

Tuesday, 06 July 2021

OVERVIEW AND SCRUTINY BOARD

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

Wednesday, 14 July 2021

commencing at **5.30 pm**

The meeting will be held in person at the Town Hall, Torquay

Members of the Board

Councillor Douglas-Dunbar (Chairwoman)

Councillor Atiya-Alla
Councillor Barrand
Councillor Brown
Councillor Bye (Vice-Chair)

Councillor Mandy Darling
Councillor Foster
Councillor Kennedy
Councillor Loxton

Together Torbay will thrive

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

Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

OVERVIEW AND SCRUTINY BOARD AGENDA

1. Apologies

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

2. Minutes

To confirm as a correct record the minutes of the meeting of the Board held on 9 June 2021.

(Pages 4 - 9)

3. 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.)

4. Urgent Items

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

5. Draft Quality Account 2020/21- Torbay and South Devon NHS Foundation Trust - Response to Overview and Scrutiny Board comments

To receive a response from Deborah Kelly, Torbay and South Devon NHS Foundation Trust on the Board's comments on the Draft Quality Account for 2020/21.

(Pages 10 - 77)

6. Review of Prioritised Council Business Plan

To review the Prioritised Council Business Plan (due to be approved at the Cabinet meeting on 13 July 2021) and identify any areas for policy development or review by Overview and Scrutiny.

(Pages 78 - 107)

- | | | |
|----|--|-------------------|
| 7. | Budget Monitoring Outturn 2020/2021
To consider the submitted report on the Budget Monitoring Outturn and make any recommendations to the Cabinet/Council. | (Pages 108 - 136) |
| 8. | Review of the Children and Young People's Overview and Scrutiny Board
To review the effectiveness of the Sub-Committee of the Overview and Scrutiny Board following six months of operation. | (Pages 137 - 146) |
| 9. | Review of Climate Change Emergency
To monitor the progress of the Cabinet's response to the Overview and Scrutiny Review of Climate Change Emergency approved on 23 March 2021. | (Pages 147 - 153) |

Minutes of the Overview and Scrutiny Board

9 June 2021

-: Present :-

Councillor Douglas-Dunbar (Chairwoman)

Councillors Atiya-Alla, Bye (Vice-Chair), Mandy Darling, Hill, Johns, Loxton and David Thomas

(Also in attendance: Councillors Carter, Cowell, Law, Chris Lewis, Stockman and Jacqueline Thomas)

1. Apologies

An apology for absence was received from Councillor Kennedy and it was reported that, in accordance with the wishes of the Conservative Group and Independent Group, the membership of the Board had been amended to include Councillors Hill, David Thomas and Johns in place of Councillors Barrand, Foster and Brown respectively.

2. Minutes

The minutes of the meeting of the Board held on 14 April 2021 were confirmed as a correct record and signed by the Chairwoman.

3. Urgent Items

The Board considered the item in Minute 5, and not included on the agenda, the Chairwoman being of the opinion that it was urgent by reason of special circumstances i.e. the matter having arisen since the agenda was prepared and it was unreasonable to delay a decision until the next meeting.

4. Police Update

Superintendent Brent Davison, Devon and Cornwall Police, gave the submitted presentation on local policing matters in Torbay, provided the context surrounding the statistics and responded to questions in relation to:

- levels of vehicle crime following a previous waive in part of Torquay – this had remained fairly consistent at around 17.4%;
- increase in the number of racial hate crimes by 17.9% and what action was being taken to address this – a number of strategies had been introduced including a local reference group for the wider Devon area, whose purpose

was to engage and gain understanding from communities of the issues and to encourage increased reporting to enable the Police to address the issues with communities. There had been an increase in dedicated Police Officers from one to two, with a new Sergeant being appointed to be in post from September 2021 to help drive forward activity around hate crime;

- numbers of Police Community Support Officers (PCSOs) in Torbay and what had been done to fill any vacant posts – a Force-wide decision had been taken to reduce the number of PCSOs to 150 and as this target had not yet been met they were unable to recruit into vacant posts. Whilst it was important to have visible policing on the street there was also a lot of other types of crime which need to be addressed such as cyber-crime, domestic abuse etc. PCSOs were members of police staff who were contracted to work from a particular police station and it was difficult to move them from one area to another. Torquay had 8.5 out of 9.5 PCSOs and Brixham had 6.5 out of 7.2 PCSOs. The police did have access to a wider team of police officers who responded to emergencies;
- anti-social behaviour around the streets off of Paignton seafront, which formed part of the tourism area and contained a high number of houses of multiple occupation which was not always being fully reported – members were encouraged to report incidents and link in with the Council Advocates who worked closely with the sector Inspectors to bring forward intelligence which in turn helped to allocate appropriate resources to tackle incidents;
- issues around domestic violence and preventative and investigative work – the Police continued to engage in preventative and intelligence led work with partners and Superintendent Davison was now Chair of the Youth Offending Team Management Board. Where major crimes occurred the police could call on other resources such as the Force Major Incident Teams and Public Protection Unit;
- work with action fraud to help local residents who had been victims of fraud and how much money had been taken from our residents – Superintendent Davison agreed to provide a written response to this point; and
- what more could be done by the Police and Council to encourage residents to report incidents – Superintendent Davison agreed to follow this up with Tara Harris, Assistant Director of Community and Customer Services.

Resolved:

That the Overview and Scrutiny Board explores the opportunity with the Police to carry out a joint communications exercise with the Police and Council to encourage residents to report incidents of antisocial behaviour (unanimous).

5. Building a Brighter Future Programme - Torbay Hospital

Liz Davenport (Chief Executive) and Chris Knights (Programme Director) of Torbay and South Devon NHS Foundation Trust gave the submitted presentation on the proposed approach to developing a strategic outline business case for the Building a Brighter Future Programme at Torbay Hospital. They responded to questions in relation to:

- the new digital offer and if it would replace all the stand-alone digital platforms which currently did not link – the aim was to ensure that all the systems for primary and secondary care and adult social care would be integrated across the peninsula. Progress had been made via the national care records approach. The best options for our health and social care services were necessary to enable sharing of information in real time to make good decisions on clinical care with an end-to-end pathway;
- how the proposed reprovision of medical and emergency services related to the current number of beds available – there were currently 550 beds available in Torbay within Torbay Hospital and other community provision. Without implementing changes modelling based on age profile would result in an increase in demand by 150 beds. The overall plans proposed building 408 new beds excluding same day emergency beds within the Emergency Department. The Programme included enhancing digital options and supporting people to monitor their own health and wellbeing at home with a focus around prevention and early intervention to reduce the need for hospital admission;
- how climate change and carbon offsetting would be achieved – they were required to deliver the build at net carbon zero and have already been in discussions with the Council on potential use of solar energy. This was difficult to achieve due to the age of some of the older buildings but options such as triple glazing, heat pump technology, building a facility for staff to cycle to work and demonstrating a commitment to support the health and wellbeing of staff were all being explored;
- the level of disruption to the Emergency Department – discussions were ongoing in respect of the phasing of the Programme and there would be some disruption to existing services. However, this was being delivered by an experienced team and there was likely to be three or four significant phases with the element affecting the Emergency Department being undertaken at the end of the programme. There would be ongoing improvement and work has already started on a new medical receiving unit;
- how achievable was the programme and what was being done to address health inequalities and wider place shaping to work together to regenerate Torbay – collaboration had already started to be developed and innovations were already changing the shape of how people access services to enable them to be supported at home. There was a commitment to work together to improve health outcomes for people through prevention and early intervention, help with housing and supporting people to improve their own health. Recruitment and retention of staff was important to create a highly skilled and committed workforce, the proposal would realise benefits through providing the right environment for clinicians which would help with this. They were working with the community to develop new roles and routes into care and support through education and the Programme would create new opportunities for people currently in education for new jobs and provide wider economic benefits to Torbay;
- residents had to have virtual appointments during the pandemic but with an aging population how would you ensure that people can receive the services they need – it was acknowledged that there would not be a single solution. They would ensure that digital technology was not a barrier to accessing care

- and that options were developed to help people monitor their own health and wellbeing and manage and access health and care successfully;
- would the proposals lead to a single GP surgery covering the whole of Torbay and would residents need to develop a wider understanding of human biology to receive telephone consultations – no GPs work as part of organisations to manage primary and secondary care, longer term plans were to ensure that primary care networks were coterminous with the areas they cover to ensure better joining up of services. One of the benefits of the integrated care organisation was working in communities for residents to access support including good quality information, not leaving people on their own and ensuring they were supported as close to home as possible. The proposals would enable GPs to refer patients to diagnostic services to enable them to maintain their conditions for as long as possible, help reduce the risk of delay of surgery when needed and protect elected procedures better than the current model.

The Board acknowledged the great work of the Torbay and South Devon NHS Foundation Trust, particularly during the Covid-19 pandemic and welcomed the significant investment being made through the Building a Brighter Future Programme to help improve health and social care services, along with the wider economic benefits for the residents of Torbay.

Resolved:

That the Overview and Scrutiny Board supports the proposed approach to developing the strategic outline business case as outlined at the meeting for the Building a Brighter Future Programme (unanimous).

6. Anti-Poverty Task and Finish Group Review Action Plan Update

The Cabinet Member for Adults and Public Health (Councillor Stockman) and Director of Public Health (Lincoln Sargeant) outlined the submitted report which provided an update and proposed way forward following the Cabinet's response to the Anti-Poverty Task and Finish Group Review. The Director of Public Health responded to questions in respect of the following:

- the impact of Long-Covid affecting our recovery – NHS clinicians were looking into the impacts of Long-Covid and the Council was using the Contain Outbreak Management Funding to fund a number of projects to support people who require additional support, including those with Long-Covid;
- decrease in smoking and levels of people vaping – there were a number of people who had moved from smoking to vaping as an alternative nicotine delivery method and longer term this was a concern but use of vaping had its benefits as there were less potential side effects and harms than smoking;
- the details in respect of the number of job losses and people on furlough – the Council monitors the number of people on furlough and who had lost their jobs and looks at options for providing support, especially in respect of security of housing, this formed part of the economic recovery strand;

- the economic impacts and some of the assumptions – the response policy identifies potential risks to the economy and had to take into account the longer-term impacts on the economy. There were low levels of Covid-19 in Torbay and we have a good reputation to give our visitors confidence they can come to Torbay and stay safely over the Summer but we are still in a global pandemic and the situation could change rapidly. At some point the additional support from the Government would be moved and there was a need to further review the economic predictions again.

Resolved:

1. that the Overview and Scrutiny Board supports the alignment of the Turning the Tide on Poverty with the Torbay Recovery Strategy; and
2. that the Board endorses further refining of the action plan following focussed workshops on the Marmot themes.

7. Torbay and South Devon NHS Foundation Trust Draft Quality Account 2020/21

The Board considered the draft Quality Account for 2020/21 for Torbay and South Devon NHS Foundation Trust which was before Members for them to provide their feedback for inclusion in the final Quality Account report for 2020/21. The Board was required to respond by 10 June 2021.

Resolved:

That the following feedback be provided on behalf of the Overview and Scrutiny Board in respect of the Torbay and South Devon NHS Foundation Trust's Draft Quality Account for 2020/2021:

The Board acknowledges the commitment of staff and engagement with partners and the community to support local people throughout the global Covid-19 pandemic and the personal impact that this has had upon everyone supporting people through these difficult times, many of whom have suffered personal loss themselves.

The Board recognises the improvements highlighted in respect of certain elements of practice and care; strengthened and enhanced emergency care pathways and work towards improvements in infrastructure and supports the proposed focus on recovery of staff and restoration and recovery of services for 2021/22.

However, the Board sought assurance that relevant action would be taken to:

1. improve the performance of the stroke unit;
2. provide greater assurance that appropriate support was being put in place to support ongoing staff welfare;

3. ensure that the operational ratio of staff to patients is sufficient, in light of current working practices;
4. ensure that staff receive relevant in person training, wherever possible, to enable them to be kept up to date with current working practices and processes;
5. provide greater assurance as to how the Mental Capacity Act 2007 is being embedded into daily practices, including understanding and awareness of issues surrounding people with a learning disability;
6. provide greater assurance that feedback from patients who have been discharged from hospital is being taken into account and that appropriate community support is being secured to support people leaving hospital to ensure that they are safe and cared for;
7. address the number of medicine incidents and the number of bullying, harassment or abuse incidents towards staff;
8. address the standards not being met for Standard 2 – emergency admission seen by a suitable consultant within 14 hours of admission;
9. address the standard not being met for Standard 8 – high dependency patients seen twice daily and other patients once daily by a suitable consultant;
10. reduce waiting times for referral to treatment; and
11. increase feedback and engagement with inpatients.

The Board would welcome a written response to the above points.

8. Initial Work Programme for 2021/2022

Members received the Initial Work Programme for Overview and Scrutiny for 2021/2022 as set out in the submitted report.

Resolved:

1. that the Initial Work Programme for Overview and Scrutiny for 2021/2022 set out in the submitted papers be approved; and
2. that the Overview and Scrutiny Board monitors the Forward Plan to help inform the Work Programme as part of its monthly work planning meetings (unanimous).

Chairwoman

Overview and Scrutiny Board Comments on Draft Quality Account for 2020/21 for Torbay and South Devon NHS Foundation Trust

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9. address the standard not being met for Standard 8 – high dependency patients seen twice daily and other patients once daily by a suitable consultant;
10. reduce waiting times for referral to treatment; and
11. increase feedback and engagement with inpatients.

The Board would welcome a written response to the above points.

Deborah Kelly, Torbay and South Devon NHS Foundation Trust will be providing an update to these recommendations at the meeting.

Appendix 1 Draft Quality Account 2020/21



Torbay and South Devon
NHS Foundation Trust

Quality account 2020/21

About this document

What is the quality account and why is it important to you?

We are committed to improving the quality of the services we provide to our patients, their families, and carers.

Our 2020/21 quality account is an annual report which shows:

- how we have performed over the last year against the quality improvement priorities which we laid out in our 2019/20 quality account
- the quality of the NHS services provided and the development of our care model
- how we are implementing the care model
- how we have engaged staff, patients, commissioners, governors, Healthwatch and local Overview and Scrutiny Committees (OSCs) in deciding our priorities for the year
- statements about quality provided by our commissioners, governors, OSCs, Healthwatch and our directors
- our quality improvement priorities for the coming year (2021/22).

If you would like to know more about the quality of services we deliver, further information is available on our website www.torbayandsouthdevon.nhs.uk

Do you need the document in a different format?

This document is also available in large print, audio, braille, and other languages on request. Please contact the equality and diversity team on 01803 656680.

Getting involved

We would like to hear your views on our quality account. If you are interested in commenting or seeing how you can get involved in providing input into our future quality improvement priorities, please contact tsdft.qualityimprovement@nhs.net or telephone 01803 655690.

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Annex 1

Engagement in the quality account

Statements from commissioners, our governors, Devon Health and Wellbeing Scrutiny, Torbay Council Scrutiny Board, Healthwatch

Annex 2

Statement of directors' responsibilities in respect of the accounts

Part 1: Introduction and statement of quality from the Chief Executive

The past year has been unlike any other in the history of the NHS. As 2020/21 progressed, the full extent and devastating impact of the global pandemic on our community, our patients, families and our staff unfolded. In response we adapted and reshaped our services and care models across acute and community services so that we were well placed to keep our patients, the public and staff safe. Our guiding principle throughout this period has been to respond to the needs of our community in the safest and most compassionate way as possible, ensuring that they continued to access and receive the highest quality of care.



Sadly, like many organisations across health and social care, we have had to report patient deaths and staff illnesses resulting from the pandemic. In addition, thousands of patients have been affected by the delays in access to treatment and care. I know this has taken a huge emotional toll on everyone, especially when it has been difficult to support loved ones in our usual way.

The legacy of the last 12 months will be felt for generations and as we recover from the devastating impact of the pandemic, we will draw lessons from the tremendous courage and resilience of patients and our staff during this period. I am deeply thankful to everyone who has worked tirelessly to provide safe, high quality care in these difficult times. The kindness and compassion of all our staff reminds me of why I feel so privileged to lead this organisation and work in the NHS.

Our vision for health and care in Torbay and South Devon remains resolute, we are committed to delivering the highest quality of service, ensuring our community is supported and empowered to be as well, and as independent as possible, able to manage our own health and wellbeing, in their own homes. Over the past 12 months, we have built greater alliances and strengthened partnerships across health and social care and our achievements would not have been possible without the support of our people, the public and our partners.

In 2020/21, we achieved a pivotal milestone in our ambition for long term sustainable progress against the long-term plan. We have been successful in securing funding as part of the Government's hospital development program. This not only allows us to reshape and reconfigure our hospital and health care infrastructure, it enables us to build on our integrated approach to service delivery. This is a pivotal step, it signals a renewed focus and energy to build future models of care, continuing to innovate integrated pathways of health and social care, locally and regionally. We will build on the strengths our past innovations of greater integration of services so that our patients are enabled to navigate and access care in a way that supports them to remain as well as possible.

In 2020, we initiated a strategic program of work that will underpin and set out our ambitions for future models of care delivery entitled '*Building a Brighter Future*'. This 10-year program of work heralds a new way of working with patients, our staff and community. '*Building a Brighter Future*' will set out our own long-term plan for health and social care in Torbay and South Devon, harnessing the partnerships and alliances we have established across the region.

We recognise that in shaping our future, we must do this together, we are committed to renewing and revitalising our approach to partnering with patients and the public, establishing a new way of working together to shape services and care for the future. Working together, we will design new

models of care, strengthen existing ones, ensuring that technological and digital capability together with the latest advancements in health and social care sit at the heart of our shared ambitions and plans. We look forward to the continued planning and delivery of our health infrastructure plan, which will result in a step change in the quality of our digital services offered as well as new infrastructure and buildings to support the delivery of our services.

While establishing a platform for sustained long term progress, we have retained a very clear focus on our current quality improvement journey. In responding to the findings of the Care Quality Commission (CQC) and through the focus and delivery of the adult social care improvement plan, we have continued to improve the quality and safety of care, key highlights this year include:

Improvements

Practice and care

- there has been a 10.1% reduction in all reported category 2/3/4 pressure ulcers when compared to the year 2019/2020. This equates to 89 less pressure ulcers reported
- we have rolled out the maternity early warning score framework, achieving 100% compliance in practice
- we have established our maternity improvement collaborative to progress the findings from the Ockenden report
- we have worked closely with our care home colleagues in Torbay and South Devon to implement the enhanced health in care homes framework having implemented it in 85% care homes against a target of 30%.

Pathways

- we have strengthened and enhanced our emergency care pathway through the creation of the surgical receiving unit and medical receiving unit, enabling patients to be directly referred from primary care, bypassing the emergency department front door, ensuring more timely assessment and treatment.

Infrastructure

- we have completed a detailed design for the new network and the associated equipment we have purchased which is held in secure storage ready for delivery
- work has progressed to update our Wi-Fi controller infrastructure which will enable the rollout of new state-of-the-art wireless transmitters across the hospital and community sites. This will commence from mid-March 2021
- we have developed our digital strategy and the plan to install and embed our new digital infrastructure will be in place by autumn 2021
- we began refurbishment of some key inpatient areas with a specific focus on care of the elderly and starting to create dementia friendly environments.

There is no doubt that COVID-19 has presented unprecedented challenges. At the time of writing, the cases in hospital and presentations in the community is in decline and the national vaccination programme is now well underway, therefore, we should all begin to feel more positive. Through the tremendous work of primary and social care over 72% of our 18+ population have been vaccinated with at least one dose and 40.7% have received a full course as of early May.

With the steady unlocking of society, further waves of COVID-19 are likely in late 2021/22. We will continue to maintain robust infection control precautions and adapt our services to ensure we are delivering timely urgent and emergency care. In doing so we will continue to strengthen and enhance our emergency care pathways and ensure our cancer standards are met.

With the support of Mount Stuart hospital, as well as our own theatre teams, we have been able to continue elective procedures and day surgery. Our focus for 2021/22 will be to ensure we are restoring services to pre-pandemic levels, specifically in relation to planned activity.

In 2021/22 our plans will focus heavily on recovery of staff and restoration and recovery of services, increasing the number of people able to have surgery and reducing the waiting list times, which have risen as a result of the pandemic. We will also build on our learning from 2020 and some of our innovations, as a result of the pandemic. These include:

- establishing a new COVID-19 testing facility at Newton Abbot racecourse with 7117 COVID-19 swabs and tests undertaken between 01 February and 11 May alone
- establishing the COVID-19 vaccination centre at the hospital, delivering vaccinations to over 90% of our staff to date
- working in partnership across the Devon system to establish the Nightingale hospital, which has been a great example of developing cross organisational services for the people of Devon
- setting up a care hotel, a step-down facility for patients
- increasing access to the Think 111 service, where people are now able to receive more advice and able to ring to get a time to go to an urgent treatment centre or to the emergency department for urgent care
- increasing the number of consultants led of virtual outpatient appointments with 21,722 video consultations and 64,425 telephone consultations in 20/21, instead of people driving to appointments and waiting unnecessarily.

We will continue to report on our quality priorities and I am pleased, that despite the pandemic, we have been able to make progress on the four areas we committed to in 2020/21.

Finally, this will be the last year of our report in this form as the national requirements have changed. In 2021/22 we will continue to report on our quality priorities via the Board of Directors and provide a quality summary in the performance section of the annual report. I commend this quality account to you and confirm that, to the best of my knowledge, the information in the document is accurate.

Liz Davenport, Chief Executive

Part 2: Priorities for improvement

Looking back: 2020/21

In our 2019/20 quality account we reported that we would focus on four priority areas for quality improvement in the period 2020/21. These were all locally agreed priorities developed in conjunction with key stakeholders at our annual quality accounts stakeholder meeting. The meeting included Healthwatch, our governors, commissioners, and local councillors as well as our health and care teams. The priorities were then endorsed by our Board of Directors prior to publication.

Patient Safety

Priority 1: to improve early recognition and management of deteriorating patients in care/nursing homes using the RESTORE2 framework.

Older people living in care homes have complex health and care needs. Meeting these needs and ensuring that we work closely with our colleagues in the care home sector is a key priority. Crucially we are committed to ensuring that we identify early as possible when older people are deteriorating so we are well placed to intervene and support patients to remain in their own home and prevent admission to hospital. In 2020 significant work was progressed in partnership with our care home colleagues to implement a framework that would ensure, we are identifying and supporting at the earliest opportunity.

RESTORE2 is a physical deterioration and escalation tool for care/nursing homes. It is designed to support homes and health professionals to recognise when a resident may be deteriorating or at risk of physical deterioration and act accordingly using the resident's care plan to inform care.

The implementation of the tool forms part of the enhanced health in care homes framework and we had committed to implementing the tool into 30% of care homes (55 homes) across Torbay and South Devon by April 2021. Supported by the education team and their partner, Wellbeing Solutions, by February 2021 47 care homes and 11 domiciliary care providers have been trained in how to spot the deteriorating patient and take the appropriate action. This is three more than the initial target of 55, which was set pre-pandemic.



Due to the success and the importance of this work during COVID-19, a train the trainer programme was also launched and made available for any staff working in the care sector. The workshop gives care professionals the opportunity to understand the tool in its entirety and

enables them to run their training sessions with their own staff and assess them appropriately. Fourteen care providers have participated in the train the trainers programme.

It is testament to the teamwork involved and the commitment to the project that the team have managed to implement this at a time when there has been unprecedented pressure on care providers. The tool has proved to be effective and useful to all care home residents, especially during the pandemic.

In 2021/22 the plan is to continue to spread the tool into the remaining care homes and increase its use within the domiciliary sector. The work will report via the Home First Group as part of the enhanced health in care homes framework implementation. The impact of the tool will be measured, to check the training has become embedded and that care provider staff are using the tool regularly.

Clinical effectiveness

Priority 2: to replace our Information Technology (IT) data network to reduce likelihood of system failures and to deliver improvements in speed, bandwidth and resilience to provide a platform for IT transformation.

We have a poor digital infrastructure and in order to improve IT delivery across our services, the Health Informatics Service has started to replace our entire network. This includes the Local Area Network (LAN), wireless network (controllers and access points), the Wide Area Network (WAN) and a proportion of building cabling and network cabinets. The project was estimated to take 18 months.

Due to the pandemic there were delays starting the project and also the cost and complexity of the project meant that the procurement processes and contract award were quite protracted. However, despite these problems a detailed survey of our network and Wi-Fi infrastructure was undertaken late summer and completed by the autumn.

Discussions around the final procurement have then progressed and were completed in 2020 with the final contract award and issue of purchase orders now in place.

We are pleased that the new supplier has now completed detailed design for the new network. We have purchased the associated equipment and it is held in secure storage ready for delivery.

Work has progressed to update our Wi-Fi controller infrastructure. This will enable the rollout of new state-of-the-art wireless transmitters across our hospital and community sites, which will commence from mid-March 2021. The plan is new digital infrastructure will be up and running by autumn 2021. This in turn will then support our new digital strategy which was published in 2020/21.

Patient experience

Priority 3 and 4: end of life care

We are committed to ensuring that every person nearing the end of their life receives attentive, high quality, compassionate care, ensuring that the needs of patients and their families are provided for in a way that they would wish them to be. As part of that commitment, understanding their experience is crucial and two end of life projects were chosen as part of the 2020/21 improvement priorities. These were:

- To introduce a patient feedback tool (FAMCARE) for family and loved ones about their experience of the end of life care their relative received from our services.
- To scope out, test, and trial the introduction of bereavement bags which have already been successfully implemented in a neighbouring NHS provider. The purpose is to ensure good care and dignity to families at the end of their loved ones' lives.

During COVID-19 there has been a significant amount of work undertaken to support those at the end of their life, their families and carers and the staff that have supported them at this really difficult time. This was coordinated through a system wide group which was set up including the local hospice, Rowcroft, Marie Curie service, general practice, NHS Devon Clinical Commissioning Group, and ourselves to focus our collective end of life resources on ensuring that we had a capacity and capability to meet any potential increase in demand.

The work of this group resulted in a range of practical tools including an electronic prescription medication administration record chart from general practice to community staff. This improved the timeliness of medicines required for end of life care across the geographical foot print and will continue long term. Additional equipment was purchased to meet potential increases in need and educational resources were developed that supported carers and loved ones to develop skills and competence in end of life care. A helpline was also set up to provide compassionate support and advice to both health and care professionals and local people.

Compassionate visiting for end of life patients was permitted during the COVID-19 pandemic, but restrictions were still required. Due to the challenges of visiting during the COVID-19 pandemic we introduced compassion hearts across our health community, including care homes. These knitted or fabric hearts are held by patients during their last hours or days of life and then passed on to their families, along with the offer of a lock of hair. This initiative will continue in the longer term and we have been grateful for the donation of so many hearts by staff and members of the public.



The ability to flex and adapt the end of life care provision across the health and care system to ensure high quality end of life care remained our central focus during the pandemic.

A whole new range of resources, guidance and tools have been developed in response to COVID-19 and as a result of the collaborative working with partners. These have been naturally prioritised over the last year in advance of the two improvement priorities originally chosen. ([Pages - Palliative and end of life care for patients with COVID-19 \(torbayandsouthdevon.nhs.uk\)](#))

As the second wave of COVID-19 receded in early Spring, we continued to use the existing family and patient experience feedback tool with the bereavement team, with plans to introduce the tool in 2021/22. As a result of the successful trial of bereavement bags in a small number of clinical areas, we have implemented the use of the bereavement bags across all our inpatient settings.

Our end of life group has refreshed our organisational priorities for 2021/22 and include:

- to consolidate adoption of the draft end of life care locality offer within our five integrated service units
- to introduce the feedback tool (FAMCARE) for family and loved ones, focused on their experience of the end of life care their relative received from our services
- to build on the advanced care planning pilot completed 2019/20 in recognising the last year of life and supporting individuals to develop their personal plans
- to develop a route to receive feedback from staff providing end of life care delivery across all our services
- to fully implement end of life care plans for patients in their own home that are aligned with inpatient plans to provide continuity across all our services
- to develop the end of life educational offer across all our services through the end of life educational sub group including in care homes and working with the enhanced health in care homes system wide programme.

Priorities for improvement in 2021/22

Looking forward: 2021/22

Patient safety

Priority 1: to deliver against planned restoration of services to ensure safe and timely access and intervention and prevention of harm to patients, balancing the need for staff rest and recovery.

Our focus for 2021/22 will be to ensure is that we continue our journey of improvements set out in both the CQC improvement plan and the adult social care improvement plan, embedding and sustaining our progress in the coming year. We will continue to sustain and improve the safety culture in relation to incident reporting and investigation and undertake a safety culture survey to ensure we are better placed to respond to and address areas that hamper our improvement journey.

While this year's priorities have been developed differently from previous years, where broader stakeholder engagement would have been sought, a picture of quality improvement has emerged as a consequence of the pandemic. There is now a pressing and immediate priority to ensure that patients and the public access treatment and care in a timely way and in line with national standards. As we continue to adapt to the COVID-19 picture of health, recovery and restoration of services and timely access to diagnostics and treatment to minimise and eliminate harm to patients as a result of delays in diagnosis and treatment.

Clinical effectiveness

Priority two: in partnership with our multi-agency colleagues, we will strengthen and enhance our approach to caring for children and young people who present with mental health illness, including eating disorders and autism.

We will be introducing a number of measures to ensure the psychological wellbeing of our patients and staff including a risk assessment framework that enables us to implement therapeutic interventions and support enhanced care planning.

The NHS long-term plan makes a renewed commitment to the growth and investment in mental health services. As part of our organisational strategy, we will take a more focused approach in 2021/22 to developing strategies and pathways of care to support all patients experiencing mental health problems.

During 2020/21, it became increasingly apparent that COVID-19 has exacerbated challenges for adults and children experiencing pre-existing mental health problems. A recent study, published by the Lancet in May 2021, reveals that the mental health of the UK population declined at the onset of the pandemic.

Our own experience of patients presenting across our services, and in particular attendance through the emergency department has increased. A key focus for us in the coming months will be to work in partnership with key stakeholders to ensure that we develop an integrated mental health

strategy that enables timely intervention and effective strategies to support all patients, adults, children and young people accessing all our services.

Crucially it is important that we ensure we provide safe and effective treatment within the acute services once patients are admitted. In response to rising incidents and levels of escalation within the inpatient setting, a specific program of work will be progressed focused on children and young people. As we develop our wider multi-agency strategy, we must ensure the experience for patients and staff is safe and compassionate, achieving the very best in clinical outcomes for this specific group of patients when admitted to the acute setting.

Patient experience

Priority three: to enhance the experience of patients through robust listening and feedback opportunities, building partnerships with patients around the co-design of their care, services and care models.

To identify and embed improvements in the experience of patients who are discharged from acute setting

During 2020/21 the COVID-19 -19 pandemic impacted significantly on the opportunities to proactively seek feedback from patients and service users on their experience of our services. Urgent and essential services continued but many of the routine services were reduced in line with Government guidance for a significant part of 2020/21.

Our feedback and engagement team revised their model in line with the national COVID-19 secure requirements but continued to respond to all complaints and concerns, raised by people using our health and care services within the national timeframes. The team also developed a “sending messages of love” programme for inpatients who could not be visited by their family and loved ones. This service has been invaluable and will continue into the future.

The real time patient feedback led by volunteers in our inpatient wards was becoming embedded and achieving momentum but had to be paused during the pandemic. In 2020/21 we will focus on reinstating this service while ensuring the model meets current restrictions. The friends and family test was also suspended nationally to allow NHS services to respond effectively to the global pandemic. This method of receiving feedback from across our acute community health and care services has been reintroduced. We are complementing traditional paper based options of receiving this feedback with digital options and the use of QR codes.

During 2020/21 virtual consultations through attend anywhere were implemented and replaced face to face consultations for a number of services. Where clinically appropriate, these consultations will continue and, therefore, developing opportunities to receive meaningful feedback from people accessing care via this route will be pivotal to refine and improve the model.

In 2021/22 our feedback and engagement group will co-design, in collaboration with patients, service users and partners a patient experience strategy. This strategy will be underpinned by the experiences people who use our services share with us and enable us to understand what works well and what we can improve and enhance, to consistently provide the best experience of our health and care services. This will be a significant piece of work during 2021/22 and will provide a platform to provide excellence in care.

A work plan will underpin the delivery of the patient experience strategy and within our governance structure will be overseen by the feedback and engagement group reporting to the quality improvement group and quality assurance committee.

In 2021/22 we progressed a comprehensive improvement program to support and enable discharge from hospital to the community. Significant improvements have been made in 2020/21 around the timeliness of discharge including the introduction of a professional standards framework, setting out accountabilities around safe discharge. However, themes from patient and family feedback over the last 12 months has revealed a growing concern by patients around their poor experience of discharge from the acute setting. In the coming months, we will continue our improvement journey, with a specific focus on ensuring that discharge is both safe and compassionate.

National improvement initiatives

Currently we are involved in a number of national improvement initiatives including:

Seven-day services

Torbay Hospital continues to work on developing seven-day services. There are 10 clinical standards which are used to measure progress in this area. Our report to our Board of Directors in July 2020 notes the following:

Seven-day service standards		Self-assessment
Standard 2	Emergency admissions seen by a suitable consultant within 14 hours of admission	Standards not met
Standard 5	Seven day a week access to diagnostic services such as CT, endoscopy etc.	Standards met
Standard 6	Seven day a week access to consultant directed interventions e.g. interventional radiology and endoscopy	Standards met
Standard 8	High dependency patients seen twice daily and other patients once daily by a suitable consultant	Standards not met
Standard 1	Patients should be involved in shared decision making	Currently we do not have robust measurement systems to measure all these standards see commentary below
Standard 3	An integrated management plan established within 24hrs of admission to hospital	
Standard 4	Enhanced handover of clinical care between clinical teams	
Standard 7	Seven day a week availability of liaison mental health services	
Standard 9	Readily available support services e.g. pharmacy, community care services	
Standard 10	Regular review of outcome in terms of patient experience, safety, and clinical outcome	

Standard 1: although shared decision making is implicit for patient and clinician interaction, it is rarely explicitly recorded in the notes. Treatment escalation plans are an exception to this. The use of printed patient information sheets is rarely recorded for emergency patients.

Standard 3: work is required to identify the members of the multidisciplinary team needed to provide a holistic assessment of emergency patients within 24hrs of admission as an emergency patient. This is addressed by a work group which seeks to embed the SAFER principles onto all wards.

Standard 4: handover is led by competent senior decision makers in the major acute specialities daily. Work is required to provide assurance that the handover process is accurately documented.

Standard 7: liaison psychiatry is available for both adults and children. The Liaison Psychiatry service has focused on their hour response times to the emergency department. The latest flash report shows that despite staff shortages the hour target to the emergency department was achieved in just below 80% (October 2019).

The team continues to comply with the 24-hour target to the hospital wards achieving 88% within 24 hours. The psychiatric liaison team has worked with the emergency department to reduce attendance in an identified cohort of patients who attend the emergency department frequently with mental health problems.

Standard 9. the development of community support services is a major component of the emergency offer. This includes development of integrated care and work with care providers and community hospitals. Recent developments include the discharge hub which is expanding to work 7 days a week over the winter and work to strengthen community care.

Standard 10. outcomes of emergency patients are monitored by a weekly multi-disciplinary team and two weekly strategic meetings.

In 2021/22 we will continue to review our performance and plans and consider how we flex our workforce to support the continued pressures on our services.

Rotas and gaps

In 2020/21 our rotas had to be reviewed in order to meet the demand of the pandemic and prepare for increased COVID-19 workload. A key element of our response is carefully evaluating the valuable skills of our junior doctors and understanding where there were opportunities to temporarily and safely reassign individuals to areas of greater and more immediate, need. The key considerations for the safe reassignment of our doctors and dentists in training were as follows:

- Early and proactive reassignment
 - medical workforce and medical education collated data to identify the knowledge and skills of our junior doctors and any previous experience in order to align them to the most suitable reassignment placement
 - we aimed to provide appropriate notice to junior doctors of any reassignment
 - junior doctors were only reassigned for the minimum duration necessary to support essential service response and proportionate to clinical need
 - communication and agreement of reassignments with Health Education England.
- Risk assessments
 - all junior doctors were required to complete a risk assessment.
- Building competence and confidence
 - junior doctors reassigned to an unfamiliar team and settings received a focused induction
 - junior doctors were encouraged to speak up if they had any concerns.

- Supervision
 - all junior doctors were appropriately supervised during the reassignment
 - wherever possible clinical and educational supervision meetings continued during the reassignment.
- Health and wellbeing
 - it was essential that all junior doctors had access to sources of support to ensure they were best able to maintain good health and well-being.

Communication has been key and following the first COVID-19 wave weekly meetings were set up to review and discuss junior doctor reassignments and rotas. As of March 2021, all COVID-19 surge rotas have been stood down and the final reassigned trainees are returning to their planned rotations.

Rotas continue to be reviewed within the departments however all are compliant with the limits on working hours and rest periods as dictated in the terms and conditions for doctors in training. We currently have two rotas which fall within 1:2 weekends; the junior doctors have agreed to the rota pattern and it has been signed off by the guardian of safe working. However, we are working on finding a solution to reduce the frequency to 1:3.

Sign up to safety

Sign up to safety is a national patient safety campaign to help the NHS in England build a safer NHS and address the problem of unsafe care and avoidable harm. Although several years old now, we continue to pledge to improve patient safety as part of this work and also build from the speak out safely work.



The areas we continue to regularly report on for patient safety include the following:

Tissue viability and pressure ulcer prevention:

Tissue viability is a service that works across both primary and secondary care, accepting referrals from all healthcare providers within these areas. The service takes responsibility for pressure ulcer prevention, education, monitoring, complex wound care, equipment provision (including overseeing rental activity) and providing assurances to all integrated service unit management teams.

2020/21 pressure ulcer incidences:

There has been a 10.1% reduction in pressure ulcers acquired in our care when compared to 2019/2020. This equates to 89 less pressure ulcers acquired in our care.

Of the 269 reported category 3/4 pressure ulcers acquired in our care for the period 2020-2021, 12 were declared to STEIS as being due to lapses in care by our staff.

Of these 12 pressure ulcers, nine were related to community patients, with four being from one community nursing team. A thorough investigation was completed by the leads for tissue viability and community nursing, along with the community service manager for the integrated service unit.

The lapses in care related to documentation and the lack of basic assessments. Extensive education was initiated by the community nursing lead and tissue viability provided a tissue viability specialist nurse to the community nursing team for a period of four weeks to support them. No further issues have arisen in this area for the last six months.

Also, during the year:

- the tissue viability team have embraced the use of digital technology to support nurses and patients in community settings with remote appointments which has allowed reviews of pressure ulcers with a reduced risk to the patient
- the tissue viability team have also been involved in the PROMISE quality improvement project which involves pressure mapping at-risk patients, or those with recurring pressure ulcers, to help to provide appropriate equipment which will lower the patient's risk of damage. This project has now finished and we have been gifted both a mattress and chair pressure mapping devices for our future use. This pressure mapping is now an integral part of the daily tissue viability work and the aim is to loan this to occupational therapists within the community in order to support them with at risk patients
- the pressure ulcer prevention policy has been updated to clearly lay out the responsibilities of all staff as regards pressure area risk assessments
- due to the pandemic, online training has been offered to all staff reassigned to different roles to ensure that they have the necessary skills to assess and manage a patient's pressure area risks
- the tissue viability team have re-sent all relevant documentation to ward managers and matrons to disseminate to all clinical ward staff to ensure that all clinical staff are fully aware of the need for appropriate documentation and assessments to be completed.

We also plan further ward-based training in 2021/22 and will continue to report our tissue viability work via the quality improvement group and share learning.

Falls assessment prevention and treatment

Falls prevention remains a key priority in our approach to continuous improvement and overall safety goal, to seek out and reduce harm. In 2020/21, a range of measures were introduced to ensure we were taking the necessary steps to reduce the incidence of patient falls across the Trust.

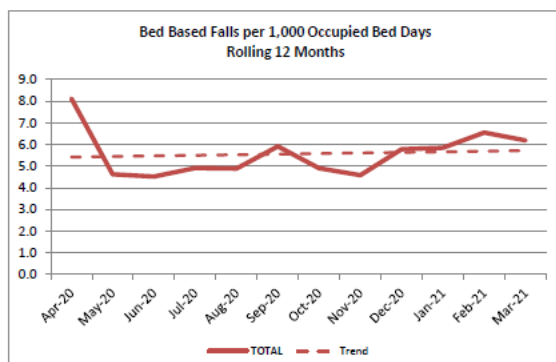
In 2020/2021 there was a 1027 falls compared to 814 falls in 2019/20. This was a consequence of the reduced bed occupancy during the year as a result to the covid -19 pandemic

The national benchmark for falls per thousand bed days is 6.63. We remain below this at an average of 5.5.

Trustwide Bed Based Fall Incidents per 1,000 OBDs

Sources: Datix Incident Reporting (Falls), QIG Dashboard (Hospital OBDs).

All Wards - Summary



Bed Based Falls per 1,000 OBDs By ISU - 19/20 v 20/21 YTD			
	2019/20 Year End	2020/21 Year-to-date	Difference
Torquay ISU	0.2	0.0	-0.2
Paignton and Brixham ISU	4.7	5.5	+0.8
Newton Abbot ISU	5.4	5.5	+0.1
Coastal ISU	4.1	4.7	+0.5
Moor-to-Sea ISU	6.8	6.5	-0.2
TOTAL	5.3	5.5	+0.2

Notes

- 1 This report is concerned with falls regardless of whether or not they have been recorded as having been 'caused by us'. (Figures reported in the QIG Dashboard exclude these)
- 2 Please note that 'Bed Based' includes BOTH Hospital and I/C Care Home falls.
- 3 Louisa Cary ward is excluded.
- 4 The Bed Based Intermediate Care figures are only concerned with falls that have involved Patients occupying beds provided under an Intermediate Care contract.
- 5 Please note that as result of the COVID-19 situation, from April to July 2020, Turner Ward was relocated to Teign Ward, Newton Abbot Hospital.

Bed Based Falls per 1,000 OBDs	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Previous Year	5.8	5.4	5.9	5.8	5.7	5.1	5.8	4.2	5.4	5.0	4.5	4.8
Current Year	8.1	4.6	4.5	4.9	4.9	5.9	4.9	4.6	5.8	5.8	6.6	6.2

During 2020/21 our two falls prevention leads have continued to support falls prevention throughout the pandemic and adapted their programmes of work.

Achievements during the year include:

- an assisted lift response team to support South Western Ambulance Service NHSFT with non-injured fallers in the community
- all community wards now have flat lifting equipment
- hip fractures are now classed as severe on incident reporting in line with national recommendations from the Royal College of Physicians
- a falls winter campaign on hydration following a very successful pilot in six of our care homes and successful bid to roll this out
- a pilot to ascertain gap between actual and reported falls on two wards
- the purchase of 20 new TABS monitors to alert staff to patients moving who require assistance and who may not use call bells
- continued active membership of frailty partnership group
- COVID-19 compliant 'revised strength and balance programme with digital elements'
- a public health campaign with Torbay Council re deconditioning avoidance at start of March 2020 lockdown

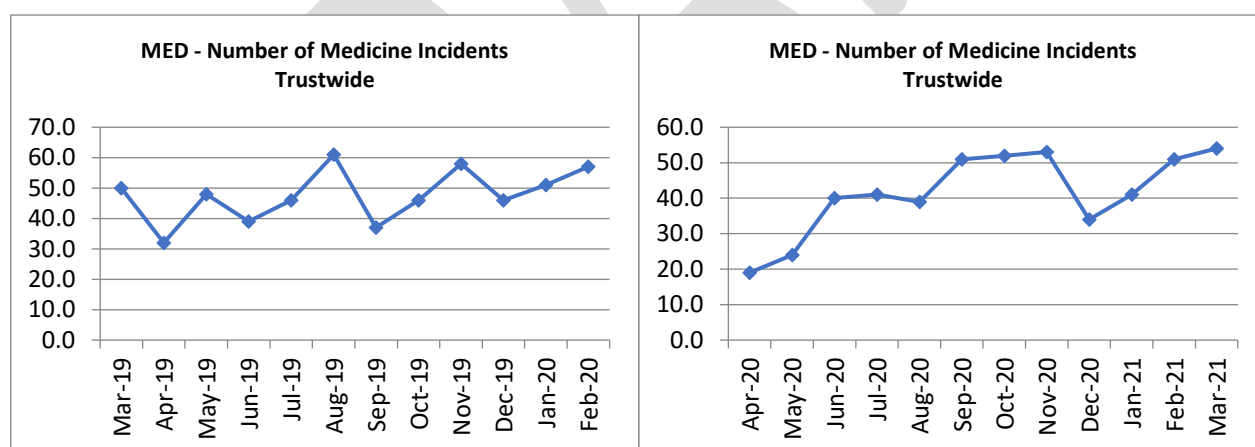
- falls prevention training has been maintained for staff across all our settings in either a blended or digital format with post fall training for F1 and F2 doctors being more formally introduced in 2021
- enhanced health in care homes projects to support non-injured fallers and better engagement with those who have cognitive loss with the aim of preventing falls
- continued participation in the national inpatient falls audit (NAIF) with action plans resulting from incidents and learning disseminated across all our services through falls newsletters and via the falls and frailty steering group
- completion of a vision pilot with the joint emergency team (JETS) team.

The falls prevention leads will continue to report the inpatient falls rate and the improvement work through the quality improvement group

Medications safety

We continue to actively encourage the reporting of medication incidents, as part of our just culture in reporting and managing patient safety incidents.

The table below demonstrates the number of medication incidents per month during 2020/2021, with 54 at the highest. Since December 2020 there has been an upward increase.



The main area of concern in regard to medication incidents is related to omitted doses and this will be an area of focus for 2021/2022

All medication errors are automatically sent to the medicines governance team who work with the clinical governance co-ordinators and integrated service units to review incidents, make recommendations and suggest actions for improvement.

During the past year pharmacy has maintained its service to all our services in providing medicines to patients safely and effectively during the COVID-19 pandemic. There have been a number of trials for the treatment of COVID-19 and pharmacy has supported these and the implementation of treatments as they have become available for our patients. More recently, pharmacy has been part of the team implementing and running our COVID-19 vaccination

programme ensuring that staff are trained to prepare the vaccines and that the vaccine has been stored appropriately.

There has also been a focus on working with the integrated service units to ensure that medicines are used safely and effectively and that medicines security is maintained. This work has initially taken place with Moor to Sea and Paignton and Brixham acute wards and the aim is to extend to all the integrated service units. This work has seen joint working to identify medicines related issues, actions and improvement work. For example, this has led to reviews of stock of Parkinson's Disease medicines along with the provision of education sessions for staff with the aim of reducing omitted doses. Work is also being undertaken to look at how pharmacy can assist the ward teams with their medicines round competencies to support the safe administration of medicines.

Other work has included:

- a controlled drugs (CDs) eLearning package which has been completed and rolled out. Staff are being encouraged to complete the eLearning and this will be monitored and feedback provided to area managers. Recording errors will also be monitored for improvement
- the implementation of CD bottle adapters which has continued to see a reduction in incidents involving stock discrepancies
- audit work which is now performed in greater collaboration with the wards, this is happening across all our services with the aim that any required improvements are agreed and clear
- supporting medicines safety newsletters covering a range of topics including advice on prescribing medicines in patients with an acute kidney injury to promoting our formulary and antibiotic (bug buster) apps
- the continued management of national medicine supply shortages to ensure that patient safety is not compromised.

Going forward into 2021/22 we will:

- improvement work to reduce the number of omitted doses
- continue to develop the collaborative work with the integrated service units looking to spread across all our services
- look to develop a learning dashboard for ward managers on medicines to enable them to track completion of learning so that essential learning e.g. safe use of insulin and desirable learning e.g. a day in the life of controlled drugs, can be monitored
- work to develop a robust process for assurance that medicines round competencies are being completed
- re-visit the insulin safety project
- investigate the use of a wireless fridge temperature monitoring system.

The electronic prescribing project implementation which we have reported in previous quality accounts has had to be suspended due to some issues that arisen that may have had a potential to impact on clinical safety. A review of the project is scheduled to take place in the summer 2021 with recommendations around pre-requisites of the system in order to re-start any implementation

Duty of candour and incident investigation:

In 2020/2021 we have ensured that we have adhered to the legal requirements of duty of candour and to meet the 100% target.

Incidents 2020/2021	Duty of candour %
STEIS reportable incidents (44)	100

There were a small number of cases when next of kin details were not obtainable for drug and alcohol clients but attempts were made to obtain these. Duty of candour details in the investigations show this has been documented.

The total number of severe/moderate/death as reported as an incident requiring further investigation was 336 in 2020/2021 of these 39.8% (118) were completed but not required by the duty of candour legal framework.

Our incidents and how we respond to incidents remain integral to our organisation both managed and coordinated within our robust clinical governance reporting structures. An investigation will support us in understanding what happened and where opportunities to learn or improve practices can be completed. These investigations will present recommendations, and local and organisational action and improvement plans will be used to ensure this learning is embedded into our organisation. These are managed by our experienced central and local management teams, we have continued to invest in additional posts this year, allowing us to continually improve and create a learning environment.

In the last year we have strived to improve our duty of candour obligation and have significantly improved the way we document duty of candour and the way in which we communicate with patients and their families to ensure their voice and questions are included within our investigation processes.

We are continually working on ensuring the language in our reports is presented in a way that is accessible to all and supports an environment of learning and improvement. In the coming year we will audit our approach to duty of candour and incident management from both the efficiency and effectiveness of our internal process, but also to hear from our patients and families to ensure they receive the best experience. Likewise, we will be reviewing the systems that support our reporting framework to ensure it is used to the optimum usage to complement our processes and the people we care for.

We have strong partnership working across all our services and with our Clinical Commissioning Group (CCG) colleagues to ensure we continually learn from our incidents and work in partnership

with our patients and families. All our internal processes are subject to thematic analysis and audit, overseen and monitored by our serious adverse events group.

Speaking up

We recognise that in order for staff to deliver high quality care they must have a safe and supportive working environment. Staff must feel able to raise concerns in the knowledge that they will be listened to, that actions will be taken and that they will be thanked for living the values of the NHS.

In 2020/21, we agreed to focus on:

- embedding the anti-bullying network and use of policy to aid resolution across the organisation
- increasing the network of freedom to speak up champions
- roll out national training in raising and responding to concerns
- working with stakeholders to identify how to improve safety culture
- identify hotspots to provide early intervention and support in speaking up.



In 2020/21 the speaking up vision was embedded into the development of our people plan in order to further increase awareness of the routes available to all staff in how they can feel safe and confident in speaking up. This is enabling an increasing number of staff speaking up via the freedom to speak up guardians with concerns including patient safety, quality of care and cultures of bullying and harassment. Staff can also speak up through their line management chain or contact the guardian generic email, with further individual information on a specific speaking up intranet page. Digital induction training and training delivered face to face and via microsoft teams has continued for specific groups of staff.

Three levels of training have been provided by Health Education England and are being disseminated through the National Guardian Office. This includes for workers, manager and senior leaders.

In 2021/22, we have agreed to focus on

- a review of the self-assessment tool for NHS Trusts and Foundation Trusts to ensure that the expected standards are being met in supporting speaking up
- a review of the freedom to speak up guardian model to ensure it meets the needs of the organisation
- undertake a gap analysis against recommendations from case reviews at other NHS organisations
- a review of our freedom to speak up: raising concerns (whistleblowing) policy against the National Guardian Office policy review framework
- to rollout speak up, listen up, follow up national training for workers, managers and senior leaders.

Statements of assurance from our Board.

Review of services

During 2020/21 Torbay and South Devon NHS Foundation Trust provided and/or sub-contracted 52 relevant health services.

Torbay and South Devon NHS Foundation Trust has reviewed all the data available to them on the quality of care in 52 of these relevant health services.

The income generated by the relevant health services reviewed in 2020/21 represents 89% of the total income generated from the provision of relevant health services by Torbay and South Devon NHS Foundation Trust for 2020/21.

The data and information reviewed and presented covers the three dimensions of quality: patient safety, clinical effectiveness, and patient experience.

Participation in clinical audits

For the Quality Account, the National Advisory Group on Clinical Audit and Enquiries has published a list of national audits and confidential enquiries. Participation in these is seen as a measure of quality of any Trust's clinical audit programme. The detail which follows relates to this list.

During 2020/21, 37 national clinical audits and 3 national confidential enquiries covered relevant health services that Torbay and South Devon NHS Foundation Trust provides.

During that period Torbay and South Devon NHS Foundation Trust participated in 69% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Torbay and South Devon NHS Foundation Trust was eligible to participate in during 2020/21 are as follows:

National audits	Eligibility	Participation
Antenatal and new born national audit protocol 2019 to 2022	Yes	Yes
BAUS Urology Audits	Yes	Yes
British Spine Registry	No	N/A
Case Mix Programme (CMP)	Yes	Yes
Cleft Registry and Audit Network	No	N/A
Elective Surgery (National PROMS Programme)	Yes	Yes
Emergency Medicine QIPs (RCEM)	Yes	Yes
Falls and Fragility Fracture Audit Programme (FFFAP)	Yes	Yes
Inflammatory Bowel Disease (IBD) Audit	Yes	N/P

Learning Disabilities Mortality Review Programme	Yes	Yes
Mandatory Surveillance of HCAI	Yes	Yes
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Yes	Yes
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	Yes
National Audit of Cardiac Rehabilitation	Yes	Yes
National Audit of Care at the End of Life (NACEL)	Yes	Yes
National Audit of Dementia	Yes	Yes
National Audit of Pulmonary Hypertension	No	N/A
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Yes	Yes
National Bariatric Surgery Register	No	N/A
National Cardiac Arrest Audit (NCAA)	Yes	Yes
National Cardiac Audit Programme (NCAP)	Yes	Yes
National Clinical Audit of Anxiety & Depression	No	N/A
National Clinical Audit of Psychosis	No	N/A
National Comparative Audit of Blood Transfusion Programme - 2020 Audit of the management of perioperative paediatric anaemia.	Yes	Yes
National Diabetes Audit – Adults	Yes	Yes
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Yes
National Emergency Laparotomy Audit (NELA)	Yes	Yes
National Gastro-intestinal Cancer Programme	Yes	Yes
National Joint Registry	Yes	Yes
National Lung Cancer Audit (NLCA)	Yes	Yes
National Maternity and Perinatal Audit	Yes	Yes
National Neonatal Audit Programme (NNAP)	Yes	Yes
National Ophthalmology Database Audit	Yes	Yes
National Paediatric Diabetes Audit (NPDA)	Yes	Yes
National Prostate Cancer Audit (NPCA)	Yes	Yes
National Vascular Registry	Yes	Yes
Neurosurgical National Audit Programme	No	N/A

NHS provider interventions with suspected/confirmed carbapenemase producing Gram negative colonisations/infections	No	N/A
Out-of-hospital Cardiac Arrest Outcomes Registry	No	N/A
Paediatric Intensive Care Audit (PICAnet)	No	N/A
Perioperative Quality Improvement Programme (PQIP)	Yes	Yes
Prescribing Observatory for Mental Health UK	No	N/A
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes
Serious Hazards of Transfusion Scheme (SHOT)	Yes	Yes
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	Yes
Surgical Site Infection Surveillance	Yes	Yes
The Trauma Audit & Research Network (TARN)	Yes	Yes
UK Cystic Fibrosis Registry	No	N/A
UK Registry of Endocrine and Thyroid Surgery	Yes	Yes
UK Renal Registry National Acute Kidney Injury Programme	Yes	Yes

Patient outcome programme incorporating national confidential enquires	Eligibility	Participation
Child Health Clinical Outcome Review Programme (NCEPOD)	Yes	Yes
Maternal and Newborn Infant Clinical Outcome Review Programme (MBBRACE)	Yes	Yes
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Yes	Yes
Mental Health Clinical Outcome Review Programme (NCISH)	No	N/A

The national clinical audits and national confidential enquiries that Torbay and South Devon NHS Foundation participated in, and for which data collection was completed during 2020/21, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audit and patient outcome programme incorporating national confidential enquires	Cases submitted	% Cases
Antenatal and newborn national audit protocol 2019 to 2022	Not yet available	Not yet available
BAUS Urology Audits	Not yet available	Not yet available
Case Mix Programme (CMP)	Not yet available	Not yet available
Elective Surgery (National PROMS Programme)	Not yet available	Not yet available
Emergency Medicine QIPs (RCEM)	Not yet available	Not yet available

Falls and Fragility Fracture Audit Programme (FFFAP)		
National Hip Fracture Database Annual Report 2020	410	100
Inflammatory Bowel Disease (IBD) Audit	Not yet available	Not yet available
Learning Disabilities Mortality Review Programme (LeDeR)	7	100
Mandatory Surveillance of HCAI	Not yet available	Not yet available
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme		
Outcomes of Patients included in the 2017/18 Clinical Audit	345	100
Outcomes of Patients included in the 2018/19 Clinical Audit	335	100
Pulmonary Rehabilitation Clinical Audit 2019	8	100
Adult Asthma Clinical Audit	175	100
National Audit of Breast Cancer in Older Patients (NABCOP)	1097	100
National Audit of Cardiac Rehabilitation	Not yet available	Not yet available
National Audit of Care at the End of Life (NACEL)	53	100
National Audit of Dementia	Not yet available	Not yet available
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Not yet available	Not yet available
National Cardiac Arrest Audit (NCAA)	56	100
National Cardiac Audit Programme (NCAP)	Not yet available	Not yet available
National Comparative Audit of Blood Transfusion Programme - 2020 Audit of the management of perioperative paediatric anaemia.	Not yet available	Not yet available
National Diabetes Audit – Adults		
Inpatient Diabetes	64	100
National Early Inflammatory Arthritis Audit (NEIAA)		
National Emergency Laparotomy Audit (NELA)	195	100
National Gastro-intestinal Cancer Programme		
Bowel Cancer Audit	225	100
Oesophago-Gastric Cancer	128	100
National Joint Registry	765	100
National Lung Cancer Audit (NLCA)	238	100
National Maternity and Perinatal Audit	Not yet available	Not yet available
National Neonatal Audit Programme (NNAP)	Not yet available	Not yet available
National Ophthalmology Database Audit	1790	100

National Paediatric Diabetes Audit (NPDA)	Not yet available	Not yet available
National Prostate Cancer Audit (NPCA)	781	100
National Vascular Registry	Not yet available	Not yet available
Perioperative Quality Improvement Programme (PQIP)	Not yet available	Not yet available
Sentinel Stroke National Audit Programme (SSNAP)	603	100
Serious Hazards of Transfusion Scheme (SHOT)	Not yet available	Not yet available
Society for Acute Medicine Benchmarking Audit (SAMBA)	Not yet available	Not yet available
Surgical Site Infection Surveillance	Not yet available	Not yet available
The Trauma Audit & Research Network (TARN)		
Clinical Report Issue 1 - Thoracic abdominal injuries	336	100
Clinical Report Issue II - Orthopaedic Injuries	532	100
Clinical Report Issue III - Head & Spinal Injuries	498	100
UK Registry of Endocrine and Thyroid Surgery	Not yet available	Not yet available
UK Renal Registry National Acute Kidney Injury Programme	Not yet available	Not yet available

Patient outcome programme incorporating national confidential enquires	Cases submitted	% cases
Child Health Clinical Outcome Review Programme (NCEPOD)	Not yet available	Not yet available
Maternal and Newborn Infant Clinical Outcome Review Programme (MBBRACE)		
Perinatal Mortality Surveillance Report 2020	2237	100
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)		
Bowel Obstruction Study	3	60
Out of Hospital Cardiac Arrest Study	5	100

The reports of 19 national clinical audits were reviewed by the provider in 2020/21 and Torbay and South NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Ref	Recommendations / actions
0710	Falls and Fragility Fracture Audit Programme (FFFAP) National Audit of Inpatient Falls
	<ul style="list-style-type: none"> - Written patient information in acute - Falls champions to ensure leaflets given out routinely to those at risk patients. Mini audit to check compliance, complete patient handling and bed rail section on leaflets. - All hip fracture to be reported as 'severe' on TSDFT incident reporting system - Ensure all hip fractures are recorded as severe this will ensure they are immediately identifiable from the other fractures. - Ascertain gap between reported and actual falls - Already compare data retrospectively and use per thousand beds days. Hip fracture will be reported as 'severe'. Falls and Fragility Steering Group will promote learning through feedback to staff via FFSG, falls newsletter and training. Periodically review no harms and near miss and check correct & consistent. - Trial under reporting guide https://www.rcplondon.ac.uk/file/3417/download to see how this compares to our results every 4 months from 10 qualified nurses. Include bank, agency and 'borrowed' nurses, if there are any

working on the ward.

- Time of medical review within 30 minutes – acute bed based care - Highlight to staff that patients with a suspected injury from a fall we should be fast bleeding/urgently contacting the DR within 30 mins.
- Involve governance teams, Falls newsletter.
- Walking aid policy/SOP - Waiting for approval at Care Clinical Policy Group.

0753 Falls and Fragility Fracture Audit Programme (FFFAP) National Hip Fracture Database

- Admission to an orthopaedic ward within 4 hrs of admission with a hip fracture - Flow managers accountability for this metric.
- Future scanning show mismatch between surgical skills with regards to timely provision of a THR and periprosthetic fracture management - DI and GH to look at trauma rotas and see if any alternative rotas may facilitate more even skill mix availability.
- Slightly below average on percentage of people returning to their original residence - MDT deep dive of 50 case notes to identify themes that may be amenable to intervention.

0755 – (LeDer) Learning Disabilities Mortality Review Programme

- TSDFT to identify LeDer reviews - Engage with Heads of Service to seek expressions of interest from suitably qualified staff. Recruit 10 LeDer reviewers and arrange training via the Clinical Commissioning Group online e-learning portal. Engage trained LeDer reviewers to complete outstanding investigations as allocated by the CCG. (12 p/annum).
- Address inequalities for people from BAME groups - Engage with TSDFT Equalities Officer. Progress and contribute to strategic plans aimed at addressing inequalities particularly in relation to people with Learning Disabilities and Autism.
- Promote the application of key legislation including the Mental Capacity Act (2005), the Autism Act 2009 and the Equality Act (2010) - Action - Address as a matter of urgency the issue of low awareness about the MCA among those affected, their families and carers, professionals and the wider public. TSDFT to strengthen governance in relation to adherence to the MCA and provide training and audit of compliance 'on the ground' so that professionals fully appreciate the requirements of the Act in relation to their own role.
- Ensure assessment and documentation of Capacity and Best Interests decision making processes are available, understood and applied.
- Promote the use of Independent Mental Capacity Advocate and Knowledge around the legal framework that guides when they should be appointed.
- Ensure family involvement in decision making via formal Best Interests processes is promoted.
- Promote the provision and documentation of reasonable adjustments, engage with and influence the need for 'joined up' NHS and social care information technology systems.
- Ensure staff are prepared to respond to Care Quality Commission inspections as the MCA will be a standard against which providers are inspected.
- Address unnecessary deaths by pneumonia and aspiration - Improving the training of families, paid carers and professionals about risk factors for aspiration pneumonia.
- Introduce the Oliver McGowan Mandatory Training in Learning Disability and Autism once developed by NHSE.
- Death by Influenza - action need for reasonable adjustments to be made for people with learning disabilities when offered influenza vaccinations
- Death of Young people - action required: - To promote and improve communication between children's and adults' services.
- To audit multi-agency involvement in transition planning for children and young people and to act accordingly. To review process and documentation for undertaking MCA assessments in young people 16 years and over to ensure they correspond to the legislative requirements. To improve communication with families particularly regarding transition planning and the decision-making process once a young person becomes 16 years of age and is subject to the Mental Capacity Act.
- Death of people over 75 greater attention to forward planning as people age, including appropriate accommodation options. Greater recognition about how a person's experiences at younger ages can impact on their life in later years. The provision of training about the physical, psychological and social needs of older people with learning disabilities, particularly for staff working in supported living settings and generic care or nursing homes. A holistic approach that integrates elderly assessment checks and learning disabilities annual health checks, and results in joint care planning and the sharing of information across the agencies that support the individual.
- Health Interventions - Adapt (and the adopt) the National Early Warning Score 2 regionally, such as the Restore2, to ensure that it captures baseline and soft signs of acute deterioration in physical health for people with learning disabilities.
- Issue identified - Training staff around Autism and Learning Disabilities - Work with Education Department to develop a programme of training resources that promotes wider understanding of the needs of people with a Learning Disability or Autism.

0828 National Diabetes Audit Programme (NADIA) National Diabetes Inpatient Audit
<ul style="list-style-type: none"> - Foot screening for diabetic inpatients on admission - To contact director of nursing for advice on how to move forward with progress on this initiative. - Monitor compliance with staff completion of 'safe use of insulin' module as part of mandatory training - To work with nursing leads and education department to ensure this happens and compliance can be measured.
0830 National Diabetes Audit Programme (NADIA) National Diabetes Inpatient Audit - Harms
<ul style="list-style-type: none"> - Need to escalate significant diabetes harms review from MDT level to higher level trust governance meetings - To discuss with trust governance lead about how this process might work.
0778 National Neonatal Audit Programme (NNAP)
<ul style="list-style-type: none"> - Reduce separation of mother and baby in late preterm babies (34 to 36 weeks gestation) - Action - Introduction of Transitional Care Ward. A business case for the introduction of a Transitional Care Ward was submitted in 2019, but not achieved due a funding shortfall. This business case will be re-submitted. - Check Badger data accuracy - Regular (monthly) review of data to ensure missing data and areas of non-compliance are checked against patient notes to check accuracy of data. - Create new template ward round sheet - This template will be similar in format to that used on the children's ward for ease of use. It will require those present on ward rounds (family and staff) to be mentioned by name. This will allow for greater evidence of parent communication to be documented. - Improve use of Badger system - Disseminate information on each set of junior doctor inductions of how to use the Badger system and provide a laminated guide to use. - Extend nursing roles and training - Introduce Extended Nurse Practitioners (ENP) to the SCBU team. Our first ENP is due to start working in November. This role will include supporting junior doctors in their roles and in completing communication tools such as Badger.
0847 Sentinel Stroke National Audit Programme (SSNAP)
<ul style="list-style-type: none"> - Poor admission to ward within 4 hours data resulting in domain 2 areas being low especially initial assessment time by stroke nurse, consultant and swallow screen - Updating of Stroke Proforma and Stroke Specific resource site on ICONS to ensure up-to-date information for all clinicians. - Poor admission to ward within 4 hours data resulting in domain 2 areas being low especially initial assessment time by stroke nurse, consultant and swallow screen - Robust training programme for medical registrars – post and post attendance questionnaires. - Poor admission to ward within 4 hours data resulting in domain 2 areas being low especially initial assessment time by stroke nurse, consultant and swallow screen - Stroke added to mandatory training days for Emergency Department nursing staff.
0797 Each Baby Counts
<ul style="list-style-type: none"> - Recommendation: - Recognition of risk - Skill Drills Delivery suite once out of COVID-19 restrictions. - Review handover process for the MDT. - Involvement of neonatal team for ideas on how to improve on areas highlighted in report. - Share report with Obstetric and Anaesthetic Team.
0776 National Lung Cancer Audit (NLCA)
<ul style="list-style-type: none"> - Access to Physiological testing - Action required - Ensure this is available at either Torbay or Derriford (our surgical centre) - Access to staging investigations - Ensure the appropriate staging "Bundles" are performed for those fit for treatment.
0758 National Asthma and COPD Audit Programme (NACAP) Outcomes of Patients included in the 2017/18 Clinical Audit
<ul style="list-style-type: none"> - Only 31% asthmatics had a respiratory review in first 24 hours of admission (47% Devon (Sustainability & Transformation Partnerships) (STP) - Need to increase Specialist Nurse and Consultant workforce.
0761 National Asthma and COPD Audit Programme (NACAP) Outcomes of Patients included in the 2018/19 Clinical Audit
<ul style="list-style-type: none"> - Only 27% asthmatic patients had respiratory review in 24 hours of admission - Need to extend learning and outcomes to Emergency Department and Medical teams. - Less than 5 patients had Peak Expiratory Flow Recording (PEFR) recorded within an hour of arrival - Need to extend learning and outcomes to Emergency Department and Medical teams. - Only 28% asthmatic patients had systemic steroids within an hour of arrival - Need to extend learning and outcomes to ED and Medical teams.

- Less than 5 patients had 5 elements of British Thoracic Society discharge bundle provided - Need to extend learning and outcomes to ED and Medical teams. Ongoing attempts to use discharge summaries on infoflex to allow this.
- Only 57% had smoking cessation advice - need to work more with lifestyles team and reconsider reinstatement of smoking cessation champions.

0703 National Asthma and COPD Audit Programme (NACAP) Pulmonary Rehabilitation Clinical Audit 2019

- Only 58% stable COPD patients started Pulmonary Rehab within 90 days of referral - Increase capacity for Pulmonary Rehab.

0570 National Audit of Dementia – Round 4

- Communication during COVID-19 - Is it possible to identify carers that could receive questionnaire's?
- Nutritionally complete finger food menus - Investigate with dieticians about the nutritional value of our finger foods.
- "This is me" use - audit of inpatients with dementia to see how well this is utilised. This could be in acute and community hospitals.
- 4AT delirium screening for dementia patients - Audit of dementia patients for use of 4AT.

0627 National Diabetes Insulin Pump Audit

- Below national average pump provision - review Clinician practice at MDT.
- Increasing paediatric pump numbers - Expansion of MDT to support increased pump numbers.
- HbA1c performance below national average - Review pump contracts, processes and MDT availability.

0661 National Gastro-intestinal Cancer Programme – Oesophagi-gastric Cancer

- Ensure protocols are in place with neighbouring hospitals for the referral of all cases of high-grade dysplasia to the specialist MDT - NHS trusts/local health boards should set out clear pathways for referral to specialist treatment centres, where necessary - Action - Protocol for Barrett's oesophagus referral to be agreed by upper GI MDT.
- Investigate reasons for patients being diagnosed with cancer after emergency admission to identify opportunities for improving earlier detection. - NHS trusts/local health boards should review referral protocols with local GPs and assess whether initiatives are required, such as OG cancer awareness campaigns within the local community. Action: - Audit of emergency admissions diagnoses cases in the 2019 audit period.
- Review waiting times through the oesophagi-gastric cancer care pathway and identify ways to improve the progression of patients from referral through to diagnosis and treatment - Together with commissioners, MDTs should review waiting times through the care pathways and discuss ways to improve the progression of patients from diagnosis through to staging and treatment. Action: - Breach analysis part of ongoing workflow. Plans to streamline MDT pathway.
- NHS organisations should investigate the reasons why patients receiving non-curative chemotherapy are not completing the prescribed regimen - Action: - Oncology team to audit as part of their workflow.

0544 National Lung Cancer Audit Report (NCLA)

- Lower than expected pathological confirmation rate in good performance status, early stage NSCLca. Action - 1) MDT discussion. Close liaison with interventional radiologists and neighbouring Trusts to ensure all appropriate diagnostic procedures are considered and available. 2) Audit to explore reasons/trends for not confirming pathological diagnosis.
- Ensure adequate Lung Cancer Nurse Specialist (LCNS) support for our population of patients - Action:- Need to monitor the impact that the recent appointment of an additional LCNS (March 2020) will have on ensuring appropriate patient support. This may only become apparent in the 2022 NCLA (looking at 2020).
- Ensure all appropriate patients (Stage I-II, Good PS 0-2) with NSCL have curative intent treatment options considered. Action: Audit the patients in 2018 who did not undergo curative intent treatment to understand reasons for this.

0701 Perioperative Quality Improvement Programme (PQIP)

- Try and improve patient experience of pain in recovery - Open a medicines study using local anaesthetic infusions.

0726 TARN coding accuracy audit compared to imaging

- Improve descriptive accuracy of reporting trauma imaging - Action required: TARN friendly reporting CRIB sheets.

0735 UK Parkinson's Audit

- Difficulty educating ward staff and community staff due to time restraints - Consideration of Parkinson's education day for all to attend.

- Access to written information at clinic - discuss about provision of leaflets with community hospital.
- Trial use of NMS forms prior to clinic - post out to LT and GG patients.
- Improve discussions around advanced care planning - use of nurse team, home visit, improve communication, referral pathway with Rowcroft.

The reports of 3 national confidential enquiries were reviewed by the provider in 2020/21 and Torbay and South Devon NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

0605 Long term Ventilation (NCEPOD)

- Commissioning arrangements – standardisation of local commissioning arrangements - Escalate and discuss with CCG or relevant lead.
- Improve provision of written and online information for families - Create information leaflet for families.
- Improve provision of psychology support for LTV patients – Escalate to CD/Psychology Lead and CCG Lead.
- Improve link with adult LTV team and transition arrangements locally - Liaise with LTV lead and work towards a pathway.
- Create registry/log of LTV training of staff - Liaise with High Dependency Unit Nursing Lead and Community Nursing Lead.

0821 Saving Lives, Improving Mothers' Care – Rapid Report: Learning from SARS-CoV-2 related and associated deaths in the UK (MBRRACE-UK)

- No local guidance for caring for women from Black, Asian and Minority Ethnic (BAME) - Adopt and put into practice the new BAME Local Maternity Service wide Standard Operating Procedure (SOP).
- More detailed information to be included in the Perinatal Mental Health SBAR referral form - During mandatory training educate staff within Maternity services.

0538 Surveillance data on maternal deaths (MBRRACE-UK)

- Following resuscitation from an arrest with a likely cardiac cause, coronary angiography ± percutaneous coronary intervention is the appropriate initial diagnostic investigation. Resuscitation guidelines 2015 (UK Resuscitation Council 2015) - Included in new Cardiac Disease and Arrest Guideline.
- Echocardiography is recommended in any pregnant patient with unexplained or new cardiovascular signs or symptoms. (Regitz-Zagrosek et al. 2018) - Included in new Cardiac Disease and Arrest Guideline.
- When aortic dissection occurs in a young woman, the underlying diagnosis should be assumed to be an inherited aortopathy until proven otherwise. Saving Lives, Improving Mothers' Care 2016 (Knight et al. 2016) - Included in new Cardiac Disease and Arrest Guideline.
- Syncope during exercise can suggest a cardiac origin, and should prompt cardiac evaluation. ESC Guidelines for the diagnosis and management of syncope 2018 (Brignole et al. 2018) - Included in new Cardiac Disease and Arrest Guideline.
- [Electrical] cardioversion is safe in all phases of pregnancy. Immediate electrical cardioversion is recommended for any tachycardia with haemodynamic instability and for pre-excited atrial fibrillation. In the event of maternal cardiac arrest, resuscitation (and delivery) should be performed according to existing guidelines. In case of emergency, drugs that are not recommended by international agencies for use during pregnancy and breastfeeding should not be withheld from the mother. ESC guidelines for the management of cardiovascular diseases during pregnancy 2018 (Regitz-Zagrosek et al. 2018) - Included in new Cardiac Disease and Arrest Guideline.
- Nonselective beta-blockers should be continued throughout pregnancy and during the post-partum period (at least 40 weeks after delivery) in patients with congenital LQTS ESC guidelines for the management of cardiovascular diseases during pregnancy 2018 (Regitz-Zagrosek et al. 2018) - Included in new Cardiac Disease and Arrest Guideline.
- It is important to be mindful of the possibility of a cardiac diagnosis when repeated attempts are made to access medical care, particularly when extreme anxiety and breathlessness are prominent symptoms. Saving Lives, Improving Mothers' Care 2016 (Knight et al. 2016) - Included in new Cardiac Disease and Arrest Guideline.
- New onset of cardiorespiratory symptoms and/or absence of valve clicks in women with prosthetic heart valves should prompt careful echocardiography and early review by a senior cardiologist to exclude the possibility of valve thrombosis. Saving Lives, Improving Mothers' Care 2016 (Knight et al. 2016) - Included in new Cardiac Disease and Arrest Guideline.
- If there are concerns about patient compliance or access to diagnostic testing then there should be a low threshold for admission to hospital for implementation of changes to the anticoagulation regimen during pregnancy or postpartum as per ESC guidelines. (Regitz-Zagrosek et al. 2018) - Included in new Cardiac Disease and Arrest Guideline.

- Neither pregnancy, caesarean section birth or the immediate postpartum state are absolute contraindications to thrombolysis. (Knight et al. 2014) - Included in new Cardiac Disease and Arrest Guideline.

The reports of 27 local clinical audits were reviewed by the provider in 2020/21 and Torbay and South Devon NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Ref	Recommendations / actions
6573	Anaesthetic "Cappuccini Test"
	<ul style="list-style-type: none"> - Utilise Chicago Lightworks Employee roster programme to allocate a mentor and staff contact details - Include explicit mechanism of emergency help and who, during theatre brief
6585	Safe and timely management of hyperkalaemia
	<ul style="list-style-type: none"> - Flow chart to assist following the protocol and new documentation has been developed. The intention is to trial it on all acute medical wards - Investigate adding alert to biochemistry results - Reminder to everyone during audit meeting that first repeat potassium is key to safely managing these patients
6591	Aldosterone Renin Ratio being used in the diagnosis and management of Hypertension
	<ul style="list-style-type: none"> - Apply for research funding for a Research Nurse. - Appoint dedicated Research Nurse. - Screen all newly diagnosed obstructive sleep apnoea with hypertension for primary hyperaldosteronism by using Aldosterone renin ratio.
6595	Recording Clinical Evaluations for Ionising Radiation (Medical Exposure) Regulations for Orthopaedics
	<ul style="list-style-type: none"> - Share results with Orthopaedics - Advise/ educate Orthopaedic department of legal requirement to record clinical evaluations - Investigate whether automatic electronic question can be sent to requestor of image to advise they must report the image
6615	Decompensated cirrhosis: The British Association for the study of the liver care bundle
	<ul style="list-style-type: none"> - Update care bundle to show 'transfer to Allerton/ Cromie bed' under 'Inform Gastroenterology' - Add Low-molecular-weight heparin anticoagulant medication to care bundle - Emergency drive to hold care bundle, Emergency Department happy to perform tap if they know they need to do it - Update juniors training to improve confidence to perform ascitic taps
6616	Breast pain clinic
	<ul style="list-style-type: none"> - Breast awareness video and Breast pain video needed for iPads (Hiblio) - Further information letter to be sent to GP surgeries to inform them of the new clinic - Clinic is receiving inappropriate referrals, Clinicians to ensure incorrect referral is mentioned in discharge letter
6617	Child Protection Medical Report writing
	<ul style="list-style-type: none"> - Work with admin team to improve support for clinicians in all Torbay specialities - Discuss this work at named Doctors meeting to improve coordination between Torbay and Exeter
6618	Adult inpatient venous thromboembolism (VTE) prevention in theatres
	<ul style="list-style-type: none"> - Update VTE section of the drug chart to split the anti-embolism stocking and foot pump prescription box into two separate charts - Discussion with surgeons to determine who should be recording the VTE plan for theatres
6619	Temperature Post Cardiac Arrest

<ul style="list-style-type: none"> - Adopt a lower threshold for inserting intravascular cooling devices (Thermoguard) and starting invasive targeted temperature management - Education to discourage the active warming of patients who are stable within the target range of 32-36 degrees centigrade, particularly the higher end - Education to encourage more regular hourly recording of temperature in post cardiac arrest patients - Include details in the ICU pocket book for junior doctors starting and working on the unit - Disseminate results to the ICU nursing team. 	
6620	Chest x-rays for rib fractures
<ul style="list-style-type: none"> - Seek clarification on the referencing in the current trust guidance - Referrers to be informed and educated by their departments if changes to practice are required - Conflicting guidance - Enter into discussion with stakeholders in trauma imaging - discussion between Radiologist trauma lead with Emergency Department trauma lead 	
6631	Recording Clinical Evaluations for Ionising Radiation (Medical Exposure) Regulations for Max-Facs and Orthodontics
<ul style="list-style-type: none"> - Raise awareness of IR(ME)R regulations at speciality audit meeting 	
6632	Paediatric home enteral feeding clinic
<ul style="list-style-type: none"> - Introduce a new, fully resourced Out-patient clinic to enable patient review 	
6638	Stethoscope availability in Anaesthesia
<ul style="list-style-type: none"> - Procure six new stethoscopes - Ensure dedicated, labelled stethoscope is available in each area - Standardise the position/ location of stethoscope 	
6640	HIV Testing on ICU
<ul style="list-style-type: none"> - Contact Microbiology Consultant to ask for HIV to be added to the admission bloods order set so that all ICU admissions will have a HIV test provided they have not already had one in the year prior to admission. They will also discuss the 'Lab' blocking any tests requested if a patient has had a test within the last year (unless there is another indication) - ICU Guidelines to be updated 	
6647	Recording Clinical Evaluations for Ionising Radiation (Medical Exposure) Regulations for fracture clinic
<ul style="list-style-type: none"> - Look into possibility of introducing standardised letter template - Investigate introducing standardised proforma although the fracture clinic is currently going paperless 	
6650	Special Case Flagging
<ul style="list-style-type: none"> - Review and update the process for placing and removing flags 	
Audits completed and reviewed NOT requiring a plan or specific actions due to good results or compliance	
6575	Foot and Ankle extracorporeal shockwave therapy
6587	Weekend vitreoretinal on-call
6593	Timely assessment and Care Plan paperwork to support Head and Neck cancer patients
6609	Bacillus Calmette-Guérin (BCG) Vaccinations
6611	Pathological margins of breast cancers excised with breast conserving surgery
6621	Air as contrast media for hip arthrogram
6622	Review of outcomes of colposuspension and fascial sling operations
6623	Large volume paracenteses (Elective day cases)
6628	Rotablation treatment at Torbay Hospital

6629	Basal Cell Carcinoma outcomes at three-year follow-up
6648	Silver Trauma Computerised Tomography scanning in Emergency Department

Research

The number of patients receiving relevant health services provided or sub-contracted by Torbay and South Devon NHS Foundation Trust in 20120/21 (as of February 21) that were recruited during that period to participate in research approved by a research ethics committee was 1840.

Participation in clinical research demonstrates Torbay and South Devon NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Torbay and South Devon NHS Foundation Trust was involved in conducting 209 clinical research studies during 2020/21 in 33 specialities.

During 2020/21 79 clinical staff participated in approved research at Torbay and South Devon NHS Foundation Trust.

In the past year more than 18 publications have resulted from our involvement with the National Institute Health Research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates Torbay and South Devon NHS Foundation Trust's commitment to testing and offering the latest medical treatments and techniques. Here are just a few examples of how our participating in research improves patient care.

Examples of several studies which Torbay Hospital has led or participated in.

COVID-19: urgent public health research:

Infection – COVID-19	<p>RECOVERY TRIAL</p> <p><i>In March 2020, the RECOVERY (randomised evaluation of COVID-19 therapy) trial was established as a randomised clinical trial to test a range of potential treatments for COVID-19. We have contributed to this globally important study.</i></p> <p>The RECOVERY trial was the world's first study to show that low dose dexamethasone; a cheap and available steroid; typically used to reduce inflammation reduces death by up to one third in hospitalised patients with severe respiratory complications of COVID-19 and by one fifth in other patients receiving oxygen only.</p> <p>Subsequently the study has recently shown that tocilizumab - an anti-inflammatory rheumatoid arthritis treatment; reduces the risk of death for hospitalised patients with severe COVID-19. Patients who have significant inflammation and require oxygen, a combination of a systemic corticosteroid - such as dexamethasone - alongside tocilizumab reduces mortality by about</p>
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	<p>one third for patients requiring simple oxygen and nearly one-half for those requiring invasive mechanical ventilation.</p> <p>Researchers also found that the drug reduces the length of hospital admission, and the risk of patients requiring mechanical ventilation.</p> <p>RECOVERY is now the second NIHR-supported study to demonstrate the effectiveness of tocilizumab as a treatment for COVID-19 patients, after results from the REMAP-CAP study.</p> <p>The RECOVERY trial has also shown the following treatments <u>were not effective</u> in hospitalised COVID-19 patients:</p> <ul style="list-style-type: none"> • lopinavir-ritonavir (an antiviral treatment commonly used to treat HIV) • hydroxychloroquine • azithromycin (a commonly used antibiotic). The data showed no significant difference in the primary endpoint of 28-day mortality (19% azithromycin vs. 19% usual care). Convalescent plasma (collected from donors who have recovered from COVID-19 and contains antibodies against the SARS-CoV-2 virus). <p>The recent results from the RECOVERY trial add significant and important information to our knowledge on how best to treat COVID-19. Through the study many of our local patients have had access to tocilizumab and other treatments.</p>
Infection – COVID-19	<p>REMAP-CAP Trial</p> <p>South west patients contribute to study which finds arthritis drugs effective in improving survival in sickest COVID-19 patients: Patients across the UK who are admitted to intensive care units due to COVID-19 are set to receive a treatment that can reduce the time spent in hospital by up to 10 days, an international study supported by the National Institute for Health Research has found. Results from the REMAP-CAP clinical trial, which is running locally at five hospitals - University Hospitals Plymouth NHS Trust, Royal Cornwall Hospitals NHS Trust, Royal Devon and Exeter NHS Foundation Trust, Somerset NHS Foundation Trust and Torbay and South Devon NHS Foundation Trust - evaluated the effect of treatments on a combination of survival and length of time patients need support in an intensive care unit (ICU). Patients receiving tocilizumab and a second drug called carlumab - both types of immune modulators - have a significant impact on patient survival and can reduce the relative risk of death by 24% when administered to patients within 24 hours of entering intensive care.</p>
Infection – COVID-19	<p>SIREN study</p> <p>Study supported locally finds past coronavirus infection provides some immunity for at least five months, but people may still carry and transmit the virus: NHS trusts across the south west rallied to support a study which has given key insight into immunity to COVID-19. The SIREN study, developed by Public Health England (PHE), has released results which indicate recovering from coronavirus (COVID-19) provides some immunity for at least five months. Beginning in June 2020, the study involved regular</p>

	testing of tens of thousands of volunteer healthcare professionals. The study was supported locally by staff from Somerset NHS Foundation Trust, Royal Cornwall Hospitals NHS Trust, University Hospitals Plymouth NHS Trust, Yeovil District Hospital NHS Foundation Trust, Northern Devon Healthcare NHS Trust, Royal Devon & Exeter NHS Foundation Trust, Torbay & South Devon NHS Foundation Trust, Cornwall Partnership NHS Foundation Trust and Devon Partnership NHS Trust.
Infection – COVID-19	<p>GENOMMIC Study</p> <p>This COVID-19 research has been a fantastic way to demonstrate how the clinical teams and research have worked together in gathering the samples and data required for these important studies.</p> <p>This study has identified potential treatments for COVID-19 after the discovery of five genes associated with the most severe form of the disease. Genetic evidence is second only to clinical trials as a way to tell which treatments will be effective in a disease. Existing drugs that target the actions of the genes reveal which drugs should be repurposed to treat COVID-19 in clinical trials, experts say.</p>

Selection of cancer studies:

Cancer (bladder)	<p>Patient-reported quality of life outcomes in patients treated for muscle-invasive bladder cancer with radiotherapy ± chemotherapy in the BC2001 Phase III randomised controlled trial</p> <p>BC2001, the largest randomised trial of bladder-sparing treatment for muscle-invasive bladder cancer, demonstrated improvement of local control and bladder cancer-specific survival from the addition of concomitant 5-fluorouracil and mitomycin C to radiotherapy. The study also assessed the impact of treatment on the health-related quality of life (HRQoL) of BC2001 participants and showed that quality of life of bladder cancer patients treated with radiotherapy±chemotherapy deteriorates during treatment, but improves to at least pre-treatment levels within six months. Addition of chemotherapy to radiotherapy does not affect patient-reported quality of life.</p>
Cancer (breast)	<p>Synchronous versus sequential chemo-radiotherapy in patients with early stage breast cancer (SECRAB): a randomised, Phase III, trial</p> <p>The optimal sequence of adjuvant chemotherapy and radiotherapy for breast cancer is unknown. SECRAB. Was a prospective, open-label, multi-centre, phase III trial looking to assess whether local control can be improved without increased toxicity by comparing synchronous to sequential chemo-radiotherapy, conducted in 48 UK centres.</p> <p>The study results show that synchronous chemo-radiotherapy significantly improved local recurrence rates. This was delivered with an acceptable increase in acute toxicity. The greatest benefit of synchronous chemo-radiation was in patients treated with anthracycline-CMF.</p>

Cancer (breast)	<p>Hypofractionated breast radiotherapy for one-week versus three-weeks (fast-forward): five-year efficacy and late normal tissue effects results from a multicentre, non-inferiority, randomised, phase three trial</p> <p>A large number of Torbay patients took part in the pioneering fast forward radiotherapy clinical research trial which found that a one-week course of radiotherapy – rather than the standard three-week treatment – will benefit women with early stage breast cancer.</p> <p>These results, have significant implications for both our patients and ourselves as an organisation. Patients will now have to spend a lot less time travelling to receive treatments which will be crucial in ensuring reduced patient contact during the COVID-19 pandemic. The ability to reduce the number of patient visits also has huge implications for NHS resources with an estimated saving of 50 million per year if all trusts adopt this finding as standard of care.</p> <p>As soon as the results were published our local radiotherapy team worked tirelessly to develop and put in place protocols so that this new practice could be adopted. This is crucial to our COVID-19 recovery plan and will help free up capacity and resources in the service during this difficult time.</p>
Cancer (colorectal)	<p>3-month versus 6-month adjuvant chemotherapy for patients with high-risk stage II and III colorectal cancer: 3-year follow-up of the SCOT non-inferiority RCT</p> <p>Patients diagnosed with bowel cancer are likely to have surgery to remove the tumour. Patients diagnosed with a more advanced stage of the disease are then likely to be offered what is known as adjuvant chemotherapy. The study assessed the efficacy of 3-month versus 6-month adjuvant chemotherapy for colorectal cancer and to compare the toxicity, health-related quality of life and cost-effectiveness of the durations. Overall, the study showed that 3-month adjuvant chemotherapy for patients with bowel cancer is as effective as 6-month adjuvant chemotherapy and causes fewer side effects.</p>
Cancer (malignant haematology)	<p>Characteristics associated with significantly worse quality of life in mycosis fungoides/sézary syndrome from the prospective cutaneous lymphoma international prognostic index (PROCLIP) study</p> <p>Mycosis fungoides (MF) and sézary syndrome (SS) are the most common cutaneous T-cell lymphomas. MF/SS is accompanied by considerable morbidity from pain, itching and disfigurement. The study aimed to identify factors associated with poorer health-related quality of life (HRQoL) in patients newly diagnosed with MF/SS.</p> <p>Conclusions: This is the first prospective study to investigate HRQoL in newly diagnosed patients with MF/SS. The results show that HRQoL is worse in women and in those with alopecia and confluent erythema. MF/SS diagnosis has a multidimensional impact on patient HRQoL, including a large burden of cutaneous symptoms, as well as a negative impact on emotional wellbeing. The results show that a comprehensive</p>

	validated cutaneous T-cell lymphoma-specific questionnaire is urgently needed to more accurately assess disease-specific HRQoL in these patients.
Cancer (malignant haematology)	<p>The UK NCRI study of chlorambucil, mitoxantrone and dexamethasone (CMD) versus fludarabine, mitoxantrone and dexamethasone (FMD) for untreated advanced stage follicular lymphoma: molecular response strongly predicts prolonged overall survival</p> <p>This trial was the first to prospectively assess molecular response and the impact on outcomes for 400 patients. Long-term follow-up data shows that no cases of progression occurred in minimal residual disease (MRD) negative patients after six years of follow-up. Although there was no difference in outcomes between arms, this is the first prospective study to report MRD negativity resulting in significantly improved overall survival (OS).</p>

CQUIN

In 2020/21, CQUINs were suspended due to the pandemic. However, using this framework we have focused our efforts on the quality improvements and wider learning within patient experience and patient safety.

Care Quality Commission

Torbay and South Devon NHS Foundation Trust (TSDFT) is required to register with the Care Quality Commission (CQC) and its current registration status is:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- family planning
- management of supply of blood and blood derived products
- maternity and midwifery services
- personal care
- surgical procedures
- termination of pregnancies
- transport services, triage and medical advice provided remotely
- treatment of disease, disorder or injury.

We have no conditions on registration. The CQC has not taken enforcement action against us during 2020/21. We have not participated in any special reviews or investigations by the CQC during the reporting period. During the period April 2020 to March 2021, we received no CQC inspections.

In July 2020, the CQC published the report from the announced inspection of six of our core services in March 2020 ([Provider section - RA9 Torbay and South Devon NHS Foundation Trust \(10/03/2020\) INS2-5746184371 \(cqc.org.uk\)](#)). In response, we developed an improvement plan to address the requirement notices and 'should do improvements'. Progress towards this improvement plan is monitored through our individual service leadership teams and reported to the our CQC and compliance assurance group.

NHS England and NHS Improvement conducted an announced use of resources assessment with an on-site one-day visit in February 2020. The final report for the assessment was published in July 2020 by the CQC ([Use Of Resources - RA9 Torbay and South Devon NHS Foundation Trust \(10/03/2020\) INS2-5746184371 \(cqc.org.uk\)](#)). Our rating for use of resources changed from good to requires improvement, and the report identified key areas for improvement. We have developed a work plan in response, and the progress is monitored by the finance performance and digital committee.

With the exception of the use of resources, our overall ratings from the CQC have not been reviewed during 2020/21. This is in accordance with the CQC's regulatory approach to only review overall ratings when a trustwide well-led inspection is conducted.

Our trustwide well-led inspection planned for March/April 2020 was cancelled by the CQC due to the COVID-19 pandemic. Therefore, we commissioned an external well-led review which was conducted and published in January 2021 with the Board developing an improvement plan.

Our current CQC ratings are shown in the table below.

Overview and CQC inspection ratings		
Overall Good Read overall summary	Safe	Requires improvement
	Effective	Good
	Caring	Outstanding
	Responsive	Good
	Well-led	Good
Use of Resources		Requires improvement

Our current full ratings, including the core services ratings from the last inspections, can be found on the CQC's website: <https://www.cqc.org.uk/provider/RA9>.

Data quality

High quality data is important to our organisation for many reasons including our ability to improve our services and to understand how efficient our services are.

Our data quality is managed primarily by our health informatics service and our information team working together to ensure there are appropriate governance processes in place to manage and improve data quality.

NHS number and general practitioner registration code

We submitted records during 2019/20 to the secondary uses service for inclusion in the hospital episode statistics.

The percentage of records in the published data, as of February 2021:

which included the patient's valid NHS number was:

- 99.9% for admitted patient care.
- 99.9% for outpatient care.
- 99.5% for accident and emergency care.

and those which included the patient's valid General Medical Practice Code was:

- 98.5% for admitted patient care.
- 97.9% for outpatient care.
- 98% for accident and emergency care

Information governance

Our information governance assessment report is no longer available and the system has been replaced by the "data security and protection toolkit (DSP toolkit)".

Our toolkit publication for 2020/21 was standards met.

All incidents where a breach of confidentiality has occurred were recorded on our incident system in line with our organisation's policies; 159 were reported.

All breaches of confidentiality are scored in line with current guidance provided by the Information Commissioner's Office (ICO) with four incidents in 2020/21 meeting the requirement for onward reporting. Risks to information are recorded on the organisation's risk management system in line with our policy. All data incidents, risks and data security and protection toolkit evidence is regularly reviewed at information governance steering group chaired by our senior information risk officer (SIRO).

Clinical coding

We undertake an annual data security protection toolkit of clinical coding audit and met the mandatory requirements of the toolkit. The audit was completed by an NHS Digital approved auditor

Data quality improvements

In 2020/21 we reported that we would take actions on the following to improve data quality:

- implement the recommendations from the external review, assigning a dedicated data quality workforce
- review national SUS coding, to maintain acceptable quality levels
- mitigate the changes and anomalies to data capture, necessitated due to pandemic prevention and detection
- improve the density of coding relating to palliative care by implementing additional data feeds from our local hospices
- increase coding provision to support the recording of mortality, to align with the summary Hospital-level Mortality Indicator.

During the year we engaged an external consultancy to review our coding offering. The results demonstrated an adequate level of accuracy. Coding provisions have been redesigned to allow input to summary mortality hospital-level indicator. As a result of the pandemic we did not implement the recommendations of the external review, assigning instead a dedicated data quality workforce.

In 2021/22 we will improve data quality in the following areas:

- implement the recommendation from the external review. Our information team is currently going through a business case process to extend workforce, this includes enhancing the data quality provision which will facilitate closer working with operational colleagues to improve end to end data input and reporting process
- develop an overarching data quality strategy as part of our information strategy (currently being developed)
- update data quality policy
- extend the data quality work in all areas of the organisation, for example improve data visibility and highlighting gaps in our community services.

Mandated quality indicators

This will be update at the end of March with Q4 data

As part of the annual report the Trust is required to report against several mandatory quality indicators. These are described below.

Domain 1: Learning from patient deaths

Data will be provided to stakeholders on publication - being collated

27.1	During 2020/21, (April 2020 to Mar 2021) of Torbay and South Devon NHS Foundation Trust xxx patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: xxx in the first quarter; xxx in the second quarter; xxx in the third quarter; xxx in the fourth quarter
27.2	For the period April 2020 to Mar 2021 xx case record reviews have been carried out in relation to the above number of the deaths included above. The number of deaths in each quarter for which a case record review or an investigation was carried out was: xx in the first quarter; xx in the second quarter; xx in the third quarter; xx in the fourth quarter
27.3	x death representing <x% of the patient deaths reviewed via Structured Judgement Framework (SJF) review during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of: x for the first quarter; x for the second quarter; for the third quarter; x for the fourth quarter. These numbers have been estimated using the Structured judgement framework based on the Royal College of Physicians guidance.
27.4	The themes from learning from death reviews has revealed that there was a need to focus on communication and process in relation to some interventions, in relation to some interventions these include; <ul style="list-style-type: none">• to ensure good and timely care during end of life and after death.• to provide observations of equipment being used at regular intervals
27.5	The Trust has been implementing the new Medical Examiners with 5 recruited to post in year. The policy and process are being employed. Full application of the medical examiners will be realised in 2021/2022.
27.6	TSDFT continues to learn from deaths, within 2020/2021 the areas where improvement is required is; <ul style="list-style-type: none">• communication with families throughout end of life and after death• communication between professional groups regarding treatment and following death We have provided the following to assist in our improvements in communication <ul style="list-style-type: none">• training video for all staff• timely and appropriate use of treatment escalation plans
27.7	In 2020/21 there were xx deaths involving patients with a learning disabilities . Of thesed deaths the key leaning included:

	<ul style="list-style-type: none"> • poor communication with patients and families in regards to treatment plans <p>In 2020, The deaths of people with learning disabilities from COVID-19 (2020) LeDeR programme University of Bristol Report provided an insight to improvements that TSDFT must consider in our approach that have included;</p> <ul style="list-style-type: none"> • treat me well group has developed an improvement plan to include specific areas within the Trust such as the Emergency Department • promote and improve communication between children's and adults' services. • promote the use of Independent Mental Capacity Advocate and Knowledge around the legal framework that guides when they should be appointed. • ensure family involvement in decision making via formal Best Interests processes is promoted.
27.8	x% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Structure Judgement framework.
27.9	x% of the patient deaths during 2019/20 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Preventing people from dying prematurely

	Dec 19- Nov 20	July 18 – June 19	July 17- June 18	July 16 – June 17
SHMI	1.0063	0.9473	0.9159	0.8530
National High – Low	1.18 -0.69	1.19 – 0.69	1.26 - 0.69	1.22 – 0.73
Band (<i>Band 2 = as expected</i> <i>Band 3 = lower than expected</i>)	2	2	2	3
Observed deaths	1,575	1,685	1,780	1,808
Expected deaths	1,565	1,780	1,943	2,119
Spells	40,500	46,085	46,557	49,473

Source of information: <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi/current/shmi-data>

The Summary Hospital-level Mortality Indicator, or SHMI, is a measure of the number of patients that have died in hospital or within 30 days of being discharged from hospital. SHMI considers several factors including a patient's condition.

The SHMI score is measured against the NHS average which is 1.0. A score below 1.0 denotes a lower than average mortality rate and indicates good, safe care. The SHMI data is published in arrears.

The highest Trust score is 1.18 and the lowest Trust score is 0.69. There is no national average. The Trust is performing in line with the national benchmark (1.0).

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Compliance with data standards for this indicator.

Torbay and South Devon NHS Foundation Trust has taken the following actions to reduce this number, and so the quality of its services by:

- Maintaining systems and process for mortality data review through the Quality Assurance Group and reported performance to the Trust Board.

Palliative care coding (contextual indicator for SHMI)

	Nov 19 – Oct 20	July 18 – June 19	July 17 – June 18	July 16 – June 17
Palliative care coding % deaths	34	25	25.3	22.8
England average	36	36	32.9	31.2
High	59	59	58.7	58.6
Low	8	15	13.4	11.2

Source of information: <https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2021-03/palliative-care-coding>

The highest Trust score is 59% and the lowest Trust score is 8%. The national average is 36%.

There has been an increase in the number of deaths with Palliative care coding however this remains within the Trust has remained within normal range and is below the national average

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Compliance with data standards for this indicator.
- Peer review of coding principles and practices including capture of palliative coding.

Torbay and South Devon NHS Foundation Trust has taken the following actions to reduce this number, and so the quality of its services by:

- Maintaining systems and process for mortality data review through the Quality Assurance Group and reported performance to the Trust Board.

Helping people to recover from episodes of ill health or injury

	Apr 19- Mar 20	Apr 18 - Mar 19	Apr 17 – Mar 18	April 16 – Mar 17
Hip replacement				
Adjusted Health gain score	0.452	0.451	0.504	0.482
National average	0.453	0.457	0.458	0.44
Highest Trust performance	0.528			0.54
Lowest Trust performance	0.344			0.30
Knee replacement				
Adjusted Health gain score	0.324	0.331	0.349	0.353
National average	0.335	0.337	0.337	0.32
Highest Trust performance	0.419			0.403
Lowest Trust performance	0.215			0.245

Source of information: <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms>

The Patient Reported Outcome Measures (PROMs) data is published nationally in arrears. There is no national average.

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- The process for collecting the PROMS data has been reviewed and validated
- The compliance reports supplied by our PROMS contractor are regularly reviewed

Torbay and South Devon NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services by:

- Clinical services maintain strong peer review of profession practice and monitor patient outcomes in conjunction with established revalidation and education and training programmes.

Patients readmitted to a hospital within 30 days of being discharged

	March 19 – April 20	April 18 – March 19	April 17 – March 18	April 16 – March 17
0-15 years old				
% readmissions	10.1	13.0	11.2	10.4
National Average	12.5	12.5	11.9	11.6
=>16 years old				
% readmissions	15.3	15.	14.3	13.8
National Average	14.7	14.6	14.1	13.6

Source of information: <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/compendium-of-population-health-indicators/compendium-hospital-care/current/emergency-readmissions-to-hospital-within-30-days-of-discharge/emergency-readmissions-to-hospital-within-30-days-of-discharge>

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- The benchmarking data is taken from HES using national datasets

Torbay and South Devon Foundation Trust has taken the following actions to reduce this rate, and so improve the quality of its services through:

- Regular monitoring and feedback to clinical and operational teams.

Domain 4: ensuring people have a positive experience of care

Overall patient experience – national inpatient survey

The national inpatient survey includes eligible patients aged 16 years or older who have spent at least one night in hospital during July 2019. The survey excludes maternity, which has a separate CQC maternity inpatient survey.

Field work for the survey (the time that questionnaires were sent out and returned) took place between September and December 2019. This included 1250 inpatients and responses were received from 627 patients, a response rate of 52.82%.

The national response rate was 45% and therefore Torbay and South Devon NHS Foundation Trust was 7.8% higher than the national response rate.

The Trust scored in the top 20% of Trusts for 12 questions and the bottom 20% of Trusts on 2 questions.

The survey was published 2020 and overall performance is shown below.

Inpatient survey	2020	2019	2018	2017
Overall view of inpatient services (for feeling that overall, they have a good experience)	8.3/10	8.3/10	8.4/10	8.4/10

Source of information: CQC

There is no worst or best performing Trust or a national average.

The Survey demonstrated that Torbay and South Devon NHS Foundation Trust strengths where the trust scored high included:

- Care: Help from staff to keep clean, access to own medicines whilst in hospital, involvement in and confidence in decisions about care, privacy when discussing condition/treatment, pain management
- Staff: confidence and trust in nurses, teamworking
- Leaving hospital: Involvement in decisions about discharge, discussing need for aids and adaptations, knowing who to contact if worried after leaving hospital; health and social care support upon leaving hospital.

The areas the Trust scored low and in the bottom 20% of trusts were:

- Hospital stay: During your hospital stay: Were you ever asked to give your views on the quality of your care?
- Information: Did you see or were you given any information explaining how to complain to the hospital about the care you received?

The Feedback and Engagement Group as part of its work programme for 2021/22 will focus on these areas of deficit and drive improvement working closely with the ward managers and Associate Directors for Nursing and Professional Practice.

Staff survey: staff recommendation of the Trust as a place to work

Staff survey	2020	2019	2018
Torbay and South Devon NHS Foundation Trust	67.6%	65.3%	67.3%

Source of information: <http://www.nhsstaffsurveys.com>

In 2020 the national average score was 66.9%. The best performing Trust achieved 84% with the lowest performing Trust achieving 46.6%

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Nationally published data set commissioned by NHS England

Torbay and South Devon NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Using the staff survey results to inform the development of an annual action plan

Staff survey: Percentage of staff experiencing harassment, bullying or abuse from colleagues in last 12 months

Staff survey	2020	2019	2018
Torbay and South Devon NHS Foundation Trust	19.5%	18.1%	18.3%

Source of information: <http://www.nhsstaffsurveys.com>

In 2020 the national average score was 19.0%. The best performing Trust achieved 12.2% and the worst performing Trust achieved 26.3%.

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Nationally published data set commissioned by NHS England

Torbay and South Devon NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, through addressing areas requiring improvement:

- Using the staff survey results to inform the development of an annual action plan

Domain 5: Patient safety

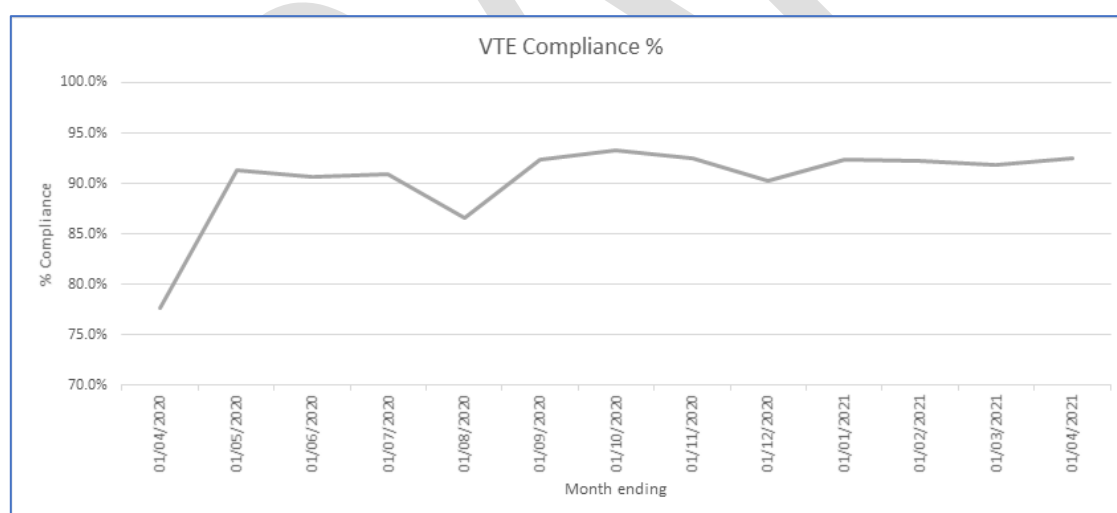
Patients admitted to hospital who were risk assessed for venous thromboembolism

	Q3 2020/21	Q3 2018/19	Q3 2018/19	Q3 2017/18
% VTE assessed UNIFY return	Not available	92.58%	92.23%	91.37%
National standard	Not available	95.00%	95.00%	95.00%
Highest performing	Not available	100.00%	100.00%	100.00%
Lowest performing	Not available	71.59%	54.86%	76.08%

Source of information: <https://improvement.nhs.uk/resources/vte/>

2020/21 data has not been published nationally as VTE data collection and publication was suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic. The Trust us though has continued to collect data and report it internally. For 2020/21 the Trust reported for VTE:

- Torbay Hospital 87.5% overall.
- Community hospitals 93.1% overall.



Torbay and South Devon NHS Foundation considers that this data is as described for the following reasons:

- VTE compliance data is reviewed as part of the Trusts internal governance processes.

Torbay and South Devon NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services by:

- Setting up a multi professional VTE Improvement Group to drive improvement meeting fortnightly.
- Weekly performance by inpatient ward is shared with ward managers and key medical staff and is reviewed through the wards SAFER group.
- Proactive work with ward teams to support data capture into electronic systems for reporting.
- VTE education with junior doctors

Rate of C. difficile infection

<i>C.difficile rate per 100,000 bed days – 2yrs and over</i>	Apr 19- Mar 20	April 18- Mar 19	April 17- March 18	April 16 – March 17
Torbay & South Devon NHS Foundation Trust	25.1	11.7	18.5	19.6
Best performing	0	0	0	0
Worst performing	51	79.7	90.4	82.6

The c difficile rate is published in arrears. In the financial year 2019/2020 the C. difficile rate per 100,000 bed days is 25.1 (hospital onset status)

The best performing trust was 0 and the worst performing trust rate 51 per 100,000 bed days. The national average is 13.6 per 100,000 bed days. The data is published in arrears.

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Adherence to all infection control and prevention policies and standards and continued proactive engagement between all clinical areas and the infection control team.

Torbay and South Devon NHS Foundation Trust has taken the following actions to reduce this rate, and so improve the quality of its services by:

- Adherence to all infection control and prevention policies and standards and continued proactive engagement between all clinical areas and the infection control team.

Number of patients' safety incidents recorded

Table 1

	April 20 – March 2021	April 2019 – Mar 2020	April 18 – Mar 2019	April 17 – March 18
Number of incidents reported	7156	7633	7255	6894

Source of information: Trusts Risk Management System Datix

Table 1 records the numbers of incidents reported over the last 12 months, as highlighted in the table above, are within the expected range for the Trust and incidents have been reported from all areas of the organisation. It is lower than the previous meeting

There is no highest or lowest score or national average for incident reporting. The Trust remains within the top 25% of Trusts for healthy reporting, as recorded by the National Reporting and Learning System (NRLS). Trusts are encouraged to record incidents, and this is a marker of a good learning organisation.

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- Accurate data recording.
- Monthly review of the data via the Quality Improvement Group. All incidents are reviewed centrally and within the Integrated Service Delivery Units.

Torbay and South Devon NHS Foundation Trust has taken the following actions to improve this number of reported incidents, and so the quality of its services through:

- A programme of incident awareness and training at Clinical Induction, bespoke area training and via updates and prompts through the 5 Point Safety Brief.
- The numbers of incidents are monitored every month for trends and changes.

Number and % of patient safety incidents that have resulted in severe harm or death

	2020/21	2019/20	2018/19	2017/18
Number of incidents severe harm or death	44	13	11	23
Number of incidents of moderate harm	332	366	486	460
% of all severe or death incidents	0.6%	<0.1%	<0.1%	<0.1%

Source of information: Trusts Risk Management System – Datix

The number of incidents of severe harm or death is 44, and there have been 332 moderate incidents for the period from April 2019 to March 2020. There is no national benchmark.

Torbay and South Devon NHS Foundation Trust considers that this data is as described for the following reasons:

- The information is taken from the monthly reported incident data, from datix, and as recorded on the QIG dashboard

Torbay and South Devon NHS Foundation Trust has taken the following actions to reduce this number, and so the quality of its services by:

- The Trust actively shares learning from serious events at an Integrated service unit level as well as from a Trust -wide perspective via the Serious Adverse Events (SAE) group.
- The Trust utilises SAE Alerts as well as the monthly 5-point safety to help spread safety messages from incidents that have occurred within the Trust.

Part 3: Our performance in 2020/21

Overview of the quality of care based on our performance

We are an integrated care organisation. We continue to work with and be accountable to:

- NHS England and Improvement, our regulator
- the Care Quality Commission
- the commissioners via the various health contracts
- the Local Authorities for social care
- our local communities through our members and governors.

Our delivery structure is based on having two population based operational delivery systems and five locality integrated service units as follows.

Torbay delivery system comprising of:

- Torquay locality
- Paignton and Brixham locality

South Devon delivery system comprising of:

- Coastal (Teignmouth and Dawlish)
- Moor to Sea (Ashburton, Bovey Tracey, Totnes and Dartmouth)
- Newton Abbot

In addition to the integrated service units there is a central corporate services function and hospital operations team.

The governance process sees the integrated service units hold their teams to account through monthly integrated service unit Board meetings and then with each integrated service unit reporting performance risk exceptions and recovery plans to the executive team via the monthly integrated governance group. The group then informs the various sub-committees of the Board of Directors of items for escalation.

2020/21 has been a challenging year with services responding to the impact of COVID-19. The top priority throughout has been to support the NHS response to the COVID-19 pandemic while maintaining capacity to deliver services for our most vulnerable patients.

During this period services have had to respond to the impact of COVID-19 and implementing revised processes for personal protective equipment, social distancing, and infection prevention and control. Services have been focused on the delivery of emergency care and urgent elective care to minimise any clinical harm that could arise as a result of COVID-19 escalation. Significantly, during this period capacity for the most urgent pathways i.e. cancer pathways has been maintained.

We have seen reduced capacity for routine care due to infection prevention and control measures and this has resulted in an increase in waiting times for many patients. While clinical prioritisation

and review have been undertaken throughout it is recognised that many patients will, and are still, experiencing delays in accessing routine care for new and follow up pathways.

In 2020/21, we did not deliver the level of performance expected against all of the key NHSE&I performance standards and in particular those relating to elective routine pathways of care.

The challenge into 2021/22 will be to increase activity levels to reduce these long waits whilst maintaining a COVID-19 response and complying with necessary infection prevention and control measures.

A summary of the key clinical access performance standards for the year to date as at month 10 2020/21 used by regulators to assess our performance is set out below.

Indicator/target	Quality indicator	Target/standard	20/21	19/20	18/19	17/18
Maximum time of 18 weeks from point of referral to treatment (RTT) - incomplete pathways	Experience	92%	61.4%	76.2%	81.0%	81.6%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge ^(A)	Experience	95%	88.9%	86.1%	81%	89.7%
Maximum six week wait for diagnostic procedure	Effectiveness	<1%	41.5%	11.3%	10.1%	4.2%
Cancer 62 day wait for first treatment from urgent GP referral for suspected cancer ^(A)	Effectiveness	85%	77.3%	74.3%	73.7%	83.1%

With regard to:

Referral to treatment standard: In 2020/21 activity levels have reduced due to the diversion of clinical capacity into the COVID-19 response. Overall numbers waiting have increased as well as the number of longest waiting patients over 52 weeks for treatment. From a position of 53 patients waiting over 52 weeks in April 2020, this has increased to 2,049 by the end of March 2021. This represents a significant challenge over the coming year, and beyond, to recover the lost activity and reduce these waiting times. In response to the increasing number of patients waiting and the long waits, regulators have introduced additional clinical prioritisation criteria and guidance so that we can clearly demonstrate that the higher priority patients are being seen first and that clinical reviews are undertaken for those patients who will remain waiting for treatment.

Cancer standards: we maintained our commitment to prioritise delivery of cancer standards throughout the COVID-19 pandemic. Maintaining this capability has been built into all our decision making and escalation plans over the year. As a result, performance against cancer standards has remained consistent throughout the year despite not achieving the national standard, with clinical capacity ringfenced at all times to maintain cancer pathways. Following an initial drop in referrals in the first wave of COVID-19, referral levels from August 2020 had returned to pre-COVID-19 levels. Despite some service disruption as we responded to the escalation and reinstatement of services, overall service capacity from diagnostics to treatment for these pathways has been maintained.

Diagnostics: In 2020/21, we have been reliant on additional insourcing to meet the increasing demand for diagnostics tests across CT, MRI and endoscopy. This capacity has been supported with continued investments whilst planning has continued to establish both in-house and system solutions to the diagnostic challenge.

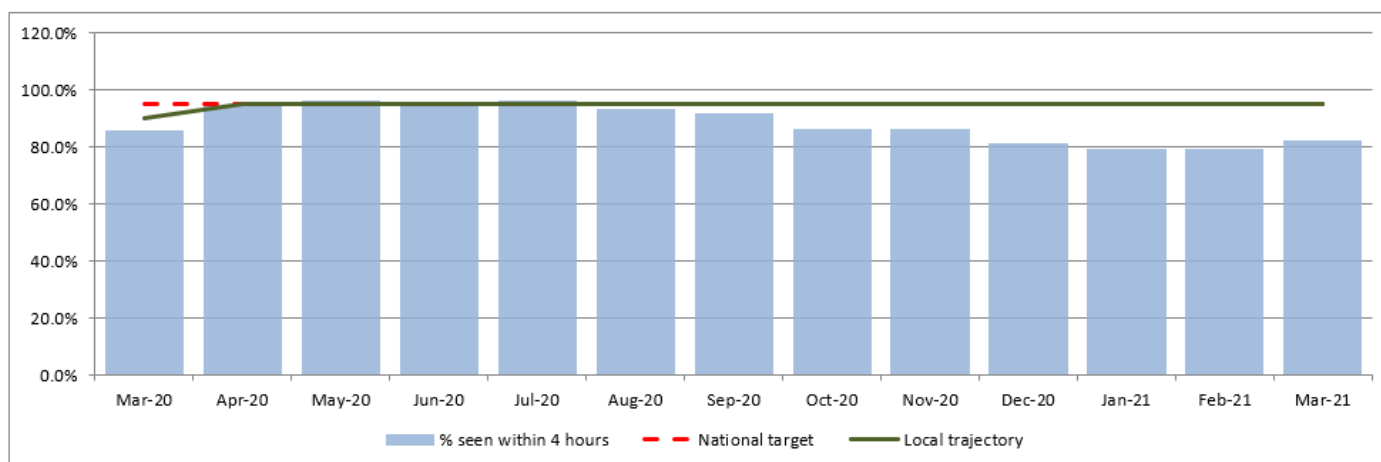
The impact of COVID-19 on staffing, social distancing, and infection control measures has severely reduced the number of scans completed and seen in a normal session. Clinical prioritisation is in place to ensure emergency and urgent patients are prioritised but this has led to a lengthening of waiting times for the more routine referral across several high-volume tests including CT, MRI and endoscopy. Over the year solutions have been found to bring back increased capacity with waits now stabilizing and planned to reduce into next year.

A&E wait time standards: The onset of COVID-19 required a full pathway redesign and use of additional clinical areas to deliver a safe COVID-19 compliant pathway of care. Overall volumes of patients attending for emergency assessment did fall in the first wave of COVID-19 but has since recovered to pre-COVID-19 levels. The new pathways not only segregated the COVID-19 triage and treatment pathways, we also utilised to a far greater extent the direct admission for screened GP emergency referrals direct to the medical and surgical teams.

Overall performance for the full year as measured against the 4-hour standard from arrival to discharge has been below the national standard, however, we have seen a significant reduction in the number of patients experiencing corridor care (to zero) as part of the emergency department assessment process. During the year a major redesign and estates improvement work of the emergency department has been completed, with this creating greatly expanded clinical areas and improving patient and staff experience.

During the second and third waves of COVID-19 the loss of inpatient bed capacity overlaid with winter pressures has impacted on the timely flow of patients requiring admission to a hospital bed and so, performance was impacted during these periods as seen in the chart below.

Chart of monthly performance against the emergency department 4-hour standard.



Local priorities

In addition to reporting performance against the statutory indicators for regulatory assessment a range of further indicators are reported to our Board of Directors.

Other national and local priorities	Quality indicator	Target 2020/21	2020/21	2019/20	2018/19	2017/18
DNA rate	Effectiveness	5%	5.1%	TBC	5.2%	5.48%

Stroke care: 90% of time spent on stroke ward	Effectiveness	80%	77.3%	90.2%	86.9%	80.5%
Timeliness of social care assessment	Effectiveness	>70%	TBC	70.7%	78.6%	78.5%
Urgent intermediate care referrals per month (new)	Effectiveness	113	212	219	172	161
Mixed sex accommodation breaches of standard	Experience	0	0	0	0	0
52-week referral to treatment incomplete pathways year end position	Experience	20	2049	53	91	33
Delayed transfer of care (bed days lost)	Experience	4548	Not available	4693	5847	5311
Cancelled operations on the day of surgery	Experience	<0.8%	1.5%	1.3%	1.3%	1.3%
Number of children with child protection plan	Safety	None set	207	191	146	160
Never events	Safety	0	4	2	2	1
Reported incidents – major and catastrophic	Safety	<84	42	10	14	23
Safeguarding adults - % of high-risk concerns where immediate action was taken to safeguard the individual	Safety	100%	100%	100%	100%	100%

Plans for 2021/22:

Looking ahead we are hopeful that we are entering a year with no further significant surges in COVID-19 demand for hospital care. While there will continue to be heightened infection prevention and control and social distancing as part of the “new normal” in the way services are delivered, we are now planning for a full restoration of service capacity and plans to further increase capacity beyond this, to address the accumulated backlogs in waiting lists. This will require a combination of fully utilising our estate and clinical resources with a mix of investment and transformation building on the new ways of delivering services fast tracked over the last year, including remote consultations and patient-initiated care.

It will be a very challenging year but one that will see step changes in the ways many services are delivered. In particular the use of information technology and technology enabled care to make best use of our specialist clinical workforce and facilities.

Over the last year we have worked very closely with our partner organisations and neighbouring providers. This collaborative approach to planning and delivering services will continue and

increasingly shape how services are joined up and service capacity is viewed over a network rather than individual organisations.

Operational delivery

2020/21 has been a challenging year with services responding to the impact of COVID-19. The top priority throughout has been to support the NHS response to the COVID-19 pandemic whilst maintaining capacity to deliver services for our most vulnerable patients.

During this period services have had to respond to the impact of COVID-19 and implementing revised processes for Personal Protective Equipment (PPE), social distancing, and infection prevention and control (IPC). Services have been focused on the delivery of emergency care and urgent elective care to minimise any clinical harm that could arise as a result of COVID-19 escalation. Significantly, during this period capacity for the most urgent pathways i.e. Cancer pathways has been maintained.

We have seen reduced capacity for routine care due to IPC measures and this has resulted in an increase in waiting times for many patients. Whilst clinical prioritisation and review have been undertaken throughout it is recognised that many patients will, and are still, experiencing delays in accessing routine care for new and follow up pathways.

In 2020/21, the Foundation Trust did not deliver the level of performance expected against all of the key NHSI performance standards and in particular those relating to elective routine pathways of care.

The challenge into 2021/22 will be to increase activity levels to reduce these long waits whilst maintaining a COVID-19 response and complying with necessary IPC measures.

A summary of the key clinical access performance standards for the year to date as at month 10 2020-2021 used by regulators to assess our performance is set out below.

Indicator/Target	Quality Indicator	Target/Standard	20/21	19/20	18/19	17/18
Maximum time of 18 weeks from point of referral to treatment (RTT) - incomplete pathways	Experience	92%	61.4%	76.2%	81.0%	81.6%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge ^(A)	Experience	95%	88.9%	86.1%	81%	89.7%
Maximum 6 week wait for diagnostic procedure	Effectiveness	<1%	41.5%	11.3%	10.1%	4.2%
Cancer 62 day wait for first treatment from urgent GP referral for suspected cancer ^(A)	Effectiveness	85%	77.3%	74.3%	73.7%	83.1%

With regards to:

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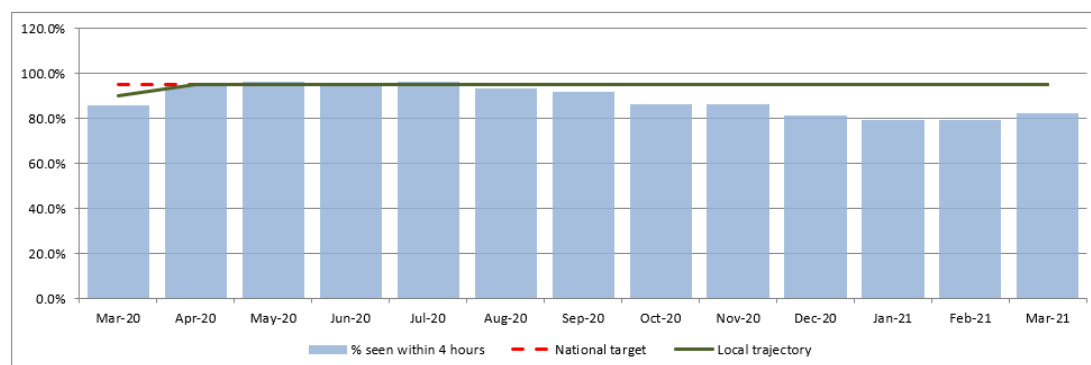


Chart of monthly performance against the emergency department 4-hour standard

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It will be a very challenging year but one that will see step changes in the ways many services are delivered. In particular the use of information technology and technology enabled care to make best use of our specialist clinical workforce and facilities.

Over the last year we have worked very closely with our partner organisations and neighbouring providers. This collaborative approach to planning and delivering services will continue and increasingly shape how services are joined up and service capacity is viewed over a network rather than individual organisations.

DRAFT

Annex 1 – Engagement in developing the quality account (to be added)

Prior to the publication of the quality account we have shared this document with:

- Our Trust governors, commissioners, and Trust Board.
- Healthwatch.
- Torbay Council Health Scrutiny Board.
- Devon County Council's Health and Wellbeing Scrutiny Committee.
- Trust staff.
- Carers group.

Statements from Commissioners, Governors, OSCs and Healthwatch

DRAFT

Statement from Torbay Council's Health Overview & Scrutiny Board on Torbay and South Devon NHS Foundation Trust Trust's Quality Account 2020/21

DRAFT

Statement from Healthwatch (Torbay) on Torbay and South Devon NHS Foundation Trust quality account 2020/21

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Statement from Devon County Council's Health and Adult Care Scrutiny Committee on Torbay and South Devon NHS Foundation Trust quality account 2020/21

Statement from NHS Devon Clinical Commissioning Group on Torbay and South Devon NHS Foundation Trust quality account 2020/21

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Annex 2

Statement of Directors' responsibilities in respect of the Accounts

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust annual reporting manual 20120/21 and supporting guidance; detailed requirements for quality reports 2020/21;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2020 to xxx;
 - papers relating to quality reported to the board over the period April 2020 to xxx;
 - feedback from commissioners dated xx;
 - feedback from governors dated xxx;
 - feedback from the local Healthwatch organisations dated xx;
 - feedback from Overview and Scrutiny Committee dated xx and xx;
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated xxx;
 - the 2019 National Staff Survey xxx;
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated xxx;
 - CQC inspection report dated xxx and xxx;
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and;
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board (*Signature to be added post Board approval*)

-Date.....xxxx.....Chairman
-Datexxx..... Chief Executive

To be completed with stakeholder returns

Business Plan 2021-2022

July 2022

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One Torbay: Working for all Torbay

As a partnership leading Torbay Council, our ambition is a thriving Torbay, turning the tide on poverty despite the challenges of a global pandemic. We are delivering investment in our economy, our climate and our people.

In April 2020, across the country, people were told to stay at home and, for most of our staff, that is what they did. As an organisation, however, we continued to operate to provide existing and new services to our communities. Thanks to our investment in technology there was a seamless transfer from working in the office to working from home. We worked across organisations and sectors to provide assurance, practical assistance and financial support. Across Torbay, voluntary organisations, businesses, communities and neighbourhoods stepped up and together we responded to the Covid-19 pandemic.

Our day-to-day work has also continued with our improvement programme in Children's Services making a difference in the lives of our children and young people. We have set up a Strategic Housing Board with an independent Chairman to drive delivery of our Housing Strategy. We have also established TorVista Homes to maximise the supply of social and affordable housing in Torbay whilst also helping to meet our wider strategic housing needs. TorVista has recently achieved Registered Provider status which means it is able to access additional funding to increase the supply of social and affordable homes.

We have been allocated funding from both the Towns Fund and the Future High Street Fund which will see us revitalise Torquay and Paignton. As part of our plans, we purchased the Debenhams building in Torquay and served a Notice of Compulsory Purchase on Crossways in Paignton.

A new wholly owned Council company – SWISCo – was established in summer 2020 which is providing a range of frontline services as part of our vision of improving Torbay. The work of the grounds maintenance teams was enjoyed by residents and visitors alike when we were able to meet again in our parks and gardens.

We have ambitious plans for the coming year and into 2023. Our Children's Partnership Early Help Model will provide better integration between services, promoting more joined up support for families. Fostering a community-led approach to Early Help will provide a sense of a child friendly Torbay where communities are provided with the support they need to help each other.

We will build on the success of the Torbay Help Line as we develop a single route of referral for all adult social care requests.

Our plans for regenerating our town centres and seafront areas are being put into place with projects such as redevelopment of The Strand in Torquay and replacement of the festoon lighting in Paignton and Torquay.

At the same time, we will work to increase the levels of skills within our community, supporting people into employment.

We will be working with all our partners and our communities to develop a new carbon neutral action plan for Torbay. In particular, we want to set out how our tourism offer can be shaped to make the most of the natural beauty of Torbay – developing the eco-tourism offer. Hand-in-hand will go our work to enhance the biodiversity in Torbay.

Our work to continue to strengthen links with the community, enabling and empowering us to all act together will be an ongoing theme over the coming year. This will be through both community-led projects, encouraging a diverse base of suppliers and using the skills across our workforce to provide support to projects and initiatives within the community.

This Business Plan sets out in much more detail what we have achieved, together, over the past year and the priorities that we want to deliver over the next year, into 2023. We fundamentally want to do things differently, working with individuals, communities and partners. Together we can create One Torbay: Working for all Torbay.



Councillor Steve Darling

Leader of the Council



Councillor Darren Cowell

Deputy Leader of the Council
and Cabinet Member for Finance

Our Ambition

We want Torbay and its residents to thrive.

We want Torbay to be a place where we have turned the tide on poverty and tackled inequalities; where our children and older people will have high aspirations and where there are quality jobs, good pay and affordable housing for our residents.

We want Torbay to be the premier resort in the UK, with a vibrant arts and cultural offer for our residents and visitors to enjoy; where our built and natural environment is celebrated and where we play our part in addressing the climate change emergency.

Our Mission

In achieving our Ambition, we will be a Council that supports, enables and empowers our residents, our communities and our partnerships, and we will do this by an approach of:

- Enabling our communities
- Using reducing resources to best effect
- Reducing demand through prevention and innovation
- Taking an integrated and joined up approach

Four Visions

The Council's Community and Corporate Plan sets out four visions to the achievement of our Ambition, namely:

Thriving People

We will turn the tide on poverty

- Protect and involve children and young people
- Reduce levels of deprivation in the Bay
- Improve the delivery, affordability and quality of housing
- Make greater use of our natural assets and cultural offer

We will have high aspirations for all of our residents

- Support healthy, physically active lives for all
- Promote good mental and physical health, reducing the occurrence of preventable illnesses
- Reduce reliance on addictive substances

We will build safer communities

- Work with partners to tackle crime, including exploitation, and its effects
- Work with partners to reduce offending and reoffending and its impacts
- Work with partners to tackle domestic abuse and sexual violence and its effects

Thriving Economy

We will create an environment in which businesses and jobs can grow and where we have a local economy which is successful and sustainable

- Capitalise on the unique strengths of our economy
- Focus on areas of significant deprivation
- Build community wealth
- Support the creation of University College South Devon
- Close the educational attainment gap and broaden the skills base within the workforce
- Protect and accelerate the development of employment space to accommodate business growth

We will be the premier tourist resort in the UK

- Regenerate and re-invent our town centres
- Capitalise on our unique heritage

Tackling Climate Change

We will become a Carbon Neutral Council and work with other to create a carbon neutral community

- Increase recycling rates
- Reduce Torbay's carbon footprint
- Encourage a sustainably developed built environment
- Implement re-wooding and rewilding
- Address flooding risks
- Improve communications and transport connectivity and sustainability

Council Fit for the Future

We will create a culture of partnership between the Council and communities

- Use technology to drive change
- Promote community resilience
- Become an enabling Council

This Business Plan sets out what has been achieved over the last 12 months in respect of each of the Visions, and details what we seek to achieve going forward. The Council or its wholly owned companies (including TDA, SWISCo and Tor Vista Homes) will deliver the actions within this Plan in accordance our mission and approach set out in the Community and Corporate Plan.

Within each section of the Business Plan, the Priority Actions which are shown in **bold** are those which the Cabinet (alongside Council officers) will have an absolute focus upon delivering over the course of the year, whilst also working on the entirety of the actions.

Last year's achievements

We've supported and worked with Torbay Food Alliance (made up of community and voluntary sector organisations) which was set up as a direct response to the Covid-19 pandemic, with a common goal to ensure that no-one in Torbay went hungry during the crisis.

Our Children's Services Learning Academy launched in September 2020 so that we can develop our social workers of the future, and we have now partnered with South Devon College to support our Community Care workers to undertake the Level 4 apprenticeship in 'Working with Children, Young People and Families'. Both are part of our "grow your own" initiative offering various routes into social work.

Part of the adult social care precept was used to fund a range of community and voluntary sector projects including:

- helping local communities take their own social action in their neighbourhoods,
- developing the support for the learning disability community,
- supporting the Torbay Helpline, and
- developing much needed mental health services.

The Autumn for All Ages programme currently includes fifteen care homes engaging in visits and activities with early years providers across the bay. Once lockdown restrictions were imposed the majority of this stopped, but some settings and childminders continued to contact care home residents for chats and updates online or to 'window wave' or chat through a safety barrier.

We approved a record number of new fostering families in the past year, bringing the total number of fostering households in Torbay to 86. Giving a child a home in the place where they grew up, means they get to stay in Torbay and remain in their school with their friends.

Backed up by financial investment, we have made significant changes in the management and practice around Children's Services. We are now seeing improvements in the outcomes for our children as well as delivering an overall financial benefit.

We have introduced Family Group Conferences which are attended by children, young people and their parents, in which they get to play a full part in deciding, with key professionals, what support services they will receive. The aim is to build, strengthen and repair relationships between children and their families.

We have made significant improvements within Children's Services, with our Government-appointed Commissioner describing the service we provide to children as "unrecognisable" from where it was. As a result, we are no longer under the scrutiny of a children's appointed commissioner and are supported by an improvement advisor.

We are delivering £8 million of investment in Torbay's schools, including St Cuthbert Mayne School, Paignton Academy, Brunel Academy and Burton Academy.

We have established a new Strategic Housing Board, which held its first meeting on 1 March 2021 with Alistair Allender as its independent chairman. The Board will work collaboratively to identify issues, gather data, explore solutions and implement change; sharing learning and experience to assist the Council to deliver its Housing Strategy.

Case Study

Over the past year, the Council supported and facilitated the Torbay Food Alliance - a consortium of 12 food banks and community voluntary organisations as a response to the Covid-19 pandemic.

The Alliance united around a common goal: to ensure that no-one in Torbay goes hungry during the crisis.

It brought together community food resources and fundraising efforts, providing co-ordinated support to people who struggled to access food, helping the poorest and most vulnerable in Torbay.

Building on this approach we are now co-operatively developing a strategic food partnership for Torbay, which will take a long-term collaborative approach - creating a resilient local food system. We will tackle food system issues and work in partnership to explore creative, innovative solutions to establish a vibrant resilient food system, where good, healthy and sustainable food is available to all.

The food partnership is multi-sector, with a systems-approach that involves and connects key actors across all parts of the food system. It will take a strategic and co-operative approach to good food governance, with the following priorities:

- Tackling food poverty, diet-related ill-health and access to affordable healthy food – prioritising the immediate issue of school holidays,
- Supporting the creation of a vibrant, prosperous and diverse sustainable food economy,
- Tackling the climate emergency through an end to food waste, and
- Build public awareness, active food citizenship and a local good food movement.

This example of our co-operative approach embodies how we are committed to the principles of co-operation, social responsibility, solidarity and equality.

Our focus for the next two years

The last year has been dominated by the Covid-19 pandemic and the response to it. As we move into the next phase of living with Covid-19 we can anticipate new challenges that we need to address. Equally the pandemic has strengthened partnerships and accelerated new ways of working that will continue to benefit our residents.

The Children's Partnership Early Help Model has been developed and well-received and with its package of initial deliverables it will go live on 4 May 2021.

The new but established Early Help Implementation Board has made strong strategic links made with the 0-19 Partnership to avoid duplication and is aligned with the Council's Sufficiency Board to ensure accountability.

The model itself is predicated on partnership locality teams / networks with key links to the voices, needs and desires of the local communities. The networks / teams will be focussed on maximising resources in the three localities of Torquay, Brixham and Paignton, and across Torbay itself, as well as identifying local needs or gaps and suggesting how community strengths may address them.

The model also includes the intention to work with the Community Hubs via Adult Services to build in services for families of children and young people, increasing the access to and visibility of services, supported by a range of identifiable “spokes” to the hubs in the community. The Early Help Implementation Board is overseeing these developments and has incorporated the principles and intent of the Torbay Promise in an enhanced Early Help Plus offer to families in a defined geographical area, providing particular support to the first 1001 days of an infant’s life.

We will continue to strengthen and develop our responses to child exploitation with partnership arrangements in place to both identify and safeguard victims of exploitation and a strong commitment to disrupting perpetrators of exploitation.

Children deserve a safe place to grow up and live and therefore we are making a commitment to support children so that they have access to local parks, local leisure, learning, play and culture. We want children to be part of their local community. We recognise that there are real challenges around housing and poverty and we will work with housing colleagues to support families to live in good quality accommodation. This would involve a different way of working that becomes a more family friendly approach. We have established a Housing Board and will to bring together the people and place aspect of housing. we want to work with housing associations and private landlords and build on existing arrangements, how they support families and recognising additional care needs.

We will embed a culture of recognising and responding to our cared for and care experienced young people as corporate parents. We want to enhance our role and accountability and have expanded the vision of Corporate Parenting to look at how we support this in the community, through building support in the community and increasing relationships with local business to expand this support across the whole of Torbay.

We will focus on the mental and physical health of our residents as we emerge from Covid-19 restrictions and will continue to build on our relationship with schools and South Devon College to provide supportive environments for children and young people. We will also co-produce a strategy with people with Learning Disability, focussing on independence, health and employment

We will further strengthen and develop our responses to child exploitation with partnership arrangements in place to both identify and safeguard victims of exploitation. There is a strong commitment to disrupting perpetrators of exploitation.

We will be developing an exploitation strategy with full partnership involvement to give us clear steer and direction in making Torbay a safer place for children, families and communities with a zero tolerance of exploitation. The strategy will not only protect children and families but will ensure that those children approaching their 18th birthday will have identified packages of support into adulthood where they have continued risk of exploitation.

We will deliver against the Housing Strategy, in particular on delivering housing on the sites we have already identified, with a focus on social and affordable housing and improving access to temporary housing. It is important that when people find themselves in need we can provide suitable emergency accommodation for them or better still prevent them from losing their home. Work will focus on ensuring sufficient properties are available and that we have mechanism in place to enable people to move on to permanent homes as quickly as possible. Access to affordable accommodation is an imperative to prevent homelessness.

The Future Front Door project, part of the Adult Social Care Improvement Plan, will develop a single route of referral for all adult social care requests, creating one clear picture of demand and capacity for commissioned services. The aim is to create a deeper connection to our community and further support the established integrated approach of health and social care. We will develop a holistic approach to the future use of community centres, based around mutual support and shared experience, to extend the wider community benefits.

A strategic food partnership for Torbay will be developed which will take a collaborative approach to create a more resilient local food system, which is good for both people and the planet. The partnership will look to enable access to cheap, healthy food, fairly.

Our Priority Actions for 2021-2022

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
1. Deliver and update our Housing Strategy Action Plan, including working with developers to encourage sites to be brought forward, to ensure a five-year housing land supply, thereby protecting our green spaces.	Economic Regeneration, Tourism and Housing	Assistant Director – Planning, Housing and Climate Emergency	In progress with work ongoing to April 2022
2. Continue to work to enable work to start on stalled development sites across Torbay.	Economic Regeneration, Tourism and Housing	Assistant Director – Planning, Housing and Climate Emergency	In progress with work ongoing to April 2022
3. Develop a sufficiency strategy approach to reduce the need for temporary accommodation.	Economic Regeneration, Tourism and Housing	Assistant Director – Community Services	In progress with completion by July 2021
4. Working with Registered Providers across Torbay, facilitate the availability of social and affordable accommodation to enable people to move on from temporary	Economic Regeneration, Tourism and Housing	Assistant Director – Community Services	In progress with completion by July 2021

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
accommodation including ‘next steps’ accommodation.			
5. Plan and deliver a programme of work to improve the standard of accommodation in the private rented sector through, empowering residents, enforcement and an area-based intervention program.	Corporate and Community Services	Assistant Director – Community Services	In progress with completion by June 2021
6. Building on the Torbay Community Helpline, implement a new “front door” to adult social care.	Adults and Public Health	Director of Adult Services	In progress with completion by October 2021
7. Build on our positive relationship with schools as we develop programmes to deliver out educational disadvantage strategy focussing on raising attainment whilst strengthening emotional and well-being support.	Children’s Services	Assistant Director – Education, Learning and Skills	In progress with completion by July 2022
8. Deliver aspirational and efficient services for children and young people with special educational needs and disabilities.	Children’s Services	Assistant Director – Education, Learning and Skills	In progress with completion by July 2022
9. Work with schools to ensure a zero-tolerance approach to bullying (in all its forms).	Children’s Services	Assistant Director - Education, Learning and Skills	In progress with completion by July 2022
10. Reposition our night-time economy through the implementation of the Evening and Night Time Economy Strategy.	Corporate and Community Services	Assistant Director – Community Services	In progress with completion by October 2021
11. Identify and implement temporary traveller stopping sites within Torbay.	Economic Regeneration, Tourism and Housing	Assistant Director – Planning, Housing and Climate Emergency	In progress with completion by May 2022

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
12. Plan and establish a programme for delivery of Extra Care Housing.	Adults and Public Health	Director of Adult Services	In progress with completion by July 2021
13. Deliver the vision for adult social care, including the development of a local outcome framework (in line with the anticipated, revised Adult Social Care Outcomes Framework).	Adults and Public Health	Director of Adult Services	In progress with completion by April 2022
14. In collaboration, finalise and progress the Torbay Mental Health and Suicide Prevention Alliance Action plan with work-streams including: <ul style="list-style-type: none"> • developing community and voluntary sector mental health network/s • supporting implementation of the community mental health framework • improving access to information for the public and professionals to support mental resilience to the effects of pandemic. 	Adults and Public Health	Director of Public Health	In progress with completion by April 2022
15. Agree recommendations from the Torbay On The Move appreciative inquiry.	Adults and Public Health	Director of Public Health	September 2021
16. Seek funding for Safer Towns Initiative to improve perception and safety in Torquay town centre and surrounding area.	Corporate and Community Services	Assistant Director – Community Services	June 2021
17. Deliver the new integrated Domestic Abuse and Sexual Violence Strategy.	Adults and Public Health	Director of Public Health	In progress with completion by April 2022
18. Work with the community and voluntary sector to assess the capacity, role and future of our community centres.	Adults and Public Health	Director of Adult Services	In progress with completion by January 2022

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
19. Develop a strategic food partnership for Torbay to take a collaborative approach to create a more resilient local food system.	Adults and Public Health	Director of Adult Services	In progress with completion by September 2021

Outline Actions for 2022-2023

Outline Action	Cabinet Portfolio	Senior Officer
20. Continue the work with the community and voluntary sector to enhance our community centres so that they can continue to provide a vital role within their communities.	Adults and Public Health	Director of Adult Services
21. Completion of Torre Marine extra care housing.	Adults and Public Health	Director of Adult Services
22. Agree the definitive approach for the re-procurement of the commissioned elements of the Lifestyles Service.	Adults and Public Health	Director of Public Health
23. Complete procurement of the Multiple Complex Needs Alliance.	Adults and Public Health	Director of Public Health
24. Build on our relationship with Torbay and South Devon NHS Foundation Trust to see the delivery of the new hospital.	Leader of the Council	Chief Executive

Thriving Economy

Last year's achievements

Since the start of the Covid-19 pandemic, we have paid out £93 million of grants to businesses across Torbay which were impacted by the pandemic.

Working across the public and private sectors, we launched our Wealth Building Programme, encouraging Torbay's larger companies and anchor institutions to invest more in the local economy. This will build on the community cohesion evident during the lockdowns and amplify the Keep It Local initiative.

The English Riviera UNESCO Geopark was awarded another four years membership of the expanding Global Geoparks Network. We are one of 161 Geoparks in 44 countries supported by United Nations Educational, Scientific and Cultural Organisation.

The new beach hut style public toilets at Preston Green were opened as part of a £2 million investment. Working with Healthmatic, and in partnership with the Beach Hut Users Group and local NHS, they include a defibrillator to support emergency service response times.

We have been offered a Town Deal for Torquay and will submit detailed business cases to unlock an incredible £21.9m investment from the Towns Fund to drive economic regeneration in the town.

As part of our plans to regenerate Torbay's town centres, we have purchased a prime retail site on the Strand at Torquay. The buildings are expected to be vacated by Debenhams in the near future and we will be seeking to obtain planning permission for a mixed-use development which will benefit economic and housing growth.

The Notice of Compulsory Purchase has been served on Crossways in Paignton and planning application for its demolition has been submitted.

We have been allocated Future High Street Funding for Paignton which will kick start regeneration around the town centre in Paignton Station Square, Torbay Road, the Victoria Centre and Crossways.

Case Study

TDA works closely with local businesses to understand their growth ambitions and what barriers are preventing that growth. One of the frequent challenges that businesses face is finding the right type of space for their business within the local area. In mid-2019 TDA sought permission from the Council to develop 1200 square metres of new employment space at Torbay Business Park in Paignton. The Council agreed and provided loan finance for TDA to develop this space. Despite the pandemic the scheme was 50% let on completion in March 2020 and is now fully let with the tenant businesses in new good quality space.

Our focus for the next two years

Before the pandemic Torbay was beginning to take greater steps to address the economic challenges that the community faces. The Council has worked with partners locally to attract

significant funding to provide momentum to the town centre transformation plans especially in Paignton and Torquay and there will be a focus until 2024 on the development and delivery of the projects that will bring about change across our towns and create the space and opportunities for Torbay to thrive.

With funding secured for the programmes in Paignton and Torquay there will be a focus on how key projects that will provide similar opportunities in Brixham can be delivered. The Council will continue to work with partners including the Town Council to identify investment opportunities and, in particular, to bring forward an extension of the fish market and town centre regeneration.

While the pandemic has hit many local businesses hard, there is a steady interest for more space from businesses, growing local businesses and businesses who want to be in Torbay. The Council will work with partners, including Neighbourhood Forums, to identify employment space and will take an active role in bringing schemes forward to support business and employment growth.

The physical regeneration of the place will be supported through work to help local businesses connect with markets and customers. The Council will commission support to help businesses in the visitor economy and independent retail businesses improve their digital presence so that visitors and residents are more aware of the range of fantastic local businesses and better able to buy locally. Torbay's tourism sector is very important, the Council has taken a lead role regionally in championing the need for support for tourism across the Heart of the South West and will continue to make the case for government to support the sector's recovery with a development plan that will help Torbay and other places demonstrate to international and domestic visitors the world class natural environment and the emerging cultural offer of Torbay.

Together with the public sector partners, the Council will deepen Torbay's commitment to a local wealth building programme working with South Devon College and the Torbay and South Devon NHS Foundation Trust to understand the collective buying power of these organisations and supporting local businesses in raising their awareness of opportunities to supply the public sector and improving their ability to bid. Using "social value" consistently across this partnership will create more employment opportunities for local people.

Supporting people into employment and raising the overall level of skills within our community is another key theme. Torbay's economy has some strengths and is better positioned to support people's career ambitions than is commonly understood whether through the visitor economy, construction or through electronics and photonics. The Council will work with its partners to extend the Ready for Work project and to create better routes into these key sectors for young people as well as those considering career changes or outside of the labour market.

Bringing these themes together we will work with Torbay Together partners to continue making the case to Government and other investors on why Torbay is a great place for them to invest and where their investment makes a difference for this place and this community.

Our Priority Actions for 2021-2022

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
25. Agree the potential programme of works for the restoration of the Pavilion, Torquay.	Economic Regeneration, Tourism and Housing	Director of Place	In progress with completion by December 2021
26. Replace the ornamental/festoon lighting at Paignton and Torquay Seafront.	Infrastructure, Environment and Culture	Chief Operating Officer – SWISCo	In progress with completion by July 2021
27. Review event space investment options at Paignton Green and Torre Abbey Meadows.	Infrastructure, Environment and Culture	Director of Place	In progress with completion by December 2021
28. Agree and commence delivery of the Heritage Strategy Action Plan	Infrastructure, Environment and Culture	Director of Place	September 2021
29. Develop an emerging strategy for the future of Oldway Mansion and apply for grant funding.	Infrastructure, Environment and Culture	Director of Place	In progress with completion by October 2021
30. Submit Torbay's application for Levelling Up Funding and ensure delivery of projects.	Economic Regeneration, Tourism and Housing	Director of Economic Strategy (TDA)	Autumn 2022
31. Acquire Crossways Shopping Centre in Paignton to facilitate the regeneration of the area.	Economic Regeneration, Tourism and Housing	Director of Asset Management, Investment and Housing (TDA)	By October 2021
32. Commence delivery of projects as part of the Getting Building fund (Lymington Road and enabling works at Edginswell).	Economic Regeneration, Tourism and Housing	Director of Asset Management, Investment and Housing (TDA)	June 2021

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
33. Completion of purpose-built manufacturing facility at Claylands, Paignton.	Economic Regeneration, Tourism and Housing	Director of Economic Strategy (TDA)	August 2021
34. Achieve 75% occupation at EPIC	Economic Regeneration, Tourism and Housing	Director of Economic Strategy (TDA)	By March 2022
35. Identify the opportunities for the regeneration of Brixham Town Centre.	Economic Regeneration, Tourism and Housing	Director of Economic Strategy (TDA)	In progress with completion by December 2021
36. As part of the Economic Repositioning Plan, implement Build Torbay which will raise awareness of opportunities in the construction sector locally and increase the supply of, and skill levels, of local people into the sector.	Economic Regeneration, Tourism and Housing	Director of Economic Strategy (TDA)	September 2021
37. Commence work on the redevelopment of 12-14 The Strand (former Debenhams building).	Economic Regeneration, Tourism and Housing	Director of Asset Management, Investment and Housing (TDA)	In progress with completion by December 2021
38. Continue with design work on Edginswell Station project as part of Torquay Town Deal.	Director of Place	Director of Economic Strategy (TDA)	In progress with work ongoing to March 2022
39. Update the English Riviera UNESCO Global Geopark Management Plan.	Infrastructure, Environment and Culture	Director of Place	June 2021 – March 2022
40. Identify capital investment to improve the ornamental/festoon lighting at locations other than Paignton and Torquay Seafront.	Infrastructure, Environment and Culture	Chief Operating Officer – SWISCo	In progress with completion by December 2021
41. Obtain Blue Flag status on at least six beaches.	Infrastructure, Environment and Culture	Director of Place	By May 2021

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
42. Endeavour to create a Beach Management Forum	Infrastructure, Environment and Culture	Director of Place	May 2021 – July 2022
43. Develop and implement a Changing Places policy in order to promote, create and maintain changing places toilets.	Adults and Public Health	Director of Adult Services	In progress with completion by December 2021
44. Develop an emerging strategy for the future of the Parkfield estate in Paignton.	Infrastructure, Environment and Culture	Director of Place	May – October 2021

Outline Actions for 2022-2023

Outline Action	Cabinet Portfolio	Senior Officer
45. Build the business case for the Northern Arm, Brixham	Infrastructure, Environment and Culture	Director of Place
46. Review existing Beach and Promenade Bye Laws and consider applying for updated Bye Laws.	Infrastructure, Environment and Culture	Director of Place
47. Secure funding to enable the extension of the fish market at Brixham Harbour.	Economic Regeneration, Tourism and Housing	Director of Economic Strategy (TDA)
48. Commence delivery of regeneration projects in Brixham Town Centre.	Economic Regeneration, Tourism and Housing	Director of Economic Strategy (TDA)
49. Continue delivery of Torquay Town Deal projects, namely the Pavilion, Coastal Pinch Point and Torquay Town Centre.	Economic Regeneration, Tourism and Housing	Director of Economic Strategy (TDA)
50. Commence work at Station Square, Paignton as part of the Future High Streets programme.	Economic Regeneration, Tourism and Housing	Director of Economic Strategy (TDA)

Outline Action	Cabinet Portfolio	Senior Officer
51. Commence work at Torbay Road, Paignton as part of the Future High Streets programme.	Economic Regeneration, Tourism and Housing	Director of Economic Strategy (TDA)
52. Commence delivery of projects within the Edginswell employment space.	Economic Regeneration, Tourism and Housing	Director of Asset Management, Investment and Housing (TDA)
53. Support the Council's tenants at the Living Coasts site in Torquay and help them identify a long-term solution.	Economic Regeneration, Tourism and Housing	Director of Place

Tackling Climate Change

Last year's achievements

We continue to offer energy saving advice and some grants to improve homes through Exeter Community Energy.

During the summer, we used funding from the Emergency Active Travel Fund to widen pavements and create shared spaces for cyclists and pedestrians. This was to help maintain social distancing and to reduce overcrowding on public transport.

We established SWISCo, a new wholly owned company to provide a range of frontline services such as waste, recycling, highways, street scene and grounds maintenance services. SWISCo's vision is to improve and sustain where we live and work by transforming service delivery.

Since 1 July 2020, more than 5 million waste and recycling collections have been made and we are now looking to increase our recycling rate to 50% by 2023.

The team at SWISCo have worked throughout the pandemic to maintain the parks and open spaces throughout Torbay. They have sowed Urban Flower seed mix in seasonal flower beds across Torbay, including Abbey Park and Higher Furzeham, Brixham. The displays were stunning as well as having huge benefits for pollinating insects.

We have secured just over £3m from the Environment Agency for a new sea defence wall at Paignton and Preston. The proposed wall will help protect over 350 properties from rising sea levels and increased storms.

Case Study

In May 2020, our gardeners completed the planting of annual flower seeds in some of the flower beds around Torbay. Whilst the beds at first appeared just to have bare soil, by the summer the seeds bloomed into an array of bright colours from 14 different species including marigolds, poppies and cornflowers.

Particularly impressive were the flower beds in the Italian Gardens on Torquay seafront with residents and visitors alike enjoying the vibrant, long lasting annual display. The use of this type of planting provides a habitat for bees and butterflies as part of our commitment to improve biodiversity across Torbay.

Our focus for the next two years

We want to Torbay to thrive now and for future generations which is why we will continue to play our part in addressing climate change.

Over the course of the coming year, we will deliver immediate action to tackle climate change and refresh and develop longer term plans to work towards creating a carbon neutral Council and wider Torbay by 2030.

We will deliver our recently launched Carbon Neutral Torbay Initial Action Plan which focusses on short term actions that will be delivered in 2021/2022. The Council will also develop a new carbon neutral Council programme, focussing on working towards decarbonising our estate, operations and services. We have just nine years to deliver carbon neutrality which will be a highly challenging target to meet. It will require all directorates and services to work together. We will establish a cross directorate officer group to better coordinate and accelerate action.

We will also work with the community to co-design a new carbon neutral Torbay action plan for 2022 onwards – working towards achieving carbon neutrality by 2030. We will develop these plans in 2021 through significant community-led engagement including climate conversations and the establishment of a new climate community partnership/group. As the international and national spotlight is focussed on climate change during the 26th UN Climate Change Conference of the Parties (COP26) (hosted in Glasgow), we will ensure that the local spotlight is also on the part we can all play in tackling climate change. Initiatives will include plastic-free Torbay, developing an eco-beaches project and promoting community litter picking. We will work with the Torbay Business Improvement District Company to develop an eco-tourism offer across Torbay.

We will work to enhance the biodiversity, and tackle species decline, across Torbay, through our tree planting programme (which will also have a positive impact on our carbon neutral approach) and reviewing how our grass verges can be used to encourage wild flowers and other bee-friendly options.

Over the longer term, we will implement our new Council and Torbay wide carbon neutral plans. Actions have not yet been identified, however, they are likely to prioritise rapid acceleration of a range of actions to scale up and accelerate programmes to decarbonise our homes, businesses and transport networks, actions to generate more renewable energy and to green Torbay.

We want to support Torbay to recover from COVID-19 by building back greener. A lot of the actions we will take to tackle climate change can also create a range of economic and social benefits like job creation, new training opportunities and help us tackle health and social issues such as fuel poverty and poor quality housing. We will maximise these opportunities over the next two years and beyond.

Our Priority Actions for 2021-2022

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
54. Deliver effective tree planting schemes as part of a new three-year funded i-tree 2 initiative, including community participation and the launch of a supportive Tree Warden scheme.	Infrastructure, Environment and Culture	Chief Operating Officer – SWISCo	June 2021 – March 2022
55. Help residents to recycle more of their waste, focussing initially on their food waste and then through the introduction	Infrastructure, Environment and Culture	Chief Operating	In progress with work ongoing to March 2022

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
of a new charged-for garden waste collection service.		Officer – SWISCo	
56. Continue to deliver energy saving advice to homes in fuel poverty and establish an advice portal to help residents across Torbay to make energy efficient changes to their homes.	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing & Climate Emergency	In progress with work ongoing to March 2022
57. Bring electric vehicle charging points to selected car parks in Torbay and develop a plan for longer term implementation	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing & Climate Emergency	Autumn/Winter 2021/22
58. Commence delivery of the new Carbon Neutral Council Programme, including finalising a new Carbon Neutral Council Policy and Action Plan.	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing & Climate Emergency	In progress with completion by April 2022
59. Develop a new Open Spaces Strategy to ensure there is a clear approach to how we manage our open spaces.	Infrastructure, Environment and Culture	Director of Place	June 2021 – March 2022
60. Obtain planning permission for the development of two solar farms in Torbay.	Infrastructure, Environment and Culture	Director of Asset Management, Investment and Housing (TDA)	By October 2021
61. Finalise and adopt Local Cycling and Walking Infrastructure Plan alongside the Local Transport Action Plan and commence delivery of at least £120,000 of walking and cycling/E bike projects.	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing & Climate Emergency	In progress with completion by April 2022
62. Working with the Environment Agency, communities and businesses, identify a solution to reduce the number of properties	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing &	In progress with work ongoing through to March 2023

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
at risk from flooding along Paignton and Preston sea fronts.		Climate Emergency	
63. Install £1.8m of energy and carbon saving measures at Torbay Leisure Centre	Infrastructure, Environment and Culture	Director of Place	In progress with completion by March 2022
64. Co-design with our communities and partners (across the public, private, community and voluntary sectors) a new Carbon Neutral Torbay Action Plan.	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing & Climate Emergency	In progress with completion by April 2022
65. Issue a guidance document setting out how policies in the Local Plan relate to climate change and how they should be complied with.	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing & Climate Emergency	By April 2022
66. Set up an Enhanced Partnership between the Council and local bus operators alongside a Bus Services Improvement Plan	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing & Climate Emergency	Winter 2021/22

Outline Actions for 2022-2023

Outline Actions	Cabinet Portfolio	Senior Officer
67. Deliver prioritised actions as identified in the Carbon Neutral Council Action Plan, including short and long term plans to explore how to decarbonise our estate, operations, services and council fleets.	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing & Climate Emergency
68. Deliver prioritised actions as identified in the Carbon Neutral Torbay Action Plan, including exploring how to accelerate programmes of support the decarbonisation of our homes, businesses and transport networks	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing &

Outline Actions	Cabinet Portfolio	Senior Officer
		Climate Emergency
69. Continue delivery of walking and cycling initiatives as outlined in the finalised Local Cycling and Walking Infrastructure Plan.	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing & Climate Emergency
70. Widen delivery of electric vehicle charging points.	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing & Climate Emergency
71. Implement proposals set out in the Bus Services Improvement Plan.	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing & Climate Emergency
72. Continue to deliver effective tree planting schemes as part of i-tree initiative, including the planting of over 350 over three years.	Infrastructure, Environment and Culture	Chief Operating Officer – SWISCo
73. Maximise the subsidy from the Decarbonisation Fund for replacing heat sources using fossil fuels.	Infrastructure, Environment and Culture	Assistant Director - Planning, Housing & Climate Emergency

Council Fit for the Future

Last year's achievements

We handed over the keys of the Tea Rooms at Oldway Mansion to a group of volunteers. Working with the Friends of Oldway is just one of many examples of how the council is working with the local community to improve the area. Last year more than 100 volunteer gardeners came forward when an appeal was put out for help with maintaining the grounds at Oldway Mansion.

We have worked with Groundwork South to encourage local people to come forward and volunteer in their parks and green spaces.

Despite the Covid-19 restrictions, we held our second Community Conference with 119 participants taking part on Zoom. We were able to celebrate the fantastic community and partnership response to the pandemic and heard about the opportunity for investment through LocalMotion.

We are using a range of communications channels to reach as many of our residents as possible. One of these is Facebook Live and, over the past year, we have run four 'Ask Us' events. These popular events have seen residents ask us questions on our response to Covid-19 and our proposals for our Budget for 2021/22.

We are continuing with our Council Redesign Programme so that we can modernise, simplify and standardise how we work so we can support the communities of Torbay and build a resilient Council. We are working to build a co-operative partnership with our communities.

Over the past year and with the Covid-19 pandemic providing a further catalyst, the Council has moved to agile working. This has included the roll out of a new telephony system meaning that the contact centre can provide support to residents remotely, as well as laying the foundations for the move to Microsoft 365 which has, for instance, meant that our Children's Services and Legal teams can continue to safeguard children through the court system.

Case Study

On Thursday 18 June we hosted a Facebook Live "Ask Us about Covid-19" with a number of our partners. We wanted to provide our community with the opportunity to ask us questions about how we have been, and were continuing to respond to the pandemic.

Along with Cllr Steve Darling, the Leader of Torbay Council, the panel included:

- the Director of Public Health for Torbay;
- the Assistant Director for Education, Learning and Skills at Torbay Council;
- the Chair and Chief Executive for Torbay and South Devon NHS Foundation Trust;
- a representative for Torbay Police and
- the Lead Officer for the Torbay Community Development Trust.

The format enabled questions to be answered covering a wide range of areas as well as compliments being received around how our schools were opening safely and the great partnership working that had taken place during the initial Covid-19 lockdown. We also received

feedback that people would like to see more of these events in the multi-agency/partnership format.

Within 24 hours of the event starting, it had reached 36,271 Facebook accounts. This is the highest reach the council has received on all the Ask Us events we have held. During the event, there was a peak of 185 people watching at the same time with 192 comments received, 182 reactions and at least 36 shares.

Our focus for the next two years

We will seek to further strengthen our relationship with the community and voluntary sector, with a focus on developing a relationship of equals with everyone in our community. We will continue to work to develop trust and embed the principles of co-operation into all of our work, recognising the breadth of the community, voluntary and social enterprise sector within Torbay.

Torbay's communities have really come together during the Covid-19 pandemic and we've established a stronger relationship and understanding of what we can achieve together. This includes individuals supporting their neighbours, small groups working on a common goal and larger voluntary sector groups.

Community led projects will be developed using the strengths of local people and services with the learning used to roll out neighbourhood regeneration across the bay. For instance, within the Melville Project we will work on community and neighbourhood regeneration, with a focus on addressing key social problems via community engagement and co-production. The project will provide an opportunity to address issues such as poor private sector rented housing, use of public space and poverty, mental health, and concentrated substance misuse problems.

We will explore how the Council can use the skills of its workforce to make a difference in communities through opening up volunteering opportunities for its teams. Building on the Ward Facilitator scheme, we want to make sure our staff are connected to our communities as part of our overall approach to how we improve the Council's engagement across Torbay. We will also explore the Cities of Service model of social action, whereby as a whole community we focus our efforts and activities on the things which matter the most to us.

Our Social Value Policy will seek to encourage a more diverse base of suppliers, promote fair employment practices, maximise opportunities for Torbay organisations to participate in our supply chains and promote greater environmental sustainability.

Our Priority Actions for 2021-2022

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
74. Implement a Customer Relationship Management system with the first iteration going live in January 2022 and developments over time to increase digital services and encourage channel shift	Corporate and Community Services	Assistant Director of Corporate Services	In progress with completion by January 2022

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
whilst building a supportive digital advocacy service. Funding for this action is to be sought once a preferred supplier is identified.			
75. Agree a robust three-year financial plan to ensure a sustainable future for Torbay Council.	Finance	Director of Finance	In progress with completion by October 2021
76. Use the Community Fund to support individuals, not-for-profit organisations and small businesses that want to undertake projects which improve the lives of Torbay's residents, as well as the environment of Torbay itself.	Corporate and Community Services	Chief Executive	In progress with completion by April 2022
77. Through the Community Wealth Building Board, develop a joined-up procurement approach for anchor organisations to make it simpler for local businesses bid for work.	Economic Regeneration, Tourism and Housing	Director of Economic Strategy (TDA)	In progress with completion by January 2022
78. Implement the Performance and Risk Framework to enable the Council to deliver against its priorities and put in place appropriate mitigation against the risks to its ambitions.	Leader of the Council	Chief Executive	In progress with work ongoing to March 2022
79. Continue to work with the community to deliver the Melville Project aimed at addressing issues of poor housing, use of public open space and concentrated substance misuse problems.	Adults and Public Health	Director of Adult Services	In progress with completion by April 2022
80. Deliver improvements within the Planning Service ensuring improved responsiveness and accessibility together with a proactive approach.	Infrastructure, Environment and Culture	Assistant Director – Planning, Housing and Climate Emergency	In progress with completion by December 2021
81. Work across the Council and with our partners to ensure we are the best Corporate Parents possible.	Leader of the Council	Chief Executive	In progress with work

Priority Action	Cabinet Portfolio	Senior Officer	Indicative Date
			ongoing to March 2022
82. Ensure greater focus on being an active partner on a regional basis, including working as part of the Integrated Care System and leading the delivery of the Heart of the South West Coastal Productivity Plan, as we build a positive national profile.	Leader of the Council	Chief Executive	In progress with work ongoing to March 2022
83. In accordance with the Events Strategy, facilitate the use of Council land for community events.	Infrastructure, Environment and Culture	Director of Place	May 2021 onwards
84. Review and update www.torbay.gov.uk with a focus on enabling users to self-serve and providing information and data which empowers users.	Corporate and Community Services	Assistant Director – Corporate Services	In progress with completion by December 2021
85. Develop and deliver the Workforce Plan for the Council with the aim of being an employer of choice within Torbay with inclusive and flexible work practices, leading by example through initiatives such as Kick Start.	Corporate and Community Services	Chief Executive	In progress with completion by April 2022

Outline Actions for 2022-2023

Outline Action	Cabinet Portfolio	Senior Officer
86. Develop the Customer Relationship Management system in order to increase digital services and encourage channel shift to the provided web portal and, concurrently, develop the digital advocacy service to avoid digital exclusion.	Corporate and Community Services	Assistant Director of Corporate Services
87. Prepare the groundwork for a 'care co-op' that would provide a better solution in Torbay for the delivery of services to meet the needs working age adults (primarily those needs pertaining to independent living, integrated into the community).	Adults and Public Health	Director of Adult Services
88. Embed the Performance and Risk Framework ensuring that the Council is using appropriate data and analysis to drive service change and policy development.	Leader of the Council	Chief Executive

Outline Action	Cabinet Portfolio	Senior Officer
89. Using the feedback our customers, continue to develop www.torbay.gov.uk to enable digital access to more services.	Corporate and Community Services	Assistant Director of Corporate Services
90. Work with partners, including the Torbay Community Development Trust and the Integrated Care Organisation, to jointly develop and implement a volunteer strategy for Torbay.	Corporate and Community Services	Chief Executive
91. Submit bids to the Community Renewal Fund and the UK Shared Prosperity Fund.	Economic Regeneration, Tourism and Housing	Director of Economic Strategy (TDA)
92. Embed our approach to long term financial planning.	Finance	Director of Finance

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Agenda Item 7

TORBAY COUNCIL

Meeting:	Cabinet	Date:	13 July 2021
	Overview & Scrutiny Board		14 July 2021
	Council		22 July 2021

Wards Affected: All Wards

Report Title: Budget Monitoring 2020/21 – Quarter Four - Outturn (subject to audit)

Is the decision a key decision? Yes

When does the decision need to be implemented? Immediately

Cabinet Lead Contact Details: Darren Cowell, Cabinet Member for Finance
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1. Purpose and Introduction

- 1.1. This report provides a high-level budget summary of the Council's final revenue and capital position for the financial year 2020/21. This report is based on figures as at 31st March 2021.
- 1.2. Due to the Covid-19 health pandemic 2020/21 has been a year where change was the only constant. This made financial forecasting extremely challenging due to the changes in local and national restrictions and several finance reports were written whilst experiencing a lockdown, and presented once it had been relaxed, or vice versa.
- 1.3. For 2020/21 the main pressure areas remained relatively unchanged throughout the year as they were in service areas most heavily influenced by changes in behaviour of the general public and resultant financial impact, namely Car Parking income, support for temporary accommodation and the collection of Council Tax and Business Rates.
- 1.4. These areas are expected to remain a feature of 2021/22 due to the long-lasting effects of Covid-19 on individuals, households and businesses.
- 1.5. Overall 2020/21 was managed within budget. However, this is only because of significant hard work from within services to address and mitigate demand for spend where possible.

- 1.6. There remains significant ongoing uncertainty as to the financial impact on the Council in the coming year and future years. This is heightened because of the extended restrictions and no revisions, to date, to financial support from Central Government as a result. There is also no indication of how future funding for 2022/23 and beyond will change.
- 1.7. With uncertainty ahead, it is critical that the one-off funding carried forwards is used sustainably and deliberately and consciously targets resources where they will make the biggest impact for Torbay's recovery and lays foundations for sustainable service delivery over the medium term.
- 1.8. At Quarter 4 2020/21 the Capital Plan Budget totalled £301m over the 4-year period. Capital expenditure of £27m was incurred in 2020/21 of which £12m related to various regeneration projects. Of the total £27m spend £12m of this was grant funded.

2. Recommendation (s) / Proposed Decision

- 2.1. That Cabinet notes the report & recommendations.
- 2.2. That the Overview & Scrutiny Board notes the final revenue outturn position makes any comments and/or recommendations to Council.
- 2.3. That the Overview & Scrutiny Board notes the final position for the Council's Capital outturn position and make any comments and/or recommendations to Council.
- 2.4. That Council notes that the following revenue outturn actions were agreed as a part of the February 2021 budget decisions:
 - 2.4.1. Establishing a £1.6m Covid-19 Reserve to deal with the continuing impacts of the Covid-19 pandemic
 - 2.4.2. Allocating £3.5m to fund the Collection Fund Deficit
 - 2.4.3. Increasing the General Fund Reserve by £0.5m which moves the Council closer to having a General Fund of 5% of its net revenue budget.
 - 2.4.4. Additional £0.5m funding to support SWISCo
 - 2.4.5. An allocation of £1.0m toward Community and Corporate plan priorities.
- 2.5. That the Council also approves the additional carry forward of £2.8m being used as follows;
 - 2.5.1. A further £1.0m towards Community and Corporate plan priorities as per Appendix 2
 - 2.5.2. £1.7m towards earmarked service specific reserves to support transformation and improvement work for digital improvements for the Council's services including the contact centre and further support for SWISCo
 - 2.5.3. £0.1m towards the General Fund Reserve

- 2.5.4. Allocate an underspend of £0.960m on Concessionary Fares on travel/road related matters as per Appendix 3.
- 2.6. That the Council approves the use of £0.9m of the profiled capital receipt for the disposal of land at Collaton St Mary as per Appendix 4.

3. 2020/21 Budget Summary Position

- 3.1. Covid-19 has had a significant impact on the Council's income and expenditure in the year. The headlines from this are:
- 3.1.1. There was a significant financial impact from Covid-19 impact due to increased expenditure pressures including adult social care, support for voluntary sector and temporary mortuary and income losses including car parking and collection fund.
- 3.1.2. As recognition of the cost pressures and income losses the Council is expected to receive a total of £14.4m funding from MHCLG in 2019/20 and 2020/21.
- 3.1.3. The Council in July 2020 made a significant revision to its budget during 2020/21 to reflect these financial pressures and additional funding.
- 3.1.4. As part of the 2021/22 budget a Covid-19 reserve for the ongoing financial impact was established with an allocation of £1.6m
- 3.1.5. In addition to the above there are £0.5m of Covid-19 pressures in the higher needs block within the dedicated schools grant.
- 3.2. Despite the significant Covid-19 pressures, the Council has achieved an underspend on its revenue budget, which provides the opportunity to establish several specific reserves which will be deployed to mitigate 2021/22 Covid-19 pressures.
- 3.3. A narrative of the service variances is contained in section 6.

Collection Fund

- 3.4. Due to the local economic impact of Covid-19 the collection fund faced a shortfall of in 2020/21. This pressure is due to the reduced in-year collection of Business Rates & Council Tax income and increased demand for the Council Tax Support Scheme (CTSS).
- 3.5. Total Council Tax arrears increased during the year by £3.1m, whilst total Business rates arrears increased by £0.9m. In addition, the Council had £1.2m of irrecoverable losses on the Collection fund from both changes to the taxbase and from increased numbers of CTSS claims. The Council expects to receive grant as compensation for some of these irrecoverable losses from MHCLG. The final grant figure will be confirmed this autumn.
- 3.6. Under the collection fund accounting rules any shortfall on the collection fund is carried forward to the following financial year to be funded. However, because of the scale of deficits, the Government has announced that Council's will be able to fund "exceptional" Council tax and business rates tax deficits over three years instead of one.

3.7. The Collection Fund reserve which formed part of the Budget 2021/22 recommendations is to meet the future impact of carrying forward the shortfall.

3.8. This mitigates the future year pressures which would otherwise need to be identified through additional savings in 2022/23 and 2023/24.

4. Grant Support

4.1. During 2020/21 there were two key schemes which provided direct funding to offset increased expenditure and income losses. This support was received through un-ring-fenced grants as well as the income reimbursement scheme.

4.2. The Council has received four tranches of un-ring-fenced funding to use to offset increased expenditure and income losses. Torbay Council has received a total of £12.07m so far. This has been allocated in 4 tranches of funding.

Date	Total Funding £'m	Torbay Share	
		£'m	%
19-Mar 20	1,600	5.372	0.34%
18-Apr 20	1,594	3.765	0.24%
02-Jul 20	494	1.310	0.27%
22-Oct 20	919	1.623	0.18%
Total	4,607	12.07	0.26%

4.3. The income reimbursement scheme for Sales, Fees & Charges has provided £2.3m towards total income losses of £3.7m

4.4. The Government has confirmed that there will be a 5th Tranche of funding in the financial year 2021/22 of £4.1m which was included in the approved 2021/22 budget and the Sales Fees & Charges reimbursement scheme will be extended until the end of June 2021.

4.5. In addition to the un-ring fenced grants and the Income reimbursement Grant, Central Government have issued a number of other grants related to Covid-19.

4.6. 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. These are listed below:

Grant	£000	Purpose	Use
Infection Control	5,014	To support ASC providers with infection control measures. Funding will be passported to suppliers (via ICO)	This fund was distributed to a wide spectrum of social care providers delivering registered care, supported living, day opportunities and outreach support across Torbay and has been used by those providers in a myriad of ways to help prevent the spread of COVID-19. It helped to fund capital works to allow safe socially-distant visiting, changing facilities for staff, upgrading of furniture and fittings for infection control suitable ones where necessary. It also paid the wages of staff who were isolating, paid for a range of safe travel options to reduce use of public transport by staff, paid for the recruitment of additional staff and training in infection control measures for staff.
Re-opening High Streets (RHSF)	115	To support opening of high streets. Spend managed by TDA.	From June 2020 – March 2021, the RHSF funded: <ul style="list-style-type: none"> - Three phases of social distancing signage around town centres, including floor stickers, bus shelter posters, bollard sleeves and banners - Ten custom built, sensor operated hand sanitiser stations for use in public realm, to increase hygiene and public confidence on the high street - Ongoing maintenance and replenishment of public realm hand sanitiser stations and anti-covid gel. - High Street marketing and communication campaigns including press advertising, radio advertising and social media adverts - A public facing, reopening high streets safely video - A full time, dedicated project / comms officer and fixed term information officer role, supporting businesses in reopening safely - Support for a winter parking promotion in December 2020

Grant	£000	Purpose	Use
			<ul style="list-style-type: none"> - Periodic Footfall counts to assist with project monitoring and evaluation. - Access to a digital platform for high street businesses for one year, to assist the businesses in communicating with customers whilst in lockdown and to reopen safely.
Emergency Assistance	185	To help local authorities to continue to support those struggling to afford food and other essentials over the coming months due to COVID-19.	Support issued via food parcels and/or financial hardship payments
Winter Spend Grant	500	Similar to above now includes schools	Support issued via food vouchers which were distributed by Schools to families
Test, Track & Trace	886	To support the mitigation and management of local outbreaks of COVID.	Funding for additional Public Health staffing and/or commissioned resources to support the purpose of this grant
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 Lockdown#1	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.	Direct grants to businesses
Business Grants Lockdown#2&3	40,353	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.	Direct grants to businesses

Grant	£000	Purpose	Use
Transport Access	55	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	Offset increased temporary accommodation costs
School Transport	200	Funding for additional, dedicated public transport provision for school pupils.	As per purpose
Social Isolation	237	Payment of £500 to those self-isolating under track and trace	As per purpose
Surge Enforcement	81	To fund costs of enforcement of lockdown	Additional staff to support local compliance with Covid-19 restrictions such as town centre wardens
Clinically Extremely Vulnerable	176	To fund costs of support and shielding of vulnerable residents	The provision of a shielding hub co-ordinating and distributing support such as food parcels for those affected
Contain Outbreak Management Fund	3,143	Public Health funding to strengthen the local public health response to Covid-19 in order to; work to break the chain of transmission and protecting the most vulnerable.	Detailed allocations were contained in the Cabinet report on 15 th June 2021 (Item 10)
ASC Rapid Testing	467	Funding was passported via the ICO.	The Rapid Testing Fund was introduced in January 2021 to support additional COVID-19 lateral flow testing (LFT) of staff in care homes and to enable indoor close-contact visiting where possible. The money was distributed across our registered care homes and domiciliary care providers to facilitate this.

Grant	£000	Purpose	Use
ASC Workforce	414	Funding was passported via the ICO.	In Torbay the workforce capacity grant was used to allow providers to purchase excess annual leave accrued by care home staff working huge numbers of additional hours during the COVID-19 pandemic. This was done in order to prevent staffing shortages and financial pressure during 2021/22 caused by staff carrying over and taking this additional leave, thereby reducing the need to use scarce bank staff resources and high-cost agency staff.
Community Testing Grant	252	To establish a Community based testing facility for “rapid lateral flow devices” (LFD’s) in order to help identify those people who are infectious but asymptomatic.	Establishing a testing site at Quay West Car Park to provide asymptomatic LFD assisted testing as well as collection of free LFD tests for individuals and businesses.
Practical support grant	34	To help people overcome the practical challenges of being asked to self-isolate, government has today	Grant announced 26 th March 2021 and was received in 2021/22

5. Strategic Updates

Wholly owned companies

5.1. Covid-19 also presents challenges to the Council’s wholly owned companies.

5.2. SWISCo started trading in July 2020 and although the cost of the services provided are lower than with TOR2 not all the expected savings have yet been realised. In addition, COVID-19 has impact on external income such as trade waste and recycling rates. As a result, the Council made an additional £0.5m contribution to SWISCo. This has resulted in a deficit in SWISCo’s income and expenditure of £0.3m. The carry forward requests include an allocation of £1.2m to support SWISCo over the next two years with the aim of achieving financial balance by 2022/23.

5.3. In 2020/21 the Council provided £200k of support for economic recovery and an element of COVID-19 related deficit funding to TDA to ensure a break-even position for the TDA. The TDA outturn was better than forecast earlier in the year at £0.6m, however after the deficit on Torvista the position of the TDA Group was a £0.5m surplus.

5.4. During 2020/21 Tor Vista Homes (TVH) achieved Registered Provider status. This enabled TVH to partner with Torbay Council to purchase and manage the ongoing

tenancy's resulting from the successful Next Steps Accommodation Programme. The first homes were bought in 2020/21. In addition, the Council provided £280k of funding to Torvista however the company at a year-end had a net deficit of £0.1m.

Higher Needs Block – Special Education Needs

- 5.5. The schools' higher needs block in the Dedicated Schools Grant (DSG) has been under financial pressure because of an increasing level of referrals from schools for higher needs support for children. The pace of demand is far outstripping increases in dedicated funding and has been for several years.
- 5.6. The DSG reserve was in a £3.7m deficit at the end of 2019/20. Due to continued pressures within 2020/21 the deficit at the end of the year was £5.8m.
- 5.7. Despite £1.9m of additional central government funding for 2021/22 a deficit budget of £2.6m has been set for 2021/22. As a result, the deficit at the end of the financial year 2021/22 is expected to be in the region of £8.4m.
- 5.8. The Council does not receive any funding for schools therefore the overspend will remain in the DSG to be funded from DSG in future years. The School and Early Year Finance (England) Regulations 2020 confirm that this is not a cost that the Council must fund.
- 5.9. For 2020/21 and the following two financial years additional legislation has been passed that, for accounting purposes, reclassifies the deficit on the Council's balance sheet.
- 5.10. Representatives from the Council and the School Forum continue to work with the Education & Skills Funding Agency (ESFA) to discuss the proposed financial recovery plan that was submitted to the ESFA in the 2019/20 financial year. So far, the external scrutiny and review carried out has not identified any new initiatives that are over and above the work already progressed by Torbay Council and the Schools Forum to address this position.

6. Service Budgets

- 6.1. The budget position below reflects the final budget position and **includes the application of Covid-19 Funding** to offset the Covid related pressures described.

Torbay Council Revenue Q4 2020/21	Budget £000s	Outturn £000's	Variance £000's
1. Adult Social Care	38,907	38,575	(332)
2. Public Health	10,392	10,227	(165)
3. Children's Services	47,321	41,620	(5,701)

4. <i>Community Services</i>	2,748	2,327	(421)
5. <i>Corporate Services</i>	4,369	5,627	1,258
6. <i>Customer Services</i>	2,880	3,044	164
7. <i>Investment Portfolio</i>	(4,641)	(4,204)	437
Sub Total – Corporate Services	5,356	6,794	1,438

8. <i>Finance</i>	(4,032)	(6,173)	(2,141)
9. <i>Central COVID costs & grants</i>	(6,223)	(3,623)	2,600
Sub Total - Finance	(10,255)	(9,796)	459

10. <i>Business Services</i>	16,816	17,373	557
11. <i>Planning and Transport</i>	7,331	7,005	(326)
Sub Total - Place	24,147	24,378	231

Revenue sub total	115,868	111,798	(4,070)
Sources of Funding	(115,868)	(121,720)	(5,852)
Revenue total	0	(9,922)	(9,922)

Additional Items	£'000
12. Transfers as per Budget 2021/22	7,100
13. Transfers to earmarked reserves	2,700
14. Balance to General Fund	122
Net Overspend / (underspend)	0

6.2. A narrative of the position and material variances in each service area is as follows.

1. Adult Social Care – Underspend of £332k

- 6.3. Whilst most of this budget is spent against a fixed contract with the ICO the council is expecting to provide additional support to Adult Social Care providers to ensure the provision of care is maintained throughout this pandemic.
- 6.4. Due to slightly higher than budgeted contributions towards the Better Care Fund (BCF) from the CCG there is a forecast underspend of £200k.
- 6.5. Community and Voluntary Sector organisations who have been supporting the community response to Covid-19 have also been allocated additional financial support to strengthen their fantastic work as part of the community response. So far this totals £0.25m.
- 6.6. Based on the initial MHCLG un-ringfenced grant funding allocations, in consultation with the Section 151 Officer, £2.0m was allocated to the ICO to support Adult Social Care providers. This funding is in addition to the specific ASC sector grants detailed under paragraph 4.6.
- 6.7. The current contract with the ICO is due for renewal on 1st April 2023. Collaborative work is underway between Council & NHS colleagues on the Adult Social Care Improvement Plan and fortnightly budget oversight meetings have been initiated with a view to mitigating current and emerging cost pressures within the service.

2. Public Health – Underspend £165k

- 6.8. Most of the Public Health activity is funded by the ring-fenced grant. There is an underspend on the Joint Commissioning team salaries. There has been reduced spend on some demand-led services which rely on face-to-face provision and therefore have seen significantly reduced demand in 2020/21.
- 6.9. The Public Health team have been central to the local management of the Covid-19 response and coordinating a range of initiatives to ensure safe and effective management of Covid-19 within the local area.
- 6.10. The Public Health team's work has encompassed management of activities funded by the Test, Track and Trace grant as well as the Contain Outbreak Management Fund grant. This response work is expected to continue for the whole of the 2021/22 financial year.

3. Children's Services – Underspend £5.7m

- 6.11. During 2020/21 Children's Services has seen a dramatic reversal of the historic trends, which ultimately results in an underspend of £5.7m. This is due to continued hard work within the Safeguarding teams to manage placement numbers and achieve planned step-downs for placements. This results in significant financial savings, but more importantly ensures improved outcomes for Children and families and ensures where it is safe and appropriate to do so children and young people live in family-based settings.

3a Children's Safeguarding underspend £5.2m

6.12. Children's Safeguarding has in recent years been the cause of financial pressure within the Directorate. The below table shows a comparison of the annual spend on safeguarding over the last 4 complete financial years.

Children's Safeguarding Service	2017/18 £'m	2018/19 £'m	2019/20 £'m	2020/21 £'m
Actual spend	28.7	33.1	41.0	36.5

6.13. In 2020/21 the Council approved a significant investment into Children's Services to address the historic issues faced by the service. This investment focused on improving outcomes for children and young people as well as improving the experience for staff. As a result of this renewed focus on improving Children's safeguarding, in 2020/21 we have also seen a reduction in year on year spend in compared to 2019/20.

6.14. This reduced spend is mainly due to the significant and maintained reduction in the number of residential placements which currently has an average cost of £4.5k per week. There has also been a decrease in the number of Independent Foster Placements which are via agencies and are significantly more expensive than in-house fostering placements.

Placement types for 2020/21	April	August	December	March
Residential Placement	28	26	23	20
IFA Fostering Placement	101	92	89	80
Total Children Looked After (CLA)	348	330	322	321

6.15. For comparison residential placements peaked at 44 in September 2019. Maintaining this reduced reliance on externally commissioned placements is integral to the Council's financial position.

6.16. The other historic pressure in Children's social care has been agency staff. Total spend on Agency and interim staff was £4.1m for 2020/21. Increased costs were expected because of the implementation of the Learning Academy to provide increased capacity whilst new ASYE Social Workers complete their first year of training. Looking ahead to 2021/22 these costs will reduce as the staff take on larger caseloads.

6.17. Several internal permanent staff were also successful in securing promotions in the new structure, which requires some interim agency staffing to ensure service continuity whilst the substantive posts are recruited to. These internal promotions demonstrate Torbay's commitment to the genuine career progression on offer for staff at Torbay Council.

6.18. Overall, despite the continued use of agency staff there was a £1.2m underspend in Children's Safeguarding staffing overall.

- 6.19. Changes in ways of working implemented due to Covid-19 restrictions have also resulted in a forecast £190k savings due to reduced costs of recruitment, travel, print and postage etc.
- 6.20. This very welcome improvements to long term trends does not mean the hard work is over, Torbay's total spend on Children's Safeguarding remains one of the highest when compared to its statistical comparator group. Further improvements to this service remain central to the success of the Medium-Term Resource Plan.
- 6.21. Whilst these updates contained within this finance report understandably focus on the financial impact of the changes, the most significant impact of all of 'the numbers' is that children & young people growing up in Torbay have improved outcomes.

3b Schools Service underspend £390k

- 6.22. Within Schools Services, on Council funded activity (i.e. non-DSG) there was a net underspend of £390k predominantly as a result of staff vacancies within the service.
- 6.23. Due to social distancing restrictions there are 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".
- 6.24. With the requirement to comply with social distancing restrictions the weekly costs have increased, costing the Council a total of £2.0m for 2020/21 which represents an overspend of £0.2m for the remainder of this financial year.
- 6.25. Government financial support has been received to offset the costs of providing additional public transport during school travel times. The council has worked with both bus and rail operators to ensure additional public transport was available from the start of this term.

4. Community Services – Underspend £421k

- 6.26. The main pressure within Community Services is the cost of providing temporary accommodation which is forecast to be a total of £938k. This additional cost is because of providing accommodation and support as part of the "Everyone In" initiative. The service is concerned that demand for this service will remain high for the remainder of the year and will continue to 2021/22 as economic pressures continue.
- 6.27. At the peak of demand in June 2020, this service was providing accommodation an additional 121 people because of the "Everyone In" campaign. This meant at the time there was a total of 249 people in Temporary Accommodation.
- 6.28. Following a successful bid for the Next Steps Accommodation Programme, the Council has received £274k of funding towards the revenue costs of Temporary accommodation for 2020/21, which results in an underspend against the revised budget set for Housing.
- 6.29. Grant funding of £57k was also received to deliver additional initiatives working with Landlords and a specialist youth provider.
- 6.30. In partnership with Tor Vista, the Council was also successful in its bid for £1m of Capital funding towards the Next Steps Accommodation Programme to purchase

properties to provide move on accommodation. The total Capital project has a value of £2.2m, with the properties being purchased and managed by Tor Vista.

- 6.31. As a result of the work of the dedicated housing team and their work with local landlords they have enabled most people to move on to permanent accommodation options. As at the end of 2020/21 there were 155 people remaining in Temporary Accommodation, with 14 of these due to move into the Next Steps Accommodation Programme Properties.
- 6.32. This work results in an underspend against the revised budget set and allows the unused money to be carried forward to meet 2021/22 pressures within the service.
- 6.33. As the Furlough and Self-employed income support schemes come to an end and evictions restart the team are expecting to see further increases in demand for support. These changes at a national level are coupled with a very competitive rental market locally which is being further stretched due to the significant demand for “staycation” properties and B&B or self-catering accommodation. In efforts to address these challenges the Housing team are in the process of developing a Housing Sufficiency Strategy which will identify mitigating actions.
- 6.34. Elsewhere within Community Services 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. This is partially offset by the Income Reimbursement Scheme. There are also several vacancies across the Community Services teams which contribute to the overall underspend.

5. Corporate Services – Overspend £1.258m

- 6.35. Within legal services there was an overspend of £560k. This is in part due to the ongoing costs associated with Agency Staff of £413k, predominantly because of the support for Adult Safeguarding. There are renewed 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.
- 6.36. Of the total £386k of historic transformation savings for delivery in 2020/21 £125k will be undelivered. This is ultimately due to the significant amount of Covid-19 response work undertaken by key officers leading on Council Redesign. These savings will need to be delivered in 2021/22. This have been offset by salary savings of £100k. Linked to the Council’s investment in improved digital and customer interfaces a carry forward has been included to fund the implementation costs of the proposed Customer Relationship Management (CRM) system.
- 6.37. There is an income shortfall of £283k associated with the Print service, in line with recent years.
- 6.38. Although income levels have started to improve the Registrars service faced a shortfall of £200k in income due to social distancing restrictions on the registration of Births and Marriages. With continued restrictions shortfalls on income are expected to continue into 2021/22.

6. Customer Services – Overspend £164k

- 6.39. As a result of reducing numbers of claimants for Housing Benefit as claimants transition to Universal Credit the Council has seen a fall in the Administration grant received by the Council. The reduction in Housing Benefit cases also affects the “mix” of claimants and resultant subsidy for the claimants. Overall this relates to a £300k pressure in the subsidy received by the Council. This has been offset by the allocation of Covid-19 funding.
- 6.40. Over the last year there have been significant increases in demand for the contact centre resulting in £200k of additional staff costs associated with the increased demand within customer services associated with the delivery of support for individuals and businesses in accessing support.

7. Investment Properties – Overspend £437k

- 6.41. There are pressures associated with investment property income which are because of national organisations going into administration that were previously operating within Council owned properties within Torbay.
- 6.42. The overspend reported is, in part, of making a provision for other properties with tenants that have entered into payment plans as a result of the economic impact of Covid-19 on their normal operations. As and when any current arrears are repaid this provision will be reversed.
- 6.43. As a result of the overall Council position no drawdown from the Investment fund reserve has been required in 2020/21. Therefore this reserve remains preserved to meet temporary income shortfalls on investment properties across the portfolio.

7. Finance – Underspend £2.1m

- 6.44. Within this budget heading there are several centrally held Covid-19 expenditure items which are funded by the Government grants received.
- 6.45. As a result of reduced interest rates and no requirement for borrowing due to a pause on Investment Fund activity there are Treasury Management savings of £750k.
- 6.46. During the year there were costs of £826k associated with the Temporary mortuary facility that has been set up by the Council. The facility has been in place since April and based on the projections for use was partially downsized during the year and is scheduled for full demobilisation in July 2021.
- 6.47. 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 up to £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.
- 6.48. There are pressures associated Business Rates Collection from a reduced “gain” from the NNDR rate retention pool. This is due to a predicted downturn in rates collection across the Devon-wide pool which results in less funding being re-distributed across the pool. In addition, the significant changes in NNDR reliefs, in particular the 100% reliefs

for retail, leisure and hospitality, has changed the mix of reliefs in year and the resulting grant support.

- 6.49. £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 compensating savings elsewhere in the treasury management budgets.
- 6.50. 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. The Council has received additional “new burdens” funding which reflects the huge volume of additional work undertaken by the Business Rates & Council Tax teams in the response to Covid-19, particularly around the payment of business grants, administration of reliefs and re-billing.

9. Central Covid costs & Grants – overspend of £2.6m

- 6.51. This heading reflects the receipt of the sales, fees and charges compensation grant, however £6.7m of grant has now been classified in Sources of Funding as unringfenced grant which results in an underspend in that area. Some Covid-19 funding received in 2020/21 has been earmarked to offset the continued impact of Covid-19 in 2021/22. Within this area several service specific carry forwards have been actioned to recognise the known impact of Covid-19 on some services in 2021/22.
- 6.52. If it hadn't been for the significant turnaround in Children's Services the Council may have needed to deploy this funding in 2020/21. This again emphasises the significance of the continued improvement within Children's Services and ongoing effective financial management of all Council services both in terms of the business-as-usual work and mitigating and offsetting pressures that will feature in 2021/22.
- 6.53. More information on the expected mitigation required is in **Section 7 Future mitigating actions.**

10. Business Services – Overspend £557k

- 6.54. Within Car Parking services income has been significantly affected due to the extended Government lockdowns in place for the majority of 2020/21. Off street income was £1.8m down compared to the previous year, on street income was down £0.6m for the same period.

Change in income between 2020/21 and 2021/22				
Car park type	Q1	Q2	Q3	Q4
Off Street	-82.3%	-5.4%	-37.5%	-68.9%
On Street	-75.7%	+10.1%	-25.4	-51.9%

- 6.55. The extension of the Sales, Fees & Charges reimbursement scheme offsets most losses in 2020/21. The extension of this scheme has been agreed for the first Quarter of 2021/22. However, if the scheme is not extended beyond June and restrictions on

foreign travel are lifted a lack of visitors over the summer months could have a significant impact on the Councils financial position in 2021/22.

6.56. There are additional income pressures across:

- Harbours faced a shortfall in income due to reduced visiting vessels and fish tolls
- Culture & Events faced an £80k shortfall due to the cancellation of local events & Torre Abbey £200k due to opening restrictions.
- Beach Services faced a shortfall of £80k due to lost sales because of lockdown.

6.57. As a result of the prolonged closure of Leisure centres, financial support for local centres was £1.1m. This is £0.7m for the RICC and £0.4m for Clennon Valley. This support was partially offset by £250k of grants that Torbay Council successfully bid for from the 'National Leisure Recovery Fund'.

11. Planning & Transport – Underspend £326k

6.58. Linked to the pattern of payments to operators reflecting changes in demand due to COVID and following Department of Transport guidance it is proposed to establish an earmarked reserve of £0.960m for support to future bus travel and transport. In addition, there is an underspend of £280k due to reduced "standard" usage of the main bus routes.

6.59. Changes to stamp duty relief have seen significant late demand within the Land Charges service which means despite the initial downturn, service income was on budget.

6.60. Overall within planning income losses have been offset by the Income reimbursement scheme and late improvements in income levels has allowed for a £100k carry forward for service improvement work to be carried out in 2021/22.

7. Future mitigating actions

7.1. Looking ahead to 2021/22 service pressures are expected to continue in a number of services;

7.1.1. Council Tax & Business Rates Collection

7.1.2. Demand for Council Tax Support Scheme

7.1.3. Support for individuals and families requiring Temporary Accommodation

7.1.4. Income pressures across Car Parking, Investment Properties

7.1.5. Support for the Leisure Centres & SWISCo

7.2. Officer groups working in "Incident Management Teams" continue to focus on each of these issues to identify and deploy interventions to manage these pressures. Details of which will be contained within 2021/22 monitoring reports.

7.3. Following on from the success of the focused Officer & Member working groups which focused on Children's, during 2021/22 Officer & Member groups have also been established for each Directorate. This allows the Leader, Deputy Leader, Portfolio

Holder for the Service and the Overview & Scrutiny Lead to be kept up to date on emerging pressures & actions delivered.

- 7.4. Looking ahead, the financial impact for the Council remains contingent 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 fund the delivery of local public services. Early signs of a very busy visitor season seem encouraging in terms of the economic recovery, albeit present enormous pressures on other services due to the influx of visitors.
- 7.5. The Chief Financial Officer and his team are closely monitoring the Council's cash flow, although at this stage there remains no concern about cash flow.

8. Risks & Sensitivity

8.1 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 and a review of debt recovery will be undertaken.
Fair Funding Formula	Medium	Development of a robust MTRP to address the expected impact on Torbay's funding. Timing of this funding change is now 2022/23 at the earliest.
Identification, and delivery, of savings for 2022/23 to 2024/25 per Medium Term Resource Plan	High	Star Chambers for the 2022/23 Budget setting process commenced in June. Options will be reviewed by Senior Leadership Team in collaboration with Cabinet to consider options for future years.
Delivery of Children's Services cost reduction plan	Medium	Meetings continue to monitor the current rate of delivery against the identified actions from the Sufficiency Strategy.
Unable to recruit staff and need to use agency staff.	High	<p>Recruitment & retention of Social Work staff, particularly in safeguarding is still one of the core priorities for the Senior management team within Children's Services.</p> <p>This pressure is also being seen across a number of front line services which are integral to the Council's "Summer Response Team" Work continues to identify solutions to these challenges which seem to be on a national scale.</p>
Additional demand and cost pressures for services, particularly in children's social care	Low	2020/21 Budget monitoring, use of service performance data and recovery plan.
Delivery of approved savings for 2021/22	Medium	Further to regular budget monitoring for all budget holders, the Council's Senior Leadership Team receive monthly updates on the 2021/22 position.
Investment Property Income changes	High	There are ongoing discussions with tenants about recovery plans

9. Capital Plan update

- 9.1. The Capital Plan Budget totals £301m over the 4-year period. Various changes, mainly new grant allocations, before 31 March 2021 increased the Plan total to £307m. Capital expenditure of £27m was incurred in 2020/21 of which £12m related to regeneration projects
- 9.2. Appendix One shows the expenditure on each scheme in 2020/21 compared to level of spend estimated at Quarter 3. The final column shows the total balance that will be carried forward as the capital expenditure budget in future years.
- 9.3. As a result of capital projects carried forward into 2021/22 there is £89m profiled for delivery in 2021/22, with a possible further £52.8m of Regeneration and Economic Growth projects, subject to suitable schemes being brought forwards.
- 9.4. More detail on the final spend and activity during 2020/21 is contained below.

Thriving People and Communities

- 9.5. Over £7m was spent in 2020/21 including some £4.5m on school improvements at sites including Brunel Academy, Paignton Community and Sports Academy and Barton Nursery.
- 9.6. The Council's contribution towards the provision of a new Free School in Paignton was finally paid and the site is hoped to be in use by September 2021. Investigations for a further site in Paignton continue.
- 9.7. There was further expenditure of £0.6m on the Children's Case Management system and £1m was also spent to progress affordable housing developments and the 'Next Steps Accommodation Programme'.
- 9.8. Whilst there was some preparatory expenditure on Crossways redevelopment proposals, which will include Extra Care housing, the expenditure levels were much less than anticipated as a result of the delays to the Compulsory Purchase Order.

Thriving Economy

- 9.9. There was expenditure of over £17m in 2020/21 on schemes. Work continued on the Claylands site redevelopment (£6.7m) and the Harbour View Hotel (£2.5m) along with a number of other regeneration projects including the acquisition of a town centre retail site.
- 9.10. The Public toilets modernisation programme also continued along with ongoing major highway works at Torquay Gateway (£1m) and other highways spend (£3m) including payments in relation to the South Devon Highway.
- 9.11. There was a significant variation in the payment due to Devon County Council for payments in relation to South Devon Highway compared to previous forecasts supplied. The remaining costs are expected to be in respect of compensation claims but these have been slow in progressing.

9.12. In general, expenditure in year was lower than forecast on several schemes in part delayed by pandemic lockdown restrictions. This is also the case across several areas of the Capital Plan.

Tackling Climate Change

9.13. Spend of £1.5m was mainly on the purchase of new recycling collection vehicles which enable significant improvements to the efficiency and effectiveness of SWISCo's recycling operations and will facilitate improved recycling efforts.

There was also some limited expenditure on initial costs and surveys associated with the proposed Solar Farms at Brokenbury, near Brixham and Nightingale Park, Torquay.

Council fit for the Future

9.14. Spend of £1.2m including a further £0.25m on IT investment and £0.6m on essential repair works to properties particularly in sea front locations, and a loan to SWISCo. for some heavy plant vehicles.

10. Funding

10.1. A summary of the funding of the 2020/21 Capital Plan is shown in the Table below:

2020/21 Funding	Totals @ Q4 £m
Unsupported Borrowing	13
Grants	12
Contributions	1
Revenue	1
Reserves	1
Capital Receipts	(1)
Total	27

11. Grants

- 11.1. The Council has been notified of the following new capital grant allocations, since the last monitoring report.
- 11.2. Department for Education – School Condition Allocation 2021/22 - £417,887. Provided to authorities for major repairs and maintenance of school estates.
- 11.3. Department for Education– Devolved Formula Capital Grant 2021/22 - £83,700. This is a ring-fenced grant and will be paid to appropriate schools as required.
- 11.4. Department for Education – Basic Need allocation 2022/23 - £1,829,365. Note this is a future year allocation to enable planning for future demands for school places. In addition, a further £440,961 allocation for 2020/21 has been announced to compensate for the later than expected opening of the new Free Primary School in Paignton.
- 11.5. Department for Education – High Needs Provision Capital 2021/22 £530,150. A new allocation for 2021/22 to enable schools to provide improved facilities for pupils with High Needs
- 11.6. Department for Transport – Highways Structural Maintenance Grants £809,000 together with Potholes Action Fund also £809,000. Both are 2021/22 allocations.
- 11.7. Department for Transport – Incentive Element 2021/22 - £202,000. This is an indicative amount and the maximum amount but is subject to DfT review and adjudication before being confirmed. This element of grant is paid to authorities following effective asset management and adopting efficiency and best practice principles for local highway maintenance.
- 11.8. Department for Transport – Integrated Transport Block 2021/22 - £1,071,000.
- 11.9. Ministry of Housing Communities and Local Government – Disabled Facilities grants 2021/22 £2,128,689. This grant allocation is used to support our DFG expenditure but also includes the former Adult Social Care capital grant. In recent years £1m has been allocated by members to DFGs with the balance to Adult Social Care some of which will be used to support the proposed Torre Marine (Extra Care Housing) redevelopment.
- 11.10. As well as the above new annual grant allocations the Council received confirmation of the following specific grant:
- 11.11. Public Sector Decarbonisation Scheme –allocation £1,849,899 to enable the replacement of the heating system at Torbay Leisure Centre with a more favourable decarbonisation heat technology alternative.
- 11.12. All the above grants will be included in the Council's 2021/22 capital budget and have been allocated to the intended services

12. Capital Receipts

- 12.1. In 2020/21 just over £0.5m of capital receipts have been generated from asset disposals, with a further £0.18m from Right To Buy (RTB) Clawback and £0.4m from capital loan repayments, giving total receipts of £1.1m. The RTB Clawback and repaid loans are earmarked resources and are not available to fund the general Capital Plan. Currently, the approved Plan relies upon the generation of a total of £6.6 million additional capital receipts from asset sales.
- 12.2. No capital receipts were used to finance capital expenditure in 2020/21 and some previous temporary usages were 'repaid' or and some estimated usage delayed, increasing the balance held at year end to £1.7m.
- 12.3. During 2020/21 the land at Collaton St Mary was offered for sale. The use of the Capital Receipt from the (expected) proceeds are detailed in Appendix 4. It is important to note that any use of the receipt will only be committed once the funds have been received from the developer and any relevant conditions have been met. Repayment of the original borrowing is currently profiled to take place in equal payments in 2022/23 and 2023/24.

Capital Contributions – S106 & Community Infrastructure Levy

- 12.4. In 2020/21 £1.1m of capital contributions were generated. Of this value, £0.1m was from Section 106 Planning agreements with £0.3 from Community Infrastructure Levy and the balance £0.7m being contributions to specific schemes by other partners.
- 12.5. The Council's Community Infrastructure Levy (CIL) scheme came into effect in 2017/18. The main capital project identified for funding from CIL receipts is the South Devon Highway. The Council used £0.1m of its CIL receipts to fund its South Devon Highway expenditure in 2020/21. The "neighbourhood proportion" of CIL receipts has been allocated to an earmarked reserve pending distribution.

14. Appendices:

- 14.1 Appendix 1 - Capital Plan summary – Quarter 4 2020/21
- 14.2 Appendix 2 – Allocation of Corporate and Community Plan funding £1m
- 14.3 Appendix 3 – Concessionary Fare allocation £950k
- 14.4 Appendix 4 – Use of Collaton St Mary Receipt

CAPITAL PLAN - OUTTURN 2020/21 - EXPENDITURE

Appendix 1

			Revised 4-year Plan						
	Latest Est Scheme Cost	Expend in Prev Years (active schemes only)	Total 2020/21 Revised	Outturn 2020/21	Slippage to c/f to 21/22	2021/22	2022/23	2023/24	Total for Plan Period 21/22-23/24
<i>PB</i> = Approved Prudential Borrowing schemes	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<i>Thriving People and Communities</i>									
Barton Academy - Nursery provision	105		527	422	105				105
Brookfield Site / Brunel Academy Phase 1	1,008	1,008	0		0				0
Brunel Academy Ph 2 Vocational Classrooms	541	366	676	551	125	50			175
Capital Repairs & Maintenance 2018/19	227	227	151	171	14				0
Capital Repairs & Maintenance 2019/20	153	139	130	116	14				14
Capital Repairs & Maintenance 2020/21	463		362	129	213	250			463
Devolved Formula Capital			211	35	176				176
Early Years - Ellacombe Academy Nursery	892	892	0	19					0
Education Review Projects			53	30	4	1,881	1,829		3,714
Mayfield Expansion	1,447		150	53	97	1,350			1,447
Medical Tuition Service - relocation	586	518	83	15	68				68
New Paignton Primary school sites (St Michaels & Windmill)	594	7	602	615	(13)	600			587
Pgn CS Academy Expansion	1,026	836	43	898	(855)	1,045			190
Roselands Primary - additional classroom	585	454	75	14	61	70			131
Secondary School places	2,192	2,192	0		0				0
Sixth Day Provision	117		250	133	117	0			117
Special Provision Fund (SEND)	735	371	278	114	164	200			364
St Cuthbert Mayne Expansion	3,541		300	249	51	3,490			3,541
Torbay School Relocation (Expansion Burton Acad Hillside site)	302	279	921	923	(2)	25			23
Foster Homes Adaptations	300		0		0	100	100	100	300
IT replacement - Childrens Case Management System	424	232	768	576	192				192
Adult Social Care			0		0	241			241
<i>PB</i> Crossways, Paignton - Regen and Extra Care Hsg	22,261	13	4,999	98	4,901	8,625	8,722		22,248
Extra Care Housing (Torre Marine)	3,700	1,315	35		35	2,350			2,385
Disabled Facilities Grants			1,203	739	464	369			833
Affordable Housing	720	1	0		0	719			719
<i>PB</i> Housing Rental Company - Loan	23,289		1,067	778	289	10,000	13,000		23,289
Housing Rental Company - Aff Hsg Developments	101	11	89	(1)	90				90
<i>PB</i> Tor Vista Homes re Preston Down Road	23,000		0		0	3,000	10,000	10,000	23,000
<i>PB</i> Next Steps Accommodation Programme	1,798		2,172	374	1,798				1,798
	90,107	8,861	15,145	7,051	8,094	34,365	33,651	10,100	86,210

CAPITAL PLAN - OUTTURN 2020/21 - EXPENDITURE

Appendix 1

			Revised 4-year Plan						
	Latest Est Scheme Cost	Expend in Prev Years (active schemes only)	Total 2020/21 Revised	Outturn 2020/21	Slippage to c/f to 21/22	2021/22	2022/23	2023/24	Total for Plan Period 21/22-23/24
PB = <i>Approved Prudential Borrowing schemes</i>	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Thriving Economy									
PB Claylands Redevelopment	3,756	1,855	7,250	6,683	567	1,250	84		1,901
DfT Better Bus Areas	1,147	1,095	52		52				52
PB Edginswell Business Park	6,509	2,983	337	111	226	3,300			3,526
Edginswell Station	8,401	518	0		0	4,000	3,883		7,883
PB Innovation Centre Ph 3 (EPIC)	6,511	6,420	115	24	91				91
PB Oxen Cove Landing Jetty	2,483	2,483	0		0				0
PB South Devon Highway - Council contribution	20,100	18,641	800	123	677	782			1,459
PB TEDC Capital Loans/Grant	4,040	3,465	0		0	575			575
Transport Highways Structural Maintenance			2,790	2,469	321	2,020			2,341
Transport Integrated Transport Schemes			796	354	441	1,071			1,512
Transport - Torquay Gateway Road Improvements	1,866	1,198	1,049	1,061	(12)	600	80		668
Transport - Tweenaway Junction	4,905	4,905	0		0				0
Transport - Western Corridor	12,254	11,645	250	17	233	250	126		609
Babbacombe Beach Road	250	0	510	280	230	20			250
PB Brixham Harbour - Breakwater	3,783	3,783	0		0				0
Brixham Harbour - CCTV upgrade		79	7		7				7
Brixham Harbour - Infrastructure Repairs	147	92	122	67	55				55
Brixham Harbour - Water Meters	72	72	38	45					0
PB CCTV equipment	521	518	3		3				3
Clennon Valley Sport Improvements	69	32	38	1	37				37
Flood Alleviation - Cockington	323	82	200	5	195	46			241
Flood Alleviation - Monksbridge	407	51	40	5	35	321			356
Paignton Coastal Defence Scheme	3,076	69	186	66	120	1,585	1,302		3,007
PB Paignton Harbour Light Redevelopment	796	714	86	4	82				82
Princess Pier - Structural repair (with Env Agency)	1,692	846	10	(27)	37	809			846
PB Public Toilets Modernisation Programme	1,157	1,050	729	622	107				107
Recreation Ground Drainage Network	9	0	33	24	9				9
PB RICC Improvements (re Parkwood)	2,574	31	250	125	125	500	418	1,500	2,543
Torbay Community Partnership	40	40	10	10	0				0
PB Torbay Leisure Centre (Parkwood Loan)	300		150		150	150			300
PB Torre Abbey Renovation - Phase 3 (TC contrib)	1,700		0		0	0	1,700		1,700
Torre Valley North Enhancements	36	36	0		0				0
Torquay Harbour - South Pier Pontoon Runner Guides	35	35	5	5	0				0
PB Regeneration Programme and Economic Growth Fund	102,800		0		0	52,800	50,000		102,800
PB Regeneration Programme-Retail Opportunity	15,941	15,941	759						0
PB Regeneration Programme-Harbour View Hotel Developmt	11,516	1,002	3,990	2,500	1,490	8,770	254		10,514
PB Old Toll House (Econ Growth Fund)	1,146	74	100	54	46	998			1,044
PB TCCT Occombe Farm Development (EGF)	1,092		0	108	(108)	1,200			1,092
PB Retail site acquisition (Regen Prog)	0		1,725	1,769					0
Torquay Towns Fund - Accelerated Funds	221		750	529	221				221
Torquay Towns Fund	21,900		0		0		10,000	11,900	21,900
Paignton Future High Streets Fund (Provisional)	13,363		0		0	1,000	6,000	6,363	13,363
PB Lymington Rd Business Centre (LEP GBF/EGF)	2,794		110	16	94	2,700			2,794
Edginswell Enabling Works (LEP GBF)	1,887		260	73	187	1,700			1,887
EPIC and SD College (LEP GBF)	768		680	412	268	500			768
	262,387	79,755	24,230	17,535	5,986	86,947	73,847	19,763	186,543
Tackling Climate Change									
PB Council Fleet Vehicles	3,303	2,973	1,798	1,468	330				330
PB Solar Farm, Brokenbury (EGF)	2,717		50	33	17	2,700			2,717
PB Solar Farm, Nightingale Park (EGF)	2,182		100	18	82	2,100			2,182
	8,202	2,973	1,948	1,519	429	4,800	0	0	5,229
A Council fit for the future									
PB Corporate IT Developments	1,722	1,715	86	161	(75)	82			7
IT Equipment - TOR2	69	22	128	81	47				47
PB Essential Capital repair works	728	49	322	143	179	500			679
Enhancement of Development sites	310	110	200	32	168	32			200
General Capital Contingency	689	0	0		0	689			689
SWISCo Loan facility			332	332	0				0
Capital from Revenue				459					0
	3,518	1,896	1,068	1,208	319	1,303	0	0	1,622

CAPITAL PLAN - OUTTURN 2020/21 - EXPENDITURE

Appendix 1

			Revised 4-year Plan						
	Latest Est Scheme Cost	Expend in Prev Years (active schemes only)	Total 2020/21 Revised	Outturn 2020/21	Slippage to c/f to 21/22	2021/22	2022/23	2023/24	Total for Plan Period 21/22-23/24
PB = Approved Prudential Borrowing schemes	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Investment Fund									
PB Investment Fund	231,431	231,431	0	(306)		0			0
	231,431	231,431	0	(306)	0	0	0	0	0
TOTALS		324,916	42,391	27,007	14,828	127,415	107,498	29,863	279,604
CAPITAL PLAN - OUTTURN 2020/21 - FUNDING									
Unsupported Borrowing			21,070	13,521	7,090	98,144	75,456	11,500	192,190
Grants			18,540	12,113	5,712	25,108	27,314	18,263	76,397
Contributions			1,106	642	726	764			1,490
Revenue			(72)	557	(55)	182	100	100	327
Reserves			1,130	800	337	608	206		1,151
Capital Receipts			617	(626)	1,018	2,609	4,422		8,049
Total			42,391	27,007	14,828	127,415	107,498	29,863	279,604

Appendix 2

Funding proposals		
Year End Underspend– Revenue Reserve of £1m		
Place Investment		
YEU1	150	Beach Improvements
YEU2	100	Lighting - to bring some up to standard
YEU3	30	Festoon Lighting - Torquay Seafront
YEU4	100	Festoon lighting - Torquay Harbour
YEU5	100	Works associated with Broadsands overflow car park & preventing unauthorised use of public open spaces
YEU6	145	Funding for double yellow lines
YEU7	60	To support Sport in Torbay.
YEU9	65	TCCT
Resource and Waste Management/Climate Change		
YEU12	250	Bio-diversity and climate change fund
Total proposals		1,000

Appendix 3

Funding proposals		
Concessionary Fares – Revenue Reserve of £0.95m		
	£'000	
CF1	50	Development of Electric Bus Plan
CF2	290	Bus fares support for FSM and Care Experienced
CF3	50	Bus Infrastructure - new shelters, grass roofs
CF4	500	Highway Infrastructure - lining and pot holes
CF5	5	Support for travel to Heritage Sites (i.e. Torre Abbey / Torquay Museum)
CF6	30	Improving residential signage
CF7	25	Highways Improvements
Concessionary Fares reserve proposals		950

Appendix 4

Funding proposals		
Collaton St Mary – Capital Receipt of £9.2m		
Expected payment profile:		
£900k 21/22 £4.1m 22/23 £4.2m 23/24		
Below details the initial allocations for 2021/22. Further use in 2022/23 and 2023/24 will be put forward as part of setting the Capital Plan as part of the Annual budget setting cycle. This will also include repayment of the original funding required for the initial land acquisition costs.		
Place Infrastructure		
CSM2	100	Torbay Road scheme Top Up funding
CSM3	150	Events Infrastructure
CSM4	150	Oldway reserve for works
Housing		
CSM11	500	Affordable Housing Fund
Total Collaton St Mary Capital Receipt proposals	900	

Meeting: Overview and Scrutiny Board

Date: 14 July 2021

Wards Affected: All Wards

Report Title: Review of the Children and Young People's Overview and Scrutiny Board

Chief Executive Contact Details: Anne-Marie Bond, Chief Executive of Torbay Council, anne-marie.bond@torbay.gov.uk

1. Purpose of Report

- 1.1 The Overview and Scrutiny Board established the Children and Young People's Overview and Scrutiny Board, as a sub-committee of the Board on 13 January 2021. The purpose of the new Board was to provide a dedicated focus for the scrutiny of services and support for children and young people.
- 1.2 It was agreed that the Board would review the effectiveness of the Children and Young People's Overview and Scrutiny Board after six months and this report is before Members to consider whether to continue with the Board going forward.
- 1.3 Unfortunately, despite efforts we have only been able to fill one of the statutory Education Co-opted Member places on the Board and this report seeks approval to expand the Membership to enable non-voting co-opted members to be appointed to enable the voice of the child to be further represented.

2. Reason for Proposal and its benefits

We want Torbay and its residents to thrive.

We want Torbay to be a place where we have turned the tide on poverty and tackled inequalities; where our children and older people will have high aspirations and where there are quality jobs, good pay and affordable housing for our residents.

We want Torbay to be the premier resort in the UK, with a vibrant arts and cultural offer for our residents and visitors to enjoy; where our built and natural environment is celebrated and where we play our part in addressing the climate change emergency.

- 2.1 The proposals in this report help us to deliver the ambition of our residents thriving, by improving the governance and political challenge in respect of services for our children and young people to ensure the best outcomes for them.
- 2.2 The reason for the decision is to continue with the Children and Young People's Overview and Scrutiny Board with a slight variation to the members in respect of

co-opted members, who provide expert advice, to help improve outcomes for our children and young people.

3. Recommendation(s) / Proposed Decision

1. That the Children and Young People's Overview and Scrutiny Board remains in operation to fulfil the Council's overview and scrutiny functions in respect of children and young people; and
2. that, in the absence of the appointment of suitable parent governors to fill the Statutory Education Co-opted Parent Governor Representative places, the membership of the Children and Young People's Overview and Scrutiny Board be expanded to enable parents who are not parent governors but have children at either a primary, secondary or an academy school in Torbay to become non-voting co-opted members on the Board, following an interview with the Chairman of the Children and Young People's Overview and Scrutiny Board and Democratic Services Team Leader, to assist in ensuring that the voice of the child is represented on the Board.

Appendices

Appendix 1: terms of reference and membership of the Children and Young People's Overview and Scrutiny Board.

Background Documents

The agendas, reports and minutes for the meetings of the Children and Young People's Overview and Scrutiny Board can be found on our website at <https://www.torbay.gov.uk/DemocraticServices/mgCommitteeDetails.aspx?ID=1862>

Supporting Information

1. Introduction

- 1.1 The Children and Young People's Overview and Scrutiny Board was established by the Overview and Scrutiny Board on 13 January 2021 as a sub-committee of the Board to fulfil the Council's overview and scrutiny function in relation to children and young people.
- 1.2 The Board has been requested to review the effectiveness of the Children and Young People's Overview and Scrutiny Board after six months of operation. The Board met on 27 January, 1 March and 4 May 2021 and considered the following topics:
- ☐ Ofsted Annual Conversation Letter and Work Programme
 - ☐ Adoption
 - ☐ Children's Improvement Plan Quarterly Update
 - ☐ Review of the Youth Offending Team
 - ☐ Children in Care Council and Pledge
 - ☐ Ensuring Children receive the right support at the right time
 - ☐ Workforce Development and Sufficiency of Placements and Commissioning
 - ☐ Children's Improvement Plan Quarterly Update
 - ☐ Virtual School Annual Report
- 1.3 The Board has provided dedicated time and focus on our services to children and young people, and the expansion of the expert advisors to the Board with representatives from various sectors, has added significantly to the scrutiny and debate, and ensures that the Board truly hear the voice of our children and young people. Importantly the Board is privileged to have a care experienced young person as a co-opted member, who has actively contributed towards meetings and shared her own and other young peoples views and feelings. Alongside this the Torbay Youth Trust, Imagine This and Devon and Cornwall Police, all of whom support and work with children and young people in Torbay, have all significantly contributed to the work of the Board.
- 1.4 There is a requirement, where a Council is responsible for education functions for certain voting co-optees to be appointed to the relevant committee. These are known as Statutory Education Co-optees – and normally comprises of 2 parent governor representatives (1 primary and 1 secondary) plus 2 diocesan representatives (1 Church of England and 1 Roman Catholic) who have voting rights on educational matters. The Children and Young People's Overview and Scrutiny Board agreed to extend the number of parent governor representatives to up to three to enable representation from an Academy Trust as many of the schools in Torbay are part of this system.
- 1.5 Nationally it has become difficult to attract and appoint Statutory Education Co-optees as many people in these positions do not have capacity to sit on additional council meetings. This is also the case for Torbay, and whilst we have recruited a Church of England Diocesan Representative we have only been able to fill one of the other vacancies. We have written out to all the Schools in Torbay seeking

expressions of interest from parent governors to sit on our Children and Young People's Overview and Scrutiny Board and received applications from two parents who are not parent governors but are all parents of children currently attending schools in Torbay who are keen to sit on the Board to represent the views of their children.

- 1.6 It is proposed that, considering the difficulty recruiting Statutory Education Co-optees, the membership of the Children and Young People's Overview and Scrutiny Board be varied, so that in the absence of the appointment of suitable parent governors that parents who are not parent governors but who have children at either a primary, secondary or an academy school in Torbay can become non-voting co-opted members on the Board to ensure the voice of the child is represented. They will be appointed following an interview with the Chairman of the Children and Young People's Overview and Scrutiny Board and the Democratic Services Team Leader and will also be expected to sign up to the Code of Conduct for Members, as they have not been formally appointed through a representative body.

2. Options under consideration

- 2.1 Not to continue with the Children and Young People's Overview and Scrutiny Board, this options is not recommended as it would mean that all matters relating to children and young people would revert back to the main Overview and Scrutiny where there is not capacity to give the same level of time and in-depth discussion as the Children and Young People's Overview and Scrutiny Board does.

3. Financial Opportunities and Implications

- 3.1 None

4. Legal Implications

- 4.1 There is a requirement, where a Council is responsible for education functions for certain voting co-optees to be appointed to the relevant committee. These include representatives specifically mentioned in S499 of the Education Act 1996. The provisions in the 1996 Act apply to overview and scrutiny committees by virtue of Schedule 1 of the 2000 Act. The Council has tried to make such appointments but has not received sufficient applications to fill the vacancies. This will continue to be kept under review and appointments will be made if suitable applications are received in the future.

5. Engagement and Consultation

- 5.1 The Scrutiny Lead for Children and Chair of the Children's Overview and Scrutiny Board has been consulted on the proposals and supports the approach outlined in this report.

6. Purchasing or Hiring of Goods and/or Services

- 6.1 No applicable.

7. Tackling Climate Change

- 7.1 This is a governance process which does not impact on climate change. The Children and Young People's Overview and Scrutiny Board will consider relevant climate change issues when carrying out its business.

8. Associated Risks

- 8.1 None

Equality Impacts

9.	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	Having a dedicated Children and Young People's Overview and Scrutiny Board allows more time to focus on key issues affecting children and young people including hearing from key representatives who are able to give the views of the child and young person in all aspects of its work.		
	People with caring Responsibilities			There is no differential impact.
	People with a disability			There is no differential impact.
	Women or men			There is no differential impact.

People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>			There is no differential impact.
Religion or belief (including lack of belief)			There is no differential impact.
People who are lesbian, gay or bisexual			There is no differential impact.
People who are transgendered			There is no differential impact.
People who are in a marriage or civil partnership			There is no differential impact.
Women who are pregnant / on maternity leave			There is no differential impact.

	Socio-economic impacts (Including impact on child poverty issues and deprivation)	Having a dedicated Children and Young People's Overview and Scrutiny Board allows more time to focus on key issues affecting children and young people including hearing from key representatives who are able to give the views of the child and young person in all aspects of its work.		
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			There is no differential impact.
10..	Cumulative Council Impact (proposed changes elsewhere which might worsen the impacts identified above)	N/A		

11.	Cumulative Community Impacts (proposed changes within the wider community (inc the public sector) which might worsen the impacts identified above)	N/A
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Terms of Reference and Membership of Children and Young People's Overview and Scrutiny Board	
Name and Terms of Reference	Membership
<p>Children and Young People's Overview and Scrutiny Board:</p> <ol style="list-style-type: none"> to review how the needs and interests of children and young people are met by all departments, policies, services and decisions; and how performance is evaluated and improved; to review universal, targeted and specialist services for children and young people including: <ul style="list-style-type: none"> prevention and management of risk; social care; children's and young people's wellbeing; education – supporting and enabling learning for all children and young people; internal and external partnership working for children and young people; supporting parents and families; and relevant financial management; to assess the effectiveness of decisions of the Cabinet in these areas of the Council's statutory activity; and to make reports and recommendations as appropriate arising from this area of overview and scrutiny. 	<p>This is a Sub-Committee of the Overview and Scrutiny Board and comprises 5 members of the Council in accordance with the political balance requirements, Chaired by the Scrutiny Lead for Children's Services.</p> <p>Conservative (2):</p> <p>Liberal Democrat (2):</p> <p>Independent Group (1):</p> <p>Statutory Education Co-opted Members:</p> <p>Statutory parent governor representatives (Primary, Secondary and Academy) (3):</p> <p>Statutory Church of England representative (1):</p> <p>Statutory Roman Catholic Diocesan representative (1):</p> <p>Non-Voting Co-opted Members:</p> <p>Devon and Cornwall Police representative (1):</p> <p>Torbay Youth Trust representative (1):</p> <p>Care experienced young person (1):</p> <p>Imagine This Partnership Board representative (1):</p>

Update on Cabinet Response to the recommendations of the Overview and Scrutiny Board – Interim Climate Change Emergency Task and Finish Report

No.	Recommendation:	Cabinet Response:	Update:
1.	that all reports to Councillors include enhanced information on how the decision will impact on climate change;	'Section 7 Tackling Climate Change' of the Council's report template will be reviewed and enhanced in line with this recommendation.	A qualitative carbon neutral impact assessment tool is in the final stages of development.
2.	that, in order to achieve consistency in the application of our Environmental Policies, the Assistant Director Planning, Housing and Climate Emergency be requested to develop and issue a guidance document setting out how Policies in the Local Plan relating to climate change should be complied with. That guidance should explain compliance will mean submitting a statement, similar to the design and access statement, explaining how the policy is being considered;	The Cabinet welcomes this recommendation and requests the Assistant Director of Planning, Housing and Climate Emergency develop and issue a guidance document in respect of the expectations of the Planning Authority regarding compliance with policies in the Local Plan that relate to climate change.	The Council are refreshing the Healthy Torbay Supplementary Planning Document. A new version will be adopted by March 2022. This will include guidance on meeting existing climate policies within the Local Plan. To support this a Healthy Torbay Development Management (DM) Checklist is also being developed and includes requirements to meet the Local Plan's Climate Change Policies. This will be available for use by Autumn 2021. Support for the DM team is also being developed and the Council is working with the South West Energy Hub to ensure we are using the best available zero carbon planning guidance.

No.	Recommendation:	Cabinet Response:	Update:
3.	that the Panel would welcome a Cabinet Member to be responsible for taking the lead on driving forward mitigations and preventative actions to address the climate change emergency;	The Cabinet Member for Infrastructure, Environment and Culture has naturally assumed the responsibility for the Climate Change Emergency given the services contained within his portfolio and has been supported by the Climate Change Champion, Councillor Atiya-Alla. The Cabinet are aware that Local Authorities across the country have adopted differing approaches where lead members are concerned and will be asking the Local Government Association for examples of good practice. The Cabinet will then review the portfolio and report any changes at the Annual Council Meeting.	<p>Feedback from the Local Government Association was that the majority of upper tier Councils incorporate climate change within a portfolio rather than as a standalone portfolio.</p> <p>Due to the importance of tackling the Climate Change Emergency all Cabinet Members have a responsibility for climate change with the Leader and Deputy Leader of the Council committing to ensuring that this is given a more visible priority in all our work. The Cabinet Member for Infrastructure, Environment and Culture, Scrutiny Lead for Place and Climate Change Champion will work together to help ensure that the Council is taking appropriate action to address this key issue.</p> <p>In light of this it is not proposed to appoint an individual Cabinet Member for Climate Change.</p>
4.	that the Torbay Council draft consultation response to the Interim Devon Carbon Plan set out at Appendix 2 to the submitted report be endorsed;	The Council's response has been submitted.	Complete
5.	that the Climate Emergency Officer be requested to ensure the proposed initial 10 key actions are prioritised to show	This recommendation has been noted.	This was actioned. See the final document here .

No.	Recommendation:	Cabinet Response:	Update:
	the actions that will achieve the biggest impact at the top of the list and that future action plans be also prioritised in this way;		
6.	that the Climate Emergency Officer be requested to work with relevant lead officers to ensure wider publication of the Cosy Devon Partnership and Exeter Community Energy schemes to ensure that Councillors and residents are aware of what is on offer;	With colleagues across the Council a comprehensive communications plan will be developed in order to raise awareness of the schemes available to assist with energy efficiency.	<p>Since March 2021 a range of new funds and voucher schemes have been released by central government to support retrofitting homes to make them more energy efficient. Some have also recently been withdrawn which has made for a confusing public message. In addition, the Council is working with the South West Energy Hub to support the roll out the Green Homes Grant Local Authority Delivery (GHG LAD) Phase 2 programme. This is due to commence across Devon from August 2021 – March 2022. It will offer free or part funded energy efficiency measures¹ to homes in fuel poverty and with a home that is rated as below an EPC (Energy Performance Certificate) D. Communications will follow once this new programme of energy efficiency support is available.</p> <p>The new Sustainable Warmth Fund has also been launched by the Government. This will fund energy efficiency and low carbon heating in on-gas and off-gas fuel poor homes with an EPC rating below D. Torbay is currently exploring a bid.</p> <p>A Devon wide ‘one stop shop’ energy support advice service is also being explored.</p>

¹ Qualifying criteria that need to be met.

No.	Recommendation:	Cabinet Response:	Update:
			<p>Through these schemes above there will be a greater amount of support available to Torbay residents. Therefore, we have not updated or sent out information to councillors and residents as per the original recommendation. We hope to send out information on the new support as it arises. Starting with the GHG LAD Phase 2 programme in July.</p> <p>In the meantime, energy efficiency advice, through Exeter Community Energy, is still available. A targeted project to promote energy efficiency is being offered as part of the Melville Street Project.</p>
7.	that the proposed approach outlined in the submitted report to address the climate change emergency and enable Torbay to be Carbon Neutral by 2030 be endorsed; and	The Cabinet will take into account the Overview and Scrutiny Board's direction when considering and determining the submitted report.	<p>Work has commenced delivering the Carbon Neutral Council Programme.</p> <p>Progress includes:</p> <ul style="list-style-type: none"> • Established a new cross directorate Carbon Neutral Council Officers' Group to accelerate and coordinate action across the Council. This group has met three times since March. • Commenced development of the Carbon Neutral Council Action Plan. The Officers' Group above have started to develop ideas around decarbonising our estate, how we travel for work purposes and how we decarbonise our fleet vehicles. More will be developed over the year. • Commenced collating the Council's carbon footprint.

No.	Recommendation:	Cabinet Response:	Update:
			<ul style="list-style-type: none"> • We will also be creating a new Carbon Neutral Policy to help staff understand what they can do to help the council achieve carbon neutrality. • Commenced the roll out of carbon literacy training for all staff to help them to understand the role we can all play in tackling the climate emergency at work (and at home). SLT, Cabinet and some senior officers have already received this training.
8.	that a cross party climate change emergency working group be established to include the relevant Cabinet Member and other interested parties to take this important issue forward.	<p>The Cabinet appreciate the work Overview and Scrutiny have done during the course of the Climate Change Emergency Review and recognise that their work has concluded as the approach moves to delivery and implementation of the action plan. The Cabinet are aware that across the country there are a number of models for working groups:</p> <ul style="list-style-type: none"> • Lead councillors and overarching community group – model adopted by Teignbridge District Council; 	A progress report on establishing a Torbay Climate Partnership was presented to Cabinet on 13 July. The report is available here . This report includes an update on an informal meeting held on 4 June 2021 that explored the idea of a partnership. Over 30 partners attended and agreed to continue to explore the partnership. The next meeting is planned for 3 August 2021.

No.	Recommendation:	Cabinet Response:	Update:
		<ul style="list-style-type: none"> Partners develop an independent body which is serviced by the Council with an Independent Chair making recommendations to Council and Partners. Bradford have adopted this model; Separate independent commission – managed by external body and makes recommendations to Council. This model has been adopted by Leeds <p>Torbay requires a model that secures full community participation which has an emphasis on social justice in order to avoid carbon neutrality methods excluding those who are ready experiencing high levels of deprivation.</p> <p>Cabinet therefore requests officers to present a further report for Cabinet's</p>	

No.	Recommendation:	Cabinet Response:	Update:
		consideration on the different models of working groups, the membership and terms of reference.	