

Torbay and South Devon NHS Foundation Trust

Council of Governors

Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital.

22 March 2019 10:00 - 22 March 2019 11:20

AGENDA

#	Description	Owner	Time
1	OPENING MATTERS		
1.1	Chairman's welcome and apologies for absence: Craig Davidson, David Hickman, Lesley Darke, Rob Dyer. For information	Chair	10:00
1.2	Declaration of interests To receive	Chair	
2	BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS' MEETING		
2.1	Minutes of Council of Governors' meeting held on 12 December 2019 (enc) To approve 📄 02.1 - 2018.12.12 DRAFT CoG minutes.pdf	Chair	7
2.2	Matters arising not covered elsewhere on the agenda To receive	Chair	
3	BUSINESS REPORTS		
3.1	Chairman's report (verbal) To receive	Chair	10:05
3.2	Chief Executive's report inc CQC Inspection Report (enc) To receive 📄 03.2 - Chief Executive's Report.pdf	Chief Executive	10:10
4	GOVERNANCE REPORTS		
4.1	Company Secretary's report (enc) To receive 📄 04.1 - Company Secretary's Report.pdf	CoSec	10:20

#	Description	Owner	Time
4.2	<p>Lead Governor's report including Constituency Reports (enc)</p> <p>To receive</p> <p> 04.2 - Lead Governor's Report.pdf</p>	Lead Governor	10:25
4.3	<p>Quality & Compliance Committee and Membership Group reports (enc)</p> <p>To receive</p> <p> 04.3 - QandCC Report.pdf</p>	Governor Chair / Representative	10:35
5	NON-EXECUTIVE DIRECTOR REPORTS		
5.1	<p>Non-Executive Director Committee Reports:</p> <p>To receive</p>	Chief Executive	10:40
5.1.1	<p>Audit Committee (enc)</p> <p> 05.1(i) - 2019.01.16 Report of the Audit Committee...</p>	Mrs S Taylor	
5.1.2	<p>Executive Nominations and Remuneration Committee (verbal)</p>	Sir R Ibbotson	
5.1.3	<p>Quality Assurance Committee (enc)</p> <p> 05.1(iii) - 2018.12.19 QAC Cttee report to Board.pdf</p>	Mrs J Lyttle	
5.1.4	<p>Finance, Performance and Investment Committee (enc)</p> <p> 05.1(iv) - 2018.12.18_FPI_Cttee_Report_to_Board....</p> <p> 05.1(iv) - 2019.01.29_FPI_Cttee_Report_to_Board....</p> <p> 05.1(iv) - 2019.02.26_FPI_Cttee_Report_to_Board....</p>	Mr R Sutton	
6	MEMBER AND GOVERNOR QUESTIONS		
6.1	<p>Questions from Members and Governors</p> <p>To receive</p>	Chair	10:50
7	CLOSING MATTERS		
7.1	Any other business	Chair	
7.2	Close of meeting	Chair	11:20*

#	Description	Owner	Time
7.3	<p>Details of next Council of Governors' meeting: Wednesday 19 June 2019, 2pm – 4pm in the Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital</p> <p>For information</p>		
	*A private meeting for Governors will take place at 11.20pm		
	Executive Directors, Non-Executive Directors and members of the public please leave the meeting at this point		

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**MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD AT 2PM IN THE ANNA DART LECTURE THEATRE,
HORIZON CENTRE, TORBAY HOSPITAL**

12 DECEMBER 2018

Governors

- | | | |
|-----------------|----------------------------|--------------------|
| * Ken Allen | * Richard Ibbotson (Chair) | * Lesley Archer |
| Stuart Barker | * Nicole Amil | * Bob Bryant |
| Peter Coates | * Derek Blackford | * Carol Day |
| * Annie Hall | * Craig Davidson | * Lynne Hookings |
| * April Hopkins | * David Hickman | * Michael James |
| * Mary Lewis | * Barbara Inger | * Wendy Marshfield |
| Andy Proctor | * Paul Lilley | Sylvia Russell |
| Peter Smerdon | * Anna Pryor | * Elizabeth Welch |
| | * John Smith | |

Directors

- | | | |
|------------------|--|--------|
| * Liz Davenport | Interim Chief Executive | (CE) |
| Paul Cooper | Director of Finance | (DoF) |
| * (Lesley Darke | Director of Estates and Commercial Development) | (DECD) |
| Rob Dyer | Medical Director | (MD) |
| Judy Falcão | Director of Workforce and Organisational Development | (DWOD) |
| John Harrison | Interim Chief Operating Officer | (COO) |
| * Jane Viner | Chief Nurse | (CN) |
| * Ann Wagner | Director of Strategy & Improvement | (DSI) |
| * Jacqui Lyttle | Non-Executive Director | (JL) |
| Jacqui Marshall | Non-Executive Director | (JM) |
| * Vikki Matthews | Non-Executive Director | (VM) |
| Paul Richards | Non-Executive Director | (PR) |
| * Robin Sutton | Non-Executive Director | (RS) |
| * Sally Taylor | Non-Executive Director | (ST) |
| * Jon Welch | Non-Executive Director | (JW) |

(* denotes member present) () = present for part of meeting

In Attendance:

Charlie Helps	Interim Company Secretary	IntCoSec
Monica Trist	Corporate Governance Manager and Note taker	CGM

1.

Welcome and Apologies

Apologies were received from Stuart Barker, Peter Coates, Andy Proctor, Peter Smerdon, Paul Cooper, Rob Dyer, Judy Falcão, John Harrison, Gary Hotine, Jacqui Marshall, Paul Richards.

2.

Declaration of Interests

There were no declarations of interests.

Action

3. **Minutes of the Meeting held on 21 September 2018**

The minutes were approved as an accurate record of the meeting.

4. **Chairman's Report**

The Chairman welcomed all present to the meeting, and advised of a late change to the agenda as Rachel Rapson, a physiotherapist employed by the Trust who had been due to present the Clinical Schools Health showcase had been asked to attend an Ofsted/CQC inspection this agenda item would be deferred to a future meeting.

The Chairman advised governors that he would be happy to answer any questions arising from issues raised at the Trust Board meeting held on 5 December 2018. He would particular like to mention the excellent work carried out at south Devon college to encourage membership of the Trust by Mrs Hookings, Chair of the Membership Group and also Anna Pryor, a member of the Group.

5. **Clinical Schools Health Showcase**

Deferred to future meeting

6. **Chief Executive's Report**

The Chief Executive (CE) highlighted various items form her December Board report. She reported on closer working between NHS England (NHSE) and NHS Improvement (NHSI), to provide better engagement and support to local Trusts - this restructure should result in a reduction in costs and the new SW Regional Director would be Elizabeth O'Mahoney from April 2019. The Executive team would review ongoing relationships with the regulators and how best to work with the new Regional Director. The NHS 10-year plan was due to be published shortly.

The Winter Readiness Plan was now being implemented and some immediate benefits had already been seen and regulators had noted the apparent success of this new model. The Executive Team were looking to reef us some time to support new strategy, and were looking to stand down some non-urgent meetings in Q4 to enable this.

CE was disappointed to report to CoG that the Wave 4 Capital and Infrastructure bid for Theatres development had been unsuccessful, despite ongoing support from local regulators and MP Sarah Woolaston, and the Trust would continue to pursue for this funding. The "Our Journey" initiative, presented to governors at the November Board to CoG meeting had now been launched across the Trust, with staff asked to contribute ideas for improvement. The CE's weekly video vlog had been well-received.

There were no further questions from Governors.

7. **Company Secretary's report**

The Interim Company Secretary invited questions on his report which summarised a sample of 50 pieces of work he had undertaken during his 11 months (at 3 days a week) with the Trust. The developments made would allow the incoming Company Secretary to take forward the priorities arising from this work. The Interim Company Secretary thanked governors for their support during the year.

Lead Governor asked about progress regarding the appointment of the Membership Manager and CE advised that agreement had been reached on the appointment of the

role. The Interim Company Secretary had researched and developed a Job Description for the role which would be factored into the 2019/20 FY budget cycle.

There were no further questions and CoG noted the report.

On behalf of the CoG, Lead Governor and Deputy Lead Governor thanked the Interim Company Secretary for the help and support provided during the year, staff governors also welcomed the information and clarity he had provided. The chairman confirmed he had publicly thanked the Interim Company Secretary for his work at the December Board meeting and reiterated his gratitude for his support, guidance, and professionalism.

8. Governor Communications Log

The Interim Company Secretary presented the latest version of the governors' communication log for review by the CoG, and governors were reminded of the process, with questions divided into three main categories. Lead Governor reminded the CoG that they owned the Governors' Communications Log: all questions should be channelled through the Foundation Trust office so that they could be entered on the log and directed in the most appropriate way.

Chairman asked that members advise the Corporate Governance Manager if they were not in agreement with any of the responses provided, otherwise all answered questions would be regarded as closed.

The CoG approved the latest version of the governors' communication log.

9. Non-executive Director reports

Chairman invited questions on the reports provided from the NED chairs of the Quality Assurance Committee, the Audit committee and the Finance, Performance and Investment committee.

There were no questions from Governors and the contents of the Committee Chairs' reports were noted.

10. Non-executive / Executive Director presentation

The following presentation was made by the CE, demonstrating her reflections of the Trust's position following her substantive appointment in September 2018 :



- Transition to role of Chief Executive
- Reputation – Regulators, System Partners, communities, our staff
- Strengths
- Risks and issues
- Priorities

Focus

- Services
- Education
- Research and Development
- Commercial

Reputation

- Strong and experienced Leadership Team
- Clinical leadership culture
- Innovation and quality improvement
- Education and training
- System player – trusted
- Leading the way on delivery of integrated models of care
- Strong focus on people and communities and well being- putting the local system first
- When we have a plan we deliver

- Challenged – performance, finance, workforce
- Engagement and involvement -people who use services and our staff
- Messaging – describing the impact of what we are doing in a way that our people understand
- Underinvested in some of the key enablers to transformation – infrastructure, technology, information
- Freedom to act

Strengths

- Leadership capacity and capability
- Partnerships
- Integrated model
- Risk share arrangements
- Workforce- motivation and values
- Commercial developments and opportunities
- Track history of delivery
- Relationships with stakeholders including GPs, Acute and Mental Health Providers

Issues

- The 10 year plan and implications for the system and our local response
- Financial settlement – over target
- Social care budget constraints
- Compliance with constitutional targets
- Workforce - sustainability of some specialities
- Fragility of the independent sector provider market
- Investment in technology and infrastructure

Priorities

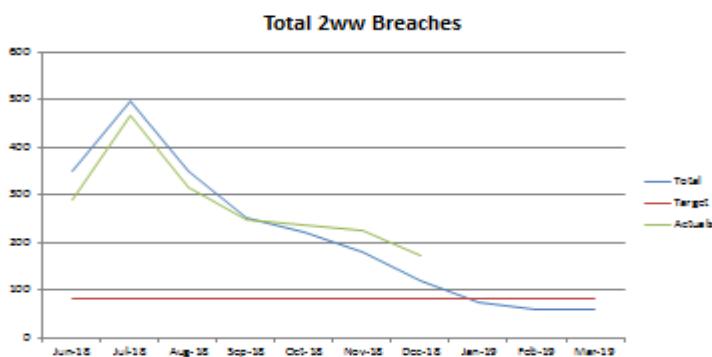
- Performance – autonomy to act, maintain confidence and experience
- Strategy – 5 year plan
- Financial and commercial strategy
- Workforce plan succession plan and talent management
- New Delivery structure
- Embed integrated model and chapter 2
- System leaders – Children's developments/ Clinical networks/ Partnership working

Lead Governor and Chairman thanked CE for her thought-provoking presentation and looked forward to seeing the Trust develop further under her leadership.

DECD joined the meeting at this stage.

11. Waiting Times

Mr Neal Foster (NF) attended the meeting to provide governors with an update on the current position regarding Cancer/Surgical waiting times :



Page 1: Trust's 2ww performance

Page 2: Performance split by suspected cancer referral site

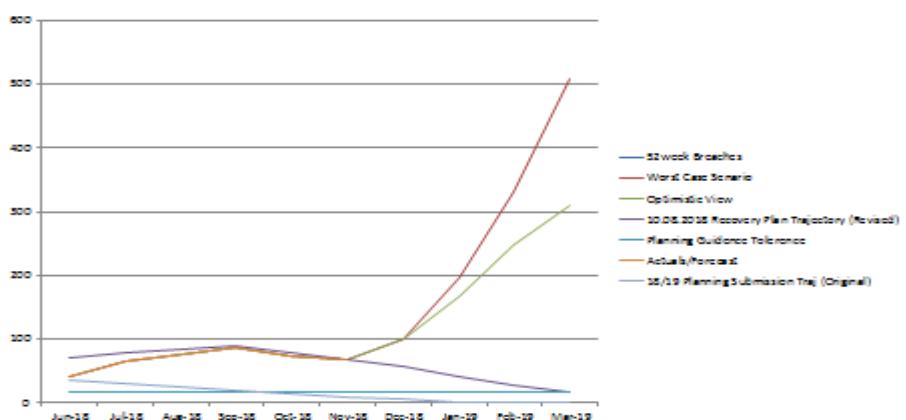
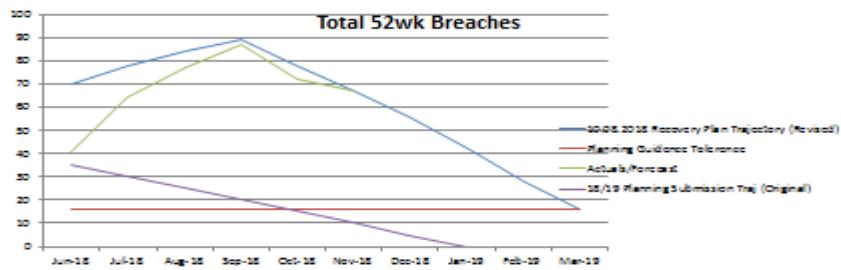
Page 3: The latest month's breached patients, and the reason entered on InfoFlex

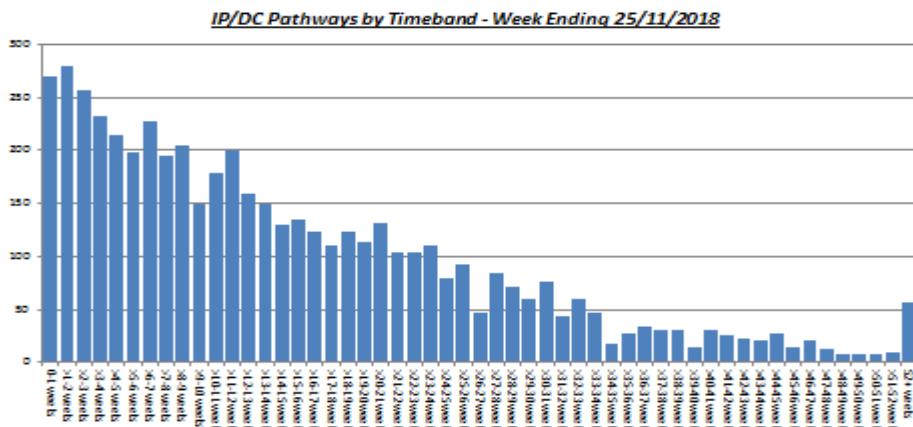
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
2ww	478	546	295	470	314	247	236	205
Crn1	743	679	891	772	1043	945	1046	937
Total 2ww seen	1221	1225	1186	1242	1357	1193	1282	1162
Performance	68.9%	55.4%	75.1%	62.2%	76.9%	79.3%	81.6%	60.5%
Target	93%	93%	93%	93%	93%	93%	93%	93%



62 day Performance







Risks

- Long waiters; will wait longer
- Loss of chronology; tail will grow
- > patient complexity
- Cancer, for likely urgent cancelations
- > presentations to ED
- > non elective LOS < non elective flow
- > costs+
- Target compliance; Cancer, RTT, 52 wk, 28 day
- -ve publicity, reputation
- Other theatres; 1,2 DSU3,ESU
- Winter
- No wave 4 funding
- Morale

Dr Archer asked if staff were being redeployed during the closure of the operating theatres and NF explained they were being used to maintain performance through the extra sessions which had been set up, but there was little spare capacity owing to the number of current vacancies. CE thanked NF and his team for the extra work being undertaken to ensure the safety of all patients on the waiting lists: the situation was being micro-managed to ensure that urgent cases were identified and prioritised.

Chairman thanked NF for attending and informing the governors of the current position.

12.

Intermediate Care

The following presentation was provided by Shelly Machin, Dr Matt Fox, Ms Ling Shum and Ms Becki Billing, describing the Trust's provision of intermediate care across Torbay and South Devon:

What is Intermediate Care?

- Intermediate Care is a **time limited MDT service provided in the community**, which aims to care for people in their own homes when they are in a health crisis and at risk of admission to hospital



- It also supports those recently in hospital to **leave more quickly** with follow up in the community
- Aim is to help people **actively recover at home**

Local Intermediate Care

- **Multi-disciplinary teams with five bases** covering the Torbay & South Devon area.
- Nurses, therapists, social care staff, support workers, coordinators and one paramedic
- Monday – Friday 8am – 6pm
- Saturdays, Sundays and bank holidays 9am – 5pm from two bases



Locality Map



Home Based & Bed Based

- Aim to **support people at home wherever possible**, with input from the team, care, and equipment as needed
 - Where unable to safely keep someone at home in a crisis; need to use **short term placement in a care home** (dependant on patient need)



- Average length of stay **12-14 days**
 - Stay is **free of charge** to the patient, unless they are assessed to no longer have Intermediate Care needs

Also in the patient journey

- **Reablement (Social Care)**
- Short term intervention from support workers, up to 4 times daily support with care needs, encouraging people to be independent.
- **Rapid Response**
- Urgent domiciliary care support in peoples own homes, including night sitting.



Where do referrals come from?



Example IC Referral

Assessment

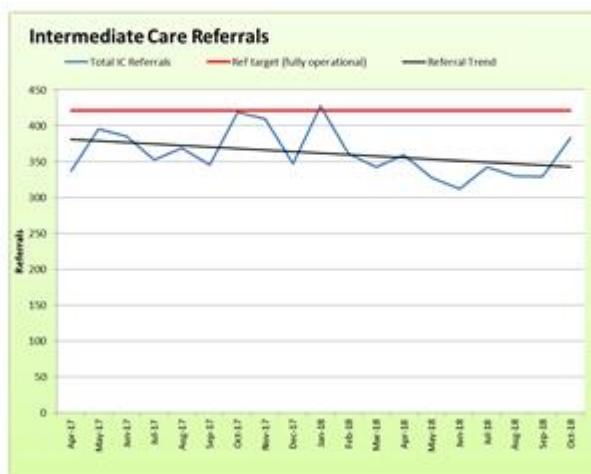
- Routine visit by community nurse, referred into IC as Mr X was unable to stand.
- Seen as urgent initial assessment by Duty Physio & Paramedic – Results confirmed following day, medication prescribed.
- Follow up visits, supported with equipment, rehabilitation, rapid response, weekend nursing visit. Observations monitored.
- Reviewed by physio – mobility progressed

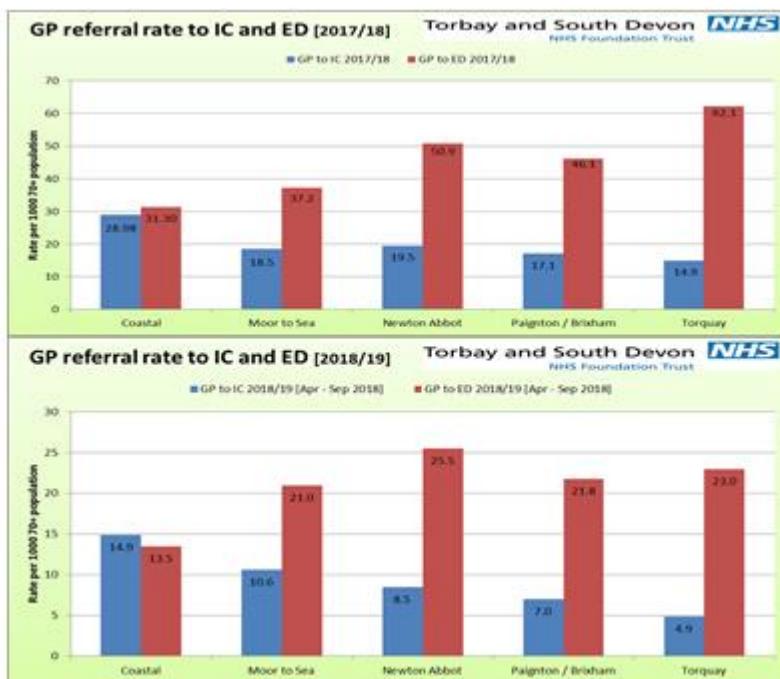
Outcome

- Mobility further improved with input from team
- Referred on to Reablement x 2 daily as lacking confidence with daily activities & meal preparation.
- Discharged to community caseload for outdoor mobility practice.



Are we able to meet demand?





“In development”

- Intermediate Care nurses delivering IV antibiotics in peoples own homes
- Support workers being trained to administer sub-cutaneous injections
- Trial of paramedic in Newton Abbot to support management of acutely unwell people
- Systemone computer based notes being rolled out in South Devon

In response to a governor's question, BB described a recent shared learning event involving all five locality teams and MF confirmed that Locality Leads meet regularly to review performance.

Mrs Hall asked about the hours of operation of the Intermediate Care service and MF drew her attention to the slide which contained details of the service hours.

Mrs Inger asked if GP practices were linked electronically and MF described the work being undertaken in this area and the recognition of the importance of electronic access to patient information across the teams.

DSI confirmed that GP practices are part of the primary care system and are not run by the trust.

Mr Davidson (CD) thanked the team for their presentation and felt this demonstrated a great example of working together. Members discussed the advantages of spending time in a community hospital, residential or nursing home following discharge from the Acute Hospital, if additional support was required, or whether this could best be provided by the Intermediate Care team.

CD also asked if intermediate care was preventing A&E referrals, but MF felt there was more work to be done in this area. He felt it important that if a patient needed to be admitted this should be to the most appropriate setting, which did not always mean an Acute bed. MF spoke about the Plymouth research which indicated that follow ups by the voluntary sector could help patients to remain at home for longer and retain their independence

The chairman thanked the intermediate Care team staff for attending and for a most helpful description of the work being undertaken, which was a key part of Care Model implementation.

The Chairman thanked the Intermediate Care team staff for attending and for a most helpful description of the work being undertaken, which was a key part of Care Model implementation.

13. Lead Governor's report including Constituency Reports

Lead Governor (LG) presented her report, highlighting key points from this for the CoG and inviting questions from those present. She informed the meeting of a detailed discussion which had taken place at the previous week's pre-CoG meeting, and the offer made by the interim COO to meet with governors on a regular monthly basis to discuss operational issues – governors had been asked to volunteer to represent their constituencies at this meeting.

LG and Deputy LG thanked governors for the comments received on the training and skills audit which would be incorporated in the final version of the Audit, which would be issued to all governors in the new year.

LG reminded governors that the communications Log although maintained by the FT office was a tool for governors' use and LG encouraged governors to take ownership of the document and the contents.

Members noted the contents of the LG report.

14. Quality and Compliance Committee (QACC) Report

LG as Chair of QACC presented her report of the meetings which had taken place on 19 September and 14 November 2018.

LG thanked all Governor Observers for their reports, the quality of these was much-improved, and these reports were being circulated for information to governors as soon as possible after receipt by the FT Office.

QACC had also benefitted by the inclusion of Torbay Healthwatch as a member of the committee, and the Chairman informed the CoG that Healthwatch had advised him that they greatly valued the opportunity to work with the governors of the Trust, and that this close working did not exist between Healthwatch and FT governors at all other Trusts.

Members noted the contents of the QACC Chair's report.

15.

Membership Group report

Mrs Hookings (LH) as Chair of the Membership Group presented the notes of the meeting which had taken place on 7 August and 6 November 2018.

LH informed the meetings of the work which had been undertaken at south Devon College, because of which 70 membership applications had been received immediately, thus strengthening the membership base in the Trust's younger age group.

A further event was due to be held early in the new year, looking at the various career opportunities available in the Trust, not just medical and social care, and if this proposed successful the presentation could be rolled out to other secondary schools and Academies in the area served by the Trust. Mrs Inger was looking to promote membership through Hospital Radio and Totnes Radio.

CN confirmed that the College was committed to working closely with the Trust at all levels and Mr Sutton asked if Torbay Pharmaceuticals could be involved with the engagement process.

The Chairman and CE thanked LH for the great efforts being made to promote membership of the Trust and CE commented that engagement with younger people was particularly welcome. Further support for the work of the membership Group would be available in the new year, once the membership secretary appointment had been made.

The meeting closed at 15.50

Details of the next meeting

22 March 2019, 10am – 12pm, Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital.

Cover sheet for a report to the Trust Board**Report title:** Chief Executive's Business Update **Date:** 6 March 2019

Report sponsor	Chief Executive				
Report author	Director of Strategy and Improvement Joint Heads of Strategic Communications				
Report provenance	Report reviewed by Executive Directors (26 February)				
Confidentiality	Public				
Report summary	An update from the Chief Executive of key corporate, local system and national initiatives and developments since the last meeting of the board.				
Purpose (choose 1 only)	Note <input type="checkbox"/>	Information <input type="checkbox"/>	Review <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input type="checkbox"/>
Recommendation	The Board is recommended to review the report and consider implications on the Trust's strategy and delivery plans.				

Summary of key elements

Strategic context	Strategic/corporate objectives this report aims to support: <ul style="list-style-type: none"> • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led
Dependencies and risk	This report is set in the context of the following corporate risks: <ul style="list-style-type: none"> • Available capital resources are insufficient to fund high risk/high priority infrastructure/equipment requirements/IT Infrastructure and IT systems. • Failure to achieve key performance standards. • Inability to recruit/retain staff in sufficient number/quality to maintain service provision. • Lack of available Care Home/Domiciliary Care capacity of the right specification/ quality. • Failure to achieve financial plan. • Delayed delivery of integrated care organisation (ICO) care model.
Summary of scrutiny	This report has been reviewed by Executive Directors (26 February)
Stakeholder engagement	This report is shared widely and forms the basis for Trust Talk, is published on the intranet and internet and is shared with Governors, MPs and other stakeholders
Other standards affected	Nil
Legal considerations	None

Report title: Chief Executive's Business Update	Date: 6 March 2019
Report sponsor	Chief Executive
Report authors	Director of Strategy and Improvement Joint Heads of Strategic Communications

1 Trust key issues and developments update

Key issues and developments to draw to the attention of the Board since the last Board of Directors meeting held on x December are as follows:

1.1 Safe Care, Best Experience

Winter update

We have faced considerable challenges this winter, but by making some quite major changes to patient flow we saw some initial significant improvements in December. Services were seriously challenged over Christmas and during January. We experienced a significant flu outbreak, as well as seeing problems with discharges when the whole system is under pressure. This led to some long waits in ED, and some patients have not had the high quality experience we would want for them. In response, we introduced some 'system reset' work, including a focus on discharges through the SAFER project and 'red to green' days on wards – ensuring that there is some 'value' to every day of a patients stay. We had previously requested a visit from the Emergency Care Intensive Support Team (ECIST), and this took place in January. The team suggested some ways to help us further embed changes made early on, in an effort to sustain the improvements originally seen in December.

Comment:

Due to the sustained pressure right across our system, we have been unable to return EAU3 to an assessment area, in line with our original plans. However, we are continuing to work with ECIST on our ward processes and have put in place rigorous system-wide monitoring, with weekly meetings led by our Chief Nurse, Jane Viner. Early daily discharges and weekend discharges to create capacity in our hospitals remain a focus for us.

Theatres

I have reported regularly to the Trust Board on our theatres situation, after the closures of Theatres A and B in November due to an air handling unit failure. Since November a number of other theatres have been out of action intermittently, with issues arising in relation to the age and general condition of the facilities. We have submitted a bid for emergency funding to support us in restoring our theatre resilience and are waiting to hear whether our bid has been successful. In the meantime, work is now underway to install new equipment in theatres A and B. This work will bring them up to date with modern requirements, at a cost of £1.8m, and both theatres are expected to re-open to patients in June.

We have put in place contingency plans to ensure as many people as possible have their surgery as planned, including offering Mount Stuart and the Plymouth Nuffield as alternative places to have their operations. We are prioritising those in greatest clinical need and those who have been waiting the longest. Our staff have been phenomenal in their response – working extra hours at weekends and staffing extra sessions in our day surgery theatres. As a result of these measures, we are treating 20% more patients through our day surgery unit and 5% more through main theatres.

We are continuing to engage with our Regulator, NHS Improvement, and I am pleased to report that our plan has received support as evidenced in my recent discussions with Adam Sewell-Jones, Executive Regional Managing Director for the South West.

Comment:

We are doing all that we can to maintain our operating capacity in very challenging circumstances. I wish to place on record my thanks to our staff, for their unfailing support, to our partners across Devon for their contributions and to our patients for their patience and understanding when we are not able to offer their surgery as soon as we would like.

CQC Visit Torbay Hospital

On Monday 11 February, the CQC attended Torbay Hospital to carry out an unannounced inspection of the Emergency Department ('ED'). This was one of a series of targeted inspections taking place on Mondays across a number of Trusts, when acute hospitals are very busy after the weekend. There were several triggers for this visit: Devon is in the spotlight due to the county-wide deteriorating performance against meeting the 4 hour standard; our own performance has deteriorated - in January our four-hour position was 66.1% for ED and 76.4% overall, against the national target of 95%; and finally, the CQC had received some complaints. On Monday during the visit, the department was extremely busy after a challenging weekend, but our team coped well and we are confident that the inspectors witnessed good care being provided under pressure. We have not yet received the formal feedback from the visit, but the verbal feedback on the day was that inspectors were impressed by the quality and safety of care they witnessed.

Orthopaedics recall

NHS Improvement (NHSI) and the British Orthopaedic Association (BOA) issued a Patient Safety Alert this month on the risk of harm from the wrong selection of plates used for fixation of fractures.

The trigger for this alert was two cases where reconstruction plates were used when the intention was to use an alternative plates, which later led to the plates buckling, both resulting in further surgery. Following these incidents, the Trust concerned undertook a comprehensive review and discovered five further cases where the incorrect plate was used.

Initial investigations have not identified a specific local cause for this error and therefore, NHS Improvement issued the alert to help prevent the same patient safety incident happening elsewhere in future. To date there have been no further reports of this issue from any other providers.

NHSI also asked all Trusts to identify all patients who had a plate fitted since 1 February 2018 for the treatment of shaft fractures, and to undertake a retrospective review of patient X-rays to ensure the correct plate was used. If the wrong plate has been fitted, the Trust concerned will contact patients directly to offer additional guidance to ensure the bone heals safely. In a very small number of cases the patient may be asked to come back to hospital for further treatment, but in most cases this will not be necessary.

Could it happen here? Our orthopaedic surgeons have reviewed all relevant cases. They identified two patients who have had reconstruction plates used to fix a fracture. Detailed reviews of the patients' notes and X-rays are ongoing at the time of writing this report. A further update will be provided at the Board meeting.

1.2 Well Led

Month 10 - Performance against the national NHS I Single Oversight Framework:

In January the Trust did not meet the following national performance standards or agreed planned improvement trajectories:

- Urgent care 4 hour standard – 76.4% (trajectory 90%)
- Referral to Treatment times (RTT) – 82.18% (trajectory 82.7%)
- Cancer 62 day wait for first treatment from urgent referral – 73.3% against standard 85%
- Diagnostic waiting times – 12% over 6 weeks (target 1%)

Urgent care 4 hour standard – In January, the Trust achieved 76.4% of patients discharged or admitted within 4 hours of arrival at Accident and Emergency Departments (ED), against 87.6% in December. December's performance was supported by the introduction of the new front door assessment model. It has not been possible to maintain the assessment spaces on the Emergency assessment ward (EAU3) due to escalation for inpatient bed capacity. The additional staffing as part of the front door assessment pilot has however maintained a focus on direct GP referral to medical teams and helped admissions avoidance and rapid discharge despite patients spending greater time within the Emergency Department. In this period the Trust has seen deterioration in Ambulance handover times.

Referral to Treatment times (RTT) – RTT performance has improved in January with the proportion of people waiting less than 18 weeks increasing to 82.16%. This remains below the Trust's trajectory of 82.67% and national standard of 92%. The total number of incomplete pathways and those over 18 weeks (waiting for treatment) continues to reduce. For January, 91 people will be reported as waiting over 52 weeks, an increase on last month's 74, although in line with the agreed recovery trajectory. The increase is primarily due to the ongoing issues with Theatres A and B. Teams continue working on mitigating actions to achieve a 31 March 2019 position of circa 70 people waiting greater than 52 weeks. Whilst the number of patients waiting over 52 weeks has increased, overall numbers waiting over 40 weeks have reduced by 8% since July. This is largely due to reductions in the number of outpatients waiting and good progress in reducing some of the longest outpatient waiting times.

Cancer waiting times – 62 day urgent referral to treatment - At 73.2% for January (as of 13th January 2019) forecast performance is below the 85% national standard. A significant element of achieving the 62 day treatment standard is the 14 day from urgent referral to appointment against which in January achieved 78.3% (December 79.7% against target 93%). Plans are on track to bring Urology urgent pathway for referral to appointment to 14 days by end of March. However, improvement on Colorectal pathways is now not expected until end of Q1 2019-20.

Diagnostic waiting times – The diagnostics standard was not met with 12% of patients waiting over 6 weeks against the standard of 1%. The deterioration (9.8% last month) reflects increased numbers waiting in both CT and MRI waiting times and recent increase in echocardiography. Mobile scanner visits are scheduled in February and March with improvement expected to 6% of patients waiting over 6 weeks by the end of March 2019.

Dementia find - The Trust achieved the Dementia Find standard in January. The data quality and reporting consistency of this standard is supported by time from dedicated HCA.

Month 10 financial performance against 2018/19 plan:

- **Overall financial position:** The financial position at 31st January 2019 is a £9.44m deficit, which is £3.23m behind the budgeted position
- **CIP savings delivery position:** The CIP target for year to date is £15.3m, against which a total of £14.6m has been delivered; an underachievement of £0.7m.
- **Forecast:** The forecast at Month 10 for the Trust is a deficit of £4.80m, against a plan of £1.73m. This represents a £6.53m gap to the financial performance including PSF.
- **Capital expenditure** is forecast to be circa £12.03m underspent.
- **The Finance Risk Rating** is a 3. The overall rating is forecast to drop to a 4 during Q4, due to Agency and the adverse forecast I&E position.

Comment:

During the first half of February 2019 our system has continued to experience significant pressure for inpatient beds with high variation in discharge levels particularly during weekdays and more significantly at weekends. Following two visits by the Emergency Care Intensive Support Team (ECIST) in January we have now received their formal feedback with a summary of recommendations that will be aligned to our current improvement plans. The immediate priority supported by these plans is to see the reinstatement of the front door assessment model and to maintain the safe care of patients passing through our system.

Whilst the month 10 financial position continues to be challenged the improvement in the forecast is mainly due to expected income from South Devon and Torbay CCG .

1.3 Valuing our Workforce, Paid and Unpaid

New delivery structure

When the integrated care organisation was formed in October 2015, the Trust took a 'lift and shift' approach to structure, to ensure operational continuity, and a new Community Services Division was created. We are now making changes to our operational delivery

structure to fully reflect our integrated approach and new ways of working. We are not aware of any other Trust attempting to do this and the complexity involved inevitably means it is taking some time to work through the detail.

We are focussing on delivery through two geographical systems, Torbay and South Devon, to align with our two council commissioners. The system leadership roles have been confirmed with just one post yet to be filled for the South Devon system.

The new delivery structure will map clinical pathways to locality teams and enhance clinical leadership. Each locality has a service theme it will manage for the whole organisation:

Torquay	children's services
Paignton and Brixham	long term conditions and cancer
Newton Abbot	urgent and emergency care
Coastal	planned care
Moor to Sea	older people, re-ablement and rehabilitation with accountability to Devon County Council for adult social care

Staff survey results

The results for the annual NHS staff survey, published last month, show positive responses to the majority of questions by staff at Torbay and South Devon NHS Foundation Trust (TSDFT). Over 43% of staff responded in the 2018 national survey, an increase on the number of responses to the 2017 survey and above the national average.

We performed at or above the national average in seven out of ten themes, and saw significant improvement against last year in most themes – including, perhaps most importantly, staff engagement. Most of our staff who responded look forward to coming to work and are enthusiastic about their work, with an increase in the number of people who feel that care is our Trust's top priority. People also feel that they're in a better position to share good ideas about how services can be improved.

Some of the key findings where the Trust outperforms the national average include:

- Staff engagement: Majority of staff (75%) are not thinking of leaving the Trust and most want to stay.
- Safety culture: Majority of staff (70%) feel secure in rising concerns about any unsafe clinical practice.
- Safe environment: Decline in staff experiencing violence from staff (-3%).
- Survey response rate: Improved from 37% in 2017 to 43% in 2018.
- Action taken: Staff say 80% per cent of areas surveyed showed improvement. In 2017 nearly 30% of areas worsened.

The results recognise there is room for improvement in a few areas, including the quality of staff appraisals and how employees are looked after at work when experiencing stress and aches and pain due muscular and bone problems. We will share the detailed feedback, when it is available, with all our teams and will be asking

for their ideas of how we can make changes that will improve their experience of working with our Trust.

Staff 'Heroes' and annual awards event

Congratulations to all our staff who were nominated for a Staff Heroes Award . The winners came together on Tuesday 5 February for a ceremony in the Bayview restaurant at Torbay Hospital, to receive their certificates and recognition for their hard work. The next Awards event will be held in April. Plans are underway for these bi-monthly awards to feed into an annual awards evening, with an intention to hold the first annual event in the last week of September 2019.

2 Chief Executive Engagement: February

Internal	External
<ul style="list-style-type: none">• Staff Side• Trust Talks• Freedom to Speak Up Guardians• Community LoF Chairs• Visits:<ul style="list-style-type: none">- Surgical Admissions	<ul style="list-style-type: none">• STP Chief Executive's Meeting• STP Programme Delivery Executive Group• STP Clinical Services Strategy Meeting• Joint Meeting with SDTCCG• Director of Adult Services and Housing, Torbay Council• Chief Officer for Adult Health and Care, DCC• Chief Officer for Children's Services, DCC• Sarah Wollaston MP• Mayor, Torbay Council• Speaker, HFMA CEO Forum• SW CEO Forum• SW EU Exit National Workshop• SW Regional Director, NHSI/E• SW Delivery and Improvement Director, NHSI• GP Leads• Meeting with the Interim Accountable Officer NEW Devon CCG/ South Devon and Torbay CCG

3 Local Health and Care Economy Developments

3.1 Service Developments/Changes

Children & Family Health Devon

The Clinical Commissioning Groups in Devon have awarded the children's and family health contract to an Alliance of local NHS providers led by Torbay and South Devon NHS Foundation Trust. The contract covering Devon and Torbay which begins on 1 April 2019 is for seven years with a possible extension of a further three years. The new service will be known as Children and Family Health Devon. The current contract is held by Virgin Care and the Alliance is working closely with them and also with commissioners to ensure there is a smooth transfer of services. The contract to run services in Plymouth was awarded to Livewell South West.

Services in Devon will initially remain the same as they currently are to ensure the transfer is both safe and smooth. However, we will be working with all stakeholders, in particular those who use the service and the staff who provide them, to develop the services so that we can achieve the collective vision over the coming months and years.

Health and Well Being Centre - Teignmouth

Work is continuing with South Devon and Torbay CCG to provide a new, fit-for-purpose Health and Wellbeing Centre in Teignmouth. I will brief the Board on any further developments at the Board meeting.

Dartmouth

The Board are asked to note that the next stakeholder working group is scheduled for April. Any further developments will be reported in the meantime.

3.2 Partner and partnership updates

Devon Sustainability and Transformation Partnership

Devon STP – Clinical Services Strategy

Dame Suzi Leather, Chair of Devon STP, has announced that Mairead McAlinden will lead the development of the STP's new Clinical Service Strategy.

Mairead is very well known across Devon: as well as being the previous Chief Executive she led the Devon STP 'Acute Services Review'. The development of a new Clinical Service Strategy builds on this work and will aim to provide a strategic view of the configuration of clinical services for the next 10 years and beyond. The STP intends this to provide a roadmap for sustainable, 'Best for Devon' clinical services, focusing on improving clinical and population outcomes and making best use of our workforce, funding and resources. The strategy will describe where services are best provided by working more closely together in clinical networks of care.

Comment:

We will be a key stakeholder in this work, as Dr Rob Dyer is Lead Medical Director for the STP. I very much look forward to working with Mairead again as she takes on this Devon-wide role.

Devon CCGs' developments

Devon Clinical Commissioning Groups ('CCGs') merger

From 1 April 2019, NHS Devon CCG will become a new statutory organisation, with a membership of 131 GP practices across Devon, Plymouth and Torbay. It will be formed through the merger of the two existing CCGs in Devon.

Devon CCG Chair

Dr Paul Johnson has been appointed as Clinical Chair for Devon Clinical Commissioning Group (CCG). Dr Paul Johnson, currently chair of NHS South Devon and Torbay CCG will assume the role on 1 April 2019.

Delegated commissioning for primary care medical services

Previously, both CCGs in Devon have commissioned primary care medical services jointly with NHS England. All decisions about these services had to be jointly agreed with NHS England. The majority of CCGs in England have delegated commissioning arrangements for primary medical services. Following a ballot of GP members, the two Devon CCGs will now assume full, day-to-day responsibility for commissioning general practice services from 1 April 2019. The ability to commission primary, community and acute care services will enable our CCGs to meet patient needs in a much more joined-up way, giving them greater influence over the development of any future primary care strategies.

Other partner news

Age-friendly status for Torbay

Torbay is to become one of only 30 places in the UK to achieve Age-friendly Status. Torbay, made up of Brixham, Torquay and Paignton has been accepted to join the 700 places around the world that have already received the coveted designation. It is a process that can take up to three years, but has the backing of both Torbay Council and the Trust and has been put forward as part of the legacy of the Big Lottery Community Funded ageing Well Torbay (AWT) programme. As part of the bid for Age-friendly Status AWT have been consulting with over 50's in the Bay, who make up just short of 50% of the community, to find out what they want and need to make Torbay a better place to live and grow older in. As a result, an Age Positive Charter has been drawn up and the Torbay Over 50's Assembly, which will have seats on the Torbay Health and Wellbeing Board, as well as other statutory bodies, will launch in April.

4 National Developments and Publications

Details of the main national and regional developments and publications since the last Board meeting on 5 December have been circulated to Directors through the weekly developments update briefings. There have been a number of items of particular note that I wish to draw to the attention of the Board as follows:

4.1 Government

NHS hospitals backlog of estates maintenance

There has been a national focus on the backlog of estates maintenance. According to one report, it will cost more than £3bn to carry out urgent repairs on NHS hospitals and crumbling hospitals are now putting staff and patients at growing risk, with more than 5,500 serious safety incidents reported last year, some of which resulted in death. The total sum needed to clear the maintenance backlog of "high-risk" and "significant-risk" problems jumped to £3.06bn in 2017-18, representing a rise of 102% in three years. During that period the Department of Health took £3.8bn from NHS capital budgets to plug holes in day-to-day spending.

Comment:

Maintaining our estate is a constant challenge, due to the age of much of our infrastructure and equipment. We use a risk assessment matrix to determine the prioritisation of our capital programme. The matrix scoring system uses a combination of both 'consequence' and the 'likelihood' of that event happening. The output of the initial scoring exercise is independently reviewed by two Trust Executive Directors and regularly reported to the Board.

The top estates priorities over the preceding five years have all represented fundamental risks to the continued functioning of safe core services. Over this period capital investment has been prioritised for: ICU, linear accelerators, and the main hospital boiler systems. The poor environment in the Trust's ED has also been highlighted as a risk both internally and by the CQC. The Trust's application for an emergency department and urgent care centre rebuild was successful in STP Wave 3 funding. The Trust's application for an emergency department and urgent care centre rebuild was successful in STP Wave 3 funding.

During this time theatre infrastructure was also prioritised on the corporate risk register however the priorities identified above, and progressed during the last five years, represented even higher risks. Two bids submitted (in 2016 and 2018) for emergency funding to address the theatres risks were unsuccessful. Following the failure of air handling systems leading to the closure of Theatres A & B, a new bid has been submitted, and we await the outcome.

In an innovative approach to estate management, last year we set up a joint venture with Health Innovation Partners to partner us in delivering our long-term estate strategy.

The Kark review of the Fit and Proper Person Test

The Kark Review, led by Tom Kark QC, has reported back on the effectiveness of the fit and proper person tests for senior NHS staff. The independent review sets out seven recommendations. Further details are awaited as to their implementation but for now the fit and proper person tests will be applied as per the previous guidance, although the Secretary of State for Health has already confirmed that the government will accept two of the recommendations: that '*all directors should meet specified standards of competence to sit on the board of any health providing organisation*', and '*the creation of a central database holding relevant information about qualifications and history about each director (including NEDs)*'. Baroness Dido Haring (Chair, NHS Improvement) has been asked by the Health Secretary to consider the remaining recommendations and how they can be implemented.

4.2 NHS England and NHS Improvement

A&E performance - January 2019

NHS performance against the four-hour accident and emergency target hit a record low in January on both the overall and type 1 category for major emergency departments. NHS England data published in February revealed overall A&E performance was 84.4 per cent – two percentage points down on December – against a target of 95 per cent. Type 1 data dipped around three percentage points from 79.3 per cent reported in December to 76.1 per cent. The previous record low since 2004 for the target last hit in

July 2015 was last March, when the NHS' overall figure was 84.6 per cent and Type 1 hit 76.4 per cent.

The deterioration came as demand rose to record levels. There were 564,000 emergency admissions in the month – 7.2 per cent higher than the same month last year and the highest number on record. Experts, however, argued there have been far lower rates of flu and winter vomiting viruses than last year, which should have eased pressures on hospitals. Instead, trusts were reporting bed occupancy levels running at 95 per cent – way over both NHSE's 92 per cent target and the 85 per cent level the royal colleges deem safe. Both our Trust and University Hospitals Plymouth were listed as amongst the 20 worst performing trusts.

Comment:

Ensuring people are seen and treated within a reasonable time in our Emergency Department (ED) is important and we know we have not always been able to achieve that this winter. To improve this we have invested £2.4m in more nurses on our wards and extra physicians and senior nurse leadership in our ED. We also made a number of changes to our acute medical assessment in December and as a result, we saw our monthly performance rise from 78% to 87%. However, ED was extremely busy over the Christmas holidays and with an increasing number of people with flu, January remained extremely challenging. Our staff want to do their very best for everyone in their care and always strive to provide the safest possible care by prioritising those patients in greatest need, but we are also conscious that some people have had very long waits in overcrowded conditions. We are working hard to improve this situation, including – as noted earlier in this report – working with the national Emergency Care Intensive Support Team (ECIST) and drawing on their learning from elsewhere in the country. In particular, we have focussed on enhancing the assessment process to make sure emergency patients are reviewed by a consultant as soon as possible; that we discharge people early in the day – and maintain a high level of patient discharges over the weekend; that we continue working with the ambulance service so people are taken to the most appropriate service for their needs; and that we respond even faster with support packages in the community.

Cancelled operations – performance Q3 2018/The latest figures from NHS England reveal that one in 13 operations cancelled at the last minute from October to December were not rescheduled within the mandatory 28 days set down by the NHS - the highest proportion for 14 years.

Comment:

We continue to focus on tackling the number of people having to wait more than 52 weeks, recognising the quality impact of this national performance target: anybody experiencing such a long wait for planned surgery is not receiving the standard of care we aim for. Our performance has inevitably been impacted by the ongoing issues with our theatres, covered elsewhere in this report. We are continuing to create additional capacity in our own theatres and working with other providers to mitigate the impact on our patients as much as we can, and have a target of reducing the number of people waiting more than 52 weeks for their surgery to c.72 by the end of March.

GP contract reform

NHS England and the British Medical Association's (BMA) GP committee have reached an agreement for general practice contract reform for the next five years, with the aim of supporting the delivery of the NHS Long Term Plan. They have jointly published a new framework for general practice over the next five years to 2023/24: Investment and evolution: A five year framework for GP contract reform to implement The NHS Long Term Plan. The contract introduces a range of changes aimed at addressing workforce pressures, supporting integration and joined up care, and facilitating efficient use of resources in general practice, as well as changes to the Quality Outcomes Framework (QOF) and the introduction of a new state-backed indemnity scheme. The changes are supported by a guarantee of investment of £4.5bn a year for community services and primary care, to implement the 'triple integration' of primary and specialist care, physical and mental health services, and health and social care.

Comment:

Initiatives forming part of the increased investment in primary and community services and increasing integration between the two, including rapid community response and enhanced health in care homes will have implications for the way we resource services, plan care, and work with our local partners. We will need to work as a local system to ensure that the recruitment of staff into general practice, in particular physiotherapists, does not have an adverse effect on our ability to recruit and retain staff in these roles.

4.3 Other bodies

Public Health England

Thousands treated in intensive care for flu this winter

New figures from Public Health England reveal that over 2,000 people across Britain have needed treatment in intensive care for flu this winter, despite the virus circulating at lower than usual levels. Dr Nick Scriven, president of the Society for Acute Medicine, claimed that the statistics could point to an unusually virulent strain and urged people in vulnerable groups, including pregnant women and over-65s, to make sure that they had received their flu jab, with the unvaccinated appearing at greatest risk. Figures reveal that since October there have been 2,182 admissions to an intensive care or high dependency unit with the flu, and there have been 195 deaths.

Comment:

We continue to see patients admitted to the hospital due to being seriously affected by the flu virus. However, we are not seeing an increase in the number of cases, compared to normal seasonal flu, where we see a number of serious cases and deaths each year.

Seasonal influenza A(H1N1)pdm09 (which emerged in the 2009 pandemic and was previously called 'swine flu') regularly circulates in winter. Early data indicates that it is now the dominant strain this season and that it is well matched to the A(H1N1)pdm09 strain in this year's flu vaccines.

Our staff flu vaccination campaign has continued over the winter.

5 Local Media Update

News release and campaigns highlights:

- **New arts programme**

A media release was issued about the launch of a new arts programme called 'HeArTs – Health and the Arts in Torbay and South Devon'. HeArTs aims to facilitate a range of projects across a variety of health, social care and community settings for expressive, restorative, educational and therapeutic purposes. HeArTs also curates projects that connect with local environmental organisations and conservation programmes to explore the emotional and physical effects of nature on health and wellbeing. The first exhibition, in the newly refurbished HeArTs Gallery, features a series of photographs by Hannah Maule-Finch. These showcase work of the Filo Project, which offers high quality day care for small groups of older people. The service supports individuals who are socially isolated with many experiencing symptoms associated with moderate dementia, including memory loss. The exhibition asks us to look beyond the stereotype of dementia to see the person within the patient.

- **New 'hub' for League of Friends**

We celebrated with Torbay Hospital's League of Friends the opening of their newly refurbished area in Torbay Hospital. The new space provides a dedicated hub from which the League can provide their range of services. The League of Friends is a charity that over the years has made significant contributions to improve levels of care for the people of Torbay and South Devon through fundraising events and donations. This includes funding towards the Critical Care Unit at Torbay Hospital and purchasing new high-tech medical equipment for multiple teams across the Trust.

- **CQC Patient Survey - Maternity services**

- We publicised the great results that our maternity team achieved in the CQC patient survey. They deliver around 2,000 babies a year and the CQC survey was completed by 140 women who had given birth either at home, at Newton Abbot Community Hospital (Whitelake midwifery led unit) or at Torbay Hospital. New mums gave very positive feedback about their experiences and the Trust scored better than other Trusts in 15 of the questions and scored similarly to other organisations in 36 areas including being involved in the decisions made about care, being listened to, being treated with kindness and understanding and receiving help and advice in the post-natal period as well as consideration and support for emotional health.

6 Recommendation

The Board are asked to **review** the report and **consider** any implications on the Trust's strategy and delivery plans.

JD/CF/JG
1 March 2019

Torbay and South Devon NHS Foundation Trust

Torbay Hospital

Quality Report

Hengrave House
Torbay Hospital, Lowes Bridge
Torquay
Devon
TQ2 7AA
Tel: 01803 614567
Website: www.torbayandsouthdevon.nhs.uk

Date of inspection visit: 11 February 2019
Date of publication: This is auto-populated when the report is published

This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Urgent and emergency services

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out an unannounced focussed inspection of the emergency department at Torbay Hospital on 11 February 2019.

We did not inspect any other core services or wards at this hospital or any other locations or services provided by Torbay and South Devon NHS Foundation Trust. During this inspection we inspected using our focussed inspection methodology. We did not cover all key lines of enquiry. We did not rate this service at this inspection.

Torbay Hospital (unscheduled care) provides an emergency medicine service through a Type 1 Emergency Department (ED) including trauma. There is a minor injuries service provided by the emergency nurse practitioner service with consultant-led support.

Our key findings were:

- There were appropriate processes for the initial assessment, triage and streaming of patients who presented via the front-door. Patients conveyed to Torbay Hospital via ambulance received timely initial assessments before being transferred to the rapid assessment and treatment area for subsequent clinical management.
- The department implemented patient safety initiatives including early warning systems and patient safety checklists.
- Care and treatment was planned and carried out in a timely way.
- The leadership team had worked to reduce the total nurse vacancy factor so that by the end of April 2019 there will be approximately 1.5 whole time equivalent vacant Band 5 posts. Departmental leaders reviewed the competency and skill mix of staff to ensure sufficient numbers of staff were deployed across the department.
- Compliance against constitutional standards remained a challenge. However, new models of care and the introduction of well-rehearsed escalation protocols were starting to show signs of some incremental improvement.
- The department had a strategy to ensure patients were managed as safely and effectively as possible, especially during times of surge activity.
- Professionals from across the hospital took responsibility for the delivery of the emergency care pathway. Strong team working and a multi-disciplinary approach was evident. A "Can do" attitude was present with staff reporting good morale across the department and wider hospital.
- Risks were identified and well managed. The trust acknowledged areas for improvement which they were responsible for delivering.
- Staff reported some concerns over the commissioning arrangements for some cohorts of patients, including those who presented with mental health conditions. Staff recognised more needed to be done to address a perception of health inequality for this group of patients.

However:

- The environment in which patients received care and treatment remained a challenge. Staff acknowledged the constraints of the department and had developed plans to improve the department through a new build which had received capital investment.

Whilst we do not consider the provider to be in breach of regulations we have identified some areas which require improvement. Specifically, the provider should:

Ensure the mental health assessment room continues to meet national service specifications at all times.

Ensure children are directed to an appropriate waiting area in accordance with national service specifications.

Summary of findings

Dr. Nigel Acheson

Deputy Chief Inspector of Hospitals (South)

Torbay Hospital

Detailed findings

Services we looked at

Urgent and emergency services;

Detailed findings

Contents

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Our inspection team

The team included a CQC inspector and three specialist advisors: a clinical fellow who specialised in neurology and acute stroke management; an emergency care consultant; and an experienced emergency care nurse.

The inspection was overseen by Mary Cridge, Head of Hospital Inspection for South West England.

Urgent and emergency services

Safe

Responsive

Well-led

Overall

Information about the service

Torbay and South Devon NHS Foundation Trust provides a number of services across South Devon, mainly but not exclusively within the Teignbridge, Torbay and South Hams district areas. The trust provides a service to a population of around 375,000 people, plus around 100,000 visitors at any one time during the summer holiday season. Acute services are provided at Torbay Hospital located in Torquay.

Torbay and South Devon NHS Foundation Trust was created on 1 October 2015 when South Devon Healthcare NHS Foundation Trust, that provided acute services at Torbay Hospital, merged with Torbay and Southern Devon Health and Care NHS Trust, that provided community health and social care services.

Torbay Hospital (unscheduled care) provides an emergency medicine service through a Type 1 Emergency Department (ED) including trauma & cardiology. There is a minor injuries service provided by the emergency nurse practitioner service with consultant-led support.

The department has:

- 16 majors' cubicles (including side rooms) of which 3 cubicles were assigned to ambulance triage and rapid assessment.
- Four bedded resuscitation room where both adults and children are seen
- A separate children's assessment area
- A designated mental health room
- A clinical decision unit

Torbay Hospital emergency department supports the treatment of patients presenting with minor, major and traumatic injuries. Serious traumatic injury patients receive stabilisation therapy, before transfer to the major trauma centre at a neighbouring NHS trust.

We previously inspected the emergency department at Torbay Hospital in May 2017 to determine whether improvements had been made following an inspection we undertook in February 2016. We rated it as good overall.

Urgent and emergency services

Summary of findings

This was a focused inspection so we have not inspected the whole of each key question. Therefore there is no rating.

- There were appropriate processes for the initial assessment, triage and streaming of patients who presented via the front-door. Patients conveyed to Torbay hospital via ambulance received timely initial assessments before being transferred to the rapid assessment and treatment area for subsequent clinical management.
- The department implemented patient safety initiatives including early warning systems and patient safety checklists.
- Care and treatment was planned and carried out in a timely way.
- The leadership team had worked to reduce the total nurse vacancy factor so that by the end of April 2019 there will be approximately 1.5 whole time equivalent vacant Band 5 posts. Departmental leaders reviewed the competency and skill mix of staff to ensure sufficient numbers of staff were deployed across the department.
- Compliance against constitutional standards remained a challenge. However, new models of care and the introduction of well-rehearsed escalation protocols were starting to show signs of some incremental improvement.
- The department had a strategy to ensure patients were managed as safely and effectively as possible, especially during times of surge activity.
- Professionals from across the hospital took responsibility for the delivery of the emergency care pathway. Strong team-working and a multi-disciplinary approach was evident. A "Can do" attitude was present, with staff reporting good morale across the department and wider hospital.
- Risks were identified and well managed. The trust acknowledged areas for improvement which they were responsible for delivering.
- Staff reported some concerns over the commissioning arrangements for some cohorts of

patients, including those who presented with mental health conditions. Staff recognised more needed to be done to address a perception of health inequality for this group of patients.

However:

- The environment in which patients received care and treatment remained a challenge. Staff acknowledged the constraints of the department and had developed plans to improve the department through a new build which had received capital investment.

Urgent and emergency services

Are urgent and emergency services safe?

As this was a focused inspection we have not inspected the whole of this key question therefore there is no rating.

- There were appropriate processes for the initial assessment, triage and streaming of patients who presented via the front-door. Patients conveyed to Torbay hospital via ambulance received timely initial assessments before being transferred to the rapid assessment and treatment area for subsequent clinical management.
- The department implemented patient safety initiatives including early warning systems and patient safety checklists.
- Care and treatment was planned and carried out in a timely way.
- The leadership team had worked to reduce the total nurse vacancy factor so that by the end of April 2019 there will be approximately 1.5 whole time equivalent vacant Band 5 posts. Departmental leaders reviewed the competency and skill mix of staff to ensure sufficient numbers of staff were deployed across the department.

However:

- The environment in which patients received care and treatment remained a challenge. Staff acknowledged the constraints of the department and had developed plans to improve the department through a new build which had received capital investment.

Environment and equipment

- The emergency department had a triage area which was located at the main reception area; 16 major's cubicles of which space was also allocated to ambulance triage and rapid assessment; a dedicated minor injuries area; and a four-bed resuscitation area with one bay designated as a children's resuscitation bed space although could also be used to manage adults. In addition, the department had a five bed children's assessment area which also included a separate children's waiting area.
- The emergency department was not designed to accommodate the number of patients who attended the department and there was frequently not enough

physical space to accommodate all patients in a safe and appropriate environment. We had previously raised this as an area which required improvement. Staff told us flow across the emergency pathway had improved but accepted it had not been entirely resolved. Nursing patients along the corridor was reported to be the "Norm" for the department, in part due to the poor footprint. Following the Department of Health's announcement that the trust was to benefit from funding of up to £13m to improve urgent and emergency services for local people, plans were being developed to improve the urgent care environment to meet modern healthcare requirements.

- We observed staff working dynamically to ensure there was sufficient clinical space to assess and review patients. This meant there was no requirement for patients to be actively treated in the main corridor. However, we noted patients experienced multiple moves to different parts of the department during their assessment and treatment.
- Where we observed patients being held in the main corridor, a nurse had been allocated to meet the ongoing needs of patients. We spoke with three patients who were receiving care whilst being accommodated on the main corridor. Each patient reported nursing and medical staff had been responsive to their needs; patients were aware of the treatment plans and anticipated waiting times.
- We observed the resuscitation room to be operating at full capacity during the inspection. Additional capacity had been identified as an escalation area in the event a fifth bed space was required. We observed medical and nursing staff undertaking risk assessments to establish whether patients still required treatment within the resuscitation area or whether they were sufficiently stable to be transferred to the major's department.
- We previously reported the department had created a mental health suite which was used to assess and treat vulnerable patients. At this inspection we observed the room to be well utilised. However, we noted a door in the mental health suite which led to the breakout area (used by staff in the event of an emergency) was unlocked. This door led to an office which contained multiple ligature points. We raised this with the trust at the time of the inspection following which action was taken to resolve the issue.

Urgent and emergency services

- There was a separate children's area which was secure and not overlooked by adult patients or visitors. However, during the inspection we observed one child who was waiting for treatment who had been asked to wait in the main waiting room alongside adult patients. This was despite the children's waiting area being empty and thus able to accommodate the child. We raised this with staff at the time of the inspection who provided assurances that this would be addressed as a priority.
- There was sufficient equipment such as adult, infant and paediatric pulse oximeters, blood pressure machines, thermometers, oxygen and suction for the number of patients requiring these. Patients had access to call bells to call for staff if required.
- Resuscitation equipment was available and fit for purpose. It was stored in appropriate trolleys which were sealed with a tamper evident tag. Safety checks were carried out daily.

Assessing and responding to patient risk

- National standards require 95% of patients to have had an initial assessment within 15 minutes of arrival to the department. For patients who presented via ambulance, the trust reported a median time to initial clinical assessment of zero minutes since November 2017. Our observation of the process suggested minimal waits were encountered by ambulance crews when they arrived at the department. A nurse was allocated to the ambulance triage area which was observed to be staffed at all times. Nurses had access to a screen which provided real-time information on any ambulances currently en-route to the hospital. On arrival, nurses received a handover from the ambulance crew, carried out an initial set of physical observations on patients and determined whether the patient was stable or required immediate escalation to a clinician. Once assessed by the nurse, the patient was then placed in a corridor queue until there was sufficient capacity for the patient to be seen by the rapid assessment team where further diagnostics and assessments were undertaken.
- The department had a safe triage system which was aligned to a nationally recognised triage system. This categorised patients according to a risk rating of one to five. For example, level two was a threat to life which required immediate nurse assessment and to see a doctor within 15 minutes; and level four was a moderate risk, to see a nurse within one hour and a doctor within two hours.

- Patients who presented to the emergency department independently (walk-in) were first booked in by a member of the administration team. Once checked in, staff told us patients would then be triaged by a nurse and this was observed during the inspection. Triage nurses undertook timely assessments of patients using a range of criteria; for example patients presenting with head injuries were assessed against the Glasgow Coma Scale to determine their neurological status. There was an escalation protocol which allowed patients presenting with specific conditions to be prioritised and moved from triage to either the resuscitation bay, majors or the rapid assessment area. For example, if a patient appeared seriously unwell or who presented with time-critical symptoms such as those with symptoms of stroke or heart attacks.
- As part of their induction all reception staff had received training on 'red flag' presenting complaints and the deteriorating patient. Red flags are signs and symptoms that indicate the possible or probable presence of serious medical conditions that can cause irreversible disability or untimely death unless managed promptly.
- The department operated a range of clinical protocols for the management of specific conditions. For example, staff had access to a sepsis care bundle for those patients at risk of or who presented with sepsis indicators. We reviewed 10 patient records which confirmed staff consistently used the relevant early warning tools and sepsis assessment forms. Patients at risk of pressure damage or who were identified as being at risk of malnutrition or venous-thrombo embolism (VTE) were risk assessed with appropriate mitigations put in place to reduce the risk of harm.
- Staff used an electronic patient record which prompted them to complete all relevant risk assessments including the completion of early warning scores, safeguarding and mental health assessments. The national early warning score (NEWS) and the paediatric early warning score (PEWS) were used to identify deteriorating patients in accordance with National Institute of Health and Care Excellence (NICE) Clinical Guidance (CG) 50: 'acutely ill adults in hospital: recognising and responding to deterioration' (2007). We looked at 10 NEWS/PEWS charts and saw that they were completed correctly and regularly. NEWS is a point system implemented to standardise the approach to detecting deterioration in patients' clinical condition. On the charts reviewed, clinical observations were

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repeated in line with the previous score and escalated when scores were elevated. Due to the configuration of the software used by the department, we noted that whilst it was possible for nurses to review the trends of NEWS scores for adults, this function was not present for paediatric patients. This meant nursing staff were required to individually review and retrospectively review individual PEWS scores to help them identify any trends.

Nurse staffing

- Staffing had been reviewed using recognised acuity tools. Safe staffing levels and staff to patient ratios had been defined and increased since our inspection of 2016. This included an increase in the nurse cover for the resuscitation area, which had increased from one to two nurses. The department had also employed a band seven nurse coordinator to manage patient flow from 8am to 11pm, seven days a week. The assessment of staffing continued throughout the day to ensure sufficient numbers of staff were always deployed. We observed a "Control Room" meeting at 4pm during which staffing levels, department activity and residual risk scores were considered to ensure there were appropriate numbers of staff to support the night shift.
- The emergency department was consistently staffed with appropriate numbers of suitably skilled and experienced staff to ensure people always received safe care and treatment. The leadership team had worked to reduce the total nurse vacancy factor so that by the end of April 2019 there will be approximately 1.5 whole time equivalent vacant Band 5 posts.
- At all times throughout our inspection, we found the skill mix of staff to be suitable for the needs of the emergency department, with actual staffing levels meeting the planned levels. Senior staff had oversight of the staffing within the department and moved staff around to ensure all areas were safe and they were able to manage surges in demand.
- The department had both bank staff and agency staff who were used regularly. All the bank and agency staff we spoke with had completed an induction and were familiar with the department. These staff were able to cover some of the short notice issues such as sickness and likely increased demand.
- The children's emergency department was staffed with a qualified children's nurse 24 hours a day, seven days a week. In addition to children's nurses, the department

had one paediatric practitioner who had been trained to undertake advanced skills including cannulation and phlebotomy. This individual worked under the auspices of delegated responsibility and so nursing staff remained responsible for the practitioner's actions. Nursing staff reported some challenges with recruiting qualified children's nurses. This meant only one children's nurse could be deployed at any one time to support the children's emergency department. To mitigate against any risks, nurses working in the adult emergency department undertook competencies to enable them to assess and manage the acutely unwell child; this was consistent with national best practice recommendations.

Medical staffing

- There was a consultant present in the department for 14 hours a day, seven days a week, with a registrar (ST4) available 24 hours a day. Current staffing and job plans allowed for two consultants to be present Monday to Friday from 8am to 10pm and for one consultant to be present from 8am to 10pm at weekends. One consultant was available on-call out of hours to support the specialist trainee and other junior doctors, as well as responding to trauma calls and any paediatric cardiac arrest scenarios.
- At the time of the inspection, the department had 10 substantive consultants who worked full time, one locum consultant (full time) and one part time consultant. The department did not have any paediatric emergency medicine consultants; however, this was recognised as an area for development.
- During the working week, one consultant was allocated as the consultant in charge and oversaw the rapid assessment area as well as supporting junior doctors. A second consultant facilitated emergency care clinics as well as reviewing x-rays to determine if any fractures or other conditions had possibly been missed requiring patients to be recalled to the department or referred to other specialities.
- Consultant led board-rounds occurred three times a day at 8am, 2pm and 10pm. This allowed both nursing and medical staff to review all patients in the department; to consider staffing levels; to review the residual risk score of the department and to develop any necessary

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actions. Escalation of patients also happened because of the consultant board-round to ensure patients were progressed through the emergency care pathway with as little delay as possible.

- We saw consultants working clinically in the department. They led the treatment of the sickest patients, advised more junior doctors and ensured a structured clinical handover of a patient's treatment when shifts changed. Handovers between different teams of doctors was well-structured and detailed. Junior doctors were present at board rounds so they could update the lead consultant.
- Since December 2018, the trust had introduced acute physicians direct into the emergency department to help support patient flow and to enable early decisions to be made about medical patients. Predominantly supporting the emergency department Monday to Friday between 9am and 5pm, acute medical physicians worked collectively to review all medical patients who were in the emergency department, either with a decision to admit but no bed being available or where patients were requiring extended care but not requiring admission to hospital. Specialist trainee medical doctors and junior doctors were observed to be in the department reviewing blood results and other diagnostic tests and ensuring regular medicines were prescribed for patients. These interventions helped support early decisions about the care for patients, including the discharge of patients from the emergency department with appropriate safety-netting advice and mechanisms to ensure patients were discharged safely.

Are urgent and emergency services responsive to people's needs? (for example, to feedback?)

As this was a focused inspection we have not inspected the whole of this key question. Therefore there is no rating.

- Compliance against constitutional standards remained a challenge. However, new models of care and the introduction of well-rehearsed escalation protocols were starting to show signs of some incremental improvement.

Access and flow

- There was a greater proportion of ambulance handovers delayed over 60 minutes in January 2019 than in December 2018. From 7 to 20 January 2019, 1.1% of ambulances had handover delays over 60 minutes. 0.8% From 21 January to 3 February 2019, 0.8% of ambulances had handover delays over 60 minutes. This was similar to the England average performance.
- The total time (median) in A&E for all patients was 0.8 of an hour in November 2018. This was similar to the England average of 1.1 hours, but worse than the previous year (0.7 of an hour in November 2017).
- Most patients spent less than four hours in the trust's type 1 major A&E department in December 2018 (82.5% of patients). This was worse than the England standard of 95% but marginally better than the England overall average of 79.3%.
- In December 2018, four patients waited more than 12 hours from a decision to admit being made to admission. This was much worse than the England average, and worse than the trust's performance in December 2017.
- The trust's time to treatment in November 2018 was 60 minutes. This is an increase of the hospitals previous time to treatment performance which was reported as being between 36 and 43 minutes for most of 2018. It is important to note the 60 minute performance time was in line with national performance.
- We had previously reported the design and layout of the emergency department was no longer suitable to meet the growing demands of the service. During this inspection we noted the department to be under operational pressure; the trust was reported to be operating at Operating Pressures Escalation Level (OPEL) 3. OPEL provides a nationally consistent set of escalation levels, triggers and protocols for local A&E Delivery Boards and ensures an awareness of activity across local healthcare providers. Escalation levels run from OPEL 1; The local health and social care system capacity is such that organisations can maintain patient flow and are able to meet anticipated demand within available resources, to OPEL 4; Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care.
- We observed patients being held along the main corridor of the emergency department and within the minor injuries unit; some patients had been in the department for extended periods due to a lack of beds

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across the hospital. We noted the bed position improved during the inspection resulting in patients being discharged across the hospital. This allowed patients in the emergency department to be admitted to inpatient beds.

- There were systems in place to manage the flow of patients through the emergency department to discharge or admission to the hospital. The operations control room and clinical site team could see on the computer system the length of time patients had been in the emergency department, along with who had been referred and required admission. The system allowed them to have an overview of bed availability and the flow of patients coming into the emergency department. The trust used a risk-based scoring system to help them identify peak times or when the acuity of patients in the emergency department had reached a critical point. We observed medical physicians supporting the emergency department during peak times, as well as speciality doctors responding in a timely way to review their patients and support emergency care staff to develop treatment plans. The departmental risk score was discussed at regular "Control Room" meetings throughout the day and plans made. The general manager worked closely with the nurse in charge of the department to facilitate communication to the operations team. We saw evidence of this during our inspection.
- The clinical site team provided cover 24 hours a day, seven days a week. They had an oversight of acute and emergency flow, along with ensuring capacity was maintained.
- To help improve flow across the department, and therefore enhance the safety and effectiveness of the emergency department, developments to the ambulatory care pathway had been trialled. However, at the time of the inspection this trial had been halted due to the need for additional in-patient bed capacity within the 'emergency village'. In-patient bed occupancy had also been reported to be higher in part due to an unexpected reduction in the availability of packages of care within the community. This had been reviewed by the trust and remedial action taken to ensure appropriate intermediate care hours were more readily available. It was not possible to assess the impact of the proposed interventions at the time of the inspection.

Are urgent and emergency services well-led?

As this was a focused inspection we have not inspected the whole of this key question. Therefore there is no rating.

- The department had a strategy to ensure patients were managed as safely and effectively as possible, especially during times of surge activity.
- Professionals from across the hospital took responsibility for the delivery of the emergency care pathway. Strong team-working and a multi-disciplinary approach was evident. A "Can do" attitude was present, with staff reporting good morale across the department and wider hospital.
- Risks were identified and well managed. The trust acknowledged areas for improvement which they were responsible for.
- Staff reported some concerns over the commissioning arrangements for some cohorts of patients, including those who presented with mental health conditions. Staff recognised more needed to be done to address a perception of health inequality for this group of patients.

Vision and strategy for this service

- At the time of our focussed inspection, the department was operating at an escalated state. Whilst an internal major incident had not been declared, the trust's 'emergency department full' protocol had been implemented. Operational leads were present in the department to help improve flow across the hospital. Staff told us they now considered the trust escalation protocol to be an effective process. Improvements were reported in terms of speciality doctors supporting the emergency department during times of surge.
- Regular "Control Room" meetings meant plans could be developed to manage the risk within the emergency care pathway; quality issues and patient experience concerns were discussed and actions identified to resolve any identified problems. Actions were reviewed and closed if appropriate or alternative plans identified to ensure on-going challenges were resolved. These meetings were facilitated by members of the executive team and supported by leaders from community and in-patient services.

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Governance, risk management and quality measurement

- There was a consensus across the wide range of health and operational professionals we spoke with that management of risk within the emergency care pathway was a trust-wide responsibility. At a local level, a triumvirate including a clinical lead, matron and business manager co-ordinated the day-to-day management of the department, including the completion of audits, reviews of risk registers, staffing challenges, quality and patient safety. However, it was apparent representatives from across the hospital had worked to help address quality, operational performance and patient safety agenda items. The introduction of new models of care, including the introduction of acute medical physicians to the emergency department, confirmed this concept of joint ownership of risk.
- Junior staff told us they could escalate any concerns to the leadership team and were confident action would be taken. There were no contradictory ideas or perceptions of "learned helplessness" in the department in regards to having to provide corridor care to patients. Staff were committed to providing the best possible care and as positive a patient experience as was possible within the existing footprint of the department. Staff were heavily critical of the requirement to bed patients within the minor injuries unit during times of surge as they recognised the environment was far from suitable. We observed staff working hard to free-up bed capacity across the hospital to ensure the minor injuries unit was decongested of bedded patients.

Culture within the service

- In 2017 we reported the culture of the department was "one of pride and optimism for the future". There was a

consensus amongst staff that this was still the case, despite the challenges of working in a department which was not fit for purpose. Staff were optimistic and excited by the recent announcement that the trust had received funding to improve the urgent and emergency care service. Staff reported even greater team working across specialities; the concept of the hospital owning the emergency care pathway and the risks associated with it were testament to the team approach.

- There was a sense more could be done to improve patient experience. Staff were committed to ensuring patients received safe care. Staff were able to provide examples of where they had escalated their concerns to senior managers who then acted to resolve those concerns. Commissioning challenges and variation to the access of services was raised during the inspection, specifically in relation to patients requiring support from specialist mental health teams. Staff described an almost "post-code lottery" in terms of the services available to some patients. Staff told us there was some level of health in-equality for some patients. This was because the responsiveness of some externally commissioned services to provide timely care and assessment to patients presenting in a mental health crisis was variable. It was clear from our discussions with staff this was a pressing concern for the department and led to some staff feeling frustrated by the challenges of "the system". Senior staff could describe the escalation actions they had taken with commissioners and external providers to ensure such barriers were addressed. However, some staff considered little had changed and felt this impacted on the morale of the team when there was a perception patients suffered from poor care provision.

Outstanding practice and areas for improvement

Outstanding practice

During the inspection we observed staff going the extra mile to support a patient who was registered blind. Staff were available to support the individual through the emergency care pathway, including escorting the patient from another department in the hospital. Staff were patient, provided clear explanations to the patient and organised appropriate onward transport for the patient.

The presence of acute physicians within the emergency department was considered by staff as being an

exceptional benefit for patients. Acute physicians were present across the day to help support emergency staff to develop care and treatment plans for patients who were subsequently discharged; staff reported these patients may have previously been admitted for periods of up to one day whilst they were diagnosed and subsequently treated during medical ward rounds.

Areas for improvement

Action the hospital **SHOULD** take to improve

- Ensure the mental health assessment room continues to meet national service specifications.
- Ensure children are directed to an appropriate waiting area in accordance with national service specifications.

These two areas are something that is required as part of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the suitability of the premises. It was considered it would not be proportionate for these two findings to result in a judgement of a breach of the Regulation overall at Torbay Hospital.

COUNCIL OF GOVERNORS MEETING

Report title: Company Secretary's Report	Meeting date:22/03/19		
Report appendix	Appendix 1: Council of Governors 2019 Workplan		
Report sponsor	Company Secretary		
Report author	Company Secretary		
Report provenance	n/a		
Purpose of the report and key issues for consideration/decision	The report provides corporate governance updates on matters of relevance to the Council of Governors.		
Action required	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	To receive and note the Company Secretary's Report.		

Summary of key elements

The Council of Governors to receive and note updates on the following:

- (i) Governor elections - 2019
- (ii) Governor year-end declarations of interests
- (iii) Governor training and development
- (iv) Governor self-assessment workshop
- (v) Council of Governors 2019 Workplan

Strategic objectives supported by this report	Safe, quality care and best experience	Valuing our workforce	
	Improved wellbeing through partnership	Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	n/a	Risk score
	Risk Register	n/a	Risk score

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

Report title: Company Secretary's Report	Meeting date: 22/01/19
Report sponsor	Company Secretary
Report author	Company Secretary

Introduction

The report provides corporate governance updates on matters of relevance to the Council of Governors.

The Council of Governors to receive and note updates on the following.

1. Governor Elections - 2019

The results of the 2019 elections have been announced. These are:

Teignbridge

Carol Day (re-elected)
 Chris Edwards
 Eileen Engelmann
 Annie Hall (re-elected)
 John Smith (re-elected)

Torbay

Leah Davies
 Lynne Hookings (re-elected)

South Hams and Plymouth

Craig Davidson (unopposed)
 Mary Lewis (unopposed)

We would particularly like to welcome our new Governors – Leah Davies, Chris Edwards and Eileen Engelmann to the Council of Governors.

Action required: To receive and note the 2019 elections report.

2. Governor Year End Declarations of Interests

As part of the year end reporting requirements, Governors are required to declare any material interests they may have. The declarations process is a regulatory requirement and also forms part of the external audit year end process.

Action required: Governors are asked to submit any updates to their interests by completing a declarations of interests form and returning to the Company Secretary by 12 April.

3. Governor Training and Development

The NHS Providers Annual Governor Focus Conference will be held on 9 May, and all Foundation Trusts have been allocated two free places for governors. Booking confirmation is required by 31 March.

As well as governor attendance at the conference, Trust's are also invited to apply for a free exhibition stand as part of the '*Governor showcase*' exhibition. The Trust has submitted an application to exhibit its recent work on membership engagement with South Devon College. NHS Providers will contact all successful Trusts during the week commencing 25 March. If successful, a further two free places will be allocated for the purpose of manning the stand.

Action required: Expressions of interest to attend the conference are requested by 27 March. The final allocation of places will be confirmed once the Trust knows if the application for an exhibition stand has been successful.

4. Council of Governors Self-Assessment Workshop

Following the self-assessment workshop held on 27 February, in which Governors suggested a number of ideas about how to further enhance the contribution of the Council of Governors, I would like to propose that a task and finish group is set up for the purpose of developing an action plan.

Action required: Expressions of interest to join the task and finish group are requested by 12 April.

5. 2019 Council of Governors Workplan

The 2019 workplan for the Council of Governors is presented for information.

Action required: To receive and note the 2019 Council of Governors Workplan.

Airedale NHS Foundation Trust
Council of Governors 2019 Agenda Plan

Agenda item	27 February Board to Council (private)	22 March Quarterly meeting	22 May Board to Council	19 June Quarterly meeting	23 July Board to Council (private)	25 September Quarterly meeting/ AGM	23 October Board to Council (private)	18 December Quarterly meeting
Chairman's Report		X		X		X		X
Chief Executive's Report		X		X		X		X
Annual Quality Account				X				
Annual Report and Accounts				X				
Annual Plan	X		X	X		X	X	
Annual Plan Governor feedback report	X		X				X	
Forward Agenda Plan		X		X		X		X
Governor events – feedback		X		X		X		X
Lead Governor's Report (inc constituency reports)		X		X		X		X
Feedback from Cttee's/Working Groups		X		X		X		X
Governor's Communication Log		X		X		X		X
Auditors Report to Governors						X (agm)		
Register of Interests				X				
Lead/Deputy Governor appt. process				X				
Appointment of Lead/Deputy Governor						X		
Appointment of NED		X						
Company Secretary's Report		X		X		X		X
Annual cttee/group membership review						X		
Membership Strategy – annual review				X		X (agm)		
Elections update report		X		X				
Election results report		X						
Ad hoc reports/presentations		X		X		X		X
2019 Annual Members Meeting						X		

Council of Governors

Friday 22 March 2019

Agenda Item:	4.2
Report Title:	Lead Governor's Report
Report By:	Lead Governor
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

- 1.1 Topical areas of interest presented by the Lead Governor arising since the last Council of Governors meeting on 12 December 2018.

2. Main Report

- 2.1 The Council of Governors continue to be actively involved with supporting the Trust and members.
- 2.2 The Council of Governors is actively participating in the appointment of the following Executive roles - Chief Operating Officer and the Director of Transformation and Partnerships.
- 2.3 The Council of Governors NED Nomination and Appointments Committee have completed the selection and interview process for a new NED to replace Mrs Marshall.
- 2.4 At the recent Nomination and Appointments Committee, the process has been agreed for the NEDs and Chairman's appraisal and will commence in June 2019. All governors will be invited to provide feedback.
- 2.5 The completed skills and training audit template will be used to inform the Governors training programme for 2019-20. Thank you to all governors who contributed to this process.
- 2.6 A very successful Governors Self-Assessment session was held on 27 February 2019. A work programme will be developed from the points raised at the meeting and it is intended that the Membership Group will review the output from the session at a meeting later this month.
- 2.7 The Council of Governors is now meeting on a regular basis with the Interim Chief Operating Officer to discuss key operational issues – all governors are welcome to attend.
- 2.8 We have submitted an application to NHS Providers to present at the 9 May Governors Focus Conference in London regarding the Membership Group's work on "Promoting membership for the next generation".
- 2.9 I would like to take this opportunity to formally welcome our newly elected public governors for the Teignbridge and Torbay constituencies and to congratulate Lynne Hookings, John Smith, Carol Day, Annie Hall, Craig Davidson and Mary Lewis who have

all been re-elected for a further 3-year term.

Could I please encourage governors to consider acting as mentor for the newly-appointed governors to support them through their first year of office and to note the invitation to all governors to attend the induction session planned for 15 April 2019.

- 2.10 The Council of Governors would like to record their grateful thanks to Mrs Marshall for her contribution made during her term of office as NED at the Trust and to wish her well for the future.
- 2.11 Key areas for the work of the CoG and future meetings include:
- In partnership with the Company Secretary there will be a review of the Governor Observer structure
 - Review of future format and content of key governor meetings
 - Review outcomes from Governor Focus Conference
 - Continued engagement with the Trust on development of the Annual Plan
 - Continued engagement with Dartmouth and Teignmouth regarding the development of Health and Wellbeing Centres

3. Recommendations

- 3.1 Governors are asked to note the contents of the Communications Log at Attachment two.

4. Decisions Needed to be Taken

- 4.1 Note and comment on the information outlined above and attached.
4.2 Approve the recommendation as at section 3.

5. Attached to this Report

- Attachment one - Constituency reports
Attachment two - Governors communication log

Meeting Date:	January 17th, 2019; 4.30pm – 6pm Members Room Torbay Hospital
Governors present:	WM, KA, BB, NA, PL, EW
Apologies:	LH, JL
Author of the report:	KA

Agenda

1. Welcome
2. Confirmation of Approval of Minutes of last meeting - 8th November 2018
3. Matters arising (if any)
4. Update on Governor Vacancies, especially Torbay (WM)
5. Introduction of regular meetings with the COO on current challenges facing the Trust (WM)
6. NED/COO Interviews – March – our involvement in the process (WM)
7. Areas for focus/audit – Quality Account Stakeholders Group (WM)
8. Governor Skills Analysis (WM)
9. Governwell Course Programme/Budget (KA)
 - a. Core Skills
 - b. Finance and Business Skills
 - c. Non-Executive/Chair Recruitment
 - d. Accountability – Board Effectiveness/Holding NED's to account
 - e. Effective Questioning and Challenge
 - f. Member and Public Engagement
10. Feedback from Governor observer roles (All involved)
11. Agenda Items for next Council of Governors (All)
12. Communication with Constituency members - Marketing Strategy (KA/LH)
13. Guest speakers (WM)
14. A.O.B.
15. Date and time of next meeting: 12th March 2019, 16:30 Members Room, Hengrave House –
 NOTE: START TIME MIGHT BE PUSHED BACK TO 5PM

Minutes of Meeting:

1. KA welcomed all present
2. Minutes of last meeting – 8th November 2018 were approved.
3. Matters Arising: Some members had not received final Minutes of 8th November Meeting – KA to re-send
4. Update on Governor Vacancies: In Torbay there are two retiring governors, LH and AP. There have been 5 declarations of interest and LH is standing for re-election. Prospective candidates for all three Constituencies had been invited to a presentation and general discussion. Polling opens on 30th January and closes on 6th March. It was agreed that we will start mentoring the two new Governors for Torbay as soon as the results are declared – action PL/KAA.

5. Following discussion, the Interim COO has offered to meet with Governors on a regular basis to brief us on current challenges, strategies, etc.

Note: The first meeting has subsequently taken place and was considered to have been very constructive and informative. Agreement was reached as to the format of/attendance at future meetings. Note however that the COO role is up for re-appointment and depending on the outcome, the format for these meetings going forward might or might not change. WM also reported that she had recently met with the CEO who is now beginning to drive forwards with her strategy for the success of the Trust.

6. NED Interviews: The timeline for the process of NED interviews was outlined with the final interview date of 13th March.

7. Areas for focus/audit – Quality Account Stakeholders Group - meeting scheduled for 30th January.

8. Governor Skills Analysis – several governors have been involved in creating and completing the spreadsheet, returns will be collated and used in the self-assessment session in February with Jane Downes, the new Company Secretary.

9. KA proposed the use of the Governwell Course Programme – agreed to put the proposal on hold pending the skills analysis report.

10. Feedback from Governor Observer roles:

- a) BB reported that he was not getting Minutes from the disabled group meetings – WM agreed to look into the issue – NOTE ADDED IN PROOF: Minutes are not produced, only action points.

- b) PL had attended a Workforce meeting – there are issues with vacancy levels, absenteeism and concerns over Brexit.

11. Agreed we would request a presentation at CoG on 22nd March – what does the Trust see as its key priorities/initial reaction to the new 10-year plan and share high level responses to the Plan with the CoG.

12. Deferred to next meeting due to time pressures

13. Deferred to next meeting due to time pressures

14. AOB: Deferred due to time pressures

15. Date/Time of next Meeting: 12th March 4.30pm to 6pm, Members room, Hengrave House –
NOTE: Due to potential start delay to 5pm, it was agreed to look at changing the date to 14th March.

Minutes dated17th January 2019..... Circulated to Trust office, Lead Governor and all other Governors.

PUBLIC / PRIVATE (delete as appropriate – if PRIVATE, please use NHS to NHS email addresses)

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	Status
20	Mon 05/11/2018	Craig Davidson	South Hams	What smoking cessation services does the Trust offer (question follows British Thoracic Society report)	R Dyer – MD			Assigned
22	Mon 05/11/2018	Wendy Marshfield	CoG	Intermediate care in Torbay & S Devon - provision/referral/cost	J Harrison - Interim COO	Wed 12/12/2018	Presentation at 12 December CoG	Responded
23	Fri 16/11/2018	Elizabeth Welch	Torbay	LOLER certificates for hoists - issue identified at CIEG as unsupported. Impact on patients and staff and financial implications.	L Darke – DECD	Tue 27/11/2018	Email response sent - hoists did not actually fail the inspection, and are still safely in-service. A rolling replacement programme for hoists will be starting, following approval of £100k capital funding by Trust Board.	Responded
24	Tue 27/11/2018	Bob Bryant	Torbay	(Via Lead Governor) Domiciliary care - gender of carers	J Harrison - Interim COO	Wed 28/11/2018	The Trust tries very hard to take account of service users wishes in relation to preferred gender, however supplying this can sometimes be difficult. This process is regularly reviewed.	Responded
25	Tue 27/11/2018	Bob Bryant	Torbay	(Via Lead Governor) Domiciliary care - support being provided by Trust staff - impact on their normal work and financial impact on Trust	J Harrison - Interim COO	Wed 28/11/2018	Discussed at meeting with Interim COO, Transfer to new provider in place. Intermediate Care Presentation to Dec 18 CoG	Responded
26	Wed 06/02/2019	A Hall	Teignbridge	Could governors please receive assurance on the process used if there are ever disputes between the Trust and families of a deceased person regarding their wishes for cremation	R Dyer – MD	Fri 01/03/2019	Policy awaited - CGM will issue to governor	Responded
27	Tue 15/01/2019	P Coates	South Hams	Question raised on detail of funding relating to Dartmouth Well Being Centre.	L Davenport – CE	Tue 22/01/2019	Given the commercially sensitive nature of the financial figures for the Dartmouth Health and Well-Being Centre the Trust will not be providing financial information until the appropriate review and approval process has been undertaken.	Responded
28	Mon 28/01/2019	P Lilley	Torbay	Re our valued EU vulnerable employees, can governors have specific assurances that they are being supported weekly, as they go through the application process, to make sure they feel valued and respected	J Falcao – DWFOD	Mon 04/02/2019	Trust wrote to all EU staff explaining support available for EU Settled Status applications, explaining these staff were supported and valued & that the Trust would pay the application fee for staff and their immediate family. Line managers have been asked to support these staff, with HR guidance also available, & EU settled status information published on website.	Responded
29	Mon 28/01/2019	P Lilley	Torbay	What is our networking approach within the NHS for key Trust appointments, to ensure we showcase ourselves, our brand and reputation & attract the very best talent.	J Falcao – DWFOD	Mon 04/02/2019	Candidate packs developed with comprehensive information on the Trust, our brand & reputation for potential candidates. LinkedIn & Social Media used to promote Trust, recruitment videos recently developed to showcase Trust achievements and innovations in clinical services. We work closely with other local trusts to attract talent to the area & are involved in school/college recruitment. Engagement with NHSI Talent Management surveys, giving the opportunity to identify our senior Director level vacancies and review if any potential candidates looking for their next leadership position.	Responded
30	Fri 01/02/2019	Pre CoG December 18	CoG	The new on-site pharmacy at the Trust's acute hospital seems to close at odd hours in relation to weekends and clinics – could you clarify the opening hours and reasons for these please	R Dyer – MD	Thu 28/02/2019	It is open 8.30 to 5.30 Monday to Friday. The primary role of the pharmacy is to dispense Outpatient prescriptions - the opening times are based upon when most Outpatient clinics take place.	Responded
31	Fri 22/02/2019	CoG	CoG	Trusts stopped from using land sales to meet 'control totals'	L Darke – DECD	Mon 25/02/2019	We have assumed any receipts from land sales will be re-used as capital and not revenue as is best practice.	

32	Fri 22/02/2019	B Inger	Teignbridge	Are there any plans for the use of redundant Community Hospitals for Social Care use such as Ashburton and Bovey Tracey to be run in conjunction with the voluntary sector'	L Darke – DECD				Assigned
33	Wed 27/02/2019	P Coates @ Extra B2CoG	South Hams	Mr Davidson asked what proportion of Medical agency costs was due to failure to recruit consultants and what proportion to the lack of Junior Doctors. DoF did not have the figures to hand but would check and advise CoG.	P Cooper – DoF			As the control total is a revenue position there will therefore be	Assigned

Council of Governors

Friday 22 March 2019

Agenda Item:	4.3
Report Title:	Quality and Compliance Committee Report
Report By:	Wendy Marshfield
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

- 1.1 Update report of the Quality and Compliance Committee (Q&CC) following their most recent meeting on 13 March 2019.
- 1.2 The draft notes of the March meeting will be circulated shortly.
- 1.3 A number of points are for noting:
 - Through a discussion with the Trust's Quality Lead it was confirmed that the governors' Quality Standard for audit will be SHMI as recommended for all Trusts by NHS Improvement.
 - A verbal report was presented by Pam Prior on behalf of Healthwatch – please see attached report.
 - Chair had previously communicated with governors, seeking comments to inform the Lead Governor's report on the Trust's 2018/19 Quality Account.
 - A written report was received from the Trust's Quality and Compliance Lead – see copy attached.
 - Members discussed the Governor Observer reports which had been received and concern was raised at the overarching theme highlighted from the reports received, indicating a continued deterioration in all performance standards. There has been a communication to all governors regarding the concerns raised and further discussion and assurance will be sought at today's private CoG.
 - Discussions are ongoing regarding the format of the Board to CoG Development Session planned for 22 May.

2. Recommendations

- 2.1 Council of Governors will be asked to approve the notes of the March Q&CC meeting at June CoG. The CoG is asked to support the ongoing work of the Quality and Compliance Committee.

3. Decisions Needed to be Taken

- 3.1 Note and comment on the information above/attached.
- 3.2 Approve the recommendations as at section two.

4. Attached to this report

Attachment one and two – Reports made to March Q&CC by Quality and Compliance Lead and Healthwatch.

Quality and Compliance Committee meeting 13th March 2019: CQC update

CQC-TSDFT Engagement Meeting

These one-day, approximately quarterly meetings, form part of the routine ongoing monitoring of the Trust by the CQC, in-line with the CQC's strategy. The last meeting was held on 05-Mar-19 and attended by Dan Thorogood (CQC Inspection Manager) and Sharon Hayward-Wright (CQC Inspector). Jane Viner provided a Trust update at the Business as Usual meeting, and some performance metrics were discussed. At the CQC's request, and with prior notice, the following three meetings were held: Emergency Department management; Freedom to Speak Up Guardians, and Safeguarding Leads. The next meeting will be in Jul-19 and will focus on Community (delayed agenda from Mar-19 at CQC's request).

Previous inspections

Emergency Department: On Monday 11-Feb-19, the CQC arrived unannounced at Torbay Hospital to inspect the Emergency Department as part of a national programme of inspections by the Pressure Resilience Operational Group. TSDFT were selected based on recent performance metrics. The findings of this inspection do not affect TSDFT's ratings, as the inspection was focussed mainly on the key question "Is this service safe?". Verbal feedback received on the day was that the service was operating safely within the limitations of the environment. The draft report has been received and factual accuracy comments submitted in response. Once finalised, the CQC will make the report public.

Ionising Radiation (Medical Exposure) Regulations [IR(ME)R]: On 28-Nov-18, two CQC Inspectors visited Radiology to inspect against IR(ME)R 2017. TDSFT's Radiology department was given 24 hours' notice of the inspection by the CQC. Since the inspection, the CQC have confirmed they are assured by the improvements TSDFT has already made and by the action plan in place to address the findings, and the process is now considered closed.

Well-led/Core services 2018: TSDFT are continuing to address the findings from the CQC inspection report published on 17-May-18. The action plan responding to the 10 Requirement Notices is on track for completion as planned at the end of Mar-19. At the end of Feb-19, 30 of the 36 actions were complete. Actions to address the 47 Should Do Improvements are ongoing, 14 of which are considered complete.

Forthcoming inspections

TSDFT has not yet heard when the next well-led inspection will be.

[The CQC perform an announced well-led inspection of each provider approximately annually; TSDFT's last was 6th-8th Mar-18. Approximately 10-12 weeks before a well-led inspection, TSDFT will receive the Provider Information Request (PIR) from the CQC. Between receiving this request and the announced well-led inspection, TSDFT will receive an unannounced inspection of at least one core service. The request for the PIR has not yet been received.]

Report to the Quality and Compliance committee
Healthwatch Torbay (HWT) March 2019

The Emergency Department review of public experience in ED to support the Capital redesign of the department “What Matters to You?” is now available at [Healthwatch Torbay reports etc.](#) We are very pleased to be told that this report was valued by the Trust and it has become part of the planning process.

The report on the experience of children and young people living in Torbay is still awaiting final sign off from commissioners but as a result of that work the spin off is a bid from Healthwatch Torbay to for further funding to work with South Devon College to establish a young people’s forum to explore the following:

- health issues which are the concern of young people,
- how young people access advise and information services
- how young people would like to be able to access information services.

HWT has completed research on mother’s experience of Mental Health and Maternity for first 1000 days. This was commissioned by Healthwatch England. We are 1 of 6 Healthwatch nationally asked to do this work. The report is due at the end of this month. We have had tremendous support from the Trust from Devon Partnership perinatal health team and from non-statutory organisations in Torbay to support this work. But especially from mothers who shared their experience.

We have just started a new commission from Healthwatch England (HWE) to carry out and act as county-wide co-ordinator on public engagement to support the CCG Sustainable Transformation Plan to support the NHS Long Term Plan. We will be promoting a national survey created by HWE and undertaking focus groups for local Devon-wide feedback gather in the views of local people. This will cover 2 conditions – Cancer, Heart and Lung and within that we will be seeking views on some of the key change mechanisms for the Plan i.e. preparedness for the increase in use of technology by patients, how local community can support people to live well, prevention as a mechanism for living a good life. The findings will be used by the CCG as part of their engagement with local people later in the year. We are currently seeking CCG funding to add Dementia to the conditions explored.

Our original local project to help people to understand how to use Patient Access has already been extended in scope but has now been awarded further funding and become Digital Devon providing the skills to start the technology revolution to those who might have been anxious about it!

I have asked for information to send to the Governors to enable them to receive our regular newsletter.

**Report of Audit Committee Chair to TSDFT
Board of Directors**

Meeting date:	16 January 2019
Report by + date:	Sally Taylor, 30 January 2019
This report is for: (please select one box)	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: (please select one or more boxes as appropriate)	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private (please select one box)	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/> + Freedom of Information Act exemption [S43 – commercial interests]

Key issue(s) to highlight to the Board:-

1. The Committee received a report from Counter Fraud, which highlighted some areas of current focus including fraud by abuse of position, adult social care supported living, false timesheets, working whilst sick and fraudulent use of FP10s.
2. The proposed 2019/2020 Counter Fraud plan, which reflects additional days allocated (cost neutral as these had moved from Internal Audit allocation) was received and approved.
3. Internal Audit reported on five final reports which had been issued, providing satisfactory assurance. It was confirmed that there were no outstanding high risk recommendations from earlier audits. It was noted that cyber security remains a risk but further internal audit work was not considered useful while issues remain with access to capital to implement planned improvements.

The draft Internal Audit plan for 2019/20 was reviewed and the Committee noted that a number of audit days were being focused on development activity and CIP activity. This more strategic approach, rather than solely operational deep dives, was agreed to be valuable. The NEDs were keen to see increased focus on outcomes and effectiveness.

4. External Audit presented their plan and explained that, in common with many other Trusts, an additional risk - financial sustainability - had been added. In respect of the Quality Report, cancer wait times is to replace RTT as a mandatory indicator.
5. Following the appointment of the new Company Secretary, the process of noting the business of other Board committees was discussed and a proposed template was presented. The aim is to focus on key assurances received and key risks identified. The template will be used for assurance on systems, processes and governance rather than the detailed content of the meetings. In the absence of the key committee chairs, it was reported that the key current issues were a) the reporting of anticipated failure to achieve the control total and b) assurance received on the data collection and benchmarking in respect of readmissions.
6. The Board Assurance Framework (BAF) was received and assurance was received on the TSDFT risk management processes. The intention is that in future the BAF

would reflect the Trust's strategic objectives and inform the Board agenda and discussions. The new BAF will be available for review at the next Audit Committee.

7. A revised Audit Committee self-assessment questionnaire will be circulated to committee members by the Company Secretary.

Key Decision(s)/Recommendations Made:

The Board is asked to note the contents of this report

Name: Sally Taylor (Committee Chair)

**Report of Quality Assurance Committee Chair
to TSDFT Board of Directors**

Meeting dates:	19 December 2018
Report by + date:	Jacqui Lyttle, 24 January 2019
This report is for:	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: (please select one or more boxes as appropriate)	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private (please select one box)	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/> + Freedom of Information Act exemption [insert exemption if private box used]

Key issue(s) to highlight to the Board:

Emergency readmissions

The committee received a comprehensive verbal update on emergency readmissions, and how changes to the care model and patient pathways had changed the process of coding of comorbidities which had caused some data issues with regard to mortality reviews. Assurance was provided that the Trust performs within normal limits and that were no major concerns.

Mears contract

The committee received a comprehensive update on the risks relating to the Mears contract and were assured that all mitigating actions were in place to ensure that packages of care being provided by them were of the appropriate quality and that individuals were safe. The committee was also assured that a new provider, Agincare, was providing high quality resilience to both Mears and the Trust's Rapid Response and Reablement teams. The committee felt that the current processes and executive oversight gave good assurance that issues are being dealt with at the appropriate level within the Trust.

Theatres

The committee received a very comprehensive update report on theatres and received assurance that a robust process was in place to ensure that patients waiting for surgery were being called in clinical priority rather than chronologically and accepted the risk that this may cause the length of waits to extend. See key decisions made overleaf *. The committee were assured that the theatre closures had not delayed any cancer patient requiring surgery.

The committee were assured that any insourcing or outsourcing of surgical activity would be bound by the highest quality standards, and accepted the risk that we may breach some key performance indicators as a consequence. See key decisions made overleaf**

Diagnostics

The committee were updated on the current diagnostic challenge and were assured that waiting times had started to reduce and the present position would continue to improve as a consequence of additional mobile capacity and extended day working.

After a SAE regarding delays to data transmission and reporting early on in the contract, the committee were assured that this issue had been resolved and that the provider had very robust quality process in place for the transfer of data and rapid reporting.

QIG

The committee received a very comprehensive report of the workings of the QIG which demonstrated the breadth of the work and reviews being undertaken. It provided assurance that issues relating to risks, patient safety and quality were being discussed at SDU and cross organisational level with appropriate escalation of issues or identification of risks being reported to QAC.

SAE

The committee received reports from the last 2 SAE meetings which gave assurance that the current process encouraged rigorous root cause analysis, open and frank discussion and learning from errors. The committee discussed some high profile cases and were assured that the appropriate processes and actions are in place to bring them to resolution.

Health and Safety update

The committee received a comprehensive written health and safety report which showed a worsening of the position in some areas of the estate. Whilst the committee were assured that they have been and remain aware of the environmental risks, they did not feel that they had a full understanding of the quality and safety risks of all of the domains. To seek full assurance the committee requested that a quality assessment of the estate be undertaken. See key decisions made overleaf ***

Workforce and OD update

The committee received a report which identified no risks or concerns of a patient safety, or quality nature.

Integrated safeguarding

The committee received a very comprehensive report covering the work of the integrated safeguarding group. It provided high level assurance that the group was functioning well and had the correct representation, demonstrated good governance and that individual cases were being managed appropriately.

CQC update

The committee received a verbal update which did not identify any new risks relating to patient safety or risk.

Other topics discussed

Spine block never event and internal audit reports, none of these identified any risks or issues relating to quality or patient safety

BAF deep dives

Risk 1652 – Vulnerability of junior doctor's rota in medicine

Risk 1815 – Compliance against the national cancer waiting times targets

Following review, the committee were assured that the reported positions were still valid and that there were no new risks relating to quality or patient safety

Key Decision(s) Made:

Changes to surgical patient booking process *

The committee accepted the risk of moving to a full clinical priority booking process to reduce avoidable harm to patients and the knock-on effect this would have on the length of some speciality waits.

Outsourcing of surgical activity **

The committee accepted the risk of **not** outsourcing surgical activity if quality standards could not be met and the potential consequences on surgical waits and other key performance indicators.

Health and safety assessment

The committee requested that a quality assessment be undertaken on the estate in-order to understand the impact of single or multiple risks.

Recommendation(s):

1. To note this report and its key actions and decisions

Name: Jacqui Lyttle - Committee Chair

**Report of Finance, Performance and Investment Committee Chair
to TSDFT Board of Directors**

Meeting date:	18 December 2018
Report by + date:	Robin Sutton, 19 December 2018
This report is for: (please select one box)	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: (please select one or more boxes as appropriate)	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private (please select one box)	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Board (Month 8, November 2018):

1. For assurance the Committee reviewed the Month 8 Financial Performance, which remained broadly in line with plan (adverse variance to control total of £0.12m) after taking into account not earning the Q1 and Q2 PSF performance element. Given the current pressures on A&E it is thought likely that the Trust will miss the targets for earning Q3 PSF. It was highlighted that the financial performance for Month 9 was likely to deteriorate due to the impact of operating theatre closures and domiciliary care provision issues.
2. For assurance the Committee reviewed the Month 8 Performance Standards together with related management actions and mitigations. Performance standards for Month 9 are also likely to suffer from the impact of operating theatre closures and domiciliary care provision issues. Mitigations are in place but it is anticipated that RTT waits over 52 weeks will deteriorate significantly by March 2019.
3. NHSI self-certification and narrative for Month 8 was approved by the Committee.
4. The Committee highlights to the Board that the Q3 forecast is highly likely to show that the control total for the year will not be met and NHSI protocols for changes to the in-year forecast need to be undertaken.
5. Torbay Pharmaceuticals financial performance for November 2018 was discussed by the Committee for assurance.
6. It was noted that the Finance Risk Register had been updated in light of issues with operating theatres, domiciliary care provision and social care funding. A review of the Board Assurance Framework risks 2227 and 2324 was undertaken – these risks were discussed and required updates were noted.
7. IM&T report for December 2018 was provided for information and assurance. The Committee requested an update on GDPR and HIS team resilience for January.
8. The business case for Microsoft Licence Refresh was reviewed and approved by the Committee, this business case will now be submitted to the Trust Board for approval.
9. The business case for Anaesthetic and Gas Machines for Theatres was reviewed and approved by the Committee, this business case will now be submitted to the Trust Board for approval.

10. For assurance the Committee was updated on the 2019/20 Business Planning Process and the current Risk Share Arrangement negotiations.
11. The Committee was verbally updated on progress with the Children's and Young Persons' tender and that the application for capital expenditure on theatres had not been approved in the latest wave of project announcements.
12. As part of a deep dive into Procurement, the planned presentation will be sent to the Committee for questions.
13. For assurance the Committee undertook a deep dive into Women's and Children's SDU, key issues regarding recruitment and equipment were noted by the Committee.
14. SBMT meeting for 13 December 2018 and CBEAG meetings for 6 November 2018 and 26 November 2018 were noted.

Key Decision(s)/Recommendations Made:

1. As above.

Name: Robin Sutton (Committee Chair)

**Report of Finance, Performance and Investment Committee Chair
to TSDFT Board of Directors**

Meeting date:	29 January 2019
Report by + date:	Robin Sutton, 29 January 2019
This report is for: (please select one box)	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: (please select one or more boxes as appropriate)	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private (please select one box)	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Board (Month 9, December 2018):

1. For assurance the Committee reviewed the Month 9 Financial Performance, this is in line with the control total after removing PSF income (£1.2m variance after Risk Share) and NHSI exclusions (£0.7m variance). The Trust has not earned the Q1 to Q3 PSF performance element. Given the current pressures on A&E it is likely that the Trust will miss the targets for earning Q4 PSF.
2. For assurance the Committee reviewed the Month 9 Performance Standards together with related management actions and mitigations. These standards are suffering from the impact of operating theatre closures and domiciliary care provision issues. Despite mitigations that are in place it is anticipated that RTT waits over 52 weeks will deteriorate significantly by March 2019 and the level of resilience remains fragile.
3. NHSI self-certification and narrative for Month 9 was approved by the Committee.
4. The Committee highlights to the Board the continued deterioration in Q3 forecast, that the control total for the year is unlikely to be met and NHSI protocols for changes to the in-year forecast are being undertaken. The forecast shows a deficit of £6.2m compared to a control total surplus of £1.7m (including PSF) with potential system mitigations being discussed.
5. The Committee noted the revised cash and capital expenditure forecast, the latest forecast shows an increased reduction in forecast capital expenditure of £15.3m against a plan of £27.3m and a forecast net overdraft of £4.5m against a plan of £1.3m cash positive.
6. The Committee approved the emergency capital financing application for £1.8m to support the replacement of ventilation systems for Theatres A and B which are currently out of use.
7. For assurance, the Committee approved productivity reports on the Model Hospital Refresh and Reference Costs. An action plan on improving productivity was requested.

8. The business case for Endoscopes was reviewed and approved by the Committee, this business case is being funded by £1.3m from the Torbay Hospital League of Friends. The business case will now be submitted to the Trust Board with a recommendation for approval.
9. The business case for revising Business Interruption insurance was reviewed and approved by the Committee.
10. The business case for the Brixham Health and Well-Being Centre was reviewed by the Committee, further work on the level and means of funding is to be undertaken.
11. For assurance the Committee was updated on the 2019/20 Business Planning Process and the current Risk Share Arrangement negotiations. The initial forecast for 2019/20 shows a level of savings required (circa 8%) that is not thought achievable and as a result the forecast will not achieve the given control total surplus of £4.3m.
12. The Committee was verbally updated on progress with the Children's and Young People's Alliance.
13. For assurance the Committee undertook a deep dive into Medicine SDU, key issues regarding recruitment of medical staff and workforce pressures were noted by the Committee.
14. It was noted that the Finance Risk Register had been reviewed and updated. Review of the Board Assurance Framework risks 2183 and 2185 was discussed.
15. Torbay Pharmaceuticals (TP) financial performance for December 2018 was reviewed by the Committee for assurance. TP remains on track to achieve the budgeted contribution.
16. HIS report for January 2019 was provided for information and assurance. IM&T terms of reference were approved. The Committee requested an update on GDPR and HIS team resilience for March.
17. SBMT meeting report for 17 January 2019 was noted and the revised terms of reference for SBMT were approved.

Key Decision(s)/Recommendations Made:

1. As above.

Name: Robin Sutton (Committee Chair)

**Report of Finance, Performance and Investment Committee Chair
to TSDFT Board of Directors**

Meeting date:	26 February 2019
Report by + date:	Robin Sutton, 27 February 2019
This report is for: (please select one box)	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: (please select one or more boxes as appropriate)	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private (please select one box)	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Board (Month 10, January 2019):

1. For assurance the Committee reviewed the Month 10 Financial Performance, the deficit of £9.4m is £3.2m adverse to budget. The Trust is forecasting an end of year deficit of £6.8m compared to a budgeted surplus of £2.2m. This adverse position is due to CIP savings not achieved of £6m, in year cost pressures of £7m, asset income not received of £1m, PSF not earned of £3m offset by risk share of £8m. Discussions are ongoing with Commissioners and STP to recover the forecast position.
2. For assurance the Committee reviewed the Month 10 Performance Standards together with related management actions and mitigations. These standards continue to suffer from the impact of operating theatre closures and domiciliary care provision issues. Despite mitigations that are in place it is anticipated that RTT waits over 52 weeks will deteriorate significantly by March 2019 and the level of resilience remains fragile. Verbal feedback from recent CQC visit was referenced.
3. NHSI self-certification and narrative for Month 10 was approved by the Committee.
4. The Committee noted the revised cash and capital expenditure forecast, the latest forecast shows an increased reduction in forecast capital expenditure of £15.3m against a plan of £27.3m and a forecast net overdraft of £4.5m against a plan of £1.3m cash positive.
5. No business cases were submitted to the Committee this month.
6. For assurance the Committee was updated on the 2019/20 Business Planning Process and the current Risk Share Arrangement negotiations. The initial forecast for 2019/20 shows a deficit of £19m after risk share of £16m. This deficit is due to non-recurring CIP of £16m and cost growth in excess of savings of £14m. In year CIP is assumed at 4%. Review and discussions are on-going.
7. The Committee was verbally updated on progress with the Children's and Young People's Alliance and specifically the due diligence work being undertaken.
8. For assurance the Committee undertook a deep dive into Reference Costs and Model Hospital, further assurance was provided by Ernst and Young's report in this area.
9. It was noted that the Finance Risk Register had been reviewed and updated. Review of

the Board Assurance Framework risks 2209 and 2324 was discussed.

10. Torbay Pharmaceuticals financial performance for January 2019 was reviewed by the Committee for assurance. TP remains on track to achieve the budgeted contribution.
11. HIS report for February 2019 was provided for information and assurance. The Committee requested an update on GDPR and HIS team resilience for March.
12. SBMT and CBEAG meeting reports from the meetings held on 14 February 2019 were noted.
13. Review of FPIC terms of reference and future workplan were deferred to next month.

Key Decision(s)/Recommendations Made:

1. As above.

Name: Robin Sutton (Committee Chair)