




Torbay and South Devon NHS Foundation Trust
TSDFT Public Board of Directors








The Boardroom, Hengrave House/Microsoft Teams

30 November 2022 11:30 - 30 November 2022 14:30

AGENDA

#	Description	Owner	Time
1	<p>Welcome and Introductions</p> <p>Note</p>	Ch	11:30-11:35
2	<p>Preliminary Matters</p>	Ch	
2.1	<p>Apologies for Absence and Quoracy</p> <p>Note</p>	Ch	
2.2	<p>Declaration of Interests</p> <p>Note</p>	Ch	
2.3	<p>Board Corporate Objectives</p> <p>Information</p> <p> 2.03 Board Corporate Objectives.pdf 9</p>	Ch	
3	<p>Patient Experience Story - Moor to Sea</p> <p>Note</p>	CN	11:35-12:00
4	<p>Consent Agenda (Pre Notified Questions)</p>		
4.1	<p>Committee Reports</p>		
4.1.1	<p>Finance Performance and Digital Committee Chair's Report - 24 October 2022</p> <p>Note</p> <p> 4.0101 Finance Performance and Digital Committe... 11</p>	P Richards	
4.1.2	<p>Quality Assurance Committee Chair's Report - 26 September 2022</p> <p>Note</p> <p> 4.0102 - Quality Assurance Committee Chair's Rep... 15</p>	J Lyttle	
4.1.3	<p>People Committee Chair's Report - 24 October 2022</p> <p>Note</p> <p> 4.0103 - People Committee Chair's Report - 24 Oct... 21</p>	V Matthews	

#	Description	Owner	Time
4.1.4	<p>Building a Brighter Future Committee Chair's Report - 16 November 2022</p> <p>Note</p> <p> 4.0104 - Building a Brighter Future Committee Chair's Report - 16 November 2022 23</p>	C Balch	
4.2	Reports from Executive Directors (for noting)		
4.2.1	<p>Chief Operating Officer's Report - November 2022</p> <p>Receive and Note</p> <p> 4.0201 Chief Operating Officer's Report - November 2022 25</p>	COO	
4.2.2	<p>Transformation and Partnership Directorate Report</p> <p>Receive and Note</p> <p> 4.0202 Directorate of Transformation and Partnership Report 43</p>	DTP	
4.2.3	<p>Estates and Facilities Management Strategic Performance Update</p> <p>Receive and Note</p> <p> 4.0203 Estates and Facilities Management Strategic Performance Update 53</p>	CFO/DCEO	
5	For Approval		
5.1	<p>Unconfirmed Minutes of the Meeting held on the 26 October 2022 and Outstanding Actions</p> <p>Approve</p> <p> 5.01 Unconfirmed Minutes of the Meeting held on the 26 October 2022 and Outstanding Actions 73</p>	Ch	12:00-12:05
5.2	<p>Unconfirmed Minutes of the Annual Members Meeting held on 16 November 2022</p> <p>Approve</p> <p> 5.02 Unconfirmed Minutes of the Annual Members Meeting held on 16 November 2022 85</p>	Ch	
6	For Noting		
6.1	<p>Report of the Chairman</p> <p>Verbal</p>	Ch	12:05-12:15

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6.2	<p>Chief Executive's Report</p> <p>Receive and Note</p> <p> 6.02 Chief Executive's Report.pdf 99</p>	CE	12:15-12:30
7	<p>Safe Quality Care and Best Experience</p>		12:30-13:30
7.1	<p>Integrated Performance Report (IPR): Month 7 2022/23 (October 2022 data)</p> <p>Receive and Note</p> <p> 7.01 Integrated Performance Report Month 2022 23... 121</p>	COO	
7.2	<p>November 2022 Mortality Safety Scorecard</p> <p>Receive and Note</p> <p> 7.02 November 2022 Mortality Safety Scorecard.pd... 187</p>	MD	
7.3	<p>Annual Incidents Report 2021/22</p> <p>Receive and Note</p> <p> 7.03 Annual Incidents Report 2021 22.pdf 207</p>	CN	
7.4	<p>Care Quality Commission (CQC) NHS Patient Experience Surveys 2021 Reports (received August 2022)</p> <p>Receive and Note</p> <p> 7.04 Care Quality Commission NHS Patient Experi... 219</p>	CN	
7.5	<p>End of Life Annual Report 2021-22</p> <p>Receive and Note</p> <p> 7.05 End of Life Annual Report 2021 22.pdf 311</p>	CN	
8	<p>Valuing our Workforce</p>		13:30-13:45
8.1	<p>Freedom to Speak Up Guardian Report</p> <p>Receive and Note</p> <p> 8.01 - Freedom to Speak Up Guardian Six Monthly... 331</p>	CPO	
9	<p>Improved Well-Being Through Partnerships</p>		13:45-14:00

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9.1	<p>Research and Development Annual Report</p> <p>Receive and Note</p> <p> 9.01 Research and Development Annual Report 20... 337</p>	MD	
10	Well-Led		14:00-14:15
10.1	<p>2022 NHSE/ICB external assessment of the Trust against Emergency Preparedness, Resilience and Response (EPRR) responsibilities and national standards</p> <p>Receive and Note</p> <p> 10.01 - 2022 NHSE ICB external assessment of the... 379</p>	COO	
10.2	<p>Annual Report of the Ethics Committee 2021/22</p> <p>Approve</p> <p> 10.02 Annual Report of the Ethics Committee 2021... 383</p>	IDCG	
10.3	<p>Terms of Reference - Ethics Committee</p> <p>Approve</p> <p> 10.03 Terms of Reference - Ethics Committee.pdf 387</p>	IDCG	
10.4	<p>Terms of Reference - Building a Brighter Future (BBF) Committee</p> <p>Approve</p> <p> 10.04 Terms of Reference - BBF Committee.pdf 395</p>	IDCG	
10.5	<p>Terms of Reference - NED Nominations and Remuneration Committee</p> <p>Approve</p> <p> 10.05 Terms of Reference - NED Nominations and... 405</p>	IDCG	
10.6	<p>The Fit and Proper Persons Regulations Standard Operating Procedure</p> <p>Approve</p> <p> 10.06 The Fit and Proper Persons Regulations Stan... 419</p>	IDCG	
11	Compliance Issues		
12	<p>Any Other Business Notified in Advance</p> <p>Note</p>	Ch	

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13	Date and Time of Next Meeting - 11.30 am, Wednesday 25 January 2023 Note	Ch	

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BOARD CORPORATE OBJECTIVES

Corporate Objective:

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

Corporate Risk / Theme

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

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

Committee meeting date:	24 October 2022
Report author + date:	Paul Richards, Non-Executive Director 24 November 2022
This report is for: <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Board

The Committee received a number of written updates against matters arising. These included progress in recruiting to the approved improvement and innovation function and an overview of Trust productivity. The committee noted that further diligence was required around the growth in headcount since the 2019-20 baseline year.

The Committee received the BAF and CRR. The Committee agreed to an in-person review of the BAF in December.

Investment

The Committee received scheme updated on the installation and enabling programmes for the radiotherapy CT and diagnostic CT scanner. Both showed significantly increased cost projections against original plans, driven partly by inflation but also by further site survey information coming forward which had given rise to significant technical and engineering challenges. The increase in cost envelopes was approved, following a robust discussion, to £2.74m and £1.66m respectively.

The Committee also received a confidential update on the Teignmouth Health and Wellbeing Centre. The Committee noted the significant financial spend the Trust had incurred to date on this scheme and noted the significant risks to its delivery. It was agreed that this should be escalated to the Integrated Care Board for resolution.

Performance

The Committee received the integrated performance report for Month 6 / September.

The Committee noted the Trust's year to date deficit of £6.8m, some £4m adverse to the planned deficit of £2.8m, and noted with concern the underlying year to date deficit of c£13m, owing to a reliance on non-recurrent measures to support the position.

The committee noted a continued failure to deliver the required quantum of CIP and continued unfunded escalation spend. It also noted with concern the excess growth and inflation in adult

social care. However, some reassurance was offered in the response to financial recovery planning, with a further £4m opportunity identified.

In a wider discussion, the Committee questioned the Trust's 'no redundancy' policy, which might require review. Furthermore, the Committee requested further assurance on progress against agency reduction spends, albeit commending the reduction in off-framework usage.

The Committee noted that performance was £1.1m behind plan on capital spend, with a total spend to date of £13.7m, but noted the position of nationally funded schemes, the majority of them now rated as 'green'.

In terms of performance, the Committee noted the current areas of focus, including work to de-escalate the Trust, initially by discharging patients earlier in the day and discharging more patients at weekends.

The Committee questioned the Trust's Hospital Standardised Mortality Rate (HSMR) as it was currently at 117%, which was above the baseline of 100% and higher than statistically expected. It was felt that there were drivers to the position beyond coding and data quality that needed to be understood.

The Committee also discussed out of hospital performance, and noted that meetings with the Director of Adult Social Care had taken place to discuss quality and safety in the sector. A regulatory framework was in place to provide overarching governance of adult social care. Work was also taking place to bring together a narrative for the Board on adult social care performance and raise its profile at Board level.

The robustness of the Winter Plan was discussed. It was noted that there was felt there would be a gap in beds over the winter period and work would take place to identify how this could be managed.

Financial forecast

The Committee received the Month 6 Financial Outlook report. The report provided an update on the Trust's financial position, including risks and mitigations as at month 6.

The Trust's position had been discussed at a peer challenge session with the ICB.

In terms of the original plan, there was a £6.9m gap in the Trust's original interventions to achieve break-even. These related to additional income from Torbay Council; slippage in Child and Family Health Devon being subject to a risk share; no progress on ICS back office workstreams; and non-viability of pausing the N365 rollout.

However, of greater concern was the adverse variation in the year to date performance, due to CIP delivery; workforce overspends; adult social care cost pressures; spot purchase of intermediate care beds; and fragile services.

The Trust was now forecasting a likely end of year forecast deficit of £18.6m. Key assumptions were highlighted, notably no clawback of income for performance under 104%. In terms of next steps, the timing of information NHSE of the change in the Trust's position would be discussed with the ICS.

Other matters.

The Committee also received the following items:

- An update on the approach to consolidating a Devon-wide Long Term Financial Model
- The Devon System Financial Risk Management and Escalation Framework
- Treasury management and social care aged debt report
- Patient centred outpatients portfolio update
- Commercial pipeline quarterly report
- Terms of reference for IM&T Group and Capital Infrastructure Delivery Group
- TP Soakaway and emerging defects which required remedy
- Standing items (TP monthly report, CIDG report, CIP delivery group report)

Key decision(s)/recommendations made by the Committee

Approved:

- Increased capital envelopes for CT installation and enabling works x2
- Initial TP soakaway works (<£50k)
- ToRs x2 (IM&T Group, CIDG)

Escalating:

- Current overspend and year end forecast
- Concerns around Teignmouth Health and Wellbeing Centre
- Productivity Metrics
- Outpatient Performance

Quality Assurance Committee Chair's Report to the Board of Directors

Meeting date:	26 th September 2022
Report by:	Jacqui Lyttle, Committee Chair
This report is for:	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private:	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>
Key issues to highlight to the Board:	
<p>The Committee received a significant number of reports and held in-depth discussions on several areas of concern, and I would like to bring the following to the board's attention.</p> <p>Board Assurance Framework (BAF) and Corporate Risk Register (CRR) The Committee received the BAF and CRR and noted the following:</p> <ul style="list-style-type: none"> • Further work was required to update the Quality and Patient Experience objective in particular the overlap between this objective and the one for operational performance. It was felt the risk score for the objective was too low and it was agreed this would be revised as part of the work to update the BAF. • That further work was required to understand the risks associated with harm to patients due to long waits and challenges to the workforce. <p>Emerging quality risks escalated from Board Sub-Committees: The Committee discussed those risks that continued to be of concern including fragility of services; capacity; workload; and stress.</p> <p>Torbay Drug and Alcohol Update Review The committee received an excellent Drug and Alcohol Update report, discussing and noting the following:</p> <ul style="list-style-type: none"> • Increase in inpatient detoxification and residential rehabilitation bed days from 15 to 45 weeks. Whilst an additional 50K has been made available to support residential rehabilitation placements this is inadequate to cover service requirements, so work is taking place to identify additional resource to cover the shortfall in funding. • Introduction of a Band 7 Polypharmacy role • Update on the Drug and Alcohol Related Deaths Review Group: • Following Covid, there had been an increase in drug and alcohol related deaths but this has now reduced. • The treatment of clients who presented through the acute setting was discussed and it was noted that a Drug and Alcohol Liaison Officer had been established, responsible for providing support across the client pathway to ensure a more consistent approach. 	

- That sadly, there had been 20 deaths in the reporting period, the reasons for the deaths were discussed and the committee were assured that they were not as a result of any lapses in care.
- Learning from Covid had showed that when client contact moved away from face to face to Telephone, it became apparent that clients were reporting they were feeling better than they really were, emphasising the need for face-to-face contact with them which the service has now fully reintroduced.

Patient Safety Transformation Programme

The Committee received a presentation on the recently published national Patient Safety Transformation Programme noting the following:

- The pace and scale of the work needed to be undertaken by the trust to implement over the next 12-24 months
- Risks attached to delay or failure to implement
- The impact of delays in digital transformation on patient safety
- Risks associated with capacity/capability and the actions in place to mitigate
- Actions to date
- That there would need to be a significant culture change and radically revised approach to patient safety across the trust as a consequence of implementing the framework

Care Quality Commission (CQC) Assurance

The Committee received the CQC Assurance Report and noted the following:

- The current position against the 'must dos' and 'should dos' following the last two CQC inspections.
- Continued concern relating to non-compliance of statutory mandatory training. Whilst the trust was reporting 85%, the committee noted that this position was hiding areas of poor performance. It was satisfied that an improvement trajectory was in place and was assured that staff with the right skills were deployed when required – e.g., staff with resuscitation skills. The balance between ensuring staff had the time needed to undertake mandatory training and the need to meet operational demand was acknowledged by the committee.
- Work continues to ensure that nutrition and hydration targets are met and that it was embedded into day-to-day practice.
- EAU4 continued to be challenged and following a mock CQC inspection some areas for improvement had been identified.
- VTE compliance was currently at 99% and the committee were assured that oversight of performance would continue

Midwifery Staffing Oversight Report

The Committee received the Midwifery Staffing Oversight Report and noted the following:

- Staffing levels for the period January – June 2022.
- Work continued to recruit to the vacant posts that had been added to the department's establishment following the Ockenden Report. Whilst recruitment to these posts had been difficult the committee were assured that all posts would be filled by the end of the calendar year.
- Strategies in place to retain maternity staff, which includes a preceptorship programme alongside a bespoke package to support newly qualified midwives.
- Due to the current continuity of care model the Trust was required to have in place, the committee noted that it was not always possible to provide home births. The committee was assured that this position would improve once the service was at full establishment.

- The committee were assured by the ongoing improvements in midwifery staffing and the positive influence of the retention midwifery role
- The committee noted the continuing challenges related to the nationally framed parameters around the Midwifery Continuity of Care model; and the mitigations to ensure safety and quality.

Patient Safety and User Experience of Health and Care Strategy

The Committee received and noted the final Patient and Service User Experience of Health and Care Strategy Report.

Quality Report for Health Care

The Committee received a comprehensive Health Care Quality Report and noted the following:

- Stroke performance in terms of the proportion of stroke patients admitted to the stroke unit within 4 hours of arrival had fluctuated, noting that for a period of time the ward was closed due to Covid
- That improvements had been made against access to a stroke consultant, provision of a swallow screen; and recording of rehabilitation goals.
- A peer review of stroke services had taken place and good informal feedback had been received. This along with the earlier noted improvements provided assurance to the committee that the stroke quality improvement plan is both realistic and active.
- Nutrition and hydration performance had improved, but was still variable and required some focused work.
- There had been a number of 12-hour trolley wait breaches, but the committee were assured that none of the breaches had resulted in patient harm.
- In the reporting period there had been 8 Strategic Executive Information System STEIS reportable incidents. inpatient falls 4; medications 1; obstetrics 1; pressure ulcers 1.
- Severe self-harm/suicide 1 (this did not occur on Trust premises).
- Mortality of patients in the Emergency Department was discussed. The Committee noted that the Trust was one of ten in the region that were reporting a higher than expected mortality, however the Trust's demographic was that of an older and more deprived population base than the norm. In addition, there was evidence that suggested for those patients who waited over five hours there was an increase in 30-day mortality.
- The committee were advised that a review of the Trust's data was taking place to ascertain if this was true for the Trust.
- 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

Quality Report for Adult Social Care

The Committee received the Adult Social Care Quality Report and noted the following:

- Strong governance processes were now in place to provide scrutiny on performance.
- Improvements had been made to the quality of data and data analysis for the service.
- Adult Safeguarding activity was similar to that previously reported.
- A case file audit of safeguarding activity for live cases was underway and would be

completed by the end of the calendar year.

- Deprivation of Liberty Safeguard applications remained high.
- Work continued to implement the Adult Social Care Improvement Plan including a single point of contact being embedded in the service, full engagement with Torbay Council and strong links with the transition from child to adult.
- Improvements had been made to contract monitoring.
- Preparation was taking place for the implementation of care accounts.
- The team continued to support care providers who were providers of concern.
- The Committee noted the fragility of the care market and how the Trust could work with partners in a constructive way to support care providers so that the market was not destabilised.

Annual Safeguarding Report – Children

The committee received the Annual Safeguarding Report for Children noting the following:

- The impact of Covid pandemic legislation on safeguarding children's procedures and outcomes in both Torbay and South Devon.
- System working supported by the Integrated Care System.
- Requirement for a Section 11 self-assessment audit.
- Outcome of Ofsted reviews of both Torbay and Devon children's services.
- The increased demand during Covid had not reduced including a significant increase in domestic abuse.
- Challenges existing in obtaining consent for medical examinations of children who were placed in care.
- The committee recognised the scope of work undertaken across the organisation that aligned to the Trust's statutory responsibilities and accountabilities to safeguard children and young people achieved through robust system, processes and partnership working.
- 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.
- The achievements and supported 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 TSDFT
- Recognised the challenges of the current Trust IT systems in supporting the management of safeguarding information by the Safeguarding team

Patient and Service User Experience of Health and Care Strategy 2022-2025

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

Quality Improvement Group

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

Serious Adverse Events Group

The Committee received the Serious Adverse Events Group report, noting that Urology was the first fragile service to be addressed by the Acute Provider Collaborative.

Decisions/Recommendations Made:

1. The Committee approved the Patient and Service User Experience of Health and Care Strategy 2022-25 and recommended approval by the Board of Directors.
2. The committee ask the board to note the higher-than-expected mortality figures
3. The committee received and approved the Midwifery Staffing Oversight Report and recommended approval by the Board of Directors
4. The committee received and noted the Adult Social Care Quality Report and commended it to the board
5. The committee received and approved the Annual Safeguarding Children's Report and recommend approval by the board of Directors

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

Meeting date:	24 th October 2022
Report by:	Vikki Matthews
This report is for: <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input type="checkbox"/>
Public or Private <i>(please select one box)</i> [If the Board requires information on sensitive or confidential matters please mark 'Private']	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 – the committee received the Retention and Fragile Services Report which had been developed using information from various sources and developed collaboratively across multiple areas. The objective is to devise a framework to identify fragile services at risk, provide updates on actions already in place to support services and propose plans for targeted support once a service has been identified as fragile. The work's focus and cross functional lens was very much welcomed by the committee, as was the link with other work on retention being led locally by the Trust and by the ICS.

Industrial action – the Committee received the Pay Award, Pensions and Industrial Action Briefing paper. Of particular note was the overview of the industrial action and the ballots that were taking place by a number of Unions representing different staff groups. Some staff groups were being asked to consider taking strike action and others action short of a strike. It was noted that a national response to the strike action was being developed and the Committee were pleased to learn that the Trust was undertaking work to understand how strike action might affect services and was reviewing learning lessons from the Junior Doctors' strike action in 2016. System preparation was also taking place. The use or otherwise of agency staff to cover for those staff on strike action was discussed, and a view on this requested ahead of any industrial action commencing.

ICS impact – members of the Committee expressed disappointment that despite there being agreement at ICS level around junior doctor pay rates, one Trust had decided to pay a rate higher than that agreed. Whilst recognising that the ICS is still in its infancy, it was the Committee's view that the ICS could take a more robust role in encouraging Trusts to act with a system lens going forward.

Freedom to speak up – the FtSU team continue to do a sterling job for the Trust and the Committee welcomed the Lead Guardian's six monthly report. There are still increasing

numbers of colleagues speaking up through the FtSU and other routes and an anonymous reporting tool has proved a popular route. The Committee asked for assurance that this service is not being used as an alternative to colleagues being expected to speak with their line managers. It was agreed that this is an additional service, not to be used as a replacement for line management arrangements but there for colleagues who are unable to talk to their managers for whatever reason. The Committee noted an opportunity for some focussed work to be undertaken on Trust culture with the forthcoming arrival of the Trust's substantive CPO and a continued focus on the embedding of Just Culture principles.

- **Performance metrics** – the Committee was pleased to see some green shoots of change in the sticky people metrics. For instance, sickness absence was at 4.73%, which was a decrease from a high in April of 6.36% and there was a slight improvement in Achievement Review completions but at 75.77% this still fell below the 85% target. Turnover remains a concern at 13.88%, just below the maximum tolerance of 14% and work on retention strategies is ongoing.

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 received the Fragile Services report and commended the direction of travel.
2. The Committee were pleased with the preparations that are ongoing to get ready for industrial action and asked for a view on whether agency staff will be used to cover for striking colleagues.

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

Meeting date:	16 th November 2022
Report by:	Chris Balch
This report is for:	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private:	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>
Key issues to highlight to the Board (Nov 2022):	
<p>20</p> <ol style="list-style-type: none"> 1. The Committee received an updated report on the risks associated with the BBF Programme. Work is currently underway to complete a comprehensive review of the Programme Risk Register and to establish a uniform approach to assessing the potential cost implications. The results of this work will be reported to a future Committee. There was discussion about the treatment of risk associated with uncertainty over the level and timing of funding from the New Hospital Programme and the need to develop contingency plans to cope with reductions in and slippage of capital allocations. It was agreed that Programme Risks and the BAF need to be aligned. 2. The Committee received a deep dive report on how the risk associated with the impact of inflation on the delivery of the BBF estates component. This provided assurance that the Trust is following current guidance on public sector construction cost inflation and seeking to mitigate it as far as possible. 3. The Committee received an update from the Cohort 4 briefing received on the 4th November. It was acknowledged that the way forward is likely to become clearer following the Autumn Statement. However, the Trust is unlikely to receive confirmation on the amount and timing of funding available from the NHP for a number of months. Work is therefore progressing on developing potential responses to a range of possible outcomes. It was agreed that it is important to take every opportunity to press key decision makers and influencers to support the approach set out in the Trust's revised SOC. 4. The Committee considered progress in relation to the Site Enabling Works Outline Business Case. While good progress was noted it was explained that the submission of this has been delayed until there is certainty over future funding for the Trust's plans to avoid the possibility of abortive work. It was noted that progressing with approvals for Site Enabling Works to commence work in Autumn 2023 remains critical to the delivery NHP investment in the Torbay acute site by 2030. 	

5. The Committee received feedback from the Drumbeat Programme which has engaged clinical teams on the changes which will need to take place to ensure that the BBF Programme delivers sustainable health and care for our population into the future against the background of a situation where the Trust is already struggling to meet demands which are projected to continue growing. A key finding is that putting in place an EPR capable of linking with our provider partners is seen a vital enabler of new ways of working. Increased emphasis on prevention, the delivery of care closer to home, developing new clinical pathways and effective partnership working were noted as critical areas of focus with opportunities to secure some early wins, for example through the development of 'virtual wards'. The criticality of protecting clinical time to provide the necessary leadership for these changes was raised as a challenge under current operational pressures.
6. The Committee received assurance regarding the funding of the BBF Programme team during the current financial year. Resources are being carefully managed given the reduced level of seed funding with support being made available through the Trust's capital programme. The risk associated with are likely to reduce as further funding becomes available for progressing the work on the EPR business case and the Site Enabling Works in the remainder of 2022/23.
7. The Committee received and approved revised Terms of Reference for the BBF Committee for decision by the Board.

1) To note the above

Report to the Trust Board of Directors				
Report title: Chief Operating Officer's Report November 2022		Meeting date: 30 November 2022		
Report appendix	N/a			
Report sponsor	Chief Operating Officer			
Report author	System Care Group Directors			
Report provenance	The report reflects updates from management leads across the Trusts Integrated Service Units (ISUs) and Children and Family Health Devon (CFHD)			
Purpose of the report and key issues for consideration/decision	<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.</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>			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board is asked to receive and note the Chief Operating Officer's Report.			
Summary of key elements				
Strategic goals supported by this report	Excellent population health and wellbeing	X	Excellent experience receiving and providing care	X
	Excellent value and sustainability	X		
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register	X	Risk score	20
Risk Register Number 5 – Operations and Performance Standards				

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

Report title: Chief Operating Officer's Report		Meeting date: 30 November 2022
Report sponsor	Chief Operating Officer	
Report author	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 (ISUs) and Children and Family Health Devon (CFHD).

2. Introduction

October has seen a slight rise in emergency attendances and continued increase in cancer 2ww referrals. Attention on the inflow and outflow across the organisation to expediate the processes and reporting systems to measure the impact of the improvements are underway across the ISUs.

3.0 Urgent & Emergency Care update

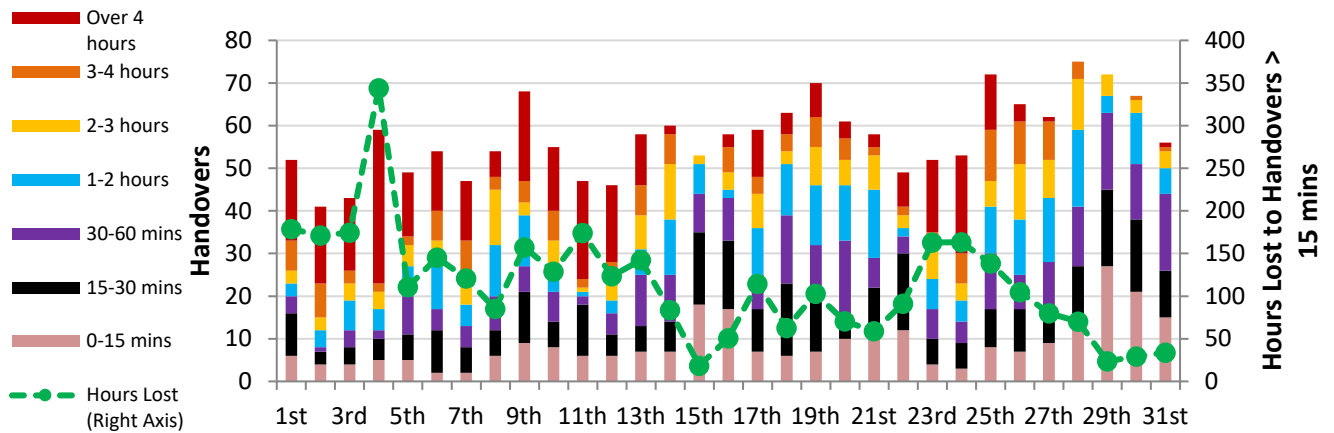
Demand for the Emergency Department (ED) rose slightly with 5,721 attendances although remains lower than pre-COVID. Our Type 1 (ED only) performance was 35.9% seen and discharged or admitted within four hours. This places us 105th out of 107 non-specialist hospitals. 29.2% of patients required admitting to an inpatient bed which remains lower than pre-COVID

The Urgent Treatment Centre saw 2,519 attendances, slightly up on last month and Totnes saw 613 patients, lower than last month. 96.1% of these patients were discharged within four hours.

Our All types attendances (Type 1 plus our UTCs) was 57.0% which places us 90th out of 107.

Name	All attendances	Percentage of attendances within 4 hours				Emergency Admissions			
		Type 1 Departments - Major A&E	Percentage in 4 hours or less (all)	Rank	Percentage in 4 hours or less (Type 1)		Rank	Percentage in 4 hours or less (Type 2)	Percentage in 4 hours or less (Type 3)
England	1,399,916		55.3%		35.9%		35.3%	36.3%	43,792
University Hospitals Plymouth NHS Trust	7,707		-		-		-	-	814
Royal Cornwall Hospitals NHS Trust	5,697		77.5%	3	42.1%	96	-	36.0%	798
Somerset NHS Foundation Trust	5,899		73.1%	18	42.4%	94	-	37.0%	577
Royal Devon University Healthcare NHS Foundation Trust	12,608		58.1%	85	49.2%	78	-	39.0%	263
Torbay And South Devon NHS Foundation Trust	5,721		57.0%	90	35.7%	105	-	35.0%	213

Ambulance arrivals remained static with an average of 57.4 a day from 56.6 in September. However, demand in the second half of the month rose to an average of 62 per day.



The average time lost per day in October for ambulance handover was 113.4 hours. This is an increase over last month performance of 94.4 hours. However, performance had deteriorated in the latter part of September from a good position for the first 8 days. The position from the 9th of September was an average of 117.4 hours for the month and the performance in October, after the challenge of the first week, was an average of 95.1 hours lost.

The cause of the performance remains a lack of flow from the Ambulance ramp to discharge home.

The number of daily admissions remained static throughout the month and the conversion rate of attendances to admissions ranged between 22.3% and 23.7%.

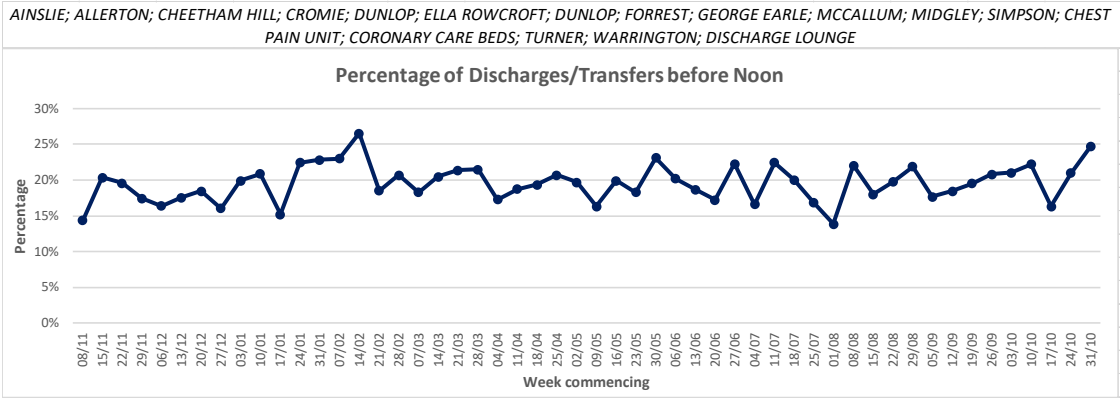
The number of daily discharges slightly improved through the month from an average of 61 a day to an average of 71.

The Complex Pathway 1 has been improving but the Pathways 2 and 3 discharges are deteriorating, albeit with some improvement in P2 towards the end of the month. However, we have achieved a 46% reduction in patients who are classed as having No Criteria To Reside which was a target set by NHS Chief Executive Amanda Pritchard on 13/12/21, and we are improving against our target of a maximum 30 delays across the organisation.



As a result of this we remain committed to improving the two main causes of patient flow imbalance; discharges before Noon and Weekend discharge improvement.

The number of discharges before Noon have slightly improved toward the end of the month.



Over the last three weeks we have implemented a Weekend Discharge Team to support simple discharges. To date there has been an improvement to from 48% to 55% of an average weekday against a target of 80%.

4.0 Cancer Performance

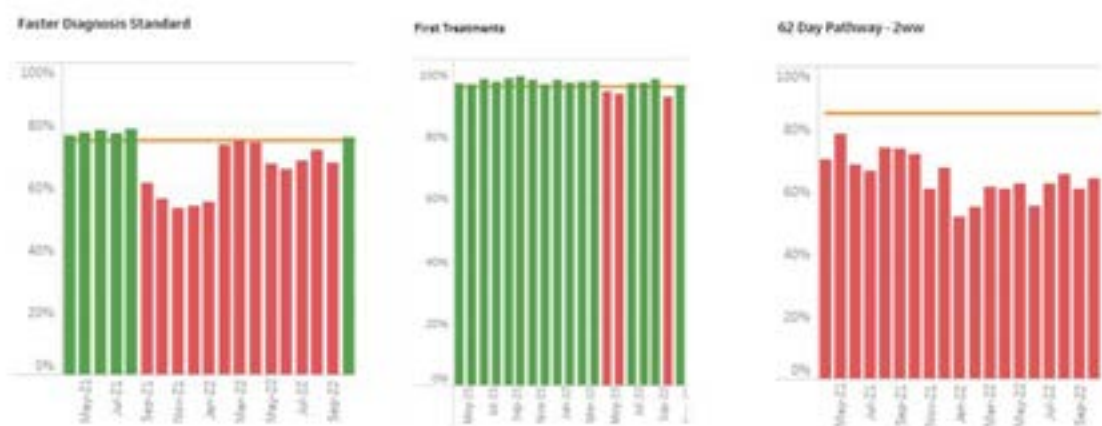
In October there were 1,766 two-week wait (2WW) suspected cancer referrals. This brings the year-to-date total to 12,931, which represents a 16.7% average growth across Torbay and South Devon. This sustained referral growth remains a challenge for the majority of tumour sites, the sites receiving above the average growth are shown below.

Specialty	2021/22	2022/23	Growth
Lung	213	306	43.7%
Colorectal	1805	2333	29.3%
Gynaecology	791	995	25.8%
Upper GI	725	881	21.5%
Urology	875	1038	18.6%

April-October 2WW referrals received

The performance position against the 2WW standard was 44.9% in September and is expected to be 64.8% in October. This rise from previous months' positions is mainly due to the improvement in breast and skin performance, to 97% and 71% respectively.

The Trust remains in Tier 1 for Cancer performance. There are four 'Key Lines of Enquiry' which are used to benchmark organisations in the Tier 1 group.



Torbay Cancer Performance

(i) 28-day Faster Diagnosis Standard (Orange horizontal = constitutional standard)

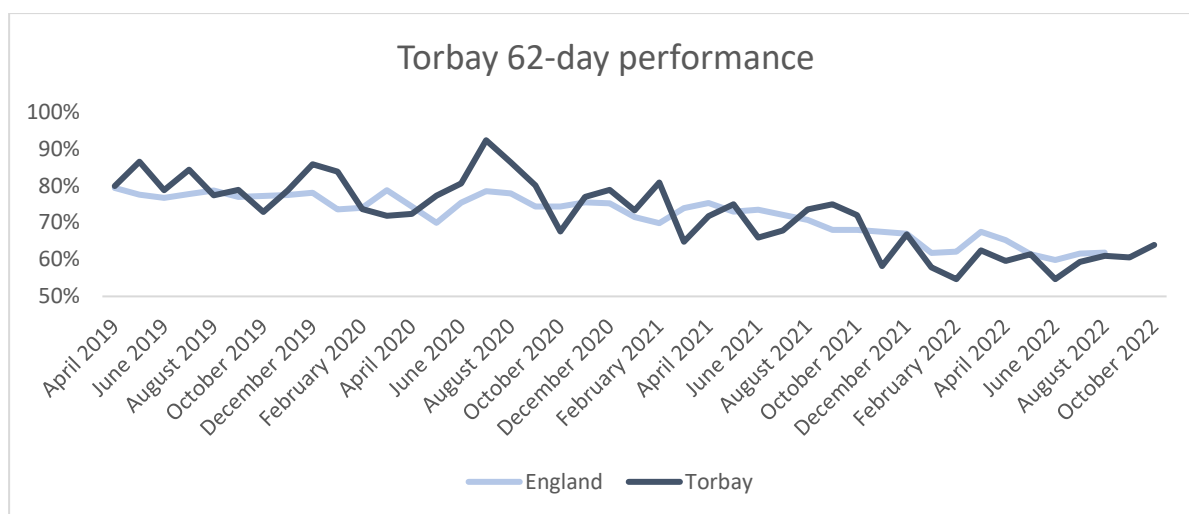
The current position for October is 75.8%; final validation is awaited on this figure. Nevertheless, improvements seen in waiting times for breast and dermatology appointments have had a positive impact on this standard. The Trust’s biggest challenge remains in lower gastrointestinal (GI) (17%) and urology (47%).

(ii) 31-day Treatment Standard

Performance is achieved at 96.4% for October. The breaches for the month are four in skin and one each in breast, colorectal and lung. All these breaches were for capacity related reasons.

(iii) 62-day Referral to Treatment

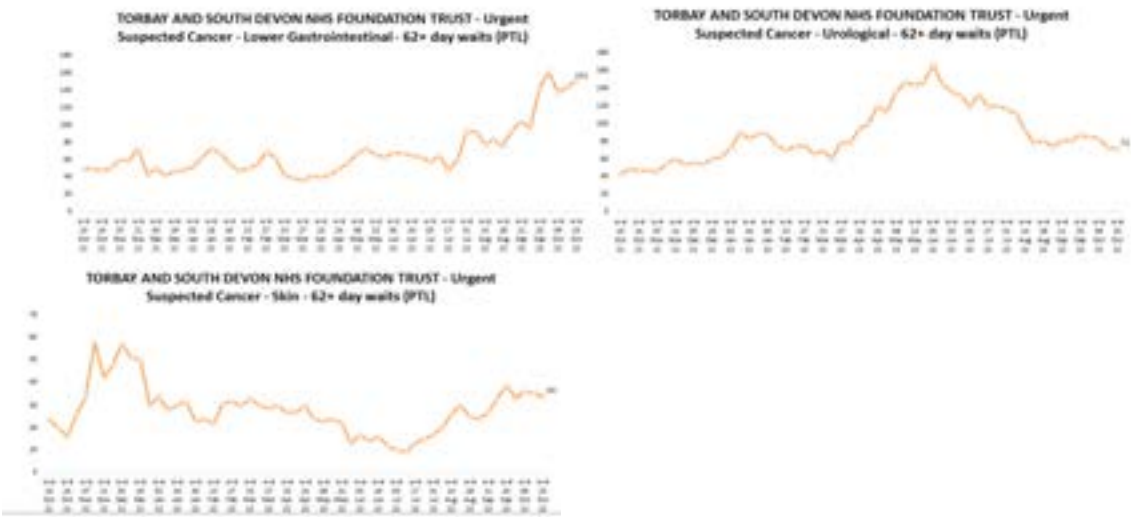
62-day performance remains relatively static, with October performance currently showing 64.0%; urology is the key reason for Torbay’s position accounting for 11.5 of the 45.5 breaches. Torbay performance is higher than the national aggregate position for the first time in 12 months.



Torbay vs National 62-day performance (most recent national data until August)

(iv) Over 62-day Backlog (Open Pathways)

For the week ending 30 October 2022, Torbay reported 315 pathways over 62-days. The backlog represents 14.6% of the total number of open pathways which means the Trust is 20th in the poorest performing organisations with the largest percentage backlog. Colorectal accounts for 46% of the backlog, urology 23% and skin pathways 15%.



4.1 Cancer Recovery

Taking the themes across the four key lines of enquiry, the key focus of interventions remains on resolving the diagnostic elements of our cancer pathways, particularly targeting urology and colorectal.

Colorectal

Colorectal has seen the backlog of open pathways increase from 40 in March 2022 to 151 in October 2022.

The main pathway delays are in colonoscopy and outpatient appointments, which increases the time to diagnosis. This is a result of increased referrals (29% year on year) and staffing challenges.

Key actions being undertaken:

- Consultant workforce: Upper GI consultants are conducting additional 2WW clinics until December 2022 initially. This will provide capacity for 12 additional patients per week. The positive impact of this intervention has already been seen, waiting times for first appointments (colonoscopy and outpatients) were booked at an average of 13 days in October compared to a 30-day average between July & August. The Trust has also secured a consultant secondment from Royal Devon University Hospital (RDUH) for six months, starting in November. The job plan for this secondment excludes on-call so is heavily weighted towards elective activities.
- Endoscopy Activity: The new mobile endoscopy is operational and there are plans to increase the service to seven days with the support of insourced capacity.

- Pathway best practice: The recruitment of a Band 7 Clinical Nurse Specialist is underway, this nurse will work alongside the team of colorectal surgeons in triaging, assessing and investigating patients referred on the 2WW pathway, ensuring the Faecal Immunochemical Test (FIT) pathway is being followed and supported by Torbay and surrounding GPs.

Additional support and validation work is being co-opted for the Cancer Multidisciplinary Team (MDT) administrative team, to manage the increased patient numbers requiring validation.

Urology

The patient backlog has decreased from 160 in June 2022 to a current position of 72. 62-day treatment performance has remained static during this period as our longest waiters are booked in order. Maintaining the improving 28-day Faster Diagnosis Standard (FDS) will support an improvement in the treatment standards once the 62-day backlog is cleared.

Key actions being undertaken:

- Focus on reduction of transperineal (TP) biopsy waiting list: Torbay are continuing to hold additional weekend sessions and host external insourcing capacity on a regular basis to maintain biopsy capacity. The Trust has been successful in the recruitment of an advanced clinical nurse to support our TP biopsies service (starting December 2022), with advert out for an additional Band 7 nurse (Q4 2022/23). This will increase capacity by 10-15 procedures per week. The Cancer Alliance have secured funding for a proposed 'diagnostic support centre'. This initiative is looking at using a local facility (in Torbay) to host key diagnostic procedures, staffed by an insourced medical workforce. The diagnostic tests being considered are urology template biopsies, cystoscopies, gynaecology hysteroscopies and dermatology biopsies. Torbay continue to be active stakeholders in this project.
- Pathway best practice: Torbay's current prostate pathway follows the correct order as described in the national Best Practice Timed Pathways. All patients are triaged to the clinically appropriate first appointment type, however Torbay's current pathways remain significantly longer than required to meet the 28-day standard. Completion of detailed demand and capacity modelling is ongoing, but the majority of the recovery is focused on increasing clinical activity.
- Upcoming risks: There is an upcoming issue, with two locum consultants leaving in the next three months. These locums make up two of the five urology consultants and their leaving will put extreme pressure on the on-call requirement and clinical activity of the service. Replacements have been advertised for, but we have no current interest. The service has also raised a regional request for mutual aid and this is being taken forward within the Devon System by the medical director and service leads.

5.0 Referral to Treatment (RTT)

104 weeks waits

Torbay reported 39 104-week breaches at the end of October. This represents an improvement from our 1 May position of 251. Of the 39 patients reported, 25 were on an admitted pathway and 14 on a non-admitted pathway.

11 of the patients reported had chosen to delay their treatment, 14 patients were described as complex with co-morbidities, COVID 19 or other complicating clinical factors.

The Trust is committed to having zero 104 week waiters at the end of December. There are plans to ensure this occurs but risks to this include continued P6 (patient choice) and capacity breaches.

78 week waits

Torbay & S Devon	w/e 02-Oct		w/e 30-Oct		w/e 02-Oct		w/e 30-Oct		Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Oct-22					
Plan - 78w	869	844	809	753	697	641	585	539	473	417	361	305	
Actual - 78w	873	835	757	740	773	812	800	-	-	-	-	-	
Variance to plan	4	-9	-52	-13	76	171	215						

Data Sources: Plan data from the Jun-22 plans, Actual RTT monthly data to Aug-22 and latest WLMOS data to w/e 16-Oct-22

Torbay is currently 215 patients behind plan for 78-week clearance.

- Admitted: Clearance rates remain ahead of plan, down from 600 to 352 since May 2022.
- Non-admitted: Behind plan, currently reporting 474, increasing from 242 reported in May.

Pressures were predicted in our main specialties. In line with Tier 1 guidance plans to improve the non-admitted position include:

- Technical and clinical validation
- Insourcing
- Outsourcing

The Trust has made contact with the validation support utilised at North Bristol Trust and recommended by the Regional teams.

5.1 Outpatients Services

KPI	June '22		July '22		Aug '22		Sep '22		Oct '22		Nov '22		Dec '22		Jan '23		Feb '23		March '23		Delivery status	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual		
% of NP2F appointments	23.5	20.8	24.0	20.2	24.5	18.8	25.0	18.8	25.0													
% of Advice and Guidance	7.0	11.2	8.0	11.7	9.0	10.2	10.0	11.4	11.0		12.0		13.0		14.0		15.0		16.0			
% of PIFU	1.0	0.8	1.0	0.6	1.5	0.5	2.0	0.9	2.5		3.0		3.5		4.0		4.5		5.0			

The Patient Initiated Follow Ups programme has exceeded target for the 1st time with “Open Appointment” outcomes now included within the data-set.

An audit of Non Face to Face activities across the Trust is expected to identify significant volumes not currently reported on PAS, this will potentially boost our performance to a green status.

6.0 Diagnostics Performance

The Trust reported 32.0% (down from 35% in Sept) referrals waiting more than six weeks for a diagnostic test at the end of October. The March 2023 target is to have no more than 25% waiting over six weeks. The DM01 recovery group, with the help of ICS support, has been focused on validating data set returns and progressing recovery action plans.

The trajectory for performance improvement is ongoing as we develop modality specific approaches to inform accurate forecasting. Colonoscopy (79%), flexi sigmoidoscopy (61% an upward trajectory from 43% in June) and magnetic resonance imaging (51%) make the biggest contribution to this position.

Improved positions in echo (30%, an improvement from 40% in Sept), computed tomography (4% down from 11% in June), audiology (6% downward trend from June 27%), sleep studies (6% downward trend from June 90%) and cystoscopy (41% down from 75% June) have contributed positively to the overall Trust improvement.

Devon System – Provider performance (Week ending 16th Oct)

STP	Organisation	Diagnostic Modality	Data Week	0-6 Weeks	>6-18 Weeks	>18-26 Weeks	>26-40 Weeks	>40-52 Weeks	>52-78 Weeks	>78-104 Weeks	>104 Weeks	Total	Total 6-week waits	DM01 as %
NHS DEVON INTEGRATED CARE BOARD	ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	Audiology - Audiology Assessments	16-Oct-22	0	133	59						192	192	100.00%
		Cardiology - Echocardiography	16-Oct-22	881	638	394	759	187	148	87	81	3075	2194	71.35%
		Colonoscopy	16-Oct-22	623	425	166	80	27	25	6	43	1516	893	58.91%
		Computed Tomography	16-Oct-22	1608	189	43	51	10	5			1907	299	15.68%
		Cytoscopy	16-Oct-22	245	195	162	88	16	34	4	1	725	480	66.21%
		DEXA Scan	16-Oct-22	302	268	146	74	98	128	20	6	1241	939	75.65%
		Flexi Sigmoidoscopy	16-Oct-22	299	273	75	44	4	2	1		698	399	57.16%
		Gastroscopy	16-Oct-22	591	317	123	80	9	18	3	25	1166	575	49.31%
		Magnetic Resonance Imaging	16-Oct-22	1245	241	58	25			1		1572	327	20.80%
		Neurophysiology - Peripheral Neurophysiology	16-Oct-22	174	159	61	6	1				401	227	56.61%
		Non-obstetric Ultrasound	16-Oct-22	2651	1602	526	515	198	4	1	3	5461	2810	51.46%
		Ophthalmic and vision science	16-Oct-22	0	34	43	40	25	22	1		165	165	100.00%
		Respiratory physiology - Not Sleep Studies	16-Oct-22	0	1	5	6	2	3			17	17	100.00%
		Respiratory physiology - Sleep Studies	16-Oct-22	172	73	74	56	23	6			404	232	57.43%
	Urodynamics - Pressures & Flows	16-Oct-22	49	103	68	26	22	21		1	340	291	85.59%	
	NHS DEVON SOUTH DEVON NHS FOUNDATION TRUST	Audiology - Audiology Assessments	16-Oct-22	215	24	2	7	2				250	35	14.00%
		Cardiology - Echocardiography	16-Oct-22	410	225	14	5	2	7			663	253	38.16%
		Colonoscopy	16-Oct-22	255	321	121	126	88	15		11	1088	833	75.56%
		Computed Tomography	16-Oct-22	641	43	3	1	1				689	48	6.97%
		Cytoscopy	16-Oct-22	71	19	1	43	11	14			159	88	55.35%
		DEXA Scan	16-Oct-22	82	5							87	5	5.75%
		Flexi Sigmoidoscopy	16-Oct-22	77	73	24	11	2	3			190	113	59.47%
		Gastroscopy	16-Oct-22	167	30	2		1	1		1	202	35	17.33%
Magnetic Resonance Imaging		16-Oct-22	436	204	104	128	32	2	1		908	472	51.98%	
Neurophysiology - Peripheral Neurophysiology		16-Oct-22	49	45	1						95	46	48.42%	
Non-obstetric Ultrasound		16-Oct-22	1258	41	1						1300	42	3.23%	
Respiratory physiology - Sleep Studies		16-Oct-22	10	9							19	9	47.37%	
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST		Audiology - Audiology Assessments	16-Oct-22	631	141							772	141	18.26%
		Cardiology - Echocardiography	16-Oct-22	517	18							535	18	3.36%
	Colonoscopy	16-Oct-22	271	83							354	83	23.45%	
	Computed Tomography	16-Oct-22	1532	232	1						1765	233	13.20%	
	Cytoscopy	16-Oct-22	29	9	2						40	11	27.50%	
	DEXA Scan	16-Oct-22	248	3							251	3	1.20%	
	Flexi Sigmoidoscopy	16-Oct-22	90	26							116	26	22.41%	
	Gastrointestinal physiology	16-Oct-22	6	3	2	2					13	7	53.85%	
	Gastroscopy	16-Oct-22	276	39							315	39	12.38%	
	Magnetic Resonance Imaging	16-Oct-22	2179	399	15	2					2595	416	16.03%	
	Neurophysiology - Peripheral Neurophysiology	16-Oct-22	152	11							163	11	6.75%	
	Non-obstetric Ultrasound	16-Oct-22	2916	1062							3978	1062	26.70%	
	Ophthalmic and vision science	16-Oct-22	6								6	0	0.00%	
	Respiratory physiology - Not Sleep Studies	16-Oct-22	42	6		3					51	9	17.65%	
Respiratory physiology - Sleep Studies	16-Oct-22	11	4							15	4	26.67%		
Urodynamics - Pressures & Flows	16-Oct-22	299	119	16	2					516	138	26.74%		

Improvement Plans

The fourth endoscopy (mobile) room is now operational with plans in place to create a seven-day service in endoscopy. Options for a cystoscopy mobile unit are being assessed and an increase in 30 patients will start next week, following the temporary appointment of two consultants.

A case to provide a permanent pad for mobile MRI is in train for agreement through capital prioritisation. An MRI outsourcing/reporting provider has been identified and the financial approval has been given. There will be a focus on mitral regurgitation (MR) stress with consultant time being re-allocated to support recovery.

Echo have secured an outsourcing provider from November with funding now approved to proceed. TSDFT are fully represented at the national recovery group as the physiology workforce shortfall are considered one of NHSE / NHS Improvement (NHSI) top workforce issues.

Mutual aid has also been agreed within Devon to support recovery of our diagnostic and cancer pathways.

7.0 Children and Family Health Devon (CFHD)

7.1 CareNotes outage

The CareNotes outage is ongoing. The date to restore (and update) the Children and Adolescent Mental Health Services (CAMHS) CareNotes system is yet to be determined. In the meantime, mitigations are in place which enables capture of contemporaneous clinical progress notes and access to some patient demographic information. Staff continue to be supported in delivering care in this context.

7.2 Transformation Programme

The financial work is underway to complete the development of the final service model. A period of due diligence will be required and agreement by the executive teams of both provider trusts before the service model is presented to the Alliance Partnership Board for ratification in December.

On 10 November over 30 colleagues from the corporate departments of Devon Partnership Trust (DPT) and Torbay and South Devon Foundation Trust (TSDFT) came together for a workshop to find solutions to the interoperability issues inherent in delivering an integrated service across two organisations. The workshop achieved its goals, with energy and commitment to improving how we work together for the benefit of our children and the CFHD teams clearly evident. Colleagues have been asked to submit their action plans by 18 November and there will be a follow-on workshop on 12 December to review the progress made against our commitments and to reflect on the enablers or obstacles in making the necessary changes.

7.3 Neurodiversity Gamechanger

A Devon system stakeholder engagement session took place on 11 November to build consensus about the neurodiversity diagnostic pathways, which are delivered by CFHD, Livewell and Community Paediatrics across the three acute Trusts for Plymouth, Devon and Torbay. Following this event further improvement work is planned to integrate and standardise the neurodiversity diagnostic pathways across the community and acute teams within the Devon system. This is early days for the gamechanger – it is a system wide piece of work. No date has been set as yet for this to be implemented however, there is a separate and connected piece of work in Torbay which forms part of the Torbay SEND Written Statement of Action. This action is due for end of December.

7.4 Devon Area Improvement Plan – Special Educational Needs and Disability (SEND)

An improvement plan has been submitted to NHSE / Department for Education (DfE) outlining the actions the area will take to address the weaknesses found in the Ofsted / CQC SEND revisit in May 2022. The development of the plan was collaborative across the partnership with significant input from health colleagues.

8.0 Families Community and Home care group update

8.1 Child Health / Paediatrics

The typing position within Child Health is currently within service level agreements (SLA) at four days this is an improvement from a three month backlog over the Summer.

There are three consultant vacancies out to recruitment. Interviews are being held over the next 6 weeks. With long term sickness, paternity leave and the time it takes to recruit to these roles, outpatient capacity continues to be a struggle and will impact on the target to clear 78 week waits by 31 March 2023.

With NHSE we are beginning work on a pilot for a remote consultation toolkit as part of our action plan towards improving our outpatient waits.

We have received formal approval for a funding request for physiotherapy and dietetics support in the special care baby unit (SCBU) by the Neonatal Network.

8.2 Children's Torbay 0-19 Service

The team are developing plans for the Family Hubs and Start for Life programme in partnership with wider health services including Maternity and CFHD teams, whilst the decision on Torbay's application to become a 'trailblazer' has been delayed.

A variation to the contract has recently been funded and for the Children's Society as part of the 0-19 service to provide a trauma focussed support and emotional wellbeing service for children and young people living in domestic abuse safe accommodation. This provision will be funded for a period of 12 months from 1 October 2022 – 30 September 2023, with the possibility of extension for up to a further 12 months.

8.3 Health Lifestyles

TSDFT has been allocated £102,000 for 2022/23 to support delivery of NHS funded tobacco dependence treatment services in line with the NHS Long Term Plan commitments.

The recommended model is based on delivering systematic in-house treatment of tobacco dependence in secondary care. All inpatients are to be provided with behavioural support and Nicotine Replacement Therapy (NRT), with follow up post-discharge. The model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.

The pregnancy pathway commenced in June and the acute pathway is due to start in November, following the appointment of our first tobacco dependence adviser. The adviser will initially work on Midgley ward and will also work on the Acute Medical Unit (AMU) to identify smokers who are admitted, ensuring they have access to NRT and ongoing support.

Further recruitment is underway to increase the capacity of tobacco dependence advisers with additional capacity required in both the maternity and acute systems.

8.4 Maternity

8.4.1. Brigid Business Case Approval

Funding has been approved at Capital Improvement Delivery Group (CIDG) for the 'Brigid' business case. This will enable an electronic maternity early warning system to be implemented within SystemOne and was a Care Quality Commission (CQC) recommendation.

8.4.2. Retention and Recruitment Update

We have doubled the number of preceptee midwives in the establishment from September. They are to be supported in practice by a legacy band 6 midwife: a new post to work alongside in practice. We have also initiated a bespoke preceptorship programme 'Acorn to Oak' which offers a package of support to increase retention of this group of staff. Due to the reputation of the work on retention at TSDFT, we have also been approached about participating in a service review to be led by Kings College, London.

8.4.3 Capacity

The neonatal network has been advised that we need to continue with the cot reduction of seven cots on Special Care Baby Unit (SCBU) at present, due to pressures within the general hospital. This continues to impact on John McPherson Ward and SCBU due to the significantly reduced footprint and resultant quality, safety and patient experience consequences.

This continues to mean that the maternity service is unable to provide an alongside midwifery unit and separate transitional care facilities for babies (two schemes from the Devon Integrated Care System (ICS) Long Term Plan transformation strategy). Planning work has been started as part of the capital prioritisation process.

8.4.4 Maternity Incentive Scheme Year 4

Trusts must now submit the completed Board declaration form to NHS Resolution by noon 2 February 2023. An overview of progress and areas of risk was presented at the Trust Board meeting on 26 October 2022.

The Clinical Negligence Scheme for Trusts (CNST) rebate will form part of the overall Integrated Service Unit (ISU) financial recovery plan, so a failure to achieve the rebate in 2022/23 will have a financial as well as reputational impact.

Project management support has been requested to facilitate the extensive evidence and assurance information that is needed to support the Trust's declaration. The requirements become more resource intensive each year and it becomes more challenging for the maternity leadership team to manage this alone.

9.0 Torbay Drug & Alcohol Service

Work on co-production is gaining pace as part of the mobilisation of the Multi Complex Needs (MCN) contract. The agreed plan is taking a four-stage approach as follows:

STAGE 1 – Group will review the Alliance Vision, Values, Behaviours and Principles

STAGE 2 – Gathering of service user experiences – using current information and approaching those who may not often access our services

STAGE 3 – Develop what 'Better Will look like'

STAGE 4 – Supporting the development of new Alliance service pathways

Funding has been allocated from the Substance Misuse Treatment & Recovery (SSMTR) grant to support this work.

10.0 Community Sexual Health Service

The service is planning additional monkey pox vaccination clinics for patients who fit certain criteria. These will be at Castle Circus Health Centre on Monday evenings during November. The first cohort of 75 patients have been contacted and the service has had a 25% response to date.

11.0 Social Care

The improvement of adult social care continues to move forward at pace, including driving further speed into rapid action plans. There is a particular focus on Review and Insights and the associated Cost Improvement Programme (CIP). The resource has been ringfenced to enable a focused approach and prevent delay in CIP delivery.

Activity is scheduled across front end services to review current processes and support improvement activity. This includes the implementation of online self-assessment tools scheduled for completion by January 2023, scrutiny for packages under £500 per week and work linked to hospital discharge and pathways into adult social care, supported by daily touch point to assure that the work is moving at pace. The Provider Assessment and Market Management Solution (PAMMS) pilot is currently in operation which will support assurance activities and refocusing and reformulating the Quality Assurance and Improvement Team (QAIT) function.

11.1 Quality Assurance Framework (QAF)

The Quality Assurance Framework has been reviewed and signed off by the Adult Social Care Continuous Improvement Board and is ready for operational implementation. Work to support reporting against the QAF is in place and will continue across December 2022 in preparation for reporting, which will begin in January 2023. The QAF will be supported by Social Care Reforms resource currently being recruited by Torbay Council, the role will support implementation of the QAF and support the assurance function in preparation for the CQC inspection regime scheduled to begin in April 2023.

12.0 Community Services

We have had a date for completion of the Dartmouth Health and Wellbeing Centre of 30 January 2023. Following a commissioning period, it is anticipated that Trust teams and Dartmouth Caring will move in the week of 6 March 2023 with the first patients using the centre the following week. Dartmouth Medical Practice will move in shortly after.

12.1 Community Hospitals

Meetings are planned to look for a longer-term solution for medical cover for Totnes Community Hospital and also to meet with GPs providing cover for Brixham Community Hospital. Improvement work to reduce length of stay across the 4 community hospitals is underway.

13.0 Therapies

Due to ongoing vacancies and workforce challenges the in-patient therapy teams have reviewed their referral criteria, and released a refreshed prioritisation framework to ensure that they are able to meet the needs of patients on our wards that are medically optimised or have no criteria to reside. In addition, they have allocated one of the Occupational Therapists at the weekend to support the new way of working to improve weekend discharges.

14.0 Healthcare of the Older Person (HOP) and Frailty

The consultant team is currently experiencing an increase in unplanned absences with 33% of the consultant team absent. In addition, there is the short-term sickness and planned leave. The consequence is that HOP and stroke wards and orthogeriatric service are frequently operating with just one consultant (including stroke physicians supporting the HOP wards) and the frailty intervention team is often operating without a consultant geriatrician presence. This is causing significant concern, as the re-opening of the short-stay unit is anticipated at the end of November, and HOP are committed to providing a consultant to manage 12 of the beds as short-stay frailty beds. We continue to monitor the situation closely and work with the acute medicine team to look at short-term solutions

14.1 Stroke and Neuro-Rehab

Following an increase in August and September, the number of patients going directly to the stroke unit dropped in October to just 10% (four patients). Whilst disappointing, a drop was anticipated due to the prolonged internal critical incident experienced at the beginning of October, when flow of patients through ED was severely restricted and the maintenance of ringfenced beds severely compromised. Other measures remained largely unchanged. Work continues on the draft Standard Operating Procedure (SOP) in place to support the ringfenced beds and a service meeting is planned in early December to look in depth at the peer review action plan.

15.0 Recommendation

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

Report to the Trust Board of Directors			
Report title: Directorate of Transformation and Partnerships Quarterly Report		Meeting date: 30 November 2022	
Report appendix	N/A		
Report sponsor	Director of Transformation and Partnerships		
Report author	Director of Transformation and Partnerships		
Report provenance			
Purpose of the report and key issues for consideration/decision	The Board is asked to receive and note the update from Transformation and Partnerships, covering each of the key areas within the Directorate.		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	The Board is asked to note the report.		
Summary of key elements			
Strategic objectives supported by this report	Excellent population health and wellbeing		Excellent experience receiving and providing care
	Excellent value and sustainability		
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score
	Risk Register	X	Risk score
	BAF Risk 6 – Digital and Cyber Resilience BAF Risk 7 – Building a Brighter Future BAF Risk 8 – Transformation and Partnerships BAF Risk 9 – Integrated Care System		
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation
	NHS England		Legislation
	National policy/guidance		

Report title: Directorate of Transformation and Partnerships Quarterly Report	Meeting date: 30 November 2022
Report sponsor & author	Director of Transformation and Partnerships

1. Introduction

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

The following updates are not provided in a specific priority order - the sequence of reports is rotated each month.

2. Clinical Entrepreneur Programme (CEP) – (Helen Davies-Cox)

The CEP is the biggest entrepreneurial workforce development programme of its kind, aiming to provide the commercial skills, knowledge and experience needed to successfully develop and spread innovative solutions to the challenges facing the NHS for the benefit of patients, staff and the wider NHS.

Focus in the next 12 months is to work in partnership with Stakeholders from across the South Devon Local Care Partnership to identify, test and evaluate a minimum of 3 NHS Clinical Entrepreneur Programme Insite Innovations that are aligned to the Trust/LCP priorities. For those innovations that are evidenced locally to deliver the expected improvements, transformations and efficiencies, to embed these into the relevant pathways and ways of working.

To date we have met with eight NHS Clinical Entrepreneurs, considered and scoped out their innovations and the likely impact and value that these offer to the Southern Devon Local Care Partnership. These innovations cover, recruitment of medics and other staff, staff wellbeing, Equality Diversity and Inclusion, Outpatient appointment optimisation, reducing on the day cancellations for Children and Young People’s procedures, Medicine optimisation and early cancer detection/appropriate referrals to secondary care.

Our strategy is to engage relevant local stakeholders from the very beginning, working in collaboration with them to decide whether to proceed to the test and evaluation stage of the innovation in a real work environment or not. As of November 2022 we are actively delivering one innovation ‘Little Journey’ (Link: [Welcome to Little Journey](#)) with the full engagement with our paediatric team, and are considering progressing five further initiatives.

3. Strategy (Chris Winfield)

Focus is currently on the next 12 months' deliverables and milestones across all of our supporting strategies, to form our "Single Improvement Plan (SIP).

A new online "[Strategy Hub](#)" is available to staff, which holds formal documentation, reference information and a "strategic news feed" regularly updated with relevant information.

A light-touch communications/engagement campaign will start before Christmas, to increase awareness of our strategic goals, to prompt discussion around "What it means for my service and me" and to invite feedback.

4. Provider Partnerships (Chris Winfield)

The wider-Devon dynamics between the Integrated Care Board and Local Care Partnerships (LCPs) remain involved, with significant uncertainties around the strategy and governance framework for 2023 and beyond. However, the South Devon LCP has agreed a clear set of priorities, with sponsorship shared amongst members. TSD is sponsoring the development of a new approach to integrated health and wellbeing services in Dawlish in collaboration with primary care and other partners. This involves complex and transformational change which is progressing well through early planning stages.

A workshop bringing together TSD, DPT and Children and Family Health Devon teams has led to a set of plans to rationalise and improve corporate support services for community children's services across Devon. This aims to deliver rapid benefits in the next 12 months.

5. Improvement and Innovation Team (Dawn Butler)

Delivery Highlights:

1. Phase 1 of recruitment to the Improvement and Innovation Team is near to completion and subject to successful appointments in the latest recruitment round will be achieved ahead of schedule within 6 months.

2. The Improvement and Innovation team have delivered QI training to over 220 of our staff, with 66 completing practitioner level 4-day courses and circa 160 completing foundation level intro sessions. This includes dedicated training for preceptees, junior doctors, new Consultants, Patient Safety Team, Pharmacy, Clinical Governance and IM&T.

3. We have successfully delivered an improvement workplan enabling our Community Urgent Care Services to exceed the national target by seeing 70% of people within 2 hours who are classified as urgent and seeing more than 80% of people within 2-48hours.

4. We have led the development of the Virtual Ward business case through to successful approval at IGG. Subject to approval at FPDC and Board this delivers a financial mandate to implement the new virtual ward pathways.

Building improvement capability is a cornerstone of our organisation as it 'builds a brighter future'. Following approval by FPDC to invest in our improvement capability in late July, the Improvement and Innovation team have successfully recruited an additional 8.6wte team members. This includes welcoming 3 Project Support Leads, 2.6 Project Managers and 2 Heads of Improvement and Innovation. A new round of recruitment for project managers will commence in the next few days.

It should be noted that despite a competitive workforce market we have been fortunate to attract high calibre applicants with demonstrable experience and expertise in project management. All members are integrating into the team very well and making a significant contribution to our strategic change priorities.

We are pleased to confirm that a third cohort of Quality Improvement training commenced on 1st November with teams from Education, Cancer Services, Colorectal Surgery and Paediatrics attending, all bringing with them key improvement projects to improve patient experience and flow.

As we scale up the organisation's improvement architecture we continue to need to exercise discipline in the allocation of change management expertise to areas of high impact and critical need meeting our quality and safety priorities first and foremost. This is particularly critical as we endeavour to serve a breadth and complexity of change activity across our organisation that is significant in both urgency and scale. To support prioritisation of change resource as well as to help position the organisation in its readiness for transformation and innovation at scale a new Transformation Group will be convened to oversee the delivery of our strategic intention to improve our capacity, capability and delivery of transformation across the Trust from January.

The Trust Improvement Plan is extensive and the below provides highlights from some of the portfolios:

- **Surgical Transformation:** We have used the findings and recommendations from Foureyes and Deloitte to define and shape the improvement measures in the portfolio, working to achieve pre-Covid capacity. This has taken shape in Preoperative assessment, booking and scheduling and GIRFT principles in Orthopaedics. We also have received funds from NHS England to aid transformation in preoperative assessments, triaging patients and becoming digitally ready. Surgical pathways are capitalising on digital opportunities in the form of CONNECTPlus, and we have re-envisioned the surgical pathway to achieve efficiency, having submitted a Capital Prioritisation Bid for the move of the Admissions Unit to Level 5.
- **Patient-Centred Outpatients:** The deep dives with 10 specialties have been completed. The outcome has recognised the significant impact and interdependencies of access to adequate estates, workforce and the leadership and governance of outpatient services as a whole on the ability of the specialties to undertake transformative activities. The reduced performance figures for non-face to face and patient initiated follow up reflect the increased acuity and long waits for initial appointment. As a result, the programme mandate has been reviewed and the immediate priorities are to establish a clear single line of oversight for outpatient services which will include the procurement of a room booking system to ensure the suitability and utilisation of rooms is maximised

across the Trust sites and the establishment of a leadership structure to oversee the access to services and to drive the improvement programmes.

- **Home First:** We are 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, cardiology and frailty. Improvement interventions have successfully led to the urgent community response service exceeding the national 2hr target achieving over 70%.
- **Urgent Care & Flow Improvement:** Our Home for Lunch initiative aims to get people home earlier in the day, whilst delivering the best experience to patients as they return to their place of residence. Our improvement target is 33%, which would give us an extra 12 available beds before noon. Our second initiative is discharging people at weekends. Currently our discharges at weekends reduce to around half of what we would do on a weekday and our improvement target is 80%, which would give us 21 extra beds on a Saturday and 21 on Sundays.
- **Workforce:** Following the Deloitte report, three workstreams have been developed in the Workforce Resourcing teams (Recruitment, Rostering and Temporary Staffing) and four workstreams developed in Nursing and Midwifery (Health Roster, Recruitment and Retention, Supportive Observation and Governance and Controls). A number of the agreed Key Performance Indicators (KPIs) are showing a vast improvement following the tasks and process changes implemented by the individual teams, as well as cost reductions in agency spend.
- **Quality and Patient Safety Transformation:** The team has supported the establishment of governing groups, with terms of reference and clear membership and accountability for the delivery of the Quality Priorities, which include:
 1. Nutrition & Hydration;
 2. Sepsis;
 3. Patient experience of discharge;
 4. Falls;
 5. Deteriorating patient.

Quality Boards A meeting with the design company is planned for next week to take forward the Quality Board work which has already been tested on some of our wards and is now being prepared to spread across them all.

Patient Safety: Following the replacement of Serious Incident Framework (SIF 2015) by the Patient Safety Incident Framework in August 2022, we have started to implement an 18-month transformation project, which embeds these fundamental changes into our organisation. Initial scoping and ground work has been completed and we are working with earlier adopters of this framework to minimise the implementation time. Our first PEAP (PSIRF Expert Advisory Panel) is due on the 14th December lead by Deborah Kelly.

6. Project Management Office and CIP Development (Richard Tregidgo)

The PMO is continuing to support the 2022/23 Efficiency Programme. The new members that joined in April have settled in exceptionally well and from the point a new opportunity is identified to completion of financial delivery, they are working closely with SRO/ADOs, assigned lead, finance colleagues and other subject matter experts to ensure the information we hold is complete and accurate.

Summary reports are produced for a number of audiences in a timely manner with those going to CIP Delivery Board being used to flag issues, aid discussion and make decisions. The following is taken from the PMO Update presented at the November meeting, based on month 7 financial data.

Scheme Development:

Unidentified	Idea quantified and leads agreed		Signed off plan		Delivery started and transacted	
Value	Value (in year)	No. schemes	Value (in year)	No. schemes	Value (in year)	No. schemes
£10,162,528	£2,864,393	28	£59,421	1	£15,365,318	92

Delivery Status:

YTD (@M7)			In year total			Recurrent FYE
Target	Actual	Variance	Target	Forecast	Variance	
£15,586,610	£10,840,308	-£4,746,302	£28,451,660	£15,424,739	-£13,026,921	£9,736,753

The PMO attends and provides administrative support to a number of related meetings including Programme Boards for some cross-cutting workstreams, CIP Governance Groups for each ISU and Impact Assessment Panel where full QEIA Assessments are reviewed and approved. Assistance is also being given to other departments using the same software platform the team uses to host it's Project Tracker and Dashboards.

7. Health Informatics Service (Gary Hotine)

Digital Strategy/EPR:

- The RCHT procurement route has been delayed by 12 weeks and indicators are that there will not be a Peninsula outcome.
- Board approval has been given to proceed with a TSDFT-led procurement with UHP.
- Board endorsement was received for the material changes to the Trust's OBC and was submitted for Regional/National approval on 11th November 2022. UHP submitted their OBC on the same date.

IT Programme:

- Mitigation for loss of project managers continues. Band 6 employed (with potential) and a band 8a seconded from IT Ops. First contract PM being onboarded, and other interviews being scheduled (exception reports being draft to highlight additional costs).
- LIMS acknowledged as priority and now being driven out of ICS as a collaborative, competitive bid process. N.B. Local resourcing of project management capacity will impact our ability to progress at speed. This is being addressed through the use of contractors.
- Document Management upgrade project kick-off will take place end November to migrate from Civica WinDIP to Civica Cito.
- Order Comms upgrade project initiation underway (SRO to be agreed and is at risk of stalling the project) to migrate from Clinisys Cyberlab to Clinisys ICE.
- Symphony v3 UAT has highlighted issues which will delay go live – now forecast for January.
- Continued optimisation of the SystmOne implementation in maternity services
- Commencement of SystmOne BRIGID in maternity project to satisfy a CQC 'must do'.
- Development of NEWS2 functionality for use within SystmOne Community nursing and therapies unit.
- Recruitment of a short-term agency project manager to help address the loss of permanent project managers.
- One retire and return within the PARIS team; staff member has returned on a 12-month fixed term contract.
- PARIS Assessment Summary bug fixing and Intermediate Care prototype developed and reviewed internally within PARIS BAU Team.
- PARIS Connect infrastructure in place and SNOMED servers upgraded.
- Review of Civica releases and preferred PARIS upgrade path identified and planning underway in response to DCOM hardening Issue.

Data Engineering:

- Dual running the legacy and new corporate Data Warehouses, and completing User Acceptance Testing (UAT);
- Completed maternity data submissions for the clinical network from SystmOne, and loaded data into the corporate data warehouse (undertaking UAT);
- Loaded adult critical care data from MedicUs into the corporate Data Warehouse (undertaking UAT);
- Switched Symphony v2 data submissions to the corporate Data Warehouse, and preparing for Symphony upgrade to v3;
- Loaded theatre data from Galaxy into the corporate Data Warehouse (undertaking UAT).
- Planning report migration to the new corporate Data Warehouse and decommissioning the obsolete servers.

IT Operations:

- Continuing to improve service delivery and the IT Operations support teams have achieved and sustained the 95% SLA target for three months consecutively, continuing the excellent performance despite conflicting pressures.
- The Network Replacement project has now been completed in the Acute and is near complete in Community sites. The inter-site duct issue remains.

- Our IT Operations colleagues are also working hard on recovering from the recent Remote Access outage showing outstanding commitment and effort.
- The operations and cybersecurity leads continue to play a major role in the recovery works following the national Care Notes cybersecurity incident affecting CFHD and CAMHS.

Information Governance:

- Work continues on the Data Access & Disclosures' (DADO) backlog and is 80% complete (completion due in November).

Clinical Applications:

- Restructure of the Support desk and Request for Work tickets for the CSIS team, and targeted activity to outstanding support incidents has reduced the number of outstanding tickets from 179 to an average of 8-10, allowing us to focus on service management improvements and SLAs
- Created new RFC database to provide a single list of RFC/Projects. Started looking at status reporting and process for managing prioritisation and how we ensure our resources are focussed on the Trust's key priorities.
- Continued work with the Medical teams to roll out the Portal 2 patient lists with Turner, Cheetham Hill, CCU/TCPU, Dunlop, Allerton, Cromie, Louisa Cary, Ainslie, Ella Rowcroft and Warrington all now live. Midgley, Simpson, George Earle and the scoping of Acute Medicine outstanding.
- Started the detailed scoping with the clinical teams for managing the Virtual Ward capability for Frailty, Respiratory and Cardiology.
- Moved the outpatient clinics locations (IHCS) from Level 2, in less than 3 weeks, ahead of AMU opening (a significant undertaking).
- Deployed the latest batch of BAU InfoFlex changes (closing 29 BAU RFCs)
- 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
- Started to submit our ECDS3 data items from Symphony and were complimented by our Data Liaison Manager at NHS Digital on the validity rate on these new items (NEWS2/Clinical Frailty Score specifically).

8. Communications and Engagement Team (Jane Harris)

We have now successfully concluded recruitment to all vacant posts and the new structure is in place. Our new Head of Communications and Engagement and our new Engagement Manager are both now in post and our new Internal Communications Officer will start with us at the beginning of January. Our current focus is on planning to move us towards a more proactive approach to our work, identifying stories that show how we are addressing our challenges, celebrating our successes and putting our people at the heart of everything we do.

We continue to work closely with our health and care system partners to collaborate on campaigns and key messaging wherever appropriate. We have launched our local 'Here to help' campaign to reinforce our zero-tolerance approach to abusive and aggressive behaviour and supported our colleagues in the Emergency Department to develop a patient journey map to help people waiting understand the triage and assessment process.

We have worked alongside our governors, and with the support of digital horizons, to develop a video to promote membership of our Foundation Trust and have supported our Annual Members' Meeting 2022. We are working closely with our governors, who are our expert resource, to map better ways to reach and listen to our most vulnerable people as well as identifying local groups and organisations that can support us to develop our fundraising.

Good progress has been made in developing our approach to fundraising and we are now established on AmazonSmile and EasyFundraising. Our fundraising plan will be presented to the Charitable Funds Committee next month and we will be submitting a bid to NHS Charities Together to support investment in key infrastructure needed to move our fundraising further forward.

We are delighted to be the recipient of Dunelm Torquay's Tree of Joy this year and hope to be able to give a gift to every patient in one of our hospitals on Christmas Day. Working in partnership with local businesses and communities is a key part of our fundraising plan to help us reduce inequity and build healthy communities while improving patient experience, care and outcomes and supporting our people to thrive. All of which will support us to achieve our organisational priorities and our vision for better health and care for all.

9. Recommendations

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

Report to the Trust Board				
Report title: Estates & Facilities Management Strategic Performance Update		Meeting date: 30th November 2022		
Report appendix	Appendix 1: Trust Health & Safety Report Appendix 2: EFM Compliance Dashboard			
Report sponsor	Chief Finance Officer and Deputy Chief Executive			
Report author	Director of Estates and Facilities			
Report provenance	Estates Performance and Compliance Group			
Purpose of the report and key issues for consideration/decision	The purpose of this report is to brief the Trust Board on strategic Estates & Facilities Management performance and compliance exceptions for September and October 2022.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	To note the current performance and compliance of Estates and Facilities Management directorate and headline summary of key exceptions and activities			
Summary of key elements				
Strategic goals supported by this report	Excellent population health and wellbeing	X	Excellent experience receiving and providing care	X
	Excellent value and sustainability	X		
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	5	Risk score	25
	Risk Register	2179	Risk score	16
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation	X
	NHS England	X	Legislation	X
	National policy/guidance	X		

Report title: Estates & Facilities Management Strategic Performance Update		Meeting date: 30 th November 2022
Report sponsor	Chief Financial Officer & Deputy Chief Executive	
Report author	Director of Estates & Facilities	

1.0 Introduction

- 1.1 This report sets out performance and compliance exceptions within the Estates & Facilities Management (EFM) directorate for the months of September and October 2022. In addition to this, some strategic updates relating to EFM activities and business projects are included.

2.0 Discussion

2.1 Corporate Health & Safety

Focus on the management of corporate health and safety, including fire safety continues to be a key priority for the directorate with a sharp focus on doing the basics well and creating a safety focussed culture across the Trust. Appendix 1 sets out the Trust's performance against key health & safety metrics for the month of October.

All matters regarding the recent Notice of Contravention relating to COVID RIDDOR issued to the Trust by the Health and Safety Executive (HSE), have now been concluded satisfactorily. There are no outstanding corporate health and safety issues between the Trust and the HSE.

Institute of Safety and Health (IOSH) training for line managers is now being rolled out across the Trust as part of the division's objective to improve safety culture. This three-day course will provide line managers with a basic understanding of their obligations under the Health & Safety at Work Act 1974 and help them lead working environments which are healthy and safe for their teams. So far, 17 colleagues have attended the training with a pass rate of 100%.

2.2 Compliance and Performance

Appendix 2 sets out the EFM directorate's compliance performance for the months of September and October 2022. Estates delivery performance data for planned and reactive works is published a month in arrears, October's data will therefore be covered under January's report.

There are no overarching concerns relating to EFM compliance and performance, which has remained consistent in most areas. Recruiting to vacant engineering posts has presented a challenge in the team's ability to deliver some lower priority planned and reactive works, this is being addressed through partnering with specialist third party providers and an internal review of the works allocation process, both of which will result in a marked improvement in these areas from February 2023. Whilst challenging, this does not present the Trust with a significant risk nor impact its compliance with Healthcare Technical Memoranda (HTM) or statutory regulations relating to maintenance and repair.

2.3 Medical Device Support Services

Effective 1st November 2022, the Medical Device Support Services (MDSS) team has transferred from the Trustwide Operations ISU to the EFM directorate. This was a strategic decision taken on the basis of synergies in outputs from MDSS and EFM and the opportunity to efficiently align back office and management structures in the respective functions. MDSS performance and compliance for the months of September and October is covered within Appendix 2.

2.4 Acute Medical Unit

The build of the Trust's new Acute Medical Unit (AMU) has now entered the final stages and delivery teams are now focussed on activity to enable the formal opening ceremony on 29th November and the operational go live of the building on 14th December. Work has concluded on the closure of the final account with the principle contractor (Kier) supported by our project management and quantity surveyors, Peninsula Projects, the details of this will were shared with the Finance, Digital and Performance Committee.

2.5 Dawlish PFI Expiry

The existing PFI arrangement for Dawlish Hospital will expire in June 2024, a formal programme for the transfer of the asset is currently in place and the Trust is in regular dialogue with the Special Purpose Vehicle (SPV) provider Sir Robert McAlpine LTD. Discussions relating to the TUPE transfer of employees of the existing EFM contractors are ongoing and a decision around the nature of the EFM delivery model will be made in quarter two of the 23/24 financial year once a thorough analysis of existing employee data and service costs has been undertaken. Work is underway through the Finance, Digital and Performance Committee as to the medium-term service- and clinical model.

2.6 EFM Transformation Activity

A series of transformation programmes within the EFM directorate are currently underway, which are focussed primarily on: customer experience (a customer is defined by EFM as anybody who uses our premises and services within them); digital enablement; organisational re-design; and the development of a 3-5-year EFM delivery strategy.

The organisational re-design of the leadership structures known as Target Operating Model 1 (TOM1) has now concluded. TOM2 has now commenced and is focussed on the simplification and right-sizing of frontline delivery teams and the integration of MDSS within the EFM directorate, this re-design will take place across a 6-9-month period.

A technology trial titled 'Navenio', funded by NHS England, is currently being undertaken within the portering and deep cleaning teams on the acute site. The technology allows portering and cleaning requests to be made by customers with ease using a digital platform and, should generate improved data sets on performance and productivities within both services. The trial commenced in October 2022 and will run until March 2023.

Work has begun on the creation of a single EFM helpdesk, which will act as a one-stop-shop for all requests, negating the need for the customer to have to navigate the complex EFM delivery structure in order to resolve issues within their working environment or requests specific services. The new EFM helpdesk

will launch on the 1st April 2023 and detail on specifics surrounding the communications plan, formal launch activity and the digital platforms supporting this will be shared in the coming months.

3.0 Conclusion

September and October have seen strong and consistent levels of compliance and performance across all areas of the EFM directorate.

Focus on sustaining improved performance will continue to be a priority paired with a radical transformation programme which will improve customer experience and ensure the directorate's operating structure is fit for purpose in meeting the expectations of our customers, underpinned by intelligent data which allows performance against those expectations to be monitored, and prompt change to address areas of concern.

4.0 Recommendations

The Board is asked to note the current performance and key headlines of the Estates and Facilities directorate

Report Date	August Committee meeting (reporting period up to 31 st October 2022)		
Report Title	Corporate Health & Safety and Fire Monthly Report		
Report Authors	Kevin Wood - Corporate H&S Manager Suzanne Ellis - Senior Compliance Advisor Neil Faulkner - Corporate Fire Safety Advisor Jake O'Donovan - Director of Estates & Environment		
Lead Director	John Scott – Chief Operating Officer		
Corporate Objective	Safe, quality care and best experience / Well led		
Corporate Risk/ Theme	Statutory Safety		
Purpose	Information	Assurance	Decision
	✓.	✓.	✓.

Summary of Key Issues relating to Corporate Health, Safety and Fire contained on separate Report

- **Risk register**

There are a total of 64 Health and Safety open risks on the Trust wide Risk Register of which 30 are currently scoring 12 and above. This is an increase from last month in terms of number and in terms of scoring.

1. Analysis of Performance

Table 1. below, shows the number of incidents reported by month over a rolling 12-month period from 1st November 2021 to 31st October 2022 (inclusive).

Table 1

	Death	Severe	Moderate	Low harm	No harm	Near miss	Totals
Nov 2021	1	4	5	91	99	23	221
Dec 2021	0	4	15	66	123	23	231
Jan 2022	0	45	4	101	130	34	314
Feb 2022	0	16	4	59	129	26	234
Mar 2022	0	34	5	93	155	24	311
Apr 2022	0	20	7	66	142	29	264
May 2022	0	2	5	79	143	25	254
June 2022	0	3	2	59	119	33	216
July 2022	1	6	5	70	143	19	244
Aug 2022	1	6	7	71	140	24	249
Sept 2022	1	7	2	60	104	21	195
October 2022	0	4	2	61	101	34	202
YTD Totals	4	149	63	876	1528	315	2935
Averages PM	0.33	12.42	5.25	73.00	127.33	26.25	244.58

As seen in Table 1. Octobers' figures showed a slight increase in recorded events up from 195 to 202.

Average monthly total recorded events 244.58, October below average at 202 we have an increase in recorded near miss incidents up 13 on September's figures

Chart 1

HSE Incidents -Rolling Year by Inc Date & Severity

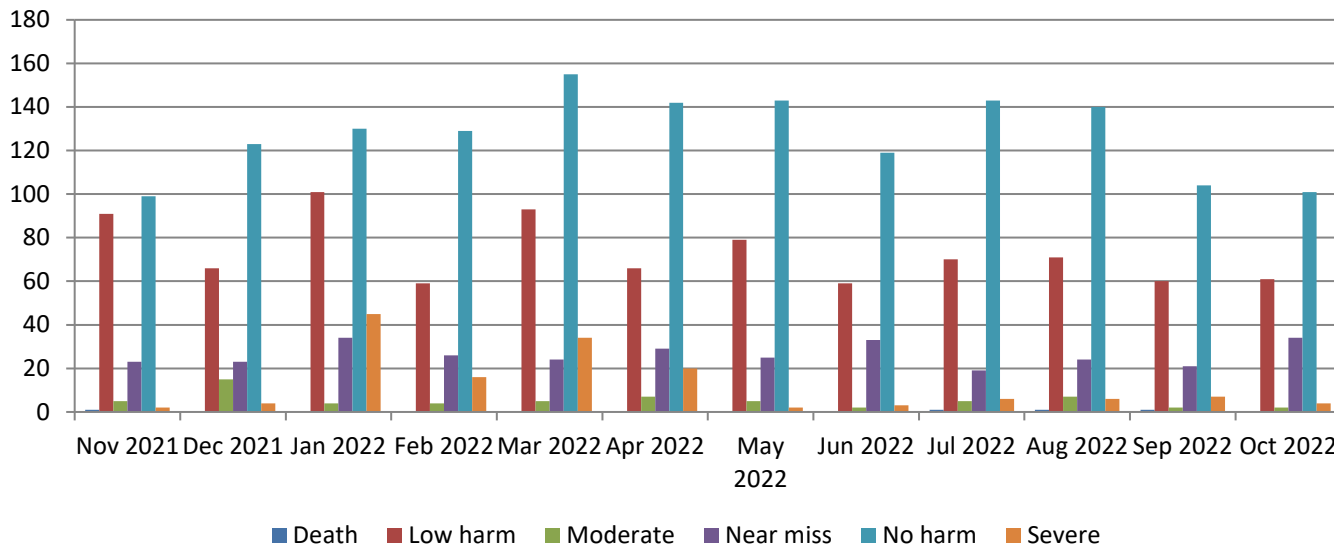
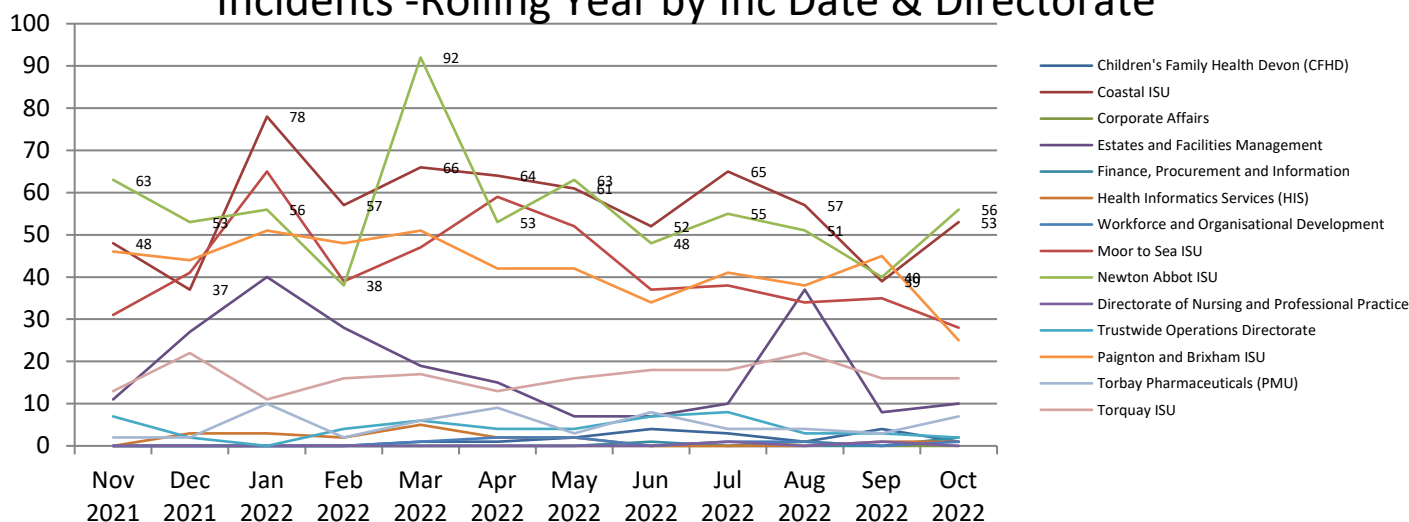


Chart 2

From the 14 directorates, significant increase of incidents in Newton Abbot ISU from 40 to 56 and Coastal ISU 39 to 53. Significant decrease in recorded events from Paignton and Brixham down from 45 to 25

Incidents -Rolling Year by Inc Date & Directorate



Key issues at Newton Abbot ISU, slips trips and falls, - 30 out of 56 reported incidents – MIU / UTC
 Key issue for Paignton & Brixham ISU 10 out of 53 relate to slips trips and falls

2. Key Issues

2.1 Slips, Trips and Falls (STF)

Across the trust reported incidents for STF continues to fall

Chart 3

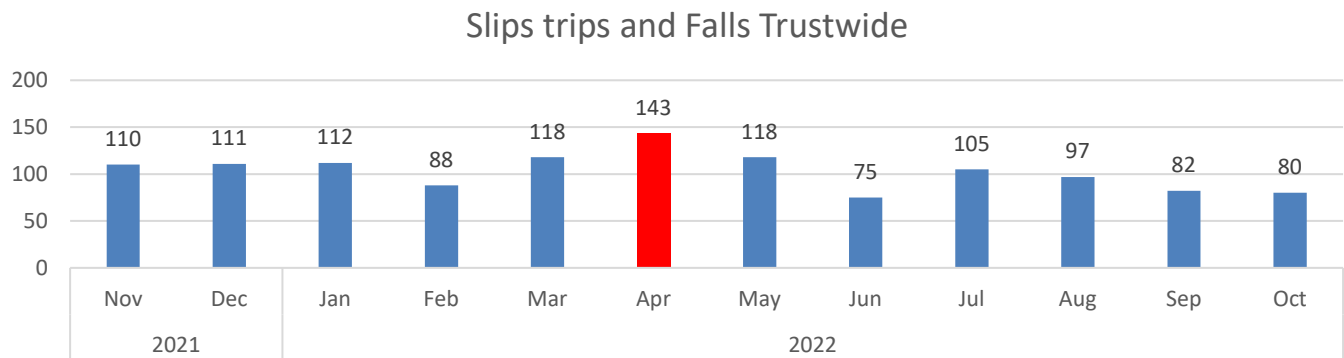


Chart 4

Octobers total Slips Trips and Falls breakdown by Directorate – Newton Abbot indicating the greatest incident rate.

Octobers Breakdown of SFT by Directorate

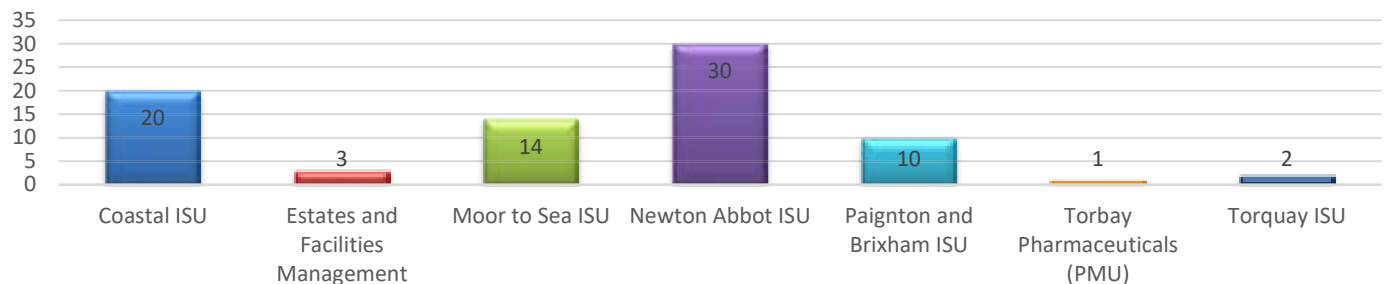
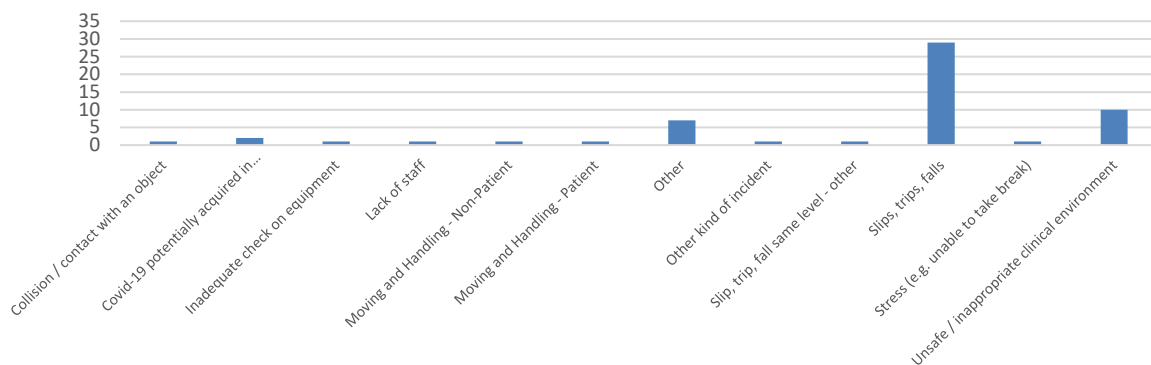
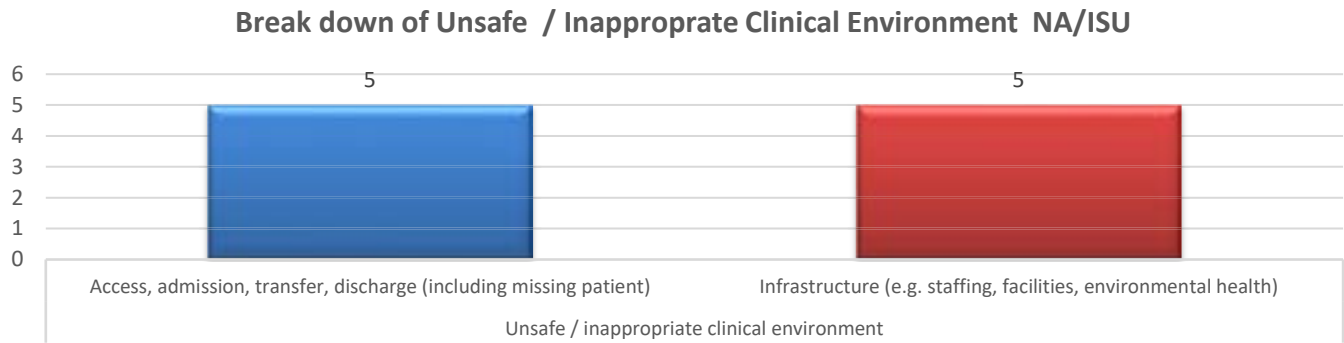


Chart 5 / 6 Breakdown of incidents Newton Abbot ISU



Conclusion

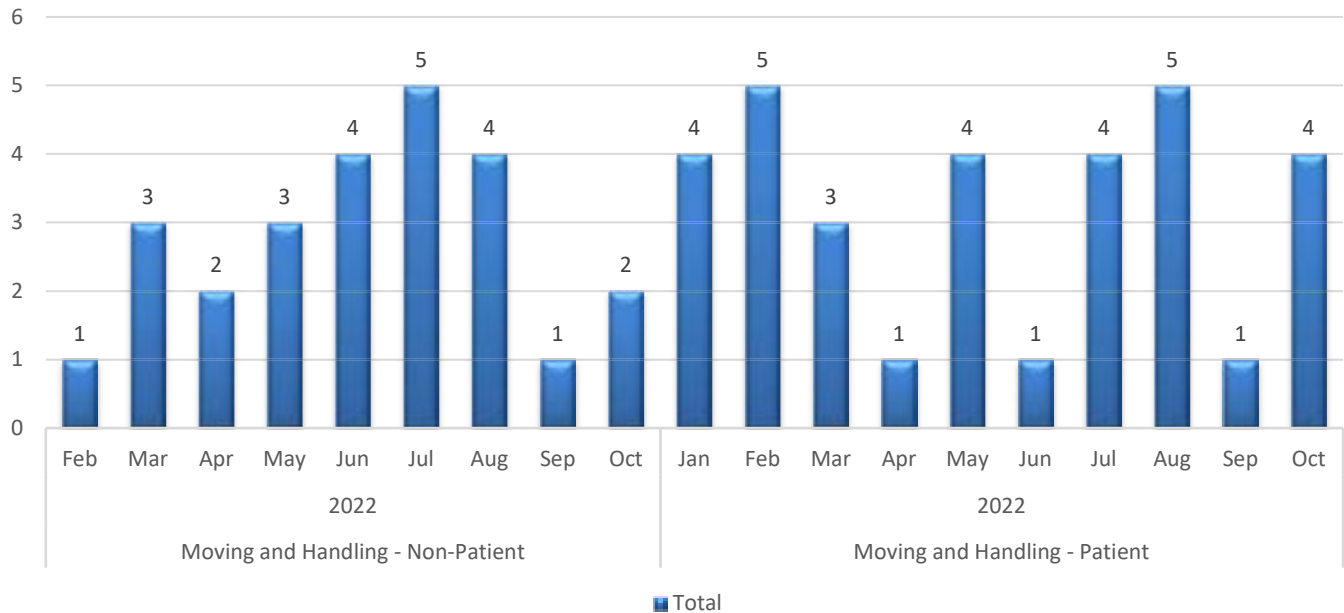
Slips trips Falls continue to be the main area of concern, Unsafe / Inappropriate Clinical Environment has 10 listings (See break down)



3.0 Manual Handling

Chart 7 illustrating the number of reported incidents relating to Manual Handling over the last 10 months for Non-Patient and Patient related.

Patient handling saw an increase in recoded events during October, non-patient has slight increase but well down on monthly average.



4.0 Sharps

Chart 8 When we look at the data for 2022 we are experiencing a significant increase in contact with needle stick injuries.

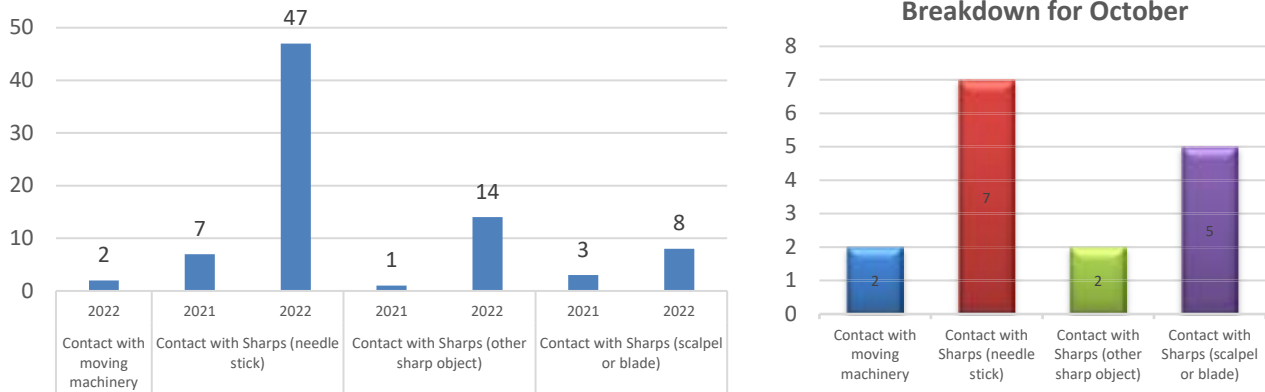
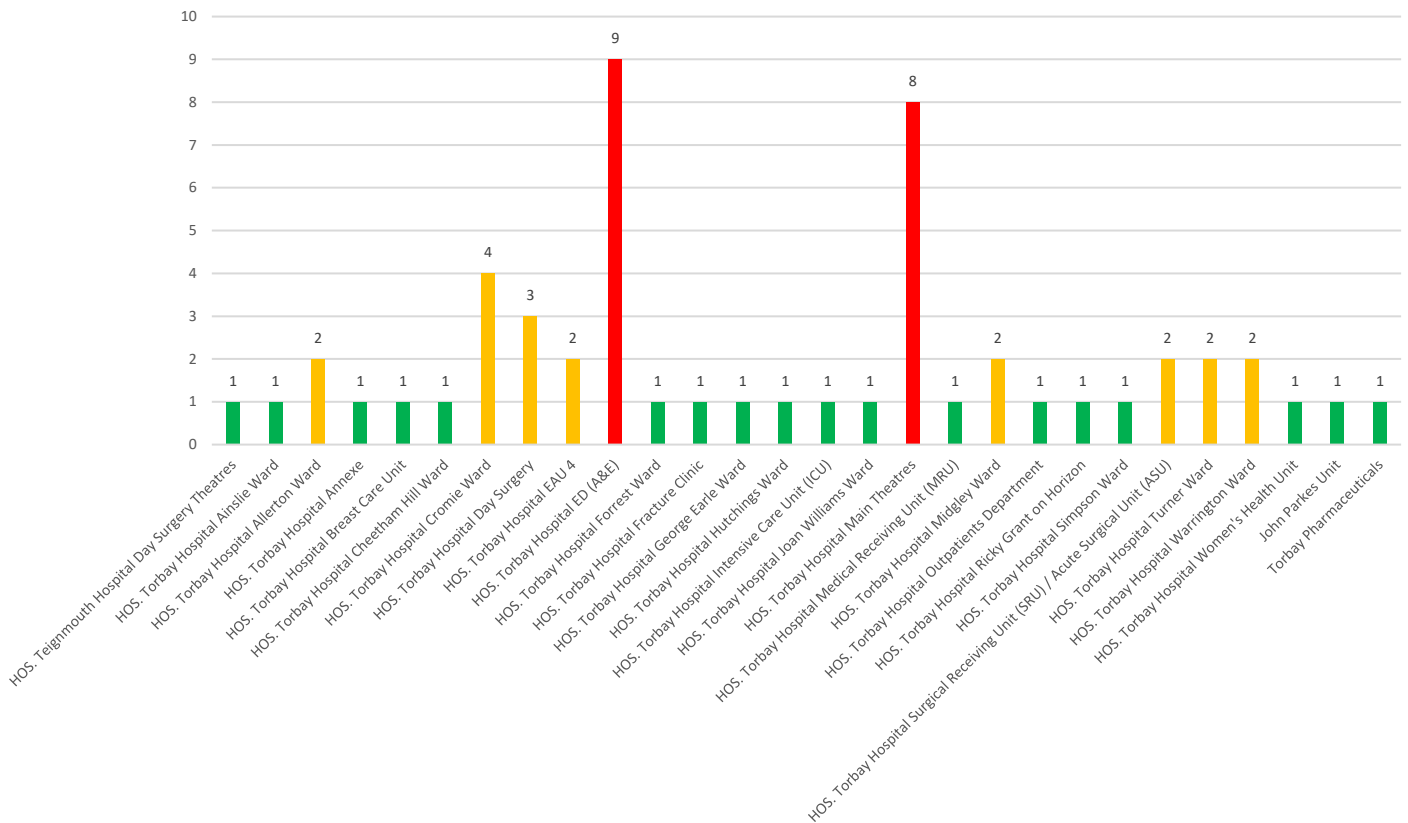


Chart 9 – Break down of sharps (needle stick injury locations)

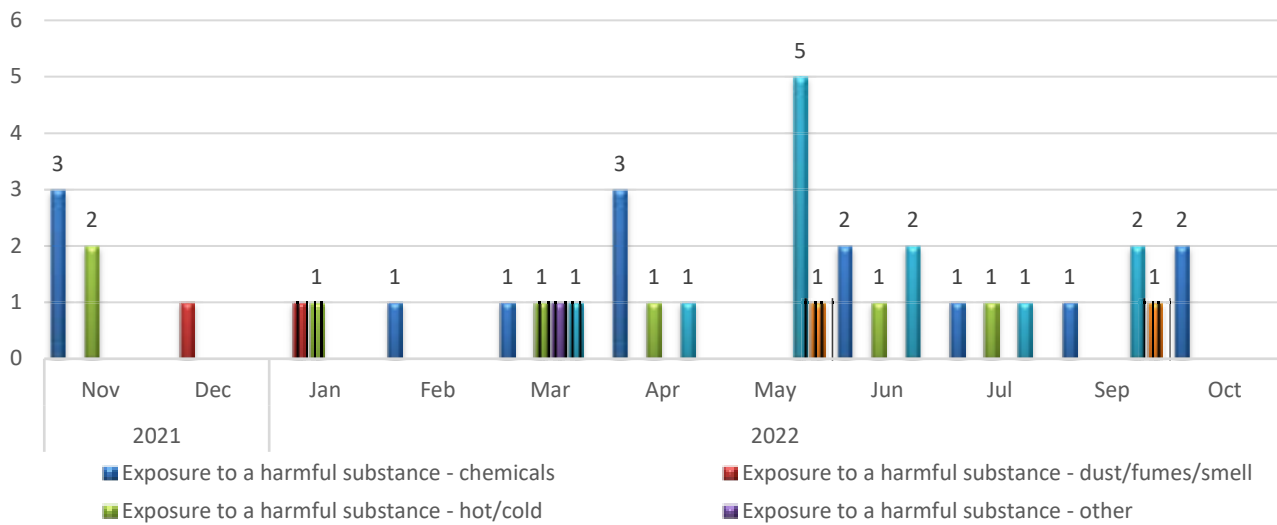


5.0 COSHH

Chart 9 - Breakdown YTD incidents in October – Exposure to a harmful substance

October showed 2 recorded incidents – Harmful substances

- Torbay Pharmaceuticals = Window cleaner in eye
- Torbay Hospital Radiology East = Suspected aerosol of radiopharmaceutical while drawing up individual patient doses discovered while monitoring hands when leaving a controlled area



6.0 Stress and working environment

Chart 10

Stress related reported incidents during October – no concerns

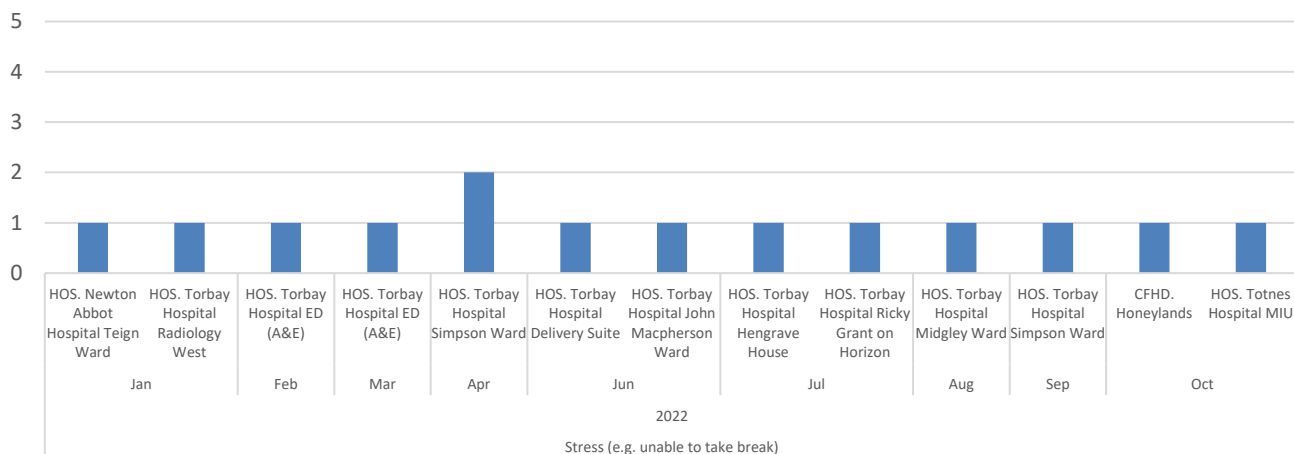
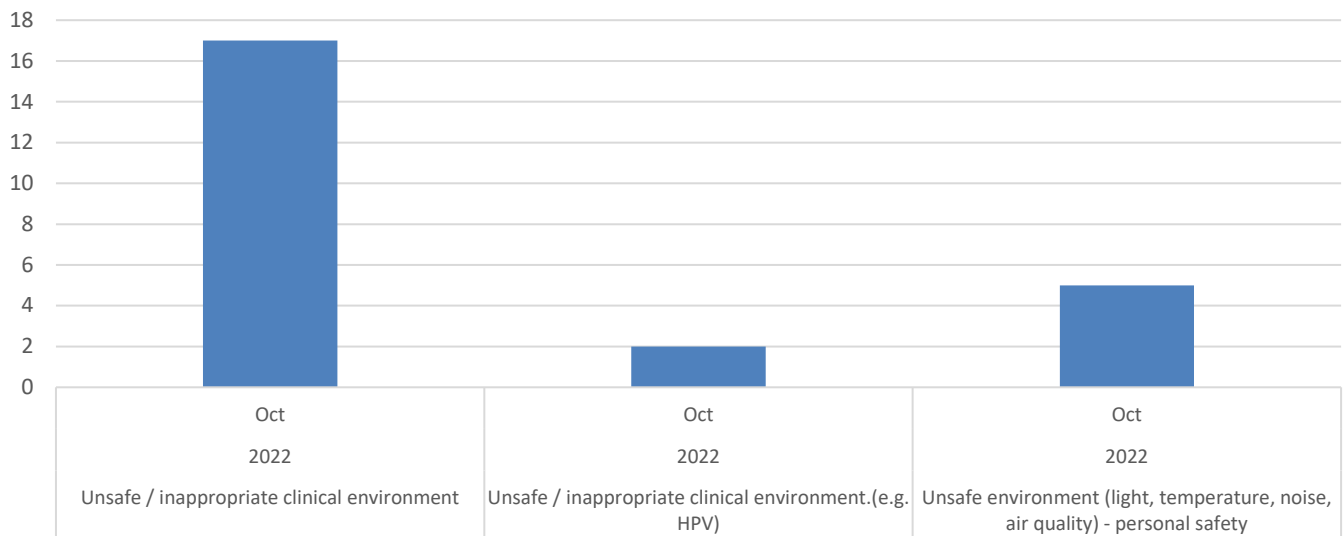


Chart 11

Breakdown on the unsafe environment waste related issues for October 2022.

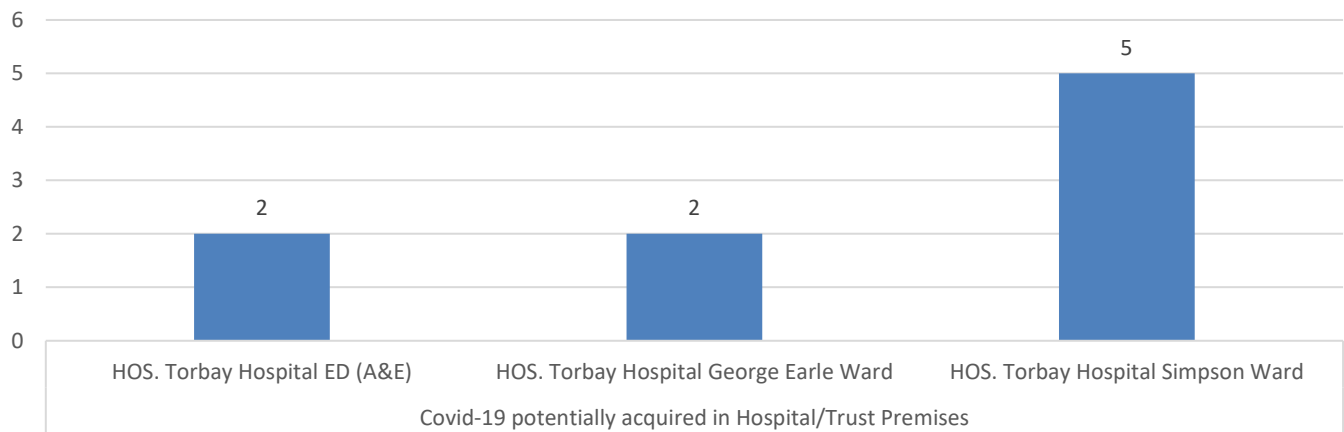


7.0 RIDDOR Reports

Table 2 - Current status – All assessment has now been reviewed

COVID RIDDOR UPDATE							
	11 th April 2022	31 st May 2022	30 th June 2022	31 st July 2022	31 st Aug 2022	30 th Sept 2022	31 st Oct 2022
2021 Incident Reviews Outstanding	1242	282	0	0	0	0	0
2022 Incident Reviews Outstanding	1546	579	0	0	0	0	0
Reports Due / Awaiting Details	70	22	305	218	130	8	4
Reported RIDDORS to the HSE (COVID)	24	20	35	87	61	112	4
Outstanding to be reported						44	3

Chart 12 Covid related staff contact.



8.0 Training

IOSH – Managing Safely - 10 delegates passed the examination

Fire training 2 sessions delivered. Covering Fire wardens (non-clinical areas) / Evacuation Leads (clinical areas) and emergency evacuation equipment in key areas.

Current status - Trust wide:

- 381 Evacuation leads (+11)
- 173 Fire wardens (+16)
- 99 evacuation chair operatives
- 59 Albac Mat trained operatives
- 49 evacuation lift operators
- 3 Specialists to local area

9.0 Lost Working Time.

During October there were 14 recorded Datix incidents that resulted in time off.

- 7 of the Datix have no return date included –
- The remaining 7 have a combined lost working time equal to 48 Days lost.

Table 3 Target areas for training (4 key Areas at the acute site)

RAG	Area	Level	Location	Headcount	Fire Safety Awareness	Fire Wardens	Evacuation leads Trained	Evacuation leads to be Trained	Evac Chair trained	Albac Mat trained
	Women Health	Level 2	Crowthorne	13	12	1	6	1	0	0
	Women Health	Level 3	John Macpherson	12	12	0	4	2	0	0
	Women Health	Level 3	Special Care Baby Unit	12	12	0	5	0	0	0
	Tower	level 5	Forrest L5 MRU	35	35	5	6	3	4	0
	Old Hospital	level 5	Ainslie	49	39	2	6	3	0	0
	Old Hospital	level 5	Warrington	36	30	1	6	3	0	0
	Old Hospital	level 5	Theatre A/B	0	0	0	0	3	0	0
	Old Hospital	Level 6	Turner & RGDU	25	25	0	1	8	3	0
	Old Hospital	Level 7	Surgical Assessment	19	19	0	8	1	0	0
	Old Hospital	Level 7	Medical Directive Offices	15	0	0	0	3	0	0
	Hetherington	Level 3	Endoscopy Bowel Cancer	9	8	1	2	1	0	0
	Hetherington	Level 3	Endoscopy Suite	65	58	0	1	8	0	0
	Hetherington	Level 4	Coronary Care Unit CCU	30	27	1	7	2	0	0
	Hetherington	Level 4	Cardiac Catheter Suite	11	10	1	4	0	0	0
	Hetherington	level 5	Cheetham Hill Ward	46	36	1	5	4	0	0

10.0 Fire

10.1 Audits/Fire Safety Risk Assessments

Completed – Level 4 Cath Labs, Eye clinic, Special Theatres and ED Dept Podium Level 3

10.2 Active Fire Related Incidents

Chart 13 – no recorded fire incidents, 4 false fire alarm activations and 1 smoke activation for October,

- Heart & Lung - burnt toast resulted in the area being evacuated
- Residencies – shower steam activation
- 2 false alarms – faulty equipment in ED
- 1 smoking related – staff member catering

All Fire Incidents

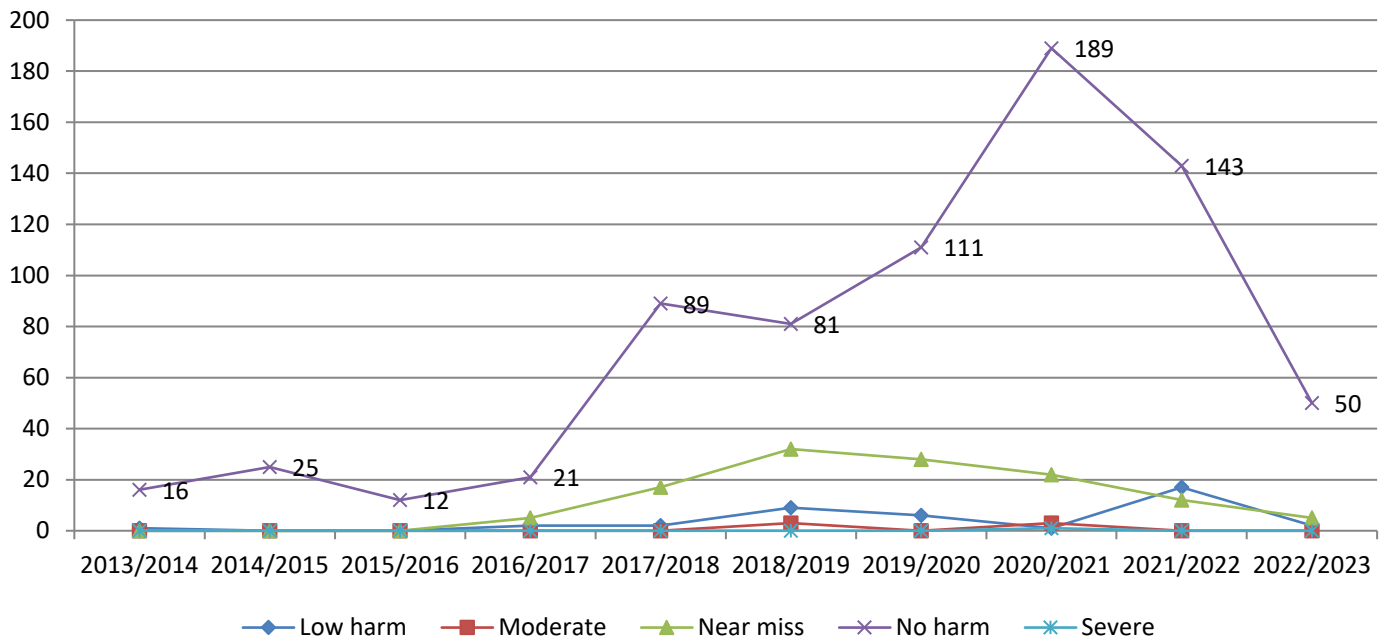


Chart 14 - YTD Breakdown of Fire incidents

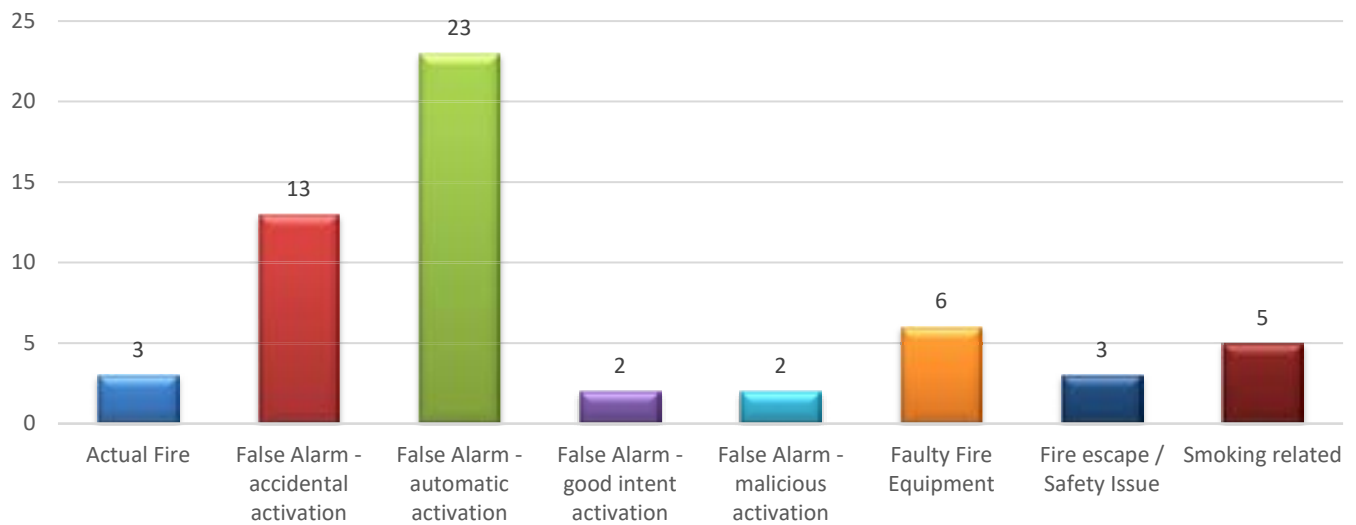
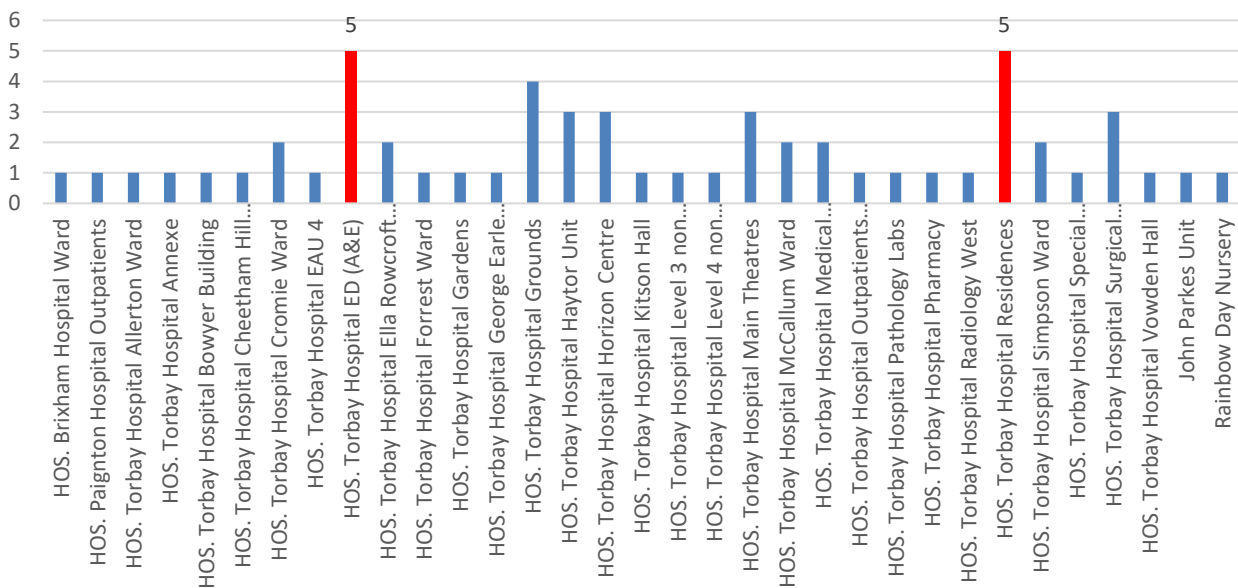


Chart 15 Break down of YTD fire event locations



ED Department in (Red) showing the main area of activations. Programme to install call point covers to help reduce accidental alarms.

Residential – showing high due to new intake

EFM Performance Report

Estates, MDSS & Facilities Operations Performance Data October 2022 for November 2022 Report	2021-22 Quarter Three			2021-22 Quarter Four			2022-23 Quarter One			2022-23 Quarter Two			2022-23 Quarter Three			Trend	Totals to date	Average to date	Target 2022-23	RAG Threshold			Comments
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22					Constant Review	Cause for Concern	No Concerns	
	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6								
Total PPMs planned per month (not KPI)	958	828	843	1043	751	791	900	908	878	898	937	832	#N/A	#N/A	#N/A		10567	881	Variable				Not a KPI - an indicator of planned work volumes
Statutory PPMs planned per month	444	387	393	494	331	354	375	387	372	456	380	338					4711	393	Variable				
Statutory PPM % success against plan	96%	97%	87%	83%	99%	97%	98%	93%	96%	99%	91%	96%						94%	97%	85%	85%	97%	14 tasks not completed - Kitchen extract maintenance outstanding
Mandatory PPMs planned per month	301	265	256	284	247	246	262	296	252	258	342	270					3279	273	Variable				
Mandatory PPM % success against plan	94%	96%	86%	80%	78%	92%	99%	84%	97%	94%	87%	83%						89%	97%	85%	85%	95%	47 tasks not completed - microwave leakage inspection
Routine PPMs planned per month	213	176	194	265	173	191	263	225	254	184	215	224					2577	215	Variable				
Routine PPM % success against plan	79%	88%	83%	49%	79%	73%	42%	63%	54%	79%	82%	80%						71%	90%	60%	60%	70%	40 Not completed
Total Reactive Requests per month (not KPI)	877	915	795	876	716	805	806	813	846	797	873	801	#N/A	#N/A	#N/A		9920	827	Variable				Not a KPI - an indicator of reactive work volumes
Emergency - P1 - requests per month	122	110	119	173	124	108	172	125	137	131	137	125					1583	132	Variable				
Emergency - % P1 completed in < 2hours	100%	92%	92%	89%	95%	86%	100%	92%	100%	98%	96%	98%						95%	97%	90%	90%	95%	
Urgent - P2 - requests per month	162	176	170	158	161	178	160	170	184	198	170	179					2066	172	Variable				
Urgent - % P2 completed in < 1 - 4 Days	92%	89%	67%	74%	76%	71%	65%	74%	92%	87%	79%	81%						79%	97%	85%	85%	90%	3 requests outstanding @ Nov 1st
Routine - P3 - requests per month	496	504	412	463	342	392	373	407	334	352	426	377					4878	407	Variable				
Routine - % P3 completed in < 7 Days	81%	71%	62%	75%	71%	72%	65%	71%	90%	82%	75%	81%						75%	97%	75%	75%	85%	16 requests outstanding @ Nov 1st
Routine - P4 - requests per month	97	125	94	82	89	127	101	111	191	116	140	120					1393	116	Variable				
Routine - % P4 completed in < 30 Days	75%	53%	62%	84%	76%	74%	66%	78%	54%	79%	74%	74%						71%	97%	65%	65%	75%	21 requests outstanding @ Nov 1st
Estates Internal Critical Failures per month	1	1	1	2	1	3	1	1	1	0	1	0	1				14	1.1	0	2	1	0	Simpson ward roof leak resulting in 3 beds out of service for 2 days
Fire Alarm Testing - % In date	90%	90%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	98%	97%	85%	85%	97%	126 Fire Alarm systems
Fire Alarm Remedials Outstanding	323	323	323	323	323	267	267	267	267	267	267	269	269				3755	289	Variable				2x Fire Systems are reported as failing and unable to test [SRU & Fracture Clinic] quotations are being compiled and plan to replace with upgraded systems.
Emergency Lighting - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	139 systems - Tested within month
Emergency Lighting Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	TBC	TBC				0	0	Variable				Spreadsheet completed to identify main issues with system, individual remedial works have not been logged this month.
Fire Extinguisher - % In date	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	98%				Stat	99%	97%	85%	85%	97%	139 Locations
Fire Extinguisher Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				Programme update requested from service provider, some areas across the Trust are reporting that the service dates are be exceeded
Fire Dry Risers - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	
Fire Dry Risers Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				Feasibility study for Old Hospital received May 2022.
Fire Hydrants - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	11 Hydrants (additional hydrant added 08/7/21 - (12))
Fire Hydrants Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				
Fire Dampers - % In date	74%	74%	74%	74%	74%	74%	74%	85%	85%	85%	85%	85%	85%				Stat	79%	97%	85%	85%	97%	Testing completed June 2022. 947 (85%) of Trust Fire Dampers accessed, of these 99.2% are compliant. 167 access remedials and 8 unresolved failures. Capital 2 new sites (150 more dampers inspected)
Fire Dampers Remedials Outstanding	235	235	235	235	235	235	235	186	186	186	186	175	175				2739	211	Variable				
Fire Suppression - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	3 Systems
Fire Suppression Remedials Outstanding	2	0	0	0	0	0	0	1	1	0	0	1	1				6	0	Variable				CR3 - Detection replacments date to be agreed
Fire Doors Inspections - % In date	88%	91%	91%	84%	84%	84%	84%	86%	100%	100%	100%	100%	100%				Stat	92%	97%	85%	85%	97%	127 Locations - Inspections only
Fire Doors Compliance - % In date	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%					10%	97%	85%	85%	97%	Capital scheme to replace, and add, fire doors as part of fire safety works in the Tower Block
Fire Doors Remedials Outstanding	934	934	934	950	950	950	950	950	950	950	950	950	950				12302	946	Variable				Fire Door status report is being concluded. Identifying companies that can carry out compartmentation survey, a specification will need to be drawn up to ensure that
Fixed Wire Testing - % In date	82%	83%	83%	84%	84%	84%	86%	87%	88%	88%	88%	89%	89%				Stat	86%	97%	85%	85%	97%	SS2 in progress and on programme recommenced in Sept
Fixed Wire Remedials Outstanding	272	272	272	272	272	272	272	272	272	272	272	895	895				4782	368	Variable				All C1 remedials have been addressed. C2 391 & FI's 504 [213 completed] - Works are being scoped for Cap Projects to complete
Portable Appliance Testing - % in date	99%	99%	99%	99%	99%	99%	99%	99%	99%	100%	100%	100%	99%				Mand	99%	97%	85%	85%	95%	PAT Inspection areas in progress. WFH drop in to be arranged.
Portable Appliance Testing Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				Programme update requested from service provider, some areas across the Trust are reporting that the inspection dates are be exceeded, or equipment has become
HV Equipment Testing - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	HV Substation rolling programme, coinciding with Gen Testing
HV Equipment Remedials Outstanding	0	0	0	0	0	0	0	2	1	1	1	1	1				7	1	Variable				Sub 3: Tx fins, cable entry box and LV ACB require replacement, quotes being provided
Generator Service & Load Bank Test - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Mand	100%	97%	85%	85%	95%	Annual Load Bank & Service. On programme.
Generator Service & Load Bank Remedials O/S	0	0	0	0	0	0	0	1	1	1	1	1	1				6	0	Variable				Gen 7 exhaust stack split, date to be arranged to be complete under warranty
Generator Monthly Load Test - % In date	100%	100%	53%	100%	100%	100%	87%	100%	87%	87%	87%	87%	87%				Mand	90%	97%	85%	85%	95%	Monthly Testing - 13 Generator's (Plus 2 PFI) Genset 2 now replaced with temp 1000kVA generator under Sub 2 proiect
Generator Monthly Load Test Remedials O/S	0	0	0	0	0	0	1	0	0	0	0	0	1				2	0	Variable				Nov Gen set No.3: Transfer switch failed, motorised mechanism failed to drive the switch closed. Temp solution has been appraised, specialist contractor is sourcing
Lightning Protection - % In date	100%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%				Stat	95%	97%	85%	85%	97%	All Properties tested and in date.
Lightning Protection Remedials Outstanding	0	0	0	1	0	0	0	1	0	0	0	3	3				8	1	Variable				Access granted, 3 systems failed. KIER will resolve issues and supply certification
Auto Door Inspection - % In date	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	98%				Mand	99%	97%	85%	85%	95%	Web portal access gained.

EFM Performance Report

Estates, MDSS & Facilities Operations Performance Data October 2022 for November 2022 Report	2021-22 Quarter Three			2021-22 Quarter Four			2022-23 Quarter One			2022-23 Quarter Two			2022-23 Quarter Three			Trend	Totals to date	Average to date	Target 2022-23	RAG Threshold			Comments
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22					Constant Review	Cause for Concern	No Concerns	
	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6								
Auto Door Remedials Outstanding	0	0	0	0	0	0	0	1	0	0	0	1	0		2	0	Variable						
LEVs Testing - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		Stat	100%	97%	85%	85%	97%	All current identified LEV's have been inspected.		
LEVs Testing Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	Variable				All satisfactory		
Critical Vent Verification - % In date	100%	98%	98%	98%	98%	94%	94%	96%	96%	91%	94%	92%	90%		Stat	95%	97%	85%	85%	97%	A&E Resus, MRI 2, Ricky Grant AHU & 4 Extracts. IPC are assisting us with access issues, they have escalated internally.		
Critical Vent Remedials Outstanding	200	242	242	242	242	242	233	221	216	96	96	90	90		2452	189	Variable				No remedials addressed during this period		
Kitchen + Extract Duct Cleaning - % In date	100%	100%	100%	100%	100%	100%	13%	90%	100%	100%	100%	100%	100%		Stat	93%	97%	85%	85%	97%	Catering ductwork - 8 systems,		
Kitchen + Extract Duct Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	Variable						
Gas Protection systems - % In date	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	95%	96%	100%		Stat	90%	97%	85%	85%	97%	Systems have now been identified, progress is on plan		
Gas Protection Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	Variable						
Gas Appliance - % In date	100%	100%	100%	100%	100%	97%	97%	100%	97%	97%	98%	100%	100%		Stat	99%	97%	85%	85%	97%			
Gas Appliance Remedials Outstanding	0	0	0	0	0	0	0	1	1	1	0	0	0		3	0	Variable						
Landlord Gas Appliances - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		Stat	100%	97%	85%	85%	97%	Awaiting quotation from Lorne Stewart for remedial works.		
Landlord Gas Appliance Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	3		3	0	Variable				Inspection advised that pipework to one unit is undersized but provides compliant pressures and volumes. This will be assessed for replacement.		
Pressure Systems inspection - % In date	95%	92%	92%	93%	94%	94%	93%	95%	96%	93%	93%	93%	94%		Stat	94%	97%	85%	85%	97%	9 PSR systems are removed from service and being prepared for inspections. 3 safety valves are over due inspection, these will be replaced on arrival. These safety		
Pressure Systems Remedials Outstanding	0	1	0	0	0	0	0	0	0	0	0	0	0		1	0	Variable				Boiler No.3 in service, Boiler No.1 due to be prepared for inspection		
LOLER Lifts Safety Checks - works % in date	100%	100%	100%	100%	100%	97%	97%	100%	100%	100%	100%	97%	96%		Stat	99%	97%	85%	85%	97%	Currently only St Edmunds and Castle Circus lifts are due there inspections these are out of service ,inspections for these are due on Thursday 24th November 2022		
LOLER Lifts Safety Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	Variable						
LOLER Lifting Appliances - works % in date	96%	96%	94%	90%	90%	90%	90%	90%	91%	91%	91%	91%	90%		Stat	92%	97%	85%	85%	97%	LOLER insurance inspections being carried out this week on our community & Acute sites		
LOLER Lifting Appliances Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	5		5	0	Variable				Observations are being reported to Medical Electronics for action		
Water Safety Checks - works % in date	98%	95%	99%	99%	99%	95%	86%	97%	99%	99%	100%	100%	99%		Stat	97%	97%	85%	85%	97%	PPM missed are due to lack of access to showers.		
Water Safety Remedials Outstanding	31	29	0	11	13	73	178	148	221	642	777	578	312		3013	232	Variable				56 new remedials this month, with 20 in Heatherington building from low hot water temperature. remedial completion affected by Vacancy in Acute in-housed team.		
Window & Restrictor Insp - % In date	100%	98%	95%	91%	90%	91%	92%	94%	95%	95%	96%	96%	75%		Mand	93%	97%	85%	85%	95%	Inspections only, window condition survey is independent to this functional test		
Window & Restrictor Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	Variable				Appx. 10 areas not inspected in October 2022		
Asbestos Inspections - % in date	100%	98%	98%	98%	97%	97%	97%	97%	97%	98%	95%	95%	98%		Stat	97%	97%	85%	85%	97%	On programme. One site in progress. Tower Block and Podium Block results are being entered in to RforB, but suggestion of alternative method recording this		
Asbestos Inspection Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	Variable				Level 1 Plantroom, Tower, works completed.		
Edge Protection inspection - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		Stat	100%	97%	85%	85%	97%	For Acute Site only. 21/11/22 STW signed for new survey of all sites.		
Edge Protection Remedials Outstanding	0	0	0	0	0	0	0	1	0	0	0	0	0		1	0	Variable				Engaged with another company for a survey of both Acute and Community. Additional edge protection is being designed for DPT roof spaces.		
Fixed Ladder Inspection - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		Stat	100%	97%	85%	85%	97%	Fixed ladder Inspections		
Fixed Ladder Inspection Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	Variable				Carried out by external contractor		
No of Med Devices for Scheduled Service (in month)	1579	1199	1090	1132	993	941	1133	1073	1128	1021	1026	1094	1516		14925	1148	Variable				Included from Oct 2022.		
% of COMPLETED Planned Work (in month)	84%	93%	90%	81%	84%	87%	77%	74%	67%	68%	75%	70%	82%		PPM	79%	97%	70%	70%	80%			
% of OUTSTANDING PPM - <2m from Planned Date				66%	70%	73%	89%	66%	60%	69%	65%	54%	19%		PPM	63%	97%	60%	60%	80%	provides assurance that outstanding Schedule Service Work Requests are monitored & under control within a defined time frame		
% of OUTSTANDING PPM - over rolling 3 year period	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	9%	4%		PPM	1%	97%	10%	10%	5%	(over rolling 3 year period)2 - this provides a realistic measure as there are medical devices with a 3 year schedule service cycle		
No of Devices not found for PPM (for info)	341	412	353	483	456	344	344	344	352	330	415	171	464		4809	370	Variable						
No of incidents involving Medical Devices (for info)	5	1	1	4	2	1	1	1	1	1	2	20	23		63	5	Variable						
Total Reactive Requests per month	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0	#DIV/0!	Variable				Not a KPI - an indicator of reactive work volumes			
Emergency - requests per month														0	#DIV/0!	Variable				Numbers from Nov 22 onwards			
Emergency - % completed in < 1 working day	98%	100%	100%	96%	97%	96%	100%	100%	100%	100%	100%	100%	100%			99%	97%	85%	85%	95%			
Urgent - requests per month														0	#DIV/0!	Variable				Numbers from Nov 22 onwards			
Urgent - % completed in < 3 working days	99%	98%	100%	100%	100%	100%	100%	100%	96%	100%	100%	100%	99%			99%	97%	80%	80%	90%			
Routine - requests per month														0	#DIV/0!	Variable				Numbers from Nov 22 onwards			
Routine - % completed in < 10 working days	96%	94%	96%	98%	98%	97%	98%	100%	95%	100%	100%	100%	99%			98%	97%	80%	80%	90%			

EFM Performance Report

Estates, MDSS & Facilities Operations Performance Data October 2022 for November 2022 Report	2021-22 Quarter Three			2021-22 Quarter Four			2022-23 Quarter One			2022-23 Quarter Two			2022-23 Quarter Three			Trend	Totals to date	Average to date	Target 2022-23	RAG Threshold			Comments
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22					Constant Review	Cause for Concern	No Concerns	
	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6								
FR1 - Weekly - Torbay Hosp ICU, ED, Oncol, Thtrs							5.00	5.00	5.00	5.00	5.00	4.93	4.97				4.99	5	3	3	4	Weekly Audits - Target - 98% completed each week	
FR1 - Weekly - Torbay Hosp OPD							5.00	5.00	5.00	5.00	5.00	4.57	5.00				4.94	5	3	3	4	Weekly Audits - Target - 98% completed each week	
FR1 - Weekly - Newton Abbot Oncology, UTC							5.00	5.00	5.00	5.00	5.00	5.00	5.00				5.00	5	3	3	4	Weekly Audits - Target - 98% completed each week	
FR1 - Weekly - Totnes Hosp MIU							5.00	5.00	5.00	5.00	5.00	5.00	5.00				5.00	5	3	3	4	Weekly Audits - Target - 98% completed each week	
FR1 - Weekly - Dawlish Hosp MIU							5.00	5.00	5.00	5.00	5.00	5.00	5.00				5.00	5	3	3	4	Weekly Audits - Target - 98% completed each week	
FR1 - Weekly - Teignmouth Hosp Theatre							5.00	5.00	5.00	5.00	5.00	5.00	4.99				5.00	5	3	3	4	Weekly Audits - Target - 98% completed each week	
FR2 - Monthly - Torbay Hosp Wards, CCU, Xray							5.00	5.00	5.00	5.00	5.00	4.69	4.88				4.94	5	3	3	4	Monthly Audits - Target - 95% completed each Month	
FR2 - Monthly - Torbay Hosp OPD Phrmcy, Eye Cl							5.00	5.00	5.00	5.00	5.00	5.00	4.93				4.99	5	3	3	4	Monthly Audits - Target - 95% completed each Month	
FR2 - Monthly - Newton Abbot Wards, Maternity							5.00	5.00	5.00	5.00	5.00	5.00	5.00				5.00	5	3	3	4	Monthly Audits - Target - 95% completed each Month	
FR2 - Monthly - Brixham Hosp Ward							5.00	5.00	5.00	5.00	5.00	4.89	5.00				4.98	5	3	3	4	Monthly Audits - Target - 95% completed each Month	
FR2 - Monthly - Totnes Hosp Ward							5.00	5.00	5.00	5.00	5.00	5.00	5.00				5.00	5	3	3	4	Monthly Audits - Target - 95% completed each Month	
FR2 - Monthly - Dawlish Hosp Ward							5.00	5.00	5.00	5.00	5.00	4.78	5.00				4.97	5	3	3	4	Monthly Audits - Target - 95% completed each Month	
FR2 - Monthly - Paignton H+WBC Oncology							5.00	5.00	5.00	5.00	5.00	5.00	5.00				5.00	5	3	3	4	Monthly Audits - Target - 95% completed each Month	
FR2 - Monthly - Ashburton Hosp Treatment Room							5.00	5.00	5.00	5.00	5.00	5.00	5.00				5.00	5	3	3	4	Monthly Audits - Target - 95% completed each Month	
FR3 - Bi-Monthly - Torbay Hosp Dental, Day Units							5.00		5.00		5.00		4.88				4.97	5	3	3	4	Bi-Monthly Audits - Target - 90% completed each 2 Month period	
FR3 - Bi-Monthly - Torbay Hosp, OPD Pharm,							5.00		5.00		5.00		4.73				4.93	5	3	3	4	Bi-Monthly Audits - Target - 90% completed each 2 Month period	
FR4 - 4-Monthly - Torbay Hosp - Rms, Audiology							5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter	
FR4 - 4-Monthly - Torbay Hosp access wait areas							5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter	
FR4 - 4-Monthly - Newton Abbt access wait areas							5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter	
FR4 - 4-Monthly - Brixham Hosp access wait areas							5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter	
FR4 - 4-Monthly - Totnes Hosp access wait areas							5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter	
FR4 - 4-Monthly - Dawlish Hosp access wait areas							5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter	
FR4 - 4-Monthly - Teignmth Hosp access wait areas							5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter	
FR4 - 4-Monthly - Paigntn H+WBC access wait areas							5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter	
FR4 - 4-Monthly - Ashburton Access Waiting Areas							5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter	
FR5 - 6-Monthly - Torbay, MDSS, Chapel, PTS Vehs							5.00						5.00				5.00	5	3	3	4	6 Monthly Audits - Target 80% completed each 6 months	
FR5 - 6-Monthly - Torbay, OPD							5.00						5.00				5.00	5	3	3	4	6 Monthly Audits - Target 80% completed each 6 months	
FR6 - Annual - Torbay Admin, Training, Stores							5.00										5.00	5	3	3	4	Annual Audits - Target 75% completed each year	
FR6 - Annual - Torbay OPD Admin Offices, Stores							5.00										5.00	5	3	3	4	Annual Audits - Target 75% completed each year	
FR6 - Annual - Newton Abbot, Admin Offices, Stores							5.00										5.00	5	3	3	4	Annual Audits - Target 75% completed each year	
FR6 - Annual - Brixham, Admin Offices, Stores							5.00										5.00	5	3	3	4	Annual Audits - Target 75% completed each year	
FR6 - Annual - Totnes, Admin Offices, Stores							5.00										5.00	5	3	3	4	Annual Audits - Target 75% completed each year	
FR6 - Annual - Dawlish, Admin Offices, Stores							5.00										5.00	5	3	3	4	Annual Audits - Target 75% completed each year	
FR6 - Annual - Paignton, Admin Offices, Stores							5.00										5.00	5	3	3	4	Annual Audits - Target 75% completed each year	
FR6 - Annual - Ashburton, Admin Offices, Stores							5.00										5.00	5	3	3	4	Annual Audits - Target 75% completed each year	
HPV Cleans per month	71	77	105	115	74	125	86	49	45	23	25	32	31				858	66	Variable			From Porter data HPV data	
Deep Cleans per month	950	932	1026	1069	785	1267	981	834	1009	973	724	740	873				12163	936	Variable			From Porter data Deep Clean data	
EHO Audit Scores - Acute	3	3	3	5	5	5	5	5	5	5	5	5	5				4.5	5	2	2	4	EHO Audit score back to 5 following audit in January 2022. Routine EHO Audit could be at any time.	
EHO Audit Scores - Brixham Hospital	5	5	5	5	5	5	5	5	5	5	5	5	5				5.0	5	2	2	4		
EHO Audit Scores - Dawlish Hospital	5	5	5	5	5	5	5	5	5	5	5	5	5				5.0	5	2	2	4		
EHO Audit Scores - Newton Abbot Hospital	5	5	5	5	5	5	5	5	5	5	5	5	5				5.0	5	2	2	4	EHO Visit in November - no change	
EHO Audit Scores - Totnes Hospital	5	5	5	5	5	5	5	5	5	5	5	5	5				5.0	5	2	2	4		
Catering Audits	20	21	20	20	24	23	21	22	22	22	22	22	22				21.6	5	19	19	19		
Catering Audit Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				
Total Tonnage all waste streams per month	176.7	158.9	172.4	154.0	162.2	166.9	172.1	170.1	192.6	136.4	147.9	156.8	170.0				2137	164.4	Trend				
% of Total tonnage Recycled Waste per month	43.5%	36.4%	40.9%	40.7%	40.7%	40.5%	33.5%	37.3%	35.3%	29.2%	31.1%	33.6%	43.1%				37%	Aim is ↑	25.0%	25.0%	30.0%	Waste to energy % gone down due to having more accurate figures from metal waste. Generated just over 16 tonnes of metal waste in October when	
% of Total tonnage Landfill Waste per month	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				0%	Aim is Zero	5.0%	5.0%	2.0%		

EFM Performance Report

Estates, MDSS & Facilities Operations Performance Data October 2022 for November 2022 Report	2021-22 Quarter Three			2021-22 Quarter Four			2022-23 Quarter One			2022-23 Quarter Two			2022-23 Quarter Three			Trend	Totals to date	Average to date	Target 2022-23	RAG Threshold			Comments
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22					Constant Review	Cause for Concern	No Concerns	
	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6								
% of Total tonnage of Clinical Non-Burn waste per month	15.0%	15.8%	17.8%	20.0%	16.2%	18.3%	17.5%	14.0%	12.2%	18.9%	16.7%	14.6%	14.5%			16%	Aim is ↓	20.0%	20.0%	18.0%	£480/t - Orange		
% of Total tonnage of Clinical Burn waste per month	21.1%	23.6%	18.5%	21.1%	18.5%	21.8%	11.9%	11.5%	9.5%	15.9%	13.5%	17.1%	10.8%			17%	Aim is ↓	18.0%	18.0%	14.0%	£600/t - Yellow Bags inc Sharps, anatomical, gypsum. DSU, ESU, Theatres. Clinical burn zone up due to increased covid areas.		
% of Total tonnage of Clinical Offensive waste per month	2.1%	2.6%	2.2%	2.1%	2.7%	2.6%	9.7%	17.0%	13.2%	16.0%	20.0%	15.0%	16.4%			9%	Aim is ↑	12.0%	12.0%	15.0%	£200/t - Tiger (opposite Non Burn and Burn stream) Offensive gone down due to increased covid areas.		
% of Total Tonnage Waste to Energy (General Waste)	38.9%	45.2%	39.1%	37.2%	51.9%	38.5%	29.5%	20.3%	29.9%	20.1%	18.7%	16.6%	15.4%			31%	Aim is ↑	15.0%	15.0%	20.0%			
Total Waste to Energy (tonnes)	68.8	71.8	67.4	57.3	60.0	64.3	47.2	34.5	57.5	27.4	27.7	25.9	26.1			636	48.9	Trend					
Statutory Waste Audits - % completed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	Trend	90%	90%	95%	15 Audits / month		
EFM Serious/RIDDOR incidents	0	1	0	0	0	0	0	0	0	0	0	0	0			1	0.1	0	2	1	0		
EFM incidents resulting in moderate harm	0	0	0	1	0	0	0	0	1	0	2	0	0			4	0.3	0	3	3	1		
EFM incidents resulting in minor harm	2	8	3	3	3	6	5	2	3	2	6	1	2			46	3.5	0	10	10	10	Waste Bin Lid on Hand, Slip on Wet Floor	
EFM incidents resulting in no harm	17	8	5	12	14	12	7	6	6	7	32	7	15			148	11.4	0	40	40	40	Sewage Leaks x 4, Intoxicated Staff,	
EFM Incidents resulting in Near Miss						2	3	1	1	3	0	3	4			17	2.1	0	40	40	40		
EFM Datix incidents open for > 8 weeks							89	81	63	63	63	66	86			511	73.0	0	70	70	50	Reporting started May 2022	
CAS Alerts active and in Progress	0	0	0	0	0	0	0	0	0	0	0	0	0			0	Variable						
CAS Alerts Overdue for Completion	0	0	0	0	0	0	0	0	0	0	0	0	0			0.0	0	2	2	0			

Policies and Procedures

TITLE	Procedure	Lead	Group Developing Doc	Pre-ratification Route	Ratification Group / Committee	Date to begin next review	Next Review date	Notes & Target Date for completion
Water Safety Policy	Policy	Rae Callcut	Water Safety Group	DIPC	Infection Control Committee	01/06/2021	31/05/2024	Ratified by Infection Control Committee 28 th Sep 2021.
Water Safety Plan	Procedure	Rae Callcut	EFM SMT	Dir Environment	EPCG	01/10/2022	01/01/2023	Water Safety Plan completed in January 2022. RCa reviewing SOPs as next step.
Management of Fire Safety and Evacuation Including Trust Fire Safety Policy Evacuation Including Trust Fire Safety Policy	Policy	Jake O'Donovan / Kevin Wood	Fire Safety Group	EPCG	Health and Safety Committee	30/06/2022	30/09/2022	Reviewed annually, first draft review being undertaken by JOD and external technical author.
Medical Gases	Policy	Rae Callcut / Paul Morgan	EFM SMT – Medical Gas Committee	Head Pharmacy . Dir Environment	H&S Committee	08/03/2023	07/09/2023	Annual Review at Medical Gas Committee.
Electrical Safety	Policy	Paul Morgan	EFM SMT	AE	H&S Committee	08/03/2022	07/09/2022	
Electrical Safety	Procedures	Paul Morgan	Electrical Safety Group	AE	EPCG	08/03/2022	07/09/2022	
Ventilation Systems Policy	Policy	Rae Callcut	EFM SMT	AE	H&S Committee	02/05/2017	01/11/2017	Policy is being finalised and distributed to the Ventilation Safety Group - comments being reviewed by October 2022.
Lifting Operations & Lifting Equipment Management	Policy	Rae Callcut	EFM SMT	Manual Handling Group	H&S Committee	02/05/2021	01/11/2024	
Lift Management Plan	Procedure	Rae Callcut	EFM SMT	Dir Environment	EPCG	01/06/2019	01/12/2019	Draft lift management plan to be reviewed in November 2022
Pressure Systems Policy	Policy	Rae Callcut	EFM SMT	AE	H&S Committee	02/05/2021	01/11/2024	
Asbestos Policy	Policy	Ian Hackney	EFM SMT	Dir Environment	H&S Committee	02/05/2021	01/11/2021	From Aug EPCG - PM will liaise with IH for review of this Policy
Asbestos Management Plan	Procedure	Ian Hackney	EFM SMT	Dir Environment	EPCG	01/06/2021	01/07/2021	From Aug EPCG - PM will liaise with IH for review of this Plan
Cleaning Policy	Policy	Tony Hopkins	Environment Gp	DIPC	Infection Prevention Control Gp	02/05/2020	01/04/2024	
Linen & Laundry Policy	Policy	Tony Hopkins	EFM SMT	DIPC	Infection Prevention Control Gp	01/04/2023	01/04/2024	
Waste Management Policy	Policy	Tony Hopkins	Environment Gp	DIPC	H&S Committee	01/03/2022	01/03/2025	
Food Safety Policy	Policy	Tony Hopkins	EFM SMT	Nutritional Steering Gp	Infection Prevention Control Gp	30/12/2017	01/04/2024	

**MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
PUBLIC BOARD OF DIRECTORS MEETING
HELD IN THE BOARD ROOM, TORBAY HOSPITAL AND VIA MICROSOFT TEAMS
AT 11:30 AM ON WEDNESDAY 26 OCTOBER 2022**

Present:	Sir Richard Ibbotson	Chairman
	* Professor C Balch	Non-Executive Director
	* Mr P Richards	Non-Executive Director
	* Mrs J Lyttle	Non-Executive Director
	* Mrs S Walker-McAllister	Non-Executive Director
	* Mr R Sutton	Non-Executive Director
	* Mrs S Taylor	Non-Executive Director
	* Mrs V Matthews	Non-Executive Director
	* Mr R Crompton	Non-Executive Director
	Mrs L Davenport	Chief Executive
	* Mr D Stacey	Deputy Chief Executive Officer and Chief Finance Officer
	* Mr I Currie	Medical Director
	* Mr J Scott	Chief Operating Officer
	* Ms D Kelly	Chief Nurse
	* 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 J Thomas	Lead Governor
	* Ms Rebecca Garside	Midwifery Matron
	* Mrs Rachel Ryan-Moroz	Midwife/Service User (Maternity)
	* Jon Anthony	Interim Deputy Director of Adult Social Services

* via Microsoft Teams

195/10/22 **Welcome and Introductions**

The Chairman welcomed all those in attendance to the meeting.

Preliminary Matters

196/10/22 **Apologies for Absence and Quoracy**

There were no apologies for absence.

197/10/22 **Declarations of Interest**

There were no declarations of interest.

198/10/22 **Board Corporate Objectives**

The Board received and noted the Board Corporate Objectives.

199/10/22 **Patient Experience Story – Maternity Services**

Ms Kelly introduced Rebecca Garside, Midwifery Matron and Mrs Rachel Ryan-Moroz, mother to Seth and a Trust Midwife.

Mrs Ryan-Moroz informed the Board at 30 weeks she was diagnosed with a Premature Rapture of Membrane and after excellent care from the Day Assessment Unit, Delivery Suite and Royal Devon University Healthcare Maternity Services, she was discharged. However, at 31+2 weeks she was admitted to the Trust's John MacPherson ward but on this admission she did not feel heard or listened during the regular ward rounds. She was later assessed by a Obstetric Consultant as requiring a Category 2 C-Section, with the nearest neo-natal bed being in Truro. She made the decision to give birth to Seth in Torbay Hospital and have him transferred to the Special Care Baby Unit (SCBU) on site.

She explained she was ill for the first eight days of Seth's life but, each member of staff she encountered was wonderful, they taught her husband how to feed Seth through tubes and change a nappy through the incubator holes. However, there was very little space in the unit and no facilities to make a cup of tea for themselves or just be able to step away.

Mrs Taylor acknowledged the constraints the maternity department had in respect of space; and asked Mrs Ryan-Moroz, how she felt when she did not feel listened to. Mrs Ryan-Moroz explained that being a member of staff made it harder for her to speak up, as she had such great faith in her colleagues.

Mr Currie confirmed he was going to discuss with the Lead Obstetrics and Gynaecology Consultant, the benefits of regular ward rounds to ensure deteriorating patients were identified promptly.

Mr Crompton asked Ms Kelly what learning had been taken and implemented from Mrs Ryan-Moroz's account. Ms Kelly explained there were plans in place to reconfigure SCBU but these had been disrupted due to some of the maternity space had become Covid-19 escalation space. However, the commitment remained to refurbish the maternity unit and make the facilities more family friendly. In respect of clinical observations there had been a focus on introducing the Maternity Early Warning Scorecard. The audits returned for the Maternity Early Warning Scorecard

were good and clinically, the Trust had been identifying women 'at risk' earlier in a safer way.

Ms Kelly added that proactive work was being undertaken in the Trust to the hear the voices of mothers with mothers having the opportunity to provide feedback on discharge. Also being considered was the introduction of Matrons Clinics and Walkabouts, which would give Mothers the opportunity to discuss anything they would wish in a quiet protected space.

Mr Sutton asked Mrs Ryan-Moroz what her thoughts were when she was told there were no beds available at University Hospital Plymouth or Royal Devon University Hospital. She explained that she ran the Peri-prem baby project on behalf of the Trust so she had a good awareness of the outcomes for babies born in the right place; however, to go by ambulance to Truro would have presented significant risk. She reflected that if she had no knowledge of the situation it could have been a different outcome. Ultimately for her and Seth it was the best decision to stay in Torbay.

Mrs Davenport explained that the Trust aimed to create a culture where people felt they were informing their own care with the Trust's support and Mrs Ryan-Moroz's account in some part reflected this.

The Chairman thanked Mrs Ryan-Moroz for a very balanced and insightful account of her experience.

Consent Agenda (Pre-notified questions) Committee Reports

200/10/22 **Finance Performance and Digital Committee Chair's Report – 26 September 2022**

The Board received and noted the Finance Performance and Digital Committee Chair's Report of 26 September 2022

201/10/22 **Quality Assurance Committee Chair's Report - 26 September 2022**

Mrs Lyttle verbally briefed the Board on the key issues discussed by the Quality Assurance Committee on 26 September 2022. The Committee had:

- Reviewed Quality Board Assurance Framework score;
- Considered the CQC Must do and Should do position;
- Discussed the patient safety transformation programme;
- Met with the Torbay Drug and Alcohol Service;
- Received the Midwifery Staffing Oversight Report, Quality Report for Healthcare and Annual Safeguarding Children Report.

The Board verbally received and noted the Quality Assurance Committee Chair's Report of 26 September 2022

202/10/22 **Charitable Funds Chair's Report - 31 August 2021**

The Board received and noted the Charitable Fund Chair's Report of 31 August 2022

203/10/22 **Audit Committee Chair's Report - 8 September 2022**

The Board received and noted the Audit Committee Chair's Report of 8 September 2022

Reports from Executive Directors (for noting)

204/10/22 **Chief Operating Officer's Report - October 2022**

The Board received and noted the Chief Operating Officer's Report of October 2022.

For Approval

205/10/22 **Unconfirmed Minutes of the Meeting held on the 28 September 2022 and Outstanding Actions**

The Board approved the minutes of the meeting held on 28 September 2022; and the outstanding actions were updated.

The Board approved the minutes of the meeting held on

206/10/22 **Report of the Chairman**

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

- Mr John Harrison, Chief Operating Officer had secured a post with University Hospital Plymouth. The Chairman thanked him on behalf of the Trust and wished him best wishes for the future.
- Mr Jon Scott was welcomed to the Board, having been appointed as Chief Operating Officer for an interim period of six months.
- Dr Michelle Westwood, would commence as the Trust's Chief People Officer from the 1 November 2022. Mrs Flavin, Interim Chief People Officer was formally thanked on behalf of the Board.
- The Chairman and Mrs Davenport had met with the Chairs of the League of Friends on the 11 October 2022, he expressed heartfelt thanks for all they had achieved during the pandemic to support the delivery of services for the local population.
- The Chairman and Mrs Davenport, would be meeting with the Torbay League of Friends on 7 November 2022 who have raised £2m despite the pandemic.
- The Devon Integrated Care System continued to gather momentum; and the Acute Provider Collaborative meetings had continued at pace.
- The Trust had been actively pursuing face to face public board meetings; and the likely venue was to be Pomona House, Torquay.

- The Annual Members Meeting had been delayed due to the Parliamentary recess. The Annual Reports and Accounts had now been laid before Parliament and the virtual Annual Members Meeting would take place on the 16 November 2022 at 18:00.

The Board received and noted the report of the Chairman.

207/10/22 Chief Executive's Report

Mrs Davenport, acknowledged and thanked Mr John Harrison for his leadership as Chief Operating Officer since 2019; and wished him all the best for his role at University Hospital Plymouth as a Programme Director for Peninsula Strategy.

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

- Mrs Sheridan Flavin was thanked for her commitment to the Trust during her time as Interim Chief People Officer, Dr Michelle Westwood would commence as Chief People Officer on 1 November 2022.
- 33% of staff have had their flu and Covid-19 vaccinations.
- In celebration of Black History Month, a series of events had taken place and Dr Peggy Warren would be attending a panel session on 27 October 2022; and be speaking on 28 October 2022.
- A £15m capital investment programme had been commissioned to expand day theatres. This should take circa 11 months.

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

Safe Quality Care and Best Experience

208/10/22 Integrated Performance Report (IPR): Month 6 2022/23 (September 2022 data)

Ms Jones, presented the Integrated Performance Report for month 6, 2022/23, as circulated, and highlighted the key issues in relation to quality, performance, workforce and finance:

Quality

- Work had been progressing around the CQC Assurance Framework;
- Five Serious Incidents had been reported;
- The percentage of time a patient spent on the stroke ward had decreased to 54.8%, an action plan had been established;
- VTE Assessment had fallen to 92.7%;
- There had been bed closures due to Covid-19;
- One still birth was reported in September;
- The Maternity Department had launched SystemOne Maternity in May which would enable accurate data to be captured for the benefit of service improvement.
- Nursing fill rates correlated to the decrease in Trust agency usage.

Workforce

- The sickness position remained challenged at 4.73%;
- The Achievement Review position had improved since April but, September figures showed a slightly lower reported position; and
- In respect of staff turnover, the trend had been escalated to Devon ICS, who recognised the need to address workforce issues and retain staff.

Performance

- The Trust remained in the Tier 1 performance oversight for Cancer 62 day standard and 78 week waits. The Trust had been working closely with the One Devon Elective Recovery Programme in the delivery of improvements against the Tier 1 performance metrics.
- Ambulance handover delays remained challenged.

Finance

- The planned deficit in the year to date at month 6 was £2.8m. The actual result was a deficit of £6.8m, £4.0m worse than plan.
- There was a significant gap in the Cost Improvement Plan delivery, with £6.8m having been transacted and the shortfall being £15.3m.
- Overspends in urgent care and Covid19 cost reduction issues had exacerbated the shortfall.
- Operating expenditure was £5.64m adverse to plan.
- Spend on capital schemes was £1.1m behind the plan value of £14.8m.

Mrs Matthews confirmed she was aware absence had risen and was concerned staff turnover was not abating. Mrs Flavin confirmed the Trust was working with Devon ICS in respect of staff retention which the Trust needed to focus on and measures to increase collaboration across organisation to address fragile services were being introduced.

Mrs Flavin explained that the Trust was working towards the implementation of a leadership framework to support the development of career pathways and training opportunities however, due to operational pressures she was aware it had been difficult for staff to access the training provided.

Mr Crompton was aware that the System Integrated Governance Groups fed into the IPR but he asked for greater detail around the causes of length of stay; and bed availability in the community. He also asked for clarity as to who was responsible for patients held in ambulances.

Mr Scott confirmed with the support of Mr Currie and Ms Kelly that there had been a change in operational process to improve flow. Teams were being supported to discharge patients whilst bringing patients from ED to their wards, in readiness for a bed being available post discharge. The rationale was that this would enable ambulances to be offloaded sooner. However, there had been a notable drop in discharges over the weekend. Best practice was being put into place together with additional support to encourage discharges. However, the Board was made aware length of stay was impacted by the complexity of patients, Covid-19 waves and constrained community capacity.

Ms Jones highlighted the need for the IPR to summarise the emerging risks in Adult Social Care which had impacted on length of stay. She believed there was a need for the Trust together with the Deputy Director of Adult Social Services to consider how the Care market could be further supported.

Ms Kelly confirmed accountability for ambulance handovers was held by the Trust and the Emergency Department worked in partnership with ambulance crews to ensure the appropriate level of care interventions were in place for all patients. A number of escalation processes within the Emergency Department had been modified to ensure the Trust was escalating externally within an appropriate timescale, if the ambulance handovers could not be undertaken within 15 minutes.

Prof. Balch sought assurance that the cyber security breach of Child Family Health Devon (CFHD) had been dealt with. He also requested to know what had been done about the instabilities around staffing and cash flow issues at CFHD.

Mrs Davenport explained the system issues were related to a national cyber security event and due to the complexity and age of the infrastructure, the data was expected to be recovered in November 2022.

Mrs Davenport explained the Trust had held the CFHD contract for three years but, progress had been delayed for a significant period of time due to the Covid-19 pandemic. The integrated offer was being finalised and would be implemented in quarter 4 of this year. However, the risks were, the level of leadership capacity; and leading change at a time where increased service demands had been seen. She confirmed a Board to Board would take place with Devon Partnership Trust to ensure the alliance was working in the most effective way to drive the needs of the population.

Mr Richards asked for clarification on how the manual data that was currently being logged would be uploaded to the restored system, as he was aware this would impact staff workload. Assurance was provided that mitigations were in place to support clinical staff together with an incident control structure.

Mrs Davenport confirmed that the Trust had been working in partnership with colleagues in Devon and Torbay as Devon County Council were subject to an OFSTED improvement process.

The Board received and noted the Integrated Performance Report – Month 6, 2022/23.

209/10/22 Guardian of Safe Working Hours Report

Mr Currie presented the Guardian of Safe Working Hours Report, as circulated. He confirmed Dr Claire Blandford had been appointed as the Guardian of Safe Working Hours and would commence in post, in January 2023.

He provided assurance the safe working hours exception reports were as expected.

He informed the Board the Trust was working alongside the Junior Doctors in respect of the new rota.

Further to the National Education Survey, trainees had reported a good level of training within the Trust.

The Board received and noted the Guardian of Safe Working Hours Report.

210/10/22 Maternity Governance and Safety Report – 1 July 2022 to 30 September 2022

Ms Kelly, presented the Maternity Governance and Safety Report as circulated, to the Board.

Ms Kelly explained there had been three still births within the period and, this was below the threshold of concern.

In light of the recent Ockenden and East Kent's Reports. The Trust would look at the reports in the broadest context as part of the national patient safety response.

The System One Electronic Patient Record had been rolled out across maternity, it had required resource for data validation and cleansing. This would enable the Trust to draw down data to demonstrate compliance against the CNST position, however there was further work to be undertaken as the system needed to be able to interface with Pathology.

The Board received and noted the Maternity Governance and Safety Report – 1 July 2022 to 30 September 2022

211/10/22 Report on Safeguarding Adults, Mental Capacity and Deprivation of Liberty Safeguards

Ms Kelly presented the report as circulated, to the Board.

She confirmed the Trust continued to work closely with its partners and regulators to support those suffering from neglect, self-neglect and physical abuse. The Trust had created a culture whereby concerns could be raised and there was a focus on supporting staff to undertake their Mental Capacity Act training.

There had been two large scale enquiries over the last twelve months and the Trust had worked with its partners, the CQC and Torbay Council to strengthen the health and social care agenda.

Jon Anthony confirmed there was a comprehensive workplan in place to drive the broad scope of agenda forward and primary workstreams were captured through governance reporting.

Ms Kelly explained the Quality Assurance Committee was looking at how to profile and strengthen the Safeguarding Adults Portfolio through the Health and Safety Governance Framework. A small design group would be established, working closely with the Deputy Director of Adult Social Services. The Governance framework would be finalised ahead of implementation of National Framework.

Mr Stacey, asked how the Safeguarding Adults team had been supporting the complex needs of asylum seekers that have arrived in Torbay. Mr Anthony gave explanations on how Torbay Council had been supporting the new arrivals.

The Chairman explained Torbay Council were very supportive of service veterans who required safeguarding support.

Prof. Balch asked to what extent could the Trust identify where future safeguarding risks laid. Mr Anthony explained there was a multi-agency risk management process in place; and there was a preventative agenda that all partners worked to. However, the hidden harm agenda and raising its profile in the community was a priority for the partnership.

Mrs Davenport highlighted the complexity of the work undertaken by the Safeguarding Adults Team and the risk that was held around Deprivation of Liberty Safeguards, managing the number of people on the waiting list and asked how it was being managed. Mr Anthony explained this was a long standing risk, which crossed over with Adult Social Care outcomes data. He informed the Board every Deprivation of Liberty Safeguards was triaged by the Local Authority against national guidance and categorised as 'high, medium or low' priority. With those categorised as 'high' receiving a best interest assessment and all other people having a yearly review. However, it was positive the Deprivation of Liberty Safeguards referrals were being received despite there being a risk. He confirmed the Liberty Protection Safeguards meeting would be discussing the backlog.

Mrs Walker-McAllister would like to have a further conversation with Mr Anthony in respect of Liberty Protection Safeguards. **ACTION: Ms Walker-McAllister**

The Board received and noted the Report on Safeguarding Adults, Mental Capacity and Deprivation of Liberty Safeguards.

Improved Well-Being Through Partnership

212/10/22

Working together to deliver service transformation in Devon, Cornwall and Isles of Scilly- Peninsula Acute Provider

Mrs Davenport as Senior Responsible Owner for Acute Sustainability Programme for Devon ICS, presented the Working together to deliver service transformation in Devon, Cornwall and Isles of Scilly- Peninsula Acute Provider, as circulated in advance, to the Board for approval. She confirmed all acute trusts across Devon and Cornwall had been asked to approve the paper, which sets out the context and rationale for the Peninsula acute provider collaborative programme of work.

The aim would be for the Peninsula to have high quality, safe and sustainable services, offering the best value to support the local population and address broader health inequalities. She confirmed the programme methodologies had been developed with the Peninsula Medical Directors and the design of the Peninsula Acute System would be finalised in March 2023.

Mr Crompton expressed support for the Peninsula Acute Provider Collaborative proposal which he saw as a way of ensuring that Torbay and the Peninsula use scarce resources for the benefit of the whole population and fragile services benefited from the approach.

Dr Watson acknowledged the alignment of the Peninsula Acute Provider Collaborative work and the Trust's own Health and Care Strategy.

Prof. Balch explained how important the Acute provider collaborative work was to the delivery of services for the local population as it was based on data, evidence and clinically led.

The Board approved the next phase of work for the Peninsula Acute Provider Collaborative.

Well-Led

213/10/22 **Devon Operating Model Draft Version**

Mrs Davenport, presented the Devon Operating Model, as circulated, to the Board. She explained it had been developed through a process of engagement with local stakeholders including representatives from the Trust and was approved by the Devon ICB on 19 October 2022.

Mr Sutton asked where the independent provider sector featured in the system. Mrs Davenport confirmed that she would clarify this with Devon ICS. **ACTION: Mrs Davenport**

The Board received and noted the Devon Operating Model Draft Version.

214/10/22 **Compliance Issues**

215/10/22 **Any Other Business Notified in Advance**

There was no other business raised for discussion.

216/10/22 **Date and Time of Next Meeting:**

11.30 am, Wednesday 30 November 2022.

Exclusion of the Public

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

BOARD OF DIRECTORS

PUBLIC

No	Issue	Lead	Progress since last meeting	Matter Arising From
172/09/22	Ms Kelly will provide support to Lottie in progressing the Organ Donor Memorial in both suitable design and site location.	Ms Kelly	26.10.22 Ms Kelly is progressing the Organ Donor Memorial. Designs are being finalised, funding was being secured and a space to place the memorial had been identified.	28.09.22
191/09/22	Mrs Walker-McAllister will seek further clarifications on the 9.1% decrease in safeguarding concerns during 2020-21, with Mr Harrison outside of the meeting	Mrs Walker-McAllister and Mr Harrison	26.10.22 Mrs Walker-McAllister received assurance by email. ACTION: Closed	28.09.22
191/09/22	Mrs Walker-McAllister to progress with Mr Harrison and Mr Anthony, further collaborative working to sustain provider and market sustainability in the arena of adult social care.	Mrs Walker-McAllister, Mr Harrison and Mr Anthony	26.10.22 It was agreed Mrs Walker-McAllister would liaise with Mr Scott and Mr Anthony.	28.09.22
193/09/22	Mr Raheem agreed to take an action to organise Risk Appetite as part of the Executive Development Session on BAF.	Mr Raheem	26.10.22 Mr Raheem confirmed the action was in progress.	28.09.22
211/10/22	Mrs Walker-McAllister would like to have a further conversation with Mr Anthony in respect of Liberty Protection Safeguards.	Mrs Walker-McAllister		26.10.22
213/10/22	LD agreed to clarify where the independent provider sector sat in the system with Devon ICS and she would inform Mr Sutton.	Mrs Davenport		26.10.22

MINUTES OF THE 2022 ANNUAL MEMBERS MEETING
HELD AT 6PM ON WEDNESDAY 16 NOVEMBER 2022
VIA MICROSOFT TEAMS

Present:

Sir Richard Ibbotson	Chairman
Liz Davenport	Chief Executive
Dave Stacey	Deputy Chief Executive and Chief Finance Officer
Jean Thomas	Lead Governor
Eileen Engelmann	Chair - Membership Committee
Jacqueline Rees-Lees	Digital Futures Team
Nicholas Peres	Digital Futures Team
Dr Rowan Kerr-Liddell	Consultant Paediatrician
Dr James Dearden	Consultant Paediatrician

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

In attendance:

Mark Bartlett (Manager), Grant Thornton LLP

1. **Welcome and Apologies**

In welcoming those present, the Chairman explained the reason for the meeting being held virtually was due to the increasing number of Covid cases in the community and Trust. He also explained the reasons for the need to postpone the meeting from the planned date in September which were as a result of the delay in the laying of the Trust's annual report and accounts at Parliament due to the impact of the sad death of Queen Elizabeth II.

Apologies were received from Councillor J Hawkins.

2. **Lead Governor Report**

The Trust's Lead Governor, Jean Thomas, provided a briefing on the work of the Council of Governors during 2021/22. She highlighted the following:

- Thanks were expressed to Governors who had stood down from their role at the last elections. This included Lynne Hookings (Torbay), Carol Day (Teignmouth), and Mary Lewis (South Hams).
- Three public governors had joined the Trust in 2022, namely: David Cawley (South Hams), Peter Milford and Mark Tyrell-Smith (Torbay).

- During 2021/22 the Council of Governors continued to be affected by the Covid-19 pandemic, limiting the amount of engagement Governors could have with their members and service users. It also affected how the Governors could fulfil their statutory duty of holding the Trust's Non-Executive Directors to account for the performance of the Board.
- It had been acknowledged that there was a need to improve the induction process for new Governors and the Governor input to the Non-Executive Director appraisals process, and this would take effect in 2022/23.
- The role of the Governor Observer had been formalised in 2021/22, with Governors attending Board Sub-Committees and providing a written report which was circulated to all Governors.
- Other Governor activity during 2021/22 included: input to updating the Trust's Constitution including the establishment of a new 'Rest of the South West Peninsula' constituency input to the Trust's Quality Account; attendance at national Governors' conference; involvement in the recruitment of Non-Executive Directors; input as part of the Governors' Development Programme; and support as part of the Trust's PLACE assessments (Patient-Led Assessments of the Care Environment).
- Two new Non-Executive Directors were appointed in 2022, Richard Crompton and Siân Walker-McAllister.
- Looking to the future, the Council of Governors had put in place a development programme to improve the effectiveness of the Council and thanks were extended to Mark Tyrell-Smith who had led a significant part of this work.
- Finally, the Lead Governor stressed the importance of ensuring the views of members and the wider community were heard by the Trust and used to influence decision-making where appropriate. She thanked those joining the meeting for their time and interest in the NHS and suggested that if anyone wanted to support the Trust they should consider becoming a Governor.

3. **Digital Futures – Building a Digital Technologies Programme to Empower the Workforce**

Jacqueline Rees-Lees and Nicolas Peres from the Digital Futures Team gave a presentation on the work of the Team and how digital innovation was supporting and improving patient experience at the Trust.

The following was highlighted:

- The programme had enabled space to be created in the Trust's Horizon Centre to bring people together to test and understand technology in a way that was accessible and comfortable for them.
- A partnership approach been taken to ensure learning from all parties to create bespoke healthcare solutions for patient pathways.
- Funding had been obtained to support this work.

- Staff were able to visit the Horizon Centre to test the technology that was available and to consider how it could be used to improve patient experience and pathways.
- Ways of ensuring that learning was taken from different areas and shared included:
 - Digital media and design masters students – pair with medical students
 - Working on pre-planned projects or pathways
 - Translating and learning from each other's knowledge base
 - Advisory team – technologies, academics, clinicians and service users
 - Trainee deep dive sessions – technology exposure to the laboratory
- Different ways of engaging with teams was taking place including:
 - Deep dive sessions
 - Lunchtime drop-in sessions
 - Digital clinics
 - Loaning kit
 - Technology café sessions
 - Being open access
- Current projects included:
 - Health Education England HoloLens pilots for remote supported clinics
 - Augmented navigation for anxiety reduction for visitors
 - Enhancing rehabilitation using extended reality technologies to personalise the care space
 - Virtual collaboration spaces for designing future hospital environments
 - Mixed reality environments to enable community simulation training
 - Virtual Reality PPE training
- In addition VR had been used for patients on palliative care wards to support pain relief. This highlighted the work in using digital technologies to personalise care for service users.
- Currently the Digital Futures team were involved in the following:
 - NHSx national blueprint
 - National NHS Digital HoloLens pilot site
 - Health Education England exemplar site for new technology
 - Collaboration partner with Microsoft
 - PricewaterhouseCooper National Audit of Future Digital Healthcare Roles
 - Multiple publications released
 - Academic partnerships for digital health research projects, course and continuous professional development creation
- The team was also heavily involved in partnership with industry and local academic institutions.

4. Annual Report 2021/22 – Chief Executive

Liz Davenport, the Trust's Chief Executive, provided the meeting with an overview of the Trust's Annual Report for 2021/22. The following was highlighted:

- The year 2021/22 had been challenging for many reasons and the presentation would include the work taking place to tackle waiting lists, to look after the health and wellbeing of the Trust's population, and to provide the care to the Trust's population when and where it was needed.
- Gratitude was expressed for the Trust's compassionate and skilled staff; volunteers and fundraisers; members and governors; and partners.
- It was noted the Trust's staff were tired and worried about the impact of long waits for treatment on service users.
- Some statistics were provided for the year 2021/22 and these included: 2,092 babies had been born; 160,000 diagnostic tests undertaken; £500m operating budget; 110,000 outpatient appointments and 260,000 follow-up appointments; 65,900 emergency attendances; 331,839 day surgery cases; and 75,000 medicines dispensed on discharge from the hospital.
- Some background was provided on the work the Trust was undertaking to meet its defined priorities:
 - **What matters to you matters** – the Trust was focusing on what matters to people not just in terms of their treatment but also in terms of their lives, interests and whole self. This included:
 - Extending the Trust's HOPE (Help Overcoming Problems Effectively) programme and support for the South West regional programme
 - Courses for new parents and those living with long Covid
 - Expansion of the Health Connect coaching programme
 - Cancer services '5k Your Way'
 - New patient-led support group for head and neck cancer patients with Swallows Head and Neck Cancer Support
 - **Building healthy communities** – the Trust signed a memorandum of understanding to be an active partner in community wealth building. Along with Torbay Council, South Devon College, and the Torbay Development Authority the Trust had committed to use its financial powers more effectively to help benefit the local economy (spending more money with local companies where possible) and create new employment and training opportunities for people through regeneration projects.
 - Together with partner organisations including the Jatis Project, Steps Forward and social prescribers working in primary care, the Trust's Torbay drug and alcohol service had established a community group of people in recovery from substance use.

- The Trust's paediatric team had worked together to improve the hospital experience of children and young people who had neurodiversity or experienced emotional distress.
- **Thriving people** – The Trust wished to attract people who shared its passion and ambitions across all roles to give them the opportunity to develop and grow.
- The Trust reaffirmed its people promise and plan to support and care for its staff and refreshed staff awards to base them around the people promise. The People Awards launched on Valentine's Day following the closure of the Staff Heroes Awards in December 2021.
- The Trust became one of only two NHS organisations to be recognised with an award for supporting staff members who cared for someone outside of work.
- The Trust had gained the Carer Confident Employer, Level 2 'Accomplished' Award which demonstrated the high level of support available to the many staff members who, alongside their job, cared for a family member or friend with long term physical or mental ill health, disability, or had problems related to old age.
- The Trust had joined the disability confident initiative and was a disability committed employer. It was hoped to progress to level two disability confident status in 2022.
- Staff have told the Trust that they turned to each other in times of distress to support them, therefore wellbeing buddies had been established – over 160 people trained to support colleagues when they were in need.
- Stay conversations have been introduced to explore options that people might not have considered, test the art of the possible and challenge the Trust around what could be done to retain people.
- The Trust was only one of only 10 NHS Trusts (and the only one in the SW Region) to be a real world test and evaluation site for the NHS Clinical Entrepreneur program. This was a workforce development programme for clinical and non-clinical NHS staff and was the biggest entrepreneurial workforce development programme of its kind, aiming to provide the commercial skills, knowledge and experience needed to successfully develop and spread innovative solutions to the challenges facing the NHS for the benefit of patients, staff and the wider NHS.
- **Improving quality** - quality and safety of care sits at the heart of the Trust's work. Advancing new models of care and service delivery while focusing on quality improvement better enables the Trust to deliver better health and care for us. This work included:
 - The Trust was a national pilot centre for trialling the ground-breaking Microsoft.
 - HoloLens 2 and Dynamics 365 Remote Assist. The first pilot project was taking place at the Breast Care Unit supporting nurse-led dressing clinics. Clinical specialist nurses were able to send a high-resolution video feed

to consultants, in real time, to obtain immediate feedback and advice on a patient's needs.

- Torbay Charts was identified as best practice by the national Get It Right First team.
 - The Trust was one of only 14 trusts in England to be selected to take part in the internationally recognised Pathway to Excellence® accreditation programme. The global programme was a 'nursing excellence' framework, aiming to create a positive practice environment for nursing and midwifery staff that improves nurse satisfaction and retention.
 - The Trust had more than 10 team-based councils and a similar number of theme-based councils to focus on shared decision-making and quality improvement. One example of how the councils were making a difference was that, wherever possible, maternity staff were now offering follow-up care closer to home for women who had recently given birth.
 - A health care support worker council had been established, which was run by health care support workers, for health care support workers. One of their first projects focused on working with people who were new to care and the Trust's Education Team to codesign a meaningful induction to their role and the Trust.
 - The Trust was the first in the South West to open the PACE trial to treat prostate cancer patients. This involved the use of a new technique called SABR which uses advanced imaging technologies with sophisticated computer planning to safely deliver precisely targeted radiotherapy using fewer, higher doses of radiation. This means patients attend hospital for as few as five visits as opposed to many more over several weeks.
- **Creating partnerships** - towards the end of the year the Nightingale Hospital Exeter opened as an important resource to provide additional capacity for the NHS in Devon. Each month around 150 of the Trust's patients attended the Nightingale for CT scans and around 100 attend for MRI scans.
 - It is believed that the best way to care for people is by putting them at the centre and integrating services around them – as one of the very few providers of acute, community and adult social care services and as lead provider for Children and Family Health Devon and the Torbay's 0-19 Service, the Trust was particularly well positioned to drive forward further integration.
 - The Trust's Adult Social Care services in Torbay had seen more than a 60% rise in requests for support during the year and supported more than a thousand more people than in the previous year to receive short term reablement services to help them gain independence.
 - The Trust's urology service had been working at weekends and travelling out of the Trust's local area to reduce waiting times for our patients – using operating space at Ottery St Mary and Tiverton to provide the care that people need. For two weeks in early 2022, a mobile urology unit was brought onto site at Torbay

Hospital, performing more than 100 additional procedures including 51 prostate biopsies and 61 cystoscopies.

- Development of multi-complex care teams, not just drug and alcohol services, but working in partnership with statutory and voluntary sector organisations through an alliance and focused on a whole person approach including mental wellbeing, domestic violence, criminal justice and peer support.
- **Improving sustainability** - Building work started on the new Acute Medical Unit (AMU) at Torbay Hospital in March 2021 and had progressed well. The new unit was essential to reduce overcrowding in the Emergency Department and would make sure that patients received timely, high quality care, in the right place while providing significantly more assessment spaces. The AMU was due to open in later in 2022 as was the new health and wellbeing centre in Dartmouth.
- The Trust invested in new equipment for Torbay Pharmaceuticals to increase its production capacity and future-proof operations at its Paignton site.
- This year the Trust signed off its green plan, providing an excellent platform on which to grow commitment to sustainability, having over the past few years invested in high-efficiency LED lighting to reduce electricity demand, drastically cut emissions from volatile gases used for anaesthetics, made strides to reduce single use plastics in clinical settings, increased the amount of food sourced locally, supported staff to work remotely to reduce commuting and contributed to the NHS tree planting scheme.
- **Our award winners** - the innovation, dedication and excellence of the Trust's workforce had been recognised locally, regionally and nationally during our year:
 - Two community children's nurses from Children and Family Health Devon, Laura Ireland and Jo Broderick, and two nurses from community services, Stacey Tranter and Marcia Doherty, became Queen's Nurses.
 - Dr Rhoda Allison, Associate Director of Nursing and Professional Practice, was awarded an MBE in the Queens's new year's honours list for her services to physiotherapy while Dr Cathryn Edwards, consultant physician and gastroenterologist was awarded an OBE in the Queen's birthday honours.
 - Chantal Baker, Nursing and Midwifery Excellence Lead Nurse, received the silver Chief Nurse Officer's award from Ruth May, Chief Nursing Officer for England.
- **Listening and learning** - In order to enable the Trust to achieve its vision and purpose it was necessary to understand what matters to its people, what helps them to stay well and live well and what challenges they faced. This meant listening carefully and consistently, having effective systems and processes in place to capture people's views and voices and regularly sharing with them our opportunities, challenges and stories.
- During 2021/22 a new engagement and communications strategy was developed and ratified, which aimed to support meaningful conversations with the Trust's workforce and communities.

- The Trust began work with Healthwatch Devon and Torbay to improve how feedback was gathered and used from people who used the Trust's services and their carers, to make improvements to the care and experience provided by the Trust.
- The Trust had also been working with Dartmouth Town Council to support them to purchase the site of the former Dartmouth and Kingswear community hospital. This would ensure local people would benefit from any development of the site.
- **Our future** – The Trust would continue to develop and grow its people while supporting their wellbeing through its people plan and promise. More would be done to develop the local workforce, giving local people opportunities to work with the Trust and supporting our communities to thrive.
- **Our places - delivering care closer to home** – the Trust would continue to expand the range of services that can be delivered at home, in care homes or in community facilities both face-to-face and digitally enabled. The Trust's new Acute Medicine Unit at Torbay Hospital and new health and wellbeing centre in Dartmouth were both due to open shortly and the planning process was underway for a new health and wellbeing centre for Teignmouth.
- **Our pioneers** – The Trust would continue to fully explore how digital technology could better connect people together and improve people's lives including using augmented reality to enhance end of life care, encourage rehabilitation and enhance training and development.
- **Our partnerships** – the Trust had a large number of specialist services that were supported through effective partnerships across the hospitals in Devon for cancer, vascular surgery, sexual health services, plastic surgery and many more. This would be expanded to ensure that people had reliable access to the best specialist care, with reduced waiting times.
- **Our performance** – there would be a relentless focus on the improvement of quality. In partnership with GPs, the Trust will ensure that people rarely spend time in hospital beds. When people did need to come to hospital, urgent services would be delivered quickly and planned services would be available consistently. Following discharge, care would transition to expert teams providing rehabilitation and aftercare at home or in community settings.
- **Prevention** – the Trust's clinical services would pay more attention to the prevention of ill-health, with greater emphasis on digital support, advice and guidance to help people to manage their care. The Trust would help people lead lifestyles that promoted physical and emotional wellbeing. Since the new Treating Tobacco Dependency Service was launched in June, over 50 pregnant women and birthing people, had sought support for the service through their midwives – giving babies the best start in life and improving the health and wellbeing of mums
- **How you can help us help you** - the Trust was often get asked 'how can I help?'. There were lots of simple things people could do to help the Trust:

- Chose the right service for your needs – from self-care to community pharmacies, GPs to minor injury units, urgent treatment centres to emergency departments make sure you use the service that best fits your need
 - Get your COVID-19, flu and other vaccinations when they were offered.
 - If an appointment was no longer needed, let the Trust know so it can be offered to someone who does need it.
 - Be kind to others, including the Trust's very tired staff.
 - Give the Trust your understanding and patience if you are asked to wait.
- **Get involved** - there are lots of ways members and the public can stay informed about the Trust's work and talk to the Trust about the things that are important to you.
 - Involvement can be by:
 - signing up to become a member [visit the Trust's website]
 - following the Trust on social media [Facebook, Twitter, LinkedIn]
 - reading the Trust's monthly newsletter [Healthy Futures – available on the website]
 - checking the Trust's website for regular updates

5. Annual Accounts 2021/22 – Chief Finance Officer

Dave Stacy, Chief Finance Officer, provided an overview of the Trust's accounts for 2021/22, highlighting the following:

- It had been another challenging year.
- The Trust had ended the year with a surplus of £1.2m.
- £38m of capital expenditure had taken place.
- A cash balance of £39.3m had been realised at year end.
- Factors influencing the year end position included:
 - Continued disruption due to Covid.
 - Additional funding to support elective recovery.
 - A return to pre-Covid levels of demand.
 - Rising pressures out of hospital.
- For 2022/23 the following financial drivers were in place:
 - An expectation of significant efficiency and productivity gains.
 - Covid funding reduced by c70%.
 - Backlog reduction and performance recovery.
- Further detail was provided on the Trust's financial performance:

○ Income	£601.5m
○ Pay costs	£305.9m
○ Non-Pay costs	£286.4m
○ Finance costs	£ 7.4m
○ Other items	£ 0.6m

In closing the Chief Finance Officer placed on record his thanks to the Finance Team for their work over the last year to ensure the Trust had a successful audit.

6. External Auditor Report – Grant Thornton

Mark Bartlett, Grant Thornton, gave a presentation on the findings of the external audit for the year 2021/22. The following was highlighted:

- The report summarised the findings from the audit which included auditing the Trust's 2021/22 financial statements and assessing if the Trust had put in place proper arrangements to secure economic, efficiency and efficiency in its use of resources (value for money assessment)
- Opinion on the financial statements:
 - The audit was conducted in accordance with the National Audit Office (NAO) Code of Audit Practice, International Standards on Audits (UK and Ireland) and any other guidance issued by the NAO and NHSE/I.
 - The audit focused on key areas of risk
 - A materiality level of £8.35m was set, which represented 1.5% of the Trust's gross revenue
 - Significant risks identified were: management override of controls; improper revenue recognition; completeness of expenditure; and valuation of land and buildings.
 - Delays had been experienced in the provision of supporting information due to the Trust's reliance on key individuals to support the audit process.
- Audit outcomes:
 - Significant challenges had been experienced in obtaining responses from the external valuer resulting in the need to carry out alternative procedures to gain assurance on the value of asserts.
 - There was one unadjusted item (£353,000) relating to the balance of deferred income where evidence of performance obligations not being met was not available. This had been discussed and agreed by the Trust's Audit Committee.
 - A unmodified opinion on the accounts was issued.
 - Comments were also made on the Trust's Annual Report, including the Annual Governance Statement. It was concluded the final version met the requirements set out in the NHS Foundation Trust Annual Reporting Manual and was consistent with the audited financial statements.
- Value for Money assessment
 - One area of weakness was identified as part of the planning work in respect of financial sustainability due to the £32.7m deficit budget in the draft 2022/23 plan submission and the level of savings required to be achieved.
 - Following the audit work, no significant weaknesses had been found. Some improvement recommendations were made in terms of prioritisation and delivery of continuous improvement programmes; recruit to vacant posts in the Finance team; and a review of the Trust's Procurement Strategy.
- The following reports were issued during the year 2021/22: regular audit progress reports and sector updates; audit plan; interim and final audit findings; auditor's report; auditor's annual report on value for money arrangements; and audit certificate.

7. Chair of Membership Committee Report

Eileen Engelmann, Chair of the Membership Committee, gave a short presentation on the work of the Committee in 2021/22:

- The Committee met on a quarterly basis and aimed to improve member engagement; encourage diversity; and provide information to Trust members.
- The Committee recently refreshed its Membership Development Plan.
- A membership development plan on a page had been produced, which gave details of the Committee's focus:
 - Engagement with existing members
 - Focus on widening the diversity of the membership
 - Focus on broader membership based
 - Focus on variety in engagement
 - Focus on staff engagement
- A data cleanse exercise was held in 2021 where all of the Trust's members were contacted, either by email or letter, to ask them to update their details, and also provide demographic information, if they wished, or if they no longer wished to be members any more.
- The data cleanse letter was also used as an opportunity to inform members about the Trust's Building a Brighter Future aspirations.
- Like many other Committees, the Membership Committee had been impacted by Covid and had to meet virtually.
- A video was recently recorded to encourage service users and the wider public to become members of the Trust.
- Trust members received regular information from the Trust included the monthly Healthy Futures Magazine.
- During the reporting year a new constituency for the Trust had been established 'rest of the South West Peninsula' and the Committee would be working to ensure service users in that constituency were represented.
- In terms of membership numbers compared to population, South Hams was under represented and would be a focus for the Committee.
- The Committee also reviewed membership by age range, which showed that younger people were under-represented in the Trust's membership.

In closing the Chair of the Membership Committee encouraged service users and members of the public to join the Trust and, if interested, apply to become a Governor of the Trust.

8. Better Interventions for Young People

Dr Rowan Kerr-Liddell and Dr James Dearden, Consultant Paediatricians, joined the meeting to give a presentation on prevention work for young people.

The following was highlighted:

- The Covid pandemic had a significant impact on the mental health of young people.
- An impact of Covid at the Trust was the need to repurpose ward space including the designated paediatric outpatient departments.
- A paediatric outpatient ward had been developed in the Trust's McCullum Ward which had helped to improve the transition of care for unwell babies.
- The paediatric consultant rota had been revised to ensure on call consultants were available to cover emergency admissions; short stay assessment unit; and special care baby unit.
- Investment had been made in a new play area and artists would soon be painting new murals for wards.
- As a result of the pandemic there had been an increase in referrals for physical and mental health problems in young people, in particular eating disorders.
- To help support the work to improve the physical and mental health outcomes for young people, a new consultant post had been developed to support this area of work.
- Pre-pandemic the incidence of mental disorders in young people was around 1 in 9, since the pandemic this was now c 1 in 6.
- Eating disorder referrals had increased by 250%.
- Locally, a number of initiatives were taking place to improve the services for young people, including increased collaboration with the Child and Adolescent Mental Health Service; linking with clinicians across the south west peninsula to learn from each other; and the establishment of a clinical network.
- In addition, young people are being asked how the Trust should structure its services to best support them.
- The Trust was the first in Devon to launch an in-reach youth work programme.
- There was also a focus on training for staff to ensure they were equipped with the tools to support young people with mental health issues.
- The Trust also worked with external partners to support young people, such as charities and schools.

10. **Close of meeting**

In closing the meeting, the Chairman thanked everyone for their attendance, interest and support during a challenging period. He asked anyone who had any questions about the presentations to contact the Trust.

Report to the Board of Directors				
Report title: Chief Executive's report		Meeting date: 30 November 2022		
Report appendix	Integrated Care System for Devon update for Boards			
Report sponsor	Chief Executive			
Report author	Associate Director of Communications and Partnerships			
Report provenance	Reviewed by Executive Team 22 November 2022			
Purpose of the report and key issues for consideration/decision	To provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments since the previous Board meeting.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board are asked to receive and note the Chief Executive's report.			
Summary of key elements				
Strategic goals supported by this report	Excellent population health and wellbeing	X	Excellent experience receiving and providing care	X
	Excellent value and sustainability	X		
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score	Various
	Risk Register	X	Risk score	
	BAF Risk 8 – Transformation and Partnerships BAF Risk 9 – Integrated Care System			
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	X
	NHS England	X	Legislation	
	National policy/guidance	X		

Report title: Chief Executive's report		Meeting date: 30 November 2022
Report sponsor	Chief Executive	
Report author	Associate Director of Communications and Partnerships	

1 **Our vision and purpose**

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

2 **Our strategic goals and our priorities**

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

Our strategic goals are:

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

Our priorities are:

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

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

3 **Our key issues and developments**

Key issues and developments to bring to the attention of the Board since the last Board of Directors meeting held on 26 October 2022 are as follows:

3.1 **Excellent population health and wellbeing**

Autumn budget

We welcome the news announced in the Autumn budget that the New Hospital Programme of an ongoing commitment to the New Hospitals Programme.

Our revised Strategic Outline Case was submitted last month. As you know, we are seeking £497m essential investment to help us replace our aging buildings, some of which are among the oldest NHS estate in the country. Alone, our backlog maintenance is currently set to cost us £130m and we face significant daily operational challenges due to the very poor condition of our estate.

Our plans seek to transform the way we deliver services for people in Torbay and South Devon, ensuring that we deliver a sustainable clinical model, capable of meeting the needs of our people, now and in the future.

Our Strategic Outline Case is included in national programme business case for the continuation of the New Hospital Programme which will be reviewed by the Major Project Review Group on 06 December 2022 and we very much hope to hear that our plans will be supported.

The budget confirmed that health revenue spending will increase by £3.3 billion in cash terms over the next two years while capital spending will increase slightly from what was planned last October.

We welcome the increase in social care spending, including £1 billion to directly support discharges from hospital into the community, to support the NHS in 2024/25. We firmly believe that care as close to home as possible to best for people who use our services and only care that needs to be delivered in hospital, should be delivered in hospital.

The NHS is required to make further efficiencies in return for the additional funding as well as delivering improve performance in key areas such as ambulance response times, waiting times in Emergency Departments and improved access to primary care although at present specific targets are unclear.

We also welcome the commitment to deliver an independent assessment of workforce needs in five, 10 and 15 years. The people who work in our services are our most vital asset and having clarity on our workforce needs is key to ensuring that we support our people to grow and develop while we transform roles and services to meet the changing needs of our population and the latest advances in clinical practice and evidence-based care.

The review into the role and powers of integrated care boards, to be led by Patricia Hewitt, chair of NHS Norfolk and Waveney integrated care board, will help identify how local systems can be granted more autonomy with the right level of accountability to ensure good governance.

In response to the rising energy prices, it is positive to note that the energy price cap for public services will remain in place until April 2023 although we hope that this will be further extended.

Flu and COVID-19 vaccination programme

Our COVID-19 booster and flu vaccination programme is well underway. As of 21 November we have given over 3,600 of our people the COVID-19 booster and over 3,400 the flu vaccination. This means that the total number of our substantive staff who have had at least one vaccination is now at 54%. 23% of our bank only staff have also received at least one vaccination.

Supporting our communities

We are working closely with partners across Torbay and South Devon to try to reduce the impact the cost of living crisis is having on our most vulnerable people and our most deprived communities. Our work involves close engagement with the volunteer network, contributions to community wealth building activities as well as increasing the local focus of our supply chains where we can and working with local suppliers on small estates work.

Early in October Torbay Council held a cost of living summit in which statutory, voluntary and community sector partners came together. £1.2million has been allocated to the Bay as part of the Household Support Fund. Post office and meal vouchers, food bank support and warm spaces are just some of the ways that local people will be supported this winter.

Devon County Council is holding a cost of living summit this month.

Winter health resources on our website

We know it's going to be a tough winter for many of us. The rise in the cost of living is affecting us all and may impact on some people's health and wellbeing.

We have a dedicated winter health section on our [website](#) which provides advice, support and signposting to services that can help.

We Can Talk – training for hospital staff in talking with young people about mental health and wellbeing

Earlier this month, our team on Louisa Cary Ward held a launch event for the We Can Talk training programme.

The training provides all of our staff with the opportunity to learn more about supporting young people experiencing a mental health crisis. This is something that anyone can encounter as part of their role, whether that's nursing or medical teams, allied health professionals, security, porters, reception or even hospitality staff.

The online, interactive training has been developed with healthcare professionals, mental health professionals and young people with lived experience of attending services like ours during a mental health crisis.

Supporting people to stop smoking

We are firmly committed to meeting the Government's target to be Smoke Free by 2030. As identified in the Khan report, we won't achieve this without a change in approach and we fully support the four interventions detailed in the report.

Locally, we are committing to all our sites being smoke free and we are supporting people to stop smoking with our initial focus on our maternity services, inpatients in our hospitals and people with serious mental health issues. Earlier this year we launched our Treating Tobacco Dependency in Pregnancy service and that in the first two months of operating they supported nearly 50 women to reduce or quit smoking.

Supporting Disability History Month

We are supporting Disability History Month as part of our ongoing work with NHS England to [embed the Workforce Disability Equality Standard](#) (WDES), and ensure our workplaces are open, inclusive and a place where everyone feels like they belong. It is an opportunity to celebrate the achievements of people living with a disability and also raise awareness of how we can all better support our colleagues, patients, family and friends who may live with a disability. We have a number of activities and events that will be taking place over the next few weeks.

The stories we tell ourselves about alcohol

We are working closely with partners to address issues identified in the Director of Public Health's annual report for Torbay which focuses on alcohol use in the Bay. Our [Drug and Alcohol Team](#) are available to provide support, advice and treatment to anyone who wants to reduce or stop their use of drugs and/or alcohol or to support anyone affected by a loved ones' alcohol or drug use. Self-referrals are encouraged.

Just three months ago, we launched a new alcohol care team was launched at Torbay Hospital. The team is available five days a week and provides support and guidance on the management of alcohol use disorders in hospital patients.

Earlier this year we secured the 'Drug and Alcohol Treatment Service' element of the Torbay Council tender for clients with multiple complex needs. The new service is now mobilising and will be delivered in partnership across four local organisations with ourselves acting as the prime provider:

- Devon Partnership Trust (DPT)
- EDP Drug and Alcohol Service (EDP)
- Jatis
- Torbay and South Devon NHS Foundation Trust (TSDFT)

Through key stakeholder engagement, including local service users, it was agreed the new integrated service will be called 'Torbay Recovery Initiatives' (TRI).

3.2 Excellent experience receiving and providing care

Current pressures

We have continued to see a high demand for urgent and emergency care which is impacting on our ability to respond as quickly as we would wish. Ambulance handovers remain a challenge and our teams are working extremely hard with South Western Ambulance NHS Foundation Trust to find sustainable solutions. Our Minor Injury Unit at Totnes is seeing attendances at pre-COVID-19 levels and attendance is also high at Newton Abbot Urgent Treatment Centre.

We continue to prioritise reducing waiting lists across our specialities. We are encouraging local people to take up scans, diagnostic tests and operations at the Nightingale Hospital Exeter wherever they are able to do so.

Our partners in the care home sector and domiciliary care continue to work closely with us to support people to stay at home (where they can safely do so) and to get people home from hospital as quickly as we can. We recognise that the face similar challenges to us around workforce and resourcing and we continue to work together to do what we can to address these.

Potential industrial action

While pay is a matter for Government and the trade unions, we deeply value our staff and want to see a resolution as soon as possible to ensure we can continue to focus on supporting our people to deliver the best care we can to those who need it

We very much understand the importance of good pay and conditions for our staff and their families, as well as for our teams and services to encourage retention and recruitment.

We are working with our staff and their trade union representatives to ensure there is minimal disruption to patient care and that emergency services continue to operate as normal should any strike action take place.

The outcome of the recent Royal College of Nursing (RCN) ballot was that the RCN has gained a strike mandate for all NHS trusts in the Integrated Care System for Devon with proposed discontinuous strike action is between 18 November 2022 and 02 May 2023.

Improving services in our local communities – enhancing our care model

Since the Board approval of our strategy earlier this year, our clinical, corporate and operational leaders have been working to develop a clearly defined set of priorities to improve services in our local communities. These include:

Prevention

- starting with a focus on our staff to improve health and wellbeing outcomes
- improving opportunities for children and young people, particularly those in our most deprived communities
- developing a shared prevention plan with South Local Care Partnership partners
- using our resource to build wealth in our local communities (community wealth building)

Delivery of effective community care

- improving the governance structures for 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 of long-term conditions

Specialist care in our communities

- radical re-design of outpatients
- integrating community urgent care
- designing specialist care in partnership with primary care
- co-designing 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

- redesigning our hospital discharge processes
- focusing on personalised care
- transforming our social care offer
- focusing on the delivery of a community frailty offer

These priorities have a clear delivery workplan, which links to our South Local Care Partnership. Priorities for the South Local Care Partnership have been agreed and these 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 closely align with our organisational strategy and priorities and also align with the community and primary care strategies for the Integrated Care System for Devon.

Remembering our little lost ones

Families who have experienced the loss of a baby in pregnancy or the early months of life, or a child, are invited to two events taking place on the first weekend in December. The events have been planned by our staff together with the help of local parents.

A craft morning is taking place in Torbay Hospital's Bayview restaurant on 03 December from 10am until 12noon; and a Little One's Remembrance Service will be held at All Saint's Church in Babbacombe, Torquay, on Sunday 04 December at 3pm.

Our People Awards – latest winners announced

Our People Awards are based on our People Promise and are one way in which we recognise and reward our people for delivering our vision of better health and care for all, living our values and supporting the people of Torbay and South Devon to live well.

We are a team: Inpatient Pharmacy

For showing innovation and creativity in overcoming challenges and, at the same time, focusing on looking after colleagues' wellbeing during a very difficult time. Earlier this year, as a result of our recovery plan, the team had to put the shutter down on its service hatch (to accommodate the relocation of MRU to level 2). This put the 100 or so members of the team behind a closed shutter and made them feel somewhat cut off. In response to this the team had to find new ways of working to deliver medications to inpatient services, ensuring that patient care was not compromised and that service efficiency continued. Through it all, the team has worked hard to look after each other - improving their staff room, working with our artist in residence Helen Snell on creative activities to improve wellbeing and bring some fun and joy into the working day.

We are safe and healthy: Eileen Sweeney, Housekeeper, Kitson Hall and Bowden Hall

For being invaluable in providing a clean and safe environment and going above and beyond to ensure that colleagues are looked after. Eileen is always ready with a smile to lift your spirits and it is very noticeable when she is on annual leave.

We each have a voice that counts: Chloe Allison, Occupational Therapist

For working above and beyond to ensure her patient who has a terminal cancer diagnosis to be able to attend his daughter's wedding. She organised moving and handling equipment, linking with multiple agencies and supporting the family to ensure he could attend.

We are always learning: Tier 3 weight management team

For supporting each other and the service during redeployment in the first wave of the pandemic and creating a virtual weight management programme to restart support for our patients. They continue to collect feedback and adapt the programme and our outcomes from the first virtual groups have been as good as the face to face group outcomes seen pre-COVID.

The Weight Management Team approaches every task with the same attitude; a can-do attitude, ready to problem solve, collecting feedback and acting on this, always up for a challenge, ready to admit when things have gone wrong and willing to give another option a go. They always put patients first and are always checking in on team members and supporting each other.

We are compassionate and inclusive: Michelle Gerry, Healthcare Assistant, Emergency Department

For supporting new staff, explaining policies and procedures, giving positive feedback and advocating excellent patient care and high standards, making new staff feel valued, included and empowered.

We work flexibly: Viki Willicot, Senior Sister, Ophthalmology

For supporting the Ophthalmology department to be able to see an extra 1,700 patients by coming in on multiple weekends per month. She is approachable, helpful and knowledgeable. The team appreciate the time and energy she puts into everything to help their service and patients.

Chair's Special Award: Facilities Team, Catering Corridor

For leading and supporting a team of 245, ensuring rotas and payroll have been met, working overtime and on days off to maintain the service during high levels of sickness absence. Their behaviour has been exemplary to maintain patient services to the wards and to support each other, upholding our values at all times.

Ward accreditations

Three wards underwent accreditation in October. EAU4 achieved a bronze award as did Midgley ward while Warrington ward achieved their second gold.

DAISY awards and introducing our PRIMROSE award

Two DAISY awards were given in October. Fahida Rehman-Manby, a head and neck cancer nurse specialist and Gill Portman, a nurse in the early pregnancy assessment unit. The DAISY award is given to nurses who go above and beyond to provide excellent, compassionate care.

On health and care support worker day, we launched our PRIMROSE award to recognise the exceptional contributions of our health and care support workers. We have over 900 health and care support workers filling a wide range of vital

roles across our clinical services from podiatry assistants to midwifery support workers.

Next month we will be announcing the winner for our first DAISY team award.

Celebrating our health and care support workers

Our health and care support workers council put on a fantastic day on 23 November to celebrate our health and care support workers – delivering thank you bags, showcasing the diversity of roles delivered by our health and care support workers and launching our new PRIMROSE awards. I'd like to take this opportunity to formally recognise and thank our health and care support workers council and co-chairs Nik Hill and Amy Hunt as well as everyone who has supported them (particularly Chantal Baker and our pathway to excellence team).

3.3 Excellent value and sustainability

Our Annual Members Meeting

We held our Annual Members' Meeting online at 6pm on Wednesday 16 November 2022.

The meeting started with a presentation from our digital futures team showcasing the fascinating opportunities to improve delivery of health and social care and ended with a presentation on better interventions for young people by Dr Rowan Kerr-Liddell and Dr James Dearden.

We have also published our Annual Report Summary 2021/22 which is now available on our [website](#).

The report reflects on the year, celebrating our achievements and recognising our challenges, and was published ahead of our Annual Members' Meeting.

We're here to help – supporting our people

We recently launched a new campaign to highlight our zero-tolerance approach to abusive behaviour.

The new series of graphics and posters remind those receiving our care and visitors that our staff are here to help them, but far too often our people are subject to abusive behaviour.

We have the right to refuse treatment and take further action against anyone who threatens the safety of our staff and patients.

Building our brighter future – Acute Medical Unit

Yesterday we held the official opening event for our Acute Medical Unit (AMU) at Torbay Hospital. Work started on the new unit in March 2021 and we are hoping that we will see our first patients in mid-December 2022.

The building was officially opened by Sir Richard Ibbotson, Chairman, who recognised the generous contribution made by our Torbay Hospital League of Friends who have donated £566,000 to support clinical and medical care.

Our new AMU is split over two levels and will see a wide variety of patients who require varying levels of care. It has 36 assessment spaces and will allow patients to receive timely, high quality care, in the right place. Referrals will be taken from both our Emergency Department as well as directly from the community and other specialties.

The unit's new location is of particular significance as it is located alongside our Emergency Department. Having these two units located side-by-side will improve the flow of patients across the two departments allowing for more timely patient reviews and an overall enhanced patient experience.

Building our brighter future - Dartmouth health and wellbeing centre

Work continues on the new Dartmouth Health and Wellbeing Centre. As we shared with you last month, we are planning for our services and Dartmouth caring to move into the new building in the week commencing 06 March 2023, with the aim of seeing our first patients on site the following week. Our Dartmouth GP and primary care colleagues will join them a few weeks later as they have their own processes to go through when relocating services.

These dates, of course, come with the usual caveats around building work but they are the dates we are currently working to and we are hopeful that they will not change significantly. We will, of course, continue to keep you informed of any developments or changes.

Building our brighter future - Teignmouth health and wellbeing centre

We await the outcome of our full planning application for the new health and wellbeing centre in Teignmouth.

We continue to work towards being able to offer seamless health and wellbeing services for local people in the heart of Teignmouth while acknowledging the potential impact of economic uncertainty on the project.

Building our brighter future - our Electronic Patient Record

An Electronic Patient Record (EPR) is an integral part of the infrastructure we need to build our brighter future – giving our patients better care, giving our people a better experience at work and giving local people a better service. We are fully committed to securing an EPR for our people and our patients.

We now have clarity from the national team on the processes we need to follow to secure funding for our EPR. We have made minor changes to our outline business case and submitted it on 11 November for regional and national approval

As part of the next stage in our procurement process, clinical and operational teams will be involved in the assessment of our options.

We are continuing to work closely with our partners at Royal Devon University Healthcare NHS Foundation Trust, University Hospitals Plymouth NHS Trust and Royal Cornwall Hospitals NHS Trust to make sure that our EPR can help us deliver our ambition to improve clinical pathways across the Devon and Cornwall Peninsula – making outcomes and experiences better for our patients and our people.

Building our brighter future – celebrating our past and looking to our future

Later today we will welcome representatives from our Leagues of Friends (community and acute), our Torbay Nurses League and other key stakeholders to a small ribbon cutting event to ‘unveil’ our new timeline on Level 4 of Torbay Hospital.

Our timeline celebrates the history of health and social care in Torbay and South Devon from 1844 to the present day, ending with a digital display screen showing our plans for the future.

Human Tissue Authority inspection visit

Earlier this month we hosted an inspection visit from the Human Tissue Authority. Early feedback is positive, however, we await the full inspection report which we will share at the future Board meeting.

Medical Staffing Committee Annual General Meeting

The Medical Staffing Committee Annual General Meeting took place last week – an important space to reflect on the challenges facing our medical colleagues and how we can address them both within our organisation and with our partners locally, regionally and nationally.

Working together to deliver service transformation in Devon, Cornwall and Isles of Scilly - Peninsula Acute Provider

Further to the papers approved by the Board at our October meeting, the workshops for the medical, surgical and paediatric assessment workstreams have started and will run over the next month.

Partnership working and innovation recognised in national awards

The South West Ambulatory Orthopaedic Centre (SWAOC) at the Nightingale was highly commended in the Health Service Journal Awards in the Acute Sector Innovation category. Since it opened earlier this year, 36 Torbay and South Devon patients have had their orthopaedic operations at the centre. SWAOC is delivered in partnership by ourselves with Royal Devon University Healthcare NHS Foundation Trust on behalf of the Integrated Care System for Devon.

Introducing our artist in residence

Helen Snell has joined us as an artist in residence, working on a range of arts activities to enhance the wellbeing of staff.

The 18-month residency project, which has been funded by NHS Charities Together – Arts in Recovery Funds, will see Helen collaborate with a number of teams to help enhance work areas by creating temporary and permanent artworks and installations. One of the first installations will be in the new Acute Medical Unit which will open next month.

Torbay and South Devon Charitable Fund

Our Charitable Fund is now registered on EasyFundraising.org.uk: <https://www.easyfundraising.org.uk/causes/torbay-and-south-devon-nhs> and Amazon Smile.

We are proud to have been chosen as the recipient of the Tree of Joy from the Torquay branch of Dunelm this Christmas. We are hoping that patients on 28 of

our wards will benefit from the generosity of Dunelm shoppers and receive presents on Christmas Day. We have also extended the Tree of Joy to Haytor Ward and Beech Ward which are run by Devon Partnership NHS Trust and based on our Torbay Hospital site. If you would like to donate to the Tree of Joy you can do so at: [Dunelm Mill Delivering Joy - JustGiving](#).

Our Breast Care Unit at Torbay Hospital have celebrated the completion of a garden project which has been developed in partnership with people who use the service. As part of a ten-year programme of works, volunteers supported changes to inside and outside spaces at the Breast Care Unit, to help visitors feel more comfortable and also improve working environments for staff.

Many of the volunteers had experience of using the service and were an integral part of the project choosing colour schemes, furnishings and design features.

Collette Charnley, who has designed a number of gardens for us created a beautiful garden space which is home to an array of colourful plants and flowers which change with the seasons. 'Lightcatcher', a sculpture created and donated by the internationally renowned Suzanne Redstone, sits in the centre of the garden. The one metre granite obelisk, with a marine stainless cylinder, catches and reflects sun rays and colours from the plants and flowers.

The garden creation was made possible through generous donations and fundraising. The ten-year programme of works at the Breast Care Unit has created more clinic rooms, waiting areas and office space, and there has been further investment in digital radiology equipment.

Staff in our maternity unit were delighted to receive a fantastic donation of £1,584 from the South West office of Rock Compliance, following their annual Race the Regions fundraising event.

The team at Rock Compliance decided to raise funds for the Mary Delve Bereavement Suite in the maternity unit following the support that a member of the Rock Compliance team received earlier this year, after he and his wife suffered the loss of their baby son Buddy. The suite is used by families affected by the loss of a baby during pregnancy or immediately after birth.

4. Chief Executive engagement October

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

Internal	External
<ul style="list-style-type: none"> • Video blog sessions • Meeting with Staff Side • Meeting with Diversity and Inclusion Lead • Meeting with Lead Governor • Medical Staffing Committee Meeting and AGM • League of Friends meeting • Paignton League of Friends • Nursing Council Halloween event • A conversation with Dr Peggy Warren event • Meeting with Health and Wellbeing Lead • Health and care support worker induction welcome • Annual Members Meeting • Our People Award Presentation – Occupational Therapist 	<ul style="list-style-type: none"> • Meeting with Kevin Foster MP • Chief Executive Officer, Integrated Care System for Devon (ICSD) • Deputy Chief Executive, ICSD • Long Term Plan Programme Director, ICSD • Finance Director, ICSD • Medical Director, ICSD • Devon Integrated Care Board Finance Committee Chair • Peninsula Medical Directors • Chief Executive Officer, University Hospital Plymouth NHS Trust • Chief Executive Officer, Royal Devon University Healthcare NHS Foundation Trust • Deputy Chief Executive Officer, Royal Devon University Healthcare NHS Foundation Trust • Director of Transformation, Royal Devon University Healthcare NHS Foundation Trust • Chief Executive Officer, Devon Partnership NHS Trust • Director of Finance and Strategy and Deputy Chief Executive, Devon Partnership NHS Trust • Medical Director, LiveWell SouthWest • Chief Executive Officer, Royal Cornwall Hospital NHS Trust • Director of Adult Social Services, Torbay Council • Chief Executive Officer and Councillor of Torbay Council • Purpose Coalition • Provider Collaborative Programme Director – Devon Mental Health, Learning Disability and Neurodiversity (MHLDN) • Torbay Oversight and Scrutiny Committee • Peninsula Healthwatch • South West Integrated Personalised Care • System Improvement Director - National Intensive Support Team

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

Recent key media releases and responses:

- Plans submitted for health and wellbeing centre for Teignmouth – sharing the first images of proposed designs for the new health and wellbeing centre for Teignmouth, following the submission of planning permission
- Funding secured for additional theatres – release celebrating the confirmation of funding for new surgical theatres to be built on the Torbay Hospital site
- Volunteers support garden project at Breast Care Unit – recognising the fantastic work and contributions of volunteers to improve the internal and external environments of our Breast Care Unit over a number of years
- Welcoming our new artist in residence – promoting the appointment of Helen Snell, a new artist in residence funded by a NHS Charities Together project, who will work with teams to enhance their work areas
- Virtual technology supporting young people during hospital visits – promoted the work of a postgraduate student who has worked with our clinical teams to develop a new tool which will improve the patient experience
- Stoptober support for pregnant people – promoting the fantastic work of our maternity stop smoking service and the support available for pregnant people and their families this Stoptober

Recent engagement on our social media channels includes:

- Zero tolerance to abusive behaviour – using new campaign assets to highlight our zero tolerance policy to abusive behaviour towards our staff
- Annual report summary – sharing our annual report summary, available for members of the public on our website
- We Can Talk launch – promoting the launch of new training available for all staff, which provides help and advice for supporting a young person experiencing a mental health crisis
- SingHealth visit – thanking our colleagues who helped organise the visit of representatives from SingHealth (Singapore) as part of their international study trip
- Louisa Cary ward accreditation success – celebrating Louisa Cary's silver award following their recent accreditation

- Recycle Week – encouraging members of the public who have received walking aids to return these once these are no longer needed for the benefit of other patients
- Radiology trainee programme rated highly – celebrating that our Radiology programme was rated the best in the South West according to a trainee survey
- Latest DAISY award winner – congratulations to Fahida, a head and neck cancer specialist nurse, who is our latest winner. Fahida was nominated by a colleague for going above and beyond to support her patients
- World Mental Health Day – highlighting the ‘five ways to wellbeing’ that people can do to take care of themselves on World Mental Health Day
- Breast Cancer Awareness Month – encouraging members of the public to attend their breast screening appointment

Development of our social media channels:

Channel	End of year target	As of 31 March 2021	As of 31 October 2022
LinkedIn	5,000 followers	2,878	5,016 ↑ 2,138 followers
Facebook	15,000 likes	12,141	13,434 ↑ 1,293 followers
	15,000 followers	12,499	14,331 ↑ 1,832 followers
Twitter	8,000 followers	6,801	7,679 ↑ 878 followers

7 Recommendation

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

Update from the NHS Devon Board for system leaders

November 2022

The purpose of this regular report, which is aligned to the public meetings of NHS Devon (the Devon Integrated Care Board), is to:

- Provide a monthly update for Board and Cabinet meetings across Integrated Care System partner organisations in Devon, Plymouth and Torbay.
- Ensure partners are aware of issues discussed by NHS Devon's Board and decisions taken
- Ensure consistency of message among One Devon partner organisations.

This update follows the 16 November 2022 public meeting of NHS Devon's Board:

Part A – Updates from NHS Devon's Board

1. Powerful patient story shared
2. Report of the Chief Executive
3. Report of the Integrated Care Board Chair
4. Self-certification process
5. Independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust
6. Integrated Care Board Finance report
7. Peninsula Acute Sustainability Programme
8. Integrated Care Strategy Update
9. Integrated Quality and Performance Report

PART B – System updates

10. Workforce update

1. Powerful patient story shared

The Board heard a powerful story from Rob Cox who has had lifelong heart problems and has a pacemaker, which is monitored. After waking on the floor one day (unaware of what had happened) he was contacted and told to go to the Emergency Department at North Devon District Hospital.

Mr Cox then spent 36 hours waiting in the Emergency Department waiting room. The fall to the floor had also left him with a possible broken ankle and concussion. During that time the only food he had was supplied to him by a doctor, who bought him a sandwich.

He arrived on a Friday morning. There was no-one available to do some of the tests he required until the following Monday. Mr Cox was eventually admitted and spent around a week in hospital. He has been left very anxious at the prospect of returning to hospital.

Members of the Board apologised to Mr Cox and resolved to look into the issues he had raised, including facilities within Emergency Departments, availability of tests at weekends, clinical pathways and whether patients could directly access specialist areas rather than going to the Emergency Department. Findings and progress will be reported back to Mr Cox.

2. Report of the Chief Executive

The Chief Executive reported that in the months preceding November there was a steady rise in the numbers of people in our hospitals with COVID-19.

By the end of October there were around 180 people being cared for, but that number had subsequently dropped.

COVID-related sickness among staff remains relatively low (compared to some previous waves) in our hospitals.

The Devon system has been ranked number one in the region for the number of weekend hospital discharges, thanks to the combined efforts of staff across the health and care system. This reduces pressure on beds, leading to shorter waits in ED and reduced ambulance handover delays.

The Chief Executive reported that winter pressures have affected the Devon system earlier than anticipated. As a result, the system has brought forward the opening of the care hotel in Plymouth to October. The care hotel has a total of 60 beds and is used for people who do not require hospital care, but do need social care support. Residents have private ensuite rooms, any adaptive equipment they require, 24-hour care provision, access to communal areas with entertainment and can make their own hot drinks and breakfast if they choose to.

Additionally, the creation of virtual wards will allow frail patients or those who need respiratory care to receive the care they need at home safely and conveniently, rather than being in hospital.

3. Report of the Integrated Care Board Chair

One Devon Integrated Care Partnership (ICP) Board Chair

Devon County Councillor James McInnes and NHS Devon Chair Dr Sarah Wollaston have been acting as Joint Interim Chairs of the [One Devon Partnership](#) (Devon's Integrated Care Partnership) since July 2022.

Dr Wollaston reported that, with the full membership in place, the partnership has now agreed its substantive Chair - Councillor James McInnes was nominated and unanimously confirmed by the Board. Councillor McInnes is well known as a Devon County Councillor where he serves as Cabinet Member for Integrated Adult Social Care & Health and is chair of the Health and Wellbeing Board.

Dr Wollaston, reported that she has accepted the role of vice chair and will work alongside Councillor McInnes to ensure that there is a joined-up approach and good communication between both Boards.

Change Leaders Event

A Change Leaders Event held in October was attended by more than 100 senior leaders from a range of sectors, including the NHS; local authorities; hospices; voluntary, community and social enterprise; public health and other local partnerships.

It aimed to align delegates around a shared understanding of the current system context and work to develop One Devon while involving leaders in co-developing system priorities, which will directly inform the development of the draft Integrated Care Strategy that the One Devon Partnership is submitting in December 2022.

Cost-of-Living Summit

A Cost-of-Living Summit, held on 7 November, highlighted work across Devon, Plymouth and Torbay to work with local communities to tackle the widening health inequalities that have been exposed since the COVID-19 pandemic and heightened by the cost-of-living crisis.

The cost-of-living summit was an opportunity to share best practice around Devon as well as to identify gaps.

NHS Devon has been allocated £300,000 to share with the Voluntary, Community and Social Enterprise (VCSE) sector through the One Devon Partnership to support a wide range of community projects this winter.

The summit was also an opportunity to involve VCSE partners in deciding how grants should be rapidly assessed and distributed so that they can be put to good use as quickly as possible.

4. Self-Certification Process

NHS England requested, in the Tier 1 and Tier 2 letter of 25 October that each provider in Devon undertakes a Board self-certification process, signed off by Trust Chairs and CEOs.

The Board was informed that assurance statements had been received by all providers and submitted to NHS England by the 11 November deadline.

5. Independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust

The Board was given an update on the findings and recommendations of the [Kirkup report](#); an independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust and endorsed the recommendations made.

The report identifies four areas for action. The NHS could be much better at:

- identifying poorly performing units
- giving care with compassion and kindness
- teamworking with a common purpose
- responding to challenge with honesty

Devon Actions:

The Board were informed that Devon Local Maternity and Neonatal Services (LMNS) has just completed a series of insight visits, with the NHS England Regional Team, to review each Trusts self-evaluation of compliance against the interim Ockenden Report. These insight visits form part of a strengthened approach to perinatal quality surveillance and will be part of an annual cycle of onsite reviews by the Integrated Care Board. There is a well established safety and governance sub group within the LMNS programme which provide a monthly Perinatal, Quality Surveillance (PQS) Report to the LMNS Board and up to the regional PQS Systems Group.

Further actions include:

- Appointment of a perinatal quality and safety midwife to coordinate and deliver the strengthened model of surveillance
- Appointment of a lead Obstetrician
- Learning and recommendations from this report will now be factored into the work of the Local Maternity and Neonatal Services Board (LMNS) governance processes.
- Meaningful outcome measures will be developed further through our quality reporting processes, including to the LMNS Board and Integrated Care System.

The LMNS is committed to fulfilling its role in ensuring that maternity and neonatal services in Devon are safe and high quality. It is working in partnership with maternity and neonatal services across Devon to confirm the actions that need to be taken to meet the key areas for improvement.

6. NHS Devon Finance report

The Board was informed that, based on the year-to-date position, the Integrated Care Board is expecting to meet its target of break even for the year. The position to Month 6 includes the final reported position of the NHS Devon CCG to the 30 June 2022.

The delivery of savings and efficiencies is off-plan at month 6 by £5.2m, driven by a slower than expected delivery of savings linked to prescribing, placements and targets associated with the recovery programme that is on progress.

Savings plans are forecast to deliver to target by 31 March 2023 and actions are being taken to improve the delivery going forward.

There are significant risks to delivery of the financial plan which have been identified by NHS Providers in the system. Detailed discussions will take place with Chief Financial Officers to agree a risk adjusted forecast outturn to be shared with the Board and NHS England.

7. Peninsula Acute Sustainability Programme

The Board was updated on the progress of the Peninsula Acute Sustainability Programme.

Acute Trust Chairs, Chief Executives and Medical Directors established the Peninsula Acute Provider Collaborative (PAPC) earlier in 2022. The role of the PAPC is to work on behalf of individual Trust Boards to set the direction and provide the strategic leadership across organisational boundaries to stabilise, sustain and transform acute care for the population of Devon and Cornwall.

At the same time, the Integrated Care Partnerships of both Cornwall and Isles of Scilly and Devon are each developing their Integrated Health and Care Strategy. This strategy sets a critical context for the delivery of acute services and will be a key determinant of the future shape of healthcare across the Peninsula.

Over the past three months, members of the Peninsula Acute Sustainability Programme have been working to develop an approach and work-plan that will support the redesign of services to address quality, workforce and financial challenges.

A series of three focussed workshops are planned, bringing together a wide range of clinicians, to review surgical, paediatric and medical assessments; as key functions that operate alongside the “front door” of hospitals. Following these, a summary will be produced outlining the challenges associated with the current service configuration, opportunities to make best use of the workforce to support the delivery of acute care across Devon and Cornwall and options for service redesign that will improve patient outcomes and make best use of the resources available. Service redesign options will work within the principles that:

- There will continue to be 5 acute hospitals across Devon and Cornwall
- Each acute hospital will continue to have a ‘front-door’ providing urgent and emergency care
- There will continue to be only one tertiary centre in the Peninsula at Derriford Hospital
- Where services currently delivered in hospital can be delivered just as effectively (or more so) out-of-hospital, this should become the default model (recognising that there may need to be transitional arrangements to support shift of resources in the longer term)

8. Integrated Care Strategy update

The Board was updated on progress of One Devon’s Integrated Care Strategy. Each Integrated Care System is required to produce an Integrated Care Strategy, setting out how NHS commissioners, local authorities, providers and other partners can deliver more joined-up, preventative and person-centred care for the whole population across the course of their life.

The Strategy is an opportunity to work with a wide range of people, communities and organisations to develop evidence-based system-wide priorities that will drive a

unified focus on the challenges and opportunities to improve health and wellbeing of people and communities throughout Devon, reducing geographic disparities in wellbeing and healthy life expectancy.

Building on work carried out during the Change Leaders Event (see above), a project group has developed a set of proposed strategic goals for the Devon system. For more details, see [NHS Devon's agenda papers](#).

9. Integrated Quality and Performance Report

The One Devon system has submitted its 2022/23 Operating Plan which will include plans to work towards delivery of key elective care targets and address underlying issues that restrict ability to deliver elective activity. However, the financial forecast currently sits at an £18.2m deficit.

Operationally the Integrated Care System remains under extreme pressure and although Covid inpatient numbers are declining, the summer surge of visitors, elective backlogs and staffing challenges has meant that services continue to compete for resources. This has resulted in a sustained position of increased risk, including delays in urgent care and delayed discharges due to poor community capacity. Emergency Departments (ED) performance and ambulance conveyancing targets have continued to decline impacting on operational performance against both urgent and elective care standards across the system.

Planned Care 104 week waits continue to reduce, but NHS Devon continues to have significant numbers of patients waiting beyond 104 weeks at the end of July 2022 (target of zero). System wide work is underway to understand the implications of harm in relation to long waits in elective pathways. In addition, and in response to ensuring the system addresses the elective care backlog - multiple actions are in place to maximise efficiencies, capacity and ensure safe and high-quality care is delivered. Our principle remains that we ensure elective care is safely, sustainably, and reliably provided as a system.

PART B – System updates

10. Workforce

Plymouth partners hold recruitment event

One Devon communications teams supported a recruitment event in October when Plymouth's NHS and care providers came together for a showcase of opportunities within the sector. The collaborative event brought together 17 employers and seven training providers, attracting 282 visitors across the day (40% new to the sector). Recommendations are being drawn up for repeat events in 2023.

Virtual Careers Fair

More than 150 people from across the UK attended a One Devon online careers fair in October, supported by NHS Devon communications. The event included live presentations from staff and teams in a variety of specialties including emergency medicine, mental health, oncology, admin, estates, and social care.

International Recruitment

Six hundred nurses [have been attracted](#) to work in Devon from overseas in the last 15 months – helping to fill vital frontline posts and saving the NHS around £3 million in agency and bank costs.

The Devon International Recruitment Alliance works collaboratively across the county's NHS hospital trusts to attract staff; rather than trusts competing with one another abroad.

They have developed a recognised and trusted presence online and on social media, which attracts many direct applicants from other countries. As a result, Devon has been able to reduce its need to use third party agents to help recruit from other countries; making the programme even more cost effective.

The programme has been so successful that the team are now branching into other areas where recruiting health and care professionals has been particularly challenging, including radiographers, podiatrists, occupational therapists and care workers for social care.

Industrial Action

The Royal College of Nursing has announced that nursing staff at the majority of NHS employers across the UK have voted to take strike action over pay levels and patient safety concerns. Action will take place in the NHS trusts or health Boards that have met the relevant legal requirements.

While pay is a matter for Government and the trade unions, we value our staff and want to see a resolution as soon as possible to ensure we can continue to focus on supporting our NHS organisations to deliver world class patient care to all those who need it.

The NHS has tried and tested plans in place to manage any disruption, including industrial action.

We're working with the Government and trade unions to ensure safe care for patients continues to be available during any industrial action. Hospitals will do everything they can to go ahead with planned procedures during industrial action, especially for patients in greatest clinical need.

We want to reassure the public that patients should continue to come forward for emergency services as normal, as the NHS is committed to keeping disruption in these services to a minimum.

On 22 November, NHS England wrote to to integrated care boards (ICBs), trusts, and regional directors regarding preparations for potential industrial action in the NHS during winter 2022. To read the letter, [click here](#).

ENDS

Report to Trust Board of Directors				
Report title: Integrated Performance Report (IPR): Month 7 2022/23 (October 2022 data)			Meeting date: 30 November 2022	
Report appendix	M7 2022/23 IPR focus report M7 2022/23 IPR Dashboard of key metrics			
Report sponsor	Deputy CEO and Chief Finance Officer			
Report author	Head of Performance			
Report provenance	ISU and System governance meetings – review of key performance risks and dashboard Executive Director: 23 November 2022 Integrated Governance Group: 23/24 November 2022 Finance, Performance, and Digital Committee: 28 November 2022			
Purpose of the report and key issues for consideration/decision	<p>The purpose of this report is to bring together the key areas of delivery (including, quality and safety, workforce, operational performance, and finance) into a single integrated report to enable the Trust Board to:</p> <ul style="list-style-type: none"> Review evidence of overall delivery, against national and local standard and targets Interrogate areas of risk and plans for mitigation provide assurance to the Board that the Trust is on track to deliver the standards required by the regulator. <p>Areas of exception that the Board will want to focus on are highlighted below and detailed in the attached Focus Report.</p>			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board is asked to review the documents and evidence presented.			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership		Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score	20
	Risk Register	X	Risk score	25

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

Report title: Integrated Performance Report (IPR): Month 7 2022/23 (October 2022 data)		Meeting date: 30 November 2022
Report sponsor	Deputy Chief Executive & Chief Finance Officer	
Report author	Head of Performance	

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

1. Quality

Incidents:

There were zero severe incidents. One incident was an unexpected death of a child in the community in October 2022.

Stroke:

Timely access to a dedicated stroke unit improves clinical outcomes for patients and offers improved quality of life outcomes. In October 10% of patients were admitted to the stroke ward within 4 hours against the target of 90% and national average of 46%. The proportion of patients accessing the stroke unit within 4 hours has significantly fallen nationally and the Trust is reflecting the wider system challenge across the emergency pathway, reduced bed capacity, as well as delays in discharge to social care. Stroke bed capacity is ringfenced and monitored through the regular operational control meetings and identified immediately on admission to the stroke specialist nurse to ensure timely access to the stroke MDT.

In October, 55% of stroke patients admitted to the stroke unit spent 90% or more of their time on the dedicated stroke ward. The quality standard is for 80% of patients to have spent 90% of their time on a stroke ward. The stroke service has received the formal report following the Peer Review undertaken in August 2022. The Chief Nurse and Chief Medical Officer are meeting with the Stroke Team to ensure executive support is provided and gain assurance over the outstanding actions on 6th December 2022.

The Trust is progressing a comprehensive improvement program around patient flow and discharge and it is envisaged through this work and by facilitating timely discharge, particularly at weekend, we will positively impact capacity within this the stroke pathway.

A comprehensive action plan is in place to improve upon this position including recruiting to a Stroke Co-ordinator post to support and facilitate timely patient access to the stroke ward, and the ring fencing of two emergency beds designated for emergency stroke patients being admitted.

In recent weeks we have established the Stroke Improvement collaborative, and through this group, together with the additional clinical capacity recently we will progress a more comprehensive whole-pathway approach to enhance stroke.

VTE assessment:

VTE assessment compliance demonstrated a slight increase compliance to 94.7% in October from 92.7% in September.

The VTE Steering Group continues to meet 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 reduced significantly during the month of October to 42 due to the decrease in COVID-19 outbreaks.

The number of C.Diff cases have decreased with a total of 3 in October of which all were hospital acquired.

Maternity

There were no stillbirths in October. The issues around SystmOne data capture are being resolved and breastfeeding results are now being published. The breastfeeding at delivery rates for Sept and Oct are the highest they have been since Nov 21. The recent Kirkup report into the East Kent Maternity Services has been a priority focus for the Maternity Services and the service are reviewing the findings with a plan to provide an update to the Trust Board.

Staffing:

Despite the increased operational pressures during October 2022 an improved Registered Nurse fill rate for day shifts was reported at 99.5% but a slight reduction to 88.6% Registered Nurse fill rate for night duty. However, the fill rate for Unregistered Nurses remains above 100% for both days and nights providing assurance that our clinical areas are safely staffed and actions taken to mitigate any risks.

Strengthening lens on Quality Priorities

Moving forward the above metric will be reviewed in line with our Quality Strategy and further metrics will be reported to the Board against the Quality Improvement Priorities as they are collated and analysed. Quality Boards will be available in each area which will outline progress and improvements on our quality goals. These include Sepsis, Deteriorating Patient, discharges, falls and nutrition and hydration.

2. Workforce Headlines

The preliminary annual rolling sickness absence rate is 5.71% to the end of October 2022. The sickness target rate is 4%. Sickness has now increased slightly in October (from 4.73% in September) with the monthly figure standing at 4.96% which is still a significant drop from 6.36% in April 2022.

October's Achievement Review rate increased slightly to 76.61% from 75.77% in September. 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 deliver training for managers on Effective Feedback and Achievement Reviews.

While the Trust's turnover rate of 13.66% for the year ending October 2022 remains within the normal tolerances of 10-14%, the SPC chart clearly reflects an upward trend

since July 2021. This in part reflects the significant increase in the number of 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 20 – 29 and later stage career RNs aged 50+.

The primary research and analysis showed that the key retention drivers for these groups are; feeling valued and recognised; having professional development opportunities; having supportive line management and work life balance. The staff survey for our Trust shows that these are important to staff across the organisation.

The October overall rate mandatory training figure decreased slightly to 88.65% against a target of 85%. Information Governance, Manual Handling and Safeguarding Children are all below the target compliance level for Corporate Mandatory training, additional data has been added to the Focus Report to highlight the multi-level training compliance.

The Trust Agency reported figure for October was £0.993m, a decrease from the September figure of £1.173m. This reduction has been seen due to the increase in Nursing and Midwifery establishment fill rate increasing from 92% to 94%

Vacancies: Vacancy data based on Finance Reporting from Unit 4 Agresso. AHP vacancies have decreased from 82 WTE in September to 51 WTE in October. Admin and Clerical vacancies have decreased to 97 WTE. Vacancies are higher in this area due to delays in implementing plans. 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.

3. Performance Headlines

The Chief Operating Officer (COO) report included in these papers gives the headline performance summary. Key areas of performance risks are shown in the Focus Report.

The Committee are asked to note:

The Trust remains in the Tier 1 performance regime from NHS England against access targets for cancer and Referral to Treatment (RTT) long waits. This requires weekly executive meetings with South West region performance leads to review progress and gain assurance on agreed action plans. Progress is being made, however, significant risks remain against the cancer backlog and the long- wait RTT backlog clearance.

Against cancer backlogs, three areas have significant challenges to provide the capacity needed to target the long waits. The areas of greatest challenge are lower GI and Urology pathways. Further detail on actions being taken are described in the COO report.

For RTT the latest forecast shows that the Trust will not meet the original trajectory for the 78-week longest wait standard to clear all 78-week patient waits by 31st March 2023. Progress is being made on the cohort of patients requiring admission and treatment with greatest risks across non-admitted pathways in Colorectal, Surgery, ENT, Neurology, Paediatrics, and Urology.

The Trust is working closely with the One Devon improvement programme and is in the process of confirming action plans and revised trajectories along with the other Devon Trusts. The recovery actions also encompass actions to ensure the validation of all long waits both from a technical RTT pathway perspective and also to inform patient choice where alternative provide can be offered.

The Trust continues to report significant delays across urgent and emergency care pathways. Against the time spent in emergency department the Trust is currently ranked 102nd out of 116 Trusts. Delays in ambulance handovers, Emergency Department waiting times, and length of stay are covered in the focus report. In recent weeks progress is being seen for earlier in the day discharge with the latest week showing 26% of discharges happening before noon being a 5% improvement against an ambition of 33%, and an increasing the number of discharges over a weekend to be more aligned to the numbers seen on a normal week day. Further improvement is expected and these improvements will start to ease the crowding pressures at peak times in the Emergency Department. Other significant developments will be the opening of the new Ambulatory Medical Unit (AMU) in December and the continued work to create capacity to manage suitable patients away from the hospital setting through the 'virtual ward'.

The Adult Social Care Performance and Transformation Committee meets monthly with Council and Trust representatives. This committee covers all aspects of performance, service delivery, and financial risks; the Committee reports into the Torquay Integrated Governance Group.

4. Finance headlines

At Month 7 (October) the planned deficit for the year to date is £2.6m, the actual position shows an adverse variance to plan £5.0m, giving rise to a total reported deficit of £7.6m.

Following a thorough review of reserves items and deferred income, £6.9m 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£14.5m. Key drivers include under delivery of CIP, Torbay Pharmaceutical sales lower than planned, and higher premises costs such as utilities. Trends within the independent sector (adult social care and CHC) continue to cause significant concern. The Trust must now rapidly mitigate the position on CIP as an urgent action.

Total reported in month income for M07 is £3.75m favourable to plan. Key drivers are:

Education and other income	£1.03m
High cost drugs	£0.90m
Pay award (1.7% add tariff inflation)	£0.72m

ASC Income Release	£0.59m
Demand & capacity funding	£0.50m
FNC payments	£0.32m
STF Funding	£0.11m

Offset by:

Council income	(£0.46m)
Covid Labs testing	(£0.32m)

Operating expenditure and financing cost in M07 are £4.75m adverse to plan. Key drivers are as follows:

Substantive pay (incl. pay award, partially offset by income)	(£2.09m)
Agency spend	(£0.35m)
Bank spend	(£0.32m)
ASC/Placed People non-pay	(£1.70m)
Drugs (including pass through)	(£0.57m)
Bad debt write-off	(£0.30m)
Clinical supplies & services	(£0.20m)

Offset by

Miscellaneous purchases	£0.39m
Financing & other	£0.38m

The cash position at the end of October is £11.78m. Access to PDC support remains absolutely critical to the Trust's 2022/23 cashflow. Following month end during November 2022 the Trust drew down £5.9m of emergency capital PDC. The Trust will continue to seek revenue support to offset its revenue deficit.

Spend on capital schemes (CDEL) £15.7m which is behind (£2.0m) the plan value of £17.7m at the end of October.

The year to date plan for efficiencies was £15.6m at Month 07, of which £10.7m has been formally transacted via the financial ledger and delivered. The current trajectory indicates a possible CIP shortfall of up to £15.3m 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 M06 is a balanced outturn position against plan, however, the underlying net in-year risk with mitigations current stands at £18.6m. The Trust will not meet its control total unless further choices are made to reduce the deficit in line with a breakeven plan.
- 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.
- Through CIP Delivery Group and CIP Governance Working Group, the Trust continue to drive delivery of CIP considering the division financial recovery

plans for in year delivery and future years. Month 07 has seen an in-year improvement in CIP delivery c£2m since Month 06.

- Urgent actions are required to rapidly identify further mitigating actions with real commitment through all level of the organisation given the risk and deficit position recorded and cash flow. These works will continue through the above groups.
- Jointly working with the ICS, the Trust has started the 2023/24 operational planning process in November and a planning group had been set up which involves finance, workforce, performance, and operational colleagues. Current stage and work involves establishing a credible recurrent baseline for 2023/24. It is expected the national guidance will be issued in late December for a final system submission in early February 2023.

Integrated Performance Focus Report (IPR)



Torbay and South Devon
NHS Foundation Trust

November 2022: Reporting period October 2022 (Month 7)

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

Quality and Safety Summary

Quality Priorities

2020 CQC inspection – October 2022 update

The Quality Improvement action plan arising from the 2020 CQC inspection is 99% complete and all actions will be moving into business as usual. The Compliance Assurance Group (CQCCAG) have put controls in place to continue to monitor and sustain the improvements. This includes a 30 minute daily seminar to update our clinical staff on the 13 CQC Fundamental Standards. These have been well attended by clinical staff and will continue to run over the next few weeks. Topics such as Duty of Candour and Safeguarding have been well evaluated. The weekly Patient Safety walkabouts continue across the site to identify areas for improvement and to share good practice. A *top 6 steps* is shared with all staff after the visits to share good practice and identify areas for action. This is a good opportunity for senior clinical staff to identify and resolve any patient safety issues. It has also created mutual trust and a safe space for staff to raise any safety concerns.

The remaining Must Do action is regarding attainment of the staff appraisal achievement rate which has been affected by Covid-19. The trust position has seen Octobers' Achievement Review rate increase slightly to 76.6% from 75.8% in September. The People Business Partners are working with ISU's to plan improvement trajectories

2021 CQC Focused Inspection – October update

The daily 5 patient Risk Assessment audits continue to be being recorded electronically and the results viewed in real time. The audit covers 43 questions across a number of assessments and daily, weekly, and monthly compliance reports are generated. The 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.



Oct 2022

- ✓ Trustwide assessments completed within 24 hrs remains at 94%
- ✓ Forrest Ward recorded 96% compliance against a target of 100%
- ✓ EAU4 recorded 92% compliance against a target of 100%.
- ✓ The sustained compliance rates over the 90% still require close monitoring and daily senior nurse support is being provided to strengthen this position
- ✓ The daily auditing will continue as the main vehicle of assurance and reporting within the Trust and we have engaged in conversations with an external supplier to provide digital data capture in a more user friendly way.

Incidents:

There were zero severe incidents. One incident was reported as death in October 2022 and relates to a child death in the community; the incident has been reported as a Never Event.

Stroke:

Timely access to dedicated stroke unit improves clinical outcomes for patients and offers improved quality of life outcomes. In October 10% of patients were admitted to the stroke ward within 4 hours of arrival at hospital which is below the target of 90%. A comprehensive action plan is in place to improve upon this position including recruiting to a Stroke coordinator post and the ring fencing of 2 emergency beds to be designated and ringfenced for patients being admitted with a suspected stroke.

In October, 55% of stroke patients admitted to the stroke unit spent 90% or more of their time on the dedicated stroke ward. The quality standard is for 80% of patients to have spent 90% of their time on a stroke ward.

VTE assessment:

VTE assessment compliance demonstrated a slight increase compliance to 94.7% in October from 92.7% in September.

The VTE Steering Group continues to meet 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 reduced significantly during the month of October to 42 due to the decrease in COVID-19 outbreaks.

The number of C.Diff cases have decreased with a total of 3 in October of which all were hospital acquired.

Maternity

There were zero stillbirth in October. The issues around SystmOne data capture are being resolved and breastfeeding results are now being published. The breastfeeding at delivery rates for Sept and Oct are the highest they have been since Nov 21. The recent Kirkup report into the East Kent Maternity Services has been a priority focus for the Maternity Services and the service are reviewing the findings with a plan to provide an update to the Trust Board.

Staffing:

Despite the increased operational pressures during October 2022 an improved Registered Nurse fill rate for day shifts was reported at 99.5% but a slight reduction to 88.6% Registered Nurse fill rate for night duty. However the fill rate for Unregistered Nurses remains above 100% for both days and nights providing assurance that our clinical areas are safely staffed and actions taken to mitigate any risks.

Strengthening lens on Quality Priorities

Moving forward the above metric will be reviewed in line with our Quality Strategy and further metrics will be reported to the Board against the Quality Improvement Priorities as they are collated and analysed. Quality Boards will be available in each area which will outline progress and improvements on our quality goals. These include Sepsis, Deteriorating Patient, discharges, falls and nutrition and hydration.

Quality and Safety Indicators

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

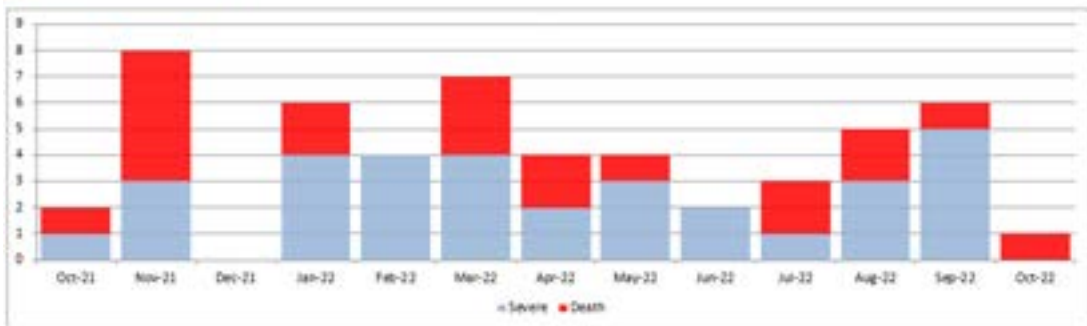
Reported Incidents – Severe (<6)	■	↑
Reported Incidents – Death (<1)	■	↓
Medication errors resulting in moderate harm (<1)	■	↔
Medication errors - Total reported incidents (No target set)	■	
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears) (9 per year)	■	↔
Never Events (<1)	■	↓
Strategic Executive Information System (STEIS) (<1)	■	↓
QUEST (Quality Effectiveness Safety Trigger Tool – red rated areas (<1)	■	↔
Formal complaints - Number received (<60)	■	↓
VTE - Risk Assessment on Admission (>95%)	■	↑
Hospital standardised mortality rate (HSMR) (<100)	■	↑
Safer Staffing - ICO – Daytime (90% - 110%)	■	↑
Safer Staffing - ICO – Night time (90% - 110%)	■	↑
Infection Control - Bed Closures - (Acute)(<100)	■	↑
Hand Hygiene (>95%)	■	↓
Fracture Neck Of Femur - Time to Theatre <36 hours (>90%)	■	↑
Stroke patients spending 90% of time on a stroke ward (>80%)	■	↑
Mixed sex accommodation breaches (0)	■	↔

Quality and Safety- Incident reporting and complaints

Reported Incidents - Severe and Death

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

In October there were zero severe incidents and one incident reported with severity of death.



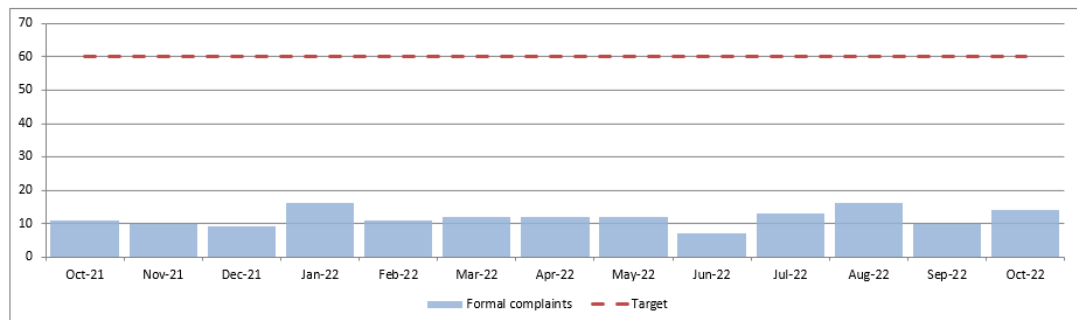
Death

- Mother found child unresponsive in bed at home, CPR commenced and 999 called. Reported as a Never Event

Formal complaints

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Formal complaints	11	10	9	16	11	12	12	12	7	13	16	10	14
Target	60	60	60	60	60	60	60	60	60	60	60	60	60

The Trust received 13 formal complaints in October 2022.



Of these:

- 6 were in relation to treatment (4 from Planned Care)
- 3 were in relation to care
- 2 related to record management
- 1 was in relation to diagnosis
- 1 was in relation to assessment

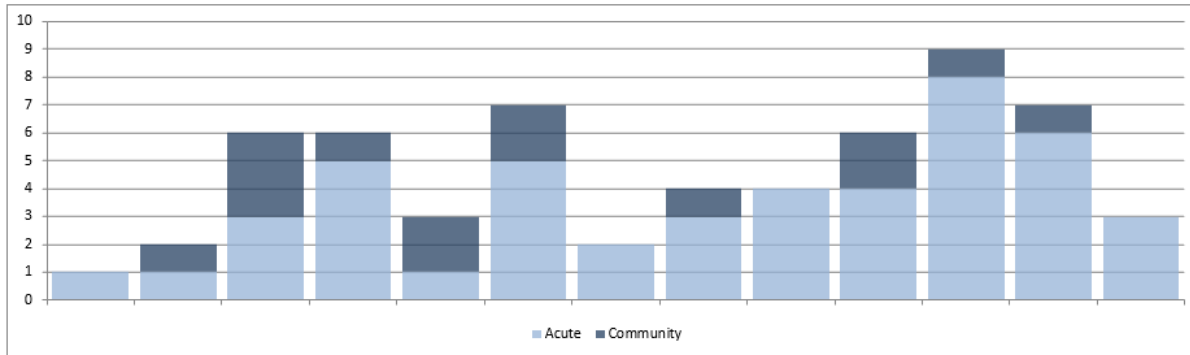
Number of Clostridium Difficile cases

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Acute	1	1	3	5	1	5	2	3	4	4	8	6	3
Community	0	1	3	1	2	2	0	1	0	2	1	1	0

There were 3 reported cases of C.Diff in September:

- 3 hospital onset

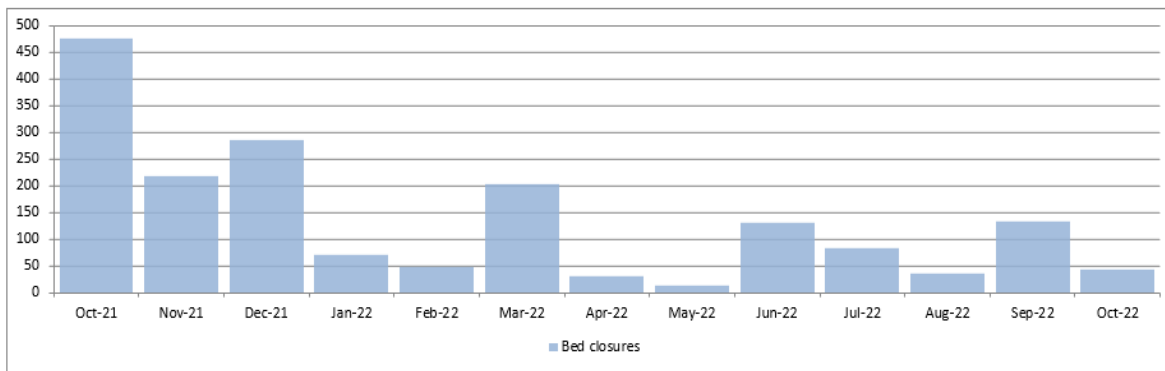
The IPC team together with consultant microbiologist have commenced weekly ward rounds reviewing these patients. No trends have been noted for this month that could have lead to the acquisition of CDT.



Infection control - Bed closures (Acute)

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Bed closures	476	218	285	71	49	203	30	12	130	84	36	132	42

In September bed closures saw a significant decrease from 132 in Sept to 42 in October.



The reason for the closures has mainly been due to;

- Patients testing positive for COVID-19 on admission
- outbreaks during admission of COVID-19

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

Quality and Safety- Exception Reporting

Stroke



Stroke:

The percentage of patients who spend 90% of their time on a stroke ward has not met the target of 80% but saw a slight increase to 55% in October.

Only 10% of stroke patients were admitted to the stroke ward within 4 hours in October which is a deterioration on September position. This is still well below the national target of 90%. This deterioration is in part due to the internal critical incident and operational pressures.

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

- 92.7 % of patients received a scan within 12 hours;
- 76.2% of patients received a cognitive screen and mood screen
- 100% of patients received a nutrition screen.

Follow up 6 weeks past to be seen by date



Follow ups:

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

Acute VTE risk assessment on admission

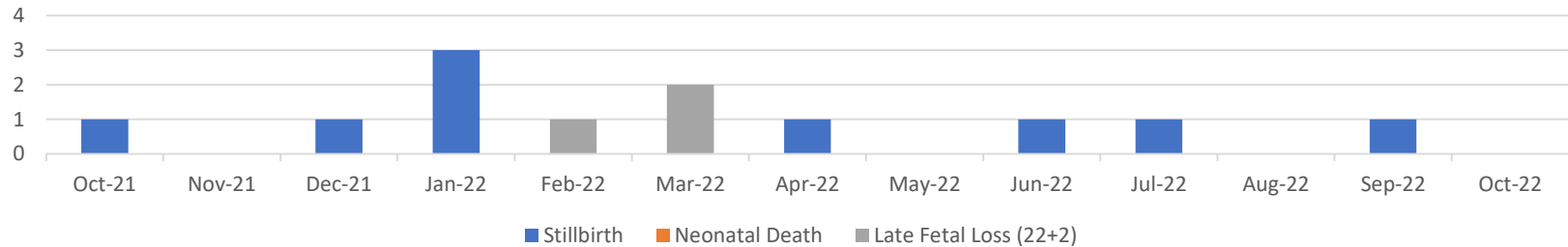


VTE assessment

- VTE assessment compliance demonstrated a slight increase in compliance from 92.7% in September to 94.7% in October.
- The VTE group are reviewing all 72 hour incident reports to review any lapses in care associated with non compliance of VTE screening and disseminated and shared learning across the organisation.
- From Jan 22 to Oct 22 77 incidents have been submitted relating to VTE. Of these 15 were reported between Jan and April, with 37 being reported between May and Oct 22. This increase is attributed to the Haematology nurses reviewing all positive VTE.

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 September we had one stillbirth at 32 weeks gestation. There were no stillbirths or neonatal deaths in October.

	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Running Total	
% of women booked for continuity of carer	54.0%	65.5%	61.9%	58.9%	50.7%	66.7%			33.5%*	50.2%*	50.9%	53.5%	57.8%	
% Robson Group 1	24.1%	22.2%	15.4%	10.0%	8.7%	22.2%		22.9%	24.1%	40.9%	37.5%	12.0%	21.8%	
% Robson Group 2	51.6%	44.9%	57.1%	58.3%	30.3%	55.3%		40.0%	45.5%	26.1%	48.3%	38.2%	45.1%	
% Robson Group 5	78.6%	88.2%	81.0%	79.2%	90.0%	72.2%	*	*	*		90.9%	57.1%	79.6% * data not accurate	
% Breastfeeding at Delivery	80.3%	72.2%	80.5%	78.9%	75.2%	78.0%		*	*	*	85.7%	84.1%	79.4%	

- Data for 1:1 care in labour for August, September and October demonstrates a slight decrease in compliance. (Standard is 100%) The mechanism of data capture has changed from the previous method and is now captured directly from SystmOne. This field on System 1 is not always completed by the midwives so this is likely to explain the results rather than this standard not being achieved.
- During this transition manual data collection of clinical performance is undertaken by the digital midwife to ensure that any lapses in care are recognised early and not concealed by poor data quality.
- This is the first month that improvements to SystmOne reporting has enabled Breastfeeding rates to be reported. These are the highest they have been since November 2021 and is reflective of a positive UNICEF Baby Friendly Initiative (BFI) assessment undertaken in Nov 2022 (formal results pending)

Reading the Signals: Maternity and Neonatal services in East Kent October 2022

1. The Report was published on 19th October 2022 and sets out requirements for Trust Boards to remain focused on delivering personalised, safe maternity care.
2. This report identifies four areas for action. The NHS could be much better at:
 - identifying poorly performing units;
 - giving care with compassion and kindness;
 - teamworking with a common purpose;
 - responding to challenge with honesty.
3. Trusts and Integrated Care Boards will be reviewing the findings of the report and provide an update at next Public Board Meetings.
4. In 2023 NHSE will publish a single delivery plan for Maternity and Neonatal Care which will bring together action required following this report, the report into Maternity Services at Shrewsbury and Telford NHS Foundation Trust, and the NHS Long-Term Plan and Maternity Transformation Programme deliverables.

Performance exceptions and actions

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

The preliminary annual rolling sickness absence rate is 5.71% to the end of October 2022. The sickness target rate is 4%. Sickness has now increased slightly in October (from 4.73% in September) with the monthly figure standing at 4.96% which is still a significant drop from 6.36% in April 2022.

Appraisal rate: Red

October's Achievement Review rate increased slightly to 76.61% from 75.77% in September.

Continued high absenteeism and system pressures are impacting the ability to perform Achievement Reviews. Our People Business Partners are working with Integrated Service Units to plan improvement trajectories and deliver training for managers on Effective Feedback and Achievement Reviews.

Turnover (excluding Junior Doctors): GREEN

While the Trust's turnover rate of 13.66% for the year ending October 2022 remains within the normal tolerances of 10-14%, the Statistical Process Chart (SPC) chart clearly reflects an upward trend since July 2021. 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 Integrated Care System (ICS) is running a one year project to support and improve the retention of key staff. The staff groups shown as having the highest turnover are early stage career support to nursing (SN) staff aged 20 – 29 and later stage career RNs aged 50+.

The primary research and analysis showed that the key retention drivers for these groups are; feeling valued and recognised; having professional development opportunities; having supportive line management and work life balance. The staff survey for our Trust shows that these are important to staff across the organisation.

Mandatory Training rate: GREEN

The October overall rate mandatory training figure decreased slightly to 88.65% against a target of 85. **Information Governance, Manual Handling and Safeguarding Children are all below the target compliance level** for Corporate Mandatory training –additional information has been added to this report to highlight the multi-level training compliance.

Agency Expenditure: The Trust Agency reported figure for October was £0.993m, a decrease from the September figure of £1.173m. This reduction has been seen due to the increase in Nursing and Midwifery establishment fill rate increasing from 92% to 94%.

Vacancy Rate: Vacancies: Vacancy data based on Finance Reporting from Unit 4 Agresso. AHP vacancies have decreased from 82 WTE in September to 51 WTE in October. Admin and clerical vacancies has decreased to 97 WTE. Vacancies are higher in this area due to delays in implementing plans. 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.

Update of Progress Against Our People Promise and Plan

A review of the first phase of our people promise and plan, alongside data from our national staff survey and pulse surveys, have informed the development of 2 clear priorities where we consider we will have the most impact in the next phase. Hence, the delivery of our people promise will be focussed on these 2 priority areas in order to deliver on our strategic priority :

“To build a healthy organisational culture where our people thrive”

- 1. Consistent, compassionate and inclusive leadership that is motivating and empowering**
- 2. Ensuring our people feel safe, healthy and supported by maximising wellbeing through the way we work (i.e. making people’s lives easier and freeing up time to work in a safe and calm way).**

Work is underway and developing in each of these areas, including the Workforce transformation and focussed Retention work. This includes early feedback that there was more to do to increase opportunities for flexible working, which we know is a key retention factor. We have started working with teams on flexible working pilots and to collect case studies that demonstrate the positive impact of flexible working, as well as providing some practical solutions on how the challenges have been addressed.

Engagement has begun to socialise these priorities, including a survey on effective leadership within our organisation.

The following slides summarise progress on work that began under our People Plan pillars, much of which will continue either in the next phase or as part of the work of the People Directorate teams.

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

Indicator	Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Performance
Month Sickness %	4%	5.52%	5.46%	6.03%	6.10%	7.44%	6.36%	4.66%	4.71%	4.86%	4.71%	4.73%	4.96%	
12 Mth Rolling Sickness %	4%	4.56%	4.67%	4.85%	5.03%	5.34%	5.57%	5.60%	5.62%	5.63%	5.72%	5.74%	5.71%	
Achievement Rate %	90%	79.15%	78.57%	76.13%	75.22%	71.87%	71.27%	73.90%	75.24%	77.02%	78.03%	75.77%	76.61%	
Labour Turnover Rate	10-14%	11.51%	11.97%	12.60%	12.86%	13.43%	13.15%	13.56%	13.67%	13.79%	13.82%	13.88%	13.66%	
Overall Training %	85%	88.75%	88.38%	88.62%	89.22%	89.50%	89.55%	89.83%	90.10%	89.73%	89.15%	88.70%	88.65%	
FTE Vacancy	N/A	378	381	373	392	356	352	340	292	252	141	183	11	
Vacancy Factor	<10%	6.05%	6.10%	5.95%	6.23%	5.67%	5.62%	5.43%	4.69%	4.04%	2.26%	2.93%	0.18%	
Monthly Agency Spend	£698K	£1,373	£1,248	£1,025	£658	£1,468	£1,148	£1,335	£1,174	£1,023	£1,179	£1,173	£962	
Nuring Staff Average % Day Fill Rate- Nurses		89%	88%	87%	88%	88%	89%	96%	96%	94%	94%	96%	99%	
Nuring Staff Average % Night Fill Rate- Nurses		84%	81%	78%	79%	79%	80%	87%	88%	86%	86%	86%	89%	
Safer Staffing- Overall CHPPD		7.78	7.93	7.64	7.61	7.56	7.59	7.6	7.55	7.48	7.59	7.53	7.72	

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.

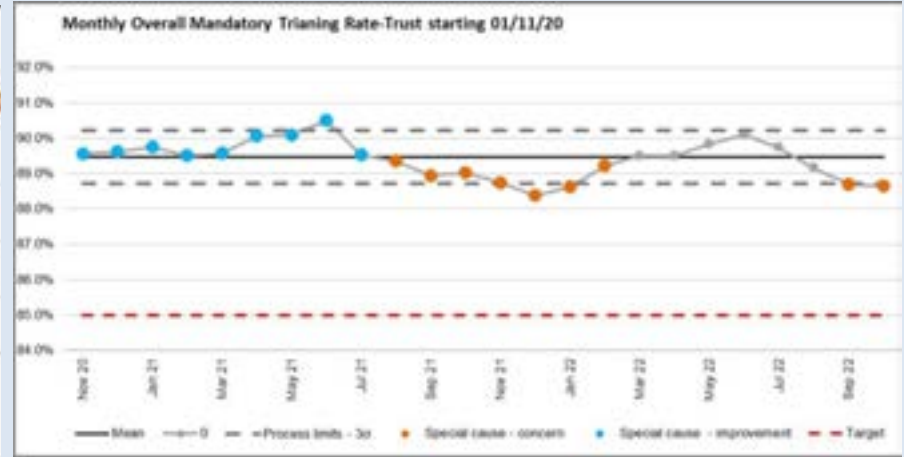
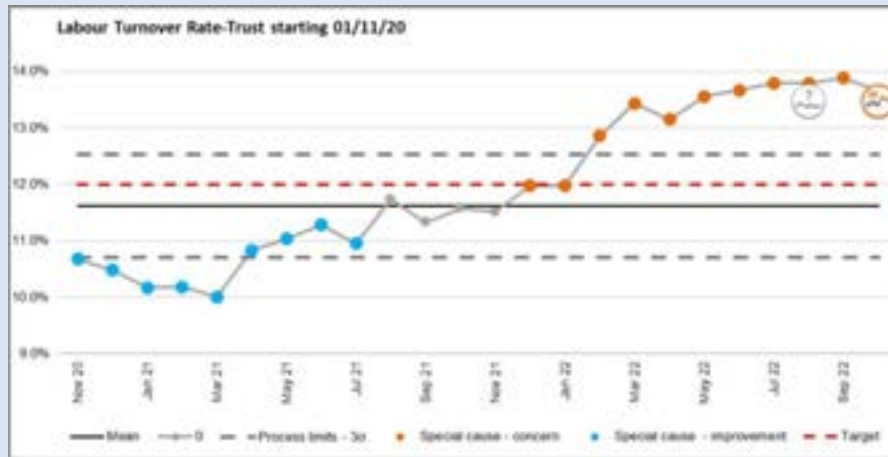
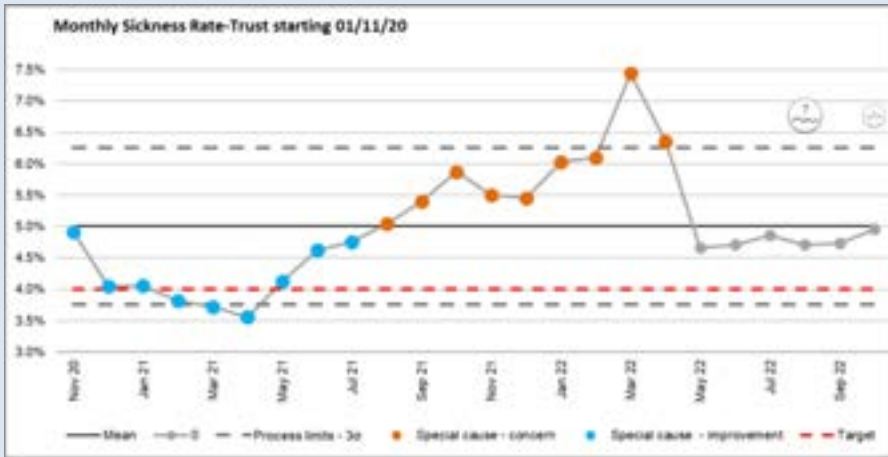
To help you interpret the data a number of rules can be applied.

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 increased slightly to 4.96% from 4.73% but dropped from over 6% in April / AR has increased slightly in Oct the trend is still below the mean / LTR shows two trends with the most recent the increase in turnover this decreased slightly in Oct and does include retire and return / overall

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

Multiple Level Training Breakdown

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Infection Control L1*	91.18%	90.84%	90.58%	90.77%	91.28%	91.69%	91.45%	92.03%	92.14%	91.86%	91.52%	92.37%
infection Control L2*	82.77%	82.00%	81.64%	82.40%	82.41%	82.60%	82.11%	81.85%	81.53%	81.00%	80.02%	79.82%
Moving & Handling L1*	89.85%	90.11	89.52%	89.69%	90.22%	90.80%	90.24%	89.75%	88.50%	87.29%	86.21%	86.28%
Moving & Handling L2*	67.07%	67.93	68.73%	69.31%	69.50%	68.73%	68.47%	69.95%	69.80%	69.66%	68.25%	68.77%
Safeguarding Adults L1	93.85%	93.55%	94.36%	94.47%	94.71%	94.77%	95.14%	95.59%	95.48%	94.80%	94.36%	93.86%
Safeguarding Adults L2	87.68%	87.07%	87.67%	88.04%	88.56%	88.35%	87.86%	89.28%	88.71%	88.39%	88.22%	87.74%
Safeguarding Adults L3	61.76%	62.90%	58.21%	58.47%	57.58%	58.10%	61.56%	61.59%	62.03%	62.73%	56.02%	55.69%
Safeguarding Adults L4	59.09%	65.91%	62.22%	62.22%	65.12%	65.85%	64.29%	76.19%	72.09%	71.11%	66.67%	65.85%
Safeguarding Adults L5	75.00%	80.00%	80.00%	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Safeguarding Adults L6	77.78%	77.78%	77.78%	77.78%	87.50%	87.50%	87.50%	87.50%	87.50%	100.00%	100.00%	83.33%
Mental Capacity Act L1	81.87%	83.13%	84.44%	85.35%	86.51%	87.58%	88.27%	89.28%	89.78%	89.51%	89.76%	91.12%
Mental Capacity Act L2	78.39%	79.06%	79.53%	80.52%	81.74%	81.88%	83.72%	84.87%	84.72%	84.19%	84.11%	84.00%
Mental Capacity Act L3	51.91%	54.86%	56.81%	58.42%	59.98%	61.15%	62.62%	64.32%	64.76%	65.70%	66.13%	66.46%
Mental Capacity Act L4	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	57.14%	66.67%
Mental Capacity Act L5	0.00%	33.33%	33.33%	33.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Mental Capacity Act L6	85.71%	85.71%	85.71%	83.33%	83.33%	83.33%	71.43%	71.43%	83.33%	83.33%	83.33%	80.00%
Safeguarding Children L1	89.86%	89.56%	89.09%	89.38%	89.90%	90.21%	90.64%	91.24%	91.30%	90.36%	90.36%	89.98%
Safeguarding Children L2	80.87%	80.52%	80.58%	81.04%	81.38%	81.63%	82.44%	82.82%	82.48%	81.99%	82.04%	82.15%
Safeguarding Children L3	75.96%	73.60%	69.08%	69.12%	73.21%	72.86%	73.31%	72.57%	72.38%	71.60%	69.30%	66.62%
ABLS L1	96.69%	96.87%	98.18%	98.02%	98.17%	98.12%	98.41%	98.51%	98.46%	97.84%	97.59%	97.75%
ABLS L2	72.49%	70.95%	71.57%	70.17%	68.09%	68.80%	68.73%	68.22%	69.82%	70.10%	68.61%	69.03%
AILS L3	64.63%	64.85%	65.49%	61.22%	57.68%	54.58%	57.42%	61.25%	61.86%	56.08%	53.31%	57.72%
AALS L4	46.85%	52.11%	60.36%	60.00%	63.25%	60.49%	65.13%	65.33%	68.49%	44.00%	62.03%	78.21%
PBLS L2	67.96%	66.32%	65.08%	64.38%	63.54%	62.77%	64.56%	65.96%	66.64%	66.40%	64.18%	63.88%
PILS L3	38.10%	39.42%	44.30%	47.20%	43.90%	42.74%	38.52%	35.52%	36.93%	38.55%	39.20%	40.00%
PALS L4	41.79%	37.88%	35.37%	49.23%	50.79%	50.00%	47.54%	49.18%	54.10%	53.97%	51.47%	54.41%
NBLS L2	74.38%	68.75%	71.67%	69.78%	65.41%	61.50%	69.66%	68.54%	77.01%	75.28%	68.68%	71.89%
NBLS L3					61.29%	61.67%	60.66%	60.66%	61.29%	59.68%	51.67%	53.33%

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

Nursing and midwifery FTE in-post has increased by 102 FTE since October of last year and Medical and Dental has increased by 40 FTE over the same period.

Agency FTE has increased from last month by 11 FTE, although this has not been reflected in the costs for agency which has gone down compared to September.

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

NHSI Staff Group	2021/10	2021/11	2021/12	2022/01	2022/02	2022/03	2022/4	2022/5	2022/6	2022/7	2022/8	2022/9	2022/10	Change since Oct 2021	% Change
Allied Health Professionals	536.58	528.76	527.30	524.64	522.34	520.82	513.97	517.62	515.85	516.77	519.23	524.88	527.93	-8.64	-1.61%
Health Care Scientists	92.70	93.80	92.40	91.36	92.36	91.76	90.16	89.16	89.16	91.16	91.40	94.40	95.09	2.39	2.58%
Medical and Dental	561.56	554.68	553.85	552.38	551.50	559.04	576.93	571.32	569.67	580.27	595.86	600.97	601.85	40.30	7.18%
NHS Infrastructure Support	1124.58	1133.69	1134.71	1137.89	1147.56	1149.02	1148.34	1146.50	1146.15	1155.06	1156.47	1163.54	1162.15	37.57	3.34%
Other Scientific, Therapeutic and Technical Staff	346.02	346.89	342.63	342.09	342.02	346.93	351.10	356.26	347.88	349.63	343.54	349.97	353.73	7.71	2.23%
Qualified Ambulance Service Staff	10.53	10.53	10.53	10.53	9.53	10.53	10.45	10.45	10.25	11.25	11.25	11.25	11.25	0.72	6.80%
Registered Nursing, Midwifery and HV staff	1266.85	1267.50	1271.48	1287.67	1293.75	1287.20	1306.43	1305.28	1317.37	1321.15	1340.29	1363.69	1369.45	102.60	8.10%
Support to clinical staff	1899.35	1914.09	1908.06	1899.40	1897.31	1912.84	1907.03	1929.11	1928.86	1952.94	1955.63	1975.21	1991.37	92.01	4.84%
Grand Total	5838.17	5849.93	5840.95	5845.95	5856.38	5878.15	5912.46	5925.70	5925.20	5978.23	6013.67	6083.91	6112.83	274.65	4.70%

Pay Report Summary for the last 12 months

	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER
Cost	£	£	£	£	£	£	£	£	£	£	£	£
Substantive	£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	£26,163,492	£24,590,932
Bank	£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	£1,330,659	£1,159,752
Agency	£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	£1,172,372	£962,338
Total Cost £	£24,758,351	£24,418,728	£24,470,667	£24,591,276	£38,182,005	£26,273,318	£25,590,106	£24,404,153	£24,385,291	£25,708,620	£28,666,523	£26,713,022
WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Substantive	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	6,028.80	6,105.92
Bank	350.26	343.70	215.37	333.80	348.91	292.62	270.31	304.68	250.66	303.54	309.42	233.21
Agency	182.45	172.09	147.00	148.10	212.24	162.93	194.59	162.83	173.40	119.42	134.13	145.46
Total Worked WTE	6,385.13	6,377.28	6,237.57	6,396.02	6,522.28	6,428.54	6,396.37	6,394.31	6,375.25	6,440.86	6,472.35	6,484.59

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
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Medical And Dental	552.62	554.97	555.12	555.27	555.27	537.50	536.50	536.49	536.49	536.49	536.50	527.48
Nursing And Midwifery Registered	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	1,378.27	1,361.48
Support To Clinical Staff	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	1,955.74	1,923.20
Add Prof Scientific and Technic	231.12	232.12	232.12	246.63	246.63	242.72	242.72	235.22	233.62	233.62	233.62	226.38
Allied Health Professionals	722.31	723.48	723.68	723.68	723.68	738.55	742.55	736.98	744.35	744.35	743.96	721.96
Healthcare Scientists	103.91	104.90	104.90	104.90	104.90	105.64	105.64	105.64	105.64	105.64	105.64	101.79
Qualified Ambulance Service Staff	6.80	6.80	6.80	6.80	6.80	6.80	6.80	6.80	6.80	6.80	6.80	6.73
Administrative And Estates	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	1,283.41	1,269.08
Total Staff Budgeted WTE	6,242.48	6,255.19	6,266.10	6,285.64	6,276.00	6,272.80	6,254.65	6,216.10	6,229.52	6,240.59	6,243.94	6,138.10

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
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Medical And Dental	543.11	534.76	538.94	542.01	548.01	551.66	545.79	541.28	536.89	634.71	560.27	574.38
Nursing And Midwifery Registered	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	1,356.86	1,371.41
Support To Clinical Staff	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	1,974.51	1,982.35
Add Prof Scientific and Technic	213.43	226.79	227.66	227.99	224.92	228.01	225.38	225.05	229.23	228.31	228.92	249.21
Allied Health Professionals	676.09	671.37	672.78	665.14	665.32	654.49	651.07	653.05	653.60	654.95	661.89	670.80
Healthcare Scientists	99.30	97.80	96.36	96.36	96.77	94.77	94.17	92.49	95.16	96.16	99.40	99.10
Qualified Ambulance Service Staff	7.61	7.61	8.61	8.61	7.61	7.61	7.61	7.41	8.41	7.41	7.41	7.41
Administrative And Estates	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	1,171.92	1,172.14
Total Staff Worked WTE	5,864.67	5,873.75	5,893.15	5,894.15	5,920.15	5,920.52	5,914.71	5,924.52	5,977.86	6,099.74	6,061.18	6,126.80

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
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Medical And Dental	9.51	20.21	16.18	13.26	7.26	-14.16	-9.29	-4.79	-0.40	-98.22	-23.77	-46.90
Nursing And Midwifery Registered	137.78	131.48	126.13	115.19	116.24	79.00	62.34	65.85	54.71	43.59	21.41	-9.93
Support To Clinical Staff	115.43	118.03	121.33	138.62	119.83	31.32	19.79	14.51	-12.78	-19.13	-18.77	-59.15
Add Prof Scientific and Technic	17.69	5.33	4.46	18.64	21.71	14.71	17.34	10.17	4.39	5.31	4.70	-22.83
Allied Health Professionals	46.22	52.11	50.90	58.54	58.36	84.06	91.48	83.93	90.75	89.40	82.08	51.16
Healthcare Scientists	4.61	7.10	8.54	8.54	8.13	10.87	11.47	13.15	10.48	9.48	6.24	2.69
Qualified Ambulance Service Staff	-0.81	-0.81	-1.81	-1.81	-0.81	-0.81	-0.81	-0.61	-1.61	-0.61	-0.61	-0.68
Administrative And Estates	47.38	47.99	47.22	40.52	25.13	147.28	147.61	109.36	106.12	111.04	111.49	96.94
Total Staff Worked WTE	377.81	381.45	372.95	391.50	355.85	352.28	339.94	291.58	251.66	140.85	182.77	11.31

Vacancies: Vacancy data based on Finance Reporting from Unit 4 Agresso. Allied Health Professional vacancies have decreased from 82 WTE in September to 51 WTE in October. Admin and Clerical vacancies has decreased to 97 WTE. Vacancies are higher in this area due to delays in implementing plans. 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.

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 2022-23 Financial Year.

The October figure shows a drop in agency cost compared to September 2022.

Torbay and South Devon NHS Foundation Trust	2021-22 Financial Year							2022-23 Financial Year							
Total Agency Spend	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	Sep-22	Oct-22	2022-23 Total
Registered Nurses	557	676	570	432	408	818	6336	546	709	669	443	414	468	443	3692
Scientific, Therapeutic and Technical	162	140	144	147	130	67	1418	93	138	53	113	95	47	102	539
of which Allied Health Professionals	65	70	80	88	86	23	721	52	75	7	69	59	14	58	262
of which Other Scientific, Therapeutic and Technical Staff	96	70	64	59	44	44	696	41	63	46	44	36	33	44	230
Support to clinical staff (HCA)	15	19	13	35	31	24	124	32	40	27	18	19	14	19	136
Total Non-Medical - Clinical Staff Agency	734	835	727	614	569	909	7878	671	887	749	574	528	529	564	3409
Medical and Dental Agency	322	390	378	265	-63	370	3621	321	202	331	328	455	494	309	2131
Consultants	212	278	245	167	11	250	2554	230	124	204	200	261	291	184	1310
Trainee Grades	110	112	133	98	-74	120	1067	91	326	127	128	194	203	125	1069
Non Medical - Non-Clinical Staff Agency	174	148	143	146	152	189	1748	156	122	94	121	196	150	89	839
Total Pay Bill Agency and Contract	1231	1373	1248	1025	658	1468	13248	1148	1335	1174	1023	1179	1173	962	5859

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

Oct-22

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	1683	0	0	1783	1759	1426	1219	0	0	1070	1152	727	94.4%	0.0%	98.7%	85.5%	0.0%	107.7%
Allerton	2895	2345	0	0	1070	1131	1426	1116	0	0	1070	1162	886	81.0%	0.0%	105.8%	78.3%	0.0%	108.6%
Cheetham Hill	1426	1777	357	0	2139	2184	1070	955	357	0	1426	2047	855	124.6%	0.0%	102.1%	89.2%	0.0%	143.5%
Coronary Care	1426	1419	0	0	0	12	1070	1070	0	0	0	0	389	99.5%	0.0%	0.0%	100.0%	0.0%	0.0%
Cromie	1668	1540	0	0	891	1379	1070	1081	0	0	713	1001	760	92.4%	0.0%	154.8%	101.0%	0.0%	140.3%
Dunlop	1426	1394	0	0	1248	1285	1070	1047	0	0	1070	1035	714	97.7%	0.0%	103.0%	97.8%	0.0%	96.8%
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	1618	0	0	1426	1457	1783	1449	0	0	1426	1362	730	90.8%	0.0%	102.1%	81.3%	0.0%	95.5%
Ella Rowcroft	1070	1096	0	0	1426	1283	1012	898	0	0	713	713	444	102.5%	0.0%	89.9%	88.7%	0.0%	100.0%
Warrington	1070	1123	0	0	713	837	713	725	0	0	713	978	500	105.0%	0.0%	117.5%	101.8%	0.0%	137.2%
George Earle	1426	1441	357	0	2139	2118	1070	897	0	0	1426	1702	816	101.1%	0.0%	99.0%	83.9%	0.0%	119.4%
ICU	3209	2596	0	0	357	267	3209	2392	0	0	0	0	182	80.9%	0.0%	75.0%	74.6%	0.0%	0.0%
McCullum	713	973	0	0	1070	1204	713	725	0	0	1070	955	517	136.5%	0.0%	112.5%	101.6%	0.0%	89.2%
Louisa Cary	2139	1986	0	0	713	807	2139	1515	0	0	713	822	429	92.8%	0.0%	113.2%	70.8%	0.0%	115.2%
John Macpherson	1070	1048	0	0	713	605	713	756	0	0	357	627	358	97.9%	0.0%	84.9%	106.0%	0.0%	175.9%
Midgley	1783	2089	0	0	1783	1660	1426	1426	0	0	1426	1346	877	117.2%	0.0%	93.1%	100.0%	0.0%	94.4%
SCBU	1070	854	0	0	357	176	1070	802	0	0	357	186	209	79.9%	0.0%	49.4%	75.0%	0.0%	52.0%
Simpson	1426	1756	357	0	2110	2073	1070	1081	0	0	1426	1794	852	123.1%	0.0%	98.2%	101.1%	0.0%	125.8%
Turner	1070	1631	0	0	1783	1432	713	713	0	0	1426	1070	546	152.5%	0.0%	80.4%	100.0%	0.0%	75.0%
COVID-19 Ward	1783	1721	0	0	1426	1636	1426	1555	0	0	1426	1402	727	96.5%	0.0%	114.7%	109.0%	0.0%	98.3%
Total (Acute)	30230	30088.74	1069.5	0	23143.75	23303.7	24184.5	21417.5	356.5	0	17825	19349.8	11518	99.5%	0.0%	100.7%	88.6%	0.0%	108.6%
Brixham	868	846.5	434	0	1302	1633.5	1023	957	0	0	682	648.75	612	97.5%	0.0%	125.5%	93.5%	0.0%	95.1%
Dawlish	868	1035.5	0	0	1085	850.75	744	715.5	0	0	682	663.5	495	119.3%	0.0%	78.4%	96.2%	0.0%	97.3%
NA - Teign Ward	1953	1534	0	0	1953	1961.23	1023	1034	0	0	1023	1077.5	919	78.5%	0.0%	100.4%	101.1%	0.0%	105.3%
NA - Templar Ward	1736	1813.5	0	0	2198	2024.83	1023	1002	0	0	1116	1211.25	916	104.5%	0.0%	92.1%	97.9%	0.0%	108.5%
Totnes	868	829.5	0	0	1302	1230	744	685	0	0	682	673	555	95.6%	0.0%	94.5%	92.1%	0.0%	98.7%

Organisational Summary	34741	34427	1504	0	29558	29368	27316	24257	357	0	20584	22222	14288	99.1%	0.0%	99.4%	88.8%	0.0%	108.0%
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- The Registered Nurse (RN) average fill rate for day increased slightly in October 22 to 99.5% from a September position of 98.5%, and the night fill rate decreased slightly to 88.6% from a September fill rate of 90.1%.
- The Health Care Support Worker (HCSW) average fill rate for day was 100.7% in September and night was recorded as 108.6% which is consistent with last month's fill rate for both days and nights, and continues to be in line with the safer staffing establishment.
- Moor to Sea have continued to require additional HCSW to care for patients with enhanced care needs and have reported over 100% fill rate for Cheetham Hill and Simpson.
- Some specialist areas reported less than 85% fill rate but this was reflective of their patient acuity during the month.

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

CHPPD Monthly Summary																				
Ward	Planned Total CHPPD	Planned RN / RM CHPPD	Planned NA CHPPD	Planned HCA / MCA CHPPD	Actual Mean Monthly Total CHPPD	Actual Mean Monthly RN / RM CHPPD	Actual Mean Monthly NA CHPPD	Actual Mean Monthly HCA / MCA CHPPD	Total CHPPD days not met in month	RN / RM CHPPD days not met in month	NA CHPPD days not met in month	HCA/MCA CHPPD days not met in month	Total CHPPD % days not met in month	RN / RM CHPPD % days not met in month	NA CHPPD % days not met in month	HCA/MCA CHPPD % days not met in month	Carter Median CHPPD All (September 2016)	Carter Median CHPPD RN (September 2016)	Carter Median CHPPD NA (September 2016)	Carter Median CHPPD HCA (September 2016)
Ainslie	7.52	3.98	0.00	3.54	8.00	4.00	0.00	4.00	7	16	0	5	22.6%	51.6%	0.0%	16.1%	7.74	4.74	0	2.91
Allerton	7.40	5.02	0.00	2.38	6.50	3.90	0.00	2.60	30	31	0	5	96.8%	100.0%	0.0%	16.1%	7.74	4.74	0	2.91
Cheetham Hill	7.39	2.88	0.41	4.11	8.10	3.20	0.00	4.90	2	7	31	2	12.9%	9.7%	100.0%	12.9%	7.74	4.74	0	2.91
Coronary Care	5.75	5.75	0.00	0.00	6.40	6.40	0.00	0.00	5	5	0	0	16.1%	16.1%	0.0%	0.0%	7.74	4.74	0	2.91
Cromie	5.53	3.54	0.00	1.99	6.60	3.40	0.00	3.10	1	17	0	2	3.2%	54.8%	0.0%	6.5%	7.74	4.74	0	2.91
Dunlop	6.47	3.35	0.00	3.11	6.70	3.40	0.00	3.20	10	12	0	6	32.3%	38.7%	0.0%	19.4%	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	8.10	4.20	0.00	3.90	26	28	0	14	83.9%	90.3%	0.0%	45.2%	7.74	4.74	0	2.91
Ella Rowcroft	6.57	3.29	0.00	3.29	9.00	4.50	0.00	4.50	2	3	0	3	6.5%	9.7%	0.0%	9.7%	7.74	4.74	0	2.91
Warrington	6.09	3.38	0.00	2.71	7.30	3.70	0.00	3.60	1	3	0	1	3.2%	9.7%	0.0%	3.2%	7.74	4.74	0	2.91
George Earle	7.39	2.88	0.41	4.11	7.50	2.90	0.00	4.70	8	12	31	6	25.8%	38.7%	100.0%	19.4%	7.74	4.74	0	2.91
ICU	21.85	20.70	0.00	1.15	28.90	27.40	0.00	1.50	0	0	0	14	0.0%	0.0%	0.0%	45.2%	7.74	4.74	0	2.91
McCullum	6.76	2.71	0.00	4.06	7.50	3.30	0.00	4.20	5	3	0	8	16.1%	9.7%	0.0%	25.8%	7.74	4.74	0	2.91
Louisa Cary	9.68	7.26	0.00	2.42	12.00	8.20	0.00	3.80	4	10	0	3	0.0%	32.3%	0.0%	9.7%	7.74	4.74	0	2.91
John Macpherson	5.11	3.19	0.00	1.92	8.50	5.00	0.00	3.40	0	2	0	2	0.0%	6.5%	0.0%	6.5%	7.74	4.74	0	2.91
Midgley	7.14	3.57	0.00	3.57	7.40	4.00	0.00	3.40	8	2	0	17	25.8%	6.5%	0.0%	54.8%	7.74	4.74	0	2.91
SCBU	9.20	6.90	0.00	2.30	9.70	7.90	0.00	1.70	13	8	0	20	41.9%	25.8%	0.0%	64.5%	7.74	4.74	0	2.91
Simpson	7.19	2.88	0.41	3.90	7.90	3.30	0.00	4.50	4	3	31	4	12.9%	9.7%	100.0%	12.9%	7.74	4.74	0	2.91
Turner	8.94	3.19	0.00	5.75	8.90	4.30	0.00	4.60	15	1	0	28	48.4%	3.2%	0.0%	90.3%	7.74	4.74	0	2.91
COVID-19 Ward	7.52	3.98	0.00	3.54	8.70	4.50	0.00	4.20	6	5	0	5	19.4%	16.1%	0.0%	16.1%	7.74	4.74	0	2.91
Brixham	6.95	3.05	0.70	3.20	6.70	2.90	0.00	3.70	18	18	31	7	58.1%	58.1%	100.0%	22.6%	7.74	4.74	0	2.91
Dawlish	6.81	3.25	0.00	3.56	6.60	3.50	0.00	3.10	16	7	0	25	51.6%	22.6%	0.0%	80.6%	7.74	4.74	0	2.91
NA - Teign Ward	6.40	3.20	0.00	3.20	6.10	2.80	0.00	3.30	21	29	0	15	67.7%	93.5%	0.0%	48.4%	7.74	4.74	0	2.91
NA - Templar Ward	6.50	2.97	0.00	3.53	6.60	3.10	0.00	3.50	10	12	0	12	32.3%	38.7%	0.0%	38.7%	7.74	4.74	0	2.91
Totnes	6.44	2.89	0.00	3.56	6.20	2.70	0.00	3.40	20	21	0	22	64.5%	67.7%	0.0%	71.0%	7.74	4.74	0	2.91

Organisational CHPPD	Planned Total	Planned RN	Planned NA	Planned HCA	Actual Total	Actual RN	Actual NA	Actual HCA
	6.68	3.63	0.11	2.94	7.72	4.11	0.00	3.61
Total Planned Beds / Day	551							
Days in month	31							

- The RN actual CHPPD has seen an increase from 4.01 in September 22, to 4.11 in October, which although an improved position remains below the Carter recommendation of 4.7.
- The actual HCA CHPPD is reported at 3.61 which is above the Carter recommendation of 2.91 and the planned CHPPD of 2.94. This is due to the increased need for additional HCSW's to provide 1:1 care for patients with complex needs and the opening of escalation areas.
- During October 22 the operational position remained challenged, with 23 days declared at OPEL 4, and 8 days declared at OPEL 3.
- The total planned CHPPD was recorded as 6.68 and the actual CHPPD was reported as 7.72, an increase from September's actual of 7.59.

This reflects the ongoing use of escalation areas during times of peak capacity.

Community and Social Care Indicators

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

Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)		↑
DOLS - Deprivation of Liberty Standard		
Intermediate Care - No. urgent referrals		↑
Community Hospital - Admissions (non-stroke)		
Community Hospital average Length of Stay (days)		
Urgent Community Response 2 hours		↑
Urgent Community Response 2 to 48 hours		
Proportion of clients receiving self-directed support (ASCOF)		↔
Proportion of carers receiving self-directed support (ASCOF)		↔
Percentage of Adults with learning disabilities in employment (ASCOF)		↑
Percentage of adults with learning disabilities in settled accommodation (ASCOF)		↓
Permanent admissions (18-64) to care homes per 100k population (ASCOF)		↑
Permanent admissions (65+) to care homes per 100k population (ASCOF)		↑
Proportion of clients receiving direct payments (ASCOF)		↓
% reablement episodes not followed by long term SC support		↑

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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Year to date 2022/23
SOCIAL CARE SERVICES																
% 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			19.4%	19.4%	19.6%	19.4%	19.6%	19.8%	19.5%	19.4%	19.6%	19.7%	20.0%	20.4%	20.3%	20.3%
% 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%		6.8%	7.0%	6.8%	6.7%	6.6%	7.1%	7.3%	7.3%	7.3%	7.5%	7.5%	7.6%	7.9%	7.9%
% Adults with learning disabilities in settled accommodation - Torbay			80.6%	81.5%	81.6%	81.6%	81.8%	81.1%	81.3%	81.2%	80.3%	79.7%	79.7%	79.6%	79.1%	79.1%
Permanent admissions (18-64) to care homes per 100k population - Torbay			17.7	20.4	23.1	25.8	19.0	21.7	24.5	29.9	35.3	28.5	40.8	32.6	27.2	27.2
Permanent admissions (65+) to care homes per 100k population - Torbay (* data reporting change May 2022)			422.7	411.9	376.9	487.3	476.5	570.8	576.2	823.8	880.4	928.8	939.6	931.5	861.5	861.5
% reablement episodes not followed by long term SC support - Torbay			87.9%	87.9%	87.7%	88.0%	87.8%	88.9%	84.5%	86.8%	89.6%	89.5%	85.4%	85.2%	86.1%	86.1%

Permanent admissions (65+) to care homes for 100k population: The 2021-22 rate increased significantly in May 2022 due to improved recording and reporting. That improved recording and reporting is the result of a rebuild of the way data relating to this metric is extracted from the data warehouse. Whereas previously some cases relevant to this metric were not being picked up, there is now a high degree of confidence that all cases are. This has resulted in the higher rate now being reported, which is an increase of 83%. Had the new methodology been used in 2020-21, the increase would be closer to 14%.

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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Year to date 2022/23
PUBLIC HEALTH SERVICES																
% of face to face new birth visits within 34 days *	95.0%		83.8%	82.1%	80.1%	78.8%	84.4%	85.1%	78.7%	78.0%	80.8%	81.4%	77.8%	81.3%	85.1%	85.1%
(Quarterly) **	Var										4.3%		3%			

Community Services

The table below demonstrates performance against community based services. The nursing activity face to face increase in April 2022 is due to inclusion of South Devon data.

Measure	Target 2022/2023	13 month trend	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Year to date 2022/23
COMMUNITY BASED SERVICES																
Nursing activity (F2F)			7,436	7,187	7,161	6,608	6,411	7,038	11,861	12,597	12,226	13,036	15,823	13,369	13,271	90,183
No. intermediate care urgent referrals			222	237	219	195	213	212	210	236	240	224	225	209	282	1,626
No. intermediate care placements			35	31	47	38	35	40	49	48	46	51	46	35	47	322
Intermediate Care - placement average LoS			23.6	26.1	28.8	32.9	40.7	35.4	31.0	35.5	36.8	32.0	33.8	39.2	27.1	32.9

Community Quality Dashboard

It is noted that the nutritional risk assessment is reporting improved performance against the target of 98% for October. The C Diff data is showing a year-to-date position of 5 with no new cases noted in October.

Measure	Target 2022/2023	13 month trend	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Year to date 2022/23
QUALITY MEASURES																
No. avoidable grade 3/4 p.u.s within collaborative project *	10		0	1	0	0	0	1	0	0	0	0	0	0		0
% Nutritional risk assessments completed	98.0%		82.0%	97.4%	96.9%	95.3%	95.7%	95.5%	95.4%	92.9%	100.0%	98.4%	92.9%	97.0%	98.0%	96.7%
Community hospital QuESTT - no. red rated teams	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community team QuESTT - no. red rated teams	0		1	0	1	2	1	0	0	0	0	1	0	0	0	0
Friends and Family Test - % Recommendation - C Hospital *	96.2%		96.3%	95.0%	100.0%	100.0%	91.4%	94.2%	96.1%	96.2%	92.2%	100.0%	96.8%	100.0%		96.0%
Friends and Family Test - % Recommendation - MIU *	98.2%		-	100.0%	-	-	-	-	0.0%	-	-	-	50.0%	-		33.3%
No. Clostridium Difficile (C.Diff) HCAls - YTD	9		3	4	5	6	6	6	0	1	1	3	4	5	5	5
DOLS (Domestic) - Open applications at snapshot			604	590	628	644	623	645	671	664	705	700	714	737	751	751

Community Services

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

	Act. 21/22 Outturn	Aug-22	Sep-22	Oct-22	Total YTD
<i>Admissions / Discharges</i>					
Total Admissions (General)	2,499	193	167	168	1,337
Direct Admissions (General)	152	8	6	8	53
Transfer Admissions (General)	2,347	185	161	160	1,321
Stroke Admissions	233	5	8	6	67
Transfers from CH to DGH	257	14	15	12	106
<i>Beds</i>					
Bed Occupancy ¹	97.2%	99.1%	99.0%	99.0%	98.5%
Bed Days Lost to Bed Closure	383	0	0	0	0
<i>Length of Stay</i>					
Delayed Discharges		30	60	59	230
Average Length of Stay - Overall (General)	13.6	15.5	15.7	16.8	16.2
Average Length of Stay - Direct Admissions	12.4	9.8	14.3	14.4	13.0
Average Length of Stay - Transfer Admissions	13.7	15.7	15.8	16.9	16.3
Average Length of Stay - Stroke	20.9	19.7	23.7	45.0	18.3
Long LoS (>30 days)	229	19	23	27	144
<i>MIUs</i>					
Total MIU Activity	34,911	3,847	3,267	3,292	22,918
New MIU Attendances	31,634	3,574	2,949	3,058	20,954
All Follow Up Attendances	3,277	273	318	234	1,964
Planned Follow Up Attendances	2,403	170	213	160	1,286
Unplanned Follow Up Attendances	874	103	105	74	678
MIU Four Hour Breaches	55	230	75	129	805
Average Waiting Time (Mins) - 95th Pctile	77	104	101	101	104

Operational update:

Community hospital bed occupancy remains high at 99%.

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 was 16.8 days compared to 13.6 days average in 2021/22. Improvement work to reduce length of stay across the four community hospitals is underway.

New MIU attendance increased to 3,058 with 129 4-hour breaches and an average waiting time of 101 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

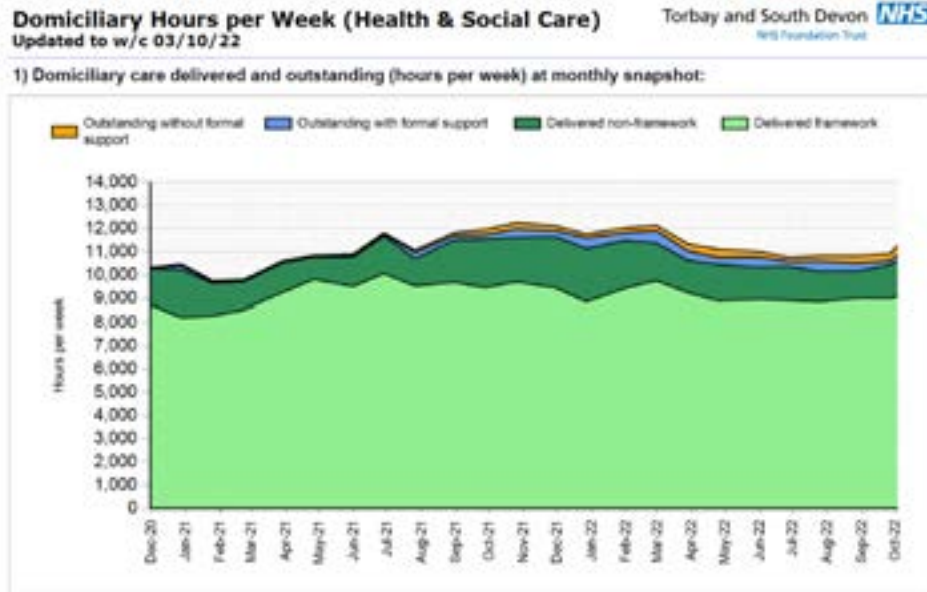


Chart 2 -Unmet packages of care

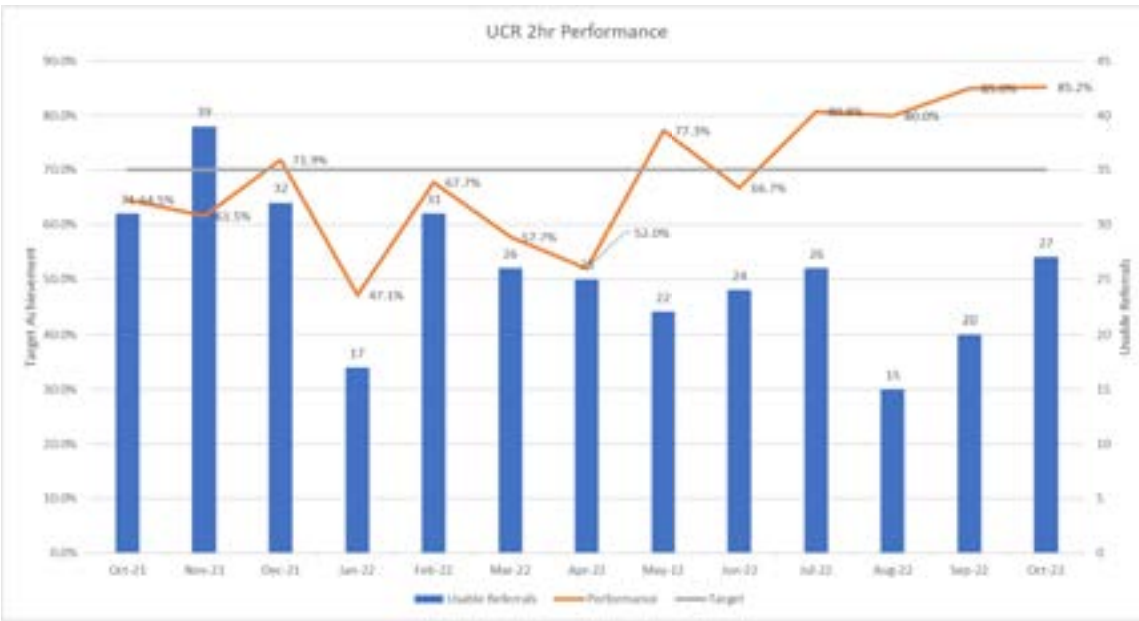


Chart 1 ‘Hours of care given’ shows the latest data available for total commissioned domiciliary hours by week for Torbay. The amount of care provided is seen along with the outstanding demand; the outstanding hours ‘without formal support’ are of highest concern. Data to week commencing 3 October 2022 recorded 405 hours per week outstanding without formal support; an increase from the previous month and the highest recorded for 11 months.

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).

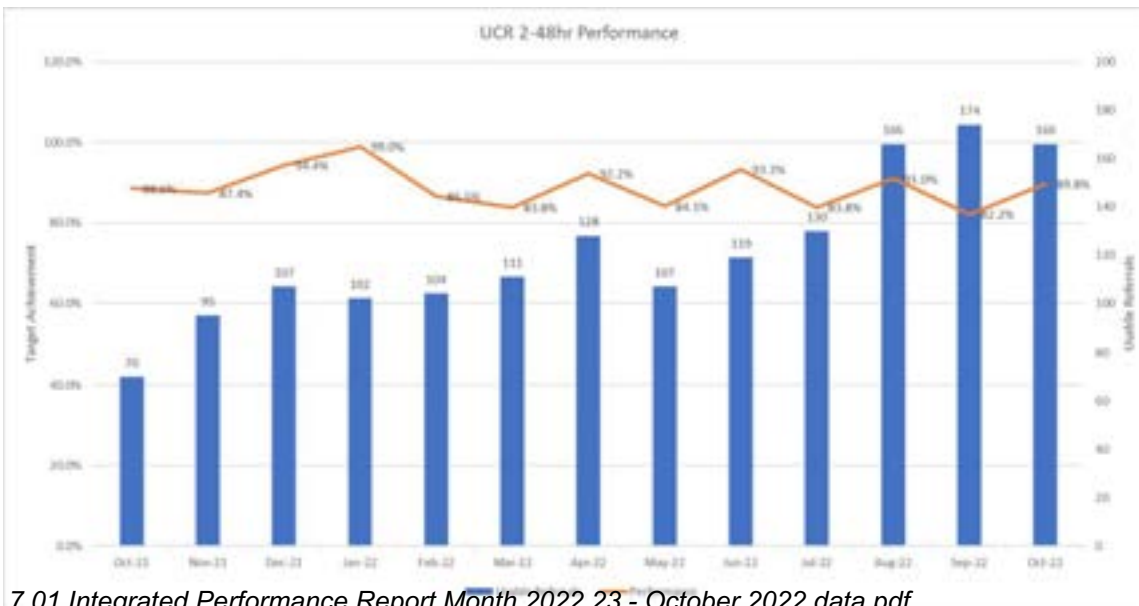
Across the sector there are significant workforce recruitment and retention challenges so increasing capacity is very difficult at this time. However, increasing the capacity in the domestic care sector will be critical if we are to support the flow of patients from an acute setting where a new or changed 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 Integrated Service Units, 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 October 2-hour target was achieved at 85% and continues to improve; a total of 27 2-hour target referrals were received.

166 referrals were received for a response within 2-48 hours and 89.8% were seen within the target time.

Community Services – hospital discharge and onward care

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



Criteria To Reside

The Trust records a patient’s Criteria to Reside daily. The graph opposite reflects the ICO bed base, acute and community hospital beds.

The average number of patients with no criteria to reside (ICO) has increased in October, but remains lower than the peak seen in January.

Hospital discharge

The ‘Giving patients back their time’ campaign has been running in the Trust to highlight the importance of transferring or discharging a patient to their next destination in a timely and well planned way once a patient no longer needs hospital care.

Importantly the focus is to improve flow with a focus on earlier in the day discharges and maintaining discharge levels over the weekends.

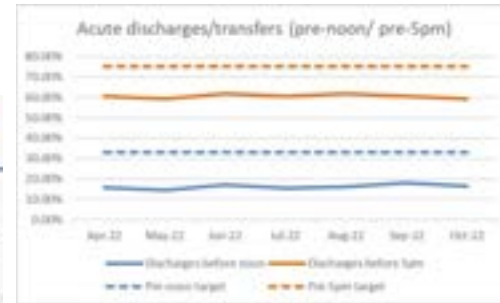
DISCHARGE DASHBOARD | COMPARISONS

Saturday 1 October 2022 - Monday 31 October 2022

The number of discharges in this period is **above** or **below** the baseline
 Weekday target is 71%, Weekend target is 25%
 Pre-noon target is 33%, Pre-5pm target is 75%

(Baseline: Wednesday 31 August 2022 - Friday 30 September 2022)

Ward Name	Total	Discharges	Transfers to a Community Hospital	Transfers to the Discharge Lounge	Drifts	Pathway 8	Pathway 1	Pathway 2	Pathway 3	Average LoB (Days)	% Pre Noon	% Pre Noon	% Pre 5pm	% Pre 5pm	% Weekday	% Weekday	% Weekend	% Weekend
ANSLE	82	47	5	30	0	0	0	0	0	0.06	14	17.1%	50	61.0%	67	81.7%	15	18.3%
ALLERTON	117	95	4	18	0	0	0	0	0	0.01	14	12.0%	79	67.5%	97	82.9%	28	17.1%
CHEETHAM HILL	80	49	6	25	0	0	0	0	0	9.73	21	26.3%	50	62.5%	76	87.5%	19	12.5%
CROME	131	100	5	15	0	0	0	0	0	6.89	17	13.0%	75	57.3%	87	86.4%	44	33.6%
DUNLOP	79	59	1	16	0	0	0	0	0	10.11	13	17.1%	38	51.3%	65	85.9%	11	14.9%
ELLA RUNCROFT	80	87	5	6	0	0	0	0	0	4.80	20	20.4%	64	60.3%	78	79.6%	20	20.4%
EMERGENCY ADMISSION UNIT 4	83	57	4	2	0	0	0	0	0	7.66	8	3.5%	30	47.6%	55	87.3%	8	12.7%
FORREST	100	74	4	30	0	0	0	0	0	5.30	15	13.9%	60	55.6%	90	90.7%	18	9.3%
GEORGE EARLE	106	72	19	9	0	0	0	0	0	0	16	15.1%	44	41.5%	28	54.0%	17	18.0%
MCCALLUM	44	25	2	17	0	0	0	0	0	15.87	9	20.5%	26	59.1%	41	93.2%	3	6.8%
MIDDLEY	121	75	11	35	0	0	0	0	0	6.29	20	16.5%	70	64.5%	106	87.6%	15	12.4%
SIMPSON	80	48	4	30	0	0	0	0	0	10.89	20	25.0%	59	73.8%	69	86.3%	11	13.8%
TORSBY CHEST PAIN UNIT	35	33	0	2	0	0	0	0	0	4.52	5	14.3%	25	71.4%	28	80.0%	7	20.0%
TORSBY CONCORDANT CARE BEDS	37	36	0	1	0	0	0	0	0	4.6	3	8.1%	25	67.6%	29	78.4%	8	21.6%
TURNER	85	63	1	1	0	0	0	0	0	9.93	12	16.5%	33	50.8%	46	73.0%	17	26.2%
Grand Total	1,327	1,062	72	253	0	0	0	0	0	7.7	217	16.4%	797	59.3%	1,096	82.6%	232	17.4%



October discharge data shows:

- 16.4% of discharges took place before 12noon;
- 59.3% of discharges took place before 5pm;
- Average weekday discharges from main wards = 52 per day / Average weekend discharges = 23 per day. (Weekend discharges as a percent of average weekday being 44% against the recovery planned target of 80%).

The Trust has a Complex Discharge Pathway Improvement Plan to support operational bed capacity and flow.

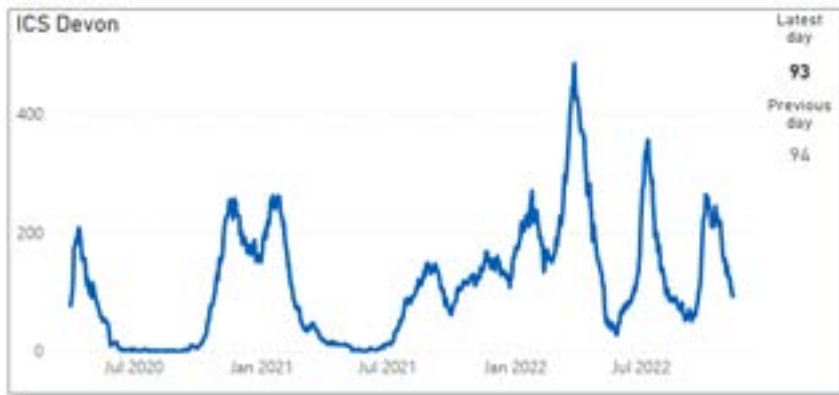
Operational Performance Indicators

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

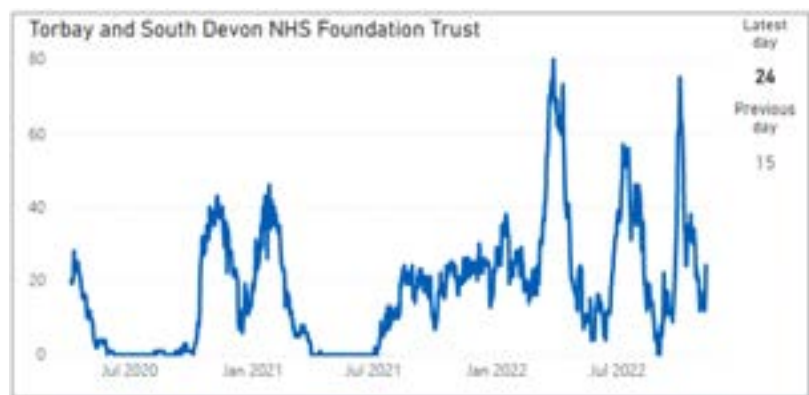
A&E - patients seen within 4 hours (NHSI)		↓	On the day cancellations for elective operations		↓
Referral to treatment - % Incomplete pathways <18 wks (NHSI)		↑	Cancelled patients not treated within 28 days of cancellation		↑
Cancer - 62-day wait for first treatment - 2ww referral (NHSI)		↑	Virtual Outpatient (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 (Tier 1)		↑			

Covid - 19 - Hospitalisations

Devon ICS
(as at 14 November 2022)



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



The level of Covid-19 hospitalisations has fallen in October along with the levels of staff sickness relating to Covid-19. Modelling from commissioning colleagues there remains a high risk of further increases in covid and seasonal flu this winter that will impact on staff sickness rates, increased admissions and hospital care IPC.

Staff Covid and seasonal Flu vaccination programme is in place and will help to mitigate the impacts on staff sickness levels and wider community vaccination of high risk groups will also mitigate community levels of infection and requirements for acute hospital care.

Care Homes Reporting COVID-19 Cases Amongst Residents

Local Authority	Current	Previous	Change
Devon County Council	33	33	0
Plymouth City Council	8	8	0
Torbay Council	3	3	0
Total	44	44	0

Vaccination headlines

- 53.52% of substantive staff that have had at least one vaccination;
- Bank staff has gone up from 21.52% to 22.87%;
- Total number of staff vaccinated is now at 50.12%.

Tier 1 – Programme of formal support – NHS England

The Trust has been placed in Tier 1 performance support, meaning the highest levels of oversight requiring weekly meetings with regulators with detailed performance monitoring and assurance on recovery plans.

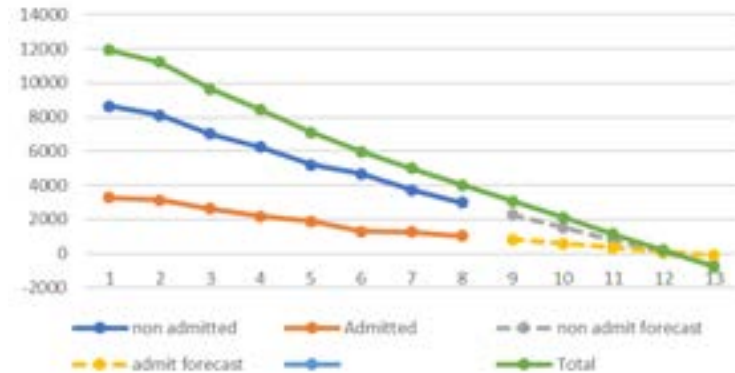
The focus is on reducing the Referral to Treatment waiting times to be in line with minimum national expectations, to have no patients waiting over 78 weeks by 31st March 2023 and bringing the backlog of cancer treatments waiting over 62 days from urgent referral, back down to February 2020 levels.

Weekly meetings take place with NHS England and the TSDFT Chief Operating Officer and Head of Planned Care System Director to discuss progress against action plans, challenges, and risks.

Cancer 62+ backlog:



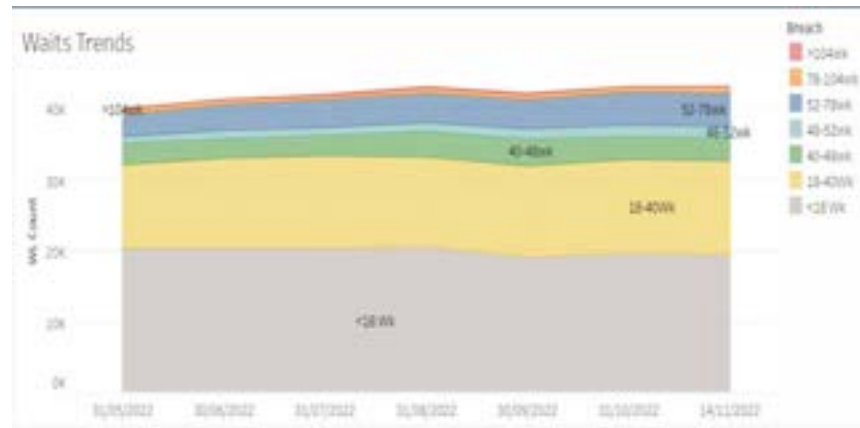
78 week PTL cohort actual and forecast



Progress is being made on treating the longest waiting patients who are already waiting for surgery (admitted pathways). There are patients, however, in the non-admitted RTT lists waiting for new outpatient appointments or decisions at follow up appointment that need to be seen. At the end of October there were 4185 patients (from 3773 at end of September) waiting longer than 52 weeks on non-admitted pathways, and 1227 are waiting on inpatient/day case treatment pathways.

NHSI Performance – Referral to Treatment (RTT)

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



Referral to Treatment



Referral to Treatment: The total number of incomplete pathways increased in October to 43,118.

52, 78, and 104 week waits: At the end of October 5,412 people will be reported as waiting over 52-weeks this being an increase of 352 from last month. For over 78 weeks numbers increased slightly to 818 from 813 in September. 104 weeks waits have continued to decreased to 47.

Recovery planning: Elective capacity across day case and inpatient elective admissions has been maintained with long waits reducing, however there is an increasing number of non admitted pathways now exceeding 78 weeks and tipping into the 104 week cohort. Booking these patients into clinic along with ongoing clinical validation is a priority requiring commissioning of additional clinic capacity. This includes outsourcing to other providers as well as insourcing clinical capacity.

Trauma and Orthopaedics continue to use lists at the re-commissioned Nightingale Hospital Exeter (SWAOC) and will be looking to increase the current number of patients benefiting from this system resource through improved rostering of available clinical sessions for Torbay surgeons.

There is an increasing utilisation of on site sessions at weekends through the roll out of the ‘Glanso’ model of commissioning being funded through the Elective Recovery Fund. Through mutual aid we are also engaging with the wider Integrated Care System (ICS) to outsource urology and colonoscopy diagnostic tests and procedures. The optimising of outpatient productivity through adoption of best practice and non face-to-face appointments is critical to releasing capacity. 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 system Director for Planned Care plans are monitored through the Cancer / RTT Performance Review and Assurance meetings. October 2022 data reported to the monthly Integrated Governance Group (IGG).

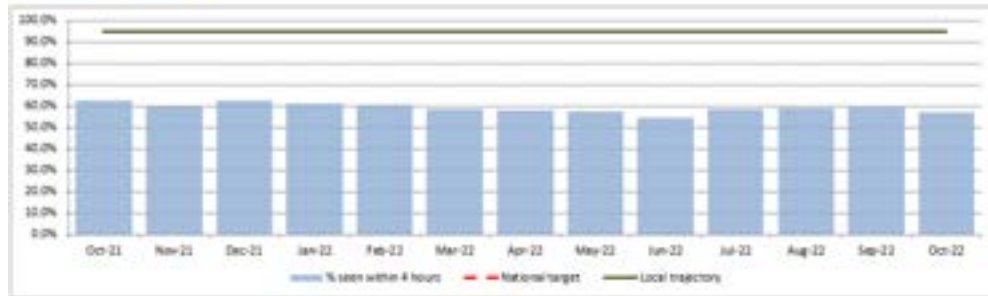
78 week waits at 19/11/22

Row Labels	1st (New) OPA dated pre 31/03/23	1st (New) OPA undated	Admitted dated	Admitted undated	Follow-up dated pre 31/03/23	Follow-up undated	Grand Total
ANAESTHETICS						1	1
BREAST SURGERY				2			2
CARDIOLOGY			1		2	3	6
CLINICAL NEUROPHYSIOLOGY	1	8					9
CLINICAL ONCOLOGY						1	1
COLORECTAL SURGERY	29	63	4	11	4	10	121
DERMATOLOGY					3	2	5
ENDOCRINOLOGY		2					2
ENT	11	35	5	4	9	8	72
GASTROENTEROLOGY	1	1			8	8	18
GENERAL MEDICINE			3				3
GYNAECOLOGY	1		1	11			14
NEUROLOGY	2	12			1		15
OPHTHALMOLOGY	7	37	2	9	1	5	61
ORAL SURGERY		1	1	7	1		10
PAEDIATRICS	19	71				1	91
PAIN MANAGEMENT		1					1
RESPIRATORY MEDICINE	1	9					10
TRAUMA & ORTHOPAEDICS	1	7	43	138	5	7	201
UPPER GASTROINTESTINAL SU	1	8	12	25	3	12	61
UROLOGY	16	27	2	46	6	27	124
VASCULAR SURGERY						4	4
Grand Total	92	283	71	257	43	86	832

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

A&E and MU patients seen within 4 hours

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Patients	8415	7483	6923	7201	6819	7974	8001	8797	8450	9413	9678	8643	8853
4-hour breaches	3195	3050	2596	2800	2490	3316	3370	3732	3954	2907	3961	3437	3805
% seen within 4 hours	62.3%	59.8%	62.5%	61.2%	60.6%	58.4%	58.0%	57.6%	54.5%	58.9%	59.2%	60.2%	57.0%
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%

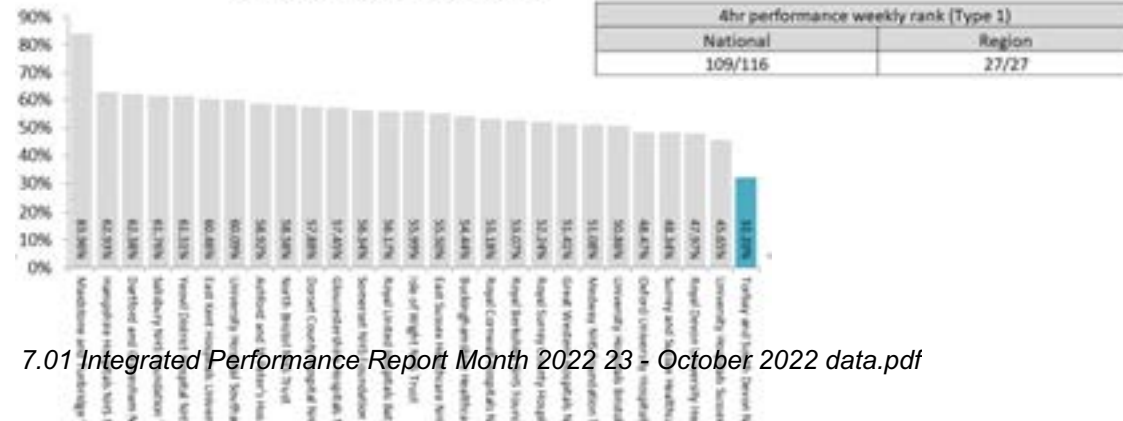


Escalation status	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Opel status													
Opel 1	0	0	0	0	0	0	0	0	0	1	0	0	0
Opel 2	0	0	1	0	0	0	2	14	1	2	4	6	0
Opel 3	3	1	4	10	27	13	24	15	15	14	22	3	6
Opel 4	28	29	26	21	1	18	4	2	14	14	5	21	25
4-hour Performance (ICO)	62%	60%	63%	61%	61%	58%	58%	57.6%	54.5%	58.5%	59.1%	60.2%	57.0%
Bed Occupancy (Acute)	93%	93%	93%	93%	94%	95%	94%	93%	94%	93%	92%	95%	95%
Ambulance handover delays >1 hour	125	617	616	559	438	757	680	514	832	694	850	735	907
Patients with >12 hour visit pathway	753	788	712	806	364	701	656	548	702	708	768	727	796
% of ED attendance with a 12-hour visit pathway	13%	15%	15%	16%	8%	13%	12%	9%	12%	12%	13%	13%	15%
Domiciliary Care - hours outstanding*	1,357	1,288	468	611	605.75	625.75	538.25	697.5	461	610.75	634.5	623.5	547.25
No Criteria To Reside - daily average (weekday)	62	66	88	101	80	70	70	46	45	57	41	55.4	57.1

* December 2021 count changed to only include outstanding hours where client is without formal support and client receiving formal

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

4hr performance - type 1 only



Performance 4 hour standard: Performance has remained a challenge at 57%. Access to suitable inpatient beds has contributed to delays at peak times.

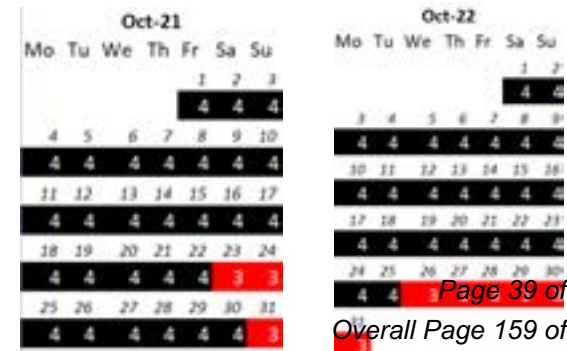
12 hour Trolley wait: 211 patients are reported as having a 12-hour trolley wait from decision to admit to admission to an inpatient bed.

Ambulance Handovers: 907 ambulance delays over 60 minutes, an increase from 735 in September; and 1181 ambulance handover delays of over 30 minutes, an increase from 982 in August.

Patients with a greater than 12-hour visit time pathway: 796 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. Improvements in earlier in the day discharge and weekend discharge from ward beds is starting to improve patient flow out of ED for patients requiring admission.



Handover delays at TSDFT and South West Ambulance Response Times – Category 1 and 2

South West Ambulance Response Times – Category 1 and 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. The columns in the above charts represent the weekly mean response times. There is some improvement towards the target response times in recent weeks however the times remain significantly longer than the acceptable standards being driven mostly by delays in handover at acute hospital sites so reducing available ambulance capacity.

At TSDFT, we continue to experience high levels of handover delays (tables below) so impacting on the capacity for the ambulance service to maintain timely responses for 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 daily hours lost experienced at TSDFT.

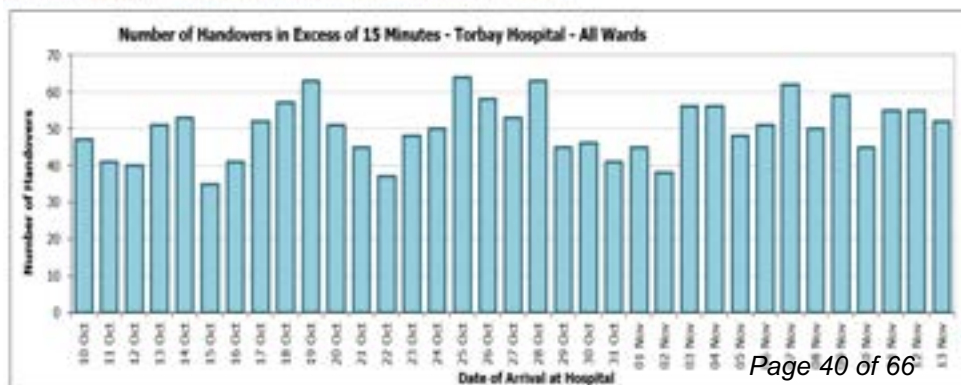
Delays = hours lost by trust

Ambulance handovers – hours lost Torbay Hospital

Rolling 30-day position as at 18 Nov 22
click on a bar to highlight focused site on the trend chart

Ambulance Tr.	Focused Site	Hours Lost
South Western	Derriford Hospital	5202:11:09
South Western	Royal Cornwall Hospital (treil.)	3191:20:10
South Western	Torbay Hospital	2193:57:39
South Western	Southmead Hospital	2183:02:02
South Western	Bristol Royal Infirmary	2080:28:43
South Western	The Great Western Hospital	1530:22:16
South Western	Poole Hospital	1251:38:47
South Western	Gloucestershire Royal Hospital	1235:41:30
South Western	Royal Bournemouth Hospital	1080:50:17
South Western	Royal United Hospital	1055:29:25
South Western	Weston General Hospital	964:39:30
South Western	Royal Devon & Exeter Hospit.	707:47:04
South Western	North Devon District Hospital	611:27:49
South Western	Salisbury Health Care NHS T.	271:34:32

W020 - Hospital & Ward Late Handover Trend Analysis - Hospital & Ward Summary



Cancer treatment and cancer access standards

Cancer Waiting Times Summary

Target Type	Target KPI	2022				2022				2022				Achieved
		Achieved	Breached	Total	Perf	Achieved	Breached	Total	Perf	Achieved	Breached	Total	Perf	
2ww	>=95%	997.0	1,318.0	2,125.0	38.0%	944.0	1,040.0	1,894.0	44.0%	1,172.0	665.0	1,837.0	63.8%	2,823.0
62-2ww	>=85%	79.5	41.0	120.5	66.0%	70.5	47.5	118.0	59.7%	81.5	45.5	127.0	64.2%	231.5
62-screening	>=90%	6.5	2.0	8.5	76.5%	10.0	1.0	11.0	90.9%	17.0	0.0	17.0	100.0%	28.5
62-upgrade	Nil				0.0	1.0	1.0	0.0%					0.0	
breast-symo	>=95%	31.0	22.0	53.0	58.5%	34.0	9.0	43.0	79.1%	50.0	7.0	57.0	87.7%	115.0
fds	>=75%	1,445.0	592.0	2,037.0	70.9%	1,233.0	600.0	1,833.0	67.3%	1,276.0	416.0	1,692.0	75.4%	1,954.0
first	>=96%	203.0	3.0	206.0	98.5%	182.0	14.0	196.0	92.9%	189.0	7.0	196.0	96.4%	574.0
Sub-Drug	>=98%	93.0	0.0	93.0	100.0%	85.0	1.0	86.0	98.8%	53.0	0.0	53.0	100.0%	233.0
Sub-Other	>=94%	31.0	0.0	31.0	100.0%	15.0	0.0	15.0	100.0%	20.0	0.0	20.0	100.0%	86.0
Sub-Rads	>=94%	65.0	1.0	66.0	98.5%	47.0	4.0	51.0	92.2%	67.0	4.0	71.0	94.4%	179.0
Sub-Surg	>=94%	20.0	1.0	21.0	95.2%	31.0	1.0	32.0	96.9%	26.0	3.0	29.0	89.7%	77.0

Cancer standards The table opposite shows the cancer performance position as at 16th November 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. For the week ending 30th October 2022, Torbay reported 315 pathways over 62-days; over the last 4 weeks this has improved by a reduction of 18. The backlog represents 14.6% of the total number of open pathways which means the Trust remains in the top 20 organisations with the largest percentage backlog (position 20).

Colorectal accounts for 46% of the backlog, urology 23% and skin pathways 15%.

The key focus of interventions remains on the diagnostic elements of our cancer pathways, particularly targeting urology and colorectal. Colorectal has seen the backlog of open pathways increase from 40 in March 2022 to 151 in October 2022.

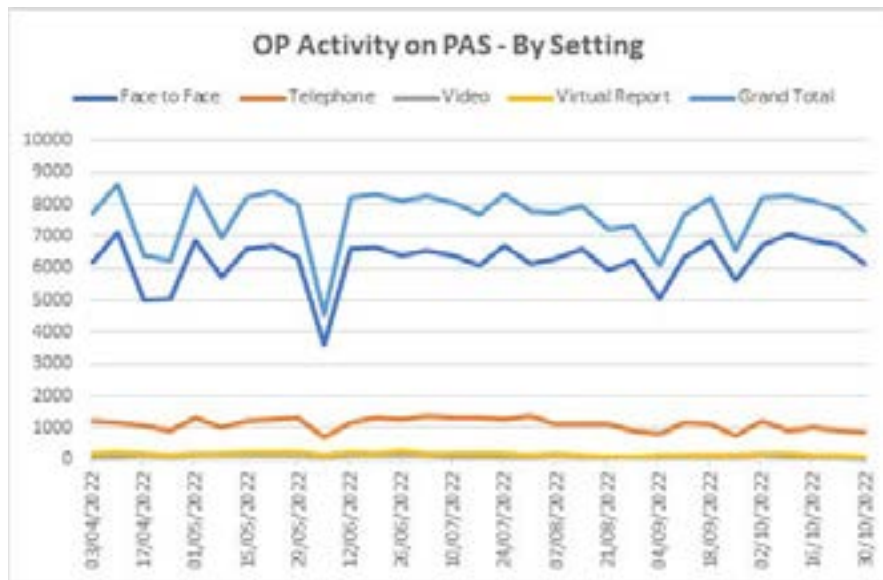
Colorectal: The main pathway delays are in colonoscopy and outpatient appointments, which increases the time to diagnosis. This is a result of increased referrals (29% year on year) and staffing challenges.

Urology: The patient backlog has decreased from 160 in June 2022 to a current position of 72. 62-day treatment performance has remained static during this period as our longest waiters are booked in order. Maintaining the improving 28-day Faster Diagnosis Standard (FDS) will support an improvement in the treatment standards once the 62-day backlog is cleared.

Number of patients waiting 63 or more days after referral from cancer PTL		WE-30/10 WE-06/11											November Variance to Plan	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Mar
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	Plan	200	195	190	185	180	175	165	155	145	135	125	115	176
	Actual	245	273	233	297	244	333	315	331					

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	Sep-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%	11.5%
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%	18.6%
Combined	19.6%	20.3%	20.5%	21.1%	19.3%	20.7%	21.30%	18.8%	19.6%	20.9%	20.9%	20.2%	16.9%	16.8%



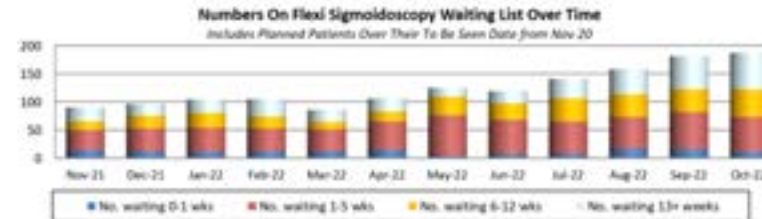
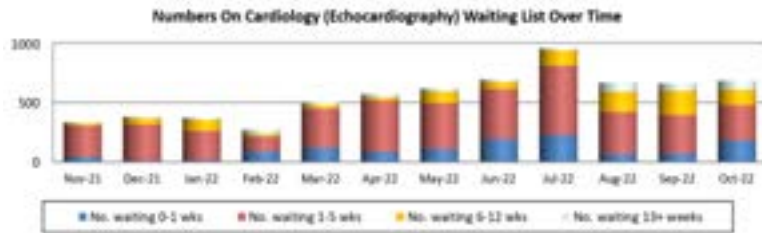
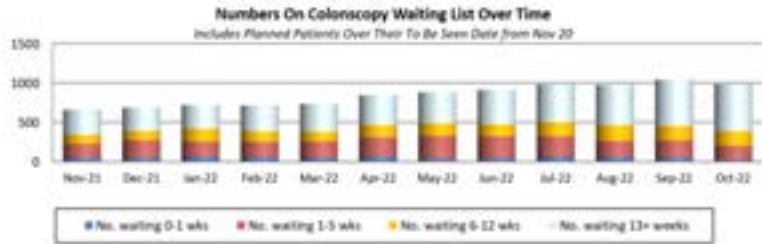
The Trust continues to see virtual appointment performance below the nationally set requirement (25%) achieving 15.4% in October 22. Achieving 25% at Integrated Care System level is linked to achieving financial incentives into the Elective Recovery Fund and remains one of the business planning standards.

The Patient Centred Outpatient (PCO) Transformation Programme set out its programme of work to deliver the virtual appointment targets of 25% from September 2022. This has not been achieved and a further decline in virtual appointments rates has been observed. There are a number of factors driving this including patient acuity, the lack of estate enablers such as “virtual pods”, a deficit in leadership for the Outpatient function at Torbay and the roll out of tech based platforms such as “Attend Anywhere.”

An updated action plan is below with the critical enabler being consistent clinical and operational engagement with the implementation plan.

	Description	Expected Benefit	Update	Date Due	Lead
FPDC 6.1	Completion of Attend Anywhere user videos, 80% of admin and clinical staff who use virtual consultations, to access this bite size training via by March 23.	Increased confidence and competence in using Attend Anywhere and increased awareness of opportunities to use within services.	On Hold – no capacity within PAC	October 2022	Tony Ray
FPDC 6.2	Implementation of Outpatients estates steering group.	To quantify the current space available for services and maximise the utilisation, to include the purchase of a room booking system and identify the urgent must-do's that are significantly impacting on patient safety.	Underway	December 2022	Dawn Butler/ Jake O'Donovan
FPDC 6.3	Appointment of Outpatients Leadership	To provide governance and oversight of access and drive service improvements.	Underway	January 2023	Kevin Pirie
FPDC 6.4	Regular work with specialty's and community services to focus on their opportunities to increase NF2F and PIFU and what matters to them and their patients.	Build community of practice around doing things differently and be able to demonstrate changes to the performance and clearly evidenced narrative of the issues and barriers.	Underway	March 2023	Charlotte Child
FPDC 6.5	Validation of follow up waiting lists	Identify those at risk and those who no longer need and appointment or who would like to be moved to PIFU	Underway	November 2023	Charlotte Child
FPDC 6.6	Piloting National VC Improvement Tool with Paediatrics and Gynae	Opportunity to have direct support from the National Team, to refine the concept of Ears On Eyes On Hands on and develop	Underway	February 2023	Charlotte Child

NHSI indicator - patients waiting over 6 weeks for diagnostics



All modalities are continuing to see patients with urgent need with appropriate Infection, Prevention and Control precautions. There is an improving trends with 32% of patients at end of October waiting over 6 weeks for the key diagnostic tests against the NHS Operational plan target of 25%.

Colonoscopy: remains the area of greatest risk. Progress is now being seen with the numbers waiting over 6 weeks stabilised through the additional activity that has been commissioned. There are 780 patients waiting over 6 weeks of these 346 are waiting longer than 26 weeks.

MRI: waits and total numbers on the list have stabilised with 478 (485 in Sept) patients waiting over 6 weeks. There are 179 requests waiting over 26 weeks relating to Cardiac MRI scans and requiring additional clinical support.

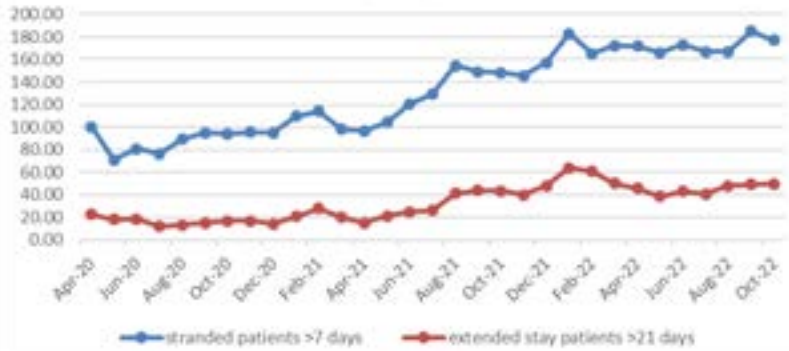
CT : waiting times for routine tests have improved. Insourcing using mobile units continue to support capacity. Additional capacity is being provided at the Nightingale Hospital Exeter with contrast capability now being available.

Radiology Reporting: the backlog of scans awaiting report remains high with delays that can run to several weeks. Plans to support additional reporting capacity are now starting to have an impact through additional insourcing of reporting capacity.

Access to diagnostics, and in particular radiology, is critical for maintaining timely cancer diagnosis and supporting Referral to 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

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Discharges	3263	3847	5179	5524	5052	5175	5273	5468	5750	5829	5535	n/a	5837
CPS completed within 24 hours	943	970	781	709	791	847	904	1043	1113	919	1082	n/a	924
% CPS completed <24 hours	28.5%	25.2%	15.1%	12.7%	15.8%	16.3%	17.7%	19.1%	19.4%	15.7%	19.5%	n/a	15.8%
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)

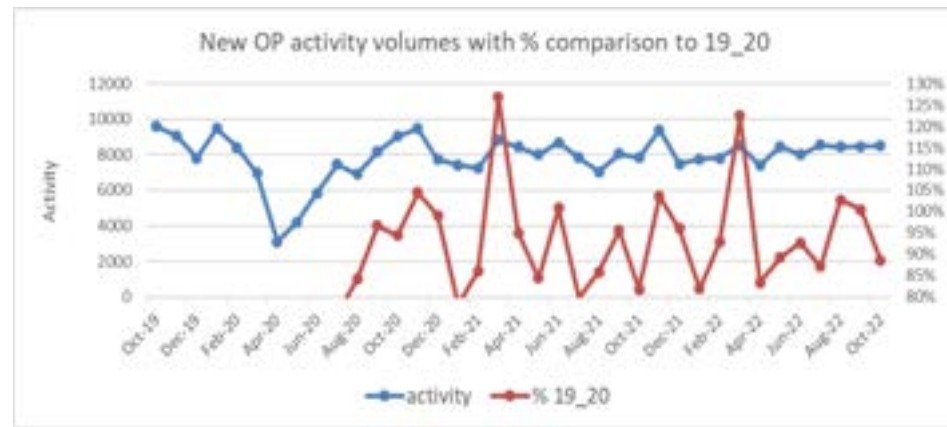
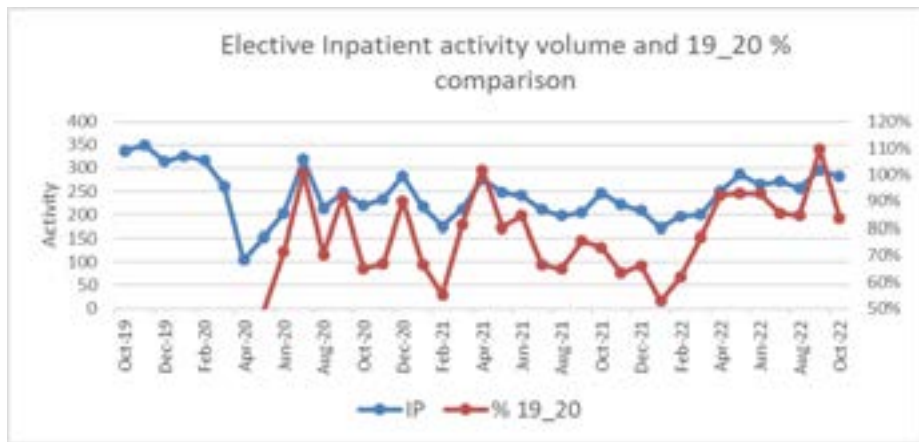
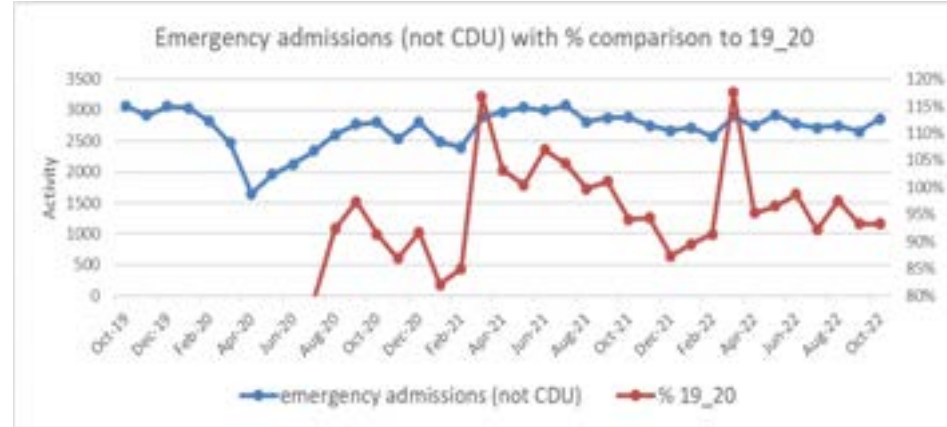
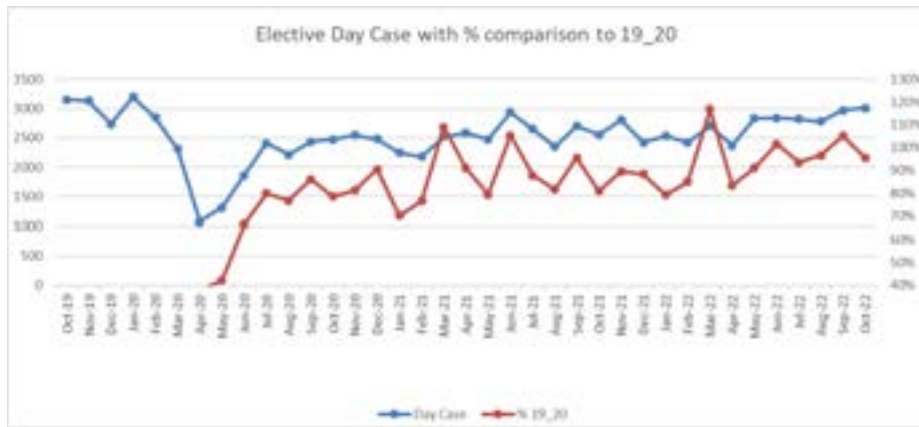
Hospital Care Planning Summaries serve as the primary documents communicating a patient’s care plan to the post-hospital care team.

The targets to complete a CPS within 24 hours of discharge for weekday and weekend discharges have not been met in October.

Care Plan Summaries completed within 24 hours of discharge - Weekend

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Discharges	874	294	260	305	254	291	278	341	260	510	242	n/a	306
CPS completed within 24 hours	170	149	168	112	134	122	139	179	151	195	117	n/a	145
% CPS completed <24 hours	41.5%	50.7%	64.2%	36.7%	52.8%	42.2%	50.0%	52.2%	58.1%	38.2%	48.3%	n/a	47.4%
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%

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 October 2022 together with a comparison (%) to 2019/20 levels of activity on a like for like basis.

Relative performance improved has fallen in October with activity being below 19/20 levels. However despite the fall in activity in % terms to 19/20 activity the actual volumes remain fairly constant.

The reopening of the Day Surgery Unit and return of elective beds has contributed to continued progress in reducing elective longest waiting patients whilst maintaining treatments for cancer and emergency patients.

The Trust is also now utilising capacity and the Nightingale Hospital Exeter and continuing to use insourcing at weekends across a number of specialties to increase activity levels and support the reduction in waiting times. As part of the wider recover plans teams are required to consistently achieve in excess of 100% of 2019/20 activity levels.

Emergency admissions - It is noted that whilst the volume of emergency admission remains below pre-covid levels there has been an increase in 7 October 2022 Performance Report Months 2022-23 - October 2022 data.pdf Page 45 of 66
 number of patients with no criteria to reside occupying a hospital bed. Overall Page 165 of 458

Elective Performance benchmarking across SW Region Providers

Based on Daily and weekly provider data returns SW Region provide feedback on performance across acute Trusts as summarised in the table below – Against the latest weekly data for week ending 6th November TSD. The key performance variations being against:

- % of elective RTT waiting list greater than 52 weeks;
- Cancer 62-day backlog as a % of open cancer pathways;
- Endoscopy diagnostic waits.

Week Ending : 06 November 2022

		Elective											
		RTT				Diag				Cancellations		Cancer	
		%>52 week	No over 78 weeks	No. of 104 weeks	Total Incomplete	All Diag %>6 week	Endoscopy %>6 weeks	Imaging %>6 weeks	Physiological Measurement %>6 weeks	Cancelled OPs P1-2	Cancelled OPs P3-4	%>62days	No. of 104 days*
BNSSG	N Bristol UHB and Weston	6.89%	365	24	51331	41.0%	69.6%	16.2%	70.9%	0	0	5.9%	55
	UHB Weston	9.57%	775	43	63944	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	27	54	9.0%	75
BSW	Great Western	6.28%	38	0	36440	54.2%	56.8%	55.7%	35.9%	4	10	9.1%	53
	RUH	5.01%	193	1	36939	41.2%	17.4%	40.7%	67.9%	4	9	7.4%	58
	Salisbury	1.98%	29	0	25804	39.8%	21.5%	41.9%	34.0%	0	0	7.2%	23
Cornwall	Royal Cornwall	6.70%	453	2	45165	48.6%	15.7%	54.2%	33.0%	10	41	3.2%	23
Devon	Royal Devon	10.20%	1512	243	82452	44.0%	41.7%	42.0%	51.8%	21	73	10.6%	160
	Torbay & S Devon	12.33%	809	51	43975	31.5%	64.9%	17.9%	24.0%	19	23	12.2%	71
	Plymouth	6.58%	991	268	51405	19.3%	15.2%	20.9%	4.9%	26	78	4.9%	65
Dorset	Dorset County UH Dorset	6.26%	134	7	19082	37.1%	19.1%	28.2%	60.5%	1	35	5.8%	25
	Poole	4.83%	512	64	72006	13.8%	19.1%	0.4%	30.0%	41	77	6.1%	59
	Bournemouth												
Glos	GHFT	1.83%	29	0	67732	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	2	7.5%	54
Somerset	Somerset	5.38%	255	10	36452	18.5%	30.5%	14.7%	17.0%	5	29	6.4%	36
	Yeovil	4.82%	72	1	13338	20.3%	26.0%	7.9%	59.5%	4	22	7.4%	38

Data Source:

Weekly RTT Via WLMDS	Weekly Activity Return	UEC Daily Sitrep	Weekly Cancer PTL
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- Weekly Performance is below that of the average of the previous 6 weeks
- Weekly Performance is below that of the average of the previous 6 weeks but within 10%
- Weekly Performance is above that of the average of the previous 6 weeks

Service Director Overview

The Children and Family Health Devon report performance exceptions and operational variances through the monthly Integrated Governance Group (IGG) (TSDFT) and the Alliance Partnership Board.

Integrated therapies and nursing

- Number of contacts to Learning Disability Duty team increasing, risk of register, partly due to pressures in social care (lack of capacity) liaison continues with social care leads.
- Significant Incident- Investigation underway. 72 hour report submitted on behalf of Occupational Therapy, Children's Community Nursing and Physiotherapy (OT/CCN/PT). This is a Never Event and investigation led by Patient Safety lead at Torbay and South Devon NHS Foundation Trust.
- Speech and Language Therapy (SALT) & Devon County Council (DCC) waiting list project underway and 245 families contact in first month. Staffing vacancies are 12.13WTE across county, placing pressure on existing staff.
- All county Infant & Early Year (IEY) referrals to be processed via Single Point of Access (SPA) from 28th November 2022 with daily county screening.
- 72hr report sent from OT services following incident reporting on incorrect cots sides found on child's bed.
- Backlog for Children in Care RHAs stands at 68, reduced from Augusts and plans for recovery/trajectory discussed with staff.

Estates

- Torbay Annexe building refurbishment talks.
- 1A Capital Court lease negotiations underway.
- Quarter 2 building compliance performance improvement.
- Lescaze hub plans.

Financial Performance – Month 07 (October) FY 2022 / 23

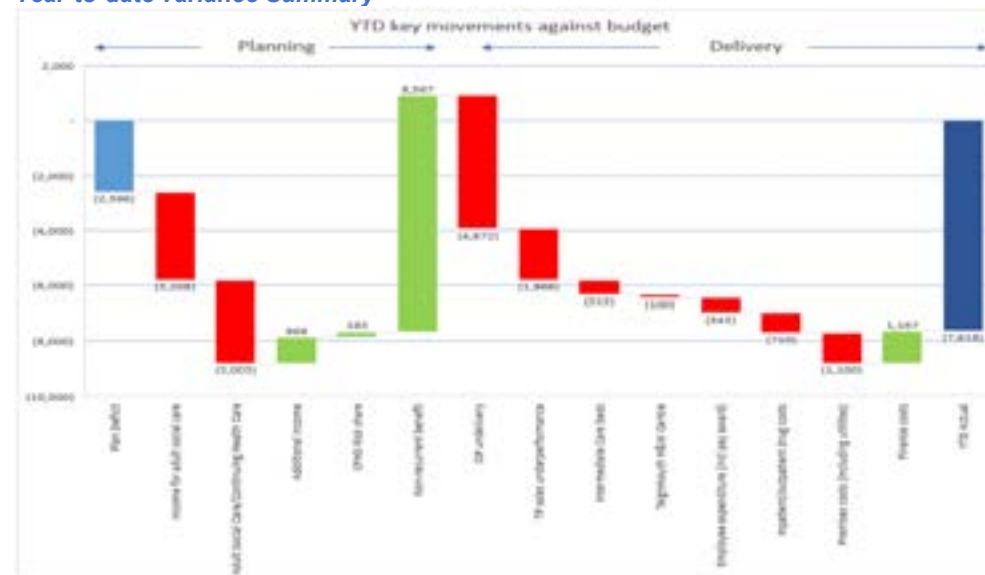
Financial Overview- Month 07, October 2022

High Level Summary- Year to Date Position

For Period ended - 31 October 2022, Month 07			
	Plan £m	Actual £m	Variance £m
Total Operating Income	342.97	352.51	9.54
Total Operating Expenditure and Financing Cost	(346.08)	(360.65)	(14.57)
Surplus/(Deficit)	(3.11)	(8.14)	(5.03)
Add back: NHSE/I Adjustments	0.51	0.52	0.01
Adjusted Surplus/(Deficit)	(2.60)	(7.62)	(5.02)
CIP	15.59	10.71	(4.87)
Capital (CDEL)	17.65	15.66	(1.99)
Cash & Cash Equivalents		11.78	

At Month 7 (October) the planned deficit year to date is £2.6m. The actual position shows an adverse variance to plan of £5.0m, giving rise to a total reported deficit of £7.6m. In addition, taking into account a sum of £6.9m non-recurrent mitigations in this position, the underlying year to date deficit is c£14.5m, largely due to the gap in CIP delivery. The Trust must rapidly mitigate the position on CIP (Cost Improvement Programmes), which is reviewed regularly at the Trust Management Group (TMG).

Year-to-date variance Summary



Year to Date significant adverse variances to plan relate to:

- Under delivery of CIP- £4.9m (predominantly pay)
- Adult Social Care (ASC) / Continuing Health Care (CHC) cost pressures - £3m YTD
- ASC Income pressure- £3.2m YTD
- Torbay Pharmaceuticals sales £1.9m YTD
- Premises and estates related cost £1.1m YTD e.g utilities and catering
- The gap on pay award year to date for the Trust is £0.52m

CIP Summary

Year to date CIP target at M07 £15.6m, of which £10.7m has been formally transacted via the financial ledger and delivered. **Undelivered CIP £4.9m is contributing to the deficit position, predominantly pay. The current trajectory indicates a CIP shortfall of £13.2m for the year, albeit an improvement of £2.1m since M06. The remaining gap in CIP position requires mitigation and the trust continues to identify schemes to close the gap.**

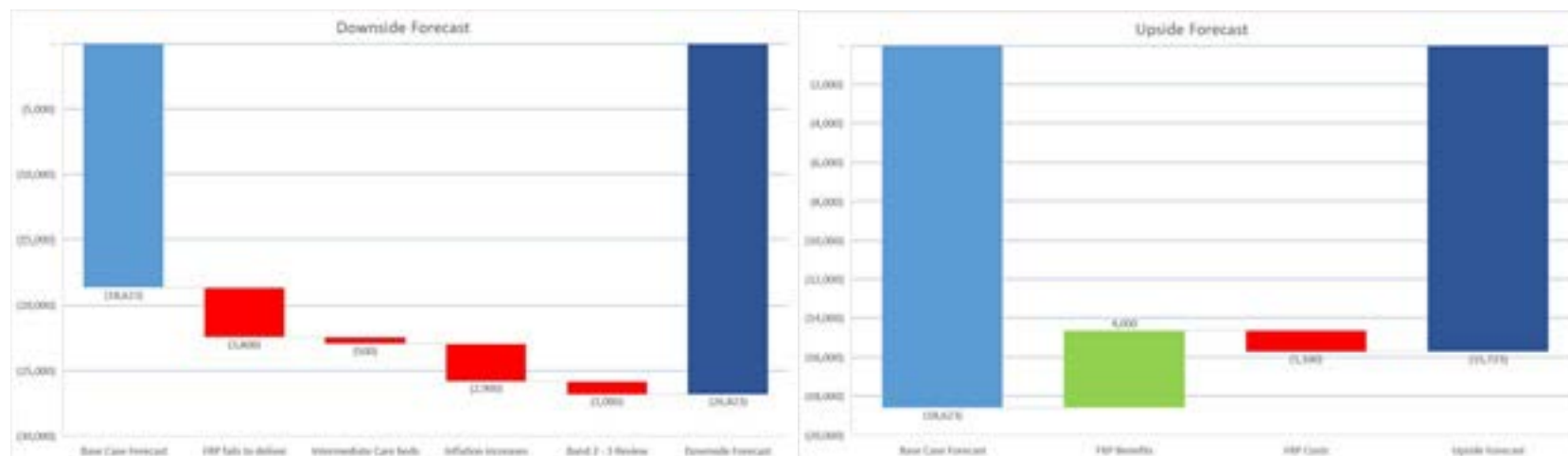
Non-recurrent Mitigation and Other

M07 year-to-date £6.9m has been released including non-recurrent mitigations and other revenue adjustments. This is not a sustainable position to maintain, and urgent action is underway to identify recurrent solutions.



Forecast Overview

Following the national forecasting protocol, the Trust's official reported forecast outturn is in line with a breakeven plan, however the net underlying risk forecast current stands at £18.6m (Base). Jointly with the ICB the Trust is planning formally report a deficit position in M08/09. Please see below for the detailed drivers of risks and mitigations in the forecast deficit- below table listing base (current), worst and best forecast scenarios. Graphs provide a representation of how the base forecast delivers a downside forecast (Worst) or upside forecast (Best)



	M7 Forecast Base £m	M7 Forecast Worst £m	M7 Forecast Best £m
Plan	0.07	0.07	0.07
CIP Undelivery	-10.45	-14.25	-7.55
Pay Award Gap	-0.84	-0.84	-0.84
Energy Costs	-0.66	-3.56	-0.66
Adult Social Care/ Continuing Healthcare	-7.50	-7.50	-7.50
Intermediate Care beds	-0.31	-0.81	-0.31
Torbay Pharmaceuticals Sales	-0.75	-0.75	-0.75
Demand & Capacity Funding	1.50	1.50	1.50
Slippage	1.44	1.44	1.44
Clinical Excellence Awards	-0.81	-0.81	-0.81
CFHD Risk Share	-0.32	-0.32	-0.32
Band 2>3 Review	0.00	-1.00	0.00
Forecast Deficit	-18.62	-26.82	-15.72

In Month I&E Position – Month 07, October 2022

£m	M07 - In Month		
	Budget	Actual	Variance
Patient Income - Block	31.41	32.56	1.14
Patient Income - Variable	4.33	5.28	0.95
ERF/ERF+/TIF/Capacity Funding	0.60	0.60	0.00
ASC Income - Council	4.67	5.15	0.48
Other ASC Income - Contribution	1.08	1.36	0.28
Torbay Pharmaceutical Sales	1.82	1.79	(0.03)
Other Income	4.97	5.90	0.92
Covid19 - Top up & Variable income	0.27	0.28	0.00
Total (A)	49.16	52.91	3.75
Pay - Substantive	(23.34)	(25.75)	(2.41)
Pay - Agency	(0.61)	(0.96)	(0.35)
Non-Pay - Other	(12.78)	(13.46)	(0.68)
Non-Pay - ASC/CHC	(9.62)	(11.32)	(1.70)
Financing & Other Costs	(2.69)	(2.31)	0.38
Total (B)	(49.04)	(53.80)	4.75
Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)	0.12	(0.89)	(1.01)
NHSE/I Adjustments - Donated Items / Impairment / Gain on Asset disposal	0.07	0.07	(0.00)
Adjusted Financial performance - Surplus / (Deficit)	0.19	(0.82)	(1.01)

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

Income

- Overall patient income variance is £3.75m above plan which includes partial funding for the back dated pay award £0.72m, education and other income £1.03m, high cost drugs £0.90m, ASC income release £0.59m, demand and capacity funding £0.50m, FNC (Funded Nursing Care) payments (backdated) £0.32m and STF (Sustainability & Transformation Fund) £0.11m. Main adverse variance is council income which is not in the position (£0.46m) and Covid Labs testing (£0.32m)

Pay

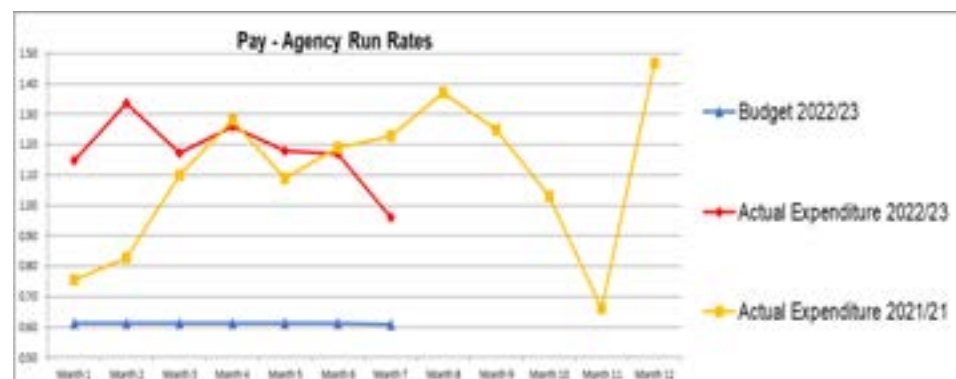
- The net movement in M07 is £1.95m lower due to backdated pay award payment in M06.
- CIP target in M07 for pay is £1.76m of which £1.53m has been identified and delivered, 66% being non-recurrent vacancy slippage
- Agency costs are (£0.35m) higher than the budget, with a reduction of £0.20m from M06. The overspend in Agency mainly relates Nursing (£0.15m) and medical (£0.14m) staff groups.

Non-pay

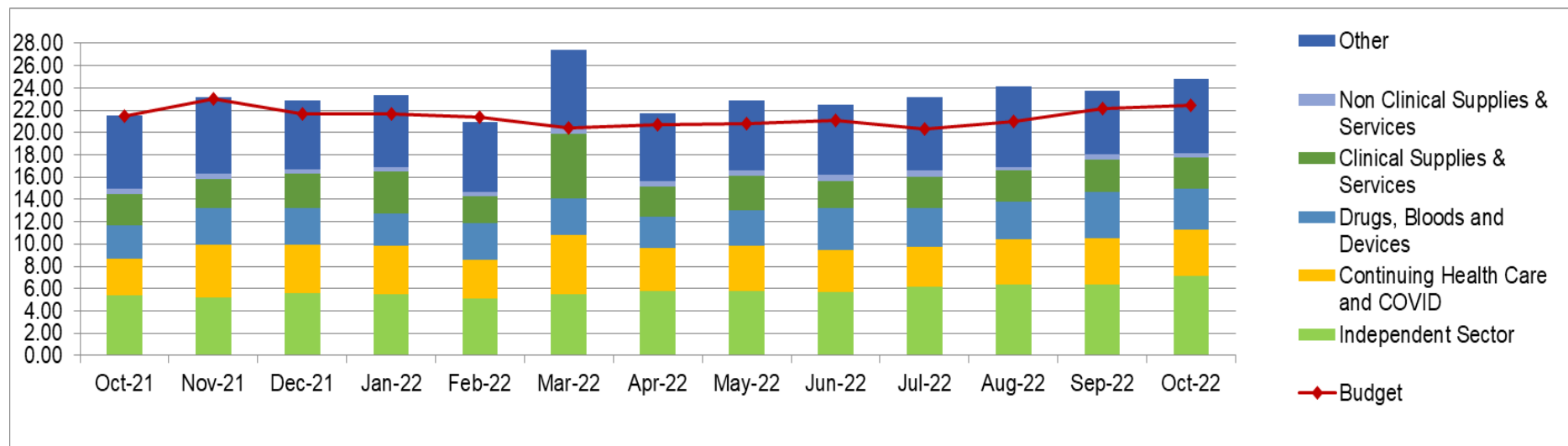
- Non-pay overall is overspent by (£2.38m), this includes drugs (including pass through drugs and devices) (£0.57m), write off of bad debt (£0.30m) and clinical supplies and services (£0.20m). Offsetting underspends in miscellaneous purchases £0.39m
- The non-pay CIP target for M07 is £0.70m of which £0.47m had been delivered.
- ASC overspend of (£1.38m) due to an under achievement in savings target combined with higher level of activity pressures (price and complexity), catch up costs and assessment delays. Placed People overspend of (£0.30m) due to an under achievement in savings target, higher complex care costs and continuing price pressures within adult Independently Placed Patients (IPP).

Income and Expenditure by System				
System Description	Expenditure & Income Category	M07 In Month Budget	M07 In Month Actual	M07 In Month Variance
Children and Family Health Devon (CFHD)	Operating expenditure - Pay	(1.03)	(0.92)	0.11
	Operating expenditure - Non Pay	(1.53)	(1.63)	(0.10)
	Income from patient activities	2.52	2.61	0.09
	Other Operating Income	0.04	0.12	0.07
Children and Family Health Devon (CFHD) Total		(0.00)	0.17	0.17
Pharmacy Manufacturing Unit	Operating expenditure - Pay	(0.84)	(0.76)	0.08
	Operating expenditure - Non Pay	(1.01)	(0.91)	0.10
	Misc non-operating items	(0.01)	(0.01)	0.00
	Finance expenditure	(0.01)	(0.01)	0.00
	Income from patient activities	0.04	0.12	0.08
	Other Operating Income	1.83	1.79	(0.03)
Pharmacy Manufacturing Unit Total		(0.00)	0.22	0.23
Shared Corporate Services	Operating expenditure - Pay	(2.52)	(5.71)	(3.18)
	Operating expenditure - Non Pay	(6.31)	(4.38)	1.93
	Misc non-operating items	(0.57)	(0.57)	0.00
	Finance expenditure	(0.08)	(0.07)	0.01
	Income from patient activities	37.51	38.73	1.22
	Other Operating Income	1.82	2.33	0.51
	Finance income	0.00	0.06	0.06
	Shared Corporate Services Total		29.85	30.40
Planned Care, Long Term Conditions and Diagnostics	Operating expenditure - Pay	(10.54)	(10.36)	0.17
	Operating expenditure - Non Pay	(4.74)	(6.12)	(1.38)
	Finance expenditure	(0.01)	(0.01)	0.00
	Income from patient activities	2.26	2.52	0.26
Planned Care, Long Term Conditions and Diagnostics Total		(12.43)	(13.62)	(1.18)
Urgent & Emergency Care and Operations	Operating expenditure - Pay	(3.74)	(3.79)	(0.04)
	Operating expenditure - Non Pay	(0.26)	(0.66)	(0.40)
	Finance expenditure	(0.14)	(0.14)	0.00
	Income from patient activities	0.72	1.09	0.37
	Other Operating Income	0.02	0.14	0.12
Urgent & Emergency Care and Operations Total		(3.40)	(3.36)	0.04
Families, Community and Homes	Operating expenditure - Pay	(5.28)	(5.17)	0.11
	Operating expenditure - Non Pay	(10.41)	(12.63)	(2.22)
	Income from patient activities	1.72	2.77	1.04
	Other Operating Income	0.06	0.32	0.26
Families, Community and Homes		(13.90)	(14.71)	(0.81)
Grand Total		0.12	(0.89)	(1.01)

Pay Expenditure Run Rate – Month 07, October 2022



Non-Pay Expenditure – Month 07, October 2022



Risks and Mitigations

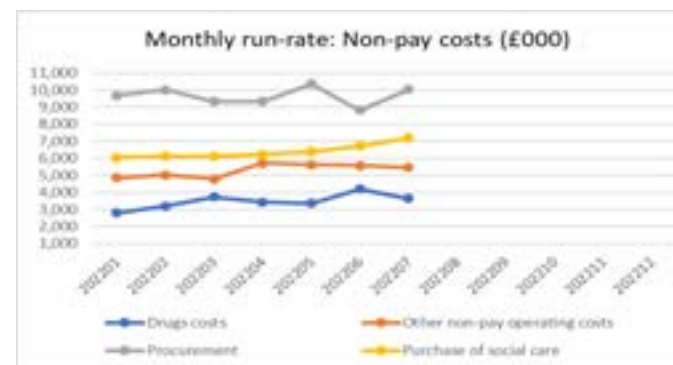
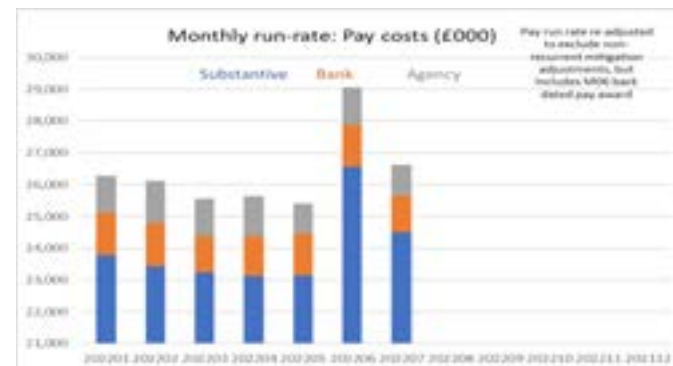
Year to date £10.7m CIP has been identified and transacted against a year to date target of £15.6m. The balance of undelivered CIP is contributing to the reported deficit position, this continues to be an unsustainable position.

ESRF income has been assumed at £2.98m year to date. In M01 to M06 the national rules have enabled ESRF to be paid without reference to the 104% threshold, this arrangement is said to continue from M07 to M12.

Forward Look

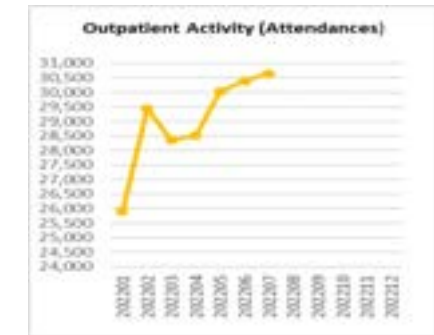
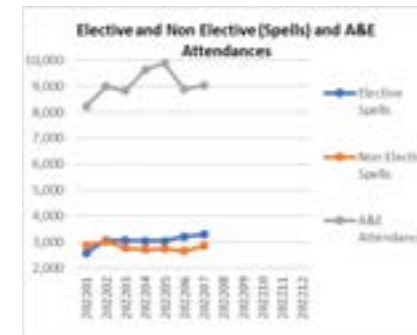
The Trust's final plan re-submitted on 20th June to NHSE/I illustrates a breakeven position for the year as required by regulators.

- Included is the delivery of an efficiency requirement at £28.5m, through transformation and Covid cost reduction initiatives. At this point a delivery gap of £13.2m has been forecasted, which requires further deliverable schemes to be identified.
- Following the national forecasting protocol, the Trust's officially reported forecast position at M07 is a balanced outturn position against plan, however the underlying net in-year risk with mitigations current stands at £18.6m, this position will be formally reported in M08/09.
- 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.
- Through CIP Delivery Group and CIP Governance Working Group, the Trust continue to drive delivery of CIP considering the division financial recovery plans for in year delivery and future years. M07 has seen an in-year improvement in CIP delivery c£2m since M06.
- Urgent actions are required to rapidly identify further mitigating actions with real commitment through all level of the organisation given the risk and deficit position recorded and cash flow. These works will continue through the above groups.
- Jointly working with the ICS, the Trust has started the 2023/24 operational planning process in November and a planning group had been set up which involves finance, workforce, performance and operational colleagues. Current stage and work involves establishing a credible recurrent baseline for 2023/24. It is expected the national guidance will be issued in late December for a final system submission in early February 2023.



Change in Activity Performance – Month 06 to Month 07

Point of Delivery		Apr 22 Actual	May 22 Actual	Jun 22 Actual	Jul 22 Actual	Aug 22 Actual	Sep 22 Actual	Oct 22 Actual	% YTD vs Plan	Oct-19	Oct 19 v Oct 22 % change
Activity Drivers	Day Case	2,338	2,797	2,789	2,781	2,785	2,917	3,011	101%	3,152	-5%
	Elective	246	277	252	266	257	296	282	107%	337	-20%
	Outpatient New	7,431	8,205	7,991	8,405	8,429	8,472	8,501	99%	9,585	-13%
	Total Elective	10,015	11,279	11,032	11,452	11,471	11,685	11,794	100%	13,074	-11%
	F-Up	18,468	21,240	20,363	20,802	21,585	21,917	22,141	101%	24,652	-11%
	Non-Elective	2,875	3,006	2,776	2,716	2,751	2,658	2,862	86%	3,448	-20%
	A&E Attendances	8,238	8,991	8,819	9,642	9,885	8,884	9,043	103%	9,575	-6%
	Grand Total	39,596	44,516	42,990	44,612	45,692	45,144	45,840	100%	50,749	-11%
Bed Utilisation	Occupied beds DGH	10,465	11,188	10,709	10,691	10,756	10,578				
	Available beds DGH	11,164	12,000	11,359	11,588	11,652	11,109				
	Occupancy	94%	93%	94%	92%	92%	95%				



Activity Drivers

- Overall ESRF activity being outpatient new, follow up procedures, day case and inpatient electives for October is 87% of 19/20 activity. Internal ESRF calculations have been based on local datasets which defers to the national submission. We are aware of and working through the discrepancies with our national colleagues, as this issue is replicated across all local Providers.
- The ESRF threshold is to achieve 104% of 19/20 value weighted activity. The Trust received funding of £5.8m to achieve the 104%. In H1 (months 1-6) the national rules have enabled ESRF to be paid without reference to the 104% threshold, and this arrangement looks similar for H2.
- A&E Attendances– are slightly above plan but less than the 9,575 for October 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 busy, the waits have been long and associated ambulance handover delays. This is linked to patient flow capacity meaning patients are having to be held in A&E longer than desired once a decision to admit has been made. Good progress is being made to improve the flow of patients and reduce long stays in the Emergency Department.
- Elective Spells – YTD 107% vs plan but 20% below 19/20 levels. Day case surgery unit has continued to deliver planned levels of activity contributing to some reductions in long wait patients and treatments for our cancer pathways. However further increases in capacity will be needed to achieve the necessary reductions in waiting times.
- Non-Elective Spells – this is 20% below 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, maintaining pressure on available beds and high bed occupancy rates. 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 for October are performing slightly below (13%) pre covid levels. Further activity increases are needed together with a programme of validating long waits to address the backlog of patients that have accumulated during the pandemic months.

Bed utilisation

- In October, the overall bed occupancy for Acute beds has remained at 95%. Occupancy against General medical beds for non-elective admissions is much higher and over 98%. This level of bed occupancy is 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, however, has continued to be successful along with changes implemented to focus on earlier in the day discharges. we are now seeing an increase in both the number of patient discharged before noon and 17.00 each day, there is also an increase in weekend discharges. These shifts in discharge patterns to release beds earlier in the day and at weekends, directly help to match the pattern of demand for beds from new admissions, so improving patient flow and delays at the front door. Further work is needed to achieve the desired standards of 33% of discharges each day before noon and weekend discharges to achieve 80% of an average week day.
- The number of patients occupying a hospital bed with covid-19 has fallen in October, along with the levels of staff sickness relating to covid.
- Work continues to focus on the number of patients identified as medically fit and having "no criteria to reside" in an acute hospital bed, with capacity in Adult Social Care and in particular to support patients requiring a domiciliary package of care remaining a challenge. In October there was a daily average of 57 bed occupied by patients flagged as 'No Criteria to Reside' being 11% of all ICO beds.

Key Drivers of System Positions – Month 07, October 2023

System	ISU	Financial Commentary / Key Drivers
Children & Family Health Devon	CFHD	Budget has been set on model option 2 for 2022/23. At M07, the Alliance generated a surplus and after applying a risk share calculation, TSD is benefiting from £1,360k 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, 25% of the revenue spend has been included in the month 07 forecast position only.
Torbay Pharmaceuticals	PMU	TP sales in M07 are £64k higher than plan primarily due to an increase in compound sales. Overall performance in month shows a profit above budget (£24k)
Corporate	EFM	Overspent at M07 by (£2.53m). Pay is overspent by (£789k) 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 (£134k). Non-pay is overspent by (£547k) due to increased energy costs, waste management, laundry contract, repairs and maintenance. Income is overachieved by £219k 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 (£1,276k).
	Exec. Directors	Underspent at M07 by £443k. Pay is overspent by (£405k) offsetting areas are issues in recruitment and retention within HIS of £153k, Nursing and quality £196k, Financial services £158k offset by Medical Director (£446k) LCEA award accrual. Non-pay is overspent by (£4k) mainly due to (£264k) international nurses recruitment costs in the People Directorate; offset by underspends in Devon IR Alliance £143k and apprenticeship levy usage £102k both offset in income. Income has overachieved by £1.3m mainly due to Health Education England (HEE) income regarding medical training and education £630k, Internal nurses recruitment £298k, VAT reclaim £85k and Director of Nursing secondment £136k; offset by reductions in Devon IR Alliance (£153k) and apprenticeship levy usage (£97k) both offset in non-pay. Unachieved CIP target of (£433k).
	Financing Costs	Excluding items outside the NHSE control total, costs are £1.7m 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 position £6.9m Recovery and Elective Recovery costs have been allocated to a central budget to allow better analysis of expenditure. In M07 there is an underspend of £242k, budget has now been allocated correctly to the recovery areas and further budget re-distributed to support services.
Families, Community and Home	Torquay	Against a budget of (£25.25m) there is a minor YTD overspend of £0.05m (0.2%) which is entirely driven by an overspend of (£0.35m) on intermediate care (IC) 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. Mitigating these IC pressures is £0.4m of one-off accrual releases.

	Moor to Sea	Against a budget of (£13.95m) there is a YTD overspend of £0.35m (2.6%). This overspend is driven by HOP ward (Cheetham Hill & Simpson) overspends of circa £0.35m, Intermediate Care placements costs within the South Devon area of £0.2m, partially offset by underspends of £0.2m within community teams (linked to vacant positions).
	Independent Sector	Against a budget of (£57.9m) there is a YTD overspend of £2.2m (3.8%) and this is underpinned by three main areas. The target CIP target is not being fully achieved (£1.25m under achievement), volume / prices pressures within the ASC area on Dom Care, Nursing Long Stay and direct payments (£2.0m) and finally there is £1.0m of cost pressures within CHC South Devon locality. These issues are being partially mitigated by releasing accruals across both ASC and Placed People (£1.6m) and application of £0.45m of sustainability funding from Torbay Council.
Urgent & Emergency Care and Operations	Newton Abbot	Against a budget of (£22.5m) there is a material 11.7% YTD overspend of £2.6m. The first main driver behind this is CIP under achievement of £0.75m. In addition to this there is an £1.2m 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 (£1.55m) there is now a minor 3% YTD overspend of £0.05m with the main driver behind this being Transport costs (primarily Patient Transport). Forecasts assume this ISU will at the very least be back to a break-even position by the end of the financial year.
Planned Care, Long Term Conditions & Diagnostics	Paignton and Brixham	Against expenditure budgets (excluding clinical income) there is a YTD at M7 overspend of (£4.2m). Main overspends are on pay (£0.3m) being locum usage, additional medical sessions, and nurse agency costs offset with vacancy slippage. Other adverse variances are against CIP delivery of (£0.3m) although £1.8m savings have been transacted, high cost drugs pass through (£2.2m), other non-pay (£1.3m) mainly outsourcing, medical equipment, consumables, and contract maintenance. Overall run rates have been relatively consistent, but with an increase in pay due to pay award from M6 due to back dated payment allocated.
	Coastal	Against expenditure budgets (excluding clinical income) there is a YTD overspend at M07 by (£2.1m). Pay is underspent £0.2m which consists of savings due to vacant posts £1.7m and offset with Medical locum costs to cover vacant posts (£1.4m) nursing staff in SRU (£0.1m). Non-pay is overspent (£0.8m) mainly due to medical and surgical supplies, drugs (£0.4m), and undelivered CIP variance (£1.1m) although £0.9m savings have been transacted to date. Run rates have remained relatively constant with a small increase in surgical supplies, and pay costs due to recent back dated pay award. ERF recovery schemes are recorded centrally and not within this ISU.
Contract Income	Patient Income	The Trust has received the following income in M07: 1) Income assumed for Elective Recovery Funding in M07 and year to date is £2.98m. 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 07, October 2022



CIP

Phased delivery of the efficiency plan for the first seven months is £15.6m. Per the Trust's April planning submission, the split of the £15.6m target as at M07 is:

- Pay related - £10.9m
- Non-pay related - £4.0m
- Income related - £0.7m

The Trust's actual financial performance for M07 indicates a shortfall of £4.9m (c.31%) against the efficiency target, predominantly linked to the position on pay, with delivery to date viewed as:

- Pay related - £7.9m
- Non-pay related - £2.3m
- Income related - £0.5m

Based on the M07 position, the end of year forecast for CIP delivery is estimated at c. £15.3m (c. 46%) against the full £28.5m target. 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, but of key concern is the delivery of key actions/pace of delivery and the identification of alternative schemes to address gaps to target. Budget holders have submitted recovery plans and have identified £2.7m of additional opportunities and work is under way to validate these opportunities.

Cash Position – Month 07, October 2022

	Plan £m	M07 YTD Actual £m	Variance £m
Opening cash balance	39.34	39.34	0.00
Capital Expenditure (accruals basis)	(17.79)	(16.77)	1.02
Capital loan/PDC drawdown	7.71	0.75	(6.96)
Capital loan repayment	(2.41)	(2.41)	0.00
Proceeds on disposal of assets	0.00	0.00	0.00
Movement in capital creditor	(11.00)	(9.34)	1.66
Other capital-related elements	(2.65)	(2.61)	0.04
Sub-total - capital-related elements	(26.14)	(30.38)	(4.23)
Cash Generated From Operations	15.50	8.39	(7.11)
Revenue PDC drawdown	0.00	6.33	6.33
Working Capital movements - debtors	(1.40)	(8.87)	(7.48)
Working Capital movements - creditors	(7.97)	2.26	10.22
Net Interest	(1.80)	(1.43)	0.37
PDC Dividend paid	(3.46)	(2.44)	1.02
Other Cashflow Movements	0.00	(1.42)	(1.42)
Sub-total - other elements	0.88	2.81	1.94
Closing cash balance	14.08	11.78	(2.30)

Better Payment Practice Code	Paid year to date	Paid within target	% Paid within target
Non-NHS - number of bills	84,407	69,209	82.0%
Non-NHS - value of bills (£k)	187,011	155,081	82.9%
NHS - number of bills	1,087	670	61.6%
NHS - value of bills (£k)	19,272	15,295	79.4%
Total - number of bills	85,494	69,879	81.7%
Total - value of bills (£k)	206,283	170,376	82.6%

Key points of note:

- Access to PDC support remains absolutely critical to the Trust's 2022/23 cashflow. Following month end during November 2022, the Trust drew down £5.9m of emergency capital PDC. The Trust will continue 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.
- Cash generated from operations is £7.1m adverse, principally due to the adverse I&E position, but this is partly offset by drawdown of Revenue PDC support totalling £6.33m
- Debtor movements is £7.5m adverse. This is largely due to increased debtors in respect of Dartmouth H&WBC and Torbay Council.
- Creditor movements is £10.2m favourable, principally due to increased NI/pension creditors and HEE deferred income.

Statement of Financial Position (SoFP) – Month 07, October 2022

	Month 07		
	Plan £m	Actual £m	Variance £m
Non-Current Assets			
Intangible Assets	11.46	11.95	0.49
Property, Plant & Equipment	219.49	219.54	0.05
On-Balance Sheet PFI	17.41	17.31	(0.10)
Right of Use assets	18.58	18.63	0.05
Other	1.44	1.54	0.10
Total	268.37	268.97	0.59
Current Assets			
Cash & Cash Equivalents	14.08	11.78	(2.30)
Other Current Assets	42.64	50.52	7.88
Total	56.72	62.30	5.58
Total Assets	325.09	331.27	6.18
Current Liabilities			
Loan - DHSC ITFF	(2.92)	(2.92)	(0.00)
PFI / LIFT Leases	(6.64)	(6.27)	0.37
Trade and Other Payables	(53.04)	(58.79)	(5.75)
Other Current Liabilities	(4.91)	(10.96)	(6.05)
Total	(67.50)	(78.93)	(11.43)
Net Current assets/(liabilities)	(10.79)	(16.63)	(5.84)
Non-Current Liabilities			
Loan - DHSC ITFF	(23.75)	(23.75)	0.00
PFI / LIFT Leases	(14.55)	(14.58)	(0.04)
Other Non-Current Liabilities	(20.98)	(21.36)	(0.38)
Total	(59.28)	(59.69)	(0.41)
Total Assets Employed	198.31	192.65	(5.66)
Reserves			
Public Dividend Capital	158.04	157.41	(0.63)
Revaluation	51.54	51.54	0.00
Income and Expenditure	(11.27)	(16.30)	(5.03)
Total	198.31	192.65	(5.66)

Key points of note:

- Non-current assets are £0.6m higher than planned. This is principally due to depreciation £1.9m lower than planned, partly offset by capital expenditure £1.4m lower than planned.
- Cash is £2.3m lower than planned, as explained in the commentary to the cashflow statement.
- Other current assets are £7.9m higher than planned. This is principally due to prepayments being £2.3m higher than planned, increased debtors in respect of Dartmouth H&WBC £2.3m, NHS accrued income of £1.7m and Torbay Council accrued income £1.5m, partly offset by reduced Covid reimbursement debtor.
- Trade and other payables are £5.8m higher than planned. This is principally due to increased accruals / the BPPC performance not increasing in line with expectations.
- Other Current Liabilities are £6.1m higher than planned, largely due to HEE funding received in advance and deferred income from Torbay Council.
- PDC reserves are £0.6m lower than planned, due to revenue support drawn down earlier than planned, largely offset by capital support not yet drawn down.
- I&E reserves are £5.0m 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:

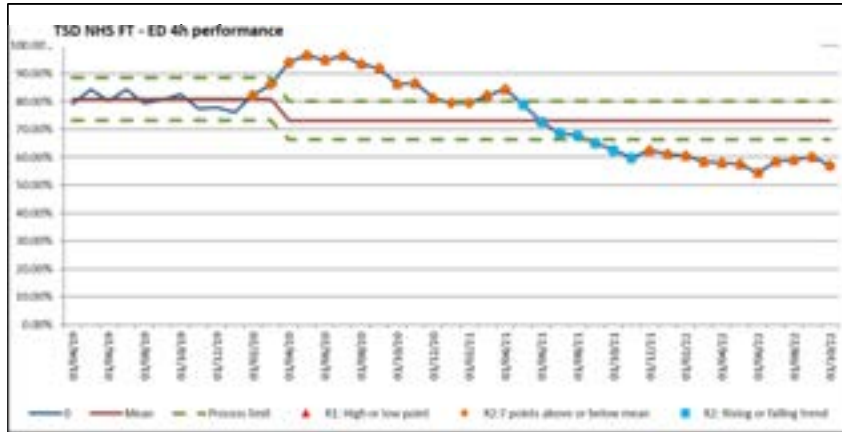
- 'predict' statistically whether a process is 'capable' of meeting a target;
- identify if a process is sustainable - i.e. are your improvements sustaining over time;
- identify when an implemented improvement has changed a process - i.e. it has not just occurred by chance;
- generally understand processes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

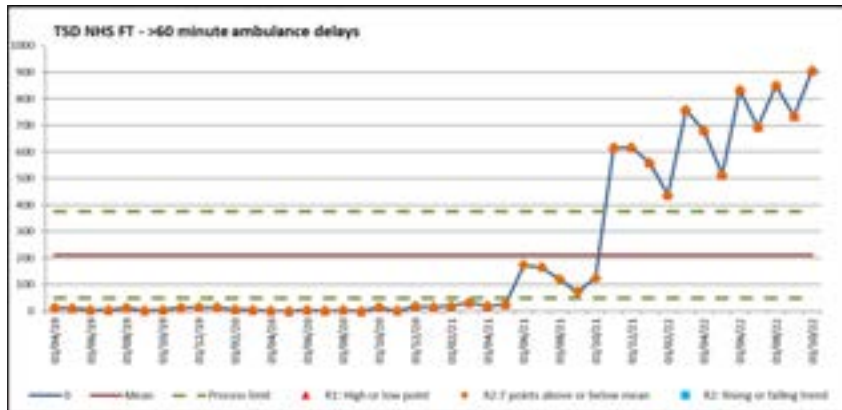
ED 4 hour performance



12- hour visit time

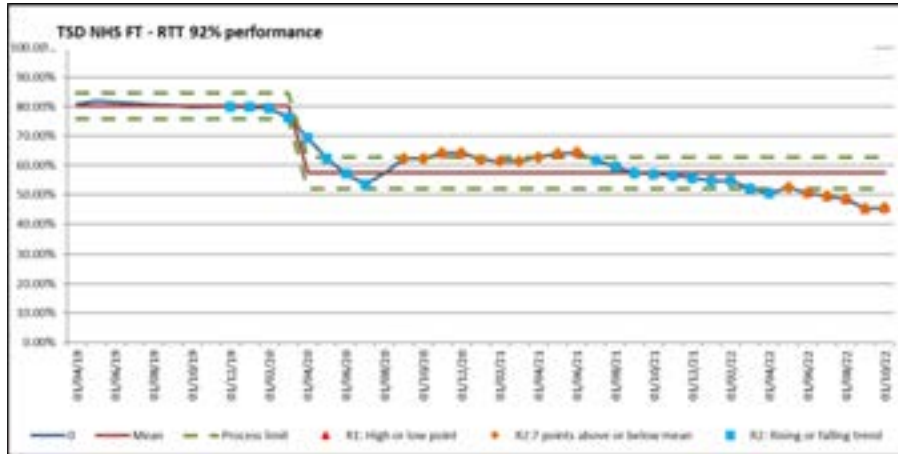


Greater than 60-minute ambulance handover delays

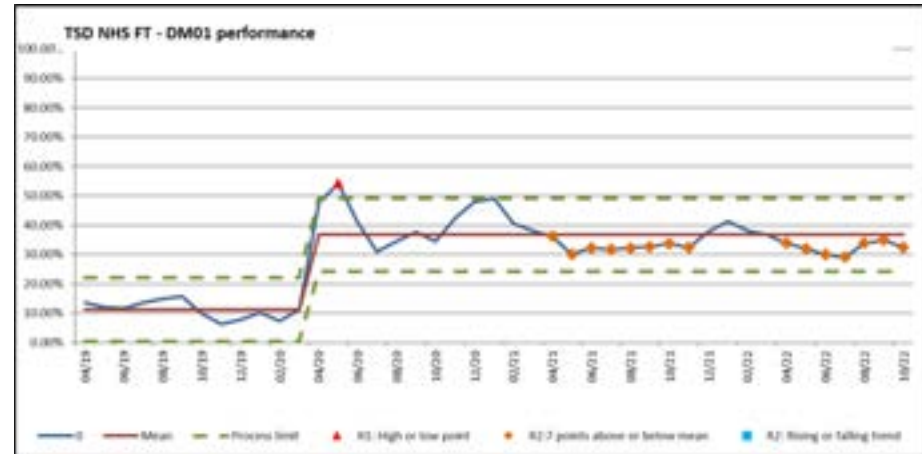


Key Indicators - Statistical Process Control (SPC) charts

Referral To Treatment



Diagnostics performance



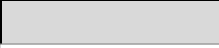




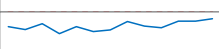


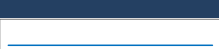




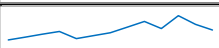
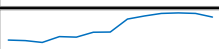

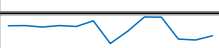





Cancer 2-week-wait performance



Cancer 62-day performance



	ISU	Target	13 month trend	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Year to date
QUALITY LOCAL FRAMEWORK																	
Reported Incidents - Severe	Trustwide	<6		1	3	0	4	4	4	2	3	2	1	3	5	0	16
Reported Incidents - Death	Trustwide	<1		1	5	0	2	0	3	2	1	0	2	2	1	1	9
Medication errors resulting in moderate harm	Trustwide	<1		0	0	0	0	1	2	1	0	0	0	0	0	0	1
Medication errors - Total reported incidents	Trustwide	N/A		46	41	56	41	51	51	58	60	50	40	58	63	34	363
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		1	1	0	0	0	1	0	0	0	0	0	0	0	0
Never Events	Trustwide	<1		0	0	0	0	0	0	0	0	0	0	0	0	1	1
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		1	12	12	6	13	9	8	10	8	5	3	2	4	40
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams)	Trustwide	<1		0	0	0	2	1	0	0	2	0	1	0	0	0	3
Formal complaints - Number received	Trustwide	<60		11	10	9	16	11	12	12	12	7	13	16	10	13	83
VTE - Risk Assessment on Admission (acute)	Trustwide	>95%		91.8%	96.2%	95.1%	94.8%	95.2%	94.4%	91.3%	89.7%	90.0%	91.8%	93.6%	92.7%	94.7%	92.0%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		109.6	108.1	107.5	107.3	109.1	112.3	113.5	117.4	117	115.1				115.1
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		81.9%	89.3%	87.81%	86.8%	88.3%	90.0%	89.0%	96.1%	95.8%	93.7%	94.4%	96.4%	99.1%	99.1%
Safer Staffing - ICO - Nighttime	Trustwide	90% - 110%		74.6%	83.7%	60.32%	77.8%	78.8%	79.3%	79.7%	86.5%	88.1%	85.8%	86.2%	85.6%	88.8%	88.8%
Infection Control - Bed Closures - (Acute)	Trustwide	<100		476	218	285	71	49	203	30	12	130	84	36	132	42	466
Hand Hygiene	Trustwide	>95%		98.5%	96.2%		99.1%	1	98.7%	94.5%	92.3%	94.5%	96.0%	97.7%	96.6%	94.9%	95.0%
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	Trustwide	>90%		82.1%	60.0%	68.6%	77.4%	78.4%	76.9%	67.9%	65.8%	66.7%	56.4%	56.0%	50.0%	54.3%	
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		35.9%	52.8%	50.0%	18.2%	59.0%	28.1%	35.3%	67.6%	34.1%	66.7%	59.3%	54.8%	55.0%	54.1%
Mixed Sex Accommodation breaches	Trustwide	0				0	0	0	0	0	0	0	0	0	0	0	0
Follow ups 6 weeks past to be seen date	Trustwide	6400		18231	18069	19797	20026	20496	21388	22516	22215	22158	21504	21797	21693	20644	20644
WORKFORCE MANAGEMENT FRAMEWORK																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<4.00%		4.5%	4.6%	4.7%	4.8%	5.0%	5.3%	5.6%	5.6%	5.6%	5.8%	5.7%	5.7%		5.7%
Appraisal Completeness	Trustwide	>90%		77.9%	79.2%	78.6%	76.1%	75.2%	71.9%	71.3%	73.9%	75.2%	77.0%	78.0%	75.8%	76.6%	76.6%
Mandatory Training Compliance	Trustwide	>85%		89.0%	88.8%	88.4%	88.6%	89.2%	89.5%	89.6%	89.8%	90.1%	89.7%	89.2%	88.7%	88.6%	88.6%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		11.6%	11.5%	12.0%	12.6%	12.9%	13.4%	13.2%	13.6%	13.7%	13.8%	13.8%	13.9%	13.7%	13.7%

	ISU	Target	13 month trend	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Year to date
COMMUNITY & SOCIAL CARE FRAMEWORK																	
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	6.95%				5.4%			6.5%			6.5%			6.8%		
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET		604	590	628	644	623	645	671	664	705	700	714	737	751	671
Intermediate Care - No. urgent referrals	Trustwide	113		222	237	219	195	213	212	210	236	240	224	225	209	282	214
Community Hospital - Admissions (non-stroke)	Trustwide	NONE SET		243	191	200	202			266	241	215	234	222	196	193	265
Community Hospital Length of Stay (days)	Community Hospital			14.1	14.6	15.1	15.9	-	-	18.3	16.5	16.7	15.1	15.5	15.7	16.8	
Urgent Community Reponse (2-hour) - Referrals	Trustwide	NONE SET		31	39	35	19	31	28	28	24	26	26	15	20	27	166
Urgent Community Reponse (2-hour) - Target achievement	Trustwide	70%		0.6774	61.5%	74.3%	52.6%	67.7%	57.1%	60.7%	79.2%	69.2%	65.4%	80.0%	80.0%	85.2%	73.5%
Urgent Community Reponse (2-48 hour)- Referrals	Trustwide	NONE SET				105	98	131	139	98	128	130	106	198	138	166	1064
Urgent Community Reponse (2-48 hour) - Target achievement	Trustwide	NONE SET				97.1%	102.0%	80.2%	83.5%	92.9%	89.1%	88.5%	81.1%	87.9%	91.3%	89.8%	83.1%
ADULT SOCIAL CARE TORBAY KPIS																	
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%	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%	100.0%
% Adults with learning disabilities in employment	Trustwide	7%		6.8%	7.0%	6.8%	6.7%	6.6%	7.1%	7.3%	7.3%	7.3%	7.5%	7.5%	7.6%	7.9%	7.3%
% Adults with learning disabilities in settled accommodation	Trustwide	80%		80.6%	81.5%	81.6%	81.6%	81.8%	81.1%	81.3%	81.2%	80.3%	79.7%	79.7%	79.6%	79.1%	
Permanent admissions (18-64) to care homes per 100k population	Trustwide	14		17.7	20.4	23.1	25.8	19.0	21.7	24.5	29.9	35.3	28.5	40.8	32.6	27.2	24.5
Permanent admissions (65+) to care homes per 100k population	Trustwide	450		422.7	411.9	376.9	487.3	476.5	570.8	576.2	823.8	880.4	928.8	939.6	931.5	861.5	576.2
Proportion of clients receiving direct payments	Trustwide	25%		19.4%	19.4%	19.6%	19.4%	19.6%	19.8%	19.5%	19.4%	19.6%	19.7%	20.0%	20.4%	20.3%	19.5%
% reablement episodes not followed by long term SC support	Trustwide	83%		87.9%	87.9%	87.7%	88.0%	87.8%	88.9%	84.5%	86.8%	89.6%	89.5%	85.4%	85.2%	86.0%	84.5%
NHS I - OPERATIONAL PERFORMANCE																	
A&E - patients seen within 4 hours	Trustwide	>95%		62.5%	59.8%	62.5%	61.1%	60.6%	58.4%	58.0%	57.6%	54.5%	58.5%	59.1%	60.2%	57.0%	57.9%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		57.0%	56.5%	55.6%	54.7%	54.7%	52.0%	50.4%	52.3%	50.6%	49.5%	48.5%	42.5%	45.5%	45.5%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		70.5%	57.0%	61.9%	49.1%	52.1%	59.5%	57.8%	61.5%	56.4%	60.4%	57.0%	60.8%	64.2%	64.2%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		33.8%	32.4%	37.9%	41.3%	38.4%	36.8%	33.9%	32.0%	30.1%	29.1%	33.9%	34.9%	32.4%	32.4%
Dementia - Find - monthly report	Trustwide	>90%		94.4%	95.0%	87.3%	94.8%	89.7%	93.6%	91.6%	94.6%	84.1%	92.5%	90.6%	94.1%	87.2%	90.7%

	ISU	Target	13 month trend	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Year to date
LOCAL PERFORMANCE FRAMEWORK 1																	
Number of Clostridium Difficile cases reported	Trustwide	<3		1	2	6	6	3	7	2	4	4	6	9	7	3	35
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		50.5%	45.2%	44.3%	45.6%	48.1%	61.1%	59.6%	60.9%	35.6%	31.9%	38.4%	45.3%	63.8%	63.8%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		95.1%	79.8%	82.5%	38.6%	71.4%	81.0%	76.8%	77.8%	41.7%	17.3%	58.5%	79.1%	87.7%	87.7%
Cancer - 28 day faster diagnosis standard	Trustwide			58.8%	52.5%	52.8%	55.2%	73.1%	75.0%	76.9%	67.6%	64.8%	67.7%	72.1%	70.4%	75.5%	75.5%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%		98.2%	96.7%	96.8%	94.8%	96.5%	97.4%	92.6%	90.7%	96.0%	96.7%	98.0%	92.8%	96.4%	96.4%
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%		100.0%	100.0%	100.0%	100.0%	98.5%	97.3%	98.6%	98.3%	100.0%	97.4%	100.0%	98.7%	100.0%	100.0%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%		98.4%	100.0%	100.0%	97.1%	98.3%	93.8%	94.7%	92.6%	95.5%	98.0%	98.4%	92.2%	94.4%	94.4%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		100.0%	97.1%	100.0%	96.4%	91.7%	82.9%	100.0%	95.5%	87.5%	88.9%	95.5%	96.8%	89.7%	89.7%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		87.5%	82.4%	77.8%	72.7%	85.7%	80.0%	70.4%	66.7%	92.9%	69.2%	70.0%	90.9%	100.0%	100.0%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			29	14	26	27	39	39	33	65	61	67	59	35	70	70
RTT 52 week wait incomplete pathway	Trustwide	0		2093	2169	2384	2584	2759	3199	3374	3765	4137	4578	5083	5060	5412	5412
RTT 78 week wait incomplete pathway	Trustwide	0		572	477	532	587	649	763	779	813	713	686	787	813	829	829
RTT 104 week wait incomplete pathway	Trustwide	0		116	126	147	182	213	245	192	173	96	70	51	50	47	47
On the day cancellations for elective operations	Trustwide	<0.8%		1.2%	2.6%	1.3%	1.4%	0.9%	0.9%	1.6%	1.1%	1.3%	1.7%	3.1%	1.4%	1.7%	1.7%
Cancelled patients not treated within 28 days of cancellation	Trustwide	0		3	30	12	6	8	11	12	5	9	9	13	8	7	63
Virtual outpatient appointments (non-face-to-face) 1 month in arrears	Trustwide	25%		20.5%	21.1%	19.3%	20.7%	21.3%	18.8%	19.6%	20.9%	20.9%	20.2%	16.9%	16.8%	15.4%	
Bed Occupancy	Acute	90.0%		93.8%	93.1%	93.2%	93.1%	93.3%	93.9%	95.1%	93.7%	93.2%	94.3%	92.3%	92.3%	95.2%	97.6%
No Criteria to Reside - daily average - weekday (ICO)	Trustwide	No target		61.7	66.1	87.8	101.1	80.2	70.0	70.3	46.0	45.1	57.2	41.5	55.4	57.1	
% discharges pre-noon	Acute	33%								15.9%	14.6%	17.2%	15.6%	16.2%	18.0%	16.4%	
% discharges pre-5pm	Acute									60.4%	59.3%	61.8%	60.5%	61.9%	60.4%	59.3%	
Number of patients >7 days LoS (daily average)	Trustwide			148.4	145.7	157.0	183.0	165.0	172.0	171.6	166.0	173.0	167.0	167.0	184.9	177.0	172.4
Number of extended stay patients >21 days (daily average)	Trustwide			43.6	39.9	48.0	64.0	60.6	50.0	45.6	38.5	43.0	40.9	48.0	49.2	49.8	45.0
LOCAL PERFORMANCE FRAMEWORK 2																	
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		285	959	952	889	727	1026	967	894	1081	995	1135	982	1181	7235
Ambulance handover delays > 60 minutes	Trustwide	0		125	617	616	559	438	757	680	514	832	694	850	735	907	5212
A&E - patients with >12 hour visit time pathway	Trustwide			753	788	712	806	364	701	656	548	702	708	768	727	796	4905
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0		130	139	162	131	123	202	155	68	178	162	139	241	211	1154
Number of Clostridium Difficile cases - (Acute)	Trustwide	<3		1	1	3	5	1	5	2	3	4	4	8	6	3	30
Number of Clostridium Difficile cases - (Community)	Trustwide	0		0	1	3	1	2	2	0	1	0	2	1	1	0	5
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		74.5%	72.0%	63.0%	69.2%	75.2%	72.1%	71.1%	71.0%	63.8%	69.7%	70.7%		69.1%	69.0%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		45.5%	50.7%	39.2%	36.7%	52.8%	48.6%	50.0%	52.2%	50.8%	48.0%	48.3%		47.4%	49.5%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%		67.7%	67.8%	69.1%	74.6%	67.7%	66.0%	69.5%	65.4%	69.5%	69.1%	80.2%			

	ISU	Target	13 month trend	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Year to date
NHS 1 - FINANCE AND USE OF RESOURCES																	
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide			-327	-401	-609	-845	-955	-2025	-187	718	-914	-1231	-4412	-5783	-7140	
Agency - Variance to NHSI cap	Trustwide			-2.10%	-2.00%	-2.00%	-1.80%	-1.60%	-1.40%	-2.00%	-2.40%	-2.40%	-2.10%	-2.10%	-2.00%	-1.90%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide						-659	-222	248	-1812	-1873	-2717	-2751	-3858	-4403	-4872	
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide			12336	16029	19492	20987	15148	15919	-57	1977	814	1203	1065	975	1988	
Distance from NHSI Control total (£'000's)	Trustwide			8	-13	37	153	88	-59	-5	1286	0	0	-2978	-4014	-5022	
ACTIVITY VARIANCE vs 2019/20 BASELINE																	
Outpatients - New	Trustwide			-19.0%	1.9%	-4.2%	-18.5%	-7.1%	22.4%	-16.3%	-13.8%	-7.5%	-18.1%	2.4%	0.2%	-11.7%	-9.7%
Outpatients - Follow ups	Trustwide			-19.0%	-2.7%	-6.9%	-22.2%	-15.2%	19.3%	-13.4%	-5.5%	-7.0%	-15.3%	4.0%	-0.8%	-10.1%	-7.1%
Daycase	Trustwide			-20.6%	-11.7%	-12.6%	-22.3%	-15.8%	17.0%	-17.7%	-10.4%	-0.4%	-7.9%	-3.5%	3.2%	-4.6%	-6.0%
Inpatients	Trustwide			-25.8%	-37.0%	-33.8%	-47.5%	-38.8%	-23.4%	-9.2%	-8.8%	-7.0%	-16.1%	-15.5%	9.6%	-16.3%	-9.5%
Non elective	Trustwide			-7.9%	-9.6%	-14.9%	-12.2%	-10.3%	12.3%	0.1%	-11.5%	-1.4%	-8.1%	-2.7%	-6.5%	9.2%	-1.6%
INTEGRATED CARE MODEL																	
Intermediate Care Referrals (All)	Trustwide			511	537	504	540	554	550	514	541	503	512	0	0	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			12.19	12.20	14.10	13.60	15.60	15.60	15.70	14.30	14.50	15.70	0.00	0.00	0.00	

Report to the Trust Board of Directors				
Report title: November 2022 Mortality Score Card		Meeting date: 30 November 2022		
Report appendix	Appendices 1 to 4			
Report sponsor	Medical Director			
Report author	Medical Director			
Report provenance	Mortality Surveillance Group			
Purpose of the report and key issues for consideration/decision	The report is for bi-monthly assurance to ensure learning from deaths .			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board is asked to receive and note this report			
Summary of key elements				
Strategic goals supported by this report	Excellent population health and wellbeing	X	Excellent experience receiving and providing care	X
	Excellent value and sustainability			
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register		Risk score	
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	
	NHS England	X	Legislation	
	National policy/guidance	X		

Report title: November 2022 Mortality Score Card		Meeting date: 30 November 2022
Report sponsor	Medical Director	
Report author	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 ≤90	12-month average 115.0
<ul style="list-style-type: none"> A. Hospital Standardised Mortality Rate (HSMR) 				
<ul style="list-style-type: none"> B. Summary Hospital Mortality Index (SHMI) 		DH SHMI data		1.0815 (Jun 21 – May 22)
Appendix 2		Trust Data	Yearly Average ≤3%	3.36%
<ul style="list-style-type: none"> Unadjusted Mortality Rate By number By location 		ONS Data		
Appendix 3	Trust Data Dr Foster DH HSMR data	New CUSUM alerts	2	
Appendix 4	Trust Data			
<ul style="list-style-type: none"> Mortality Analysis 				
<ul style="list-style-type: none"> Mortality Reviews and Learning 				

2.0 Trust Wide Summary

The Hospital Standardised Mortality Rate (HSMR) is above the expected level of 100 for our population. The rolling 12-month position exceeded the expected range for the 12-months to July 2022 with a relative risk of 115.0 against a 100 benchmark. The rolling 12-month trend shows that the HSMR became statistically higher than expected in July 2021 and continued to increase. The last 3 data points have remained stable. The Trust's HSMR is one of 11 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 has a lower Charlson comorbidity of 20+ and overall the Trust reports a higher percentage of spells in the 'Symptoms and Signs' chapter (10.0% 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 higher than expected HSMR is subject to a mortality improvement plan to consider all aspects which impact on HSMR including coding, patient mix and process of care.

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)

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 ≤ 90

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

Chart 1 - HSMR by Month August 2021 to July 2022 (latest month available)

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

The latest month’s data, July 2022, indicates a relative risk of 115.0 for the 56 diagnostic groups included. The range for the August 2021 to July 2022 is 108.2 to 122.4 which is statistically higher than the expected range when compared to hospital trusts nationally.

When COVID-19 activity is excluded from the HSMR the relative risk reduces to 113.4 with a range of 106.3 to 120.7 however this remains statistically higher than expected.



Chart 2 -HSMR rolling 12-month position

The rolling 12 month trend detailed below shows that the HSMR became statistically higher than expected in the Aug 20 to Jul 2021 period and has continued to increase since this point. The last three data periods remain stable.



Chart 3-HSMR Peer Comparison

The chart 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 the Trusts in the Region with a statistically higher HSMR than expected.

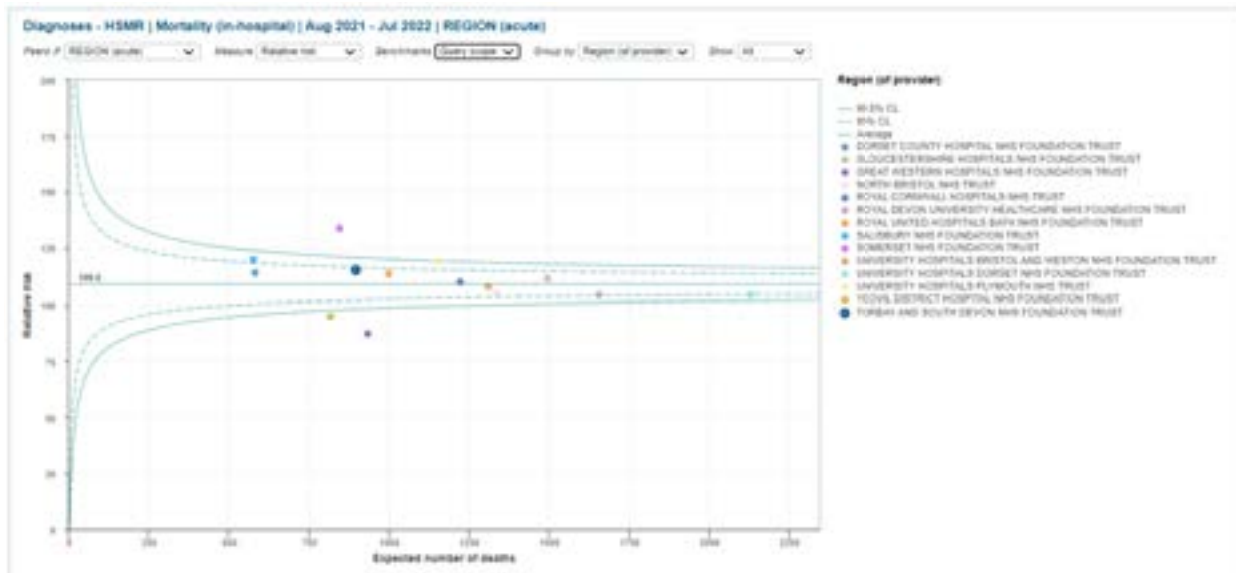


Chart 4- HSMR Peer comparison

The Trust's HSMR is consistently higher than, but tracks, the similar peer's relative risk with a slight downward trend over the last three periods.

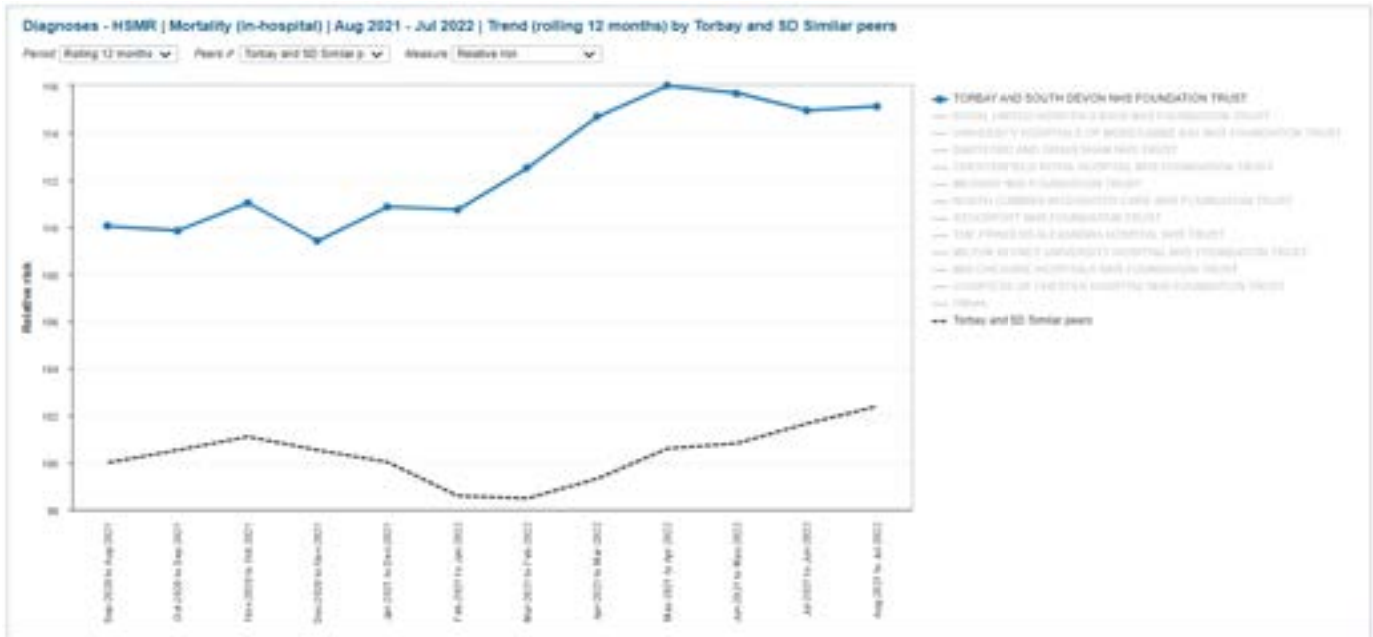


Chart 5- HSMR Expected rate (%) vs National

The expected rates followed a similar pathway to National (but at a lower rate) to the Oct 20 to Sept 21 data period, followed by an incremental increase. The last three periods have seen a level picture for the National rate but a reduction over the last three periods for the Trust.

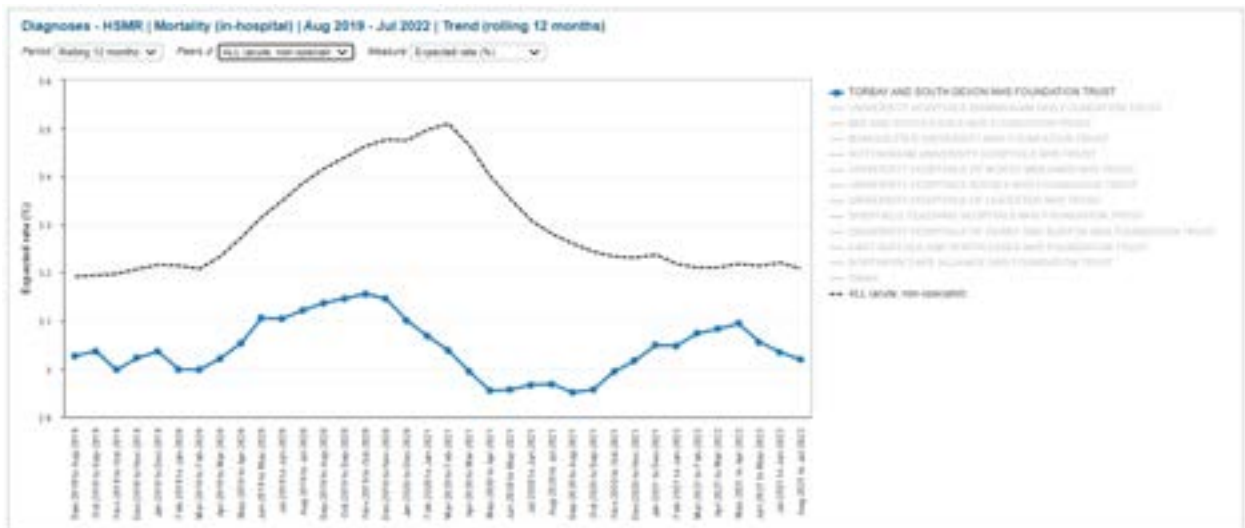


Chart 6- HSMR Expected rate (%) vs Peers

As with the National rates, the Trusts expected rates followed a similar pathway, but at a lower rate, to similar peers aside from the last three data periods which have declined.

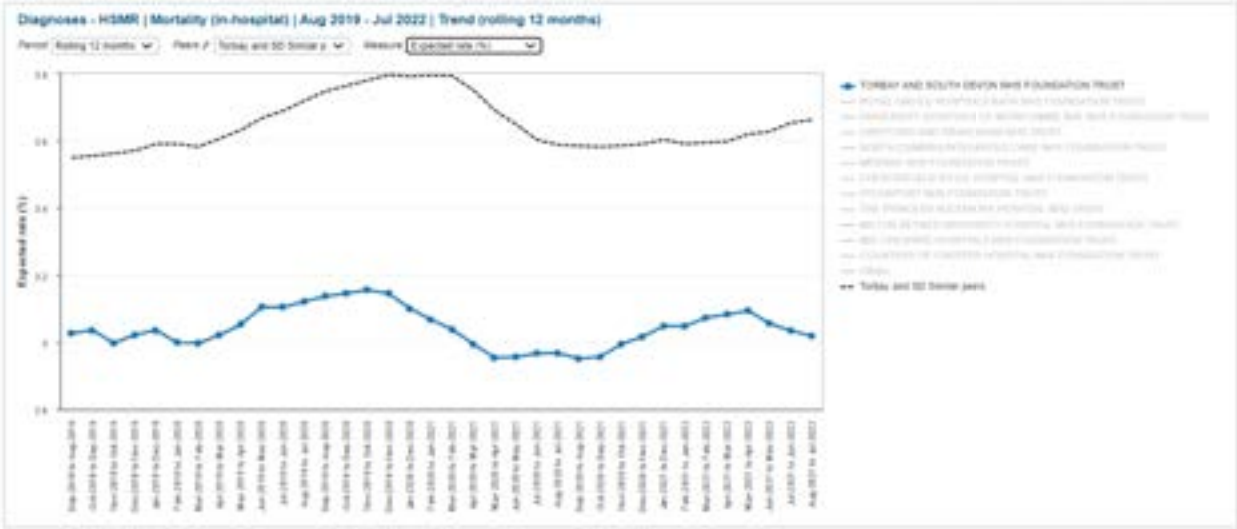


Table 2 – Coding Case Mix Summary

The following table reports a higher percentage (10.0%) of spells in the Symptoms and Signs chapter when compared to both National and Peer rates. In addition, the percentage of spells with the Charlson comorbidity score of 20+ is lower

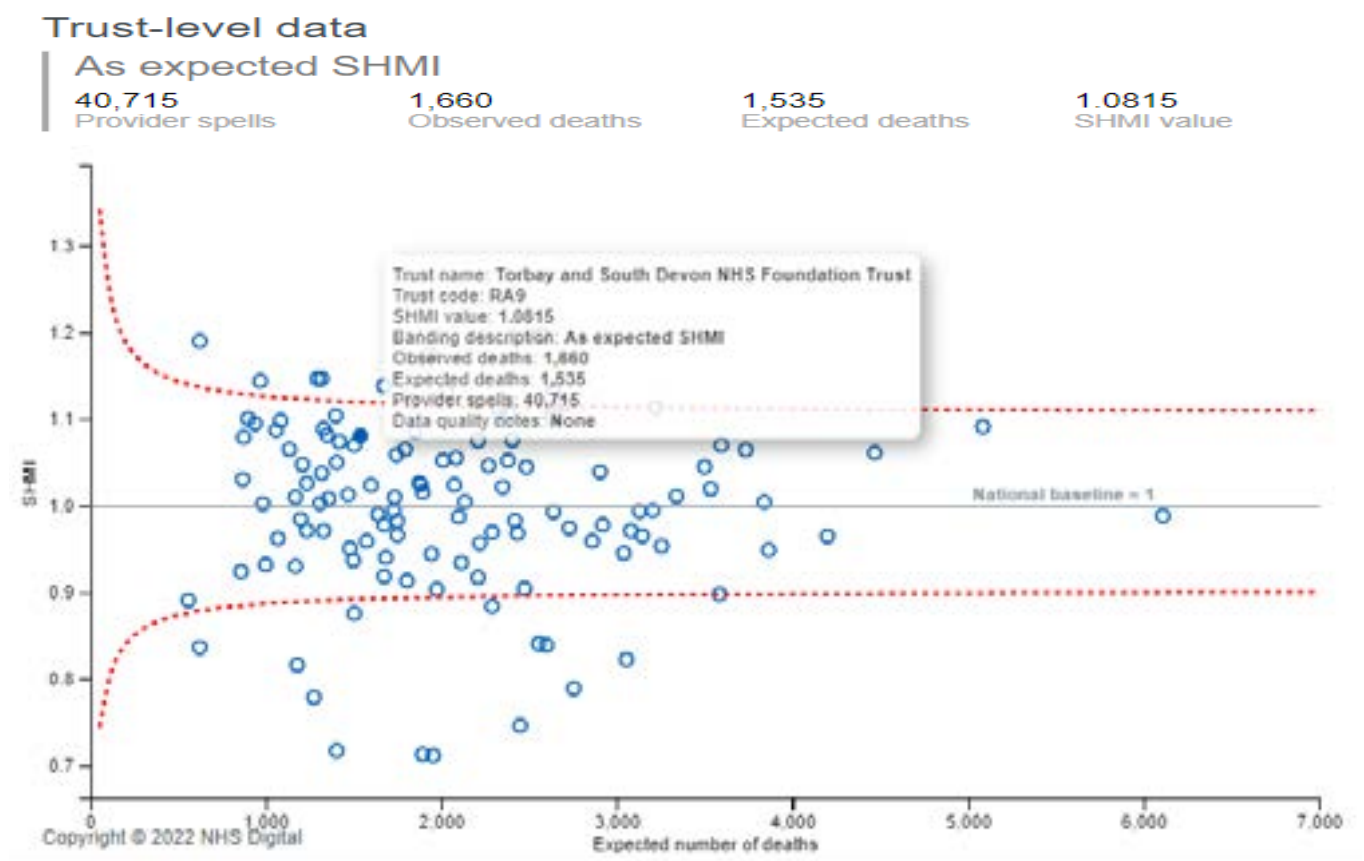
Coding/Casemix	Site	Trust	Peer	National
% Non-elective deaths with palliative care (HSMR)		41.9%	41.3%	39.9%
% Non-elective spells with palliative care (HSMR)		4.9%	4.8%	5.0%
% Spells in Symptoms & Signs chapter		10.0%	8.6%	7.3%
% Non-elective spells with Charlson comorbidity score = 0 (HSMR)		40.8%	43.0%	41.6%
% Non-elective spells with Charlson comorbidity score = 20+ (HSMR)		13.7%	15.1%	15.9%
% Non-elective spells in Risk Band (0-10%) (HSMR)		84.5%	84.8%	84.4%

1B Summary Hospital Mortality Index (SHMI) Reporting Period June 2021 – May 2022

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 June 2021 – May 2022 data period and is different to HSMR.*

Chart 7- Trust SHMI compared to National Baseline

The Trust is rated 'as expected' compared to trusts nationally. All diagnosis groups are within the as expected ranges.



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 8, below, highlights the Trust’s in hospital unadjusted mortality. The 12 month average is 3.36%. This has to be viewed along with the more in-depth analysis provided by HSMR and SHMI.

This chart below includes the Covid waves as annotated. This highlights a significant rise in deaths in March and April 2020 which is partly explained by a reduction in activity due to Covid changes. Unadjusted mortality remains within normal limits for the Trust.

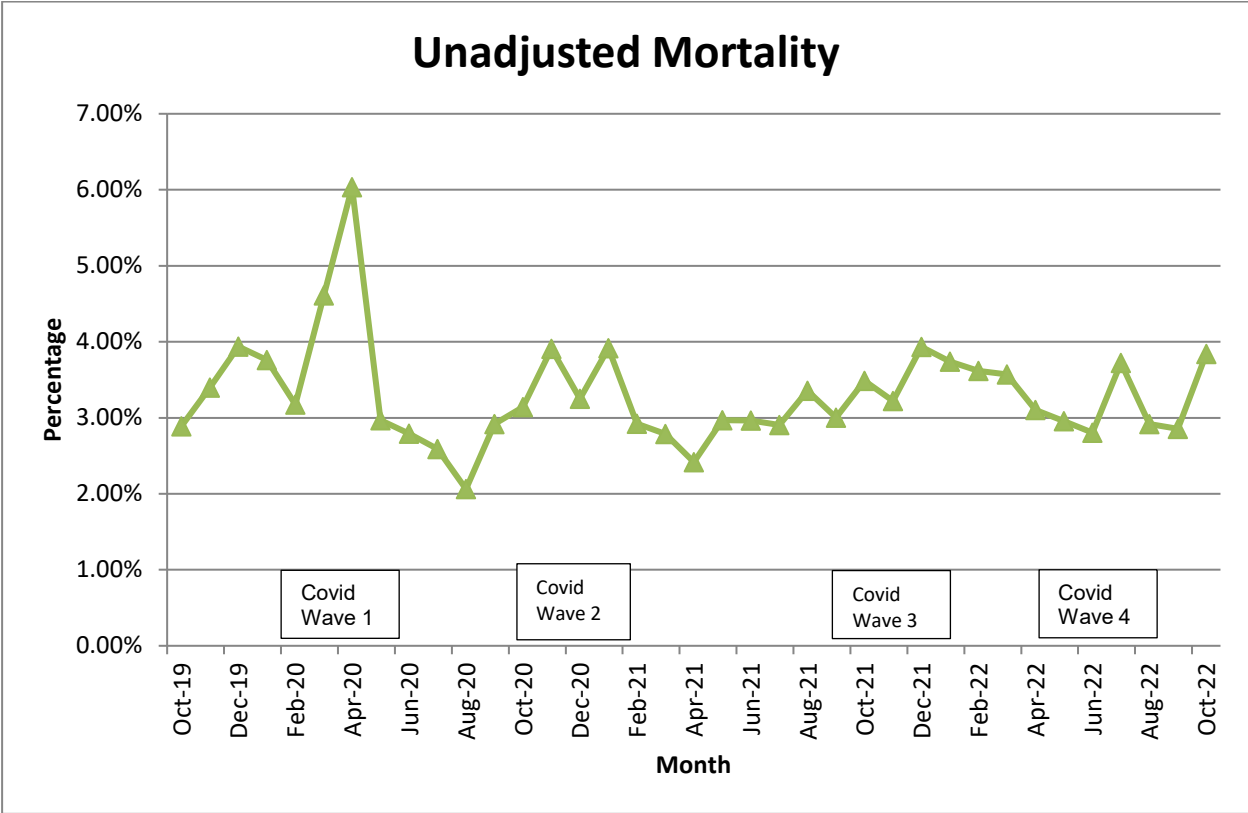
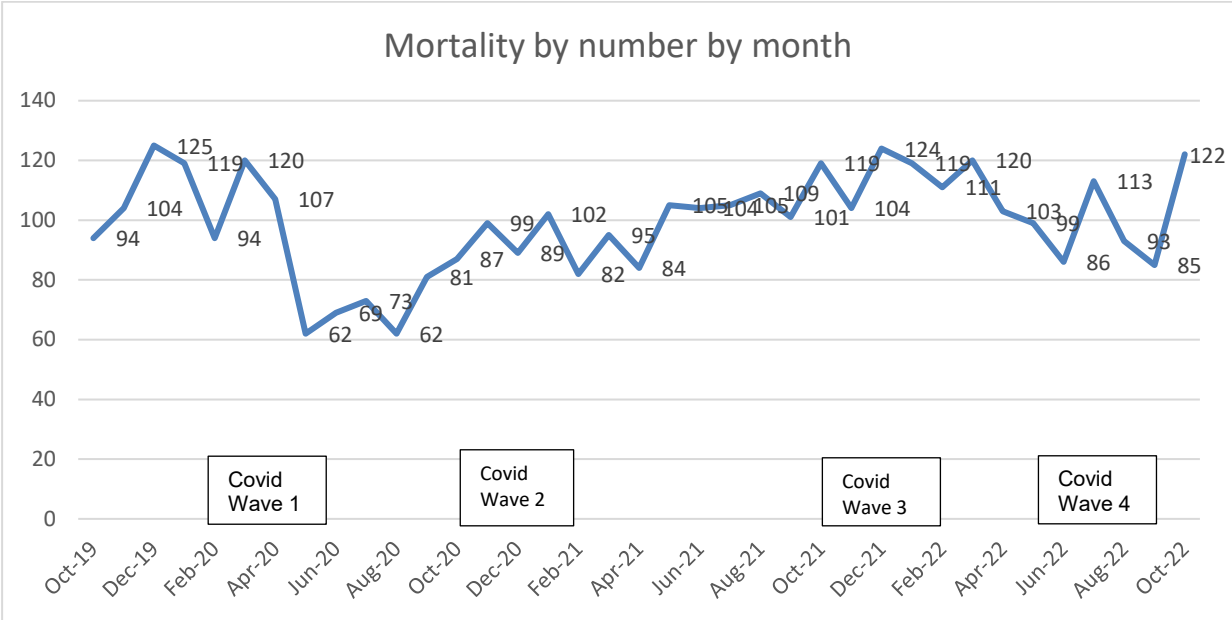


Chart 9 As below, indicates the monthly number of hospital deaths. This shows a rise in March and April 2020 partly due to Covid, before decreasing to comparatively low numbers during Summer 2020. As hospital activity increased following the initial pandemic lockdown, the number of hospital deaths has 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.



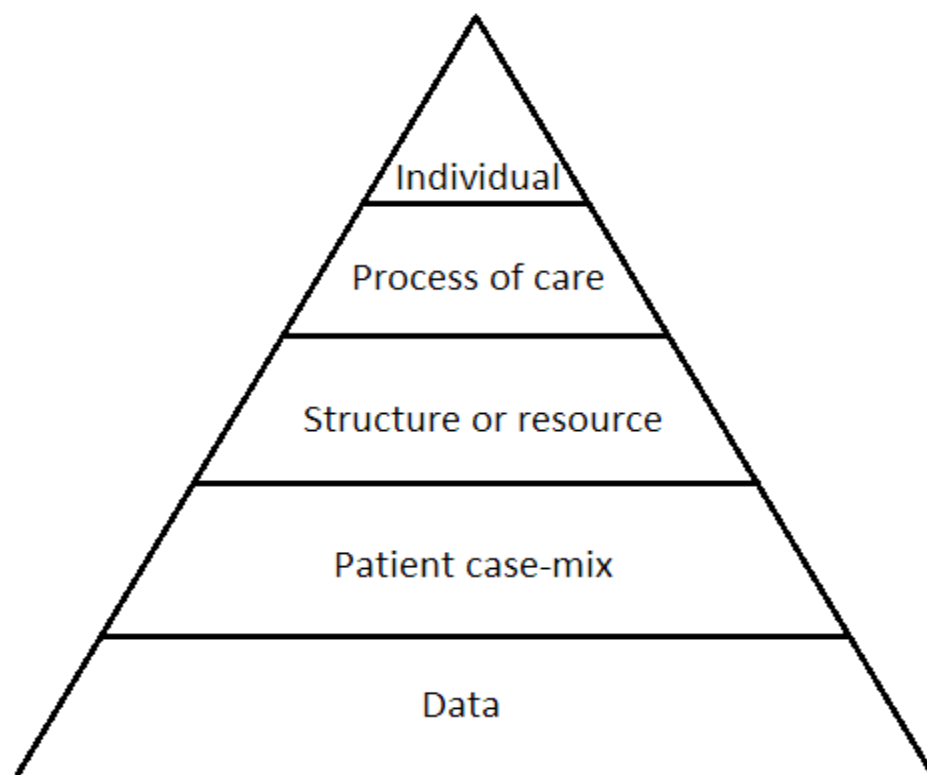
Appendix 3 – Mortality Analysis

Table 3 –highlights mortality by ward location by month and are within the expected norms for each ward area

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Torquay ISU													
DELIVERY SUITE													
LCHDU													
LOUISA CARY													
MOTHER AND BABY													
Paignton and Brixham ISU													
BRIXHAM		1	1	2					2	1			2
CARDIAC CATHETER SUITE					1	1							
DUNLOP	4	7	6	12	3	3	5	7	4	5	7	4	6
MIDGLEY	17	15	12	8	14	15	11	7	13	12	11	17	18
TORBAY CHEST PAIN UNIT	1												
TORBAY CORONARY CARE BEDS	3	2	3	3			2	4	2			1	2
TURNER	5	5	7	10	9	9	4	7	10	6	5	6	4
WARRINGTON	4	3	1	1	3	1	1	2	3	1	3	3	4
Newton Abbot ISU													
ACUTE SURGICAL UNIT								1					
MEDICAL RECEIVING UNIT		2	6	4	3	7							
NEW MEDICAL RECEIVING UNIT								3			1	3	1
EAU4	16	9	10	12	5	10	7	10	8	7	6	6	7
INTENSIVE CARE UNIT	8	13	12	11	5	8	13	12	10	11	6	1	6
TEIGN WARD	2	1	2	2	1		1	3	1	3	2	3	3
TEMPLAR WARD	1		2	2	1			3	1	1			3
Coastal ISU													
AINSLIE		1	7	3	6	4	3	2	1	3	3	3	3
ALLERTON	8	7	7	8	7	15	8	3	6	8	5	6	9
CROMIE	5	3	6	3	8	5	6	2	4	6	5	2	4
DAWLISH			3		5	4		2		2	1		2
ELLA ROWCROFT				3	1	1	2				1	1	
FORREST	13	7	12	8	6	2	9	8	1	8	6	6	11
THEATRES					1	2		1					
Moor to Sea ISU													
CHEETHAM HILL	10	13	6	10	11	10	7	15	7	7	11	7	11
DART	3		1	2					1	3	1		
GEORGE EARLE	10	6	12	5	8	9	9	4	7	17	7	11	14
SIMPSON	9	9	8	7	9	11	11	1	5	8	8	3	10
Wards used in COVID Surge response / Operational Escalation													
JOAN WILLIAMS					2	2	1	1					
MCCALLUM				3	2	1	3	1		4	4	2	2
Grand Total	119	104	124	119	111	120	103	99	86	113	93	85	122

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) 1st 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) 2nd 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) 3rd Step **Structure or Resource**: were there any changes to the structure and availability of resources e.g. availability of beds, equipment and staff
- 4) 4th 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) 5th 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 4 – Dr Foster Alerts by clinical classification

Title	CUSUM	Vol	Obs	Exp	%	Relative risk	Trend	LOS	Readm.	Peers
All Diagnoses	1	71688	1021	1210.4	1.8	100.0				
ICD10 (All diagnosis group)	1	29034	1021	886.0	0.0	118.7				
Chronic obstructive pulmonary disease and bronchiectasis			551	37	20.0	6.7	145.4			
Congestive heart failure, nonhypertensive	2	479	70	64.9	10.0	142.0				
Intestinal infection	1	810	14	9.2	1.7	121.0				
Noninfectious gastritis	1	130	2	1.0	1.0	100.4				
Open wounds of head, neck, and trunk	1	162	7	0.9	0.9	100.0				
Other connective tissue disease	1	589	7	0.1	1.2	224.3				
Other lower respiratory disease	1	259	16	6.6	4.2	241.2				
Peritonsils and intestinal abscess	2	31	9	0.2	20.0	278.0				
Pneumonia		1300	205	170.0	10.7	100.0				
Respiratory failure, insufficiency, arrest (adult)	1	47	10	10.0	21.0	120.0				
Sepsis (except in labour)		370	86	70.0	23.0	128.1				
Syncope	1	250	3	0.9	1.2	208.1				
Viral infection	2	1400	39	100.0	0.8	96.1				
All Procedures	2	47588	884	907.2	1.4	111.1				
Rest of Arteries and veins (diagnostic/minor)	1	390	6	2.0	3.0	224.43				
Rest of Intubation operations	2	6084	32	16.0	0.0	180.1				
Rest of Respiratory (diagnostic/minor)	4	340	81	50.4	23.0	160.7				

Compared to the dashboard previous dashboard there is one new diagnosis alert and one new procedure alert:

- Other connective tissue disease
- Rest of arteries and veins

Chart 10 - Other connective tissue disease



- There have been 7 deaths with an expected 3.1 for the period
- Overall the relative risk is within the expected range (224.43 with a range of 89.9 to 462.2)
- April 2022 flags as statistically higher than expected
- The elective cohort of patients is statistically higher than expected

Chart 11 – Rest of Arteries and veins (diagnostic / minor)



- There have been 8 deaths with an expected 2.3 for the period
- Overall the relative risk is statistically higher than expected (355.2 with a range of 152.9 to 4699.9)
- April 2022 flags as statistically higher than expected
- 3 of the patients had a primary diagnosis of septicaemia (except in labour)

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.

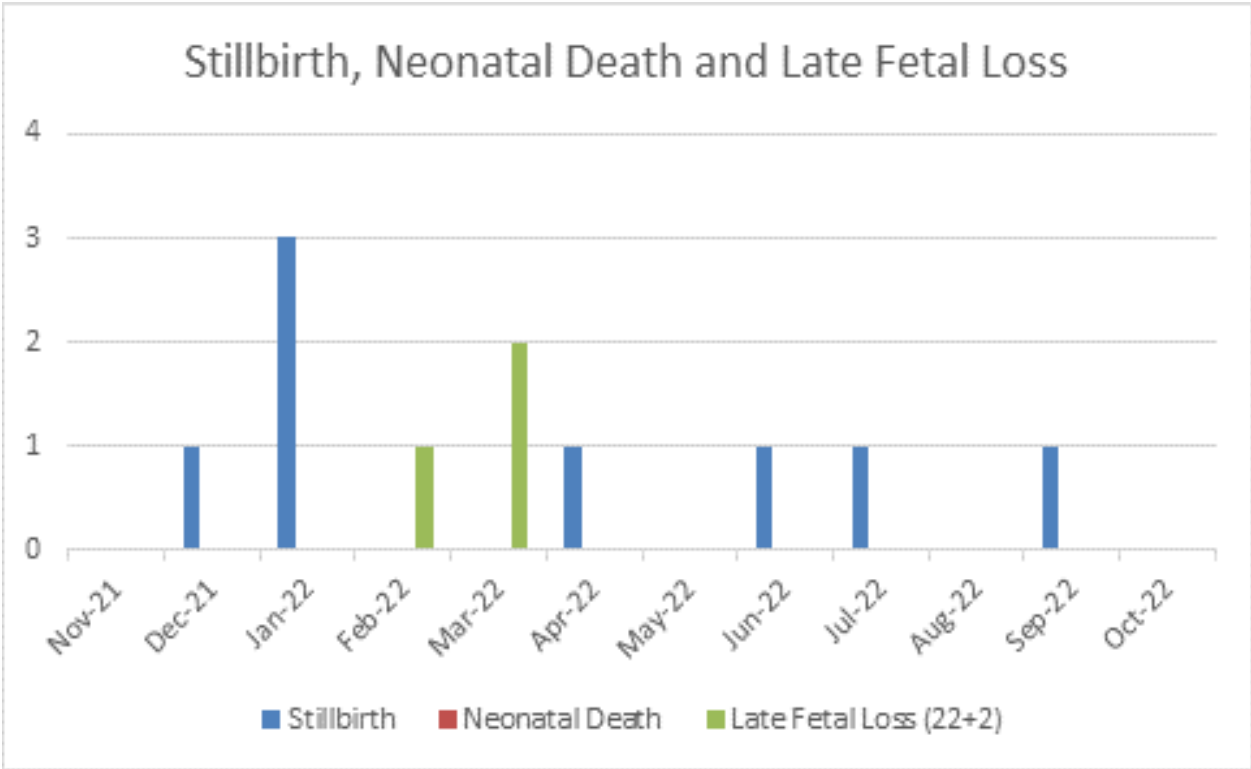
Number of Neonatal, Perinatal, and Maternal Deaths

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 period we had one stillbirth in September. This was a Mother whose baby died in the antenatal period at 32 weeks gestation. The parents have consented to a post mortem examination.

We had no Baby losses in October 2022.

Chart 12 – Stillbirth, Neonatal Deaths and Late Fetal Losses



Medical Examiners

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. The Lead Medical Examiner has undertaken some initial data analysis to identify the parts of the referral to MCCD completion pathway contributing to the delays for deaths occurring in the 6 months between April 2022 and September 2022.

Table 5 – Referral to MCCD completion pathway analysis

Days to referral of death	60.99% within 1 day 34.26% within 2 to 5 days 4.75 % greater than 5 days	Range 0 to 12 days
Days from referral to Scrutiny	78.02% within 1 day 21.98 within 2 to 5 days	All cases greater than 2 days are due to weekends or bank holidays
Days from scrutiny to MCCD completion	76.63% within 1 day 22.57% within 2 to 5 days 0.80 % greater than 5 days	Range 0 to 6 days

No other trends relating to care provision have been identified.

The Medical Examiners service is now scrutinising any deaths occurring at Rowcroft hospice and work is underway to commence rollout to the early adopter GP practices. The service has also supported a pre coronial review of a child death.

Chart 13 – Medical Examiners Performance Summary

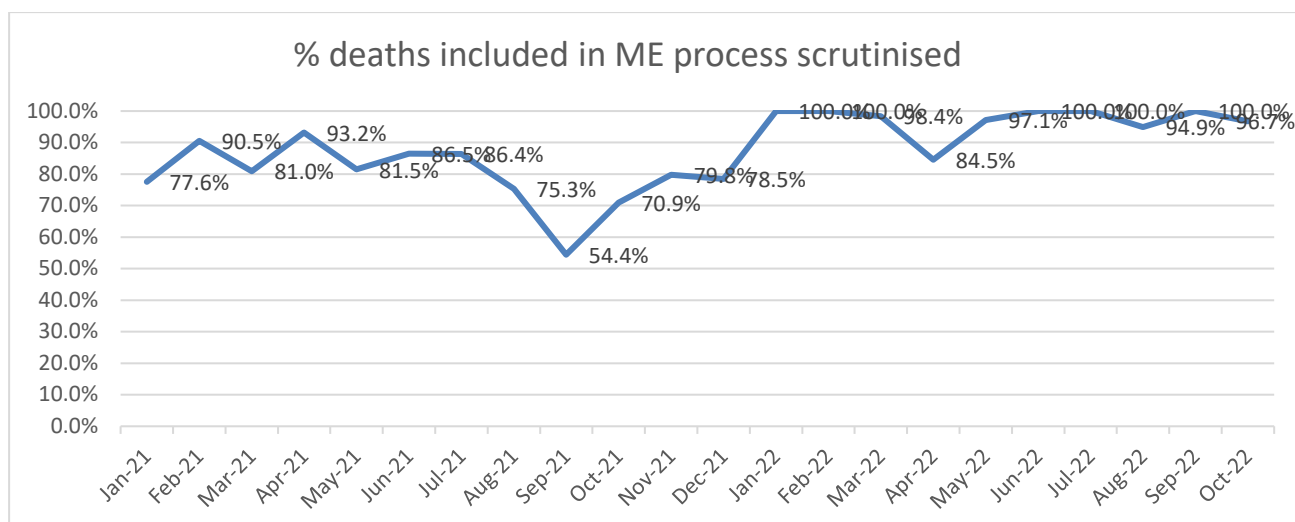
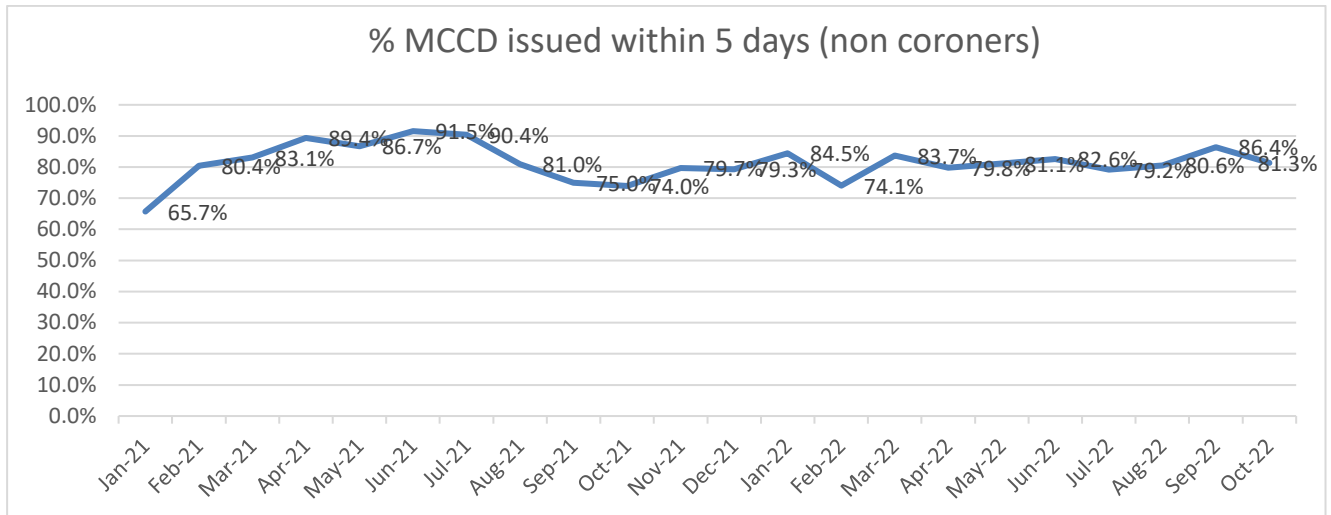


Chart 14 – MCCD completion within 5 days



Number of deaths in which complaints were formally raised by the family

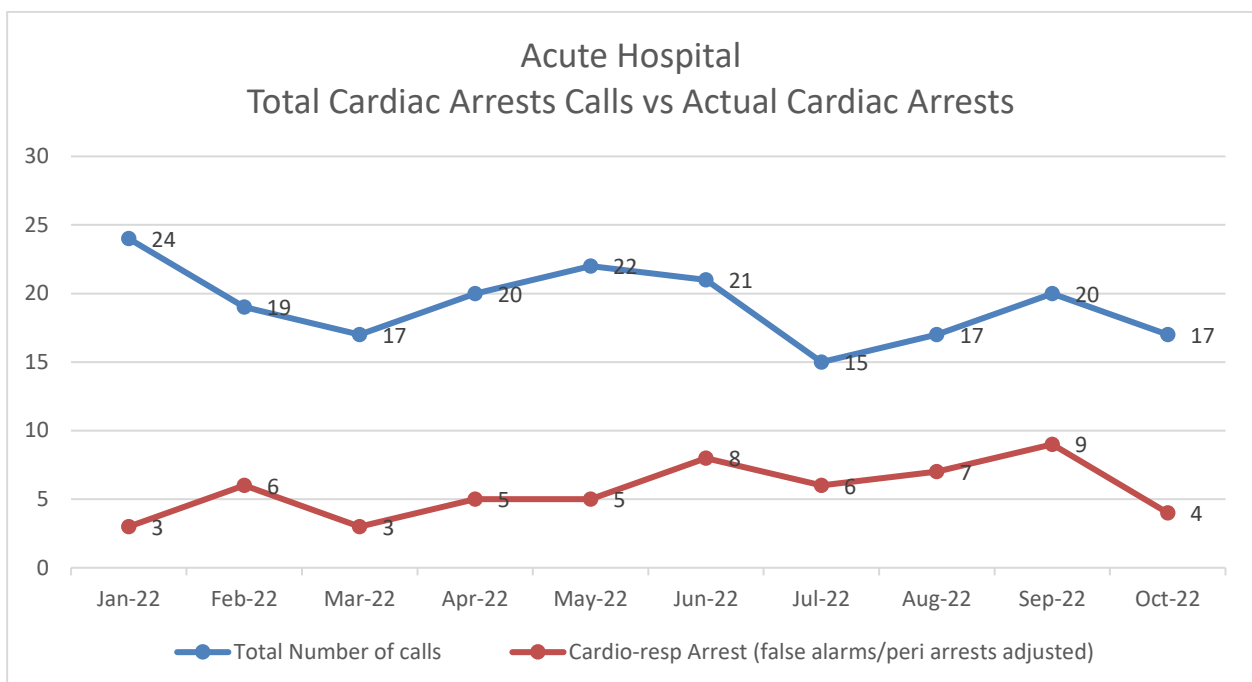
During September and October there has been 4 formal complaints. 3 are ongoing and relate to end-of-life care, delay in diagnosis and errors in cremation paperwork. 1 complaint relating to end-of-life care is now closed.

In addition, there have been 11 concerns relating to timeliness of MCCD completion, communication, 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 since January 2022

Chart 15– Acute Hospital – Cardiac Arrests



Learning from Inquests

During September and October 2022 there were a total of 21 requests for inquest. 4 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 data-bbox="204 488 687 521">Treatment / Diagnostic learning</p> <p data-bbox="204 562 807 667">The SAE group discussed investigations into one death in September and two deaths in October 2022</p> <ol data-bbox="252 707 807 1361" style="list-style-type: none"><li data-bbox="252 707 807 813">1. Patient admitted head injury and risk of alcohol withdrawal - died of ischaemic heart disease<li data-bbox="252 891 807 996">2. Death of patient after monitoring in ambulance outside ED due to pressures in system.<li data-bbox="252 1223 807 1361">3. Patient with complex needs admitted with fitting difficult to control. Two admissions to ICU - died	<p data-bbox="836 707 1431 813">Issues regarding delay to transfer to definitive ward, alcohol withdrawal management and handover.</p> <p data-bbox="836 891 1431 1144">Unexpected cardiac arrest, immediate resuscitation response by SWAST and ED teams. Unlikely that admission to ED would have affected outcome but quality of patient experience would have improved. Whole system response to reduced holding ambulances</p> <p data-bbox="836 1223 1431 1328">Issues with administration of time critical medication. MCA and DoLs training to be reviewed</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.

Report to the Trust Board of Directors											
Report title: Annual Incidents Report 2021/22		Meeting date: 30 th November 2022									
Report appendix	None										
Report sponsor	Chief Nurse										
Report author	Patient Safety Specialist System Director of Nursing and Professional Practice (South Devon)										
Report provenance	Quality Improvement Group Quality Assurance Committee										
Purpose of the report and key issues for consideration/decision	The purpose of the report is to provide the Trust Board with an annual summary of principal activity and outcomes relating to the patient safety incidents that occurred in the Trust during 2021/22 and Q1 of 2022/23. This report provides evidence to support the Board on the Trust's quality of care. It is intended to afford information from which the board can take assurance regarding compliance with external requirements for Serious Incidents (SIs), Never Events and patient safety incidents.										
Action required (Choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>								
Recommendation	<p>The Trust Board is asked to note:</p> <ul style="list-style-type: none"> • The drivers for increased incident reporting activity • A change to reporting criteria raising the number of moderate harm incidents • Greater recognition of adverse harm resulting in increased reporting onto StEIS • Strengthened systems and process within the central PSQ team, supporting robust incident management across the organisation • Plans for further detailed understanding of incident activity, to be reported via QAC 										
Strategic objectives supported by this report	<table border="1"> <tr> <td>Safe, quality care and best experience</td> <td>x</td> <td>Valuing our workforce</td> <td></td> </tr> <tr> <td>Improved wellbeing through partnership</td> <td></td> <td>Well-led</td> <td>x</td> </tr> </table>			Safe, quality care and best experience	x	Valuing our workforce		Improved wellbeing through partnership		Well-led	x
Safe, quality care and best experience	x	Valuing our workforce									
Improved wellbeing through partnership		Well-led	x								
Is this on the Trust's Board Assurance Framework and/or Risk Register	<table border="1"> <tr> <td>Board Assurance Framework</td> <td></td> <td>Risk score</td> <td></td> </tr> <tr> <td>Risk Register</td> <td></td> <td>Risk score</td> <td></td> </tr> </table>			Board Assurance Framework		Risk score		Risk Register		Risk score	
Board Assurance Framework		Risk score									
Risk Register		Risk score									

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

Report title: Annual Incidents Report 2021/22		Meeting date: 30 th November 2022
Report sponsor	Chief Nurse	
Report author	Patient Safety Specialist System Director of Nursing and Professional Practice (South Devon)	

1.0 Introduction

The purpose of the report is to provide the Trust Board with an annual summary of principal activity and outcomes relating to the patient safety incidents that occurred in the Trust during 2021/22 and Q1 of 2022/23. This report provides evidence to support the Board on the Trust's quality of care. It is intended to afford information from which the Board can take assurance regarding compliance with external requirements for Serious Incidents (SIs), Never Events and patient safety incidents.

2.0 Context

Current Trust practice follows the National Framework for Serious Incident (2015) and Never Event investigation (Feb 2021). Utilising an incident management and reporting data system (Datix) that uploads patient safety incidents to the existing National Reporting and Learning System (NRLS). This enables the Trust to benchmark nationally, regionally and locally through the Organisational Patient Safety Incident Reports (OPSIR)¹ and National Patient Safety Incident Reports (NAPSIR)² datasets.

Publication of the NHS Patient Safety Strategy (2019) signposted significant changes to how patient safety incidents would be reported and investigated in the future. Following review of feedback from early adopter Trusts, the resulting final Patient Safety Incident Response Framework (PSIRF) was published in August 2022, and included implementation guidance. The PSIRF fundamentally shifts how the Trust will respond to patient safety incidents for learning and improvement and, unlike the Serious Incident Framework, is not an investigation framework that prescribes what to investigate. Instead it advocates a data-driven approach to patient safety incident response that prioritises compassionate engagement with those affected and embeds this within a wider system of improvement, prompting a significant cultural shift towards systematic patient safety management.

- An implementation team has been formed
- Work to implement the PSIRF has started
- A stakeholder engagement event has been scheduled

This year, 2022, saw the publication of two important reports into maternity services:

- The Ockenden review of maternity services at the Shrewsbury and Telford Hospital NHS Trust, March 2022
- The Kirkup review into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust, October 2022

¹ [NHS England » Organisation patient safety incident reports](#)

² [NHS England » National patient safety incident reports](#)

Although both had their focus on specific clinical services, and have made recommendations accordingly, their findings and recommendations have implications far beyond these clinical specialisms. For example, Kirkup identified that the NHS could be better at:

- identifying poorly performing units
- giving care with compassion and kindness
- teamworking with a common purpose
- responding to challenge with honesty

Responding to the recommendations from these reports, both within the targeted disciplines and more broadly for the organisation as whole, and weaving this work into the implementation of PSIRF, is a key focus for future management of incidents across the Trust.

3.0 Analysis of Incident Data

From April 2021 to June 2022 a total of 14,775 incidents were reported onto the Trust's Local Risk Management System (DatixWeb). This is an increase of 21.23% from the last reporting period.³

The number of incidents reported by the Trust to the NRLS, when benchmarked against regional and national data⁴, suggests that the organisation identifies and reports incidents proportionately and relative to the size of organisation and is indicative of good reporting culture. Whilst incidents are generally reported near to the event being identified, timely closure of incidents is an area which has been identified as warranting further attention.

As shown in figure 1 below, analysis of previous OPSIR data shows a trend in delayed reporting of incidents to the NRLS; these data go to NRLS as the incident is closed.

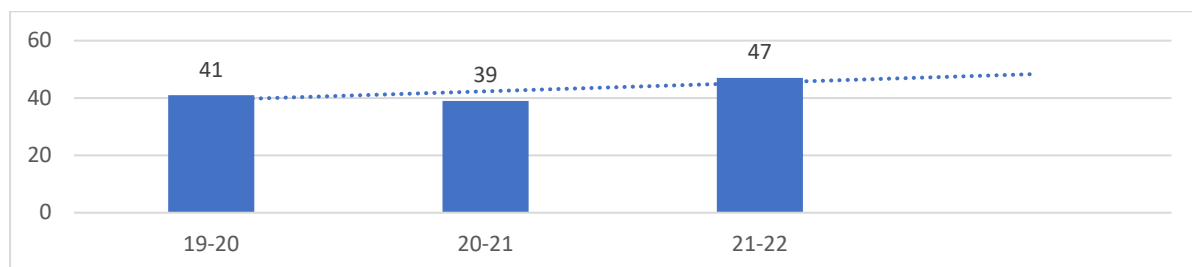


Figure 1: **Median** number of days between incidents occurring and being reported to the NRLS per Financial Year (data source: OPSIR)

Timely closure of incidents has been recognised by the central Patient Safety and Quality (PSQ) Team and given priority. Work is being undertaken at both central and ISU Levels to encourage prompt reviewing and closure of incidents:

- This issue has been recognised to be due in part to the legacy resulting from the Covid-19 pandemic

³ Between April 2020 and June 2021, 12,187 incidents categorised as affecting patients were reported onto Datix.

⁴ [NHS England » Organisation patient safety incident report up to March 2022](#)

- The situation has now stabilised and there is now an expectation that, unless subject to more formal investigation processes, such as for Serious Incidents, review and closure will take place within 28-days
- The central PSQ Team have developed ISU closure trajectories to support timely closure; these are issued weekly
- The Chief Nurse reports incident activity weekly, into the Executive Meeting

Of the 14,775 patient safety incidents submitted, 11,425 (77%) are reported to have had harm caused by the organisation, meaning that they directly affected patient care delivery. Incidents may be considered not 'caused by us' when they have occurred outside of Torbay and South Devon NHS Foundation Trust provided care, such as; pressure ulcers reported on admission where the patient is not in Trust funded social care or community nursing; incorrect advice by 111 Service – patient attending ED for non-emergency matters; incidents reported locally but relating to care from another NHS Provider.

3.1 Key themes from all incidents reported

Initial analysis is in line with previous years' and reflects a high volume of pressure ulcers and falls incidents being reported; this is also mirrored nationally.

However, this reporting period has seen a significant increase in 'access, admission, transfer, discharge' incidents reported which has, in part, been impacted by an ICB decision that 12-hour A&E Breaches must be reported as incidents.

Top 10 categories of patient incidents (caused by us)	Count of Ref
Access, admission, transfer, discharge (including missing patient)	2361
Accident/Injury (Including slips, trips and falls)	1542
Pressure ulcer	1494
Medication related issue	794
Security / Crime related incident	770
Blood Transfusion and Blood Sample incident	481
Implementation of care and ongoing monitoring / review	474
Documentation (including electronic & paper records, identification and charts)	436
Clinical assessment (including diagnosis, scans, tests, assessments)	381
Infection Control Incident	353
Grand Total	9086

Table 1: Top 10 categories of patient incidents 'caused by us'

Review of table 1 above shows a total of 9086 incidents recorded in the top 10 categories. The remaining 2,159 patient safety incidents reported include categories with relatively low incident occurrence. Examples of these include: breaches of patient confidentiality; self-harm incidents; and issues at the end of life.

The majority of patient safety incidents reported were assessed as causing Low or No Harm to patients, as can be seen in figures 2 and 3 below. Figure 3 demonstrates that, month-on-month, the spread of harm levels has remained consistent.

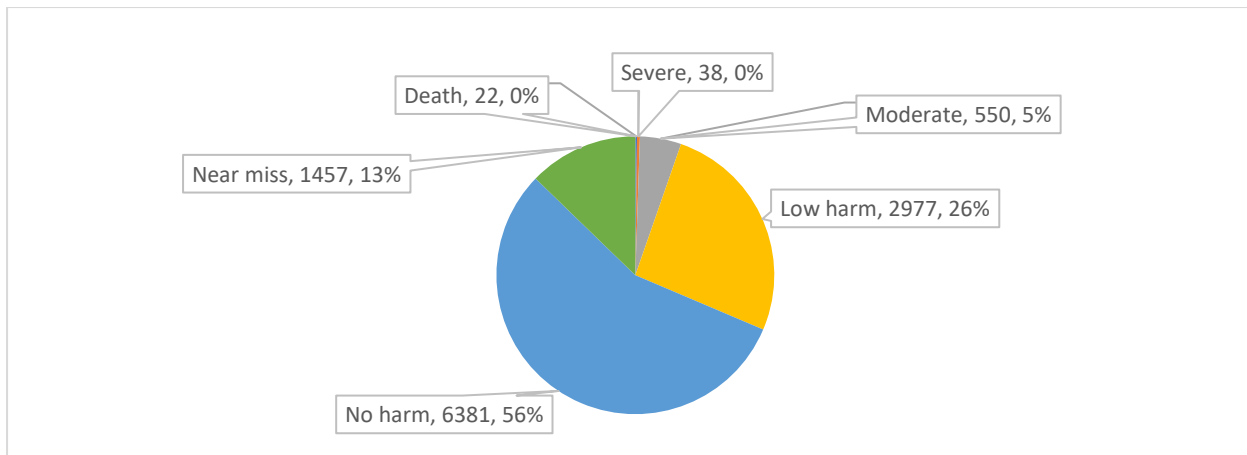


Figure 2: Incidents “caused by us” by severity (data source: Datix)

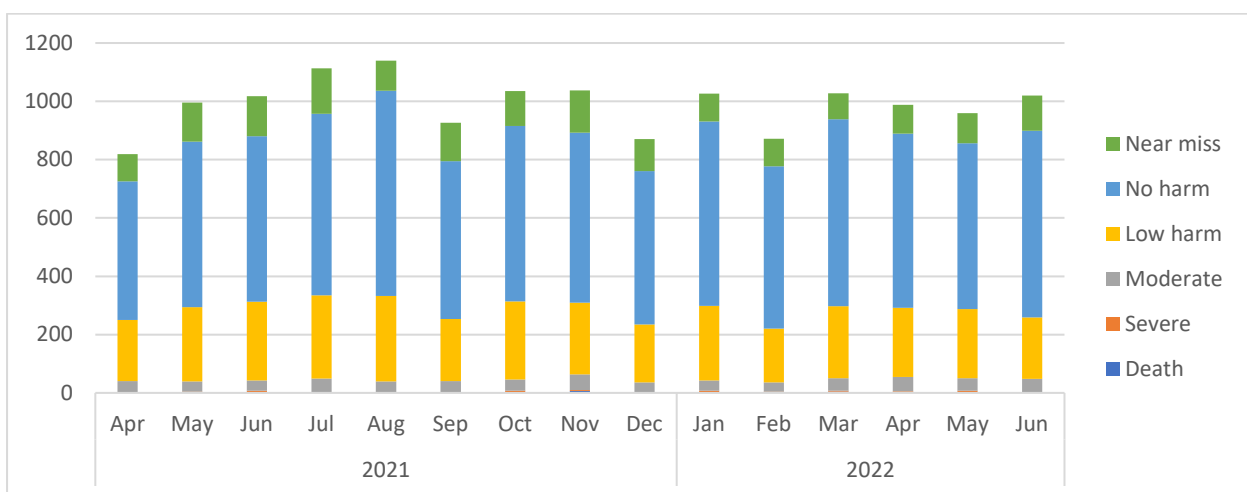


Figure 3: Total Patient Safety Incidents reported per month by severity.

Incident reporting within the organisation appears to be relatively stable month-on-month, and the spread of harm category is also consistent. Variation in numbers of incidents reported is broadly in line with the Trust’s activity and escalation status. This also reflects the shift from a historically distinct ‘winter pressures’ timeframe, towards a more generalised higher level of activity for the majority of the year.

The drivers for this consistency are:

- Increased awareness of incidents and the importance of reporting, through training and education
- Trust promotion of, and support for, a positive reporting culture
- Change of operational demands post Covid-19 pandemic
- Reporting fluctuations in line with Covid-19 activity observed nationally

Analysis of where incident reporting activity is greatest fits with clinical service areas and is as anticipated. The vast majority of incidents occur within Newton Abbot ISU (36%), which is responsible for a high level of urgent and emergency care provision, as well as the A&E 12hr breach incidents. They are followed by Coastal ISU (21%), and Paignton and Brixham ISU (18%). A small percent of patient safety incidents (6%) occur outside of the clinical ISU’s.

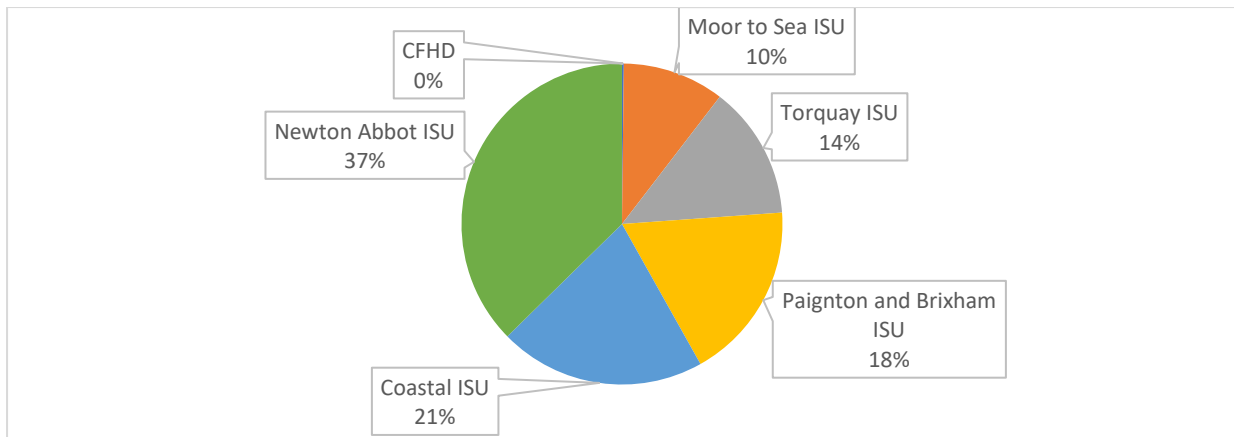


Figure 4: Total Patient Safety Incidents by Directorate (ISU)

3.2 Near Miss Incidents

12% of all incidents reported (1732 of the 14,775) are categorised a 'near miss'. A near miss is an incident that had the potential to cause harm, loss or injury, but was prevented (NHS Incident Reporting Policy). Of the near miss incidents, the top four areas are:

- Blood transfusion and sample incidents
- Security & Crime
- Access, admission transfer or discharge
- Documentation

From analysing the Blood transfusion and sample incidents, these relate to incorrect labelling of samples, and the blood transfusion process not being aligned with the requirements of the *Blood Safety and Quality Regulations 2005 (amended)*⁵. There has been significant work undertaken to understand why these incidents take place, to reduce the number and the risk of harm to patients associated.

Despite this, there has been an increase in SHOT and SABRE reportable patient safety incidents, up from 13 in 2020, to 29 so far during 2022.

3.3 Overview of Moderate and Above incidents

Of the 11,425 patient safety incidents where harm was 'caused by us', a total of 582 (5%) were reported to have harm caused that was graded as either Moderate, Severe or Death.

During 2021/22 the Trust saw 450 patient safety incidents reported as moderate and above, with a quarterly average of 112 incidents. Q1 of 22/23 saw a total of 132 incidents reported as moderate harm and above, higher than any other point in the review. The majority of this increase is within the group of moderate harm incidents.

Analysis shows the top 3 themes for moderate and above harm are as follows:

1. Pressure Ulcers
2. Patient falls
3. Obstetrics Incidents

⁵ [The Blood Safety and Quality Regulations 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

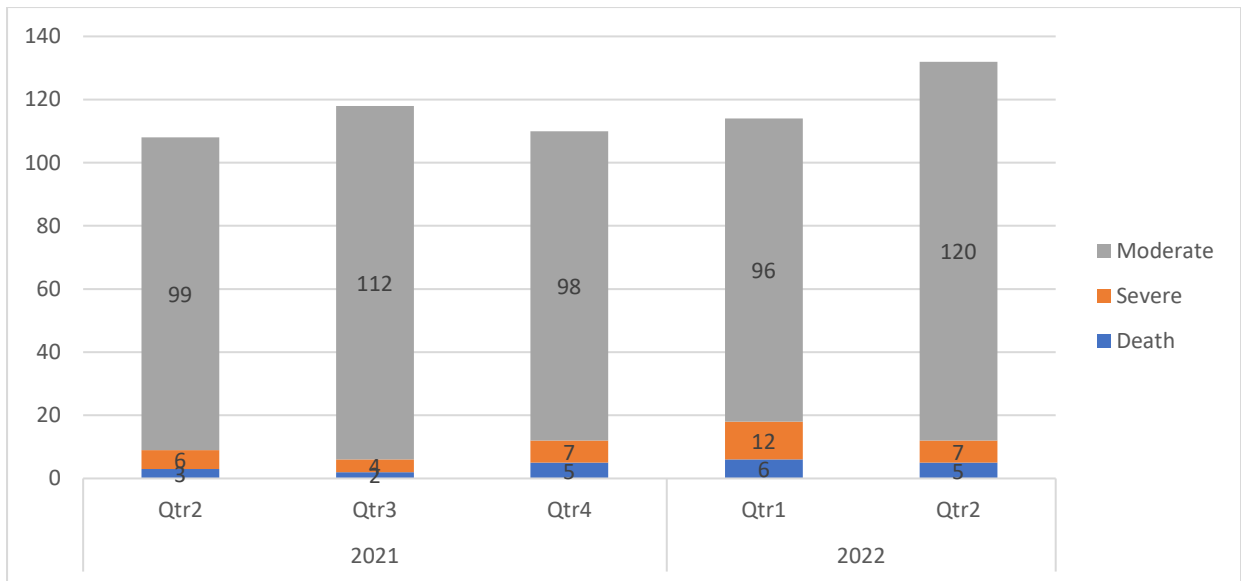


Figure 5: Moderate or above reported patient safety incidents “caused by us”.

The rise in obstetrics incidents graded moderate is due in part to regional decisions to reclassify IUDs >24weeks as a moderate harm incident, due to the psychological impact this may cause the mother.

3.4 StEIS reportable Incidents

During the 15-month period of 2021-2022 and Q1 of 2022/2023, there were 123 StEIS reportable incidents; this is a significant increase from the 83 reported in the previous reporting period. The average number of StEIS reportable incidents has remained at an average of 25 per quarter in this period. The establishment of the Patient Safety and Quality (PSQ) team has created a strong central hub of knowledge and understanding of the SI criteria, resulting in the identification and reporting of incidents which may previously have unidentified and therefore unreported on the StEIS system.

Top 5 Incidents Reported onto StEIS (serious Incidents)

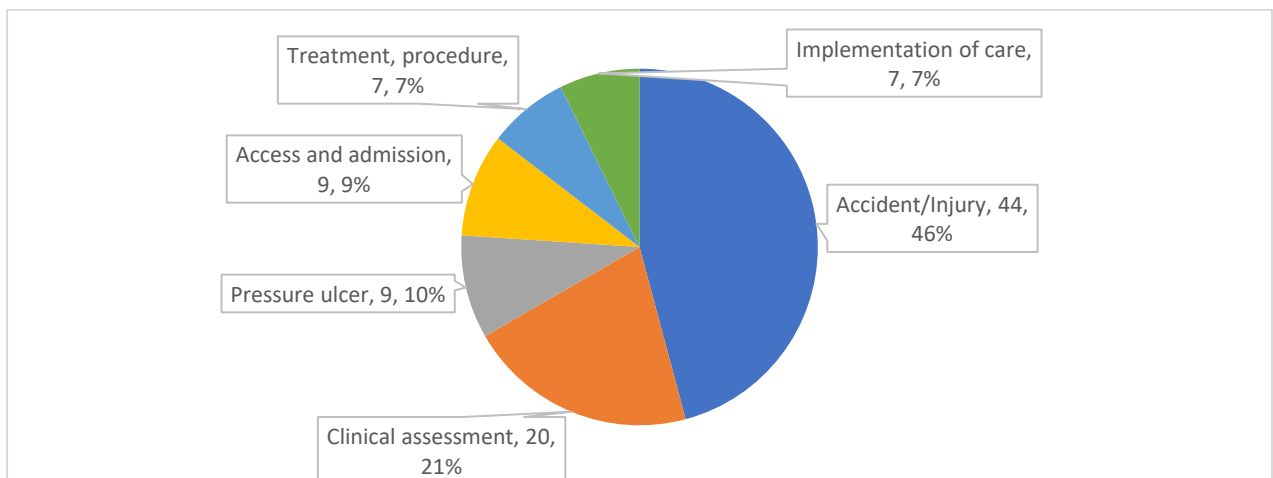


Figure 6: Top 5 category of StEIS reportable incidents

Falls, which are captured within the category of Accident/Injury, remain the Trust's highest category of StEIS reportable events (46%). As the Subject Matter Experts, the Trusts' Falls Prevention Leads have an overview of all falls related incident investigations where moderate harm or more, has been identified. In addition to this, the Falls Prevention Leads, with support from the Patient Safety Specialist, have recently instigated a pilot process to review falls using a Hot Debrief methodology; this will run from 22/11/2022 for a period of four weeks. This is intended to provide greater immediacy in terms of reviewing falls, at all harm levels, with a view to taking a more varied approach to the investigation of patient falls, which intersects well with the pending investigation changes coming with the implementation of PSIRF.

The incidents relating to Clinical Assessment form the next highest category (21%). The nature of these incidents vary and could potentially be captured in other categories, however, it appears that failure to conduct or follow-up on a clinical assessment was identified as the cause for harm for many of these incidents, examples include:

- *Missed cancer diagnosis following imaging investigation. Cancer later diagnosed and care provided by another organisation, during which the missed opportunity came to light.*
- *Missed diagnosis of ectopic pregnancy on presentation for medical termination treatment. Medical TOP treatment commenced following incorrect identification of an intrauterine pregnancy.*
- *Patient fall on Community Ward, was not conveyed for a CT Scan and subsequently died of a SAH.*

3.5 Never Events

During the period under review, no Never Events were reported. There were four confirmed Never Events in the previous reporting period.

4.0 External Assurance

As part of their assurance processes, colleagues in the ICB attend the Quality Improvement Group (QIG) and the Incident Review Group (IRG).

In addition to this, regular meetings take place with members of the central Patient Safety and Quality Team and the ICB patient safety team, during which open serious incidents, and actions arising from serious incidents, are reviewed.

Regular meetings take place between the Trust's CQC Compliance representative and the CQC assigned point of contact. These meetings address questions relating to open serious incidents, as well as other incident activity the CQC is aware of via other means, such as the HSE, or following Trust submission of incidents via NRLS.

No concerns have been expressed by either the ICB or CQC regarding the Trust's handling of, or response to, incident investigations.

5.0 Internal Assurance

The Trust has a number of internal meetings from which the Board can take assurance regarding serious incident reporting and investigation.

These are:

- Executive Incident Report Huddle – weekly
- Incident Review Group (IRG) – weekly
- Quality Improvement Group (QIG) – monthly with assurance bi-monthly
- Quality Assurance Committee (QAC) – bi-monthly

Reports for the QAC provide information relating to serious incident activity across the organisation. In addition to the regular meetings listed above, Internal Audit have recently completed a review, currently in draft form, titled: Patient Safety – Management of Serious Incidents.

6.0 Further Review and Analysis

This paper provides an overview and analysis of the patient safety incidents that have occurred over the period 2021/2022 and Q1 2022/2023. In order to improve patient safety, the Trust encourages and supports a reporting culture. By establishing a culture where staff report safety indicators such as incidents and near misses, problems can be assessed and improved upon. This report has seen an increase in the numbers of incidents reported, with a concomitant increase in clinical activity and operational pressure.

The management of patient safety incident activity is overseen by the Patient Safety Specialist and the central PSQ team. This team supports and guides incident investigation across the Trust and reports into both QIG and QAC.

The central PSQ team is a recognised resource for clinical managers throughout the organisation; they have established a reputation for excellence in the management of patient safety incident activity, both within and outside the Trust.

This core team of patient safety professionals provides the foundation on which the future changes directed by the Patient Safety Strategy will be built: PSIRF; LFPSE; Patient Safety Partners; the Patient Safety Syllabus. The Board can have confidence that patient safety is in good health, and ready for the future.

7.0 Recommendations

The Board is asked to note the following:

- An increase in incident reporting activity in this 12-month period driven by the number of falls, 12-hour breaches and clinical assessment issues identified
- Increase in moderate harm incidents, due to the changed reporting criteria relating to pregnancy loss
- An increase in StEIS reportable incidents, which is ascribed to the PSQ team recognising and reporting adverse outcomes of care
- No Never Events were reported during the period under review

- The strong systems and processes of the central PSQ team, which supports patient safety across the wider organisation
- A more detailed understanding of incident activity is planned. This will incorporate triangulation of data with the ICB and regional peers and the work undertaken by the Trust's Harm Review Group. The findings will be reported to the QAC

Report to the Trust Board of Directors			
Report title: Care Quality Commission (CQC) NHS Patient Experience Surveys 2021 Reports (received August 2022)			Meeting date: 30 November 2022
Report appendix	Appendix 1: Report for NHS Adult Inpatient Survey November 2021 Benchmarking Report published on the CQC Website October 2022		
Report sponsor	Chief Nurse		
Report author	System Director for Nursing and Professional Practice (Torbay)		
Report provenance	Feedback and Engagement Group		
Purpose of the report and key issues for consideration/decision	<p>The purpose of the report is to briefly highlight the current CQC patient experience survey schedule, with a view to providing a detailed analysis of the results of the NHS Adult Inpatient Survey. The paper will describe and outline the improvement plan for the NHS Adult Inpatient Survey.</p> <p>The Board should note the Trust is not an outlier compared to the results of other Trusts, however, we recognise there are improvements to be made, specifically in the following areas:</p> <ul style="list-style-type: none"> • How did you feel about the length of time you were on the waiting list before your admission to hospital • Where you ever prevented from sleeping at night by noise from other patients • How long do you feel you had to wait to get a bed on a ward after you arrived at the hospital • During your hospital stay where you ever asked to give your views on the quality of your care • Where you able to discuss your condition or treatment with hospital staff without being overheard 		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	<p>The Board is asked to support the following recommendations:</p> <ul style="list-style-type: none"> • Note the schedule of CQC Patient Surveys and the proposed reporting to the Board • Note the findings from the Adult Inpatient Survey 2021 and the six areas for improvement with the outline plan described in the report are supported and agreed. • Note the proposed communication plan 		

Summary of key elements				
Strategic objectives supported by this report	Excellent population health and wellbeing		Excellent experience receiving and providing care	x
	Excellent value and sustainability	x		
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register		Risk score	
External standards affected by this report and associated risks	Care Quality Commission	x	Terms of Authorisation	
	NHS England	x	Legislation	
	National policy/guidance			

Report title: Care Quality Commission (CQC) NHS Patient Experience Surveys 2021 Reports.	Meeting date: 30 November 2021
Report sponsor	Chief Nurse
Report author	System Director for Nursing and Professional Practice (Torbay)

1. Introduction

A programme of Patient Experience Surveys is commissioned by the Care Quality Commission (CQC) to support their programme of regulation, monitoring and inspection of NHS acute Trusts in England through a programme called NHS Patient Survey Programme (NPSP). The survey field works for a number of surveys (see below) which will be completed in 2021/22 with a publication schedule for these surveys in late 2022 and early 2023. These include:

- The Adult Inpatient Survey
- The Urgent and Emergency Care Survey
- The Children and Young Peoples Inpatient Survey
- The Maternity Survey.

The aim of the report is to provide detailed analysis and insight into the Adult Inpatient Survey results.

2. Background and Context

2.1 Adult Inpatient Survey

2.1.1 The Trust level benchmarking report which sets out the results of the Adult Inpatient Survey for 2021 was published on the 29 September 2022. This is commissioned by CQC; the independent regulator of health and adult social care in England. The CQC use the results from the survey in the regulation, monitoring and inspection of NHS acute Trusts in England.

2.1.2 The Trust survey results provide an opportunity to gain greater insight and understanding of the experiences of people who use our adult inpatient services and utilises this valuable feedback to reflect on what we have been told. This allows us to focus on what matters to the people we care for, and work to improve experience by taking positive action and embedding change.

2.1.3 It is essential that the survey results are shared and understood widely by staff working across the organisation, as the experience of those people who are inpatients will interface with a broad range of services, teams, wards and individuals. To a greater or lesser extent everyone has a role to play in our improvement journey. The communication plan developed by the communication team is comprehensive and inclusive to meet this requirement.

2.1.4 The Feedback and Engagement Group for the Trust includes a wide membership both internally and with our local system partners. Members of this group will hold accountability for overseeing the delivery of the improvement plan developed in response to the survey results. This will be regularly reported to monitor key milestones within the plan.

2.1.5 The 2021 Adult Inpatient Survey involved 134 NHS Trusts in England. Patients were eligible for the survey if they were aged 16 or older, had spent at least one night in hospital and were not admitted to a maternity or psychiatric unit. The inpatients included in the sample included those discharged during November 2021. The field work for the survey, which is the time where questionnaires are sent out and returned. Local response was received from 567 patients, a response rate of 48%. An increase of 2% from 2021.

2.1.6 The survey results methodology was changed last year which has resulted in the data being displayed differently. You can only compare the Trusts individual results against the top 5 Trusts or the bottom 5 Trusts for each domain within your region it has removed the ability to review scores against all other Trusts. The information provided does though indicate the significance of change, i.e. better or worse performance and our national comparison. Further information about the changes made to the survey can be found in the [Survey Development report](#). Each Trust has been assigned one of five bands: 'much worse than expected', 'worse than expected', 'about the same', 'better than expected' or 'much better than expected'.

2.2 Trend data

2.2.1 The Adult Inpatient 2021 survey was conducted using a push-to-web methodology (offering both online and paper completion). There were minor questionnaire changes,

including three new questions and changes to question wording. The 2021 results are comparable with data from the Adult Inpatient 2020 survey, unless a question has changed or there are other reasons for lack of comparability such as changes in organisation structure of a Trust. Where results are comparable, a section on historical trends has been included.

2.2.2 To provide a comprehensive picture of inpatient experience within each NHS Trust, CQC calculated the overall proportion of responses each Trust received for the ‘most negative’, ‘middle’ and ‘most positive’ answer option(s) across the scored questions in the survey. Question 8 from the 2021 adult inpatient survey shows how responses are categorised as below:

Q8. How clean was the hospital room or ward that you were in?



Where people’s experiences of a Trust’s inpatient care are better or worse than elsewhere, there will be a significant difference between the Trust’s result and the average result across all Trusts. Each Trust is then assigned a banding of either ‘much worse than expected’, ‘worse than expected’, ‘about the same’, ‘better than expected’ or ‘much better than expected’ depending on how significant that variation is. For example, if a Trust’s proportion of responses breaks down as: ‘most negative’ 12%, ‘middle’ 14% and ‘most positive’ 74%. This is then compared to the average of ‘most negative’ 11%, ‘middle’ 22% and ‘most positive’ 67% for all Trusts. An ‘adjusted z-score’¹ is calculated for the difference between ‘most positive’ Trust proportions, which in this example is -2.50. This means this Trust has a higher proportion of ‘positive’ responses than average. This is considered significant with a p-value of less than 0.25 but not less than 0.01. As a result, the Trust is classed as ‘better’.

NB:¹ Z scores give an indication of how different a Trust’s proportion is from the average.

2.2.3 To complement the Trust benchmarking survey there is also an outlier report this report allows analyse of Trust variation, CQC focus on identifying significantly higher levels of better or worse patient experience **across the entire survey**.

3. Discussion- Analysis of Benchmarking report

3.1 The full benchmarking report for the Adult Inpatient Survey 2021 results are set out in appendix A and provided for completeness. Within the main body of the report salient facts will be highlighted, focused upon and responded to.

3.2 1,250 patients who had experienced adult inpatient services provided by Torbay and South Devon NHS Foundation Trust (TSDFT) in November 2021 were invited to take part. 567 responses were completed and submitted to CQC. The response rate was 48% compared to 2020 of 46%. An excellent response rate according to SmartSurvey (2020) is 50% or higher, they go further to suggest results at the higher end of the scale is likely to be as a result of a strong personal relationship between the business and the

customer which would be suggestive that as a Trust our relationship with our patients is one that empowers them to feel safe to talk of their experiences.

The demographic of those taking part are included in table 1 below:

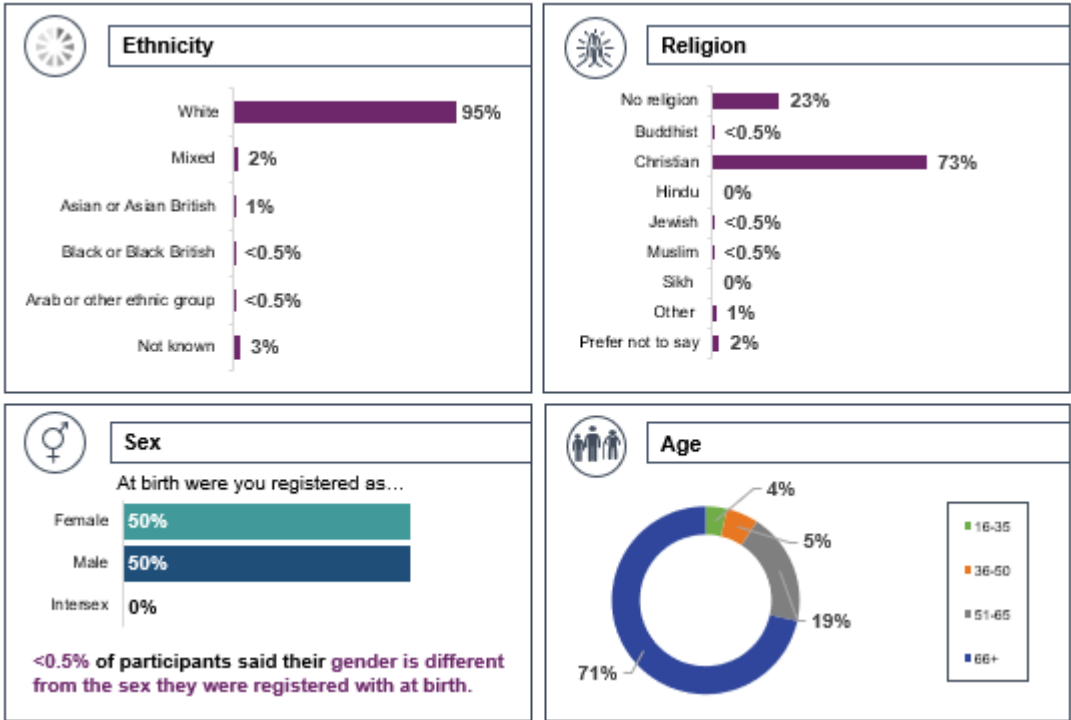


Table 1: Demographics of patients who took part in TSDFT survey

84% of participants said they have a physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more (excluding those who selected “I would prefer not to say”). This is a 3% increase on 2020 survey capture.

3.3 A summary of findings for the Trust compared with other Trusts demonstrates that we performed “About the same” for 33 of the 49 questions (Table 2). For two questions we performed “Worse than expected”. For eight questions we performed “Somewhat better than expected”, and four questions we performed “Better than expected” against other Trusts. Overarchingly the Trusts average score was 77.1% an increase of 1.1% from 2020.



Table 2: Comparisons of local results against other Trusts, and previous year's results

Table 2 demonstrates compared to our results from last year we have seen a statistically significant decrease in 3 questions, no change in results for 34 questions and a statistically significant increase in 4 questions which is a positive result.

3.4 Table 3 below set out the best and worst performance relative to the Trust average. These five questions are calculated by comparing our Trust's results to the national Trust average (the average Trust score across England).

- **Top five scores:** These are the five results for our Trust that are highest compared with the national Trust average.
- **Bottom five scores:** These are the five results for our Trust that are lowest compared with the national Trust average.

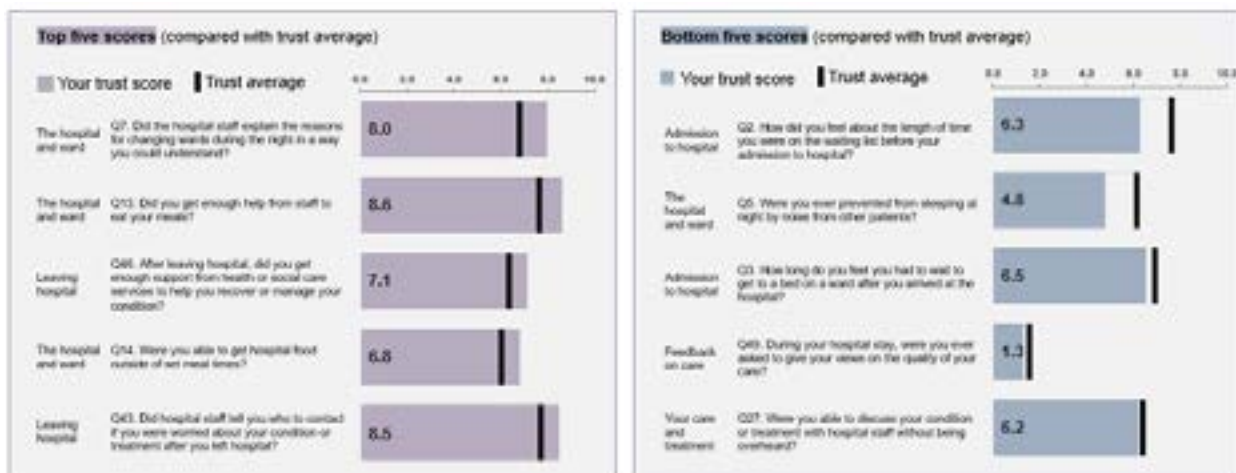


Table 3: Best and worst performance relative to the Trust average

3.5 Top 5 scores

The top 5 areas for the Trust fell into two domains 'The hospital and ward' (3 questions) and 'Leaving hospital' (2 questions).

'The hospital and ward'

Within 'The hospital and ward' domain three questions scored within TSDFT top areas of success. These included:

Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand? This is an area where the Trust works hard not to move patients at night and the result reflects the fact that staff are only transferring patients when there is a clinical need, supported with clear communication to the patients.

The two remaining questions in domain 'The hospital and ward' are:

Q13. Did you get enough help from staff to eat your meals?

Q14. Were you able to get hospital food outside of set meal times?

There has been a significant focus on the delivery and support for all patients to ensure they have their nutritional and hydration needs met. These improvements include red

trays being used to identified patients who need nutritional support, protected meal times, volunteers, safety huddles and daily audits are only a few to ensure all patients are receiving the care they require. The Trust also has a Nutritional and Hydration Steering Group who's focus is to ensure all patients receive the relevant nutritional and hydration support whilst an inpatient. These meetings were stood down through phase 1 and 2 of the pandemic to support frontline activity. Meetings recommenced January 2022.

A 5-a-day audit has been designed and in place across all inpatient areas which reviews 5 sets of notes daily for each ward area to ensure individuals nutritional and hydration risk assessments are being completed with 24hrs of admission to the first ward. The audit also assesses to ensure relevant care plans are created with the patient and/or family to meet an individual patient need. Compliance is currently measured and reported into Integrated Service Units through to Quality Improvement Group and Quality Assurance Committee, along with Feedback and Engagement Group. This audit commenced in December 2021 after a CQC review and compliance was measured as an average of 86% for completing within the timeframes set. Work continues regarding improving the compliance through the Nutrition and Hydration Steering Group data collected for the week of 14th November 2022 through the 5-a-day audit shows an improvement with the average compliance now at 91.8%. This is also reflective within the Safety Thermometer (table 4) which is completed for all inpatients on a specified day each month with the current compliance at 98.1%, with 94% completed within the desired 24hr timeframe.

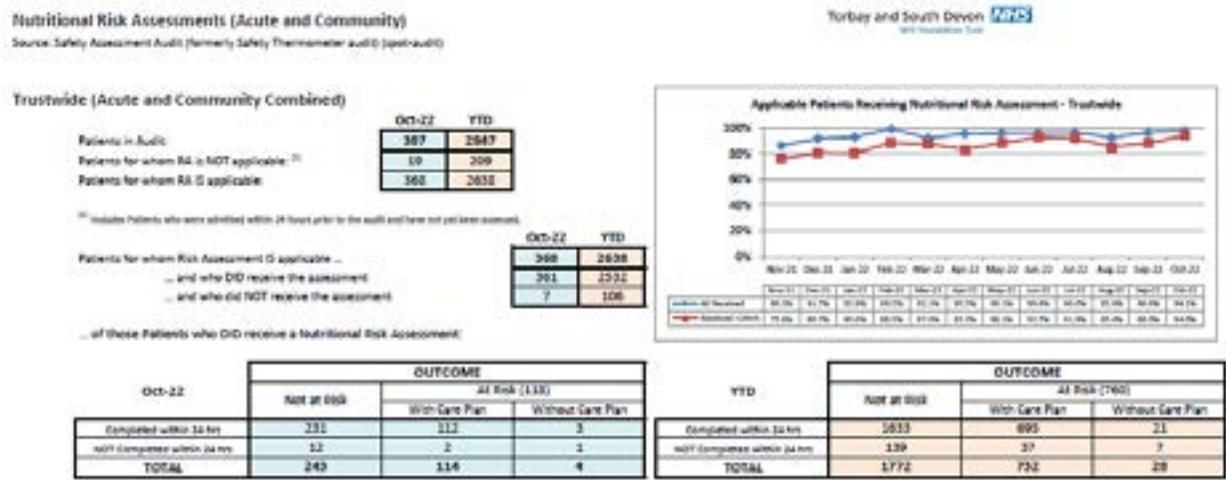


Table 4: Safety Thermometer Nutritional Risk Assessment (Acute and Community)

The Trust energised the importance of Nutrition and Hydration by celebrating its importance week 14th March 2022, where staff were actively involved in activities to enhance the nutritional and hydration agenda.

In the NPSP 2020 survey results found the Trust had one question relating to nutrition and hydration within the bottom five areas of concern. The improvement was required in **Q13 support for patients to eat meals where the person is unable to be fully independent**. In the 2021 survey no questions relating to nutrition and hydration fell within the bottom 5 areas for improvement, in fact quite the opposite all 5 questions asked in relation to nutrition and hydration in the 2021 survey scored above the national average with **Q13 did you get enough help to eat and drink** now sitting in the top 5 for areas of success for the Trust scoring 8.6 which is 'better than expected' compared

to the national Trust average of 7.5, and the lowest score of 6.2. this is a result of the ongoing work from staff to ensure the nutrition and hydration agenda is a priority for patients.

'Leaving hospital'

The remaining two questions in the top 5 sits within the domain 'Leaving hospital' these also compared favourably against the national Trust average:

Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition? As an integrated care organisation this result indicates the combined health and social care strategy that the Trust aims to deliver for all patients. It demonstrates the joined up and partnership working in place across the organisation to ensure the transition from hospital to home is safe and reflecting the care required.

The final question with regards to 'Leaving hospital' is as follows:

Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? Considerable work has been undertaken to improve the discharge process for all patients which includes ensuring patients have relevant information to prevent readmission to hospital and living well at home. Discharge packs are given to patients on discharge which includes relevant information regarding their onward care and to expect.

3.6 Bottom 5 scores

The bottom five scores have a variety of themes.

'Admission to hospital'

The first two questions relate to the domain of 'Admission to hospital'.

Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital? The impact of the COVID-19 pandemic has far reaching consequences and this is being reflected in the significant wait's patients are enduring prior to admission to hospital. TSDFT is prioritising the admission pathway across all services and where activity was previously paused in the height of the pandemic current work is underway to resume and enhance service availability.

Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital? The Trust has recognised the pressures across all services this in main being due to increase acuity and the ability to discharge patients in a safe and timely manner. Work is being undertaken to improve patient flow and to ensure patients have their ongoing care needs met upon discharge from hospital. National targets with regards to criteria to reside are also being implemented across all inpatient areas to improve flow within the Trust.

'The hospital and ward'

One question in the bottom 5 related to the domain 'The hospital and ward':

Q5. Were you ever prevented from sleeping at night by noise from other patients?

Significant work has been undertaken since the last survey in 2020 to improve patient experience during the night, i.e. the use of sleep packs, dimmer lights and soft door closures etc. This is clearly evidenced against 2021 survey results as previous improvements were required related to ward noise at night from staff and ward lighting at night impacting on sleep. These are no longer within the Trusts bottom 5 areas for improvement which is testament to all the work the wards have done to improve patients experience at night. However, the improvement around ward noise at night in relation to other patients remains within the Trusts bottom 5. This remains an ongoing challenge due to individual patient's clinical need, acuity and environmental challenges. That said the Associate Directors of Nursing and Professional Practice continue work with their Matrons to focus on next steps regarding improvements.

'Feedback on care'

Another question in the bottom 5 related to the domain 'Feedback on care':

Q49. During your hospital stay, were you ever asked to give your views on the quality of your care?

The Patient and Service User Experience of Health and Care Strategy has recognised the need for investment in the Feedback and Engagement Team to ensure all patients have the ability to compliment or raise complaints and concerns with regards to the care they have received within a timely manner. Ongoing work continues to embed the "Friends and Family Test" (FFT) across all inpatient areas utilising a variety of mediums to support data capture in order for areas to understand how they are performing and respond accordingly.

To support the FFT agenda the Real Time Patient Experience survey has been reinstated across inpatient areas. This questionnaire has been redesigned to reflect the CQC inpatient NPSP which is being undertaken and supported by Trust volunteers. The survey allows results to be given to the Ward Manager in real time for any concerns to be addressed promptly. This work will be overseen by the Real Time Patient Experience Group which has been reinstated.

'Your care and treatment'

The last question in the bottom 5 results related to your care and treatment:

Q27. Were you able to discuss your condition or treatment with hospital staff without being overheard?

This will remain a challenge with regard to health care being provided in an aging hospital. However, work is being undertaken as part of the Building a Brighter Future agenda codesigned with service users to address such concerns.

3.7 Section 9 questions relate to respect and dignity both areas that the Trust embody in the care model. The Trust scored 9.4 (table 5) which was reflective of the regional comparison and demonstrates the care and compassion of the staff who work within the Trust.

Section 9. Respect and dignity

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

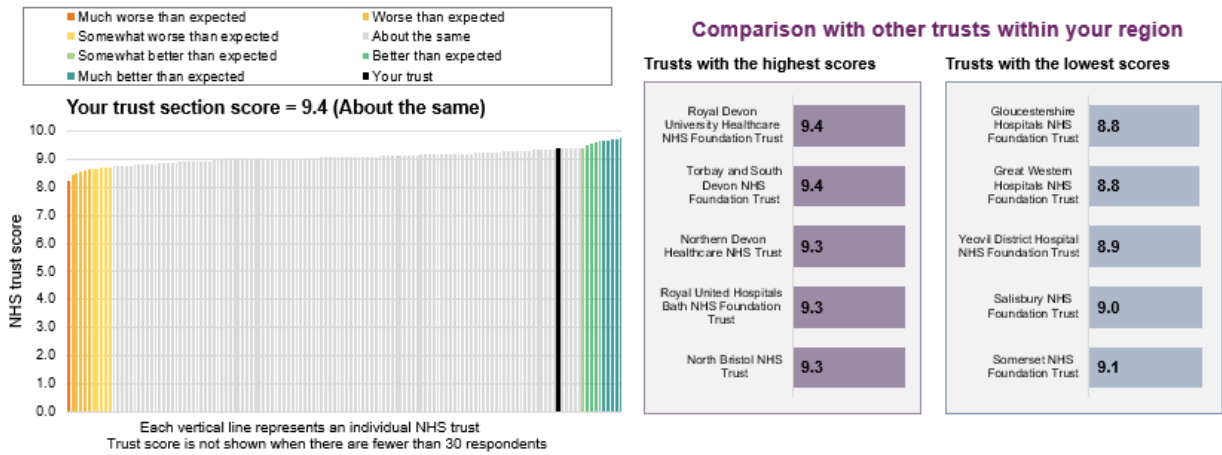


Table 5: Comparison of Trusts regarding Section 9: Respect and Dignity

Section 9. Respect and dignity (continued)

Question score

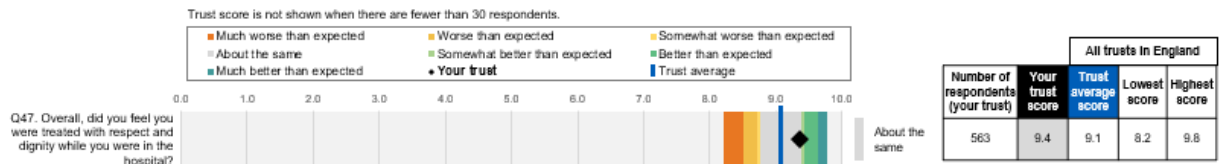


Table 6: TSDFT score for Section 9: Respect and Dignity against national Trust average score

Table 6 illustrates how as a Trust we are performing against the national Trust average which is testament to the staff caring for our inpatients.

3.8 Section 10 questions relates to overall experience. This is an area of focus for the Trust during 2022/23, where we will continue to develop and nurture new relationships with our local community to understand what matters to them. As a Trust we are cognisant that to develop and enhance our health and care services the voice of our community is central. The people who access, interface and use our health and care services are pivotal and have been instrumental in developing a co-designed Patient and Service User Experience of Health and Care Strategy 3-5-year plan.

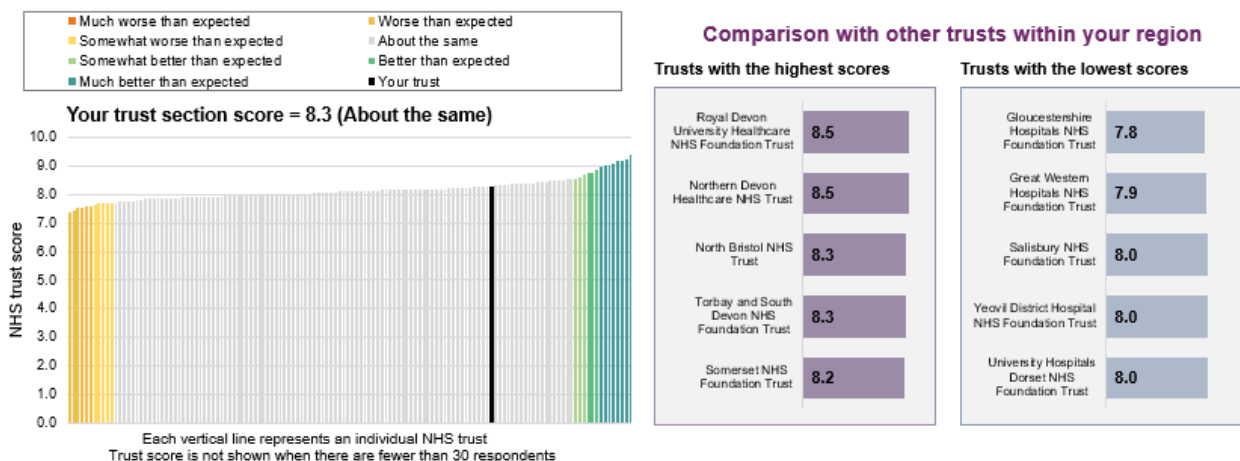


Table 7: Overall experience comparison

Table 7 evidences the work the Trust is undertaking to ensure inpatients experiences are of the expected standard. It illustrates whilst there is still some work required to move into the national Trusts 'better than expected' we compare favourably with our regional Trusts falling into the top 5 highest scores regionally. The launch of the Patient and Service User Experience of Health and Care Strategy will further enhance this moving forward.

4. Communication Plan

The communication team will lead on the communication plan to disseminate the results across the organisation. This includes:

- Chief Executive Officer Liz Davenport and Chief Nurse Deborah Kelly to include the outcome of the Adult Inpatient Survey results with Trust Talk
- Article in ICO News sharing top lines and action we are taking, links to published reports to be included
- Highlighted in the Vlog closest to the publication date in ICO News
- Article for website as per above but with less detail
- Highlight top lines in Healthy Futures newsletter (issued monthly to stakeholders)

5. Conclusion

The Adult Inpatient survey for 2022 provides clarity on areas where experience is best and areas where patient experience can be improved as shown in table 8 below:

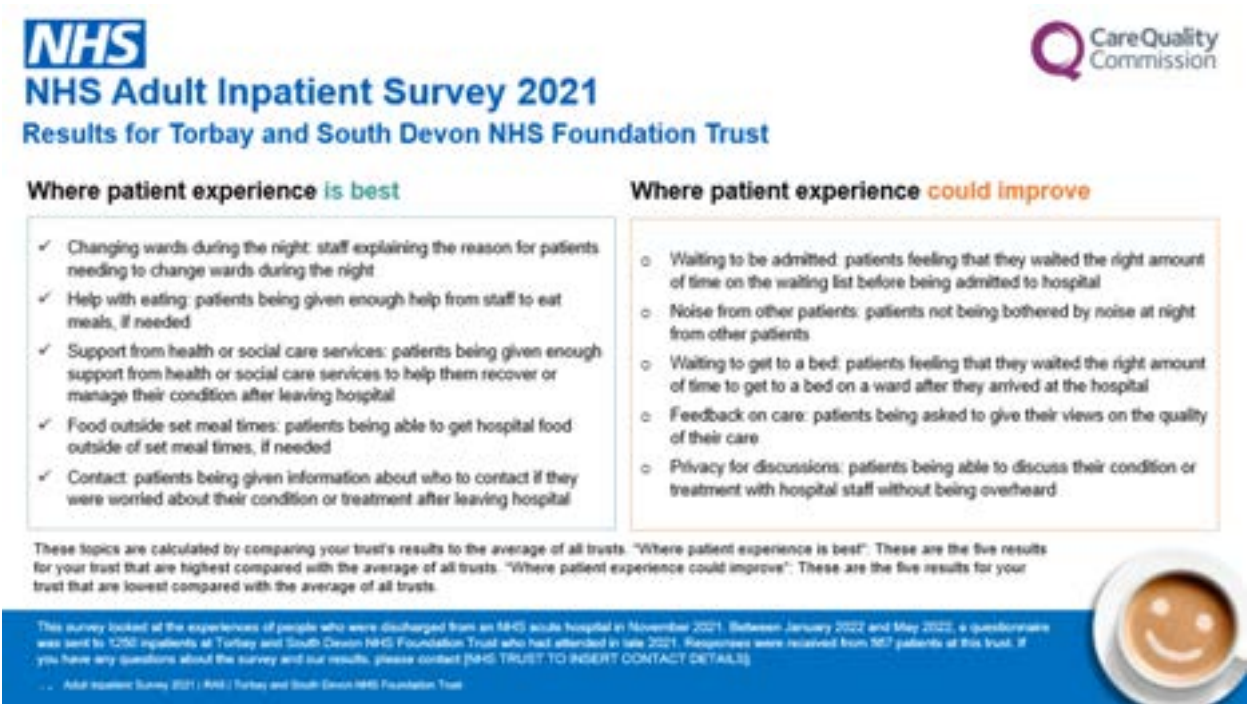


Table 8: Where patient experience is best or could improve for TSDFT

The results provide us with an anchor to celebrate what we are doing well, understand areas where we are performing similar to other Trusts and through focused effort and improvement work to address deficits. However, our primary focus initially is to address the challenges that adult inpatients contributing to this survey have very clearly identified above in the areas we can improve upon. These five areas will form part of the

Integrated Service Units (Care Groups) meetings which will feed into the monthly Feedback and Engagement Group for oversight of their improvement plans.

6. Recommendations

The Board is asked to support the following recommendations:

- Note the schedule of CQC Patient Surveys and the proposed reporting to the Board.
- Note the findings from the Adult Inpatient Survey 2021 and the five areas for improvement with the outline plan described in the report are supported and agreed.
- Note the proposed communication plan.

NHS Adult Inpatient Survey 2021 Benchmark Report

Torbay and South Devon NHS Foundation Trust



Contents

1. Background & methodology	2. Headline results	3. Benchmarking	4. Trust results	5. Trends over time	6. Appendix
		Section 1. Admission to hospital	Section 1. Admission to hospital	Section 1. Admission to hospital	
		Section 2. The hospital and ward	Section 2. The hospital and ward	Section 2. The hospital and ward	
		Section 3. Doctors	Section 3. Doctors	Section 3. Doctors	
		Section 4. Nurses	Section 4. Nurses	Section 4. Nurses	
		Section 5. Your care and treatment	Section 5. Your care and treatment	Section 5. Your care and treatment	
		Section 6. Operations and procedures	Section 6. Operations and procedures	Section 6. Operations and procedures	
		Section 7. Leaving hospital	Section 7. Leaving hospital	Section 7. Leaving hospital	
		Section 8. Feedback on care	Section 8. Feedback on care	Section 8. Feedback on care	
		Section 9. Respect and dignity	Section 9. Respect and dignity	Section 9. Respect and dignity	
		Section 10. Overall experience	Section 10. Overall experience	Section 10. Overall experience	

This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions which can be found at <http://www.ipsos.uk/terms>.

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Background and methodology

This section includes:

- an explanation of the NHS Patient Survey Programme
- information on the Adult Inpatient 2021 survey
- a description of key terms used in this report
- navigating the report

Background and methodology

The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Adult Inpatient Survey has been conducted annually since 2002. CQC will use results from the survey to build an understanding of the risk and quality of services and those who organise care across an area.

To find out more about the survey programme and to see the results from previous surveys, please refer to the section on further information on this page.

The Adult Inpatient Survey 2021

The survey was administered by the Coordination Centre for Mixed Methods (CCMM) at Ipsos. A total of 166,318 patients were invited to participate in the survey across 134 acute and specialist NHS trusts. Completed responses were received from 62,235 patients, an adjusted response rate of 39%.

Patients were eligible to participate in the survey if they were aged 16 years or over, had spent at least one night in hospital, and were not admitted to maternity or psychiatric units. A full list of eligibility criteria can be found in the survey [sampling instructions](#).

Trusts sampled patients who met the eligibility criteria and were discharged from hospital during November 2021. Trusts counted back from the last day of November 2021, sampling every consecutively discharged patient until they had selected 1,250 patients. Some smaller trusts, which treat fewer patients, included patients who were treated in hospital earlier than November 2021 (as far back as April 2021), to achieve a large enough sample.

Fieldwork took place between January and May 2022.

Trend data

The Adult Inpatient 2021 survey was conducted using a push-to-web methodology (offering both online and paper completion). There were minor questionnaire changes, including three new questions and changes to question wording. The 2021 results are comparable with data from the Adult Inpatient 2020 survey, unless a question has changed or there are other reasons for lack of comparability such as changes in organisation structure of a trust. Where results are comparable, a section on historical trends has been included.

Further information about the survey

- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the [NHS Surveys website](#).
- To learn more about CQC's survey programme, please visit the [CQC website](#).

Key terms used in this report

The ‘expected range’ technique

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the ‘expected range’ to determine if your trust is performing about the same, better or worse compared with most other trusts. This is designed to help understand the performance of individual trusts and identify areas for improvement.

This report also includes site level benchmarking. This allows you to compare the results for sites within your trust with all other sites across trusts. It is important to note that the performance ratings presented here may differ from that presented in the trust level benchmarking.

More information can be found in the [Appendix](#).

Standardisation

Demographic characteristics, such as age and gender, can influence patients’ experience of care and the way they report it. For example, research shows that men tend to report more positive experiences than women, and older people more so than younger people.

Since trusts have differing profiles of patients, this could make fair trust comparisons difficult. To account for this, we ‘standardise’ the results, which means we apply a weight to individual patient responses to account for differences in demographic profile between trusts.

For each trust, results have been standardised by the age, sex and method of admission (emergency or elective) of respondents to reflect the ‘national’ age, sex, and method of admission distribution (based on all respondents to the survey). This helps ensure that no trust will appear better or worse than another because of its profile of service users, and enables a fairer and more useful comparison of results across trusts. In most cases this standardisation will not have a large impact on trust results. Site level results are standardised in the same way.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the trust is performing. Only evaluative questions in the questionnaire are scored. Some questions are

descriptive (for example Q1) and others are ‘routing questions’, which are designed to filter out respondents to whom the following questions do not apply (for example Q6). These questions are not scored. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied.

Trust average

The ‘trust average’ mentioned in this report is the arithmetic mean of all trusts’ scores after weighting or standardisation is applied.

Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question (or the corresponding section the question contributes to).

Further information about the methods

For further information about the statistical methods used in this report, please refer to the [survey technical document](#).

Using the survey results

Navigating this report

This report is split into six sections:

- **Background and methodology** – provides information about the survey programme, how the survey is run, and how to interpret the data.
- **Headline results** – includes key trust-level findings relating to the patients who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.
- **Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the ‘expected range’ analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to improve. Section score slides also include a comparison with other trusts in your region. It may be helpful to compare yourself with regional trusts, so you can learn from and share learnings with trusts in your area who care for similar populations.

- **Trust results** – includes the score for your trust and breakdown of scores across sites within your trust. Internal benchmarking may be helpful so you can compare sites within your organisation, sharing best practice within the trust and identifying any sites that may need attention.
- **Trends over time** – includes your trust’s mean score for each evaluative question in the survey shown in a significance test table, comparing it to your 2020 mean score. This allows you to see if your trust has made statistically significant improvements between survey years.
- **Appendix** – includes additional data for your trust; further information on the survey methodology; interpretation of graphs in this report.

How to interpret the graphs in this report

There are several types of graphs in this report which show how the score for your trust compares to the scores achieved by all trusts that took part in the survey.

The two chart types used in the section ‘benchmarking’ use the ‘expected range’ technique to show results. For information on how to interpret these graphs, please refer to the [Appendix](#).

Other data sources

More information is available about the following topics at their respective websites, listed below:

- Full national results; link to view the results for each trust; technical document: www.cqc.org.uk/inpatientsurvey
- National and trust-level data for all trusts who took part in the Adult Inpatient 2021 survey: <https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2021/>. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.
- Information on the NHS Patient Survey Programme, including results from other surveys: www.cqc.org.uk/content/surveys
- Information about how the CQC monitors hospitals: www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals

Headline results

This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the top and bottom scores for your trust

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of patients who took part in the survey.



1,250 invited to take part



567 completed

83% urgent/emergency admission

17% planned admission



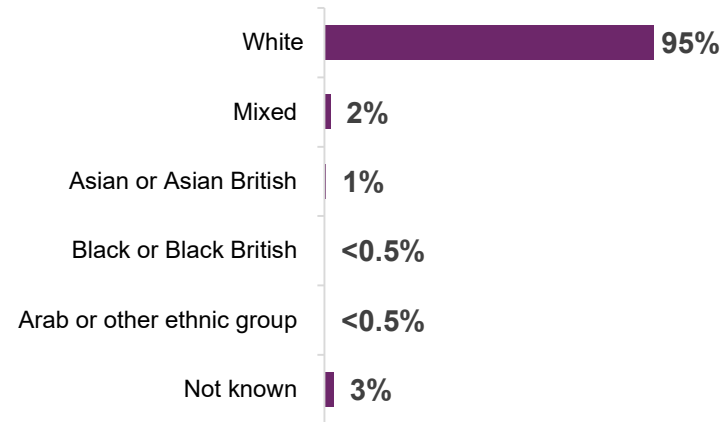
48% response rate

39% average response rate for all trusts

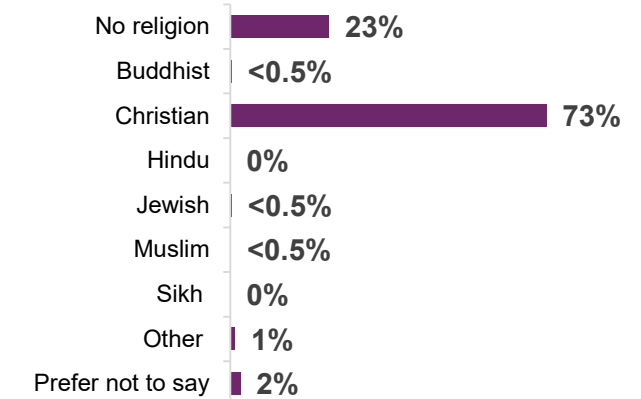
52% response rate for your trust last year



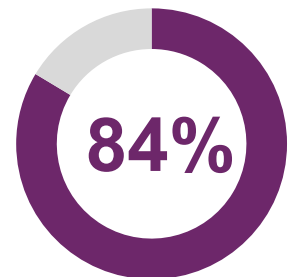
Ethnicity



Religion



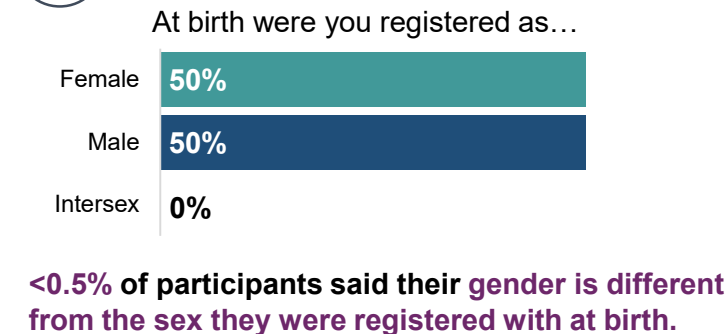
Long-term conditions



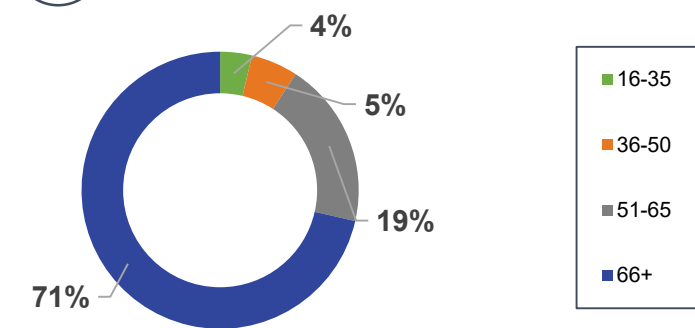
of participants said they have **physical or mental health conditions, disabilities or illnesses** that have lasted or are expected to last 12 months or more (excluding those who selected "I would prefer not to say").



Sex



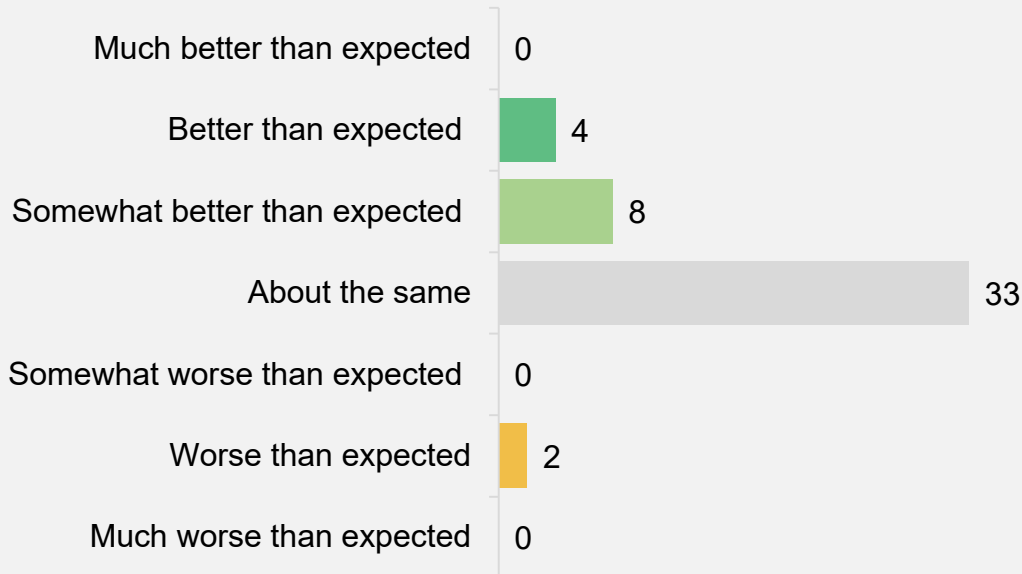
Age



Summary of findings for your trust

Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.



Comparison with last year's results

The **number of questions** in this report where your trust showed a statistically significant increase, decrease, or no change in scores compared to 2020 results.



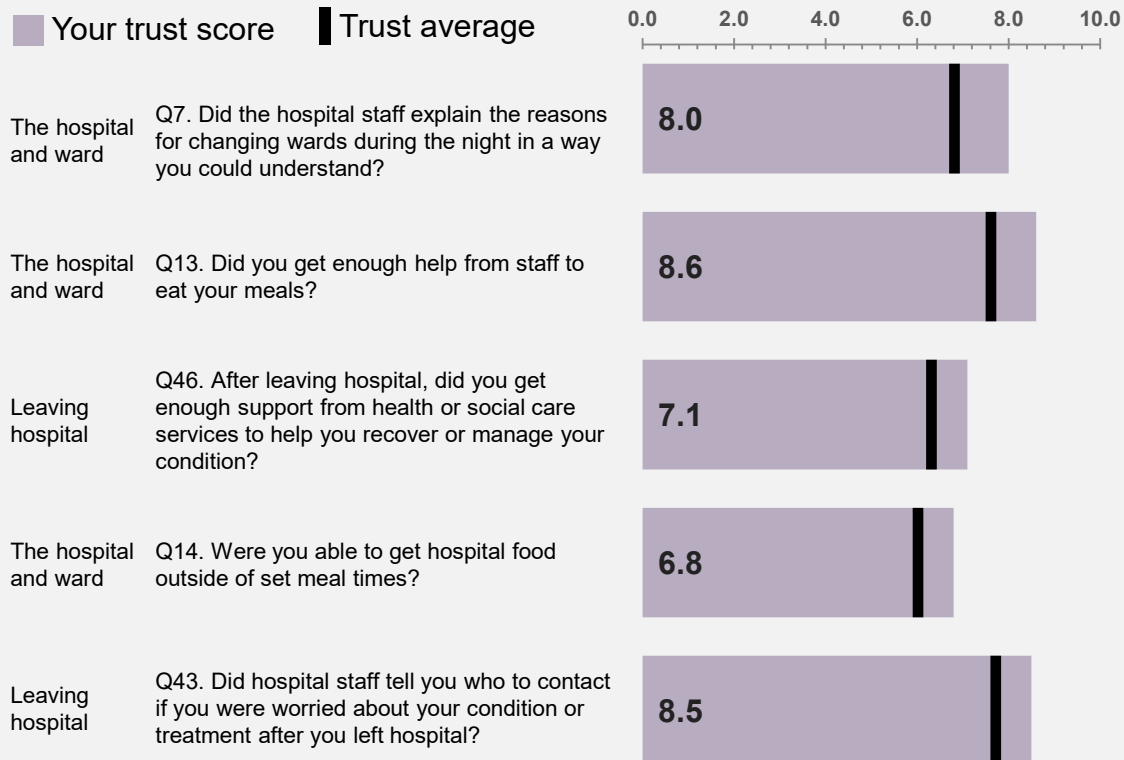
For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section [“comparison to other trusts”](#). For a breakdown of the questions where your trust showed a statistically significant increase or decrease in scores compared to 2020 results, please refer to the appendix section [“comparison to 2020 results”](#).

Best and worst performance relative to the trust average

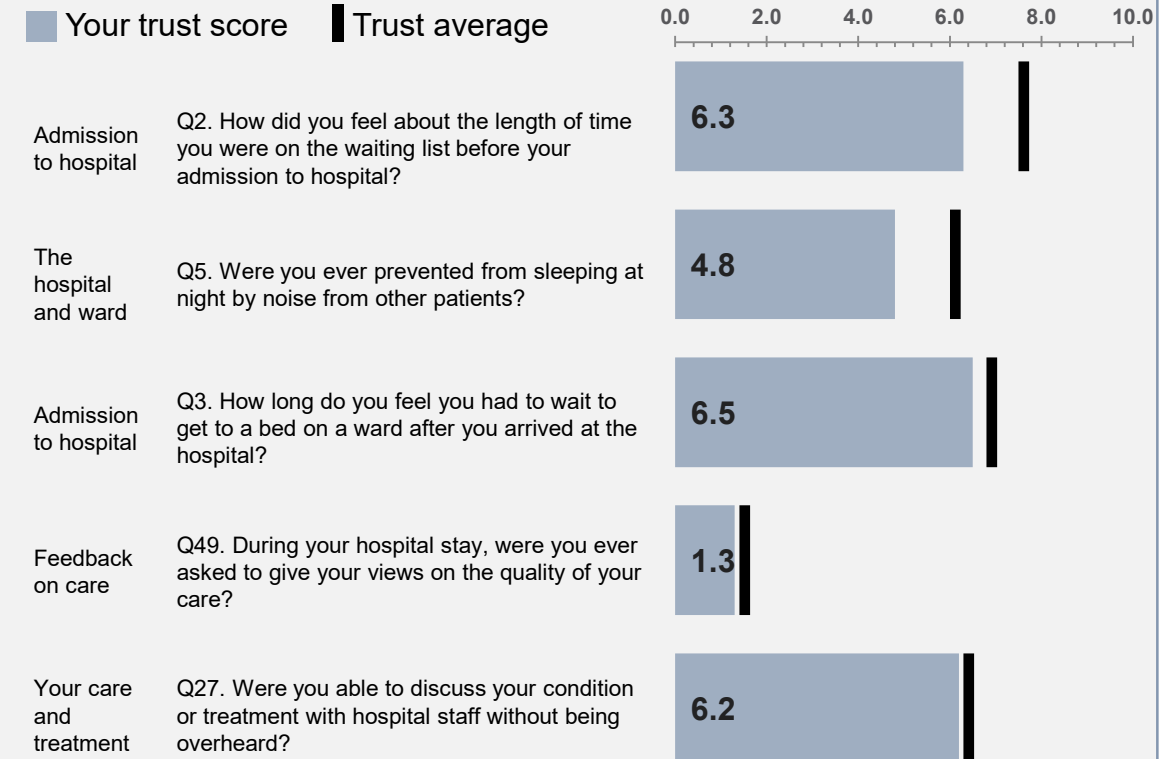
These five questions are calculated by comparing your trust's results to the trust average (the average trust score across England).

- **Top five scores:** These are the five results for your trust that are highest compared with the trust average. If none of the results for your trust are above the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's best performance may be worse than the trust average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the trust average. If none of the results for your trust are below the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's worst performance may be better than the trust average.

Top five scores (compared with trust average)



Bottom five scores (compared with trust average)



Benchmarking

This section includes:

- how your trust scored for each evaluative question in the survey, compared with other trusts that took part
- an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts
- a comparison of section scores with other trusts in your region

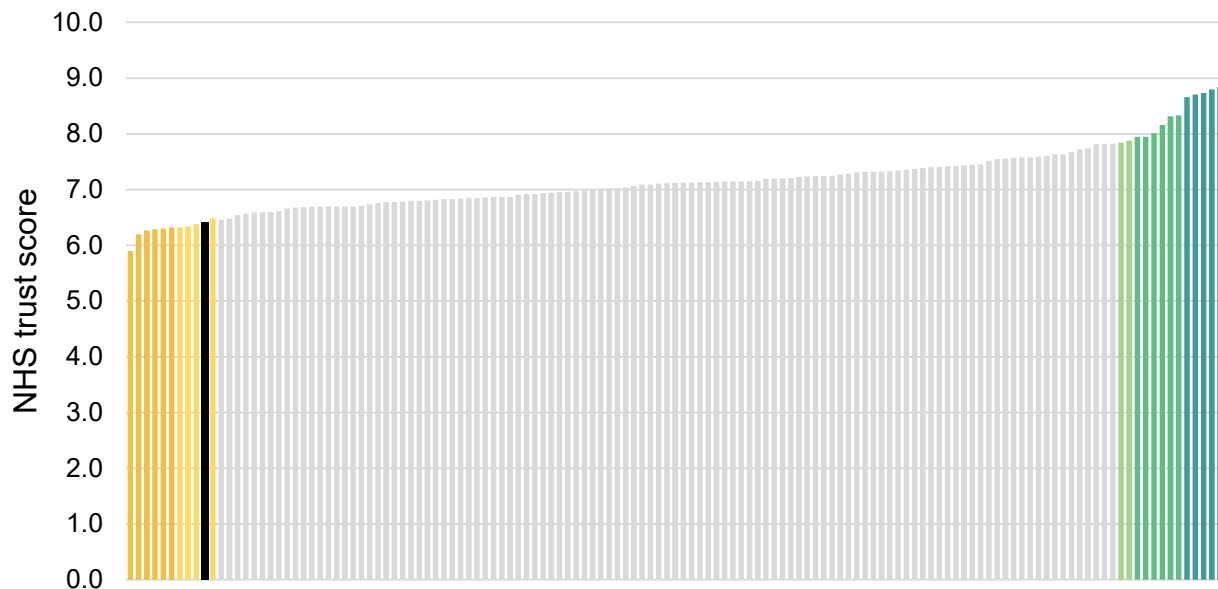
Section 1. Admission to hospital

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

- | | |
|---------------------------------|------------------------|
| ■ Much worse than expected | ■ Worse than expected |
| ■ Somewhat worse than expected | ■ About the same |
| ■ Somewhat better than expected | ■ Better than expected |
| ■ Much better than expected | ■ Your trust |

Your trust section score = 6.4 (Somewhat worse)

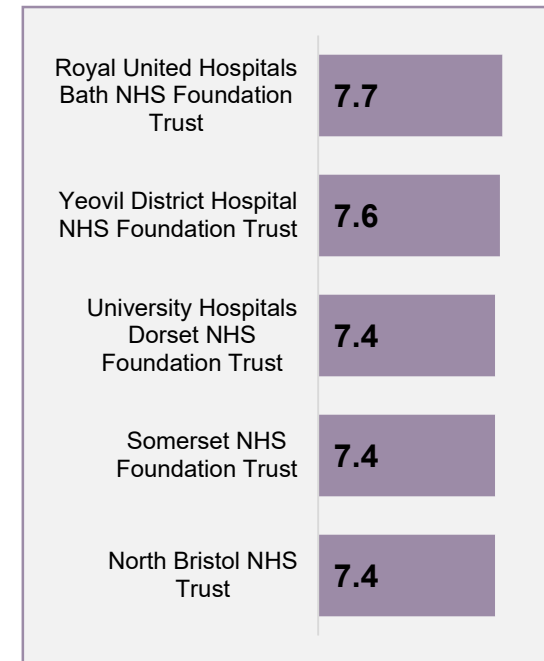


Each vertical line represents an individual NHS trust

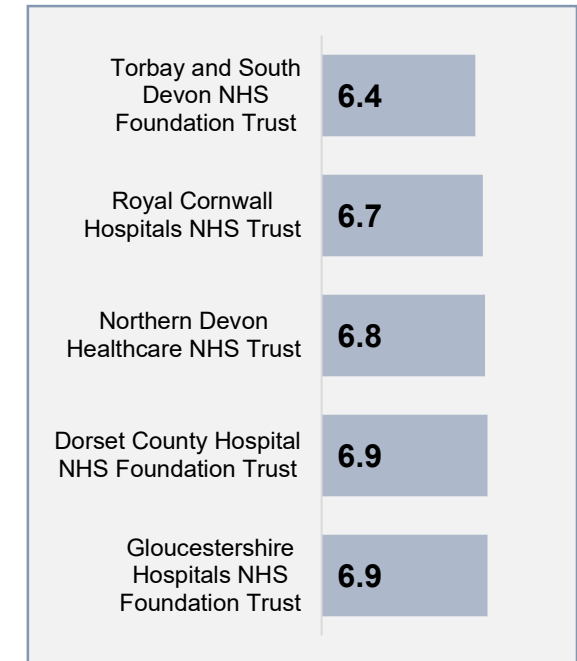
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



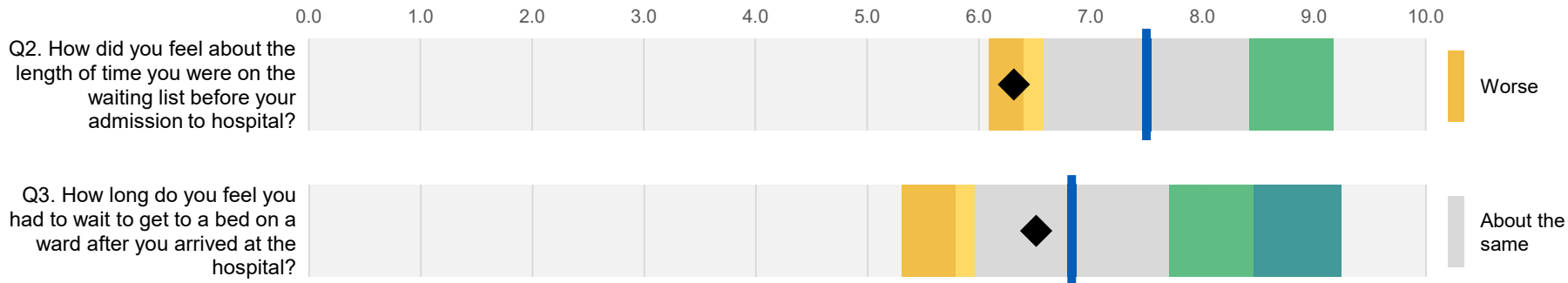
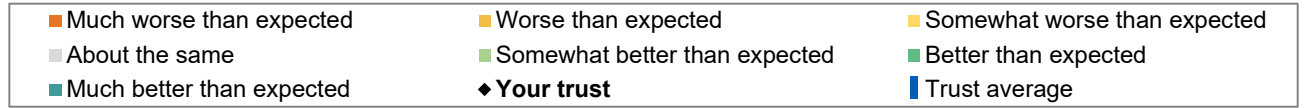
Trusts with the lowest scores



Section 1. Admission to hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



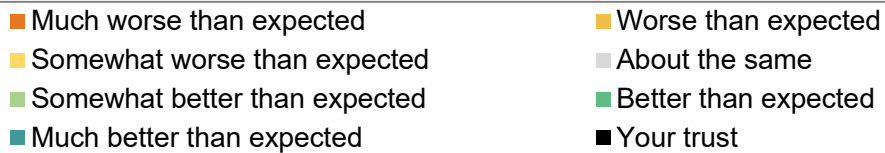
Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
104	6.3	7.5	6.1	9.2

535	6.5	6.8	5.3	9.2
-----	-----	-----	-----	-----

Section 2. The hospital and ward

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 8.0 (Somewhat better)

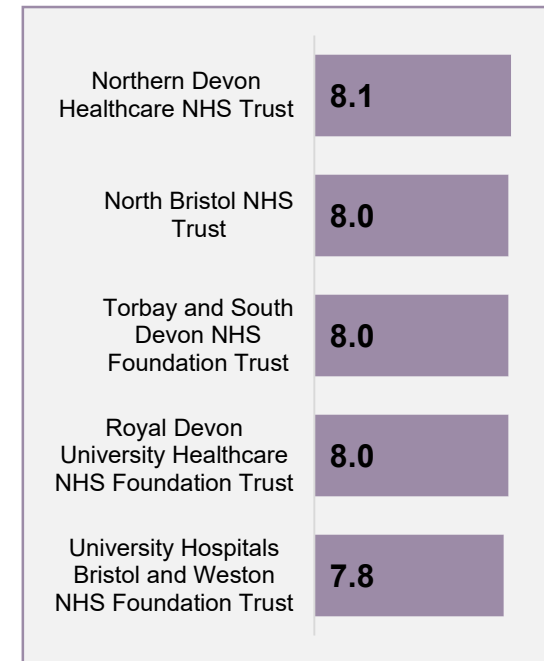


Each vertical line represents an individual NHS trust

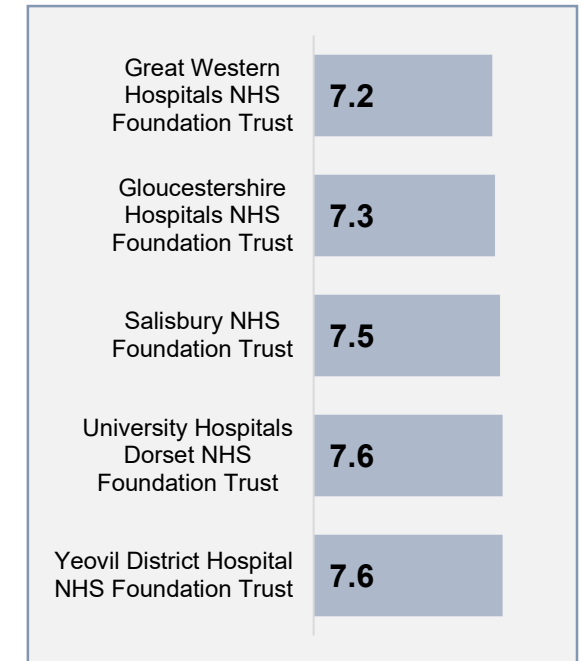
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



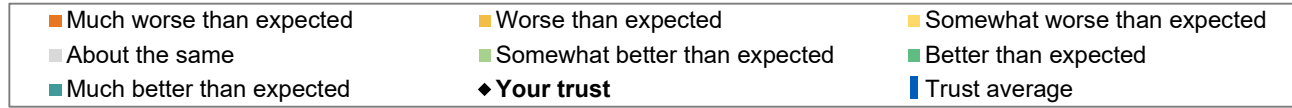
Trusts with the lowest scores



Section 2. The hospital and ward (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



0.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0

Q4. Did you get help from staff to keep in touch with your family and friends?



About the same

Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
333	8.2	7.7	6.4	9.5

Q5. Were you ever prevented from sleeping at night by noise from other patients?



Worse

506	4.8	6.0	4.8	9.5
-----	-----	-----	-----	-----

Q5. Were you ever prevented from sleeping at night by noise from staff?



About the same

506	8.1	8.1	7.2	9.5
-----	-----	-----	-----	-----

Q5. Were you ever prevented from sleeping at night by hospital lighting?



About the same

506	8.2	8.1	7.2	9.4
-----	-----	-----	-----	-----

Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?



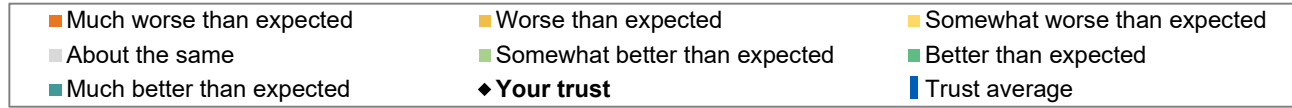
Better

112	8.0	6.7	5.3	9.1
-----	-----	-----	-----	-----

Section 2. The hospital and ward (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



0.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0

Q8. How clean was the hospital room or ward that you were in?



About the same

Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
554	9.2	9.1	8.4	9.9

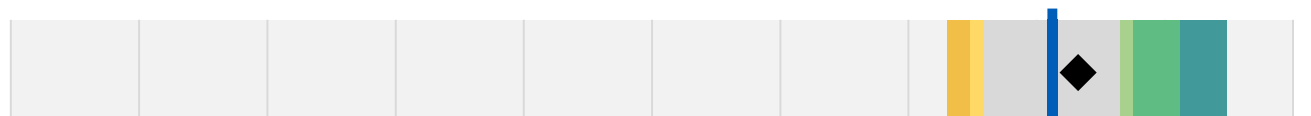
Q9. Did you get enough help from staff to wash or keep yourself clean?



About the same

411	8.6	8.1	7.2	9.4
-----	-----	-----	-----	-----

Q10. If you brought medication with you to hospital, were you able to take it when you needed to?



About the same

289	8.3	8.1	7.3	9.5
-----	-----	-----	-----	-----

Q11. Were you offered food that met any dietary needs or requirements you had?



About the same

261	8.7	8.3	6.7	9.7
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Q12. How would you rate the hospital food?



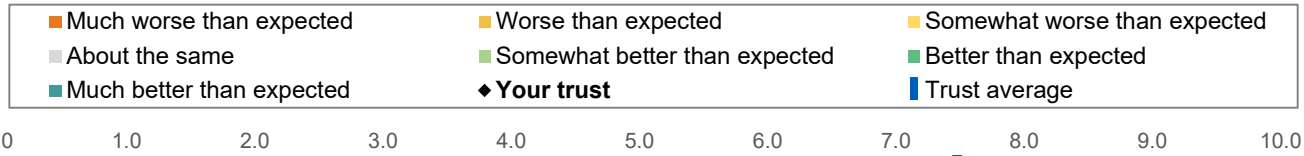
About the same

535	7.2	7.0	5.9	8.8
-----	-----	-----	-----	-----

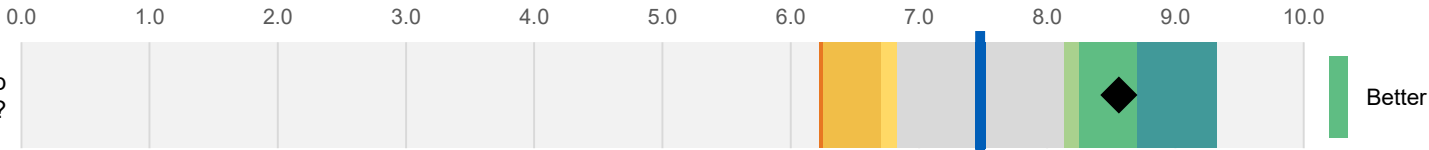
Section 2. The hospital and ward (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



Q13. Did you get enough help from staff to eat your meals?



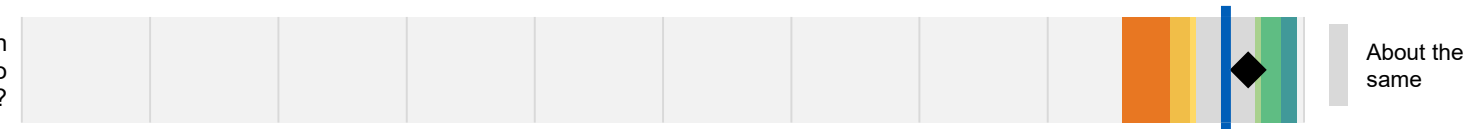
Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
131	8.6	7.5	6.2	9.3

Q14. Were you able to get hospital food outside of set meal times?



215	6.8	5.9	4.3	8.6
-----	-----	-----	-----	-----

Q15. During your time in hospital, did you get enough to drink?

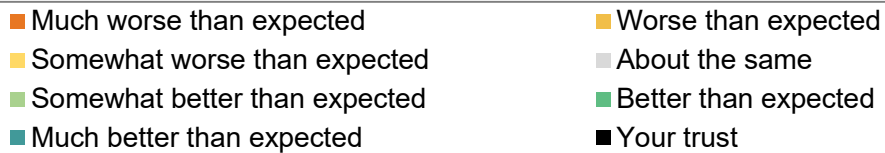


531	9.6	9.4	8.6	9.9
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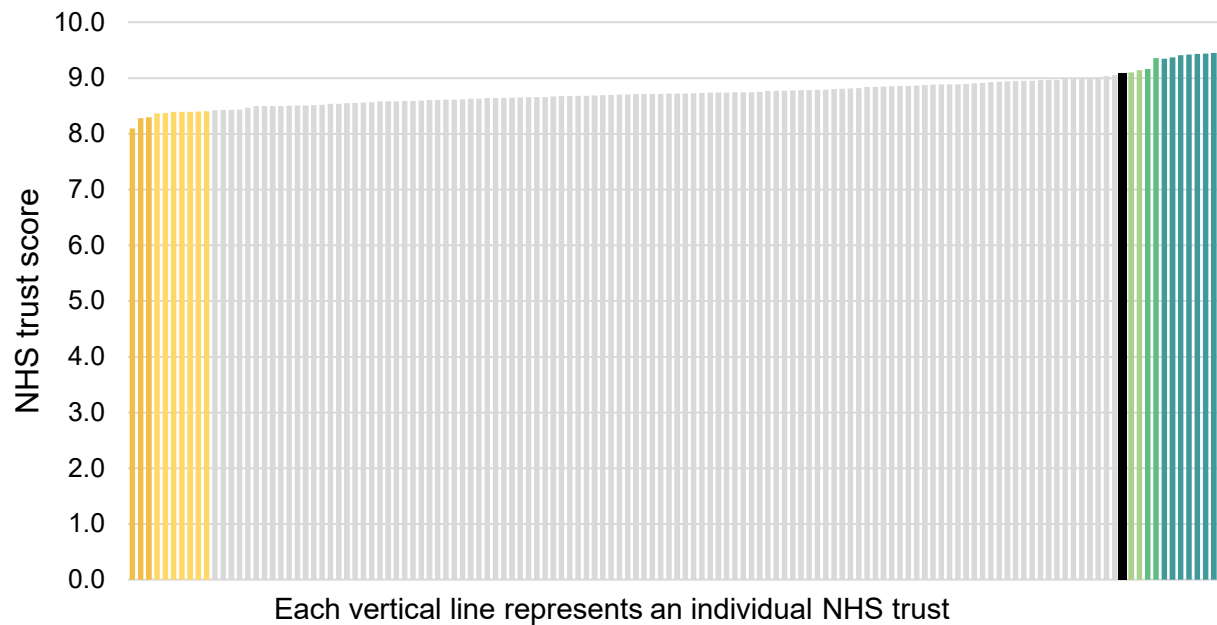
Section 3. Doctors

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



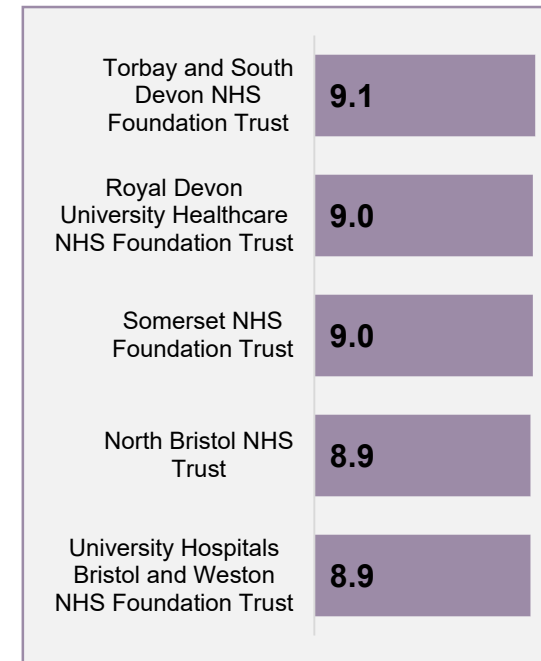
Your trust section score = 9.1 (Somewhat better)



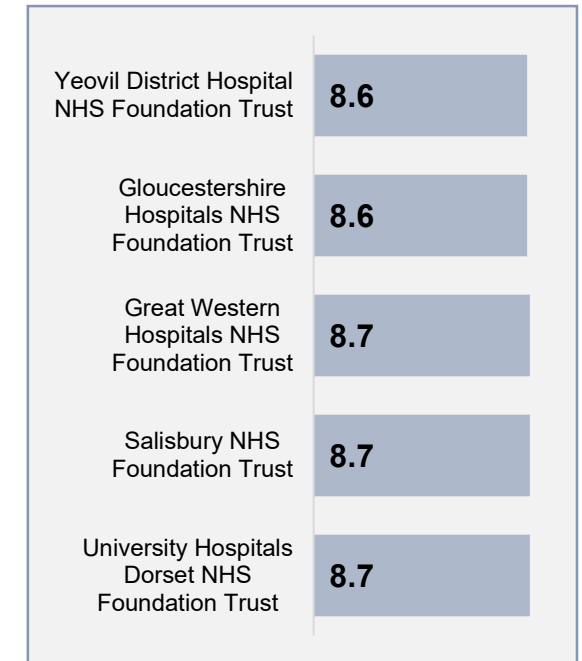
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



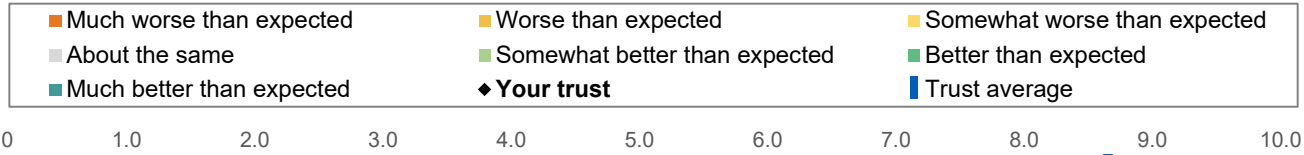
Trusts with the lowest scores



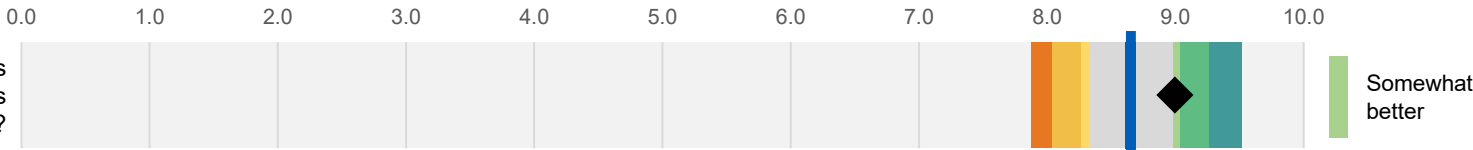
Section 3. Doctors (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



Q16. When you asked doctors questions, did you get answers you could understand?



		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
529	9.0	8.7	7.9	9.5

Q17. Did you have confidence and trust in the doctors treating you?



561	9.3	9.1	8.5	9.8
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Q18. When doctors spoke about your care in front of you, were you included in the conversation?

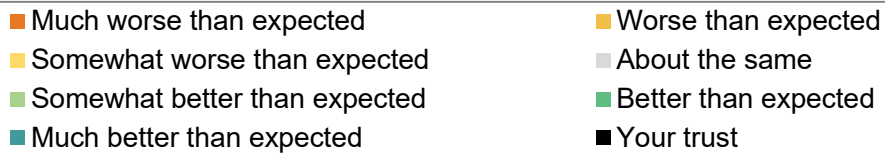


557	8.9	8.5	7.9	9.4
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Section 4. Nurses

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 8.7 (About the same)

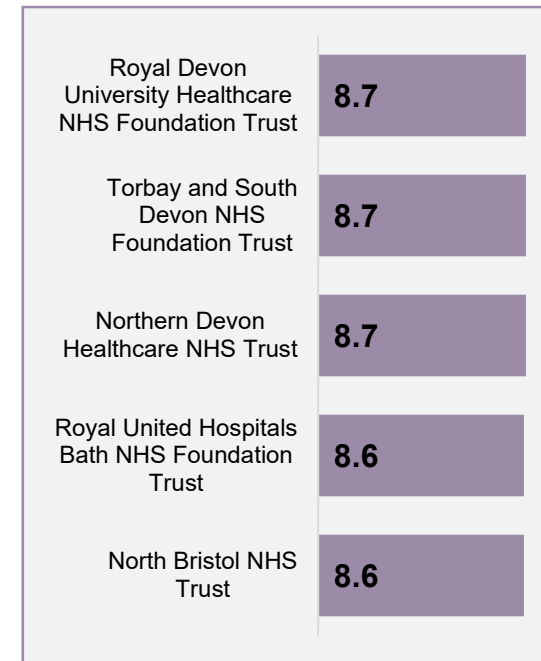


Each vertical line represents an individual NHS trust

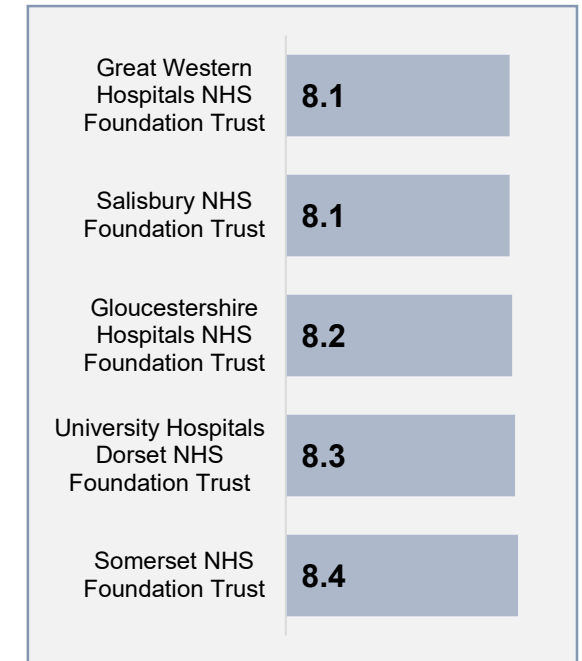
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



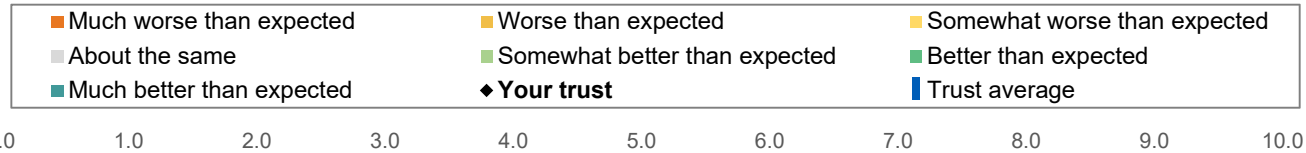
Trusts with the lowest scores



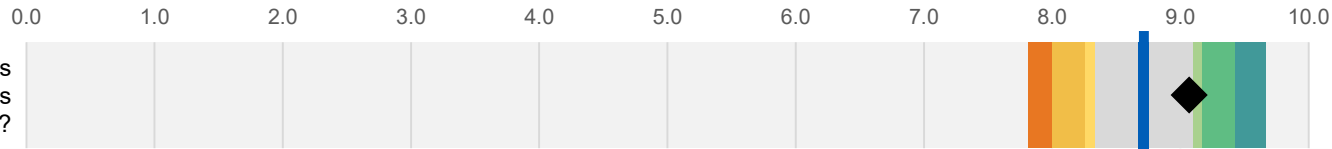
Section 4. Nurses (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



Q19. When you asked nurses questions, did you get answers you could understand?



About the same

Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
514	9.1	8.7	7.8	9.7

Q20. Did you have confidence and trust in the nurses treating you?



Somewhat better

562	9.3	9.0	8.2	9.6
-----	-----	-----	-----	-----

Q21. When nurses spoke about your care in front of you, were you included in the conversation?



Somewhat better

558	9.1	8.6	7.7	9.5
-----	-----	-----	-----	-----

Q22. In your opinion, were there enough nurses on duty to care for you in hospital?



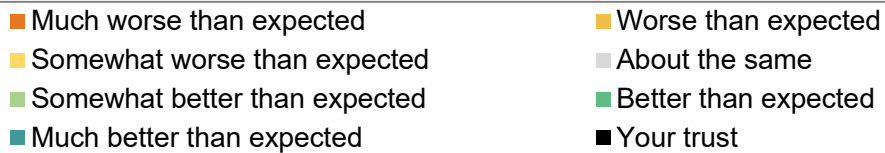
About the same

558	7.3	7.3	5.9	9.1
-----	-----	-----	-----	-----

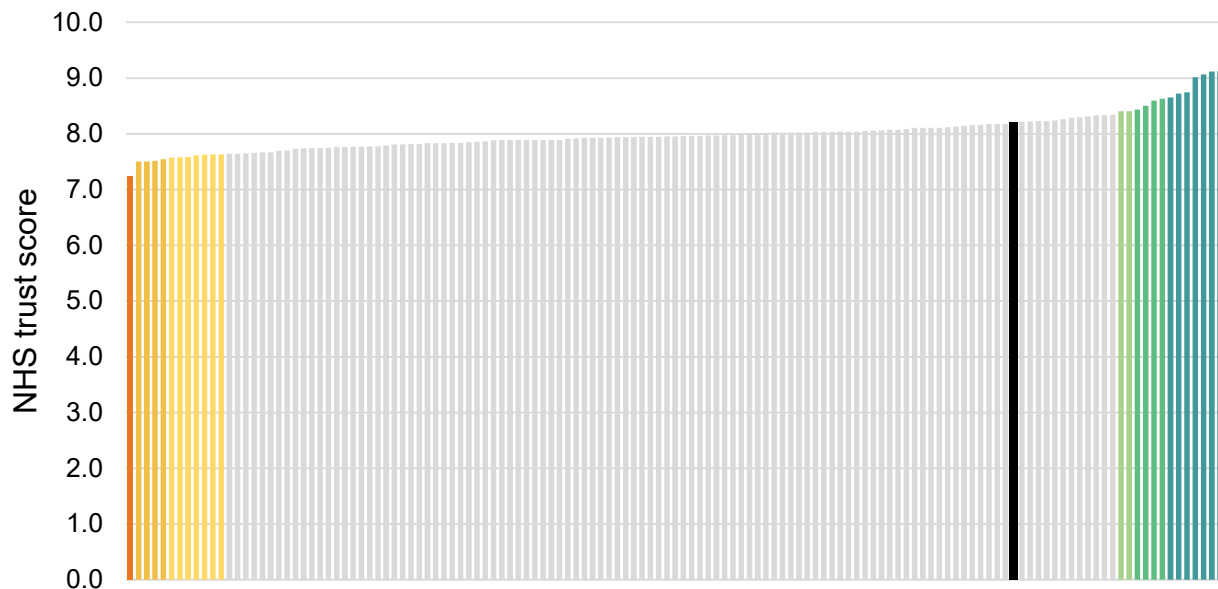
Section 5. Your care and treatment

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 8.2 (About the same)

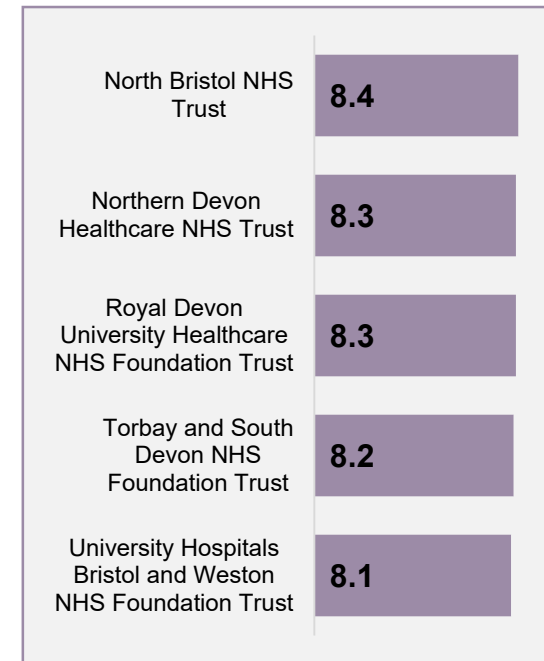


Each vertical line represents an individual NHS trust

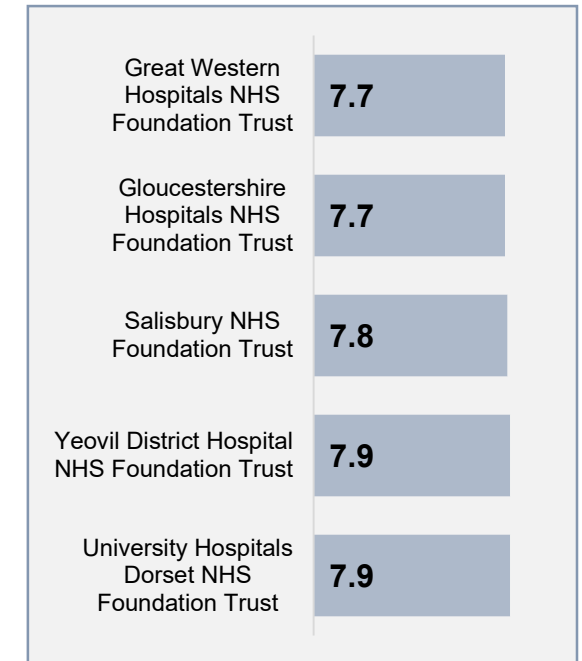
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



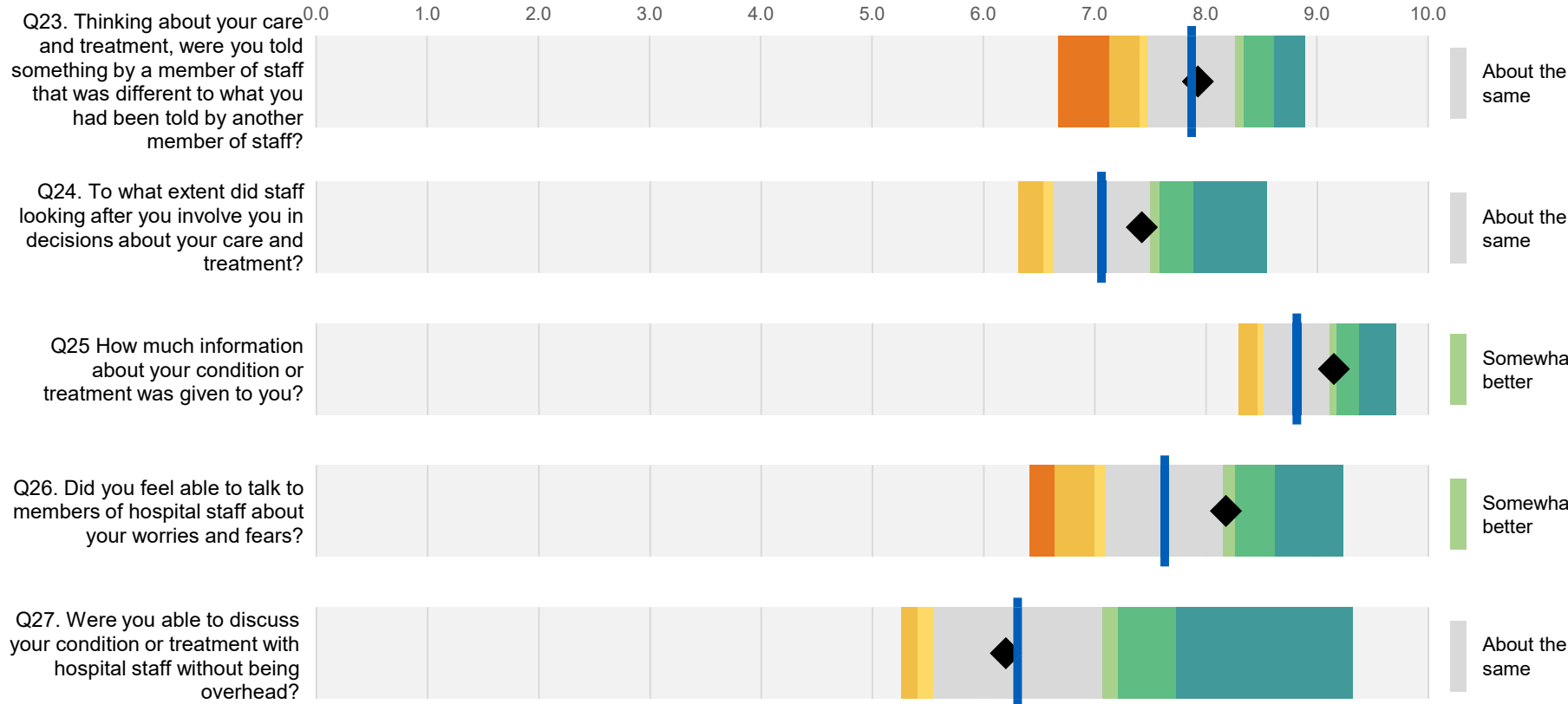
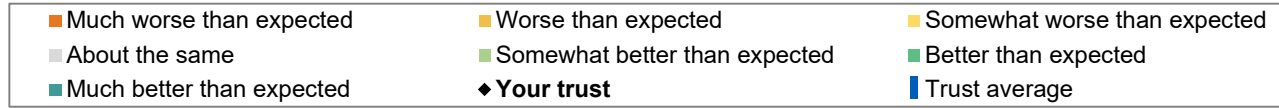
Trusts with the lowest scores



Section 5. Your care and treatment (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
513	7.9	7.9	6.7	8.9

531	7.4	7.1	6.3	8.5
-----	-----	-----	-----	-----

548	9.1	8.8	8.3	9.7
-----	-----	-----	-----	-----

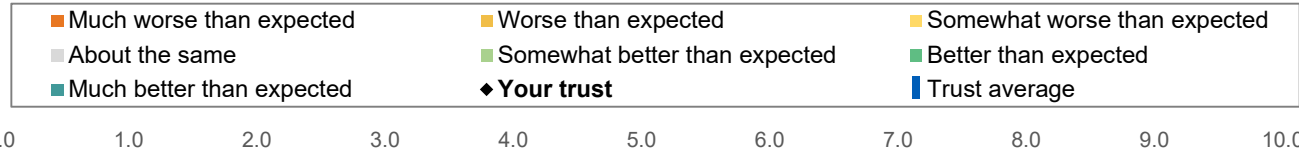
470	8.2	7.6	6.4	9.2
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493	6.2	6.3	5.3	9.3
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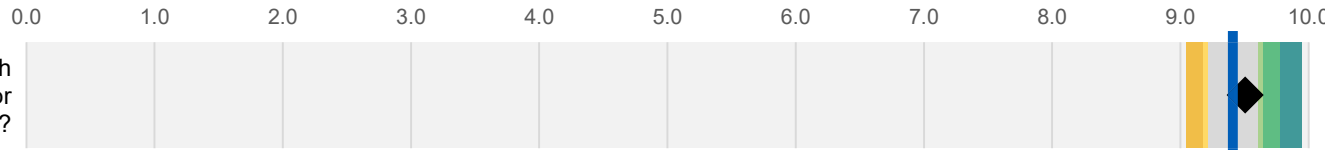
Section 5. Your care and treatment (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



Q28. Were you given enough privacy when being examined or treated?



About the same

		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
554	9.5	9.4	9.0	9.9

Q29. Do you think the hospital staff did everything they could to help control your pain?



About the same

479	9.0	8.8	8.1	9.6
-----	-----	-----	-----	-----

Q30. Were you able to get a member of staff to help you when you needed attention?



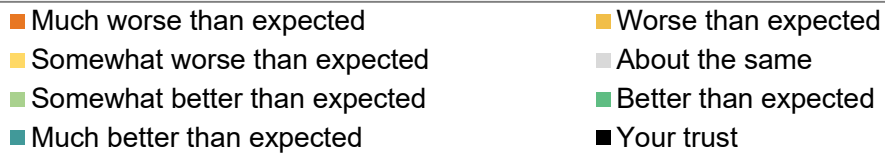
About the same

515	8.3	8.1	7.3	9.4
-----	-----	-----	-----	-----

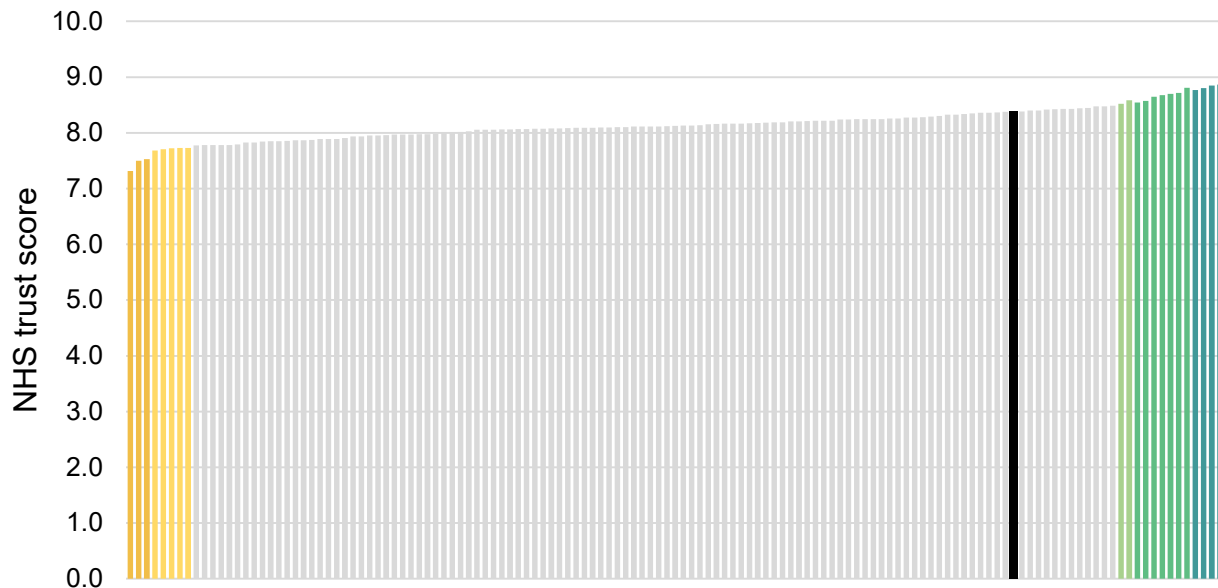
Section 6. Operations and procedures

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 8.4 (About the same)

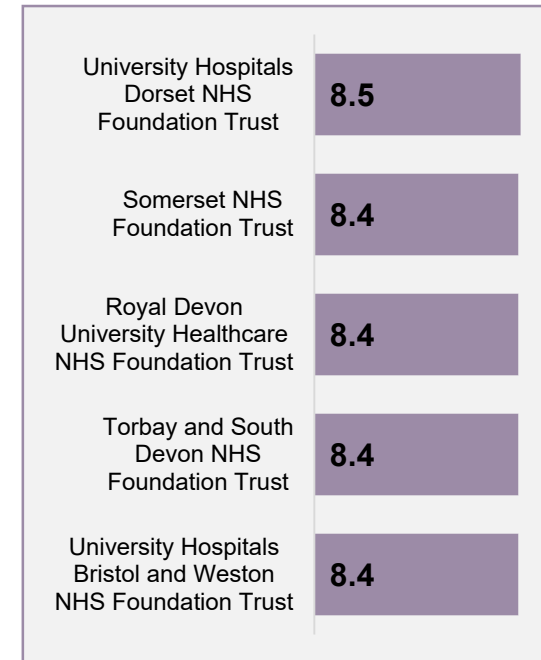


Each vertical line represents an individual NHS trust

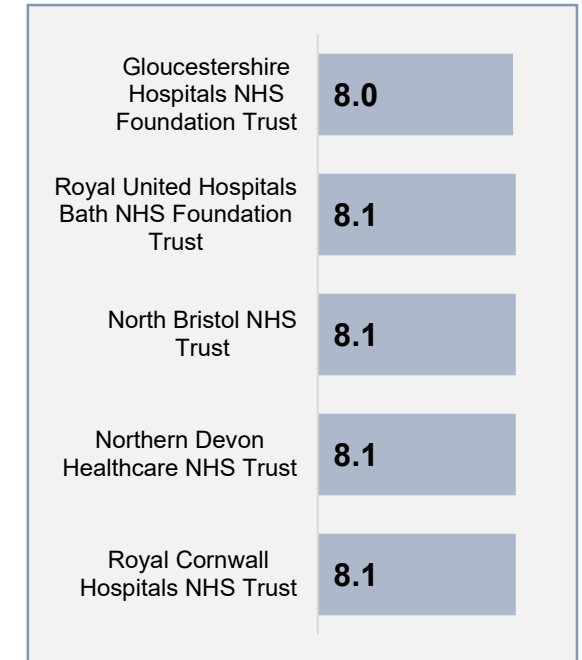
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



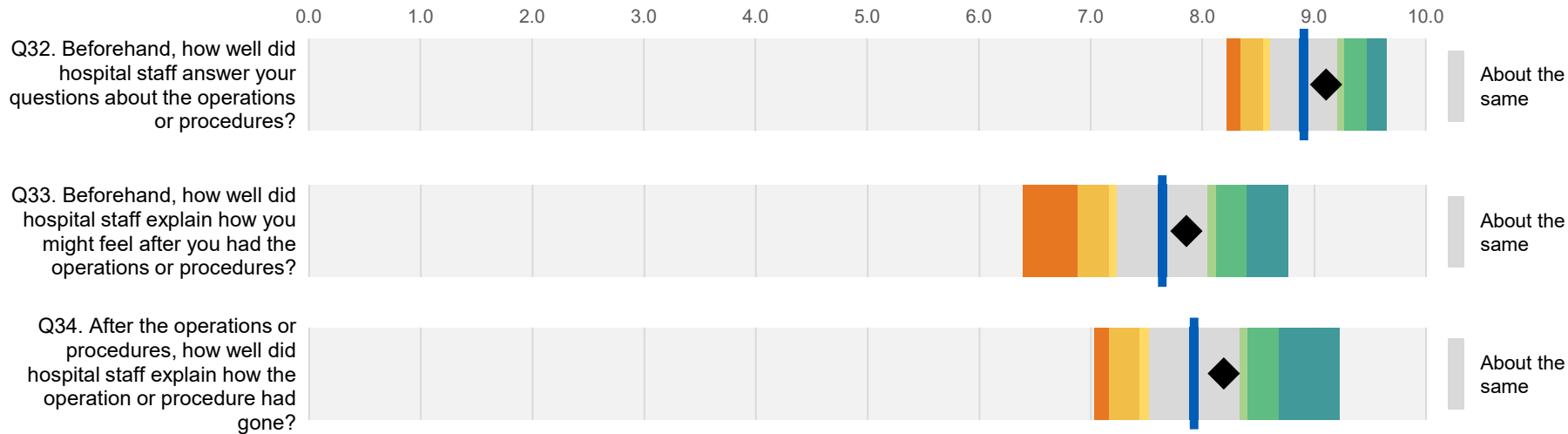
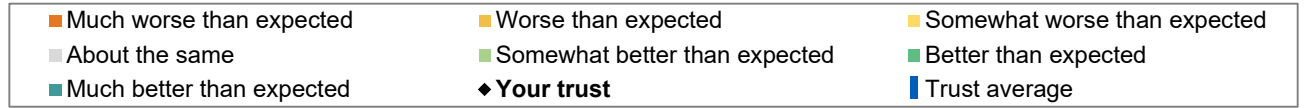
Trusts with the lowest scores



Section 6. Operations and procedures (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
236	9.1	8.9	8.2	9.7

246	7.9	7.6	6.4	8.8
-----	-----	-----	-----	-----

251	8.2	7.9	7.0	9.2
-----	-----	-----	-----	-----

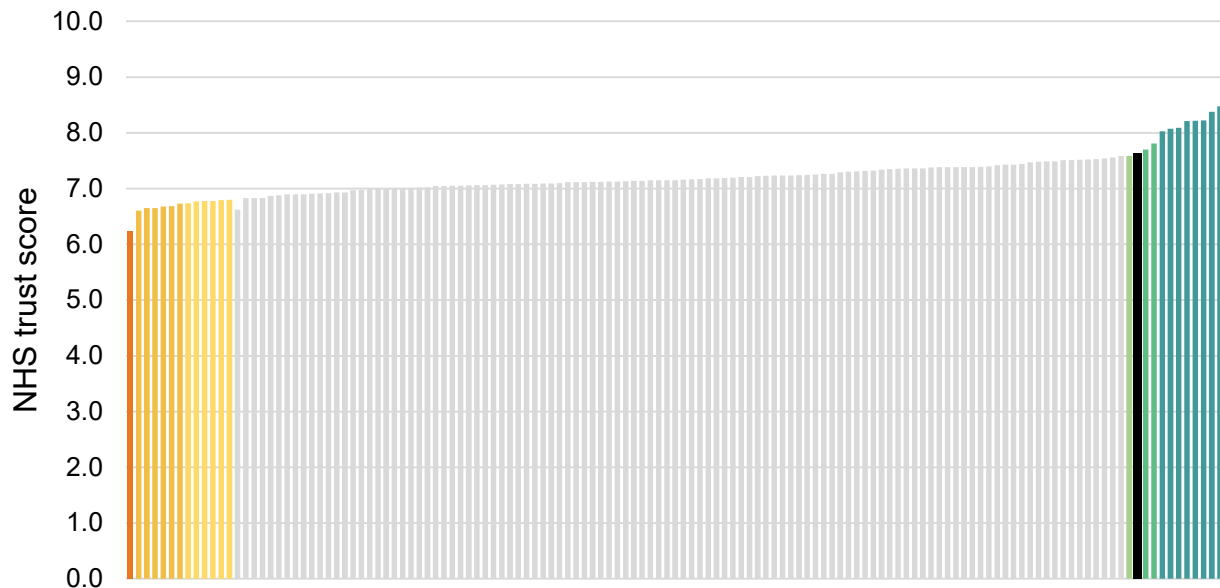
Section 7. Leaving hospital

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 7.6 (Somewhat better)

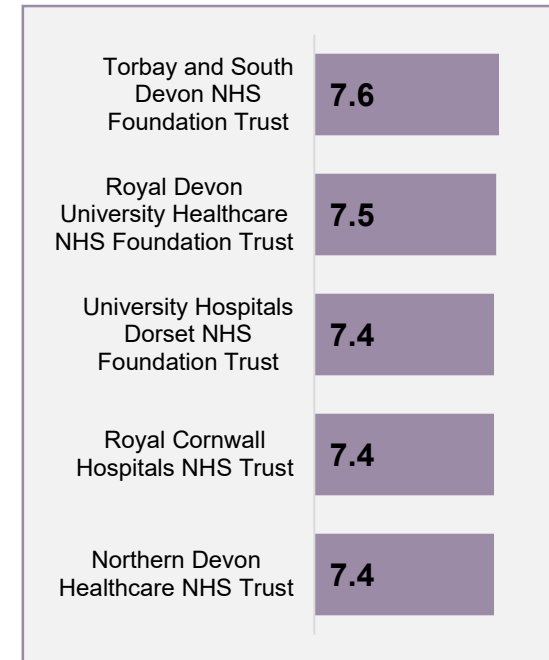


Each vertical line represents an individual NHS trust

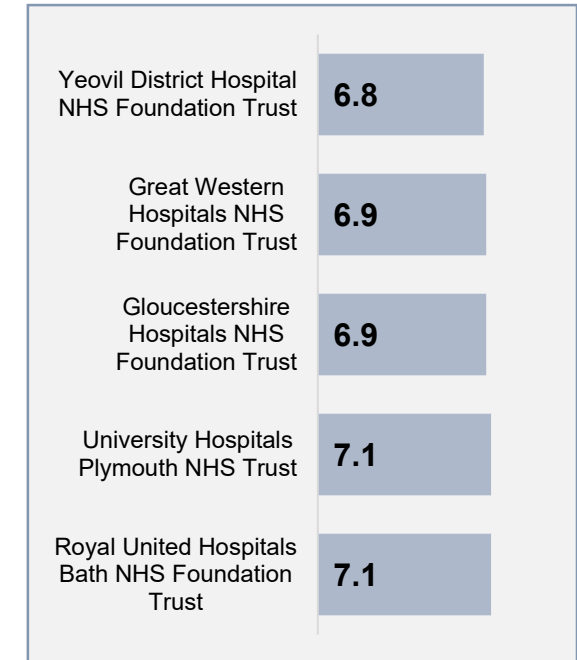
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



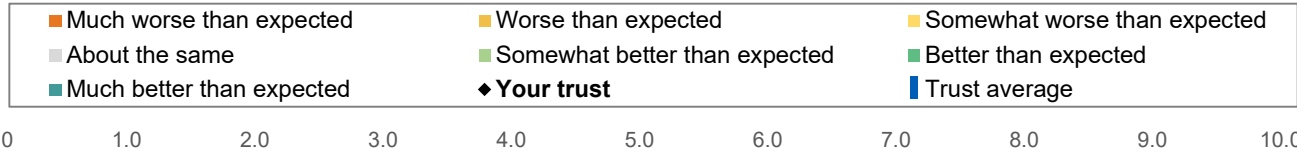
Trusts with the lowest scores



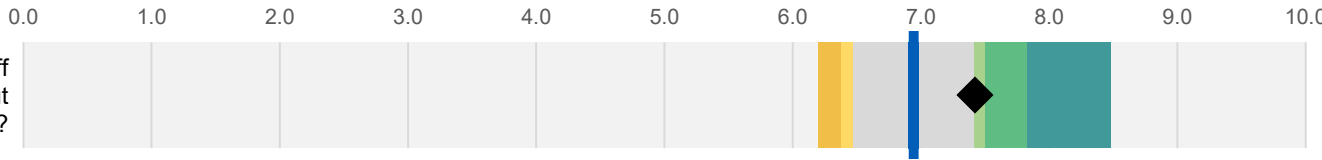
Section 7. Leaving hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



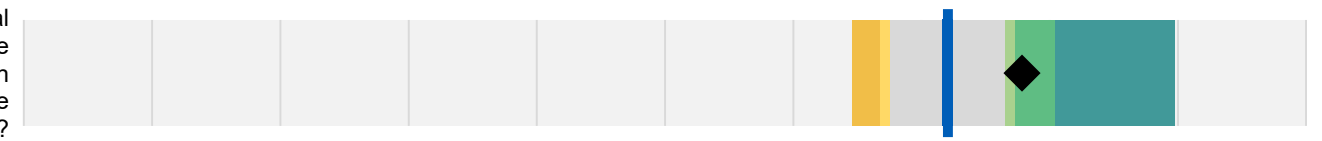
Q35. To what extent did staff involve you in decisions about you leaving hospital?



Somewhat better

Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
545	7.4	6.9	6.2	8.5

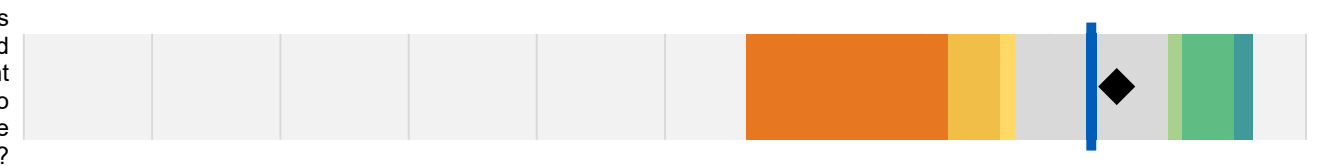
Q36. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?



Better

441	7.8	7.2	6.5	9.0
-----	-----	-----	-----	-----

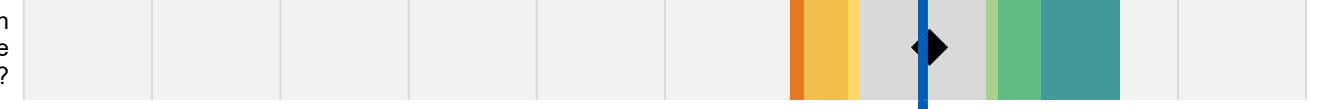
Q37. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?



About the same

238	8.5	8.3	5.6	9.6
-----	-----	-----	-----	-----

Q38. Were you given enough notice about when you were going to leave hospital?



About the same

563	7.1	7.0	6.0	8.5
-----	-----	-----	-----	-----

Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?



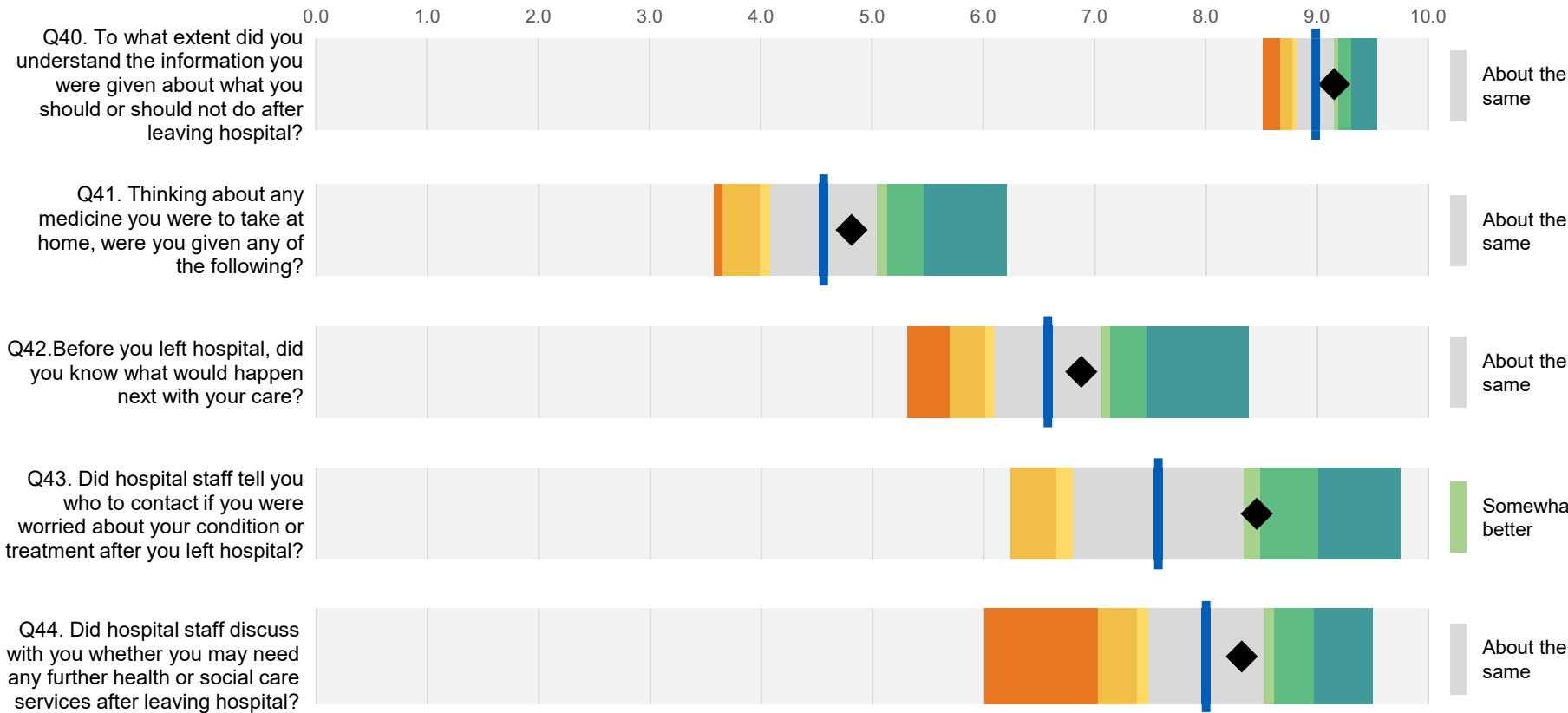
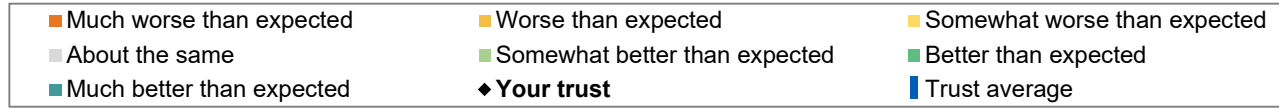
Somewhat better

528	8.5	8.0	7.0	9.7
-----	-----	-----	-----	-----

Section 7. Leaving hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
427	9.2	9.0	8.5	9.5

421	4.8	4.6	3.6	6.2
-----	-----	-----	-----	-----

508	6.9	6.6	5.3	8.4
-----	-----	-----	-----	-----

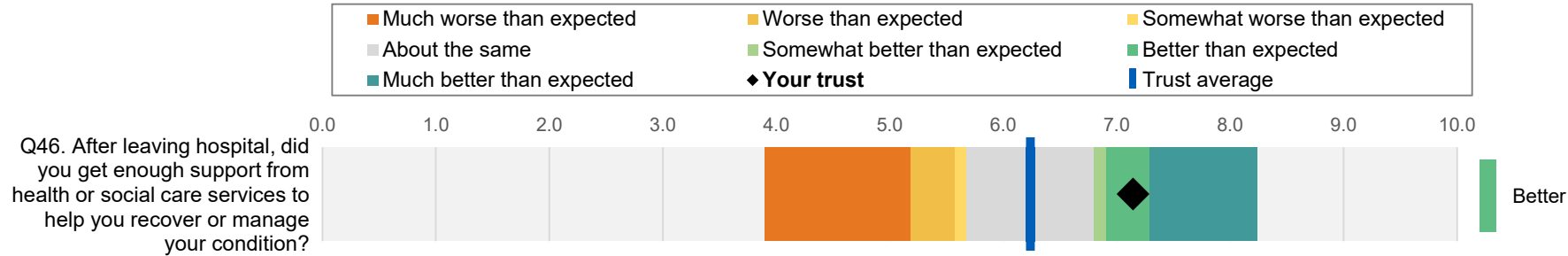
511	8.5	7.6	6.2	9.7
-----	-----	-----	-----	-----

344	8.3	8.0	6.0	9.5
-----	-----	-----	-----	-----

Section 7. Leaving hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

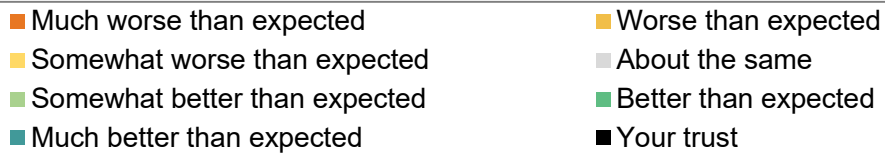


Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
340	7.1	6.2	3.9	8.2

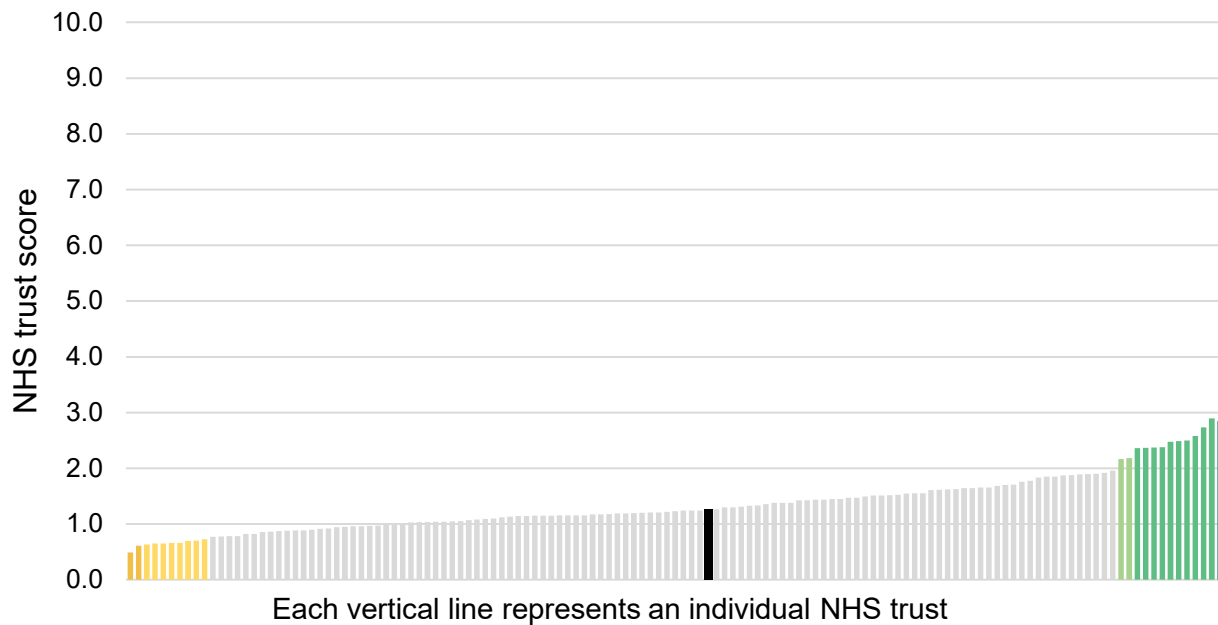
Section 8. Feedback on the quality of your care

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



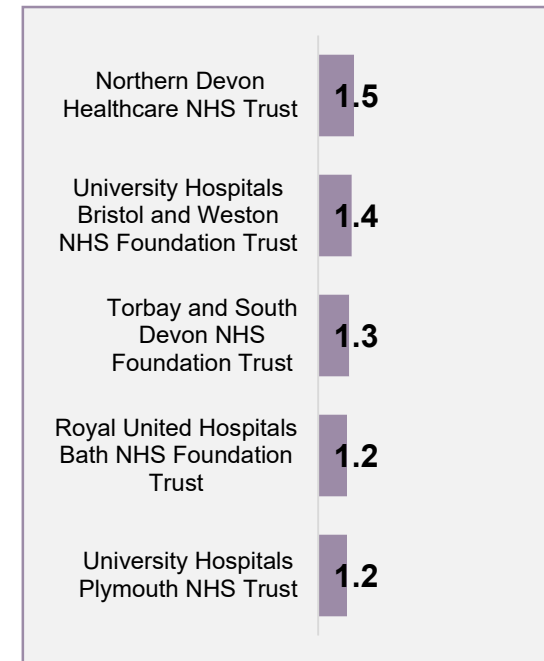
Your trust section score = 1.3 (About the same)



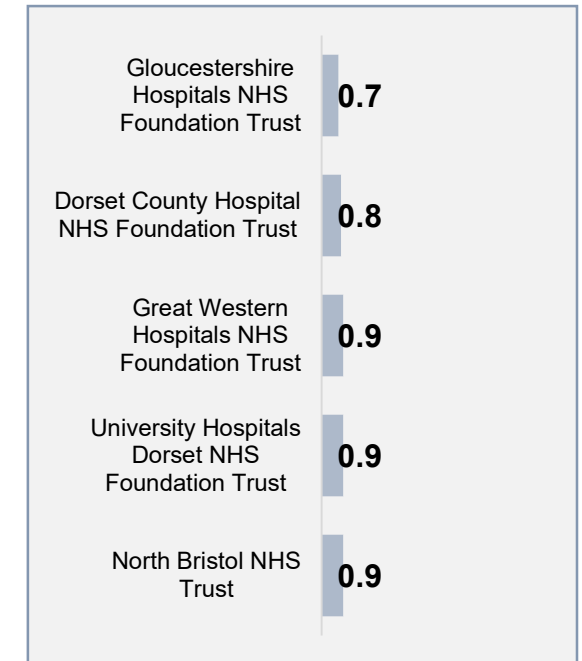
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



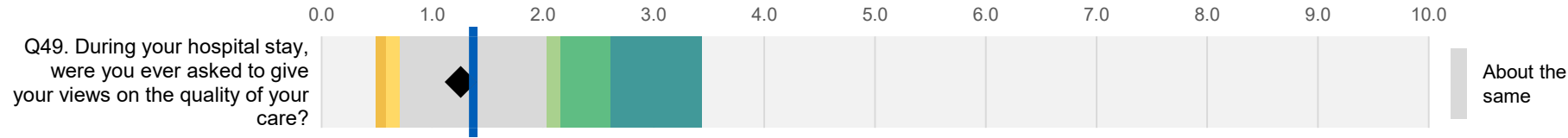
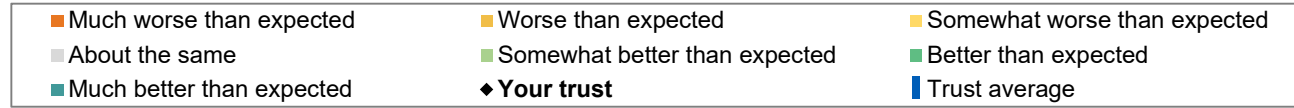
Trusts with the lowest scores



Section 8. Feedback on the quality of your care (continued)

Question score

Trust score is not shown when there are fewer than 30 respondents.

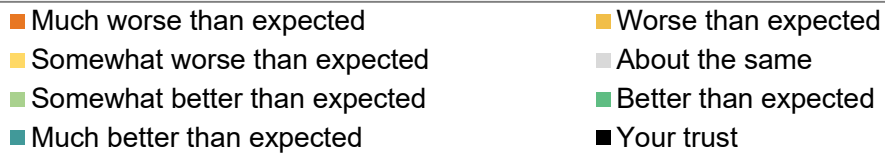


Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
481	1.3	1.4	0.5	3.4

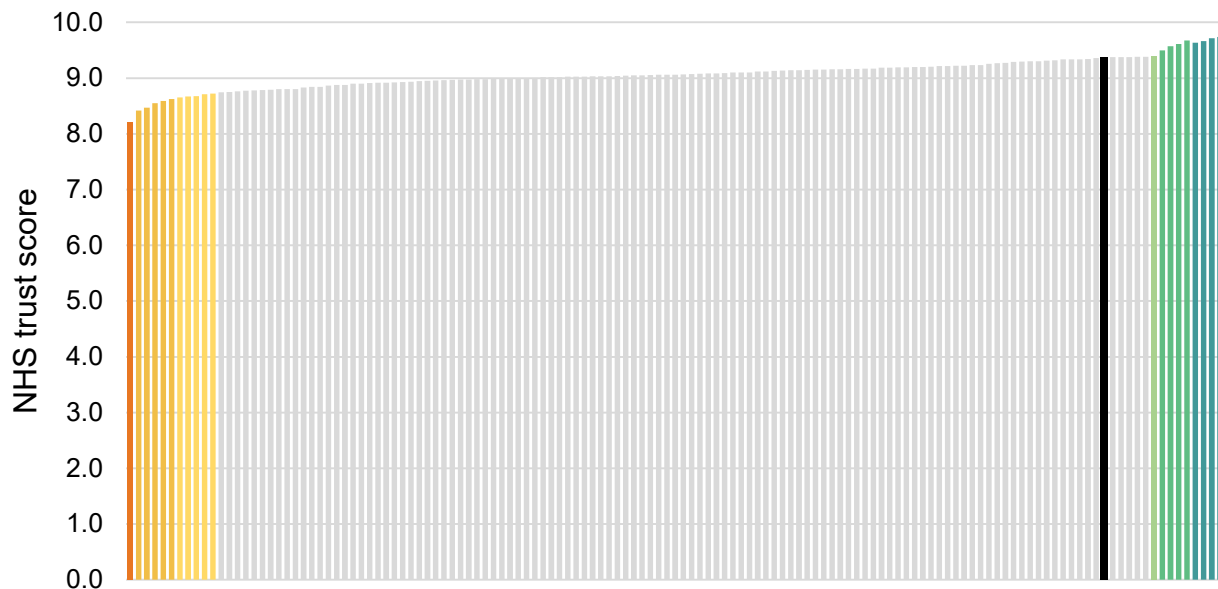
Section 9. Respect and dignity

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 9.4 (About the same)

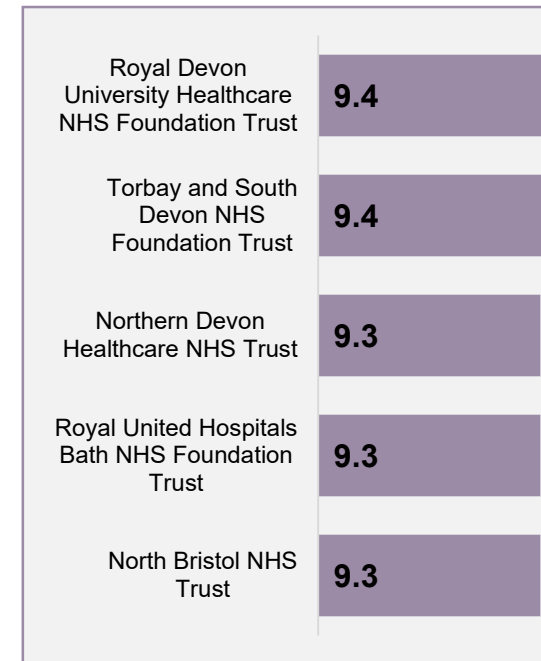


Each vertical line represents an individual NHS trust

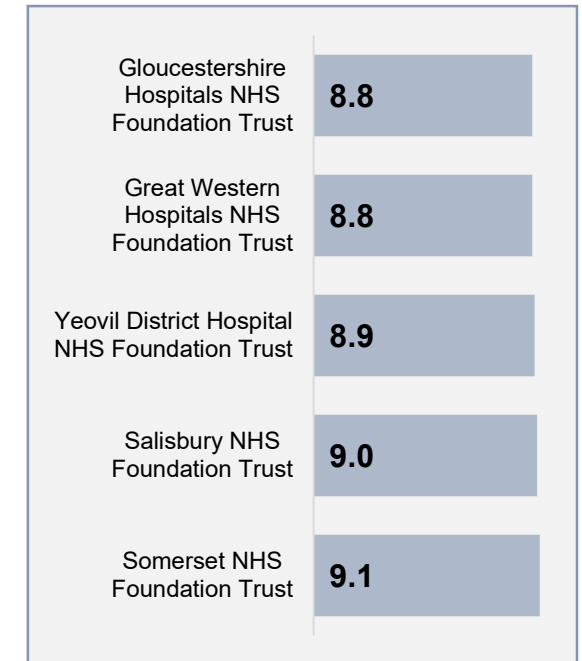
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



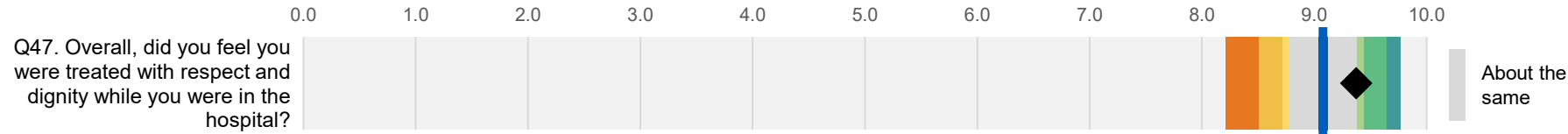
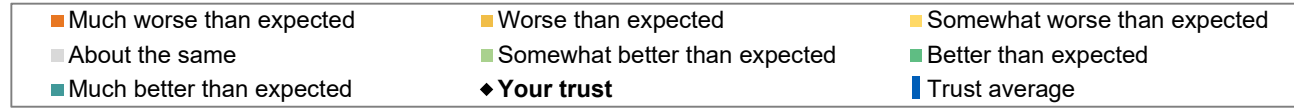
Trusts with the lowest scores



Section 9. Respect and dignity (continued)

Question score

Trust score is not shown when there are fewer than 30 respondents.

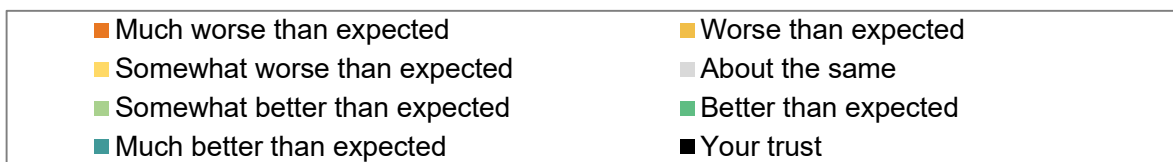


		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
563	9.4	9.1	8.2	9.8

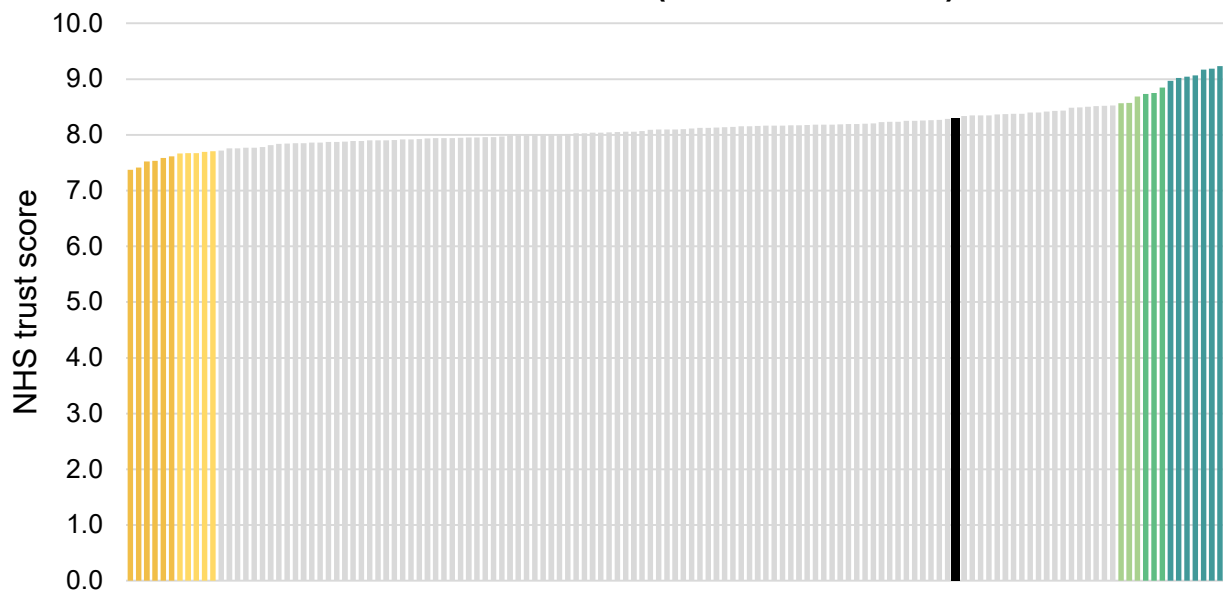
Section 10. Overall experience

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 8.3 (About the same)

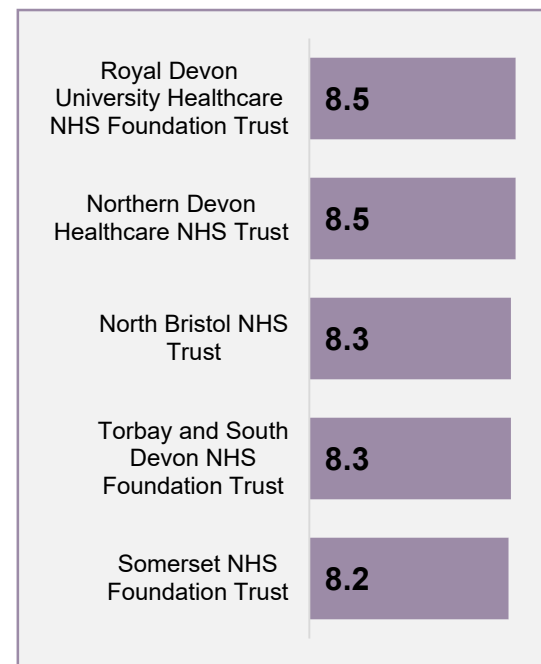


Each vertical line represents an individual NHS trust

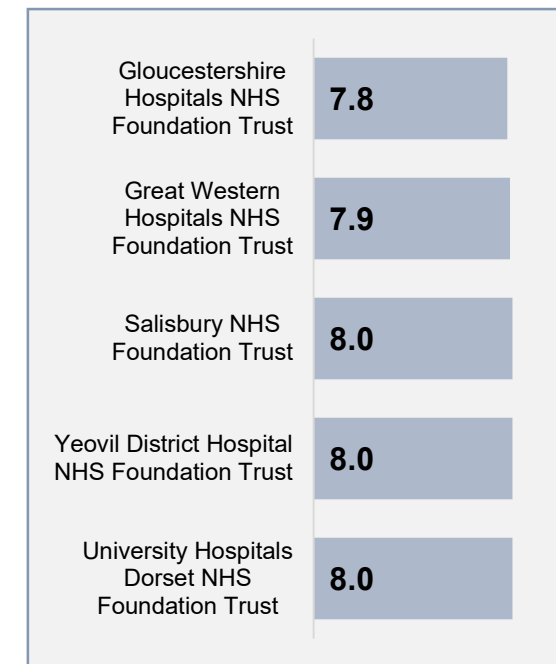
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



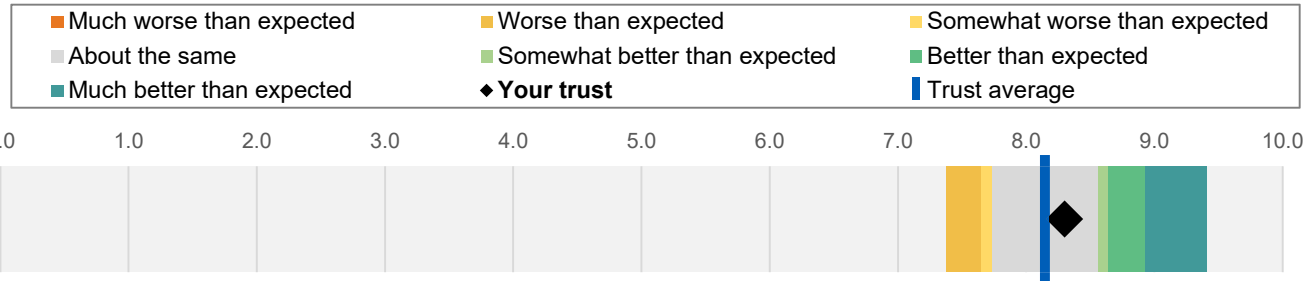
Trusts with the lowest scores



Section 10. Overall experience (continued)

Question score

Trust score is not shown when there are fewer than 30 respondents.



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
559	8.3	8.1	7.4	9.4

Trust results

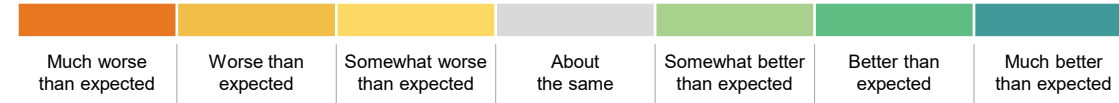
This section includes:

- an overview of results for your trust for each question, including:
 - the score for your trust
 - a breakdown of scores across sites within your trust
- if fewer than 30 responses were received from patients discharged from a site, no scores will be displayed for that site

Admission to hospital

Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

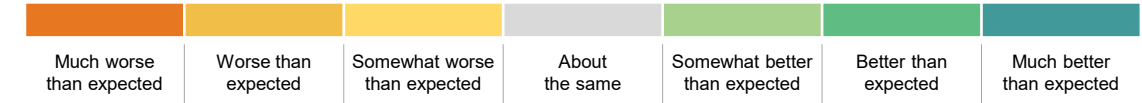
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Admission to hospital

Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

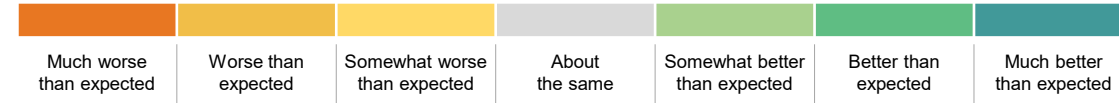
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q4. Did you get help from staff to keep in touch with your family and friends?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

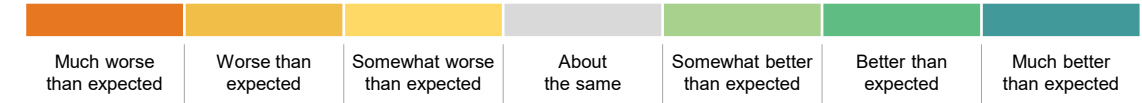
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q5. Were you ever prevented from sleeping at night by noise from other patients?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

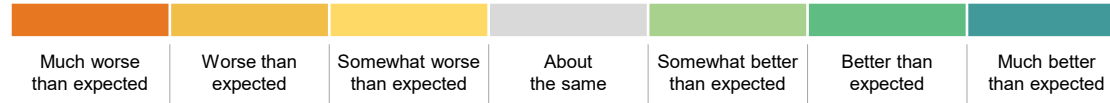
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q5. Were you ever prevented from sleeping at night by noise from staff?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

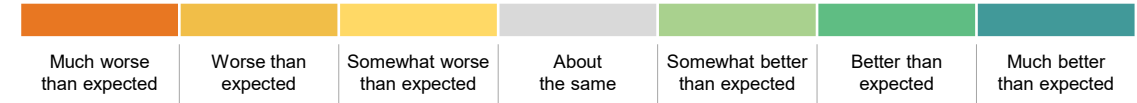
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q5. Were you ever prevented from sleeping at night by hospital lighting?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

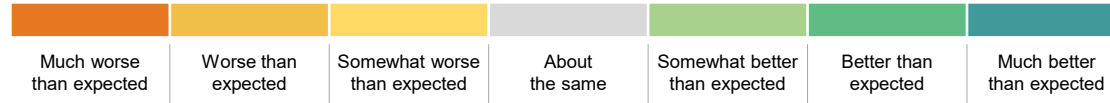
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

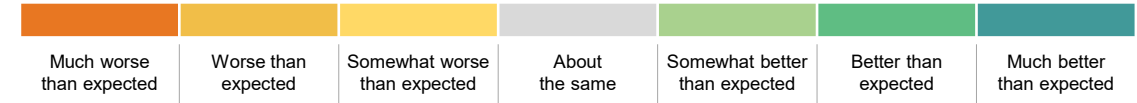
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q8. How clean was the hospital room or ward that you were in?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

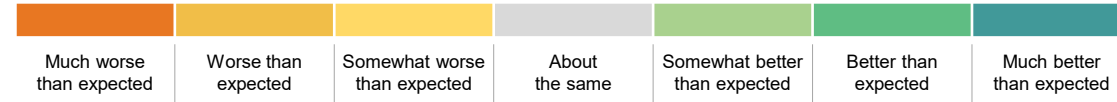
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q9. Did you get enough help from staff to wash or keep yourself clean?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

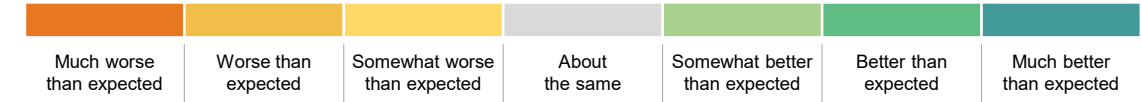
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q10. If you brought medication with you to hospital, were you able to take it when you needed to?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

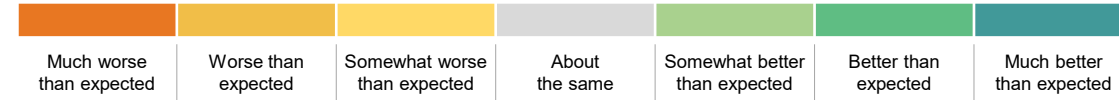
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q11. Were you offered food that met any dietary needs or requirements you had?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

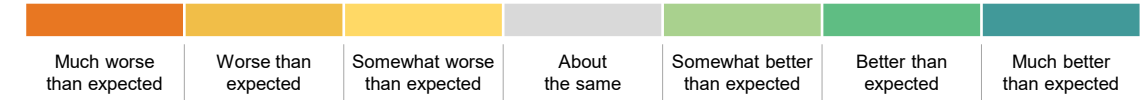
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q12. How would you rate the hospital food?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

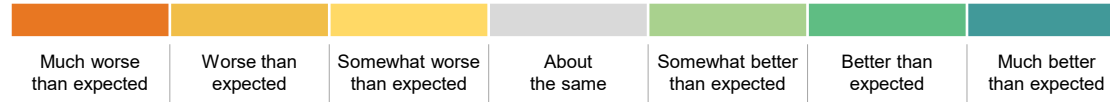
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q13. Did you get enough help from staff to eat your meals?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

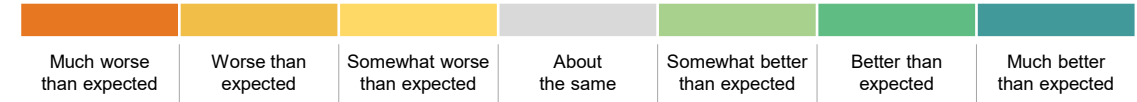
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q14. Were you able to get hospital food outside of set meal times?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

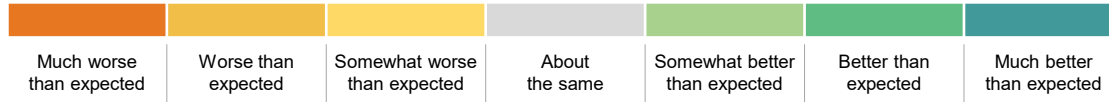
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



The hospital and ward

Q15. During your time in hospital, did you get enough to drink?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

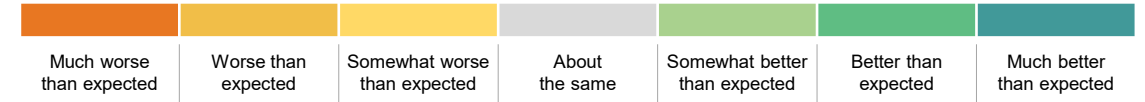
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Doctors

Q16. When you asked doctors questions, did you get answers you could understand?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

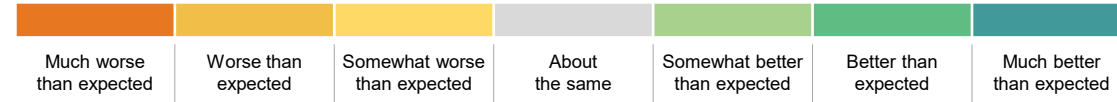
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Doctors

Q17. Did you have confidence and trust in the doctors treating you?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

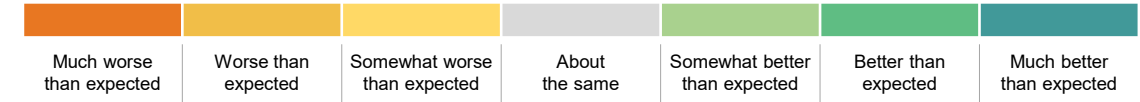
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Doctors

Q18. When doctors spoke about your care in front of you, were you included in the conversation?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

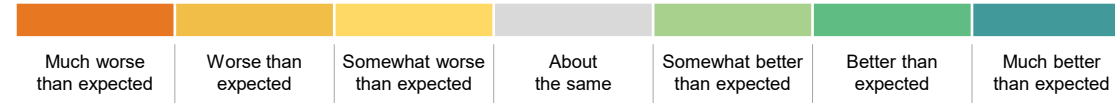
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Nurses

Q19. When you asked nurses questions, did you get answers you could understand?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

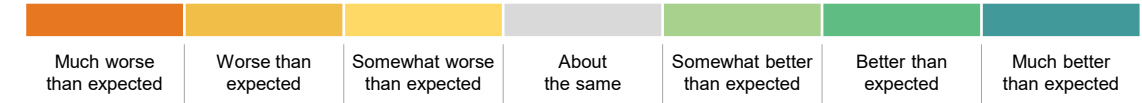
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Nurses

Q20. Did you have confidence and trust in the nurses treating you?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

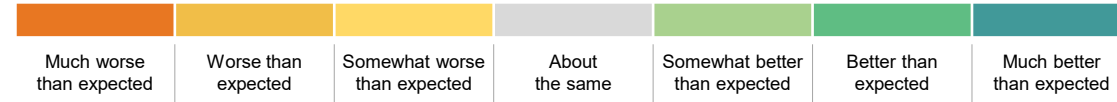
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Nurses

Q21. When nurses spoke about your care in front of you, were you included in the conversation?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

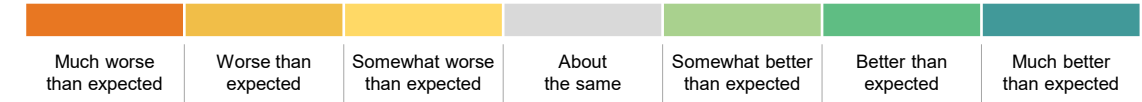
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Nurses

Q22. In your opinion, were there enough nurses on duty to care for you in hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

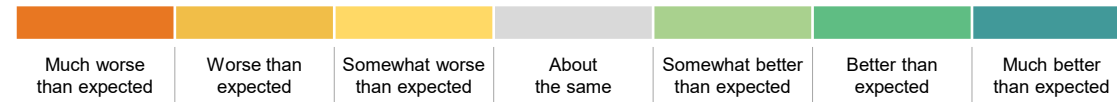
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Your care and treatment

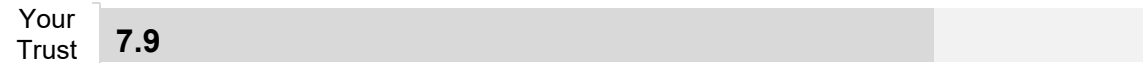
Q23. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

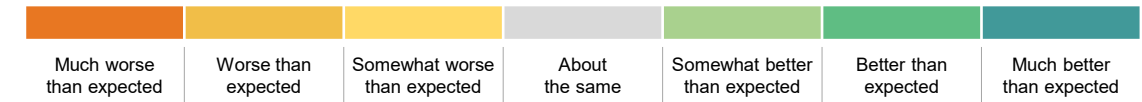
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Your care and treatment

Q24. To what extent did staff looking after you involve you in decisions about your care and treatment?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

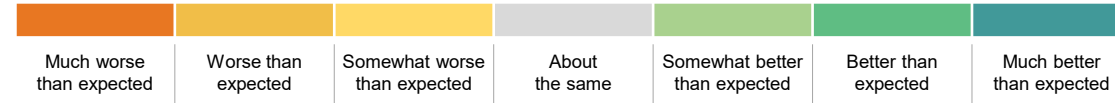
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Your care and treatment

Q25. How much information about your condition or treatment was given to you?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

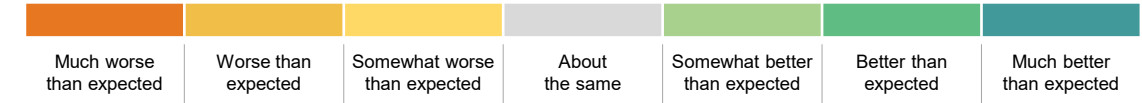
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Your care and treatment

Q26. Did you feel able to talk to members of hospital staff about your worries and fears?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

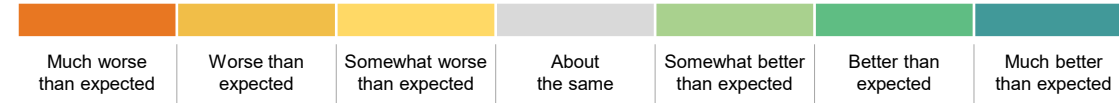
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Your care and treatment

Q27. Were you able to discuss your condition or treatment with hospital staff without being overheard?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

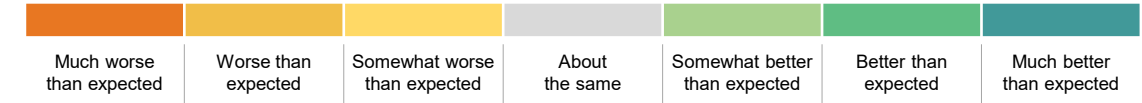
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Your care and treatment

Q28. Were you given enough privacy when being examined or treated?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

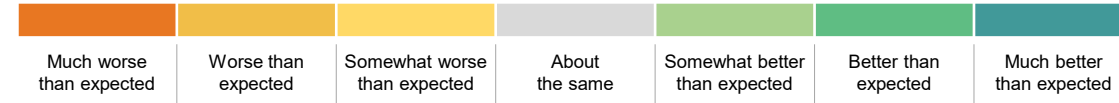
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Your care and treatment

Q29. Do you think the hospital staff did everything they could to help control your pain?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

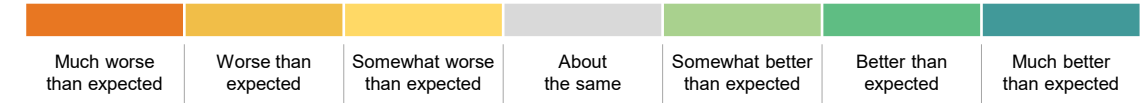
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Your care and treatment

Q30. Were you able to get a member of staff to help you when you needed attention?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

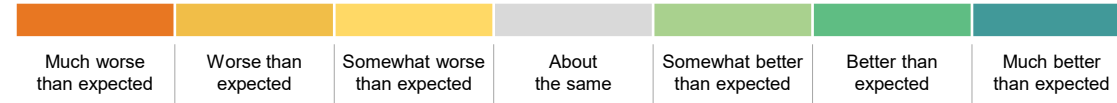
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Operations and procedures

Q32. Beforehand, how well did hospital staff answer your questions about the operations or procedures?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

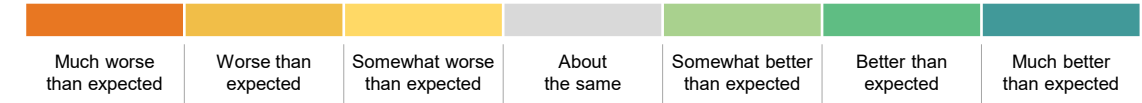
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Operations and procedures

Q33. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

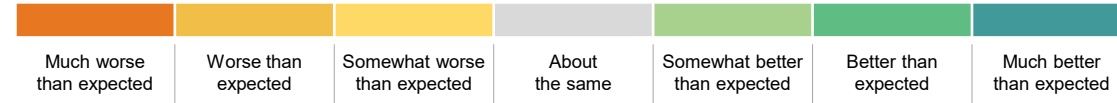
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Operations and procedures

Q34. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

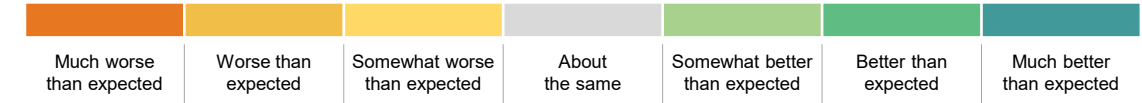
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Leaving hospital

Q35. To what extent did staff involve you in decisions about you leaving hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

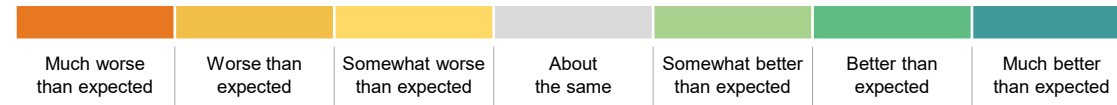
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Leaving hospital

Q36. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

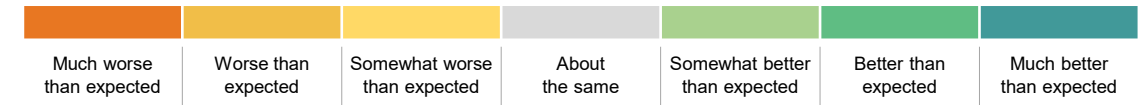
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Leaving hospital

Q37. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

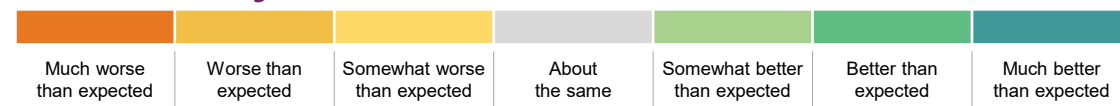
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Leaving hospital

Q38. Were you given enough notice about when you were going to leave hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

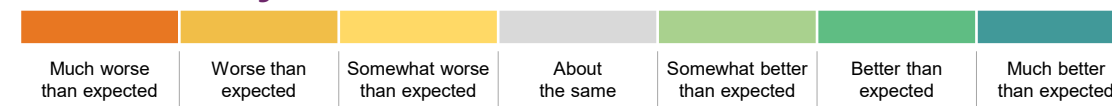
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Leaving hospital

Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

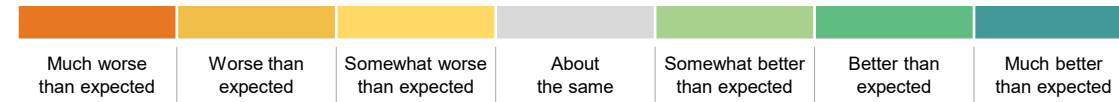
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Leaving hospital

Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

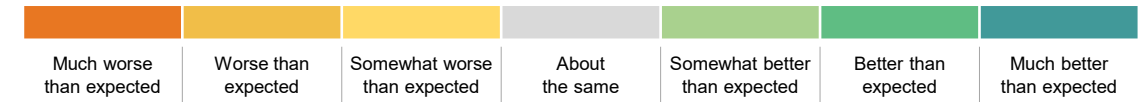
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Leaving hospital

Q41. Thinking about any medicine you were to take at home, were you given any of the following?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

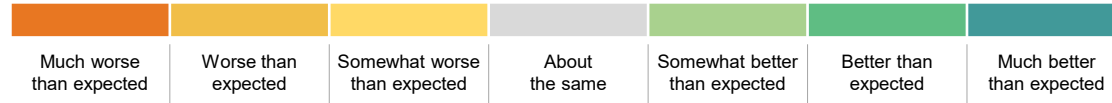
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Leaving hospital

Q42. Before you left hospital, did you know what would happen next with your care?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

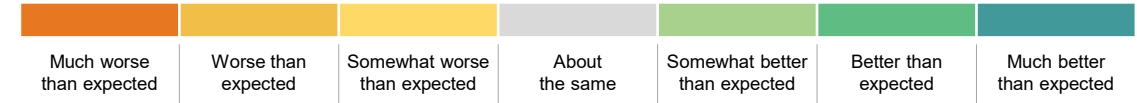
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Leaving hospital

Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

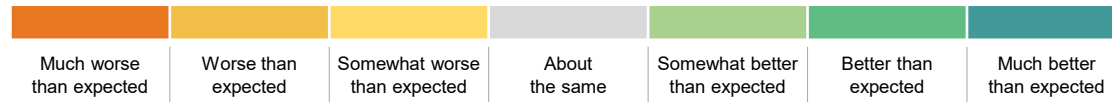
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Leaving hospital

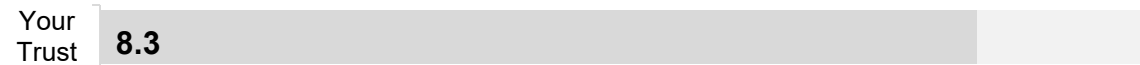
Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

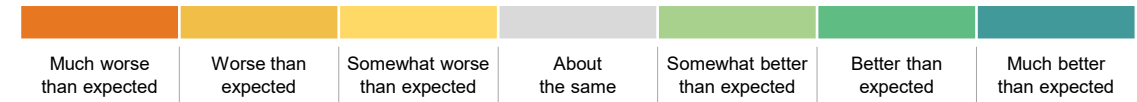
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Leaving hospital

Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

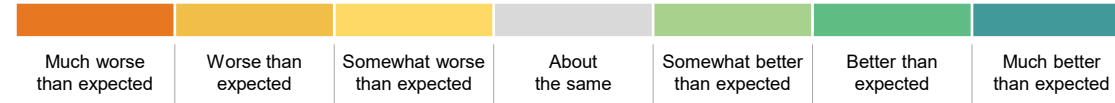
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Feedback on care

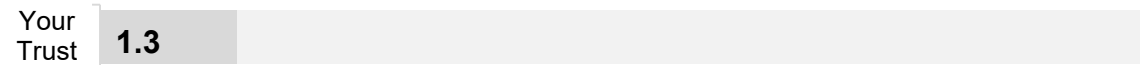
Q49. During your hospital stay, were you ever asked to give your views on the quality of your care?

Results for your trust



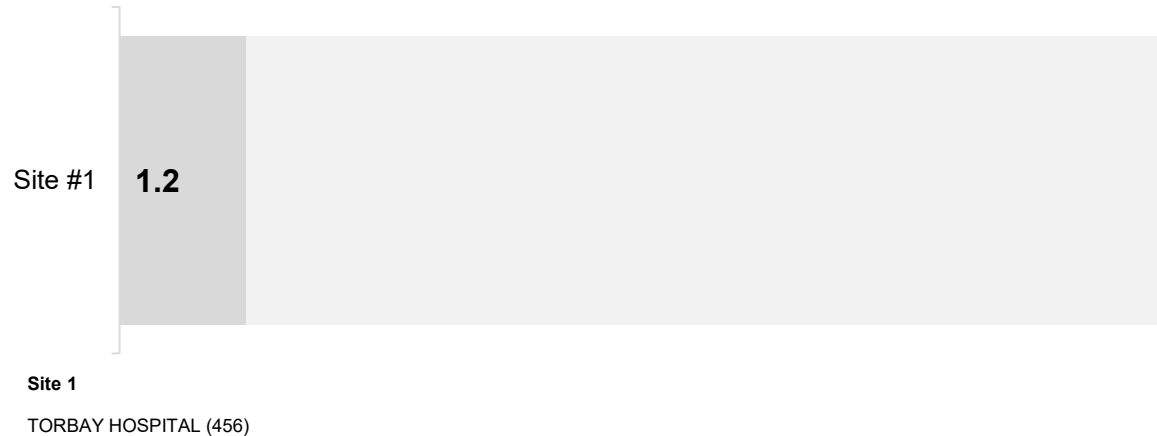
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

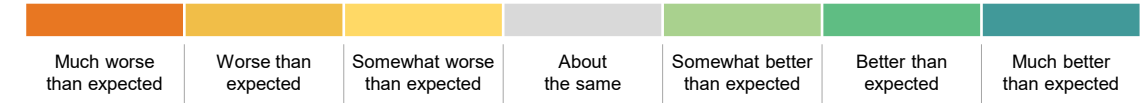
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Respect and dignity

Q47. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

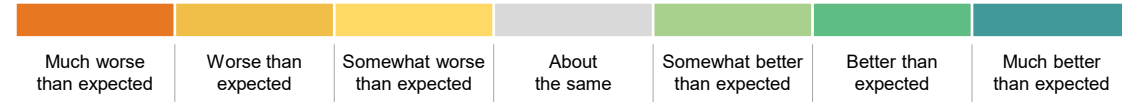
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Overall

Q48. Overall, how was your experience while you were in the hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



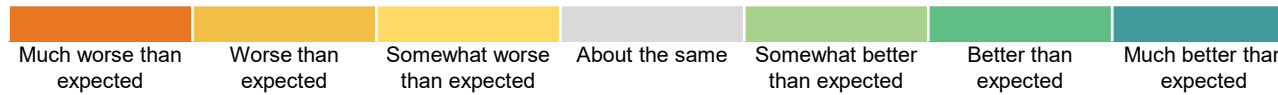
Trends over time

This section includes:

- your mean trust score for each evaluative question in the survey
- where comparable data is available, statistical significance testing using a two sample t-test has been carried out against the 2020 survey results for each relevant question. Where a change in results is shown as 'significant', this indicates that this change is not due to random chance, but is likely due to some particular factor at your trust. Significant increases are indicated with a up arrow and significant decreases are indicated with a down arrow.
- the following questions were new or changed for 2021 and therefore are not included in this section: Q4, Q11, Q12, Q14, Q27, Q40

Trends over time – Admission to hospital

The following table displays changes since 2020, and whether those changes are statistically significant.



Number of respondents	2021 Trust Score	2020 Trust Score
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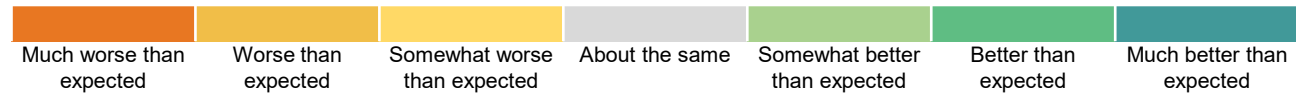
The hospital and ward				
Q2.	How did you feel about the length of time you were on the waiting list before your admission to hospital?	104	6.3 ▼	8.0
Q3.	How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	535	6.5 ▼	7.4

▼▲ Significant difference between 2021 and 2020

Blank No significant difference between 2021 and 2020

Trends over time – The hospital and ward

The following table displays changes since 2020, and whether those changes are statistically significant. The following questions were new or changed for 2021 and therefore are not included in this section: Q4, Q11, Q12, Q14.

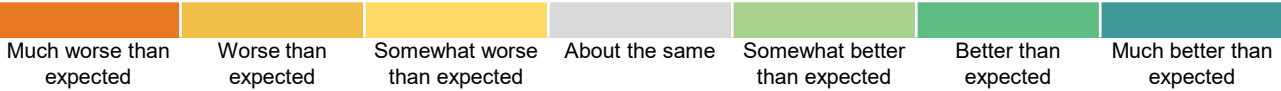
		Number of respondents	2021 Trust Score	2020 Trust Score
				
The hospital and ward				
Q5.	Were you ever prevented from sleeping at night by noise from other patients?	506	4.8	5.3
Q5.	Were you ever prevented from sleeping at night by noise from staff?	506	8.1	7.6
Q5.	Were you ever prevented from sleeping at night by hospital lighting?	506	8.2	7.8
Q7.	Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	112	8.0	7.7
Q8.	How clean was the hospital room or ward that you were in?	554	9.2	9.3
Q9.	Did you get enough help from staff to wash or keep yourself clean?	411	8.6	8.6
Q10.	If you brought medication with you to hospital, were you able to take it when you needed to?	289	8.3	8.2
Q13.	Did you get enough help from staff to eat your meals?	131	8.6▲	7.4
Q15.	During your time in hospital, did you get enough to drink?	531	9.6	9.4

▼▲ Significant difference between 2021 and 2020

Blank No significant difference between 2021 and 2020

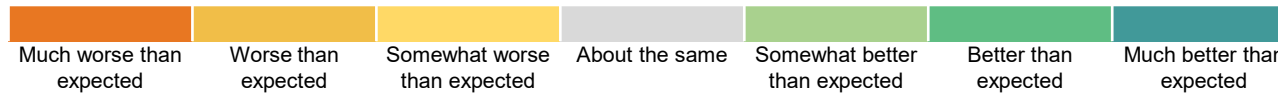
Trends over time – Doctors / Nurses

The following table displays changes since 2020, and whether those changes are statistically significant.

		Number of respondents	2021 Trust Score	2020 Trust Score
				
Doctors				
Q16.	When you asked doctors questions, did you get answers you could understand?	529	9.0	8.8
Q17.	Did you have confidence and trust in the doctors treating you?	561	9.3	9.2
Q18.	When doctors spoke about your care in front of you, were you included in the conversation?	557	8.9	8.8
Nurses				
Q19.	When you asked nurses questions, did you get answers you could understand?	514	9.1	8.9
Q20.	Did you have confidence and trust in the nurses treating you?	562	9.3	9.1
Q21.	When nurses spoke about your care in front of you, were you included in the conversation?	558	9.1	8.8
Q22.	In your opinion, were there enough nurses on duty to care for you in hospital?	558	7.3 ▼	7.9
▼▲	Significant difference between 2021 and 2020			
Blank	No significant difference between 2021 and 2020			

Trends over time – Your care and treatment

The following table displays changes since 2020, and whether those changes are statistically significant. The following questions were new or changed for 2021 and therefore are not included in this section: Q27.



Number of respondents	2021 Trust Score	2020 Trust Score
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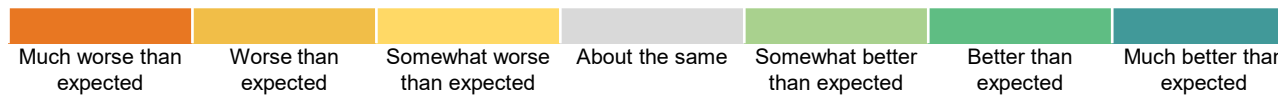
The hospital and ward				
Q23.	Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	513	7.9	7.8
Q24.	To what extent did staff looking after you involve you in decisions about your care and treatment?	531	7.4	7.2
Q25.	How much information about your condition or treatment was given to you?	548	9.1▲	8.9
Q26.	Did you feel able to talk to members of hospital staff about your worries and fears?	470	8.2▲	7.8
Q28.	Were you given enough privacy when being examined or treated?	554	9.5	9.5
Q29.	Do you think the hospital staff did everything they could to help control your pain?	479	9.0	9.0
Q30.	Were you able to get a member of staff to help you when you needed attention?	515	8.3	8.3

▼▲ Significant difference between 2021 and 2020

Blank No significant difference between 2021 and 2020

Trends over time – Operations and procedures

The following table displays changes since 2020, and whether those changes are statistically significant.



Number of respondents	2021 Trust Score	2020 Trust Score
-----------------------	------------------	------------------

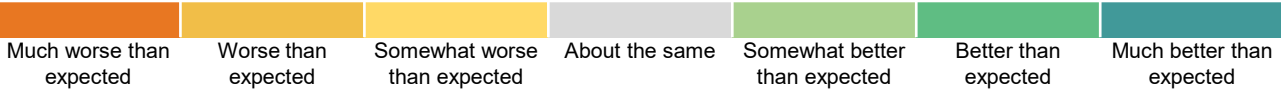
Admission to hospital				
Q32.	Beforehand, how well did hospital staff answer your questions about the operations or procedures?	236	9.1	9.2
Q33.	Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	246	7.9	7.8
Q34.	After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?	251	8.2	8.1

▼▲ Significant difference between 2021 and 2020

Blank No significant difference between 2021 and 2020

Trends over time – Leaving hospital

The following table displays changes since 2020, and whether those changes are statistically significant. The following questions were new or changed for 2021 and therefore are not included in this section: Q40.

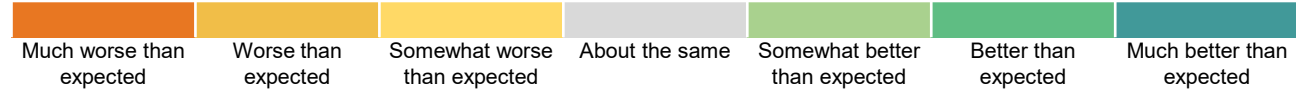
		Number of respondents	2021 Trust Score	2020 Trust Score
				
The hospital and ward				
Q35.	To what extent did staff involve you in decisions about you leaving hospital?	545	7.4	7.1
Q36.	To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?	441	7.8	7.6
Q37.	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	238	8.5	8.7
Q38.	Were you given enough notice about when you were going to leave hospital?	563	7.1	7.4
Q39.	Before you left hospital, were you given any information about what you should or should not do after leaving hospital?	528	8.5▲	7.3
Q41.	Thinking about any medicine you were to take at home, were you given any of the following?	421	4.8	5.0
Q42.	Before you left hospital, did you know what would happen next with your care?	508	6.9	6.7
Q43.	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	511	8.5	8.2
Q44.	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	344	8.3	8.5
Q46.	After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	340	7.1	6.9

▼▲ Significant difference between 2021 and 2020

Blank No significant difference between 2021 and 2020

Trends over time – Feedback on care / Respect and dignity / Overall

The following table displays changes since 2020, and whether those changes are statistically significant.

		Number of respondents	2021 Trust Score	2020 Trust Score
				
Feedback on care				
Q49.	During your hospital stay, were you ever asked to give your views on the quality of your care?	481	1.3	1.0
Respect and dignity				
Q47.	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	563	9.4	9.2
Overall				
Q48.	Overall, how was your experience while you were in the hospital?	559	8.3	8.3
▼▲	Significant difference between 2021 and 2020			
Blank	No significant difference between 2021 and 2020			

For further information

Please contact the Coordination Centre for Mixed Methods:
InpatientCoordination@ipsos.com



Appendix



Comparison to other trusts

The questions at which your trust has performed much worse or worse compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much worse than expected

- Your trust has not performed "much worse than expected" for any questions.

Worse than expected

- Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?
- Q5. Were you ever prevented from sleeping at night by noise from other patients?

Comparison to other trusts

The questions at which your trust has performed somewhat worse or somewhat better compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat worse than expected

- Your trust has not performed "somewhat worse than expected" for any questions.

Somewhat better than expected

- Q16. When you asked doctors questions, did you get answers you could understand?
- Q20. Did you have confidence and trust in the nurses treating you?
- Q21. When nurses spoke about your care in front of you, were you included in the conversation?
- Q25. How much information about your condition or treatment was given to you?
- Q26. Did you feel able to talk to members of hospital staff about your worries and fears?
- Q35. To what extent did staff involve you in decisions about you leaving hospital?
- Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?
- Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Comparison to other trusts

The questions at which your trust has performed better or much better compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

Better than expected

- Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?
- Q13. Did you get enough help from staff to eat your meals?
- Q36. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?
- Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?

Much better than expected

- Your trust has not performed "much better than expected" for any questions.

Comparison to 2020 results

The questions in this report where your trust showed a statistically significant increase or decrease compared to 2020 results are listed below.

Significant Increase	Point change	Significant Decrease	Point change
Q13. Did you get enough help from staff to eat your meals?	+1.2	Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?	-1.7
Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?	+1.2	Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	-0.8
Q26. Did you feel able to talk to members of hospital staff about your worries and fears?	+0.4	Q22. In your opinion, were there enough nurses on duty to care for you in hospital?	-0.6
Q25. How much information about your condition or treatment was given to you?	+0.3		

NHS Adult Inpatient Survey 2021

Results for Torbay and South Devon NHS Foundation Trust

Where patient experience is best

- ✓ Changing wards during the night: staff explaining the reason for patients needing to change wards during the night
- ✓ Help with eating: patients being given enough help from staff to eat meals, if needed
- ✓ Support from health or social care services: patients being given enough support from health or social care services to help them recover or manage their condition after leaving hospital
- ✓ Food outside set meal times: patients being able to get hospital food outside of set meal times, if needed
- ✓ Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital

Where patient experience could improve

- Waiting to be admitted: patients feeling that they waited the right amount of time on the waiting list before being admitted to hospital
- Noise from other patients: patients not being bothered by noise at night from other patients
- Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital
- Feedback on care: patients being asked to give their views on the quality of their care
- Privacy for discussions: patients being able to discuss their condition or treatment with hospital staff without being overheard

These topics are calculated by comparing your trust's results to the average of all trusts. "Where patient experience is best": These are the five results for your trust that are highest compared with the average of all trusts. "Where patient experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts.

This survey looked at the experiences of people who were discharged from an NHS acute hospital in November 2021. Between January 2022 and May 2022, a questionnaire was sent to 1250 inpatients at Torbay and South Devon NHS Foundation Trust who had attended in late 2021. Responses were received from 567 patients at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].



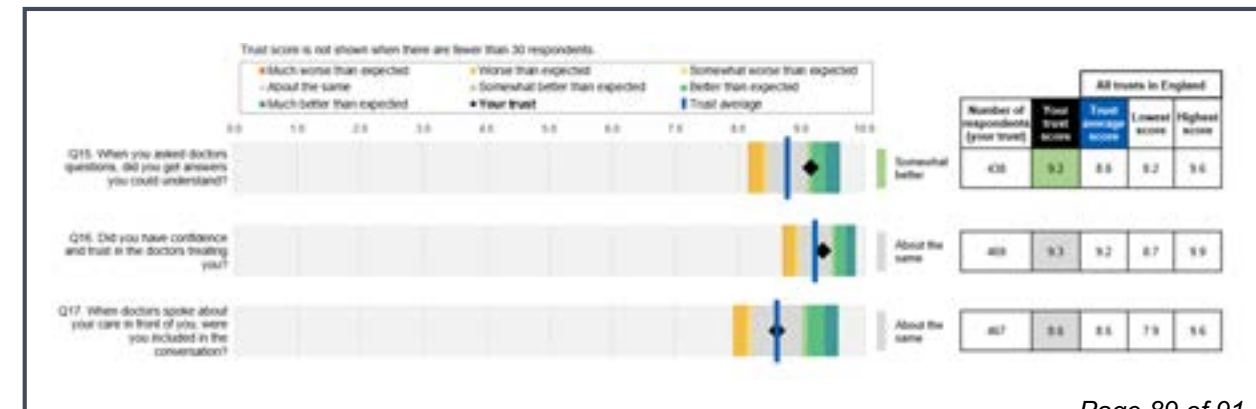
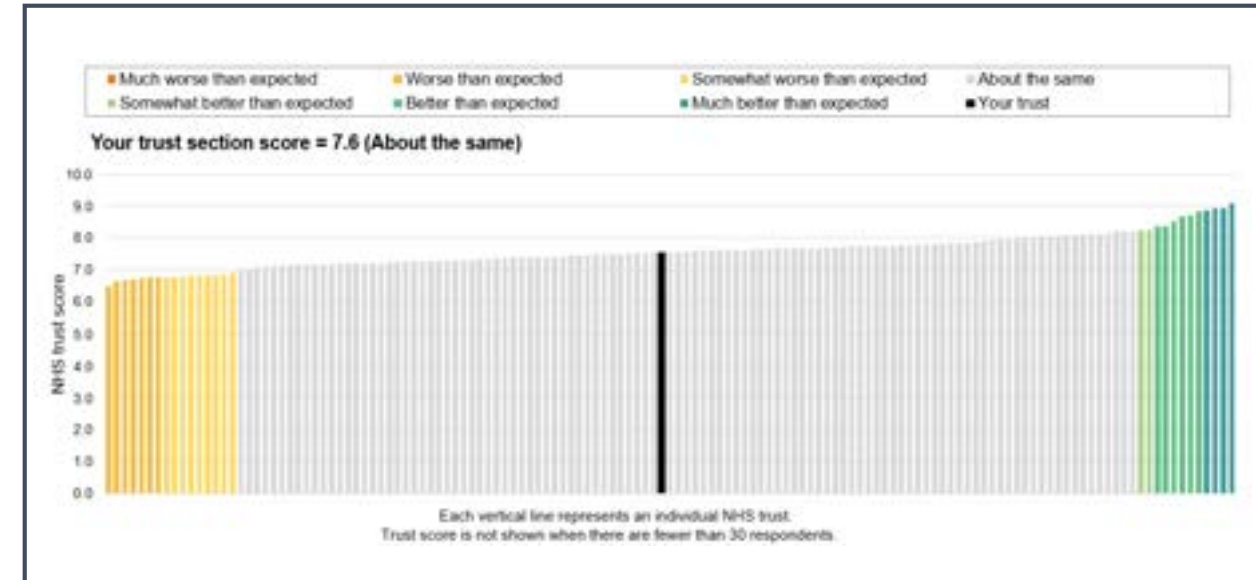
How to interpret benchmarking in this report

Trust level benchmarking

The charts in the 'benchmarking' section show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black line shows the score for your trust. The graphs are divided into seven sections, comparing the score for your trust to most other trusts in the survey:

- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.
- If your trust's score lies in the **mid-green section** of the graph, its result is 'Better than expected'.
- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.
- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.
- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.
- If your trust's score lies in the **light orange section** of the graph, its result is 'Worse than expected'.
- If your trust's score lies in the **dark orange section** of the graph, its result is 'Much worse than expected'.

These groupings are based on a rigorous statistical analysis of the data termed the 'expected range' technique.



How to interpret benchmarking in this report (continued)

Trust level benchmarking

The 'much better than expected,' 'better than expected,' 'somewhat better than expected,' 'about the same,' 'somewhat worse than expected,' 'worse than expected' and 'much worse than expected' categories are based on an analysis technique called the 'expected range'. Expected range determines the range within which a trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust, to indicate whether the trust has performed significantly above or below what would be expected.

If it is within this expected range, we say that the trust's performance is 'about the same' as other trusts. Where a trust is identified as performing 'better' or 'worse' than the majority of other trusts, the result is unlikely to have occurred by chance.

The question score charts show the trust scores compared to the minimum and maximum scores achieved by any trust. In some cases this minimum or maximum limit will mean that one or more of the bands are not visible – because the range of other bands is broad enough to include the highest or lowest score achieved by a trust this year. This could be because there were few respondents, meaning the confidence intervals around your data are slightly larger, or because there was limited variation between trusts for this question this year.

In some cases, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust. This occurs as the bandings are calculated through standard error rather than standard deviation. Standard error takes into account the number of responses achieved by a trust, and therefore the banding may differ for a trust with a low numbers of responses.

Site level benchmarking

The charts in the 'trust results' section present site level benchmarking. This allows you to compare the results for sites within your trust with all other sites across trusts. It is important to note that there may be differences between the average score of the sites provided and the overall score for the trust. This may be related to the size of the sites, results for suppressed sites or weighting, as sites and trusts are weighted separately. In addition, if a single site result is presented for a trust, the 'expected range' category may differ: although the score achieved will be the same for both the site and for the trust, the upper and lower boundary levels will differ between the two due to them being calculated differently in each case.

If fewer than 30 responses were received from patients discharged from a site, no scores will be displayed for that site.

Additional information on the 'expected range' analysis technique can be found in the survey technical report on the [NHS Surveys website](#).

An example of scoring

Each evaluative question is scored on a scale from 0 to 10. The scores represent the extent to which the patient's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a score of 10 refers to the most positive patient experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance in terms of patient experience, the responses are classified as "not applicable" and a score is not given. Similarly, where respondents stated they could not remember or did not know the answer to a question, a score is not given.

Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question 15 "When you asked doctors questions, did you get answers you could understand":

- The answer code "Yes, always" would be given a score of 10, as this refers to the most positive patient experience possible.
- The answer code "Sometimes" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No, never" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer codes "I did not have any questions" and "I did not feel able to ask questions" would not be scored, as they do not have a clear bearing on the trust's performance in terms of patient experience.

Calculating the trust score for each question

The weighted mean score for each trust, for each question, is calculated by dividing the sum of the weighted scores for a question by the weighted sum of all eligible respondents to the question for each trust. An example of this is provided in the [survey technical document](#).

Calculating the section score

An arithmetic mean of each trust's question scores is taken to provide a score for each section.

Report to the Trust Board of Directors			
Report title: End of Life Annual Report 2021/22			Meeting date: 30 November 2022
Report appendix	Appendix 1: EOL National and Regional Ambitions Appendix 2: EOL Governance Structure Appendix 3: National Audit EOL Case Review 2021 - Published in 2022 Appendix 4: Summary of findings National Audit EOL Family and Carer Feedback 2021: - Published 2022		
Report sponsor	Chief Nurse		
Report author	EOL Lead Nurse System Director for Nursing and Professional Practice (Torbay) EOL Education Lead Consultant in Palliative Medicine Palliative Care Lead Nurse Lead Cancer Nurse		
Report provenance	End of Life Group.		
Purpose of the report and key issues for consideration/decision	The report covers the period of 1 April 2021 – 31 March 2022. It will highlight the work streams aimed at delivering high quality care to individuals and their families at end of life. The Report demonstrates the Trust position with regard to: <ul style="list-style-type: none"> • Key measures of quality and performance (section 6 page 4) • Monitoring care provided with a view to specifically providing assurance around End of Life Care (EoLC) quality standards (6.3 page 6) • Trends in Patient Safety Incidents (section 7 page 9) • Patient Family and Carer Experience (section 9.4 page 12) 		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	The Board is asked to: <ul style="list-style-type: none"> • Receive the report and note the breadth of end of life work across the Trust. • Note the successful partnerships built across the health and social care system • Note the Improvement work for 2022/23 planned in relation to Advance Care Planning 		

Summary of key elements			
Strategic objectives supported by this report	Excellent population health and wellbeing	x	Excellent experience receiving and providing care x
	Excellent value and sustainability		
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score
	Risk Register		Risk score
External standards affected by this report and associated risks	Care Quality Commission	x	Terms of Authorisation
	NHS England	x	Legislation
	National policy/guidance	x	

Report title: End of Life Annual Report 2021/22		Meeting date: 30 November 2022
Report sponsor	Chief Nurse	
Report author	System Director for Nursing and Professional Practice (Torbay)	

1.0 Introduction

The paper provides the Trust Board with assurance around the programme of work aligned to End of Life Care (EoLC) across the organisation and includes the achievements and challenges for the period 1 April 2021 – 31 March 2022. The report will set out the current position relating to quality standards and overall improvement priorities.

End of life care is delivered across the whole organisation by our nurses, support workers, doctors and allied health professionals in a range of care settings from peoples own home to the acute hospital.

The strategic leadership for palliative and end of life care aligns to Paignton and Brixham Integrated Service Unit (ISU) alongside long term conditions, cancer care services and Specialist Palliative Care. The delivery model supports the aim to provide seamless care across the whole pathway, achieved through collaborative working across services and teams within the organisation and our local health and care partners.

2.0 Context of EoLC

The impact of COVID-19 on the end of life pathway has been significant. In year one of the pandemic, much work was focused on adapting service delivery models and pathways to ensure patients were best placed to access services within the context of extreme restrictions, and that the service remained responsive, compassionate and safe.

3.0 The National Strategic, Regional and Local Priorities

3.1 Torbay and South Devon Foundation Trust's (TSDFT) End of Life Strategy for 2021-2024 is based on the National and Regional ambitions (Appendix 1). It sets out the overarching ambitions and direction of travel for Integrated Care across TSDFT in how EoLC is provided.

TSDFT Strategic Goals:

- Provide high quality care to people approaching end of life (EOL)
- Work in partnership to establish and support preferences for individual's end of life care
- Promote living well and as independently as possible
- Support people who are important to each patient
- Ensure equitable care to everyone at the end of their life regardless of their life limiting condition, care setting, social circumstances, life choices, culture and religion
- Work with specialist, acute, primary and community care providers to provide seamless patient journey
- Provide support & education to all our staff providing EOL care.

3.2 From these goals TSDFT have established a set of priorities to deliver against both the National and Regional objectives. Progress has been made across the priorities but in some areas, this has been limited due to the global pandemic and sustained operational challenges.

- Promote provision of high-quality care to people approaching end of life, working in partnership to establish and support preferences for each individual end of life care.
- Roll out EOL documentation to Community Hospitals and community teams.
- Develop EOL audit programme to include participation in National audits, and locally driven audits.
- Develop a plan to improve recognition of patients likely to be in the last year of life
- Understand the patient/carer and family experience of EOL care delivered by the ICO
- Understand the perspective of staff who provide care at patients' EOL.

4.0 Governance and Leadership

- The EOL Trust group report to the Quality Improvement Group (QIG) which reports to the Quality Assurance Committee and Trust Board.
- The System Director for Nursing and Professional Practice (Torbay) provides strategic leadership of the EOL agenda and delivery is supported by the Consultant in Palliative Medicine and EOL Lead Nurse.
- Externally the EOL ICO group links with the South Devon EOL Committee that reports to the STP/ICS EOL group led by the Clinical Commissioning Group (Appendix 2).

5.0 End of Life Activity.

EOL care is delivered in various settings including the persons own home, which may be a care home, the local hospice, Rowcroft (a unit providing specialist EOLC), or within the acute or community hospital setting. Across TSDFT acute hospital and four community hospitals between 1st April 2021 and 31st March 2022 there was a total of 1,304 deaths. During this period the EOL activity is set out below:

- **839** people received EoLC in our hospitals an increase from 2020/21 of 185 people. This is reflective of our Consultants wanting to assess every referral into the Hospital Palliative Care Team
- **86** people who reached end of life were transferred home from hospital to meet their place of preference wishes for end of life care this is an increase of 7 people from 2020/21
- **474** people living in our community receive EOL care in their own home in 2021/22, a reduction of 8 people from 2020/21. The reduction is a combination of patient choice, clinical need and impact of COVID-19. Work continues on ensuring peoples preferred placed of death is recorded and supported.

6.0 Performance and quality

6.1 Community End of Life Care

The end of life care provision was last inspected by the Care Quality Commission for community and acute services in 2018. The community end of life care was rated “requires improvement” overall which included requires improvement for safe, effective and well led and good for caring and responsive. Areas identified for improvement include the following:

- Insufficient evidence of training records
- Lack of documentation and decision making around those EOL patients who lacked capacity
- Mobile devices not fit for purpose which could impact on patient care
- Care plans reviewed where generic not individual to need
- Insufficient information on governance process regarding EOL

An action plan to address all these issues was implemented. Further audit and review will be undertaken in November 2022 to ensure continued compliance against the above.

6.2 Acute Services End of Life Care

End of Life Care in acute services achieved “Good” overall. Across the five key lines of CQC enquiry achieved requires improvement for safe, and good for the other four domains, effective, caring, responsive and well led. There were two ‘Must Do’ requirements:

- To ensure care planning documentation is used consistently to assess and plan the needs of palliative care and end of life patients.
- To ensure Mental Capacity Act 2005 was complied with, and the Trust continues to strive to ensure staff complete the required training and enact the requirements of the Mental Capacity Act within their practice when required.
- All practitioners working with people using our services are expected to undertake MCA training at various levels dependent on their role. There is a blended approach of face to face and online modules and all training completed is recorded on the Trust education and training system the ‘HIVE’. As part of the recovery plan for all Statutory and Mandatory training, the organisation has established improvement trajectories have been agreed.

Table 1 sets out the current performance at 31st October 2022 against the target of 90% for level 1 and 85% for levels 2 - 6.

Level	Target	Compliance	Improvement target for Oct 2022	Target for full compliance April 2024
1	90%	91%	N/A	Compliant
2	85%	85.3%	N/A	Compliant
3	85%	66.1%	64%	On Track
4	85%	100%	Compliant	Compliant
5	85%	100%	Compliant	Compliant
6	85%	100%	Annual update at Board	Compliant will be achieved on 30 th November 22 through Board update

Table 1: MCA compliance and trajectory TSDFT

6.3 End of Life Quality Standards

6.3.1 National Audit of Care at the End of Life (NACEL) 2021

The Trust is currently reporting against the 2021 national standards, published in February 2022. The National Audit sets out a range of quality standards that are monitored through an annual review process that includes:

- Case note review
- Online survey for next of Kin/Families/carers
- Staff feedback

The standard areas reviewed at Trust level are set out below:

- Recognising the possibility of imminent death
- Communication with the dying person
- Communication with families and others
- Involvement in decision making
- Individualised plan of care in place
- Needs of families and others documented
- Families' and others' experience of care
- Governance
- Workforce / specialist palliative care
- Staff confidence
- Staff support
- Care and culture

Performance from Case Note Review

Appendix 3 sets out our position in detail against the national standards for acute and community inpatient bed-based care. In summary, the Trust is performing better than the national average against 7 out of 14 questions in acute inpatients and 10 out of 14 questions for community inpatients. These include:

Above national average

- ✓ Recognising dying early
- ✓ Responding to emotional and practical needs of patients and families
- ✓ Healthcare staff monitoring hydration and nutrition

Below National Average

- Do not regularly discuss risks and benefits of fluids during the dying process

An improvement plan is in place and monitored through the EOL Steering Group and preparation is taking place to support the 2022/23 Survey.

Performance from family/carer feedback

The feedback was received between 1st April 2021 - 31st August 2021 from 'nominated person' (relative/loved one) for patients who died in acute / community settings from an online survey.

- Acute services received feedback from 20 'nominated persons', a response rate of 47%.
- Community services received feedback from 10 'nominated persons', a response rate of 40%.

In order to limit any sampling bias, a good response rate is required, which according to SmartSurvey (2020) should be within the range of 30-40% which the Trust achieved.

Response rates.

Acute services received a response rate of 43% - 47 quality surveys sent, 20 responses received

Community Hospitals – 10 surveys sent, 4 responses received

Appendix 4 sets out our position in detail against the national standards for acute and community inpatient bed-based care. In summary, areas the Trust is performing better than the national average include:

Above national average

- ✓ Families/carers felt they were well informed about their loved one's condition and where given enough opportunities to discuss their conditions and treatment
- ✓ Families/carers felt care provided to their loved ones was 'outstanding' and 'excellent'

Below National Average

- Family/cares reported they felt less supported with spiritual / religious support

An improvement plan is in place and monitored through the EOL Steering Group and preparation is taking place to support the 2022/23 Survey.

Performance from Staff feedback

Staff feedback was a new element of audit for 2021. The online survey was aimed at all staff (doctors, nurses, allied healthcare professionals, ward-based receptionists, pharmacists, domestics) working in all hospital wards EXCEPT maternity, paediatrics and Emergency department.

The national audit program sets a target for completion with TSDFT target being set at 100 for acute services 20 in community hospitals. Results show our uptake being **58** completed surveys in acute services and worryingly **0** in community hospitals.

Possible barriers to achieving higher numbers point to a lack of clarity as to how the to access staff email addresses in order to share survey information, and the need to promote the survey more widely across acute and community hospitals. To improve response rates for the 2022 survey improved engagement has taken place with the community hospital Matrons and Ward Managers to advertise the audit and encourage staff to feedback.

- 40% of those completing the survey were consultants, 21% Band 5 or 6 nursing staff, 7% Band 7 or above nursing staff, 7% Pharmacists, 7% foundation doctor, 7% specialty training doctor, 5% healthcare assistants, 2% social workers.
- Most agreed or strongly agreed that they were confident in:
 - ✓ recognising when a patient maybe dying imminently,
 - ✓ were confident in their skills to communicate clearly and sensitively to dying patients and their loved ones and to involve them in end of life discussions,
 - ✓ knew how to access help from the specialist palliative care team and felt well supported by them when they did so,
 - ✓ felt able to respond to requests to die outside of the hospital setting,
 - ✓ felt confident in discussing hydration options with dying patients and their loved ones, in assessing and managing pain and other physical symptoms at end of life, responding to practical and social needs of the dying person and their families but felt less confident in responding to spiritual, emotional and cultural needs.
 - ✓ Most felt able to raise a concern about end of life in the hospital and felt they worked in a culture that priorities care, compassion, respect and dignity.
- Most agreed or strongly agreed that they felt supported to deliver end of life care during Covid although less felt they received appropriate / responsive training to deliver end of life care during Covid.
- One third of staff surveyed have not had end of life training in the last 3 years but did not specify what they felt their educational needs were.

A meeting is planned for November 2022 to discuss all three areas of feedback to develop an improvement and communication plan for disseminated to individuals' and wider teams for incorporation in to local workplans supported by the EOL education offer to meet the outcomes. This work will be fed through EOL ICO meeting into Quality Improvement Group (QIG) then into Quality Assurance Committee (QAC).

6.3.2 Local audit of EOL care

The documents reviewed are the Individualised EOL care plans (butterfly packs) and syringe pump administration checklists.

In 2020/21 quarterly audits were not possible due to COVID-19 restrictions affecting access to the medical records department and EOL education team member reassigned to the clinical service. In 2021/22 we have gradually introduced the audits, with key themes to include:

- Documentation: multi-professional communication pages are seen not to being used in the care plan. This has been highlighted to medical colleagues/Ward Managers as an area for improvement.
- Documentation: The current Community Hospital Syringe Pump Administration Record is now consistent with those used within the acute inpatient areas of Torbay Hospital. When a care plan or syringe pump checklist is noted to not be complete it is brought to the attention of the practitioner to allow real time learning.
- Spirituality: Quality of the completion of the care plan continues to improve greatly. Trends that arise are; missing spirituality this is being addressed. Ward staff and managers continue to receive specific detail regarding the quality of the care plan reviewed.

During 2021/22 we have standardised documentation for syringe pumps across all inpatient sites and community settings, to improve quality and safety. In relation to the EOL care plan this has been standardised across all inpatient sites, to allow documentation to flow with the patients and reduce the patient having to tell their story more than once.

There is ongoing work to create a seamless care plan that can be used in both the acute and community setting. The “Butterfly pack” was piloted in the community although was not successful due to the form being very acute focused, therefore ongoing work continues to get this right to allow for continuity for our patients.

7.0 Incidents

Incidents by Severity and Reported date (Month and Year) 1 April 2021 to 31 March 2022

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
No harm	1	4	7	7	2	5	7	8	0	0	5	8	54
Low harm	0	2	1	0	0	0	2	1	1	0	0	2	9
Death	0	0	0	0	0	0	0	1	0	0	0	0	1
Moderate	0	0	0	0	0	0	0	1	0	0	0	0	1
Near miss	0	0	0	0	0	0	0	0	1	0	0	1	2
Total	1	6	8	7	2	5	9	11	2	0	5	11	67

Table 3: EOL incidents reported by severity 1st April 2021 – 31st March 2022 for TSDFT

TSDFT reported 67 incidents over the period 1st April 2021 – 31st March 2022, all incidents have been reviewed and where appropriate in-depth reviews undertaken with actions and learning taking place. The majority of incidents are no or low harm and are related to care after death in delays in medical certificates being released. Work in relation to medical certificates is currently underway.

Incidents by sub-category and reported date (Month and Year) 1 April 2021 to 31 March 2022

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
EOL - Care after death	1	2	3	5	1	3	4	5	0	0	5	7	36
EOL - Symptom Control	0	1	3	0	0	2	1	4	0	0	0	2	13
EOL - Pain Relief	0	1	0	0	0	0	0	1	0	0	0	0	2
EOL - Medication Issue	0	1	1	2	0	0	2	1	1	0	0	0	8
EOL - TEP Issue	0	1	1	0	1	0	0	0	0	0	0	1	4
EOL - Medical Device Issue	0	0	0	0	0	0	1	0	0	0	0	0	1
EOL - Rapid discharge issue	0	0	0	0	0	0	1	0	1	0	0	0	2
EOL - Emergency Admission Against Plan	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	1	6	8	7	2	5	9	11	2	0	5	11	67

Table 4: EOL incidents reported by sub-category 1st April 2021 – 31st March 2022 for TSDFT

The above table shows the type of clinical incidents that have occurred. All areas have work taking place to improve patients and carers outcomes this either forms part of the EOL work plan or through an independent review by the Commissioners.

8.0 Education and Training

From September 2022 the hospital palliative care team will be providing ward-based bite sized teaching sessions of 20-30mins on a rolling programme to cover all aspects of Palliative and EOL Care. This programme consists of training related to:

- EOL individualised care plan
- Recognising dying
- Fluid management at EOL
- Pain management

- Management of respiratory symptoms
- Nausea and vomiting
- Agitation/terminal restlessness
- Bowel management
- Advanced care planning and difficult conversations/after death care and signposting relatives
- Rapid discharge
- Syringe pump management and paperwork completion
- Spirituality
- Just in case medication and community syringe pump prescriptions.

There are also a range of e-learning courses available on the HIVE for staff to access and utilise for Continual Professional Development. This training will then be offered to both community hospital teams and community nurses. There is also plans to support training for International nurses through an introduction to Palliative and EOL Care within their Introductory period in the Trust.

8.1 Staff syringe pump training and Verification of Expected Adult Death (VoED) training and compliance

In 2021/22 the EOL Education Team maintained pre-planned and ad-hoc training, in respect of T34 syringe pumps and Verification of Expected Adult Death (VoED). This has been for registered nursing staff across the Trust and care home sector.

During the pandemic the training model was adapted from face to face to virtual on the HIVE. This has worked well and therefore going forward the plan is for staff to undertake an annual virtual update and every other year attend face to face training in both competences.

As of the 1st November 2022 TSDFT employed 1571 Registered Nurses, 686 of these Nurses are required to be competent in the use of a syringe drivers. Current training records indicate 463 staff have received training giving an overall compliance of 67%. Work continues to increase the number of staff able to support patients with syringe drivers. The Trust has a rolling education plan to ensure all staff who require training in VOED and T34 training have completed as needed. The training programme has set a compliance rate of 85% by 31 January 2023 with a target of 100% 31 August 2023. To support this training has now returned to face to face teaching sessions for both VOED and Syringe Pumps at the Horizon Centre, but the team continue to provide ad-hoc training sessions in Community Hospitals and Community Nursing Teams offices to maximise accessibility and ensure staff are compliant.

As part of the COVID-19 effort the Trust increased the number of syringe pumps available with an additional 100 T34 V3 purchased to ensure patients receive appropriate symptom control when required. The plan for 2022/23 is to introduce the new T34 Bodyguard T Syringe pump which has an increased battery life of > 50hours at 1ml/h and >35hours at 5ml/h. The first 50 pumps are to be released by 5th December 2022, with the remaining 50 devices to be released by 31st December 2022. A training programme is currently being designed and will support the released of the new devices into the acute setting. A working group is also producing a policy and Standard Operating Procedure to support the responsibility of the devices as each area will receive their own stock to support their patient cohort.

8.2 Ambassadors

The number of EOL ambassadors across TSDFT is currently 22. An EOL Ambassador is a member of the Nursing or Allied Health Professional Teams who has completed the Ambassadors Training Programme delivered jointly by Rowcroft Hospice and the Hospital Palliative Care Team Leads. Their role is to support the successful implementation of TSDFT End of Life Care Strategic Board Plan in relation to:

- Promoting recognition of people at the end of life (defined as anticipated to be in the last 12 months of life), to identify what matters to the person and their family
- Maximise and effectively use all available resources for service provision of end of life care across the whole health and care community
- Provision of education and training to the workforce to deliver high quality end of life care to build a commonality of understanding of why end of life is important in our system
- To promote the Six National Ambitions for Palliative and End of Life Care

Since COVID-19 the ambassador leads have continued to maintain communication via MS teams which supports effective communication and support for staff working across the Trust foot print. Ongoing support for the EOL Ambassadors programme, in partnership with Rowcroft Hospice, continues to focus on maintaining the knowledge, skills and momentum of the previous cohorts. The Ambassador role has supported areas to improve the offer provided to EOL patients. A third cohort commenced in September 2022 with 24 successful applicants which will improve the care provided further. This year's expression of interest was above expectation and the successful candidates come from a wide area of expertise, including nurses, rapid response, care home staff, social workers, Paramedics.

9.0 Projects and Initiatives

9.1 Hospital Specialist Palliative Care Team 7 day working

NICE guidance and CQC have recommended 7-day face to face working for the Hospital Specialist Palliative Care Team. A change in working patterns allowed this to be achieved from March 2020 to May 2020 but this was not sustainable due to current staffing levels.

In July 2022, 7-day working was reintroduced using the existing workforce on a Saturday only with the support of Rowcroft Hospice providing specialist palliative care advice and support via a 24/7 telephone service.

9.2 Advance Care Planning (ACP)

The ACP task and finish group have produced a range of resources to support ACP for both patients and professionals and is available through the Rowcroft website as of November 2022. There is currently no central repository for extracting all patients with an ACP therefore there is a risk EOL choices may not be met. The NACEL (2020) audit also identifies EOL care plans at not always in use (section 6.3.1 page 6). The implementation of an electron patient record will ensure all clinicians have one place where an ACP can be recorded and accessible in order to support patients requiring EOL care.

In 2021/22 we introduced the latest version of the Treatment Escalation Plans (TEP), supported by frequently asked questions and completion guidelines. Our current

compliance as a Trust is 88.2% completion in October 2022 with 85.1% of these being completed fully. The aspiration is for 100% to be completed fully and therefore an audit of their quality starting November 2022, with results to come to EOL Group January 2023 will aid this improvement.

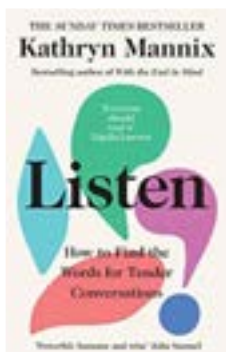
There is a task and finish group looking at TEP form completion by Advanced Clinical Practitioners (ACP). The role of this group is to identify what training and actions are needed to support the ACP's in undertaking sensitive conversations, capturing what matters to the people and can adjust the TEP form to reflect individuals wishes. A research project led by the resident University of Plymouth researcher has recently been submitted to the Torbay Medical research Fund due to commence April 2023 which will further support this workstream.

9.3 Dying Matters campaign

Every year, people around the country use 'Dying Matters Awareness Week' as a moment to encourage all communities to hold conversations around death and dying. This year, 'Dying Matters Awareness Week' took place from 2 - 6 May 2022 focus was on the importance of being 'In A Good Place to die'. Across the Trust we have continued to encourage and support teams to be braver about talking about death, dying and bereavement during and beyond the National Dying Matters Awareness week.

In 2021, the EOL group received a gift from a patient that wished to commission a seminar led by Dr Kathryn Mannix, a palliative care consultant and bestselling author of a number of books for staff working within the Trust and our local system partners via Microsoft Teams. The seminar was well received by everyone who took part that as part of Dying Matters week 2022 we commissioned a further session and are grateful to Dr Kathryn Mannix for providing this seminar. This seminar, led by Dr Kathryn Mannix took place on 9 May 2022 and focused on her latest published book "*Listen- How to find the words for tender conversations*". Dr Kathryn Mannix shared her wealth of experience and provided an insightful session on how we can better develop a skill set to initiate and tenderly progress those crucial conversations with individuals, their family and loved ones.

Over 45 people attended the seminar from a wide range of medical, nursing, allied health professional and support staff colleagues. Aligned with last year's session the feedback was positive that those attending wished to share this experience with colleagues that were unable to attend.



With the consent of all participants the seminar is available via the HIVE, our training platform, for others to gain an insight into how as health and care professionals we can support individuals and their families by having those tender conversations.

9.4 Patient, Family and Carer Experience

The voice of the patients, carers and loved ones is a critical area of focus on our quality improvement journey. Although the last 2 years has impacted on the pace of our improvement we have continued to adapt and modify interventions to ensure we are listening to patients, families and carers, compassionately responding to their care needs.

9.4.1 Complaints by theme 1st April 2021 to 31st March 2022

In 2021/22 we received 3 complaints over the period of 1st April 2021 – 31st March 2022, all of which have been investigated and responses feedback to the complainant. Where learning has been identified plans have been put in place to embed change moving forward. Concerns raised related to the following themes, treatment and care. Learning identified was the quality of documentation for EOL patients, family not being involved in TEP discussions, visiting restrictions and poor communication. There are working groups looking at TEP completion and documentation to address these concerns. All areas have also been reminded of the importance to communicate with patients and families along with explaining the risk associated to visiting a high-risk patient within a COVID area.

9.4.2 Torbay Survey for Feedback

In 2021/22 we implemented a survey aligned to the friends and family model (FAMCARE). The survey is similar to that of our local hospice and has been successfully rolled out over the past 12 months.

Method:

- Feedback experience evaluation will be completed on a voluntary single occasion by the main documented carer 4-12 weeks after the patient's death
- Feedback experience survey is sent out quarterly to the documented next of kin, this currently includes patients who die within the main hospital at Torbay and one of our four community hospitals. The quarterly reports produced are discussed at the Trust EOL Group.
- An annual report will be generated from the four quarterly reports with key recommendations and an overarching action plan that will be monitored through the Trust EOL group.

Key messages from patients and carers

The first two quarterly reports have taken place:

- Oct – Dec 2021(Q3) with a return rate of 22% (39), fourteen wards were identified
- An average response rate is 5%-30% (SmartSurvey, 2020). Therefore, TSDFT response rate is suggestive of a good sample data
- Jan- March 2022 (Q4) with a return rate of 27.5% (44) 17 wards were identified
- 80% of responses were for people in receipt of EOL care in Torbay Hospital and 16% in community hospitals

The next of kin were asked 14 questions about the care received by their loved one on a scale from very satisfied to very dissatisfied. In Q4 data 15% of respondents were overall dissatisfied or very dissatisfied. As this is an independent tool it is not possible to benchmark ourselves locally or nationally to compare our findings. However, what we do know from the data is themes that family and loved ones were dissatisfied with:

- Family/friends were not included in treatment and care decisions
- Attention to patient symptoms and management of patients' symptoms

There is an ongoing rolling programme of training to support these findings via TEP working group and ACP work. Overtime as these workstreams produce actions the percentage of dissatisfied to very dissatisfied responses will reduce.

There is an ongoing rolling programme of training to address the issues raised in the audits. 65% of respondents in Q4 were very satisfied or satisfied.

The main areas of satisfaction included:

- patients' comfort
- response to change in care needs
- respect for patient dignity
- practical assistance for patients' personal care and attention to patients' symptoms

9.4.3 Family and loved one support.

We know that talking about dying, death and bereavement is not easy. In response to this we continue to provide a range of resources to help patients and their significant others to start a conversation. These resources include:

- ✓ **Memory boxes:** holds special things belonging to that person. It can help a person approach their final days with a sense of accomplishment and completeness, content and peace.
- ✓ **Support for individuals to record a message:** a message from the patient to their family, friends, we have helped patients make a collection of short videos using their phone.
- ✓ **Putting together a favourite music playlist:** onto a CD or save them to a USB memory stick.
- ✓ **Wedding planners:** The cancer CNS teams have helped to arrange short notice weddings – the use of the rose garden.
- ✓ **Visiting pets:** last days of life spent with beloved pets, bringing comfort to the patient as their last wishes are fulfilled, treasured memories of last days of life for their family & friends
- ✓ **Prompt cards:** Small cards with messages on them could include details of your favourite things. Examples include: 'I love you because...', 'Thank you for...', 'When we are not together, what I miss most about you is...', or 'Remember when...'
- ✓ **Compassionate hearts:** started as part of the COVID-19 response support and has been continued as a support for patients and bereaved relatives.

We will continue to build on the resource and ideas to support patients and their families and friends in the last phase of their life. Funding for these initiatives relies on donations, use of Trust funds and support from the Nurses League.

10.0 Spiritual Care at the End of Life

The Chaplaincy and Pastoral Care Department have continued to provide spiritual support at the end of life for those patients and their families who require it. The team are available 24/7, with an on-call service provided for out of hours and to our community hospitals. In the 12 months from April 2021 to March 2022 chaplains recorded just over 400 visits to patients on an End of Life care plan, representing 12% of our total visits. The vast majority of these were at Torbay Hospital, with only a handful of EOL visits taking place in our community hospitals. It is noteworthy that end of life care accounted for a higher proportion of our time in the first 6 months of the year than in the 6 months since October 2021.

Patients were offered a variety of sacramental, prayer and emotional support, according to their needs. For some, a Chaplain simply provided a safe space to look back over their life, talk through their decisions about care or express their fears for the future. The care offered is always spiritual, but not always religious. However, we always endeavour to ensure that appropriate rites from their own tradition are provided for patients identifying with a faith community.

The best care always includes support for families and friends, as well as the patient themselves, and this remains a significant part of our work.

11.0 Staff feedback and experience on EOL

The EOL staff feedback has been an initiative in place for two years and provides staff the opportunity to give timely feedback about their experience of end of life care, the team, the environment, overall thoughts. Despite continued efforts to encourage staff to provide feedback the return of previous use of the post cards was low.

Staff have requested an easier way to feedback hence the low returns rate. The Postcard has now been replaced with QR Codes to aid accessibility and completion. Feedback will be shared locally and with the EOL ICO Meeting to ensure and learning or great practice can be shared and actioned accordingly.

The use of the postcard is under review as part of the 2021/22 work plan and is intended to run alongside the roll out of FAMCARE to provide focused completion and comparable data, themes and then supported actions. The 2021 NACEL audit includes a staff feedback element which will be reported on in next year's report.

12.0 Roll out EOL care plans for people in their own home

As set out in section 3.2, the roll out of care plans is a key priority. A pilot was started in June 2021 looking at using one EOL care plan across inpatient and community settings. An early review and evaluation of the pilot September 2021 informed the group that the inpatient EOL Care plan was not fit for purpose for those being cared for in their own home. Options have been explored within the new digital systems and an agreed workplan will be in place by December 2022.

13.0 Conclusion

The report demonstrates the breath of work that supports end of life care across TSDFT and the importance of working collaboratively with a number of organisations, services and teams to facilitate competent and confident staff to deliver high- quality end of life care to our local population in various settings. This has been a challenging twelve months however we continue to make progress against our quality improvement priorities.

Ultimately, we have one opportunity to ensure the end of life experience for the individual, their family and loved ones is delivered with compassion and dignity. This includes the care of, family and loved ones during and after their bereavement.

Participating in and learning from the findings of the National Audit of Care at the End of Life across the acute and community settings recently published provides a wealth of data on what works well and where we can improve as set out in the report. To ensure that everyone has access to good quality end of life care, wherever they access that care, and we are able to meet their needs is pivotal.

The COVID-19 pandemic strengthened our collaborative working with our partners to support individuals at end of life, their families and loved ones and our workforce and throughout 2021/22 we have continued to sustain these positive close working relationships.

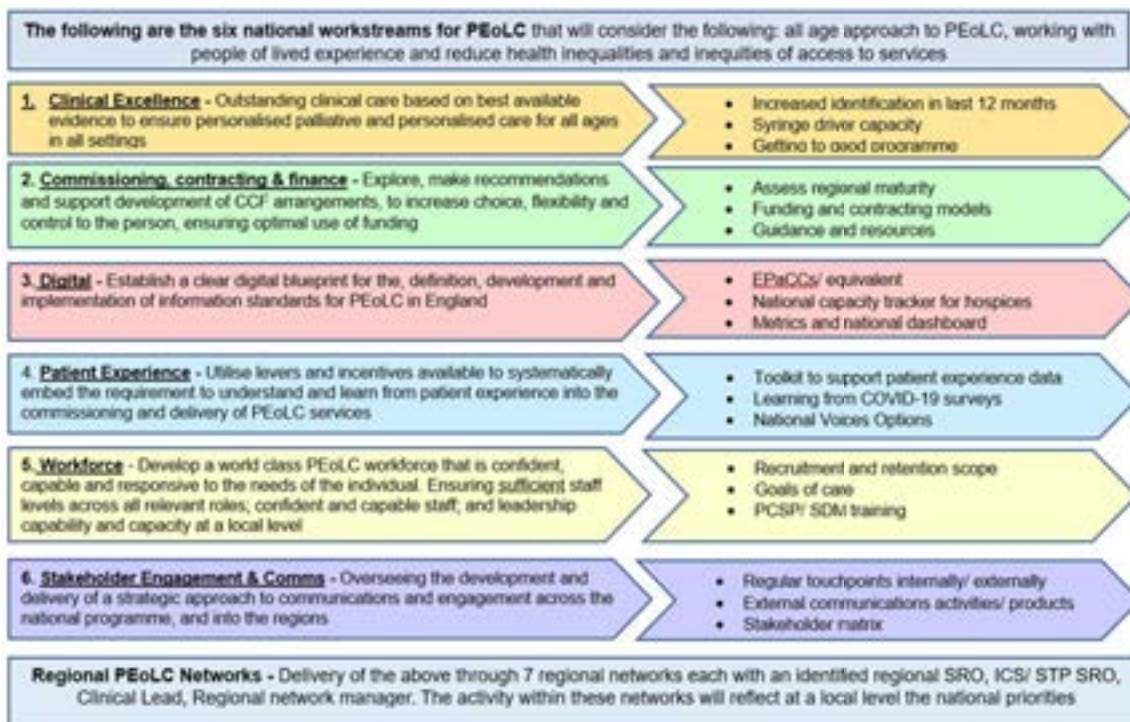
14.0 Recommendations

The Board is asked to:

- Receive the report and note the breadth of end of life work across the Trust.
- Note the successful partnership built across the health and social care system
- Note the improvement work for 2022/23 planned in relation to Advanced Care Planning

Appendix 1: EOL National and Regional Ambitions

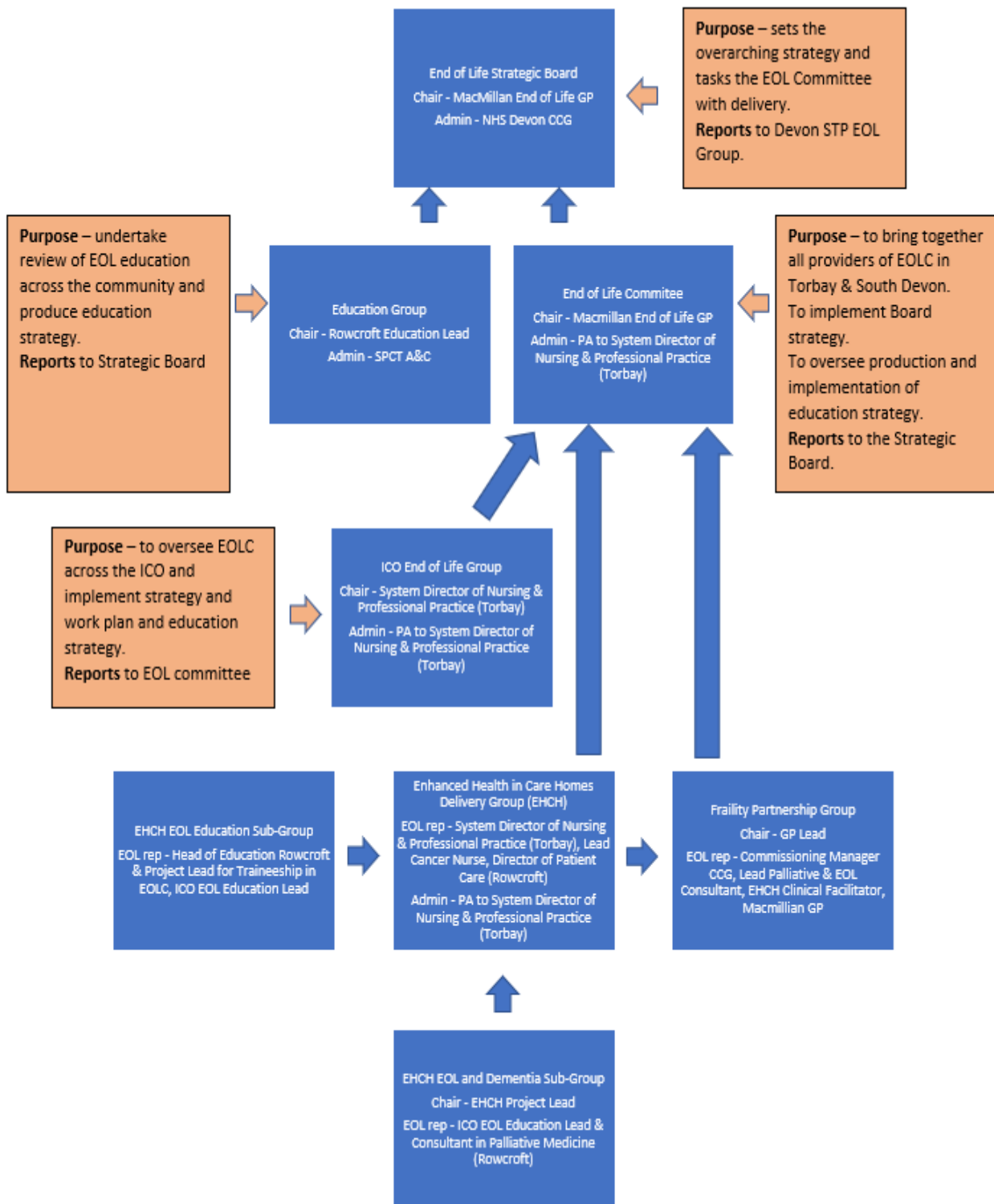
National ambitions for Palliative and End of Life Care is based on 6 workstreams:



The Integrated Care System EOL care ambitions for 2021/2026 are aligned to the National Palliative and End of Life Care framework (as above) set out below:



Appendix 2: EOL Governance Structure



Appendix 3: National Audit EOL Case Review 2021 - Published in 2022

Audit Question	Acute Inpatient Beds %	Community Inpatient Beds %	National Average
Healthcare staff in Torbay and Community Hospitals are excellent at recognising dying early	85	95	87
Torbay and Community Hospital staff are excellent in informing families that their loved one may die	94	95	96
Communication of impending death does not occur as often with patients themselves	24	42	27
However, patients are often confused / less awake by this stage (reason for not discussing with patients)	71	58	64
EOL care plans are used regularly	68	74	73
Crisis medications are almost always written up	97	95	Not Available
indication for use not always given	64	89	74
and their potential to cause drowsiness is not often discussed	18	0	16
Healthcare staff are excellent at responding to emotional and practical needs of patients and families	91% and 97% respectively	100% and 95% respectively	35% and 41% respectively
but not as good at recognising spiritual / religious needs	59	42	39
Healthcare staff monitor hydration	85	100	78
and nutrition	79	100	72
regularly during the dying process but do not regularly discuss risks and benefits of food	27	37	30
and fluids	29	26	35

Appendix 4: Summary of findings National Audit EOL Family and Carer Feedback 2021: - Published 2022

Audit Question	Acute Inpatient Beds %	Community Inpatient Beds %	National Average %
Most agreed or strongly agreed that they were asked about their needs, were given practical and emotional support, although were less sure about spiritual / religious support ('not sure')	50	75	33
Most agreed or strongly agreed they were well informed about their loved one's condition and had enough opportunity to discuss their conditions / treatment, that they were involved in decision making for their loved one's care and that staff communicated sensitively with their loved one and with themselves			
They rated the care and support provided to their loved one as <i>outstanding</i>	30	50	27
They rated the care and support provided to their loved one as <i>excellent</i>	40	35	29
They rated the care and support provided to their loved one as <i>good</i>	10	25	18
They rated the care and support provided to their loved one as <i>fair</i>	20	0	9
They rated the care and support provided to their loved one as <i>poor</i>	0	0	13
They rated the care and support provided to their loved one as <i>not sure</i>	0	0	4
Nominated persons were asked if they felt that the hospital was the right place for their loved one to die as <i>strongly agree</i>	35	100	46
Nominated persons were asked if they felt that the hospital was the right place for their loved one to die as <i>disagreed</i>	0	0	5
Nominated persons were asked if they felt that the hospital was the right place for their loved one to die as <i>strongly disagreed</i>	0	0	8

Report to the Trust Board of Directors			
Report title: Freedom to Speak Up Guardian Six Monthly Report			30 November 2022
Report appendix	Freedom to Speak Up Work Plan		
Report sponsor	Interim Chief People Officer Substantive Chief People Officer		
Report author	Lead Freedom to Speak Up Guardian		
Report provenance	NHS National Contract		
Purpose of the report and key issues for consideration/decision	The Freedom to Speak Up Guardian report is submitted every six months to enable the Board to maintain a good oversight of Freedom to Speak Up matters and issues.		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	The Board is asked to receive and note the Freedom to Speak Up Guardian Report.		
Summary of key elements			
Strategic goals supported by this report	Excellent population health and wellbeing		Excellent experience receiving and providing care x
	Excellent value and sustainability		
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score
	Risk Register		Risk score
External standards affected by this report and associated risks	Care Quality Commission	x	Terms of Authorisation
	NHS England	x	Legislation
	National policy/guidance	x	

Report title: Freedom to Speak Up Guardian Six Monthly Report		Meeting date: 30 November 2022
Report sponsor	Interim Chief People Officer Substantive Chief People Officer	
Report author	Lead Freedom to Speak Up Guardian	

1.0 Introduction

1.1 Speaking up protects patients and workers, but is only effective if leaders listen up and follow up with leaders setting the tone from the top of the organisation. Freedom to Speak Up is about more than the ability to raise concerns about patient safety. It is about being able to speak up about anything which gets in the way of doing a great job. That can be about ideas for improvement, ways of working or behaviours.

2.0 Assessment of cases

2.1 Since the last Board report in May there have been 36 concerns raised through the Freedom to Speak Up Guardians and 10 concerns anonymously through the communication platform WorkInConfidence. The highest number of cases relate to bullying and harassment, inappropriate sexual behaviour and incivility which in 2 cases was having an impact on patient safety. Failure to follow process remains a consistent theme and is related to HR policies and procedures to include recruitment and selection, referral for occupational health services and sickness absence managed through the attendance policy.

2.2 Concerns raised by category:
Bullying and Harassment - 30
Patient Safety - 2
Failure to follow process - 6
Diversity and Inclusion - 3
Staff Safety - 2
Culture of organisation – 2
Fraud – 1

2.3 Staff group speaking up included:
Medical - 3
Nurse - 9
Midwife - 2
AHP - 9
Senior Manager - 3
HCSW/AP - 4
A&C – 16

2.4 Highest staff number speaking up were admin and clerical staff, nurses followed by allied health professionals.

- 2.5** There has been a significant rise in concerns relating to incivility and breakdown in relationships with some cases leading to formal grievances and complaints through the Bullying and Harassment policy. The consistent theme as reported by staff is that they feel that managers are not working to find an early resolution.
- 2.6** There is some evidence to suggest that the current grievance/bullying and harassment policy does not accurately deal with issues that cross boundaries between legal requirements covered under the Equality Act. As an example, the Trust policy outlines an internal procedure to be followed when a member of staff wishes to raise a grievance. In line with the policy, there will come a point where the internal process reaches a conclusion and will cease. However, the outcome reached may not be the outcome that a member of staff was hoping for and may have further routes to follow outside of the Trust e.g. employment tribunal. It's therefore difficult for an internal policy to bridge the gap between an internal policy and an external process. This relates to a sexual harassment grievance that was upheld but where the individuals involved were dissatisfied with the actions that came from the outcome and may pursue a further claim against the Trust.
- 2.7** Failure to follow process relates to lack of transparency and openness in recruitment including perceived favouritism with regard to opportunities and career development. Failure to use the Trac recruitment process for internal vacancies is leading to suspicion from staff on how individuals are recruited.
- 2.8** Concern about patient experience as well as patient safety and dignity has been raised for the first time. This relates to clinical areas being used overnight during periods when the Trust has declared an internal critical incident without the correct equipment to keep patients safe and no bathroom facilities for those patients who have stayed overnight. On more than one occasion, staff have shared with me their concern at being discouraged to offer the Patient Advice and Liaison Service to patients wishing to complain. Staff safety relates to nurse to patient ratio overnight in a ward area and the member of staff was very concerned.
- 2.9** Ten concerns were raised through the anonymous communication platform with five relating to breakdown in relationships, one to inappropriate sexual behaviour, one in how the Covid-19 Hero was identified and three raising failure to follow recruitment processes.

3.0 Feedback from speaking up

These are an example of quotes from individuals who have received support from the Freedom to Speak Up (FTSU) Guardians, demonstrating the positive impact of the roles:

Thank you. You have been a huge support to me.

Thank you for your support I really appreciate it.

Thank you so much you are a huge support

*If it wasn't for you pushing an keeping on it all of this would have gone unnoticed.
Thank you.*

I couldn't have done any of this without you.

4.0 Actions to continue to improve FTSU culture

4.1 Freedom to Speak Up training - 'Speak Up, Listen Up, Follow Up'

This module is freely available for everyone who works in healthcare via e-learning for health. Divided into three modules, it helps people understand the vital role we all play in a healthy speaking up culture which protects patients and service users and enhances worker experience.

Although Speak Up training is part of induction, there is a national requirement for Listen Up and Follow Up training to be available and completed by managers and senior leaders via a leadership and management programme or as a once only requirement through mandatory training. Work to progress this is identified in the work plan (1.3)

4.2. Freedom to Speak Up Gap Analysis

Following feedback from Freedom to Speak Up Guardians across England the National Guardian Office have collated recommendations from the nine case review reports which have been published and grouped them thematically.

To help with gap analysis, a tool has been provided which Freedom to Speak Up Guardians and others responsible for speaking up in our organisation can use to review arrangements and develop plans and actions for improvement. After this has been completed the findings and actions which are part of next year's work plan (Action 1.1) will be presented to the Board via the bi-annual report.

4.3 Freedom to Speak Up: reflection and planning tool

This improvement tool is designed to help identify strengths in the guardian, leadership team and the organisation and also identify any gaps in the effectiveness of the Freedom to Speak Up Guardian service. It should be used alongside Freedom to speak up: A guide for leaders in the NHS and organisations delivering NHS services provided by NHS England.

Completing this improvement tool will help demonstrate the progress made by the senior leadership team, board or any oversight organisation in embedding and developing our Freedom to Speak Up arrangements. This should be led by the Lead Executive and Non-Executive Director for Freedom to Speak Up. It is a comprehensive tool that will identify the key actions that are required to improve our speaking up culture.

All NHS trusts and foundation trust boards have been asked to update their local Freedom to Speak up policy to reflect the new national template by the end of January 2024. By this time, we should have also seen the outputs from using the self-reflection tool and provided at least one progress update.

4.4 WorkInConfidence Refresh

After launching in May 2022 there is an opportunity to review the platforms use and consider ways of offering easier access and reach across the ICO including bulk upload to NHS email. This will require support from our Data Protection Team who initially had been reluctant to allow bulk upload. This access is offered in other NHS Trusts who have higher engagement rates from staff in using the platform.

4.4 Develop e-learning training for Well-being buddies network to signpost re Speaking Up

Plans are in progress to develop an animated training offer on speaking up and signposting for our successful network of well-being buddies. This will help them to feel confident on signposting staff to the guardians for further support.

5.0 Freedom to Speak Up Work Plan

The Freedom to Speak up Work Plan in Appendix 1 outlines the actions that we will be taking to address elements outlined in this report.

Recommendations

All of the Board including governors should complete -‘Speak Up, Listen Up, Follow Up’ training as a requirement of NHS England and National Guardian Office.

There should be a frank conversation with Board members regards the culture of the organisation and to take note of the reflection and planning tool that will benefit all.

Appendix 1

Freedom to Speak Up Guardian WORK PLAN: October 2022

Act No	Action	Action Assigned To	Deadline	Progress
1.0 Priorities arising from national guidance				
1.1	To complete the Freedom to Speak Gap Analysis Tool	Sarah Burns	May 2023	
1.2	To review TSDFT Freedom to Speak Up Policy against the revised national Speaking Up policy.	Sarah Burns/Jenny Shepherd	March 2023	
1.3	To progress Follow Up e-learning for Managers, Senior Leaders and Governors	Sarah Burns	March 2023	
1.4	To review the Freedom to Speak Up: a reflection and planning tool	Sarah Burns	May 2023	
2.0 Review of Model				
2.1	Refresh offer and increase reach of anonymous communication platform to include bulk email upload	Sarah Burns	Dec 2022	
2.2	Develop e-learning training for Well-being buddies' network to signpost re Speaking Up	Sarah Burns	Dec 2022	
2.3	Develop business case for Deputy FTSU Guardian to support succession planning	Sarah Burns	April 2023	
2.4	Formalise mentorship arrangements for other FTSUG in Devon system.	Sarah Burns	Dec 2022	

Report to the Trust Board of Directors				
Report title: Research and Development Annual Report 2021/22		Meeting date: 30 November 2022		
Report appendix	Appendix 1 – Research and Development Annual Report			
Report sponsor	Medical Director			
Report author	Director of Research and Development			
Report provenance	Quality Assurance Committee			
Purpose of the report and key issues for consideration/decision	To provide the Board of Directors with an annual account of Trust Research and Development (R&D) activity and performance in 2021/22.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Trust Board is asked to consider the risks and assurance provided within this report and to agree any further action required.			
Summary of key elements				
Strategic goals supported by this report	Excellent population health and wellbeing	X	Excellent experience receiving and providing care	X
	Excellent value and sustainability	X		
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register		Risk score	
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	
	NHS England	X	Legislation	X
	National policy/guidance	X		

Report title: Research and Development Annual Report 2021/22		Meeting date: 30 November 2022
Report sponsor	Medical Director	
Report author	Director of Research and Development	

Executive Summary:

Introduction

The Trust has a duty, under the NHS Constitution, to offer patients the opportunity to be involved in research and that research is considered core NHS business. The CQC assess research participation under the Well Led domain. Clinical research can provide a significant net contributor to the Trust and wider systems financial position and workforce plans through evidence-based practices, savings / cost avoidance and improved recruitment and retention as a research active organisation. NHS England has a duty, through its mandate from DHSC, to promote research and the use of research evidence in the NHS and views research activity as a core duty for NHS organisations. Research is also now part of Integrated Care Systems (ICSs), to support the delivery of new duties on research set out in the Health and Care Act 2022.

Clinical research is vital for providing the evidence needed to deliver high quality and cost-effective healthcare services. Knowing that patients cared for in a research active environment have better outcomes, we aim year on year to increase our research portfolio to be able to offer our patients the very best treatments, medicines and services. We continue to work with many different organisations national and internationally, this enables our patients to have access to new medicines, devices or treatments as part of a clinical trial. Our research portfolio within TSDFT has seen greater engagement and appreciation in the last couple of years; though our involvement with COVID-19 studies, highlighting the importance of clinical research which has saved millions of lives globally. As such; the role of research has never been more apparent than now. With the health service now under severe strain and record numbers of patients on waiting lists, clinical research can again play a vital role in supporting the NHS by improving the effectiveness and efficiency of care; playing an essential role tackling backlogs and reducing pressures on the NHS.

This report aims to provide the Board of Directors with an annual account of Trust Research and Development (R&D) activity and performance in 2021/22; highlighting achievements and developments supporting both national and Trust objectives.

Discussion

While the UK's COVID-19 research has been successful and world-leading, the pandemic has caused significant disruption to the development of treatments for other conditions. R&D has had to pivot all resource to supporting Urgent Public Health Covid research and pausing most non covid research, but protecting as best as possible 'life sparing' trials such as in cancer. The recovery of clinical research activity alongside other activity has been a key focus in 2021/22 and will remain a key priority still moving forward for the NHS and that every healthcare worker can play a role in this. But to achieve this ambition this will only be possible if we make clinical research part of everyday practice for all healthcare professionals.

The focus for 21/22 was to recover research business and considerable effort and work was undertaken to re-open as many studies as possible. This has meant a shift from Urgent Public Health Covid research, to treating Covid as a disease and speciality; that we needed to continue to support research into; but importantly we also had to find a way to support non Covid activity too. This also has had to be undertaken in the context of the Trusts capacity and capability to recover and return to business as usual within an increasingly significant challenging workforce, operational and financial environments.

Conclusion

2021/22 has seen the Trust make good progress in our recovery programme; despite workforce and other challenges (e.g. imaging, endoscopy capacity, loss of clinic space etc) facing the Trust / NHS. But the effects of the pandemic were still being felt, limiting progress on some of the objectives. However; the SWP: CRN commended our achievements and performance at our Trust annual review; despite all the challenges experienced; performing better than several other regional Trusts with larger teams and resources.

During 2021/22 we continued to develop and grow opportunities for staff and developing the investigators of the future with several successes; working closely with good opportunities and support through our local charity The Torbay Medical Research Fund (TMRF). We have also seen an increasing appetite and traction especially amongst our NMAHP community and junior doctors.

Recommendations

The Trust Board is asked to consider the risks and assurance provided within this report. To support actions to ensure the Trust builds on the Covid lessons learnt that research is core business, has an important role helping the NHS out of the current health and care crisis and key to the future of the NHS.

There is a need to establish research, education and practice as mutually connected to promote TSDFT as a research active Trust, supporting high quality, evidence-based care by experienced research – clinical professionals, known to improve patient outcomes.

However, whilst 2021/22 as our first 'recovery year' was generally quite successful we need to be aware of and not ignore or underestimate the challenges to remaining a research active organisation due to increasing workforce, operational and financial pressures within the organisation; which are impacting on providing the necessary environment and infrastructure to maintain let alone continue to grow and build research.

As a consequence, it is imperative research is not deprioritised and seen as something extra during this health and social care crisis and with our increasing clinical, workforce, operational and financial pressures. Instead we recommend research is viewed as part of the solutions. To review research as part of quality; safety and improvement agendas; supporting the financial and economic aspects alongside the Peoples Plan (workforce development, improved recruitment and retention and embedding clinical research career opportunities as business as usual); as well as the Equality, Diversity and Inclusion (EDI) agendas; by improving the equity of access to research for patients and staff; to continue to work embedding research into our core business, across our ISUs, as part of everyone's job plans and organisational objectives, ethos and culture.

Research and Development Annual Board Report 2021/22

1.0 Scope

The purpose of this report is to provide the Board of Directors with an annual account of Trust Research and Development (R&D) activity and performance in 2021/22.

2.0 Introduction and Background:

- The R&D Department is responsible for overseeing all research activity in the organisation, with staff (circa 42 WTEs); with specialist training, skills, knowledge and expertise to support and facilitate research studies, clinical trials delivery, research advice, research governance & regulatory affairs.
- The Trust is a partner in the National Institute for Health and Care Research (NIHR) South West Peninsula Clinical Research Network (SWP: CRN); which is one of 15 CRNs in England; commissioned and funded separately to patient care by the NIHR; to provide a clinical trials delivery service locally for NIHR (portfolio) studies; in line with relevant national R&D strategies, policies, the NHS contract and the NIHR Performance and Operating Framework.
- The Trust's primary research business centres around hosting (participating) in multicentre national and international commercial and non-commercial clinical trials (>90% of our overall business), sponsored by other organisations; mostly adopted by and part of the National Institute of Health Research Clinical Research Network (NIHR CRN) portfolio.
- In addition, R&D supports a small level of own account research activity, Trust led (sponsored) studies, mostly funded via the local charity: The Torbay Medical Research Fund (TMRF). R&D also support staff and external researchers involved with projects as part of educational studies (e.g. Masters and PhDs).
- The recovery of clinical research activity alongside other activity has been a key focus in 2021/22.

2.1: Why is research important?

During the COVID-19 pandemic, clinical research was essential to the development of vaccines and the discovery of treatments such as dexamethasone, which have saved millions of lives globally. With the health service now under severe strain and record numbers of patients on waiting lists, clinical research can again play a vital role in supporting the NHS by improving the effectiveness and efficiency of care; playing an essential role tackling backlogs and reducing pressures on the NHS.

While the UK's COVID-19 research has been successful and world-leading, the pandemic has caused significant disruption to the development of treatments for other conditions. During the first wave of the pandemic, most NHS trusts including TSDFT

paused most non COVID-19 research studies. The recovery of clinical research activity alongside other activity has been a key focus in 2021/22 and remains a key priority still moving forward for the NHS and that every healthcare worker can play a role in this. But to achieve this ambition this will only be possible if we make clinical research part of core business and part of our everyday practice for all healthcare professionals.

Clinical research is vital for providing the evidence needed to deliver high quality and cost-effective healthcare services, and to improve outcomes for patients both locally and nationally. It is through research that we are able to develop and test new treatments and approaches to healthcare, and better understand existing conditions. Research studies are taking place all the time across our Trust. Our teams, researchers, clinicians and all the support services who help us deliver our research portfolio have worked diligently to improve outcomes for patients both locally and nationally. However, we would not be able to take part in research if it was not for patients and members of the public volunteering to participate.

The research environment in the NHS is challenging. Developing a sustainable model for research is essential. The Trust needs a mixed portfolio of NIHR, academic, own sponsored and commercial research for the future. The Trust has a duty, under the NHS Constitution, to offer patients the opportunity to be involved in research. The CQC assess research participation under the Well Led domain. Research can provide a significant net contributor to the Trust and wider systems financial position. Research is also now part of Integrated Care Systems (ICSs), to support the delivery of new duties on research set out in the Health and Care Act 2022.

NHS England has a duty, through its mandate from DHSC, to promote research and the use of research evidence in the NHS. It views research activity as a core duty for NHS organisations. We are fully committed to developing and supporting research which improves the quality and experience of care for local people, as well as making our contribution to wider health improvements.

Knowing that patients cared for in a research active environment have better outcomes, we aim year on year to increase our research portfolio to be able to offer our patients the very best treatments, medicines and services. We continue to work with many different organisations national and internationally, this enables our patients to have access to new medicines, devices or treatments as part of a clinical trial. Our research portfolio within TSDFT has been highlighted in the last couple of years with our involvement with COVID-19 studies, the importance of clinical research has never been more apparent than now.

Clinical research is of major strategic and reputational importance to the Trust and aligns with regional and national agendas to deliver evidence-based medicine. The scale, scope and quality of clinical research activity across the Trust has important beneficial impacts on clinical services, the quality of care, and the recruitment and retention of clinical staff.

Research is key to the transformational response that is needed to deal with this dramatic rise in demand, a return to business as usual won't be acceptable. The research we participate in is critical to drive future medical advances, with patients benefitting from prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery.

3.0: Research Activity and Performance:

The focus for 21/22 was to recover research business. This meant a shift from Urgent Public Health Covid research, to treating covid as a disease and part of speciality portfolios that we needed to continue to support research into; but importantly we also had to find a way to support non covid activity too.

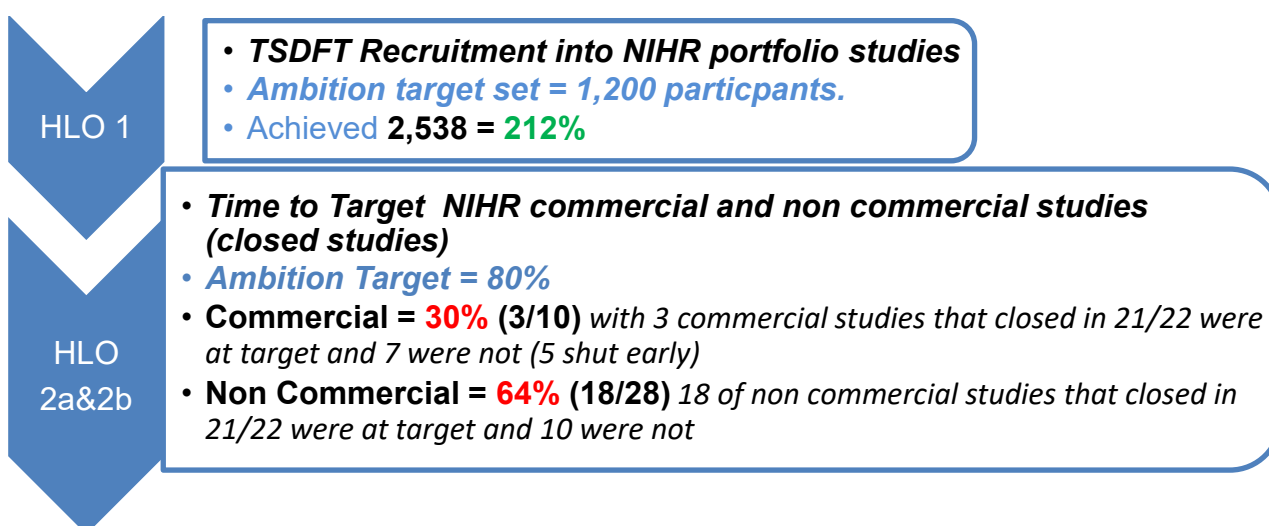
The national **NIHR / DHSC RESTART (Refresh) Frameworks: Recovery, Resilience and Growth (RRG)**, set the ambition to get activity to pre-covid levels at least and restart all paused activity where possible, close down any non-viable studies and open up to new business.

3.1: NIHR Clinical Research Network contract:

TSDFT is a member of the South West Peninsula Clinical Research Network (SWP: CRN) - the regional delivery arm of the National Institute for Health Research (NIHR). Our performance is monitored by the SWP: CRN against High Level Objectives (HLOs).

3.1.1: Key Performance Indicators (KPIs) / High Level Objectives (HLOs) 2021/22:

Similar to the previous year; due to the impact of covid still; but as part of the new RRG agenda; NIHR's HLOs were set as ambition targets as opposed to formal performance HLOs and introduced as part of a revised NIHR performance and operating framework:



3.1.2: Overall Summary statistics:

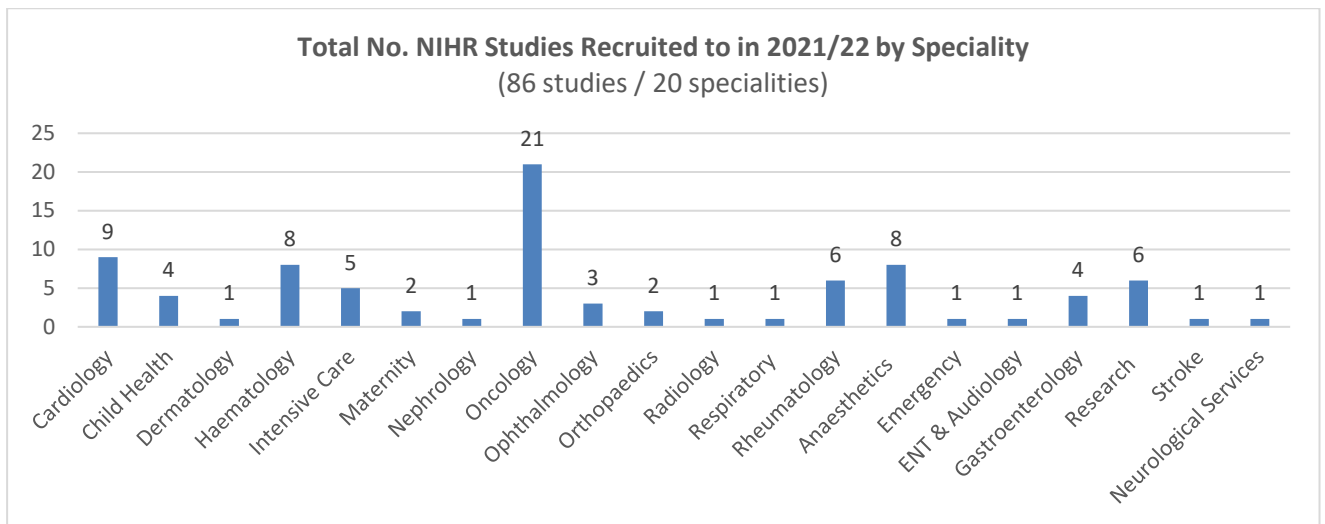
Overall the Trust in 2021/22, the Trust made good progress in our recovery programme; despite staffing and other challenges facing the Trust / NHS. The table below highlights the key measures.

	19/20 (Pre Covid)	20/21 (Covid Year)	21/22 (Recovery Yr 1)
Total NIHR Recruitment	1,525	2,240	2,570
Commercial recruitment	95	37	79

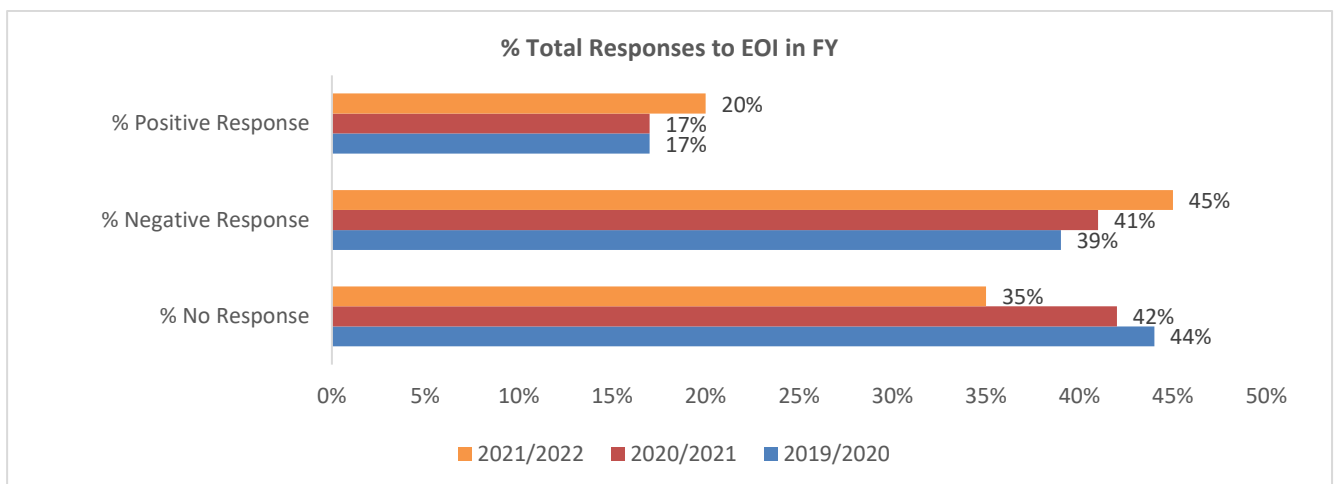
Total studies recruited into (no. of specialities)	77 (n=21)	49 (n=18)	86 (n=20)
ABF points (Complexity weighting NIHR non-commercial studies only)	4,202	3,551	8,872
New studies approved (no. of commercial)	58 (n=13)	35 (n=8)	50 (n=9)
Total EOIs rec'd	349	321	441
Total positive EOIs	59 (17%)	53 (17%)	89 (20%)
Total Amendments Processed	248	331	294

- R&D made excellent progress recovering the non covid research portfolio; by opening all 'paused' studies where possible, closing non viable studies and opening more new studies. Although commercial new studies remained at similar levels.
- We recruited more patients to NIHR studies than previous years; doubling recruitment into commercial studies and the total number of studies recruited into across several specialities.
- The CRNs Trust annual review commended our achievements and performance despite all the challenges experienced and performing better than several other regional Trusts with larger teams and resources.
- The Trust also performed well when benchmarked against similar size organisations in England
- Cancer trials was one area less impacted by covid than other areas, however the oncology team in partuclar has made significant improvments; increasing recruitment to studies and in particular significantly increasing their commercial studies. Building on good performances and developing a strong organisation reputation. Several studies have had significant impacts and examples can be found in Appendix 2.
- Covid research continued and some of the impacts can be found in Appendix 2: But in partuclar to highlight:
 - Collaborated on the Valneva covid vacine trial with UHPT and we were the UKs top recruiting site, leading to the licensing of Valneva by the MHRA as another covid vaccine.
 - Completed the SIREN staff covid survellience study. where a total of 433 staff took part in regular testing that helped inform Government policy.
- However our Time to Target (T2T) performance was not great, showing the stuggles still in recovering our business fully.

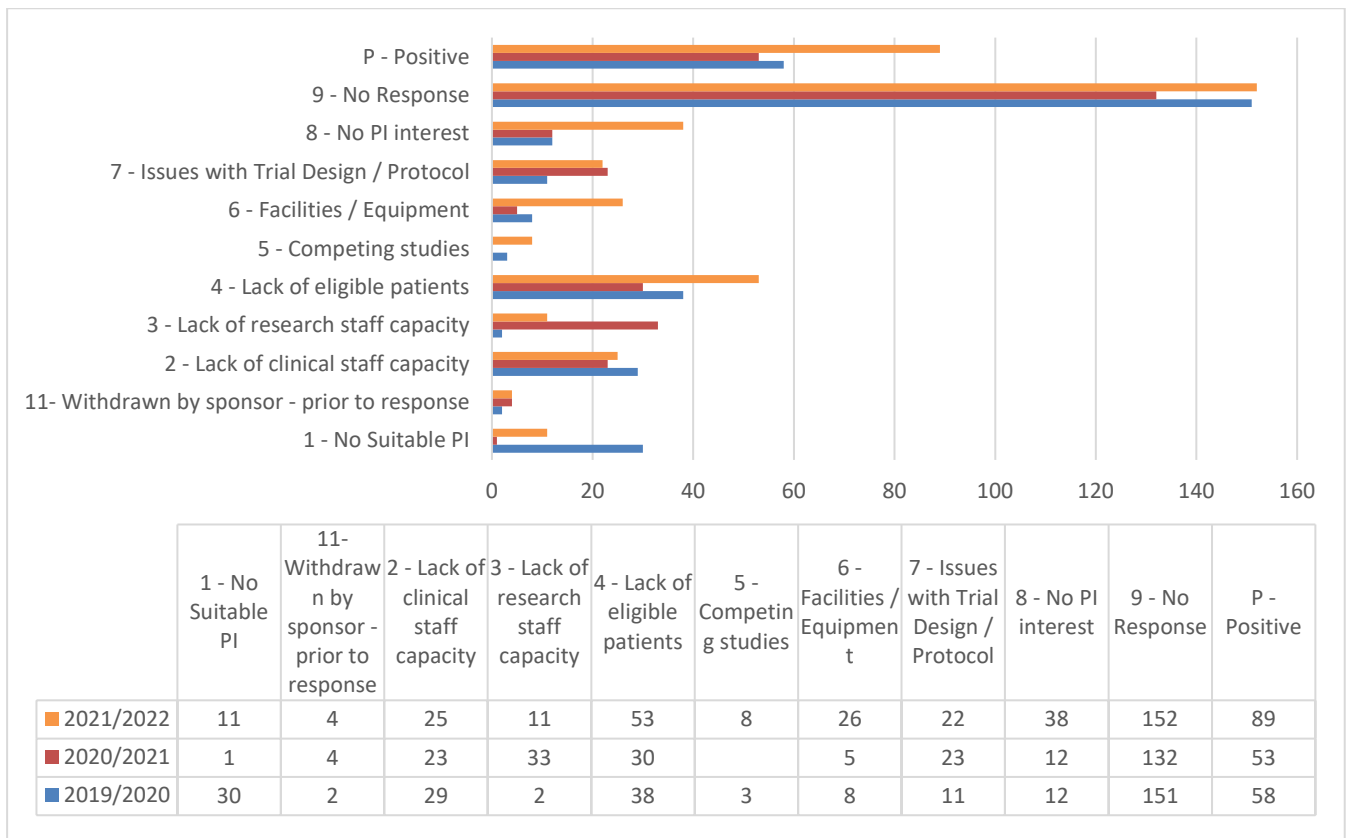
Below shows the spread of activity in the Trust; listing the number of NIHR studies that were open and recruited into during 21/22.



New potential business is measured through **Expressions of Interest (EOIs)** - our pipeline of potential future studies. Encouragingly we saw the total number received significantly increased and the Trust's positive EOI rate also slightly increased too. In addition we saw a reduction on no response, but countered by an increase in negative responses.



The graph below details a breakdown of reasons for negative responses with no response still the biggest.



As a result of positive EOIs, moving into 22/23 R&D had a total of 38 new studies at various stages of set up / approvals – which is an encouraging and healthy pipeline.

3.2: Regional and National Benchmarking:

The Trust is part of the SWP:CRN region; which is one of 15 CRNs in England. The graph below shows the SWP:CRN was 10th overall (population adjusted) for non commercial recruitment and 5th overall for commercial recruitment during 2021/22. The graphs below also show the split based on type of study.

National Perspective

Overall Recruitment split by Design Type - FY2122



SWP Overall Rank (pop. adjusted by 1M): 10th

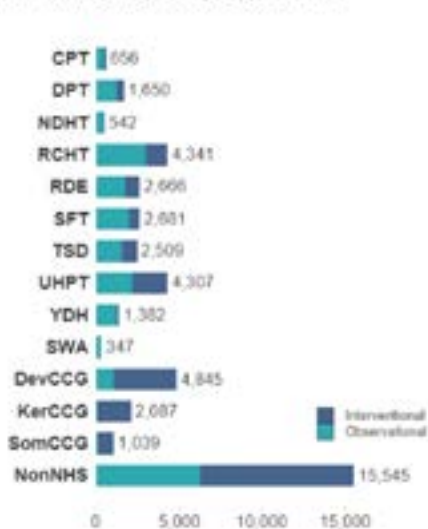
Commercial Recruits by LCRN per 1M



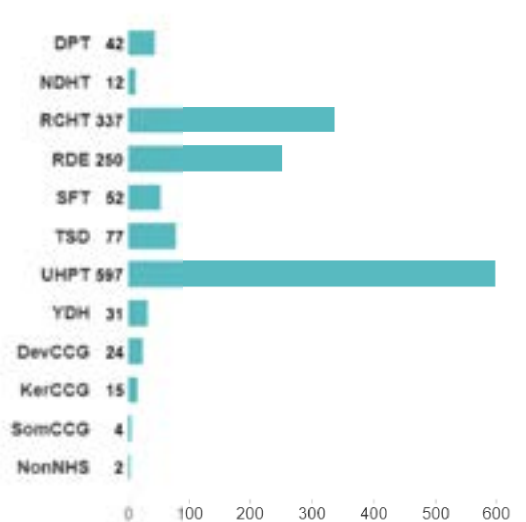
Recruitment based on study type

Local Perspective

Overall Recruitment split by Design Type FY2122



Commercial Trust Recruits in FY2122

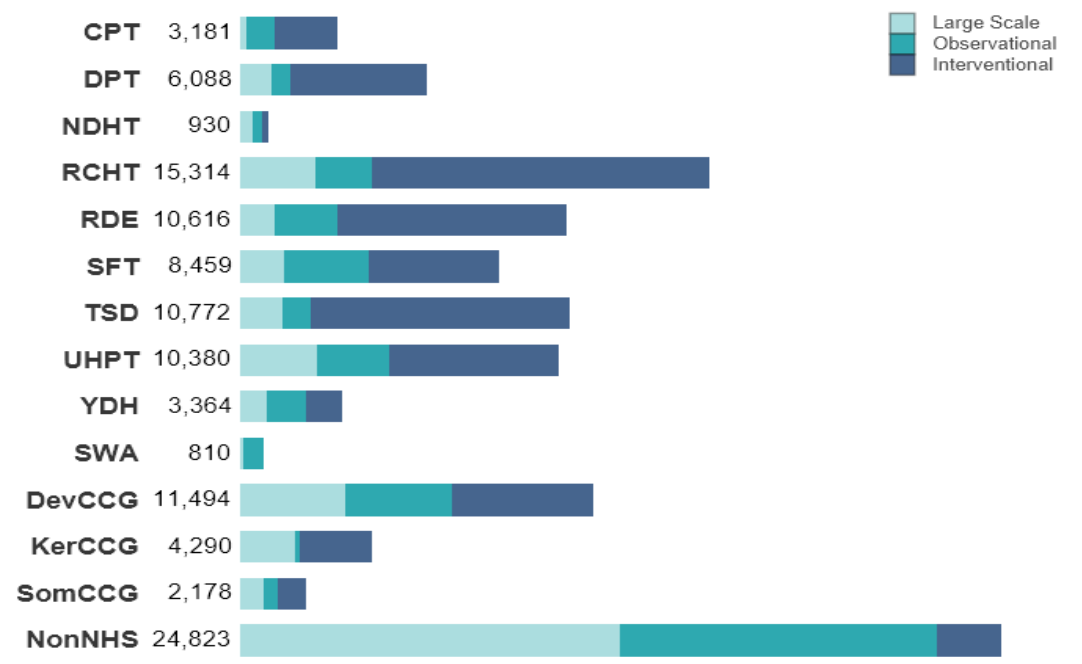


Commercial & Non-Commercial Recruits FY2122



N.B: Commercial covid vaccine studies were undertaken at RDE, UPHT and RCH, accounting for their higher recruitment figures

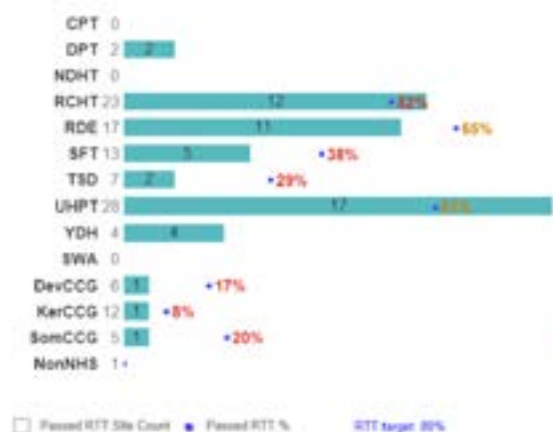
TSDFT were 2nd highest ranked Trust in the SWP:CRN based on complexity weighting points (applied dependant on the type and size of a study); which is a commendable achievement for the size of our Trust and research infrastructure compared to our neighbouring larger Trusts. This achievement was acknowledged by the CRN during the Trust annual review.



Performance Time To Target (T2T) benchmarking regionally

Trust Recruitment to Time & Target (Commercial Studies closed and closing in FY 2021-22)

Commercial Site RTT Summary



Commercial Site RTT - Managed Recovery



TSDFT performance was poor compared to other acute Trusts, although our commercial portfolio differed with the lack of commercial covid studies which helped the larger regional Trusts in this metric.

3.3: National Benchmarking in England (by Acute Trusts, small, medium, large):

Taken from the SWP: CRN report highlights 2021-22: The table below shows the region as a whole performed well, including TSDFT:

Top 10 Rank	Trust	Recruits	Rank by Recruits	ABF Recruits	Rank by ABF	No. of recruiting studies	Rank by Studies
Among 41 Large Acute Trusts	RCHT	4,341	8	15,314	13	128	9
	UHPT	4,307	9	10,380	17	140	5-6
	RDE	2,666	26	10,616	16	154	3
Among 41 Medium Acute Trusts	SFT	2,681	11	8,459	12	122	3
	TSD	2,509	13	10,772	6	79	7-8
Among 18 Small Acute Trusts	YDH	1,382	10	3,364	9	58	1
	NDHT	542	18	930	18	20	16
Among 47 MH Trusts	DPT	1,650	9	6,088	10	36	9-10
	CPT	656	25	3,181	25	27	24
Among 120 CCGs	DevCCG	4,845	9	11,494	5	37	6-7
	KerCCG	2,086	24	4,290	29	26	17-18
	SomCCG	1,039	40	2,178	53	16	47-50

TSDFT:

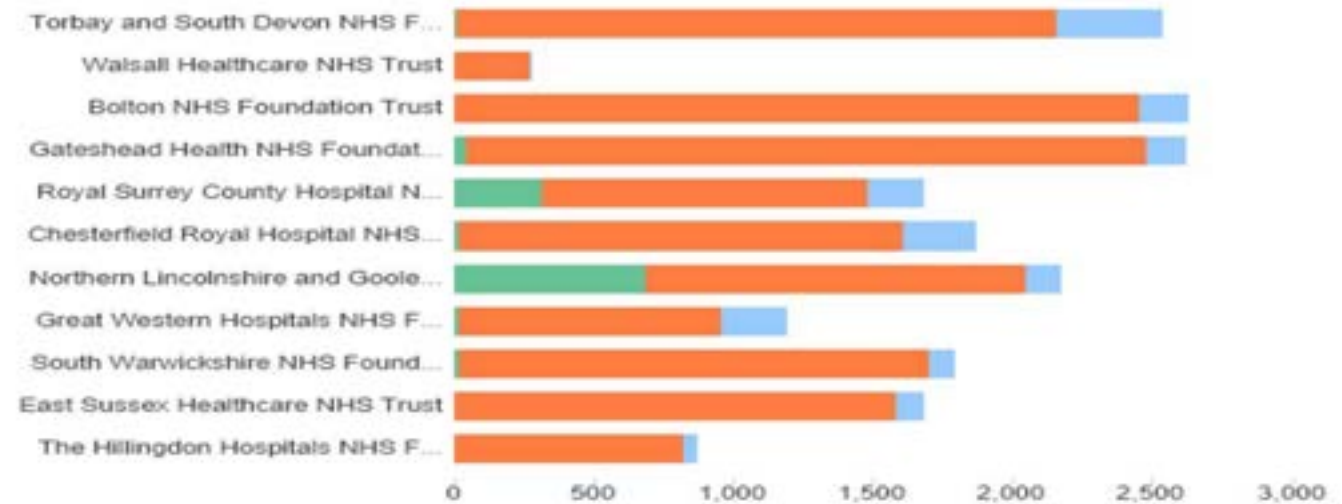
- Overall performance and benchmarking TSDFT as a medium sized acute Trust was 6th for ABF points (n=10,772), 7-8th for recruiting studies (n=79) and 13th for total recruits (n=2,509)
- SWP CRN's list of studies for which SWP sites have recruited in the top-5 in UK (excluding SWP CI studies):
 - UKIVAS study (study ID 12689) TSDFT was top recruiter out of 82 participating sites
 - SYMPLIFY (study ID 49672), TSDFT was 4th best recruiter (n=384) out of 44 participating sites

NIHR portfolio recruitment figures: National benchmarking against other Trusts of a similar size

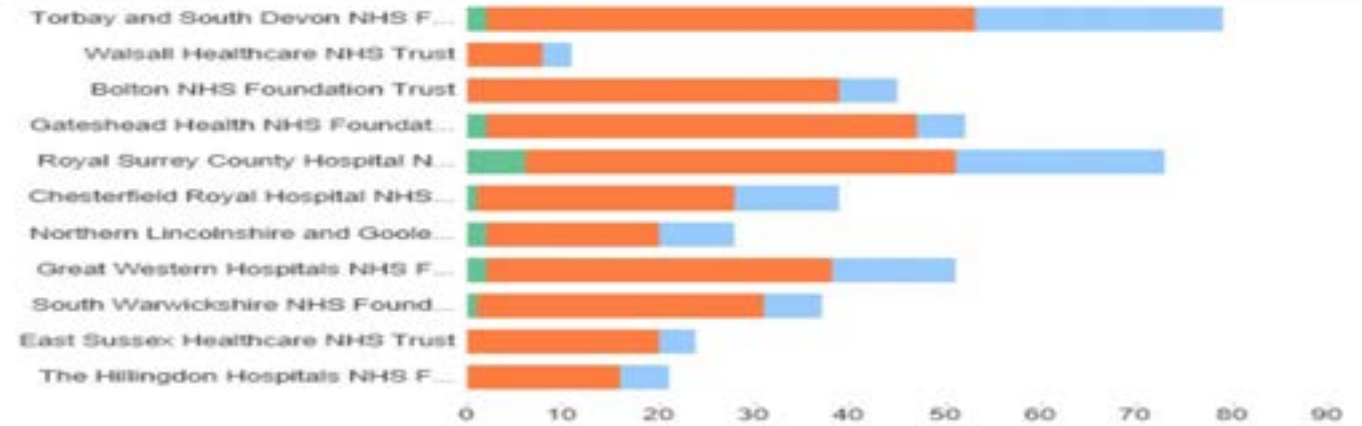
The graphs below benchmark Torbay to the next nearest 10 similar sized organisations; based on population outpatient attendances. Torbay rank 3rd best in class overall, recruiting to the most studies and was 2nd in class for commercial studies.

Graph 1: All NIHR activity

Recruitment in 2021/22

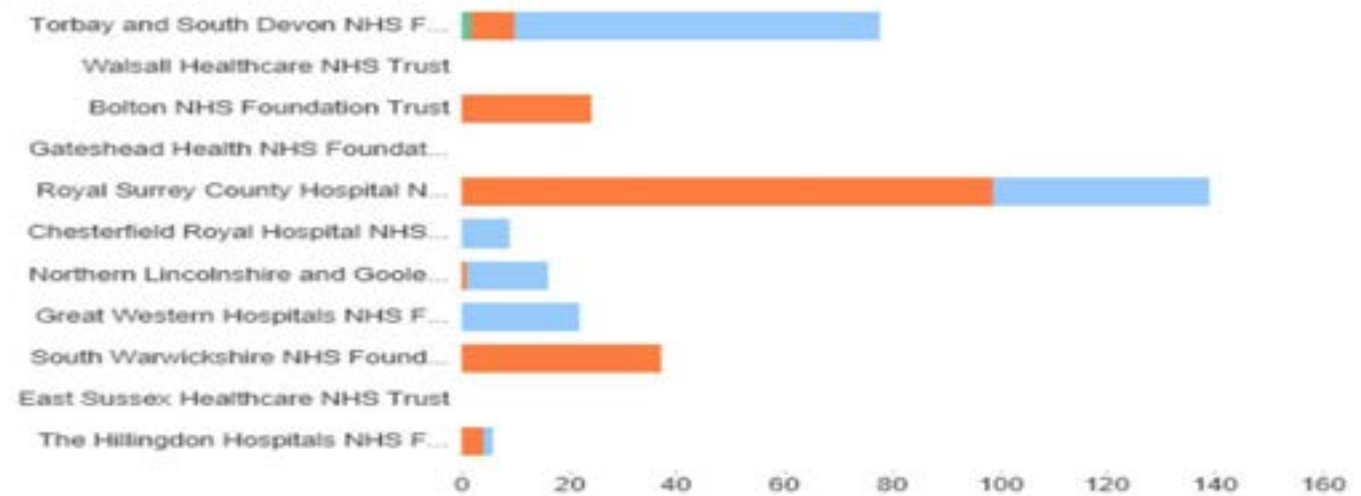


Number of recruiting studies in 2021/22



Graph 2: Commercial NIHR activity

Recruitment in 2021/22



4.0: Sponsored (Trust led) and collaborative research & Research Grants

As well as increasing the opportunities for our patients and service users to take part in NIHR Portfolio research studies (hosting clinical trials); R&D also supports Trust led and sponsored studies; often in collaborations. Additionally, R&D support a number of staff undertaking research through education studies through Universities (HEIs).

This work is aimed at developing our own researchers and research for the benefit of patients and the community surrounding TSDFT. We continue to develop and grow with several successes; working closely with good opportunities and support through our local charity The Torbay Medical Research Fund (TMRF). We have also seen an increasing appetite and traction especially amongst our NMAHP community. This ambition is important for workforce development and career progression.

4.1: A summary of current Trust sponsored studies:

Project Title	Chief Investigator	Funder (Grant award)	Status
PEER CONNECT: A feasibility randomised controlled trial of a targeted peer coaching service for outpatients with long-term conditions.	Dr Agne Straukeine and Helen Davies Cox	TMRF (£125,975)	open
Community Simulation	Liz Tooby	unfunded	Suspended (on maternity leave in 21/22)
C-Peptide screening in a Secondary Care Type 1 Diabetes Clinic	Dr Chris Radford	TMRF (£11,606)	Open
Exercise Programme in AAA surgery	Dr Mike Swart	TMRF (£16, 410.95)	Paused in 21/22 due to covid.
Patient activation and foot health in diabetes	Jen Williams, Podiatrist	unfunded	Open
Effects of neurological disease on effort as measured by The Word Memory Test.	Dr Isabel Ewart, Consultant Clinical Psychologist	Unfunded	Open
SENSE study Exploring the barriers to 'Clinical academic' career progression for Nurses, Midwives, Allied Health Professionals and non-medical staff in Torbay & South Devon.	Dr Rich Collings, Podiatrist	TMRF (£13,753)	In development in 21/22. Approved and opened October 22
BioBeat Study: Bronchiectasis Exacerbation Assessment of Treatment	Dr Louise Anning, Consultant	TMRF (£58,299)	Awaiting regulatory approval.

	Respiratory Physician		Due to open Nov 2022
Building a Brighter Future (BBF) bid 'An investigation of the role of the Torbay and South Devon NHS Foundation Trust New Hospital Programme in supporting the continued integration of person-centred care whilst not increasing the number of inpatient beds currently provided at Torbay Hospital'.	Dr Joanne Watson (In collaboration with UoP)	TMRF (£164,074)	Grant awarded. Research application still in development for approvals.

4.2: Partnerships – grants awarded involving TSDFT (but led from elsewhere)

Project Title	Applicant		Amount Awarded	Status
Provision of a daily high protein and high energy meal: effects on the physical and psychological wellbeing of community-dwelling malnourished elderly adults	Prof. Bowtell UoE Elizabeth Wardle, Irene McClelland Dieticians (TSDFT)	TMRF	£100,914	ongoing
Understanding the high numbers of children in statutory care in Torbay: an engaged approach to supporting families and communities	Dr Thomas (University of Exeter) with Torbay Public Health team / Children's Services	TMRF	£208,619	ongoing
A study to explore the implementation of the Enhanced Health in Care Homes framework in eight care homes in Torbay and South Devon	Dr Susie Peace (UoP) / Torbay Clinical School	TMRF	£71,797	ongoing
NIHR PARC project in Adult Social Care Building on Torbay's Researcher in Residence' (RiR) model and their work evaluating our changing models of health and social care as an Integrated Care Organisation (ICO) where 'prevention' is a high priority.	Susan Martin / Simon Chant (Researchers in Residence Dr Felix Gradinger & Dr Julian Elston), UoP	NIHR	£561,046	ongoing

5.0: R&D Workforce and Workforce Development:

- The R&D Department is a small team comprising of circa 42WTEs, with specialist skills, knowledge, training and experience to manage and conduct research to the required regulatory standards.
- The teams include clinical delivery staff (registered and non-registered), A&C staff, dedicated staff within the supporting services (labs, pharmacy and radiology); Research Management and Governance (RM&G) staff including the senior R&D management and leadership team.
- Staff are funded through the annual allocations from the CRN (covers circa 40% of staffing costs) together with commercial trials income.

Workforce challenges: means the R&D service remains both fragile and vulnerable. The Building blocks needed for research mainly sit outside of R&Ds gift and therefore the success of the Department is reliant and integral to how the Trust is operating, its ethos and culture:

- **Resilience and depth** remains the primary risk. With minimal staffing levels, alongside the time needed for training and gaining of specialist experience and skills required in a highly regulated environment, this makes cover for absences or shortages, let alone developing, growing and succession planning difficult. It is difficult to 'parachute' untrained staff into R&D.
 - In response to this challenge during 21/22 building on our covid work, we started to developing a pool of research bank staff; to support clinical delivery of trials. This was achieved through a successful bid for CRN contingency funding. Under the leadership of Chrissy Dixon, Lead Research Nurse; R&D has trained a small number of bank nurses to provide extra capacity and cover for vacancies but also used the opportunity to provide training and build relationships with this small group as a flexible and agile resource R&D can call upon when needed to provide cover, extra safety and capacity as staffing and portfolios vary.
- **Ambitions to expand grant applications (Chief Investigators);** to increase grant applications including larger national research grants: This would require some additional R&D capacity, skills and experience e.g. methodologists, statistics, governance etc. We can look to 'buy-in' from neighbouring Trusts and local HEIs; but currently do not have the funding or the level of activity to make this viable. We also need investigators – see below.
- **Recruitment and retention of staff** – difficulties filling vacancies increasingly seen in R&D similar to across the NHS. As a small team, any loss of staff has a greater impact. Staff have left for several different reasons. It is even more important and essential we seek better ways how best to promote research as a career opportunity and improve research career pathways alongside how to embed research into everyday practice, value and incentivise our staff.
- **Job Plans and Job Descriptions** do not allow for staff to support and undertake research; despite the messaging we need to embed and make it core business and the strong evidence base, being research active improves staff retention and recruitment. This has been a longstanding issue but increasingly more so in today's increasingly pressurised and challenged NHS climate. This remains a significant risk and issue. We need more staff to become investigators for both hosted as well as sponsored research.
 - We are still too overly reliant on a few interest individuals trying to support the important research agenda in their own time. This 'good will' is being tested and is waning.

- Only about 16% of our medical consultant staff are research active. This is even less for NMAHPs.
- With the lack of any imminent regional or national funding to address this increasingly significant issue. R&D successfully submitted a business case to the Trust to support a pilot awarding up to 5 research PAs per annum over the next 3 years in recognition of the work as a Principal Investigator and to evaluate savings, impacts and outcomes. This scheme will start in 22/23.
- **Clinical Academic posts:** The Trust has been very successful in developing various fellowship and internship opportunities to help develop staff academic research training and education (pre-doctoral, doctoral, post-doctoral fellowships). in partnership with the HEIs, HEE and the NIHR. However once completing their academic training; the unresolved issue remains: how to retain highly skilled and experienced staff in the NHS and remain research active, to inspire others, to champion embedding 'research into practice' through new roles, role models, job plans etc. There is an urgent need to facilitate and build on these developments and upskilling of our staff; to maximise the benefits, opportunities and improved outcomes. This needs to translate into changes as part of the Trusts / wider NHS people's plans.

Creation of our first Diagnostic research radiographer role (Becky Stride): based in radiology; supported through the CRN research associates' scheme and the Trusts trials income; to give dedicated time to gain experience in research, act as the liaison link with R&D and radiology; whilst continuing to work in clinical practice, keen to champion research as well as developing both as a CI and PI.

- The work across Imaging and R&D has been pivotal to improving communication; and our performance metrics (e.g. study set up times). Additionally; utilising this expertise and balancing between the patient's clinical need and the trial imaging protocols this has improved both the experience of patients and use of resources by reducing the need for re-scanning; reducing the potential for protocol deviations; which has subsequently released more radiology and research delivery staff time and capacity.
- Keen to grow the research portfolio and to champion research; being embedded within radiology and developing radiology and radiography PIs of the future. Becky is the first Diagnostic Radiographer to become a PI at TSDFT; for the **MIDI study** (study ID 40553). Currently the 3rd best recruiting site in the country. Becky has also provided Radiography Support Workers with the opportunity to get involved in research: to undertake their Informed Consent training and recruit patients into the study.
- In addition, Becky has made several improvements within the service and in research e.g. written bespoke reporting criteria for the CTCA trial in Cardiology to facilitate data inputting on the eCRF.

5.1: Developing the investigators and staff of the future:

During 2021/22 - Several staff held regional / national research roles:

- Dr Kirsten Mackay – NIHR National Co- Clinical Speciality Lead for the Musculoskeletal portfolio
- Dr Kirsten Mackay – NIHR SWP: CRN Regional Clinical Speciality Lead for the Musculoskeletal portfolio

- Dr Agne Straukeine NIHR SWP: CRN Regional Clinical Sub Speciality Lead for the Multiple Sclerosis portfolio.
- Dr Richard Collings; Podiatrist: NIHR and Council for Allied Health, Professions Research (CAHPR) Champion:
- Chrissy Dixon, Lead Research Nurse – final year of a 3-year NIHR 70@70 leadership programme
- Dr Fiona Roberts, R&D Director, Regional HRA Champion and part of UKRD leadership group

5.2: Research Fellowships / Associateships / Internships

There are several schemes, nationally, regionally and locally to provide more opportunities to help develop a research ready, willing and able workforce. Help with upskilling and enabling healthcare staff to get experience and exposure to research; increase their confidence and ability to engage in and become more research active.

5.2.1: National Schemes:

NIHR Associate PI Scheme: - A six month in-work training opportunity, providing practical experience for healthcare professionals (medics, NMAHPs) in clinical research delivery; starting their research career. This programme has expanded during 21/22 to cover more specialities and we have had several staff accepted on this programme both medics and NMAHPs.

NIHR / HEE Fellowships / Internships:

- Jennifer Williams, Podiatrist, HEE/NIHR ICA PCAF: Pre-doctoral Clinical Academic Fellowship - with the University of Plymouth; Jan 2020-March 2022
- Justine Tansley, Podiatrist, HEE/NIHR ICA PCAF: Pre-doctoral Clinical Academic Fellowship with the University of Plymouth; Oct 2021 - Sept 2023
- Rachel Rapson, Physiotherapist: NIHR DCAF Fellowship (part time PhD with the University of Plymouth looking at 'A novel interactive dynamic training device to improve walking ability and quality of life for children with cerebral palsy: A mixed methods study'. Awarded in 2018/2019 -ongoing

5.2.2: Regional Schemes:

NIHR regional CRN Fellowships / 70@70 Research Associate / internships: To fund clinical staff to spend up to one day per week for 6 or 12 months in R&D to get some research training and exposure supporting clinical trials delivery or undertake clinical academic training:

- Angela Foulds, research nurse, Sept 2020-August 2022.
- Rebecca Stride (CT Radiographer): October 2021- October 2022
- James Bruce (Occupational Therapist from ICU): Oct 21-March 22
- Joan Redome (Research Nurse): Oct 21-March 22

Trust / UoP Clinical Schools / TMRF Fellowship programme:

During 21/22, the Trust and UoP Clinical Schools partnership successfully secured a further 3 years funding from the TMRF to support another tranche of TSDFT staff: pre-doctoral studies (one-years funding – to prepare for a PhD application / fellowship) and

doctoral fellowships (up to 5-6 years funding to do a PhD part-time) for TSDFT staff. Details of fellowship awarded under this scheme are summarised below:

Year	Award	Awardee	Topic area
2019/20	Pre-doctoral Fellowship 1	Harriet Hughes Physiotherapist	Improving mobility in children with cerebral palsy. Completed and successfully awarded a Doctoral Fellowship
	Doctoral Fellowship 1	Kathryn Bamforth Physiotherapist	The WELLBEING Study: Exploring the psychological wellbeing of healthcare professionals. Ongoing
2020/21	Doctoral Fellowship 2	Corinne Lyndsey Nurse	The importance of nursing culture for patient care - ongoing
2021/22	Doctoral Fellowship 3	Harriet Hughes Physiotherapist	Improving mobility in children with cerebral palsy
	Pre-doctoral Fellowship 2	Stephanie Janka-Spurlock Nurse	Improving dementia care in care settings
	Pre-doctoral Fellowship 3	Vanessa Kavanagh Podiatrist	Improving outcomes after bunion surgery

5.3: Clinical Academics workforce developments:

A timeline showing progress and development of NMAHP clinical academics through research via these various schemes can be found in Appendix 1

The programmes aim:

- To establish research, education and practice as mutually connected to promote TSDFT as a research active Trust, supporting high quality, evidence-based care by experienced research – clinical professionals, known to improve patient outcomes.
- Embed clinical research career opportunities as business as usual: Pathways such as Chief Nurse Fellows, Pre and Post Doctorates etc leads to clinical research experts practicing and remaining on the shop floor; acting as role models, creates attractive posts, career prospects, improves job satisfaction, recruitment and retention.
 - Clinical academics (healthcare professionals who combine clinical and research responsibilities within their role) are acknowledged as role models for their contribution to quality patient outcomes, not only by virtue of their own research portfolios, but also their leadership that is embedded in clinical practice (Cooper et al, 2019). Other benefits of clinical academics' roles are increased job retention and satisfaction (Wenke et al, 2017) and improved organisational efficiency and collaboration (Harding et al, 2017).
- Supports the vision, aims and objectives as set out in the new National CNO Research Strategy (November 2021) and HEE and CAHP AHP Research Strategies (Jan 2022 and June 2022, respectively).
- Aligns to Trust strategies / strategic intent:
 - In two of the Trusts key enabling plans for our Trust strategy, Our People Plan and Building a Brighter Future, we have demonstrated a clear commitment to developing career pathways. We also know that research active organisations offer superior health service performance, a higher

quality of care, improved patient safety and provide greater opportunities for staff development (Jonker 2018; Jonker 2019).

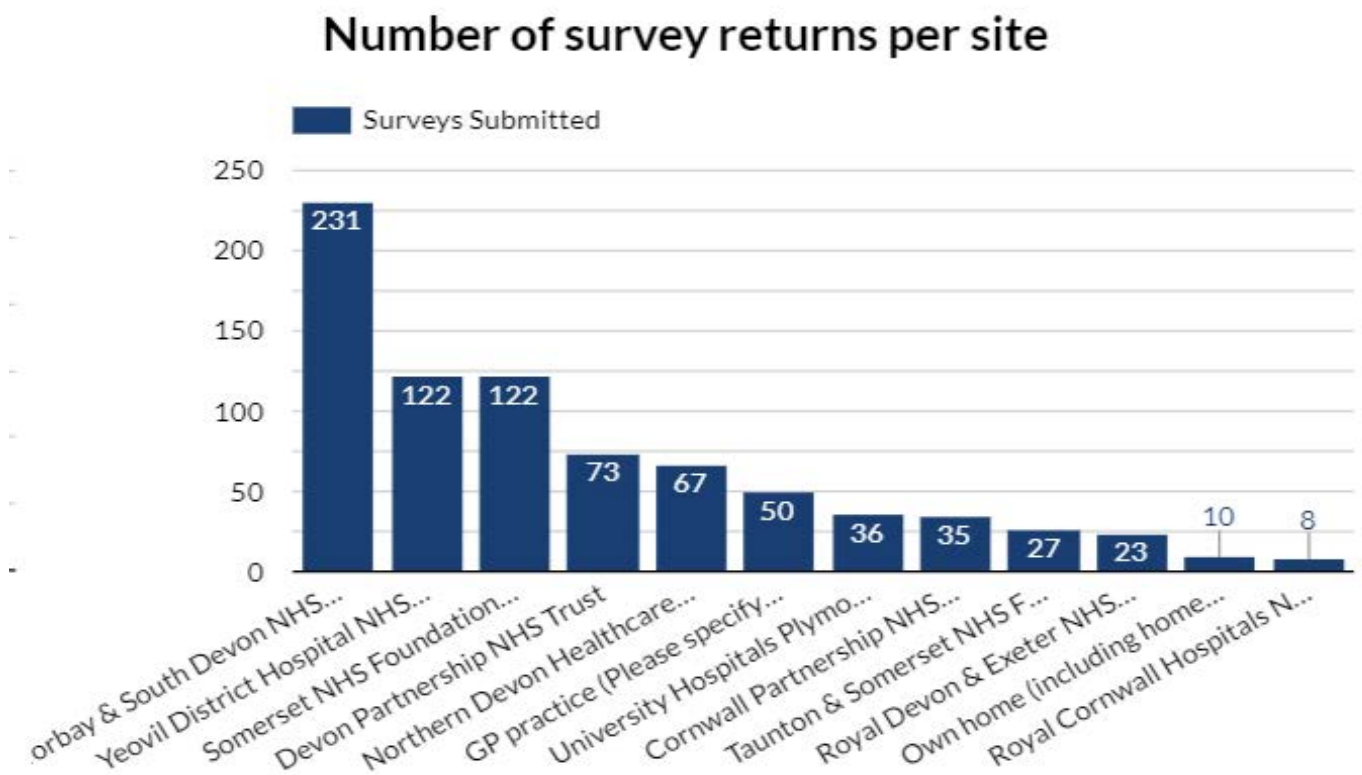
5.4: Research Council – launched in 22/23

Following the ‘Magnet for Europe’ - Nursing Excellence research study results - where Torbay was one of the most engaged Trusts and 2nd highest recruiting Trust in the UK. This has led to the Trust introducing shared decision-making councils across our ISUs; including the first TSDFT Research Council launched in August 2022.

6.0: Patient & Public Involvement (PPI)

6.1: NIHR CRN Patient Experience of Research Participation (PRES) 2021/22

Torbay topped the table for responses in the 21/22 PRES by a significant margin. All staff engaged and we did fantastically well as a department – a real collaborative effort. Our R&D tablets were all set up with the link to the PRES and staff encouraged to take with them when they attended clinics and saw patients as one part of our strategy.



The survey re affirmed previous results that patients and the public value the opportunity to be able to access and take part in research at their local Trust.

6.2: Patient Research Ambassadors (PRAs)

- Elizabeth Welch; continues as Torbay’s Patient Research Ambassador PRA (or sometimes known as Research Champions). Whilst activity was restricted during

21/22 due to covid, Elizabeth has helped support and promote research working with the R&D team, e.g. helping with the PRES, promote other campaigns and studies such as NIHR's 'Be Part of Research'; Join Dementia Research (JDR), International Clinical Trials Day (celebrated on May 20th each year), and talks to groups when asked for help including part of the Clinical Academic Forum Exchange (CAFÉ) offering a PPIE perspective to Potential Chief Investigators on protocols, grant applications and research materials prior to their submissions for approvals.

7.0: Equality, Diversity and Inclusion (EDI)

CRNs EDI Trust and Specialty Recruitment Report (CRN SWP Business Intelligence Unit, April 2022)



EDI Final Report
110422.pdf

As part of this increasingly important agenda, work was undertaken by the CRN in partnership with local NHS trusts and providers including specific input, piloting and support from TSDFT. This work has been presented to William Van't Hoff, NIHR CEO who is keen to explore roll out across the other CRNs.

The aim of this project was to provide baseline data and proof of principle for a geographical analysis of study participation which can be linked to national data sets including deprivation and rurality. As a proof of principle this project was successful, with meaningful data on deprivation and rurality provided without the need to record additional information within trust research or clinical systems.

Overall for the region, people living in LSOAs in the two most deprived deciles were 82% as likely to have been recruited into a clinical trial as those living in the two least deprived deciles. No significant effect was seen for people living in rural as opposed to urban areas. Geographical patterns in recruitment to studies from specific specialties were strongly linked to study availability at sites across the region as well as clinical referral pathways.

8.0: Clinical Trials Unit (Jubilee Research Unit - JRU)

- JRU is based in Crowthorne; but has had reduced capacity during 21/22 (50%) due to the relocation of other services, as a consequence of the Trusts operational pressures and estates works. JRU has had to accommodate displaced activity e.g. Mask Fitting from the Horizon Centre due to relocation of RGDU and loss of Level 2 outpatient space.
- We have maintained our rolling lease contract for the portacabin originally needed for UPH covid research. This sits just outside of Crowthorne to complement our clinic spaces.
- We are very aware space is at a premium and R&D do feel more at risk; as often our work has been seen as less important and therefore an easy target. This commitment from the Trust providing this space is very welcome. We hope now the

benefits and value of our work is more recognised that any future move will mean re-provision of fit for purpose space is recognised.

9.0: Information and Communications:

R&D is a complex ecosystem and we recognise more information, visibility and transparency is needed and will help improve everyone's awareness, understanding etc. moving forward. The R&D team have worked hard as part of our objective to make information more readily accessible and available as well as promoting research more widely. Unfortunately, several projects had to be paused due to other priorities e.g. covid research and re focusing on recovery plans. However, our ambition is to revisit and roll out many of these improvements during 22/23.

9.1: Intranet / Website / Videos

During 2021/22 there are several **videos** to help support and promote research commissioned and created through the local CRN.

- CRN staff recruitment video ([Working in research across the South West Peninsula - YouTube](#))
- CRN annual celebration video ([video celebrating the successes of the research community across the South West Peninsula](#))

TSDFT R&D also received some CRN innovation funding to improve our 'Digital' offering: Building on our accessibility to research for the general public, potential participants, staff and sponsors by improving our digital footprint; through the following initiatives:

- Linking our award winning 'CONNECT PLUS App' into NIHRs 'Be Part of Research'. Now live and available to be downloaded in the App store on both Apple and Android. The 'Be Part of Research' icon appears in every pathway hosted on the app and will take people through to a research section which provides a range of information such as our existing research videos, contact details for our Research team, links to our TSDFT website and national resources.
- Updated and launched a new Trust Induction research video for all new staff; replacing the chocolate trial with a 'virtual wellbeing trial' to demonstrate some of the principles of research. Good feedback to date received ([Research and Development \(torbayandsouthdevon.nhs.uk\)](#))
- Created a suite of new promotional Site Videos providing a virtual site visit that sponsors can review when assessing TSDFT as a potential participating site, as well as suitable for the public and staff to help promote and improve awareness and engagement. There is one general overarching video as well as producing individual videos for our key areas; labs, pharmacy, radiology, radiotherapy and chemotherapy ([R&D Videos on Vimeo](#)) A QR code for the main R&D Video will be embedded into our website (under development currently still) and any future literature we produce so it can be easily accessed. This way we can maximise opportunities by providing bespoke information as needed by sponsors in the future. All of these will ultimately be available through our new intranet site / webpages once active.

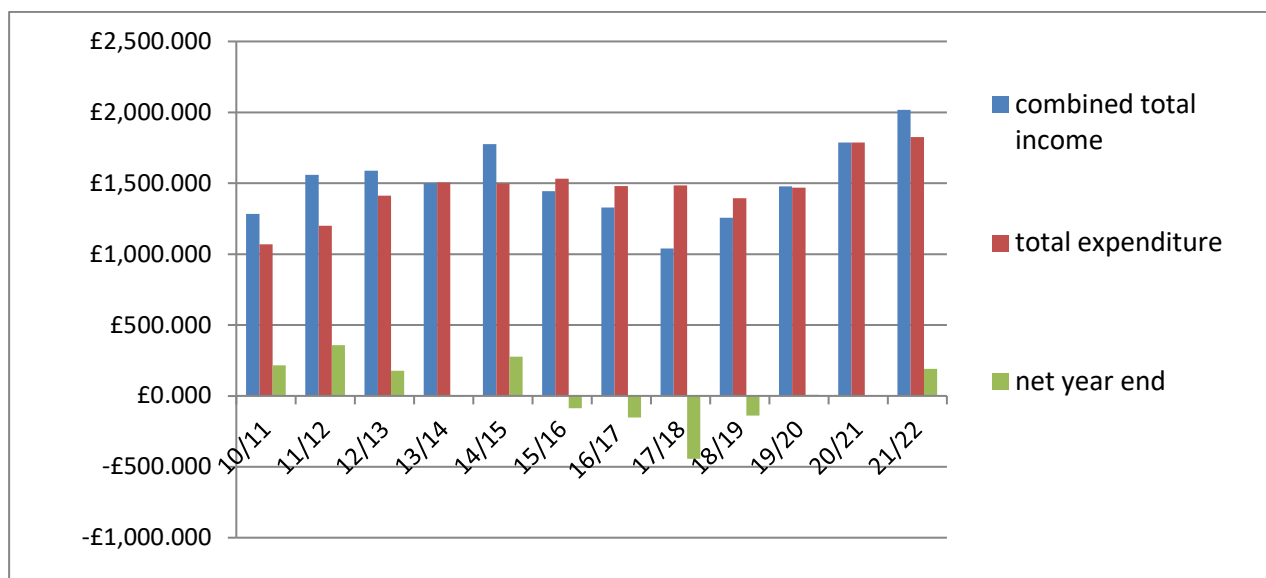
- Also, during 21/22, the R&D team introduced wearing new Research Team lanyards to help identify R&D staff more easily, a visual aid which has also helped to promote research across the Trust.



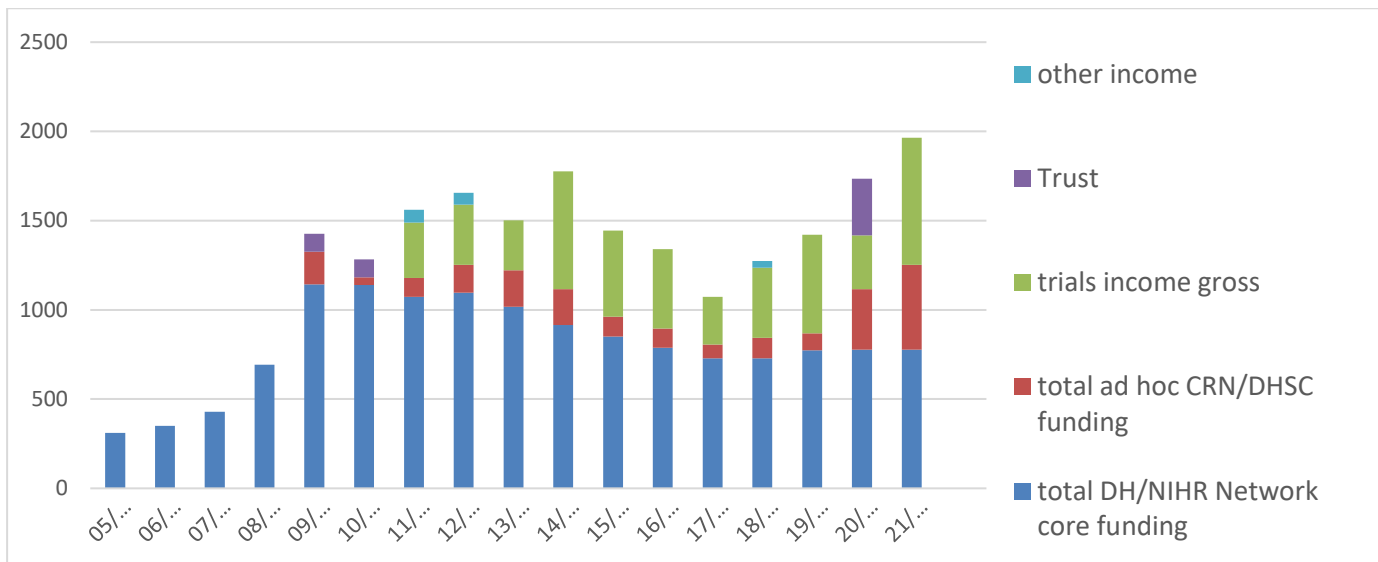
Additionally, R&D launched our new Department logo which was co-developed with staff.

10.0: Finance:

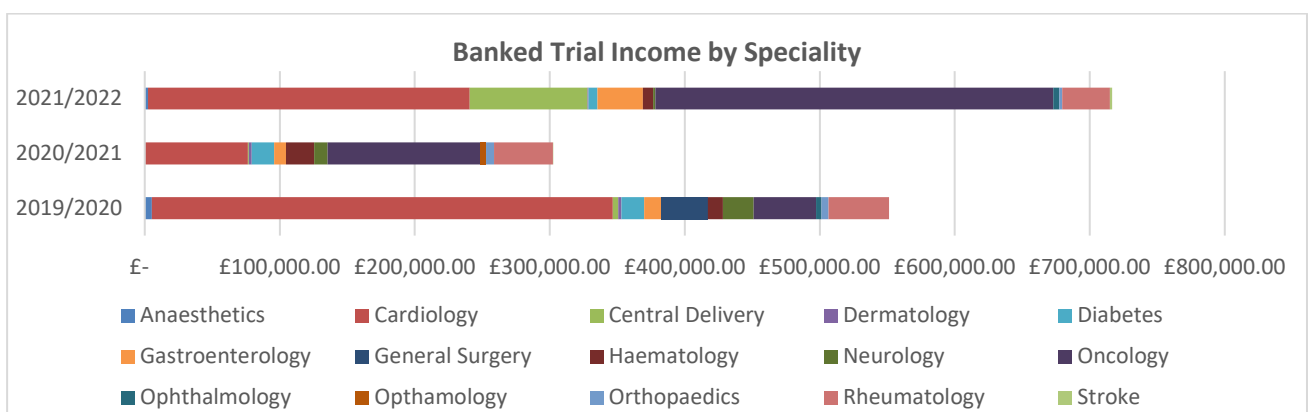
The graph below summarises R&D income and expenditure over the past few years and net year end 2021/22 position:



- Staffing costs account for the majority of expenditure usually, although during covid additional funding was provided to support some capital costs (e.g. portacabin and refurbishment / enabling works to JRU) and equipment costs (e.g. fridges, freezers, centrifuges, IT equipment). Additionally, staffing costs increased due to pay awards, increased bank staffing to support covid activity and an expansion to the oncology team as their commercial portfolio in particular has grown considerably.
- The graph below summarises the main R&D income streams over the years (N.B. excludes research grants / fellowship awards etc).

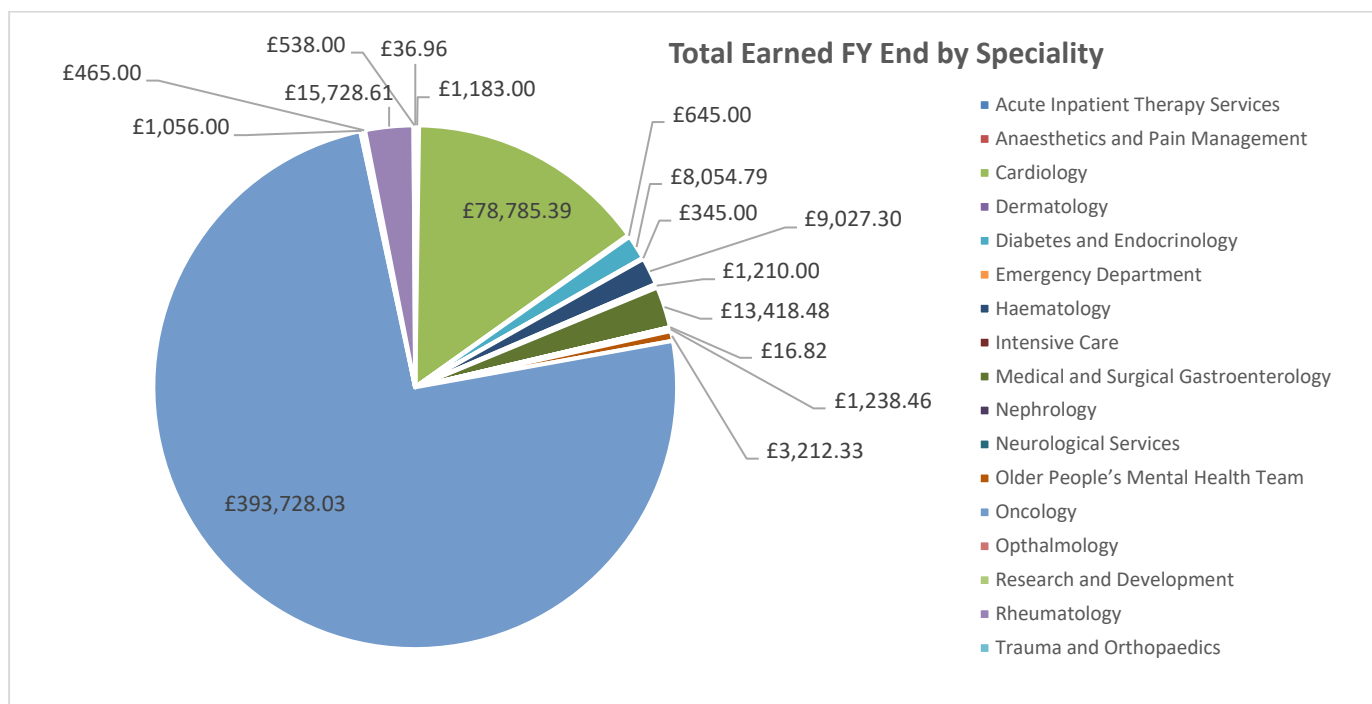


- The 21/22 CRN core budget remained flat as per previous years.
 - The NIHR CRN contract is up for renewal in 2024 and we are lobbying for a rebasing and improved funding models to increase allocations to this region. (SWP: CRN is currently the least funded CRN and no longer fit for purpose, losing 25% funding over the past 10 years which has seen a reduction to TSDFT of circa 33% over the past 10 years); despite good performance.
- During 21/22 for the 2nd year; we were able to take advantage of significant extra NIHR national and local contingency funding as part of the Government Covid financial arrangements to mitigate risks; to aid recovery, help avoid destabilisation, support delivery of Covid research such as SIREN and vaccine trials. Please note this extra funding will not be available from 22/23 onwards. This means R&D will carry a significant risk in 22/23 and probably into 23/24 to break even; let alone income generate a surplus; as we try to recover the research activity and cover our costs.
- The graph below shows the total gross trials income banked, split per speciality.



- This shows oncology's increase in commercial activity; taking over as the primary income generator from Cardiology and for much of 21/22 the region's top recruiters to cancer studies. Please note that cardiology is at significant risk due to the primary research consultant retiring in March 2023 and struggling to secure succession plans. As a consequence, we expect this income stream to decline. We need to increase commercial trials activity in other specialities to mitigate financial risk.

- As well as the increase in oncology commercial activity, we have struggled to increase activity in other areas. The increase in total gross trials income during 21/22 can also be attributed to delayed payments for activity back from 19/20 and 20/21. This gives a disproportionately inflated gross income for 21/22 which needs to be understood and taken into consideration.
- Trials income is variable per annum and run across the course of a study, spanning several financial years and are paid in arrears on a per patient per visit (payment by results) basis; once source data verification is complete through monitoring visits / checks. Often activity in one financial year results in actual payments in subsequent financial years. Due to covid; monitoring visits were severely disrupted as unable to come on site. Remote monitoring did not cover all checks. Consequently, several trials had delays to data verification and hence subsequent invoicing, impacting disproportionately on income flow for 20/21 and therefore passed into 21/22 accounts instead.
- R&D has to earn in advice and trials finances are a balance between income already banked / invoiced (i.e. has passed through the accounts) and earned but yet to be banked / invoiced and come to the Trust (referred to as earned or pipeline income). Below shows the 21/22-year end position for our earned pipeline income totalling £528,689 and a breakdown per speciality summarised below. The majority of this income is expected to pass into R&D accounts during 22/23.



- The EOI data shows there is a plentiful pipeline of studies we are turning down due to pressures, workforce and capacity issues (e.g. imaging); and with only circa 16% of consultants research active; whilst we have scope to do more; we do need the organisation and its workforce to be in a better operational position to enable this. These factors all sit outside of R&D's gift.
- It is also important to consider the benefits of research such as cost avoidance, drug savings, reduced attendances, safer practice and care, better outcomes, improved staff recruitment and retention, better patient experience etc. These all contribute to 'softer' financial benefit; that are hard to quantify and do not pass through the R&D

budgets; but instead through other Trust or the wider system budgets. It is imperative these benefits are taken into consideration when reviewing the R&D economic position / financial risk.

- During 2021/22 the Radiotherapy Trials funding from the old STP / CCG (via NHSE SW spec comm) continued as part of the Trusts baseline contracts, building on previous pilot work. This funding (£51,496 pa) is to support an increase in radiotherapy trials; predicated on the principle that by investing in the provider organisation to increase RT trials, this produced much greater cost savings to the system, without compromising patient safety or quality of care. This proof of concept has been successful. The funding has enabled us to employ a research radiographer, increase our RT trials; support training and quality assurance to enable commissioning of new SABRE technology; building on and enabling the new technology advancements and capabilities we now have through our new linear accelerators. See Appendix 2 for more details.
- During 21/22 R&D submitted a business case to the Trust to pilot research PAs in Consultant Job plans in recognition for Principal Investigator activity in NIHR portfolio studies (PAs for PIs project). As part of this pilot R&D will also be working with Dave Stacey's support; to look at the research benefits and savings to the Trust and wider system through research; to provide a stronger and more visible evidence base to stakeholders, building on this proof of concept principal. We hope to be able to engage further with NHSE and ICS' during 22/23 to lobby for more investment.
- R&D needs a better long-term funding plan. With the reduction in Government (NIHR) funding, the over reliance on needing to subsidise through commercial trials is increasingly difficult and therefore increasingly at risk of not able to operate within diminishing financial envelopes.

11.0: Research & Development: Next steps and looking forward

11.1: National Strategy: UK Clinical Delivery Strategy: Saving Lives: 2nd phase implementation plan (2022-25). The Government has published their three-year plan on 'transforming 'research from now until 2025. The plan focusses on research's 'recovery, resilience and growth' post- COVID-19 with five themes and a push for more pro-innovation, pro-patient and pro-digital approach:

1. a sustainable and supported research workforce to ensure that healthcare staff of all backgrounds and roles are given the right support to deliver clinical research as an essential part of care
2. clinical research embedded in the NHS so that research is increasingly seen as an essential part of healthcare to generate evidence about effective diagnosis, treatment and prevention
3. people-centred research to make it easier for patients, service users and members of the public across the UK to access research and be involved in the design of research, and to have the opportunity to participate
4. streamlined, efficient and innovative research so that the UK is seen as one of the best places in the world to conduct cutting-edge clinical research, driving innovation in healthcare
5. research enabled by data and digital tools to ensure the best use of resources, leveraging the strength of UK health data assets to allow for more high-quality research to be delivered

Patients across the UK will benefit from a supercharged clinical research system, which will save lives across the country. The UK-wide plan will enable innovative research to be carried out more quickly, helping patients access cutting-edge treatments sooner, speeding up diagnosis and helping to bust the COVID-19 backlogs. The plan is backed by £150 million of additional funding from the National Institute for Health and Care Research (NIHR) and £25 million additional funding from other delivery partners in the UK Clinical Research Recovery, Resilience and Growth Programme. It will:

- increase the amount of research and the size of the workforce putting the UK at the centre of cutting edge and global clinical studies
- improve the quality of research by broadening responsibility and accountability for studies across the NHS
- ensure studies address the needs and challenges facing the NHS, including improving inclusivity and accessibility
- take advantage of opportunities outside the EU to reduce regulations allowing for safe, speedy and flexible research
- improve participation in research across the UK by investment in digitally focused trials

This will further cement the UK's position as a world leader in life sciences and the delivery of clinical research, and follows the country's successful development and rollout out of COVID-19 vaccinations.

This aligns plans for clinical research with wider government strategies to ensure the UK is at the forefront of health innovation,

- Building upon existing commitments and priorities set out in the [NHS Long Term Plan](#), the [Life Science Sector Deals](#),
- Inclusion into CQC inspections
- complement other initiatives to unlock the power of data to drive research. This includes those set out in the UK's [National Data Strategy](#) (NDS) published in September 2020
- ICS' roles and implementation of the [Health and Social Care Act 2022](#).
 - A strengthened remit for research placed on the new ICBs.
 - Aimed at rebuilding the National Health Service (NHS) in the context of the continuing impacts of the COVID-19 pandemic, the Health and Care Act 2022 incorporates a valuable lesson learnt from the pandemic: the extraordinary value a research-active NHS can deliver. Embedding research in the NHS to improve outcomes for patients is now on a statutory footing expanding on the opportunity that research brings to improve patient outcomes and reduce inequalities.

11.2: Resilience, Recovery and Growth (RRG): Refresh of the NIHR portfolio:

It has become clear that the NHS is struggling to release capacity in the system to maintain and grow research. DHSC will refocus efforts to refresh the NIHR portfolio to enable Trusts to set up and open new studies and re grow the portfolio. During 22/23 and beyond, work in this area will be strengthened looking to support new studies that are both better designed to accommodate new ways of working and more deliverable within a very challenged NHS environment. DHSC are asking Sponsors and Funders to

consider closing studies that are both underperforming and no longer deliverable in the challenged NHS climate; as well as studies that have overperformed (over target).

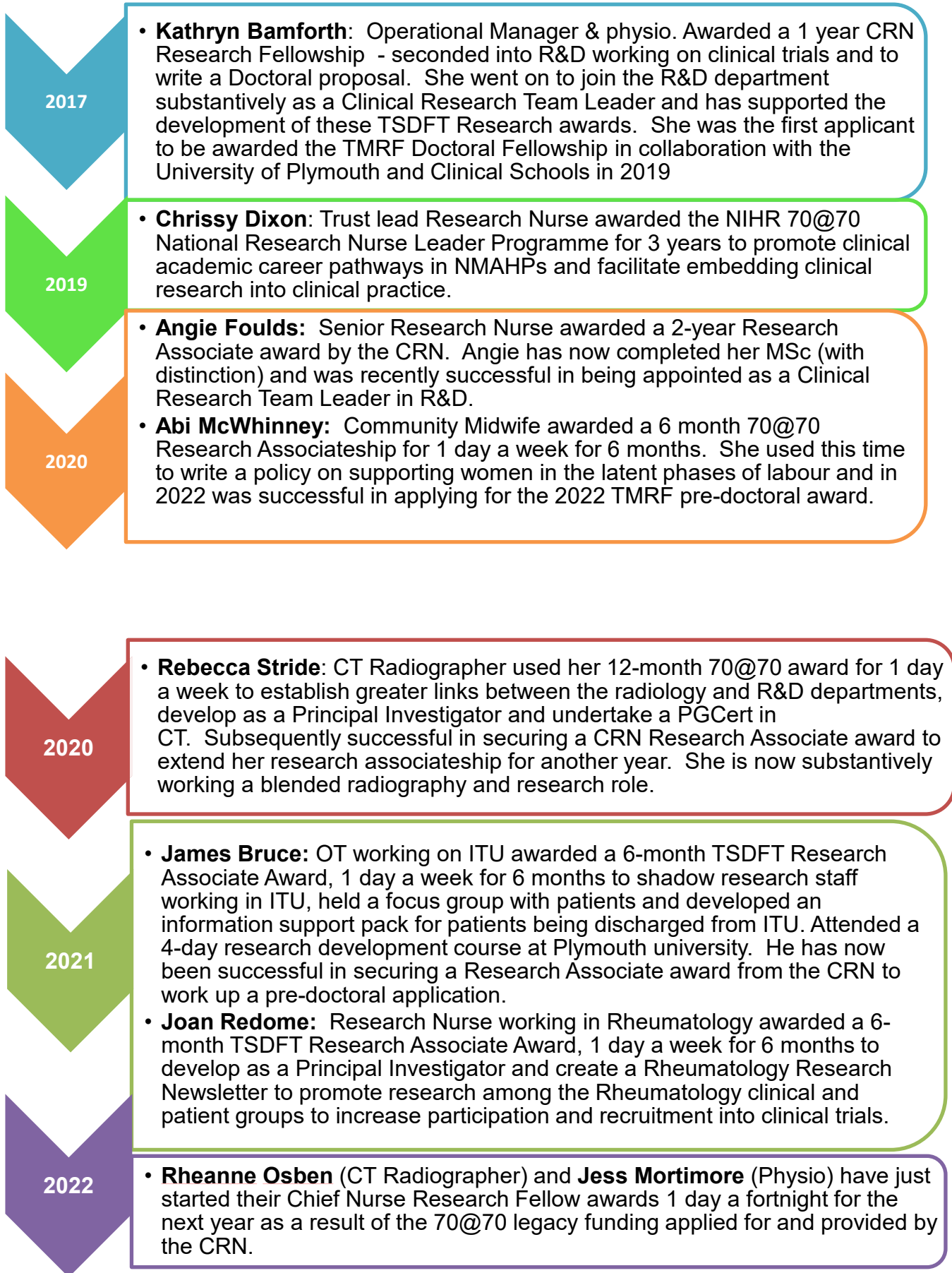
11.3: NIHR New configuration

During 22/23 and 23/24 the NIHR CRN will be in transition mode as new contracts come into effect. From April 2024 the NIHR Clinical Research Networks will become NIHR Research Delivery Networks. The Local Clinical Research Networks (LCRNs) will be known as Regional Research Delivery Networks (RRDN) and will be realigned to the NHSE regional office boundaries and those of the ICSs. As a consequence, they will reduce from 15 to 12 networks. TSDFT will remain part of the SW Peninsula RRDN (geographical footprint remains unchanged in the new contract).

11.4: NIHR High level objectives for 2022/23:

- There has been a shift in emphasis moving away from total recruitment; and no longer an HLO; with priority focusing on research delivery performance and recruiting to time and to target (T2T).
- The Equality, Diversity and Inclusion (EDI) agenda is also a new and a key priority area; looking to diversify research; to broaden and expand access, opportunity and recruitment to studies across acute, community, mental health, public health, primary care and social care. Whilst total recruitment is no longer an HLO, the NIHR will now look at organisation's recruitment profiles across the portfolio to assess the depth and breadth of activity across specialities and especially recruitment of hard to reach / underserved populations. The same principles are also applied to increasing access and opportunities to staff, especially under represented staffing groups.
- Life Sciences Research. (Commercial studies) – Very high praise from the commercial sector about how good the UK is for Covid research but now need to re-open to non Covid commercial research studies. A UK Government high priority for Trusts to increase commercial activity. Locally a priority also as we need to generate more income to help cover R&D costs and subsidise a shortfall in NIHR CRN funding.

Appendix 1: NMAHP clinical academic development timeline



Appendix 2: Examples of good news stories / commendations for research at Torbay:

Cardiology Research Team (Dr Keeling PI): SELECT study Semaglutide effects on cardiovascular outcomes in people with overweight or obesity.

- The first UK site to reach 50 randomised patients
- ‘On behalf of everyone here in Novo Nordisk, I would like to congratulate you all on reaching this fantastic milestone and thank you for the exceptional work and dedication you have all put into this study so far, your contribution has made a significant difference to the success of this trial, and you and your team are a real inspiration to all of us as well as the other clinical sites taking part in the study’.

Oncology Research Team (Dr Anna Lydon PI): MSD. MK-3475-992 study: A Phase 3, Randomized, Double-blind, Placebo-controlled Clinical Trial to Study the Efficacy and Safety of Pembrolizumab (MK-3475) in Combination with Chemoradiotherapy (CRT) versus CRT Alone in Participants with Muscle-invasive Bladder Cancer (MIBC) (KEYNOTE-992)

- 1st patient recruited to the trial in the UK.

Staff Bulletin October 28th 2021: Research and Development

Successful collaboration for Valneva vaccine study

The collaboration between our research team and University Hospitals Plymouth’s research team has delivered the highest UK recruitment into the national Valneva (VLA2001) COVID-19 vaccine study, surpassing our target and giving 268 local residents the chance to be involved in this crucial study which has found Valneva to be a safe and effective vaccine.

Both teams worked together to identify potential participant groups and recruit. We pre-screened potential participants over the phone to ensure that we provided a high quality, fast service on clinic days.

Participants were recruited from both areas, meaning that our communities had the opportunity to access the trial. The collaboration also included members of the CRN CST team supporting work in clinics. Participants had an overwhelmingly positive research experience and out of 148 participants, feedback collected by the NHS ‘Friends and Family test’ reported that 147 classed their experience as ‘very good’, and 1 classed it as ‘good’. People commented on the professionalism and knowledge of the team and how enjoyable the research experience was.

The collaboration with another trust made this study possible, and it gave valuable research and leadership experience to nurses and doctors. Feedback from individual team members is that this was a really enjoyable and worthwhile project which helped develop skills clinically and in teamwork. It paves the way for future collaborations with University Hospitals Plymouth.

Dr Louise Anning said: “It is fantastic to see the results from this national vaccine study that Torbay and South Devon and Plymouth collaborated on, showing that Valneva is both effective and safe. The more options available for vaccination the better to help us find a way out of the pandemic. It was a pleasure to work jointly with Plymouth and it really showed what can be achieved with teamwork across sites. Thank you to all the staff involved and, of course, to the patients who volunteered to participate in the study.”

Covid Case study: CLARITY study: (study ID 46188) Torbay also provided good support for a regionally led study (TSDFT recruited 114 patients). A pivotal Covid-19 study showing the commonly-prescribed inflammatory bowel disease (IBD) drug infliximab blunts the immune system to COVID-19 infection, potentially increasing the risk of reinfection. The study underlined the importance of fast-paced research to address important questions in people affected by IBD during the pandemic and great to support a SWP Trust leading this important research.

2021: Ground breaking SYMPLIFY cancer research trial opens Torbay was the 4th top recruiting site (n=384 participants) in this ground-breaking trial.



 We Are South Devon

New multi-cancer early detection blood test study opens in Torbay and South Devon

Torbay has been selected as one of 13 NHS sites to take part in the ground-breaking **SYMPLIFY** Research Trial. The trial is offering patients, who have been referred on selected two week-wait cancer pathways, the opportunity to be part of validating a new blood test which hopes to identify up to 50 different cancer signals.

The GALLERI test uses a single blood sample to detect signals from the most likely primary cancer site prior to patients undergoing diagnostic and sometimes invasive tests. NHS England hopes that once validated this test could increase the number of cancers detected early and reduce the number of unnecessary investigations carried out, while streamlining patient care.

NHS England and the Oxford Clinical Trials Office have challenged selected sites to recruit thousands of patients over a three-month period. The study was opened here in record time in July 2021 thanks to the enthusiasm of our fantastic Research and Development teams. The teamwork, support and engagement from all the identified two week-wait teams is something that our cancer services teams should be very proud of. The warm welcome, enthusiasm and 'extra mile' attitude of the teams involved during a period of pressure and high demand has been heartening and the feeling of achieving something positive in the current climate cannot be underestimated. As a result of this overwhelming engagement we are currently one of the top recruiters in the UK.

Dr Louise Medley, Principal Investigator for the study, said: "Using the significant advances in the understanding of cancer signals, it really feels as if we are moving closer towards the ultimate goal of improving cancer survival. Through earlier diagnosis, targeted investigations, and molecularly driven treatments we can really aim to 'get it

right first time'. I am delighted that Torbay and South Devon has been given this opportunity to show how we can embed research into everyday clinical practice."

October 2021 update:

'The Chief Investigator for the Simplify study, Prof Mark Middleton, contacted Dr Medley today to let us know that out of all of the sites taking part we are officially the best at bleeding people! We have the lowest percentage of drop outs for no blood across the trial which is amazing! Torbay leading the way with excellent clinical skills. Thank you, Catherine, Jas, Andrea, Fred, Tracey and Shelley, for all of the excellent work delivering this study'.

'It has also been pointed out that between Truro and ourselves we have recruited >10% of the patients for this trial which considering the size of our sites and the size of the other sites taking part this is incredible'.

Also: *'The Chief Operating Officer for the Southwest Peninsula Clinical Research Network, Michael Visick, has just informed us that we have overtaken Truro to become the top recruiting site for Cancer research across the South West Peninsula!'* service as well as our local population.

Oncology: High praise from Merck Sharpe and Dohme (MSD)

We were approached by their senior CRA in the in UK to discuss a new bladder cancer trial, the UK have just been invited to participate. MSD came to us as our recruitment for a previous MSD bladder trial was excellent.

What was very encouraging to hear from MSD was that Torbay is currently their number one UK site for the quality and timeliness of data returns, as well as our excellent recruitment. They have been particularly impressed over the last 6-9 months, no doubt reflecting the way the team are working with particular praise for the Dr Jon Buckley, Oncology Team leader, for his careful and considerate management of the team.

The oncologists are delighted too and this reflects the hard work and efforts all round by the research, oncology, admin, R&D teams and supporting services, it is lovely to get such positive feedback from a major Pharma Company such as MSD and validation that with appropriate resources and great team leadership we can really perform well.

Dr Anna Lydon, Consultant Clinical Oncologist

ALL STAFF: ICONews Monday 1 February 2021: Research update

Rebecca Stride is a CT radiographer and recently became a 70@70 Research Associate in October 2020. Rebecca is seconded one day a week to gain experience in research whilst continuing to work in clinical practice.

With this scheme, there is regular support from a Research Supervisor and Academic Mentor and Rebecca was recently successful in gaining funding from Health Education England South West to study a Post Graduate Certificate (PGCert) in CT (Computerised Tomography) Scanning at the University of the West of England (UWE). Rebecca would like to develop a career in Clinical Academia, maintaining her clinical role in CT as well as pursuing education and training for colleagues and encouraging their participation in research. Rebecca hopes to complete her PGCert and progress ultimately to undertaking a doctorate.

Rebecca says: "Encouraging staff to get involved in research ensures that our practice is up-to-date, and evidence based. It is widely acknowledged that departments that are

active in research have better patient care outcomes. Without the support of my manager, mentor and supervisor provided through the 70@70 Research Associateship, I do not think I would have been successful in my PGCert in CT application, and it gives me great pleasure to let them know that their efforts and investment in me is being rewarded”.

Obs and Gynae: MCM5 study: Our first commercial trial in this speciality for several years. A tremendous effort means TSDFT is currently one of the highest recruiting sites in the UK.



Radiotherapy research trial aims to improve cancer treatment for local patients



(February 2021)

A pioneering research trial for cancer patients in Torbay and South Devon could lead to improved cancer treatments for local people.

Torbay and South Devon NHS Foundation Trust's Oncology Research and Development department will soon be opening the pioneering Radiotherapy trial PACE. This makes the Trust the first site in the South West Peninsula to open the trial.

The PACE trial is a pioneering study that involves the use of stereotactic ablative radiotherapy (SABR) to treat prostate cancer patients. SABR is a new technique that will allow Radiotherapy departments to deliver more focused, higher dosed radiotherapy over a smaller number of visits. It can see radiotherapy patients attend hospital for as little as 5 visits as opposed to the 20-25 visits currently.

The treatment is seen as an excellent alternative to surgery, while facilitating treatment closer to home and avoiding the need for patients to travel as frequently. The treatment will also dramatically increase the Trust's capacity to treat cancer patients while allowing vulnerable patients to reduce the amount of time they visit hospital.

SABR has recently been described by NHS Chief Executive Sir Simon Stevens as "potentially lifesaving" and has been something Lead Consultant Clinical Oncologist Dr Anna Lydon has been keen to bring to Torbay and South Devon NHS Foundation Trust with the help of research radiographer Sophie Norman.

Dr Lydon said: "Introducing this trial enables us to offer SABR for the first time in Torbay and South Devon. Not only is this an exciting treatment for men with prostate cancer, but it will form a key part of future treatments for other tumour types.

"The significant investment made by purchasing two new radiotherapy treatment machines between 2016 and 2018 has enabled this, and it ensures that the Trust continues to offer the most up to date radiotherapy treatments for our patients close to

home. We are delighted to be the first radiotherapy centre in the South West to open this exciting trial.”

The PACE Trial is sponsored by The Royal Marsden NHS Foundation Trust and coordinated by the Cancer Research UK-funded Clinical Trials and Statistics Unit at The Institute of Cancer Research, London. The trial is funded by The Royal Marsden Cancer Charity, Accuray and Varian.

Pioneering PACE trial begins at Torbay Hospital



After lots of hard work, planning and preparation, our Radiotherapy department are delighted that they have treated their first patient using stereotactic ablative radiotherapy (SABR) as part of the pioneering PACE trial.

It was announced earlier this year that we would be the first in the South West to open the PACE trial to treat prostate cancer patients.

The PACE trial involves the use of a new technique called SABR which uses advanced imaging technologies with sophisticated computer planning to safely deliver precisely targeted radiotherapy using fewer higher doses of radiation. This means patients attend hospital for as little as five visits as opposed to many more over several weeks.

It has taken a lot of hard work by our teams in Radiotherapy, Medical Physics and Oncology Research and Development departments, as well as many other staff who provided support which made this possible.

A special thank you must also go to our patients who are taking part, including Barry Jarvis who is the first patient to be treated as part of the trial at Torbay Hospital.

Update: Oct 2021 - the PACE trial has recruited 13 patients this year, 6 of which received the stereotactic radiotherapy (SABR) arm. This particular type of therapy means that patients only require 5 treatment visits instead of the standard 20, saving the Trust a total of **90** patient visits thus far! This is one of many examples of Radiotherapy research that hugely benefits both the service as well as our local population.

Appendix 3: Examples of the Impacts and outcomes from studies Torbay Hospital has been involved in.

Examples of impacts and outcomes from research activity and studies the Trust are or have been involved in and recently reported on. These provide a flavour of how research has informed the evidence base and influenced quality improvements, clinical care and services

COVID-19: Urgent Public Health Research:

<p>COVID SIREN</p>	<p>SIREN study (Torbay recruited 433 members of staff)</p> <p>On February 16, our most recent SIREN publication was released in the <i>New England Journal of Medicine</i> (NEJM). This article is entitled <u>Protection against SARS-CoV-2 after Covid-19 Vaccination and Previous Infection</u>. A huge thank-you to all of our sites for their contribution to this - please also share the link within your teams!</p> <p>In summary, our latest SIREN paper focuses on protection provided against COVID-19 infection for those who have had 2 doses of the vaccine, as well as those who have previously been infected with COVID-19. The results show that 2 doses of vaccine provide significant short-term protection against infection among those who had no previous infection, however, this protection wanes significantly after 6 months.</p> <p>Analysis was also carried out on participants, both unvaccinated and vaccinated, who had been previously infected with COVID-19. Unvaccinated participants who had been previously infected with COVID-19 were found to have a reduced risk of reinfection, when compared to the risk of primary infection in those who had no previous infection and were also unvaccinated. Dual protection, however, in people who had been previously infected and subsequently double vaccinated was even greater and more durable, after 2 doses. This protection remained strong over a year after infection and over 6 months following vaccination.</p> <p>This research is vital to understanding COVID-19 infection and to informing our public health guidance and vaccination policy. This analysis demonstrates why it is important to get vaccinated, as it provides a significantly greater level of protection against infection from COVID-19, whether or not you have been previously infected. However, as the analysis also shows that protection from just 2 doses wanes significantly within months, this supports the key role that booster jabs have had, as an instrumental part of our efforts to contain COVID-19.</p>
<p>COVID Valneva</p>	<p>A large-scale, NIHR-supported study of Valneva’s COVID-19 vaccine candidate has reported positive results - with participants who received the VLA2001 vaccine generating high levels of neutralising antibodies against the disease. Published: 19 October 2021 (Torbay and Plymouth as a collaborative recruited 286 participants)</p>

	<p>The phase 3 Cov-Compare trial, compared Valneva’s VLA2001 COVID-19 vaccine candidate, against the AstraZeneca AZD1222 (ChAdOx1-S) vaccine.</p> <p>A total of 4,035 participants were recruited across the UK between April and June 2021, with over 20 NIHR-supported trial sites contributing to the study. All participants received either two active doses of the Valneva vaccine, or the AstraZeneca vaccine used as a comparison dose.</p> <p>VLA2001 generated a stronger immune response than the AstraZeneca (AZ) vaccine - with higher levels of neutralising COVID-19 antibodies in the blood compared to AZD1222.</p> <p>Researchers also found no severe cases of COVID-19 amongst participants receiving the Valneva vaccine, despite the Delta variant being in circulation during the trial.</p> <p>As an inactivated, adjuvanted vaccine, VLA2001 is made in the same way as flu and polio vaccines - using an inactivated whole virus - a dead version of coronavirus that cannot cause disease. It is the only one of its kind currently in clinical development in Europe.</p> <p>Published: 14 April 2022</p> <p>The Medicines and Healthcare products Regulatory Agency (MHRA) has today authorised the Valneva COVID-19 vaccine for use in the UK.</p> <p>This follows rigorous clinical trials supported by the NIHR and a thorough analysis of the data by experts at the MHRA. The UK’s independent medicines regulator, concluded the vaccine met its strict standards of safety, quality and effectiveness, and is the first in the world to approve the Valneva vaccine.</p> <p>It is the sixth COVID-19 vaccine to be approved by the MHRA, but becomes the first, whole-virus inactivated COVID-19 to gain regulatory approval in the UK.</p> <p>It follows the Pfizer/BioNTech, Oxford/AstraZeneca, Moderna, Janssen and Novavax vaccines to be approved for use by the MHRA.</p>
<p>Covid - VROOM</p>	<p>Interrupting treatment of vulnerable people on immune-suppressing medicines doubles their antibody response to COVID-19 booster vaccination</p> <p>(Tobay recruits = 13 patients)</p> <p>The study reported: Interrupting the treatment of vulnerable people on long-term immune supressing medicines for <u>two weeks after a COVID-19 booster vaccination</u> can double their antibody response to the jab. Torbay Hospital one of the sites taking part in this important research. VROOM Study results NIHR</p>

The [VROOM trial](#) will have implications for people on immune-suppressing medicines, who are among the millions of clinically vulnerable patients advised to 'shield' during the pandemic. The study, funded by an NIHR and the Medical Research Council (MRC) partnership, and led by researchers at the University of Nottingham, is now published in the journal [Lancet Respiratory Medicine](#).

Methotrexate is the most commonly used immune-suppressing drug, prescribed to around 1.3 million UK people for inflammatory conditions such as rheumatoid arthritis, and skin conditions such as psoriasis. Many were among the 2.2 million clinically extremely vulnerable people advised to shield during the first phase of the COVID-19 pandemic, depending on specialist advice and on their risk factors.

While methotrexate is effective at controlling these conditions and has emerged as first line therapy for many illnesses, it reduces the body's ability to fight infections and the ability to generate robust response to flu and pneumonia vaccines, including those against COVID-19.

The VROOM trial looked at the impact of interrupting methotrexate treatment for two-weeks on adults with autoimmune inflammatory conditions who had received their third-prime dose or COVID-19 booster jab.

Patients were recruited from 26 NHS hospitals across England and Wales. During the trial, 127 participants were asked to temporarily suspend methotrexate use for two weeks and 127 to continue using it as usual.

The study was planned to recruit 560 patients but recruitment was stopped early by the independent study oversight committees when interim results from the first 254 participants showed a clear result. After four weeks and 12 weeks, they found the levels of spike-antibodies - which block the virus from infecting cells inside the body - was more than two-fold higher in the group where methotrexate was suspended for two-weeks following vaccination, compared to the group who continued use.

Chief Investigator, Professor Abhishek at the University of Nottingham and Honorary Consultant Rheumatologist at Nottingham University Hospitals NHS Trust, said: "We are extremely pleased with the initial results of the VROOM trial. There was a doubling of the antibody response in patients who held off on taking methotrexate for two weeks. The improvement in antibody response was maintained over a three-month period. There was a short-term increase in risk of flare-up of inflammatory conditions. However, most could be self-managed.

"We also saw no adverse impact on the quality of patient's life following suspension of their medication. However, the study did not evaluate whether this strategy would result in fewer cases of COVID-19 or fewer hospitalisations due to COVID-19 as it was not large enough to detect these differences.

	<p>“Implementing these results could vastly improve the protection provided by boosters against COVID-19 for millions of people living with these conditions. Covid-19 has left them vulnerable to serious illness, whilst still having to live with the painful and troubling effects of their conditions. We hope this evidence is the next step in helping them with their lives going forward.”</p> <p>Professor Andy Ustianowski, NIHR Clinical Lead for the COVID-19 Vaccine Research Programme and Joint National Infection Specialty Lead, said: “Despite the majority of the UK population now being vaccinated, it remains as important as ever to continue ongoing research to ensure we can use vaccines effectively in different groups of patients.</p> <p>“These landmark results provide high quality evidence to help best protect millions of people with compromised immune systems, keeping them safer from the virus and their existing chronic conditions.</p> <p>“Thank you to all the participants who took part, we rely on their continued commitment to help us learn more and ultimately beat the virus.”</p>
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Other studies (non covid-19 studies)

<p>Cardiology</p>	<p>The ORION 4 Study: HPS-4/TIMI 65/ORION-4: A double-blind randomized placebo-controlled trial assessing the effects of inclisiran on clinical outcomes among people with atherosclerotic cardiovascular disease. (Torbay recruits = 134 patients)</p> <p>After ground-breaking clinical trials, inclisiran – a drug which reduced cholesterol, is now recommended by the NHS as a treatment suitable for people with high cholesterol who have previously had a stroke or heart attack. This is even in cases where no other cholesterol drug has been working for people in this group.</p> <p>The ORION study was a collaboration between the NIHR, NHS England, the University of Oxford and the pharmaceutical company Novartis</p> <p>Approximately 15,000 people were involved in the ORION studies, and patients involved from the start in 2018 will continue to take part for five years</p> <p>With heart disease being the second leading cause of death in the UK, researchers wanted to find a way to help people who needed statins to reduce their cholesterol, which in turn could reduce the likelihood of further heart attacks and strokes</p> <p>Data from the ORION study showed an injection of inclisiran can halve bad cholesterol in two weeks, with virtually no side effects. If 300,000 patients were given two yearly inclisiran injections, it could save up to 30,000 lives and could stop a further 55,00 strokes and heart attacks.</p>
<p>Child Health</p>	<p>Effect of different durations of using a standing frame on the rate of hip migration in children with moderate to severe cerebral palsy: a feasibility study for a randomised controlled trial.</p> <p>Rachel Rapson</p>

	<p>To assess the feasibility of a randomised controlled trial (RCT) to evaluate the effect of different doses of standing time on hip migration rate in children with cerebral palsy (CP).</p> <p>Method Children aged 1-12 years with CP GMFCS levels III-V were recruited and randomised to either doubling or continuing with their usual time in their standing frame. Caregivers kept a standing time diary. The primary outcome measure was Reimers hip migration percentage, measured at baseline, 12 and 24 months. A blinded assessor measured secondary clinical outcomes at baseline, 6 and 12 months. Feasibility results are reported following CONSORT guidelines.</p> <p>Results Twenty-five children were recruited. Nineteen were randomised and 10 completed the 12-month intervention. The mean daily standing time in the intervention group was 49 minutes (SD 39.1) (Monday-Sunday) and 58.1 (SD 44.1) minutes during weekdays. In children remaining in the trial, primary and secondary clinical outcome measures were available in 54% and 90% of children respectively. There were three serious adverse events, unrelated to standing.</p> <p>Conclusions It may be feasible to conduct an RCT to assess the effect of duration of standing on hip migration in children with CP with an altered protocol. The suggested target dose is 60 minutes five times per week compared to a control group standing for 30 minutes three times per week, over twelve months. Use of botulinum toxin need not be a criterion for exclusion and radiography should be included as a research cost.</p>
<p>Child Health</p>	<p>Defining usual physiotherapy care in ambulant children with cerebral palsy in the UK: A mixed methods consensus study. Rachel Rapson, Harriet Hughes</p> <p>Background Ambulant children with cerebral palsy (CP) undertake physiotherapy to improve balance and walking. However, there are no relevant clinical guidelines to standardise usual physiotherapy care in the UK. A consensus process can be used to define usual physiotherapy care for children with cerebral palsy (CP). The resulting usual care checklist can support the development of clinical guidelines and be used to measure fidelity to usual care in the control groups of trials for children with CP.</p> <p>Methods Twelve expert physiotherapists were recruited. In Phase 1, statements on usual care were developed using a survey and two nominal groups. Phase 2 included a literature review to support usual physiotherapy interventions. Phase 3 used a confirmatory survey, which also captured changes to provision during the COVID-19 pandemic. Consensus was calculated by deriving the mean of the deviations from the median score (MDM). High consensus was deemed to be where $MDM < 0.42$.</p>

	<p>Results</p> <p>Physiotherapists reached high consensus on five outcome measures (MDM range 0-0.375) and nine areas of assessment (MDM range 0-0.25). Physiotherapists reached moderate consensus on task specific training (MDM=0.75), delivered at weekly intensity for 4-6 weeks (MDM=0.43). There was high consensus (MDM=0) that children should participate in modified sport and fitness activities and that children with Gross Motor Function Classification System level III should be monitored on long-term pathways (MDM= 0.29).</p> <p>Conclusions</p> <p>Physiotherapists reached consensus on two usual care interventions and a checklist was developed to inform the control groups of future randomised controlled trials. Further consensus work is required to establish clinical guidelines to standardise usual physiotherapy care in the UK.</p>
<p>Dementia</p>	<p>Common blood pressure drug does not slow down the progression of more advanced Alzheimer’s, NIHR-funded RADAR study (Torbay recruited 20 participants). Published 21/22</p> <p>New research led by the University of Bristol, has shown the drug losartan, normally used to treat high blood pressure (hypertension), is no more effective than a placebo, in slowing down the progression of Alzheimer’s disease (AD) in people with mild-to-moderate disease after 12 months of treatment. However, the drug could still be of benefit if prescribed for longer and if given to people with very early disease. The findings are from the phase 2 multi-centre clinical trial known as RADAR ((Reducing pathology in Alzheimer’s Disease through Angiotensin taRgeting).</p> <p>The trial, part of the Prime Minister’s Challenge on Dementia, was awarded nearly £2 million by the Efficacy and Mechanism Evaluation (EME) Programme, an MRC and NIHR partnership, and investigated whether losartan, compared with a placebo, could reduce brain volume loss, as a measure of disease progression in people clinically diagnosed with established AD.</p> <p>The research, published in The Lancet Neurology, is the first to evaluate the potential benefit of losartan, an angiotensin receptor blocker, which is a drug commonly used to treat high blood pressure and heart failure, in clinically diagnosed AD using brain imaging as a primary outcome.</p> <p>It found that 12-months’ treatment with losartan in patients with clinically diagnosed and established mild-to-moderate probable Alzheimer’s disease did not significantly slow down the progression of AD.</p> <p>Two-hundred and sixty-one people aged 55 years or older diagnosed with AD, who had not been prescribed similar hypertension drugs, and who had capacity to consent, were recruited from 23 UK National Health Service hospital trusts between 22 July 2014 and 17 May 2018.</p>

	<p>The 211 eligible participants were then randomly allocated with 105 assigned to receive the study drug, 100 mg of losartan, and 106 to the placebo (an identical looking pill with no active medicine) once a day for 12 months. From the 197 (93%) participants who completed the study, primary outcome data were available for 171 (81%) participants.</p> <p>The trial assessed the rate of whole brain shrinkage (i.e. atrophy) on MRI scan compared with participants on losartan and those on placebo. The researchers also examined differences in memory tests, day-to-day quality of life and in a subgroup of participants, changes in levels of vascular damage to the brain as measured by MRI.</p> <p>Read more at: https://www.nihr.ac.uk/news/common-blood-pressure-drug-does-not-slow-down-the-progression-of-more-advanced-alzheimers-nihr-funded-study-finds/29305/?source=chainmail</p>
<p>Integrated care / Health Services Research</p>	<p>Impact of ‘Enhanced’ Intermediate Care Integrating Acute, Primary and Community Care and the Voluntary Sector in Torbay and South Devon, UK</p> <p><i>Authors: Julian Elston, Felix Gradinger, Sheena Asthana, Matthew Fox, Louise Dawson, Dawn Butler, Richard Byng</i></p> <p>Abstract</p> <p>Introduction: Intermediate care (IC) was redesigned to manage more complex, older patients in the community, avoid admissions and facilitate earlier hospital discharge. The service was ‘enhanced’ by employing GPs, pharmacists and the voluntary sector to be part of a daily interdisciplinary team meeting, working alongside social workers and community staff (the traditional model).</p> <p>Methods: A controlled before-and-after study, using mixed methods and a nested case study. Enhanced IC in one locality (Coastal) is compared with four other localities where IC was not enhanced until the following year (controls), using system-wide performance data (N = 4,048) together withad hocdata collected on referral-type, staff inputs and patient experience (N = 72).</p> <p>Results: Coastal showed statistically significant increase in EIC referrals to 11.6% (95%CI: 10.8%–12.4%), with a growing proportion from GPs (2.9%, 95%CI: 2.5%–3.3%); more people being cared for at home (10.5%, 95%CI: 9.8%–11.2%), shorter episode lengths (9.0 days, CI 95%: 7.6–10.4 days) and lower bed-day rates in ≥70 year-olds (0.17, 95%CI: 0.179–0.161). The nested case study showed medical, pharmacist and voluntary sector input into cases, a more holistic, coordinated service focused on patient priorities and reduced acute hospital admissions (5.5%).</p> <p>Discussion and conclusion: Enhancing IC through greater acute, primary care and voluntary sector integration can lead to more complex, older patients being managed in the community, with modest impacts on service efficiency, system activity, and notional costs off-set by perceived benefits.</p>

Report to the Trust Board of Directors			
Report title: 2022 NHSE/ICB external assessment of the Trust against Emergency Preparedness, Resilience and Response (EPRR) responsibilities and national standards			Meeting date: 30 November 2022
Report appendix	Appendix 1 – EPRR Assurance		
Report sponsor	Chief Operating Officer		
Report author	Emergency Preparedness, Resilience and Response Lead		
Report provenance	<ul style="list-style-type: none"> EPRR Steering Group IGG 		
Purpose of the report and key issues for consideration/decision	To provide assurance to the Trust Board on compliance with legislation, standards and regulatory requirements relating to Emergency Preparedness Resilience and Response (EPRR).		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	<ul style="list-style-type: none"> The Trust Board to note the EPRR assurance overall rating: Substantially compliant. The Trust Board to note the ongoing work to complete the 4 actions listed in the EPRR Assurance Action Plan 2022. 		
Summary of key elements			
Strategic goals supported by this report	Excellent population health and wellbeing		Excellent experience receiving and providing care x
	Excellent value and sustainability	x	
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score
	Risk Register		Risk score
External standards affected by this report and associated risks	Care Quality Commission	x	Terms of Authorisation
	NHS England	x	Legislation x
	National policy/guidance	x	

Report title: 2022 NHSE/ICB external assessment of the Trust against Emergency Preparedness, Resilience and Response (EPRR) responsibilities and national standards	Meeting date: 30 November 2022
Report sponsor	Chief Operating Officer
Report author	Emergency Preparedness, Resilience and Response Lead

Introduction

This report provides the output of the formal assessment by NHS England and the ICB of the Trust's EPRR performance against the core national standards for the year ending 2022. The assurance process included an assessment of the organisation's state of emergency preparedness using the same compliance levels as utilised in the 2021 assurance process, namely: Fully, Substantially, Partially or Non-Compliant.

The Trust Board is formally required to receive and sign off the outcome of the assessment and accompanying improvement plan in recognition of its responsibilities as a Category 1 responder under the Civil Contingencies Act (2004).

Discussion

The Board can take assurance that the Trust is substantially compliant in this year's assurance. Out of 64 standards, the Trust has scored: 60 fully compliant and 4 partially compliant, making the Trust overall **substantially compliant**. This is an improvement from the previous year 2021 where the Trust scored overall partial compliant.

The areas of improvement are under the domain 'Duty to maintain plans' (appendix 1).

Incident Response: The Trust Incident Response Plan needs to reflect the structural changes following the Clinical Commissioning Groups disbanding and the Integrated Care Boards creation.

New and Emerging Pandemics: The EPRR team and the Infection Control Team are writing a framework to be able to provide operational colleagues with an improved response to dealing with to High Consequence Infectious Diseases (HCID) patients. This will cover events of a new emerging pandemic taking into account learning from COVID and previous incidents.

Countermeasures: The Countermeasures Plan scored partial compliant as the action cards were out of review date and hadn't been recently tested. The EPRR team are re-formatted the plan and will go out to consultation with the wider departments/service areas that would support in the initial response to an incident.

Mass Casualty: The Trust mass casualty arrangements are recorded in the Incident Response Plan for operational teams to access. This scored partial compliant due to its lack of detailed management. This will be corrected and updated in the November update for the Incident Response Plan.

Conclusion

Following the Trust's overall substantially compliance, the EPRR team are working on the action plan as agreed with the ICB and internal departments (Appendix 1) to improve Trust preparedness and compliance.

This year's assurance process is a significant improvement following the 2021 assurance process outcome moving the Trust from overall score of partial to substantially compliant. This highlights that, whilst majority of the 'back of house' work has been completed, there remains a positive drive to continue to improve the organisations preparedness.

Recommendations

- The Trust Board to note the EPRR assurance overall rating: **Substantially Compliant.**
- The Trust Board to note the ongoing work to complete the 4 actions listed in the EPRR Assurance Action Plan 2022.

Domain	Standard Name	Standard Detail	Guidance	Evidence	Scoring	Action	Assigned to	Completion Date
Duty to maintain plans	Incident Response	In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.	Arrangements should be: <ul style="list-style-type: none"> • current (reviewed in the last 12 months) • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	005 - Incident Response Plan	Partially compliant	The Incident Response Plan is missing the relevant CCG structure changes to ICBs. This will be included in a wider update at the end of November	EPRR Team	30th November 2022
	New and emerging pandemics	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic	Arrangements should be: <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	028 - Outbreak Control Plan 005 - Incident Response Plan	Partially compliant	The organisation are working creating an overarching framework. Recently IPC have agreed to lead this work with the EPRR Team	EPRR Team	19th December 2022
	Countermeasures	In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment	Arrangements should be: <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required <p>Mass Countermeasure arrangements should include arrangements for administration, reception and distribution of mass prophylaxis and mass vaccination.</p> <p>There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop or support Mass Countermeasure distribution arrangements. Organisations should have plans to support patients in their care during activation of mass countermeasure arrangements.</p> <p>Commissioners may be required to commission new services to support mass countermeasure distribution locally. This will be</p>	031 - Mass Prophylaxis Plan 2022 032 - Mass Prophylaxis Plan 2019	Partially compliant	The Mass Prophylaxis Plan requires an update of action cards. This will be completed and signed off at the next EPRR Steering Group. I have provided our current plan and new revised working draft.	EPRR Team	19th December 2022
	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.	Arrangements should be: <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required <p>Receiving organisations should also include a safe identification system for unidentified patients in an emergency/mass casualty incident where necessary.</p>	005 - Incident Response Plan	Partially compliant	This the IRP has operational arrangements in managing a Mass Casualty Incident but lacks the detail around the management. This will be reflected and updated in the November 2022 update.	EPRR Team	19th December 2022

Report to Board of Directors				
Report title: Annual Report of the Ethics Committee 2021/22		Meeting date: 30 November 2022		
Report appendix	Ethics Committee Annual Report			
Report sponsor	Interim Director of Corporate Governance and Trust Secretary			
Report author	Corporate Governance Manager			
Report provenance	Ethics Committee, 31 st October 2022			
Purpose of the report and key issues for consideration/decision	<p>The Ethics Committee, in line with best practice, has prepared a report that sets out how the Committee has met its Terms of Reference.</p> <p>The purpose of the Committee is laid down in its Terms of Reference.</p> <p>The purpose of this report is to provide assurance that the Ethics Committee has carried out its obligations in accordance with its Terms of Reference.</p> <p>The Annual Report summarises the activities of the Committee for the financial year 2021/22.</p>			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Committee is asked to receive and note the Annual Report of the Ethics Committee.			
Summary of key elements				
Strategic goals supported by this report	Excellent population health and wellbeing		Excellent experience receiving and providing care	X
	Excellent value and sustainability			
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	n/a	Risk score	
	Risk Register	n/a	Risk score	
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation	
	NHS England	X	Legislation	
	National policy/guidance	X		

ETHICS COMMITTEE ANNUAL REPORT

1 APRIL 2021 TO 31 MARCH 2022

1. INTRODUCTION

In line with best practice the Ethics Committee ('the Committee') should prepare a report to the Board that sets out how the Committee has met its Terms of Reference.

- 1.1 The purpose of the Committee is laid down in its Terms of Reference and was established as the forum to consider the Trust's overarching moral and ethical principles, in order to provide the best quality health care to its patients.
- 1.2 The Committee is tasked with providing assurance to the Board of Directors that:
 - (i) appropriate ethical and moral reasoning is being applied to clinical decisions and novel treatments;
 - (ii) a framework to enable ethical decisions, to be made in accordance with the law and the principles of moral and natural justice, have been agreed; and
 - (iii) all patients are entitled to treatment with no arbitrary criteria being applied (such as those defined by the Equality Act as having protected characteristics) outside recognised clinical criteria and the realities of demands of the service.
- 1.3 The purpose of this report is to provide assurance that the Committee has carried out its obligations in accordance with its Terms of Reference.
- 1.4 The Chair escalates those matters that the Committee considers should be drawn to the attention of the Council of Governors when presenting the Committee Chair's Report to the next meeting of the Council.

2. INFORMATION SUPPORTING OPINION

2.1 Delivery of Committee's Key Responsibilities

- 2.1.1 During the reporting year, the Committee has delivered the key responsibilities as set out in the Terms of Reference. Ethical debates took place on the following issues:
 - Demand management for ICU Care
 - Protection of inpatient beds for planned care
 - End of life care for Covid patients
 - NICE Covid Guidelines on CPAP and practice in Torbay Hospital
 - Pregnancy Loss Bereavement Incident

3. MEMBERS AND MEETINGS

- 3.1 During 2021/22, the Committee met formally on three occasions. The Committee was quorate for two of the three meetings.

3.2 The record of Committee attendance is shown below:

Member	Number of meetings attended
Ian Currie	3 (3)
Deborah Kelly	2 (3)
Kate Lissett	2 (3)
Martin Manley	1 (3)
Jacqui Phare	1 (3)

4. COMMITTEE EFFECTIVENESS

- 4.1 A self-assessment was not conducted in the reporting year, however would be undertaken early in 2022/23.
- 4.2 Any areas for action identified as part of the self-assessment of the Committee's effectiveness to identify any gaps in the Committee's workings will be noted and addressed.
- 4.3 In future years the Committee will undertake an annual assessment to ensure continual improvement.

5. RECOMMENDATION

The Committee is asked to review and approve the report, subject to any changes agreed in discussion, prior to its formal submission to the Board of Directors.

Ian Currie
Chair, Ethics Committee
July 2022

Report to Board of Directors			
Report title: Terms of Reference – Ethics Committee			Meeting date: 30 November 2022
Report appendix	Ethics Committee Terms of Reference		
Report sponsor	Interim Director of Corporate Governance and Trust Secretary		
Report author	Corporate Governance Manager		
Report provenance	Ethics Committee, 31 st October 2022.		
Purpose of the report and key issues for consideration/decision	The annual review of the Terms of Reference for the Ethics Committee has been undertaken. Of note is an amendment made to paragraph 5.3.5 to clarify the role of the Committee in considering the moral and ethical implications of requests for the use of novel therapies.		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>
Recommendation	The Board of Directors is asked to approve the Terms of Reference.		
Summary of key elements			
Strategic goals supported by this report	Excellent population health and wellbeing		Excellent experience receiving and providing care
	Excellent value and sustainability	X	
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	N/A	Risk score
	Risk Register	N/A	Risk score
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation
	NHS England	X	Legislation
	National policy/guidance	X	

ETHICS COMMITTEE
TERMS OF REFERENCE

Version:	<u>3.0</u>
Approved by:	Ethics Committee
Date approved:	8 July 2021
Approved by:	Board of Directors
Date approved:	28 July 2021
Date issued:	28 July 2021
Review date:	July 2023²

ETHICS COMMITTEE TERMS OF REFERENCE

1. Constitution

- 1.1. The Trust Board hereby resolves to establish a Committee to be known as the Ethics Committee ('the Committee').
- 1.2. The Committee will adhere to, and be cognisant of the Trust values at all times.
- 1.3. The Committee will be cognisant of the national ethical framework and guidance from appropriate and relevant bodies including but not limited to, GMC, RCN and BMA.
- 1.4. The Committee will abide by the Trust's principles that is to promote equality and work to address health inequalities and to improve access to all its services for those people who share a protected characteristic and those who do not.

2. Authority

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

3. Purpose

- 3.1. The Committee has been established as the forum to consider the Trust's overarching moral and ethical principles, in order to provide the best quality health care to its patients.
- 3.2. The Committee will provide assurance to the Board of Directors that:
 - (i) appropriate ethical and moral reasoning is being applied to clinical decisions and novel treatments;
 - (ii) a framework to enable ethical decisions, to be made in accordance with the law and the principles of moral and natural justice, have been agreed; and

- (iii) all patients are entitled to treatment with no arbitrary criteria being applied (such as those defined by the Equality Act as having protected characteristics) outside recognised clinical criteria and the realities of demands of the service.

4. Powers

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

5. Duties and responsibilities

- 5.1 The Committee is empowered to seek assurance, raise concerns and make recommendations to the Board of Directors pertaining to the committee's role and duties.
- 5.2 The Committee will strive to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not, as set out in the Public Sector Equality Duty and the Equality Act 2010.
- 5.3 The duties and responsibilities of the Committee shall be:
 - 5.3.1 To make recommendations to the Board of Directors in respect of ethical and moral reasoning when thresholds for treatment, ceilings or treatment or withdrawal of treatment needs to be implemented.
 - 5.3.2 To oversee the work of the Clinical Ethics Advisory Panel ('Panel'), and approve their Terms of Reference.
 - 5.3.3 To provide the Board of Directors with a summary of all cases/decisions made by the Panel.

- 5.3.4 To ratify guidelines for the escalation, ceiling of treatment and withdrawal of treatment for patients during the Covid-19 epidemic and to evidence that the guidelines are informed by the appropriate ethical and moral frameworks.
- 5.3.5 To consider the moral and ethical implications of any requests by clinicians for the use of novel therapies using —an evidence-based approach and to make recommendations to the ———Trust Medical Director or Deputy Medical Directors and Board of ———Directors, if appropriate.
- 5.3.6 To establish a clinically responsive committee to support clinicians when faced with an ethical or moral dilemma, or if making difficult clinical decisions where there are no existing clinical guidelines to refer to, or if there are specific reasons for going against existing or contradictory guidelines.
- 5.3.7 Where clinicians are used to making these decisions and they feel able to follow existing processes for escalating, imposing ceilings of treatment or withdrawing treatment there will be no expectation that the Panel will need to be consulted.
- 5.3.8 To work in partnership with the South West Regional Group and the Devon Ethical Reference Group in developing broader ethical policies for the region.

6. Membership and Attendance

6.1 Core membership shall be made up of the following:

- Executive Medical Director
- Deputy Medical Director
- Chief Nurse
- System Director of Nursing and Professional Practice
- Chaplaincy representative

6.2 The following shall attend in an advisory capacity:

- Medical Ethics Advisor
- Trust Chairman, Lay-Advisor
- Director of Corporate Governance, Governance Advisor

6.3 Members of the Committee shall be permitted to nominate a deputy to attend a meeting in their absence.

7. Chair

7.1 The Executive Medical Director shall act as Committee Chair. In their absence, Chief Nurse shall be appointed as acting Chair for the meeting.

8. Meeting Administration

8.1 The Committee shall be supported by the Director of Corporate Governance (or their nominee), whose duties in this respect will include:

- (i) Issuing the meeting agenda and reports.
- (ii) Keeping a record of decisions made.
- (iii) Ensuring matters requiring notification to the Trust Board are actioned.

9. Quorum

9.1 The quorum necessary for the transaction of business shall be 3 members, of which the Executive Medical Director or Chief Nurse must be present.

9.2 Deputies shall count towards the quorum.

9.3 A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

10. Frequency of Meetings

10.1 The Committee shall meet as and when required but at least on a bi annual basis.

11. Meetings

11.1 The agenda will be sent out to the Committee members at least three days prior to the meeting date, together with any other associated papers.

11.2 Urgent items may be raised under 'any other business'.

11.3 Meetings, other than those regularly scheduled as above, shall be summoned by the Committee Secretary at the request of the Chair.

12. Reporting

12.1 Formal minutes shall be taken of all committee meetings. Once approved by the committee, the minutes shall be presented to the next meeting for approval.

12.2 An annual report will be presented by the Committee Chair to the Trust Board.

12.3 The Chair of the Committee shall, at any time, draw to the attention of the Trust Board any particular issue which requires their attention.

13. Conduct of Meetings

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

14. Review

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

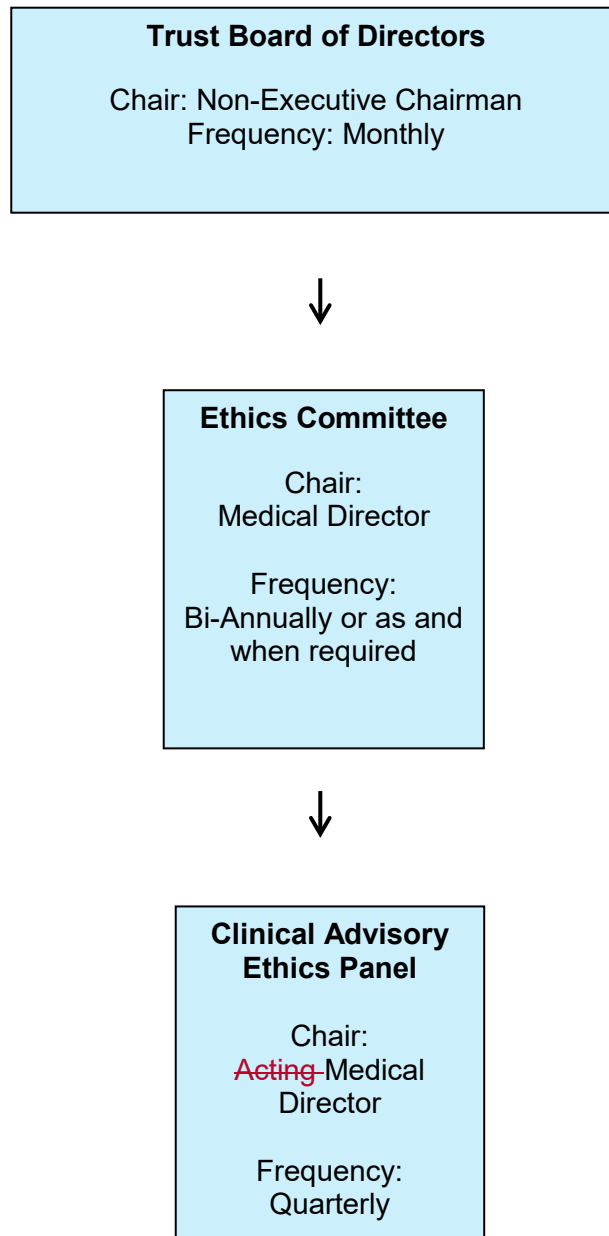
14.2 The Committee's Terms of Reference shall be reviewed on an annual basis and approved by the Board of Directors.

15. Monitoring Effectiveness

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

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

Appendix 1: Reporting Structure



Report to Board of Directors			
Report title: Terms of Reference – BBF Committee			Meeting date: 30 November 2022
Report appendix	BBF Committee Terms of Reference		
Report sponsor	Interim Director of Corporate Governance and Trust Secretary		
Report author	Corporate Governance Manager		
Report provenance	BBF Committee, 16 th November 2022		
Purpose of the report and key issues for consideration/decision	The annual review of the Terms of Reference for the BBF Committee has taken place. Terms of Reference have been updated to reflect best practice. In addition, it is suggested paragraphs 5.4.12 to 5.4.14 are removed as this work is operational and not within the remit of the Committee.		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>
Recommendation	The Board of Directors is asked to approve the Terms of Reference.		
Summary of key elements			
Strategic goals supported by this report	Excellent population health and wellbeing		Excellent experience receiving and providing care
	Excellent value and sustainability	X	
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	N/A	Risk score
	Risk Register	N/A	Risk score
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation
	NHS England	X	Legislation
	National policy/guidance	X	

BUILDING A BRIGHTER FUTURE ('BBF') COMMITTEE
TERMS OF REFERENCE

Version:	<u>3.02-1</u>
Approved by:	Building a Brighter Future Committee
Date approved:	17 November 2021
Approved by:	BBF Committee (minor amendment)
Date approved:	16 November 2022 17 November 2021
Approved by:	Board of Directors
Date approved:	<u>30 November 2022</u>
Date issued:	xxxx 2022 17 November 2021
Review date:	November <u>September 2023</u>

TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST

BUILDING A BRIGHTER FUTURE ('BBF') COMMITTEE TERMS OF REFERENCE

1. Constitution

1.1 The Building a Brighter Future Committee ('the Committee') is formally established as a sub-committee of the Board of Directors of Torbay and South Devon NHS Foundation Trust.

1.2 The Committee will adhere to, and be cognisant of the Trust values at all times.

~~1.2.3~~ These Terms of Reference, which should be published on the Trust's website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

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2. Authority

2.1 The Committee is constituted as a Standing Committee of the Trust Board ('Board'). Its constitution and terms of reference are subject to amendment by the Board.

2.2 The Committee derives its power from the Board and has no executive powers, other than those specifically delegated in these terms of reference.

3. Purpose

3.1 The purpose of the Committee is to provide assurance to the Board regarding the processes, procedures and management of the BBF Programme and to support the successful achievement of the Programme investment objectives and realisation of the stated benefits.

3.2 The Committee will assure the Board of the achievement of the objectives set out in the Programme; approved projects are being effectively managed and controlled; and confirm that projects are delivering the stated benefits, are value for money, and are ultimately affordable.

3.3 The Committee may set up sub-groups aligned to key areas of its activity as it deems appropriate.

3.4 The Committee will promote local level responsibility and accountability.

4. Powers

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

5 Duties and Responsibilities

- 5.4 The Committee is required to:-
 - 5.4.1 Establish a Programme of independent assurance to ensure the BBF Programme plan and its projects are managed and delivered in a controlled way.
 - 5.4.2 Receive 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.
 - 5.4.3 Ensure that prior to formal approval, confirmation of appropriate processes have been implemented and assurance activities completed on key BBF Programme documents, to include:
 - Programme and project delivery plans
 - Strategic Outline Case ('SOC')
 - Outline Business Case ('OBC')
 - Full Business Case ('FBC')
 - Contract and procurement strategies
 - Contract and works procurement documentation
 - 5.4.4 Ensure that appropriate internal and external due diligence has been completed prior to appointment of any preferred bidders/contractors in

- connection with any contract.
- 5.4.5 Ensure that robust and effective governance arrangements are implemented to oversee the delivery of the BBF Programme and approved projects.
 - 5.4.6 Provide advice and support to the identification and effective control of the BBF Programme and any key project risks.
 - 5.4.7 Review 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.
 - 5.4.8 Ensure that effective control and risk management arrangements are implemented to manage the delivery of the BBF Programme and the approved projects within its control.
 - 5.4.9 Review and provide assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee, seeking where necessary further action/assurance.
 - 5.4.10 Review BBF Programme related risks identified on the Corporate Risk Register and seek assurance in relation to risk mitigation and future activity/plans.
 - 5.4.11 Review and advise 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 appraisal of the proposition is undertaken and is within the risk appetite and tolerance of the Trust, drawing on independent external advice where appropriate and available, before the Board takes a decision whether to proceed.
 - ~~5.4.12 Actively champion internally and externally, the investment objectives and benefits of the BBF Programme.~~
 - ~~5.4.13 Communicate information about the New Hospitals Programme and approved projects to key internal and external groups, staff, stakeholders, Governors and the general public.~~
 - ~~5.4.14 Ensure relevant, timely and appropriate information is communicated to and from NHSI/NHSE and the Devon and Cornwall and IoS system via the regional governance framework (currently named the Peninsula Group) established to coordinate hospital infrastructure projects.~~
 - 5.4.15 To consider 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.
 - 5.4.16 Review and endorse the content of any description associated with the BBF Programme within the Trust's annual report and account.
 - 5.4.17 Seek assurance on any additional matter referred to the Committee from the Board.
 - 5.4.18 Conduct an annual review of the Committee's Terms of Reference and its own effectiveness and recommend to the Board any changes deemed necessary.
 - 5.4.19 Report to the Board on matters set out in these Terms of Reference and the Committee has discharged its responsibilities.
 - 5.4.20 Where the Committee's monitoring and review activities reveal cause

for concern or scope for improvement, it shall make recommendations to the Board on action needed to address the issue or to make improvements.

6 Membership

6.1 The Committee shall consist of the following members:

- Non-Executive Director (Chair)
- Non-Executive Director
- Non-Executive Director
- Senior Responsible Officer, BBF Programme Sponsor
- Medical Director
- Chief Finance Officer

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

6.3 The following shall be required to attend all meetings of the Committee:

- BBF Programme Director
- ~~Director of Estates and Facilities~~
- Capital Development Director

6.4 The following shall be invited to attend all meetings of the Committee. Other attendees may be invited for whole or part meetings.

- Governor observer (see 6.5 for appointment process)

6.5 The process for selecting the Governor observer is a matter for the Chair of the Council of Governors and Governors. In the event that the nominated Governor observer is unable to attend a meeting, the Committee Chair will allow a substitute Governor to attend.

6.6 Other members/attendees may be co-opted or requested to attend as considered appropriate.

7 Attendance

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

8. Quorum

8.1 The quorum necessary for the transaction of business shall be 3 members, of

which two Non-Executive Directors and one Executive Director must be present.

- 8.2 Any member of the Committee who is able to speak and be heard by each of the other members shall be deemed to be present in person and shall count towards the quorum.
- 8.3 A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.
- 8.4 Deputies will not count towards the quorum.

8.5 If any member of the Committee has been disqualified from participating on an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

8.6 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision-Making and Voting

The Committee will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

Conduct of meetings

Members will be expected to conduct business in line with the Trust's values and objectives.

Members must demonstrably consider the equality and diversity implications of decisions they make.

9. Administration

9.1 The Committee shall be supported by the Director of Corporate Governance, or
Building a Brighter Future Committee Terms of Reference
V3.02-4

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their nominee, whose duties in this respect will include:

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

10. Meetings

10.1 Meetings will be held on the following basis:

- Meetings will be held monthly.
- Meeting duration will be no longer than 2.5 hours.
- The Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.
- Items for the agenda should be sent to the BBF Meeting Administrator no later than 5 working days prior to the meeting. Urgent items may be raised in exceptional circumstances under 'any other business'.
- The agenda will be issued by email to the Committee members and attendees, no later than 3 business days prior to the meeting, together with the action schedule and other associated papers.
- An action schedule will be circulated to members following each meeting and must be duly completed and returned to the BBF Meeting Administrator for circulation with the following meeting's agenda and associated papers.

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11. Reporting

11.1 The Committee will provide a report from the Committee Chair following each meeting to the next Trust Board of Directors in support of its work on promoting good management and assurance processes. The report shall include matters requiring escalation and key risks (as applicable).

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

11.3 A briefing from those Groups reporting up to the Committee detailing items for escalation and key risks (as applicable) will be received by the Committee along with exception reports as agreed.

12. Review

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

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

13. Monitoring effectiveness

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

- The objectives set out in section 5 were fulfilled; and
- An annual self-assessment on the effectiveness of the Committee is undertaken.

13.2 An annual report on the work and effectiveness of the Committee will be submitted to the Trust Board.

Report to Board of Directors			
Report title: Terms of Reference – NED Nominations and Remuneration Committee			Meeting date: 30 November 2022
Report appendix	NED Nominations and Remuneration Committee Terms of Reference		
Report sponsor	Interim Director of Corporate Governance and Trust Secretary		
Report author	Corporate Governance Manager		
Report provenance	NED Nominations and Remuneration Committee, 31 st October 2022.		
Purpose of the report and key issues for consideration/decision	The annual review of the Terms of Reference for the NED Nominations and Remuneration Committee has been undertaken. Only minor amendments have been made to ensure the Terms of Reference are up to date and reflect current practice.		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>
Recommendation	The Board of Directors is asked to approve the Terms of Reference.		
Summary of key elements			
Strategic goals supported by this report	Excellent population health and wellbeing		Excellent experience receiving and providing care
	Excellent value and sustainability	X	
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	N/A	Risk score
	Risk Register	N/A	Risk score
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation
	NHS England	X	Legislation
	National policy/guidance	X	

**NON-EXECUTIVE DIRECTORS NOMINATION, REMUNERATION
AND TERMS OF SERVICE COMMITTEE**

TERMS OF REFERENCE

Version:	<u>43.0</u>
Approved by:	NEDs Nomination, Remuneration and Terms of Service Committee
Date approved:	<u>31 October 2022</u>27 July 2021
Approved by:	Board of Directors
Date approved:	<u>[30 November 2022]</u>29 September 2021
Date issued:	<u>[30 November 2022]</u>29 September 2021
Review date:	<u>October 2023</u>September 2022

NON-EXECUTIVE DIRECTOR NOMINATIONS, REMUNERATION AND TERMS OF SERVICE COMMITTEE

TERMS OF REFERENCE

1. Constitution

- 1.1 The Non-Executive Director Nominations, Remuneration and Terms of Service Committee ('the Committee') is a sub-committee of the Board of Directors of Torbay and South Devon NHS Foundation Trust.
- 1.2 The Committee in its workings will be required to adhere to the Constitution of Torbay and South Devon NHS Foundation Trust, the Terms of Authorisation and NHS Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a sub-committee of the Board of Directors, the Standing Orders of the Trust shall apply to the conduct of the working of the Committee.

2. Membership

- 2.1 Members of the Committee shall be appointed by the Board and shall be made up of the Chairman, Vice-Chair, Senior Independent Director and Chair of the People Committee
- 2.2 The Chief Executive will be expected to attend all meetings of the Committee but shall not be present when discussing the appointment or remuneration of the Chief Executive, nor in the decision making process.
- 2.3 Only members of the Committee have the right to attend Committee meetings, however if a Committee member is unable to attend at short notice, the Chairman may nominate another Non-Executive Director to attend and deputise in their place. In such circumstances the Non-Executive Director attending in place of the Committee member will assume the same powers as the Committee member and their attendance will count towards the quorum.
- 2.4 Other individuals may be invited to attend for all or part of any meeting at the request of the committee. It is expected that a senior HR representative and the Director of Corporate Governance will attend all meetings in an advisory capacity.
- 2.54 The Board shall appoint the Committee Chair who shall be an independent Non-Executive Director. In the absence of the Committee Chair and / or an appointed deputy, the remaining members present shall elect a chair for the meeting.

3. Secretary

- 3.1 The Director of Corporate Governance or their nominee shall act as the Secretary to the Committee.

4. Quorum

- 4.1 The quorum necessary for the transaction of business shall be three independent Non-Executive Directors. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or

any of the authorities, powers and discretions vested in or exercisable by the Committee.

5. Purpose

- 5.1 The Committee shall meet to consider and review current and future requirements applicable to:
- i) strategic portfolio changes relevant to the posts covered by the Committee's remit;
 - ii) the performance of and the setting of salaries, terms of service and allowances for the posts covered by the Committees remit;
 - iii) the Trust's senior management succession planning arrangements and talent management process;
 - iv) senior managerial competence relating to leadership capability; and
 - v) the allowances as may be payable to Foundation Trust Governors.
- 5.2 The Committee shall meet each year for the purpose of reviewing the performance development reviews of Executive Directors, Associate Directors and defined Senior Managers.
- 5.3 The Committee will meet at other times for the following purposes as determined by the Chair of the Committee:
- i) To keep up to date with relevant national and local developments;
 - ii) To inform the Committee of changes, both local and national, which may impact on the Committee;
 - iii) To proactively seek best practice and bring to the attention of the Committee;
 - iv) To review remuneration policies, including having oversight of those applicable to staff employed on very senior manager terms and conditions;
 - v) To consider proposals for changes in terms and conditions of employment;
 - vi) To consider any matter relating to the continuation in office of any Executive Director including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their employment contract;
 - vii) To consider any in-year variations of salaries and terms and conditions of employment of Executive Directors and Senior Managers who are subject to the annual review process carried out by the Committee;
 - viii) To oversee the process for the nomination of the Chief Executive for approval by the Board (and ratification by the Council of Governors);
 - ix) To oversee the process for the appointment of other Executive Directors, Associate Directors and Company Secretary; and
 - x) To lead the process for the identification and nomination of the chair of all Board Committees and Board post holders ie Senior Independent Director and Deputy Chair.

Guidelines extracted from the NHS Code of Governance are attached in Appendix 2.

6. Notice of Meetings

- 6.1 Meetings of the Committee shall be summoned by the Secretary of the Committee at the request of any of its members.
- 6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee in advance of the meeting. Supporting papers shall be sent to Committee members at the same time.

7. Minutes of Meetings

- 7.1 The Secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and in attendance.
- 7.2 Minutes of Committee meetings shall be circulated promptly to all members of the Committee.
- 7.3 The minutes of the Committee shall record the decisions and report in writing to the Board the basis for its decisions.

8. Duties

The Committee has delegated responsibility for:

- 8.1 Setting remuneration for all Executive Directors and Associate Directors, including from time to time setting remuneration levels of interim posts, and including pension rights and any compensation payments. The Committee shall also recommend and monitor the level and structure of remuneration for senior management. The definition of senior management for this purpose will be determined by the Board, and includes the first layer of management below Board level. (See Appendix I for schedule of employees covered by the Committee's remit.) No director or manager shall be involved in any decisions as to their own remuneration. The Chief Executive shall attend to present their recommendations for Executive Director and Associate Director remuneration (but not their own) and other employees as listed in Appendix I.
- 8.2 In recommending such a policy, take into account all factors which it deems necessary including:
 - i) Observing all legal and contractual obligations as they affect individual post holders;
 - ii) Acting in accordance with the Trust's Standing Orders, Constitution, Terms of Authorisation and NHS Code of Governance issued by the Independent Regulator for NHS Foundation Trusts;
 - iii) Having regard to any directions made by the Secretary of State in so far as they apply to the Trust;
 - iv) Have regard to the guidance in any directives on pay and conditions of employment as issued by the Department of Health in so far as they apply to the Trust;
 - v) Take into account the financial state of the Trust;

- vi) Have regard for legislation on discrimination when considering levels of pay / terms and conditions; and
- vii) Consider the relationship between the remuneration of these posts and that of other grades of staff employed by the Trust. This may include reference to the level of pay awards granted under national pay systems eg. Agenda for Change.

The objective of such a policy shall be to ensure that rewards are fair and appropriate to individual's contributions – having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff.

8.3 Recommend the scope and detail to be included in the annual report concerning basic salary and elements relating to performance including an explanation of the criteria on which performance is based.

8.4 Ensure that the criteria presented for the annual review of:

- i) Increases in basic salaries;
- ii) Additional bonuses based on performance / achievement of objectives; and
- iii) Changes in terms and conditions of employment

are applied objectively to the determination of the award for each Executive Director, Associate Director and defined Senior Manager.

8.5 Review the ongoing appropriateness and relevance of the remuneration policy.

8.6 Consider all proposed changes to the senior management structure and approve job descriptions for post holders covered by the Committee's remit.

~~8.7 Determine the policy for, and scope of, pension arrangements for each Executive Director and other senior managers as it is designated to consider.~~

8.8 Consider changes within the Executive Directors and / or senior managers pension schemes which may be required on an ad-hoc basis, and which may arise at times of appointment or promotion.

8.9 Ensure that contractual terms on termination, and any payments made, are fair ensuring value for money, and that the duty to mitigate loss is fully recognised; taking account of such national guidance and legal obligations including seeking approval from the Treasury for termination of payments as may be appropriate.

8.10 Within the terms of the agreed policy and in consultation with the Chair and / or Chief Executive as appropriate, determine the total individual remuneration package, including benefits, of each Executive Director, Associate Director and other Very Senior Managers.

8.11 Review and note annually the remuneration trends across the NHS.

- 8.12 Oversee any major changes in employee benefits structures for postholders covered by the Committee's remit.
- 8.13 Oversee any major changes to the process for ensuring compliance with the Fit and Proper Person Regulations;
- 8.14 Monitor the evaluation process for the performance of the Chief Executive.
- 8.15 Agree the policy for authorising claims for expenses from the Chief Executive and Chairman.
- 8.16 Ensure that all provisions regarding disclosure of remuneration are set out in the Annual Report.
- 8.17 Be exclusively responsible for establishing the selection criteria, selecting, appointing and setting the terms of reference for any remuneration consultants who advise the Committee and to obtain reliable, up to date information about remuneration in other NHS Trusts. The Committee shall have full authority to commission any reports or surveys which it deems necessary to help it fulfil its obligations.
- 8.18 Regularly review the structure, size and composition (including the skills, knowledge and experience) of the Board of Directors and make recommendations to the Board with regard to any changes and appropriate process.
- 8.19 Ensure that there is a formal, rigorous and transparent procedure for the appointment of new Executive Directors to the Board which fit the criteria set out by the Committee in particular. The same procedure shall apply to the appointment of Associate Directors and the Company Secretary;
 - (i) to consider candidates from relevant backgrounds; and
 - (ii) to use open advertising or the services of external advisers to facilitate the search.
- 8.20 Keep under review the leadership needs of the Trust, with a view to ensuring the continued capability of the organisation.
- 8.21 Set the allowances as may be payable to Foundation Trust Governors.
- 8.22 Be exclusively responsible for establishing the selection criteria, selecting, appointing and setting the terms of reference for any remuneration consultants who advise the committee on appointments to the Board of Torbay Pharmaceuticals and to obtain reliable, up to date information about remuneration in similar organisations. The committee shall have full authority to commission any reports or surveys which it deems necessary to help it fulfil its obligations.
- 8.23 Consider and approve the establishment of all new posts requiring VSM status and to verify justification if such posts fall outside the VSM pay framework applicable.
- 8.24 Consider and approve all proposals for existing or new posts to be re-classified as VSM posts. In considering such proposals, the Committee shall receive supporting information, which will include relevant national

benchmarking data and confirmation that the Trust's standard HR assessment against national provisions and remuneration assessment processes, Agenda for Change and Doctors and Dentists pay frameworks, have been undertaken and exhausted.

9. Reporting Responsibilities

- 9.1 The minutes of the Committee shall be formally recorded by the Secretary of the Committee and submitted to the Board of Directors. The Chair of the Committee shall draw the attention of the Board to the basis for its decisions.
- 9.2 The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.

10. Decisions of the Committee

- 10.1 Any decisions of the Committee shall be taken on a majority basis. The Chair shall have a casting vote in the event of equality of voting.

11. Other

- 11.1 The Committee shall, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at a maximum effectiveness and recommend any changes it considers necessary to the Board for approval.
- 11.2 Responsibility for communicating decisions of the Committee in writing to the Chief Executive is vested in the Chair, and for Executive Directors and other Senior Managers this power is vested in the Chief Executive.

12. Authority

- 12.1 The Committee is authorised by the Board to seek any information it requires from any employee of the Trust in order to perform its duties.
- 12.2 In connection with its duties the Committee is authorised by the Board to obtain, at the Trust's expense, any outside legal or other professional advice.

13. NHS Constitution

The Committee will embody the principles of the NHS Constitution in all it does.

APPENDIX 1

SCHEDULE OF POSTS COVERED BY THE COMMITTEE'S REMIT*

Executive Directors

Chief Executive
Deputy Chief Executive
Chief Finance Officer
Chief Nurse

Chief People Officer
Director of Transformation and Partnerships
Chief Operating Officer
Executive Medical Director

Associate Directors

Health and Care Strategy Director

Committee's other duties:

Director of Corporate Governance and Trust Secretary for:

- appraisal
- board recommendation – appointment/dismissal

Very Senior Managers for remuneration comprising:

Executive Directors
Associate Directors (non-voting Board members)
Associate Director of Adult Social Services (seconded to Torbay Council)
Director of Corporate Governance and Trust Secretary
~~Interim Director of Estates and Commercial Development~~
Director of Estates and Facilities
Programme Director (Building a Brighter Future)

TP staff (comprising as at September 2021)

Managing Director
Finance Director
Technical Director
Commercial and Strategy Director
People Director
Head of Manufacturing (VSM contract holder not part of TP Executive Team)
Interim Project Manager (VSM contract holder not part of TP Executive Team)

Executive Directors and Associate Directors direct reports for:

- succession planning
- talent management

Senior Managers (Band 8d and above) for:

- monitoring the level and structure of remuneration for senior management (for this purpose deemed to be band 8d and above)

Posts subject to payment of allowances:

Deputy Chief Executive
~~Clinical Director allowances~~
Governors (expenses)

*This list is not exhaustive and may vary as posts change within the organisational structure
[Approved 29 September 2021]

APPENDIX 2

NON-EXECUTIVE DIRECTOR NOMINATIONS, REMUNERATION AND TERMS OF SERVICE COMMITTEE

GUIDELINES RELATING TO THE NHS CODE OF GOVERNANCE (WORKING DOCUMENT)

These guidelines support the Non-Executive Director Nominations, Remuneration and Terms of Service Committee ('the Committee') Terms of Reference. They reference to the NHS Foundation Trust Code of Governance, especially the following Code Provisions:

Code Provisions

B.2.1 The Nominations Committee or Committees with external advice as appropriate, are responsible for the identification and nomination of Executive and Non-Executive and Non-Executive Directors. The Nominations Committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS Foundation Trust and the skills and expertise required within the Board of Directors to meet them.

Process

The review process will be determined and undertaken as identified in the Committee's Terms of Reference.

B.2.2 Directors of the board of directors and governors on the council of governors should meet the 'fit and proper' persons test described in the provider licence. Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations.

Process

The appointment letter for newly appointed directors includes a declaration statement to this effect which is signed on appointment. The code of conduct for directors places an obligation on directors to inform the Trust of a change of circumstances to this effect.

B.2.3 There may be one or two Nominations Committees. If there are two committees one will be responsible for considering nominations for Executive Directors and the other for Non-Executive Directors (including the chairperson). The Nominations Committee(s) should regularly review the structure, size and composition of the Board of Directors and make recommendations for changes where appropriate. In particular the Nomination Committee(s) should evaluate the balance of skills, knowledge and experience on the Board and, in light of this evaluation, prepare a description of the role and capabilities required for appointment of both Executive and Non-Executive Directors, including the Chairman.

Process

The nominations process will be for the appointments of Chief Executive and other Executive Directors (See C.1.10). The process will not be for the appointment of the Chair and Non-Executive Directors (See Code provision B.2.5, B.2.6 and B.2.7).

- B.2.4** The Chairman or an independent Non-Executive Director should Chair the Nomination Committee(s).

Process

The Chairman shall chair the Committee as stated in the Terms of Reference.

- B.2.11** It is a requirement of the 2012 Act that the Chairman, the other Non-Executive Directors and – except in the case of the appointment of a Chief Executive – the Chief Executive, are responsible for deciding the appointment of Executive Directors. The Nominations Committee with responsibility for Executive Director nominations should identify suitable candidates to fill Executive Director vacancies as they arise and make recommendations to the Chairman, the other Non Executive Directors and, except in the case of the appointment of a Chief Executive, the Chief Executive.

Process

The Board of Directors have established the Committee for the appointment of the Chief Executive and other Executive Directors and Associate Directors and Company Secretary. There is no further nominations process.

- B.2.12** It is for the Non-Executive Directors to appoint and remove the Chief Executive. The Appointment of a Chief Executive requires the approval of the Council of Governors.

Process

The Committee is to note that this provision is set out in the Constitution.

- B.2.9** An independent external adviser should not be a member or have a vote on the nominations committee(s)

Process

The Committee is to note that this is set out in the Terms of Reference

- B.3.3** The Board of Directors should not agree to a full time Executive Director taking on more than one Non-Executive Directorship of an NHS Foundation Trust or another organisation of comparable size and complexity, nor the Chairmanship of such an organisation.

Process

The Committee is to note that Executive Directors are required to declare such interests under the Foundation Trust's Code of Conduct.

- B.4.2** The chairperson should regularly review and agree with each director their training and development needs as they relate to their role on the board.

Process

In respect of Executive Directors, the Chair provides the Chief Executive with appraisal information in relation to their role as Board director.

- C.1.14** A separate section of the Annual Report should describe the work of the Committee(s), including the process it has used in relation to Board appointments.

Process

A report will be produced to reflect the work of the Committee and the Committee responsible for Non-Executive Director nominations, remuneration and terms of service.

Remuneration policy

- B.8.1** The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to, service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.

Process

The Committee will act in accordance with the NHS Code of Governance.

- D.1.1** Any performance related elements of the remuneration of Executive Directors should be designed to align their interests with those of patients, service users and taxpayers and to give these Directors keen incentives to perform at the highest levels. In designing schemes of performance related remuneration, the Remuneration Committee should follow the following provisions:
- i) The Remuneration Committee should consider whether the Directors should be eligible for annual bonuses. If so, performance conditions should be relevant, stretching and designed to match the long term interests of the public and patients.

- ii) Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the NHS Foundation Trust. Consideration should be given to criteria which reflect the performance of the NHS Foundation Trust relative to a group of comparator Trusts in some key indicators, and the taking of independent and expert advice where appropriate.
- iii) Performance criteria and any upper limits for annual bonuses should be set and disclosed.
- iv) The Remuneration Committee should consider the pension consequences and associated costs to the NHS Foundation Trust of basic salary increases and any other changes in pensionable remuneration, especially for Directors close to retirement. In general, only basic salary should be pensionable.

Process

The review process will be determined and undertaken as identified in the Terms of Reference.

D.2.1 The Board of Directors should establish a Remuneration Committee composed of Non-Executive Directors which should include at least three independent Non-Executive Directors. The Remuneration Committee should make available its Terms of Reference, explaining its role and the authority delegated to it by the Board of Directors. Where remuneration consultants are appointed, a statement should be made available of whether they have any other connection with the NHS Foundation Trust.

Process

The Committee is established and Terms of Reference are available. The process when / if appointing remuneration consultants will be in accordance with the Code of Governance.

D.2.2 The Remuneration Committee should have delegated responsibility for setting remuneration for all Executive Directors, including pension rights and any compensation payments. The Committee should also recommend and monitor the level and structure of remuneration for senior management. The definition of 'senior management' for this purpose should be determined by the Board but should normally include the first layer of management below Board level.

Process

The procedure for setting remuneration will be determined and undertaken as identified in the Terms of Reference.

[Approved 29 September 2021]

Report to the Board of Directors			
Report title: The Fit and Proper Persons Regulations Standard Operating Procedure			Meeting date: 30 th November 2022
Report appendix	The Fit and Proper Persons Regulations Standard Operating Procedure		
Report sponsor	Interim Director of Corporate Governance and Trust Secretary		
Report author	Corporate Governance Manager		
Report provenance	NED Nominations and Remuneration Committee – 31 st October 2022		
Purpose of the report and key issues for consideration/decision	The SOP has been reviewed and updated to take account of nomenclature. No significant changes to the document are proposed.		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>
Recommendation	The Committee is asked to approve the updated Fit and Proper Persons Regulations Standard Operating Procedure.		
Summary of key elements			
Strategic goals supported by this report	Excellent population health and wellbeing		Excellent experience receiving and providing care
	Excellent value and sustainability	X	
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	n/a	Risk score
	Risk Register	n/a	Risk score
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation
	NHS England		Legislation
	National policy/guidance	X	

The Fit and Proper Persons Regulations Standard Operating Procedure

This procedure outlines the requirements and responsibilities for ensuring that all Executive Director and Non-Executive Director appointments are compliant with The Fit and Proper Persons Regulations both on appointment and during ongoing employment.

If you require further help in the interpretation of this document please contact the Director of Corporate Governance [and Trust Secretary](#)

If this document has been printed please note that it may not be the most up-to-date version. For current guidance please refer to the Trust Website.

Document Control	
Procedure Ref No & Title:	The Fit and Proper Persons Regulations Procedure
Version:	V32.0
Replaces / dated:	n/a
Author(s) Names / Job Title responsible / email:	Oyetona Raheem Jane Downes , Interim Director of Corporate Governance and Trust Secretary Oyetona.raheem1@nhs.net downes1@nhs.net
Ratifying committee:	Non-Executive Nominations and Remuneration Committee Governor Nominations and Remuneration Committee
Director / Sponsor:	Oyetona Raheem Jane Downes , Interim Director of Corporate Governance and Trust Secretary
Primary Readers:	Executive and Non-Executive Directors Members of the Chief Executive Office Office of the Chair and CEO Senior members of the Workforce Team Communications Team
Date ratified:	xxxx11 June 2019
Date of issue:	xxxx1 July 2019
Date for review:	xxxx1 July 2020
Date approved:	xxxx26 August 2020
Date for review:	August 2024 xx 26 August 2022 (revised July 2021 minor changes to post titles)

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1. Introduction

- 1.1. The Fit and Proper Persons Regulations (FPPR) were introduced in response to concerns raised following investigations into Mid Staffordshire NHS Foundation Trust and Winterbourne View Hospital.
- 1.2. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 require all Trusts to ensure that “Directors of the service provider” (or anyone performing similar or equivalent functions) are individuals who meet the requirements of FPPR. These regulations were introduced in November 2014 and the fundamental standards came into force in April 2015. Further details can be found on the Care Quality Commission’s (CQC) website: <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-5-fit-proper-persons-directors>
- 1.3. The regulations stipulate that Trusts must not appoint or have in place Directors unless they meet the FPPR standards. While it is the Trust’s duty to ensure that they have fit and proper Directors in post, the CQC has the power to take enforcement action against the Trust if it considers that the Trust has not complied with the requirements of the FPPR. This may come about if concerns are raised to the CQC about an individual or during the annual well-led review of the appropriate procedures.
- 1.4. For Torbay and South Devon NHS Foundation Trust (‘the Trust’), “Directors of the Service Provider” is defined as all members of the Trust Board, that being all voting Executive Directors and Non-Executive Directors, and includes non-voting members of the Board i.e. Associate Directors and Associate Non-Executive Directors, if and when appointed.
- 1.5. This procedure outlines the application of FPPR for all Directors of the Service Provider as outlined in section 1.4, including interim appointments.

2. Purpose

- 2.1. The purpose of this procedure is to ensure the Trust complies with ‘The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Persons: Directors’. As noted above, further details are provided in the CQC Guidance for NHS Bodies: Fit and Proper Persons: Directors, November 2014 and can be found on their website: <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-5-fit-proper-persons-directors>
- 2.2. Practical suggestions for how Trusts can ensure their policies and procedures comply with FPPR, as well as meet the expectations of the CQC’s regulatory approach, are provided by NHS Providers in the document ‘Fit and Proper Persons Regulations in the NHS: What do providers need to know?’, February 2018. This document also highlights what Trusts should take into account when considering whether to undertake an investigation into FPPR concerns raised about a Director, and what they should be mindful of at each stage of the process. Further details can be found on the NHS Providers website.
- 2.3. The purpose of this procedure is to enable the Trust to operate in line with the prevailing guidance set out above.

3. Definitions

- 3.1. **CQC** -Care Quality Commission
- 3.2. **FPPR** - The Fit and Proper Persons Regulations
- 3.3. **NEDs** - Non-Executive Directors

4. Duties within the Organisation

- 4.1. **Chair** – The Chair is the Responsible Officer for discharging the FPPR requirement placed on the Trust, to ensure that all relevant post holders meet the fitness test and that they do not meet any of the 'unfit' criteria set out in the FPPR. For new appointees, the Chair will be presented with information setting out the individual's compliance with the FPPR requirements.
 - 4.1.1. Should the Trust wish to proceed with the recruitment of a Director to the Board before all of the FPPR checks have been completed, or in circumstances where an individual does not meet the FPPR, the Chair must take responsibility for this decision which must be documented in writing and the reasons reported to the Board.
- 4.2. **Voting Board Directors and regular Board attendees who are direct reports to the Chief Executive** – To comply with the Trust's FPPR procedure in order to ensure that the annual requirement for each individual's FPPR assurance is delivered.
- 4.3. **Director of Corporate Governance** - To act as the main point of contact in relation to the FPPR process and to provide regular FPPR documentation updates, for administering by the Corporate Governance Manager Office of the CEO and Chair, and to oversee the administration of the FPPR process from start to finish for those to whom the FPPR applies.
- 4.4. **Associate Director of People (Resourcing Hub)** – To support the Trust Director of Corporate Governance with the compliance checks for FPPR, including a check of the FPPR paper and electronic files at least annually, and whenever a new appointment is made.
- 4.5. **Corporate Governance Manager Office of the CEO and Chair (Administration)** – To coordinate the annual FPPR declaration process and ensure that all documentation is received and recorded (See Appendix 2). To receive updated FPPR documentation for Directors of the Board and to oversee the administration of their Fit and Proper Person files, ensuring that files are in good working order.
- 4.6. The Trust will take steps to ensure the continued compliance with FPPR of the Chair and NEDs by undertaking annual checks.

5. Meeting the FPPR Requirements

5.1. The Trust will make every reasonable effort to assure itself about existing post holders, including interim appointments and new applicants and to make information about the compliance of Directors of the Board available to the CQC on request. The following is a summary of the FPPR requirements:

- Are of good character
- Hold the required qualifications and have the competence, skills and experience required for the relevant office for which they're employed
- Are able, by reason of their physical and mental health, after any required reasonable adjustments if required, of properly performing their work.
- Can supply relevant information as required by Schedule 3 of the Act, i.e. documentation to support the FPPR.
- Have not been responsible for or privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on regulated activity (or providing a service elsewhere which if provided in England would be a regulated activity).
- Are prohibited from holding the office in question under other laws such as the Companies Act or Charities Act.
- As the Trust is an apolitical organisation, to meet the FPPR requirements an individual cannot be a serving Member of Parliament (MP) or Member of the European Parliament (MEP) or a candidate for election as MP or MEP.
- In addition, individuals cannot be a Chair or Member of the Governing Body of a Clinical Commissioning Group (CCG) or employee of such a group.
- In the case of Non-Executive Directors only, NEDs cannot be an employee of the Trust.

5.2. In accordance with Schedule 4, Part 1, of the Act a person is deemed 'unfit' if:

- The person is an undischarged bankrupt or whose estate has had sequestration awarded in respect of it and who has not been discharged.
- The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.
- The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986.
- The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.

- The person is included in the barred list for children and/or adults, maintained under Section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland (an enhanced Disclosure and Barring Service test will be undertaken).
- The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

5.3. In accordance with Schedule 4, Part 2, of the Act a person will fail the ‘good character’ test if they have been:

- Convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom would constitute an offence.
- Erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.

5.4. The table below sets out how the Trust makes these compliance checks:

FPPR Requirement	Check	Regularity
The individual is of good character.	References	On appointment
	Social media check	On appointment, annually and with ongoing internet alerts
	Interview	At recruitment stage
	DBS if applicable and in line with the DBS guide lines	On appointment and annually thereafter
	Professional Standards Authority Form – Appendix 4	
The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed.	Application	At recruitment stage
	Interview	At recruitment stage
	References	On appointment
	Qualifications	On appointment
	Professional registration	On appointment and annually thereafter
The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed.	Occupational Health Assessment	On appointment
The individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided	Verifile check	On appointment and annually thereafter
	References	On appointment
	DBS	On appointment and annually thereafter
	Search of registers: Companies House Disqualified Directors Insolvency Registers	

in England, would be a regulated activity.	Removed Trustees	
	Director Code of Conduct Self Declaration – Appendix 5	
None of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.	FPPR Self-Declaration Form – Appendix 6	On appointment and annually thereafter
	Professional Standards Authority Form – Appendix 4	
	Director Code of Conduct Self Declaration – Appendix 5	
	FPPR Self-Declaration Form – Appendix 6	

- 5.5. Directors of the Board will not be able to commence in post unless the FPPR requirements have been met. However, there may be exceptional circumstances where, in the interests of the efficient running of the organisation and/or to ensure that the requirements of our licence are fulfilled, an Executive Director or NED may start work before all components of the FPPR have been met. The Chair is the Responsible Officer for making an informed decision regarding the course of action to be followed and will confirm their authorisation for the Executive Director or NED to start prior to the FPPR being met. This has to be documented in writing and the reasons reported to the Board.
- 5.6. Please note that commencement of an appointment is subject to the expectation of the appointee successfully meeting the FPPR requirements. If they do not meet the requirements then their appointment may be terminated with immediate effect.

6. FPPR at the Recruitment Stage and Ongoing Basis

- 6.1. Appendix 1 sets out the Trust's requirements for 'Complying with FPPR at the recruitment stage'. Human Resources (HR) is the lead department for conducting and completing the FPPR checks as part of the recruitment process. Once completed, the information should be sent to the Office of the CEO and Chair for storage and ongoing FPPR checks
- 6.2. Appendix 2 sets out the Trust's requirements for 'Complying with FPPR on an ongoing basis'. The Trust Director of Corporate Governance, with the support of the Associate Director of People and the ~~Corporate Governance Manager~~ ~~Office of the CEO and Chair~~, is the lead for conducting and completing the FPPR checks on an ongoing basis.
- 6.3. The NHS Employment Check standards apply to applications for NHS positions, including permanent staff, staff on fixed-term contracts, volunteers, students, trainees, contractors, highly mobile staff, temporary workers (including locum doctors), those working on a Trust bank, and other workers supplied by an agency. The checks are intended to provide assurances that staff working in the NHS are appropriately registered, qualified, experienced and do not pose a risk to patients. NHS organisations are required to show evidence of their compliance with these standards as part of the CQC's regulatory framework. These checks will be conducted for all new Directors of the Board, including interim positions.

- 6.4. The NHS Employment Check standards are on the NHS Employers website and checks will be taken out in line with these. Currently the NHS Employment checks are as set out below though they change from time to time:
- Identity Checks – reducing the risk of employing illegal workers and impersonators
 - Right to Work in the UK Check
 - Professional Registration (where appropriate) and Qualification Checks
 - Criminal Record and Barring Checks – reducing the risk of employing criminals
 - Employment History and Reference Checks – reducing the risk of employing staff with unsuitable or unsatisfactory employment records
 - Work Health Assessments – reducing the risk of employing staff that are not correctly immunised or not fit for work (pending reasonable adjustments).
- 6.5. In addition to the NHS and NHSI pre-employment checks, the following checks will be conducted for all new Directors of the Board, including interim positions:
- Search of insolvency and bankruptcy register
 - Search of disqualified directors register
 - The Director completes a self-declaration of interests form and a FPPR self-declaration form
 - An appropriate media, social media and news search is conducted.
- 6.6. The process for assurance includes a check of personal files to ensure there is a complete employment history and, where there are any gaps or omissions, the post holder will be asked to provide a written explanation for this. Where the Trust has no record of mandatory qualifications or mandatory professional registration, the individual will be asked to produce the original for inspection and verification. Where documentation against FPPR checks is not available due to historical timescales, the Trust will make every effort to obtain relevant, alternative records where appropriate. “Historical” is defined as instances where documentation is not available, whether due to having been mislaid or not having been requested at the appropriate time; instances, for example, where interview panel paperwork has been mislaid or where reference checks were stored electronically and subsequently mislaid due to staff changes. Alternative documentation may include, for example, requesting a letter of endorsement where a reference check has been mislaid and contacting the awarding institution for proof of qualification where original certificates of qualification have been mislaid.
- 6.7. If any issues arise as a result of the FPPR process, an interview may be conducted by the Chair or their nominated Deputy. Further documentary evidence may be required to support this process and should be provided on request.
- 6.8. An FPPR self-declaration form and all associated documentation regarding FPPR will be retained on the individual’s personal file.
- 6.9. The Chair will be notified of specific issues of non-compliance with the FPPR and is the Responsible Officer for making an informed decision regarding the course of action to be followed.

7. FPPR Monitoring and Review

- 7.1. The Board of Directors is required to review, check and agree the outcome of the annual FPPR assessment of continued fitness and to record in the minutes of the meeting that due process has been followed. FPPR annual assurance will be formally addressed by the Board of Directors in the Quarter 4 meeting.
- 7.2. Assessment of all Directors' continued fitness is to be undertaken each year as part of their appraisal process and overseen by the Trust Director of Corporate Governance.
- 7.3. Appendix 9 and Appendix 10 set out the FPPR Assurance Trackers which will be used to provide assurance to the Board that the "Directors of the Service Provider" remain Fit and Proper people. This will be done at least annually, and whenever there is a change to the Board of Directors.
- 7.4. A FPPR process and review of all Director FPPR files will be undertaken at Quarter 4 each year.

8. References

Care Quality Commission, (January 2018). *Regulation 5: Fit and proper persons: directors, Guidance for providers and CQC inspectors.*

Care Quality Commission, *Regulation 5: Fit and proper persons: directors.*

NHS Employment Standards.

NHS Providers, (February 2018). *Fit and proper persons regulations in the NHS: what do providers need to know?*

Appendix 1 – Complying with FPPR at the Recruitment Stage



Complying with FPPR at the Recruitment Stage

Assurance process	Evidence	Responsibility for <i>obtaining</i> information	Responsibility for <i>storing</i> information	Where will information be stored
Recruitment check	<u>Process</u> <ul style="list-style-type: none"> – <i>Job description</i> – <i>Person specification</i> – <i>Application and/or CV and covering letter</i> – <i>Qualitative assessment and values-based questions, including copy of interview panel's questions and answers</i> – <i>Contract of Employment</i> 	HR Team (Recruitment Manager with supervision from Associate Director of People (Resourcing Hub))	HR Team (Recruitment Manager with supervision from Associate Director of People (Resourcing Hub)) Information is formally held on the individual's 'Fit and Proper Persons' file and should be sent to the Office of the CEO and Chair.	<ul style="list-style-type: none"> • Held electronically by HR Team • Paper copy held on individual's 'Fit and Proper Persons' file
Pre-employment check	<u>References</u> <ul style="list-style-type: none"> – <i>Post November 2014: 3 references required, one of which must be the most recent employer</i> 	HR Team (Recruitment Manager with supervision from Associate Director of People (Resourcing Hub))	As above	<ul style="list-style-type: none"> • Held electronically by HR Team • Paper copy held on individual's 'Fit and Proper Persons' file

Appendix 1 Complying with FPPR at the Recruitment Stage (page 2 of 6)

Assurance process	Evidence	Responsibility for obtaining information	Responsibility for storing information	Where will information be stored
Pre-employment check	<p><u>Proof of identity and right to work in UK</u></p> <ul style="list-style-type: none"> – <i>Proof of identity:</i> <ul style="list-style-type: none"> • <i>certified copy of photo ID and proof of address in accordance with NHS Employment Check Standards issued by NHS Employers</i> – <i>Right to work in UK: passport and/or birth certificate</i> 	HR Team (Recruitment Manager with supervision from Associate Director of People (Resourcing Hub))	As above	<ul style="list-style-type: none"> • Held electronically by HR Team • Paper copy held on individual's 'Fit and Proper Persons' file
Pre-employment check	<p><u>Proof of qualifications</u></p> <ul style="list-style-type: none"> – <i>Certified copy of certificates related to requirements included within the job description and qualifications verified</i> 	HR Team (Recruitment Manager with supervision from Associate Director of People(Resourcing Hub))	As above	<ul style="list-style-type: none"> • Held electronically by HR Team • Paper copy held on individual's 'Fit and Proper Persons' file
Pre-employment check	<p><u>Professional registration and qualification check</u></p> <ul style="list-style-type: none"> – <i>Certified copy of original registration and check of relevant professional regulator's register</i> 	HR Team (Recruitment Manager with supervision from Associate Director of People (Resourcing Hub))	As above	<ul style="list-style-type: none"> • Held electronically by HR Team • Paper copy held on individual's 'Fit and Proper Persons' file

Appendix 1 Complying with FPPR at the Recruitment Stage (page 3 of 6)

Assurance process	Evidence	Responsibility for <i>obtaining</i> information	Responsibility for <i>storing</i> information	Where will information be stored
Pre-employment check	<u>Occupational Health Assessment</u> – <i>Occupational health clearance and fit letter</i>	HR Team (Recruitment Manager with supervision from Associate Director of People (Resourcing Hub))	As above	<ul style="list-style-type: none"> • Held electronically by HR Team • Paper copy held on individual's 'Fit and Proper Persons' file
Pre-employment check	<u>Disclosure and Barring Scheme (DBS) check (where appropriate to the role)</u> – <i>DBS issue number recorded on file and check certificate where appropriate</i>	HR Team (Recruitment Manager with supervision from Associate Director of People (Resourcing Hub))	As above	<ul style="list-style-type: none"> • Held electronically by HR Team • Paper copy held on individual's 'Fit and Proper Persons' file
Pre-employment check	<u>Search of registers e.g. disqualified Directors, bankruptcy and insolvency</u>	Director of Corporate Governance	As above	<ul style="list-style-type: none"> • Paper copy held on individual's 'Fit and Proper Persons' file
Pre-employment check	<u>Google and news searches</u> – <i>Internet search results</i>	Director of Corporate Governance in liaison with Recruitment Agency (if used)	As above	<ul style="list-style-type: none"> • Paper copy held on individual's 'Fit and Proper Persons' file

Appendix 1 Complying with FPPR at the recruitment stage (page 4 of 6)

Assurance process	Evidence	Responsibility for obtaining information	Responsibility for storing information	Where will information be stored
On appointment check	<p><u>Completed Declaration Forms</u></p> <ul style="list-style-type: none"> - <i>Declaration of Interests Form</i> - <i>Professional Standards Authority Form</i> - <i>x2 Director Code of Conduct Forms (one for file and one to be retained by the individual)</i> - <i>Fit and Proper Person Self-Declaration</i> 	HR Team (Recruitment Manager with supervision from Associate Director of People (Resourcing Hub))	As above	<ul style="list-style-type: none"> • Held electronically by HR Team • Paper copy held on individual's 'Fit and Proper Persons' file • Paper copy held on individual's 'Fit and Proper Persons' file
On Appointment Check	<p><u>Other</u></p> <ul style="list-style-type: none"> - <i>Equalities Monitoring Form</i> - <i>Secondary Employment Form (Executive Directors Only)</i> 	Trust Director of Corporate Governance HR Team (Recruitment Manager with supervision from Associate Director of People)	As above	<ul style="list-style-type: none"> • Held electronically by HR Team • Paper copy held on individual's 'Fit and Proper Persons' file • Paper copy held on individual's 'Fit and Proper Persons' file

Appendix 1 Complying with FPPR at the Recruitment Stage (page 5 of 6)

Other considerations

- Where the Trust engages an interim appointment at a level equivalent to Director level posts, the same process will apply whether they are employed or registered as an external worker. Where an interim is sourced by an agency, the recruitment agency will be made aware of the FPPR process and must confirm that they have undertaken the employment history and reference checks. External search companies will provide relevant evidence to the Trust to be retained on file. This information should be collected by Human Resources and the complete records forwarded to the Director of Corporate Governance c/o Office of the CEO and Chair.
- Where a Trust deems the individual suitable despite not meeting the characteristics outlined in Schedule 4, Part 2 of the regulations, the reasons should be recorded and information about the decision should be made available to those who need to be aware, compliance check as follows:

Assurance process	Evidence	Responsibility for obtaining information	Responsibility for storing information	Where will information be stored
Recruitment Check	<p><u>Record that due process was followed for Freedom of Information Act purposes</u></p> <ul style="list-style-type: none"> – <i>Report and debate at the nomination committee(s)</i> – <i>Report to the Board</i> – <i>Decisions and reasons for decisions recorded in minutes</i> – <i>External advice sought as necessary</i> 	Trust Director of Corporate Governance	Information is formally held on the individual's 'Fit and Proper Persons' file and should be sent to the Office of the CEO and Chair.	<ul style="list-style-type: none"> • Paper copy held on individual's 'Fit and Proper Persons' file

Appendix 1 Complying with FPPR at the Recruitment Stage (page 6 of 6)

- Where a Trust deems an individual can be appointed to a role based on their qualifications, skills and experience with the expectation that they will develop specific competence to undertake the role within a specified timeframe, the Chair must provide formal approval and written documentation in advance of the appointment. Compliance check as follows:

Assurance process	Evidence	Responsibility for obtaining information	Responsibility for storing information	Where will information be stored
Recruitment Check	<p><u>Appropriate records held detailing the decision and outcome</u></p> <p><i>Discussions and records by the nominations committee(s)</i></p> <p><i>Discussion and decision at Board</i></p> <p><i>Minutes of Board</i></p> <p><i>Notes of appraisal and follow-up as part of continuing review</i></p>	Trust Director of Corporate Governance in liaison with the Chair.	Information is formally held on the individual's 'Fit and Proper Persons' file and should be sent to the Office of the CEO and Chair.	<ul style="list-style-type: none"> • Paper copy held on individual's 'Fit and Proper Persons' file

Complying with FPPR on an Ongoing Basis

Assurance process	Evidence and frequency of check*	Responsibility for obtaining information	Responsibility for storing information	Where will information be stored
Assessment of continued fitness	<u>Proof of identity</u> – <i>Certified copy of photo ID and proof of address, in accordance with NHS Employment Check Standards issued by NHS Employers</i> <i>*Annual requirement as part of the appraisal process</i>	Trust Director of Corporate Governance	Information is formally held on the individual's 'Fit and Proper Persons' file and should be sent to the Office of the CEO and Chair.	<ul style="list-style-type: none"> • Paper copy held on individual's 'Fit and Proper Persons' file
Assessment of continued fitness	<u>Professional registration and qualification check</u> – <i>Check of relevant professional regulator's register</i> <i>*Annual requirement as part of the appraisal process</i>	Trust Director of Corporate Governance	As above	<ul style="list-style-type: none"> • Paper copy held on individual's 'Fit and Proper Persons' file

Appendix 2 Complying with FPPR on an Ongoing Basis (page 2 of 4)

Assurance process	Evidence and frequency of check*	Responsibility for obtaining information	Responsibility for storing information	Where will information be stored
Assessment of continued fitness	<p><u>Search of registers e.g. disqualified Directors, bankruptcy and insolvency</u></p> <p><i>*Annual requirement as part of the appraisal process</i></p>	Trust Director of Corporate Governance	As above	<ul style="list-style-type: none"> Paper copy held on individual's 'Fit and Proper Persons' file
Assessment of continued fitness	<p><u>Disclosure and Barring Scheme (DBS) check (where appropriate to the role)</u></p> <p>– <i>DBS issue number recorded on file and check certificate where appropriate</i></p> <p><i>*Annual requirement as part of the appraisal process</i></p>	Trust Director of Corporate Governance in liaison with HR Team (Recruitment Manager with supervision from Associate Director of People (Resourcing Hub))	As above	<ul style="list-style-type: none"> Paper copy held on individual's 'Fit and Proper Persons' file

Appendix 2 Complying with FPPR on an Ongoing Basis (page 3 of 4)

Assurance process	Evidence and frequency of check*	Responsibility for obtaining information	Responsibility for storing information	Where will information be stored
Assessment of continued fitness	<p><u>Google and news searches</u></p> <ul style="list-style-type: none"> – <i>Internet search results</i> <p><i>*Annual requirement as part of the appraisal process</i></p>	Trust Director of Corporate Governance in liaison with the Communications Department (Communications Lead)	As above	<ul style="list-style-type: none"> • Paper copy held on individual's 'Fit and Proper Persons' file
Assessment of continued fitness	<p><u>Completed Declaration Forms</u></p> <ul style="list-style-type: none"> – <i>Declaration of Interests Form</i> – <i>Professional Standards Authority Form</i> – <i>x2 Director Code of Conduct Forms (one for file and one to be retained by the individual)</i> – <i>Fit and Proper Persons Self-Declaration</i> <p><i>*Annual requirement completed in Quarter 4</i></p>	Trust Director of Corporate Governance	As above	<ul style="list-style-type: none"> • Paper copy held on individual's 'Fit and Proper Persons' file

Appendix 2 Complying with FPPR on an Ongoing Basis (page 4 of 4)

Assurance process	Evidence and frequency of check*	Responsibility for <i>obtaining</i> information	Responsibility for <i>storing</i> information	Where will information be stored
Assessment of continued fitness	<p><u>Other</u></p> <ul style="list-style-type: none"> - <i>Record of Appraisal</i> - <i>Record of Supervisions</i> <p><i>*Annual requirement for appraisal</i></p> <ul style="list-style-type: none"> - <i>Secondary Employment Form (Executive Directors Only)</i> <p><i>* annual requirement completed in Quarter 4</i></p>	Trust Director of Corporate Governance	As above	<ul style="list-style-type: none"> • Paper copy held on individual's 'Fit and Proper Persons' file

Declaration of Interests Form – Board Directors

Full name:				
Position within Torbay and South Devon NHS Foundation Trust				
Detail of interests held (complete all that are applicable):				
Type of interest* see reverse of form	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest; include company details, registered office address, company number etc.) and position held	Date interest relates from and to dd-mm-yy		Actions to be taken to mitigate risk

Alternatively if you have no interests to declare, please state this below:

I do not have any interests to declare

The information submitted will be held by the Trust for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998 (General Data Protection Regulations). Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of 'decision making staff' (as defined in the statutory guidance on managing conflicts of interest for Trust) may be published in registers that the Trust holds.

Decision making staff should be aware that the information provided in this form will be added to the Trust's registers which are held in hardcopy for inspection by the public and published on the Trust's website. Decision making staff must make any third party whose personal data they are providing in this form aware that the personal data will held in hardcopy for inspection by the public and published on the Trust's website and must inform the third party that this information is held in line with the Trust's privacy policy.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the Trust in writing as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

Signed:	Dated:
----------------	---------------

Appendix 3 Declaration of Interests Form (page 2 of 2)

Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a Trust decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model; • A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A management consultant for a provider; or • A provider of clinical private practice. <p>This could also include an individual being:</p> <ul style="list-style-type: none"> • In employment outside the Trust; • In receipt of secondary income; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider; • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • Someone with special interests e.g., in a particular clinical field; • An active member of a particular specialist professional body (although routine of a Royal College, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An adviser for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE); • Engaged in a research role; • The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas.
Non-Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition, treatment for which it is provided by or commissioned through the Trust; • A member of a lobby or pressure group with an interest in health and care.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a Trust decision (as those categories are described above) for example, a:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close family member or relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend or associate; or • Business partner.

Please return this form to **The Director of Corporate Governance c/o Office of the CEO and Chair.**

Professional Standards Authority - Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England – and Nolan Principles

Name:	
Position within Torbay and South Devon NHS Foundation Trust:	

Personal behaviour

1. As a director of the Board, I commit to:

The values of the NHS Constitution

Promoting equality

Promoting human rights

In the treatment of patients and service users, their families and carers, the community, colleagues and staff, and in the design and delivery of services for which I am responsible.

2. I will apply the following values in my work and relationships with others:

- a. **Responsibility:** I will be fully accountable for my work and the decisions that I make, for the work and decisions of the Board, including delegated responsibilities, and for the staff and services for which I am responsible
- b. **Honesty:** I will act with honesty in all my actions, transactions, communications, behaviours and decision-making, and will resolve any conflicts arising from personal, professional or financial interests that could influence or be thought to influence my decisions as a Board member
- c. **Openness:** I will be open about the reasoning, reasons, and processes underpinning my actions, transactions, communications, behaviours, and decision-making and about any conflicts of interest
- d. **Respect:** I will treat patients and service users, their families and carers, the community, colleagues and staff with dignity and respect at all times
- e. **Professionalism:** I will take responsibility for ensuring that I have the relevant knowledge and skills to perform as a Board member and that I reflect on and identify any gaps in my knowledge and skills, and will participate constructively in appraisal of myself and others. I will adhere to any professional or other codes by which I am bound
- f. **Leadership:** I will lead by example in upholding and promoting these Standards, and use them to create a culture in which their values can be adopted by all
- g. **Integrity:** I will act consistently and fairly by applying these values in all my actions, transactions, communications, behaviours, and decision-making, and always raise concerns if I see harmful behaviour or misconduct by others.

Appendix 4 Professional Standards Authority Form (page 2 of 4)

I will also uphold the Seven Principles of Public Life (the Nolan Principles), which are:

1. **Selflessness:** Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.
2. **Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
3. **Objectivity:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
4. **Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
5. **Openness:** Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
6. **Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
7. **Leadership:** Holders of public office should promote and support these principles by leadership and example.

Technical Competence

3. As a director of the Board, for myself, my organisation, and the NHS, I will seek:

Excellence in clinical care, patient safety, patient experience, and the accessibility of services

To make sound decisions individually and collectively

Long term financial stability and the best value for the benefit of patients, service users, and the community.

4. I will do this by:

- Always putting the safety of patients and service users, the quality of care, and patient experience first, and enabling colleagues to do the same
- Demonstrating the skills, competencies, and judgement necessary to fulfil my role, and engaging in training, learning, and continuing professional development
- Having a clear understanding of the business and financial aspects of my organisation's work and of the business, financial, and legal contexts in which it operates

Appendix 4 Professional Standards Authority Form (page 3 of 4)

- Making the best use of my expertise and that of my colleagues while working within the limits of my competence and knowledge
- Understanding my role and powers, the legal, regulatory, and accountability frameworks and guidance within which I operate, and the boundaries between the executive and the non-executive
- Working collaboratively and constructively with others, contributing to discussions, challenging decisions, and raising concerns effectively
- Publicly upholding all decisions taken by the Board under due process for as long as I am a member of the Board
- Thinking strategically and developmentally
- Confidently and competently using data and other forms of intelligence, including patient complaints and feedback, to improve the quality of care
- Understanding the health needs of the population I serve
- Reflecting on personal, Board, and organisational performance, and on how my behaviour affects those around me; and supporting colleagues to do the same
- Looking for the impact of decisions on the services we and others provide, on the people who use them, and on staff
- Listening to patients and service users, their families and carers, the community, colleagues, and staff, and making sure people are involved in decisions that affect them
- Communicating clearly, consistently and honestly with patients and service users, their families and carers, the community, colleagues, and staff, and ensuring that messages have been understood

Business Practices

5. As a director, for myself and my organisation, I will seek:

**To ensure my organisation is fit to serve its patients and service users, and the community
To be fair, transparent, measured, and thorough in decision-making and in the management of public money**

To be ready to be held publicly to account for my organisation's decisions and for its use of public money.

6. I will do this by:

- Declaring any personal, professional, or financial interests and ensuring that they do not interfere with my actions, transactions, communications, behaviours, or decision-making, and removing myself from decision-making when they might be perceived to do so
- Taking responsibility for ensuring that any harmful behaviour, misconduct, or systems weaknesses are addressed and learnt from, and taking action to raise any such concerns that I identify

Appendix 4 Professional Standards Authority Form (page 4 of 4)

- Ensuring that effective incident reporting, disclosure, complaints, and whistleblowing procedures are in place and in use
- Condemning any practices that could inhibit or prohibit the reporting of concerns by members of the public, staff, or Board members about standards of care or conduct
- Ensuring that staff provide high quality care in a listening, supportive, learning environment
- Ensuring that patients and service users and their families have clear and accessible information about the choices available to them so that they can make their own decisions
- Respecting patients' rights to consent, privacy and confidentiality, and access to information, while enabling the legitimate sharing of information between care teams and professionals for the purposes of a patient's direct care
- Being open about the evidence, reasoning, and reasons behind decisions about budget, resource, and contract allocation
- Seeking assurance that my organisation's financial, operational, and risk management frameworks are sound, effective, and properly used, and that the values in these Standards are put into action in the design and delivery of services
- Ensuring that my organisation's contractual and commercial relationships are honest, legal, regularly monitored, and compliant with best practice in the management of public money
- Working in partnership and co-operating with local and national bodies to support the delivery of safe, high quality care
- Ensuring that my organisation's dealings are made public, unless there is a justifiable and properly documented reason for not doing

To justify the trust placed in me by patients, service users, and the public, I will abide by these Standards at all times when at the service of the NHS.

I understand that care, compassion and respect for others are central to quality in healthcare; and that the purpose of the NHS is to improve the health and well-being of patients and service users, supporting them to keep mentally and physically well, to get better when they are ill and, when they cannot fully recover, to stay as well as they can to the end of their lives.

I understand and am committed to the practice of good governance and to the legal and regulatory frameworks in which they operate. I also understand the extent and limitations of my personal responsibilities.

Signed:	Dated:
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*Please return this form to **The Director of Corporate Governance c/o Office of the CEO and Chair.***

Director Code of Conduct

Introduction

High standards of corporate and personal conduct are an essential component of public services. As an NHS Foundation Trust, Torbay and South Devon NHS Foundation Trust ('the Trust') is required to comply with the principles of best practice applicable to corporate governance in the NHS/health sector and with any relevant code of practice. The purpose of this Code is to provide clear guidance on the standards of conduct and behaviour expected of all Directors (in addition to the standard for employees set out in the Trust's standards of business conduct).

This Code, with the NHS Constitution, the Trust's Standing Orders, Scheme of Delegation, Standing Financial Instructions and Standards for Business Conduct, form a framework designed to promote the highest possible standards of conduct and behaviour within the Trust. It applies at all times when Directors are carrying out the business of the Trust or representing the Trust. The Board of Directors is collectively responsible for the exercise of its powers and the performance. The Code informs and governs the decisions and conduct of all Directors.

General Principles

Trust Boards of Directors have a duty to conduct business with probity, to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.

The general duty of the Board of Directors and of each Director individually is to act with a view to promoting the success of the organisation so as to maximise the benefits for the members of the local community and for the wider public. The Board of Directors therefore undertakes to set an example in the conduct of its business and to promote the highest corporate standards of conduct:

- To act in the best interests of the Trust and those it serves and actively support the development and implementation of the Trust's vision and aims.
- To participate fully in the work of the Board of Directors, attending meetings on a regular basis and engaging in other Board activity, such as development and stakeholder engagement.
- To recognise the unitary nature of the Board which takes collective responsibility for the performance and decisions of the Trust and supports and assists the Accounting Officer in his/her duty to answer to regulators, commissioners, public, patients and stakeholders.
- To recognise the differing roles of the Chair, Chief Executive, Executive Directors and Non-Executive Directors.
- To raise concerns and provide appropriate challenge regarding the running of the Trust or a proposed action where appropriate, taking advice if needed.
- To adhere to good practice in the conduct of meetings and respecting the views of others.
- To accept responsibility for performance, effectiveness, learning and development of the whole Board and as an individual Director of the Board.

Confidentiality and Access to Information

Directors must comply with the Trust's confidentiality policies and procedures and Directors must not disclose any confidential information, except in specified lawful circumstances. Information on decisions made by the Board of Directors and information supporting those decisions should be made available in a way that is understandable. Positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000 and other applicable legislation; no-one should be prevented from gaining access to information to which they are legally entitled.

Appendix 5 Director Code of Conduct Form (page 2 of 3)

The Trust has adopted policies and procedures to protect confidentiality of personal information and to ensure compliance with the Data Protection Act (and General Data Protection Regulations), the Freedom of Information Act and other relevant legislation which will be followed at all times by the Board of Directors and all those who work for the Trust.

Register of Interests and Conflicts of Interest

Directors are required to register all relevant interests on the Trust's register of interests and it is the responsibility of each Director to update their register entry when their interests change. Failure to register a relevant interest in a timely manner will constitute a breach of this Code.

Directors have a statutory duty to avoid a situation in which they have (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust. Directors have a further statutory duty not to accept a benefit from a third party by reason of being a Director or for doing (or not doing) anything in that capacity. Interests can be financial, non-financial, professional, personal, direct or indirect.

The Chair will advise Directors in respect of any conflicts of interest that arise during meetings of the Board of Directors, including whether the interest is such that the Director should withdraw from the meeting for the period of the discussion. In the event of disagreement, it is for the Board of Directors to decide whether a Director must withdraw from the meeting. The Trust Director of Corporate Governance will provide advice on any conflicts that arise between meetings.

Gifts and Hospitality

The Board of Directors will set an example in the use of public funds and the need for good value in incurring public expenditure which must comply with the Trust's Standards for Business Conduct and the Bribery Act. The use of Trust funds for hospitality and entertainment, including hospitality at conferences or seminars, will be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector. The Board of Directors is conscious of the fact that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage the reputation of the Trust in the eyes of the community.

Freedom to Speak Up (Whistle-blowing)

The Board of Directors acknowledges that staff must have a proper and widely publicised procedure for voicing complaints or concerns about maladministration, malpractice, breaches of this code and other concerns of an ethical nature. The Board of Directors has adopted a policy on raising matters of concern which will be followed at all times.

Personal Conduct

Directors are expected to conduct themselves in a manner that reflects positively on the Trust and not in a way that could reasonably be regarded as bringing their office or the Trust into disrepute. Directors should also remember that the Trust is an apolitical organisation. Directors are expected:

- To uphold the Trust's values and operate with honesty, integrity and probity.
- To accept responsibility for their own actions.
- To value and respect others, treating them with fairly and with dignity and to discrimination.
- To operate within the Trust's policy framework and within the codes and standards expected of Directors of an NHS Board.
- Not to use their position for personal advantage or seek to gain preferential treatment; nor seek improperly to confer an advantage or disadvantage on any other person.
- Not to make, permit or knowingly allow to be made, any untrue or misleading statement(s) about the Trust, its work, or the Board of Directors.

Appendix 5 Director Code of Conduct Form (page 3 of 3)

To remain a Fit and Proper Person as defined by Regulation 5 of the Care Quality Committee (see separate declaration).

DECLARATION

I confirm that I have read and understood this Code of Conduct.

With my signature below, I declare that I will abide by its provisions and immediately bring to the attention of the Trust any matter which renders me unable to make or maintain this declaration.

I understand that I must make this declaration on appointment and annually.

Name:		Designation:	
Signature:		Date:	

*Please return this form to **The Director of Corporate Governance c/o Office of the CEO and Chair.***

Appendix 6 – FPPR Self-Declaration Form



THE FIT AND PROPER PERSONS – SELF-DECLARATION FORM

1. Board roles in the NHS are positions of significant public responsibility and it is important that those appointed can maintain the confidence of the public, patients and NHS staff. The Trust has a duty to ensure that those who serve on the Board are of good character, will ensure an open and honest culture across all levels of the organisation. The “Fit and Proper Person” requirements are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
2. By signing the declaration below, you are confirming that you are a “fit and proper person” outlined at (2), that you do not fall within any of the categories outlined at (4) or (5) below and that you are not aware of any pending proceedings or matters which may call such a declaration into question in the future.
3. The regulations require that you are:
 - (a) of good character;
 - (b) have the necessary qualifications, competence, skills and experience, and
 - (c) are able by reason of your health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position.
4. Do any of the following conditions apply to you? Please confirm that you are not:
 - (a) a person who has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence;
 - (b) a person who has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals;
 - (c) an undischarged bankrupt, or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged;
 - (d) the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
 - (e) a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40);
 - (f) a person who has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
 - (g) included in the children’s barred list or the adults’ barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;
 - (h) a person who has been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.

Appendix 6 FPPR Self-Declaration Form (page 2 of 2)

5. In addition, the following conditions **disqualify** you from appointment as a **Chair or Non-Executive Director** of an NHS Trust. However for all those who serve on the Board, even those who serve in an Executive capacity, we ask you to confirm that you are not:
- (a) an employee of the NHS Trust with the vacancy; **Non-Executive Directors only**
 - (b) a Chair or member of the Governing Body of a Clinical Commissioning Group, or employees of such group;
 - (c) a serving MP nor MEP or a candidate for election as MP or MEP;
 - (d) a person who has been dismissed (except by redundancy) by any NHS body;
 - (e) a person whose earlier appointment as Chair or Non-Executive Director of an NHS trust was terminated;
 - (f) under a disqualification order under the Company Directors Disqualification Act 1986, and / or
 - (g) a person who has been removed from trusteeship of a charity.

DECLARATION

NON-EXECUTIVE MEMBERS OF THE BOARD:

I confirm that I do not fit within any of the categories listed at sections 4 or 5 and that there are no other grounds under which would make me ineligible. I undertake to notify the Trust immediately of any change of circumstances that may affect my eligibility to remain in post.

EXECUTIVE MEMBERS OF THE BOARD:

I confirm that I do not fit within any of the categories listed at sections 4 or 5 (with the exception of 5a) and that there are no other grounds under which would make me ineligible. I undertake to notify the Trust immediately of any change of circumstances that may affect my eligibility to remain in post.

I wish to declare the following information which may be relevant to my eligibility for this role:

.....
.....
.....

SIGNATURE:

NAME:

DESIGNATION:

DATE:

Please return this form to The Director of Corporate Governance c/o Office of the CEO and Chair.

Equalities Monitoring Form

Name	
Date completed	
Age	<input type="checkbox"/> Under 21 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-64 <input type="checkbox"/> 65 and over <input type="checkbox"/> I do not wish to disclose this
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (Male) <input type="checkbox"/> Transgender (Female) <input type="checkbox"/> I do not wish to disclose this
Marital status	Are you married or in a same sex civil partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this

Race relations (Amendment) Act 2000

I would describe my ethnic origin as:	
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Vietnamese <input type="checkbox"/> Any other Asian background Please specify: <input style="width: 100%;" type="text"/>	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background Please specify: <input style="width: 100%;" type="text"/>
Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> Somali African <input type="checkbox"/> Other African <input type="checkbox"/> Any other Black background Please specify: <input style="width: 100%;" type="text"/>	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background Please specify: <input style="width: 100%;" type="text"/> <input type="checkbox"/> I do not wish to disclose this

Disability

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this
Please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other' and specify the type of impairment:	

<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> I do not wish to disclose this	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other Please specify:
--	--

Appendix 7 Equalities Monitoring Form (page 2 of 2)

Please select the option which best describes your sexuality		
<input type="checkbox"/> Lesbian/Gay woman <input type="checkbox"/> Gay man <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> I do not wish to disclose this	
Please indicate you religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> I do not wish to disclose this	<input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other Please specify: <table border="1" style="width: 100%; height: 20px; margin-top: 5px;"> <tr> <td> </td> </tr> </table>	
Do you provide care on a substantial and regular basis, for a family member or friend who needs care/ help/ support because of sickness, frailty or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this		

Please return this form to The Director of Corporate Governance c/o Office of the CEO and Chair.

Secondary Employment Form – Executive Directors

Torbay and South Devon NHS Foundation Trust employees must complete this form if they undertake any paid or unpaid work in addition to their Contract of Employment with the Trust. Further information can be found in the Working Time Regulations and Standards of Business Conduct policies. Executive Directors should update this form **annually** and submit it to their line manager for review and discussion.

Personal Information:

Name:	Contact No:
Position and hours worked:	Grade:
Line Manager:	Contact No:

Declaration

I confirm that I **do/do not*** have any secondary employment to declare (* delete as appropriate)

If you do not have any secondary employment to declare still sign and date the form below (under employee signature).

Please provide full details of your proposed/actual secondary/additional employment:

Name of Employer:	
Line Manager:	Contact No:
Have you already started this job? Yes / No*	
If so when did you start this job? (please give date)	
Is this paid or unpaid secondary employment? Paid / Unpaid*	
Nature of Work (<i>Brief description of duties and responsibilities</i>)	
Proposed/actual working days/hours (include details of actual days/hours worked or details of shift work pattern)	

Appendix 8 Secondary Employment Form – Executive Directors (page 3 of 3)

Manager’s response

I have reviewed the information provided in respect of the employee’s secondary employment request.

I have / have not* advised the employee that their proposed secondary employment conflicts with (* delete as appropriate)

- ***The interests of the Trust;***
- ***The performance of normal duties within the Trust; and***
- ***The requirements of the Working Time Regulations.***

and that their pursuance of said secondary employment may lead to disciplinary action.

State reason for conflict

.....
.....
.....
.....
.....
.....
.....

Manager’s signature:

Signed _____ Dated _____

Print Name _____

Please return this form to: The Director of Corporate Governance c/o Office of the CEO and Chair.

Appendix 10 – FPPR Assurance Tracker – Ongoing Basis

		Professional Registration	Occupational Health Questionnaire	Occupational Health Fit Letter	DBS – Standard or Enhanced Check	Identity documents certified and passed to HR for processing DBS	DBS Certificate Number (Entered on completion)	Search of Registers & Financial Check	Google and News Searches	
SURNAME	FORENAME									
SURNAME	FORENAME									
SURNAME	FORENAME									
SURNAME	FORENAME									
SURNAME	FORENAME									
SURNAME	FORENAME									
SURNAME	FORENAME									
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SURNAME	FORENAME									
SURNAME	FORENAME									
SURNAME	FORENAME									
		Non-Executive Director						Executive Director		

