

## **Minutes of the Adult Social Care and Health Overview and Scrutiny Sub-Board**

**10 October 2024**

**-: Present :-**

Councillor Tolchard (Chairwoman)

Councillors Brook, Douglas-Dunbar, Foster (Vice-Chair) and Johns

Non-voting Co-opted Member  
Amanda Moss (Chair of Voluntary Sector Network)

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### **12. Apologies**

An apology for absence was received from Pat Harris, Healthwatch Torbay.

### **13. Minutes**

The minutes of the meeting of the Sub-Board held on 5 September 2024 were confirmed as a correct record and signed by the Chairwoman.

### **14. Torbay and South Devon NHS Trust Quality Account 2024**

The Chief Executive and Chief Nurse from Torbay and South Devon NHS Foundation Trust presented the Torbay and South Devon NHS Trust Quality Account for 2023/2024 as set out in the submitted papers. A Quality Account was an annual report to inform the public of the quality of services and improvements offered by an NHS healthcare provider. The report included progress against the priority areas identified in 2023/2024 as well as setting out the quality areas for 2024/2025.

The priorities for 2023/2024 were:

- zero avoidable deaths;
- continuously seek out and reduce harm:
- falls prevention;
- improved identification of the deteriorating patient; and
- improved experience on discharge.

Members noted that following feedback the goals and priorities for 2024/2025 were:

- reduce health inequalities (changed from zero avoidable deaths);
- continuously seek to reduce harm;
- deliver what matters most to our people; and

- excellence in clinical outcomes.

Members heard representations from Robert Loxton (member of the public) in respect of vaping. It was agreed that a written response would be provided if pre-operation questions included asking if people vaped.

Members asked questions in relation to changes to monitoring of patients and if monitoring ceased when other priorities were introduced; what action was being taken to address bullying in the workplace; a lot of good work was being undertaken to support people with cancer with 119 extra referrals per month from GPs, what was classed as planned care and what should people do when they were waiting for diagnosis but needed to seek help sooner due to deterioration; how were goals set in 2023/2024 for the number of inpatient falls resulting in harm (moderate, severe and death) monitored in the future to ensure that they were being met; what action was taken to promote the successes of the Torbay and South Devon NHS Foundation Trust; was the statistics table for the Emergency Department etc. attendance analysis the time for someone waiting for an assessment; was the data about deaths in an ambulance all deaths; and what was the reason for missing data on pages 59 and 60 of the annual report.

In response to questions, Members were informed that reporting on vaping was currently not required under national monitoring, however midwives did talk to mothers about smoking and tobacco use and record if they are vaping at their first booking meeting. Public Health also provided guidance and advice on smoking and vaping to expectant mothers.

Members were advised that monitoring activity was carried out in accordance with National Guidance and advice. Changes had been made to early warning score trigger systems, using electronic scoring based on patient monitoring which then determined the actions to take. The score would then dictate how long it would take for a doctor to respond and for them to remain on the ward, also taking into account if the patient became more unwell during that time.

Members noted the work being undertaken by the Trust to address bullying including the introduction of a Speak Up Guardian as well as two people within the Directorate to encourage people to speak up. A recent Care Quality Commission (CQC) inspection referred to the kindness and caring they found through the organisation. A compassionate leadership framework had been introduced and would be rolled out to all staff and people were encouraged to call out and report all poor behaviour and were given tools and techniques to have those conversations and to know that they would be listened to. This was supported by the Francis Review to create a culture where people could speak up and know they would be listened to. The Chief Executive of the Trust acknowledged that a recent CQC inspection had referenced issues with culture towards people from different backgrounds and gave assurance that the Trust was taking action and they had seen more people coming forward and speaking up as a result. The impact of Covid-19 and how the Trust operated with distancing had impacted on relationships.

In response to questions around cancer, Members were informed that across the whole NHS there had been a significant increase in the number of people being

diagnosed with cancer and it was being picked up earlier, with better outcomes for those diagnosed with Stage 1 or Stage 2 cancers. There had been an increase in new technologies that detect cancer in earlier stages. Around one in five people referred from their GP was diagnosed with cancer with GPs being encouraged to seek advice and guidance if they were not sure whether to refer a patient and were encouraged to refer rather than waiting and watching. The Trust was small compared to others but was in the top quartile for their research especially around cancer with lots of innovation happening. People were encouraged to visit their GP if they think they may have cancer so that they can be referred and seen quickly, diagnosed and treated where necessary. Where someone's symptoms got worse before having a referral they should go back to their GP so that the referral can be escalated. This was part of the priority to reduce people coming to harm on waiting lists.

The priority for reducing long wait times for planned care related to the response to the treatment time, looking at the disease pathway having regards to national targets but also how the patient was, as some diseases spread rapidly and it would not be appropriate for them to wait for the target timescale for that disease. It was noted that the Trust would have no-one waiting more than 65 weeks by the end of September and no more than 52 weeks by the end of March 2025, however, the national standard was 18 weeks. The 18 week deadline had not been met for a long time across the whole country and would require significant funding and intervention to meet that standard. A lot of work had been carried out by the Trust to ensure that people get a diagnosis of cancer within 28 days by March 2025, which was one of the only Trusts in the Country to achieve.

In response to questions around falls, Members were informed of the Falls Project which was looking at different interventions such as offering caffeine free drinks which anecdotally had seen a reduction in falls in Hospital. Future monitoring would be included in subsequent Quality Account reports and Members noted that if they wanted to carry out a deep dive on an area they could request this as part of their Work Programme review.

Members were advised that discussions had been carried out with a number of people and service users around the priority of zero unavoidable deaths and that some patients were concerned about the message this gave out and that it caused more concern and anxiety when visiting departments e.g. maternity as people did not want death to be highlighted when they use the service. Each service had looked at actions that they could take to reduce health inequalities with them individually owning their projects which overall would help to meet the goals of that priority area.

It was noted that the Trust had a dedicated Communications Team who provide positive media stories and try to raise awareness of the positive work in different ways, recently this had included information around the trials for cancer treatment.

The analysis of people waiting for an assessment on 22 April 2024 was that it took ten hours for someone in the Emergency Department to receive an assessment. It was noted that waiting times varied and it was not always clear on the reasons for this. Sometimes there could be more complex patients who would take multiple staff members away and this was monitored four or five times throughout the day. Staff ensure that those patients who were waiting were comfortable and provided with food

and drink and regularly monitored. When a patient arrived via ambulance, they were seen within 20 minutes of arrival by a senior nurse to assess their needs. The data on deaths in ambulances only related to those who died on Hospital grounds, the other deaths were reported by the South Western Ambulance Trust as part of their monitoring.

Members were advised that the missing data related to audits that weren't completed as they did not form part of the mandatory audits and resources had to be put to those that were mandatory. A lot of work had been stood down during Covid-19 and it had taken a while to get up to standard for the required clinical audits.

The Sub-Board acknowledged that Liz Davenport, Chief Executive of Torbay and South Devon NHS Foundation Trust was retiring later in the year and thanked her for all her work. Ms Davenport also thanked Members and the wider Council on helping her to do the right thing for Torbay's residents over the past few years to improve adult social care and health.

Resolved (unanimously):

1. that Members formally thank Liz Davenport, Chief Executive of Torbay and South Devon NHS Foundation Trust for all her work with the Integrated Care Organisation helping Torbay and South Devon to be a model of excellence and recognising the pivotal role she has played in providing integrated social care and health services for people in Torbay;
2. that Members of the Board note the contents of the Quality Account Report for 2023/2024;
3. that the Torbay and South Devon NHS Foundation Trust be requested to consider including questions, monitoring and reporting for vaping for all patients in the same way they do for smoking, and
4. that the Torbay and South Devon NHS Foundation Trust be requested to provide more explanation in future Quality Accounts where data is missing.

## **15. New diagnostic unit in Market Street - 2024**

The Director of Capital Developments and Head of Communications and Engagement from Torbay and South Devon NHS Foundation Trust gave a presentation, as circulated prior to the meeting, on the latest position regarding the Building a Brighter Future (Torbay Hospital) Programme and the new Community Diagnostic Centre in Market Street.

Torbay was one of 46 hospitals included in the Government's Programme, 40 original plus six who had been added following the Reinforced Autoclaved Aerated Concrete (RAAC) problems. The Government was reviewing the Programmes, taking into account Lord Darzi's independent investigation into the NHS and the NHS 10-year plan and was expected to confirm the details as part of the Autumn Budget on 30 October 2024. Work had continued on the Programme to ensure that it was ready to proceed to the next stage once the Government had confirmed the future.

The new Community Diagnostic Centre in Market Street, Torquay was established in partnership with InHealth and opened on 2 September 2024. It was offering echocardiography, lung function tests, ECGs, phlebotomy and ultrasound. CT, MRI and X-ray were expected to open at the end of October 2024. The project was on track and committed to deliver the agreed outcomes.

Members asked questions around did GPs still refer patients in the same way and could hospital consultants refer patients to the new Community Diagnostic Centre; had more staff been employed and had this impacted on existing hospital staff; was the tower at Torbay Hospital going to be demolished; why was progress on the Building a Brighter Future Programme so slow; and when was Torbay going to get a walk in centre.

In response to questions about the Community Diagnostic Centre (CDC), Members were advised that GPs and hospital consultants would continue to refer patients in the same way, but the patients would have the option to choose the CDC or Torbay Hospital. The CDC was provided by InHealth and they were responsible for recruiting staff and a previous Manager from the Trust had been supporting them. The aim was to grow the workforce rather than move staff from the Hospital.

Members were advised that the Building a Brighter Future Programme was a national programme and the pace was dictated by the Government. The Chief Executive of the Trust welcomed the current review of the Programme which she felt confident would continue to be delivered, once funding had been confirmed in October. The Trust had been successful in some new developments e.g. the new endoscopy unit and was working with contractors and carrying out all appropriate preparations including the third outline business case so that it aligned with the Hospital 2.0 Blueprints. They would have wished to move faster but funding was released in tranches. It was confirmed that although money had been spent on the tower at the Hospital to make it safe it would be demolished towards the end of the project as part of the replacement of all inpatient ward beds.

The Sub-Board was advised that there was no immediate plan for a walk-in centre in Torbay. It was a model for Integrated Care Boards to be delivered in partnership with the primary care sector but would require funding and resources from the Integrated Care System.

Resolved (unanimously):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the update provided by South Devon NHS trust in relation to the delivery of the capital programme and re-design of the hospital and the new Community Diagnostic Centre; and
2. that Torbay and South Devon NHS Foundation Trust be requested to provide the Sub-Board with further updates on progress of the delivery of the Building a Brighter Future capital programme and re-design of the hospital on 17 April 2025.

**16. Infection prevention and control - incorporating vaccine preventable illnesses and antimicrobial resistance (AMR)**

The Consultant in Public Health and the Public Health Specialist provided an update on infection prevention, anti-microbial resistance and the Winter vaccination programmes as set out in the submitted report and presentation.

Infection prevention was important because it:

- Prevents disease;
- Prevents or limits spread;
- Saves lives;
- Protects the vulnerable;
- Saves time and money; and
- Keeps the NHS and Care system moving.

Combating anti-microbial resistance was important as there were approximately 1.27 million deaths globally in 2019, expected to increase to 10 million a year by 2050. Infections last longer and were more difficult to treat and people rely on antibiotics for so many treatments. There is a five-year rolling national action plan to help address this as well as work taking place across the region through the South West Infection Prevention and Management Strategy 2024-29. Locally the Public Health Team are working with NHS, Environmental Health, food businesses, schools (encouraging children to be ambassadors), and also through World Anti-Microbial Resistance Awareness week 18 to 24 November 2024.

Members noted the Winter vaccination programme included the following:

- Flu for 65+, pregnancy, children aged 2 to 16, clinical risk groups, carers and health and care workers;
- Covid-19 for 65+, older care homes, health and care workers, clinical risk groups and pregnancy; and
- RSV (respiratory syncytial virus – this was not a live vaccine) for 75-80 years and pregnancy (28 weeks).

Members were encouraged to:

- recognise the importance of infection prevention, vaccines and AMR;
- be an ambassador with their family, friends and neighbours;
- become an antibiotic guardian; and
- promote World AMR Awareness Week.

Members heard representations from Robert Loxton (member of the public) in respect of how safe and effective the Covid-19 vaccination was and how was this communicated and promoted.

The Sub-Board asked whether the offer of free Flu vaccinations could be extended to people working in the community and voluntary sector (it was agreed that a written response would be provided on this question); how could it be made easier for the

community to have vaccinations where they carry out their day to day activities; did community venues show up on the NHS App; what could be done to raise awareness about people with colds, Flu or Covid-19 not meeting vulnerable people and trying to prevent spread through contacts; and what happens to children in schools whose parents do not consent to vaccination and was there an age when a child could give consent themselves.

It was noted that the online booking system for Covid-19 was not advising that patients could book both Covid-19 and Flu at the same appointment. The Consultant in Public Health agreed to advise the NHS of this and to request clearer messaging that you could have both vaccinations together.

In response to questions, Members were advised that there was a reducing take up of vaccinations such as Flu and Covid-19, nationally and locally, but vaccinations remained the best defence against infectious diseases. Although a vaccination may not prevent 100% of cases, vaccinations such as Flu and Covid-19 should reduce the symptoms even if someone contracts the illness.

In terms of promotion, one of the best ways of promoting uptake was through friends, family and people who are known and trusted voices in the local community. Another important route was to offer opportunities for vaccination as locally as possible to where people live and work and spend their time. The Devon-wide Flu and Covid Outreach Vaccination Team ran a programme of clinics in community settings through the season. It was not yet known which sites would be used and Members were encouraged to advise the Consultant in Public Health of any venues where they feel would attract the most residents to come forward and get vaccinated.

In response to a question about total death rates, it was noted that the population was increasing and therefore total deaths were increasing too, however there had not been a change in excess mortality (actual compared with expected deaths based on the local and national population) in Torbay.

Members noted that the NHS App included pharmacies but not community outreach venues because the community outreach sessions were scheduled over the season and were drop in only, with no booking required. It was suggested that once known the community venues should be shared with the Community Partnerships so that they could help get the message out to residents and encourage more take up.

In terms of managing symptoms and spread, although there was no longer guidance about quarantining with Covid, the advice was to stay at home if unwell or with a high temperature, and practice good infection control if out and about with mild cold-like symptoms, trying to avoid contact with people who are vulnerable. This is part of communications messaging that will be shared with staff and with the community.

Members noted that the schools' vaccination provider sent an electronic consent form to parents to sign and also spoke to parents face to face or by telephone to chase up consent and encourage as many children and young people as possible to receive their vaccination. If a teenager felt they were able to consent themselves they were permitted to do so if the provider felt that they were able to give consent, using Gillick competence principles.

Resolved (unanimously):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the contents of the submitted report and presentation and supports efforts to tackle the spread of infection and antimicrobial resistance; and
2. that the Director of Public Health be requested to review the locations for drop in vaccinations to ensure that they are based in known community locations, particularly in areas with low take up and high needs and Councillors be encouraged to identify suitable locations in the community for vaccines and include details of where to go, including local pharmacies, and share promotions with Community Partnerships so that they can spread the word to residents.

#### **17. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker**

The Sub-Board noted the submitted action tracker. The Chairwoman advised of the positive launch event for the Public Health Annual Report – Women’s Health held at the Palace Theatre which had been well attended and included informative presentations on what had been happening across Torbay. Members suggested that it would be good to do some work around Women’s Health in light of the Report and agreed to review this as part of their Work Programme meeting in the New Year.

Councillor Brook confirmed that he had his follow up meeting with Tara Harris on homelessness and rough sleeping to review how the headline figures were collected into one document to make it easier to track and monitor. Councillor Brook agreed to share this format once it had been finalised.

Members noted that the Homelessness Strategy was still going through the governance process following which an action plan would be developed. Members requested sight of the Homeless Action Plan once it had been drafted for their input.

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Chairwoman