Torbay and South Devon
NHS Foundation Trust

Public
Board of Directors

Date: Wednesday 29th March 2023

Time: 11.30 am – 2.00 pm

Pomona House,
Oak View Close,
Torquay
TQ2 7FF

www.torbayandsouthdevon.nhs.uk

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TSDFT Public Board of Directors

29/03/2023 11:30 - 14:00

	4.2.1 Chief Operating Officer's Report March 2023	COO		14
	Receive and Note			
	4.2.2 Estates Update	DCEO/CFO		32
	Receive and Note			
5.	For Approval			59
	5.1 Unconfirmed Minutes of the Meeting held on the 22 February 2023 and Outstanding Actions	Ch	12:05-12:15	59
	Approve			
6.	For Noting			71
	6.1 Report of the Chairman	Ch	12:15-12:30	
	Receive and Note			
	6.2 Chief Executive's Report	CEO	12:30-12:45	71
	Receive and Note			
7.	Safe Quality Care and Best Experience			83
	7.1 Integrated Performance Report (IPR): Month 11 2022/23 (February 2023 data)	COO	12:45-13:05	83
	Receive and Note			
	7.2 Midwifery Staffing Oversight Report	CNO	13:05-13:20	134
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	7.3 March 2023 Mortality Score Card	MD	13:20-13:35	146
	Receive and Note			
8.	Compliance Issues			
9.	Any other business notified in Advance			
10.	Date and time of Next Meeting - 11.30am, Wednesday 26 April 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'.

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

Meeting date:	23 January 2023
Report by:	Siân Walker-McAllister
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☒ 4: Well led ☒
Public or Private:	Public ☒ or Private ☐

It was agreed the following would be highlighted to the Board

Stroke Deep Dive (Risk Objectives 1, 2)
A peer review identified concern about percentage of patients admitted to a stroke unit within 4 hours, and percentage of patients spending at least 90% on the stroke unit. In December the stroke unit was closed for a significant period of time due to infection control. The Trust was graded 'E' for its overall stroke performance, benchmarked with RDUH which was graded 'D'. Concern raised at the lack of collaboration at system level around stroke services, with some Trusts receiving a better level of support than others. Concern expressed around capacity in the stroke team to be able to take the resulting action plan and work forward. There was a clear framework in place to support those patients who were not on the stroke ward to ensure they received the same level of care as those on the stroke ward

Adult Social Care Report (Risk Objectives 1 ,2)
Adult social care outcomes currently under review by the Local Government Association, with a new outcome focused set of metrics expected. Poor Performance in respect of direct payments and a review of approach being undertaken.

Work continues on relationship building with residential nursing & domiciliary care providers. Fair Cost exercise was complete; however, the cost cap and adult social care reforms had been suspended, work ongoing to support banded fee rates to help stabilise market fluctuations.

Assurance provided on adult safeguarding, however a large number of open enquires and enquiries awaiting closure, a plan in place to sign off and reduce this and the DASS agreed to provide assurance on the improvement trajectory. A significant number of outstanding Deprivation of Liberty Safeguards (DoLS) referrals. A robust triage process in place, with new staff appointed to deliver.

Noted that CQC inspection regime of adult social care was progressing at pace.

NHS Resolution Maternity Incentive Scheme (Risk Objectives 1, 3)
Committee received the NHS Resolution Clinical Negligence Scheme for Trusts Assurance Framework (and year 4 sign off)

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A significant amount of work over last 12 months to ensure the Trust was compliant with the CNST standards.

In November 2022 South West Health Education England (HEE) undertook quality interventions review of maternity provision and highlighted some concerns around lack of formal ward rounds in maternity and Gynaecology setting; inconsistent consultant support for PGDIT; clinician behaviours and Consultant wellbeing issues due to recruitment issues and challenges in improving job plan changes. Also noted that the seniority level of staff appeared to be lower than other units in the region. An action plan put in place to resolve the issues, reviewed through the Clinical Directorate Group

Quality Report for Health Care (Risk Objective 1)

The Committee received the Quality Report for Health Care, and noted the ongoing work to improve nutrition and hydration performance in particular areas of the Trust including EAU 4.

A further discussion on areas of this report has already taken place at the Private Board of Directors on the 25th January 2023.

Key decision(s)/recommendations made by the Committee:
Where ongoing actions required to achieve compliance, the Committee noted and will review the ongoing action plans

Torbay and South Devon NHS Foundation Trust

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

Meeting date:	20 February 2023
Report author:	Richard Crompton, NED
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☐ 2: Improved wellbeing through partnership ☐ 3: Valuing our workforce ☐ 4: Well led ☒
Public or Private:	Public ☒ or Private ☐

Key issues to highlight to the Board:

Risk management

The Committee received the BAF and CRR, highlighting the need to reflect the risks attached to the System Oversight Framework (SOF). The ongoing work to refine the BAF was noted and some feedback offered as to the completeness of assurances against individual risks, not least given the increased external scrutiny and advisory visits the Trust was receiving.

Performance

The Committee noted, again, the Trust's difficulty in meeting stroke access targets and mitigating actions, including support from the Integrated Stroke Network. The Committee also noted collaborative improvement opportunities, most notably a seven-day service which would only be possible through a networked solution.

The Committee noted the Trust's Tier 1 position for Cancer and Referral to Treatment long waits, noting that it was forecast that the Trust would not have any over 104 week waiters by the end of March 2023.

In terms of the overall waiting list, the committee noted the 8,000 increase in patients waiting over 26 weeks compared with the same period last year. Operational recovery plans to build capacity and productivity were in the process of being confirmed and included continuation of Elective Recovery Fund; productivity and activity levels returning to pre-Covid levels; and delivery of transformation programmes.

In terms of urgent care, the Committee noted the work to improve ambulance handover times had resulted in a significant reduction in delays and considered the additional weekend capacity to drive increased discharges and promote flow.

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Finance

The Committee noted the year to date deficit of £13.8m, which was £12.17m adverse to plan, and highlighted the Trust's underlying position of a year to date deficit of c£25m, driven by CIP under-delivery; emergency care escalation and increased utilities costs.

The forecast CIP position was discussed and it was noted that by the end of the year over £10m of CIP would have been delivered non-recurrently.

The Committee received assurance that the Trust would meet its revised year end forecast. It was noted there were some risks attached to delivery of the year end forecast, for example the costs attached to increased packages of care.

The Committee also questioned the Trust's original draft budget for the year and how close the Trust was to meeting that. It was noted that, in fact, the Trust was very close to meeting the original plan of £29.9m deficit once additional income such as inflation funding was taken.

The Committee queried the potential to make savings and productivity improvements attached to the Model Hospital data and implementing Getting It Right First Time (GIRFT) recommendations, which would help to increase recurrent CIP savings and emphasised the need for a system approach to this work. It was hoped the Peninsula Acute Sustainability Programme would support progress.

In terms of capital, the Committee noted some slippage in spend during Month 10, meaning that the Trust now needed to spend c£3m a week until the end of March to meet the its target. There was some risk to meeting the target, however there was significant high cost spend taking place.

Operational planning

The Committee noted the planned submission of the draft plan on 23 February, with final submission at the end of March. NHS England had set out a number of operational plan expectations, which were detailed in the report.

The Committee noted the range of planning scenarios which had been developed, and the system had agreed to move forward with 'Scenario 3' which aimed to deliver the best possible performance within existing capacity. Scenario 3 would not deliver a balanced financial position (forecast £56.2m deficit) and it was predicted the Trust would have just over 3,000 78 week waiters and nearly 5,000 65 week waiters by the end of the year.

This scenario was comparable for all providers across Devon and would deliver a c£174m deficit in aggregate. It would be necessary to improve this figure otherwise the plan submissions risk rejection by regional and national teams. The Committee noted the work to take place to close the gap between Scenarios 2 and 3 before the final submission of the plan and to prepare for the Board to Board with NHS England on the 9th March.

The level of CIP allocated to the Trust against Scenario 3 was £32.6m of which £19.3m related to productivity and income. It was noted that a reasonable CIP target would be

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around 2% and it was suggested the Trust committed to this and ask the system to support delivery of the remainder through system-wide transformation initiatives. The scale of what needed to be delivered could only be achieved through system-wide efficiencies being realised.

The Committee also received:

- Update and analysis on Local Planning Authority Engagement (LPAE) team finances
- Update on Trust Accommodation Strategy
- Briefing on the sale of the former Dartmouth Hospital
- Outpatient programme refresh
- System Care Group Emerging Risks
- Reports from TP
- Reports from other groups – CIP Delivery Group, IM&T Group

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

Endorsed the feasibility work regarding staff accommodation and Victoria Square

Key escalations to Trust Board:

- Review of BAF and the need to ensure it was fully populated and included risks associated with SOF4.
- Operational Planning Update and need for system leadership to realise the scale of transformation required
- Disposal of Dartmouth Hospital
- Outpatient Programme Progress

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Report of the People Committee Chair to the Board of Directors

Meeting date:	20th February 2023
Report by:	Vikki Matthews
This report is for: *(please select one box)*	Information☒ Decision ☐
Link to the Trust's strategic objectives: *(please select one or more boxes as appropriate)*	1: Safe, quality care and best experience ☐ 2: Improved wellbeing through partnership ☐ 3: Valuing our workforce ☒ 4: Well led ☐
Public or Private *(please select one box)* ***[If the Board requires information on sensitive or confidential matters please mark 'Private']***	Public ☒ or Private ☐

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

Peninsula Acute Sustainability Programme

The Acute Provider Collaborative work aims to identify how services will need to be provided in the future and focuses on three main areas of assessment: medical; surgical; and paediatrics. The update provided by IC acknowledged that some difficult decisions will be required about where services are provided in the future and how challenging it is to deliver this work alongside BAU. The Committee welcomed the work and recognised the how critical it is for the future provision of healthcare in the peninsula. We have asked for regular updates on how things progress.

Job Planning

A new structure for medical job planning has been put in place and the Committee were pleased to see the progress that has been made. We acknowledged that whilst the conversations are sometimes challenging, this work is vital and a key lever to support the Trust's exit from SOF4.

Learning from Recent Employment Tribunal

The Committee were pleased to receive a short report outlining the learning points from a recent employment tribunal which the Trust had lost. MW confirmed that the outcomes of Tribunals would be shared with the Committee going forward, focussing on learning for the future, and this was welcomed by Committee members.

People Performance Metrics

The Committee reviewed the Workforce Information Report and were pleased to see that sickness absence rates had fallen at the end of January to 5.50% from 6.54% in December, although this is still above the Trust's target rate of 4%. There is ongoing concern about

turnover rates, agency spend and some areas of mandatory training compliance. The Committee was pleased to receive a deep dive report on mandatory training and commended the work to improve the Trust's compliance rates; we particularly welcomed the improvements in the resuscitation training figures.

Trust's People Strategy and Promise

The Committee was pleased to learn that the work on the Trust's People Promise has been put on a programme footing. We received assurance that a governance framework for the programme was being developed as was a delivery plan with associated risks and measures of success. The recognition of co-dependencies on other areas of Trust work was also welcomed.

Key decision(s)/recommendations made by the Committee:
[list any approvals made by the Committee here eg business cases, Regulator statements, report &a/c's]

1. The Committee received the Mandatory Training Improvement plan and commended the direction of travel.
2. The Committee were pleased to see the work that is underway to strengthen the governance arrangements and focus for the delivery of the Trust's People Promise.

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

Meeting date:	15th March 2023
Report by:	Chris Balch
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☒ 4: Well led ☒
Public or Private:	Public ☒ or Private ☐

Key issues to highlight to the Board (March 2023):

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 work undertaken on the clinical environmental safety audit and the recent visit of the NHP team from which feedback is awaited. It was noted that normalised behaviour has developed which reflects the limitations of the existing hospital infrastructure e.g. poor environment, poor clinical adjacencies, and high levels of backlog maintenance. Recognising this will enable the Trust to strengthen its case for new investment.

2. The Committee received a deep dive report on the management of risks around compliance with the communications and engagement requirements of the internal and external assurance and governance (including NHSE/I gateway process) which could halt the progress of the programme. The Committee were assured that the mitigation measures outlined in the report and ongoing comms and engagement activity minimise the risk to the programme from lack of stakeholder support.

3. The Committee noted changes which have been made to the BAF in respect of the BBF Programme and were assured that this reflects the current assessment and management of risks.

4. The Committee were updated on ongoing contacts with the national New Hospital Programme Team. It is anticipated that allocations and timetables will become clearer in the coming weeks. This should help reduce uncertainties over forward planning. It was noted that seed funding allocated for 23/24 remains at the same level as 22/23. Concern was expressed that this will limit the Trust's ability to progress the site enabling outline business case which is on the critical path for the delivery of the BBF Programme.

5. The Committee received an updated programme and outline of progress on the site enabling outline business case. Given that the scope of works continues to be under review and uncertainty remains over the process and timing of approval, it is now planned to present this to the Board for approval at its June meeting. The importance of ensuring that site enabling helps to address wider issues involved in the transformation of the acute site was acknowledged by the Committee.

6. The Committee were updated on progress with the EPR Outline Business Case which was approved at an Extraordinary Trust Board meeting on the 14th March. It expressed it support for the early submission of the OBC and acknowledged the excellent work of the team in reaching this point in the approval process.

7. The Committee received reports for the current financial year in respect of the New Hospitals Programme project and the EPR. It was noted that both areas of activity were expected to complete the year within the funds allocated.

8. The Committee discussed the challenge of delivering the required level of activity on the New Hospital Programme within the level of seed funding allocated for 23/24, particularly in respect of the site enabling OBC and FBC. A number of options for ensuring that the necessary level of funding is available were discussed against the background of competing demands for capital and the enhanced level of scrutiny associated with SOF4 process. The Committee acknowledged the importance for finding a solution to any funding shortfall from external and, if necessary, internal sources.

1) To note the above

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Report to the Trust Board of Directors			
Report title: Chief Operating Officer's Report March 2023			Meeting date: 29 March 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 theTrusts Integrated Service Units (ISUs) and Children and Family Health Devon (CFHD)		
Purpose of the report and key issues for consideration/decision	The report provides an operational update to complement the Integrated Performance Report (IPR), including some specific performance metrics. The report offers greater visibility of activity not fully covered in the IPR. The 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.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to receive and note the Chief Operating Officer's Report.		
Summary of key elements			

Strategic 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:** 29 March 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). The Trust operational services are working to achieve the SOF4 requirements. Delivery of particular SOF4 operational targets, outlined in this report, are key to achievement of the SOF4 exit.

2.0 Introduction

February saw continued improvements across the critical performance areas; urgent and emergency care with a further reduction in ambulance handover time lost, improvement in RTT, improved complex patient flow and a reduction in length of stay.

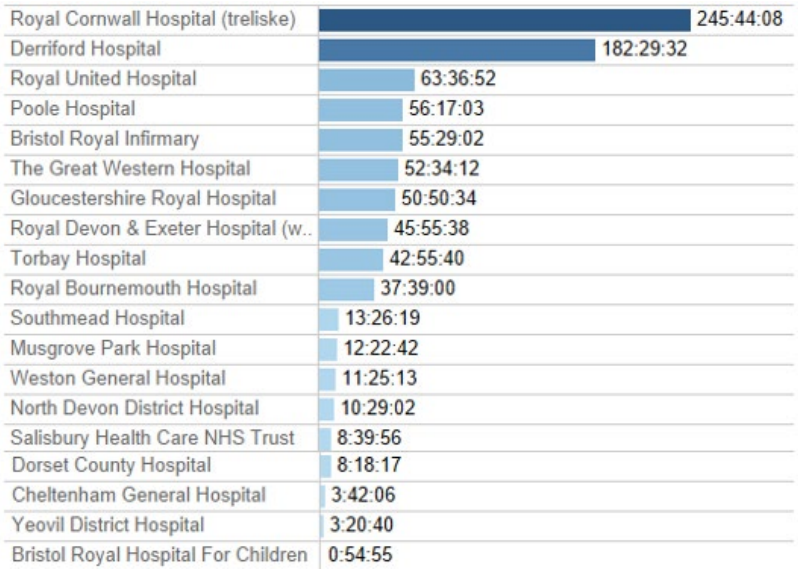
3.0 Urgent & Emergency Care update

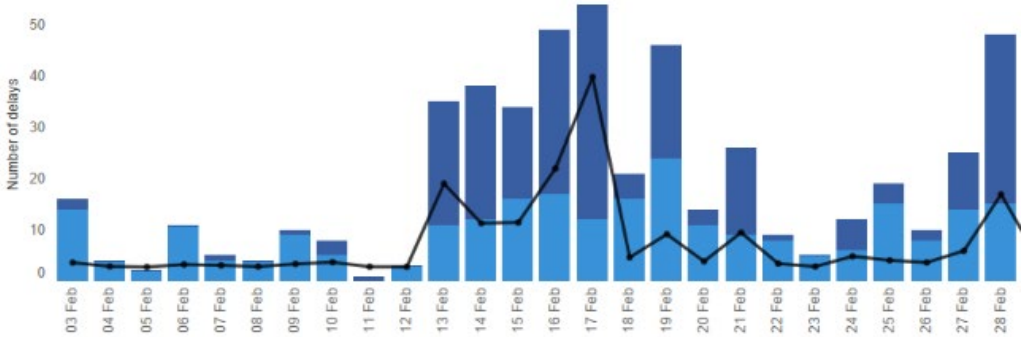
Demand to the Emergency Department (ED) rose by 2% to 5,208 despite there being less days in February. This would equate to a rise of 13% over January 2023, our type 1 performance was 37.6%.

Our type 3 demand (UTC and MIU) saw a further drop in the number of attendances of 10.4% to 2,446. The performance of the community urgent care was 98.1%.

Overall our UEC performance was 56.9% which puts us at 96th in England against 107 Acute Trusts recording this metric.

We continued to improve against the ambulance handover delays despite a significant rise in beds lost due to IPC issues resulting in poor flow.

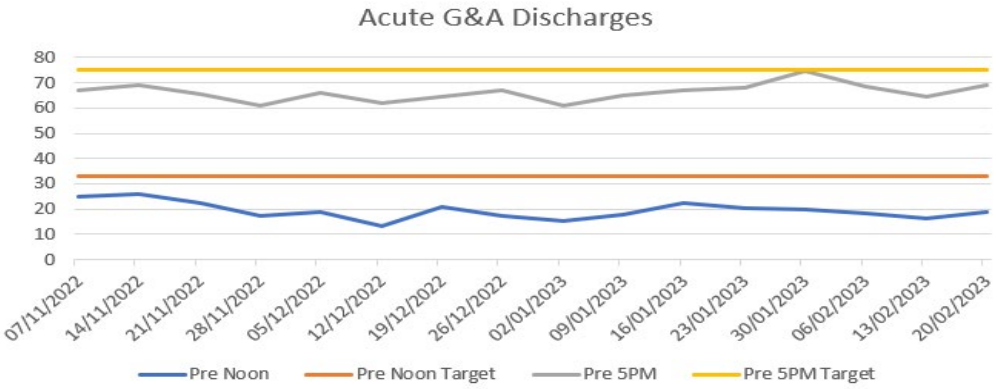




We remain committed to improving the two main challenges to our patient flow; low discharges before noon and low weekend discharges.

We continue to see an increase in pre-5pm acute hospital discharges, and community hospitals continue to meet both targets due to improvements in discharge planning; enabling better scheduling of patient transport, medication, discharge to assess and follow-up care. This high-quality discharge has a positive impact on patient experience and provides greater assurance for relatives and carers.

The discharge lounge (DCL) has been helpful in generating early ward capacity. The team are now well established and actively collect patients to this new, improved location. This additional space supports an improvement in acute pre-noon discharge. Challenges to this occur when, due to flow issues, the discharge lounge is used for overnight escalation beds.

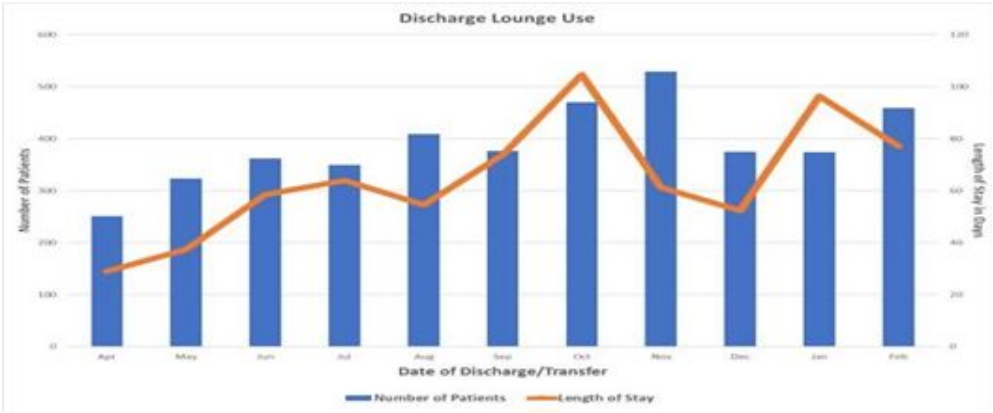


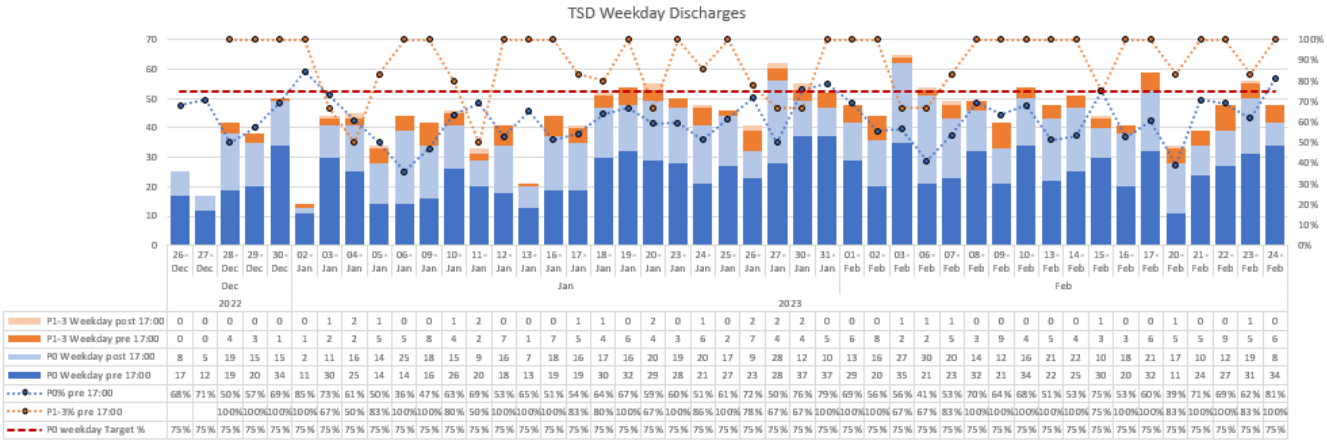
Tuesday 1 February 2022 - Tuesday 28 February 2023

The number of discharges in this period is above or below the baseline.
Weekday target is 71%; Weekend target is 28%.
Pre-Noon target is 33%. Pre-5pm target is 75%.

(Baseline: Monday 4 January 2021 - Monday 31 January 2022)

Ward Name	Total	Discharges	Transfers to a Community Hospital	Transfers to the Discharge Lounge	Deaths	Pathway 0	Pathway 1	Pathway 2	Pathway 3	# Pre Noon	Average LoS (Days)	# Pre Noon	% Pre Noon	# Pre 5pm	% Pre 5pm	# Weekday	% Weekday	# Weekend	% Weekend
BRIXHAM	525	453	61	5	6	22	242	131	4	240	23.5	240	45.7%	476	90.7%	477	90.9%	48	9.1%
DART	450	400	32	10	8	23	161	164	4	257	26.2	257	57.1%	414	92.0%	412	91.6%	38	8.4%
DAWLISH	436	399	12	3	22	25	172	136	13	246	21.54	246	56.4%	395	90.6%	404	92.7%	32	7.3%
TEIGN WARD	763	685	39	12	27	82	368	70	64	335	25.09	335	43.9%	703	92.1%	670	87.8%	93	12.2%
TEMPLAR WARD	607	562	26	5	14	39	223	166	43	270	27.69	270	44.5%	554	91.3%	541	89.1%	66	10.9%
Grand Total	2,781	2,499	170	35	77	191	1,166	667	128	1,348	24.98	1,348	48.5%	2,542	91.4%	2,504	90.0%	277	10.0%

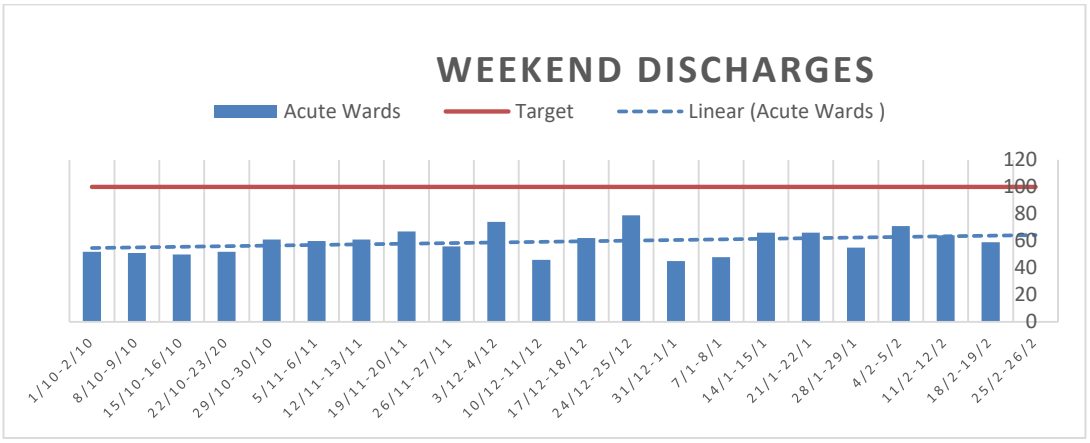




	26-Dec	27-Dec	28-Dec	29-Dec	30-Dec	02-Jan	03-Jan	04-Jan	05-Jan	06-Jan	09-Jan	10-Jan	11-Jan	12-Jan	13-Jan	16-Jan	17-Jan	18-Jan	19-Jan	20-Jan	23-Jan	24-Jan	25-Jan	26-Jan	27-Jan	30-Jan	31-Jan	01-Feb	02-Feb	03-Feb	06-Feb	07-Feb	08-Feb	09-Feb	10-Feb	13-Feb	14-Feb	15-Feb	16-Feb	17-Feb	20-Feb	21-Feb	22-Feb	23-Feb	24-Feb
P1-3 Weekday post 17:00	0	0	0	0	0	0	1	2	1	0	0	1	2	0	0	0	1	1	0	2	0	1	0	2	2	2	0	0	0	1	1	1	0	0	0	0	1	0	0	1	0	0	1	0
P1-3 Weekday pre 17:00	0	0	4	3	1	1	2	2	5	5	8	4	2	7	1	7	5	4	6	4	3	6	2	7	4	4	5	6	8	2	2	5	3	9	4	5	4	3	3	6	5	5	9	5	6
P0 Weekday post 17:00	8	5	19	15	15	2	11	16	14	25	18	15	9	16	7	18	16	17	16	20	19	20	17	9	28	12	10	13	16	27	30	20	14	12	16	21	22	10	18	21	17	10	12	19	8
P0 Weekday pre 17:00	17	12	19	20	34	11	30	25	14	14	16	26	20	18	13	19	19	30	32	29	28	21	27	23	28	12	37	37	29	20	35	21	23	32	21	34	22	25	30	20	32	11	24	27	31	34
P0% pre 17:00	68%	71%	50%	57%	69%	85%	73%	61%	50%	36%	47%	63%	69%	53%	65%	51%	54%	64%	67%	59%	60%	51%	61%	72%	50%	76%	79%	69%	56%	56%	41%	53%	70%	64%	68%	51%	53%	75%	53%	60%	39%	71%	69%	62%	81%
P1-3% pre 17:00			100%	100%	100%	100%	67%	50%	83%	100%	100%	80%	50%	100%	100%	100%	83%	80%	100%	67%	100%	86%	100%	78%	67%	67%	100%	100%	100%	67%	67%	83%	100%	100%	100%	100%	100%	75%	100%	100%	83%	100%	100%	83%	100%
P0 weekday Target %	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

We have seen an increase in P1 discharges at weekends due to the introduction of a Friday afternoon complex multidisciplinary team (MDT) meeting, and also community teams completing discharge to assess (D2As) to support patients returning home.

Overall weekend discharges remain low with only a minor improvement since October.

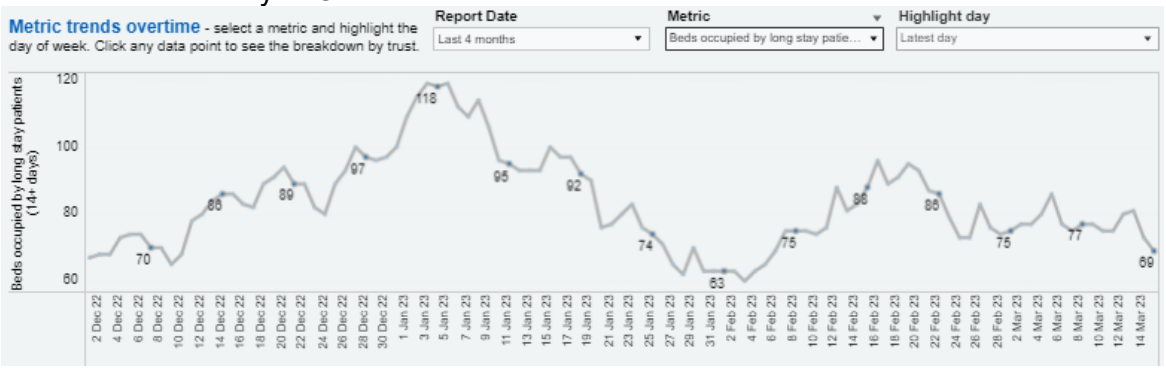


We are reviewing our weekend discharge team constituency and the process it follows, and are looking at other organisations' improvements through additional therapy weekend support.

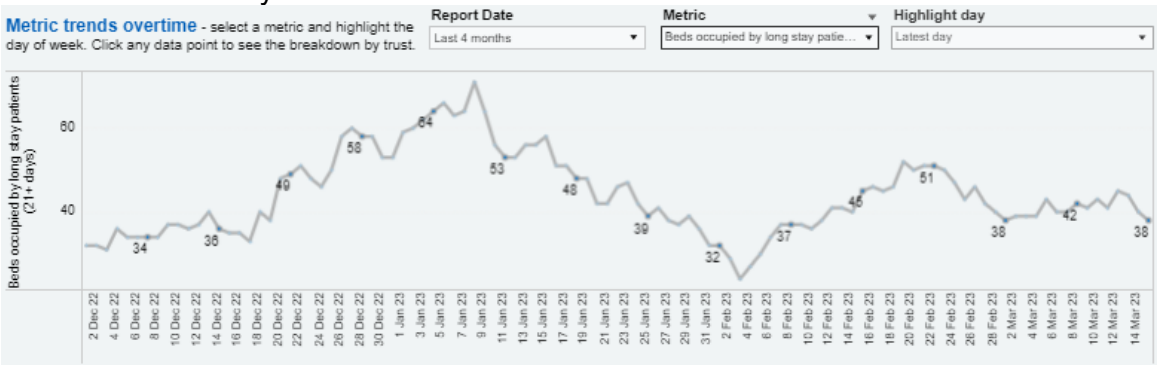
Our stranded patient metric shows a rise in LOS in both December and February which correlate to IPC outbreak issues.

Patients over 7 days LOS

Patients over 14 days LOS



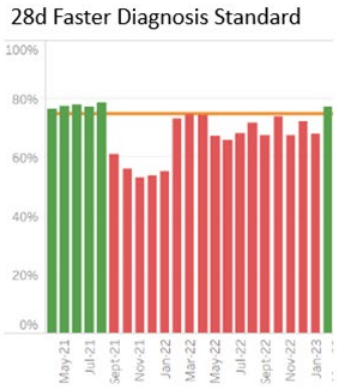
Patients over 21 days LOS

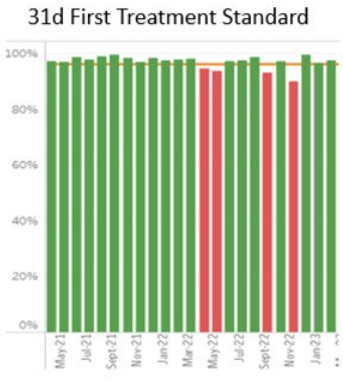


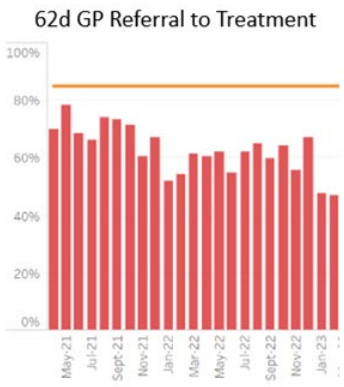
4.0 Cancer Performance

4.1 Cancer Recovery

Torbay and South Devon remains under Tier 1 scrutiny for cancer performance. There are four 'Key Lines of Enquiry' which are used to benchmark organisations in the Tier 1 group.



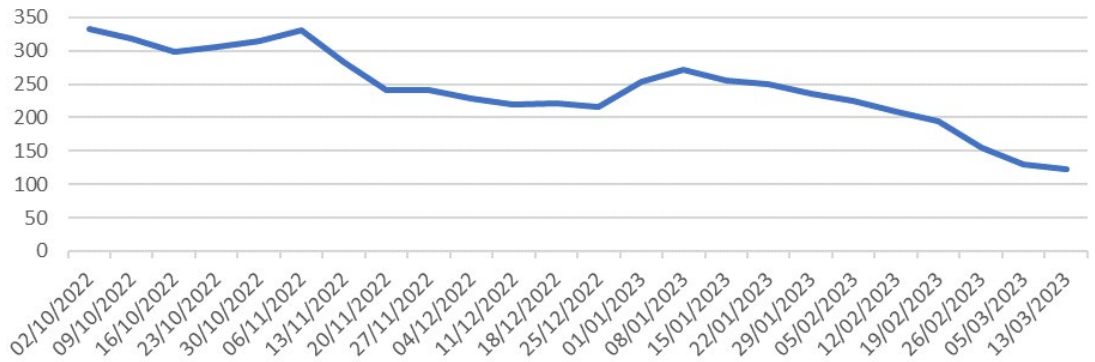




The Faster Diagnosis Standard is expected to be achieved in February at 77.1% - pending final validation. This is due to the work on reducing waiting times for diagnostic procedures, predominantly in endoscopy. Colorectal achieved 58% performance in February, compared to their average of 34% in the rest of 2022/23.

In February, 62-day performance is currently 47.0%. This lower than average position was anticipated, as increases in activity to clear our long waiting patients (over 62-days) have been the priority. The urology service treated 30 of the 56 breaching patient pathways in February, however, their over 62-day backlog reduced from 100 to 61 in the same time period.

4.2 Over 62-day Backlog (Open Pathways)



The reduction in patients in our 62-day backlog remains the key measure for Tier 1 Trusts.

The Trust is currently reporting 123 patients in our 62-day backlog, a very significant improvement on the position reported when we entered the Tier 1 process. This is significant for 2 reasons:

1. Only Trusts with more than 150 patients in the backlog are reported in the Tier 1 tables, our positive position currently excludes us from this reporting cycle.
2. Our position of 123 is ahead of the NHSE target position for March 24 of 138.

It is critical that we maintain our focus on the backlog position as we face some challenges in the coming months:

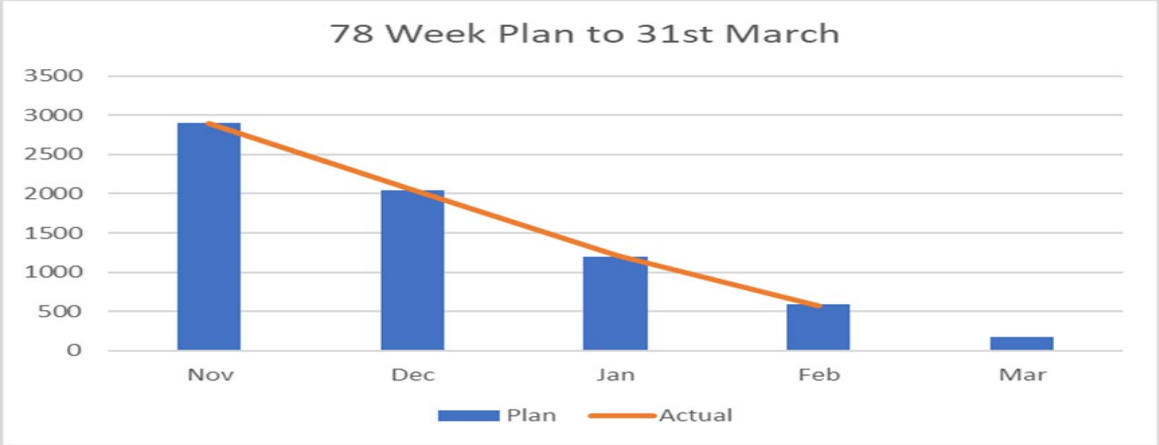
- Loss of endoscopy capacity – April-Nov 2023
- Increase in demand for challenged tumour sites – dermatology and urology

5.0 Referral to Treatment (RTT)

5.1 Long waits (February)

104 weeks – The Trust reported 14 104-week waits at the end of February against a prediction of 16. The Trust remains on track to deliver zero 104-week waits at the end of March 2023.

78 weeks –



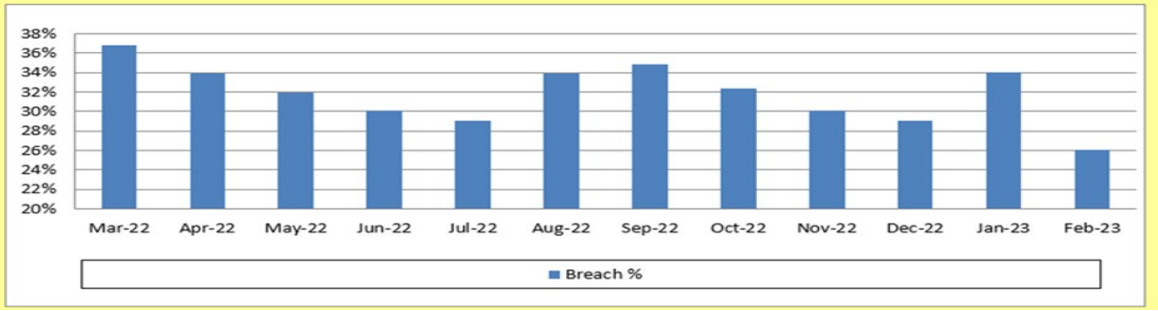
Our predictions against 78-week reductions have remained on plan. The challenging March target of 176 is made up of 121 non-admitted patients and 55 patients awaiting admission. Our most significant risk to delivery is the impact of the junior doctors' strikes, which resulted in surgical and outpatient appointments being cancelled. Whilst there have been a number of elective cancellations in order to manage the impact of the junior doctor strike, we remain focussed on delivering an unchanged position.

Our draft plans for 2023/24 have been submitted. There is a very significant uplift in long wait patients when compared to 2022/23. Our starting position for 78-week risks in 2023/24 is 22,000 patients compared to 12.500 in April 2022. Plans to mitigate this position are progressing. The predicted gap is currently 2.500 for 78-week risks and 4,000 for 65-weeks.

Breaches as a Percentage of Total Waits

Current Month:	February-23	Current Max Wait DoH Target = 6 weeks. Internal target to achieve Max Wait of 2 weeks.

Breach %	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Total Breaches	2317	2080	1792	1620	1687	1989	1927	1800	1692	1916	2175	1647
Total Waits	6303	6130	5605	5382	5803	5868	5523	5553	5629	6596	6395	6315
Breach %	36.76%	33.93%	31.97%	30.10%	29.07%	33.90%	34.89%	32.41%	30.06%	29.05%	34.01%	26.08%
Target %	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
Culmulative 22/23	36.76%	35.37%	34.31%	33.34%	32.49%	32.73%	33.02%	32.95%	32.64%	32.23%	32.41%	31.84%
26+ Weeks				432	435	588	614	619	546	586	453	351
% > 6 weeks (Target 25%)				30%	29%	34%	35%	32%	30%	29%	34%	26%
26 Week Breach Trend												



6.0 Diagnostics Performance

Our diagnostic performance continues to improve. The February position of 26% against the end of March target of 25% is the best position the Trust has reported for more than 12 months**.** The improving 26-week wait position is also welcomed.

The drivers for improvement are the gains made in some of our most challenged services particularly magnetic resonance imaging (MRI) and computerised tomography (CT) and non-obstetric ultrasound.

7.0 Children and Family Health Devon (CFHD)

7.1 Carenotes Outage

Our Carenotes supplier (Advanced) suffered a cyberattack around the 4 August 2022 resulting in a number of services and applications hosted by them to be suddenly unavailable. Advanced engaged and worked with a number of external suppliers and specialists on the repair and recovery of affected systems – including NHS England, the National Cyber Security Centre, Microsoft and Mandiant (a cybersecurity firm). The Carenotes environment was recovered for CFHD end-users on the 19 December 2022.

One impact of the outage is that monthly reporting of the Mental Health Services Data Set (MHSDS) is not available. (This is impacting all affected Trusts).

A series of manual data validation exercises on Carenotes are being carried out by CFHD business support colleagues. It is expected this will take approximately four weeks. During this time all clinical data continues to be available and the system is 100% functional.

7.2 Transformation programme

Following approval by Partnership Board of the future service model, the formal staff consultation was closed on 15 February. We are actively working through the HR processes for staff affected by the consultation outcome. A successful recruitment campaign has taken place for Band 8a operational management and clinical leadership roles, with all posts recruited into. A phased approach will be taken to further recruitment with the next priority being clinical team manager and other priority clinical roles.

Active work is underway to mobilise the new service model, led by CFHD's service improvement and QI lead. This work will include process mapping, workforce planning for the locality-based clinical triage function and caseload and waiting list cleansing.

7.3 Revisions to the service specifications

The detailed gap analysis undertaken by CFHD in 2021 identified a gap between the full scope of the service specification and the financial envelope. The Trust, through CFHD, and the ICB will work collaboratively to identify risks and reach agreement regarding the scope of service provision that can be delivered within the financial envelope and will revise the specifications accordingly.

7.4 Integrated governance arrangements

Hitherto, CFHD performance and quality has been reported to DPT for CAMHS and TSDFT for CAMHS, Therapies and Nursing. From March, a new Integrated Governance Board will operate comprising key colleagues from both provider organisations, which will hold all services within the CFHD portfolio to account.

7.5 Devon Improvement Plan

Final revisions are being made to the Improvement Plan under the guidance of Department for Education DfE and NHSE advisors.

8.0 Families Community and Home Care Group Update

8.1 Child Health/Paediatrics

Paediatrics are on track to clear 78-week referral to treatment (RTT) waits by 31 March 2023 and are developing a plan to continue to reduce the long waits in line with national targets.

A pilot is about to begin with families using the neuro-diversity part of the Connect Plus app, this is part of the waiting well offer and has been developed between paediatrics and Child and Family Health Devon to support those on a neuro-diversity pathway.

The paediatric primary care hub alongside our short stay paediatric assessment unit (SSPAU) is in operation until the end of March and the team are part of a Devon-wide evaluation of this service and the benefits it could offer for next winter. The availability and use of the hub have increased over the last six to seven weeks since it began.

Working with the Trust's engagement manager the team have developed a communications and engagement plan for working with children and young people in developing our service.

8.2 Children's Torbay 0-19 Service

Operation Encompass is the process of sharing information between police and all schools within the force area. The founders of Operation Encompass identified that the role of the health visitor and school nurse is pivotal in the dissemination of information sharing, as every child has a named health visitor / school nurse.

The 0-19 service in Torbay has been engaged with Operation Encompass for many years having information shared with our service from the police (Public Protection Notifications) via our safeguarding team. All domestic violence incidents are shared with schools where there is a child related to either adult involved.

The scheme has recently been extended to early years settings, preschools and nurseries and the 0-19 service were invited to take part in Home Office research to better understand the implementation of Early Years Operation Encompass notification schemes in our health visiting service. It also focussed on barriers to introducing the scheme, the outcomes the schemes may have for health visiting services and children under five and their families in their care. Our involvement also helps staff self-confidence, personal and professional development and an enhanced sense of agency working.

8.3 Maternity

8.3.1 External funding

£27,000 of funding from NHS England (NHSE) has been received for 2022/23 to spend supporting early career midwives. This includes training and providing clinical and pastoral support. It has been confirmed that funding for the retention midwifery roles will continue into 2023/24 although the exact amount / bid process has not been shared yet.

8.3.2 Service evaluation – research midwives from Kings College, London

Torbay has been identified as a maternity service with very positive results from the retention work within midwifery. They have been put forward to be the subject of a service review looking at the successes and reasons behind why midwives leave / stay in the profession. The findings will be shared with the team in May 2023.

8.3.3 Birth Rate

The number of births for February were slightly less than the projection and were at the lowest level this year. Other local Trusts also saw a reduction in the birth rate this month and is acknowledged that nationally the rate is dropping. It is also reflective of February being a short month. Suggestions that a drop-in birth rate may be linked to a rise in cost of living and people limiting family size.

8.3.4 Obstetric workforce pressures

The team continue to work through the actions associated with the Health Education England (HEE report). Gaps in the workforce due to the sickness rate has meant that some clinical guidelines are significantly out of date for renewal. We have requested peer support from within the region to compare our guidelines against, as well as adding it to the risk around workforce on the risk register. We continue to benchmark against any new National Institute for Health and Care Excellence (NICE) recommendations and prioritise these, although there are four that have been escalated to the medical director due to the length of time they have been overdue.

8.4 Community Sexual Health Service

The Devon Sexual Health Service with Royal Devon University Hospital (RDUH) (as lead provider) and TSDFT (sub-contracted) held a recent service development event alongside the local authority commissioners.

This included agreeing the future priorities for the service in its final contracted two years, this included workforce development, digital development, service delivery locations, pathways and aligned to "inform" the new IT system.

8.5 Healthy Lifestyles

This is the final month of delivery for TSDFT with a transfer of the Healthy Behaviours contract from 1 April 2023 to ABL Heath Ltd.

The service is currently working through the exit plan with both commissionaires and the new provider.

8.6 Torbay Recovery Initiatives (Drug & Alcohol Service)

During February saw the launch of both Torbay Recovery Initiatives (TRI) and the Multi Complex Needs Alliance (MCNA), with both events well attended by our staff and the coproduction group.

The Alliance is developing a framework for coproduction with people using the services.

The new Coproduced Vision for the Alliance has been developed "*wherever you are on your journey, the Torbay Alliance aims to offer hope and choice and connect you to the right person, in the right place, when the time is right for you."*

People experiencing problems with drugs or alcohol often have physical and mental health needs which must be met to enable a successful outcome from treatment. Poor mental health, frequently linked to trauma, is often central to an individual's dependency on drugs and alcohol, and all too often people fall through the gap between services. The Alliance aims to transform the system so that providing trauma informed care becomes the norm, and complex and multiple needs (such as homelessness) are recognised and responded to.

As part of this work the Alliance will embed coproduction across the MCNA Services in order to:

- Deliver world-class treatment and recovery services – improving quality, capacity, and outcomes.
- Improve access to secure and safe accommodation alongside treatment and support–for homeless people and those rough sleeping, people using drugs and alcohol, and those experiencing domestic violence or abuse.
- Ensure better integration of services – making sure that people's physical and mental health needs are addressed to reduce harm and support recovery.

8.7 Social Care

A high-level plan has been developed for Transformation and Sustainability with key work programmes focusing on adult social care strategy, cost improvement, commissioning and market management, pathway redesign with reablement, adult social care (ASC) front door, direct payments and pathway to independence within learning disability.

Business planning for 2023/24 has been completed and £2.7m cost improvement plans (CIP) identified. Data from 2022/23 CIP has formed the evidence base for CIP to support reducing risk against delivery.

Preparation of the Social Care Market Uplifts paper nears completion in readiness to go out to the Torbay market in March, this is part of a group of measures to bring stability to the Adult Social Care financial position and to support the exit plans for SOF4.

Social care waiting lists remain high, however, risk management processes are in place to ensure patients reman safe. Significant work has been undertaken in the D2A window, which promotes flow from hospital discharge and better outcomes for our community-based patients.

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 & Brixham (P&B) Integrated Service Unit (ISU). Using the same triage process. OT waiting lists are 60 for P&B and 35 in Torquay ISU (TQ). Reduction in TQ by 11 but an increase in P&B by 24 from last month.

PT waiting list in P&B 60 and 38 in TQ. The longest wait across the Bay is four weeks for low priority visits. 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 IC referrals. This can impact on the waiting list.

8.8.2 Community Nursing

The teams are working productively. Torquay ISU is fully recruited and have just recruited admin support to ensure that visits are scheduled geographically. The TQ community nurses (CNs) did 4600 visits last month, (normal numbers are 3800-4100 visits a month), which equates to all team members doing at least 12 visits without any urgent visits being allocated. The caseload has been received and an action plan is in

place to ensure the team are visiting the correct patients. The action plan has seen a reduction in visits since implementation seven days ago.

P&B continue to support their new starters with training to develop community facing skills and competencies. Two band 5 vacancies.

The number of insulin-dependent diabetic patients that are being managed by the CN teams are increasing. This is equating in an extra team member having to work at weekends to ensure quality and safety with this cohort of patients.

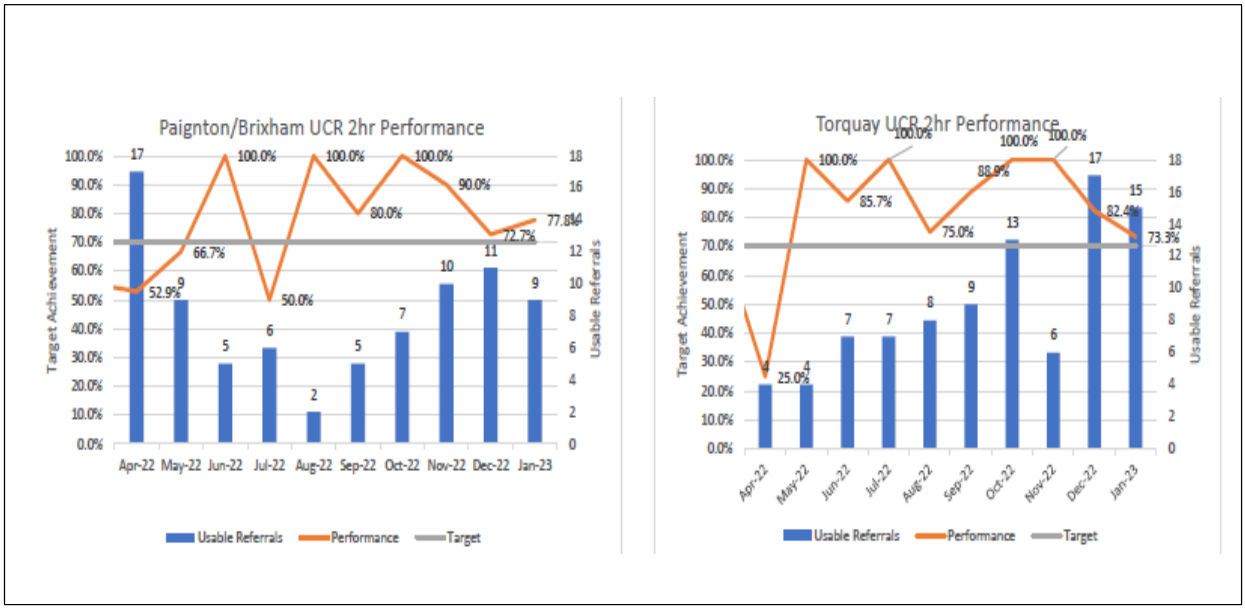
Out of hours (OOH) CN Band 7 Lead is absent with long-term sickness. This service to be managed by the CN Lead in P&B and the Baywide Community Service Manager to provide leadership and management to the team.

8.8.3 Intermediate Care

The teams are managing the workloads and their length of stay in placements has reduced. Work is underway to monitor and reduce the length of stay in bedded placements. The teams are managing the block pathway 2 rehab beds in care homes. The Bay has 17 extra block beds to assist with hospital flow.

8.9 Urgent Care Response (UCR)

Achieving the national target in their response times. Meeting the 2-hour response target and exceeding the target for 2-48-hour response. New lead for UCR team in P&B starts the beginning of March 2023, which will bring consistency in the management of the UCR patients across the Bay. Plans in place for 2023/24 for developing the UCR service. Linking with the South Devon Community Service Managers.



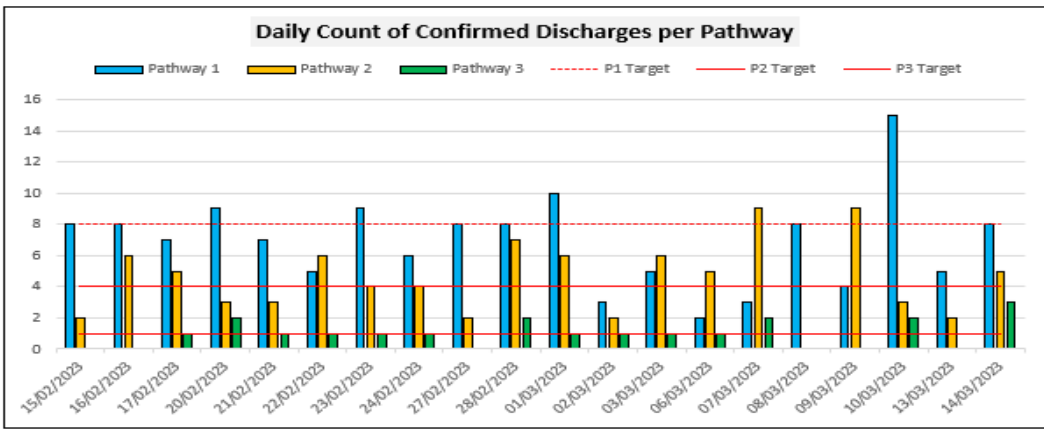
8.10 Complex Hospital Discharge (Pathway 1-3, excluding community hospital transfers)

Pathway 1 - we have movement and good flow. There has been a reduction in time to transfer for pathway 1 from 5 days to 3 days.

Block contract hours to support Short term service continue past April for Torbay. Awaiting confirmation from South Devon

Pathway 2 - Utilising the 17 block beds provided by the demand and capacity monies. Senior review multidisciplinary team (MDT) review of all P2 referrals to the Discharge Hub. Time to transfer is seven days

Pathway 3 - Continue to have two long length of stay patients on pathway 3 who are managed by community teams due to their complexities and requiring bespoke support packages. Continue to work with the providers, meeting weekly to discuss patients requiring discharge



Continuing to review the no criteria to reside (NCTR) data on Tableau. This has become business as usual and the inaccuracies are improving. This ensures we accurately report to the ICB. This is performed to ensure accurate data is submitted to the ICB and early detection of any referrals that need completing

Data is submitted weekly to System Directors with trends and analysis for complex hospital discharge.

Action plans for improving NCTR all recorded on ORG slides, UEC improvement plan and the 100-day challenge.

Funding for OT In-reach is secured for another 12 months. Data continues to demonstrate a 50% reduction in support package or step down in pathway for all patients reviewed by In-reach OT.

Awaiting confirmation from Devon County Council (DCC) regarding continuation of 4-week IHF for Pathway 2 patients and self-funders. The Care Act and a financial assessment will need to be completed whilst the patient is an in-patient for all Devon residents. Torbay residents will be in receipt of 4-week IHF.

8.11 Continuing Healthcare (CHC)

The team experienced a high number of referrals for assessment both via hospital discharge and via the community.

The performance which is measured against national target of assessment completed within 28 days is 80%, the team achieved 70%.

There has been an Increase in high cost cases coming through for people with complex needs both PH and MH market dictating price. In regards to transition cases there has been 2 young people placed by another legal authority into Torbay and South Devon who have a positive checklist and have converted to be CHC funded. These cases have costs over £10,000 per week.

The Fee Uplift variance across county which relates to a different approach from the local authorities will cause issues for CHC who have clients placed in Torbay and South Devon Nursing homes.

9.0 Community Services

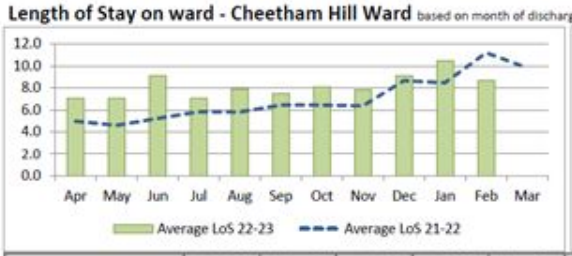
There was a risk that the handover of the Dartmouth Health and Wellbeing Centre will be delayed due to the lead in time for BT to complete their essential works in relation to data and telephony. This would have impacted on the time available for operational commissioning & potentially required a delay to the planned formal opening on 9th May with the opening to the public on 10th May. However, the issues have been resolved and handover date from the developers of 14th April remains. Operational meetings are being set up to further discussions about shared processes and protocols and public engagement continues with plans for a potential video to supplement the leaflets and posters already in use.

10.0 Healthcare of the Older Person (HOP) and Frailty

Challenges with sickness and absence continue, although the situation is improving with the phased return of a colleague from long-term sickness. Another geriatrician colleague was successfully recruited in February; Dr Harjeet Sahota will join the team in October. Sadly, the only candidate for our Community Geriatrician post has withdrawn for personal reasons. Discussions are now underway both within the team and with Joanne Watson to understand what is achievable for a Frailty Virtual Ward including the re-advertising of the ACP and consultant posts but also considering alternative senior clinical roles that could support the model.

The bed-based model of acute frailty running alongside Acute Medicine on EAU 4 is still in its infancy and continues to be challenged with the identification of appropriate patients and junior doctor resource. By shifting the workforce to EAU 4 the frailty team presence in ED and AMU has been reduced. This is being rectified by trialling the shifting consultant nurse and specialist nurse resource back. However, the model needs to mature & develop and the ability to prioritise this – including exploring SDEC – has to be considered alongside the development of Frailty VW if we are unable to recruit. This is particularly important as the team are aware that another senior colleague might depart this year stretching the team further. The development on metrics for frailty has been an ongoing challenge for >2 years. A dashboard in Tableau is in development but entirely dependent on our ability to "tag" our patients in the data warehouse.

Length of Stay on ward - Cheetham Hill Ward based on month of discharge



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Average days on ward	7.1	7.1	9.1	7.1	7.9	7.5	8.1	7.8	9.1	10.4	8.7	
No. stays >10 days	24	20	35	26	26	28	27	27	24	29	23	

nb. These figures relate to the total days spent on Cheetham Hill during the whole hospital stay. If the patient had multiple spells on Cheetham Hill during a single hospital stay then the days from each spell have been added together.

Length of Stay on ward - Simpson Ward based on month of discharge

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Average days on ward	6.6	6.9	7.7	7.5	7.9	9.0	9.2	8.5	7.9	9.5	10.0	
No. stays >10 days	24	29	22	24	20	24	37	33	18	35	30	

nb. These figures relate to the total days spent on Simpson during the whole hospital stay. If the patient had multiple spells on Simpson during a single hospital stay then the days from each spell have been added together.

Mean lengths of stay on both Cheetham Hill & Simpson Wards started to dip below 21-22 levels in February, having been higher for most of the current year. However, the number patients with stays over 10 days remains higher particularly on Simpson.

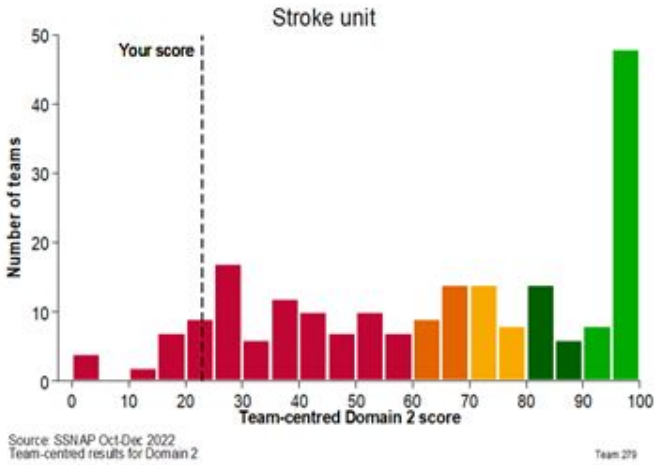
10.1 Stroke and Neuro-Rehab

The stroke improvement plan is in place with clinically owned actions and a standard operating procedure (SOP) is now in circulation to support the management of beds on George Earl ward for hyper-acute stroke care and to protect at least one bed at all times. The operational manager regularly links with George Earl ward to give greater assurance that beds 1 and 12 are being freed up regularly throughout the day for hyper-acute care and that the day room and Discharge Lounge are being used for patients leaving the ward.

Maintenance of the stroke pathway has improved. In February, the stroke pathway was available at 08:00 on 19 days (68%). On the nine occasions it was not available it had been recovered by the 10:30 control meeting and on a further two occasions by the 13:30 control meeting. On five occasions it was not recovered until 16:00 or later. This does not mean that patients were not accessing the stroke unit, however beds were often being made available as a patient required it rather than there always being capacity for the next patient which is what we strive for. Additionally, in escalation when only one bed is available there can be a gender mismatch. We are recording on a daily basis the availability of a stroke pathway during the day & the availability of a stroke nurse which also affects the management of the front-door pathway. We will be reviewing learning from the junior doctors' strike when our Stroke Clinical Lead was in an on-call role in ED/AMU and able to do the junior doctor and consultant role and will

be continuing to review the reasons for our breaches and inviting colleagues from ED & the Flow Team to meet with us monthly.

Despite these measures we are still struggling to maintain the time critical standards linked to the hyper-acute pathway and in February only seven patients (17.5%) got to the Stroke Unit in four hours. The recently released SSNAP results for October to December 2022 revealed that Torbay got 11.6% of patients to the stroke unit in 4 hours against a national average of 39.5%. This is a reduction nationally but shows Torbay still lagging significantly behind. Pre-pandemic Torbay was scoring an overall C on domain 2 but as the chart below demonstrates we would need to score 70 points to achieve a C and whilst the score is an aggregate of all three indicators approximately 60% of patients would need to be reaching the stoke unit in 4 hours.



NB: Chart above shows overall domain 2 performance of which % reaching stroke unit in 4 hours is only 1 of 3 indicators.

Source: SSNAP DIY tool (refreshed twice/month).

Time critical Stroke Standards							
	Feb-23	Jan-23	Dec-22	Nov-22	Oct-22	Sep-22	Aug-22
Number of patients (N)	41	34	39	32	46	33	42
% Scanned within 1 hour	41.5	61.8	48.7	57.8	45.7	45.5	40.5
% Scanned within 12 hours	95.1	94.1	92.3	93.3	93.5	93.9	88.1
% Admitted to Stroke Unit within 4 hours	17.5	15.6	0	26.2	8.9	24.2	25
% of patients spending 90% of their time on the Stroke Unit	70.7	54.5	37.1	76.7	60	54.8	64.1
% (No.) Patients that received Thrombolysis	10 (4)	12.1 (4)	7.9 (3)	13.3 (4)	8.7 (4)	15.2 (5)	9.5 (4)
% Received Thrombolysis within 1 hr	0	50	0	100	50	20	25
SSNAP	A	B	C	D	E		

11.0 Recommendation

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

NHS
Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board			
Report title: Estates & Facilities Management Strategic Performance Update			Meeting date: 29th March 2023
Report appendix	Appendix 1: Trust Health & Safety Report Appendix 2: EFM Compliance Dashboard Appendix 3: Workplace Strategy on a Page		
Report sponsor	Chief Finance Officer and Deputy Chief Executive		
Report author	Director of Estates and Facilities		
Report provenance	Estates Performance and Compliance Group		
Purpose of the report and key issues for consideration/decision	The purpose of this report is to brief the Trust Board on strategic Estates & Facilities Management performance and compliance exceptions for December 2022 and January 2023.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	To note the current performance and compliance of Estates and Facilities Management directorate and headline summary of key exceptions and activities		

Summary of key elements

Strategic goals supported by this report

Excellent population health and wellbeing	X	**Excellent experience receiving and providing care**	X
Excellent value and sustainability	X		

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

Board Assurance Framework	4	**Risk score**	25
Risk Register	1083	**Risk score**	25

BAF Reference No. 4 - Estates

External standards affected by this report and associated risks

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

Report title: Estates & Facilities Management Strategic Performance Update		**Meeting date: 29th March 2023**
Report sponsor	Chief Financial Officer & Deputy Chief Executive	
Report author	Director of Estates & Facilities	

1.0 Introduction

1.1 This report sets out performance and compliance exceptions within the Estates & Facilities Management (EFM) directorate for the months December 2022 and January 2023. In addition to this, some strategic updates relating to EFM activities and business projects are included.

2.0 Discussion

2.1 Corporate Health & Safety

One of the two improvement notices issued to the Trust by the Health and Safety Executive (HSE) relating to the management and use of sharps has been satisfied and successfully closed out. There remains one improvement notice relating to training requirements open and the Trust is on track to satisfy this in time for the April 2023 deadline.

The Trust's annual fire safety audit, conducted by the Authorising Engineer for fire is scheduled for late April 2023. Confidence is reasonably high going into this audit on the basis that the overwhelming majority of findings from previous years have now been addressed and closed out.

The Trust's Corporate Health & Safety Manager continues to deliver IOSH Managing safely to leaders across the Trust as part of the programme to improve the safety culture across the organisation. This has extended to other Trusts and a training cohort including colleagues from University Hospitals Plymouth took place in early 2023.

Efforts are being made by the Trust's Corporate Health & Safety team to enhance the level of support being provided to the Children and Family Health Devon system, ensuring that it is supported to meet all relevant compliance and safety requirements.

2.2 Compliance and Performance

Appendix two sets out the EFM directorate's operational compliance and performance for the months of December 2022 and January 2023. Estates delivery performance data (planned work performance and reactive work performance) for planned and reactive works is published a month in arrears, January's data will therefore be covered under May's report to Trust board. November and December were positive months for planned and reactive work performance within the EFM directorate. The combined SLA performance for statutory, mandatory and routine PPM is 99% for November and December against a target of 87%. Similarly, SLA performance for reactive was strong for both months, scoring a cumulative 86% and 84% respectively against a target of

86%, this is despite a significant increase in reactive work order volumes on previous months.

There are no overarching concerns relating to broader EFM compliance and performance, which has remained consistent in most areas. The improvement in compliance and performance relative to works under taken by the Medical Device Support Services (MDSS) team is outlined in January's report to FPDC continues.

2.3 EFM 2023-2024 Strategy

1st April 2023 will see the launch of the new EFM strategy on a page (figure one and appendix three) which shares a vision to be the best provider of Estates & Facilities services across the NHS. This will be launched in late March to all EFM colleagues and will be accompanied by a training and implementation programme to ensure all individuals within the EFM directorate understand this new strategy, how it links to that of the over-arching Trust, and the role they play in delivering it.

2.4 Directorate Name Change

As outlined in previous reports to board, customers find it challenging to interact with EFM and this is, in part, due to being unclear as to its responsibility. This, combined with the fact that the directorate's remit has changed significantly in recent months has prompted the need for rebranding.

To that end, the EFM directorate will change its name to 'The Workplace Team' effective 1st April 2023. The rebrand will take the form of a soft launch initially, with communications regarding the name change intensifying towards the middle of quarter one of the new financial year. This will be accompanied by a physical rebranding of signage and other materials across the year and will be done so on a cost-neutral basis.

2.5 CIP Delivery and Financial Performance

As at month ten the EFM financial position shows an adverse variance of £3.2m year to date. The forecast full year position is £4m adverse. The main drivers of overspend are: increased utilities costs (a year on year increase in cost of 20% for electricity and 90% for gas); additional portering, cleaning and catering services to areas which have been expanded or newly-opened in order to support de-escalation; and inflation-linked supplier price increases.

The EFM CIP target for the 22/23 financial year is £2.8m. As at month eleven, a total of £637k CIP has been transacted, £480k of which is recurrent. A further £560k worth of CIP schemes will be transacted in month twelve, bringing the forecast year end CIP position to £1.2m, which is in line with previous commitments. The reasons for the failure to meet the allocated CIP target mirror the drivers of the EFM adverse budgetary position: COVID cost reductions have not been realised due to the provision of unbudgeted services to escalation areas, and energy and supply chain cost saving initiatives have not provided the benefit anticipated due to the significant and unforeseen price increases.

Improving financial performance and identifying and delivering realistic, recurring CIP opportunities remains a priority for the EFM directorate. Work has already commenced on the identification of cost saving initiatives which will carry over into the 23/24 financial year and Project Initiation Documents (PIDs) have been submitted to the Trust Project Management Office to reflect this.

2.6 Our People

Figure two outlines the EFM directorate's performance in relation to people metrics covering its 553 employees, giving a comparison between the directorate's position at the end of January 2023, and the overall Trust performance against each measure.

Compliance for achievement and mandatory training compliance continues to be amongst the strongest across the Trust and the directorate's leadership team remains focussed on sustaining this position.

The directorate's 12-month sickness average has seen an increase on previous months, namely due to a spike in COVID19 and Norovirus infection during December. However, continued improvement is anticipated in this area following a refreshed emphasis on supporting colleagues who have been absent for long periods of time back into the workplace.

The directorate's staff turnover rate is 12% which is consistent with previous months. It is anticipated that this number is likely to increase in future months as planned organisational re-designs within the directorate take place.

Metric	December	January	Trust Average
Valid Achievement Review	92.78%	94.25%	77.68%
Mandatory Training	93.03%	93.71%	89.94%
Rolling 12-month sickness average	2.76%	6.90%	4.73%

Rolling 12-month staff turnover	11.63%	12.31%	13.33%

Figure Two: Key People Metrics – EFM Directorate

3.0 Conclusion

December and January have seen strong and consistent levels of compliance and performance across all operational areas of the EFM directorate. The position in relation to financial performance and CIP delivery remains challenged, largely as a result of unforeseen external factors. This does not, however, negate the need for a continuation of the sharp focus and leadership accountability for delivery in this space. The launch of the directorate's strategy for the 23/24 financial year, accompanied by its rebranding, presents an exciting opportunity to re-shape the delivery of EFM services in the future.

4.0 Recommendations

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

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

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

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

1. Analysis of Performance

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

Table 1

	Death	Severe	Moderate	Low harm	No harm	Near miss	Totals
Dec 2021	0	13	1	45	74	18	151
Jan 2022	0	62	5	86	110	34	297
Feb 2022	0	33	3	53	119	26	234
Mar 2022	0	49	4	86	148	24	311
Apr 2022	0	23	8	63	141	28	263
May 2022	0	2	4	76	148	24	254
June 2022	0	8	2	55	119	30	214
July 2022	1	8	5	65	147	17	243
Aug 2022	1	6	9	67	145	22	250
Sept 2022	1	7	3	53	114	20	198
October 2022	0	11	2	59	103	32	207
November 2022	0	6	5	63	116	22	211
December 2022	0	2	9	63	115	31	220
YTD Totals	3	217	59	789	1525	309	2935
Averages PM	0.25	18	5	66	127	26	242

As seen in Table 1. Decembers' figures showed a slight increase in recorded events up from 211 to 220.

Average monthly total recorded events 242, December below average at 220, we have an increase in recorded moderate incidents up 4 from November and near miss incidents up by 9 on Novembers figures.

Comparison with last December reported incidents, severe incidents down by 11, moderate up by 8, low harm up by 18, no harm up by 42 and near miss by 13. Overall an increase in 69 recorded events.

Chart 1

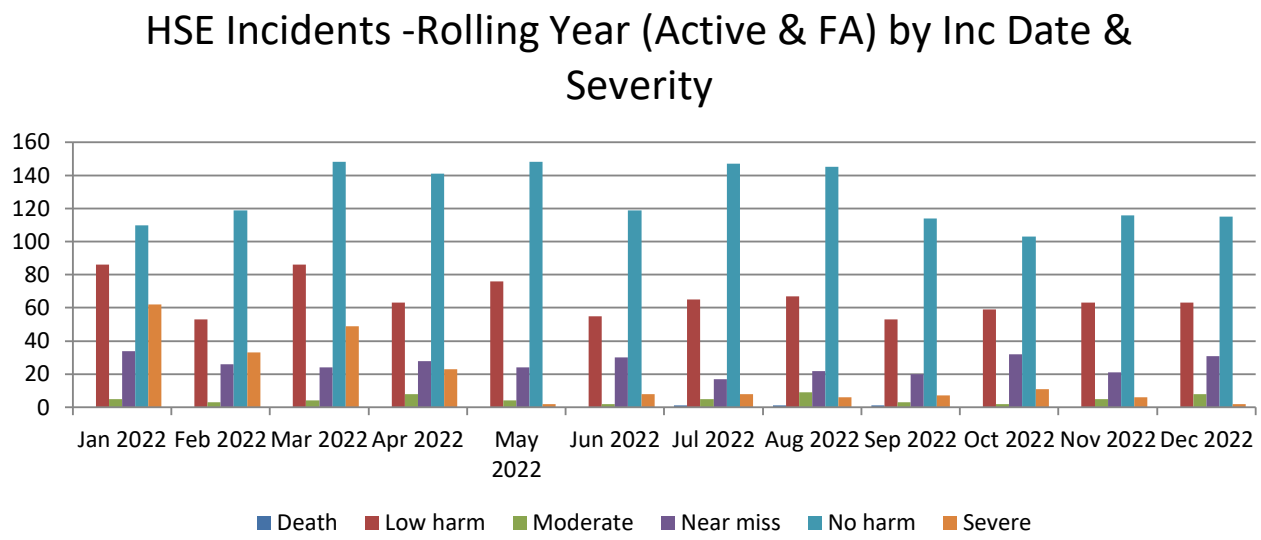


Chart 2

From the 14 Directorates, significant increase of incidents from Paignton and Brixham ISU, up from 26 to 42 and Children's Family Health Devon ISU up from 1 to 10,

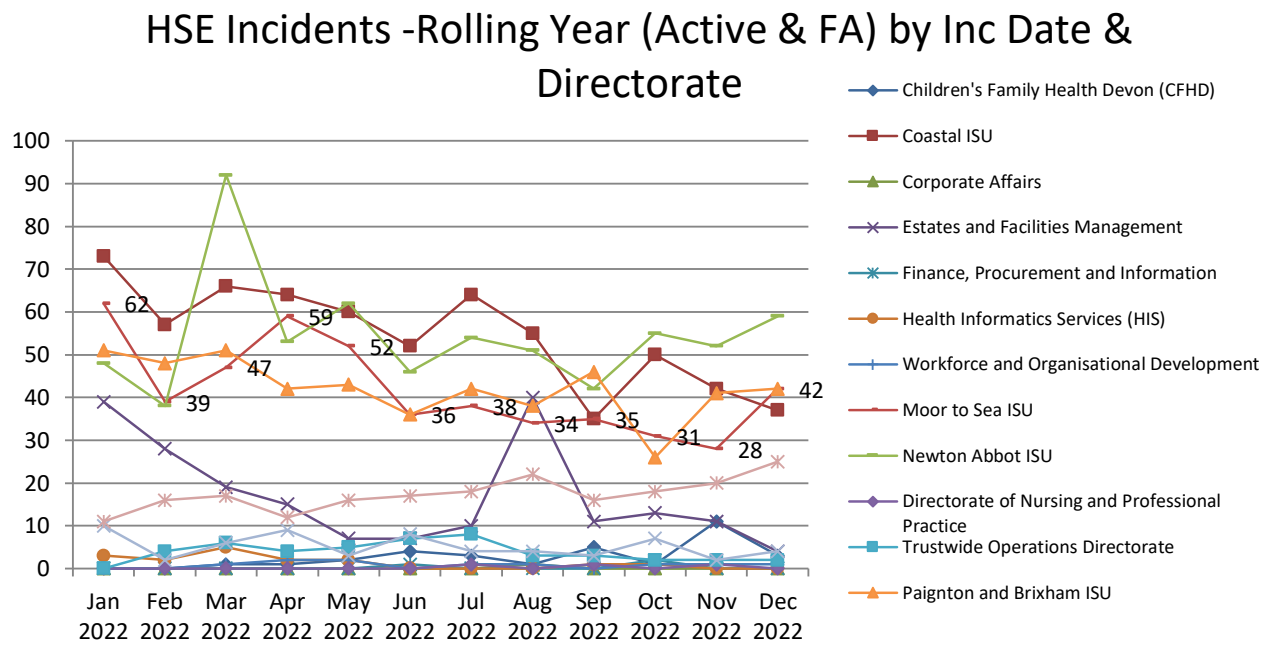


Chart 3

Breakdown of Incidents for Moor to Sea – December 2022

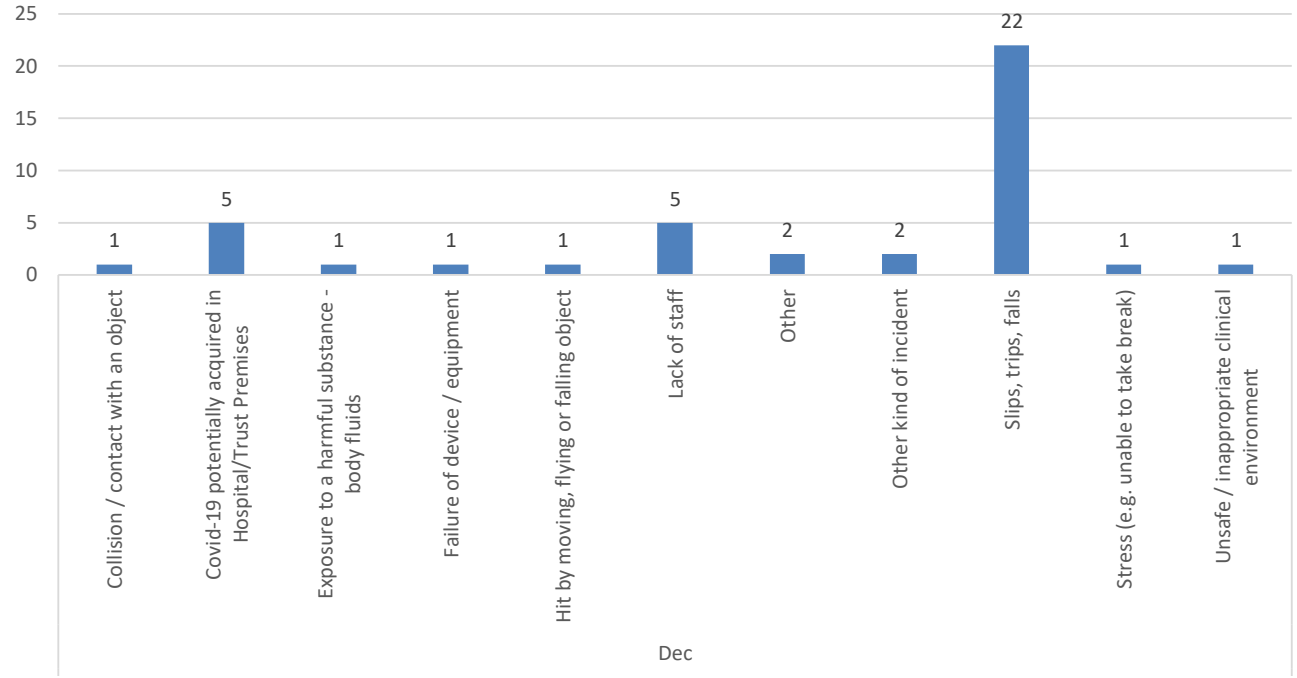


Chart 4

Break down of location with Moor to Sea incidents

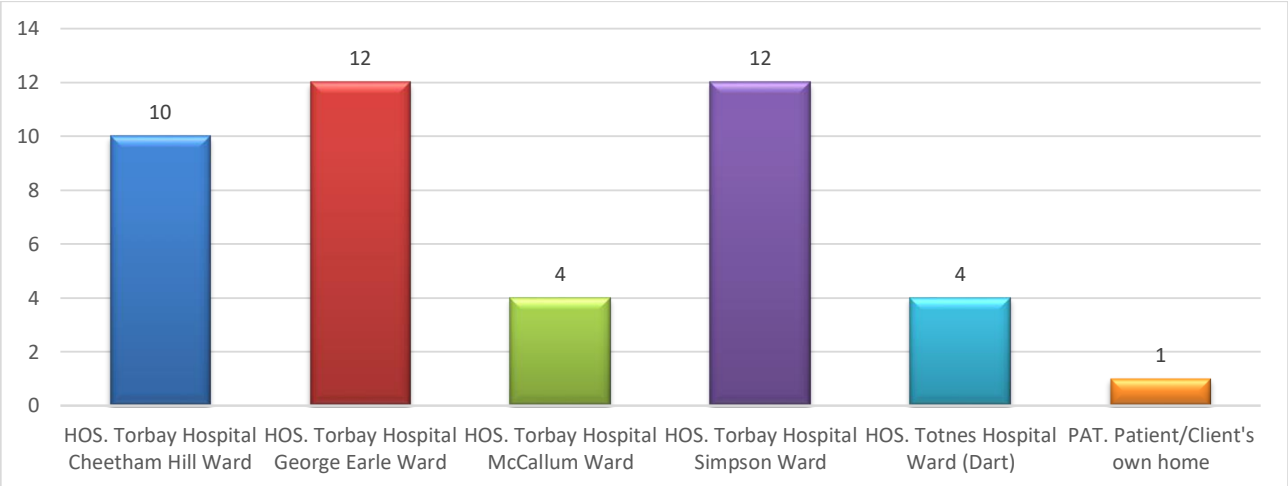
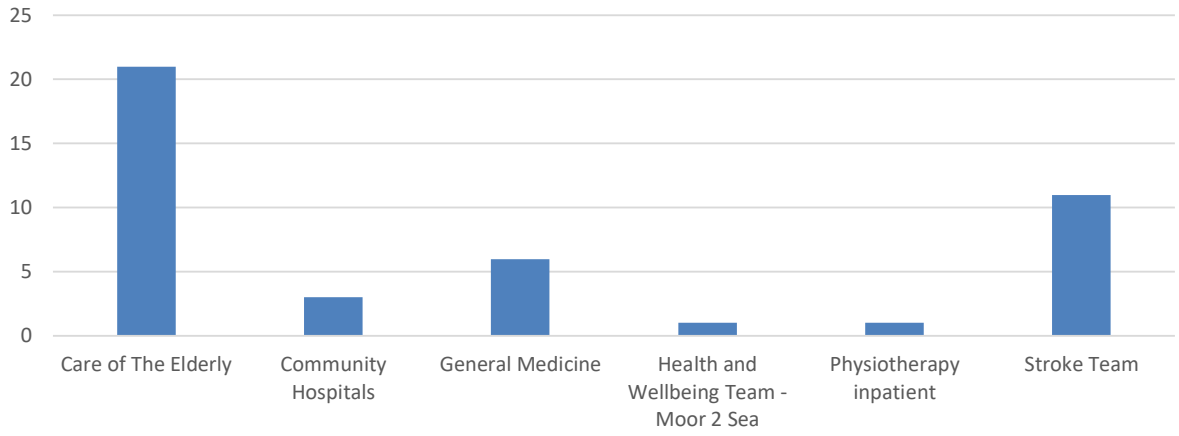


Chart 5

Break down of Departments s for Moor to Sea Locations 43 Incidents



2. Key Issues

2.1 Slips, Trips and Falls (STF)

December had a slight increase in slips trips and falls, just above the monthly average Total for the year 1205 with an average of 100 per month

Chart 6

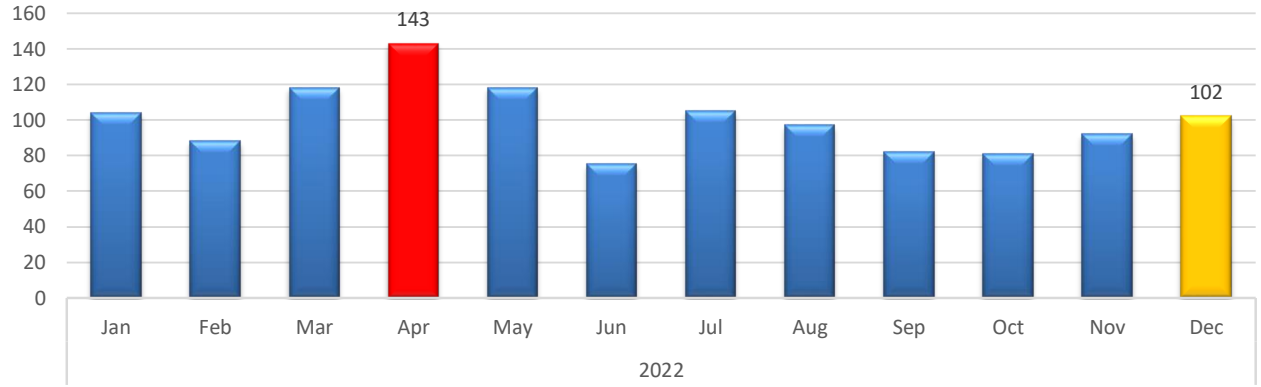


Chart 7

Break down of Decembers 102 STF incidents

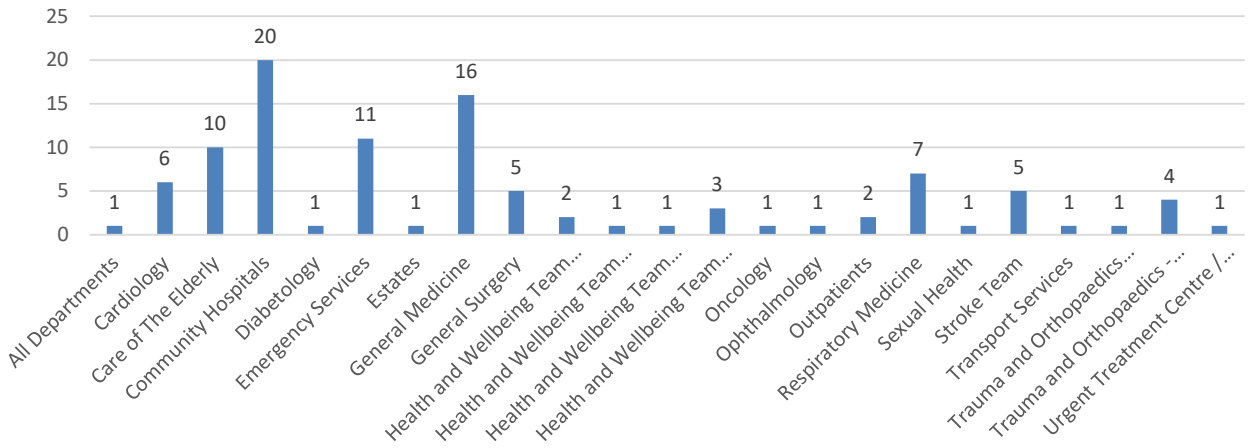
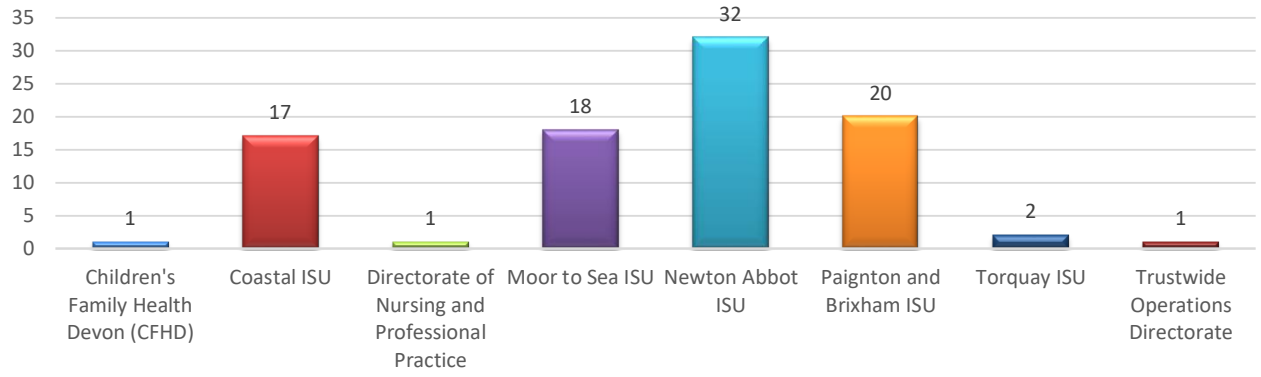


Chart 8

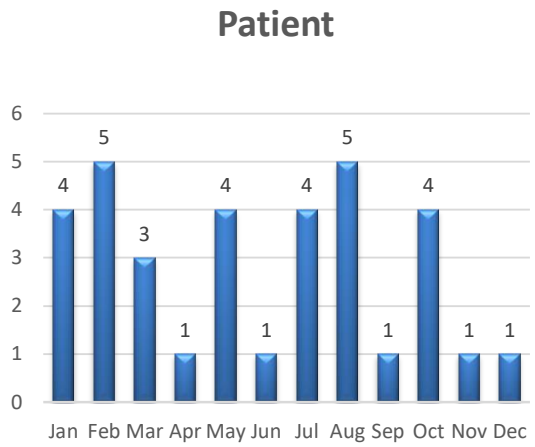
Decembers total Slips Trips and Falls breakdown by Directorate – Newton Abbot indicating the greatest incident rate.

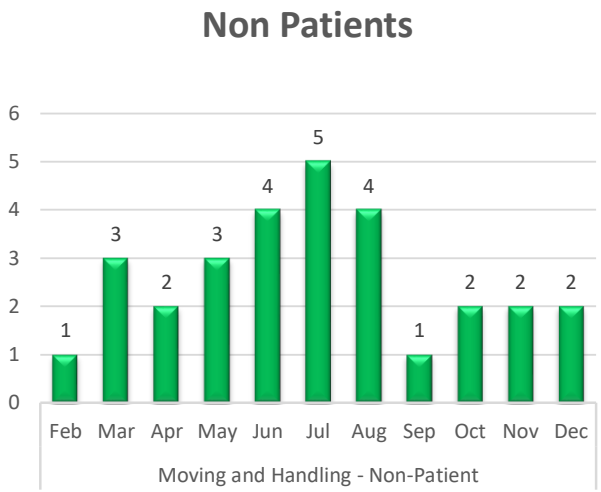


3.0 Manual Handling

Chart 9
Illustrating the number of reported incidents relating to Manual Handling over the last 12 months for Non-Patient and Patient related.

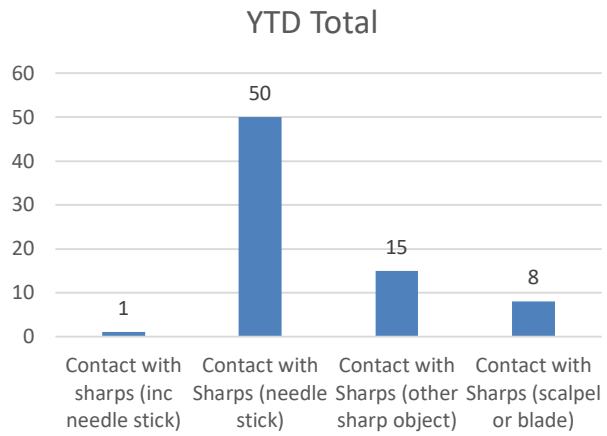
Patient handling saw a decrease in recoded event during November, non-patient stayed constant but well down on monthly average





4.0 Sharps

Chart 10



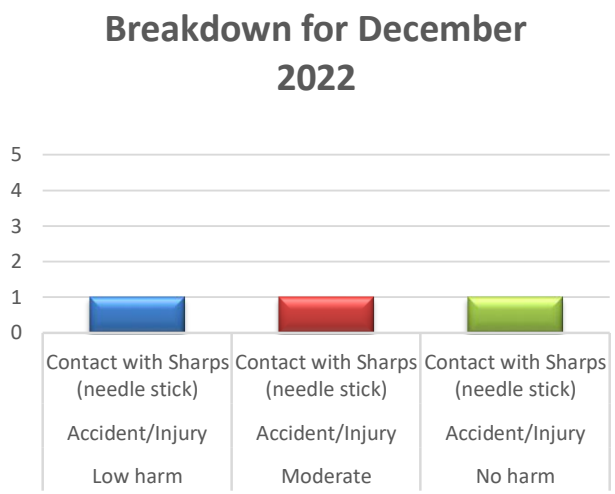
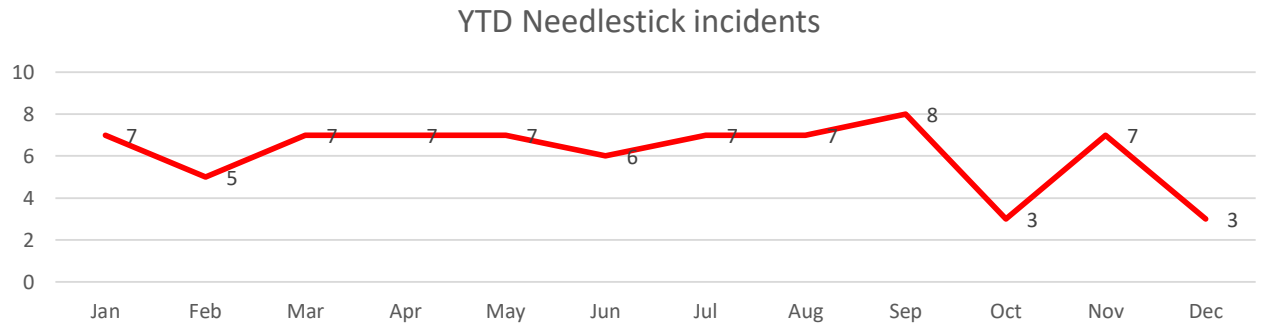


Chart 11 – Break down of sharps



6

Chart 12

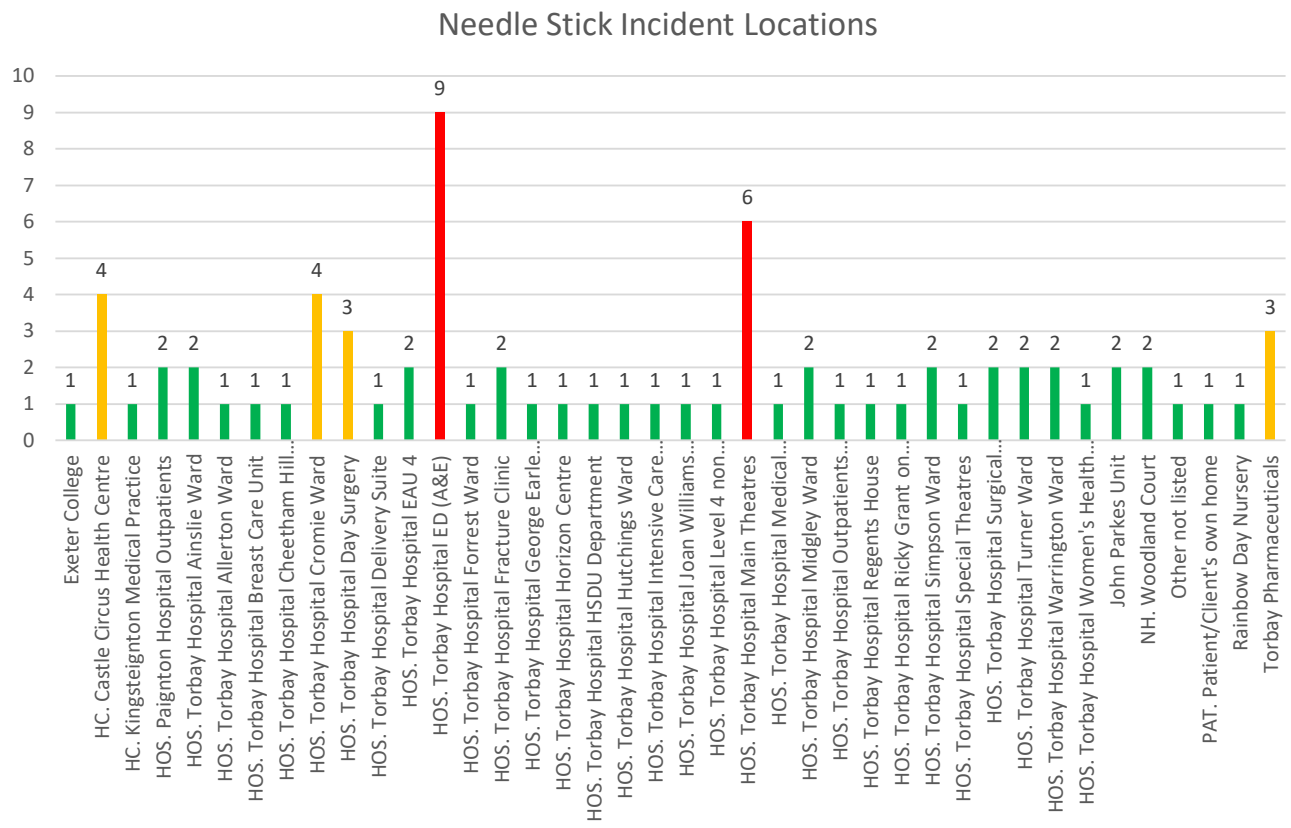
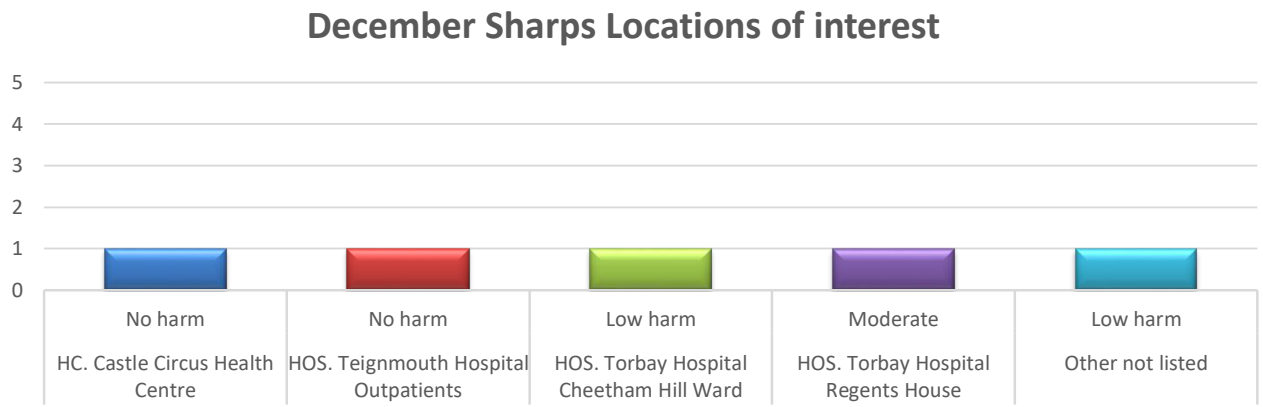


Chart 13



5.0 COSHH

Chart 14 - Breakdown YTD incidents – Exposure to a harmful substance

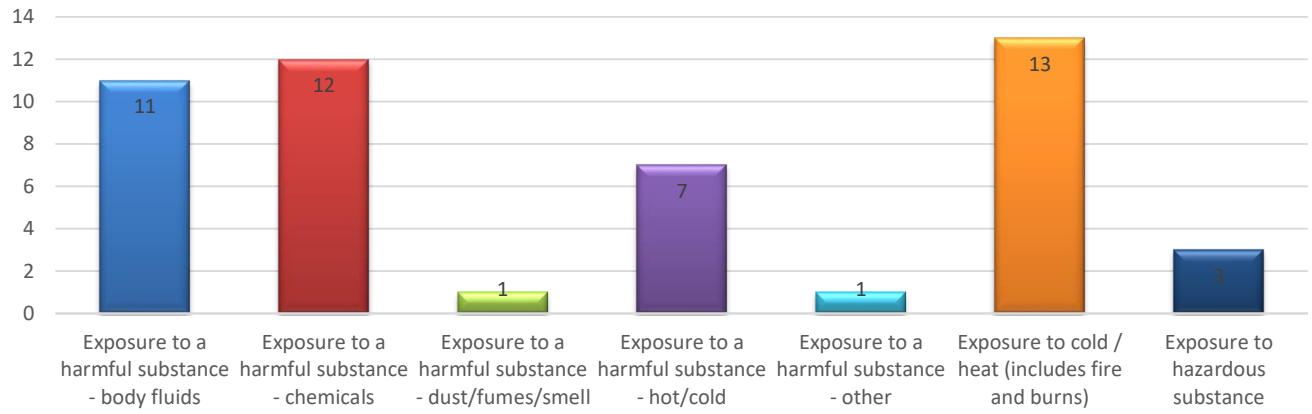
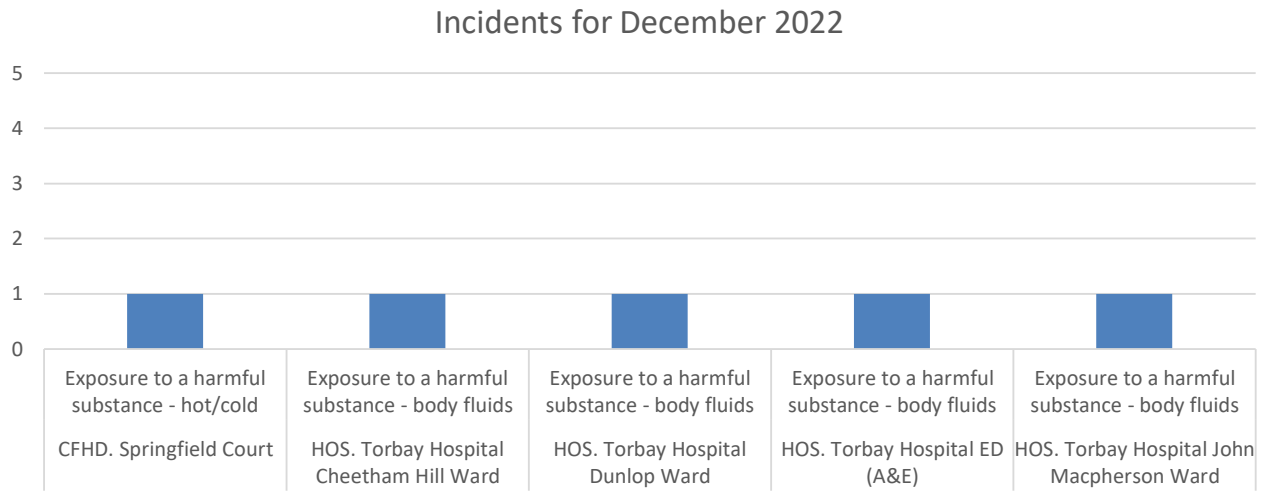


Chart 15



Area	Datix Entry
Springfield Court	Making a cup of tea - using the instant hot water machine, the hot water came back out of the cup and burnt my hand.
Cheetham Hill	While trying to cannulate a confused patient, the patient suddenly moved her arm and a small amount of blood sprayed into left eye
Dunlop Ward	One of our confused patients were sitting on the side of his bed. He's very unsteady, it was not safe for him so the nurse and I tried to convince him to lay down which he refused. He grabbed the bed controls and started raising the bed and he refused to give it up or stop when asked by the nurse. In the meantime, the bed went so far up that the patient's legs were in the air, at least around 20 inches from the floor so we tried to take the control from him to lower the bed. He refused to give it up while still pressing the button so the bed continued to go up. In the end we needed to wrestle it out of his hand to return the bed to a safe height but he scratched my hand while doing that, drawing blood.

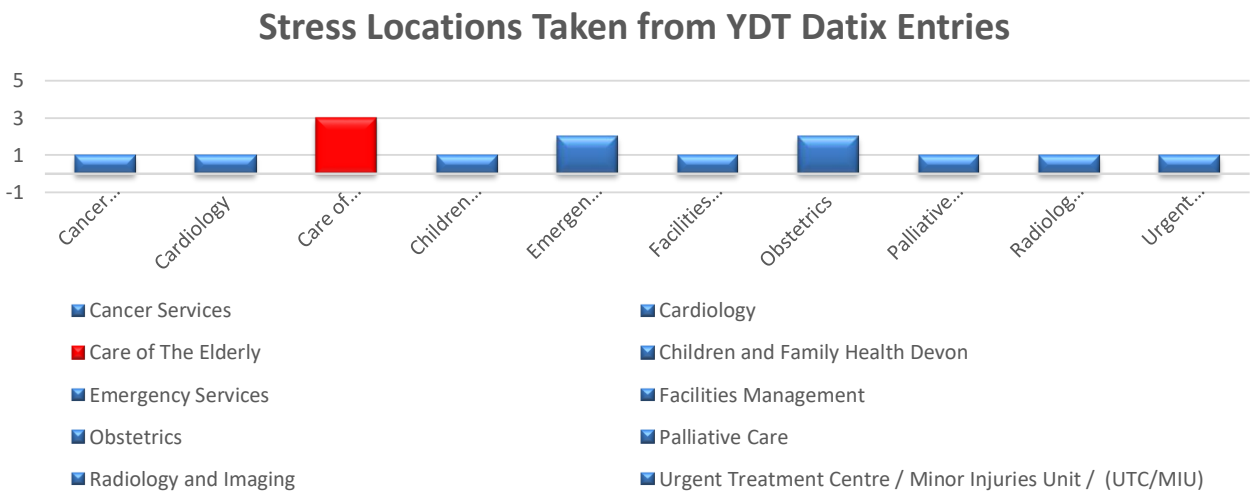
A&E	I was under A&E staff toilet when I found I had a small nick of left-hand little finger knuckle making an open wound. was dealing with the staff toilet blockage which also affected the sluice next to it. don't know what caused it just was bleeding. after getting the system unblocked i had to go into A&E and registrar as patient as a precaution have a tetanus and the wound cleaned properly and dressed.
John Macpherson Ward	Splashback incident when obtaining capillary tube blood sample from baby. Blood to right eye.

6.0 Stress and working environment

Chart 16

2 Reported incidents during December

Dunlop Ward	Stress unable to take a break. Commencement of shift 3 trained: one band 6 and 2 junior, overseas nurses and 3 HCAs. High acuity as per safe care records including 1 patient with AKI3, 1 EOL and several confused and high falls risk patients. In addition, ward closed due to Covid symptoms in A Bay; positive COVID and d and v. in Bay B; Bay C; positive Covid and D and v, 2 side rooms positive for flu. Site manager requested for 1 trained to move to Simpson. A HCA was sent in replacement. That evening we had 2 deaths and a further AKI3. The ward was extremely busy. Whilst I acknowledge that it was unsafe for Simpson ward to only have 1 trained, it was physically and mentally a very tough shift.
Simpson Ward	Stress unable to take a break Staffing already escalated in the morning very short of HCA and had 6 confused, wandering and at times aggressive male patients on ward requiring 1:1 monitoring or at least cohort. staffing in the morning was three RN 3 HCA. Returned in the evening to find one RN had been swapped for another to Turner Ward. Bank HCA called sick and other positions not filled. Called CSM to find out where another nurse was as no one arrived. was told this would be discussed in control meeting although there was a name on the board allocated in return for our ward RN. RN never appeared and neither turner nor night CSM had any idea who this RN was who was allegedly being sent in return for our RN. HCA sent from New Forrest and HCA from ward swapped the following day's day shift to come and help on the night. Equated to 2 trained 4 HCA. safe numbers would be 3 trained 6 HCA.



7.0 RIDDOR Reports

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

COVID RIDDOR UPDATE									
	11th April 2022	31st May 2022	30th June 2022	31st July 2022	31st Aug 2022	30th Sept 2022	31st Oct 2022	30th Nov 2022	31st Dec 2022
2021 Incident Reviews Outstanding	1242	282	0	0	0	0	0	0	0
2022 Incident Reviews Outstanding	1546	579	0	0	0	0	0	0	0
Reports Due / Awaiting Details	70	22	305	218	130	8	4	3	1
Reported RIDDORS to the HSE (COVID)	24	20	35	87	158	12	0	3	0
Outstanding to be reported						44	3	2	1

Chart 17 Covid related staff contact.

1 covid related incident affecting staff for December, located on Simpson ward, staff tested positive

8.0 Training December

IOSH – Managing Safely – 1 course booked for January 13 delegates 2 spaces available
10 courses provisionally booked with UHP for 2023

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

Current status - Trust wide:

- 400 Evacuation leads (+2)
- 196 Fire wardens (+2)
- 99 evacuation chair operatives
- 59 Albac Mat trained operatives
- 49 evacuation lift operators
- 3 Specialists to local area
- 5 Fire Wardens from CFHD

9.0 Lost Working Time.

During December there were 7 recorded DATIX incidents that resulted in time off.

- 1 of the DATIX have no return date included –
- The remaining 6 have a combined lost working time equal to 32 Days lost.
- 1 case is covid related

10.00 Key areas of concern Top 5

Table 3

1	Histopathology	Building condition / extraction
2	Paignton Hospital incorporating Fair weather Green	Building condition / fire stopping
3	Tower Block Basement / administration	Welfare of employees
4	Acute site – wards and corridors breaching fire regulations	Escape routes / use of rooms
5	Women's health level 5 (inappropriate use of room)	Mortuary fridge / refuge location

Table 4 Target areas for training (4 key Areas at the acute site) No change from November, key staff not available

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

10.0 Fire

10.1 Audits/Fire Safety Risk Assessments

Completed – Hetherington, Dawlish and Teignmouth and Torquay Pharmaceuticals

10.2 Active Fire Related Incidents

Chart 18

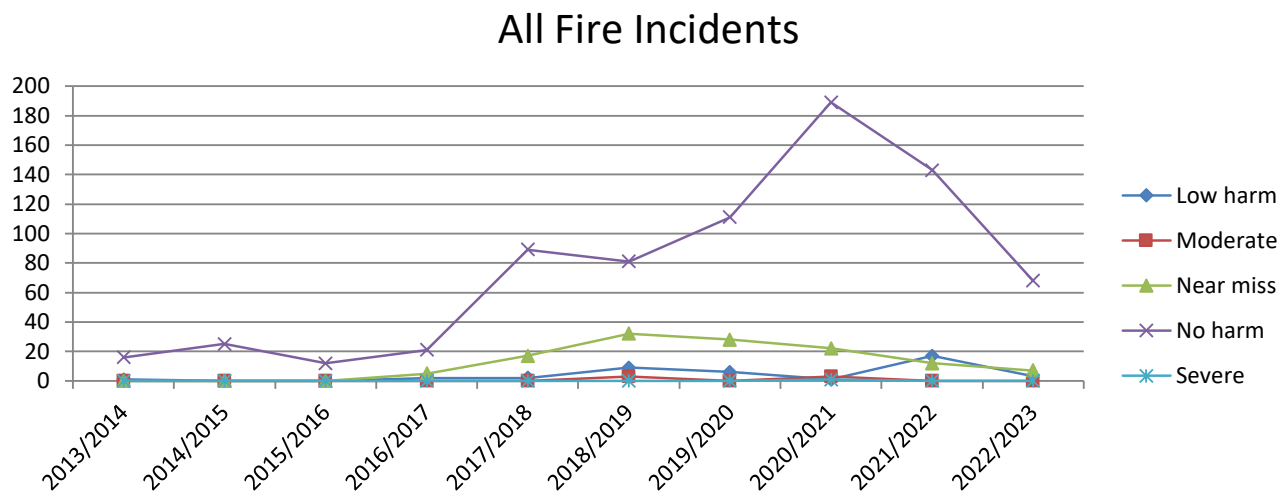


Chart 19 - YTD Breakdown of Fire incidents

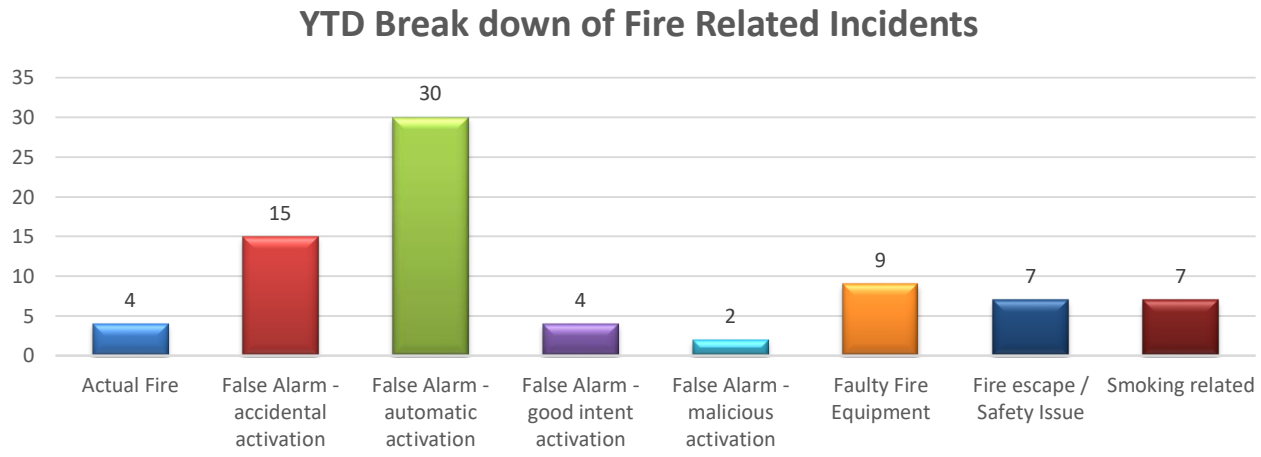


Chart 20

Breakdown of location of fire related incidents YTD

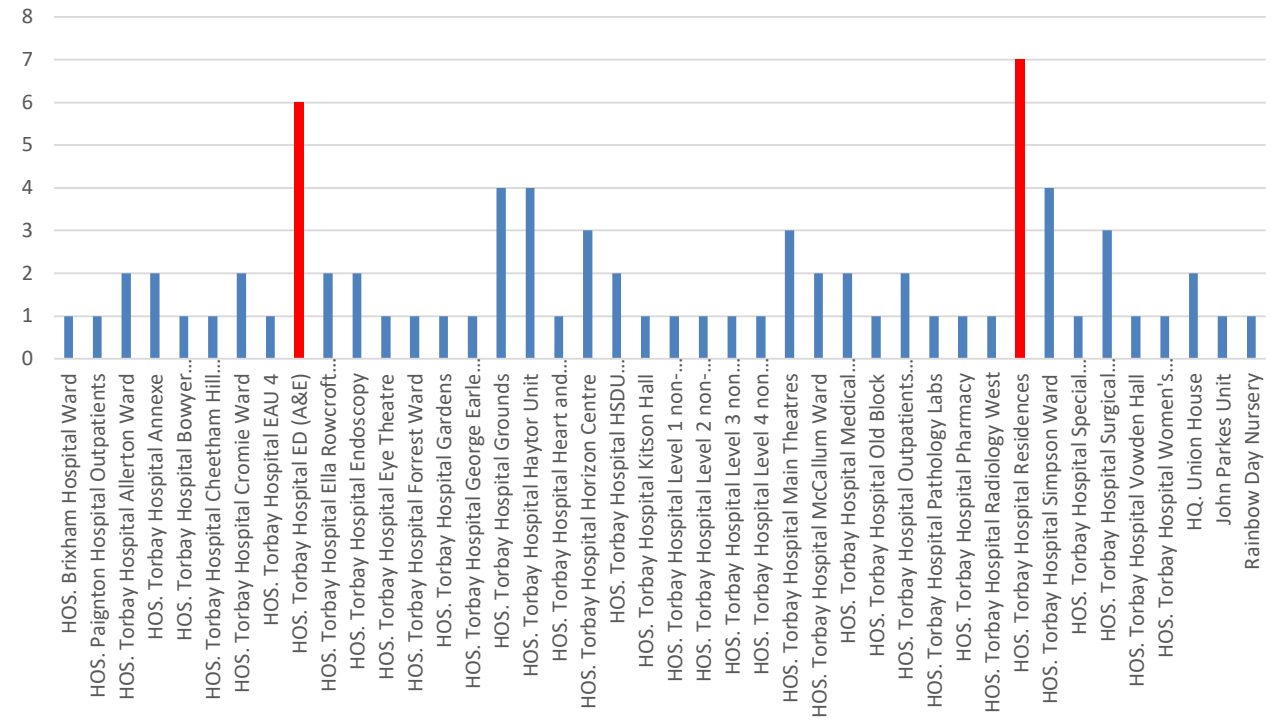
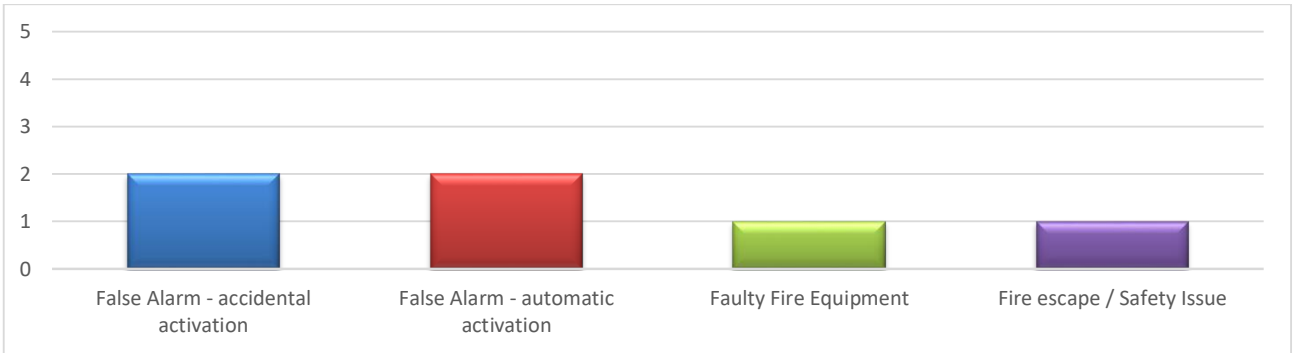


Chart 21

Decembers breakdown of fire related incidents:



6 recorded fire related incidents,

- Faulty equipment / pump in HDU
- Fire Doors wedged open in ED
- Patient activated call point in error
- Clearer locked out so used fire call point to access the area
- Burnt Toast
- Use of deodorant in confined space activated syste

EFM Performance Report

Estates, MDSS & Facilities Operations Performance Data January 2023 for February 2023 Report	2021-22 Quarter Four			2022-23 Quarter One			2022-23 Quarter Two			2022-23 Quarter Three			2022-23 Quarter Four			Trend	Totals to date	Average to date	Target 2022-23	RAG Threshold			Comments
	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	Feb-23	Mar-23					Constant Review	Cause for Concern	No Concerns	
Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
Total PPMs planned per month (not KPI)	1043	751	791	900	908	878	898	937	832	961	832	855	#N/A	#N/A	#N/A		10586	882	Variable				Not a KPI - an indicator of planned work volumes
Statutory PPMs planned per month	494	331	354	375	387	372	456	380	338	415	350	397					4649	387	Variable				
Statutory PPM % success against plan	83%	99%	97%	98%	93%	96%	99%	91%	96%	98%	99%	98%						95%	97%	85%	85%	97%	5 not completed
Mandatory PPMs planned per month	284	247	246	262	296	252	258	342	270	322	258	249					3286	274	Variable				
Mandatory PPM % success against plan	80%	78%	92%	99%	84%	97%	94%	87%	83%	85%	99%	99%						90%	97%	85%	85%	95%	
Routine PPMs planned per month	265	173	191	263	225	254	184	215	224	224	224	209					2651	221	Variable				
Routine PPM % success against plan	49%	79%	73%	42%	63%	54%	79%	82%	80%	98%	100%	99%						75%	90%	60%	60%	70%	
Total Reactive Requests per month (not KPI)	876	716	805	806	813	846	797	873	801	841	981	921	#N/A	#N/A	#N/A		10076	840	Variable				Not a KPI - an indicator of reactive work volumes
Emergency - P1 - requests per month	173	124	108	172	125	137	131	137	125	148	139	170					1689	141	Variable				
Emergency - % P1 completed in < 2hours	89%	95%	86%	100%	92%	100%	98%	96%	98%	99%	96%	99%						96%	97%	90%	90%	95%	
Urgent - P2 - requests per month	158	161	178	160	170	184	198	170	179	181	205	213					2157	180	Variable				
Urgent – % P2 completed in < 1 - 4 Days	74%	76%	71%	65%	74%	92%	87%	79%	81%	90%	88%	82%						80%	97%	85%	85%	90%	
Routine - P3 - requests per month	463	342	392	373	407	334	352	426	377	399	495	436					4796	400	Variable				
Routine - % P3 completed in < 7 Days	75%	71%	72%	65%	71%	90%	82%	75%	81%	78%	86%	80%						77%	97%	75%	75%	85%	
Routine - P4 - requests per month	82	89	127	101	111	191	116	140	120	113	142	102					1434	120	Variable				
Routine - % P4 completed in < 30 Days	84%	76%	74%	66%	78%	54%	79%	74%	74%	72%	73%	74%						73%	97%	65%	65%	75%	
Estates Internal Critical Failures per month	2	1	3	1	1	1	0	1	0	1	1	1	0				13	1.0	0	2	1	0	
Fire Alarm Testing - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	126 Fire Alarm systems
Fire Alarm Remedials Outstanding	323	323	267	267	267	267	267	267	269	269	269	269	263				3587	276	Variable				Annual Testing in Progress - Due for completion end of March 2023
Emergency Lighting - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	139 systems - Tested within month
Emergency Lighting Remedials Outstanding	0	0	0	0	0	0	0	0	30	30	TBC	59	6				125	10	Variable				28 Defects recorded - 19 Completed - 9 Outstanding
Fire Extinguisher - % In date	99%	99%	99%	99%	99%	99%	99%	99%	99%	98%	99%	98%	99%				Stat	99%	97%	85%	85%	97%	139 Locations
Fire Extinguisher Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				Rolling programme. No outstanding items
Fire Dry Risers - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	
Fire Dry Risers Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				Feasibility study for Old Hospital received May 2022.
Fire Hydrants - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	11 Hydrants (additional hydrant added 08/7/21 - (12))
Fire Hydrants Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				
Fire Dampers - % In date	74%	74%	74%	74%	85%	85%	85%	85%	85%	85%	85%	85%	85%				Stat	82%	97%	85%	85%	97%	
Fire Dampers Remedials Outstanding	235	235	235	235	186	186	186	186	175	175	175	167	167				2543	196	Variable				
Fire Supression - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	3 Systems
Fire Supression Remedials Outstanding	0	0	0	0	1	1	0	0	1	1	0	0	0				4	0	Variable				CR3 - Detection replacment completed
Fire Doors Inspections - % In date	84%	84%	84%	84%	86%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	94%	97%	85%	85%	97%	127 Locations - Inspections only
Fire Doors Compliance - % In date	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	11%	11%					10%	97%	85%	85%	97%	Capital scheme to replace, and add, fire doors as part of fire safety works in the Tower Block
Fire Doors Remedials Outstanding	950	950	950	950	950	950	950	950	950	950	950	940	940				12330	948	Variable				Fire Door status report is being concluded. Identifying companies that can carry out compartmentation survey. a specification will need to be drawn up to ensure that
Fixed Wire Testing - % In date	84%	84%	84%	86%	87%	88%	88%	88%	89%	89%	90%	90%	90%				Stat	87%	97%	85%	85%	97%	Regents House 100% Complete awaiting Thermal Imaging. Sub 2 80% Complete.
Fixed Wire Remedials Outstanding	272	272	272	272	272	272	272	272	895	895	895	895	895				6651	512	Variable				All C1 remedials have been addressed. C2 391 & FI's 504 [213 completed]
Portable Appliance Testing - % in date	99%	99%	99%	99%	99%	99%	100%	100%	100%	100%	100%	100%	100%				Mand	100%	97%	85%	85%	95%	Year 3 PAT Inspection areas in progress.
Portable Appliance Testing Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				Contract on programme schedule.
HV Equipment Testing - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	HV Substation rolling programme, coinciding with Gen Testing
HV Equipment Remedials Outstanding	0	0	0	0	2	1	1	1	1	1	1	1	1				10	1	Variable				Sub 3: Tx fins, LV ACB require replacement, PO raised - awaiting parts.
Generator Service & Load Bank Test - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Mand	100%	97%	85%	85%	95%	Annual Load Bank & Service. On programme.
Generator Service & Load Bank Remedials O/S	0	0	0	0	1	1	1	1	1	1	1	1	1				9	1	Variable				Gen 7 exhaust stack split - Remedial to be covered under warranty
Generator Monthly Load Test - % In date	100%	100%	100%	87%	100%	87%	87%	87%	87%	87%	100%	100%	77%				Mand	92%	97%	85%	85%	95%	Monthly Testing - 13 Generator's (Plus 2 PFI) Genset 2 now replaced with new 1650kVA generator.
Generator Monthly Load Test Remedials O/S	0	0	0	1	0	0	0	0	0	1	0	0	0				2	0	Variable				Gen Set 6 DSU not tested due to UPS fault (since rectified) Gen 2 and 7 not ran due to outage in ICU and HSDU earlier that week.
Lightning Protection - % In date	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%				Stat	95%	97%	85%	85%	97%	3 Systems to be tested after new building have been completed.
Lightning Protection Remedials Outstanding	1	0	0	0	1	0	0	0	3	3	3	3	3				17	1	Variable				Specialist Contractor working with KIER to complete outsatnding work. Expec ted to complete in March.
Auto Door Inspection - % In date	99%	99%	99%	99%	99%	99%	99%	99%	99%	98%	94%	94%	100%				Mand	98%	97%	85%	85%	95%	Web portal access gained.

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Appendix Two.xlsx

EFM Performance Report

Estates, MDSS & Facilities Operations Performance Data January 2023 for February 2023 Report	2021-22 Quarter Four			2022-23 Quarter One			2022-23 Quarter Two			2022-23 Quarter Three			2022-23 Quarter Four			Trend	Totals to date	Average to date	Target 2022-23	RAG Threshold			Comments
	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	Feb-23	Mar-23					Constant Review	Cause for Concern	No Concerns	
Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
Auto Door Remedials Outstanding	0	0	0	0	1	0	0	0	1	0	0	0	1				3	0	Variable				29 maintenance visits, 3 repairs, 17 call-outs. Endoscopy requires part - scheduled 7/3/23.
LEVs Testing - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	All current identified LEV's have been inspected.
LEVs Testing Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				All satisfactory
Critical Vent Verification - % In date	98%	98%	94%	94%	96%	96%	91%	94%	92%	90%	96%	95%	96%				Stat	95%	97%	85%	85%	97%	Camfil Attending site on 23rd February to Carry out verfication on Orth C and Gen th 6
Critical Vent Remedials Outstanding	242	242	242	233	221	216	96	96	90	90	87	58	74				1987	153	Variable				Critical ventilation remedials now 74 decreased from 117
Kitchen + Extract Duct Cleaning - % In date	100%	100%	100%	13%	90%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	93%	97%	85%	85%	97%	Catering ductwork - 8 systems,
Kitchen + Extract Duct Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				
Gas Protection systems - % In date	88%	88%	88%	88%	88%	88%	88%	95%	96%	100%	100%	100%	100%				Stat	93%	97%	85%	85%	97%	Systems have now been identified, progress is on plan
Gas Protection Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0					0	0	Variable				
Gas Appliance - % In date	100%	100%	97%	97%	100%	97%	97%	98%	100%	100%	100%	100%	100%				Stat	99%	97%	85%	85%	97%	
Gas Appliance Remedials Outstanding	0	0	0	0	1	1	1	0	0	0	0	0	0				3	0	Variable				
Landlord Gas Appliances - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	
Landlord Gas Appliance Remedials Outstanding	0	0	0	0	0	0	0	0	0	3	0	18	18				39	3	Variable				18 Remedial works. - replace 14 ignition probes - 1 x Boiler replacement Flat 18
Pressure Systems inspection - % In date	93%	94%	94%	93%	95%	96%	93%	93%	93%	94%	100%	100%	100%				Stat	95%	97%	85%	85%	97%	J.Bowzen- 3 x CO Detectors awaiting confirmation work completed contractors. One steam S/Valve in Heth E plantroom one S/V in HSDU plantroom overdue inspection - AE confirmed happy to keep online as main boiler safety protecting
Pressure Systems Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				Allianz PSSR inspector due to carry out in service inspection on Heth E R/Hand
LOLER Lifts Safety Checks - works % in date	100%	100%	97%	97%	100%	100%	100%	100%	97%	96%	100%	100%	100%				Stat	99%	97%	85%	85%	97%	DHW Calorifier
LOLER Lifts Safety Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				
LOLER Lifting Appliances - works % in date	90%	90%	90%	90%	90%	91%	91%	91%	91%	90%	91%	91%	94%				Stat	91%	97%	85%	85%	97%	* Lifting Appliences LOLER inspections, awaiting certificates to be provided. Allianz have been tasked to carry out the outstanding insoections
LOLER Lifting Appliances Remedials Outstanding	0	0	0	0	0	0	0	0	0	5	0	0	0				5	0	Variable				Process of 'storing' repeated unfound assets to commence during next LOLER inspection period. Developing a process to capture new or relocated equipment.
Water Safety Checks - works % in date	99%	99%	95%	86%	97%	99%	99%	100%	100%	99%	100%	97%	99%				Stat	98%	97%	85%	85%	97%	PPM missed are due to lack of access to showers.
Water Safety Remedials Outstanding	11	13	73	178	148	221	642	777	578	312	288	296	268				3805	293	Variable				16 new remedials this month, 44 completed, 268 outstanding of which 206 are related to cold water failures. remedial completion affected by Vacancy in Acute in-
Window & Restrictor Insp - % In date	91%	90%	91%	92%	94%	95%	95%	96%	96%	75%	100%	100%	100%				Mand	93%	97%	85%	85%	95%	Inspections only, window condition survey is independent to this functional test
Window & Restrictor Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				
Asbestos Inspections - % in date	98%	97%	97%	97%	97%	97%	98%	95%	95%	98%	100%	100%	100%				Stat	98%	97%	85%	85%	97%	On programme
Asbestos Inspection Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				Dartmouth & Bovey Tracey to be confirmed
Edge Protection inspection - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	Edge Protection condition and requirements
Edge Protection Remedials Outstanding	0	0	0	0	1	0	0	0	0	0	0	0	0				1	0	Variable				Inspections have commenced, a number of recommendations are expected
Fixed Ladder Inspection - % In date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				Stat	100%	97%	85%	85%	97%	Fixed ladder Inspections
Fixed Ladder Inspection Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				Carried out by external contractor
No of Med Devices for Scheduled Service (in month)	1132	993	941	1133	1073	1128	1021	1026	1094	1516	1196	1178	1338				14769	1136	Variable				Inckuded from Oct 2022.
% of COMPLETED Planned Work (in month)	81%	84%	87%	77%	74%	67%	68%	75%	70%	82%	85%	92%	97%				PPM	80%	97%	70%	70%	80%	
PPM not completed / to be done with due date less than 2 months as a percentage of all outstanding PPM	66%	70%	73%	89%	66%	60%	69%	65%	54%	19%	70%	73%	87%				PPM	66%	97%	60%	60%	80%	provides assurance that outstanding Schedule Service Work Requests are monitored & under control within a defined time frame
PPM not completed / to be done over rolling 3 year period as a percentage of all PPM released.	0%	0%	0%	0%	0%	0%	0%	0%	9%	4%	5%	2%	0%				PPM	2%	97%	10%	10%	5%	(over rolling 3 year period)2 - this provides a realistic measure as there are medical devices with a 3 year schedule service cycle
No of Devices not found for PPM (for info)	483	456	344	344	344	352	330	415	171	464	484	452	230				4869	375	Variable				
No of incidents involving Medical Devices (for info)	4	2	1	1	1	1	1	2	20	23	0	5	3				64	5	Variable				
Total Reactive Requests per month	#N/A	376	745	1356	501	753	681	1497	415	652	1008	900	1048	#N/A	#N/A		9932	828	Variable				Not a KPI - an indicator of reactive work volumes
Emergency - requests per month		6	4	8	8	21	5	1000	1	3	16	5	1				1078	90	Variable				Aug 22 peak due to large number of devices affected by FSN's being actioned – user/service information update
Emergency - % completed in < 1 working day	96%	97%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					99%	97%	85%	85%	95%	
Urgent - requests per month		160	371	288	60	300	117	96	142	370	460	500	344				3208	267	Variable				Numbers from Nov 22 onwards
Urgent – % completed in < 3 working days	100%	100%	100%	100%	100%	96%	100%	100%	100%	99%	100%	100%	100%					100%	97%	80%	80%	90%	
Routine - requests per month		210	370	1060	433	432	559	401	272	279	532	395	703				5646	471	Variable				April 22 - large hit on service events due to low valued/simple devices being checked.
Routine - % completed in < 10 working days	98%	98%	97%	98%	100%	95%	100%	100%	100%	99%	100%	100%	96%					99%	97%	80%	80%	90%	

EFM Performance Report

Estates, MDSS & Facilities Operations Performance Data January 2023 for February 2023 Report	2021-22 Quarter Four			2022-23 Quarter One			2022-23 Quarter Two			2022-23 Quarter Three			2022-23 Quarter Four			Trend	Totals to date	Average to date	Target 2022-23	RAG Threshold			Comments
	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	Feb-23	Mar-23					Constant Review	Cause for Concern	No Concerns	
Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
FR1 - Weekly - Torbay Hosp ICU, ED, Oncol, Thtrs				5.00	5.00	5.00	5.00	5.00	4.93	4.97	5.00	5.00	4.90					4.98	5	3	3	4	Weekly Audits - Target - 98% completed each week
FR1 - Weekly - Torbay Hosp OPD				5.00	5.00	5.00	5.00	5.00	4.57	5.00	4.98	4.90	4.80					4.93	5	3	3	4	Weekly Audits - Target - 98% completed each week
FR1 - Weekly - Newton Abbot Oncology, UTC				5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	4.70					4.97	5	3	3	4	Weekly Audits - Target - 98% completed each week
FR1 - Weekly - Totnes Hosp MIU				5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	4.70					4.97	5	3	3	4	Weekly Audits - Target - 98% completed each week
FR1 - Weekly - Dawlish Hosp MIU				5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00					5.00	5	3	3	4	Weekly Audits - Target - 98% completed each week
FR1 - Weekly - Teignmouth Hosp Theatre				5.00	5.00	5.00	5.00	5.00	5.00	4.99	5.00	5.00	5.00					5.00	5	3	3	4	Weekly Audits - Target - 98% completed each week
FR2 - Monthly - Torbay Hosp Wards, CCU, Xray				5.00	5.00	5.00	5.00	5.00	4.69	4.88	5.00	5.00	4.90					4.95	5	3	3	4	Monthly Audits - Target - 95% completed each Month
FR2 - Monthly - Torbay Hosp OPD Phrmcy, Eye Cl				5.00	5.00	5.00	5.00	5.00	5.00	4.93	5.00	5.00	4.80					4.97	5	3	3	4	Monthly Audits - Target - 95% completed each Month
FR2 - Monthly - Newton Abbot Wards, Maternity				5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	4.30					4.93	5	3	3	4	Monthly Audits - Target - 95% completed each Month
FR2 - Monthly - Brixham Hosp Ward				5.00	5.00	5.00	5.00	5.00	4.89	5.00	5.00	5.00	4.10					4.90	5	3	3	4	Monthly Audits - Target - 95% completed each Month
FR2 - Monthly - Totnes Hosp Ward				5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00					5.00	5	3	3	4	Monthly Audits - Target - 95% completed each Month
FR2 - Monthly - Dawlish Hosp Ward				5.00	5.00	5.00	5.00	5.00	4.78	5.00	5.00	5.00	5.00					4.98	5	3	3	4	Monthly Audits - Target - 95% completed each Month
FR2 - Monthly - Paignton H+WBC Oncology				5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	4.70					4.97	5	3	3	4	Monthly Audits - Target - 95% completed each Month
FR2 - Monthly - Ashburton Hosp Treatment Room				5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00					5.00	5	3	3	4	Monthly Audits - Target - 95% completed each Month
FR3 - Bi-Monthly - Torbay Hosp Dental, Day Units				5.00		5.00		5.00		4.88		4.92						4.96	5	3	3	4	Bi-Monthly Audits - Target - 90% completed each 2 Month period
FR3 - Bi-Monthly - Torbay Hosp, OPD Pharm,				5.00		5.00		5.00		4.73		4.91						4.93	5	3	3	4	Bi-Monthly Audits - Target - 90% completed each 2 Month period
FR4 - 4-Monthly - Torbay Hosp - Rms, Audiology				5.00				5.00				4.85						4.95	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter
FR4 - 4-Monthly - Torbay Hosp access wait areas				5.00				5.00				4.95	5.00					4.99	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter
FR4 - 4-Monthly - Newton Abbt access wait areas				5.00				5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter
FR4 - 4-Monthly - Brixham Hosp access wait areas				5.00				5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter
FR4 - 4-Monthly - Totnes Hosp access wait areas				5.00				5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter
FR4 - 4-Monthly - Dawlish Hosp access wait areas				5.00				5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter
FR4 - 4-Monthly - Teignmth Hosp access wait areas				5.00				5.00				4.95						4.98	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter
FR4 - 4-Monthly - Paigntn H+WBC access wait areas				5.00				5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter
FR4 - 4-Monthly - Ashburton Access Waiting Areas				5.00				5.00				5.00						5.00	5	3	3	4	4 Monthly Audits - Target - 85% completed each quarter
FR5 - 6-Monthly - Torbay, MDSS, Chapel, PTS Vehs				5.00						5.00								5.00	5	3	3	4	6 Monthly Audits - Target 80% completed each 6 months
FR5 - 6-Monthly - Torbay, OPD				5.00						5.00			5.00					5.00	5	3	3	4	6 Monthly Audits - Target 80% completed each 6 months
FR6 - Annual - Torbay Admin, Training, Stores				5.00														5.00	5	3	3	4	Annual Audits - Target 75% completed each year
FR6 - Annual - Torbay OPD Admin Offices, Stores				5.00									5.00					5.00	5	3	3	4	Annual Audits - Target 75% completed each year
FR6 - Annual - Newton Abbot, Admin Offices, Stores				5.00														5.00	5	3	3	4	Annual Audits - Target 75% completed each year
FR6 - Annual - Brixham, Admin Offices, Stores				5.00														5.00	5	3	3	4	Annual Audits - Target 75% completed each year
FR6 - Annual - Totnes, Admin Offices, Stores				5.00														5.00	5	3	3	4	Annual Audits - Target 75% completed each year
FR6 - Annual - Dawlish, Admin Offices, Stores				5.00														5.00	5	3	3	4	Annual Audits - Target 75% completed each year
FR6 - Annual - Paignton, Admin Offices, Stores				5.00														5.00	5	3	3	4	Annual Audits - Target 75% completed each year
FR6 - Annual - Ashburton, Admin Offices, Stores				5.00														5.00	5	3	3	4	Annual Audits - Target 75% completed each year
HPV Cleans per month	115	74	125	86	49	45	23	25	32	31	14	8	6				633	49	Variable				From Porter HPV data to 21st Nov 22 then Navenio
Deep Cleans per month	1069	785	1267	981	834	1009	973	724	740	873	712	1086	1036				12089	930	Variable				From Porter Deep Clean data to 21st Nov 22 then Navenio
EHO Audit Scores - Acute	5	5	5	5	5	5	5	5	5	5	5	5	5					5.0	5	2	2	4	EHO Audit score back to 5 following audit in January 2022. Routine EHO Audit could be at anv time.
EHO Audit Scores - Brixham Hospital	5	5	5	5	5	5	5	5	5	5	5	5	5					5.0	5	2	2	4	
EHO Audit Scores - Dawlish Hospital	5	5	5	5	5	5	5	5	5	5	5	5	5					5.0	5	2	2	4	
EHO Audit Scores - Newton Abbot Hospital	5	5	5	5	5	5	5	5	5	5	5	5	5					5.0	5	2	2	4	EHO Visit in November - no change
EHO Audit Scores - Totnes Hospital	5	5	5	5	5	5	5	5	5	5	5	5	5					5.0	5	2	2	4	
Catering Audits	20	24	23	21	22	22	22	22	22	22	22	22	22					22.0	5	19	19	19	
Catering Audit Remedials Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0	Variable				
Total Tonnage all waste streams per month	186.5	210.7	203.3	175.5	170.1	192.5	136.4	161.9	151.8	170.0	158.6	155.4	144.6	#N/A	#N/A		#N/A	#N/A	Trend				
% of Total tonnage Recycled Waste per month	40.7%	40.7%	40.5%	33.5%	37.3%	35.3%	29.2%	31.1%	33.6%	43.1%	34.9%	31.7%	35.7%					36%	Aim is ↑	25.0%	25.0%	30.0%	
Tonnage Recycled Waste per month	62.6	65.9	67.6	57.6	63.4	67.9	39.8	46.1	52.6	73.3	55.4	47.1	51.6				751	57.8	Trend				

Printed 22/03/2023

Appendix Two.xlsx

EFM Performance Report

Estates, MDSS & Facilities Operations Performance Data January 2023 for February 2023 Report	2021-22 Quarter Four			2022-23 Quarter One			2022-23 Quarter Two			2022-23 Quarter Three			2022-23 Quarter Four			Trend	Totals to date	Average to date	Target 2022-23	RAG Threshold			Comments
	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	Feb-23	Mar-23					Constant Review	Cause for Concern	No Concerns	
Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
% of Total tonnage Landfill Waste per month	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					0%	Aim is Zero	5.0%	5.0%	2.0%	
Tonnage Landfill Waste per month	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				0	0.0	Trend				
% of Total tonnage of Clinical Non-Burn waste per month	20.0%	16.2%	18.3%	17.5%	14.0%	12.2%	18.9%	16.7%	14.6%	14.5%	14.0%	18.2%	18.6%					16%	Aim is ↓	22.0%	22.0%	18.0%	£435/t - Orange. % gone up due to ward closures in december. It was recorded that we disposed of 22.14 tonnes in November and 27.05 tonnes in december.
Tonnage of Clinical Non-Burn waste per month	30.9	26.2	30.6	30.2	23.8	23.5	25.7	24.7	22.9	24.6	22.1	27.1	26.8				339	26.1	Trend				
% of Total tonnage of Clinical Burn waste per month	21.1%	18.5%	21.8%	11.9%	11.5%	9.5%	15.9%	13.5%	17.1%	10.8%	11.5%	11.8%	14.0%					15%	Aim is ↓	18.0%	18.0%	14.0%	£600/t - Yellow Bags inc Sharps, anatomical, gypsum. DSU, ESU, Theatres.
Tonnage of Clinical Burn waste per month	32.4	30.0	36.4	20.4	19.5	18.3	21.6	19.9	26.9	18.3	18.3	17.5	20.2				300	23.1	Trend				
% of Total tonnage of Clinical Offensive waste per month	2.1%	2.7%	2.6%	9.7%	17.0%	13.2%	16.0%	20.0%	15.0%	16.4%	14.1%	16.8%	14.9%					12%	Aim is ↑	12.0%	12.0%	15.0%	£200/t - Tiger (opposite Non Burn and Burn stream) Offensive gone down due to increased covid areas.
Tonnage of Clinical Offensive waste per month	3.3	4.3	4.4	16.6	28.9	25.4	21.8	29.6	23.5	27.8	22.4	24.9	21.6				255	19.6	Trend				
% of Total Tonnage Waste to Energy (General Waste)	37.2%	51.9%	38.5%	29.5%	20.3%	29.9%	20.1%	18.7%	16.6%	15.4%	25.5%	19.8%	16.9%					26%	Aim is ↑	15.0%	15.0%	18.0%	
Tonnage Waste to Energy (General Waste)	57.3	84.2	64.3	50.7	34.5	57.5	27.4	41.7	25.9	26.1	40.5	38.8	24.5				573	44.1	Trend				
Statutory Waste Audits - % completed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	Trend	90%	90%	95%	15 Audits / month
EFM Serious/RIDDOR incidents	0	0	0	0	0	0	0	0	0	0	0	0	0				0	0.0	0	2	1	0	
EFM incidents resulting in moderate harm	1	0	0	0	0	1	0	2	0	0	1	0	2				7	0.5	0	3	3	1	Hot Drink Scald, burn from hot breakfast plate.
EFM incidents resulting in minor harm	3	3	6	5	2	3	2	6	1	2	2	3	3				41	3.2	0	8	8	5	Hot meal scald, handgel in patient's eyes, twisted ankle.
EFM incidents resulting in no harm	12	14	12	7	6	6	7	32	7	15	10	7	19				154	11.8	0	30	30	15	Gen Th Power outage, 6 x insufficient bedstock, another L2 sewage leak, 2 x cancelled porter Requests.
EFM Incidents resulting in Near Miss			2	3	1	1	3	0	3	4	3	1	2				23	2.1	0	10	10	5	Fire Alarm, Totnes Fire checks by Contractor.
EFM Datix incidents open for > 8 weeks				89	81	63	63	63	66	86	68	71	77				727	72.7	0	70	70	15	
EFM Teams Safety Walks - % Completed								91%	91%	82%	64%	45%	27%					67%	Trend	75%	75%	90%	Reporting started Dec 22. 11 Meetings per month
EFM Safety Action Group Meetings - % Completed								91%	73%	73%	55%	45%	27%					61%	Trend	75%	75%	90%	Reporting started Dec 22. 11 Safety Walks per month
CAS Alerts active and in Progress	0	0	0	0	0	0	0	0	0	0	0	0	0					0	Variable				
CAS Alerts Overdue for Completion	0	0	0	0	0	0	0	0	0	0	0	0	0					0.0	0	2	2	0	

EFM Performance Report

Estates, MDSS & Facilities Operations Performance Data January 2023 for February 2023 Report	2021-22 Quarter Four			2022-23 Quarter One			2022-23 Quarter Two			2022-23 Quarter Three			2022-23 Quarter Four			Trend	Totals to date	Average to date	Target 2022-23	RAG Threshold			Comments
	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	Feb-23	Mar-23					Constant Review	Cause for Concern	No Concerns	
Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
Total PPMs planned per month (not KPI)	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	98	82	94	#N/A	#N/A		274	91	Variable				Not a KPI - an indicator of planned work volumes
Statutory PPMs planned per month											27	21	67				115	38	Variable				
Statutory PPM % success against plan											96%	100%	100%					99%	97%	85%	85%	97%	Subcontractor Paperwork - now rectified
Routine PPMs planned per month											71	61	27				159	53	Variable				
Routine PPM % success against plan											100%	100%	100%					100%	90%	60%	60%	70%	
Grand Total Reactive Work (not KPI)	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	199	127	107	#N/A	#N/A		433	144	Variable				
Total Class A Reactive Requests per month (not KPI)	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	62	55	38	#N/A	#N/A		155	52	Variable				Not a KPI - an indicator of reactive work volumes
Class A - Emergency - LD1A - requests per month											6	9	3				18	6	Variable				Note D1A is 1hr response, D1b is 2hr Response
Class A - Urgent - LD2 - requests per month											21	25	17				63	21	Variable				
Class A - Routine - LD3 - requests per month											28	18	8				54	18	Variable				
Class A - Routine - P4 - requests per month											7	3	10				20	7	Variable				

EFM Performance Report

Estates, MDSS & Facilities Operations Performance Data January 2023 for February 2023 Report	2021-22 Quarter Four			2022-23 Quarter One			2022-23 Quarter Two			2022-23 Quarter Three			2022-23 Quarter Four			Trend	Totals to date	Average to date	Target 2022-23	RAG Threshold			Comments
	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	Feb-23	Mar-23					Constant Review	Cause for Concern	No Concerns	
Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
PPMs planned per month											50	50	66				166	55	Variable				
PPM % success against plan											100%	100%	100%					100%	97%	85%	85%	97%	
Total Reactive Requests per month (not KPI)	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	35	43	29	#N/A	#N/A		107	36	Variable				Not a KPI - an indicator of reactive work volumes
Emergency - P1 - requests per month											2	3	2				7	2	Variable				
Emergency - % P1 completed in < 3hours											50%	100%	100%					83%	97%	90%	90%	95%	
Very Important - P2 - requests per month											5	3	3				11	4	Variable				
Very Important – % P2 completed in <48 hours											100%	100%	100%					100%	97%	85%	85%	90%	
Primary Important - P3 - requests per month											3	8	3				14	5	Variable				
Primary Important - % P3 completed in < 48 Hours											100%	100%	100%					100%	97%	75%	75%	85%	
Important - P4 - requests per month											25	28	21				74	25	Variable				
Important - % P4 completed in < 60 hours											100%	100%	100%					100%	97%	65%	65%	75%	
Routine - P5 - requests per month											0	1	0				1	0	Variable				
Routine - % P5 completed in < 6 Business Days											100%	100%	100%					100%	97%	65%	65%	75%	

EFM Performance Report

Estates, MDSS & Facilities Operations Performance Data January 2023 for February 2023 Report	2021-22 Quarter Four			2022-23 Quarter One			2022-23 Quarter Two			2022-23 Quarter Three			2022-23 Quarter Four			Trend	Totals to date	Average to date	Target 2022-23	RAG Threshold			Comments
	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	Feb-23	Mar-23					Constant Review	Cause for Concern	No Concerns	
Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
Total PPMs planned per month (not KPI)	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	81	81	#N/A	#N/A	#N/A		162	81	Variable				Not a KPI - an indicator of planned work volumes
PPMs planned per month											25	13					38	19	Variable				*Statutory
Statutory PPM % success against plan											100%	100%						100%	97%	85%	85%	97%	
Routine PPMs planned per month											56	68					124	62	Variable				
Routine PPM % success against plan											100%	100%						100%	90%	60%	60%	70%	
Total Reactive Requests per month (not KPI)	75	65	73	60	62	74	70	58	91	68	88	97					881	73	Variable				Not a KPI - an indicator of reactive work volumes
Emergency - requests per month	5	4	5	4	12	2	2	8	4	2	9	2					59	5	Variable				Need line for reactive attended/completed on time
Non- Emergency - requests per month	70	61	68	56	50	72	68	50	87	66	79	95					822	69	Variable				

The Workplace Team
Our Strategy on a Page

NHS
Torbay and South Devon
NHS Foundation Trust

Purpose: To support the people of Torbay and South Devon to live well

Vision: To be the best provider of Workplace services across the NHS

Strategy: To create a culture where all colleagues feel proud of our service and accountable for its success or failure

Responsive to Operational & Clinical Needs

- Putting patients first
- Easy to deal with
- Transparent and setting clear expectations and priorities
- One estates & facilities helpdesk

Excellent Customer Experience

- Simple feedback mechanisms
- Innovative and technology-enabled to support the Trust's long term plan
- Getting the best out of what we have

High Quality, Sustainable Services

- Safe and sustainable environments and working practices
- Professional, measurable and adaptable delivery
- Our teams acting as one

Get, Grow & Keep the Best People

- Identify and nurture our people and talent at every level
- An engaged, enabled and values-driven culture
- Bold, courageous, empowered and accountable leaders

Our Culture: Compassionate, engaged, high-performing teams

Torbay and South Devon NHS Foundation Trust

MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
PUBLIC BOARD OF DIRECTORS MEETING
HELD IN POMONA HOUSE
AT 11:30 AM ON 22 FEBRUARY 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 L Davenport	Chief Executive
	Mr D Stacey	Deputy Chief Executive Officer and Chief Finance Officer
	Mr I Currie	Medical Director
	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:	Mrs M Machin	Clinical Care Group Director
	Mrs S Byrne	Board Secretary
	Mrs A Hall	Governor
	Mrs Jackie Stockman	Councillor, Torbay Council
	Mrs C Meek	Patient
	Mr T Meek	Patient's Husband
	Mrs S Stylianou	Interim Head of Tissue Viability Services

* via Microsoft Teams

026/02/23 **Welcome and Introductions**

The Chairman welcomed all those in attendance to the meeting.

Preliminary Matters

027/02/23 **Apologies for Absence and Quoracy**

The Board noted apologies of absence from Mrs J Lyttle, Mrs V Matthews, Dr Aitkin, and Mr J Scott, Mrs M Machin was in attendance on behalf of Mr Scott.

028/02/23 **Declarations of Interest**

There were no declarations of interest.

029/02/23 **Board Corporate Objectives**

The Board received and noted the Board Corporate Objectives.

030/02/23 **Patient Experience Story**

Mrs Kelly welcomed Caroline Meek, Tom Meek and Sara Stylianou, Interim Head of Tissue Viability Services and Lower Limb Therapy Service Lead to the Trust Board.

Mrs Meek explained she was a paraplegic who had under 97 surgical procedures over 23 years due to a complex matrix of spinal shunts and ventricular shunts in situ. Until the age of 24 she lived a normal, sporty lifestyle until she was diagnosed with a spinal condition. Initially, she was diagnosed with Muscular Sclerosis but upon further investigation it was confirmed she had a rare herniation of her spinal cord, which resulted in a change of sensations. Despite an operation to cover the hole in her spine her mobility was compromised and she has been unable to walk for the last ten years. Therefore the Tissue Viability team had been crucial in treating tissue damage that would occur.

She highlighted to the Board the fantastic collaborative working between the Tissue Viability Team, Ashburton and Moorland Community District Nurse team, which had prevented numerous sepsis scares due to the size and severity of her wounds. Overall, she believed her life was more manageable due to the support offered by a specialist teams like the Tissue Viability Service.

She explained that due to the nature of her condition and that need for her to have unplanned procedures, she always kept a sterilised mattress and sterilised pressure boots in readiness to aid her recovery; she was also conscious of making staff aware of her high risk to infection immediately.

She informed the Board recently she was admitted to the Trust for one week to be given intraveneous antibiotics; on this occasion she was on a mixed ward and despite her communicating her distress to clinicians she was aware she was not being listened to. She persisted and after a few hours the situation was resolved.

Mrs Stylianou explained the Tissue Viability Team tried to provide support to their patients at the right time in the right place, whether that be at home, on a ward or in a community setting. They used new technologies and specialist knowledge to support patients to live a fulfilled life. Such as the Dolphin Fluid Immersion Simulation Mattress and chair cushion which provided a weightless environment to prevent pressure damage. She recognised that there was a rental cost of the bed which presented a cost pressure to the NHS and understood this was the way the company funded their research. However, believed if items such as this were bought outright it would be more cost effective.

The Chairman asked Mrs Meek how the Trust could improve. She explained previously, she was admitted to specialist wards however, more recently she was admitted to a general ward. She had noticed the extreme levels of dementia

patients' wards were trying to care for was stark, and this posed challenges for nursing staff who were also trying to support 1:1 care. She asked the Board to consider additional training for staff around tolerance and respect for Dementia patients.

She also wished to escalate that she had noticed increased levels of Junior Medical staff on shift and sometimes, it led to a lack of personal interaction between the patient and medics. She explained the importance of medics acknowledging patients when discussing their bodies.

Dr Westwood commended the level of courage and strength of Mrs Meek and her family and asked if she could make contact with her to seek learning around building resilience. **ACTION: Dr Westwood**

Mr Crompton, asked the Executive to ensure learning was taken, fed back and implemented on wards. Mrs Davenport agreed that there was a need to empower to make choices about their bodies.

Mrs Davenport asked Mr Meek for his thoughts on Mrs Meeks care and where improvements could be made. Mr Meek reflected that due to the level of paperwork Nurses had to undertake, little time was left for caring for the patients and the caring aspect of the role was now delegated to the Health Care Assistants. Therefore, Mrs Meek was only likely to see a Nurse once a day.

Mrs Kelly explained the Trust had acknowledged it had a diluted nursing skill mix and this had been reviewed to improve nursing to patient ratio.

Mrs Walker-McAllister believed it was important for clinicians to pay attention to fundamental human interactions as opposed to checklists. Mr Currie explained checklists had been statistically proven to make patient care safer but, agreed there was a need to recognise the importance of human interaction too.

	Consent Agenda (Pre-notified questions) **Committee Reports**
031/02/23	**Quality Assurance Committee Chairs Report - 28 November 2022**
	The Board received and noted the Quality Assurance Committee of 28 November 2022.
032/02/23	**Finance Performance and Digital Committee Chair's Report – 23 January 2023**
	The Board received and noted the Finance Performance and Digital Committee Chair's Reports of 23 January 2023.
033/02/23	**Building a Brighter Future Committee Chair's Report – 15 February 2023**

The Board received and noted the and noted the Building a Brighter Future Committee Chair's Report of 15 February 2023.

Reports from Executive Directors (for noting)

034/02/23 **Chief Operating Officer's Report - February 2023**

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

For Approval

035/02/23 **Unconfirmed Minutes of the Meeting held on the 25 January 2023 and Outstanding Actions**

The Board approved the minutes of the meeting held on 25 January 2023, pending one amendment:

021/01/23
From:

- There was **limited** availability of diagnostic tests over the weekend

To:

- There was **good** availability of diagnostic tests over the weekend

The outstanding actions were updated.

The Board approved the minutes of the meeting held on 25 January 2023.

036/02/23 **Report of the Chairman**

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

- Staff were beginning to understand the impact of the Trust being placed in SOF4 and were reacting positively to the challenges the Trust faced.
- Michael Wilson CBE and Professor Tim Briggs had attended the Trust and he thanked them for their constructive and positive support with SOF4.
- He had visited Medical Records with the Mayor of Torbay, they had a greater understanding of the benefits of moving to electronic records.
- Together with Mrs Davenport, Dr Harris and Mr O'Donovan he had met with Paignton League of Friends who had a variety of ideas and available resource to ensure Paignton Hospital would continue to be of great benefit to the local population it served and viable suggestions were being taken forward.
- On 14 February 2023, Lottie Bryon-Edmond visited the Trust along with her parents to be made an Honorary Director for the Trust for her commitment to raising the awareness of Organ Donation and her active fund raising. It was a delightful afternoon; BBC Spotlight were in attendance.
- The COO interviews took place on 21 February 2023 an announcement was awaited pending additional approval being required due to the Trust's current SOF4 status.

The Board received and noted the report of the Chairman.

037/02/23 **Chief Executive's Report**

Mrs Davenport informed the Board the Chairman, Sir Richard Ibbotson, would sadly be leaving the Trust on 31 May 2023 after serving two three year terms and a further three one year terms in office. Acknowledgement was made to his contribution and impact on the Trust, services and people.

Mrs Davenport briefed the Board on the Chief Executive's report, as circulated:

- The Trust together with partners and Devon ICS were currently completing the operating plan based on the NHSE planning guidance. The first submission would take place on 23 February 2023 in readiness for the Board to Board between, Devon ICS, Chairs and Chief Executives and NHSE on 9 March 2023 final submission at the end of March 2023. The operating plan held the ambition to address performance and community services.
- With the support of the Brixham League of Friends, the GP Surgery had opened at Brixham Health and Well Being Centre.
- Torbay Council had been selected by the Government to deliver ambitious service improvements for families through Family Hubs, Child Family Health Devon would be involved in the initiative.
- The Board held an Extraordinary Private Board on 7 February 2023 and upon considering the options the Board agreed the Electronic Patient Record procurement would proceed to an Outline Business Case for regional and national review. The Board would approve the Electronic Patient Record Outline Business Case in March 2023.
- The official opening of the Dartmouth Health and Well Being Centre would take place on Thursday 9 May 2023.

Mrs Walker-McAllister asked if those with adverse childhood experiences would be included in the Family Hub cohort. Mrs Davenport explained there was an increasing focus on planning for childhood up to the age of 25.

Prof. Balch informed the Board the demolition of Northcott Hall was taking place with the support of the Targeted Improvement Fund (TIF) monies received for the theatre site clearance and enabling work. Mrs Davenport said the physical signs that the Trust was making progress with its estate sent a positive message to staff.

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

Safe Quality Care and Best Experience

038/02/23 **Integrated Performance Report (IPR): Month 10 2022/23 (January 2023 data)**

Dr Westwood presented the IPR for Month 10, January 2023 data to the Board, as circulated. She asked the Board to note:

Quality

- There had been 4 deaths and 3 serious incidents, the appropriate investigation processes and policies were being followed.

- The stroke position was significantly below the 4 hour stroke ward admission target, collaborative working was being explored to ensure the standards could be improved.
- Infection Prevention Control measures had impacted patient flow but, the reported position compared to January 2022 had improved.
- No still births were reported in January.
- The Nursing fill rate had increased to 91% due to the onboarding of International Nurses. This had enabled a decrease in agency spend and supported sustainable patient care.
- The Quality Boards were being established with a view to them being rolled out to the workforce as part of the Trust strategy.

Workforce

- The Trust were in the upper level of its turnover tolerance rate and the implementation of the People Promise was designed to reduce the turnover.
- There was focus on the quality of discussions when undertaking Achievement Reviews.
- Devon ICS were commissioning retention projects to understand the drivers. Initial feedback of the drivers were:
    - Supportive line management; and
    - Work/Life Balance.
- The Mandatory Training position remained above target but, a decrease had been seen. Line Managers had been asked to encourage and support staff to undertake their training.

Performance

- There had been a reduction in patients waiting over 78 weeks.
- The strike had resulted in positive learning around patient flow and change procedures had been implemented.
- Being in SOF4 had been seen by the Trust as an opportunity to seek learning and guidance from national leaders.

Finances

- The Trust were under delivering on the Cost Improvement Plan target.
- Due to Emergency Department pressures, increased utility costs and the increasing costs within the Independent sector the Trust had been unable to achieve its budget in month 10.

Dr Westwood clarified from month 11, the IPR would be amended to incorporate the Trusts SOF4 status.

Mr Stacey asked the Board to note due to a clerical error the content of the IPR front sheet referred to month 9 as opposed to month 10. He confirmed the correct paper would be uploaded to the Board papers and recirculated. **ACTION: Mrs Byrne**

Prof. Balch explained a deep dive on the Trust's sickness data had taken place by the People Committee. He explained the data needed to be analysed and cross referenced with the fragile service and quality data to triangulate the picture.

Mrs Stockman where there was a correlation between deaths and falls. Ms Kelly confirmed the Trust was not an outlier but it was a significant area of improvement being overseen by the Significant Event Group. She acknowledged an increase in the number of falls, increased potential harm. She explained that if the right care

plan was in place for a patient the likelihood of a fall would reduce and she could confirm 95% of patients do have the correct care plans in place when they were admitted to the Trust, therefore there was evidence of excellence compliance to this standard.

Mrs Stockman asked how many stroke patients were admitted to the Trust per day. Mrs Watson confirmed the number of stroke patients admitted daily was variable and ranged from 0 to 4. Mr Richards highlighted within the papers it detailed that there had been 34 strokes in the month of January.

Mr Currie referred the Board to the stroke outcomes data, he said that the Trust did support pre-alerted stroke patients well. He acknowledged most stroke patients would be admitted to a ward however, recognised it may not be a stroke specialist ward. He confirmed a peer review of the stroke pathway was being undertaken with the aim of collaboration to ensure stroke patients were assessed and treated in a timely manner, seven days a week.

Mr Sutton asked of the four deaths how many were due to hospital acquired infection. Dr Watson explained one death of the four was due to a hospital acquired infection. She confirmed the focus on infection had shifted from Covid19 to all infections.

Mrs Jones highlighted the need to focus the operational plans on performance improvement. Further to the NHSE System visit to Devon yesterday, she said there would be a One Devon elective pilot. She informed the Board the Trust's Integrated Care Model had been held up as an exemplar of an efficient model.

The Board received and noted the Integrated Performance Report (IPR): Month 10 2022/23 (January 2023 data)

039/02/23 **Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training**

Mr Currie presented the report of the Guardian of Safe Working Hours, as circulated. He confirmed the reporting was in line with previous reports and this reflected the good relationship the Medical Human Resources team had with junior medical staff.

He informed the Board the national Junior Dr ballot would be taking place week commencing 20 February 2023 and he asked the Board to remember they would not just be considering pay when placing their vote but, whether they feel valued.

Prof. Balch asked if the contractual arrangements that require Junior Dr's to monitor their hours is an appropriate approach for a professional cohort of people who are asked to go above and beyond. Mr Currie believed based on the reports he received in the majority of cases Junior Dr's expectations were reasonable.

Mrs Davenport believed that additional hours would become an important but secondary issue for Junior Dr's when balloting.

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

Improved wellbeing through partnerships

040/02/23 **Update of the Building a Brighter Future Programme**

Ms Jones verbally updated in the Board in respect of the Building a Brighter Future programme.

She said it was positive to see the Government's support of the programme when raised by Kevin Foster MP during Prime Ministers Question time. However, the pace provided a challenge. As it was a major programme of work with no formal allocation or timetable to extend beyond 2030. She confirmed there would be risk attached to the programme if decisions could not be made at pace.

The delays were impacting the Building a Brighter Future Team morale and the enabling works were being supported by the Targeted Improvement Fund bids were providing a bridging gap.

Ms Jones confirmed fees for the Seed allocation had been rolled over from 2022.

Prof. Balch confirmed the Building a Brighter Future committee were supportive of the planning assumptions.

Ms Jones confirmed a site visit would be taking place on 23 February 2023, to ascertain the state of the site but, no clarification would be provided until the end of March 2023.

The Board received and noted the update of the Building a Brighter Future Programme.

Well Led

041/02/23 **Capital investment and property business case approval guidance**

Mr Stacey presented the capital investment and property business case approval guidance, as circulated, for the Boards approval.

He confirmed the Trust already followed the delegated limit process 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.

The Board approved the declaration:

The Board agreed 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.

042/02/23 **Council of Governors and Board Engagement Policy**

Mrs Davenport presented the Council of Governors and Board Engagement Policy, as circulated to the Board, for their ratification.

She confirmed the Council of Governors had had sight of the policy and had approved it.

The Board approved the Council of Governors and Board Engagement Policy.

043/02/23 **Quality Assurance Terms of Reference**

Mrs Davenport presented the Quality Assurance Terms of Reference, as circulated, to the Board, for their ratification.

She confirmed the Terms of Reference had gone through the appropriate governance route.

The Board approved the Quality Assurance Terms of Reference.

023/01/23 **Compliance Issues**

024/01/23 **Any Other Business Notified in Advance**

Senior Independent Director Job Description

A job description for the Senior Independent Director and Deputy had been drafted and it would be presented to the Board for ratification. **ACTION: The Chairman**

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

11.30 am, Wednesday 29 March 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. 22.02.23 Ms Kelly confirmed Lottie was engaged with the Organ Donation memorial and site location.	28.09.22
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. 22.02.23 TEP plans were in place for 75% of patients; with 78% of those patients being assessed for capacity. Nurses were training and supporting clinical teams to complete TEP forms. Mr Currie explained	30.11.22

			delays can be caused when the next of kin does not live locally. **ACTION Complete**	
030/02/23	Dr Westwood would make contact with Mrs Meek to seek learning around building resilience.	Dr Westwood		23.02.23
038/02/23	Mr Stacey explained the IPR cover sheet referred to month 9 data instead of month 10 data. He would ask Mrs Byrne to upload the correct Board paper and recirculate.	Mrs Byrne	The IPR cover sheet was amended to the month 10 version and recirculated. **ACTION Complete**	23.02.23

NHS
Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Chief Executive's report			Meeting date: 29 March 2023
Report appendix	ICS for Devon Update for Boards		
Report sponsor	Chief Executive		
Report author	Associate Director of Communications and Partnerships		
Report provenance	Reviewed by Executive Team 21 March 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** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board are asked to receive and note the Chief Executive's report.		

Summary of key elements

Strategic 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

- BAF Risk Ref. 9 – Integrated Care System - 16

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: 29 March 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 22 February 2023 are as follows:

3.1 Excellent population health and wellbeing

Chairman to serve a further one-year term

Our chairman Sir Richard Ibbotson will serve a further one-year term as Chair at the invitation of the Council of Governors.

Richard, who has served as Chair since June 2014, 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. He will now remain in post until the end of May 2024.

On behalf of the board and all our staff I would like to thank our Council of Governors for offering Richard a further one-year term as Chair.

We are delighted that he has accepted their offer and that we will have the benefit of his leadership, courage and wisdom for a further year.

28 of our people graduate from our first every BME leadership programme
Last autumn we launched our first ever BME leadership programme. Over the past six months our colleagues have worked extremely hard and explored a wide variety of topics on the subject of leadership and their own individual development as manager, influencers and leaders.

Earlier this month, we held a celebration event where all participants presented a change project in which they have been instrumental. Sadly, I wasn't able to be there myself to hear them present but I have it on good authority that it has a really engaging and energised event with passionate and powerful presentations of wide range of creative and caring change projects in services including ophthalmology, orthopaedic theatres, Allerton ward, women's health and many more.

We have 30 colleagues on the waiting list for the next cohort of the programme and we hope to be able to launch this soon.

Signing the Torbay SEND pledge
Late last month I had the great pleasure of signing the Torbay SEND pledge on behalf of our organisation.

In November last year, a report from Ofsted and the Care Quality Commission (CQC) identified significant weaknesses in services for children with SEND (special educational needs or disability) in Torbay and said that collectively the council, education and NHS partners must do better.

Collectively, we accepted the findings of the report and from this point on, together we took immediate action and most importantly – we listened.

Alongside partners, we carried out an online survey to find out about the first-hand experiences of the parents, carers, children and young people using the service. We would like to thank you all for taking the time to share your lived experiences in the survey.

The outcomes of the survey informed the co-creation of a plan– known as a 'Written Statement of Action' – explaining how the partnership will improve services.

As part of this plan, the partnership has been working with children, young people and their families to create a pledge setting out how we will treat people using our services. This will help improve the culture across the services and will be the basis of our practice and training.

3.2 Excellent experience receiving and providing care

Current pressures
While services remain very busy, with our Emergency Department seeing a rise in attendance in February, we have seen continued improvements over the past month in key areas including a further reduction in ambulance handover time

lost, reductions in length of stay in hospital and improvements in referral to treatment times. Our diagnostic performance also continues to improve.

There are two main areas that challenge our ability to care for people in a timely manner in our hospitals – these are supporting people to get home before midday and supporting people to get home at the weekend. Over the past month we have seen a positive increase in both these areas thanks to our discharge lounge, better scheduling of patient transport, arrangements for medications, discharge to assess and follow-up care. These improvements ensure that patient experience is much better while also providing greater assurance for relatives and carers.

We remain on track to achieve our target of zero patients waiting 104 weeks for treatment by the end of March and we are steadily reducing the number of people waiting 78 weeks for treatment.

We expect to achieve the faster diagnosis standard for cancer care in February pending final validation. There has been a significant amount of work taking place to reduce waiting times for diagnostic procedures, particularly in endoscopy, which has supported this improvement in performance.

Our 62-day performance is currently at 47% which is lower than we had hoped due to the need to prioritise those who have been waiting more than 62 days. We have seen a significant reduction in the number of people waiting more than 62 days (down from over 300 in October to 123 this month) – it is critical that we maintain our focus on further reducing the number of people waiting for care.

Along with the other acute providers in Devon, we remain in single oversight framework 4, as does the integrated care system for Devon (ICSD). We are in receipt of focused support from national and regional colleagues to help us address the challenges we face in delivering affordable and sustainable services while improving performance and productivity.

Industrial action
In the last few weeks, the government has been holding formal negotiations with unions representing staff including nurses, paramedics, 999 call handlers, midwives, security guards and cleaners, to find a fair and reasonable way forward on pay.

The talks have been constructive and the government has now put forward a final offer.

The RCN, UNISON, GMB, CSP and BDA – will recommend the offer to their members in consultations that will be held over the coming weeks. Strike action is paused while these consultations take place.

We await the outcome of talks in respect of industrial action by junior doctors.

We continue to support our people’s right to take industrial action and will continue to work closely with those who are taking action to safeguard patient and staff safety and keep as many services running as possible.

Engaging with Healthwatch to understand how people are accessing local emergency care services
We are working with Healthwatch on a programme of engagement with patients about their experiences of visiting our Emergency Department and how they access local services. This is part of the Devonwide engagement around Emergency Departments. To date five visits to our Emergency Department at Torbay Hospital have taken place. We look forward to receiving Healthwatch's report in due course.

Ward accreditations
This month three wards have undergone accreditation through our new scoring system. Allerton ward achieved a bronze award while both Ainslie and Turner wards achieved a silver award.

DAISY and PRIMROSE awards
Our annual DAISY team award was won by Dunlop Ward at Torbay Hospital. The team were nominated by a family member for the outstanding care they provided to their grandmother at the end of her life and for the compassionate support they gave to the family.

The DAISY award was created to honour and recognise nurses and midwives for the outstanding effort they make to provide extraordinary care to patients every day.

Our first PRIMROSE awards, to honour and recognise health care support workers for the outstanding effort they make to provide extraordinary care to patients every day will be awarded next month.

3.3 Excellent value and sustainability

Our electronic patient record
On 14 February 2023 we approved the outline business case for our electronic patient record. We are now proceeding to competitive procurement exercise for our integrated electronic patient record and the full business case. The full business case will determine the most economically and functionally advantageous offers that meets most of the requirements of the outline business case and award a contract on that basis.

As Board we are aware, we have a significant risk in the age of our digital and estate infrastructure, with critical digital systems reaching the end of life. Our electronic patient record is our highest priority for investment and focus not only to replace multiple legacy systems but to enable our teams to drive the delivery of transformed clinical pathways over the long-term, protect our patients' data privacy, optimise productivity and efficiency and improve our ability to work together across Devon and Cornwall to provide high quality, safe care for people who use our services.

Chief Operating Officer appointment
Last month we interviewed for our new Chief Operating Officer. We met four good candidates who we put through a rigorous process including a presentation and question and answer session with our people, a focus group with a number of executives and an interview.

Following careful and thorough consideration, we have decided not to appoint at this time. Our new Chief Operating Officer is a critical role and it is essential that we make the right appointment to lead us in returning to and exceeding our pre-pandemic performance – delivering better care at the right time and in the right place – and to work with our partners to improve services, to more efficiently use the resources we have.

Each candidate we met had their strengths, however, we felt that not one of them had the right blend of experience, expertise and that something extra which would fit them to lead us towards the brighter future that we all want for all of us.

I am pleased to advice that Jon Scott has indicated his willingness to continue as our Chief Operating Officer for a further six months, subject to the approval of the Nominations and Remuneration Committee, while we take the next steps in our search for a new Chief Operating Officer.

Speciality careers fair for foundation trainee doctors

Foundation trainee doctors from across the peninsula region were invited to our specialty careers fair on 14 March.

Thanks to a £7,500 grant from Health Education England (HEE), this free, informal event was run face to face for the first time since the pandemic and offered a unique opportunity to explore career options while networking with experienced clinicians and training programme co-ordinators.

Throughout the event, clinicians and members of the educational team were on hand to offer tips and guidance on choosing a specialty career path.

Doctors representing over 20 different specialties were available on stands to answer questions about suitability, work-life balance and the application process for the different specialities.

Devon's new surgical hub wins national recognition for meeting top clinical and operational standards

The South West Ambulatory Orthopaedic Centre (SWAOC) at the Nightingale Hospital in Exeter is one of eight to be awarded accreditation as part of a pilot scheme. This is national recognition for the transformational change in providing safe, short-stay, high-volume hip and knee replacement for Devon patients, and supporting the safe recovery orthopaedic services and reduction in waiting lists in the county.

SWAOC was recently visited and assessed by the GIRFT team for accreditation and recognition that the hub is working to a defined set of clinical and operational standards on:

- the patient pathway
- staff and training
- clinical governance and outcomes
- facilities and ring-fencing
- utilisation and productivity.

The centre was one of eight surgical hubs selected for the pilot out of 89 hub sites currently in operation. Plans are now underway for a national roll-out of the scheme to other hub sites across England.

Out of the eight centres that were accredited, the SWAOC is the only centre which is specifically designated as a county-wide resource. It offers the opportunity for patients and surgeons from all parts of Devon to use its facilities.

SWOAC, which has two operating theatres for day case and short stay elective orthopaedic procedures, opened at the Nightingale site in March 2022.

Since then, almost 1,000 patients have been through its doors for hip and knee replacements. Also during this time, SWAOC has been highly commended in the Health Service Journal (HSJ) Awards in the Acute Sector Innovation of the Year and Safe Restoration of Planned Elective Care categories, and won the National Orthopaedic Association's Partnership and Integration Innovation Award.

4. Chief Executive engagement February

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

Internal	External
• Video blog sessions • Lead Governor and Deputy Lead Governor • League of Friends Quiz • Health Care Support Worker welcome • Maternity Tea Party • Night team visit • Staffside	• Meeting with NHS England and NHS Improvement Board (NHSEI) • NHSEI Industry Advisor • Regional Chief Executive Officer, NHSEI • Chief Executive Officer, Royal Devon University Healthcare NHS Foundation Trust • Chief Executive Officer, University Hospital Plymouth NHS Trust • Chief Executive Officer, Devon Partnership NHS Trust • Chief Executive Officer, HealthWatch • Acting Chief Superintendent for South West Police Command

5. Local health and care economy developments

5.1 <u>Partner and partnership updates</u>

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

Recent key media releases and responses:

- eleven-year-old organ donation campaigner made honorary NHS director – celebrating the appointment of Lottie as an honorary director of our organisation as a result of her organ donation campaigning and fundraising work
- our People's Choice Award voting opens – encouraged members of the public to show our people some love on Valentine's Day by voting for their preferred finalist in the Our People's Choice Award
- new wheels for phlebotomists – celebrating the generosity of Torbay Hospital League of Friends who have provided funding for brand new trollies and equipment which will support our phlebotomy services
- specialty careers fair – promoting the peninsula careers fair for foundation trainee doctors that we will be hosting in Torquay in March
- Teignmouth Community Hospital protest – following a protest on the future of Teignmouth Community Hospital, our response outlined our commitment to working together with local stakeholders on the future of the site.

Recent engagement on our social media channels includes:

- our People's Choice Award finalists videos – sharing videos featuring our finalists talking about what being nominated means to them
- Torbay SEND pledge – highlighting our partnership of organisations' commitment to improving services for children with SEND in Torbay
- Cancer Research UK feature – shared Cancer Research UK's post on World Cancer Day which highlighted Gary, one of our patients who is currently receiving proton beam therapy treatment for throat cancer as part of a ground breaking research trial
- looking for relatives – calling on members of the public to let us know if they are relatives of Mr W R Northcott, Major Kitson, Rev Hetherington, Mrs K R Bryant or others who have had wards or buildings named after them
- ASPIRE students – thanking all of the students currently taking part in the ASPIRE programme in a range of departments
- Way Finder receiving a One Big Thank You – promoting one of our Way Finder volunteers, Chad's appearance on The One Show as he received a One Big Thank You
- Torquay United FC fundraising – promoting Torquay United's auction of signed FA Cup footballs, in aid of our charity
- MIU and UTC promotion – promoting our minor injuries units as alternatives to emergency departments when your need is urgent but not an emergency
- vote for new naming theme – calling on the public to vote for our new naming theme for future new buildings, wards and departments

- NHS careers for military service leavers – promoting an event aimed at highlighting the opportunities available in the NHS for service leavers, veterans and their families.

Development of our social media channels:

Channel	End of year target	As of 31 March 2021	As of 28 February 2023
LinkedIn	5,000 followers	2,878	5,793 ↑ 2,915 followers
Facebook	15,000 likes	12,141	13,742 ↑ 1,601 followers
	15,000 followers	12,499	14,770 ↑ 2,271 followers
Twitter	8,000 followers	6,801	7,806 ↑ 1,005 followers

7 Recommendation

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

One Devon

March 2023

Update from the NHS Devon Board for system leaders

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

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

This follows the meeting in public of NHS Devon's Board on 15 March 2023.

This update follows the 15 March 2023 public meeting.

1. Citizen's Story
2. Reports of the Integrated Care Board Chair and Chief Executive
3. Staff survey results
4. Delegation of primary pharmaceutical, ophthalmic and dental services
5. Cavell Centre, Plymouth
6. Finance report

1. Citizen's story

Sarah Greek, from Plymouth, told the Board of the difficulties she had experienced in accessing dental services. Although in severe and debilitating pain, she had over three weeks struggled to find help through the available but labyrinthine helplines, been unable to find an NHS dentist, spent four hours in an Emergency Department and taken out a loan for private dental treatment before finally being given partly satisfactory treatment. She also received communications that she found too complex to understand.

The Board apologised to her for her unacceptably poor experience and said her story raised the issues of health inequalities, prevention and communication. Ms Greek's experience would inform NHS Devon's future approach to commissioning dental services, which was to be discussed later in the meeting.

2. Reports of the Devon Integrated Care Board Chair and Chief Executive

The Chair made special mention of GPs in primary care for their commitment to improving access to their services. December had been particularly challenging, with hospitals, GP practices and other services seeing increasing numbers of patients, especially with the spike in demand caused by Strep A infections. Nonetheless, patients accessing appointments at GP practices were among the highest in the country. The task now was to support primary care to have more time to focus on non-urgent treatment, particularly for those with multiple long-term conditions.

The Chief Executive reported on the most recent Board to Board meeting with NHS England, under the Strategic Oversight Framework for organisations assessed at the lowest performance level of four in the domains of urgent care, elective care, finance and leadership.

The Devon Integrated Care Board had submitted its draft operating plan; however, a lack of confidence was expressed in its ability to deliver the required improvements and another plan was to be submitted on 30 March. A programme of recovery was needed that would entail working across the system in a very different way, including delivery of a 30% reduction in management running costs by 2024/25.

3. Staff survey results

There would be significant challenges facing staff in the next two years, including the need to tackle service and financial performance, meet the required reduction of 30% in running costs and – dependent on the outcome of the Hewitt Review of staffing – adapt to new ways of working. The running cost requirement would mean a budget of £22.6 million for 2023/4 reducing to £17.0 million in 2025/6, and there would need to be a restructuring of the staff base.

The most recent staff survey gave encouragement about meeting these challenges, with Devon achieving the fifth most positive results in the country. Staff liked working for NHS Devon: 75% said they were kept up to date with developments, 82% felt they had support for their health and wellbeing and 57% considered NHS Devon a good place to work. However, staff noted what they viewed as unrealistic time pressures and a shortfall in staff needed to do the job.

4. Delegation of primary pharmaceutical, ophthalmic and dental services

Responsibility for commissioning these primary pharmaceutical, ophthalmic and dental services will pass by statutory obligation to Integrated Care Boards from 1 April 2023.

The Board was presented with a report outlining progress towards achieving this, with the reminder that no additional funding will be available for this extra commissioning responsibility and outlining significant risks in ensuring standards of future service.

NHS England has established a regional hub made up of most of the people previously engaged in commissioning these services; Integrated Care Boards in the region support the idea of bringing this hub under ICB oversight to improve its function in the longer term.

The Board discussed dental services in the light of the citizen's story that members had heard. It agreed there were opportunities for improving prevention and access to dental health care. The Board approved the delegation of these services and acknowledged the risks involved. At the same time, it expressed grave concern about the state of the dental services the Integrated Care Board would be taking on.

5. Cavell Centre for Plymouth

The Board was presented with a report on the national programme for multidisciplinary centres known at Cavell Centres, one of which was planned for Plymouth.

In August 2023 the Board approved a business case for the Plymouth Cavell Centre, bringing together in a deprived part of the city three GP practices, health and social care

and other services such as dental clinics and mental health support. The approval was subject to the planned national funding for the centre being available.

Since then, the national programme had written to the existing pioneer Cavell sites, asking them to stand down further work while the national business case goes to the Treasury. Funding is therefore not available at present for the Plymouth centre.

Other options for funding had been explored, including an offer from the Local Authority to make a loan, repayable over 40 to 50 years. However, for the Integrated Care Board such a loan agreement would put it “ultra vires” – in other words it would be acting beyond its legal powers.

Board members emphasised their regret that national funding was not available, and underlined the role such a centre would play in underpinning the Integrated Care Board’s strategic objectives, including in terms of addressing health inequalities, supporting primary care, supporting population health management and urban regeneration. Members agreed that support would, still be made available to the three GP practices concerned and the whole issue could be re-examined should national funding materialise.

The Board agreed not to proceed with the Cavell scheme at this stage, expressing profound disappointment that the national funding had not been provided. Such a decision would be re-reviewed if the position on national funding changes.

6. Finance report

The Board was presented with the finance report, highlighting a forecast year-end out-turn position of a £49.5 million deficit.

Any additional monies that became available through various funding streams would improve that position further, and the finance director had confidence that the £49.5 million deficit position could be held.

The next fiscal year would be no easier, with an expectation nationally that the Integrated Care Board improve its financial position to a deficit of no more than £47 million.

However, the underlying position remains a £242 million deficit as the Board goes into next year, and with no action on efficiencies and savings this would increase to £720 million in three years.

The focus was on system-wide financial recovery. In the past this had been a job assigned largely to finance directors but now this was a whole system effort. The Integrated Care Board was working with providers, initially supporting them to deliver their Cost Improvement Programmes, but then turning to system-wide efficiencies, streamlining and savings.

A report on Drivers of the Deficit would be taken to the finance committee, and then shared with organisations across Devon.

ENDS

NHS
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Report to Trust Board of Directors			
Report title: Integrated Performance Report (IPR): Month 11 2022/23 (February 2023 data)			Meeting date: 29 March 2023
Report appendix	M11 2022/23 IPR Dashboard of key metrics M11 IPR Focus Report		
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 March 2023 Executive Director: 22 March 2023 Finance, Performance, and Digital Committee: 27 March 2023		
Purpose of the report and key issues for consideration/decision	The purpose of this report is to bring together the key areas of delivery (including, quality and safety, workforce, operational performance, and finance) into a single integrated report to enable the Trust Board to: • Review evidence of overall delivery, against national and local standard and targets • Interrogate areas of risk and plans for mitigation • provide assurance to the Board that the Trust is on track to deliver the standards required by the regulator. Areas of exception that the Board will want to focus on are highlighted below and detailed in the attached Focus Report.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to **review** the documents and evidence presented.		

Summary of key elements

Strategic objectives supported by this report

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

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

Board Assurance Framework	X	**Risk score**	20
Risk Register	X	**Risk score**	25

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

This report reflects the following corporate risks:

• failure to achieve key performance standards;
• inability to recruit/retain staff in sufficient number/quality to maintain service provision;
• failure to achieve financial plan.
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Report title: Integrated Performance Report (IPR): Month 11 2022/23 (February 2023 data)		**Meeting date: 29 March 2023**
Report sponsor	Deputy CEO and Chief Finance Officer	
Report author	Head of Performance	

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 System Care Group Directors.

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 February 2023, three incidents were reported onto StEIS. One of these was a Category 3 Pressure Ulcer which identified Moderate Harm. The other two incidents were reported as Never Events, both were classified under the category of 'retained foreign objects post procedure':

- Retained Guidewire – Moderate Harm
- Retained Vaginal Swab – Low Harm

Stroke

Timely access to dedicated stroke unit improves clinical outcomes for patients and offers improved quality of life outcomes. In February only 15.6% of patients were admitted to the stroke ward within 4 hours of arrival at hospital which is well below the target of 90%. In February 67.4% of stroke patients admitted to the stroke unit spent 90% or more of their time on the dedicated stroke ward against a standard of 80%. The target is still not met but there has been an improvement in this metric.

VTE assessment

VTE assessment compliance demonstrated an increase compliance to 99.6% in February 2023. 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

In February bed closures saw a decrease from 339 in January to 254 in February. The reason for the closures has mainly been due to:

- Patients testing positive for COVID-19/Flu A on admission
- Out breaks of norovirus during admission

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

Maternity

There was one late fetal loss in stillbirth in January 2023. The service is currently reviewing all national CQC reports to gain learning and insight from other inspections. A gap analysis and action plan is currently being developed to share at the QAC for oversight.

Staffing

The Registered nurse fill rate for days during February is reported as 91.3% which is comparable with December's fill rate of 91.6%.

The fill rate for Health care support Workers remains at 99.5% for days and 101.8% for nights. Twice daily staffing meetings have continued to ensure risks are assessed and, actions and mitigations were put in place to ensure safe staffing levels were maintained.

Workforce Headlines

Staff sickness/absence

The preliminary annual rolling sickness absence rate is 5.58% to the end of February 2023. The sickness target rate is 4%. Sickness has decreased significantly in February (from the final figure of 5.26% in January) with the monthly figure standing at 4.59%.

Following a deep dive into sickness absence in February 2023, which was reported to the People Committee, work is planned as part of our management development to support and equip managers with regards to managing sickness absence and target hotspot areas more robustly.

Appraisal rate

February's Achievement Review rate decreased slightly to 76.71% from 77.68% in January. Continued high absenteeism and system pressures are impacting the ability to perform Achievement Reviews. Our People Business Partners are working with Integrated Service Units to plan improvement trajectories and deliver training for managers on Effective Feedback and Achievement Reviews. This training will become part of our managers essentials training as part of Our Leadership Framework.

Turnover (excluding Junior Doctors)

While the Trust's turnover rate of 13.09% for the year ending January 2023 remains within the normal tolerances of 10-14%, the SPC chart clearly reflects an upward trend since July 2021. This in part reflects the significant increase in the number of 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+. As part of Our People Promise, the activities highlighted by the ICS to enhance retention are being applied to TSD.

Mandatory Training rate

The February **overall** rate for mandatory training figure increased slightly to 90.09% against a target of 85. **Information Governance, Manual Handling and Safeguarding Children are all below the target compliance level** for Corporate Mandatory training –additional information has been added to the Focus Report to highlight the multi-level training compliance.

Agency Expenditure

The Trust Agency reported figure for February was £1.460m, an increase from the January figure of £1.253m.

Vacancy Rate

Overall finance data is showing that we are over budget from a vacancy point of view with significant over establishment in Medical and Dental, Nursing staff and Support to Nursing staff groups. Some of this is offset by Allied Health Professional vacancies, those have increased from 54 WTE in Jan to 65 WTE in Feb. Admin and Clerical vacancies has also decreased to 55 WTE. Finance are currently working alongside workforce colleagues to produce a robust workforce plan that will be submitted to both the ICB and NHS England and this work will ensure that budgets are more meaningful to budget holders.

Performance Headlines

This month's Integrated Performance Report includes the dashboard of key metrics and Focus Report with further narrative against key indicators. 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 Board 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): Exiting SOF 4 remains the key Trust objective. The draft set of exit criteria has not yet been finalised to reflect the changes in the Operational Planning Guidance for 2023/24. The Focus Report includes SOF4 exit metric dashboard that will be updated monthly to reflect progress against the published Exit criteria.

Operational plans 2023/24

In support of the performance standards relating to Elective Recovery the Trust is finalising operational recovery plans at specialty level to describe the actions and target milestones that need to be delivered and monitored. The final iteration of the operational plan will be submitted at the end of March 2023.

In 2023/24 there is a significant increase in the number of patients requiring treatment who have already been waiting over 26 weeks and require treatment to achieve the operational plan targets. 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 reflect:

1. A continuation of Elective Recovery Funding (ERF) 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.

The Operational Plan deadline is end of March 2023. Through a series of interim submissions, that include key performance indicators, work continues through a process of check and challenge internally, and with commissioners, to seek assurance of plans and further stretch where targets are not forecast to be met. The table summarised the headline performance key indicators as submitted as interim submission on 17th March 2023:

Indicator	Operational Plan target	TSDFT plan	Comment
4- hour time in emergency departments	76%	78%	Achieve
No criteria to Reside % occupied beds	5%	5%	Achieve
Cancer faster Diagnosis (28 days)	75%	75%	Achieve
Cancer total backlog > 62 days referral to treatment	138	138	Achieve
RTT 104 weeks	0	0	Achieve
RTT 78 weeks	0	913	Not achieved - further check and challenge
RTT 65 weeks	0	2354	Not achieved further check and challenge

Further work is being done to review the plans for the reduction of long waits in line with operational plan targets by 31st March 2024.

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 on track to deliver the agreed targets for the end of March 2023, these being to achieve 176 or fewer patients greater than 78 weeks and zero 104 week waits. The delivery of these reductions on long waits has been a significant achievement with the added challenge of industrial actions in Q4.

UEC headlines: The Trust has seen an improvement this month against the number of patients reported as having no criteria to reside (delayed discharges) achieving a level of 10% of occupied beds. 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.

Finance headlines

At Month 11 (February) the planned deficit for the year to date is £0.64m, the actual reported deficit is £16.44m, £15.80m adverse to plan.

Following a thorough review of reserves items and deferred income, £11.46m 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£27.9m. Key drivers include under delivery of CIP, Fragile Services, 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 despite the recovery plan increases in volumes and price continue to be seen.

Agency expenditure saw a reduction on Q2 and Q3, however, there has been a gradual increase during Q4, with M11 seeing the highest agency spend of the financial year so far. Year to date over spend of £6.11m will be addressed, and areas of concern raised with management accounts and operational departments.

Total reported in month income for M11 is £3.07m favourable to plan. Key drivers are:

Miscellaneous contract income & external funding	£0.74m
Pay award (1.7% add tariff inflation)	£0.67m
Torbay Pharmaceuticals sales	£0.57m
ASC Income	£0.30m
Fair cost of care & delayed discharge grant	£0.30m
Education and other income	£0.55m
Winter funding	£0.25m

Offset by:	
Covid Labs testing	(£0.31m)

Operating expenditure and financing costs in M11 are £6.66m adverse to plan. Key drivers are as follows:

Substantive pay (incl. pay award, partially offset by income)	(£1.95m)
Agency spend	(£0.82m)
Bank spend	(£0.50m)
ASC/Placed People non-pay	(£1.31m)
Drug costs (health at home)	(£1.02m)
Clinical supplies & services	(£1.10m)
Premises and transport costs	(£0.13m)
Offset by:	
Financing & other	£0.17m

The cash position at the end of February is £18.45m. Access to PDC support remains critical to the Trust's 2022/23 cashflow. PDC funding during 2022/23 will total £45.3m, cash balances are likely to be healthy at the end of March 2023 due to capital PDC funding being received in advance of the corresponding invoices being paid. 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) £24.47m which is behind (£0.94m) the plan value of £25.41m at the end of February.

The year to date plan for efficiencies was £25.84m at M11, of which £20.33m has been formally transacted via the financial ledger and delivered. The current trajectory indicates a possible CIP shortfall of up to £5.51m for the year, against the £28.45m requirement. The delivery director is now in post, the team are also in the process of finalising and quantifying the recurrent CIP delivery position for 23/24. Meetings have commenced with operational leads to identify CIP programme plans. The forecast CIP delivery for 22/23 includes £11.49m (53% 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 now £17.12m as previously described.
- In order to achieve the £17.12m forecast deficit target, all uncommitted spend in the last month of the financial year will need to be reviewed, and further mitigations amounting to £1.15m 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. M11 has seen an in-year improvement in CIP delivery c£1.19m since M10.

- Jointly working with the ICS, the Trust submitted a set of draft plans on the 23rd February with a forecast deficit of £56.2m for 23/24, which was not accepted by NHSE. Following a national board to board meeting with the ICB all providers had signed up to further improvements on the revised plan, TSD will now aim to reduce the deficit below c£30.0m. At system level the overall deficit will be reduced to £50.0m using system-wide collaborative schemes and other non-recurrent ICB surpluses to offset provider deficits.

Integrated Performance Focus Report (IPR)

Torbay and South Devon NHS Foundation Trust

March 2023: reporting period February 2023 (Month 11)

	Performance
	Quality and Safety
	Workforce
	Community and Adult Social Care Summary
	Strategic Oversight Framework – Level 4 Exit Criteria
	Performance Summary
	Statistical Process Control charts
	Finance

CQC update 2021 and 2020 Action plans

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Quality and Safety Summary

Quality Priorities

2020 CQC inspection – October 2022 update

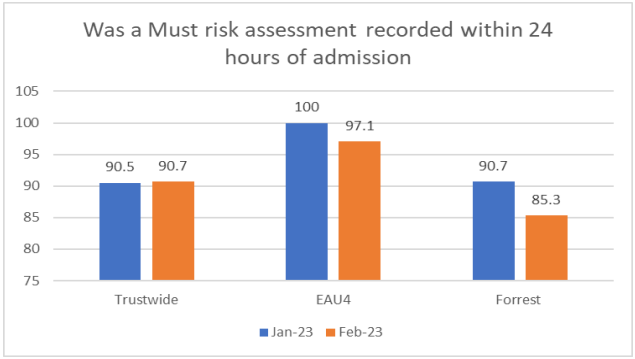
The Quality Improvement action plan arising from the 2020 CQC inspection is nearing completion and all closed actions continue to have oversight through the ISU's. The Compliance Assurance Group (CQCCAG) have controls in place to ensure the actions are monitored and any decline in performance is appropriately escalated. The Trust has one remaining Must Do action in regard to the Surgical ISU staff appraisal achievement rate. The Trust position in February 23 is 79%, the highest since Dec 21. This remains a key focus of the ISU and work with specific groups continues to ensure the 85% target is attained.

2021 CQC Focused Inspection – Quality Improvements

The daily 5 patient Risk Assessment audits continue to be being recorded electronically and the results viewed in real time. The audit covers 43 questions across a number of assessments and daily, weekly, and monthly compliance reports are generated. Continued assurance on the Nutrition and Hydration process has also been sought via Internal audit and this has confirmed comparable results concerning completion rates but highlighted a concern re completion within the 6-hour target. MUST risk assessment was the most consistently completed within the 24 hour time standard, with a compliance rate of 90.7%.

Feb 2023

- ✓ Trustwide nutritional risk assessments completed within 24 has seen a slightly worsening position in February with a Trust position of 90.7% against the December position of 93.7% in.
- ✓ Forrest Ward recorded a 85.3% compliance in Feb.
- ✓ EAU4 recorded 97.1% compliance which is an improved position



Other nursing risk assessments current compliance rates as follows;

- ✓ Infection Prevention and Control – 98.8%
- ✓ Waterlow score – 100%
- ✓ Patient Handling and Falls assessment – 95.6%
- ✓ Pain assessments – 98.8%

The above is based on the audit of x5 sets of notes on each ward daily.

Well Led Inspection – Preparation for 2023 visit

The CQC approach had changed over the last 2 years, however inspections have now resumed as per regulatory guidance. Current focus from the CQC;

- A risk based approach to all services
- Maternity Services
- Emergency Departments

In preparation for the Well Led inspection a number of actions have been completed, including a self assessment using internal and external sources. This assessment was mapped against the 8 CQC domains. An executive lead has been identified for each of the Domains to identify the gaps, risks and opportunities for delivering a high level of compliance against these domains. An action plan will be developed and check and peer review will be undertaken in the form of a "critical friend". The plan will be overseen at the CQC Assurance Group and TMG. Staff engagement and support has already started in the form of the CQC Toolkit handbook and the Fantastic Fundamentals Programme reintroduced in 2023.

Quality and Safety Indicators

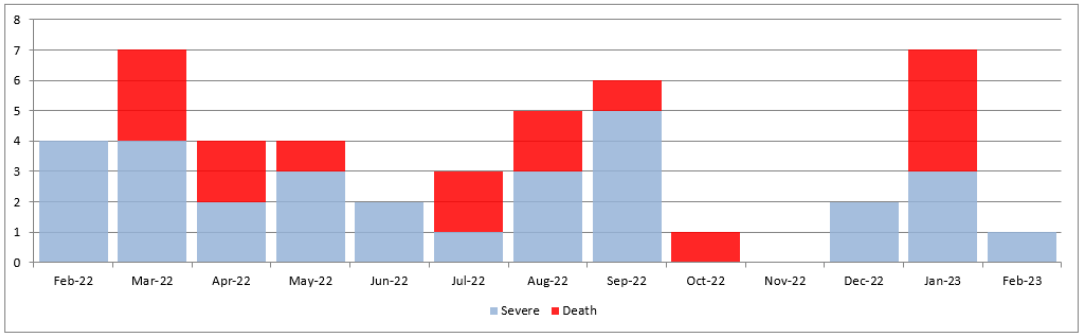
Key							
↑ = Performance improved from previous month		↓ = Performance deteriorated from previous month		↔ = No change			
	Not achieved		Under-achieved		Achieved		No target set		Data not available

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

Quality and Safety

Reported Incidents - Severe and Death

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Severe	4	4	2	3	2	1	3	5	0	0	2	3	1
Death	0	3	2	1	0	2	2	1	1	0	0	4	0



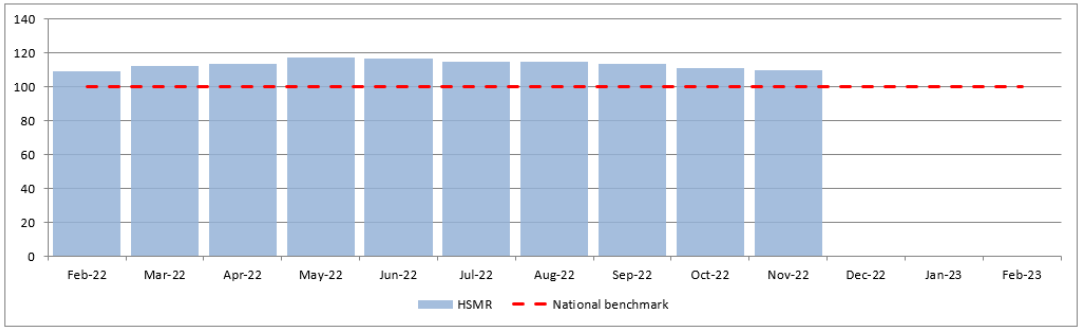
During February 2023, no death related incidents were reported.
Towards the end of the month one incident, a fall in the Community Hospital, was reported as severe (this was validated on 03/03/2023, so is not included in the StEIS data for February).

While two Never Events were reported in February 2023, neither were graded above moderate harm:

- Retained Guidewire – Moderate Harm
- Retained Vaginal Swab – Low Harm

Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
HSMR	109.1	112.3	113.5	117.4	117	115.1	114.7	113.4	111	109.9	n/a	n/a	n/a
National benchmark	100	100	100	100	100	100	100	100	100	100	100	100	100



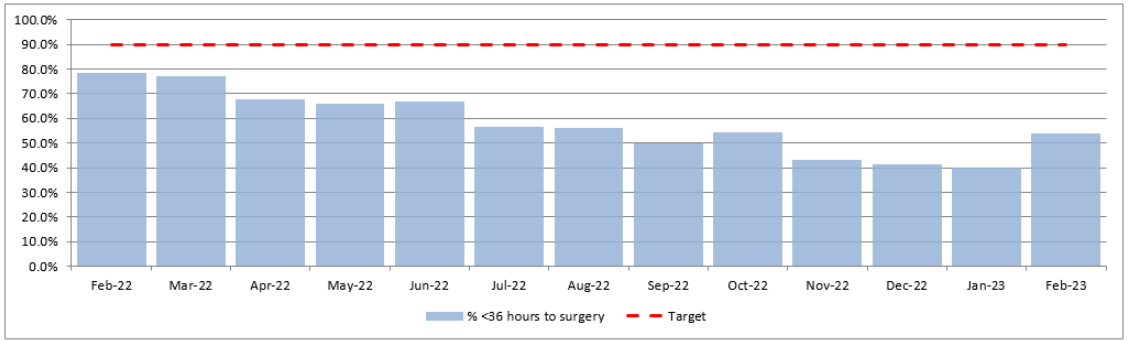
The HSMR is measured from the mortality arising from a standardised group of 56 diagnosis.

- Higher age profile and greater deprivation could account for the above average HSMR
- The slight increase over the last 2 years is in line with regional peers
- Elective HSMR is not raised and so the focus of our review is on non elective patients
- Medical Examiners now provide added scrutiny for all in patient deaths and this has been expanded to the Community.
- Delays in the receipt of death referrals and subsequent issuing of death certificates continues, there is now a process for escalation to a senior medic for support

Quality and Safety

Fractured neck of femur - <36 hours to surgery

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Patients	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0
<36 hours to surgery	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0
% <36 hours to surgery	78.4%	76.9%	67.9%	65.8%	66.7%	56.4%	56.0%	50.0%	54.3%	43.3%	41.5%	40.0%	53.8%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%



53% of patients had access to theatre within the recommended time frame in February 2023;

- Less theatre capacity for T&O overall post Covid.

Therefore;

- A commitment to ringfence trauma beds
- 2 additional theatres and upgrade of day surgery will support by freeing up capacity in main theatres
- ISU oversight and process in place to monitor and escalate

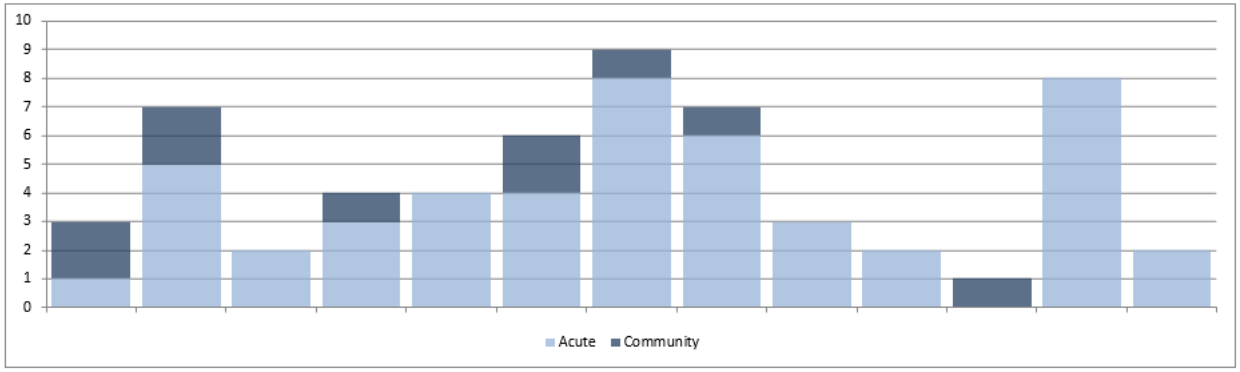
Risks;

- Potential for poor patient outcomes due to delays in theatre and patients being cared for on the wrong wards due to bed availability
- Elective capacity often cancelled due to emergency admissions

Quality and Safety-Infection Control

Number of Clostridium Difficile cases

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Acute	1	5	2	3	4	4	8	6	3	2	0	8	2
Community	2	2	0	1	0	2	1	1	0	0	1	0	0

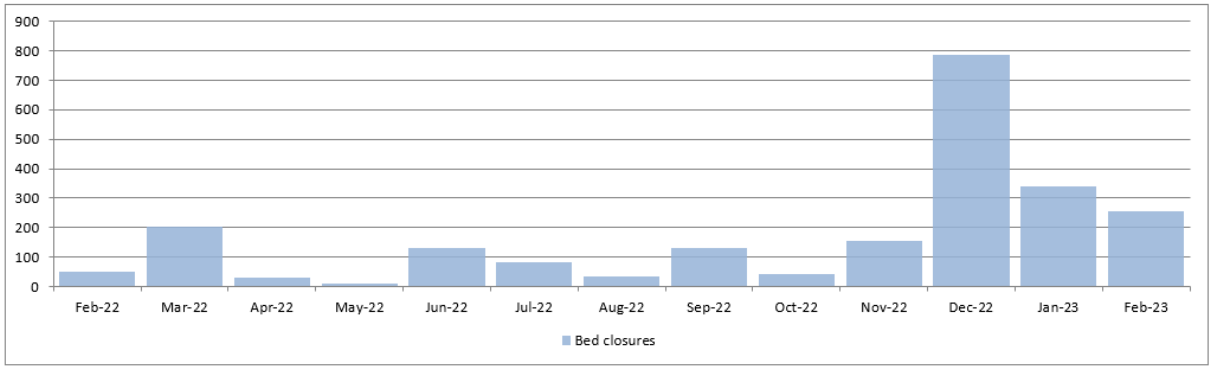


There were no community reported case of C.Diff in January and February 2023.

However there were 8 reported cases in the acute setting in January and 2 reported in February.

Infection control - Bed days lost (Acute)

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Bed closures	49	203	30	12	130	84	36	132	42	156	786	339	254



In February bed closures saw a decrease from 339 in January to 254 in February.

The reason for the closures has mainly been due to;

- Patients testing positive for COVID-19/Flu A on admission
- Out breaks of norovirus during admission

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

Quality and Safety- Exception Reporting

Stroke

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
90+% of time on stroke ward	59.0%	28.1%	35.3%	67.6%	34.1%	66.7%	59.3%	54.8%	55.0%	75.9%	28.0%	54.5%	67.4%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

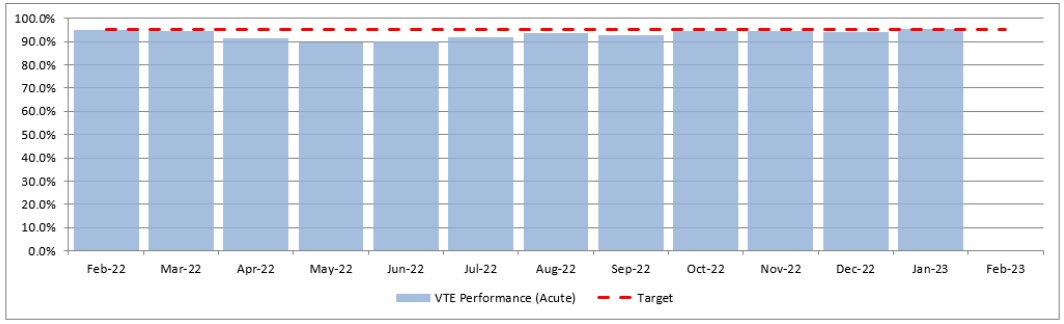
Stroke:
67.4% of patients spent more that 90% of their stay on the stroke ward which is an improved position from January 54.5%.
Access to the stroke unit within 4 hours of arrival increased to 17.5% during February 23, but has still not met the target of 90%.

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

- 93.5% of patients received a scan within 12 hours
- 89.1% saw a Stroke nurse within 24 hours
- 100% of patients had a nutrition screen within 24 hours
- 100% of patients had a continence plan

Acute VTE risk assessment on admission

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
VTE Numerator	4996	5376	4789	5170	4942	5007	5255	5102	5433	5521	4896	5631	0
VTE Denominator	5248	5693	5246	5766	5493	5452	5612	5505	5737	5847	5210	5894	0
VTE Performance (Acute)	95.2%	94.4%	91.3%	89.7%	90.0%	91.8%	93.6%	92.7%	94.7%	94.4%	94.0%	95.5%	0.0%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



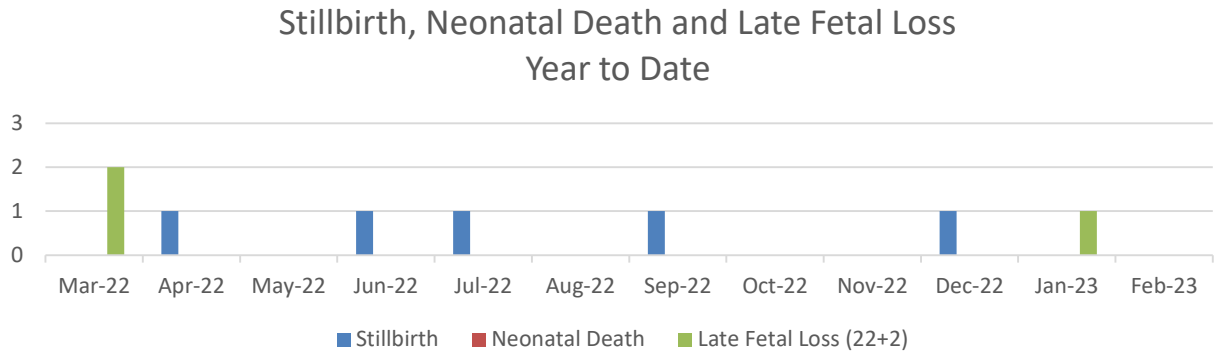
VTE assessment
VTE assessment conformity demonstrated an upward trend for all relevant inpatients standing at 99.6% in February 2023. This is an increase of 0.4% and remains within the national target of 95%.

- The number of assessments completed within less than 24 hours has fallen 6.4% from 92.4% in January to 86.8% in February 2023.
- The areas of non-compliance with regards risk assessments are:
    - Ainslie Ward
    - Ella Rowcroft
    - New Forrest

The VTE steering group continue to meet monthly to monitor and support areas of non-compliance.

Quality and Safety- Perinatal Clinical Quality Surveillance December 2022

Following the publication of the Ockenden Report (Dec 2020), National guidance sets out the requirement to strengthen and optimise board oversight for maternity and neonatal safety. Review of Maternity and Neonatal safety and quality is required monthly by the Trust board



- There was one late fetal loss in January 2023 with no stillbirths or neonatal deaths in February 2023

	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Running Total
% of women booked for continuity of carer	50.7%	66.7%			33.5%*	50.2%*	50.9%	54.9%	52.2%	49.7%	61.0%	62.1%	56.0%
Number of Stillbirths	0	1	0	1	1	0	1	0	0	1	0	0	5
% Robson Group 1	8.7%	22.2%		22.9%	24.1%	40.9%	37.5%	12.0%	22.9%	12.0%	19.4%	0.0%	20.2%
% Robson Group 2	30.3%	55.3%		40.0%	45.5%	26.1%	48.3%	38.2%	36.4%	36.4%	42.9%	42.9%	40.2%
% Robson Group 5	90.0%	72.2%		*	*	*	90.9%	57.1%	90.5%	90.9%	88.9%	88.9%	83.7%
% Breastfeeding at Delivery	75.2%	78.0%		*	*	*	70.8%	63.9%	64.7%	63.0%	63.1%	66.7%	68.2%

- The number of births for February were slightly fewer than the projection, and were at the lowest level this year. Other local Trusts also saw a reduction in birth rates this month and reflects that February is a short month.
- The % of women booked for continuity of carer has increased this month and is currently 62.1%
- The % of women breastfeeding at delivery has also seen a slight improvement to 66.7%

Workforce Status

Performance exceptions and actions

Staff sickness/absence: RED for 12 months and RED for current month
The preliminary annual rolling sickness absence rate is 5.58% to the end of February 2023. The sickness target rate is 4%. Sickness has decreased significantly in February (from the final figure of 5.26% in January) with the monthly figure standing at 4.59%.
Following a deep dive into sickness absence in February 2023, which was reported to the People Committee, work is planned as part of our management development to support and equip managers with regards to managing sickness absence and target hotspot areas more robustly.

Appraisal rate: **Red**
February's Achievement Review rate decreased slightly to 76.71% from 77.68% in January.
Continued high absenteeism and system pressures are impacting the ability to perform Achievement Reviews. Our People Business Partners are working with ISUs to plan improvement trajectories and deliver training for managers on Effective Feedback and Achievement Reviews. This training will become part of our managers essentials training as part of Our Leadership Framework.

Turnover (excluding Junior Doctors): **GREEN**
While the Trust's turnover rate of 13.09% for the year ending January 2023 remains within the normal tolerances of 10-14%, the SPC chart clearly reflects an upward trend since July 2021. This in part reflects the significant increase in the number of 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+. As part of Our People Promise, the activities highlighted by the ICS to enhance retention are being applied to TSDFT.

Mandatory Training rate: **GREEN**
The February **overall** rate for mandatory training figure increased slightly to 90.09% against a target of 85. **Information Governance, Manual Handling and Safeguarding Children are all below the target compliance level** for Corporate Mandatory training. Additional information added to the Focus Report to highlight the multi-level training compliance.

Agency Expenditure: The Trust Agency reported figure for February was £1.460m, an increase from the January figure of £1.253m.

Vacancy Rate: Overall finance data is showing that we are over budget from a vacancy point of view with significant over establishment in Medical and Dental, Nursing staff and Support to Nursing staff groups. Some of this is offset by Allied Health Professional vacancies, those have increased from 54 WTE in January to 65 WTE in Feb. Admin and Clerical vacancies has also decreased to 55 WTE. Finance are currently working alongside workforce colleagues to produce a robust workforce plan that will be submitted to both the ICB and NHS England and this work will ensure that budgets are more meaningful to budget holders.

Workforce Summary

Update of Progress Against Our People Promise

The delivery of Our People Promise is a key enabling strategy in the delivery of our Trust Strategy and our Regain and Renew Plan.
The delivery of our people promise will be focussed on these 2 priority areas in order to deliver on our strategic priority :
"To build a culture at work where our people feel safe, healthy and supported".

1. **Consistent, compassionate and inclusive leadership that is motivating and empowering**
2. **Making people's lives easier and freeing up time to work in a safe and calm way on agreed priorities**

The full programme of work includes 6 key deliverables:

- Co-Create leadership framework & descriptors
- Inclusive leadership development and recruitment framework
- Equipping managers with essential skills and confidence
- Organisational reshape (span of control and engagement outcomes)
- Workforce transformation programme to deliver clear enabling data & people processes
- Development of strategic workforce plans and process, driving career pathways, learning and development

Full project plans are now in place for all 6 areas. Work is underway in each of these areas, including the Workforce transformation and focussed Retention work. This includes early feedback that there was more to do to increase opportunities for flexible working, which we know is a key retention factor. We have started working with teams on flexible working pilots and to collect case studies that demonstrate the positive impact of flexible working, as well as providing some practical solutions on how the challenges have been addressed.
Engagement has begun to socialise these priorities, including co-creation of an effective leadership framework within our organisation (based on the national 'Our Leadership Way', adapted with language and experiences of our people) and the continued development of our management development offer in line with this framework ; feedback on the current operational model from colleagues to inform a re-shape and change management process, and roll-out of robust e-rostering as part of the Workforce Transformation programme.

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

Indicator	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Performance
Month Sickness %	4%	7.44%	6.36%	4.66%	4.83%	6.25%	4.77%	4.90%	5.86%	5.39%	6.54%	5.26%	4.59%	
12 Mth Rolling Sickness %	4%	5.34%	5.57%	5.60%	5.62%	5.63%	5.72%	5.74%	5.71%	5.69%	5.76%	5.69%	5.58%	
Achievement Rate %	90%	71.87%	71.27%	73.90%	75.24%	77.02%	78.03%	75.77%	76.61%	77.96%	76.70%	77.68%	76.71%	
Labour Turnover Rate	10-14%	13.43%	13.15%	13.56%	13.67%	13.79%	13.82%	13.88%	13.66%	13.74%	13.48%	13.33%	13.09%	
Overall Training %	85%	89.50%	89.55%	89.83%	90.10%	89.73%	89.15%	88.70%	88.65%	89.10%	89.70%	89.94%	90.09%	
FTE Vacancy	N/A	**356**	**352**	**340**	**292**	**252**	**141**	**183**	**11**	**-3**	**-14**	**-41**	**-73**	
Vacancy Factor	<10%	**5.67%**	**5.62%**	**5.43%**	**4.69%**	**4.04%**	**2.26%**	**2.93%**	**0.18%**	**-0.05%**	**-0.22%**	**-0.66%**	**-1.19%**	
Monthly Agency Spend	£698K	**£1,468**	**£1,148**	**£1,335**	**£1,174**	**£1,023**	**£1,179**	**£1,173**	**£962**	**£1,166**	**£1,014**	**£1,253**	**£1,460**	
Nuring Staff Average % Day Fill Rate- Nurses		88%	89%	96%	96%	94%	94%	96%	99%	99%	92%	92%	91%	
Nuring Staff Average % Night Fill Rate- Nurses		79%	80%	87%	88%	86%	86%	86%	89%	86%	87%	88%	87%	
Safer Staffing- Overall CHPPD		7.56	7.59	7.6	7.55	7.48	7.59	7.53	7.72	7.75	7.54	7.72	7.83	

Statistical Process Control (SPC)

SPC is a method of quality control which employs statistical methods to measure, monitor, and control a process. It is a scientific visual method to monitor, control, and improve the process by eliminating special cause variation in a process.

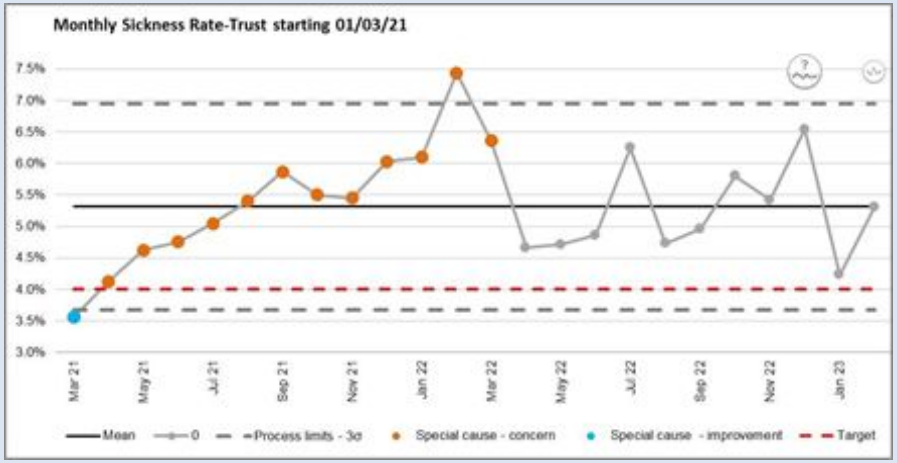
To help you interpret the data a number of rules can be applied.

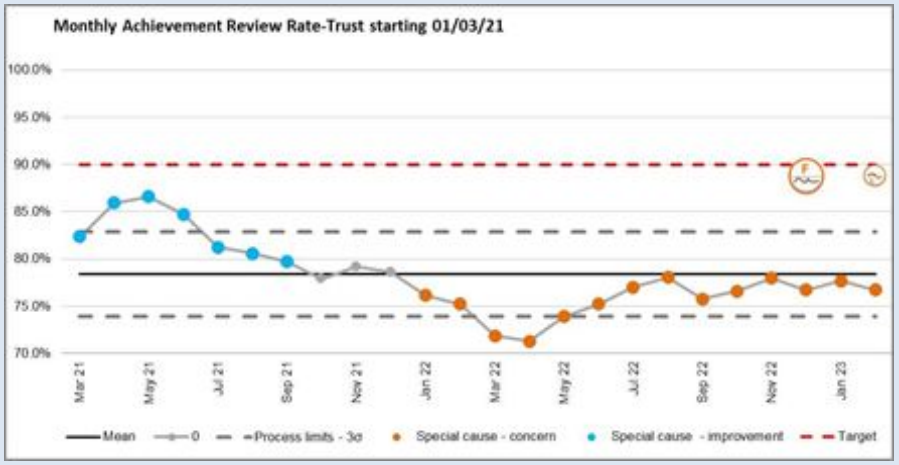
Any single point outside the process limits

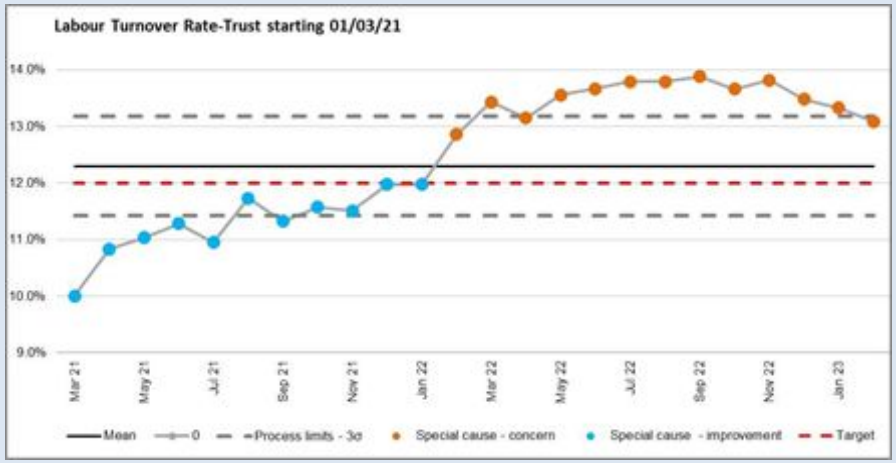
A run of 7 points above or below the mean (a shift), or a run of 7 points all consecutively ascending or descending (a trend).

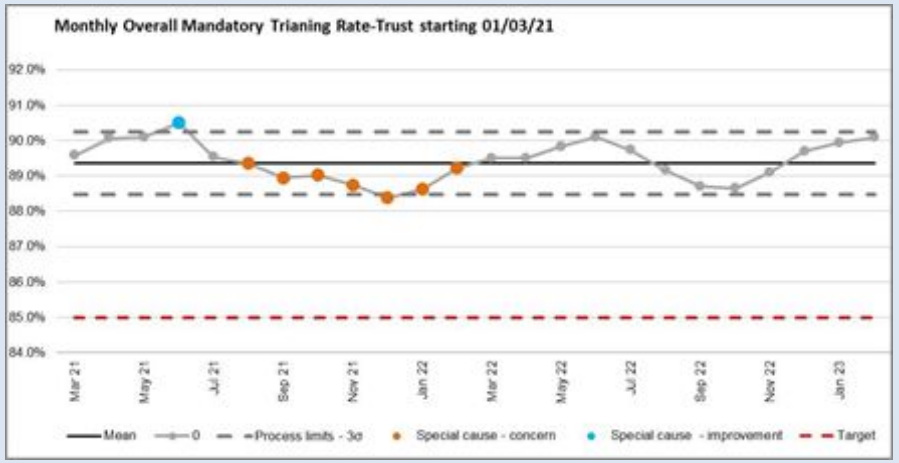
Any unusual pattern or trend within the process limits.

The number of points within the middle third of the region between the process limits is different from two thirds of the total number of points.









Sickness has decreased to 4.59% from 5.26% but dropped from over 6% in Dec / AR has decreased slightly in Feb the trend is still below the mean / LTR shows two trends with the most recent the increase in turnover this decreased slightly in Feb and does include retire and return / overall Training compliance continues to improve and is sat at 90%.

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

Multiple Level Training Breakdown	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Infection Control L1*	91.28%	91.69%	91.45%	92.03%	92.14%	91.86%	91.52%	92.37%	92.45%	92.79%	92.53%	92.47%
infection Control L2*	82.41%	82.60%	82.11%	81.85%	81.53%	81.00%	80.02%	79.82%	82.24%	83.04%	83.65%	83.66%
Moving & Handling L1*	90.22%	90.80%	90.24%	89.75%	88.50%	87.29%	86.21%	86.28%	86.63%	87.47%	87.64%	88.11%
Moving & Handling L2*	69.50%	68.73%	68.47%	69.95%	69.80%	69.66%	68.25%	68.77%	68.19%	68.03%	67.03%	66.28%
Safeguarding Adults L1	94.71%	94.77%	95.14%	95.59%	95.48%	94.80%	94.36%	93.86%	94.41%	95.28%	95.33%	95.56%
Safeguarding Adults L2	88.56%	88.35%	87.86%	89.28%	88.71%	88.39%	88.22%	87.74%	88.39%	89.37%	90.80%	91.37%
Safeguarding Adults L3	57.58%	58.10%	61.56%	61.59%	62.03%	62.73%	56.02%	55.69%	47.58%	49.58%	51.87%	50.52%
Safeguarding Adults L4	65.12%	65.85%	64.29%	76.19%	72.09%	71.11%	66.67%	65.85%	59.52%	59.09%	60.47%	56.25%
Safeguarding Adults L5	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%
Safeguarding Adults L6	87.50%	87.50%	87.50%	87.50%	87.50%	100.00%	100.00%	83.33%	83.33%	71.43%	71.43%	75.00%
Mental Capacity Act L1	86.51%	87.58%	88.27%	89.28%	89.78%	89.51%	89.76%	91.12%	91.13%	91.21%	91.65%	92.30%
Mental Capacity Act L2	81.74%	81.88%	83.72%	84.87%	84.72%	84.19%	84.11%	84.00%	85.38%	85.31%	86.73%	87.75%
Mental Capacity Act L3	59.98%	61.15%	62.62%	64.32%	64.76%	65.70%	66.13%	66.46%	66.78%	68.35%	70.05%	71.18%
Mental Capacity Act L4	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	57.14%	66.67%	100.00%	100.00%	100.00%	100.00%
Mental Capacity Act L5	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%
Mental Capacity Act L6	83.33%	83.33%	71.43%	71.43%	83.33%	83.33%	83.33%	80.00%	80.00%	80.00%	80.00%	80.00%
Safeguarding Children L1	89.90%	90.21%	90.64%	91.24%	91.30%	90.36%	90.36%	89.98%	89.96%	90.69%	90.39%	90.72%
Safeguarding Children L2	81.38%	81.63%	82.44%	82.82%	82.48%	81.99%	82.04%	82.15%	82.62%	82.92%	84.36%	84.79%
Safeguarding Children L3	73.21%	72.86%	73.31%	72.57%	72.38%	71.60%	69.30%	66.62%	64.40%	65.26%	64.17%	65.99%
ABLS L1	98.17%	98.12%	98.41%	98.51%	98.46%	97.84%	97.59%	97.75%	97.93%	98.14%	98.20%	98.35%
ABLS L2	68.09%	68.80%	68.73%	68.22%	69.82%	70.10%	68.61%	69.03%	69.73%	69.67%	67.51%	69.20%
AILS L3	57.68%	54.58%	57.42%	61.25%	61.86%	56.08%	53.31%	57.72%	59.63%	59.57%	63.01%	69.43%
AALS L4	63.25%	60.49%	65.13%	65.33%	68.49%	44.00%	62.03%	78.21%	75.48%	72.26%	69.93%	76.47%
PBLS L2	63.54%	62.77%	64.56%	65.96%	66.64%	66.40%	64.18%	63.88%	64.28%	64.60%	62.97%	63.57%
PILS L3	43.90%	42.74%	38.52%	35.52%	36.93%	38.55%	39.20%	40.00%	43.56%	47.30%	53.85%	57.60%
PALS L4	50.79%	50.00%	47.54%	49.18%	54.10%	53.97%	51.47%	54.41%	53.62%	55.07%	73.91%	75.00%
NBLS L2	65.41%	61.50%	69.66%	68.54%	77.01%	75.28%	68.68%	71.89%	75.68%	69.57%	70.88%	76.11%
NBLS L3	61.29%	61.67%	60.66%	60.66%	61.29%	59.68%	51.67%	53.33%	60.00%	59.18%	60.00%	56.25%

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

Nursing FTE in-post has increased by 90 FTE since February of last year and Medical has increased by 49 FTE over the same period.

Agency usage has increased by 34 FTE and Bank by 75 FTE since January. Overall there was an increase of 250 FTE total workforce compared to January.

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

NHSI Staff Group	2022/02	2022/03	2022/4	2022/5	2022/6	2022/7	2022/8	2022/9	2022/10	2022/11	2022/12	2023/01	2023/02	Change since Feb 2022	% Change
Allied Health Professionals	522.34	520.82	513.97	517.62	515.85	516.77	519.23	524.88	527.93	527.65	524.49	515.54	516.43	-5.91	-1.13%
Health Care Scientists	92.36	91.76	90.16	89.16	89.16	91.16	91.40	94.40	95.09	94.06	95.46	95.78	95.98	3.62	3.92%
Medical and Dental	551.50	559.04	576.93	571.32	569.67	580.27	595.86	600.97	601.85	604.79	603.95	600.78	600.40	48.90	8.87%
NHS Infrastructure Support	1147.56	1149.02	1148.34	1146.50	1146.15	1155.06	1156.47	1163.54	1162.15	1172.13	1181.92	1200.52	1203.71	56.15	4.89%
Other Scientific, Therapeutic and Technical Staff	342.02	346.93	351.10	356.26	347.88	349.63	343.54	349.97	353.73	355.31	350.16	351.02	356.25	14.23	4.16%
Qualified Ambulance Service Staff	9.53	10.53	10.45	10.45	10.25	11.25	11.25	11.25	11.25	11.25	12.01	12.01	12.01	2.48	25.98%
Registered Nursing, Midwifery and HV staff	1293.75	1287.20	1306.43	1305.28	1317.37	1321.15	1340.29	1363.69	1369.45	1382.07	1381.75	1387.12	1384.66	90.91	7.03%
Support to clinical staff	1897.31	1912.84	1907.03	1929.11	1928.86	1952.94	1955.63	1975.21	1991.37	1987.91	1988.68	2030.99	2042.87	145.56	7.67%
Grand Total	5856.38	5878.15	5912.46	5925.70	5925.20	5978.23	6013.67	6083.91	6112.83	6135.17	6138.42	6193.76	6212.31	355.93	6.08%

Pay Report Summary for the last 12 months

	MAR	APR	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY
Cost	£	£	£	£	£	£	£	£	£	£	£	£
Substantive	£35,278,455	£23,784,603	£22,891,926	£22,092,285	£22,170,277	£23,160,550	£26,163,492	£24,590,932	£24,237,752	£23,943,061	£24,064,225	£24,448,135
Bank	£1,436,187	£1,342,004	£1,362,536	£1,138,479	£1,191,544	£1,367,791	£1,330,659	£1,159,752	£1,185,944	£1,402,809	£1,344,191	£1,344,511
Agency	£1,467,363	£1,146,711	£1,335,644	£1,173,389	£1,023,469	£1,180,278	£1,172,372	£962,338	£1,166,440	£1,014,596	£1,253,731	£1,460,338
Total Cost £	£38,182,005	£26,273,318	£25,590,106	£24,404,153	£24,385,291	£25,708,620	£28,666,523	£26,713,022	£26,590,135	£26,360,467	£26,713,022	£27,252,984
WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Substantive	5,961.13	5,972.99	5,931.47	5,926.80	5,951.18	6,017.89	6,028.80	6,105.92	6,136.51	6,150.80	6,103.22	6,245.30
Bank	348.91	292.62	270.31	304.68	250.66	303.54	309.42	233.21	298.67	320.89	265.84	340.81
Agency	212.24	162.93	194.59	162.83	173.40	119.42	134.13	145.46	126.06	125.82	151.95	185.33
Total Worked WTE	6,522.28	6,428.54	6,396.37	6,394.31	6,375.25	6,440.86	6,472.36	6,484.59	6,561.24	6,597.51	6,521.00	6,771.44

Workforce – Vacancies (12 months rolling) - (New Ways of Working - Growing for the Future)

Vacancy data based on Finance Reporting from Unit 4 Agresso. Finance and Workforce are currently working together to set realistic operational plans as part of our annual submission to NHS England. This includes setting budgets at an occupational code level and improving the vacancy picture at a staff group level and introducing a robust Cost Improvement Plan at a cost centre level. It is important to note that vacancies are being covered by agency and bank and are excluded from this report.

Staff Group	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Medical And Dental	537.50	536.50	536.49	536.49	536.49	536.50	527.48	527.48	527.48	527.48	527.48
Nursing And Midwifery Registered	1,384.03	1,373.51	1,377.64	1,378.26	1,377.61	1,378.27	1,361.48	1,361.25	1,360.60	1,361.25	1,360.60
Support To Clinical Staff	1,950.33	1,940.50	1,952.40	1,953.27	1,955.49	1,955.74	1,923.20	1,922.98	1,923.20	1,921.98	1,922.20
Add Prof Scientific and Technic	242.72	242.72	235.22	233.62	233.62	233.62	226.38	226.38	226.38	226.38	226.38
Allied Health Professionals	738.55	742.55	736.98	744.35	744.35	743.96	721.96	721.96	721.96	721.74	721.74
Healthcare Scientists	105.64	105.64	105.64	105.64	105.64	105.64	101.79	101.79	101.79	101.79	101.79
Qualified Ambulance Service Staff	6.80	6.80	6.80	6.80	6.80	6.80	6.73	6.73	6.73	6.73	6.73
Administrative And Estates	1,307.23	1,306.43	1,264.93	1,271.09	1,280.59	1,283.41	1,269.08	1,269.08	1,269.08	1,268.15	1,268.15
Total Staff Budgeted WTE	**6,272.80**	**6,254.65**	**6,216.10**	**6,229.52**	**6,240.59**	**6,243.94**	**6,138.10**	**6,137.65**	**6,137.22**	**6,135.50**	**6,135.07**

Staff Group	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Medical And Dental	551.66	545.79	541.28	536.89	634.71	560.27	574.38	560.23	562.43	562.28	558.91
Nursing And Midwifery Registered	1,305.03	1,311.17	1,311.79	1,323.55	1,334.02	1,356.86	1,371.41	1,382.91	1,387.43	1,389.51	1,387.94
Support To Clinical Staff	1,919.01	1,920.71	1,937.89	1,966.05	1,974.62	1,974.51	1,982.35	1,983.34	1,981.46	1,997.62	2,036.88
Add Prof Scientific and Technic	228.01	225.38	225.05	229.23	228.31	228.92	249.21	249.82	248.42	246.52	246.99
Allied Health Professionals	654.49	651.07	653.05	653.60	654.95	661.89	670.80	672.27	668.53	666.82	656.19
Healthcare Scientists	94.77	94.17	92.49	95.16	96.16	99.40	99.10	100.07	101.07	101.47	100.79
Qualified Ambulance Service Staff	7.61	7.61	7.41	8.41	7.41	7.41	7.41	7.41	7.40	7.40	7.40
Administrative And Estates	1,159.95	1,158.82	1,155.57	1,164.97	1,169.55	1,171.92	1,172.14	1,184.87	1,187.71	1,204.58	1,213.22
Total Staff Worked WTE	**5,920.52**	**5,914.71**	**5,924.52**	**5,977.86**	**6,099.74**	**6,061.18**	**6,126.80**	**6,140.92**	**6,144.43**	**6,176.20**	**6,208.31**

Staff Group	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Medical And Dental	-14.16	-9.29	-4.79	-0.40	-98.22	-23.77	-46.90	-32.75	-34.95	-34.80	-31.43
Nursing And Midwifery Registered	79.00	62.34	65.85	54.71	43.59	21.41	-9.93	-21.66	-26.83	-28.26	-27.34
Support To Clinical Staff	31.32	19.79	14.51	-12.78	-19.13	-18.77	-59.15	-60.36	-58.26	-75.64	-114.68
Add Prof Scientific and Technic	14.71	17.34	10.17	4.39	5.31	4.70	-22.83	-23.44	-22.04	-20.14	-20.61
Allied Health Professionals	84.06	91.48	83.93	90.75	89.40	82.08	51.16	49.69	53.43	54.92	65.55
Healthcare Scientists	10.87	11.47	13.15	10.48	9.48	6.24	2.69	1.72	0.72	0.32	1.00
Qualified Ambulance Service Staff	-0.81	-0.81	-0.61	-1.61	-0.61	-0.61	-0.68	-0.68	-0.67	-0.67	-0.67
Administrative And Estates	147.28	147.61	109.36	106.12	111.04	111.49	96.94	84.21	81.37	63.57	54.93
Total Staff Worked WTE	**352.28**	**339.94**	**291.58**	**251.66**	**140.85**	**182.77**	**11.31**	**-3.26**	**-7.21**	**-40.70**	**-73.23**

Community and Social Care Indicators

Key							
⬆ = Performance improved from previous month ⬇ = Performance deteriorated from previous month ⬌ = No change							
	Not achieved		Under-achieved		Achieved		No target set		Data not available

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

Narrative and data to support the community and social care indicators is provided in the Month 11 Chief Operating Officer Report.

System Oversight Framework

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 to 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 2023/24.

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 2023.

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. Details of Tier 1 performance is detailed in the Chief Operating Officer report.

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 currently being reviewed to agree next steps.

System Oversight Framework 4 Exit Criteria – indicative measures

The draft set of exit criteria below highlights performance levels to be achieved to exit SOF 4, however, we are awaiting finalisation of these to reflect the changes in the NHS Operational Planning guidance for 2023/24.

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 Reduction in number of patients who no longer meet the "criteria to reside in hospital" to no more than 2019 levels by X
Elective Recovery	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
Finance	A short term plan, with detailed millstones (22/23), signed off by the ICB A reporting schedule with metrics that's overseen monthly by the ICB Meet the financial plan every month for the quarter Reconfirm the underlying exit run-rate Confirm run-rate Productivity back to 19/20 levels as a minimum Significant improvement in underlying recurrent position (£ms) - monthly monitoring of CIP delivery An approved 2 year financial recovery plan An ambitious system wide shared services programme (with at least all back office functions in scope) Development and agreement of costed schemes with implementation plans. Quarterly trajectories identified and delivered.
Strategy	Phase 1 Clinical Workshops to be completed between December and March 2023 Options for redesign of Paediatric, medicine and surgical assessment services to be generated by April 2023 Clinical models to be presented to Boards for approval in May/June 2023 Public consultation on proposed changes to be approved by Boards late summer 2023 Public consultation on proposed changes to commence autumn 2023

One Devon

System Oversight Framework 4 Exit Criteria indicative measures – Tableau Reporting

The Trust's ability to review progress against the SOF 4 exit criteria is key to ensure action plans are impacting improved performance and patient access to services. To support on-going review, the Trust is developing a Tableau report which will consist of:

- a dashboard reflecting current monthly performance;
- the targets to meet to exit SOF 4;
- performance against agreed monthly trajectories.
- automatically refreshed from source data
- accessible via online Tableau reporting tools

The report below demonstrates current progress against development of the dashboard; when the SOF 4 exit criteria measures are agreed these will be reflected in the dashboard for regular review.

Recovery | Metric Reporting

Torbay and South Devon NHS Foundation Trust

Type	Category	Metric	Target	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Planning	Cancer	Cancers diagnosies % by stages 1 and 2	>75%	49.6%	43.96%	47.04%				
Planning/SOF4	Cancer	Cancer 28 day faster diagnosis standard	>75%	68.27%	74.6%	71.48%	77.17%			
SOF	Cancer	Total cancer treatments 2019/20 comparision (S010a)	100%	96.14%	96.31%	95.91%	94.55%			
SOF/Planning/SOF4	Cancer	Waiting over 62 days to begin cancer treatment (S011a)	0%	16.35%	28.74%	18.99%	16.16%			
Planning	Community	2-hour urgent community response (UCR) standard	>70%	74.07%	77.5%	79.41%	80%			
Other	Diagnostic	Total diagnostic waits (DM01)		5,628	6,594	6,363	6,537			
Planning	Diagnostic	Diagnostic Waiters > 6 weeks	<5%	30.06%	29.01%	33.68%	28.33%			
SOF	Diagnostic	Diagnostic activity - Endoscopy (S013c)		725	758	904	911			
SOF4	ED	Ambulance handovers >15mins		1,515	1,483	1,203	1,032			
SOF4	ED	Ambulance handovers >3 hours	nil	335	610	338	69			
Planning	ED	Emergency Care <4 hours in department achieved	>76%	55.88%	51.81%	59.99%	56.92%			
SOF4	ED	Emergency Care >12 hours in department breaches	nil	940	1,207	823	599			
SOF4	ED	ED average time in Department		464	539	469	395			
SOF4	Inpatient	Pre midday discharges as a % or total of discharges		18.43%	18.49%	18.31%	18.08%			
Planning	Inpatient	Adult general and acute (G&A) bed occupancy	<92%	96.34%	96.13%	96.62%	96.16%			
SOF	Inpatient	Acute patients discharged to usual place of residence (S105a)		89.93%	93.88%	92.79%	92.83%			
Other	Inpatient	Weekend to Weekday Discharges Comparison %	>80%	49.75%	57.56%	50.27%	53.56%			
SOF4	Inpatient	Average count of NCTR inpatients			48	47	37			
SOF	RTT	RTT 52 week waits (S009a)		5,585	6,027	5,579	5,116			
SOF	RTT	RTT 78 week waits (S009b)	nil	822	923	769	480			
SOF	RTT	RTT 104 week waits (S009c)	nil	34	30	24	14			

Dashboard created and maintained by Torbay and South Devon NHS FT Information Team

System Oversight Framework 4 Exit Criteria indicative measures – Tableau Reporting

Whilst the Tableau report is being finalised, the SOF 4 exit criteria has been replicated in the monthly IPR dashboard of key metrics and is shown below. This dashboard is rated against achievement of exit criteria target and not a monthly trajectory.

System Care Group Directors review progress against these key metrics and commentary is contained in the Chief Operating Officer Report.

Performance summary: 3 out of 11 SOF 4 exit criteria targets have been met in February 2023.

Improved performance has been seen this month in:

- percentage of ambulance handovers greater than 15 minutes;
- total average time in ED;
- ED attendances with a visit time over 12 hours;
- RTT 104 week wait;
- RTT 78 week wait;
- RTT 65 week wait;
- RTT 52 week wait
- number of patients waiting longer than 62 days for treatment.

A deterioration in performance has been seen in:

- percentage of patients discharged pre-noon.

	ISU	Target	13 month trend	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
SYSTEM OVERSIGHT FRAMEWORK EXIT CRITERIA																
Urgent and Emergency Care																
Percentage of Ambulance handovers greater than 15 minutes	Trustwide			66.3%	77.4%	77.5%	69.6%	80.0%	77.0%	78.3%	77.5%	84.4%	82.2%	87.5%	66.5%	54.8%
Total average time in ED (hours/minutes)	Trustwide			06:44	07:35	07:08	06:23	07:22	07:02	07:06	07:33	07:58	07:44	08:59	07:49	06:35
ED attendances where visit time over 12 hours	Trustwide	0		655	880	816	668	871	827	920	906	988	939	1207	823	599
% patient discharges pre-noon	Trustwide	33%								16.2%	18.0%	18.4%	23.6%	18.1%	19.0%	18.5%
Elective recovery																
RTT 104 week wait incomplete pathway	Trustwide	0		213	245	192	173	96	70	51	50	47	34	29	22	14
RTT 78 week wait incomplete pathway	Trustwide	176		649	763	779	813	713	686	787	813	829	822	923	729	480
RTT 65 week wait incomplete pathway	Trustwide							1855	1789	2093	2252	2485	2174	2203	1906	1767
RTT 52 week wait incomplete pathway	Trustwide			2759	3199	3374	3765	4137	4578	5083	5060	5412	5585	6027	5554	5116
Patient waits over 2.5 years	Trustwide	0		18	32	48	54	47	24	24	17	12	9	6	0	0
75% of GP referred patients diagnosed within 28 days	Trustwide	75%		73.1%	75.0%	76.9%	67.6%	64.8%	67.7%	72.1%	70.4%	75.5%	69.8%	74.8%	71.6%	77.4%
Number of patients waiting longer than 62 days for treatment	Trustwide	138		186	187	245	307	233	283	244	333	331	229	253	225	130

Operational Performance Indicators

Key

↑ = Performance improved from previous month ↓ = performance deteriorated from previous month ↔ = no change

Not achieved	Under-achieved	Achieved	No target set	Data not available	NHSI Indicator

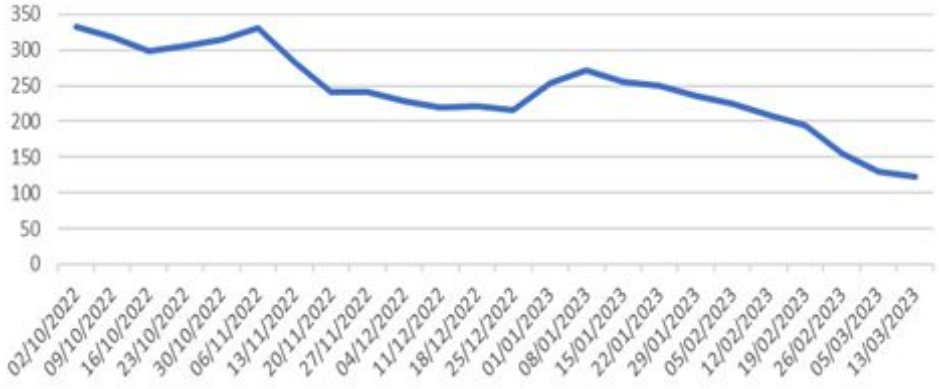
A&E - patients seen within 4 hours (NHSI)		↓
Referral to treatment - % Incomplete pathways <18 wks (NHSI)		↓
Cancer - 62-day wait for first treatment - 2ww referral (Tier 1)		↓
Diagnostic tests longer than the 6 week standard (NHSI)		↑
Dementia Find (NHSI)		↓
Number of Clostridium Difficile cases reported		↑
Cancer - Two week wait from referral to date 1st seen		↑
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients		↑
Cancer – 28 day faster diagnosis standard		↑
Cancer - 31-day wait from decision to treat to first treatment		↑
Cancer - 31-day wait for second or subsequent treatment - Drug		↔
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy		↑
Cancer - 31-day wait for second or subsequent treatment – Surgery		↑
Cancer – 62-day wait for first treatment – screening		↔
Cancer - Patient waiting longer than 104 days from 2 week wait		↑
RTT 52-week wait incomplete pathway		↑
RTT 78-week wait incomplete pathway		↑
RTT 104-week wait incomplete pathway (Tier 1)		↑
On the day cancellations for elective operations		↑

Percentage of patient discharges pre-noon		↓
Percentage of patient discharges pre-5pm		
Cancelled patients not treated within 28 days of cancellation		↑
Virtual Outpatient (Non-face-to-face) appointments		↑
Bed Occupancy (Acute)		↓
No Criteria to Reside - daily average - weekday (ICO)		↑
Number of patients >7 days LoS (daily average)		↑
Number of extended stay patients >21 days (daily average)		↑
Ambulance handover delays > 30 minutes		↑
Ambulance handover delays > 60 minutes		↑
A&E - patients with >12 hour visit time pathway		↑
Time to Initial Assessment within 15 mins – Emergency Department		↓
Clinically Ready to Proceed delay over 1 hour - Emergency Department		↑
Non-admitted minutes mean time in Emergency Department		↑
Admitted minutes mean time in Emergency Department		↑
Care Planning Summaries % completed within 24 hours of discharge – Weekend		↓
Care Planning Summaries % completed within 24 hours of discharge – Weekday		↓
Clinic letters timeliness - % specialties within 4 working days		↓

Tier 1 – Programme of formal support – NHS England

The Trust has been placed in Tier 1 performance support, meaning the highest levels of oversight requiring weekly meetings with regulators with detailed performance monitoring and assurance on recovery plans.
The focus is on reducing the Referral to Treatment waiting times to be in line with minimum national expectations, to have no patients waiting over 78 weeks by 31st March 2023 and bringing the backlog of cancer treatments waiting over 62 days from urgent referral, back down to February 2020 levels.
Weekly meetings take place with NHS England and the TSDFT Chief Operating Officer and Head of Planned Care System Director to discuss progress against action plans, challenges, and risks.

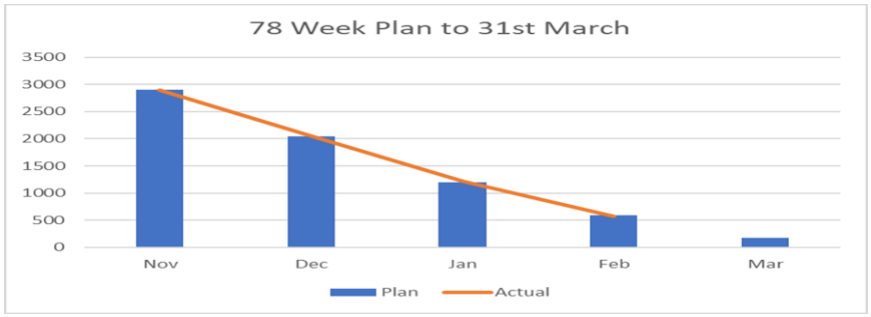
Cancer 62-day backlog



The Trust is currently reporting 123 patients in our 62-day backlog, a very significant improvement on the position reported when we entered the Tier 1 process.

Further information is contained in the Chief Operating Officer report.

RTT 78-week trajectory



The Trust reported 14 104-week waits at the end of February against a prediction of 16. The Trust remains on track to deliver zero 104-week waits at the end of March 2023.

Our predictions against 78-week reductions have remained on plan. The challenging March target of 176 is made up of 121 non-admitted patients and 55 patients awaiting admission. Our most significant risk to delivery is the impact of the junior doctors' strikes, which resulted in surgical and outpatient appointments being cancelled. Whilst there have been a number of elective cancellations in order to manage the impact of the junior doctor strike, we remain focussed on delivering an unchanged position.

Statistical Process Control (SPC) charts

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

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

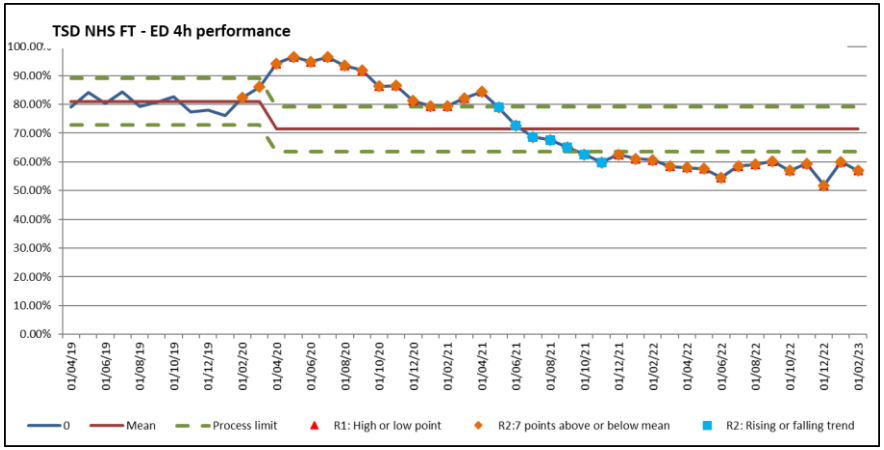
- 'predict' statistically whether a process is 'capable' of meeting a target;
- identify if a process is sustainable - i.e. are your improvements sustaining over time;
- identify when an implemented improvement has changed a process - i.e. it has not just occurred by chance;
- generally understand processes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

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

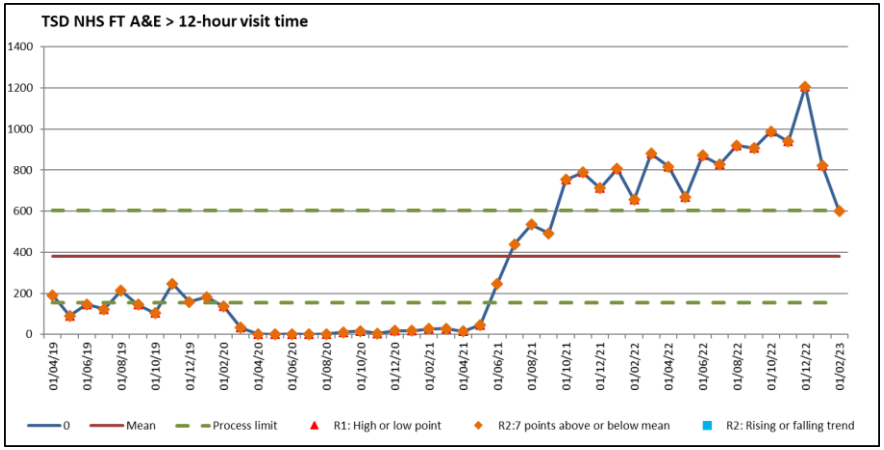
In preparing for fuller roll out and development of Tableau IPR reporting, a selection of key metrics are presented below in SPC format.

Key Indicators - Statistical Process Control (SPC) charts

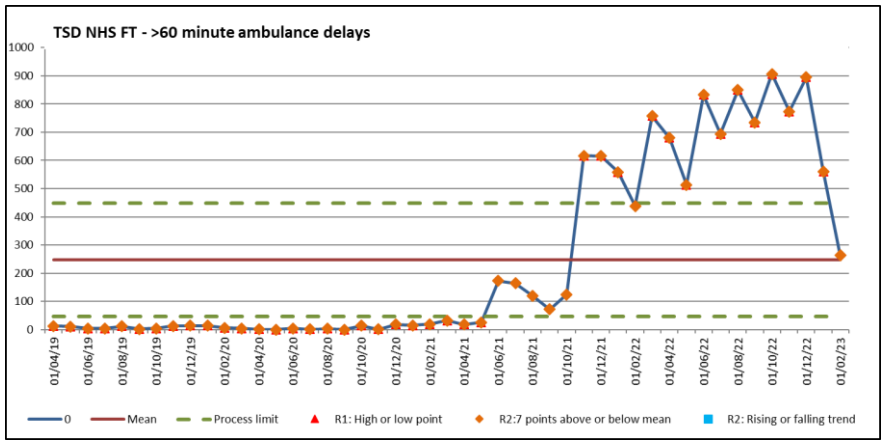
ED 4 hour performance



12- hour visit time

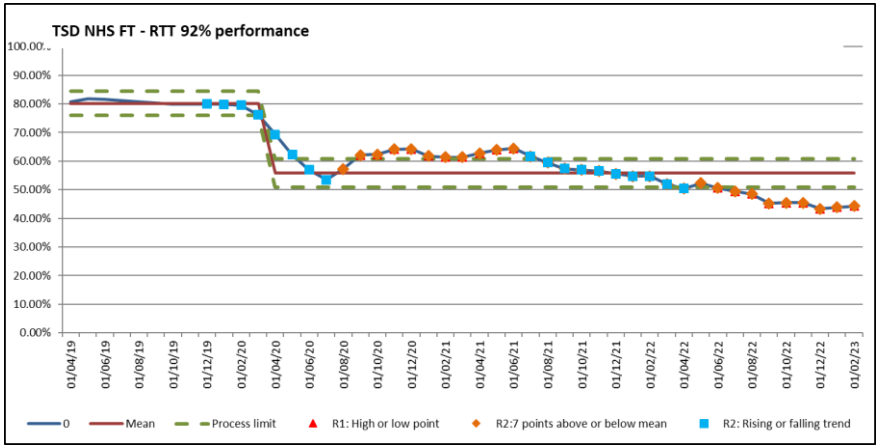


Greater than 60-minute ambulance handover delays

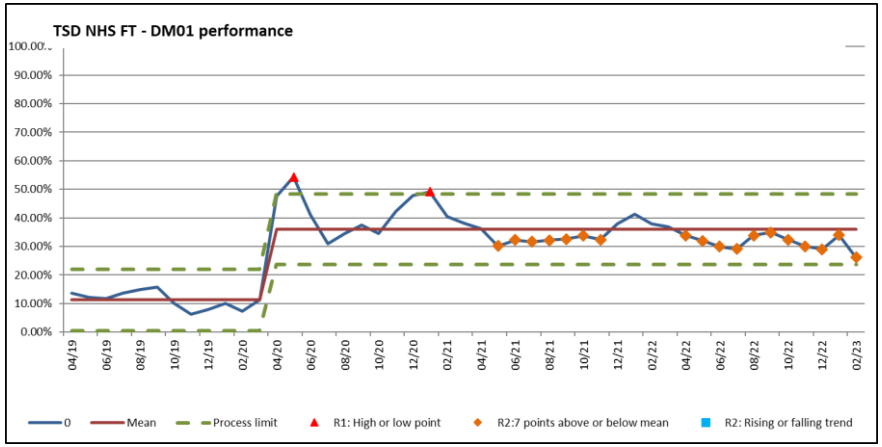


Key Indicators - Statistical Process Control (SPC) charts

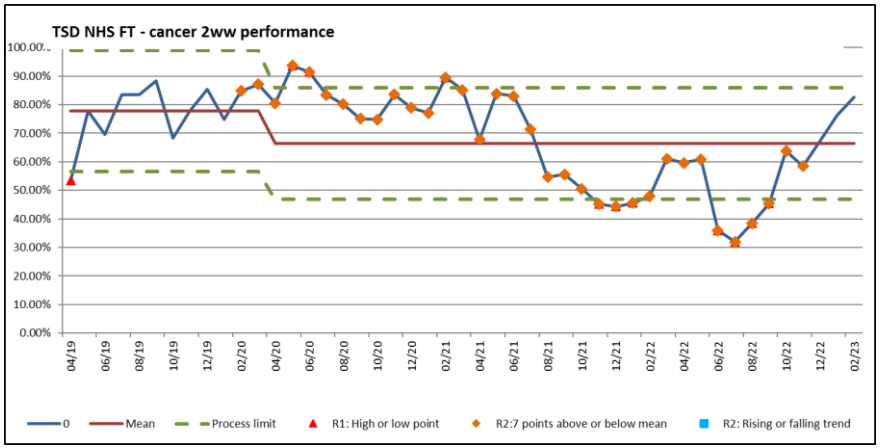
Referral To Treatment



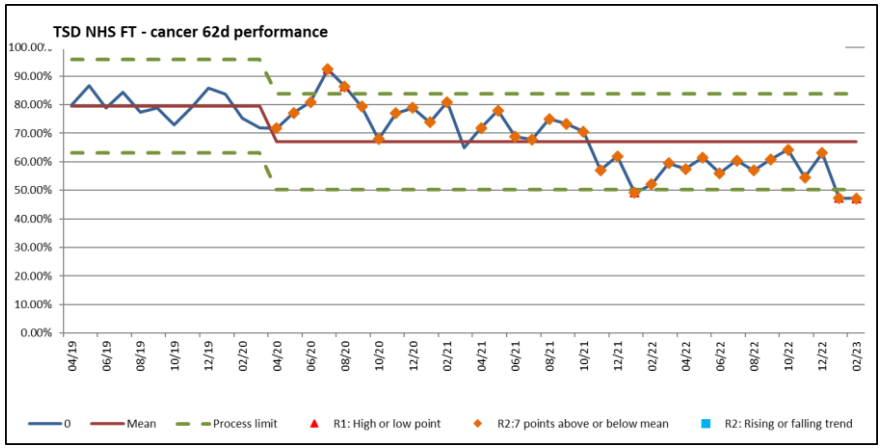
Diagnostics performance



Cancer 2-week-wait performance



Cancer 62-day performance



NHS
Torbay and South Devon
NHS Foundation Trust

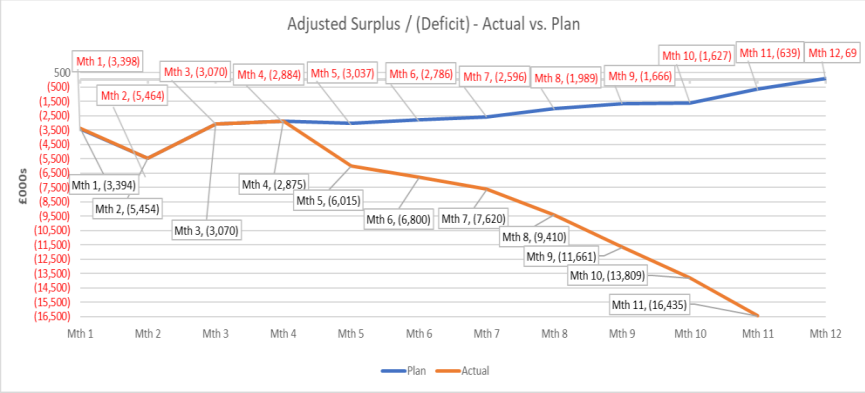
Financial Performance – Month 11 (February)
FY 2022 / 23

Torbay and South Devon NHS Foundation Trust

Financial Overview- Month 11, February 2023

High Level Summary- Year to Date Position

For Period ended - 28 February 2023, Month 11	Plan £m	Actual £m	Variance £m
Total Operating Income	539.89	556.59	16.70
Total Operating Expenditure and Financing Cost	(541.34)	(573.04)	(31.70)
Surplus/(Deficit)	(1.44)	(16.45)	(15.01)
Add back: NHSE/I Adjustments	0.80	0.01	(0.79)
Adjusted Surplus/(Deficit)	(0.64)	(16.44)	(15.80)
CIP	25.84	20.33	(5.51)
Capital (CDEL)	25.41	24.47	(0.94)
Cash & Cash Equivalents		18.45	



At Month 11 (February) the planned deficit year to date is £0.64m. The actual reported deficit is £16.44m, £15.80m adverse to plan. Taking into account a sum of £11.46m non-recurrent mitigations and revenue adjustments in this position, the underlying year to date deficit is c£27.9m, largely due to the gap in CIP delivery, income assumptions and operational pressures. The full year forecast is now £17.12m deficit.

Year-to-date variance Summary

Year to Date significant adverse variances to plan relate to:

- Under delivery of CIP- £5.4m (predominantly pay)
- ASC Income pressure against original planning assumption- £4.6m
- Adult Social Care (ASC) / Continuing Health Care (CHC) cost pressures - £4.5m
- Emergency and AMU pressures £1.8m
- Premises and estates related cost £1.6m e.g. utilities and catering
- Inpatient and Outpatient drug costs £5.1m

CIP Summary

Year to date CIP target at M11 £25.84m, of which £20.33m has been formally transacted via the financial ledger and delivered. Undelivered CIP £5.51m is contributing to the deficit position, predominantly pay. The current trajectory indicates a CIP shortfall of £6.82m for the year, albeit an improvement of C£1.19m 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 M11 year-to-date position, £11.46m has been released including non-recurrent mitigations and other revenue adjustments.

Torbay and South Devon NHS Foundation Trust

Forecast Overview

The forecast deficit is now £17.12m, a £1.5m improvement on the £18.62m formally notified to NHSE in month 09 owing to an additional income allocation via the ICB. Please see below for the detailed drivers identified across the Trust of risks and mitigations in the forecast deficit. Below table listing base (current), downside and upside forecast scenarios.

	M11 Forecast Base £m	M11 Forecast Downside £m	M11 Forecast Upside £m
Plan	**0.07**	**0.07**	**0.07**
Fragile services	-3.84	-3.84	-3.84
Premises costs (including utilities)	-1.77	-1.77	-1.77
Finance costs	4.69	4.69	4.69
Adult Social Care Expenditure	-5.63	-5.63	-5.63
HOP & Stroke Acute Ward	-0.16	-0.16	-0.16
Overspend in ED & AMU	-1.81	-1.81	-1.81
TP Trading account Deficit	-0.49	-0.49	-0.49
Recovery and Escalation Slippage	1.30	1.30	1.30
Income Shortfal / cost pressure on Drugs	-4.10	-4.10	-4.10
Income for adult social care	-5.50	-5.50	-5.50
Run Rate Forecast Trajectory	-1.15	-1.15	-1.15
ERF reduce spend in Q4	0.30	0.00	0.30
Review vacancies	0.50	0.00	0.50
Cease uncommitted spend	0.35	0.00	0.35
CIP undelivery	-6.74	-6.74	-6.24
Non-recurrent benefit	7.78	7.44	7.78
Employee expenditure (incl. CEA)	-0.94	-0.94	-0.94
Forecast Deficit	**-17.12**	**-18.61**	**-16.62**

Torbay and South Devon NHS Foundation Trust

In Month I&E Position – Month 11, February 2023

£m	M11 - In Month		
	Budget	Actual	Variance
Patient Income - Block	32.62	32.98	0.36
Patient Income - Variable	4.33	4.46	0.12
ERF/ERF+/TIF/Capacity Funding	0.60	0.52	(0.08)
ASC Income - Council	4.67	5.18	0.51
Other ASC Income - Contribution	0.98	1.07	0.09
Torbay Pharmaceutical Sales	1.95	2.52	0.57
Other Income	3.75	5.25	1.50
Covid19 - Top up & Variable income	0.25	0.25	0.01
Total (A)	**49.15**	**52.22**	**3.07**
Pay - Substantive	(23.34)	(25.79)	(2.45)
Pay - Agency	(0.64)	(1.46)	(0.82)
Non-Pay - Other	(12.95)	(15.19)	(2.24)
Non- Pay - ASC/CHC	(8.65)	(9.96)	(1.31)
Financing & Other Costs	(2.66)	(2.49)	0.17
Total (B)	**(48.23)**	**(54.89)**	**6.66**
Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)	0.91	(2.67)	(3.59)
NHSE/I Adjustments - Donated Items / Impairment / Gain on Asset disposal	0.08	0.05	**(0.03)**
Adjusted Financial performance - Surplus / (Deficit)	**0.99**	**(2.62)**	**(3.62)**

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

Income

- Overall patient income variance is £3.07m 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 £0.74m and Education income £0.55m and Torbay Pharmaceutical sales £0.57m. Main adverse variances are Covid Labs testing matched to spend (£0.31m)

Pay

- M11 pay when comparing to M10 is £0.59m higher . There has been an increase in substantive nursing and support to nursing. Agency AHP use has increased in Radiology and therapy services and agency non-medical non-clinical pay mainly in hotel services.
- Agency spend continues to increase month on month. The expectation would be for agency to cover vacancies, however, there have been no significant reductions in substantive and bank pay.
- Agency costs are (£0.82m) higher than the budget, with an increase of (£0.21m) from M10. The overspend in Agency mainly relates to medical (£0.30m) and nursing (£0.25m) staff groups.
- CIP target in M11 for pay is £1.77m of which £1.69m has been identified and delivered, 71% being non-recurrent vacancy slippage

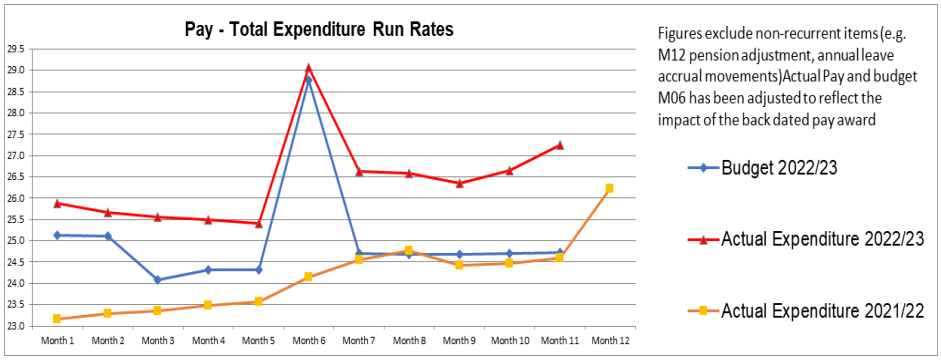
Non-pay

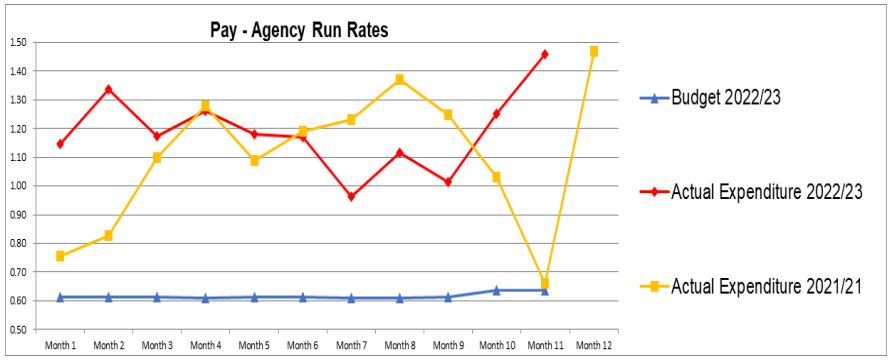
- Non-pay overall is overspent by (£3.38m) material areas being clinical and general supplies and services eg medical electronics and chemical consumables(£1.10m), drug costs- health at home (£1.02m) and premises and transport costs (£0.13m).
- The non-pay CIP target for M10 is £0.68m of which £0.54m 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 (£0.48m) 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	M11 In Month Budget	M11 In Month Actual	M11 In Month Variance
Children and Family Health Devon (CFHD)	Operating expenditure - Pay	(1.02)	(1.04)	(0.02)
	Operating expenditure - Non Pay	(1.53)	(1.41)	0.12
	Income from patient activities	2.51	2.46	(0.06)
	Other Operating Income	0.04	0.09	0.04
Children and Family Health Devon (CFHD) Total		(0.00)	0.09	0.09
Pharmacy Manufacturing Unit	Operating expenditure - Pay	(0.85)	(0.77)	0.08
	Operating expenditure - Non Pay	(1.04)	(1.73)	(0.70)
	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
	Other Operating Income	1.95	2.52	0.57
Pharmacy Manufacturing Unit Total		0.08	0.05	(0.04)
Shared Corporate Services	Operating expenditure - Pay	(2.74)	(5.77)	(3.03)
	Operating expenditure - Non Pay	(6.40)	(5.17)	1.23
	Misc non-operating items	(0.57)	(0.50)	0.07
	Finance expenditure	(0.08)	(0.06)	0.02
	Income from patient activities	37.52	37.21	(0.31)
	Other Operating Income	1.83	1.76	(0.07)
	Finance income	0.00	0.09	0.09
Shared Corporate Services Total		29.56	27.56	(2.01)
Planned Care, Long Term Conditions and Diagnostics	Operating expenditure - Pay	(10.50)	(10.42)	0.08
	Operating expenditure - Non Pay	(4.71)	(6.56)	(1.85)
	Finance expenditure	(0.01)	(0.01)	0.00
	Income from patient activities	2.26	3.08	0.82
	Other Operating Income	0.60	0.96	0.37
Planned Care, Long Term Conditions and Diagnostics Total		(12.36)	(12.94)	(0.58)
Urgent & Emergency Care and Operations	Operating expenditure - Pay	(3.65)	(3.99)	(0.34)
	Operating expenditure - Non Pay	(0.28)	(0.61)	(0.33)
	Finance expenditure	(0.14)	(0.14)	0.00
	Income from patient activities	0.72	1.06	0.33
	Other Operating Income	0.01	0.16	0.14
Urgent & Emergency Care and Operations Total		(3.33)	(3.53)	(0.20)
Families, Community and Home	Operating expenditure - Pay	(5.22)	(5.26)	(0.04)
	Operating expenditure - Non Pay	(9.47)	(11.50)	(2.04)
	Income from patient activities	1.59	2.30	0.71
	Other Operating Income	0.06	0.57	0.51
Families, Community and Home Total		(13.04)	(13.89)	(0.86)
Grand Total		0.91	(2.67)	(3.59)

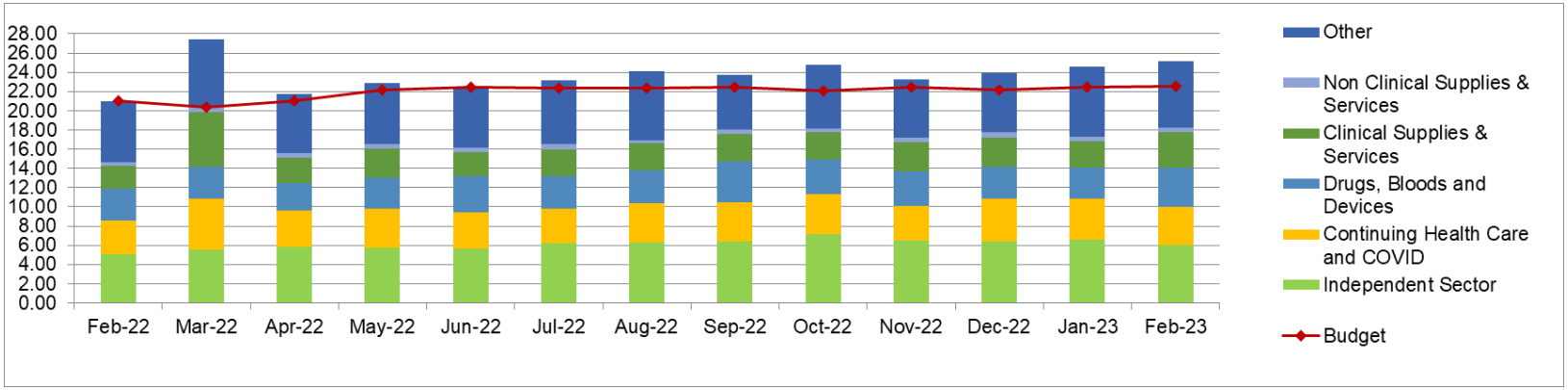
Torbay and South Devon NHS Foundation Trust

Pay Expenditure Run Rate – Month 11, February 2023





Non-Pay Expenditure – Month 11, February 2023



Torbay and South Devon NHS Foundation Trust

Risks and Mitigations

Year to date £20.33m CIP has been identified and transacted against a year to date target of £25.84m. The balance of undelivered CIP is contributing to the reported deficit position, this continues to be an unsustainable position.

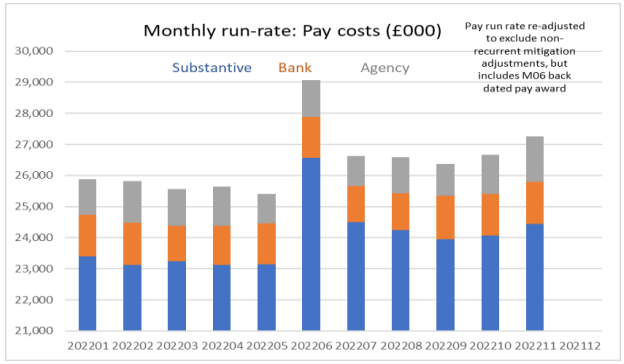
ESRF income has been assumed at £5.0m full year and £4.5m year to date, with no claw back.

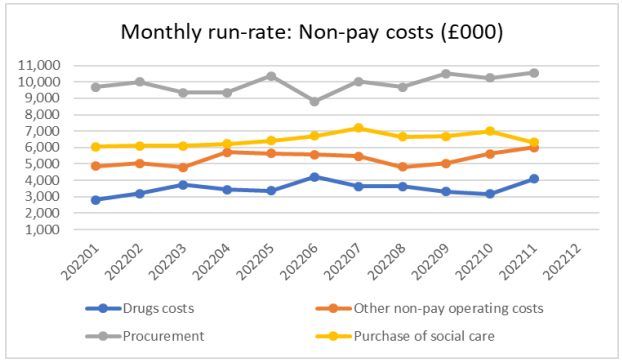
Agency expenditure saw a reduction on Q2 and Q3, however, there has been a gradual increase during Q4, with M11 seeing the highest agency spend of the financial year so far. Year to date over spend of £6.11m will be addressed, and areas of concern raised with management accounts and operational departments.

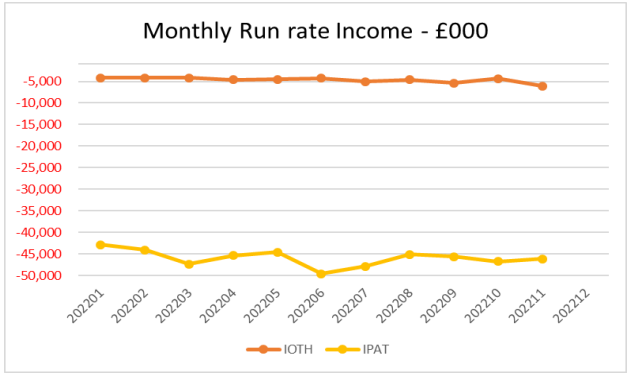
Forward Look

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 month of the financial year will need to be reviewed, and further mitigations amounting to £1.15m 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. M11 has seen an in-year improvement in CIP delivery c£1.19m since M10.
- Jointly working with the ICS, the Trust submitted a set of draft plans on the 23rd February with a forecast deficit of £56.2m for 23/24, which was not accepted by NHSE. Following a national board to board meeting with the ICB all providers had signed up to further improvements on the revised plan, TSD will now aim to reduce the deficit below c£30.0m. At system level the overall deficit will be reduced to £50.0m using collaborative system saving schemes and non-recurrent ICB support to offset provider deficits.



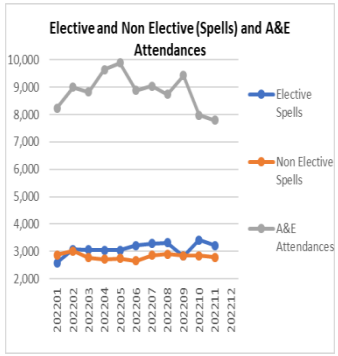


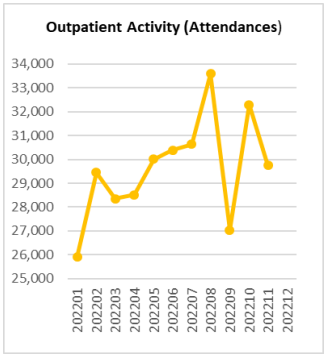


Torbay and South Devon NHS Foundation Trust

Change in Activity Performance – Month 10 to Month 11

	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	Feb 23 Actual	% YTD vs Plan	Feb-20	Feb 20 v Feb 23 % 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	2,957	101%	*2,849*	4%
	Elective	246	277	252	266	257	296	282	280	244	267	260	101%	*317*	-22%
	Outpatient New	7,431	8,205	7,991	8,405	8,429	8,472	8,501	9,420	7,668	8,971	8,338	102%	*8,405*	-1%
	Total Elective	**10,015**	**11,279**	**11,032**	**11,452**	**11,471**	**11,685**	**11,794**	**12,742**	**10,954**	**12,384**	**11,555**	**102%**	***11,571***	**0%**
	F-Up	18,468	21,240	20,363	20,802	21,585	21,917	22,141	24,177	19,369	23,324	21,404	103%	*21,979*	-3%
	Non-Elective	2,875	3,006	2,776	2,716	2,751	2,658	2,862	2,895	2,841	2,847	2,782	86%	*3,203*	-15%
	A&E Attendances	8,238	8,991	8,819	9,642	9,885	8,884	9,043	8,736	9,422	7,982	7,795	105%	*8,397*	-8%
	Grand Total	**39,596**	**44,516**	**42,990**	**44,612**	**45,692**	**45,144**	**45,840**	**48,550**	**42,586**	**46,537**	**43,536**	**101%**	***45,150***	**-4%**
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	9,992			
	Available beds DGH	11,164	12,000	11,359	11,588	11,652	11,109	11,388	10,994	11,375	11,598	10,376			
	Occupancy	94%	93%	94%	92%	92%	95%	95%	96%	96%	97%	96%			





Activity Drivers

- Overall ESRF activity being outpatient new, follow up procedures, day case and inpatient electives for February is 97% 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 for the year to achieve the 104%. There have been changes to the ESRF funding rules at national level with no claw back in year.
- A&E Attendances are below those reported for February 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 101% 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 15% 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 February 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 February, the overall bed occupancy for Acute beds is 96.3%. The Trust daily target is less than 95% to support effective patient flow - In February this mark was achieved on 4 days. 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. Operational improvement remains focused on the use of the discharge lounge, earlier in the day discharged (before noon 33%) and to increase the number of patients discharged at weekends (Target 80% of average week day). Other improvement initiatives supporting out of hospital capacity including access to packages of care and virtual ward are underpinning the plan to achieve the 95% occupancy.
- Work continues to focus on the number of patients identified as medically fit and having “no criteria to reside” in an acute hospital bed. In February there has be a reduction in the number of beds blocked with a daily average of 36.6 down from 47.4 in January.

Torbay and South Devon NHS Foundation Trust

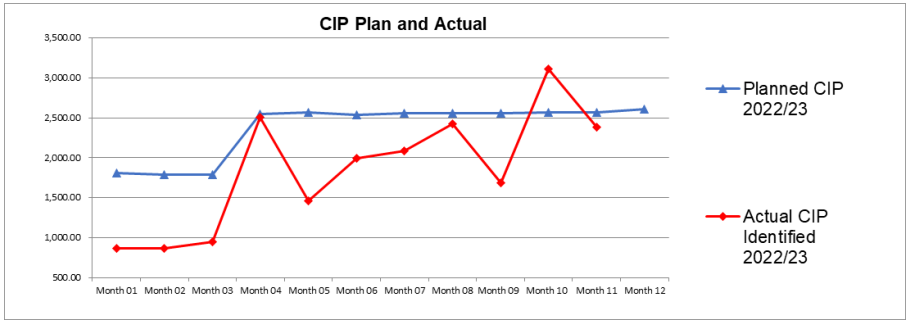
Key Drivers of System Positions – Month 11, February 2023

System	ISU	Financial Commentary / Key Drivers
Children & Family Health Devon	CFHD	Budget has been set on model option 2 for 2022/23. At M11, the Alliance generated a surplus and after applying a risk share calculation, TSD is benefiting from £2,064k 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 11 forecast position.
Torbay Pharmaceuticals	PMU	TP performance is reported in private
Corporate	EFM	Overspent at M11 by (£3.6m). Pay is overspent by (£1.2m) due to increased deep cleaning, escalation, ward opening and clinical demand; with an unachieved vacancy factor target of (£250k). Non-pay is overspent by (£3.1m) due to increased energy costs, waste management, laundry contract, repairs and maintenance. Income has over achieved by £646k 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 (£1.95m).
	Exec. Directors	Against a budget of (£40.9m) there is a year to date underspend of £0.3m. There are some areas of overspends related to the medical directorate due to unfunded LCEA awards at (£0.66m), Deloittes planning and support review (£0.3m) and operational directors £0.3m due to agency usage and recruitment fees. Offsetting under spends held within Health Education England (HEE) income regarding medical training and education £0.53m, Health Informatics Service £0.52m due to vacancies and non-recurrent benefits.
	Financing Costs	Excluding items outside the NHSE control total, costs are £3.6m 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 £11.46m Recovery and Elective Recovery costs have been allocated to a central budget to allow better analysis of expenditure. In M11 there is an underspend of £301k, continual pressures across recovery areas including Decant are being offset with lower ESRF expenditure.
Families, Community and Home	Torquay	Against a budget of £36m there is a minor YTD overspend of circa £0.1m (0.3%) which is entirely driven by an overspend of (£0.9m) 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. Mitigating these IC pressures is application of £0.6m 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 (£21.8m) there is a YTD overspend of £0.2m (0.9%). This overspend is driven by HOP ward nursing (Cheetham Hill & Simpson) overspends of circa £0.5m, Partially offsetting this is underspends of £0.1m (Sen Med) and £0.1m on Hospital Discharge & Short Term Services.
	Independent Sector	Against a budget of (£90.1m) there is a YTD overspend of £5.9m (6.5%) and this is underpinned by three main areas. The target CIP target is not being fully achieved (£1.4m under achievement), volume / prices pressures within the ASC area on Dom Care, Nursing Long Stay and direct payments (£5.1m) and finally there is £2.2m 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 (£1.9m) and application of £0.9m of sustainability funding from Torbay Council.
Urgent & Emergency Care and Operations	Newton Abbot	Against a budget of (£35.1m) there is a material 9.2% YTD overspend of £3.2m. The first main driver behind this is CIP under achievement of £1.1m. In addition to this there is a £1.8m overspend within the nursing Emergency Department area mainly linked to the unfunded 11 escalation beds. Other areas of overspend are Emergency Services medical costs £0.8m (escalation beds and locums to cover for sickness in this high-risk area) and £0.9m 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 (£1.5m YTD) which in the last five 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 an overspend of £0.14m against a budget of (£2m). 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 £63.4m there is a YTD overspend at M11 of £3.8m (6.0%). Pay costs are overspent £0.6m (excluding CIP) which consists of overspends for locum usage, additional medical sessions, and nurse agency costs £0.95m, offset with underspends due to vacancy slippage £0.28m. Other adverse variances are against CIP delivery £0.5m (to note £2.9m savings have been transacted to date), non-pay expenditure adverse £2.2m being mainly Radiology outsourcing, medical equipment, consumables, and drugs £0.4m. Overall run rates have been relatively consistent compare to the previous quarter, although an increase on drug costs M11.
	Coastal	Against a budget of £73.1m there is a YTD overspend at M11 by £1.7m (2.4%). Pay is overspent £0.3m (excluding CIP) which consists of savings due to vacant posts £1.9m, offset with Medical staff and locum costs £1.6m and nursing staff including SRU £0.6m. Non-pay is overspent £1.5m mainly due to medical and surgical supplies, and £0.3m drugs. Other adverse variance is against CIP delivery variance £0.9m (to note £2.4m savings have been transacted to date), fav variance income £0.8m. Run rates have remained broadly in line with the previous quarter although an increase in drug costs M11. ESRF recovery schemes are recorded centrally and not within this ISU.
Contract Income	Patient Income	The Trust has received the following income in M11: 1) Income assumed for Elective Recovery Funding in M11 and year to date is £4.5m. 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.

Torbay and South Devon NHS Foundation Trust

CIP- Month 11, February 2023



CIP

Phased delivery of the efficiency plan for M01 to M11 is £25.84m. Per the Trust's April planning submission, the split of the £25.84m target as at M11 is:

- Pay related - £17.94m
- Non-pay related - £6.79m
- Income related - £1.11m

The Trust's actual financial performance up to M11 indicates a shortfall of £5.51m (c.21%) against the efficiency target, predominantly linked to the position on pay, with delivery to date viewed as:

- Pay related - £14.20m
- Non-pay related - £5.08m
- Income related - £1.05m

Based on the M11 position, the end of year forecast for CIP delivery is estimated at c. £21.63m (c. 76%) 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. The delivery director is now in post, the team are also in the process of finalising and quantifying the recurrent CIP delivery position for 23/24. Meetings have commenced with operational leads to identify CIP programme plans. The forecast CIP delivery for 22/23 includes £11.49m (53% 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.

Torbay and South Devon NHS Foundation Trust

Cash Position – Month 11, February 2023

	M11 YTD Plan £m	M11 YTD Actual £m	M11 YTD Variance £m
Opening cash balance	**39.34**	**39.34**	**0.00**
Capital Expenditure (accruals basis)	(25.64)	(25.24)	0.40
Capital loan/PDC drawndown	12.98	17.12	4.15
Capital loan repayment principal	(3.40)	(3.40)	(0.00)
Proceeds on disposal of assets	0.00	0.00	0.00
Movement in capital creditor	(11.00)	(9.46)	1.54
Other capital-related elements	(2.91)	(2.31)	0.61
Sub-total - capital-related elements	**(29.98)**	**(23.28)**	**6.70**
Cash Generated From Operations	27.75	7.86	(19.88)
Revenue PDC drawndown	0.00	6.33	6.33
Working Capital movements - debtors	(1.71)	(8.28)	(6.58)
Working Capital movements - creditors	(9.64)	2.22	11.86
Net Interest	(2.83)	(2.07)	0.76
PDC Dividend paid	(3.46)	(2.44)	1.02
Other movements in working capital	(1.22)	(1.23)	(0.01)
Sub-total - other elements	**8.88**	**2.39**	**(6.50)**
Closing cash balance	**18.25**	**18.45**	**0.20**

Better Payment Practice Code	Paid year to date	Paid within target	% Paid within target
Non-NHS - number of bills	129,249	105,741	81.8%
Non-NHS - value of bills (£k)	284,443	232,906	81.9%
NHS - number of bills	1,662	943	56.7%
NHS - value of bills (£k)	29,517	23,401	79.3%
Total - number of bills	130,911	106,684	81.5%
Total - value of bills (£k)	313,960	256,307	81.6%

Key points of note:

- Access to capital and revenue PDC support remains absolutely critical to the Trust's cashflow. PDC funding during 2022/23 will total £45.3m.
- Cashflow has also benefitted from the agreement of the ICB to pay block income at the beginning (rather than the middle) of the month.
- Cash balances are likely to be healthy at March 2023, due to capital PDC funding being received in advance of the corresponding invoices being paid. This favourable position is expected to unwind during April and May 2023.
- Capital-related cashflow is £6.7m favourable, largely due to capital PDC drawn down earlier than planned £4.1m and an increase in the capital creditor £1.5m.
- Cash generated from operations is £19.9m 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 support PDC.
- Debtor movements is £6.6m adverse. This is principally due to variances with Council debtors £2.9m, ASC debtors £1.1m and TP stock £1.5m.
- Creditor movements is £11.9m favourable, largely due to provider-to-provider charges £5.3m, HEE income received in advance and increases in general accruals.

NHS
Torbay and South Devon
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Statement of Financial Position (SoFP) – Month 11, February 2023

	Month 11		
	Plan £m	Actual £m	Variance £m
Non-Current Assets			
Intangible Assets	11.98	11.92	(0.06)
Property, Plant & Equipment	220.76	223.27	2.51
On-Balance Sheet PFI	17.30	17.13	(0.16)
Right of Use assets	17.43	17.19	(0.24)
Other	1.44	1.59	0.15
Total	**268.90**	**271.10**	**2.20**
Current Assets			
Cash & Cash Equivalents	18.25	18.45	0.20
Other Current Assets	42.95	48.55	5.60
Total	**61.20**	**67.00**	**5.80**
Total Assets	**330.10**	**338.10**	**8.00**
Current Liabilities			
Loan - DHSC ITFF	(2.92)	(2.92)	(0.00)
PFI and Leases	(5.00)	(4.65)	0.36
Trade and Other Payables	(54.84)	(63.62)	(8.79)
Other Current Liabilities	(5.32)	(9.40)	(4.08)
Total	**(68.08)**	**(80.59)**	**(12.51)**
Net Current assets/(liabilities)	**(6.88)**	**(13.59)**	**(6.71)**
Non-Current Liabilities			
Loan - DHSC ITFF	(22.76)	(22.76)	0.00
PFI and Leases	(28.06)	(28.25)	(0.18)
Other Non-Current Liabilities	(5.96)	(5.79)	0.16
Total	**(56.78)**	**(56.80)**	**(0.02)**
Total Assets Employed	**205.24**	**200.71**	**(4.54)**
Reserves			
Public Dividend Capital	163.31	173.78	10.48
Revaluation	51.54	51.31	(0.23)
Income and Expenditure	(9.60)	(24.39)	(14.79)
Total	**205.24**	**200.71**	**(4.54)**

Key points of note:

- Non-current assets are £2.2m higher than planned, principally due reduced depreciation £2.7m due to delays in bringing assets into service.
- Cash is £0.2m higher than planned, as explained in the commentary to the cashflow statement.
- Other current assets are £5.6m higher than planned. This is principally due to variances with Council debtors £2.9m, ASC debtors £1.1m and TP stock £1.5m.
- Trade and other payables are £8.8m higher than planned. This is principally due to increased provider-to-provider charges £5.3m and increased general accruals.
- Other Current Liabilities are £4.1m higher than planned, largely due to HEE funding received in advance.
- PDC reserves are £10.5m higher than planned, due to unplanned revenue PDC support drawn down £6.3m and capital PDC support drawn down earlier than planned £4.1m.
- I&E reserves are £14.8m lower than planned, essentially due to the adverse I&E position.

Torbay and South Devon NHS
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	ISU	Target	13 month trend	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Year to date
QUALITY LOCAL FRAMEWORK																	
Reported Incidents - Severe	Trustwide	<6		4	4	2	3	2	1	3	5	0	0	2	3	1	22
Reported Incidents - Death	Trustwide	<1		0	3	2	1	0	2	2	1	1	0	0	4	0	13
Medication errors resulting in moderate harm	Trustwide	<1		1	2	1	0	0	0	0	0	0	2	0	0	0	3
Medication errors - Total reported incidents	Trustwide	N/A		51	51	58	60	50	41	59	64	36	42	48	52	42	552
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		0	1	0	0	0	0	0	1	1	0	1	0		3
Never Events	Trustwide	<1		0	0	0	0	0	0	0	0	1	0	0	0	2	3
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		13	9	8	10	8	5	3	2	4	0	6	13	3	62
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams	Trustwide	<1		1	0	0	2	0	1	0	0	0	0	0	1	0	4
Formal complaints - Number received	Trustwide	<60		11	12	12	12	7	13	16	10	13	12	9	11	9	124
VTE - Risk Assessment on Admission (acute)	Trustwide	>95%		95.2%	94.4%	91.3%	89.7%	90.0%	91.8%	93.6%	92.7%	94.7%	94.4%	94.0%	95.5%	0.0%	92.8%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		109.1	112.3	113.5	117.4	117	115.1	114.7	113.4	111	109.9				109.9
Lots of people want a say in how	Trustwide	90% - 110%		88.3%	90.0%	89.0%	96.1%	95.8%	93.7%	94.4%	96.4%	99.1%	99.4%	91.6%	92.1%	91.3%	91.3%
Safer Staffing - ICO - Nightime	Trustwide	90% - 110%		78.8%	79.3%	79.7%	86.5%	88.1%	85.8%	86.2%	85.6%	88.8%	86.4%	87.4%	87.9%	87.0%	87.0%
Infection Control - Bed Closures - (Acute bed days in month)	Trustwide	<100		49	203	30	12	130	84	36	132	42	156	786	339	254	2001
Hand Hygiene	Trustwide	>95%		95.3%	98.7%	94.5%	92.3%	1	96.0%	97.7%	96.6%	94.9%	96.2%	91.2%	94.0%	92.1%	94.4%
Fracture Neck Of Femur - Time to Theatre <36 hours	Trustwide	>90%		78.4%	76.9%	67.9%	65.8%	66.7%	56.4%	56.0%	50.0%	54.3%	43.3%	41.5%	40.0%	53.8%	
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		59.0%	28.1%	35.3%	67.6%	34.1%	66.7%	59.3%	54.8%	55.0%	75.9%	28.0%	54.5%	67.4%	55.6%
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		20496	21388	22516	22215	22158	21504	21797	21821	20806	20257	21452	20030	20048	20048
WORKFORCE MANAGEMENT FRAMEWORK																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<4.00%		5.0%	5.3%	5.6%	5.6%	5.6%	5.8%	5.7%	5.7%	5.7%	5.6%	5.6%	4.7%		4.7%
Appraisal Completeness	Trustwide	>90%		75.2%	71.9%	71.3%	73.9%	75.2%	77.0%	78.0%	75.8%	76.6%	77.6%	76.7%	77.7%	76.7%	76.7%
Mandatory Training Compliance	Trustwide	>85%		89.2%	89.5%	89.6%	89.8%	90.1%	89.7%	89.2%	88.7%	88.6%	89.1%	89.7%	89.9%	90.1%	90.1%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		12.9%	13.4%	13.2%	13.6%	13.7%	13.8%	13.8%	13.9%	13.7%	13.7%	13.5%	13.3%	13.1%	13.1%

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	ISU	Target	13 month trend	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Year to date
COMMUNITY & SOCIAL CARE FRAMEWORK																	
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	6.95%			6.5%			6.5%			6.8%			6.5%			
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET		623	645	671	664	705	700	714	737	751	735	756	755	781	671
Intermediate Care - No. urgent referrals	Trustwide	113		213	212	203	222	234	222	223	205	277	297	299	318	307	214
Community Hospital - Admissions (non-stroke)	Trustwide	NONE SET				266	241	215	234	222	197	193	203	208	198	200	265
Urgent Community Reponse (2-hour) - Referrals	Trustwide	NONE SET		32	26	26	22	24	27	15	20	27	27	38	34	35	295
Urgent Community Reponse (2-hour) - Target achievement	Trustwide	70%		0.6875	57.7%	53.8%	77.3%	66.7%	81.5%	80.0%	85.0%	100.0%	74.1%	76.3%	71.4%	80.0%	76.3%
Urgent Community Reponse (2-48 hour)- Referrals	Trustwide	NONE SET				94	124	117	103	195	153	195	196	182	177	168	1064
Urgent Community Reponse (2-48 hour) - Target achievement	Trustwide	NONE SET				91.5%	88.7%	91.5%	78.6%	86.7%	86.9%	85.6%	86.2%	84.6%	92.7%	83.3%	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%		6.6%	7.1%	7.3%	7.3%	7.3%	7.5%	7.5%	7.6%	7.9%	7.9%	7.8%	7.9%	7.8%	7.3%
% Adults with learning disabilities in settled accommodation	Trustwide	80%		81.8%	81.1%	81.3%	81.2%	80.3%	79.7%	79.7%	79.6%	79.1%	78.7%	78.8%	78.4%	79.0%	
Permanent admissions (18-64) to care homes per 100k population	Trustwide	14		19.0	21.7	24.5	29.9	35.3	28.5	40.8	32.6	27.2	29.9	32.6	32.6	28.5	24.5
Permanent admissions (65+) to care homes per 100k population	Trustwide	450		476.5	570.8	576.2	823.8	880.4	928.8	939.6	931.5	861.5	901.9	915.4	840	802.3	576.2
Proportion of clients receiving direct payments	Trustwide	25%		19.6%	19.8%	19.5%	19.4%	19.6%	19.7%	20.0%	20.4%	20.3%	20.2%	20.3%	20.0%	20.2%	19.5%
% reablement episodes not followed by long term SC support	Trustwide	83%		87.8%	88.9%	84.5%	86.8%	89.6%	89.5%	85.4%	85.2%	86.0%	85.5%	85.4%	86.6%	86.4%	84.5%
NHS I - OPERATIONAL PERFORMANCE																	
A&E - patients seen within 4 hours	Trustwide	>95%		60.6%	58.4%	58.0%	57.6%	54.5%	58.5%	59.1%	60.2%	57.0%	59.4%	51.8%	60.0%	56.9%	57.5%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		54.7%	52.0%	50.4%	52.3%	50.6%	49.5%	48.5%	42.5%	45.5%	45.5%	43.3%	43.9%	44.3%	44.3%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		52.1%	59.5%	57.8%	61.5%	56.4%	60.4%	57.0%	60.8%	64.2%	54.5%	63.1%	47.2%	47.1%	47.1%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		38.4%	36.8%	33.9%	32.0%	30.1%	29.1%	33.9%	34.9%	32.4%	30.1%	29.0%	34.0%	26.1%	26.1%
Dementia - Find - monthly report (1 month in arrears)	Trustwide	>90%		89.7%	93.6%	91.6%	94.6%	84.1%	92.5%	90.6%	94.1%	87.2%	93.0%	91.6%	87.9%		87.9%

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	ISU	Target	13 month trend	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Year to date
LOCAL PERFORMANCE FRAMEWORK 1																	
Number of Clostridium Difficile cases reported	Trustwide	<3		3	7	2	4	4	6	9	7	3	2	1	8	2	48
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		48.1%	61.1%	59.6%	60.9%	35.6%	31.9%	38.4%	45.3%	63.8%	58.4%	67.4%	76.3%	82.6%	82.6%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		71.4%	81.0%	76.8%	77.8%	41.7%	17.3%	58.5%	79.1%	87.7%	82.8%	100.0%	93.5%	97.6%	97.6%
Cancer - 28 day faster diagnosis standard	Trustwide	75%		73.1%	75.0%	76.9%	67.6%	64.8%	67.7%	72.1%	70.4%	75.5%	69.8%	74.8%	71.6%	77.4%	77.4%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%		96.5%	97.4%	92.6%	90.7%	96.0%	96.7%	98.0%	92.8%	96.4%	89.0%	98.3%	95.5%	98.3%	98.3%
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%		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%	100.0%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%		98.3%	93.8%	94.7%	92.6%	95.5%	98.0%	98.4%	92.2%	94.4%	98.0%	100.0%	85.7%	100.0%	100.0%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		91.7%	82.9%	100.0%	95.5%	87.5%	88.9%	95.5%	96.8%	89.7%	86.8%	89.7%	80.0%	96.2%	96.2%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		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%	100.0%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			32	32	35	59	60	73	37	43	71	62	69	68	53	53
RTT 52 week wait incomplete pathway	Trustwide	0		2759	3199	3374	3765	4137	4578	5083	5060	5412	5585	6027	5554	5116	5116
RTT 78 week wait incomplete pathway	Trustwide	0		649	763	779	813	713	686	787	813	829	822	923	729	480	480
RTT 104 week wait incomplete pathway	Trustwide	0		213	245	192	173	96	70	51	50	47	34	29	22	14	14
On the day cancellations for elective operations	Trustwide	<0.8%		0.9%	0.9%	1.6%	1.1%	1.3%	1.7%	3.1%	1.4%	1.7%	1.5%	2.1%	1.6%	1.0%	1.6%
Cancelled patients not treated within 28 days of cancellation	Trustwide	0		8	11	12	5	9	9	13	8	7	15	6	11	10	105
Virtual outpatient appointments (non-face-to-face) 1 month in arrears	Trustwide	25%		21.3%	18.8%	19.6%	20.9%	20.9%	20.2%	16.9%	16.8%	n/a	16.6%	16.1%	16.5%		
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%	96.3%	94.5%
No Criteria to Reside - daily average (Acute)	Trustwide	No target							42.5	33.2	44.7	41.0	38.8	47.9	47.4	36.5	
% patient discharges pre-noon	Acute	33%								16.2%	18.0%	18.4%	23.6%	18.1%	19.0%	18.5%	
% patient discharges pre-5pm	Acute									61.9%	60.4%	59.6%	67.2%	63.2%	65.2%	67.9%	
Number of patients >7 days LoS (daily average)	Trustwide			165.0	172.0	171.6	166.0	173.0	167.0	167.0	184.9	177.0	162.0	172.6	183.5	166.1	171.9
Number of extended stay patients >21 days (daily average)	Trustwide			60.6	50.0	45.6	38.5	43.0	40.9	48.0	49.2	49.8	32.0	42.3	57.1	40.7	44.3
LOCAL PERFORMANCE FRAMEWORK 2																	
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		727	1026	967	894	1081	995	1135	982	1181	1098	1142	802	533	10810
Ambulance handover delays > 60 minutes	Trustwide	0		438	757	680	514	832	694	850	735	907	773	895	561	263	7704
ED - patients with >12 hour visit time pathway	Trustwide				880	816	668	871	827	920	906	988	939	1207	823	599	9564
Time to Initial Assessment within 15 mins - Emergency Department	Acute				35%	37%	41%	37%	36%	36%	39%	37%	39%	31%	46%	44%	44%
Clinically Ready to Proceed delay over 1 hour - Emergency Department	Acute								34%	34%	35%	40%	44%	39%	42%	40%	40%
Non-admitted minutes mean time in Emergency Department	Acute				301	301	283	316	306	305	291	321	314	365	302	293	
Admitted minutes mean time in Emergency Department	Acute				775	739	618	764	735	735	862	846	794	965	822	606	
Number of Clostridium Difficile cases - (Acute)	Trustwide	<3		1	5	2	3	4	4	8	6	3	2	0	8	2	42
Number of Clostridium Difficile cases - (Community)	Trustwide	0		2	2	0	1	0	2	1	1	0	0	1	0	0	6
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		75.2%	72.1%	71.1%	71.0%	63.8%	69.7%	70.7%		69.1%		48.9%	72.3%	65.7%	66.9%

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	ISU	Target	13 month trend	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Year to date
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		52.8%	48.6%	50.0%	52.2%	50.8%	48.0%	48.3%		47.4%		41.5%	48.1%	45.1%	47.9%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%		67.7%	66.0%	69.5%	65.4%	69.5%	69.1%	80.2%	59.0%	60.0%	62.0%	68.0%	73.9%	69.2%	
NHS I - FINANCE AND USE OF RESOURCES																	
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide			-955	-2025	-187	718	-914	-1231	-4412	-5783	-7140	-10433	-13434	-16118	-19884	
Agency - Variance to NHSI cap	Trustwide			-1.60%	-1.40%	-2.00%	-2.40%	-2.40%	-2.10%	-2.10%	-2.00%	-1.90%	1.90%	-1.80%	-1.80%	-1.90%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide						-1873	-2717	-2751	-3858	-4403	-4872	-5005	-5874	-5328	-5512	
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide			15148	15919	-57	1977	814	1203	1065	975	1988	2787	3280	4076	944	
Distance from NHSI Control total (£'000's)	Trustwide			88	-59	-5	1286	0	0	-2978	-4014	-5022	-7421	-9995	-12182	-15796	
ACTIVITY VARIANCE vs 2019/20 BASELINE																	
Outpatients - New	Trustwide			-7.1%	22.4%	-16.3%	-13.8%	-7.5%	-18.1%	2.4%	0.2%	-11.7%	3.6%	-2.0%	-5.2%	-0.6%	-6.6%
Outpatients - Follow ups	Trustwide			-15.2%	19.3%	-13.4%	-5.5%	-7.0%	-15.3%	4.0%	-0.8%	-10.1%	4.4%	-4.1%	-6.9%	-2.4%	-5.3%
Daycase	Trustwide			-15.8%	17.0%	-17.7%	-10.4%	-0.4%	-7.9%	-3.5%	3.2%	-4.6%	-3.0%	-5.5%	-1.7%	5.1%	-4.3%
Inpatients	Trustwide			-38.8%	-23.4%	-9.2%	-8.8%	-7.0%	-16.1%	-15.5%	9.6%	-16.3%	-19.5%	-21.4%	-18.1%	-16.4%	-13.1%
Non elective	Trustwide			-10.3%	12.3%	-4.7%	-11.5%	-1.4%	-8.2%	-2.9%	-7.1%	-7.0%	-12.7%	-18.1%	-5.7%	-11.2%	-5.5%

NHS
Torbay and South Devon
NHS Foundation Trust

Report to the Trust Board of Directors			
Report title: Midwifery Staffing Oversight Report			Meeting date: 29th March 2023
Report appendix	None		
Report sponsor	Chief Nurse		
Report author	Deputy Head of Midwifery and Gynaecology/Head of Midwifery		
Report provenance	This report is a summary of Midwifery Staffing within the maternity service. This reflects NICE guidance around safe staffing levels as well as recent Ockenden recommendations. This is monitored by the Maternity Clinical Governance Group.		
Purpose of the report and key issues for consideration/decision	The purpose of the report is to provide an update to the Board and provide assurance around systems and processes to ensure continuous monitoring and oversight around safer staffing levels as per NICE guidance, NG4 (2015). The guidance recommends that the midwifery establishment is reviewed at Board level at least every 6 months. The Board should note that following key issues: • Overall improvement in the monthly vacancy range. • The birth to midwife ratio falls well within the national recommendation of 1:28 • Excellent position in relation to percentage of women receiving one-to-one care in labour • Good compliance with staffing levels meeting acuity levels (93% of the time) • Work being progressed to resolve the challenges around the Continuity of Care model and recommended ratio for community midwifery care • Positive/Innovative approach to Midwifery retention being led by senior midwives within the service. Torbay maternity service has been highlighted as having very positive results from the retention work within midwifery as a result of this the retention midwives are now working with Kings College, London.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	The Board is asked to: • Note the ongoing improvements in midwifery staffing and the positive influence of the retention midwifery role. • Note the mitigations to ensure safety and quality. • Note the intention to undertake a undertake an organisational change staff consultation with regard to shift pattern alignment. • Support the consideration for a repeat workforce assessment review within the next financial year (23/24)		

Summary of key elements	
Strategic goals supported by this report	<table><tr><td>**Excellent population health and wellbeing**</td><td>x</td><td>**Excellent experience receiving and providing care**</td><td>x</td></tr><tr><td>**Excellent value and sustainability**</td><td>x</td><td colspan="2"></td></tr></table>
Is this on the Trust's Board Assurance Framework and/or Risk Register	<table><tr><td>**Board Assurance Framework**</td><td>N/A</td><td>**Risk score**</td><td></td></tr><tr><td>**Risk Register**</td><td>N/A</td><td>**Risk score**</td><td></td></tr></table>
External standards affected by this report and associated risks	<table><tr><td>**Care Quality Commission**</td><td>x</td><td>**Terms of Authorisation**</td><td></td></tr><tr><td>**NHS England**</td><td>x</td><td>**Legislation**</td><td>x</td></tr><tr><td>**National policy/guidance**</td><td>x</td><td colspan="2"></td></tr></table> The Clinical Negligence Scheme for Trusts (CNST) set clear safety standards in relation to maternity services providing assurance as to the quality of service. Demonstration that these standards have been met result in the Trust being eligible for a rebate on their maternity CNST contribution and a share of any unallocated funds.

Midwifery Staffing Oversight Report		Date: 29th March 2023
Report sponsor	Chief Nurse	
Report author	Deputy Head of Midwifery and Gynaecology/ Head of Midwifery	

1.0 Introduction

This report covers the time period 1 July 2022 to 30 December 2022 and details compliance with the standards set out in national and regulatory frameworks (as set out below). This biannual paper is being reported slightly outside the usual reporting schedule, due to requirement in January 2023 to present evidence of compliance to the Board of Directors with Clinical Negligence Scheme for Trusts (CNST). This change to the schedule had executive approval.

2.0 Context and Standards

There are clear standards for effective midwifery workforce planning. NICE guidance, NG4 (2015) recommends that the midwifery establishment is reviewed at Board level at least every 6 months. This has been achieved through inclusion in the Chief Nurse's 6 monthly Midwifery staffing report that is taken to the Board.

The CNST maternity incentive, Year 4, set out clear expectations in relation to demonstrating an effective system of midwifery workforce planning. The required standards are as follows:

1. A systematic, evidence-based process to calculate midwifery staffing establishment is complete.
2. Trust Board to evidence midwifery staffing budget reflects establishment as calculated in establishment report (Birthrate Plus)
3. The midwifery coordinator in charge of labour ward must have supernumerary status (defined as having no caseload of their own during a shift) to ensure there is an oversight of all birth activity within the service
4. All women in active labour receive one-to-one care
5. Submit a bi-annual midwifery staffing oversight report that covers staffing / safety issues to the Board.

3.0 Midwifery Staffing Establishment

3.1 Birthrate Plus®

In light of the Ockenden Review (Dec 2020), Trusts have been required to set out they are meeting the minimum maternity staffing requirements as set out by the most recent Birthrate Plus ® report. Birthrate Plus® (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published.

A BR+ establishment review was undertaken at TSDFT in November 2020 and the final report received April 2021. A variance of **-13.27wte** within the midwifery workforce was identified. National funding was received following the Ockenden Report (2020) and an uplift approved by the Trust board has addressed this gap.

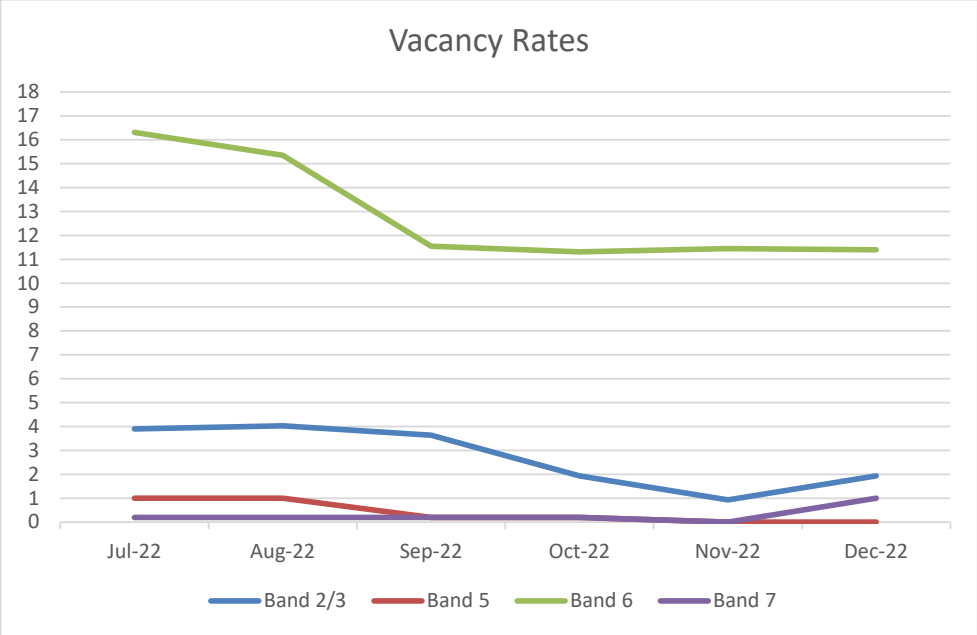
Recruitment has been consistent within the service and a number of newly created posts have been filled. Natural workforce movement within the service, either due to promotion or other development opportunities has impacted on reducing the gap in the vacancy rate. It has been difficult to align our local workforce data with the organisational data that is produced and work will be undertaken with Workforce and Finance to reconcile this.

3.2 Monthly Establishment Review.

The midwifery establishment is reviewed on a monthly basis by the senior midwifery leadership team. Reviews are undertaken with the relevant team leaders within the maternity service to ensure that appropriate plans are made to recruit to vacant posts and identify teams with staffing issues, so that support can be provided where it is needed. Levels of long-term sickness and staff working non-clinical duties are also monitored to ensure efficient staffing cover in all areas of the service.

3.3 Recruitment

During the 6-month period covered within this report, we have seen an overall improvement in the monthly vacancy range. The table below shows the rate across different bands of staff. (WTE vacancy rate is on Left axis)



The vacancy rate is due to the large uplift in maternity staffing from the Ockenden funding/ Trust agreed uplift, in addition to internal movement of staff between teams as well as a number of retirements in this period. We have also seen some staff being promoted into higher bands which has then left a vacancy in their previous role. Some additional vacancies have been created by the provision of fixed term specialist midwifery posts (funded externally) that have been appointed to internally e.g. retention midwives and that we have been unable to backfill. For this reason, temporary vacancies resulting from these fixed term posts have had to be covered by the use of bank staff. These roles are crucial in development of the service and was as beneficial for individual professional development.

3.4 Retention

We have been provided with funding from NHS England (NHSE) to continue the retention lead midwife posts (1.0wte) for a further year until March 2024.

The postholders have undertaken valuable work within the service and are currently supporting the introduction of retention leads within other areas of the Trust. Torbay maternity service has been highlighted as having very positive results from the retention work within midwifery as a result of this the retention midwives are now working with Kings College, London. They will be the subject of a service review looking at the successes and reasons behind why midwives leave/stay in the profession. The findings are due to be shared with the team in May 2023. We have also been shortlisted as a case study of good practice that should appear in the new national maternity transformation single delivery plan; due to be published early in quarter 1 of 23/24

Funding has also been received from NHSE to support early career midwives. This includes training and providing clinical and pastoral support. This will be used to continue to fund the Legacy Midwife (0.6wte) and to provide additional supernumerary time to newly qualified midwives and targeted training in areas such as resourcefulness, adaptability and wellbeing.

3.4.1 Birth to Midwife Ratio

The midwife to birth ratio data provides an additional insight into maternity workforce models and staffing levels. This is calculated by dividing the total number of births by the whole-time equivalent number of midwives. This is a crude calculation as only considers births and not the impact of all of the other activity/acuity. It does also not include gaps in establishment caused by sickness, maternity leave and staff on amended duties.

The current national recommendation is a ratio of 1:28 midwives.
Between July 2022 – December 2022 there was an average birth rate per month of 156 births. This is a slight reduction from the previous report period.
This has resulted in a Midwife to Birth ratio as displayed in Table 2. The birth to midwife ratio falls within the national recommendation.

The complexity and acuity of women, both medically and socially continues to increase. This is evidenced by the increase rates of medical interventions, such as induction of labour and caesarean section, and a subsequent rise in the length of stay for women.

Table 2: Midwife to Birth ratio (exc. HOM, matrons and specialist roles)

Time period	Midwife: Birth Ratio
Jul 22	1:20
Aug 22	1:19
Sep 22	1:19
Oct 22	1:18
Nov 22	1:20
Dec 22	1:17

3.4.2 Nationally Mandated Workforce Models across Maternity Pathway

In addition to the above, there have been a number of national trajectories that have been set by NHSE in relation to the provision of maternity care. This has resulted in the requirement to redesign our midwifery service to meet the requirement that the majority of women receive continuity of carer (MCoC) from a small team of midwives. The recommended ratio for community midwifery care is 1:36, however our teams are currently configured for 1:45-50.

The Birthrate Plus® review undertaken in November 2020 took this into account and therefore identified the increase in midwifery establishment to meet this need. However, it is still difficult to encourage some staff to work within these teams due to the discord amongst the midwifery workforce around the shift/ on call patterns. associated with this model.

The Head of Midwifery has been working with the RCM and other stakeholders to review and resolve this and it is clear that there is a requirement to undertake an organisational change staff consultation. Financial data has been received and the consultation has been approved by key stake holders. The aim is to commence the formal consultation by the end of April 2023. This will align the hospital and community shift patterns and will address much of the staff feedback that has been collated over the last 2 years.

4.0 Labour Ward (Delivery Suite) Co-ordinator Supernumerary Status.

The national recommendation is that each labour ward has a supernumerary Midwifery Co-ordinator working 24 hrs/day. This is a specialist role that and ensures that a clinical specialist is available to oversee the safety within the department, they provide support, advice and clinical interventions as required.

Our maternity staffing document sets out that the Delivery Suite Co-ordinator is a supernumerary role. Any instances where they have been unable to have supernumerary status is recorded on the Birthrate Plus® acuity tool.

The continuing ambition is to achieve 100% supernumerary status for the Delivery Suite Coordinators and our action plan to achieve this has been shared previously. Table 3 sets out the compliance with supernumerary status. Guidance received from NHS Resolution for the Maternity Incentive Scheme criteria states that supernumerary status must be achieved and if it is not this should not be on a regular or recurrent basis.

Table 3: Summary of Delivery Suite Co-ordinator Supernumerary Status

2022	Instances where delivery suite co-ordinator is not supernumerary
Jul	2
Aug	7
Sep	0
Oct	0
Nov	2
Dec	3

During the six-month period there were 14 instances out of 837 recording points this equates to 1.7%. This evidences a continued reduction over the last 12 month reporting period (incidence of 4% in Jul-Dec 2021 and 2.3% in Jan-Jun 2022). For all instances where the co-ordinator was not in a supernumerary capacity, this had not been the intention for that shift and is generally as a result of sickness or a sudden rise in acuity.

The service has a clear escalation plan and the co-ordinator has a number of actions that they can take at times of high acuity or if there is unexpected staff absence. The co-ordinator taking over the care of a woman on Delivery Suite is one of the last actions that they will consider. This enables the co-ordinator to maintain their helicopter view of the maternity service. The co-ordinator will return to supernumerary status at her earliest opportunity.

The maternity service has an escalation process to help mitigate against this risk, to support at times of high acuity. The Head of Midwifery is in the process of reviewing the efficacy of the Trust process to ensure that it aligns with LMNS and regional guidance. At times of high acuity, the specialist midwives and midwifery managers have worked clinically to support the service.

Please see Point 8.0 **Escalation and Interventions to Assure Safety** for further information on the escalation rota.

The definition from the Birthrate Plus acuity tool is that the coordinator is not acting in a supernumerary capacity if he or she is providing ongoing 1:1 care to a woman in labour. There has been some misinterpretation of the definition by some of the newly appointed delivery suite coordinators. To address this and to ensure consistency in the approach to completion, there is a plan for training by the Birthrate Plus team to be provided to this staff group, early in 2023.

5.0 Women receiving one-to-one care in labour

The maternity service records the number of women receiving one-to-one care in labour. The aim is to achieve 100%. This data is captured on the maternity dashboard.

Table 4 Percentage of women receiving one-to-one care in labour.

Time period	%
Jul 22	100%
Aug 22	96%
Sep 22	95.8%
Oct 22	100%
Nov 22	100%
Dec 22	100%

The maternity service works extremely hard to ensure this standard is met. In August and September, the data from the electronic record demonstrated a slight decrease in the 1.1 care in labour compliance, this is very unusual for the service. The mechanism of data capture has changed from the previous method and is now captured from the SystmOne Maternity IT system. At that time this was not always being completed by the midwives, so this is likely to explain the results above rather than this standard not

being achieved. Analysis was undertaken by the digital midwife retrospectively and there was confirmation that compliance was in fact 100%.

6.0 Obstetric Workforce

In the latter part of this 6-month reporting period long term sickness absence has impacted significantly on the obstetric workforce, particularly at consultant level. Cover for this absence has been provided by the use of a locum consultant and by existing consultants being flexible and changing rotas/shifts at short notice. This has also had an impact on the gynaecology service as lists/clinics have had to be cancelled or reduced. It has also impacted on the educational opportunities for some of the post graduate doctors in training.

The level of long-term sickness has delayed the work to review the protected time that is required to undertake a number of obstetric leadership roles within the service. This was identified as part of the recent Ockenden insights visit as well as following completion of the maternity self- assessment tool. (NHSE) and the plan is to resume this once consultant staffing levels return to normal.

As part of the workforce strategy it is anticipated that we will start to explore the role of the Advanced Care Practitioner in Midwifery. This has been recently commissioned as part of the Health Education England programme and would address some of the wider challenges in obstetric recruitment.

7.0 Red flags

NICE guidance identifies a number of events that can be viewed as red flags. These indicate that there may not be enough midwives available to meet the acuity demand. 9 events were identified by NICE, whilst locally we have added a further flag (denoted with an *):

Red flag events and actions taken in response to these are captured using the Birthrate Plus ® Acuity Tool. As described above training in the use of the Birthrate Plus acuity tool has been planned for the Delivery Suite Coordinators in early 2023, to ensure accuracy, consistency and confidence in the acuity data that is being collected. The midwifery red flags for the reporting period are detailed in Table 5:

Table 5: Midwifery Red Flag Events

Red flag	Descriptor	Incidence						
		Jul	Aug	Sept	Oct	Nov	Dec	Tot
RF1	Delayed or cancelled time critical activity	0	0	0	0	0	0	0
RF2	Missed or delayed care	**2**	0	0	0	**1**	0	**3**
RF3	Missed medication	0	0	0	0	0	0	0
RF4	Delay in providing pain relief	0	0	0	0	0	0	0
RF5	Delay between presentation and assessment	0	0	0	0	0	0	0
RF6	Full clinical examination not carried out when presentation in labour	0	0	0	0	0	0	0
RF7	Delay of ≥2 hours between admission for induction of labour and beginning of process	0	**1**	**1**	0	0	**2**	**4**
RF8	Delayed recognition of and action on abnormal vital signs	0	0	0	0	0	0	0

RF9	121 care in labour	0	**1**	0	0	0	0	**1**
RF10*	Unable to facilitate out of hospital birth	**1**	**3**	**1**	0	**12**	**4**	**21**
	Totals	**3**	**5**	**2**	**0**	**13**	**6**	**29**

From our analysis of the system, red flags generally occur at times of high acuity. The Maternity Matron reviews any red flag events and discusses these with the Delivery Suite Co-ordinator, where relevant, using the same process as the supernumerary status. The red flags are also discussed at the daily safety huddle and mitigations to address them are enacted.

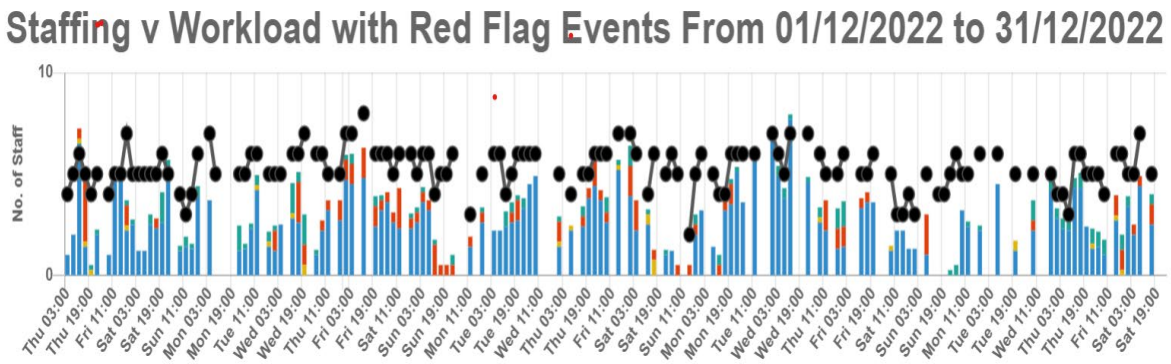
All red flag instances were due to a conscious decision to trigger the red flag to ensure safety across the whole service was maintained. The most common reason for a red flag within this reporting period has been the inability to provide an out-of-hospital birth, (this is the same reason as the previous reporting period). Where home birth has been agreed as part of the mothers birthing plan, it is a matter of concern that staffing challenges can at times impact this choice. This is often due to the requirement to have two staff members attend with homebirth/out of hospital birth experience. Additionally, there has been some reticence from the more junior midwives, who have less exposure to births outside of the hospital setting, to attend. Managing the risk and safety of mother and baby during these times must take priority and a risk-based decision will be taken by the clinical time in partnership with mother and families. We have begun to address this by enabling the new appointed legacy midwife to work alongside and provide additional support to midwives who feel less confident in an at home birth setting. We are also going to be running some specific simulation drills in the community setting to increase confidence.

The second most frequent reason for a red flag reason has been a delay of ≥2 hours between admission for induction of labour and beginning of the process. A comprehensive clinical risk assessment is maintained and women who experience this delay are advised of the reason and the induction process is commenced as soon as there is capacity to do so. The ward staff liaise with the Delivery Suite Coordinator regularly to make an ongoing plan for the commencement and continuation of inductions of labour.

8.0 Acuity Data

Acuity of the patients on delivery suite is captured via acuity monitoring available from the Birthrate Plus ® Acuity Tool. Charts 2 and 3 provide examples of this data

Charts 2: Staffing v Workload Example



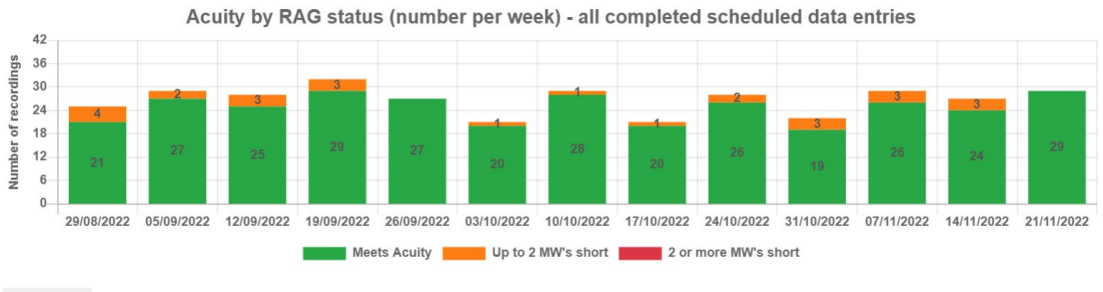
On the above bar chart the individual bars represent the total number of women on the Delivery Suite. Each woman is categorised into a colour, blue in labour and requiring 1 to 1 care in labour or antenatal high risk, yellow relates to low risk postnatal women, red to high risk postnatal women, green to women requiring assessment or induction of labour. The data provided in the above table is from December 2022.

This tool provides assurance that the appropriate number of midwives, indicated by black dots, are available to provide care for women within Delivery Suite.

The chart below (chart 3) indicates the number of occasions per week where staffing met the acuity level and is indicated in green. Red and amber indicate that staffing levels were not met. The period demonstrated here is **13 weeks starting 1 September 2022**.

The data for this period indicates that staffing levels were more than 2 midwives short (Red) on 0 occasions (0%) and 7% of recordings indicate that staffing levels were up to 2 midwives short. (Amber) Therefore staffing levels met the acuity levels 93% of the time. It should be noted, that in comparison with the same six-month period in 2021, acuity was only met 58% of the time.

Charts 3: Staffing levels met acuity



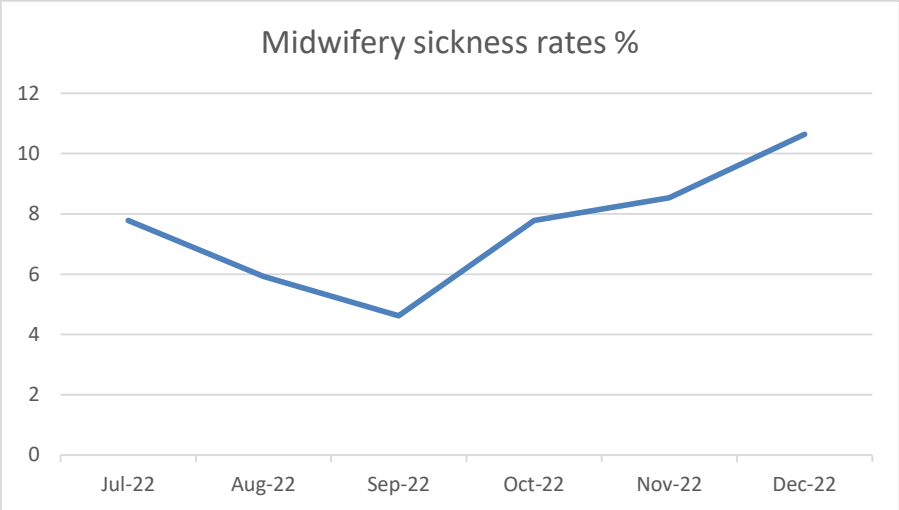
9.0 Sickness

During the six-month reporting period there has been a generalised increase in sickness levels. Two of the months showed a significant reduction with a number of staff returning from long term absence in this time frame. The team have had a number of staff with long-term medical conditions that have necessitated sickness absence hence leading to the subsequent rise. Targeted support has been provided to staff following long term absence, which has included flexibility and adaptations to working patterns to support staff with ongoing health needs. There has continued to be an overall decline in relation to Covid related absence.

The Retention Midwives and Professional Midwifery Advocates (PMAs) continue to support staff with their wellbeing. This has included the provision of free reflexology sessions, restorative supervision and the continuation of the facilitated team away days supported by the Devon Wellbeing Hub. Action plans to address the findings from these days have been implemented

The Retention Midwives have made further plans for additional staff support that will be provided in 2023, these include: career coaching and 'stay conversation' pilots, the launch of Primrose Awards ('Daisy' awards for MSW's) and Core John Mac and Delivery Suite posts for Meridian (hospital based) Midwives

Chart 4: Midwifery Sickness Percentage



10.0 Escalation and Interventions to Assure Safety

The maternity service has a documented escalation process for when demand exceeds capacity. This includes the use of an escalation on-call midwife outside of core working hours to support high acuity. This is monitored through the Birthrate Plus ® Acuity Tool.

Table 5: Summary of escalation midwife usage

Time period	No. of Times Escalation Midwife Used
Jul 22	2
Aug 22	1
Sep 22	0
Oct 22	0
Nov 22	0
Dec 22	1

It should be noted that the service is currently facing challenges from some workplace union representatives around the expectation of the out of hours escalation rota. The escalation out of hours has been used intermittently as detailed above. However, the unions refer to this, being in effect, enforced overtime. There are plans to review the escalation rota after consultation with the other Maternity services within the ICS and region.

11.0 Conclusion

Over this period there has been a continued improvement in a number of metrics pertinent to being able to provide optimum staffing levels within maternity. This includes the staffing levels meeting acuity needs. The brief fall in the provision of 1:1 care on

labour is likely due to a data inputting issue, which now appears to be resolved. There has been an improvement in the recruitment and retention of the workforce, largely due to the impact of the retention midwifery role. There has been a further significant drop in the number of instances where the Delivery Suite Co-ordinator is not supernumerary and this is a significant safety indicator for the maternity service.

Moving forward, the senior professional leadership team will continue to work with workforce and finance team to ensure we strengthen and triangulate service held maternity establishment data to assure accuracy of funded establishment. The staffing against acuity data has shown a marked improvement in being able to meet acuity even with continued vacancies. It would be worth considering a deeper analysis of the reasons behind this after the consultation on shift alignment has been completed. This may mean the consideration of a further workplace establishment review to ensure accuracy of updated requirements for the service.

All levels of maternity staff continue to make every effort to ensure that we provide a safe and quality service for the women and families that we care for.

12.0 Recommendations

The Board is asked to:

- Note the ongoing improvements in midwifery staffing and the positive influence of the retention midwifery role.
- Note the mitigations to ensure safety and quality.
- Note the intention to undertake a undertake an organisational change staff consultation with regard to shift pattern alignment.
- Consider the support for a further maternity workforce assessment later in 23/24

NHS
Torbay and South Devon
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Report to the Trust Board of Directors			
Report title: March 2023 Mortality Score Card			Meeting date: 29 March 2023
Report appendix	Appendix 1 – Hospital Mortality Appendix 2 – Unadjusted Mortality Rate Appendix 3 – Mortality Analysis Appendix 4 – Focused Mortality Reviews Appendix 5 – Glossary of Terms		
Report sponsor	Medical Director		
Report author	Medical Director		
Report provenance	Mortality Surveillance Group		
Purpose of the report and key issues for consideration/decision	The report is for bi-monthly assurance to ensure learning from deaths.		
Action required (choose 1 only)	**For information** ☐	**To receive and note** ☒	**To approve** ☐
Recommendation	To receive and note this report		

Summary of key elements

Strategic goals supported by this report

Excellent population health and wellbeing	X	**Excellent experience receiving and providing care**	X
Excellent value and sustainability	X		

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

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

BAF Risk 1 – Quality and Patient Experience

External standards affected by this report and associated risks

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

Report title: March 2023 Mortality Score Card		Meeting date: 29 March 2023
Report sponsor	Medical Director	
Report author	Medical Director	

1.0 Introduction

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

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

Since April 2020, it has been a requirement that all in-patient deaths are scrutinised by a suitably trained Medical Examiner. Some deaths which cannot be readily identified by a doctor as due to natural causes are referred to HM Coroner for investigation instead. Medical Examiners are mandated to give bereaved relatives a chance to express any concerns and to refer to HM Coroner any deaths appearing to involve serious lapses in clinical governance or patient safety.

Some deaths require a case record review, looking at the care provided to the deceased as recorded in their case records in order to identify any learning. This would particularly apply where bereaved families and carers or staff have raised concerns about the quality of care provision.

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

Data Sources

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

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

Data sourced, includes data from the Trust, Department of Health (DH), and Dr Foster. The data in the appendices has, in the main, been displayed as run charts. The report is

generated for the Trust Board, Quality Improvement Group, and Mortality Surveillance Group as well as local ISU governance groups.

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

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

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

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

Safety Indicator		Data Source	Target	RAG
Appendix 1 • A. Hospital Standardised Mortality Rate (HSMR)		Dr Foster latest benchmark Month	Below the 100 line with an aim for a yearly HSMR ≤90	12-month average 111.0 ↓
• B. Summary Hospital Mortality Index (SHMI)	Mortality	DH SHMI data		1.0390 ↓ (Sept 21 – Aug 22)
Appendix 2 • Unadjusted Mortality Rate • By number • By location		Trust Data	Yearly Average ≤3%	3.51%
Appendix 3 • Mortality Analysis		Trust Data Dr Foster DH HSMR data	New CUSUM alerts	0
Appendix 4 • Mortality Reviews and Learning		Trust Data		

2.0 Trust Wide Summary

The Hospital Standardised Mortality Rate (HSMR) is above the expected level of 100 for our population. The rolling 12-month position exceeded the expected range for the 12-months to October 2022 with a relative risk of 111.0 against a 100 benchmark. The rolling 12- month trend shows that the HSMR became statistically higher than expected in July 2021. The last 6 data points have remained stable with a slight downward trend. The Trust's HSMR is one of 9 trusts in our peer comparator which are statistically higher than expected out of 20 Trusts. The increase in HSMR over the last 2 years is broadly in line with the trend of increase in HSMR seen by our similar peers.

The factors affecting HSMR have been considered. The Trust has a lower Charlson co-morbidity of 20+ and overall the Trust reports a higher percentage of spells in the ‘Symptoms and Signs’ chapter (9.3% v 7.5% national). This may impact by reducing the overall expected mortality rate. The Trust has a greater proportion of patients in the higher deprivation quintiles compared to Regional peers. Higher deprivation is known to contribute to poorer health outcomes and shorter life expectancy. The Trusts’ patients are older than the peer average which might result in a greater number of observed deaths.

The higher than expected HSMR is subject to a mortality improvement plan to consider all aspects which impact on HSMR including coding, patient mix and process of care. A coding audit is being undertaken during Q4 and the findings from this will inform the improvement plan for the next year.

Appendix 1 – Hospital Mortality

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

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

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

Our HSMR aim is to reduce and sustain the HSMR below a rate of ≤90
A rate above 100 with a ***high relative risk*** may signify a concern and needs to be investigated

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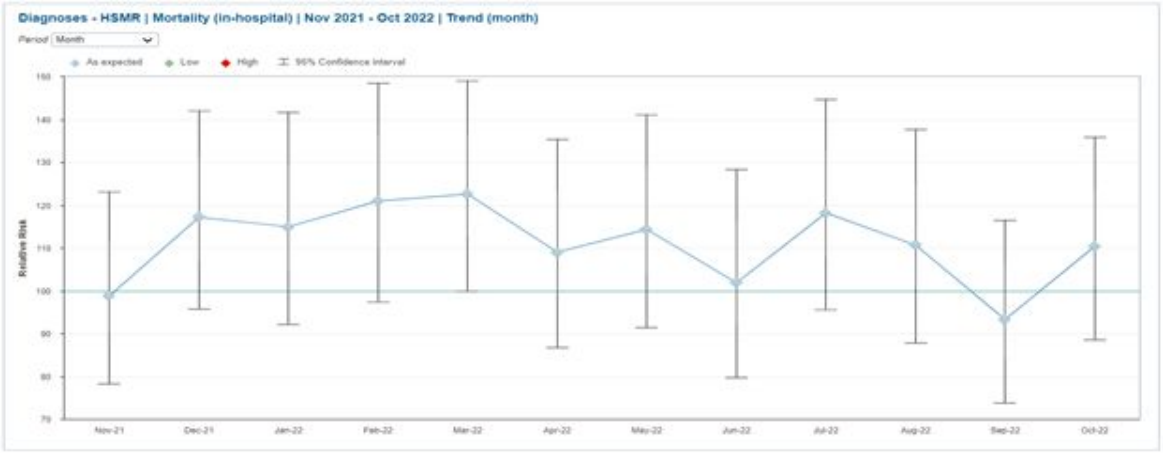
Chart 1 - HSMR by Month November 2021 to October 2022 (latest month available)
Chart one (as below) shows a longitudinal monthly view of HSMR.

The latest month's data, October 2022 for HSMR has a relative risk of 110.3



The drop in volume of activity and the resulting elevated HSMR score of 130.3 for August 2022, noted in the previous report (January 2023), has now been resolved as the back log of coding for this time period has been cleared. The corrected data now demonstrates a level of activity within the expected range and a HSMR of 110.6 for the month of August 2022

Chart 2 -HSMR rolling 12-month position

Rolling 12-month data for November 2021 to October 2022, indicates a relative risk of 111.0 for the 56 diagnostic groups included. The range for the November 2021 to October 2022 is 104.4 to 118.0 which remains statistically higher than the expected range when compared to hospital trusts nationally. When COVID-19 activity is excluded from the HSMR, the relative risk reduces to 109.4 with a range of 102.6 to 116.5 however this remains statistically higher than expected. The last six data periods show a slight downward trend

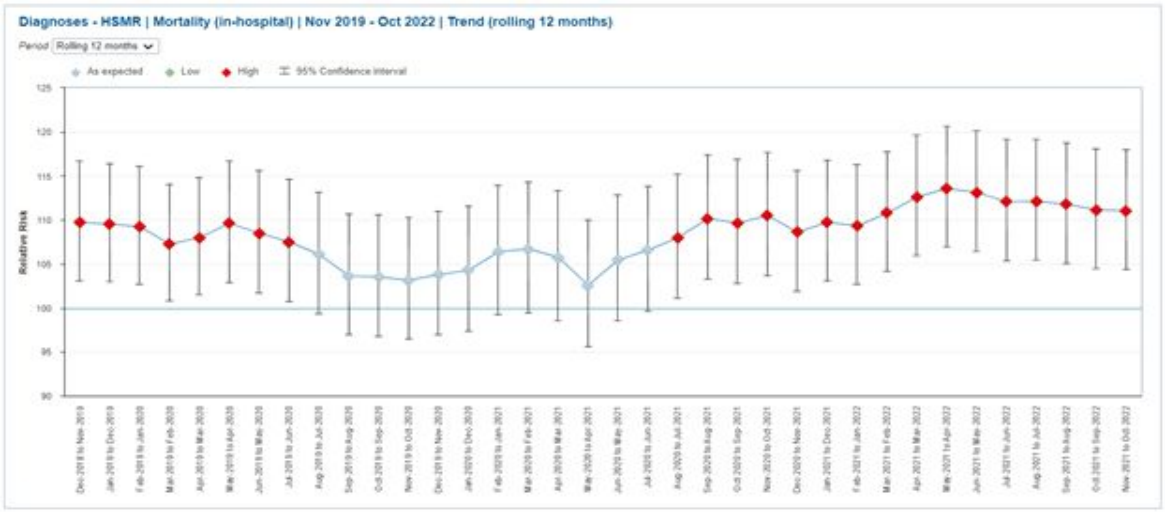


Chart 3-HSMR Peer Comparison – Similar Peers

The chart below highlights HSMR mortality by peer comparison with similar peers, using a 12-month annual total. This shows Torbay and South Devon is 1 of 9 Trusts with a statistically higher HSMR than expected out of 20.

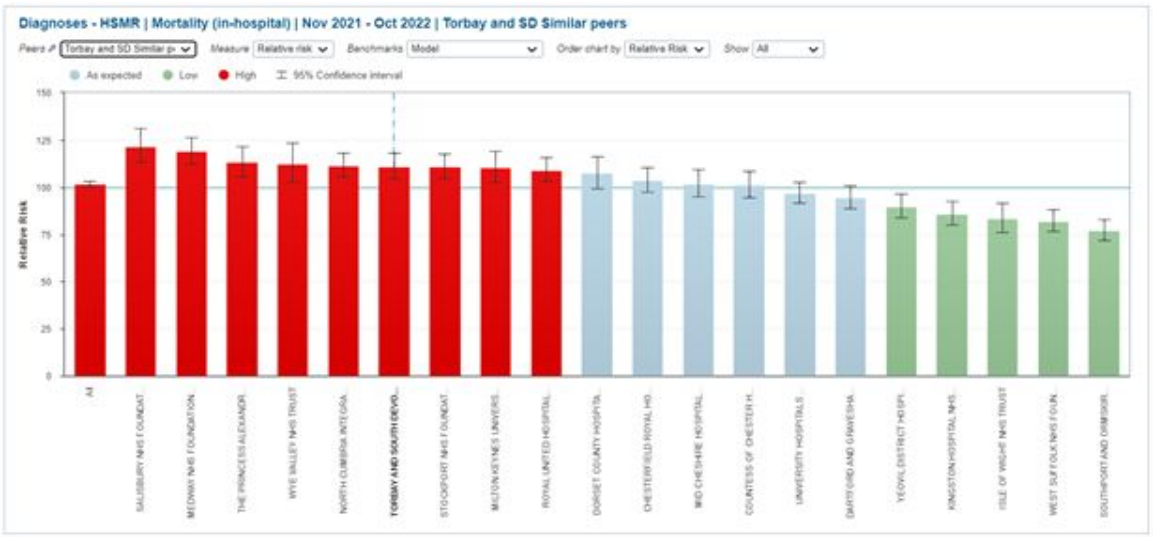


Chart 4- HSMR Peer comparison – Regional Peers

The chart below highlights HSMR mortality by peer comparison with regional peers (Acute non-specialist, using a 12-month annual total. This shows Torbay and South Devon is 1 of 9 Trusts with a statistically higher HSMR than expected out of 14.

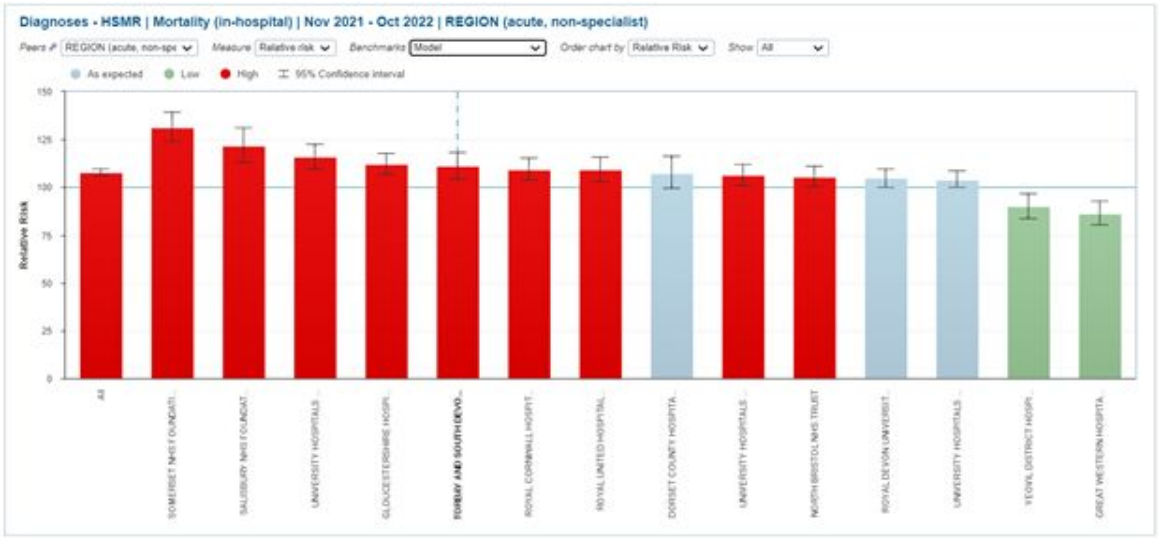


Chart 5- HSMR Expected rate (%) vs National

The expected rates followed a similar pathway to National (but at a lower rate) to the Oct 20 to Sept 21 data period, followed by an incremental increase. Whilst the Trust's expected rate has been rising to meet more closely that of national, the rate has remained stable over the last 6 data periods

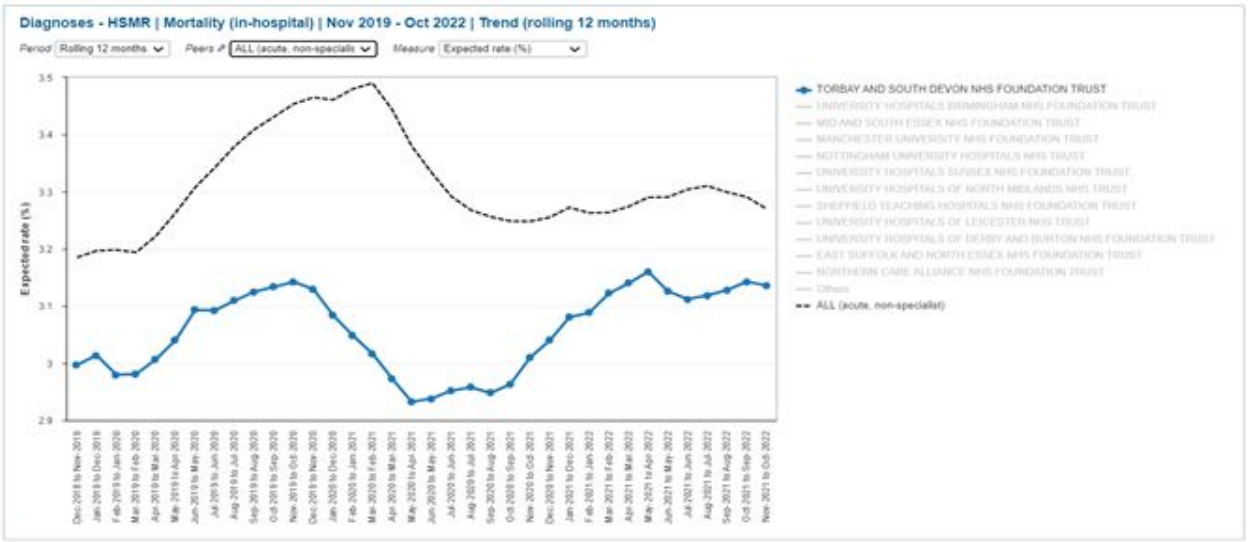


Table 2 – Coding Case Mix Summary

The following table reports a higher percentage of spells in the Symptoms & Signs chapter (9.3%). This is slightly lower than that reported in the last report (10.5%).

The percentage of spells with the Charlson comorbidity score of 20+ is lower than both the National and Peer average (14.2%). This is higher than in the previous report (14%).

Mortality Influencers				
Performance	Site	Trust	Peer	National
HSMR		111.0	107.7	101.2
SMR		102.6	108.4	101.1
Non-elective (HSMR)		110.4	107.8	100.9
Weekday, emergency (HSMR)		108.8	105.9	99.5
Weekend, emergency (HSMR)		115.5	113.9	105.1
Saturday, emergency (HSMR)		113.4	113.2	105.2
Sunday, emergency (HSMR)		117.6	114.8	104.9
Coding/Casemix	Site	Trust	Peer	National
% Non-elective deaths with palliative care (HSMR)		42.9%	41.0%	40.1%
% Non-elective spells with palliative care (HSMR)		5.1%	4.8%	5.0%
% Spells in Symptoms & Signs chapter		9.3%	8.6%	7.5%
% Non-elective spells with Charlson comorbidity score = 0 (HSMR)		40.2%	42.6%	41.2%
% Non-elective spells with Charlson comorbidity score = 20+ (HSMR)		14.2%	15.2%	16.0%
% Non-elective spells in Risk Band (0-10%) (HSMR)		83.6%	84.3%	83.9%

1B Summary Hospital Mortality Index (SHMI) Reporting Period July 2021 – June 2022

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

Chart 6- Trust SHMI compared to National Baseline

The Trust is rated 'as expected' compared to trusts nationally with a SHMI value of 1.0390

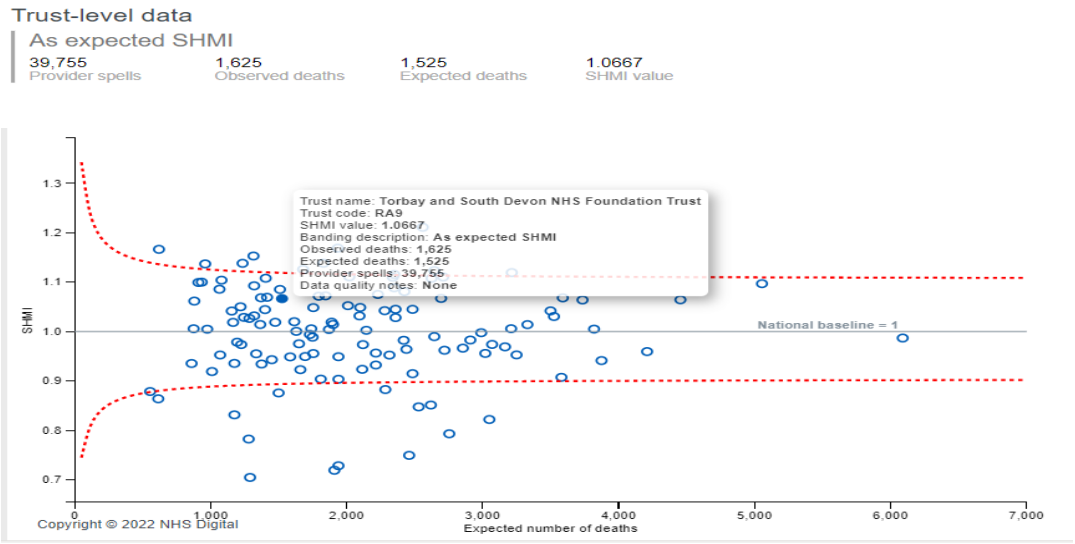


Table 3 – SHMI diagnostic groups

Secondary malignancies remain statistically higher than expected.

Diagnosis group description	Diagnosis group number	Provider spells	Observed deaths	Expected deaths	SHMI value	SHMI banding
Secondary malignancies	30	225	60	45	1.3618	Higher than expected
Acute bronchitis	74	600	20	15	1.1850	As expected
Acute myocardial infarction	57	470	40	35	1.1984	As expected
Cancer of bronchus; lung	15	95	30	30	0.9625	As expected
Fluid and electrolyte disorders	37	350	15	25	0.6920	As expected
Fracture of neck of femur (hip)	120	490	35	40	0.8927	As expected
Gastrointestinal hemorrhage	96	340	25	20	1.2258	As expected
Pneumonia (excluding TB/STD)	73	1,260	215	215	1.0164	As expected
Septicaemia (except in labour), Shock	2	360	95	85	1.1530	As expected
Urinary tract infections	101	645	30	30	1.0023	As expected

Appendix 2 – Unadjusted Mortality Rate

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

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

Determine the numerator: the total number of in-hospital deaths (TD) for the current month (excluding stillbirths and deaths in A & E).

Determine the denominator: the current month's total number of in-hospital deaths (TD) + live discharges (LD).
Calculate the actual percent monthly-unadjusted mortality by dividing (TD) by (TD + LD) and then multiply by 100.

Chart 7, below, highlights the Trust's in hospital unadjusted mortality. The rolling 12-month average is 3.51%. This has to be viewed along with the more in-depth analysis provided by HSMR and SHMI.

This chart below includes the Covid waves as annotated. This highlights a significant rise in deaths in March and April 2020 which is partly explained by a reduction in activity due to Covid changes. December 2022 and January 2023 showed a rise in unadjusted mortality.

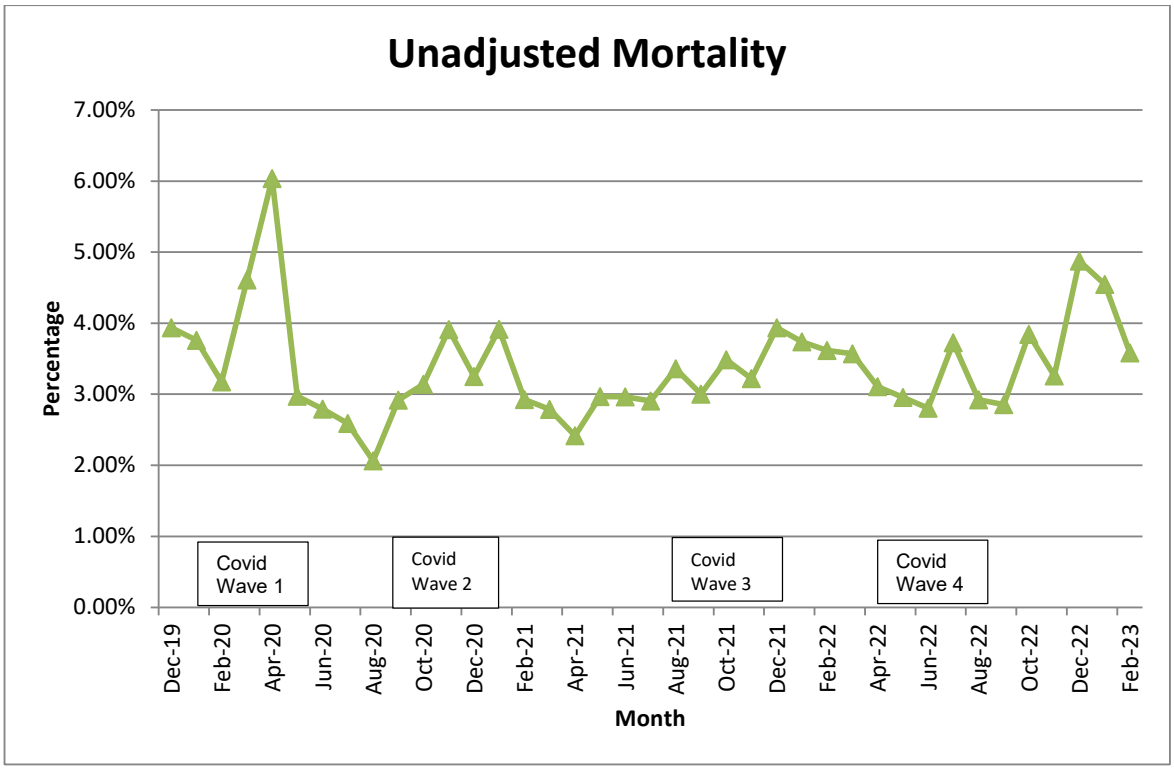
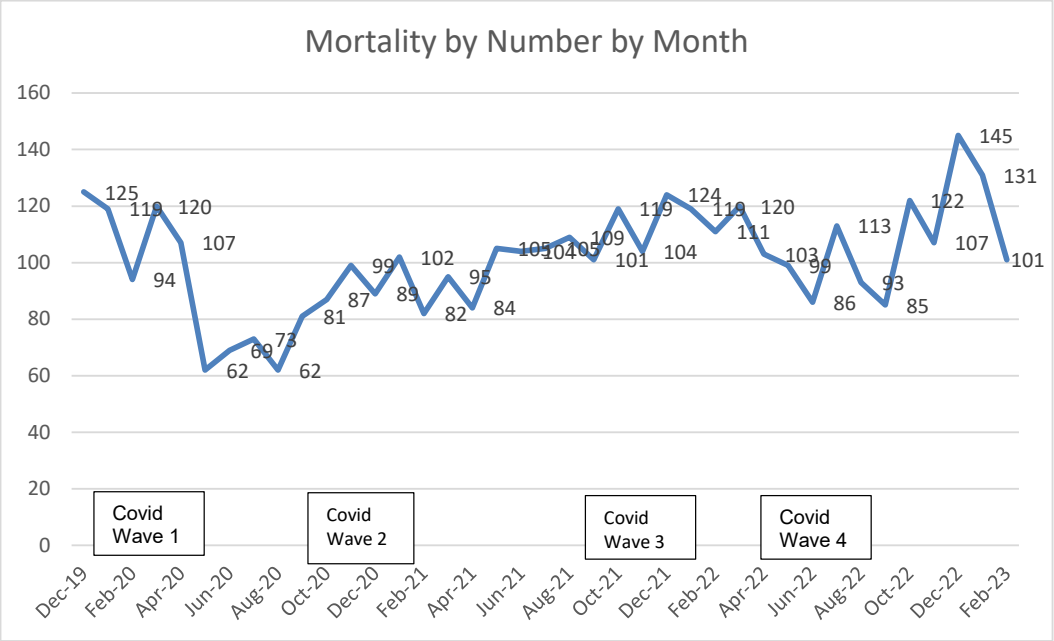


Chart 8 indicates the monthly number of hospital deaths excluding (excluding stillbirths and deaths in A & E).

Key points to note

- The rise in March and April 2020 is partly due to Covid, before decreasing to comparatively low numbers during Summer 2020.
- As hospital activity increased following the initial pandemic lockdown, the number of hospital deaths has also increased.
- The pattern of increased deaths related to winter pressures appears to re-emerge after a relatively low number of in-hospital deaths during the winter of 2020/2021.
- An increase in deaths is noted in December 2022 and January 2023



Appendix 3 – Mortality Analysis

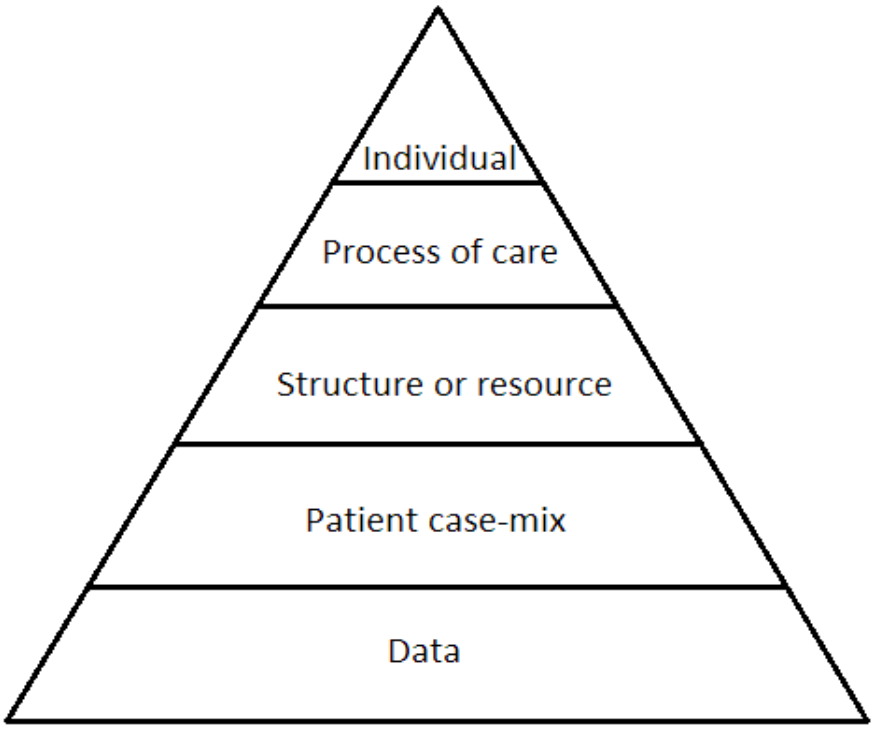
Table 4–highlights mortality by ward location by month. Increases in deaths in some wards is attributed to altered case mixes because of the operational responses to infection control.

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Torquay ISU													
DELIVERY SUITE													
LCHDU													
LOUISA CARY													
MOTHER AND BABY													
Paignton and Brixham ISU													
BRIXHAM					2	1			2			1	
CARDIAC CATHETER SUITE	1	1											
DUNLOP	3	3	5	7	4	5	7	4	6	1	14	13	6
MIDGLEY	14	15	11	7	13	12	11	17	18	12	17	16	13
TORBAY CHEST PAIN UNIT											1		
TORBAY CORONARY CARE BEDS			2	4	2			1	2	1	5	3	2
TURNER	9	9	4	7	10	6	5	6	4	4	7	5	6
Newton Abbot ISU													
ACUTE MEDICAL UNIT											5	4	10
ACUTE SURGICAL UNIT				1									
MEDICAL RECEIVING UNIT	3	7											
NEW MEDICAL RECEIVING UNIT				3			1	3	1	2	4		
EAU4	5	10	7	10	8	7	6	6	7	9	9	13	3
INTENSIVE CARE UNIT	5	8	13	12	10	11	6	1	6	9	10	13	11
TEIGN WARD	1		1	3	1	3	2	3	3	1	4	3	2
TEMPLAR WARD	1			3	1	1			3	2	3		
Coastal ISU													
AINSLIE	6	4	3	2	1	3	3	3	3	5	2	1	
ALLERTON	7	15	8	3	6	8	5	6	9	8	14	7	4
CROMIE	8	5	6	2	4	6	5	2	4	6	4	3	7
DAWLISH	5	4		2		2	1		2		3	1	2
ELLA ROWCROFT	1	1	2				1	1		1	1		1
FORREST	6	2	9	8	1	8	6	6	11	11	10	12	7
THEATRES	1	2		1							2		
WARRINGTON	3	1	1	2	3	1	3	3	4	2	2	5	4
Moor To Sea ISU													
CHEETHAM HILL	11	10	7	15	7	7	11	7	11	10	9	5	8
DART					1	3	1				2		1
GEORGE EARLE	8	9	9	4	7	17	7	11	14	10	6	9	7
SIMPSON	9	11	11	1	5	8	8	3	10	11	6	8	4
Wards used in COVID surge / Operational Escalation													
JOAN WILLIAMS	2	2	1	1									
MCCALLUM	2	1	3	1		4	4	2	2	2	5	9	3
Grand Total	**111**	**120**	**103**	**99**	**86**	**113**	**93**	**85**	**122**	**107**	**145**	**131**	**101**

Torbay and South Devon NHS Foundation Trust

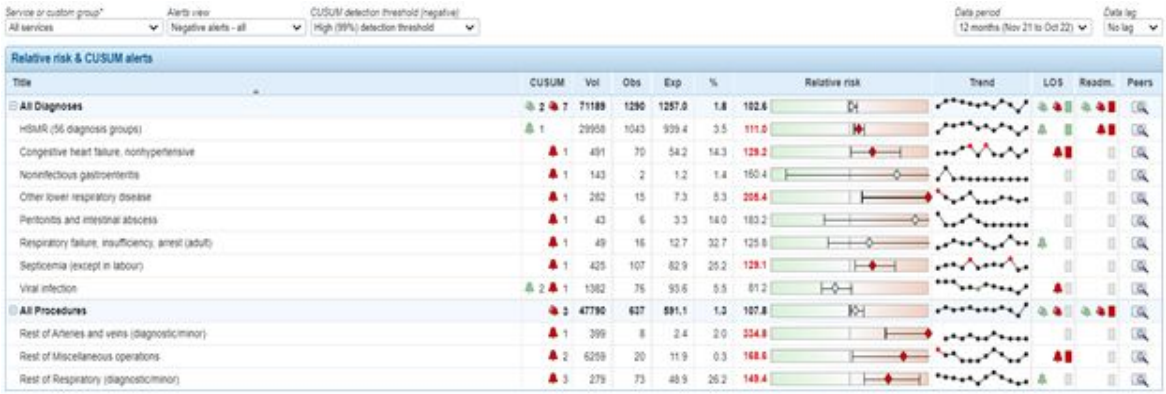
Alerts by Clinical classification

An ‘alert’ is raised when the expected number of deaths is significantly exceeded by the actual number of deaths. The Trust adopts the ‘pyramid of investigation for special cause variation’ shown below to further investigate alerts.



1) 1st Step **Data**: has the data been coded accurately, have all the comorbidities been recorded and coded, does the coding reflect what actually happened to the patient?
2) 2nd Step **Patient case-mix**: Has something happened locally to affect the case mix? For example, patients admitted for end of life care and if so has a palliative care coding been recorded?
3) 3rd Step **Structure or Resource**: were there any changes to the structure and availability of resources e.g. availability of beds, equipment and staff
4) 4th Step **Process of car**e: have new treatment guidelines been introduced, have appropriate care pathways been consistently followed, have there been changes to admission or discharge practices?
5) 5th Step: **Individual:** An individual is rarely the cause of an alert. A consultant name may be recorded against the primary diagnosis but many individuals and teams are involved in providing care. Have there been any changes to staff or teams during the investigation

Table 5 – Dr Foster Alerts by clinical classification



Title	CUSUM	Vol	Obs	Exp	%	Relative risk	Trend	LOS	Readm.	Peers
All Diagnoses	2 7	71189	1290	1257.0	1.8	102.6				
HSMR (56 diagnosis groups)	1	29958	1043	939.4	3.5	111.0				
Congestive heart failure, nonhypertensive	1	491	70	54.2	14.3	129.2				
Noninfectious gastroenteritis	1	143	2	1.2	1.4	160.4				
Other lower respiratory disease	1	282	15	7.3	5.3	205.4				
Peritonitis and intestinal abscess	1	43	6	3.3	14.0	183.2				
Respiratory failure, insufficiency, arrest (adult)	1	49	16	12.7	32.7	125.9				
Septicemia (except in labour)	1	425	107	82.9	25.2	129.1				
Viral infection	2 1	1382	76	93.6	5.5	81.2				
All Procedures	3	47790	637	591.1	1.3	107.8				
Rest of Arteries and veins (diagnostic/minor)	1	399	8	2.4	2.0	334.9				
Rest of Miscellaneous operations	2	6259	20	11.9	0.3	168.6				
Rest of Respiratory (diagnostic/minor)	3	279	73	48.9	26.2	149.4				

Compared to the dashboard previous dashboard there are no new diagnosis or procedure group alerts

Appendix 4 – Focused Mortality Reviews

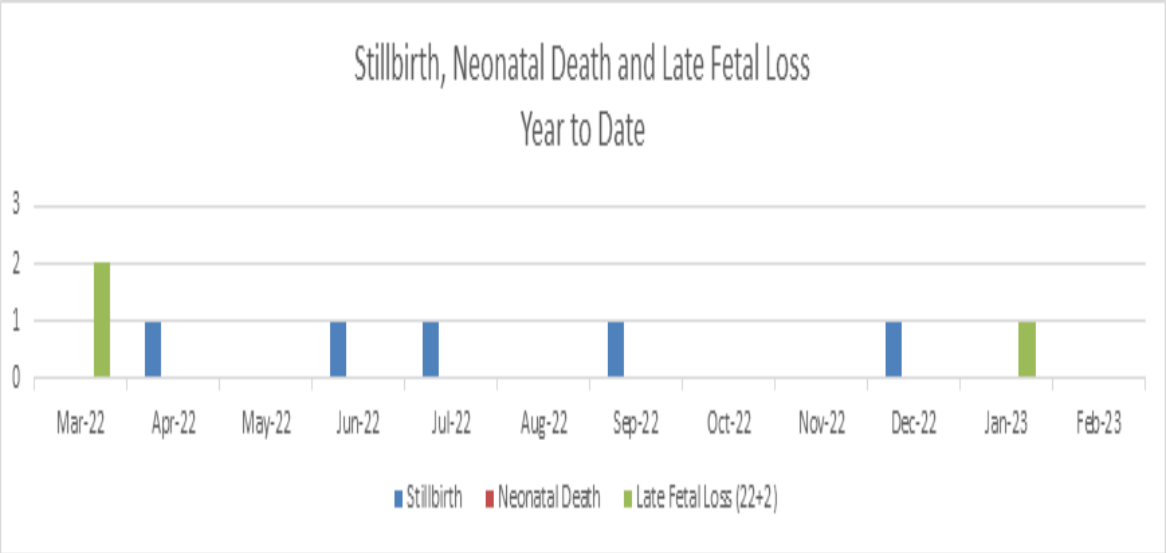
Number of Neonatal, Perinatal, and Maternal Deaths

A stillbirth is when a baby born dead after 24 completed weeks of pregnancy. It occurs in around 1 in every 200 births in England.
During the reporting period of January and February 2023 we had one Late Fetal Loss at 23+6 weeks. This was in January. We are holding a Perinatal Mortality Review Meeting in early April for this baby.

We had no Baby losses in February 2023.

There were no maternal deaths or neonatal losses.

Chart 9 – Stillbirth, Neonatal Deaths and Late Fetal Losses



Medical Examiners

The Medical Examiners service has continued to roll out to the community setting and in February received the first GP referrals from Devon Square GP practice. Other GP practices are requesting the Data Protection Impact Assessment provided by the ICB and Local Medical Committee prior to submitting referrals.

Table 6 – Medical Examiners - Community vs Acute Activity

Month	Number scrutinised by ME	Acute	Community	Number scrutinised referred to coroner
Dec-21	84	84	0	2
Jan-22	107	107	0	4
Feb-22	94	94	0	13
Mar-22	124	124	0	20
Apr-22	93	93	0	9
May-22	101	101	0	11
Jun-22	103	103	0	17
Jul-22	118	114	4	22
Aug-22	93	91	2	21
Sep-22	93	90	3	12
Oct-22	149	126	23	25
Nov-22	130	118	12	20
Dec-22	176	157	19	29
Jan-23	162	143	19	20
Feb-23	140	119	21	22

Chart 10– Medical Examiners Performance Summary

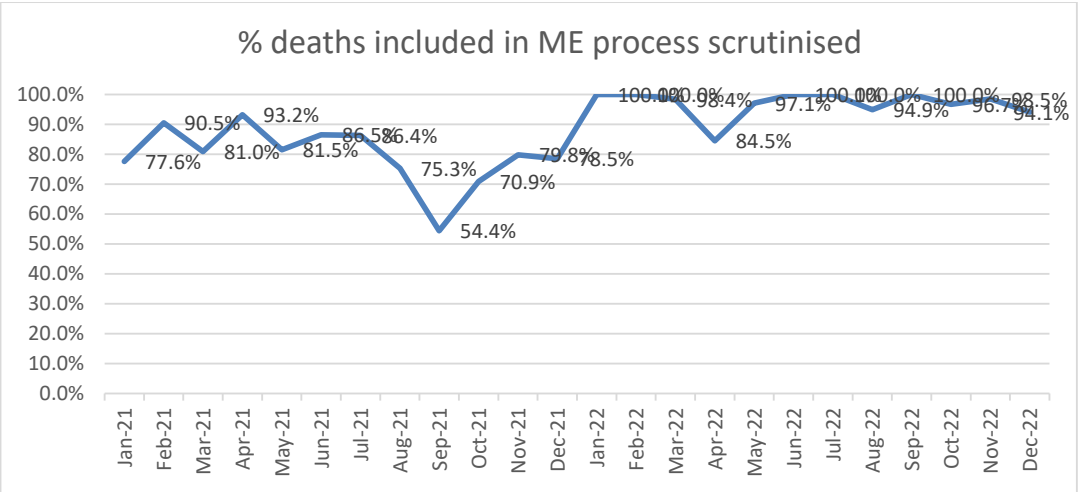
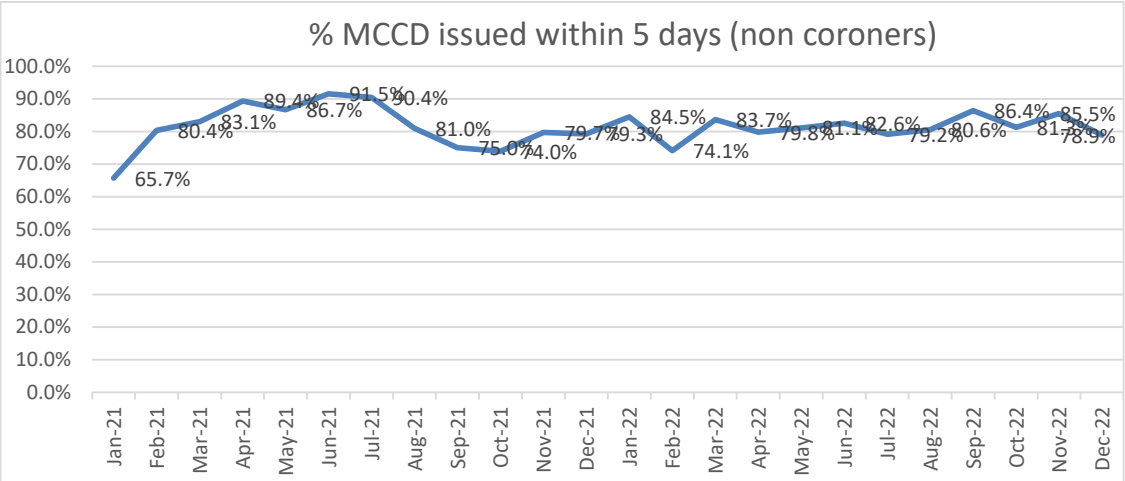


Chart 11 – MCCD completion within 5 days



Number of deaths in which complaints were formally raised by the family

During January and February there have been 3 formal complaints. All of these are ongoing and relate to end-of-life care.

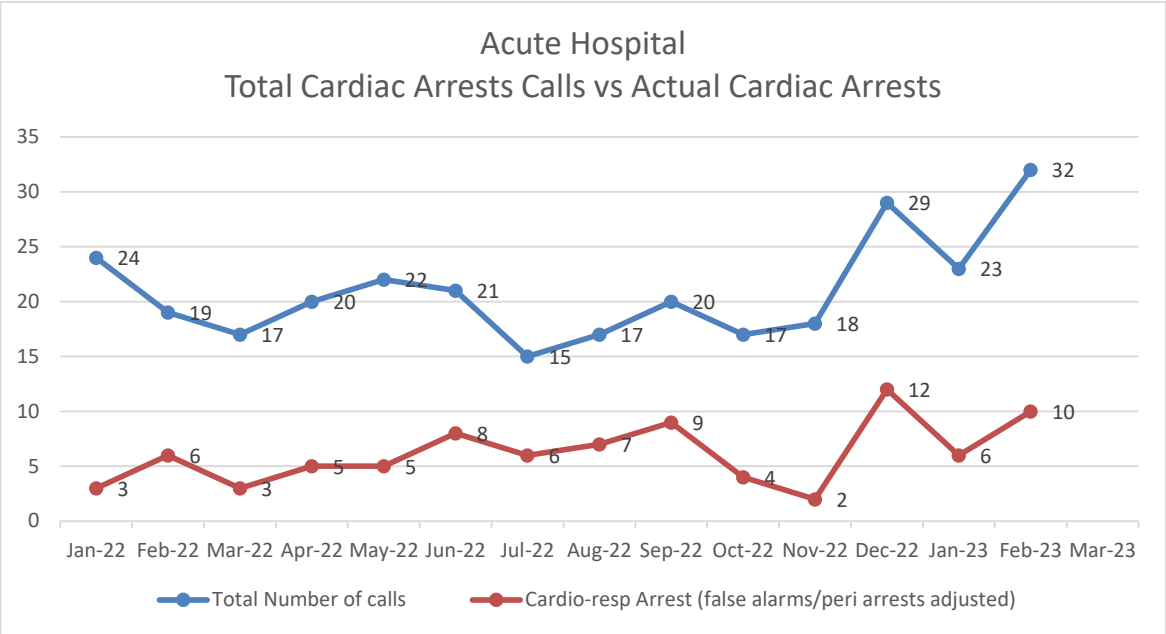
In addition, there have been 22 concerns raised. 1 relating to timeliness of MCCD completion, 2 relating to lost property and 19 related to care.

There have been 2 compliments received regarding treatment and care.

Cardiac Arrest

Chart 12 shows both the total number of cardiac arrest call and actual cardiac arrests per month to February 2023. There is possibly a rising trend in actual cardiac arrest calls in recent months. This will be reviewed by the resuscitation group against a longer time frame.

Chart 12– Acute Hospital – Cardiac Arrests



Trust learning:

Serious Adverse Event Group 15/2/23 and 15/3/23. A number of incidents were discussed but only one in which patient died shown below:

Key Issues	Learning and actions taken
Treatment / Diagnostic learning Sepsis death – source of infection not identified – other comorbidities	Process of recording IV cannulation and review of lines, catheters etc.

Glossary of Terms

HSMR (Hospital Standardised Mortality Rate) - the case-mix adjusted mortality rate relative to the national average.

- **Relative Risk (RR)** - The ratio of the observed number of negative outcomes to the expected number of negative outcomes. The benchmark figure (usually the England average) is always 100; values greater than 100 represent performance worse than the benchmark, and values less than 100 represent performance better than the benchmark. This ratio should always be interpreted in the light of the accompanying confidence limits. All HSMR analyses use 95 % confidence limits.

CUSUM Alerts - CUSUM is short for ‘cumulative sum’. The charts show the cumulative sum of the differences between expected outcomes and actual outcomes over a series of patients. The total difference is recalculated for each new patient and plotted on a chart cumulatively (i.e. where one patient’s difference ends the next one starts). Alerts are designed to signal that a pattern of activity appears to have gone beyond a defined threshold. They indicate a series of events that have occurred that are sufficiently divergent from expectations as to suggest a systematic problem. Alerts are triggered when the CUSUM statistic passes through a set threshold. This is shown graphically on the charts by a black cross on the threshold. Once an alert has been triggered the chart is re-set to the mid-way point. This will mean that another run of negative outcomes compared with expected outcomes will trigger an alert in a shorter timescale. The threshold value determines when the CUSUM graph is deemed to be out-of-control (i.e. higher or lower than the benchmark). At this point an Alert is raised and the CUSUM value is reset to half the threshold. The value selected affects the probability that an Alert is a False alarm and the probability that a real alarm is successfully detected. A high threshold is less likely to trigger false alarms but is more likely to miss a genuine out-of-control condition, and vice versa for a low threshold. For example, if chosen "Maximum (99.9%)" the system will select the highest threshold which corresponds to a False Alarm Rate (FAR) that is less than or equal to 0.1% given the annual volume and expected outcome rate of the analysis. With that threshold, only 0.1% of hospitals with in-control outcome rates (i.e. equal to the benchmark) will alert

Charlson Index of Comorbidities
Co-morbidity is assigned to the spell from assessing the secondary diagnoses codes, that are coded in the episode of care used to derive the primary diagnosis. In majority of cases this will be the first episode of care (on admission to hospital), however, where the primary diagnoses in the first episode of care is an R code, the system will look to the second episode of care to identify a clearer diagnosis, should one be available. In that case the secondary diagnoses of the second episode will be used. The Charlson Index of comorbidities is used both for the HSMR and the SHMI.

The Standardised Hospital Mortality Indicator (SHMI) is the ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days post discharge from the hospital. The expected number of deaths is calculated from a risk adjusted model with a patient case-mix of age, gender, admission method, year index, Charlson Comorbidity Index and diagnosis grouping. The cumulative risk of dying within the spell for each patient within the selected group