



Torbay and South Devon
NHS Foundation Trust

Public Board of Directors

Date: Wednesday 22nd February 2023

Time: 11.30 am – 2 pm

Pomona House
Oak View Close
Torquay
TQ2 7FF

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TSDFT Public Board of Directors

22/02/2023 11:30 - 14:30

Agenda Topic	Presenter	Time	Page
Cover Sheet			1
Agenda			2
1. Welcome and Introductions			
2. Preliminary Matters			4
2.1 Apologies for Absence and Quoracy	Ch		
2.2 Declaration of Interests	Ch		
2.3 Board Corporate Objectives	Ch		4
3. Patient Experience Story - Paignton & Brixham	CN	11:30-11:50	
Note			
4. Consent Agenda (Pre Notified Questions)			5
4.1 Committee Reports			5
4.1.1 Quality Assurance Committee - 28 November 2022	S Walker-McAllister		5
Receive and Note			
4.1.2 Finance Performance and Digital Committee Chair's Report - 23 January 2023	R Crompton		10
Receive and Note			
4.1.3 Building a Brighter Future Committee Chair's Report - 15 February 2023	C Balch		14
Receive and Note			
4.2 Reports from Executive Directors (for noting)			16
4.2.1 Chief Operating Officer's Report - February 2023	COO		16
Receive and Note			
5. For Approval			29

5.1	Unconfirmed Minutes of the Meeting held on the 25 January 2023 and Outstanding Actions	Ch	11:50-12:00	29
	Approve			
6.	For Noting			44
6.1	Report of the Chairman	Ch	12:00-12:15	
	Receive and Note			
6.2	Chief Executive's Report	CEO	12:15-12:30	44
	Receive and Note			
7.	Safe Quality Care and Best Experience			55
7.1	Integrated Performance Report (IPR): CPO Month 10 2022/23 (January 2023 data)		12:30-12:50	55
	Receive and Note			
7.2	Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training	MD	12:50-13:05	80
	Receive and Note			
8.	Valuing our Workforce			
8.1	No agenda items			
9.	Improved Well Being through Partnerships			84
9.1	Update of the Building a Brighter Future	DTP	13:05-13:20	84
	Receive and Note			
10.	Well-Led			88
10.1	Capital investment and property business case approval guidance	DCEO/CFO	13:20-13:40	88
	Approve			
10.2	Council of Governors and Board Engagement Policy	CEO	13:40-13:50	128
	Approve			
10.3	Quality Assurance Committee Terms of Reference	CEO	13:50-14:00	143
	Approve			
11.	Compliance Issues			
12.	Any other business notified in Advance			
13.	Date and time of Next Meeting - 11.30am, Wednesday 29 March 2023			

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'.



Torbay and South Devon
NHS Foundation Trust

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

Meeting date:	28 November 2022
Report by:	Siân Walker-McAllister (deputising for Jacqui Little)
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: The Committee received reports on the following issues and key decisions/ discussion is highlighted below: <ol style="list-style-type: none"> 1. Board Assurance Framework and Corporate Risk Register 2. Maternity Governance and Safety Report & Ockendon Insight Visits Report 3. Trust Mortality Scorecard 4. CQC Assurance Report 5. Patient Safety Report 6. Adult Social Care Report 7. Annual Reports on Medicines Optimisation, End of Life and Research & Development 8. CQC NHS Patient Experience Surveys 9. Deep Dive Service Reviews – patients with complex mental health needs 	
Key decision(s)/recommendations made by the Committee: <ol style="list-style-type: none"> 1. BAF <ul style="list-style-type: none"> • Agreed that the risk scores for corporate level risks attached to the quality objective needed reviewing as it was felt they could be too low. • Many risks duplicated across several areas which was leading to confusion around lead responsibility - to be resolved. • Rationale for risk level in respect of sub-optimal capacity/capability in the clinical governance and quality assurance framework was raised, alongside the need for assurance that correct data was being provided to inform decision-making. • Output from staff surveys could be used as mitigations, and triangulation with workforce and the impact on patient experience and quality. Suggestion that patient quality and experience might need to be separated. 	

2. **Maternity Governance and Safety Report & Ockendon Insight Visits Report** - this report was presented to the main October Board of Directors and presented to the QAC retrospectively.

Ockenden Insights Visit Feedback

- Regional & National team visited in July to review compliance against the recommendations detailed in the first Ockenden Report with a positive outcome, however there was still work to do to ensure the recommendations were fully embedded within the Trust.
- Need to implement recommendations contained in the East Kent Report 'Reading the Signals'.
- Noted that the Obstetric Service was currently experiencing some unexpected sickness across 4-5 key staff members.
- Noted that the culture of the Maternity Unit was now much more positive.
- Availability of capital funding to undertake refurbishment of the Unit was queried and the need for the refurbishment was being raised at every opportunity.
- Noted that learning from work in Maternity and how it was shared across the Trust required some more work, however themes from complaints were regularly reviewed and shared.

3. **Mortality Score Card November 2022**

- Hospital Standardised Mortality Rate (HSM) 12 month rolling score of 115 - peer comparison data included data from whole region, with 11 Trusts having raised HSMR scores. Thus, the data presented, provided a false assurance that the Trust's score was not elevated compared to others.
- Some data suggested that number of deaths was lower than expected, which was at variance with other data and work was taking place to understand why, including a review of coding, in particular around comorbidities.
- Work was also ongoing to understand the impact of long waits in ED, in particular on the Trust's HSMR data.
- Noted that 7 people with learning disabilities had sadly died since April. Work taking place to understand the background to the deaths through the Learning Disabilities Mortality Review (LeDeR) process.
- Concern raised around length of time taken to process death certificates and a suggestion that this was due to Medical Examiners process. Recent delays tended to be certificates not being processed quickly enough on the wards or through the Bereavement Team.
- Noted that the Trust's HSMR position was elevated at the same time that ambulance delays started to occur, alongside a significant reduction in staffing in community and domiciliary care. It was therefore suggested that the rise in mortality could be linked to the increased number of patients with complex health needs being admitted since July 2021.

4. **CQC Assurance Group Report (Objective 1)**

- Progress made against recommendations following most recent CQC visits with a focus on statutory mandatory training
- Good progress made around nutrition and hydration with improvements in compliance levels.

- Work undertaken leading to transformation on Forrest Ward and still some work to be done to improve the culture on EAU4, including need to appoint a substantive ward manager. Also a need to change focus of the ward shortly being rebadged as a respiratory ward and renamed Midgley Ward.

5. Patient Safety Report

- Key areas of escalation were stroke; 12 hour trolley waits; and governance and oversight around the management of patient safety incidents.
- Over 1000 **Patient Safety Incidents** remained open over 28 days. Work was taking place to close incidents, and ensure the system was being used appropriately.
- Number of **12 Hour Trolley Waits** starting to reduce, work was taking place to understand if any harm had been caused as a result of waits.
- **Stroke** performance is deteriorating. Trust did not have a dedicated stroke ward, but dedicated beds as part of the care of elderly medical ward, presenting problems in terms of access to beds, resulting in patients waiting for long periods in the Emergency Department; on ambulances; or being placed in inappropriate settings and therefore not receiving the specialist care quickly enough. Peer review in August 2022, identified a number of high risk areas for the Trust around the stroke model and pathway, in particular the lack of a dedicated stroke ward; senior consultant time; and competencies/ skills. Recommendations for improvement being pursued to ensure the national standards are met; however, resolution may only be achieved through a system-wide response.
- Agreed to a deep dive on stroke would at January Quality Assurance Committee.

6. Adult Social Care Report

- The team had 3 key performance indicators agreed with Torbay Council as follows:
 - Percentage of adults with learning disabilities in employment – target 7.2%, performance 7.9%
 - Percentage of adults in contact with secondary mental health services in settled accommodation – target 61.9%. Data not currently available due to ransomware attack that impacted Devon Partnership Trust (DPT).
 - Percentage of safeguarding enquiries closed with consent to feedback – target 20%, performance 28.8%
- Torbay below national benchmark for number of people in receipt of direct payments. Work was taking place to improve this figure.
- Number of permanent admissions (age 18-64) to care homes decreasing since August 2022. and a slight decrease for the 65+ age group in October. Noted continued challenges in the care provider market as a result of inflationary pressures; recruitment challenges; and market fragility.
- Fair cost of care exercise completed - output of the exercise had not yet been received.
- Increase in number of safeguarding concerns and enquiries received compared to same reporting period in 2021.
- Torbay had lowest proportion of granted Deprivation of Liberty (DoLs) applications in its comparator group, however in line with the rest of the South West. A number of best interest assessor vacancies.
- Work taking place around care market development was queried. Discussions around which organisation should lead on market management and in particular resolution of quality issues across the market.

- Noted a need for more social workers to be based in hospital services to facilitate discharges. and a need to make more use of community and voluntary services so that people could be signposted to them rather than into the social care.
- The LeDeR process (learning from the recent deaths of patients with learning disabilities) and a feedback report is due. Acknowledged that the Trust needed to review its own processes in terms of internal reviews following deaths of any clients with learning disabilities.
- The Committee discussed overlap between quality and workforce and how this could be aligned between the Quality Assurance Committee and the People Committee.

7. Annual Reports

- Medicines Optimisation – work to achieve greater collaboration with wards across the Trust was identified with a need for better communication with the Pharmacy Team; exemplar work on Simpson Ward with the Ward Pharmacist/ Ward Matron working better together on delivery of Parkinson medication; work with junior doctors on improved understanding about Pharmacy team work, need for an electronic prescribing system to improve the delivery of drugs to wards; concerns around high number of stock levels of drugs/ controlled drugs on wards.
- End of Life Annual Report 2021/22 - detailed compliance with CQC recommendations following their review in 2018; areas of improvement identified in response to national audit off end of life care; care planning work undertaken with Rowcroft Hospice and development of resource pack for professionals/ patients to support the end of life process; Trust compliance with Mental Capacity Act training, at most levels
- Research and Development Annual Report 2021/22 - 5 Datix reportable, and 3 non-reportable incidents in 2021/22; regular reviews of the Trust's research programme; staff turnover rate of 22.9%; benefits of being a research active organisation enabled lessons learnt across the Trust; but a number of factors were affecting whether the Trust could remain a research active organisation, the most important of which were availability of financial resources and of workforce to be involved in research, due to factors such as the need to manage clinical backlogs and service pressure. The Team was having to turn down studies due to the factors described above.
There was a national decline in research activity in the UK.

Work taking place to mitigate these risks including the need to increase lobbying at a national level; a better longer term funding model for research; developing a bank research staffing pool; and exploring outsourcing. Agreed need for the Trust to support R&D and incentivise clinicians to undertake research alongside their roles. Access to research opportunities for nurses, midwives and Allied Health professionals also discussed, with the creation of the 'clinical nurse fellow' role. Engagement of the Workforce Team to support recruitment to the R&D Team was raised. Suggested the Trust could adopt a more commercial model for some of its research, so that it was self-funding, alongside a model that required consultants to undertake an element of research as part of their role. In response to this suggestion, the Committee noted that the consultant job planning process was aligned to clinical demand which included the need to manage the Trust's backlog alongside increased demand and increased vacancies.



8. CQC NHS Patient Experience Surveys

- Response rate of 48%, a 2% increase from the previous year
- Trust had performed around the same for 33 of 49 questions; eight somewhat better than expected; four better than expected; and two worse than expected.
- The top 5 areas were in relation to changing wards and explanation to patients, help with food/eating; support after hospital from health/social care; knowing who to contact with concerns about care and treatment after hospital.
- The bottom five areas were in relation to length of time on waiting list, bed waits following arrival; being asked for views on quality of care, sleep prevention and noise, privacy to discuss issues with hospital staff.
- An communication plan was in place to share the output of the survey with staff and an action plan was in the process of being agreed.

10. Deep Dive Service Reviews – patients with complex mental health needs

- People with mental health issues being treated for physical disorders were seriously disadvantaged.
- There was a high incidence of mental health illness in Torbay.
- CQC had outlined steps for providers to take to improve the quality of care for people with mental health needs including: system-wide changes; trust-level changes; and support for staff.
- CQC introduced a new Key Line of Enquiry to test if people's physical, mental health and social needs were being holistically assessed. These included the need for trusts to have a mental health strategy; safe rooms in emergency departments; and clear governance processes to administer and monitor the Mental Health Act. Staff support included appropriate training being provided and better support for staff wellbeing.
- Proposed that a 'living' strategy document be developed and delivered through the establishment of a Mental Health Steering Group.
- Difficulties in obtaining the data to help inform the strategy document as the data set was not something that had been collected in the past. This was now being resolved.
- Trust's current offer of training not valued or accessible by staff. An in-depth review would identify where and how training could be provided to ensure it was accessible and valued by staff.
- Work was taking place to recognise the impact of managing chronic disease on mental health and to provide self-care advice to patients.



Torbay and South Devon
NHS Foundation Trust

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

Committee meeting date:	23 January 2023
Report author + date:	Richard Crompton, Non-Executive Director 15 February 2023
This report is for: (please select one box)	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: (please select one or more boxes as appropriate)	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 (please select one box)	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Board

Board Assurance Framework

The Committee received the BAF and risk register and a deep dive on the performance risk (risk 5). The Committee reiterated the need to review the target risk score against the Financial Sustainability objective to reflect the caution that needed to be taken in respect of the Trust's financial position, and it was suggested a similarly cautious approach needed to be taken with respect to the digital and cyber resilience objective.

With respect to the deep dive, the Committee noted that a return to normal operational performance would take a number of years. In the short term, focus was on patient flow and waiting list management.

The Committee heard the detail of the governance arrangements around operational performance both internally and at system and regional level, and the susceptibility of corrective actions to adverse impacts, in particular infection control.

The Committee sought assurance about the effectiveness of the meetings that scrutinised operational performance. It was noted that improvements had been made, and continued to be made to the Trust's operational structure to ensure it was effective. This included a review of the Integrated Service Unit span of control.

Investment

Capital

The Committee received and endorsed the proposed Capital Strategy. This summarised the Trust's capital investment principles; governance routes; national and system capital



funding strategies; the Trust's 5 year capital programme and plan development; and proposed Capital Prioritisation Strategy.

The Capital Investment Principles were as follows: Investment to maintain and improve our assets; Investment to save and increase productivity; Investing for sustainable and inclusive activity growth; Risk aware investment.

In reviewing the prioritisation approach, the Committee noted the following order of priorities:

- Segment 1 – EPR and NHP enabler
- Segment 2 – Rolling replacement/maintenance programme (subject to local risk assessments)
- Segment 3 – Other investment decisions (subject to investment prioritisation and business cases)
- Segment 4 – Capital programme central contingency

In terms of in-year capital delivery, the Committee noted that the current year to date capital expenditure position was behind plan and a stepped increase in monthly spend would be required in order to deliver the full year planned programme.

The Committee also reviewed a case to release a further £3.0m of funding to enable the continued progression of the Elective Recovery Capital scheme. This was approved following a discussion on the risks and benefits of the approach.

Revenue

The Committee received the Financial Framework 2023/24, which set out the financial framework for 2023/24, which had been developed with the Integrated Care Board and system partners.

The framework detailed a revised underlying 2022/23 exit deficit position £56.2m (less non recurrent and normalising adjustments), and a draft position for next year had been calculated to be a £61.1m, taking into account allocations on inflation and efficiency, investments, mitigations and savings.

The ICB had asked Trusts to consider how they could manage their positions to a maximum of a £18.6m deficit (no worse than the 2022/23 forecast outturn). The Committee discussed potential areas of opportunity to reduce spend, which were deemed to be high risk – including a £42.6m recurrent minimum efficiency/cost improvement requirement in 2023/24 and an additional £9.3m income assumptions with no formal confirmation.

The Committee was concerned as to the short timescales to reach agreement on the financial framework for 2023/24 and the scale of the plan for the coming financial year, and emphasised the need to take account of the redesign of activity to help drive efficiencies and increase income. Reviewing activity and finances together would help to drive improved productivity.

The Committee discussed the messaging of the Trust's position and actions being taken, and were reassured that a communications and engagement plan was being discussed.



Performance

The Committee received the Integrated Performance Report, noting the following:

- The Trust had experienced a number of infection control issues, resulting in a closure of beds in the acute hospital and community. The Trust's bed occupancy had been over 100% when infection rates were high, impacting significantly on urgent care performance
- Improvements had been made to the number of discharges achieved, ambulance hours lost, and 12 hour trolley waits.
- The number of discharges before noon had begun to improve both during the week and at weekends as infections fell.

The Committee was briefed on the Tier 1 performance regime, whereby the Trust was required to have no 104 week waits by the end of the financial year. The target for the end of January was 18, with 21 on the waiting list, 22 in February and 24 on the waiting list. Action was being taken to try to ensure the Trust met the end of year target.

In respect of 78 week waits, steady progress was being made to reduce numbers, with a target of zero at the end of the financial year. The Trust was predicting that it would have 196 patients (urology, colorectal and ENT) waiting over 78 weeks at the end of the financial year and work was taking place to ascertain if the target could be met.

The Committee acknowledged that, moving forward, the Trust needed to focus its attention on actions that would ensure it could exit the System Oversight Framework regime as soon as possible.

Other matters.

The Committee also received the following items:

- Health Informatics Board Terms of Reference
- Quarterly Treasury Report and Adult Social Care Debt report
- Commercial Pipeline Quarterly Report
- Clinical Coding Update
- Surplus Land Return 2022.23, Quarter 3
- Integrated Governance Group Emerging Risks
- Torbay Pharmaceuticals (TP) Monthly Report
- Estates & Facilities Management Strategic Performance Update
- IM&T Group Summary Report

Key decision(s)/recommendations made by the Committee

Approved:

- Trust Capital Strategy
- Release of £3m capital to accelerate the elective recovery capital scheme



Torbay and South Devon
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Escalating:

- Further development work needed on the BAF and Risk Appetite
- Significant pressure around financial and operational planning for 2023/24
- Visibility of risks within the CFHD service

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

Meeting date:	15 th February 2023
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 (February 2023): <ol style="list-style-type: none"> 1. The Committee received the regular report on the risks associated with the BBF Programme. This continues to be developed to identify ongoing issues and key dependencies facing the Programme. There was discussion about the process for identifying topics for future deep dives to provide assurance to the Committee that key areas of risk are being actively managed. 2. The Committee received a deep dive report on the management of risks around the potential inability to align non-clinical services across the Devon system and capitalise on the expected efficiencies from shared services. The report described the liaison which is taking place between other NHP teams in the peninsula. However, the Committee felt that there needs to be a system led approach linked to the process of exiting from SOF4. It was felt that this should build on previous work examining the opportunities for shared services rather than start from a blank sheet of paper. The Committee noted that within the Trust a working group has been established to bring together the workstreams on support services and site enablement as a means of agreeing the Trust's position in the context of wider system plans for shared services. 3. The Committee received the updated BAF and Corporate Risk Register and discussed the risk appetite surrounding the planning and delivery of the BBF Programme. It was agreed to recommend to the Board that the risk appetite score should be raised from 12 to 15 reflecting the risks inherent in large-scale public-sector development projects. 4. The Committee received a paper setting out a revised Level 1 project planning timetable. In view of the current uncertainties regarding the approval processes covering site enabling and new hospital infrastructure and anticipated construction timescales the paper offered three scenarios – optimistic, realistic and pessimistic. These highlight the challenge posed by the current sequential approach to approvals which means that on a realistic assessment work is unlikely to be before mid 2031. The site enabling business case is seen as 	

being particularly critical to the Trust's ability to proceed at pace and to the originally planned timetable. In view of this the Committee felt that the Board should consider whether to escalate concerns over process and timing.

5. The Committee received the Programme Execution Plan which has been prepared to ensure sound planning and management of the Programme and projects within it. The document is based on best practice guidance and will continue to evolve over time. The Committee endorsed the approach which should ensure that as activity builds there are strong disciplines in place to ensure effective delivery.
6. The Committee was briefed on concerns within the clinical workforce regarding the delivery of the EPR and New Hospital Programme against the background of the Acute Services Collaborative Review and ongoing economic and political uncertainty. The Committee discussed the need for greater clarity regarding the likely future scope of a District General Hospital serving the needs of the local population on the existing acute site. It was felt that this would provide reassurance to the Trust's clinical community. This was felt to be important in attracting and retaining a skilled workforce for the future.
7. The Committee received an update on progress towards the procurement of an EPR in consultation with the wider system. A preferred approach is emerging which maintains the ambition of a shared approach although this will depend in part on choices made over the coming weeks. The Committee felt that whatever the outcome, particular attention needs to be paid to the interoperability between systems to minimise friction in the flow of information within and between patient pathways.
8. The Committee received assurance regarding the funding of the BBF Estates 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 challenges associated with the allocation of funding in the current financial for the delivery of the EPR Programme were noted.

1) To note the above



Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors				
Report title: Chief Operating Officer's Report February 2023			Meeting date: 22 February 2023	
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	X	Risk score	20
	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: 22 February 2023
Report sponsor	Chief Operating Officer	
Report author	System Care Group Directors	

1.0 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).

2.0 Introduction

January has seen green shoots of recovery across the critical performance areas; urgent and emergency care with a reduction in ambulance handover time lost, improvement in RTT, improved complex patient flow and a reduction in length of stay.

3.0 Urgent & Emergency Care update

Demand to the Emergency Department (ED) dropped by 16% to 5,103 in January 2023, our type 1 performance was 39.35%. 31.8% of patients required an inpatient bed.

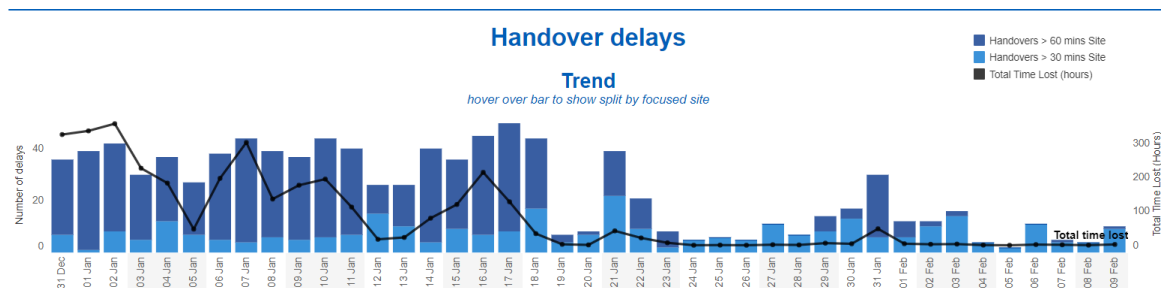
Similarly, the Urgent Treatment Centre (UTC) saw a drop in the number of attendances of 16.4% to 2,156 and Totnes a drop of 4.1% to 574 attendances. The performance of the community urgent care was 99.2%.

The average number of ambulance arrivals per day increased to 52.4 per day following the drop from the festive period. The average time lost in January was 97.89 hours. We have improved against the Regional rolling 30 day position from being third worst.

Rolling 30-day position as at 09 Feb 23

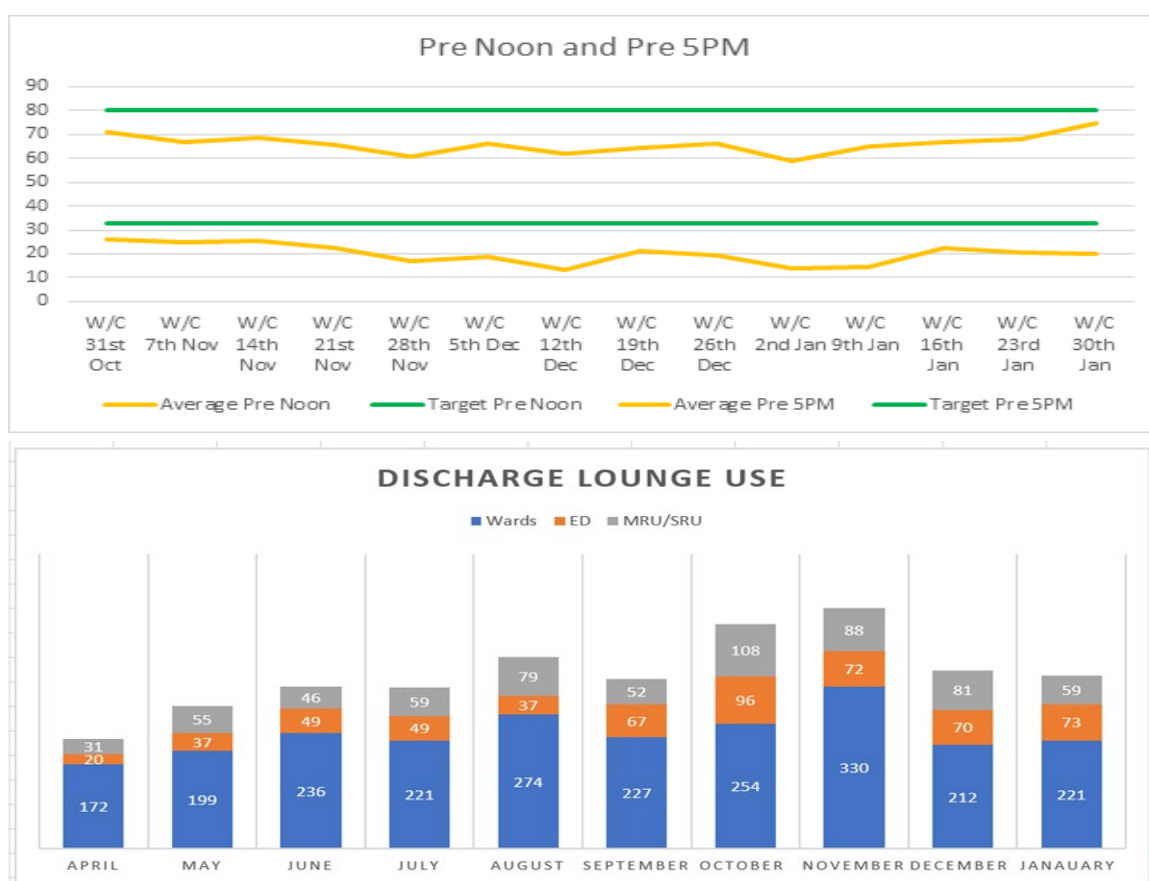
click on a bar to highlight focused site on the trend chart

Ambulance Trust	Focused Site								
South Western	Derriford Hospital							3591:36:42	
South Western	Royal Cornwall Hospital (treli..							3182:30:48	
South Western	Royal United Hospital							1490:53:58	
South Western	Bristol Royal Infirmary							1490:41:05	
South Western	The Great Western Hospital							1407:02:24	
South Western	Gloucestershire Royal Hospital							1231:44:22	
South Western	Poole Hospital							1032:22:55	
South Western	Torbay Hospital							892:42:56	
South Western	Weston General Hospital							811:51:43	
South Western	Royal Bournemouth Hospital							590:43:49	
South Western	Southmead Hospital							398:24:59	
South Western	Royal Devon & Exeter Hospit..							378:53:34	
South Western	Salisbury Health Care NHS T..							289:52:11	
South Western	North Devon District Hospital							240:51:22	
South Western	Musgrove Park Hospital							223:27:45	

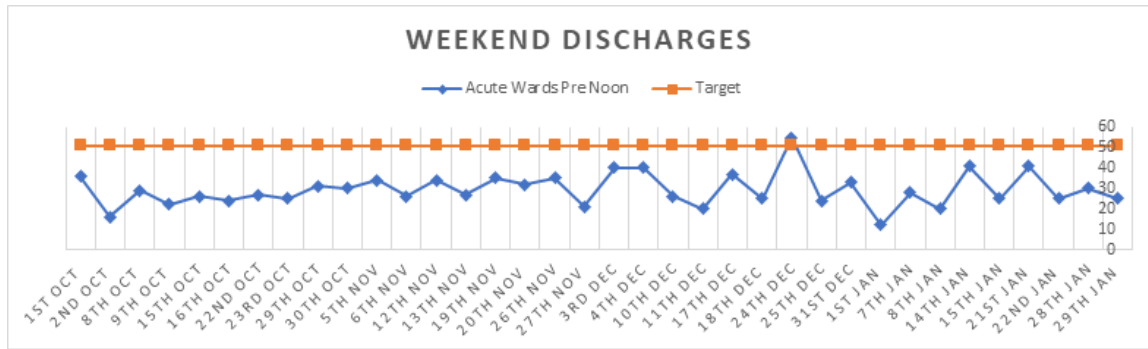


We remain committed to improving the two main causes of patient flow imbalance; low discharges before noon and low weekend discharges.

The number of discharges pre-5p.m. has increased throughout January. This has primarily been driven by a reduction in closed beds due to infection outbreaks and focus by ward multidisciplinary team (MDT) and Integrated Service Unit (ISU) leads to increase the number of early discharges.

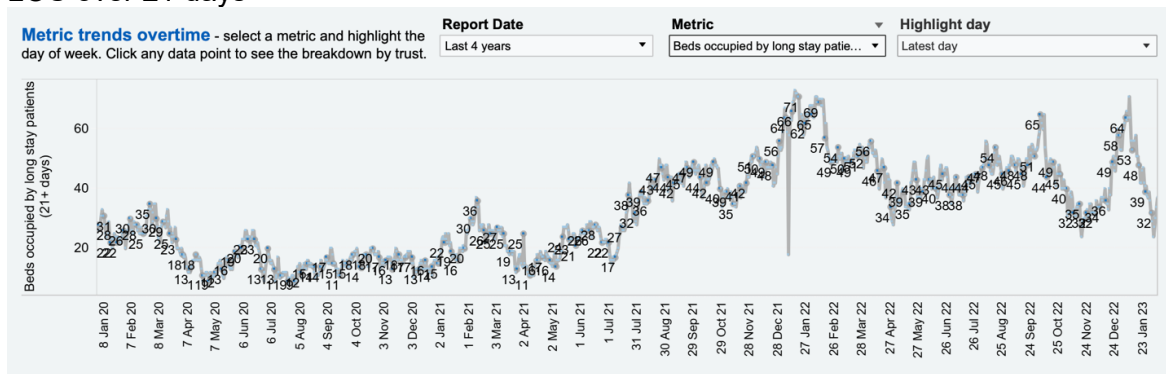


We continue with our Weekend Discharge Team to support simple discharges. We have seen a slight improvement in our discharge profile mid-January and an increase in pathways 1 to 3 discharges on a Saturday.

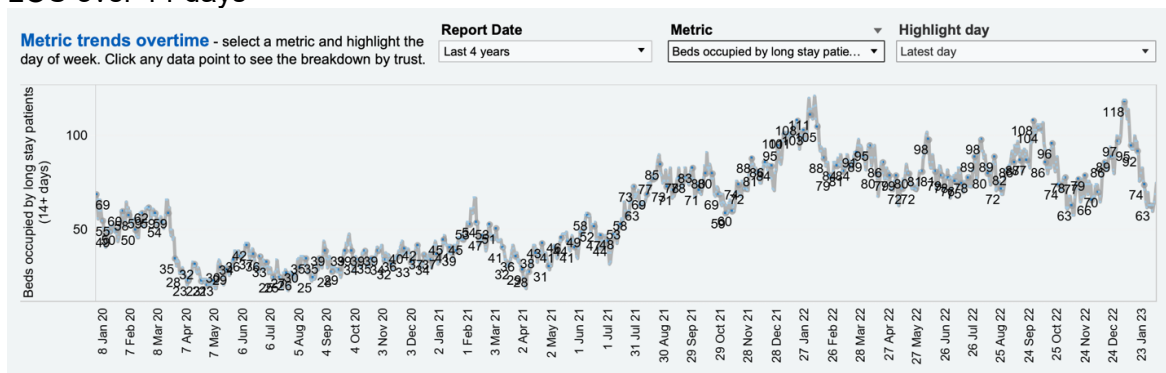


With the improvement in discharges our long LOS issues have returned to better levels.

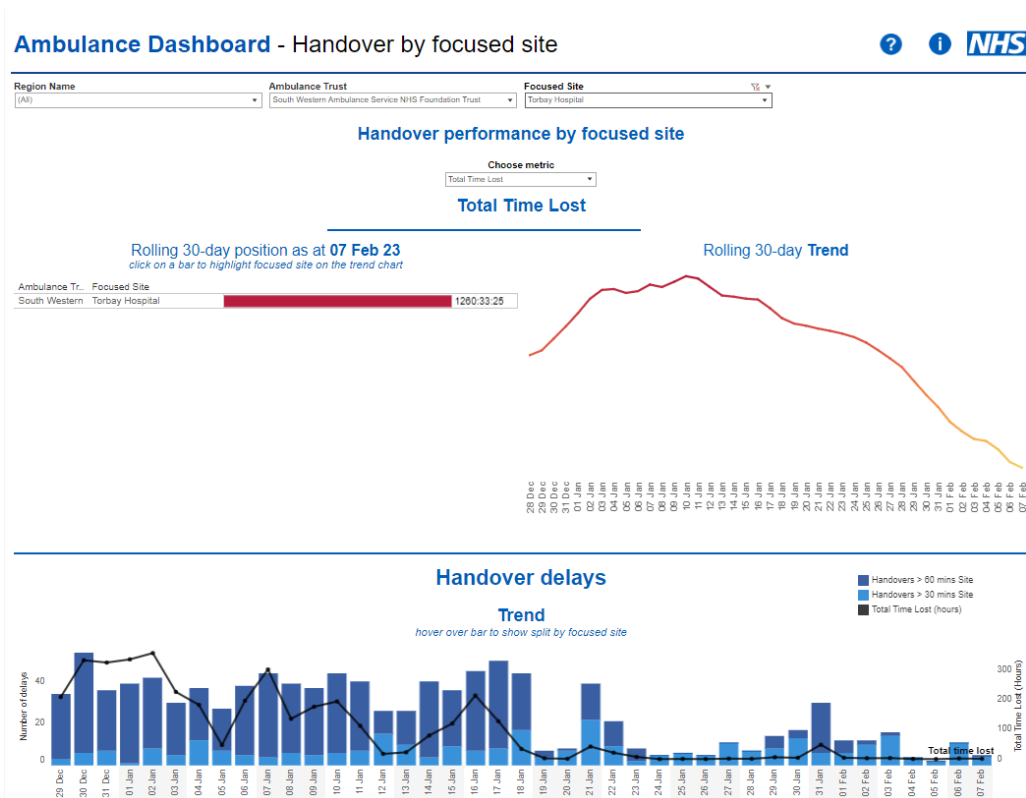
LOS over 21 days



LOS over 14 days



As a consequence of improved flow our ability to decompress ED and reduce ambulance handover delays as improved.



4.0 Cancer Performance

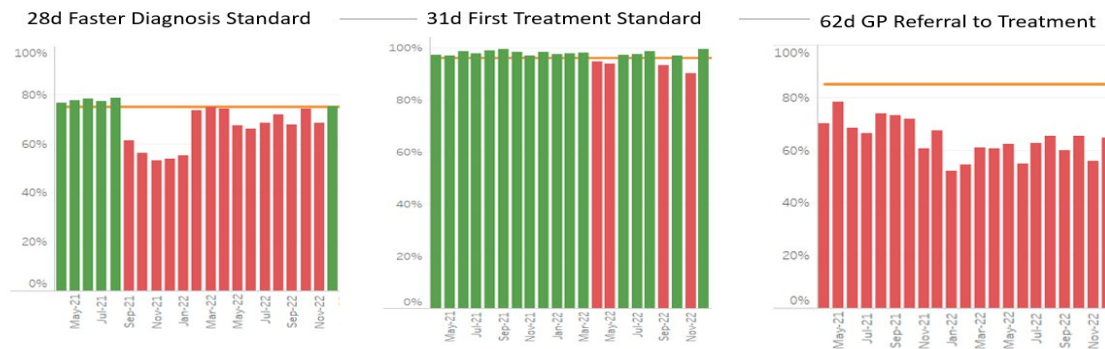
4.1 Cancer Recovery

For the 2WW standard, 67.2% of patients were seen within 14 days in December 2022, this is expected to rise to 76.4% for January 2023.

Dermatology has a significant impact on this position, as it accounts for around a third of the 2WW activity. They have improved performance from below 20% in August 2022 to a forecast 96.7% in January 2023. There is currently additional insourcing activity taking place for high volume/low complexity procedures, until the end of March, to sustain this position. However, fluctuating seasonal referral numbers continue to present a risk to the service.

Urology and Colorectal have seen incremental performance improvements and are predicted to reach 42% and 45% 2WW performance respectively, in January.

There are four 'Key Lines of Enquiry' which are used to benchmark organisations in the Tier 1 group – Torbay still remains classified in this category, alongside Royal Devon University Healthcare as the only other South West based Trust.



The Faster Diagnosis Standard of 75% was delivered in December and was driven by improvements in both Urology and Colorectal. The release of the Operational Planning Guidance 2023/24 requires NHS organisations to deliver the 75% standard by March 2024. Sustaining the improvements in Endoscopy and Urology diagnostics will leave the Trust well placed to maintain this position in 23/24

Since December, the Urology Template Biopsy backlog has reduced from 92 to 12 and the number of undated Colonoscopies has reduced from 925 to 693; both strong indications of the recovery of these services.

62-day performance in January 2023 is currently 47.3%, with 65 patients breaching this standard. There is a slight anticipated improvement in this figure as the final validation occurs throughout the coming weeks. A downturn in performance was expected to be seen in January, due to lower activity in December and as increases in activity to clear the 62 day backlog were prioritised, especially in Urology and Colorectal.

Over 62-day Backlog (Open Pathways)

As of 6th February 2023, the number of open pathways over 62 days was 225 and represents 16.1% of the total Patient Tracking List (PTL). This equates to a reduction of 28 pathways and a percentage improvement of 1%, since the beginning of January. Whilst seeing an improvement throughout January, the Trust remains as one of the 20 poorest performing organisations in England, currently at position 15.

The low number of 2WW referrals in December and increases in diagnostic activity has reduced the overall number of patients on the PTL from 1,547 to 1,387 in the last 8 weeks, which negatively impacts our percentage backlog performance.

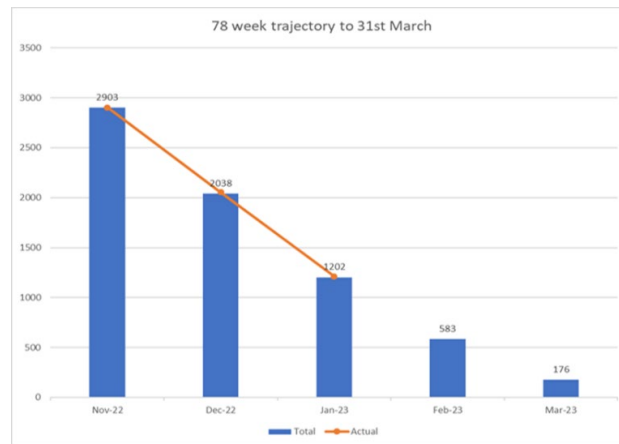
As diagnostic recovery work continues we expect to see ongoing backlog reduction, with a forecast position of 138 (8-10%) by March 2024.

5.0 Referral to Treatment (RTT)

The Trust remains in the Tier 1 category for RTT long waits. Our revised forecasts for Q4 performance against 104 and 78 weeks were submitted to NHSE in Dec.

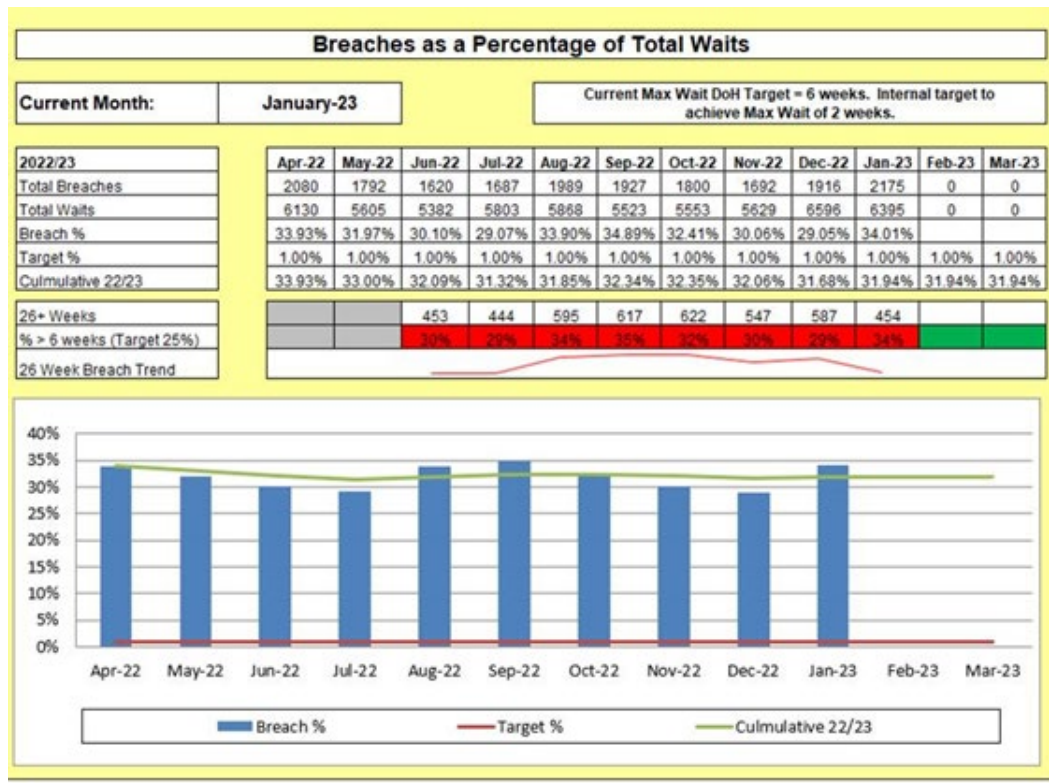
The Trust is ahead of plan to deliver the 104 week objective of zero by 31st March. The January out-turn was 22 against the predicted position of 31.

The Trust is currently on plan to meet its March 78 week forecast position of 176. This is a revised position from the original forecast of 196, the improved position reflects the procurement of additional capacity in the Urology admitted position.



The challenge to the Trust is with non-admitted pathways. 56 of the 176 are non-admitted. Teams are continuing to secure capacity to improve the predicted out-turn and mitigate emerging risks.

6.0 Diagnostics Performance



The Trust DM01 position continues to improve. Patients waiting over 6 weeks for a diagnostic test has reduced to 29% of our total PTL in December against a revised 22/23 target of 25%. The January position is unvalidated and will improve from the current position of 34% once patient choice (during the Christmas period) is taken into account.

Torbay's 26 week waits position also continues to improve from a high of 622 in June the trust reported 454 in January.

Our focus in Q4 will be improving performance in these specialties to achieve the overall DM01 target of 25% by the end of Q4. January is unvalidated data.

7.0 Children and Family Health Devon (CFHD)

7.1 Transformation Programme

The future integrated service model has been approved by the Partnership Board and the formal staff consultation outcome will be launched on 15 February. The mobilisation plan is being finalised and will involve detailed work to fine-tune the patient journey for the needs based clinical pathways.

The Trust is working collaboratively with the commissioners (Integrated Care Board - ICB) to revise the service specifications to align the contracted service offer with the financial envelope. This follows a comprehensive gaps analysis which was undertaken in 2021 which identified that there was a 30% gap between the scope of the specification and the resources (staffing and finances) available. This work will identify risks and follow appropriate governance arrangements as necessary.

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

A monitoring visit by colleagues from NHSE and the Department for Education (DfE) took place on 25 January. The meeting was very well attended by partners and parent/carers with the multi-sector approach to jointly leading change, being observable. Area leaders presented the progress that has been made to improve support for SEND children, young people and their families. The improvement in the partnership working across organisations and in working with service users as equal partners, co-producing service improvements and being fully involved in service delivery was highlighted.

8.0 Families Community and Home Care Group Update

8.1 Child Health / Paediatrics

The primary care paediatric hub pilot began at the end of January. To date we have only been able to open a few sessions a week due to GP availability, however, we are gathering data to determine if this is a viable option for winter pressures next year.

There are a strong number of nominations from Torbay and South Devon NHS Foundation Trust (TSDFT) for this year's Paediatric Awards for Training Achievements (PAFTA) awards.

8.2 Children's Torbay 0-19 Service

The service is working very closely with Torbay Council and supporting them with the development of family hubs. Working groups are being set up to lead on the core workstreams as part of the delivery plan.

The team are now running regular sleep workshops for parents / carers of children aged 5 - 11 years and 12+. The workshops consist of two sessions over a 4-week period, feedback to date has been very positive.

8.3 Maternity

8.3.1 Human Tissue Authority Inspection

The Human Tissue Authority (HTA) carried out a regulatory inspection of the organisation in November 2022. Although the HTA found that Torbay Hospital had met the majority of the HTA's standards, five major and three minor shortfalls were found against standards for governance and quality systems, traceability and premises, facilities and equipment. Of these standards a number were pertinent to maternity and concerned the location and storage of fetal remains. Urgent actions have been initiated to resolve this.

8.3.2 Health Education England Report (HEE)

HEE have reviewed the quality interventions for Post-Graduate Doctors in Training (PGDIT) and have written a report received in early December. This details some concerns around educational support for PGDIT from obstetrics and gynaecology clinicians. The team have formulated an action plan to address the recommendations.

8.3.3 Smoking at Time of Delivery (SATOD)

In December 2022 Smoking at time of delivery rates have halved from 13.6% to 6.5% compared to December 2021. This is reflective of the new smoking cessation pathway that has been embedded as well as the associated Carbon Monoxide (CO) monitoring intervention and is a huge achievement.

8.3.4 Clinical Negligence Scheme for Trusts (CNST)

The Board of Directors approved the self-declaration of compliance against the Maternity Incentive Scheme standards. The Trust had evidence to comply with all 10 safety actions, which is testament to the hard work and dedication of all of the teams involved.

8.4 Torbay Recovery Initiatives (TRI) (Drug & Alcohol Service)

The Alliance contract for multi-complex needs commenced on 1 February and a launch event held for all TRI staff, whereby colleagues from TSDFT, EDP Drug and Alcohol Services, Devon Partnership Trust (DPT) and Jatis came together alongside the Alliance coproduction group. The morning session gave staff the opportunity to hear from the coproduction group on their work to date, and collectively consider key areas of development for the service delivery plan.

The service will now operate from both Walnut Lodge and Shrublands House with the Trust having taken on the lease from DPT for this building, as well as the Transfer of Undertakings (Protection of Employment) (TUPE) of some staff from DPT to TSDFT. The Criminal Justice team and dual diagnosis element of the service remain with DPT.

8.5 Community Sexual Health Service

A service development day is planned in February which is to be attended by Commissioners for both Torbay and Devon alongside the senior leadership team from both the lead provider of Devon Sexual Health Service Royal Devon University Hospital (RDUH) and TSDFT. The primary purpose is to agree priorities for the service for the next two years and a delivery plan. This will include staff development, patient journey and premises/location.

8.6 Healthy Lifestyles

A staff consultation was launched on 31 January for staff affected by the loss of the healthy behaviours contract. This consultation paper outlines the transfer of provision and provides a progress position statement with respect to changes in services. The service is working through the exit plan and liaising with both Torbay Council Public Health Commissioners and the new provider ABL Health Limited.

8.7 Social Care

Transformation and sustainability plans for 2023 are on track to deliver a high-level plan by the end of February 2023. Key work programmes focus on adult social care (ASC) strategy, cost improvement, commissioning and market management, pathway redesign with reablement, ASC Front Door, direct payments and pathways to independence within learning disability.

Business planning for 2023/24 is underway and is scheduled for completion by end of February 2023. Preparations for Cost Improvement Plans (CIP) are on track with data from 2022/23 CIP forming the evidence base for associated planning to support reducing risk against delivery.

As part of the preparations for the Care Quality Commission (CQC) inspection regime, Torbay Council's strategic lead for Adult Social Care Quality and Assurance has started the self-assessment process. The self-assessment process will support the CQC assurance development and part of the assurance work is a requirement for data collection and using a data driven approach to triangulate CQC self-assessment evidence which is being collated throughout Q4 2022/23.

8.8 Baywide Community Health Services

8.8.1 Therapy

The occupational therapy (OT) and physiotherapy (PT) teams continue to work together to help reduce the waiting list in Paignton and Brixham ISU (P&B) using the same triage process. OT waiting lists are 53 in P&B and 46 in Torquay, reduced from last month. PT waiting list in P&B 39 and 54 in Torquay. Torquay's is slightly raised due to annual leave and sickness. Teams continue to flex across to support the Baywide intermediate care (IC)/Urgent Community Response (UCR) offer by standing down routine work to support an increase in urgent/IC referrals.

8.8.2 Community Nursing

Torquay is now fully recruited to. Paignton and Brixham ISU (P&B) have a number of new starters that require an increase in support and training to develop community-facing skills and competencies. No Strategic Executive Information System (STEIS) reports or lapses in care.

8.8.3 Intermediate Care (IC)

The teams are managing the workloads. The IC lead in Torquay has secured a trainee advanced clinical practitioner role in the frailty service, so looking to recruit in the future into this role.

The road closure to Brixham is not impacting on the delivery of care.

8.9 Urgent Care Response (UCR)

Achieving the national target in their response times. Managing crisis and discharge to assess (D2A) visits. The new lead for the UCR team in P&B starts at the beginning of March 2023.

8.10 Complex Hospital Discharge (Pathway 1-3, excluding community hospital transfers)

Pathway 1: we have improved movement and patient/client flow. There is a challenge with double handed of care packages which can cause a delay in time to transfer.

Pathway 2: utilising the block beds provided by the demand and capacity monies. Senior review MDT review of all P2 referrals to the Discharge Hub.

Pathway 3: only two patients are on P3 lists and both have plans.

8.11 Continuing Healthcare (CHC)

CHC continues to see high numbers of referrals for assessments along with increase in the number of checklists. The NHSE target for completed assessments within 28 days is 80% we are currently achieving 72%. We are currently working with Liaison and another outsourcing company to improve the position. The market continues to be a challenge both in terms of lack of cost and type of provision available.

9.0 Community Services

The operational commissioning of the new Dartmouth Health & Wellbeing Centre continues ahead of the new planned opening date at the beginning of May. Engagement with the local communities has also been ongoing for some months and plans are being discussed for a planning and visioning event for those based in the centre.

9.1 Community Hospitals

Work is ongoing to identify a long-term model for Totnes Community Hospital, which could then inform the model across our other sites, as the contract is up for renewal in October 2023.

10.0 Healthcare of the Older Person (HOP) and Frailty

We have been successful in securing an additional training registrar place within healthcare of the older person (HOP). We were also successful in recruiting to one of three advanced clinical practice (ACP) posts in HOP and Frailty, however sickness and absence continue to challenge the team. This has challenged the management of the short-stay frailty beds. There are consultant interviews in the next month.

With effect from 1 March responsibility for the Parkinson's disease nurse specialist (PDNS) service for South Hams and West Devon will pass to Livewell Southwest. This will make PDNS caseloads in Devon more equitable and enable our team to look at new and more flexible ways of providing the service for the Torbay and South Devon population.

10.1 Stroke and Neuro-Rehab

The Stroke Peer Review report has been received and highlighted the need for improved governance structure and clinical leadership. Clinically-led stroke governance meetings have restarted with the focus on the delivery of the Stroke Improvement Plan. There has been discussion with the Integrated Stroke Delivery Network (ISDN) about the areas that require system-wide support and this discussion will be taken to the ISDN drop-in session on 22 February.

In January 15.6% of patients got to the stroke unit in four hours and 54.5% spent 90% of their inpatient stay on a stroke unit. This is an improvement from 0% and 37.1% respectively in December but remains significantly below standard.

11.0 Recommendation

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

**MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
PUBLIC BOARD OF DIRECTORS MEETING
HELD IN POMONA HOUSE
AT 11:30 AM ON 25 JANUARY 2023**

Present:	Sir Richard Ibbotson	Chairman
	Professor C Balch	Non-Executive Director
	Mr P Richards	Non-Executive Director
	Mrs S Walker-McAllister	Non-Executive Director
	Mr R Sutton	Non-Executive Director
	Mrs V Matthews	Non-Executive Director
	Dr P Aitken	Associate 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
	Dr M Westwood	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
	Mrs J Thomas	Lead Governor
	Mrs A Hall	Governor
	* Mrs Jackie Stockman	Councillor, Torbay Council
	Mrs F Rehman-Manby	Lead Head and Neck/Thyroid Cancer Clinical Nurse Specialist
	Mrs S Gregory	Lead Head and Neck/Thyroid Cancer Speech and Language Therapist
	Mrs J Bassett	Head of Midwifery
	Mr Darryn Allcorn	Chief Nurse, Devon ICS

* via Microsoft Teams

001/01/23 Welcome and Introductions

The Chairman welcomed all those in attendance to the meeting.

Preliminary Matters

002/01/23 Apologies for Absence and Quoracy

The Board noted apologies of absence from Mrs J Lyttle.

003/01/23 Declarations of Interest

There were no declarations of interest.

004/01/23 Board Corporate Objectives

The Board received and noted the Board Corporate Objectives.

005/01/23 Staff Experience Story

Ms Kelly welcomed Mrs Rehman-Manby and Mrs Gregory to present their experience of partnering with Lowell General Hospital in Boston, United States of America.

They highlighted the importance of Torbay Swallows Cancer Support Group to local people. There were now Swallows Groups across the country offering advice, 24 hour support lines, and grants to support patients.

In 2019 an opportunity to share learning between the Trust and Lowell General Hospital arose when Mrs Rehman-Manby and Mrs Gregory met with Dr Arthur Lauretano at an International conference, he saw the benefits of the Lead Head and Neck/Thyroid Cancer Clinical Nurse Specialist role to patients and created a similar navigator role at their hospital. They explained in the United States Nurses do not envelope the care package as in the United Kingdom. He also gained insight into the benefits of patient led support groups such as Swallows.

They were invited to visit Lowell General Hospital and had the opportunity to witness how different their health care structures were despite working with the same aim and similar patient needs. Their reflections were that despite difficulties, the Trust offered patients a collaborative Head and Neck Cancer Service, with care tailored to patient's needs.

The next opportunities were highlighted as:

- The Trust hosting the Head and Neck International Conference
- Visiting the Prague Proton Centre
- Establishment of a 'late effects cancer'
- Maintaining links with Lowell General Hospital

Prof. Balch asked if there was evidence of health inequalities in the United Kingdom compared to the United States. Mrs Rehman-Manby explained the focus was more on sharing best practice for the benefit of all patients.

Mr Sutton asked if there were any practices at Lowell General Hospital the team would like to implement at the Trust. Mrs Gregory said every patient at Lowell General Hospital underwent a swallow x-ray pre-treatment, which supports post treatment rehabilitation and she would like to see this implemented at the Trust. Mrs

Rehman-Manby said at Lowell General Hospital they have an on call service, and this was part of the pathway she would like to explore further.

Mr Crompton asked if the Head and Neck Cancer model of care was transferable to other specialisms. Mrs Rehman-Manby believed the model of care was transferable but implementing new practices or a different pathway required the approach to be considered. She acknowledged the importance of sharing the pathway for the benefit of other teams as the pathway was approved by NHSE. Mrs Gregory said the introduction of speech therapy to the pathway was recent but crucial to improve a patient's quality of life and for them to psychologically recover well.

Dr Aitken explained that in the United States Mental Health, Head and Neck Cancer diagnosis' and suicide were linked but asked if Mental Health and suicide rates could be reduced if the level of nursing and multi-disciplinary care were increased. Mrs Rehman-Manby acknowledged that the way care is funded in the United States means some patient do not get all of the care they would receive in the United Kingdom and this would have a psychological impact on patients.

Mrs Davenport highlighted to the Board that the team had developed opportunities by drive and passion which had led to pathway and service improvements. She said there was a need for the Trust to consider how it could support leaders to work as Mrs Rehman-Manby and Mrs Gregory had described.

Consent Agenda (Pre-notified questions) Committee Reports

006/01/23 **Finance Performance and Digital Committee Chair's Report – 28 November 2022 and 19 December 2022**

The Board received and noted the Finance Performance and Digital Committee Chair's Reports of 28 November 2022 and 19 December 2022.

007/01/23 **People Committee Chair's Report – 19 December 2022**

The Board received and noted the People Committee Chair's Report of 19 December 2022.

008/01/23 **Building a Brighter Future Committee Chair's Report – 18 January 2023**

The Board received and noted the and noted the Building a Brighter Future Committee Chair's Report of 18 January 2023.

009/01/23 **Charitable Funds Committee Chair's Report – 7 December 2022**

The Board received and noted the Charitable Funds Committee Chair's Report of 7 December 2022.

010/01/23 **Audit Committee Chair's Report – 18 January 2023**

The Board received and noted the Audit Committee Chair's Report of 18 January 2023.

Reports from Executive Directors (for noting)

011/01/23 **Chief Operating Officer's Report - January 2023**

The Board received and noted the Chief Operating Officer's Report of January 2023.

For Approval

012/01/23 **Unconfirmed Minutes of the Meeting held on the 30 November 2022 and Outstanding Actions**

The Board approved the minutes of the meeting held on 30 November 2022 and the outstanding actions were updated.

The Board approved the minutes of the meeting held on 30 November 2022.

013/01/23 **Approval of Audit Committee Terms of Reference**

Mr Raheem presented the Audit Committee Terms of Reference, as circulated, to the Board for approval. The amendments had been made to reflect recent NHSE guidance.

Mr Sutton advised that the terms of reference had been reviewed in detail at the last Audit Committee following which the proposal was made to modify the name of the Committee to, 'Audit and Risk Assurance Committee' in order to ensure there was greater Board Oversight of the Trust risks.

Mrs Matthews asked if the Trust's strategic approach to risk gratification had been included in the Terms of Reference. Mr Sutton confirmed it had been.

The Board approved the Audit Committee Terms of Reference and the proposal to modify the name of the Committee.

014/01/23 **Report of the Chairman**

The Chairman wished the Board and the public a happy New Year.

He verbally briefed the Board on the following key events:

- After a three year absence due to the pandemic, infection prevention and control measures had been reviewed and the public board would now take place in person.
- The Trust had received notification they were in System Oversight Framework (SOF) 4 and intensive support was gathering momentum. The Board had

been giving careful consideration to how to approach and support staff whilst acknowledging and responding to what was expected from the Trust.

- Devon Integrated Care System plans around delivering acute services as a collaborative were gathering momentum.
- Strikes had taken place over December and January He acknowledged the constructive nature in which this was being managed by staff and Trade Unions.
- The Governors had undertaken a tour of the Torbay Pharmaceuticals site.
- The Governor Nominations and Remunerations Committee had convened regularly recently and they were thanked for their time and focus.
- On 14 December the Board to Council of Governors had met in person.
- The Dunelm Tree of Joy gifts were distributed and gratefully received by inpatients on Christmas Day.
- The Mayor of Torbay and Councillor Steve Darling had walked the wards with the Chairman on Christmas Day.
- The recruitment process for a substantive Chief Operating Officer had commenced.
- He had met with the Leagues of Friends Chairs on 18 January 2023, and gave recognition to the support they gave to those the Trust serves.
- The Torbay League of Friends office on level 4 was nearing completion.
- The Trust was working with Paignton League of Friends who had submitted their plans to support the local area.
- The Dartmouth League of Friends had committed to supporting the Dartmouth Health and Well Being Centre which was due to open in April or May 2023.

The Board received and noted the report of the Chairman.

015/01/23 Chief Executive's Report

Mrs Davenport thanked Mr Raheem whose contract was ending in February for his service. She acknowledged the challenging Corporate Governance portfolio he had supported whilst Mrs Long had been on maternity leave. She confirmed Mrs Long would be returning to her substantive post of Director of Corporate Governance and Trust Company Secretary in March 2023.

Mrs Davenport presented the Chief Executive's Report, as circulated, to the Board:

- She had met with the NHSEI Board together with wider system CEOs to discuss SOF4 arrangements. The meeting had been a pre-cursor to the Board to Board which would take place between the NHSEI Board and Devon ICS Chair and Chief Executive Officers at a date to be arranged. The NHSEI Board had set clear expectations and the criteria of SOF4 exit based on finances and system recovery to meet the needs of the people the Trust served.
- The hospital had continued to face pressures and challenges particularly, due to the industrial action but, the Trust was supporting staff to take the action they felt appropriate whilst keeping patients safe and maintaining flow through the hospital.
- The Trust had received a grant of £402,000 to co-develop a software application for Augmented Reality (AR) glasses to improve motor function assessments for people living with Multiple Sclerosis.

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

Safe Quality Care and Best Experience

016/01/23 **Integrated Performance Report (IPR): Month 9 2022/23 (December 2022 data)**

Ms Jones presented the Month 9 Integrated Performance Report, as circulated, to the Board. She informed the Board:

Quality

- 3% of patients were admitted to a stroke ward within four hours of arriving at the Trust. An action plan was in place and two emergency beds were now ring fenced for stroke patients.
- 92% of stroke patients had a scan performed within 24 hours.
- 28% of patients admitted to a stroke ward spent 90% or more of their time on the dedicated stroke ward. A deep dive into the metrics were to be presented to the Quality Assurance Committee.
- Venous thromboembolism (VTE) had demonstrated an increased compliance to 99.6%, this was due to a significant and sustained amount of improvement work.
- Sadly, there was one still birth reported.
- SystemOne data capture issues for maternity were being resolved through training .
- An improvement in smoking delivery rates had been seen.
- Despite two days of industrial action, actions and mitigations were put in place to ensure safe staffing levels were maintained.
- The work in respect of ward to board quality oversight was being progressed.

Ms Kelly confirmed that the Board Sub-Committees had reviewed the quality data and that this would inform the clinical component of the single improvement plan in support of the SOF4 exit.

Mr Currie explained that there was a need to ensure that there was equitable deployment of resources at Trust and system level for the benefit of the local people

Workforce

- The rolling sickness absence rate had decreased to 5.56% against a sickness target of 4%.
- December's Achievement Review rate had decreased to 76.70% but an improvement plan had been put in place.
- The staff retention rate remained at the higher end of normal tolerances at 13.48%, with 1.7% of leavers being staff who were retiring and returning.
- The overall rate for mandatory training decreased to 89.70%, with Information Governance, Manual Handling and Safeguarding Children below the target compliance level.

Prof. Balch raised concern around achievement review rates. He said the achievement review process needed to be embedded so objectives could be set that would support the SOF4 exit. The Chairman counselled there must be a move away from the concept that Achievement Reviews were optional.

Mrs Davenport highlighted how achievement reviews had the ability to positively impact staff and how people felt about their jobs and that good communication drives staff engagement and morale.

Dr Westwood informed the that Board Achievement Review uptake should not be considered in isolation but together with the quality of conversation and the confidence of managers to have difficult conversations, she confirmed a leadership plan would be brought to the Board for consideration in the spring.

Performance

- Ms Jones asked the Board to note the data was from December when a high number of infections had led to a loss of 786 beds. She confirmed the infection rate had reduced in January 2023 which had led to improved flow.
- There had been a steady reduction in long wait lists and elective recovery was on plan to meet the 104 week wait target of nil by April 2023.
- By April 2023 there would be 196 people on the 78 week waiting list (the overall referral to treatment time position had deteriorated by 18.4%.
- There would be a deterioration in the 62 day wait position before improvements were reported.

Mr Scott explained since the infection rate had improved the Trust had recorded a better ambulance handover position; and was in Opel Level 2. He said this pointed to a Trust that was willing to improve.

Prof. Balch asked if any further education was required for staff around infection prevention and control. Dr Watson explained the Trust's data suggested the Trust had a good level of control bearing in mind the Trust was dealing with highly infectious virus' and before Omicron the Trust had the lowest infection levels in the South West with only a small number of single rooms.

Finance

- The planned deficit for year to date was £1.66m; the actual deficit position showed an adverse variance to plan of £10m, giving rise to a total reported deficit of £11.66m.
- The key drivers for the deficit were the under delivery of the Cost Improvement Plan; Emergency Department and Acute Medical Unit pressures; and higher premises costs, such as utilities.
- Jointly working with Devon ICS, the Trust had commenced the 2023/24 operational planning process and was modelling scenarios in readiness for a final system submission in early February 2023.

The Chairman explained the Integrated Performance Report should be aligned to the Trusts Single Improvement Plan to enable the Trust to report against its SOF4 requirements.

Mr Crompton agreed the SOF4 requirements needed to form part of the IPR to enable the Trust to highlight achievements and areas for improvement. Mr Scott supported this view, as he believed this would be a holistic way of reviewing performance and said it summarised the work Mr Stacey was undertaking around the Single Improvement Plan.

The Board received and noted the Integrated Performance Report (IPR): Month 9 2022/23 (December 2022 data)

017/01/23 Maternity Incentive Scheme Year 4 Board Declaration Form

Ms Kelly introduced Mrs Bassett, Head of Midwifery and Mr Allcorn, Chief Nurse Officer, Devon ICS. Mrs Bassett presented the Maternity Incentive Scheme Year 4 Board Declaration Form, as circulated, to the Board.

Ms Kelly explained that Mrs Davenport would be asked to declare the Trust's status in relation to compliance on behalf of the Trust Board.

The Board was made aware of the Health Education England Quality Interventions Review Report for Obstetrics and Gynaecology dated 9 December 2023. Ms Kelly confirmed the Trust had sought mitigations in respect of the recommendations from the report and therefore, upon advice from NHS Litigation Authority (NHSLA) did not believe it was material to the ongoing assurance.

Ms Kelly confirmed the Quality Assurance Committee had reviewed the report and the Board had received a quarterly Maternity Quality and Safety Report for assurance purposes.

In respect of the amber standards, Mrs Bassett informed the Board:

- A review had been undertaken to assess neonatal clinical workforce standards and an action plan was in place.
- Compliance would be achieved in respect of midwifery workforce planning if the Board approved the labour ward coordinators as supernumerary.

Mrs Bassett informed the Board, the Maternity Department to Board oversight was very good.

Mrs Matthews asked if the Trust could confidently demonstrate an effective workforce planning system. Mrs Bassett explained the majority of days were now green (good) as there had been an uplift in Midwives and there was a good trajectory to recruitment reported.

The Board approved Maternity Incentive Scheme Year 4 Board Declaration of Compliance

018/01/23 Maternity Governance and Safety Report (1 October 2022 – 31 December 2022)

Ms Kelly presented the Maternity Governance and Safety Report (1 October 2022 – 31 December 2022). She confirmed Dr Westwood was leading work around 'just culture' for the Maternity Department and the Trust.

Ms Kelly confirmed the patient safety reporting framework had a strong emphasis on culture change. She explained Audit South West had reviewed the Trust's Serious Incident process and good feedback had been received but this would be built upon by the cultural piece of work that had been commissioned.

Mrs Kelly summarised the key performance metrics and highlighted the Trust's still birth rate was 4.2% which aligned to the national position although there was a desire to understand the increase in the still birth rate better.

The key findings in the Health Education England Quality Interventions Review Report for Obstetrics and Gynaecology report of 9 December 2022 had been discussed at the Quality Assurance Committee and with the Board.

Ms Kelly welcomed Mrs Walker-McAllister, as the Maternity Non-Executive Director; with Mrs Taylor having stepped away from her Non Executive Director position within the Trust in her tenth year.

Prof. Balch asked how the Trust was ensuring the midwifery skill mix was appropriate. Mrs Bassett explained the Trust was reliant on a pipeline of newly qualified midwives but had established a preceptorship programme to nurture midwives. A legacy midwife role had also been established to support midwives with clinical competencies. However, midwife retention was part of a wider national programme of work with King's College London, which the Trust was a part of.

Mr Crompton asked if the 'Just Culture' work would build on information provided by staff surveys and incorporate sickness rates, grievances and other indicators of poor culture to provide a clearer view of emerging issues. Dr Westwood confirmed that her team would be ensuring all data was triangulated to ensure intervention was offered to teams immediately. Ms Kelly explained the benefit of soft intelligence, which was of great benefit and this would come from staff, partners, the Freedom to Speak Up Guardian, the Inclusivity Lead and the chaplains, which enabled quick interventions to support teams.

The Board received and noted the Maternity Governance and Safety Report (1 October 2022 – 31 December 2022).

019/01/23 Safe Staffing Annual Establishment Review

Ms Kelly presented the Safe Staffing Annual Establishment Review, as circulated, to the Board. She explained that historically the Ward Managers were part of the establishment and therefore were unable to have protected time focus on quality and safety and whilst not all ward managers have been fully released from rostered shifts there was now an improving level of oversight.

The Board was informed the Nursing and Midwifery council had been looking at the efficiency and effectiveness of resource and deployment. It was acknowledged there was a need to embed this further and ensure the skill mix was correct however, efficiency gains had been made and would be seen through non recurrent savings in financial year 2023/24.

Mr Crompton, asked how the Trust compared against partner Trusts. Ms Kelly explained there was no universal nursing establishment bench mark. The Trust together with partner Trusts used Model Hospital data, the workforce reports and quality reports to set a mean position and the Trust was below the mean position. Anecdotally, she believed partner Trusts had seen a similar increase in nursing establishment. She explained the Trust's establishment uplift was based on internal intelligence of a long term position around skills mix and the 'Care Hours Per Patient Day' position. She confirmed the former skill mix, whereby Ward Managers held a

case load impacted oversight and assurance of care, improvement had been seen since the Board had approved the establishment increase but, she acknowledged there was still further work to be undertaken. Mr Crompton advised if the Model Hospital Data formed part of IPR it would inform the position.

Prof. Balch praised the decision the Board took to uplift the establishment as this had shown clear quality benefits, he said the Trust now needed to focus on the activity and productivity challenges.

Mr Scott confirmed the flexibility of the Trust's nurses was very good and he believed this was because the Trust operated a lean structure.

Mrs Davenport confirmed quality benefits were emerging from protecting Ward Manager time; and this was enabling staff to progress their careers within the Trust, giving an opportunity to grow leaders, and provide a pipeline to recruitment. She confirmed the Trust was managing to maintain a 95% fill rate and its attrition rate remained static.

Ms Kelly confirmed the Nursing and Midwifery Senior Leadership Team had been working with Dr Westwood's Senior Leadership Team to create a bid for Leadership Management Centre, which would support and develop nursing leadership talent as well as leadership talent across the organisation.

The Chairman clarified the proposed changes to the establishment would take place within the existing budget.

The Board received and noted the Safe Staffing Annual Establishment Review.

020/01/23 Mortality Scorecard – January 2023

Mr Currie presented the Mortality Scorecard Report of January 2023, as circulated, to the Board. He confirmed:

- The Mortality Improvement Group was considering why the Trust was one of nine Trusts with a statistically higher Hospital Standardised Mortality Ratio. Initial thoughts were this may be due to depth of coding, the clinicians had been working with the Clinical Coding team to resolve this. He counselled accurate coding was important.
- The Trust was rated 'as expected' compared to Trusts nationally Summary Hospital-level Mortality Indicator of 1.0667.
- The number of hospital reported deaths remained high within acute settings. The data and coding were being reviewed and Dr Chris Manlow was working with the Patient Safety Team to obtain a holistic approach.
- There had been 25 deaths of patients with Learning Disabilities since April 2021 which has been notified to the LEDER Team:
 - 7 people had a referral closed with no outcome because they did not meet the eligibility for a LeDeR review as they did not have a diagnosis of Learning Disability and or Autism;
 - 8 people were reviewed by the ICS' LeDeR reviewers did not raise any concerns that required addressing; and
 - 10 cases were awaiting an outcome.

Dr Aitken noted that there were no mortality data markers for mental disorder and he anecdotally believed due to Torbay's demographic there was likely to be mental morbidity for men and therefore the Trust was not getting an informed picture of deaths. Mr Currie, agreed with Dr Aitken's point and explained when the Electronic Patient Record was implemented there would be a benefits to the quality of data it would draw out key information about our local communities.

Mr Sutton asked if a cohort of patient files had been reviewed from the coding perspective to ascertain if there was a significant difference. Ms Jones explained a Clinical Coding Action Plan had been put in place and was reviewed at the Finance Performance and Digital Committee post the Clinical Coding Audit Report.

Mr Currie explained a lot of the Trust's Clinical Coders were in low banded trainee coder roles which are difficult to recruit ensuring we had the right workforce, would enable the Trust to complete the work aimed at understanding the difference between weekday and weekend mortality and the extent locally.

Mr Richards highlighted that accurate coding drove the Trust's decision making process and therefore had implications. He said that the Trust did have skilled people but, they needed to be remunerated appropriately in order to retain them.

The Board received and noted the Mortality Scorecard of January 2023.

021/01/23 Assurance Framework for Seven Day Hospital Services

Mr Currie presented the Assurance Framework for Seven Day Hospital Services, as circulated. He reported:

- The 14 hour standard to Consultant review had improved although it remained below target.
- There was limited availability of diagnostic tests over the weekend; and
- The Trust did not meet 7 day availability of a multi professional team, at weekends, which was likely to impact length of stay, weekend discharges and flow.

The Chairman asked if there were cultural issues around weekend working and whether a report to our response to this should be brought to the Board sooner than January 2024.

Ms Jones explained given the differential risk highlighted in mortality rates at weekends compared to weekdays' and the risk linked to direct clinical care over seven days. She asked should the Assurance Report for Seven Day Hospital Services be an indicator or fragility. Mr Currie explained it was a valuable framework to assess difficulties but that delivery of seven day care needed to be supported by the whole health and care system not just Consultants.. He counselled on the need to work as a system to achieve seven day working.

Prof. Balch asked if the Trust was dependent on locum services at weekends. Mr Currie confirmed there were a number of services that were dependent on locum services. Prof. Balch said this would bring additional costs that would impact the Trust's financial position.

Mr Crompton asked whether virtual Consultants had been considered. Mr Currie said this was a potential option but the direction from the Royal Colleges was for acute sites to deliver Consultant led care, including a resident On Call Consultant care and he acknowledged the need to plan for that expectation.

The Board received and noted the Assurance Framework for Seven Day Hospital Services

Improved Well-Being Through Partnership

022/01/23 Building a Brighter Future Update

Ms Jones verbally confirmed the national team had changed the timetable for confirmation of overall allocation and business case processes. However, the assumption was building construction was to commence in 2025. In preparation the Building a Brighter Future Team were currently preparing the site enabling case for circa £50m.

The Chairman said that it was heartening to hear the Prime Minister committing to the Trust's New Hospital Plan at Prime Minister Question Time on Wednesday 11 January 2023.

The Board received and noted the verbal Building a Brighter Future Update

023/01/23 Compliance Issues

024/01/23 Any Other Business Notified in Advance

There was no other business raised for discussion.

025/01/23 Date and Time of Next Meeting:

11.30 am, Wednesday 22 February 2023

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. 30.11.22 Ms Kelly confirmed two designs and a place for the memorial had been decided upon, the Trust were awaiting costings. 25.01.23 Ms Kelly confirmed the location of the memorial had been agreed but the Trust were awaiting a date for installation.	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. 30.11.22 Mrs Walker-McAllister confirmed she had met with Mr Anthony. ACTION: Closed	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. 30.11.22	28.09.22

			The Board Development Session had been arranged. ACTION: Closed	
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	30.11.22 Mrs Walker-McAllister had met with Mr Anthony ACTION: Closed	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	30.11.22 Mrs Davenport confirmed she had escalated the independent provider sector to the Chair of the ICS who would review. ACTION: Closed	26.10.22
237/11/22	Ms Kelly agreed to report back to the Board the focused work being undertaken in respect of TEP Forms.	Ms Kelly	Ms Kelly asked for the item to be carried forward.	30.11.22



Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors				
Report title: Chief Executive's report		Meeting date: 22 February 2023		
Report appendix				
Report sponsor	Chief Executive			
Report author	Associate Director of Communications and Partnerships			
Report provenance	Reviewed by Executive Team 14 February 2023			
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	16
	Risk Register	X	Risk score	16
	<ul style="list-style-type: none"> BAF Ref. 8 – Transformation and Partnerships 			
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: 22 February 2023
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 25 January 2023 are as follows:

3.1 **Excellent population health and wellbeing**

Chairman to leave in May 2023

Our chairman Sir Richard Ibbotson will be leaving his role when his term of office ends at the end of May 2023.

Richard was appointed Chair in June 2014 shortly after retiring from a career in the Royal Navy and has served three terms as Chair. He has overseen the creation of Torbay and South Devon as the first trust to integrate acute, community and adult social care together in England and played a vital role in the creation and delivery of the care model and strategy.

On behalf of the board and all our staff I would like to thank Richard for his exemplary leadership, deep commitment to health and care services and his many years of dedicated service.

His courage in leading the formation of our integrated care organisation and creating the conditions which has supported this to flourish, leading to national and international recognition, means he leaves us with a strong and enduring legacy. He will be greatly missed and we have lots of plans in place to give him the very best send off that we can.

Interim Senior Independent Director

Chris Balch has been confirmed as our interim Senior Independent Director while Jacqui Lyttle is on compassionate leave.

Face masks

Following a reduction in the number of infections that are circulating in our local communities face masks are no longer required in our buildings. Face masks continue to be required in areas where we are caring for people who are immunosuppressed (such as Turner Ward and Ricky Grant Day Unit).

We are, always, extremely grateful for the support and assistance of our staff, patients, visitors and public for following our infection prevention and control guidelines.

Brixham becomes our first fully integrated health and care centre

Two GP practices have opened branch sites at Brixham Community Hospital this month, meaning there is improved access for people in Brixham and surrounding areas.

Compass House and Mayfield Medical Centre are co-located at the hospital site, after a period of refurbishment, and offering local GP services from 20 February. With financial support from Brixham Hospital League of Friends, patients of both practices can now access GPs, phlebotomy, nurses and healthcare assistant appointments at Brixham Hospital as both practices expand their service.

Health and wellbeing centres give local people access to a broad range of health and wellbeing services in one place by bringing together GPs, community nurses, therapists and voluntary sector services.

Brixham is the first of our health and wellbeing centres to bring GPs together with community health services and will be followed later this year by the new purpose-built health and wellbeing centre in Dartmouth.

I am delighted that the people of Brixham will be able to access primary care services in the same building as other services. I would like to take this opportunity to formally record our sincere thanks to our Brixham Hospital League of Friends whose support has made this possible.

Positive benefits of group sessions in providing advice and support to help people self-manage diabetes

Group sessions providing information and advice for people newly diagnosed with type 2 diabetes are proving very popular with participants.

Run as the healthy living programme, the group information sessions help to support people with the self-management of their diabetes.

Those who take part can expect to further their understanding and receive information and advice on a range of treatment and care topics, giving them the confidence to make healthy lifestyle changes.

Welcoming local students on placement

We are delighted to welcome back students on placement through the Aspire programme. The Aspire programme has been running successfully in our organisation for 10 years, in partnership with South Devon College but had to be temporarily stopped for the past few years while we learned to live with COVID-19. We currently have seven students with us who are undertaking a range of different roles.

During their time with us students work on three different placements and complete a City & Guilds qualification in employability skills over the academic year.

This course is a supported internship and open to students who have an education, health and care plan (EHCP), are aged 18 – 24 and are keen to learn new and transferable skills and enable them to gain paid employment.

Several of our previous students have gone on to have permanent contracts within our organisation, and are great role models to each cohort; keen to share their journey with new groups.

The programme is run by a tutor and job coaches, who support both in the classroom and on placement.

I would like to take this opportunity to formally thank all our departments, managers, supervisors and teams for their time, patience and mentoring in supporting our students on their placements.

Torbay to benefit from family hubs

Torbay Council has been chosen by the government as one of 14 trailblazer local authorities to lead the way in delivering ambitious service improvements for families.

As one of the next steps on Torbay's Children's Services improvement journey, the Council will be a national leader for the Family Hubs and Start for Life programme and will help establish best practice.

With a Family Hub based in each of Torbay's three towns, they will support families by bringing together services into one place.

The Council will use additional funding to support the implementation of family hubs which will be used to extend the Team around the Family services that already provide early help and support to families across the Bay.

The Hubs will provide support to families from conception through to age 19 or up to 25 for those with special educational needs and disabilities (SEND), with a great Start for Life offer at their core.

The services will be developed in partnership with local parents and carers to ensure their needs and those of their children are met.

3.2 Excellent experience receiving and providing care

Current pressures

Over the past month we have seen positive signs of progress in regaining our performance in key target areas including a reduction in the number of ambulance handover hours lost, an improvement in referral to treatment pathways, improved flow for people with complex health needs and a reduction in our hospital length of stay.

Our rolling 30 day regional position has improved from being 13th out of 15 trusts to being 8th out of 15 trusts in terms of ambulance handover time lost. We remain committed to improving how we support people to get home quickly and safely – aiming for the majority of people to be supported to leave hospital before midday and to increase the number of people we can support to go home at weekends.

We had 5,103 attendances in our Emergency Department in January with 31.8% of people who attended, requiring admission to hospital. Our Minor Injury Unit at Totnes and our Urgent Treatment Centre at Newton Abbot saw a slight fall in attendance in January to 574 and 2,156 attendances respectively, with 99.2% of those who attended seen within four hours.

We continue to prioritise reducing waiting lists across our specialities. We are ahead of plan to deliver the 104 week wait objective of zero by 31 March and we are on plan to meeting our 78 week wait forecast positive of 176 by the end of March. Significant improvements have been made in dermatology, urology, colorectal and endoscopy for two week waits and other key performance metrics.

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.

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 continue to work 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 whenever industrial action take places.

This month we have been directly affected by industrial action by ambulance service colleagues and the Royal College of Nursing members. Last month we

were directly affected by industrial action by members of the Royal College of Physiotherapists and ambulance service colleagues.

In March members of the Royal College of Nursing will take industrial action over a three day period from 01-03 March. Junior Doctors are currently being balloted on industrial action (with the ballot due to close on 20 February). Should the outcome of the ballot endorse a vote for industrial action, junior doctors will undertake a 72 hour strike in March (dates to be confirmed).

Care Quality Commission (CQC) patient experience annual survey for maternity services

The Maternity Services CQC Patient Experience annual survey was carried out between April and August 2022. The survey involved contacting 300 participants who gave birth in January and February 2022 across acute and community services. The report was published on 11 January 2023.

Our response rate was 47% (140 responses); this is slightly more than the national response rate (46.5%) but a reduction from 61% for our response in 2021. It is unclear why there was a reduction in the response rate as the mechanism for advertising the survey and contacting the participants was the same as previous years.

The results show that we are not an outlier in the care our maternity services offer and we performed better than most trusts in 8 of the 51 questions (scoring about the same as other trusts for the remaining 43 questions).

We are using the findings of the survey to review current practice and to improve patient experience further. A summary of the findings was presented at the Feedback and Engagement Group in February. An action plan is being formulated and will be shared at the Quality Assurance Committee in March along with a detailed review of the survey findings.

Maternity service on track to be fully re-accredited with UNICEF baby-friendly status

Our maternity team have received glowing feedback from UNICEF, which has put them on track to be fully re-accredited with baby-friendly status.

The internationally-recognised UNICEF baby-friendly initiative is based on a set of standards for maternity, health visiting, neo-natal and children's centre services and is designed to give parents the best possible care to help them build close and loving relationships with their baby, make informed choices about feeding, establish breastfeeding and help overcome any challenges they may experience.

It's the second time in three years that our maternity team has received the award and during that time the service has transformed the way it provides care, including providing a breastfeeding masterclass in person and online, and maternity support workers visiting mums at home to provide face-to-face help and offering 1:1 sessions which focus on feeding and all aspects of baby care.

UNICEF inspectors visited us in November and spoke to mums about the help they had received before and after their child's birth; 82% of mums who were asked said they were very happy with the care they received.

The team now has its sights set on going for gold by improving the care they deliver and securing the Achieving Sustainability award.

Ward accreditations

Four wards underwent accreditation in January. Our refreshed scoring system, which I outlined last month, has five levels: white, bronze, silver, gold and platinum (platinum is only available to wards that have achieved three gold accreditations in a row).

All four wards assessed this month under the new scoring system achieved bronze level: Macallum, Simpson, New Forrest and Midgley.

DAISY and PRIMROSE awards

I will provide an update on the latest DAISY and PRIMROSE awards next month – we haven't yet been able to surprise this month's winners due to shift patterns and annual leave but hope to do so shortly.

3.3 Excellent value and sustainability

Building our brighter future - Dartmouth health and wellbeing centre

The official opening for the Dartmouth health and wellbeing centre will take place on Tuesday 09 May 2023.

All providers who will be delivering care from the new site (ourselves, Dartmouth Caring, Dartmouth Medical Practice and Wellbeing Pharmacy) will move in together meaning that all services will be available onsite from the start.

Building our brighter future - our new Radiation Therapy Computed Tomography (RT_CT) Scanner

Work has begun this month to build a new Radiotherapy building that will house a brand-new Radiation Therapy Computed Tomography (RT-CT) Scanner at Torbay Hospital. The scanner will deliver state of the art technology to our Radiotherapy department offering a better patient experience and creating a more comfortable environment.

Work will start shortly on the £2.8 million project which is being built through an extension into Hengrave car park. This means that car parking in this area is unavailable from 20 February until Summer 2023.

We know a reduction in car parking causes concern, even for such a positive reason as this, so we have been working hard to find a solution that has minimal impact on existing services and to ensure that patient care is not compromised.

This includes allocating replacement Radiotherapy patient parking near our Physiotherapy department and creating new access routes into Radiotherapy from these. In addition, new pedestrian routes have been provided to and from the existing Rose Garden entrance.

We are sharing full information about the work and the new routes with patients who currently access the service before they attend their appointment.

We want to thank everyone who has been involved in the project and worked so hard to make this happen. The new building and scanner should be up and running, ready to accept patients in September 2023.

Building our brighter future – preparing for new buildings

We will be saying a fond farewell to Northcott Hall at Torbay Hospital soon as we start clearing our site for some exciting new developments.

Northcott Hall's removal marks the beginning of a £20 million Targeted Investment Fund (TIF) investment in two new theatres and an endoscopy suite scheduled for completion by December 2023 as the space will form the site compound for the new buildings. This will reduce the need to use car parking spaces to support the new builds.

The completion of two new day surgery theatres will increase the number of people we are able to treat and help reduce local waiting lists while the additional endoscopy suite will replace a mobile unit and allow us to offer a training academy.

This is the first of many changes planned on our Torbay Hospital site as enabling works for our New Hospitals Programme gets underway. Further changes are planned on both the South and North part of the site to ensure that we are fully prepared and ready to start building our new hospital buildings as soon as we can, enabling us to continue delivering the best care possible to our patients. Northcott Hall is located at the top of our Torbay Hospital site. Built in the 1960s the building was used for many years as nurse's accommodation although more recently it has stood vacant.

The building was named after Mr W R Northcott who was a member of the Torquay District Hospital Management Committee and was appointed Chairman in 1954-1959. He strongly supported the major development of Torbay Hospital that took place in the 1960s and it was mainly due to his influence that this development took place. He was also the first chairman of the South Western Regional Health Authority following the health service reorganisation in 1974. We are keen to trace any descendants or family members of Mr Northcott to involve them in the changes we are making. Please contact tsdft.bbf@nhs.net

The work to remove Northcott Hall will start in early March and should be finished by the end of the month. We are working closely with our contractors to ensure that there is minimal disruption and noise from the work.

4. Chief Executive engagement January

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 • Lead Governor and Deputy Lead Governor • Freedom to Speak Up Guardian • Paignton League of Friends 	<ul style="list-style-type: none"> • Meeting with NHS England and NHS Improvement (NHSEI) Board • Industry Advisor, NHSEI • Regional Chief Executive Officer, NHSEI • Regional Medical Director and Chief Clinical Information Officer, NHSEI • Chief Executive Officer, Integrated Care System Devon (ICSD) • Deputy Chief Executive, ICSD • Chief Finance Officer, ICSD • Chief Delivery Officer, ICSD • Director of Strategic Workforce, ICSD • Improvement Director, ICSD • Long Term Plan Programme Director, ICSD • Chief Executive Officer, Cornwall and the Isles of Scilly ICB • Interim Chief Medical Officer, Cornwall and the Isles of Scilly ICB • Chief Executive Officer, Royal Devon University Healthcare NHS FT • Chief Executive Officer, University Hospital Plymouth NHS Trust • Chief Executive Officer, Devon Partnership NHS Trust • Chief Executive Officer, LiveWell • Chief Executive Officer, Torbay Council • Director of Children's Services, Torbay Council • Director of Adult Social Care, Torbay Council • Director of Integrated Adult Social Care, Devon County Council • Assistant Director – South West, NHS Confederation

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

Recent key media releases and responses:

- If you can't make your appointment, 'pass it on' – launching our new campaign which encourages members of the public to let us know if they can't make their appointment so that we can rearrange and reopen the slot
- Self-managing diabetes support – promoting the Healthy Living Programme which involves group sessions that aim to help people self-manage their type 2 diabetes. An accompanying video featured Michael, who talked about how beneficial he had found the course
- Cost of living affecting parents – Dr Rowan Kerr-Liddell, consultant paediatrician, spoke to ITV West Country on the importance of regularly changing nappies, following financial concerns of parents due to the rising cost of living
- New Hospital Programme updates – outlining our cohort and current business case position on the New Hospitals Programme funding, following a number of enquiries
- Ambulance waits and busy emergency departments response – outlining in our responses to enquiries how people can help us during a busy time; by choosing the right service and supporting their loved ones when they are ready to leave hospital

Recent engagement on our social media channels includes:

- New video resources for staff who support people with learning disabilities – new video resources were created thanks to partnership working between our education team, the learning disabilities team, a local organisation called SPACE and their volunteers
- GP services at Brixham to open in February – marking the completion of the works to accommodate GPs at Brixham Community Hospital, which will see services start in February
- Twin cot donation – sharing a picture of the first set of twin babies to use our new twin cot, funded by the generous charitable donations we receive
- IOSH success – celebrating staff who have completed a health and safety course which will help further our awareness culture
- ASPIRing students – sharing a post from South Devon College about one of their learners who has joined our portering teams as part of the ASPIRE project
- Primrose Award – encouraging nominations for the award; a dedicated recognition scheme for our healthcare support workers
- Apprenticeship and education day – promoting our apprenticeships team's event for people to find out more about the many opportunities we have available
- Allied Health Professionals recruitment event – inviting people interested in an AHP career to join us for our upcoming recruitment event

- Help us focus on caring for you – highlighting the importance of treating our staff with respect, as part of our zero tolerance to abusive behaviour campaign

Development of our social media channels:

Channel	End of year target	As of 31 March 2021	As of 31 January 2023
LinkedIn	5,000 followers	2,878	5,562 ↑ 2,684 followers
Facebook	15,000 likes	12,141	13,655 ↑ 1,514 followers
	15,000 followers	12,499	14,674 ↑ 2,175 followers
Twitter	8,000 followers	6,801	7,771 ↑ 970 followers

7 Recommendation

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



Torbay and South Devon
NHS Foundation Trust

Report to Trust Board of Directors											
Report title: Integrated Performance Report (IPR): Month 10 2022/23 (January 2023 data)			Meeting date: 22 February 2023								
Report appendix	M10 2022/23 Finance report M10 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 Trust Management Group: 7 th February 2023 Executive Director: 15 February 2023 Finance, Performance, and Digital Committee: 20 February 2023										
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	<table border="1"> <tr> <td>Safe, quality care and best experience</td> <td>X</td> <td>Valuing our workforce</td> <td>X</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	X	Improved wellbeing through partnership		Well-led	X
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	<table border="1"> <tr> <td>Board Assurance Framework</td> <td>X</td> <td>Risk score</td> <td>20</td> </tr> <tr> <td>Risk Register</td> <td>X</td> <td>Risk score</td> <td>25</td> </tr> </table>			Board Assurance Framework	X	Risk score	20	Risk Register	X	Risk score	25
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. 			

Introduction

The Integrated Performance report pulls together the key metrics and performance exceptions across Quality, Workforce, Performance, and Finance.

The report highlights area of risk that have been escalated through the Integrated Service Units and Trust Board sub-committee structures.

The purpose of the report is to inform the FPDC and Trust Board of areas to note and provide more granular details against key areas of interest and potential concern. Operational narrative against key performance metrics are contained in the Chief Operating Officer's report.

Quality headlines

Incidents: In January 2023 four deaths and three serious incidents were reported. The four deaths were in relation to a hospital acquired infection, a patient fall, a delay in diagnosis and a post-surgical procedure complication. All incidents are being investigated as per the Incident management policy. The three severe incidents were in relation to two falls and an incident related to medication omission.

Stroke: Timely access to a dedicated stroke unit improves clinical outcomes for patients and offers improved quality of life outcomes. In January:

- 15.6% of patients were admitted to the stroke ward within 4 hours of arrival at hospital which is below the target of 90%.
- 54.5% of patients spent more than 90% of their stay on the stroke ward which is an improvement from December data of 28% against a standard of 80%
- A deep dive into the current risks and challenges at the Quality Assurance Group was undertaken in January 23 setting out the action plan monitored through the clinically led Stroke Governance Group. The team are attending the Integrated Stoke Delivery Network (ISDN) meeting in February for support in delivering the improvement plan.

Immediate actions:

- Each morning and continually throughout the day the stroke co-ordinator ensure that one female and one male bed are available to receive hyper-acute stroke patients. Where these two beds are occupied the patients will be moved to another appropriate bed on the ward to create capacity.

- Where there is no capacity on George Earl to maintain the hyper-acute pathway the stroke co-ordinator will work with the flow team to identify and transfer general medical patients that could be safely managed on another acute ward and stroke patients requiring a rehabilitation bed to Templar Ward.
- In high escalation 1 bed will be ring-fenced at all times and the stroke co-ordinator and team will have the responsibility to flex within the ward to accommodate either a male or female patient (or escalate to the flow team where support is required to do this). The stroke co-ordinator works directly with the Templar Ward team to proactively pull patients across from George Earl.
- Daily identification of Stroke patients outlying on other medical wards will be reviewed by the stroke team outreaching. The stroke co-ordinator will work with the flow team to ensure that patients will be repatriated back to a specialist stroke ward as soon as possible.

VTE assessment: VTE assessment compliance demonstrated a compliance rate of 95.5%. 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 (IP&C): TSDFT has followed the national trajectory in relation to the number of COVID-19 cases being reported. The beds closures associated with IP&C issues has decreased rapidly which aligns to the national trend.

The current data collection pulls combined data on beds effected with IP&C issues whether they are occupied or empty. Number of beds impacted by IPC have reduced by nearly 50 percent comparing data from 21/22 to 22/23:

- Dec '22 to Jan '23: 1656 bed-days lost
- Dec '21 to Jan '22: 3130 bed-days lost

There has been an increase in the number of hospital onset hospital acquired (HOHA) C-Difficile infections in the month of January 2023, with seven being reported. This is an increase compared to December 2022 of six cases, and an increase of two reported in January 2022. HOHA C-Difficile cases are at their highest in the month of January. There is also a potential link to the number of cases reported owing to OPEL4 status and the inability to HPV affected bays and side rooms due to time constraints, these are being performed manually which can increase the potential of spores being missed on cleaning. A full review of all seven cases has been undertaken which evidences no lapse of care reported in relation to contracting HOHA C-Difficile, supported further with no correlation being present in regards to the cases reported.

Actions taken:

- Introduced weekly C-Diff ward rounds with microbiologist and antimicrobial pharmacist and IPC
- After Action Reviews (AAR) are undertaken if IPC identify any lapse in care
- A review of HPV process is taking place, to ensure where HPV cleaning is required it is undertaken
- Where there are any clusters stools are sent for typing to rule out the same strain
- Performance Team are designing a data set that will provide a report in the coming months that separate number of beds closed and empty due to IP&C issues and beds closed but occupied due to IP&C issues

- Nationally there is a review looking at links between COVID-19 and diarrhoea and the possible links to antibiotic use and C-Difficile.

Maternity:

- There were no stillbirths reported in January 2023.
- Breastfeeding initiation rates at delivery remain stable at 63% and continue to be reported through System One.
- A thematic review of all perinatal deaths that occurred in 2022 is currently being undertaken. This will be presented through the speciality governance groups and QAC in March 2023.

Staffing:

- The Registered nurse fill rate for days during January 2023 is reported as 92.1% which is a slight increase from December 2022 fill rate of 91.6%
- The fill rate for Health Care Support Workers has increased slightly to 100.9% for days from a December position of 98%.
- Twice daily staffing meetings continue to escalate any staffing concerns and actions put in place to ensure all clinical areas are safely staffed.

Strengthening lens on Quality Priorities

Work continues within the ISU's to develop the Quality metrics in line with our Quality Strategy and priorities which include:

- Sepsis
- Deteriorating Patient
- Falls
- Nutrition and Hydration
- Discharge of patients

We are working on refining the metrics for above and developing the reporting framework to the Board. To support monitoring at the care setting we are implementing new Quality Boards and these are being rolled out in March/April. The roll out plan will include educational support for clinical teams to understand how to use and develop their boards, and there is a plan to provide a Clinical Data Quality School so clinical teams can understand and use their data to drive improvements.

Workforce Headlines

The preliminary annual rolling sickness absence rate is 5.60% to the end of Jan 2023. The sickness target rate is 4%. Sickness has decreased significantly in Jan (from 6.54% in Dec) with the monthly figure standing at 4.23%.

January's Achievement Review rate decreased slightly to 76.68% from 76.70% in Dec.

While the Trust's turnover rate of 13.33% for the year ending January 2023 remains within the normal tolerances of 10-14%, the SPC chart clearly reflects an upward trend since July 21. This in part reflects the significant increase in the number of our colleagues retiring and returning, which accounts for 1.7% of the overall turnover rate.

There are significant increases in voluntary resignation relating to a better reward package, promotion, work life balance, health and working relationships. Devon ICS is running a one-year project to support and improve the retention of key staff. The staff

groups shown as having the highest turnover are early stage career support to nursing (SN) staff aged 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 December **overall** rate mandatory training figure decreased slightly to 89.70% against a target of 85. **Information Governance, Manual Handling and Safeguarding Children are all below the target compliance level** for Corporate Mandatory training.

Performance Headlines

This month's Integrated Performance Report includes the dashboard of key metrics. Integrated Service Units (ISU) held governance meetings in January with items for escalation agreed. Key performance headlines are presented by the System Care Group directors for Planned Care, Urgent Care, and Families Community and Home as part of weekly review by the Chief Operating Officer and monthly at the Trust Management Group meeting.

The Committee are asked to note:

Chief Operating Officer (COO) report: Operational performance updates from each of the system directors covering key operational performance metrics is covered in the COO report.

System Operational Framework (SOF): In December 2022 NHS England rated the Trust at SOF 4 (NHS System Oversight Framework) along with the wider Devon System. The trust was previously rated as SOF 3. The levels are rated as levels 1-4 with SOF 4 being the highest level of oversight. This decision was reached due to our financial performance and delivery against performance targets.

Exiting SOF 4 is the key objective to achieve over the coming months. There is a Draft set of exit criteria to be achieved, however we are awaiting finalisation of these to reflect the changes in the operational planning guidance for 23/24.

The Integrated Performance Report will be changed to reflect this focus and build in the details of the SOF4 exit plans and progress against these plans and milestones.

In support of the performance standards relating to Elective Recovery the Trust will have operational recovery plans at specialty level to describe the actions and target milestones that need to be delivered and monitored. These plans are being finalised for sign off by end of March.

Below is an extract from the published National summary of the Operational Framework indicators.

NHS OF Metric Name Full	Aggregation Source	Period	PRV
			TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST (RA9)
S009c: Total patients waiting more than 104 weeks to start consultant led treatment	Provider	2022 11	38
S010a: Total patients treated for cancer compared with the same point in 2019/20	Provider	2022 11	98.7%
S011a: Cancer - percentage of patients on the waiting list who have been waiting more than 62 days	Provider	w/e 08/01/2023	18.6%
S012a: Proportion of patients meeting the faster cancer diagnosis standard	Provider	2022 11	67.1%
S013a: Diagnostic activity levels: Imaging	Provider	2022 11	106.6%
S013b: Diagnostic activity levels: Physiological measurement	Provider	2022 11	121.2%
S013c: Diagnostic activity levels: Endoscopy	Provider	2022 11	55.4%
S013d: Diagnostic activity levels: Total	Provider	2022 11	99.5%
S022a: Stillbirths per 1,000 total births	Provider	2020	2.57 per 1,000
S034a: Summary Hospital level Mortality Indicator	Provider	2022 08	2 - as expected
S035a: Overall CQC rating	Provider	2022 12	3 - Good
S038a: Consistency of reporting patient safety incidents	Provider	Apr 2022 - Sep 2022	100%

The Trust is now required to meet improvement milestones against agreed SOF4 exit criteria – the current set of exit criteria for operational performance metrics (noting that these remain draft and under review), are set out below.

UEC	Month on month improvements, over one quarter, in ambulance handover delays (>15 minutes & > 3 hours) against the agreed baseline and trajectories
	Month on month improvements, over one quarter, in total average time in ED & 12 hour breaches against agreed baseline and trajectories
	Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories
	Reduction in number of patients who no longer meet the "criteria to reside in hospital" to no more than 5% by X
Elective Recovery	Reduction in number of patients who no longer meet the "criteria to reside in hospital" to no more than 2019 levels by X
	Reduction in waits over 104 weeks, inline with agreed plan, against agreed baseline
	Reduction in waits over 2.5 years to national target against agreed baseline
	75% of GP referred patients diagnosed within 28 days
	To exit Tier 1: The percentage of patients waiting over 62 days to start cancer treatment across the system is less than double the requirement for March 23 (≤12.8%) and working towards achieving the national target.
	To exit Tier 1: The weekly number of patients waiting over 62 days decreases over 4 consecutive weeks and remains stable, or improving for 2 out of 3 months for the quarter

Tier 1 performance oversight: The Trust remains in the Tier 1 performance regime from NHS England against access targets for cancer and Referral to Treatment (RTT) long waits. The weekly executive meetings with south west region performance leads continue to review progress and gain assurance on agreed action plans. The Trust is delivering a steady reduction in the longest wait cohorts with additional capacity now confirmed in Q4 to see a trajectory to achieve 176 patients greater than 78 weeks and zero 104 week waits by 31st March. The number of patients over 104 weeks at the end of January is 22.

Looking further ahead into 2023_24 there is a significant increase in the number of patients requiring treatment who have already been waiting over 26 weeks. In comparative terms to the same period last year this represents an additional 8,000 patients requiring treatment by 31st March 2024. The forecast trajectories at current level of activity for long RTT waits show an increase in long wait numbers for 65 and 78 week RTT from the level that will be achieved by the end of March 2023. Operational recovery plans to build capacity and productivity are in the process of being confirmed with teams. These plans will reflect:

1. A continuation of elective Recovery Funding to support non-recurring additional activity in the most challenged areas at risk of not meeting the long wait referrals to treatment times > 65 weeks, diagnostic and cancer performance standards.
2. Productivity and activity levels returning to a minimum of that seen pre covid with a target of 103% on a like for like workforce basis.
3. Delivery of transformation programme to support achievement of GIRFT and Model Hospital productivity benchmarks.

Intensive Support Team visit: In January, as part of the SOF 4 and Tier 1 oversight the Trust had a planned visit from the Intensive Support Team (IST). This visit reviewed the trusts governance capacity and plans to deliver against the Cancer Diagnostics and RTT wait times standards. The report has been received with findings and recommendations to be reviewed.

UEC headlines: The Trust has seen significant improvements in recent weeks against the number of patients reported as having no criteria to reside (delayed discharges). This has had a positive effect on patient flow contributing to reduced number of ambulance delays and overall time in the emergency department.

Operational focus remains on improving the discharges earlier in the day before noon, increasing the number of discharges over a weekend, reducing length of stay, and number of patients in hospital who are medically fit and classed as having 'no criteria to reside'.

Adult Social Care: The 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.

2. Finance headlines

At Month 10 (January) the planned deficit for the year to date is £1.63m, the actual reported deficit is £13.80m, £12.17m adverse to plan.

Following a thorough review of reserves items and deferred income, £11.14m 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£24.94m. Key drivers include under delivery of CIP, Emergency Department and Acute Medial Unit pressures and higher premises costs such as utilities. Trends within the Independent Sector (adult social care & continuing healthcare) are of concern and a recovery plan is in place, bridging also into next financial year.

Total reported in month income for M10 is £1.93m favourable to plan. Key drivers are:

Pay award (1.7% add tariff inflation)	£0.67m
Miscellaneous contract income & external funding	£0.52m
ASC Income	£0.30m
Fair cost of care & delayed discharge grant	£0.30m
Education and other income	£0.28m
Winter funding	£0.25m

Offset by:

Covid Labs testing	(£0.29m)
Torbay Pharmaceuticals sales	(£0.10m)

Operating expenditure and financing costs in M10 are £4.12m adverse to plan. Key drivers are as follows:

Substantive pay (incl. pay award, partially offset by income)	(£1.57m)
Agency spend	(£0.62m)
Bank spend	(£0.51m)
ASC/Placed People non-pay	(£1.27m)
Outsourcing costs (radiology and ESRF)	(£0.40m)
Premises and transport costs	(£0.38m)
Clinical supplies & services	(£0.22m)

Offset by

Financing & other	£0.54m
Trust wide miscellaneous expenditure	£0.31m

The cash position at the end of January is £9.50m. Access to PDC support remains critical to the Trust's 2022/23 cashflow. In line with the revised capital forecast, the Trust during November 2022 drew down £5.90m of emergency capital PDC. Cashflow has also benefitted from the agreement of the ICB to pay block income at the beginning (rather than the middle) of the month.

Spend on capital schemes (CDEL) £19.75m which is behind (£4.08m) the plan value of £23.82m at the end of January.

The year to date plan for efficiencies was £23.27m at M10, of which £17.94m has been formally transacted via the financial ledger and delivered. The current trajectory indicates a possible CIP shortfall of up to £8.01m for the year, against the £28.45m requirement. The in-year additional mitigation required in the last quarter is a minimum of £2.8m. The delivery director has now started in January, the team is also in the process of finalising and quantifying the recurrent CIP delivery position for 23/24. The forecast CIP delivery for 22/23 includes £10.33m (50% of the total) which is non-recurrent (arising largely from vacancies). This high proportion delivered non-recurrently puts additional pressure on the financial modelling for 23/24.

Looking ahead:

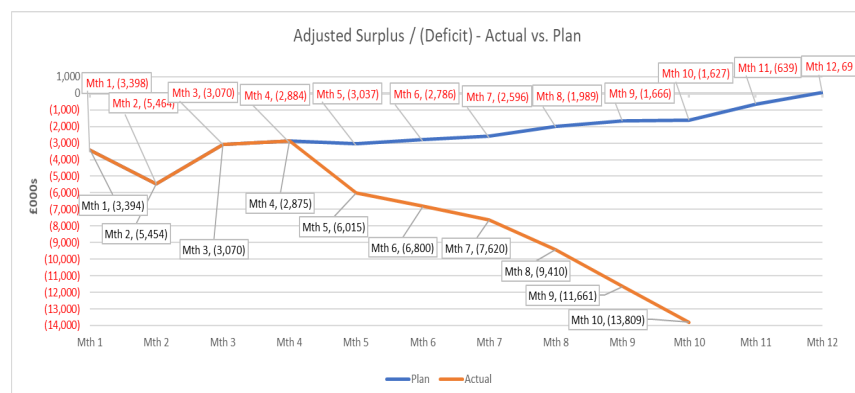
- The forecast deficit is £18.62m, in January an additional sum (£1.5m) has been added to the mitigation via ICB allocation, therefore the revised deficit reported to NHSE/I is £17.12m.
- In order to achieve the £17.12m forecast deficit target, all uncommitted spend in the last two months will need to be reviewed, and further mitigations amounting to £2.88m need to be delivered.
- 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.
- Through CIP Delivery Group and CIP Governance Working Groups, the Trust continues to drive delivery of CIP considering the division financial recovery plans for in year delivery and future years. M10 has seen an in-year improvement in CIP delivery c£2.4m since M09.
- Jointly working with the ICS, the Trust started the 2023/24 operational planning process in November and a planning group has been set up which involves finance, workforce, performance and operational colleagues. The current focus is on establishing a credible recurrent baseline for 2023/24 and details on CIP delivery plan for national draft submission on the 23rd February 2023.

Financial Performance – Month 10 (January) FY 2022 / 23

Financial Overview- Month 10, January 2023

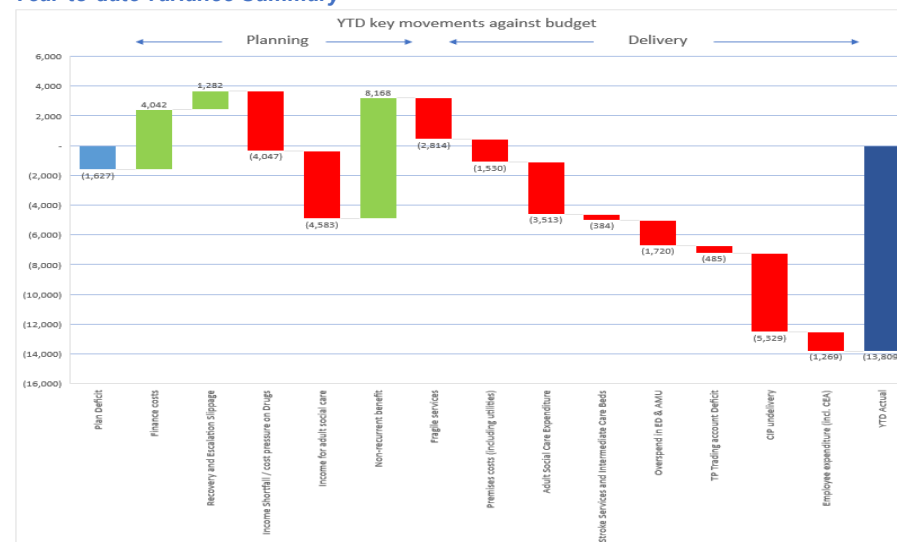
High Level Summary- Year to Date Position

For Period ended - 31 January 2023, Month 10			
	Plan £m	Actual £m	Variance £m
Total Operating Income	490.75	504.37	13.63
Total Operating Expenditure and Financing Cost	(493.10)	(518.14)	(25.04)
Surplus/(Deficit)	(2.36)	(13.77)	(11.41)
Add back: NHSE/I Adjustments	0.73	(0.03)	(0.76)
Adjusted Surplus/(Deficit)	(1.63)	(13.80)	(12.17)
CIP	23.27	17.94	(5.33)
Capital (CDEL)	23.82	19.75	(4.08)
Cash & Cash Equivalents		9.50	



At Month 10 (January) the planned deficit year to date is £1.63m. The actual reported deficit is £13.80m, £12.17m adverse to plan. Taking into account a sum of £11.14m non-recurrent mitigations and revenue adjustments in this position, the underlying year to date deficit is c£24.94m, largely due to the gap in CIP delivery, income assumptions and operational pressures. The forecast deficit is now £17.12m, an improvement from the formally notified £18.62m owing to an additional sum of £1.5m income being allocated by the ICB.

Year-to-date variance Summary



Year to Date significant adverse variances to plan relate to:

- Under delivery of CIP- £5.3m (predominantly pay)
- ASC Income pressure against original planning assumption- £4.6m
- Adult Social Care (ASC) / Continuing Health Care (CHC) cost pressures - £3.5m
- Emergency and AMU pressures £1.7m
- Premises and estates related cost £1.5m e.g. utilities and catering
- Inpatient and Outpatient drug costs £4.1m

CIP Summary

Year to date CIP target at M10 £23.27m, of which £17.94m has been formally transacted via the financial ledger and delivered. Undelivered CIP £5.33m is contributing to the deficit position, predominantly pay. The current trajectory indicates a CIP shortfall of £8.01m for the year, albeit an improvement of C£2.35m since M10. The remaining gap in CIP position requires mitigation and the trust continues to identify schemes to close the gap.

Non-recurrent Mitigation and Other

Within M10 year-to-date position, £11.14m has been released including non-recurrent mitigations and other revenue adjustments.

Forecast Overview

The forecast deficit is now £17.12m, a £1.5m improvement on the £18.62m formally notified to NHSE last month owing to an additional income allocation via the ICB. 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.

	M10 Forecast Base £m	M10 Forecast Worst £m	M10 Forecast Best £m
Plan	0.07	0.07	0.07
Fragile services	-3.14	-3.14	-3.14
Premises costs (including utilities)	-1.90	-1.90	-1.90
Finance costs	3.31	3.31	3.31
Adult Social Care Expenditure	-5.22	-5.22	-5.22
Stroke Services and Intermediate Care Bed	-0.34	-0.34	-0.34
Overspend in ED & AMU	-1.45	-1.45	-1.45
TP Trading account Deficit	-0.51	-0.51	-0.51
Recovery and Escalation Slippage	0.45	0.45	0.45
Income Shortfall / cost pressure on Drugs	-4.89	-4.89	-4.89
Income for adult social care	-5.50	-5.50	-5.50
Run Rate Forecast Trajectory	-2.88	-2.88	-2.88
ERF reduce spend in Q4	0.61	0.00	0.61
Review vacancies	1.00	0.00	1.00
Pension discount rate benefit	1.27	0.00	1.27
CIP undelivery	-8.01	-8.21	-7.01
Non-recurrent benefit	9.97	8.61	9.97
Employee expenditure (incl. CEA)	-1.45	-1.45	-1.45
ICB contribution	1.50	1.50	1.50
Forecast Deficit	-17.12	-21.56	-16.12

In Month I&E Position – Month 10, January 2023

£m	M10 - In Month		
	Budget	Actual	Variance
Patient Income - Block	32.62	33.01	0.38
Patient Income - Variable	4.33	4.70	0.36
ERF/ERF+/TIF/Capacity Funding	0.60	0.52	(0.08)
ASC Income - Council	4.67	5.18	0.51
Other ASC Income - Contribution	1.08	1.05	(0.03)
Torbay Pharmaceutical Sales	1.84	1.73	(0.10)
Other Income	3.76	4.59	0.83
Covid19 - Top up & Variable income	0.27	0.33	0.06
Total (A)	49.18	51.11	1.93
Pay - Substantive	(23.33)	(25.41)	(2.08)
Pay - Agency	(0.64)	(1.25)	(0.62)
Non-Pay - Other	(12.97)	(13.66)	(0.69)
Non- Pay - ASC/CHC	(9.62)	(10.89)	(1.27)
Financing & Other Costs	(2.66)	(2.12)	0.54
Total (B)	(49.22)	(53.34)	4.12
Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)	(0.03)	(2.23)	(2.19)
NHSE/I Adjustments - Donated Items / Impairment / Gain on Asset disposal	0.07	0.08	0.01
Adjusted Financial performance - Surplus / (Deficit)	0.04	(2.15)	(2.18)

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

Income

- Overall patient income variance is £1.93m above plan. Main reasons include partial funding for the back dated pay award £0.67m, release of ASC council income £0.30m, fair cost of care and delayed discharge grant £0.30m, winter funding £0.25m, deferred income releases £0.52m and Education and other income £0.34m. Main adverse variances are Covid Labs testing matched to spend (£0.29m), and Torbay Pharmaceutical sales (£0.10m).

Pay

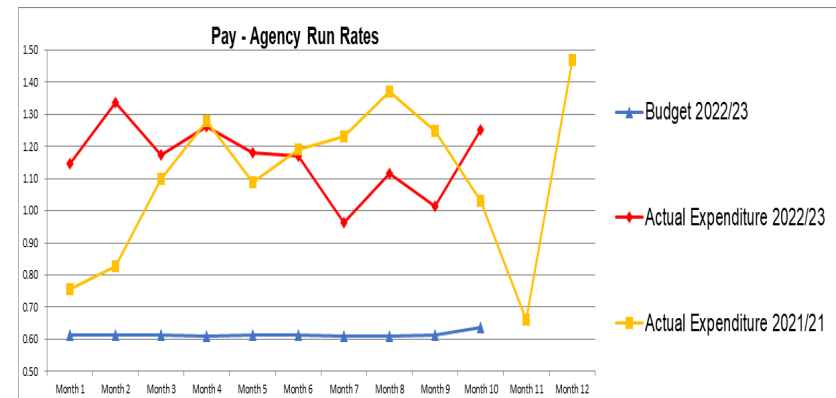
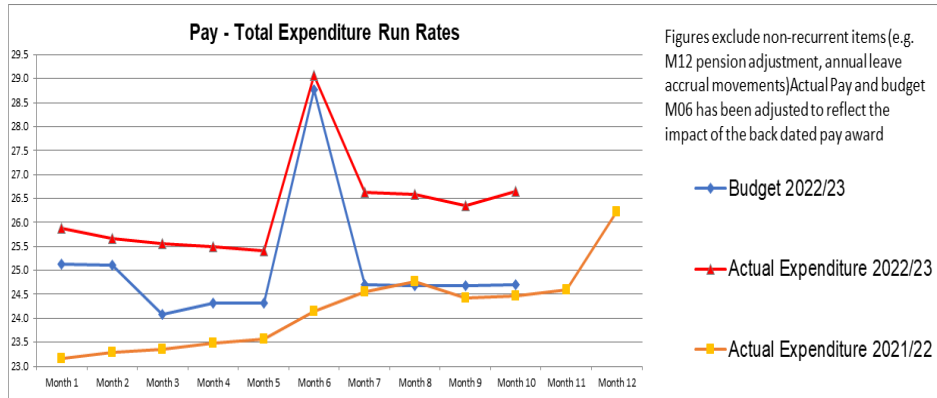
- M10 pay when comparing to M09 is £0.31m higher. An increase in substantive consultants and agency pay has been partially offset with a reduction in bank usage.
- CIP target in M10 for pay is £1.77m of which £1.90m has been identified and delivered, 73% being non-recurrent vacancy slippage
- Agency costs are (£0.62m) higher than the budget, with an increase of (£0.24m) from M09. The overspend in Agency mainly relates to medical (£0.33m) and nursing (£0.23m) staff groups.

Non-pay

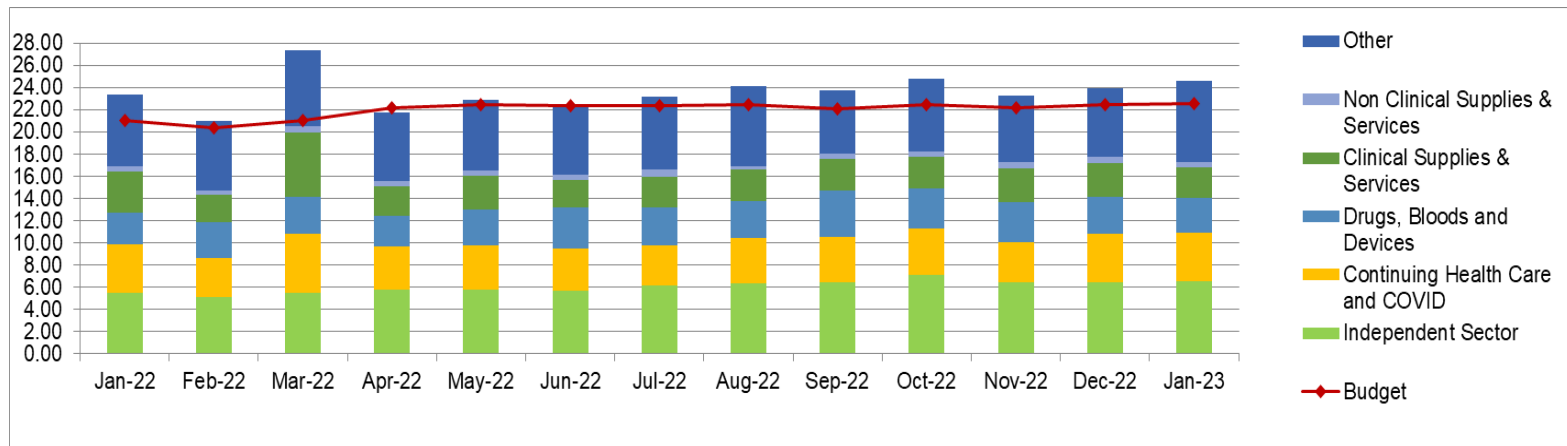
- Non-pay overall is overspent by (£1.96m) material areas being outsourcing costs linked to radiology and ESRF (£0.40m), clinical and general supplies and services (£0.22m) and premises and transport costs (£0.38m). Offsetting underspends on miscellaneous purchases across the Trust.
- The non-pay CIP target for M10 is £0.70m of which £1.13m had been delivered.
- ASC overspend of (£0.83m) driven by high levels of activity at higher prices and level of complexity. Placed People overspend of (£0.38m) due to activity levels and higher prices on CNC/FNC, higher complex care costs on Adult IPP and unachieved CIP (CHC assessment delays).

Income and Expenditure by System				
System Description	Expenditure & Income Category	M10 In Month Budget	M10 In Month Actual	M10 In Month Variance
Children and Family Health Devon (CFHD)	Operating expenditure - Pay	(1.02)	(0.97)	0.05
	Operating expenditure - Non Pay	(1.53)	(1.46)	0.07
	Income from patient activities	2.51	2.58	0.07
	Other Operating Income	0.04	0.06	0.02
Children and Family Health Devon (CFHD) Total		(0.00)	0.21	0.21
Pharmacy Manufacturing Unit	Operating expenditure - Pay	(0.83)	(0.75)	0.08
	Operating expenditure - Non Pay	(1.01)	(0.98)	0.03
	Misc non-operating items	(0.01)	(0.01)	0.00
	Finance expenditure	(0.01)	(0.01)	0.00
	Income from patient activities	0.04	0.05	0.01
Pharmacy Manufacturing Unit Total		0.01	0.03	0.02
Shared Corporate Services	Operating expenditure - Pay	(2.75)	(5.79)	(3.04)
	Operating expenditure - Non Pay	(6.43)	(5.08)	1.35
	Misc non-operating items	(0.57)	(0.50)	0.07
	Finance expenditure	(0.08)	(0.07)	0.01
	Income from patient activities	37.53	37.98	0.46
	Other Operating Income	1.83	1.80	(0.03)
	Finance income	0.00	0.09	0.09
Shared Corporate Services Total		29.53	28.43	(1.09)
Planned Care, Long Term Conditions and Diagnostics	Operating expenditure - Pay	(10.50)	(10.26)	0.24
	Operating expenditure - Non Pay	(4.71)	(5.45)	(0.74)
	Finance expenditure	(0.01)	(0.01)	0.00
	Income from patient activities	2.26	2.52	0.26
	Other Operating Income	0.60	0.38	(0.22)
Planned Care, Long Term Conditions and Diagnostics Total		(12.37)	(12.82)	(0.46)
Urgent & Emergency Care and Operations	Operating expenditure - Pay	(3.65)	(3.80)	(0.15)
	Operating expenditure - Non Pay	(0.28)	(0.72)	(0.44)
	Finance expenditure	(0.14)	(0.14)	0.00
	Income from patient activities	0.72	1.18	0.45
	Other Operating Income	0.01	0.09	0.08
Urgent & Emergency Care and Operations Total		(3.33)	(3.39)	(0.06)
Families, Community and Home	Operating expenditure - Pay	(5.22)	(5.09)	0.13
	Operating expenditure - Non Pay	(10.44)	(12.32)	(1.88)
	Income from patient activities	1.72	2.44	0.72
	Other Operating Income	0.06	0.28	0.21
Families, Community and Home Total		(13.87)	(14.69)	(0.82)
Grand Total		(0.03)	(2.23)	(2.19)

Pay Expenditure Run Rate – Month 10, January 2023



Non-Pay Expenditure – Month 10, January 2023



Risks and Mitigations

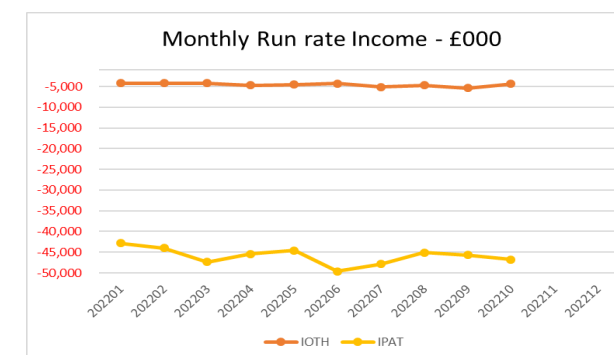
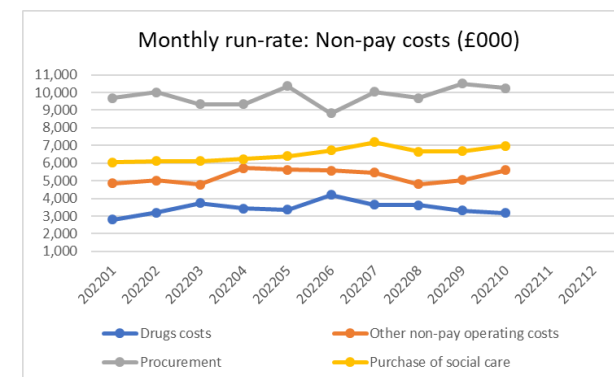
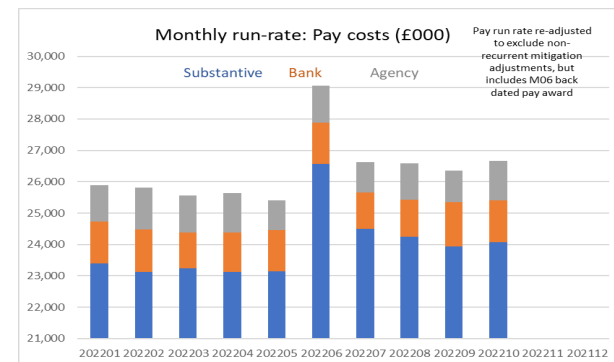
Year to date £17.94m CIP has been identified and transacted against a year to date target of £23.270m. The balance of undelivered CIP is contributing to the reported deficit position, this continues to be an unsustainable position.

ESRF income has been assumed at £4.0m year to date with no claw back.

Forward Look

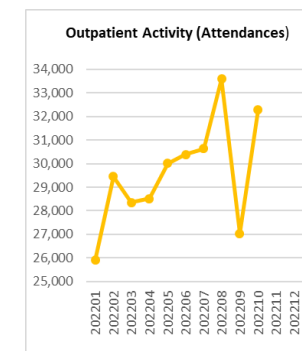
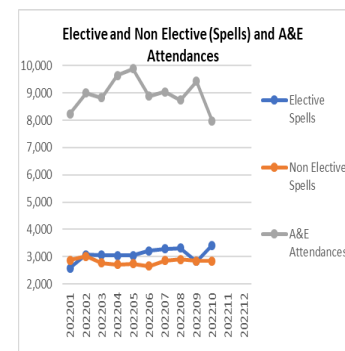
The Trust's final plan re-submitted on 20th June to NHSE/I illustrates a breakeven position for the year as required by regulators.

- The forecast deficit is now £17.12m as previously described.
- In order to achieve the £17.12m forecast deficit target, all uncommitted spend in the last two months will need to be reviewed, and further mitigations amounting to £2.88m needs to be delivered.
- Other significant risks to achieving the financial plan includes any further excessive growth in the adult social care independent sector.
- Through CIP Delivery Group and CIP Governance Working Groups, the Trust continues to drive delivery of CIP considering the division financial recovery plans for in year delivery and future years. M10 has seen an in-year improvement in CIP delivery c£2.4m since M09.
- Jointly working with the ICS, the Trust started the 2023/24 operational planning process in November and a planning group has been set up which involves finance, workforce, performance and operational colleagues. The current focus is on establishing a credible recurrent baseline for 2023/24 and details on CIP delivery plan for national draft submission on the 23rd February 2023.



Change in Activity Performance – Month 09 to Month 10

	Point of Delivery	Apr 22 Actual	May 22 Actual	Jun 22 Actual	Jul 22 Actual	Aug 22 Actual	Sep 22 Actual	Oct 22 Actual	Nov 22 Actual	Dec 22 Actual	Jan 23 Actual	% YTD vs Plan	Jan-20	Jan 23 v Jan 20 % change
Activity Drivers	Day Case	2,338	2,797	2,789	2,781	2,785	2,917	3,011	3,042	3,042	3,146	101%	3,200	-2%
	Elective	246	277	252	266	257	296	282	280	244	267	102%	326	-22%
	Outpatient New	7,431	8,205	7,991	8,405	8,429	8,472	8,501	9,420	7,668	8,971	101%	9,475	-6%
	Total Elective	10,015	11,279	11,032	11,452	11,471	11,685	11,794	12,742	10,954	12,384	101%	13,001	-5%
	F-Up	18,468	21,240	20,363	20,802	21,585	21,917	22,141	24,177	19,369	23,324	102%	25,089	-8%
	Non-Elective	2,875	3,006	2,776	2,716	2,751	2,658	2,862	2,895	2,841	2,847	86%	3,451	-21%
	A&E Attendances	8,238	8,991	8,819	9,642	9,885	8,884	9,043	8,736	9,422	7,982	104%	9,285	-16%
	Grand Total	39,596	44,516	42,990	44,612	45,692	45,144	45,840	48,550	42,586	46,537	101%	50,826	-9%
Bed Utilisation	Occupied beds DGH	10,465	11,188	10,709	10,691	10,756	10,578	10,810	10,590	10,939	11,221			
	Available beds DGH	11,164	12,000	11,359	11,588	11,652	11,109	11,388	10,994	11,375	11,598			
	Occupancy	94%	93%	94%	92%	92%	95%	95%	96%	96%	97%			



Activity Drivers

- Overall ESRF activity being outpatient new, follow up procedures, day case and inpatient electives for January is 93% of 19/20 activity. This reflects all the efforts to build back capacity and maintaining ringfenced planned care.
- Internal ESRF calculations have been based on local Pbr datasets. We are aware of discrepancies amongst the local dataset and that used for the national calculation, but this is replicated across all local Providers.
- The ESRF threshold is to achieve 104% of 19/20 value weighted activity. The Trust received funding of £5m to achieve the 104%. There have been changes to the ESRF funding rules at national level. 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 below those reported for January 2020, this is in part due to the establishment of patient pathways direct to the medical and surgical assessment units following GP referral. A&E waits have been long with 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.
- Elective Inpatient Spells – YTD 102% vs plan but 22% 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 21% 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 January are performing slightly below 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

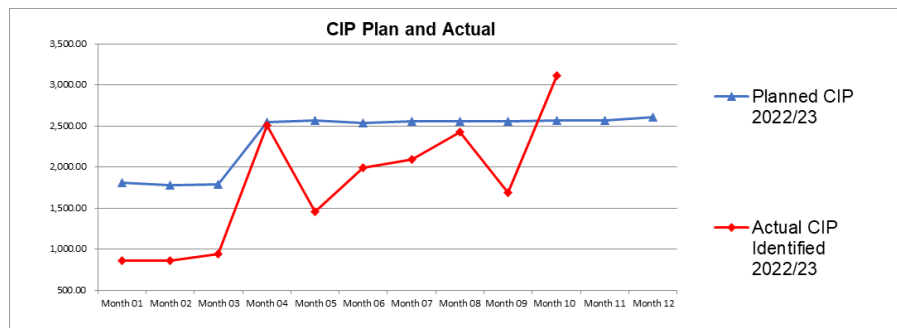
- In January, the overall bed occupancy for Acute beds is 97%. This level of bed occupancy is above required levels to support timely patient flow to avoid emergency care delays from the emergency department and assessment units. The use of the discharge lounge continues support earlier in the day to increase the number of patients discharged before noon and 17.00 each day, there is also a continued focus to increase the number of patients discharged at weekends. 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. More 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.
- Work continues to focus on the number of patients identified as medically fit and having “no criteria to reside” in an acute hospital bed. Capacity in Adult Social Care to support patients requiring domiciliary packages of care remaining a challenge. In January there has been a reduction in the number of beds blocked with a daily average of 47 reducing to a daily average of 34 in the last two weeks of January.

Key Drivers of System Positions – Month 10, January 2023

System	ISU	Financial Commentary / Key Drivers
Children & Family Health Devon	CFHD	Budget has been set on model option 2 for 2022/23. At M10, the Alliance generated a surplus and after applying a risk share calculation, TSD is benefiting from £1,977k surplus to the I&E. The actual expenditure run rate has remained constant. The proposed staffing model and clinical pathways consultation was approved at the beginning of February 2023, with Senior Teams leading discussions on pathway options; this contributes to a current high level of vacancies which is unlikely to change until the new financial year. SystemOne EPR revenue has been budgeted for; the resource and available support are currently being reviewed for implementation commencement in 23/24 – on that basis, 0% of the revenue spend has been included in the month 10 forecast position.
Torbay Pharmaceuticals	PMU	TP performance is reported in private
Corporate	EFM	Overspent at M10 by (£3.28m). Pay is overspent by (£1.08m) due to increased deep cleaning, escalation, ward opening and clinical demand; with an unachieved vacancy factor target of (£145k). Non-pay is overspent by (£2.85m) due to increased energy costs, waste management, laundry contract, repairs and maintenance. Income has over achieved by £655k including increased income for visitor car parking, catering meal sales offset by reduction in accommodation income. There are also increases in patient/visitor car parking charges and meal sales. Unachieved CIP target of (£1.60m).
	Exec. Directors	Against a budget of (£37.2m) there is a year to date underspend of £0.69m. There are some areas of overspends related to the medical directorate due to unfunded LCEA awards at (£0.65m), Deloitte's planning and support review (£0.32m) and operational directors £0.27 due to agency usage and recruitment fees. Offsetting under spends held within Health Education England (HEE) income regarding medical training and education £0.62m, Health Informatics Service £0.52m due to vacancies and non-recurrent benefits and STP resourcing at £0.66m. Unachieved CIP target of (£0.5m).
	Financing Costs	Excluding items outside the NHSE control total, costs are £3.5m 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 non- recurrent mitigations release for position £10.8m Recovery and Elective Recovery costs have been allocated to a central budget to allow better analysis of expenditure. In M10 there is an overspend of £372k due to continual pressures across recovery areas including Decant.
Families, Community and Home	Torquay	Against a budget of (£36m) there is a YTD overspend of circa £0.15m (0.4%) which is entirely driven by an overspend of (£0.8m) on intermediate care (IC) placements within the Torbay area caused by a combination of higher volume of clients and a number of highly complex cases requiring care, way in excess of the previous six week maximum. This area is under constant review by operational leads and changes to improve the average length of placement being implemented to help the limit on going cost pressures in this area. Partially mitigating these IC pressures is application of £0.45m of NHS demand & capacity winter plans funding and £0.3m of Urgent Care Response non-recurrent funding from NHS Devon.
	Moor to Sea	Against a budget of (£19.8m) there is a YTD overspend of £0.3m (1.5%). This overspend is primarily driven by HOP ward nursing (Cheetham Hill & Simpson) overspends of circa £0.35m,

	Independent Sector	Against a budget of (£82.6m) there is a YTD overspend of £4.8m (5.8%) and this is underpinned by three main areas. The target CIP target is not being fully achieved (£1.3m under achievement), volume / prices pressures within the ASC area on Dom Care, Nursing Long Stay and direct payments (£4.5m) and finally there is £1.9m of cost pressures within the health Placed People area, materially the CHC South Devon locality. These issues are being partially mitigated by releasing accruals across both ASC and Placed People (£2.1m) and application of £0.8m of sustainability funding from Torbay Council.
Urgent & Emergency Care and Operations	Newton Abbot	Against a budget of (£32m) there is a material 9.4% YTD overspend of £3.0m. The first main driver behind this is CIP under achievement of £1.1m. In addition to this there is a £1.65m overspend within the nursing Emergency Department area mainly linked to the unfunded 11 escalation beds. Other areas of overspend are Emergency Services medical costs £0.7m (escalation beds and locums to cover for sickness in this high-risk area) and £1.0m overspend within the Acute Medicine directorate (Acute Medical Unit and medical costs). This area is under review by operational leads with a key focus on winter planning and the ongoing appropriate application of additional winter planning funding (£1.2m YTD) which in the last four months has helped reduce the rate at which the overspend was increasing and partially mitigate the cost pressures described above.
	Trust Wide Support Services	YTD this area is showing a minimal overspend of £0.15m against a budget of (£1.85m). This is mainly driven by an overspend on Transport costs (primarily Patient Transport) but are partially being mitigated by an over delivery on the CIP savings target.
Planned Care, Long Term Conditions & Diagnostics	Paignton and Brixham	Against a budget of £57.6m there is a YTD overspend at M10 of £3.4m (5.9%). Pay costs are broadly breakeven (excluding CIP) which consists of overspends for locum usage, additional medical sessions, and nurse agency costs £0.86m, offset with underspends due to vacancy slippage £0.90m. Other adverse variances are against CIP delivery £1.1m (although to note £2.1m savings have been transacted to date), non-pay expenditure adverse £1.9m being mainly Radiology outsourcing, medical equipment, consumables, and drugs £0.4m. Overall run rates have been relatively consistent compare to the previous quarter.
	Coastal	Against a budget of £66.4m there is a YTD overspend at M10 by £1.6m (2.4%). Pay is overspent £0.4m (excluding CIP) which consists of savings due to vacant posts £1.7m, offset with Medical locum costs £1.5m, nursing staff including SRU £0.6m. Non-pay is overspent £1.3m mainly due to medical and surgical supplies, and drugs £0.3m. Other adverse variance is against CIP delivery variance £0.7m (although to note £2.3m savings have been transacted to date), fav variance income £0.9m. Run rates have remained broadly in line with the previous quarter except a decrease in Gastro drug costs, and theatre supplies M10. ESRF recovery schemes are recorded centrally and not within this ISU.
Contract Income	Patient Income	The Trust has received the following income in M10: 1) Income assumed for Elective Recovery Funding in M10 and year to date is £4.0m. 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 10, January 2023



CIP

Phased delivery of the efficiency plan for the first ten months is £23.27m. Per the Trust's April planning submission, the split of the £23.27m target as at M10 is:

- Pay related - £16.17m
- Non-pay related - £6.09m
- Income related - £1.01m

The Trust's actual financial performance up to M10 indicates a shortfall of £5.33m (c.23%) against the efficiency target, predominantly linked to the position on pay, with delivery to date viewed as:

- Pay related - £12.51m
- Non-pay related - £4.55m
- Income related - £0.89m

Based on the M10 position, the end of year forecast for CIP delivery is estimated at c. £20.44m (c. 72%) against the full £28.45m 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. The in-year additional mitigation required in the last quarter is a minimum of £2.8m. The delivery director has now started in January, the team is also in the process of finalising and quantifying the recurrent CIP delivery position for 23/24. The forecast CIP delivery for 22/23 includes £10.33m (50% of the total) which is non-recurrent (arising largely from vacancies). This high proportion delivered non-recurrently puts additional pressure on the financial modelling for 23/24.

Cash Position – Month 10, January 2023

	Plan £m	M10 YTD Actual £m	Variance £m
Opening cash balance	39.34	39.34	0.00
Capital Expenditure (accruals basis)	(24.03)	(20.79)	3.24
Capital loan/PDC drawdown	11.66	13.03	1.37
Capital loan repayment principal	(3.23)	(3.40)	(0.17)
Proceeds on disposal of assets	0.00	0.00	0.00
Movement in capital creditor	(11.00)	(11.89)	(0.89)
Other capital-related elements	(2.65)	(2.07)	0.58
Sub-total - capital-related elements	(29.25)	(25.12)	4.13
Cash Generated From Operations	24.18	8.06	(16.12)
Revenue PDC drawdown	0.00	6.33	6.33
Working Capital movements - debtors	(2.43)	(10.96)	(8.54)
Working Capital movements - creditors	(9.22)	(2.61)	6.61
Net Interest	(2.57)	(1.98)	0.59
PDC Dividend paid	(3.46)	(2.44)	1.02
Other movements in working capital	(1.11)	(1.12)	(0.01)
Sub-total - other elements	5.38	(4.72)	(10.11)
Closing cash balance	15.47	9.50	(5.97)

Better Payment Practice Code	Paid year to date	Paid within target	% Paid within target
Non-NHS - number of bills	117,738	96,515	82.0%
Non-NHS - value of bills (£k)	259,528	213,233	82.2%
NHS - number of bills	1,518	943	62.1%
NHS - value of bills (£k)	27,141	21,992	81.0%
Total - number of bills	119,256	97,458	81.7%
Total - value of bills (£k)	286,669	235,225	82.1%

Key points of note:

- Access to capital and revenue PDC support remains absolutely critical to the Trust's 2022/23 cashflow.
- Cashflow has also benefitted from the agreement of the ICB to pay block income at the beginning (rather than the middle) of the month.
- Capital-related cashflow is £4.1m favourable, largely due to delays in capital expenditure £3.2m and capital PDC drawn down earlier than planned £1.4m.
- Cash generated from operations is £16.1m adverse, due to the adverse operational elements within the I&E position. This impact has been partly offset by the receipt of £6.3m of revenue PDC.
- Debtor movements is £8.5m adverse. This is principally due to variances with Council debtors £4.7m, ASC debtors £1.4m and TP stock £0.9m.
- Creditor movements is £6.6m favourable, largely due to HEE income received in advance and increases in general accruals.





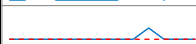
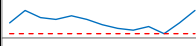



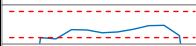










Statement of Financial Position (SoFP) – Month 10, January 2023

	Month 10		
	Plan £m	Actual £m	Variance £m
Non-Current Assets			
Intangible Assets	11.85	11.85	(0.00)
Property, Plant & Equipment	220.79	220.11	(0.68)
On-Balance Sheet PFI	17.32	17.18	(0.15)
Right of Use assets	17.72	17.50	(0.22)
Other	1.44	1.57	0.13
Total	269.12	268.20	(0.92)
Current Assets			
Cash & Cash Equivalents	15.47	9.50	(5.97)
Other Current Assets	43.67	51.23	7.56
Total	59.14	60.73	1.59
Total Assets	328.27	328.93	0.67
Current Liabilities			
Loan - DHSC ITFF	(2.92)	(2.92)	(0.00)
PFI and Leases	(1.28)	(1.28)	(0.00)
Trade and Other Payables	(54.63)	(57.90)	(3.27)
Other Current Liabilities	(9.10)	(10.39)	(1.28)
Total	(67.93)	(72.49)	(4.55)
Net Current assets/(liabilities)	(8.79)	(11.76)	(2.97)
Non-Current Liabilities			
Loan - DHSC ITFF	(22.93)	(22.76)	0.17
PFI and Leases	(14.23)	(14.22)	0.00
Other Non-Current Liabilities	(20.17)	(20.17)	(0.00)
Total	(57.32)	(57.15)	0.17
Total Assets Employed	203.01	199.29	(3.72)
Reserves			
Public Dividend Capital	161.99	169.69	7.70
Revaluation	51.54	51.35	(0.19)
Income and Expenditure	(10.52)	(21.75)	(11.23)
Total	203.01	199.29	(3.72)


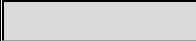







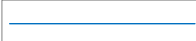





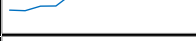






Key points of note:

- Non-current assets are £0.9m lower than planned, principally due to delayed capital expenditure £3.2m, largely offset by reduced depreciation £2.7m due to delays in bringing assets into service.
- Cash is £6.0m lower than planned, as explained in the commentary to the cashflow statement.
- Other current assets are £7.6m higher than planned. This is principally due to variances with Council debtors £4.7m, ASC debtors £1.4m and TP stock £0.9m.
- Trade and other payables are £3.3m higher than planned. This is principally due to increases in general accruals.
- Other Current Liabilities are £1.3m higher than planned, largely due to HEE funding received in advance.
- PDC reserves are £7.7m higher than planned, due to revenue PDC support drawn down £6.3m and capital PDC support drawn down earlier than planned £1.4m.
- I&E reserves are £11.2m lower than planned, essentially due to the adverse I&E position.

Tab 7.1 Integrated Performance Report (IPR): Month 10 2022/23 (January 2023 data)

Torbay and South Devon NHS Foundation Trust																	Performance Report - January 2023	
	ISU	Target	13 month trend	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Year to date	
QUALITY LOCAL FRAMEWORK																		
Reported Incidents - Severe	Trustwide	<6		4	4	4	2	3	2	1	3	5	0	0	2	3	21	
Reported Incidents - Death	Trustwide	<1		2	0	3	2	1	0	2	2	1	1	0	0	4	13	
Medication errors resulting in moderate harm	Trustwide	<1		0	1	2	1	0	0	0	0	0	0	2	1	0	4	
Medication errors - Total reported incidents	Trustwide	N/A		41	51	51	58	60	50	41	59	64	36	43	49	50	510	
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		0	0	1	0	0	0	0	0	1	1	0	1		3	
Never Events	Trustwide	<1		0	0	0	0	0	0	0	0	0	1	0	0	0	1	
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		6	13	9	8	10	8	5	3	2	4	0	6	13	59	
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams	Trustwide	<1		2	1	0	0	2	0	1	0	0	0	0	0	1	4	
Formal complaints - Number received	Trustwide	<60		16	11	12	12	12	7	13	16	10	13	12	9	11	115	
VTE - Risk Assessment on Admission (acute)	Trustwide	>95%		94.8%	95.2%	94.4%	91.3%	89.7%	90.0%	91.8%	93.6%	92.7%	94.7%	94.4%	94.0%	95.5%	92.8%	
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		107.3	109.1	112.3	113.5	117.4	117	115.1	114.7	113.4	111				111	
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		86.8%	88.3%	90.0%	89.0%	96.1%	95.8%	93.7%	94.4%	96.4%	99.1%	99.4%	91.6%	0.0%	0.0%	
Safer Staffing - ICO - Nighttime	Trustwide	90% - 110%		77.8%	78.8%	79.3%	79.7%	86.5%	88.1%	85.8%	86.2%	85.6%	88.8%	86.4%	87.4%	0.0%	0.0%	
Infection Control - Bed Closures - (Acute bed days in month)	Trustwide	<100		71	49	203	30	12	130	84	36	132	42	156	786	339	1747	
Hand Hygiene	Trustwide	>95%		99.1%	95.3%	98.7%	94.5%	1	94.5%	96.0%	97.7%	96.6%	94.9%	96.2%	91.2%	94.0%	94.7%	
Fracture Neck Of Femur - Time to Theatre <36 hours	Trustwide	>90%		77.4%	78.4%	76.9%	67.9%	65.8%	66.7%	56.4%	56.0%	50.0%	54.3%	43.3%	41.5%	40.0%		
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		18.2%	59.0%	28.1%	35.3%	67.6%	34.1%	66.7%	59.3%	54.8%	55.0%	75.9%	28.0%		54.0%	
Mixed Sex Accommodation breaches	Trustwide	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Follow ups 6 weeks past to be seen date	Trustwide	6400		20026	20496	21388	22516	22215	22158	21504	21797	21821	20806	20257	21452	20030	20030	
WORKFORCE MANAGEMENT FRAMEWORK																		
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<4.00%		4.8%	5.0%	5.3%	5.6%	5.6%	5.6%	5.8%	5.7%	5.7%	5.7%	5.6%	5.6%		5.6%	
Appraisal Completeness	Trustwide	>90%		76.1%	75.2%	71.9%	71.3%	73.9%	75.2%	77.0%	78.0%	75.8%	76.6%	77.6%	76.7%	77.7%	77.7%	
Mandatory Training Compliance	Trustwide	>85%		88.6%	89.2%	89.5%	89.6%	89.8%	90.1%	89.7%	89.2%	88.7%	88.6%	89.1%	89.7%	89.9%	89.9%	
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		12.6%	12.9%	13.4%	13.2%	13.6%	13.7%	13.8%	13.8%	13.9%	13.7%	13.7%	13.5%	13.3%	13.3%	










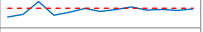


Tab 7.1 Integrated Performance Report (IPR): Month 10 2022/23 (January 2023 data)

Torbay and South Devon 																	Performance Report - January 2023	
	ISU	Target	13 month trend	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Year to date	
COMMUNITY & SOCIAL CARE FRAMEWORK																		
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	6.95%		0.0%			0.0%			0.0%			0.0%					
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET		644	623	645	671	664	705	700	714	737	751	735	756	755	671	
Intermediate Care - No. urgent referrals	Trustwide	113		195	213	212	203	222	234	222	223	205	277	297	299	318	214	
Community Hospital - Admissions (non-stroke)	Trustwide	NONE SET		202			266	241	215	234	222	197	193	203	208	198	265	
Urgent Community Reponse (2-hour) - Referrals	Trustwide	NONE SET		17	32	26	26	22	24	27	15	20	27	27	38	34	260	
Urgent Community Reponse (2-hour) - Target achievement	Trustwide	70%		0.4706	68.8%	57.7%	53.8%	77.3%	66.7%	81.5%	80.0%	85.0%	100.0%	74.1%	76.3%	71.4%	75.8%	
Urgent Community Reponse (2-48 hour)- Referrals	Trustwide	NONE SET				129	94	124	117	103	195	153	195	196	182	177	1064	
Urgent Community Reponse (2-48 hour) - Target achievement	Trustwide	NONE SET				87.6%	91.5%	88.7%	91.5%	78.6%	86.7%	86.9%	85.6%	86.2%	84.6%	92.7%	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%		6.7%	6.6%	7.1%	7.3%	7.3%	7.3%	7.5%	7.5%	7.6%	7.9%	7.9%	7.8%	7.9%	7.3%	
% Adults with learning disabilities in settled accommodation	Trustwide	80%		81.6%	81.8%	81.1%	81.3%	81.2%	80.3%	79.7%	79.7%	79.6%	79.1%	78.7%	78.8%	78.4%		
Permanent admissions (18-64) to care homes per 100k population	Trustwide	14		25.8	19.0	21.7	24.5	29.9	35.3	28.5	40.8	32.6	27.2	29.9	32.6	32.6	24.5	
Permanent admissions (65+) to care homes per 100k population	Trustwide	450		487.3	476.5	570.8	576.2	823.8	880.4	928.8	939.6	931.5	861.5	901.9	915.4	840	576.2	
Proportion of clients receiving direct payments	Trustwide	25%		19.4%	19.6%	19.8%	19.5%	19.4%	19.6%	19.7%	20.0%	20.4%	20.3%	20.2%	20.3%	20.0%	19.5%	
% reablement episodes not followed by long term SC support	Trustwide	83%		88.0%	87.8%	88.9%	84.5%	86.8%	89.6%	89.5%	85.4%	85.2%	86.0%	85.5%	85.4%	86.6%	84.5%	
NHS I - OPERATIONAL PERFORMANCE																		
A&E - patients seen within 4 hours	Trustwide	>95%		61.1%	60.6%	58.4%	58.0%	57.6%	54.5%	58.5%	59.1%	60.2%	57.0%	59.4%	51.8%	60.0%	57.6%	
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		54.7%	54.7%	52.0%	50.4%	52.3%	50.6%	49.5%	48.5%	42.5%	45.5%	45.5%	43.3%	44.2%	44.2%	
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		49.1%	52.1%	59.5%	57.8%	61.5%	56.4%	60.4%	57.0%	60.8%	64.2%	54.5%	63.1%	47.2%	47.2%	
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		41.3%	38.4%	36.8%	33.9%	32.0%	30.1%	29.1%	33.9%	34.9%	32.4%	30.1%	29.0%	34.1%	34.1%	
Dementia - Find - monthly report (1 month in arrears)	Trustwide	>90%		94.8%	89.7%	93.6%	91.6%	94.6%	84.1%	92.5%	90.6%	94.1%	87.2%	93.0%	91.6%		91.6%	

Tab 7.1 Integrated Performance Report (IPR): Month 10 2022/23 (January 2023 data)

Torbay and South Devon NHS Foundation Trust																	Performance Report - January 2023	
	ISU	Target	13 month trend	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Year to date	
LOCAL PERFORMANCE FRAMEWORK 1																		
Number of Clostridium Difficile cases reported	Trustwide	<3		6	3	7	2	4	4	6	9	7	3	2	1	8	46	
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		45.6%	48.1%	61.1%	59.6%	60.9%	35.6%	31.9%	38.4%	45.3%	63.8%	58.4%	67.4%	76.3%	76.3%	
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		38.6%	71.4%	81.0%	76.8%	77.8%	41.7%	17.3%	58.5%	79.1%	87.7%	82.8%	100.0%	93.5%	93.5%	
Cancer - 28 day faster diagnosis standard	Trustwide	75%		55.2%	73.1%	75.0%	76.9%	67.6%	64.8%	67.7%	72.1%	70.4%	75.5%	69.8%	74.8%	71.6%	71.6%	
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%		94.8%	96.5%	97.4%	92.6%	90.7%	96.0%	96.7%	98.0%	92.8%	96.4%	89.0%	98.3%	95.5%	95.5%	
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%		100.0%	98.5%	97.3%	98.6%	98.3%	100.0%	97.4%	100.0%	98.7%	100.0%	90.4%	98.6%	100.0%	100.0%	
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%		97.1%	98.3%	93.8%	94.7%	92.6%	95.5%	98.0%	98.4%	92.2%	94.4%	98.0%	100.0%	85.7%	85.7%	
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		96.4%	91.7%	82.9%	100.0%	95.5%	87.5%	88.9%	95.5%	96.8%	89.7%	86.8%	89.7%	80.0%	80.0%	
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		72.7%	85.7%	80.0%	70.4%	66.7%	92.9%	69.2%	70.0%	90.9%	100.0%	81.0%	76.9%	100.0%	100.0%	
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			27	39	39	33	65	61	67	59		35	70	59	74	74	
RTT 52 week wait incomplete pathway	Trustwide	0		2584	2759	3199	3374	3765	4137	4578	5083	5060	5412	5585	6027	5554	5554	
RTT 78 week wait incomplete pathway	Trustwide	0		587	649	763	779	813	713	686	787	813	829	822	923	729	729	
RTT 104 week wait incomplete pathway	Trustwide	0		182	213	245	192	173	96	70	51	50	47	34	29	22	22	
On the day cancellations for elective operations	Trustwide	<0.8%		1.4%	0.9%	0.9%	1.6%	1.1%	1.3%	1.7%	3.1%	1.4%	1.7%	1.5%	2.1%	1.6%	1.7%	
Cancelled patients not treated within 28 days of cancellation	Trustwide	0		6	8	11	12	5	9	9	13	8	7	15	6	11	95	
Virtual outpatient appointments (non-face-to-face) 1 month in arrears	Trustwide	25%		20.7%	21.3%	18.8%	19.6%	20.9%	20.9%	20.2%	16.9%	16.8%	n/a	16.6%	16.1%			
Bed Occupancy	Acute	90.0%		93.3%	93.9%	95.1%	93.7%	93.2%	94.3%	92.3%	92.3%	95.2%	94.9%	96.3%	96.2%	97.0%	94.5%	
No Criteria to Reside - daily average (Acute)	Trustwide	No target							36.5	42.5	33.2	44.7	41	38.8	47.9	47.4		
% patient discharges pre-noon	Acute	33%								15.6%	16.2%	18.0%	18.4%	23.6%	18.1%	19.0%		
% patient discharges pre-5pm	Acute									60.5%	61.9%	60.4%	59.6%	67.2%	63.2%	65.2%		
Number of patients >7 days LoS (daily average)	Trustwide			183.0	165.0	172.0	171.6	166.0	173.0	167.0	167.0	184.9	177.0	162.0	172.6	183.5	172.5	
Number of extended stay patients >21 days (daily average)	Trustwide			64.0	60.6	50.0	45.6	38.5	43.0	40.9	48.0	49.2	49.8	32.0	42.3	57.1	44.6	
LOCAL PERFORMANCE FRAMEWORK 2																		
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		889	727	1026	967	894	1081	995	1135	982	1181	1098	1142	802	10277	
Ambulance handover delays > 60 minutes	Trustwide	0		559	438	757	680	514	832	694	850	735	907	773	895	561	7441	
ED - patients with >12 hour visit time pathway	Trustwide				655	880	816	668	871	827	920	906	988	939	1207	823	8965	
Time to Initial Assessment within 15 mins - Emergency Department	Acute				43%	35%	37%	41%	37%	36%	36%	39%	37%	39%	31%	46%	46%	
Clinically Ready to Proceed delay over 1 hour - Emergency Department	Acute								33%	34%	34%	35%	40%	44%	39%	42%	42%	
Non-admitted minutes mean time in Emergency Department	Acute				267	301	301	283	316	306	305	291	321	314	365	302		
Admitted minutes mean time in Emergency Department	Acute				644	775	739	618	764	735	735	862	846	794	965	822		
Number of Clostridium Difficile cases - (Acute)	Trustwide	<3		5	1	5	2	3	4	4	8	6	3	2	0	8	40	
Number of Clostridium Difficile cases - (Community)	Trustwide	0		1	2	2	0	1	0	2	1	1	0	0	1	0	6	
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		69.2%	75.2%	72.1%	71.1%	71.0%	63.8%	69.7%	70.7%		69.1%		48.9%	72.3%	67.1%	

Tab 7.1 Integrated Performance Report (IPR): Month 10 2022/23 (January 2023 data)

<div>Torbay and South Devon NHS Foundation Trust</div> <div>Performance Report - January 2023</div>																	
	ISU	Target	13 month trend	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Year to date
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		36.7%	52.8%	48.6%	50.0%	52.2%	50.8%	48.0%	48.3%		47.4%		41.5%	48.1%	48.2%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%		74.6%	67.7%	66.0%	69.5%	65.4%	69.5%	69.1%	80.2%	59.0%	60.0%	62.0%	68.0%	73.9%	
NHS I - FINANCE AND USE OF RESOURCES																	
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide			-845	-955	-2025	-187	718	-914	-1231	-4412	-5783	-7140	-10433	-13434	-16118	
Agency - Variance to NHSI cap	Trustwide			-1.80%	-1.60%	-1.40%	-2.00%	-2.40%	-2.40%	-2.10%	-2.10%	-2.00%	-1.90%	1.90%	-1.80%	-1.80%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide						-1812	-1873	-2717	-2751	-3858	-4403	-4872	-5005	-5874	-5328	
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide			20987	15148	15919	-57	1977	814	1203	1065	975	1988	2787	3280	4076	
Distance from NHSI Control total (£'000's)	Trustwide			153	88	-59	-5	1286	0	0	-2978	-4014	-5022	-7421	-9995	-12182	
ACTIVITY VARIANCE vs 2019/20 BASELINE																	
Outpatients - New	Trustwide			-18.5%	-7.1%	22.4%	-16.3%	-13.8%	-7.5%	-18.1%	2.4%	0.2%	-11.7%	3.6%	-2.0%	-5.2%	-7.2%
Outpatients - Follow ups	Trustwide			-22.2%	-15.2%	19.3%	-13.4%	-5.5%	-7.0%	-15.3%	4.0%	-0.8%	-10.1%	4.4%	-4.1%	-6.9%	-5.6%
Daycase	Trustwide			-22.3%	-15.8%	17.0%	-17.7%	-10.4%	-0.4%	-7.9%	-3.5%	3.2%	-4.6%	-3.0%	-5.5%	-1.7%	-5.2%
Inpatients	Trustwide			-47.5%	-38.8%	-23.4%	-9.2%	-8.8%	-7.0%	-16.1%	-15.5%	9.6%	-16.3%	-19.5%	-21.4%	-18.1%	-12.8%
Non elective	Trustwide			-12.2%	-10.3%	12.3%	-4.7%	-11.5%	-1.4%	-8.2%	-2.9%	-7.1%	-7.0%	-12.7%	-18.1%	-5.7%	-4.9%



Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors				
Report title: Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training			Meeting Date: 22 February 2023	
Report appendix	No appendices			
Report sponsor	Medical Director			
Report author	Guardian of Safe Working Hours			
Report provenance				
Purpose of the report and key issues for consideration/decision	To provide assurance to the Board that doctors in training under the new terms and conditions of service are working safe working hours and to highlight any areas of concern			
Action required (choose 1 only)	For information <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 Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership	X	Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	16
	Risk Register		Risk score	
	BAF Ref. 2 - People			
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation	
	NHS Improvement		Legislation	
	NHS England		National policy/guidance	X



Torbay and South Devon
NHS Foundation Trust

Report title: Guardian of Safe Working Hours – Doctors and Dentists in training	Meeting date: 22 February 2023
Report sponsor	Medical Director
Report author	Guardian of Safe Working Hours

1. Executive Summary

The following report concerns the time period of 11th August 2022 up to the 10th December 2022 based on the Exception Reports submitted by the Junior Doctor workforce.

There remain significant cohorts of Junior Doctors who are not represented in Exception Reports; this missing data makes spotting patterns difficult.

2. Introduction

- In July 2019 an agreement was reached between NHS Employers, the BMA and Department of Health on the amendments to the 2016 terms and conditions for doctors in training. The agreement covers the period from 1 April 2019 to 31 March 2023.
- The following report aims to ensure Junior Doctors are working contracts compatible with the Junior Doctor Terms and Conditions of Service 2016, that are sustainable and fair and that they are able to claim money/time off in lieu should they need to work extra hours to maintain patient safety/attend educational opportunities or complete career enhancing objectives.

3. Exception Reports

There have been 228 Exception Reports in the period 11th August 2022 up 10th December 2022. This is an increase of 13 on the number of exception reports from the previous quarter.

Table 1 – Exception Reports by Area

Specialty	No. exceptions raised in reporting period	No. exceptions closed	No. exceptions outstanding	Comment
Gastroenterology	0	0	0	
Acute medicine	44	38	6	
General Medicine	79	69	10	39 by one individual

General Surgery	81	49	32	78 on F1 rota which is under review
Ophthalmology	0	0	0	
Cardiology	20	20	0	
Haematology	1	0	1	
Obstetrics & Gynaecology	1	0	1	
ENT	0	0	0	
T&O	2	1	1	
Total	228	177 (78%)	51 (22%)	

Table 2 – Exception reports by Grade

Grade	No. exceptions raised in reporting period
F1	177
F2	23
CT1-3	26
ST 4-9	2
Total	228

Table 3 – Nature of Exception

Additional Hours	211
Service support	8
Educational	9

Table 4 – Outcome of Exceptions

TOIL	67
Payment	95
Work Schedule Review	2
Agreed no further action required	13
Outstanding	51

4. Comment on Exception Reports

The highest proportions of exception reports are coming from general medicine and general surgery and from the F1 grade. 92.5% of these relate to working additional hours rather than service support or missed educational opportunities. The low figure for reports on missed educational opportunities may be genuine or may be skewed by under-reporting. Equally there are department areas where no exception reports have been submitted across the period. Once again this may be genuine that there are no issues to report or may instead reflect problems with under-reporting or sub-optimal engagement with the process. I also note there are a significant number of outstanding exception reports.

5. Rota Reviews

Please see section 8.

6. Fines

There have been no Guardian fines for this period.

7. Qualitative Information

Please see section 8.

8. Summary

The Guardian of Safe Working Hours is recently taken up this role hence this summary by the Medical Director. Overall, departments appear compliant and supportive of their Junior Doctors. Departments with high numbers of exception reports appear to be engaged in fixing the rotas but are significantly hindered by the number of available doctors. General surgery, general and acute medicine are specialties with significant clinical demand and the higher number of exception reports in these areas is not unexpected. The Trust benefits from a driven JDRC and a strong theme of co-operation between it and rota managers.

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



Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors				
Report title: Update of the Building a Brighter Future (BBF) Programme			Meeting date: 22 February 2023	
Report appendix				
Report sponsor	Director of Transformation and Partnerships			
Report author	Building a Brighter Future Programme Director			
Report provenance	The BBF Programme continues to be managed and progressed by a small team under the guidance of the BBF Steering Group, chaired by the SRO and the BBF Committee which consists of Trust Board members the Director of Transformation and Partnerships; Health and Care Strategy Director and Deputy Chief Executive/Chief Finance Officer.			
Purpose of the report and key issues for consideration/decision	To provide an update to the Trust Board on the current progress within the BBF programme			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	Members of the Trust Board are asked to note the contents of 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	X		
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score	15
	Risk Register	X	Risk score	16
	BAF Ref No. 7 – Building a Brighter Future			
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: Update of the Building a Brighter Future (BBF) Programme		Meeting date: 22 February 2023
Report sponsor	Director of Transformation and Partnerships	
Report author	BBF Programme Director	

1.0 Introduction

This paper has been prepared to give members of the Trust Board an update on the Building a Brighter Future (BBF) programme. There is particular reference to the following aspects of the programme

- Latest national team briefing – 27th January 2023
- Implications for the Trust.
- Seed allocation 2023/24
- Timetable

Members of the Trust Board are asked to note the content of this report.

2.0 National New Hospital Team briefing – 27th January 2023

The briefing was chaired by Morag Stuart, Chief Programme Officer, New Hospital Programme (NHP) and the main issues discussed in the meeting were as follows:

- **National Programme Business Case** – it was confirmed that the National Programme Business Case requires a further review by the Major Project Review Group (MPRG) in late February. The salient points from the update are noted below:
 - The main reason given for the review was for confirmation of overall spend and the order which cohort 3 and 4 schemes would be scheduled. The overall value of the programme business case has not as yet been confirmed.
- **Programme** – it was made clear that the NHP would extend beyond the end of the decade, as there were a further 120 hospitals that had expressed an interest in being included in the next tranche of schemes.
- **Governance** – the NHP national team is being restructured.
 - NHP Sponsorship body – which will cover strategy, treasury engagement etc will be led by Natalie Forrest, Senior Responsible Officer, NHP,
 - NHP Delivery body – which will cover Project Management Office, Commercial procurement policy, logistics, technical authority etc will be led by Morag Stuart, Chief Programme Officer, NNHP reporting to Julian Kelly, Chief Financial Officer, NHS.
- **New delivery partner** – a tender process has now commenced with a view to a Programme Delivery Partner being appointed in Spring 2024. Assurance was given that this appointment would not slow down the development of business cases, however it was confirmed that the delivery partner would be required to work with Trust teams on the development of RIBA stage 0-3, with the Trust

team then taking over the development of design from RIBA stage 4 onwards. No other detail was provided to the meeting.

3.0 Implications for Torbay and South Devon NHS Foundation Trust

As a result of the briefing, the BBF Programme Director notes the following implications of the Torbay and South Devon project.

- Funding / Timetable - it has been confirmed that the Trust capital requirement of £497m noted within the revised SOC have been included in the NHP programme business case. However, the Trust will still not be receiving any written confirmation of allocation and timetable until after the next scheduled MPRG in late February.
- Site Enabling Business Case – work is continuing on the development of the site enabling business case, and the programme team are continuing to look at how the costs associated with the site enabling programme can be reduced or rescheduled into other elements of the programme. For example, one area that is now being reviewed in some detail is whether some of the site clearance can be passed onto the main construction contractor, thereby reducing the time and cost of the overall site enabling programme.

Discussions are continuing with the New Hospital Programme national team about when the site enabling OBC business case can be presented.

- Risk Management – it was confirmed that the MPRG and the National team are close to agreement on the capital allocation for the spending review period 2025/2030, so the likelihood of the programme not being able to progress is reducing. However, in order to provide the Trust Board with the required assurance that the project resources are being proactively managed the following strategies will be provided to the BBF committee in March:
 - Recruitment and Retention strategy
 - Exit strategy

4.0 Fees

It has been confirmed that the 2023/24 seed allocation will to be an extension of the 22/23 allocation, meaning that £1.06m will be provided to support the programme. The programme team are now looking at the implications of this in relation to the development of the Site Enabling Full Business Case and also the main Outline Business Case. In relation to both cases, the following scenarios are now being addressed:

- Site enabling FBC – the extent to which the programme office could progress the business case without the requirement of any additional ‘seed’ allocation.
- Main Outline Business Case (OBC) – the level of additional funding that would be required to secure the completion of the OBC in 23/24.

It has now been confirmed that any ‘seed’ allocation received to date would NOT form part of the overall allocation received by Trusts (i.e. not top sliced). The

national team were very clear that these would be classed as central programme costs, which from a Trust perspective is positive.

5.0 Timetable

At this stage, the New Hospitals Programme (NHP) national team are still not able to confirm the planning timetable associated with NHP cohort 4 Trust and, as a result, the BBF programme office is similarly not able to provide specific detail in relation to the programme timetable. However, in order to provide an overview, maintain good planning discipline and address the uncertainty, the programme office have developed three planning scenarios for the consideration of the BBF Committee, which highlight an optimistic, realistic and pessimistic assessment of the timetable. This position is constantly being reviewed and the Trust Board will receive a further more detailed update when the national position is clarified.

The current planning assumptions for each scenario is noted below:

	Optimistic	Realistic	Pessimistic
SOC approval (implied by national programme business case approval)	May 2023	May 2023	September 2023
Site enabling FBC	February 2024	July 2024	November 2024
OBC approval	January 2025	April 2025	March 2026
FBC approval	August 2025	April 2026	November 2026
Completion of site	February 2026	July 2026	November 2026
Commencement of	August 2025	April 2026	November 2026
Completion of	October 2029	November 2029	December 2030
Completion of all works (site clearance)	June 2030	May 2031	December 2031

6.0 Recommendation

Members of the Trust Board are asked to note the content of this report



Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors											
Report title: Capital investment and property business case approval guidance			Meeting date: 22 February 2023								
Report appendix	Appendix 1 - Capital investment and property business case approval guidance for NHS trusts and foundation trusts										
Report sponsor	Deputy Chief Executive and Chief Finance Officer										
Report author	Deputy Chief Executive and Chief Finance Officer										
Report provenance	Deputy Chief Executive and Chief Finance Officer										
Purpose of the report and key issues for consideration/decision	<p>NHS England has published (13 February 2023) updated guidance on capital investment.</p> <p>The Board is asked to approve the following declaration:</p> <p><i>The Board agrees to the delegated limit for capital expenditure and business case approvals in line with the Capital investment and property business case approval guidance for NHS Trusts and Foundation Trusts.</i></p>										
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 is asked to approve the declaration.										
Summary of key elements											
Strategic goals supported by this report	<table border="1"> <tr> <td>Excellent population health and wellbeing</td> <td></td> <td>Excellent experience receiving and providing care</td> <td></td> </tr> <tr> <td>Excellent value and sustainability</td> <td>X</td> <td colspan="2"></td> </tr> </table>			Excellent population health and wellbeing		Excellent experience receiving and providing care		Excellent value and sustainability	X		
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	<table border="1"> <tr> <td>Board Assurance Framework</td> <td>X</td> <td>Risk score</td> <td>25</td> </tr> <tr> <td>Risk Register</td> <td>X</td> <td>Risk score</td> <td>25</td> </tr> </table> <p>BAF Ref. 1 - Estates</p>			Board Assurance Framework	X	Risk score	25	Risk Register	X	Risk score	25
Board Assurance Framework	X	Risk score	25								
Risk Register	X	Risk score	25								

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

Report title: Capital investment and property business case approval guidance		Meeting date: 22 February 2023
Report sponsor	Deputy Chief Executive and Chief Finance Officer	
Report author	Deputy Chief Executive and Chief Finance Officer	

Introduction

On 13 February 2023, NHS England published ***the Capital investment and property business case approval guidance for NHS trusts and foundation trusts***.

In essence, this document codifies in formal guidance the way of working which has prevailed over recent years, most notably the requirement for Foundation Trusts to comply with capital limits (CDEL). This contrasts with the original construct of the FT model, which allowed for unfettered reinvestment of cash surpluses into capital spend.

The document also distinguishes different types of capital spend (both sources and applications) and distinguishes Trusts & FTs based on their level of financial distress.

Discussion

The Trust is classified as 'in financial distress' owing to its SOF 4 rating and potential reliance on interim revenue support.

NHS England and DHSC therefore have oversight and approval of business cases as follows:

Capital investment (non-digital) & property	>£25m capital cost
Digital – self-funded	>£25m capital cost OR >£30m WLC
EPRs through Frontline Digitisation	through EPR FLD governance

Any investment >£50m will require HM Treasury approval in addition to the steps outlined above and in the Appendix.

Required declaration

The Board agrees to the delegated limit for capital expenditure and business case approvals in line with the Capital investment and property business case approval guidance for NHS Trusts and Foundation Trusts.

Recommendation

The Board is asked to endorse the declaration as above.

Classification: Official

Publication reference: PR1376



Capital investment and property business case approval guidance for NHS trusts and foundation trusts

13 February 2023

For advice and queries, please contact the NHS England national Capital and Cash team at: england.capitalcashqueries@nhs.net

Contents

1. Overarching principles	3
2. Capital investment in the NHS	7
Background	7
General capital planning principles.....	8
3. Capital investment and property transactions	9
Delegated limits for capital investment and property transactions.....	9
NHS national capital.....	14
Whole-life cost schemes	14
Leases.....	16
4. Capital investment and property transactions business case approval process.....	18
Development of business cases using the five case model	18
Business case economic and financial appraisals.....	21
VAT in business cases	21
Approval process and business case documentation.....	22
Guidance on letters of support for capital business cases	25
Joint business cases	25
Consortium investments.....	25
Technical support and training	26
Implementation of Cabinet Office spend controls	26
Gateway reviews	26
Service change or reconfigurations and public consultation.....	27
Timetable for capital investment and property transaction business cases	27
Disposals.....	28
Overage or claw back provisions.....	30
External financing and delegated limits	31
DHSC capital investment financing applications	31
Financing from outside the DHSC group.....	32
Post business case approval.....	33
Post-project evaluation.....	34
5. Subsidiary transactions	35
6. Private finance.....	36

Annexes (published separately)

Annex 1	Business case checklist
Annex 2	Post-project evaluation templates
Annex 3	Letters of support

1. Overarching principles

- 1.1. NHS England recognises that for many NHS trusts and foundation trusts improving infrastructure is key to improving services. The process described in this guidance relates to the approval of capital investment and property business cases, and provides a balance between:
 - allowing NHS trusts and foundation trusts the freedom to manage their own capital investment up to an agreed threshold, and
 - ensuring that there is sufficient governance and assurance for the approval of capital investments, and the need to prioritise good value for money investments within the Capital Departmental Expenditure Limit (CDEL) set by HM Treasury (HMT).
- 1.2. This guidance is also relevant to integrated care boards (ICBs) but is not designed to set out the ICB responsibilities for capital planning or prioritisation of capital within operational capital envelopes. For more information please refer to NHS England's [NHS operational planning and contracting guidance](#).
- 1.3. Achieving sufficient assurance and governance at the same time as enabling investment to help trusts develop in a sustainable way is an extremely important strand of NHS England's work.
- 1.4. This guidance sets out the overarching principles relating to the:
 - delegated limits for capital investment and property transactions
 - capital investment and property transactions business case approval process.
- 1.5. This guidance clarifies the rules and requirements regarding the review and approval of capital investment and property transactions. It will help NHS trusts and foundation trusts navigate the processes involved as smoothly as possible and produce well-planned capital business cases that deliver benefits to patients.
- 1.6. This guidance replaces all previous guidance relating to the capital investment business case approval process published by NHS England or its predecessor organisations.
- 1.7. The capital investment and property business case approvals requirements described in this guidance are applicable to all NHS trusts and foundation trusts. The

specific capital delegated limits (summarised in Table 1 below) and business case approval guidelines and processes are set out in Sections 3 and 4 respectively. This updated capital guidance simplifies the business case approval thresholds. For additional guidance on whole-life cost investments please see Table 2 in Section 3.

- 1.8 All capital investment and property business cases that are equal to or exceed these delegated limits require NHS England and Department of Health and Social Care (DHSC) approval. Where they fall below these limits, individual trust boards can make investment decisions under their own governance arrangements, providing these investments are affordable within operational capital envelopes. A number of exceptions and alternative arrangements are in place for specific centrally funded schemes; these largely relate to capital investment as part of national programmes, as well as any transaction deemed to be novel, contentious or repercussive. For further guidance, please see HMT's publication [Managing public money](#).
- 1.9 A summary of the capital delegated limits is included in Table 1, with more detail in Table 2 in Section 3.
- 1.10 Business case requirements for capital investments that are centrally funded through national programmes, such as Sustainability and Transformation Plan (STP) capital, diagnostics, Targeted Investment Fund, mental health, reinforced autoclaved aerated concrete (RAAC), frontline digitisation, the New Hospitals Programme, and other central allocations are also covered in this guidance. Business case and approval requirements for investments funded through these routes may have delegated limits that differ to those set out in Table 1 below, and trusts have been notified of these through either award letters or NHS England's programme leads and regional finance teams. Trusts should contact the NHS England national Capital and Cash team or their regional team if they have queries.

Table 1: Summary of Capital delegated limits

Capital investment	NHS trusts and foundation trusts in financial distress ^(note 1)	Foundation trusts not in financial distress ^(note 1)	Exceptions where approval is required irrespective of value
Capital investment and property transaction business cases (non-digital)	£25m capital cost	£50m capital cost	Centrally funded schemes, eg: <ul style="list-style-type: none"> • Sustainability and Transformation Plan (STP) capital • frontline digitisation capital/revenue (see below) • New Hospitals Programme (NHP) • central programme allocations, eg mental health, RAAC, Targeted Investment Fund, diagnostics, etc • bespoke operational capital allocations to cover strategic priorities. Any transaction deemed to be novel, contentious or repercussive
Digital business cases (self-funded)	£25m capital cost or £30m total whole-life costs	£30m total whole-life costs	
Electronic patient records (EPRs) partly or fully funded by the Frontline Digitisation Programme	All business cases partly or fully funded by the Frontline Digitisation Programme (NHS England Transformation Directorate) require approval		Where capital or revenue funding is provided by the Frontline Digitisation Programme, the business case will require approval in line with the process outlined in Table 3 below.

Note 1: Please see paragraphs 1.11 to 1.13 for the definition of financial distress in respect of capital delegated limits.

1.11 All NHS trusts and foundation trusts are subject to the capital delegated limits as set out in Table 1. NHS trusts and foundation trusts in financial distress are subject to the £25m capital delegated limit (see Table 1). Foundation trusts not in financial distress benefit from greater autonomy with higher capital delegated limits (see Table 1). For the purpose of determining applicable capital delegated limits for foundation trusts, NHS England and DHSC define a foundation trust to be in financial distress if it or the ICB to which it belongs is:

- in the [Recovery Support Programme](#) (RSP), and therefore in segment 4 of the NHS Oversight Framework and/or in breach of its provider licence. If a foundation trust is in these categories when it submits the business case to NHS England, all subsequent stages of the business case will require approval (eg OBC and FBC) even if the foundation trust/ICB moves into a different segment as the scheme progresses, or
- in receipt of DHSC revenue support from 1 April 2022 (received or planned).

5 | Capital investment and property business case approval guidance for NHS trusts and foundation trusts

See paragraphs 1.12 and 1.13 below for further information.

- 1.12 This guidance resets the definition of financial distress for foundation trusts. A foundation trust is not considered to be in financial distress for the application of capital delegated limits if it has not drawn revenue support since 1 April 2022, and is not in the RSP or in a ICB that is in the RSP, and is not in segment 4 of the NHS Oversight Framework and is not in breach of its provider licence; see Table 2 in Section 3.
- 1.13 Foundation trusts not in financial distress that merged with or acquired an NHS trust or foundation trust in financial distress will not be adversely impacted by the changes to delegated limits. That is, if a foundation trust not in financial distress merges or acquires a trust in financial distress, the merged or enlarged trust will **not** be classed as in financial distress at the point of merger/acquisition. However, if revenue support is required post transaction, the merged or enlarged trust will then fall within the definition of financial distress.
- 1.14 It should be noted that if DHSC financing is required for capital purposes (within operational capital envelopes), this is subject to a separate application process. Please contact your NHS England regional team or the NHS England national Capital and Cash team at england.capitalcashqueries@nhs.net.

2. Capital investment in the NHS

Background

- 2.1 In 2019 DHSC published the Health Infrastructure Plan (HIP), which aimed to deliver a long-term, rolling five-year programme of investment in health infrastructure, including capital to build new hospitals, modernise primary care estate, invest in new diagnostics and technology, and help eradicate critical safety issues in the NHS estate. The 2021 Spending Review provided the NHS with a three-year capital settlement covering 2022/23 to 2024/25, which will help progress the New Hospitals Programme (NHP), transform diagnostic services, enable the innovative use of digital technology, support elective recovery to address backlogs built up during the pandemic, invest in mental health and contribute to the NHS 'Net Zero' strategy.
- 2.2 As the NHS Long Term Plan makes clear, much of the NHS estate consists of world leading facilities that enable the NHS to deliver outstanding care for patients. However, it is clear that some of the NHS estate is old and does not meet the needs of a modern health service. There is a significant unmet demand for capital in the sector, with increasing levels of backlog maintenance. The retirement of off-balance sheet government-funded infrastructure has also removed a significant source of funding for the system.
- 2.3 Going forward we must ensure the NHS does not unacceptably breach the Capital Departmental Spending Limit (CDEL) set by HMT; the continuation of a planned, proactive and collaborative approach to managing capital spending across the system is necessary so that the required spend is managed in a way that is affordable within national spending constraints. In addition, we must ensure taxpayers' investment is used to maximum effect, and the NHS makes best use of capital investment and its existing assets to drive transformation.
- 2.4 In this context DHSC and NHS England set capital envelopes at an integrated care system (ICS) level, to enable local systems to prioritise operational capital spend within the national CDEL, set by government. This enables local systems to prioritise capital expenditure and access DHSC capital financing where this is not affordable locally. DHSC capital financing is for cash only, and where applications for financing are approved by DHSC, the financing will be provided as system capital support public dividend capital (PDC). This capital support is for trusts with operational

requirements where the expenditure is unaffordable (in cash terms) to individual organisations (see [DHSC Section 42A Guidance](#) for further details).

- 2.5 Trusts should also note that almost all capital expenditure, however financed (whether through self-generated resources, DHSC financing or financing borrowed from financial institutions, local government or other sources), scores against the DHSC CDEL. Capital expenditure financed by charitable funds or certain grants does not score against CDEL if the receipt of the donation/grant and the capital expenditure fall within the same financial year.
- 2.6 Capital investment and property business cases will be approved as quickly as possible to allow critical investment in the NHS to benefit patients, but this will need to be delivered within the context of the above. The business case requirements and expectations are set out in Sections 3 and 4.

General capital planning principles

- 2.7 Trusts are required to draw up capital investment plans and associated capital cash management plans in line with local investment priorities, agreed strategic plans and affordability constraints, and are required to agree these locally with ICS/ICB partners. Each ICS/integrated care board (ICB) and its partner trusts will need to agree an annual system capital plan, which will require all partners to be involved in capital planning and decision-making; see NHS England capital planning guidance ([NHS operational planning and contracting guidance](#)). NHS England will work with trusts and systems on the following areas:
 - review of the deliverability and local affordability of the trust and system capital plans
 - testing of trust capital cash management plans to ensure the trust can finance them
 - testing that capital investment plans have been completed in accordance with the guidance set out in this document, the planning framework for the year being considered and any further national guidance issued by DHSC or HMT
 - review of the affordability of the trust's operational capital plans against the national CDEL set by HMT and within capital envelopes set at ICS/ICB level
 - review of requests for capital financing made to DHSC.

3. Capital investment and property transactions

Delegated limits for capital investment and property transactions

- 3.1 HMT and DHSC have confirmed the delegated limits for capital investment and property transactions. Delegated limits will apply to NHS trusts and foundation trusts. For the purposes of this guidance, capital is generally property, plant and equipment investments or disposals. This guidance does not cover transactions covered by the NHS England subsidiaries guidance, mergers and acquisitions or equity transactions, which are covered in the NHS England [transactions guidance](#).
- 3.2 Foundation trusts in financial distress (as defined in paragraphs 1.11 to 1.13 for the purposes of capital delegated limits) will have the same delegated limits as NHS trusts. Foundation trusts not in financial distress will have more flexibility and freedom, and the new delegated limits set out in Tables 1 and 2 will replace the previous thresholds set out in the NHS England transactions guidance for capital investment and property transactions. This means that capital investment and property business case approvals guidance for all sectors and segments are covered by this document. A foundation trust is deemed to be in financial distress for the purposes of capital delegated limits if any of the conditions listed in paragraphs 1.11 to 1.13 apply.
- 3.3 Delegated limits apply to all capital investment and property transactions business cases including those for property, plant or equipment, disposals, IT/digital investment, leased property, plant or equipment, managed equipment, managed services and energy service performance contract schemes. The delegated limits and their application are set out in Table 2. For capital builds, refurbishment, upgrades or disposals, the delegated limits apply to either the capital costs or gross disposal proceeds. For whole-life cost business cases, the delegated limits apply to:
 - non-digital capital schemes – the capital cost only, excluding VAT
 - self-financed digital capital schemes – the capital cost and/or the whole-life cost, excluding VAT

- centrally funded digital schemes – all business cases partly or fully funded by the Frontline Digitisation Programme (NHS England Transformation Directorate) require approval.

3.4 NHS England and DHSC are responsible for approving business cases with capital values equal to or over agreed delegated limits; see Tables 1 and 2.

3.5 The delegated limits and details on the review threshold are set out in Table 2.

Table 2: Capital delegated limits (Note 1)

Description	Delegated limit	How is the review threshold measured?	
Capital investment and property transactions – Non-digital			
NHS trusts and foundation trusts in financial distress	£25m capital cost	Capital expenditure including irrecoverable VAT	
Foundation trusts not in financial distress	£50m capital cost		
Capital investment – Digital – self-funded capital investment (see below for the Frontline Digitisation Programme)			
NHS trusts and foundation trusts in financial distress	£25m capital cost or £30m total whole-life cost	Capital investment, eg IT infrastructure	Capital expenditure including irrecoverable VAT
Foundation trusts not in financial distress	£30m capital cost or £30m total whole-life cost	Whole-life cost investment (see Table 4)	NHS trusts/foundation trusts in financial distress – the capital element of the whole-life cost excluding VAT is £25m or greater, or the total whole-life cost is £30m or greater excluding VAT Foundation trusts not in financial distress – £30m capital cost or total whole-life costs of £30m or greater excluding VAT
Capital investment – Electronic patient records (EPRs) partly or fully funded by the Frontline Digitisation Programme (NHS England Transformation Directorate)			
NHS trusts and foundation trusts in financial distress	All business cases partly or fully funded by the Frontline Digitisation Programme require approval	Where total capital and revenue funding is provided by the Frontline Digitisation Programme, the business case will require approval in line with the process outlined in Table 3 below.	
Foundation trusts not in financial distress			

Note 1: Centrally funded schemes and any transaction deemed to be novel, contentious or repercussive may be subject to lower delegated limits and business case approval requirements. Trusts should contact their NHS England regional team for confirmation. See Table 3 on approvals.

- 3.6 Where a scheme may be considered novel, contentious or repercussive by HMT, trusts are required to consult NHS England, which may, in consultation with DHSC, decide that the case requires approval. The decision on whether an investment is so considered and the resulting approval requirements will be determined by NHS England and DHSC on a case-by-case basis. Irrespective of delegated limits, all capital investment schemes or property transactions that are deemed novel, contentious or repercussive, or to have novel, contentious or repercussive financing arrangements, will require NHS England, DHSC and HMT approval. For further guidance, please see HMT's [Managing public money](#).
- 3.7 Please note, for centrally funded capital investment, trusts will have been notified by either a funding award letter or NHS England's regional team or programme team of the business case approval process that applies to the scheme. Trusts should contact their NHS England regional team if they require clarification.
- 3.8 With the exception of centrally funded capital investment schemes, all trusts have delegated authority to approve capital investment business cases below the delegated limits as set out in Table 2. Where schemes are funded either partially or fully through the operational capital envelopes, the capital investment must be affordable within operational capital envelopes; see [NHS operational planning and contracting guidance](#). Trusts should exercise caution where investments are close to delegated limits, and ensure that adequate contingency and optimism bias allowances are included in costs. Where costs subsequently exceed delegated limits, trusts should contact the NHS England national Capital and Cash team to discuss approval requirements.
- 3.9 NHS England expects trusts to apply robust governance and assurance processes in the approval of business cases below delegated limits, with a trust reviewing these under its own governance arrangements. NHS England anticipates that business cases below delegated limits and subject to internal trust approval processes, should be produced by following best practice and using HMT's [The Green Book](#) guidance regarding the five case model, as well as the trust's own governance policies and procedures.
- 3.10 All capital business cases with investment or transaction values above delegated limits (see Tables 1 and 2) should be subject to appropriate governance processes, including approval from the trust board, before being submitted to NHS England. NHS England anticipates that the required approvals in this guidance build on the good governance processes already in place in NHS trusts and foundation trusts,

and that most of the documentation NHS England and DHSC require to approve investment decisions should already be available in organisations.

3.11 NHS England and DHSC have a joint committee approval process in place that is designed to ensure there is one approval point for NHS England and DHSC, rather than sequential points, and therefore improve the timeliness of DHSC/NHS England approvals. Table 3 summarises the approvals required according to the investment or property transaction value.

Table 3: Approvals

Financial value of the capital investment or property transaction ^(Note 1)	Approving committee	HMT approval
Capital investment and property transactions – Non-digital		
£25m or greater but less than £50m	NHS England and DHSC Joint Investment Sub-Committee (JISC)	Not required
£50m or greater	NHS England and DHSC Joint Investment Committee (JIC)	Required
Capital investment– Digital – self-funded capital investment (see below for the Frontline Digitisation Programme)		
£25m capital cost or £30m whole-life cost but less than £50m	NHS England and DHSC JISC	Not required
£50m capital cost or £50m whole-life cost	NHS England and DHSC JIC	Required
Capital investment – Electronic patient records (EPRs) partly or fully funded by the Frontline Digitisation Programme ^(notes 1–3)		
Central frontline digitisation capital and revenue funding of less than £50m	NHS England Transformation Directorate – EPR Investment Board (EPRIB)	Not required
Central frontline digitisation capital and revenue funding of £50m or greater	NHS England Transformation Directorate – EPRIB, and NHS England and DHSC JIC	Not required ^(note 4)

Note 1 To deliver the NHS Long Term Plan digital commitment, an EPR Investment Board for centrally funded EPR business cases has been set up to accelerate approvals.

Note 2 Central funding relates to Transformation Directorate funding only, and excludes operational capital support PDC or other programme PDC.

Note 3 Where a EPR case is wholly revenue and central funding is £50m or greater, JIC approval is required. See Table 3.

Note 4 Full delegation has been given to JIC, except where novel, contentious or repercussive.

3.12 NHS England and DHSC will approve capital investment and property transaction business cases up to a threshold of £50m. Any capital business cases with an investment value of £50m or greater are also subject to HMT approval, except for EPRs funded the central frontline digitisation capital. As noted above, to deliver the

NHS Long Term Plan digital commitment, an EPR Investment Board has been set up to accelerate approvals.

- 3.13 For capital projects that require NHS England and DHSC approval (except where early funding has been provided by DHSC), foundation trusts in financial distress and all NHS trusts should not incur expenditure, other than essential fees, on capital schemes until the full business case (FBC) has been approved, unless specific agreement has been reached beforehand with NHS England's national Capital and Cash team and DHSC. Until such approval is received, all costs are incurred at the trust's own risk and a secured source of funding and CDEL cover must be identified by the trust to cover this expenditure. Any such expenditure should be managed within ICS/ICB capital envelopes, except where funding and CDEL have been explicitly approved by DHSC. NHS trusts should not assume any additional capital resource limit cover for such costs and should contact the NHS England national Capital and Cash team with any queries.
- 3.14 Where the accounting treatment of a capital investment is deemed novel, contentious or repercussive or subject to professional judgement, it is likely that the trust will be required to obtain written confirmation of the acceptance of the proposed accounting treatment from its external auditors and to submit this confirmation as supporting evidence to NHS England alongside the formal business case.
- 3.15 All trusts are asked to note that NHS England can lower at its discretion the delegated limits (as set out in Tables 1 and 2) if any of the following apply:
- business cases are considered to be novel, contentious or repercussive
 - trusts are in the highest risk categories of distress based on segmentation analysis
 - business cases are artificially split into multiple cases to circumvent delegated limits.
- 3.16 Where lower delegated limits are applied, trusts should notify the relevant regional director and regional finance team of all business cases between the agreed lower delegated limit and the original limit that are likely to require NHS England approval. The need for approval will be confirmed by the relevant NHS England regional director. The relevant regional director will have discretion to approve the business case without it going through further levels of approval.

NHS national capital

3.17 A number of significant national programmes for capital investment are to be delivered over the period 2022/23 to 2024/25, including the Targeted Investment Fund (TIF) for elective recovery, diagnostics, mental health and RAAC. There is a standard approach to the assurance and approval of capital investment under these programmes. National programme teams will discuss the scope of the investments with trusts to ensure that the process is proportionate to the requirements of the programmes. For digital cases, individual organisations that receive central funding will be required to follow the appropriate digital business case approvals process. ICBs and trusts should speak to their regional teams before developing a business case for digital investment to ensure the correct processes are followed.

3.18 For the national programmes specified in the NHS England planning guidance, the expectations are:

- for schemes below £5m, a programme of works and financial information will be required for approval by national programme teams
- for schemes between £5m and less than £25m, a single short form business case will be required for approval by national programme teams
- for schemes between £25m and less than £50m, both an outline business case (OBC) and a full business case (FBC) in line with HMT Green Book requirements will be required for approval by NHS England and DHSC
- for schemes that are £50m and above, both an OBC and a FBC in line with HMT Green Book requirements will be required for approval by NHS England, DHSC and HMT.

3.19 NHS England will advise trusts of the business case requirements for nationally funded schemes, but they should contact their regional team for further guidance. Standard templates for a programme of works and short-form business cases are available from NHS England's Capital and Cash Team england.capitalcashqueries@nhs.net.

Whole-life cost schemes

3.20 For whole-life cost schemes such as self-funded or centrally funded digital contracts, leased equipment, leased property, managed equipment, managed service and energy service performance contract schemes, the delegated limits set out in Tables 1 and 2 apply as follows:

- non-digital – the delegated limit applies to the capital element only, excluding VAT
- self-funded digital – the delegated limit applies to the capital element and/or the whole-life cost, excluding VAT
- centrally funded digital – all business cases partly or fully funded by the Frontline Digitisation Programme (NHS England Transformation Directorate) require approval.

3.21 Where the delegated limits set out in Tables 1 and 2 are exceeded, schemes will require DHSC and NHS England approval.

3.22 For any whole-life cost scheme, business cases should include confirmation of the accounting treatment and trusts should, in conjunction with their ICS/ICB, ensure that there is sufficient CDEL cover within operational capital envelopes before entering into any such arrangements, where this impacts on operational capital allocations. Please refer to the [NHS operational planning and contracting guidance](#).

3.23 Please note that schemes that involve private finance are not permitted, in line with the change in central government policy on private finance.

3.24 Please see Table 4 below for further details on whole cost schemes, delegated limits and how the review threshold is measured.

3.25 Whole-life cost investments that are wholly revenue in nature are not covered by this guidance, except for EPR cases that are wholly revenue and receiving central frontline digitisation funding. Trusts should refer to the [transactions guidance](#) for revenue-only transactions.

3.26 The whole-life cost is the total cost and is not discounted. Whole-life costs do not include capital charges or depreciation, cash-releasing benefits, non-cash-releasing benefits and the cost of non-IM&T staff who may use the systems. The avoided cost of the existing IM&T systems should also not be included. VAT is excluded from whole-life cost for approval purposes.

3.27 Table 5 below lists elements included and excluded from whole-life costs calculations. The lists are not exhaustive but can guide those tasked with preparing and reviewing business cases.

Table 4: Whole-life cost schemes

Description	Delegated limit	How is the review threshold measured?
Whole-life cost investments – Non-digital		
NHS trusts and foundation trusts in financial distress	£25m	The capital element of the whole-life cost excluding VAT; see Table 5 For example, leased equipment, leased property, managed equipment, managed service and energy service performance contracts
Foundation trusts not in financial distress	£50m	
Whole-life cost investments – Digital self-funded only		
NHS trusts and foundation trusts in financial distress	£25m capital or £30m whole-life cost	The capital element of the whole-life cost excluding VAT is £25m or greater or The total whole-life cost is £30m or greater excluding VAT
Foundation trusts not in financial distress	£30m whole-life cost	Total whole-life costs of £30m or greater excluding VAT; see Table 5.
Capital investment – Electronic patient records (EPRs) partly or fully funded by the Frontline Digitisation Programme (NHS England Transformation Directorate)		
NHS trusts and foundation trusts in financial distress	The approval value is the total capital and revenue funding from the Frontline Digitisation Programme	
Foundation trusts not in financial distress		

Table 5: Whole-life cost calculations

Included in whole-life costs	Excluded from whole-life cost calculations for delegated limits and approval values
Capital costs Life-cycle costs where these are contractually committed, as part of the investment decision Running costs (including loan interest) Project management costs Training costs Redundancy costs Optimism bias Contingency	Capital charges Depreciation Cash-releasing benefits and non-cash-releasing benefits Cost of non-IM&T staff who may use the systems Cost avoided of the existing IM&T systems VAT

Leases

3.28 IFRS 16 on leases was implemented from 1 April 2022. For further guidance please refer to NHS England's [Financial accounting updates – International Financial Reporting Standard 16 leases implementation](#).

- 3.29 New leases and lease amendments within the scope of IFRS 16 will now score against capital budgets and providers will need to seek business case approval should business cases including lease expenditure exceed the delegated limits as set out in Table 4 above.
- 3.30 For leases of property, plant and equipment and buildings, it is the capital element of the whole-life cost payable under the contract (excluding VAT) that is compared to the delegated limit. Any required enabling capital expenditure, eg alterations to premises to accommodate the equipment or, in the case of property, to make them suitable for the occupier's use should be included when considering the delegated limit.
- 3.31 The relevant term over which to calculate the whole-life cost is the contractual term. In the case of property, any break points that are exercisable only by the occupier should be ignored for these purposes, as should any statutory right of renewal. Whole-life costs are the total cost of the project over the life of the contract (typically 7–10 years); including capital costs, running costs, IM&T costs, project management costs and training costs.
- 3.32 For all leases, the business cases should include confirmation of the accounting treatment and trusts should, in conjunction with their ICS, ensure that there is sufficient CDEL cover within ICS operational capital envelopes before entering into any such arrangements, according to the most recent planning guidance ([NHS operational planning and contracting guidance](#)) and the NHS England [IFRS 16 leases implementation guidance](#).
- 3.33 Business cases submitted for approval must include the details of the lease arrangement from the lessee's perspective, but also the details of the lessor (and whether internal or external to the DHSC group). Where internal to the group, details of the lessor's accounting treatments must be provided, for DHSC to understand group-level budgetary implications.
- 3.34 If the proposed lease arrangement is with an external lessor, confirmation as to whether any internal leasing alternatives are available and why these have been discounted is required, as the group-level budgetary implications of external leasing may be less favourable than an equivalent lease with an intra-group lessor.
- 3.35 For lease acquisitions or disposals, trusts should refer to [Health Building Note \(HBN\) 00-08 The efficient management of healthcare estates and facilities](#).

4. Capital investment and property transactions business case approval process

- 4.1 NHS England will require assurance that the trust proposing the investment has subjected its capital investment business case to an appropriate level of scrutiny and governance, before the case can be submitted to NHS England. As part of the approval process NHS England will ask trusts to demonstrate that the business case complies with HMT's [The Green Book](#) requirements and the five case model. The business case checklist (Annex 1) is a tool for trusts to use as they develop their business case.
- 4.2 NHS England and DHSC have developed a set of fundamental criteria to help assess whether a business case is sufficiently robust to enter into the detailed business case review process. The fundamental criteria are included in Annex 1 and can be selected using the relevant drop-down menus, according to business case stage. They do not provide an exhaustive list of requirements, but instead act as a review gateway that helps ensure a business case is fit for purpose to enter the assurance process. Trusts, with the support of NHS England regional teams, should work on delivering these requirements from the inception of a scheme, to ensure that these requirements are met before a business case is submitted.
- 4.3 We strongly recommend that trusts complete the business case checklist (Annex 1) and submit this alongside their business case. This aims to improve the quality of business cases and the efficiency of the approval process by minimising review queries. The checklist includes a Project Data Sheet, which aims to collect key data and metrics. We recommend Trusts complete this, and NHSE would welcome feedback on the format and content of this sheet, and opportunities for benchmarking. As a minimum, the fundamental criteria element of the checklist must be completed and submitted with the business case.

Development of business cases using the five case model

- 4.4 All preparers and reviewers of a business case should follow the [HMT Green Book and accompanying guidance](#).

- 4.5 For digital business cases a bespoke Comprehensive Investment Appraisal (CIA) model is being developed. Trusts should contact their regional finance or digital lead for access.
- 4.6 This guidance provides an overview of the HMT guidance on business case development investment proposals based on the five case model. HMT's guidance sets out more detail on how to develop a strategic outline case (SOC), outline business case (OBC) and full business case (FBC). There is a step-by-step guide and a summary of review criteria, and the evidence required to comply with the five case model is identified.
- 4.7 For major spending proposals, there are three key stages in the development of a project business case. They correspond to the key decision points in the spending approval process, which are set out below. These are the SOC, OBC and FBC. HMT's standard five case model should be followed at each key stage in the development of business cases. This model comprises the following five dimensions:
- strategic
 - economic
 - commercial
 - financial
 - management.
- 4.8 For centrally funded business cases and national programmes, trusts should refer to their approval letter, which sets out the business case requirements, or contact their NHS England regional team.
- 4.9 In seeking approval for a SOC, OBC and FBC, trusts should be aware of the purpose of each stage and the permitted steps in the progression of the scheme:
- **SOC:** to establish the case for change and provide a preferred way forward for approval, prior to going into the more detailed planning stage.
 - **OBC:** to identify the investment option that optimises value for money, prepare the scheme for procurement, and put in place the necessary funding and management arrangements for the successful delivery of the scheme. Trusts are not permitted to commence procurement ahead of OBC approval. Any costs incurred ahead of approval are at the trust's own risk.
 - **FBC:** to identify the market place opportunity that offers optimum value for money, set out the commercial and contractual arrangements for the negotiated deal,

confirm the deal is affordable, and put in place detailed management arrangements for the successful delivery, monitoring and evaluation of the scheme. This includes documenting the outcomes of the procurement. Trusts should ensure that, unless in exceptional circumstances, the expiry date of any target cost/guaranteed maximum price (GMP) or equivalent allows sufficient time for the business case review and approval process to conclude.

- 4.10 The costing for capital spending proposals should include all equipment and works necessary for the scheme to proceed, including enabling works. [OB and FB forms](#) are available but please note that cost forms are currently being updated.
- 4.11 The NHS England business case checklist (Annex 1) was developed in collaboration with DHSC, and is for use by both NHS trust and foundation trust project teams and NHS England in reviewing and providing assurance on capital investment and property transaction business cases.
- 4.12 Project teams should treat the checklist as a combination of guidance on material that must be included in a business case and advice on various issues. The checklist represents the recommended minimum content of a business case. HMT's [The Green Book](#) and related five case model guidance should be used to produce a complete business case. We strongly recommend that trusts complete the business case checklist (Annex 1) and submit this alongside their business case. This aims to improve the quality of business cases and the efficiency of the approval process by minimising review queries. As a minimum, the fundamental criteria elements included in Annex 1 must be completed and submitted with the business case.

Business case economic and financial appraisals

- 4.13 To assist with business case preparation, further guidance on the differences between the economic and financial appraisal is included below. For more complete guidance, please refer to [HM Green Book and accompanying guidance](#).
- 4.14 Economic appraisals undertaken as part of business case production have a wider perspective and focus on value for money, whereas financial appraisals focus on funding and affordability. The key differences are summarised in Table 6. Further details are include in [HM Green Book and accompanying guidance](#).

Table 6: Comparison of economic and financial appraisal

Economic appraisal	Financial appraisal
Focus: Net present social value (NPSV)/ benefit cost ratio (BCR)	Focus: Funding and affordability
<p>Analysis:</p> <ul style="list-style-type: none"> • real (relative base year) prices • includes avoided costs • includes opportunity cost • includes all quantifiable costs, benefits and risks to both organisation and wider society (cash and non-cash-releasing) • includes lifecycle costs • includes environmental costs • excludes all Exchequer 'transfer' payments, eg VAT and income from other public sector bodies • excludes general inflation • excludes sunk costs, depreciation and capital charges • excludes redundancy costs • excludes loan interest 	<p>Analysis:</p> <ul style="list-style-type: none"> • current (nominal) prices • benefits – cash-releasing only • includes capital and revenue costs • includes transfer payments • includes irrecoverable VAT • includes specific inflation • includes depreciation • includes capital charges • includes redundancy costs

VAT in business cases

4.15 The treatment of VAT in business cases is shown in Table 7 below. It is important to note that for sign-off values, the treatment of VAT depends on the type of business case and whether the economic or financial case is being considered.

4.16 As part of the formulation of the business case, we recommend that the trust seeks written advice from its VAT advisers as to whether VAT is recoverable or non-recoverable, and submits this as supporting evidence to NHS England alongside formal submission of the business case.

Table 7: VAT in business cases

Value description	VAT on capital costs	VAT on revenue costs
Business case approval value (non whole-life cost cases)	Include irrecoverable VAT Include VAT if there is any risk to recovery	Not relevant to approval value
Business case approval value with whole-life costs	Exclude	Exclude
Economic case appraisal (net present social value) All cases	Exclude	Exclude
Financial case All cases	Include irrecoverable VAT	Include irrecoverable VAT

Approval process and business case documentation

- 4.17 Trusts should send business cases requiring NHS England approval to the relevant regional director and/or regional teams in the first instance. The business case key documentation is summarised in Table 8.
- 4.18 We strongly recommend that trusts complete the business case checklist (Annex 1) and submit this alongside their business case. As a minimum, the fundamental criteria included in Annex 1 must be completed and submitted with the business case. Business cases must meet the fundamental criteria included in Annex 1 before submission.
- 4.19 For centrally funded capital investment or national programmes, trusts should refer to the funding letter/notification from DHSC, NHS England or its predecessor organisations for confirmation of the business case approval requirements as these may differ from those set out in Table 8.
- 4.20 For any potentially novel, contentious or repercussive cases, we recommend that trusts complete the business case checklist (Annex 1) as it applies to their transaction and they should contact their NHS England regional team for advice. Further details of the approval process and documentation requirements are given below.

Table 8: Business case key stage approval and documentation

Trust classification	Value of the capital investment or property transaction (Note 1–7)	Type of business case	SOC	OBC	FBC	Business case checklist (Annex 1)	Fund-amental criteria checklist (Annex 1)	Project data sheet (Annex 1) (Note 8)
			Approval requirements					
NHS trusts and foundation trusts in financial distress	£25m or greater but less than £30m	Non-digital	No	Yes	Yes	We strongly recommend that a completed business case checklist is submitted with the business case	Yes	Recommended
		Digital (self-funded)	No	Yes	Yes		Yes (Digital)	Not applicable
All trusts (subject to the delegated limits in tables 1 & 2)	£30m or greater	Non-digital	Yes	Yes	Yes		Yes	Recommended
		Digital (self-funded)	Yes	Yes	Yes		Yes (Digital)	Not applicable
All trusts	£50m or greater	Non-digital	Yes	Yes	Yes		Yes	Recommended
		Digital (self-funded)	Yes	Yes	Yes		Yes (Digital)	Not applicable
All trusts	Novel and contentious business cases	All	Yes	Yes	Yes		Yes	Recommended

Note 1 For centrally funded capital investment and national programmes, trusts should refer to their approval letter, which sets out the business case requirements, or contact their NHS England regional team.

Note 2 For whole-life cost business cases, see Table 4.

Note 3 To assist the business case development, review and approval process, we recommend that trusts submit a completed business case checklist (Annex 1).

Note 4 The fundamental criteria in Annex 1 must be completed and included as part of the business case submission.

Note 5 Foundation trusts not in financial distress will require approval for a self-funded digital investment with a capital cost or whole-life cost of £30m or more. Trusts with such plans should contact NHS England to discuss the proposed investment and review requirements.

Note 6 Trusts with digital schemes for EPR replacement that are either partly or fully funded from frontline digitisation capital funding (NHS England Transformation Directorate) should seek confirmation of the requirements applicable to their scheme from the Frontline Digitisation Programme.

Note 7 While there is no requirement for SOC approvals for self-funded digital cases below £30m, any trust planning to implement a new EPR funded or partly funded by the Frontline Digitisation Programme should liaise with its regional digital lead to discuss the readiness support review process and requirements, which replace the SOC.

Note 8 The Project Data Sheet aims to capture key project data and metrics. We recommend that this is completed by Trusts and NHSE would welcome feedback on format and content of this element and opportunities for benchmarking.

4.21 The values in Table 8 apply to capital investment and property transaction business cases, including asset disposal business cases and whole-life cost business cases. Note that NHS England will not accept a combined OBC and FBC unless this is specifically confirmed in an approval letter or by central NHS England programme leads. Otherwise, where combined cases are received, the trust will be asked to prepare separate business cases.

4.22 All trusts that have digital cases, funded or partly funded by the Frontline Digitisation Programme, should contact their NHS England regional digital lead to discuss the proposal and agree the review and approval requirements.

4.23 Foundation trusts not in financial distress (as defined in paragraphs 1.11 to 1.13) will require approval for a self-funded digital investment with a £30m capital cost or £30m whole-life cost. Trusts with such plans should contact NHS England to discuss the proposed investment and review requirements.

4.24 The primary expectations for key stage documents are summarised in the following guidance and these areas will be tested in the DHSC and NHS England review of the business case:

- Business case checklist – Annex 1
- HMT's The Green Book and accompanying guidance
- HMT's guide to developing the project business case
- HMT's guide to developing the programme business case
- HMT's CIA model user guide.

4.25 The NHS England business case checklist in Annex 1 is for both trust project teams and NHS England to use in reviewing and providing assurance on capital investment and property transaction business cases. Project teams should treat the checklist as a combination of guidance and advice on the material that should be included in a business case. It does not replace the HMT Green Book requirements. The checklist represents recommended guidance for the development of business cases and for the business cases to enter into the national business case review process.

4.26 The NHS England Capital Business Case Technical Support and Training Unit offers technical support and training to NHS bodies in developing capital investment business cases. NHS England is an accredited training organisation for Better Business Cases™ training. The unit also offers wider complementary training packages in related technical areas (CIA model training, benefits management and realisation workshop, economic appraisal training and financial appraisal training) to

meet the development needs of NHS England colleagues and NHS colleagues in NHS trusts and foundation trusts, ICSs/ICBs and other arm's length bodies. The capital business case training packages are NHS focused, using examples to support NHS capital business case development. These respond to the specific requirements of individual capital investment programmes and projects across all healthcare sectors, and are delivered online.

Guidance on letters of support for capital business cases

4.27 NHS England requires letters of support to be submitted for all SOC's, OBC's and FBC's that require NHS England and DHSC approval. Annex 3 to this guidance provides details of who the letters need to come from and what they should include.

Joint business cases

4.28 Where two or more schemes have similar timelines and strategic rationales, and it makes sense to batch them to achieve best value for money due to economies of scale, we recommend that the business case approval process should not be circumvented by progressing schemes individually. These cases should be discussed with the relevant regional director and/or regional team before proceeding.

Consortium investments

4.29 If a consortium of trusts is making an investment, the delegated limits of the consortium members are not cumulative: where the total scheme value goes above the delegated limit for any single NHS trust or foundation trust in financial distress in the consortium, it will require NHS England and DHSC approval.

4.30 For other members of the consortium, if the value of the scheme also exceeds their delegated limit, it will require NHS England approval. If the scheme is below a trust's delegated limit, the investment should be dealt with under the trust's internal governance processes. For any consortium investments greater than £50m (or £30m for digital investment cases), the consortium should contact NHS England to establish whether DHSC and HMT involvement in the approval of the scheme will be required.

4.31 Trusts working collaboratively, but entering into separate contracts, do not constitute a consortium investment and their individual delegated limits apply to their own procurement.

Technical support and training

4.32 The NHS England Capital Business Case Technical Support and Training Unit can be contacted for a prospectus, enrolment form and bookings via the central email addresses below.

- Better Business Cases™ courses: england.buscasetechsuppunit@nhs.net
- bespoke courses: england.cbctstubespoke@nhs.net

Table 9: Capital business case technical support

Capital business case technical support and training programme	Key element
Better Business Cases™ training	Foundation masterclass and APMG examination Practitioner masterclass and APMG examination
Wider business case training	CIA model training Benefits management and realisation workshop Economic appraisal training Financial appraisal training
Technical support	Ad-hoc support as required

Implementation of Cabinet Office spend controls

4.33 Cabinet Office spend controls are now being implemented across the NHS via a phased regional approach over two years. This started in October 2022 and the latest information can be found on [FutureNHS](#). For capital business cases in scope of the new Cabinet Office spend controls, NHS England is working with the Cabinet Office to understand how these can work with existing governance.

Gateway reviews

4.34 In line with the [Infrastructure and Projects Authority \(IPA\) guidance](#), programmes and projects within the DHSC capital delivery portfolio are required to go through assurance at key stages of their lifecycle. For further details, please refer to the IPA guidance.

4.35 Projects will have existing assurance activities in place, including internal reviews and approval processes for each business case stage.

- 4.36 To complement existing business case approval processes, DHSC is enrolling eligible schemes onto the IPA's gateway review 1–5 process. This examines programmes and projects at key decision points in their lifecycle to provide guidance to the senior responsible office and assurance for NHS England, DHSC and HMT that they can progress successfully to the next stage and are essential to the approval of funding. Gateway assurance reviews are external peer reviews and a critical element for the successful delivery of a project or programme.
- 4.37 IPA has delegated the co-ordination of gateway reviews for individual projects and programmes to DHSC. The DHSC Capital Delivery PMO working with the Major Projects Portfolio team will enrol schemes and support them through the process. Please contact abisayo.agbenla-rahman@dhsc.gov.uk for further information.

Service change or reconfigurations and public consultation

- 4.38 Ahead of submitting any business case to NHS England, trusts should ensure they have met any public consultation requirements. Where trusts and commissioners are considering service change or reconfigurations as part of local health system proposals, they should follow NHS England's guidance [Planning, assuring and delivering service change for patients](#).
- 4.39 This guidance includes a 2022 addendum to the March 2018 guidance, which updates guidance to better align service reconfiguration and capital business cases, and evaluation criteria where appropriate, and reflects NHS England's more integrated assurance processes.
- 4.40 Service change schemes can save time during the subsequent capital approval process by aligning the service change pre-consultation business case (PCBC) and capital SOC. Both the PCBC and SOC are technical documents, designed to enable decision-maker(s) to determine a preferred way forward. The PCBC enables decision-makers to decide whether the programme can go to public consultation, and the SOC is the first step in the capital approval process. The [addendum to the planning, assuring and delivering service change for patients](#) sets out the requirements for a PCBC and how they align with SOC requirements.

Timetable for capital investment and property transaction business cases

- 4.41 For business cases of £25m or greater, NHS England and DHSC work on an indicative 12-week approval cycle once NHS England has assessed that the

business case meets the fundamental criteria. A more streamlined process is in place for investments of less than £25m that are financed by DHSC through central programmes. Further details are set out in allocation letters and are available from NHS England regional teams. The review period will include time for the NHS England and DHSC's review, feedback and clarification, and depends on trusts providing satisfactory responses.

- 4.42 The indicative 12-week cycle is based on business cases with a financial value below £50m. If a business case has a financial value over £50m, additional time will need to be added to a trust's timetable to secure Ministerial submission and HMT approval. The additional indicative timeframe is six weeks post Joint Investment Committee approval, although this may be extended, eg in periods of parliamentary recess and spending reviews.
- 4.43 For EPR business cases, the Frontline Digitisation Programme within the NHS England Transformation Directorate is responsible for review and approval and will work with trusts to accelerate the approvals process with shorter review timescales. The business case checklist (Annex 1) includes digital fundamental criteria and tailored digital requirements.
- 4.44 The timetable is reliant on the quality of business cases being satisfactory for NHS England and DHSC's review and on trusts supplying adequate responses within reasonable timescales. Where this is not the case, NHS England and DHSC reserve the right to pause the business case review process until the trust supplies satisfactory responses. In these cases, trusts need to be aware that the review process will be extended. In addition, if external advice is required to support the business case review and assurance process, the review period may be extended. Business cases must meet the fundamental criteria requirements before the detailed review can commence. We recommend that trusts complete the business case checklist (Annex 1) as a self-assessment tool, and submit this with their business case.

Disposals

- 4.45 A trust will need to submit a business case to NHS England where gross disposal proceeds are above its delegated limits. The trust may be able to reinvest the proceeds subject to business case approval from NHS England and DHSC, and to the CDEL being affordable. There is new flexibility to use CDEL credits over multiple years. Trusts should refer to the 2023/24 capital guidance update. As a minimum, the disposal and retention business case will need to give an indication of what the

retained receipts will be used for, eg reinvested in healthcare buildings/infrastructure, and confirmation that the CDEL impact can be managed within ICS/ICB capital envelopes. It should also be in line with the local ICS/ICB estate strategy.

4.46 The levels of authorisation for these business cases are in line with those set out in Tables 1 and 2 above.

4.47 NHS organisations are obliged to enter details of the property onto the e-PIMs/InSite register to enable other public sector organisations to come forward to purchase the land and/or property. In addition, trusts should refer to the guidance on disposals in [Health Building Note \(HBN\) 00-08: The efficient management of healthcare estates and facilities](#).

4.48 Once land and/or property has been identified as surplus to a particular trust's need, it should:

- check what legal interest it holds and whether the property is registered in its name on the land registry
- check whether property is required to be returned to the Secretary of State for Health and Social Care where it was part of a Transfer Order carried out as part of the NHS reforms of 1 April 2013
- circulate details to nearby NHS organisations, NHS Property Services and local authorities, and register details of the land and/or buildings on e-PIMS/InSite. This notification should allow six weeks to two months for a purchaser to emerge before placing the property on the open market. Registering disposals on the e-PIMS register is a requirement for disposals of any value; see [Health Building Note \(HBN\) 00-08: The efficient management of healthcare estates and facilities](#).

4.49 Once the trust is satisfied that there is no public sector requirement for the land and/or property, marketing of the land and/or property can commence. Trusts should also ensure that the planned disposal is not impacted by Crichton Down rules. It is important that NHS organisations appoint appropriate professionals to advise on the best options for disposal through full and open marketing, including whether securing planning consent adds value/increases market opportunity. This evidence should be included in the business case. An OBC approval is required before formal marketing can commence.

4.50 Registering disposals on the e-PIMs/InSite register is a requirement for disposals of any value. In addition, for the trust's own governance purposes, all disposals are expected to be fully supported by a business case. A cost–benefit analysis of the

disposal options should inform the business case. Business cases over the trust's delegated limit will require approval from NHS England and DHSC at all stages.

- 4.51 The trust should obtain written professional advice on the most appropriate method and timing of revaluations, to ensure that the business case can demonstrate compliance with relevant accounting standards and the DHSC group accounting manual (GAM). A recent district valuer (or equivalent RICS registered valuer) valuation should be included as evidence of the expected disposal receipt. Where disposals have a phased draw down, the impact of phased capital receipts (and any conditionality) should be identified in the business case. This written advice should be submitted as supporting evidence to NHS England alongside the FBC.
- 4.52 Valuations for the purpose of direct reinvestment in the estate should be RICS 'Red Book' valuations undertaken no more than six months prior to submitting the OBC or FBC. Where disposal programmes proceed over several years, valuations should be based on the RICS Red Book valuation, which can be updated through addendum/refresh of the valuation to reduce professional fees.
- 4.53 The disposal of an asset into a special purpose vehicle needs to comply with NHS England's guidance. Please see Section 5 of this guidance and the NHS England webpage [Assuring and supporting complex change](#).
- 4.54 Confirmation of the special purpose vehicle status should be included in the OBC and FBC as supporting evidence. The valuation of a property asset should be a RICS Red Book valuation.
- 4.55 Trusts are not permitted to go to market or exchange contracts ahead of OBC approval. Completion is only permitted once FBC approval is obtained. Trusts should therefore factor the approval process into their disposal programme and negotiations with a purchaser.
- 4.56 For CDEL purposes, the net book value of the asset being disposed of is treated as a CDEL credit. Trusts should refer to the DHSC GAM for guidance on the accounting treatment, classification and valuation. In addition, further guidance is provided in the [NHS operational planning and contracting guidance](#).

Overage or claw back provisions

- 4.57 Where the sale price may not reflect the potential increase in value during development, the inclusion of overage or claw back provisions in the sale documentation should be considered. These provisions reserve to the vendor the

right to further payments if certain circumstances occur – effectively a ‘share’ in any future increase in value of the site. Professional advice should be taken on overage and claw back options throughout the disposal process, to ensure that they are relevant and appropriate for the transaction.

4.58 Further guidance is included in [Health Building Note \(HBN\) 00-08: The efficient management of healthcare estates and facilities](#).

External financing and delegated limits

4.59 Capital expenditure financed from an external source, such as DHSC financing, donations, grants and commercial loans, should be included in the approval value of a scheme when deciding if a business case needs approval. For example:

- an NHS trust/foundation trust in financial distress has a delegated limit of £25m
- it is developing a business case for a £28m project
- this project is being funded by a £8m charitable donation and £20m from the trust’s own internal resources.

4.60 In this case, the trust will still require business case approval from NHS England as the overall capital investment of £28m is above the trust’s delegated limit.

DHSC capital investment financing applications

4.61 Where a trust’s capital investment requires DHSC financing, the trust will need to assess the priority and affordability of the scheme within the ICS/ICB capital envelopes. If the urgency of the investment is confirmed and cash is not available locally to fund the investment, a financing application can be made to NHS England. NHS England will review the application and, when validated, will present the case to DHSC on behalf of the trust. The application will require consideration by DHSC as part of the national CDEL budgetary position before it can be approved. Trusts should therefore not commit or spend against the scheme concerned until approval for the financing has been confirmed.

4.62 The Secretary of State’s [Guidance under section 42A of the National Health Service Act 2006](#) (updated January 2023) sets out the approval rules for financing from outside the DHSC group. Capital investment financed externally consumes capital resource and will therefore score against the ICS/ICB capital envelope in the normal way.

- 4.63 Where a trust's capital business case is above the trust's delegated approval limit and requires DHSC capital financing (in cash terms), the trust should contact its NHS England regional finance team or the NHS England national Capital and Cash team to discuss the financing requirements ahead of business case development or submission. These teams will advise the trust on the availability of DHSC finance and the appropriate application process.
- 4.64 Trusts should not commit spend against schemes reliant on DHSC financing until financing has been approved and the trust has been notified of this approval. Any expenditure incurred by the trust ahead of financing approval is at the trust's own risk and should be matched by an identified alternative source of funding and CDEL cover. NHS trusts should ensure they have capital resource limit cover for any such expenditure before it is incurred.

Financing from outside the DHSC group

- 4.65 Foundation trusts in distress and NHS trusts may borrow from private sector sources or other governmental bodies/departments only if the transaction delivers better value for money than financing through DHSC. Foundation trusts in distress and NHS trusts must seek prior approval from DHSC via NHS England. Similarly, DHSC may also provide guarantees to trusts' borrowing. Please refer to the Secretary of State's [Guidance under section 42A of the National Health Service Act 2006](#) (updated January 2023).
- 4.66 However, in all these cases, because non-government lenders are likely to face higher costs, it is unlikely that there will be a value for money case for borrowing outside the DHSC group. Interest rates applied by DHSC can be found on the [National Loan Fund website](#). Capital investment financed externally consumes capital resource and will therefore score against ICS/ICB capital envelopes in the normal way.
- 4.67 External borrowing arrangements that are deemed novel, contentious or repercussive will require HMT approval.
- 4.68 Further guidance can be found in the Secretary of State's [Guidance under section 42A of the National Health Service Act 2006](#) (updated January 2023). This guidance consolidates and builds on existing guidance on capital investment issued by DHSC and was developed in line with the principles set out in HMT's [Managing public money](#).

Post business case approval

- 4.69 Trusts will receive formal written confirmation of approval by NHS England and DHSC at all stages of the approval process; that is, at SOC, OBC and FBC stages. The letter will set out the approval granted along with any conditions of approval, including key actions required by the trust either before or during the next stage in the approval process, or as part of the implementation of the business case.
- 4.70 In an environment where trusts are experiencing inflationary pressures on capital schemes, they may find it more difficult to obtain a GMP or equivalent, as their contractor may not be prepared to fix for a sufficient period of time to enable the FBC to proceed through the business case governance and approval process. Where this is the case, trusts may need to complete their FBC on the basis of an interim GMP or equivalent. If this is the case, a full breakdown must be provided in the FBC to demonstrate which costs within the GMP or equivalent remain subject to change and how these have been allowed for in the cost and financial contingency estimates, to allow DHSC and NHS England to form a view on the risk. The trust will be expected to confirm a source of funding should the final costs exceed the interim GMP or equivalent.
- 4.71 For digital business cases funded by the Frontline Digitisation Programme, trusts should contact their regional digital lead where costs exceed either contract values or the amount approved in the FBC. Contractual prices could increase where elements of the contract did not provide a fixed price or unforeseen additional costs materialise, eg an increase in a trust's internal cost such as implementation resources.
- 4.72 In the event that the final costs exceed the amount approved in the FBC, NHS England and DHSC must be informed immediately and the trust will be required to submit further information to NHS England and DHSC to seek authority to proceed to contract signature.
- 4.73 This update should include a description of the reasons for the increase in costs and a full breakdown of the various elements of the contract confirming where costs have increased since FBC stage. The trust should provide any advice from cost advisers appointed to review the contract costings and works packages (although seeking this should not delay submission to NHS England and DHSC). In addition the trust should provide an update on the impact of the increase in costs on the trust's financial statements, in particular how the CDEL profile is affected, and confirmation of the source of funding for the increase in costs. If the increase in costs is funded from

trust internal sources, an updated letter from the ICB will be required to confirm affordability within the system capital allocation in the years impacted.

- 4.74 In circumstances where the value of the scheme is forecast to be 10% or more than the value approved in the previous stage of the approval process (that is, FBC value more than OBC value), the trust will be required to submit a report detailing the reasons for the cost increase (or describing the reasons for the cost increase in the FBC), its governance arrangements in respect of the scheme, and measures it is taking to minimise costs and ensure that future schemes do not experience similar cost overruns.

Post-project evaluation

- 4.75 To enable shared learning and for good governance, a best practice requirement is that trusts complete post-project evaluations. This is a standard NHS England approval condition. These should identify whether the overall objectives and benefits identified in the original business case have been delivered and highlight any areas of improvement that can be applied to future investments. Annex 2 provides a pro forma that trusts can use to complete the post-project evaluation exercise. This should be a two-stage process with the first stage being an initial review within six months of business case approval, and the second stage a further review two years after commissioning a new service and/or facility.

5. Subsidiary transactions

5.1 Any trust considering entering into a joint venture, special purpose vehicle, strategic estates partnership, subsidiary or other partnership is subject to the assurance and approval process set out in this NHS England guidance for trusts. In addition, any material change to an existing arrangement is also subject to this assurance and approvals process. Please see the NHS England webpage [Assuring and supporting complex change](#), which provides links to guidance on:

- statutory transactions, eg mergers, acquisitions, dissolutions, separations and transfer schemes
- forming or changing a subsidiary
- certain significant service contracts, eg material contracts that could present material risk
- certain financing arrangements, eg arrangements that are novel, contentious or repercussive
- commercial transfers, eg material sale and purchase agreements or novation agreements
- service reconfiguration, ie for those considering substantial service change.

5.2 When considering capital transactions, via a joint venture, special purpose vehicle, strategic estates partnership, subsidiary or other partnership, trusts need to consider the most appropriate model for asset ownership to protect the condition and availability of assets. Trusts should contact NHS England to discuss their proposals at the earliest opportunity. Trusts should also consider the relevant guidance set out in Annex 1 to this guidance.

5.3 All subsidiary transactions, including joint ventures, special purpose vehicles and subsidiaries (regardless of size, legal structure or purpose) are 'reportable' to NHS England and may need to be reviewed and risk rated. All subsidiary transactions therefore require a trust-approved business case detailing the nature of the proposals and the plan's inherent risks to be submitted. NHS trusts can only enter into subsidiary transactions under very limited circumstances.

6. Private finance

- 6.1 The government announced that it will no longer use PF2, the current model for private finance initiatives (PFIs). Existing PFI and PF2 contracts will remain but any proposals to use new private finance or extend existing private finance should be discussed with NHS England at the earliest opportunity.
- 6.2 Any proposals for termination or variation to existing PFI arrangements should be discussed with NHS England at the earliest opportunity via the national Estates and Facilities team. The existing change control process applies to NHS trusts and, in addition, NHS England is further developing arrangements to review variations that alter contract terms or change risk profile. Any proposals to terminate PFI contracts by whatever cause must be reviewed by NHS England and will require DHSC approval.
- 6.3 Trusts should continue to refer to the DHSC group finance manual and relevant accounting standards. IFRIC 12 describes the accounting treatment for operators of public to private service concession arrangements. These arrangements are forms of public private partnerships and include PFI and NHS local improvement finance trust (LIFT).

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Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Council of Governors and Board of Directors Engagement Policy		Meeting date: 22 February 2023	
Report appendix	Appendix 1: CoG and Board of Directors Engagement Policy		
Report sponsor	Chief Executive Officer		
Report author	Corporate Governance Manager		
Report provenance	Council of Governors – 1 st February 2023		
Purpose of the report and key issues for consideration/decision	<p>The CoG and Board of Directors Engagement Policy provides a framework to clarify the roles of the CoG and Board, and describes the flow of information between the two groups. It also sets out a process that would be followed should governors have a concern about the performance of the Board of Directors, compliance with the provider licence or the welfare of the organisation.</p> <p>The Policy has been discussed and approved by the Council of Governors at its meeting on the 1st February 2023.</p>		
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 is asked to approve the Council of Governors and Board of Directors Engagement Policy.		
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		Risk score
	Risk Register		Risk score
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation
	NHS England		Legislation
	National policy/guidance	x	

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Council of Governors' and Board of Directors' Engagement Policy

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Document Information

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Date of Issue:	February 2023	Next Review Date:	February 2025			
Version:	V1.0	Last Review Date:				
Author:	Corporate Governance Manager					
Director Responsible	Director of Corporate Governance and Trust Secretary					
Approval Route: Council of Governors and Board of Directors						
Approved By:		Date Approved:				
Council of Governors		February 2023				
Board of Directors						
Links or overlaps with other policies:						
<ul style="list-style-type: none"> Code of Governance for NHS Provider Trusts Governor Code of Conduct Monitor – Your Statutory Duties – A Reference Guide for NHS Foundation Trust Governors 						
<p>We are committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>We are committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy.</p>						

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.0	New Document	Feb 23	New Document	CoG and Board of Directors

Unclassified

Contents

	Executive Summary	Page 4
1.	Introduction	Page 5
2.	Purpose	Page 5
3.	Holding to account	Page 5
4.	Raising concerns	Page 7
5.	Escalating concerns	Page 9
6.	Roles and responsibilities	Page 10
7.	Monitoring compliance and effectiveness	Page 11
8.	Definitions	Page 11
9.	Distribution	Page 11
10.	Key contacts	Page 12
11.	Rapid Equality Impact Assessment	Page 14

Executive summary

We are proud to be a Foundation Trust and we recognise and appreciate the diverse range of skills, expertise and experience our governors bring to their role.

The relationship between our Council of Governors and our Board of Directors is key to the successful delivery of our purpose as an organisation.

Our Board of Directors and our Council of Governors are committed to building and maintaining an open and constructive working relationship. In order to achieve this, there needs clarity in relation to the respective roles and responsibilities of each which promotes a shared understanding.

The Code of Governance for NHS Provider Trusts states that each Foundation Trust should have a Policy for Engagement between the Board of Directors and the Council of Governors, which clearly sets out how the two bodies will interact with one another for the benefit of the Trust.

This policy aims to clarify the respective roles and responsibilities of our Board of Directors and our Council of Governors, and describes the information flow between the two groups.

The policy describes the involvement of governors in forward planning, through which they represent the views of local people, and the role they play in holding the Board of Directors to account.

This policy also sets out a process that will be followed should the governors have a concern about the performance of the Board of Directors, compliance with the provider licence or the welfare of the organisation.

It also describes the process should the Council of Governors have significant concerns about the performance of the Chair or any of the Non-Executive Directors.

This policy is intended to provide clear guidance and a useful framework for both our Board of Directors and our Council of Governors and has been approved by each respectively.

Unclassified

1. Introduction

- 1.1 This policy has been created in response to the recommendations contained in the Code of Governance for Provider Trusts (2022). Its purpose is to describe the methods by which governors can engage with our Board of Directors when they have concerns about the Board's performance, our compliance with our provider terms of authorisation or the welfare of our organisation.

2. Purpose

- 2.1 This policy:

- outlines the mechanisms by which governors and directors will interact and communicate with each other while taking into account the expanded role of governors, set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 (the Act), including the duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.
- describes the methods by which governors may engage with our Board of Directors when they have concerns about the performance of the Board of Directors, compliance with our provider licence or the welfare of our organisation
- provides details of the panel set up by NHS England for supporting governors of Foundation Trusts in their new role and to whom governors may refer a question as to whether we have failed or is failing to act in accordance with our Constitution.

3. Holding to account

- 3.1 The Health and Social Care Act 2012 specifies that it is the duty of the Council of Governors to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. The relationship between our Council of Governors and our Board of Directors is critical and we want to make sure that we support the two bodies to have an open and constructive relationship.
- 3.2 Board members and governors should have the opportunity to meet at regular intervals. Governors should feel comfortable asking questions of Non-Executive Directors regarding the management of our organisation and directors should keep governors appropriately informed, particularly in relation to key decisions taken by the Board of Directors and how they affect both our organisation and our wider communities.
- 3.3 Governors should be satisfied that Non-Executive Directors provide appropriate challenge and bring to bear their specific skills within the decision-making function of our Board of Directors.
- 3.4 Conversations and dialogue between our Council of Governors and our Board of Directors should be regular and ongoing. However this policy, which has been agreed by both bodies, aims to outline both existing and additional mechanisms which have been agreed and which will be used to safeguard appropriate and timely communication between our Council of Governors and our Board of Directors. This will make sure that governors are supported to discharge the above new duty effectively and harmoniously while recognising the different and complimentary roles of each body.

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- 3.5 In support of the duty to hold Non-Executive Directors to account, the Council of Governors also has the statutory power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about our organisation's performance of its functions or the directors' performance of their duties (and for deciding whether to propose a vote on our organisational or directors' performance). While it is hoped that this power will rarely be exercised, should this power be invoked, it must be reported in the Annual Report and Accounts. The aim of this policy is to clearly establish agreed channels of engagement which will reduce the risk of governors needing to invoke this statutory power.
- 3.6 In performing their duties, governors should keep in mind that our Board of Directors manages the organisation and continues to bear ultimate responsibility for strategic planning and performance and must 'promote the success of our organisation so as to maximise the benefits for the members of the Foundation Trust as a whole and for the public'.
- 3.7 In practice, governors fulfil their role through a variety of mechanisms. It is our organisation's responsibility to ensure that governors have the information, training and access to the Board of Directors that they need to fulfil their roles. Governors act as critical friends to our organisation and in doing so should represent the interests of stakeholders (people who use our services and their carers, our staff, people living in Torbay and South Devon, members of the public and organisations that work closely with or have an interest in our work). In addition to performing statutory duties, all our governors have advisory, guardianship, and ambassadorial roles.
- 3.8 Governors will hold the Chair and other Non-Executive Directors to account partly through effectively undertaking the specific statutory duties summarised here:
- governors are responsible for appointing the Chair and other Non-Executive Directors and may also remove them in the event of unsatisfactory performance
 - governors are constituted to receive the annual report and accounts and can use these as the basis for their questioning of Non-Executive Directors
 - governors have the power to appoint or remove the auditor
 - directors must take account of our governors' views when setting the forward plan for our organisation, giving our governors the opportunity to feed in the views of our members and the public and to question the Non-Executive Directors if these views do not appear to be reflected in our strategy. Governors should be mindful that there may be valid reasons why member views cannot always be acted upon and, in such cases, they should have enough time to discuss these matters with Non-Executive Directors to ensure they are fully informed and understand the reasons behind the decisions made by our Board of Directors
 - since 01 October 2012, governors have also had the specific power of approval on any proposal by our Board of Directors to increase non-NHS income *by over 5% of our income or more*. Our Board of Directors must, therefore, make sure that governors are satisfied with the reasons behind any such proposals
 - governors also have the power to approve amendments to our Constitution, approve 'significant transactions' and approve any mergers, acquisitions, separation or dissolution and will need to be satisfied with the reasons behind any proposals by our Board of Directors.

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- 3.9 There are already a number of mechanisms in existence for our governors to receive or seek information from, and to hold the Non-Executive Directors individually and collectively to account for the performance of our Board of Directors including:
- receiving the annual report and accounts and asking questions on their content
 - our Council of Governors meetings in which
 - our Chief Executive, other executives and Non-Executive Directors attend
 - Non-Executive Directors present on specific pre-agreed topics and answer questions
 - standing agenda items include reports on finance, performance and quality
 - receiving information on issues or concerns likely to generate adverse media interest and providing governors with the opportunity to raise questions or seek information or assurances; and
 - involvement in the development of our strategy and planning process through the holding of an annual planning session for governors led by the Director of Transformation and Partnerships.
- 3.10 The following additional measures (some of which are mandatory under the Health and Social Care Act) have, or are, being introduced. These are intended to support our governors in their extended role and to ensure that they are well briefed about the decisions which they may be required to make. They are also intended to ensure that our governors are well briefed about the context in which our Board of Directors is working including the requirements of relevant external stakeholders including the Integrated Care System, NHS England and NHS Improvement and the Care Quality Commission.
- receiving information on proposed significant transactions, mergers, acquisitions, separations or dissolutions and questioning our directors on these
 - receiving information on documents relating to non-NHS income, in particular any proposals to increase this by 5% of our total income a year or more, and questioning our directors on these
 - the holding of annual development workshops – not least in order to ensure that our governors are equipped with the skills and knowledge they require in order to fulfil their expanded role.

4. Raising concerns

- 4.1 Our Chair is the prime connection between our Council of Governors and our Board of Directors. However, it is recommended that any governor or group of governors (the petitioner/s) who have concerns covered by this policy should, in the first instance, consult the Director of Corporate Governance and Trust Secretary. This is because they may be able to resolve the matter informally and /or will be advise the petitioner/s on the acceptability of the evidence offered and the appropriateness of taking their concerns to the Chair. The advice of the Director of Corporate Governance and Trust Secretary is not, however, binding, and the petitioner/s retain the right at all times to raise the matter with our Chair.
- 4.2 For concerns which it would be inappropriate to raise with our Chair, the role of the Chair will be undertaken by the Senior Independent Director.

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- 4.3 Where material concerns exist regarding the performance of our Board of Directors, compliance with our provider licence or matters relating to the general wellbeing of our organisation, this policy should be followed. This policy should not be invoked for minor issues raised by an individual governor. A concern, in the meaning of this policy, must be directly related to:
- the performance of our Board of Directors
 - compliance with our provider licence
 - the welfare of our organisation, Torbay and South Devon NHS Foundation Trust
- 4.4 The procedure for a situation in which our Council of Governors as a whole is in dispute with our Board of Directors is covered in Annex 9 section 3.3 of our Constitution. Governors should acknowledge the overall responsibility of our Board of Directors for running our organisation and should not try to use the powers of the Council, or the provisions of this policy, to impede our Board of Directors in fulfilling its duty.
- 4.5 To support our governors in their new expanded role a 'Panel for Advising Governors of FTs' has been established who may refer a question as to whether we have failed or are failing to act in accordance with our Constitution. Our Council of Governors should only consider referring a question to the panel in exceptional circumstances, where there is uncertainty within the Council about whether we may have failed, or are failing, to act in accordance with our Constitution or with Chapter 5 of the 2006 Act, and this uncertainty cannot be resolved through repeated discussions with our Chair or another Non-Executive Director.
- 4.6 Governors should not raise concerns that are not supported by evidence. That evidence must satisfy the following criteria:
- any written statement must be from an identifiable person or persons who must sign the statement and indicate that they are willing to be interviewed about its contents
 - other documentation must originate from a bona fide organisation and the source must be clearly identifiable.
- 4.7 Newspaper or other media or digital articles, including social media, will not be accepted as prima facie evidence, but may be accepted as supporting evidence.
- 4.8 Our Chair shall investigate all concerns brought by Governors, involving other directors at his discretion. The investigation shall include a review of the evidence offered and discussions with our officers as appropriate.
- 4.9 As soon as practicable after the conclusion of the investigation our Chair will meet with our governor/s to discuss the findings. This meeting has three possible outcomes:
- governor/s are satisfied that their concerns were unjustified and withdraw them unreservedly. In this case no further action is required
 - governor/s are satisfied that their concerns have been resolved during the course of the investigation. Our Chair will write a report on the concerns and the actions taken and present this to our Council of Governors
 - the matter is not resolved to the satisfaction of our governor/s. Our Chair will call a closed extraordinary meeting of our Council of Governors as soon as possible in accordance with the terms of our Constitution to consider the matter further. The possible outcomes from that meeting are either to take no further action or, if two thirds of the governors present agree, to invoke the escalation process described in section 5.

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5. Escalating concerns

- 5.1 At this stage of the process our Senior Independent Director (SID) takes over the lead role from our Chair. Should our SID be unavailable, or be prevented from participating because of a conflict of interests, then our Council of Governors may choose any other Non-Executive Director to fulfil the role.
- 5.2 The first duty of the SID is to establish the facts of the matter. This will be accomplished by reviewing the evidence offered by the petitioner/s, the process of the investigation and any documentation produced and also by meetings/interviews with our governor/s and any of our officers who have been involved. In carrying out this process the SID shall seek the agreement of all interested parties and shall have the authority to commission legal or other advice as required.
- 5.3 Once the facts are established to their satisfaction, the SID shall make a decision on the course of action to be followed in the best interests of our organisation and shall describe the reasons for that decision in a written report. The decision of our SID will be binding upon our organisation. In the first instance, our SID will present the decision and the report to the governor/s and to interested parties within our organisation.
- 5.4 Our Chair will then, at the request of our SID, call a closed extraordinary meeting of our Council of Governors as soon as possible in accordance with the terms of our Constitution. The purpose of this meeting, and the sole item on the agenda, will be for our SID to present his or her report and decision and for our Council of Governors to give their response. Three outcomes are possible:
 - our Council of Governors accepts the decision of our SID. In this case no further action is necessary
 - our Council of Governors does not accept the decision of our SID but chooses not to escalate the matter further. No further action is prescribed by this policy but our Council of Governors may choose to keep the matter under review at future meetings
 - our Council of Governors votes to refer a question for legal review or make a formal notification to the Panel for Advising Governors of FTs. The seriousness of the latter cannot be overemphasised. If such a question or any other important issue or uncertainty arises, our governors should always seek to discuss it in the first instance with our Chair or another Non-Executive Director.
 - NHS England strongly encourages all Foundation Trusts and governors to try to resolve questions internally before posing a question to the Panel only as a last resort. Our Council of Governors should only consider referring a question to the panel in exceptional circumstances, where there is uncertainty within the Council about whether we may have failed, or are failing, to act in accordance with our Constitution or with Chapter 5 of the 2006 Act, and this uncertainty cannot be resolved through repeated discussions with our Chair or another Non-Executive Director. A governor may only refer a question to the Panel if more than half of the members of our Council of Governors voting approve the referral. Individual governors may not bring a question to the panel without the approval of our Council of Governors as a whole. The panel will then decide whether to carry out an investigation on a question referred to it. If an investigation is carried out, the panel will publish a report on the conclusion. It is noted that our organisation will not necessarily be required to adhere to the Panel's decision.

6. Roles and responsibilities

6.1 Our Chair:

- acts as the prime connection between our Council of Governors and our Board of Directors. They, therefore, have the main role in dealing with any issues raised by Governors, and will involve our Chief Executive and any other directors as necessary
- ensures that our Board of Directors and our Council of Governors work together effectively and enjoy constructive working relationships (including the resolution of any disagreements)
- ensures good information from and between our Board of Directors, Committees, Council of Governors and members and between our senior management and Non-Executive Directors, members of the Council of Governors and senior management
- ensures that our Council of Governors and our Board of Directors receive accurate, timely and clear information that is appropriate for their respective duties
- ensures that our governors understand that their main role is to hold our Non- Executive Directors to account and that all requests for information should be screened for their relevance to achieving this role. Governors should receive a timely and appropriate response to legitimate concerns and questions that cannot be delivered through another established route
- ensures that there is an effective policy to ensure that internal disputes between governors can be resolved effectively
- constructs the agenda for both the meetings of our Board of Directors and our Council of Governors (with the input of others as appropriate)

6.2 Our Chief Executive:

- ensures the provision of information and support to our Board of Directors and our Council of Governors and ensures that our Board of Directors' decisions are implemented
- facilitates and supports effective joint working between our Board of Directors and our Council of Governors
- supports our Chair in their task of facilitating effective contributions and sustaining constructive relations between Executive and Non-Executive members of our Board of Directors, elected and appointed members of our Council of Governors and between our Board of Directors and our Council of Governors
- with our Chair, ensures that our Council of Governors and our Board of Directors receive accurate, timely and clear information that is appropriate for their respective duties
- with our Chair, constructs the agendas for both our Board of Directors and our Council of Governors (with the input of others as appropriate).

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6.3 Our Senior Independent Director (SID)

Acts as an alternative source of advice to our governors. Their function is to deal with concerns which would be inappropriate to take to our Chair, or where engagement with our Chair has not resolved the matter.

6.4 Lead Governor

Our Council of Governors appoints from within one governor to act as the Lead Governor to communicate directly with NHS England in the event that the we are at risk of breaching our terms of authorisation.

6.5 Governors

Individual governors have a responsibility to act in accordance with this policy, to raise concerns (as defined in this policy) and to assure themselves that issues have been resolved. In addition, our Council of Governors as a body has a duty to inform NHS England and NHS Improvement if we are at risk of breaching the terms of our provider Licence.

7. Monitoring compliance and effectiveness

This policy will be kept under review, compared with the provisions developed by other Foundation Trusts and revised in accordance with emerging best practice and guidance from NHS England.

8. Definitions

8.1 Petitioner/s – a governor or governors raising concerns under this policy

8.2 SID – Senior Independent Director, one of our Non-Executive Directors appointed by our Board of Directors to provide an alternative to our Chair as source of advice to our governors.

8.3 Lead Governor – the governor elected from within our Council of Governors and has a communication link with NHS England to raise formal concerns on behalf of the full Council of Governors. NHS England may choose to communicate directly with our Lead Governor where they deem it necessary.

9. Distribution

9.1 This policy document will be made available via ICON and our public website.

9.2 Awareness will be raised through Equality Impact Assessment training, all ratifying committees/groups, policies and procedures training and ICON.

Unclassified

11. Key Contacts

Emily Long	Director of Corporate Governance and Trust Secretary	emily.long6@nhs.net
Sarah Fox	Corporate Governance Manager	Sarah.fox@nhs.net
Sally-Ann Reay	Membership Manager	Sally-ann.reay@nhs.net

Unclassified

1. Appendices

Appendix 1: Rapid Equality Impact Assessment

Unclassified

Appendix 1
Rapid Equality Impact Assessment (for use when writing policies and procedures)

Policy Title (and number)	CoG and Board of Directors Engagement Policy	Version and Date	V1.0 Feb 23
Policy Author	Corporate Governance Manager		
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.			
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below			
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)			
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?			
EXTERNAL FACTORS			
Is the policy/procedure a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
To provide the CoG with an engagement policy when working with the Trust/Trust Board of Directors.			
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?			
Council of Governors			
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
n/a			
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form	Sarah Fox	Signature	Sarah Fox
Validated by (line manager)	Oyetona Raheem	Signature	Oyetona Raheem

Any issues Please contact Diversity & Inclusion Lead
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travellers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy



Torbay and South Devon
NHS Foundation Trust

Report to Trust Board of Directors			
Report title: Quality Assurance Committee Terms of Reference		Meeting date: 22 February 2023	
Report appendix	Quality Assurance Committee Terms of Reference		
Report sponsor	Chief Executive Officer		
Report author	Corporate Governance Manager		
Report provenance	Quality Assurance Committee – 23 January 2023		
Purpose of the report and key issues for consideration/decision	The annual review of the Terms of Reference for the Quality Assurance Committee has taken place and Terms of Reference have been updated to reflect best 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 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	



QUALITY ASSURANCE COMMITTEE
TERMS OF REFERENCE

Version:	4 3.0
Approved by:	Quality Assurance Committee
Date approved:	2 3 4 January 202 3 2
Approved by:	Board of Directors
Date approved:	2 2 6 February January 202 3 2
Date issued:	2 2 6 February January 202 3 2
Review date:	January 202 4 3

TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST

QUALITY ASSURANCE COMMITTEE TERMS OF REFERENCE

1. Constitution

- 1.1 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.

1.2 The Committee will adhere to, and be cognisant of, the Trust values at all times.

1.3 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.

1.21.4

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2. Authority

- 2.1 The Quality Assurance Committee ('the Committee') is formally established as a sub-committee of the Board of Directors of Torbay and South Devon NHS Foundation Trust.
- 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:
- 3.1.1 provide assurance to the Board that there is continuous and measurable improvement in the quality of services provided through review of governance, performance and internal control systems supporting the delivery of safe, high quality patient care.
- 3.1.2 ensure that the risks associated with the quality of the delivery of patient care are identified and managed appropriately.
- 3.2 The Committee is responsible for:
- 3.2.1 reviewing proposed quality improvement priorities and monitoring performance and improvement against the Trust's quality priorities and the implementation of the Quality Account.

3.2.2 seeking assurance in the implementation of action plans to address shortcomings in the quality of services should they be identified.

3.2.3 the ongoing monitoring of compliance with national quality standards and local requirements.

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 may set up subgroups aligned to key areas of its activity as it deems appropriate.
- 4.4 The Committee will promote local level responsibility and accountability.
- 4.5 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.
- 4.6 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.
- 4.7 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.
- 4.8 The Committee reserves the right to hold meetings in private ie comprising of Committee members only.

5. Duties and Responsibilities

The duties and responsibilities of the Committee, given below, cover quality improvement, governance and risk, quality and safety reporting and audit and assurance.

Quality and Improvement

- 5.1 Monitor and review the quality of clinical and social care services provided by the Trust. This will include review of:
 - 5.1.1 the systems in place to ensure the delivery of safe, high quality, person-centred care
 - 5.1.2 quality indicators flagged as 'of concern' through escalation reporting or as requested by the Trust Board

- 5.1.3 an action log evidencing progress toward completion
- 5.1.4 progress toward delivery of the Trust's clinical strategy
- 5.2 Review variances against quality and operational performance standards.
- 5.3 Review proposed quality improvement targets as set out in the Annual Plan and by the Regulator. Provide assurance to the Board that improvement targets are based on achievable action plans and quality performance issues are acted upon.
- 5.4 Ensure there is a robust Quality and Equality Impact Assessment process to mitigate any adverse impact of service changes or reconfiguration.
- 5.5 Review the Trust's compliance with the Care Quality Commission essential standards of quality and safety and seek assurance regarding process with action plans in response to quality concerns identified from inspection findings, warning notices and compliance actions.
- 5.6 Receive, through the reporting schedule, assurance of high quality care provision and compliance with national and local guidelines, standards and requirements.
- 5.7 Oversee the development of the Quality and Patient Safety Long Term Plan supporting the organisation to deliver against national and Integrated Care System quality strategies and deliverables.
- 5.8 Establish, develop and maintain systems and processes for the regular evaluation and monitoring of compliance against any relevant internal and external assessment, standards or criteria.
- 5.9 Ensure the Trust learns from national and local reviews and inspections and implements all necessary recommendations to improve the quality of care.

Governance and Risk

- 5.10 Oversee how all quality risks are managed across the Trust and that appropriate review and assurance mechanisms are in place, receiving and reviewing quality risks on the corporate risk register and Board Assurance Framework.
- 5.11 Promote an open culture in which incident and risk reporting is encouraged and supported as part of the delivery of safe and effective healthcare.
- 5.12 Seek assurance on the process for reviewing and reporting complaints, adverse events and serious incidents and sharing the learning from these.
- 5.13 Seek assurance against compliance with national clinical standards including NICE guidelines/guidance and any rationale for non or partial compliance.

- 5.14 Oversee any procedural, policy or strategy document which fall within the remit of the Committee are appropriately written, ratified and monitored for compliance in accordance with any key national standards and best practice.
- 5.15 Establish an annual work plan which the Committee will review at each meeting.
- 5.16 Produce an annual report against delivery of the terms of reference of the committee.
- 5.17 Undertake an annual review of the Committee's effectiveness

Quality and Safety Reporting

- 5.18 Receive reports from each of the Committee's sub-groups.
- 5.19 Receive and review submissions to national bodies and make recommendations for sign-off by the Trust Board.
- 5.20 Receive annual assurance reports in relation to (but not limited to) infection control and safeguarding.

Audit and Assurance

- 5.21 Receive and review the findings of quality related Internal Audit reports and seek assurance that recommendations are implemented in a timely and effective way.
- 5.22 Approve and oversee delivery of the Clinical Audit Plan and provide assurance to the Audit Committee of delivery.
- 5.23 Receive by exception information of national clinical audits where the Trust is identified as an outlier or a potential outlier.
- 5.24 Receive reports from invited service reviews and external visits (as appropriate) and seek assurance regarding delivery of actions.
- 5.25 Receive reports on significant concerns or adverse findings highlighted by external bodies in relation to quality and safety and the actions being taken.

6 Membership

- 6.1 The Committee shall consist of the following members:
 - Non- Executive Director
 - Non-Executive Director
 - Non-Executive Director
 - Medical Director
 - Chief Nurse
 - Chief Operating Officer

- Chief People 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 invited to attend all meetings of the Committee:

- Governor observer (see 6.4 for appointment process)
- CCG quality lead representative

6.4 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.

6.5 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.

7.2 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.

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8. Quorum

8.1 The quorum necessary for the transaction of business shall be 4 members, of which two Non-Executive Directors and either the Medical Director or Chief Nurse must be present.

8.2 A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

8.3 Deputies will not count towards the quorum.

8.4 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

Decisions will be taken in accordance with the Standing Orders. 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.

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9. Administration

- 9.1 The Committee shall be supported by the Director of Corporate Governance and Trust Secretary -or their nominee, whose duties in this respect will include:
 - 9.1.1 in consultation with the Committee Chair and Chief Nurse develop and maintain the reporting schedule to the Committee.
 - 9.1.2 collation of papers and drafting of the agenda for agreement by the Chair of the Committee.
 - 9.1.3 taking the minutes and keeping a record of matters arising and issues to be carried forward.
 - 9.1.4 advising the Committee of scheduled agenda items.
 - 9.1.5 agreeing the action schedule with the Chair and ensuring circulation.
 - 9.1.6 maintaining a record of attendance.

10. Meetings

- 10.1 Meetings will be held on the following basis:
 - 10.1.1 meetings will be held bi-monthly (every two months).

10.1.2 meeting duration will be no longer than 3 hours.

10.2 The Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

~~10.1.2~~10.3

- 10.1.3 items for the agenda should be sent to the Committee Secretary a minimum of 7 days prior to the meeting. Urgent items may be raised under 'any other

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business’.

10.1.4 the agenda with be issued by email to the Committee members and attendees, one week prior to the meeting date, together with the action schedule and other associated papers.

10.1.5 an action schedule will be circulated to members following each meeting and must be duly completed and returned to the Committee Secretary for circulation with the following meeting’s agenda and associated papers.

11 Conduct of meetings

12 Members will be expected to conduct business in line with the Trust’s values and objectives.

13 Members must demonstrably consider the equality and diversity implications of decisions they make.

10.1.5
13.1.4

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11. Reporting

11.1 The Committee will provide a report to the 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.

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 3 were fulfilled; and
- An annual self-assessment on the effectiveness of the Committee is undertaken.