

Thursday, 16 July 2020

## **OVERVIEW AND SCRUTINY BOARD**

A meeting of **Overview and Scrutiny Board** will be held on

**Wednesday, 22 July 2020**

commencing at **5.00 pm**

The meeting will be held remotely via Zoom (the links to the meeting are set out below)

Join Zoom Meeting

<https://us02web.zoom.us/j/83821128225?pwd=OXZxYzJrQ0E2c09hbnlwTkhlY0hGQT09>

Meeting ID: 838 2112 8225

Password: 006930

One tap mobile

+442034815240,,83821128225#,,1#,006930#

+441314601196,,83821128225#,,1#,006930#

Dial by your location

+44 203 481 5240 United Kingdom

+44 131 460 1196 United Kingdom

### **Members of the Board**

Councillor Howgate (Chairman)

Councillor Barrand

Councillor Brown

Councillor Bye

Councillor Mandy Darling

Councillor Doggett

Councillor Foster

Councillor Kennedy (Vice-Chair)

Councillor Loxton

---

## **A prosperous and healthy Torbay**

---

Download this agenda via the free modern.gov app on your [iPad](#), [Android Device](#) or [Blackberry Playbook](#). For information relating to this meeting or to request a copy in another format or language please contact:

**Teresa Buckley, Town Hall, Castle Circus, Torquay, TQ1 3DR**

Email: [governance.support@torbay.gov.uk](mailto:governance.support@torbay.gov.uk) - [www.torbay.gov.uk](http://www.torbay.gov.uk)

# OVERVIEW AND SCRUTINY BOARD AGENDA

(Revised with earlier start time)

## 1. Apologies

To receive apologies for absence, including notifications of any changes to the membership of the Board.

## 2. Declarations of Interest

- a) To receive declarations of non pecuniary interests in respect of items on this agenda

**For reference:** Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

- b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

**For reference:** Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

**(Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

## 3. Urgent Items

To consider any other items that the Chairman decides are urgent.

## 4. Health and Social Care

To reflect on the health and social care sector's response to Covid-19.

(Pages 6 - 22)

To be briefed on the continuing efforts around COVID19 within the sector.

(Note: representatives from the Torbay and South Devon NHS Foundation Trust (the ICO) and Clinical Commissioning Group (CCG) have been invited to attend the meeting for this item.)

## 5. Torbay and South Devon NHS Foundation Trust Care Quality Commission (CQC) Quality Report Findings

To consider the outcome of the above review.

(Pages 23 - 80)

(Note: representatives from the Torbay and South Devon NHS Foundation Trust (the ICO) have been invited to attend the meeting

for this item.)

**6. Budget Monitoring 2020/2021 Period 2**

(Pages 81 - 92)

To consider the submitted report and any recommendations to the Cabinet.

**Instructions for the press and public for joining the meeting**

If you are using an iPad you will need to install Zoom which can be found in the App Store. You do not need to register for an account just install the software. You only need to install the software once. For other devices you should just be taken direct to the meeting.

### **Joining a meeting**

Click on the link provided on the agenda above and follow the instructions on screen. If you are using a telephone, dial the Zoom number provided above and follow the instructions. (**Note:** if you are using a landline the call will cost up to 13p per minute and from a mobile between 3p and 55p if the number is not covered by your inclusive minutes.)

You will be placed in a waiting room, when the meeting starts the meeting Host will admit you. Please note if there are technical issues this might not be at the start time given on the agenda.

Upon entry you will be muted and your video switched off so that only the meeting participants can be seen. When you join the meeting the Host will unmute your microphone, ask you to confirm your name and update your name as either public or press. Select gallery view if you want see all the participants.

If you have joined the meeting via telephone, your telephone number will appear on screen and will be displayed for all to see until the Host has confirmed your name and then they will rename your telephone number to either public or press.

### **Speaking at a Meeting**

If you are registered to speak at the meeting and when it is your turn to address the Meeting, the Chairman/will invite you to speak giving the Host the instruction to unmute your microphone and switch your video on (where appropriate) therefore please pause for a couple of seconds to ensure your microphone is on.

Upon the conclusion of your speech/time limit, the Host will mute your microphone and turn off your video.

### **Meeting Etiquette for Registered Speakers – things to consider when speaking at public meetings on video:**

- Background – the meeting is public and people will be able to see what is behind you therefore consider what you will have on display behind you.
- Camera angle – sit front on, upright with the device in front of you.
- Who else is in the room – make sure you are in a position where nobody will enter the camera shot who doesn't want to appear in the public meeting.
- Background noise – try where possible to minimise background noise.
- Aim to join the meeting 15 minutes before it is due to start.



**Meeting:** Overview and Scrutiny Board

**Date:** 22 July 2020

**Wards Affected:** All

**Report Title:** PREPARATION AND RESPONSE FOR THE COVID-19 EMERGENCY

**Is the decision a key decision?** No

**When does the decision need to be implemented?** N/A

**Cabinet Member Contact Details:** N/A

**Supporting Officer Contact Details:** Simon Tapley, Accountable Officer NHS Devon  
Clinical Commissioning Group

---

### **1. Purpose and Introduction**

This report provides a summary of arrangements for planning for and responding to the COVID-19 emergency and plans for restoration and transformation of services within the health and care system.

### **2. Proposed Decision**

1. To note the summary of arrangements for planning for and responding to the COVID-19 emergency and plans for restoration and transformation of services within the health and care system.
2. To recognise the commitment and achievements of all health and care staff across the period.

### **3. Reason for Decision**

The committee's consideration of this report supports the statutory role to scrutinise health services in the area of Torbay.

### **Supporting Information**

N/A. The report provides an update to members on the actions taken by health service partners across Torbay and the wider Devon geography.

### **5. Possibilities and Options**

N/A

### **6. Fair Decision Making**

N/A

### **7. Public Services (Social Value) Act 2012**

N/A

## **8. Risks**

N/A

## **Appendices**

- Appendix A Activity and Performance

## **Additional Information**

*Advice and guidance provided to the sector in reference to Covid-19 is available here*  
<https://www.england.nhs.uk/coronavirus/>

## Background

- 1.1. The COVID-19 pandemic has been devastating for those personally affected but it has also brought out the best in our staff and our communities.
- 1.2. The bravery, hard work and dedication of NHS and Care staff on the front line is something that the whole of Plymouth, Devon and Torbay should be proud of. They have and continue to do an amazing job caring for us and our loved ones in incredibly difficult and often harrowing circumstances.
- 1.3. Hundreds of staff across our system, have been redeployed and retrained to undertake duties at the front line and this support has ensured that all patients and vulnerable people are looked after in the same caring way we strive for throughout the pandemic.
- 1.4. We also owe a debt to the fantastic voluntary and business sector who have provided huge support in the response to the pandemic. They have they provided over 21,000 pieces of protective equipment (PPE), including the manufacture of gowns and visors, and offered accommodation, parking and transportation. This support has really had a positive impact.
- 1.5. Our communities have played a critical role in the response to the pandemic. People have rallied to support those in need across the county by looking out for neighbours and joining local support groups to make sure that people get essential supplies, a helping hand and a friendly voice at the end of a telephone.
- 1.6. As we now enter a new phase of the crisis, with fewer COVID-19 cases in hospitals and an easing of the lockdown, we must not forget that a new and rising wave of need might be upon us.
- 1.7. As well as running services as normally as possible for those who need our support, our staff are also preparing to reset our system to deal with the challenges living with this virus will bring.
- 1.8. NHS Devon CCG is required by the NHS Act 2006 and national NHS policy to ensure that it, and its commissioned service providers, meet the NHS England nationally [mandated core standards](#) in preparing for emergencies.
- 1.9. Once Public Health England had identified the risk to the UK from the virus, organisations across Plymouth, Devon and Torbay put in place their incident response structures and engaged with each other and other emergency response partners responding to [government direction and guidance](#).

## 2. Planning and Preparation

- 2.1. Planning for a possible pandemic began in January / February with Emergency Preparedness, Resilience and Response (EPRR) resources across the health and care system beginning work to ensure that Pandemic Planning and Business Continuity Plans were up to date.



- 2.2. Building on preparation for a 'No Deal' Brexit and Pandemic Influenza we prepared to respond to the different risk profile of a Pandemic Coronavirus. Incident Directors were identified, and system-wide teleconferences established to co-ordinate the response across all NHS service providers and with Local Authority partners. This approach is the standard NHS co-ordination process for emergency and other incidents; it has worked well through-out the response to date, giving all partners a voice, an escalation route and support when required.
- 2.3. NHS Devon Clinical Commissioning Group both established Incident Management Teams (IMT) in early March. The CCG IMT initially included three supporting Cells – Clinical, Primary Care and Communications. This approach worked well, enabling focused support and direction to be provided to Providers in this early stage of response. It also offered the flexibility necessary to expand the number of Cells as the response matured.
- 2.4. NHS Devon Clinical Commissioning Group (CCG) continues to act system convenor for the whole health and care system response across the Devon Sustainability and Transformation Partnership area across geographic Devon. This has included hosting daily system calls at the peak of the Pandemic involving the following organisations:
- NHS Devon Clinical Commissioning Group
  - Plymouth City Council
  - Devon County Council
  - Torbay Council
  - Livewell Southwest CIC
  - University Hospitals Plymouth NHS Trust
  - Royal Devon and Exeter NHS Foundation Trust
  - Northern Devon Healthcare NHS Trust
  - Torbay and South Devon NHS Foundation Trust
  - Devon Partnership NHS Trust
  - Southwestern Ambulance Service
  - Devon Doctors Ltd
- 2.5. This joined up approach to governance has developed positive partnerships and galvanised collective focus on key challenges as they emerged.
- 2.6. Local Authorities and the CCG also participate in LRF multi-agency co-ordination structures. The CCG represented the health system, on the LRF Tactical Co-ordinating Group (TCG) and also supported NHS England at Strategic Co-ordinating Group (SCG) meetings.

### **Clinical and Service Level Preparation**

- 2.7. The Devon health and social care system, in line with the rest of the UK, had planned extensively over the years for a pandemic.
- 2.8. All NHS providers, Public Health England, Devon County Council, Plymouth City and Torbay Councils, NHS England / Improvement came together quickly through

established emergency arrangements to implement guidance for the managing the new coronavirus.

- 2.9. There were **six aims** to this initial system response, delivered by the actions undertaken by health and social care providers and commissioners.

**Aim One: Free-up the maximum possible inpatient and critical care capacity.**

- To enable the postponement of all non-urgent elective operations and immediate urgent discharge of all eligible patients, referrals already in the system were clinically reviewed as a matter of urgency. Where the service was closed due to the outbreak and where clinical risk was low, referrals were held until services re-opened. Where there could be some clinical risk referrals were clinically triaged and where appropriate either sent on to the local secondary care provider or held until services reopen.
- To make ready bed space that could be used in the event of surge of infection the entire Health and Care estate was assessed as to its ability to host critical care beds. This included NHS Property Services making ready some bed spaces, which thankfully have not been required.
- Provider trusts also undertook extensive work on their estates to repurpose beds, operating theatres and recovery facilities to provide respiratory support for COVID-19 patients.
- Alternative venues were also sought for services which needed to continue throughout the pandemic. A good example is the partnership between Plymouth Argyle Football Club and University Hospitals Plymouth which enabled important, lower risk appointments to continue in space provided at the Home Park Stadium without creating added footfall at Derriford Hospital and GP practices.
- Throughout this crisis response Emergency admissions, cancer treatment and other clinically urgent care have continued.

**Aim Two: Prepare for, and respond to, large numbers of inpatients requiring respiratory support**

- As part of surge planning Devon provider Trusts developed enhanced bedside oxygen availability and provided training for all clinical and patient facing staff.

**Aim Three: Supporting our staff, and maximise staff availability**

- Initially testing was targeted at NHS symptomatic staff. Health and care organisations were urged through consistent communications to put staff forward for appointments at the Plymouth drive-through Covid-19 testing centre, and later sites provided across the Devon geography.
- Colleagues in providers trusts have assisted staff in finding alternative accommodation when they were affected by the 14-day household isolation policy. They also provided alternative working arrangements for staff members at increased risk.

**Aim Four: Support the wider population measures announced by Government**

- In addition to the work undertaken by the Local authority in caring for Shielded people, GP practices have identified additional vulnerable people who required shielding. All shielded people who required a face-to-face consultation should have been seen at home. Where this was not possible, appointments had been managed with the lowest possible risk in terms of time and location.
- Planning for Covid-19 primary care sites was undertaken by GPs with the CCG, to manage essential face-to-face primary care assessments some of these services are currently in operation.
- The CCG put in place a rapid mobilisation process to enable practices to access the advantages of online consultations, this meant many practices were able to begin using eConsult within just seven days. The CCG also provided additional IT hardware to support GP practices and Microsoft Teams was made available to each GP Practice for all NHS Staff, replacing the need for other video conferencing software.
- In addition to this the CCG authorised the lease of vehicles to provide a COVID-19 home visiting services.

#### **Aim Five: Stress-testing operational readiness**

- In anticipation of a prolonged pandemic the health and care system revised business continuity plans and standard operating procedures. The EPPR functions at the CCG stress tested the ability to cope with many infected staff and ensured that adequate business continuity plans were in place. All providers and commissioners across Devon undertook similar exercises.
- The IMT set up a cell to ensure distribution of guidance and information across the health system.

#### **Aim Six: Removal of routine burdens**

- The Government removed several routine burdens to assist in surge planning, these included –
  - Immediate cancellation of all routine CQC inspections;
  - Suspension of some requirements on GP practices and community pharmacists;
  - deferred publication of the NHS People Plan, the Clinical Review of Standards and NHS Long Term Plan Implementation Framework;
  - moved to block contract payments 'on account' for all NHS Trusts and foundation Trusts for the initial period of 1 April to 31 July 2020.

**2.10. The information above provides a small selection of the work undertaken across health and social care services. As a result of the above actions, the system was in a good position to deal with any surge in covid-19 cases and maintained acute capacity at 50% at the peak of this wave.**

### **3. Ongoing Response**

- 3.1. Following the initial emergency response, the CCG supported providers across the health and care system. As a novel virus, little was known about the characteristics of the SARS-CoV-2 virus and the resulting COVID-19 disease in the early stages of planning and response.

#### **Personal Protective Equipment**

- 3.2. It became clear early in the response that PPE stocks nationally would be under significant pressure. In light of this PPE cells were established within the CCG which worked together with Public Health specialists to provide with clinical advice and guidance on the use of Personal Protective Equipment and Infection Prevention and Control. With the well reported national supply issues and rapidly developing guidance the CCG took a decision to secure PPE from the open market to ensure supply, jointly procuring some items with Local Authorities.
- 3.3. Utilising donations and non-traditional supply routes, the PPE Cell put in place 72-hour PPE 'Rescue Packs' for providers, if they were unable to obtain the necessary supplies to maintain safe care.
- 3.4. A mutual aid process operated throughout together with a digital stock monitoring platform was implemented which included all acute providers. The system has ensured even distribution across the system and has helped support smaller providers. The system has allowed the PPE stock to be used as efficiently as possible, reducing the "burn" rate of stock being used in fit testing and allowing more stock to be used in clinical settings.
- 3.5. The voluntary and business sectors have provided huge support in the response to the pandemic. Following a call for assistance communicated through media channels, they have they provided over 21,000 pieces of protective equipment (PPE), including the manufacture of gowns and visors.

#### **Support for Care Homes**

- 3.6. The CCG has worked closely with General Practice and community health service providers to support to all CQC registered care homes. Throughout the pandemic the CCG has worked with local authority colleagues to ensure adequate PPE supplies are available in the social care sector.
- 3.7. This work continues with CCG staff providing addition support and training in care homes. This includes hands on support with infection prevention and swabbing.
- 3.8. The CCG, alongside local authorities have led weekly webinars for social care staff across Devon. Topics for discussion have included, but not been limited to, PPE, infection control and testing.

## Testing

- 3.9. The initial response in Devon involved the establishment of processes to identify, isolate and test individuals suspected of having contracted the virus. The CCG's IMT supported providers when establishing new testing processes at short notice.
- 3.10. Led by the Peninsula Pathology Network, trusts in Devon and Cornwall agreed a shared approach using a combination of in-house and nationally run testing sites to provide quick results, reduce journey times and enable better data collection.
- 3.11. Staff across the health and social care sector were encouraged to contact their employers to arrange testing through local, rather than national routes, to enable a faster result. Local Testing routes were expanded to include Asymptomatic Testing for Social Care providers offered via local acute hospital testing, ahead of the National care home testing portal.
- 3.12. Additional drive through centres were established in Plymouth and Exeter and are run by the Department of Health and Social Care (DHSC). Linked to these sites are several Mobile testing units (MTUs), run by the military.
- 3.13. Partners are now working with Public Health colleagues on the local deployment of the national Test and Trace service and the Local Outbreak Management Plan.

## Primary care

- 3.14. As a precaution to protect patients, staff and the public, most GP practices across Devon have been using online consultations as preferred first contact. Patients still have the option to speak to someone over the phone and if they do need to see somebody, they will be offered a face-to-face appointment where it is clinical necessary and safe to do so.
- 3.15. Before the impact of COVID-19 Devon had led the way with introducing digital tools in primary care (e.g. eConsult) making the best use of practice resources and ensuring patients see the right person at the right time. Digital technology included the use of **143,703** e-Consults in GP practices, and **18,313** video consultations (Accurx) and Consultant Connect/Attend Anywhere (**31,380** consultations) in outpatient clinics. Primary care along with secondary care, community, mental health and social care have all implemented new ways of working that involve increased use of technology at pace.
- 3.16. A huge collaborative effort by Primary Care was undertaken to establish Covid Primary Care Hubs across the localities of Devon. These sites have allowed a safe and dedicated pathway for patients with suspected covid-19.
- 3.17. As with Care Homes, weekly Primary Care webinars have provided an important forum for the exchange of knowledge and issue identification and resolution with colleagues on the frontline of Primary Care.

3.18. Additional financial support has been available for general practices for spend on such requirements as workforce, IT, telephony, PPE, equipment and individually commissioned services.

### **Nightingale Hospital**

3.19. The Nightingale Hospital will be used to ensure the South West is ready and well prepared for future healthcare requirements. Following the completion of the building the Nightingale Exeter will remain on standby, ready to provide care if required.

3.20. To clarify some recent reports, while it remains the case that the Nightingale Exeter isn't needed for COVID patients, we will be using our CT scanner to help local GPs and hospitals provide people with safer and faster access to tests for a range of conditions, not just cancer.

3.21. The hospital beds are specifically designed for people with COVID needs, and throughout this time the facility will remain ready to quickly revert to our primary purpose and receive patients with COVID, if the number of cases in the region rises significantly.

### **Staff**

3.22. Health and care services operate seven days a week and twenty-four hours a day. To support our providers in their round-the-clock delivery of services in the context of a pandemic out-of-hours and on call capacity were increased across the system.

3.23. The CCG has redeployed over 100 staff to external organisations, including hospital providers, Livewell, Devon Doctors and NHS 111. The CCG also has over 160 staff whose role has been temporarily re-purposed due to the COVID-19 crisis.

3.24. Many CCG staff worked across recent bank holidays to provide essential support to frontline services, where bank holiday provision was also stepped up.

## **4. Restoration and Transformation**

### **Guiding principles for recovery**

- 4.1. The presence of coronavirus in our communities is likely to be with us for some time, we must sustain effective response arrangements whilst also considering how we broaden work programmes towards a 'new normal'.
- 4.2. As we move to stepping down the intensity of some of our activity in response to Covid19, it is timely to consider how we build on and learn from the experience of our response as we move forward to living with Covid19.
- 4.3. In doing so, it is recognised that different parts of the Council, NHS and our partners will consider recovery at different times. Any response must recognise that some impacts are still happening in parts of the system.

- 4.4. Recovery does not imply a return to pre-Covid19 strategic priorities, infrastructure or operational delivery. It needs to align to population need and health and care urgency; be over a realistic period; be responsive in relation to any future Covid-19 waves; and plan to retain beneficial ways of working and outcomes that have arisen through the crisis.
- 4.5. Some of the learning gathered during this pandemic is set out below, and will inform our recovery plans, alongside the impact on people, their families/carers and what matters to them going forward.
- Transformational increase in non-face to face appointments in primary care, IAPT and secondary care outpatients.
  - Significant deployment and embedding of technology across all arenas (e.g. Consultant Connect, Attend Anywhere, e-Consult, AccuRx).
  - Increased 7 day working.
  - Stress-Tested System Emergency Preparedness, Resilience and Response.
  - Increased homeworking of staff across health and social care.
  - Primary care hot hubs.
  - Professionals operating at top of licence (e.g. anaesthetists upskilled to support in intensive care as part of critical care team).
  - Some more efficient ways of working have rapidly developed (e.g. managing incoming work, duty systems, virtual reviews in care homes).
  - Hospital discharge flow – discharge to assess model.
  - Good risk management processes in working with service users – using strengths/asset based approach.
  - There has been a strong community response to the crisis. We have developed positive local links with the VCS that operational teams can pull on when needed (including out of hours).
  - The identification and initial development of a more local/integrated way of working that responds to local demand with a more localised supply.
- 4.6. Whilst both the CCG and councils are developing recovery plans, it is recognised that any recovery requires a multiagency response. Recovery work is developing and ongoing, and we will look for opportunities for alignment, where appropriate.

### **NHS Restoration and Transformation**

- 4.7. The NHS is focusing on recovery activity through the Devon Restoration and Transformation Programme.
- 4.8. On the 29th April 2020, NHS England sent out a letter to all NHS organisations which gave thanks to the NHS teams for the remarkable response to the greatest global emergency in our history. The letter noted that every patient needing hospital care, including ventilation, has been able to receive it.
- 4.9. The letter set out actions required as part of a second phase of the NHS response to COVID19, based on the assumption that there would continue to be cases of COVID19 and the need to ensure that the NHS fully stepped up non-COVID urgent

services within the following 6 weeks. It also asked that each organisation considered what routine non-urgent elective services could be stood up whilst maintaining capacity to deal with COVID19 cases but recognised the need to factor in the availability of associated medicines, PPE, blood, consumables, equipment and other needed supplies.

- 4.10. The letter also asked for organisations to consider the learning from the response to the crisis and how the innovations could continue.
- 4.11. The CCG had already set up a team to co-ordinate the COVID19 Restoration and Transformation planning for the CCG. The Restoration and Transformation team worked with groups which were already established, to deliver usual business work programmes to review the actions required and to ensure that everything was in place to deliver all the NHS England expectations.
- 4.12. An example of this is for cancer actions, where the Restoration & Transformation Team are working with the Cancer Alliance team to take ensure that all the actions required are delivered.
- 4.13. Many of the actions had already been considered by the group and were either in place or plans were in place for their delivery. Some of the actions which are taking place to meet the expectations of NHSE as part of phase 2 are:
  - Strengthening the capacity in out of hours services including 111
  - Communication campaigns to encourage people who should be seeking emergency or urgent care
  - Review of patients waiting for treatment to ensure those patients requiring time-critical treatment are prioritised
  - Enhanced discharge planning to ensure timely, safe and appropriate discharge
  - Prioritisation of acute cardiac surgery and other time-critical cardiology services
  - Further support to care homes including identifying a clinical lead for each care home and setting up weekly virtual “care home round” of residents needing clinical support
  - Prioritisation of home visits where there is a safeguarding concern
  - Preparing for possible longer-term increase in demand for mental health services
  - Enhance psychological support for all NHS staff who need it

Moving forward some services will need to be delivered differently to account for the impact of PPE, social distancing etc and to ensure that services are delivered safely for patients.

- 4.14. Some non - urgent services have already started to offer routine services. The delivery of these services will be prioritised for patients with the highest clinical need. These include some services within the following areas:
  - Physiotherapy & podiatry services across Devon
  - Audiology
  - Community Health Visiting
  - Some vasectomy clinics
  - Hospice at Home



- Speech and Language therapy
- Outpatient clinics
- Fertility clinics

- 4.15. There have been many transformation positive changes in the way that healthcare has been delivered across Devon and we plan to ensure we learn from this and embrace these changes moving forward.
- 4.16. A good example of this is an increase in non-face to face appointments in primary care, mental health services and secondary care outpatients. This has been supported by embracing the use of digital technology including the use of e-Consult in GP practices and Consultant Connect and Attend Anywhere in outpatient clinics.
- 4.17. This has meant that patients have been able to continue to access health services safely during the crisis without having to travel to healthcare sites.
- 4.18. The crisis will have had an impact on staff health and wellbeing and the local teams are working to ensure that support is available to staff who need it. There is a focus to ensure that mental health services can deal with any increased demand due to the impact of COVID19 on the health population in Devon.
- 4.19. The communications team have launched a publicity campaign “NHS is here for you” to ensure that patients still access care in current times and know that the NHS is still available.

### **Next steps**

- 4.20. Work continues to develop proposals for recovery, restoration and transformation.
- 4.21. The CCG and council partners will look for opportunities to align our response, where appropriate, to improve the experience for people and avoid duplication.

### **Recommendations**

The committee is requested –

- 1. To note the summary of arrangements for planning for and responding to the COVID-19 emergency and plans for restoration and transformation of services within the health and care system.**
- 2. To recognise the commitment and achievements of all health and care staff across the period**

# Appendix A

## Appendix A Activity and Performance

### Cases

In Plymouth the number of lab-confirmed positive tests for COVID-19 has been comparatively low. As with national and other local authority area data the number of confirmed cases is dependent upon the capacity for testing and the number of people tested as well as the prevalence of infection in the community.

There were 272 lab-confirmed cases in the Torbay Council area up until 07/07/2020 with the peak day being 19/04/2020.

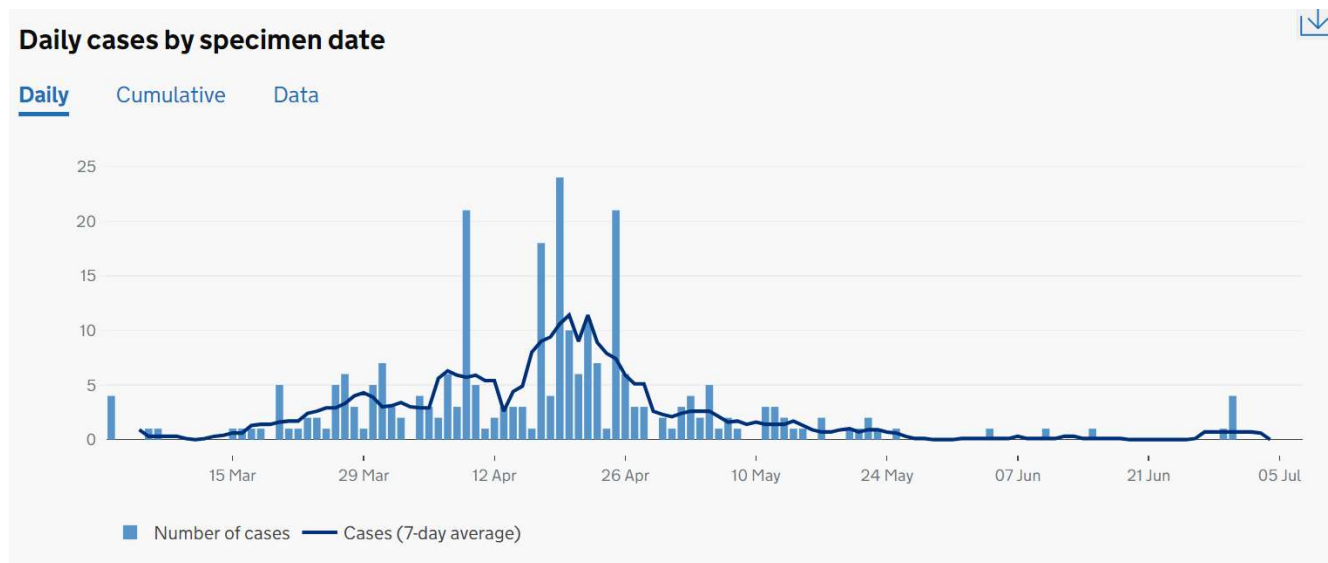


Figure: Daily lab-confirmed infections in Torbay 05/07/2020<sup>1</sup>

### Fatalities

All local authority areas in the STP geography are in the bottom decile for COVID-19 in England, which is noteworthy given that these rates are not age-standardised. For instance, Devon STP account for 2.67% of all deaths in England in 2018, but accounts for only 0.76% of COVID-19 deaths in England.

Area	COVID-19 Deaths	Population	Deaths per 100,000
<b>Torbay</b>	<b>58</b>	<b>136,300</b>	<b>42.6</b>
Plymouth	86	262,100	32.8
East Devon	47	146,300	32.1
Exeter	39	131,400	29.7
Torridge	20	68,300	29.3
West Devon	15	55,800	26.9
North Devon	26	97,100	26.8
Teignbridge	33	134,200	24.6
Mid Devon	17	82,300	20.7
South Hams	12	87,000	13.8

<sup>1</sup> Data source: Department of Health and Social Care Definition: An infection is recorded if an antigen swab test is lab-confirmed as positive / The case is recorded by the date of specimen taken

## Hospital Activity

At the instruction of NHS England all Hospital Trusts were instructed to make available a minimum of 50% of their bed capacity in order to ensure sufficient provision for any surge of demand relating to COVID-19 by creating new capacity and also postponing non-urgent activity.

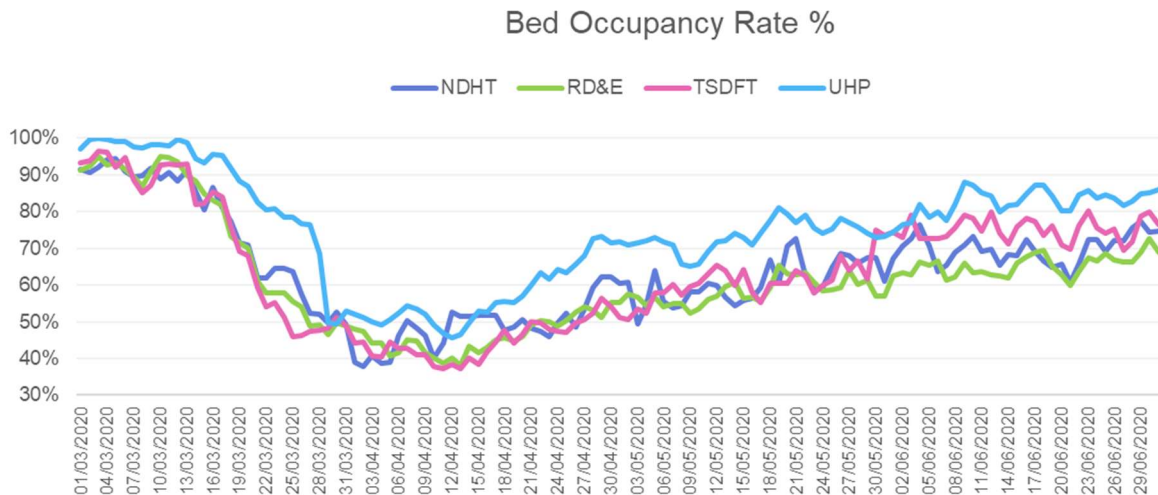


Figure: Percentage of hospital beds by Trust occupied.<sup>2</sup>

The number of critical care beds was increased across the system in anticipation of a surge of demand from COVID-19 patients requiring ventilation/oxygenation. The system has managed within capacity throughout the epidemic period.

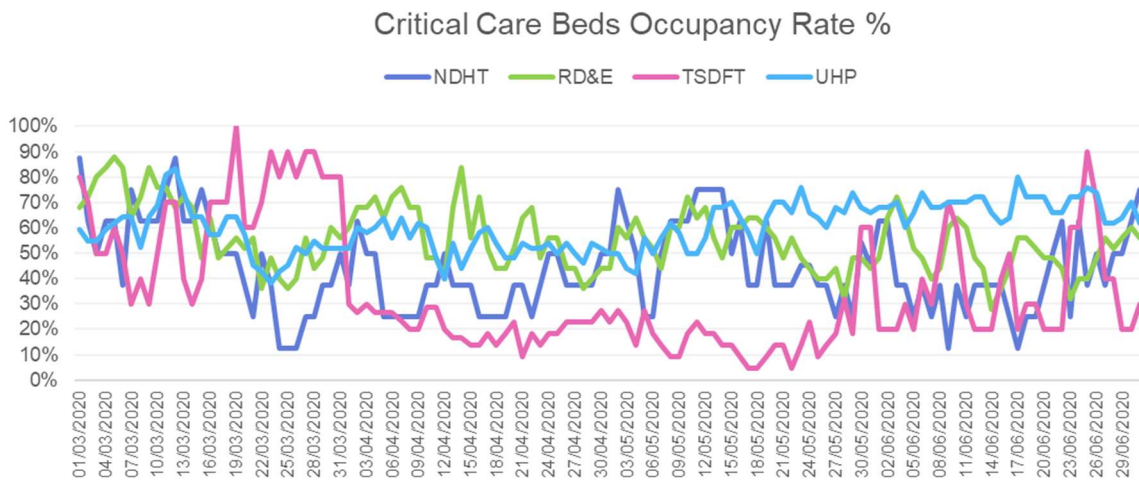


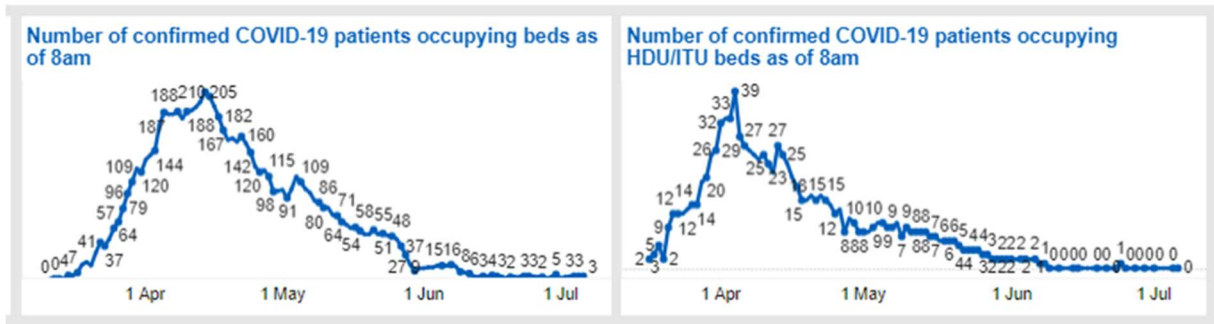
Figure: Percentage of critical care hospital beds by Trust occupied.<sup>3</sup>

The number of acute hospital beds occupied by Covid-19 patients across Devon peaked at 210 in mid-April, with a maximum of 39 people in Critical Care (HDU/ITU) beds. Covid-19 admissions rose sharply from late March to mid-April and have reduced more slowly as the infection rate fell.

<sup>2</sup> Definition: occupied acute beds as a percentage of overall acute beds by Trust. Source: Urgent and Emergency Care Daily SitRep Collection

<sup>3</sup> Definition: occupied critical care acute beds as a percentage of overall acute beds by Trust. (A critical care bed is one that has Intensive Care Unit capabilities including forms of ventilation/oxygenation)

Source: Urgent and Emergency Care Daily SitRep Collection (NDHT / RD&E / TSDFT / UHP)



Data source: National Sitrep reporting<sup>4</sup>

The number of ventilators, key to dealing with the more serious symptoms of Covid-19, rose from 185 in early April to a current level of 233.

### Community Response

The first service to see a significant impact of Covid-19 was 111. The 111 service received an average of 1,171 calls per day in January and February 2020. In March this increased by 53% to an average of 1,786 calls per day. April saw numbers reduce but daily calls remained higher than previously experienced at 1,289 from the period 1st April to 14th April. However, this then fell to under 1,000 calls per day on average for the second half of April and has remained at relatively normal levels since then.

Routine referrals for elective hospital appointments reduced from around 600 per day across Devon in early March to around 230 by the end of March and have remained low through April and May. 2 week wait cancer referrals also fell from an average of 300 per day to just over 90 per day, although this has now increased to around 215 per day.

Although GP appointment fell during April and May, there has been a significant increase in the use of e-Consult (non face-to-face appointments). These increased by 50% across Devon as a whole but by far more in areas with relatively low pre-Covid-19 levels, such as Eastern Devon (up by 300%) and Northern Devon (up by 200%).

### Future hospital capacity

During the first wave of COVID-19 infections in Devon the acute system has operated within the capacity identified to treat COVID-19 positive patients.

The projections going forward are based on three values of the R-number. For COVID-19, without social distancing and other mitigations, the R-number is assessed as being 3. The government's target is to maintain the R-number nationally and locally at 1. Given the low prevalence of COVID-19 infection in Devon, if the R-number is kept below that level we can expect infections in the community to fade. However, an increase to only 1.15 could lead to a second wave later in the summer and put the health and care system under pressure again if not addressed by further national or local measures.

<sup>44</sup> Definition: total occupied acute beds / occupied critical care acute beds (a critical care bed is one that has Intensive Care Unit capabilities including forms of ventilation/oxygenation).

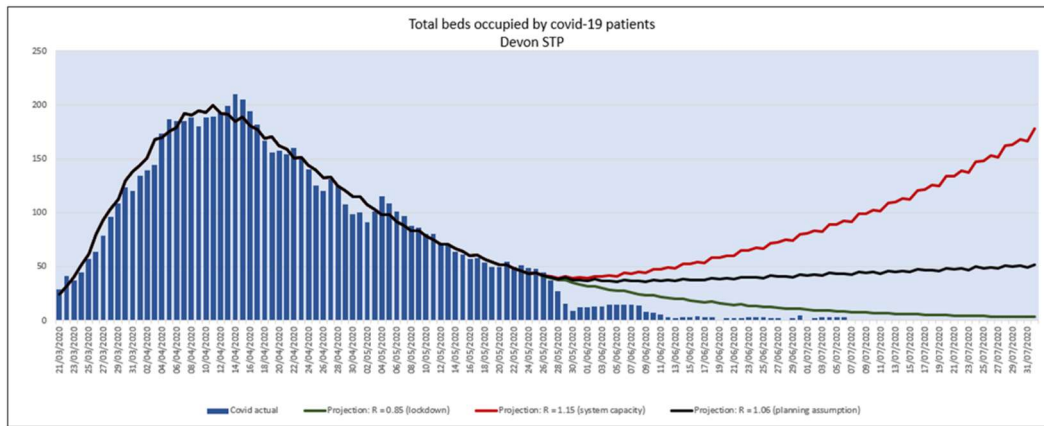


Figure: actual and projected use of bed capacity to treat COVID-19 patients including surge capacity<sup>5</sup>

### Fatalities in Care Homes relative to population

The South-West is the region of England with the lowest proportion of its population infected with COVID-19, the lowest proportion of its population dying as a result and the lowest proportion of its population dying in care homes.

Devon and Cornwall are the local authority areas in the region with the lowest death rate in care homes due to COVID-19 relative to its 65+ population size. Data analysis suggests the following protective factors:

- A low level of community-based infection;
- A high proportion of Good and Outstanding care homes;
- A high proportion of smaller care homes;
- A low proportion of Nursing Care homes;
- Fewer instances of staff working across multiple settings;
- Local health and care system capacity and capability to support in infection prevention and control.

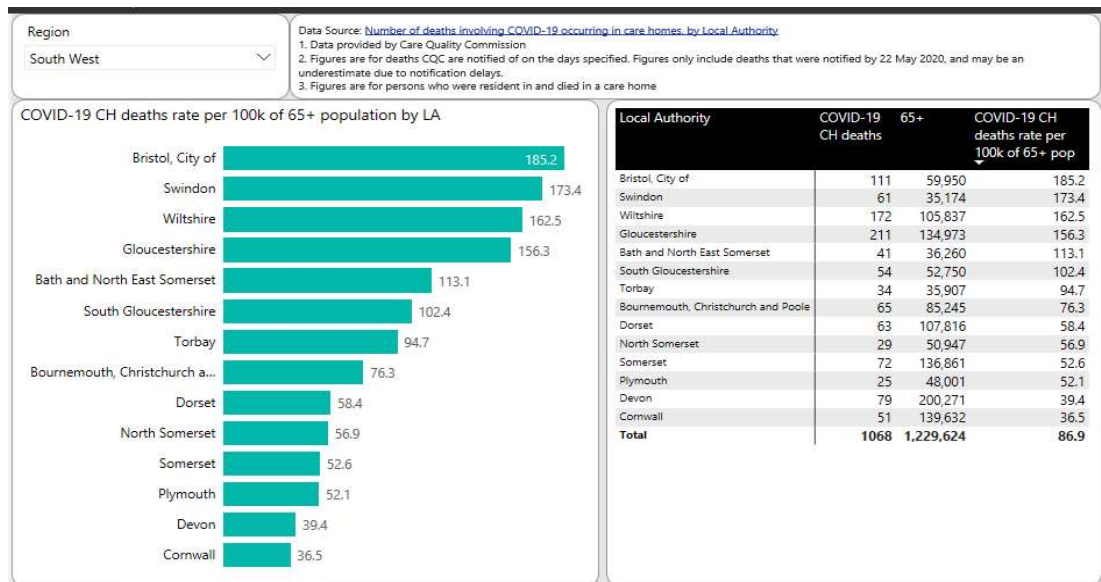


Figure: COVID-19 Care home death rate per 100,000 65+ population Data source: Office for National Statistics 26/05/2020. <sup>6</sup>

<sup>5</sup> Definition: the total bed capacity to treat COVID-19 patients is that designated as such by the four acute Trusts in Devon. Source: Urgent and Emergency Care Daily SitRep

<sup>6</sup> Definition: The fatalities recorded are those notified to the Care Quality Commission by the care home as being due to COVID-19; Only those who were both resident and died in the setting are included; Up to 20% of deaths in hospital nationally are also estimated to be care home residents.

## Proportion of deaths in the local area occurring in care homes

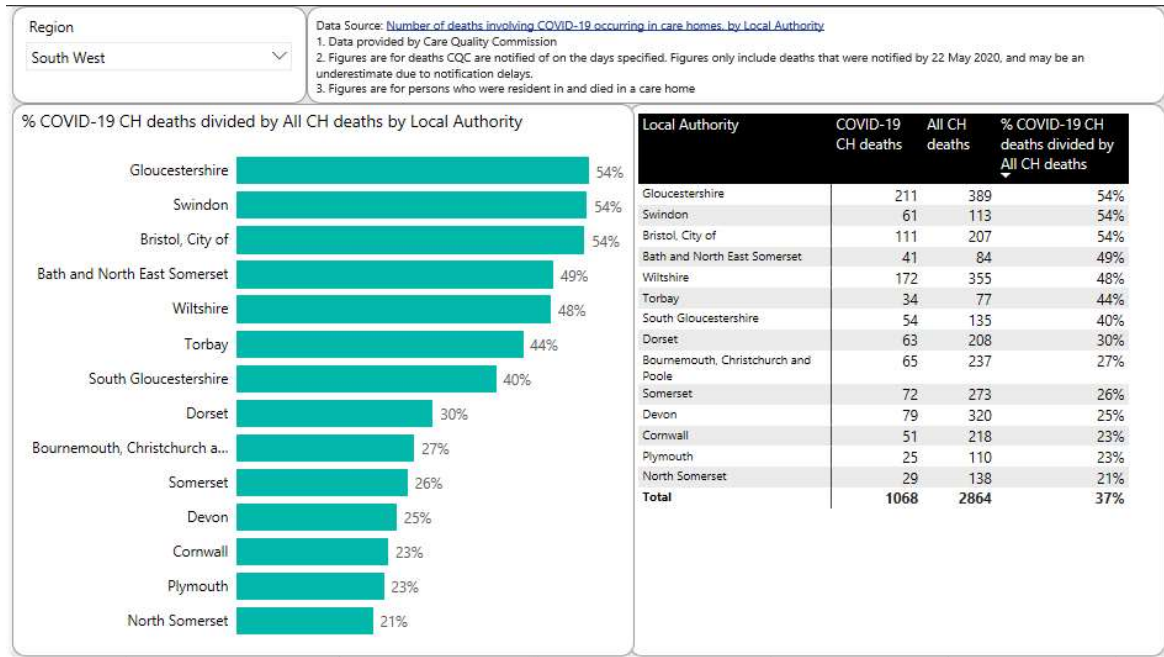


Figure: Deaths in care homes as a proportion of overall deaths in the area due to COVID-19

Data source: Office for National Statistics 26/05/2020. <sup>7</sup>

<sup>7</sup> Definition: The care home fatalities recorded are those notified to the Care Quality Commission by the care home as being due to COVID-19. Only those who were both resident and died in the setting are included. Up to 20% of deaths in hospital nationally are also estimated to be care home residents. The overall number of deaths are those recorded by the Office for National Statistics on the basis of registration of death including mention of COVID-19.

# Torbay and South Devon NHS Foundation Trust

## Inspection report


Torbay Hospital  
Lowes Bridge  
Torquay  
Devon  
TQ2 7AA  
Tel: 01803614567  
www.torbayandsouthdevon.nhs.uk

Date of inspection visit: 10 March to 12 March 2020  
Date of publication: 02/07/2020

## Ratings

### Overall trust quality rating

Good 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive?	Good 
Are services well-led?	Good 
Are resources used productively?	Requires improvement 

# Summary of findings

## Our reports

**The ratings in the table above are from our inspection in May 2018. See ‘What we inspected and why’ below.**

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

The Evidence appendix appears under the Reports tab on our website here: [www.cqc.org.uk/provider/RA9/reports](http://www.cqc.org.uk/provider/RA9/reports). A detailed Use of Resources report is available under the Inspection summary tab ([www.cqc.org.uk/provider/RA9/inspection-summary](http://www.cqc.org.uk/provider/RA9/inspection-summary)).

We award the Use of Resources rating based on an assessment carried out by NHS England and NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust’s productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

## Background to the trust

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time.

This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way. This report includes the findings from the completed service level inspections, but the well-led inspection was not completed.

CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ●

## What this trust does

The trust is an integrated care organisation providing a full range of acute, community and social care services across Torbay and South Devon.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.



# Summary of findings

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time.

This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way. This report includes the findings from the completed service level inspections, but the well-led inspection was not completed.

CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

## What we found

### Overall trust

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

### Are services safe?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

### Are services effective?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

### Are services caring?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

### Are services responsive?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

# Summary of findings

## Are services well-led?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

## Use of resources

We rated it as requires improvement.

NHS England and NHS Improvement undertake the Use of Resources assessments. The report is available on our website.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice. For more information, see the 'Outstanding practice' section of this report.

## Areas for improvement

Please see areas for improvement section below.

## Action we have taken

We found areas for improvement, including 27 must do actions resulting in eight breaches of legal requirements the trust must put right. We found 43 things the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

We identified areas of outstanding practice.

Surgery:

- The day surgery team had won prizes at the International Association of Ambulatory Surgery (IAAS) Congress in Porto, Portugal. First prize was awarded to the day surgery emergency team and second to the day case hip replacement service for presenting projects based on their work which had transformed patients' lives, improved their experience in hospital, reduced waiting lists, improved the efficiency of trust clinical processes, reduced costs and acted as role models for other health care organisations.

Children and Young People:

# Summary of findings

- A quality improvement project based around the short stay paediatric unit and the paediatric pathway to assess, define and diagnose the current issue. The project encouraged team ownership of issues with an emphasis on small scale test of change and building up to solutions and design. As a result of the project there had been a dramatic cut in waiting times and a reduction in average length of stay.
- A parent ran a support group for parents of babies on the special care baby unit to share experiences of specialist baby care, informing, guiding and coaching them to bond closely as a family and manage the ongoing health and developmental concerns they might share. Feedback from parents attending the group was overwhelmingly positive, with 100% of parents finding the group helpful, and recommending it to others.

## Areas for improvement

We told the trust it **MUST** take action to bring services into line with legal requirements. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

### Action the trust **MUST** take to improve:

#### Overall:

- Ensure the trust has a clear oversight of compliance with resuscitation training levels, to include immediate and advance life support training for adults and paediatrics, and can assure themselves their staff are up to date with their training needs. (Regulation 18)

#### Urgent and emergency services:

- Ensure there are enough nursing staff with paediatric training working in the children's emergency care department to meet the Royal College of Paediatrics and Child Health standards. This must include safe paediatric nursing cover when the department staff are called to resus, triage and ward areas. (Regulation 18)
- Ensure all staff have a working understanding of the Mental Capacity and Mental Health Act to support patients with mental health needs. This working understanding must include the records needed to record mental health decisions made. (Regulation 9)
- Ensure the safety of the emergency department. The trust must ensure risk based clinical decisions are completed when using parts of the emergency department to board patients for any length of time. This must include the safe staffing of the minor injuries area when used. (Regulation 12)
- Ensure there is a wider hospital support when the emergency department is under pressure. The trust must ensure a proactive response to pressures in the emergency department. (Regulation 12)
- Ensure all staff receive all mandatory training, including safeguarding and resuscitation training. The training provided must include all medical staff. The trust must also ensure records of training are maintained for all staff to be suitably trained. (Regulation 18)
- Ensure appraisals for nursing staff are completed to enable staff with support and personal development. (Regulation 18)
- Ensure computer and printer systems are made efficient for staff, to support safe working practices and safe records available for discharges. The trust must also ensure safe log in facilities are available for all staff working in the emergency department. (Regulation 17)

# Summary of findings

- Ensure governance is used effectively to drive and monitor change. This should include regular meetings and accurate recordings of meetings and action plans. The trust must ensure actions identified are completed and reviewed. (Regulation 17)

## **Medical care:**

- Ensure mandatory training, refresher training, safeguarding and resuscitation training is completed in line with trust policy and national guidance. (Regulation 18)
- Ensure all staff receive an annual appraisal in line with trust policy. (Regulation 18)
- Ensure staff receive appropriate and comprehensive training around Mental Capacity and Mental Health Act. (Regulation 18)
- Ensure the trust complies with the Mental Health Act and Mental Capacity Act legal frameworks. (Regulation 13)
- Ensure staff are aware of their responsibilities and identification of patients who may require Deprivation of Liberty Safeguards authorisations. (Regulation 13)
- Ensure medicines are prescribed, recorded and stored safely. (Regulation 12)
- Ensure safety equipment is checked in line with trust policy. (Regulation 15)
- Ensure premises are clear of clutter, the environment is not significantly damaged and is maintained in a way to not pose an infection risk, and equipment is stored safely and cleaned effectively. (Regulation 15)
- Ensure records are stored securely and are kept in line with data protection legislation and make sure information governance processes are adhered to. (Regulation 17)

## **Surgery:**

- Ensure the service complies with the Mental Health Act and Mental Capacity Act legal frameworks. (Regulation 11)
- Ensure equipment and premises are fit for use. (Regulation 15)
- Ensure there is a rolling equipment replacement programme. (Regulation 15)
- Ensure all patients have the support required to be autonomous, by ensuring they have access to their disability aids. (Regulation 10)

## **Maternity:**

- Ensure modified early obstetric warning score (MEOWS) is completed as per trust guidance across the maternity service. (Regulation 12)
- Ensure checks on emergency equipment are completed to ensure they are safe and ready for use. (Regulation 12)
- Ensure medical staff are up to date with all mandatory training, to include safeguarding training. (Regulation 18)
- Ensure audit is used effectively and action plans and improvements are monitored and recorded. (Regulation 17)

## **Children and Young People:**

- Ensure they can evidence compliance of paediatric resuscitation training in line with requirements set out in the training needs analysis. (Regulation 18)

## **Community Inpatients:**

- Ensure substances that are hazardous to health are stored securely in a locked room which are inaccessible to patients and visitors (Regulation 15)

# Summary of findings

## Action the trust SHOULD take to improve:

### Urgent and emergency services:

- Review all areas of the emergency department to maintain them in a good state and minimise the risk of cross infection. Some areas of the emergency department needed repair. Some walls had been damaged on the main corridor and were being held in place by tape.
- Confirm all equipment is serviced in line with equipment service guidelines to ensure its safe use.
- Undertake a review of staff finishing induction to confirm they are competent and ready. The trust should make sure all staff are suitably skilled and confident to undertake their role.
- To consider major incident administrative training for reception staff.
- Review that enough staffing by the appropriate levels of staff are working in the emergency department. There were ongoing shortages of Band 7 nurses to manage the department so a lack of educational development and clinical support.
- Keep under review that children were still visible to other waiting patients. This was not in accordance with design guidance set out in Health Building Note 15-01: Accident and emergency departments (April 2013), which recommends the children's waiting area "should be provided to maintain observation by staff but not allow patients or visitors within the adult area to view the children waiting." The space available was not conducive to meeting this guidance.

### Medical care:

- Review departmental risk register recording process. Review any entries that have not been reviewed within identified review dates. Consider recording process for actions complete and actions that are still outstanding.
- Review departmental risk register rating and downgrading processes. Consider prioritising the replacement of flooring on Simpson ward.
- Complete and record reassessment of venous thromboembolism (formation of blood clots) risk 24 hours after admission.
- Improve the completion of nutritional and fluid charts.
- Consider reviewing the support given to the emergency department to support flow through the hospital.
- Consider providing all staff with further training regarding the red2green or gold and silver systems.
- Consider re-educating staff in the emergency department on the admission criteria for ambulatory care.
- Provide support for the ambulatory care team to make sure they feel respected and valued by their wider hospital colleagues.
- Consider alternative storage arrangements for equipment so that day rooms can be used by patients.
- Keep substances hazardous to health securely locked at all times.
- Review access to patient records and IT interfaces which limit accessibility.
- Consider formalising the vision for the service within a written strategy.

### Surgery:

- Create a strategy for the Coastal ISU with a clear vision and a set of values, with quality and sustainability as the top priorities.

# Summary of findings

- Provide all staff with an annual appraisal in line with trust policy.
- Improve the efficiency of preoperative assessments to be valid by the date of the patient's operation.
- Improve last minute cancellations of operations, and offer another date within 28 days.
- Improve mandatory training, refresher training, safeguarding and resuscitation training to be completed in line with trust policy.

## **Maternity:**

- Review cleaning procedures so all equipment is free from dust.
- Improve medical staff awareness of maternity safeguarding leads.
- Confirm all obstetricians are trained at the required level for safeguarding level 3 children.
- Improve the quality and recording of handovers to ensure women are kept safe when they move between sites or areas of the maternity unit.
- Review the consultant presence on the delivery suite.
- Improve working relationships between consultants and midwives
- Remind staff to record the use of 'fresh eyes' within notes.
- Review the quality of WHO theatre audits for obstetrics and be assured areas of non-compliance are identified and actioned as required.
- Review the provision of mental health training for midwifery staff.
- Review the provision of bereavement support across the maternity pathway.
- Continue the culture review work currently underway within the maternity department.

## **Children and young people:**

- Continue to improve mandatory training compliance, to include safeguarding for medical staff.
- Continue to review the medical staffing levels and rotas to enable adequate provision of training and service delivery.
- Mark all solution bottles with dispensing and expiry date stickers.
- Maintain accurate setting of the parameters of the refrigerator probe and report refrigerator temperature discrepancies with a range of between 2 and 8 degrees to the technical manager.
- Continue to assess the risk of accessing the treatment room through the medication preparation room on Louisa Cary ward.

## **Community Inpatients:**

- Confirm staff are receiving supervision in line with the trusts' supervision policy.
- Safely store equipment so there is not a risk to cause a hazard to patients, staff and visitors.
- Encourage advocacy and make this available for patients who would benefit from it.
- Confirm staff have an understanding of how cultural, social and religious needs may relate to care needs.

# Summary of findings

## Is this organisation well-led?

We did not inspect trust-wide well-led at this inspection. See the section headed 'What we inspected and why' for more information.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement	Good	Outstanding	Good	Good	Good
May 2018	May 2018	May 2018	May 2018	May 2018	May 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.



## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Jul 2020	Requires improvement ↓ Jul 2020	Good ↔ Jul 2020	Requires improvement ↓ Jul 2020	Requires improvement ↓ Jul 2020	Requires improvement ↓ Jul 2020
Community	Good ↑ Jul 2020	Good ↔ Jul 2020	Outstanding ↔ Jul 2020	Good ↔ Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020
Mental health	N/A	N/A	N/A	N/A	N/A	N/A
Ambulance	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
<b>Overall trust</b>	Requires improvement May 2018	Good May 2018	Outstanding May 2018	Good May 2018	Good May 2018	Good May 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Torbay Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓ Jul 2020	Requires improvement ↓ Jul 2020	Good ↔ Jul 2020	Requires improvement ↓ Jul 2020	Requires improvement ↓ Jul 2020	Requires improvement ↓ Jul 2020
Medical care (including older people's care)	Requires improvement ↔ Jul 2020	Requires improvement ↓ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Requires improvement ↓ Jul 2020	Requires improvement ↓ Jul 2020
Surgery	Requires improvement ↓ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Requires improvement ↔ Jul 2020	Requires improvement ↓ Jul 2020	Requires improvement ↓ Jul 2020
Critical care	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Maternity	Requires improvement ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Requires improvement ↔ Jul 2020	Requires improvement ↔ Jul 2020
Gynaecology	N/A	N/A	N/A	N/A	N/A	N/A
Services for children and young people	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020
End of life care	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Outpatients	Requires improvement May 2018	N/A	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Diagnostic imaging	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall*</b>	Requires improvement ↔ Jul 2020	Requires improvement ↓ Jul 2020	Good ↔ Jul 2020	Requires improvement ↓ Jul 2020	Requires improvement ↓ Jul 2020	Requires improvement ↓ Jul 2020

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Community health services for children and young people	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Community health inpatient services	Good ↑ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020
Community end of life care	Requires improvement May 2018	Requires improvement May 2018	Good May 2018	Good May 2018	Requires improvement May 2018	Requires improvement May 2018
Community dental services	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016
Community urgent care service	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
<b>Overall*</b>	Good ↑ Jul 2020	Good ↔ Jul 2020	Outstanding ↔ Jul 2020	Good ↔ Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall</b>	N/A	N/A	N/A	N/A	N/A	N/A

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
<b>Overall</b>	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for adult social care services

	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Overall</b>
St Edmunds	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018

# Acute health services

## Background to acute health services

The trust provides all ten core services. The main site is at Torbay hospital where all services are provided. During our inspection we inspected five out of ten core services, this included: urgent and emergency care, medical care, surgery, maternity, and children and young people. We inspected these services at Torbay Hospital only, with the exception of maternity where we also visited their birthing unit at Newton Abbot Hospital.

## Summary of acute services

**Requires improvement** ● ↓

Our rating of these services went down. We rated them requires improvement because:

- Across the core services we found staff did not consistently keep their mandatory training updated to meet trust compliance targets, including safeguarding and resuscitation training. We identified risks with infection control in medical care and surgery due to damages in the environment and cluttered premises. In urgent and emergency care there were insufficient numbers of some staff and the environment was not suitable for the demand of the service. In maternity staff did not always use tools to identify risk of deterioration and this was not escalated consistently. In medical care medicines were not always managed well.
- Staff did not consistently know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health, and staff did not consistently understand the relevant consent and decision making requirements of legislation and guidance. This was found across medical care, surgery and urgent and emergency care services.
- In surgery and urgent and emergency care people could not always access the service when they needed it or the right care promptly. Wider system delays did not ensure patient safety in the emergency department and there were a high number of surgical cancellations.
- Governance processes were not always effective in medical care, surgery, urgent and emergency care or maternity. In medical care and maternity risks were not always identified and recorded.

However:

- Staff understood how to protect patients and their families from abuse, and assessed patients at risk of deterioration and escalated them appropriately. In most services detailed patient records were kept.
- The services provided care and treatment based on national guidance and evidence based practices and the multidisciplinary teams worked well together to benefit the patients.
- Staff treated patients with compassion and kindness, and respected privacy and dignity. They took account of individual needs and provided emotional support.

# Summary of findings

- In medical care, maternity and children and young people there was good access to services and people were not kept waiting too long. All services were planned to meet the needs of local people and staff aimed to meet patient individual needs. Concerns and complaints were taken seriously and lessons learnt.
- Children and young people operated effective governance processes and performance was well managed.

# Torbay Hospital

Hengrave House  
Torbay Hospital, Lawes Bridge  
Torquay  
Devon  
TQ2 7AA  
Tel: 01803614567  
www.sdhct.nhs.uk

## Key facts and figures

Torbay and South Devon NHS Foundation Trust is an integrated care organisation providing acute and community health services as well as adult social care. This consists of Torbay hospital, four community hospitals, health and wellbeing sites along with home based care provision.

The trust serves a resident population of approximately 375,000 people, plus about 100,000 visitors at any one time during the summer holiday season.

## Summary of services at Torbay Hospital

**Requires improvement** ● ↓

Our rating of services went down. We rated them as requires improvement.

A summary of our findings can be found in the 'Overall trust' section of the report and detail in the below core service sections.

Please note Torbay Hospital is the acute health service provided by Torbay and South Devon NHS Foundation Trust.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

Urgent and emergency care services are provided at Torbay Hospital, they are delivered as part of the Newton Abbot Integrated Service Unit (ISU) which is the system providing urgent and emergency care. The emergency department operates 24 hours a day, seven days a week.

Adult patients receive care and treatment in two main areas; minors and majors. Patients with serious injury or illness, who usually arrive by ambulance, are seen and treated in the majors' area. This includes; a resuscitation area with four cubicles, and 16 cubicles and side rooms, additionally there are four allocated areas which are used, when needed, on a stretch of corridor. The majors' area is accessed by a dedicated ambulance entrance.

Self-presenting patients with minor injury are assessed and treated in the minors area

There is a dedicated children's unit within the main emergency department with a small separate waiting area. A further waiting area for children is designated in the main waiting room.

The emergency department is a designated trauma unit and provides care for all but the most severely injured trauma patients, who would usually be taken by ambulance to the nearest major trauma centre. If the patient is not suitable to travel immediately, they may be stabilised at Torbay Hospital and transferred as their condition dictates. The department is served by a helipad.

There is a clinical decision unit adjacent to the department which accommodates eight seated patients. This area is for patients who do not require admission but who are awaiting results of diagnostic tests or for discharge arrangements to be made.

Torbay hospital provides services to a resident population of approximately 375,000 people, plus about 100,000 visitors at any one time during the summer holiday season.

From October 2018 to September 2019 there were 116,844 attendances at the trust's urgent and emergency care. (Source: Hospital Episode Statistics)

We visited the emergency department over three weekdays 10, 11 and 12 March 2020. There were a further two follow up telephone calls on the 18 March 2020.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We spoke with 11 patients and eight relatives. We spoke with staff, including 25 nurses, 11 doctors, two managers, 15 support staff and ambulance staff. We observed care and treatment and reviewed ten care records.

Prior to and following our inspection, we reviewed performance information about the trust and data provided by the trust.

## Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- Staff were not up to date with trust targets for paediatric basic life support training and safeguarding children training. The environment was not suitable for the demand on the service and did not always keep people safe. Computer systems used caused delays. There were insufficient numbers of paediatric nurses.



# Urgent and emergency services

- The service did not support and ensure all staff were competent for their roles or ensure competencies were regularly reviewed. Not all staff knew how to support patients who lacked capacity or were experiencing mental ill health. Staff monitored the effectiveness of care and treatment, but this was not always used to develop the service.
- Due to the environment staff could not always keep patient care and treatment confidential.
- People could not always access the service when they needed it or the right care promptly. Waiting times to admit, treat and discharge patients were not always in line with national standards. Staff worked to make sure discharge planning started as early as possible, but discharges and transfers were regularly delayed as a result of wider system delays. There was safety monitoring for some aspects of the service, but some areas lacked safety oversight.
- Leadership at department level, was supportive and staff confirmed they felt they had a strong leadership team, but did not all feel respected, valued and supported by the trust. Leaders operated variably effective governance processes and governance meetings were not consistently undertaken and recorded. Some staff engagement had a negative effect on staff and caused some distress. The system of risk register management was not consistently maintained. The information systems had some issues the trust were addressing, the system was secure but not always used correctly.

However:

- Staff understood how to protect patients from abuse and how to keep them safe, they controlled infection risk well and staff kept detailed records of patients' care and treatment. Staff monitored patients well and responded when patients deteriorated, and they cared for patients who had an extended stay in the department.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff gave patients enough food and drink and assessed and monitored patients regularly to see if they were in pain. Multidisciplinary working benefitted patients, they supported each other to provide good care. Key services were available seven days a week to support timely patient care and staff gave patients practical support and advice about leading healthier lives.
- Staff treated patients with compassion and kindness, respected their privacy and dignity whenever possible within the environment, and took account of their individual needs. Patients provided overwhelmingly positive feedback about the nursing and medical staff and the treatment they had received. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff coordinated care with other services and providers.
- Staff supported patients when they were delayed in the department. The service mostly took account of patients' individual needs and preferences and adjusted to help patients access services. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Staff at all levels were clear about their roles and accountabilities and the service had a vision for what it wanted to achieve and an early strategy to turn it into action. Department leaders understood and managed the priorities and issues the service faced and were visible and approachable to patients and staff. All staff were committed to continually learning and improving services but struggled because of capacity pressures to drive change.

## Is the service safe?

**Inadequate** ● ↓

Our rating of safe went down. We rated it as inadequate because:

Page 41

# Urgent and emergency services

- Not all staff were meeting trust compliance targets for their mandatory training and safeguarding children training compliance needed to improve. Staff were not all up to date with trust targets for paediatric basic life support training and had difficulties collating data to evidence staff were compliant with immediate and advance life support training.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. The design of the environment was not suitable for the demand on the service.
- Servicing of equipment was not always completed. We were made aware there was a plan to address the systems used to monitor and report equipment service needs.
- The service did not have enough nursing and support staff with the right qualifications, skills, training and experience in all areas to keep patients safe from avoidable harm and to provide safe care and treatment.
- There were not enough nursing staff with paediatric training working in the children's emergency care department to meet the Royal College of Paediatrics and Child Health standards.
- When patients were boarded overnight in minors this area was not staffed appropriately after midnight, although this was mitigated by putting the least poorly or at-risk patients here, it was only staffed by healthcare assistants.
- There were delays in accessing records for patients transfer and discharge. This was because of computer and printer delays and impacted on patients leaving the department.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer and record medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Staff did not always monitor effectiveness of care and treatment or use the findings to make improvements to achieve good outcomes for patients. Some standard targets were not met and actions to address this were not available.

# Urgent and emergency services

- The service did not make sure all staff were competent for their roles. Ongoing training and extra learning to support staff in new roles was not always provided.
- Managers did not always appraise staff work performance and did not regularly hold supervision meetings with them to provide support and development.
- Not all staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Not all staff had a good understanding of the mental capacity act. Staff did not all understand the relevant consent and decision-making requirements of legislation and guidance.

However:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. The department team were observed to be a cohesive and supportive team working under pressure.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients support and advice to lead healthier lives.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity whenever possible within the environment, and took account of their individual needs. Patients said staff treated them well and with kindness.
- Staff in the emergency department worked under periods of challenge with professionalism and empathy.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff communicated well with people demonstrating empathy and compassion. All staff including administrative and housekeeping were respectful and understanding.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Patients understood the difficulties of the department and were complimentary about the staff and the care they received.

However:

- Staff could not always keep patient care and treatment confidential because the corridors were used to provide care and treatment.
- The Patient Friends and Family Test had an extremely low number of responses, so we were unable to analyse performance of this metric over time. We asked if the service had considered why the response rate was so low and staff were unable to provide us with a reason for this.

# Urgent and emergency services

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- People could not always access the service when they needed it or receive the right care promptly. Waiting times to admit, treat and discharge patients were not in line with national standards.
- Flow through the emergency department was not consistently managed as part of the wider hospital and the risks were not well managed. Managers using minors areas to hold majors area patients for periods of time did not ensure patient safety in the emergency department.
- The service did not always take account of patients' individual needs and preferences. Staff did not always make sure that patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.
- Managers monitored patient transfers but did not ensure patient safety in the emergency department.

However:

- The service planned and provided care in a way that aimed to meet the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Staff supported patients when they were delayed in the department.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Leadership at an executive level was visible on occasions but staff felt they were only visible when the department was in crisis. Staff did not all feel respected, supported and valued. The trust board clinical lead responsible for the mental health strategy was not visible to staff.
- Staff feedback suggested there may a disconnect between the department and the board level. Some staff engagement had a negative effect.
- A number of governance processes were not effective in developing the service. Opportunities to meet were not consistent and learning from the performance of the service was not always maintained.
- Leaders and teams did not consistently use systems to manage performance and issues in the department effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. The system of risk register management was not consistently maintained.

# Urgent and emergency services

- The information systems had some issues the trust were addressing. The system was secure but not always used correctly.
- The systems used to monitor risks were not well managed. A number of performance issues were not escalated appropriately through clear structures and were not regularly reviewed. Some risks in the department were beyond the department staff control.
- Leaders and staff engaged with patients but there were no clear systems to share information for service improvement. Engagement with staff was not always effective or well led.

However:

- Leadership at department level, was supportive and staff confirmed they felt they had a strong leadership team. Medical and nursing staff worked together cohesively to manage the busy department.
- The service had a vision for what it wanted to achieve and an early strategy to turn it into action. Staff spoke passionately about patient safety, quality and compassionate care.
- Staff had access to secure relevant patient information and an electronic information system which allowed them to view real time information about individual patients and the activity in the department.
- The trust had implemented 'Hero' awards for staff to recognise achievement. We saw several emergency department staff had won this award.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement but struggled because of capacity pressures to drive change.

## Outstanding practice

We did not identify areas of outstanding practice.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

The Torbay and South Devon NHS foundation Trust revised its delivery model and delivery structure 11 months prior to this inspection. This was a move to become an integrated care organisation combining health and community services. It was created to encourage and support partnership working. The revised delivery model created five integrated service units (ISU). Torquay ISU, and Paignton and Brixham ISU, which sat within the Torbay system. The South Devon system included the Moor to Sea ISU, Coastal ISU and Newton Abbot ISU. There was also a separate service delivery unit focused on trust wide operations for the whole system across Torbay and South Devon. Medical care services were present in all five ISUs.

At Torbay Hospital, medical services include (but are not limited to) general medicine, respiratory medicine, cardiology, renal services, gastroenterology, elderly care, dementia services, dermatology services, stroke services and specialist cancer services.

The trust provides both inpatient facilities and outpatient clinics, with clinics at the main hospital sites and as part of wider services based in the community. During this inspection we only visited medical services at Torbay Hospital.

Medical services at Torbay Hospital included oncology. This is a non-surgical cancer service where patients with a hematological cancer or a solid tumor cancer diagnosis receive care. In addition, the Ricky Grant Day Unit is a hematology or oncology day unit providing Systemic Anti-Cancer Therapy (SACT) and associated treatments to patients living with a cancer diagnosis. This service provides outpatient clinics, radiotherapy treatment, specialist inpatient care on Turner Ward and transplants. All services are supported by the cancer nurse support team, the specialist palliative care team, the Cancer Support and Information Centre and living with & beyond cancer initiatives.

Cardiology services include an eight-bed coronary care unit and a six-bed chest pain unit. There are two dedicated cardiac catheterisation laboratories providing a percutaneous coronary intervention (PCI) service. A chest pain outreach service to the emergency department and assessment units are also provided seven days a week. Dunlop Ward has 14 cardiology beds, which are mainly for patients with heart failure and arrhythmia. Rehabilitation nurse specialists provide specialist support, nurse-led clinics and outreach services.

Care of the Elderly services are provided on Cheetham Hill Ward which specialises in care of older people.

There is a Stroke Unit (George Earle Ward), an acute Transient Ischemic Attack (TIA) service and outpatient management of TIA patients.

Midgley Ward is a 29-bed acute respiratory medical ward catering for a wide range of respiratory conditions, and non-invasive ventilation. An outreach team of nurses facilitate early discharge and support in the community for patients with respiratory conditions.

*(Source: Routine Provider Information Request AC1 - Acute context tab)*

During our announced inspection between 10 and 12 March 2020 we visited:

The Emergency Assessment Unit 4 (EAU4), Turner Ward, George Earle Ward, Cheetham Hill Ward, Ambulatory care, Dunlop ward, Ricky grant day unit, Midgley ward, Cardiac catheterisations suite, Coronary Care Unit (CCU), Simpson Ward, Elizabeth Ward and Warrington Ward.

We also visited two surgical wards, Allerton and Cromie, where medical patients were also receiving care.

# Medical care (including older people's care)

We spoke with 72 members of staff, including nurses, doctors, therapists, pharmacists, administration staff and housekeeping staff. We spoke with 15 patients and relatives. We looked at 35 sets of patients' records, which included medical, nursing and observation records.

The trust had 45,130 medical admissions from September 2018 to August 2019. Emergency admissions accounted for 20,485 (45.4%), 726 (1.6%) were elective, and the remaining 23,919 (53.0%) were day case.

Admissions for the top three medical specialties were:

- General medicine – 19,775
- Gastroenterology – 10,543
- Clinical haematology – 3,571

(Source: *Hospital Episode Statistics*)

## Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- Staff did not consistently keep their mandatory training updated, including safeguarding training. The service did not always manage medicines well. Equipment was not always kept visibly clean and damaged flooring and cluttered conditions posed an infection control risk. The environment was cluttered and there was significant wear and tear. There were missed daily checks of resuscitation equipment. Records were not always easily available to all staff providing care due to poor IT interfaces. Records were not always kept securely.
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. We observed transfers and discharges being delayed by a lack of IT system interface and printer malfunction. Managers did not always appraise staff work performance or hold supervision meetings with them to provide support and development.
- Staff did not consistently know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They did not always use agreed personalised measures that limited a patient's liberty.
- Although systems were established to support flow within the hospital, medical specialisms did not appear proactive when supporting the move of patients out of the emergency department and onto wards.
- There was no written vision or strategy for medical specialisms. Governance processes were not always effective. Staff were not always clear about their roles and accountabilities.
- Leaders and teams did not always use systems to manage performance effectively. They identified and escalated risks but did not effectively take action to reduce their impact. Staff did not always have the time they needed to access data analysed by the service. They were not always able to use it to improve the service as a result. The information systems were not all integrated and secure.

However:

- Staff risk assessed patients and identified and quickly acted upon patients at risk of deterioration. The service mostly had enough staff to care for patients and keep people safe, albeit with a significant reliance on bank, agency and locum staff. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

# Medical care (including older people's care)

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients and advised them on how to lead healthier lives.
- Staff mostly treated patients with compassion and kindness and respected their privacy and dignity. They provided emotional support to patients, families and carers. Staff mostly took account of patients' individual needs or helped them understand their conditions.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- Staff did not consistently keep their training updated. Compliance with key training modules for nursing and medical staff was not meeting trust targets and medical staff infection prevention compliance was below 75%.
- Staff did not consistently complete or keep up to date with training on how to recognise and report abuse. A low number of staff were eligible for safeguarding level three adult training.
- Equipment was not always kept visibly clean and damaged flooring posed an infection risk.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. The environment was cluttered and there was significant wear and tear. There were missed daily checks of resuscitation equipment. Staff did not always manage clinical waste well.
- Records were not always easily available to all staff providing care due to poor IT interfaces. Records were not always stored securely and we identified unsecure confidential patient information.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines. The cardiac catheter lab was not following correct legal guidelines for administering and prescribing a medication. The trust resolved this at the time of our inspection. Fridge temperature recordings were not always completed and there was no check of ambient room temperatures.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff knew how to apply safeguarding principles.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service mostly had enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. There were staff shortages and there was use of bank, agency and locum staff to fill gaps in staffing levels. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum, bank and agency staff a full induction.
- Staff kept detailed, clear records of patients' care and treatment. Records were clear and up-to-date.



# Medical care (including older people's care)

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. On the whole managers ensured actions from patient safety alerts were implemented and monitored.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Staff did not consistently support patients to make informed decisions about their care and treatment. They did not always follow national guidance to gain patients' consent. They did not consistently know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They did not always use agreed personalised measures that limit patients' liberty.
- Staff did not consistently protect the rights of patients subject to the Mental Health Act 1983.
- The recording of patient fluid and nutrition in care records could be improved. We observed documents where no totals or signatures had been recorded.
- Managers did not always appraise staff's work performance or hold supervision meetings with them to provide support and development.
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. We observed transfers and discharges being delayed by a lack of IT system interface and printer malfunction. Staff did not all have access to the same electronic records system that they could all update.

However:

- The service provided care and treatment based on national guidance and best practice.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff monitored the effectiveness of care and treatment and used the findings to make improvements and achieve good outcomes for patients.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service ensured staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care. Some services were not available or more difficult to access out of hours or at weekends.
- Staff gave patients practical support and advice to lead healthier lives.

# Medical care (including older people's care)

## Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff mostly treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

However:

- Staff did not always support and involve patients, families and carers to understand their condition and make decisions about their care and treatment. This was predominantly relating to patients who were unable to make decisions about their care.

## Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. The service worked with others in the wider system and local organisations to plan care.
- The service was inclusive and mostly took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Although systems were established to support flow within the hospital, medical care specialisms did not appear proactive when supporting the move of patients out of the emergency department and onto wards.

## Is the service well-led?

Requires improvement  ↓

Our rating of well-led went down. We rated it as requires improvement because:

- There was no formalised, written vision or strategy specifically for medical specialisms.
- Leaders operated governance processes throughout the service and with partner organisations but these were not always effective.

# Medical care (including older people's care)

- Staff were not always clear about their roles and accountabilities. This related to legal responsibilities regarding consent, mental capacity and deprivation of liberty safeguards and the application of the legal frameworks. This did not evidence good governance and management of these processes.
- Leaders and teams did not always use systems to manage performance effectively. They identified and escalated risks but did not effectively take action to reduce their impact. Staff did not always have the time they needed to access audit results. They were not always able to use these to improve the service as a result. The information systems were not all integrated and secure.

However:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders had plans to cope with unexpected events and staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

## Outstanding practice

We did not identify areas of outstanding practice.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Surgery

Requires improvement  

## Key facts and figures

The trust's Coastal Integrated Service Unit (we refer in the report to Coastal ISU) managed elective and non-elective surgery at Torbay Hospital. Elective and non-elective surgery supported at Torbay Hospital includes:

- breast surgery
- colorectal surgery
- ear nose and throat
- gastroenterology
- maxillofacial surgery
- orthodontics
- ophthalmology
- trauma and orthopaedics
- upper gastrointestinal surgery
- urology
- vascular surgery

Screening is provided by breast, endoscopy and vascular teams.

Day surgery at Torbay Hospital includes emergency procedures and the site has a dedicated unit to support this. There are enhanced recovery pathways for colorectal and orthopaedic surgery. The endoscopy unit is a national training unit and has a bowel cancer screening and bowel scope.

Torbay Hospital has ten main operating theatres, seven of which cover general surgery and the remaining three cover more complex procedures. Each theatre has a surgical speciality allocated to it, as well as a core of specialist theatre practitioners (nurse or operating department practitioner), to carry out the surgical procedures.

There are five wards with a total of 120 inpatient beds at this site. The wards are:

- Ainslie ward
- Allerton ward
- Cromie ward
- Ella Rowcroft ward
- Forrest ward

From July 2018 to June 2019, the trust had 20,465 surgical admissions. A breakdown of these admissions by type is shown below:

- Emergency admissions - 7,975 (39%)
- Day case admissions - 10,365 (51%)

# Surgery

- Planned (i.e. elective) admissions – 2,125 (10%)

(Source: Hospital Episode Statistics)

On this announced inspection, we visited all areas listed above. We spoke with over 30 members of staff in various roles, including unit leaders, senior managers, medical staff, nurses, healthcare assistants, therapy staff and domestic staff.

We spoke with over 16 patients and patients' friends and family. We also observed interactions between staff, and between staff and patients. We reviewed patients' records, observed various meetings, including multidisciplinary staff meetings, ward rounds and hospital-wide bed management meetings. We looked at medicines management, checked equipment, medical devices and consumables.

## Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- Compliance with mandatory training modules was not meeting trust targets. The design, maintenance and use of facilities and premises meant there were some risks to patients and prevented effective cleaning. There were some risks to the spread of fire from poor health and safety practices in relation to fire doors.
- Some staff did not consistently understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. Preoperative assessments were valid for six months prior to the patient's surgery and surgery was often performed when this assessment had expired.
- There were times when patients did not feel well-supported or cared for or their dignity was not maintained. We spoke with a number of patients who either felt they were given different information by different staff, or did not feel included in conversations about their care.
- Patients could not always access services when needed to receive treatment within agreed timeframes and national targets. Reduced activity and insufficient theatre capacity had resulted in underperformance in admitted patient pathways. Some patients stayed longer in hospital than they needed to, often because care packages to support patients in the community were not always available or timely. There were high numbers of cancellations for patients having elective surgery. When patients had their operations cancelled at the last minute, managers did not make sure they were all rearranged as soon as possible and within national targets and guidance.
- The service did not have a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. There was no current strategy for Coastal Integrated Service Unit. The service did not have a mental health strategy appropriate for patients with mental illness that the trust board approved and reviewed annually. There were some governance processes, but these were not effective in gaining full assurance for improving or developing the service. Meeting minutes lacked enough detail and had limited insight to provide the reader with enough information to understand what was discussed and agreed.

However:

- The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff completed and updated risk assessment for each

# Surgery

patient and removed or minimised risks. The service mostly had enough medical, nursing and support staff with the right qualifications, skills, training and experience to provide the right care and treatment. Staff kept detailed records of patients' care and treatment. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.

- The service provided care and treatment based on national guidance and evidence-based practice. Managers ensured staff were fully competent for their roles. Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.
- The day surgery team had won prizes at the International Association of Ambulatory Surgery (IAAS) Congress. First prize was awarded to the day surgery emergency team and second to the day case hip replacement service for presenting projects based on their work which had transformed patients' lives, improved their experience in hospital, reduced waiting lists, improved the efficiency of trust clinical processes, and reduced costs.
- Staff were discreet and mostly responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff made sure patients' privacy and dignity was always respected.
- The service relieved pressure on other departments when they could treat patients in a day and was recognised for work on hip replacement surgery. The service treated concerns and complaints seriously, investigated them and learned lessons from the results.
- Leaders had the integrity, skills and abilities to run the service. Staff felt respected, supported and valued. The management and oversight of the risk register was clear. Staff were committed to continually learning and improving services.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- Staff did not consistently keep their training updated. Compliance with key training modules for nursing and medical staff was not always meeting trust targets.
- The design, maintenance and use of facilities and premises meant there were some risks to patients. We found some wards were not fully equipped for their designed use. We found some of the premises in need of maintenance. For example, some walls and door frames had chipped paint and flaking plaster. There were temperature fluctuations on wards due to poorly fitting windows; and intermittent flooding of sewage from sinks and toilets on one ward. There was also a lack of trolley and cupboard space in the new anaesthetic rooms. In theatres we found areas were cluttered due to a lack of storage space which prevented effective cleaning.
- There were some risks to the spread of fire from poor health and safety practices in relation to fire doors. We noted some fire doors were propped open on all wards we attended and in theatres.

However:

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff were mostly up to date with their safeguarding training.
- Staff mostly controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection.

# Surgery

- Staff completed and updated a risk assessment for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service mostly had enough medical, nursing and support staff with the right qualifications, skills, training and experience to provide the right care and treatment. Managers reviewed and sought to adjust staffing levels and skills mix, and gave bank, agency and locum staff a full induction. However, there were medical vacancies and periods of nurse understaffing or a skill mix of nursing staff not in line with national guidance.
- Staff kept detailed records of patients' care and treatment. Most records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared with staff, patients and visitors.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. The service participated in relevant national clinical audits.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieve good outcomes for patients. Outcomes for patients were positive, generally consistent and met expectations, such as national standards.
- The day surgery team had won prizes at the International Ambulatory Surgery (IAAS) Congress. First prize was awarded to the day surgery emergency team and second to the day case hip replacement service for presenting projects based on their work which had transformed patients' lives, improved their experience in hospital, reduced waiting lists, improved the efficiency of trust clinical processes, and reduced costs. Managers ensured staff were fully competent for their roles. Most staff had annual appraisals or managers held supervision meetings with them to provide support and development.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. Staff assessed patient's pain using a recognised tool and gave pain relief in line with individual needs and best practice.

However:

- We found that healthcare assistants (HCAs) were used to fill vacant registered nursing roles. We saw that where this occurred, managers would overstaff the wards with HCAs, to compensate for the lower numbers of registered nurses. Nevertheless, HCAs were not able to complete tasks undertaken by registered nurses.

# Surgery

- Preoperative assessments were sometimes undertaken even though staff understood it would not be valid by the time of the patient's surgery and therefore needed to be redone.
- Some staff did not consistently understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff were discreet and mostly responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.
- The trust had introduced a real time feedback project called the patient experience collaborative. The trust scored highly in the patient friends and family question with 98% reporting they were likely or extremely likely to recommend the hospital overall. These were supplemented by the patient engagement network interviews which provided real time feedback on experience.
- Staff made sure patients' privacy and dignity was always respected. For example, we saw nurses closing curtains around patients when delivering personal care and treatment. All patients we spoke with were positive about the way staff maintained their privacy and dignity.
- We saw staff spend time talking to patients, or those close to them. We saw several examples of the support and help provided to patients by nursing and medical staff.

However:

- There were occasions when some patients did not feel well-supported or cared for or their dignity was not maintained.
- We noted that call bells were not always answered promptly.
- Staff did not always speak with patients, families and carers in a way they could understand, using communication aids where necessary. We spoke with a number of patients who either felt they were given different information by different staff, or did not feel included in conversations about their care.

## Is the service responsive?

**Requires improvement** ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- People did not always access the service when they needed it to receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards. The trust had not met the referral to treatment national standard of 92%, or the local agreed target of 82%. Reduced activity and insufficient theatre capacity had resulted in patients having to wait too long.
- Some patients stayed longer in hospital than they needed to, often because care packages to support patients in the community were not always available or timely.



# Surgery

- There were high numbers of cancellations for patients having elective surgery. When patients had their operations cancelled at the last minute, managers did not make sure they were all rearranged as soon as possible and within national targets and guidance. Data showed that cancelled patients were not always offered another binding date within 28 days.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service relieved pressure on other departments when they could treat patients in a day and was recognised for work on hip replacement surgery.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and learned lessons from the results. The majority of complaints were responded to in a timely way in line with trust policy.
- The service had access to emergency mental health support 24 hours a day, seven days a week for support for patients with mental health problems, learning disabilities and living with dementia. Staff had access to advice and support from the psychiatry team if a patient decided to either discharge themselves or refuse treatment.
- On average, most patients' length of stay was below (better than) the England average. Some patients receiving elective or planned surgery were staying longer than average, but most were discharged in good time.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- The service did not have a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. There was no current strategy for the Coastal Integrated Service Unit. We spoke with the leadership team who told us about business plans to improve the service, but there was no overarching strategy for the service.
- The service did not have a mental health strategy for patients with mental illness that the trust board approved and reviewed annually.
- There were some governance processes, but these were not effective in gaining full assurance for, improving or developing the service. We reviewed governance meeting minutes. These were basic notes of meetings and did not make actions and follow up of actions clear. This did not show the depth of discussion and scrutiny within the meetings. Minutes lacked enough detail and limited insight to provide the reader with enough information to understand what was discussed and agreed.

However:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

# Surgery

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making but there were times where potentially financial pressures compromised the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found areas of outstanding practice. Please see the Outstanding section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Requires improvement   

## Key facts and figures

Maternity services at Torbay and South Devon NHS Foundation Trust provide antenatal, intrapartum and postnatal maternity care, at Torbay Hospital and in local community settings across South Devon. There are 29 maternity beds at Torbay Hospital and two birthing rooms at Whitelake Unit at Newton Abbot Hospital.

The trust reported 2,042 babies were born at the trust from October 2018 to September 2019. During this inspection we inspected maternity services at Torbay Hospital and Whitelake Unit at Newton Abbot Hospital. The service also provided community maternity services to women across South Devon. The Special Care Baby Unit was located alongside the maternity unit providing level one care to babies (level one care is for babies who need extra monitoring but do not need intensive care). Babies who needed level two care or higher were transferred to the closest local hospital with these facilities.

We inspected the following areas at Torbay Hospital:

- Delivery Suite with seven ensuite rooms including one with a birthing pool.
- John Macpherson antenatal and postnatal ward with 20 beds.
- Antenatal clinic and day assessment unit.
- Mary Delve bereavement suite.

We also inspected Whitelake unit with two birthing rooms, one of which has a birthing pool, at Newton Abbot Hospital.

Our inspection was announced, which meant staff knew we were coming. During the inspection, we observed care provided by staff and spoke with fourteen women about their care and treatment and three relatives or partners of women receiving care. We spoke with 67 staff including the head of midwifery, matron, the clinical director, obstetricians, anaesthetists, theatre staff, the risk and governance midwife, junior through to senior midwives, specialist midwives, maternity support workers, maternity voices partnership lead and domestic staff.

We attended three handover meetings, reviewed eighteen care records and analysed data provided to us by the trust.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- Systems and processes were not always reliable or appropriate to keep people safe. Staff did not always use the tools to identify risks of deterioration and escalate appropriately. Checks to specialist equipment and medicines management processes were not always effective. Medical staff were not consistently keeping up to date with mandatory training, to include safeguarding training.
- The leadership, governance and culture did not always support the delivery of high-quality person-centred care. Staff did not always feel supported by senior leaders, not all risks identified on the inspection were recognised and recorded by the service and the culture of team working needed to improve.

However:

# Maternity

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff completed and updated risk assessments for each woman and took action to remove or minimise risks most of the time. Staff kept detailed records of women's care and treatment. The service managed patient safety incidents well.
- Staff provided effective maternity care. The service provided care and treatment based on national guidance and evidence-based practice. The effectiveness of care and treatment was monitored, and findings used to make improvements. Staff were competent for their roles. Staff supported women to make informed decisions about their care and treatment and provide consent. Women were supported to feed their babies well and the service had achieved level 3 in the UNICEF baby friendly accreditation.
- People were supported, treated with dignity and respect, and were involved as partners in their care.
- The service was responsive, it was planned and delivered to meet the needs of the local population and was responsive to people's individual needs. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and teams used systems to manage performance effectively. Leaders and staff actively and openly engaged. All staff were committed to continually learning and improving services.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- Staff did not always use the tools available to identify risk of deterioration, and escalate these risks, consistently.
- Staff did not always complete checks of emergency equipment.
- Medical staff were not always up to date with mandatory training.
- Medical staff were not always aware of the safeguarding leads and were not all up to date with their safeguarding training.
- The quality and recording of handover information when women moved between sites needed to improve.
- At the time of the inspection there were not always enough medical staff, and consultant presence on the delivery suite needed to improve.
- Systems to ensure medicines available were within expiry dates were not always followed.

However:

- The service provided mandatory training in key skills to staff and had processes to make sure midwifery staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Midwifery staff had training on how to recognise and report abuse and they knew how to apply it.
- The service usually controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They generally kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe.

# Maternity

- Staff completed and updated risk assessments for each woman and took action to remove or minimise risks most of the time.
- The service had enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff most of the time with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, women and visitors.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women enough food and drink to meet their needs and improve their health. Staff supported women to feed their babies well. The service made adjustments for women's religious, cultural and other needs.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women. The service had been accredited under the UNICEF Baby Friendly scheme, achieving the level 3 standard.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit women's liberty appropriately.

However:

# Maternity

- Some working relationships between consultants and midwives needed to improve.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.

However:

- There were some concerns midwives did not always have enough time to provide bereavement follow up care with no funded full-time bereavement midwife.

## Is the service responsive?

**Good** ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge women were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

## Is the service well-led?

**Requires improvement** ● → ←

Our rating of well-led stayed the same. We rated it as requires improvement because:

- The visibility and support from leadership needed to improve.
- The service had a culture that needed to improve. Staff did not always feel valued or that their concerns were understood by senior leadership. Staff were confident to raise concerns, but not always confident things would change.

# Maternity

- Not all risks identified during the inspection were recorded on the risk register.
- Governance processes were not always effective.

However:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Leaders and teams used systems to manage performance effectively. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We did not identify areas of outstanding practice.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Services for children and young people

Good   

## Key facts and figures

Children's services comprised the following departments and wards at Torbay Hospital:

- John Parkes - The Child Developmental Centre is based at the John Parkes Unit. It provides the means for multi-disciplinary assessment and management of children with suspected developmental impairment. The team consists of nursery nurses, physiotherapists, speech therapists, occupational therapists, clinical psychologist, and paediatricians.
- Louisa Cary - This is a paediatric ward with 14 standard beds, two high dependency unit beds and six beds for older children.
- Paediatric outpatients - Specific area in main outpatients dedicated for paediatric outpatient clinics.
- Special care baby unit - The Special Care Baby Unit (SCBU) is for babies who are small, premature or who need extra care or observation as well as those who have difficulties when feeding.

*(Source: Routine Provider Information Request (RPIR) – Sites tab)*

The trust additionally provided the following information about their children's services:

The child health directorate includes acute hospital-based care for children aged 18 years and under and covers all referrals for both community and general paediatrics.

Louisa Cary ward provides care for acutely unwell children. The ward covers children aged 18 years and under with varying conditions from medical, surgical, orthopaedic and other specialities. The ward also has a six bedded young person's unit for teenagers, and a two bedded high dependency unit.

Alongside Louisa Cary there is a five bedded short stay paediatric assessment unit for direct GP access and patients streamed from the emergency department.

The special care baby unit (SCBU) is a service for babies who are small, premature or who need extra care or observation.

*(Source: Routine Provider Information Request (RPIR) – Context acute tab)*

The trust had 3,370 episodes of activity from October 2018 to September 2019.

Emergency episodes accounted for 88% (2,980), 10% (330) were day case episodes, and the remaining 2% (60) were elective.

We visited the hospital on 10 to 12 March 2020. The inspection was announced.

During the inspection we visited Louisa Cary ward, the paediatric outpatient department, and the special care baby unit.

We spoke with 11 children and young people, and 17 parents. We also spoke with 36 members of staff including consultants, nurses, health care assistants, allied health professionals, pharmacy staff, administrative staff, a housekeeper, cleaners and a teacher.

We observed interactions between children, young people and their families, and staff, considered the environment and looked at ten medical and nursing care records.



# Services for children and young people

Before our inspection we reviewed performance information from and about the hospital.

We found progress had been made in all areas of the requirements from the previous inspection in 2016.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave children and young people enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Medical staff were not always meeting trust mandatory training targets. The trust was unable to evidence compliance of up to date paediatric resuscitation training and the current junior doctor staffing levels did not provide adequate training opportunities or cover for the wards for annual leave and study leave and was not sustainable at this level.

## Is the service safe?

Good   

Our rating of this service stayed the same. We rated it as good because:

- Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

# Services for children and young people

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service generally had enough medical staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children, young people, their families and visitors.

However:

- Medical staff were not always meeting trust mandatory training targets, including safeguarding training.
- The trust was unable to evidence compliance of up to date paediatric resuscitation training, for different staff roles, in line with their own training needs analysis.
- The current junior doctor staffing levels did not provide adequate training opportunities or cover for the wards for annual leave and study leave and was not sustainable at this level.

## Is the service effective?

Good   

Our rating of this service stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.
- Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for children, young people and their families' religious, cultural and other needs.

# Services for children and young people

- Staff assessed and monitored children and young people regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people. The service had been accredited under the UNICEF Baby Friendly Awards.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for children, young people and their families.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on children and young people's care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

Good ● → ←

Our rating of this service stayed the same. We rated it as good because:

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people, families and carers to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

## Is the service responsive?

Good ● → ←

Our rating of this service stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

# Services for children and young people

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

## Is the service well-led?

Good ● → ←

Our rating of this service stayed the same. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children, young people, their families and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where children and young people, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with children, young people, their families, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found areas of outstanding practice. Please see the Outstanding section above.

# Services for children and young people

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Community health services

## Background to community health services

Community services are provided by Torbay and South Devon NHS Foundation Trust. This includes community health services for adults, community health services for children and young people, community health inpatient services, community end of life care, community dental services and community urgent care service.

During this inspection we inspected one community service, community inpatients, and visited the inpatient wards at four community hospitals; Newton Abbot, Totnes, Dawlish and Brixham.

## Summary of community health services

**Good** ● ↑

Our rating of these services improved. We rated them as good because:

- Our rating for safe went up for community inpatient services. The service controlled infection risk well and completed comprehensive risk assessments to monitor patients, reporting patient safety incidents and managed effective processes for governance management.
- Care and treatment was provided in line with national guidance in the inpatient hospitals. There was a strong sense of multidisciplinary team working.
- In community inpatients hospital staff treated patients with compassion and kindness, and were empathic in providing care.
- Community services were planned to meet the needs of local people and people could access community inpatient services when needed.
- Our rating for well-led went up for community inpatient services. There was a positive culture and effective structures, processes and systems of accountability to support the delivery of good quality services and identify risks.

However:

- Some areas of safe needed to be improved we raised concerns about substances hazardous to health, and equipment stored in communal areas was a potential trip hazard.

# Community health inpatient services

Good  

## Key facts and figures

Torbay and South Devon NHS Foundation Trust provides care to patients requiring inpatient healthcare, treatment and rehabilitation. There are 112 inpatient beds spread across four community hospitals. Dawlish and Totnes have 16 medical and rehabilitation beds, and Brixham has 16 medical and rehabilitation beds plus four intermediate care beds. Newton Abbot hospital has two wards of 30 beds each. One ward specialises in stroke and neurological rehabilitation, whilst the other ward is made up of medical and rehabilitation beds. The services the trust provides include rehabilitation, intermediate care, nursing and medical care for people with long term, progressive or life-limiting conditions and care of the elderly and frail.

The admission criteria allowed for a wide range of patients to be either transferred from secondary care or directly admitted from the community preventing an admission into an acute setting. At the time of the inspection there was no waiting list for admissions into the community hospitals.

The inpatient services are primarily designed around the needs of elderly patients who require rehabilitation. All of the five wards have capacity to provide care and treatment for patients that require end of life care.

We last inspected this service in 2016 and rated the service as requires improvement. We told the provider they must ensure they implement systems and processes to enable sharing and resolution of safety issues between the wards and board level. This was particularly regarding staffing levels and skill mix. At this inspection we found that the provider had reduced the number of hospitals from 9 sites to 4 hospital sites. This allowed senior leaders to focus on staffing and skill mix over fewer sites providing the same care. We also found that ward managers had good oversight of governance, including staffing levels and vacancies.

This inspection was undertaken as part of our comprehensive programme of inspections. Our inspection was announced (staff knew we were coming) to enable us to observe routine activity.

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from staff at focus groups. This inspection was announced, staff knew we were coming.

During inspection, the inspection team:

- visited all five wards at the four community hospital sites, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 16 patients who were using the service

# Community health inpatient services

- spoke with three carers or family members of patients using the service
- spoke with the managers for each ward
- interviewed 20 staff including consultants, staff nurses, healthcare assistants, occupational therapists, physiotherapists and health care assistants
- reviewed 27 care records of patients
- attended two multidisciplinary team meetings and a ward handover
- carried out a specific check of medication management and administration records on all wards
- looked at policies, procedures and other documents relating to the running of the service

## Summary of this service

Our rating of this service improved. We rated it as good because:

- Wards areas were exceptionally clean and had suitable furnishings and equipment that were clean and well maintained. Staff used control measures to prevent the spread of infection such as adhering to hand washing techniques and the use of personal protective equipment.
- Comprehensive risk assessments were carried out for people who used the services, and these were reviewed and managed appropriately. Risk management plans were developed in line with national guidance, such as the use of Malnutrition Universal Screening Tool (MUST) for patients.
- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service used clear and effective systems and processes to safely prescribe, administer, record and store medicines. These were in line with the relevant legislation and current national guidance, such as having dedicated pharmacist input to support with medicines optimisation.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. All wards used an evidence-based SAFER patient flow bundle, which is a practical tool to reduce delayed discharges for patients in adult inpatient wards. Staff monitored the effectiveness of care and treatment. They used findings to make improvements and achieved good outcomes for patients such as maintaining the average length of stay less than the national average of 28 days.
- Staff ensured patients maintained their nutrition and hydration to meet their needs and improve their health. The service made adjustments to menus to cater for patients' religious, cultural and dietary needs.
- The service had a strong sense of multidisciplinary team working to benefit patients. Staff across all disciplines documented patients care and treatment to a high standard. Care was delivered and reviewed by staff in a coordinated way with different teams, services and organisations across the trust area. Specialist nurses and doctors were regularly visiting wards to provide guidance and inform care for patients they were supporting in the community.
- Managers appraised staff's work performance. Appraisal compliance was good at all the wards and staff felt they had opportunities for personal and professional development.



# Community health inpatient services

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients told us they felt safe and were well looked after. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff encouraged the involvement of families and carers when making decisions about patient's care, treatment and living arrangements following discharge.
- The service planned and provided care in a way that met the needs of local people and the communities served. This included good working relationships with charities that provided support to patients on the wards and supported patients discharge back to their own homes.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. All premises were wheelchair friendly and special equipment could be sourced easily. People could access the service when they needed it and received the right care in a timely way. Across the service there were no waiting lists.
- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care. Managers had been resourceful when managing periods of staff vacancies.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on the trust's vision and values.
- There were effective structures, processes and systems of accountability to support the delivery of good quality services. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Managers had engaged staff in various initiatives to improve safety around falls and this was reflected in a reduction in the number of falls.
- The service collected, analysed, managed and used information well to support all its activities. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Hazardous substances had not been stored away safely at Totnes Community Hospital.
- Equipment had been stored in communal corridors on Teign ward, Newton Abbot and Brixham Community Hospital causing a potential trip hazard.
- Supervision of staff varied across the service and the majority of staff were not receiving supervision in line with the trust policy.
- Advocacy had not been promoted or accessed at any of the wards we visited.
- Most staff we spoke with lacked an understanding of how cultural, social and religious needs may relate to care needs.

## Is the service safe?

Good ● ↑

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

# Community health inpatient services

- All wards were clean and had suitable furnishings which were clean and well-maintained. The layout of Totnes and the two wards at Newton Abbot made it difficult for staff to see patients from the nurse's station. The safety of patients had been managed by increasing staff presence on these two wards.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. All wards we visited were adhering to infection control measures such as hand washing techniques and wearing personal protective equipment where required.
- Comprehensive risk assessments were carried out for people who used the services and risk management plans were developed in line with national guidance. Across the service staff had completed National Early Warning Score (NEWS2) and the Malnutrition Universal Screening Tool (MUST) for patients. These tools are used to support staff to identify deteriorating patients and risk of malnutrition respectively. Risk assessments were assessed, monitored and managed appropriately.
- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Although medical cover varied across the wards, all staff felt they had sufficient medical cover and nurses were trained in a wide range of competencies to provide safe care and treatment.
- The service used clear and effective systems and processes to safely prescribe, administer, record and store medicines. These were in line with the relevant legislation and current national guidance, such as having dedicated pharmacist input to support with medicines optimisation.
- The service managed patient safety incidents well. Staff reported incidents using the electronic reporting system and were confident to do so. Incidents were reviewed by managers and themes were drawn from monthly reports to inform feedback to the staff team.
- The service used safety monitoring results well. Managers shared this information with staff and used it to improve the service. Staff across the service had collaboratively reduced the number of patient falls after this was highlighted as a concern on their safety thermometer.

However:

- The sluice room at Totnes Community Hospital was unlocked and hazardous substances had not been stored away safely and could be accessed by patients. This had been raised at the previous inspection.
- Equipment had been stored in communal corridors on Teign ward, Newton Abbot and Brixham Community Hospital causing a potential trip hazard.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. All wards across the service used the SAFER patient flow bundle, which is a practical tool to reduce delayed discharges for patients transferring from adult inpatient wards.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments to menus to cater for patients' religious, cultural and dietary needs.

# Community health inpatient services

- Staff monitored the effectiveness of care and treatment. They used findings to make improvements and achieved good outcomes for patients. Across the service staff had continued to support their patients to achieve their rehabilitation goals and keep the average length of stay less than the national average of 28 days. The average length of stay at Totnes Hospital was 10 days, which was significantly lower than the national average.
- The service had a strong sense of multidisciplinary team working to benefit patients. Doctors, nurses and other healthcare and social care professionals supported each other to deliver person centred care. Discussions of patients and care records reflected the close working relationships between all disciplines, with the person at the centre and the team working around them.
- Managers appraised staff's work performance. Appraisal compliance was good at all the wards and staff felt they had opportunities for personal and professional development.
- Care was delivered and reviewed by managers in a coordinated way with different teams, services and organisations across the trust area. Specialist nurses and doctors were regularly visiting wards to provide guidance and inform care for patients they were supporting in the community.

However:

- Supervision of staff varied across the service and the majority of staff were not receiving supervision in line with the trust policy. This meant staff had little opportunity to reflect on and discuss the care they deliver, which is strongly associated with improved performance and patient care.
- Although staff understood how and when to assess whether a patient had the capacity to make decisions about their care, advocacy had not been promoted or accessed at any of the wards we visited. This meant that patients who lacked capacity to make specific decisions and had no informal advocates, were not fully supported to make decisions.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity. Patients told us they felt safe, were well looked after and were receiving a 'first class' service.
- Staff provided support to patients, families and carers to minimise their distress. Staff were empathic when providing care and patients felt at ease. Staff ensured they were at patient's eye level when speaking with them.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff encouraged the involvement of families and carers when making decisions about patient's care, treatment and living arrangements following discharge.

However:

- Although staff were responsive to patients' needs when they had been identified by the patient, there was little understanding amongst staff of how cultural, social and religious needs may relate to care needs.

## Is the service responsive?

Good ● → ←

Page 75

# Community health inpatient services

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. Staff had built relationships with a local service who provided voluntary support on the wards for befriending, memory cafes and pet therapy.
- The service was inclusive and took account of patients' preferences. Patients were given a choice of food and drink to meet their personal preferences, such as gluten free meals. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. Specialist equipment was ordered in for patients as required, for example bariatric equipment.
- People could access the service when they needed it and received the right care in a timely way. Across the service there were no waiting lists so patients could be admitted as soon as referrals were triaged and accepted.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care. Staff spoke highly of their managers and felt well supported. Despite having nurse vacancies at Brixham Hospital, the staff team morale was good, and this was attributed to strong leadership.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was centred on the needs and experience of people who used the services. Staff 'supported and empowered' people to be as 'well and independent as possible', as outlined in the trust's vision and values.
- There were effective structures, processes and systems of accountability to support the delivery of good quality services. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Managers had engaged staff in various initiatives to improve safety around falls and this was reflected in a reduction in the number of falls.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, including winter plans. Staff across the service had completed contingency plans for COVID-19, which detailed essential information such as access to personal protective equipment and staff availability.
- The service collected, analysed, managed and used information well to support all its activities. Staff used paper records with secure electronic systems for email access, training and incident reporting. Managers had full electronic access to communicate with all stakeholders, including the local acute hospital, GP's and external providers.

## Outstanding practice

We did not identify areas of outstanding practice.

Page 76

# Community health inpatient services

## Areas for improvement

We found areas for improvement in this service. See the 'Areas for improvement' section of this report.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

#### Regulation

Surgical procedures

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

#### Regulation

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

#### Regulation

Surgical procedures

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Maternity and midwifery services  
Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

### Regulation

Maternity and midwifery services  
Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

### Regulated activity

### Regulation

Surgical procedures  
Treatment of disease, disorder or injury

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

# Our inspection team

The inspection was led by inspection managers Amy Bance (acute) and Evan Humphries (community).

The team included two inspection managers, one inspection planner, 13 inspectors, and one assistant inspector. Specialist advisors in the team included three consultants, six nurses, one midwife, one physiotherapist and two pharmacists. CQC's consultant national professional advisor for urgent and emergency care supported the team remotely through data review and phone calls with trust leads.



**Meeting:** Cabinet

14<sup>th</sup> July

Overview & Scrutiny Board

22<sup>nd</sup> July

**Wards Affected:** All Wards

**Report Title:** Budget Monitoring 2020/21 – Period Two (May 2020)

**Is the decision a key decision?** No

**When does the decision need to be implemented?** n/a

**Cabinet Lead Contact Details:** Darren Cowell, Cabinet Member for Finance  
[Darren.cowell@torbay.gov.uk](mailto:Darren.cowell@torbay.gov.uk)

**Supporting Officer Contact Details:** Sean Cremer, Deputy Head of Finance  
[Sean.Cremer@Torbay.gov.uk](mailto:Sean.Cremer@Torbay.gov.uk), 01803 207553

---

## 1. Purpose and Introduction

- 1.1. This report provides a high level budget summary of the Council's forecasted revenue position for the financial year 2020/21. This report is based on figures as at the end of Period 2, 31<sup>st</sup> May 2020 taking into account the financial impact of Covid19. There are no material changes in expenditure and service income arising in June that would materially impact on this report however the MHCLG funding announced on the 2<sup>nd</sup> July has been incorporated.
- 1.2. The Council's **Revenue** budget remains under significant pressure. The total financial pressures faced total £18.7m before use of specific reserves and government funding.
- 1.3. The main pressures are due to the Covid-19 pandemic and the financial impact of the changes to service delivery required and changes in behaviour of the general public.
- 1.4. After taking into account
  - 1.4.1. Government grant support of £10.3m
  - 1.4.2. Estimated income reimbursement of £1.8m
  - 1.4.3. Utilising service specific reserves of £0.9m
  - 1.4.4. Underspend from normal, non-Covid-19 activities of £0.9m
- 1.5. **The Council is forecasting an overall overspend on its revenue budget at Period 2 of £4.8m.**
- 1.6. At this stage there are no significant reductions or closure of services proposed.
- 1.7. The report also outlines the budget virements actioned to re-establish a new 2020/21 budget in light of the financial pressures and grant income received.
- 1.8. As part of the mitigating actions some expenditure restrictions have been introduced in the year, however at this stage there are no significant reductions or closure of services proposed.

## 2. Recommendation (s) / Proposed Decision

2.1. That the Overview & Scrutiny Board notes the latest position for the Council's revenue outturn position and mitigating action identified and make any comments and/or recommendations to the Cabinet.

2.2. That the Overview & Scrutiny Board notes the budget virements in section 7 and make any other comments and/or recommendations to the Cabinet.

## 3. Grant Support

3.1. As of 2<sup>nd</sup> July the Government has announced 3 tranches of un-ringfenced funding for Local Authorities

Tranche	Date	Total Funding (£m)	Torbay Share (£m)
1	19-Mar	1,600	5.372
2	18-Apr	1,600	3.765
3	02-Jul	500	1.177*
	<b>Total</b>	<b>3,700</b>	<b>10.313</b>

3.2. Note: at the time of writing this report the individual Local Authority allocations announced as part of Tranche 3 have not been confirmed. This figure of £1.2m estimate assumed that Tranche 3 is allocated on the same basis as Tranche 2 which is linked to population.

3.3. The Government has announced on 2<sup>nd</sup> July additional support a new scheme that will reimburse councils for lost income. Where losses are more than 5% of a council's planned income from sales, fees and charges, the government will cover them for 75p in every pound lost in excess of the 5%. More details of how this scheme will be made available by the Government in due course however it is currently expected that rent, interest and "commercial" income will be excluded and only income directly raised by the Council is included.

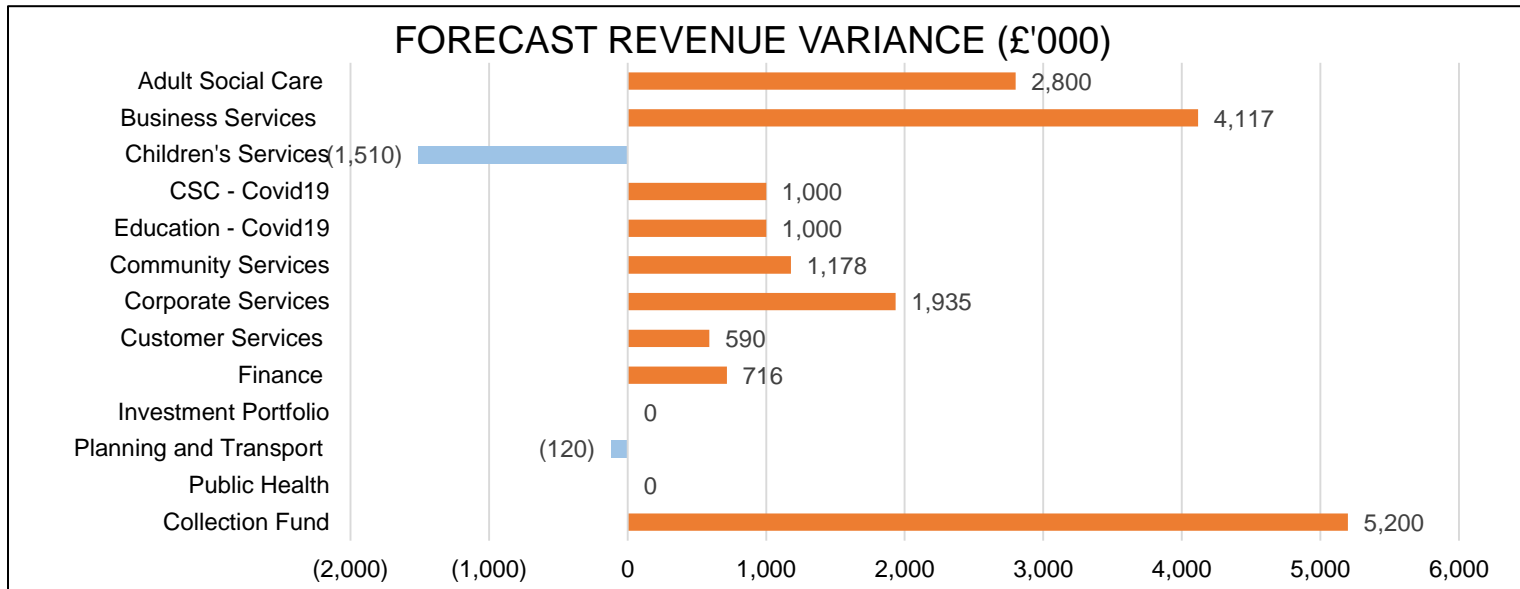
3.4. In addition to the (estimated) £10.3m of un-ring fenced "COVID" grant and the Income reimbursement Grant, Central Government have issued a number of other grants related to COVID.

3.5. Under Financial Regulations (5.5) "The Chief Finance Officer, in consultation with the Leader of the Council, to determine the allocation and expenditure of any new revenue grant monies that are received during the year". Therefore these grants will be applied to the purpose specified and will be included in the 2020/21 budget monitoring. These are listed below:

<b>Grant</b>	<b>£000's</b>	<b>Purpose</b>
Infection Control	2,748	To support ASC providers with infection control measures. Funding will be passported to suppliers (via ICO)
Opening High Streets	121	To support opening of high streets. Spend is being managed by the TDA.
Food Grant	TBA	Torbay share of £63m yet to be announced
Test and Trace	886	To support the mitigation and management of local outbreaks of COVID.
Hardship Fund	1,611	To support Council Tax Support scheme claimants. All working age claimants' council tax bills have been reduced by £150 and the balance is to be used for the discretionary hardship fund.
Business Grants	47,490	Funding to support the Business Grant and Discretionary Business Grant scheme under guidance by BEIS. Note: Torbay is acting as "agent" here so this funding will not form part of budget.
Transport Access	41	Grant to support development of alternative travel to public transport
Business Improvement District (BID) support	25	Support to BID companies to cover the equivalent of core operational costs for three months.
Coronavirus Rough Sleeping Contingency Fund	12	Support for Covid19 impact on homelessness
Substance Dependence treatment	TBA	Torbay share of £16m yet to be announced
Emergency Accommodation support	TBA	Torbay share of £105m yet to be announced.

#### 4. 2020/ 21 Revenue Budget Summary Position

4.1. The below graph shows a visual breakdown, highlighting budget variance for each service,



#### 5. Service Budgets

5.1. The budget position for each service is shown in the table below:

Torbay Council Revenue	Budget	Outturn	Variance
Period 2 2020/21	£000s	£000's	£000's
1. Adult Social Care	39,876	42,676	2,800
2. Business Services	13,220	17,337	4,117
3. Children's Services	46,940	45,430	(1,510)
3a. CSC - Covid19	0	1,000	1,000
3b. Education - Covid19	0	1,000	1,000
4. Community Services	1,641	2,819	1,178
5. Corporate Services	4,008	5,943	1,935
6. Customer Services	2,667	3,257	590
7. Finance	(5,249)	(4,533)	716
8. Investment Portfolio	(4,641)	(4,641)	0
9. Planning and Transport	7,049	6,929	(120)
10. Public Health	10,357	10,357	0
11. Collection Fund	0	5,200	5,200
<b>Revenue total</b>	<b>115,868</b>	<b>132,774</b>	<b>16,906</b>

**5.2.** A narrative of the position and main variances in each service area is as follows;

1. Adult Social Care – Overspend £2.8m

Whilst the majority of this budget is spent against a fixed contract with the ICO the council is expecting to provide £2.5m of support to Adult Social Care providers to ensure the provision of care is maintained throughout this pandemic.

£250k of grants are being given to the Community and Voluntary sector who have been supporting the community response to Covid-19.

2. Business Services – Overspend £4.1m

Due to the Government lockdown and resultant changes in public behaviour Car Parking income is expected to have a £2.5m short fall in income due to the ongoing significant reduction in the use of car parks. From 1<sup>st</sup> April to 31<sup>st</sup> May income was down £1m compared to 2019/20 levels. This represents a significant pressure as we continue into the summer period where off street parking income last year was between £115k - £175k per week.

There are additional income pressures across the service including:

- Harbours shortfall on income £250k due to reduced visiting vessels and fish tolls
- Events & Torre Abbey £220k due to changes to the events schedules and opening restrictions.
- Beach Services £80k

There is also £500k of forecast spend associated with providing financial support to leisure and conference centres, comprising of £400k for the RICC and £100k for Clennon Valley.

These figures are based on assumed recovery and a gradual return to “normal operations” between now and the winter.

Cabinet recently considered the Economic Response Plan (Previously called COVID Economic Recovery Plan). At this stage a provision of £200k has been set aside to the support this plan in 2020/21 which is in addition to the use of the £121k of the Opening High Streets grant.

3. Children's Services – Underspend £1.5m

Within Children’s social care there is a forecast underspend of £1.8m due to savings on the Placements budget. This is due to the significant reduction in residential placements since Q3 of 2019/20, namely a reduction from 44 placements to 27 placements. The other historic pressure in Children’s social care has been agency staff which has reduced by 17 since the start of the financial year.

3a. Children’s Social Care (CSC) – Covid19 – Pressure £1m

There are concerns that cases of neglect and child abuse will have gone unreported during the lockdown as social isolation means children and families have significantly reduced contact with people outside of their home. As a result there could be an

additional £1m of costs associated with safeguarding children as referrals from Schools, NHS and members of the public increase as lockdown eases. As a result there may be an increase in the LAC population due to lockdown.

### 3b. Education – Covid19 – Pressure £1m

Due to social distancing restrictions there are significant implications on the current home to school travel arrangements for children with Special Educational Needs (SEN). Before lockdown this service cost £54k per week on transporting 454 children “door to door”. With the requirement to comply with social distancing restrictions the weekly costs could increase significantly, costing the Council an additional £1m for the remainder of this financial year. This forecast cost will change depending on future social distancing guidance.

### 4. Community Services – Overspend £1.2m

The main pressure within Community Services is the cost of providing temporary accommodation which is forecast to be £938k. This additional cost is as a result of providing accommodation to an additional 141 people as part of the “Everyone In” initiative. This is very slightly offset by the £12k Coronavirus (COVID-19) Rough Sleeping Contingency Fund received from Central Government.

There are some expected shortfalls in income associated with the Food safety and licensing of £150k due to restrictions on the work the team were able to undertake due to lockdown restrictions.

### 5. Corporate Services – Overspend £1.9m

There are costs of £932k associated with the Temporary mortuary facility that has been set up by the Council. The facility has been in place since April, and a decision is to be taken imminently as to the future of the site.

The costs of the emergency response for the financial year including the Shielding Hub which has been set up to provide support for individuals on the Governments shielding list, additional communication with the community, purchase of PPE, and additional bandwidth for homeworking is forecast to cost £400k. The Shielding Hub has provided a range of support for the community and includes a contact centre as well as the provision of food parcels and PPE.

Within legal services there are ongoing costs associated with Agency Staff of £309k, predominantly as a result of the support for Adult Safeguarding. There are ongoing efforts to recruit to permanent staff including a review of market supplements and a grow our own approach. Recharges and income associated with Legal work is forecasting a shortfall of £200k based on historic levels of income achievement.

There is an income shortfall of £158k associated with the Print service, as per previous years. There is a tender evaluation ongoing for this service which may mitigate this position depending on the success of this exercise.

The Registrars service is forecasting a shortfall of £100k in income due to social distancing restrictions on the registration of Births and Marriages.

#### 6. Customer Services – Overspend £0.6m

Housing benefit pressures are forecast of £400k due to the demand for financial support for individuals and households and the resultant subsidy due.

There are £200k of additional staff costs associated with the increased demand within customer services associated with the delivery of the £47.5m business support grants, increased caseload for council tax support scheme and extended weekend operations of the call centre.

#### 7. Finance – Overspend £716k

Within finance there are pressures associated with the NNDR rate retention pool which is expected to be down £653k due to a predicted downturn in rates collection across the Devon-wide pool resulting in less funding re-distributed across the pool.

£300k of contingencies for shortfall in income have been released to mitigate budget shortfalls.

There is an impact on interest receipts from the reduction in bank base rate from 0.75% to 0.1% however this is forecast to be offset by compensation savings elsewhere in the treasury management budgets.

Due to the significantly increased activity in the Revenues & Benefits function additional resources (£100k) have been approved to support the team in administering the Collection Fund.

#### 8. Investment Properties – Breakeven £0k

There are pressures associated with investment property income which will be offset by use of the investment fund reserve which is set up as part of every investment property purchase. The purpose of this reserve is to meet temporary income shortfalls on investment properties across the portfolio. The in year shortfall from these properties is still an evolving position, however the year end shortfall, to be funded from the reserve, could be up to £0.9m.

#### 9. Planning & Transport – Underspend £120k

A reduced contribution for concessionary fares of £200k is forecast which offsets a COVID related pressure associated with land charges income.

#### 10. Public Health – On budget

The majority of Public Health activity is funded by the ring-fenced grant. As a result there are no material variances within this service as the Covid19 costs have been shown elsewhere.

## 11. Collection Fund - Under recovery £5.2m

The collection fund which is expected to have a £5.2m shortfall as a result of Covid19. These pressures are due to shortfalls in the collection of Business Rates & Council Tax income and increased demand for support under the Council Tax Support Scheme.

Under the collection fund accounting rules any shortfall on the collection fund is carried forward to the following financial year to be funded. On the 2<sup>nd</sup> July the Government announced that Council's will be able to repay Council and business rates tax deficits over three years instead of one. This change results in the £5.2m forecast shortfall being a £1.73m shortfall in funding for each of the following three years.

## **6. Mitigating actions**

- 6.1. The Council is estimating to receive £10.3m of un-ring fenced "COVID" grant to support expenditure and lost income.
- 6.2. After taking into account the Government grant support of £10.3m and utilising service specific reserves of £0.9m, and the £0.9m revenue underspend from normal (non-covid19) operations, the Council is forecasting an overall budget overspend as at Period 2 of £4.8m.
- 6.3. As mentioned earlier in the report the Collection Fund shortfall of £5.2m will impact on three years from 2021/22 budget. However the Council's clear view that, despite the new option to smooth the deficit, that this shortfall, as COVID related, should be funded by MHCLG. It is still possible that MHCLG may share some of the 2020/21 losses in collection.
- 6.4. The financial impact on 2020/21 is constantly evolving and forecasts will be updated as more "actuals" are known. The underlying assumptions are updated linked to service pressures and revised Government guidance and funding announcements.
- 6.5. The financial impact for the Council will depend on the level of recovery in Torbay. This recovery is in terms of both the local economic recovery and collection of Council Tax and NNDR which is vital to deliver local public services.
- 6.6. A moratorium on non-essential spend remains in place. The Chief Finance Officer has arranged additional scrutiny in order to monitor and challenge all orders and contracts placed by officers across the Council.
- 6.7. The Chief Finance officer with the support of the senior management team has reviewed a number of sources of funding that could be applied to mitigate any in year shortfall, however any use of these resources would result in an "opportunity cost" in relation to the original intention for the funding.
- 6.8. **The Council does fully recognise and appreciate that MHCLG has provided three tranches of funding which is welcomed, however the Council's clear view is that the totality of the financial impact of Covid19 should be funded by MHCLG and should not be a cost to the local taxpayer or result in a detrimental impact on service provision for residents.**
- 6.9. In addition to supporting any national or regional lobbying for more Covid19 related funding the Council is also making its case for funding wherever it can. The Council's



Chief Executive and Chief Finance Officer have already had meetings with MHCLG to encourage additional funding to be allocated.

- 6.10. The Chief Financial Officer and his team are closely monitoring the Council's cash flow. At this stage there are no concerns about cash flow for the remainder of the financial year.
- 6.11. The Council's Chief Finance Officer has a requirement in certain situations to issue a "section 114 notice" to the Council under the Local Government Finance Act 1988. This states "that the chief finance officer of a relevant authority shall make a report under this section if it appears to them that the expenditure of the authority incurred (including expenditure it proposes to incur) in a financial year is likely to exceed the resources (including sums borrowed) available to it to meet that expenditure".
- 6.12. Clearly this has been a relevant consideration with the current financial pressures. However CIPFA have now issued a statement to encourage councils to consider the exceptional circumstances and to consult with MHCLG prior to such action. At this stage Torbay is not considering issuing such a notice but will continue to both lobby for additional funding and continue to consider options for mitigating the financial impact in 2020/21 and in future years.

## **7. Revised Budget**

- 7.1. In order to re-establish a baseline budget to allow more accurate ongoing monitoring as per financial regulations, the 2020/21 budget has been revised by the use of budget "virements" to reflect the updated financial forecast including the (estimated) allocation of the £10.3m COVID grant and other grant receipts.
- 7.2. The budget adjustments take into account the financial impact of Covid19 on the service due to the additional cost pressures or income shortfalls experienced this year.
- 7.3. The revised budget is intended to be flexible as there are still a wide range of unknowns about how long Torbay will experience the financial impact of Covid19, and whether there will be additional grant funding from Government.

Torbay Council Revenue Period 2 2020/21	Budget £000s	Budget Adjustments £000s	Revised Budget £000s	Outturn £000's	Revised Variance £000's
1. Adult Social Care	39,876	2,800	42,676	42,676	0
2. Business Services	13,220	4,037	17,257	17,337	80
3. Children's Services	46,940	0	46,940	45,430	(1,510)
3a. CSC - Covid19	0	1,000	1,000	1,000	0
3b. Education - Covid19	0	1,000	1,000	1,000	0
4. Community Services	1,641	1,178	2,819	2,819	0
5. Corporate Services	4,008	1,268	5,276	5,943	667
6. Customer Services	2,667	190	2,857	3,257	400
7. Finance	(5,249)	1,016	(4,233)	(4,533)	(300)
8. Investment Portfolio	(4,641)	0	(4,641)	(4,641)	0
9. Planning and Transport	7,049	80	7,129	6,929	(200)
10. Public Health	10,357	0	10,357	10,357	0
11. Collection Fund	0	5,200	5,200	5,200	0
12. MHCLG Grant	0	(10,313)	(10,313)	(10,313)	0
13. Estimated MHCLG Income reimbursement grant.	0	(1,789)	(1,789)	(1,789)	0
14. New Funding/Mitigation required	0	(5,667)	(5,667)	0	5,667
<b>Revenue total</b>	<b>115,868</b>	<b>0</b>	<b>115,868</b>	<b>120,672</b>	<b>4,804</b>

7.4. As mentioned in section 2, row 12 MHCLG Grant is made up of £9.137m of known funding and £1.117m of estimated funding.

7.5. Row 13 is also an estimated reimbursement. This figure is based on income shortfalls totaling £3.2m. The press release on the 2<sup>nd</sup> July stated "Where losses are more than 5% of a council's planned income from sales, fees and charges, the government will cover them for 75p in every pound lost"

7.6. Subject to specific guidance on the sales, fees and charges that are in scope for this exercise Torbay's reimbursement is currently estimated at £1.8m.

- 7.7. After applying the MHCLG grants, the Council is left with a Covid19 financial deficit of £5.7m. In the absence of further grant funding from Central Government the Council has to identify how it will meet this deficit.
- 7.8. The revised budget is intended to be flexible as there are still a wide range of unknowns about how long Torbay will experience the financial impact of Covid19, and whether there will be additional grant funding from Government.

## **8. Medium Term Resource Plan**

- 8.1. The current revenue position will rely on further use of the Councils reserves if there is no additional financial support from Central Government. Any use of reserves will need to be repaid in future years to ensure the Council has sufficient reserve levels.
- 8.2. A robust medium term resource plan is crucial to ensuring that future funding gaps for 2021/ 22 and 2022/23 are addressed. The need for future financial planning is compounded by the risks associated with the Fair Funding Formula which is not anticipated to provide any respite in addressing Torbay's financial pressure. In April MHCLG announced the deferral to 2021/22 of the proposed changes to the NNDR retention system and funding formula.
- 8.3. The timing and impact of any Spending Review and/or Emergency Budgets for 2021/22 and future years is still unknown.
- 8.4. The financial impact of Covid19 in future years is still being assessed. A number of the spending pressures seen in 2020/21 could reoccur in 2021/22 such as home to school transport and housing. In addition if the economy is impacted as predicted a number of income sources will continue to be affected such as rental income, car park receipts, council tax and NNDR collection.

## **9. Capital Plan**

- 9.1. As this report is based on the first two periods of the financial year a full update on the capital plan has not been included. Members received an update on capital grants as part of the 2019/20 outturn report presented in June and members will be aware of any recommendations by both council and cabinet that would impact on the capital plan such as the revised approval for the Harbour View hotel development and the approval of a solar farm.
- 9.2. The Council has not borrowed any funds for capital projects in 2020/21.

## 10. Risks & Sensitivity

10.1 There are a number of financial risks facing the Council as shown below:

Risk	Impact	Mitigation
Continued loss of income	High	Recovery meetings have been convened by the Chief Finance Officer for all the Council's main areas of income. Each group is tasked with developing an action plan to influence income where possible
Collection Fund shortfall	High	Additional resources allocated to support the Revenues & Benefits team.
Fair Funding Formula	High	Development of a robust MTRP to address the expected impact on Torbay's funding.
Identification, and achievement, of savings for 2021/22 to 2022/23 per Medium Term Resource Plan	High	Finance colleagues are working with the transformation team coordinate the implementation of potential transformation savings.  Senior Leadership Team and Cabinet will need to consider options for future years.
Delivery of Children's Services cost reduction plan	High	Weekly meetings have been convened to monitor the current rate of delivery against the identified actions from the recovery plan.
Unable to recruit staff and need to use agency staff.	High	Recruitment & retention of Social Work staff, particularly in safeguarding is one of the core priorities for the Senior management team within Children's Services.
Additional demand and cost pressures for services particularly in children's social care	High	2020/21 Budget monitoring, use of service performance data and recovery plan.
Delivery of approved savings for 2020/21	Medium	Further to regular budget monitoring for all budget holders, the Council's Senior Leadership Team receive monthly updates on the 2019/20 position including a savings tracker for each of the approved savings.
Investment Property Income changes	Medium	This has been increased from Low to Medium due to the economic impact of Covid19. There are ongoing discussions with tenants about recovery plans