care and consideration of placements provision.

A further visit took place from 21/03/2022 until 01/04/2022. Services were considered to have improved significantly by Inspectors with strategic partnerships considered to be strong with good communication across both corporate and operational management, resulting in a tangible difference for Torbay's children. This improvement will require continued commitment from all partner agencies to ensure that this level of care is maintained. In particular, Ofsted identified the need for partner agencies within the TSCP to assume individual responsibility for the provision of data for monitoring and quality assurance purposes, as opposed to reliance of data gathered by the Local Authority.

## 3.0 Torbay and South Devon Foundation Trust Statutory Framework responsibilities

### 3.1 Children Act 1989

The overarching principle of the Children Act 1989 states that "The welfare of the child is paramount". Section 27 of the Children Act 1989 places a specific duty on

health bodies to cooperate in the interests of children in need (“need” is defined under Section 17 of the Children Act 1989). Section 47 of the Children Act 1989 places a specific duty on health bodies to assist Local Authorities (Social Care) in carrying out enquiries into whether a child is at risk of significant harm.

### 3.2 Children Act 2004

Section 11 of the Children Act 2004 places a legal duty on all health organisations to ensure that in discharging their functions they have regard to the needs to safeguard and promote the welfare of children. To be effective it requires staff members to acknowledge their individual responsibility for safeguarding and promoting the welfare of children. It also requires Torbay and South Devon NHS Foundation Trust to support them in this role. This includes ensuring that all staff have access to appropriate training advice, support and supervision in relation to this responsibility. In order to fulfil this responsibility, the Trust will ensure that all staff have access to expert advice, support and training in relation to child protection.

Self-assessment audits are expected from both Devon and Torbay Safeguarding Children Partnerships this year and any required action plans will be monitored via internal governance pathways.

### 3.3 Torbay and South Devon NHS Foundation Trust accountabilities

Torbay and South Devon NHS Foundation Trust accepts that:

- The welfare of the child is paramount as enshrined in the Children Act 1989
- All children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse.
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- Working in partnership with children, young people, parents, carers and other agencies is essential in promoting young people’s welfare.

## 4.0 Governance and Assurance Framework

### 4.1 Safeguarding Standards with Partner agencies

The Trusts commitment to the legislative responsibility provides the foundation to the agreed standards between TSDFT and NHS Devon Integrated Care System for the provision of safeguarding / child protection services

The standards are aligned to the key legislative guidance supported by Working together to Safeguard children (2018), the Intercollegiate Document (Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019) and reinforced by the quality assurance requirements set out by Section 11 of the Children’s Act 2004.

As the standards are aligned to the legislation, this enables the governance process to link to the multiagency practice of the local safeguarding partnerships.

The TSDFT Safeguarding Children service is commissioned on a block contract basis and, as such, does not have key performance indicators to monitor effectiveness



of service provision. For the CFHD Team, under the service level agreement with Devon County Council for the Public Health Nursing Service, there are a number of performance indicators which are reported to and monitored by the Service Leads for the PHN service.

The Trust operates under a set of standards which were last agreed with Devon Clinical commissioning group (CCG) in 2017/18, and which remain in place, continuing to underpin the Trust requirements for 2021/22. The standards have remained under scrutiny and discussion in the Trust Governance meetings (for TSDFT and CFHD), supported by Designated Professional representation from the Devon ICS (One Devon), with a consideration to refresh and update the standards in line with strategic ICS plans.

See table below for the current safeguarding children / child protection standards for TSDFT:

Quality Requirement		indicator	Target attainment	Frequency of monitoring
1a	Children not put at unnecessary risk of harm	All allegations against staff will be reported to LADO	100%- <b>met</b>	6 monthly
1b		DBS checks	100%- <b>met</b>	6 monthly
2	Discharge Section 11 duties	Submit Section 11 self-assessment to LSCB and commissioner	Adequate evaluation by LSCB- <b>met</b>	As directed by TSCB/DSCB
3	Compliance with multiagency processes	Two relevant audits (including one of case records)	Minimum 10 records in each- <b>met</b>	per annum
4a	Compliance with Working Together: child death review	Audit of: Contribution to review (form B submission) on request	95%- <b>met</b>	On request
4b		Organisation attendance at local review meeting on request	70% - <b>met</b>	On request
5	Compliance with Working Together: Serious case reviews	Completion of IMRs/RCAs of appropriate standard within timescales, as per national guidance	100%- <b>met</b>	Monthly (by exception)
6a	Quality assurance system to monitor the discharge of the organisational responsibilities	Annual report to be shared with commissioner	100%- <b>met</b>	Annual
6b		Attainment of staff safeguarding training at Level 1, 2, 3 & 4.	90% at Level 1- 80% at Level 2- 80% at level 3 (See section 5.15)	6 monthly
6c		Supervision policy/ reference in place	100%- <b>met</b>	Annual
6d		Attendance record at LSCB	75%- <b>met</b>	Annual
6e		Audit in any area of service delivery reflecting client satisfaction of those under 18. <u>OR</u>	100%- <b>met</b>	Annual
		Consultation on views of young people incorporated into service development		
6f		Declaration to commissioner of any SAEs/ SIRIs relating to safeguarding children	100%- <b>met</b>	monthly by exception
6G	Ensure LAC have relevant initial or follow up review health assessments in line with national timescales and robust quality assurance within acute setting.	100% - <b>not met</b> Δ	monthly by exception	

Table 1

**Performance Metric 6G** – please see section 5.3 for further details.

## 4.2 Internal Trust Governance

### 4.2.1 TSDFT Safeguarding Governance

For TSDFT, the Safeguarding Children Operational Group (SCOG) meets on a monthly basis. It is chaired by the Torbay System Director for Nursing and Professional Practice and is well attended by Paediatric service Leads and Named Professionals. There are terms of reference for the group and the dashboard and reporting arrangements has been updated to reflect the increasing safeguarding responsibilities and activities delivered across the Trust.

SCOG monitors the progress of Trust compliance against the ICS standards via the dashboard and the workplan for the group. The audit and policy ratification process are also held within this group. All Trust Paediatric services are represented in the membership of the SCOG and the agenda ensures that all incidents, the risk register, complaints, policy updates, audits, training and supervision compliance, serious case reviews and internal managements reviews are considered and monitored on a monthly basis. The minutes from the SCOG meeting are then reported into the Trusts Integrated Safeguarding and Inclusion Group to ensure appropriate oversight of all safeguarding children issues.

SCOG also holds monitoring responsibilities towards external factors, such as child safeguarding practice reviews. Any action plans arising from multiagency reviews are monitored via the SCOG workplan and trust briefing reports are submitted by the Named Nurse for review by the attendees.

### 4.2.2 CFHD Safeguarding Governance

Further to the establishment of Child and Family Health Devon (CFHD) in April 2019 the governance process has been incorporated into the Torquay ISU. There were a number of challenges that emerged which were complicated by the covid working guidance and redeployment of a significant number of key staff members across the alliance services.

The Safeguarding Alliance Governance Group has an established membership and is well attended. The workplan, metrics and action plan are monitored by the group and information is reported into the TSDFT Integrated Safeguarding Group for Trust Board oversight. The memorandum of understanding between the alliance organisations has remained under scrutiny and is in the process of revision; overseen by the Chief Nurse for Torbay and South Devon (TSD) and Safeguarding Executive Lead for Devon Partnership Trust (DPT). Planned service changes to a locality-based model of service delivery are continuing and are progressing to the mobilisation stage, following revision of covid working restrictions.

## 4.3 Child Safeguarding Practice Reviews (formally Serious Case Reviews)

Initial consideration for a Child Safeguarding Practice review (CSPR) is undertaken under the rapid review process. This is an information gathering process where all partner agencies who have been involved with the child/family submit a chronology of key events and an analysis of their interventions. This information is then submitted

to the CSPR review panel for the Local Childrens Safeguarding Partnership (Devon or Torbay) for consideration. The outcome is determined by the CSPR group and then submitted to the National panel for agreement.

Rapid reviews undertaken in 2021/2022:

Torbay: 4

Devon: 8

CSPR identified in 2021/2022:

Torbay: 2

Devon: 1

Actions plans and progress are monitored via the Trust governance structure, initially considered at SCOG and the CFHD Safeguarding Alliance Governance Group. Child Safeguarding Practice reviews (CSPR) were established under the Children Act (2004) to review cases where a child has died and abuse or neglect is known or suspected. CSPRs could additionally be carried out where a child has not died, but has come to serious harm as a result of abuse or neglect.

When the CSPR reports have been completed, they require sign off by the Partnership, in accordance with recognised National process. Even though the reports may not have been released, the actions that were identified for the Trust as part of the reviewing process are able to be completed and monitored within the internal governance system. There is one report that is currently in progress. For 2021/22, learning themes included improvements required to professional curiosity when expectant parents report that they have other children; including the extent of their contact and relationship with them, information sharing when families move into the area; especially previous safeguarding involvement, partnership working where there are concerns of exploitation, the identification and evidencing of neglect and the impact of poor parental mental health on childrens wellbeing and safety.

There are no current outstanding actions for TSD/CFHD from CSPR – all required actions have been completed.

#### 4.4 Allegations against staff

Allegations against staff in relation to safeguarding children are heard by the Local Authority Designated Officer (LADO). Any allegation or concern that an employee or volunteer has behaved in a way that has harmed, or may have harmed, a child must be taken seriously and dealt with sensitively and promptly, regardless of where the alleged incident took place. Any allegation in relation to Trust staff must be referred to the LADO, in accordance with Trust policy.

For TSD, there have been 14 LADO contacts from April 2021 – March 2022 in response to allegations against staff. The outcomes of the contacts were 9 contacts did not meet threshold, 1 was unfounded, 2 unsubstantiated and 4 substantiated. Professional bodies were contacted in 2 cases, in accordance with multiagency safeguarding processes. 9 contacts resulted in allegations management meetings. For many of the staff involved, allegations were linked to stresses due to impact of covid on their personal circumstances; additional employee support plans were provided where appropriate.

For CFHD (excluding Devon Partnership Trust (DPT) CAMHS staff), there have not been any LADO referrals.

For the timescale of this report the Trust has 1 current LADO case and there are no outstanding actions in response to allegations against Trust staff.

#### 4.5 Safeguarding Children Audit 2021/2022

Safeguarding audits are planned and presented at SCOG. Any identified actions are added to the SCOG meeting workplan and monitored by the group, reporting the progress to Board via the internal governance structure. Internal audit and associated learning is also shared with Torbay Safeguarding Children Partnership via the Quality and Assurance Group, which is attended by the Named Nurse for Safeguarding Children.

Safeguarding Children Audits completed:

- Audit of dental extraction (re audit) - May 2021
- Children in Care audit - May 2021
- Safeguarding of unborn babies – July 2021
- Young persons safeguarding/ Deliberate self -harm – Sept 2021
- Multiagency Torbay MASH dip sample audits of all enquiries submitted by Health partners – monthly

## 5. Performance of Safeguarding Children Services

### 5.1 Maternity Safeguarding Children Activities (completed by Named Midwife / Safeguarding Midwife)

During 2021, midwives completed 344 interagency communication forms (ICF), identifying pregnant women who have safeguarding and vulnerability factors. This includes substance misuse, domestic abuse, mental health, teenager, etc. This equates to approximately 14% of women using the maternity services within Torbay and South Devon and requires a significant amount of resource to ensure that needs are assessed and appropriate plans are put in place to safeguard the baby and family.

The COVID-19 pandemic continued to have an impact on health and care services during 2021. For women with identified vulnerabilities, the Trust has continued to provide services that are accessible and promptly re-introduced a first-day home visit following the birth of the baby as soon as government guidance allowed.

Relevant meetings have been held as planned but have continued to utilise digital technology, which has allowed for the Safeguarding Midwife to remain fully accessible to Trust staff and partner agencies, whether working from home or within the Hospital setting.

The Safeguarding Midwife continues to be a member of both Torbay and Devon Rural Multi Agency Risk Assessment Conference (MARAC); contributing to meetings when pregnant women are being discussed.

The Safeguarding Midwife is also a member of Torbay's 'Unborn Baby Tracker Panel'; this is a multiagency panel of professionals, which meets fortnightly. The unborn baby panel is an early opportunity to track and monitor the wellbeing and

safety of vulnerable children at the pre-birth stage. The number of babies discussed is variable but, on average, up to 20 were heard at each meeting in 2021.

During 2021, the 'Vulnerable Pregnancy meeting' continued for pregnant women within Devon. This is attended by either the Public Health Midwife or Safeguarding Midwife. The meeting occurs monthly, and offers holistic support for families who are identified as having social complexities. The panel is attended by maternity staff, Action for Children, Devon Partnership Trust, Health Visiting and other local agencies who can offer support. On average, approximately 10-12 Unborn/newborn babies were discussed at each meeting during 2021.

The Public Health Midwife continues to chair the monthly 'Public Health Liaison meeting'. This is a multi-disciplinary meeting involving midwifery, Consultant Paediatrician, Perinatal Mental Health Team and Paediatric pharmacist, Drug & Alcohol team and Paediatric Liaison. The aim of the meeting is to develop a care plan for babies who have additional care needs, such as maternal substance use. This enables a clear plan to be put into place regarding the observations the baby will require. The Public Health Midwife has worked collaboratively across the Local Maternity and Neonatal System to update Trust guidance on care planning for women and babies where both prescribed and illicit drugs have been taken in pregnancy. Approximately, on average, 10 babies were discussed at each meeting in 2021.

The Named Midwife and the Safeguarding Midwife continue developing networks both in the South West and Nationally. In 2021, they attended regular SW Safeguarding Midwives forums, Named Professional events and National events albeit virtually. The use of digital technology has enabled greater attendance at the national events. These are useful forums to share best practice and provide peer supervision. Both the Named Midwife and Safeguarding Midwife attended 2-day Level 4 Safeguarding Children Training in 2021.

Our high-risk consultant clinic is run weekly, and attended by the Specialist Public Health Midwife. Women with significant mental health disorders, substance and alcohol misuse, teenagers, learning and physical disabilities and other complex social needs and vulnerabilities are referred to this clinic by their midwife at booking. Multi-disciplinary care is offered, and safeguarding concerns are frequently identified due to the nature of the referrals. The Public Health Midwife and Safeguarding Midwife liaise closely to support staff and the women themselves.

The Safeguarding Midwife meets with all new staff, including the junior Doctors as part of their induction. She also participates in presentations at the monthly Perinatal Meeting where the cases being discussed have safeguarding considerations.

Due to continued clinical capacity issues, the Safeguarding Midwife has provided operational support to the Midwifery Teams by attending Child Protection Conferences, Strategy meetings, Core Groups, Child in Need meetings and Discharge planning meetings. The team have used digital technology to continue to participate in safeguarding meetings and work closely with local authority social care partners to ensure families and their babies are safeguarded and have robust plans in place.

The Safeguarding Midwife also supports Health in MASH, for both Devon and Torbay, with requests for maternity health information in response to MASH

enquiries. There continues to be an increase year on year of Court directed report requests for Family Court to be completed by maternity staff. This has a significant impact on the service both for the midwife completing the report and on the senior staff supporting them.

The impact of increasing safeguarding children considerations and support for statutory duties continues to provide challenge for the maternity service.

During 2021, the Safeguarding Midwife worked closely with the Information Technology (IT) Midwife and the IT Team to integrate required safeguarding practice into the new electronic patient record; 'SystemOne'. This went live in May 2022; details will be covered in next year's report.

### 5.1.2 Safeguarding Supervision in Maternity Services

Safeguarding supervision continues to be embedded within maternity. There are currently 9 Safeguarding Supervisors within Maternity; with 2 staff members due to attend the next planned training session.

The Trust Safeguarding supervision policy is followed, with a clear and embedded structure across Maternity services. This is led by the Named Midwife and Safeguarding Midwife and supported by the Community Team Leaders and Maternity Services Safeguarding Supervisors, to ensure that safeguarding supervision is accessed and accessible by all staff, both community and hospital based. In addition, the Named Nurse provides quarterly updates for the Community Team Leaders and Maternity Services supervisors, which are well attended. The Named Midwife and Safeguarding Midwife access additional support from the Designated Nurse.

The standard of 100% for safeguarding supervision for community midwives with a case load is three monthly and all other maternity staff six monthly. Internal reporting systems of supervision both ad-hoc and planned, are currently being enhanced to provide accurate centrally recorded data and monthly reporting. This will be monitored through Safeguarding Children's Operational Group.

## 5.2 Paediatric Liaison service activities

The Paediatric Liaison Service believes that by effectively and safely communicating with health partners/other agencies, we can help to ensure that children and young people have their health and wellbeing needs appropriately supported.

The service has continued to achieve this through four main overarching themes; information sharing, special case flagging, staff advice/supervision and staff training.

### 5.2.1 Information sharing

Within this time frame, the service has had oversight of **3,682** safeguarding referrals. They include; Paediatric Liaison Referrals, Multiagency Safeguarding Hub (MASH) referrals and Multiagency Risk Assessment Conference (MARAC) referrals. The service received **3,213** Paediatric Liaison Referrals from across the trust.

The service had oversight of **370** Emergency Department (ED)/Minor Injury Unit (MIU) Multi Agency Safeguarding Hub (MASH) referrals, providing additional information forms as appropriate to ensure effective sharing of information to relevant safeguarding hubs and health partners.

The service has also continued to support the ED/MIU by providing an overview of all Multi Agency Referral Assessment Conference (MARAC) referrals completed by the Emergency Department and Minor Injury Units. The service has processed **104** MARAC referrals, once more providing additional information as appropriate. These figures showed a **24.7% increase** on the previous year.

### 5.2.2 Special Case Flagging

The service has continued to develop the special case flagging to ensure relevant and accurate information is readily accessible to frontline practitioners. The service can receive flag requests from different service providers and from this the service currently manages **365** active special case flags. This is an **increase of 11%** from last year. The current special case flags include; medical flags (**89**), safeguarding flags (**37**), high risk missing person flags (**10**), drug box flags (**87**), and SARC (**142**). In recognition of the services expansion these flags are reviewed annually, and the process regularly audited with the support of the TSDFT Clinical Auditing Team to ensure they are relevant and up to date.

### 5.2.3 Supervision and staff training

The Paediatric Liaison Service has continued to be a point of contact to all agencies as well as providing ad hoc supervision to trust staff. The service is supported by the Safeguarding Nurse Practitioners, who are providing regular contact direct to the staff in paediatric clinical areas; Special Care Baby Unit, Louisa Cary Ward, Short Stay Paediatric Assessment Unit, Paediatric Outpatients and Paediatric Emergency Department. The Paediatric Liaison Nurse works collaboratively with the Safeguarding Children Team to ensure that the children / young people / parents who are presenting to the Trust services are supported with timely and accurate information sharing to ensure that they receive support or intervention that is required for their family.

Safeguarding Supervision practice is recognised by the Trust staff and is embedded in their clinical practice. Regular contacts from clinical staff are made to the service and recorded within clinical records / staff records as appropriate and in accordance with Trust policy. Safeguarding supervision continues to be highly regarded by staff, as evidenced in formal feedback, and forms an essential part of the safety and wellbeing of staff who are required to engage in the challenge and complexities of safeguarding children practice.

### 5.2.4 Staff training

The Paediatric Liaison Service recognises that for children and young people to have their health and wellbeing needs appropriately supported, frontline practitioners need awareness of local contextual safeguarding issues. With support from the Safeguarding Nurse Practitioners, the Paediatric Liaison Service provides advice, guidance and supervision to staff in their consideration and contacts with children and young people who are accessing Trust services. The Paediatric Liaison Service recognises that at the heart of improving the quality of safeguarding referrals is through improved staff awareness and understanding. The Paediatric Liaison Nurses support the training of staff through;



- One-to-one operational induction with newly recruited Paediatric Nursing Staff into the Emergency Department during their supernumerary phase.
- Group operational induction training to Junior and Middle Grade medics within their rotations into Paediatrics and Emergency Medicine.
- Group Level 2 Safeguarding Children Level 2 Workshop group training. This is currently provided in a face to face workshop style but is being developed as an online training resource, supported by Paediatric Liaison Nurse / Safeguarding Nurse Practitioners.
- Child Health / Emergency Department Mandatory study day sessions.
- Shadowing opportunities for Medical / Nursing / Public Health Nursing staff.

The service continues to audit and record training feedback to ensure the provision can continue to develop and evolve to best support frontline practitioners and promote Safeguarding Children within Adult and Paediatric Services. It has been recognised that the impact of covid working practice has decreased the opportunity for visibility of the Paediatric Liaison Nurse in the Emergency Department and work with the Practice Educator / Paediatric Emergency Department Nurse Lead is in place to optimise the training and support opportunities.

### 5.3 Children in Care

As for all aspects of the NHS and social care team, the pandemic has continued to have implications for our service particularly with periods of local increased COVID-19 infections and isolation periods in both children and young people, their carers and staff. We have also been affected by multiple short-term staffing absences within our small team which has a more significant impact on capacity.

#### 5.3.1 CIC & Safeguarding (Report by Named Doctor for Children in Care)

Despite these challenges we have had a number of notable positives:

- We continue to offer and use video appointments which adds flexibility for carers and young people, where these are suitable and clinically appropriate.
- NICE guidance Looked After and Young People (NG205) – we have jointly reviewed the NICE guidance published in October 2021 for the organisation and in conjunction with the Devon CCG Designated Professionals. Overall, we have a 91% compliance with the standards. There are a number of outcomes for improving training across the Devon CCG regarding the needs of children in care, working together to ensure equity of service across the area and specifically to collate more feedback from service users to influence our next steps.
- We will continue to audit our practice against benchmarked standards in the coming 12 months.
- Adoption Records – in this period, we have been involved in reviewing 18 records for children who have been adopted and had a change to their NHS number. The majority of these have required redaction of records and changes to appointments. This has been completed successfully in conjunction with parents and our colleagues in data protection. This is a really positive outcome for these children who now have complete records and has reduced the clinical risk for them. At the present time we are unable to move



this forward for electronic records due to the complexity of the systems involved.

There are clearly ongoing challenges within the system and we will always work to the highest possible standards to identify and support children in care to have their health needs met through our assessments and reports.

- **Initial Health Assessments** – (statutory target 20 working days from coming into care). These were completed on time in 50% of cases overall (between the two local authorities which is similar performance to the previous 12 months). This is mostly impacted upon by the delay in receiving consent and paperwork from the local authorities to complete these assessments. These figures remain static at 34% for Torbay and 37% for Devon respectively being received on time.

There has been some improvement in the length of the delay providing the consent reducing from an average of 14 days to 10 days for Devon local authority. Until March 22 there has been no improvement for Torbay. However, there are signs of recent improvement in the last 6 months. We have developed a new, less complex escalation process for Torbay Local Authority these positive changes are not likely to be reflected in the figures until next year. The introduction of a new computer record (Liquid Logic) in Torbay Children's services has not had the anticipated positive impact on their capacity to request assessments in a timely manner particularly for Review Health Assessments and there have been a number of challenges. We do continue to work closely with our colleagues in Children's Services.

We have continued to exception report via SCOG for those not completed on time and the delays are primarily due to a delay in receiving consent. However, this has also been impacted upon by our staffing capacity as outlined above with both clinical and administration staff, we hope that this will continue to improve. Over this period, we have had reduction in our capacity to offer an appointment within 15 working days from 90% of cases to 70% but it would be anticipated that this will return to previous levels over the next 6 months. We also had a considerable gap in our admin support which meant further delays in getting reports typed and returned to Children's services. We are working as a department on more advanced digital technology which could have a positive impact on these delays in the future.

However, it must be remembered that although these are statutory timescales, these are children and young people with complex situations and we also need to arrange the appointments to be as child focused as possible which may mean it is out of timescales. Frequent reasons that we are unable to complete assessments on time include:

1. The need to accommodate several siblings in one appointment with a lack of available accommodation and nursing support to change this quickly.
2. Multiple moves for young people
3. A high level of children in our local authority who are cared for out of area although these are reported separately and have much lower rates of compliance
4. Covid isolation for child/foster carer/clinician

5. Alternative appointments including 'family time' which is booked for set dates in the week and requires social workers to authorise a change
  6. Legal and school meetings
- **Unaccompanied Asylum-Seeking Children (UASC)** – having had a very low number of young people UASC in the last 2 years, we have had 6 young people in this 6-month period. These are complex young people who have a high level of unmet health need and universally require referral and further investigations to be arranged. They also require a longer appointment due to the need for an interpreter so impact on our capacity. We have a robust follow up system with the children in care nursing team and there are improved local support services including sports clubs which are increasingly recognised as the best way to support this vulnerable group with their mental health needs.
  - **Adult Health Reports** These requests have been fairly static over the past 2 years, we have had approximately 350 per year to complete consistently.
  - **Impact of Somerset Ruling and Adoption Reports** – over the last 12 months there has been a significant legal challenge which has been through the High Court involving the timing of adoption medical reports in relation to the legal decision making by the local Authority. This has caused a number of delays for children in achieving permanence which is of course distressing for the children and families involved. The impact on our service has meant we have had to offer repeat medical reviews while the children remain in care (when they would have previously already moved to adoptive families) which has increased demand. We have had an increase in the number of updated adoption medical requests up to 67 from 40 the previous year which probably reflects the local authority requesting more due to a combination of factors including Court delays not directly affected by this ruling. However, all of this impacts on our overall capacity and ability to offer appointments in a timely manner.

### 5.3.2 Children and Young People in Care Nurse Team (report by the Named Nurse for CYPIC & Care Leavers)

Our team offers a service to all 'Children in Care' and 'Care Leavers' that incorporates a resilience-based and trauma-aware approach. This approach aims to identify and build upon their strengths with the aim of increasing their health and well-being, their safety and to improve their life chances. This is achieved by offering comprehensive statutory health reviews, support, guidance and sign-posting, multi-agency working and listening to young people and acting as their advocate.

The team work alongside their safeguarding colleagues and contribute to strategy & secure criteria meetings and Rapid review reports etc. The complexity and frequency of safeguarding incidents is increasing as children and young people in care are coming into care later, and therefore have a more complex history and related issues. The Named Nurse and team work with partnership agencies such as education, social care (including fostering) and NHS Devon to ensure that a high standard of care and safety frameworks are continually developed at an individual and strategic level. These children and young people must be seen as a priority in health services to ensure a preventative approach and to promote their current and long-term health outcomes.

### 5.3.3 Significant safeguarding issues for Children and Young People in Care and Care Leavers 2021-22

As with all health services, Covid-19 had a significant impact on service delivery within the Child in Care Nursing team. This brought a number of challenges in assessing children's health, welfare and development. As national guidance has changed, the team has been able to undertake the majority of visits face to face (the option of virtual contact as an alternative is available if preferred by the young person).

As with the previous financial year, several issues have negatively impacted on the capacity of the team, and therefore the performance relating to RHAs. There has been long term sickness of nurses, which due to the size of the CIC team depletes a significant proportion of the team's capacity. The retirement of two nurses and the resulting long recruitment process, again has impacted negatively. Covid 19, has had an ongoing impact on sickness within the team and the CIC population. It has also added further complexities with undertaking and achieving home visits. Many families experienced sequential infections with Covid which delayed home visiting for a month. Visits were often cancelled at late notice which meant that appointments could not be offered to other children.

This has resulted in 47.8% of children and young people being seen on time for their health assessments. The most common reasons for delay relate to CIC nurse issues (38%) (relating to the issues discussed above), followed by carer delays (20%), incomplete paperwork received from social workers (15%) and incorrect GP information 8%. When reasons for delay relating to Social Care, such as incomplete or incorrect information including incorrect placement details are taken together, they comprise 53% of all delays.

The child in care nursing team is now approaching full capacity for staffing, and use of bank is being utilised to address the backlog and aim to increase the number of children and young people seen within statutory timescales.

2021-2022 has been a challenging year for many reasons. However, the Torbay health services for Children and Young People in Care have continued to develop and adapt to ensure that the health needs of our children and young people are identified and addressed on an individual and strategic level. To help support the sexual health of young people, the CIC Nursing team have increased sexual health training, so all nurses have undertaken specialist training. This enables them to provide sexual health education, condom distribution and chlamydia testing. Demand for this support has been greater during periods of lockdown, when other services were not open to young people.

### 5.4 Public Health Nurses – Torbay 0 to 19 service

Torbay 0 to 19 service operates as a collaboration between the Public Health Nursing service, 'Action for Children' and The Childrens Society (Checkpoint). The service has shared priorities for the service which are:

1. All children and young people will have the best start in life, stay well, become independent and thrive.
2. All children and young people are healthy, make positive choices and influence their own future.

3. All children and young people are safe from neglect, free from exploitation and supported when vulnerable.
4. All children, young people and families have a voice and feel listened to.
5. We work with the community to support children and young people.

For the purposes of this report the main focus will be on the public health nursing element of the service, as the TSD safeguarding children team, including the Named Nurse, provide safeguarding support and supervision to the health professionals within the Torbay 0to19 service.

Universal allocations for the Public Health nursing service show that there are a high number of children requiring support. For example, from April – June 2021, we saw 92 children transfer into Torbay and 55 where behaviour was the primary concern, as shown below:



Using our levels of service, Universal, Universal Plus & Universal Partnership Plus criteria, we defined our targeted families who would need face to face contacts and developed a virtual offer for those we were less worried about. All mandated contacts followed this process, adapting as covid restrictions have eased.

As the year has progressed and with the reduction of covid restrictions, a programme of continuing service development has taken place; identifying and monitoring service pressures and working alongside commissioners and partners to provide a service which has adapted to the needs of children and families. Feedback from parents and children is gathered, which influences the services changes, via the 'Tell us meetings', Parent Advisory Board, Service user engagement group and family feedback surveys.

This has resulted in the current service structure of the Plus and Universal Teams; with 3 teams operating within the Universal service, supported by the Triage Team within the Admin Hub. This allows for a fluid allocation system and a strategic service oversight, supporting a flexible service offer and delivery to families.

Other partnerships that have been re-established, with discussions on how to work together to support families within Torbay, include:

- Little Bluebells- Mums Comfort Zone; a perinatal mental health and wellbeing group.
- Torbay Domestic Abuse Service; Freedom programme.
- Talkworks- supporting mums depression and anxiety; antenatal and perinatal.

Torbay 0to19 service continue to have a close working relationship with Torbay Local authority Children's Services and attend Multi Agency Panels, including the Child Exploitation and Missing Operational Group, Missing and Child Exploitation Forum and Missing Triage meeting. The Public Health Nurses from the Plus Team attend

many child protection meetings and strategy meetings, working with partner agencies to reduce risk and safeguard young people.

The Team Leads and Service Lead work in close collaboration with the TSD Named Nurse and Safeguarding Nurse practitioners in many aspects of safeguarding duties; including rapid reviews for CSPR, complex safeguarding strategy meetings, TSCP professional escalation proceedings, court duties and staff wellbeing; at service, team and individual levels.

Public Health Nurses have high levels of commitment to the safeguarding of children and young people that they are supporting. This is evidenced in the 100% compliance of Safeguarding Children Level 3 training, with attendance to additional TSCP Level 3 training, both face to face and eLearning packages and 100% safeguarding supervision compliance. Due to service capacity impacting on provision and attendance to safeguarding supervision a revised supervision offer has been agreed, following staff consultation, which will be in place from Autumn 2022.

### 5.5 Torbay Sexual Medicine Service – under 18's

Activity	Number of Individuals	Total Attendances	ATTENDANCES BY AGE				
			13	14	15	16	17
GU Telephone Consults (Male)	24	29		1	3	13	12
GU Telephone Consults (Female)	100	114		4	14	32	64
GU Face to Face (Male)	21	26			5	8	13
GU Face to Face (Female)	111	145	5	6	28	44	62
Contraception Telephone Consults (Male)	2	2		1			1
Contraception Telephone Consults (Female)	290	417	6	19	67	132	193
Contraception Face to Face (Male)	2	2		1	1		
Contraception Face to Face (Female)	263	362	8	16	71	128	139
TOPAS Face to Face (Female)	40	48		6	9	14	19
TOPAS Telephone Consults (Female)	42	44		3	6	12	23

Table shows the summary of Torbay Sexual Medicine Service contacts/ interventions for time period 01/04/2021 – 31/03/2022.

The service has been working in close collaboration with TSD Safeguarding Children Team to support robust safeguarding processes and practice. There is an ethos across the service of high-level professional curiosity. High levels of staff engagement at Level 3 mandatory safeguarding children training and Safeguarding supervision compliance at both group sessions, led by the Named Nurse for Safeguarding Children, and individual 'ad-hoc' sessions. Additional training attended at Level 3 by practitioners includes Child Exploitation, Prevent, Modern Slavery, Trafficking, Neglect and Restorative Practice.

The templates for routine screening questions for children and young people under 18 are regularly reviewed with the support of the Named Nurses for Safeguarding Children and were last reviewed at the beginning of the Covid 19 pandemic in response to the changes in service guidance.

Identified staff with a special interest in safeguarding children practice have taken the lead on service improvements. This has resulted in a service that has good relationships with commissioners and multiagency partners that continues to consider the service framework that best meets the needs of the young people of Torbay, with staff who are well informed on local safeguarding risks and appropriate support networks. This was well evidenced in a recent Child Safeguarding Practice review report.

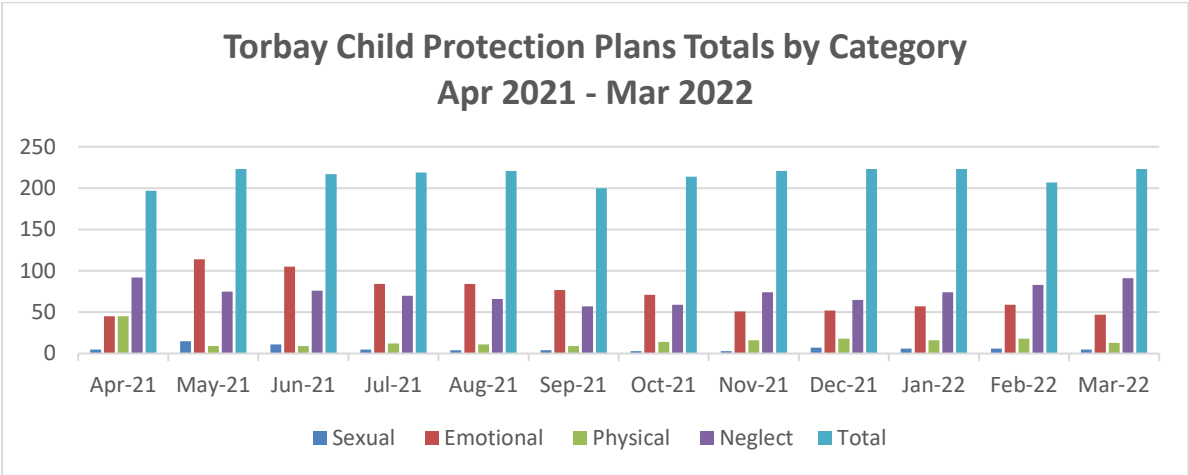
During covid lockdown, the service provision was significantly limited but staff devised an initial screening tool to support consistent safeguarding consideration for young people accessing the service. This was supported with confident multiagency working and information sharing to support young people who required additional specialist support. The service has returned to a face to face provision, with targeted clinics for young people. Consideration for anticipated development of new National safeguarding guidance for under 18s accessing early abortion services is in place with shared discussions between the core service, service leads and the Named Nurse for Safeguarding Children.

**5.6 Safeguarding Children Team performance activities**

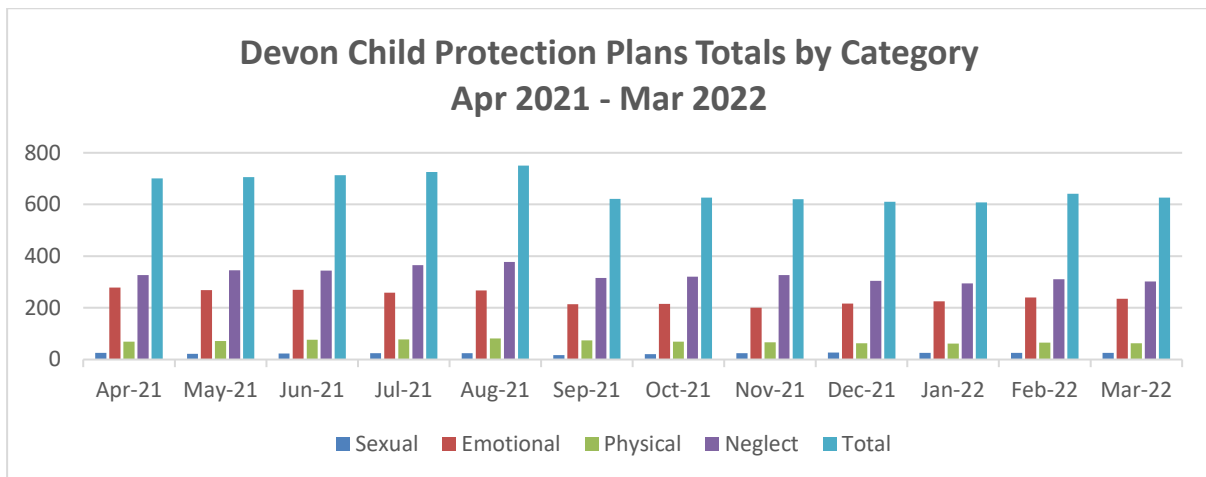
The Safeguarding Team performance report information will be based on the agreed Devon ICS standards. In order to understand the context of the needs of the local population the figure below shows the data for the children subject to child protection plans in Devon and Torbay; split by category.

For Torbay and Devon, the highest categories are consistently neglect and emotional abuse, which continues to be in direct correlation with the local figures for deprivation, poverty and domestic abuse.

In response, the dynamics of the collaborative working practice of the Torbay and South Devon (TSD) and Child and Family Health Devon (CFHD) Safeguarding Childrens Teams ensure that all Trust staff have awareness of both Devon and Torbay Local Authority working practice and Safeguarding Children Partnership strategies.







### 5.6.1 Health in MASH

TSD Safeguarding Children Team provide the health support to the Torbay Multiagency Safeguarding Hub (MASH). The support for Devon MASH is provided by the CFHD Safeguarding Children team.

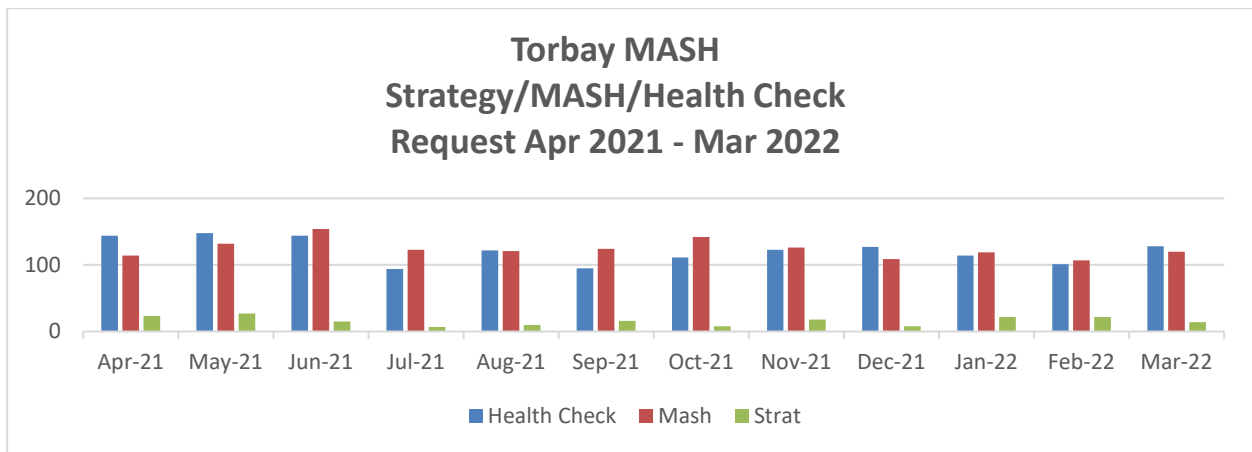
The MASH receives all of the child protection contacts for local authority Childrens services. The health team support the investigations for each contact by completing health enquiries for all parties related to the referrals. This may then lead to contributing to virtual MASH enquiries and face-to-face strategy meetings by information gathering from all available health sources; including TSDFT Health services, adult support services, GP's and CAMHS, and then providing analysis and recommendations for threshold decisions.

The numbers of Mash enquiries continue to increase (see figures in 5.6.1.1 and 5.6.1.2 below) and, in spite of service redevelopment and additional recruitment, the MASH responsibilities have an increasing impact on the capacity of the both the CFHD and TSD safeguarding children teams.

This is due to the continued high levels of contacts that have been sustained from the escalation during the period of covid lockdowns. Also, the complexities of family situations and impact on the children and young people have increased significantly; influenced by the decreased support and surveillance of professionals due to covid working guidance restrictions.

The Safeguarding Children Partnerships are bringing together multiagency partners to work collaboratively to identify shared solutions, support staff in their practice and to share learning and embed recommendations from local and national Child Safeguarding Practice reviews.

#### 5.6.1.1 Torbay – Health in MASH



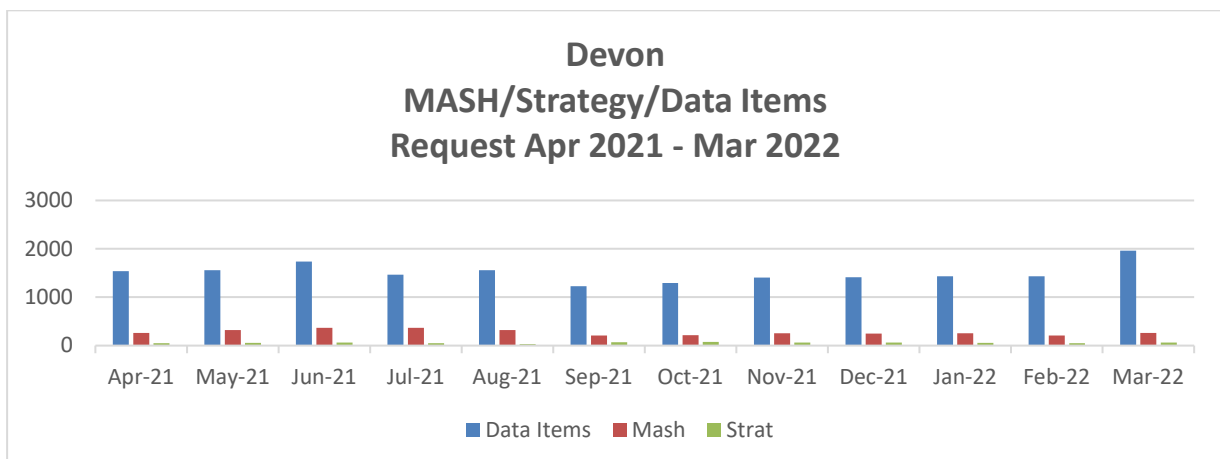
TSD Safeguarding Children Team provide health information to support consideration of children / young persons safeguarding needs following MASH enquiries / contacts. The Safeguarding Nurse Practitioners gather data, supported by the Admin staff, from a variety of sources, including acute, public health, sexual medicine service, CAMHS, GP and adult support services. They then provide an analysis of the information to support a multiagency consideration and outcome.

During the covid lockdown period, this has been either in a virtual mash response, facilitated via secure emails or by strategy meetings, completed using Microsoft Teams technology. Networking and liaison with the other partner agencies have remained in place during 2021/2022, facilitated by access to Microsoft Teams technology.

Recent partial return of staff to the shared multiagency office hub has evidenced the importance of face to face contact and the positive impact of the ability of contemporaneous discussion and professional rigor to the decision making.

The TSD team have also been able to work from a base at Torbay Hospital, developing a mix of office based and home working, subject to risk assessment, to support a robust and sustainable approach for clinical staff from across the Trust. It has enabled the team to adopt a flexible approach and for staff wellbeing, supervision and mutual support to be sustained throughout the year.

#### 5.6.1.2 Devon - Health in MASH





CFHD Safeguarding Children Team provide health information to support consideration of children / young person’s safeguarding needs following MASH enquiries / referrals. The Safeguarding Nurse Practitioners gather data, supported by the Researcher, from a variety of sources, including public health, CAMHS, GP and adult support services. They then provide an analysis of the information to support a multiagency consideration and outcome.

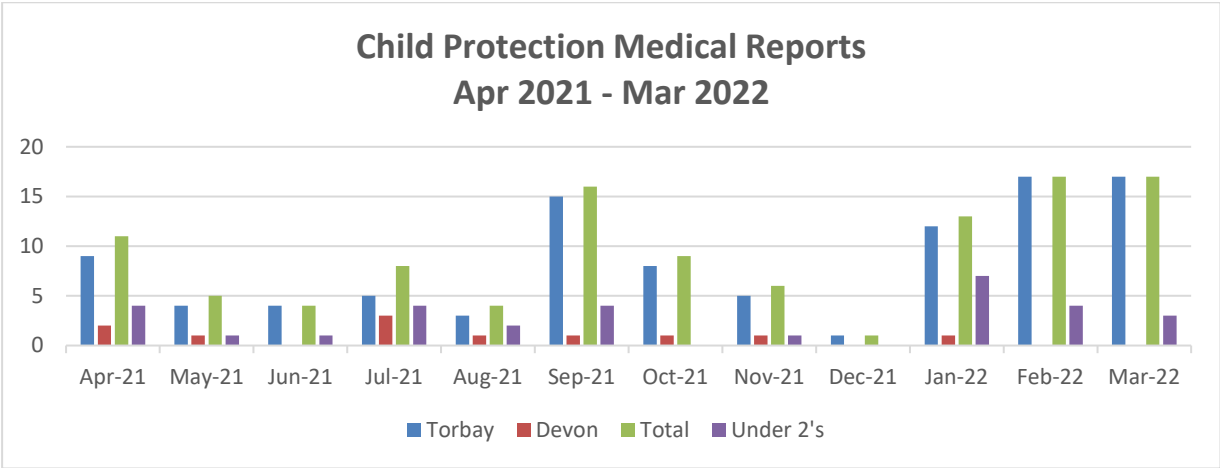
During lockdown, the team established multiagency communication process to replace the office systems of communication i.e. remote notice board for prompt notification of strategy meetings, office remote huddles (clinical and restorative function). The Team continued to work from home and maintained the networking contact with the MASH multiagency team via Microsoft Teams. This included attendance at weekly vulnerable children’s group/panel and MASH partnership meetings by the Named Nurse and Managers for service review. In order to support staff wellbeing, the team supported twice weekly team meetings to monitor, train and support team members.

Staff have recently returned to the multiagency setting working for MASH, with positive benefits of collaborative working, especially in light of significant recent operational changes to working practice resulting from Ofsted recommendations, initiated by the local authority.

**5.6.2 Child Protection Medicals**

Child protection medical examinations form part of the statutory response to child protection referrals from the health perspective. Child protection medical examinations are completed by Consultant Paediatricians / Middle grades and are completed in accordance with Royal College of Paediatrics guidance which is incorporated into Trust process.

Referrals for Child protection medicals are made following strategy meetings held in either Devon or Torbay MASH’s, or from strategy meetings held in regulated service where children are currently supported by local authority childrens social workers. (see figure below). The current performance around timeliness of the medical is in line with the 10 day target. There are no outstanding medicals and we achieve the timeframe set.



To improve outcomes for children and young people, TSDFT Named Professionals have supported multiagency improvements to develop a shared protocol for the procedure of the medical examinations, liaising with both Devon and Torbay

childrens services. As a result of the new processes, Trust Consultant Paediatricians are regularly supporting decision making at strategy meetings for children who have experienced physical harm. This practice has been shared at online National Named Professionals meeting, as it is not common practice nationally, and is considered as best practice.

The Trust has adapted the multiagency protocol to ensure alignment to RCPCH standards for Child Protection medicals which supports improved quality outcomes for children / young people who require child protection medical examinations.

The protocol has been embedded but there is a continued training need, which is being supported by the Named Doctors, due to high turnover of social care child protection staff. There is a positive working relationship between TSDFT Named Professionals and both Torbay and Devon MASH Teams.

Medical examinations in relation to sexual abuse / assault are completed by the Sexual Assault Referral Centre (SARC). The Trust has developed an information sharing protocol to ensure that professionals are in a position to ensure continuing appropriate support is provide to children / young people. There has been a significant increase in requirement for and completion of SARC medicals for young people during 2021/22, due to sexual assaults in relation to child exploitation and familial sexual abuse, complicated by the covid lockdown restrictions.

### 5.6.3 Safeguarding Supervision Compliance

In addition to safeguarding supervision, staff require advice and guidance to support their safeguarding children practice. As the dynamics of family situations have become more complex, particularly during the covid lockdown periods, staff are making increased contacts for this support.

Safeguarding supervision is provided by the Safeguarding Childrens Teams; it is provided as ad-hoc or duty contacts, formal group sessions or one-to-one sessions. All of the sessions allow for group case discussions and updates on current practice or areas of learning highlighted by Child Safeguarding Practice reviews. It is essential that staff are supported in their safeguarding duties and the TSD and CFHD Named Nurses have worked closely together to ensure / support appropriate provision for all staff in their responsibilities.

For TSD, many contacts are directed through the Paediatric Liaison service which is well established and embedded into clinical practice across teams, particularly unscheduled care and Adult inpatient wards. Following service redesign and recruitment of additional Safeguarding Nurse Practitioners, safeguarding supervision provision to the Public Health Nursing, Louisa Cary Ward and Special Care Baby Unit is provided by the specialist safeguarding nurses. This is delivered in face to face contact, facilitated by regular contact visits to clinical areas for ward rounds / team meetings and scheduled group supervision sessions.

For CFHD, many of the staff cohort are completing targeted direct work with children/ young people / families. During the covid lockdown period the 'duty contacts', directed though Devon SPA increased significantly, and they have continued to remain at high levels. The CFHD team provide virtual group sessions for complex case discussion and are for 3 main groups: practitioners, Managers and Champions. These are regular scheduled sessions which staff are able to book on to.

The data for the Safeguarding Children activities is reported and monitored via the governance meetings and both teams have continued to identify impact on capacity due to the high levels of children and families requiring support, increasing complexities of family's needs due to impact of lockdown, and fatigue of healthcare professionals undergoing work related and personal challenges of their own.

The Named Nurses continue to work on aligning a shared Safeguarding Supervision policy and process to gain clarity and mirrored practice for all staff across TSD and CFHD alliance. This will support a mutual method of practice, agreement on recording methods and compliance and aligned data for reporting for quality assurance purposes, whilst supporting individual needs of practitioners. The policy will remain aligned to the standards of supervision outlined by the Local Safeguarding Childrens Partnerships and the South West Child Protection procedures.

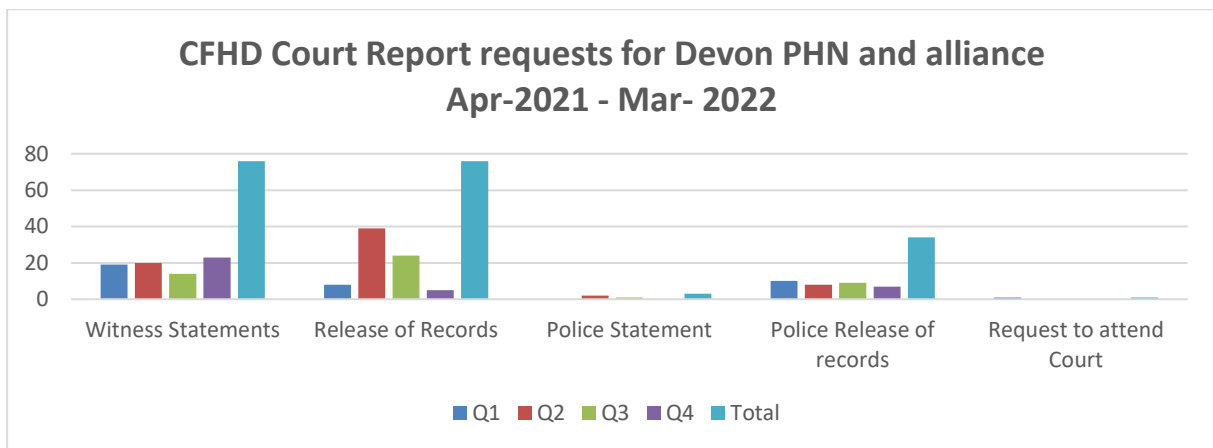
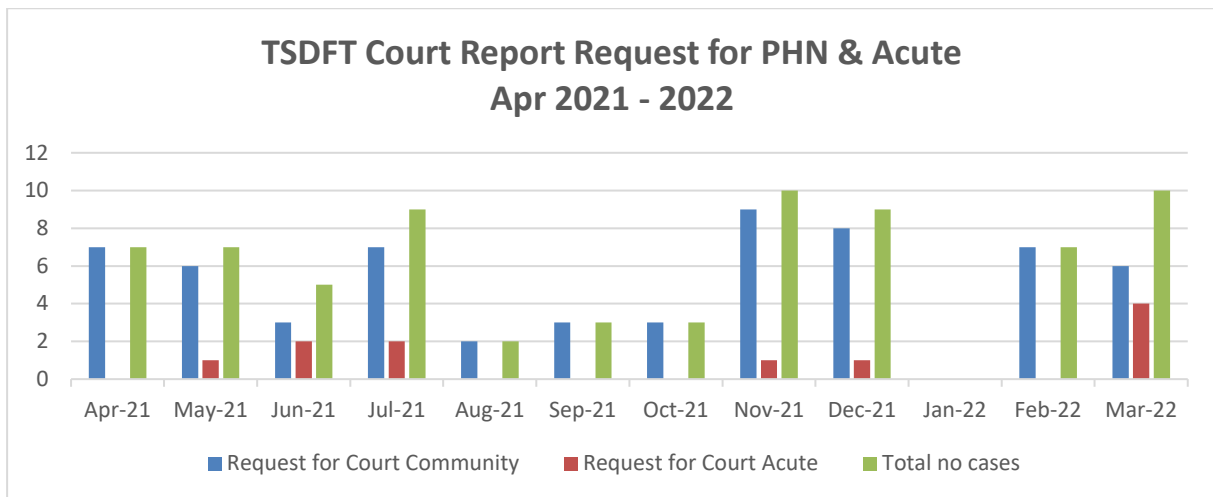
Additional Safeguarding supervisors have been trained from both TSD and CFHD by the TSD Named Nurse, who delivers a 2-day training programme followed by quarterly updates. Staff from a range of teams such as midwifery, speech and language therapists, paediatric diabetes nurses, sexual medicine nurses, emergency department staff, paediatric consultants and adult drug and alcohol service; in order to support the supervision provision in specialist paediatric services, particularly for ad-hoc supervision discussions. Throughout this year additional sessions have been delivered to increase the supervisor levels, resulting in over 50 extra CFHD trained supervisors from across integrated nursing/ therapies and CAMHS services.

#### 5.6.4 Court duties

Court duties in relation to Family court form an important part of the safeguarding duties for TSD/CFHD staff. For staff who have been directly involved in the care of a child, there may be a requirement for them to participate in legal proceedings if the child becomes a child in care. Both TSD and CFHD have experienced increasing demand on staff to complete court reports and attend court as witnesses.

It is a regular request for Health Visitors, School Nurses and Consultant Paediatricians, but increasingly requests are being made from Emergency Department Clinicians, Paediatric Nurses, CAMHS staff and Midwives.

The Trust are receiving increasing numbers of court requests for reports and release of health records, which are in direct correlation to the increasing numbers of children and young people who are subject to child protection or who have become children in care. (See figure below)



Both the TSD and CFHD Safeguarding Children Teams offer support to all staff who are required to complete a court report, in accordance with Trust policy. Staff are also offered safeguarding supervision and support for court attendance. The increasing numbers of requests for reports has implications on capacity for all staff groups, including the Safeguarding Children Teams. The recent audit of Trust Court report process evidenced the significant impact on resources of the court duties but also showed that the reports completed are robust and provide a high quality of professional analysis which supports a low-level requirement for Trust staff to attend Family Court proceedings.

For TSD, all court requests and release of health records are managed with the support of the Data Access Team to ensure oversight of all information sharing and medical record release for court purposes. This ensures monitoring of a high standard and consistent process for all children and families. For CFHD the process is more complex, as the service supports both TSD and DPT staff. Future planning has continued alongside the arrangements for the memorandum of understanding with consideration of the alliance organisations statutory duties and the operational practice for release of records. This is monitored by the CFHD Safeguarding Children Alliance Group.

#### 5.6.5 Child Death Statutory Duties

Under statutory guidelines, issued October 2018, all child deaths, both expected and unexpected, are reviewed in the location/hospital of death, if out of area (OOA) reports would be shared with the Child Death Overview Panel (CDOP) of child’s home address.

These reviews are currently supported by two staff within the Trust; the Named Doctor for Child Death review and the Child Death Review Coordinator. The Named Doctor role is provided by a Paediatric Consultant with dedicated time to the role. The Child Death Review Coordinator admin role has been reviewed in service restructure in 2021 and is now provided as a stand-alone role over 18.5hrs per week, with flexible working. This enables review meetings and training to be managed and adapted to service demand.

Reviews can be in the form of an Early Response meeting (ERM), Child Death Review Meeting (CDRM) chaired by the Named Doctor for Child Death, hospital-based mortality meeting (currently not operated in the Trust for child deaths), perinatal mortality review (held last Thursday in month), serious adverse event (SAE) or other investigatory bodies including Healthcare Safety Investigations Branch (HSIB).

Figures for child death review process managed by Child Death Review Coordinator / Named Doctor for Child Death for TSDFT for 2021-2022 are as below:

<b>Reported Deaths</b>		<b>Under 1s</b>	<b>1-17</b>	<b>Learning Disabilities Mortality Review (LeDeR) cases</b>	<b>Early response / strategy meeting</b>	<b>Staff well-being debrief</b>	<b>Child Death review meeting</b>
<i>Unexpected</i>	6	3	3	0	4 ERM/Update 2 Strats + 1 Strat held by Derriford	2	2 (1 joint meeting with suicide case from previous year)
							+2 from previous year
							2 c/f pending forensic PMs
							1 held by Bristol + 1 from previous year
							1 c/f by Bristol pending Trust RCAs
<i>Expected</i>	3	1	2	0	ERM 1 held by ICU	0	2 held by Bristol
							1 c/f by Bristol pending Trust RCA

**5.6.5.1 National Child Mortality Database**

The National Child Mortality Database (NCMD) was launched 1 April 2019. It is the first of its kind in the world and data collection commenced from CDOP. The purpose of collating information nationally is to ensure that deaths are learned from, learning is widely shared and actions are taken, locally and nationally, to reduce number of children who die. NCMD initially received funding for 4 years, this was extended in March 2022.

In May 2021, holding two years of data for child deaths, NCMD were able to begin reporting on key issues and trends in child mortality through thematic reports and webinars; generating significant national interest from clinicians, professionals and the public. Reports relevant to child deaths in Torbay are considered as below:

'Child Mortality and Social Deprivation' was a thematic report published in May 2021. The aim of report was to identify, and quantify, any association between measures of deprivation and childhood mortality, looking at possible modifiable factors (that may have contributed to the death) including poor maternal health during pregnancy, social environmental, and poor communication between agencies.

Recommendation within report was to use data from the report to develop and monitor impact of future strategies to reduce social deprivation and inequalities. Recommendations from audit with Torbay & South Devon NHS Foundation Trust's response as follows:

- To notify NCMD of all child deaths and to ensure complete case ascertainment
- Support availability and access to complete ethnicity and gestational age at birth data at point of notifying death to NCMD
- Continue to use child death review process to highlight positive aspects of service delivery and to give details of examples of excellent care as sharing best practice nationally

"Suicide in Children and Young People" report published October 2021 drew on data to identify characteristics of children and young people who died by suicide, investigate factors associated with these deaths and identify common themes. Key findings included that services should be aware that child suicide is not limited to certain groups, 62% of deaths reviewed had suffered significant personal loss in their life, both bereavement and "living losses", over 1/3<sup>rd</sup> had never been in contact with mental health services and also ¼ had experienced bullying, either face to face or online.

Recommendations from report relevant to TSDFT:

1. Ensure all frontline staff working with children and young people 10 years of age and over are supported to attend suicide prevention training.
2. Ensure all schools and colleges have clear anti-bullying policies that include guidance on how to assess the risk of suicide for child and young people experiencing bullying and when and under what circumstances multi-agency meetings will be called to discuss individual children/young people.
3. Review local policies on information sharing and escalation to ensure children and young people at risk of suicide can be identified and supported.
4. Issued revised guidance to schools on the use of exclusion. Guidance should recognise that when a child or young person is permanently excluded from school or college, any relationships with universal services (i.e. *public health nursing*) are at risk of becoming fractured.

#### 5.6.5.2 Child Death training and Mortality/Morbidity meeting

In July 2021, following the death of 2 young people that were possibly linked, in addition to CDOP processes, the Trust provided a 4-hour "Grief, Bereavement & Suicide Prevention" Training session to nursing staff from the Emergency Department and Children's ward. This training was facilitated by a local charity



“Pete’s Dragons” funded from the donation of a bereaved family of a medic that had taken their own life. Following this training and in response to Recommendation 1 of the thematic report “Suicide in Children and Young People”, the Trust were able to negotiate and arrange with Pete’s Dragons 6 months “5-Steps to Suicide Awareness” Training to commence April 2022, again funded from previous donation.

At the end of March 2022, Torbay & South Devon NHS Foundation Trust held their inaugural Child Health Mortality/Morbidity Meeting. Initially, there was a Child Death training session with multiagency representation from Police, Coroner’s Officers, Mortuary, Consultant Paediatricians, Paediatric Registrars, nursing staff from children’s ward and Emergency Department. The session facilitated a peer review presented by Police of challenging historic events, sharing the learning and enabling staff to be aware of some of the complexities faced, to increase staff knowledge should they be faced with similar issues in the future. This training was delivered both face to face and via Microsoft Teams, which enabled a larger audience for staff unable to attend the hospital in person as COVID distancing restrictions were still in place.

The Mortality/Morbidity Meeting followed the training session with the same attendees reviewing child deaths that had occurred over the past 6 months. It is planned for these Mortality/Morbidity Meeting to be held twice a year.

#### 5.6.5.3 Learning points for TSDFT identified at Early Response and Child Death Review meetings 2021/2022

- Children with chronic conditions to have identified Local Paediatrician and contacts at their local hospital and to ensure information sharing of clinical information between organisations, particularly discharge care planning summaries.
- Management of patient confidentiality in high-profile patient situation - consider presentation to Emergency Department
- When mental health services are declined by patients <18 years at significant risk, professionals need to be clear of responsibilities in ensuring the wider family/ professionals are supported to offer continued support
- Due to covid arrangement there is a current lack of family room at hospital for family bereavement and multidisciplinary discussions
- Local Drug and alcohol support services for children / young people to be notified for when potential wider contextual safeguarding concerns identified
- Safer sleeping information – additional consideration for Foster Carers when babies discharged from SCBU and for Social Workers when families are places in Temporary / Emergency accommodation.
- Ensure involvement of Foster Carers in discharge planning meetings, particularly for new born babies.
- Consider co-working of resus situations for 16-18yr old from both Adult and Paediatric Resus Teams.
- Support for maternal mental health following child death, to include pathway for automatic generation of referral to support services, within patient electronic recording systems.

5.6.6 TSDFT Mandatory Safeguarding Children training

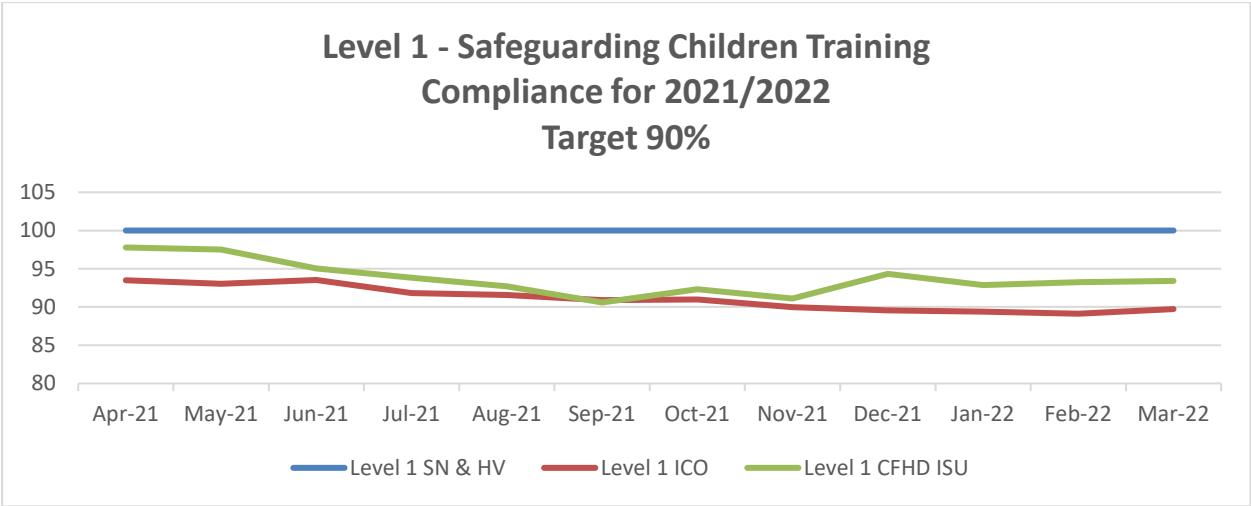
Safeguarding Children training compliance is measured and monitored on a monthly basis. The data is reported to the TSD Safeguarding Children Operational Group (SCOG) and CFHD Safeguarding Operational Board for oversight. For monitoring purposes, the responsibility is initially held by the individual staff member; highlighted by email and on their individual training record on HIVE. The compliance data is also emailed on a monthly basis to the Line Managers / Service Lead. Trust Training compliance is monitored via the Trust mandatory training group, which is attended by the Named Nurse.

The training levels are set by the Named Nurses for Safeguarding Children in direct consultation and reference to the Intercollegiate document guidance (updated 2019) and is agreed by the Trust training lead and the Chief Nurse on an annual basis on submission of the training needs analysis.

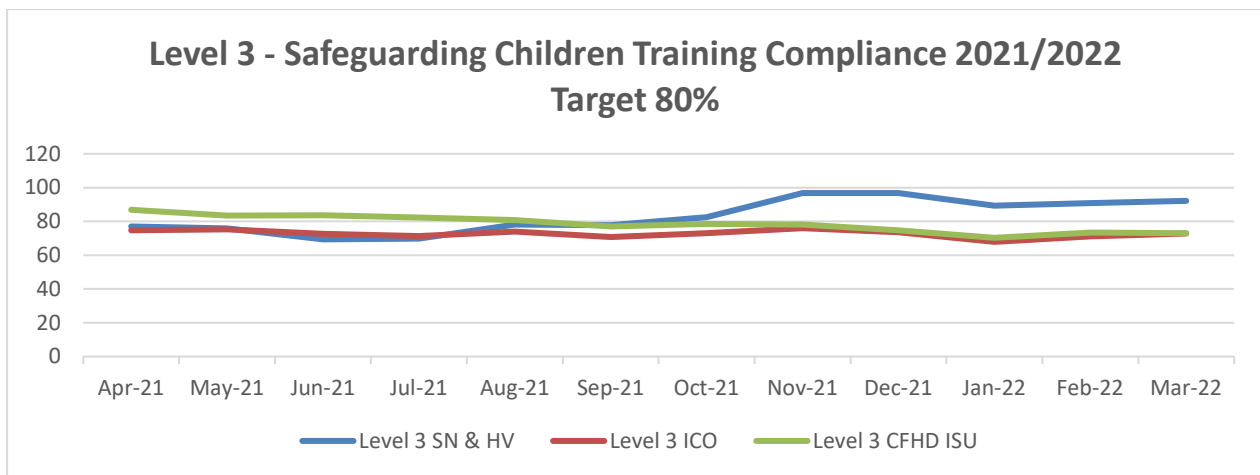
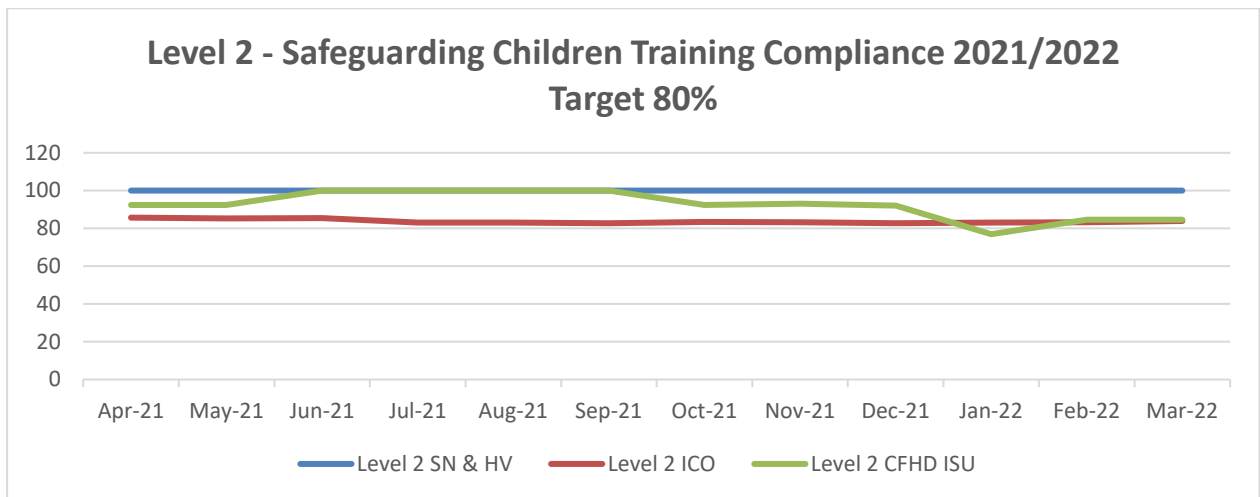
To support key performance indicator monitoring for all aspects of TSDFT service provision, the compliance data is reported for the Integrated Care Organisation (ICO) compliance, the 0-19 Torbay service (Torbay Public Health Nurses – Health Visitors / School Nurses) and Child and Family Health Devon is also split for reporting to the alliance governance and performance purposes.

Compliance levels are aligned to the current ICS standards of:

- Level 1 - 90%
- Level 2 - 80%
- Level 3 - 80%







Compliance for Mandatory training has been significantly impacted due to the pandemic working arrangements. The staff availability for completing Level 1 and 2 was challenged by the redeployment, altered working practices and Trust acute escalation status levels. The Trust Mandatory training group has identified training strategies for each subject matter and continues to support considerations for compliance improvement opportunities.

For staff working with children who live within Torbay local authority service arrangements, the Level 3 course is commissioned via the Torbay Safeguarding Children Partnership (TSCP). The course has been delivered via Zoom and, on reduction of covid regulations, has returned to 'face to face' provision; which has been welcomed by staff.

For staff working with children who live within Devon local authority arrangements, the Level 3 course is commissioned via the Devon Children and Families Partnership (DCFP). The course is currently delivered online and is a combination of face to face and online modules.

The DCFP and TSCP have launched additional supporting training provision, following recommendations from local CSPR's, and these are accessed by a hybrid model of online modules, Zoom webinars and face to face sessions. Additional training arrangements are highlighted to staff via ICON staff newsletters, Team Leads and by utilising the Safeguarding supervisor networks at update meetings, Champions meetings and Group supervision sessions.

## Achievements for 2021-2022

- Participation in the DCFP audit programme, dissemination of learning through the champions system and incorporating into advice and supervision.
- Active participation in the task and finish groups contributing to the Ofsted Devon MASH improvement plan, reviewing ways of working within the MASH to meet the needs of improving multi-agency processes.
- Provision of Safeguarding supervision to staff by the Safeguarding Childrens Teams – both in ad-hoc/duty calls and formal one to one or group sessions.
- Revision of safeguarding supervision offer and improvements in face-to-face support to operational staff
- Completion of CSPR action / recommendations resulting in no current actions for TSDFT.
- With the support of the Symphony ED change group (IT and Clinicians) to ensure that the referral system for safeguarding referrals from ED Patient electronic record (Symphony) is accurate and reliable – Corporate level risk removed from Trust Risk register
- Business case supported to achieve additional Safeguarding Nurse Practitioner resource within TSD Safeguarding Childrens Team – risk removed from Trust Risk register
- Safeguarding Supervisor 2-day training delivered by TSD Named Nurse to over 50 CFHD staff to support cascade model of supervision.
- Named Doctor review of Child Protection medical proforma to align findings with RCPCH guidance and support prompt legal action to enable positive outcomes for children where there are child protection concerns of physical abuse.
- Safeguarding Children audit findings supporting best practice by TSDFT staff, especially in response to support for families where there are identified vulnerabilities, preventing significant harm to babies and infants.
- TSDFT and CFHD Safeguarding Childrens Teams support to Torbay and Devon MASH respectively; maintaining standards throughout the lockdown periods with an emerging picture of significant increases in numbers of referrals and complexities of situations for children and families.
- Staff consideration and understanding of importance of safeguarding supervision has resulted in surge of contacts / attendance to safeguarding supervision provision – examples of good practice, staff acting as patient advocates and decrease in prolonged admissions.
- Torbay 0 to 19 Public Health Nursing service arrangements flexibility in delivery of care to children / young people and families – evidenced by positive feedback from families and achieving positive outcomes evidenced in safeguarding audit.
- Recognition of impact of Health partners engagement for Child Exploitation Operational service provision planning, review and delivery by TSCP Strategic Exploitation Group.
- Participation of TSD / CFHD Safeguarding Children Team members at TSCP / DCFP group meetings to ensure health partner considerations are made in multiagency strategic planning.
- Torbay 0to19 service - Automated email system to pregnant mothers, with support, advice, vouchers and welcome to service – supporting engagement and access to service which parents have given positive feedback.

## Challenges for 2020-2021

- Impact of covid sickness levels on service provision – hybrid working practice is providing some support to this, enabling virtual contacts with families.
- Recruitment into staff vacancies – challenge of lengthy recruitment process and financial pressures on current budgets.
- Mandatory Safeguarding Children Training compliance – in particular Level 3 due to accessibility and provision restrictions during lockdown periods, significantly impacted by continuing Opel 4 service pressures.
- Arrangements to support CFHD Safeguarding Team with requests for court reports, witness statements, legal contacts require further clarity and TSD / DPT organisational structure.
- Staff capacity for both CFHD and TSD Safeguarding Childrens Teams to provide support to MASH services which may require further consideration from Devon ICS
- Gaps in wider partnership service provision remain since covid restrictions, causing impact on children / young peoples health and wellbeing support, placing additional pressures on TSDFT services / waiting lists.
- Torbay 0to19 service – increase in babies expected / born in Torbay resulting in impact of service capacity to provide mandated contacts – work in progress with commissioners to consider revision to planning
- Covid pandemic life experiences resulting in increase in young people’s anxiety and mental health challenges causing significant impact on CAMHS service and Trust acute services (e.g. Paediatric Emergency Department / Louisa Cary Ward)
- Challenges to completing statutory health reviews for Children in Care – both initial and review health assessments – working closely with Local Authority Childrens social care services
- Trust IT support in Trust processes to enable internal monitoring and quality assurance of Safeguarding Children data.

## 6. Conclusion

During 2021/2022, there have been significant achievements across the Trust, in many service areas.

The COVID -19 pandemic working restrictions has had serious repercussions on the safeguarding childrens operational activity. The Trust Safeguarding Childrens teams, in accordance with National guidance, have remained fully operational, with CFHD Team working from home and TSD Team working from office based at Torbay Hospital, until recently being able to re-join the MASH hubs for Devon and Torbay.

Learning from Child Safeguarding Practice reviews and the launch of a national review of Child protection in England in response to the murders of Arthur Labinjo-Hughes and Star Hobson is of importance for all partner agencies involved in the care and protection of children and young people. TSDFT have ensured that the continuation and prioritisation of safeguarding children has supported staff to continue to provide timely, appropriate and proportionate interventions and support for children, young people and families throughout the last year. This has been evidenced in the support of additional recruitment to the Safeguarding Children Teams.

As a result, across the Trust, in all areas of child facing care, the Safeguarding Children Teams have supported and advised teams having to adapt services and find ways to support children's safety whilst complying with the national covid guidance for their service. The impact of this felt most strongly in maternity, child health, Torbay 0 to 19 service, the Emergency Department and Child and Family Health services.

Research and monitoring of local data have shown continued and sustained significant increases in domestic abuse reports, increasing presentations of parents in mental health crisis, increasing contacts/ supports with parents suffering with substance misuse / alcohol misuse and multiagency challenges in ability to engage in meaningful, consistent direct contact with children, young people and their families. Support and safety planning for children and young people has been managed in the context of plans changing on a regular basis and as services moved forward there has been important liaison nationally between Named Professionals.

The challenge to support capacity requirements towards the Trust safeguarding children practice has continued to increase during 2021/2022. The services changes and subsequent IT system challenges to TSDFT ability to monitor and quality assure completed safeguarding activities have been highlighted by local authority Ofsted review. There is work in progress across the services to consider this issue and the need for service redevelopment and future planning.

## 7. Recommendations

The Board to receive the annual report and recognise the scope of work undertaken across the organisation that aligns to our statutory responsibilities and accountabilities to safeguard children and young people which is achieved through robust system, processes and partnership working.

Board to recognise the emerging service capacity issues / operational demand; compounded by the impact of COVID-19 and likely long-term impact of the inaccessibility of services and subsequent waiting lists for required services.

Board to recognise the achievements and support the increasing operational service provision of the TSD and CFHD Safeguarding Children Teams, with consideration of future planning, to support the team in provision of the statutory requirements for Torbay and South Devon Foundation Trust.

Board to recognise the challenges of the current Trust IT systems in supporting the management of safeguarding information by the Safeguarding team, including monitoring/quality assurance for submission of safeguarding children referrals and other data, across the wider Trust.

Board to recognise and support Trust activity, to improve staff compliance mandatory multiagency safeguarding children training, in accordance with Intercollegiate document 2019 guidance.

<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Patient and Service User Experience of Health and Care Strategy 2022-2025		Meeting date: 28 September 2022		
<b>Report appendix</b>	List any supplementary information as shown below: Appendix 1: Quality Improvement Priorities 2022-2025 Appendix 2: Outcomes of the visioning Event July 2021 Appendix 3: Outcomes of the Voluntary sector event November 2021 Appendix 4: TSDFT Healthwatch Patient and Service user Experience Feedback Survey. April 2022			
<b>Report sponsor</b>	Lead director's title: Chief Nurse			
<b>Report author</b>	Author's Title: System Director for Nursing and Professional Practice (Torbay)			
<b>Report provenance</b>	The Patient and Service User Experience of Health and Care Strategy 2022-2025 has been reviewed by the Trust Feedback and Engagement Group and the Quality Assurance Committee.			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The Patient and Service User Experience of Health and Care Strategy 2022-2025 is presented today to seek board approval for the strategy and six priorities</p> <p>The six priorities have been identified through a robust co-design and collaborative process with our local community across Torbay and South Devon. Adopting this approach to developing the strategy will enable the trust to focus on what matters to local people.</p> <p>The various events held internally and externally provides confidence that the six priorities and the programme of work over 2022-2025 will deliver this strategy aimed at enhancing the experience of the health and care services we provide.</p> <p>The programme of work spans across the organisation and will be monitored through the Feedback and Engagement Group.</p>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input type="checkbox"/>	<b>To approve</b> <input checked="" type="checkbox"/>	
<b>Recommendation</b>	To approve the Trust Patient and Service User Experience of Health and Care Strategy 2022-2025 .			
<b>Summary of key elements</b>				
<b>Strategic objectives supported by this report</b>	<b>Safe, quality care and best experience</b>	x	<b>Valuing our workforce</b>	
	<b>Improved wellbeing through partnership</b>	x	<b>Well-led</b>	x

<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>			<b>Risk score</b>	
	<b>Risk Register</b>			<b>Risk score</b>	
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>	<b>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>		

# Patient and Service User Experience of Health and Care Services Strategy- What Matters to You, Matters to Us. 2022- 2025





# Contents:

- Executive Summary
- Introduction and Vision
- Our Journey to date
- Where we want to be
- How we will get there together- Priorities and plans
- Journey Milestones
- Accountability and Reporting
- Bibliography and References
- Appendixes



# Executive Summary

As a key local health and care provider the past two years have been challenging due to the global pandemic. This has resulted in changes in care delivery models which have provided an opportunity to develop, and implement, new models of care delivery such as virtual consultation. There has also been a dramatic increase in waiting lists for care due to the impact of the COVID-19 pandemic, impacts on people being able to attend appointments with loved ones, and limited visiting for inpatients. These restrictions have impacted on the experience that people have had of health and care services over the past two years and as we progress forward highlight the importance of what we have learnt is important to the people we serve. There are new opportunities we can develop and steps we can take to truly consistently improve the experience of our health and care services into the future.

We can now recalibrate and embrace working in partnership with local people to enhance the experiences of health and care services. Redefining our relationships and building on what we achieved through the pandemic provides an opportunity to work differently and at pace with our system partners and stakeholders for the benefit of the local population.

This Patient and Service User Experience of Health and Care Services Strategy – what Matters to You Matters to Us for 2022 -2025 provides a vehicle to achieve our vision and deliver on the priorities that local people have told us matter to them. This strategy sets out our journey to date and provides the spring board to set milestones to deliver on the agreed priorities.

# Introduction and Vision

Torbay and South Devon NHS Foundation Trust (TSDFT), Hereby referred to as ‘the Trust’, provides a wide range of health and care services to our local community in both acute and community settings and we have the privileged position of caring for people across the life span. We strive to deliver high quality, integrated care to our communities through collaboration with partners and aligned to the creation of the Devon Integrated Care System (ICS).



We are committed to improving the experiences of people who use our services and, through actively listening to the lived experience of people, focus on what matters to those we care for and can therefore continually strive for excellence.

## International and National Framework and direction of Travel

In developing this strategy, we have reviewed the national and local evidence base to align our priorities with best practice. In 2018 The Kings Fund explored how the public view its relationship with the NHS and in March 2018, in partnership with Ipsos MORI, carried out three deliberative workshops” to explore this issue. The outcome of the work demonstrated that people value the NHS and felt proud and lucky to have the NHS as a key part of society. However, despite this some people were negative about their day to day interactions with the NHS. People were aware that the challenges facing the NHS including funding, staff shortages and waiting times, could negatively impact on their experiences. Many people talked about their own experiences and when their expectations had not been met, but these negative experiences did not lead to an overall negative perception of the NHS. Some



participants noted that because the NHS is so well -liked people were less likely to complain about the service they receive, compared to a private service, and saw the relationship with the NHS very different from that with a private company. Where people felt their expectations had not been met, examples focused on not being able to get an appointment in good time, poor interactions with staff or care worsening over time. For the most part those contributing to this work felt the NHS met or exceeded their expectations. (The Kings Fund 2018).

The key themes in this study align to the reasons patients and service users raise concerns and complaints with their local NHS healthcare provider. This also emphasises the paramount importance of reaching out to people who access, use or interact with our health and care services to encourage people to tell us about their experiences through a range of routes and opportunities.

The Beryl Institute is an international centre of excellence that provides a significant resource for us to draw on as we develop our patient and service user experience offer going forward.

The Beryl's Institute Experience Framework identifies strategic areas through which any experience endeavour should be framed. This provides a means through which we can evaluate where we are performing well and identify areas for improvement. The experience framework has eight strategic lenses which encompasses:

- Culture and leadership;
- Infrastructure and governance;
- Staff and provider engagement;
- Policy and measurement;
- Environment and hospitality;
- Innovation and technology;
- Patient family and community engagement;
- Quality and clinical excellence.

Nationally the publication of the Patient Experience Improvement Framework by NHS Improvement (NHSI) (June 2018) reviewed a range of publications and reports, including CQC reports for trusts that were rated 'Outstanding' or 'Good'. They identified a number of key themes evident in health organisations that provided excellent patient experience and high- quality care:

- Leadership
- Organisational culture
- Compassionate care
- Safe staffing levels
- Consistent incident reporting and learning lessons.

Conversely in trusts rated by CQC as 'Requires Improvement' or 'Inadequate' these were the key themes that were insufficient or lacking. Where the patient, service user and public voice is heard in a trust through a number of sources this has a positive outcome.

In tandem with this, where staff create a strong, visible person-centred culture and care is delivered with dignity and respect, staff are motivated to deliver the best possible care to patients. The patient experience improvement framework provides us with a recognised tool to benchmark ourselves as we start on our journey with our local community to provide an excellent experience of health and care. Developing this strategy and delivery plan is a key pillar in the framework and this provides a strong foundation to build a sustainable model, placing the individual, family and loved ones at the centre of our care provision.

### Our ambition to ensure the patient and service user voice is heard

In developing this strategy, we have partnered with our local population to gain a greater insight into what works well, and what needs to be built upon, to deliver improvements. This strategy will set out the key priorities for 2022-2025, the responsibilities and accountabilities for delivery, and how this will be reviewed and monitored.

We recognise that at times we do not always get the care we are providing right or to the standard we strive to achieve and the impact this can have on individuals, their families and loved ones can be palpable. This matters greatly to us as an Integrated Care Organisation (ICO). Striving to achieve a consistently positive experience of our health and care services is a collective responsibility and draws on our Trust values, and commitment, to providing high quality integrated care.

Our Trust values are directly connected to the NHS Constitution and encompass the importance of our **commitment to quality of care**, delivered with **compassion, respect and dignity**, where **everyone counts** and they aim to **improve lives** and **work together for people**.

### Trust Values 2022



We value all the feedback we receive and strive to continually learn from feedback provided by patients /service users their families and loved ones. This comes in the form of concerns, complaints and compliments as well as responses to patient and service user surveys. Identifying themes is paramount to responding comprehensively to feedback and enabling improvements, not only in one service but ensuring, where applicable, changes are adopted across the Trust.



## Context

The past two years has been unprecedented with the challenges faced due to the global COVID 19 pandemic, and we have to acknowledge the impact this has had on patient and service user experience across the NHS. This has been both for those in receipt of care which, if an inpatient, there has been significant changes in visiting and access for family and loved ones, and for those waiting to receive diagnostics or treatment where there has been exponential growth in waiting times.

There has also been an impact on the NHS workforce with the protracted nature of the pandemic and the personal and wider effect this has had on staff. It is well documented that there is a close correlation between staff wellbeing and patient outcomes. A systematic review of “Healthcare staff wellbeing, burnout, and patient safety “(National Library of Medicine 2016) reviewed forty -six studies. Sixteen out of the 27 studies found a significant correlation between poor staff wellbeing and worse patient safety.

The systematic review concluded poor well -being and moderate to high levels of burnout are associated, in the majority of studies reviewed, with poor patient safety outcomes such as medical errors, however the lack of prospective studies reduces the ability to determine causality. We therefore recognise how essential it is to review the correlation between our National Staff Survey and our National Patient Surveys when developing our Trust wide improvement plans.

The Patient and Service User Experience of Health and Care Services Strategy links with the Trusts’ overarching “Our Strategy” and has natural synergy with the, Quality, Digital, Engagement and Communication Strategies, The People Plan and Building a Brighter Future.

In March 2022 the Trust published “Our Strategy “which sets out our purpose, goals and priorities. Our purpose is “to support the people of Torbay and South Devon to live well” and a fundamental goal is to achieve “excellent experience in receiving and providing care”. The six priorities of the Trusts’ “Our strategy “as set out below has synergy with our patient and service user experience of health and care strategy. The six identified priorities are:

- more personalise and preventative care underpinned by what matters to people we care for.
- Reducing inequity and building health community with local partners.
- Relentless focus on quality improvement underpinned by people, processes and technology
- Improve access to specialist services through partnerships across Devon
- Improve financial value and environmental sustainability.

To deliver the goal of excellent experience in receiving and providing care the Trust has adopted the pledges below:

### Excellent experience receiving and providing care

We will have a relentless focus on improving the quality of our services, to international best practice standards while meeting the needs of local people, patients and staff, and what matters to them.

We will build our brighter future with the development of a modern hospital, advanced digital technologies and health and wellbeing centres using national investment, to ensure that our staff and patients have modern facilities that deliver excellent care.

We will ensure that we involve our staff, patients and local people in the design and delivery of our services, to consistently improve how we care for our patients and our teams.

Local people will have good access to services that meet their needs and as a result, better outcomes. In our role within the Integrated Care System, we will ensure that local people get the treatment they need, when they need it.

Our key patient and service user experience objectives are to:

- To listen to peoples, experiences and act to address shortfalls
- To always apologise when things go wrong or a high- quality service has not been achieved
- To learn from peoples, experience, embed and sustain change to prevent poor experience in the future
- To celebrate and share widely excellence in care
- To understand what matters to people and work in partnership to co design new services and improve existing services
- To establish a framework underpinned by the Always Events® methodology (V7 due for publication January 2023)

## Our Journey to Date

The Feedback and Engagement Group lead and coordinate the Trusts patient and service user experience of our health and care services work. The membership of this group includes both internal and external stakeholders and partners across the Torbay and South Devon system. The broad membership facilitates rich discussions and review of challenges and supports partnership working to enable the patient and service user voice to be heard and underpin changes at a local/ service and Trust wide level. The membership of the group is highly committed to the work being undertaken and this commitment has contributed to the positive progress over the last year. The group holds accountability for reviewing and monitoring all complaints, concerns and Patient Advice and Liaison Services (PALS) contacts and ensuring service level and Trust wide learning is progressed effectively.

The Trust recognised the main focus has been on reactive feedback from people that use our health and care services and although taking part in a number of national surveys we

required a refreshed robust model of proactively seeking out the views and lived experience of people accessing and using our services. Over the past twelve months this group has been reinvigorated to ensure a balance of the feedback and engagement elements and a real focus on what matters to people.

The Feedback and Engagement Group current work plan includes:

- Sharing outcomes and learning from Patient / service user complaints investigations which provides a vehicle for wider dissemination and trust wide learning
- Celebrating positive feedback and compliments across the trust
- Focusing on Quality Improvement work to improve and enhance experience. This has included bespoke work which continues to progress on improving discharges
- Reviewing local survey results and the improvement plans developed by services whilst also celebrating positive feedback
- Reviewing the results of the national surveys that the trust actively take part in are reported into the Trust corporate Feedback and Engagement Group and progress of improvement plans are monitored

All National surveys progress within the corporate governance of the trust and are presented at the board as stand- alone or within aligned board papers and include:

- Care Quality Commission National Adult Inpatient Survey
- Care Quality Commission National Children and Young People Inpatient and day Case Survey
- Care Quality Commission Urgent and Emergency Care Survey
- Care Quality Commission Maternity Survey
- Friends and Family Test
- National End of life Survey
- National Staff Survey

In July 2021 an event was held to gather information and reflect what worked well, where we could improve, and what great would look like within our Feedback and Engagement arena. The initial event was held with the Feedback and Engagement group and wider invited guests and facilitated the development and agreement of the vision for feedback and engagement across the trust going forward. (See Appendix 3).

From this work a number of areas were identified that the group believed the trust are good at which included caring, compassion, customer service, collaboration, volunteering engagement and timely responses. The areas to build, and enhance encompassed being proactive and transparent, using patient stories, use of less anacronyms, improving communication on discharge and hearing patient/ service user voices.

The group also looked at what we need to be better at in order to deliver care that is a positive experience and this brought through a range of areas including:

- Reviewing the data available and how we optimise the use in improving care provision.
- The importance of receiving negative feedback and using it as an opportunity to learn and improve our service provision in the future.
- Ensuring we reach out to all those in our local community by increasing our use of social media and other communication channels to share, learning and improvements and changes adopted widely as a result of the feedback given.
- Reviewing the current capacity and resource of the Patient Advice and Liaison Services (PALS) including the dedicated capacity to proactively seeking feedback. There was a resounding desire to move the patient experience workstreams forward at pace and raise the profile of the importance placed on this by the trust with our local community.

Understanding where we are with patient and service user experience and engagement facilitated reflection, and a positive discussion, on where we need to focus our resources and priorities into the future to be providing services that deliver a high -quality care and a consistently positive experience. The key areas included building positive relationships with our local community by enhancing our communication forums, and increasing the range of communication media used particularly becoming digitally enabled, as well as reaching everyone in our local community through listening and collaborative partnership working. Providing formal training to staff leading on complaints and concerns, was also identified as a need going forward, and focusing on improving our resource into our Feedback and Engagement central team and trust staff network.

In considering the key priority areas five vision statements were crafted and consider by all those who took part in the session. A unanimous decision was reached and our vision is:

***“We care what you think – empowering all to give feedback to improve your health and care services “***

In November 2021 we tested our vision and thinking with a wide range of local voluntary sector partners in an event facilitated by Healthwatch Torbay, Devon and Plymouth. By asking the same questions, as set at our original event, we were able to explore the views of the voluntary sector and sense check the outcomes of the initial trust meeting. The results in Appendix 3 allowed us to better understand views of local voluntary organisation partners and demonstrated aligned themes to our initial event in July 2021.

In March 2022 we took our next step to achieve greater insight on what it is like to use our services and gain an appreciation of this from the local community. We reached out to the local community with a survey that could be completed on line with Healthwatch, or via a paper- based copy, including an easy read version. This was promoted and advertised through the local weekly newspaper, the trust communication team network and Healthwatch’s well developed network to reach local communities.



The survey was independently facilitated by Health Watch Torbay and Devon and it asked three questions in relation to individuals lived experience of health and care services:

- *What do you think could improve people's experience of using our health and care services?*
- *If you shared your experience of health and care with TSDFT how easy was this to do on a scale of 1-5 where 1 = not easy to 5 – very easy?*
- *We would like to the best ways to continue to communicate with patients, their family and carers. (Please tick which methods you think are most suitable)*

The survey also included four demographic questions that help understand more about those people taking part this included their postcode, age band, gender and ethnicity.

We were thrilled that 114 people kindly took time to respond to our request which included six people that completed the easy read version. The full results are set out in appendix 4 as analysed by Healthwatch.

The first question of the survey allowed people to choose as many options as they felt were important to them. The first question had 16 choices and the top three responses are set out below:

**Question one “What do you think could improve people’s experience of using our health and care services?”**

1. *Better sharing of information to reduce the number of times you have to tell your story. 69.30%*
2. *More joined up working together between health and social care organisations working locally 63.16%*
3. *Ensure health and social care services are available close to where you live.58.77%*

**Question two:” If you shared your experience of health and care with TSDFT how easy was this to do on a scale of 1-5 where 1 = not easy to 5 – very easy?”**

The majority, 34.29% chose 3 whilst 37.14% chose to score this at 4 or 5 and 28.57 % on the lower end of the scale at 1 or 2.

**Question three “We would like to the best ways to continue to communicate with patients, their family and carers? Please tick which methods you think are most suitable.”**

There were six options including newsletters, Healthwatch, local voluntary services, local newspaper, regular question and answer sessions with TSDFT and social media. Those responding could chose as many options as they felt appropriate. Both social media

(62.50%) and Newsletters (59.62%) scored highly with those responding to the survey. Local newspapers were also a popular method of communication (39.42%) together with regular question and answer sessions with TSDFT (36.54%) and Healthwatch (35.58%) and the support of using volunteer services was identified by almost a quarter of those responding (23.08%). This demonstrated that the people in our local community would like to receive communication through a range of sources and provides the trust with clarity on how best to achieve and sustain effective communication links.

The results above provide us with a foundation on which to build the patient and service user experience of our health and care services priorities from 2022-2025, alongside other feedback we receive through complaints, concerns and compliments and the range of patient/service user internal/local and external/national surveys.

This is the beginning of our journey to ensure we work in partnership, and collaborate with our local community, and we intend to build and nurture these relationships to enable us to focus on areas that are important to the people we serve. We recognise this will enhance our approach to feedback and engagement, and will provide assurance that our priorities are aligned to our local people's views of the health and care services we provide.

## Where we want to be

The experience of people who access and use our services is a fundamental pillar in delivering high quality health and care alongside patient safety and clinical effectiveness. Our ambition is to build on the work we have undertaken to date and develop a platform where the voices of all people using our services can be heard and responded to. We recognise there are people who require bespoke and innovative ways to allow us to connect with them more effectively. To truly understand and respond to our local populations lived experience we must develop and mature how we seek and receive feedback in the future. To achieve this our priorities underpinning the strategy are:

- Priority 1**

To establish a collaborative model of partnership with patients, service users and partner organisations, to ensure we focus on what matters to individuals, their families and loved ones.
- Priority 2**

To establish dynamic models of engagement and co-design, underpinned by digital opportunities to ensure we optimise the scope and impact of the patient and service user voice.
- Priority 3**

The Volunteer role will be strengthened and transformed to ensure this workforce is central to facilitating unbiased opportunities to achieve real-time feedback of our health and care services. This will support responsive timely changes , where achievable, to improve patient and service user experience.
- Priority 4**

To enhance capacity and capability of central Feedback and Engagement Team, and wider workforce involved in patient and service user experience.
- Priority 5**

To develop and implement a robust model that demonstrates continual learning and improvements in services, based on feedback from patients, service users and other key stakeholders to ensure a continued drive for excellence in real time experience.
- Priority 6**

To establish a culture in our workforce which embraces, and values, feedback to ensure a consistent and continued drive towards positive service user experiences.

## How we will get there together

To achieve the priorities identified above there will be a range of initiatives and quality improvement workstreams undertaken between 2022 and 2025. This will be achieved through a robust improvement plan with clear milestones and will incorporate the priorities below. Assurance and monitoring of the delivery plan will be through the corporate governance of the trust. (see page 17)

# Priority 1

To establish a collaborative model of partnership with patients, service users and partner organisations, to ensure we focus on what matters to individuals, their families and loved ones.

This priority will change the way we work with others and requires a suite of initiatives to successfully deliver the priority including:

- To work collaboratively with the local community through the development of a Community Health and Care Services Reference Group that represents a wide demographic of our local community where we can co- design improvement initiatives.
- To work closely with Healthwatch as an independent consumer champion for people using health and care services and a critical friend enable us to hear the voice of our local community
- To work closely with carers to hear their views and share their experiences to improve the quality of care delivery.
- To celebrate success and address areas of concerns in the results of the four CQC National patient surveys including the Adult Inpatients Survey, Urgent and Emergency Care Survey, Children and Young People Survey and the Maternity Survey with robust actions plans to enhance positive experience
- To undertake a high- profile campaign with the local population to improve patient and service user journeys focusing on what matters to individuals.
- To share our learning from complaints and concerns with our local community through a suite of communication methods including our website, annual feedback and engagement board report, quality boards on inpatient wards and community services.
- To proactively seek the views of local people in all re-design with regard to future care pathways and delivery models. This will be aligned to Building a Brighter Future.
- Adopt Implement and embed The National Always Events ®Toolkit (Institute for Health care Improvement NHS England 2016). *The refreshed toolkit is due for publication in January 2023 and will be a priority to adopt, implement and embed.*
- To enhance our service user experience through improvement in our interpretation and translation services.
- Through the Enhanced Health in Care Homes (EHCH)Framework implementation programme including the Red Bag scheme, embedding NHS net and research into the qualitative benefits to people who live in care homes. The implementation of the EHCH framework will enable the trust and wider system partners to improve our communication and partnership working with care homes.
- Enhancing relationships and collaborative partnership working cross care providers including primary care, local authority, social care voluntary sector and

mental health services. This in turn will improve patient and service users experience across care pathways.

- To focus on improving discharges from TSDFT inpatient services to onward care settings including the individuals own home.

## Priority 2

To establish dynamic models of engagement and co-design, underpinned by digital opportunities to ensure we optimise the scope and impact of the patient and service user voice.

To achieve this priority requires the mobilisation of a range of workstreams including:

- Redesign and relaunch our website for feedback and engagement activity, learning and news.
- Develop a local Newsletter to share developments and effectively communicate improvements with our local community based on feedback received together with the Building a Brighter Future team.
- Develop a suite of digital solutions to support people to provide feedback including the use of QR code readers for the Friends and Family Test and wider surveys.

## Priority 3

The Volunteer role will be strengthened and transformed to ensure this workforce is central to facilitating unbiased opportunities to achieve real-time feedback of our health and care services. This will support responsive timely changes , where achievable, to improve patient and service user experience.

Volunteer work is pivotal and this priority will be in partnership with our volunteers lead and includes:

- To reinstate the volunteer “Working With Us Group” that will underpin our commitment to independent insight into care provision.
- Working with recruitment to actively secure volunteers to work across health and care pathways including inpatient and community services.
- To redesign the real time patient experience survey to reflect the Care Quality Commission (CQC) patient experience inpatient survey. This will allow real time feedback at the point of care to be received and actioned.



## Priority 4

To enhance capacity and capability of central Feedback and Engagement Team, and wider workforce involved in patient and service user experience.

The central Feedback and Engagement team provide an anchor for our patient and service user experience service. The work will include:

- To progress the case for change increasing the dedicated resource into the Feedback and Engagement Team to effectively deliver on the Patient and Service user Feedback and Engagement Strategy 2022-2025.
- To achieve a visible forward-facing patient and service user offer that is easily accessible and responsive to our local community.
- Develop a range of training for staff across the Trust to enhance their response to feedback including customer care training, complaint investigation and relationship management.

## Priority 5

To develop and implement a robust model that demonstrates continual learning and improvements in services, based on feedback from patients, service users and other key stakeholders to ensure a continued drive for excellence in real time experience.

This priority is fundamental to delivery excellence in health and care services and will include:

- Through the Feedback and Engagement Annual Report to the Trust Board share themes of complaints, concerns and compliments and demonstrate the improvement plans that have been progressed to address deficits.
- Under the Feedback and Engagement Group, set up sub groups to address and resolve key themes with the application of Quality Improvement (QI) Methodology e.g. loss of patient's property, safe effective discharge and others as they emerge.

## Priority 6

To establish a culture in our workforce which embraces, and values, feedback to ensure a consistent and continued drive towards positive service user experiences.

The work aligned to our trust culture is fundamental to achieving this strategy and includes:

- To complete the NHSI Patient experience – improvement framework benchmarking tool (2018).
- To develop a culture across our health and care services that welcomes and values all feedback that allow us to continually learn and improve our health and care services.
- Develop a range of training for staff across the Trust to enhance their response to feedback including customer care training, complaint investigation and relationship management. (Priority 4)

## Journey Milestones

The programme of improvement work outlined in the six priorities is both exciting and ambitious. Successful delivery requires transformational strategic leadership, programme level leadership and clear journey milestones through 2022 to 2025. Appendix 1 sets out the plan that will deliver the agreed priorities. This is naturally subject to potential changes in delivery times over the time period of 2022-2025.

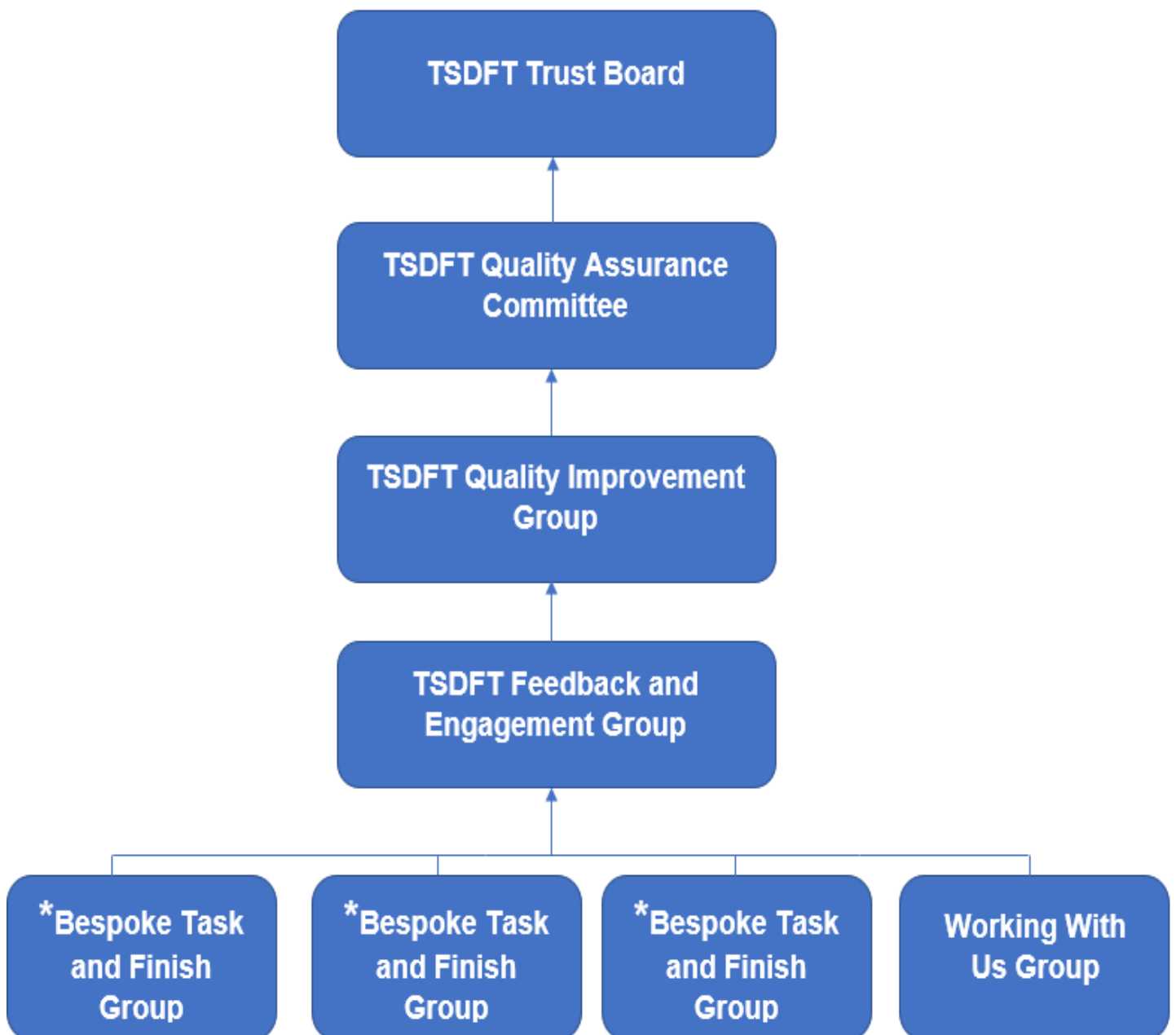
A number of the priorities are already progressing such as the implementation of the Enhanced Health and Care Homes (EHCH) framework, aimed at improving the health, wellbeing and experience of people who live in care homes and are a part of our local community. Other priorities have been identified as part of our co-design work that now underpins our Patient and Service User Experience of Health and Care Services Strategy and delivery plans will be developed with key stakeholders going forwards.

Improving the experience of our health and care services is underpinned by collaborative partnership working with individuals and groups from our local community. We recognise and acknowledge this is a marathon and not a sprint and we may well experience some challenges on our journey that could impact on the pace of delivery. From our co-design work we now understand what is important to our local community and that will enable us to deliver our vision for patient and service user experience of health and care services:

***“We care what you think – empowering all to give feedback to improve your health and care services***

# Governance, Accountability and Reporting

The corporate governance framework set out below provides oversight of the robust assurance that will monitor the delivery of the eight priorities aligned to the Patient and Service User Experience of our Health and Care Services Strategy 2022-2025.



\*Bespoke Task and Finish Groups aligns to the Patient and Service User Experience Strategy 2022-2025



# Biography and References

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# Appendix 1: Quality Improvement Priorities for 2022-2025

## Priority 1

To establish a collaborative model of partnership with patients, service users and partner organisations, to ensure we focus on what matters to individuals, their families and loved ones.

Experience Priority	Improvement Priority	Objective	Rational	Outcome Measure	Process Measure	Baseline	Target
A	To set up a regular community Health and Care Services Reference Group.	To develop robust partnerships with the voluntary sector and local community to enable us to engage and reach our local community to hear their views.	To actively involve our local community and develop robust effective communication underpinning the Trust focus and values on what matters to people	<ul style="list-style-type: none"> <li>Improving patient experience that is demonstrated through reduction in complaints and concerns</li> <li>Increased community involvement demonstrated in their active involvement in developing pathways of care.</li> </ul>	Active Community health and care services reference group meeting quarterly. Work programme for the group. Building Brighter Future alignment.	Initial meeting and commitment from those attending reference group November 2021.	Group set up TOR and quarterly meetings with key outcomes in place by March 2023.
B	To work closely with Healthwatch as an independent consumer champion for people using health and care services and a critical	To increase our openness to check and challenge from our Independent health consumer Healthwatch	To truly improve the experience of our health and care services based on feedback and	<ul style="list-style-type: none"> <li>Reduction in complaints and concerns by theme.</li> <li>Increase in compliments</li> </ul>	Health watch is an active member of the Feedback and Engagement Group. Chair the reference group	Complaints, concerns and compliments 2021.22	Reduction in complaints and concerns of 10% aligned to specific themes e.g. Discharges and transfers

	friend enable us to hear the voice of our local community		constructive challenge	<ul style="list-style-type: none"> <li>Improved patient /service user survey results</li> <li>Improved FFT.</li> </ul>	Seek people view independently of the Trust.		March 2023
C	To work closely with carers to hear their views and share their experiences to improve the quality of care delivery.	The PALS and complaints lead to become a key member of the carers group led by the carer's lead.	This will ensure real time feedback from carer's and understand their challenges and develop solutions together that are monitored by the Carer's group for assurance.	<ul style="list-style-type: none"> <li>A monthly carers feedback at the F&amp;E monthly meeting with issues raised and responded to in real time.</li> <li>Reduction in complaint and concerns from carer's.</li> <li>Improved experience in carers surveys.</li> </ul>	PAL and complaints lead joins membership of carer's group. Minutes of meetings and PALS and complaints lead has allocated actions. Agenda item monthly into F&E group	New	March 2023
D	To celebrate success and address areas of concerns in the results of the four CQC National patient surveys including the Adult Inpatients Survey, Urgent and Emergency Care Survey, Children and Young People Survey and the Maternity Survey with robust actions plans	To effectively respond to the four CQC national patient surveys and use the results to improve positive experience of health and care services.	To improve patient services based on CQC independent survey feedback.	<ul style="list-style-type: none"> <li>Future CQC survey demonstrates improvement in areas identified.</li> <li>Reduction in complaints and concerns that align to specific areas in CQC surveys e.g. noise at night.</li> </ul>	Action plans for each of the four patient surveys that reflect areas for improvement and actions achieved.	CQC surveys for 2020.21	As published in 2022.23

	to enhance positive experience						
E	To undertake a high-profile campaign with the local population to improve patient and service user journeys focusing on what matters to individuals	To improve patient and service user health and care pathways on an individual basis underpinned by the What Matters to me Matters. To give everyone using health and care services a voice and be heard.	To align the BBF agenda and programme of work to What Matters to our local population.	<ul style="list-style-type: none"> <li>Improved patient experience demonstrated through increase in compliments and reduction in complaints and concerns.</li> <li>Implementation of personalised care agenda.</li> <li>Increase in number of people with personal health budget</li> </ul>	Personalised care programme is set up by personalisation health and care lead	Number of people with personal health budget	March 2025
F	To share our learning from complaints and concerns with our local community through a suite of communication methods including our website, annual feedback and engagement board report, quality boards on inpatient wards and community services.	To share more effectively through a variety of formats what we have learnt and changes we have made to improve experience in the future.	We need to improve how we communicate changes we are making to services based on feedback that will improve future experience and be easily accessible.	<ul style="list-style-type: none"> <li>Continually updated website site with learning shared – you said we did model</li> <li>News letters quarterly</li> <li>Write column in local newspaper – quarterly.</li> <li>Annual complaints concerns and compliments board report.</li> </ul>	News letter Board report Newspaper publication Quality Boards Action plans Learning in F&E group shared by ISU's	Annual board report. Learning slide in F&E group	March 2023 and build on until 2025

				<ul style="list-style-type: none"> <li>Quality boards on wards and in departments to share changes</li> <li>Action plans implemented.</li> </ul>			
G	To proactively seek the views of local people in all re-design with regard to future care pathways and delivery models. This will be aligned to Building a Brighter Future.	See above Priority 1 A and B	See above Priority 1 A and B	See above Priority 1 A and B	See above Priority 1 A and B	See above Priority 1 A and B	See above Priority 1 A and B
H	Adopt The National Always Events @Toolkit (Institute for Health care Improvement NHS England 2016).	Across the trust to implement and embed the National Always Event toolkit into every day practice	The adoption of the National Always Event Toolkit as an evidence- based tool that will improve patient experience and health and care pathways culture	<ul style="list-style-type: none"> <li>Aligned to the outcomes of the National Always Events tool kit</li> <li>Form part of the F&amp;E agenda reporting.</li> <li>Form part of the Quality Boards</li> </ul>	TBC – once published due January 2023	TBC	TBC
I	To enhance our service user experience through improvement in our interpretation and translation services.	All patients and service users requiring translation and interpretation services experience a high -quality service	To have assurance that all local people have easy access to translation and interpretation services	<ul style="list-style-type: none"> <li>Feedback from patients and service users who have accessed the service</li> </ul>	A robust policy adopted by the Trust for our Translation and interpretation services	Setting up Translation and interpretation services group will base line current status (new)	Commenced May 2022 programme will continue until March 2024
J	The implementation of the EHCH	To fully implement The Enhanced	The NHS long Term Plan sets	<ul style="list-style-type: none"> <li>Reduction in unscheduled</li> </ul>	Led by EHCH Delivery Group	Work has progressed since	April 2024.

	framework will enable the trust and wider system partners to improve our communication and partnership working with care homes as a key partner.	Health in Care Homes (EHCH) Framework across Torbay and South Devon	out the requirement to fully implement the EHCH framework for April 2024	attendance at Emergency department where care needs can be more effectively met within the care home of the resident. <ul style="list-style-type: none"> <li>• Residents health outcomes improved e.g. reduction in falls, and Urinary infections, through positive focused support</li> <li>• Research supports benefits.</li> </ul>	and sub elements groups already established.	launch in January 2020	
K	Enhancing relationships and collaborative partnership working cross care providers including primary care, local authority, social care voluntary sector and mental health services. This in turn will improve patient and service users experience across care pathways.	To be achieve collaborative working with all health and care partners across Devon as part of the Integrated Care System.	Improving the experiences of health and care services is the responsibility of all partners and aligns to the Devon Integrated Care System One Devon aspiration.	TBC with our ICS partners	TBC with our ICS partners	TBC with our ICS partners	TBC with our ICS partners

L	To focus on improving discharges from TSDFT inpatient services to onward care settings including the individuals own home.	To strive to achieve a positive experience and effective discharge for all patient pathways.	Complaints and concerns identify that at times discharges do not meet the Standard we strive to achieve and proactive dedicated work will support achieving consistently high-quality discharges. Devon Clinical Commissioning group independent Review of discharges to care homes from acute NHS providers.	<ul style="list-style-type: none"> <li>• Reduction in complaints and concerns received by the Trust that relate to poor discharge.</li> <li>• Increase in compliments relating to positive outcomes of discharges.</li> <li>• The Devon CCG Transfers of Care Improvement programme of work achieved.</li> <li>• The Trust Flow Improvement Group work plan achieved. This includes the Improving communication with patients and families sub group objectives.</li> </ul>	Monthly review of complaints, concerns and compliments themes at the Feedback and Engagement Group. Deputy Chief Nurse to sit on CCG Transfers of Care Board and Trust colleagues on sub groups. Monitor outcomes of flow Improvement Group and sub group	April 2022	April 2023
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## Priority 2

To establish dynamic models of engagement and co-design, underpinned by digital opportunities to ensure we optimise the scope and impact of the patient and service user voice.

Experience Priority	Improvement Priority	Objective	Rational	Outcome Measure	Process Measure	Baseline	Target
A	Redesign and relaunch our website for feedback and engagement activity, learning and news.	The Trust internet page for patient and service user feedback is contemporaneous, easy to navigate and informative for local people.	The current website is dormant due to capacity to update.	<ul style="list-style-type: none"> <li>Number of hits on TSDFT public website page for Patient Experience.</li> <li>Increase in contact made with the F&amp;E team through the website page.</li> </ul>	Monthly reporting into the F&E group.	Website page dormant	April 2023
B	To develop a local Newsletter to share developments and effectively communicate improvements with our local community based on feedback received together with the Building a Brighter Future team	To have a quarterly newsletter that is sent out to our local community and available in various formats.	In our survey local people told us one of the ways they wished to be communicated with was through a news-letters.	<ul style="list-style-type: none"> <li>The number of newsletters shared across our local community.</li> <li>Feedback received from the local community in relation to the Newsletter</li> </ul>	A quarterly Newsletter is produced and disseminated to the local community	N/A	April 2023 for first quarterly publication
C	Develop a suite of digital solutions to support people to provide feedback	For all services to have an allocated QR code that allow people	The need to improve the digital capability of the Trust and	<ul style="list-style-type: none"> <li>The number of services using a QR code reader</li> </ul>	FFT lead completes analysis of data	On going	2022-2025 ongoing development



	including the use of QR code readers for the Friends and Family Test and wider surveys.	using the service to complete the Friends and Family Test Survey through this digital route.	modernize our approach to receiving feedback.	<p>increases each month and is monitored via F&amp;E group</p> <ul style="list-style-type: none"> <li>The number and range of people responding to FFT increases and is monitored through the F&amp;E group.</li> </ul>	for monthly reports		
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**Priority  
3**

The Volunteer role will be strengthened and transformed to ensure this workforce is central to facilitating unbiased opportunities to achieve real-time feedback of our health and care services. This will support responsive timely changes, where achievable, to improve patient and service user experience.

Experience Priority	Improvement Priority	Objective	Rational	Outcome Measure	Process Measure	Baseline	Target
A	To reinstate the volunteer Working With Us Group that will underpin our commitment to independent insight into care provision.	To develop a model of volunteers who will facilitate objective and independent feedback through direct engagement with inpatients across the trust	To achieve real time feedback that will enable in time action to any issues raised.	Monthly reports to Feedback and Engagement Group. Overview of actions taken by services to address issues raised and celebrate success	The real time in-patient experience questionnaire.	N./A	April 2023

B	Working with recruitment to actively secure volunteers to work across health and care pathways including inpatient and community services.	To increase the number of volunteers working across the trust led by the resource hub team.	To have a robust volunteer workforce to support trust initiatives aligned to patient and service user experience	The number of active volunteers working across the trust.	Workforce reporting.	N/A	Continual
C	To redesign the real time patient experience survey to reflect the Care Quality Commission (CQC) adult inpatient experience survey. Links with 5 A	This will allow real time feedback at the point of care to be received and actioned.	Real time patient experience allow inpatient areas to address issues in a timely fashion. Adopting a number of the CQC adult inpatient survey questions allow the trust to continually measure improvement	Monthly Realtime patient experience survey results	Completion of the redesigned Realtime inpatient experience survey	N/A	April 2023

**Priority  
4**

To enhance capacity and capability of central Feedback and Engagement Team, and wider workforce involved in patient and service user experience.

Experience Priority	Improvement Priority	Objective	Rational	Outcome Measure	Process Measure	Baseline	Target
A	To progress the case for change increasing the dedicated resource into the Feedback	To have sufficient capacity to meet the requirements of a proactive team able to	. Current demand outstrips capacity within the team to deliver the strategy	The team is recruited in line with the case for change and can fully implement	Financial agreement to the increase in team.	Current team in post	April 2023

	and Engagement Team to effectively deliver on the Patient and Service user experience of Health and Care Strategy 2022-2025	deliver the strategy		the strategy over 2022-2025			
B	To achieve a visible forward- facing patient and service user offer that is easily accessible and responsive to our local community.	To have sufficient capacity for team members to provide a visible team to deliver the strategy	Having a real time offer to our local community will enable proactive action to address issues and concerns.	A dedicated space in the main entrance for members of the team within core hours	As above 6A Including a capital bid for estates work.	Current team in post	April 2023 to commence programme of work
C	Develop a range of training for staff across the Trust to enhance their response to feedback including customer care training, complaint investigation and relationship management.	To have trust staff that are highly skilled and competent to respond to feedback from patients, service users, their families and carers in a caring and compassionate way.	The trust has a highly skilled workforce in all aspects of complaint, concern and compliment management.	A reduction in the number of concerns escalating to complaints. Fewer Ombudsman cases.	Rolling report to the Feedback and Engagement Group	Report currently available as baseline	April 2025 for all staff to be trained.

# Priority 5

To develop and implement a robust model that demonstrates continual learning and improvements in services, based on feedback from patients, service users and other key stakeholders to ensure a continued drive for excellence in real time experience.

Experience Priority	Improvement Priority	Objective	Rational	Outcome Measure	Process Measure	Baseline	Target
A	Through the Feedback and Engagement Annual Report to the Trust Board share themes of complaints, concerns and compliments and demonstrate the improvement plans that have been progressed to address deficits.	An annual trust board report provided to give assurance of performance aligned to statutory and trust policy	Good corporate governance	The annual Trust board report for patient and service user experience	Presentation at trust board	Previous annual reports	July 2022 and annually in July going forward.
B	Under the Feedback and Engagement Group, set up sub groups to address and resolve key themes with the application of Quality Improvement (QI) Methodology e.g. loss of patient's property, safe effective discharge as they emerge.	To implement, embed and sustain change aligned to issues raised through complaints themes and patient experience surveys.	To improve the patient and service user experience of our health and care services.	Themes identified and bespoke work undertaken results in non-recurrence of the issues going forward.	QI improvement plans of the Task and finish groups	Data of themes	Various based on the rolling programme of work

# Priority 6

To establish a culture in our workforce which embraces, and values, feedback to ensure a consistent and continued drive towards positive service user experiences.

Experience Priority	Improvement Priority	Objective	Rational	Outcome Measure	Process Measure	Baseline	Target
A	To complete the NHSI Patient experience – improvement framework benchmarking tool.	To understand how the trust bench marks against the national NHSI patient experience tool	To understand current bench marking and take action to address identified issues	To revisit the bench marking tool and reassess once improvement plan completed	Improvement plan	Complete the bench marking tool	September 2022 -2024
B	To develop a culture across our health and care services that welcomes and values all feedback that allow us to continually learn and improve our health and care services.	To become an exemplar trust in our approach to patient and service users' feedback on our health and care services.	The research evidence is that there is a direct correlation between a positive workforce and excellent patient/service user experience.	National staff survey results National CQC Patient experience survey results i.e. adult inpatient, Urgent and emergency care, maternity and children and young people's survey.	Completion of surveys	Surveys 2020 (published 2021)	2025
C	Develop a range of training for staff across the Trust to enhance their response to feedback including customer care training, complaint investigation and relationship management. (Priority 4)	See priority 4 C	See priority 4C	See priority 4C	See priority 4C	See priority 4C	See priority 4C



# Appendix 2: Outcomes of the Visioning Event held in July 2021

## What are we good at?



Caring



Engagement



Compassion



Customer Service



Volunteer Engagement



Collaboration



Timely Response

## What should we build on?



Being Proactive



Transparency



What is your story?



Patient Story Telling



Communication On Discharge



Use Less Acronyms



Patient Voices

# What should we build on?



Being Proactive



Transparency



What is your story?



Patient Story Telling



Communication On Discharge



Use Less Acronyms



Patient Voices

## What could we do better, should stop doing and what gets in our way?



Focus On Individuals



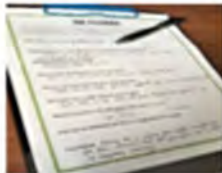
Data



Receiving Negative Feedback



Sharing Successes



Easy Complete Forms

Knowledge Sharing



Sharing Learning



Utilise Social Media



Be Inclusive of Demographic



Accessibility



Sensitivity & Empathy



Highlight PALS



Review Pace



Limited PALS Resource

What is important going forward and what would we be doing differently. What would great look like?



Relationships



Sharing Information



Pace



Communication



Working with service users



Resource



Listening



Celebrate Success



Digital PALS Presence



Strategic Links With PALS & Comms



Communication



Complaints Training



F&E Champions



Limited PALS Resource



# Appendix 3: Outcomes of the Facilitated Event with local Voluntary Groups in Torbay November 2021

The results of the event demonstrated:

*In relation to health and care services, what works well and what are we good at:*

- Quality provision in health
- Dedicate NHS professionals who care
- Passionate people finding creative solutions
- Good working relationships between providers across sectors
- Spirit of collaboration
- Recognition of the voluntary community sector and their contribution including bridging gaps
- Work well with Healthwatch and VCS partners
- Element of engagement are good
- Resource rich community

*What should we build on, or enhance, within our health and care services to improve experience?*

- Remove fear that complaining will affect future care
- Feedback widely on changes made to improve experience
- See the people as part of the solution, to support each other in the community
- Improve communication between charities, private, NHS, social care and community interest companies
- Value participation and contributions made by people
- Improve language used that people understand
- Improve accessibility
- Involve the community early in the process of designing services don't work in silos
- Putting people first and do not let systems constrain

*What could we do better, should stop doing, and what gets in our way?*

- Focus on prevention
- Avoid being risk averse
- Be more engagement led
- Remove silo focused working and increase collaboration
- Stop talking and start doing – increase pace of change
- Recognition of fatigue of volunteers in the aftermath of COVID 19

- Resource voluntary sector to support short term funding stream challenges
- Communication in various formats
- Be visible and easy to reach

*What is important going forward and what should we be doing differently going forward?*

- Innovative use of buildings across the community
- Codesign new approaches with people and empower people
- valuing the role of voluntary and community groups
- utilise existing resources well e.g. social prescribers
- move towards a change culture of my patient, your patient our patient
- Make engagement work as part of the delivery
- See patients as the expert listen to them



# Appendix 4: Healthwatch Survey report on patient/service users experience of TSDFT services



## Torbay and South Devon NHS Foundation Trust Patient and Service User Experience Feedback Survey





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# Introduction

Healthwatch Torbay is the independent consumer champion for people using health and care services in Devon. Healthwatch listens to what people like about services and what could be improved, and shares those views with those who have the power to make change happen. As part of our continued partnership working with health and social care, Healthwatch Torbay were delighted to be approached by Torbay and South Devon NHS Foundation Trust to support in gathering feedback about the experience of health and care services they provide.

The feedback from the local community will support the Trust in shaping and developing how they use patient and service user experience of health and care services to develop their strategy and identify key priorities that matter to local people for 2022-2025.

The Trust provides joined-up care across Torbay and South Devon, delivering acute services from Torbay Hospital and community-based health and social care across a wide range of community sites and in people's homes. The Trust serves a population of approximately 286,000 residents, plus about 100,000 visitors at any one time during the summer holiday season. They have around 500,000 face-to-face contacts with patients in their homes and communities each year, and see over 78,000 people in the emergency department annually. The Trust would like to understand what matters to local people in relation to health and care services, in order to plan services that are fit for the future.

## What we did

A survey was circulated via Healthwatch Torbay and Devon social media (Facebook, Twitter, and Instagram), the Healthwatch Assist network, Healthwatch champions and volunteers, the Healthwatch e-newsletter, Teignbridge Community and Voluntary Services, coastal engagement groups, and the Torbay Health and Wellbeing Network. Reach and engagement figures for the Healthwatch social media posts are available in Appendix 1. The survey consisted of three questions about how health and care services could be improved, the experience of sharing feedback with the Trust, and patients' preferred methods of communication. A further four optional questions were used to collect demographic information. 114 people answered the survey, including six people who completed an easy-read version.



# Key findings

- When asked what could improve people's experiences of using the Trust's services, the five most popular responses were better information sharing (69% of respondents), more joined up working between local organisations (63%), ensuring health and social care services are available close to home (59%), recognising and responding to individual needs (55%), and better communication following hospital discharge (54%).
- 37% of respondents said providing feedback to the Trust was "easy" or "very easy," 34% described it as "okay," and 29% of respondents said it was "difficult" or "very difficult."
- Respondents named social media (63%), newsletters (60%), and local newspapers (39%) as the three most suitable methods for communicating with patients, their families, and their carers.

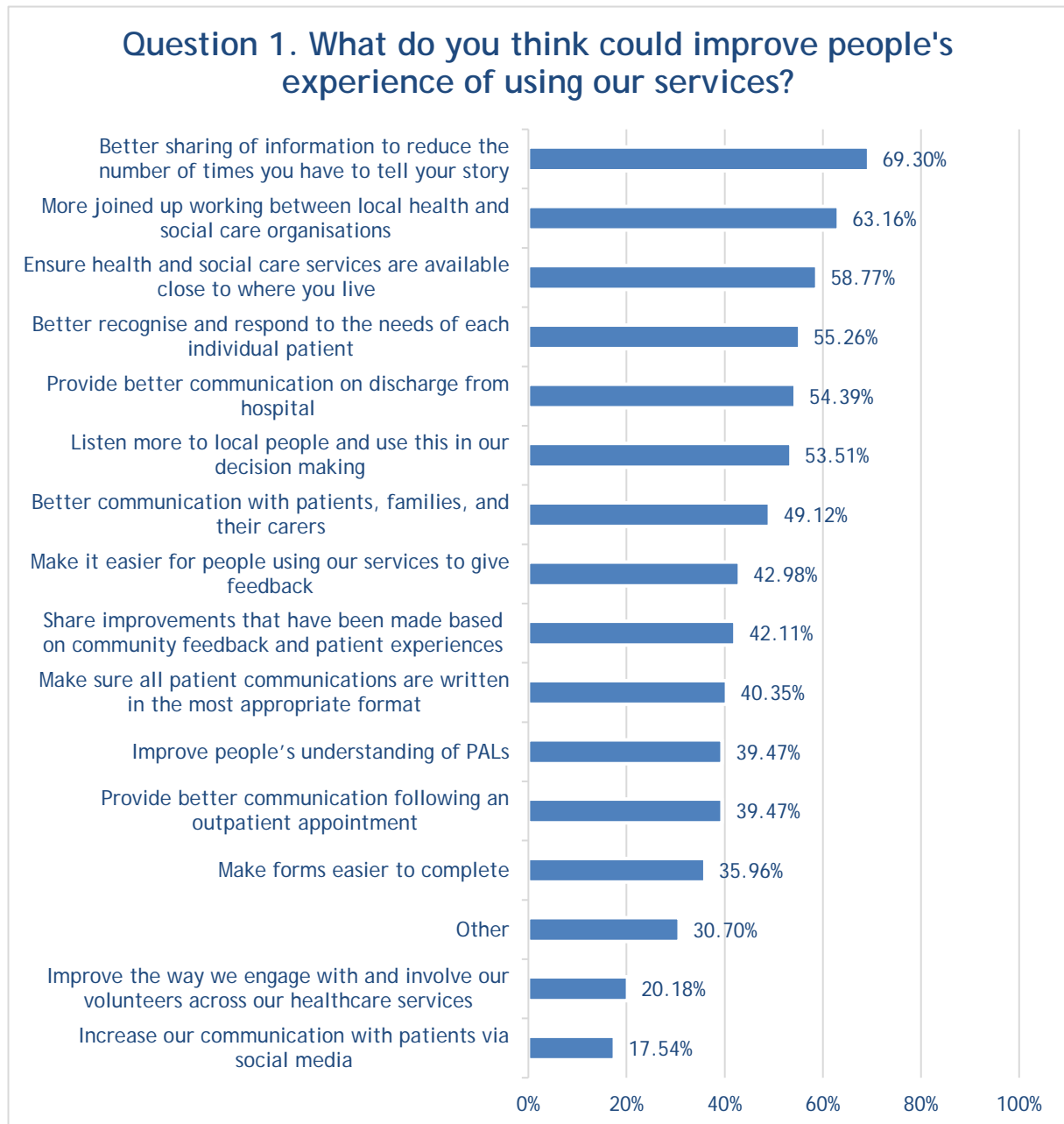


# Detailed findings

## Question 1. What do you think could improve people's experience of using our services?

All 114 respondents answered this question. As respondents were able to select more than one response, percentages may total more than 100. The five most popular suggestions were better information sharing (69.30% or 79 people), more joined up working between local organisations (63.16% or 72 people), ensuring health and social care services are available close to home (58.77% or 67 people), recognising and responding to individual needs (55.26% or 63 people), and better communication following hospital discharge (54.39% or 62 people). The least popular suggestions were increasing communication via social media (17.54% or 20 people) and improving engagement with volunteers (20.18% or 23 people). A full breakdown of all answers is available in [Appendix 2](#).

Respondents who selected “other” reiterated many of the responses above, and also mentioned the availability of face-to-face appointments, out-of-hours accessibility, patients being discharged too quickly or receiving inadequate post-discharge care, staffing levels, being able to access their own medical records, and waiting times for appointments, particularly for dental and mental health care.



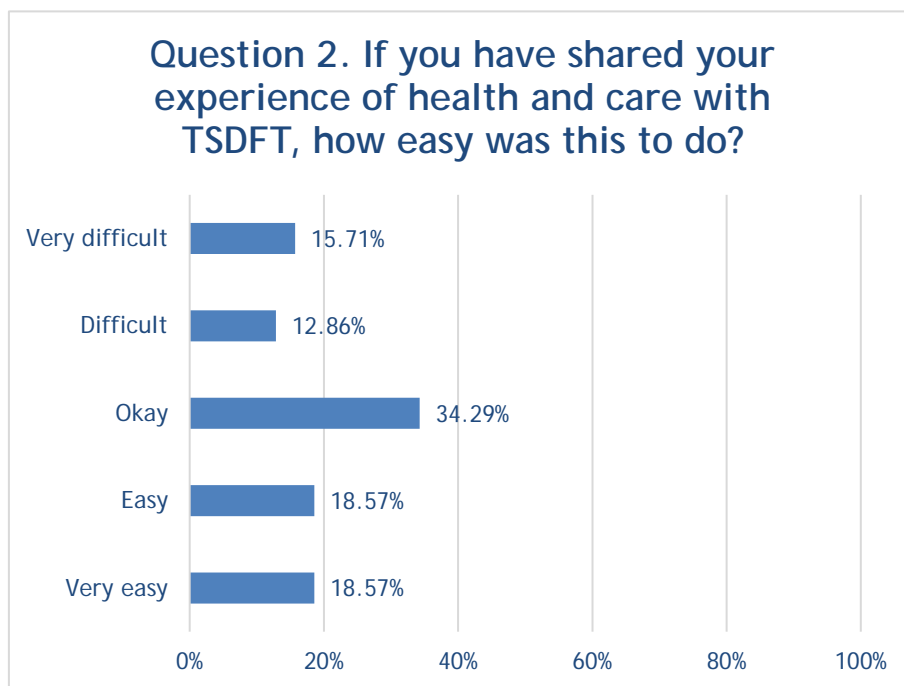




Question 2. If you have shared your experience of health and care with TSDFT, how easy was this to do?

70 respondents answered this question. 15.71% of respondents (11 people) described the experience as “very difficult,” 12.86% described it as “difficult,” 34.29% (24 people) described it as “okay,” 18.57% (13 people) described it as “easy,” and 18.57% described it as “very easy.”

24 respondents left a comment under this question, though some responses were “not applicable” or of a similar nature. Four respondents said their feedback was not adequately addressed, four respondents said they had positive experiences giving feedback, three respondents said they had issues with phone contact when attempting to share their experience, and three said they didn’t know where to provide feedback.

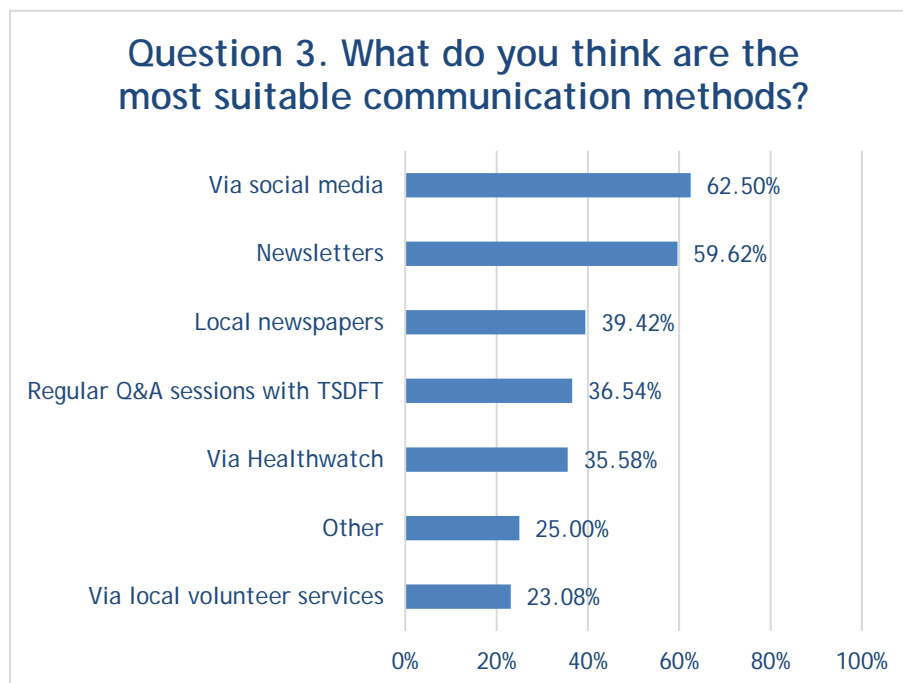




### Question 3. We would like to know the best ways to continue to communicate with patients, their family, and carers.

104 respondents answered this question. As respondents could select more than one answer, percentages may total more than 100. The most popular suggestions were social media (62.50% or 65 people), newsletters (59.62% or 62 people), and local newspapers (39.42% or 41 people), followed by Q&A sessions with TSDFT (36.54% or 38 people), Healthwatch (35.58% or 37 people), and local volunteer services (23.08% or 24 people).

26 respondents (25.0%) added a comment under this question, though not all respondents offered alternative suggestions. Of the 18 respondents who made alternative suggestions, five respondents suggested other local media (e.g. radio or TV), three suggested email/text, three suggested face-to-face communication, two suggested communication via their GP, two suggested communication via the TSDFT website, one suggested letters and one suggested local noticeboards.



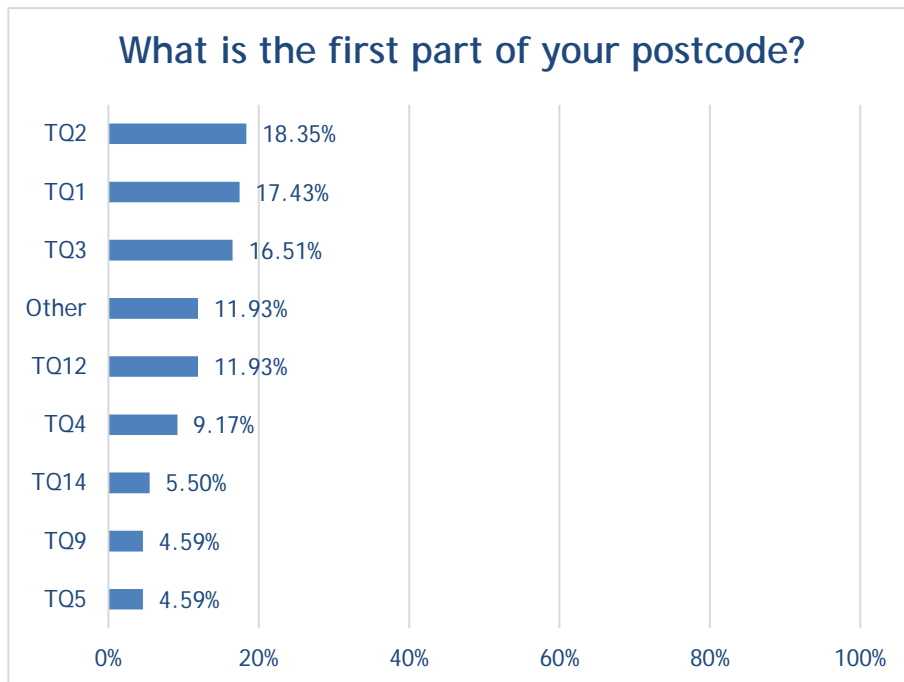


## Demographics information

Where fewer than five respondents responded to a particular category, those respondents have been grouped together and described as “other.”

### *What is the first part of your postcode?*

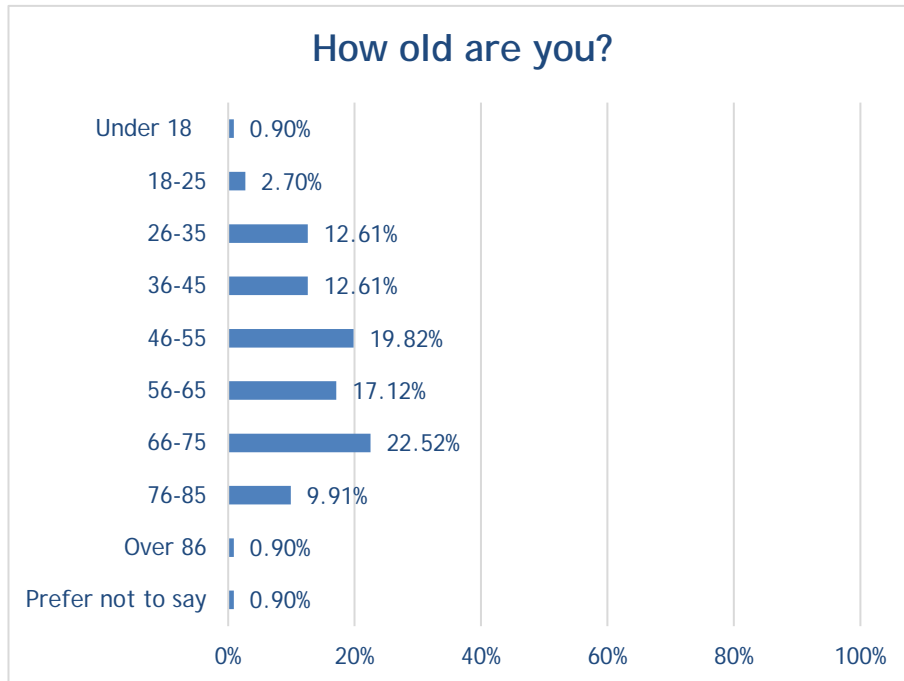
109 respondents answered this question. The five most common postcodes were TQ2 (18.35% of respondents or 20 people), TQ1 (17.43% or 19 people), TQ3 (16.51% or 18 people), and TQ12 (11.93% or 13 people). A full breakdown of postcodes is available in Appendix 3.





### How old are you?

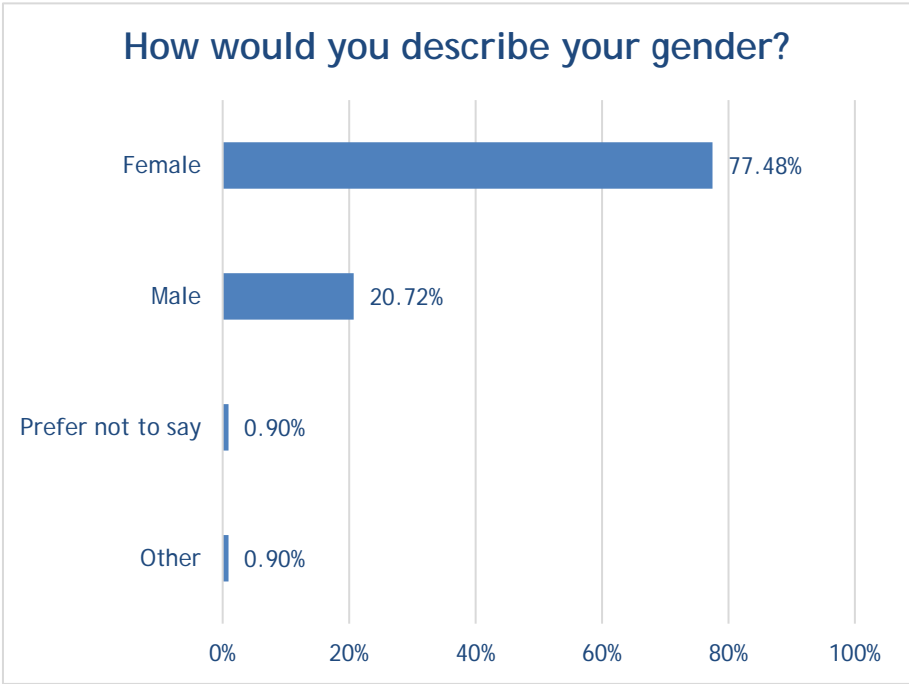
111 respondents answered this question. 2.70% of respondents (three people) were aged 18 to 25, 12.61% (14 people) were aged 26 to 35, 12.61% (14 people) were aged 36 to 45, 19.82% (22 people) were aged 46 to 55, 17.12% (19 people) were aged 56 to 65, 22.52% (25 people) were aged 66 to 75, and 9.91% (11 people) were aged 76 to 85. One respondent (0.90%) was under 18, one respondent was over 86, and one respondent selected “prefer not to say.”





*How would you describe your gender?*

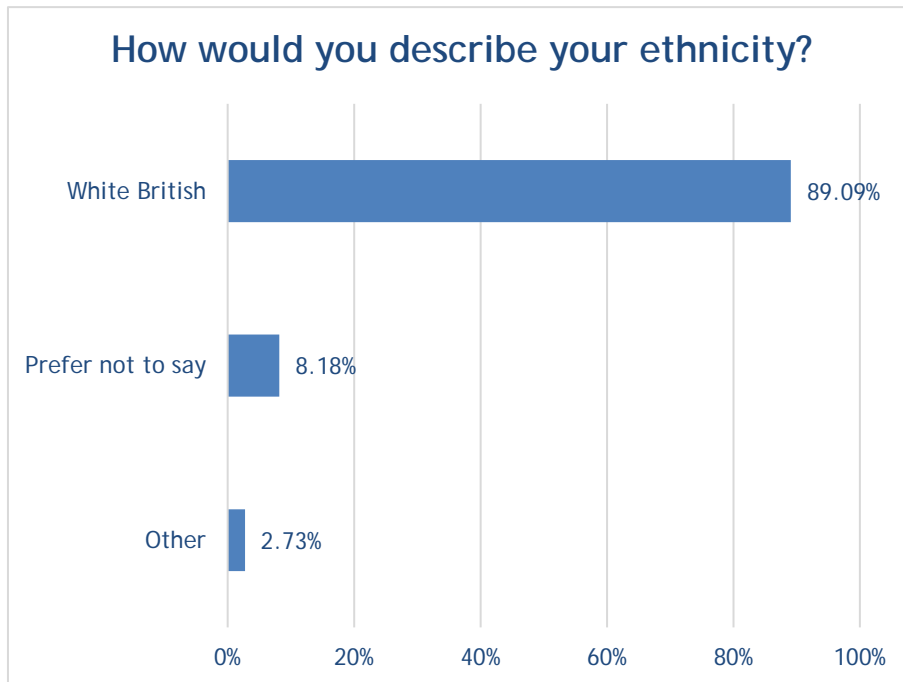
111 respondents answered this question. 77.84% of respondents (86 people) were female, 20.72% (23 people) were male, one respondent (0.90%) was of another gender and one respondent (0.90%) selected “prefer not to say.”





*How would you describe your ethnicity?*

110 respondents answered this question. 89.09% of respondents (98 people) were White British, 8.18% (nine people) selected “prefer not to say,” and 2.73% (three people) were of another ethnic background.





# Statement from Torbay and South Devon NHS Foundation Trust

Thank you for the results of this report, the findings are very important to us. Together with other patient experience findings, we will use this information to develop our patient and service user experience strategic plan and priorities. This will help us achieve our aim of empowering everyone to give feedback to improve health and care services in Torbay and South Devon. Patient feedback will be pivotal to our plans to enhance patient and service user experience over the next three years.

We will be using these findings for support us with immediate improvements and we will also use the findings within our Building a Brighter Future programme. This programme includes us receiving a share of £3.7 billion government funding through the New Hospitals Programme (formerly known as HIP2) for Torbay Hospital and further significant investment in our digital systems. We are working hard to ensure better buildings, better technology and better health and care for all. Some of the work being done within this programme will address what we have heard in this report. This includes our new Electronic Patient Record that will allow better sharing of information, reducing the number of times people have to tell their story and help us to offer more joined up care. Patient experience and involvement will play a significant role in helping us to get this right now and into the future.

We would like to thank the 114 people who completed the survey, as well as the organisations who helped promote it. We would also like to say thank you to Healthwatch Devon, Torbay and Plymouth for leading on this project and for their ongoing invaluable support in helping us to work together with our communities.

In time, we would like to share with Healthwatch Devon, Torbay and Plymouth how these findings have shaped our work. We will continue to work with Healthwatch and other local organisations to ensure that we hear the voices of those who use our services as we work together for better health and care for all.

## Recognition

Healthwatch Torbay would like to thank everyone who took the time to share their feedback for this survey.



# Appendix

## Appendix 1. Social media reach and engagement figures

Date	Social media channel	Reach	Engagement
08/02/2022	HW Devon Facebook	48	2
12/02/2022	HW Devon Facebook	767	16
21/02/2022	HW Devon Facebook	33	0
07/03/2022	HW Devon Facebook	29	4
08/02/2022	HW Torbay Facebook	740	16
12/02/2022	HW Torbay Facebook	1114	17
21/02/2022	HW Torbay Facebook	4902	16
07/03/2022	HW Torbay Facebook	5321	51
08/02/2022	HW Devon Twitter	86	3
21/02/2022	HW Devon Twitter	326	9
08/02/2022	HW Torbay Twitter	749	23
21/02/2022	HW Torbay Twitter	226	14





## Appendix 2. Question 1 - full response breakdown

<b>Q1. What do you think could improve people's experience of using our services?</b>	<b>%</b>	<b>No. of respondents</b>
Better sharing of information to reduce the number of times you have to tell your story	69.30%	79
More joined up working between local health and social care organisations	63.16%	72
Ensure health and social care services are available close to where you live	58.77%	67
Better recognise and respond to the needs of each individual patient	55.26%	63
Provide better communication on discharge from hospital	54.39%	62
Listen more to local people and use this in our decision making	53.51%	61
Better communication with patients, families, and their carers	49.12%	56
Make it easier for people using our services to give feedback	42.98%	49
Share improvements that have been made based on community feedback and patient experiences	42.11%	48
Make sure all patient communications are written in the most appropriate format	40.35%	46
Provide better communication following an outpatient appointment	39.47%	45
Improve people's understanding of PALs	39.47%	45
Make forms easier to complete	35.96%	41
Other	30.70%	35
Improve the way we engage with and involve our volunteers across our healthcare services	20.18%	23
Increase our communication with patients via social media	17.54%	20



### Appendix 3. Full breakdown of postcodes

Postcode	%	No. of respondents
TQ2	18.35%	20
TQ1	17.43%	19
TQ3	16.51%	18
TQ12	11.93%	13
Other	11.93%	13
TQ4	9.17%	10
TQ14	5.50%	6
TQ5	4.59%	5
TQ9	4.59%	5
<b>Total</b>		<b>109</b>

# Contact us



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<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Annual Review of the Adult Social Care (ASC) Strategic agreement 2021/22		<b>Meeting Date:</b> 28 September 2022		
<b>Report appendix</b>	Appendix 1 – Social Care Performance Report			
<b>Report sponsor</b>	Chief Operating Officer			
<b>Report author</b>	Families, Community & Home Care Group Director			
<b>Report provenance</b>	The report has been prepared by the leadership Team of Torquay ISU and Torbay council			
<b>Purpose of the report and key issues for consideration/decision</b>	<p>The report details progress against the summary of services provided under the ASC Strategic 3-year agreement which runs from 2020-2023, as set out in the first section of the report.</p> <p>Issues for the Board to note:</p> <ul style="list-style-type: none"> <li>• Demand, capacity and performance impact from Covid 19 our deprivation levels and aging population</li> <li>• Service developments and progress with the transformation programme Adult social care improvement plan and the Fair Cost of care and Care Accounts.</li> <li>• Workforce vulnerabilities</li> <li>• External Contract Review plan and delivery plan</li> <li>• Quality and Safety</li> <li>• Finance both delivery and risk.</li> <li>• Safeguarding including Deprivation of Liberty Safeguards (DoLS) Safeguarding and preparing for Liberty Protection Safeguards (LPS)</li> <li>• Governance</li> <li>• Audits</li> </ul>			
<b>Action required (choose 1 only)</b>	<b>For information</b> <input type="checkbox"/>	<b>To receive and note</b> <input checked="" type="checkbox"/>	<b>To approve</b> <input type="checkbox"/>	
<b>Recommendation</b>	The Trust Board are asked to receive and note the Annual Review of the ASC Strategic Agreement			
<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>	20
	<b>Risk Register</b>		<b>Risk score</b>	
	Ref 2. - People Ref 3. – Financial Sustainability Ref. 8 – Transformation and Partnerships			
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>		<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>		<b>Legislation</b>	
	<b>NHS England</b>		<b>National policy/guidance</b>	

<b>Report title: Torbay Council Commissioning strategic agreement review of Adult Social Care agreement (2021-22 year)</b>	<b>Meeting date: 28 September 2022</b>
<b>Report sponsor</b>	Chief Operating Officer
<b>Report author</b>	Families, Community and Home Care Group Director

## 1. Introduction

The 3-year strategic agreement is the working document between Torbay council and the Trust. This report sets out our organisational delivery against the ambition set out in the plan “One Torbay” for 2021-22.

The ambition is for Torbay and its residents to thrive, and for Torbay to be a council that supports, enables and empowers its residents, our communities and its partnerships.

The Adult Care Strategic Agreement is designed to support the delivery of the plan “One Torbay”.

It is our responsibility as an integrated care organisation to ensure the underpinning commissioning activities and associated delivery are supported by timely and accurate data collection and information provision including, finance and performance management information on independent and community voluntary sector contracts and Service Level Agreements held by the Trust. The services provided under the Adult social care strategic agreement include:

- Provision of information and advice to people enquiring about ASC services;
- Assessment of need for social care services, including the provision of rehabilitation and reablement services, and an Emergency Duty Service;
- Commissioning and monitoring individual packages of care, including case management assessments under the Mental Capacity Act, Liberty Protection Safeguards (formerly Deprivation of Liberty safeguarding) and engagement in Court proceedings;
- Monitoring of the quality, performance, and cost of services provided by Trust staff and other providers;
- Safeguarding the needs of adults and older people living in Torbay. This includes delivery of Torbay Council’s operational safeguarding responsibilities, servicing the Torbay Adult Safeguarding Board, investigations of individual safeguarding concerns and whole homes investigations;
- Voluntary and Community Sector development and coordination in support of independence, self-care, enablement and improved quality of life;
- Ensuring that services are provided in a cost-effective way whilst still offering choice where people are entitled;

- Collection of income for chargeable services, including and assessment of an individuals' financial circumstances and ensuring that people are receiving any welfare benefits to which they are entitled;
- The collection, collation and submission of activity information and performance returns as required operationally, by the Council and to meet local, regional and national requirements and statistical returns;
- The collection, collation and submission of financial returns and budget reports as required operationally, by the Council and to meet local, regional and national requirements and statistical returns;
- Benchmarking Torbay Council's performance and cost against similar Local Authority areas, England and the South West;
- Input to the Joint Strategic Needs Assessment (JSNA) and housing needs assessment as required to ensure strategic commissioning plans and market management is based on relevant, accurate, quality and timely data;
- Procurement and monitoring and management of the local market to ensure sustainable, good quality and affordable services within the strategic approach set by the Council's Adult Social Care and Partnership Commissioning Team in conjunction with Devon Clinical Commissioning Group through decision making structures as recorded in the governance within this document
- Delivery of agreed plans including Adult Social Care-Improvement Plans and those agreed through the Better Care Fund including the commitments to optimise the application of the Disabled Facilities Grant.

The ASCOF (Adult Social Care Outcomes framework) achievements are reported each month through to board. These outcomes are also submitted nationally and reported annually through the Department of Health and Social Care digital platform. The attached appendix (Appendix1) is our performance against the ASCOF for August 2022.

This report sets out to review our progress against the plan, our national reporting requirements and our own ASCIP (Adult Social Care Improvement Plan).

### Areas of focus and delivery

During 2021/22 Adult Social Care Operations and Professional Practice colleagues in the Trust devoted significant capacity to supporting providers in the Torbay Care Market. This included timely and flexible use of government support funding, within the prescribed grant conditions, across a range of COVID funding such as the Infection Control, Testing and Workforce Grants. Without this support we would not have maintained market capacity during this time.

Providers had been supported regarding finance advice, making grant returns, infection control advice and market development and service challenges. Collectively the Torbay system has worked hard and diligently to assist the market during a very challenging year. Providing continuity of care to vulnerable local people throughout the COVID waves has been the primary focus.



The Adult Social Care improvement plan (ASCiP) is aligned to the 3-year strategic agreement and has been in operation since April 2021. It is now in its second year with completion planned for March 2024. The programme addresses a range of areas including financial improvement and projects which enable a sustainable high-quality Adult Social Care (ASC) provision and staff performance. Financial targets for the ASCiP, set in agreement with Torbay Council, are £6M across three years. Governance and interim structural workforce arrangements were addressed during 2021/2022 to provide the foundations for transformation and improvement, in preparation for reforms set out in “People at the Heart of Care”. This white paper sets out a 10-year vision for adult social care and provides information on funded proposals that central government will implement over the next 3 years.

## **2. Demand and capacity**

At the end of 2021/22, providers are still having to bear the cost of many pandemic related pressures. In April 2022, all government grants and local sustainability funding packages came to an end. Many care businesses had to take out bounce back loans and are now bearing the cost of this borrowing.

In 2021/22 the Council published its Market Position Statement and Blueprint which is the local ASC source document for market strategy. The document aims to build market capacity using housing-based care models (Supported Living, Extra Care), whilst consolidating quality nursing and dementia care. This reflects system priorities evidenced by demographic data in the Joint Strategic Needs Assessment.

It is recognised that demographic challenges are significant in Torbay and that bed-based capacity is still an everyday challenge for our system. A small number of bed-based providers left the market this year for a variety of reasons (retirements, financial viability, estate issues, labour market and general cost pressures) We know the demand on the adult social care system in Torbay is high and it will continue increasing due to our aging population and areas of social deprivation. This is one reason we need to change the way we deliver social care and work towards fully adopting a community led approach, where are communities and care market can be supported to flourish. Our commitment to co-design the plan with service users and our voluntary and community partners will support us to develop robust service delivery fit for the future and for the people of Torbay.

We encourage a culture of continuous improvement within teams. We are focused on achieving positive shared outcomes for people receiving Social Care support by monitoring our own performance and seeking feedback from all involved so we can learn from experience.

We are reminding people of the core values of social care, including:

- being part of the community,
- supporting people to build their own capability,

- enabling people to live their lives as independent as possible.

The Adult Social Care Improvement plan (ASCiP) supports the vision of developing thriving communities in Torbay by delivering the strategic priorities, deepening integration with partners and promoting a strength-based approach throughout all conversations. This will be achieved by working in collaboration with partner agencies and by valuing skills, knowledge and potential in all individuals and their communities.

### **3. Performance**

Adult Social Care is provided by Torbay and South Devon NHS Foundation Trust and commissioned by Torbay Council.

Our performance data shows a sharp increase in contacts or requests for support in 2021/22. This is due to improvements in our accessibility to the service and recording processes. We worked closely with the Voluntary, Community and Social Enterprise (VCSE) and NHS colleagues to implement the 'Discharge to Assess' Government guidance. Analysis shows the true increase in requests for support is approximately 10% up compared to 2020/21. With the improved system recording we intend to use the 2021/22 figures as a new baseline.

As part of the service's improvement plan and in preparation for the ASC reforms to be implemented in 2023, we have started investing resources into improving our systems and the quality of the data produced. This will ensure it meets both organisation's data quality objectives to produce accurate, reliable, and timely information to improve future decision making and also enable us to deliver against the aspirations of the Government's 'Build Back Better' white paper.

The performance headlines below give a quick view of the level of delivery and notably the increased activity performed within the teams. Of particular interest is the circa 3000 increase in requests for support. The almost doubling of those clients requiring one off support and the significant increase in ongoing reablement and ongoing support within the community which when recognised alongside the workforce pressures and challenges is testament to the strong delivery across the Bay.

## Performance at a glance:



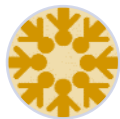
**8,420**  
requests for support were received compared to 5,407 in 2020/21



**771**  
people received one-off support compared to 443 in 2020/21



**2,226**  
people received Short Term Reablement services to help them gain independence compared to 1,275 in 2020/21



**1,092**  
people started to receive an ongoing support service including community activities compared to 544 in 2020/21



**2,128**  
people did not go on to receive a service for a variety of reasons (pay themselves, not eligible etc) compared to 2,136 in 2020/21



**100%**  
of service users received community based social care services through self-directed support



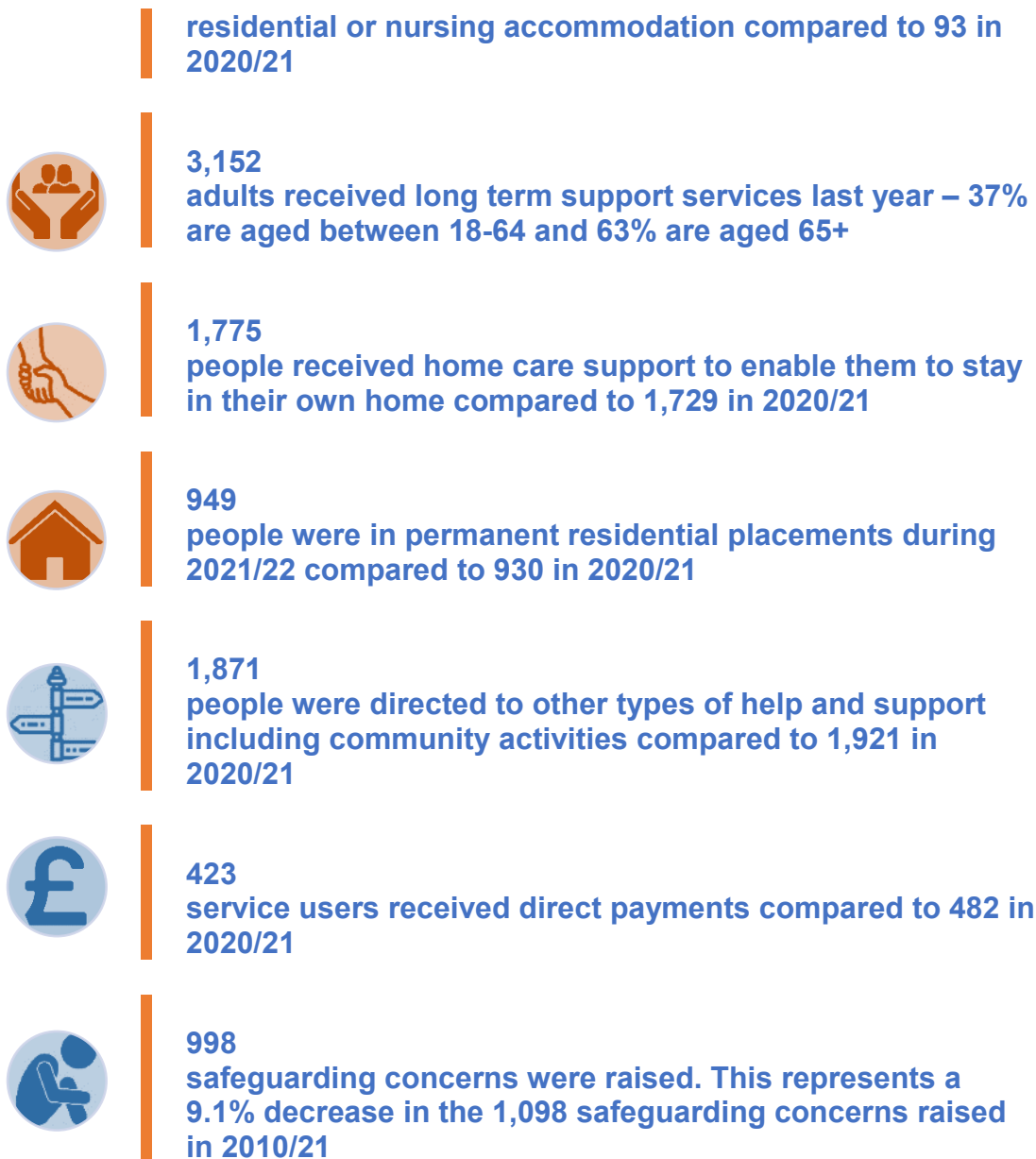
**4,747**  
carers are on Torbay's carers register - we assessed and reviewed 1,355 carers in 2020/21 and provided 678 carers with Direct Payments



**386**  
people with mental health issues were supported by services compared to 343 in 2020/21



**92**  
people aged 18-64 with learning disabilities are living in



#### 4. Service Developments in the care market

We continue to work with our local partners in the public, private, voluntary and community sectors to tackle the issues that affect the health and wellbeing of our population. Partnership working with individuals and communities has enabled many to find alternative solutions and address their own health and wellbeing.

During 2020/21 Torbay Council launched its Market Position Statement with the aim to achieve the following outcomes:

- An increase of 50 units of self-contained supported living, sheltered housing and/or Extra Care for people with learning disabilities, in line with the Housing Strategy 2017. One third of people over 45 with a moderate or severe learning disability, and one third younger adults (under 35 years) are living with parents. We want to ensure there is appropriate accommodation and choice, so people can have planned transitions towards independent living, and avoid unnecessary entry into residential care wherever possible.
- Increased Quality Assurance support for supported living providers and the consequent improvement and monitoring of the quality of support and tenancies.
- A reduction in the number of working age adults with LDs in long-term residential settings (currently just over 70 adults). Residential settings by their nature, do not usually maintain or increase self-determination, control, citizenship, or enable community inclusion and natural circles of support.
- The development of an outcomes commissioning framework for the development of daytime activities/services which offer more choice, develop community inclusion, and deliver more aspirational outcomes.
- Greater housing choice particularly self-contained Supported Living, sheltered housing, Extra Care and access to general needs housing.

The Trust and Council also commenced work with two providers with regard to two potential schemes one for Hospital Discharge Rehabilitation capacity and one for Dementia beds capacity across the footprint of the local Integrated Care System. We have focused on supported living and in Torbay's 2021 Market Position Statement and Commissioning Blueprint, identified the aim of significantly increasing supported living provision for people with learning disabilities, autism and mental health issues, to enable people to leave residential care, and divert people from entering it at all.

We involved Learning Disability Ambassadors in interviews and assessments of new providers joining our Supported Living Framework. To further support the empowerment of people finding their own supported living accommodation, rather than being placed, work has begun on the geo-mapping of Torbay's supported living resources. The aim is to have a 'shop window' where local people, their family and carers and local providers can see what housing options there are, and where they are located.

We also recognised the need for more supported living providers who were skilled at providing enabling support to people with complex issues and behaviours that challenge, using the least restrictive practice and developing a person's ability to self-regulate. In Autumn 2021/22 we began re-writing the specification for Supported Living and developing new Service Quality Standards.

A Technology Enabled Care Service (TECS) is available across Torbay. Commissioned in 2018 by Torbay and South Devon NHS Foundation Trust, the service is provided by NRS Healthcare located in Paignton. TECS provides solutions

to individuals to keep them safe and independent in their own homes for longer, potentially delaying any need for formal service interventions.

NRS Healthcare offer a private purchase option so that people can choose different ways to support how they access the community and live independently or care for loved ones. For those who are eligible following a Care Act Assessment, TECS will be considered before other packages of care are put in place.

During 21/22, the supported service has grown by 18% and now has 600 clients, the highest number of clients since TECS has been in place. However, the rate of growth suffered compared to previous years which is likely to be a result of not having the capability to engage with our workforce in person and a vacant co-ordinator position for 4 months at the end of 2021.

The important role of the voluntary sector in 2020/21 was set out in the Adult Social Care plan and the Council and Trust's partnership. The intention being to build up and support the community sector, so together we can support the people in our community in most need of our services. During 2021/22, Adult Social Care worked in partnership with Torbay Community Development Trust (TCDT) and piloted a new initiative called the ASC Front Door. In the testing of this change, there were 656 people who had a conversation with TCDT:

- 82% had their needs met entirely by VCSE partners
- 6% received a joint response – VCSE offering some support and ASC providing some paid for care
- 12% referred into ASC for a Social Care Assessment

This initiative has supported the overarching objective of finding solutions with people. The positive impact of engaging early, preventing further deterioration and delivering good outcomes was demonstrated. The community has also been empowered to establish, increase, and consistently support asset-based working in Torbay, this is ongoing.

To have progressed adult social care in many areas is a direct result of the determination and resolve of the staff across our system partnership in Torbay. Further information on our focal areas, core capabilities framework for people with Autism and Learning Disabilities, Autism Spectrum Conditions and Neurodiversity, Homelessness Reduction Act 2017 and carers can be found in the Torbay Council Local Account Summary 2021/22.

## **5. Transformation Programme**

In terms of financial improvement, prior to the formal start-up of ASCiP in April 2021, project work in Review & Insights achieved a modest amount of savings (£119,760). The ramping up approach created an understanding in two areas: capability of the strength-based approach within the identified skilled social work project resource

(Review & Insights Team) and their level of performance. Improvements were made to their team leadership that would challenge the decisions being made in reassessment and provide motivation to increase productivity. By the end of 2021/22 the Review and Insights Team had improved productivity and delivered £944k of savings by reassessing packages using a strength-based approach. Strength-based re-assessments and subsequently released savings from those packages was completed despite the backdrop of COVID, pressures in the social care provider market including reduced provision in social areas.

Under 65 Mental Health Team also set up an improvement exercise focusing on step down and step out from residential care to the Supported Living accommodation. A significant portion of the pre-April 2021 savings were made up of the work undertaken in this area, with a further contribution of £108k in 2021/22.

Financial improvements have been derived from the interim structure and the reorganisation of staff to provide a clear line of sight through ASC Operations. The interim structure allowed for a further saving in management costs in Torquay and Paignton & Brixham ISUs which resulted in a further £319k of savings, £194k and £124k respectively. It further allowed the iPMO to focus on testing the interim structure for potential savings using the strength-based approach, through the newly formed Complex Care Team, this created a further £791k of savings in 2021/2022. The work designed to deliver contract improvements, function, and financial value, was devolved from the ASCiP into the newly formed Market Management Team. The team achieved a saving by moving Individual Service Contracts (ISC), clients' commissioned packages of care (Total = 20), to the domiciliary framework, to the value of £160k.

The realisation of the financial benefits from the work undertaken through the ASCiP created a saving value of £2.323M, extending our target by 15% (Original Target £2.013M). Critically, it provided the evidence base for setting up the savings target for 2022/2023 both in terms of delivering the reassessment of packages in a strength-based approach, the value of the package per client per week on average to indicate the level of savings which could be expected across the total number of packages and the productivity of the Review & Insights Team as it had worked in 2021/22.

The success of 2021/22 is a combination of factors:

iPMO provided dedicated support to the Review & Insight Team with an expectation that if delivery was underachieving an action plan was immediately in place. The Review & Insights Team had dedicated team leadership, who checked through the reassessments and challenged team members to increase the application of the strength-based approach where it had not been fully applied in the first instance. The Review & Insights Team Leader only authorised packages after a full check and challenge had occurred. This boundary was a cultural and process change for the team which at first was challenging. However, over time this provided the team with

an assurance and checking mechanism they needed to deliver high quality strength-based approach. The team were well-led, productivity was managed and iPMO had assurance on quality.

### **Challenges in 2021/22 and moving into 2022/23**

During 2021 the Review & Insights team were diverted to other operational pressures. In the two key instances of rerouting for operational pressures, the review work was delayed, resulting in non-delivery of CIP during 2021/2022. Towards the end of 2021/2022, other workforce challenges impacted on productivity and in conjunction the impact of the significant Social Care Charging reform from March 2022 onwards has required attention and focus on developing a robust team infrastructure.

Contractual arrangements for the LD area of financial savings have also resulted in delayed productivity. The challenge for this year is to finalise a way of working in an alliance model with more than one provider of LD services which will spread our risk more evenly rather than holding it in one place.

Under 65 Mental Health Team, and the subsequent U65MH project held therein, have not yet recruited to the Overdue Reviews post and the associated work is therefore not yet being undertaken. There is a further impact to the supported living work as the property purchased by a Provider would be suitable for clients. Working with the clients takes time and preparing them for a change in their living arrangements must be undertaken with care given the mental health of this client group.

The level of savings derived through the Baywide team have not materialised to the agreed plans. In December and January of 2021/22, the waiting list was significantly reduced but could not be maintained at the low level due to operational pressures and the increased need to maintain flow through hospital discharge. According to operational reporting, this operational pressure has continued resulting in a drop-in review productivity and therefore limited financial benefits. The challenges as described above are all well understood, plans have been adapted and refreshed to reset and reschedule the delivery objectives.

### **Quality assurance (QA) framework**

The iPMO are writing the QA Framework which enables a Fit for Purpose approach so that ASC services are suitable for their intended purpose and Right First Time where continuous improvement is a fundamental principle. It comes ahead of the inspection regime which forms part of the vision for social care over the next 10 years.

The Quality Assurance Framework is a tool that has been designed to support both self-evaluation which is governed through the ASC Assurance route and external



quality assurance activities. The initial framework highlights the key domains and indicators, and future versions will be informed and shaped through consultation, feedback from key stakeholders and the outcomes of a variety of testing exercises.

The Torbay QA framework has nine areas of specific interest. These are called domains. Our domains will support a person-centred approach for those who use our services (positive experience, safety, effectiveness) and for those providing services (well-led and uses resources sustainably). The nine areas are:

1. Key organisational and transformation outcomes
2. Impact on people experiencing care, carers and families
3. Impact on staff
4. Impact on the community
5. Delivery of safe, effective, compassionate, and person-centred care
6. Policies, planning and governance
7. Workforce management and support
8. Partnerships and resources
9. Leadership

Within each domain, our framework further outlines:

- A. quality indicators that can be used for self-evaluation
- B. quality indicators for external assessment and quality assurance of service provision, and
- C. themes related to each quality indicator that support evaluation against them.

By outlining our domains in this way, we aim to reflect, evaluate and make decisions about how best to improve outcomes for users of adult social care services in an integrated system.

## **6. Workforce**

Workforce challenges are a key issue for Independent Sector providers in Torbay this is common across the country. These are now structural labour supply side issues and are likely to be a feature for some time in the current economy. The substantial issue is low wages contrasted with comparator salaries, driving shortages in an employee's market. This is likely to remain a challenge in 2022/23 as the inflation and cost of living crisis forces up wages in other markets that may be better able to fund or afford these costs.

As a system we have been active with interventions but with unfortunately minimal impacts, we will keep looking at measures to assist the market. When we had the COVID grant monies we were able to fund temporary incentives which did help to stabilise the workforce challenges. We also ran a visible marketing campaign to work

in the sector named “Torbay Cares” whilst this was impactful it only attracted a limited number of potential employees.

## **Training**

The teams have been utilising a well-tested model for staff briefing called a 7 Minute Briefing (7MB) for over 12 months now. As such have become a key standard operating procedure in how we disseminate and communicate key areas of practice and any associated changes in legislation, policy etc.

Some of the most recent 7MB's include: Mental Capacity Act. Independent Mental Capacity Advocacy. Liberty Protection Safeguards. Undertaking a Mental Capacity 2005 Act Assessment. Deprivation of Liberty in a Domestic Setting, Hospital and Care Setting. Advance Decisions to Refuse Medical Treatment. Ordinary Residence, the Homelessness Reduction Act. The feedback is positive, and the workforce agree that committing seven minutes is manageable in most services, and learning is more memorable as it is simple and not clouded by other issues and pressures.

## **7. Contract Review and improvement plan**

As set out in the Care Act 2014 and other legislation, Torbay Council retains responsibility for the delivery of adult social care although in Torbay these functions are delivered through a partnership arrangement with TSDFT. It is therefore important the council is able to assure itself that the external contracts TSDFT procures and manages on behalf of the Council are providing high quality, appropriate support that allow individuals to exercise choice and control. An external review of the contracting function was carried out and identifies 13 recommendations for improvement.

The procurement team in TSDFT is responsible for the procurement of circa 125 contracts with a value of more than £50 million. The QAIT is responsible for contract management and quality assurance of providers. These contracts are for the provision of care to vulnerable adults and therefore need to be procured and managed by people with appropriate levels of experience and understanding of adult social care and sufficient capacity. The findings of the contract review suggest that the current procurement process does not have the appropriate level of adult social care expertise to enable effective management.

A previous review of TSDFT's draft contract monitoring and quality assurance policy (put on hold until the outcome of this review), appears comprehensive and represents a robust and proportionate contract monitoring approach. It is therefore concluded that this policy should be developed and applied.

## **Social Care Charging Reform: Fair Cost of Care & Care Accounts**

The Fair cost of Care is a government mandatory exercise to establish what are the “fair” level of care fees the work commenced in April 2022.

We are in the process of undertaking field work and encouraging providers to participate in the process. We are anticipating an acceptable level of response from providers who have to complete a template breaking down their self-assessment of costs to provide care which will be analysed before returned to central government. An initial Market Sustainability Plan will also need to be produced and submitted in October 22. Regarding funding, there is a transitional grant available in 2022/23 to fund the process. Non-recurrent funding available for 2023/24 and 2024/25 to fund potential increases in fees, if our plan is approved by central government. No permanent money will transfer to ASC until the National Insurance levy transfer occurs as announced by the government in 2021.

Social Care charging reform presents challenges for all Authorities and integrated organisations who provide Adult Social Care, both in terms of timescales, operational and data capabilities, and resourcing. Whilst Torbay were one of the first to integrate our systems and process and resource to support has grown and developed organically. The result is a system (operations and IT) which will, in its current state, not be able to support the implementation of Care Accounts.

In order to deliver changes required to support Care Accounts work is being undertaken to inform the resource that is required both in terms of delivering the project and operating care accounts when it goes live in 2023 and 2024. Blackpool authority is a Trailblazer site (we follow in the next tranche as a “Pathfinder organisation”) they are also our comparator authority, being similar in size, demographics and are surrounded by a bigger authority. We are able to understand, observe and learn from them as they anticipate becoming operational in January 2023. Our aim for operational readiness is October 2023.

The Business requirement and options appraisal which is in progress is ensuring that we have appropriately tested our understanding of what needs to change in Torbay so as to modernise and digitise adult social care and reduce short and long-term impact on resources.

There are a number of opportunities identified by the team through the work to date which include the development of online self-assessment tools for public and internal use alongside financial assessment tools. The improvements in social care function at the Front-end and our ability to improve our data collection also feature significantly in this work.

The urgency and significance of the work required in this area required the redirection of resource from the ASCIP impacting on savings delivery. This has been addressed with the social care operational leadership team and the iPMO

## 8. Finance

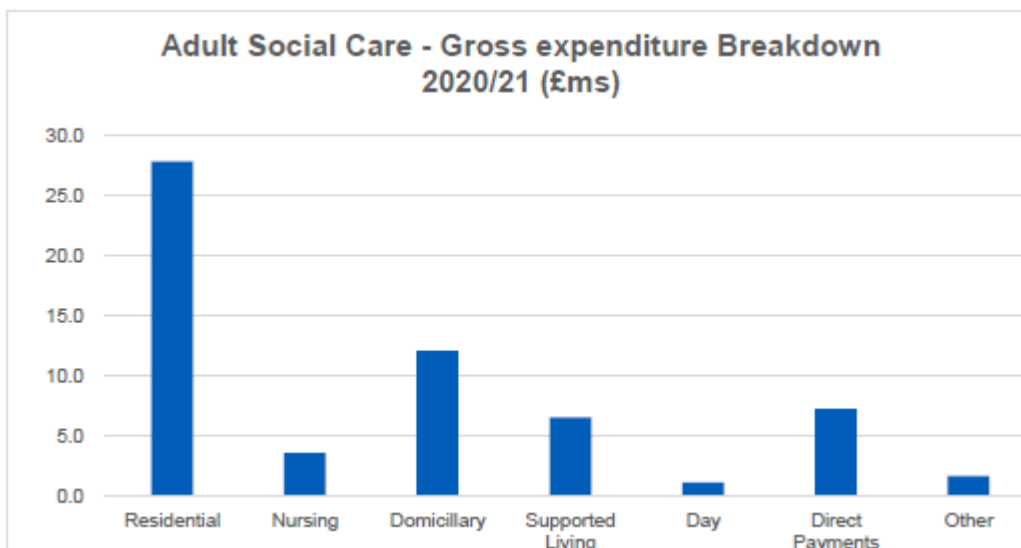
Our aim with this section of the review is to describe the financial resources available and how they have been used in the care sector. On 1st October 2015 an Integrated Care Organisation (ICO) was formed, and this organisation's remit was to provide Adult Social Care (ASC) on behalf of the population of Torbay. From a financial perspective the Council's role as a commissioning body is to provide a funding contribution to the overall running costs of the ICO. In 2020/21 this contribution was £48.7m and is to cover the cost of client care and any operational costs.

The ICO provides a diverse range of service, of which ASC is a part. The ASC aspect specifically comprises of care management and social care support across Torbay as well as the cost of social workers, community care workers, occupational therapists, physiotherapists, finance and benefit assessors and support service staff. The Council contribution towards ICO running costs therefore aims to cover the cost of these staff, in addition to the actual cost of client care (outlined in more detail below).

The vast majority of ASC spend is on the purchase of client care (including residential, nursing, day and domiciliary care) from independent providers. The majority of these providers are based within Torbay; however, the ICO also funds some specialist residential care provided out of area. At any point in time there is on average 2,350 people receiving a service of some type.

Net expenditure on the cost of care alone totalled £48.0m in 2020-21 (note this figure includes estimated £3m of costs related to the Trust wanting higher ASC costs as a way of reducing acute health provision / costs). This is the net figure after taking in to account all client contributions towards the cost of care.

Under national legislation people assessed as having a social care need are also given an individual financial assessment. This assessment can result in a client being asked to contribute towards the cost of any care that the Council then puts in place. The income collected from these client contributions in 2020/21 amounted to £12.2m. The total (gross) expenditure on services was therefore £60.2m and the allocation of this gross expenditure across different types of services is illustrated in the chart below.



These services are provided to clients aged 18 to over 100 years old, with a range of needs such as learning disabilities, mental health issues, dementia, as well as those with sensory or physical disabilities, vulnerable people, and the frail and elderly.

In addition to the above core spend, the financial year 2020/21 was unprecedented with the impact of COVID-19. The Independent Sector market within Torbay needed additional financial support for it to play its part in dealing with the pandemic. Funding of over £7.0m was passported to providers through the Trust accounts and covered the following areas:

- Specific grants of circa £5.9m covering infection prevention & control, rapid testing and workforce capacity
- General COVID-19 funding for market support of over £1.2m.

### Financial outlook for 2021-22 and beyond

The main challenge will link to the impact ongoing of COVID-19. Funding for this is expected to be non-recurrent and if providers continue to incur costs as they have, the lack of further funding may threaten their financial viability. We the ICO and Council are committed to working with providers over this time to ensure support is available and that any further funding is passed on in a timely manner.

Even with this issue aside, there continues to be significant operational and financial pressures facing Health and Social Care across the Country. These range from economic issues such as continued increases to the cost of care, ongoing funding constraints and specifically in Torbay an elderly demographic compared to other parts of the country. Residential Nursing Domiciliary Supported Living Day Direct Payments Other Adult Social Care - Gross expenditure Breakdown 2020/21 (£ms).

Despite these issues we are committed with our partners to ensure resources are managed so that we can provide the best level of care, for the highest number of clients.

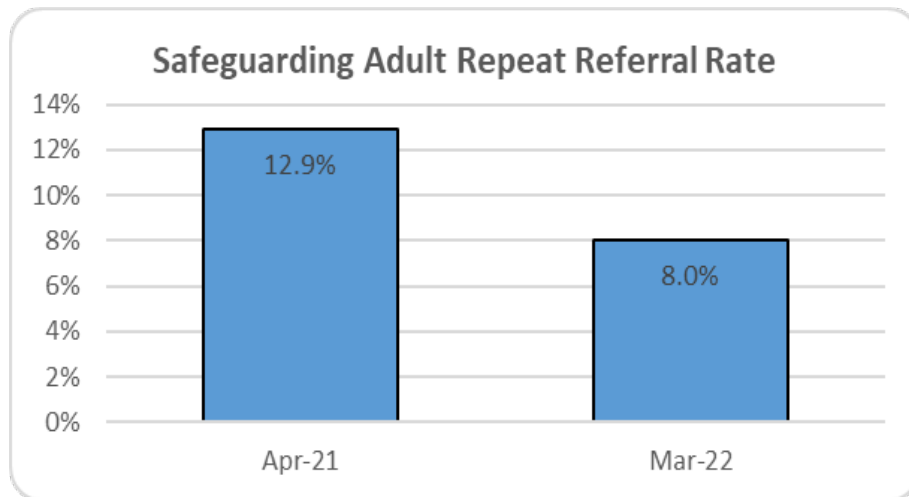
Further to this last point, both the Council and ICS acknowledge the pressures facing social care and continue to believe that we the ICO is still best placed to manage these services. We will aim to achieve this through the managing of resources across health and social care to deliver a more efficient and effective profile of expenditure. This is needed not only to maintain a financially stable and sustainable model of care, but one that has the ability to improve people's experiences of the service. Such development will be done in consultation with the Council and, where it is necessary to make changes to the way services are delivered, consultation will take place with the people and carers who use those services.

## **9. Quality and Safety & Safeguarding**

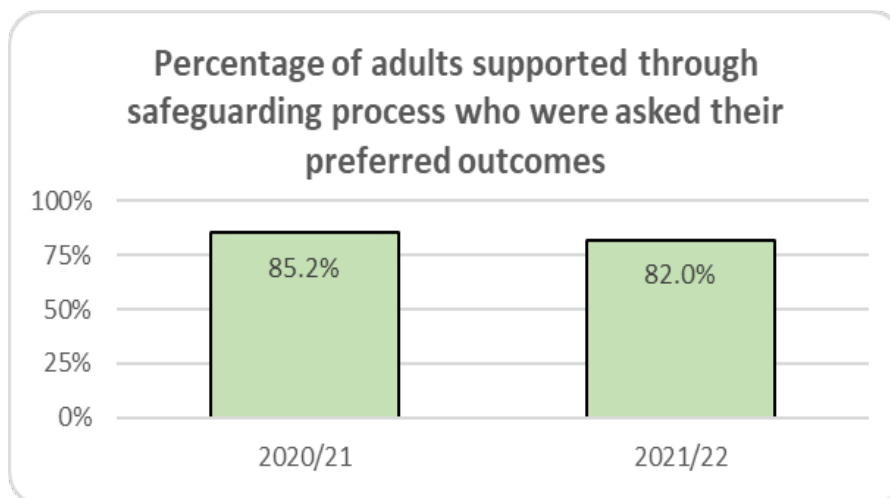
Our aim in the broadest sense is for the public, volunteers, and professionals to work together to uphold human rights and ensure everyone is treated with dignity and respect, and that people have choice, control, and compassionate care in their lives. Everyone has the right to live their lives free from violence, fear and abuse and all adults have the right to be protected from harm or exploitation. But not everyone can protect themselves.

'Safeguarding' is a term used to mean both specialist services and other activity designed to promote the wellbeing and safeguard the rights of adults with care and support needs where harm or abuse has or is suspected to have occurred. Our responses to concerns are driven by Care Act 2014 statutory guidance and the national Making Safeguarding Personal (MSP) agenda. This includes working with individuals or their representatives to establish their preferred outcomes to concerns and work with individuals to meet those outcomes. Where adults with care and support needs do not have the mental capacity to make specific decisions, we will ensure there is an appropriate legal advocate to act on the individual's behalf.

Between April 2021 and March 2022 our safeguarding adult repeat referrals rates decreased from 12.9% to 8% which is seen as a positive as there are less repeated concerns requiring statutory safeguarding responses.

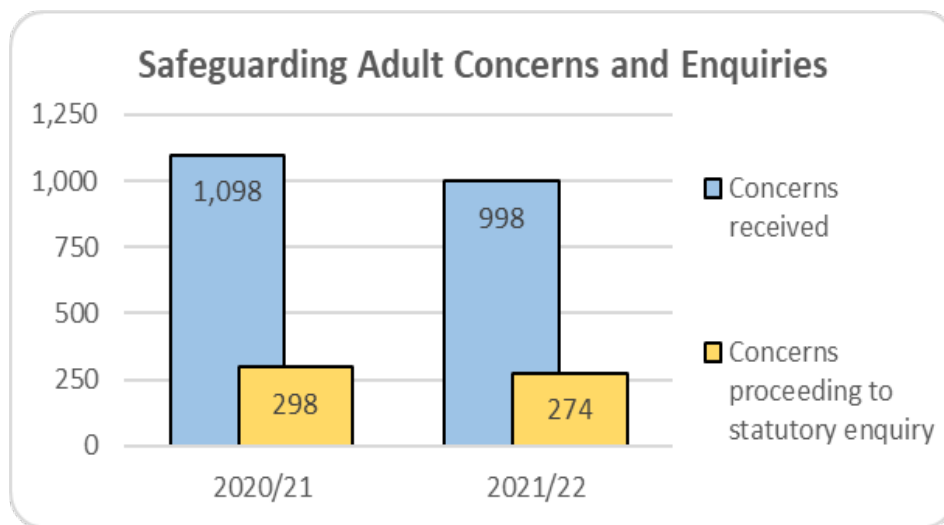


Moving forward, we are changing our key performance indicators (KPIs) for the forthcoming year to focus more on person centred responses and qualitative feedback. In the last year we recorded that 82% of people who were supported through the safeguarding processes were asked their preferred outcomes compared to 85% in the previous 12 months. We want to improve on this and have therefore set a minimum target of 90% for the forthcoming year. Similarly, we want to ensure we are asking people if they consent to giving qualitative feedback on their experience of our responses and as such, have set a new KPI to gain consent to feedback from 20% of individuals who access safeguarding support.



Between April 2021 and March 2022, 998 safeguarding adult concerns were received by the Torbay Safeguarding Adult Single Point of Contact which is 100 fewer than the previous year. 274 proceeded to statutory safeguarding adult enquiries compared to 298 in 2020-2021. We have worked hard in the past year to provide more resilience within the safeguarding single point of contact service and ensure we are more streamlined in responding to concerns received. We have re-located our safeguarding single point of contact to within our Front-End team. We

have trained more staff to respond to safeguarding concerns to increase capacity for timely responses and ensure concerns that do not require safeguarding intervention are responded to quicker.



Torbay and South Devon NHS Foundation Trust’s work in this area primarily divides between the community operational teams who respond to safeguarding concerns and our Quality, Assurance and Improvement Team (QAIT) which works with care homes and domiciliary care providers to promote high quality care which proactively monitors quality standards.

We work closely with Devon and Cornwall Police, Devon Partnership NHS Trust, NHS Devon Clinical Commissioning Group and the Care Quality Commission both in causing enquiries to be made and maintaining strong local partnership arrangements.

Ultimate accountability for safeguarding adults sits with the Torbay and Devon Safeguarding Adult Partnership (TDSAP). Torbay and Devon Safeguarding Adult Boards merged in December 2020 to form a single partnership Board arrangement across Torbay and Devon. Activity within the partnership has gained strong momentum and has agreed a 3-year strategic business plan focusing on four key priorities. These are:

1. Embed learning from Safeguarding Adult Reviews (SARs) into organisational practice.
2. Improve outcomes for people with needs for care and support by finding the right solution for them.
3. Work with partners to better understand the risk of ‘hidden harm’, especially in the context of COVID.
4. Improve involvement and engagement with people in receipt of safeguarding services.



The partnership has a good cross section of organisations working together to meet these priorities as well as a service user led Community Reference Group (CRG) to ensure that our communities have a strong voice in directing the activity of the partnership.

The CRG has just taken on the responsibility to meet with people who have experienced the Safeguarding processes to quality check feedback and enable us to further improve the services we provide. The information obtained will be formally fed back to safeguarding governance groups and front line to staff so that any learning can be embedded into practice.

More information on the partnership can be found at the Torbay and Devon Safeguarding Adult Partnership public website:  
[www.devonsafeguardingadultpartnership.org.uk](http://www.devonsafeguardingadultpartnership.org.uk)

### **Learning from safeguarding adult reviews**

The TDSAP must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult. Boards must also arrange a SAR if an adult in its area has not died, but the Safeguarding Adult Board (SAB) knows or suspects that the adult has experienced serious abuse or neglect. Boards may also arrange for a SAR in any other situations involving an adult in its area with needs for care and support if it deems it appropriate. The focus of SAR's is to identify learning not to apportion blame.

One referral has been commissioned by the TDSAP relating to a Torbay resident during 2021/22. The learning review will form part of a thematic review following similar referrals received from within Devon County Council.

The new partnership arrangements will support greater collective learning outcomes across the local safeguarding adult partnership. For example, learning outcome events will occur in June and July 2022 for frontline staff and a webinar event in March 2022 provided an overview of local arrangements and current activity and responses.

### **Advocacy for people unable to make decisions for themselves**

We continue to use advocacy services across the three legal frameworks: Mental Health/IMHA, Mental Capacity/IMCA and Care Act this is via a contract with Devon Advocacy consortium. A recent promotion of the Care Act advocacy service has been undertaken, resulting in an increase in referrals. The IMCA service is really well used. We regularly refer people and have contract monitoring systems in place to monitor uptake of services.

## **Deprivation of liberty safeguards**

This is a key Safeguarding issue where sharing experience together as partners is critical. Safeguarding in this context is about ensuring that those who lack capacity and are residing in care home, hospital and supported living environments are not subject to overly restrictive measures in their day-to-day lives, but high risk of harm is mitigated. This is known as Deprivation of Liberty Safeguards (DoLS) Safeguarding - for example where due to the serious onset of dementia an individual's capacity to act safely is significantly affected. In the past year we have seen a positive increase in the number of patients being referred to and from local hospitals.

We have also been planning and preparing for the implementation of the new legal framework resulting as a consequence of the Mental Capacity (Amendment) Act 2019. The framework creates new 'Responsible Bodies' who will have accountability to ensure that Liberty Protection Safeguards (LPS) are granted for people in their care. We are proactively working across the integrated care system to ensure consistency of approach and equity across Torbay and Devon local authority boundaries.

## **Learning and improvement and quality assurance**

The Torbay and Devon Safeguarding Adult Partnership Learning and Improvement and Quality Assurance Groups has been focussed on several work streams including multi-agency case audit; embedding learning into practice: training and competency framework review. In addition, Safeguarding Adult and Mental Capacity Act Training is now mandatory for all adult social care staff. The framework is aligned to national competency standards and is also accessible to appropriate staff from partnership organisations. Our aim is to achieve 90% compliance across both frameworks for level 1 training and 85% for all others.

## **Safeguarding adults: a summary**

Whilst our performance is good, we must constantly strive to understand emerging issues for Safeguarding Adults in Torbay and act proactively to maintain our performance. Our new partnership Board arrangement has assisted in driving a consistent approach in these agendas across our local safeguarding adult partnership. A key message is that safeguarding adults is everyone's business, and we are all part of our local safeguarding adult team. When adult abuse concerns are raised, we work in a multi-disciplinary and multi-agency context to understand risk and ensure responses are person centred, include the right people, and include the right partner agencies. Our main focuses in the forthcoming year are to continue to embed learning from safeguarding adult and quality checker reviews, plan and prepare for the new Liberty Protection Safeguards system and apply the making safeguarding personal principles of practice in all our responses.

## **10. Governance**

ASC governance routes were strengthened and streamlined as part of the transformation exercise recognising the need to flow information from operational oversight through TSDFT and Torbay Council and the system-wide ASC Improvement Board.

We have recently undertaken a full audit of our policies and as such have aligned them to our neighbouring partner's policies and procedures to ensure consistency and ease of access. Together, policies and procedures provide a road map for day-to-day operations; they ensure compliance with laws and regulations, give guidance for decision-making, and streamline internal processes. During the year ahead, we will continue to develop and strengthen some of our standard operating procedures (SOPs) We will develop continuous improvement methodologies to ensure we keep at the forefront of innovation and look at ways in which we can improve and deliver better products and outcomes for the people we serve across our communities.

## **11. Audit**

As part of 2021/2022 Audit and Assurance Plan, as agreed by the Audit Committee, and external Audit function supported ASC in the following area:

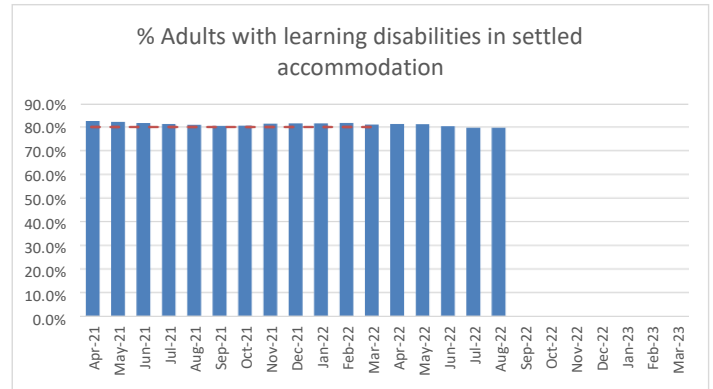
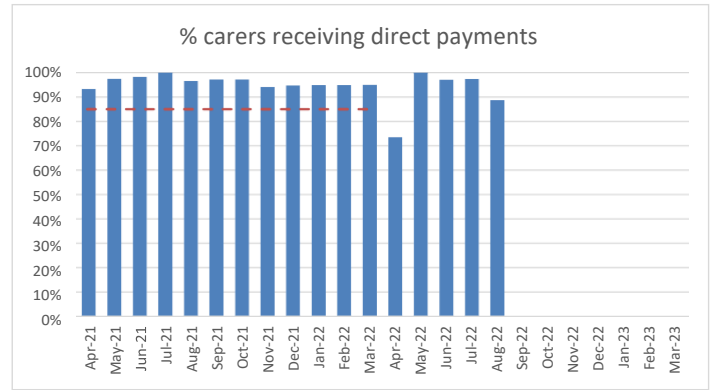
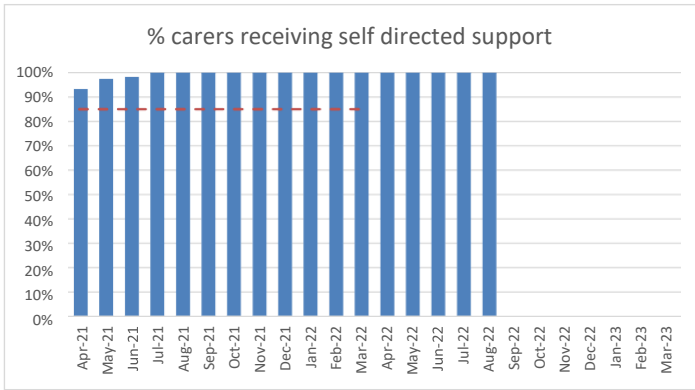
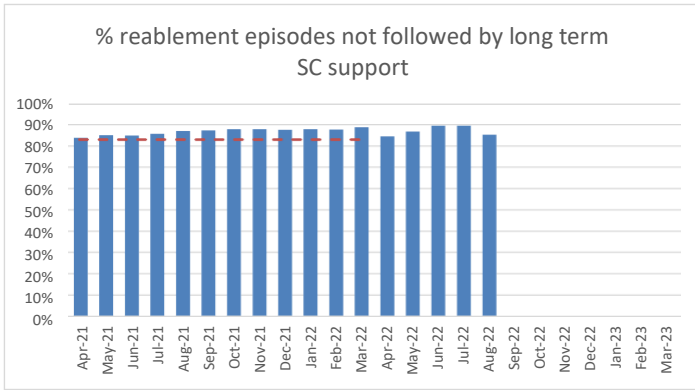
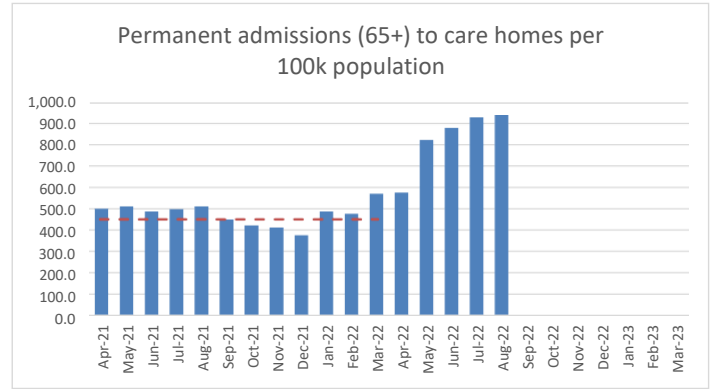
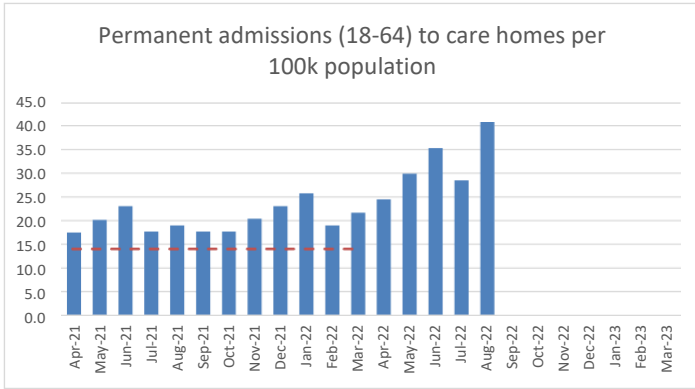
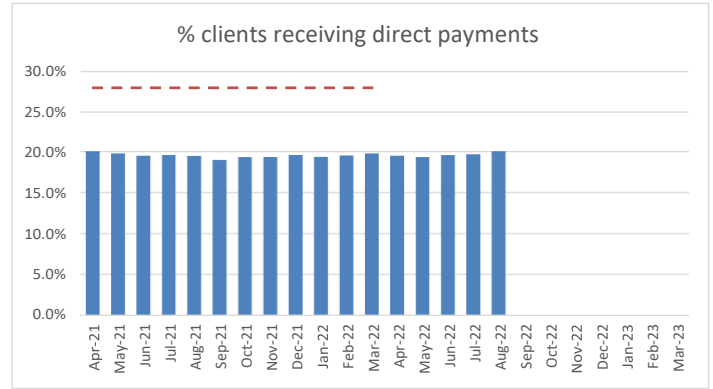
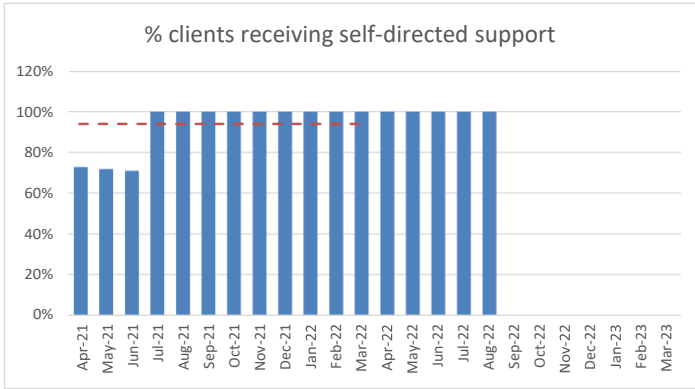
To provide management support in reviewing the processes and functions of the Arranging Support Team now that it has been in place for two years. The report aims to provide baseline core information for managers on the service which has been identified as one of the projects within the Adult Social Care Improvement Plan We have further developed and implemented a standardised and well-structured audit process that has been embedded across key areas of practice in Adult Social Care. Each month a group of Community Service Managers and Specialist Leads meet with a rotating group of senior Social Workers to undertake a thorough review of current practice in Adult Social Care. This enables a quality oversight of practitioners' recordings, but also widens the senior management oversight of processes and procedures. We are taking the learning from these audits and translating the outcomes into improved practice across the wider Adult Social Care workforce.

### **Recommendation**

The Board is asked to receive and note the report.

- Measures are for year to date unless stated - Targets in brackets are monthly trajectories - Measures with ID 'ASC' are national KPIs - Amber = 5 to 10% from target, Red = over 10%		2022/23 full year target	Torbay	Torquay	Paignton & Brixham	Older People MH	Community Mental Health	Comment
ASC-1C pt1	% clients receiving self-directed support	TBC	100%	100%	100%	100%	100%	-
ASC-1C pt2	% clients receiving direct payments	TBC	20.0%	21.8%	21.1%	11.1%	4.5%	-
ASC-2A pt1	Permanent admissions (18-64) to care homes per 100k population (rolling 12 month)	TBC	40.8					A low outturn signifies better performance. The large increase in May22 is predominantly due to system and reporting changes.
ASC-2A pt2	Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	TBC	939.6					A low outturn signifies better performance. The large increase in May22 is predominantly due to system and reporting changes.
ASC-2D	Outcome of short term support - % reablement episodes not followed by long term SC support	TBC	85.4%	..	..	..		-
ASC-1C pt1b	% carers receiving self directed support	TBC	100%	100%	100%	100%		-
ASC-1C pt2b	% carers receiving direct payments	TBC	89%	89%	91%	69%		-
ASC-1E	% Adults with learning disabilities in paid employment	7.2%	7.5% (7.2%)					-
ASC-1G	% Adults with learning disabilities in settled accommodation	TBC	79.7%					-

**Performance Trend: Torbay**



## Performance Trend: Torbay

		Year to Apr 22	Year to May 22	Year to Jun 22	Year to Jul 22	Year to Aug 22	Year to Sep 22	Year to Oct 22	Year to Nov 22	Year to Dec 22	Year to Jan 23	Year to Feb 23	Year to Mar 23
ASC-1C pt1	% clients receiving self-directed support	100%	100%	100%	100%	100%	..	..	..	..	..	..	..
ASC-1C pt2	% clients receiving direct payments	19.5%	19.4%	19.6%	19.7%	20.0%	..	..	..	..	..	..	..
ASC-2A pt1	Permanent admissions (18-64) to care homes per 100k population (rolling 12 month)	24.5	29.9	35.3	28.5	40.8	..	..	..	..	..	..	..
ASC-2A pt2	Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	576.2	823.8	880.4	928.8	939.6	..	..	..	..	..	..	..
ASC-2D	Outcome of short term support - % reablement episodes not followed by long term SC support	85%	87%	90%	90%	85%	..	..	..	..	..	..	..
ASC-1C pt1b	% carers receiving self directed support	100%	100%	100%	100%	100%	..	..	..	..	..	..	..
ASC-1C pt2b	% carers receiving direct payments	74%	100%	97%	98%	89%	..	..	..	..	..	..	..
ASC-1E	% Adults with learning disabilities in paid employment	7.3% (7.2%)	7.3% (7.2%)	7.3% (7.2%)	7.5% (7.2%)	7.5% (7.2%)	.. (7.2%)	.. (7.2%)	.. (7.2%)	.. (7.2%)	.. (7.2%)	.. (7.2%)	.. (7.2%)
ASC-1G	% Adults with learning disabilities in settled accommodation	81.3%	81.2%	80.3%	79.7%	79.7%	..	..	..	..	..	..	..

<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Building a Brighter Future Strategic Outline Case			<b>Meeting date:</b> 28 September 2022	
<b>Report appendix</b>	Appendix A – Final version and appendices – Strategic Outline Case Appendix B – Supporting presentation			
<b>Report sponsor</b>	Director of Transformation and Partnerships			
<b>Report author</b>	Programme Director			
<b>Report provenance</b>				
<b>Purpose of the report and key issues for consideration/decision</b>	To give members of the Trust Board an overview of final version of the Strategic Outline Case			
<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>Recommendations</b>	Members of the Trust Board are asked to approve the Strategic Outline Case			
<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>	12
	<b>Risk Register</b>		<b>Risk score</b>	
Ref. 7 – Building a Brighter Future				
<b>External standards affected by this report and associated risks</b>	<b>Care Quality Commission</b>		<b>Terms of Authorisation</b>	
	<b>NHS Improvement</b>		<b>Legislation</b>	
	<b>NHS England</b>		<b>National policy/guidance</b>	X

<b>Report title:</b> Building a Brighter Future Strategic Outline Case		<b>Meeting date:</b> 28 September 2022
<b>Report sponsor</b>	Director of Transformation and Partnerships	
<b>Report author</b>	Programme Director	

### 1. Purpose of Report

This paper has been written to give members of the Trust Board an overview of the revised Building a Brighter Future (BBF) Strategic Outline Case (SOC). Subject to the approval of the SOC, it will then be forwarded to the New Hospital Programme (NHP) national team for their assessment and subsequent presentation to HM Treasury as part of the national Programme Business Case.

Members of the Trust Board are asked to approve the SOC and confirm that the SOC can now be presented to the NHP national team.

### 2. Background

The first version of the Strategic Outline Case was completed in July 2021. At that stage, the case articulated a requirement for £371 million of investment into estate and digital infrastructure. The original SOC was presented to and approved by the Trust Board in July 2021 and was then forwarded to the Regional Office based on advice which confirmed support for £58 million of New Hospital Programme funding being invested into the acquisition of a new Electronic Patient Record (EPR) system.

During the process of fundamental criteria review with the South West Regional Office, it became clear that following more detailed discussions with the National NHP team that the SOC could not be presented for approval and that the EPR needed to be funded from a separate source of funding. This funding has now hopefully been secured and, as a result, this SOC now addresses the estate and digital infrastructure requirements only, and excludes any capital costs associated with the implementation of an EPR.

Torbay and South Devon NHS Foundation is a cohort 4 Trust within the New Hospital Programme, and the New Hospital Programme national team have now confirmed that the original allocation of £350m will be reviewed. This revised SOC submission represents the first stage in this review requirement as it will enable the discussion to take place on confirming the NHP capital allocation before the Trust is able to commence the next stage of the business case approval process (Outline Business Case).

### 3. Strategic Outline Case

The capital requirement within this SOC is £497m, however it should be noted that the scope of this project has not changed significantly from the original SOC. The main differences are noted below:

- Inflation with the construction market is the main driver within the revised requirement. This has been increasing at unprecedented levels and our technical cost advisors



- Single rooms – the building now includes the national requirement for 100% single rooms. The original concepts were based on 70% single room provision
- Site clearance – in order to secure an optimal solution, the Trust has added in site clearance to the Preferred Way Forward. This site clearance will deliver significant revenue savings following the completion of the main construction Programme.
- Elective Care – the original planning assumption was that STP capital would be used to develop an early phase of the elective care centre. This STP funding was withdrawn from the Trust during 2021 and, as such, the Preferred Way Forward now includes this essential system wide capacity.

In line with the national team requirements the SOC illustrates a Preferred Way Forward that makes a compelling case for change based on a strong economic argument and robust affordability assessment. This minimal viable option has been costed to ensure that the national requirements in relation to single rooms; net zero carbon and digital capability are all delivered. It is important to note that we recognise that this Preferred Way Forward will be subject to a detailed review by the New Hospitals Programme national team, however the Trust does hold the view that this option represents the optimal both in terms of capital and revenue cost.

#### **4. Next Steps**

Subject to the approval of the Trust Board, the following actions will be progressed by the Programme Office:

- (i) The final version will be presented to the National NHP team for inclusion in the National Programme Business Case.
- (ii) The Seed allocation for 2023/24 will be sought from the national team to ensure that the Outline Business Case stage can commence in April 2023.
- (iii) The BBF programme office will immediately commence work on the site enabling business case.

#### **5. Recommendation**

Members of the Trust Board are asked to:

- (i) Approve the Strategic Outline Case at a value of £497.1m
- (ii) Approve the Strategic Outline Case can be sent to the National NHP team for their review.

#### **6. Conclusion**

Members of the Trust Board are asked to approve the SOC.

**Torbay and South Devon  
NHS Foundation Trust**

BUILDING A  
**Brighter  
Future**



**Strategic Outline Case**

for the Building a Brighter

Future Programme



# 1 Foreword

Torbay and South Devon NHS Foundation Trust views the capital investment available through the New Hospital Programme as a 'once in a lifetime' opportunity. This Strategic Outline Case (SOC) is the foundation from which this ambition can become a reality. Our overarching aim is 'building a brighter future', not only from the perspective of our estate and technological infrastructure, but also being able to put our Trust into a sustainable financial position.

Throughout the development of this SOC we have taken a collaborative approach with all system partners across the South West Peninsula. We are committed to continuing to work closely with other regional (Devon) providers in receipt of New Hospitals Programme (NHP) capital allocations to ensure that the capital investment is delivered in a cohesive and efficient manner. This commitment extends to our commissioning, local authority and voluntary sector partners, as well as local NHS provider organisations who are not in receipt of NHP capital allocations, who have also been fully engaged with in the development of the SOC.

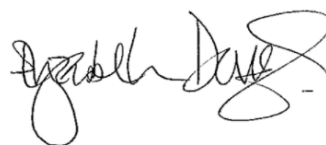
Since the announcement of the NHP the Trust has taken the view that the plans presented should be affordable from both a capital and revenue perspective, and we believe that this requirement has been delivered within this SOC. Furthermore, we firmly believe that this SOC provides a compelling case for change for investment to be at Torbay Hospital. We face significant daily operational challenges due to the very poor condition of our estate. This which adversely impacts the services and the patient and staff experience we are able to offer. The outline plans presented in this SOC really will make a significant positive impact on the care we are able to provide for our population and wider Devon System.

This SOC represents the first milestone for Torbay and South Devon NHS Foundation Trust in our journey to secure £497m of capital investment from the NHP. It has been a significant undertaking from everyone involved in both getting the SOC completed in accordance with the agreed timetable, but more importantly, ensuring that it is fully understood and supported by the key internal and external system partners across Torbay and South Devon.

Finally, we believe that this SOC is aligned to the priorities noted within the Devon Long Term Plan and that it will be a significant and essential enabler for change within Torbay and South Devon.



**Sir Richard Ibbotson**  
Chairman  
Torbay and South Devon NHS FT



**Liz Davenport**  
Chief Executive Officer  
Torbay and South Devon NHS FT

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# Glossary of terms

<b>AVfM</b>	Absolute Value for Money	<b>JCT</b>	Joint Contracts Tribunal
<b>AUC</b>	Assets Under Construction	<b>MMC</b>	Modern Methods of Construction
<b>BBF</b>	Building a Brighter Future	<b>NHP</b>	New Hospitals Programme
<b>BCR</b>	Benefit:Cost Ratio	<b>NHS</b>	National Health Service
<b>BAU</b>	Business As Usual	<b>NPC</b>	Net Present Cost
<b>CAPEX</b>	Capital Expenditure	<b>NCRB</b>	Non-Cash Releasing Benefits
<b>CRB</b>	Cash Releasing Benefits	<b>NEC</b>	New Engineering Contract
<b>CDIS</b>	Clinical and Digital Information Systems	<b>NHSE/I</b>	NHS England and Improvement
<b>CCG</b>	Clinical Commissioning Group	<b>NPSV</b>	Net Present Social Value
<b>CSS</b>	Clinical Services Strategy	<b>OB</b>	Optimism Bias
<b>CIA</b>	Comprehensive Investment Appraisal	<b>OBC</b>	Outline Business Case
<b>CIP</b>	Cost Improvement Programme	<b>OJEU</b>	Official Journal of the European Union
<b>CSF</b>	Critical Success Factor	<b>p.a.</b>	per annum
<b>CCS</b>	Crown Commercial Service's	<b>PCN</b>	Primary Care Network
<b>DHSC</b>	Department of Health and Social Care	<b>PDC</b>	Public Dividend Capital
<b>ED</b>	Emergency Department	<b>PFI</b>	Private Finance Initiative
<b>EPR</b>	Electronic Patient Record	<b>PHE</b>	Public Health England
<b>ERIC</b>	Estates Return Information Collection	<b>PP&amp;E</b>	Property, Plant & Equipment
<b>EU</b>	European Union	<b>PPU</b>	Private Patient Unit
<b>EMC</b>	Executive Management Committee	<b>PRINCE 2</b>	Projects In a Controlled Environment
<b>FM</b>	Facility Management	<b>PSCP</b>	Preferred Supply Chain Partner
<b>F&amp;I</b>	Finance and Investment	<b>QALY</b>	Quality-Adjusted Life Year
<b>FY</b>	Financial Year	<b>RDUH</b>	Royal Devon University Hospital
<b>FBC</b>	Full Business Case	<b>R&amp;D</b>	Research and Development
<b>GP</b>	General Practice / Practitioner	<b>SB</b>	Societal benefits

<b>GIRFT</b>	Getting It Right First Time	<b>SDEC</b>	Same Day Emergency Care
<b>HIP</b>	Health Infrastructure Plan	<b>SOC</b>	Strategic Outline Case
<b>HMT</b>	Her Majesty's Treasury	<b>SoCF</b>	Statement of Cash Flow
<b>IPA</b>	Infrastructure and Projects Authority	<b>SoCI</b>	Statement of Comprehensive Income
<b>ICP</b>	Integrated Care Partnership	<b>SoFP</b>	Statement of Financial Position
<b>ICS / B</b>	Integrated Care System / Board	<b>TSDFT</b>	Torbay & South Devon Foundation Trust
<b>ICU</b>	Intensive Care Unit	<b>UB</b>	Unmonetisable Benefits
<b>IAS</b>	International Accounting Standards	<b>UK</b>	United Kingdom
<b>IFRS</b>	International Financial Reporting Standards	<b>VAT</b>	Value Added Tax
<b>IO</b>	Investment Objective	<b>VfM</b>	Value for Money

## 2 Executive Summary

### 2.1 Introduction

We are Torbay and South Devon NHS Foundation Trust (the Trust). We are here to support the people of Torbay and South Devon to live well.

This Strategic Outline Case (SOC) makes the case for a £497m investment into our estates infrastructure. We will use this investment to transform our services so that we can provide better outcomes for our population and better working environments for staff across all the communities that we serve.

This is a once in a lifetime opportunity to make a real difference in how we deliver services with, to and for our people.

We want to build our brighter future together.

### 2.2 Strategic Case

#### Key messages

- We are completely aligned to the Devon Long Term Plan and to the need to work as a system to resolve the financial and operational challenges that exist.
- The key drivers for change across Torbay and South Devon will lead to an increasing demand for health care services over the next decade.
- We have a compelling case for change with an outdated estates infrastructure with a significant maintenance backlog.
- The £497m investment sought through the New Hospital Programme is a necessary component of our strategic transformation Programme to deliver a sustainable clinical model.
- Our investment plans have secured strong local support from a range of partner organisations across Devon.

Torbay and South Devon has an ageing population and high levels of deprivation and health inequality. Our children and young people are struggling on many fronts – health, wellbeing, emotional fragility, education, housing, employment.

We need to support our people to live well and give them hope, and we have expressed this in our Health & Care Strategy ambition statement:

*“We will enable our whole community to live well and independently, managing their own health and wellbeing digitally and as close to home as possible. As an Integrated Care Organisation, we will get the best value for the community, working with people, carers and our partners to improve people and carer’s experiences by providing accessible health and care and optimise health and wellbeing outcomes.”*

To realise our vision we have invested in our Building a Brighter Future (BBF) Programme, of which this SOC forms an essential component. BBF focuses on the investments needed in our estate, our digital infrastructure and our people – these are where our biggest challenges lie and where we can have the most impact.

Our Programme is integrated with the Devon Long Term Plan, owned by all local authorities and the NHS. The plan and which focuses on:

- New hospital developments in Torbay, Plymouth and North Devon;
- Investing in diagnostics and technology to do things differently; and

- More partnership working, sharing resources and helping each other to meet increasing needs.

The challenges we face are:

- An ageing estate that does not offer us the flexibility we need and does not provide a good working environment for our people or a good experience for people who use our services.
- IT solutions that do not support our business, with lots of standalone systems that do not talk with one another.
- A workforce who are held back from transforming services by our poor estates infrastructure and IT solutions, so unable to deliver the care they aspire to provide.

**Doing nothing is not an option in the face of ever increasing demands for our services**

#### **Dawn's story – what BBF will mean for her**

- Dawn has arthritis and has been experiencing difficulties with her mobility.
- She is prescribed a range of physiotherapy measures to reduce the risk of surgical intervention.
- She regularly sees her General Practitioner (GP) who orders blood tests and a range of scans to keep her updated on her condition.
- She has her scans at her local diagnostic centre and these are reviewed virtually by the orthopaedic service.
- If Dawn does have a hip replacement at her nearest planned care centre, she is discharged home the next day.
- All her pre-operative and post-operative care is provided either in her own home through virtual appointments, at her GP surgery or locally through her health and wellbeing centre.

#### **Bill's story**

- Bill has Chronic Obstructive Pulmonary Disease, receives visits from a community nurse and has twice daily packages of care from social care.
- After a visit to his GP because he is feeling unwell, Bill is taken to hospital by ambulance, he is seen in the Emergency Department (ED), admitted to a hospital ward and receives treatment and care.
- On his discharge from hospital, he continues to receive care from his community nurse and from social care as well as his GP.
- This one episode of care for Bill resulted in our people having to use 25 separate digital and paper information systems. Our people had to remember, print, write and speak to connect these systems together.

#### **Our Case for Change:**

##### **Estates:**

- Failing infrastructure;
- Lack of single room provision;
- Poor clinical adjacencies;
- Lack of natural light and ventilation;
- No separation of planned and unplanned care; and
- No space for people in mental health crisis.

We need:

- Digital infrastructure that enable seamless care pathways leading to better outcomes and care;
- Flexible, modern spaces that are easy to maintain and operate, enabling care to be provided and received in different ways;

- Systems and set-ups that support our people to transform services, deliver the high-quality care they aspire to while attracting and retaining the best people to work with us;
- Sustainable spaces that are Value for Money (VfM), support local economic regeneration and are kind on the environment; and
- All of which support collaborative working across all our services and beyond.

Our Programme responds to this need with a scope which encompasses:

- Redevelopment of the Torbay Hospital site; and
- Addressing our backlog maintenance
- Digital transformation of our services;

All of which will support an empowered and energised workforce.

## 2.3 Economic Case

### Key messages

- The right options – A credible long list of options has been created from which a strong shortlist has been selected. The shortlisted options have been tested against clear Critical Success Factors (CSF's) linked to our Investment Objectives to ensure that they merit investigations.
- The right appraisal method - Shortlisted Options have been subjected to robust economic appraisal in line with the Green Book and required CIA model.
- Robust appraisal inputs - A robust financial appraisal has been undertaken using reasonable and prudent estimates of costs and benefits, drawing on external expert advice where appropriate and taking account of potential risks.
- Compelling economic case – The Preferred Way Forward offered a compelling economic case for investment. It provides good value for money with a cost: benefit ratio of 1:2.50. It is likely that it will be possible to present an even stronger economic case at OBC stage due to the prudent approach taken to estimating costs and benefits presented in this SOC.

We generated shortlists of options which all meet the following Key Principles:

Table 2.1 – Key Principles

<p><b>1.</b> <b>Reprovision of medical beds and emergency surgery beds in the hospital</b></p>	<p><b>2.</b> <b>Separation of planned and unplanned services</b></p>	<p><b>3.</b> <b>Non-clinical services to be moved off the hospital site</b></p>	<p><b>4.</b> <b>ED and Same Day Emergency Care (SDEC) services to be completely upgraded</b></p>
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Table 2.2 – Shortlisted Options

Option	Description
Option 3 - Do Minimum	<p>Reprovision of all in-patient bed capacity, with an ED refurbishment and a substantial element of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. The redundant building stock on the site will not be cleared.</p> <p>In delivering this we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). In addition, there will be a new day case surgical centre on the Torbay site to meet the planned needs of the local population and the potential to contribute to meeting wider system demands of South, East and North Devon.</p>
Option 5 – Preferred Way Forward	<p>Reprovision of all in-patient bed capacity, with an ED refurbishment and a complete separation of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. In addition, there will be site clearance of the redundant building stock on the site.</p> <p>In delivering this we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). In addition, there will be a new day case surgical centre on the Torbay site to meet the planned needs of the local population and the potential to contribute to meeting wider system demands of South, East and North Devon..</p>
Option 7 - Do Maximum	<p>Full new build reprovision of the entirety of the existing Torbay acute site.</p> <p>Reprovision of all services delivered at present, splitting urgent and emergency care from elective pathways. In addition, there will be a new day case surgical centre on the Torbay site to meet the planned needs of the local population and the potential to contribute to meeting wider system demands of South, East and North Devon.</p>

We have costed the options as follows:

Table 2.3 – High level capital requirement of Shortlisted Options

Option	Do Min	PWF	Do Max
Capital cost (Economic Case)	£352m	£364m	£877m
Capital cost inc. VAT & Inflation	£480m	£497m	£1,302m

Table below 2.4 summarises the results of the Economic Appraisal undertaken on the combined Programme options. It should be noted that the capital requirements described in Table 2.3 are not directly comparable to the figures shown in Table 2.5. As required by the Comprehensive Investment Appraisal (CIA) tool, the values used in the Economic Appraisal exclude do not include the effect of inflation or Value Added Tax (VAT). Further detail can be found at section 5.5 of the Economic Case, in addition to a bridging figure which articulates these differences.



Table 2.4 – Economic Summary of Options

Economic Summary	BAU	Do Minimum	Preferred Way Forward	Do Maximum
<b>£'000</b>				
<b>Incremental costs:</b>				
Capital, including optimism bias	-	313,680	323,821	702,435
<b>Total incremental costs</b>	-	<b>313,680</b>	<b>323,821</b>	<b>702,435</b>
<b>Incremental benefits:</b>				
Risks	-	132,233	162,671	313,233
Cash releasing	-	363,175	453,601	513,565
Non-cash releasing	-	159,434	181,030	169,433
Societal	-	12,418	12,423	15,144
<b>Total incremental benefits</b>	-	<b>667,259</b>	<b>809,725</b>	<b>1,011,375</b>
Risk adjusted NPSV	-	353,580	485,904	308,941
Benefit-Cost ratio (BCR)	N/A	2.13	2.50	1.44
<b>Overall ranking</b>	<b>N/A</b>	<b>2</b>	<b>1</b>	<b>3</b>

The Preferred Way Forward produces a benefit: cost ratio (BCR) of 2.50 as it would enable significant levels of transformation to be undertaken within our organisation generating material benefits, both from a cash and non cash releasing perspective.

The Do Minimum option returns a BCR of 2.13. The additional benefits associated with the site clearance included within the Preferred Way Forward delivers a material level of additional benefits for the Trust, reducing backlog maintenance and allowing further site development opportunity. This level of additional monetisable benefits largely explains the differential between Do Minimum and the Preferred Way Forward.

The Do Maximum option is significantly more expensive than both of the other Shortlisted Options. The additional level of benefits assessed as being delivered under the option is offset by the additional capital requirements of the option, and the ongoing lifecycle expenditure required over the life of the asset.

## 2.4 Commercial and Estates Case

### Key messages

- We recognise that the procurement strategy for our estates infrastructure will be dependent on evolving National guidance and we will update and refine it on that basis.
- Modern methods of construction and net zero carbon have been considered in the development of our estates infrastructure options. We will undertake more detailed work in these areas at OBC to reflect further development of the options as well as National guidance and best practice from the NHP pathfinder schemes.
- We have started and will continue to explore the opportunity for disposals and potential commercial partnerships to seek ways to reduce the level of NHP funding required to deliver our Programme of investment.

The Commercial and Estates Case considers the procurement strategy for the Programme. At this early stage our view is that framework procurements are likely to deliver best on the national NHP commercial objectives of securing:

- **price certainty**
- **VfM**

- **appropriate risk transfer**
- **compliance** with NHP and wider government guidance on procurement and construction processes
- **deliverability** for the Trust from the perspective of the resource and capacity available to manage the chosen procurement route
- a Programme which will generate **market appetite** among appropriate contractors.

## 2.5 Financial Case

### Key messages

- There is a Preferred Way Forward that is affordable in capital terms.
- The Preferred Way Forward is affordable in revenue terms in that it will significantly improve the revenue position of our Trust within a reasonable timeframe.
- The proposed investment is expected to enable the long term financial sustainability of our Trust, taking it from repeated deficit positions towards financial balance and into surplus in future years. There is no prospect of this being achieved without the proposed investment.
- Support from key stakeholders has been secured and letters of support have been received following extensive engagement work.

The Financial Case examines the affordability of the Shortlisted Options, taking into account funding and financing costs, inflation, optimism bias, planning contingency and VAT. The table below sets out the capital requirement of the Preferred Way Forward:

Table 2.5 – Funding requirement for Preferred Way Forward

Funding requirement (£'000)	Total
Funding Source	
National – NHP (PDC)	497,194
<b>TOTAL</b>	<b>497,194</b>
Application of Funding	
Build costs per OB Forms	220,818
Non works costs	6,236
Equipment	19,872
Professional fees	35,084
Build Planning Contingency	32,660
Optimism bias	53,869
Inflation	51,637
VAT	77,018
<b>TOTAL</b>	<b>497,194</b>
Source less Application	0

The Programme offers a significant opportunity to deliver a sustainable improvement to our Trust's underlying financial position, and transforming our clinical model, working with our system partners to align with Devon Long Term Plan priorities. Infrastructure improvements enabled by the NHP investment will achieve significant cash-releasing benefits in the longer term.

## 2.6 Management Case

### Key Messages

- Our external audit has verified that our governance of the project is robust at a system and local level.
- We have a Programme team with the capacity and capability to deliver.
- Our risk management systems are now fully operational.
- Our timetable is consistent with the national planning assumptions on when construction would be able to commence.

The Management Case sets out the leadership, governance and management arrangements the Trust has put in place to deliver the Programme. Key points are:

- The Trust Board will be ultimately accountable for delivery of the Programme. The Board will ensure that we continue to work with our system partners, people who use our services and our staff, that we remain aligned to Devon Long Term Plan priorities and maintain our focus on delivering operationally and financially sustainable services;
- A dedicated Board sub committee, the BBF Committee, will provide assurance and oversight to the BBF Programme on behalf of the Board with the ability to escalate key issues of concern.
- Programme and business case delivery is being managed through a structure which comprises:
  - Eight Workstreams reporting to the BBF Programme Group and BBF Programme Board; and
  - A Programme Office which supports the Workstreams, Programme Group and BBF Committee.
- The Trust is working to the following Programme Plan:

Table 2.6 – Programme Plan

Milestone	Date
Submission of SOC	September 2022
Submission of Site Enablement OBC	November 2023
Submission of Site Enablement FBC	March 2023
Submission of OBC (infrastructure)	February 2024
Submission of FBC (infrastructure)	November 2024*
Start of site enabling works	June 2023*
Start of construction works	Summer 2025**
Completion of construction works	2029***

\* 'Critical path' items.

\*\* Dependant on advice from national team

\*\*\* Dependent on the design option selected.

## 3 Introduction

### 3.1 Background

The first version of the Strategic Outline Case was completed in July 2021. At that stage, the case articulated a requirement for £371 million of investment into estate and digital infrastructure. The original SOC was presented to and approved by the Trust Board in July 2021 and formally submitted to the Regional Office based on advice which confirmed support for a Programme SOC including £58 million for the acquisition of a new Electronic Patient Record (EPR) system through the New Hospital Programme.

During the process of fundamental criteria review with the South West Regional Office, it became clear that the National NHP team were unable to fund the EPR with the result that the SOC could not be presented for approval. A new source of funding needed to be identified for the EPR and this has now been secured through NHSX. As a result this revised SOC now addresses the estate and digital infrastructure requirements only, and exclude any capital costs associated with the implementation of an EPR.

Torbay and South Devon NHS Foundation is a cohort 4 Trust within the New Hospital Programme, and the New Hospital Programme national team have now confirmed that the original allocation of £350m will be reviewed. This revised SOC submission represents Trust's input to this review process enabling the NHP team to confirm a capital allocation. This will allow the Trust to move to the next stage of the business case approval process (Outline Business Case).

The capital requirement within this SOC is £497m, however it should be noted that the scope of this project has not changed significantly from the original SOC. The main differences are noted below:

- Inflation with the construction market is the main driver within the revised requirement. This has been increasing at unprecedented levels and our technical cost advisors have been continually providing advice regarding the inflationary pressures to the Programme
- Single rooms – the building now includes the national requirement for 100% single rooms. The original concepts were based on 70% single room provision
- Site clearance – in order to secure an optimal solution, the Trust has added in site clearance to the Preferred Way Forward. This site clearance will deliver significant revenue savings following the completion of the main construction Programme.
- Elective Care – the original planning assumption was that STP capital would be used to develop an early phase of the elective care centre. This STP funding which had been allocated to the Trust was withdrawn during 2021 and, as such, the Preferred Way Forward now includes this essential capacity to serve both the needs of the Trust's population and, as appropriate, the wider system.

In line with the national team requirements, the SOC illustrates a Preferred Way Forward that makes a compelling case for change based on a strong economic argument and robust affordability assessment. This minimal viable option has been costed to ensure that the national requirements in relation to single rooms, net zero carbon and digital capability are all delivered. It is important to note that we recognise that this Preferred Way Forward will be subject to a detailed review by the New Hospitals Programme national team, however the

Trust holds the view that this option represents the optimal strategic approach both in terms of capital and revenue cost.

## 3.2 Context

Significant limitations in our estates infrastructure have been present for over a decade, which have meant that our acute services infrastructure is neither fit for purpose at present or into the future and prevents us from achieving the service transformation envisaged in our Health and Care Strategy.

In September 2019, the Government announced the Health Infrastructure Plan (HIP) and subsequently the delivery vehicle for this new policy, the NHP. The NHP is to deliver 40 new hospitals by 2030, with the Trust being selected as one of the schemes to form the second tranche of programmes (delivery between 2025 and 2030). As part of the NHP, our Programme – Building a Brighter Future – has received seed funding to explore the options open to us in order to meet our overarching Programme objectives, with the aim of progressing to the next stage of investment appraisal which will allow options to be examined in further detail.

The Trust initiated the Building a Brighter Future Programme over the course of a two year engagement process. We have worked closely with our system partners, people who use our services and staff, to develop a credible and well-founded case for change. The BBF Programme aligns with Devon Long Term Plan priorities, as well as the Five Year Forward View and NHS Long Term Plan. By working closely with our regional (Devon) colleagues in the development of the underpinning strategies for our Programme, we have ensured alignment and cohesive strategic direction.

## 3.3 Purpose of this SOC

As explained above, it is recognised that urgent investment is required to bring our aged acute hospital infrastructure into the 21<sup>st</sup> Century. The main purpose of this document is to articulate this urgent need for investment in order to support the implementation of our transformative Health and Care Strategy.

Specifically, this SOC seeks approval to move to the next stage of the business case development process, the Outline Business Case (OBC), and conduct a more detailed analysis of the redevelopment options to recommend a preferred way forward in order that procurement activities can commence.

## 3.4 Structure and Content

This SOC has been prepared using the agreed standards and format for business cases set out in both HMT's Green Book and Better Business Case (BBC) Guidance: Guide to Developing the Programme Business Case. In addition to these central guidance tools we have worked with our regional partners including Devon Clinical Commissioning Group (CCG), the Integrated Care System for Devon (ICSD) and NHS England and Improvement (NHSE/I) to reflect their requirements and ensure that our Programme align with Devon Long Term Plan priorities.

This SOC uses the 'five case' model, with the two Programme elements – Digital and estates infrastructure – clearly identified throughout:

- The **Strategic Case** sets out the strategic context and rationale for the Programme, articulating the overarching case for change and the supporting Programme wide Investment Objectives
- The **Economic Case** sets out the estates infrastructure aspect of the Programme. An Preferred Way Forward is confirmed with this section
- The **Commercial and Estates Case** outlines the respective commercial strategy for the Programme
- The **Financial Case** confirms the funding arrangements for the Shortlisted Options, in addition to drawing conclusions as to the financial position of the Preferred Way Forward
- The **Management Case** demonstrates that the Programme is achievable and can be delivered successfully to cost, time and quality; and sets out how we will manage the OBC and FBC stages of appraisal and delivery of the Programme, building on the structures we have put in place to enable delivery of this SOC.

## 4 Strategic Case

### Key messages

- We are completely aligned to the Devon Long Term Plan and to the need to work as a system to resolve the financial challenges that exists.
- The key drivers for change with the Torbay and South Devon area all demonstrate an increasing demand for health care services over the next decade.
- We have a compelling case for change with our estates infrastructure with significant backlog maintenance.
- We see that this Programme has to be seen as a strategic transformation Programme that develops the opportunity of £497m capital investment into a sustainable clinical model.
- Our investment plans have received strong local support from a range of partner organisations across Devon.

### 4.1 Introduction

We are Torbay and South Devon NHS Foundation Trust. We are here to support the people of Torbay and South Devon to live well. We aim to achieve this by implementing a Programme to modernise our Estates and Digital Infrastructure. This will enable us to “build a brighter future” by implementing our Health and Care Strategy, developing our services to deliver excellent care whilst securing a financially sustainable footing and alignment with Devon Long Term Plan.

We are proud to have been the first NHS Trust in England to integrate hospital and community care with adult social care in 2015. As a well-established Integrated Care Organisation (ICO) of seven years’ standing we have direct experience of the positive impact that working in partnership with others has for our local population. Therefore we really are ‘building a brighter future’ together.

‘Building a Brighter Future’ is the name of our Programme that is borne out of the funding that was promised through the Health Infrastructure Plan (HIP) in 2019 and has since been subsumed within the NHP. We prefer the title “Building a Brighter Future” because it describes our aim. However, it also covers all aspects of the services that we provide as an integrated care organisation. BBF is not just about building a new hospital .

Through our Building a Brighter Future Programme we have a once in a generation opportunity to make a real difference to how we deliver services to meet the future health and care needs of our population. We aim to improve the experience of our service users and staff through innovations in delivery. By building on our integrated approach to service delivery with significant investment into our estates infrastructure, we can provide better outcomes for patients and better working environments for staff across all the communities that we serve.

We describe our system partner engagement undertaken to date. The outcomes of this engagement have directly informed the Programme Investment Objectives, which are used (together with the Critical Success Factors) to assess options described in the Economic Case. We are committed to working in partnership with other organisations, and the Strategic Case also provides narrative on how we are working with our Partners, including the South Local Care Partnership and the Devon Integrated Care System to ensure that our Programme aligns with Devon Long Term Plan priorities.



This Strategic Case sets out a clear rationale for our Programme, our ambition, and how we aim to improve care and outcomes for those who use our services while supporting better ways of working for our staff, who have been fully engaged in the development of our Health and Care Strategy and this SOC. It provides an organisational overview including our Trust vision, present service portfolio and workforce before describing the local and strategic context within which our Programme is being developed

The Existing Arrangements and Business Needs sections provide further information on the estates infrastructure arrangements and the improvements required. Our aim in these two sections is to provide an understanding of how a historic lack of investment in our estates infrastructure has restricted implementation of our Health and Care Strategy (attached at Appendix 9.1.1 and referred to throughout). Providing a high-level description of the Programme and the investments required to deliver it is provided.

The Strategic Case concludes by setting out the high-level benefits the Programme will deliver, the key risks to delivery, and the constraints and dependencies within which we must operate.

## 4.2 Strategic Context

This section outlines the ICB and local strategic context within which we are seeking investment to “build a brighter future” by implementing our Programme, making ourselves financially sustainable and aligning with Devon Long Term Plan priorities.

### National context

#### NHS Long Term Plan

The NHS Long Term Plan was published in 2019 and is the strategic plan for the NHS to improve the quality of patient care and health outcomes. The plan focuses on building an NHS fit for the future by:

- Enabling everyone to get the best start in life;
- Helping communities to live well; and
- Helping people to age well.

The Plan has been developed in partnership with frontline health and care staff, patients and their families. It aims to improve outcomes for major diseases, including cancer, heart disease, stroke, respiratory disease and dementia.

The plan also includes measures to:

- Improve out-of-hospital care, supporting primary medical and community health services;
- Ensure all children get the best start in life by continuing to improve maternity safety including halving the number of stillbirths, maternal and neonatal deaths and serious brain injury by 2025;
- Support older people through more personalised care and stronger community and primary care services; and
- Make digital health services a mainstream part of the NHS, so that in 5 years, patients in England will be able to access a digital GP offering.



## Carter Report

The Carter Report was drafted in 2015, however the recommendations made are still very relevant seven years after its publication.

The report looked at productivity and efficiency in English non-specialist acute hospitals, which account for half of the total health budget, using a series of metrics and benchmarks to enable comparison. It concluded that there was significant unwarranted variation across all of the main resource areas.

The report made fifteen recommendations to tackle this variation and help Trusts improve their performance to match the best. Some of the more relevant recommendations to this SOC are noted below:

- All Trusts should have key digital information systems in place, fully integrated and utilised by October 2018, and NHS Improvement should ensure this happens through the use of 'meaningful use' standards and incentives;
- Trusts should operate at or above the benchmarks agreed by NHS Improvement for the operational management of their estates and facilities functions, with all Trusts (where appropriate) having a plan to operate with a maximum of 35% of non-clinical floor space and 2.5% of unoccupied or under-used space, so that estates and facilities resources are used in a cost-effective manner;
- Trusts should, through a Hospital Pharmacy Transformation Programme, develop plans to ensure hospital pharmacies achieve their benchmarks such as increasing pharmacist prescribers, e-prescribing and administration;
- Trusts should ensure their pathology and imaging departments achieve their benchmarks as agreed with NHS Improvement;
- The Department of Health and NHSE/I should work with local government to provide a strategy for Trusts to ensure that patient care is focused equally on patients' recovery and how they can leave acute hospitals beds or transfer to a suitable step-down facility as soon as their clinical needs allow; and
- NHS Improvement should develop the Model Hospital and the underlying metrics, to identify what good looks like, so that there is one source of data, benchmarks and good practice.

## Health Infrastructure Plan

The NHS is one the Government's top domestic priorities. The Government has already committed to increasing the NHS's day-to-day spending by £33.9 billion by 2023-24, to back the NHS's own Long-Term Plan (LTP). The NHS and the healthcare services it provides to the nation are underpinned by capital funding for infrastructure comprising buildings, including hospitals, equipment, ambulances, frontline technology as well as technological advances in areas such as Artificial Intelligence (AI) and genomics.

Capital spend on NHS infrastructure is essential to the NHS's ability to meet healthcare needs, reducing inequalities, unlocking efficiencies and helping manage demand. It is also fundamental to high-quality patient care, from well-designed facilities that promote quicker recovery to staff being better able to care for patients using the equipment and technology that they need. The NHS is also supported by research and public health facilities and networks, and adapted or specialised housing that reduces or delays the need for healthcare.

## What is the Health Infrastructure Plan?

The New Hospital Programme was formed as a direct result of the Health Infrastructure Plan which was published in 2019. It had the objective of delivering a long-term, five-year rolling Programme of investment in health infrastructure, including capital to build new hospitals, modernise primary care estate, invest in new diagnostics and technology and address critical safety issues. At the centre of this will be a new hospital building Programme to ensure the NHS' hospital estate supports the provision of world-class healthcare services.

The Government announced that there would be 40 new hospitals within the programme, and that this would most likely be extended by a further 8 which would be announced in 2023/4. The current programme has been split into 4 separate cohorts. Torbay and South Devon NHS Foundation Trust has been confirmed as being in cohort 4, and will be required to deliver the programme by implementing all national guidance.

The National New Hospitals Programme Business Case has now been approved by HM Treasury, which will allow the following:

- Completion of Cohort 1 projects
- Commencement of Cohort 2 projects
- Commencement of planning for cohorts 3 and 4.

For Torbay and South Devon, this means the planning of the new development is able to commence with a view to securing approval to proceed with the main construction element of the Programme in 2025. This will enable the completion of the project by the end of the decade.

## New Hospitals Programme

We have responded to the NHP by putting in place a strategy for transforming our health and care services – our Health and Care Strategy. The NHP gives us a “once in a lifetime” opportunity to transform our services and finances through investment in estates infrastructure.

We understand that, in reviewing our investment programme, the NHP team will look for opportunities where it may be feasible for Trusts to work together to develop and procure their estates solution and therefore deliver better value for money.

We further understand that the NHP will work with Trusts to maximise opportunities to identify and, where feasible, implement emerging digital technologies which have the potential to greatly improve patient care and experience. The Trust is supportive of the requirement to work with the national NHP team to deliver a minimal viable product which will also have the support of the local community and all key stakeholders. We are already working with our system partners across the Devon and Cornwall Peninsula to leverage implementation resource and knowledge sharing to ensure that future systems and processes will be inter-operable and interconnected.

Design guidance on intelligent hospitals is being prepared and will be provided to all NHP project teams, forming the basis of the approach to design across all individual programmes. The aim of the guidance is to maximise the benefits of the use of standardised design, modern methods of construction, digital infrastructure and net zero carbon technologies .

## Regional (Devon) context

### Devon Long Term Plan

We have worked with Devon's other NHS organisations<sup>1</sup>, Livewell Southwest and the local councils to produce the Devon Long Term Plan. This aims to ensure that Devon's health and care system supports people to live healthier lives; improves physical and mental health outcomes for children, adults, older people and families; promotes wellbeing; and reduces health inequalities across the whole of Devon.

The Plan's vision is "Equal chances for everyone in Devon to lead long, happy and healthy lives."

### Background

The approach to health and care services will, by necessity, vary in different places and different parts of Devon but the overall strategy will remain constant. Members of local authorities, community and voluntary organisations and Health and Wellbeing Boards all have a key role to play in bringing the strategy to the local level.

People's physical and mental health and wellbeing is influenced by a wide range of social, economic and environmental factors. The Plan puts more resources into prevention and early intervention to reduce the spend on later, high cost interventions. The wider determinants of health can only be addressed through local action on employment, skills, housing, social, culture and community networks.

The physical health of some people with mental illness is significantly worse than the health of Devon's population as a whole. Health and care providers, commissioners, professional bodies, service user and carer organisations, and charities in Devon are committed to working together to bring about equal physical health for people with a mental illness.

Personalised care and support helps people make decisions about managing their health so they can live the life they want to live based on what matters to them, working alongside clinical information from the professionals who support them. It aims to identify what is most important to each person for them to live a healthy life and ensure that the support they receive is designed and coordinated around their desired outcomes. This approach is fundamental to the delivery of the Plan.

### The context for the Devon Long Term Plan

Devon's health and care system faces many challenges:

- Whilst more people are living longer it is often in ill-health.
- Preventable illnesses are increasing.
- There are persistent inequalities in life expectancy and health outcomes.
- The population is growing and the proportion of older people is set to increase, and this will increase the demand for services.
- Vital health and care jobs are unfilled and numbers of working age adults will reduce in future.
- There is continuing pressure on hospital beds.
- There is unwarranted variation in clinical outcomes across Devon.

<sup>1</sup> Devon Partnership NHS Trust, NHS Devon Clinical commissioning Group, Northern Devon Healthcare NHS Trust, Royal Devon & Exeter NHS Foundation Trust and University Hospitals Plymouth NHS Trust.

Funding for health services is increasing nationally but is not keeping pace with the demand for services. This is a particular challenge for the NHS in Devon, which has spent more than its allocation for a number of years. Significant savings will need to be achieved through cost containment and cost reduction. Over the next five years resources will need to be allocated to maximise efficiency and avoid organisations overspending. The approach to ensuring the financial sustainability of the NHS is detailed in the Plan and aligned with the NHS's direction of travel.

Devon's health and care system also performs poorly against some key national targets. The performance of services will be improved by meeting the standards set out in the NHS Constitution for the waiting times for non-urgent operations, the speed of treatment in emergency departments and the time taken for people to receive the diagnostic tests recommended by their GP.

### Devon Long Term Plan Ambitions

The NHS Long Term Plan describes how challenges for health and care will be tackled over the next five years by transforming services and redesigning systems. The Devon plan sets out six shared ambitions:

#### 1. Effective and efficient care

Reducing waste, tackling unwarranted clinical variation and improving productivity everywhere so that Devon taxpayers' money is used to achieve best value for the population.

#### 2. Integrated Care Model

Enhancing primary care, community, social care and voluntary and community services to provide more care and support out of hospital care.

#### 3. A Devon deal

Nurturing a citizen-led approach to health and care which reduces variations in outcomes, gaps in life expectancy and health inequalities across Devon.

#### 4. Children and young people

Investing more in children and young people to have the best start in life, be ready for school, be physically and emotionally well and develop resilience throughout childhood and on into adulthood.

#### 5. Digital Devon

Investing to modernise services using digital technology.

#### 6. Tackling inequalities

Working together to tackle the inequalities in the physical health of people with mental illness, learning disabilities and/or autism.

The organisations that shape Devon's health and care system will be organised so as to reflect the interdependencies between services. This will pave the way for continuous improvements, transformed models of health and care and delivery of a financially sustainable system.

In coming together the health and care organisations will:

- Seek solutions that work for the system: no organisation will knowingly create an adverse impact on another or the system.
- Standardise practice and services where it makes sense to do so.
- Focus on cost reduction and cost containment. The drivers of cost include growth, inflation and unwarranted variation in practice. Partners will commit to adopt best practice and support one another in doing so.
- Recognise that participation will be required at system, locality, neighbourhood and organisational level on the priority areas.
- Invest in out of hospital models which provide the right care in the right place, acknowledging that sourcing investment may cross organisational boundaries and take time to secure sustainable delivery.
- Invest in the estate portfolio to reflect the new models of care so that different services can be delivered from different sites across the county and take opportunities to establish centres of excellence.
- Ensure equitable distribution of funding and outcomes by locality.
- Jointly develop an annual implementation plan and only invest what can be afforded.
- Not make new investments that total more than the funding allocation growth received into the system.
- Consider financial decisions alongside quality (i.e. safety, effectiveness and any impact on patient experience of care).
- Share risks and benefits across the system and ensure they are fully understood by all parties.

A Devon Integrated Care System has been established. The Devon ICS will set objectives and outcomes for improvements to health and care services in line with the Plan.

### Devon Long Term Plan Programmes and key priorities for action

The Programmes for delivery of the Plan are shown below and will transform how services are provided. The Programmes' main impacts will be measured against national metrics and success judged against targets. Programme management arrangements will provide the framework for implementation and ensure that controls are in place on quality, risk, investment and financial viability.

#### *Peninsula Clinical Services*

As medical and clinical knowledge advances and health needs change, services need to continually transform. There will be a greater focus on day surgery, better access to diagnostic testing and more specialist centres to improve outcomes for patients.

#### *Planned care*

The capacity for planned surgery will be increased, which will cut long waits and reduce waiting lists. Services will be developed to enable the most effective and efficient provision of planned care.

#### *Integrated Care Models*

Groups of GP practices including doctors, nurses, pharmacists and physiotherapists will come together and work closely with community health and social care teams, mental health professionals and voluntary and community services to better support local people and communities. The choice and control that people have over their own care and support will be expanded and enhanced through shared care planning and increasing use of personal health budgets.

### *Mental health*

Mental health care and support services will be transformed and the inequities for people with mental ill-health who suffer poorer physical health care will be tackled.

### *Caring for children and young people*

More help will be provided so that fewer children require statutory intervention. Better services will be provided for emotional wellbeing and mental health, together with support for children and young people with special educational needs and disabilities.

### *Better Births Devon*

It is now much safer to have a baby than ten years ago, but more will be done to improve care and support.

### *Medicines optimisation*

Unwarranted clinical variation will be addressed and resource utilisation improved, to minimise preventable medication-related admissions.

### *Unplanned and emergency care*

People will get the care they need quickly through access to a range of same day services including NHS111, GP surgeries or via digital technology. This will relieve pressure on Emergency Departments.

### *Prevention*

Focused on action to reduce premature deaths due to smoking, poor diet, high blood pressure, obesity, and alcohol and drug use, so that people live longer in good health.

### *Workforce*

The health and care system will be the best place to work and staff will be trained and deployed more effectively, with more use of digital technology, to meet the projected increase in demand for health and care services.

### *Digital*

People will have access to information about their care via the NHS App, while local care records will enable better sharing of data. Everyone will be able to consult with their GP online, where they want to, giving them quicker and easier access to GP services.

Technology will help people to monitor their health at home and in their communities, especially in rural and isolated areas.

An electronic patient record through which information will be shared between health and care organisations will be implemented.

## **Devon Integrated Care System Strategic Outcomes Framework**

Building on the principles of the Devon Long Term Plan, the Devon ICS Strategic Outcomes Framework has been designed to monitor the health of the population and the integrated care system in Devon. The framework is based on a number of indicators, including life expectancy, low birth rate, infant mortality and child poverty. The content is to be populated by both intelligence teams and topic leads, building on the population health management currently in place.

Even though all of the outcomes of the framework are yet to be finalised, the way in which the framework will measure outcomes is clear. It is imperative that we align our strategic direction in a manner which allows it to deliver against the outcome measures.



### Planned care strategy for Devon

Given the significant challenges that currently exist with the sustainable delivery of planned care services across the system, the Devon ICS has agreed to review the provision of planned care services. This review will address the following factors:

- the financial deficit position of the ICS and the fact that the current model of service provision is not sustainable
- a history of suboptimal performance which has been exacerbated by the Covid-19 pandemic
- the observation that modelled demand in unplanned care will swamp planned capacity within 10 years.

All providers have committed to this review process, and all agree that innovative transformation is required which should include all partners in the provision of Protected Planned Capacity. Therefore, the Devon Trusts which have received NHP funding allocations – ourselves, Royal Devon University Hospitals NHS Trust (NDHT) and University Hospitals Plymouth NHS Trust (UHP) – are working together with ICB Devon to demonstrate how investment from the NHP can support reconfiguration of planned capacity overall and specifically what level and type of planned care should be provided on individual district general hospital sites.

Detailed evaluation of the agreed options for planned care will take some months to deliver and may be subject to wider and formal public consultation and the outcome of this review will need to be considered within the timescales of our subsequent business cases to deliver our BBF Programme. The recommendations of this review process will then be taken into account as the Outline and Full Business Cases are completed.

### Sustainability and Transformation Partnership (STP) estate strategy

The STP Estate Strategy (attached at Appendix 9.1.5) was most recently published in 2018 and made a number of recommendations that are consistent with the development of this SOC. The recommendations made in the report are noted below:

- **Service led estates changes** – to deliver the transformational service changes in Devon, the NHS estate must change.
- **Business continuity risk management (backlog)** – Tackling backlog maintenance is a key priority in Devon to ensure a safe environment for service delivery.
- **Performance of the estate** – In Devon it is clear that there are significant opportunities for estate optimisation; achieving efficiency savings associated with these is highly dependent upon the articulation of the service delivery model.
- **Transformation of primary care** – This is a core requirement to improve and integrate out-of-hospital care.
- **Surplus estate** – It is clear that there are significant opportunities for estates rationalisation across the partner organisations in Devon and work is ongoing to optimise the estate in support of the STP's clinical and service strategy.
- **Improving utilisation and the reduction of voids** – The estates and facilities efficiency workstream will continue to drive efficiency across the acute estate in line with Carter Report requirements and model hospital.
- **Governance** – Well-developed governance arrangements are in place to ensure that the estate is a key enabling workstream at the core of the STP.

- **Capacity to deliver transformational estates change** – The Devon STP has created capacity to enable the recruitment of an Estates Delivery Unit to drive estates change within the new structure of the commissioner.
- **Linkage between STP service themes and estates changes required** – Investment in acute estate is key to the delivery of modern, safe services, improving ED performance and reducing backlog maintenance.

Further to the STP estate strategy, our own estate strategy has been refreshed throughout 2021, found at Appendix 9.1.7. This sets out the state of our existing estate, our future ambition and how we will look to deliver this change.

### Climate change

In 2019 a range of public, private and voluntary organisations from across Devon formed the Devon Climate Emergency Response Group. This group declared a climate emergency and endorsed the principles of the Devon Climate Declaration which acknowledged the significant implications of climate change for Devon's communities.

ICB Devon is a member of the Devon Climate Emergency Response Group and we recognise that the upgrade of our estates infrastructure will need to clearly demonstrate contributions towards reducing carbon emissions. This will be incorporated in our plans.

### Local context

#### Local partnership

We have proactive partnerships with Torbay and Devon County Council and will collaborate with the Council across a number of elements of the Programme. These include delivery of a net zero carbon agenda; flexible estate solutions to support the delivery of new agile working arrangements for non-clinical and clinical support services; and a designated planning officer to support us in the planning and delivery of our Programme.

The Trust is also in discussion regarding the potential development of a Community Diagnostic Centre within the locality. At the time of writing, the scope and the location of the centre has not been agreed, but the Trust is focused on the delivery of care as close to patients homes as possible and these partnership arrangements will assist the Trust in being able to delivery this objective.

#### Local infrastructure

As an ICO, one of our key aims is to provide care as close as possible to where people live. We have good local infrastructure to support this. We have appointed GPs as Locality Clinical Directors in each of the five Integrated Service Units (ISUs), who work with the Trust part-time. Their role is to help us integrate services between primary care and community and hospital services.

The aim is to offer people comprehensive support including access to rehabilitation services in their own homes and communities. Successful local-system working has resulted in us reaching out and providing more support to care homes, as well as building up health and wellbeing services with voluntary sector partners and referring more people to our community healthcare teams rather than to hospital.

This joined-up approach is making a real difference: more people are benefiting from social prescribing and receiving more out of hospital support.



## 4.3 Torbay and South Devon locality

### Overview

We serve a geographical area of 350 square miles with a resident population of over 290,000. At any one time during a typical summer holiday season the population increases by about 100,000 visitors. This leads to increased seasonal demand on our services and places extra pressure on our estates infrastructure.<sup>2</sup> This section will address specific county wide issues that will impact on Trust strategy, and will then focus on the three localities of Torbay, South Hams and Teignbridge and how the local demography is likely to impact on the Trust.

### Devon Joint Strategic Needs Assessment 2022/23

The Joint Strategic Needs Assessment (JSNA) highlights a number of key challenges facing our local catchment area. These are highlighted below:

- The recovery from Covid-19. The social and economic effects of the pandemic have disproportionately affected those who live in the more deprived areas of our communities, they will also be particularly affected by the cost of living increases that are occurring.
- There is significant variation in health and wellbeing across our local health economy. In our most affluent areas residents can expect to live on average over eight years longer than those living in our most deprived communities.
- Inequalities have been widening as relative deprivation worsens; and South Hams has significant local deprivation relative to the rest of England and Torbay is ranked as the most deprived local authority in the South West region.
- Torbay's economy is ranked amongst the weakest in England, and has declined in recent years. With the disruption to the economy caused by Covid-19 the economy is expected to weaken further. Torbay's economy is highly dependent on tourism. Unemployment rose significantly at the start of the pandemic and by the end of 2021 had not yet returned to pre-pandemic levels. There has been a significant rise in the number of households claiming Universal Credit.
- The number of cared for children within the Torbay local authority remains amongst the highest in England.
- The rate for alcohol-specific hospital admissions among those under 18 is worse than the average for England in South Hams

### Torbay Locality

#### Demographic Challenge

Figures 4.1 and 4.2 below illustrates the age profile of Torbay when compared to the rest of England. It can be clearly seen that the local age profile is one which has a significantly more aged population than the rest of the country.

<sup>2</sup> Torbay and South Devon NHS Foundation Trust, Annual Report and Accounts 2019/20

Figure 4-1- Population by age bracket (2018)

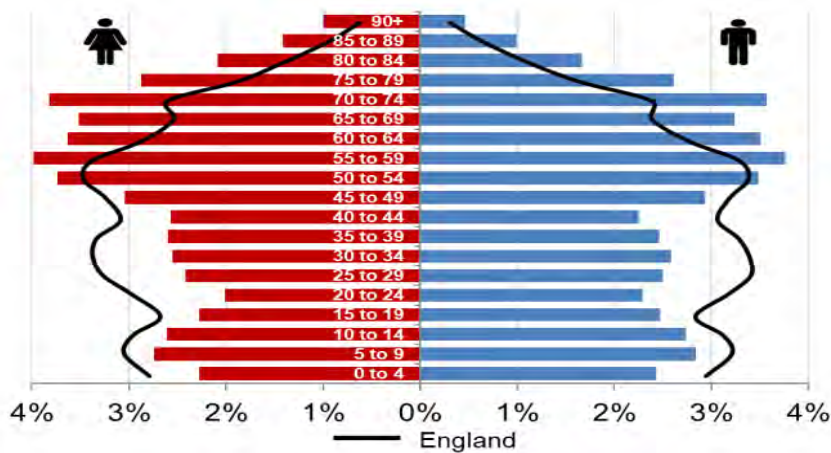
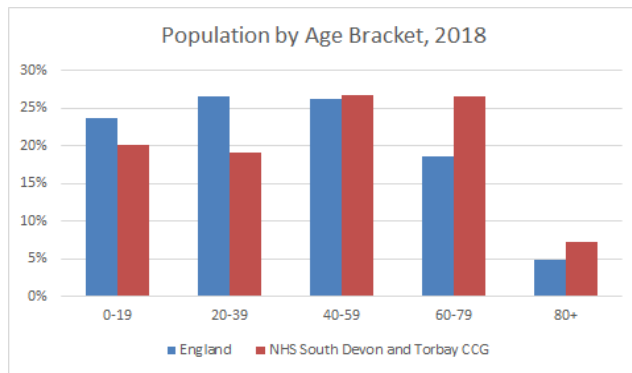


Figure 4-2 - Population by age bracket (2018)



With an average age of 45, compared to the English average age of 40, our geographical area has a relatively high proportion of older residents<sup>3</sup>: in 2018, 27% of the local population was aged 60-79 and 7% of the local population was aged 80 or over, significantly higher than for England as a whole, where 19% of the population was aged 60-79 in 2018 and 5% of the population was aged 80 or over.<sup>4</sup> It is established that utilisation of health and care services increases in a predictable manner with the increasing age of the population, as theatres, outpatients and inpatient beds are disproportionately used by older age groups. The Trust has observed that over 60s account for almost three quarters of inpatient activity and over half of theatre activity.<sup>5</sup>

Furthermore, the number of people aged 80 or over in Torbay and South Devon is projected to grow by 94%, and the number of people aged 60 to 79 by 29%, over the next twenty years.<sup>6</sup> These trends are demonstrated by the graph below.

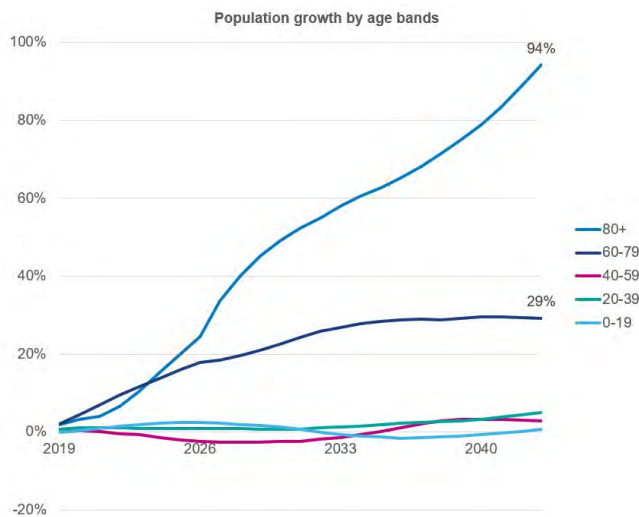
<sup>3</sup> Joint Strategic Needs Assessment for Torbay 2018-2020

<sup>4</sup> Office for National Statistics (ONS), Population projects for clinical commissioning groups and NHS regions: Table 3, March 2020

<sup>5</sup> Torbay and South Devon NHS Foundation Trust, historic activity datas

<sup>6</sup> Joint Strategic Needs Assessment for Torbay 2018-2020

Figure 4-3 Population by age bands - Torbay and South Devon



This demographic trend analysis is one of the key indicators of demand lead growth within the local health economy, and our health and care strategy must ensure that the Trust is able to meet this challenge.

- We have an ageing population with the number of people aged over 85 expected to increase by over 50% within the next decade or so. As the population ages it is also expected that we will see more people become frail and require support from health and social care services.
- There are many opportunities for the people of Torbay to be supported to improve their health and wellbeing. At present:
  - Around 2 out of 3 adults in Torbay are overweight or obese
  - Around 1 in 5 working-age adults in Torbay smoke
  - There are high levels of suicide and self-harm in the population
  - There are high levels of vulnerability in the population, including groups with specialist needs and high levels of mental ill health

## Deprivation and social inequalities

### Professor Chris Whitty's CMO Report 2021

The central argument of the report is that the health challenges of coastal towns, cities and other communities are serious, and their drivers are more similar than their nearest inland neighbour. This means a national strategy to address the repeated problems of health in coastal communities is needed in addition to local action. If the health inequalities of coastal communities are not addressed there will be a long tail of preventable ill health which will get worse as current populations age.

There are many reasons for poor health outcomes in coastal communities. The pleasant environment attracts older, retired citizens to settle, who inevitably have more and increasing health problems. An oversupply of guest housing has led to Houses of Multiple Occupation which lead to concentrations of deprivation and ill health. The sea is a benefit but also a barrier: attracting NHS and social care staff to peripheral areas is harder, catchment areas for health services are artificially foreshortened and transport is often limited, in turn limiting job opportunities. Many coastal communities were created around a single industry such as

previous versions of tourism, or fishing, or port work that have since moved on, meaning work can often be scarce or seasonal.

### Key Recommendations of the Report

1. Given the health and wellbeing challenges of coastal communities have more in common with one another than inland neighbours, there should be a national strategy to improve the health and wellbeing of coastal communities.
2. The current mismatch between health and social care worker deployment and disease prevalence in coastal areas needs to be addressed. This requires action by HEE and NHSE/I.
3. The paucity of granular data and actionable research into the health needs of coastal communities is striking. Improving this will assist the formulation of policies to improve the health of coastal communities. Local authorities, ONS and NHSE/I need to make access to more granular data available. Research funders, including NIHR and UKRI, need to provide incentives for research aimed specifically at improving coastal community health.

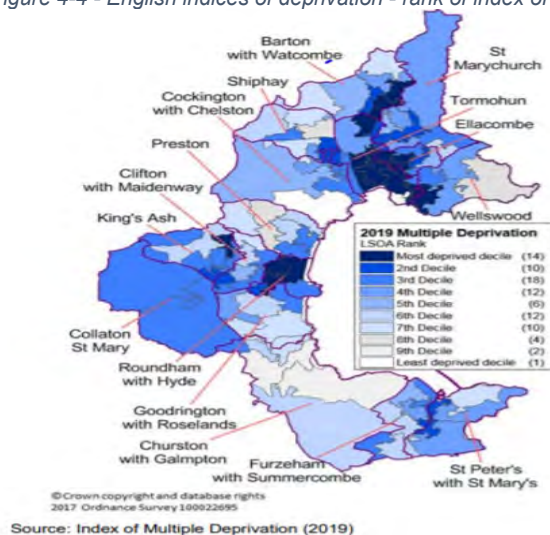
### Torbay Locality

Torbay and South Devon has a predominantly low-wage, low-skill economy that is over-reliant on the seasonal tourist industry focused around the coastal towns of Torquay, Paignton and Brixham.

Torbay records the highest levels of deprivation in South West England, with around 25% of children living in poverty.<sup>7</sup> Furthermore, in 2017 there were 285 Looked After Children in Torbay in the care of the local authority, this figure was equivalent to 112 per 10,000, one of the highest rates in England.

The map below shows the results of the 2019 Index of Multiple Deprivation, which measured relative deprivation in small geographical areas called Lower-layer Super Output Areas (LSOA). The map highlights the significant variations in deprivation levels across Torbay in particular.

Figure 4-4 - English indices of deprivation - rank of index of multiple deprivation



<sup>7</sup> Office for National Statistics (ONS), Population projects for clinical commissioning groups and NHS regions: Table 3, March 2020

Social inequalities have an impact on health, as evidenced by the fact that residents in the most affluent areas of Torbay can expect to live six years longer than those in more deprived parts of the borough.<sup>8</sup>

We have relatively high rates of emergency admissions to hospital: from 2014/15 to 2016/17 there were 39,260 unplanned care (Emergency Department and Minor Injuries Unit) attendances per 100,000 of the population; this compares to the English average of 35,450 per 100,000 for the same period.<sup>9</sup> The high levels of deprivation within the local area should be considered a contributory factor: according to NHS Digital, in 2019/20 in England as a whole there were nearly twice as many attendances to emergency departments for the 10% of the population living in the most deprived areas, compared with the 10% living in the least deprived areas.<sup>10</sup>

Smoking and obesity contribute to poor health amongst the South Devon and Torbay population. The percentage of women recorded as smoking at the time of child delivery (17.7%) is significantly higher than the average rate for England (11.4%).

Rates of alcohol and obesity-related hospital admissions are significantly higher than the English average: for example from 2014/15 to 2016/17 the rate of obesity related admissions in Torbay was 2,164 per 100,000, more than double the English average of 1,007 per 100,000 for the same period. The interdependence of physical and mental health pressures is demonstrated by the fact that Torbay has high levels of mental ill health and self-harm in the population: from 2014/15 to 2016/17 the rate of long-term support for mental health was 207 per 100,000, notably higher than the English average of 168 per 100,000 for the same period.<sup>11</sup>

### South Hams Locality

The Trust does not serve all of the South Hams Locality, as the western part of the area is served by University Hospitals Plymouth NHS Trust, however it does serve the eastern area of the locality including the population centre of Totnes.

Figure 4-5 - South Hams locality



<sup>8</sup> Joint Strategic Needs Assessment for Torbay 2018-2020

<sup>9</sup> Joint Strategic Needs Assessment for Torbay 2018-2020

<sup>10</sup> NHS Digital, Hospital Accident & Emergency Activity 2019-20

<sup>11</sup> Joint Strategic Needs Assessment for Torbay 2018-2020



## Demographic Challenges

The graphic above highlights the local deprivation within South Hams relative to the rest of England, and whilst the area has less challenges than the Torbay locality, there are still a number of specific challenges that will result in increased pressure on the provision of health care services. These are noted below:

- Life expectancy is 3.2 years lower for men and 1.6 years lower for women in the most deprived areas of South Hams than in the least deprived areas.
- Child Health
  - In Year 6, 11.5% (75) of children are classified as obese, which is better than the average for England.
  - The rate for alcohol-specific hospital admissions among those under 18 is worse than the average for England

- **Adult health**

The table below highlights some of the key health indicators for the local population, it highlights that:

- Trauma related injuries are higher than the national average,
- Hospital admissions related to hip fracture are slightly lower than the national average but increasing,
- Early stage cancer diagnosis is slightly above national average but still very much a challenge as only 57.4% of the population benefit from early diagnosis. Diabetes rates are increasing within the locality. A key challenge is the dispersed rural character of the locality which creates difficulty for less mobile sections of the community in accessing services.

## Teignbridge Locality

The locality is situated between the population centres of Torquay and Exeter, and the Trust predominantly serves the southern area of Teignbridge. This area includes towns such as Newton Abbot, Dawlish, Teignmouth and Ashburton.

Figure 4-6 - Teignbridge locality



## Demographic Challenges

As with Torquay and South Hams, the Teignbridge locality has a number of health indicators that are likely to lead to increased pressure on health care services over the next decade.

Some of the more relevant indicators are noted below:

- Child Health
  - 12.7% of children in the locality live in low income families
  - In year 6, 15.1% of children are classed as obese.
  - Alcohol related hospital admissions for under 18's is worse than the England average.
  - Smoking in pregnancy is higher than the England average.

The South Devon district of Teignbridge has the highest teenage conception rate in the whole of Devon, with the rate of 28 per 1,000 females being well above the English average of 19 per 1,000 females.<sup>12</sup>

- Adult Health
  - Within the most deprived localities in Teignbridge, life expectancy is 7.2 lower for men and 5.1 years lower for women
  - Self Harm admissions are higher than the England average
  - Obesity levels are higher than the England average
  - Cancer mortality rates ( for adults under 75) is better than the England average

## 4.4 Organisational Overview

### We are Torbay and South Devon NHS Foundation Trust (TSDFT)

Torbay and South Devon NHS Foundation Trust is an integrated care organisation, with multiple sites across our footprint.

We became an ICO in October 2015 when South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health and Care NHS Trust merged.

As an ICO we deliver acute and community health care services as well as adult social care. We are proud to be the first NHS Trust in England to join up hospital and community care with social care. We have a number of community sites across our geographical footprint, including five community hospitals. Torbay Hospital is our main hospital site.

Our area of operations is divided into five localities. Our localities are indicated in the map below along with the main population centres. The Acute and Community Hospitals are also specifically shown in the map.

Torbay Hospital is our main site and provides a full range of district hospital services. It is the location for our planned and unplanned health and care services as well as the Trust's Emergency Department and Maternity Services. Other key direct clinical care sites are our five Community Hospitals and three Health & Wellbeing Centres.

Our Community Hospitals are located in Brixham, Dawlish, Newton Abbot, Teignmouth and Totnes. There are 112 beds within our community hospitals and these sites provide a range of services, extending provision of acute services to support access within the community, including general surgery, gynaecology, midwifery and specialist physiotherapy. In addition to this, Teignmouth Hospital has day surgery facilities. The Dawlish and Totnes sites have

<sup>12</sup> Devon County Council, Joint Strategic Needs Assessment, June 2018

Minor Injuries Units, and Newton Abbot Hospital has an Urgent Treatment Centre. All three have X-ray capabilities and Newton Abbot has ultrasound, CT and MRI provision

The three Health and Wellbeing Centres are situated in Brixham, Dartmouth and Paignton. The three sites provide a range of local community clinics and act as a base for our community health and care teams providing nursing, therapy and social care support to our patient's in the community. A holistic approach is the key focus for health and well-being centres connecting services provided by the ICO with those provided by our system partners and the third sector (i.e. non-governmental voluntary and community groups).

Figure 4-7 - Our main areas of operation



## Our workforce

The table below provides further details of the breakdown of employees categorised by 'permanently employed' and 'other' staff as defined in the NHS Information Centre's Occupational Code Manual and using Occupation codes in alignment with NHS Digital's guidance on the categorisation of staff.

As at 31 March 2020 we had 5,314 employees (whole time equivalent), calculated as the whole time equivalent number of employees under contract of service in each week in the financial year, divided by the number of weeks in the financial year.

The average number of employees is calculated by using the "contracted hours" method of calculating whole full time equivalent numbers, i.e. dividing the contracted hours of each employee by the standard working hours. Staff on outward secondment are not included in the average number of employees.



Table 4.1 – Employee numbers breakdown

NHSI Staff Group	2020/21			2019/20
	Total Number	Permanently Employed	Other Number	Total Number
Allied Health Professionals	517.14	505.24	11.90	478
Health Care Scientists	90.76	90.66	0.10	92
Medical and Dental	556.33	270.55	285.77	505
NHS Infrastructure Support	1135.62	1082.47	53.15	1,068
Other Scientific, Therapeutic and Technical Staff	345.87	328.76	17.11	365
Qualified Ambulance Service Staff	10.53	10.53	0	7
Registered Nursing, Midwifery and Health visiting staff	1282.26	1250.86	31.40	1,194
Support to clinical staff	1903.60	1774.96	128.63	1,809
<b>Total</b>	<b>5842.10</b>	<b>5314.04</b>	<b>528.07</b>	<b>5,518</b>

### Current workforce challenges

Intelligence from the 2021 national staff survey indicates that, although we compare favourably with the national benchmark average, 3.4% of staff have indicated their intention to leave the Trust in the next year. We also have an ageing workforce; approximately 26% of our staff are over 55 with the percentage significantly higher in some functions. This presents a demographic challenge, as we can expect to see a large number of staff retiring over the next 5 to 10 years which will compound lead to further increases in staff turnover, which had already increased by 2.5% over the last year. We therefore need to attract, recruit and retain staff to ensure our sustainability and to support our local communities. A facility that is a great place to work is key to attracting and retaining the highest calibre of staff.

### Financial position

Our annual operating budget is around £600m. The most recent audited financial statements show a net surplus of £1.17m in the year to 31 March 2022, which is as a result of a change in the financial architecture over the last 2 years in response to the Covid-19 pandemic. The Trust has submitted a balanced financial plan for 2022/23.

For several years we have been operating in a difficult financial environment in which a rebalancing of NHS finances across the NHS in England has been sought. In this context we have been required to achieve year on year efficiency savings.

In recent years expenditure on infrastructure has been undertaken primarily to maintain it to the current standard: we have not had sufficient free cashflow to facilitate the upgrade of infrastructure in a manner which would enhance the quality and efficiency of care provided. Despite best efforts, backlog is still growing. The Trust has received some specific additional central funding to upgrade our infrastructure, including the AMU allocation. We have an

aging estate and digital infrastructure which is costly and inefficient to maintain. This is reflected in our Estates Return Information Collection (ERIC) returns.

The Trust's current financial plan illustrates how the underlying deficit will be addressed and financial balance achieved. It should be noted that the medium term financial plan is contingent on a radical redesign of health and care services across the Devon system. Whilst the Trust's financial recovery does not rely solely on the benefits delivered by this investment, we are clearly seeking to deliver financial outcomes that strengthen our underlying financial position and secure the likelihood of financial success in the future.

The table below provides a summary of the key financial metrics for the most recent year for which we have published our financial results, 2021/22. The Financial Case provides commentary on our financial results from 2021/22 along with comparable prior year figures.

Table 4.2 – Summary of Key Financial Metrics (2020/21)

£'m	2021/22
Total income	601
Pay costs	(294)
Non pay costs	(298)
Operating surplus	9
Net surplus for the year	1

### Underlying financial position

It should be noted that there is a material difference between the Trust's reported financial position (as set out above) and its underlying performance. This is primarily driven by the receipt of £39m of non-recurrent support from NHS Devon in 2021/22. It is acknowledged that this quantum of support is not affordable in the long term, recognising a structural deficit for the Devon Integrated Care System of circa £330m prior to the reflection of medium term Covid-19 and recovery funding. We are committed to reducing our underlying deficit through a five-year financial recovery Programme, which will put us into a better position to absorb the revenue consequences of the NHP investment. Work is underway to reduce the underlying deficit in respect of 2022/23, noting the challenges as we recover from the Covid-19 pandemic and the reduction in income as inflation continues to grow.

The drivers of the Trust's deficit are set out below:

Table 4.3 – Drivers of Trust's Deficit

Domain	Value £'m	Description & source
Operational factors	(7) (14)	Inefficiencies vs peers (KPMG) Historic undelivered CIP (KPMG+)
Strategic factors	(17) (6)	ASC & Placed People (KPMG) CCG contract value (PWC)
Structural factors	(1)	PFI cost of capital, geographic isolation (DS)
<b>Total</b>	<b>(45)</b>	

## 4.5 Our Trust Vision

Our Trust vision statement is as follows:

*“Better Health and Care for all”*

We know that our current model of care must evolve in order to achieve this vision, to fulfil our purpose to support people to ‘live well’ and to enable us to “build a brighter future”. During 2020 we developed our new Health and Care Strategy (attached at Appendix 9.1.1). At the heart of the Strategy is the principle that we will be digitally enabled, providing services in physical settings only where this is absolutely necessary – a *digital first* approach. Our Strategy sets out the following visions for digitally- and physically-enabled care.

## 4.6 Our Trust Health and Care Strategy

Torbay and South Devon has an ageing population and high levels of deprivation and health inequality. Our children and young people are struggling on many fronts – health, wellbeing, emotional fragility, education, housing, employment.

We need to support our people to live well and give them hope, and we have expressed this in our Health & Care Strategy ambition statement:

*“We will enable our whole community to live well and independently, managing their own health and wellbeing digitally and as close to home as possible. As an Integrated Care Organisation, we will get the best value for the community, working with people, carers and our partners to improve people and carer’s experiences by providing accessible health and care and optimise health and wellbeing outcomes.”*

In Torbay & South Devon we face growing health needs as a result of our growing and aging population, a significant proportion of whom face deep seated economic and social challenges. These factors informed the case for us becoming an integrated care organisation in 2015. This innovation was the first of its kind in NHS England bringing acute, community and adult social services together. Prior to the pandemic, good progress had been made with regards to more care closer to home with the lowest hospital bed base in the South West, shortest length of stay in acute and community hospitals and lowest use of ED by over 75 yr old people. However, our ED performance on the 4 hour target was low, particularly in winter and ED was significantly over-crowded with ambulance crews queueing in the ED department to hand over their patients. With rising numbers of people being admitted in winter 2019/20, we clearly had an estate and health infrastructure under stress.

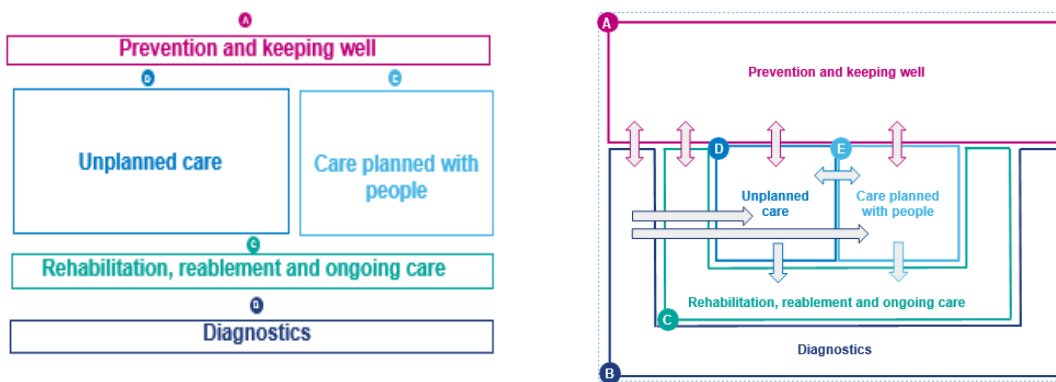
Our Health & Care Strategy (detailed in Appendix 9.1.1) looks to how we will be in 2025 and beyond with the future starting now. The strategy builds on our previous work and Devon CCG, now ICB Devon, strategies embrace a similar approach. The deterioration in performance during and after the pandemic emphasise the need for transforming our care model radically.

Improving our digital capabilities is a significant enabler to this transformation of patient care, as is a health estate which is fit for mid-21<sup>st</sup> century Britain. An EPR is central to these plans as this will improve the flow of work for all teams across the ICO with interconnections and communications significantly and immediately upgraded. Together with our developing Care Model and adapted care pathways we will be able to deliver better health and care for all with a lower rate of hospital bed use. From this solid digital base, other technologies can be

integrated with their potential utilised more fully. This is the breakthrough we need for our strategic ‘digital first’ or ‘digital wherever’ approach as people will be able to use digital channels to access health and care. It will also enable opportunities for automation, AI etc. opened up as a result of interconnectivity being secured. This approach will make best use of the resources available to us to serve both the people of Torbay & South Devon as well as the wider Devon county through our partner providers.

This developing care model leverages integration and networking across all Devon providers and uses population health data and technology to target effective treatments and interventions. The people we serve will benefit from advances in e-health such as aids and adaptations including technology to identify early potential illness. The graphic below shows how our priorities will change over the next 5 years through integration and developing our Care Model

Figure 4-8 - Existing and Emerging Clinical Model



This model will work most efficiently with the thoughtful construction of updated hospital facilities both digital and physical. Through our proposals for the estate development on the Torbay Hospital site we will be able to deliver technology under-pinned care which improves/promotes health, not only relieving illness. Our current, outdated estate does not do this with only 30% single rooms, one shower/ toilet between 6 people, poor ventilation etc. The many other deficiencies impact poorly on our in hospital experiences made worse by the large back-log of estates work to maintain current standards rather than be future focused.

Our strategic approach outlined here enables us to extend our reach and capabilities for the people of Torbay & South Devon as well as wider Devon. This forward-thinking approach is currently building on our innovative approach to enable better care and health for all. This will be achieved through modern, fit for purpose digital systems and estate infrastructure

## 4.7 Trust activity

The table below provides an indication of the levels of activity across the services we provide and shows decreases in activity across all but the first and last metrics. The significant decreases in 2020/21 can be attributed to the reduction in clinical services during the pandemic. The increase in 2021/22 shows the elective recovery delivered but the challenges faced in returning to 2019/20 levels.

Table 4.4 – Our Activity (2019/20, 2020/21 & 2021/22)

Measure	2019/20	2020/21	2021/22
New outpatient attendances	131,800	114,967	152,230
Follow-up outpatient attendances	314,331	243,921	290,302
<b>Total outpatient attendances</b>	<b>446,131</b>	<b>358,888</b>	<b>442,532</b>
Day case	37,365	26,245	31,759
Planned IP	3,706	2,616	2,651
Emergency department attendances	115,447	79,633	101,194
Non Elective Admissions - 0 day Length of Stay (LoS)	16,960	15,040	18,643
Non Elective Admissions - >0 day Length of Stay (LoS)	25,095	20,699	22,082

### Covid-19

Our experience of the Covid-19 pandemic has informed our Strategic Case by:

- Providing evidence and experience of the effectiveness and acceptability of digitally enhanced care to service users and staff.
- Reinforcing the need for multiple access points for emergency care.
- Demonstrating the need for single rooms and for facilities to be designed so that beds can be isolated.
- Reinforcing the need to provide 'protected planned care' facilities, both in day case and inpatient care.

While the pandemic is not a key driver within the Case for Change, it has highlighted some areas that do need to be addressed to ensure that any future pandemic could be managed in a more effective and efficient manner. Some of the issues that will be addressed through this investment which will greatly enhance the ability of the Trust to manage infection prevention and control issues will include:

- Provision of 100% single rooms
- Separation of unplanned and planned care flows within the hospital
- Larger Emergency Department with more isolation capacity

## 4.8 The Case for Change

### Case for Change – Organisational delivery

Our Case for Change builds on our integrated approach to service delivery and presents the case for significant investment into our estates infrastructure. With this investment:-

- We will be able to provide better outcomes for patients and better working environments for staff across all the communities we serve. We will be able to take advantage of new technologies and the latest improvements in healthcare, planning not only for the needs of our people today but also for the future.
- We will be able to “build a brighter future” by overcoming our long term operational and financial challenges; realise the ambitions we have heard from our system partners, people who use our services and staff; and align with Devon Long Term Plan priorities.
- We will be able to improve operational performance which is currently significantly hindered by poor estate infrastructure which has impacted on clinical flow and business continuity. We will be able to meet the challenges that will arise as a result of the demographic pressures noted in each locality. Addressing these challenges will require investment in the Trust’s estates infrastructure in order to ensure that it is more responsive, efficient, joined-up and agile.

The Trust has been able to secure funding for the introduction of a new Electronic Patient Records System. This secured investment and the further investment into the estate infrastructure which this SOC seeks are both crucial in the Trust being able to deliver the requirements of its Health and Care Strategy. They are crucial to the successful delivery of the **digital first** approach outlined in our Health and Care Strategy, and therefore drive our investment requirements.

Our Health and Care Strategy is:

- Clinically led and committed to sustainable clinical services and value for money
- An opportunity to deliver better care and patient outcomes in different ways
- Realistic about what we can achieve depending on the monies we receive
- Inclusive, open and honest
- Not just about hospital services or buildings, but about everything we do
- About transforming how we work and provide care over the next ten years
- About supporting our people to live well

### Case for Change - estates infrastructure

Our estate degradation is significant as evidenced through our backlog maintenance which stands at £162.8m overall (including on-cost, contingency and VAT) from FY 2021/22 to FY 2031/32, with £32.2m classed as condition D – critical. This constantly challenges the Trust in being able to deliver effective and efficient healthcare services, as business continuity risks are significant. The New Hospital Programme investment will allow the Trust to address this risk through the provision of modern, compliant and flexible facilities for our staff and service users.

A major transformation of our estates infrastructure is required, to address key deficiencies including the unsuitable clinical layout, lack of spare capacity and condition of the buildings. Unless resolved, these deficiencies will obstruct our ability to “build a brighter future” by securing sustainable services which align with Devon Long Term plan priorities.



A significant challenge in the case for change is around how the Trust will cope and plan for changing levels of demand on its services and how this will impact on capacity and workforce. The Trust has conducted initial demand and capacity analysis with a particular focus on bed requirements and the knock on impact to workforce.

Our estates infrastructure Case for Change is based on the following four pillars:

### Clinical flow

The existing estates infrastructure on the main Torbay Hospital site creates a complex pathway for patients to navigate, with poor adjacencies and overall clinical flow. A fundamental reconfiguration of the estates infrastructure will allow for the implementation of the new clinical model of care, in turn leading to significant clinical efficiencies and improvements in patient experience and outcomes.

The Development Control Plans shown in appendix 9.1.4 will address the following issues that currently adversely impact on clinical flow.

- Provision of all inpatient accommodation as new – all of the existing inpatient accommodation is either provided in old nightingale or nucleus configurations which are no longer compliant with the latest HTM/HBN guidance in relation to single room provision, bed spaces etc. The pandemic also highlighted a number of constraints with the existing configuration as the management of clinical flow due to infection prevention and control being significantly compromised as a result of the existing ward configurations.
- Separation of planned and unplanned care services – there is no separation of planned and unplanned clinical flow within the hospital, which has significantly compromised the ability of the Trust to manage planned care activities at periods of high emergency demand.
- Upgrade of the Emergency Department – the existing department is undersized for the amount of activity that is managed. The programme has to ensure that the department is able to benefit from an upgrade that that increases the existing footprint and also optimises clinical flow allowing the clinical teams to manage emergency activity safely and effectively
- Movement of non clinical services off the main acute site wherever possible – the level of non clinical activity that is undertaken on the Torbay Hospital site is too high and must be reduced. The Trust is committed to reduce the level of non clinical activity through the development of a robust agile working strategy that maximises the use of home working, community based activity and the wider use of other community assets.

These principles are now included within the programme investment objectives to ensure that all considered options are able to deliver these key principles for the programme

### Financial sustainability

Investment into our aged estates infrastructure will enable a solid base for our future long-term financial sustainability through the realisation of both clinical and operational efficiencies. The finance case sets out the longer term affordability perspective of the Trust

### Fit for purpose estates infrastructure

Carbon neutral ambition

- Our existing estates infrastructure does not allow for the delivery of a carbon neutral health asset, which is a national and international priority.

#### Delivery of our Health and Care Strategy

- The existing site configuration does not allow for separation of planned and unplanned care.

#### Backlog maintenance

- Our estate degradation is significant as evidenced through our backlog maintenance which stands at £162.8m overall (including on-cost, contingency and VAT) from FY 2021/22 to FY 2031/32, with £32.2m classed as condition D – critical.

#### Pandemic-readiness

- Our existing estates infrastructure requires significant investment to make it ready for a future pandemic. In particular it requires increased single room capacity, resilient medical gas infrastructure and improved clinical pathways.

#### Flexible spaces

- Our existing estates infrastructure is inflexible, which drives poor utilisation of spaces and an inability to adapt to short-term and longer-term changes in service demand.

### Operational challenges

The estates infrastructure at Torbay Hospital is stretched and is not fit for purpose. Our operational teams face daily challenges in endeavouring to deliver a high quality service, and the table below provides an overview of some of the issues faced – many on a daily basis.

Table 4.5 – Key operational challenges

#### Estate

Our wards provide inadequate environments that are not compliant with HBN/HTM guidance. They are poorly designed, which significantly compromises our ability to effectively manage either surges in activity or infection control issues. Overall the wards adversely affect privacy and dignity through lack of showering and toilet facilities, as none of the side rooms have en-suite provision. We have no space for bariatric patients without losing bed capacity in other areas of the ward, a problem that is exacerbated by the lack of any ceiling-mounted hoists in any ward areas.

From a wellbeing perspective there is a lack of social space in ward areas to engage patients in wellbeing activities, and the day rooms are not fit for purpose. The ward areas also have limited natural light and lack of ventilation, as none of the windows in our Tower Block can be opened. Furthermore, there are no designated mental health crisis spaces for patients in any area within the Trust.

In terms of access throughout the site, our passenger lifts regularly break down, we also regularly lose swipe door access into clinical areas.

From an environmental perspective we generate a significant carbon footprint as we do not use any renewable energy. In addition, we suffer from a lack of usable green space for staff and patients and we are not able to promote green travel due to the lack of staff changing facilities.



## 4.9 Existing Arrangements

This section sets out the Existing Arrangements in respect to our estates infrastructure and highlights the key deficiencies.

### 4.9.1 estates infrastructure

#### Overview

Our Estate infrastructure is old and life-expired. This was demonstrated by the uncontrolled loss of critical mechanical and engineering infrastructure in 2018, which was the result of a “fail, mend and repair” culture in anticipation of a new Private Finance Initiative (PFI) Hospital.

In 2018 it was clear that this approach was no longer sustainable or viable to maintain patient safety and therefore we developed an estates infrastructure improvement Programme in response. This process has identified a significant maintenance and capital infrastructure backlog and operational improvements which need to be resolved and implemented to maintain patient safety and deliver efficiencies.

#### Layout and capacity

Our current layout is substandard in many parts of the estate. The lack of agility and flexibility with our old estate, in particular a lack of single rooms, was demonstrated and exacerbated during the Covid-19 pandemic when whole wards had to be cordoned off to put proper infection control measures in place, resulting in significant capacity issues.

To compound these issues further, our estate has no decant space or spare capacity and this is restricting our ability to innovate and expand. For example, breast and gynaecology services have an ambition to take on additional imaging capacity but are not able to do so due to a shortage of space.

This lack of flexibility and the general poor condition of our estate is a significant hindrance to the morale of our staff and impacts our ability to bring forward innovation.

#### Condition of the estates infrastructure

We have backlog maintenance which stands at £162.8m overall (incl on costs), with £32.2m classed as condition D – Critical. Without investment the estate’s condition will worsen, which will further increase the risk of critical failures and create an environment of firefighting and missed opportunities where the backlog will only increase. As set out above in Table 4.6, there are numerous aspects of our Estate Infrastructure’s current condition which can have an adverse impact on the experience of patients and staff.

The images set out below help to illustrate the poor condition of parts of the estate.

Figure 4-9- Image below: Roof repairs on maternity building



Figure 4-10- Image below: Dilapidated building housing office and clinical support services accommodation and storage



Figure 4-11- Images below: Temporary accommodation which is no longer fit for purpose, being used to accommodate a range of services long term.



Figure 4-12- Image below: Disused portacabin. The building behind accommodates medical teams for office based work.



Figure 4-13 - Existing Ward accommodation



## Sustainability

Our heating and hot water system is reliant on fossil fuels, with a life expectancy until 2024-2029. It is therefore difficult for us to significantly reduce our carbon footprint and support the local decarbonisation strategy. Starting a new-build utilising modern methods of construction in 2025 or sooner will align with our sustainability ambition to significantly reduce our carbon emissions.



## Improved clinical layout

Adjustments will be made to the layouts of our buildings to avoid the unnecessary passing of staff through the Emergency Department and to co-locate services to optimise efficiencies.

The redesign of layouts will provide better separation of planned and unplanned care sites. Services on the planned site will include routine orthopaedics, urology, endoscopy, cataract operations and hernia surgery. The unplanned site will include maternity services and an emergency department. While separate, the planned and unplanned care sites will remain close together to avoid difficulties where escalations to emergency or inpatient care are required.

### 4.9.2 Digital infrastructure

#### Overview

Capital investment will prioritise the redevelopment of buildings and the relocation of services. The creation of digitally-enabled estates infrastructure will be a key element of renovation works on existing buildings and digital technology will be at the forefront of design plans for new buildings.

#### Rebuilding our estates infrastructure for the 21st century

As previously noted, the Trust has been able to secure funding for its EPR requirements. This investment will assist the Trust in being able to deliver improvements to operational performance, however further investment will still be required into additional digital infrastructure. We will use the NHSX Blueprint for Digital Hospitals, which sets out three fundamental components for the NHP:

- Fabric – planning for digital during the construction phase in alignment with ecologically sound principles. This includes the infrastructure layer, architecture and design for digital, and applications to support building management.
- Footprint – interaction of people with the building, and the building with the wider care ecosystem. This includes patient experience, virtual care, integrated care, and staff engagement.
- Flow – the operating models that underpin our health and care services. This aspect will be delivered through the EpR investment and will be largely building agnostic and include core health and care systems (e.g. EPR, Local Health Care Record, prescriptions, document management), learning and cognitive systems, and security and information governance.<sup>13</sup> Our proposal is to implement the key Digital Flow components (i.e. the EPR solution) in advance of the implementation of the estates infrastructure NHP element of the Programme (which include the Fabric and Footprint components).

The reasons to deliver these Flow digital solutions ahead of estates are as follows:

- The case for change for the Flow component is the most pressing and is therefore a priority for us to address immediately.
- The Flow component is predominantly building agnostic, so may be achieved at a quicker pace than the overall NHP Programme.
- Implementing the Flow component early provides an opportunity to realise benefits sooner.

<sup>13</sup> A more detailed description of the three fundamental components can be found in section 6.3 of the Commercial and Estates Case

- Unnecessary risk is avoided from the conflicts of two major change Programmes running at the same time.

### Digital building transformation

The new estates infrastructure will be digitally enabled. This is imperative as we aim to create a much more efficient facility on a smaller footprint than the existing hospital, which will only be possible if it is part of an efficient system which emphasises community first preventative care and self-care. Appendix 9.1.8 gives an overview of the digital infrastructure Programme that will be considered by the Trust as part of the more detailed Outline Business Case. The overview provides narrative of some of the key enablement technologies that will be considered within the detailed design development phase. It is essential that the new estate infrastructure is able to facilitate the service transformation that will be a requirement of our health and care strategy, and our digital team will ensure that the level of digital infrastructure is optimised.

## 4.10 Engagement

We have proactively engaged with a wide range of internal and external system partners in developing our Health and Care Strategy and SOC and have listed these below. We have been able to remain true to our goals by addressing our long-term challenges related to our infrastructure, to deliver our Health and Care Strategy, and to achieve financially and operationally sustainable services, while aligning with Devon Long Term Plan priorities.

### Internal engagement on the Health and Care Strategy

Our Health and Care Strategy was developed through extensive internal engagement and clinical leadership. Our engagement included 158 staff members across 55 touch points, including nursing, medical, allied health professional and operational teams, as well as our leadership teams. This included:

- Three executive sessions
- Two Clinical Management Group sessions – this group includes senior clinicians and operational leads from across the ICO
- Four workshops with the Health and Care Reference Group – a task and finish group which included ICO clinical and system leads, Primary Care representatives for ICO systems, Staff Side representatives and BBF Programme leads for the ICO responsible for developing the overarching strategy
- 10 workshops with health and care staff and our carers lead
- 21 1:1 and small group discussions with clinicians
- Three discussions with organisational operations staff
- 10 small group discussions with Integrated Service Unit (ISU) triumvirate leads
- Two testing sessions across health and care staff groups

We are committed to continuous engagement through the Programme. The following are some of the ways we continue to engage our people in our Programme:

- A face-to-face roadshow about the New Hospital Programme in March and April 2022, where we visited 14 venues, held 19 sessions, and talked with over 230 people
- An interactive online roadshow about our Health and Care Strategy in July 2022

- As part of our Drumbeat Programme, we're engaging 14 specialties to help us develop new models of care that support our Health and Care Strategy implementation and vision for better care for all

## External engagement

During June and July 2021, we undertook a comprehensive Programme of external engagement. The table below provides an overview of the stakeholders engaged with. It is important to note that we will continue to engage our key stakeholders throughout the OBC and FBC phases of the Programme.

Table 4.6 – Stakeholders engaged

Combined	Stakeholder	Date of engagement
	<b>Present, scrutiny and approval of SOC (final version)</b>	
	ICS Partnership Board	7 July 2021
	CCG Governing Body meeting	1 July 2021
<b>SOC socialisation</b>		
	Local MPs:	
	- Anthony Magnall	15 June 2021
	- Kevin Foster	2 July 2021
	- Anne Marie Morris	17 June 2021
	- Steve Darling	1 July 2021
	Torbay Council Overview and Scrutiny Committee	9 June 2021
	Devon County Council Overview and Scrutiny Committee	16 July 2021
	League of Friends	6 July 2021
	Brixham Town Council	14 July 2021
	Exeter Universities	22 June 2021
	Plymouth Universities	28 June 2021
	South Primary Care Collaborative Board	22 June 2021
	Torbay Together	18 June 2021
	Torbay Health and Wellbeing Board	13 August 2021
	Devon Local Medical Committee	24 June 2021

Torbay Community Development Trust	25 June 2021
Teignbridge District Council	29 June 2021
South Devon College	16 June 2021
South Hams District Council	24 June 2021
Our people networks	5 July 2021
Governors and members	7 July 2021
Healthwatch Devon	17 June 2021
Torbay Development Authority	1 July 2021
Torbay Culture	24 June 2021
Rowcroft Hospice	22 June 2021
Teignbridge CVS	1 July 2021

Since then, we have been able to keep our key stakeholders updated with developments in the Programme through our regular briefing channels. These have included:

Table 4.7 – Most Recent Stakeholder Engagement

Stakeholder	Date of engagement
<b>Key stakeholder updates</b>	
Health Futures Newsletter	Monthly stakeholder newsletter
MP briefings	Regular briefings take place between our MPs and CEO
Council of Governors	Quarterly meeting updates
Healthwatch Devon, Plymouth and Torbay	Monthly meeting updates
Torbay Voluntary sector steering group meeting	Monthly meeting updates
Torbay Champions Network	21 June 2022
Torbay Councillor briefing session	25 July 2022

## Letters of support

A letter of support from Devon ICB (see Appendix 9.1.3) has been sought in accordance with the requirements of annexe 12 in the planning guidance. It is important to note that the Trust has a strong relationship with the two other NHP sites in Devon (Royal Devon and University Hospitals Plymouth) and on that basis, the discussion that took place with NHS Devon CCG on 1 July 2021 was jointly presented by all three Trusts. This relationship will continue throughout the remaining phases of the Programme, with a view to ensuring the alignment of preferred options with the requirements for the Devon system.

In addition to the above, the Trust has looked to ensure that all partner organisations have been given the opportunity to comment on the SOC as it has been developed. All letters of support received are noted in Appendix 9.1.3 and listed below.

Table 4.8 – Latest Letters of Support Received

Stakeholder	Date – letter of support received
Devon ICB	23/09/2022
Brixham Town Council	18/07/2022
Devon LMC	30/06/2021
Devon Partnership Foundation Trust	09/07/2021
Equality Business Forum (EBF) and Staff Network Groups	01/09/2022
Health and Adult Care Scrutiny Committee at DCC	08/09/2022
Healthwatch Devon, Plymouth and Torbay	22/07/2022
Rowcroft Hospice	26/07/2022
South Devon College	18/07/2022
South West Academic Health Science Network	23/07/2021
Teignbridge CVS	29/07/2022
Torbay Community Development Trust	30/06/2021
Torbay Council's Overview and Scrutiny Board	11/06/2021
Torbay Council's Adult Social Care and Health Overview and Scrutiny Sub-Board	06/07/2022
Torbay Culture	25/07/2022
Torbay Health and Wellbeing Board	16/07/2021
University of Exeter	19/07/2022



Subject to the approval of the SOC, we have a clear strategy for stakeholder engagement through the OBC and FBC phases of the Programme that will ensure that our stakeholders feel engaged and are given the opportunity to discuss and inform our Programme.

### Public consultation

The Trust is working with the other NHP providers across the South West Peninsula to ensure that the NHP investment delivers in a manner that is consistent with the Devon Long Term plan and in particular the Devon Planned Care Strategy. Our investment and strategic transformation plans will require review from One Devon and our Overview and Scrutiny Committees to establish whether formal public consultation will be required.

All NHP sites are aware of the potential requirement for a pre-consultation business case, and very clearly would not look to indicate any preferred option to the local population until the formal consultation had taken place.

### Design process

System partner engagement in the design process will be significant. The detailed development phase of the Programme will commence at OBC stage and system partner engagement will be established through the governance framework of 'user groups' with the support of our technical advisers. The following phases of design development will take place:

- Development Control Plans
- Clinical adjacencies
- 1:200 department layouts
- 1:50 room layouts

At each stage a fully representative group of clinicians, nursing, allied health professionals and operational colleagues will be involved in ensuring that the design output delivers the required footprint from which our clinical model can be delivered. These groups will also include patient and carer representatives to ensure that their perspectives are addressed in the design of the new hospital.

We will also ensure that we engage with and involve our local communities and the public as we build our OBC. The Communications and Engagement workstream team will ensure appropriate and effective engagement and involvement and formal consultation where necessary, with system partners' governing bodies/boards, members, clinical leaders, frontline staff, partners in the health and social care system, patients, service users, carers and the public.

## 4.11 Programme Investment Objectives

This section sets out the Investment Objectives associated with our estate infrastructure investment. Together with the Critical Success Factors (CSFs) these have been used to appraise the potential delivery options in the Economic Case and provide a reference point for post implementation evaluation.

Our Investment Objectives have been determined following consideration of BBC guidance and industry best practice. They are designed to address the drivers for intervention and

they clearly articulate what we are seeking to achieve in terms of targeted outcomes.

The Investment Objectives help us to stay focused on our aim of “building a better future” by using investment to address our infrastructure challenges and secure sustainable services, working with our system partners to align with Devon Long Term Plan priorities and engaging people who use our services and staff as we develop our plans.

A single set of SMART Investment Objectives is proposed for the Programme as a whole, with separate CSFs identified for each of the Digital and estates infrastructure elements.

Table 4.9 – Programme Investment Objectives

Number	Programme Investment Objective
1	<p>To improve the quality of health and wellbeing services for Torbay and South Devon people, by delivering on the following four key principles:</p> <ul style="list-style-type: none"> <li>• Emergency Department and SDEC services to be completely upgraded;</li> <li>• Reprovision of inpatient medical beds and emergency surgery beds within Torbay Hospital;</li> <li>• Separation of planned and unplanned care on the Torbay hospital site; and</li> <li>• Non clinical services to be moved off the Torbay Hospital site.</li> </ul> <p>In delivering on these four key principles we will work with our partners and neighbours to deliver more coordinated and collaborative services across the Devon ICS and wider system.</p>
2	To provide a safe environment through the provision of a high-quality facility that is easy to maintain and operate, by reducing backlog maintenance on the Torbay Hospital site.
3	To ensure our long-term financial sustainability by delivering operational efficiencies, improving patient pathways and transforming our Digital and estates infrastructure.
4	To support economic regeneration and innovation through collaborative strategic partnerships that deliver significant local and regional (Devon) growth.

The below tables set out the SMART nature of each of our Programme IOs:

Table 4.10 – SMART nature of Investment Objective 1

<b>Investment Objective 1</b>	
<p>To improve the quality of health and wellbeing services for Torbay and South Devon people, by delivering on the following four key principles:</p> <ul style="list-style-type: none"> <li>• Emergency Department and SDEC services to be completely upgraded;</li> <li>• Reprovision of inpatient medical beds and emergency surgery beds within Torbay Hospital;</li> <li>• Separation of planned and unplanned care on the Torbay Hospital site; and</li> <li>• Non clinical services to be moved off the Torbay Hospital site.</li> </ul> <p>In delivering on these four key principles we will work with our partners and neighbours to deliver more coordinated and collaborative services across the Devon ICS and wider system.</p>	
<b>Specific</b>	<p>To improve the quality of health and wellbeing services for Torbay and South Devon people such that it is more coordinated, timely, accessible and better enables delivery of clinical quality targets and the best possible experience for Torbay and South Devon people.</p>
<b>Measureable</b>	<p>To be evidenced by a range of performance indicators to be developed further for OBC but will include:</p> <p><b>Quality and Safety</b></p> <ul style="list-style-type: none"> <li>• Reported incidents Current baseline performance rolling 12 months 42 incidents Target performance TBC* incidents by 2032</li> <li>• Formal complaints Current baseline performance rolling 12 months x complaints Target performance TBC* complaints by 2032 Further indicators to be developed for OBC include: Joint Strategic Needs Assessment (JSNA) data, reduction in hospital re-admission rates, reduction in mortality rates using comparative indices (e.g. Dr Foster)</li> </ul> <p><i>*These performance metrics will be provided in more detail at OBC</i></p> <p><b>Community and Social Care:</b></p> <ul style="list-style-type: none"> <li>• Metrics to be set for community and social care at OBC stage</li> </ul> <p><b>Operational Performance:</b></p> <ul style="list-style-type: none"> <li>• A&amp;E 4 hour wait Current baseline performance 72.6% Target performance 95%</li> <li>• RTT 18 weeks Current baseline performance 64.4% Target performance 92%</li> <li>• Cancer 62 day waits Current baseline performance 66.4% Target performance 85%</li> </ul>
<b>Achievable</b>	<p>By the development of new facilities and systems that allow the implementation of clinical best practice as captured in the clinical mode as well more effective collaboration to deliver services across Devon ICS and wider system.</p>
<b>Relevant</b>	<p>In line with national and local guidance and plans:</p> <ul style="list-style-type: none"> <li>• Torbay and South Devon NHS FT Health and Care Strategy</li> <li>• Devon Planned Care Strategy (in development)</li> <li>• Devon Long Term Plan</li> <li>• Clinically led Review of NHS Access Standards (March 2019)</li> <li>• NHS Long Term Plan (January 2019)</li> </ul>
<b>Time-bound</b>	<p>We would expect to see this objective being fully met over time but starting to see the benefits in the measures from the year after the new facilities and systems are fully operational.</p>

Table 4.11 – SMART nature of Investment Objective 2

<b>Investment Objective 2</b>	
To provide a safe environment through the provision of a high-quality facility that is easy to maintain and operate, by reducing backlog maintenance on the Torbay Hospital site.	
<b>Specific</b>	To resolve current estates and digital infrastructure issues with the aim of delivering healthcare facilities and systems that are safe, compliant, flexible and right sized for the future delivery of clinical and other services, and enable service transformation.
<b>Measureable</b>	Evidenced by: <ul style="list-style-type: none"> <li>• Full compliance with Health Technical Memoranda (HTM) and Health Building Notes (HBN), other statutory standards and best practice for all new build areas</li> <li>• Removal of all backlog maintenance within buildings on the Torbay acute site addressed by the NHP investment by 2030 To be measured through 6 facet survey results and ERIC returns on an annual basis where appropriate</li> </ul>
<b>Achievable</b>	Delivering tried and tested national standards and expected levels of compliance.
<b>Relevant</b>	In line with national and local guidance and plans: <ul style="list-style-type: none"> <li>• Torbay and South Devon NHS FT Estates Strategy</li> <li>• Devon STP Estates Strategy</li> <li>• NHP Guidance – Modern Methods of Construction</li> <li>• NHS Property and Estates: Why the estate matters for patients (March 2017)</li> <li>• The Carter Report (June 2015, revised Feb 2016)</li> </ul>
<b>Time-bound</b>	Compliance with national standards in relation to the physical infrastructure will be signed off in line with the timelines for schedule of accommodation and 1:200s. Ongoing assessments for compliance and to assess quality of the physical and digital infrastructure will be undertaken once the assets are operational and will demonstrate further achievements against this objective.

Table 4.12 – SMART nature of Investment Objective 3

<b>Investment Objective 3</b>	
To ensure our long-term financial sustainability by delivering operational efficiencies, improving patient pathways and transforming our Digital and estates infrastructure.	
<b>Specific</b>	To develop health services, enabled by transformation of our Digital and estates infrastructure in a way which makes a positive contribution to achieving long-term sustainability for the Trust.
<b>Measureable</b>	Evidenced by: <ul style="list-style-type: none"> <li>Financial statements of Torbay and South Devon NHS FT</li> <li>Baseline deficit currently £18.0m FY 2019/20</li> <li>Target financial balance to be delivered from FY 2033/34 onwards</li> </ul>
<b>Achievable</b>	Robust and detailed demand and capacity modelling alongside implications on financial performance will be undertaken utilising realistic assumptions and targets (for both the Trust and the Devon ICS).
<b>Relevant</b>	In line with national and local guidance and plans: <ul style="list-style-type: none"> <li>Devon Long Term Plan</li> <li>Clinically led Review of NHS Access Standards (March 2019)</li> <li>NHS Long Term Plan (January 2019)</li> <li>Next Steps on the NHS Five Year Forward View (March 2017)</li> </ul>
<b>Time-bound</b>	Benefit realisation will be felt in full by one year after new facilities and systems are fully operational. Improvements in financial performance of the Trust will be felt over the medium term.

Table 4.13 – SMART nature of Investment Objective 4

<b>Investment Objective 4</b>	
To support economic regeneration and innovation through collaborative strategic partnerships that deliver significant local and regional (Devon) growth.	
<b>Specific</b>	To ensure that the investment in our Digital and estates infrastructure is not only beneficial to the Trust but supports our wider stakeholders and partners to deliver wider and more intensive economic regeneration and innovation, both locally and across the Devon region.
<b>Measureable</b>	Evidenced by: <ul style="list-style-type: none"> <li>• Clinical and non clinical apprenticeships offered by the Trust Current baseline of TBC per annum Future delivery of TBC per annum</li> <li>• Use of local small and medium enterprises either directly or indirectly in the supply chain at least at the target level published by Cabinet Office. Measured by contractor reporting throughout construction and final position by 2030.</li> <li>• Training and development offered by local Education institutions TBC current E&amp;T places offered per annum (2021) TBC target E&amp;T places offered per annum 2032 onwards</li> </ul>
<b>Achievable</b>	The scale of investment being made by the Trust is such that these benefits will be achievable and capable of being measured / captured by the business case process, the construction period and when the assets and systems are in operation.
<b>Relevant</b>	In line with national and local guidance and plans: <ul style="list-style-type: none"> <li>• Devon Long Term Plan</li> <li>• Torbay and South Devon NHS FT – People Plan (found at Appendix 9.5.1)</li> <li>• NHP Guidance / Green Book – Social Economic Gain</li> </ul>
<b>Time-bound</b>	Throughout construction and from operational start date.

Table 4.14 – SMART nature of Investment Objective 5

<b>Investment Objective 5</b>	
To deliver a facility that is a great place to work which attracts and retains the highest calibre of staff.	
<b>Specific</b>	To provide a high-quality facility that offers increased opportunities to motivate and retain our existing staff and to attract new staff.
<b>Measureable</b>	Evidenced by: <ul style="list-style-type: none"> <li>• Sickness absence: Current baseline performance 4.7% Target performance 4.0% by 2032</li> <li>• Staff pulse check survey: Current baseline performance 57.97% positive Target performance TBC% positive by 2032</li> <li>• Agency spend: Current baseline performance £9.1m per annum Target performance £8.7m per annum by 2032 (factoring in growth in staffing costs)</li> <li>• Staff survey (recommended place to work) Current Baseline performance 65% Target performance x% by 2032</li> </ul>
<b>Achievable</b>	The scale of transformation from a physical and digital perspective will provide staff, existing and new, with opportunities to work in a safer, higher-quality, more innovative environment.
<b>Relevant</b>	In line with national and local guidance and plans: <ul style="list-style-type: none"> <li>• Torbay and South Devon NHS FT – People Plan</li> <li>• NHS People Plan</li> </ul>
<b>Time-bound</b>	We would expect to see this objective being fully met over time but starting to see the benefits in the measures from the year after the new facilities and systems are fully operational.

As can be seen from the tables above, the IOs can be measured in a number of ways using a multitude of existing performance indicators and the Trust is considering the right blend of measures to represent Programme success for each objective. At OBC stage these will be articulated in detail with baseline and target values included but further work is required to develop this. Measures are likely to include improvement targets across a range of performance indicators.

## 4.12 Potential Scope of the Programme

### Development of the Torbay Hospital site

The Programme will deliver new, digitally enabled and net-zero carbon care facilities which will replace parts of our current estates infrastructure at the Torbay Hospital site.

The Economic Case sets out the options for developing our estates infrastructure at Torbay Hospital and the approach to appraising these options in detail. This analysis has identified a Preferred Way Forward. This option restricts new build development to 36,537 square metres, maximises the impact of available funding and delivers on our key principles.

The estates infrastructure options were considered in the context of an affordability requirement and the four clinical requirements set out below:

- Re-provision of inpatient medical beds and emergency surgery beds in the hospital
- Separation of planned and unplanned services
- Clinical and non-clinical support services to be moved off the hospital site wherever possible
- Emergency Department and Same Day Emergency Care services to be completely upgraded with integrated pathways.

The preferred way forward is also favoured because site disruption risk is considered 'medium', during the construction phase of project. Furthermore, planning risk is considered 'low'. The dialogue with the local planning authority has been constructive and the only outstanding concern at this stage is the extent of site clearance that will be required at the end of the main construction Programme. The Trust is committed to working with the local authority to ensure that the site clearance of redundant building stock is delivered in a manner that retains the heritage of site whilst also delivering the revenue cost savings that would result from the site clearance.

The preferred way forward would be delivered over a five-year period from 2025 to 2030. The table below shows the split of new build development and refurbished areas:

Table 4.15 – Breakdown of new build development and refurbished areas

Estate	Development type	Area
	New build	36,537 m <sup>2</sup>
	Refurbished areas	6,674 m <sup>2</sup>
	Total	43,651 m <sup>2</sup>

The site plan below has been taken from our Development Control Plan and provides an indication of the layout of the Torbay Hospital site following completion of development under the preferred way forward. More detail is provided in the Economic Case and Appendix 9.1.4.



Figure 4.14 – Site plan from estates infrastructure Option 3



Key to the site plan

Purple buildings	New Buildings <ul style="list-style-type: none"> <li>• Acute ward build – North of the site</li> <li>• Modular building – site enabling project</li> <li>• Elective care centre</li> </ul>
Light Blue building	Upgraded Emergency Department
Red building	Hetherington block ( currently scheduled for site clearance)

Key elements of the scope of the Programme include the following:

### Separated facilities

The Programme will deliver two separate facilities to replace the existing building. There will be a modern, fit for purpose and appropriately sized acute hospital with a separate planned care centre to enable segregation of acute service provision from planned services. This approach will align with the community focus and ‘care closer to home’ model which forms part of our Health and Care Strategy. The new facility for planned care in particular will contribute to the provision of enhanced quality of care across Devon.

### Summary of investment requirements

The table below summarises the capital requirement of the Preferred Way Forward for the Programme which totals £497m.

The OB forms detailed in Appendix 9.4.1 illustrate a capital spend of £484m, this figure is inclusive of fees, VAT, Optimism Bias and contingency costs. In addition, the Trust has identified a further cost allowance of £13m for further site clearance that will take place at the end of the construction Programme. At this stage, the revenue savings associated with the removal of the old hospital block have been included in the economic appraisal, but this will be subject to a more detailed cost to benefit appraisal to establish the optimal approach

for further site clearance. The savings associated with this clearance would be significant and the agreed position will be confirmed at Outline Business Case stage

Table 4.16 – Summary of investment requirements

Investment requirement description	Indicative capital cost (£'m)
Estates	484
Further site clearance and external works	13
<b>Total</b>	<b>497</b>

## 4.13 System Partners

We will work with a wide range of Devon system partners to deliver services effectively and to achieve the best outcomes for the local population. Our key system partners, the purpose of our engagement with them and their roles are set out in the table below:

Table 4.17 – List of partners and their role

System Partner	Purpose of engagement	Role of system partner in delivering health and care functions
Devon Integrated Care System (ICS)	Implementation of Devon ICS Strategic Outcomes Framework	We will align our health and care model with the principles of the Devon ICS Strategic Outcomes Framework.
Royal Devon University Healthcare NHS Foundation Trust	Wider ICS plan – Exeter and North Devon	We will work closely with RDUH through the wider Integrated Care System plan in the region
Torbay Council	Torbay planning and consistency with local plan	The councils in Torbay and South Devon are key partners: we provide social care services on behalf of the councils, and the councils' collaboration on strengths-based reablement and a 'home first' approach to care will be essential in the future care model.
Teignbridge Council	Teignbridge planning and consistency with local plan	
South Hams District Council	South Hams planning and consistency with local plan	
Devon County Council	Devon CC – key lead in ICS planning	
University Hospitals Plymouth NHS Trust (UHP)	Wider ICS plan – Plymouth and West Devon	We will work closely with UHP through the wider Integrated Care System plan in the region.
Devon Partnerships Trust (DPT)	Local Care Partnerships / ICS vision and place-based care	DPT is a mental health and learning disabilities service provider in Devon who have purpose built facilities on the Torbay Hospital site. DPT's support will be incorporated into a number of our activities.

South Western Ambulance Service NHS Foundation Trust (SWASFT)	ICS	SWASFT plays a critical role in managing demand for acute unplanned care services. We will partner with SWASFT in delivering on our ambitions for unplanned care through a shared approach to community based unplanned care and making sure acute services are reserved for those who most need them.
NHS England / Improvement (NHSE/I)	Regional NHSE/I approval	NHSE/I has combined oversight of planning, budgets and delivery of services by NHS Trusts. NHSE/I will be kept informed of our future health and care model and its integration with our plans for NHP.
Anthony Mangnall; Kevin Foster; Anne-Marie Morris	Supportive local, regional and national politicians	We will engage with politicians and will seek their support in furthering our ambitions.
Torbay Development Agency (TDA)	Link to economic prosperity	We will liaise with TDA to ensure that the building of new infrastructure is closely linked to the economic regeneration of Torbay.
Primary care networks (PCNs)	LCP – clinical model of strength based and primary care led	PCNs will play a critical role in prevention and keeping well activities across Torbay and South Devon. We intend to work closely with PCNs to understand the needs of the population and plan services appropriately.
Rowcroft Hospice services	End of life care	Transforming end of life care will be a key element of the future health and care model and will involve including patients and their carers in decision making. Hospice services will play a key role in achieving this vision.
Social care providers	Community care delivery	We commission social care providers to deliver care in Torbay. It is essential that these providers understand and are supportive of our vision for tech-enabled care at home. We will curate a high-functioning market which is capable of getting patients out of hospital and back home as quickly and safely as possible, maximising technology solutions in the process.
Voluntary and charity sector	Community care support	The voluntary and charity sector can play an important role in delivering more services in the community, particularly in relation to prevention. The sector could engage more volunteers in outreach work for hard to reach groups vulnerable to the risks of deprivation often seen in Torbay.
Healthwatch and carers groups	Community engagement	Healthwatch England is a national organisation which collects the views of people who use health and care services. This is done to inform and influence decisions and indicate areas for improvements. It is a clear route into engaging with local communities. There are also multiple carer groups which we consult in order to inform decisions relating to health and care.
User groups	User engagement	Our Programme plan includes engagement with a range of user groups.

## 4.14 Benefits

We have identified and quantified Programme benefits under the following categories:

- Clinical efficiencies
- Emergency and ambulatory care
- Outpatients
- Medication
- Pathway management
- Radiology and laboratory
- Theatres
- Workforce
- Care closer to home
- Paperless
- Repatriated clinical activity
- Additional commercial income
- Savings from site clearance

These benefits are reflected in the economic appraisal conducted in the Economic Case. The methodology in respect of the identification and quantification of benefits is also set out in full in the Economic Case.

## 4.15 Risks

### Summary

The Programme Office has developed a detailed risk register and this will be proactively managed and reported on throughout the life cycle of the Programme. This risk register covers all workstreams, and the NHP Programme Director and Programme Manager will ensure that the level of risk within the Programme is continuously reviewed and mitigated and that risks are closed down when appropriate.

Part 8.8 of the Management Case provides further information in respect of how we identify and manage risks.

### 4.15.1 Top Four Risks

The top four risks noted within the Programme Office risk register are noted below. All the risk scores noted are post mitigation scores.

#### **1. Construction Inflation calculations may be inadequate (PUBSEC) to allow the Programme to be delivered within the site enabling budget. (risk score 16)**

The site enabling costs will be fully detailed at OBC stage, with the cost advisors ensuring that the most accurate inflation indices are employed and subject to quarterly review. The OBC will not be submitted until the cost of the Programme has been agreed.

Most enabling work will be dealt with through Business as Usual Trust Capital, however for matters that need to be addressed with the Preferred Supply Chain Partner(s) (PSCP) an early cost plan will be required from the PCSP to agree the position as early as possible. The Trust recognises the requirement to deliver this Programme of works within the overall affordability threshold for the Programme.

## **2. Trust planned operational efficiency requirements are not delivered (CIP) to underpin investment (risk score 16)**

TSDFT recognises that the delivery of a sustainable break even position is a significant challenge and as such this area remains a top priority for the operational teams to address.

A strategic transformation plan for the Trust will need to be in place on completion of the OBC / FBC and will be owned by the Trusts operational teams through the Drumbeat Programme and, once agreed across the organisation, will then pass to the transformation team to deliver.

## **3. Trust workforce plan not delivered due to poor staff retention rates, an ageing workforce profile, national shortage of specific skill sets, the ability of TSDFT to attract sufficiently skilled workforce which results in the failure of the delivery of the workforce model. (risk score 16)**

This will remain a significant risk until completion of the Programme. The workforce plan will be delivered during the OBC and FBC phases as they are fundamental to the delivery of the Trust affordability models. Once agreed, implementation will take place from FBC approval and will be required to be in place by the end of the construction period.

This risk will remain at a high level until the new workforce model has been safely implemented. The Trust's People Plan (see Appendix 9.5.1) mitigates the risk while the workforce model is implemented.

## **4. Inability to align services across Devon and capitalize on the expected efficiencies from shared services (risk score 15)**

This risk addresses the requirement for alignment of all providers within the South West peninsula on the issue of clinical and non-clinical support services, the objective being that the provision of these services is delivered as efficiently as possible, which may require services to be provided across the region rather than by each provider. TSDFT's position, once defined, will be shared with partners for further discussion and agreement. This area has to be addressed by the health economy to ensure OBC and FBC approval.

This aspect of the Programme will be fundamental to its overall delivery as the Programme Office and planning advisers have already agreed a requirement to reduce support services/office accommodation at the Torbay acute site from 23,000m<sup>2</sup> to 16,000m<sup>2</sup>. These site-enabling assumptions will be addressed through the work of the 'support services' workstream, and therefore will not need to be re-provided within the BBF Programme investment.

This risk is expected to remain high throughout the life cycle of the Programme.



## 4.16 Constraints

The Programme Office has identified the following key constraints which will continue to be proactively managed as the Programme develops.

- **Torbay Climate Emergency** – In 2019 Torbay Council declared a climate emergency and joined the Devon Climate Emergency Response Group (previously referenced in part 4.3 – Local population of this Strategic Case). In order to ensure that we obtain local planning approvals on a timely basis, our plans for improving our Digital and estates infrastructure will need to clearly demonstrate contributions towards reducing carbon emissions.
- **Substandard Digital Infrastructure** – Our existing Digital Infrastructure is substandard and acts as a constraint to us being able to properly implement our Health and Care Strategy to meet the current and future needs of our patients and staff. Investment in and commitment to digital transformation is necessary to allow us to realise our ambitions of providing better care outcomes for our patients and better working environments for our staff.
- **Availability of national construction market** – the national construction market has limited capacity and will be required to support the delivery of the entire New Hospitals Programme. This challenge will now be managed at a national level who will ensure that the resource does exist to deliver the Programme. However, this remains a significant constraint and risk to the Programme.
- **Corporate Social Responsibility (CSR)** – We recognise the important role we play within the local community as both a health care provider and a major employer. We take proactive steps to further build our links with the local community, for example by holding open day events for local pupils and students on NHS careers. We will need to ensure that the Programme is properly aligned to and supports our CSR ambitions.
- **Funding availability** – The capital allocation for the Programme through the NHP will be restricted to an agreed Trust allocation. Any expenditure in excess of this amount would be limited as it would need to be funded through our cash reserves and available BAU capital.
- **Short term capital investment** – the Trust will require prior approval of a site enablement business case. We anticipate that this business case will be required to go through an Outline and Full Business Case approval process. The level of investment that will be required to deliver this Programme will be required from 2023/24 onwards.
- **Revenue challenges** – We will be required to ensure that the Programme assists with the delivery of long term financial sustainability not only for the Trust, but also for the wider Devon system. This will require alignment with all system partners across a range of areas, including the delivery of new and innovative clinical models of care, digital systems and workforce models that will all need to be developed in a manner that supports the Programme Investment Objectives noted in Table 4.9. We are currently in a deficit position and this will continue for some years until the Cash Releasing Benefits derived from our investment are realised. It is understood that short-term adverse revenue impacts of the NHP Programme are recognised at a NHSE/I national level, in addition to at a Devon ICS level, and this is subject to discussion with the NHSE/I South West Regional Team in order to identify transitional funding solutions. This is not an issue which is unique to our Programme and is a national funding issue.
- **Workforce challenges** – As set out in part 4.4 – Organisational overview of this Strategic Case, we are facing a demographic challenge in respect of our workforce with

a large number of staff expected to retire over the next 5 to 10 years. Furthermore, we have experienced challenges in respect of recruiting and retaining staff. These workforce challenges could constrain our ability to deliver the Programme and successfully implement our Health and Care Strategy. While this remains a significant risk, the People Plan found at Appendix 9.5.1 addresses this particular challenge in the short term.

## 4.17 Dependencies

There are a number of dependencies that the Programme Office will need to manage as the Programme develops, these include the following:

- **Planned care strategy for Devon and Cornwall** – As set out previously in the Strategic Case, NHP funding is to be allocated to ourselves, NDHT and UHP in order to transform planned care across Devon and Cornwall. The three Trusts are working with ICB Devon on the configuration of planned care overall.
- **Macroeconomic context** – As noted within the Financial Case, the Covid-19 pandemic has created significant financial pressures on the NHS. The deliverability of the Programme is dependent on the continued availability of required funding. It is particularly dependent on the continued allocation of NHP funding to us in accordance with the previously agreed national timetable.
- **Enabling works** – The timely commencement of construction is dependent on the completion of essential enabling works. These works will need to be undertaken by a suitably qualified contractor appointed at an appropriate time.
- **Planning permission / risk** – The development of our site is dependent on us obtaining the necessary planning permission from the relevant local planning authority. We will engage closely with this authority to help ensure that our prospective plans satisfy any local requirements.
- **Green transport plan** – In order to reduce the carbon footprint of our sites, our patients and staff need to be provided with viable low carbon options for travelling to and from our sites. The implementation of a 'green transport plan' across the region will contribute to improvements to low carbon transport.

## 4.18 Conclusion

This case has highlighted the significant medium to longer challenges faced by the Trust in relation to demographic pressure, failing estate infrastructure combined with the limited level of digital infrastructure that currently exists and these factors provide the narrative for a compelling case for change.

The Building an Brighter Future Programme office has engaged widely with system partners who are all supportive of the need for investment on the Torbay Hospital site, and in conjunction with our partners we have developed an Preferred Way Forward that delivers against our Programme Investment Objectives. This Preferred Way Forward will in turn allow the Trust to deliver sustainable improvements to patient care, clinical flow, financial and operational performance, whilst also ensuring that we deliver to the national requirements of net zero carbon construction.

Clearly, there are risks to the delivery of a project of this scope, however the local team remains committed to working with national colleagues on the delivery of a minimal viable product that supports the delivery of our health and care strategy.

## 5 Economic Case

### Key messages

- The right options - Robust and reasonable long list of options has been created from which we have been able to select a strong shortlist. These are the right options to consider because they have been tested against clear CSF's linked to our Investment Objectives.
- The right appraisal method - Shortlisted Options have been subjected to robust economic appraisal in line with green book and required CIA model.
- Robust appraisal inputs - Financial appraisal is felt to be robust because we have made reasonable and prudent estimates of costs and benefits, using external expert advice where appropriate and taking account of risk.
- Compelling economic case – A preferred way forward has been identified that represents a compelling case, good value for money with a cost: benefit ratio of 1:2.50 and it is believed that it is likely to be possible to make an even stronger economic case at OBC stage due to the very prudent approach taken to estimating costs and benefits.

### 5.1 Introduction

The Strategic Case described the clear rationale for our Programme. It demonstrated that our existing Infrastructure presents daily challenges to operational efficiency, quality and safety of patient care and set out at a high level the investments we want to make.

This Economic Case sets out and appraises the available options for implementing the Programme in ways which will use our investment to “build a brighter future” by transforming services, addressing the long term challenges we face, putting ourselves on a sustainable financial footing, aligning with Devon Long Term Plan priorities and meeting the Programme Investment Objectives. The Economic Case is concerned with VfM, using the BCR.

### 5.2 Critical Success Factors

In order that the options open to us to deliver on the Programme Investment Objectives can be appropriately appraised, a set of CSFs are required to be developed. As per HMT Green Book and BBC guidance, CSFs are *“the attributes essential for successful delivery of the Programme, against which the initial assessment of the options for delivery of the project will be appraised, alongside the Investment Objectives”*.

The CSFs were developed by the Programme Team with input sought from key stakeholders/system partners. Our Executive Directors then discussed and agreed the CSFs in March 2021. Both the Investment Objectives and CSFs were subsequently presented to and approved by our Programme Board on 24 March 2021. These Investment Objectives and CSFs were revalidated in June 2022.

The CSFs are set out in the table below which identifies the overarching CSF theme as per central guidance, the agreed CSF itself and then links each to the relevant Programme Investment Objective.



Table 5.1 – CSFs

CSF	Theme	Critical Success Factor
CSF1		Does the option provide a sustainable long term solution for care and clinical services, which meets the present and future needs of the Trust?
CSF2	Strategic fit and business needs	Does the option drive opportunities for further collaboration with partners and improve the quality of care for Torbay & South Devon people?
CSF3		Is the option likely to be acceptable and supported by staff, public and partner organisations – Local Authority, 3rd sector?
CSF4	Potential value for money	Does the option allow for the delivery of significant benefits in the form of: <ul style="list-style-type: none"> <li>• Benefits to patients through quality and safety of care;</li> <li>• Jobs and economic regeneration for the people of Torbay and South Devon; and</li> <li>• A sustained reduction in the backlog maintenance position of the organisation.</li> </ul>
CSF5	Supplier capacity and capability	How well the option: <ul style="list-style-type: none"> <li>• matches the ability of potential suppliers to deliver the required services, and</li> <li>• is likely to be attractive to the supply side</li> </ul>
CSF6	Potential affordability	Is the option affordable and will it drive clinical and operational efficiencies?
CSF7	Potential achievability	Ability of the organisation to be able to deliver the option in terms of: <ul style="list-style-type: none"> <li>• People with the right skills</li> <li>• Technological infrastructure solutions to support service transformation</li> </ul>

The below tables show the standalone CSFs and how they relate to our overarching Programme Investment Objectives:

Table 5.2 – CSFs link to Investment Objectives

<b>Critical Success Factors</b>	<b>Investment Objective 1</b>	<b>Investment Objective 2</b>	<b>Investment Objective 3</b>	<b>Investment Objective 4</b>	<b>Investment Objective 5</b>
<b>Short-form of Investment Objectives</b>	<i>To improve the quality of health and wellbeing services</i>	<i>To provide a safe environment through the provision of a high-quality facility</i>	<i>To ensure long-term financial sustainability</i>	<i>To support economic regeneration and innovation</i>	<i>To deliver a facility that is a great place to work</i>
CSF1 – Strategic fit and business needs	✓	✓	✓	✓	✓
CSF2 – Strategic fit and business needs	✓	✓	✓	✓	✓
CSF3 – Strategic fit and business needs	✓	✓	✓	✓	✓
CSF4 – Potential value for money	✓	✓	✓	✓	✓
CSF5 – Supplier capacity and capability		✓		✓	
CSF6 – Potential affordability	✓	✓	✓	✓	✓
CSF7 – Potential achievability	✓	✓	✓	✓	✓

## 5.3 Options Appraisal

Following the agreement of the Programme Investment Objectives and CSFs, the Options Filter Framework has been used to develop and assess the long list of options available to us. The key which follows shows how we have used and assigned our Red-Amber-Green ('RAG') rating when appraising the key dimensions of the options.

### RAG Rating Key

**Meets CSFs**

**Meets CSFs but is less attractive**

**Fails to meet CSFs**

The following sections set out the process we followed to identify and assess options. The Options Filter Framework is set out, with conclusions drawn and a short list of options presented. Then a qualitative assessment of the Shortlisted Options is undertaken.

### Long List Options Appraisal – Options Filter Framework

The summary of Long List Options below and Options Filter Framework below sets out the analysis undertaken by the Programme team and Executive Directors:

Table 5.3 – Long List Options

Options	Option Narrative
<p><b>Option 1 – BAU / Counterfactual</b></p> <ul style="list-style-type: none"> <li>Backlog maintenance in line with CDEL</li> </ul>	<p>All existing services are maintained on the acute TSDFT site, with capital investment made in order to clear critical estates backlog maintenance (Category D) on the site, [in line with currently approved CDEL levels].</p>
<p><b>Option 2 – Do Minimum Minus</b></p> <ul style="list-style-type: none"> <li>Backlog maintenance above CDEL</li> </ul>	<p>All existing services are maintained on the acute TSDFT site, with capital investment made in order to clear all backlog maintenance on the site, [at levels above approved CDEL levels].</p>
<p><b>Option 3 – Do Minimum</b></p> <ul style="list-style-type: none"> <li>New build reprovision of in-patient bed capacity</li> <li>New build capacity for surgical day case activity on Torbay Hospital site</li> <li>Refurbished ED</li> </ul>	<p>Reprovision of all in-patient bed capacity, with an ED refurbishment and a substantial element of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. The redundant building stock on the site will not be cleared.</p> <p>In delivering this we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). In addition, there will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North Devon.</p> <p>The redundant building stock on the site will not be cleared.</p>
<p><b>Option 4 – Intermediate Option</b></p> <ul style="list-style-type: none"> <li>New build reprovision of in-patient bed capacity</li> <li>New build additional bed capacity</li> <li>New build capacity for surgical day case activity on Torbay Hospital site</li> <li>Refurbished ED</li> </ul>	<p>Reprovision of all in-patient bed capacity including delivery additional bed capacity, with an ED refurbishment and a substantial element of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. The redundant building stock on the site will not be cleared.</p> <p>In delivering this we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). In addition, there will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North Devon.</p> <p>The redundant building stock on the site will not be cleared.</p>

Options	Option Narrative
<p><b>Option 5 – Intermediate Option</b></p> <ul style="list-style-type: none"> <li>• New build reprovision of in-patient bed capacity</li> <li>• New build capacity for surgical day case activity on Torbay Hospital site</li> <li>• Refurbished ED</li> <li>• Demolition of redundant building stock</li> </ul>	<p>Reprovision of all in-patient bed capacity, with an ED refurbishment and a complete separation of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. In addition, there will be site clearance of the redundant building stock on the site.</p> <p>In delivering this we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). In addition, there will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North Devon.</p> <p>There will be site clearance of the redundant building stock on the site.</p>
<p><b>Option 6 – Intermediate Option</b></p> <ul style="list-style-type: none"> <li>• New build reprovision of in-patient bed capacity</li> <li>• New build additional bed capacity</li> <li>• New build capacity for surgical day case activity on Torbay Hospital site</li> <li>• Refurbished ED</li> <li>• Demolition of redundant building stock</li> </ul>	<p>Reprovision of all in-patient bed capacity including delivering additional bed capacity, with an ED refurbishment and a substantial element of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. The redundant building stock on the site will not be cleared.</p> <p>In delivering this we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). In addition, there will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North Devon.</p> <p>There will be site clearance of the redundant building stock on the site.</p>
<p><b>Option 7 – Do Maximum</b></p> <ul style="list-style-type: none"> <li>• Full new build</li> </ul>	<p>Full new build reprovision of the entirety of the existing Torbay acute site.</p> <p>Reprovision of all services delivered at present, splitting urgent and emergency care from elective pathways. In addition, there will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North Devon.</p>
<p><b>Option 8 – Do Maximum Plus</b></p>	<p>Full new build reprovision of the entirety of the existing Torbay acute site, including additional bed capacity in line with demand and capacity modelling.</p> <p>Reprovision of all services delivered at present, splitting urgent and emergency care from elective pathways. In addition, there will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North Devon.</p>

Table 5.4 – Options Filter Framework

Dimension	BAU / Counterfactual	Do Minimum	Intermediate Option	Intermediate Option	Intermediate Option	Intermediate Option	Intermediate Option	Do Maximum
1A. Main Service Scope – as outlined in strategic case	1A.1 - All existing services provided on the TSDFT site	N/A	We will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP)				Reprovision of all services delivered at present, splitting urgent and emergency care from elective pathways.	
			1A.2 – Unplanned care will be <b>substantially</b> separated from planned care. There will be a <b>new day case surgical centre</b> on the TSDFT site serving the planned care needs of the <b>population of Torbay and South Devon.</b>	1A.3 – Unplanned care will be separated from planned care. There will be a <b>new day case surgical centre</b> on the TSDFT site serving the planned care needs of the <b>population of South, East and North Devon</b>	1A.4 – Unplanned care will be separated from planned care. There will be a <b>new planned care facility</b> somewhere in Devon, serving the planned care needs of the <b>population of South, East and North Devon</b>	1A.5 - Unplanned care will be separated from planned care. There will be a <b>new day case surgical centre</b> on the TSDFT site serving the planned care needs of the <b>population of Torbay and South Devon.</b>	1A.6 - Unplanned care will be separated from planned care. There will be a <b>new day case surgical centre</b> on the TSDFT site serving the planned care needs of the <b>population of South, East and North Devon</b>	1A.7 - Unplanned care will be separated from planned care. There will be a <b>new elective surgical centre</b> on the TSDFT site, serving the planned care needs of the <b>population of South, East and North Devon</b>
	Carried Forward		Discounted	Preferred Way Forward	Discounted	Discounted	Carried Forward	Discounted

Dimension	BAU / Counterfactual	Do Minimum	Do Maximum
1B. <b>Diagnostic Service Scope</b> – as outlined in Strategic Case	1B.1 – All diagnostic services remain on the TSDFT site.	N/A	1B.2 – All diagnostic services related to unplanned care services to remain on the TSDFT site. Some routine diagnostic services to be provided from a diagnostic Hub elsewhere in Devon.
	Carried Forward		Preferred Way Forward

Dimension	BAU / Counterfactual	Do Minimum	Intermediate Option	Intermediate Option	Intermediate Option	Intermediate Option	Do Maximum	
2. <b>Service Solution</b> – in relation to the preferred scope	2.1. – Ongoing capital plan.	2.2 – Clearance of all backlog maintenance on the Torbay Hospital site.	2.3 – Reprovision of all in-patient bed capacity, with an ED refurbishment and a substantial element of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity.  The redundant building stock on the site will not be cleared.	2.4 – Reprovision of all in-patient bed capacity including delivery of additional bed capacity, with an ED refurbishment and a substantial element of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity.  The redundant building stock on the site will not be cleared.	2.5 - Reprovision of all in-patient bed capacity, with an ED refurbishment and a complete separation of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity.  In addition, there will be site clearance of the redundant building stock on the site.	2.6 - Reprovision of all in-patient bed capacity including delivery of additional bed capacity, with an ED refurbishment and a separation of planned and unplanned split of services. This is delivered through the development of new build capacity for day case surgical activity.  There will be site clearance of the redundant building stock	2.7A - Full reprovision of the existing TSD site as a new build solution	2.7B - Full reprovision of the existing TSD site as a new build solution, including additional bed capacity in line with demand and capacity modelling
	Carried Forward	Discounted	Carried Forward	Discounted	Preferred Way Forward	Discounted	Carried Forward	Discounted



Dimension	BAU / Counterfactual	Do Minimum	Intermediate Option	Intermediate Option	Intermediate Option	Intermediate Option	Intermediate Option
3. <b>Service Delivery</b> – in relation to preferred scope and solution	3.1 – Current arrangements	3.2 - P22 or successor framework, with a separate procurement for Design Team run by the Trust	3.3 - P22 or successor framework procurement for a Design and Build contractor	3.4 - Open market procurement run by the Trust, with a separate Design Team and contractor procurement	3.5 - Open market procurement run by the Trust, with a single procurement for a Design and Build contractor	3.6 - National NHP alliance model	3.7 - Strategic Estates Partner
	Discounted	Carried Forward	Carried Forward	Carried Forward	Carried Forward	Preferred Way Forward	Discounted

Dimension	BAU / Counterfactual	Do Minimum	Intermediate Option	Intermediate Option	Do Maximum
4. <b>Implementation</b> – in relation to preferred scope, solution and method of service delivery	4.1 – Current arrangements	N/A	4.2 – Multi-phase implementation.	4.3 – Two-phase implementation.	4.4 – Single-phase of implementation.
	Discounted		Preferred Way Forward	Carried Forward	Discounted

Dimension	BAU / Counterfactual	Do Minimum	Intermediate Option	Intermediate Option	Intermediate Option
5. <b>Funding</b> – in relation to preferred scope, solution, method of service delivery and implementation	5.1 – Trust BAU Capital	5.2 – Central PDC funding	5.3 – Central PDC funding and other third party sources of finance	5.4 – Private finance	5.5 – Mixed public and private finance
	Carried Forward	Carried Forward	Preferred Way Forward	Discounted	Discounted

A full analysis of each of the constituent Option Filter Framework key dimensions identified in the table above has been undertaken through engagement with key stakeholders. The full analysis for the estates infrastructure element of the Programme, and the associated rationale for conclusions can be found at Appendix 9.2.1 – this includes a SWOT analysis as per BBC guidance. A summary of the results of the analysis is presented below, with focus given to the Preferred Way Forward identified for each key dimension.

### Main Service Scope

**Preferred Way Forward: 1A.3 – “Unplanned care will be separated from planned care. There will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North Devon”**

Main scope items 1A.2, 1A.3 and 1A.4 all outline that we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). Each of these scope options sees the separation of planned and unplanned care, with the variance between options seen through the servicing of those planned care needs. Main scope item 1A.3 sets out that a new day case surgical centre will be developed on the Torbay Hospital site, serving the planned care needs of the population of South, East and North Devon. This option is brought forwards as the Preferred Way Forward, recognising the ability for true partnership and wider system working to be implemented. The option scores well against each of the CSFs and indeed against the overarching Programme Investment Objectives, particularly *Programme Investment Objective 1 – to improve the quality of health and wellbeing services for Torbay & South Devon people, working with our partners and neighbours to deliver more co-ordinated and collaborative services across the ICS and wider System*. The option addresses the fact that our existing services model is unsustainable, with patient care and safety likely to be significantly improved when compared to the counterfactual position.

### Diagnostic Service Scope

**Preferred Way Forward: 1B.2 – “All diagnostic services related to unplanned care services to remain on the Trust’s site. Some routine diagnostic services to be provided from a diagnostic Hub elsewhere in Devon”.**

Diagnostic scope item 1B.2 has been brought forward as the Preferred Way Forward. This option is in line with the expectations set through national guidance and allows for consistency with the Preferred Way Forward set out at 1A.4 in the context of unplanned care remaining on our site.

### Service Solution

**Preferred Way Forward: 2.5 – “Reprovision of all in-patient bed capacity, with an ED refurbishment and a complete separation of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. In addition, there will be site clearance of the redundant building stock on the site.”**

The Preferred Way Forward solution is determined to be service solution item 2.5. A number of infrastructure alternatives were assessed at the long list stage against the Programme Investment Objectives and CSFs. Given the Preferred Way Forward identified through the Service Scope dimension, both the ongoing capital plan and full addressing of backlog maintenance on the Torbay Hospital site were deemed to not deliver against the core requirements of the Programme.

The minimum viable service solution deemed to deliver against the identified Service Scope was identified as item 2.3, which sees a combination of a new build reprovision of inpatient beds and a day case surgical activity, with a refurbishment of the ED. This was deemed to meet the minimum requirements of the Programme, performing well against each of the CSFs. Item 2.5 sees a similar service solution option to that articulated at 2.3, however there is an additional scope of clearing the redundant building stock on the Torbay Hospital Site. The benefits attributed to this clearance are thought to be significant:

- Removes backlog maintenance associated with these buildings and avoiding further capital expenditure which would be required to be invested in them further down the line;
- Saves a level of fixed costs associated with keeping these buildings as vacant e.g. security and other utilities; and
- Minimises risk held by our Trust in relation to these buildings.

The additional scope of the site clearance was deemed to be attractive given the above benefits, contributing more against the Programme Investment Objectives and CSFs than 2.3, as such 2.5 has been deemed to be the Preferred Way Forward for the Service Solution dimension.

A variation on both 2.3 and 2.5 was included in the long list, which would see additional bed capacity added to each of the respective options articulated above. These options were discounted at the long list stage due to affordability constraints, from both a revenue and capital perspective and due to a likely lack of support from the national team for bed expansion.

## Service Delivery

### Preferred Way Forward: 3.6 – “National NHP alliance model ”

Service delivery item 3.6 – the national NHP alliance contracting model has been deemed as the Preferred Way Forward. We understand from national colleagues that this is the preferred delivery route for the majority of the NHP.

## Implementation

### Preferred Way Forward: 4.2 – “Multi-phase implementation”

Implementation item 4.2 has been brought forward as the Preferred Way Forward. Recognising the delivery constraints and risks associated with adopting a single or two phased approach, multi-phase implementation has been deemed the most appropriate methodology based on the practicality of the site, planning permissions and decant requirements. It is recognised that the use of this option could add a greater level of programming complexity and length to the Programme, however we will mitigate this risk as the Programme moves forward and greater design clarity is available.

## Funding

### Preferred Way Forward: 5.3 – “Central PDC funding and other third party sources of finance”

The Preferred Way Forward option for funding is 5.3. In line with the comments made earlier in this Economic Case, this option has been brought forward as it recognises the ability to increase the capital envelope for the Programme and that the initial messaging from the NHP national team indicates that additional third party sources of finance would be supported by approvers. It should be noted that third party sources of finance in this context

are not deemed to be what has historically been known as “private finance” in which we are required to take a long term obligation in return for financing which would ultimately impact both national and our own CDEL requirements.

### Options Short List

In line with the HMT Green Book and BBC guidance the Options Filter Framework has been used to generate the shortlist of options:

Table 5.5 – Summary of Shortlisted Options brought forward from Options Filter Framework

Options	Option 1 – BAU / Counterfactual	Option 3 – Do Minimum	Option 5 PWF	Option 7 – Do Maximum
Main Scope	1A.1	1A.3	1A.3	1A.8
Diagnostic Scope	1B.1	1B.1	1B.2	1B.2
Solution	2.1	2.3	2.5	2.7A
Service Delivery	N/A	3.6	3.6	3.6
Implementation	N/A	4.3	4.2	4.2
Funding	5.1	5.2	5.3	5.3

Table 5.6 – Description of Shortlisted Options

Option	Description
Option 3 - Do Minimum	<p>Reprovision of all in-patient bed capacity, with an ED refurbishment and a substantial element of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. The redundant building stock on the site will not be cleared.</p> <p>In delivering this we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). In addition, there will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North Devon.</p>
Option 5 – Preferred Way Forward	<p>Reprovision of all in-patient bed capacity, with an ED refurbishment and a complete separation of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. In addition, there will be site clearance of the redundant building stock on the site.</p> <p>In delivering this we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). In addition, there will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North Devon.</p>
Option 7 - Do Maximum	<p>Full new build reprovision of the entirety of the existing Torbay acute site.</p> <p>Reprovision of all services delivered at present, splitting urgent and emergency care from elective pathways. In addition, there will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North Devon.</p>

## Short List Options Appraisal

Prior to undertaking a detailed quantitative analysis on the agreed Shortlisted Options, an assessment of each option has been undertaken against the Programme Investment Objectives and CSFs.

Table 5.7 – Qualitative assessment of Shortlisted Options

Summary assessment of options	BAU / Counterfactual	Do Min	PWF	Do Max
<b>Programme Investment Objectives</b>				
1. To improve the quality of health and wellbeing services for Torbay & South Devon people, working with our partners and neighbours to deliver more coordinated and collaborative services across the ICS and wider System.	●	●	●	●
2. To provide a safe environment through the provision of a high quality facility that is easy to maintain and operate, by removing all backlog maintenance on the existing TSDFT site.	●	●	●	●
3. To ensure the long term financial sustainability of the Trust by delivering operational efficiencies, improving patient pathways and transforming our Digital and estates infrastructure.	●	●	●	●
4. To support economic regeneration and innovation through collaborative strategic partnerships that deliver significant local and regional growth.	●	●	●	●
5. To deliver a facility that is a great place to work which attracts and retains the highest calibre of staff.	●	●	●	●
6. To deliver an asset which is kind on the environment, delivering an asset in line with the net zero carbon agenda identified through the climate emergency status set by the Torbay local authority.	●	●	●	●
<b>Critical Success Factors</b>				
Strategic fit and business needs	●	●	●	●
Potential value for money	●	●	●	●

Summary assessment of options	BAU / Counterfactual	Do Min	PWF	Do Max
Supplier capacity and capability	●	●	●	●
Potential affordability	●	●	●	●
Potential achievability	●	●	●	●
<b>Summary</b>				



### 5.3.1 Capital Requirements

The capital requirements for each of the Shortlisted Options are identified below:

Table 5.8 – High level capital requirement for estates infrastructure Options

Option	Do Min	PWF	Do Max
Capital cost (Economic Case)	£352m	£364m	£877m
Capital cost inc. VAT & Inflation	£480m	£497m	£1,302m

The above capital requirements are inclusive of inflation and VAT. A further breakdown of these costs is available at sections 7.6 and 7.7 of the Finance Case. These capital costs will be utilised in the Economic Appraisal set out below. However, for the purposes of the Economic Appraisal these costs will **exclude inflation and VAT**. It is also important to note that the capital cost above for the Economic case excludes sunk costs.

## 5.4 Quantitative Short List Options Appraisal

### 5.4.1 Approach

In line with HMT Green Book and BBC guidance the shortlist of options derived from each of the above appraisals is to be subjected to quantitative analysis. The quantified benefits, costs and risks will be identified and appraised for each of the Shortlisted Options.

### 5.4.2 CIA Model

The quantitative analysis has been carried out on a Discounted Cash Flows (DCF) basis using the CIA Model; the DHSC and NHSE/I recommended economic appraisal tool for investment business cases. The CIA Model looks at the economic value of an investment over a defined appraisal period.

The CIA Model requires a variety of cost inputs. All of these costs should exclude inflationary impact, and any transfer payments<sup>14</sup>. These cost inputs are discounted over the appraisal period to inform the Net Present Cost (“NPC”) of options.

The risks of each option which have been identified and quantified in the CIA Model are considered to determine the risk-adjusted Net Present Social Value <sup>15</sup>(“NPSV”) for each option. The quantifiable benefits which include cash-releasing, non-cash releasing and societal benefits are then assessed against the incremental NPSV. This determines a BCR for each of the options analysed. The BCR is used to evaluate the VfM delivered by the options, with DHSC stipulating that the BCR of options should be no less than 4:1 achieved on public capital in order to demonstrate VfM.

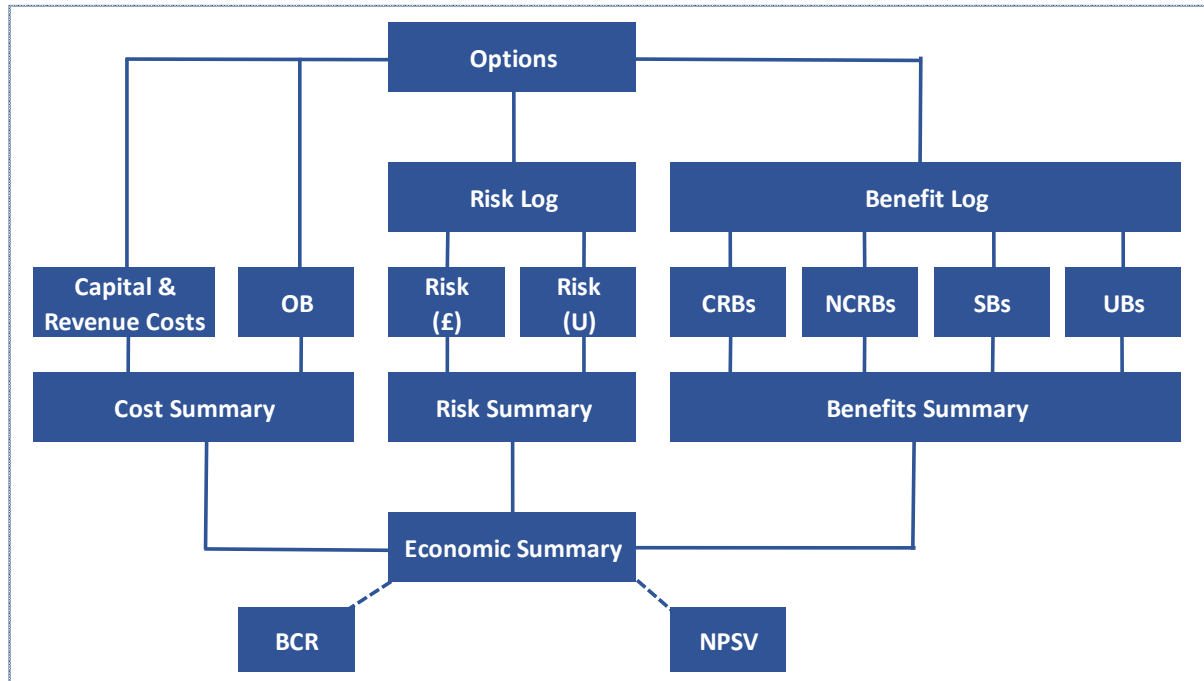
<sup>14</sup> Defined as the transfer of resources between people which do not lead to the consumption of these resources (e.g. gifts, taxes, grants, subsidies or social security payments). Income from other public sector bodies counts as a circular flow and must be excluded from the Economic Case. *Source: Comprehensive Investment Appraisal (CIA) Model: User Guide, December 2019, DHSC.*

<sup>15</sup> The present value of a stream of future costs and benefits to UK society (that are already in real prices) that have been discounted over the life of a proposal by the social time preference rate. *Source: Comprehensive Investment Appraisal (CIA) Model: User Guide, December 2019, DHSC.*

Although they cannot be monetised and therefore do not have an effect on the BCR, unmonetisable benefits are also recorded in the CIA Model and should be taken into account when examining the overall VfM of each Shortlisted Option through the Economic Case.

The flow chart in the figure below describes how the CIA model inputs are translated into the VfM outputs for each option in the Economic Summary. The full CIA Model can be found in Appendix 9.2.1.

Figure 5.1 – Summary of CIA Model structure



A quantitative economic assessment has been undertaken for each of the Shortlisted Options.

The key appraisal assumptions are set out below, followed by the results of the CIA analysis and subsequent sensitivity analysis. Appendix 9.2.2 provides further commentary on the approach and assumptions made with regards to the CIA Model.

### 5.4.3 Key Appraisal Assumptions

Key assumptions and principles of the economic appraisal are identified below:

Table 5.9 – CIA Model assumptions for Shortlisted Options

Assumption	
Capital Cost estimates	Provided by our technical advisors, Turner & Townsend
Optimism Bias (OB)	Provided by our technical advisory team. The level of OB differs between options, recognising the inherently different risk profile of each option – this is further set out at Section 7.7 of the Financial Case. In line with Central guidance, it is important to note that throughout the development of the options risk will be managed and mitigated, which will lead to OB reducing as the Programme progresses and further detail is available

## Assumption

Revenue Costs	Provided by our Finance team, consistent with revenue assumptions made under the affordability modelling to support the Financial Case
Price base for Cost inputs	All costs are based on a FY 2022/23 price base, with costs shown in £'000's unless otherwise stated.
Appraisal Period	70 year appraisal period, to allow for 10 years of construction (Do Maximum option) and 60 year useful asset life for the asset in line with Central guidance
Discount rate	In line with central guidance, 3.5% real for years 1 to 30 and 3.0% real for years 31 to 70

As required by the CIA appraisal guidance, all internal public sector and accounting transactions (such as depreciation, capital charges, PDC and VAT have been excluded from the appraisal. In addition, all values have been input in real (uninflated) terms. Any amounts shown in tables below are real (exclude inflation) and are stated in present value terms.

### 5.4.4 Benefits

Benefits identification and quantification took place through a series of workshops with attendance from a multi-disciplinary team including key Programme internal stakeholders – attendance requirements as per guidance – facilitated by our advisory team. The benefit assumptions, and methodologies for quantifying these benefits, were discussed and agreed upon during these sessions. The workshop attendees included, but were not limited to, Executive Directors, clinicians, nursing representatives, corporate functions (finance, transformation and strategy) and technical advisers.

Benefits are categorised into four main categories: Cash Releasing Benefits (CRBs), Non-Cash Releasing Benefits (NCRBs), Societal Benefits (SBs) and Unmonetisable Benefits (UBs). Further details of each of these benefit types, and assumptions made in benefits development, are provided at Appendix 9.2.3.

The below tables outline the benefits assessed to be achievable under the Preferred Way Forward. The assets come online half way through FY 2028/29 and therefore, a portion of the benefits value is recognised in this year. The benefits summarised below are then phased over a 5 year period from FY 2029/30 before becoming recurrent on an annual basis until the end of the appraisal period. Further detail on the assumptions behind the quantum and the methodology used to arrive at these figures can be found at Appendix 9.2.1 (CIA Model). While the below shows the outputs for the Preferred Way Forward, the benefits for the other Shortlisted Options can also be seen in the CIA Model, at Appendix 9.2.1. It should be noted that the table below does not show the unmonetisable benefits.

Table 5.10 – CRBs for the Preferred Way Forward<sup>16</sup>

Reference	Benefit Name	Benefit Description	Incremental Discounted (£'000)
CRB1	Lack of major incidents	Reduction in major incidents occurring in the physical assets. Specifically theatre outages	9,172
CRB2	Additional CIP (above BAU)	Efficiencies in the form of clinical adjacencies, increase in energy efficiency etc through new build capability allow for further efficiencies to be realised above the baseline position. Also a modern estate which is adaptable and has a number of different uses to meet changes in demand using modern methods of construction	404,225
CRB3	Repatriating income	Ability to repatriate services to the trust from the Independent Sector	25,916
CRB4	Additional retail income	Improved commercial terms can be agreed upon on current contracts held due to improvement of Estate - also possibility of increasing retail space	1,080
CRB5	Revenue cost savings on estates maintenance of demolished buildings	A portion of revenue costs will be lost due to areas of the site being demolished	6,730
CRB6	Car parking	Extra spaces can be created as a result of clearance of the site under the PWF	6,479
<b>Total</b>			<b>453,601</b>

<sup>16</sup> This table represents the total incremental value of benefits over the 70 year appraisal, discounted back to FY 2022/23.

Table 5.11 – NCRBs for the Preferred Way Forward

Reference	Benefit Name	Benefit Description	Incremental Discounted (£'000)
NCRB1	Health and Safety	Productivity improvement from reduction in staff absence due to health and safety infrastructure related incidents	2,138
NCRB2	Reduced Estates management requirement	Modernisation of facilitates means there is a reduction in the time required to manage the Estate	1,257
NCRB3	Split of planned and unplanned care on the hospital site	There are obvious and material productivity issues with our theatre utilisation and the amount of elective work that gets cancelled. Therefore, cost savings can be made from Estates investment	64,368
NCRB4	Length of stay productivity gain	The Trust can target a 0.5 day improvement on their current LoS, and therefore increase productivity	48,478
NCRB5	Reduction in capital cost on estate	As a result of the options new build and refurbishments occurring there will be less retained estate on the TSD site which means less expenditure will be required in those areas	64,789
<b>Total</b>			<b>181,030</b>

Table 5.12 – SBs for the Preferred Way Forward

Reference	Benefit Name	Benefit Description	Incremental Discounted (£'000)
SB1	Carbon benefit	Ability to reduce our carbon footprint with new elements being built on the Torbay site and refurbishments.	4,449
SB2	Ambulance time savings	As a result of better flow of patients arriving at the site, the estate will cater better to the ambulances arriving and turnaround times will improve	7,974
<b>Total</b>			<b>12,423</b>

### 5.4.5 Costs

The costs included in the CIA Model align with those included in the affordability modelling undertaken to support the Financial Case of this SOC. Full details of the capital cost bases can be found at Sections 7.6 and 7.7 of the Finance Case.

In line with DHSC guidance the items below have been **excluded** from the cost base included in the CIA Model (as such the figures included as part of the CIA Model do not correspond directly with those included for the purposes of the affordability modelling seen as part of the Finance Case):

- VAT
- Inflation
- Sunk costs
- Transfer payments – depreciation, capital charges and income derived from other public sector bodies

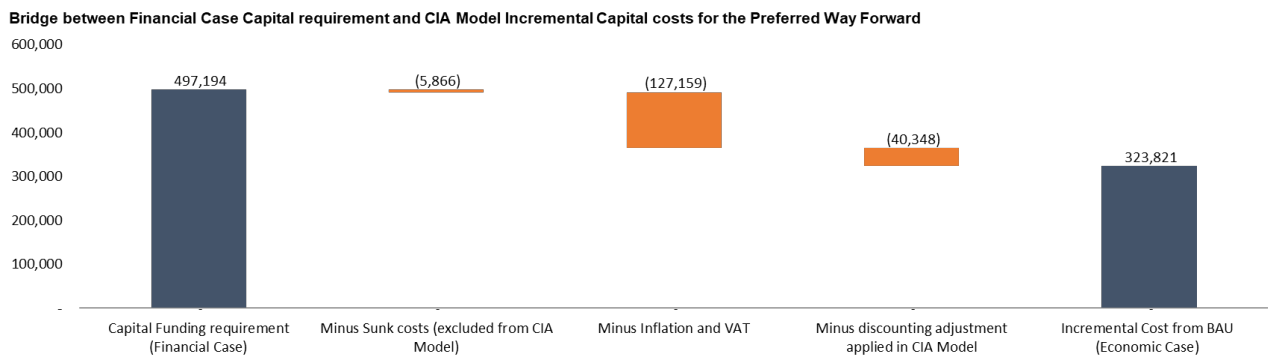
The below table outlines the capital costs for each option **excluding** the items mentioned above for the purposes of the Economic appraisal.

Table 5.13 – Summary of costs for Shortlisted Options

Incremental Costs (NPV £'000 over 70 year period) (2022/23 Base year)	BAU	Do Min	PWF	Do Max
Capital costs	-	313,680	323,821	702,435

As stated throughout this case, the CIA requires inflation, VAT and other elements such as sunk costs to be removed from the cost base. The result of these exclusions, in addition to the net present value nature of outputs of the CIA and the 70-year appraisal period, is that the outputs above are not immediately reconcilable to the capital costs and associated funding requirements seen elsewhere in this case. As such, a costs bridge has been provided below to show the difference between the funding requirement and the capital costs set out in the above table:

Figure 5.2 – Bridge between Finance Case and Economic Case



### 5.4.6 Risks

The CIA Model requires a quantified risk analysis to be undertaken, with the probability assessed of risks identified on a pre-populated risk register materialising, and the associated value impact (£) analysed. These quantified risks are applied to the cost base of each option, resulting in a risk adjusted NPSV.

In addition to the pre-populated risks set out as part of the CIA Risk Log, we have sought to quantify the impact of additional Programme risks, inputting these as additional risks into the CIA Risk Log. The additional risks included relate to substantial backlog maintenance works that may be incurred going forward under the different options, including under the BAU which only includes limited capital investment. In addition to capital risks, operational or revenue risk has been assessed which could manifest as a result of the different capital investment scenarios, for example, if the backlog maintenance isn't addressed in certain areas, Trust estate could be required to be taken out of use, with the services housed in these areas being unable to function.

Similarly to the benefits for each of the Shortlisted Options, workshops were used to discuss and quantify the pre-populated CIA risks in addition to the additional risks highlighted above. Other risks from the pre-populated register in the CIA and additional risks which have not been quantified at this stage can be found in the CIA Model at Appendix 9.2.1.

### 5.4.7 Whole Life Cost of Preferred Way Forward

In line with guidance, the tables below outline the Whole Life Costs of the Preferred Way Forward. The tables for the other Shortlisted Options have been included at Appendix 9.2.4.

Table 5.14 – Whole Life Cost of Preferred Way Forward

Present Value of Whole-life Costs £'000 (Preferred Way Forward)	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	...	2091/92	Total over project life 2022/23 to 2091/92
Subtotal: Initial Capital Costs	845	21,713	54,888	74,792	55,658	54,730	13,501	365	-	-	-	-	-	-	-	-	-	-	...	-	276,492
Subtotal: Lifecycle Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	...	-	-
Subtotal: Other Capital Costs	36,031	21,454	22,106	18,640	18,245	17,124	16,545	15,985	15,445	14,923	14,418	13,930	13,459	13,004	12,564	12,140	11,729	11,332	...	2,288	581,098
<b>TOTAL: CAPITAL COSTS</b>	<b>36,876</b>	<b>43,167</b>	<b>76,994</b>	<b>93,432</b>	<b>73,902</b>	<b>71,854</b>	<b>30,046</b>	<b>16,351</b>	<b>15,445</b>	<b>14,923</b>	<b>14,418</b>	<b>13,930</b>	<b>13,459</b>	<b>13,004</b>	<b>12,564</b>	<b>12,140</b>	<b>11,729</b>	<b>11,332</b>	...	<b>2,288</b>	<b>857,590</b>
<b>TOTAL: OB UPLIFT (WHERE CALCULATED OUTSIDE OF CIA MODEL)</b>	<b>120</b>	<b>3,263</b>	<b>9,390</b>	<b>13,958</b>	<b>10,446</b>	<b>7,291</b>	<b>2,771</b>	<b>90</b>	-	-	-	-	-	-	-	-	-	-	...	-	<b>47,330</b>
Subtotal: Clinical Services	405,197	397,764	390,306	382,694	375,228	367,858	360,637	352,359	344,303	336,448	328,782	321,302	315,328	309,440	303,639	297,924	292,296	286,752	...	106,885	14,676,846
Subtotal: Non-Clinical Costs	131,323	132,072	128,663	122,230	116,432	112,095	109,868	106,414	103,093	99,893	96,809	93,836	90,971	88,208	85,544	82,975	80,496	78,106	...	31,684	4,250,635
Subtotal: Building Running Costs	22,248	21,532	20,841	20,175	19,533	18,914	18,318	17,745	17,193	16,662	16,150	15,656	15,180	14,722	14,279	13,852	13,441	13,044	...	5,336	710,438
<b>TOTAL: REVENUE COSTS</b>	<b>558,768</b>	<b>551,368</b>	<b>539,810</b>	<b>525,099</b>	<b>511,194</b>	<b>498,867</b>	<b>488,824</b>	<b>476,519</b>	<b>464,589</b>	<b>453,004</b>	<b>441,741</b>	<b>430,795</b>	<b>421,479</b>	<b>412,369</b>	<b>403,462</b>	<b>394,751</b>	<b>386,233</b>	<b>377,902</b>	...	<b>143,905</b>	<b>19,637,919</b>
<b>TOTAL: COSTS (DISCOUNTED)</b>	<b>595,764</b>	<b>597,799</b>	<b>626,195</b>	<b>632,490</b>	<b>595,542</b>	<b>578,012</b>	<b>521,640</b>	<b>492,960</b>	<b>480,034</b>	<b>467,926</b>	<b>456,159</b>	<b>444,725</b>	<b>434,938</b>	<b>425,374</b>	<b>416,026</b>	<b>406,891</b>	<b>397,962</b>	<b>389,234</b>	...	<b>146,193</b>	<b>20,542,838</b>



### 5.4.8 CIA Outputs / Value for Money Analysis

In line with HMT and DHSC guidance the BCR for each shortlisted option has been examined in order to determine the Absolute Value for Money (“AVFM”).

For the purposes of the economic assessment, and in line with the approach undertaken in the Financial Case of this SOC, the BAU / counterfactual option is utilised as the baseline position against which all other options are considered. Benefits and risk adjusted costs have therefore been incrementally compared against this position, with a BCR calculated on this basis. The tables below outline the results of the economic analysis:

Table 5.15 – CIA outputs for Shortlisted Options

Economic Summary	BAU	Do Minimum	Preferred Way Forward	Do Maximum
<b>£'000</b>				
<b>Incremental costs:</b>				
Capital, including optimism bias	-	313,680	323,821	702,435
<b>Total incremental costs</b>	-	<b>313,680</b>	<b>323,821</b>	<b>702,435</b>
<b>Incremental benefits:</b>				
Risks	-	132,233	162,671	313,233
Cash releasing	-	363,175	453,601	513,565
Non-cash releasing	-	159,434	181,030	169,433
Societal	-	12,418	12,423	15,144
<b>Total incremental benefits</b>	-	<b>667,259</b>	<b>809,725</b>	<b>1,011,375</b>
Risk adjusted NPSV	-	353,580	485,904	308,941
Benefit-Cost ratio (BCR)	N/A	2.13	2.50	1.44
<b>Overall ranking</b>	<b>N/A</b>	<b>2</b>	<b>1</b>	<b>3</b>

The BCR for Option 1 is N/A due to each Option being compared back to the counterfactual position within the CIA Model.

From the CIA output above, the Preferred Way Forward provides the best value for money for the Trust with a ratio of 2.50 at this early stage of our analysis. This ratio is achieved due to the Preferred Way Forward providing the best levels of benefits to our Trust and also a significant improvement in risk when compared to BAU. The extra demolition works over and above Do Minimum, allows us to realise more benefits mostly in the form of efficiencies due to the current layout of the estates footprint. Do Maximum achieves the highest overall benefit total, however the high capital cost associated with this option means it doesn't provide good value for money.

### 5.4.9 Unmonetisable Benefits

It should be noted that the above ratios do not consider the impact of additional Unmonetisable Benefits (“UBs”) – those benefits which will be delivered as a direct result of the investments made, but are unable to be quantified in monetary terms at this point of development. The UBs identified are outlined and analysed in Appendix 9.2.3.

It is important to note that while these UBs do not impact the BCR outputs of the CIA Model, they are still tangible benefits which must be taken in context when assessing the

overarching VfM and AVFM of options as part of appraisals. These benefits will be revisited at OBC and FBC stage development in order to ascertain whether they can be moved to monetisable categories as further information presents itself as the Programme matures.

#### 5.4.10 Scenario and Switching Analysis

In order to test the robustness of the conclusions of the quantitative economic appraisal, a scenario and switching analysis has been undertaken on the Preferred Way Forward and Do Minimum in which some of the key assumptions are altered to assess the impact, if any, on its BCR output.

The scenarios carried out have been run on the capital costs and benefits associated with the Preferred Way Forward because these parameters are likely to alter given the Trust is at the earliest stage of the business case process and these elements will develop further over time. As a result several sensitivities have been carried out using the percentage movements shown in the table below.

Table 5.16 – Sensitivities and Scenario Analysis on the Preferred Way Forward and Do Minimum

Assumptions	Preferred Option	Do Minimum (next best option)
<b>Base Case</b>		
BCR ratio	2.50	2.13
NPSV (£'000)	485,904	353,580
<b>Switching values</b>		
<b>Reduction in benefits by 17.5%</b>		
BCR ratio	2.13	N/A
NPSV (£'000)	365,954	N/A
<b>Increase in NHP costs by 20%</b>		
BCR ratio	2.13	N/A
NPSV (£'000)	428,323	N/A
<b>*Scenario analysis</b>		
<b>Reduction in benefits by 15%</b>		
BCR ratio	2.18	1.85
NPSV (£'000)	382,823	268,175
<b>Reduction in benefits by 25%</b>		
BCR ratio	1.98	1.68
NPSV (£'000)	315,812	212,707
<b>Increase in benefits by 15%</b>		
BCR ratio	2.83	2.41
NPSV (£'000)	592,796	442,265
<b>Increase in benefits by 25%</b>		
BCR ratio	3.06	2.61
NPSV (£'000)	666,647	503,619
<b>Increase in NHP costs by 15%</b>		
BCR ratio	2.21	1.85
NPSV (£'000)	442,718	305,349
<b>Increase in NHP costs by 20%</b>		
BCR ratio	2.13	1.77
NPSV (£'000)	428,323	289,272
<b>Reduction in NHP costs by 15%</b>		
BCR ratio	2.87	2.51
NPSV (£'000)	529,089	401,809
<b>Reduction in NHP costs by 20%</b>		
BCR ratio	3.02	2.67
NPSV (£'000)	543,484	417,885

\* Sensitivities carried out to align to those run for the Financial Case

As expected the reduction of benefits and increasing of costs has a detrimental impact on the ratio of the Preferred Way Forward. The opposite effect can be seen when benefits are improved and the capital costs are reduced for the Preferred Way Forward.

The switching analysis shows how much the benefits and capital costs would need to alter in order for the Do Minimum option to become the most desirable. The benefits would need to fall by 17.5% for the Preferred Way Forward to no longer be seen as such and the capital costs would need to increase by 20%. This shows that significant alterations to both parameters would need to occur to make Do Minimum the Preferred Way Forward for the Trust.

## 5.5 Conclusions

In assessing the options open to our Programme we have sought to assess a wide array of potential solutions, ensuring key stakeholder engagement throughout. We have gone through a robust options appraisal process, utilising the Options Filter Framework to define and appraise our long list of options, and the CIA Model in order to test the economic value derived through our Shortlisted Options.

The Preferred Way Forward results in the highest risk adjusted NPSV and the highest benefit: cost ratio of the short-listed options, (1:2.50). We have sought to be prudent in our benefit assumptions, meaning there are further opportunities to quantify additional benefits as our Programme moves to OBC stage, including transitioning benefits categorised currently as unmonetisable to cash or non cash releasing benefits.

## 6 Commercial and Estates Case

### Key messages

- We recognise that the procurement strategy for our estates infrastructure will be dependent on evolving National guidance and we will update and refine it on that basis.
- Modern methods of construction and net zero carbon have been considered in the development of our estates infrastructure options. We will undertake more detailed work in these areas at OBC to reflect further development of the options as well as National guidance and best practice from the NHP pathfinder schemes.
- We have started and will continue to explore the opportunity for disposals and potential commercial partnerships to seek ways to reduce the level of NHP funding required to deliver our Programme of investment.

### 6.1 Introduction

The Economic Case has identified the Shortlisted Options and an Preferred Way Forward for for the estates infrastructure investment at Torbay and South Devon NHS Foundation Trust.

Regarding the development of the commercial case, the national NHP Programme team are working towards the development of a national commercial strategy for the delivery of cohorts 3 and 4 within the New Hospitals Programme. On that basis, the commercial case will continue to develop in the coming months as the national policy deveopment continues, however for the purposes of the Strategic Outline Case it is likely that the commercial strategy for the New Hospital will be managed at a national level.

The Commercial Case will therefore require further development at Outline Business Case and Full Business Case stage, as the position with regard to the commercial strategy of the New Hospital Programme has yet to be confirmed,

Therefore for the purposes of the Strategic Outline Case, this case does address the key issues that the New Hospital Programme will need to address as their commercial strategy develops. The section concludes with an overview of the delivery timeline associated with the Programme at Torbay and South Devon

### 6.2 Elements influencing Commercial Strategy

This section has been developed to give an overview of the issues that will need to be addressed as part of the commercial strategy being developed at a national level.

- **Market conditions:** analysis of the current state of the construction market. The UK construction market conditions analysis being undertaken in the context of the NHP central delivery and the impact of the Trust's geographic location on the procurement of a contractor will also need to be assessed at a national level;
- **Risk allocation:** this a key consideration within the development of a procurement strategy to ensure that all sites are able to benefit from the same preferred position in terms of allocation of risk and responsibility

- **Procurement routes / Contract types:** at this stage it would appear as though the most likely route of procurement will be through a national alliance model of contractors. This position will become clearer as the national approach develops. The outcome of the national procurement strategy will be confirmed at Outline and Full Business Case stages. The contract form to be used will also be confirmed at this stage.
- **Delivery options:** the mode of delivery will be subject to national oversight and will be confirmed at Outline and Full business case stages.
- **Commercial risks:** confirmation of the main risks within the Torbay and South Devon Programme are noted in this section of the SOC.

At the conclusion of the above sections the Commercial and Estates Case explores the initial requirements with regards to land acquisitions requirements and the opportunities for land disposals and associated capital receipts against the shortlisted estates infrastructure options.

## 6.3 Programme Procurement Strategy

### 6.3.1 Introduction

This section sets out the planning assumptions that are being employed by the Trust in respect of the commercial elements of the SOC. These planning assumptions will be confirmed at the Outline and Full Business Cases when the outcome of the national procurement discussion are confirmed

### 6.3.2 New Hospitals Programme and Financing

The NHP, – the major health infrastructure investment Programme across England – provides us with a generational opportunity to deliver a digitally enabled new core health asset, fit to serve the changing population and their respective needs in the future. We are one of a number of Trusts which will be part of cohort 4 to be delivered under the NHP. These schemes are all planned to be delivered by the end of the decade.

The Trust Programme Office received a letter from the National team on 9<sup>th</sup> June 2021, (see Appendix 9.3.1) which confirmed that a Prior Information Notice (PIN) would shortly be issued to the market to gain an understanding on the level of interest from the market in respect of the development of a ‘progressive alliance’ model. It highlights that this model will have three distinct features:

- It will be centrally controlled and locally delivered
- It will evolve with each phase of the Programme, starting with the earlier schemes, iterating to improve the model with each cohort
- It will create and sustain a collaborative environment which enables application of Modern Methods of Construction (MMC) across the delivery of the Programme.

The Trust will ensure that it continues to plan the Programme in line with these national requirements, and will continue to work with the national team as this procurement strategy develops. At the time of writing further guidance as to the alliance model has not yet been published. As such this Commercial and Estates Case has been written in the context of how we would approach the commercial implementation of the Shortlisted Options, however we are keen to stress that we will comply with any and all NHP guidance on commercial implementation when it becomes available.

With regards to the financing of NHP schemes, it is our understanding that central PDC will be made available. This assumption has been made in conjunction with the central policy change in October 2018, which removed the use of privately financed infrastructure. We understand that funding for the cohort 3 and 4 NHP schemes will be confirmed under the 2025 Comprehensive Spending Review, though indicative approval will be confirmed subject to HM Treasury approval of the next iteration of the NHP Programme business case that will be submitted in Autumn 2022.

### 6.3.3 Objectives and Priorities

We have identified a number of overarching key procurement objectives and priorities which the Programme must meet.

- **Price certainty:** we are cognisant of the capital affordability requirements in order that the Programme can be managed within the existing financial capital envelope, meaning price certainty is of paramount importance.
- **Value for Money:** the chosen procurement routes must implement a commercial solution which generates a VfM end result
- **Appropriate transfer of risk:** risk should be transferred to the party best placed to manage and mitigate that risk
- **Fully compliant implementation:** the commercial solution must comply with all relevant central NHP and wider government guidance with regards to procurement and construction processes
- **Resource and capacity in the Trust:** the resource and capacity available within the Trust is adequate to allow the chosen procurement route to be managed appropriately
- **Market appetite:** it is of key importance that appropriate contractors are attracted to the Programme given the number of other NHP schemes and other significant government led infrastructure projects that are likely to have similar timelines and are effectively competing for the same base of contractors
- **Supply chain:** when looking at the implementation of successful major projects elsewhere, a key feature has been a successful and appropriate supply chain. The length of the supply chain must be appropriate, fitting within our commitments made under the Devon Climate Emergency announcements. In addition, a key objective for us will be the use of suppliers who utilise local resources in order to generate employment and stimulate the wider local economy.

## 6.4 Estates infrastructure

### 6.4.1 ShortListed Options

The shortlisted Infrastructure options are set out in detail at Section 5.4 of the Economic Case. In summary these options are:

1. **Counterfactual:** All existing services are maintained on the acute TSDFT site, with capital investment made in order to clear critical estates backlog maintenance (Category D) on the site.
2. **Do Minimum:** Reprovision of all in-patient bed capacity, with an ED refurbishment and a substantial element of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. The redundant building stock on the site will not be cleared.



In delivering this we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). In addition, there will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North Devon.

The redundant building stock on the site will not be cleared.

3. **Preferred Way Forward:** Reprovision of all in-patient bed capacity, with an ED refurbishment and a substantial element of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. The redundant building stock on the site will not be cleared.

In delivering this we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). In addition, there will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North Devon.

In addition, there will be site clearance of the redundant building stock on the site.

4. **Do Maximum:** Full new build reprovision of the entirety of the existing Torbay acute site. Reprovision of all services delivered at present, splitting urgent and emergency care from elective pathways. In addition, there will be a new day case surgical centre on the TSDFT site serving the planned care needs of the population of South, East and North

#### 6.4.2 Procurement Scope

A number of estates infrastructure works are to be delivered in the coming years, including BAU works associated with historic STP Wave 3 Capital bids, Targeted Investment Fund (TIF) projects, site enabling elements to the NHP scheme and the NHP itself. Recognising the timelines associated with the TIF schemes, and they are subject to a separate business case process, it is deemed outside the scope of this Commercial and Estates Case and NHP procurement exercise.

In order to deliver the requirements identified through the Strategic Case in relation to the NHP elements of the Programme, the shortlisted estates infrastructure options range from backlog maintenance in the counterfactual position (the true business as usual position which the options will be compared against), through to the Do Maximum Option which incorporates a full greenfield new build of the acute hospital. Each of these shortlisted estates infrastructure options differs significantly in size, scale and complexity. In delivering these options there will be a need for enabling works, refurbishment of the existing estate, new build construction, and equipping of the facilities. The procurement requirement considered in this Commercial and Estates Case will only focus on the main capital construction works associated with the option in question.

For the purpose of this SOC, the planned care centre is assumed to be delivered on our existing acute site at Torbay.. This assumption will be tested as the Programme moves to OBC stage and as further work is undertaken on a regional basis.

Recognising the likely central management of the procurement process, at present our assumption is that a single contractor will be selected at a national level to delivery the scheme at Torbay and South Devon. This single contractor will be responsible for the delivery of all main construction services on site. No other services will be included in the scope and brief of this contractor. For example, Hard FM, delivery of equipment and other

elements outside the main construction elements. If guidance is released which contradicts this strategy we will default to the position as per that guidance.

### 6.4.3 Market Conditions

The NHP will see multiple NHS Trusts coming to the market, adhering to very similar timescales and looking to procure very similar skill sets – both for Design Team appointments and main contractor procurements. This will likely lead to a constrained supply market where demand is significant – compounded further by major central government-driven building initiatives in other sectors.

We recognise that the delivery of major health infrastructure is complex and can bring with it significant risks for contractors, in large part due to the significant Mechanical and Electrical (M&E) requirements of major health building Programmes. When compared to what could be seen as more straightforward, less risky builds in other sectors (e.g. schools and prisons), it is important that we make our scheme as attractive as possible in order that a suitably qualified contractor, with sufficient capacity, be appointed.

In this context we recognise the importance of understanding the marketplace from which the Programme will be delivered. Focusing on the main contractor position, there are currently several contractors in the UK market active in the healthcare sector. However, it should be noted that the experience of these contractors differs significantly, with only a limited number of Tier 1 contractors having a strong track record of delivering major health infrastructure projects in excess of £200m.

In addition to the varied experience, the UK construction market has suffered significant financial challenges over recent years which have been heavily publicised. For example, both Carillion and Interserve have entered default positions, resulting in compulsory liquidation and administration proceedings respectively. Covid-19 implications are still to fully play out, although it is clear that the pandemic has resulted in global supply chain challenges and is also a significant contributor to inflationary pressures within the construction market. As the Programme moves to OBC stage and guidance is released as to the national management of the NHP, we, through our advisers, will continue to monitor the state of the construction market. We do not plan to undertake any construction supplier market engagement activities, as per central guidance.

We are acutely aware of the implications of our geographic location, further emphasising the requirement that the scheme be attractive to the construction market. The limited access points to Devon and the wider region, in addition to the limited local labour base could serve to make our Programme less attractive to Tier 1 contractors than those NHP schemes coming to market at a similar time in more accessible areas of the country with access to greater levels of labour and the wider supply chain.

We understand the conditions of the market both locally and nationally, and recognise that a robust procurement strategy and process is required to mitigate the identified risks of overtrading and potential issues of contractor default. In order to mitigate these issues, particularly concerns of contractor financial stability, we would look to implement methodology from the Cabinet Office's Outsourcing Playbook where appropriate. We are committed to working with the central NHP team in delivering a robust procurement process and will adhere to guidance in full as and when it is available.



#### 6.4.4 Global Pandemic – Covid-19 Impact

As the Programme progresses to OBC and beyond, and recognising construction timelines, the Programme team will continue to monitor the construction market impact of the pandemic and work with NHSE/I colleagues to manage the procurement process in the most appropriate manner, as per guidance as and when it is available.

#### 6.4.5 Delivery Options

In the absence of detailed national guidance at this time, we have undertaken a high level review of the two main delivery options for the main construction works – the traditional approach and design and build (D&B) method. Each of these methodologies has a single and two stage variation:

- **Traditional – Single-stage:** A complete design is worked up and tendered by us. A construction company is procured to develop the specific design usually under a lump sum price;
- **Traditional – Two-stage:** The selected contractor works alongside our Design Team to input into the design process and ensure buildability at an early stage. The completed design is tendered to the market at the second stage;
- **Design and Build (D&B) – Single stage:** A contractor is appointed to both design and construct the works fully; and
- **Design and Build – Two-stage:** The Client employs a Design Team at the first stage who works up the design which is then tendered for the second stage. When the contractor has been chosen, the original Design Team is novated from us to the contractor for the remainder of the works period.

Under the Traditional approach the Contractor does not take on risk for design coordination, designer performance and buildability. Design coordination and performance (both in terms of quality of information and production timeliness) of the design team rests entirely with us, whereas under D&B the contractor owns the risk for design coordination, designer performance and buildability.

In relation to the D&B approach, rather than producing a detailed design for which they have responsibility, we produce an output based specification, defining the physical, environmental and performance parameters that the building has to achieve (often referred to as Employer's Requirements). The contractor is then responsible for delivering a build which meets the parameters set out, but they can choose the optimum approach which they would like to follow to achieve these.

Having considered both overarching delivery options, our preference would be for the use of the D&B approach as it offers us responsibility for both the design and the construction, better delivering against the overarching objectives and priorities highlighted in the above sections. D&B provides greater cost certainty, more appropriate level of risk transfer, and it supports the integration of team work as required under the Government Construction Strategy. The decision to adopt a Single-stage or Two-stage approach will be further explored by us as the scheme progresses, and will be informed by central guidance as it is available.

It is recognised that this decision may be taken centrally, however we are happy to work with NHSE/I and other national colleagues to establish the most appropriate delivery solution for the Programme.

### 6.4.6 Procurement Routes

Under a public procurement process we have two main options:

- **Open procurement – Find a Tender Service (FTS):** undertaking a fully compliant, openly advertised procurement which allows responses from all relevant parties; or
- **Use of an established framework:** running a competition utilising an existing framework arrangement – the two main options open to us are:
  - Crown Commercial Service’s (CCS) Construction Works and Associated Services Framework
  - Procure 2020 (P2020): the soon to be established DHSC construction works procurement framework, replacing the Procure 22 (P22) framework

While we understand that it is highly likely that a framework procurement exercise will be utilised centrally, in the absence of further clarity we have undertaken a high level assessment as to the benefits and potential limitations of both methodologies:

Table 6.1 – Summary of Procurement Routes

	Open procurement	Framework procurement
Cost certainty	No pre-agreed rates.  Cost certainty mechanism able to be applied dependent on contract form.	Ceiling prices that can be further reduced by competition at call off.  Further cost certainty mechanism able to be applied dependent on contract form.
Contract form	Ability to dictate standard form.	Use an already negotiated contract form which can be tailored.
Potential for legal challenge	Medium – requirement for careful monitoring of process with potential for material risk of legal challenge if not managed properly.	Low – understood procurement process with agreed standard forms.
Timescales	Significantly longer than framework agreements – no pre-agreed bidders included meaning shortlisting exercise is significantly protracted depending on interest in tender.	Relatively short – a significant benefit of the framework procurement route is the ability to compress timescales by utilising an already established mechanism – allowing an earlier appointment by us, recognised as being attractive in the current environment.
Cost of process	Potential for the process to take significantly longer	Well understood procurement route with likely costs able to be estimated
Market appetite	Allows us to reach a wider market rather than the set number of suppliers who are already on the existing procurement frameworks – particularly important given the market conditions outlined above.	Limited to the participants existing on the framework lot in question.

	Open procurement	Framework procurement
Cost certainty	No pre-agreed rates.  Cost certainty mechanism able to be applied dependent on contract form.	Ceiling prices that can be further reduced by competition at call off.  Further cost certainty mechanism able to be applied dependent on contract form.
Contract form	Ability to dictate standard form.	Use an already negotiated contract form which can be tailored.
Bidder due diligence	Significant – ability for the Trust to undertake all appropriate real-time due diligence on bidders from financial and capability perspectives.	Significant – on framework formation due diligence undertaken in order to allow framework members access for call-offs. Further due diligence able to be undertaken at call-off stage to mitigate risk of real-time issues e.g. Covid-19 global pandemic impact.
Administration requirements	Significant – the Trust running full procurement with limited external support (other than anticipated Project Speed guidance).	Limited – support able to be provided by framework owner, coupling with overall limited requirement given the pre-set nature of the framework.
Ability for customisation	Significant – ability to entirely tailor process within procurement regulation parameters.	Limited ability to alter standard form.

We are supportive of the use of a procurement framework methodology recognising the above analysis against the overarching Programme procurement objectives. A framework approach would also allow for more efficient delivery due to the shortened timescales involved when compared to the open procurement methodology.

#### 6.4.7 Contract Types

At present it is unclear which standard contract form will be employed under the DHSC P2020 framework, with recognition that there will likely be framework specific derogations from existing standard form contracts. As stated throughout this Commercial and Estates Case, we will implement the contract type as required under guidance.

Within this context, and in line with ongoing discussions with NHSE/I colleagues, we have sought to explore the most commonly used contract forms. The two most appropriate contract forms have been deemed to be:

- New Engineering Contract (NEC)
- Joint Contracts Tribunal (JCT)

Both of these contract forms are recognised and understood well across the construction industry, with most public works in the UK undertaken using these forms. The recognition of these contracts is a significant benefit, meaning construction partners understand the risk profiles and they are often pre-approved for use by contractors by their Boards. This in turn drives cost effectiveness of implementation when compared to specific alternatives, as they are familiar to the parties involved (reducing tendering, negotiation and administration costs),

and tend to contain less unforeseen aspects. They can also allow some flexibility, with a wide range of variations, options and schedules that can be tailored to meet the needs of a specific scheme without altering the contract clauses. Where this does not give sufficient flexibility, it is possible to amend standard forms of contract.

We will undertake further due diligence on the contract type when this is available

#### **6.4.8 Modern Methods of Construction**

Modern Methods of Construction (MMC) is a wide ranging term, embracing a number of offsite manufacturing and onsite techniques that provide alternatives to traditional building and forms part of the Government's recent policy (2017) for future construction in the public sector. In practice the MMC approach allows for the building of structures more quickly, reliably and sustainably.

The Government's Infrastructure and Projects Authority (IPA) guidance 'Transforming Infrastructure Performance' (2017) also refers to MMC as 'smart construction' defined under the following three categories which covers a range of techniques with greater levels of activity taking place off site and increased levels of standardisation, underpinned by digital design and engineering.

- i. **Manufactured:** whilst not widely used this offers the greatest opportunities to improve delivery efficiency and boost productivity. This approach enables high levels of customisation by developing and using standard components and assemblies.
- ii. **Volumetric:** e.g. fully fitted modules.
- iii. **Components:** e.g. standardised design elements (WC / shower pods, pre-assembled bed head services etc).

MMC is a collective term to describe these alternative construction practices, MMC being largely characterised by off-site, factory production of the component parts of buildings. MMC offers a number of advantages over more traditional construction methods:

- Modular, factory-based production of component parts can result in more consistent quality of construction, arguably linked to a reduction in the risk of defects;
- Off-site construction can lead to more reliable timescales for construction projects, as factors such as adverse weather have less impact;
- The need for on-site labour is also considerably reduced, in turn leading to benefits linked to health and safety of the site and wider site disruption; and
- MMC helps in overcoming a skills shortage in the construction industry and should also result in a reduction in project time and cost whilst improving safety and quality throughout the whole of an asset's life.

The site related benefits of MMC explored above are a significant set of benefits to us given the options identified are largely to take place on the existing acute TSDFT site, with care continuing to be delivered throughout any redevelopment works.

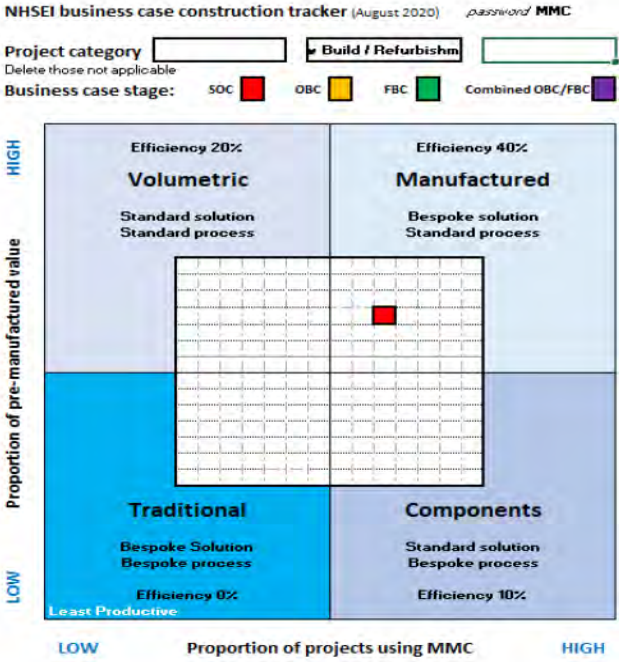
We recognise the importance of MMC under the NHP and Project Speed contexts, being a key enabler for acceleration of Programme and the ability to drive cost efficiencies. In order to maintain prudence, our capital costs do not at present assume efficiencies from the use of MMC principles in options delivery.

At present the proportion of refurbishment and rebuild works under the options is defined at a high level and will be further refined as the Programme moves to OBC. We, with the

support of our technical advisory team, have analysed the space and outturn costs of the Preferred Way Forward as identified in the Economic Case into the MMC categories set out below:

Table 6.2 – MMC Categories and option requirements

#	Heading	Requirement
1	New build GIA/m2	36,357 m2
1a	Major refurbishment GIA/m2 (<90% > 65% of new build project average cost £m2/GIA)	4,192 m2
1b	Other refurbishment GIA/m2 (<65% of new build project average cost £m2/GIA)	2,482 m2
Total project GIA/m2		43,651 m2
2	New build total estimated outturn cost excluding VAT and inflation	£312,500,352
2a	Major refurbishment total estimated outturn cost excluding VAT and inflation	£27,688,817
2b	Other refurbishment estimated outturn cost excluding VAT and inflation	£3,529,581
Total project estimated outturn cost excluding VAT and excluding inflation)		£343,718,750
3	Which of the following is the trust currently considering and for how much of the total project GIA/m2 and estimated outturn cost excluding VAT and inflation?	All forms considered
3a	Volumetric	70% New Build ~ 25,844m2 / £218,750,246 10% Refurb ~ 667m2 / £3,121,840
3b	Manufactured	Ditto – all forms considered
3c	Component	Ditto – all forms considered
3d	Traditional	30% New Build ~ 11,093m2 / £93,750,105 90% Refurb ~ 6,007m2 / £28,096,558
4	What is the likely option <u>or</u> what is the agreed option for procuring these works?	As 4a

#	Heading	Requirement
4a	Pre-tendered framework:	Framework likely procurement route
4b	Other procurement process:	
5	Are the current designs considered to be standardised / repeatable?	<p>The approach to the reprovision of inpatient beds will be to use a standardised / repeatable approach where possible at a departmental level. Where extension / adaption is proposed standardised room types (100% single to suit healthcare planning requirements) will be adopted. Generally: at a room layout level, standardised room types will be utilised wherever possible.</p> <p>Our designs will be further developed at OBC stage following learning / feedback from the HNP Technical reviews of NHP projects which are currently ongoing.</p>
5b	If 'Yes' to # 5 provide details of which other NHS organisations have used these designs and when	IBI consistently utilise standardised room layouts as part of the P22 Healthcare frameworks. Projects such as Chase Farm Hospital, Royal Free NHS Foundation Trust are reflective of the use of standardised room types.
5c	If 'No' to # 5 provide details why 'MMC' options are not being considered and where in the business case there is evidence to support this	-
6	Trust is required to complete an updated version of the MMC tracker (attached) at each business case stage	<p>Extract from MMC Strategy Report (March 2021) remains applicable.</p>  <p><b>NHSEI business case construction tracker</b> (August 2020) <i>passion for MMC</i></p> <p>Project category: <input type="text"/> <b>Build / Refurbish</b> <input type="text"/></p> <p>Delete those not applicable</p> <p>Business case stage: SOC <input type="checkbox"/> OBC <input type="checkbox"/> FBC <input type="checkbox"/> Combined OBC/FBC <input type="checkbox"/></p> <p><b>Figure 12 – MMC business case tracker</b></p>



During the OBC process the concept design (from SOC) will be fully evaluated and scrutinised to ensure that MMC is front and centre in all design considerations, ideally exceeding expectations in terms of MMC construction content.

#### **6.4.9 Sustainability and Building Research Establishment Environmental Assessment Method (BREEAM)**

In response to the growing threat of climate change, a range of public, private and voluntary organisations from across Devon came together in 2019 to form the Devon Climate Emergency Response Group (DCERG). The group recognises the significant impacts of climate change for Devon’s communities and is developing a Devon Carbon Plan. An interim plan has been developed and is currently under consultation with the Final Devon Carbon Plan expected to be published this year. The plan outlines a roadmap for Devon to achieve net-zero carbon by 2050 at the latest, with an interim target of 50% reduction by 2030 from 2010 levels. We recognise the importance of collaboration with the local authority and the Net-Zero Task Force to support the implementation of the Devon Carbon Plan. In particular, we will look to align our net-zero plans with wider aims to decarbonise local energy systems and the need to localise services and technology to reduce the carbon associated with transport systems.

We are currently progressing the development of a Green Plan which will act as a live strategy document for our sustainability agenda for a 3 – 5 year period. The plan will cover a broad spectrum of sustainability areas including corporate approach, travel, utilities, capital projects, green space/biodiversity and sustainable models of care. We recognise that it is of critical importance to align the design principles of the hospital redevelopment to the aims and objectives of our Green Plan. As such, the development of the Green Plan will include significant input on the area of capital projects from the teams overseeing the proposed site redevelopment.

It is noted that NHSE/I require new hospital builds to have a BREEAM rating of >70% requiring the Programme to target an “Excellent” rating. All costings and design work to this stage have targeted the achievement of an Excellent rating, and as the Programme progresses to OBC stage and as further work is undertaken on all Shortlisted Options, we are committed to delivering on this basis. The capital costings underpinning this SOC include the delivery of this target.

It should be noted that under all options, save for estates infrastructure Option 6 (Do Maximum), material elements of existing estate infrastructure remain in use due to the limited ability to replace all estates infrastructure within the capital envelope available to us. Achieving a BREEAM Excellent rating in this context for that retained estates infrastructure is not immediately within the scope of this SOC, however in the longer term we are committed to working with central teams and their technical advisers to explore the options open to the Trust with regards to these areas of retained estates infrastructure.

#### **6.4.10 Net Zero Carbon**

We confirm that, in line with central guidance, each of the shortlisted estates infrastructure options will be constructed in line with net zero carbon principles over the entirety of the asset life. A provision of 10% of works costs has been included in the capital costs of each estates infrastructure option to address low carbon requirements – this is split 5% for enhanced fabric costs, and 5% for enhanced MEP costs.

We recognise that to meet the NHS’s targets for a Net Zero health service (for the “NHS Carbon Footprint”) by 2040, it is critical to reconsider how we supply heat and a Domestic Hot Water System (DHWS) to our buildings. The current means of supply involves burning natural gas to raise steam. This is incompatible with our long-term Net Zero goal. In light of this, the energy strategy for the redeveloped hospital will rely on use of Low Temperature Hot Water (LTHW) as the primary medium for distributing thermal energy around new and refurbished buildings. The transition to lower temperature heating infrastructure enables, either in the near-term, or medium-term future to switch generation assets from gas boilers to low carbon heat pump technology.

Heat pumps typically operate with a high efficiency, and therefore low carbon impact, when the heat-source being used is at a high temperature. Opportunities to use heat available above the ambient temperature of air as a source for a future heat pump will be considered at future design stages. These opportunities include local wastewater, refrigeration system waste heat, potential future district heat networks and borehole groundwater. Combining the electrification of thermal demand with provision of electricity via renewable sources, such as a proposed local solar PV array or via a Power Purchase Agreement, will largely eliminate the carbon impact associated with the operation of our buildings.

Given the level of influence the Trust has over the emissions scope “NHS Carbon Footprint” as outlined within the *Delivering a Net Zero National Health Service* report produced by Greener NHS, it is important that this comprises our primary focus for achieving net zero in as short a time as possible. However, we remain cognisant of the longer-term target to reach net zero for the “NHS Carbon Footprint Plus” by 2045, which encompasses a much wider scope of emissions, within which building operational emissions are typically only 15-20%. In light of this, the carbon impact of wider aspects of the development will be assessed and design mitigation options considered at the OBC stage. Considerations will be made for embodied carbon of construction materials and services, patient and staff travel and virtualisation.

#### **6.4.11 Development Control Plans and the Preferred Way Forward**

Alongside our technical advisers we have developed and iterated a series of Development Control Plans (DCPs) leading to an Preferred Way Forward that illustrates new buildings that will comprise the new hospital configuration. These DCPs can be found at Appendix 9.1.4.

At the forefront of this process is the imperative of embracing standardisation of design and room repeatability that will facilitate the maximisation of MMC, leading to shorter build Programmes and a reduction in construction cost/risk.



A preferred way forward has been identified through the Economic Case as the Preferred Way Forward. The DCP for this option is outlined below:

Figure 6.1 – estates infrastructure Option 3 Development Control Plan



Key to the site plan

Purple buildings	<p>New Buildings</p> <ul style="list-style-type: none"> <li>• Acute ward build – North of the site</li> <li>• Modular building – site enabling project</li> <li>• Elective care centre</li> </ul>
Cyan building	Upgraded Emergency Department
Red building	Hetherington block ( currently scheduled for site clearance)

### 6.4.12 Equipment

Included in the capital costs for this SOC stage is an allowance for an amount equal to 15% of construction costs for each option in order to deliver new required equipment. As the Programme moves to OBC and is further refined, work will be undertaken to reduce this capital allocation through equipment audits and assessment of the transferability of existing equipment.

At present the likely equipment procurement strategy is to maximise agreed framework contracts where appropriate to ensure efficient delivery and to achieve savings on procurement costs. It is recognised that we will take some risk on delivery and design issues relating to the building and timing of supply of the equipment; this will be mitigated through tight Programme management through each of the Shortlisted Options, and has been recognised through the economic modelling. This approach will allow our team flexibility and greater choice in equipment replacement. We will make use of existing national and local frameworks, tendering where necessary and through FTS depending on the value. Resources will be made available to undertake this procurement and commissioning.

### 6.4.13 Hard FM and Lifecycle

Both Hard and Soft Facilities Management (FM) is deemed to be excluded from the scope of this procurement exercise. At present our Hard FM services are predominantly insourced, with some services outsourced as and when required for more major works.

At this stage of development it is proposed that we will continue to use our Existing Arrangements as to the provision of Hard FM and lifecycle arrangements across each of the shortlisted estates infrastructure options.

During the OBC development we, alongside our technical advisers, will carefully consider all aspects of life cycle assessment with regards to the appropriate selection of both building and engineering sub components/assets.

It is vital that the selection considers a number of key factors that will include:

- Energy and carbon impact
- Reliability and serviceability of selected components
- Supply chain for spares over life cycle
- Environmental impact and life cycle expiry
- Overall life cycle revenue model

### 6.4.14 Commercial Risks

The most relevant commercial risks to the estates infrastructure element of the Programme are outlined below, alongside mitigations which we have sought to implement.

Table 6.3 – estates infrastructure Commercial Risks and Mitigation

Risk	Mitigation
The procurement fails to attract a contractor with the right capability and capacity to undertake works as per the Programme.	Engagement with the central NHSE/I and DHSC national teams in order to understand preferred market route and requirements.
Stipulation of use of local supply chain (workforce, local organisations etc)	We will continue to engage with the NHP central team in order to understand the commercial strategy moving forwards and how we can input into this.
Contractor default occurs during construction of the estates infrastructure	Contractual provisions will be implemented aimed at mitigating disruption and financial exposure for the public sector in the context for main contractor default. Provision of performance and retention bonds in the commercials.
Procurement delays resulting in inflationary cost pressures	Continued engagement with the central NHSE/I and DHSC national teams.

## 6.5 Delivery Timeline

A delivery timeline for the Programme is found at Section 8.5 of the Management Case.

## 6.6 Land Acquisition / Disposal

### 6.6.1 Land Acquisition

A site acquisition is only required in estates infrastructure Option 4 (Do Maximum), due to all other Estate Infrastructure options being designed to be developed on the existing acute site in Torbay, with no requirement for any additional land acquisitions. Recognising the likely capital and revenue affordability challenges associated with estates infrastructure Option 6, in addition to the location-agnostic nature of the SOC, we have not sought to commit to a detailed exploration of site acquisitions at this time.

For the purpose of the analysis undertaken as part of this SOC no acquisition or disposal is assumed under estates infrastructure Option 4. This recognises that the option is already deemed to be unaffordable from a capital perspective, and it is deemed likely that a disposal of the existing Torbay acute site would result in a net cost required to acquire a new site. This additional capital requirement serves to make the option further unaffordable from a capital perspective.

Any land acquisition requirement in line with the planned care centre will be explored as the scheme progresses and further work is undertaken at a regional level.

### 6.6.2 Capital Disposals

We have sought to explore disposal opportunities with regards to the wider acute and community estate, both under the counterfactual position and under each of the shortlisted estates infrastructure options. A number of disposals of our owned community assets are planned under our existing capital plan in FY 2022/23; as such these disposals make up part of our counterfactual position.

In addition to the baseline position disposals, we have considered and ruled out any further disposal opportunities under each of the Shortlisted Options through rationalisation of estate on the Torbay acute site, from disposing of fringe elements of the site to the entirety of the estate under estates infrastructure Option 4 (Do Maximum). No acquisition under Option 4 has been assumed and as such no disposal of the existing Torbay acute site is assumed at this stage.

## 6.7 Commercial Partnerships

The Trust will continue to explore commercial partnership opportunity that could assist in the delivery of the Programme, though at this stage this is unlikely to be a major component of the Programme.

## 6.8 Conclusions

We recognise that the commercial strategy and implementation will likely be directed at a NHP wider Programme level, however we have sought to explore the available commercial options in the context of the developing national policy.

We have developed a set of objectives and overarching principles which are key for the successful commercial delivery of our Programme. At this early stage we have explored a number of commercial, with framework procurements the likely procurement routes which best deliver on our commercial objectives. In addition to identifying the likely preferred procurement route, we have also undertaken a high level review of the available contracting options – this exercise undertaken in the context of national guidance being awaited.

We are ensuring that MMC is at the centre of the delivery of our Programme in addition to also having developed our thinking with regards to the net zero carbon and sustainability agenda, again ensuring that these principles are at the heart of our Programme – we will further develop these as guidance is available.

We will refine our Programme commercial strategy as and when national guidance is available and will ensure that our Programme is in line with these requirements.

# 7 Financial Case

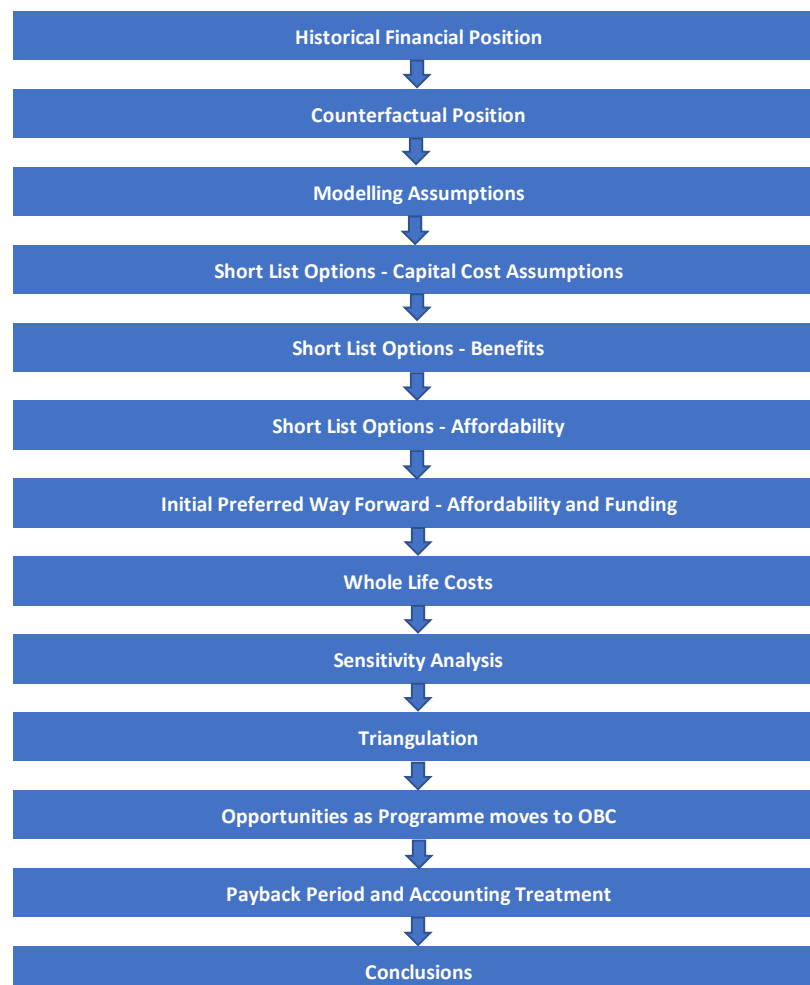
## Key messages

- There is a Preferred Way Forward that is affordable in capital terms.
- The preferred way forward is affordable in revenue terms in that it will significantly improve the revenue position of our Trust within a reasonable timeframe.
- The proposed investment is expected to improve the financial sustainability of our Trust. There is no prospect of this being achieved without the proposed investment.
- Support from key stakeholders has been secured and letters of support have been received following extensive engagement work.

## 7.1 Introduction

This Financial Case examines the financial affordability of each of the shortlisted options identified in the Economic Case. The figure below sets out the structure of this Financial Case:

Figure 7.1 – Structure of the Financial Case



An overview of our historic financial position provides context to the required investment. The counterfactual position of our organisation is then examined, which incorporates the

minimum level of capital investment required in order to maintain the status quo position of our organisation – as per HMT Green Book and BBC guidance.

We have provided an overview of the financial assumptions applied across the Programme. Then for each of the Shortlisted Options we have set out the projected impact on our financial position, before focusing on the Preferred Way Forward. We include details on the funding requirements, the incremental impact of the option and also the Whole life Costs associated with this option.

Finally, sensitivity analysis has been undertaken in order to test robustness, alongside a narrative of the appropriate accounting treatment and triangulation of assumptions.

## 7.2 Financial Background

### 7.2.1 Context

Our underlying financial position has been challenged in recent years. The Programme will enable us to transform our clinical model in order to deliver long term safe and sustainable services and make much needed infrastructure improvements which will achieve significant cash-releasing benefits in the longer term.

### 7.2.2 Historical Financial statements

The following tables set out our key historical financial statements, based on our audited financial statements.

#### Statement of Comprehensive Income (SoCI)

Table 7.1 – Historical SoCI

£'000	2019/20	2020/21	2021/22
Operating income from patient care activities	447,606	496,344	543,680
Other operating income	52,603	63,621	57,860
<b>Total Income</b>	<b>500,209</b>	<b>559,965</b>	<b>601,540</b>
<b>Total Expenditure</b>	<b>(511,485)</b>	<b>(553,507)</b>	<b>(592,287)</b>
<b>OPERATING SURPLUS / (DEFICIT) (exc depreciation, amortisation and impairments)</b>	<b>(11,276)</b>	<b>6,458</b>	<b>9,253</b>
Finance income	158	7	19
Finance expense	(3,647)	(2,825)	(2,896)
PDC dividends payable/refundable	(3,171)	(3,479)	(4,549)
<b>NET SURPLUS / (DEFICIT) (after other non operating expenses and finances costs)</b>	<b>(17,936)</b>	<b>161</b>	<b>1,827</b>
Other gains/(losses) including disposal of assets	(74)	(265)	(639)
Other tax movements	(32)	(20)	(22)
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(18,042)</b>	<b>(124)</b>	<b>1,166</b>
Revaluations	4,230	3,233	2,491
<b>TOTAL COMPREHENSIVE INCOME / (EXPENSE)</b>	<b>(13,812)</b>	<b>3,109</b>	<b>3,657</b>

Our operating income from patient care activities has increased to c.£543.7m in FY 2021/22 from c.£496.3m in 2020/21. A key driver has been the increases seen under the other NHS clinical income category, specifically the block contract/system envelope category as a result of the change in the funding regime.



We delivered a net surplus position (excluding revaluations) in FY 2021/22 of c. £1.2m, as a result of the additional system income being greater than the increase in costs. We have seen increased income over the last financial year, over and above the increases we have seen to our cost base – income increased by c£47m, whereas operating expenses increased by c£46m.

Section 4.4 of the Strategic Case sets out the fact that there is a material difference between the Trust's reported financial position and its underlying performance; the primary driver of this being non-recurrent support from NHS Devon CCG, now ICB Devon. As stated at Section 4.4, we are committed to reducing our underlying deficit through a five-year financial recovery Programme, which will put us into a stronger position to absorb the revenue consequences of the NHP investment.

## Statement of Cash Flow (SoCF)

Table 7.2 – Historical SoCF

£'000	2019/20	2020/21	2021/22
Operating surplus/(deficit)	(11,276)	6,458	9,253
Depreciation & amortisation	13,258	15,898	17,326
Impairments	(8)	3,702	(863)
Other non-cash items	13,374	18,147	(66)
<b>Net cash generated from / (used in) operations</b>	<b>15,348</b>	<b>44,205</b>	<b>25,650</b>
Interest received	158	7	19
Purchase of intangible assets	(3,323)	(2,542)	(3,164)
Purchase of PP&E and investment property	(10,559)	(16,515)	(31,849)
Sales of PP&E and investment property	290	92	8
Receipt of cash donations to purchase capital assets	85	86	252
<b>Net cash generated from/(used in) investing activities</b>	<b>(13,349)</b>	<b>(18,872)</b>	<b>(34,734)</b>
Public dividend capital received	3,106	63,140	19,577
Loans received / (repaid) from/to DHSC	11,326	(45,086)	(4,805)
Capital element of service concession payments	(1,303)	(2,088)	(3,130)
Interest paid	(1,753)	(1,033)	(833)
Interest element of service concession obligations	(1,879)	(1,917)	(2,168)
PDC dividend paid	(3,565)	(3,041)	(5,660)
<b>Net cash generated from/(used in) financing activities</b>	<b>5,932</b>	<b>9,975</b>	<b>2,981</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>7,931</b>	<b>35,308</b>	<b>(6,103)</b>
<b>Cash and cash equivalents at 01 April</b>	<b>2,206</b>	<b>10,137</b>	<b>45,445</b>
<b>Cash and cash equivalents at 31 March</b>	<b>10,137</b>	<b>45,445</b>	<b>39,342</b>

Our net cash and cash equivalents balance has remained positive over recent years, increasing from a net credit balance of c. £10.1m in 2019/20 to a net credit balance of c.£39.3m in FY 2021/22. It was as high as c.£45.4m in 2020/21. Our net cash and cash equivalents balance increased substantially in FY 2020/21 to £45.4m, as a result of the change in the NHS funding regime during Covid. A planned increase in spend on capital during FY 2021/22 has reduced the balance down by c£6m.

## Statement of Financial Position (SoFP)

Table 7.3 – Historical SoFP

£'000	2019/20	2020/21	2021/22
Total non-current assets	211,869	231,612	252,729
Total current assets (exc cash)	40,847	33,199	41,244
Cash	10,137	45,444	39,342
Total current liabilities	(87,121)	(78,228)	(85,315)
Total assets less current liabilities	175,732	232,027	248,000
Total non-current liabilities	(71,508)	(61,554)	(54,293)
<b>Total net assets employed</b>	<b>104,224</b>	<b>170,473</b>	<b>193,707</b>
<i>Financed by</i>			
Public dividend capital	67,615	130,755	150,332
Revaluation reserve	46,089	49,152	51,538
Income and expenditure reserve	(9,480)	(9,434)	(8,163)
<b>Total taxpayers' and others' equity</b>	<b>104,224</b>	<b>170,473</b>	<b>193,707</b>

From FY 2019/20 to FT 2020/21, total net assets employed increased substantially due to loans being converted to PDC as per Central policy. This meant current liabilities decreased while PDC increased. From FY 2020/21 to FY 2021/22, total net assets increased by c£23m. This was mainly as a result of a significant increase in capital PDC funding.

### 7.3 Counterfactual Position

In line with HMT Green Book and BBC guidance, the performance of each of the Shortlisted Options is to be assessed against the counterfactual position. HMT Green Book and BBC guidance defines the counterfactual position as maintaining the status quo. The guidance also recognises that the counterfactual position is not always the “Do Nothing” option and that there may be a requirement to invest in order to maintain our existing position.

In the context of this definition, the counterfactual position requires ongoing significant investment in backlog maintenance. The level of backlog maintenance at the Trust has been confirmed through a Six Facet Survey, carried out by The Oakleaf Group, analysis of which examines the condition of our building stock and other physical assets. The Six Facet Survey assesses the remaining useful asset life of these assets, categorising these as per NHS Estates guidance. Assets which fall into category “D” are deemed to have either exceeded their useful asset life, or are at risk of immediate failure. While the Six Facet Survey has shown significant capital investment need, we recognise the CDEL limitations held by our organisation. As such, Category D backlog maintenance will be rectified over the appraisal period in line with the existing annual CDEL allowances of our organisation. This approach fails to rectify all of the existing Category D backlog maintenance in a timely manner, and as such significant risk is held by our organisation – this is seen through the economic analysis undertaken as part of the Economic Case.

The table outlines the capital plan utilised to forecast the counterfactual position. As mentioned previously it is in line with current CDEL allowances and from 2027/28, it has been assumed that the level of capital expenditure will remain flat for the rest of the appraisal period. The expenditure assumed for the base year of FY 2022/23 is in line with our current year financial plan.



Table 7.4 – Summary of Capital Plan from FY 2023/24 to FY 2027/28

Capital Expenditure Plan (£'000)	FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28	Total
Estate	5,737	9,359	3,329	7,268	11,356	37,049
IT	11,468	14,321	17,338	10,668	4,982	58,777
Equipment	5,000	0	0	3,000	4,000	12,000
<b>Total Expenditure</b>	<b>22,205</b>	<b>23,680</b>	<b>20,667</b>	<b>20,936</b>	<b>20,338</b>	<b>107,826</b>

### 7.3.1 Financial Statements

The forecast financial impact of the counterfactual position is shown across our three key financial statements.

Please note, the Financial Statements shown below (and throughout the case for the Shortlisted Options) have been forecasted up to FY 2039/40. This is to allow for the longest construction period required by the Shortlisted Options and to show the full operational impact of the investment. The tables and statements throughout also contain colour coding in line with Regional guidance for reconciliation purposes.

The counterfactual statements have been modelled using the Trust's latest LTFM position which reflects substantial deficit positions being delivered on a consistent basis. In the absence of a clear financial regime, at the National level, at this point in time, the deficit positions have been recognised. As a result of this, our Trust accumulates a substantial cash deficit in the statements shown below. It is important to note that this may in fact not reflect reality, however due to the lack of financial plan in place for the wider NHS, this assumption is retained presently.

## Statement of Comprehensive Income (SoCI)

Table 7.5 – Counterfactual SoCI

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total
Income	551,569	564,453	573,274	580,978	594,051	615,342	637,466	661,113	685,415	710,393	736,068	762,464	789,603	817,510	846,208	875,724	906,083	937,313	12,845,028
System Transformation/financial recovery/mitigating initiatives	23,445	33,849	47,012	57,294	64,248	67,036	73,824	75,098	71,102	68,070	65,672	66,495	68,741	70,136	71,867	74,533	77,397	80,448	1,156,269
Cash Releasing Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Operating Income</b>	<b>575,014</b>	<b>598,302</b>	<b>620,286</b>	<b>638,273</b>	<b>658,298</b>	<b>682,378</b>	<b>711,290</b>	<b>736,211</b>	<b>756,517</b>	<b>778,463</b>	<b>801,740</b>	<b>828,959</b>	<b>858,344</b>	<b>887,646</b>	<b>918,075</b>	<b>950,257</b>	<b>983,481</b>	<b>1,017,761</b>	<b>14,001,297</b>
Pay Costs	(300,619)	(316,058)	(331,674)	(347,322)	(363,322)	(379,628)	(396,309)	(411,847)	(427,777)	(444,100)	(460,821)	(477,954)	(497,514)	(517,513)	(537,964)	(558,882)	(580,280)	(602,172)	(7,951,755)
Non Pay Costs	(258,149)	(270,818)	(279,511)	(285,039)	(291,262)	(299,235)	(309,948)	(319,435)	(329,346)	(339,695)	(350,504)	(361,804)	(373,630)	(386,015)	(398,999)	(412,623)	(426,932)	(441,975)	(6,134,921)
Depreciation	(21,961)	(23,237)	(26,476)	(30,077)	(32,930)	(34,952)	(34,680)	(33,838)	(31,678)	(31,567)	(32,592)	(33,189)	(33,644)	(34,098)	(34,552)	(35,006)	(35,461)	(35,915)	(575,852)
Impairment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Operating Expense</b>	<b>(580,729)</b>	<b>(610,114)</b>	<b>(637,661)</b>	<b>(662,437)</b>	<b>(687,514)</b>	<b>(713,815)</b>	<b>(740,937)</b>	<b>(765,120)</b>	<b>(788,801)</b>	<b>(815,362)</b>	<b>(843,917)</b>	<b>(872,948)</b>	<b>(904,787)</b>	<b>(937,626)</b>	<b>(971,516)</b>	<b>(1,006,511)</b>	<b>(1,042,672)</b>	<b>(1,080,061)</b>	<b>(14,662,528)</b>
<b>Total operating surplus/(deficit)</b>	<b>(5,715)</b>	<b>(11,812)</b>	<b>(17,375)</b>	<b>(24,165)</b>	<b>(29,216)</b>	<b>(31,436)</b>	<b>(29,647)</b>	<b>(28,909)</b>	<b>(32,284)</b>	<b>(36,899)</b>	<b>(42,176)</b>	<b>(43,989)</b>	<b>(46,443)</b>	<b>(49,980)</b>	<b>(53,440)</b>	<b>(56,254)</b>	<b>(59,191)</b>	<b>(62,300)</b>	<b>(661,231)</b>
PDC dividend charge	(6,919)	(7,758)	(7,691)	(7,477)	(7,103)	(6,637)	(6,130)	(5,643)	(5,209)	(4,814)	(4,403)	(4,313)	(4,556)	(4,782)	(4,992)	(5,187)	(5,366)	(5,528)	(104,508)
Finance (expense)/income	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(53,928)
Other Non Operating income / (expenditure)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Impact on I&amp;E surplus/(deficit)</b>	<b>(15,630)</b>	<b>(22,566)</b>	<b>(28,062)</b>	<b>(34,638)</b>	<b>(39,314)</b>	<b>(41,070)</b>	<b>(38,773)</b>	<b>(37,548)</b>	<b>(40,489)</b>	<b>(44,709)</b>	<b>(49,575)</b>	<b>(51,298)</b>	<b>(53,995)</b>	<b>(57,758)</b>	<b>(61,429)</b>	<b>(64,437)</b>	<b>(67,553)</b>	<b>(70,825)</b>	<b>(819,667)</b>
Add back AME impairment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Impact on I&amp;E surplus/(deficit) incl AME</b>	<b>(15,630)</b>	<b>(22,566)</b>	<b>(28,062)</b>	<b>(34,638)</b>	<b>(39,314)</b>	<b>(41,070)</b>	<b>(38,773)</b>	<b>(37,548)</b>	<b>(40,489)</b>	<b>(44,709)</b>	<b>(49,575)</b>	<b>(51,298)</b>	<b>(53,995)</b>	<b>(57,758)</b>	<b>(61,429)</b>	<b>(64,437)</b>	<b>(67,553)</b>	<b>(70,825)</b>	<b>(819,667)</b>

Our Trust faces a number of financial challenges that are reflected in this underlying position, including operational, strategic and structural elements. The ability of the organisation to deliver financial improvement is severely limited by the current nature and condition of the physical estate. The SoCI above reflects the challenges which our Trust will face. In line with the LTFM, our Trust will experience substantial deficit positions for the foreseeable future. These deficit positions are not only incurred as a result of capital expenditure but also due to the inflation on costs outweighing the growth of income. The worsening financial position strengthens the reasoning for needing an Estates intervention to make moves in improving this financial outlook.

## Statement of Financial Position (SoFP)

Table 7.6 – Counterfactual SoFP

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total
Opening Non-current assets	261,007	277,251	276,219	273,423	264,013	252,019	237,406	223,064	209,564	198,224	186,995	174,741	161,889	148,584	134,824	120,610	105,941	90,819	3,596,590
Additions	38,205	22,205	23,680	20,667	20,936	20,338	20,338	20,338	20,338	20,338	20,338	20,338	20,338	20,338	20,338	20,338	20,338	20,338	390,087
Depreciation	(21,961)	(23,237)	(26,476)	(30,077)	(32,930)	(34,952)	(34,680)	(33,838)	(31,678)	(31,567)	(32,592)	(33,189)	(33,644)	(34,098)	(34,552)	(35,006)	(35,461)	(35,915)	(575,852)
Impairments	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Closing Non-current assets (Tangible and intangible assets)</b>	<b>277,251</b>	<b>276,219</b>	<b>273,423</b>	<b>264,013</b>	<b>252,019</b>	<b>237,406</b>	<b>223,064</b>	<b>209,564</b>	<b>198,224</b>	<b>186,995</b>	<b>174,741</b>	<b>161,889</b>	<b>148,584</b>	<b>134,824</b>	<b>120,610</b>	<b>105,941</b>	<b>90,819</b>	<b>75,242</b>	<b>3,410,825</b>
Other non-current assets	1,438	1,438	1,438	1,438	1,438	1,438	1,438	1,438	1,438	1,438	1,438	1,438	1,438	1,438	1,438	1,438	1,438	1,438	25,884
<b>Closing Non-current assets</b>	<b>278,689</b>	<b>277,657</b>	<b>274,861</b>	<b>265,451</b>	<b>253,457</b>	<b>238,844</b>	<b>224,502</b>	<b>211,002</b>	<b>199,662</b>	<b>188,433</b>	<b>176,179</b>	<b>163,327</b>	<b>150,022</b>	<b>136,262</b>	<b>122,048</b>	<b>107,379</b>	<b>92,257</b>	<b>76,680</b>	<b>3,436,709</b>
<b>Cash</b>	<b>(38)</b>	<b>(21,572)</b>	<b>(46,838)</b>	<b>(72,066)</b>	<b>(99,387)</b>	<b>(125,843)</b>	<b>(150,274)</b>	<b>(174,322)</b>	<b>(203,471)</b>	<b>(236,951)</b>	<b>(274,271)</b>	<b>(312,718)</b>	<b>(353,407)</b>	<b>(397,405)</b>	<b>(444,619)</b>	<b>(494,388)</b>	<b>(546,818)</b>	<b>(602,066)</b>	<b>(4,556,456)</b>
<b>Total Assets</b>	<b>320,874</b>	<b>298,308</b>	<b>270,246</b>	<b>235,608</b>	<b>196,293</b>	<b>155,224</b>	<b>116,450</b>	<b>78,902</b>	<b>38,414</b>	<b>(6,295)</b>	<b>(55,870)</b>	<b>(107,168)</b>	<b>(161,162)</b>	<b>(218,920)</b>	<b>(280,349)</b>	<b>(344,786)</b>	<b>(412,339)</b>	<b>(483,163)</b>	<b>(359,733)</b>

In line with the SoCI shown above, the SoFP also demonstrates the worsening financial position of the Trust under the counterfactual option, demonstrating the unsustainability of the option. As seen in the SoCI, the deficit position continues to worsen which accumulates over time through the cash position. Ultimately the counterfactual option would move the Trust into a negative asset and equity position by FY 2031/32 owing to the significant deficits accumulated within the SoCI. The counterfactual SoFP demonstrates that a significant investment is required not only to improve and update the estate, but to allow the Trust to move to a financially sustainable position.

## Statement of Cash Flow (SoCF)

Table 7.7 – Counterfactual SoCF

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total
<b>Impact on I&amp;E surplus/(deficit) incl AME</b>	<b>(15,630)</b>	<b>(22,566)</b>	<b>(28,062)</b>	<b>(34,638)</b>	<b>(39,314)</b>	<b>(41,070)</b>	<b>(38,773)</b>	<b>(37,548)</b>	<b>(40,489)</b>	<b>(44,709)</b>	<b>(49,575)</b>	<b>(51,298)</b>	<b>(53,995)</b>	<b>(57,758)</b>	<b>(61,429)</b>	<b>(64,437)</b>	<b>(67,553)</b>	<b>(70,825)</b>	<b>(819,667)</b>
Depreciation	21,961	23,237	26,476	30,077	32,930	34,952	34,680	33,838	31,678	31,567	32,592	33,189	33,644	34,098	34,552	35,006	35,461	35,915	575,852
Other non-cash or non-operating income and expense	(11,102)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(11,102)
<b>Net cash generated from / (used in) operations</b>	<b>(4,771)</b>	<b>671</b>	<b>(1,586)</b>	<b>(4,561)</b>	<b>(6,385)</b>	<b>(6,118)</b>	<b>(4,093)</b>	<b>(3,710)</b>	<b>(8,810)</b>	<b>(13,142)</b>	<b>(16,983)</b>	<b>(18,108)</b>	<b>(20,351)</b>	<b>(23,660)</b>	<b>(26,877)</b>	<b>(29,431)</b>	<b>(32,092)</b>	<b>(34,910)</b>	<b>(254,917)</b>
Purchase of intangible assets	(2,230)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(2,230)
<b>Initial capital investment</b>	<b>(36,031)</b>	<b>(22,205)</b>	<b>(23,680)</b>	<b>(20,667)</b>	<b>(20,936)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(387,913)</b>
Sales of PP&E and investment property	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Receipt of cash donations to purchase capital assets	56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	56
<b>Cash flows from investing activities</b>	<b>(36,265)</b>	<b>(22,205)</b>	<b>(23,680)</b>	<b>(20,667)</b>	<b>(20,936)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(390,087)</b>
PDC received	14,293	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14,293
Other financing activities (obligations)	(10,697)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(10,697)
<b>Cash flows from financing activities [external only]</b>	<b>3,596</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,596</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>(9,380)</b>	<b>(21,534)</b>	<b>(25,266)</b>	<b>(25,228)</b>	<b>(27,321)</b>	<b>(26,456)</b>	<b>(24,431)</b>	<b>(24,048)</b>	<b>(29,148)</b>	<b>(33,480)</b>	<b>(37,321)</b>	<b>(38,446)</b>	<b>(40,689)</b>	<b>(43,998)</b>	<b>(47,215)</b>	<b>(49,769)</b>	<b>(52,430)</b>	<b>(55,248)</b>	<b>(641,408)</b>
Cash and cash equivalents at 1 April - brought forward	39,342	(38)	(21,572)	(46,838)	(72,066)	(99,387)	(125,843)	(150,274)	(174,322)	(203,471)	(236,951)	(274,271)	(312,718)	(353,407)	(397,405)	(444,619)	(494,388)	(546,818)	(3,915,048)
Cash and cash equivalents at 31 March	(38)	(21,572)	(46,838)	(72,066)	(99,387)	(125,843)	(150,274)	(174,322)	(203,471)	(236,951)	(274,271)	(312,718)	(353,407)	(397,405)	(444,619)	(494,388)	(546,818)	(602,066)	(4,556,456)

In line with the position shown in the SoCI and SoFP, the SoCF shows an unfavourable outlook for the Trust. Due to the significant deficit incurred each year, there is a consistent decrease in cash year on year. This accumulates over time to give a significantly high cash and cash equivalents by FY 2039/40. The adjustment for depreciation as a non cash item ultimately has little impact when improving this cash position. As with the other statements in order to improve our financial outlook, we need to make an intervention on our Estate.

In line with HMT Green Book and BBC guidance the financial modelling undertaken to support this SOC operates on an incremental basis, assessing each shortlisted option over and above the counterfactual position. As such a set of consistent assumptions has been applied across all Shortlisted Options, set out below:

Table 7.8 – Programme Modelling Assumptions

Assumption	Description
<b>General</b>	
Financial modelling start date	Inputs represent FY 2022/23– in line with Trust's FY 2022/23 Plan.
Cash Releasing Benefits	CRBs are assumed to come online in line with asset completion and therefore, a portion of the CRB value is realised due to completion being half way through the financial year – the benefits are phased over a 5 year period from the following financial year
Inflation on external non NHS revenue	Based on current CPI forecasts – flat rate of 2% used for full appraisal period
<b>Income</b>	
Growth	In line with activity growth modelled for the Devon STP / ICS and is consistent with NHS Devon CCG planning assumptions
Tariff Uplift	2.8% p.a. for the full appraisal period
Tariff Efficiency	-1.1% p.a. for the full appraisal period
BAU CIP	5% in FY 2023/24, 1.5% in FY 2024/25 and 1.7% in FY 2025/26. From FY 2026/27 the CIP ranges from 0.7% to 1.2%.
<b>Costs</b>	
Pay Cost Inflation	3.0% has been assumed for all categories of Pay Costs for the full appraisal period
Pay Costs – Marginal Cost	Marginal cost assumptions for each non pay cost category have been included to recognise the marginal cost of delivering additional income. It is assumed that no contribution is made on income growth.
Non Pay Cost Inflation	2.7% has been assumed for all categories of Non Pay Costs apart from Drugs and Clinical Negligence for the full appraisal period. 0.9% and 10.5% has been assumed for Drugs and Clinical Negligence respectively also for the full appraisal period.
Non Pay Costs – Marginal Cost	Marginal cost assumptions for each non pay cost category have been included to recognise the marginal cost of delivering additional income. It is assumed that no contribution is made on income growth.

## 7.4 ShortList Options

The below table reconfirms the Shortlisted Options identified in the Economic Case.

Table 7.9 – Shortlisted estates infrastructure Options

Option	Description
Do Minimum	<p>Reprovision of all in-patient bed capacity, with an ED refurbishment and a substantial element of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. <b>The redundant building stock on the site will not be cleared.</b></p> <p>In delivering this we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). In addition, there will be a new day case surgical centre on the Torbay site serving the planned care needs of the population of South, East and North Devon.</p>
Preferred Way Forward	<p>Reprovision of all in-patient bed capacity, with an ED refurbishment and a complete separation of planned and unplanned split of services. This will be delivered through the development of new build capacity for day case surgical activity. <b>In addition, there will be site clearance of the redundant building stock on the site.</b></p> <p>In delivering this we will retain a 24/7 ED on the acute hospital site in Torbay, along with all the support functions to deliver unplanned care services (in line with PCSS and the Devon LTP). In addition, there will be a new day case surgical centre on the Torbay site serving the planned care needs of the population of South, East and North Devon.</p>
Do Maximum	<p>Full new build reprovision of the entirety of the existing Torbay acute site.</p> <p>Reprovision of all services delivered at present, splitting urgent and emergency care from elective pathways. In addition, there will be a new day case surgical centre on the Torbay site serving the planned care needs of the population of South, East and North Devon.</p>

### 7.4.1 Funding assumptions

Under the NHP it is understood that all major works associated with schemes will be funded through PDC monies, with the associated annual PDC dividend of 3.5% to be paid on our average net relevant asset value.

The capital costs for each of the Shortlisted Options over their construction period are outlined below, with OB forms found at Appendix 9.4.1 The sources and uses table associated with the Preferred Way Forward can be found in section 7.5.1.

Table 7.10 – Shortlisted Option Capital Cost

	Do Minimum	Preferred Way Forward	Do Maximum
<b>Capital cost of shortlisted option</b>			
Cost (£'000)	480,168	497,194	1,302,089

The above capital cost of each option has been informed by OB forms provided by our Cost Consultants and are based on the following assumptions:

Table 7.11 – Capital Cost Assumptions for Shortlisted Options

Capital cost Assumption	Option 3	Option 5	Option 7
	Do Min	PWF	Do Max
Inflation	Inflation to the mid-point of construction has been included within the cost estimate based upon the latest BCIS PUBSEC indices available at the date of the cost forms preparation. Where PUBSEC Indices are not available (due to the extended nature of Programme), BCIS TPI forecast inflation indices have been used. Thereafter a long-term average annual inflation rate of 3.5% has been used to forecast inflation to the end of the Programmed works.		
Optimism Bias <sup>17</sup>	<p>Enabling works set between 5% and 16%. The main works are set as follows:</p> <ul style="list-style-type: none"> <li>• A&amp;E refurb – 23%</li> <li>• Elective build – 18%</li> <li>• Wards reprovion – 18%</li> </ul>	<p>Enabling works set between 5% and 16%. The main works are set as follows:</p> <ul style="list-style-type: none"> <li>• A&amp;E refurb – 23%</li> <li>• Elective build – 18%</li> <li>• Wards reprovion – 18%</li> <li>• Demolition works - 10%</li> </ul>	27% on works and non-works costs
Planning contingency	All works set between 10% and 15% on works costs	All works set between 10% and 15% on works costs	15% on works costs
VAT recovery	N/A	N/A	N/A
Impairment	20% assumed on new build assets and 30% assumed on refurbished assets		

<sup>17</sup> Please refer to Appendix 9.4.1 for the OB forms utilised

## 7.4.2 Benefits

The benefits presented below are those applicable to the Preferred Way Forward. The benefits derived under the other Shortlisted Options can be found in the CIA Model. For the purposes of the Financial Case, the below represents only the cash releasing benefits associated with the Preferred Way Forward.

Table 7.12 – Benefits for Preferred Way Forward (inclusive of inflation)

Reference	Benefit (£'000)	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	34/35	35/36	36/37	37/38	38/39	39/40	TOTAL
CRB1	Lack of major incidents	-	-	-	-	-	-	237	488	500	514	527	541	555	570	584	600	615	632	6,362
CRB2	Additional CIP (above BAU)	-	-	-	-	-	-	2,592	7,994	13,569	19,348	25,348	26,056	26,786	27,540	28,320	29,125	29,958	30,820	267,455
CRB3	Repatriating income	-	-	-	-	-	-	671	1,382	1,427	1,474	1,522	1,572	1,623	1,676	1,731	1,787	1,846	1,906	18,616
CRB4	Additional retail income	-	-	-	-	-	-	28	57	58	60	61	62	63	64	66	67	68	70	724
CRB5	Revenue cost savings on estates maintenance of demolished buildings	-	-	-	-	-	-	186	382	392	402	412	422	432	443	454	465	477	489	4,956
CRB6	Car parking	-	-	-	-	-	-	168	343	350	357	364	372	379	387	394	402	410	419	4,346
<b>Total</b>		-	-	-	-	-	-	<b>3,882</b>	<b>10,647</b>	<b>16,297</b>	<b>22,154</b>	<b>28,234</b>	<b>29,024</b>	<b>29,839</b>	<b>30,680</b>	<b>31,549</b>	<b>32,447</b>	<b>33,375</b>	<b>34,335</b>	<b>302,461</b>

Table 7.13 – Benefits for Preferred Way Forward (excluding inflation)

Reference	Benefit (£'000)	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	34/35	35/36	36/37	37/38	38/39	39/40	TOTAL
CRB1	Lack of major incidents	-	-	-	-	-	-	212	425	425	425	425	425	425	425	425	425	425	425	4,884
CRB2	Additional CIP (above BAU)	-	-	-	-	-	-	2,268	6,819	11,270	15,639	19,935	19,935	19,935	19,935	19,935	19,935	19,935	19,935	195,479
CRB3	Repatriating income	-	-	-	-	-	-	600	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	13,800
CRB4	Additional retail income	-	-	-	-	-	-	25	50	50	50	50	50	50	50	50	50	50	50	575
CRB5	Revenue cost savings on estates maintenance of demolished buildings	-	-	-	-	-	-	156	312	312	312	312	312	312	312	312	312	312	312	3,584
CRB6	Car parking	-	-	-	-	-	-	150	300	300	300	300	300	300	300	300	300	300	300	3,450
<b>Total</b>		-	-	-	-	-	-	<b>3,411</b>	<b>9,106</b>	<b>13,557</b>	<b>17,925</b>	<b>22,222</b>	<b>22,222</b>	<b>22,222</b>	<b>22,222</b>	<b>22,222</b>	<b>22,222</b>	<b>22,222</b>	<b>22,222</b>	<b>221,772</b>

Table 7.14 – Inflationary value applied to the Benefits for the Preferred Way Forward

Reference	Benefit (£'000)	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	34/35	35/36	36/37	37/38	38/39	39/40	TOTAL
CRB1	Lack of major incidents	-	-	-	-	-	-	25	63	76	89	102	116	130	145	160	175	191	207	1,478
CRB2	Additional CIP (above BAU)	-	-	-	-	-	-	324	1,175	2,299	3,709	5,413	6,120	6,851	7,605	8,384	9,190	10,023	10,885	71,976
CRB3	Repatriating income	-	-	-	-	-	-	71	182	227	274	322	372	423	476	531	587	646	706	4,816
CRB4	Additional retail income	-	-	-	-	-	-	3	7	8	10	11	12	13	14	16	17	18	20	149
CRB5	Revenue cost savings on estates maintenance of demolished buildings	-	-	-	-	-	-	30	71	80	90	100	110	121	132	143	154	165	177	1,372
CRB6	Car parking	-	-	-	-	-	-	18	43	50	57	64	72	79	87	94	102	110	119	896
<b>Total</b>		-	-	-	-	-	-	<b>471</b>	<b>1,541</b>	<b>2,740</b>	<b>4,229</b>	<b>6,012</b>	<b>6,802</b>	<b>7,617</b>	<b>8,458</b>	<b>9,327</b>	<b>10,225</b>	<b>11,153</b>	<b>12,113</b>	<b>80,689</b>



These benefits are also aligned to those presented within Section 5.4.4 of the Economic Case. The bridge presented above shows how the benefits presented in the Financial Case align to those in the Economic Case.

## 7.5 Affordability Summary

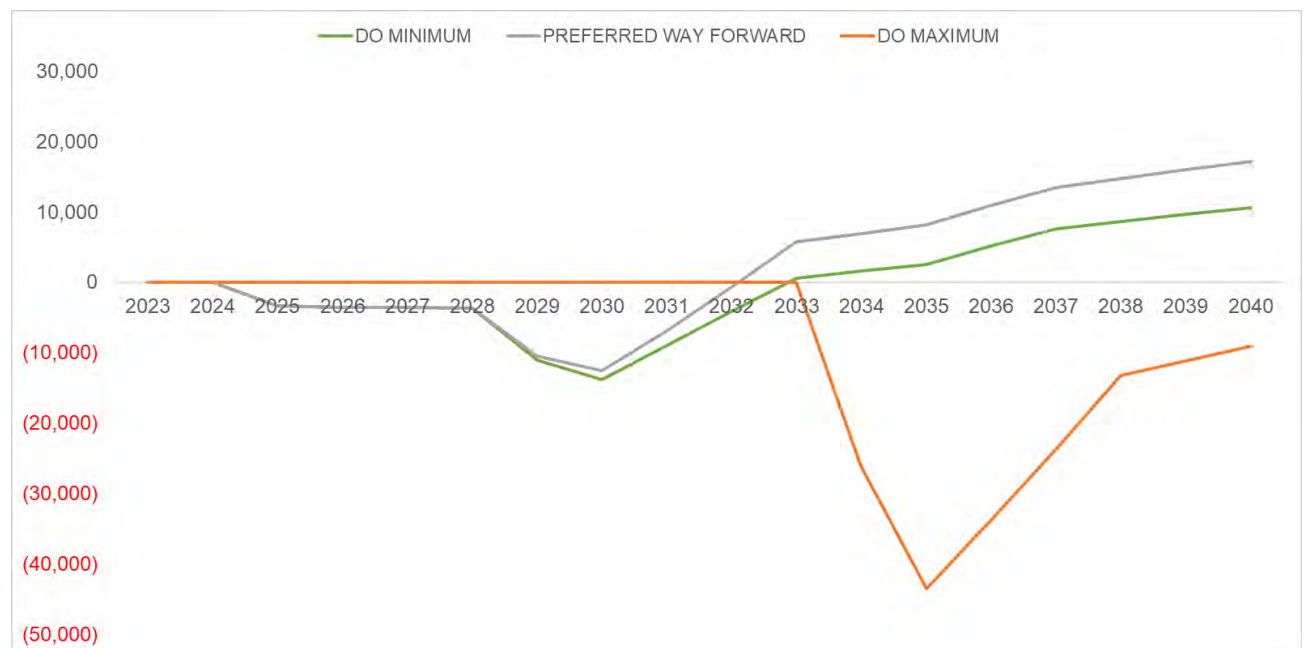
This section analyses the affordability of each of the Shortlisted Options.

This SOC assesses affordability through two distinct lenses; affordability to the wider health system through the SoCI; and our own affordability through the SoCF. A summary of the affordability position is presented in this Financial Case.

### SoCI Summary – Shortlisted Options

The graph below shows the incremental SoCI for all of the Shortlisted Options. A full version of this graph including BAU can be found at Appendix 9.4.2.

Figure 7.2 – Incremental SoCI (Net Surplus / (Deficit) for the year) for ShortlistedOptions from FY 2022/23 to 2039/40



### Do Minimum and Preferred Way Forward

The Do Minimum and Preferred Way Forward focus on similar estates redevelopment areas with the key difference being the demolition and site clearance works included only in the Preferred Way Forward. This is the area which cause the trend of both options to deviate, ultimately showing that from a revenue affordability standpoint, the Preferred Way Forward is more favourable to the Trust. The Preferred Way Forward derives the most cash releasing benefits due to the extra demolition and site clearance involved.

In FY 2024/25, both options see a negative incremental impact of c.£3m as a result of the enabling works concerned with both options completing. The incremental impact is incurred as a result of the capital charges associated with the completion of these works. While the other build elements of the options are under construction this c.£3m incremental deficit remains constant (Asset Under Construction (“AUC”) period and therefore, no capital charges or benefits are realised). In FY 2028/29, the new inpatient wards and Elective Care

Centre become operational and therefore, the incremental deficit rises to c.£10m due to the capital charges being incurred. The benefits at this stage offset some of the charges incurred but are not fully phased and as a result do not offset these charges. In FY 2029/30 this incremental deficit rises further to c.£13m for the Preferred Way Forward and c.£14m for Do Minimum, as a result of a full year of capital charges being incurred. The A&E refurbishment completes and becomes operational in FY 2029/30 and is the reason behind the further c.£13m deficit. However, as a result of demolition works that also complete under the Preferred Way Forward and the associated benefits of these works, the deficit is lower compared to the Do Minimum option.

From FY 2029/30 onwards, clear separation between these options becomes visible as the benefits are phased, and the benefits derived under the Preferred Way forward being greater in value compared to the Do Minimum option. The benefits are fully realised by FY 2032/33 under both options.

### Do Maximum

The Do Maximum option tracks the baseline position for a prolonged period due to the new build being under construction and therefore, no additional capital charges are incurred. The asset completes midway through FY 2033/34. In line with the other options it is assumed that due to the asset completing half way through this year, that only a portion of the benefits are recognised to offset this. This results in an incremental impact of c.£26m. In the following financial year, FY 2034/35, the incremental impact becomes much greater due to the benefits not being fully phased in and a full year of capital charges being incurred on the new asset. The incremental deficit becomes c.£43m due to these factors.

As the benefits become fully phased in by FY 2037/38, the capital charges incurred due to the value of the new asset are too high to be fully offset by these benefits. As a result in this financial year, the incremental impact would still be at a substantial deficit of c.£13m. Therefore, this option would not be affordable from a revenue perspective.

### Conclusions

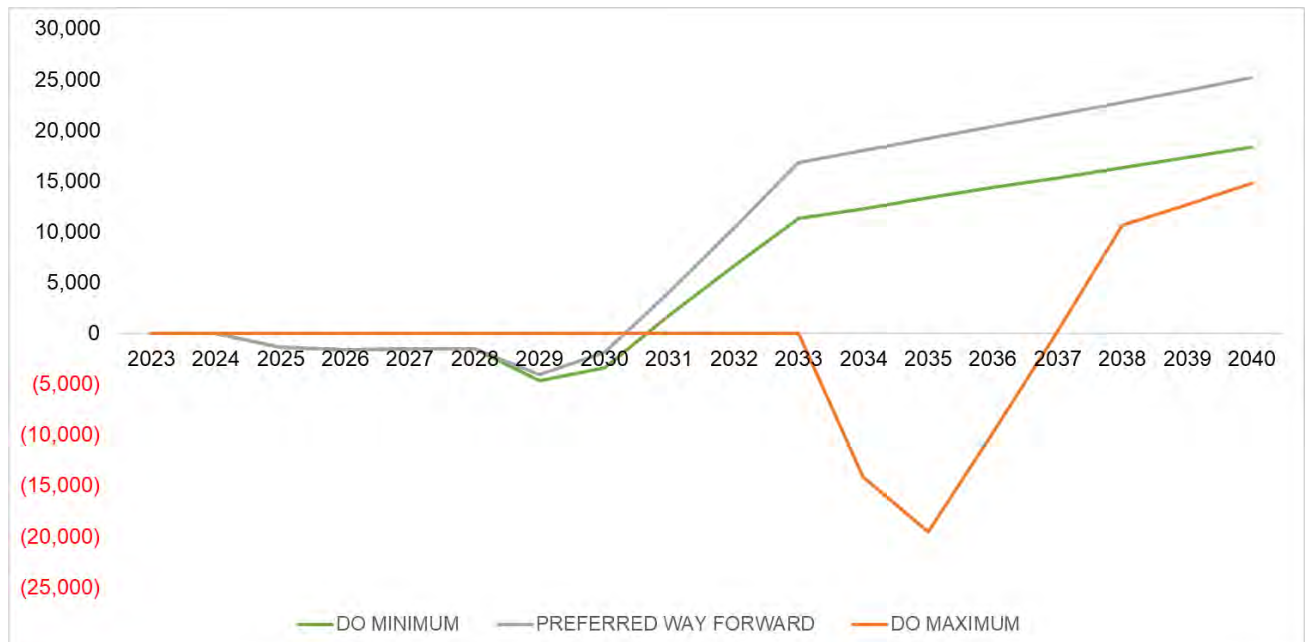
At this early stage of investment appraisal, the Preferred Way Forward is deemed to be the most affordable shortlisted option through its delivery of an improvement to the financial position of our organisation. This improved position allows us to deliver an incremental surplus quicker than the other shortlisted options proposed.

The Trust, the Devon ICS and other ICSs across the country recognise the challenge of funding the interim deficit position for significant transformations and will be the subject of greater scrutiny at the OBC stage. It is understood that the NHSE/I Regional Team are in discussions with the NHSE/I National Team on transitional funding solutions to the shorter term challenges presented by the large scale NHP capital investment Programme.

## SoCF Summary – Shortlisted Options

The graph below shows the incremental SoCF for all Shortlisted Options:

Figure 7.3 – Incremental SoCF increase / (decrease) in cash for ShortlistedOptions from FY 2022/23 to 2039/40



### Do Minimum and Preferred Way Forward

The Do Minimum and Preferred Way Forward options, as stated earlier in this case, are assumed to be funded fully by PDC. Therefore, the key factor having an impact on the incremental SoCF is the SoCI position of each option. The Preferred Way Forward achieves a greater level of benefits and therefore drives an improved incremental SoCI position and in the early years the incremental impact worsens by c.£4m. The impact of the benefits differential can be seen from the clear deviation in the two lines from FY 2029/30 when all assets are operational. When the benefits have been fully derived by FY 2032/33, the Preferred Way Forward and Do Minimum have a c.£17m and c.£11m improvement respectively on the in year cash position.

### Do Maximum

The Do Maximum option as previously stated is also assumed to be fully funded through PDC monies. Therefore, again, the key reason for the incremental impact shown above is due to the SoCI position discussed in the previous section. From the year in which the asset becomes operational ( FY 2033/34) a significant negative impact on cash is seen. The cash position would lead to an incremental decrease of c.£14m and then by FY 2034/35 this would decrease the incremental position by a further c.£20m. From FY 2035/36, the incremental decrease / increase in the cash position would improve due to the cash releasing benefits improving the SoCI before adding back depreciation, however it would take a much longer time to recover when compared to the Preferred Way Forward and Do Minimum.

### Conclusions

The Preferred Way Forward delivers a higher level of cash releasing benefits than Do Minimum, meaning it is more favourable from a cash affordability perspective. Do Maximum worsens the forecast cash position due to the substantial capital charges brought about by

the scale of the investment and the fact the cash releasing benefits do not offset these charges overall.

### 7.5.1 Preferred Way Forward

The following section, as outlined in the approach of this Financial Case, focuses on the Preferred Way Forward.

The funding assumptions associated with the Preferred Way Forward are set out in the sections below. Following this, the impact on the Trust's financial position is presented in the incremental financial statements. The financial statements have also been shown in the previous section in graphical format.

As previously stated, the Preferred Way Forward's total capital cost is £497m. The breakdown of this total cost is set out in the table below:

Table 7.15 – Capital cost of Preferred Way Forward breakdown

CAPITAL £'000	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	Total exc VAT	Total VAT	Total incl VAT
Works Costs	924	1,810	637	16,277	43,378	61,632	47,527	37,016	11,279	338	220,818	44,164	264,982
<b>Total PSCP Costs</b>	<b>924</b>	<b>1,810</b>	<b>637</b>	<b>16,277</b>	<b>43,378</b>	<b>61,632</b>	<b>47,527</b>	<b>37,016</b>	<b>11,279</b>	<b>338</b>	<b>220,818</b>	<b>44,164</b>	<b>264,982</b>
Trust costs:											-		
Fees	153	286	81	2,173	6,724	10,426	8,017	5,237	1,928	59	35,084	-	35,084
Equipment	9	32	12	1,045	1,019	66	-	16,430	1,258	-	19,872	3,974	23,846
Non Works Costs	26	51	20	536	1,170	1,554	1,209	1,204	450	17	6,236	1,247	7,483
<b>Total Trust Costs</b>	<b>188</b>	<b>370</b>	<b>112</b>	<b>3,755</b>	<b>8,913</b>	<b>12,046</b>	<b>9,226</b>	<b>22,870</b>	<b>3,636</b>	<b>76</b>	<b>61,192</b>	<b>5,222</b>	<b>66,414</b>
<b>Total Trust &amp; PSCP Costs</b>	<b>1,112</b>	<b>2,179</b>	<b>749</b>	<b>20,032</b>	<b>52,291</b>	<b>73,678</b>	<b>56,753</b>	<b>59,886</b>	<b>14,916</b>	<b>414</b>	<b>282,010</b>	<b>49,385</b>	<b>331,395</b>
Contingency	139	271	96	2,442	6,507	9,245	7,115	5,116	1,680	51	32,660	6,532	39,192
Optimism Bias	233	436	120	3,377	10,059	15,476	11,987	8,659	3,406	115	53,869	10,774	64,642
Inflation	217	375	78	1,296	7,955	15,259	11,875	10,651	3,797	134	51,637	10,327	61,964
<b>Total Excl VAT</b>	<b>1,701</b>	<b>3,260</b>	<b>1,043</b>	<b>27,147</b>	<b>76,812</b>	<b>113,658</b>	<b>87,730</b>	<b>84,312</b>	<b>23,799</b>	<b>713</b>	<b>420,176</b>		
Total VAT	310	595	193	4,995	14,018	20,646	15,943	15,815	4,374	131	77,018	77,018	
<b>SUB TOTAL</b>	<b>2,010</b>	<b>3,855</b>	<b>1,236</b>	<b>32,142</b>	<b>90,829</b>	<b>134,304</b>	<b>103,673</b>	<b>100,127</b>	<b>28,173</b>	<b>844</b>	<b>497,194</b>		<b>497,194</b>
<b>Total Costs Incl VAT</b>	<b>2,010</b>	<b>3,855</b>	<b>1,236</b>	<b>32,142</b>	<b>90,829</b>	<b>134,304</b>	<b>103,673</b>	<b>100,127</b>	<b>28,173</b>	<b>844</b>			<b>497,194</b>

### Funding assumptions

As per the Fundamental Business Case Criteria (March 2021) and Regional guidance, funding and CDEL tables have been completed in respect of the Preferred Way Forward below.

Table 7.16 – Funding table from Fundamental Business Case Criteria for NHP Programme only

CAPITAL £'000	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	Total
<i>Funding Source</i>											
National NHP - Preferred Option	2,010	3,855	1,236	32,142	90,829	134,304	103,673	100,127	28,173	844	497,194
<b>Total</b>	<b>2,010</b>	<b>3,855</b>	<b>1,236</b>	<b>32,142</b>	<b>90,829</b>	<b>134,304</b>	<b>103,673</b>	<b>100,127</b>	<b>28,173</b>	<b>844</b>	<b>497,194</b>
<i>Application of Funding</i>											
Works Costs	924	1,810	637	16,277	43,378	61,632	47,527	37,016	11,279	338	220,818
Fees	153	286	81	2,173	6,724	10,426	8,017	5,237	1,928	59	35,084
Non-work Costs	26	51	20	536	1,170	1,554	1,209	1,204	450	17	6,236
Equipment	9	32	12	1,045	1,019	66	-	16,430	1,258	-	19,872
Contingency	139	271	96	2,442	6,507	9,245	7,115	5,116	1,680	51	32,660
OB	233	436	120	3,377	10,059	15,476	11,987	8,659	3,406	115	53,869
Inflation	217	375	78	1,296	7,955	15,259	11,875	10,651	3,797	134	51,637
VAT	310	595	193	4,995	14,018	20,646	15,943	15,815	4,374	131	77,018
<b>Total</b>	<b>2,010</b>	<b>3,855</b>	<b>1,236</b>	<b>32,142</b>	<b>90,829</b>	<b>134,304</b>	<b>103,673</b>	<b>100,127</b>	<b>28,173</b>	<b>844</b>	<b>497,194</b>
<i>Source less Application</i>	0	0	0	0	0	0	0	0	0	0	0

Table 7.17 – CDEL table from Fundamental Business Case Criteria

CDEL £'000	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	Total
Gross Capex (approval value)	2,010	3,855	1,236	32,142	90,829	134,304	103,673	100,127	28,173	844	497,194
Less NBV of Disposals*											-
<b>CDEL</b>	<b>2,010</b>	<b>3,855</b>	<b>1,236</b>	<b>32,142</b>	<b>90,829</b>	<b>134,304</b>	<b>103,673</b>	<b>100,127</b>	<b>28,173</b>	<b>844</b>	<b>497,194</b>

## 7.5.2 Preferred Way Forward Financial Statements

### Financial Statements

The detail behind the graphs discussed above, including the SoFP, can be seen in the financial statements for the Preferred Way Forward below.

SoCI

Table 7.18 –Preferred Way Forward Full SoCI

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total
Income	551,569	564,453	573,274	580,978	594,051	615,342	637,466	661,113	685,415	710,393	736,068	762,464	789,603	817,510	846,208	875,724	906,083	937,313	12,845,028
System Transformation/financial recovery/mitigating initiatives	23,445	33,849	47,012	57,294	64,248	67,036	73,824	75,098	71,102	68,070	65,672	66,495	68,741	70,136	71,867	74,533	77,397	80,448	1,156,269
Cash Releasing Benefits	-	-	-	-	-	-	3,882	10,647	16,297	22,154	28,234	29,024	29,839	30,680	31,549	32,447	33,375	34,335	302,461
<b>Total Operating Income</b>	<b>575,014</b>	<b>598,302</b>	<b>620,286</b>	<b>638,273</b>	<b>658,298</b>	<b>682,378</b>	<b>715,172</b>	<b>746,858</b>	<b>772,814</b>	<b>800,616</b>	<b>829,974</b>	<b>857,983</b>	<b>888,183</b>	<b>918,326</b>	<b>949,624</b>	<b>982,704</b>	<b>1,016,856</b>	<b>1,052,096</b>	<b>14,303,758</b>
Pay Costs	(300,619)	(316,058)	(331,674)	(347,322)	(363,322)	(379,628)	(396,309)	(411,847)	(427,777)	(444,100)	(460,821)	(477,954)	(497,514)	(517,513)	(537,964)	(558,882)	(580,280)	(602,172)	(7,951,755)
Non Pay Costs	(258,149)	(270,818)	(279,511)	(285,039)	(291,262)	(299,235)	(309,948)	(319,435)	(329,346)	(339,695)	(350,504)	(361,804)	(373,630)	(386,015)	(398,999)	(412,623)	(426,932)	(441,975)	(6,134,921)
Depreciation	(21,961)	(23,237)	(28,379)	(32,043)	(34,896)	(37,012)	(41,036)	(44,508)	(42,669)	(42,558)	(43,584)	(44,181)	(44,635)	(43,465)	(42,565)	(42,965)	(43,420)	(43,874)	(696,988)
Impairment	-	-	(20,387)	-	(229)	(8,288)	(71,467)	(11,435)	-	-	-	-	-	-	-	-	-	-	(111,808)
<b>Total Operating Expense</b>	<b>(580,729)</b>	<b>(610,114)</b>	<b>(659,951)</b>	<b>(664,404)</b>	<b>(689,710)</b>	<b>(724,163)</b>	<b>(818,761)</b>	<b>(787,226)</b>	<b>(799,793)</b>	<b>(826,353)</b>	<b>(854,908)</b>	<b>(883,939)</b>	<b>(915,778)</b>	<b>(946,993)</b>	<b>(979,528)</b>	<b>(1,014,470)</b>	<b>(1,050,631)</b>	<b>(1,088,020)</b>	<b>(14,895,472)</b>
<b>Total operating surplus/(deficit)</b>	<b>(5,715)</b>	<b>(11,812)</b>	<b>(39,665)</b>	<b>(26,131)</b>	<b>(31,411)</b>	<b>(41,785)</b>	<b>(103,589)</b>	<b>(40,367)</b>	<b>(26,979)</b>	<b>(25,737)</b>	<b>(24,934)</b>	<b>(25,956)</b>	<b>(27,596)</b>	<b>(28,667)</b>	<b>(29,904)</b>	<b>(31,766)</b>	<b>(33,775)</b>	<b>(35,925)</b>	<b>(591,713)</b>
PDC dividend charge	(6,919)	(7,758)	(9,068)	(9,069)	(8,654)	(8,198)	(14,099)	(18,137)	(17,427)	(16,648)	(15,852)	(15,378)	(15,235)	(15,094)	(15,011)	(14,927)	(14,827)	(14,711)	(237,012)
Finance (expense)/income	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(53,928)
Other Non Operating income / (expenditure)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Impact on I&amp;E surplus/(deficit)</b>	<b>(15,630)</b>	<b>(22,566)</b>	<b>(51,729)</b>	<b>(38,196)</b>	<b>(43,061)</b>	<b>(52,979)</b>	<b>(120,683)</b>	<b>(61,501)</b>	<b>(47,402)</b>	<b>(45,380)</b>	<b>(43,781)</b>	<b>(44,330)</b>	<b>(45,827)</b>	<b>(46,757)</b>	<b>(47,911)</b>	<b>(49,689)</b>	<b>(51,598)</b>	<b>(53,632)</b>	<b>(882,653)</b>
Add back AME impairment	-	-	20,387	-	229	8,288	71,467	11,435	-	-	-	-	-	-	-	-	-	-	111,808
<b>Impact on I&amp;E surplus/(deficit) incl AME</b>	<b>(15,630)</b>	<b>(22,566)</b>	<b>(31,341)</b>	<b>(38,196)</b>	<b>(42,832)</b>	<b>(44,691)</b>	<b>(49,216)</b>	<b>(50,066)</b>	<b>(47,402)</b>	<b>(45,380)</b>	<b>(43,781)</b>	<b>(44,330)</b>	<b>(45,827)</b>	<b>(46,757)</b>	<b>(47,911)</b>	<b>(49,689)</b>	<b>(51,598)</b>	<b>(53,632)</b>	<b>(770,846)</b>

Table 7.19 –Preferred Way Forward Incremental SoCI

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total
Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash Releasing Benefits	-	-	-	-	-	-	3,882	10,647	16,297	22,154	28,234	29,024	29,839	30,680	31,549	32,447	33,375	34,335	302,461
<b>Total Operating Income</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,882</b>	<b>10,647</b>	<b>16,297</b>	<b>22,154</b>	<b>28,234</b>	<b>29,024</b>	<b>29,839</b>	<b>30,680</b>	<b>31,549</b>	<b>32,447</b>	<b>33,375</b>	<b>34,335</b>	<b>302,461</b>
Pay Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non Pay Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Depreciation	-	-	(1,903)	(1,966)	(1,966)	(2,060)	(6,356)	(10,670)	(10,991)	(10,991)	(10,991)	(10,991)	(10,991)	(9,368)	(8,013)	(7,959)	(7,959)	(7,959)	(121,136)
Impairment	-	-	(20,387)	-	(229)	(8,288)	(71,467)	(11,435)	-	-	-	-	-	-	-	-	-	-	(111,808)
<b>Total Operating Expense</b>	<b>-</b>	<b>-</b>	<b>(22,290)</b>	<b>(1,966)</b>	<b>(2,196)</b>	<b>(10,348)</b>	<b>(77,823)</b>	<b>(22,106)</b>	<b>(10,991)</b>	<b>(10,991)</b>	<b>(10,991)</b>	<b>(10,991)</b>	<b>(10,991)</b>	<b>(9,368)</b>	<b>(8,013)</b>	<b>(7,959)</b>	<b>(7,959)</b>	<b>(7,959)</b>	<b>(232,943)</b>
<b>Total operating surplus/(deficit)</b>	<b>-</b>	<b>-</b>	<b>(22,290)</b>	<b>(1,966)</b>	<b>(2,196)</b>	<b>(10,348)</b>	<b>(73,942)</b>	<b>(11,459)</b>	<b>5,306</b>	<b>11,162</b>	<b>17,243</b>	<b>18,032</b>	<b>18,847</b>	<b>21,313</b>	<b>23,536</b>	<b>24,488</b>	<b>25,416</b>	<b>26,376</b>	<b>69,518</b>
PDC dividend charge	-	-	(1,377)	(1,592)	(1,551)	(1,561)	(7,968)	(12,494)	(12,219)	(11,834)	(11,449)	(11,065)	(10,680)	(10,312)	(10,019)	(9,740)	(9,461)	(9,183)	(132,504)
<b>Incremental impact on I&amp;E surplus/(deficit)</b>	<b>-</b>	<b>-</b>	<b>(23,667)</b>	<b>(3,558)</b>	<b>(3,747)</b>	<b>(11,909)</b>	<b>(81,910)</b>	<b>(23,953)</b>	<b>(6,913)</b>	<b>(671)</b>	<b>5,793</b>	<b>6,968</b>	<b>8,168</b>	<b>11,000</b>	<b>13,518</b>	<b>14,748</b>	<b>15,955</b>	<b>17,193</b>	<b>(62,986)</b>
Add back AME impairment	-	-	20,387	-	229	8,288	71,467	11,435	-	-	-	-	-	-	-	-	-	-	111,808
<b>Incremental impact on I&amp;E surplus/(deficit) incl AME</b>	<b>-</b>	<b>-</b>	<b>(3,280)</b>	<b>(3,558)</b>	<b>(3,517)</b>	<b>(3,621)</b>	<b>(10,443)</b>	<b>(12,518)</b>	<b>(6,913)</b>	<b>(671)</b>	<b>5,793</b>	<b>6,968</b>	<b>8,168</b>	<b>11,000</b>	<b>13,518</b>	<b>14,748</b>	<b>15,955</b>	<b>17,193</b>	<b>48,822</b>

SoFP

Table 7.20 –Preferred Way Forward Incremental SoFP

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total
Opening Non-current assets	-	1,236	33,377	101,917	234,255	335,732	425,510	375,860	354,598	343,607	332,616	321,625	310,634	299,642	290,275	282,262	274,303	266,344	4,583,793
<b>Additions</b>	<b>1,236</b>	<b>32,142</b>	<b>90,829</b>	<b>134,304</b>	<b>103,673</b>	<b>100,127</b>	<b>28,173</b>	<b>844</b>	-	-	-	-	-	-	-	-	-	-	491,328
Depreciation	-	-	(1,903)	(1,966)	(1,966)	(2,060)	(6,356)	(10,670)	(10,991)	(10,991)	(10,991)	(10,991)	(10,991)	(9,368)	(8,013)	(7,959)	(7,959)	(7,959)	(121,136)
Impairments	-	-	(20,387)	-	(229)	(8,288)	(71,467)	(11,435)	-	-	-	-	-	-	-	-	-	-	(111,808)
Closing Non-current assets	1,236	33,377	101,917	234,255	335,732	425,510	375,860	354,598	343,607	332,616	321,625	310,634	299,642	290,275	282,262	274,303	266,344	258,385	4,842,178
<b>Cash</b>	-	-	(1,377)	(2,968)	(4,519)	(6,080)	(10,167)	(12,014)	(7,936)	2,384	19,169	37,128	56,286	76,654	98,185	120,892	144,806	169,957	680,401
Total Assets	1,236	33,377	100,540	231,286	331,212	419,430	365,694	342,585	335,672	335,000	340,794	347,761	355,929	366,929	380,447	395,195	411,150	428,342	5,522,579



## Statement of Cash Flow (SoCF)

Table 7.21 –Preferred Way Forward Incremental SoCF

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total
<b>Incremental impact on I&amp;E surplus/(deficit) incl AME</b>	-	-	(3,280)	(3,558)	(3,517)	(3,621)	(10,443)	(12,518)	(6,913)	(671)	5,793	6,968	8,168	11,000	13,518	14,748	15,955	17,193	48,822
Depreciation	-	-	1,903	1,966	1,966	2,060	6,356	10,670	10,991	10,991	10,991	10,991	10,991	9,368	8,013	7,959	7,959	7,959	121,136
Other non-cash or non-operating income and expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Net cash generated from / (used in) operations</b>	-	-	(1,377)	(1,592)	(1,551)	(1,561)	(4,087)	(1,847)	4,078	10,320	16,785	17,959	19,159	20,368	21,530	22,707	23,914	25,152	169,957
<b>Initial capital investment (Preferred Option)</b>	(1,236)	(32,142)	(90,829)	(134,304)	(103,673)	(100,127)	(28,173)	(844)	-	-	-	-	-	-	-	-	-	-	(491,328)
Sales of PP&E and investment property	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital lifecycle costs + replacement of equipment (incremental)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Cash flows from investing activities</b>	(1,236)	(32,142)	(90,829)	(134,304)	(103,673)	(100,127)	(28,173)	(844)	-	-	-	-	-	-	-	-	-	-	(491,328)
<b>PDC received (Preferred Option NHP National)</b>	1,236	32,142	90,829	134,304	103,673	100,127	28,173	844	-	-	-	-	-	-	-	-	-	-	491,328
Other financing activities (obligations)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Cash flows from financing activities [external only]</b>	1,236	32,142	90,829	134,304	103,673	100,127	28,173	844	-	-	-	-	-	-	-	-	-	-	491,328
<b>Increase/(decrease) in cash and cash equivalents</b>	-	-	(1,377)	(1,592)	(1,551)	(1,561)	(4,087)	(1,847)	4,078	10,320	16,785	17,959	19,159	20,368	21,530	22,707	23,914	25,152	169,957
Cash and cash equivalents at 1 April - brought forward	-	-	-	(1,377)	(2,968)	(4,519)	(6,080)	(10,167)	(12,014)	(7,936)	2,384	19,169	37,128	56,286	76,654	98,185	120,892	144,806	510,443
Cash and cash equivalents at 31 March	-	-	(1,377)	(2,968)	(4,519)	(6,080)	(10,167)	(12,014)	(7,936)	2,384	19,169	37,128	56,286	76,654	98,185	120,892	144,806	169,957	680,401
Cumulative	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

## 7.6 Whole Life Costing

The tables shown below outline the whole life capital and revenue costs on an incremental and full basis for the Preferred Way Forward. The incremental revenue costs table shows no change between the counterfactual and the Preferred Way Forward due to the impact of revenue costs being shown in the cash releasing benefits section of the CIA Model, rather than it being shown through improved revenue costs for the Preferred Way Forward.

Table 7.22 –Preferred Way Forward Incremental Capital Costs

Capital cost reconciliation	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	FY 30/31	FY 31/32	FY 32/33	FY 33/34	FY 34/35	FY 35/36	FY 36/37	FY 37/38	FY 38/39	FY 39/40	Total
Works Costs	(637)	(16,277)	(43,378)	(61,632)	(47,527)	(37,016)	(11,279)	(338)											(218,084)
Fees	(81)	(2,173)	(6,724)	(10,426)	(8,017)	(5,237)	(1,928)	(59)											(34,645)
Non-work Costs	(20)	(536)	(1,170)	(1,554)	(1,209)	(1,204)	(450)	(17)											(6,160)
Equipment	(12)	(1,045)	(1,019)	(66)	-	(16,430)	(1,258)	-											(19,831)
Contingency	(96)	(2,442)	(6,507)	(9,245)	(7,115)	(5,116)	(1,680)	(51)											(32,251)
OB	(120)	(3,377)	(10,059)	(15,476)	(11,987)	(8,659)	(3,406)	(115)											(53,200)
<b>Sub Total</b>	<b>(965)</b>	<b>(25,851)</b>	<b>(68,857)</b>	<b>(98,399)</b>	<b>(75,855)</b>	<b>(73,661)</b>	<b>(20,002)</b>	<b>(580)</b>	-	-	-	-	-	-	-	-	-	-	<b>(364,169)</b>
Inflation	(78)	(1,296)	(7,955)	(15,259)	(11,875)	(10,651)	(3,797)	(134)											(51,045)
VAT	(193)	(4,995)	(14,018)	(20,646)	(15,943)	(15,815)	(4,374)	(131)											(76,114)
<b>Total</b>	<b>(1,236)</b>	<b>(32,142)</b>	<b>(90,829)</b>	<b>(134,304)</b>	<b>(103,673)</b>	<b>(100,127)</b>	<b>(28,173)</b>	<b>(844)</b>	-	-	-	-	-	-	-	-	-	-	<b>(491,328)</b>

Table 7.23 –Preferred Way Forward Full Capital Costs

Capital cost reconciliation	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	FY 30/31	FY 31/32	FY 32/33	FY 33/34	FY 34/35	FY 35/36	FY 36/37	FY 37/38	FY 38/39	FY 39/40	Total
Works Costs	(637)	(16,277)	(43,378)	(61,632)	(47,527)	(37,016)	(11,279)	(338)											(218,084)
Fees	(81)	(2,173)	(6,724)	(10,426)	(8,017)	(5,237)	(1,928)	(59)											(34,645)
Non-work Costs	(20)	(536)	(1,170)	(1,554)	(1,209)	(1,204)	(450)	(17)											(6,160)
Equipment	(12)	(1,045)	(1,019)	(66)	-	(16,430)	(1,258)	-											(19,831)
Contingency	(96)	(2,442)	(6,507)	(9,245)	(7,115)	(5,116)	(1,680)	(51)											(32,251)
OB	(120)	(3,377)	(10,059)	(15,476)	(11,987)	(8,659)	(3,406)	(115)											(53,200)
5-Year Capital Plan Expenditure	(27,370)	(16,468)	(14,321)	(17,338)	(13,668)	(8,982)	(8,982)	(8,982)	(8,982)	(8,982)	(8,982)	(8,982)	(8,982)	(8,982)	(8,982)	(8,982)	(8,982)	(8,982)	(205,931)
Retained estate expenditure and lifecycle	(8,661)	(5,737)	(9,359)	(3,329)	(7,268)	(11,356)	(11,356)	(11,356)	(11,356)	(11,356)	(11,356)	(11,356)	(11,356)	(11,356)	(11,356)	(11,356)	(11,356)	(11,356)	(181,982)
<b>Sub Total</b>	<b>(36,996)</b>	<b>(48,056)</b>	<b>(92,537)</b>	<b>(119,066)</b>	<b>(96,791)</b>	<b>(93,999)</b>	<b>(40,340)</b>	<b>(20,918)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(752,082)</b>
Inflation associated with NHP schemes	(78)	(1,296)	(7,955)	(15,259)	(11,875)	(10,651)	(3,797)	(134)											(51,045)
VAT associated with NHP schemes	(193)	(4,995)	(14,018)	(20,646)	(15,943)	(15,815)	(4,374)	(131)											(76,114)
<b>Total</b>	<b>(37,267)</b>	<b>(54,347)</b>	<b>(114,509)</b>	<b>(154,971)</b>	<b>(124,609)</b>	<b>(120,465)</b>	<b>(48,511)</b>	<b>(21,182)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(20,338)</b>	<b>(879,241)</b>

Table 7.24 –Preferred Way Forward Incremental Revenue Costs

Revenue cost reconciliation	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	FY 30/31	FY 31/32	FY 32/33	FY 33/34	FY 34/35	FY 35/36	FY 36/37	FY 37/38	FY 38/39	FY 39/40	Total
Clinical services - Pay costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Clinical services - Non pay costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-clinical costs - Pay costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-clinical costs - Non pay costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Building running costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total pay costs</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total non pay costs</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Incremental Revenue costs as per CIA</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash releasing benefits	-	-	-	-	-	-	3,882	10,647	16,297	22,154	28,234	29,024	29,839	30,680	31,549	32,447	33,375	34,335	<b>302,461</b>
Incremental depreciation	-	-	(1,903)	(1,966)	(1,966)	(2,060)	(6,356)	(10,670)	(10,991)	(10,991)	(10,991)	(10,991)	(10,991)	(9,368)	(8,013)	(7,959)	(7,959)	(7,959)	<b>(121,136)</b>
Incremental PDC charge at 3.5%	-	-	(1,377)	(1,592)	(1,551)	(1,561)	(7,968)	(12,494)	(12,219)	(11,834)	(11,449)	(11,065)	(10,680)	(10,312)	(10,019)	(9,740)	(9,461)	(9,183)	<b>(132,504)</b>
<b>Total</b>	-	-	<b>(3,280)</b>	<b>(3,558)</b>	<b>(3,517)</b>	<b>(3,621)</b>	<b>(10,443)</b>	<b>(12,518)</b>	<b>(6,913)</b>	<b>(671)</b>	<b>5,793</b>	<b>6,968</b>	<b>8,168</b>	<b>11,000</b>	<b>13,518</b>	<b>14,748</b>	<b>15,955</b>	<b>17,193</b>	<b>48,822</b>

Table 7.25 –Preferred Way Forward Full Revenue Costs

Revenue cost reconciliation	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	FY 30/31	FY 31/32	FY 32/33	FY 33/34	FY 34/35	FY 35/36	FY 36/37	FY 37/38	FY 38/39	FY 39/40	Total
Clinical services - Pay costs	(184,448)	(190,565)	(196,584)	(202,353)	(208,181)	(214,008)	(219,890)	(224,293)	(228,740)	(233,225)	(237,742)	(242,294)	(248,881)	(255,504)	(262,163)	(268,858)	(275,590)	(282,358)	<b>(4,175,673)</b>
Clinical services - Non pay costs	(220,749)	(221,121)	(221,521)	(221,947)	(222,402)	(222,892)	(223,426)	(224,007)	(224,641)	(225,320)	(226,038)	(226,798)	(227,601)	(228,447)	(229,336)	(230,270)	(231,247)	(232,269)	<b>(4,060,033)</b>
Non-clinical costs - Pay costs	(116,171)	(116,355)	(116,552)	(116,764)	(116,991)	(117,236)	(117,504)	(117,797)	(118,118)	(118,462)	(118,828)	(119,215)	(119,624)	(120,056)	(120,512)	(120,990)	(121,491)	(122,015)	<b>(2,134,681)</b>
Non-clinical costs - Non pay costs	(15,152)	(20,340)	(21,275)	(18,755)	(16,618)	(15,898)	(17,552)	(17,592)	(17,635)	(17,682)	(17,731)	(17,783)	(17,839)	(17,897)	(17,958)	(18,022)	(18,089)	(18,159)	<b>(321,976)</b>
Building running costs	(22,248)	(22,286)	(22,326)	(22,369)	(22,415)	(22,464)	(22,518)	(22,576)	(22,640)	(22,709)	(22,781)	(22,858)	(22,939)	(23,024)	(23,113)	(23,208)	(23,306)	(23,409)	<b>(409,187)</b>
<b>Total pay costs</b>	<b>(300,619)</b>	<b>(306,919)</b>	<b>(313,137)</b>	<b>(319,117)</b>	<b>(325,172)</b>	<b>(331,244)</b>	<b>(337,394)</b>	<b>(342,090)</b>	<b>(346,858)</b>	<b>(351,687)</b>	<b>(356,569)</b>	<b>(361,508)</b>	<b>(368,505)</b>	<b>(375,560)</b>	<b>(382,674)</b>	<b>(389,847)</b>	<b>(397,080)</b>	<b>(404,374)</b>	<b>(6,310,354)</b>
<b>Total non pay costs</b>	<b>(258,149)</b>	<b>(263,747)</b>	<b>(265,122)</b>	<b>(263,070)</b>	<b>(261,435)</b>	<b>(261,254)</b>	<b>(263,496)</b>	<b>(264,175)</b>	<b>(264,917)</b>	<b>(265,711)</b>	<b>(266,550)</b>	<b>(267,439)</b>	<b>(268,378)</b>	<b>(269,367)</b>	<b>(270,408)</b>	<b>(271,499)</b>	<b>(272,642)</b>	<b>(273,837)</b>	<b>(4,791,195)</b>
<b>Total Revenue costs as per CIA</b>	<b>(558,768)</b>	<b>(570,666)</b>	<b>(578,258)</b>	<b>(582,187)</b>	<b>(586,607)</b>	<b>(592,498)</b>	<b>(600,889)</b>	<b>(606,265)</b>	<b>(611,775)</b>	<b>(617,398)</b>	<b>(623,120)</b>	<b>(628,947)</b>	<b>(636,883)</b>	<b>(644,928)</b>	<b>(653,082)</b>	<b>(661,346)</b>	<b>(669,722)</b>	<b>(678,211)</b>	<b>(11,101,550)</b>
Inflation on Pay and Non pay costs	-	(16,210)	(32,927)	(50,174)	(67,977)	(86,366)	(105,368)	(125,017)	(145,348)	(166,397)	(188,205)	(210,811)	(234,260)	(258,601)	(283,882)	(310,159)	(337,489)	(365,936)	<b>(2,985,126)</b>
Cash releasing benefits	-	-	-	-	-	-	3,882	10,647	16,297	22,154	28,234	29,024	29,839	30,680	31,549	32,447	33,375	34,335	<b>302,461</b>
Depreciation	(21,961)	(23,237)	(28,379)	(32,043)	(34,896)	(37,012)	(41,036)	(44,508)	(42,669)	(42,558)	(43,584)	(44,181)	(44,635)	(43,465)	(42,565)	(42,965)	(43,420)	(43,874)	<b>(696,988)</b>
PDC charge at 3.5%	(6,919)	(7,758)	(9,068)	(9,069)	(8,654)	(8,198)	(14,099)	(18,137)	(17,427)	(16,648)	(15,852)	(15,378)	(15,235)	(15,094)	(15,011)	(14,927)	(14,827)	(14,711)	<b>(237,012)</b>
Other finance costs	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	(2,996)	<b>(53,928)</b>
<b>Total</b>	<b>(590,644)</b>	<b>(620,868)</b>	<b>(651,628)</b>	<b>(676,469)</b>	<b>(701,130)</b>	<b>(727,069)</b>	<b>(760,506)</b>	<b>(786,277)</b>	<b>(803,919)</b>	<b>(823,843)</b>	<b>(845,522)</b>	<b>(873,289)</b>	<b>(904,171)</b>	<b>(934,403)</b>	<b>(965,986)</b>	<b>(999,946)</b>	<b>(1,035,079)</b>	<b>(1,071,393)</b>	<b>(14,772,143)</b>

Table 7.26 –Preferred Way Forward Incremental Costs Summary

Cost reconciliation	Capital FY22/23- FY39/40	Revenue FY22/23- FY39/40	Total
Incremental Whole-life costs	(364,169)	-	(364,169)
Inflation	(51,045)	-	(51,045)
VAT	(76,114)	-	(76,114)
Cash releasing benefits	-	302,461	302,461
Incremental depreciation	-	(121,136)	(121,136)
Incremental PDC charge at 3.5%	-	(132,504)	(132,504)
<b>Total</b>	<b>(491,328)</b>	<b>48,822</b>	<b>(442,507)</b>

Table 7.27 –Preferred Way Forward Full Costs Summary

Cost reconciliation	Capital FY22/23- FY39/40	Revenue FY22/23- FY39/40	Total
Whole-life costs	(752,082)	(11,101,550)	(11,853,632)
Inflation associated with NHP schemes	(51,045)	-	(51,045)
VAT associated with NHP schemes	(76,114)	-	(76,114)
Inflation on Pay and Non pay costs	-	(2,985,126)	(2,985,126)
Cash releasing benefits	-	302,461	302,461
Depreciation	-	(696,988)	(696,988)
PDC charge at 3.5%	-	(237,012)	(237,012)
Other finance costs	-	(53,928)	(53,928)
<b>Total</b>	<b>(879,241)</b>	<b>(14,772,143)</b>	<b>(15,651,384)</b>

## 7.7 Scenario Analysis

For robustness and in line with guidance, sensitivity analysis has been undertaken on our financial position. The section below demonstrates how the Preferred Way Forward would be affected under each sensitivity.

This sensitivity analysis assesses the position against movements in the capital cost base and the realisation of CRBs. The sections below show each of the constituent scenario impacts on both the incremental SoCI and SoCF.

The scenarios carried out have been run on the capital costs and CRBs associated with the Preferred Way Forward because these parameters are likely to alter given the Trust is at the earliest stage of the business case process and these elements will develop further over time. As a result several sensitivities have been carried out using the percentage movements shown in the table below, which align to those scenarios carried out in the Economic Case.

### Capital cost sensitivity

To ensure all scenarios are accounted for, a number of sensitivities have been run to understand the effect of an increased capital requirement on the affordability of the Preferred Way Forward.

The table below shows the impact of these capital sensitivities on our SoCI and SoCF positions:

Table 7.28 –Preferred Way Forward Capital Cost Sensitivities

Capital Cost Sensitivities	Incremental SoCI (Surplus/(deficit) before impairments)	Incremental SoCF (in-year increase / (decrease) in cash)
	Peak incremental deficit	Peak incremental decrease in cash
	£'000	£'000
<b>Preferred Way Forward</b>		
Current state	(12,518)	(4,087)
15% Decrease in CAPEX	(9,059)	(2,895)
15% Increase in CAPEX	(15,977)	(5,278)
20% Decrease in CAPEX	(7,906)	(2,498)
20% Increase in CAPEX	(17,130)	(5,676)

The following conclusions can be drawn from the above capital cost sensitivities:

- As expected, the increase in the level of capital requirement under the scenarios ultimately has an adverse effect on both the SoCI and SoCF. In these scenarios, the worsened position is driven by the increased PDC and depreciation charges driven by the increased value of the assets under the options.

While these sensitivities have been shown, the Trust would look to mitigate increased costs through the Programme contingency sums, de-scoping elements of the Preferred Way Forward if required, in addition to engaging in further central discussions to understand ways of supporting the Trust's financial position.

### Revenue sensitivity

As with the capital cost estimates the Trust has been prudent in the revenue estimates and the assumptions which drive those estimates. The revenue sensitivities centre on the realisation of the CRBs projected under the Preferred Way Forward.

The table below shows the impact of these revenue sensitivities on our SoCI and SoCF positions:

Table 7.29 –Preferred Way Forward Revenue Sensitivities

Capital Cost Sensitivities	Incremental SoCI (Surplus/(deficit) before impairments)	Incremental SoCF (in-year increase / (decrease) in cash)
	Stated as year in which benefits are fully phased (FY 2032/33)	Stated as year in which benefits are fully phased (FY 2032/33)
	£'000	£'000
<b>Preferred Way Forward</b>		
Current state	5,793	16,785
15% Decrease in CRBs	1,663	12,655
15% Increase in CRBs	9,908	20,900
25% Decrease in CRBs	(1,098)	9,893
25% Increase in CRBs	12,643	23,635

The following conclusions can be drawn from the above revenue sensitivities:

- The realisation of a reduced amount of CRBs has an adverse impact on both the SoCI and the SoCF, and it will take longer for the Trust to move into a surplus position in the SoCI.

## 7.8 Triangulation

Table 7.30 –Triangulation table

	2022/23	2029/30	% Movement	Activity (patients)	Capacity (bays)	Income (£'000)	WTE (employees)	Pay (£'000)
Activity (patients)	1,208,075	1,313,280	9%	9%	1%	28%	9%	36%
Capacity (beds)	476	480	1%	0%	8%	-20%	0%	-27%
Income (£'000)	575,014	737,994	28%	-8%	0%	-28%	-8%	-35%
WTE (employees)	6,137	6,693	9%	20%	28%	0%	19%	-7%
Pay (£'000)	300,619	407,612	36%	0%	8%	-19%	0%	-27%
				27%	35%	7%	27%	0%

In line with Regional guidance the table above has been included. It shows the relationship between various factors which will be impacted through the investment. The values included above have been included for the base year of our data, FY 2022/23 and for the year of full asset completion, FY 2029/30.

## 7.9 Opportunities as the Programme Moves to OBC

We have identified a number of areas which represent further opportunities to improve the affordability position of the Shortlisted Options from both a SoCI and SoCF perspective. Additional work will be undertaken to further develop these opportunities as the Programme moves forwards to OBC:

Table 7.31 – Opportunities at OBC

Opportunity	Description
Potential for additional benefits to be identified	In line with central guidance, this SOC identifies high level benefits. As the Programme moves forwards further analysis will be undertaken within the Trust to identify and quantify additional CRBs.
More accurate cost estimation	Great accuracy of cost estimation will be available as the Programme moves into the design stage, including refinement of OB and other contingencies.
Cost reduction through greater VAT recovery	VAT recovery is only assumed on professional fees at this stage of development, however the Trust understands that there are further opportunities for cost reduction through VAT recovery on other elements of the Programme.
Opportunities to identify additional funding sources	The Trust are actively assessing opportunities to access additional sources of capital financing.
Further refinement of workforce requirements	As the Programme moves forward significant work will be undertaken as to refining the workforce strategy. This presents opportunities for further cash releasing savings through the implementation of transformative ways of working.
Opportunities at scale to work together across Devon	There are significant opportunities presented by potential partnership working across the three NHP schemes within the Devon region. Work is ongoing at a regional level as to these opportunities and their potential to realise economies of scale from both a clinical services and commercial perspective.
Further commercial opportunities	The Programme is at an early stage, but significant discussions have already occurred as to a number of further potential

Opportunity	Description
	<p>commercial opportunities that the Trust could look to recognise as the Programme moves forwards to OBC stage. These commercial opportunities include partnership working with our Local Authority (Devon County Council) in terms of the provision of Photovoltaic power farms which bring with them more efficient energy usage.</p> <p>In addition, and as set out at Section 6.7 of the Commercial Case of this document, early discussions have been held with the Independent Sector provider in the locality who have expressed interest in contributing capital for the development of a Private Patients Unit. This presents the opportunity of us being able to take a guaranteed income stream; the commercial structuring of this opportunity will be explored further at OBC stage.</p>
Opportunity to share services	The Programme may allow for the Back-Office function at the Trust to be transformed into shared services and therefore provide cost savings. The extent of this benefit will be analysed further as the Programme progresses.
Land disposal opportunities	There is an opportunity for the Trust to look at areas of the Estate which they can dispose of. Specific areas which this applies to and possible valuations of this land will be explored further at OBC stage.
QALY (“Quality Adjusted Life Years”) benefits	Early discussions between the Programme team have identified possible QALY’s which could be derived as a result of the investment. Due to the challenge in calculating these benefits, QALY’s will be revisited as the Programme moves to OBC.

## 7.10 Revenue Savings and Payback Period

The Preferred Way Forward’s Payback Period is outlined in the table below..

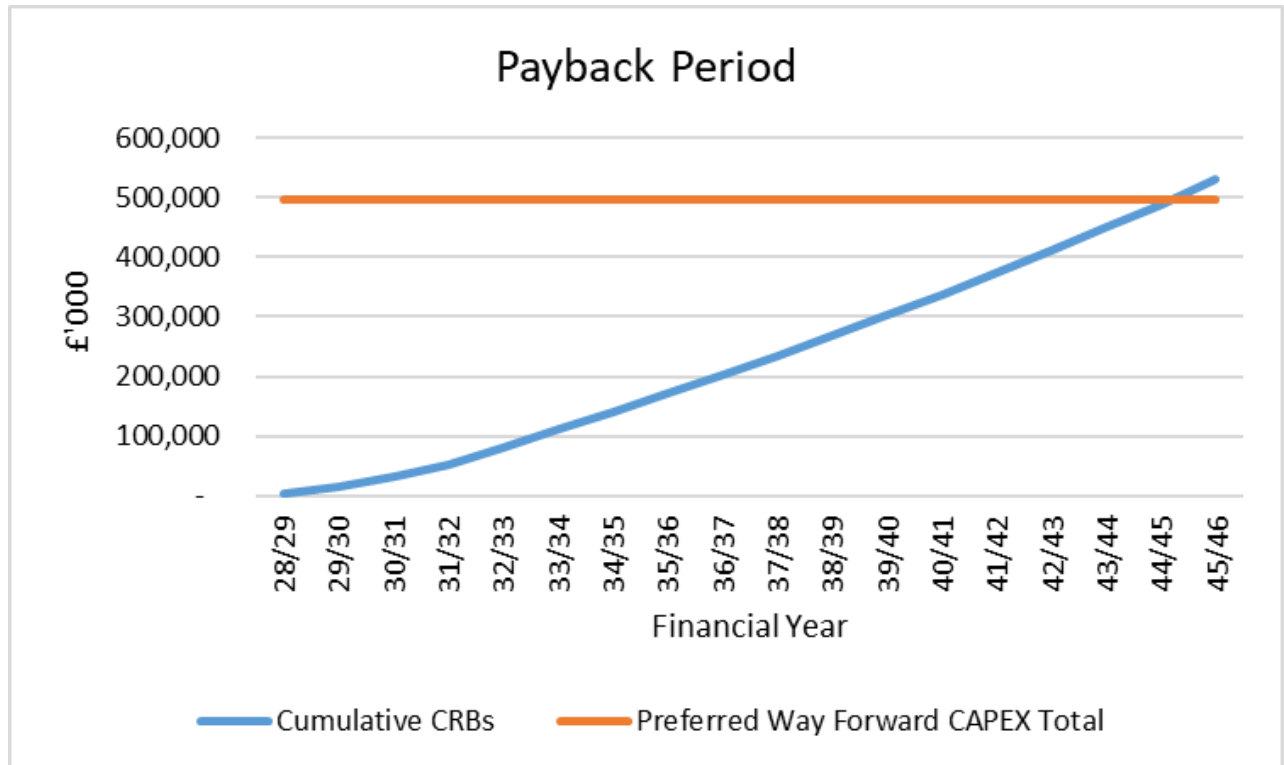
Accumulation of CRBs allow the Trust to achieve a 18-year Payback Period. By FY 2045/46, CRBs accumulate to a total of £531m, as can be seen in Figure 7.4 below.



Table 7.32 – Payback Period from Cash Releasing Benefits for the Programme Preferred Way Forward

Payback Period	28/29	29/30	30/31	31/32	32/33	33/34	34/35	35/36	36/37	37/38	38/39	39/40	40/41	41/42	42/43	43/44	44/45	45/46	TOTAL
CRBs	3,882	10,647	16,297	22,154	28,234	29,024	29,839	30,680	31,549	32,447	33,375	34,335	35,327	36,354	37,418	38,520	39,662	40,846	<b>530,589</b>
Preferred Way Forward Total Cost: £497m	Number of Years to Payback - 18																		

Figure 7.4 - Payback period from Cash Releasing Benefits for the Programme Preferred Way Forward



## 7.11 Accounting Treatment

### 7.11.1 Finance Leases

It should be noted for the purposes of this SOC that all existing leases held by the Trust have been modelled as per their existing state under IAS 17 as at FY 2022/23 unless stated otherwise.

### 7.11.2 VAT / Tax Treatment

The Trust will detail appropriate VAT and tax treatment of the Shortlisted Options as these are further refined through the OBC stage of investment appraisal. As detailed through this Financial Case, VAT recovery is only assumed on professional fees at this stage.

## 7.12 Conclusions

The Preferred Way Forward is deemed to be affordable to the system and it improves the underlying deficit of the Trust through delivery of several CRBs.

The Preferred Way Forward also mitigates considerable risk identified in the counterfactual position of this case and throughout, by redeveloping areas of the Estate. The Estates development considered will also improve the efficiency of the Trust significantly.

The Trust will commit to undertake further work in order to refine the assumptions as it moves into OBC stage, including analysing the opportunities identified in section 7.9. As the Trust moves to OBC stage, it is aware of the challenges of funding the deficit position incurred by the NHP capital investment Programme. The Trust would welcome further engagement with the system to help understand transitional funding solutions for the short term to help improve these positions

# 8 Management Case

## Key Messages

- Our governance of the project is robust at a system and local level.
- We have a Programme team with the capacity and capability to deliver the Programme.
- Our risk management systems are now fully operational.
- Our timetable is consistent with the national planning assumptions on when construction would be able to commence.

## 8.1 Introduction

In the preceding Cases we have set out the strategic rationale for our Programme; identified a Preferred Way Forward and examined cost and affordability; and considered our approach to procurement.

This Management Case sets out the leadership, governance and management arrangements we have put in place to successfully deliver the Programme. It also provides details of the Programme plan and budget and our approaches to stakeholder engagement and communication, risk management and mitigation as well as benefits realisation.

Over and above delivery of the Programme, it demonstrates how we will use our investment to deliver our vision and our long-term objective to “build a brighter future”, by continuing to work with our system partners, consistently aligning our Programme with Devon Long Term Plan priorities and continuing to engage with people who use our services and our staff as we move through the business case process.

## 8.2 Trust Governance and Board

As a Foundation Trust we are responsible for our own management. We are led by the Board of Directors (the “Trust Board”), which is accountable to local people represented by the Council of Governors. The role of the Trust Board is to provide effective and proactive leadership, set strategic aims, ensure the quality, safety and effectiveness of the services we provide and ensure that we are well-governed in every aspect of our activities.

The Trust Board meets monthly and is chaired by Sir Richard Ibbotson. The Trust Board members as at 20 July 2022 are noted in the table below.

Table 8.1 – List of Trust Board members and their roles

Trust Board member	Role
Sir Richard Ibbotson	Chairman
Liz Davenport	Chief Executive
Chris Balch	Non-Executive Director
Richard Crompton	Non-Executive Director
Jacqui Lyttle	Non-Executive Director and Senior Independent Director

Vikki Matthews	Non-Executive Director
Paul Richards	Non-Executive Director
Robin Sutton	Non-Executive Director
Sally Taylor	Non-Executive Director and Vice Chair
Dr Ian Currie	Executive Medical Director
Sheridan Flavin	Interim Chief People Officer
John Harrison	Chief Operating Officer
Adel Jones	Director of Transformation and Partnerships
Deborah Kelly	Chief Nurse
David Stacey	Chief Finance Officer
Dr Joanne Watson	Health and Care Strategy Director

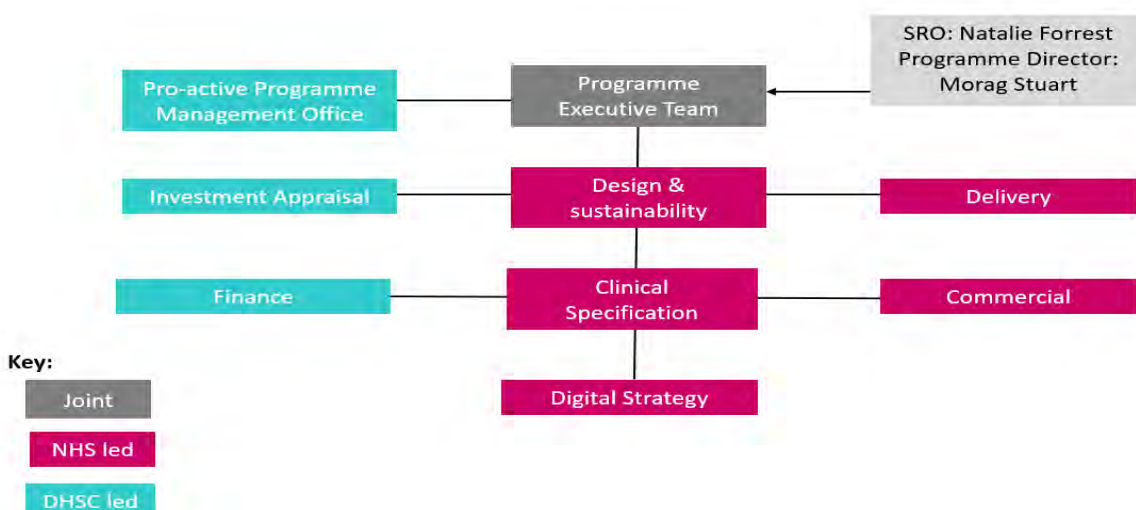
### National Governance

At a national level a joint DHSC/NHSE&I Programme Team has been established to discharge the NHP element of the UK Government’s Health Infrastructure Plan. Programme strategy, running/enabling and appraisals will be DHSC responsibilities. NHSE&I will lead on the delivery of standards, transformation and value.

The NHP executive consists of a Senior Responsible Officer (SRO) and two joint Programme directors. Responsibilities within the executive team are arranged so that the NHS leads on project delivery and DHSC leads on Programme finances and cross-government stakeholder management.

Support will also be provided by other government bodies, including senior commercial resource seconded from the Government Commercial Organisation, digital resource supported by NHSX, Programme support from the Infrastructure and Projects Authority and support from NHS teams (transformation, service change, estates, PTOM, etc). The governance structure at national level is shown in the organigram below:

Figure 8.1 – Governance structure at national level



## Regional Governance

The Peninsula NHP Leads Group was established in response to the clear requirement for alignment, coherent system planning and collaborative working to maximise the potential value to be captured from sharing planning and resource across sites.

An informal forum was established in February 2020 with representation from the Trusts in Devon and Cornwall and Isles of Scilly as well as NHSE/I.

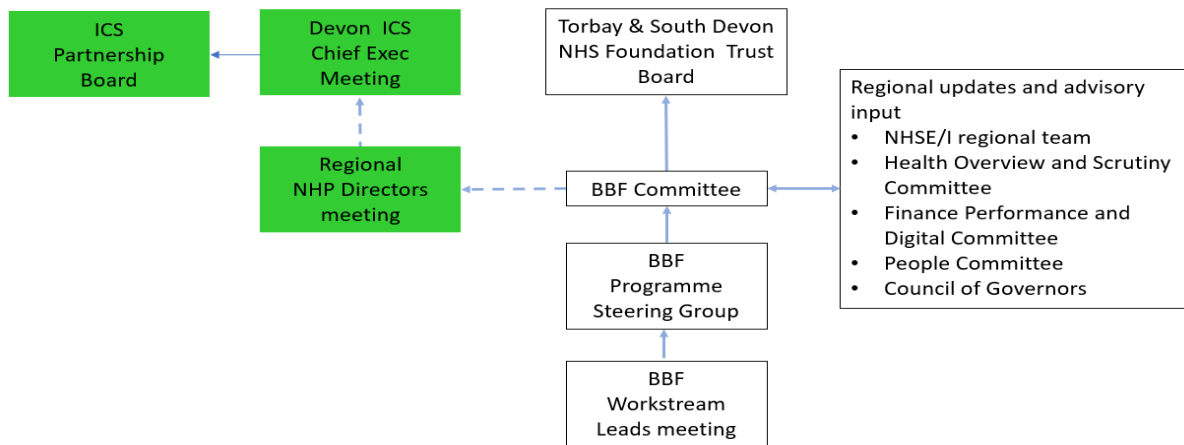
The Group's key areas of focus are:

- Understanding the scope and scale of the NHP Programmes within each Trust to share good practice, approach and understanding of the broader capital investment landscape
- Having a whole-system awareness and approach to job descriptions for key appointments as well as procurement templates and specifications for external support
- Establishing shared intelligence and analysis regarding:
  - Carbon Neutral requirements
  - Digital developments, including EPR and 'Digital citizen'
  - Health and Care Model development
  - Learning from Covid
  - Staff wellbeing
  - Communications and Engagement
  - Research opportunities jointly with Universities
- Alignment of care models and Programme plans to achieve the overarching Devon Long Term Plan through a coordinated approach to demand/capacity modelling
- Development of ICS estate strategies to support early identification of opportunities to share services and optimise best value for the Peninsula NHP Programmes
- Alignment of organisational and system digital strategies, including:
  - Digital citizen, a strategy which aims to identify opportunities for services and patients to interact digitally
  - NHSX / ATOS Blueprint
  - Input into the Peninsula digital Programmes (Shared Care Record and SWP Accelerated EPR Programme)

The Group is supported by ICS and regional estates and transformation leads and has been a means of collaboration and a route through which the 4 NHP Programmes of Devon and Cornwall have linked to the national NHP team.

The organigram below shows how local (Torbay and South Devon) governance structures align with and input into the wider Trust, as well as Devon and Peninsula governance and meeting arrangements.

Figure 8.2 – Regional governance



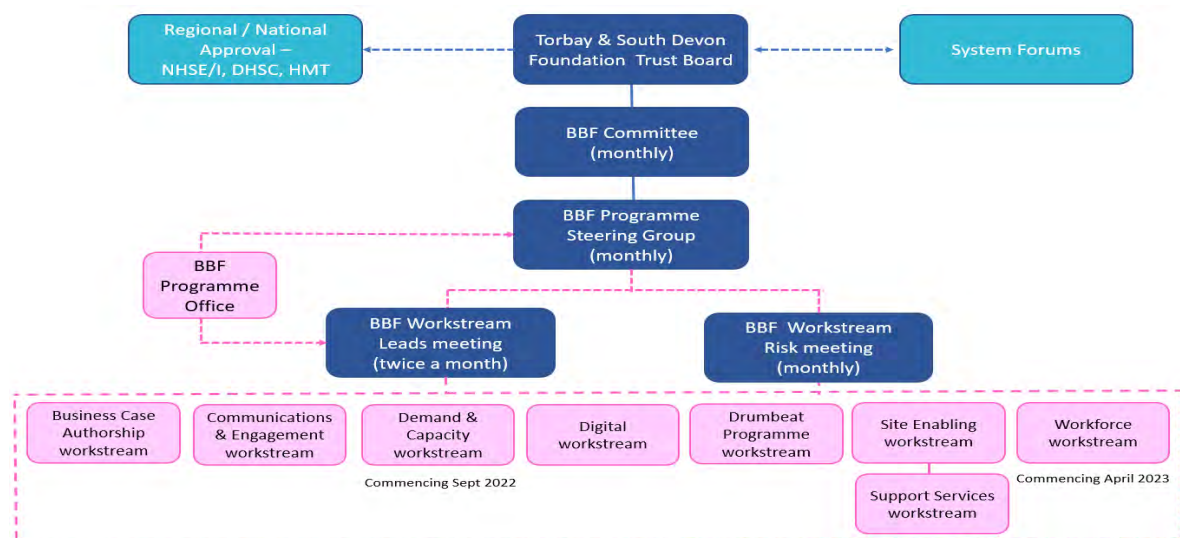
### Programme Governance

The Programme is of critical importance to the delivery of our Health and Care Strategy, therefore the Trust Board has full visibility and will lead the approach to each stage of the Programme, including SOC, OBC and FBC.

The Trust Board will ensure that we continue to work with our system partners, people who use our services and staff; remain aligned to Devon Long Term Plan priorities; and maintain our focus on achieving a transformation which will enable us to deliver services which will be sustainable operationally and financially.

The detailed governance structure for the Programme is shown in the organigram below. The workstreams identified in this diagram will be developed over time as the Trust progresses through the different stages of the Programme.

Figure 8.3 – Programme governance structure



The key elements of the governance structure are described below.

### Trust Board

As previously described, the Trust Board is made up of non-executive and executive directors and is chaired by Sir Richard Ibbotson, the Trust’s Chairman. The Trust Board will make strategic decisions on the Programme and maintain oversight of its delivery. The Trust Board is therefore ultimately accountable for the Programme.

## BBF Committee

The BBF Board Committee will provide independent assurance to the Trust Board on the delivery of the Programme. The Committee is chaired by Professor Chris Balch, Non-Executive Director. It takes reports on all aspects of the Programme, and will ultimately be responsible for ensuring that the Programme is delivered in accordance with the agreed timetable.

## BBF Programme Steering Group

The BBF Programme Steering Group is responsible for overseeing the day-to-day development and implementation of the Programme. It is accountable to the Trust Board through the BBF Board Committee. It meets fortnightly and is chaired by the Programme Director. It takes reports from all the workstream leads and ensures that risks are being proactively managed, and escalated as required.

## BBF Programme Office

The BBF Programme Office will ensure that all aspects of the Programme are delivered in accordance with requirements and timetable. In addition, it will facilitate the reporting of progress and delivery of the different workstreams to the BBF Programme Steering Group.

## Adel Jones – Senior Responsible Officer

Adel has the responsibility to develop the Trust Strategy and the delivery of key strategic ambitions, including being the Senior Responsible Officer for the Trust New Hospital Programme (Building a Brighter Future), the delivery of the Trust Digital Transformation Strategy, including EPR implementation and leading the Improvement and Innovation team to deliver large scale transformation Programmes.

How we work collaboratively, in partnership with local health and care organisations, our local care partnerships, our staff and local people to deliver our new models of care is integral to this transformation. Adel leads the communications, engagement and partnerships portfolio and is responsible for developing strategic partnerships to ensure the Trust meets the needs of local people.

She has significant experience of large-scale transformational change across health and social care, developing new models of acute and emergency care, integrating health and care services in the community, and driving operational efficiency through new ways of working. With extensive experience in strategic planning, workforce re-design, quality improvement and operational management, Adel has worked across many sectors over the last 25 years, including primary care, strategic health authority, acute and community health and care services. Before joining the Trust in 2019, Adel was the Integration Director at the Royal Devon and Exeter Hospital.

## Chris Knights – Programme Director

Chris reports to the SRO and is overseeing the successful delivery of the Programme against its objectives. Chris is also responsible for managing the Programme's resources and ensuring that it runs on time and to budget.

Chris has worked in the NHS for over 25 years within a variety of strategic planning and operational roles. He led the development of the £380m FBC for St Helens and Knowsley NHS Trust, which was presented to HM Treasury in 2007. He has also acted as Project Director on a number of medium-sized capital developments including the new planned care



centre at Wrightington Hospital in 2014/15. Chris joined the Trust in October 2020, leaving his previous role of 8 years at Wrightington, Wigan and Leigh NHS Foundation Trust.

#### Dr Joanne Watson – Health and Care Strategy Director

Joanne leads our Programme from a clinical perspective and has responsibility for delivering our Health & Care Strategy.

Joanne has been a consultant physician since 2001, working at Taunton & Somerset NHS FT and now TSDFT since 2016. She has extensive strategic and operational experience as well as a national reputation in Quality Improvement, developed since working at the Institute for Healthcare Improvement 2008-09. Working at TSDFT is where the rubber hits the road for Joanne, a place where serving the community to achieve better health for all is at the heart of the organisation and what really matters to Joanne. Whilst her focus is on the way the ICO works and interacts, she has been influential in areas of national policy such as the central role of patient experience and improvement in maternity services. At TSDFT she has been Deputy Medical Director/System Medical Director. Joanne now leads our Programme from a clinical and professional perspective and will ensure that the agreed clinical model of care is delivered.

#### Alan Welch – Deputy Programme Director

Alan supports the Programme Director on successfully planning and delivery of the Programme. He also supports on managing the Programme team and Programme resources. Alan has worked within the Devon NHS healthcare system for 13 years in a variety of senior roles. He has a professional background in finance, accounting and project management.

#### Mark Tucker – Programme Finance Partner

Mark leads our finance function for the Programme providing financial advice, information and analysis across all of the Programme workstreams. Alan ensures that the financial aspects of the Programme are connected to the Trust's wider financial planning and liaises with external stakeholders on financial matters. He has responsibility for overseeing completion of the affordability and Capital Investment Models and ensures these are agreed both internally and externally.

#### Steven Williscroft – Capital Planning Manager

Steven will lead the design development phase of our Programme and ensure that the technical advisory team works closely with all key stakeholders during this phase. Subject to final approval Steven will then be the main link with the Preferred Supply Chain Partner when they are appointed and ensure that the Programme is delivered to timetable and budget.

#### Keith Goldsworthy – Senior Operational Manager

Keith provides operational leadership as well as leading upon the clinical engagement process as the Operational Lead for the BBF Drumbeat Programme and the Support Services Workstream.

#### Sandi Clemo – Programme Manager

Sandi leads the governance requirements for the BBF Programme Office, leading a weekly schedule of governance meetings aimed at ensuring collaborative oversight of project progress, the identification and management of workstream interdependencies and the reporting of project and Programme status to the BBF Programme governance groups and



senior leadership team. Sandi also manages the Project Risk register, including reporting and escalation of issues when required.

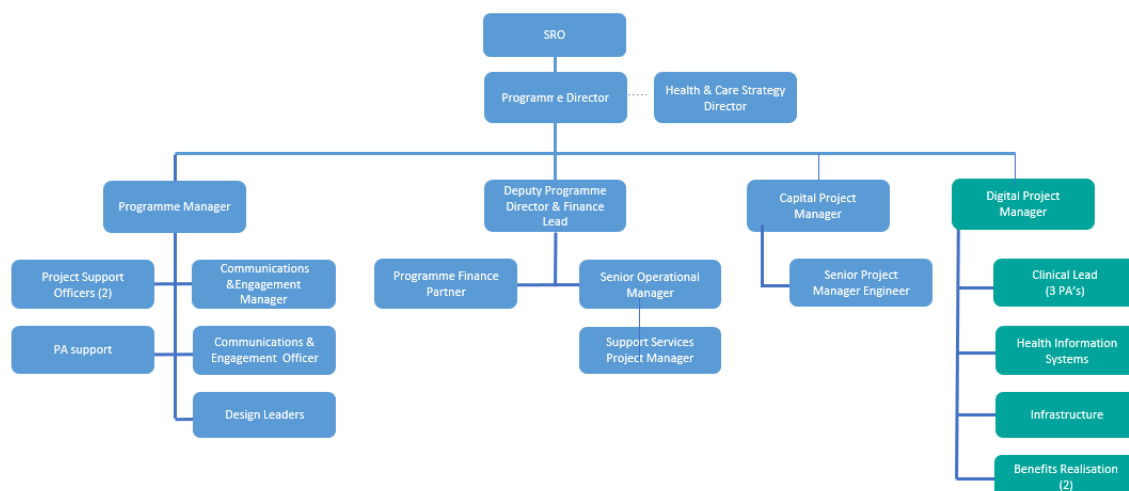
### Programmatic approach

The Programme is currently being managed in line with Trust governance requirements, and is working towards the development of more robust programmatic methodologies based around recognised standards such as PRINCE 2 (PROjects IN a Controlled Environment) principles as well as Agile methodologies, and will be aligned to the gateway process. We will maintain a focus on the delivery of benefits, financial balance and patient-driven outcomes and follow a structured approach to risk management.

The diagram below shows the structure of our BBF Programme Office. We have developed the structure to provide sufficient time and resource to support the Programme as we progress from SOC into OBC stage. This team will be solely focused on delivery of the Programme.

Figure 8.4 – BBF Programme Office structure

The chart below shows the planned BBF Programme Office structure



As the Programme progresses the resource requirement within the BBF Programme Office will be consistently reviewed to ensure that each aspect of the Programme is successfully managed.

## 8.3 Programme Workstreams

Several different Workstreams have been set up to ensure successful delivery of the Programme. They report to the BBF Programme Office and are chaired by senior representatives of the Trust.

### Business Case Authorship Workstream

This Workstream has owned the timetable and plan for authorship of the SOC. Moving into OBC stage it will ensure that the OBC authorship timetable (and progress against it) are fully communicated to all stakeholders. It will also ensure that required workshop events are arranged and that appropriate attendance at these workshops is maintained. It will also oversee the drafting of the OBC and ensure that the document receives the required consideration by all key stakeholders before final submission to the Trust Board and NHSE/I. This Workstream is chaired by Chris Knights.

### Communications and Engagement workstream

This Workstream will remain in place throughout the duration of the Programme and focus on delivery of its internal and external communication and engagement planning requirements. The Workstream is led by Dr Jane Harris, Associate Director of Communications and Partnerships.

### Demand and Capacity workstream

This workstream is chaired by John Harrison, Chief Operating Officer and from September 2023 will meet to ensure that the demand and capacity requirements across a range of areas, including beds, diagnostics, ED and theatres, are agreed and owned by the clinical and operational teams throughout the Trust.

### Drumbeat Programme

This Workstream centres around a clinically led, co-designed service and pathway review. Its purpose is to build a blueprint which articulates how the strategic design of the integrated care model will be translated into operational and clinical delivery, setting out how we will care for our population across whole pathways. It uses a strength based, person-centred approach with a strong emphasis on prevention and self-care/management. A central tenant to the Programme is to further develop care as close to home as possible in order to minimise inpatient stays through admission avoidance and timely hospital discharge. Integrated and digitally enabled care pathways, designed through partnership working, will enable the management of greater acuity and complexity into the community. Through a co-design process of the acute phase of the clinical pathways the Programme aims to optimise acute resources which in turn will inform the architectural design of the clinical environments. The Programme is chaired by Dr Joanne Watson, Health & Care Strategy Director.

### Support Services Workstream

The role of this Workstream is to develop, agree and clearly articulate our support services strategy in alignment with delivery of the SOC and progression to OBC. Its main focus is to ensure that all clinical and non-clinical support services are reviewed and that, through Digital investment and agile working approaches, the space utilisation requirements of these services are reduced where possible. The clinical and non-clinical support services are defined as those services that do not directly have contact with our patients. Non-clinical support services include Finance, People, IM&T and Estates, whereas clinical support services include Pathology, Medical Electronics and Medical Records. This Workstream will also ensure that only those services that are required on an acute hospital site remain on the site. This Workstream is chaired by Chris Knights.

### Site Enabling Workstream

The purpose of this workstream is to position the Trust to be ready to commence construction of the New Hospital Build Programme in 2025. The enabling works Programme has been developed in collaboration with the Trust Estates team and Technical Advisors and consists of a number of services and engineering works as summarised below:

- Engineering Infrastructure Surveys.
- HV Electrical Diversions & Energy Centre Upgrades.
- Modular Accommodation for relocation of services.
- Demolition of surplus estate in anticipation of NHP.

The execution of these infrastructure projects maximises the development potential for the NHP project with increased flexibility, whilst mitigating delivery risk early for the NHP Programme. The selection of these enabling projects have been carefully considered as not to predetermine any solution.

## 8.4 External Advisers

The Trust engages external advisers to provide specialist skills, knowledge and input which we do not possess and is not required on a full-time basis, in a timely and cost-effective manner. Our advisers include:

- DAC Beachcroft – legal
- IBI Group – architecture, engineering and planning
- PwC – financial, commercial and business case drafting
- Turner & Townsend – technical cost advisers

The contracts which we hold with all of our external advisers contain appropriate break clauses. We also confirm that we will not enter into any further obligations in relation to OBC work with our external advisers until confirmation of OBC seed funding has been received from national and regional colleagues.

## 8.5 Programme Plan

Subject to approval of the SOC, the Programme Office will work towards the programme plan noted in Table 8.2 .

Table 8.2 – Programme Plan

Milestone	Date
Submission of SOC	September 2022
Submission of Site Enablement OBC	November 2023
Submission of Site Enablement FBC	March 2023
Submission of OBC (infrastructure)	February 2024
Submission of FBC (infrastructure)	November 2024*
Start of site enabling works	June 2023*
Start of construction works	Summer 2025**
Completion of construction works	2029***

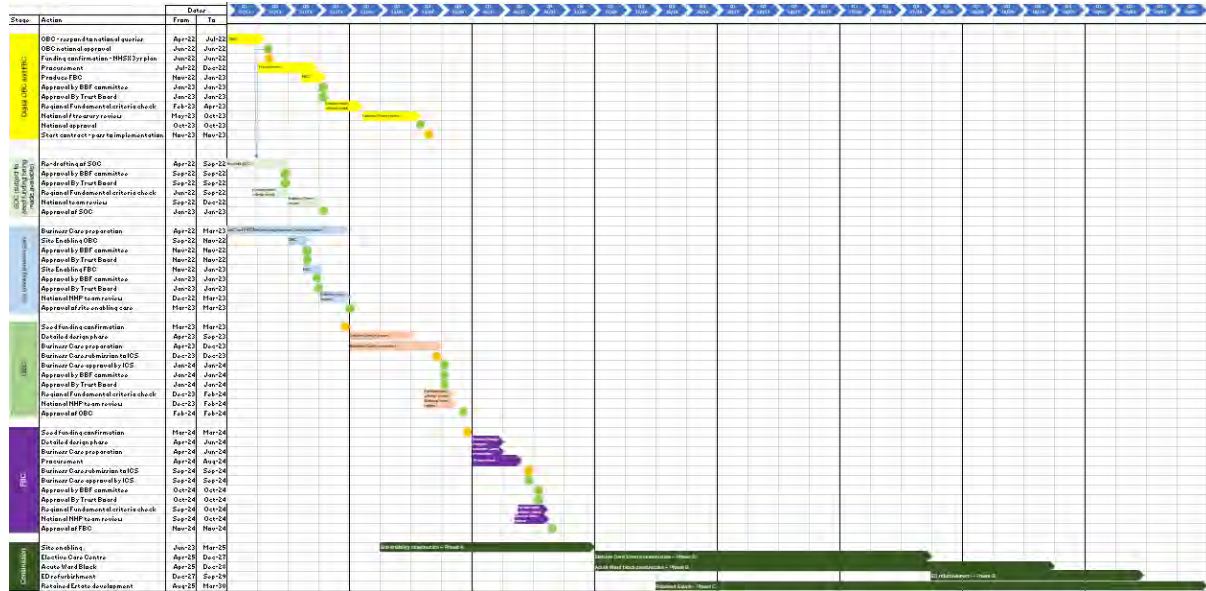
\* 'Critical path' items.

\*\* Dependant on advice from national team

\*\*\* Dependent on the design option selected.

The timeline below gives a high-level overview of the activities which have taken place since commencement of SOC development and highlights activities which will take place up to the start of construction:

Figure 8.5 – Timeline of activities



## 8.6 Gateway Reviews / Approvals Process

In their letter of 8 April 2021 the NHP team made it clear that the release of funding will be tied to gateway reviews that will be used to provide regular formal review and challenge points to ensure that projects are being planned, designed, procured and built in accordance with the NHP’s objectives.

The NHP team’s ambition is to be able to sponsor and champion business cases without qualification by working with Programme teams to ensure that individual Programmes fully reflect targets for the use of repeatable and standardised design, modern methods of construction, digital and net zero carbon that the Government has set.

We will therefore ensure that our BBF Programme Office is able to deliver these requirements and that gateway reviews are accommodated within our project timetable in accordance with guidance to be issued.

## 8.7 Budget

The capital budget estimate for the Preferred Way Forward is £497m (including fees, inflation, risk and VAT) .

Table 8.3 – Programme budget requirements

Investment requirement description	Indicative capital cost (£'m)
Estates	480
Further site clearance and external works	17
<b>Total</b>	<b>497</b>

### Seed allocation

We received a ‘seed’ allocation of £3.7m to fund development of the SOC. This spend is reported and reviewed on a monthly basis at the BBF Committee. As the Programme progresses to OBC and FBC stages we will require further investment. Further seed allocations of £1.06m have been supported by the national team for 2021/22.

In terms of further ‘seed’ allocations to complete the OBC and FBC, this will be determined by way of separate discussions with the national team, and will be informed by the level of national control in relation to issues such as design development, procurement, legal framework etc.

### PUBSEC costing

As highlighted in part 8.5 Programme Plan the Programme team are now planning on the basis that the main construction element of the Programme will commence in January 2025. The table below highlights the PUBSEC indices that have been applied to the Programme over its life cycle.

Figure 8.6 – PUBSEC indices

The resultant inflation indices used have been set out below.

Source	Period	Index	Source	Period	Index	Source	Period	Index
PUBSEC	1Q 2020	264	BCIS	4Q 2022	276	T&T Est	4Q 2025	307
PUBSEC	2Q 2020	264	BCIS	1Q 2023	279	T&T Est	1Q 2026	312
PUBSEC	3Q 2020	261	BCIS	2Q 2023	281	T&T Est	2Q 2026	314
PUBSEC	4Q 2020	260	BCIS	3Q 2023	283	T&T Est	3Q 2026	316
PUBSEC	1Q 2021	259	BCIS	4Q 2023	287	T&T Est	4Q 2026	318
PUBSEC	2Q 2021	260	BCIS	1Q 2024	290	T&T Est	1Q 2027	323
PUBSEC	3Q 2021	263	BCIS	2Q 2024	292	T&T Est	2Q 2027	325
PUBSEC	4Q 2021	265	BCIS	3Q 2024	293	T&T Est	3Q 2027	327
PUBSEC	1Q 2022	268	BCIS	4Q 2024	297	T&T Est	4Q 2027	329
PUBSEC	2Q 2022	269	BCIS	1Q 2025	301	T&T Est	1Q 2028	334
PUBSEC	3Q 2022	272	BCIS	2Q 2025	303	T&T Est	2Q 2028	336
			BCIS	3Q 2025	305	T&T Est	3Q 2028	338
						T&T Est	4Q 2028	341
						T&T Est	1Q 2029	346

## 8.8 Change Management Strategy

The management of resources within the NHP to meet the degree and pace of the change required for the Programme will be jointly managed by the Programme Director, Chris Knights, and the SRO, Adel Jones.

The Programme team will be reviewed and appointed to, in line with the degree and pace of change required for the Programme, with the appointment of specialist advisers where expert knowledge and skills are required.

A review of the governance, systems and processes within the Programme Management Office function, developed during the SOC phase of the Programme, will be undertaken to support a methodology of continuous improvement. The review will be take place annually to ensure that the Programme Office maintains a robust and resilient approach to all aspects of Programme management.

The collaborative, multi-professional approach adopted in the development of the Health and Care Strategy, with both clinician and operational representatives from across the Trust as well as representatives providing patient and carer perspectives, will also be continued. A culture change campaign will be developed, aligned to the Trust’s existing People Plan, as



part of the OBC phase of the Programme. The Programme Team is cognisant that the delivery of sustainable clinical and financial benefits will not be optimised without a planned, considered approach to cultural change management. This will be a key objective of the Workforce Workstream.

The workforce aspects of the organisational transformation required will be managed and delivered through the organisational People Plan. The Plan is already working to deliver the current needs of our workforce, and also has a long-term focus to equip our people to maximise the use of resources in the most effective ways possible. The People Plan encompasses all the work across the Trust relating to workforce transformation. The work planned falls under the NHS four Pillars: “Looking After our People”, “Belonging in the NHS”, “New Ways of Working” and “Growing for the Future”, as well as a fifth pillar we have created: “Creating the conditions to enable transformation”.

The work already started directly relating to our future needs includes:

- Creating the processes and policies to support a Just and Learning Culture
- A refresh of our organisational values
- Leadership and management skills
- Developing an employer brand to attract applicants to work in South Devon
- Launching an International Recruitment Hub
- Creating a Trust Resourcing Hub
- Creating and embedding a consistent, robust approach to workforce planning, owned by the services, facilitated by the People Team
- Developing new approaches to career pathways
- Assessing digital literacy
- Creating an improvement methodology, based on QI and OD
- Continuous two-way engagement with our people
- Improving our awareness of EDI issues and addressing inequalities.

Future initiatives will include:

- Rationalising our role profiles in light of service redesign
- Skills analysis
- Engaging with our local communities on career opportunities
- Learning and development strategies
- Consultation and engagement
- Redundancy policies and skills
- Selection processes
- Re-training opportunities.

The delivery of the People Plan is led by Associate People Director Sarah Lehmann, with support from the People Project Managers.

Learning and reflections relating to the organisation’s experience from the Covid-19 pandemic will further support our approach to change management, and this will be embedded within our engagement and communication strategies to meet the objective of empowering and engaging staff both within our organisation and the wider system, and our patient population.

## 8.9 Communications and Engagement Strategy

### Our approach to communications and engagement

**Aim:** to inform, involve and engage our people and communities in our vision to enable the successful delivery of our Programme.

## Objectives:

- For staff to understand the purpose of the Programme and to have a range of opportunities to share their views and inform the development of the work
- For our key system partners to be kept informed and given regular opportunities to question, check and challenge our thinking and progress
- For patients and the public to be able to access accessible information easily in a range of formats about what we are doing and why we are doing it and have the opportunity to share their views, thoughts and feedback
- For all public engagement and consultation to be delivered in line with best practice, legal requirements, relevant timelines and in partnership with the Devon system.

We are working in conjunction with our system communications and engagement teams to develop our plans together, given the interdependencies around engagement and consultation. We are planning to co-host as much of the engagement, meetings and discussions together as we move forward as many of the changes to the way services will be delivered will affect people and staff across the county. We also plan to use the Devon Virtual Voices Panel to seek views and feedback as well as testing our messaging for accessibility and understanding.

By working closely together, we can avoid duplication, reduce confusion and give clear and consistent messages while engaging people in meaningful conversations about change. We can also ensure that any elements of our plans which require public consultation are supported in a robust and timely manner.

Our partner mapping is currently in development and engaging with those who are often 'seldom heard' will be a priority for us, particularly given the significant levels of deprivation we have in Torbay and South Devon.

Our partner mapping will directly inform the development of our engagement plan, which will define and target activity by audience. Audiences will include staff, patients and their representatives, carers, TSDFT Governors and members, GPs, local government scrutiny, the general public, local councillors, MPs, Healthwatch, voluntary community and social enterprise partners, local charities and local health system partners.

Engagement is key to the successful delivery of our Programme – it is not enough to inform, share and communicate. We need to actively listen to and involve our people in the development of our plans and show how we have done this. We need to work with and for our people.

We are looking at embracing a community asset-based approach where we will work with our voluntary, community and social enterprise partners who are already working with and trusted by many of the people we need to reach.

Such an approach will focus on empowering (and commissioning) our VCSE partners not only to share information about the Programme and how people can have their say but also to undertake focus groups and semi-structured interviews on our behalf. It will provide us with much richer insight that would be gained from a more traditional NHS approach to engagement and consultation.

## 8.10 Programme Governance

### Risk Management

This section describes how we identify and manage risks associated with the Programme. A full risk register has been developed using the following approach to risk management:

- Identification and prioritisation of risks
- Assessment of the probability of those risks occurring
- Impact on the Programme of those risks.

The Strategic Case set out the high-level risks to the Programme.

Workstream level risks are currently managed through the Workstream leads and are escalated to our BBF Programme Steering Group and monthly reports are made regarding the Programmes risk profile to the BBF Committee to ensure oversight and awareness.

The weekly cycle of Programme workstream governance meetings includes a monthly focus on Programme-level risks. The Board Assurance Framework is reviewed each month at the BBF committee and any matters requiring escalation through to the Trust Board are addressed and agreed at this meeting.

### Risk Register

The Programme office manages its project risk register through the workstream leads meeting noted above. The magnitude of risk is consistently being reviewed, and this in turn impacts on the financial value of the risk register. As the Programme moves towards final stages of approval the level of risk will be managed downwards and at the point when construction starts on site the risk register will correlate exactly with the level of planning contingency that is noted in the OB forms. This exact correlation will occur at FBC stage.

The full risk register as at 9<sup>th</sup> September 2022 can be found in Appendix 9.5.2.

### Benefits Realisation

The Strategic Case outlines the benefits to our staff and patients of implementing the Programme. In order to help ensure the successful delivery of these benefits, a robust benefits realisation approach needs to be put in place.

A benefits register will be developed for the OBC, and is likely to include:

- Benefits by category (e.g. design, estate, organisational, patient,
- Stakeholders
- Enablers required
- Desired outcomes
- Current baseline
- Target date for achieving the benefit
- Person responsible
- How we will measure whether the benefit is being achieved
- Progress

### Evaluation

#### Post Project Implementation Review process

In 2020 our Finance, Performance and Digital Committee (FPDC) agreed a process of post-project implementation reviews, referred to as the Project Implementation Review (PIR) process.

The PIR process aims to ensure that we achieve maximum learning from our Programmes and projects and that this learning helps us to make effective investment decisions. The key elements of the PIR process are set out below:

1. All business cases will be expected to articulate clearly the benefits of the investment and the likely timeframe for delivery of the benefits post-implementation.



2. At the point the FPDC makes an approval to proceed an active conversation is held to agree whether a business case requires a full PIR; the key questions that the committee will want the PIR to address; and the timeframe for the PIR.
3. The project details will be captured in full on the prioritised PIR list with a target date for delivery of the PIR.
4. The Finance Delivery Group (FDG) will be the executive-led group that will review the PIR list on a monthly basis to ensure deadlines are met.
5. The FDG will provide a six-monthly report to the FPDC on learning from the PIRs.
6. A standardised template is used to capture learning and included in all PIRs.

To ensure that learning can be taken into future NHS infrastructure projects, the Trust recognises that a robust post project evaluation process will also need to be undertaken at a national level.

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**Appendices**



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# 1. 9.1 Strategic Case

## Appendix 9.1.1 Health and Care Strategy

Attachment called “**Appendix 9.1.1 Torbay and South Devon Health and Care Strategy - FINAL sign off Sep 2021**”

## Appendix 9.1.2 Planned Care Appendix

### Planned Care across Devon

#### 1. Current position

There is significant clinical and service transformation occurring across Devon, with a number of system-level decisions and recommendations already identifying key opportunities to enhance the health and care outcomes of the Devon population. The *Peninsula Clinical Services Strategy* in particular identifies a number of clinical specialties and pathways that have the potential to collaborate for improved delivery.

There is a pressing need for a strategic and transformational approach to specifically tackle our challenges in delivering planned care, given long waiting times both pre and post pandemic. We need to be ready, with agreed plans, to take advantage of emerging funding and workforce opportunities and deliver safe, resilient and affordable planned care services. This is a key priority within Devon ICS's long-term plan and a significant indicator of performance to build confidence in the Devon system. Both short term recovery requirements as a result of COVID-19 and more strategic service transformation are required.

An initial review of the Devon planned care system has already taken place with the purpose of obtaining consensus and alignment across Devon partners on the need for transformational change to address the key challenges in planned capacity, and identify the high impact changes needed. A shared aim for this work was agreed which is '**To create the planned capacity needed to deliver safe, effective and timely care for the people of Devon**'.

Through engagement with senior clinical, operational and commissioning leaders, the development of system-wide Protected Planned Capacity has been identified as a key transformational change for planned care. Through this high-level engagement process, a range of options have been developed for further and more detailed work and wider engagement with clinical and operational leaders.

A driver for the timelines of this project was for the strategic direction for planned care and options for delivery to shape and inform Devon Trusts' development of their Strategic Outline Cases for the New Hospital Programme (New Hospitals Programme) all of which will be submitted by August 2021.

#### 2. Setting the strategic direction for NHP programmes

It is clear that although the list of options provides some clarity for the three Devon Trusts (NDHT, TSDFT and UHP) that have received NHP funding allocations, there is further work required to understand the full implications of the options on configuration of planned capacity overall and specifically what level/type of planned care should be provided on individual DGH sites.

Detailed design for the agreed options for planned care options will take some months to deliver and may be subject to wider public engagement, and this will need to be considered within the timescales of our business cases to deliver our Programme.

#### 3. Setting the strategic direction for NHP programmes.

In addressing the requirement for planned care reconfiguration, the three sites have all agreed that the following should all be planned for within the context of the respective SOC's

- Change is likely to be seen across all DGH sites

- Success requires an agreed system strategy
- NHP is not the only driver for change, but requires a level of urgency
- We will collaborate to be transformational as a system

#### 4. Devon Statement of intent

Our shared aim was agreed as 'To create the planned capacity needed to deliver safe, effective and timely care for the people of Devon'.

This will require the development of Protected Planned Capacity for our most challenged specialties that will:

- Support increased productivity by 18%.
- Reduce cancelled activity due to emergency pressures.
- Reduce waiting times for these specialties to at least national standards without additional investment in Independent Sector support to do so.
- Enable a reconfiguration of inpatient capacity for planned care across and between the DGHs in Devon.

#### 5. Links to ongoing system work

The initial assessment of the system has considered and linked in the system recovery priorities of the Devon Planned Care Board where these supports and shape the strategic direction for planned care. Therefore, the development of options for planned care in Devon will be firmly rooted in commissioning decisions already made in relation to the continued provision of Emergency Departments in all Devon District General Hospitals (DGHs), continuing work to optimise day case procedures for planned care and modernising outpatient services.

Three of the four Trusts in Devon have been selected for New Hospitals Programme Funding to address the need to replace aging facilities and redesign their hospital-based services. Therefore, there is an urgent need to agree on a collective system direction and strategy for planned care in advance of Trusts' NHP strategic outline submissions.

#### 6. Why is change in the Devon planned care System required?

The following points highlight why the initial assessment into the Devon planned care system took place:-

- **Projected demand for emergency inpatient care could outstrip current DGH bed capacity as early as 2026/27 if demand is not mitigated, and by 2036/7 at the latest even with full mitigation**

By 2036/37 at the latest, all inpatient beds may be occupied by emergency admissions alone. In 2019/20 the Trusts were operating at 94% capacity and waiting lists for planned care were steadily increasing pre-Covid.

- **We need to create protected planned capacity for Devon so that we can safely, sustainably and reliably deliver waiting list standards**

We need sustainable solutions to our workforce, infrastructure and financial challenges that allow us to be confident we can safely and consistently deliver planned care within nationally mandated targets, and to protect that capacity from the pressures of unplanned care demand

- **We need a commitment to a System-led, networked approach for planned care**

Devon ICS cannot create the workforce, nor afford the cost of, each DGH independently managing planned care demand. By sharing a network of protected planned capacity

across Devon and re-configuring care for the highest acuity cases, we can improve the quality and affordability of planned care for the population

- **We need a strategic partnership with the Independent sector, but not unnecessarily increase the cost/activity we send there**

Devon spends c£25m pa in the Independent Sector to manage lower acuity patient waiting lists. By transforming planned care we can invest this money more strategically with IS partners and develop NHS services to address ongoing capacity gaps.

## 7. Option appraisal criteria

In developing the options noted later in this section, the initial assessment reviewed each option against the criteria noted below (see *Figure 1 - Planned care review criteria*). The options should be transformational in ambition, ensure that planned capacity is essentially future proofed, that all providers should work collaboratively in delivering the options and that the constraints in delivering the system reform should be recognised.

Figure 1 - Planned care review criteria



**Be transformational in ambition**

It is recognised that the Devon system may only get one opportunity to do this in the next 5 years, and therefore needs to be as ambitious and creative as we feel will deliver the solution. It is our chance to be ambitious.



**Provide protected Elective capacity, that is sufficient for now and the future, and benefits the Devon population**

Ensuring that any options developed address the key challenges Devon currently faces as well as future pressures, as outlined in the case for change whilst promoting the desired outcomes for the Devon population.



**Recognise our constraints in:**

- Workforce
- Availability of capital
- Affordability (revenue cost of services including use of IS)
- Patient appetite for change
- Clinical concerns about managing risk



**Include a system approach, with all Providers working collaboratively to create the capacity needed**

Whether the List of viable options includes all providers, a combination or an individual provider, partners have committed to taking a system approach to tackling the challenge.

## 8. Planned care review options

The following two graphics highlight the scope of the initial option appraisal and the short-listed options that will now be taken through to a more detailed assessment.

The initial long list developed 7 options ranging from all Trusts looking to protect their own planned care capacity with little or no system working through to stand alone emergency centres with protected capacity for high acuity planned care cases including the provision of HDU capacity. (see *Figure 2 - initial long list of options*)

Figure 2 - initial long list of options

## Overview of the complete list of options






By combining and layering the different variations of form, a list of seven options were developed and tested with stakeholders. These vary from doing 'the minimum' of expanding existing capacity at some / all DGHs, to highly transformational options such as standalone emergency centres.

Individual DGHs expanding and protecting their own capacity	Reconfiguration and expansion of Elective activity within and across all DGHs, PEC on-campus	Standalone Elective centre(s) for low acuity cases	Standalone low acuity centre(s) + on-campus protected capacity	Standalone Centre(s) adjacent to DGHs + on-campus protected capacity	Standalone centre(s) with HDU capacity	Standalone Emergency centre(s)
All DGHs expand their own capacity at current sites and create PEC where possible. No additional system-wide coordination or reconfiguration of activity / capacity.	Creation of PEC on DGH sites, and/or the reciprocal movement of activity between DGHs, by acuity or pathway. Elective activity / capacity coordinated across Devon ICS.	Elective centre(s) for low acuity cases across multiple specialties, protected outside of DGH campuses.	Day case Elective centre(s) on standalone sites, with PEC provided on-campus for more inpatient and high complex cases.	Standalone Elective centre(s) within a short distance to DGH capability, with additional protected capacity on-campus.	Standalone Elective centre(s) that have HDU capacity on site to support treatment of higher acuity / complex patients.	Standalone Emergency centre(s) that consolidate high acuity Elective cases and Emergency care, including ICU.



Having then undertaken a review of all the long-listed options, the options noted below (see *Figure 3 - short listed options for planned care*). Whilst option 0 has to be taken forward for further assessment, this is essentially only to highlight the benefits associated with remaining short-listed options. Therefore, the initial review will look at four options.

Figure 3 - short listed options for planned care

				
<p><b>Option 0: Individual DGHs expanding and protecting their own capacity</b></p> <ul style="list-style-type: none"> <li>Each DGH creates sufficient elective capacity to meet local Cat 2 demand, creating PEC where possible by separating activity across buildings or ring-fencing bed/wards</li> <li>No additional system-wide coordination or reconfiguration of activity/capacity</li> <li>Independent of how other DGHs are managing their capacity</li> </ul>	<p><b>Option 1: Reconfiguration and expansion of Elective activity within all DGHs, PEC on-campus</b></p> <ul style="list-style-type: none"> <li>DGHs collaborate to create sufficient elective capacity to meet system Cat 2 demand, protecting that capacity where possible through separating activity across buildings or ring-fencing beds/wards</li> <li>Selected DGHs for highest acuity requiring ICU and/or the reciprocal movement of activity between DGHs, by acuity or pathway.</li> </ul>	<p><b>Option 2: Standalone low acuity centre(s) + on-campus protected capacity</b></p> <p>Standalone low acuity centre(s):</p> <ul style="list-style-type: none"> <li>Could cater for day and &lt;23 hr stays</li> <li>Ophthalmology and Endoscopy most impactful 'anchor' specialities</li> </ul> <p>On-campus protected capacity:</p> <ul style="list-style-type: none"> <li>Each DGH protects Elective capacity on-campus, through separating activity across buildings or ring-fencing beds/wards</li> <li>Could cater for higher acuity cases and overnight stays due to proximity of HDU/ICU if required</li> <li>Orthopaedics most impactful anchor speciality</li> </ul>	<p><b>Option 3: Standalone Centre(s) adjacent to DGHs + on-campus protected capacity</b></p> <p>Standalone Elective Centre(s) separate but adjacent to DGHs</p> <ul style="list-style-type: none"> <li>Could cater for day cases, &lt;23 hr stays and inpatients</li> <li>Orthopaedics, Ophthalmology and Endoscopy most impactful anchor specialities</li> <li>Would support risk management in catering for low to medium-high acuity, due to its proposed proximity to existing DGH sites</li> <li>Proximity of HDU/ICU via blue light ambulance to be considered for higher acuity</li> </ul> <p>On-campus protected capacity</p> <ul style="list-style-type: none"> <li>Could cater for higher-acuity levels due to co-location with DGH sites</li> <li>Selected DGHs for highest acuity requiring ICU and/or the reciprocal movement of activity between DGHs, by acuity or pathway.</li> </ul>	<p><b>Option 4: Standalone centre(s) with HDU capacity</b></p> <ul style="list-style-type: none"> <li>Standalone Elective care centre(s) separate from DGH campuses</li> <li>Could cater for medium to higher acuity cases with appropriate HDU capacity and adequately trained workforce on site</li> <li>Selected DGHs for highest acuity requiring ICU and/or the reciprocal movement of activity between DGHs, by acuity or pathway.</li> <li>Anchor specialities could include Orthopaedics and Endoscopy</li> </ul>

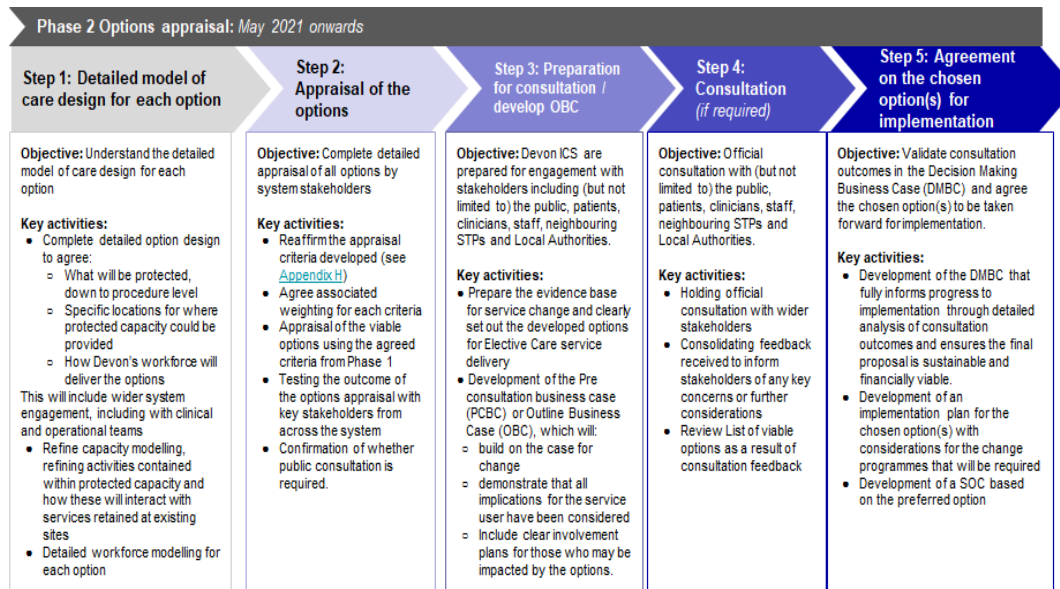
- **Option 1 – Reconfiguration and expansion of Planned activity with all DGH's:-** all sites would look protect their planned activity to meet the demand for services. Some sites within Devon would be selected for HDU care and activity requiring this support would transfer to these sites.
- **Option 2 – Standalone low acuity centres and protected on site activity:** low acuity centres would be created to manage activity on a regional/sub regional basis. Each site would then look to protect its planned activity through development of separate facilities.
- **Option 3 – Standalone planned centres adjacent to DGH's:** Stand-alone planned centres would exist adjacent to the DGH sites. These centres would include all planned and day case activity for the regional/ sub regional areas except for the highest acuity patients that would travel to the high-risk sites.
- **Option 4 - Standalone centres with their own HDU capacity.** – all planned activity would be undertaken in standalone centres away from the DGH sites. This would include all HDU cases.

## 9. Next steps

The extract from the Devon Health and Care review (see *Figure 4 - Next steps in the development of the options appraisal.*) illustrates the next steps that Devon CCG will be undertaking in the development of the option appraisal.

Figure 4 - Next steps in the development of the options appraisal.





Depending on the scope and scale of the change that is being proposed, the graphic highlights that consultation on the options could be required. This process will be led by Devon Clinical Commissioning Group, though clearly the three NHP sites will be fully involved with and engaged in the option appraisal.

## 10. Risks

The risks of the planned care system reconfiguration are noted below:

- **Population willingness to travel for certain procedures**

Further work may be required to identify what members of the population are willing and not willing to travel for as this could have implications for the viability of certain options and how patients could be chosen to use planned sites.

- **Inpatient anxiety and resistance to hospitals and bed admission**

Factors such as antibiotic resistance and COVID have caused patient resistance to being admitted to hospital or staying overnight where it is known that covid patients are being treated there. However improved outcomes for patients seen in cold sites and wider socio-economic advantages for the population highlight the benefits protected capacity can offer

- **Resistance to change - motivating the population to see the benefits**

The appetite for change in the population could be low. Change management may be required in consultation and implementation for the population to accept some of the options, requiring the development of a cultural change programme.

- **Managing disruptions to pathways within workforce constraints**

Certain specialities, such as Orthopaedics may require further exploration of patient pathways and whether there is adequate workforce resource within these specialities to facilitate changes to these.

- **Resistance to change - motivating partners to see the benefits**

There may be the resistance if providers believe they could be financially worse off if they 'give up' or 'share' certain services they currently relieve a good return on.

## 11. Summary

As a sign of the engagement that has taken place across the Devon system, each of the three NHP sites have agreed that this section on planned care will be replicated in each of the respective Strategic Outline Cases. Each Trust recognises that more detailed business

case submissions in the form of the respect Outline Business Cases (infrastructure) cannot be completed until this review process has both been completed and agreed. This agreement on the future provision of planned care services will then form the basis of the respective Trust infrastructure plans.

It is also important to note that each NHP Trust recognises the requirement for planned care system reform and is fully supportive of the requirement for the review and its timing.

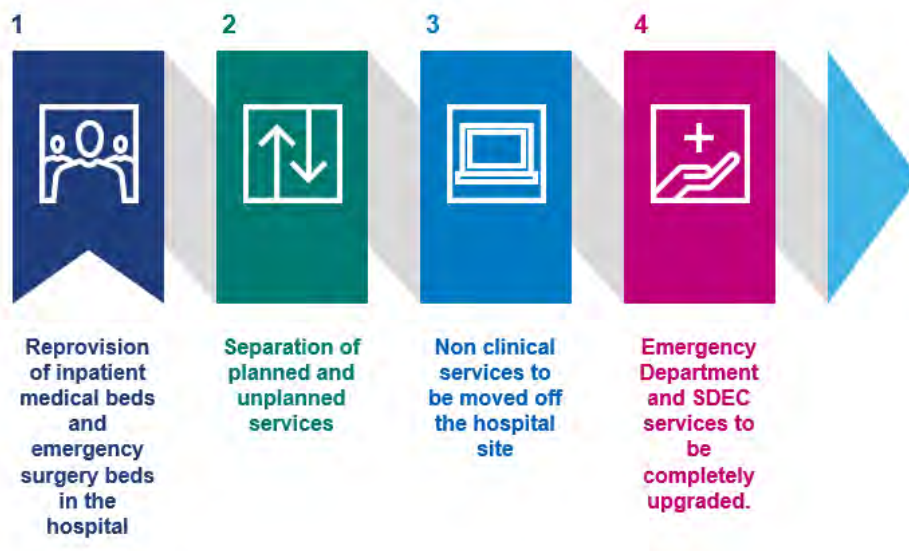
## Appendix 9.1.3 Letters of Support

Attachment called “**Appendix 9.1.3 Letters of Support**”

## Appendix 9.1.4 Development Control Plans

The Trust has gone through a number of iterations of its development control plan (DCP). This section highlights how the Trust has concluded that option F is its initial preferred way forward.

In developing its DCP for the project the Trust had 4 key principles that needed to be secured before any evaluation of cost was undertaken. These were as follows:



In achieving these four key principles we have been cognisant of the requirement to deliver an option which meets the available capital envelope for our scheme under the NHP.

We have gone through a process of development which has looked at the design options open to us.

### DCP Option A

Option A was looked at and provided a multi-face solution in the centre of the site. It provided a total of c. 40,000m<sup>2</sup> of new and refurbished accommodation. However, when assessed, the costs exceeded £500million. On this basis, the Trust looked to discount this option as a way forward.

### DCP Option B

Option B focussed on a different location for the main ward block and a complete removal of the Edwardian building stock on the site. When a detailed assessment took place, all fixed points were achieved, however, for c. 35,000m<sup>2</sup> of development, the costs still exceeded £450million and therefore, Option B was discounted.

### DCP Option C

Option C involved three significant phases of development which encompassed all of the four fixed points within an overall development of c. 40,000m<sup>2</sup>. When the costs were

assessed, a budget estimate of £498million meant that Option C was again unaffordable and therefore Option C was discounted.

### **DCP Option D (Identified as Estates Infrastructure Option 4 in our SOC)**

Having assessed Options A – C, it was clear that the new build component of the project needed to be significantly reduced. By way of feasibility, Option D was reduced to 21,500m<sup>2</sup>. However, it did not address the inpatient bed requirements, nor did it allow for any funding to be put towards the upgrade to ED. Furthermore, whilst the costs did significantly reduce to £345million, it was still not within the affordability threshold of the project, so this option was discounted.

### **DCP Option E**

Option E involved a significantly reduced new build footprint and an upgrade to existing Edwardian accommodation. All fixed points could be delivered within an overall development size of 20,000m<sup>2</sup> of new and refurbished accommodation. The initial assessment was £338million which, within the context of affordability, allowed Option E to go through to a more detailed assessment. Option E was also discussed in detail with the Executive Team and senior clinicians from across the Trust. Following consultation and a more detailed assessment, it was felt that the Trust needed to revert to a more substantial new build component as opposed to upgrade of outdated existing accommodation. Option E was therefore discounted.

### **DCP Option F**

Option F was the original preferred way forward ( when the EpR investment was included as part of the NHP programme). This delivered on the fixed principles at a figure of £317m, though it would have involved some upgrade to existing inpatient accommodation.

### **DCP Option G**

This was an initial assessment of the NHP investment focused entirely on estate infrastructure. This provided all fixed principles for an investment of £356m, though at this stage did still include the assumption that the Wave 3 project would be funded separately.

### **DCP Option H**

This option explored the potential to retain some of the existing estate to develop more capacity for planned care. The feasibility of retaining the Hetherington building for this purpose was looked at, however it did not provide cost effective and was rejected as being a viable option.

### **DCP Option I**

This is the preferred option for the SOC. This provides the following functionality:

- Site enabling programme
- 364 bed acute ward block
- Day case surgical centre including endoscopy
- Completely upgraded Emergency Department

In addition to the above, the programme provides for some site clearance of redundant building stock which will significantly reduce revenue costs for the Trust whilst also reducing overall gross internal area of the Trust. The total cost of the preferred option is £497.1m including VAT, fees, OB and contingency)

## Appendix 9.1.5 Devon STP Wave 4 Estates Strategy

Attachment called “Appendix 9.1.5\_Devon STP Wave 4 Estate Strategy”

## Appendix 9.1.6 TSDFT Digital Strategy

Attachment called “Appendix 9.1.6\_TSDFT Digital Strategy”



## Appendix 9.1.7 TSDFT Estate Strategy

Attachment called “**Appendix 9.1.7\_TSDFT Estate Strategy**”

## Appendix 9.1.8 Digital Solutions

Attachment called “**Appendix 9.1.8 Digital Solutions – NHP SOC Appendix - 02082022**”

## 2. 9.2 Economic Case

### Appendix 9.2.1 CIA Model

Please refer to the following attachment:

- “Appendix 9.2.1\_T&SD CIA Model\_300822”

## Appendix 9.2.2 Approach to CIA Model and Assumptions

### ***Cost Quantification Approach***

The revenue cost base included within the CIA is consistent with what has also been included in the affordability modelling which underpins the Finance Case of this SOC. However, as mentioned in the main body of the Economic Case it is important to understand that the figures used in the CIA Modelling do not match with the figures used in the affordability modelling. In line with guidance for the CIA Model, the items below are **excluded** from the cost base included in the modelling:

- Inflation;
- Value Added Tax (VAT);
- Sunk costs; and
- Transfer payments - this includes capital charges, depreciation and any income contribution received from other public sector bodies

### Capital Costs

Capital cost forms have been prepared by the technical advisors of the Trust, Turner & Townsend, for each of the shortlisted options. For the purposes of the economic appraisal, as already highlighted, the capital costs exclude both inflation and VAT.

The Capital costs section of the CIA Model also includes Planned Capital expenditure over the next 5 years which is felt across all options. This section also includes expenditure on areas of the site which are retained after the various options and also upkeep the renewed elements of the Estate.

It is also important to note that our Cost consultants have calculated Optimism Bias outside of the CIA Model. Optimism Bias has been included in the Capital costs section of the CIA Model.

### Revenue Costs

Revenue costs relate to the on-going operating costs of carrying out services. All options are modelled using the same assumed activity demand to keep them consistent and comparable. These costs are split by clinical costs, non-clinical costs, building running costs and other revenue costs.

Revenue costs are consistent across each option. Revenue cost impacts of the options have been dealt with by using the quantifiable risk and also using CRBs (where applicable).

### Opportunity Costs

Opportunity costs represent the value that could have been achieved if the resources committed under an option were used for their next best alternative purpose, or the benefits that have been lost from undertaking alternative options. For the purposes of this economic appraisal, no opportunity costs have been explored.

## Net contribution

Income which is generated from public sector bodies represents a circular flow from an economic appraisal perspective and has therefore been excluded from the CIA Model. Net contributions have not been incurred from non-public sector companies either due to the investment characteristics. Therefore, no net contributions have been included within the CIA Model.

## **Quantitative Risk Assessment**

As part of the appraisal process, we have considered any risks that may be incurred from carrying out each option over the full appraisal period.

A series of workshops were held with the wider stakeholders, including the clinical, estates, and finance teams. The purpose of these workshops was to consider the anticipated risks of each option across a number of key areas: Design, Construction, Performance, Operational, Technology (and Digital) and Demand. These risks were agreed by stakeholders and then an agreement was made on which risks could be quantified in monetary terms.

The methodology applied to quantify the agreed risks was using a multi-point probability analysis in line with CIA modelling requirements. For each risk, a range of possible outcomes was estimated. The 'expected outcome' is the average of all possible outcomes, taking into account their varying probabilities. Under each option, the following risk parameters were discussed and agreed:

- The cost driver which is most appropriate for the risk (e.g. average salary across the Trust)
- The likely impact if that risk materialises - high, medium and low (e.g. percentage of the cost driver)
- The likelihood of the risk occurring - high, medium and low, where the total likelihood of occurrence is 100%
- The length of time (years) the risk could happen for and therefore the length of time the risk should be quantified for.

The parameters above were determined and calculated alongside technical advisors. The key assumptions and parameters discussed here have been laid out in further detail in the CIA Model.

The risks detailed above are pre-populated as part of the CIA Model template and a number of these risks were deemed to be not applicable or too difficult to quantify at this stage. Therefore, these risks were not quantified as part of the risk process.

Additional risks were also identified which were more specific to the Trust. Some of these risks were deemed to be quantifiable in monetary terms. Details of Additional risks which were quantified have been outlined below:

- Backlog maintenance risk – to ensure the current agreed levels of CDEL are maintained by our Trust, we have included quantified risk to detail the potential impact the backlog maintenance requirement of the estate could have from a cost perspective. The values used for each year of backlog maintenance is informed by the Six Facet Survey which was carried out on our estate and in particular those areas that are deemed to be critical or category D backlog. This has been applied to the BAU option but also the other shortlisted options recognising there are areas retained in each option.
- Critical failure – in recognition of the fact that the funding may not be obtained for the backlog maintenance and therefore, it won't be addressed, we have factored this into our analysis in the form of estates failure. If an area of the estate isn't addressed, it may need to be removed from use which would result in our Trust losing specific amount of income. However, as this is unlikely to be the case and funding will likely be available before estate failure, this has been applied at low risk.

## ***Approach to Benefits***

### **Cash Releasing, Non-Cash Releasing and Societal Benefits**

Similar to the approach undertaken in the identification of risks, a number of workshops were held with specific sessions on benefits in order to talk through and agree the assumptions for each of the shortlisted options. The attendees invited along to the various workshops included executive directors, clinicians, operational leaders, nursing representatives, corporate function staff (strategy, transformation and finance) and technical advisors. These workshops were also attended by our advisory team.

Benefits are categorised into four main categories which are as follows: Cash releasing benefits, non-cash releasing benefits, societal benefits, and unmonetisable benefits. The assumptions used for these benefits have been discussed below.

An important point to note is that benefits can be deemed as QALYs (Quality-Adjusted Life Years) or non QALYs. However, for this stage of the scheme, only non QALY benefits have been outlined in the economic appraisal. QALYs will be explored further at the Outline Business Case stage.

The assumptions and methodology used for each benefit category are set out below. Further detail can be found on each benefit in the Benefits Log of the CIA Model. The underlying value driver / cost reduction is identified from the benefit on an annual basis to determine the 'Equivalent Annual Benefit', which is likely to be different under each option.

### **Cash releasing benefits (CRBs)**

Benefits that release cash in the budget of the organisation, reducing the cost of organisations in such a way that allows for resources to be allocated elsewhere.

The financial affordability model informs the CRBs input into the CIA model. The model used has been adapted to exclude inflation for the purposes of the CIA model. Under the Options that require an intervention on site, CRBs are assumed to come online the year after construction has finished.

### **Non-cash releasing benefits (NCRBs)**

Benefits which are quantifiable in monetary terms but do not create a budgetary release. Instead, they result in productivity savings or efficiencies such as staff time is saved which can be used elsewhere.

A number of NCRBs were identified in workshops with the wider Trust. These productivity gains have been quantified using data provided by the Trust. Most of these benefits have been quantified using an average salary quantum. The Benefit Log in the CIA model provides a brief rationale for these NCRBs.

### **Societal Benefits (SBs):**

Benefits which are quantifiable in monetary terms, however the benefit is realised by wider society outside of the immediate organisation and NHS.

### **Un-monetisable Benefits (UBs)**

These are benefits which bring value to the organisation and society, but are unable to be expressed in monetary terms. It is important to note that these UBs are not factored into the quantified outputs of the CIA model, and are therefore required to be viewed as an overlay to these outputs.

Within these benefit categories; a further categorisation is made as to whether the identified benefits are deemed to be either quality-adjusted life years (QALY) or non-QALY based. This further categorisation informs the appropriate discount rate.

In this section, the UBs were populated and worked through with the Trust to decide which benefit applied to each of the redevelopment options.

Although these benefits are not captured within the CIA Benefit-Cost Ratio, we are committed to recognise the quantitative impact of these where possible, as they all have a significant economic impact. A number of these unmonetisable benefits will be analysed in more detail at the Outline Business Case stage to realise their value.

## Appendix 9.2.3 Unmonetisable benefits for Shortlisted Options

The table below outlines the unmonetisable benefits which have been agreed upon by our Programme team for the Shortlisted Options. We have applied a RAG rating to the tables to show the following:

- Red - Benefit would not be achieved under the Option
- Amber - Benefit may or may not be achieved under the Option
- Green - Benefit would be achieved under the Option

UBs		BAU	Do Min	PWF	Do Max
Category	UB				
Release land	Ability to release land for development opportunities	Red	Amber	Green	Green
Local authority partnership working	PV farm being discussed in terms of energy provision. helping address the wider socio-economic position. Shared spaces with them in terms of corporate support structures etc.	Red	Green	Green	Green
Patient experience	Improved overarching patient outcomes would reduce the amount of patients in the hospital and contribute to the long term care strategy	Red	Green	Green	Green
Health of the local population	Improved health of the local population through better quality of care	Red	Green	Green	Green
Quality improvement	Improvement in quality of care translating to improvements in CQC rating	Red	Green	Green	Green



Staff wellbeing and morale	Staff satisfaction and morale is increased due to working in a comfortable, modern environment with purpose built welfare facilities e.g. changing and shower facilities.		
Education and training improvements	Prevention		
Staff experience	Increased staff work experience through upgraded estate		
Improved disabled access	Provide access for patients, staff and visitors with disabilities - provide compliant accommodation		
Fire compliance / Health and Safety	To provide safe and fire compliant accommodation in line with HBN and HTM guidance		
Economic regeneration of the local area	A significant redevelopment will act as a catalyst to promote and deliver economic regeneration of the local area		
Improving health of the local population	Health gain in terms of social deprivation		
Inequality transformation	Improving the wider imbalance within the population.		

Care closer to home

Location is crucial in the context of the Trust's integrated care strategy - the acute hospital development needs to be portrayed in that context - 'closer to home' it's should be more about right place/right service rather than just geography."



## Appendix 9.2.4 Whole Life Cost tables for other shortlisted options

### BAU

Present Value of Whole-life Costs £'000 (BAU)	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	...	2091/92	Total over project life 2022/23 to 2091/92
Subtotal: Initial Capital Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	...	-	-
Subtotal: Lifecycle Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	...	-	-
Subtotal: Other Capital Costs	36,031	21,454	22,106	18,640	18,245	17,124	16,545	15,985	15,445	14,923	14,418	13,930	13,459	13,004	12,564	12,140	11,729	11,332	...	2,288	581,098
<b>TOTAL: CAPITAL COSTS</b>	<b>36,031</b>	<b>21,454</b>	<b>22,106</b>	<b>18,640</b>	<b>18,245</b>	<b>17,124</b>	<b>16,545</b>	<b>15,985</b>	<b>15,445</b>	<b>14,923</b>	<b>14,418</b>	<b>13,930</b>	<b>13,459</b>	<b>13,004</b>	<b>12,564</b>	<b>12,140</b>	<b>11,729</b>	<b>11,332</b>	...	<b>2,288</b>	<b>581,098</b>
<b>TOTAL: OB UPLIFT (WHERE CALCULATED OUTSIDE OF CIA MODEL)</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	...	-	-
Subtotal: Clinical Services	405,197	397,764	390,306	382,694	375,228	367,858	360,637	352,359	344,303	336,448	328,782	321,302	315,328	309,440	303,639	297,924	292,296	286,752	...	106,885	14,676,846
Subtotal: Non-Clinical Costs	131,323	132,072	128,663	122,230	116,432	112,095	109,868	106,414	103,093	99,893	96,809	93,836	90,971	88,208	85,544	82,975	80,496	78,106	...	31,684	4,250,635
Subtotal: Building Running Costs	22,248	21,532	20,841	20,175	19,533	18,914	18,318	17,745	17,193	16,662	16,150	15,656	15,180	14,722	14,279	13,852	13,441	13,044	...	5,336	710,438
<b>TOTAL: REVENUE COSTS</b>	<b>558,768</b>	<b>551,368</b>	<b>539,810</b>	<b>525,099</b>	<b>511,194</b>	<b>498,867</b>	<b>488,824</b>	<b>476,519</b>	<b>464,589</b>	<b>453,004</b>	<b>441,741</b>	<b>430,795</b>	<b>421,479</b>	<b>412,369</b>	<b>403,462</b>	<b>394,751</b>	<b>386,233</b>	<b>377,902</b>	...	<b>143,905</b>	<b>19,637,919</b>
<b>TOTAL: COSTS (DISCOUNTED)</b>	<b>594,799</b>	<b>572,822</b>	<b>561,916</b>	<b>543,740</b>	<b>529,438</b>	<b>515,991</b>	<b>505,369</b>	<b>492,504</b>	<b>480,034</b>	<b>467,926</b>	<b>456,159</b>	<b>444,725</b>	<b>434,938</b>	<b>425,374</b>	<b>416,026</b>	<b>406,891</b>	<b>397,962</b>	<b>389,234</b>	...	<b>146,193</b>	<b>20,219,017</b>

### Do Minimum

Present Value of Whole-life Costs £'000 (Do Minimum)	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	...	2091/92	Total over project life 2022/23 to 2091/92
Subtotal: Initial Capital Costs	845	21,713	54,888	74,792	55,373	45,996	13,277	365	-	-	-	-	-	-	-	-	-	-	...	-	267,250
Subtotal: Lifecycle Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	...	-	-
Subtotal: Other Capital Costs	36,031	21,454	22,106	18,640	18,245	17,124	16,545	15,985	15,445	14,923	14,418	13,930	13,459	13,004	12,564	12,140	11,729	11,332	...	2,288	581,098
<b>TOTAL: CAPITAL COSTS</b>	<b>36,876</b>	<b>43,167</b>	<b>76,994</b>	<b>93,432</b>	<b>73,618</b>	<b>63,120</b>	<b>29,822</b>	<b>16,351</b>	<b>15,445</b>	<b>14,923</b>	<b>14,418</b>	<b>13,930</b>	<b>13,459</b>	<b>13,004</b>	<b>12,564</b>	<b>12,140</b>	<b>11,729</b>	<b>11,332</b>	...	<b>2,288</b>	<b>848,348</b>
<b>TOTAL: OB UPLIFT (WHERE CALCULATED OUTSIDE OF CIA MODEL)</b>	<b>120</b>	<b>3,263</b>	<b>9,390</b>	<b>13,958</b>	<b>10,418</b>	<b>6,440</b>	<b>2,749</b>	<b>90</b>	-	-	-	-	-	-	-	-	-	-	...	-	<b>46,430</b>
Subtotal: Clinical Services	405,197	397,764	390,306	382,694	375,228	367,858	360,637	352,359	344,303	336,448	328,782	321,302	315,328	309,440	303,639	297,924	292,296	286,752	...	106,885	14,676,846
Subtotal: Non-Clinical Costs	131,323	132,072	128,663	122,230	116,432	112,095	109,868	106,414	103,093	99,893	96,809	93,836	90,971	88,208	85,544	82,975	80,496	78,106	...	31,684	4,250,635
Subtotal: Building Running Costs	22,248	21,532	20,841	20,175	19,533	18,914	18,318	17,745	17,193	16,662	16,150	15,656	15,180	14,722	14,279	13,852	13,441	13,044	...	5,336	710,438
<b>TOTAL: REVENUE COSTS</b>	<b>558,768</b>	<b>551,368</b>	<b>539,810</b>	<b>525,099</b>	<b>511,194</b>	<b>498,867</b>	<b>488,824</b>	<b>476,519</b>	<b>464,589</b>	<b>453,004</b>	<b>441,741</b>	<b>430,795</b>	<b>421,479</b>	<b>412,369</b>	<b>403,462</b>	<b>394,751</b>	<b>386,233</b>	<b>377,902</b>	...	<b>143,905</b>	<b>19,637,919</b>
<b>TOTAL: COSTS (DISCOUNTED)</b>	<b>595,764</b>	<b>597,799</b>	<b>626,195</b>	<b>632,490</b>	<b>595,230</b>	<b>568,428</b>	<b>521,395</b>	<b>492,960</b>	<b>480,034</b>	<b>467,926</b>	<b>456,159</b>	<b>444,725</b>	<b>434,938</b>	<b>425,374</b>	<b>416,026</b>	<b>406,891</b>	<b>397,962</b>	<b>389,234</b>	...	<b>146,193</b>	<b>20,532,697</b>

Do Maximum

Present Value of Whole-life Costs £'000 (Do Maximum)	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	...	2091/92	Total over project life 2022/23 to 2091/92
Subtotal: Initial Capital Costs	1,606	9,309	20,986	44,897	55,973	75,712	78,377	70,678	60,971	56,553	51,952	20,265	-	-	-	-	-	-	...	-	547,279
Subtotal: Lifecycle Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	...	-	-
Subtotal: Other Capital Costs	36,031	21,454	22,106	18,640	18,245	17,124	16,545	15,985	15,445	14,923	14,418	13,930	13,459	13,004	12,564	12,140	11,729	11,332	...	2,288	581,098
<b>TOTAL: CAPITAL COSTS</b>	<b>37,637</b>	<b>30,763</b>	<b>43,091</b>	<b>63,538</b>	<b>74,217</b>	<b>92,836</b>	<b>94,922</b>	<b>86,663</b>	<b>76,416</b>	<b>71,476</b>	<b>66,370</b>	<b>34,196</b>	<b>13,459</b>	<b>13,004</b>	<b>12,564</b>	<b>12,140</b>	<b>11,729</b>	<b>11,332</b>	...	<b>2,288</b>	<b>1,128,377</b>
<b>TOTAL: OB UPLIFT (WHERE CALCULATED OUTSIDE OF CIA MODEL)</b>	<b>481</b>	<b>2,788</b>	<b>6,286</b>	<b>13,448</b>	<b>16,765</b>	<b>22,677</b>	<b>23,476</b>	<b>21,170</b>	<b>18,262</b>	<b>16,939</b>	<b>10,229</b>	<b>2,635</b>	-	-	-	-	-	...	-	-	<b>155,156</b>
Subtotal: Clinical Services	405,197	397,764	390,306	382,694	375,228	367,858	360,637	352,359	344,303	336,448	328,782	321,302	315,328	309,440	303,639	297,924	292,296	286,752	...	106,885	14,676,846
Subtotal: Non-Clinical Costs	131,323	132,072	128,663	122,230	116,432	112,095	109,868	106,414	103,093	99,893	96,809	93,836	90,971	88,208	85,544	82,975	80,496	78,106	...	31,684	4,250,635
Subtotal: Building Running Costs	22,248	21,532	20,841	20,175	19,533	18,914	18,318	17,745	17,193	16,662	16,150	15,656	15,180	14,722	14,279	13,852	13,441	13,044	...	5,336	710,438
<b>TOTAL: REVENUE COSTS</b>	<b>558,768</b>	<b>551,368</b>	<b>539,810</b>	<b>525,099</b>	<b>511,194</b>	<b>498,867</b>	<b>488,824</b>	<b>476,519</b>	<b>464,589</b>	<b>453,004</b>	<b>441,741</b>	<b>430,795</b>	<b>421,479</b>	<b>412,369</b>	<b>403,462</b>	<b>394,751</b>	<b>386,233</b>	<b>377,902</b>	...	<b>143,905</b>	<b>19,637,919</b>
<b>TOTAL: COSTS (DISCOUNTED)</b>	<b>596,886</b>	<b>584,919</b>	<b>589,187</b>	<b>602,085</b>	<b>602,176</b>	<b>614,381</b>	<b>607,221</b>	<b>584,352</b>	<b>559,268</b>	<b>541,418</b>	<b>518,340</b>	<b>467,626</b>	<b>434,938</b>	<b>425,374</b>	<b>416,026</b>	<b>406,891</b>	<b>397,962</b>	<b>389,234</b>	...	<b>146,193</b>	<b>20,921,452</b>

## 3. 9.3 Commercial & Estates Case

### Appendix 9.3.1 PIN Launch - Letters to Trust



Craig McWilliam  
[Craig.mcwilliam@nhs.net](mailto:Craig.mcwilliam@nhs.net)

09/06/21

Dear NHP Trust Project Director,

#### **Initiation of market engagement for the New Hospital Programme – Launch of the Prior Information Notice (PIN)**

I am writing to advise you regarding the initial steps we are taking to engage with the market as, part of our overarching common commercial and procurement strategy.

We are intending a 'progressive' alliance model approach over evolving phases of the NHP with three key features:

- It will be centrally controlled and locally delivered
- It will evolve with each phase of the programme, starting with the earlier schemes, iterating to improve the model with each cohort
- It will create and sustain a collaborative environment which enables application of Modern Methods of Construction (MMC) across the delivery of the programme, supporting investment in the market

As a first step in this process, understanding the market's appetite for contracts to deliver the programme will be vital in ensuring we are able to meet our timelines for building 40 new Hospitals by 2030. At this early stage in pre-procurement, the central programme team is seeking to invite a range of potential suppliers of all sizes and

across a range of construction disciplines to express their interest in engaging with the Programme.

We will be using Prior Information Notices (PIN) to promote early market engagement, which will publicly announce the commencement of our initial engagement activity. We will be inviting suppliers from across the construction market to express interest in the programme. This approach ensures impartial and transparent engagement, compliant with public procurement legislation.

The PIN will provide details of an online smart survey where suppliers can register their interest with the Supply Markets Team within the programme. We are asking them to do this by filling in an online survey which captures their contact details and

## NHS England and NHS Improvement



some very high-level information about the type of goods or services they provide. The PIN will be live for 6 weeks, but the ability to register interest as a supplier via the smart survey link will be ongoing.

Once firms have registered their interest, the Supply Markets Team will use their details to plan a range of future market engagement activities. This engagement is designed to build market appetite so that when we begin procurement, we have an accurate idea in the level of interest in building our new hospitals. This will leave us in a better position to ensure sufficient capacity in the market to meet our level of demand, as well as an appropriate level of competition.

We have set up a dedicated email address; [nhp.suppliers@nhs.net](mailto:nhp.suppliers@nhs.net) where you can direct any interested suppliers. The Supply Markets Team will respond to all enquires and invite suppliers to sign up to receive future updates and communications regarding the New Hospital Programme as it develops.

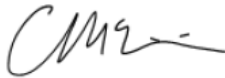
This is just the first step in the market engagement plan, and we will share further details with you about the timeline for this work and the other stages within it in due course. We appreciate that there is a desire for further detail on the upcoming stages of our common commercial and procurement strategy, and what this will mean for the procurement for schemes at different stages of development. As we roll out our market engagement programme, we will share the details with you, including how we can best work collaboratively in some areas.

By taking a whole programme approach to building our new hospitals, it will mean the experience gained from working with the currently more developed schemes can be consolidated into the programme for the benefit of less developed schemes, including in the implementation of standardisation, digital technology, sustainability and MMC. We are planning a briefing to share more specific details on our commercial approach with the earlier schemes, within the next 3-4 weeks.

Trusts should note that the NHP PIN being issued is for the purposes of market engagement only and is separate from any PIN that will be issued by CCS regarding the procurement of the new successor to P22 (Procure22) / Lot 5 Construction Works and Associated Services.

Thank you for your continued collaboration with the programme, which will ensure both NHS staff and patients have access to world-class, state of the art facilities and care that are fit for the future. We look forward to continuing this work with you and delivering this ambitious programme together.

Yours sincerely



Craig McWilliam  
Joint Programme Director - New Hospital Programme  
NHS England & Improvement

## 4. 9.4 Finance Case

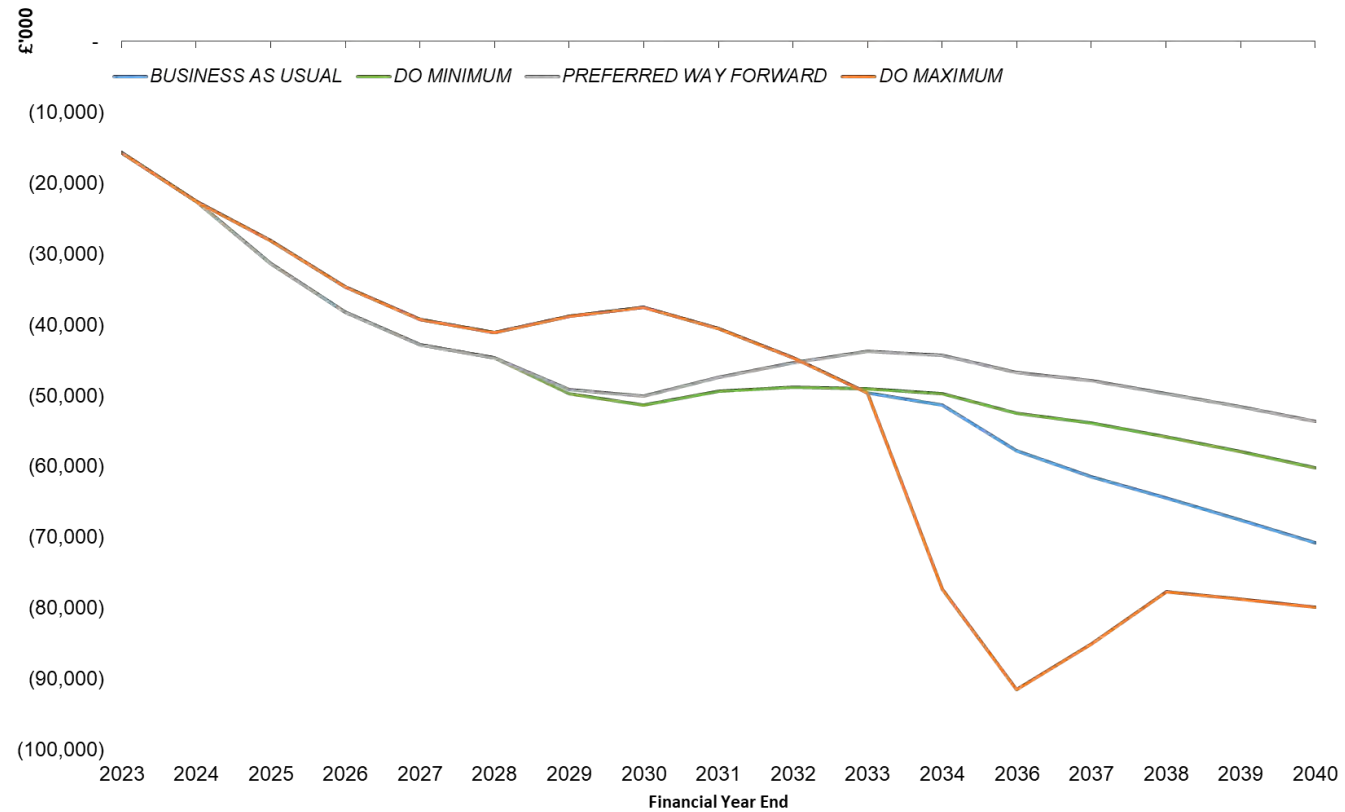
### Appendix 9.4.1 OB Forms

Please refer to the following attachment:

- “Appendix 9.4.1 220726 TORBAY - Option H - Revised Suite of OB Forms (cashflow updated)”



## Appendix 9.4.2 SoCI Graph for full options including BAU from FY 2022/23 to FY 2039/40



## Appendix 9.4.3 Incremental SoCF, SoCI and SoFP for Do Minimum and Do Maximum

### Do Minimum

#### SoCI

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total	
Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cash Releasing Benefits	-	-	-	-	-	-	3,182	8,855	13,739	18,203	22,520	23,149	23,798	24,469	25,161	25,877	26,616	27,381	242,949	
BAU Revenue Costs avoided	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<b>Total Operating Income</b>	-	-	-	-	-	-	3,182	8,855	13,739	18,203	22,520	23,149	23,798	24,469	25,161	25,877	26,616	27,381	242,949	
Pay Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Non Pay Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Depreciation	-	-	(1,903)	(1,966)	(1,966)	(2,060)	(6,286)	(10,391)	(10,712)	(10,712)	(10,712)	(10,712)	(10,712)	(9,088)	(7,733)	(7,680)	(7,680)	(7,680)	(117,992)	
Impairment	-	-	(20,387)	-	-	(1,005)	(68,280)	(11,435)	-	-	-	-	-	-	-	-	-	-	-	(101,108)
<b>Total Operating Expense</b>	-	-	(22,290)	(1,966)	(1,966)	(3,065)	(74,566)	(21,826)	(10,712)	(10,712)	(10,712)	(10,712)	(10,712)	(9,088)	(7,733)	(7,680)	(7,680)	(7,680)	(219,100)	
<b>Total operating surplus/(deficit)</b>	-	-	(22,290)	(1,966)	(1,966)	(3,065)	(71,384)	(12,971)	3,028	7,491	11,808	12,437	13,087	15,381	17,428	18,197	18,936	19,701	23,850	
PDC dividend charge	-	-	(1,377)	(1,592)	(1,551)	(1,561)	(7,896)	(12,257)	(11,991)	(11,616)	(11,241)	(10,866)	(10,492)	(10,134)	(9,850)	(9,581)	(9,312)	(9,043)	(130,360)	
<b>Incremental impact on I&amp;E surplus/(deficit)</b>	-	-	(23,667)	(3,558)	(3,517)	(4,626)	(79,280)	(25,228)	(8,964)	(4,125)	567	1,571	2,595	5,247	7,578	8,616	9,624	10,658	(106,510)	
Add back AME impairment	-	-	20,387	-	-	1,005	68,280	11,435	-	-	-	-	-	-	-	-	-	-	101,108	
<b>Incremental impact on I&amp;E surplus/(deficit) incl AME</b>	-	-	(3,280)	(3,558)	(3,517)	(3,621)	(11,000)	(13,793)	(8,964)	(4,125)	567	1,571	2,595	5,247	7,578	8,616	9,624	10,658	(5,402)	

#### SoFP

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total
Opening Non-current assets	-	1,236	33,377	101,917	234,255	335,435	415,780	368,944	347,961	337,250	326,538	315,826	305,114	294,403	285,315	277,581	269,902	262,222	4,513,054
Additions	1,236	32,142	90,829	134,304	103,146	83,410	27,730	844	-	-	-	-	-	-	-	-	-	-	473,642
Depreciation	-	-	(1,903)	(1,966)	(1,966)	(2,060)	(6,286)	(10,391)	(10,712)	(10,712)	(10,712)	(10,712)	(10,712)	(9,088)	(7,733)	(7,680)	(7,680)	(7,680)	(117,992)
Impairments	-	-	(20,387)	-	-	(1,005)	(68,280)	(11,435)	-	-	-	-	-	-	-	-	-	-	(101,108)
<b>Closing Non-current assets</b>	<b>1,236</b>	<b>33,377</b>	<b>101,917</b>	<b>234,255</b>	<b>335,435</b>	<b>415,780</b>	<b>368,944</b>	<b>347,961</b>	<b>337,250</b>	<b>326,538</b>	<b>315,826</b>	<b>305,114</b>	<b>294,403</b>	<b>285,315</b>	<b>277,581</b>	<b>269,902</b>	<b>262,222</b>	<b>254,543</b>	<b>4,767,597</b>
																			-
<b>Cash</b>	<b>-</b>	<b>-</b>	<b>(1,377)</b>	<b>(2,968)</b>	<b>(4,519)</b>	<b>(6,080)</b>	<b>(10,793)</b>	<b>(14,195)</b>	<b>(12,447)</b>	<b>(5,861)</b>	<b>5,418</b>	<b>17,700</b>	<b>31,007</b>	<b>45,342</b>	<b>60,653</b>	<b>76,949</b>	<b>94,252</b>	<b>112,590</b>	<b>385,669</b>
																			-
<b>Total Assets</b>	<b>1,236</b>	<b>33,377</b>	<b>100,540</b>	<b>231,286</b>	<b>330,915</b>	<b>409,700</b>	<b>358,150</b>	<b>333,766</b>	<b>324,802</b>	<b>320,677</b>	<b>321,244</b>	<b>322,814</b>	<b>325,409</b>	<b>330,656</b>	<b>338,234</b>	<b>346,850</b>	<b>356,475</b>	<b>367,132</b>	<b>5,153,266</b>

## SoCF

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total
<b>Incremental impact on I&amp;E surplus/(deficit) incl AME</b>	-	-	(3,280)	(3,558)	(3,517)	(3,621)	(11,000)	(13,793)	(8,964)	(4,125)	567	1,571	2,595	5,247	7,578	8,616	9,624	10,658	(5,402)
Depreciation	-	-	1,903	1,966	1,966	2,060	6,286	10,391	10,712	10,712	10,712	10,712	10,712	9,088	7,733	7,680	7,680	7,680	117,992
Other non-cash or non-operating income and expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Net cash generated from / (used in) operations</b>	-	-	(1,377)	(1,592)	(1,551)	(1,561)	(4,713)	(3,402)	1,748	6,587	11,278	12,282	13,307	14,335	15,311	16,296	17,304	18,337	112,590
Initial capital investment	(1,236)	(32,142)	(90,829)	(134,304)	(103,146)	(83,410)	(27,730)	(844)	-	-	-	-	-	-	-	-	-	-	(473,642)
Sales of PP&E and investment property	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital lifecycle costs + replacement of equipment (incremental)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash flows from investing activities	(1,236)	(32,142)	(90,829)	(134,304)	(103,146)	(83,410)	(27,730)	(844)	-	-	-	-	-	-	-	-	-	-	(473,642)
PDC received (NHP National)	1,236	32,142	90,829	134,304	103,146	83,410	27,730	844	-	-	-	-	-	-	-	-	-	-	473,642
Other financing activities (obligations)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash flows from financing activities [external only]	1,236	32,142	90,829	134,304	103,146	83,410	27,730	844	-	-	-	-	-	-	-	-	-	-	473,642
<b>Increase/(decrease) in cash and cash equivalents</b>	-	-	(1,377)	(1,592)	(1,551)	(1,561)	(4,713)	(3,402)	1,748	6,587	11,278	12,282	13,307	14,335	15,311	16,296	17,304	18,337	112,590
Cash and cash equivalents at 1 April - brought forward	-	-	-	(1,377)	(2,968)	(4,519)	(6,080)	(10,793)	(14,195)	(12,447)	(5,861)	5,418	17,700	31,007	45,342	60,653	76,949	94,252	273,079
Cash and cash equivalents at 31 March	-	-	(1,377)	(2,968)	(4,519)	(6,080)	(10,793)	(14,195)	(12,447)	(5,861)	5,418	17,700	31,007	45,342	60,653	76,949	94,252	112,590	385,669
Cumulative	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

## Do Maximum

## SoCI

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total
Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash Releasing Benefits	-	-	-	-	-	-	-	-	-	-	-	5,918	16,379	25,266	34,498	44,091	45,333	46,616	218,101
BAU Revenue Costs avoided	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Operating Income</b>	-	-	-	-	-	-	-	-	-	-	-	5,918	16,379	25,266	34,498	44,091	45,333	46,616	218,101
Pay Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non Pay Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Depreciation	-	-	-	-	-	-	-	-	-	-	-	(11,933)	(23,866)	(23,866)	(23,866)	(23,866)	(23,866)	(23,866)	(155,130)
Impairment	-	-	-	-	-	-	-	-	-	-	-	(250,373)	-	-	-	-	-	-	(250,373)
<b>Total Operating Expense</b>	-	-	-	-	-	-	-	-	-	-	-	(262,306)	(23,866)	(23,866)	(23,866)	(23,866)	(23,866)	(23,866)	(405,504)
<b>Total operating surplus/(deficit)</b>	-	-	-	-	-	-	-	-	-	-	-	(256,388)	(7,487)	1,399	10,632	20,225	21,467	22,749	(187,403)
PDC dividend charge	-	-	-	-	-	-	-	-	-	-	0	(20,097)	(35,975)	(35,139)	(34,304)	(33,469)	(32,633)	(31,798)	(223,415)
<b>Incremental impact on I&amp;E surplus/(deficit)</b>	-	-	-	-	-	-	-	-	-	-	0	(276,485)	(43,462)	(33,740)	(23,672)	(13,244)	(11,166)	(9,049)	(410,818)
Add back AME impairment	-	-	-	-	-	-	-	-	-	-	-	250,373	-	-	-	-	-	-	250,373
<b>Incremental impact on I&amp;E surplus/(deficit) incl AME</b>	-	-	-	-	-	-	-	-	-	-	0	(26,111)	(43,462)	(33,740)	(23,672)	(13,244)	(11,166)	(9,049)	(160,444)

## SoFP

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total
Opening Non-current assets	-	3,130	21,908	65,723	162,743	287,929	463,191	650,970	826,232	982,715	1,132,939	1,256,963	1,039,783	1,015,916	992,050	968,184	944,318	920,452	11,735,144
Additions	3,130	18,778	43,815	97,020	125,187	175,261	187,780	175,261	156,483	150,224	124,024	45,126	-	-	-	-	-	-	1,302,089
Depreciation	-	-	-	-	-	-	-	-	-	-	-	(11,933)	(23,866)	(23,866)	(23,866)	(23,866)	(23,866)	(23,866)	(155,130)
Impairments	-	-	-	-	-	-	-	-	-	-	-	(250,373)	-	-	-	-	-	-	(250,373)
Closing Non-current assets	3,130	21,908	65,723	162,743	287,929	463,191	650,970	826,232	982,715	1,132,939	1,256,963	1,039,783	1,015,916	992,050	968,184	944,318	920,452	896,585	12,631,730
Cash	-	-	-	-	-	-	-	-	-	-	-	(14,178)	(33,774)	(43,648)	(43,454)	(32,831)	(20,132)	(5,314)	(193,331)
Total Assets	3,130	21,908	65,723	162,743	287,929	463,191	650,970	826,232	982,715	1,132,939	1,256,963	1,025,604	982,143	948,402	924,730	911,486	900,320	891,271	12,438,399

## SoCF

Activity £000s	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	Total
<b>Incremental impact on I&amp;E surplus/(deficit) incl AME</b>	-	-	-	-	-	-	-	-	-	-	0	(26,111)	(43,462)	(33,740)	(23,672)	(13,244)	(11,166)	(9,049)	(160,444)
Depreciation	-	-	-	-	-	-	-	-	-	-	-	11,933	23,866	23,866	23,866	23,866	23,866	23,866	155,130
Other non-cash or non-operating income and expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Net cash generated from / (used in) operations</b>	-	-	-	-	-	-	-	-	-	-	0	(14,178)	(19,596)	(9,874)	194	10,622	12,700	14,818	(5,314)
Initial capital investment	(3,130)	(18,778)	(43,815)	(97,020)	(125,187)	(175,261)	(187,780)	(175,261)	(156,483)	(150,224)	(124,024)	(45,126)	-	-	-	-	-	-	(1,302,089)
Sales of PP&E and investment property	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital lifecycle costs + replacement of equipment (incremental)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Cash flows from investing activities</b>	(3,130)	(18,778)	(43,815)	(97,020)	(125,187)	(175,261)	(187,780)	(175,261)	(156,483)	(150,224)	(124,024)	(45,126)	-	-	-	-	-	-	(1,302,089)
PDC received (NHP National)	3,130	18,778	43,815	97,020	125,187	175,261	187,780	175,261	156,483	150,224	124,024	45,126	-	-	-	-	-	-	1,302,089
Other financing activities (obligations)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Cash flows from financing activities (external only)</b>	3,130	18,778	43,815	97,020	125,187	175,261	187,780	175,261	156,483	150,224	124,024	45,126	-	-	-	-	-	-	1,302,089
<b>Increase/(decrease) in cash and cash equivalents</b>	-	-	-	-	-	-	-	-	-	-	-	(14,178)	(19,596)	(9,874)	194	10,622	12,700	14,818	(5,314)
Cash and cash equivalents at 1 April - brought forward	-	-	-	-	-	-	-	-	-	-	-	-	(14,178)	(33,774)	(43,648)	(43,454)	(32,831)	(20,132)	(188,017)
Cash and cash equivalents at 31 March	-	-	-	-	-	-	-	-	-	-	-	(14,178)	(33,774)	(43,648)	(43,454)	(32,831)	(20,132)	(5,314)	(193,331)
Cumulative	-	-	-	-	-	-	-	-	-	-	-	(14,178)	(33,774)	(43,648)	(43,454)	(32,831)	(20,132)	(5,314)	(193,331)

## 5. 9.5 Management Case

### Appendix 9.5.1 People Promise and Plan

Attachment called “**Appendix 9.5.1\_People Promise and Plan**”

## Appendix 9.5.2 Risk Register

Attachment called “**Appendix 9.5.2\_Risk Register**”



# NHP Strategic Outline Case

Trust Board

28<sup>th</sup> September 2022



# Outline



Case for change

Update on initial preferred way forward

Revisit key financial questions

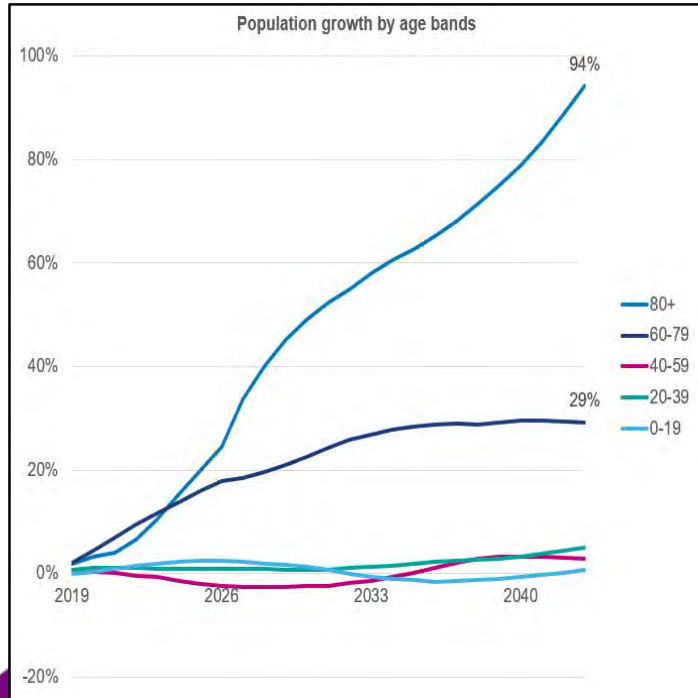
Next steps

Stakeholder engagement

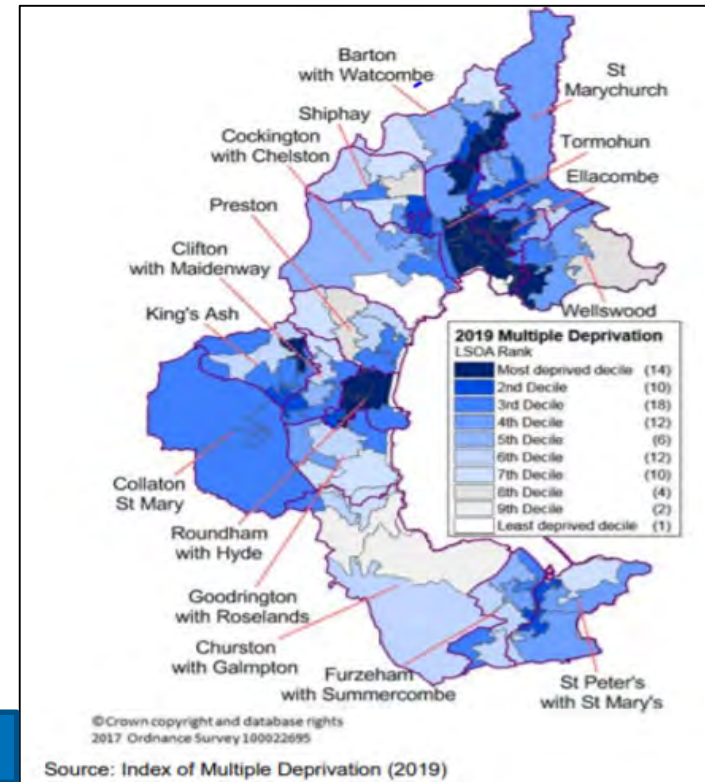
Summary



# Our drivers for change



• Demographic Challenge



Social Deprivation indices



### Current state

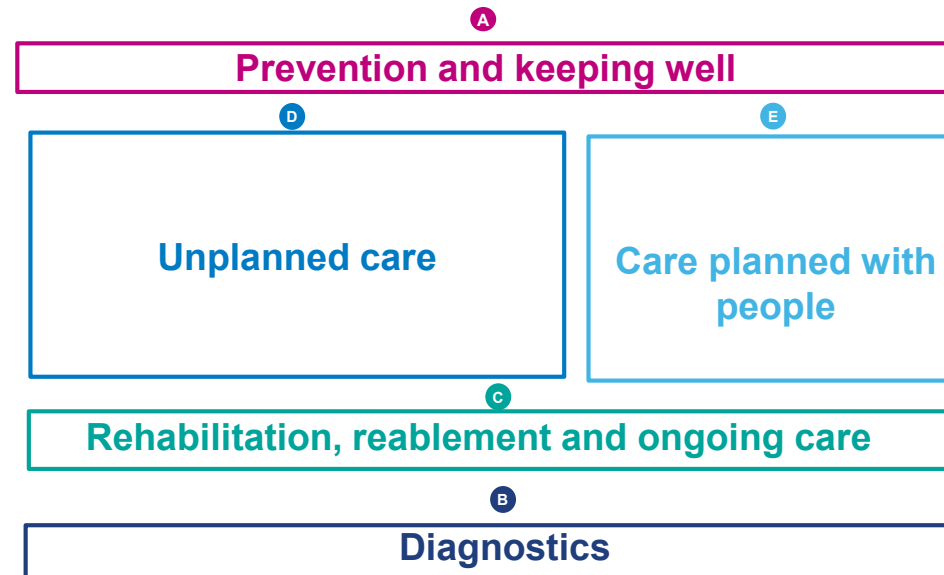
Currently, the ICO delivers its core activities often in isolation, with **limited join up** between pre-front door; front door; service delivery and transition from ICO services into independence. This is despite the Integrated Care Organisation status, on account of the lack of infrastructure to support integrated working.

ICO activities are **centred around provision of planned and unplanned** care, often in acute hospital settings. Preventative activity is a small part of what we do, and reablement and diagnostics are designed and delivered as separate support functions.

We do not currently take full advantage of the **interdependencies** between services in different parts of the ICO. For instance, people presenting in unplanned care settings do not have a clear link into lifestyle or social care services which could support them in reducing A&E attendances in future.

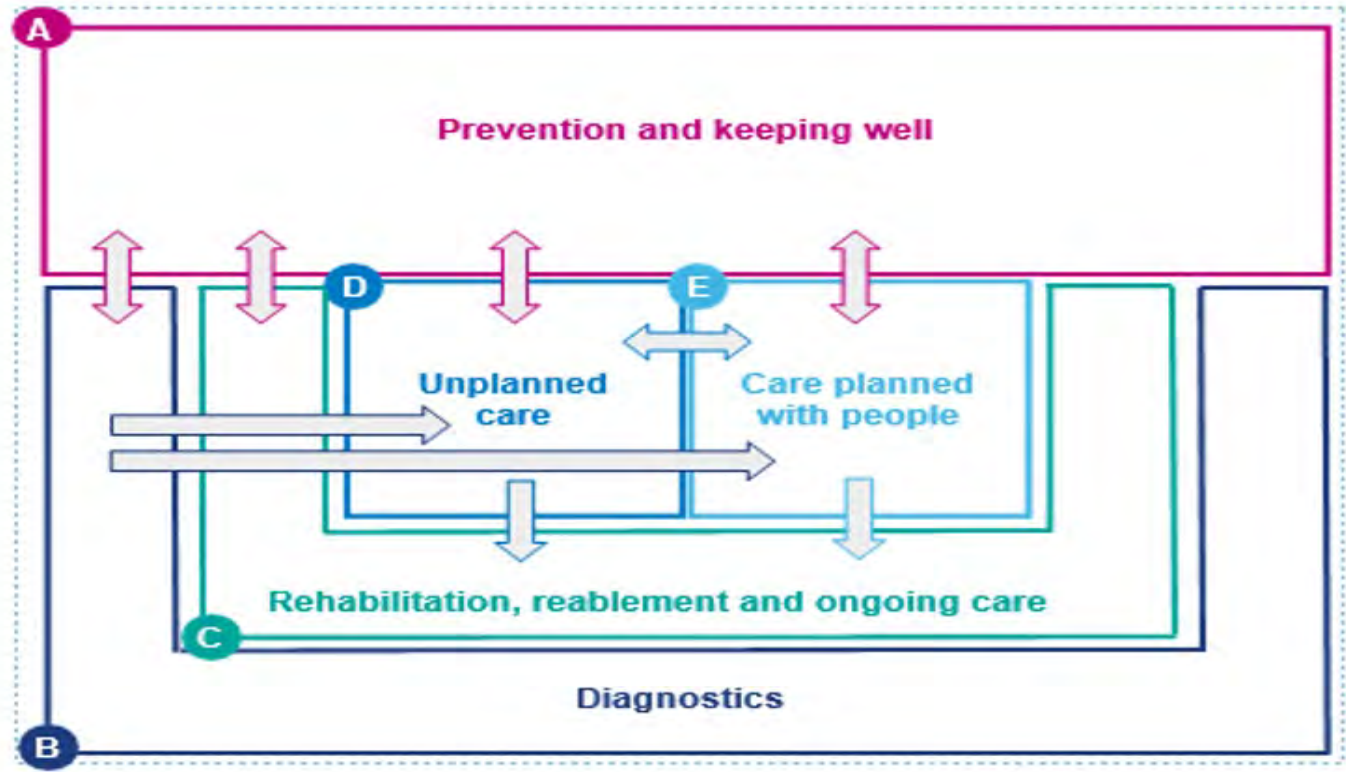
Covid-19 has highlighted a **lack of resilience** across multiple service areas, particularly planned care and diagnostics where there are significant waiting lists.





We have made progress as an ICO, but there is more to do if we are to be fully integrated.





# Emerging model



-  • **Option 1 – Counterfactual:**
-  • **Option 2 – Do Minimum:**
-  • **Option 3 – Initial Preferred Way Forward: Estates Infrastructure**
-  • **Option 4 – Do Maximum**





# DCP – Initial preferred way forward



Site  
clearance of  
existing  
estate.  
Content and  
sequence to  
be defined



## Additional scope options – indicative figures



- No additional scope at £479.5m compared to our original SOC
- This option would add the unfunded wave 3 capital budget to the elective care centre
- Total provision would be 8400m<sup>2</sup> of elective care provision

- This option would provide funding for the site clearance of Edwardian building, Hetherington building and Hengrave House
- Would reduce backlog maintenance by £10.59m (exc. on costs)

Original capital funding envelope:

NHP funding	£350m
Local capital	£ 20m
	£370m

Summary of Capital Cost of Shortlisted Options (£'000)	Do Minimum	Preferred Way Forward	Do Maximum
July 2021 – Initial SOC submission	£131m	£317m	£987m
October 2021- Updated cost plan	£131m	£356m	£1.15bn
August 2022 – revised SOC	£480m	£497m	£1.30bn

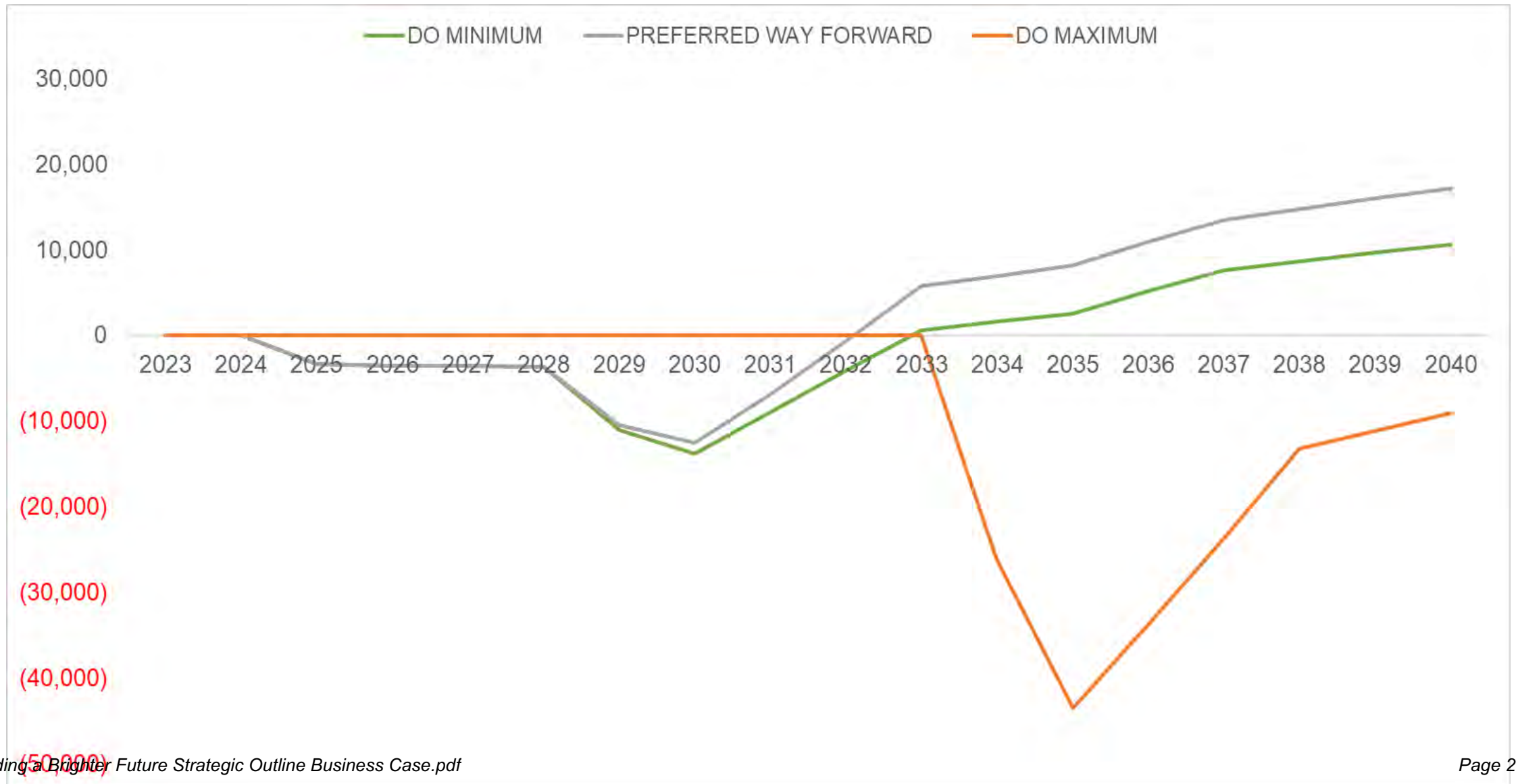
Confirmation of capital allocation will be received in December/January following the national review of the Trust Initial Preferred Way Forward

Economic Summary	BAU	Do Minimum	Preferred Way Forward	Do Maximum
<b>£'000</b>				
<b>Incremental costs:</b>				
Capital, including optimism bias	-	- 313,680	- 323,821	- 702,435
<b>Total incremental costs</b>	-	- <b>313,680</b>	- <b>323,821</b>	- <b>702,435</b>
<b>Incremental benefits:</b>				
Risks	-	132,233	162,671	313,233
Cash releasing	-	363,175	453,601	513,565
Non-cash releasing	-	159,434	181,030	169,433
Societal	-	12,418	12,423	15,144
<b>Total incremental benefits</b>	-	<b>667,259</b>	<b>809,725</b>	<b>1,011,375</b>
Risk adjusted NPSV	-	353,580	485,904	308,941
Benefit-Cost ratio (BCR)	N/A	2.13	2.50	1.44
<b>Overall ranking</b>	<b>N/A</b>	<b>2</b>	<b>1</b>	<b>3</b>





# Finance Case – Affordability ( incremental)



## Commercial Case

1. This will be driven by national team through the delivery of the national alliance model
2. Cohort 4 will be required to be full adopters of Hospital 1.0
3. Still pending MMC and net zero carbon guidance
4. Awaiting clarity on exact date OBC required

## Management Case

1. Risk register now reviewed each month
2. Case will significantly developed at OBC stage
3. Capacity within the Programme Office consistently being reviewed to ensure national requirements are delivered
4. More external engagement required at OBC



# Key stakeholder engagement

- Building on the involvement and engagement with our staff and key stakeholders which have taken place over the previous 12 months, we have asked for updated letters of support from the system.
- Further engagement will continue as the OBC/FBC stages progress
- Staff Engagement will continue on a quarterly basis

# Next steps

**Approval at BBF Committee**

**21<sup>st</sup> September**

**Final approval by Trust Board**

**28<sup>th</sup> September**

**Submission to National team**

**28th September**

**Completion of Site Enabling Business Case  
(OBC)**

**November 2022**

**Approval of SOC**

**January 2023**

**Receipt of OBC seed funding**

**March 2023**

**Completion of Site Enabling Business Case  
(FBC)**

**March 2023**

**Commencement of OBC**

**April 2023**

<b>Report to the Trust Board of Directors</b>				
<b>Report title:</b> Risk Management Policy and Strategy			<b>Meeting date:</b> 28 September 2022	
<b>Report appendix</b>	Appendix 1: Risk Management Policy Appendix 2: Risk Management Strategy			
<b>Report sponsor</b>	Interim Director of Corporate Governance and Trust Secretary			
<b>Report author</b>	Risk Officer			
<b>Report provenance</b>	Risk Group – 6 September 2022 Audit Committee – 8 September 2022			
<b>Purpose of the report and key issues for consideration/decision</b>	The Risk Management Policy and Strategy have been reviewed and amendments made to ensure they are up to date and reflect the language used in current Trust communications.  Both documents have been reviewed and approved by the Risk Group and Audit Committee.			
<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>Recommendations</b>	The Board of Directors is asked to approve the Risk Management Policy and Strategy.			
<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>	<b>X</b>
<b>Is this on the Trust's Board Assurance Framework and/or Risk Register</b>	<b>Board Assurance Framework</b>	n/a	<b>Risk score</b>	
	<b>Risk Register</b>	n/a	<b>Risk score</b>	
<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>X</b>
	<b>NHS England</b>	<b>X</b>	<b>National policy/guidance</b>	<b>X</b>

# Risk Management Policy

Date: ~~September~~June 22

*This is a controlled document. It should not be altered in any way without the express permission of the author or their representative.  
On receipt of a new version, please destroy all previous versions.*

Date: ~~September~~June 22  
Version: ~~5.V4.2~~

Page 1 of 32

Document Information

Date of Issue:	01/03/2016	Next Review Date:	<del>September</del> <del>June</del> 2025
Version:	<del>5.04-2</del>	Last Review Date:	<del>September</del> <del>June</del> 2022
Author:	Risk Officer		
Owner:	Director of Corporate Governance		
Directorate:	Corporate		
Approval Route			
Approved By:		Date Approved:	
Risk Group			<del>06/09/22</del>
Audit Committee			<del>08/09/22</del>
Trust Board			<del>28/09/22</del>
Links or overlaps with other policies:			
Information Governance Policy			
Health and Safety Policy			
Incident Reporting and Management Policy			
<p><del>We are</del> <del>The Trust is committed</del> <del>are committed</del> to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p><del>We are</del> <del>The Trust is committed</del> <del>are committed</del> to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy.</p>			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
V1	Active	01/03/2016	New Trust Policy	Trust Board
V1.1	Active	25/08/2016	Correction to Graphics and a Typo on page 12.	N/A
V1.2	Draft	04/05/2017	Annual Review & Update.	Risk Group & Exec Team
V2	Active	02/08/2017	Policy approved after first year.	Trust Board
V2.1	Active	19-01-2018	Appendix 9 updated	Co Sec
V3	Draft	18/06/2019	Annual Review & Update.	Risk Group Trust Board
V3.1	Active	27/11/2019	Appendix 3 & 4 Updated	Risk Group
V3.2	Active	21/07/2020 22/07/2020 29/07/2020	Annual Review & Update	Risk Group Audit Committee Trust Board
V3.3	Active	15/06/2021	Annual Review	Risk Group/Audit Cttee
V4.1	Active	08/09/2021	Internal Audit Review	Risk Group
<del>V5.04-2</del>	Active	24/05/2022	Review, <del>and</del> minor updates and tone changes	Risk Group/Audit Cttee

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5	Training .....	7
6	Monitoring, Auditing, Reviewing & Evaluation .....	7
7	References .....	8
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**1. Introduction**

- 1.1. Torbay and South Devon NHS Foundation Trust (hereby referred to as the Trust) recognises that good risk management awareness, practice and recording at all levels ensures risks are managed systematically and consistently across all areas of the [Organisation Trust](#) and where identified, risk factors can be reduced to a tolerable level. This will result in improved safety and quality of care for patients/clients and the minimisation of risks for staff and visitors.
- 1.2. [WeThe Trust](#) recognises that risk management is an essential component in fulfilling [our](#) responsibilities effectively and responsibly. The risk strategy specifies [ourthe Trust's](#) philosophy, prime objectives and approach for the management of risk.
- 1.3. Good risk management is the responsibility of all staff and [wethe Trust](#) recognises the importance of all staff ensuring risks are identified, recorded and managed.
- 1.4. A comprehensive risk management policy and procedure will not themselves ensure good risk management. Equally important is that risk management is seen as an important tool by managers and clinicians alike. Ensuring the existence of an effective risk management culture is therefore an important task for the Executive Team and the Board of Directors. An effective culture maximises the likelihood that risks and concerns are identified within the organisation. The policy and procedures ensure that risks are escalated to and managed at the right level, with the whole process underpinned by effective accountability and performance arrangements.

**2. Statement/Objective**

- 2.1. An effectively planned, organised and controlled approach to risk management is an essential component of successful corporate governance for any NHS organisation.
- 2.2. The intention of this policy is, therefore, to detail and support a risk based approach to decision making and to embed a culture of creativity and innovation that is founded on risk management as an integral part of [ourthe Trust's](#) objectives, practices and management systems.
- 2.3. This document is intended to help and support staff, enabling and empowering them to confidently and competently make decisions on a risk-based approach.

**3. Roles & Responsibilities****3.1. All Staff**

All staff have a responsibility to familiarise themselves with the Risk Management Policy and Risk Management Strategy. Staff should report to their line manager/supervisor any risk they

become aware of and take all necessary actions to reduce the risk.

All staff should be able to raise concerns about issues that may compromise any of ~~our~~<sup>the</sup> ~~Trust's strategic~~<sup>our strategic</sup> objectives via their normal line management structure. Where it is felt that this could be difficult these concerns can be raised via the ~~Trust's~~ Risk Officer or through the [Freedom to Speak Up: Raising Concerns \(Whistleblowing\) Policy \(H30\)](#).

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3.2 Responsibilities for the Chief Executive and other specific roles can be found in Appendix 1.

3.3 The risk management structure can be found in Appendix 2. The Chair of each Committee/Group will be responsible for ensuring the Terms of Reference (ToR) are kept up to date.

#### 4. Risk Management

Risk management is the process by which risks are identified, assessed, recorded, mitigated and reviewed. A risk is the threat that an event or action will adversely affect the ability to achieve the ~~organisations~~<sup>Trust's</sup> strategic objectives.

Each risk will be recorded by the Risk Owner with the support of their Risk Handler where applicable. Where appropriate, risks should be managed at a local level depending upon its current risk score as shown in Appendix 5.

The Risk Handler for the Area, Local Team, Department or Integrated Service Unit (ISU), will be responsible for adding and arranging the review of risks, ensuring they are assessed and managed in accordance with this policy. The risk owner will be responsible for the risk and for ensuring that the Risk Handler, if applicable, is carrying out their role effectively.

There will be some risks that cannot be dealt with at the local level; these risks should be escalated through the risk management system as soon as it is clear that the risk cannot be controlled locally.

These will include:

- Any risk that cannot be managed within the Area, Local Team, Department or ISU or Directorate,
- Any risk where the necessary adjustments cannot be funded from within the Area, Local Team, Division or ISU or Directorates budgets,
- Any risk that has a current risk score of 15 or more in accordance with the risk scoring matrix Appendix 5.

##### 4.1. Identifying Risks

Risks can be identified through various means, including but not limited to:

- Audit recommendations.
- External recommendations.
- Fault reports.
- Incident reports.
- Process reviews.
- Risk assessments.

##### 4.2. Assessing Risks

It is essential that all staff be alert to risks on an on-going basis to ensure that we respond to any emerging issues. Risk assessments can be done through a specific planned process at all levels. The type of assessment will vary dependant of the type of risk but all will follow the process as laid out in Appendix 8.

#### 4.3. Risk Scoring

Risks are scored using a potential 'Consequence' score multiplied by a potential 'Likelihood' score.

- Consequence table (Appendix 3),
- Likelihood table (Appendix 4),
- Risks must be scored using the [Trusts Risk Matrix](#) (Appendix 5) for the following:
  - [Initial herent](#) Risk Score (when first identified).
  - Current Risk Score (once controls are put into place to reduce the [Initial herent](#) Risk Score).
  - Residual Risk Score (the level aimed for to either mitigate this risk or reduce it to a tolerable level) post completion of actions.
  - Tolerated Risk Score (used with all Board and corporate/high level risks where the tolerated risk score is set by the Executive Director for that risk).

#### 4.4. Recording Risks

All risks that cannot be addressed immediately should be recorded on the risk management system. This process is explained in the [how to guides on ICON](#) and training on the HIVE.

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#### 4.5. Risk Tolerances, Accountability and Escalation

Risk tolerances and accountability are laid out in Appendix 5, the risk owner will ensure that reports are generated allowing information to be assimilated at the relevant levels.

Should the risk meet the criteria to be assessed for inclusion on the Corporate Risk Register, the Risk Officer will record this within the risks status and escalate it through the correct line of reporting as laid out in the Governance Organisational Structure.

It is important to note that the escalation of a risk will not negate the responsibilities of the risk owner or Area, Local Team, Department or ISU or Directorate.

#### 4.6. Action Plan/~~Point~~

An action plan/~~point~~ is required to mitigate all risks that cannot be resolved immediately. These are to be recorded on the risk management system within the risk record for any risks with a current score of 12 or more. This is not limited to a single action plan/~~point~~ as multiples may be required to reach the desired residual score.

#### 4.7. Corporate Level Risk Register > Reviewing > Consultation and Approval

Any risk which has a current risk score of 15 or more in accordance with the Risk Scoring Matrix will be reported to the Risk Group via the correct line of reporting as laid out in Appendix 2.

Any strategic risk that may result in a failure to achieve one or more of ~~our the Trusts~~ [our strategic](#) objectives will be reported to the Risk Group via the correct lines of reporting as laid out in Appendix 2.

This full process is laid out in the Risk Management Standard Operating Procedure (SOP).

#### 4.8. Board Assurance Framework > Reviewing > Consultation and Approval

The Board Assurance Framework (BAF) summarises ~~our the Trust's~~ corporate objectives, the key risks in achieving these objectives and the controls and actions in place to prevent the occurrence of, or to mitigate the individual risks assurance(s) are recorded and linked to controls, as laid out in the process in Appendix 9

The Risk Group, Audit Committee and/or Board may ask for risk owners or action plan/~~point~~ owners to provide reports on the progress and assurances that controls are sufficient. The framework is illustrated on the [Risk Management](#) pages on ICON.

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Field Code Changed

The BAF will be reviewed by the Audit Committee at all of their meetings and then reported on to the Board.

**4.9. Projects**

It is understood that projects carried out by the ~~organisation~~~~Trust will~~~~organisation will~~ be managed in accordance with standard protocols and a risk assessment will have been carried out and recorded as part of the project. It is not necessary for these to be recorded on the risk management system, unless the project has been delivered and a threat remains to one or more of ~~our~~~~the~~ ~~Trusts~~ strategic objectives.

**4.10. Risk Communication**

All risks should be communicated locally with staff so that they can act accordingly in ensuring that all controls are carried out and any gaps in control are reported. Some risks will be reported on through the ~~Trust's~~ communications team ~~so as~~ to keep all staff informed.

**4.11. Monitoring of the Risk Register on Datix**

The risk register is monitored by the Risk Officer who in turn produces reports for the Risk Group, Audit Committee and Board of Directors.

The risk management system allows for risks to be updated and the current risk levels adjusted to show an up to date record of all risks and their associated action plans/points. Details on how to use the system are on the [ICON Risk Management](#) pages and in the Risk Management SOP and show how risks are to be reviewed, along with how reports can be generated from the system. [\(Template located on ICON\)](#)

Field Code Changed

Field Code Changed

**4.12. Risk Reporting Structure**

It is important that, depending on the level of risk, it is reported to the correct level within the organisation in a timely manner. The risk management accountability is laid out in Appendix 2.

**5. Training**

Risk management system training and guidance is available for all Risk Owners and Risk Handlers, this is available on the HIVE learning platform and must be completed before a login is provided.

**6. Monitoring, Auditing, Reviewing & Evaluation**

- 6.1 This policy and associated Risk Management Strategy and Risk Management SOP will be reviewed every 3 years (or sooner in the event of a major organisational or policy change) by the Director of Corporate Governance to ensure that it is relevant and effective.
- 6.2 Feedback from all staff regarding this policy is encouraged and should be sent to the Risk Officer.
- 6.3 Regular audits of the risk registers are carried out by the Risk Officer to ensure that each Area, Local Team, Department or ISU or Directorate is adhering to this policy and to identify any gaps, threats and opportunities presented in the current process.

6.4 An audit of risk system management and the BAF will be conducted by Internal Audit on an annual basis.

## 7. References

7.1. The key references for this policy can be found in Appendix 7.

## 8 Equality and Diversity Exceptions

8.1 None identified.

## 9 Distribution

9.1 This Policy is available to all staff and externally on the public website

## 10 Appendices

1. Roles and Responsibilities
2. Risk Management Structure & Accountability
3. Consequence Table
4. Likelihood Table
5. Risk Matrix
6. Summary of Risk Management Process
- 6a Risk Theme Identification Process
7. Key References
8. Risk Assessment Tools
9. Board Assurance Framework (BAF) Process
10. Equality Impact Assessment

**Appendix 1 - Roles & Responsibilities**

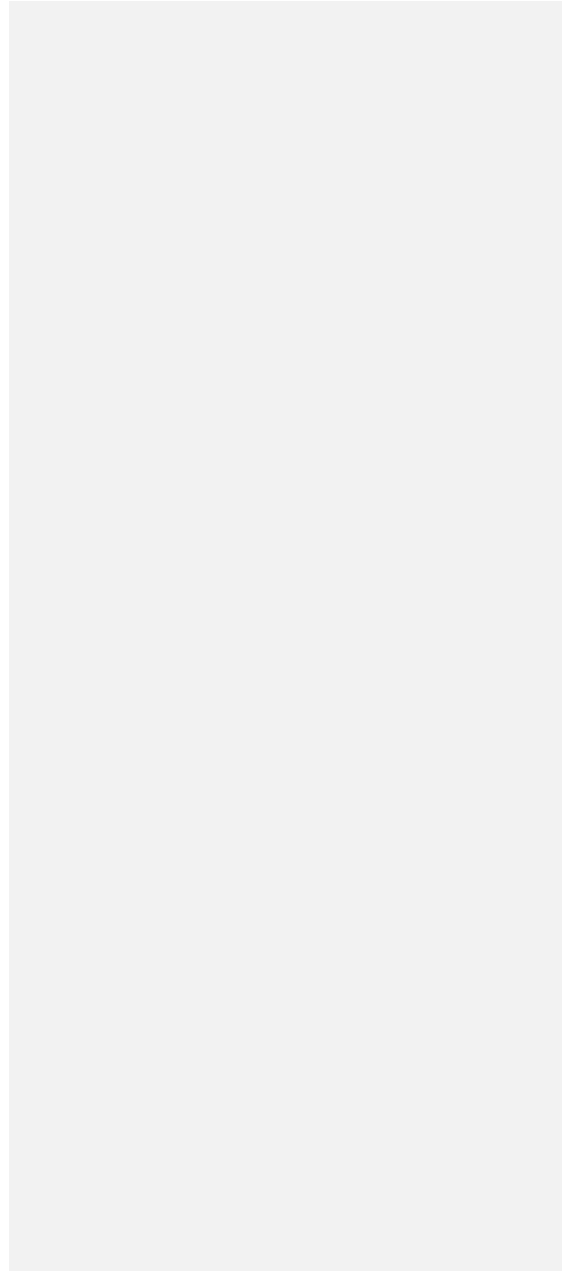
Title	Responsibilities
<p><b>Chief Executive</b></p>	<p>Is ultimately accountable for ensuring that there is a comprehensive risk management system in place and is responsible for:</p> <ul style="list-style-type: none"> <li>• ensuring that management processes fulfil the responsibilities for risk management;</li> <li>• ensuring that full support and commitment is provided and maintained in every activity relating to risk management;</li> <li>• planning for adequate staffing, finances and other resources, to ensure the management of those risks which may have an adverse impact on the staff, finances or stakeholders of the Trust;</li> <li>• ensuring an appropriate corporate level risk register CLR Template is prepared and regularly updated and receives appropriate consideration; and,</li> <li>• ensuring that the governance statement, included in the annual reports and accounts, appropriately reflects the risk management processes in operation across <del>the organisation</del> <b>the organisation</b>. <del>Trust</del>.</li> </ul>
<p><b>Executive Directors</b></p>	<p>Have specific delegated responsibilities in relation to risk management, all directors must ensure that appropriate risk management processes are in place within their area of responsibility, and are responsible for:</p> <ul style="list-style-type: none"> <li>• ensuring the existence of an effective risk management culture is continually promoted;</li> <li>• ensuring that all relevant risks are identified and managed appropriately;</li> <li>• the maintenance of their area risk register, and to ensure that all relevant risks are added to the risk management system;</li> <li>• ensuring that the culture of their area of responsibility is such that staff are encouraged to participate in the risk management processes;</li> <li>• ensuring the performance management of risk management processes within their area of responsibility is linked to the performance and accountability framework for testing and assessing risk management priorities;</li> <li>• identifying relevant staff for risk management training; and</li> <li>• ensuring that they review and update the Board Assurance Framework (BAF) and the controls and assurances in place,</li> </ul>

<b>Systems Directors / Assistant Directors/ Senior Managers/ ISU Leads/ Department Heads/ Managers/ Matrons</b>	<p>Are responsible for the identification, recording, assessing and mitigating of risks within their areas of responsibility</p> <p>They are responsible for:</p> <ul style="list-style-type: none"> <li>ensuring that the culture of their directorate is such that staff are encouraged to participate in the risk management processes;</li> <li>ensuring their General Risk Assessment is reviewed and up to date;</li> <li>escalating risks, onto the risk management system;</li> <li>escalating, where appropriate to the relevant line manager;</li> <li>the maintenance of a directorate risk register, and to ensure that all relevant risks are added to the risk management system;</li> <li>ensuring, as a minimum, that on a quarterly basis the overall risk position for their area is considered. This must include a review of multiple low level risks that could contribute to a bigger issue / risk e.g. failed inspection;</li> <li>monitoring corporate level risks to understand higher level risks with the organisation; and</li> <li>identifying relevant staff for risk management training.</li> </ul>
<b>All Staff</b> (Including Bank and Agency staff)	<p>All staff have a personal responsibility to:</p> <ul style="list-style-type: none"> <li>familiarise themselves with this policy;</li> <li>report all unidentified or potential risks to their line manager/supervisor; and</li> <li>record incidents and near misses on the incident reporting system.</li> </ul>
<b>The Senior Information Risk Owner (SIRO)</b>	<p>The SIRO for the <del>organisation</del><u>Trust</u> and <del>is</del><u>organisation is</u> responsible for:</p> <ul style="list-style-type: none"> <li>ensuring <del>our</del><u>that the Trust's</u> approach to information risk is effective in terms of resource, commitment and execution and that this is communicated to all staff;</li> <li>providing a focal point for the resolution and/or discussion of information risk issues; and</li> <li>ensuring the Board is adequately briefed on information risks.</li> </ul>
<b>Director of Corporate Governance</b>	<p>The Director of Corporate Governance is the lead for corporate governance, risk management and the Board Assurance Framework (BAF) and is responsible for:</p> <ul style="list-style-type: none"> <li>ensuring that an effective risk management system is in place within the organisation which meets all statutory requirements and best practice guidance issued by the Department of Health and Social Care, as delegated by the Chief Executive; and</li> <li>managing the strategic development and implementation of organisational risk management.</li> </ul>

<b>Risk Officer</b>	<p>The Risk Officer reports directly to the Corporate Governance Manager and in turn the Director of Corporate Governance. The Risk Officer will offer assistance, training and support to all involved in risk management and ensure the risk management system is kept up to date and is used in accordance with this policy and procedures across the organisation. The Risk Officer is responsible for:</p> <ul style="list-style-type: none"> <li>• the maintenance of a fully effective risk management system which supports the strategic direction of the Trust;</li> <li>• the day to day administration of the risk management system;</li> <li>• producing reports documenting progress of risks under various remits;</li> <li>• keeping an overview of all risks being entered on the system so as to report on any trends forming within the management of reported risks (Appendix 6A);</li> <li>• providing training and support to the Risk Handlers e.g. online training, drop in sessions and workshops on risk management and the risk management system;</li> <li>• providing training and support to all responsible for inputting on the risk management system;</li> <li>• attending key meetings to ensure the recording and actioning of risks discussed and reporting on these to the Risk Group;</li> <li>• ensuring maintenance and development of the Corporate/High Level Risk Register and the BAF;</li> <li>• providing input to the creation of and review of risk related documents <del>for the Trust;</del></li> <li>• receiving and collating information on risks within <del>the organisation</del> <del>the organisation</del> <del>Trust</del>, monitoring new developments in risk management, developing knowledge and expertise and acting as a liaison point for risk management issues, both within the <del>organisation</del> <del>Trust and</del> <del>organisation and</del> with external bodies; and</li> <li>• monitoring proposed developments and initiatives and checking they are compliant within good risk management practice.</li> </ul>
<b>Risk Handler</b>	<p>The Risk Handler will enter risks onto the risk management system and ensure these risks and their associated actions are reviewed by the Risk and Action Owners ensuring they remain current and up to date and is responsible for:</p> <ul style="list-style-type: none"> <li>• co-ordination and maintenance of their areas risk register entries, using the risk management system.</li> <li>• being the central contact point for the collation and escalation of key risks within their area;</li> <li>• being the distribution point within their area for the cascade of any information about risk management;</li> <li>• liaising throughout, and to lead within, their area on all aspects of risk management; and</li> <li>• receiving additional appropriate training on risk management and the risk management system via drop in sessions and workshops.</li> </ul>
<b>Chairs of meetings</b>	<p>Chairs of meetings should ensure that records of meetings are completed to include explicit identifiable detail of the risks discussed (Datix ID No.) and of the actions agreed to be taken. Chairs should regularly seek assurance that the corresponding entries on Datix are updated to reflect the discussion of individual risks at their meetings.</p>

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## Appendix 2 - Risk Management Structure & Accountability

Title	Responsibilities
<b>Trust Board of Directors</b>	Responsible for: <ul style="list-style-type: none"> <li>articulating the key risk management priorities <del>for the organisation</del> <del>for the Trust</del>;</li> <li>protecting the reputation of <del>the organisation</del> <del>the organisation</del> <del>Trust</del>;</li> <li>providing leadership in risk management;</li> <li>determining <del>our</del> <del>the</del> risk appetite <del>for the Trust</del>;</li> <li>ensuring <del>our</del> <del>the</del> approach to risk management is consistently applied;</li> <li>ensuring that assurances demonstrate that risk has been identified, assessed and all reasonable steps taken to manage it effectively and appropriately; and</li> <li>endorsing risk related disclosure documents.</li> </ul>
<b>Audit Committee</b>	On behalf of the Board, responsible for: <ul style="list-style-type: none"> <li>providing oversight of the establishment and maintenance of an effective system of assurance on risk management and internal control, across the whole of the <del>organisation's Trust's</del> activities that supports the achievement of <del>our</del> <del>the Trust's objectives</del> <del>our objectives</del>;</li> <li>ensuring the Board Assurance Framework (BAF) is received at each quarterly meeting, and appropriate consideration is taken during its review,</li> <li>utilisation of Internal Audit, External Audit and other assurance functions as appropriate.</li> </ul>
<b>Quality Assurance Committee</b>	Responsible for: <ul style="list-style-type: none"> <li>reviewing the establishment and maintenance of effective systems in relation to clinical and social care services to ensure the delivery of high quality, person-centred care against the Trust's quality strategy, local account of adult social care, carer's strategy and annual quality account;</li> <li>receiving annual assurance reports in relation to clinical and social care services including infection control and safeguarding;</li> <li>receiving and reviewing key person-centred submissions to national bodies and to make recommendations for sign-off by the <del>Trusts</del> <del>Board</del> <del>of Directors</del>;</li> <li>receiving the annual clinical audit programme and assurance of the effectiveness of the <del>organisation's Trust's</del> clinical and social care audit function;</li> <li>reviewing the quality related risks on the BAF and CRR.</li> </ul>
<b>Finance, Performance and Digital Committee</b>	Responsible for: <ul style="list-style-type: none"> <li>scrutinising the development of <del>our</del> <del>the Trust's</del> annual financial plan and long-term financial strategy and plan (both revenue and capital plans), including the underlying assumptions and methodology used, ahead of review and approval by the Board <del>of Directors</del>;</li> </ul>

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	<ul style="list-style-type: none"> <li>• reviewing <del>our</del> <del>the Trust's</del> monthly financial performance and identifying the key issues and risks requiring discussion or decision by the Board, recognising that the primary ownership and accountability for <del>our</del> <del>the Trust's</del> financial performance rests with the Board <del>of Directors</del>;</li> <li>• conducting an annual review of service line reporting and discuss the implications for potential investment or disinvestment in services;</li> <li>• approving and keeping under review, on behalf of the Board <del>of Directors</del>, <del>our</del> <del>the Trust's</del> investment and borrowing strategy and policies;</li> <li>• evaluating, scrutinising and approving the financial validity of individual investment decisions, including through the review of outline and final business cases;</li> <li>• reviewing post-implementation investment audits undertaken by or on behalf of <del>the organisation</del> <del>the organisation</del> <del>Trust</del>. These should be carried out 12 months after business case approval;</li> <li>• receiving and reviewing <del>our</del> <del>the Trust's</del> Financial, Performance and Digital risks scoring 15 and above; and</li> <li>• reviewing the financial, performance and digital related risks on the BAF.</li> </ul>
<b>People Committee</b>	<p>Responsible for:</p> <ul style="list-style-type: none"> <li>• reviewing national workforce guidance and strategies, for example the NHS People Plan, and their applicability to <del>us</del> <del>the Trust</del>.</li> <li>• considering and recommending to the Board <del>of Directors</del>, <del>our</del> <del>the Trust's</del> overarching People Plan and associated activity/implementation plan(s) to support <del>our</del> <del>Trust forward</del> <del>our forward</del> strategy.</li> <li>• obtaining assurance and monitoring delivery of the People Plan through the associated activity/implementation plan.</li> <li>• considering and recommending to the Board <del>of Directors</del> the key people and workforce performance metrics and targets <del>for the Trust</del>.</li> <li>• receiving regular reports to gain assurance that these targets are being achieved and to request and receive exception reports where this is not the case.</li> <li>• reviewing and providing assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee, seeking where necessary further action/assurance.</li> <li>• reviewing workforce related risks identified on the Corporate Risk Register and seeking assurance in relation to risk mitigation and future activity/plans.</li> <li>• reviewing workforce related elements of the Integrated Performance Report and seek assurance on the adequacy of <del>our</del> <del>the Trust's performance</del> <del>our performance</del> against operational workforce metrics.</li> <li>• conducting reviews and analysis of strategic people and workforce issues at national and local level and, if required, agree <del>our</del> <del>the Trust's</del> response.</li> <li>• reviewing workforce performance and metrics at intervals to be decided by the Committee.</li> </ul>

	<ul style="list-style-type: none"> <li>• providing assurance to the Audit Committee that that arrangements are in place to allow staff to raise in confidence concerns about possible improprieties in financial, clinical or safety matters, and that those processes allow any such concerns to be investigated proportionately and independently.</li> <li>• seeking assurance on the adequacy and effectiveness of staff communication and levels of staff engagement</li> </ul>
<p><b>Building a Brighter Future Committee</b></p>	<p>Responsible for:</p> <ul style="list-style-type: none"> <li>• establishing a Programme of independent assurance to ensure the BBF Programme plan and its projects are managed and delivered in a controlled way.</li> <li>• receiving reports from the BBF Programme Group that address delivery progress, including, costs; key risks; outcome of assurance activities; and, actions to address recommendations including key decisions with reference to the capital development forward plan.</li> <li>• ensuring that prior to formal approval, confirmation of appropriate processes have been implemented and assurance activities completed on key BBF Programme documents, to include:             <ul style="list-style-type: none"> <li>○ Programme and project delivery plans</li> <li>○ Strategic Outline Case ('SOC')</li> <li>○ Outline Business Case ('OBC')</li> <li>○ Full Business Case ('FBC')</li> <li>○ Contract and procurement strategies</li> <li>○ Contract and works procurement documentation</li> </ul> </li> <li>• ensuring that appropriate internal and external due diligence has been completed prior to appointment of any preferred bidders/contractors in connection with any contract.</li> <li>• ensuring that robust and effective governance arrangements are implemented to oversee the delivery of the BBF Programme and approved projects.</li> <li>• providing advice and support to the identification and effective control of the BBF Programme and any key project risks.</li> <li>• reviewing identified inter-dependencies across the Programme and its approved projects (and external to the BBF Programme) and ensure that controls are established to manage these effectively.</li> <li>• ensuring that effective control and risk management arrangements are implemented to manage the delivery of the BBF Programme and the approved projects within its control.</li> <li>• reviewing and providing assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee, seeking where necessary further action/assurance.</li> <li>• reviewing BBF Programme related risks identified on the Corporate Risk Register and seek assurance in relation to risk mitigation and future activity/plans.</li> <li>• reviewing and advising the Board on the risks associated with any material issues as required from time to time. In preparing such advice, the Committee shall satisfy itself that a due diligence</li> </ul>

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	<p>appraisal of the proposition is undertaken and is within the risk appetite and tolerance of <del>the organisation</del> <del>the organisation</del> <del>Trust</del>, drawing on independent external advice where appropriate and available, before the Board <del>of Directors</del> takes a decision whether to proceed.</p> <ul style="list-style-type: none"> <li>considering within its agenda, material issues communicated to it by the Audit Committee, arising from the work of Internal Audit function relating to matters which fall within the scope of the Committee. The Committee shall provide feedback as to any shortcomings perceived in the scope or adequacy of the BBF Programme and shall respond to any other matters of an internal audit nature that are referred to it by the Audit Committee.</li> </ul>
<b>Executive Team</b>	<p>Responsible for:</p> <ul style="list-style-type: none"> <li>collectively reviewing the BAF and updating so that it can be escalated through the Risk Group to the Audit Committee and on to <del>the Board</del> <del>of Directors</del>;</li> <li>ensuring that strategic and operational risks are actively monitored and managed within their areas of the business;</li> <li>being owner and action owner of individual Board level risks on the BAF (including those delegated by the CEO), and</li> <li>devising short, medium and long-term strategies to tackle identified risk, including the production of any mitigating action plans.</li> </ul>
<b>Risk Group</b>	<p>Responsible for:</p> <ul style="list-style-type: none"> <li>reviewing and approving validated potential Corporate/High Level Risks for addition to the Corporate Risk Register</li> <li>reviewing and approving Corporate Level Risks that no longer meet the scoring requirements to remain at that status with the view to down grading them to Non-Corporate Level Risk status</li> <li>reviewing the Corporate Level Risk Register and Board Assurance Framework (BAF);</li> <li>creating a new theme or overarching risk identified through the 'risk theme identification process';</li> <li>ensuring the co-ordination of <del>our</del> <del>the Trust's</del> BAF and supporting risks, acting as a forum for examining and rating Potential Corporate/High Level Risks <del>identified within the Trust</del> and executing those recommendations;</li> <li>implementing the Risk Management Strategy and providing an <del>organisation</del> <del>Trust</del>-wide focus on the identification, control and management of risk in the development and delivery of the strategy in line with the International Standards Organisation (ISO) 31000 risk management standard;</li> <li>ensuring that internal standards and procedures regarding strategic objectives / risks are developed, implemented and regularly reviewed by the relevant groups or managers;</li> </ul>

	<ul style="list-style-type: none"> <li>ensuring the development and implementation of adequate, relevant and effective reporting, communication and information dissemination systems with managers and staff to comply with the ISO 31000 Risk Management Standard;</li> <li>ensuring at each meeting that emerging risks are discussed;</li> <li>ensuring any actions and/or action plans are being linked to risks and ensuring risks are being updated accordingly;</li> <li>providing regular progress reports to the Audit Committee; and</li> <li>responding to the recommendations of the Audit Committee, ensuring that, where appropriate they are acted upon.</li> </ul>
<b>Integrated Service Units (ISU)</b>	<p>Responsible for:</p> <ul style="list-style-type: none"> <li>ensuring that strategic and operational risks are actively managed at the right level within their areas of the business;</li> <li>ensuring risks and their associated actions within the ISU are reviewed in a timely manner, escalating any potential Corporate/High Level Risks to the Risk Group;</li> <li>ensuring actions plans/points are in place, leads are identified and timescales for delivery are recorded and then monitored to completion; and</li> <li>ensuring risks are discussed at ISU meetings and recorded within the minutes using the relevant risk number.</li> </ul>
<b>Executive Assurance Level Groups/Committees</b>	<p>Responsible for:</p> <ul style="list-style-type: none"> <li>ensuring that strategic and operational risks are actively managed at the right level within their areas of the business;</li> <li>ensuring risks and their associated actions within the Group/Committee are reviewed in a timely manner, escalating any potential Corporate/High Level Risks to the Risk Group</li> <li>ensuring actions plans/points are in place, leads are identified and timescales for delivery are recorded and then monitored to completion; and</li> <li>ensuring risks are discussed at meetings and recorded within the minutes using the relevant risk number.</li> </ul>

**Appendix 3- Potential Consequences**

Choose the Risk Type from the rows below, then select the Consequence from the column.

**Consequence (Impact) Score and Examples of Descriptor**

Score >	1	2	3	4	5
Risk Type	Minimal	Minor	Moderate	Major	Catastrophic
<b>Clinical Safety Risk</b> (Physical/ Psychological)	No physical harm or Injury.  Adverse event requiring no/minimal intervention or treatment Impact prevented.  Any adverse event that had the potential to cause harm but was prevented, resulting in no harm.  Impact not prevented – any adverse event that ran to completion but no harm occurred.	Minor cuts or bruising, resulting in:  - Any safety incident that required extra observation or minor treatment and caused minimal harm to one or more persons.  Affects 1-2 people.	Moderate injury resulting in:  - Professional intervention.  - Increase in length of hospital stay by 4-15 days.  - An event which impacts on a small number of patients.  - A referral to A&E.  Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm to one or more persons.  Moderate injury or illness requiring professional intervention.  Affects 3-15 people.	Major injury resulting in:  - Life changing injury/s.  - Major injury/long term incapacity / disability (e.g. loss of limb).  - Any incident /accident that could result in a RIDDOR reportable incident.  Major untoward clinical / non-clinical issue leading to significant harm / death which requires investigation with executive director involvement.  Increase in length of hospital stay by 15 days plus.  Mismanagement of patient care with long-term effect.  Affects 16 – 50 people.	Catastrophic injuries resulting in:  - Multiple permanent injuries or irreversible health effects.  - Any patient safety incident that directly resulted in the death of one or more persons.  - Multiple Deaths / Fatalities.  Major untoward clinical issue either in a single specialty which requires executive or an independent review.  Or a single clinician referred to the GMC due to clinical management.  An event effecting 50 people plus.
<b>Performance Risk</b>	Failure to meet departmental standards or KPIs.	Failure to meet Trust / local standards or KPIs.	Failure to meet National standards or KPIs.	Failure to meet professional standards or statutory requirements.	Sustained failure to meet professional standards or statutory requirements.

<b>Consequence (Impact) Score and Examples of Descriptor (continued)</b>					
<b>Score &gt;</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Risk Type</b>	<b>Minimal</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>
<b>Environmental Impact Risk</b>	Minimal or no impact on the environment.  Minor onsite release of substance.  Not directly coming into contact with patients, staff or members of the public.	Minor impact on environment.  Onsite release of substance contained with potential contact with patients, staff or members of the public.	Moderate impact on environment.  Onsite release of substance contained with potential contact with patients, staff or members of the public.	Major impact on environment.  On-site release with potential for detrimental effect leading to off-site release with potential for detrimental effect.  Involvement by the Environmental Agency	Catastrophic impact on environment.  Onsite/Offsite release with realised detrimental/ catastrophic effects.  Suspension of Activity by Environmental Agency.
<b>Financial Risk</b>	Small loss £0 – 49k	£50k – £99k	£100k – £249k	£250k – £499k	£500k +
<b>Health &amp; Safety Risk</b>	No physical harm or Injury.  Adverse event requiring no/minimal intervention or treatment Impact prevented.  Any adverse event that had the potential to cause harm but was prevented, resulting in no harm.  Impact not prevented – any adverse event that ran to completion but no harm occurred.	Minor cuts or bruising, resulting in:  - No lost time or time off work.  Affects 1-2 people.	Moderate injury resulting in:  - Time off work for up to 7 days.  - A referral to A&E.  - Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm to one or more persons.  Affects 3-15 people.	Major injury resulting in:  - Life changing injury/s.  - Major injury/long term incapacity / disability (e.g. loss of limb).  - More than 14 days off work.  - Any incident /accident that could result in a RIDDOR reportable incident.  Affects 16 – 50 people.	Catastrophic injuries resulting in:  - Multiple permanent injuries or irreversible health effects.  - Any patient safety incident that directly resulted in the death of one or more persons.  - Multiple Deaths / Fatalities.  - Major untoward non-clinical issue either in a single specialty which requires executive or an independent review.  An event effecting 50 people plus.



<b>Consequence (Impact) Score and Examples of Descriptor (continued)</b>					
<b>Score &gt;</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Risk Type</b>	<b>Minimal</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>
<b>Infection Control &amp; Prevention Risk</b>	Business as usual	<ul style="list-style-type: none"> <li>- Any Incident recorded for poor Infection control practices i.e cleanliness, hand hygiene practices, failure to perform HPV when requested by IP&amp;C.</li> <li>- Failure to isolate a patient with an Alert organism (IP&amp;CT will advise on level of risk) in a Moderate Risk area.</li> <li>- Sewage leaks.</li> <li>- Failure of Water supply.</li> <li>- Failure of Critical ventilation.</li> <li>- Failure of Decontamination.</li> <li>- Estates failure leading to closure of clinical areas.</li> <li>- HCAI e.g. Surgical Site Infections, CVC infections, Hospital acquired pneumonia, etc.</li> </ul>	<ul style="list-style-type: none"> <li>- Continued lack of compliance with infection control practices.</li> <li>- CDT infection TSDFT Hospital onset Healthcare associated.</li> <li>- MRSA infection (not colonisation) TSDFT Hospital onset Healthcare associated.</li> <li>- Failure to isolate a patient with an Alert organism in a High-Risk area.</li> </ul>	<ul style="list-style-type: none"> <li>- CDT infection &gt;2 TSDFT Hospital onset Healthcare associated in 28 days in single clinical area.</li> <li>- MRSA infection (not colonisation) &gt;2 TSDFT Hospital onset Healthcare associated in 28 days in single clinical area.</li> <li>- Seasonal flu cases leading to 2 ward closures in TSDFT. 4 or more cases of seasonal flu on ITU leading to cancellation of surgery and transfers out.</li> <li>- Norovirus cases leading to 2 ward closures in TSDFT. 4 or more cases of Norovirus on ITU leading to cancellation of surgery and transfers out.</li> <li>- Failure to isolate a patient with an Alert organism in a Very High Risk area.</li> </ul>	<ul style="list-style-type: none"> <li>- Pandemic, Swine Flu, Etc. CDT infection leading to death &gt;2 TSDFT Hospital onset Healthcare associated in 28 days in single clinical area.</li> <li>- MRSA infection (not colonisation) leading to death &gt;2 TSDFT Hospital onset Healthcare associated in 28 days in single clinical area.</li> <li>- Pandemic /seasonal Flu cases in hospital leading to cross infection and &gt;2ward closure/and increased deaths. Staff sickness from pandemic/seasonal flu leading to low staffing levels.</li> <li>- Norovirus cases in hospital leading to cross infection and &gt;2 ward closure/and increased deaths. Staff sickness from Norovirus leading to low staffing levels.</li> <li>- Failure to isolate &gt;2 patient with an Alert organism in a Very High Risk area.</li> </ul>

<b>Consequence (Impact) Score and Examples of Descriptor (continued)</b>					
<b>Score &gt;</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Risk Type</b>	<b>Minimal</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>
<b>Information &amp; Communications Technology Risk</b>	<p>Unplanned loss/interruption of service for up to 1 hour affecting one business critical system.</p> <p>Loss of data from a single business critical system that takes up to 1 hour to recover.</p> <p>Exposure of non-personal or confidential information to those not covered by a data sharing agreement or otherwise unintended.</p>	<p>Unplanned loss/interruption of service for up to 4 hours affecting one business critical system.</p> <p>Loss of data from a single business critical system that takes up to 8 hours to recover.</p> <p>Exposure of embarrassing information to unintended recipients.</p>	<p>Unplanned loss/interruption of service for up to 8 hours affecting one business critical system.</p> <p>Loss of data from a single business critical system that takes up to 24 hours to recover.</p> <p>Exposure of commercially confidential information to unintended recipients.</p>	<p>Unplanned loss/interruption affecting service of one business critical IT systems for up to 24 hours.</p> <p>Temporary loss of data from multiple business critical systems.</p> <p>Exposure of a single individuals' personal information to those not covered by a data sharing agreement or otherwise unintended.</p>	<p>Unplanned loss/interruption affecting service of many business critical IT systems for up to 1 hour.</p> <p>Permanent loss of data from a single business critical system.</p> <p>Exposure of multiple individuals' personal information to those not covered by a data sharing agreement or otherwise unintended.</p>
<b>Information Governance Risk</b>	Failure to meet departmental standard.	Failure to meet Trust / local standard.  - GDPR Incident raised on Datix.	Failure to meet national standards or KPI.	Failure to meet professional standards or statutory requirements.	Sustained failure to meet professional standards or statutory requirements.
<b>Operational Risks</b>	Loss/interruption of up to 1 hour.	Loss/interruption of up to 8 hours.	Loss/interruption of up to 1 day.	Loss/interruption of up to 1 week.	Permanent loss of service or facility.
<b>Patient Experience Risk</b>	Reduced level of patient experience not directly related to delivery of care.	Unsatisfactory patient experience, readily resolvable.	Mismanagement of patient care.  Unsatisfactory management of patient care – local resolution (with potential to go to independent review).	Serious concerns re patient experience for a particular patient or about a particular clinical service / clinician which required executive director involvement in investigation and onward action.  Unsatisfactory management of patient care with long term effects.  Significant result of misdiagnosis.	Totally unacceptable patient experience that would lead to an investigation by the CQC e.g. Mid Staffordshire.  Totally unsatisfactory patient outcome or experience.  Incident leading to death.

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<b>Consequence (Impact) Score and Examples of Descriptor(continued)</b>					
<b>Score &gt;</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Risk Type</b>	<b>Minimal</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>
<b>Reputation /Risk</b>	<p>Complaint / Rumours.</p> <p>Derogative posts on Social Media, (Facebook/Twitter/Instagram).</p> <p>Potential for public concern.</p> <p>Informal/locally resolved complaint.</p> <p>Potential for settlement/litigation up to £5K.</p>	<p>Local media coverage, short-term reduction in public confidence.</p> <p>Shared derogative posts on Social Media, (Facebook/Twitter/Instagram).</p> <p>Elements of public expectation not being met.</p> <p>Overall treatment/service substandard.</p> <p>Formal justified complaint Minor implication for patient safety if unresolved.</p> <p>Claim up to £10K.</p>	<p>Local media coverage.</p> <p>Long-term reduction in public confidence.</p> <p>Sustained postings of derogative posts on Social Media, (Facebook/Twitter/Instagram).</p> <p>Justified complaint involving lack of appropriate care.</p> <p>Major implications for patient safety if unresolved.</p> <p>Claim(s) between £10K-£100K.</p>	<p>National media coverage with &lt;3 days service well below reasonable public expectation.</p> <p>Petition raised on Change.org or other social media platform.</p> <p>Multiple justified complaints leading to Independent review.</p> <p>Noncompliance with National standards with significant risk to patients if unresolved.</p> <p>Claim(s) between £100K-£1M.</p>	<p>National media coverage with &gt;3 days service well below reasonable public expectation. MP concerned (questions in the House.)</p> <p>Total loss of public confidence.</p> <p>Multiple justified complaints - Single major claim - Inquest/ ombudsman inquiry -Claim &gt;£1M</p>

**Appendix 4 - Assessment of Likelihood of a Risk****Qualitative and Quantitative Measures of Likelihood:**

What is the likelihood of the consequence described in the Consequence Table, actually happening?

A frequency based score will be appropriate in most circumstances, except in the case of time-limited projects or objectives, where the probability or chance of reoccurrence based score could be used.

<b>Level / Score</b>	<b>Matrix Description</b>	<b>Detailed Description</b>	<b>Frequency</b>	<b>Odds / Probability</b>	<b>% Chance of Occurrence / Reoccurrence</b>
<b>1</b>	<b>Rare</b>	Highly unlikely, but it may occur in exceptional circumstance. It could happen but probably never will.	Not expected to occur for years	May occur = 1 in 1000 chance	1 - 5 %
<b>2</b>	<b>Unlikely</b>	Not expected but there is a slight possibility it may occur at some time.	Expected to occur at least annually	Could occur at some time = 1 in 100 to 1 in 1000	6 – 25%
<b>3</b>	<b>Possible</b>	The event might occur at some time if other factors precipitate or as there is a history of casual occurrence.	Expected to occur at least monthly	Might occur at some time = 1 in 10 to 1 in 100	26 – 50%
<b>4</b>	<b>Likely</b>	If the activity continues without controls in place, there is a strong possibility the event will occur as there is a history of frequent occurrences.	Expected to occur at least weekly	Will probably occur in most circumstances = 1 in 10 to evens odds	51 – 75%
<b>5</b>	<b>Almost Certain</b>	Very likely, The event is expected to occur in most circumstances if the activity continues without controls in place. Or may already be happening.	Expected to occur at least daily	Is expected to occur in most circumstances = evens to certain odds	76 – 100%

**Appendix 5 – Risk Scoring Matrix**

Consequence \ Likelihood	1 - Minimal / Insignificant	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
5 - Almost Certain	5	10	15	20	25
4 - Likely	4	8	12	16	20
3 - Possible	3	6	9	12	15
2 - Unlikely	2	4	6	8	10
1 - Rare	1	2	3	4	5

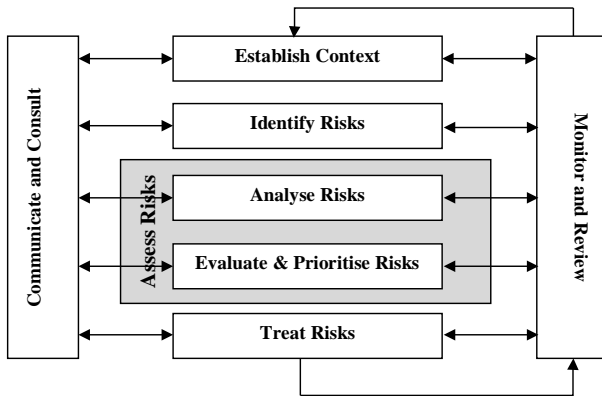
Risk scoring = consequence x likelihood (C x L)

**KEY:**

RAG Rating	Expected Level of Management
<b>RED</b>	Executive Team / Board
<b>AMBER</b>	Directorate / ISU
<b>GREEN</b>	General Manager

### Appendix 6 - Summary of Risk Management Process

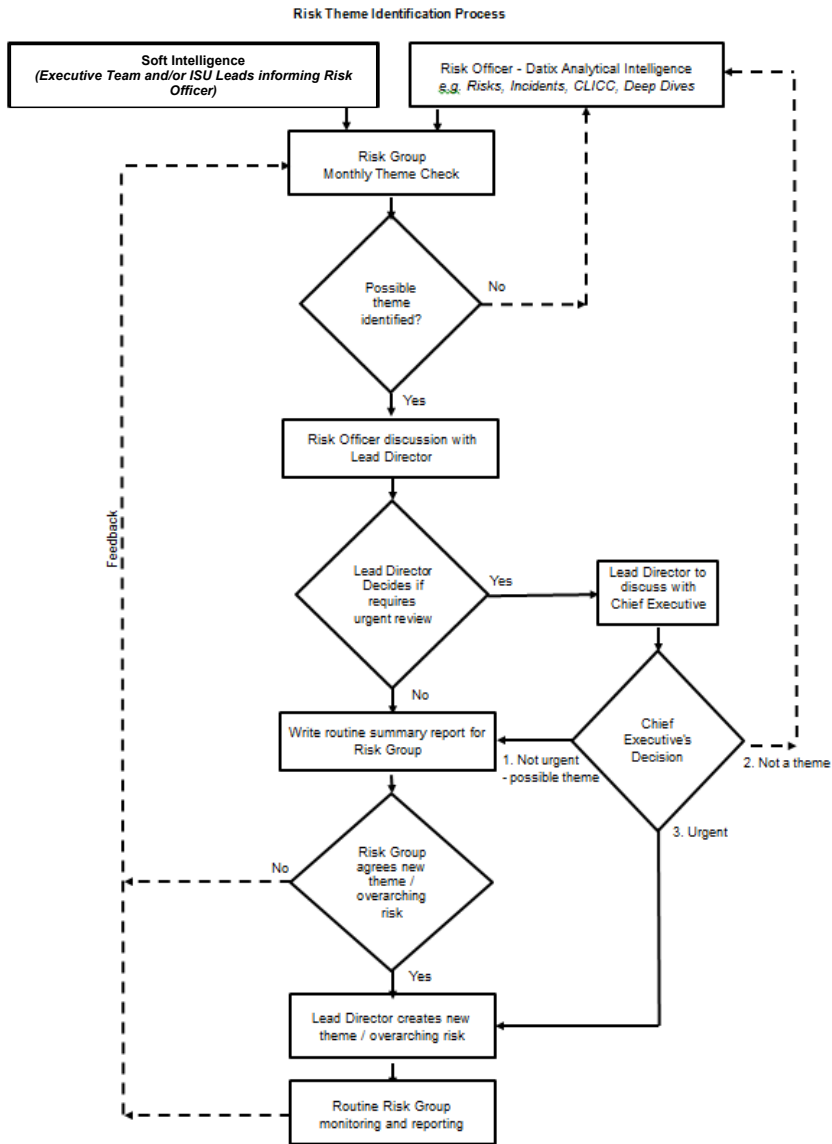
(Adapted from ISO 31000 Risk Management – Principles and Guidelines)



A risk can be any event that **might** occur or is occurring which **could or is** affecting the ability of the Trust/ISU to achieve its **objectives** – it is what could happen, how it could happen and who could be affected by it.



**Appendix 6a - Risk Theme Identification Process**



### Appendix 7 - Key References

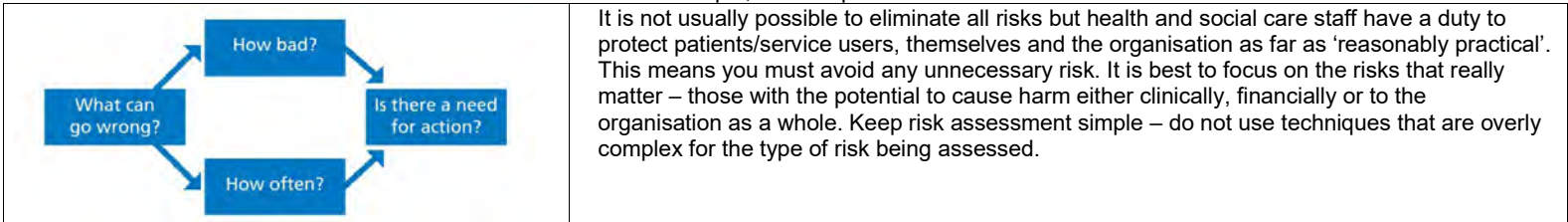
<ul style="list-style-type: none"><li>• <a href="#">NHS Providers Foundations of Good Governance</a></li></ul>	
<ul style="list-style-type: none"><li>• <a href="#">Health &amp; Safety at Work Act 1974</a></li></ul>	<ul style="list-style-type: none"><li>• <a href="#">DH: Information Security NHS Code of Practice (2007)</a></li></ul>
<ul style="list-style-type: none"><li>• <a href="#">Management of Health &amp; Safety at Work Regulations, (2006 Amendment &amp; 1999)</a></li></ul>	<ul style="list-style-type: none"><li>• <a href="#">HFMAhfma: Audit Publications</a></li></ul>
<ul style="list-style-type: none"><li>• <a href="#">Internal audit standards for the NHS</a></li></ul>	

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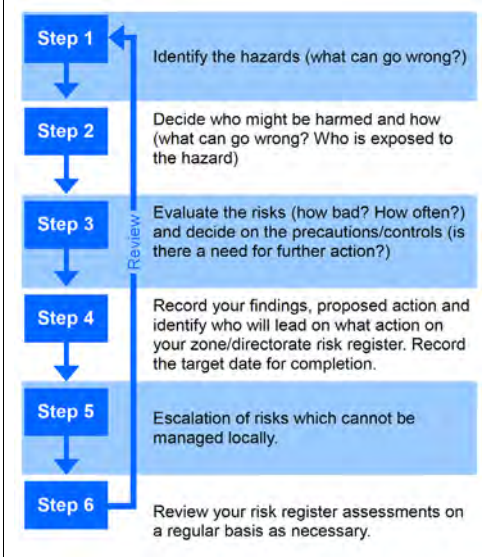


**Appendix 8 - Risk Assessment Tools**

What is risk assessment? A risk assessment seeks to answer four simple, related questions:



It is not usually possible to eliminate all risks but health and social care staff have a duty to protect patients/service users, themselves and the organisation as far as 'reasonably practical'. This means you must avoid any unnecessary risk. It is best to focus on the risks that really matter – those with the potential to cause harm either clinically, financially or to the organisation as a whole. Keep risk assessment simple – do not use techniques that are overly complex for the type of risk being assessed.



**In a risk assessment we need to look at:**

- Hazards** – A hazard is something with the potential to cause harm. The harm could be injury or illness, damage to equipment or premises or some other loss.
- Risks** – A risk is the likelihood that a hazard will cause actual harm, or effect the successful operation of the organisation, department or project. (i.e. the consequence)  
For each hazard identified it is important to decide whether it is significant and whether appropriate and sufficient controls or contingencies are in place to ensure that the risk is properly controlled.
- Controls** – Controls are the arrangements made, or the precautions taken, to a reduce risk. (It is what is in place now)
- Risk Score/Rating** – A risk score or rating is the calculation of hazard consequence x likelihood, taking into account current controls.
- Risk Register** – The Risk Register is where risks, once identified, are managed on a day to day basis.

## Appendix 8 - Risk Assessment Tools *Continued*

### Understanding the difference between a hazard and a risk – examples

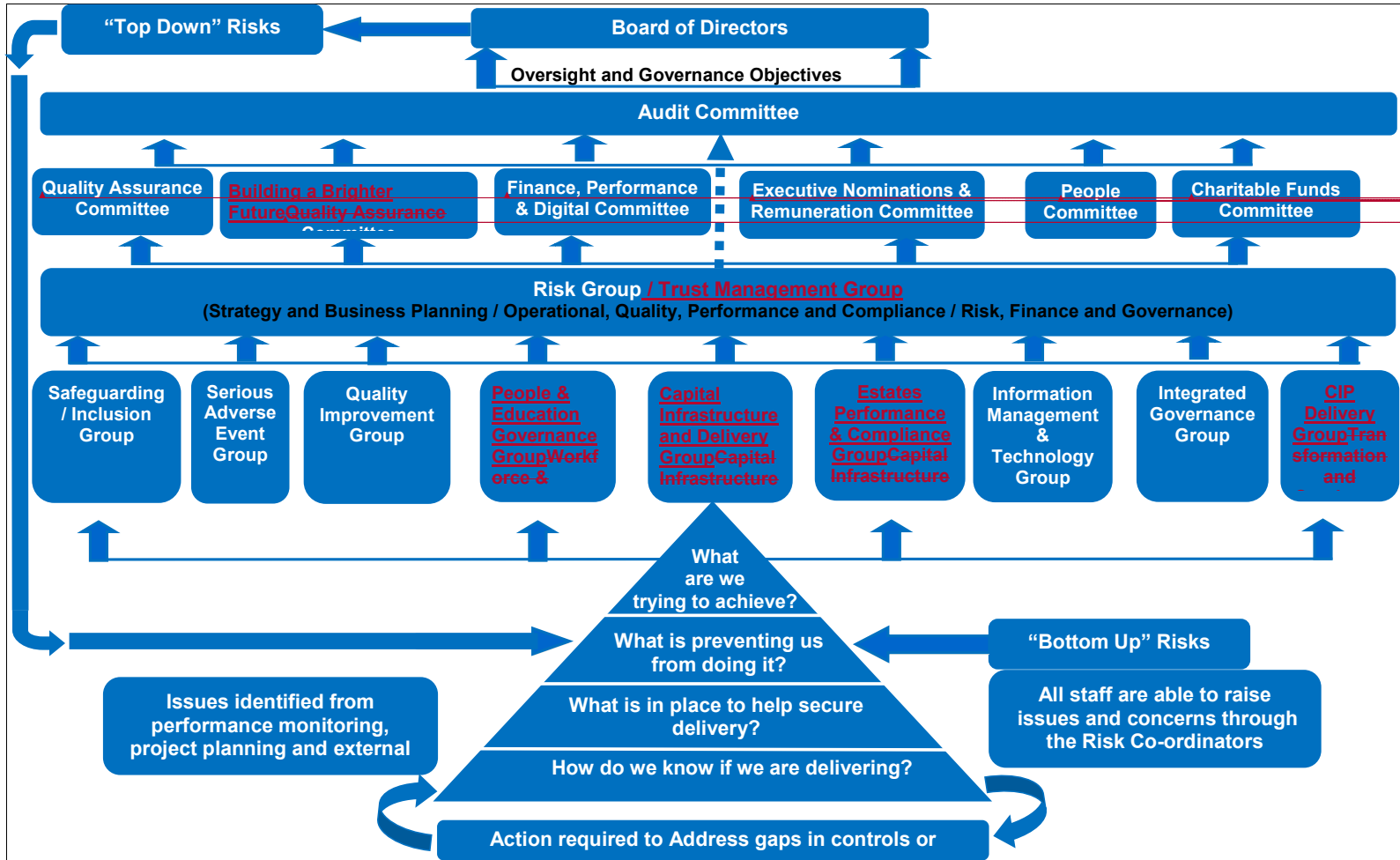
A trailing PC cable lying across the floor is a **hazard**.

The **risk** is that someone trips over it.

If the cable is noticed and cleared by a member of staff, it was a **near miss**

If someone trips up and injures themselves before it is cleared away, this is an **incident**

Appendix 9 - Board Assurance Framework (BAF) Process



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**(E)quality Impact Assessment (EqIA)** (for use when writing policies)

<b>Policy Title (and number)</b>		Risk Management Policy	<b>Version and Date</b>	V5.04.2 September <del>June</del> 2022	
<b>Policy Author</b>		Risk Officer			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
<b>Who may be affected by this document?</b>					
<b>Patients/ Service Users</b>	Staff <input checked="" type="checkbox"/>	Other, please state... <input type="checkbox"/>			
<input type="checkbox"/>					
<b>Could the policy treat people from protected groups less favorably than the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
<b>Age</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Gender Reassignment</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Sexual Orientation</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Race</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Disability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Religion/Belief (non)</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Gender</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Pregnancy/Maternity</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Marriage/ Civil Partnership</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers<sup>1</sup>; travellers<sup>2</sup>; homeless<sup>3</sup>; convictions; social isolation<sup>4</sup>; refugees)</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Please provide details for each protected group where you have indicated 'Yes'.					
<b>VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion</b>					
<b>Is inclusive language<sup>5</sup> used throughout?</b>				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
<b>Are the services outlined in the policy fully accessible<sup>6</sup>?</b>				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
<b>Does the policy encourage individualised and person-centered care?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
<b>Could there be an adverse impact on an individual's independence or autonomy<sup>7</sup>?</b>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>	
<b>EXTERNAL FACTORS</b>					
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)</b>					
To set out Torbay and South Devon NHS Foundation Trust's expectations and procedures on Risk Management.					
<b>Who was consulted when drafting this policy?</b>					
Members of Risk Group and Audit Committee					
<b>Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</b>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>ACTION PLAN: Please list all actions identified to address any impacts</b>					
<b>Action</b>	<b>Person responsible</b>		<b>Completion date</b>		
<b>AUTHORISATION:</b>					
<b>By signing below, I confirm that the named person responsible above is aware of the actions assigned to them</b>					
<b>Name of person completing the form</b>	Amanda Anders	<b>Signature</b>	AA		
<b>Validated by (line manager)</b>	Sarah Fox	<b>Signature</b>	SF		

Please contact the Equalities team for guidance:

For South Devon &amp; Torbay CCG, please call 01803 652476

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pdf.sdhct@nhs.net](mailto:pdf.sdhct@nhs.net)**This form should be published with the policy and a signed copy sent to your relevant organisation.**

Field Code Changed

<sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format<sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy



## Risk Management Strategy

Date: September 202~~2~~<sup>22</sup>

*This is a controlled document. It should not be altered in any way without the express permission of the author or their representative.*

*On receipt of a new version, please destroy all previous versions*

## Document Information

Date of Issue:	21 January 2017	Next Review Date:	<del>September</del> <u>June</u> 2025
Version:	<u>3.02-1</u>	Last Review Date:	<del>September</del> <u>June</u> 2022
Author:	Director of Corporate Governance		
Directorate:	Corporate		
Approval Route			
Approved By:		Date Approved:	
Risk Group	<u>06/09/22</u>		
Audit Committee	<u>08/09/22</u>		
Trust Board	<u>28/09/22</u>		
Links or overlaps with other strategies/policies:			
Risk Management Policy			
Information Governance Policy			
Health and Safety Policy			
Incident Reporting and Management Policy			
(Others listed within this document)			

## Amendment History

Issue	Status	Date	Reason for Change	Authorised
V1.1	Draft	31/01/2018	Minor updates	Risk Group
V1.2	Draft	30/06/2019	Minor updates	Risk Group
V1.3	Draft	16/06/2020	Minor updates	Risk Group Audit Committee Trust Board
V1.4	Draft	21/07/2020	Changes to financial risk matrix Additional text 1.1. and 1.2 Introduction section	Risk Group Audit Committee Trust Board
V2	Draft	15/06/2021	Minor updates	Risk Group/Audit Cttee
<u>V3.02-1</u>	Draft	07/06/2022	Minor updates/ review Tone change	Risk Group/Audit Cttee

We are committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, we will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

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9. <u>Monitoring, Auditing, Review and Evaluation of this Strategy</u>	7
10. <u>Equality Impact Assessment</u>	8



## 1. Introduction

- 1.1. Strategic risk management is the process of identifying, assessing and managing the risks and uncertainties, affected by internal and external events or scenarios that could inhibit an organisation's ability to achieve its strategy and strategic objectives.
- 1.2. For the purposes of this Risk Management Strategy, risks are considered as occurrences or opportunities that would impact on the delivery of activities, the quality of outputs, the achievement of strategic goals or reputation.
- 1.3. Torbay and South Devon NHS Foundation Trust (~~the Trust~~) recognises that good risk management awareness and recording at all levels ensures that risks are managed systematically and consistently across all areas and where identified risk factors can be reduced to a tolerated level. This will result in improved safety and quality of health and social care and minimise the risks to staff, patients, clients, carers, families, service users and visitors.
- 1.4. ~~WeThe Trust~~ recognises that risk management is an essential component in fulfilling its responsibilities effectively and responsibly. This risk strategy specifies ~~ourthe Trust's~~ philosophy and prime objectives and approach for the management of risk.
- 1.5. Good risk management is the responsibility of all staff and ~~wethe Trust~~ recognises the importance all staff have to ensure risks are assessed and where applicable recorded and managed.

## 2. Scope

- 2.1 In recognising that clinical, health and social care is inherently complex and risky, all aspects of the provider and corporate business are within the scope of this strategy.
- 2.2 This strategy applies to all staff working in the organisation, including permanent, temporary, bank workers, agency staff and contractors.
- 2.3 This strategy applies to all risks that jeopardise the strategic objectives of the ~~organisation Trusts~~. These include, but are not limited to:
  - **Clinical/ Safety risk** – any issue that may have an impact on the achievement of high quality, safe and effective care for patients, clients, service users and the safety of staff.
  - **Performance risk** – any non-compliance or repeated failure to meet internal standards or targets through to a gross failure to meet professional standards or national standards or targets.
  - **Environmental Impact risk**– any risk that could affect the environment for example spillage or escape of clinical or toxic waste.
  - **Financial risk** – any risk that could impact the ~~organisation Trust~~ financially. For example where scheduled savings cannot be made, or litigation claims or fines from external regulators such as the Information Commissioner's Office.
  - **Health and Safety risk** – any risk that could put a person at risk of harm in accordance with health and safety legislation in its various forms throughout the organisation.

- **Infection Control and Prevention risk** – any issue with infection compliance, isolation, decontamination and cleanliness.
- **Information and Communications Technology risk** - any issue that may have an impact on the digital information held or IT systems ~~used by the Trust~~ used by the organisation.
- **Information Governance risk** - any risk where the data protection act is not being adhered to, this is linked to the requirements of Data Security and Protection Toolkit. This includes quality of data, breaches of confidentiality and data losses.
- **Operational risk** – any issue that may have an impact on the achievement of operational performance e.g. referral to treatment standards.
- **Patient/user experience risk** - any unintended or unexpected incident which could have or did lead to harm for one or more patients, clients, service users receiving health/social care. It is a specific type of adverse event.
- **Reputational risk** – any risk that could have an impact on ~~our the~~ reputation of the Trust for example negative media coverage including social media.

### 3. Statement of Intent

Our purpose is to provide safe, high quality health and social care at the right time, in the right place to support the people of Torbay and South Devon to live their lives to the full.

### 4. Aims

The main aim of this strategy is to ensure a holistic and integrated approach to risk management across the organisation. This will be summarised where appropriate using ORCA (Objectives, Risks, Controls and Assurance) and under the following key areas:

#### 4.1 Developing Risk Management

- Develop and define an integrated approach to managing risk across all of the Trust's activities.
- Facilitate a single database for all risks to be centrally managed by the individual risk owners and associated action point holders.
- Ensure that all risks are identified, assessed, minimised or mitigated and wherever practicable eliminated.
- Promote stakeholder and staff involvement in risk management.
- Protect patients, clients, service users, carers, staff, contractors, partners and others who come into contact with the organisation ~~Trust~~, together with safeguarding the organisation ~~Trust~~ as a whole along with its reputation.

#### 4.2 Embedding Risk Management Systems and Processes

- Link the whole of risk management throughout the organisation ~~Trust~~ to the strategic objectives, the Board Assurance Framework (BAF) and corporate level risks.
- Provide direction and ensure the ~~Trust's~~ Board of Directors ('the Board') are aware of all significant risks and provide a commitment to effective risk management and mitigation within the organisation.

- Embed risk registers across all directorates, integrated service units, service areas and departments across the organisation.
- Introduce and maintain cost effective risk control measures to eliminate or reduce risk to an acceptable level by risk assessment / action plans, cost benefit analysis and evaluation and ongoing regular monitoring.
- Initiate a systematic and consistent approach to learning and promoting continuous improvement.

#### 4.3 Ensuring Compliance with International Standards and Best Practice Guidance

- Satisfy all mandatory and statutory duties and undertakings.
- Ensure the health and safety of all those who work for us.
- Achieve and improve performance against all external and internal regulated risk management activities.

#### 4.4 Ensuring the ~~Organisation-Trust~~ is Risk Aware and That Staff are Appropriately Trained / Skilled in Risk Management

- Provide stakeholders with an understanding of the ~~organisation's Trust's~~ purpose and intentions and how risk management is utilised to help achieve these.
- Raise awareness of risks and their management through a programme of communication and training.
- Foster an environment whereby all staff understand their role in suitable and sufficient risk assessments and risk management.

#### 4.5 Ensuring that ~~wee Trust are a~~ is a Learning Organisation

- Ensure learning from experiences e.g. incidents, near misses, complaints, concerns, compliments, comments, PALS enquiries and any legal issues.
- Develop a reflective, supportive, challenging and open culture that encourages all staff to report incidents, accidents and near misses without reprisal and to share learning and best practice.
- Monitor and review learning to ensure it is acted upon and that best practice is adopted across the ~~organisation-Trust~~ where applicable.

### 5. Risk Management Structure and Accountability

- 5.1. ~~WeThe Trust~~ recognises that responsibility for risk cannot simply be attributed to one person and is therefore an integral part of the normal management process. Responsibilities are laid out in appendices 1 and 2 of the [Risk Management Policy](#).
- 5.2. The authority and responsibility for the establishment, maintenance, support and evaluation of the risk management processes and this strategy within the organisation is invested in the Board . The Board is responsible for all internal controls in the organisation, and for agreeing the annual governance statement which forms part of the annual report and accounts.

The Board must have a sound understanding of the principal risks facing the organisation and receive assurances via the BAF, corporate level risk registers, annual internal audit report and performance reports that the appropriate risk management policies and risk standard operating procedure (SOP) are operating efficiently and effectively.

## 6. Ensuring ~~we are the Trust is~~ Risk Aware and Staff are Appropriately Trained and Skilled in Risk Assessments and Risk Management

- 6.1. Our holistic approach to risk management will be applied to training. The Risk Officer will continue to train all Risk Handlers in risk awareness and how to use the Datix Risk Module (DRM) before a login is provided.
- 6.2. [Training Material](#) for the DRM is available electronically to all staff via the intranet site (ICON) and in the HIVE. The Risk Officer will make themselves available to aid and assist with additional training to ensure a good level of continuity across the organisation.
- 6.3. A governance framework will drive senior management reviews of department, Integrated Service Unit/s (ISU) and directorate risk registers. Risk management interactive sessions have been designed to reinforce why risk assessment and risk management is an important part of Trust business. [Risk Management](#) pages are available via ICON to assist staff in understanding the Trust's approach to risk management.
- 6.4. ~~WeThe Trus~~ will make available adequate training for staff in risk assessment and management.

## 7. Risk Assessment Process and Escalation

- 7.1 The risk assessment process is a systematic process and to be effective it will be holistically applied strategically and operationally to all systems, processes and services. This process and escalation procedure is outlined within the [Risk Management Policy and Risk Management Standard Operating Procedure](#).

## 8. Implementation of the Risk Management Strategy

- 8.1 To be effective this strategy must be communicated widely. The implementation objectives are to:
  - Raise awareness and develop a culture where all risks are identified understood and managed.
  - Ensure an appropriate system and organisational structure is in place for the identification and control of risks.
  - Provide assurance that key processes are in place to provide reliable information and enable management to make appropriate decisions.
  - Embed risk assessment and risk management into all our activities, including day to day and future ongoing management of the Trust.

## 9. Monitoring, Auditing, Review and Evaluation of this Strategy

The Chief Finance Officer through the Director of Corporate Governance is responsible for auditing, reviewing and evaluating the effectiveness of this strategy on an annual basis.

**(e)quality impact assessment (EqIA)** (for use when writing policies)

<b>Policy Title (and number)</b>		<b>Risk Management Strategy</b>	<b>Version and Date</b>		V3.02.1 SeptemberJune 2022
<b>Policy Author</b>		<b>Risk Officer</b>			
<b>An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.</b>					
<b>Who may be affected by this document?</b>					
<b>Patients/ Service Users</b>	<input type="checkbox"/>	<b>Staff</b>	<input checked="" type="checkbox"/>	<b>Other, please state...</b>	<input type="checkbox"/>
<b>Could the policy treat people from protected groups less favorably than the general population?</b> <b>PLEASE NOTE: Any 'Yes' answers may trigger a full EqIA and must be referred to the equality leads below</b>					
<b>Age</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Gender Reassignment</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Sexual Orientation</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Race</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Disability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Religion/Belief (non)</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Gender</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Pregnancy/Maternity</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Marriage/ Civil Partnership</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers<sup>1</sup>; travellers<sup>2</sup>; homeless<sup>3</sup>; convictions; social isolation<sup>4</sup>; refugees)</b>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>					
<b>VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion</b>					
<b>Is inclusive language<sup>5</sup> used throughout?</b>					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>Are the services outlined in the policy fully accessible<sup>6</sup>?</b>					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>Does the policy encourage individualised and person-centered care?</b>					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
<b>Could there be an adverse impact on an individual's independence or autonomy<sup>7</sup>?</b>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>					
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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<b>Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EqIA, please refer to the equality leads below</b>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>ACTION PLAN: Please list all actions identified to address any impacts</b>					
<b>Action</b>			<b>Person responsible</b>	<b>Completion date</b>	
<b>AUTHORISATION:</b>					
<b>By signing below, I confirm that the named person responsible above is aware of the actions assigned to them</b>					
<b>Name of person completing the form</b>	Amanda Anders		<b>Signature</b>	AA	
<b>Validated by (line manager)</b>	Sarah Fox		<b>Signature</b>	SF	

Please contact the Equalities team for guidance:

For South Devon &amp; Torbay CCG, please call 01803 652476

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pfd.sdht@nhs.net](mailto:pfd.sdht@nhs.net)**This form should be published with the policy and a signed copy sent to your relevant organisation.**<sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format<sup>7</sup> Example: a telephone-based service may discriminate against people who are deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy