



Torbay and South Devon
NHS Foundation Trust

Public Board of Directors

Date: Wednesday 26th April 2023

Time: 11.30 am – 2.30 pm

**Pomona House,
Oak View Close,
Torquay
TQ2 7FF**

www.torbayandsouthdevon.nhs.uk

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TSDFT Public Board of Directors

26/04/2023 11:30 - 14:30



Torbay and South Devon
NHS Foundation Trust

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OUR STRATEGY AND PURPOSE

Our Purpose (what is our role in society?):

- Our purpose is to support the people of Torbay and South Devon to live well

Our Goals (how do we measure our success?):

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

Our Priorities (what do we need to focus on to achieve our goals):

- More personalised and preventative care: 'What matters to you matters to us'
- Reduce inequity and build a healthy 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

Our Objectives:

- Quality and Patient Experience
- People
- Financial Sustainability
- Estates
- Operations and Performance Standards
- Digital and Cyber Resilience
- Building a Brighter Future
- Transformations and Partnerships
- Integrated Care System
- Green Plan/Environmental, Social and Governance



Report to Board of Directors			
Report title: Committee Reports			Meeting date: 26 April 2023
Report appendix	n/a		
Report sponsor	Director of Corporate Governance and Trust Secretary		
Report author	Corporate Governance Manager		
Report provenance	n/a		
Purpose of the report and key issues for consideration/decision	<p>The Board are asked to note the following summary of the Committee meetings held in the period.</p> <p>Quality Assurance Committee: Chair (R Ibbotson)</p> <ul style="list-style-type: none"> • 27 March 2023 <p>Finance Performance and Digital Committee: Chair (R Crompton)</p> <ul style="list-style-type: none"> • 27 March 2023 <p>Building a Brighter Future: Chair - C Balch</p> <ul style="list-style-type: none"> • 19 March 2023 <p>Audit Committee: Chair - R Sutton</p> <ul style="list-style-type: none"> • 19 April 2023 (minutes yet to be published) <p>Minutes of the meetings can be found within the Diligent online library: Hyperlink: Diligent Boards: South Devon Health Information Services: Resource Center</p> <p>Location: Diligent sign-in>Resource Centre>TSDFT Board and Sub-Committee Minutes</p> <p>The Chair of each Committee is asked to escalate any pertinent matters on an exception basis.</p>		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	<p>The Board asked to note:</p> <ul style="list-style-type: none"> • the Committee meetings held since the last meeting; and • any exceptional reporting of Committee Chairs. 		
Summary of key elements			
Strategic goals supported by this report	Excellent population health and wellbeing		Excellent experience receiving and providing care
	Excellent value and sustainability	X	

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



Report to the Trust Board of Directors				
Report title: Chief Operating Officer's Report April 2023		Meeting date: 26 April 2023		
Report appendix	N/a			
Report sponsor	Chief Operating Officer			
Report author	System Care Group Directors			
Report provenance	The report reflects updates from management leads across the Trusts Integrated Service Units (ISUs) and Children and Family Health Devon (CFHD)			
Purpose of the report and key issues for consideration/decision	<p>The report provides an operational update to complement the Integrated Performance Report (IPR), including some specific performance metrics. The report offers greater visibility of activity not fully covered in the IPR.</p> <p>The report also highlights a number of key developments across the community alongside the key activities, risks and operational responses to support delivery of services through this phase of the recovery and restoration. This includes delivery of high priority cancer, diagnostics and elective services.</p>			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board is asked to receive and note the Chief Operating Officer's Report.			
Summary of key elements				
Strategic goals supported by this report	Excellent population health and wellbeing	X	Excellent experience receiving and providing care	X
	Excellent value and sustainability	X		
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register	X	Risk score	20
Risk Register Number 5 – Operations and Performance Standards				

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

Report title: Chief Operating Officer's Report		Meeting date: 26 April 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 Trust's Care Groups.

2.0 Introduction

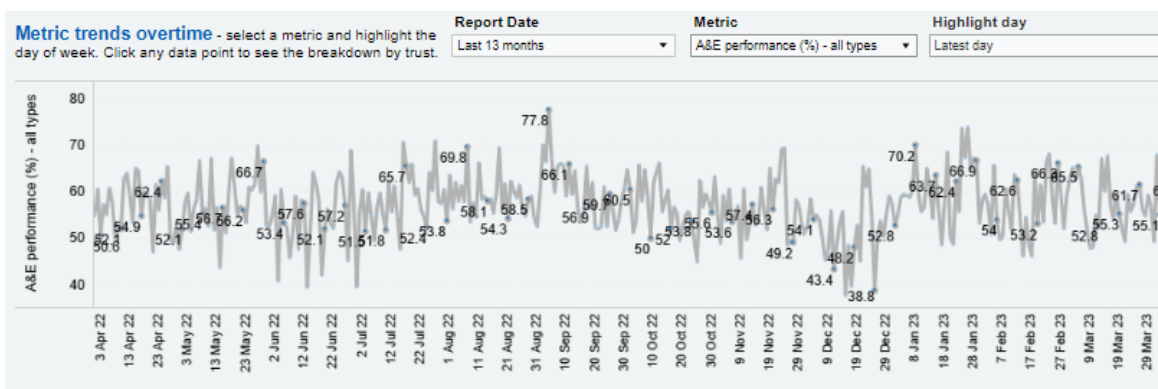
March saw a dip in performance for Urgent and Emergency care, correlated to outbreaks of infections reducing bed availability, but an increase in performance for Elective and Cancer care. The three-day Junior Doctors strike also impacted the Trust in both Elective and Non-elective pathways.

3.0 Urgent & Emergency Care update

Daily demand to the Emergency Department (ED) rose by 0.75% to 187.7 although the total increase is over 11% at 5,819. The daily figure is adjusted for the difference in the number of days there are in each month. We achieved 37.6% against our ED 4-hour target.

Our type 3 demand (UTC and MIU) increased to 2,436 which is a daily decrease of 10% when adjusted for the months. We achieved 97.1% against our Type 3 4-hour target.

Overall our UEC performance was 57.6% which puts us at 93rd in England against 107 Acute Trusts recording this metric.



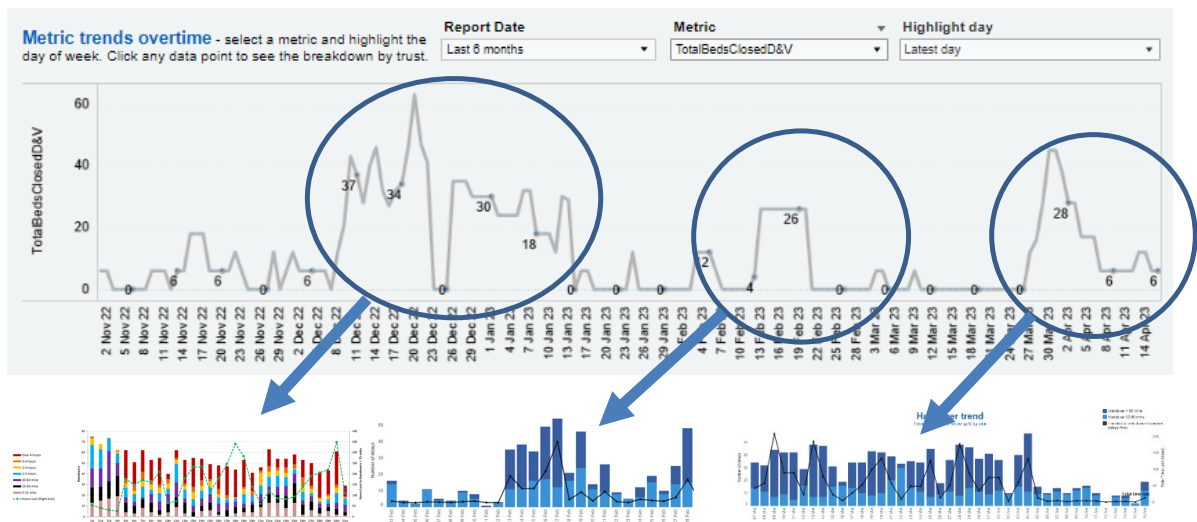
Ambulance Handovers

Our ambulance delays increased in March as Covid-19 and Norovirus infections reduced bed capacity but these delays were lower than the impact the Trust had with previous infection outbreaks.

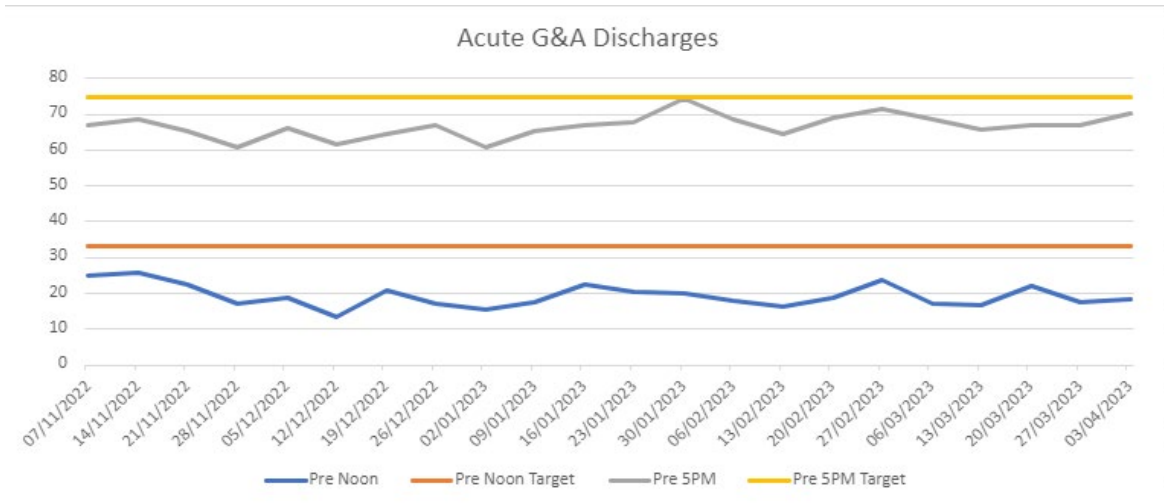
Rolling 30-day position as at 16 April 2023
click on a bar to highlight site on the trend chart

Ambulance Trust	Site	Value
South Western	Royal Cornwall Hospital (treリスケ)	1527:02:55
South Western	Derriford Hospital	1071:38:12
South Western	Royal United Hospital	795:14:37
South Western	Poole Hospital	669:48:16
South Western	Royal Bournemouth Hospital	595:35:17
South Western	Gloucestershire Royal Hospital	561:14:58
South Western	The Great Western Hospital	527:37:08
South Central	Queen Alexandra Hospital	394:37:23
South Western	Torbay Hospital	322:07:41
South Western	Bristol Royal Infirmary	182:37:09
South Western	Southmead Hospital	122:56:54
South Western	Musgrove Park Hospital	108:47:45
South Western	Royal Devon & Exeter Hospital (w..)	107:25:17
South East Coast	Royal Sussex County Hospital	106:50:59
South Western	Weston General Hospital	96:21:25

Our ability to improve against key patient flow targets correlates strongly with bed availability. We have shown that once infections increase the Trust's performance deteriorates and when beds become available there is an increase in performance, safety and calmness indicating strong causation.

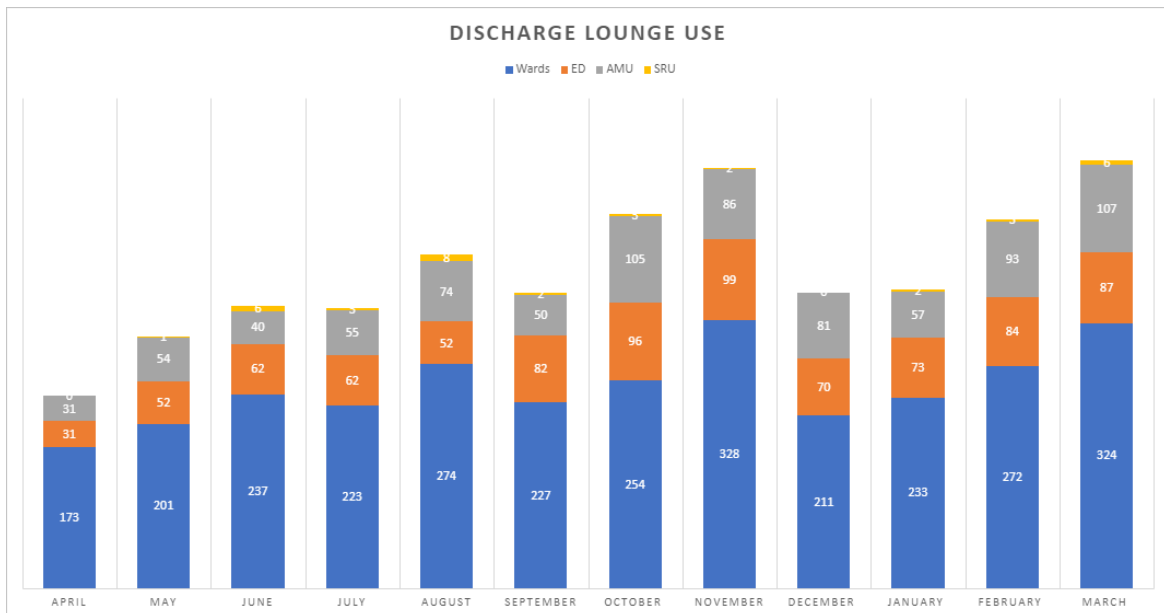


The continued focus on improving the two main challenges to patient flow has seen an improvement in both pre-noon and 5pm discharges from the acute hospital. There is still a lack of live reporting and updating at ward level, resulting in an apparent batching of discharges and a need for the site team to micromanage discharges and update the system. The community hospitals continue to meet both targets.



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.



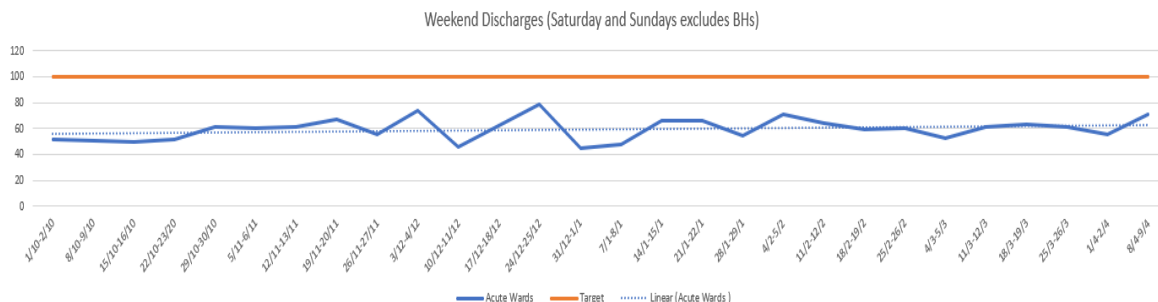
Achievement of Weekend Discharges at 80% of weekday total

The long Easter Bank Holiday saw the best weekend discharges so far this year; 62 adult discharges on Friday, 37 on Saturday, 34 on the Sunday and 30 on Easter Monday.

Various actions have led to this but key changes have been:

- Planning for the weekend which is now held live on MS teams and is completed by the ward MDTs following Friday 'SAFER' rounds.
- Reviewing the weekend workforce on site and ensure co-ordination of all teams.
- Setting clear discharge objectives which is led by the clinical site manager.
- Ensure SOP is being used and accountability framework for staff to ensure weekend processes are updated and completed.

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.



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.

4.0 Cancer Performance

4.1 Cancer Recovery

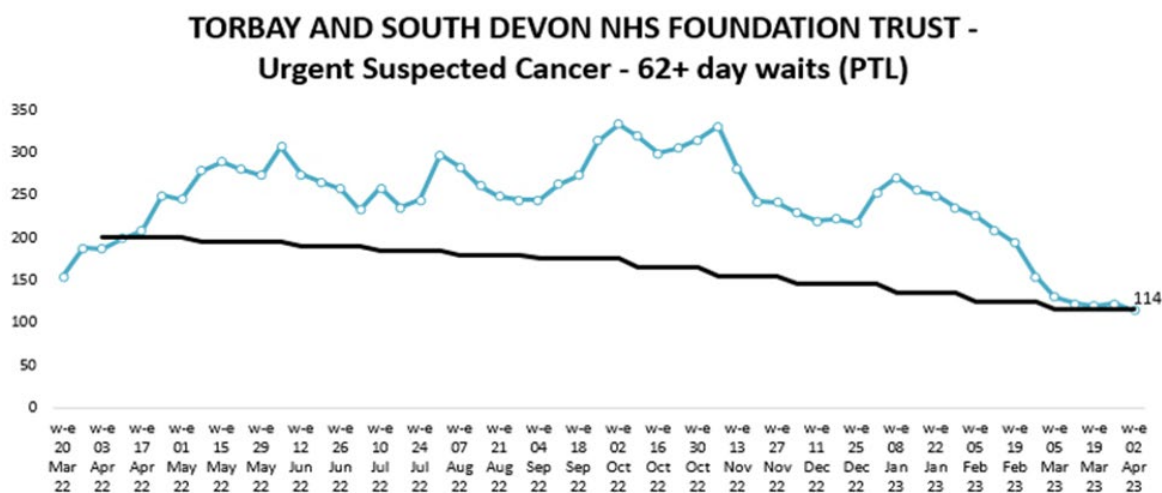
Torbay and South Devon remains under Tier 1 scrutiny for cancer performance. There are four 'Key Lines of Enquiry' which are used to benchmark organisations in the Tier 1 group.



For the second consecutive month the Faster Diagnosis Standard has been achieved, with March performance at 77%. This is a culmination of the focus on reducing waiting times for diagnostic procedures, predominantly in endoscopy and Urology.

We have started to see a recovery in the 62-day standard, which represents the continued work in our backlog reduction initiatives. For March, this metric is expected to be 59%.

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. We have achieved our 31 March target of 115. This has been driven by the sustained improvements in access to our Endoscopy and Urology diagnostic facilities.

The Trust has surpassed all of the Tier 1 exit thresholds. As a result of this, the process to remove TSDFT from Tier 1 scrutiny has begun.

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

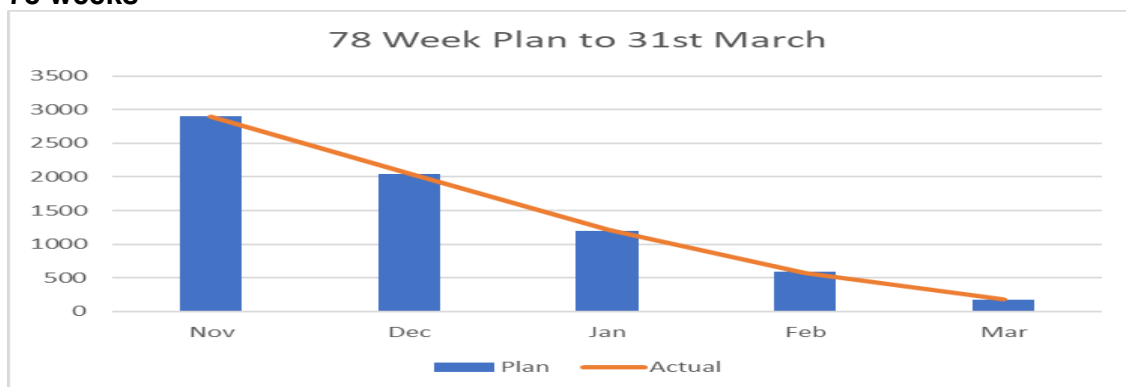
- Loss of endoscopy capacity – April-Nov 2023
- Increase in demand for challenged tumour sites – dermatology and urology

5.0 Referral to Treatment (RTT)

5.1 Long waits (March 23)

104 weeks – The Trust reported zero 104-week waits at the end of March, delivering on our predicted position.

78 weeks –



Our predictions against 78-week clearance remained on plan through to the end of March. The Trust reported 183 breaches against a plan of 176. This was achieved despite 31 long wait patients being cancelled during the first Junior Doctor strike.

Our draft plans for 2023/24 have been submitted. There is a very significant uplift in our long wait position when compared to 2022/23. Growth in or PTL across all wait categories is contributing to this position.

Torbay is predicting a year end position of 2,355 65-week breaches, this compares with RDUH and UHP forecasts of 868 and 997. The Torbay position is driven by high levels of non-admitted “tip ins” that will breach 65 weeks in 23/24. We continue to seek mitigations against the position, these include:

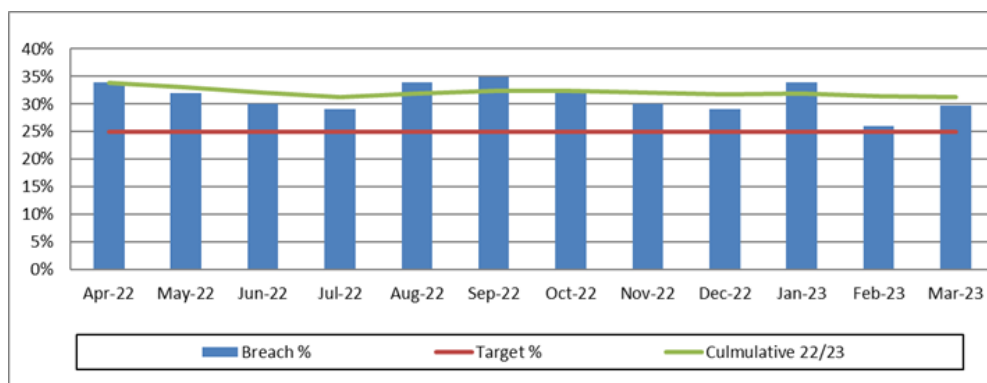
- Focussed support from the national team to improve our modelling capabilities. This will conclude for a further submission on the 19th May
- Continued and increased capacity in conjunction with our independent sector partners. In addition, we are working with NHS Devon to leverage new IPS provider, Medefer, who report an ability to materially improve the TSD position of non-admitted patients. They may be able to resolve all non-admitted waits apart from Gynae.
- Leveraging transformation opportunities across the planned care delivery chain including transferring low complex procedures to other sites within TSD, transferring them to outpatient procedures, maximising outpatient space utilisation, further increases in Non face to face appointments and Patient initiated follow ups, and improvement in theatre utilisation as outlined in Four Eyes Insight and Deloitte reports.

65 Week forecast out-turn 2023/24

	<u>Non-Admit</u>	<u>Admit</u>	<u>Total</u>
Original forecast (February)	8,987	473	9,460
Revised forecast (9 March)	3,239	360	3,599
Current forecast	1,934	421	2,355

6.0 Diagnostics Performance

Our diagnostic performance deteriorated in March. The Trust reported 29.72% of patients waiting longer than 6 weeks against the end of March target of 25%.



Growth in the >6-week backlog (241) in non-obstetric ultrasound is the driver for the deterioration in performance. This was the result of very significant workforce capacity challenges in this service. Plans to mitigate this position are being developed and a positive impact is expected in Q1.

Our improvement in the 26-week backlog position continues. The Trust reported 248 26-week breaches at the end of March compared to the peak of 622 reported in October 22.

7.0 Children and Family Health Devon (CFHD)

7.1 Carenotes

The manual data validation exercises on Carenotes are continuing and nearing completion, during which time all clinical data is available and the system fully functional.

7.2 Transformation Programme

The mobilisation plan to prepare for implementation of the new service model is underway. This work includes process mapping, workforce planning for the locality based clinical triage function and caseload and waiting list cleansing. We plan to begin to implement the new pathways in May.

7.3 Integrated governance arrangements

CFHD performance and quality has been reported to Devon Partnership Trust (DPT) for CAMHS and TSDFT for Children and Family Health Devon (CAMHS), Therapies and Nursing. The first Integrated Governance Board took place in March comprising key colleagues from both provider organisations. Work is being undertaken to ensure appropriate governance and effective use of time.

7.4 Partnership Board

Following the agreement of the changes to the risk share arrangement across the Children's Alliance, the Terms of reference for the Partnership Board are under review. The aim is that the Partnership Board will change to focus on strategic matters as its primary focus.

7.6 Devon Improvement Plan

The SEND Improvement Plan has now been agreed by the Department for Education (DfE) and NHS England (NHSE). Revisions were made to the plan prior to the final submission, to create a high level, more streamlined plan.

7.7 Devon Children's Services focussed inspection

An Ofsted inspection will take place on 18/19 April with a focus on children and young people in care. CFHD is working in partnership with Local Authority (LA) colleagues to prepare for the inspection.

8.0 Families Community and Home Care Group Update

8.1 Child Health / Paediatrics

Paediatrics cleared all 78-week referral to treatment (RTT) waits by the end of March 2023. The focus is now on maintaining and improving on this in line with national targets. Industrial action continues to be a threat to achieving and maintaining a reduction in wait times for children and young people. Community paediatrics has the longest waits within the service.

Child health are undertaking a transformation and sustainability plan for the service with the support of the quality improvement (QI) team with the aims of delivering safe, timely, high quality care for the children of Torbay and South Devon, including: recovery of child health performance; sustainable delivery of services, and delivery within the financial envelope, including cost improvement plans (CIP).

There are a number of councils that have been established within child health that are working to improve the experience of children, young people and families as well as staff. Improvements made to date include: a treat box in the staff room on Louisa Cary if staff need a little pick me up and a toiletry box with essentials for staff throughout the day and night. The ward team are engaging with children and young people to get feedback on how to redecorate the ward. The play team are holding sessions to demonstrate the sensory equipment that we have available with parents, children and staff to come and explore and play. The special care baby unit (SCBU) team have been improving the available space for parents and providing essentials for them during their child's stay.

8.2 Children's Torbay 0-19 Service

Funding and contracts for year 1 (2022-23) of the Family Hubs have been agreed and signed off and workstreams developing to shape year 2 delivery.

One area of work is focussing in on children being born into care, with staff from the 0-19 team supporting this work alongside Torbay Council, by providing intensive family support to families who have previously had children taken into care to effectively care for their new baby or child safely.

As part of the family hubs funding DadPad has been purchased, to provide new dads with essential information to give them knowledge and practical skills to support them and their partner to give their baby the best start in life. This includes a Torbay specific free app for dads, and additional resources and training.

The three children's centres are currently being developed to provide a "hub" environment for service delivery to include family support, debt management, registration of births and support to stop smoking.

8.3 Community Dental Service

The service has been getting a number of calls from the staff at the two local hotels currently being used to house the refugees, requesting appointments. Due to the language barriers those who contact the service are not always in full possession of the facts as to the nature of the problem or urgency. The service book in appointments which are no less than 45 mins to accommodate time for an interpreter and are experiencing some issues with these appointments being missed or, when they do attend, the issue is not urgent or there is unreasonable expectation for complex work such as crown/bridge work or just a lost filling with no pain. This is creating an inequitable provision of care as we try to robustly triage all callers

The team have liaised with the hotel manager and plan to deliver a session of oral health education and basic oral health with the team leads and staff who work there, as well as advising them on the correct access processes.

8.4 Maternity

8.4.1 Entonox level monitoring

NHS England (NHSE) has issued guidance to Trusts on minimising exposure of staff to nitrous oxide (gas and air) following concerns in some units of high levels in maternity units. There are a number of actions that Trusts must take to address the concerns. The Medical Gas Committee are overseeing this piece of work and EEUK Group attended the delivery suite at the end of February to monitor the levels. We continue to use Entonox at present as appropriate following safety guidelines. Further updates will be shared following the national review and recommendations.

8.4.2 Data sharing

One Devon and the local maternity and neonatal system (LMNS) have recently flagged that there has been a reduction in activity for some of our TSDFT maternity data submissions. The two areas of concern are the secondary uses service (SUS) reporting

and the neonatal admission tables for the maternity services dataset (MSDS) submission. Both of these submissions relate to data in the data warehouse and are outside the control of the maternity service. A meeting is planned with the team to provide a resolution to this issue moving forwards.

8.4.3 Governance Review - SW Internal Audit Team

The Chief Nursing officer has commissioned a review of the governance processes and structures within the service as part of the routine annual monitoring of services within the organisation. The review has been conducted and we are awaiting the final report by mid-April. We have already taken steps to improve communication with staff around incident learning and governance updates. An infographic-style monthly newsletter has been produced as well as a template called LASER (Learning After Serious Event Reviews), which will be completed after any Healthcare Safety Investigation Branch (HSIB) or serious incident (SI) reports to share learning and recommendations.

8.5 Community Sexual Health Service

Following the Parliament decision for the provision of the remote delivery of early medical abortion services to be made permanent work was needed to strengthen safeguarding for children and young people (CYP) under 18 years old accessing these services. The UK Government commissioned The Royal College of Paediatrics and Child Health (RCPCH) to lead on the development of the safeguarding guidance for abortions under 10 weeks.

- CYP under 13yrs at time of conception, should have a face to face appointment as soon as possible, preferably on the same day, with an urgent referral to social care (and the police if immediate risk of harm).
- 13-15 yrs. – should have a face to face appointment, unless there is a compelling indication to do otherwise. Must have a safeguarding risk assessment to determine whether a referral to social care be made.
- 16 and 17 yrs. – CYP must have a safeguarding risk assessment to determine if a referral should be made to social care. CYP should be actively encouraged to attend a face to face appointment to confirm gestation and for more in-depth safeguarding risk assessment as appropriate.

The safeguarding guidance for under 18s accessing early medical abortion services is being implemented across the service in accordance with these changes.

8.6 Healthy Lifestyles

The core 'Healthy Behaviours' contract and staff have now been transferred to ABL Health Limited from 1 April 2023. The remaining service areas will continue to be delivered – diabetes education for newly diagnosed type 2 diabetic patients, balance and strength training for older adults and tier 3 obesity service (community delivery). The remaining team will be closely working and aligned with the personalised care team who deliver the Hope programme and Health Connect coaching programme.

8.7 Torbay Recovery Initiatives (Drug & Alcohol Service)

The supplementary substance misuse recovery grant (SSMTR) funding has been finalised for 2023/24 with greater emphasis on the criminal justice population, their continuity of care and increasing numbers in treatment – specifically opiate users.

Development within this part of the service includes HALO (the client record system) now being used within police custody. This has enabled the criminal justice support worker to check whether an individual who is in custody is currently open to the service and identify appropriate interventions or information sharing. This has improved partnership working and also has individuals that may benefit from a referral into treatment. The numbers of referrals from police custody have been increasing. HALO training for police custody staff has been undertaken to support this work in order to access HALO.

An enhanced recovery and dependency social prescriber for criminal justice clients is now in post and working to support those in probation with a substance misuse need, connecting them with the community and addressing wider health and wellbeing needs of the individual.

The coproduction development meetings have identified additional investment is required to best meet the underlying principles of the Alliance:

- Independent expertise to create a suitable coproduction model - to be procured.
- Additional resource within the Alliance to develop and sustain coproduction.

8.8 Social Care

Transformation and sustainability programmes beginning in April 2023 have started with significant pace with focus on the diagnostic phase of adult social care (ASC) pathways project alongside an external delivery partner. This includes preparation of the deep dive workshops and data gathering, which will support identification of areas of improvement within pathways leading to social care, reablement and social care package creation and associated processes.

Cost improvement plans are currently in delivery for 2023/24 with the target of £3.7M of which we have £1M to identify. There have been delays in one element of CIP which will need to be re-planned to mitigate the productivity and, therefore, financial impact of the process delays. Evidence and lessons learned from 2022/23 show that where a focused period of planning is enabled within the team, set up of data capture, productivity monitoring and processes in advance, ring fencing of the resource for CIP delivery itself alongside focused leadership of the team, all support the delivery of feasible plans. ASC will bring this same focus into 2023/24 delivery.

The independent sector market fee uplifts paper has been completed and all providers informed with minimal issues received and positive feedback from providers, as we sought to attribute the 'Fair Cost of Care Funding' within the Torbay market. This is the second measure (first being the change to management of in-year financial uplift request) to be initiated to bring stability to the ASC financial position and to support the exit plans for SOF4.

Further work is being undertaken on the Torbay social care provision which have a Care Quality Commission (CQC) rating of 'Requires Improvement' (RI). The Quality Assurance and Improvement Team have developed an overarching RI plan, which indicates the support social care providers will receive through their action plans alongside using our assessment tool resulting from the current provider assessment and market management solution (PAMMS) pilot. One home has since moved to 'Good' in all areas following a CQC inspection.

Contract Management Monitoring Policy is being drafted following the completion of an Independent Sector Contracts Register. A gap analysis will be undertaken on all contracts to ensure they meet the standards being defined in the Contract Management Monitoring Policy which is the focal point of April's drive to improve our Contract Management Function in Social Care as per the Local Government Association recommendations.

Low Domiciliary Care waiting lists are being maintained due to sufficiency in the market. Social care waiting lists remain high, however, risk management processes are in place to ensure patients remain safe. Significant work has been undertaken in the discharge to assess (D2A) window, which promotes flow from hospital discharge and better outcomes for our community-based patients, including reducing the potential of clients being permanently admitted to residential care.

8.9 Baywide Community Health Services

8.9.1 Therapy

The Occupational Therapy and Physiotherapy teams continue to work to reduce the waiting list in Paignton & Brixham ISU. Using the same triage process. OT waiting lists are 97 for P&B and 48 in Torquay ISU.

The longest PT 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.

8.9.2 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 4678 visits last month, (normal numbers are 3800-4100 visits a month).

P&B continue to support their new starters with training to develop community-facing skills and competencies. Two band 5 vacancies. They recorded 3490 visits last month. They have 2.5 whole time equivalent (WTE) less than TQ and vacancies. South Devon CN teams collectively completed 5819 visits.

The number of insulin-dependent diabetic patients that are being managed by the CN teams are continuing to increase. 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. Started the consultation process to reduce the team to one base (from two) to increase productivity and cohesion in the team.

***.9.3 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. IC lead in TQ has achieved career progression and has left. Commencing the recruitment process but looking to restructure the teams into a Baywide response

8.10 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 started at 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.



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

Pathway 1 - we have movement and good flow. Time to transfer remains on average at 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. Need to continue to review the number of people referred for placement 2. Process in place to triage at a senior level and the Inreach OT supports with positive risk taking.

Pathway 3 - Continue to have one patient who has a very long length of stay on pathway 3 who are managed by community teams due to their complexities and requiring bespoke support packages. A multidisciplinary team (MDT) meeting has been arranged, as there are safeguarding complexities being investigated by both Torbay and DCC.

Continue to work with the providers, meeting weekly to discuss patients requiring discharge into high end dementia homes.

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 Integrated Care Board (ICB). This is performed to ensure accurate data is submitted to the ICB and early detection of any referrals that need completing.

NCTR is at 7% against a 5% end March 24 target.

Long length of stay (LLOS) for 21-day monitored by the complex team but over 60% are not referred to the Discharge Hub. This is the ward-led processes.

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

Action plans for improving NCTR is reported to the Operational Recovery Group, UEC improvement plan and the 100-day challenge meetings.

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 interim health funding (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.

8.12 Continuing Healthcare (CHC)

We are currently achieving 85.5% against a national target for CHC decisions made within 28 days from 69% last month.

There has been an overall increase in the number of referrals for assessment received. The number of referral requests for people who are short-term service (STS)/IHF has made up a large percentage of the overall increase with almost double the number compared to last month.

We have had another month of increased activity relating to complex cases requiring ongoing case management by CHC nurses.

Continued increase in high cost cases coming through for people with complex needs both PH and MH. The Price of care and placements alongside availability continues to cause issues for complex cases requiring bespoke provision both with placement and care at home.

We have seen an increase in the number of appeals. This relates to decisions made in relation to eligibility. Representatives have up to six months to appeal a 'not eligible' decision. The process is dictated by NHSE and we do have a local resolution process prior to the formal process starting. The increase has been in those cases wishing to move forward to a formal appeal. This links in with increased activity and conversion rates. The process gives clients and their representatives the ability to present their cases to NHSE. We have had six cases heard this year and none were overturned. However, this activity does require a significant amount of resource which we are currently reviewing.

Liaison Care are due to commence a review activity at the end of April. Their focus will be on overdue CHC reviews.

9.0 Community Services

The operational commissioning remains on track for Dartmouth Health and Wellbeing Centre. Deep cleans are planned week commencing 24 April with teams moving in the following week and the official opening planned for the afternoon of Tuesday 9 May and the first patient being seen in the centre on Wednesday 10 May. Dartmouth Medical Practice are planning on moving at the end of May. The engagement task and finish group and operational group both continue to meet to continue discussions about communication and engagement and new ways of working within the health and wellbeing centre. Discussions are under way with the communications team to produce a short video to inform the public and invite future engagement.

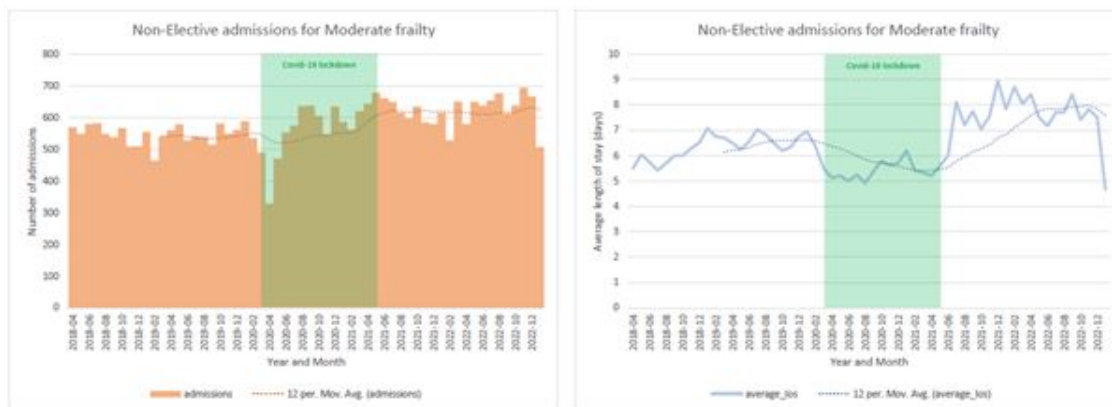
10.0 Healthcare of Older People (HOP) and Frailty

The work to develop a dashboard for acute frailty is nearing completion and has been broadened to include metrics on HOP as a whole; specifically, ward-based care. Due to other linked developments within SwiftPlus we do not have a time frame for the delivery of a symbol to identify patients with frailty syndrome; we are therefore using an existing symbol which identifies any patient within the 12 beds managed by the Frailty Intervention Team (FIT) consultant. This means that data for the FIT will be skewed as it will include data for some general medical patients and other acute geriatric patients in addition to patients with frailty syndrome. There is a sense that patients being admitted with frailty are increasingly complex. An interrogation of data by our information analyst produced the following:



A significant increase in the number of non-elective admissions for **severe** frailty started in August 2020 which coincides with Covid; this has seen a sustained increase and has only dropped down below that in February 2021 and January 2023.

Average admissions prior to Covid for severe frailty were circa. 30 per month with an average length of stay (LOS) of 8 days. There are now circa. 60 per month with average LOS of 11 days. This means that there are approximately 30 more patients per month each with a LOS that is three days longer i.e. 90 additional bed days are being used by severely frail patients each month since pre-Covid.



For **moderate** frailty the increase started slightly later – around April 2021 and has dropped down on more occasions but still shows a sustained increase. Pre-Covid the average admissions for moderate frailty were circa. 550 with an average LOS of 6.5 days; now sustained average admissions of circa. 620 per month with an average LOS of eight days. Therefore, 70 more patients per month with an average LOS that is 1.5 days longer or 105 additional bed days used by moderately frail patients each month since pre Covid.

The data supports the anecdotal feedback from the HOP team and FIT but also support the direction of travel for both acute frailty and community geriatrics supporting care closer to home. This data will feed into the delivery plan to improve length of stay across the ICO and the attention on admission avoidance and enhanced health in care home impacts.



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.



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.

Lengths of stay decreased on Simpson Ward in March but increased on Cheetham Hill Ward; this will have been impacted by bay closures due to infection.

10.1 Stroke and Neuro Rehab

There was improvement in March in the percentage of patients reaching the stroke unit within 4 hours. This reached 37.5% and is the highest since August 2020 reflecting hard work by the George Earl ward team, bed and site teams. Sustaining this remains a challenge especially in high escalation and the current figures for April have seen a drop up to 17 April. All other time critical standards below also saw an improvement.

Time critical Stroke Standards	Mar-23	Feb-23	Jan-23	Dec-22	Nov-22	Oct-22	Sep-22	Aug-22
Number of patients (N)	42	41	34	39	32	46	33	42
% Scanned within 1 hour	57.1	41.5	61.8	48.7	57.8	45.7	45.5	40.5
% Scanned within 12 hours	100	95.1	94.1	92.3	93.3	93.5	93.9	88.1
% Admitted to Stroke Unit within 4 hours	37.5	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	70.7	54.5	37.1	76.7	60	54.8	64.1
% (No.) Patients that received Thrombolysis	10 (4)	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	50	0	50	0	100	50	20	25
SSNAP		A	B	C	D	E		

In addition, during March the stroke pathway was available at 08:00 71% of the time (up from 68% in February) and across all Control meetings it was recorded as being available 73% of the time, however, later in the evening (22:00) this drops to 64.5% of the time.

Work is ongoing to restore a Sentinel Stroke National Audit Programme (SSNAP) administrator post and to recruit to stroke nurse vacancies. Another vacancy has arisen due to the successful recruitment to a trainee ACP post for acute stroke from the existing stroke nurse team. This post will be used to drive quality improvement across the acute stroke pathway.

11.0 Recommendation

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



**MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
PUBLIC BOARD OF DIRECTORS MEETING
HELD IN POMONA HOUSE
AT 11:30 AM ON 29 MARCH 2023**

Present:	Sir Richard Ibbotson Professor C Balch Mr P Richards Mr R Sutton Mrs L Davenport Mr D Stacey Mr I Currie Ms D Kelly Ms A Jones Dr M Westwood Dr J Watson Mr J Scott Dr P Aitken Mrs E Long*	Chairman Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Deputy Chief Executive Officer and Chief Finance Officer Medical Director Chief Nurse Director of Transformation and Partnerships Chief People Officer Health and Care Strategic Director (non voting Board Member) Chief Operating Officer Associate Non-Executive Director Director of Corporate Governance and Trust Secretary (non voting Board Member)
In attendance:	Dr J Harris Mr R Scarbro Miss J Doney* Mrs A Hall Mrs J Thomas Mrs J Stockman Mrs L Nelson Mr C Nelson Ms L Houlihan Ms T McKenzie Mrs J Bassett	Associate Director of Communications and Partnerships Senior Internal Auditor PA to the Deputy Chief Executive Officer and Chief Finance Officer Governor Lead Governor Councillor, Torbay Council Patient Patient's husband Associate Director of Nursing and Professional Practice – Newton Abbot Associate Director of Nursing and Professional Practice – Moor to Sea Head of Midwifery and Gynaecology/ Associate Director of Midwifery and Professional Practice

* via Microsoft Teams

047/03/23 **Welcome and Introductions**

The Chairman welcomed all those in attendance to the meeting.

Preliminary Matters

048/03/23 **Apologies for Absence and Quoracy**

The Board noted apologies of absence from Mrs J Lyttle, Mrs V Matthews, and Mrs Walker-McAllister

049/03/23 **Declarations of Interest**

No declarations of interest were received.

050/03/23 **Board Corporate Objectives**

The Board received and noted the Board Corporate Objectives.

051/03/23 **Patient Experience Story**

Mrs Kelly welcomed Mr and Mrs Nelson and Ms Houlihan. Mrs Nelson was a nurse who worked at the hospital but had been invited to share her experience whilst being a patient.

Mrs Nelson introduced herself, but invited her husband to relay her story as during her period of grave illness, he was the person who was most aware of what was happening to her.

Mr Nelson informed that he worked in the ambulance service as a Trust Incident Manager so had experienced first hand the pressures staff in the NHS were under. This pressure was also reflected in negative stories in the national media, which focused on images of long ambulance queues, interviews with patients who'd had an unsatisfactory experience such as waiting a long time for elective care and press articles on exhausted staff on picket lines.

Cumulatively, this created a very negative image of the NHS in the minds of the public who could subsequently conclude that should they or a loved one become severely ill, that the care they traditionally could have expected would no longer be there for them. However, his wife's experience had demonstrated that not only was the care still there, but it was there in abundance and he and his wife had wanted to share their positive experience to provide a counterbalance to the negative press headlines.

In January his wife had become ill with what was initially thought to be flu, but her condition deteriorated rapidly to the point where she collapsed and needed urgent medical intervention. The emergency services were called and an ambulance arrived very quickly to admit Mrs Nelson to hospital. Fairly quickly she was taken to the intensive care unit where she was treated for sepsis. The staff were incredibly calm, caring and reassuring and gave his wife "the most amazing care that you

dream of” and they were also attentive to him too, being aware of the intensely worrying time this was for him.

His wife was gravely ill, but he appreciated the honesty of the consultant who informed him that she may not survive, but he witnessed that they were doing everything they could to try and save her life and the care she received was impeccable, and was personal too, such as brushing her hair. During that period nothing was too much trouble for the staff, nothing was an inconvenience. Staff kept Mr Nelson totally informed of every aspect of Mrs Nelson’s care, be it procedures she would be having or about the medication she would be given.

Mrs Nelson thankfully pulled through, and was moved from ICU onto Allerton ward, and then later discharged, but the professionalism and attentive care continued throughout.

Mr Nelson stated that he was incredibly grateful that the ICU had saved his wife’s life, and the mother to his children, and both he and his wife wanted to thank the staff and the NHS for being there for them so resolutely in their moment of great need. They’d had such a positive experience, one so contrary to the one currently portrayed in the media that they’d especially wanted to come to share their experience, to express their thanks to the staff and to provide some reassurance to the public, that the care they had so long associated with the NHS, was still there.

The Chairman thanked them very much for coming and sharing their patient experience story and acknowledged that the organisation was often more focused on learning from situations that had not been satisfactory, than from what was still being done well or exemplary.

The Chairman expressed his appreciation for them sharing their patient experience and he noted that whilst it was right that lessons were learned from serious adverse events, it was also important to extrapolate learning from what was being done well and their story had helped to refocus on getting the balance right.

He asked them if there were any areas of learning for the Trust, and they responded that the key message they wanted to impart was how exceptional the emergency care and intensive care had been, and for this to be relayed to the staff and to counterbalance the negative perception of NHS care.

Mrs Davenport remarked that it had been a very moving story and highlighted the difficulty, but importance of keeping an honest dialogue with the public about the pressure on services, whilst maintaining their confidence that they would get the care they need.

Dr Aitken expressed that their story had highlighted to him that it takes a very special person to remain calm, and not show their own fear when communicating with the loved ones of patients who were gravely ill, but this was something NHS staff did every day.

Ms Jones asked what more the Trust could do to get the positive messages out? In response Mrs Nelson said to take the time to celebrate all the amazing care and work that is being done all the time, and all the successes.

Mrs Westwood, the Chief People Officer, asked permission to share the recording of her story with her directorate who did not have direct contact with patients, as it

would illustrate to them the impact of providing the best customer service to frontline staff.

Dr Harris also asked permission to share their story more widely, potentially with local media.

The Chairman thanked Mr and Mrs Nelson again for sharing their story, for raising morale and for provoking reflection on how important it was for the Trust to learn from what it was doing well and to celebrate where it was exemplary.

**Consent Agenda (Pre-notified questions)
Committee Reports**

052/03/23 **Quality Assurance Committee Chairs Report – 23 January 2023**

The Board received and noted the Quality Assurance Committee Chairs Report of 23 January 2023

053/03/23 **Finance Performance and Digital Committee Chair's Report – 20 February 2023**

The Board received and noted the Finance Performance and Digital Committee Chair's Reports of 20 February 2023.

054/03/23 **People's Committee Chair's Report – 20 February 2023**

The Board received and noted the People's Committee Chair's Report – 20 February 2023

055/03/23 **Building a Brighter Future Committee Chair's Report – 15 March 2023**

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

Reports from Executive Directors (for noting)

056/03/23 **Chief Operating Officer's Report - March 2023**

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

57/03/23 **Estates Update**

The Board received and noted the Estates Update

For Approval

058/03/23 Unconfirmed Minutes of the Meeting held on the 22 February 2023 and Outstanding Actions

The Board approved the minutes of the meeting held on 22 February 2023, pending one amendment:

038/02/23

From:

- Infection Prevention Control measures had impacted patient flow but, the reported position compared to January 2022 had improved.

To:

- Infections on wards with infection control measures in place limited patient flow but the reported position compared to January 2022 had improved.

The outstanding actions were updated.

The Board approved the minutes of the meeting held on 22 February 2023.

059/03/23 Report of the Chairman

The Chairman verbally briefed the Board on the following:

- Since the previous Board meeting, the predominant focus of the Trust had been on the System Oversight Framework (SOF4). There had been regular system level meetings to identify a common way forward which had involved the majority of executives and the provider Chairs within the Devon system.
- He was grateful for the engagement at Trust level and also wished to formally record the engagement of Deloitte who were assisting the Trust.
- As the SOF4 process gathered momentum other external colleagues would be providing additional support and he acknowledged the value of the assistance that had already been given by Mr M Wilson, and Prof. T Briggs who had been providing support in the surgical sphere.
- He we was delighted to welcome Dr Lissett as the Interim Medical Director and Acute Physcian.
- He was also pleased to have personally welcomed a significant number of new govenors in the last couple of weeks.
- On 8 March 2023, both he and the Associate Director of Communications and Partnerships, had met with the local leaders of the League of Friends and it had been a very valuable meeting.

- On 9 March 2023, he, with other system colleagues had attended a Board to Board meeting in London with the NHS England Board. The severity of the Devon System's position was made clear and also the expectation for clear system leadership, delivering action and pace both on operational performance and on improvement on the financial deficit.
- This session had initiated a great deal of further work on a plan setting out how the providers intended to deliver against NHS England's requirements.
- An Extra Ordinary Board meeting had been held on 14 March 2023 to consider the outline business case (OBC) for the electronic patient record (EPR) system, which was approved. The next stage would be a competitive procurement exercise for the integrated EPR and the full business case (FBC). He thanked Ms Jones and her team for all the work they had undertaken to get the OBC through to approval.
- A new NHS Provider Licence – standard conditions, had been issued which would take effect from 1 April 2023. Mrs Long would scrutinise what the implications might be and would provide a briefing paper at the earliest opportunity.
- Local elections in England were on the 4 May 2023, and the period of pre-election heightened sensitivities would be in place until that date.

The Board received and noted the report of the Chairman.

060/03/23

Chief Executive's Report

Mrs Davenport briefed the Board on the Chief Executive's report, as circulated and drew attention to the following points.

- She was delighted to report that the Governor's had invited the Chairman to retain his chairmanship for a further year, in light of all the specific challenges facing the NHS, particularly for the Devon System and the Trust, and that the Chairman had accepted this invitation
- This was welcome news and was very well received by staff across the organisation and by regional colleagues, and would provide stability of leadership to deliver on the expectations of NHS England.
- She thanked the the Council of Governors for their support in offering the Chairman the additional 1 year term.
- The Executive Medical Director, Mr Currie, was retiring, but he would be extending his period at the Trust and retain his role as Medical Director on the Board to the end of the calendar year, which again was welcomed. Dr Lissett had been appointed after a formal selection process as the Interim Medical Director and Acute Physician providing an opportunity for succession planning. It was clarified that this was a cost neutral arrangement.
- For the benefit of new governors, it was explained that the NHS had introduced a new System Oversight Framework (SOF) a few years ago. The Trust individually, and the System as a whole was initially graded at SOF3 which indicated that there were significant areas of concern, but the University Hospital of Plymouth had been graded at SOF4.
- A further review had been conducted against a new set of criteria last Autumn and now all of the providers in the System (with the exception of the Devon Partnership Trust) had been graded at SOF4 thus incurring the highest level of oversight.

- The framework was regulatory, so there would be accountability for the Organisation and the System to meet the regulatory requirements of the NHS and so there would be significant levels of engagement and support to assist with recognising critical risks across the System, and to ensure it was working collaboratively to address the concerns and also to exit SOF4 as quickly as possible.
- The 5 areas of concern that had been identified were i) leadership and working collaboratively as a system to best meet the needs of the local population ii) performance standards in Urgent and Emergency Care and ensuring patients got timely access to care iii) planned Care and improving the position on the number of people currently waiting a long time for planned care iv) finance and addressing the underlying financial deficit, and v) developing a sustainable strategy for acute services for Devon and Cornwall.
- The SOF4 grading had determined the priorities that were set for the organisation in the Operational Plan, and it was important that there was a clear connection between the national expectations and these priorities. The System's Operational Plan and the Organisation's own Regain and Renew Improvement Plan were developed to fundamentally address the 5 areas of concern.
- A first set and a revised set of plans had been previously submitted, and a final plan was being submitted to the national team on 29 March 2023 so that the veracity of the plans could be scrutinised and feedback provided on how effective it was deemed the plans were. It was acknowledged that the National team would be looking for material improvements against the priority areas.
- It was likely that there would be regular meetings with the national team reviewing progress against the delivery of the submitted plan, and the next phase would be to align resources and support to the plan, to put the Trust and System in the best possible position to exit from SOF4 as quickly as possible.
- The hospital had continued to see improvements in reduced ambulance handover times and reductions in length of stay, but there had been some periods of particularly increased pressure in the last couple of weeks and the hospital was currently at Opel 4, the highest level of escalation. Of particular concern was some incidents of long ambulance wait times, but all efforts were being taken at a system level to de-escalate the situation quickly before the onset of the Junior doctors industrial action after the Easter holiday.
- She wished to acknowledge the work of the consultants who had provided strong leadership and clinical support during the previous period of industrial action.
- Devon's new surgical hub, the South West Ambulatory Orthopaedic Centre (SWAOC) at the Nightingale Hospital in Exeter, was one of eight surgical hubs that had gained national accreditation for transformational change in providing, safe, short-stay, high volume hip and knee replacements for Devon patients.
- This success had in part been due to the clinical leadership and development of that model which was exemplary and which demonstrated the way services could adapt to meet the needs of the local population.
- Following on from a previous event, a speciality careers fair for foundation trainee doctors was planned to take place post the industrial strike, using funds from a £7,500 grant from Health Education England (HEE).

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

Safe Quality Care and Best Experience

061/03/23 **Integrated Performance Report (IPR): Month 11 2022/23 (February 2023 data)**

Mr Scott presented the IPR for Month 11 February 2023 data to the Board, as circulated. He highlighted the following points:

- During February, due to bed availability, only 15.6% of patients had been admitted to the stroke ward within 4 hours of arrival at hospital which was considerably below the target of 90%.
- Only 67.4% of stroke patients admitted to the stroke unit spent 90% or more of their time on the dedicated stroke ward, which, whilst it was an improving trajectory, was still some way off from the standard target of 80%.
- Issues with bed availability was largely due to the unavailability of beds in the community, due to infections.
- Whilst there had been some very recent incidents of long ambulance waits during a period of increased pressure in the hospital, it had been demonstrated that the increased use of the discharge lounge and a focus on discharging patients earlier in the day had helped with smoother transitions in the flow out from the acute hospital into the community. This had helped to dramatically drop ambulance waits so much that the Trust had at times been the best in the region.
- The number of patients waiting over 21 and 14 days was reducing, and patients in the category of no criteria to reside had fallen from 20% to 10% during the last 6 – 8 weeks.
- VTE assessment compliance had improved with an increase to 99.6% compliance.
- Patients with COVID infections were still coming into the hospital, and diarrhoea and vomiting infections were increasing which was a concern.
- Staff sickness had decreased from 5.26% in January to 4.59% in February.
- Future management development would include training to equip managers with the right skills to manage and reduce sickness absence, which would be good for staff and also reduce agency and bank costs.
- The overall rate for mandatory training had increased to 90.09% and was above the target of 85%. This was surprising considering the pressures in the organisation but these results appeared to indicate that staff were still able to find protected time to complete their training.
- The vacancy rate was under scrutiny because it was felt that more could be done in this sphere to reduce vacancies and so assist with exiting SOF4. Some vacancies were due to a lack of availability of potential recruits to fill the roles, and some job roles were unappealing in their current format to potential recruits, so these roles were being reviewed.
- Patient by patient micromanagement of cancer patients was reaping dividends as operational performance indicators for cancer were improving with more green than red indicators.
- Operational managers were in constant contact with patients who had been waiting a long time for elective care with the objective of reducing those who

- had been waiting the longest, and again this detailed work and interaction with clinical staff had paid dividends as it was anticipated that at the end of the month there would be no patients waiting over 104 weeks for treatment.
- It was acknowledged that next year would be problematic for long waits as it was known that there was a large backlog to contend with and external support was looking at how this could be optimally managed.
 - External treatment responses were improving which helped to reduce patients being admitted through the Urgent and Emergency care pathways by ambulance.
 - The standard target for no criteria to reside was 5%. Occasionally this target was achieved but more typically the Trust was at 10% and so work was being done to look at what resources could be directed at care outside of the hospital to increase flow out of the acute hospital, so that the 5% target could be attained more consistently
 - Financially, at Month 11, the Trust was ending the year £15.80m adverse to plan. This was attributed to a number of factors including under delivered CIP, the acute medical unit and emergency department and higher premises costs such as utilities. Work to address this was included in the Operational Plan.
 - Forecast CIP to year end included 50% of non recurrent funding so more work was needed to move to a reduction in recurrent costs.
 - A CIP was a cost improvement plan, and was a mechanism to either contain or reduce costs whilst maintaining quality and productivity, as costs could rise more quickly than the funding provided by the Government due to general cost growth or growth as a result of inflation. An example of a recurrent CIP was to make changes to a procedure which delivered the same outcome for patients but for a lower cost, whereas having an annual budget for 10 vacancies but only recruiting into 8 of them in one financial year, would be an example of a non recurrent saving which was not sustainable.

Mr Crompton noted that there was a lot of positive progress to celebrate, but it had been highlighted that next year was going to be very challenging and there would be quite a degree of ambition and stretch needed to meet the required trajectories for SOF4. In that respect, he requested that the next reframed integrated performance report, which would already have greater correlation with the trajectories for SOF4, would also indicate the productivity and activity metrics for GIRFT and Model Hospital so that the Board could give its assurance that the Trust was meeting both its operational, finance and people aspect of the SOF4 requirements.

Prof. Balch asked if the Trust had been able to use the Nightingale facility on an equitable basis with system partners to reduce the Trust's long waits, particularly for orthopaedic and ophthalmology patients? Mr Scott responded that initially this was not the case, and whilst still not equitable, there was now better engagement by the clinical teams and Prof. Briggs was providing challenge to get the Nightingale Unit to extend to 3 session days because it was being used so consistently.

Prof. Balch noted that staff were continually being asked to work in smarter and more innovative ways, and would virtual wards enable staff to do that, and would they help to reduce 'no criteria to reside' patients for example? Mr Scott responded that virtual wards were poised to be a great help to the organisation, particularly in the specialities of cardiac and respiratory, and it was anticipated that it could reduce admissions to the acute hospital by 8 patients (most likely elderly) per day.

Ms Jones noted that the IPR did not adequately describe all the activities and processes that were undertaken to keep patients safe during periods of long delays or on long waits such as the micromanaging of patients etc. Mr Scott responded that the Quality and Assurance report was a more appropriate vehicle, whereas the IPR should be more focused and aligned with SOF4 exit priorities, although some thought could be given to providing exception reports on particular areas to highlight what actions were being taken to maintain safety and quality when relevant. **Action: Ms Kelly and Mr Scott**

The Chairman reflected that a key priority was for the IPR to be revamped so that it was easier to engage with and less demanding in terms of the volume of its content so that it could be used more frequently and effectively. **Action: Mr Stacey**

The Board received and noted the Integrated Performance Report (IPR): Month 11 2022/23 (February 2023 data)

062/03/23 Midwifery Staffing Oversight Report

Ms Kelly presented the Midwifery Staffing Oversight report to the Board, as circulated and highlighted the following points.

- There was good assurance regarding appropriate staffing levels for the birth to midwife ratio. During the period between July to December 2022 the ratio fell well within the national recommendation of 1:28 midwives and overall the service was improving in monthly vacancy rates.
- The postholders of the Retention Lead Midwife posts were doing a very successful job, and the Torbay service was now working with Kings College London and had been recognised nationally for its positive results in relation to retention.
- The service had been shortlisted as a case study of good practice that would appear in the new maternity transformation single delivery plan, which was due to be published early in Quarter 1 of 2023-24.
- The success of the retention work and the national recognition had further encouraged staff to remain in their positions, which was to be especially welcomed after a challenging 12 months.
- The national recommendation that each labour ward should have a supernumerary midwife co-ordinator 24 hours a day, whilst not achieved 100% of the time during the period covered by the report, had seen a reduction to an incidence of 1.7% from 2.3% in the previous 6 months.
- During the period covered by the report, 9 red flag events were identified by NICE and 1 red flag was added locally. Typically these were mostly attributed to being unable to facilitate 'out of hospital' births or 'delays between admission and the commencement of the induction of labour', however it was highlighted that clinical risk assessments were maintained throughout to ensure there were no adverse outcomes for mother and baby.

Mrs Bassett said the compliance levels achieved and recorded in the report were testament to a fantastic team and as an example she made reference to Ms Anna Stewart, a bereavement midwife who had been awarded special recognition in the Bereavement Midwife of the Year 2022 category at the Mariposa Award Ceremony in London.

The Chairman acknowledged that midwifery was moving in an upward direction and he wished to commend Ms Kelly, the Chief Nursing Officer, and Mrs Bassett for their exemplary leadership.

The Board received and noted the Midwifery Staffing Oversight Report

063/03/23 March 2023 Mortality Score Card

Mr Currie presented the March 2023 Mortality Score Card report to the Board, as circulated and he highlighted the following points.

- The Trust's Hospital Standardised Mortality Rate (HSMR) was above the expected level of 100 for our population with a rolling 12 month position exceeding the expected range for the 12 months to October 2022 with a relative risk of 111.0.
- Whilst the last 6 data points had remained stable, the HSMR was still at a raised level driven mainly by increased mortality related to emergency care rather than elective care.
- The Trust was one of 9 Trusts in its peer comparator of 20 Trusts, which had statistically higher than expected mortality.
- The pyramid of investigation had been used to try to understand what might be causing the higher than expected mortality rate starting with focusing on data, right through to considering what had happened with the process of care over the last 3 years?
- Dr C Manlow, Clinical Director of Patient Safety, had undertaken some work focusing solely on the Emergency Department and how changes in the delivery of patient care, particularly long waits, may have affected morbidity. It was hoped that the outcomes of this work would be presented to the Board in a detailed report and with information about which particular groups of patients might be the most affected, within the next few months.

Mr Crompton noted that the HSMR had been above average for quite some time and the Board needed to be in a position to have clarity as to whether there were actions within its control or influence that could positively impact the HSMR to bring it back into alignment with the anticipated level, or if there were other demographic factors.

Mr Currie responded that whilst the investigative work was not yet completed, it did appear that there was potentially an association between long waits both prior to admission, and in the time taken to see category 1 and category 2 patients, that was driving higher than expected mortality, and so the Board's focus should be on reducing waits. He added that there was also investigative work being undertaken at a national level which suggested that these early findings were part of the national picture. Further briefing would be provided under the next scheduled report.

ACTION: Mr Currie

Dr Aitken asked when the Resuscitation Group would next meet and would they retrospectively be undertaking a review to see if there was an association between the long wait graphs and the possible rising trend in actual cardiac arrests in recent months?

Mr Currie responded that the number of patients involved having actual cardiac arrests was low compared to the death rate being investigated, but what was undoubtedly true was that some patients were arriving at hospital later and sicker. In terms of datelines, the retrospective investigations would start from October 2019 prior to the commencement of the pandemic, and until that work was completed, he did not want to speculate further about drivers of the higher than expected mortality.

The Board received and noted the March 2023 Mortality Score Card

64/03/23 **Compliance Issues**

065/03/23 **Any other business notified in advance**

The Chairman advised that the ICS had given notice that they would be vacating Pomona House in the Autumn and relinquishing their lease of the premises, so consideration was being given to where the Board meetings could be conducted in future. The Chairman expressed his preference for using the Board's own designated room at Torbay hospital, as this would control costs, provided it could be achieved whilst observing infection control measures, but there were potentially other options such as the Horizon Centre.

066/03/23 **Date and Time of Next Meeting:**

11.30 am, Wednesday 26 April 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. 29.03.23 Ms Kelly confirmed engagement with Lottie was ongoing.	28.09.22
061/03/23	Ms Kelly and Mr Scott would discuss provision of exception reports for inclusion in the IPR report to highlight what actions were being taken to maintain safety and quality (when relevant – such as long ambulance waits/long waits for elective care)	Ms Kelly and Mr Scott		29.03.23

061/03/23	Mr Stacey would ensure the IPR was revamped to make it easier to engage with and less demanding in terms of its volume and content, so that it could be used more frequently and effectively.	Mr Stacey		29.03.23
63/0/23	Mr Currie to ensure an update on the outcomes of the local investigative work into the higher than anticipated HSMR is included in the next scheduled Mortality Score Care report	Mr Currie		29.03.23



Report to the Board of Directors				
Report title: Chief Executive's report			Meeting date: 26.04.23	
Report appendix				
Report sponsor	Chief Executive			
Report author	Associate Director of Communications and Partnerships			
Report provenance	Reviewed by Executive Team 19 April 2023			
Purpose of the report and key issues for consideration/decision	To provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments since the previous Board meeting.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board are asked to receive and note the Chief Executive's report.			
Summary of key elements				
Strategic goals supported by this report	Excellent population health and wellbeing	X	Excellent experience receiving and providing care	X
	Excellent value and sustainability	X		
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score	
	Risk Register	X	Risk score	
	<ul style="list-style-type: none"> • BAF objective 1: to develop and implement the Long-Term Plan with partners and local stakeholders to support the delivery of our ICO Strategy - risk score 20 • BAF objective 10: to actively manage the potential for negative publicity, public perception or uncontrollable events that may impact on our reputation - risk score 9 			
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: 26.04.2023
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 29 March 2023 are as follows:

3.1 **Excellent population health and wellbeing**

Letter received from His Majesty Charles III

In my September report to Board I shared that we had written to His Majesty, King Charles III to share our deepest sympathies on the death of Her Majesty, Queen Elizabeth II.

We have received a very kind formal response from His Majesty with a beautiful photo of him with his late mother. We have shared the photo and message with our people and made copies available on request to display in our sites.

Community dietitians work with local care homes to improve wellbeing and reduce hospital admissions

Our community dietitians are working across residential and nursing homes to help prevent injuries and illnesses linked to dehydration.

The hydration project aims to highlight the importance of good hydration, advising care staff on how best to support residents to meet their fluid requirements.

Since the project began, there has been a reduction in admissions to hospitals from project homes in the local area for conditions associated with dehydration. Between May 2021 and November 2022, the number of falls requiring hospital admission fell by 63% and incidences of urinary tract infections requiring antibiotics were reduced by 18.5%.

The project was recently used as a national case study promoting good practice by NHS England Community Health Services, and has also been highlighted as part of the Enhanced Health in Care Homes (EHCH) framework programme refresh.

3.2 Excellent experience receiving and providing care

Current pressures

Over the past month we have continued to see improvements in key areas including cancer care and planned care as well as supporting more people to get home from our hospitals earlier in the day and at weekends.

We experienced an increase in ambulance handover delays which was caused by a spike in COVID-19 and norovirus which affected bed availability. We know that a rise in infections has a consequent impact on bed availability and our infection prevention and control team work closely with our operational colleagues to address this in a safe and timely manner.

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. We continue to see an improvement in discharges from our acute hospital and progress against our targets while our community hospitals are already meeting the targets we have set. We have also seen an increase in pathway one discharges at weekends due to the introduction of a Friday afternoon complex multidisciplinary meeting and the work of our community teams completing discharge to assess to support people to return home.

We have achieved the faster diagnosis standard for cancer care for the second consecutive month. There has been a significant amount of work taking place to reduce waiting times for diagnostic procedures, particularly in endoscopy and urology, which has supported this improvement in performance.

Our 62-day performance for March is expected to be 59%. We have seen a further reduction in the number of people waiting more than 62 days (down from over 300 in October to 115 this month) – this has been driven by sustained improvements in access to our endoscopy and urology diagnostic facilities. The positive progress we have made in cancer care means that we have exceeded the exit thresholds for Tier 1 and the process to remove us from Tier 1 scrutiny has begun. While this is good news and recognises the hard work of our cancer teams, 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 (SOF) 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

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

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

This month we have been directly affected by industrial action by junior doctors over a four-day period. Last month we were directly affected by industrial action by junior doctors over a 72-hour period. Our dedicated teams put in place robust plans to minimise disruption and safeguard patient safety during industrial action. We are taking the learning from our experiences not only in our planning for potential future action but also to inform our discussions about how we improve our services to deliver safe, sustainable care and best value.

I personally spoke with our local MPs to share our concerns about the impact of continuing industrial action on patient safety and waiting times.

Industrial action by the following unions, RCN, UNISON, GMB, Unite, CSP and BDA, was paused while consultations took place on the government pay offer. The RCN has voted to reject the offer while UNISON has voted to accept the offer. We await the outcome of the ballots for GMB, CSP, Unite and BDA and the outcome of discussions and decisions at the NHS Staff Council on 02 May 2023.

Later this month members of the Royal College of Nursing will take industrial action over a 48-hour period from 8am on 30 April to 8pm on 02 May.

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

No one waiting longer than 104 weeks for treatment and care

I am delighted to confirm that we met our target to reduce our 104 week waits to zero (0) by the end of March 2023. We are also making good progress to reduce our 78 and 65 week waits, working together across our integrated care system for Devon to maximise opportunities.

Quality boards launched

Our new quality boards are now in use across our wards and services. These boards support the delivery of our quality and safety long-term plan which was launched last year.

Our plan has four quality goals which were co-produced with our people and are our focus for the next three years: zero avoidable deaths, continuously seeking to reduce harm, excellence in clinical outcomes, deliver what matters most to our people.

We have been running a series of education drop-in sessions to provide protected time for colleagues to find out about the boards and ask questions.

The pathway to excellence team and the improvement and innovation team have done a wonderful job in developing the boards with our teams, running the education sessions and supporting the delivery and installation. The Workplace Team are doing a great job installing the 91 boards across acute and community sites.

Local people now benefiting from ophthalmology services at the Nightingale Hospital, Exeter

We have been offering orthopaedic surgery and diagnostic scans at the Nightingale Hospital Exeter for some time and the feedback from people in Torbay and South Devon who have used these services has been excellent. Earlier this month, we expanded the offer to our ophthalmology services and lists began running on 17 April. We know that there are many people waiting for ophthalmology services and we hope that those who are able to travel to Exeter do take advantage of the services on offer.

Additional appointments provided for ultrasounds

To reduce delays, support people as quickly as possible and meet the current demand for our ultrasound services, we are working with a local ultrasound provider (Korus Health) to provide additional appointments.

Ward accreditations

This month six wards have undergone accreditation through our new scoring system. Louisa Car and Simpson wards achieved a bronze award while Cromie, George Earle, Cheetham Hill and New Forrest achieved a white award.

DAISY and PRIMROSE awards

Our latest DAISY award was won by Leanne Radford, a junior sister who works on Warrington Ward at Torbay Hospital. Leanne was nominated by a colleague for going above and beyond for her patients and also supporting her colleagues.

One of the examples given in the nomination highlighted 'the excellent care she gave to a patient of mine who was nearing the end of life. He had complex care needs including a laryngectomy, which she managed with care and professionalism, taking the time to allow the patient to write down his concerns and discuss them with him. When it was clear time was short, she arranged for the patient's partner to stay and his dog to visit, which meant everything to the patient and his family. She is a huge asset to the team and to the hospital, and I feel very privileged to work with her.'

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

PLACE results put us in the top five acute trusts in England

The dedication and excellence of our Workplace Team (formerly known as estates and facilities) has been recognised in the recently published Patient Led-Assessment of the Care Environment (PLACE) results. This is the first time that PLACE results have been published since the pandemic began.

We scored 100% for cleanliness and 98% for food putting us in the top five acute trusts in England in both categories. I would like to take this opportunity to thank our patients, governors and staff who undertook the assessment and to formally recognise the excellent results achieved by the Workplace Team.

A clean and welcoming environment is important for the wellbeing of patients, staff and visitors and helps us to reduce the spread of infection. Nutritious and tasty food supports our patients to recovery from illness or surgery while also supporting staff wellbeing.

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

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

On Saturday 15 April, the new modular buildings were craned into place which is a significant milestone. The new building and scanner should be up and running, ready to accept patients in September 2023.

Chief Operating Officer appointment

The Nominations and Remuneration Committee has approved the recommendation for Jon Scott's contract as our Chief Operating to be extended for a period of up to six months while we take the next steps in our search for a new Chief Operating Officer.

Medical Director to retire at the end of 2023

Ian Currie, Medical Director, will be retiring at the end of this calendar year. Ian has been a proud member of our Torbay and South Devon family since he joined us in 1998 as a consultant vascular surgeon. We will be formally recognising and thanking Ian for his dedicated NHS service later this year.

To support leadership continuity at this critical time where as an organisation and a system we are in SOF 4 and work towards our vision of better health and care for all, we have put in place interim arrangements from April.

Ian will continue to focus on strategy as our Chief Medical Officer, working closely with system colleagues on the Peninsula Acute Sustainability Programme and continuing to provide expert medical leadership to the Board and our organisation. Kate Lissett who is currently one of our two Deputy Medical Directors, has become our Medical Director for the next nine months undertaking core functions such as job planning, working with the joint local negotiating committee (JLNC) and providing medical leadership for patient safety and quality. Kate reports to Ian and to the Executive Team.

This interim arrangement is cost neutral and ensures that we continue to have strong medical leadership and engagement while we go through the formal recruitment process for our new Chief Medical Officer who we hope will be in post by the New Year.

Changes to Caldicott Guardian

Ian Currie, Chief Medical Officer, is stepping down as our nominated Caldicott Guardian (CG).

The role of the CG is to safeguard and govern uses made of patient information within our organisation as well as data flows to other NHS and non-NHS organisations. Since 1998 every NHS organisation has been required to have such a person in post. Caldicott Guardianship is a key component of broader information governance.

Dr Andrew Gunatilleke will be stepping up from deputy CG to take over as our nominated CG. Andrew has worked closely with Ian over the last 12 months and has increasingly taken the lead.

To ensure a smooth transition, Ian will act as deputy CG and continue to support Andrew and cover when he is on leave.

4. Chief Executive engagement March

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

Internal	External
<ul style="list-style-type: none"> • Video blog sessions • Lead governor and deputy lead governor • League of friends chairs meeting • Diversity and inclusion lead • Staffside • Health care support worker welcome 	<ul style="list-style-type: none"> • NHS England (NHSE) industry advisor • Regional chief executive, NHSE • Deputy chief executive, Royal Devon University Healthcare NHS FT • Chief executive, University Hospital Plymouth NHS Trust • Chief executive, Devon Partnership NHS Trust (DPT) • Deputy chief executive, DPT • NHS leadership event

	<ul style="list-style-type: none"> • Chief executive officer, HealthWatch • Director of children’s services, Torbay Council • Director of integrated adult social care, Devon County Council • Kevin Foster MP • Anthony Mangnall MP • Anne Marie Morris MP
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5. Local health and care economy developments

5.1 Partner and partnership updates

5.1.1 Integrated Care System for Devon (ICSD)

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

6 Local media update

6.1 News release and campaign highlights include:

We continue to maximise our use of local and social media as well as our website to ensure that the people of Torbay and South Devon have access to timely, accurate information, to support them to live well and access services appropriately when needed.

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

Recent key media releases and responses:

- Chairman to serve further one-year term – announcing the news that Sir Richard Ibbotson, Chairman will be serving a further one year term
- ward recognised with nursing excellence award – release celebrating Dunlop ward who were recognised as our 2022 annual DAISY award winner
- New Hospital Programme update – received enquiries about our NHP progress ahead of an expected announcement following the budget
- ambulance queues enquiry – providing reassuring messages following reports of ambulance queues and traffic control measures at Torbay Hospital.

Recent engagement on our social media channels includes:

- BME leadership programme – congratulating the first cohort who completed the BME leadership programme which supports their own individual development
- Torbay Hospital League of Friends new base – promoting the League of Friends new base in the level 4 main entrance foyer at Torbay Hospital
- maternity services pledge – sharing the news that maternity services have signed a charter to show their continued commitment to providing a healthy and safe work environment for our people
- quality board stands – encouraged staff and visitors to say hello to the team at main entrance and find out more about our new ward quality boards
- Devon NHS campaign survey – sharing a survey for the NHS in Devon to find out about public awareness of regional and national NHS campaigns

- Primrose award – encouraging nominations from members of the public for excellent care and support they have received from one of our healthcare support workers
- Totnes Minor Injuries Unit temporary closure – raising public awareness that our MIU at Totnes was closed one day this week
- international women’s day – thanking the women working across our organisation who are incredibly hard working and provide excellent care
- fundraising for our charity – encouraging people to take part in upcoming fundraising events for our charity, with reduced entry fee charity places on offer
- job of the week – promoting the physiotherapy career opportunities we currently have available
- world social work day – celebrating the contributions of our social workers and thanking them for the vital role they play in helping individuals and families in need
- sexually transmitted infections – sharing information on free, confidential STI testing following a rise in cases nationally.

Development of our social media channels:

Channel	End of year target	As of 31 March 2021	As of 31 March 2023
LinkedIn	5,000 followers	2,878	5,878 ↑ 3,000 followers
Facebook	15,000 likes	12,141	13,818 ↑ 1,677 followers
	15,000 followers	12,499	14,857 ↑ 2,358 followers
Twitter	8,000 followers	6,801	7,845 ↑ 1,044 followers

7 Recommendation

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



Report to Trust Board of Directors				
Report title: Integrated Performance Report (IPR): Month 12 2022/23 (March 2023 data)			Meeting date: 26 April 2023	
Report appendix	M12 2022/23 IPR Dashboard of key metrics M12 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: 4 April 2023 Executive Director: 19 April 2023 Finance, Performance, and Digital Committee: 24 April 2023			
Purpose of the report and key issues for consideration/decision	<p>The purpose of this report is to bring together the key areas of delivery (including, quality and safety, workforce, operational performance, and finance) into a single integrated report to enable the Trust Board to:</p> <ul style="list-style-type: none"> • Review evidence of overall delivery, against national and local standard and targets • Interrogate areas of risk and plans for mitigation • provide assurance to the Board that the Trust is on track to deliver the standards required by the regulator. <p>Areas of exception that the Board will want to focus on are highlighted below and detailed in the attached Focus Report.</p>			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board is asked to review the documents and evidence presented.			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership		Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score	20
	Risk Register	X	Risk score	25

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

Introduction

The Integrated Performance report pulls together the key metrics and performance exceptions across quality, workforce, performance, and finance.

The report highlights area of risk that have been escalated through the Integrated Service Units and System Care Group Directors. The People Committee provides governance and oversight for workforce and the Quality Assurance Committee for quality and safety metrics.

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 March 2023, 2 incidents were reported as severe, both of these incidents were patient falls resulting in a fractured neck of femur. A further incident was reported under the category of death. This was a patient who died as a result of a cardiac event. It is unclear at this stage whether a direct admission to the cardiology department would have changed the outcome for this patient; a 72-hour report has been requested.

Stroke

Timely access to a dedicated stroke unit improves clinical outcomes for patients and offers improved quality of life outcomes. In March 37.5% of patients were admitted to the stroke ward within 4 hours of arrival at hospital which, although below the target of 90%, is an improved position. In March 70.7% 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 over the last 3 months. See, page 20 focus report.

VTE assessment

VTE assessment compliance demonstrated a compliance for all in patients of 99.6% in March 2023. Assessments performed within 4 hours of admission increased from 86.9% in February to 95.1% in March. Those areas that are not achieving the standard required are being supported by the VTE steering group. As a result of this work, New Forrest ward have increased the assessments within 4 hours from a February rate of only 9.1% to 96% in March 23.

Infection, Prevention, and Control

Bed closures saw a decrease from 254 in February to 164 bed days lost in March. 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.

During 2022/2023 there were 50 cases of C Diff reported against an NHSE threshold of 46.

During 2022/2023 there was one MRSA bacteraemia reported against a threshold of zero.

Management of these continue to follow IPC guidelines and Public Health England guidance. Page 19 focus report.

Maternity

There were no stillbirths or fetal losses in March. The Local Maternity and Neonatal Systems (LMNS) operational service is to hold a planning day in May to align metrics across the LMNS.

Staffing

The Registered nurse fill rate for days during March is reported as 93.1% which is a slight increase on February fill rate of 91.3%. The Registered Nurse night duty fill rate has also improved from 87% in February to 88.4% in March. The fill rate for health care support workers has reduced slightly to 97.9% from 99.5% for days and reported at 114.6% overnight. 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 5.62% to the end of March 2023 from 5.58% in February. The sickness target rate is 4%. The monthly sickness has increased slightly in March at 4.63% from 4.59% in February.

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

March's Achievement Review rate increased slightly to 76.87% from 76.71% in February. 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)

The Trust's turnover rate of 12.85% for the year ending March 2023 remains within the normal tolerances of 10-14%. Turnover has now plateaued and in the last six months since September has dropped significantly from 13.88% in September 2022 to 12.85%, the lowest it has been in 6 months. The staff groups shown as having the highest turnover are early stage career support to nursing (SN) staff aged 20 to 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 Torbay and South Devon. See, Workforce management framework dashboard of metrics.

Mandatory Training rate

The March **overall** rate for mandatory training figure increased slightly to 90.45% against a target of 85%. Information Governance, Manual Handling and Safeguarding Children are all below the target compliance level for Corporate Mandatory training.

Agency Expenditure

The Trust Agency reported figure for March was £1.603m, an increase from the February figure of £1.460m. There was an increase in demand for nursing shifts in March.

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 decreased from 65 WTE in Feb to 57 WTE in March. Admin and clerical vacancies have also decreased to 49 WTE. Finance are currently working alongside workforce colleagues to produce a robust workforce plan that will be submitted to both the Integrated Care Board and NHS England and this work will ensure that budgets are more meaningful to budget holders.

Performance Headlines

Operational plans 2023/24

The final operational plan for 2023/24 was submitted at the end of March; formal feedback is awaited from NHS England. The Trust continues to work with the Integrated Care Board on the areas of highest focus. The Trust is an outlier with a forecast of 2,354 patient over 65 weeks RTT at March 2024 against the target of zero. A package of support from NHS England has been agreed to complete a specialty-level capacity planning exercise to take place during April; meetings are scheduled for 26th and 27th April. This will confirm the risk and delivery against the 65-week RTT standard.

On 31st March the Trust delivered the agreed target for zero patients having a 104 week wait and reported 183 patients waiting 78 weeks for treatment against the target of 176 down from 462 reported in February.

As we move into 2023/24 there is a significant increase in the number of patients requiring treatment to achieve the operational plan targets of no patient waiting over 65 weeks for treatment. Good progress however is being reported against Q4 2022/2023 in reducing the total number of patients on an incomplete pathway (8% reduction); this being a combination of additional activity and validation of waiting list pathways. The operational forecast trajectories however show an increase in long wait numbers for 65 and 78-week RTT. Operational recovery plans will be supported by:

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 greater than 65 weeks, diagnostic, and cancer performance standards.
2. Productivity improvements to see 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.

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.

System Operational Framework (SOF)

Exiting SOF 4 remains the key Trust objective, therefore, the performance section of this month’s IPR focuses on progress against the SOF 4 exit criteria measures for Urgent Emergency Care and Elective Recovery. Where the exit criteria are not being met an exception report has been created and covers operational update, actions identified, and risks and issues, for the FPDC and Trust Board to be aware of. The Chief Operating Officer report provides further narrative with an update on progress and the controls in place in relation to operational delivery across the Trusts Integrated Service Units (ISU’s) and Children and Family Health Devon (CFHD).

	ISU	Target	13 month trend	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
SYSTEM OVERSIGHT FRAMEWORK EXIT CRITERIA																
Urgent and Emergency Care																
Percentage of Ambulance handovers greater than 15 minutes	Trustwide			77.4%	77.5%	69.6%	80.0%	77.0%	78.3%	77.5%	84.4%	82.2%	87.5%	66.5%	54.8%	73.9%
Total average time in ED (hours/minutes)	Trustwide			07:35	07:08	06:23	07:22	07:02	07:06	07:33	07:58	07:44	08:59	07:49	06:35	07:34
ED attendances where visit time over 12 hours	Trustwide	0		880	816	668	871	827	920	906	988	939	1207	823	599	978
UEC 4-hour target	Trustwide	78%		58.4%	58.0%	57.6%	54.5%	58.5%	59.1%	60.2%	57.0%	59.4%	51.8%	60.0%	56.9%	57.6%
% patient discharges pre-noon	Trustwide	33%								18.0%	18.4%	23.6%	18.1%	19.0%	18.5%	19.2%
Percentage of inpatients with No Criteria to Reside (acute)	Trustwide	<5%								12.0%	11.0%	11.0%	13.0%	13.0%	12.0%	8.0%

	ISU	Target	13 month trend	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
SYSTEM OVERSIGHT FRAMEWORK EXIT CRITERIA																
Elective recovery																
RTT 104 week wait incomplete pathway	Trustwide	0		245	192	173	96	70	51	50	47	34	29	22	14	0
RTT 78 week wait incomplete pathway	Trustwide	176		763	779	813	713	686	787	813	829	822	923	729	480	183
RTT 65 week wait incomplete pathway	Trustwide							1789	2093	2252	2485	2174	2203	1906	1767	1432
RTT 52 week wait incomplete pathway	Trustwide			3199	3374	3765	4137	4578	5083	5060	5412	5585	6027	5554	5116	4427
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%		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%
Number of patients waiting longer than 62 days for treatment	Trustwide	138		187	245	307	233	283	244	333	331	229	253	225	130	114

Urgent and Emergency Care headlines

- Overall the Trust’s UEC performance was 57.6% which puts us at 93rd in England against 107 Acute Trusts recording this metric.
- Ambulance delays increased in March, with 74% of handovers over 15 minutes compared to 55% in February, as Covid-19 and Norovirus infections reduced bed capacity but these delays were lower than the impact the Trust had with previous infection outbreaks.

- The Trust has seen another month of improvement against the number of patients reported as having no criteria to reside (delayed discharges) achieving a level of 8% of occupied beds.
- Operational focus remains on improving the discharges earlier in the day before noon (19.2% achieved against the 33% target), increasing the number of discharges over weekends to 80% of a normal weekday per day, and reducing length of stay.

Elective Recovery headlines

- Elective Referral to Treatment:
 - The zero 104-week wait target was achieved at the end of March 2023.
 - Against 78-week RTT target the Trust reported 183 breaches against a plan of 176 down from 462 in February
- Diagnostics: The Trust reported 29.72% of patients waiting longer than 6 weeks against the end of March target of 25%.
- Cancer standards:
 - For the second consecutive month the Faster Diagnosis Cancer Standard has been achieved, with March performance at 77%.
 - Cancer 62-day backlog – the Trust achieved the March 2023 target of 115, further detail can be found in the Chief Operating Officer Report.

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. A further operation update is covered in the Chief Operating Officers Report to the Board, section 8.8.

Finance headlines

The Trust has reported a final deficit position of £17.12m, which is £17.19m adverse to the initial £0.07m surplus plan for the financial year 22/23. This is, however, in line with the control total agreed with regulators.

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.

Key drivers for the deficit include under delivery of CIP, Fragile Services, Emergency Department and Acute Medical 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 in Q2 and Q3, however, there has been a gradual increase during Q4, with M12 seeing the highest agency spend of the financial year so far. Year to date over spend of £7.10m and areas of concern have been raised with management accounts and operational departments.

The non-consolidated pay offer for 2022/23 has been included in the position, with funding provided from NHSE to match the equivalent pay expenditure.

Total reported in month income for M12 is £37.85m favourable to plan. Key drivers are:

Pension & Non-consolidated payment (matched to spend)	£25.10m
ESRF funding	£5.50m
Education & training	£1.60m
Ageing well & discharge fund	£1.04m
Other	£2.42m
Winter plan funding	£0.77m
Pay award (1.7% add tariff inflation)	£0.67m
Virtual ward funding	£0.52m
Financial Recovery	£0.50m
Capital charge funding	£0.36m

Offset by:

Torbay Pharmaceuticals	(£0.35m)
Covid Labs testing	(£0.28m)

Operating expenditure and financing costs in M12 are £37.94m adverse to plan. Key drivers are as follows:

Substantive pay (incl. pay awards & pension contribution offset by income)	(£29.10m)
Agency spend	(£0.99m)
Bank spend	(£1.23m)
ASC/Placed People non-pay	(£3.45m)
Drug costs (pass through)	(£0.55m)
Clinical supplies & services	(£1.17m)
Consultancy & professional services	(£0.84m)
Education & training	(£0.27m)
PFI costs and other	(£0.34m)

The cash position at the end of March is £34.73m. Access to PDC support remains critical to the Trust's 2022/23 cashflow. PDC funding during 2022/23 was £45.3m, cash balances are 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) £45.23m which is ahead of plan £18.23m, the plan value being £27.01m for the financial year 22/23.

CIP target for the full financial year was £28.45m. The Trust's actual financial performance for the financial year 22/23 indicates a shortfall of £3.39m (c.12%) against the efficiency target, predominantly linked to the position on pay. CIP delivery for the year is £25.06m, this includes £14.65m of non-recurrent items (58%) the majority of which (£10.41m) related to the holding of vacancies. The development of the 2023/24 plan is progressing, with a target of £46.58m. The Delivery Director is now in post and meetings are underway with operational leads to identify CIP programme plans.

Integrated Performance Focus Report (IPR)



Torbay and South Devon
NHS Foundation Trust

April 2023: reporting period March 2023 (Month 12)

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Working with you, for you

System Oversight Framework - Introduction

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.

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.

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 Operational Framework (SOF) : Urgent and Emergency Care and Elective Recovery criteria

Exiting SOF 4 remains the key Trust objective, therefore, the performance section of this month's IPR focuses on progress against the SOF 4 exit criteria measures against the Urgent and Emergency Care and Elective Recovery criteria.

Where the exit criteria are not being met an exception report has been created and covers operational update, actions identified, and risks and issues, for the FPDC and Trust Board to be aware of.

System Operational Framework (SOF) monitoring

To support the monitoring of the exit criteria the Tableau dashboard has been created and to be published.

System Oversight Framework 4 Exit Criteria – indicative measures

The 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.

Each indicative measure has a target to be achieved to exit SOF 4 with local trajectories being agreed in line with Operational Planning submissions. The performance section of this report has been amended to reflect this focus and will build in the details of the SOF 4 exit plans and progress against these plans and milestones as they are agreed.

Exit Criteria Measures

UEC	Improvements in line with agreed baseline and plan, over two quarters, in ambulance handover delays (>15 minutes & > 3 hours)
	Improvements in line with agreed baseline and plan, over two quarters, in ambulance response times for Category 2 incidents to 30 minutes on average over 23/24, with plan for further improvements in 24/25
	Improvements in line with agreed baseline and plan, over two quarters, in total average time in ED & 12 hour breaches. (Trajectory to achieve 76% by 23/24)
	Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories
	Achieve and sustain for two quarters a reduction in number of patients who no longer meet the "criteria to reside in hospital" to no more than 5%
	Achieve and sustain for two quarters a reduction in number of patients who no longer meet the "criteria to reside in hospital" to no more than 2019 levels by end of 23/24
Elective Recovery	Reduction in waits over 104 weeks and 78 weeks, inline with agreed plan, against agreed baseline
	Significant reduction in 65 weeks by March 2024, inline with agreed plan, 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 2023 (≤12.8%) and working towards achieving the national target.
Finance	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
	There is confirmation of the underlying run rate from 2022/23 and an improvement in the actual recurrent run rate in the 2023/24 plan
	The 2023/24 plan shows an improvement in productivity compared to 2022/23
	A system-wide shared services programme is developed that has all back office functions within scope and includes accompanying timelines and delivery plans
	The system delivers the financial plan for 2023/24 recurrently for two successive quarters
The system delivers improvements in productivity in 2023/24 for two successive quarters	

System Oversight Framework 4 Exit Criteria – Accountability Framework

Metric:	Accountability framework				Meeting monthly trajectory	Meeting SOF 4 exit target
	Senior Responsible Officer:	Clinical Lead:	Executive Lead:	Reporting forum for review of performance		
UEC 4 hour target 76% by March 2024	System Care Group Director (SCGD) - Urgent Care	System Care Group - Medical Director (SCGMD)	Chief Operating Officer	Operational Recovery Group (ORG) Trust Management Group (TMG)	No	No
Ambulance handovers greater than 15 minutes	SCGD – Urgent Care	SCGMD	Chief Operating Officer	ORG TMG	No	No
Over 12-hour visit time; and ED 4-hour target	SCGD – Urgent Care	SCGMD	Chief Operating Officer	ORG TMG	No	No
Increase in pre-noon patient discharges	SCGD – Urgent Care	SCGMD	Chief Operating Officer	ORG TMG	No	No
Reduction in ‘No criteria to reside’	SCGD – Families community and place based	Deputy Medical Director	Chief Operating Officer	ORG TMG	yes	yes
Patient wait over 104 weeks and 78 weeks	SCGD – Planned Care	SCGMD	Chief Operating Officer	ORG TMG	Yes	Yes
Patient wait over 65 weeks	SCGD – Planned Care	SCGMD	Chief Operating Officer	ORG TMG	No	No
75% of GP referred patients diagnosed within 28 days	SCGD – Planned Care	SCGMD	Chief Operating Officer	ORG TMG	Yes	Yes
Cancer longer than 62-day wait	SCGD – Planned Care	SCGMD	Chief Operating Officer	ORG TMG	Yes	Yes

System Oversight Framework 4 Exit Criteria – Chief Operating Officer Highlight Report

Matters of concern/key risks to escalate	Major actions commissioned/work underway
<ul style="list-style-type: none"> • Ongoing Industrial Action • TIFF Theatre build agreement and delivery of activity required • Infection outbreaks impacting on staff and bed availability 	<ul style="list-style-type: none"> • Establishment of Urgent and Emergency Care Board and Planned Care Board • Review of P1-3 processes about to be completed by Newton Europe. • SOF4 Communications strategy agreed • Support in place from Michael Wilson and NHSE National Team
Positive assurances	Decisions made
<ul style="list-style-type: none"> • Operational performance improving • Management of Industrial Action and Bank Holidays resulting in lower numbers of cancellations and improved flow. 	<ul style="list-style-type: none"> • Organisational reshaping agreed

System Oversight Framework 4 Exit Criteria - Performance summary

	ISU	Target	13 month trend	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	Year to date
SYSTEM OVERSIGHT FRAMEWORK EXIT CRITERIA																	
Urgent and Emergency Care																	
Percentage of Ambulance handovers greater than 15 minutes	Trustwide			77.4%	77.5%	69.6%	80.0%	77.0%	78.3%	77.5%	84.4%	82.2%	87.5%	66.5%	54.8%	73.9%	73.9%
Total average time in ED (hours/minutes)	Trustwide			07:35	07:08	06:23	07:22	07:02	07:06	07:33	07:58	07:44	08:59	07:49	06:35	07:34	07:34
ED attendances where visit time over 12 hours	Trustwide	0		880	816	668	871	827	920	906	988	939	1207	823	599	978	
UEC 4-hour target	Trustwide	78%		58.4%	58.0%	57.6%	54.5%	58.5%	59.1%	60.2%	57.0%	59.4%	51.8%	60.0%	56.9%	57.6%	
% patient discharges pre-noon	Trustwide	33%								18.0%	18.4%	23.6%	18.1%	19.0%	18.5%	19.2%	19.2%
Percentage of inpatients with No Criteria to Reside (acute)	Trustwide	<5%								12.0%	11.0%	11.0%	13.0%	13.0%	12.0%	8.0%	8.0%

Performance summary: 0 out of 6 urgent and emergency care exit criteria targets have been met in March 2023.

Improved performance has been seen this month in:

- percentage of patients discharged pre-noon.
- percentage of patients with No Criteria to Reside.

Performance remains the same for:

- 4-hour ED target

A deterioration in performance has been seen in:

- percentage of ambulance handovers greater than 15 minutes;
- total average time in ED;
- ED attendances where visit time over 12 hours;

	ISU	Target	13 month trend	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
SYSTEM OVERSIGHT FRAMEWORK EXIT CRITERIA																
Elective recovery																
RTT 104 week wait incomplete pathway	Trustwide	0		245	192	173	96	70	51	50	47	34	29	22	14	0
RTT 78 week wait incomplete pathway	Trustwide	176		763	779	813	713	686	787	813	829	822	923	729	480	183
RTT 65 week wait incomplete pathway	Trustwide							1789	2093	2252	2485	2174	2203	1906	1767	1432
RTT 52 week wait incomplete pathway	Trustwide			3199	3374	3765	4137	4578	5083	5060	5412	5585	6027	5554	5116	4427
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%		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%
Number of patients waiting longer than 62 days for treatment	Trustwide	138		187	245	307	233	283	244	333	331	229	253	225	130	114

Performance summary: 3 of 4 elective recovery exit criteria targets have been met in March 2023.

Improved performance has been seen this month in:

- number of patients waiting 104 weeks for treatment;
- number of patients waiting 78 weeks for treatment;
- number of patients waiting 65 weeks for treatment;
- number of patients waiting 52 weeks for treatment;
- 75% of GP referred patients receiving a cancer diagnosis within 28 days.
- Number of patients waiting longer than 62 days for treatment

A deterioration in performance has been seen in:

Nil

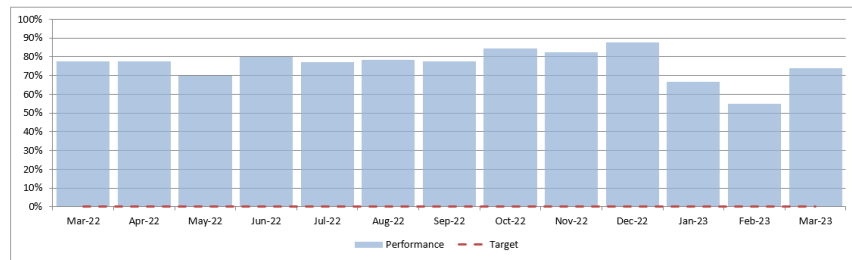
Exception report: Ambulance handovers over 15 minutes: SOF 4 Exit Criteria - Urgent and emergency care

Performance

Ambulance handover delays increased in March mainly as a consequence of infection issues in the Acute Trust and across the wider ICO. As a result flow to medical wards was constricted leading to greater majors occupancy levels and longer waits restricting the ability to offload ambulances.

Percent of ambulance handovers over 15 minutes

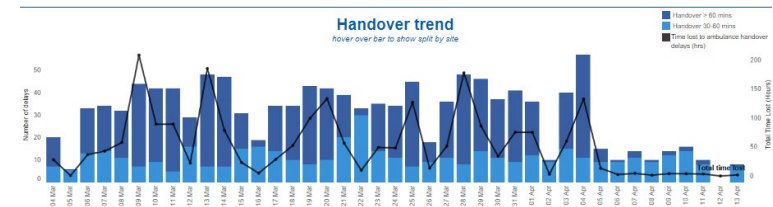
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Performance	77%	77%	70%	80%	77%	78%	78%	84%	82%	88%	67%	55%	74%
Target	0	0	0	0	0	0	0	0	0	0	0	0	0



Operational update

Infection issues have now been minimised leading to a recovery in performance.

Operation resilience and grip meant that although infection issues were highly impactful the Trust's ability to recovery quickly has improved. Of note, prior to the infection issues experienced in March as at the 3rd of the month the Trust had reduced handover delays significantly to an average of 18hrs a day for a rolling 30 day period and consequently improved 15 min breach performance (55% end of Feb). This compared with 64hrs lost a day as at 31st March. April is seeing early signs of very positive recovery – see below



Actions to complete next month

We remain committed to improving the two main causes of patient flow imbalance by improving performance by:

1. increasing the number of patient discharges before noon and;
2. Increasing the number of patient weekend discharges.

In addition to the actions above consistently establishing the availability of an ambulance decant area on a Monday and Tuesday to support offload capacity.

Risks/issues

- Further Infection issues
- Uplift in activity as a result of bank holiday and seasonal activity
- Further industrial action linked to the bank holidays

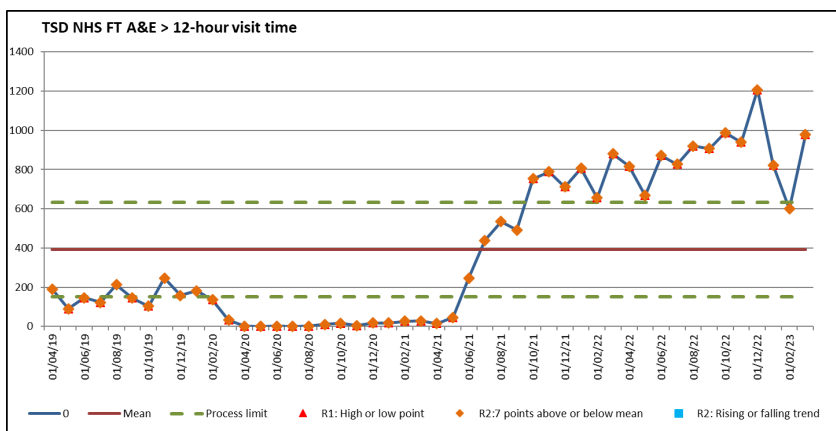
Exception report: Total average time in ED: SOF 4 Exit Criteria - urgent and emergency care

Performance														Operational update																																									
<p>March saw an increase in average time in department mainly as a consequence of infection issues in the Acute hospital. Consequently patient flow decreased and some patients waited longer to move to wards.</p>														<p>Causation between bed capacity and patient flow is well established. For the Trust the main cause of reduced bed capacity is an infectious outbreak. As infection numbers have now reduce there is improved operational performance.</p> <p>In March Industrial Action placed stresses onto the operational performance and patient flow. Through tight control and good staff engagement the impact to patients was minimised.</p>																																									
<p>Total average time in ED (acute)</p>																																																							
<table border="1"> <thead> <tr> <th></th> <th>Mar-22</th> <th>Apr-22</th> <th>May-22</th> <th>Jun-22</th> <th>Jul-22</th> <th>Aug-22</th> <th>Sep-22</th> <th>Oct-22</th> <th>Nov-22</th> <th>Dec-22</th> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> </tr> </thead> <tbody> <tr> <td>Performance</td> <td></td><td></td><td></td><td></td><td></td><td>07:06</td><td>07:33</td><td>07:58</td><td>07:44</td><td>08:59</td><td>07:49</td><td>06:35</td><td>07:34</td> </tr> <tr> <td>Target</td> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </tbody> </table>																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	Performance						07:06	07:33	07:58	07:44	08:59	07:49	06:35	07:34	Target	0	0	0	0	0	0	0	0	0	0	0	0
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Performance						07:06	07:33	07:58	07:44	08:59	07:49	06:35	07:34																																										
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Actions to complete next month														Risks/issues																																									
<p>We remain committed to improving the two main causes of patient flow imbalance by improving performance by:</p> <ol style="list-style-type: none"> 1. increasing the number of patient discharges before noon and; 2. Increasing the number of patient weekend discharges. <p>In additional to the above the following actions are underway:</p> <ul style="list-style-type: none"> • Use of the ED escalation area 11 beds - options paper for agreement to improve flow (admitting ward) • Virtual ward – complete on site mobilisation – data reporting to be implemented • Focus on quick win non admitted pathways to reduce patient time in the department and ED occupancy 														<ul style="list-style-type: none"> • Further Infection control issues • Uplift in activity as a result of bank holiday and seasonal activity • Further industrial action linked to the bank holidays 																																									

Exception report: Over 12-hour visit time: SOF 4 Exit Criteria - Urgent and emergency care

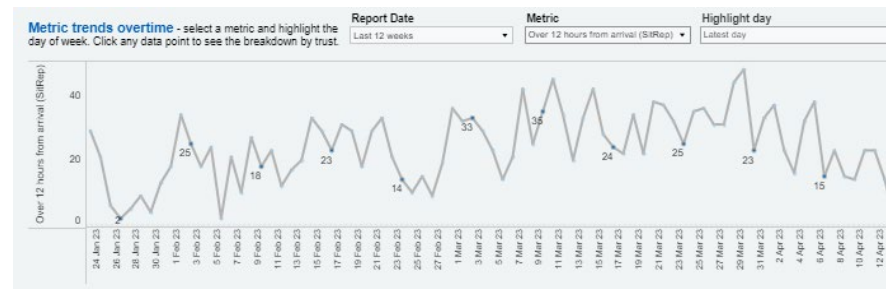
Performance

March 12hr performance mirrored the ambulance delays and total average time in ED with an increase in numbers as a result of infection issues.



Operational update

Early indications show a reduction in the number of delays in April as the site recovers for infection issues and benefits from gains made in early morning and weekend discharges.



Actions to complete next month

We remain committed to improving the two main causes of patient flow imbalance by improving performance by:

1. increasing the number of patient discharges before noon and;
2. Increasing the number of patient weekend discharges.

In addition to the above the following actions are underway:

- ED escalation area 11 beds - options paper for agreement to improve flow (admitting ward)
- Virtual ward – complete on site mobilisation – data reporting to be implemented
- Further utilisation of the discharge lounge, and early identification of tomorrow's discharges (SWIFT, Nerve Centre and Portal alignment)

Risks/issues

- Further Infection issues
- Uplift in activity as a result of bank holiday and seasonal activity
- Further industrial action linked to the bank holidays

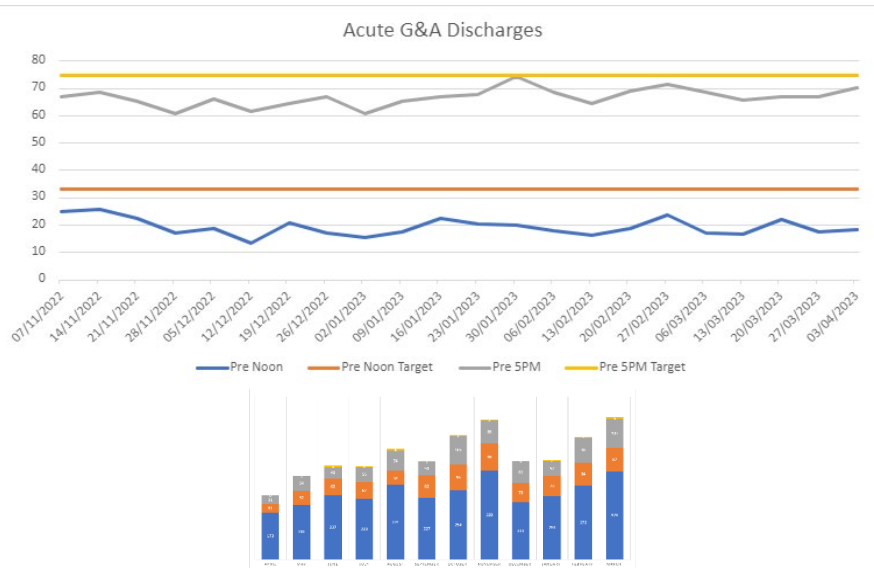
Exception report: 4-hour ED target: SOF 4 Exit Criteria - Urgent and emergency care

Performance	Operational update																																										
<p>ED Type 1 performance 37.6%</p> <p>ICO Performance 57.6%</p> <p style="text-align: center;">ED 4-hour target</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Mar-22</th> <th>Apr-22</th> <th>May-22</th> <th>Jun-22</th> <th>Jul-22</th> <th>Aug-22</th> <th>Sep-22</th> <th>Oct-22</th> <th>Nov-22</th> <th>Dec-22</th> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> </tr> </thead> <tbody> <tr> <td style="background-color: #1a3d4d; color: white;">Performance</td> <td>37%</td> <td>38%</td> <td>38%</td> <td>34%</td> <td>37%</td> <td>38%</td> <td>40%</td> <td>36%</td> <td>34%</td> <td>29%</td> <td>39%</td> <td>38%</td> <td>38%</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;">Target (Tbc)</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		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	Performance	37%	38%	38%	34%	37%	38%	40%	36%	34%	29%	39%	38%	38%	Target (Tbc)	0	0	0	0	0	0	0	0	0	0	0	0	0	<ul style="list-style-type: none"> Daily demand to the Emergency Department (ED) rose by 0.75% to 187.7 although the total increase is over 11% at 5,819. The daily figure is adjusted for the difference in the number of days there are in each month. We achieved 37.6% against our ED 4-hour target. Our type 3 demand (UTC and MIU) increased to 2,436 which is a daily decrease of 10% when adjusted for the months. We achieved 97.1% against our Type 3 4-hour target. Overall our UEC performance was 57.6% which puts us at 93rd in England against 107 Acute Trusts recording this metric.
	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																														
Performance	37%	38%	38%	34%	37%	38%	40%	36%	34%	29%	39%	38%	38%																														
Target (Tbc)	0	0	0	0	0	0	0	0	0	0	0	0	0																														
Actions to complete next month	Risks/issues																																										
<ul style="list-style-type: none"> Establishment of Urgent Emergency Care Board and 3 workstreams April Meetings – Internal professional standards and measurement to be agreed ED escalation area 11 beds - options paper for agreement to improve flow (admitting ward) Virtual ward – complete on site mobilisation – data reporting to be implemented New (April 2023) UEC funding implementation plan Focus on quick win non admitted pathways – specifically paediatrics, minors and walk in patients 	<ul style="list-style-type: none"> Further Infection issues Uplift in activity as a result of bank holiday and seasonal activity Further industrial action linked to the bank holidays 																																										

Exception report: Percent of pre-noon discharges: SOF 4 Exit Criteria - Urgent and emergency care

Performance

Early morning discharges showed some positive improvement at points in March but ultimately have been impacted by IPC issues and Industrial action.



Operational update

Key changes have been developed throughout March to support early morning and weekend discharges and the site is already seeing these benefits in early April

- Planning for the weekend which is now held live on MS teams and is completed by the ward MDTs following Friday 'SAFER' rounds.
- 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.
- Reviewing the weekend workforce on site and ensure co-ordination of all teams.
- Setting clear discharge objectives which is led by the clinical site manager.
- Ensuring the weekend discharge SOP is being used and adopting an accountability framework for staff to ensure weekend processes are updated and completed

Actions to complete next month

Next Steps/Actions

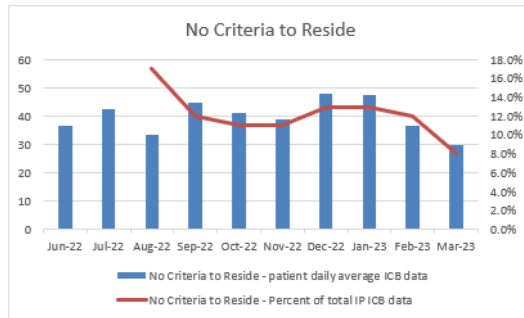
- New (April 2023) UEC funding implementation plan - winter uplift of workforce in discharge lounge.
- Develop a ward Nurse Flow training programme.
- Planning to improve patient experience in the discharge lounge. (TV on wall etc)
- Develop learning from Industrial action successes – specifically night identification of tomorrows discharges, transport and CPS's.

Risks/issues

- Further Infection issues
- Uplift in activity as a result of bank holiday and seasonal activity
- Further industrial action linked to the bank holidays
- Consistent additional staffing support to the discharge team at weekends and senior cover

Exception report: No criteria to reside: SOF 4 Exit Criteria - Urgent and emergency care

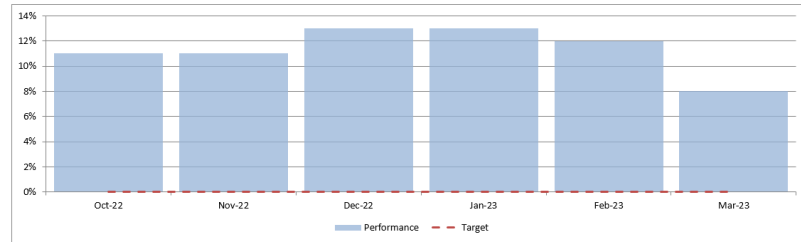
Performance



The average number of patients with no criteria to reside has decreased further in March to 8%. Early indications show that a further reduction to 7% has occurred in April.

Percent of patients with No Criteria to Reside - ICO

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Performance	0%	0%	0%	0%	0%	0%	12%	11%	11%	13%	13%	12%
Target	0	0	0	0	0	0	0	0	0	0	0	0



Operational update

Key actions that have support the improvement in NCTR

- Trusted placement assessor.
- Mobilised block beds.
- OT in reach model.
- 1:1 block hours to support placements
- Flexible team and social care services
- Process review of D2A at a senior level to increase capacity and risk.
- VCSE teams are embedded within complex hospital discharge teams.
- Snapshot NCTR audit completed on 14th March – indicates we are still doing diagnosis (bloods) and routine Dr review on patients.

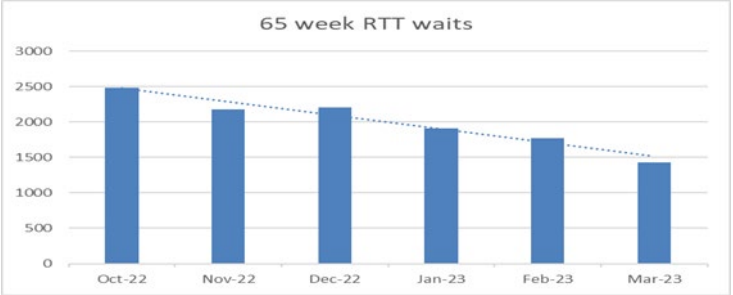
Actions to complete next month

- Addressing the influx of referrals on Fridays leading into the weekend
- Internal audit of the processes
- Review of pre-referral patients to the hub.

Risks/issues

- Further Infection issues
- Uplift in activity as a result of bank holiday and seasonal activity
- Further industrial action linked to the bank holidays

Exception report: 65 Week Clearance: SOF 4 Exit Criteria – Elective Recovery

Performance	Operational update																
<p>The Trust has reported a significant reduction in the number of 65 week waiters in recent months.</p>  <p>The predicted position for March 2024 is a growth in 65 week waits from the current 1,365 to 2,355. This is split as follows;</p> <ul style="list-style-type: none"> • Non-admitted 1,934 • Admitted 421 <p>This prediction is made on the basis of the known number of patients who will breach 65 weeks before 31st March 24 due to capacity issues within the Trust to treat all the patients necessary. Planned additional insourcing and outsourcing has been included in this calculation.</p>	<p>Our position was refined during March from a significantly worse position as follows:</p> <table border="1" data-bbox="1160 347 2020 625"> <thead> <tr> <th></th> <th>Non-Admit</th> <th>Admit</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Starting position</td> <td>8,987</td> <td>473</td> <td>9,460</td> </tr> <tr> <td>Revised 9th March</td> <td>3,239</td> <td>360</td> <td>3,599</td> </tr> <tr> <td>Current forecast</td> <td>1,934</td> <td>421</td> <td>2,355</td> </tr> </tbody> </table> <p>As the table shows, the improved prediction is delivered in the non-admitted position and is driven by maintaining or increasing the levels of insourcing activities procured in Q4 of last year.</p> <p>Improvements in productivity and efficiency will also make a material contribution to delivery. These improvements have not yet been included in our prediction.</p>		Non-Admit	Admit	Total	Starting position	8,987	473	9,460	Revised 9th March	3,239	360	3,599	Current forecast	1,934	421	2,355
	Non-Admit	Admit	Total														
Starting position	8,987	473	9,460														
Revised 9th March	3,239	360	3,599														
Current forecast	1,934	421	2,355														
Actions to complete next month	Risks/issues																
<p>Through April we will be working closely with colleagues from NHS England to provide more assurance against our 65 week clearance plans. These activities will focus predominantly on our most “at risk” non-admitted specialties. A critical element of this work will be to describe in detail how we plan to ensure that patients have a 1st appointment before they have waited 65 weeks. This will improve clinical care and safety but may not alter the end of year position against the 65 week target as first appointments may not, in themselves, result in treatment.</p>	<p>Delivery of the revised plans is dependent on the successful continuation and growth in our use of the Independent Sector. This is not a model the Trust considers to be sustainable. Plans to be more self sufficient within the Devon System are in discussion.</p> <p>Managing staff workloads and engagement in delivery of the plan is important and represents the biggest risk to delivery of the 65 week plan.</p>																

Quality and Patient Safety Summary

Incidents

In March 2023, 2 incidents were reported as severe, both of these incidents were patient falls resulting in a fractured neck of femur. A further incident was reported under the category of death. This was a patient who died as a result of a cardiac event. It is unclear at this stage whether a direct admission to the cardiology department would have changed the outcome for this patient. A 72 hour report has been requested.

Stroke:

Timely access to a dedicated stroke unit improves clinical outcomes for patients and offers improved quality of life outcomes. In March 37.5% of patients were admitted to the stroke ward within 4 hours of arrival at hospital which, although below the target of 90%, is an improved position. In March 70.7% 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 over the last 3 months.

VTE assessment:

VTE assessment compliance demonstrated a conformity for all in patients of 99.6% in March 2023.

Assessments performed within 4 hours of admission increased from 86.9% in February to 95.1% in March.

Those areas that are not achieving the standard required are being supported by the VTE steering group. As a result of this work, New Forrest ward have increased the assessments within 4 hours from a February rate of only 9.1% to 96% in March 23.

Infection, Prevention, and Control:

Bed closures saw a decrease from 254 in February to 164 in March. 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.
- During 2022/2023 there were 50 cases of C Diff reported against an NHSE threshold of 46.
- During 2022/2023 there was x1 MRSA bacteraemia reported against a threshold of zero.

Management of these continue to follow IPC guidelines and Public Health England guidance.

Maternity:

There were no stillbirths or fetal losses in March 2023. The Local Maternity and Neonatal Systems (LMNS) operational service is currently reviewing the consistency of Maternity metrics presented at Board. A planning day in May will start to align some of the metrics across the LMNS.

Staffing:

The Registered nurse fill rate for days during March is reported as 91.3% which is a slight increase on February fill rate of 91.3%. The Registered Nurse night duty fill rate has also improved from 87% in February to 88.4% in March. The fill rate for Health care support Workers has reduced slightly to 97.9% from 99.5% for days and reported at 114.6% overnight. 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.

CQC update 2021 and 2020 Action plans

2020 CQC inspection

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. The Trust has one remaining Must Do action in regard to the Medical Care staff appraisal achievement rate. The Trust position at March 2023 remains at 79%. The People Directorate have created a two phase recovery plan with improvement trajectories to ensure the 85% target is achieved and sustained. This includes clear expectations as set out in Peoples Promise, effective rollout of appraisal training and a transition to electronic records.

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. MUST risk assessment was the most consistently completed within the 24 hour time standard, with a compliance rate of 92%.

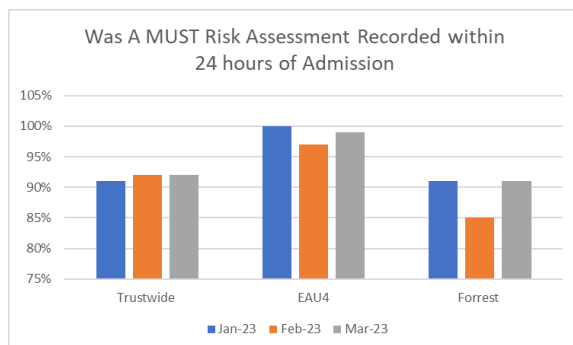
March 2023

- ✓ Audit results report Trust wide nutritional risk assessments completed within 24 hours have improved in March 23 with a Trust position of 92%. It is recognised that there is a variable position on timeliness of the undertaking of patient risk assessments
- ✓ Forrest Ward recorded an 85.3% compliance in Feb but this has now improved to 91% in March
- ✓ EAU4 recorded 99% compliance which is an improved position

Other nursing risk assessments current compliance rates as follows;

- ✓ Infection Prevention and Control – 97%
- ✓ Waterlow score – 99%
- ✓ Patient Handling and Falls assessment – 96.9%
- ✓ Pain assessments – 98%

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

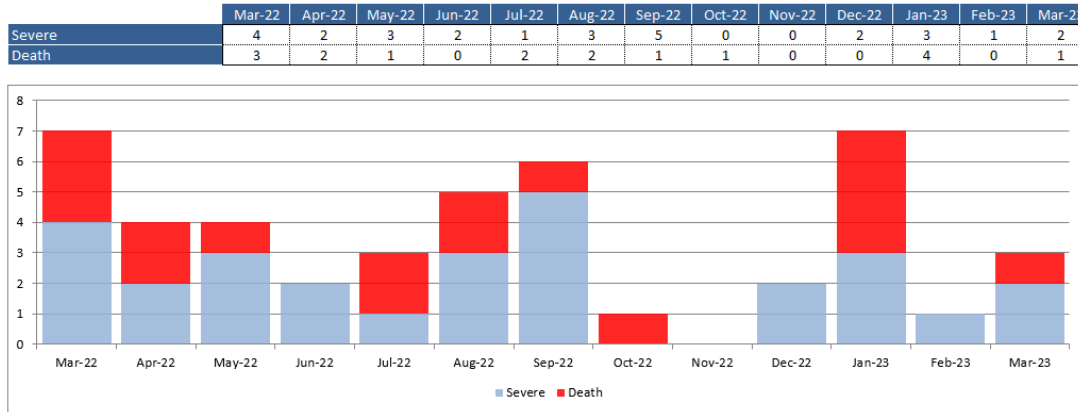


Quality and Safety Indicators

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

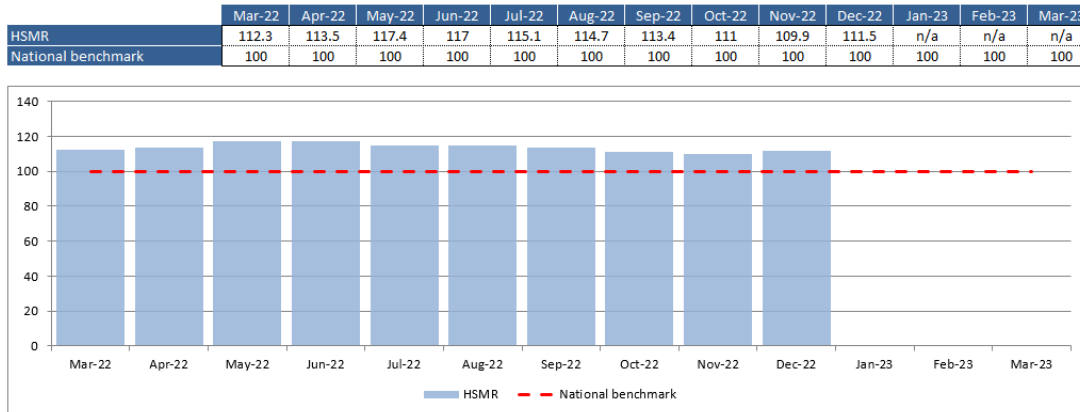


During March 2023, 1 death related incident and 2 severe incidents were reported.

Death incident – possible delay in transferring patient to cardiology – 72 hour report requested.

Severe incidents are in relation to patient falls, both resulting in a fracture. Reported on STEIS, investigations underway.

Hospital Standardised Mortality Rate (HSMR) national benchmark = 100



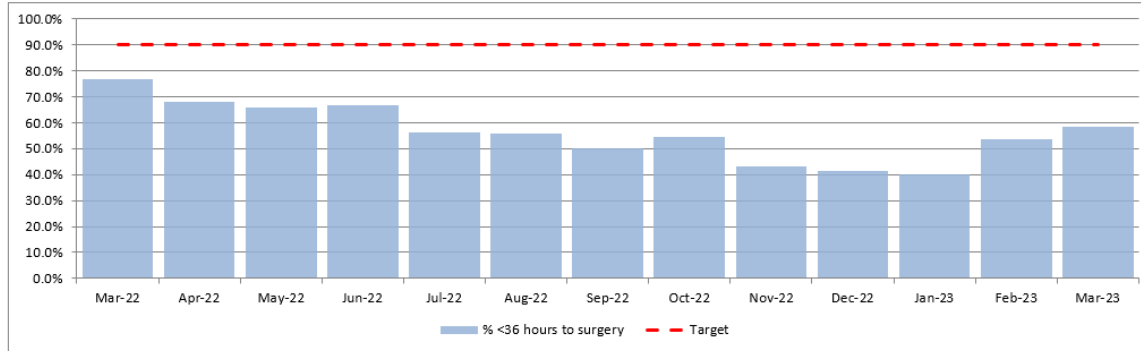
The HSMR is measured from the mortality arising from a standardised group of 56 diagnosis.

- Mortality audits underway with a focus on Urgent and Emergency care and to be presented at the Quality Assurance Committee in May.
- Review of the coding of patient co-morbidities is in progress, an inaccurate coding position may depress the expected mortality and so raise the HSMR which is observed versus expected ratio.

Quality and Safety

Fractured neck of femur - <36 hours to surgery

	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
Patients	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0
<36 hours to surgery	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0
% <36 hours to surgery	76.9%	67.9%	65.8%	66.7%	56.4%	56.0%	50.0%	54.3%	43.3%	41.5%	40.0%	53.8%	58.3%
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%



58.3% of patients had access to theatre within the recommended time frame in March 2023 against a target of 90%. This has been an improving position over the last 2 months.

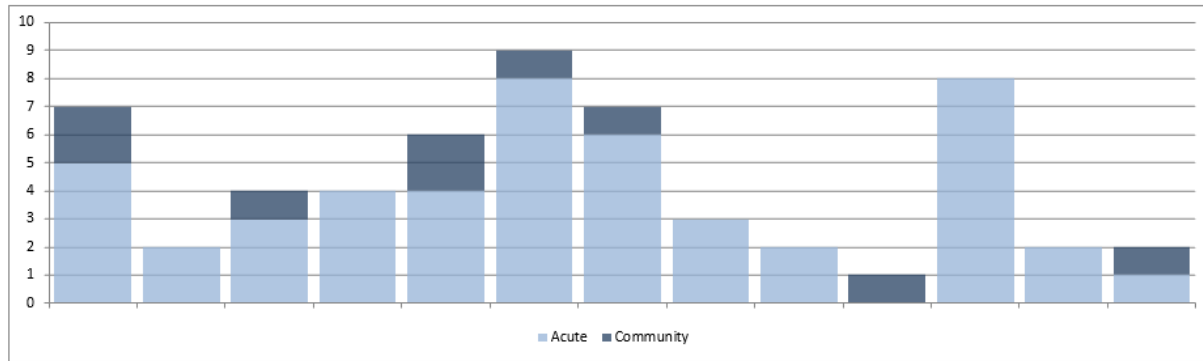
Therefore, actions put in place to improve this pathway for patients remain;

- A commitment to ringfence trauma beds;
- ISU oversight and process in place to monitor and escalate.

Quality and Safety-Infection Control

Number of Clostridium Difficile cases

	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
Acute	5	2	3	4	4	8	6	3	2	0	8	2	1
Community	2	0	1	0	2	1	1	0	0	1	0	0	1



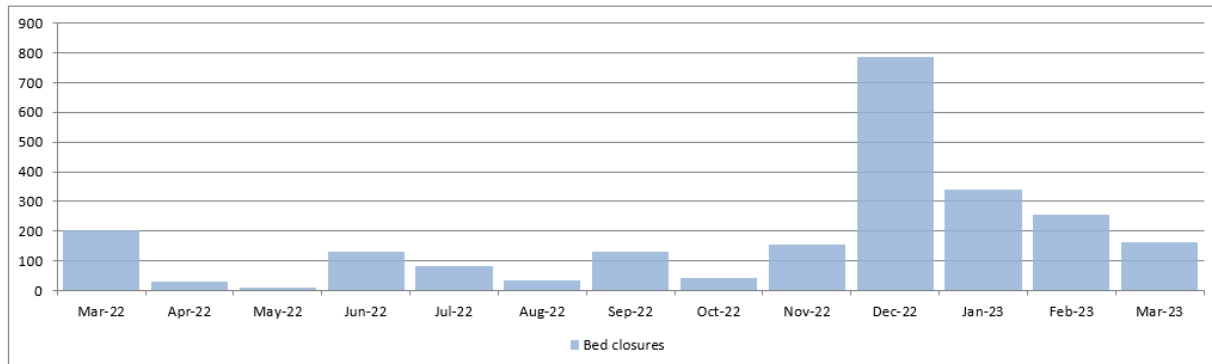
In March 2 cases of C Diff reported.

The total number of C-Diff cases reported for 22/23 was 50 against a threshold set by NHSE of 46. Trends noted include;

- Not isolating patients once stool sample obtained;
- Not commencing empirical treatment if C Diff suspected;
- Delay in sending stool sample.

Infection control - Bed days lost (Acute)

	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
Bed closures	203	30	12	130	84	36	132	42	156	786	339	254	164



In March bed closures saw a further decrease from 254 in February to 164 in March.

The reason for the closures has mainly been due to;

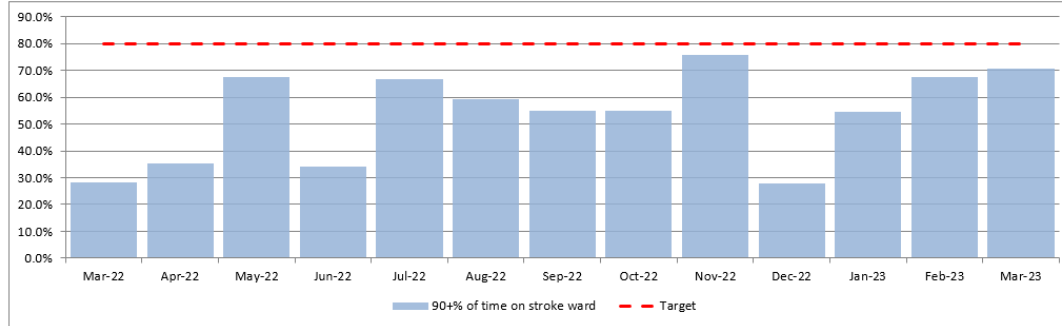
- Patients testing positive for COVID-19/Flu A on admission;
- Out breaks of norovirus during admission

Management of these have followed Infection, Prevention and Control guidelines and Public Health England guidance.

Quality and Safety- Exception Reporting

Stroke

	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
90+% of time on stroke ward	28.1%	35.3%	67.6%	34.1%	66.7%	59.3%	54.8%	55.0%	75.9%	28.0%	54.5%	67.4%	70.7%
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%



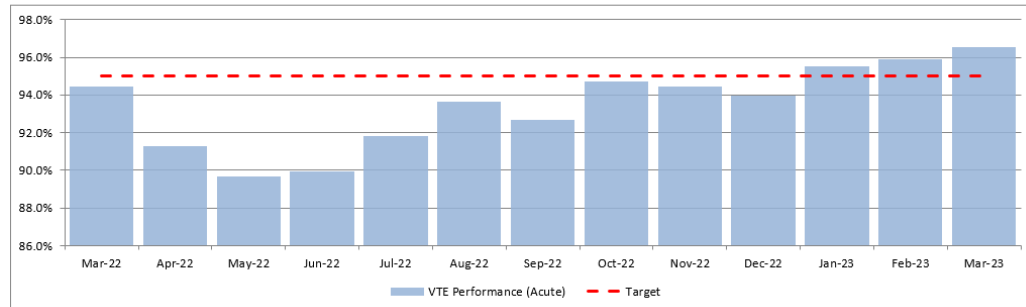
Stroke

- 70.7% of patients spent more than 90% of their stay on the stroke unit which is also an improved position;
- 37.5% of patients were admitted to the stroke unit with 4 hours of admission; this metric has seen an improvement for 3 consecutive months;
- 100% of patients received a scan within 12 hours;
- 57.7 % of patients received a scan within one hour;
- 92.9% saw a stroke nurse within 24 hours;
- Appointment of trainee stroke Advanced Clinical Practitioner to improve clinical continuity on the stroke ward.

An internal Stroke Improvement Working Group led by the Stroke Multi-Disciplinary Team started in March 2023.

Acute VTE risk assessment on admission

	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
VTE Numerator	5376	4789	5170	4942	5007	5255	5102	5433	5521	4896	5631	5437	6050
VTE Denominator	5693	5246	5766	5493	5452	5612	5505	5737	5847	5210	5894	5669	6267
VTE Performance (Acute)	94.4%	91.3%	89.7%	90.0%	91.8%	93.6%	92.7%	94.7%	94.4%	94.0%	95.5%	95.9%	96.5%
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 achieved 99.6% in March;
- Assessments completed within 4 hours increased from 86.9% in February to 95.1% in March.

Area of non compliance;

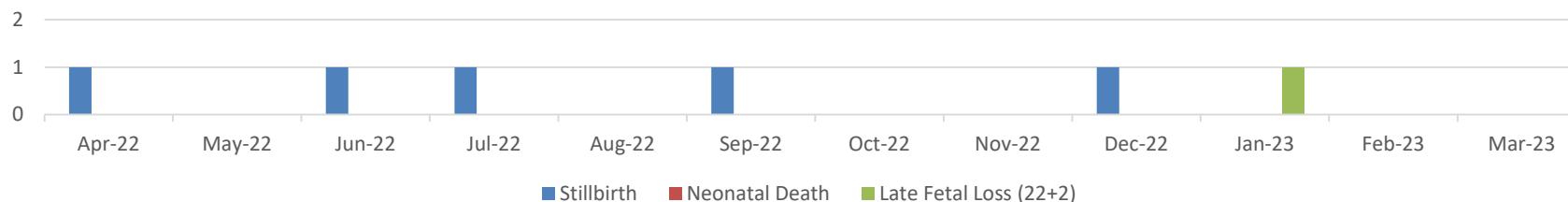
- Ainslie whilst achieving 100% for assessments completed only achieved 73.7% within the 4 hour target;
- Cromie did not submit any data for March;
- Ella Rowcroft achieved 100% for assessments completed but only completed 83.3% within 4 hours.

The areas of non compliance will be discussed at the next VTE Steering Group.

Quality and Safety- Perinatal Clinical Quality Surveillance March 2023

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

Stillbirth, Neonatal Death and Late Fetal Loss Year to Date



- We had no perinatal deaths in March.

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Running Total
% of women booked for continuity of carer	66.7%			33.5%*	50.2%*	50.9%	54.9%	52.2%	49.7%	61.0%	62.1%	64.8%	57.8%
Number of Stillbirths	1	0	1	1	0	1	0	0	1	0	0	0	5
% Robson Group 1	22.2%		22.9%	24.1%	40.9%	37.5%	12.0%	22.9%	12.0%	19.4%	0.0%	26.9%	21.9%
% Robson Group 2	55.3%		40.0%	45.5%	26.1%	48.3%	38.2%	36.4%	36.4%	42.9%	42.9%	18.5%	39.1%
% Robson Group 5	72.2%		*	*	*	90.9%	57.1%	90.5%	90.9%	88.9%	88.9%	87.5%	83.4%
% Breastfeeding at Delivery	78.0%		*	*	*	70.8%	63.9%	64.7%	63.0%	63.1%	71.8%	71.0%	68.3%

* data not accurate
concerns re data accuracy

Reporting from our new IT system is slowly improving. Work is continuing to improve data quality but is very time intensive with the impact felt by the digital midwife who is restricted in her ability to perform other elements of her role.

The percentage of women being booked on a continuity pathway of care continues to increase.

Smoking at time of birth data is at 7.1% this month. This rate is below the current national average for England which is 8.6% The team have appointed a pregnancy support worker (funded as part of the Treating Tobacco Dependency fund) which will enable even more input and support and advice for pregnant smokers.

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 5.62% to the end of March 2023 from 5.58% in Feb. The sickness target rate is 4%. The monthly sickness has increased slightly in March at 4.63% from 4.59% in Feb.

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

March's Achievement Review rate increased slightly to 76.87% from 76.71% in Feb.

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

The Trust's turnover rate of 12.85% for the year ending March 2023 remains within the normal tolerances of 10-14%. Turnover has now plateaued and in the last six months since Sept has dropped significantly from 13.88% in Sep 2022 to 12.85% its the lowest its been in 6 months. 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 Torbay and South Devon.

Mandatory Training rate: GREEN

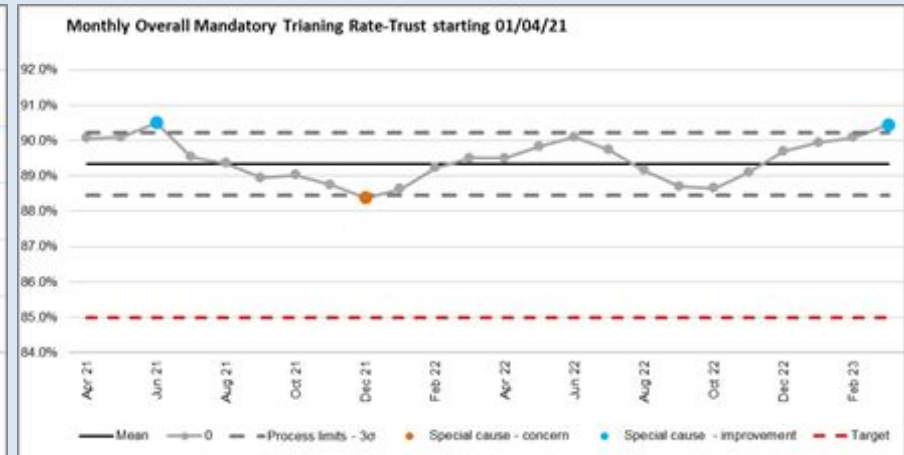
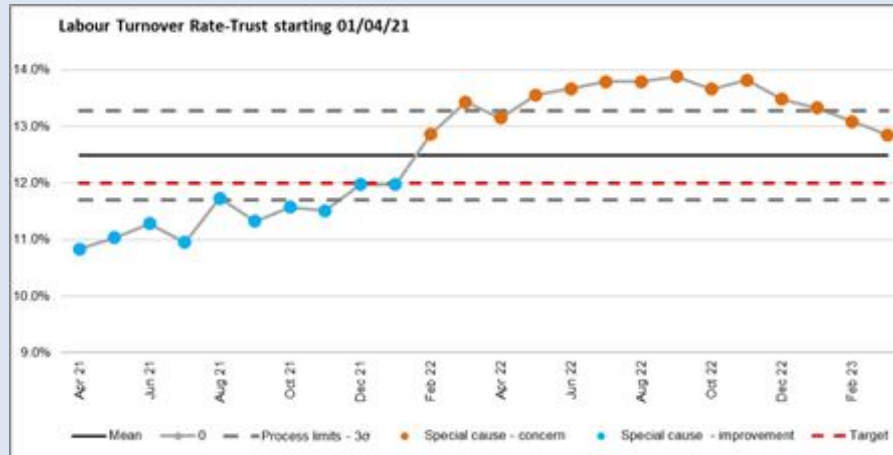
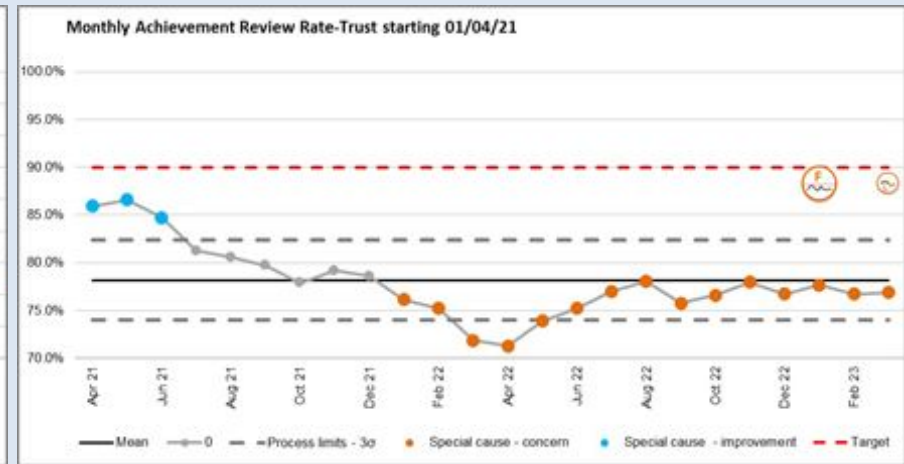
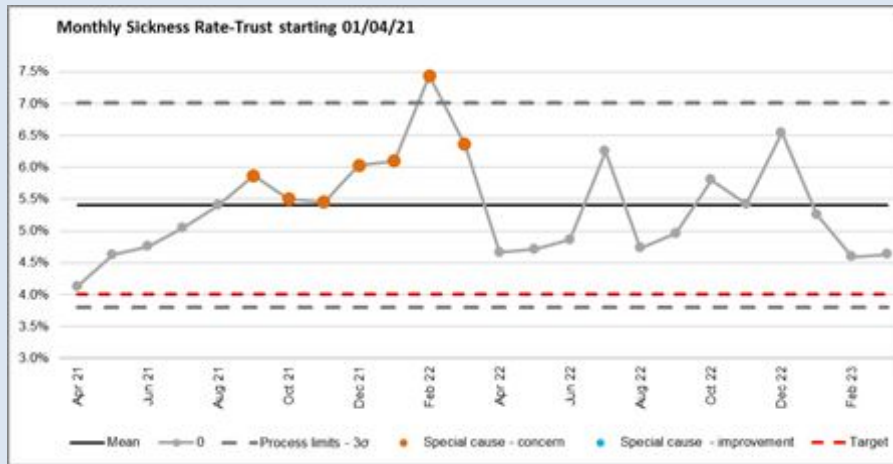
The March **overall** rate for mandatory training figure increased slightly to 90.45% against a target of 85%. **Information Governance, Manual Handling and Safeguarding Children are all below the target compliance level** for Corporate Mandatory training – Slide 7 has been added to highlight the multi-level training compliance.

Agency Expenditure: The Trust Agency reported figure for March was £1.603m, an increase from the February figure of £1.460m. There was an increase in demand for nursing shifts in March. This was likely due to the public sector industrial action.

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 decreased from 65 WTE in Feb to 57 WTE in March. Admin & Clerical vacancies has also decreased to 49 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.

Statistical Process Control (SPC)

- Sickness has increased to 4.63% from 4.59% but dropped from over 6% in December.
- Achievement Reviews has increased slightly in March, the trend is still below the mean.
- Labour Turnover Rate shows two trends with the most recent the increase in turnover this decreased slightly in March and does include retire and return.
- Overall Training compliance continues to improve and is sat at 90%.



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

Nursing FTE in-post has increased by 101 FTE since March of last year and Medical has increased by 45 FTE over the same period.

Agency usage has increased by 25 FTE and Bank decreased by 20 FTE since February. Overall there was an decrease of 23 FTE total workforce compared to February.

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

NHSI Staff Group	2022/03	2022/4	2022/5	2022/6	2022/7	2022/8	2022/9	2022/10	2022/11	2022/12	2023/01	2023/02	2023/03	Change since Mar 2022	% Change
Allied Health Professionals	520.82	513.97	517.62	515.85	516.77	519.23	524.88	527.93	527.65	524.49	515.54	516.43	520.36	-0.46	-0.09%
Health Care Scientists	91.76	90.16	89.16	89.16	91.16	91.40	94.40	95.09	94.06	95.46	95.78	95.98	92.69	0.93	1.01%
Medical and Dental	559.04	576.93	571.32	569.67	580.27	595.86	600.97	601.85	604.79	603.95	600.78	600.40	604.80	45.76	8.19%
NHS Infrastructure Support	1149.02	1148.34	1146.50	1146.15	1155.06	1156.47	1163.54	1162.15	1172.13	1181.92	1200.52	1203.71	1208.80	59.78	5.20%
Other Scientific, Therapeutic and Technical Staff	346.93	351.10	356.26	347.88	349.63	343.54	349.97	353.73	355.31	350.16	351.02	356.25	352.85	5.92	1.71%
Qualified Ambulance Service Staff	10.53	10.45	10.45	10.25	11.25	11.25	11.25	11.25	11.25	12.01	12.01	12.01	12.01	1.48	14.02%
Registered Nursing, Midwifery and HV staff	1287.20	1306.43	1305.28	1317.37	1321.15	1340.29	1363.69	1369.45	1382.07	1381.75	1387.12	1384.66	1388.63	101.43	7.88%
Support to clinical staff	1912.84	1907.03	1929.11	1928.86	1952.94	1955.63	1975.21	1991.37	1987.91	1988.68	2030.99	2042.87	2045.48	132.64	6.93%
Grand Total	5878.15	5912.46	5925.70	5925.20	5978.23	6013.67	6083.91	6112.83	6135.17	6138.42	6193.76	6212.31	6225.62	347.47	5.91%

Pay Report Summary for the last 12 months

	APR	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Cost	£	£	£	£	£	£	£	£	£	£	£	£
Substantive	£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	£25,821,524
Bank	£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	£1,643,269
Agency	£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	£1,603,602
Total Cost £	£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	£29,068,395
WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Substantive	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	6,217.21
Bank	292.62	270.31	304.68	250.66	303.54	309.42	233.21	298.67	320.89	265.84	340.81	320.19
Agency	162.93	194.59	162.83	173.40	119.42	134.13	145.46	126.06	125.82	151.95	185.33	210.86
Total Worked WTE	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	6,748.26

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

Vacancies: 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	Budget WTE
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-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	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	1,359.37
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	1,921.98
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	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	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	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	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	1,262.95
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	6,128.42

Staff Group	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE	Contracted WTE
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-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	567.57
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	1,387.09
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	2,036.91
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	239.04
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	664.27
Healthcare Scientists	94.77	94.17	92.49	95.16	96.16	99.40	99.10	100.07	101.07	101.47	100.79	99.99
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	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	1,213.78
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	6,216.05

Staff Group	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-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	-40.09
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	-27.72
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	-114.93
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	-12.66
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	57.47
Healthcare Scientists	10.87	11.47	13.15	10.48	9.48	6.24	2.69	1.72	0.72	0.32	1.00	1.80
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	-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	49.17
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	-87.63

Safer Staffing – Planned versus Actual

- The Registered Nurse fill rate for days during March was 93.1% which is a slight increase on February fill rate of 91.3%, and for night duty is reported as 88.4%.
- The fill rate for Health care support workers for days is 97.9% for days and 114.6% for nights which is comparable with February’s data.
- The increase in fill rate for Health Care support workers at night is to mitigate any risks associated with the registered nurse fill rate.
- Louisa Cary registered nurse fill rate is reported as 69.7% for has an increased level of health care support staff to support clinical care.

Mar-23

Ward	Day						Night						Total Patients	Day			Night		
	RN / RM		Nursing Associates		Care Staff		RN / RM		Nursing Associates		Care Staff			Average fill rate - registered nurses/midwives (%)	Average fill rate - nursing associates (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - nursing associates (%)	Average fill rate - care staff (%)
	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours	Total Monthly Planned hours	Total Monthly Actual hours							
Ainslie	1783	1553	0	0	1783	1773	1426	1265	0	0	1070	1300	742	87.1%	0.0%	99.5%	88.7%	0.0%	121.5%
Allerton	2933	2357	0	0	1070	1282	1426	1168	0	0	1070	1384	889	80.4%	0.0%	119.9%	81.9%	0.0%	129.4%
Cheetham Hill	1783	1588	0	0	2139	2283	1070	805	0	0	1426	2140	830	89.1%	0.0%	106.7%	75.3%	0.0%	150.1%
Coronary Care	1426	1503	0	0	0	8	1070	1094	0	0	0	58	393	105.4%	0.0%	0.0%	102.2%	0.0%	0.0%
Cromie	1691	1328	0	0	891	1238	1070	1070	0	0	713	1143	772	78.5%	0.0%	138.9%	100.0%	0.0%	160.2%
Dunlop	1426	1578	0	0	1248	1205	1070	1070	0	0	1070	1080	743	110.6%	0.0%	96.5%	100.0%	0.0%	101.0%
Forrest	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
EAU4	1783	1715	0	0	1426	1432	1783	1438	0	0	1426	1337	744	96.2%	0.0%	100.4%	80.6%	0.0%	93.7%
Ella Rowcroft	1070	1217	0	0	1426	1236	1024	852	0	0	713	805	462	113.8%	0.0%	86.7%	83.2%	0.0%	112.9%
Warrington	1070	1229	0	0	713	842	713	713	0	0	713	828	501	114.9%	0.0%	118.1%	100.0%	0.0%	116.1%
George Earle	1783	1507	0	0	2139	1908	1070	920	0	0	1426	1587	833	84.5%	0.0%	89.2%	86.0%	0.0%	111.3%
ICU	3209	2776	0	0	357	124	3209	2461	0	0	0	12	192	86.5%	0.0%	34.8%	76.7%	0.0%	0.0%
McCullum	713	831	0	0	1070	929	713	714	0	0	1070	1046	513	116.5%	0.0%	86.8%	100.1%	0.0%	97.8%
Louisa Cary	2496	1739	0	0	713	792	2496	1631	0	0	713	835	540	69.7%	0.0%	111.0%	65.4%	0.0%	117.1%
John Macpherson	1070	1034	0	0	713	665	713	759	0	0	357	354	375	96.7%	0.0%	93.3%	106.5%	0.0%	99.3%
Midgley	1783	1869	0	0	1783	1449	1426	1451	0	0	1426	1440	797	104.8%	0.0%	81.3%	101.8%	0.0%	100.9%
SCBU	1070	840	0	0	357	420	1070	659	0	0	357	345	172	78.5%	0.0%	117.7%	61.6%	0.0%	96.8%
Simpson	1783	1760	0	0	2139	2039	1070	1244	0	0	1426	1893	848	98.7%	0.0%	95.3%	116.3%	0.0%	132.7%
Turner	1426	1562	0	0	1783	1660	713	771	0	0	1426	1362	536	109.5%	0.0%	93.1%	108.1%	0.0%	95.5%
New Forrest Ward	1783	1763	0	0	1426	1443	1426	1358	0	0	1426	1620	871	98.9%	0.0%	101.2%	95.2%	0.0%	113.6%
Total (Acute)	32074	29745.36	0	0	23172.5	22725.92	24552.5	21438.75	0	0	17825	20565.58	11753	92.7%	0.0%	98.1%	87.3%	0.0%	115.4%
Brixham	868	979	434	0	1302	1382	1023	976.25	0	0	682	791	585	112.8%	0.0%	106.1%	95.4%	0.0%	116.0%
Dawlsh	868	884	0	0	1085	1219.25	744	682	0	0	682	958	495	101.8%	0.0%	112.4%	91.7%	0.0%	140.5%
NA - Teign Ward	1953	1761	0	0	1953	1664.25	1023	1034	0	0	1023	1077	913	90.2%	0.0%	85.2%	101.1%	0.0%	105.3%
NA - Templar Ward	1736	1658.3	0	0	2170	1994.25	1023	1023	0	0	1116	1078	910	95.5%	0.0%	91.9%	100.0%	0.0%	96.6%
Totnes	868	811.75	0	0	1302	1391	744	682.5	0	0	682	744	543	93.5%	0.0%	106.8%	91.7%	0.0%	109.1%
Organisational Summary	36584	34077	434	0	29559	28934	27684	24479	0	0	20584	23593	14328	93.1%	0.0%	97.9%	88.4%	0.0%	114.6%

Safer Staffing – Care hours per patient day (CHPPD) and planned versus actual

- The Registered Nurse actual CHPPD has been reported as 4.09 in March but still remains below the Carter recommendation of 4.7.
- The actual Health Care Assistant CHPPD was 3.67 in March which remains above the Carter recommendation of 2.91. This is due to the increased need for HCSW to provide 1:1 supportive observation care.
- During March the Trust has significantly operationally challenged 11 days we were in OPEL 4 and 20 days at OPEL 3.
- The planned CHPPD total was reported as 6.66 with an actual of 7.75 which reflects an increase in escalation areas due to operational challenges.

CHPPD Monthly Summary																				
Ward	Planned Total CHPPD	Planned RN / RM CHPPD	Planned NA CHPPD	Planned HCA / MCA CHPPD	Actual Mean Monthly Total CHPPD	Actual Mean Monthly RN / RM CHPPD	Actual Mean Monthly NA CHPPD	Actual Mean Monthly HCA / MCA CHPPD	Total CHPPD days not met in month	RN / RM CHPPD days not met in month	NA CHPPD days not met in month	HCA/MCA CHPPD days not met in month	Total CHPPD % days not met in month	RN / RM CHPPD % days not met in month	NA CHPPD % days not met in month	HCA/MCA CHPPD % days not met in month	Carter Median CHPPD All (September 2016)	Carter Median CHPPD RN (September 2016)	Carter Median CHPPD NA (September 2016)	Carter Median CHPPD HCA (September 2016)
Ainslie	7.52	3.98	0.00	3.54	7.90	3.80	0.00	4.10	7	21	0	4	22.6%	67.7%	0.0%	12.9%	7.74	4.74	0	2.91
Allerton	7.40	5.02	0.00	2.38	7.00	4.00	0.00	3.00	24	31	0	1	77.4%	100.0%	0.0%	3.2%	7.74	4.74	0	2.91
Cheetham Hill	7.39	3.29	0.00	4.11	8.20	2.90	0.00	5.30	4	23	0	0	9.7%	19.4%	0.0%	0.0%	7.74	4.74	0	2.91
Coronary Care	5.75	5.75	0.00	0.00	6.80	6.60	0.00	0.20	1	2	0	0	3.2%	6.5%	0.0%	0.0%	7.74	4.74	0	2.91
Cromie	5.53	3.54	0.00	1.99	6.20	3.10	0.00	3.10	3	27	0	0	9.7%	87.1%	0.0%	0.0%	7.74	4.74	0	2.91
Dunlop	6.47	3.35	0.00	3.11	6.60	3.60	0.00	3.10	5	6	0	9	16.1%	19.4%	0.0%	29.0%	7.74	4.74	0	2.91
Forrest	0.00	0.00	0.00	0.00					0	0	0	0	0.0%	0.0%	0.0%	0.0%	7.74	4.74	0	2.91
EAU4	8.63	4.79	0.00	3.83	8.00	4.20	0.00	3.70	25	29	0	10	80.6%	93.5%	0.0%	32.3%	7.74	4.74	0	2.91
Ella Rowcroft	6.57	3.29	0.00	3.29	8.90	4.50	0.00	4.40	4	7	0	3	12.9%	22.6%	0.0%	9.7%	7.74	4.74	0	2.91
Warrington	6.09	3.38	0.00	2.71	7.20	3.90	0.00	3.30	0	0	0	0	0.0%	0.0%	0.0%	0.0%	7.74	4.74	0	2.91
George Earle	7.39	3.29	0.00	4.11	7.10	2.90	0.00	4.20	16	27	0	15	51.6%	87.1%	0.0%	48.4%	7.74	4.74	0	2.91
ICU	21.85	20.70	0.00	1.15	28.00	27.30	0.00	0.70	4	3	0	19	12.9%	9.7%	0.0%	61.3%	7.74	4.74	0	2.91
McCullum	6.76	2.71	0.00	4.06	6.90	3.00	0.00	3.80	13	1	0	13	41.9%	3.2%	0.0%	41.9%	7.74	4.74	0	2.91
Louisa Cary	8.63	6.71	0.00	1.92	9.30	6.20	0.00	3.00	10	18	0	1	0.0%	58.1%	0.0%	3.2%	7.74	4.74	0	2.91
John Macpherson	5.11	3.19	0.00	1.92	7.50	4.80	0.00	2.70	3	1	0	5	9.7%	3.2%	0.0%	16.1%	7.74	4.74	0	2.91
Midgley	7.96	3.98	0.00	3.98	7.80	4.20	0.00	3.60	16	11	0	23	51.6%	35.5%	0.0%	74.2%	7.74	4.74	0	2.91
SCBU	9.20	6.90	0.00	2.30	13.20	8.70	0.00	4.40	3	5	0	2	9.7%	16.1%	0.0%	6.5%	7.74	4.74	0	2.91
Simpson	7.39	3.29	0.00	4.11	8.20	3.50	0.00	4.60	3	6	0	0	9.7%	19.4%	0.0%	0.0%	7.74	4.74	0	2.91
Turner	9.58	3.83	0.00	5.75	10.00	4.40	0.00	5.60	7	3	0	14	22.6%	9.7%	0.0%	45.2%	7.74	4.74	0	2.91
New Forrest Ward	6.74	3.57	0.00	3.17	7.10	3.60	0.00	3.50	10	14	0	7	32.3%	45.2%	0.0%	22.6%	7.74	4.74	0	2.91
Brixham	6.95	3.05	0.70	3.20	7.10	3.30	0.00	3.70	13	6	31	3	41.9%	19.4%	100.0%	9.7%	7.74	4.74	0	2.91
Dawlish	6.81	3.25	0.00	3.56	7.60	3.20	0.00	4.40	1	16	0	2	3.2%	51.6%	0.0%	6.5%	7.74	4.74	0	2.91
NA - Teign Ward	6.40	3.20	0.00	3.20	6.10	3.10	0.00	3.00	22	20	0	20	71.0%	64.5%	0.0%	64.5%	7.74	4.74	0	2.91
NA - Templar Ward	6.50	2.97	0.00	3.53	6.30	2.90	0.00	3.40	17	16	0	19	54.8%	51.6%	0.0%	61.3%	7.74	4.74	0	2.91
Totnes	6.44	2.89	0.00	3.56	6.70	2.80	0.00	3.90	10	20	0	8	32.3%	64.5%	0.0%	25.8%	7.74	4.74	0	2.91

Organisational CHPPD	Planned Total	Planned RN	Planned NA	Planned HCA	Actual Total	Actual RN	Actual NA	Actual HCA
	6.66	3.73	0.03	2.91	7.75	4.09	0.00	3.67
Total Planned Beds / Day	556							
Days in month	31							

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 12 Chief Operating Officer Report.

Operational Performance Indicators

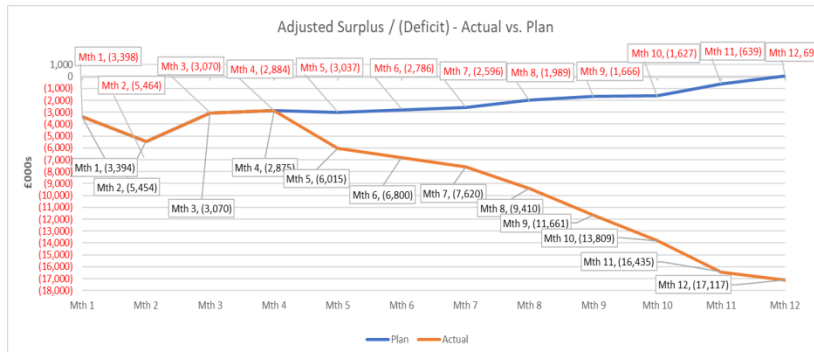
Key												
↑ = Performance improved from previous month ↓ = performance deteriorated from previous month ↔ = no change												
Not achieved	Under-achieved	Achieved	No target set	Data not available	NHSI Indicator							
A&E - patients seen within 4 hours (NHSI)										Cancelled patients not treated within 28 days of cancellation		
Referral to treatment - % Incomplete pathways <18 wks (NHSI)										Virtual Outpatient (Non-face-to-face) appointments		
Cancer - 62-day wait for first treatment - 2ww referral (Tier 1)										Bed Occupancy (Acute)		
Diagnostic tests longer than the 6 week standard (NHSI)										No Criteria to Reside - daily average - weekday (ICO)		
Dementia Find (NHSI)										Percentage of patient discharges pre-noon		
Number of Clostridium Difficile cases reported										Percentage of patient discharges pre-5pm		
Cancer - Two week wait from referral to date 1st seen										Number of patients >7 days LoS (daily average)		
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients										Number of extended stay patients >21 days (daily average)		
Cancer – 28 day faster diagnosis standard										Ambulance handover delays > 30 minutes		
Cancer - 31-day wait from decision to treat to first treatment										Ambulance handover delays > 60 minutes		
Cancer - 31-day wait for second or subsequent treatment - Drug										A&E - patients with >12 hour visit time pathway		
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy										Time to Initial Assessment within 15 mins – Emergency Department		
Cancer - 31-day wait for second or subsequent treatment – Surgery										Clinically Ready to Proceed delay over 1 hour - Emergency Department		
Cancer – 62-day wait for first treatment – screening										Non-admitted minutes mean time in Emergency Department		
Cancer - Patient waiting longer than 104 days from 2 week wait										Admitted minutes mean time in Emergency Department		
RTT 52-week wait incomplete pathway										Care Planning Summaries % completed within 24 hours of discharge – Weekend		
RTT 78-week wait incomplete pathway										Care Planning Summaries % completed within 24 hours of discharge – Weekday		
RTT 104-week wait incomplete pathway (Tier 1)										Clinic letters timeliness - % specialties within 4 working days		
On the day cancellations for elective operations												

Financial Performance – Month 12 (March) FY 2022 / 23

Financial Overview- Month 12, March 2023

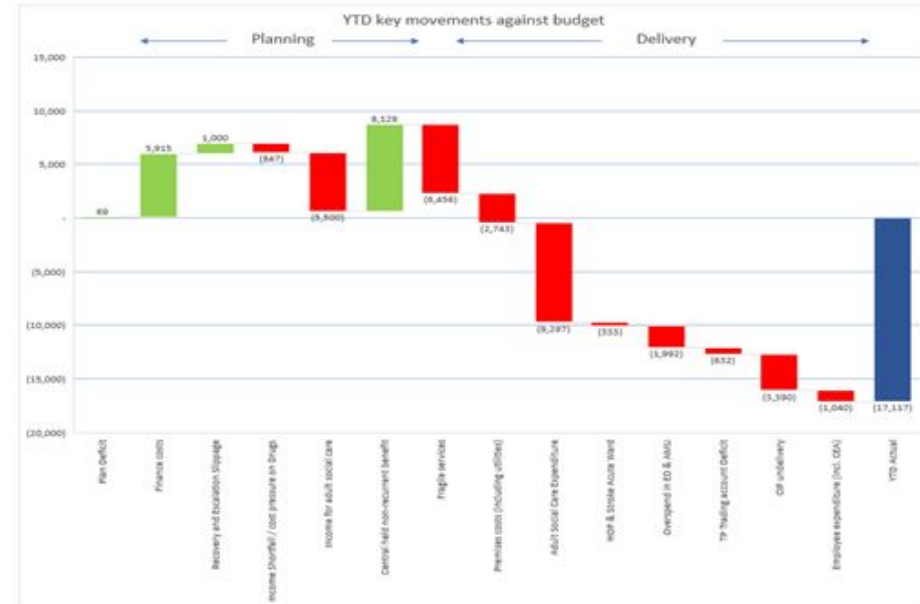
High Level Summary- Year to Date Position

For Period ended - 31st March 2023, Month 12			
	Plan £m	Actual £m	Variance £m
Total Operating Income	589.53	644.07	54.54
Total Operating Expenditure and Financing Cost	(590.34)	(659.98)	(69.64)
Surplus/(Deficit)	(0.81)	(15.91)	(15.10)
Add back: NHSE/I Adjustments	0.88	(1.20)	(2.08)
Adjusted Surplus/(Deficit)	0.07	(17.12)	(17.19)
CIP	28.45	25.06	(3.39)
Capital (CDEL)	27.01	45.23	18.23
Cash & Cash Equivalents		34.73	



The Trust has reported a final deficit position of £17.12m, which is £17.19m adverse to the initial £0.07m surplus plan for the financial year 22/23. This is, however, in line with the control total agreed with regulators.

Year-to-date variance Summary



Year to Date significant adverse variances to plan relate to:

- Adult Social Care (ASC) / Continuing Health Care (CHC) cost pressures - £9.3m
- Frangible Services £6.5m
- ASC Income pressure against original planning assumption- £5.5m
- Under delivery of CIP- £3.4m (predominantly pay)
- Premises and estates related cost £2.7m e.g. utilities and catering
- Emergency and AMU pressures £2.0m

CIP Summary

Full year CIP target of £28.45m, of which £25.06m has been formally transacted via the financial ledger and delivered. Undelivered CIP £3.39m is contributing to the final deficit position, predominantly on pay.

Non-recurrent Mitigation and Other

For the financial year 22/23 £11.46m of non-recurrent items have been utilised within the position, to mitigate the continued pressures in areas across the Trust.

In Month I&E Position – Month 12, March 2023

£m	M12 - In Month		
	Budget	Actual	Variance
Patient Income - Block	32.62	33.58	0.95
Patient Income - Variable	4.33	4.85	0.51
ESRF Funding	0.58	0.60	0.02
ASC Income - Council	4.67	5.32	0.66
Other ASC Income - Contribution	1.08	0.86	(0.22)
Torbay Pharmaceutical Sales	2.11	1.76	(0.35)
Other Income	3.98	40.18	36.20
Covid19 - Top up & Variable income	0.27	0.35	0.08
Total (A)	49.64	87.49	37.85
Pay - Substantive	(23.27)	(53.57)	(30.31)
Pay - Agency	(0.64)	(1.62)	(0.99)
Non-Pay - Other	(12.83)	(16.03)	(3.20)
Non- Pay - ASC/CHC	(9.61)	(13.06)	(3.45)
Financing & Other Costs	(2.66)	(2.66)	0.00
Total (B)	(49.01)	(86.95)	37.94
Surplus/(Deficit) pre Top up/Donated Items and Impairment (A+B=C)	0.64	0.54	(0.10)
NHSE/I Adjustments - Donated Items / Impairment / Gain on Asset disposal	0.07	(1.21)	(1.29)
Adjusted Financial performance - Surplus / (Deficit)	0.71	(0.67)	(1.38)

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

Income

- Overall income variance is £37.85m favourable against plan year to date. Favourable variances include £25.1m pension and non-consolidated payment (matched to spend), ESRF funding £5.50m, other income £2.40m, Education & Training HEE income £1.60m, Ageing well and discharge fund £1.04m, £0.77m winter plan funding, pay award (1.7% add tariff inflation) £0.67m, £0.52m virtual ward funding, £0.50m financial recovery and £0.36m capital charge funding. This is offset by adverse variances within Covid Labs and Immunisations income £0.28m and Torbay Pharmaceuticals £0.35m.

Pay

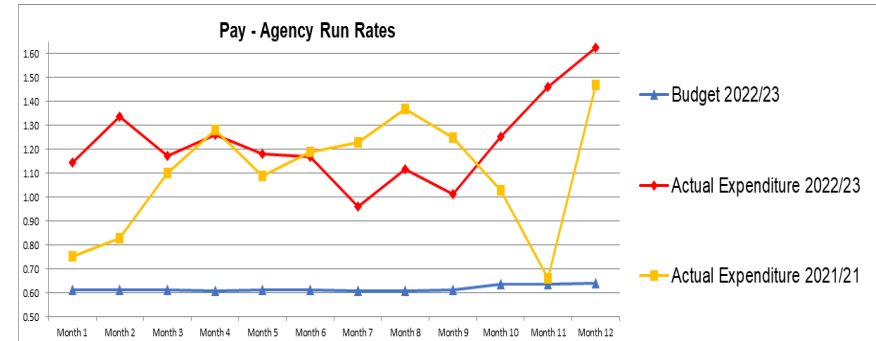
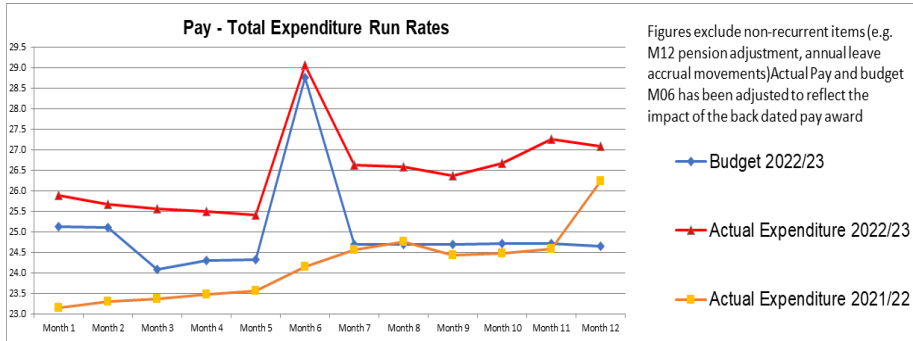
- Pay overall in M12 (excluding the pensions and non-consolidated payment) has not materially moved since M11.
- Agency spend, however, continues to increase month on month. The expectation would be for agency to cover vacancies, however, there have been no significant reductions in substantive and bank pay.
- Agency costs are (£0.99m) higher than the budget, with an increase of (£0.16m) from M11. The overspend in Agency mainly relates to medical (£0.35m) and nursing (£0.35m) staff groups.
- CIP target in M12 for pay is £1.81m of which £2.95m has been identified and delivered, 85% being non-recurrent vacancy slippage

Non-pay

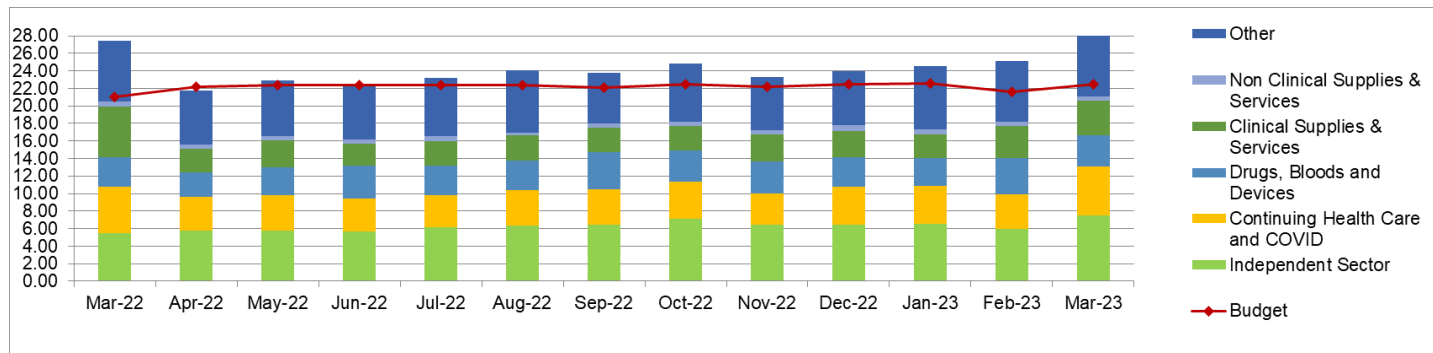
- Non-pay overall is overspent by (£6.65m) material areas being purchase of healthcare mainly outsourcing for elective recovery and radiology (£0.88m), clinical supplies and services due to stock movements (inc. donated stock)(£1.17m), drugs (mainly attributable to pass through items) (£0.55m), consultancy fees and professional services (£0.84m), education and training (£0.27m) increase to PFI costs (£0.21m) and other expenditure (inc. losses and compensation) (£0.23m).
- ASC overspend of (£1.81m) driven by high levels of activity at higher prices and level of complexity. Placed People overspend of (£1.83m) due to activity levels and higher prices on CNC/FNC, higher complex care costs on Adult IPP and unachieved CIP (CHC assessment delays).
- The non-pay CIP target for M12 is £0.70m of which £0.84m had been delivered.

Income and Expenditure by System					
System Description	Expenditure & Income Category	M12 In Month Budget	M12 In Month Actual	M12 In Month Variance	
Children and Family Health Devon (CFHD)	Operating expenditure - Pay	(1.02)	(0.95)	0.07	
	Operating expenditure - Non Pay	(1.53)	(1.74)	(0.20)	
	Other Operating Income	0.04	0.13	0.09	
	Income from patient activities	2.51	2.67	0.16	
Children and Family Health Devon (CFHD) Total		0.00	0.11	0.11	
Pharmacy Manufacturing Unit	Operating expenditure - Pay	(0.85)	(0.79)	0.06	
	Operating expenditure - Non Pay	(1.06)	(0.88)	0.18	
	Finance expenditure	(0.01)	(0.01)	0.00	
	Misc non-operating items	(0.01)	(0.01)	0.00	
	Other Operating Income	2.11	1.76	(0.35)	
	Income from patient activities	0.05	0.04	(0.01)	
Pharmacy Manufacturing Unit Total		0.21	0.11	(0.11)	
Shared Corporate Services	Operating expenditure - Pay	(2.67)	(33.26)	(30.59)	
	Operating expenditure - Non Pay	(6.26)	(7.03)	(0.76)	
	Finance expenditure	(0.08)	(0.25)	(0.17)	
	Misc non-operating items	(0.57)	(0.06)	0.50	
	Other gains/(losses)	0.00	(0.13)	(0.13)	
	Other Operating Income	1.77	4.53	2.76	
	Finance income	0.00	0.16	0.16	
	Income from patient activities	37.50	72.56	35.06	
	Shared Corporate Services Total		29.69	36.52	6.82
	Planned Care, Long Term Conditions and Diagnostics	Operating expenditure - Pay	(10.50)	(10.94)	(0.44)
Operating expenditure - Non Pay		(4.70)	(6.11)	(1.41)	
Finance expenditure		(0.01)	(0.01)	0.00	
Other Operating Income		0.87	1.13	0.26	
Income from patient activities		2.26	2.22	(0.04)	
Planned Care, Long Term Conditions and Diagnostics Total		(12.08)	(13.71)	(1.63)	
Urgent & Emergency Care and Operations	Operating expenditure - Pay	(3.65)	(3.91)	(0.27)	
	Operating expenditure - Non Pay	(0.28)	(0.78)	(0.50)	
	Finance expenditure	(0.14)	(0.14)	0.00	
	Other Operating Income	0.01	0.06	0.04	
	Income from patient activities	0.72	1.26	0.53	
Urgent & Emergency Care and Operations Total		(3.33)	(3.52)	(0.19)	
Families, Community and Home	Operating expenditure - Pay	(5.22)	(5.35)	(0.13)	
	Operating expenditure - Non Pay	(10.43)	(14.76)	(4.33)	
	Other Operating Income	0.06	0.53	0.46	
	Income from patient activities	1.72	0.61	(1.11)	
Families, Community and Home Total		(13.86)	(18.97)	(5.10)	
Grand Total		0.64	0.54	(0.10)	

Pay Expenditure Run Rate – Month 12, March 2023



Non-Pay Expenditure – Month 12, March 2023



Risks, Mitigations and Financial Year End

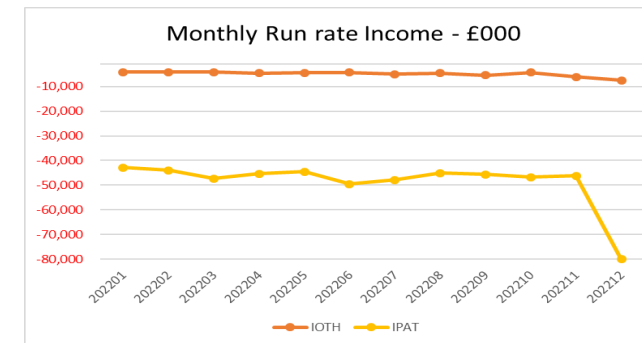
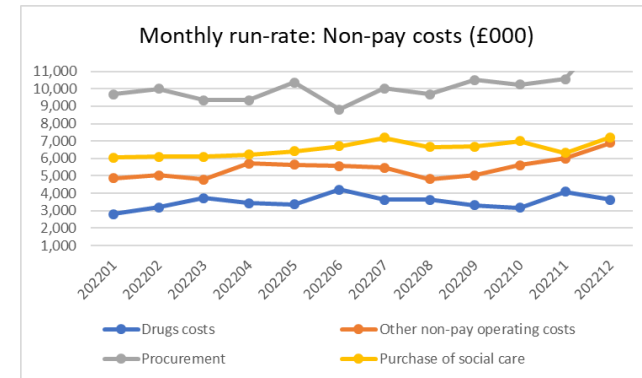
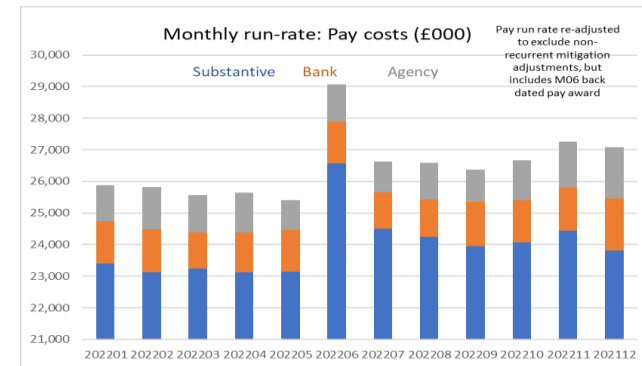
The Trust's final plan illustrated a breakeven position as required by regulators. The adjusted deficit target has been achieved at £17.12m

For the financial year 22/23 the CIP target is £28.45m of which £25.06 has been identified and transacted. The balance of undelivered CIP is contributing to the reported deficit position, and 56% of CIP delivered is non-recurrent owing mainly to in-year vacancy slippage.

ESRF income has been received £10.6m, with no claw back from systems as confirmed by NHSE.

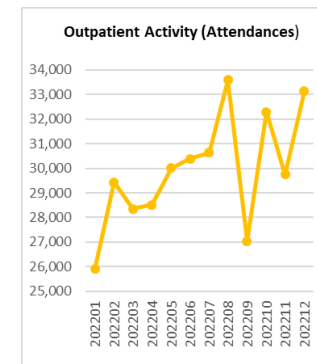
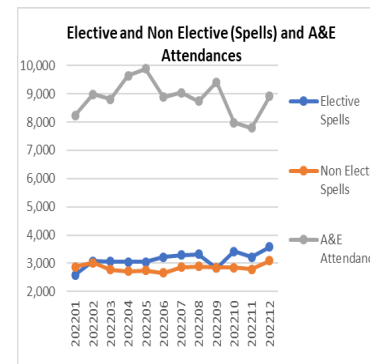
The non-consolidated pay offer for 2022/23 has been included in the position, with funding provided from NHSE to match the equivalent pay expenditure.

Agency expenditure saw a reduction on Q2 and Q3, however, there has been a gradual increase during Q4, with M12 seeing the highest agency spend of the financial year so far. Year to date over spend of £7.10m and areas of concern raised with management accounts and operational departments.



Change in Activity Performance – Month 11 to Month 12

	Point of Delivery	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	% YTD vs Plan	Mar-20	Mar 23 % change
		Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual		
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	3,920	115%	2,312	30%
	Elective	246	277	252	266	257	296	282	280	244	267	260	284	90%	261	8%
	Outpatient New	7,431	8,205	7,991	8,405	8,429	8,472	8,501	9,420	7,668	8,971	8,338	9,881	118%	6,956	30%
	Total Elective	10,015	11,279	11,032	11,452	11,471	11,685	11,794	12,742	10,954	12,384	11,555	14,085	103%	9,529	29%
	F-Up	18,468	21,240	20,363	20,802	21,585	21,917	22,141	24,177	19,369	23,324	21,404	23,245	103%	22,632	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	3,085	96%	2,757	11%
	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	8,919	106%	6,682	25%
Grand Total	39,596	44,516	42,990	44,612	45,692	45,144	45,840	48,550	42,586	46,537	43,536	49,334	101%	41,600	15%	
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	11,195			
	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	11,559			
	Occupancy	94%	93%	94%	92%	92%	95%	95%	96%	96%	97%	96%	97%			



Activity Drivers

- Overall ESRF activity being outpatient new, follow up procedures, day case and inpatient electives for March is 114% of 19/20 activity. This reflects all the efforts to build back capacity and maintaining ringfenced planned care.
- 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 greater than those reported for March 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 Spells – YTD 101% vs 22/23 plan and 12% 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 96% of 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 March are performing slightly above 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

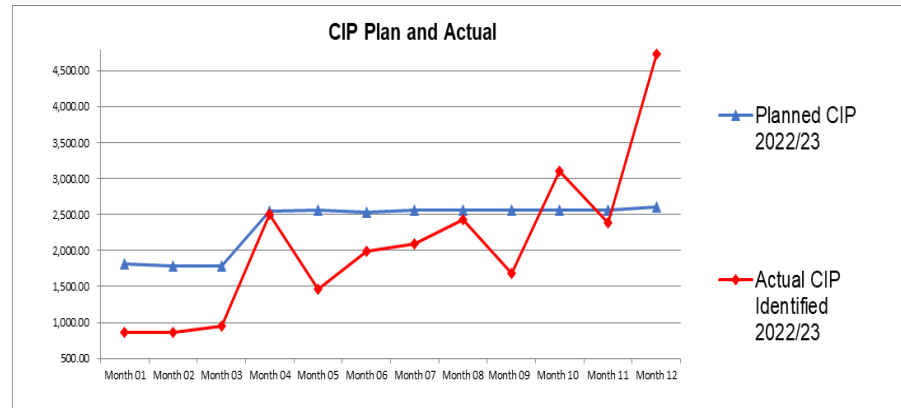
- In March, the overall bed occupancy for Acute beds is 96.9%. The Trust daily target is less than 95% to support effective patient flow - In March this mark was achieved on 1 day. This level of bed occupancy is above required levels to support timely patient flow to avoid emergency care delays from 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 March progress against reducing the number of patients in hospital with no criteria to reside has been sustained with a daily average of 30 patients per day, down from 36.5 in February and 47.4 in January.

Key Drivers of System Positions – Month 12, March 2023

System	ISU	Financial Commentary / Key Drivers
Children & Family Health Devon	CFHD	Budget has been set on model option 2 for 2022/23. At M12, the Alliance generated a surplus and after applying a risk share calculation, TSD is benefiting from £2,172k 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 has contributed to a current high level of vacancies during this financial year. SystemOne EPR revenue had been budgeted for; the resource and available support are currently being reviewed for implementation commencement in 23/24 – 0% of the budgeted revenue spend was incurred in this financial year.
Torbay Pharmaceuticals	PMU	TP performance is reported in private
Corporate	EFM	Overspent at M12 by (£4.3m) against a budget of £22.3m. Pay is overspent by (£1.1m) due to increased deep cleaning, escalation, ward opening and clinical demand; with an unachieved vacancy factor target of (£280k). Non-pay is overspent by (£1.5m) due to increased energy costs, waste management, laundry contract, repairs and maintenance. Income has over achieved by £132k including increased income for visitor car parking, catering meal sales offset by reduction in accommodation income. Unachieved CIP of (£1.7m).
	Exec. Directors	Against a budget of (£44.6m) there is a year to date underspend of £1.4m. Main areas of overspends relate to Deloitte's planning and support review (£0.76m) and operational directors (£0.35m) due to agency usage and recruitment fees. Offsetting under spends held within Health Education England (HEE) income regarding medical training and education £0.93m, Health Informatics Service £0.84m due to vacancies and non-recurrent benefits and Chief Executive £0.75m due to overachieved CIP. CIP as a whole overachieved by £284k.
	Financing Costs	Excluding items outside the NHSE control total, costs are £5.3m favourable to plan. This is principally due to fixed assets being brought into service later than planned, resulting in a depreciation charge £2.9m favourable to plan. In addition, a change in the HM Treasury discount rate (used for valuing long-term provisions) has resulted in an unplanned in-year benefit of £1.1m.
	Other	Reserves includes plan adjustments, provisions for FNC backlog, legal fees, annual leave accrual, miscellaneous and other small provisions. Recovery and Elective Recovery costs have been allocated to a central budget to allow better analysis of expenditure. In M12 there is an overspend of £627k, continual pressures across recovery areas including Decant and increased usage of medical staff.
Families, Community and Home	Torquay	Against a budget of £43.1m there is a minor YTD overspend of circa £0.2m (0.5%) which is entirely driven by an overspend of £1.0m 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 £0.7m of NHS demand & capacity winter plans funding.
	Moor to Sea	Against a budget of (£23.8m) there is a YTD overspend of £0.3m (1.3%). This overspend is driven by HOP ward nursing (Cheetham Hill & Simpson) overspends of circa £0.6m, partially offsetting this is underspends of £0.1m (Sen Med) and £0.1m on Hospital Discharge & Short Term Services.

	Independent Sector	<p>Against a budget of (£98.4m) there is an overspend of £10.7m (10.9%) and this is underpinned by five main areas.</p> <ul style="list-style-type: none"> • The target CIP target not being fully achieved (£1.4m) • ASC volume / prices pressures within the ASC area primarily in Dom Care, Nursing Long Stay and direct payments (£5.4m) • ASC Bed Debt Provision (£1.0m) • Health Placed People £2.6m of cost pressures, materially the CHC South Devon locality. • Hospital Discharge Costs of £1.3m <p>The above has being partially mitigated by an application of £1.0m of sustainability funding from Torbay Council.</p> <p>In addition to this additional funding has been received in year from Torbay Council Fair Cost of Care (£0.5m) and from both Torbay Council (£0.7m) and NHS Devon (£0.3m) in respect of delayed discharges which is held centrally in reserves which partially mitigates again the overspends within the ISU.</p>
Urgent & Emergency Care and Operations	Newton Abbot	<p>Against a budget of (£38.3m) there is a material 9.1% overspend of £3.5m. The first main driver behind this is CIP under achievement of £1.2m. In addition, there is a £1.9m overspend within the nursing Emergency Department area which is mainly linked to the unfunded 11 escalation beds that have been open all year. Other areas of overspend are Emergency Services medical costs at £1m (escalation beds and locums to cover for sickness in this high-risk area) and £1m overspend within the Acute Medicine directorate (Acute Medical Unit and medical costs). Total additional winter planning funding (£2m) in the last half of the financial year has helped reduce the rate at which the overspends were increasing and partially mitigated the cost pressures described above.</p>
	Trust Wide Support Services	<p>YTD this area is showing an overspend of £0.1m against a budget of (£2.2m). This is mainly driven by an overspend on Transport costs (primarily Patient Transport) and is partially being mitigated by an over delivery on the CIP savings target.</p>
Planned Care, Long Term Conditions & Diagnostics	Paignton and Brixham	<p>Against a budget of £68.8m there is an overspend at M12 of £4.9m (7.1%). Pay costs are overspent £1.6m which consists of overspends for locum usage, additional medical sessions, and nurse agency costs. Non-pay expenditure overspent £2.7m being mainly Radiology outsourcing £1.4m , medical equipment, consumables and equipment £1.3m. Drugs overspent £0.5m. CIP has been delivered £3.8m although the majority is non recurrent.</p>
	Coastal	<p>Against a budget of £79.7m there is an overspend at M12 by £2.3m (2.9%). Pay costs are overspent £1.3m which consists of overspends for locum usage, additional medical sessions, and nurse agency costs £2.7m, offset with underspends due to vacant posts £0.9m. Non-pay is overspent £1.8m mainly due to medical and surgical supplies, and drug and PTP underspend of £0.3m. CIP has been delivered of £3.7m although majority is non recurrent. There is also a favourable variance income £0.6m of which £0.3m offsets with some pay related costs. ESRF recovery schemes are recorded centrally and not within this ISU.</p>
Contract Income	Patient Income	<p>The Trust has received the following income in M12: 1) Income assumed for Elective Recovery Funding full year is £5.1m. 2) We continue to receive ICB 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.</p>

CIP- Month 12, March 2023



CIP

Per the Trust's April planning submission, the split of the £28.45m target for the full finance year is:

- Pay related - £19.76m
- Non-pay related - £7.48m
- Income related - £1.21m

The Trust's actual financial performance for the financial year 22/23 indicates a shortfall of £3.39m (c.12%) against the efficiency target, predominantly linked to the position on pay, with delivery to date viewed as:

- Pay related - £17.14m
- Non-pay related - £5.92m
- Income related - £2.00m

CIP delivery for the year is £25.06m , this includes £14.65m of non-recurrent items (58%) the majority of which (£10.41m) related to the holding of vacancies.

The development of the 2023/24 plan is progressing, with a target of £46.58m. The Delivery Director is now in post and meetings are underway with operational leads to identify CIP programme plans.

Cash Position – Month 12, March 2023

	Plan £m	M12 YTD	
		Actual £m	Variance £m
Opening cash balance	39.34	39.34	0.00
Capital Expenditure (accruals basis)	(27.26)	(47.62)	(20.36)
Capital loan/PDC drawdown	14.29	28.16	13.87
Capital loan repayment principal	(3.87)	(3.87)	(0.00)
Proceeds on disposal of assets	0.00	0.07	0.07
Movement in capital creditor	(11.00)	(0.54)	10.46
Other capital-related elements	(3.18)	3.61	6.79
Sub-total - capital-related elements	(31.01)	(20.18)	10.83
Cash Generated From Operations	31.03	9.67	(21.36)
Revenue PDC drawdown	0.00	17.12	17.12
Working Capital movements - debtors	(0.98)	(14.66)	(13.69)
Working Capital movements - creditors	(10.07)	12.09	22.16
Net Interest	(3.09)	(2.29)	0.80
PDC Dividend paid	(6.92)	(5.08)	1.84
Other movements	(1.33)	(1.28)	0.05
Sub-total - other elements	8.65	15.58	6.93
Closing cash balance	16.98	34.73	17.76

Better Payment Practice Code	Paid year to date	Paid within target	% Paid within target
Non-NHS - number of bills	143,838	117,653	81.8%
Non-NHS - value of bills (£k)	325,511	268,218	82.4%
NHS - number of bills	1,849	943	51.0%
NHS - value of bills (£k)	31,540	25,455	80.7%
Total - number of bills	145,687	118,596	81.4%
Total - value of bills (£k)	357,051	293,673	82.2%

Key points of note:

- Access to capital and revenue PDC remains absolutely critical to the Trust's cashflow. PDC funding during 2022/23 has totalled £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 were healthy at March 2023, largely due to capital PDC funding being received in advance of the corresponding invoices having to be paid. This favourable position is expected to unwind during April and May 2023.
- Capital-related cashflow is £10.8m favourable, largely due to the issue described immediately above. The £20.3m increase in capital expenditure was offset by corresponding increases in funding (capital PDC, leases and donations).
- Cash generated from operations is £21.4m adverse, due to the adverse operational elements within the I&E position. This impact has been largely offset by the receipt of £17.1m of revenue PDC.
- Debtor movements is £13.7m adverse. This is principally due to the unplanned debtor for pay offer funding £12.1m.
- Creditor movements is £22.2m favourable, largely due to the unplanned accrual for pay offer cost £12.1m and increased provider-to-provider charges £5.8m.

Statement of Financial Position (SoFP) – Month 12, March 2023

	Month 12		
	Plan £m	Actual £m	Variance £m
Non-Current Assets			
Intangible Assets	12.10	6.91	(5.20)
Property, Plant & Equipment	230.73	246.86	16.12
On-Balance Sheet PFI	17.27	17.09	(0.18)
Right of Use assets	17.15	21.72	4.58
Other	1.44	1.54	0.10
Total	278.69	294.11	15.42
Current Assets			
Cash & Cash Equivalents	16.98	34.73	17.75
Other Current Assets	42.22	55.16	12.94
Total	59.21	89.89	30.69
Total Assets	337.90	384.01	46.11
Current Liabilities			
Loan - DHSC ITFF	(2.92)	(2.92)	(0.00)
PFI and Leases	(5.00)	(4.78)	0.22
Trade and Other Payables	(51.58)	(82.24)	(30.66)
Other Current Liabilities	(5.27)	(8.70)	(3.44)
Total	(64.76)	(98.64)	(33.88)
Net Current assets/(liabilities)	(5.56)	(8.75)	(3.19)
Non-Current Liabilities			
Loan - DHSC ITFF	(22.29)	(22.29)	0.00
PFI and Leases	(27.69)	(32.29)	(4.60)
Other Non-Current Liabilities	(5.96)	(4.63)	1.32
Total	(55.93)	(59.22)	(3.28)
Total Assets Employed	217.20	226.15	8.95
Reserves			
Public Dividend Capital	164.63	195.61	30.99
Revaluation	61.54	53.93	(7.61)
Income and Expenditure	(8.97)	(23.39)	(14.43)
Total	217.20	226.15	8.95

Key points of note:

- Non-current assets are £15.4m higher than planned, principally due to increased capital expenditure £20.4m and reduced depreciation £3m, partly offset by year end asset revaluation £7.1m lower than anticipated.
- Cash is £17.8m higher than planned, as explained in the commentary to the cashflow statement.
- Other current assets are £12.9m higher than planned. This is principally due to debtors: pay offer funding £12.1m, TC £1.5m and ASC clients £1.0m.
- Trade and other payables are £30.7m higher than planned. This is principally due to capital creditors £10.4m, pay offer accrual £12.1m and increased provider-to-provider charges £5.8m.
- Other Current Liabilities are £3.4m higher than planned, largely due to deferred income not having reduced to the extent planned.
- Non-current liabilities are £3.3m higher than planned, largely due to new property leases taken out.
- PDC reserves are £31.0m higher than planned, due to unplanned revenue PDC support £17.1m and increased capital PDC support £13.9m.
- Revaluation reserves are £7.6m lower than planned, largely due to reduced year end asset revaluation.
- I&E reserves are £14.4m lower than planned, due to the adverse I&E position.

	ISU	Target	13 month trend	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	Year to date
QUALITY LOCAL FRAMEWORK																	
Reported Incidents - Severe	Trustwide	<6		4	2	3	2	1	3	5	0	0	2	3	1	2	24
Reported Incidents - Death	Trustwide	<1		3	2	1	0	2	2	1	1	0	0	4	0	1	14
Medication errors resulting in moderate harm	Trustwide	<1		2	1	0	0	0	0	0	0	1	0	0	0	0	2
Medication errors - Total reported incidents	Trustwide	N/A		51	58	60	50	41	59	64	36	46	47	47	44	61	613
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		1	0	0	0	0	0	1	1	0	1	0	2		5
Never Events	Trustwide	<1		0	0	0	0	0	0	0	1	0	0	0	2	0	3
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		9	8	10	8	5	3	2	3	0	6	13	3	13	74
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams	Trustwide	<1		0	0	2	0	1	0	0	0	0	0	1	0	0	4
Formal complaints - Number received	Trustwide	<60		12	14	12	12	16	16	10	16	11	10	14	12	12	155
VTE - Risk Assessment on Admission (acute)	Trustwide	>95%		94.4%	91.3%	89.7%	90.0%	91.8%	93.6%	92.7%	94.7%	94.4%	94.0%	95.5%	95.9%	96.5%	93.4%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		112.3	113.5	117.4	117	115.1	114.7	113.4	111	109.9	111.5				111.5
Safer staffing - ICO - Day time	Trustwide	90% - 110%		90.0%	89.0%	96.1%	95.8%	93.7%	94.4%	96.4%	99.1%	99.4%	91.6%	92.1%	91.3%	93.1%	93.1%
Safer Staffing - ICO - Nighttime	Trustwide	90% - 110%		79.3%	79.7%	86.5%	88.1%	85.8%	86.2%	85.6%	88.8%	86.4%	87.4%	87.9%	87.0%	88.4%	88.4%
Infection Control - Bed Closures - (Acute bed days in month)	Trustwide	<100		203	30	12	130	84	36	132	42	156	786	339	254	164	2165
Hand Hygiene	Trustwide	>95%		98.7%	94.5%	92.3%	94.5%	1	97.7%	96.6%	94.9%	96.2%	91.2%	94.0%	92.1%	91.3%	94.1%
Fracture Neck Of Femur - Time to Theatre <36 hours	Trustwide	>90%		76.9%	67.9%	65.8%	66.7%	56.4%	56.0%	50.0%	54.3%	43.3%	41.5%	40.0%	53.8%	58.3%	
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		28.1%	35.3%	67.6%	34.1%	66.7%	59.3%	54.8%	55.0%	75.9%	28.0%	54.5%	67.4%	70.7%	57.1%
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		21388	22516	22215	22158	21504	21797	21821	20806	20257	21452	20030	20048	19979	19979
WORKFORCE MANAGEMENT FRAMEWORK																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<4.00%		5.3%	5.6%	5.6%	5.6%	5.8%	5.7%	5.7%	5.7%	5.6%	5.6%	4.7%	5.7%		5.7%
Appraisal Completeness	Trustwide	>90%		71.9%	71.3%	73.9%	75.2%	77.0%	78.0%	75.8%	76.6%	77.6%	76.7%	77.7%	76.7%	76.9%	76.9%
Mandatory Training Compliance	Trustwide	>85%		89.5%	89.6%	89.8%	90.1%	89.7%	89.2%	88.7%	88.6%	89.1%	89.7%	89.9%	90.1%	90.4%	90.4%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		13.4%	13.2%	13.6%	13.7%	13.8%	13.8%	13.9%	13.7%	13.7%	13.5%	13.3%	13.1%	12.8%	12.8%

	ISU	Target	13 month trend	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	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%			6.5%	
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET		645	671	664	705	700	714	737	751	735	756	755	781	814	671
Intermediate Care - No. urgent referrals	Trustwide	113		212	203	222	234	222	223	205	277	297	299	318	307	298	214
Community Hospital - Admissions (non-stroke)	Trustwide	NONE SET			266	241	215	234	222	197	193	203	208	198	200	251	265
Urgent Community Reponse (2-hour) - Referrals	Trustwide	NONE SET		26	26	22	24	25	15	20	26	27	40	34	32	17	308
Urgent Community Reponse (2-hour) - Target achievement	Trustwide	70%		0.5769	53.8%	77.3%	66.7%	88.0%	80.0%	85.0%	100.0%	74.1%	77.5%	79.4%	93.8%	64.7%	78.9%
Urgent Community Reponse (2-48 hour) - Referrals	Trustwide	NONE SET				124	117	103	195	153	195	196	182	177	171	159	1064
Urgent Community Reponse (2-48 hour) - Target achievement	Trustwide	NONE SET				88.7%	91.5%	78.6%	86.7%	86.9%	85.6%	86.2%	84.6%	92.7%	83.3%	88.1%	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%		7.1%	7.3%	7.3%	7.3%	7.5%	7.5%	7.6%	7.9%	7.9%	7.8%	7.9%	7.8%	7.8%	7.3%
% Adults with learning disabilities in settled accommodation	Trustwide	80%		81.1%	81.3%	81.2%	80.3%	79.7%	79.7%	79.6%	79.1%	78.7%	78.8%	78.4%	79.0%	79.0%	
Permanent admissions (18-64) to care homes per 100k population	Trustwide	14		21.7	24.5	29.9	35.3	28.5	40.8	32.6	27.2	29.9	32.6	32.6	28.5	29.9	24.5
Permanent admissions (65+) to care homes per 100k population	Trustwide	450		570.8	576.2	823.8	880.4	928.8	939.6	931.5	861.5	901.9	915.4	840	802.3	826.5	576.2
Proportion of clients receiving direct payments	Trustwide	25%		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%	19.5%
% reablement episodes not followed by long term SC support	Trustwide	83%		88.9%	84.5%	86.8%	89.6%	89.5%	85.4%	85.2%	86.0%	85.5%	85.4%	86.6%	86.4%	86.4%	84.5%
NHS 1 - OPERATIONAL PERFORMANCE																	
UEC - patients seen within 4 hours	Trustwide	>95%		58.4%	58.0%	57.6%	54.5%	58.5%	59.1%	60.2%	57.0%	59.4%	51.8%	60.0%	56.9%	57.6%	57.5%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		52.0%	50.4%	52.3%	50.6%	49.5%	48.5%	42.5%	45.5%	45.5%	43.3%	43.9%	44.3%	48.1%	48.1%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		59.5%	57.8%	61.5%	56.4%	60.4%	57.0%	60.8%	64.2%	54.5%	63.1%	47.2%	47.1%	63.2%	63.2%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		36.8%	33.9%	32.0%	30.1%	29.1%	33.9%	34.9%	32.4%	30.1%	29.0%	34.0%	26.1%	29.7%	29.7%
Dementia - Find - monthly report (1 month in arrears)	Trustwide	>90%		93.6%	91.6%	94.6%	84.1%	92.5%	90.6%	94.1%	87.2%	93.0%	91.6%	87.9%	84.5%		84.5%

Tab 7.1 Integrated Performance Report (IPR): Month 12 2022/23 (March 2023 data)

	ISU	Target	13 month trend	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	Year to date
LOCAL PERFORMANCE FRAMEWORK 1																	
Number of Clostridium Difficile cases reported	Trustwide	<3		7	2	4	4	6	9	7	3	2	1	8	2	2	50
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		61.1%	59.6%	60.9%	35.6%	31.9%	38.4%	45.3%	63.8%	58.4%	67.4%	76.3%	82.6%	76.0%	76.0%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		81.0%	76.8%	77.8%	41.7%	17.3%	58.5%	79.1%	87.7%	82.8%	100.0%	93.5%	97.6%	88.9%	88.9%
Cancer - 28 day faster diagnosis standard	Trustwide	75%		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%	77.4%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%		97.4%	92.6%	90.7%	96.0%	96.7%	98.0%	92.8%	96.4%	89.0%	98.3%	95.5%	98.3%	95.9%	95.9%
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%		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%	100.0%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%		93.8%	94.7%	92.6%	95.5%	98.0%	98.4%	92.2%	94.4%	98.0%	100.0%	85.7%	100.0%	86.9%	86.9%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		82.9%	100.0%	95.5%	87.5%	88.9%	95.5%	96.8%	89.7%	86.8%	89.7%	80.0%	96.2%	83.3%	83.3%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		80.0%	70.4%	66.7%	92.9%	69.2%	70.0%	90.9%	100.0%	81.0%	76.9%	100.0%	100.0%	72.7%	72.7%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			32	35	59	60	73	37	43	71	62	69	68	53	24	24
RTT 52 week wait incomplete pathway	Trustwide	0		3199	3374	3765	4137	4578	5083	5060	5412	5585	6027	5554	5116	4427	4427
RTT 78 week wait incomplete pathway	Trustwide	0		763	779	813	713	686	787	813	829	822	923	729	480	183	183
RTT 104 week wait incomplete pathway	Trustwide	0		245	192	173	96	70	51	50	47	34	29	22	14	0	0
On the day cancellations for elective operations	Trustwide	<0.8%		0.9%	1.6%	1.1%	1.3%	1.7%	3.1%	1.4%	1.7%	1.5%	2.1%	1.4%	1.5%	1.5%	1.7%
Cancelled patients not treated within 28 days of cancellation	Trustwide	0		11	12	5	9	9	13	8	7	15	6	11	10	7	112
Virtual outpatient appointments (non-face-to-face) 1 month in arrears	Trustwide	25%		18.8%	19.6%	20.9%	20.9%	20.2%	16.9%	16.8%	n/a	16.6%	16.1%	16.5%	15.3%	14.6%	
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							33.2	44.7	41.0	38.8	47.9	47.4	36.5	29.7	
% patient discharges pre-noon	Acute	33%								18.0%	18.4%	23.6%	18.1%	19.0%	18.5%	19.2%	
% patient discharges pre-5pm	Acute									60.4%	59.6%	67.2%	63.2%	65.2%	67.9%	67.3%	
Number of patients >7 days LoS (daily average)	Trustwide			172.0	171.6	166.0	173.0	167.0	167.0	184.9	177.0	162.0	172.6	183.5	166.1	167.0	171.5
Number of extended stay patients >21 days (daily average)	Trustwide			50.0	45.6	38.5	43.0	40.9	48.0	49.2	49.8	32.0	42.3	57.1	40.7	38.6	43.8
LOCAL PERFORMANCE FRAMEWORK 2																	
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		1026	967	894	1081	995	1135	982	1181	1098	1142	802	533	1032	11842
Ambulance handover delays > 60 minutes	Trustwide	0		757	680	514	832	694	850	735	907	773	895	561	263	676	8380
ED - patients with >12 hour visit time pathway	Trustwide				816	668	871	827	920	906	988	939	1207	823	599	978	10542
Time to Initial Assessment % seen within 15 mins - Emergency Department	Acute				37%	41%	37%	36%	36%	39%	37%	39%	31%	46%	44%	41%	41%
Clinically Ready to Proceed delay over 1 hour - Emergency Department	Acute								34%	35%	40%	44%	39%	42%	40%	44%	44%
Non-admitted minutes mean time in Emergency Department (hh:mm)	Acute				05:01	04:43	05:16	05:06	05:05	04:51	05:21	05:14	06:05	05:02	04:53	05:08	
Admitted minutes mean time in Emergency Department (hh:mm)	Acute				12:19	10:18	12:44	12:15	12:15	14:22	14:06	13:14	16:05	13:42	10:06	12:47	
Number of Clostridium Difficile cases - (Acute)	Trustwide	<3		5	2	3	4	4	8	6	3	2	0	8	2	1	43
Number of Clostridium Difficile cases - (Community)	Trustwide	0		2	0	1	0	2	1	1	0	0	1	0	0	1	7
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		72.1%	71.1%	71.0%	63.8%	69.7%	70.7%		69.1%		48.9%	72.3%	65.7%	58.1%	66.0%

Tab 7.1 Integrated Performance Report (IPR): Month 12 2022/23 (March 2023 data)

Torbay and South Devon NHS Foundation Trust														Performance Report - March 2023			
	ISU	Target	13 month trend	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	Year to date
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		48.6%	50.0%	52.2%	50.8%	48.0%	48.3%		47.4%		41.5%	48.1%	45.1%	39.4%	47.1%
Clinic letters timeliness - % specialties within 4 working days	Trustwide	>80%		66.0%	69.5%	65.4%	69.5%	69.1%	80.2%	59.0%	60.0%	62.0%	68.0%	73.9%	69.2%	62.8%	
NHS 1 - FINANCE AND USE OF RESOURCES																	
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide			-2025	-187	718	-914	-1231	-4412	-5783	-7140	-10433	-13434	-16118	-19884	-21358	
Agency - Variance to NHSI cap	Trustwide			-1.40%	-2.00%	-2.40%	-2.40%	-2.10%	-2.10%	-2.00%	-1.90%	1.90%	-1.80%	-1.80%	-1.90%	-1.90%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide						-2717	-2751	-3858	-4403	-4872	-5005	-5874	-5328	-5512	-3390	
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide			15919	-57	1977	814	1203	1065	975	1988	2787	3280	4076	944	-18162	
Distance from NHSI Control total (£'000's)	Trustwide			-59	-5	1286	0	0	-2978	-4014	-5022	-7421	-9995	-12182	-15796	-17186	
ACTIVITY VARIANCE vs 2019/20 BASELINE* (* March 2023 compared to March 2022)																	
Outpatients - New	Trustwide			22.4%	-16.3%	-13.8%	-7.5%	-18.1%	2.4%	0.2%	-11.7%	3.6%	-2.0%	-5.2%	-0.6%	16.1%	-4.8%
Outpatients - Follow ups	Trustwide			19.3%	-13.4%	-5.5%	-7.0%	-15.3%	4.0%	-0.8%	-10.1%	4.4%	-4.1%	-6.9%	-2.4%	9.0%	-4.2%
Daycase	Trustwide			17.0%	-17.7%	-10.4%	-0.4%	-7.9%	-3.5%	3.2%	-4.6%	-3.0%	-5.5%	-1.7%	5.1%	21.7%	-2.3%
Inpatients	Trustwide			-23.4%	-9.2%	-8.8%	-7.0%	-16.1%	-15.5%	9.6%	-16.3%	-19.5%	-21.4%	-18.1%	-16.4%	42.0%	-10.0%
Non elective	Trustwide			12.3%	-4.7%	-11.5%	-1.4%	-8.2%	-2.9%	-7.1%	-7.0%	-12.7%	-18.1%	-5.7%	-11.2%	-0.2%	-5.1%



Report to the Trust Board of Directors				
Report title: 2022 National Staff Survey Report		Meeting date: 26 April 2023		
Report appendix	None			
Report sponsor	Chief People Officer			
Report author	Workforce & OD Business Partner			
Report provenance				
Purpose of the report and key issues for consideration/decision	To update the Board on the Trust's local and national position in respect of 2022 Staff Survey findings and the actions being taken.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	To note the content of this report			
Summary of key elements				
Strategic goals supported by this report	Excellent population health and wellbeing	X	Excellent experience receiving and providing care	X
	Excellent value and sustainability	X		
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register		Risk score	
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	
	NHS England	X	Legislation	
	National policy/guidance	X		

Report title: National Staff Survey Report 2022		Meeting date: 26 April 2023
Report sponsor	Chief People Officer	
Report author	Workforce and Organisational Development Business Partner	

1. Purpose

1.1. The results of the national staff survey were released on 9th March 2023, which included the national benchmarking report. This report provides an overview of how our Trust's performance compares to the national average. Please note this report focuses purely on the feedback from our substantive staff.

2. Background

2.1. The national staff survey was issued to all staff on 30th October 2022 and closed on 25th November 2022. The vast majority of staff received an electronic survey, with the exception of those departments where an electronic survey in 2021 appeared to have a disproportionate effect on their response rate. These departments then received a paper survey and this included some of our ward-based teams and estate and facilities teams.

2.2. Feedback from the survey is presented in the form of nine elements – the seven people promises, together with staff engagement and staff morale. Each element consists of a varying number of sub-elements which consist of a number of questions. Each element and sub elements receive a scale summary score from 0 to 10, with 10 being the best score attainable.

3. Executive summary

3.1. The past 12 months has continued to challenge each and every one of our teams as we have continued to respond to the pandemic, at the same time as planning for the recovery of our services and building a brighter future.

3.2. The annual staff survey provides an incredibly helpful insight into how the pandemic has continued to affect the experience of our people at work. Broadly, our feedback last year was in line with or above the national average, with the exception of one element. This year we see a slightly different picture where we are performing below the national average in four of the nine elements including staff engagement and staff morale. Furthermore, when comparing our performance to last year, we have seen a decline in five of the nine elements- four of which are classed as statistically significant. The elements in which we have seen both a decline in our internal performance and are below the national average are; staff engagement; staff morale and 'we are safe and healthy'. Overall, our feedback indicates a decline in our peoples' experience.

4. Response Rate

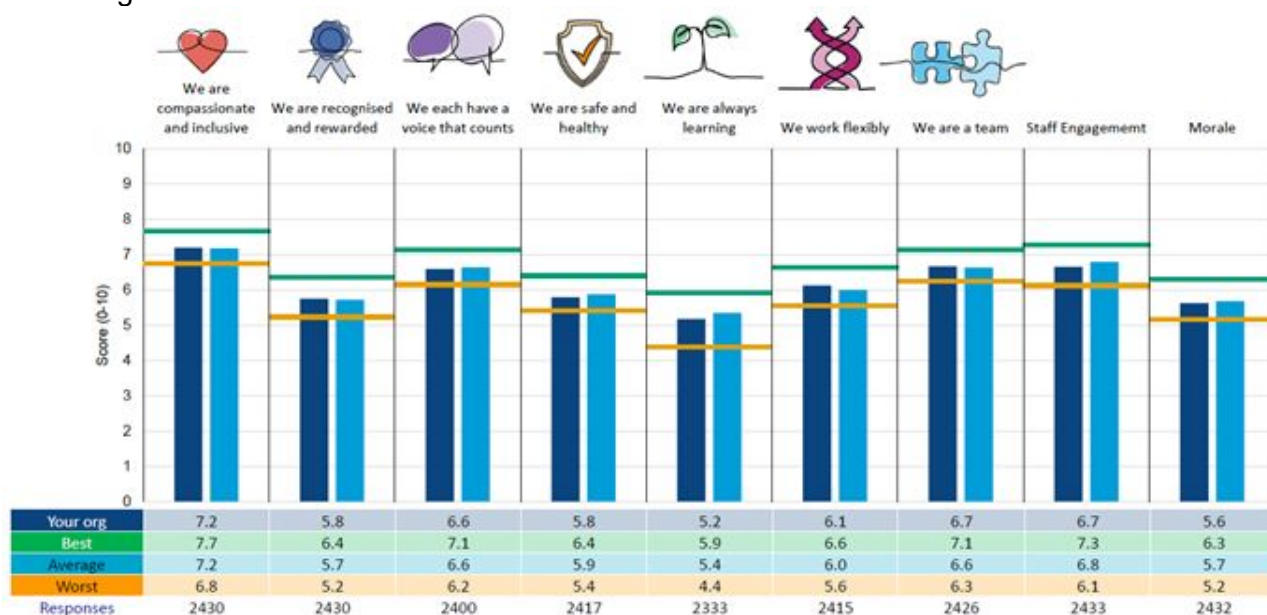
4.1 We saw a significant reduction in the overall response rate for substantive staff from 46% in 2021 to 38% in 2022. This compares to a median response rate of 44% for our benchmarking group - Acute and Acute & Community Trusts.

5 National Comparison

Element overview

- 5.1 At an element level our overall feedback scores are **equivalent to or above the national average, in five of the nine elements** – *we are recognised and rewarded; we work flexibly, we are a team, we are compassionate & inclusive, we each have a voice that counts*. Our principle strength, in line with our comparator organisations, remains within the element *we are compassionate and inclusive*.
- 5.2 We perform **below the national average in four elements** – *staff engagement, staff morale we are safe and healthy and we are always learning*. The latter three, are the Trusts lowest performing elements, with *we are always learning* being the poorest.

Figure 1



Sub element overview

- 5.3 At a sub element we perform most favourably in comparison to the national average in regards to *inclusion*. Particularly, in regards to the percentage of our people who feel valued by their team which stands at 72% - 3% above the national average.
- 5.4 Conversely, the largest negative variances are *work pressure* (0.4 scale summary below the national average); *appraisal* (0.3 scale summary below national average) and *health and safety climate* (0.3 scale summary below national average).

Figure 2

People Promise / Theme		Trust 2022	National average 2022	Variance
People Promise 1		7.2	7.2	0.0
We are compassionate and inclusive				
We are compassionate and inclusive	Compassionate culture	6.7	7	-0.3
	Compassionate leadership	6.9	6.8	0.1
	Diversity and equality	8.2	8.1	0.1
	Inclusion	7	6.8	0.2
People Promise 2		5.8	5.7	0.1
We are recognised and rewarded				
People Promise 3		6.6	6.6	0.0
We each have a voice that counts				
We each have a voice that counts	Autonomy and control	6.9	6.9	0.0
	Raising concerns	6.3	6.4	-0.1
People Promise 4		5.8	5.9	-0.1
We are safe and healthy				
We are safe and healthy	Health and safety climate	4.9	5.2	-0.3
	Burnout	4.8	4.8	0.0
	Negative experiences	7.7	7.7	0.0
People Promise 5		5.2	5.4	-0.2
We are always learning				
We are always learning	Development	6.3	6.3	0.0
	Appraisals	4.1	4.4	-0.3
People Promise 6		6.2	6	0.2
We work flexibly				
We work flexibly	Support for work-life balance	6.1	6.1	0.0
	Flexible working	6.1	6	0.1
People Promise 7		6.7	6.6	0.1
We are a team				
We are a team	Team working	6.6	6.6	0.0
	Line management	6.7	6.7	0.0
Theme				
Staff engagement		6.7	6.8	-0.1
Staff engagement	Motivation	6.8	7	-0.2
	Involvement	6.8	6.8	0.0
	Advocacy	6.4	6.6	-0.2
Theme				
Morale		5.6	5.7	-0.1
Morale	Thinking about leaving	6.0	5.9	0.1
	Work pressure	4.6	5	-0.4
	Stressors (HSE index)	6.3	6.3	0.0

6 Internal performance

Element overview

- 6.1 In comparison to last year the Trust has **maintained or improved its performance in four of the nine elements** - *we are compassionate and inclusive, we are flexible, we are a team, we are always learning.*
- 6.2 The Trust has seen a **statistically significant lower performance in regards to staff engagement; staff morale; we are safe and healthy and we are recognised and rewarded.** Whilst *we each have a voice that counts* also received a lower feedback score, it is not classed as statistically significant. The first three constitute the Trusts lowest performing scores and elements which are below the national average.

Figure 3

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.2	3080	7.2	2430	Not significant
We are recognised and rewarded	5.9	3075	5.8	2430	Significantly lower
We each have a voice that counts	6.7	3032	6.6	2400	Not significant
We are safe and healthy	5.9	3060	5.8	2417	Significantly lower
We are always learning	5.1	2916	5.2	2333	Not significant
We work flexibly	6.1	3057	6.1	2415	Not significant
We are a team	6.7	3073	6.7	2426	Not significant
Themes					
Staff Engagement	6.8	3081	6.7	2433	Significantly lower
Morale	5.8	3081	5.6	2432	Significantly lower

Sub element overview

- 6.3 As a sub element we have seen the biggest improvement in our appraisal feedback. Therefore, whilst we still perform below the national average in this area we are starting to see progress and this has positively contributed to our overall promise *we are always learning.* We have also seen improvement in our flexible working feedback, which is hugely positive as we know this is a key retention driver.
- 6.4 Conversely, we have seen the biggest decline within *staff morale* and it is the sub elements of *work pressure* and *thinking about leaving* which contribute to the overall decline. Within these sub elements there has been an increase in 6.1% of staff thinking about leaving – 2.3% will look to leave in the next 12months and 1.7% as soon as they can find another job. Only 51.8% of our people feel they have the adequate materials, supplies and equipment to do their work – a reduction of 4.5%. Similarly, only 20.4% of our people feel there are enough staff for them to do their job properly - a reduction of 3.3%.
- 6.5 We have also seen a decline in *staff engagement* and it is the sub elements of *motivation* and more so *advocacy* that have contributed to this decline. At 63%, we have seen a reduction of 3.2% in the percentage of people stating that they are enthusiastic about their job. More significantly, at 59%, we have seen a 5.4%

reduction in the percentage of our people that would recommend the Trust as a place for care/treatment. Similarly, at 54%, we have seen a 4.5% reduction in recommendation as a place to work.

- 6.6 Within the promise 'we are safe and healthy' it is the sub elements of *health and safety climate* and *negative experiences* that are the key contributors of the decline. Within these sub elements regrettably we have seen a 1.1% increase in the experience of bullying, harassment or abuse (BHA) from colleagues which now stands at 19.4%; only 35% of people feel they are able to meet the conflicting demands on their time - a decline of 3.1%; 56% of people state they have come to work in the last three months despite feeling well enough – an increase of 3.9%.

Figure 4

People Promise / Theme	Trust 2022	Trust 2021	Variance	
People Promise 1	7.2	7.2	0.0	
We are compassionate and inclusive				
We are compassionate and inclusive	Compassionate culture	6.7	6.9	-0.2
	Compassionate leadership	6.9	6.9	0.0
	Diversity and equality	8.2	8.2	0.0
	Inclusion	7	6.9	0.1
People Promise 2	5.8	5.9	-0.1	
We are recognised and rewarded				
People Promise 3	6.6	6.7	-0.1	
We each have a voice that counts				
We each have a voice that counts	Autonomy and control	6.9	6.9	0.0
	Raising concerns	6.3	6.4	-0.1
People Promise 4	5.8	5.9	-0.1	
We are safe and healthy				
We are safe and healthy	Health and safety climate	4.9	5.1	-0.2
	Burnout	4.8	4.8	0.0
	Negative experiences	7.7	7.8	-0.1
People Promise 5	5.2	5.1	0.1	
We are always learning				
We are always learning	Development	6.3	6.3	0.0
	Appraisals	4.1	3.9	0.2
People Promise 6	6.1	6.1	0.0	
We work flexibly				
We work flexibly	Support for work-life balance	6.1	6.1	0.0
	Flexible working	6.1	6.0	0.1
People Promise 7	6.7	6.7	0.0	
We are a team				
We are a team	Team working	6.6	6.6	0.0
	Line management	6.7	6.7	0.0
Theme	6.7	6.8	-0.1	
Staff engagement				
Staff engagement	Motivation	6.8	6.9	-0.1
	Involvement	6.8	6.8	0.0
	Advocacy	6.4	6.6	-0.2
Theme	5.6	5.8	-0.2	
Morale				
Morale	Thinking about leaving	6.0	6.2	-0.2
	Work pressure	4.6	4.9	-0.3
	Stressors (HSE index)	6.3	6.3	0.0

7.0 Workforce Race Equality Standard (WRES)

- 7.1 The Workforce Race Equality Standard (WRES) was introduced in 2015 to hold a mirror up to the NHS and spur action to close gaps in workplace inequalities between our black and minority ethnic (BME) and white staff.
- 7.2 Four of the nine WRES indicators are taken from the National Staff Survey. Figure 5 shows the Trusts performance against the WRES standard for the last two years and in comparison, to the national average. The broad headlines are;

- 7.2.1 Experience of bullying, harassment and abuse (BHA) from patients has remained consistent for white staff but has increased by over 3% for our BME staff which is significantly higher than the national average and must be an area of focus this year.
- 7.2.2 Worryingly, BHA from staff toward our BME staff has increased by over 7%, whilst remaining consistent for white staff. Again this is significantly higher than the national average and must be an area of focus this year.
- 7.2.3 The percentage of staff feeling there are equal opportunities for career progression has remained largely consistent for both demographic groups and significantly higher than the national average.
- 7.2.4 The prevalence of discrimination has also increased at a higher rate for our BME staff which is now above the national average and widens the disparity gap further. Engagement work to understand the nature and form discrimination is planned to ensure appropriate actions are developed, but will be central to the redevelopment of our training and education around compassion and inclusion incorporating how we lead inclusively, and civility & respect.

Figure 5

	BME 2021	White 2021	BME 2022	White 2022	BME Average 2022
% staff experiencing BHA from patients, relatives or public	33%	26.5%	36.2%	26.4%	30.8%
% staff experiencing BHA from staff	24.6%	22.3%	31.8%	22.9%	28.8%
% staff believing equal opportunities for career progression	51%	57.3%	51.7%	57.1%	47%
% staff experiencing discrimination at work from manager or colleagues	17.3%	6.3%	18.6%	6.9%	17.3%

8.0 Workforce Disability Equality Standard

- 8.1 The Workforce Disability Equality Standard (WDES) was introduced in 2019 and requires the Trust to annually self-assess against 13 indicators of workplace experience and opportunity, and to develop and implement robust action planning for improvement.
- 8.2 Nine of the 13 WDES indicators are taken from the National Staff Survey. Figure 6 shows the Trusts performance against the WRES standard for the last two years and in comparison, to the national average.

8.2.1 Regrettably, the feedback indicates an overall decline in experience for our people with LTC, in comparison to our people without LTC that remains largely unchanged. The only indicators that are showing a degree of improvement are equal opportunities for career progression, reporting of BHA and the marginal reduction in BHA from patient and service users.

Figure 6

	LTC or illness 2021	Without LTC 2021	LTC or illness 2022	Without LTC 2022	LTC or illness average 2022
% staff experiencing BHA from patients, relatives or public	32.1%	25.4%	31.9%	25.3%	32.4%
% staff experiencing BHA from manager	16.3%	8.7%	18.7%	8.6%	17.1%
% staff experiencing BHA from colleagues	24.5%	15.9%	29.2%	15.7%	26.9%
% of staff that reported experience of BHA	48%	48.6%	49.8%	48.4%	48.4%
% staff believing equal opportunities for career progression	49.7%	59%	50.8%	58.8%	51.4%
% staff feeling pressure from manager to come to work despite feeling unwell	25.1%	19.8%	29.8%	19.9%	32.2%
% staff satisfied with the extend Trust values their work	34%	40.8%	31.1%	41.6%	32.5%
% staff saying the Trust has made adequate adjustments for them to carry out work	76.3%		71.8%		
Staff engagement score (0-10)	6.4	6.9	6.3	6.8	6.4

9.0 Priorities and actions

- 9.1 Our People Promise and Plan (PP&P) is a key enabler for the delivery of our Trust strategy and describes the actions that we are taking to ensure Torbay and South Devon is a great place to work, hence supporting the achievement of our Trust goal of 'excellent experience in providing care'. This requires the creation of an organisational culture where our workforce thrives.
- 9.2 As described in the People section of the Regain and Renew Plan (Single Improvement) the priorities for the PP&P this year directly respond to the feedback from the survey focusing upon:
- 9.2.1 Defining and delivering our Inclusive Leadership & Management approach, recognising the single biggest impact on staff engagement and organisational culture is leadership; and
 - 9.2.2 Ensuring there is sufficient capacity for our teams to work in a calm and safe way, recognising that the way in which we work has the biggest impact on our wellbeing.
- 9.3 A cultural assessment is about to commence within the Trust to identify the extent of any cultural misalignment with the Trust's inclusive values. The result of which will inform the action plan to fully address the behaviours leading to the poor performance regarding workforce disability and race equality. A risk will be raised to record the anticipated rise in discrimination related issues within the Trust, and an action plan to treat this risk activated.

10.0 Recommendation

- 10.1 The Board are asked to note the content of this report, having already been highlighted the People Promise activity for the next year



Torbay and South Devon
NHS Foundation Trust

Report to the Board of Directors			
Report title: Annual Report of the Audit and Risk Committee		Meeting date: 26 April 2023	
Report appendix			
Report sponsor	Director of Corporate Governance and Trust Secretary		
Report author	Corporate Governance Manager		
Report provenance	Audit and Risk Committee – 19 th April 2024		
Purpose of the report and key issues for consideration/decision	<p>The HFMA NHS Audit Committee Handbook advises that an Audit Committee, in line with best practice in other sectors, should prepare a report to the Board that sets out how the Committee has met its Terms of Reference.</p> <p>The purpose of the Committee is laid down in its Terms of Reference. The Purpose of this report is to provide assurance that the Audit and Risk Committee has carried out its obligations in accordance with its Terms of Reference.</p> <p>The Annual Report summarises the activities of the Trust’s Audit Committee for the financial year 2022/23.</p>		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendations	The Board of Directors is asked to receive and note the Annual Report of the Audit and Risk Committee.		
Summary of key elements			
Strategic goals supported by this report	Excellent population health and wellbeing		Excellent experience receiving and providing care
	Excellent value and sustainability	X	
Is this on the Trust’s Board Assurance Framework and/or Risk Register	Board Assurance Framework	n/a	Risk score
	Risk Register	n/a	Risk score
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation
	NHS England	X	Legislation
	National policy/guidance	X	



Torbay and South Devon
NHS Foundation Trust

AUDIT AND RISK COMMITTEE ANNUAL REPORT

1 APRIL 2022 TO 31 MARCH 2023

1. INTRODUCTION

- 1.1 The NHS Audit Committee Handbook advises that an Audit Committee, in line with best practice in other sectors, should prepare a report to the Board that sets out how the Committee has met its Terms of Reference.
- 1.2 The purpose of the Committee is laid down in its Terms of Reference. In summary, it oversees the establishment and maintenance of an effective system of internal control throughout the organisation. It ensures that there are effective internal audit arrangements in place, reviews the work and findings of External Audit, reviews the Trust's statutory accounts before they are presented to the Trust Board and maintains oversight of the Trust's Counter Fraud arrangements. The Committee also gains assurance around the management of risk and risk processes applied across the Trust.
- 1.3 The purpose of this report is to provide assurance that the Audit and Risk Committee has carried out its obligations in accordance with its Terms of Reference.
- 1.4 This Annual Report summarises the activities of the Trust's Audit and Risk Committee ('the Committee') for the financial year 2022/23 setting out how it has met its Terms of Reference and key priorities. In particular it addresses various matters for which the Audit Committee has oversight for the Board:
- Financial reporting
 - Risk management
 - External audit
 - Internal audit
 - The system of internal control
 - Governance arrangements, including the work of other Board committees.
- 1.5 The Chair escalates those matters that the Audit and Risk Committee considers should be drawn to the attention of the Board when presenting the Committee Chair's Report to the next meeting of the Board.

2. INFORMATION SUPPORTING OPINION

2.1 Delivery of Committee's Key Responsibilities

- 2.1.1 During 2022/23, the Committee has delivered the key responsibilities as set out in the Terms of Reference. Compliance with a number of the key responsibilities is evidenced by the following actions:
- Regular review of the Board Assurance Framework and Corporate Risk Register, with appropriate challenge to the proposed controls and risk scoring.
 - Review of the draft Annual Governance Statement.
 - Received reports on progress against local counter fraud, internal and external audit plans and issues by exception.
 - Agreed the external audit annual fee and work plan.
 - Agreed the internal audit and local counter fraud annual work plans.

- Reviewed the draft annual accounts, draft annual report and draft quality report and recommended them for approval to the Trust Board.
- Reviewed specific Internal Audit reports and proposed actions for those areas identified with limited assurance (with the relevant Executive Director present when required) and monitored the follow-up of outstanding actions.
- Reviewed the effectiveness of Internal Audit, External Audit and the Local Counter Fraud Service.
- Reviewed the accounting policies, judgements and material estimates of the Trust and made appropriate recommendations to the Trust Board.
- Reviewed External Audit reports and the Annual Audit Letter, including progress on implementation of recommendations and any corrected or uncorrected misstatements in the accounts.
- Clinical Audit Plan and Framework – the Committee was due to receive the Clinical Audit Plan and Framework at its meeting held on the 18th January 2023. Unfortunately the paper was not available for that meeting and will therefore be presented to the meeting to be held on the 19th April 2023.

2.2 Reporting Requirements

- 2.2.1 The Committee reported to the Board after each meeting during the year. Reports included a description of the business conducted, risks identified and issues for escalation.
- 2.2.2 The reports from the Committee effectively covered the key points and significant areas of discussion at each meeting. This included highlights of the results of the Internal Audit reports received at each meeting, providing more details in relation to those that were of limited assurance, which formed part of the evidence upon which the overall Head of Internal Audit opinion was based. They also included reports which considered the proper arrangements in place to secure economy, efficiency and effectiveness in the use of resources.

2.3 Work of the Committee

- 2.3.1 External Audit -The Trust's external auditor for the financial year 2022/23 was Grant Thornton. The Committee reviewed progress and final audit reports and management letters for 2021/22 and achieved submission of the annual report and accounts prior to the published submission deadline.
- 2.3.2 Internal Audit – The Committee works with the Internal Audit team (ASW Assurance). The Committee reviewed and approved the Internal Audit Plan and detailed programme of work. The Internal Audit Plan embraced operational as well as financial and business areas, and the Committee received a range of reports during the year for consideration.

The internal audit work for 2022/23 was on plan for completion by the year end, subject to any adjustments agreed by senior management and the Audit Committee through the year. The workplan was revised during the year to account for changing priorities. All workplan amendments were discussed and

agreed with the relevant Executive Director and reviewed by the Risk Group prior to presentation at the Audit Committee.

In the reporting year, ASW Assurance had been subject to an external assessment to review the quality of services provided. ASW Assurance had received the highest rating possible for the services provided to the organisations that it served.

Shown below are the audit reviews presented to the Audit Committee during the year and the assurance rating.

AC meeting date:	Audit Review	Assurance rating
April 2022	Electronic Prescribing Management and Administration Project Review	Lessons learnt review
April 2022	Risk Management Arrangements	Satisfactory
April 2022	Payroll Part 1 Annual Review	Limited
April 2022	High level review of Trust's response to external financial assessments and budgetary control and financial reporting	Satisfactory
April 2022	Social Care Funding – Debt Management	Satisfactory
May 2022	Bank and Agency Staffing	Satisfactory
Sept 2022	HIS Sirius Review Action Plan (2021-22)	Satisfactory
Sept 2022	Data Security and Protection Toolkit (DSPT)	Moderate (NHS Digital rating)
Sept 2022	Torbay Pharmaceuticals (2021-22)	Satisfactory
Sept 2022	Emergency Preparedness, Resilience and Response (EPRR) – post incident debriefs (2021-22)	Limited
Sept 2022	Medical Staffing – new L2P job planning system - progress with project (2021-22)	Limited
Sept 2022	Payroll Part 2 – Winter Incentive Scheme Payments (2021-22)	Limited
Jan 2023	Fire Safety (2021-2022)	Satisfactory
Jan 2023	Arranging Support Team (2021-2022)	Management Review
Jan 2023	Workforce Arrangements – Workforce Planning	Workforce Plan development – Limited BBF – workforce considerations – Limited

		Action to address gaps in workforce – Satisfactory Workforce Monitoring and Reporting – Satisfactory
Jan 2023	Improving NHS Financial Sustainability	Assessment not assurance review

As part of the annual reporting process, the Head of Internal Audit opinion will be confirmed at the stage of finalising the annual report and accounts for 2022/23.

The Committee received regular internal audit progress reports and continued to monitor the completion of outstanding report recommendations through updates and progress reports.

ASW Assurance continue to attend the Risk Group on a regular basis between Audit Committee meetings to report to senior management on progress and highlight any key risks to achievement of their internal audit plan.

2.3.3 Counter Fraud - The Trust takes the prevention and detection of fraud seriously. Each year the Committee receives and considers the Annual Counter Fraud Plan, regular progress reports and updates, and the Annual Counter Fraud Report.

The Local Counter Fraud Specialist (LCFS) is invited to attend the Committee twice yearly to give a presentation and update on the Plan, fraud prevention and cases reported and under investigation.

No material frauds were identified during the year.

3. RISK MANAGEMENT

3.1 During the year, the Committee continued to review the risk management approach across the Trust. The Committee reviewed the Corporate Risk Register and the Board Assurance Framework ('BAF').

3.2 The BAF focuses on the key risks against achievement of the Trust's strategic objectives. The BAF is a 'live' document and is continuously reviewed and updated, in particular following the introduction of a new reporting template during 2022/23. This process is managed by the Director of Corporate Governance and Trust Secretary.

3.3 The Committee reviewed the BAF at each meeting to ensure there is an appropriate spread of strategic objectives and that the main inherent/residual risks have been identified, to ensure there are no major omissions.

- 3.4 The work of the Committee is not to manage the process of populating the BAF or to get involved in the operational development of the risk management processes, either at an overall level or individual risk level. These are operational issues that the Committee is satisfied are being carried out appropriately by management.
- 3.5 The Committee is satisfied that the system of risk management in the organisation is adequate in identifying risks and allows the Board of Directors' to understand the appropriate management of those risks. The Committee believes there are no areas of significant duplication or omission in the systems of governance (that have come to the Committee's attention) that have not been adequately resolved.
- 3.6 A review was carried out by ASW Assurance during the year which concluded that the Trust's arrangements for the management of the corporate level risks continue to be implemented satisfactorily through the Trust Board and the delegation to its sub-committees and the Risk Group for oversight and monitoring of risk.
- 3.7 The Trust is developing and refining its risk appetite. The output of this work will be published in the near future.

4. MEMBERS AND MEETINGS

- 4.1 During 2022/23, the Committee met formally on five occasions. An additional meeting to the usual frequency of meetings was held in June 2022 to review the final annual report and accounts for 2021/22, prior to submission to the Board of Directors for approval. The meetings were quorate all times.
- 4.2 The record of Committee attendance is shown below:

Non-Executive Director	Number of meetings attended
Sally Taylor (Chair)	4 (4) (until 31.12.22)
Robin Sutton (Chair)	1 (1) (wef 1.1.23)
Chris Balch	5 (5)
Richard Crompton	1 (1) (wef 1.1.23)
Jacqui Lyttle	4 (5)
Vikki Matthews	4 (5)
Paul Richards	4 (4) (until 31.12.22)

- 4.3 Senior management representatives also in regular attendance included – Chief Finance Officer, Chief Nurse, Interim Director of Corporate Governance and Company Secretary and Corporate Governance Manager. Other senior managers also attended at the Committee's invitation.
- 4.4 The Trust's internal auditor and external auditor were in attendance at every meeting.

5. COMMITTEE EFFECTIVENESS

- 5.1 The Committee undertook a self-assessment review during the year, which concluded that the Audit and Risk Committee had delivered the majority of its responsibilities as set out in the Terms of Reference, attendance at meetings has been quorate and the cycle of business has been completed.
- 5.2 Areas for action identified as part of that self-assessment of the Committee's effectiveness to identify any gaps in the Committee's workings were noted and in the main, addressed.
- 5.3 The Committee will undertake an annual assessment to ensure continual improvement. Additional areas of focus or development that might lead to further improvement in the effectiveness of the Committee during 2022/23 will be reported to the Audit Committee in Q1 2023/24.

6. RECOMMENDATION

The Committee is asked to review and approve the report, subject to any changes agreed in discussion, prior to its formal submission to the Trust Board.

Robin Sutton
Chair, Audit Committee
April 2023



Report to the Trust Board of Directors			
Report title: Register of Directors Interests as at 31 st March 2023		Meeting date: 26 th April 2023	
Report appendix	Appendix 1: Register of Directors Interests as at 31 st March 2023		
Report sponsor	Director of Corporate Governance/Trust Secretary		
Report author	Corporate Governance Manager		
Report provenance	Information collated from year-end declarations and reviewed by Audit Committee on 19 th April 2023		
Purpose of the report and key issues for consideration/decision	<p>The purpose of this report is to give assurance to the Board on its statutory and regulatory requirements in relation to the Fit and Proper Person Regulation (FPPR).</p> <p>All staff including Board Directors have a statutory obligation to declare all external interests, which are relevant and material to the Trust. This report is the current Trust Board Annual Register of Interests as at 31 March 2023.</p> <p>Board directors are reminded of the requirement to ensure their interests are kept up to date throughout the year and request that any changes are notified to the Director of Corporate Governance/Trust Secretary in order that the Register can be updated accordingly.</p>		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	The Board of Directors is asked to receive and note the report.		
Summary of key elements			
Strategic goals supported by this report	Excellent population health and wellbeing		Excellent experience receiving and providing care
	Excellent value and sustainability	x	
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	n/a	Risk score
	Risk Register	n/a	Risk score

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

REGISTER OF BOARD OF DIRECTORS' INTERESTS AS AT 31 MARCH 2023

This register lists the declared interests of the Chairman, Non-Executive, Executive and Associate Directors of Torbay and South Devon NHS Foundation Trust that are relevant and material to the Foundation Trust.

Name	Position	Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those of dormant companies)	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely, or possibly seeking, to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Any other matter which may result in a conflict of interest
NON-EXECUTIVE DIRECTORS							
Richard Ibbotson	Chairman	-	-	-	Patron of South West Gunnery and Missile Instructors Association	-	Deputy Lord Lieutenant of Devon
Professor Christopher Balch	Non-Executive Director	Member of the Supervisory Board of Ecorys BV, Rotterdam	-	-	Independent Advisor – Development Committee of Livewest	-	Trustee/Vice-chair, SW Lakes Trust Board member, Emeritus Professor of Planning, University of Plymouth Member Royal Town Planning Institute
Richard Crompton	Non-Executive Director				Group Board Member – Dimensions UK and Chair Discovery Somerset (a subsidiary of Dimensions UK) Trustee, Lifeworks		
Jacqui Lyttle	Non-Executive Director and Senior	Managing Director JSL Consulting & Associates Ltd	Managing Director JSL Consulting & Associates Ltd	Managing Director JSL Consulting & Associated Ltd	Director and Chair, Board of Trustees AGE UK Torbay	Member AGEING WELL Programme Board	-

	Independent Director					Executive member Chronic Pain Policy Coalition Advisor to Neuroendocrine Cancer UK	
Vikki Matthews	Non-Executive Director	-	-	-	Director of People and Culture for Health Education England (wef 6.12.21)	-	Company Secretary Trustee, Centre for Self-Managed Learning Director of People and Culture for Health Education England (wef 6.12.21)
Paul Richards	Non-Executive Director	Director, Becky Falls Ancient Woodland Park Limited PR3000 & Co Ltd	PR3000 & Co Ltd	PR3000 & Co Ltd	Chair Healum UK	-	Chair, Torbay Pharmaceuticals
Robin Sutton	Non-Executive Director	Expedience Ltd South Devon Care Services Ltd Ogwell Grange Ltd SDH Developments Ltd MaxLLG Ltd NextConnect Ltd Smarti Environmental Ltd	South Devon Care Services Ltd Ogwell Grange Ltd NextConnect Ltd	South Devon Care Services Ltd Ogwell Grange Ltd	Chair, Devon Care Homes Collaborative Director, Devon Care Association Ltd	Chair, Devon Care Homes Collaborative	NED, Torbay Pharmaceuticals Director, SDH Developments Ltd Chair, Smarti Environmental Ltd
Siân Walker-McAllister	Non-Executive Director	Commissioner, Jersey Government Care Commission (NED)	Self-Employed Consultant in Social Care & Health	-	Independent Chair, Bournemouth, Christchurch & Poole Safeguarding Adults Board Independent Chair, Dorset Safeguarding Adults Board Joint Convenor, National Safeguarding Adults Board Chairs' Network	Associate Member, Association of Directors of Adult Social Services Associate Consultant – Local Government Association	

Dr Peter Aitken	Associate Non-Executive Director	National Clinical Director NHS England Domestic Abuse and Sexual Violence Programme			Trustee, Lions Barber Collective Suicide Prevention Charity, Torbay	Senior Consultant Adviser, Devon Partnership Trust, South West Provider Collaborative	
EXECUTIVE AND ASSOCIATE DIRECTORS							
Liz Davenport	Chief Executive	Torbay Pharmaceuticals Ltd	-	-	-	-	-
Ian Currie	Medical Director	-	-	-	-	-	
Adel Jones	Director of Transformation and Partnerships	-	-	-	-	-	Partner owns Dart Farm Limited Exeter Governor, South Devon College
Deborah Kelly	Chief Nurse	Director of TY Fry Manor Estates	-	-	-	-	-
Jon Scott	Chief Operating Officer	Director – Monkton House Limited	Director – Monkton House Limited	Monkton House Limited	-	-	Faculty Member – Institute for Healthcare Improvement Faculty Member - Deloitte
David Stacey	Chief Finance Officer	-	Minority stake in ImproveWell Ltd held through nominee	-	-	-	Previously undertaken freelance work for overseas arm of KPMG
Michelle Westwood	Chief People Officer	-	-	-	-	-	Trustee of Royal Navy and Royal Marines Charity Trustee of Royal Navy Officers' Charity
Joanne Watson (Associate Director)	Health and Care Strategy Director	-	-	-	-	-	-
Emily Long	Director of Corporate Governance & Trust Secretary	-	-	-	-	-	-